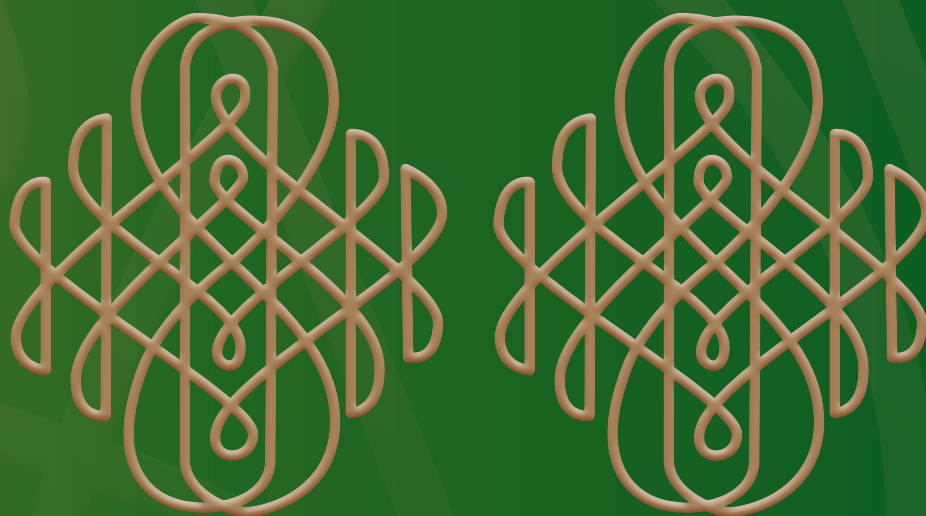


VANUATU



DEMOGRAPHIC AND  
HEALTH SURVEY  
2013

FINAL REPORT



**Vanuatu**  
**Demographic and Health Survey**  
**2013**

by  
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Vanuatu National Statistics Office,  
the Secretariat of the Pacific Community.

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Secretariat of the Pacific Community  
Noumea, New Caledonia  
November 2014

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Original text: English

Secretariat of the Pacific Community Cataloguing-in-publication data

Vanuatu Demographic and Health Survey 2013 / by Vanuatu Ministry of Health, Vanuatu National Statistics Office and the Secretariat of the Pacific Community.

1. Vanuatu — Population — Statistics.
2. Demographic surveys — Vanuatu.
3. Health surveys — Vanuatu.

I. Title II. Vanuatu. Ministry of Health III. Vanuatu. National Statistics Office  
IV. Secretariat of the Pacific Community

304.6099595

AACR2

ISBN: 978-982-00-0861-8

This report summarises the findings of the Vanuatu Demographic and Health Survey – Multiple Indicator Cluster Survey (DHS–MICS) 2013 implemented by the Vanuatu National Statistics Office in coordination with the Ministry of Health. The Secretariat of the Pacific Community (SPC) was the executing agency for the project. The Government of Vanuatu provided financial assistance in terms of in-kind contribution of government staff time, office space, and logistical support. The project was funded jointly by the Asian Development Bank, the United Nations Children’s Fund, the United Nations Population Fund and the Australian Agency for International Development. SPC was responsible for the overall coordination of the demographic and health survey operations, as well as the sample design, survey planning and budgeting, providing data processing support to the implementing agency, and coordinating the report. SPC had also provided technical assistance in the areas of survey design, questionnaires, manual adaptations, conduct of pretesting and main training, fieldwork monitoring, systems development, data processing and tabulation programmes as part of its contract with the Asian Development Bank. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organisations.

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Recommended citation:

VNSO (Vanuatu National Statistics Office) and SPC (Secretariat of the Pacific Community). 2014. *Vanuatu Demographic and Health Survey, 2013*.

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## **PREFACE**

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The Vanuatu Demographic and Health Survey 2013 (VDHS 2013) is a nationwide survey of men and women of reproductive age that is designed to provide information on fertility and child mortality levels; fertility preferences; use of family planning methods; maternal, child and newborn health, including breastfeeding practices, nutrition levels, anaemia and the presence of iodine in cooking salt; knowledge and attitudes towards HIV/AIDS and other sexually transmitted infections (STI); and community-level data on accessibility and availability of health and family planning services. The VDHS 2013 is the first survey of its kind conducted in the Pacific that integrates different components of the Multiple Indicator Cluster Survey (MICS).

The VDHS 2013 was the first ever DHS to be conducted in Vanuatu. Other major health surveys that have been conducted in Vanuatu include MICS, the Malaria Indicators Survey, and the World Health Organisation Non-communicable Disease STEPS Survey.

This important undertaking was a partnership between the Vanuatu Ministry of Health, the Vanuatu National Statistics Office, and the Secretariat of the Pacific Community (SPC). The primary objective of this survey was to provide up-to-date information for policy-makers, planners, researchers and programme managers, for use in planning, implementing, monitoring and evaluating population and health programmes within the country. The survey was intended to provide key estimates of Vanuatu's demographics and health situation. In addition, the content of the survey was expanded to include questions on disability and gender-related violence.

The findings of the VDHS 2013 are very important for measuring the achievements of family planning and other health programmes. To ensure better understanding and use of these data, the results of this survey should be widely disseminated at different planning levels. Different dissemination techniques will be used to reach different segments of society.

Financial assistance was provided by the Asian Development Bank, United Nations Population Fund, United Nations Children's Fund, and the Australian Agency for International Development. SPC is greatly appreciated for having offered important technical support.

The survey would not have been successfully conducted without the dedicated support and involvement of a large number of institutions and individuals. I am deeply indebted and grateful to all those who contributed to the VDHS 2013. Because of their efforts, data could be made available in a timely fashion. I would like to express my sincere appreciation for the technical team from SPC's Statistics for Development Programme, the VDHS 2013 Committee, field staff, and the data processing team.

Finally, I am highly appreciative of all the field staff for their outstanding contributions to this report and, equally so, the respondents whose participation played a crucial role to the overall successful completion of this survey.

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## ACKNOWLEDGEMENTS

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The Vanuatu Demographic and Health Survey 2013 is the result of an earnest effort put forth by different individuals and organisations. It was conducted with technical assistance provided by the Secretariat of the Pacific Community (SPC) and implemented by the Vanuatu National Statistics Office (VNSO). VNSO acknowledges, with much gratitude, the generous financial support provided by the Asian Development Bank, United Nations Children's Fund, United Nations Population Fund, and the Australian Agency for International Development, which enabled VNSO to undertake this survey. VNSO is particularly thankful to the Ministry of Health staff who offered guidance on implementing the survey from the planning stage through to the preparation of this report.

VNSO would like to acknowledge the efforts of a number of organisations and technical experts in different fields of population and health for their valuable input into the various phases of this survey, including finalisation of survey questionnaires, training of field staff, assistance with data processing, reviewing of draft tables, and compiling this comprehensive report. We extend our deep appreciation to SPC for its excellent technical support. We thank Rubén Hume (DHS Consultant) and Toga Raikoti (SPC), the DHS data processing specialists for their efforts. We are equally appreciative of the support provided by SPC's Statistics for Development Programme: Dr Gerald Haberkorn, Arthur Jorari, Kaobari Matikarai, Renee Sorchik and Sandra Gianini.

We also acknowledge the assistance provided by various specialists for contributing to and peer reviewing key chapters. We appreciate the publication and layout work provided by SPC through its Publication Section.

Special thanks go to VNSO staff, both permanent and members of the DHS temporary team (listed in Appendix D). We particularly acknowledge those who contributed to the main report writing who are listed below. We are grateful for the efforts of officials at the national and local government levels who have supported the survey.

Finally, we would like to extend our heartiest appreciation to the survey respondents in Port Vila and Luganville and the outer provinces where the Vanuatu Demographic and Health Survey 2013 took place. Their cooperation and assistance were vital to the successful completion of this important survey.

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## SUMMARY OF FINDINGS

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The Vanuatu Demographic and Health Survey 2013 (VDHS 2013) is a nationally representative survey of 2,508 women aged 15–49 and 1,333 men aged 15–54. The VDHS 2013 is the first for the country. The primary purpose of the VDHS is to furnish policy-makers and planners with detailed information on fertility, family planning, infant and child mortality, maternal and child health and nutrition, and knowledge of HIV and AIDS and other sexually transmitted infections.

Chapter 2 provides a descriptive summary of some demographic and socioeconomic characteristics of Vanuatu's population in 2013. For the purposes of the VDHS 2013, a household was defined as a person or a group of people, related or unrelated, who live together and eat together. Information on basic demographic and socioeconomic characteristics for all usual residents and visitors (e.g. age, sex, educational attainment and current school attendance) was collected using a household questionnaire. This data collection method allows for the analysis of results for either the *de jure* (usual residents) or *de facto* (those who were there at the time of the survey) populations. The household questionnaire also obtained information on housing facilities (e.g. sources of water, sanitation facilities) and household possessions. Information collected from the household questionnaire provides a snapshot picture of household characteristics in Vanuatu.

### Fertility

Survey results indicate that the total fertility rate (TFR) for Vanuatu is 4.2 births per woman. TFR is marginally higher for rural women (4.7) than for urban women (3.3). The marginal difference between total and rural values reflects the fact that most of Vanuatu's population lives in rural areas (the proportion living in urban areas is 25%, according to the 2009 population census). The difference in fertility level between urban women and rural women is relatively small, and suggests there is somewhat better access to reproductive health services for women in urban areas. There are, however, distinct differences in fertility between Rural 1 and Rural 2<sup>1</sup> areas, with Rural 2 being more remote in terms of access to reproductive health services.

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<sup>1</sup> Rural 1 includes households surrounding urban areas (i.e. within easy access to Port Vila or Luganville) and all households within in all administrative centres of all other provinces. Rural 2 includes the remaining rural population.

Education and wealth have a marked effect on fertility, with less educated mothers having more children (on average) than women with more than a secondary level education, and women in the lowest wealth quintile having three more children than women in the highest wealth quintile.

Childbearing starts early and is nearly universal. Women in Vanuatu have an average of 2.5 children by the time they are in their late 20s and more than four children by the time they are 50.

The initiation of childbearing in Vanuatu has not changed much over time. The median age at first birth in Vanuatu is 20.9 for women aged 25–29, the youngest cohort for whom a median age can be estimated. In addition, women in the highest wealth quintile, urban women, and women with more than a secondary level education tend to have their first child at a later age than other women.

Marriage patterns are an important determinant of fertility levels in a population. Age at first marriage for women shows no change over time in Vanuatu, with the median age of 20.9 for women in age group 40–41 and among younger women aged 25–29. Women tend to marry earlier than men in Vanuatu. Women in Vanuatu also tend to initiate sexual intercourse about two years before marriage, as evidenced by the median age at first intercourse among women aged 20–49 of 19.1 compared with the median age at first marriage of 20.8. Similarly, age at first sexual intercourse among women in Vanuatu also shows a very slow increasing trend. For example, while the percentages of women who had sexual intercourse by exact age 15 are the same or similar among younger cohorts of women and older women except at ages 15–19, the percentage of women who first had sexual intercourse by exact age 18 is slightly higher among younger cohorts of women than older women in the 35–44 age group.

Men, however, tend to marry several years later than women, and initiate sexual activity around the same time as women. The median age at first marriage among men aged 20–49 is 23.8, while the median age at first intercourse is 18.9. Age at first sex for men has remained relatively constant over the years.

Almost one-quarter (24%) of non-first births in Vanuatu occur at least 24 months after the birth of the previous sibling while 49% occur within 36 months. The overall median birth interval is 37 months. Birth intervals vary by place of residence:

urban women have longer intervals between births (43.3 months) than rural women (35.4 months).

Marriage decisions are influenced by education, urban area as place of residence and wealth. Along with marriage, sexual intercourse is also directly influenced by these three different factors; in this chapter the findings also shows that men are more sexually active at a younger age than women. Men are more sexually active than women but yet they marry later than women. The onset of infertility with increasing age reduces the proportion of women who are exposed to the risk of pregnancy and so is exclusive breastfeeding and postpartum abstinence.

### **Family planning**

Overall, knowledge of family planning is high in Vanuatu, with 91% of all women, and 98% of all men aged 15–49 knowing at least one contraceptive method. The level of awareness among married men and sexually active unmarried men is universal at around 99%, whereas for women it is higher for currently married women than for all women. Modern contraceptive methods are most widely known: 90% of all women know of a modern method compared with 62% who know of a traditional method. Commonly known modern methods among all women include the male condom (84%), followed by birth control pills (80%), injectable contraceptives (78%) and female sterilization (72%). Emergency contraception, which is an emergency measure of contraception, is one of the two least known contraceptives, with only 16% of all women knowing about it. Implants are only known by 7% of all women. Implants are currently not available in Vanuatu. Women who have implants would have had them inserted elsewhere before coming to Vanuatu. Among traditional methods, the withdrawal method is used by 48% of women followed by the rhythm method at 47%, and folk methods at 10%.

About 63% of all women have used a contraceptive method at some time in their life. Among modern methods, birth control pills are the most commonly used method at 28% followed by injectable contraceptives at 23% and male condoms at 21%. About 24% of all women use traditional methods of contraception: the withdrawal method is used by 16% of women and the rhythm method is used by 11% of women. Contraceptive use among all women increases with age, peaking around the early 30s and declining thereafter. The two most commonly used methods among currently married women are birth control pills (38%) and injectable contraceptives (32%), followed by male condoms

(22%). Women in urban areas are slightly more likely to use contraceptive methods (51%) than rural women (48%). Contraceptive use generally increases with an increasing level of women's education. Approximately 16% of women first used contraception at a time when they had no children, and 20% first used contraception after the birth of their first child. About 10% of all women first used a contraceptive method when they already had four or more children. Approximately 37% of all women aged 15–49 reported that they had never used a contraceptive method. The contraceptive prevalence rate in this survey is 38%.

The percentage of women who began using contraception after one child varies with age: 24% for women aged 20–24, 26% for women aged 25–29, and 30% for women aged 30–39, suggesting an increase in contraceptive use in recent years among middle-aged women. Older women are more likely to have waited until they had their desired number of children to start using contraception. For women aged 45–49, 30% started using contraception after having four children.

It is interesting to note that 14% of women using traditional methods had more than five children, whereas the percentage of women with more than five children using modern methods was less: pills 7.2%, intrauterine device 1.3%, injectables 6.2%, and male condom 1.9%.

### **Reproductive health**

Many factors fall under antenatal care such as a pregnant woman and her partner's knowledge of the importance of making antenatal care appointments early on after the birth of the child.. Importance of compliance with scheduled appointments to ensure blood checks and screenings are conducted, and blood pressure and weight monitoring are conducted. Counselling is also conducted with guidance on management and treatment of reproductive health conditions.

Tetanus toxoid is given to pregnant women to protect both the mother and unborn child against neonatorium tetanus.

Deciding on the place of delivery is essential to ensuring a safe outcome for both the mother and child.

Care needed during delivery requires a skilled birth attendant, which includes a doctor, nurse, midwife, auxiliary nurse, or auxiliary midwife. In Vanuatu, 90% of births take place in health facilities and 98% are performed by skilled birth attendants. The other 2% are conducted by

traditional birth attendants or relatives but specific reasons accounting for this 2% could not be determined.

A check-up immediately postpartum, followed by another one at around six weeks postnatal is conducted to determine whether the mother's reproductive organs (e.g. the uterus) have returned to normal. At this time a check is also conducted on breastfeeding. A decision to commence family planning and the method of choice is also started around this time.

Healthcare access is due to many factors, some of which are related to infrastructure (wharves, roads), transport (vehicles, boats, and planes), cultural reasons, resource (funding) limitations and/or priorities between home and health facility.

### **Child health**

About 87% of children born in Vanuatu are weighed at birth. This is logical as most babies are born at health facilities. Birth weight is generally lower among children born to younger women (age at birth less than 20) and older women (age 35–49), first-born children, children of women with no education, children whose mothers smoke cigarettes or tobacco, and surprisingly, among babies in urban areas and babies whose mothers belong to the fourth wealth quintile households. One in three (33%) children aged 12–23 months had received all of the basic vaccinations (BCG, DPT, polio and measles) at some time before the survey. Immunisation coverage increases with mothers who have had a secondary school level education with coverage at 47% of all children. The vaccination coverage of children whose mother had only a primary school education was 25%. A vaccination card was seen for 57% of children aged 12–23 months.

Vaccination coverage rates are higher among male babies (35%) than female babies (30%). About 57% of children aged 12–23 months have vaccination cards compared with only 36% of children aged 48–59 months. Children in rural areas, children whose mothers smoke cigarettes or use tobacco, and those whose mothers are in the second wealth quintile are most likely to have had acute respiratory infection symptoms.

### **Orphanhood**

In Vanuatu, 66% children aged less than 18 years live with both parents, while 13% live with their mother but not with their father even though the father is alive somewhere. Male children aged 0–9 years living in rural areas are more likely to be found living with their mothers.

About 16% of children do not live with either biological parent. These children are likely to be between the ages of 2 and 17 years and living in both rural and urban areas, and living in middle and fourth wealth quintile households. The parents of about 4% of these children are dead. There is very little variation by sex.

### **Nutrition**

#### *Nutritional status of children*

Adequate nutrition is important for good health and development of a child, and the period from birth to age 2 years is critical. Unfortunately, this period is often marked by faltering growth, micronutrient deficiencies, and common childhood illnesses such as diarrhoea and acute respiratory infection. Optimal feeding practices include early initiation of breastfeeding, exclusive breastfeeding during the first six months of life, continued breastfeeding for up to age 2 years and beyond, the timely introduction of complementary foods at age 6 months, frequency of feeding solid and/or semisolid foods, and the diversity of food groups fed to children aged 6–23 months.

#### *Infant and young child feeding practices*

In Vanuatu, 85% of babies were breastfed within one hour of birth and 82% were exclusively breastfed for the first three months. However only 52% were still breastfed at 24 months, and 29% of children aged 6–23 months were fed according to the recommended infant and young child feeding practices. One-in-four children (26%) were given complementary foods before the recommended 6 months of age. Overall, 29% of children were stunted, indicating long-term, cumulative inadequate nutrition and poor health

#### *Maternal nutritional status*

A woman's nutritional status has important implications for her health as well as the health of her children. Malnutrition in women results in reduced productivity, increased susceptibility to infections, slow recovery from illnesses, and heightened risks of adverse pregnancy outcomes. About 27% of children and 22% of women had iron deficiency anaemia.

#### *Prevalence of anaemia in women*

The prevalence of stunting was higher in rural areas (32%) than in urban areas (19%). The prevalence of overweight and obesity was higher among women aged 15–49 (50%) than among men in this age group (36%). The prevalence of obesity was higher in urban areas.

## **HIV and AIDS and STIs**

While the number of HIV cases is low, at only nine recorded cases, the high prevalence of sexually transmitted infections (STIs) and risky behaviour, in particular unsafe sex among young people, creates a context where HIV could rapidly spread. Increasing population mobility, both within Vanuatu as well as other countries in the Pacific Islands region, increases this risk. Factors such as poverty, high rates of gender-based violence, unstable political situation, and a heavy dependence on international technical and financial support are important challenges to an effective response to the prevention of HIV and STIs, and the treatment, care and support of people living with HIV.

About 91% of females and 92% of males aged 15–49 in Vanuatu has heard of HIV, and almost every person in the country understands what HIV is and STIs are, but the fact that STIs are rapidly increasing increases the threat to the country as a whole. Overall, a similar percentage of men (22%) and women (21%) had a comprehensive knowledge of HIV. Comprehensive knowledge was defined as knowing that consistently using a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting AIDS, knowing that a healthy-looking person can have AIDS, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

Condoms have been promoted and made available at all health facilities but from this study, the rate of condom usage is very low and many factors contributed to this. Major factors that contribute to low usage are cultural and religious beliefs. The Vanuatu Health Department and partners, working together over the last five years had made significant progress in a number of key areas, such as increased focus and support for the national Voluntary Confidential Counselling and Testing Programme; services for the treatment, care and support for people living with HIV; increasing political support for HIV and STIs; and establishing a clear management structure for the national response.

## **Women's empowerment**

About 63% of currently married women and nearly 98% of currently married men aged 15–49 were employed at some time in the year prior to the VDHS 2013. Men are more likely to work but not receive payment (41%) than women (42%). The percentage of currently employed women is lowest in the 15–19 age group and increases with age.

Overall, 26% of women decide for themselves how their earnings are spent, 50% make decisions jointly with their husband or partner, while 21% report that the decision is mainly made by their husband or partner. Only 3% of currently married who work report that their husband or partner does not bring in any money.

About 29% of women report that their husband or partner is the main decision-maker on the use of his cash earnings, while 23% of married men aged 15 and older report that they are the main decision-maker. Over half (57%) of men and women (50%) report that decision-making is a joint process between a husband and a wife.

About 18% of married women make their own decisions compared with 23% of men who make the independent decision on behalf of their wife or partner. About 19% of men think husbands should have a greater say in decisions about major household purchases, and 13% about visits to the wife's family or relatives, while 76% of men think these should be joint decisions. One-quarter (25%) of men think that women should have a greater say in decisions relating to purchases of daily household needs, compared with 64% who think it should be a joint decision.

Women's participation in all four decisions (i.e. about a woman's own health care, household purchases, making household purchases for daily needs, and visiting her family or relatives) increases with age, from 61% among women aged 15–19 to 66% among those aged 45–49. About 65% of women who are employed for cash participate in making all household decisions, compared with 71% of unemployed women. Most women (66%) participate in all four decisions; few women participate in some decisions but not others (more than 70% in one, two or three of the four decisions), while 18% reported they do not participate in household decision-making at all.

## **Infant and child mortality**

An infant death is the death of a child under 1 year of age. The infant mortality rate (IMR) is a measure of the number of infant deaths. The IMR is the number of deaths of babies under 1 year of age in a given year for every 1,000 live births in the same year. It is one of the key measures of the health and wellbeing of a country. The VDHS 2013 showed that 28 infants out of 1,000 live births will die before their first birthday.

Neonatal death is the death of a child under 1 month of age. A child's risk of dying is highest in the neonatal period, which is the first 28 days of life. The neonatal mortality rate is the number of

deaths of babies under 1 month of age in a given month for every 1,000 live births in the same month. It is another key measure of the health and well-being of a country. The VDHS 2013 revealed that 12 infants out of 1,000 live births will die during their first month of life.

One other key measure of the health and wellbeing of a country is the number of “under 5” deaths. An under 5 death is the death of a child before it reaches age 5 years. The under 5 mortality rate is the number of deaths of babies under the age of 5 years in a given year for every 1,000 live births in the same year. The VDHS – 2013 revealed that 31 children out of 1,000 live births will die before their fifth birthday.

Infant and child mortality data are important not only for demographic assessments but also for the design and evaluation of health programmes and policies. These data reflect the status of maternal health, the accessibility and quality of primary health care, and the availability of supportive services in the community. Primary and preventative health services aim at improving the quality of life for ni-Vanuatu people; this includes the reduction of infant and childhood mortalities and the incidence of high-risk pregnancies.

Several factors contribute to the deaths of children in their early years after birth. Prior to birth, the mother can increase her child’s chance of survival and good health by attending antenatal care consultations, being immunised against tetanus, and not smoking or using alcohol. Among others, the following tend to be common:

- Healthcare access and the availability of services provided.
- Maternal nutrition during pregnancy and after delivery.
- Employment and economic security of the mother.
- Education level of the mother.
- Environmental quality (e.g. air, water) in which they live.
- Connection to family, friends and community.

### **Child labor and discipline**

In Vanuatu, 3% children aged 5–11 years engage in paid and/or economic work; most of these are females in rural areas. About 21% of young females aged 5–11 engage in 1 to more hours of work. Among children aged 2–14, 77% have been subjected to at least one form of psychological punishment by their mothers and/or caretaker or other household members. Children aged 5–9

years in rural areas are vulnerable to severe physical punishment.

Additionally, violent discipline is high in both rural areas (72%) and urban areas (70%). About 90% of households have water only (and no cleansing agents) for hand washing. About 74% of households in urban areas have soap and water for washing hands compared to 45% in rural areas.

### **Disability**

Disability has been looked at in this survey in regards to population, age groups, educational attainment and marital status. In terms of population distribution, many respondents have experienced some type of difficulties. However, the prevalence of disability seems to occur more with increasing age.

The data also indicate that disability prevalence is higher in rural areas and with lower wealth status. It can also be seen in comparison to the level of education and marital status. The level of educational attainment among those aged 5 years and older by a disability status reported as being mild to severe disability is nearly 66%; those attending primary school is nearly 62% among those with moderate to severe disability; and is 31% for those with a severe disability.

With regard to marital status, nearly 64% of those with a mild to severe disability reported being legally married compared with 52% with a moderate to severe disability who reported being legally married, and nearly 30% with a severe disability who reported being legally married.

### **Malaria**

Malaria represents a major public health concern in Vanuatu, especially among those who are particularly vulnerable such as pregnant women and children under 5 years of age. It is a leading cause of morbidity and mortality in Vanuatu, and poses a high burden in both societal and economic terms. Most parts of the country report transmission throughout the year, although the number of cases increases during and soon after the rainy season.

The use of insecticide-treated mosquito nets (ITNs) is a key part of the Vanuatu Government’s primary health intervention, which is aimed at reducing malaria transmission. A bed net that has been treated with insecticide kills and repels mosquitoes with greater effectiveness than a bed net that has never been treated, although not as effectively as a net that was treated within the 12



months prior to the survey, or was made with a long-lasting insecticide.

More than three-quarters (87%) of all households in both urban and rural areas own at least one mosquito net; ownership ranges from a high of 95% for Rural 2 to a low of 70% in urban areas.

Half (53%) of all children under age 5 slept under a bed net the night before the survey. The highest rate of net use was reported for Rural 2, where 63% of children had slept under a net the night before the survey. Use of ITNs was slightly lower for children under age 5 (51%).

One in ten children (11%) under age 5 years had a fever in the two weeks preceding the survey. Only one in ten (10%) of these children were given antimalarial drugs. None of the children under 12 months who had fever in the two weeks preceding the survey were given antimalarial drugs.

Rural children with a fever are less likely to receive antimalarial drugs as a presumptive treatment for malaria than children in urban areas. Lower coverage of microscopy services for diagnosis in rural areas would contribute to this.

## DHS Indicators

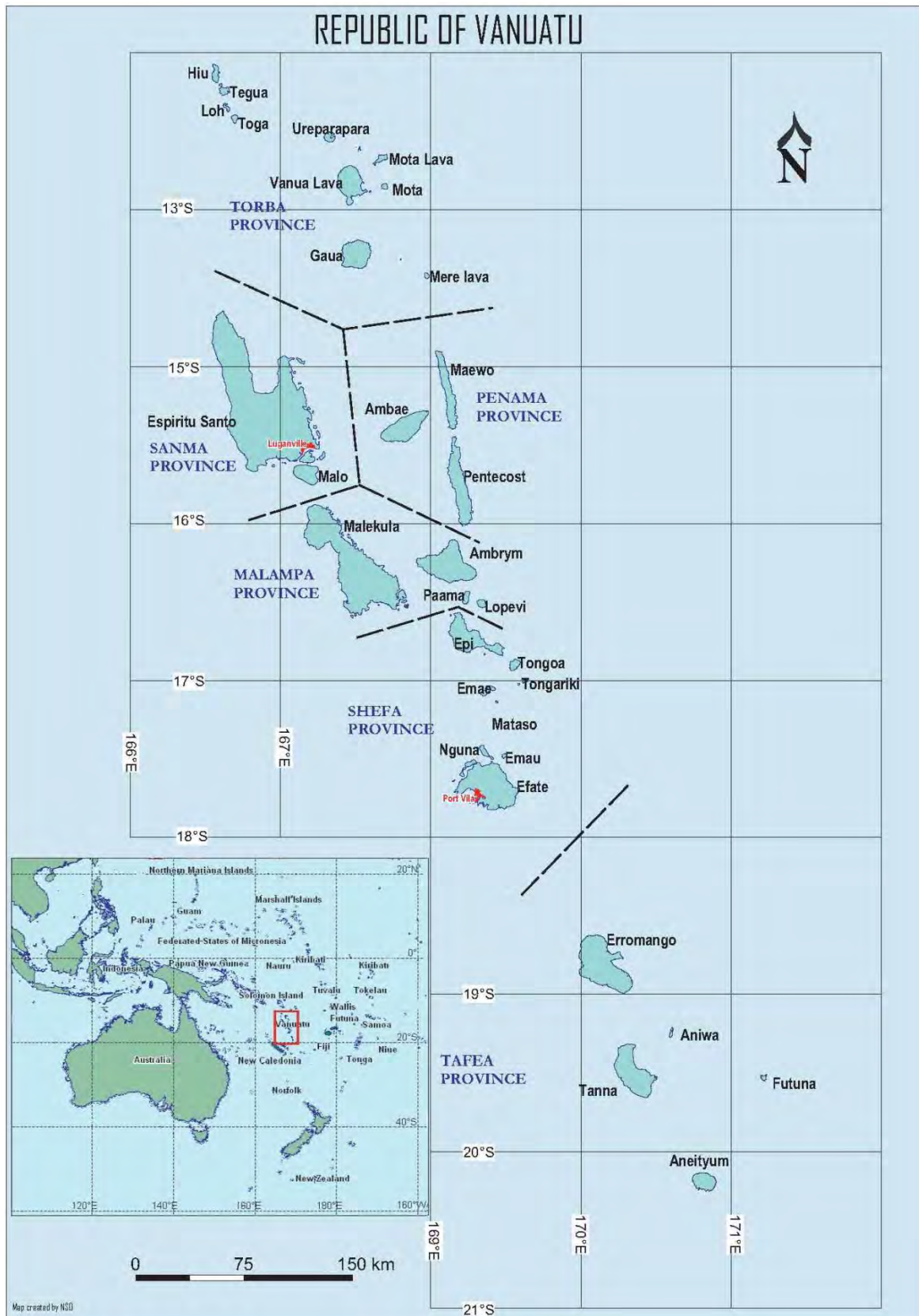
Description of indicator	Residence				
	National	Urban	Rural	Rural 1	Rural 2
<b>Marriage and fertility</b>					
Total fertility rate per women aged 15-49 (children per woman)	4.2	3.3	4.7	4.3	4.8
General fertility rate per 1,000 women	146	115	162	147	166
Crude birth rate, per 1,000 population	32.5	30.2	33.1	31.4	33.5
<b>Age at first marriage (Median)</b>					
Women age 25-49	20.8	21.4	20.6	20.8	20.5
Men age 25+	24.4	25	24.2	24.1	24.2
Young women aged 15-19 who have begun childbearing	15.7	12.8	17.3	17.1	17.3
Young women aged 15-19 currently married/in-union	11.3	na	na	na	na
Median age at first birth for women aged 25-49	21.2	21.7	20.9	21.3	20.9
<b>Median age at first sexual intercourse</b>					
Women age 25-49	19.1	19.5	18.5	19.0	18.9
Men age 25+	19.4	18.9	19.6	19.3	19.7
<b>Mean number of children ever born</b>					
All Women	2.3	na	na	na	na
Married Women	3.2	na	na	na	na
<b>Mean number of living children</b>					
All Women	2.2	na	na	na	na
Married Women	3.0	na	na	na	na
<b>Family planning (% currently married women aged 15-49)</b>					
Contraceptive prevalence rate (%)	47	50.9	48.1	53.9	47
<b>Current use (%)</b>					
Any method	47	50.9	48.1	53.9	47
Any modern method	34.2	42.5	34.6	36.8	34.2
Female sterilisation	9.7	13.6	9.8	10.1	9.7
Male sterilisation	0.8	0.2	0.8	0.7	0.8
Injectables	9.9	9.1	10	10.1	9.9
Pill	10.3	10.8	10.4	10.9	10.3
Male condom	1.9	2.5	1.9	2.1	1.9
Any traditional method	12.8	8.4	13.5	17.2	12.8
<b>Unmet need for family planning</b>					
Total unmet need (%)	24.4	23.5	24.6	25.7	24.4
Unmet need for spacing (%)	11.3	11.3	11.6	13.4	11.3
Unmet need for limiting (%)	12.7	12.2	12.9	12.3	13.1
<b>Infant and child mortality (0-9 years before DHS)</b>					
Neonatal mortality (NN)	12	16	13	12	13
Infant mortality (1q0)	28	25	28	20	29
Under-five mortality (5q0)	31	28	35	22	37
<b>Maternal and child health</b>					
<b>Maternity care (births in the last 3 years)</b>					
Mothers who had at least 1 antenatal care visits for their last birth (%)	1.4	1.7	2.3	1.5	1.6
Mothers who had at least 4 antenatal care visits for their last birth (%)	51.8	46.4	54.1	55.8	53.8
Births attended by skilled health personnel (%)	89.4	95.7	87.0	95.4	85.6
Mothers receiving antenatal care from skilled provider (%)	75.6	80.9	73.3	85.4	71.1
Births delivered in a hospital or health facility (%)	88.5	98.1	84.9	96.2	83.1
Mothers having at least one problem accessing health care (%)	89.9	82	91.4	92.7	94.4
<b>Child immunisation and health care</b>					
Children aged 12-23 months fully immunised (BCG, measles, and 3 doses each of polio and DPT) (%)	32.7	44.3	28.5	25.2	29
Children 12-23 months who have received BCG (%)	72.9	80.8	70	78.6	68.4
Children 12-23 months who have received 3 doses of polio vaccine (%)	52	63.1	47.9	53.8	46.8
Children 12-23 months who have received 3 doses of DPT/Penta vaccine (%)	55.1	70.9	49.4	57	48
Children 12-23 months who have received measles vaccine (%)	52.6	68.7	46.7	51.9	45.8
Children 12-23 months with no vaccination	20	11.2	23.3	12.9	25.1
Children 12-23 where vaccination card seen	57.3	57.1	57.4	67	55.7
Children aged 6-35 months who have received vitamin A dose in the last 6 months (%)	24.8	24.6	24.9	26.6	24.6
Children aged 6-35 months given de-worming medication in the last 6 months (%)	49	49	48.9	54.6	48
Prevalence of underweight children under-five years of age (less than 2.5kg) (%)	10.9	13	10.1	10.1	10.1
<b>Treatment of childhood diseases</b>					

Children under 5 with diarrhoea in the last 2 weeks who received ORS (%)	47.6	38	51.6	40.6	53.9
Children under 5 with diarrhoea in the last 2 weeks who seek advice from a health facility or provider (%)	44	39.5	45.9	48.5	45.4
Home management of diarrhoea (%)	30.9	32.4	30.3	23.9	31.6
Received ORT or increased fluid and continued feeding (%)	40.6	39.9	40.9	40.2	41
Children with fever in the last 2 weeks who seek advice/treatment from a health facility or provider (%)	57	47.9	61.1	55.7	62.1
<b>Birth Registration</b>					
Total registered (Children under 5) - %	75.5	75.1	75.7	81.6	74.7
Had a birth certificate (Children under 5) - %	43.4	60.8	36.7	49.7	34.5
<b>Education</b>					
Net attendance ratio in primary education (National)	77.2	77.1	77.2	81.1	76.6
Net attendance ratio in primary education (males)	76.3	74.9	76.8	81.2	76.1
Net attendance ratio in primary education (females)	78	79.1	77.6	80.9	77.1
Net attendance ratio in secondary education (National)	23.5	35	18	17.2	18.2
Net attendance ratio in secondary education (males)	21.5	33.8	15.8	18.7	15.2
Net attendance ratio in secondary education (females)	25.6	36.2	20.3	15.5	21.2
Literacy rate of women aged 15–49	91.5	94.6	89.8	90.6	89.6
Literacy rate of men aged 15–49	91.4	93	90.6	89.9	90.7
Ratios of girls to boys in primary (Gender Parity Index)	0.97	1.01	0.96	0.94	0.96
Ratios of girls to boys in secondary (Gender Parity Index)	1.14	1	1.27	0.8	1.39
<b>Nutritional status of adults and children</b>					
Women aged 15–49 who are overweight or obese (%)	49.5	59.0	45.3	49.3	44.6
Men aged 15–49 who are overweight or obese (%)	35.8	51.3	28.4	37.5	26.7
Women aged 15–49 whose body mass index is below normal (%)	3	3.6	2.8	2.4	2.9
Men aged 15–49 whose body mass index is below normal (%)	2.4	1.4	2.9	4.0	2.7
Children under 5 years ever breast feed (%)	94.9	91.2	96.3	92.5	96.9
Children under 5 years breastfed within 1 hour of birth (%)	85.4	83.1	86.4	88.0	86.1
Children under 5 years who received a prelacteal feed (%)	4.1	4.1	6.8	3.0	7.4
Children aged 0–5 months exclusively breastfed (%)	72.6	na	na	na	na
Children aged 6–9 months breastfed and receiving complementary foods (%)	70.3	na	na	na	na
Children under 6 months who are breast fed 6 or more times in the last 24hr (%)	93.0	(89.0)	94.6	(87.7)	(96.7)
Children under 6 months by mean number of days fed	6.4	(5.4)	6.8	(5.9)	(7.0)
Children under 6 months by mean number of nights fed	3.8	(4.1)	3.7	(3.6)	(3.7)
Children under 5 years who are stunted (%)	28.5	19.1	31.5	28.6	31.9
Children under 5 years who are wasted (%)	4.4	2.0	5.2	4.9	5.3
Children under 5 years who are underweight (%)	10.7	5.0	12.5	9.1	13.0
Households with adequately iodized salt (%)	50.7	69.4	42.0	52.8	40.0
<b>Anaemia among children and adults</b>					
Children aged under 5 who are anaemic (%)	27.0	32.3	25.3	37.9	23.3
Women aged 15–49 who are anaemic (%)	22.5	19.4	23.9	20.5	24.5
Pregnant women aged 15–49 who are anaemic (%)	24.7	na	na	na	na
<b>Environment</b>					
Households with sustainable access to an improved water source (%)	91.0	98.9	87.6	91.8	86.9
Households with access to improved sanitation (%)	50.8	45.8	52.7	53.9	52.6
Households with Solid fuel use (%)	89.6	68.3	98.7	93.5	99.6
Households using an appropriate treatment method (%)	22.8	34.4	17.8	24.7	16.7
<b>HIV and AIDS (women and men aged 15–49)</b>					
Women who have heard of AIDS (%)	90.7	96.4	87.6	94.7	86.2
Men who have heard of AIDS (%)	92.4	95.8	90.5	93.1	90.0
Women who know where to get an HIV test (%)	64.0	77.9	56.7	69.6	54.1
Men who know where to get an HIV test (%)	74.3	82.7	69.4	75.7	68.1
Attitudes towards people with HIV/AIDS (no discrimination) - Women 15-49 (%)	10.3	15.2	7.4	10.4	6.8
Attitudes towards people with HIV/AIDS (no discrimination) - Men 15-49 (%)	19.1	28.3	13.6	13.9	13.5
Mean number of sexual partners in lifetime, Women 15-49 (%)	2.1	2.3	2.0	2.1	2.0
Mean number of sexual partners in lifetime, Men 15-49(%)	5.0	5.6	4.6	6.0	4.3
<b>Comprehensive Knowledge of HIV and AIDS</b>					
Women 15-49 (%)	20.9	23.3	19.7	18.1	20.0
Men 15-49 (%)	22.3	26.8	19.7	17.2	20.3
Young women 15-24 (%)	18.1	17.7	18.4	14.5	19.2
Young men 15-24 (%)	18.9	19.3	18.6	(15)	19.4
<b>High-risk sex in the past 12 months among Young Population</b>					
Young Women who had high-risk sex (%)	36.5	43.8	32.8	34.3	32.5

Young Women who used a condom during last high-risk sex (%)	36.5	43.2	31.9	36.0	31.1
Young Men who had high-risk sex in the past 12 months (%)	71.6	82.5	64.2	84.3	59.5
Young Men who used a condom during last high-risk sex (%)	44.8	50.0	40.3	39.1	(40.7)
<b>Malaria</b>					
Household ownership of mosquito nets					
Household owns at least one mosquito net (any type)	86.5	70.4	93.4	85.7	94.7
Household owns at least one ITN	83.0	65.8	90.3	81.2	91.9
Children under 5 who slept under an ITN the night before the survey (%)	51.0	25.6	61.0	53.9	62.2
Women aged 15–49 who slept under an ITN the night before the survey (%)	44.6	19.1	59.4	44.1	62.4
Pregnant women aged 15–49 who slept under an ITN the night before the survey (%)	40.5	27.5	47.4	38.3	49.0
Children under 5 treated with anti-malarial drugs (%)	5.1	5.8	4.8	3.7	5.0
<b>Women Empowerment</b>					
Share of women in wage employment in the non-agricultural sector	78.3	95.4	67.9	90.4	63.6
<b>Women's cash earnings compared with husband's cash earnings</b>					
More (%)	31.3	33.5	29.1	29.9	28.9
Less (%)	46.5	50.8	42.1	42.4	42.1
Womens's participation in Decision making (%)	66.4	61.1	68.9	62.9	69.9
<b>Disability</b>					
Disability Prevalence 'At least some difficulty' by fuctional domain:					
Vision	3.4	na	na	na	na
Hearing	2.1	na	na	na	na
Mobility (Walking)	2.2	na	na	na	na
Remembering/concentrating	1.5	na	na	na	na
Self-care	0.9	na	na	na	na
Communicating	0.7	na	na	na	na
<b>Child labour and child discipline</b>					
<b>Child labour</b>					
Children aged 5-11 engaged in child labour activities	20.6	15.9	22.4	24.4	22.0
Male children (%)	20.0	na	na	na	na
Female children (%)	22.0	na	na	na	na
Children aged 12-14 engaged in child labour activities	0.7	0.5	0.6	1.4	1.7
Male children (%)	1.3	na	na	na	na
Female children (%)	0.1	na	na	na	na
<b>Child discipline</b>					
Child discipline (children aged 2-14(%)) by methods and severity of punishment					
Phsyncological aggresion	77.3	74.4	78.4	79.6	78.2
Any physical punishment	71.5	70.0	72.0	74.5	71.6
Severe physical punishment	35.7	31.6	37.2	33.7	37.8
Any violent discipline method	83.5	82.9	83.7	87.7	83.0

**NOTE:** Figures in parentheses are based on 25-49 unweighted cases  
'na': not available

# MAP OF THE REPUBLIC OF VANUATU



### 1.1. GEOGRAPHY, HISTORY AND ECONOMY

The nation of Vanuatu consists of 83 main islands with a total land area of 12,281 km<sup>2</sup>, spread over 360,000 km<sup>2</sup> in the South Pacific Ocean. Sixty-three of Vanuatu's islands are permanently inhabited. The islands are spread out in a Y-shape form beginning with Hiu Island in the north to Mathew and Hunter islands in the south. Vanuatu consists of six provinces: Torba, Sanma, Penama, Malampa, Shefa and Tafea that stretch across an area of 612,300 km<sup>2</sup>. Port Vila, the capital, is located on the island of Efate, which is the most populous island although Santo is the biggest island in terms of land area. Port Vila is 1,288 km southeast of Honiara, Solomon Islands; 1,071 km west of Suva, Fiji; and 2,394 km east of Cairns, Australia.

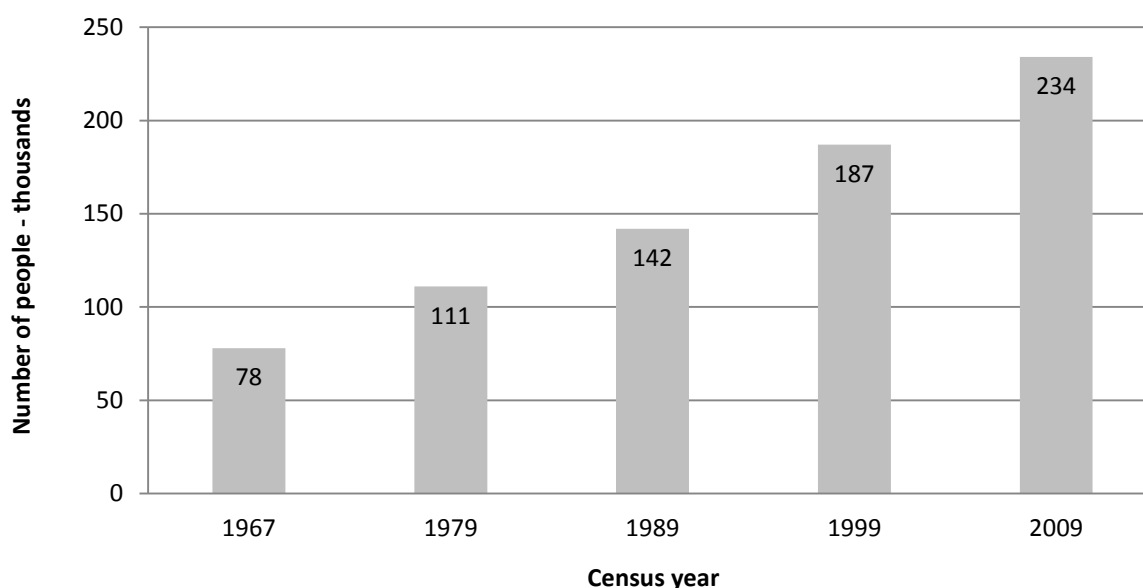
Vanuatu's first settlers came to the islands some 3,000 years ago through settlements by the Lapita people from the mainland and islands of Southeast Asia. The islands were originally named the New Hebrides in 1774 by British Explorer Captain James Cook. Missionaries arrived later, around the mid-18th century, and introduced Christianity. The islands were under British and French protectorate since 1900. A constitutional parliamentary governance system was established in 1980 when it gained independence from the French and British colonies.

Economically, Vanuatu's nominal gross domestic product (GDP) is estimated to be vatu 72,278 million, of which the services sector continues to constitute the largest share of the total GDP. In real terms, services constitute 66% of the GDP followed by agriculture, fishing and forestry at 21%, and industry at 7% due to the fact that most industrial materials are imported. The rate of growth was close to 2% per annum in 2012, easing down from past higher growth rates contributed by the Millennium Challenge Corporation project from 2008 to 2010. Economic growth is focused on domestic production, involving residential producers in various sectors in the economy, thus covering production directly and indirectly from all islands within Vanuatu. Economic growth has been boosted by the strong growth in transport of about 29% followed by accommodation and food services at 4%, which was mainly the result of an increase of 13% in visitor arrivals by air.

### 1.2. POPULATION DEVELOPMENT ISSUES

Five population censuses were carried out in Vanuatu between 1967 and 2009. Since 1967, the population has progressively increased (see Fig. 1.1) from 78,000. Over 150,000 people have been added to that figure, for a current population at 234,000 (according to the VNSO 2009 Census of Population and Housing).

**Figure 1.1: Population of Vanuatu, 1967–2009**



Source: VNSO 2009 Census of Population and Housing

### **1.1.1 Fertility**

Data from the 2009 Census of Population and Housing suggests that Vanuatu's annual population growth rate of 2.3% is still relatively high compared with other countries within the region; only Papua New Guinea and the Solomon Islands have much higher growth rates. The high natural growth rate is the result of the high fertility (birth) rate. Although the average number of children per woman dropped marginally from 4.8 in 1999 to 4.1 in 2009, Vanuatu still has a relatively high fertility rate (VNSO 2009 Census of Population and Housing).

### **1.1.2 Mortality**

Estimates of the level of mortality based on data from the 2009 Census of Population and Housing suggest that the infant mortality rate declined by 6 deaths per 1,000 births, and that life expectancy at birth improved by 4.0 years for males and 3.7 years for females during census period 1999–2009. This shows that females have a longer life expectancy (73 years) than males (70 years).

### **1.1.3 Migration**

International migration is at an all-time low since the mid-1990s (VNSO 1999 population census). A recent population census also indicated an annual migration rate of 0.0% (VNSO 2009 Census of Population and Housing). Internal migration, on the other hand, is considerably high, with Shefa and Sanma provinces being target destinations because of the major towns of Port Vila and Luganville, respectively.

## **1.3. HEALTH POLICY**

The Ministry of Health (MOH) is responsible for delivering preventative and curative health services in the country, and must cater to diseases of both children and elderly people. In 2010, MOH launched its six-year Health Sector Strategy for 2010–2016, which will form the basis of all healthcare programmes for partners to embark on.

MOH's mission is to protect and promote the health of all people in Vanuatu. Its vision is an integrated and decentralised health system that promotes an effective, efficient and equitable health services for the good health and general well-being of all people in Vanuatu. It is with genuine conviction that steps to improving the health status of the people must be based on direct measures taken to: 1) ensuring access to health services at all levels, 2) improving the quality of services delivered at all levels, and 3) promoting good management and effective use of resources (MOH-HSS 2010–2016).

In response to the Vanuatu Government's Priority Action Agenda, the Millennium Development Goals, declarations by the Pacific Islands Ministers of Health (e.g. Healthy Island Declaration), and international obligations, MOH has developed a Health Sector Strategy framework of key indicators to monitor and evaluate its development (MOH-HSS 2010–2016). Figure 1.2 shows the findings from the VDHS 2013 in relation to this framework.

Primary health care is mandated by the primary healthcare policy in 1984, and revised through the Healthy Islands Policy and Strategy for 2011–2015 (developed in 2010). Most primary healthcare services are provided through health facilities such as health centres, dispensaries and aid posts. Likewise, hospitals and public health programmes also provide primary healthcare services. Tertiary care is mostly provided by the Vila Central Hospital and the Northern Provincial Hospital. These two hospitals are the only referral hospitals in the country.

Infectious diseases were prominent in the country in the past. Now, due to rapidly changing lifestyles, non-communicable diseases (NCDs) are acquiring prominence. NCDs are a leading cause of death in Vanuatu, and it is anticipated that this change in mortality trends will continue. Communicable diseases and NCDs remain the main diseases in Vanuatu, with malaria and tuberculosis (TB) being the major public health concerns along with sexually transmitted infections, acute respiratory tract infections, diarrhoea and viral hepatitis. Dengue fever and measles are other major health concerns among communicable diseases. There has been a sudden emergence of yaws, mainly on the island of Tanna, with cases also having been reported from Santo. Furthermore, a double burden of diseases (both infectious and NCDs) in Vanuatu is now of grave concern as they will impact enormously on MOH's resources (MOH 2013 Annual Report).

The government will improve the provision of preventative and curative healthcare services across Vanuatu, with an emphasis on promoting healthy lifestyles as stated in the Healthy Islands Policy and Strategy. The

efficiency and effectiveness of preventing and encouraging healthy lifestyles is by reducing the main NCD risk factors of tobacco smoking, alcohol abuse, physical inactivity, and unhealthy eating, in order to reduce the incidence of NCDs.

Healthcare services are decentralised in accordance with the government's commitment to primary healthcare provision. However, there are inequities in the standard of service delivery between urban and rural areas that need to be addressed to ensure that the health sector strategy's objective of improving the quality of services delivered at all levels is achieved. In addition, many communities and health facilities are located in remote locations in Vanuatu, which makes communication and transportation difficult. Many people living in these remote areas are deprived of access to medical care (MOH 2013 Annual Report).

**Figure 1.2: Key Health Sector Strategy 2010–2016 indicators framework**

Output/Outcome	indicator	2016 Target	Baseline (2010) VDHS-2013		
5.1 Health outcome or impact indicators relating to improving health status	Reduce child mortality (MDG 4)	- Under-five mortality rate <sup>1</sup>	25/1000	30 (MICs)	31
	Reduce child mortality (MDG 4)	- Infant mortality rate <sup>1</sup>	20/1000	25 (MICs)	28
	Reduce child mortality	- Fully immunised children <sup>5</sup>		42 (MICs)	33
	Reduce child mortality	- No Immunization <sup>6</sup>		18 (MICs)	20
	Improve maternal health (MDG 5)	- Maternal mortality rate <sup>1</sup>	50/100,000	68 /100,000	
	Improve maternal health (MDG 5)	- Ratio of maternal deaths to population by province <sup>1</sup>	9/100,000	11/100,000	
	Improve maternal health (MDG 5)	- Proportion of deliveries attended by SBA	90%	74% (MICs)	89% <sup>4</sup>
	Improve maternal health	- Antenatal care provided by skilled personnel		84% (MICs)	76%
5.2 Health services output indicators relating to equitable access and quality	Access to services	- Health centre and home visits per capita of population covered	1.5	NA	
	Access to services	- Number of referrals from primary care to hospitals <sup>1</sup>	300	600	
	Access to services	- Number of inpatient admissions	15,000	24,000	
	Key health professionals	- Doctors / 1000 population	1/15,000	1/30,000	
	Key health professionals	- Nurses / 1000 population	1/200	1/600	
	Key health professionals	- Allied workers / 1000 population	1/7,500	1/60,000	
	Key health professionals	- Public health officers / 1000 population	1/20,000	1/30,000	
	Access to safe water (MDG 7)	- Proportion of people with improved drinking water source	90%	85% (MICs)	90%
	Access to safe water	- Water treatment <sup>2</sup>		15% (MICs)	23%
	Access to improved sanitation (MDG 7)	- Proportion of people with access to improved sanitation facilities <sup>1</sup>	80%	64% (MICs)	52% <sup>3</sup>

Note: Data Source, MoH-HSS 2010

<sup>1</sup> indicator also vital for Healthy islands policy

<sup>2</sup> households using appropriate water treatment methods

<sup>3</sup> improved facility excluding shared facility

<sup>4</sup> birth delivered by Health professionals

<sup>5</sup> children (12-23 months) receiving all required vaccination (BCG, measles and three doses of DPT/PENTA and polio)

<sup>6</sup> Children (12-23months) with no vaccination at all

MDG means Millennium development goals, and MICS means Multi indicator cluster survey

## 1.4. SURVEY OBJECTIVES

The main objective of the VDHS 2013 was to provide current and reliable data on fertility and family planning behaviour, child mortality, adult and maternal mortality, children's nutritional status, the use of maternal and child healthcare services, and knowledge of HIV and AIDS. Specific objectives were to:

- collect data (at the national level) that will allow the calculation of key demographic rates;
- analyse the direct and indirect factors that determine the fertility level and trends;
- measure the level of contraceptive knowledge and practice among women and men by method, urban–rural residence and region;



- collect high-quality data on family health, including immunisation coverage among children, prevalence and treatment of diarrhoea and other diseases among children under 5 years of age, and maternity care indicators, including antenatal visits, assistance at delivery, and postnatal care;
- collect data on infant and child mortality;
- obtain data on child feeding practices, including breastfeeding, and collect ‘observation’ information to use in assessing the nutritional status of women and children;
- collect data on knowledge and attitudes of women and men about sexually transmitted infections, HIV and AIDS, and evaluate patterns of recent behaviour regarding condom use;
- collect data on knowledge and attitudes of women and men about tuberculosis; and
- collect poverty information to determine levels of hardship among children and adults.

This information is essential for making informed policy decisions, and for planning, monitoring and evaluating programmes on health — both with respect to general health, and reproductive health in particular — at the national level, and in urban and rural areas. A long-term objective of the survey is to strengthen the technical capacity of government organisations to plan, conduct, process and analyse data from complex national population and health surveys. Moreover, the VDHS 2013 provides national, rural and urban estimates regarding population and health that are comparable with data collected in similar surveys in other Pacific DHS pilot countries and other developing countries.

## **1.5. SURVEY ORGANISATION**

The VDHS 2013 was carried out with funding support from the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA) through the Secretariat of the Pacific Community (SPC) and UNFPA, with technical assistance from SPC. The survey was jointly implemented by the Vanuatu National Statistics Office (VNSO) in collaboration with MOH. VNSO collaborated with MOH to conduct trainings (pre-test and main training) and field enumeration.

## **1.6. SAMPLE DESIGN**

The primary focus of the VDHS 2013 was to provide reliable estimates of key population and health indicators, including fertility and mortality rates, both for the country as a whole, and separately for urban and rural areas (this is standard practice for a DHS). The survey used the sampling frame based on census enumeration areas, with population and household information from the 2009 Vanuatu Census of Population and Housing. The primary sampling units, comprising 93 total enumeration areas (EA), were selected in each domain using systematic random sampling with probability proportional to the estimated number of households in the EA. Then, in each selected EA, 24 households were randomly selected with equal probability. It should be noted that DHS sampling was prepared by SPC.

It was not considered viable to generate results at an island division level for Vanuatu due to the expected small sample sizes at these fine geographical levels. However, it was considered worthwhile to split the rural population into two separate domains — Rural 1 covering households surrounding urban areas (i.e. within easy access to Port Vila and Luganville) and all households living in all administrative centres of all other provinces, and Rural 2 covering the remaining rural Vanuatu population — because Rural 1’s population has better access to main health facilities than Rural 2’s population, which tend to have limited or no access to those health facilities.

The survey was designed to obtain completed interviews of 3,129 women aged 15–49. In addition, males aged 15 and older in every second household surveyed were interviewed. To take non-responses into account, 2,232 households countrywide were selected: 672 in urban areas and 1,560 in rural areas.

## **1.7. QUESTIONNAIRES**

Three questionnaires were administered during the VDHS 2013: a household questionnaire, a women’s questionnaire, and a men’s questionnaire. These were adapted to reflect population and health issues relevant to Vanuatu, and were presented at a series of meetings with various stakeholders, including government ministries and agencies, non-governmental organisations and international donors. Survey questionnaires were then translated into the Vanuatu local dialect ‘Bislama’ and vice versa by MOH staff.

The household questionnaire was used to list all of the usual members and visitors in selected households, and to identify women and men who were eligible for the individual interview. Some basic information was

collected on the characteristics of each person listed, including age, sex, education and relationship to the head of the household. For children aged less than 18 years, the survival status of their parents was ascertained. The household questionnaire also collected information on the characteristics of each household's dwelling unit, such as source of drinking water, type of toilet facility, material used for the floor, and ownership of various durable goods.

The women's questionnaire collected information from all women aged 15–49 about:

- education, residential history and media exposure;
- pregnancy history and childhood mortality;
- knowledge and use of family planning methods;
- fertility preferences;
- antenatal, delivery and postnatal care;
- breastfeeding and infant feeding practices;
- immunisation and childhood illnesses;
- marriage and sexual activity;
- their own work and their husband's background characteristics;
- awareness and behaviour regarding HIV and other STIs; and
- malaria and other health issues.

The men's questionnaire was administered to all men aged 15 and over living in every second household. The questionnaire collected much of the same information as the women's questionnaire, but was shorter because it did not contain questions about reproductive history, and maternal and child health.

## **1.8. LISTING, PRETESTING, TRAINING AND FIELDWORK**

### **1.8.1 Listing**

Household listing was implemented by survey teams two days prior to data collection. All private households within the selected village or EA were listed and recorded along with the head of the household and total number of household members. From the total updated household list, 24 households were randomly selected to be interviewed. Supervisors and field editors assisted their teams with updating the listing of households on the forms and maps. The maps and list of households used in the 2013VDHS were prepared by VNSO from the 2009 Census of Population and Housing.

All women aged 15–49 who slept in the sample household on the night prior to the interview were eligible to be interviewed using the women's questionnaire. Every second household was sub-selected for the men's survey. All men aged 15 or over in sub-selected households were eligible to be interviewed.

### **1.8.2 Pretesting**

Pretest training was conducted from 10–28 June 2013. The objective was to test the suitability of various aspects of the questionnaires such as the translation, skip procedures and filtering instructions. A 'skip procedure' is implemented by an interviewer if a particular question or set of related questions are not applicable to the respondent; these questions are then 'skipped'.

In total, 39 field workers (24 women, 15 men) were trained as supervisors, editors and interviewers. Pretest training consisted of classroom lectures, PowerPoint presentations, demonstration interviews, front-of-class interviews, mock interviews, quizzes and tests, and some field practice that consisted of interviewing selected sample households. The interview team spent less than one week interviewing 20 households. After pretesting, the VDHS 2013 team reviewed and discussed the results. Pretesting proved to be a valuable exercise because it revealed that the translation of some questions, skip procedures and fieldwork logistics required revision.

### **1.8.3 Training**

The main training of VDHS 2013 fieldworkers was conducted during 5–23 August 2013. Interviewers were recruited prior to the training. Recruitment of fieldworkers involved interviewing and testing for selection. In total, 109 fieldworkers were trained, 80 of whom were selected to be supervisors, field editors and interviewers. The remaining 29 fieldworkers were assigned as data editors and data entry operators, reserves or backup to the selected interviewers and survey nurse.

This training was held in Malvatumauri national chiefs' council chamber (Chiefs Nakamal), and was conducted in both English and Bislama. Fieldworkers were instructed on the importance of the overall survey, and were given an explanation of each question within the survey, as well as how to ask each question. Training included instructions on how to follow skip and filtering procedures within the questionnaire. Fieldworkers were tested on their ability to understand the questionnaire and their performance in conducting an interview. Quiz and test results were used for selecting the best supervisors and field editors. In addition to classroom training, fieldworkers underwent several days of field practice to gain more experience in conducting interviews and handling fieldwork logistics.

During fieldwork practice, ten teams were formed, consisting of one supervisor, one field editor, four female interviewers and two male interviewers and one nurse for measurement. Three days were assigned for fieldwork practice, with each team covering 24 households. During fieldwork practice, some issues were identified (e.g. some questionnaires were printed incorrectly, transport was insufficient). These were dealt with before the actual survey was conducted.

#### **1.8.4 Fieldwork**

Fieldwork was conducted from 1 September to 6 December 2013, and fieldworkers were sent to their respective field sites the week following training.

Data collection through household interviews involved 10 survey teams. A survey team is made up of 9 members with a supervisor in charge of the team. A female editor, four female interviewers, two male interviews and a nurse make up the survey team members. Three teams based in Luganville carried out interviews in Sanma and Torba provinces while the remaining seven teams were based in Port Vila, carrying out interviews in Shefa, Malampa, Penama and Tafea provinces. The supervisor's role was to ensure that all questionnaires were completed and forwarded to VNSO for a control check and data processing. Similarly, it was the supervisor and field editor's responsibility to communicate with the VDHS 2013 Survey Manager about any issue the teams encountered in the field.

### **1.9. DATA PROCESSING**

The computer processing of VDHS data began a few weeks after fieldwork commenced. The SPC Data Processing Specialist and an external data processing consultant engaged by SPC held a training session from 6 to 27 September 2013. The training included how to set up the data entry system, data entry, and how to run the field check tables to monitor the data quality, and teams' and interviewers' performance.

Completed questionnaires were returned periodically from the field to the VNSO Office in Port Vila. Data processing commenced in July and was completed in the second week of December 2013. The data processing staff consisted of one supervisor from VNSO, two questionnaire administrators, editors and/or coding clerks, and eight data entry operators. Data were entered using CSPro computer software (version 4.1). All data were entered twice (100% verification). The concurrent processing of the data was a distinct advantage for data quality because VDHS staff were able to advise field teams of errors detected during data entry. Upon completion of the data entry, final editing and preliminary tabulation were undertaken, starting on 26 January 2014 for three weeks. Adjustment for non-response was done for the missing clusters. Sampling weights were then calculated and incorporated into the household and individual records.

#### **1.10. RESPONSE RATES**

Table 1.2 shows household and individual response rates for the VDHS 2013. In total, 2,232 households were selected for the sample, with 2,222 households found to be occupied during data collection. Of these existing households, 2,200 were successfully interviewed, giving a household response rate of 99%.

In occupied households, 2,651 women were identified as being eligible for individual interviews. Interviews were completed with 2,508 women, yielding a response rate of 94.6%. Of the 1,598 eligible men identified in the selected sub-sample of households, 83.4% were successfully interviewed. Response rates were higher in rural areas than in urban areas, with rural-urban difference in response rates being the greatest among eligible men.

**Table 1.2: Results of household and individual interviews***Number of households, number of interviews, and response rates, according to residence (unweighted), Vanuatu 2013*

Result	Residence				Total
	Urban	Rural	Rural 1	Rural 2	
<b>Household interviews</b>					
Households selected	672	1,560	768	792	2,232
Households occupied	671	1,551	768	783	2,222
Households interviewed	652	1,548	765	783	2,200
<b>Household response rate<sup>1</sup></b>	97.2	99.8	99.6	100.0	99.0
<b>Interviews with women aged 15–49</b>					
Number of eligible women	942	1,709	901	808	2,651
Number of eligible women interviewed	870	1,638	848	790	2,508
<b>Eligible women response rate<sup>2</sup></b>	92.4	95.8	94.1	97.8	94.6
<b>Interviews with men aged 15+</b>					
Number of eligible men	556	1,042	564	478	1,598
Number of eligible men interviewed	442	891	450	441	1,333
<b>Eligible men response rate</b>	79.5	85.5	79.8	92.3	83.4

<sup>1</sup> Households interviewed/households occupied.<sup>2</sup> Respondents interviewed/eligible respondents.

## 1.11. DATA DISAGGREGATION

Data are disaggregated into three important geographical divisions:

1. Urban: households living in Port Vila and Luganville.
2. Rural 1: households surrounding the urban areas (i.e. within easy access to Port Vila and Luganville) and all households living in all administrative centres of all other provinces.
3. Rural 2: covering the rest of Vanuatu households living in traditional rural areas (outside of rural 1).

Because of the way the sample was designed, the number of cases may in some instances appear small because they are weighted to make the regional distribution nationally representative. Throughout this report, numbers in the tables reflect weighted numbers. To ensure statistical reliability, percentages based on 25–49 unweighted cases are shown within parentheses, and percentages based on fewer than 25 unweighted cases are suppressed.

In the tables in this report, the category ‘married’ includes both those women and men who are in a formal or official marriage and those who are living together. The exception to this rule is in tables where ‘married’ and ‘living together’ are disaggregated as separate categories, in which case, the category ‘married’ refers only to those women or men who are in a formal or official marriage.

## CHAPTER 2 HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

### Key findings

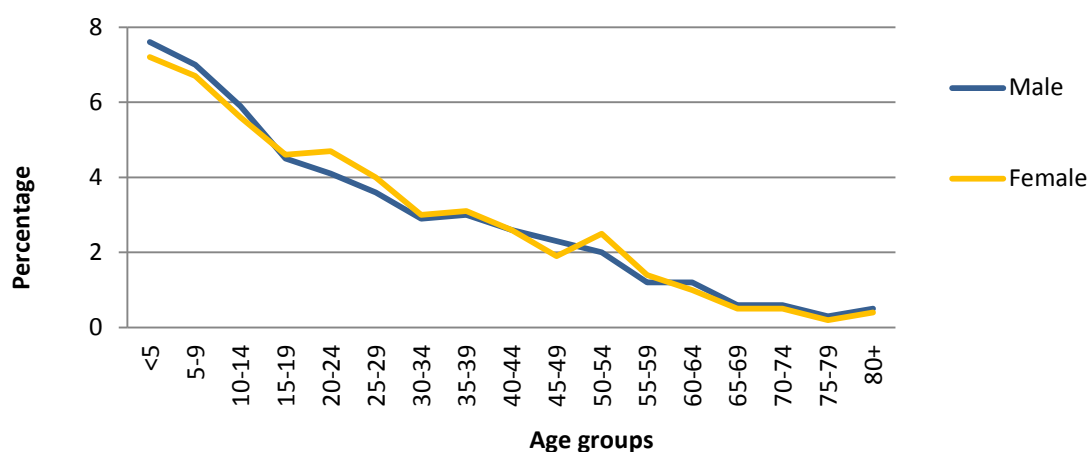
- 40% of Vanuatu's population is less than 15 years old, while about 47% is aged 15–49, and 13% is aged 50 and over.
- 16% of households are headed by women; the mean household size is 4.9 people; and about 11% of urban households have more than nine members.
- 16% of *de jure* children aged less than 18 years do not live with a biological parent.
- Less than 40% of both females and males had some form of primary level education; less than 1% completed a secondary level education; and less than 7% completed more than a secondary level education.
- 23% of children of official primary school age (6–11) did not attend school.
- Common repetition grades are 1 and 3 at the primary school level, whereas the primary school dropout rate is higher at grade 6, especially for females.
- 91% of all households in Vanuatu use an improved source of drinking water, although 15% of households spend less or more than 30 minutes fetching water.
- One-quarter of households in rural areas use a pit latrine without a slab, and 19% have a shared facility.
- 68% of all households have no access to electricity of which, 91% are in rural areas.
- Cement, earth, sand and gravel are the most common floor materials for all households.
- A high percentage of urban households have access to items requiring electrical power.
- 32% of children under age 5 lack a birth certificate because birth registration rates are higher in urban areas.

### 2.1. HOUSEHOLD POPULATION BY AGE AND SEX

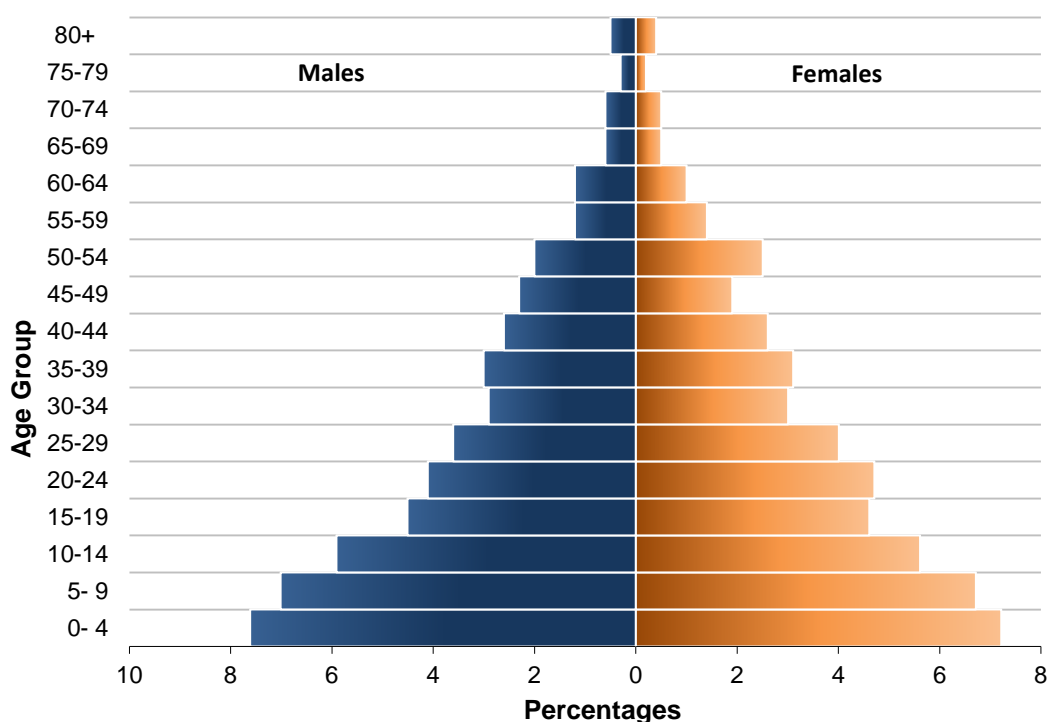
Age and sex are key demographic variables and are the primary basis of demographic classification. They are also important in determining fertility and mortality levels.

An examination of VDHS 2013 data (Fig. 2.1) reveals a decline in population size with increasing age for both females and males. The decline in population size dissipates at the less than 5 years age group for both sexes and continues its steady decline thereafter. This pattern is explained by the young population Vanuatu has had since its independence in 1980. Similar trends were cited in the 2009 population census and other household surveys.

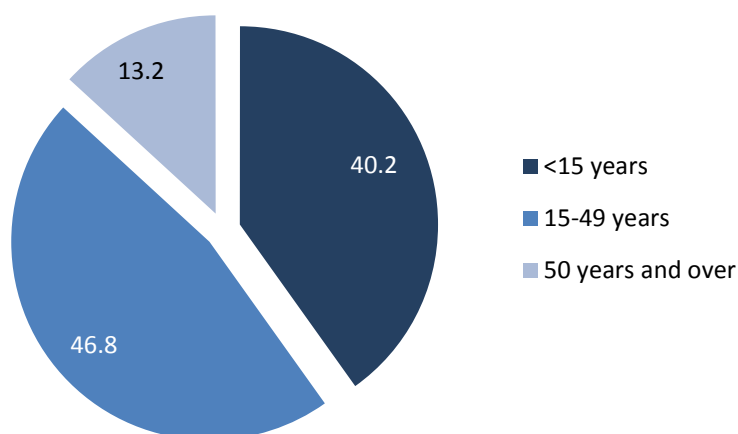
**Figure 2.1: Distribution of the *de facto* household population by sex and five-year age groups, Vanuatu 2013**



**Figure 2.2: Vanuatu population pyramid, 2013**



**Figure 2.3: Vanuatu broad age population (%), 2013**



Vanuatu’s population is characterised by a youthful age structure (Figs. 2.2 and 2.3). About 40% of the population is aged less than 15, while about 47% is aged 15–49, and 13% is 50 and older. Just over 2% of the population is aged 70 and older, representing early death at older ages from about age 60 and older.

The VDHS 2013 interviewed 10,794 people (Table 2.1). Overall, there are an even number of males and females in Vanuatu, resulting in a 2013 VHDS sex ratio of 100 males per 100 females. There is no significant change in sex ratio for urban areas (100 males per 100 females) and rural areas (100 males per 100 females).

There is evidence of rural-to-urban migration that can be seen in Figures 2.4 and 2.5, although the same pattern is obviously seen in both urban and rural pyramids, indicating a very large proportion of young population as opposed to an older population.

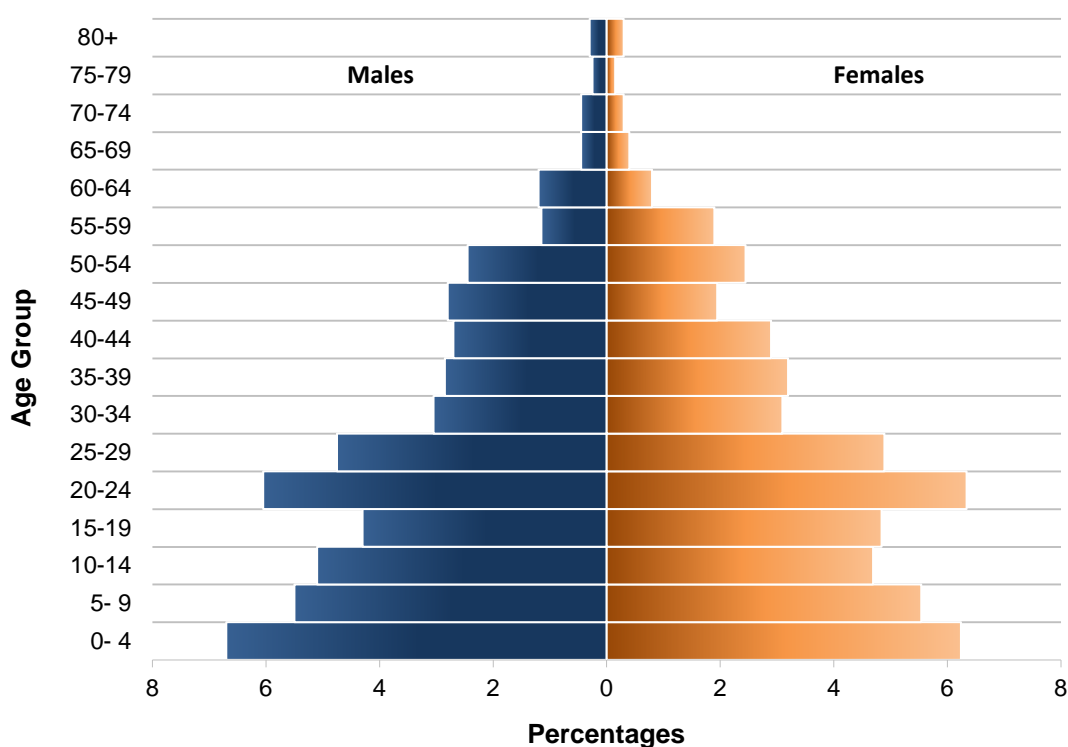
**Table 2.1: Household population by age, sex and residence**

*Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Vanuatu 2013*

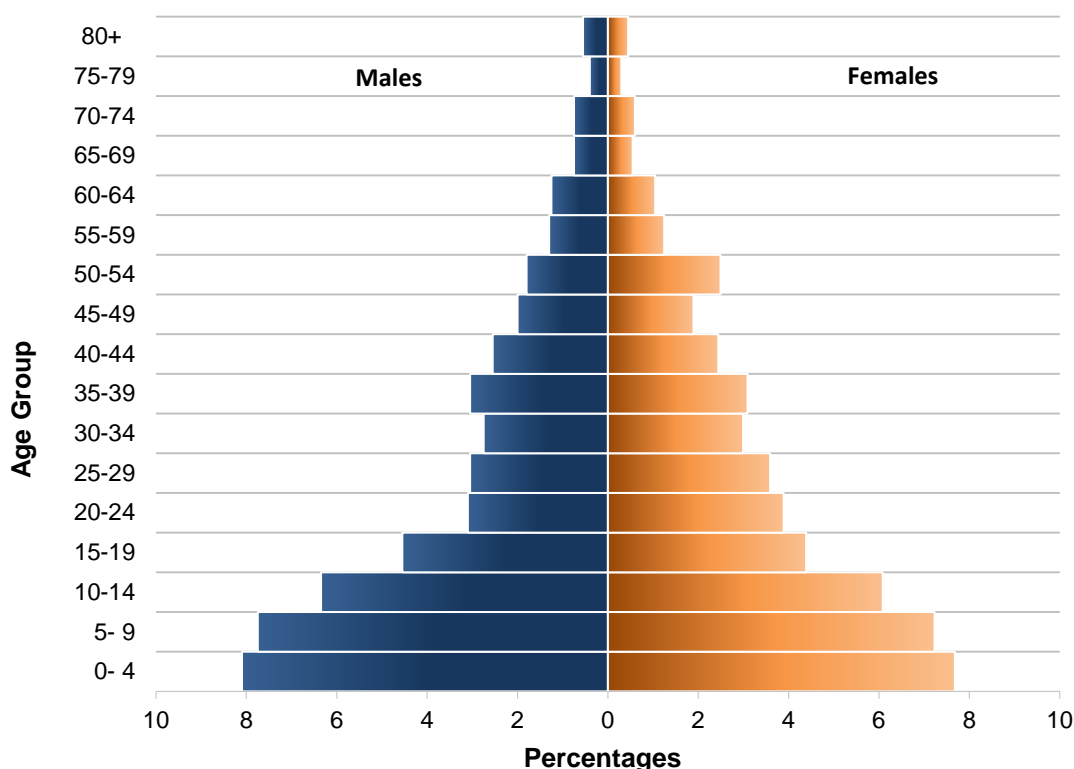
Age	Urban			Rural			..Rural 1			..Rural 2			Vanuatu		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
<5	13.4	12.5	12.9	16.2	15.4	15.8	14.8	14.5	14.6	16.4	15.6	16.0	15.3	14.5	14.9
5-9	11.0	11.1	11.1	15.5	14.5	15.0	13.9	12.3	13.2	15.7	14.8	15.3	14.0	13.4	13.7
10-14	10.2	9.4	9.8	12.7	12.2	12.4	11.5	12.2	11.8	12.9	12.2	12.5	11.9	11.3	11.6
15-19	8.6	9.7	9.1	9.1	8.8	9.0	10.3	9.3	9.8	8.9	8.7	8.8	8.9	9.1	9.0
20-24	12.1	12.7	12.4	6.2	7.8	7.0	8.4	8.6	8.5	5.8	7.6	6.7	8.1	9.4	8.8
25-29	9.5	9.8	9.6	6.1	7.2	6.7	6.1	7.5	6.8	6.1	7.2	6.6	7.2	8.1	7.6
30-34	6.1	6.2	6.2	5.5	6.0	5.7	5.7	6.2	6.0	5.5	5.9	5.7	5.7	6.0	5.9
35-39	5.7	6.4	6.0	6.1	6.2	6.2	5.4	6.5	5.9	6.3	6.2	6.2	6.0	6.3	6.1
40-44	5.4	5.8	5.6	5.1	4.9	5.0	6.0	5.4	5.7	4.9	4.8	4.9	5.2	5.2	5.2
45-49	5.6	3.9	4.7	4.0	3.8	3.9	4.2	4.2	4.2	4.0	3.7	3.8	4.5	3.8	4.2
50-54	4.9	4.9	4.9	3.6	5.0	4.3	3.9	4.6	4.2	3.5	5.0	4.3	4.0	4.9	4.5
55-59	2.3	3.8	3.0	2.6	2.5	2.5	3.2	3.1	3.2	2.5	2.3	2.4	2.5	2.9	2.7
60-64	2.4	1.6	2.0	2.5	2.1	2.3	1.9	2.1	2.0	2.6	2.1	2.4	2.5	1.9	2.2
65-69	0.9	0.8	0.8	1.5	1.1	1.3	1.9	1.0	1.5	1.4	1.1	1.2	1.3	1.0	1.1
70-74	0.9	0.6	0.7	1.5	1.2	1.4	1.1	0.9	1.0	1.6	1.3	1.4	1.3	1.0	1.2
75-79	0.5	0.3	0.4	0.8	0.6	0.7	0.8	0.3	0.6	0.8	0.6	0.7	0.7	0.5	0.6
80+	0.6	0.6	0.6	1.1	0.9	1.0	0.9	1.0	0.9	1.2	0.9	1.0	1.0	0.8	0.9
Total <sup>1</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9	99.9	99.9	100.0	100.0	100.0
Number	1,741	1,738	3,479	3,662	3,653	7,315	581	553	1,135	3,081	3,099	6,181	5,403	5,391	10,794

<sup>1</sup> Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

**Figure 2.4: Urban population pyramid, 2013**



**Figure 2.5: Rural population pyramid, 2013**



## 2.2. HOUSEHOLD COMPOSITION

Information on other key aspects of household composition (e.g. sex of head of household and household size) is presented in Table 2.2. These characteristics are important because they provide information on the welfare of a household and its members. Economic resources are often more limited in larger households than in smaller households. Moreover, in large households, crowding can lead to health problems. A household's size and composition influence the allocation of limited resources and affect the living conditions of household members.

Data from the VDHS 2013 indicate that about 16% of households are headed by women, with no difference between urban and rural areas. The mean household size is 4.9 people. The 2009 population census reported a mean household size of 4.8 people. In urban areas, the average household size is 5.2 people, whereas in rural areas, the average household size is 4.7 people. About 11% of urban households reported having more than nine members as compared with 7% of rural households with more than nine members, indicating a large household size for these houses. Where the size of the household is large, crowding can lead to social and health problems in the family, community and country. However, it is important to understand that measuring household size and whether it is crowded has two aspects. One is the household's physical measurements; some have more members living in big houses. High number of people in a small house (physical measurement) is the other consideration.



**Table 2.2: Household composition**

Percent distribution of households by sex of head of household and by household size; mean size of household; and the percentage of households with orphans and foster children under age 18, according to residence, Vanuatu 2013

Characteristic	Residence				Total
	Urban	Rural	Rural 1	Rural 2	
<b>Household headship</b>					
Male	84.1	84.2	85.2	84.0	84.2
Female	15.9	15.8	14.8	16.0	15.8
Total	100.0	100.0	100.0	100.0	100.0
<b>Number of usual members</b>					
0	0.2	0.1	0.1	0.1	0.1
1	4.3	7.0	7.5	6.9	6.2
2	7.8	11.1	8.0	11.6	10.1
3	15.5	15.3	12.8	15.7	15.4
4	16.1	18.3	17.3	18.5	17.7
5	17.5	15.4	16.7	15.2	16.1
6	14.1	14.0	13.7	14.0	14.0
7	7.7	8.0	9.3	7.8	7.9
8	6.3	4.8	5.6	4.6	5.2
9+	10.6	6.0	8.9	5.5	7.4
Total	100.0	100.0	100.0	100.0	100.0
Mean size of households	5.2	4.7	5.0	4.6	4.9
<b>Percentage of households with orphans and foster children under age 18</b>					
Foster children <sup>1</sup>	23.9	23.8	24.8	23.7	23.8
Double orphans	0.9	0.6	0.8	0.5	0.7
Single orphans	4.6	4.2	4.6	4.1	4.3
Foster and/or orphan children	25.9	26.2	27.2	26.1	26.1
<b>Number of households</b>	<b>656</b>	<b>1,544</b>	<b>226</b>	<b>1,317</b>	<b>2,200</b>

Note: Table is based on *de jure* household members (i.e. usual residents).

<sup>1</sup> Foster children are those under age 18 years living in households with neither their mother nor their father present.

### 2.3. FOSTERHOOD AND ORPHANHOOD

As in most other Pacific Island countries, a child in Vanuatu is defined as someone who is less than age 18 years. Information on fosterhood and orphanhood by household is presented in Table 2.3.1. The percentage of households with foster and/or orphan children is equivalent in rural and urban areas, at about 26%. About 4% of all households have a single orphan, which refers to children living in the household with just a father or mother only.

Table 2.3.1 shows: 1) the percent distribution of *de jure* children less than 18 years old by living arrangements and parental survival status, 2) the percentage of children not living with a biological parent, and 3) the percentage of children with one or both parents dead, according to background characteristics. Overall, 15.6% of *de jure* children aged less than 18 years do not live with a biological parent, which is more common with children in the 15–17 age group, and with children living in the middle wealth households. About 4% of children aged less than 18 years had one or both parents dead, and there is little difference when comparing urban and rural areas and regions. However, this is more common among children living in the lowest wealth households (6%). Moreover, 66% of children less than 18 years were living with both parents, indicating that the remaining 34% were living with only one parent (father or mother) or with no parents at all.

**Table 2.3.1: Children's living arrangements and orphanhood**

Percent distribution of *de jure* children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Vanuatu 2013

Background characteristic	% living with both parents	% living with mother but not with father		% living with father but not with mother		% not living with either parent					Total	% not living with a biological parent	% with one or both parents dead	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead	Missing information on father/ mother				
<b>Age</b>														
0-4	67.8	18.8	1.6	1.3	0.1	9.4	0.2	0.0	0.2	0.7	100	9.7	2.1	1,583
..<2	65.8	24.8	2.4	0.4	0.0	5.3	0.4	0.0	0.0	0.8	100	5.7	2.8	645
..2-4	69.1	14.6	1.1	2.0	0.1	12.1	0.0	0.0	0.3	0.6	100	12.4	1.5	938
5-9	66.7	10.3	1.7	2.1	0.3	16.8	0.5	0.6	0.4	0.7	100	18.3	3.4	1,472
10-14	66.1	9.7	2.4	3.4	0.5	15.8	0.4	0.9	0.4	0.4	100	17.4	4.6	1,234
15-17	59.1	7.9	3.4	2.6	0.4	17.7	0.7	1.5	1.1	5.7	100	21.0	7.0	549
<b>Sex</b>														
Male	66.1	12.5	2.1	2.1	0.3	14.3	0.4	0.6	0.4	1.2	100	15.8	3.8	2,466
Female	66.0	12.8	2.0	2.4	0.3	14.1	0.4	0.5	0.4	1.2	100	15.4	3.6	2,372
<b>Residence</b>														
Urban	64.0	13.9	1.9	2.2	0.2	15.0	0.7	0.3	0.5	1.5	100	16.4	3.5	1,306
Rural	66.8	12.2	2.1	2.2	0.3	13.9	0.3	0.7	0.4	1.1	100	15.2	3.8	3,532
..Rural 1	66.2	11.6	1.6	2.1	0.6	15.2	0.9	0.4	0.4	1.0	100	16.9	3.8	513
..Rural 2	66.9	12.3	2.2	2.2	0.3	13.7	0.2	0.7	0.4	1.1	100	15.0	3.7	3,019
<b>Province</b>														
Torba	61.3	6.9	6.7	3.1	0.0	19.0	0.2	0.0	0.0	2.8	100	19.2	6.9	159
Sanma	78.5	6.6	2.0	1.5	0.0	9.8	0.1	0.2	0.7	0.5	100	10.8	3.1	990
Penama	62.0	18.2	1.1	1.3	0.8	13.3	0.3	2.3	0.0	0.8	100	15.9	4.5	683
Malampa	67.4	8.9	1.8	2.2	0.5	16.7	0.5	0.0	0.8	1.3	100	17.9	3.5	681
Shefa	61.3	14.7	1.6	2.7	0.2	17.0	0.7	0.2	0.3	1.3	100	18.3	3.0	1,511
Tafea	62.9	15.9	3.1	3.0	0.2	12.1	0.0	0.7	0.3	1.7	100	13.2	4.4	813
<b>Wealth quintile</b>														
Lowest	69.8	12.5	3.7	1.9	0.2	8.7	0.3	1.0	0.4	1.6	100	10.4	5.5	1,084
Second	68.6	11.9	2.3	1.2	0.3	13.9	0.2	0.2	0.5	0.8	100	14.8	3.5	1,026
Middle	61.5	12.4	1.0	3.3	0.1	19.4	0.5	0.5	0.1	1.1	100	20.6	2.2	996
Fourth	66.1	12.6	1.4	2.5	0.7	13.5	0.5	0.9	0.6	1.3	100	15.4	4.1	933
Highest	63.3	14.2	1.5	2.3	0.2	16.4	0.5	0.1	0.4	1.1	100	17.4	2.7	800
<b>Total &lt;15</b>	<b>66.9</b>	<b>13.3</b>	<b>1.9</b>	<b>2.2</b>	<b>0.3</b>	<b>13.8</b>	<b>0.3</b>	<b>0.4</b>	<b>0.3</b>	<b>0.6</b>	<b>100</b>	<b>14.9</b>	<b>3.3</b>	<b>4,289</b>
<b>Total &lt;18</b>	<b>66.0</b>	<b>12.6</b>	<b>2.0</b>	<b>2.2</b>	<b>0.3</b>	<b>14.2</b>	<b>0.4</b>	<b>0.6</b>	<b>0.4</b>	<b>1.2</b>	<b>100</b>	<b>15.6</b>	<b>3.7</b>	<b>4,838</b>

Note: Table is based on *de jure* members, i.e., usual residents.

## 2.4. EDUCATION OF HOUSEHOLD POPULATION

Most studies show that education is one of the major socioeconomic factors that influence a person's behaviour, attitudes and lifestyle. In general, better educated women are more knowledgeable and responsible about the use of health facilities, family planning methods, and the health of their children.

For the purposes of this analysis, the official age for entry into primary school is 6, but some schools allow children aged 5 to enrol. Education in Vanuatu is provided free at the primary school level (i.e. through government schools) and it is not compulsory.

Table 2.3.2 shows school attendance of orphan children aged 10–14 relative to non-orphans to determine if orphans are disadvantaged in terms of access to education, and if so, to what extent. The total number of children whose parents are both dead (four) is very small. To assure statistical reliability, it is advised to be cautious when using school attendance rates for children aged 10–14 whose parents are both dead. However, 89% of children whose parents are both alive attend school.

**Table 2.3.2: School attendance by survivorship of parents**

*For de jure school-age children 10–14 years, the percentage attending school by parental survival, according to background characteristics, Vanuatu 2013*

Background characteristic	Percentage attending school by survivorship of parents				
	Both parents deceased	Number	Both parents alive and living with at least one parent	Number	Ratio <sup>1</sup>
<b>Sex</b>					
Male	90.0	2	91.1	497	0.99
Female	100.0	2	87.2	480	1.15
<b>Residence</b>					
Urban	100.0	2	91.0	268	1.10
Rural	90.0	2	88.5	709	1.02
..Rural 1	71.3	1	89.2	104	0.80
..Rural 2	100.0	2	88.4	606	1.13
<b>Wealth quintile</b>					
Lowest	100.0	2	86.5	204	1.16
Second	-	0	89.6	213	-
Middle	51.6	1	90.5	204	0.57
Fourth	100.0	1	87.4	185	1.14
Highest	100.0	1	92.2	171	1.08
<b>Total</b>	<b>94.5</b>	<b>4</b>	<b>89.2</b>	<b>977</b>	<b>1.06</b>

Note: Table is based only on children who usually live in the household.

<sup>1</sup> Ratio of the percentage with both parents deceased to the percentage with both parents alive and living with a parent.

The VDHS 2013 also collected information on individual educational attainment. Tables 2.4.1 and 2.4.2 show the percentage distribution of the *de facto* female and male household population aged 6 and over by the highest level of schooling attained according to their background characteristics. The median years of school completed are also included. It should be noted that due to the recent change in the Ministry of Education's policy concerning primary and secondary school level completion, that data for primary and secondary had to be adjusted.

In general, there is very little difference in educational achievement between males and females, with less than 40% of the total number of both females (37.6%) and males (37.3%) having some form of primary level of education; less than 1% of males (0.2%) and females (0.2%) having completed secondary level; and 4.3% of females and 6.3% of males having completed more than secondary level (i.e. tertiary or vocational) education.

In urban areas, 30% of females and 28% of males have some secondary level education. These figures are somewhat higher than in rural areas where 13% of females and 13% of males have some secondary level education. Rural household populations are more likely than urban household populations to not have any form of education. Nearly 14% of females and 13% of males have no education. For both males and females, the percentages of those having no education decreases with the household's wealth status. Residents of households in the highest wealth quintiles are more educated to levels beyond secondary school.

**Table 2.4.1: Educational attainment of the female household population**

Percent distribution of the de facto female household population aged 6 and older by highest level of schooling attended or completed, and median grade completed, according to background characteristics, Vanuatu 2013

Background characteristic	No education (%)	Some primary (%)	Completed primary <sup>1</sup> (%)	Some secondary (%)	Completed secondary <sup>2</sup> (%)	More than secondary (Tertiary/Vocational) (%)	Do not know/missing (%)	Total (%)	No.	Median years completed
<b>Age</b>										
6–9	47.3	51.3	0.1	0.0	0.0	0.0	1.3	100.0	591	0.0
10–14	4.1	85.2	9.1	0.6	0.0	0.0	1.0	100.0	607	3.4
15–19	1.9	40.6	16.0	37.5	0.0	3.1	0.8	100.0	492	7.4
20–24	4.3	21.0	19.2	42.5	0.5	11.0	1.6	100.0	505	10.6
25–29	4.5	24.3	30.3	30.7	0.5	7.9	1.9	100.0	434	6.0
30–34	6.7	16.7	38.6	31.6	0.9	4.6	0.9	100.0	325	5.8
35–39	10.4	14.9	45.5	21.5	0.6	4.7	2.5	100.0	338	5.6
40–44	9.4	22.4	44.2	16.0	0.4	6.5	1.2	100.0	280	5.5
45–49	13.6	28.5	39.2	10.2	0.0	6.9	1.6	100.0	205	5.4
50–54	19.2	21.3	42.7	10.0	0.0	3.9	2.8	100.0	265	5.4
55–59	14.6	31.2	38.4	6.6	0.0	6.5	2.7	100.0	156	5.4
60–64	15.5	45.2	27.9	8.6	0.0	1.2	1.5	100.0	105	4.6
65+	34.2	42.7	17.1	3.5	0.0	0.2	2.4	100.0	176	2.1
<b>Residence</b>										
Urban	7.0	30.9	19.4	29.3	0.6	10.0	2.8	100.0	1,488	6.5
Rural	17.2	41.0	26.4	13.1	0.0	1.4	0.9	100.0	2,994	5.0
..Rural 1	12.0	38.8	26.2	18.3	0.3	3.9	0.5	100.0	460	5.3
..Rural 2	18.1	41.3	26.4	12.2	0.0	0.9	1.0	100.0	2,534	4.8
<b>Wealth quintile</b>										
Lowest	26.2	42.4	25.0	4.4	0.0	0.4	1.5	100.0	875	3.4
Second	18.5	41.5	26.3	12.6	0.0	0.3	0.8	100.0	866	4.8
Middle	11.4	40.7	29.1	16.0	0.0	1.8	0.8	100.0	906	5.2
Fourth	8.6	35.5	25.1	24.8	0.1	3.6	2.4	100.0	903	5.6
Highest	5.1	28.4	15.2	33.5	1.0	14.6	2.1	100.0	932	10.0
<b>Total</b>	<b>13.8</b>	<b>37.6</b>	<b>24.1</b>	<b>18.5</b>	<b>0.2</b>	<b>4.3</b>	<b>1.5</b>	<b>100.0</b>	<b>4,482</b>	<b>5.3</b>

<sup>1</sup> Completed 6 grade at the primary level.

<sup>2</sup> Completed 8 grade at the secondary level.

**Table 2.4.2: Educational attainment of the male household population**

Percent distribution of the de facto male household population aged 6 and older by highest level of schooling attended or completed and median grade completed, according to background characteristics, Vanuatu 2013

Background characteristic	No education (%)	Some primary (%)	Completed primary <sup>1</sup> (%)	Some secondary (%)	Completed secondary <sup>2</sup> (%)	More than secondary (Tertiary/Vocational) (%)	Do not know/missing (%)	Total (%)	Number	Median years completed
<b>Age</b>										
6–9	49.7	50.3	0.0	0.0	0.0	0.0	0.0	100.0	581	0.0
10–14	4.2	82.6	11.6	1.3	0.0	0.0	0.2	100.0	641	3.3
15–19	4.1	44.5	16.1	28.4	0.2	4.5	2.1	100.0	482	6.9
20–24	5.3	21.9	21.3	37.5	0.2	11.9	1.8	100.0	440	10.1
25–29	3.1	23.3	26.1	34.0	0.3	10.8	2.3	100.0	389	7.3
30–34	5.5	20.9	35.4	27.6	0.3	8.7	1.5	100.0	308	5.9
35–39	7.7	17.9	44.9	19.7	0.5	7.5	1.7	100.0	323	5.6
40–44	6.7	14.8	40.0	24.7	0.4	11.3	2.1	100.0	280	5.7
45–49	6.5	16.0	50.9	16.2	0.5	8.8	1.1	100.0	244	5.7
50–54	8.3	22.3	42.7	16.5	0.0	9.2	1.1	100.0	215	5.7
55–59	10.0	30.8	33.8	12.1	0.0	8.7	4.5	100.0	134	5.7
60–64	12.9	41.7	25.1	8.3	0.0	10.1	2.0	100.0	133	5.4
65+	23.3	31.3	29.6	8.7	0.0	5.7	1.3	100.0	229	5.0
<b>Residence</b>										
Urban	7.3	27.7	20.7	27.8	0.4	13.3	2.8	100.0	1,457	6.5
Rural	15.1	42.1	26.3	12.9	0.1	2.9	0.7	100.0	2,945	5.1
..Rural 1	9.9	38.8	25.7	19.8	0.1	5.3	0.6	100.0	477	5.4
..Rural 2	16.1	42.7	26.4	11.5	0.1	2.4	0.7	100.0	2,467	5.0
<b>Wealth quintile</b>										
Lowest	21.1	45.2	26.0	5.4	0.0	0.9	1.3	100.0	804	3.5
Second	17.1	42.4	28.0	10.4	0.0	1.4	0.8	100.0	894	4.8
Middle	11.2	42.5	26.2	15.4	0.0	4.3	0.4	100.0	896	5.3
Fourth	8.4	33.1	26.2	25.0	0.1	5.3	1.8	100.0	883	5.7
Highest	5.8	24.7	16.3	31.2	0.7	18.6	2.6	100.0	924	10.4
<b>Total</b>	<b>12.5</b>	<b>37.3</b>	<b>24.5</b>	<b>17.8</b>	<b>0.2</b>	<b>6.3</b>	<b>1.4</b>	<b>100.0</b>	<b>4,401</b>	<b>5.4</b>

<sup>1</sup> Completed 6 grade at the primary level.

<sup>2</sup> Completed 8 grade at the secondary level.

## 2.5. SCHOOL ATTENDANCE RATIO

Vanuatu uses a 8–5–3 formal education system, involving eight years of primary school (class 1–8), five years of secondary school (class 8–13 for the English school system and class 8–14 for the French school system), and a maximum of three to four years of post-secondary, Technical Vocational Education and Training, university, or tertiary education. The official age ranges for these levels are 6–13 for primary school, 14–18 for secondary school, and 19–21 for post-secondary, Technical Vocational Education and Training, university and tertiary education.

The net attendance ratio (NAR) for the primary level is the percentage of children of official primary school age (6–11) who attend primary school. According to the VDHS 2013, the overall primary school NAR is 77%, implying that the other 23% of children who are of official primary school age are not attending school. The primary school NAR is 76% for males and 78% for females (Table 2.5). Primary school NARs are slightly higher for urban females than rural females in contrast with males where rural NARs are higher than urban NARs. For females, NAR increases with the wealth status of the household; however, females in households in the lowest wealth quintile households have a higher NAR than females in the second wealth quintile households. For males, NAR fluctuates with wealth status, and NAR is highest (at 80%) in middle wealth quintile households.

Compared with the primary school level NAR of 77%, the secondary school level NAR is almost three times lower, with only 24% percent of children aged 12–18 attending secondary school. The secondary school NAR is 4% higher for female children than for male children. Secondary school NARs are highest for both females and males in urban areas. For both males and females, NAR increases with the wealth status of the household, and the lowest quintile households are at the greatest disadvantage.

The gross attendance ratio (GAR) measures attendance irrespective of the official age at each level. The GAR for primary school is the total number of children attending primary school expressed as a percentage of the official primary school-age population (ages 6–11). A major contributing factor to high GAR is children starting primary school earlier or later than the recommended age of 6 years. The overall primary school GAR is 91%.

The secondary school GAR of 28% is lower than the primary school GAR of 91%. In urban areas, there are no differences in the secondary level GAR by gender; however, the urban area GAR is 44%, which is massively higher than the 19% GAR for rural areas. GAR increases with the wealth status of the household for both females and males.

The gender parity index (GPI) is a measure of the ratio of females to males attending school. A value of 1.0 indicates that school attendance has gender parity, with equal rates of attendance for males and females. A value greater than 1.0 indicates that female rates of attendance are higher, while a value of less than 1.0 indicates that male rates of attendance are higher. The GPI is at parity at the primary school level in Vanuatu, by both NAR and GAR. At the secondary school level, GPI shows higher attendance for females than for males throughout Vanuatu, and higher attendance for females than males in both urban and rural areas. The GPI at the primary school level is at parity compared with the GPI at the secondary school level because the wealth quintile of the household increases.

**Table 2.5: School attendance ratios**

Net attendance ratio (NAR) and gross attendance ratio (GAR) for the de facto household population by sex and level of schooling; and the gender parity index (GPI), according to background characteristics, Vanuatu 2013

Background characteristic	Net attendance ratio <sup>1</sup>				Gross attendance ratio <sup>2</sup>			
	Males	Females	Total	GPI <sup>3</sup>	Males	Females	Total	GPI <sup>3</sup>
<b>PRIMARY SCHOOL</b>								
<b>Residence</b>								
Urban	74.9	79.1	77.1	1.06	86.9	88.0	87.5	1.01
Rural	76.8	77.6	77.2	1.01	93.9	89.9	91.9	0.96
..Rural 1	81.2	80.9	81.1	1.00	100.0	93.8	97.0	0.94
..Rural 2	76.1	77.1	76.6	1.01	92.9	89.3	91.1	0.96
<b>Wealth quintile</b>								
Lowest	74.9	75.4	75.2	1.01	92.4	90.7	91.6	0.98
Second	70.9	73.9	72.3	1.04	85.4	84.8	85.1	0.99
Middle	79.7	78.8	79.2	0.99	101.0	88.0	94.3	0.87
Fourth	79.3	80.6	80.0	1.02	95.7	93.9	94.7	0.98
Highest	78.5	82.5	80.4	1.05	86.9	90.0	88.4	1.04
<b>Total</b>	<b>76.3</b>	<b>78.0</b>	<b>77.2</b>	<b>1.02</b>	<b>92.1</b>	<b>89.4</b>	<b>90.8</b>	<b>0.97</b>
<b>SECONDARY SCHOOL</b>								
<b>Residence</b>								
Urban	33.8	36.2	35.0	1.07	44.4	44.4	44.4	1.00
Rural	15.8	20.3	18.0	1.28	17.1	21.7	19.3	1.27
..Rural 1	18.7	15.5	17.2	0.83	21.1	16.9	19.1	0.80
..Rural 2	15.2	21.2	18.2	1.39	16.2	22.6	19.4	1.39
<b>Wealth quintile</b>								
Lowest	7.9	3.3	5.6	0.42	10.4	4.8	7.6	0.46
Second	13.4	22.7	18.1	1.69	13.6	22.7	18.2	1.66
Middle	14.6	23.8	18.9	1.64	17.9	28.4	22.8	1.59
Fourth	35.4	24.6	30.2	0.70	39.3	29.6	34.6	0.75
Highest	35.5	48.4	42.2	1.37	46.2	55.2	50.9	1.20
<b>Total</b>	<b>21.5</b>	<b>25.6</b>	<b>23.5</b>	<b>1.19</b>	<b>25.7</b>	<b>29.3</b>	<b>27.5</b>	<b>1.14</b>

<sup>1</sup> The NAR for primary school is the percentage of the primary school-age children (6–11) attending primary school. The NAR for secondary school is the percentage of the secondary school age-children (12–18) population that is attending secondary school. By definition the NAR cannot exceed 100%.

<sup>2</sup> The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100%.

<sup>3</sup> GPI for primary school is the ratio of the primary school NAR (GAR) for females to the NAR (GAR) for males. The GPI for secondary school is the ratio of the secondary school NAR (GAR) for females to the NAR (GAR) for males.

## 2.6. GRADE REPETITION AND DROPOUT RATES

Repetition and dropout rates presented in Table 2.6 describe the flow of pupils through Vanuatu's educational system at the primary school level. Repetition rates indicate the percentage of pupils who attended a particular grade during the school year that started in 2012, and who attended that same class again during the following school year. Dropout rates show the percentage of pupils in a grade that started in 2012 but who no longer attended school the following school year.

**Table 2.6: Grade repetition and dropout rates**

*Repetition and dropout rates for the de facto household population aged 5–24 who attended primary school in the previous school year by school grade, according to background characteristics, Vanuatu 2013*

Background characteristic	School grade							
	1	2	3	4	5	6	7	8
<b>REPETITION RATE<sup>1</sup></b>								
<b>Sex</b>								
Male	11.8	0.4	6.1	0.0	0.9	0.3	0.3	1.9
Female	10.6	1.6	3.4	0.0	0.0	0.5	0.4	1.6
<b>Residence</b>								
Urban	2.9	2.3	5.1	0.0	1.6	0.0	0.0	3.2
Rural	13.1	0.5	4.6	0.0	0.0	0.5	0.7	0.4
..Rural 1	12.4	4.0	0.8	0.0	0.0	3.0	2.7	3.0
..Rural 2	13.2	0.0	5.2	0.0	0.0	0.0	0.0	0.0
<b>Wealth quintile</b>								
Lowest	13.9	0.0	3.8	0.0	0.0	0.0	0.0	0.0
Second	17.7	0.5	6.7	0.0	0.0	1.4	1.9	0.0
Middle	8.5	0.5	0.4	0.0	0.0	0.0	0.0	0.0
Fourth	6.5	4.1	8.3	0.0	1.9	0.8	0.7	0.9
Highest	4.0	0.5	3.7	0.0	0.0	0.0	0.0	5.3
<b>Total</b>	<b>11.3</b>	<b>1.0</b>	<b>4.7</b>	<b>0.0</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>1.8</b>
<b>DROPOUT RATE<sup>2</sup></b>								
<b>Sex</b>								
Male	2.3	3.5	1.2	2.4	2.2	11.2	5.0	8.2
Female	0.5	3.9	2.2	8.1	2.8	28.4	15.8	6.6
<b>Residence</b>								
Urban	2.9	3.4	1.3	4.9	1.6	10.0	7.0	8.1
Rural	1.1	3.9	1.9	5.5	2.9	22.9	12.0	6.8
..Rural 1	0.0	3.7	3.4	2.3	0.8	7.4	4.1	13.6
..Rural 2	1.2	3.9	1.6	6.0	3.3	26.4	14.6	5.8
<b>Wealth quintile</b>								
Lowest	3.3	4.7	3.6	5.8	0.0	36.6	19.2	19.3
Second	0.0	7.3	2.1	6.0	0.0	42.4	39.8	8.0
Middle	0.0	0.5	0.4	3.6	0.0	7.1	1.0	4.0
Fourth	3.1	2.2	2.8	4.6	9.5	3.1	0.6	9.1
Highest	0.0	3.8	0.0	6.3	2.7	8.5	11.3	5.3
<b>Total</b>	<b>1.4</b>	<b>3.7</b>	<b>1.7</b>	<b>5.3</b>	<b>2.6</b>	<b>18.9</b>	<b>9.8</b>	<b>7.4</b>

<sup>1</sup> The repetition rate is the percentage of students in a given grade in the previous school year who are repeating that grade in the current school year.

<sup>2</sup> The dropout rate is the percentage of students in a given grade in the previous school year who are not attending school.

Overall, the most common grades for repetition are grade 1 (11%) and grade 3 (5%) at the primary school level. Males are 1% more likely to repeat grade 1 than females. Furthermore, males are 3% more likely than females to repeat grade 3. Children living in rural areas are 10 times more likely to repeat grade 1 than children living in urban areas.

Overall, primary school dropout rates are relatively high in grade 6 at about 19%, and females are more likely to drop out than males. Rural household populations are more likely to drop out than urban household populations. Children from the lowest and second wealth quintile households are most likely to drop out of grade 6 in Vanuatu.

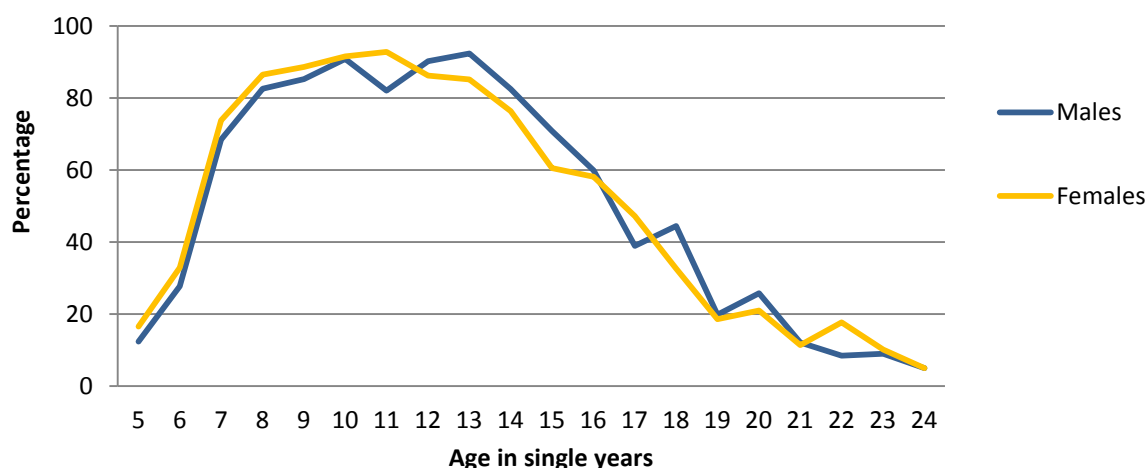


## 2.7. AGE-SPECIFIC ATTENDANCE RATE

Figure 2.6 presents information on school attendance for those aged 5–24. The figure includes students who attended primary school, secondary school, or higher education during the 2013 school year.

Attendance rates are less than 50% for children aged less than 6 years and over 50% for students aged 7–16, because entry into primary school is allowed for five-year-old children in Vanuatu. Some children who were age 6 at the time of the VDHS 2013 may have been age 5 at the beginning of the school year, and thus were still in preschool. On average, 85% of children aged 7–13 attend school. Attendance rates declined noticeably for all children, both boys and girls, after age 13. By age 20, the attendance rate is below 20% for both males and females.

**Figure 2.6: Age-specific attendance rates of the *de facto* population aged 5–24, Vanuatu 2013**



## 2.8. HOUSEHOLD ENVIRONMENT

The physical characteristics of the household dwelling are important determinants of the health status of household members, especially children, and they also serve as indicators of the household's socioeconomic status. The VDHS 2013 contained a set of questions that asked respondents and the head of the household about their household environment, such as source of drinking water; type of sanitation facility; type of flooring, walls and roof; and number of rooms in the dwelling. The results are presented both in terms of households and of the *de jure* population.

### 2.8.1 Drinking water

The source of drinking water is an indication of whether it is safe to drink. Increased access to safe drinking water results in improved health outcomes in the form of reduced cases of water-borne diseases such as dysentery and cholera. A piped source into the dwelling or yard is considered to provide suitable drinking water and is identified as an improved source in Table 2.7 (WHO/UNICEF 2004, 2005).

Because household sizes vary by place of residence, there are differences in the results when aggregated by population as compared with the results when aggregated at the household level. Overall, 91% of all households in Vanuatu use an improved source of drinking water. Urban households have greater access (64%) to piped water sources than rural households (30%). About 7% of all households use a non-improved drinking water source, which is also more common among rural households.

The majority of households (85%) have water on the premises, which reduces the time spent fetching water. For the remaining 15% of households, the majority spend, on average, less than 30 minutes fetching water and the person who usually has the burden of collecting water for their household's water consumption is most commonly adult males and females aged 15 and over.

Water from an improved source can be contaminated at collection, during transportation or fetching, and/or during storage. Information was collected on whether or not water was treated prior to drinking. About 23% of households use an appropriate treatment method. The most commonly reported treatment method is boiling used by 19% of households. A higher proportion of households in urban Vanuatu (34%) use an appropriate water treatment method than in rural areas (18%).

**Table 2.7: Household drinking water**

Percent distribution of households and de jure population by source, time to collect, and person who usually collects drinking water; and percentage of households and the de jure population by treatment of drinking water, according to residence, Vanuatu 2013

Characteristic	Households					Population				
	Urban	Rural	..Rural 1	..Rural 2	Total	Urban	Rural	..Rural 1	..Rural 2	Total
<b>Source of drinking water</b>										
Improved source	97.2	87.5	91.7	86.7	90.4	97.9	85.6	91.6	84.5	89.6
Piped water into dwelling/ yard/plot	63.6	30.2	23.8	31.3	40.2	63.2	30.0	24.3	31.0	40.7
Public tap/standpipe	4.4	7.2	4.5	7.7	6.4	4.4	8.5	4.7	9.2	7.2
Tube well or borehole	0.2	1.9	7.1	1.1	1.4	0.2	1.9	7.4	0.9	1.4
Protected dug well	2.8	7.3	11.2	6.6	5.9	2.8	6.6	10.0	6.0	5.4
Protected spring	0.5	3.5	1.2	3.9	2.6	0.5	3.4	1.2	3.8	2.4
Rainwater	25.8	37.3	43.7	36.2	33.9	26.8	35.3	44.0	33.7	32.5
Non-improved source	0.6	9.4	6.3	9.9	6.8	0.8	10.2	5.9	11.0	7.1
Unprotected dug well	0.3	2.3	2.7	2.2	1.7	0.6	2.2	2.5	2.1	1.7
Unprotected spring	0.0	6.8	2.2	7.6	4.8	0.0	7.7	2.2	8.7	5.2
Tanker truck	0.3	0.3	1.3	0.1	0.3	0.1	0.3	1.2	0.2	0.3
Bottled water, improved source for cooking/ washing <sup>1</sup>	1.7	0.1	0.1	0.1	0.6	1.0	0.3	0.2	0.3	0.5
Bottled water, non-improved source for cooking/ washing	0.2	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Other	0.3	2.9	2.0	3.1	2.1	0.2	3.8	2.3	4.0	2.6
<b>Total<sup>4</sup></b>	<b>100.0</b>	<b>99.9</b>	<b>100.0</b>	<b>99.9</b>	<b>99.9</b>	<b>100.0</b>	<b>99.9</b>	<b>100.0</b>	<b>99.9</b>	<b>99.9</b>
Percentage using any improved source of drinking water	98.9	87.6	91.8	86.9	91.0	98.9	85.9	91.8	84.9	90.1
<b>Time to obtain drinking water (round trip)</b>										
Water on premises	97.4	79.8	84.3	79.0	85.0	97.4	77.9	83.8	76.9	84.2
Less than 30 minutes	2.0	13.4	11.5	13.8	10.0	2.3	13.9	11.8	14.3	10.2
30 minutes or longer	0.0	5.1	3.1	5.4	3.6	0.0	6.3	3.4	6.9	4.3
<b>Total<sup>4</sup></b>	<b>99.4</b>	<b>98.3</b>	<b>99.0</b>	<b>98.2</b>	<b>98.6</b>	<b>99.7</b>	<b>98.2</b>	<b>99.0</b>	<b>98.1</b>	<b>98.7</b>
<b>Person who usually collects drinking water</b>										
Adult female aged 15+	1.2	7.2	6.3	7.4	5.4	1.7	7.6	6.6	7.7	5.7
Adult male aged 15+	0.6	8.9	6.9	9.2	6.4	0.4	9.8	6.5	10.5	6.8
Female child under age 15	0.0	0.5	0.4	0.5	0.4	0.0	0.7	0.5	0.7	0.5
Male child under age 15	0.2	0.2	0.8	0.1	0.2	0.2	0.3	0.9	0.2	0.3
Other	0.5	2.9	0.8	3.2	2.2	0.3	3.0	0.9	3.4	2.1
Water on premises	97.4	79.8	84.3	79.0	85.0	97.4	77.9	83.8	76.9	84.2
<b>Total<sup>4</sup></b>	<b>99.8</b>	<b>99.5</b>	<b>99.5</b>	<b>99.5</b>	<b>99.6</b>	<b>99.9</b>	<b>99.4</b>	<b>99.1</b>	<b>99.4</b>	<b>99.5</b>
<b>Water treatment prior to drinking<sup>2</sup></b>										
Boiled	29.1	15.3	20.6	14.4	19.4	32.0	13.9	20.9	12.6	19.7
Bleach/chlorine	0.3	0.2	0.2	0.2	0.3	0.3	0.2	0.3	0.2	0.2
Strained through cloth	6.3	2.2	3.8	1.9	3.4	7.3	2.1	4.8	1.6	3.8
Ceramic, sand or other filter	1.7	0.6	0.9	0.5	0.9	1.8	0.7	1.2	0.6	1.0
Other	1.8	2.9	2.5	3.0	2.6	1.4	2.9	2.7	2.9	2.4
No treatment	61.7	79.7	72.4	81.0	74.3	58.8	80.9	70.7	82.8	73.8
Percentage using an appropriate treatment method	34.4	17.8	24.7	16.7	22.8	37.9	16.4	26.4	14.6	23.4
<b>Number</b>	<b>656</b>	<b>1,544</b>	<b>226</b>	<b>1,317</b>	<b>2,200</b>	<b>3,442</b>	<b>7,233</b>	<b>1,127</b>	<b>6,106</b>	<b>10,674</b>

<sup>1</sup> Because the quality of bottled water is not known, households using bottled water for drinking are classified as using an improved or non-improved source according to their water source for cooking and washing.

<sup>2</sup> Respondents may report multiple treatment methods so the sum of treatment may exceed 100%.

<sup>3</sup> Appropriate water treatment methods include boiling, bleaching, straining, filtering, and solar disinfecting.

<sup>4</sup> Total percent may not add up to 100% to rounding off or exclusion of 'missing' cases.

## 2.8.2 Household sanitation facilities

Table 2.8 shows the percent distribution of households and population by type of toilet facility. Just over half of all households (50.7%) have improved toilet or latrine facilities. Poor sanitation, coupled with unsafe water sources, increases the risk of water-borne diseases and illnesses due to poor hygiene. Households without proper toilet facilities are more exposed to the risk of diseases such as dysentery, diarrhoea and typhoid fever than those with improved sanitation facilities. Common non-improved facilities in rural areas use a pit latrine without a slab (25%), shared facility (19%) and no facility/bush/field (2.5%).

**Table 2.8: Household sanitation facilities**

*Percent distribution of households and de jure population by type of toilet or latrine facilities, according to residence, Vanuatu 2013*

Type of toilet or latrine facility	Households					Population				
	Urban	Rural	..Rural 1	..Rural 2	Total	Urban	Rural	..Rural 1	..Rural 2	Total
<b>Improved, not shared facility</b>										
Flush/pour flush to piped sewer system	6.6	1.4	5.3	0.8	3.0	7.7	1.8	5.9	1.1	3.7
Flush/pour flush to septic tank	29.8	2.8	10.6	1.5	10.9	32.6	2.7	11.3	1.1	12.3
Flush/pour flush to pit latrine	2.0	2.9	4.4	2.6	2.6	1.8	2.7	3.9	2.5	2.4
Ventilated improved pit (VIP) latrine	2.9	13.8	10.4	14.4	10.5	3.3	14.5	11.5	15.1	10.9
Pit latrine with slab	4.5	31.8	23.2	33.3	23.7	4.1	32.2	23.5	33.8	23.1
<b>Non-improved facility</b>										
Any facility shared with other households	48.0	18.7	21.4	18.2	27.4	43.2	17.7	18.1	17.6	25.9
Flush/pour flush not to sewer/septic tank/pit latrine (somewhere/Do not know where)	0.3	0.0	0.3	0.0	0.1	0.5	0.0	0.1	0.0	0.2
Pit latrine without slab/open pit	4.0	25.2	18.8	26.3	18.9	4.6	25.5	20.7	26.4	18.8
No facility/bush/field	1.2	2.5	3.0	2.4	2.1	1.4	2.1	2.7	2.0	1.9
Other	0.0	0.4	2.1	0.1	0.3	0.0	0.3	1.7	0.1	0.2
<b>Total<sup>1</sup></b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number</b>	<b>656</b>	<b>1,544</b>	<b>226</b>	<b>1,317</b>	<b>2,200</b>	<b>3,442</b>	<b>7,233</b>	<b>1,127</b>	<b>6,106</b>	<b>10,674</b>

<sup>1</sup> Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

## 2.8.3 Housing characteristics

Table 2.9 presents information on a number of dwelling characteristics that reflect the socioeconomic status of households. They also may influence environmental conditions. For example, in the case of biomass fuel use, exposure to indoor pollution has a direct bearing on the health and welfare of household members.

Overall, 68% of all households have no access to electricity as a source of energy; 91% of households that have no electricity are in rural areas. About 32% of households have access to electricity, and of these, 86% are in urban areas.

Two stand-out flooring materials used by households in Vanuatu are cement (used by 52% of households), and earth, sand and gravel (used by 32% of households). Three-quarters of all urban households have cement flooring compared with 42% in rural households. However, more rural households (41%) use earth, sand and gravel as opposed to 12% of urban households.

Less than one-quarter of all households (23%) use one room for sleeping. About 41% of households use two rooms and 37% use three or more rooms for sleeping. Rural households commonly use two rooms for sleeping while urban households use more than two rooms.

An overwhelming proportion of households (81%) in Vanuatu cook in a separate building, and 94% of households in rural areas have separate cooking facilities. Cooking in the house is more common among urban households (32%) than rural households (4%). About 6% of all households cook outdoors. Outdoor cooking is most common to urban households.

**Table 2.9: Household characteristics**

Percent distribution of households and de jure population by housing characteristics and percentage using solid fuel for cooking; and among those using solid fuels, the percent distribution by type of fire/stove, according to residence, Vanuatu 2013

Housing characteristic	Households					Population				
	Urban	Rural	..Rural 1	..Rural 2	Total	Urban	Rural	..Rural 1	..Rural 2	Total
<b>Electricity</b>										
Yes	86.2	8.5	37.9	3.5	31.7	88.1	8.8	38.4	3.3	34.4
No	13.7	91.2	61.8	96.3	68.1	11.8	90.9	61.1	96.4	65.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Flooring material</b>										
Earth/Sand/Gravel	11.5	40.6	24.8	43.3	31.9	12.2	41.1	25.5	44.0	31.8
Wood/planks	1.5	4.6	4.5	4.6	3.7	1.6	5.0	4.1	5.2	3.9
Palm/bamboo	0.2	9.9	1.2	11.4	7.0	0.3	9.5	1.2	11.0	6.5
Parquet or polished wood	1.1	1.1	1.0	1.1	1.1	0.8	0.9	0.6	1.0	0.9
Ceramic tiles	10.1	0.3	2.1	0.0	3.2	10.6	0.3	2.2	0.0	3.6
Cement	75.0	42.3	65.3	38.3	52.0	74.1	41.9	65.4	37.5	52.2
Carpet	0.5	0.2	0.0	0.2	0.3	0.4	0.3	0.0	0.3	0.3
Other	0.2	0.8	1.0	0.8	0.6	0.1	0.7	0.9	0.7	0.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number of rooms used for sleeping</b>										
One	21.6	22.9	18.4	23.6	22.5	15.6	18.6	13.4	19.6	17.7
Two	33.8	43.4	39.5	44.1	40.5	29.7	42.2	38.3	42.9	38.2
Three or more	44.6	33.5	42.1	32.0	36.8	54.7	39.0	48.3	37.3	44.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Place for cooking</b>										
In the house	32.2	4.4	6.6	4.1	12.7	30.2	4.6	6.5	4.3	12.9
In a separate building	51.4	94.0	89.0	94.8	81.3	52.3	94.0	90.2	94.7	80.5
Outdoors	16.1	1.3	4.2	0.8	5.7	17.4	1.1	3.2	0.8	6.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Cooking fuel</b>										
Electricity	1.2	0.1	0.5	0.0	0.4	1.0	0.1	0.3	0.0	0.4
LPG/natural gas	30.0	1.0	6.1	0.1	9.7	29.0	1.1	6.2	0.1	10.1
Charcoal	17.6	1.8	3.9	1.4	6.5	17.4	1.3	3.3	0.9	6.5
Wood	50.2	96.8	89.5	98.1	82.9	51.8	96.7	90.2	97.9	82.2
Saw dust	0.5	0.1	0.0	0.1	0.2	0.5	0.7	0.0	0.8	0.6
No food cooked in household	0.3	0.1	0.0	0.1	0.2	0.1	0.0	0.0	0.0	0.1
Other	0.2	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Percentage using solid fuel for cooking	68.3	98.7	93.5	99.6	89.6	69.7	98.7	93.5	99.7	89.4
Number of households	656	1,544	226	1,317	2,200	3,442	7,233	1,127	6,106	10,674
Type of fire/stove among households using solid fuel										
Closed stove with chimney	0.7	0.1	1.0	0.0	0.3	1.0	0.2	1.2	0.0	0.4
Open fire/stove with chimney	4.7	2.5	3.4	2.4	3.0	5.2	2.8	3.8	2.6	3.4
Open fire/stove with hood	7.9	4.9	4.9	4.9	5.6	7.6	4.6	5.3	4.5	5.4
Open fire/stove without chimney or hood	86.0	92.3	90.1	92.6	90.9	85.7	92.2	88.9	92.7	90.5
Other	0.2	0.0	0.2	0.0	0.1	0.3	0.0	0.2	0.0	0.1
<b>Total<sup>1</sup></b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of households /population using solid fuel	448	1,524	211	1,312	1,972	2,398	7,140	1,054	6,086	9,539

LPG = liquid petroleum gas

<sup>1</sup> Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

## 2.9. HOUSEHOLD POSSESSIONS

The availability of durable consumer goods is an indicator of a household's socioeconomic status, and particular goods have specific benefits. For instance, having access to a radio or a television exposes household members to innovative ideas; a refrigerator prolongs the wholesomeness of foods; and a means of transport allows greater access to services away from the local area.

During the VDHS 2013, information on the possession of selected durable consumer goods was collected at the household level. The percentages of households possessing various durable consumer goods are shown in Table 2.10. There are often large differences between urban and rural households with regard to access to durable goods — higher percentages of urban households have access to all items requiring electrical power, motor vehicles and motorcycles. However, a few items are more commonly owned by rural households (canoe, ownership of farm animals, solar panels and generator).

**Table 2.10: Household durable goods**

*Percentage of households and de jure population possessing various household effects, means of transportation, agricultural land and livestock and farm animals by residence, Vanuatu 2013*

Possession	Households					Population				
	Urban	Rural	..Rural 1	..Rural 2	Total	Urban	Rural	..Rural 1	..Rural 2	Total
Radio	56.0	27.2	37.9	25.4	35.8	58.9	28.0	39.3	25.9	38.0
Television	73.6	6.1	23.8	3.1	26.3	78.1	7.2	25.8	3.7	30.0
Mobile telephone	96.5	73.0	89.1	70.2	80.0	97.7	76.1	92.3	73.1	83.0
Non-mobile telephone	6.9	0.3	1.5	0.1	2.3	8.4	0.6	1.8	0.3	3.1
Refrigerator	39.9	4.4	16.5	2.3	15.0	44.6	4.4	16.9	2.1	17.4
Bicycle	25.5	12.6	29.8	9.6	16.4	30.7	14.3	33.9	10.7	19.6
Animal drawn cart	0.6	0.5	1.0	0.4	0.5	0.7	0.7	0.9	0.7	0.7
Motorcycle/scooter	1.2	0.4	1.2	0.2	0.6	1.9	0.4	1.0	0.2	0.8
Car/truck	21.2	3.3	11.3	1.9	8.6	25.5	4.4	12.7	2.9	11.2
Boat with a motor	2.6	2.3	6.5	1.5	2.4	3.3	2.4	7.0	1.6	2.7
Clock	47.6	13.0	27.8	10.5	23.3	52.0	13.2	27.5	10.5	25.7
Water pump	4.0	3.9	15.6	1.9	3.9	3.9	3.8	16.8	1.4	3.8
Grain grinder	6.9	4.3	8.1	3.6	5.1	7.0	4.7	8.3	4.0	5.4
Fan	36.5	3.4	14.5	1.5	13.3	38.2	3.7	14.8	1.6	14.8
Blender	22.2	1.7	7.7	0.6	7.8	24.7	2.0	9.0	0.7	9.3
Water heater	14.0	1.1	2.9	0.8	4.9	14.9	1.2	3.3	0.8	5.6
Generator	8.6	22.1	30.8	20.7	18.1	9.6	24.9	34.2	23.2	20.0
Washing machine	10.1	0.3	2.3	0.0	3.3	11.8	0.4	2.6	0.0	4.1
Microwave oven	8.6	0.5	1.9	0.3	2.9	8.9	0.6	2.1	0.4	3.3
Computer	33.3	5.6	17.1	3.6	13.9	37.6	6.8	18.8	4.6	16.7
VCR or DVD player	67.8	23.9	47.0	19.9	37.0	72.2	25.6	50.1	21.1	40.6
Cassette or CD player	42.3	12.9	25.5	10.8	21.7	46.1	13.5	28.4	10.7	24.0
Camera	45.4	11.1	26.5	8.4	21.3	50.1	11.3	27.4	8.3	23.8
Conditioner	2.6	0.3	1.1	0.2	1.0	2.3	0.4	1.7	0.2	1.0
Video screen	72.4	26.3	50.8	22.1	40.1	77.1	28.1	54.4	23.3	43.9
Sewing machine	41.7	20.8	32.3	18.9	27.1	46.6	22.6	33.5	20.6	30.3
Solar power	8.0	33.0	27.5	34.0	25.5	8.9	34.3	28.1	35.5	26.2
Canoe	2.6	12.3	12.1	12.4	9.4	3.2	12.1	13.7	11.8	9.2
Ownership of farm animals <sup>1</sup>	28.4	85.0	68.3	87.9	68.1	31.7	86.7	71.0	89.6	69.0
<b>Number</b>	<b>656</b>	<b>1,544</b>	<b>226</b>	<b>1,317</b>	<b>2,200</b>	<b>3,442</b>	<b>7,233</b>	<b>1,127</b>	<b>6,106</b>	<b>10,674</b>

<sup>1</sup> Cattle, cows, bulls, horses, donkeys, goats, sheep, or chickens

## 2.10. WEALTH INDEX

The wealth index is a background characteristic that is used as a proxy for the long-term standard of living of the household. It is based on a household's ownership of consumer goods, dwelling characteristics, source of drinking water, toilet facilities, and other characteristics related to a household's socioeconomic status. To construct the index, each of these assets was assigned a weight (factor score) generated through principal component analysis. The resulting asset scores were standardised in relation to a standard normal distribution

with a mean of zero and standard deviation of one (Gwatkin et al. 2000). Each household was then assigned a score for each asset, and the scores were summed for each household. Individuals were ranked according to the total score of the household in which they resided. The sample was then divided into quintiles from one (lowest) to five (highest). A single asset index was developed on the basis of data from the entire country sample, and this index was used in all of the tabulations presented.

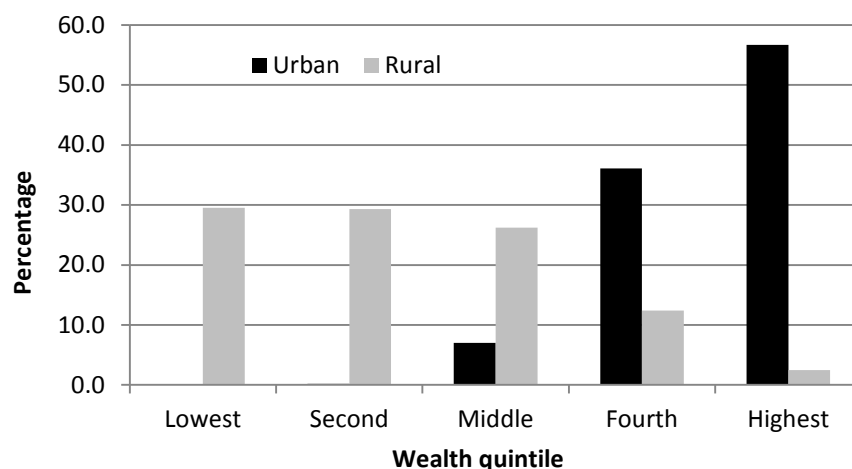
Table 2.11 and Figure 2.4 show the distribution of the *de jure* household population in five wealth levels (quintiles) based on the wealth index by residence. These distributions indicate the degree to which wealth is evenly (or unevenly) distributed by geographic area. The VDHS 2013 findings indicate that the wealth status of the population is clearly differentiated geographically, between urban and rural areas. Over half (57%) of the urban population is in the highest wealth quintile, compared with only 3% of the rural population. On the other hand, 30% of the rural population is in the lowest wealth quintile but none from the urban population is in that quintile.

**Table 2.11: Population by wealth quintiles**

*Percent distribution of the de jure population by wealth quintiles, and the Gini coefficient according to residence and province, Vanuatu 2013*

Residence/province	Wealth quintile					Total	Population
	Lowest	Second	Middle	Fourth	Highest		
Urban	0.0	0.2	7.0	36.1	56.7	100.0	3,442
Rural	29.5	29.3	26.2	12.4	2.5	100.0	7,233
..Rural 1	5.7	13.6	34.7	32.2	13.9	100.0	1,127
..Rural 2	33.9	32.3	24.7	8.8	0.4	100.0	6,106
Total	20.0	19.9	20.0	20.0	20.0	100.0	10,674

**Figure 2.7: Percent distribution of the *de jure* population by wealth quintiles**



## 2.11. BIRTH REGISTRATION

Birth registration is the inscription of facts about a birth into an official log kept at the registrar's office. A birth certificate is issued at the time of registration, or later as proof of birth registration. Birth registration is fundamental to ensuring a child's legal status and, thus, basic rights and services (UNICEF 2006; UNGA 2002). The birth registration system in Vanuatu needs to be improved in terms of coverage and quality control. Birth registration is being undertaken in all provincial headquarters of Vanuatu.

In addition to being the first legal acknowledgment of a child's existence, birth registration is fundamental to the realisation of a number of rights and practical needs, including access to health care and immunisation. Birth registration in a well-established and functioning system ensures that the country has an up-to-date and reliable database for planning. This is useful for national-level planning, as well as for use by local government agencies responsible for maintaining education, health and other social services for the community.

Table 2.12 presents the percentage of children aged less than 5 years whose births are officially registered, and the percentage that had a birth certificate at the time of the survey. Not all children who are registered have a birth certificate because some certificates may have been lost or were never issued. However, all children with a certificate have been registered.

The majority of children in the VDHS 2013 aged less than 5 years (76%) are registered, with 32% lacking a birth certificate. There is little variation by background for those children whose births have been registered. However, registration rates are highest (61%) in urban areas for children having a birth certificate than in rural areas (37%). In contrast, registration rates are highest at about 39% in rural areas for children not having a birth certificate than for urban children (14%). Rates of registration are higher in the highest wealth quintile (81%) and the lowest wealth quintile (79%).

**Table 2.12: Birth registration of children under age 5 years**

*Percentage of de jure children under age 5 years whose births are registered with civil authorities, according to background characteristics, Vanuatu 2013*

Background characteristic	Percentage of children whose births are registered			Number of children
	Had a birth certificate	Did not have a birth certificate	Total registered	
<b>Age</b>				
<2	42.1	31.5	73.5	645
2-4	44.4	32.5	76.8	938
<b>Sex</b>				
Male	44.0	30.7	74.7	806
Female	42.9	33.5	76.3	777
<b>Residence</b>				
Urban	60.8	14.3	75.1	444
Rural	36.7	39.0	75.7	1,139
..Rural 1	49.7	31.9	81.6	164
..Rural 2	34.5	40.2	74.7	975
<b>Wealth quintile</b>				
Lowest	33.2	46.0	79.2	376
Second	33.8	38.6	72.5	339
Middle	39.5	32.4	71.8	299
Fourth	49.2	24.4	73.6	312
Highest	68.7	12.1	80.8	257
<b>Total</b>	<b>43.4</b>	<b>32.1</b>	<b>75.5</b>	<b>1,583</b>

## 2.12. HAND WASHING

Observance and promotion of basic hygiene are fundamental for good public health. Hand washing with a detergent ensures that the transmission of germs is restricted, especially among children who are prone to diarrhoea and other childhood illnesses. Hand washing, which protects against communicable diseases, is promoted by the Government of Vanuatu through public awareness programmes and development partners. Table 16.4 provides information, according to residence (urban or rural) and wealth quintile, on designated places for hand washing in households, and on the use of water and cleansing agents for washing hands.

During the 2013 VDHS, interviewers were instructed to observe the place where household members usually wash their hands. They looked at the regularity of a water supply and observed whether the household had cleansing agents near the place of hand washing. Overall, the interviewers observed designated places for hand washing in 67% of households, with a noticeable difference between urban and rural households (80% and 62%, respectively). Places for hand washing were observed in more than 67% of households in both urban and rural areas. In addition, such facilities were observed in 50% and more households in all wealth quintiles.

Among households where the place of hand washing was observed, 55% had soap and water, 5% had other cleansing agents (ash, mud, sand), and 90% had water only. Overall, 8% of all households do not have water,

soap, or any cleansing agent in places of hand washing. Rural households are more likely (11%) than urban households (3%) to not have water, soap or any cleansing agent near a place of hand washing.

About 74% of urban households have soap and water compared with 45% of rural households. Rural 1 areas have a higher percentage (57%) of households with access to soap and water compare with households in more remote areas (42%). The use of soap and water for hand washing increases with increasing household wealth, from 20% of households in the poorest wealth quintile to 81% in the richest quintile.



**Table 2.13: Water and soap available in household for washing hands**

*Percentage of households where place for hand washing was observed and percent distribution of households by availability of water and soap at place for hand washing Vanuatu 2013*

Background characteristic	Place for hand washing was observed or not					Total	Number of household	Water available	Soap available (bar soap, powder, liquid or paste detergent)	Other cleansing agent available (ash, mud, sand)	Percent Distribution of households where place for hand washing was observed, and:					Total	Number of households where place for hand washing was observed
	Observed	Not observed, not in dwelling/yard	Not observed, no permission to see	Not observed, other reason	Missing						Water and soap are available	Water is available, soap is not available	Water is not available, soap is available	Water and soap are not available	Not Applicable or Missing		
<b>Residence</b>																	
Urban	80.1	14.3	1.7	3.5	0.5	100.0	656	94.4	75.9	1.1	73.9	20.5	0.6	2.9	2.1	100.0	526
Rural	61.8	29.9	2.7	5.4	0.1	100.0	1,544	86.9	45.8	6.4	44.5	42.5	0.6	10.9	1.6	100.0	954
..Rural 1	72.2	18.3	1.9	7.4	0.1	100.0	226	88.3	58.9	2.5	56.7	31.6	1.2	8.8	1.7	100.0	163
..Rural 2	60.0	31.9	2.9	5.0	0.1	100.0	1,317	86.7	43.1	7.2	41.9	44.7	0.4	11.3	1.6	100.0	791
<b>Wealth index quintile</b>																	
Poorest	49.5	38.2	4.0	8.2	0.0	100.0	456	78.9	20.4	6.7	20.4	58.5	0.0	20.1	0.9	100.0	226
Poorer	60.8	30.5	3.9	4.8	0.0	100.0	476	87.4	47.3	7.0	46.1	41.2	0.0	10.1	2.6	100.0	290
Middle	72.7	22.9	0.7	3.3	0.4	100.0	456	91.3	50.9	6.8	48.9	42.4	1.3	6.1	1.2	100.0	332
Richer	78.2	16.4	1.7	3.4	0.3	100.0	429	92.2	71.0	1.3	68.6	23.6	0.5	4.8	2.6	100.0	335
Richest	77.7	16.1	1.5	4.3	0.5	100.0	383	95.1	82.6	1.7	81.1	14.0	0.8	2.7	1.4	100.0	298
<b>Total</b>	<b>67.3</b>	<b>25.3</b>	<b>2.4</b>	<b>4.8</b>	<b>0.2</b>	<b>100.0</b>	<b>2,200</b>	<b>89.6</b>	<b>56.5</b>	<b>4.6</b>	<b>54.9</b>	<b>34.7</b>	<b>0.6</b>	<b>8.0</b>	<b>1.8</b>	<b>100.0</b>	<b>1,480</b>

**Key findings**

- More than half of all men and women completed primary school, less than half of all men and women completed secondary school, and about 5% of men and women aged 15–49 had no formal education.
- Radio is the most popular medium of increasing people’s knowledge and information in Vanuatu, and nearly half of all men and 36% of women listen to it.
- 39% men and 47% of women have no access to any of the three main media sources — radio, newspaper and television — at least once a week.
- The largest employment category for both women and men is agriculture (20% of women, 35% of men).
- 49% of employed women receive payment in cash only and 41% of women receive no payment for their work.
- 43% of women are self-employed and 27% are employed by a family member.
- 99% of women and 98% of men aged 15–49 are not covered by any health plan or insurance scheme.
- 85% of women and 88% of men aged 15–49 have heard of tuberculosis.
- 7% of women and 51% of men aged 15–49 are active tobacco users.

**3.1. INTRODUCTION**

This chapter describes the status of men and women of reproductive age in Vanuatu, and presents information on their age at the time of the survey, marital status, residence, education, literacy and media access. In addition, the chapter explores factors that can enhance women’s empowerment, including employment, occupation, earnings, and continuity of employment. An analysis of these variables provides the socioeconomic context in which demographic and reproductive health issues are examined in subsequent chapters.

**3.2. CHARACTERISTICS OF SURVEY RESPONDENTS**

Table 3.1 presents background characteristics of 2,508 women aged 15–49 and 1,333 men aged 15+ who were interviewed during the VDHS 2013. The age distribution of respondents is similar for men and women. As expected (given Vanuatu’s youthful age structure), the proportion of male and female respondents in each age group declines with increasing age. A majority of both men and women aged 15–49 are below the age of 34. The same percentage of men and women (39% each) are between the ages of 15 and 24; 30% of women and 29% of men are aged 25–34; and 32% of men and 31% of women are aged 35–49.

In Table 3.1, the term ‘married’ refers to those in a formal or official marriage, while ‘living together’ refers to those in informal or consensual unions. Data in Table 3.1 show that 425 of women and 39% of men are formally married. Men are more likely (39%) than women (29%) to have never married. More women (27%) than men (21%) have declared themselves to be living in a consensual union. Women are more likely than men to be divorced, separated or widowed.

The distribution of the sample by residence reflects the fact that a larger proportion of Vanuatu’s population resides in rural areas: about 65% of women and 64% of men live in rural areas while almost the same number of both women (35%) and men (36%) live in urban areas.

**Table 3.1: Background characteristics of respondents***Percent distribution of women and men aged 15–49 by selected background characteristics, Vanuatu 2013*

Background characteristic	Women			Men		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
<b>Age</b>						
15–19	20.3	508	476	20.3	217	187
20–24	19.1	479	485	18.6	199	188
25–29	16.1	404	419	14.4	154	149
30–34	13.6	341	301	14.9	159	138
35–39	12.2	306	334	12.3	131	135
40–44	9.8	246	285	10.4	111	137
45–49	8.9	223	208	9.0	96	97
<b>Marital status</b>						
Never married	28.7	719	714	38.6	412	386
Married	41.8	1,049	1,028	38.9	415	401
Living together	26.5	664	677	20.7	222	223
Divorced/separated	2.2	56	65	1.5	16	17
Widowed	0.8	19	24	0.3	4	4
<b>Residence</b>						
Urban	34.6	867	870	36.4	388	357
Rural	65.4	1,641	1,638	63.6	680	674
..Rural 1	10.8	272	848	11.3	121	342
..Rural 2	54.6	1,369	790	52.3	559	332
<b>Education</b>						
No education	5.1	128	106	4.8	51	39
Primary	56.5	1,417	1,369	56.0	599	557
Secondary	32.6	818	861	31.6	337	350
More than secondary	5.8	144	172	7.5	80	84
<b>Wealth quintile</b>						
Lowest	17.6	441	291	15.0	161	108
Second	19.8	496	374	18.9	201	143
Middle	20.0	503	532	21.7	232	242
Fourth	20.7	519	665	23.2	248	292
Highest	21.9	549	646	21.2	226	246
<b>Religion</b>						
Anglican	12.7	318	280	12.6	134	113
Presbyterian	30.1	755	739	36.0	385	361
Catholic	7.5	189	175	8.0	86	77
Seventh-day Adventist	14.9	374	384	11.5	123	130
Church of God	1.3	32	36	1.8	19	16
Assemblies of God	6.1	152	160	5.8	62	59
Neil Thomas Ministry	3.7	93	98	3.2	34	39
Apostolic	2.7	67	71	2.4	25	33
Customary beliefs	0.1	2	1	0.2	2	2
No religion or faith	0.8	20	13	0.6	6	6
Other	20.0	501	547	17.8	190	194
Refused to answer	0.1	3	2	0.0	0	0
Do not know	0.1	2	1	0.1	1	1
<b>Total for those aged 15–49</b>	<b>100.0</b>	<b>2,508</b>	<b>2,508</b>	<b>100.0</b>	<b>1,068</b>	<b>1,031</b>
Total for those aged 50+	na	na	na	na	265	302
Total for those aged men 15+	na	na	na	na	1,333	1,333

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

na = not applicable

There are positive results in terms of educational attainments between men and women. Educational attainment by women in primary education has been the same with men (56%). At the secondary level, women have increased by 33 percent with men trailing at 32 percent. Other than secondary studies, 8 percent of men have ventured into other means of educational systems than the women which recorded only 6 percent.

The breakdown by wealth quintiles indicates a fairly even distribution of household wealth by gender across the households sampled.

### **3.3. EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS**

Tables 3.2.1 and 3.2.2 show the distribution of women and men according to their highest level of education attained. As mentioned before, the data show little variation between women and men. Generally, younger adults are better educated and reach higher education levels than older people who are more likely to have only attained some secondary level education. About 32% women and 34% of men have completed a primary level education, and 25% of women and 23% of men aged 15–49 have only *some* primary school education. More females (32%) than males (31%) have at least completed some secondary education: 33% of women and 28% of men aged 15–49 had completed secondary education, some of which have completed secondary education but did not pursue further education. A higher percentage of women (8%) than men (6%) aged 15–49 achieved more than a secondary level of education.

In rural areas, particularly in the outer islands, the percentage of women and men who completed secondary education or higher is less than in urban areas, and this is reflected in the difference in the median number of years of school completed, which is slightly higher in urban areas than in rural areas for both women and men.

Educational attainment is shown in both Tables 3.2.1 and 3.2.2. The category ‘some primary’ includes grade 6, 8 and some incomplete primary. This was due to the change in the primary system from grade 6 as ‘completed primary’ to grade 8. Grade 8 is now regarded as ‘completed primary’ since the universal education system began in 2006. Similarly, secondary education includes grade 9, 10, 11, 12, 13, 14 and some incomplete secondary. Due to the change in the education system, secondary now covers grades 9, 10, 11, 12, 13, 14 whereas before 2006, secondary covered grade 7, 8, 9 10, 11, 12, 13, 14.

Tables 3.2.1 and 3.2.2 show that younger, more affluent men and women (those in their 20s, those living in the urban area, and those in the two higher wealth quintile households) have had slightly more years of schooling on average than others in Vanuatu.

**Table 3.2.1: Educational attainment — Women**

Percent distribution of women aged 15–49 by highest level of schooling attended or completed, and median grade completed, according to background characteristics, Vanuatu 2013.

Background characteristic	Highest level of schooling (%)						Total (%)	Median years completed	Number of women
	No education	Some primary	Completed primary <sup>1</sup>	Some secondary	Completed secondary <sup>2</sup>	More than secondary			
<b>Age</b>									
15–24	2.7	29.4	18.4	42.5	0.3	6.7	100.0	7.9	987
..15–19	1.5	35.8	15.5	44.3	0.2	2.8	100.0	7.8	508
..20–24	4.0	22.7	21.6	40.6	0.4	10.8	100.0	10.2	479
25–29	4.1	27.0	29.7	32.4	0.5	6.3	100.0	6.0	404
30–34	4.8	15.7	39.2	35.4	1.4	3.5	100.0	5.9	341
35–39	6.0	15.4	51.0	21.8	0.7	5.1	100.0	5.6	306
40–44	7.3	23.5	46.2	17.0	0.0	6.0	100.0	5.5	246
45–49	14.3	29.9	38.8	11.9	0.0	5.0	100.0	5.4	223
<b>Residence</b>									
Urban	1.6	16.5	22.8	45.8	1.3	12.1	100.0	11.1	867
Rural	6.9	29.4	36.2	25.0	0.1	2.4	100.0	5.7	1,641
..Rural 1	3.8	28.1	30.8	32.0	0.4	5.0	100.0	6.2	272
..Rural 2	7.6	29.7	37.3	23.6	0.0	1.9	100.0	5.7	1,369
<b>Wealth quintile</b>									
Lowest	16.2	36.9	36.8	9.7	0.0	0.4	100.0	5.3	441
Second	5.8	31.2	37.8	24.6	0.0	0.5	100.0	5.7	496
Middle	2.7	26.1	38.3	29.3	0.0	3.6	100.0	5.9	503
Fourth	2.1	21.2	30.9	40.1	0.1	5.6	100.0	7.3	519
Highest	0.6	12.1	16.3	52.1	2.1	16.9	100.0	11.8	549
<b>Total</b>	<b>5.1</b>	<b>24.9</b>	<b>31.6</b>	<b>32.2</b>	<b>0.5</b>	<b>5.8</b>	<b>100.0</b>	<b>6.0</b>	<b>2,508</b>

<sup>1</sup> Completed 6 grade at the primary level.

<sup>2</sup> Completed 8 grade at the secondary level.

**Table 3.2.2: Educational attainment — Men***Percent distribution of men aged 15–49 by highest level of schooling attended or completed, and median grade completed, according to background characteristics, Vanuatu 2013*

Background characteristic	Highest level of schooling (%)						Total (%)	Median years completed	Number of men
	No education	Some primary	Completed primary <sup>1</sup>	Some secondary	Completed secondary <sup>2</sup>	More than secondary			
<b>Age</b>									
15–24	3.6	30.5	21.0	37.6	0.2	7.1	100.0	7.3	416
..15–19	4.1	32.4	21.1	36.1	0.0	6.3	100.0	7.1	217
..20–24	3.1	28.4	20.8	39.2	0.5	8.1	100.0	7.6	199
25–29	3.0	21.1	29.9	36.9	0.7	8.4	100.0	7.3	154
30–34	7.5	22.8	38.8	25.5	0.0	5.5	100.0	5.8	159
35–39	5.5	12.5	52.4	20.0	2.1	7.5	100.0	5.7	131
40–44	5.0	11.2	43.0	29.9	0.0	10.9	100.0	5.9	111
45–49	8.3	16.1	48.9	18.6	1.5	6.5	100.0	5.7	96
<b>Residence</b>									
Urban	2.6	14.1	26.1	44.1	1.2	11.9	100.0	10.9	388
Rural	6.2	27.3	37.8	23.5	0.2	4.9	100.0	5.7	680
..Rural 1	2.7	25.2	31.2	33.3	0.2	7.3	100.0	6.7	121
..Rural 2	7.0	27.7	39.3	21.4	0.2	4.4	100.0	5.7	559
<b>Wealth quintile</b>									
Lowest	12.7	37.5	38.9	10.3	0.0	0.7	100.0	5.2	161
Second	9.0	30.2	40.8	15.4	0.0	4.6	100.0	5.6	201
Middle	2.8	24.8	39.2	30.0	0.0	3.3	100.0	5.9	232
Fourth	2.1	16.2	34.6	38.4	0.5	8.3	100.0	7.5	248
Highest	0.9	9.5	16.5	52.6	2.2	18.3	100.0	11.9	226
<b>Total men aged 15–49</b>	<b>4.9</b>	<b>22.5</b>	<b>33.6</b>	<b>31.0</b>	<b>0.6</b>	<b>7.5</b>	<b>100.0</b>	<b>6.0</b>	<b>1,068</b>
Total men aged 50+	11.9	31.8	35.1	12.9	0.0	8.3	100.0	5.5	265
Total men aged 15+	6.3	24.3	33.9	27.4	0.5	7.6	100.0	5.9	1,333

<sup>1</sup> Completed 6 grade at the primary level.<sup>2</sup> Completed 8 grade at the secondary level.

### 3.4. LITERACY ACHIEVEMENT

During the VDHS 2013, all respondents who had not attended school or had attended only primary school were asked to read aloud (from a card) a simple sentence written in English, French and Bislama. The interviewer then recorded whether each respondent could read the entire sentence, only parts of it, or none of it. This method was used to assess literacy on a three point scale, as presented in Tables 3.3.1 and 3.3.2.

Data in Tables 3.3.1 and 3.3.2 reveal that about 8% of all men and women cannot read at all. There is little variation among women and men with regard to literacy levels. For both men and women, the illiteracy rate increases with age whereas it decreases with wealth.

**Table 3.3.1: Literacy level — Women**

*Percent distribution of women aged 15–49 by level of schooling attended and level of literacy, and the percentage of women who are literate, according to background characteristics, Vanuatu 2013*

Background characteristic	Secondary school or higher	No schooling or primary school						Total	Percent-age literate <sup>1</sup>	
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired	Missing		Number	
<b>Age</b>										
15–19	47.2	31.1	16.3	4.1	0.0	0.0	1.2	100.0	94.6	508
20–24	51.8	26.0	16.6	5.4	0.0	0.0	0.2	100.0	94.4	479
25–29	39.2	36.3	18.3	5.2	0.0	0.1	1.0	100.0	93.8	404
30–34	40.3	32.5	17.0	9.3	0.8	0.0	0.0	100.0	89.8	341
35–39	27.6	46.2	17.1	8.5	0.0	0.0	0.6	100.0	90.9	306
40–44	23.0	46.0	19.3	10.6	0.0	0.0	1.1	100.0	88.3	246
45–49	16.9	45.6	17.9	19.6	0.0	0.1	0.0	100.0	80.3	223
<b>Residence</b>										
Urban	59.1	29.1	6.4	3.8	0.3	0.0	1.3	100.0	94.6	867
Rural	27.4	39.3	23.1	9.9	0.0	0.0	0.3	100.0	89.8	1,641
..Rural 1	37.4	42.1	11.1	9.0	0.2	0.2	0.0	100.0	90.6	272
..Rural 2	25.5	38.7	25.5	10.1	0.0	0.0	0.3	100.0	89.6	1,369
<b>Wealth quintile</b>										
Lowest	10.1	36.2	34.4	19.3	0.0	0.1	0.0	100.0	80.7	441
Second	25.2	41.4	23.5	10.0	0.0	0.0	0.0	100.0	90.0	496
Middle	32.9	44.0	17.6	5.0	0.0	0.0	0.4	100.0	94.5	503
Fourth	45.8	36.3	11.0	5.3	0.3	0.0	1.3	100.0	93.1	519
Highest	71.0	22.4	3.7	1.4	0.2	0.0	1.3	100.0	97.1	549
<b>Total</b>	<b>38.4</b>	<b>35.8</b>	<b>17.3</b>	<b>7.8</b>	<b>0.1</b>	<b>0.0</b>	<b>0.6</b>	<b>100.0</b>	<b>91.5</b>	<b>2,508</b>

<sup>1</sup> Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence.

**Table 3.3.2: Literacy level — Men**

Percent distribution of men aged 15–49 by level of schooling attended and level of literacy, and the percentage of men who are literate, according to background characteristics, Vanuatu 2013

Background characteristic	Secondary school or higher	No schooling or primary school						Total	Percent-age literate <sup>1</sup>	Number
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired	Missing			
<b>Age</b>										
15–19	42.4	33.5	15.1	5.4	0.5	0.2	2.9	100.0	91.0	217
20–24	47.7	30.5	11.2	7.0	1.4	0.0	2.1	100.0	89.5	199
25–29	46.0	37.1	11.5	3.2	1.2	0.0	0.8	100.0	94.7	154
30–34	31.0	41.3	20.8	6.1	0.0	0.0	0.8	100.0	93.1	159
35–39	29.6	49.4	12.6	7.0	0.0	0.0	1.4	100.0	91.6	131
40–44	40.8	43.4	8.5	5.8	0.0	0.0	1.5	100.0	92.7	111
45–49	26.6	45.3	14.8	9.8	1.2	0.0	2.2	100.0	86.8	96
<b>Residence</b>										
Urban	57.3	30.5	5.2	2.7	1.8	0.0	2.5	100.0	93.0	388
Rural	28.6	43.4	18.5	8.1	0.0	0.1	1.3	100.0	90.6	680
..Rural 1	40.9	34.7	14.2	7.5	0.0	0.3	2.4	100.0	89.8	121
..Rural 2	26.0	45.3	19.4	8.2	0.0	0.0	1.1	100.0	90.7	559
<b>Wealth quintile</b>										
Lowest	10.9	37.8	30.9	19.8	0.0	0.0	0.5	100.0	79.7	161
Second	20.0	53.6	18.7	6.5	0.0	0.0	1.2	100.0	92.3	201
Middle	33.3	47.4	13.0	4.3	0.0	0.0	1.9	100.0	93.7	232
Fourth	47.2	37.8	7.2	3.5	2.0	0.1	2.3	100.0	92.1	248
Highest	73.1	18.1	4.8	0.8	0.9	0.0	2.4	100.0	95.9	226
<b>Total men aged 15–49</b>	<b>39.1</b>	<b>38.7</b>	<b>13.7</b>	<b>6.1</b>	<b>0.7</b>	<b>0.0</b>	<b>1.8</b>	<b>100.0</b>	<b>91.4</b>	<b>1,068</b>
Total men aged 50+	21.2	45.2	16.1	15.0	0.0	1.7	0.9	100.0	82.4	265
Total men aged 15+	35.5	40.0	14.2	7.9	0.5	0.4	1.6	100.0	89.6	1,333

<sup>1</sup> Refers to men who attended secondary school or higher and men who can read a whole sentence or part of a sentence.

### 3.5. ACCESS TO MASS MEDIA

Information is essential to increasing people’s knowledge and awareness of the world around them, and may eventually affect their perceptions and behavior. During the VDHS 2013, exposure to the media was assessed by asking respondents how often they read a newspaper and watched television, or listened to a radio.

Most people are exposed to some form of media. In general, men are more likely than women to have access to all types of mass media. Tables 3.4.1 and 3.4.2 show that the percentage of men who have access to all three types of media (radio, newspaper and television) is higher than for women (18% of men, 12% of women). Radio is the most popular medium: 46% of men and 36% of women aged 15–49 listen to a radio broadcast at least once a week. About 41% of men aged 15–49 read a newspaper at least once a week, compared with 31% of women in the same age category.

Television is viewed at least once a week by 31% of men and 26% of women aged 15–49. About 39% of men and 47% of women aged 15–49 had no exposure to at least one form of mass media at least once per week. This means that most people, particularly men, are exposed to information through mass media, including information about healthy lifestyles, despite the fact that a relatively high proportion of both men and women have no access to mass media.

Tables 3.4.1 and 3.4.2 also show the variation in media exposure by background characteristics of respondents. Generally, the proportion of women who watch television at least once a week decreases with age, as does the proportion of women who read a newspaper at least once a week. However, listening to the



radio at least once a week is equally common for women of all ages. For men, reading a newspaper at least once a week increases with age.

Women and men in urban areas are more likely to have access to television than women and men in rural areas: about 5% of rural women and 4% of rural men watch television at least once a week, compared with 67% of urban women and 78% of urban men. Similarly, listening to the radio and reading a newspaper at least once a week is higher in urban areas than in rural areas for both women and men.

The data further reveal that exposure to media is positively associated with educational attainment and that media exposure increases with wealth. For instance, only 1% of women and 0% of men from the poorest households are exposed to all three forms of media at least once each week compared with 37% of women and 58% of men from the wealthiest households.

**Table 3.4.1: Exposure to mass media — Women**

*Percentage of women aged 15–49 who are exposed to specific media on a weekly basis, by background characteristics, Vanuatu 2013*

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number
<b>Age</b>						
15–19	35.5	30.1	39.6	13.4	42.3	508
20–24	28.7	27.4	41.7	12.4	45.3	479
25–29	31.4	26.9	36.9	11.5	46.5	404
30–34	33.9	26.8	37.1	13.6	44.0	341
35–39	33.0	25.8	32.9	11.9	49.0	306
40–44	22.8	20.7	28.8	8.2	56.6	246
45–49	23.6	21.1	29.2	7.4	56.3	223
<b>Residence</b>						
Urban	56.9	66.6	57.0	30.8	13.2	867
Rural	16.9	5.1	25.5	1.6	65.2	1,641
..Rural 1	26.5	15.2	34.4	5.7	49.2	272
..Rural 2	15.0	3.1	23.8	0.8	68.4	1,369
<b>Education</b>						
No education	1.9	5.8	16.0	1.5	83.0	128
Primary	18.4	17.8	30.0	5.3	57.6	1,417
Secondary	49.7	39.7	47.6	20.8	28.9	818
More than secondary	69.2	52.7	53.5	32.0	17.6	144
<b>Wealth quintile</b>						
Lowest	8.4	1.8	12.1	0.8	83.4	441
Second	16.3	2.1	25.4	0.3	65.5	496
Middle	20.3	8.2	33.2	2.2	57.3	503
Fourth	36.7	39.8	45.3	14.3	30.7	519
Highest	65.6	71.9	60.4	37.0	8.2	549
<b>Total</b>	<b>30.7</b>	<b>26.4</b>	<b>36.4</b>	<b>11.7</b>	<b>47.2</b>	<b>2,508</b>

**Table 3.4.2: Exposure to mass media — Men***Percentage of men aged 15–49 who are exposed to specific media on a weekly basis, by background characteristics, Vanuatu 2013*

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number
<b>Age</b>						
15–19	28.4	29.6	44.9	13.3	41.8	217
20–24	42.7	33.0	49.8	23.3	37.6	199
25–29	51.4	32.3	60.7	22.1	28.2	154
30–34	43.0	30.9	44.6	21.3	40.5	159
35–39	45.3	30.5	38.1	15.6	38.8	131
40–44	41.1	24.9	45.3	19.7	41.0	111
45–49	42.4	34.5	37.6	20.7	43.6	96
<b>Residence</b>						
Urban	66.2	77.5	72.2	48.5	7.2	388
Rural	27.0	4.2	32.0	2.5	56.5	680
..Rural 1	38.8	22.0	45.1	12.3	42.1	121
..Rural 2	24.4	0.4	29.1	0.4	59.6	559
<b>Education</b>						
No education	(1.7)	(4.1)	(11.8)	(0.0)	(86.0)	51
Primary	29.2	22.8	36.2	10.2	47.9	599
Secondary	61.0	43.9	65.5	33.7	21.0	337
More than secondary	73.6	53.5	66.5	38.5	12.7	80
<b>Wealth quintile</b>						
Lowest	17.5	0.0	22.9	0.0	68.7	161
Second	21.0	1.9	29.8	1.6	60.2	201
Middle	31.3	5.1	30.7	1.5	54.3	232
Fourth	51.0	49.8	63.6	27.3	18.4	248
Highest	75.7	84.2	76.0	58.0	4.0	226
<b>Total men aged 15–49</b>	<b>41.2</b>	<b>30.9</b>	<b>46.6</b>	<b>19.2</b>	<b>38.6</b>	<b>1,068</b>
Total men aged 50+	32.2	21.6	43.1	12.0	42.2	265
Total men aged 15+	39.4	29.0	45.9	17.8	39.3	1,333

Figures in parentheses are based on 25–49 unweighted cases.

### 3.6. EMPLOYMENT STATUS

As with education, employment can be a source of empowerment for women, especially when they attain a decision-making position and are in control of income. Measuring women’s empowerment is a difficult task and is most often under-reported, especially women’s work that deals with family or home duties, which is always referred to as ‘informal work/home duties’.

To better assess women’s empowerment, the VDHS 2013 included questions about women’s employment status in both informal and formal sectors. Employed women are classified as currently employed if they worked in the seven days preceding the survey and the 12 months preceding the survey. Additional questions asked about any kind of payment that respondents received in return for services provided.

Tables 3.5.1 and 3.5.2 show that 55% of women and 82% of men aged 15–49 are classified as currently employed. The proportion of people ‘currently employed’ increases with age and the number of living children (for both women and men). About 70% of women who are divorced, separated, or widowed, are currently employed, followed by those who are married (58%). Never-married women and men are the least likely to be currently employed (47% of women, 63% of men) — in part because a higher proportion of young people are included in the never-married category. Both men (76%) and women (60%) with a secondary education have lower current employment levels than men (77%) and women (66%) with more than a secondary education. The current employment level for women is higher in urban areas (59%) than in rural areas (53%). In contrast, the current employment level for men is higher in rural areas (84%) than in urban areas (79%).

**Table 3.5.1: Employment status — Women***Percent distribution of women aged 15–49 by employment status, according to background characteristics, Vanuatu 2013*

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/ do not know	Total	Number of women
	Currently employed	Not currently employed				
<b>Age</b>						
15–19	41.1	4.7	54.0	0.2	100.0	508
20–24	44.7	10.5	44.8	0.0	100.0	479
25–29	59.4	4.7	35.9	0.0	100.0	404
30–34	63.2	5.2	31.5	0.0	100.0	341
35–39	64.4	2.8	32.8	0.0	100.0	306
40–44	61.1	5.8	33.1	0.0	100.0	246
45–49	67.7	2.3	30.0	0.0	100.0	223
<b>Marital status</b>						
Never married	47.3	5.8	46.8	0.1	100.0	719
Married or living together	57.5	5.4	37.2	0.0	100.0	1,714
Divorced/separated/widowed	70.4	6.4	23.1	0.0	100.0	75
<b>Number of living children</b>						
0	48.5	6.0	45.4	0.1	100.0	729
1–2	54.6	7.6	37.8	0.0	100.0	768
3–4	59.4	4.2	36.4	0.0	100.0	625
5+	60.4	2.7	36.8	0.0	100.0	386
<b>Residence</b>						
Urban	59.1	6.8	33.9	0.1	100.0	867
Rural	52.7	4.8	42.5	0.0	100.0	1,641
..Rural 1	47.1	7.4	45.5	0.0	100.0	272
..Rural 2	53.8	4.3	41.9	0.0	100.0	1,369
<b>Education</b>						
No education	46.0	1.8	52.2	0.0	100.0	128
Primary	51.9	4.8	43.2	0.1	100.0	1,417
Secondary	59.5	7.3	33.2	0.0	100.0	818
More than secondary	65.9	6.1	28.0	0.0	100.0	144
<b>Wealth quintile</b>						
Lowest	51.7	5.9	42.4	0.0	100.0	441
Second	54.6	5.5	39.9	0.0	100.0	496
Middle	50.2	3.3	46.5	0.0	100.0	503
Fourth	55.7	5.0	39.3	0.0	100.0	519
Highest	61.3	7.8	30.7	0.2	100.0	549
<b>Total</b>	<b>54.9</b>	<b>5.5</b>	<b>39.5</b>	<b>0.0</b>	<b>100.0</b>	<b>2,508</b>

\*'Currently employed' is defined as having done work in the past seven days, and includes people who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

**Table 3.5.2: Employment status — Men***Percent distribution of men aged 15–49 by employment status, according to background characteristics, Vanuatu 2013*

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/ do not know	Total	Number of men
	Currently employed <sup>1</sup>	Not currently employed				
<b>Age</b>						
15–19	56.1	8.0	35.9	0.0	100.0	217
20–24	71.8	7.6	20.7	0.0	100.0	199
25–29	92.6	4.9	2.5	0.0	100.0	154
30–34	93.8	5.1	1.1	0.0	100.0	159
35–39	91.9	2.8	5.3	0.0	100.0	131
40–44	96.8	2.1	0.4	0.8	100.0	111
45–49	95.8	2.4	1.9	0.0	100.0	96
<b>Marital status</b>						
Never married	63.0	8.4	28.6	0.0	100.0	412
Married or living together	94.5	3.0	2.3	0.1	100.0	637
Divorced/separated/widowed	*	*	*	*	100.0	19
<b>Number of living children</b>						
0	65.1	9.0	25.8	0.0	100.0	464
1–2	92.4	3.6	3.9	0.0	100.0	231
3–4	97.1	0.8	1.7	0.3	100.0	251
5+	96.4	3.1	0.5	0.0	100.0	122
<b>Residence</b>						
Urban	78.5	4.4	16.8	0.2	100.0	388
Rural	84.2	5.7	10.1	0.0	100.0	680
..Rural 1	77.2	6.9	15.9	0.0	100.0	121
..Rural 2	85.7	5.5	8.8	0.0	100.0	559
<b>Education</b>						
No education	(81.1)	(13.8)	(5.0)	(0.0)	100.0	51
Primary	86.5	4.9	8.5	0.0	100.0	599
Secondary	75.6	3.9	20.5	0.0	100.0	337
More than secondary	77.2	8.1	13.7	1.1	100.0	80
<b>Wealth quintile</b>						
Lowest	86.1	8.3	5.6	0.0	100.0	161
Second	85.3	6.4	8.4	0.0	100.0	201
Middle	83.6	4.1	12.4	0.0	100.0	232
Fourth	81.3	3.7	15.1	0.0	100.0	248
Highest	75.9	5.1	18.6	0.4	100.0	226
<b>Total men aged 15–49</b>	<b>82.1</b>	<b>5.3</b>	<b>12.5</b>	<b>0.1</b>	<b>100.0</b>	<b>1,068</b>
Total men aged 50+	85.1	5.2	9.6	0.0	100.0	265
Total men aged 15+	82.7	5.3	12.0	0.1	100.0	1,333

<sup>1</sup> 'Currently employed' is defined as having done work in the past seven days, and includes people who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

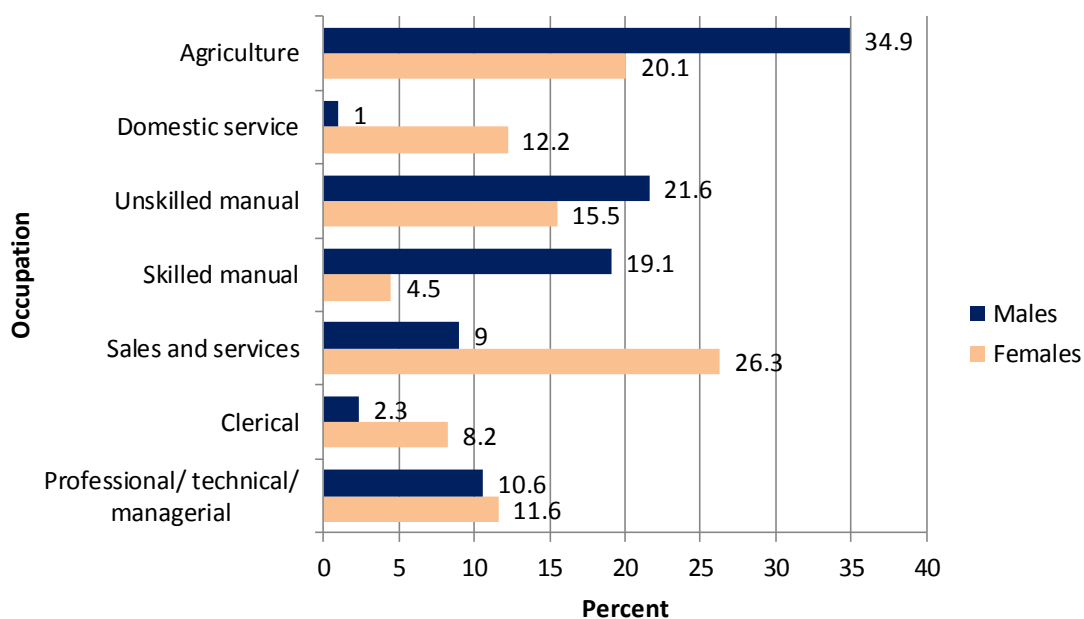
An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 3.7. OCCUPATION

Respondents who were currently employed were asked to state their occupation (see Figure 3.1, and Tables 3.6.1 and 3.6.2). Professional, technical and managerial occupations are held by 12% of women and 11% of men, while 'skilled manual' occupations are held by 5% of women and 19% of men aged 15–49. The largest employment category for both women (20%) and men (35%) is agriculture.

Respondents who work in agricultural jobs are more likely to be rural residents, have lower levels of education, have more children, and reside in less wealthy households. By contrast, respondents in professional, technical or managerial occupations are more likely to be urban residents, have fewer children, higher levels of education, and come from the wealthiest households. The percentage of women and men who are in 'professional, technical or managerial jobs' increases with wealth, whereas the percentage of respondents whose occupation is 'unskilled' and 'agriculture' decreases by wealth and education. More women who are employed in sales and services completed a primary (27%) and secondary (28%) level of education.

**Figure 3.1 Occupation by sex, Vanuatu 2013**



**Table 3.6.1: Occupation — Women***Percent distribution of women aged 15–49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Vanuatu 2013*

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of women
<b>Age</b>										
15–19	6.7	3.8	20.3	2.0	13.6	19.4	29.7	4.6	100.0	233
20–24	11.5	12.6	31.0	4.5	11.9	10.7	15.5	2.3	100.0	264
25–29	12.0	9.0	25.6	3.6	19.5	13.0	16.9	0.6	100.0	259
30–34	17.5	8.7	27.1	3.5	15.2	8.3	18.6	1.1	100.0	233
35–39	12.9	8.8	25.3	7.9	15.3	12.9	17.0	0.0	100.0	206
40–44	11.1	6.8	24.8	6.2	16.7	11.3	23.2	0.0	100.0	165
45–49	8.3	5.7	30.2	5.2	17.3	8.4	22.6	2.2	100.0	156
<b>Marital status</b>										
Never married	11.7	9.7	25.0	2.4	9.7	17.7	20.3	3.5	100.0	382
Married or living together	11.9	7.9	26.7	5.0	17.8	9.9	20.0	0.9	100.0	1,077
Divorced/separated/widowed	6.0	3.0	28.4	8.9	10.9	17.9	21.8	3.1	100.0	58
<b>Number of living children</b>										
0	11.3	9.7	24.2	2.5	9.0	17.2	22.8	3.4	100.0	397
1–2	13.0	9.8	28.1	4.2	15.6	12.1	15.9	1.2	100.0	478
3–4	12.8	7.2	26.8	5.5	17.1	10.2	19.7	0.6	100.0	397
5+	7.4	4.0	25.5	6.6	23.3	7.3	24.8	1.1	100.0	244
<b>Residence</b>										
Urban	11.6	18.3	35.7	2.0	5.4	22.5	3.0	1.6	100.0	572
Rural	11.6	2.0	20.6	6.0	21.7	5.9	30.5	1.6	100.0	944
..Rural 1	14.3	7.2	43.2	3.9	9.0	12.8	7.1	2.5	100.0	148
..Rural 2	11.1	1.1	16.4	6.4	24.0	4.6	34.9	1.5	100.0	796
<b>Education</b>										
No education	0.0	0.3	8.7	2.8	51.5	4.9	31.8	0.0	100.0	61
Primary	5.3	2.0	27.3	5.9	19.5	13.9	25.7	0.4	100.0	804
Secondary	17.4	14.2	27.8	3.4	8.4	12.1	13.8	2.9	100.0	546
More than secondary	36.6	28.5	21.3	0.9	0.8	3.5	3.4	5.0	100.0	104
<b>Wealth quintile</b>										
Lowest	5.1	0.9	14.0	6.3	29.1	1.8	42.9	0.0	100.0	254
Second	8.4	0.8	15.4	8.4	27.3	6.9	31.5	1.3	100.0	299
Middle	10.5	2.4	30.9	2.2	16.5	9.4	24.6	3.4	100.0	269
Fourth	14.7	8.1	35.2	3.4	7.5	20.7	9.4	0.9	100.0	315
Highest	16.6	22.9	32.5	2.8	3.2	18.1	1.8	2.2	100.0	379
<b>Total</b>	<b>11.6</b>	<b>8.2</b>	<b>26.3</b>	<b>4.5</b>	<b>15.5</b>	<b>12.2</b>	<b>20.1</b>	<b>1.6</b>	<b>100.0</b>	<b>1,516</b>

**Table 3.6.2: Occupation — Men***Percent distribution of men aged 15–49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Vanuatu 2013*

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of men
<b>Age</b>										
15–19	1.3	0.0	6.8	12.8	22.1	0.8	53.1	3.2	100.0	139
20–24	9.1	3.3	10.3	24.7	20.2	0.0	32.4	0.0	100.0	158
25–29	16.3	3.4	13.8	23.4	14.5	0.0	27.3	1.3	100.0	150
30–34	10.7	0.6	8.4	21.6	24.2	1.7	30.6	2.1	100.0	158
35–39	15.3	1.4	5.7	16.3	24.9	2.7	31.7	2.1	100.0	124
40–44	12.1	3.0	8.1	18.9	22.3	0.8	33.2	1.6	100.0	110
45–49	9.9	4.9	8.3	11.8	24.9	1.2	37.7	1.2	100.0	94
<b>Marital status</b>										
Never married	6.4	1.9	9.4	18.2	20.2	0.4	41.3	2.2	100.0	294
Married or living together	12.7	2.3	8.7	19.6	22.1	1.1	32.5	0.9	100.0	621
Divorced/separated/widowed	*	*	*	*	*	*	*	*	100.0	18
<b>Number of living children</b>										
0	7.6	2.5	9.2	18.3	20.0	0.3	39.6	2.6	100.0	344
1–2	13.8	2.4	12.3	22.6	21.4	0.7	26.2	0.6	100.0	221
3–4	14.2	0.5	6.6	19.5	19.9	2.3	35.5	1.5	100.0	246
5+	6.4	4.9	7.1	14.1	29.6	0.7	36.2	1.1	100.0	122
<b>Residence</b>										
Urban	12.6	5.0	17.5	39.9	14.0	2.2	6.4	2.3	100.0	322
Rural	9.6	0.8	4.4	8.1	25.5	0.3	49.9	1.3	100.0	611
..Rural 1	14.8	4.8	8.3	16.3	29.9	0.3	24.2	1.4	100.0	102
..Rural 2	8.5	0.0	3.7	6.5	24.7	0.3	55.1	1.2	100.0	509
<b>Education</b>										
No education	(5.4)	(1.9)	(6.1)	(7.0)	(46.0)	(0.0)	(33.7)	(0.0)	100.0	49
Primary	3.6	1.1	6.4	17.9	24.0	1.0	44.6	1.4	100.0	548
Secondary	16.9	3.3	16.0	23.7	15.2	1.3	20.7	2.9	100.0	268
More than secondary	46.9	7.6	4.2	19.1	8.3	0.0	14.0	0.0	100.0	68
<b>Wealth quintile</b>										
Lowest	3.6	0.0	1.5	4.5	28.2	1.1	61.1	0.0	100.0	152
Second	7.1	0.0	4.4	6.8	28.9	0.0	51.4	1.4	100.0	185
Middle	9.4	1.3	5.5	12.8	24.4	0.5	44.9	1.2	100.0	204
Fourth	11.3	3.4	13.8	36.0	14.7	0.9	17.0	3.0	100.0	210
Highest	20.7	6.1	18.0	31.1	13.4	2.5	6.2	2.0	100.0	183
<b>Total men aged 15–49</b>	<b>10.6</b>	<b>2.3</b>	<b>9.0</b>	<b>19.1</b>	<b>21.6</b>	<b>1.0</b>	<b>34.9</b>	<b>1.6</b>	<b>100.0</b>	<b>934</b>
Total men aged 50+	7.9	1.1	5.3	10.5	25.4	1.1	48.0	0.6	100.0	239
Total men aged 15+	10.1	2.0	8.2	17.3	22.3	1.0	37.6	1.4	100.0	1,173

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 3.8. EARNINGS, TYPE OF EMPLOYER, AND CONTINUITY OF WOMEN'S EMPLOYMENT

Table 3.7 shows the distribution of women by employment status. The data indicate that 49% of employed women receive payment in cash only, 7% are paid both in cash and in kind, and 3% receive only in-kind payment. Meanwhile, 41% of women receive no payment for their work.

The data on type of employer indicate that while 31% of women are employed by a non-family member, 43% are self-employed, and 27% are employed by a family member.

Table 3.7 also shows the distribution of women by continuity of employment: 66% of employed women work year round, 15% work seasonally, and 19% work occasionally.

**Table 3.7: Type of employment — Women**

*Percent distribution of women aged 15–49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or non-agricultural), Vanuatu 2013*

Employment characteristics	Agricultural work	Non-agricultural work	Missing	Total <sup>1</sup>
<b>Type of earnings</b>				
Cash only	30.3	53.6	33.7	48.6
Cash and in-kind	3.7	8.4	0.0	7.4
In-kind only	1.1	3.0	4.8	2.7
Not paid	64.9	34.9	57.2	41.3
Total	100.0	100.0	95.7	99.9
<b>Type of employer</b>				
Employed by family member	25.1	27.0	19.3	26.5
Employed by nonfamily member	4.4	37.7	18.0	30.7
Self-employed	70.5	35.2	58.3	42.7
Total	100.0	100.0	95.7	99.9
<b>Continuity of employment</b>				
All year	55.2	68.6	73.3	66.0
Seasonal	20.1	13.8	1.9	14.9
Occasional	24.1	17.2	20.4	18.6
Total	99.5	99.6	95.7	99.5
<b>Number of women employed during the 12 months preceding the survey</b>				
	305	1,186	24	1,516

Note: Total includes women with missing information on type of employment who are not shown separately. Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

### 3.9. HEALTH INSURANCE COVERAGE

The VDHS 2013 asked respondents if they were covered by specific types of health insurance. The insurance schemes were categorised as: 1) Australian Family Association, 2) Caillard Karddou,; 3) Dominion, and 4) Other. The distribution of respondents by type of insurance coverage according to the respondent's background characteristics is presented in Table 3.8.1 for women and Table 3.8.2 for men, both aged 15–49.

Overall, 99% of women and 98% percent of men aged 15–49 are not covered by any health plan or insurance scheme; thus, in Vanuatu less than 1% of women and only 1% of men are covered by a health plan or insurance scheme. Insurance coverage increases with education and wealth among women. Data from the VDHS 2013 clearly highlight the very low level of health insurance coverage in Vanuatu, which is typical for many Pacific Island countries. This situation urgently needs to be addressed.



**Table 3.8.1: Health insurance coverage — Women**

Percentage of women aged 15–49 with specific types of health insurance coverage, according to background characteristics, Vanuatu 2013

Background characteristic	Australian Family Association	Caillard Kaddour	Dominion	Other	None	Number
<b>Age</b>						
15–19	0.0	0.0	0.2	0.6	99.2	508
20–24	0.3	0.0	0.2	0.0	99.5	479
25–29	0.2	0.2	0.7	0.4	98.5	404
30–34	0.5	0.0	0.0	0.5	99.0	341
35–39	0.4	0.0	0.8	0.2	98.7	306
40–44	0.0	0.0	0.6	0.4	99.1	246
45–49	0.5	0.0	0.5	0.1	99.0	223
<b>Residence</b>						
Urban	0.5	0.1	0.9	0.5	98.1	867
Rural	0.1	0.0	0.1	0.2	99.5	1,641
..Rural 1	0.2	0.0	0.2	0.5	99.1	272
..Rural 2	0.1	0.0	0.1	0.1	99.6	1,369
<b>Education</b>						
No education	0.0	0.0	0.0	0.0	100.0	128
Primary	0.2	0.0	0.3	0.2	99.4	1,417
Secondary	0.2	0.1	0.4	0.3	99.0	818
More than secondary	1.2	0.0	2.0	1.7	95.0	144
<b>Wealth quintile</b>						
Lowest	0.0	0.0	0.0	0.0	100.0	441
Second	0.0	0.0	0.0	0.4	99.6	496
Middle	0.4	0.0	0.3	0.0	99.2	503
Fourth	0.0	0.0	0.4	0.0	99.6	519
Highest	0.8	0.2	1.1	0.9	97.0	549
<b>Total</b>	<b>0.3</b>	<b>0.0</b>	<b>0.4</b>	<b>0.3</b>	<b>99.0</b>	<b>2,508</b>

**Table 3.8.2: Health insurance coverage — Men**

Percentage of men aged 15–49 with specific types of health insurance coverage, according to background characteristics, Vanuatu 2013

Background characteristic	Australian Family Association	Dominion	Other	None	Number
<b>Age</b>					
15–19	0.0	0.5	0.0	99.5	217
20–24	1.0	0.0	1.5	97.5	199
25–29	0.6	1.2	1.2	97.0	154
30–34	0.0	0.0	0.0	100.0	159
35–39	1.2	0.9	0.7	97.2	131
40–44	1.0	0.8	2.6	95.6	111
45–49	1.6	0.0	1.2	97.2	96
<b>Residence</b>					
Urban	0.6	0.5	1.3	97.7	388
Rural	0.7	0.4	0.7	98.1	680
..Rural 1	0.5	0.0	0.0	99.5	121
..Rural 2	0.8	0.5	0.9	97.8	559
<b>Education</b>					
No education	(0.0)	(0.0)	(1.9)	(98.1)	51
Primary	0.1	0.2	0.2	99.6	599
Secondary	1.6	0.0	0.9	97.5	337
More than secondary	1.5	4.7	5.0	88.7	80
<b>Wealth quintile</b>					
Lowest	0.0	0.0	0.0	100.0	161
Second	1.0	0.0	0.0	99.0	201
Middle	0.0	0.5	0.4	99.1	232
Fourth	1.5	0.7	2.0	95.8	248
Highest	0.6	0.9	1.7	96.7	226
<b>Total men aged 15–49</b>	<b>0.7</b>	<b>0.5</b>	<b>0.9</b>	<b>97.9</b>	<b>1,068</b>
Total men aged 50+	0.0	0.0	0.0	100.0	265
Total men aged 15+	0.5	0.4	0.7	98.4	1,333

Figures in parentheses are based on 25–49 unweighted cases.

### 3.10. KNOWLEDGE AND ATTITUDES CONCERNING TUBERCULOSIS

Tuberculosis (TB) is one of the oldest human diseases, and continues to be a leading cause of death from an infectious disease in many countries. The VDHS 2013 asked questions about people's knowledge of and attitudes toward TB in order to learn how they deal with the disease. Tables 3.9.1 and 3.9.2 show several indicators relating to respondents' knowledge and attitudes concerning TB, including the percentage of people who: 1) have heard of TB, 2) know that TB is spread through the air by coughing, 3) believe that TB can be cured, and 4) would want to keep it a secret that a family member had TB.

Women and men display almost the same level of awareness of TB: 85% of women and 88% of men aged 15–49 have heard of TB. However, there are large gender disparities in knowledge about the transmission of TB: about 66% of women and 73% of men aged 15–49 who have heard of TB say that it is spread through the air by coughing. About 80% of women and 77% of men aged 15–49 who have heard of TB believe it can be cured. The proportion of women and men who believe that TB can be cured increases with education.

About 15% of women and 9% of men aged 15–49 who have heard of TB would want a family member's TB status kept a secret. The percentage of women who do not want to reveal that a family member has TB is 16% for women in urban areas and 15% for those in rural areas. In comparison, only 6% of rural men would want to keep the fact that a family member has TB a secret.

Overall, men and women in Vanuatu have a clear understanding about TB, its cause, and the extent to which it can be cured. However, sizable proportions of women, both in urban and rural areas, believe that they should not disclose the fact that a family member has TB.

**Table 3.9.1: Knowledge and attitude concerning tuberculosis — Women**

*Percentage of women aged 15–49 who have heard of tuberculosis (TB); and among women who have heard of TB, the percentages who know that TB is spread through the air by coughing; the percentage who believe that TB can be cured; and the percentage who would want to keep secret that a family member has TB, by background characteristics, Vanuatu 2013*

Background characteristic	Among all respondents		Among respondents who have heard of TB, the percentage who			
	Have heard of TB (%)	Number	Report that TB is spread through the air by coughing (%)	Believe that TB can be cured (%)	Would want a family member's TB kept secret (%)	Number
<b>Age</b>						
15–19	79.6	508	58.1	72.2	15.9	404
20–24	84.0	479	71.4	76.8	17.4	402
25–29	85.3	404	67.1	83.4	15.1	345
30–34	87.2	341	68.9	81.1	18.5	298
35–39	88.9	306	71.5	86.8	14.1	272
40–44	90.1	246	61.9	83.0	11.7	222
45–49	88.3	223	64.5	85.5	11.0	197
<b>Residence</b>						
Urban	91.8	867	67.8	77.7	15.9	796
Rural	81.9	1,641	65.3	81.8	15.0	1,344
..Rural 1	87.9	272	63.7	81.9	19.1	239
..Rural 2	80.7	1,369	65.7	81.8	14.1	1,105
<b>Education</b>						
No education	70.1	128	53.1	77.0	23.8	90
Primary	81.5	1,417	59.8	79.2	14.4	1,156
Secondary	92.8	818	75.2	81.9	16.2	760
More than secondary	93.5	144	79.7	83.0	12.9	135
<b>Wealth quintile</b>						
Lowest	76.4	441	61.6	78.5	19.3	337
Second	79.9	496	65.7	82.3	12.6	397
Middle	84.3	503	63.7	78.6	12.5	424
Fourth	89.6	519	69.5	82.7	16.8	465
Highest	94.3	549	68.9	79.2	15.7	518
<b>Total</b>	<b>85.3</b>	<b>2,508</b>	<b>66.2</b>	<b>80.3</b>	<b>15.3</b>	<b>2,140</b>

**Table 3.9.2: Knowledge and attitude concerning tuberculosis — Men**

Percentage of men aged 15–49 who have heard of tuberculosis (TB); and among men who have heard of TB, the percentages who know that TB is spread through the air by coughing; the percentage who believe that TB can be cured; and the percentage who would want to keep secret that a family member has TB, by background characteristics, Vanuatu 2013

Background characteristic	Among all respondents		Among respondents who have heard of TB, the percentage who:			
	Have heard of TB (%)	Number	Report that TB is spread through the air by coughing (%)	Believe that TB can be cured (%)	Would want a family member's TB kept secret (%)	Number
<b>Age</b>						
15–19	74.9	217	65.2	67.1	11.3	162
20–24	91.9	199	67.4	73.5	9.5	183
25–29	82.1	154	78.1	78.5	5.3	127
30–34	94.3	159	80.1	76.5	6.5	150
35–39	92.9	131	75.4	81.6	9.8	122
40–44	95.0	111	78.5	83.5	7.7	106
45–49	89.8	96	65.1	85.6	5.2	86
<b>Residence</b>						
Urban	89.6	388	82.2	76.1	11.2	348
Rural	86.5	680	66.9	77.3	6.4	588
..Rural 1	87.1	121	78.9	73.2	8.5	105
..Rural 2	86.4	559	64.3	78.2	5.9	483
<b>Education</b>						
No education	(66.3)	51	(56.3)	(65.5)	(7.6)	34
Primary	85.7	599	64.3	73.2	7.3	513
Secondary	93.8	337	83.9	81.7	10.2	316
More than secondary	89.8	80	89.5	86.7	6.1	72
<b>Wealth quintile</b>						
Lowest	82.2	161	65.7	77.7	6.0	132
Second	84.5	201	55.5	78.6	9.8	170
Middle	87.0	232	74.5	70.9	5.6	202
Fourth	88.4	248	76.8	79.5	8.9	219
Highest	93.9	226	84.5	77.8	10.0	213
<b>Total men aged 15–49</b>	<b>87.6</b>	<b>1,068</b>	<b>72.6</b>	<b>76.9</b>	<b>8.2</b>	<b>936</b>
Total men aged 50+	91.9	265	69.7	79.8	11.1	243
Total men aged 15+	88.5	1,333	72.0	77.5	8.8	1,179

Figures in parentheses are based on 25–49 unweighted cases.

### 3.11. TOBACCO USE

Smoking and other uses of tobacco affect adult health, and may adversely affect children's health, especially in terms of vulnerability to respiratory illnesses. In addition, tobacco use during pregnancy increases the risk of having a small or low birth-weight baby. Women and men interviewed during the VDHS 2013 were asked about their smoking habits. Tables 3.10.1 and 3.10.2 show the percentage of women and men aged 15–19 who use various types of tobacco and whether they smoked cigarettes in the 24 hours preceding the survey, according to background characteristics.

The data show that 2% of women and 7% of men aged 15–49 are active tobacco users, and that women and men are more likely to use cigarettes than other forms of tobacco: about 6% of women and 55% of men aged 15–49 smoke cigarettes.

Tobacco use varies greatly by background characteristics. Tobacco use is more common among women residing in urban areas: about 2% of women in rural areas use tobacco compared with 3% in urban areas. By contrast, about 6% of men in rural areas and 10% of men in urban areas use tobacco. Surprisingly, the percentage of women who use tobacco increases slightly with educational attainment and household wealth.

It is worth noting that 7% of men aged 15–19 use some form of tobacco as compared with 4% of women in this age group.

**Table 3.10.1: Use of tobacco — Women**

*Percentage of women aged 15–49 who smoke cigarettes or a pipe or use other tobacco products, and the percent distribution of cigarette smokers by the number of cigarettes smoked in the 24 hours preceding the survey, according to background characteristics and maternity status, Vanuatu 2013*

Background characteristic	Cigarettes	Other tobacco	Does not use tobacco	Number of women	Number of cigarettes smoked in the 24 hours preceding the survey							Number of cigarette smokers	
					0	1–2	3–5	6–9	10+	Do not know/missing	Total		
<b>Age</b>													
15–19	9.7	3.8	88.9	508	(23.2)	(49.3)	(20.3)	(3.2)	(4.0)	(0.0)	100.0	49	
20–24	9.2	2.2	88.9	479	26.8	46.0	14.5	2.6	6.0	4.0	100.0	44	
25–29	6.3	2.5	92.7	404	(9.0)	(42.9)	(33.2)	(1.2)	(13.6)	(0.0)	100.0	25	
30–34	4.1	1.4	95.1	341	*	*	*	*	*	*	100.0	14	
35–39	1.6	0.4	98.1	306	*	*	*	*	*	*	100.0	5	
40–44	1.8	1.1	97.4	246	*	*	*	*	*	*	100.0	5	
45–49	1.6	0.0	97.5	223	*	*	*	*	*	*	100.0	4	
<b>Residence</b>													
Urban	9.0	2.9	88.5	867	26.0	36.7	22.7	5.1	5.6	3.9	100.0	78	
Rural	4.1	1.5	95.5	1,641	16.7	59.3	16.4	1.7	5.9	0.0	100.0	67	
..Rural 1	5.2	1.9	94.3	272	(29.6)	(45.2)	(15.1)	(8.2)	(1.9)	(0.0)	100.0	14	
..Rural 2	3.9	1.4	95.7	1,369	(13.3)	(63.0)	(16.7)	(0.0)	(7.0)	(0.0)	100.0	53	
<b>Education</b>													
No education	2.2	0.2	97.8	128	*	*	*	*	*	*	100.0	3	
Primary	3.5	0.8	95.9	1,417	21.5	50.8	15.4	2.4	9.9	0.0	100.0	49	
Secondary	9.8	4.1	88.6	818	21.1	46.7	21.8	3.5	4.4	2.7	100.0	81	
More than secondary	9.0	3.3	87.3	144	*	*	*	*	*	*	100.0	13	
<b>Maternity status</b>													
Pregnant	4.3	1.4	94.5	183	*	*	*	*	*	*	100.0	8	
Breastfeeding (not pregnant)	3.5	1.6	95.7	494	*	*	*	*	*	*	100.0	17	
Neither	6.6	2.1	92.2	1,831	23.1	44.5	18.9	4.0	6.9	2.6	100.0	120	
<b>Wealth quintile</b>													
Lowest	2.9	0.5	96.8	441	*	*	*	*	*	*	100.0	13	
Second	3.5	1.9	96.0	496	*	*	*	*	*	*	100.0	18	
Middle	5.6	2.3	93.5	503	(18.2)	(49.6)	(25.8)	(5.5)	(1.0)	(0.0)	100.0	28	
Fourth	6.7	2.0	91.3	519	(8.7)	(49.1)	(28.4)	(5.2)	(4.9)	(3.7)	100.0	35	
Highest	9.4	2.8	88.8	549	38.0	33.1	17.4	2.9	5.1	3.4	100.0	52	
<b>Total</b>	<b>5.8</b>	<b>2.0</b>	<b>93.1</b>	<b>2,508</b>	<b>21.7</b>	<b>47.1</b>	<b>19.8</b>	<b>3.5</b>	<b>5.7</b>	<b>2.1</b>	<b>100.0</b>	<b>145</b>	

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

**Table 3.10.2: Use of tobacco — Men**

Percentage of men aged 15–49 who smoke cigarettes or a pipe or use other tobacco products, and the percent distribution of cigarette smokers by the number of cigarettes smoked in the 24 hours preceding the survey, according to background characteristics, Vanuatu 2013

Background characteristic	Cigarettes	Other tobacco	Does not use tobacco	Number of men	Number of cigarettes smoked in the 24 hours preceding the survey							Number of cigarette smokers
					0	1–2	3–5	6–9	10+	Do not know/missing	Total	
<b>Age</b>												
15–19	37.9	6.6	61.6	217	7.4	20.2	28.3	22.0	22.2	0.0	100.0	82
20–24	76.5	8.9	21.8	199	10.8	21.7	33.2	13.9	20.3	0.0	100.0	152
25–29	65.7	7.1	34.3	154	5.9	18.7	22.9	22.9	28.7	0.9	100.0	101
30–34	63.0	6.4	36.2	159	9.4	14.2	30.4	30.2	15.8	0.0	100.0	100
35–39	41.7	5.9	55.3	131	15.8	17.5	39.8	14.2	12.6	0.0	100.0	55
40–44	50.9	10.1	48.3	111	7.3	19.9	34.6	21.8	16.4	0.0	100.0	57
45–49	35.9	4.4	62.1	96	(4.3)	(10.5)	(42.2)	(35.6)	(7.4)	(0.0)	100.0	34
<b>Residence</b>												
Urban	53.7	9.8	44.0	388	10.9	20.5	26.1	20.6	21.5	0.5	100.0	209
Rural	55.0	5.6	44.5	680	7.9	17.3	34.6	22.0	18.2	0.0	100.0	374
..Rural 1	47.4	7.5	52.2	121	6.0	16.4	29.4	26.4	21.8	0.0	100.0	57
..Rural 2	56.6	5.2	42.8	559	8.2	17.5	35.5	21.2	17.6	0.0	100.0	316
<b>Education</b>												
No education	(42.5)	(8.0)	(55.7)	51	14.3	*	*	*	*	*	*	22
Primary	54.8	6.2	43.8	599	7.9	21.0	31.5	22.0	17.5	0.0	100.0	328
Secondary	56.9	8.5	42.3	337	9.7	14.1	32.6	21.4	21.7	0.5	100.0	192
More than secondary	50.3	7.7	48.5	80	11.0	(14.5)	(32.7)	(19.0)	(22.8)	(0.0)	100.0	40
<b>Wealth quintile</b>												
Lowest	66.2	8.3	33.8	161	8.9	20.6	31.4	19.1	19.9	0.0	100.0	106
Second	49.9	2.0	49.4	201	3.3	16.2	47.6	15.8	17.1	0.0	100.0	101
Middle	57.2	6.0	42.4	232	12.0	15.3	29.6	25.7	17.4	0.0	100.0	133
Fourth	49.2	10.7	48.2	248	7.0	23.0	22.8	21.0	25.4	0.8	100.0	122
Highest	53.3	8.2	45.0	226	12.4	17.3	29.1	24.3	16.9	0.0	100.0	121
<b>Total men aged 15–49</b>												
	54.5	7.1	44.3	1,068	9.0	18.5	31.5	21.5	19.4	0.2	100.0	582
<b>Total men aged 50+</b>												
	32.3	5.5	66.3	265	4.1	27.2	36.9	22.3	9.6	0.0	100.0	86
<b>Total men aged 15+</b>												
	50.1	6.8	48.7	1,333	8.3	19.6	32.2	21.6	18.1	0.1	100.0	668

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

## CHAPTER 4 FERTILITY

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### Key findings

- The total fertility rate for the three years preceding the survey is 4.2 births per woman, with rural women having at least one child more on average than urban women.
- Fertility decreased by 0.6 births between 1980 and 1989 and 2011 and 2013 (from 4.8 to 4.2 births per woman).
- Ni-Vanuatu women attain a parity of 4.6 children by the end of their reproductive period, taken as age group 45–49.
- The median birth interval among ni-Vanuatu women is 36 months. This means that half of non-first births to women in Vanuatu occur within 36 months of a preceding birth.
- 49% of births occur within three years of a previous birth, with 24% occurring within 24 months.
- 16% of teenage women have had a live birth or 4% are currently pregnant with their first child.

A major objective of the 2013 VDHS was to examine fertility levels, trends, and differentials in Vanuatu. Fertility is one of the three principal demographic components of population change, the others being mortality and migration. Vanuatu's population (234,023 as of the 2009 census) is growing at an annual rate of about 2.3%. The fertility of Vanuatu's population is relatively high, with a total fertility rate (TFR) of 4.2 children per woman.

The questions used in this survey to capture the fertility of women are different from those used in a population census, which accounts for any differences in the results. A population and housing census uses a *de facto* technique whereby details of people living in the households only during the census night are captured. The VDHS on the other hand, uses a sample and does capture details, especially those of children not currently living with the mother, along with other probing questions, thus providing a better chance to accurately measure fertility.

Vanuatu does not have a long history of fertility data but available data suggest that Vanuatu's fertility level has dropped from around 4.8 children per woman in the 1980s to around 4.2 in 2013. It has subsequently remained fairly constant at about 4.0 children per woman, suggesting that Vanuatu's population is experiencing a protracted demographic transition, with significantly reduced mortality rates but a stagnating decline in fertility.

This chapter analyses the fertility data collected in the 2013 VDHS. The analysis examines levels, trends and differentials in fertility by selected background characteristics. The fertility data include information on lifetime fertility (children ever born alive), data on recent fertility (births during the three years preceding the survey), age at first birth, and intervals between subsequent births. Special attention is accorded to teenage fertility because one of the core Millennium Development Goal (MDG) indicators for MDG goal 5 is to: 'Improve maternal health'.

Fertility data were collected by asking women of reproductive age 15–49 to provide complete birth histories that include all of their live births. For each reported live birth, respondents were asked to explicitly mention if the child was still living in the household, living elsewhere, or if it had died. In addition, the following information was recorded for each live birth: name, sex, date of birth, survival status, current age of the child (if still alive), and age at death (if the child had died). The birth histories constitute the core of any DHS and great care has been taken to ensure the information they contain is complete and accurate. Nevertheless, there are certain cultural practices that are known to affect the quality of the data obtained. Omission of live births that died shortly after delivery is one such practice, and reporting adopted children as one's own is also not uncommon. While the DHS birth histories typically represent the best quality demographic data available for fertility and mortality estimation, their validity may be affected to some degree by certain cultural factors.

## 4.1. FERTILITY LEVELS AND TRENDS

### 4.1.1 Fertility levels

Table 4.1 presents a number of selected measures of current fertility. These measures are calculated for the three-year period preceding the survey, which roughly corresponds to the calendar period 2011–2013, as the VDHS field work was carried out over a period of three months towards the end of 2013. Cumulative fertility data over a three-year period is done to ensure a sufficient number of cases, thereby enhancing the statistical validity of the results. The selected measures of current fertility include the following.

1. The age-specific fertility rate (ASFR) is expressed as the number of births per 1,000 women in a specified age group, and represents a valuable measure for assessing the current age pattern of childbearing. ASFR is calculated by dividing the number of live births to women in a specific age group by the number of woman-years lived in that age group.
2. The total fertility rate (TFR) is defined as the total number of births a woman would have by the end of her childbearing period if she were to pass through those years bearing children at the currently observed ASFR. TFR is obtained by summing the ASFR and multiplying by 5.
3. The general fertility rate (GFR) is the number of live births occurring during a specified period per 1,000 women.
4. The crude birth rate (CBR) is the number of births per 1,000 population during a specified period. It is estimated in conjunction with the population data obtained from the household schedule.

The overall TFR for ni-Vanuatu women over the three years preceding the survey is 4.2 children per woman (Table 4.1). TFR is higher for rural women (4.7) than for urban women (3.3). The difference between the total and rural values reflects the fact that most of Vanuatu's population live in rural areas (the proportion living in urban areas is only 25%, according to the 2009 population census). The difference in the fertility level between urban and rural women is substantial, and suggests somewhat better access to reproductive health services for women in urban areas. There are also distinct differences in terms of fertility between Rural 1 and Rural 2, with Rural 2 being more remote in terms of access to reproductive health services. The GFR and CBR values obtained in the 2013 VDHS show similar differences between urban and rural women.

**Table 4.1: Current fertility**

*Age-specific and total rate of fertility, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Vanuatu 2013*

Age group	Residence				Total
	Urban	Rural	..Rural 1	..Rural 2	
15–19	52	97	101	97	81
20–24	177	273	227	283	235
25–29	174	239	235	240	217
30–34	165	159	160	159	161
35–39	74	114	93	117	101
40–44	15	49	23	54	37
45–49	0	8	12	8	6
TFR	3.3	4.7	4.3	4.8	4.2
GFR	115	162	147	166	146
CBR	30.2	33.1	31.4	33.5	32.5

Notes: Age-specific fertility rates are per 1,000 women. Rates for the 45-49 age group may be slightly biased due to truncation. Rates are for the period 1–36 months prior to the survey.

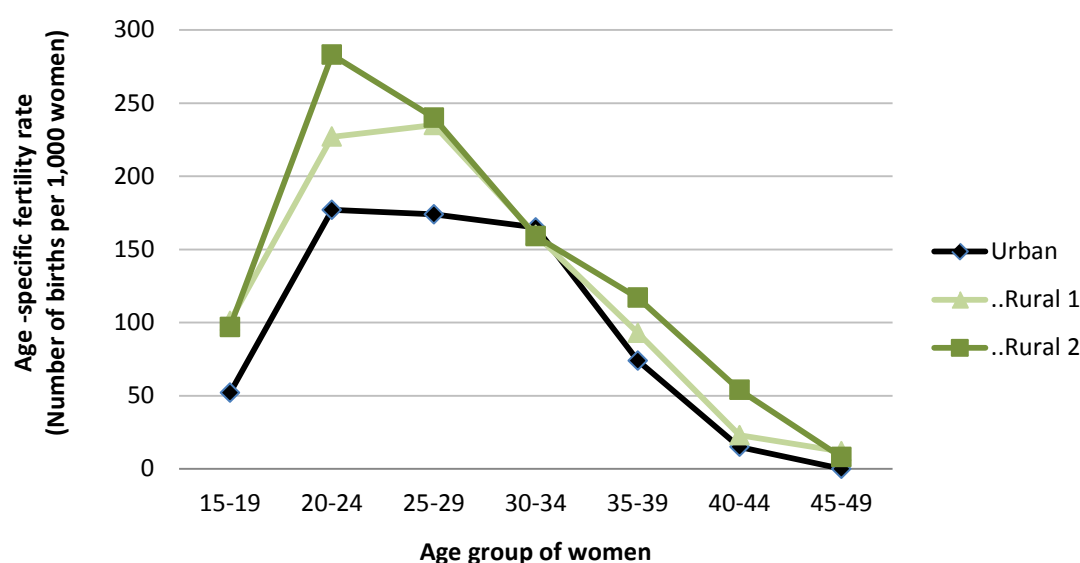
TFR = total fertility rate expressed per woman

GFR = general fertility rate expressed per 1,000 women

CBR = crude birth rate, expressed per 1,000 population



**Figure 4.1: Age-specific fertility rates by place of residence, Vanuatu 2013**



ASFRs (Fig. 4.1) reveal that in Vanuatu, all women tend to concentrate their childbearing from age 20 through 34, after which their fertility drops sharply. The age pattern of childbearing among women in Vanuatu’s rural areas tends to be more widely spread over ages 20–34, with a peak in the 20–24 age group. ASFRs are relatively low for the youngest age group (15–19) and the oldest (45–49) age group. It is not unusual for the values for rural women in these age groups to be higher than those for urban women.

Differentials in fertility levels by urban–rural residence, region, educational attainment, and wealth quintile are shown in Table 4.2. This table also presents the percentage of women aged 15–49 who are currently pregnant (which is a crude indicator of current fertility), and the mean number of children ever born to women aged 40–49 (which is a measure of completed fertility). The latter measure is indicative of the fertility of women who are, on average, 44.5. As shown by the ASFRs, a very small number of births occur among ni-Vanuatu women aged 45–49. Therefore, the implied completed fertility rate based on women aged 40–49 will be approximately the same as the average parity of women aged 45–49. The difference between the TFR (4.2) and the number of children ever born (4.5) is 0.3, indicating a small decline in fertility. The decline is larger for women in urban areas (0.6) than for those in rural areas (0.1).

Table 4.2 reveals urban–rural differentials that support the observation that Rural 1 could be considered to have peri-urban characteristics or have better access to reproductive health services because its fertility characteristics are distinct from those of Rural 2. The relatively higher percentage of currently pregnant women in Rural 2, and the above-average mean number of children ever born to women aged 40–49 among these women, is indicative of higher fertility levels in rural areas.

Fertility differentials according to educational attainment generally confirm that fertility and education tend to be inversely related (i.e. fertility is lower among women with more education). The 2013 VDHS results indicate that TFR for women with a secondary level education is 4.0 children per woman, which is less than that for women with only a primary education (4.3 children per woman).

Table 4.2 also reveals a high proportion of currently pregnant women (9%) among women with a secondary education, indicating that many ni-Vanuatu women commence childbearing soon after completing their secondary education. This finding is consistent with the observation that ASFRs are relatively low for women aged 15–19 and reach a high for women aged 20–24.

The results according to wealth quintile are quite consistent. The highest TFRs are found among women in the lowest wealth quintile, while the lowest TFRs are among women in the highest wealth quintile. The values range from 2.9 for women in the highest wealth quintile to 5.5 for women in the lowest wealth quintile. Similar patterns are obtained for the other indicators in Table 4.2 (proportion currently pregnant and mean parity for women aged 40–49). For each of these indicators the values increase as wealth quintile decreases, and decreases as education increases.

**Table 4.2: Fertility by background characteristics**

The total fertility rate for the three years preceding the survey, percentage of women aged 15–49 currently pregnant, and the mean number of children ever born to women aged 40–49 by background characteristics, Vanuatu 2013

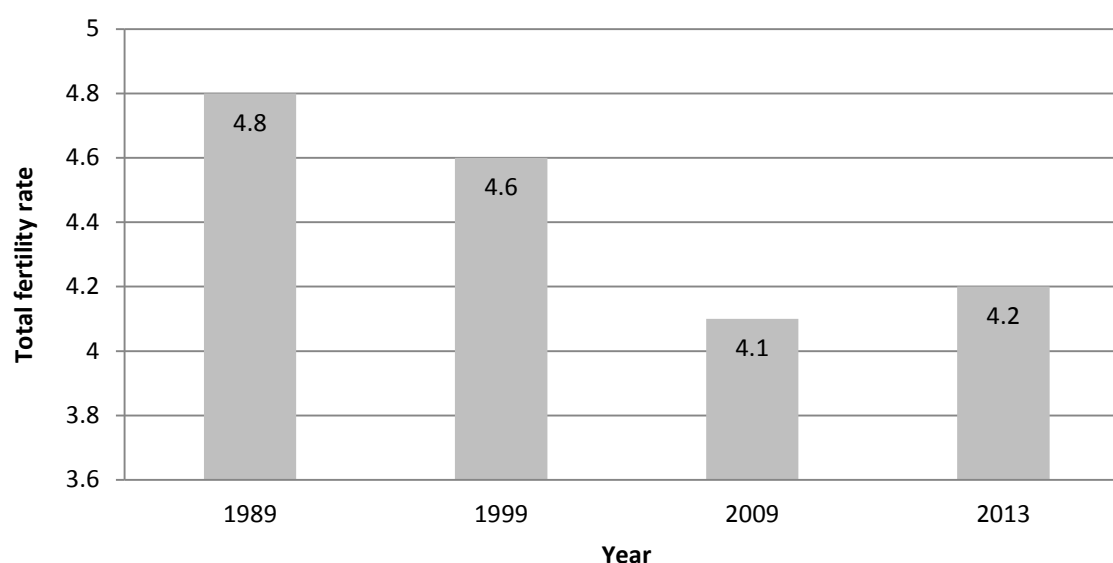
Background characteristic	Total fertility rate	Percentage women aged 15–49 currently pregnant	Mean number of children ever born to women aged 40–49
<b>Residence</b>			
Urban	3.3	7.2	3.9
Rural	4.7	7.3	4.8
..Rural 1	4.3	6.6	4.3
..Rural 2	4.8	7.5	4.9
<b>Education</b>			
No education	*	*	5.4
Primary	4.3	7.1	4.6
Secondary	4.0	8.7	3.9
More than secondary	*	*	3.5
<b>Wealth quintile</b>			
Lowest	(5.5)	*	5.7
Second	4.8	(8.0)	4.6
Middle	4.2	(6.7)	4.6
Fourth	3.9	7.9	4.0
Highest	2.9	(7.1)	3.7
<b>Total</b>	<b>4.2</b>	<b>7.3</b>	<b>4.5</b>

Notes:

- 1) With the exception of the total fertility rate (TFR), figures in parentheses are based on 25–49 unweighted cases.
- 2) An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
- 3) For TFR only, figures in parentheses are based on 500–750 unweighted cases.
- 4) TFRs replaced with asterisks indicate figures based on fewer than 500 unweighted case and have been suppressed.
- 5) TFRs are for the period 1–36 months prior to survey.

#### 4.1.2 Trends in fertility

Comparison of current fertility with completed fertility provides a rough indication of trends in fertility levels over the past 20 years (Fig. 4.2). As mentioned earlier, a comparison between the mean number of children ever born to women aged 40–49 and the current TFR in Table 4.2 indicates a change in fertility level, at least for the survey population as a whole.

**Figure 4.2: Trends in fertility rates, Vanuatu 1989–2013**

Source: VNSO 1989 (Census data); VNSO 1999 (Census data); VNSO 2009 (Census data); 2013 VDHS data

The national census data suggest that fertility in Vanuatu is experiencing a slightly accelerated decline. Over the last two decades, TFR declined by 0.2 births, from 4.8 in 1989 to 4.6 in 1999 (VNSO, 1989 and VNSO, 1999) and by 0.5 birth, from 4.6 in 1999 to 4.1 in 2009 (VNSO, 1999 and VNSO, 2009). However, compared with a TFR of 4.2 in the 2013 VDHS, it appears that fertility has remained unchanged in the past four years. But this is actually due to differences in methodology in data collection between surveys and censuses. However, as pointed out earlier, a comparison of TFR with completed fertility in the 2013 VDHS indicates a small decline in fertility.

An examination of ASFRs obtained in the 2013 VDHS reveals some trends that could point to a minor decline in fertility (Table 4.3). The values for the period 0–4 years preceding the survey show some declines from earlier periods, most notably for women aged 30–39. The data for the youngest age group of women (15–19) also suggest a slow declining trend. The rate for women aged 20–29 has remained almost the same, with some fluctuations, making it quite difficult to discern a clear pattern. However, this generally confirms the earlier observation that fertility levels among women have experienced a very small decline over the past 15 years.

**Table 4.3: Trends in age-specific fertility rates**

*Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Vanuatu 2013*

Mother's age at birth	Number of years preceding survey			
	0–4	5–9	10–14	15–19
15-19	78	80	97	82
20-24	237	223	236	240
25-29	219	204	223	219
30-34	168	182	177	220
35-39	98	103	157	-
40-44	41	38	-	-
45-49	9	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Rates exclude the month of the survey.

## 4.2. CHILDREN EVER BORN AND LIVING

Table 4.4 presents the distribution of all women and currently married women by the mean number of children ever born and the mean number of children surviving, according to five-year age groups. Lifetime fertility reflects the accumulation of births over the past 30 years, so its relevance to the current situation is limited. Nevertheless, information on the mean number of children ever born is useful in examining the variation among different age groups.

The distribution of children ever born by age shows that early childbearing is not common in Vanuatu; 88% of all women aged 15–19 have never given birth. The percentage drops to 12% for women aged 25–29, and to 5% or less among women aged 30 and older. Ni-Vanuatu women attain a parity of 4.6 children by the end of their reproductive period, taken as age group 45–49. This is only marginally higher than the TFR and indicates slow declining fertility levels, as noted above. Overall, 29% of all women aged 15–49 are childless, while less than 1% of women aged 15–49 have 10 or more children.

Of the ni-Vanuatu women aged 15–19, only 11% are currently married. Due to the relatively small sample size of the 2013 VDHS, their number is too small for statistical significance. The pattern of childless women by age group who are currently married is similar to that for all women, although married women are less likely to be childless, and suggests that by ages 30–34 about 95% of currently married women have given birth at least once. Overall, 7% of currently married women aged 15–49 are childless, while less than 1% of currently married women aged 15–49 have 10 or more children. The average parity for currently married women aged 45–49 is 4.8 children per woman. The differences in childbearing between all women and currently married women are relatively small and can be explained by the presence of some unmarried, widowed, divorced, or separated women in the 'all women' category. Differences tend to decrease with age, because by age 35, about 90% of women are currently married.

Voluntary childlessness is not common in Vanuatu, and currently married women with no live births are likely to be unable to bear children. The level of childlessness among married women at the end of their

reproductive lives can be used as an indicator of the level of primary sterility. Based on this premise, primary sterility among older, currently married women in Vanuatu would be approximately 2%.

The regular progression of average parities by age of woman suggests that the data quality in this regard is good. Differences between the number of children ever born and the number of children surviving are small, suggesting low infant and childhood mortality rates (see also Chapter 8 — Infant and Child Mortality); this confirms findings from other sources, such as census data.

**Table 4.4: Children ever born and living to women aged 15–49**

*Percent distribution of all women and currently married women by number of children ever born, mean number of children ever born and mean number of living children, according to age group, Vanuatu 2013*

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children	
	0	1	2	3	4	5	6	7	8	9	10+					
ALL WOMEN																
Age																
15–19	88.3	9.5	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.00	508	0.14	0.14
20–24	37.8	36.5	18.4	5.9	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.00	479	0.96	0.93
25–29	11.8	18.7	33.3	18.9	9.1	5.0	2.4	0.7	0.0	0.0	0.0	0.0	100.00	404	2.23	2.15
30–34	5.4	7.0	21.7	22.9	26.3	10.0	5.1	1.6	0.0	0.0	0.0	0.0	100.00	341	3.16	3.08
35–39	3.7	7.4	12.6	24.6	16.1	20.8	7.2	3.9	2.4	1.1	0.3	0.0	100.00	306	3.77	3.65
40–44	1.6	4.5	10.1	18.2	19.5	23.3	10.5	7.1	1.7	1.6	1.9	0.0	100.00	246	4.36	4.18
45–49	2.8	3.2	6.9	16.4	20.4	17.0	16.2	6.4	7.2	2.8	0.6	0.0	100.00	223	4.64	4.42
<b>Total</b>	<b>28.6</b>	<b>14.5</b>	<b>15.4</b>	<b>13.5</b>	<b>11.0</b>	<b>8.5</b>	<b>4.4</b>	<b>2.1</b>	<b>1.1</b>	<b>0.5</b>	<b>0.3</b>	<b>0.0</b>	<b>100.00</b>	<b>2,508</b>	<b>2.30</b>	<b>2.22</b>
CURRENTLY MARRIED WOMEN																
Age																
15–19	35.3	45.6	19.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.00	58	0.84	0.83
20–24	17.7	44.0	26.8	9.4	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.00	300	1.34	1.29
25–29	5.5	15.8	37.0	21.8	10.3	5.9	2.9	0.9	0.0	0.0	0.0	0.0	100.00	332	2.49	2.41
30–34	3.3	5.8	20.8	24.0	28.3	10.5	5.5	1.8	0.0	0.0	0.0	0.0	100.00	310	3.31	3.22
35–39	1.7	5.5	11.9	25.7	17.1	21.7	7.9	4.3	2.6	1.2	0.3	0.0	100.00	278	3.96	3.83
40–44	1.2	3.7	9.1	18.0	20.9	23.4	10.4	7.7	1.8	1.7	2.1	0.0	100.00	229	4.46	4.28
45–49	2.2	2.5	5.9	16.2	21.8	16.7	16.6	6.8	7.8	3.0	0.6	0.0	100.00	208	4.75	4.52
<b>Total</b>	<b>6.7</b>	<b>15.0</b>	<b>20.1</b>	<b>18.7</b>	<b>15.7</b>	<b>11.7</b>	<b>6.2</b>	<b>3.0</b>	<b>1.6</b>	<b>0.8</b>	<b>0.4</b>	<b>0.0</b>	<b>100.00</b>	<b>1,714</b>	<b>3.16</b>	<b>3.04</b>

### 4.3. BIRTH INTERVALS

A birth interval is defined as the length of time between two live births. The study of birth intervals is important for understanding the health status of young children. Research has shown that short birth intervals are closely associated with poor health of children, especially during infancy. Children born too close to a previous birth, especially if the interval between the births is less than two years, are at increased risk of health problems and dying at an early age. Longer birth intervals, on the other hand, contribute to the improved health status of both mother and child.

Birth intervals are studied using two measures: median birth interval and the proportion of non-first births that occur 24 months or more after the previous birth. Table 4.5 presents the distribution of second and higher-order births in the five years preceding the survey by the number of months since the previous birth, according to background characteristics. First births are omitted from the table because there is no prior birth with which to measure an interval. The table also shows the median number of months since the preceding birth.

**Table 4.5: Birth intervals**

Percent distribution of non-first births in the five years preceding the survey by the number of months since the preceding birth, and the median number of months since the preceding birth, according to background characteristics, Vanuatu 2013

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
<b>Age</b>									
15-19	*	*	*	*	*	*	100.0	11	32.8
20-29	15.0	16.2	28.2	16.1	12.5	12.0	100.0	519	31.4
30-39	9.3	9.8	19.7	18.6	13.5	29.2	100.0	507	42.4
40-49	4.3	7.6	29.3	6.6	20.3	31.9	100.0	99	48.8
<b>Birth order</b>									
2-3	11.1	12.6	22.8	17.2	14.0	22.3	100.0	639	37.2
4-6	12.1	12.4	25.3	14.6	12.0	23.6	100.0	428	36.1
7+	9.0	16.5	33.2	21.7	18.5	1.1	100.0	70	34.0
<b>Sex of preceding birth</b>									
Male	12.5	12.9	25.8	15.7	11.9	21.2	100.0	576	35.3
Female	10.2	12.6	22.9	17.4	15.2	21.7	100.0	560	37.5
<b>Survival of preceding birth</b>									
Living	11.1	12.5	24.3	16.7	13.7	21.6	100.0	1,101	36.6
Dead	(18.9)	(19.8)	(28.3)	(10.5)	(6.3)	(16.3)	100.0	36	32.2
<b>Residence</b>									
Urban	10.6	10.9	18.9	15.1	14.4	30.1	100.0	273	43.3
Rural	11.6	13.4	26.2	16.9	13.2	18.7	100.0	863	35.4
..Rural 1	7.2	12.9	25.0	18.7	13.4	22.8	100.0	108	38.8
..Rural 2	12.2	13.4	26.3	16.7	13.2	18.1	100.0	755	35.0
<b>Education</b>									
No education	18.0	17.8	18.5	21.8	7.5	16.4	100.0	82	35.2
Primary	10.9	10.6	25.1	15.5	14.3	23.6	100.0	710	36.8
Secondary	11.2	16.0	24.0	18.1	13.4	17.2	100.0	316	34.5
More than secondary	(7.0)	(15.9)	(27.9)	(7.3)	(13.0)	(28.9)	100.0	29	34.8
<b>Wealth quintile</b>									
Lowest	15.1	12.9	27.9	15.6	13.9	14.7	100.0	307	31.9
Second	9.2	16.9	24.4	15.4	13.0	21.2	100.0	253	35.8
Middle	11.9	10.1	26.4	16.6	12.5	22.5	100.0	209	36.7
Fourth	8.4	12.9	22.4	18.0	14.0	24.2	100.0	217	39.5
Highest	11.1	9.0	17.6	17.9	14.2	30.1	100.0	151	43.8
<b>Total</b>	<b>11.4</b>	<b>12.8</b>	<b>24.4</b>	<b>16.5</b>	<b>13.5</b>	<b>21.5</b>	<b>100.0</b>	<b>1,136</b>	<b>36.5</b>

Notes:

1) First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

2) An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

Among ni-Vanuatu women, 24% of non-first births take place within 24 months of a preceding birth. Another 24% of births take place 24–35 months after a previous birth. In general, the median length of birth interval is 36 months.

Younger women have shorter birth intervals than older women. The median length of birth interval is notably lower for women aged 20–29 (31.4 months), and considerably higher for women aged 40–49 (48.8 months). The pattern is reversed for median birth intervals by birth order, which is 37.2 months for birth order 2–3 declining to 34.0 months for birth order 7 or higher.

The birth interval is likely to be two months longer if the preceding child is a girl (birth interval of 37.5 months) than if the preceding child is a boy (birth interval of 35.3 months). Birth interval is four months shorter if the previous birth is dead (32.2 months) than for those with a surviving prior sibling whose birth interval is 36.6 months.

The difference in interval for births born in urban and rural areas is significant: 43.3 months for urban and 35.4 months for rural areas. Women’s economic status is positively related to the median length of birth interval but does not seem to have a clear relationship with education. Women in the poorest wealth quintile have the shortest birth interval (31.9 months) while those in the wealthiest wealth quintile have the longest (43.8 months).

#### 4.4. AGE AT FIRST BIRTH

The age at which childbearing begins has important demographic consequences for society as a whole as well as for the health and welfare of mother and child. One of the factors that determine the level of fertility in a population is age at first birth. Women who marry early are typically exposed to the risk of pregnancy for a longer period, especially when there is little or no contraceptive use. Thus, early childbearing generally leads to a larger family size than later onset of childbearing. A rise in the median age at first birth is typically a sign of a transition from high to low fertility. In many countries, postponement of first births, reflecting a rise in age at marriage, has made a large contribution to overall fertility decline. Table 4.6 shows the percentage of women aged 15–49 who gave birth by specific exact ages, the percentage who have never given birth, and the median age at first birth, according to current age.

**Table 4.6: Age at first birth for women aged 15–49**

*Percentage of women aged 15–49 who gave birth by exact ages, percentage who have never given birth, and the median age at first birth, according to current age, Vanuatu 2013*

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
<b>Age</b>								
15–19	1.2	na	na	na	na	88.3	508	a
20–24	1.8	13.3	34.2	na	na	37.8	479	a
25–29	3.3	17.3	40.5	59.3	83.7	11.8	404	20.9
30–34	2.5	15.9	35.9	62.4	83.0	5.4	341	21.1
35–39	3.4	13.3	36.1	58.6	80.2	3.7	306	21.1
40–44	4.1	17.5	32.5	53.1	80.0	1.6	246	21.7
45–49	4.6	18.1	35.9	56.6	68.9	2.8	223	21.2
20–49	3.1	15.6	36.0	na	na	13.4	2,000	a
25–49	3.5	16.3	36.6	58.5	80.1	5.8	1,521	21.2

na = not applicable

a = omitted because less than 50% of women had a birth before reaching the beginning of the age group

Overall, the median age at first birth for women is 21.2. This means that half of all women delay childbearing until after age 21, although this is quite a young age, and this is evidenced by the relatively moderate percentages for first births at younger ages in Table 4.6.

The median age at first birth for the youngest cohort for whom a median could be calculated (women aged 25–29) is 20.9. For the other cohorts, the median ages at first birth are not significantly different from the overall average. The values in Table 4.6 show no evidence of an upward or downward trend. The percentages of first births occurring at specified exact ages also do not indicate a clear trend among women.

#### 4.5. MEDIAN AGE AT FIRST BIRTH BY BACKGROUND CHARACTERISTICS

Differentials in median age at first birth by socioeconomic and demographic characteristics of ni-Vanuatu women aged 25–49 are shown in Table 4.7.

The differential in median age at first birth by residence is fairly small: 21.7 for urban women and 20.9 for rural women. Median age at first birth generally increases with education and wealth quintile. The median age at first birth for women with more than a secondary education is one to two years higher than those with a secondary or less education.

**Table 4.7: Median age at first birth for women aged 20–49**

*Median age at first birth among women aged 20–49 (25–49), according to background characteristics, Vanuatu 2013*

Background characteristic	Age						Women's age
	20–24	25–29	30–34	35–39	40–44	45–49	25–49
<b>Residence</b>							
Urban	a	22.0	21.3	22.1	21.6	21.1	21.7
Rural	a	20.4	21.1	20.6	21.7	21.3	20.9
..Rural 1	a	21.8	21.2	21.1	21.7	20.9	21.3
..Rural 2	a	20.2	21.1	20.5	21.7	21.4	20.9
<b>Education</b>							
No education	19.7	24.2	19.1	20.1	21.0	21.5	20.9
Primary	a	19.8	20.7	20.6	21.7	20.8	20.6
Secondary	a	22.3	21.8	22.1	21.9	21.7	22.1
More than secondary	a	23.3	21.7	23.2	22.4	25.9	23.2
<b>Wealth quintile</b>							
Lowest	19.6	20.2	21.7	20.9	22.2	20.6	21.1
Second	a	19.7	20.6	20.1	20.3	21.6	20.3
Middle	a	21.2	20.8	21.4	21.4	20.8	21.2
Fourth	a	21.8	20.5	21.3	22.4	21.8	21.4
Highest	a	22.3	22.1	22.1	21.4	21.0	22.0
<b>Total</b>	<b>a</b>	<b>20.9</b>	<b>21.1</b>	<b>21.1</b>	<b>21.7</b>	<b>21.2</b>	<b>21.2</b>

a = omitted because less than 50% of the women had a birth before reaching the beginning of the age group

#### 4.6. TEENAGE FERTILITY

Childbearing by adolescents has potentially negative demographic and social consequences. One of the key components of Vanuatu's population policy is to reduce overall fertility and focus on teenage pregnancy. Children born to very young mothers tend to be predisposed to a higher risk of illness and death. Also, teenage mothers are more likely to experience complications during pregnancy and are less likely to be prepared to deal with such complications, which often lead to morbidities or even maternal death. From a social perspective it is to be noted that early entry into reproduction denies young women the opportunity to pursue academic or working careers. Consequently, younger mothers tend to have less education and lower earning potential. Finally, the psychological immaturity that characterises most teenagers is likely to have detrimental effects on the wellbeing of both mother and child.

Table 4.8 shows the percentage of women aged 15–19 who were mothers or were pregnant with their first child at the time of the 2013 VDHS, by selected background characteristics.

**Table 4.8: Teenage pregnancy and motherhood**

Percentage of women aged 15–19 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing, by background characteristics, Vanuatu 2013

Background characteristic	Percentage who:			Number of women
	Have had a live birth	Are pregnant with first child	Who have begun childbearing	
<b>Age</b>				
15	1.1	0.0	1.1	117
16	0.6	1.3	1.8	83
17	7.8	2.5	10.3	95
18	18.5	8.6	27.1	122
19	30.4	7.3	37.8	91
<b>Residence</b>				
Urban	8.5	4.3	12.8	172
Rural	13.3	3.9	17.3	336
..Rural 1	14.7	2.4	17.1	63
..Rural 2	13.0	4.3	17.3	273
<b>Education</b>				
No education	*	*	*	8
Primary	14.8	4.8	19.6	261
Secondary	7.9	3.6	11.4	226
More than secondary	*	*	*	14
<b>Wealth quintile</b>				
Lowest	11.8	3.9	15.7	84
Second	17.7	2.5	20.2	104
Middle	8.9	6.4	15.3	109
Fourth	14.2	3.8	18.0	92
Highest	7.0	3.5	10.5	119
<b>Total</b>	<b>11.7</b>	<b>4.0</b>	<b>15.7</b>	<b>508</b>

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed.

The results in Table 4.8 provide additional insight into the fertility of adolescent women. Overall, nearly 12% of teenage women aged 15–19 have had a live birth, while another 4% are pregnant with their first child. The results clearly show that childbearing remains sporadic among ni-Vanuatu teenagers, at least until the age of 17. After age 17, the proportion of teenagers who have had a live birth increases dramatically.

The differentials in the percentages of urban and rural women who have had a live birth reveal a typical finding: that the percentage of teenage women in rural areas who have begun childbearing is higher than that for teenage women in urban areas. This is consistent with the earlier finding that the ASFR for rural women aged 15–19 is higher than that for urban women.

The percentage who have begun childbearing by wealth quintile are fluctuating, which may be due to the small absolute numbers of women. Nevertheless, it may be noted that the percentage is lowest for women in the highest wealth quintile and highest for those in the second wealth quintile.



### Key findings

- Knowledge of family planning in Vanuatu is high, although this does not translate into behaviour because contraceptive usage is low for all women (at 38%). The level of awareness in married men and sexually active unmarried men is universal at around 99%.
- Awareness of family planning is higher for currently married women than for all women.
- 90% of all women know of a modern method of birth control compared with 62% who know of a traditional method.
- Contraceptive use among all women increases with age, peaking around the early 30s and declining thereafter. Over half of all men (58%) and currently married men (61%) aged 15–49 have used a male-oriented modern method of contraception at some time, in particular the male condom, which has been used by 80% of sexually active unmarried men.
- The overall contraceptive prevalence rate among all women is 38%.
- Birth control pills and injectable contraceptives are more popular among younger women than older women.
- Older women with a primary education tend to use female sterilization.
- Women in urban areas are slightly more likely to use contraceptive methods (51%) than rural women (48%).

### Introduction

This chapter presents the 2013 VDHS findings on contraceptive knowledge, use of and attitudes towards, as well as sources and costs of contraceptives, and exposure to media messages about family planning. The information is particularly useful for policy-makers, programme managers, and researchers in population and family planning, and provides a means of assessing the success of Vanuatu's family planning programme. Although the focus is on women, some results from the men's survey are also presented because men play an important role in realising women's reproductive goals. Data are also presented on exposure to family planning messages through the media, sources and costs of contraception, contact with family planning providers, and a husband's knowledge about his wife's use of contraception.

### 5.1. KNOWLEDGE OF CONTRACEPTIVE METHODS

A major objective of the 2013 VDHS was to assess the level of knowledge of contraceptive methods among women and men. Acquiring knowledge about contraceptive methods is an important step towards gaining access to family planning services and then adopting a suitable contraceptive method in a timely and effective manner. Information on knowledge of contraception was collected in two ways. Respondents were asked to mention all the ways or methods couples can use to avoid or delay pregnancy. When a respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent knew of it. Using this approach, information was collected for 10 modern family planning methods: female and male sterilization, birth control pills, intrauterine device (IUD), injectable contraceptives, implants, male and female condoms, the lactational amenorrhoea method (LAM), and emergency contraception. Information was also collected on two traditional methods: rhythm and withdrawal. Provision was also made in the questionnaire to record any other methods named spontaneously by respondents, which were coded as 'folk methods'. This report combines both prompted and unprompted knowledge. Thus, knowledge of a family planning method in the 2013 VDHS is defined simply as having heard of a method.

Table 5.1 shows the percentage of all women and men, currently married women and men, and sexually active unmarried women and men (aged 15–49) who have heard of at least one specific contraceptive method. A slightly higher percentage of men (98%) than women (91%) know of at least one method of contraception. The level of contraceptive awareness is almost universal (99%) among currently married and

sexually active unmarried men. The level of knowledge of contraceptive methods among currently married women is higher than that among all women.

Modern methods are more widely known than traditional methods: 90% of all women know of a modern contraceptive method, compared with 62% who know of a traditional method. Among all women, male condoms are the most commonly known method (84%), followed by birth control pills (80%), injectable contraceptives (78%), and female sterilization (72%). Emergency contraception, which is the second-least known of the modern methods, is known by only 16% of all women, while only 7% of all women know about implants. Among the traditional methods, withdrawal is the most commonly known one (48%), followed closely by the rhythm method (47%); a small proportion of women (10%) mentioned folk methods.

Among currently married women, 94% know of at least one modern method of contraception, and 69% know of a traditional method. Among modern methods, the top three methods known by 88% of currently married women are birth control pills, male condom, and injectable contraceptives, followed by female sterilization (78%). Emergency contraception, known by 17% of currently married women, is the second-least known modern method. Only 8% of currently married women know about implants.

Knowledge of at least one modern contraceptive method is slightly higher among men than women — 96% of all men compared with 90% of all women. As with women (62%), lower than men (75%) know of a traditional method. The most commonly known modern method is the male condom, reported by 95% of both all men and currently married men. Emergency contraception is known by 14% of all men and 17% of currently married men. Only 13% of all men and 15% of all currently married men know of implants. The rhythm method is known by 34% of all men and 42% of currently married men. Knowledge of specific modern methods of contraception, with the exception of male and female condoms and implants, is lower among all men and currently married men than among women. The majority of Vanuatu women and men aged 15–49 have heard of at least four contraceptive methods.

**Table 5.1: Knowledge of contraceptive methods**

*Percentage of all respondents, currently married respondents and sexually1 active unmarried respondents aged 15–49 who know any contraceptive method, by specific method, Vanuatu 2013*

Method	Women			Men		
	All women	Currently married women	Sexually active unmarried woman <sup>1</sup>	All men	Currently married men	Sexually active unmarried men <sup>1</sup>
Any method	90.6	94.9	85.7	97.7	99	99
Any modern method	90	94.1	85.7	96.4	97.3	99
Female sterilization	71.5	78.4	60.3	59	68.7	56.6
Male sterilization	52.7	60.5	33.8	49.3	58.9	38.7
Pill	80.1	88.2	71.4	64.5	74.8	56.9
Intrauterine device (IUD)	63.6	71.8	50.6	39.2	48.9	30.1
Injectable	78.5	87.5	62.4	47.1	59.4	37.2
Implants	7.4	8	3.8	13	15.1	15.7
Male condom	84.5	88.1	84.5	94.6	94.7	97.6
Female condom	63	65.4	64.9	69.1	72.2	78.2
Lactational amenorrhea (LAM)	23.4	27.7	15.3	14	18	13.4
Emergency contraception	16.1	16.9	15.6	13.7	16.6	16.6
Any traditional method	61.7	68.8	56.3	74.6	82.4	76.8
Rhythm	47.3	53	46.9	34	42.4	29.6
Withdrawal	48.3	55.5	40.7	69.2	74.9	75.4
Folk method	10.5	11.5	8.6	12.2	17	8.5
Mean number of methods known by respondents aged 15–49	6.5	7.1	5.6	5.8	6.6	5.5
<b>Number of respondents</b>	<b>2,508</b>	<b>1,714</b>	<b>101</b>	<b>1,068</b>	<b>637</b>	<b>111</b>
Mean number of methods known by respondents aged 15+	na	na	na	5.8	6.5	5.6
<b>Number of respondents</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,333</b>	<b>869</b>	<b>112</b>

<sup>1</sup> Had last sexual intercourse within the 30 days preceding the survey.  
na = not applicable

Table 5.2 shows differentials in knowledge of any contraceptive method and any modern contraceptive method among currently married women and men aged 15–49 by background characteristics. Knowledge of at least one modern method is high in almost all categories. Knowledge of at least one modern method appears to be similar across wealth quintiles, educational levels and urban–rural residences. There were no apparent differences among men by background characteristics.

**Table 5.2: Knowledge of contraceptive methods by background characteristics**

*Percentage of currently married women and currently married men aged 15–49 who have heard of at least one contraceptive method and who have heard of at least one modern<sup>1</sup> method by background characteristics, Vanuatu 2013*

Background characteristic	Women			Men		
	Heard of any method	Heard of any modern method <sup>1</sup>	Number	Heard of any method	Heard of any modern method <sup>1</sup>	Number
<b>Age</b>						
15–19	87.6	87.6	58	*	*	8
20–24	96.8	95.6	300	100.0	100.0	59
25–29	95.7	94.4	332	99.1	99.1	111
30–34	94.7	94.2	310	99.7	96.7	140
35–39	93.1	93.1	278	100.0	97.6	123
40–44	97.2	97.2	229	98.0	97.0	106
45–49	92.9	90.9	208	96.9	93.7	91
<b>Residence</b>						
Urban	98.1	98.0	540	98.7	96.0	205
Rural	93.4	92.3	1,174	99.2	97.9	432
..Rural 1	98.6	98.3	181	98.9	98.9	71
..Rural 2	92.4	91.2	993	99.2	97.7	361
<b>Education</b>						
No education	85.5	83.0	101	*	*	32
Primary	94.2	93.1	1,042	99.1	97.4	380
Secondary	97.6	97.6	486	98.4	98.4	174
More than secondary	98.8	98.8	84	100.0	100.0	49
<b>Wealth quintile</b>						
Lowest	89.1	87.9	315	100.0	95.1	111
Second	92.8	90.9	365	100.0	100.0	118
Middle	96.5	96.0	347	99.5	98.6	147
Fourth	97.3	97.2	359	97.5	94.5	146
Highest	98.3	98.0	329	98.4	98.4	115
<b>Total men aged 15–49</b>	<b>94.9</b>	<b>94.1</b>	<b>1,714</b>	<b>99.0</b>	<b>97.3</b>	<b>637</b>
Total men aged 50+	na	na	0	94.7	91.2	232
Total men aged 15+	na	na	0	97.9	95.7	869

<sup>1</sup> Modern methods: Female sterilizations, male sterilizations, pill, intrauterine device (IUD), injectables, implants, male condom, female condom lactational amenorrhoea method (LAM), and emergency contraception.

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases. na = not applicable

## 5.2. EVER USE OF CONTRACEPTION

All women interviewed in the survey who said they had heard of a method of family planning were asked whether they had ever used that method. Men were asked if they had ever used ‘male-oriented’ methods, such as male sterilization, condoms, rhythm or withdrawal. Table 5.3.1 shows the percentage of all women and currently married women who have ever used specific methods of family planning, by age, and Table 5.3.2 shows comparable information for men.

Some 63% of all women have used a method of contraception at some time; the majority (56%) have used a modern method and about one-quarter (24%) have used a traditional method (Table 5.3.1). Among modern methods, birth control pills are the most commonly used method (28%), followed by injectable contraceptives (24%), and male condoms (21%). Male sterilization, female condoms, and emergency contraception are the least used methods. Among traditional methods, withdrawal (16%) and rhythm (11%) are the most commonly used methods. The use of any contraceptive method among all women increases with age, peaking in their early 30s and declining thereafter.

About 78% of currently married women have used a contraceptive method at some time, 69% have used a modern method and 30% have used a traditional method. Birth control pills (used by 38% of women) and injectable contraceptives (used by 32% of women) are the most two commonly used methods among currently married women, followed by the male condom (used by 22% of women).

The use of any modern contraceptive method among currently married women increases with age, peaking around their 30s and declining in their 40s.

Table 5.3.2 shows the percentage of all men and currently married men aged 15–49 who reported having ever used any male methods of contraception — male sterilization, male condoms, rhythm and withdrawal. Over half of all men (58%) and currently married men (61%) aged 15–49 have used a male-oriented modern method of contraception at some time, especially, the male condom. This most popular male method has been used by 80% of sexually active unmarried men. Male condoms are more popular than withdrawal, which is used by 45% of all men. Male sterilization is practically non-existent in Vanuatu; only about 1% of all men reported ever using male sterilization.

Ever use of any modern method among all men is lowest among teenagers and highest among the middle-aged years of 30–34, 73% of whom have ever used a modern method. A similar age pattern of modern contraceptive use may be discerned among currently married men.

Ever use of contraception is higher among all men than all women aged 15–49, with considerably higher proportions of men than women reporting having used male condoms and withdrawal. Of the two traditional methods, withdrawal is reported as being used more often by men (45%) than the rhythm method (18%); among currently married men, the withdrawal method is used by 54%, and the rhythm method by 26%.

**Table 5.3.1: Ever use of contraception — Women**

Percentage of all women, currently married women, and sexually active unmarried women aged 15–49 who have ever used any contraceptive method by method, according to age, Vanuatu 2013

Age	Modern method											Traditional method			Number of women	
	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Male condom	Female condom	LAM	Emergency contraception	Any traditional method	Rhythm	Withdrawal		Folk method
ALL WOMEN																
Age																
15–19	21.0	18.8	0.0	0.2	2.0	0.4	2.0	14.1	0.8	1.3	0.4	5.9	2.0	4.3	0.3	508
20–24	62.3	55.1	0.2	0.0	21.3	2.0	19.9	32.3	2.1	3.7	0.6	23.1	9.9	16.8	0.6	479
25–29	74.1	63.7	2.5	0.0	36.3	6.6	32.9	27.0	1.7	5.8	0.6	34.5	12.6	24.6	1.0	404
30–34	82.0	73.5	9.4	0.4	45.6	7.7	40.2	24.7	2.9	4.5	1.6	35.7	20.2	21.1	2.5	341
35–39	79.9	71.8	13.9	1.0	41.3	9.0	35.4	16.0	1.5	4.4	0.1	28.3	15.1	17.5	1.8	306
40–44	78.3	69.9	22.9	2.5	35.5	8.5	27.6	14.3	0.7	4.9	0.0	30.7	14.1	18.7	1.9	246
45–49	73.0	65.1	25.4	2.6	33.4	6.7	21.6	8.0	0.5	4.0	1.0	19.6	9.0	11.9	2.3	223
<b>Total</b>	<b>63.2</b>	<b>56.0</b>	<b>7.9</b>	<b>0.7</b>	<b>28.1</b>	<b>5.1</b>	<b>23.9</b>	<b>20.8</b>	<b>1.5</b>	<b>3.9</b>	<b>0.6</b>	<b>24.2</b>	<b>11.1</b>	<b>15.9</b>	<b>1.3</b>	<b>2,508</b>
CURRENTLY MARRIED WOMEN																
Age																
15–19	56.4	51.8	0.0	0.0	15.0	0.0	15.7	23.1	2.3	9.1	1.8	14.8	2.4	12.5	0.0	58
20–24	74.7	67.8	0.3	0.0	31.9	2.8	27.7	35.3	1.9	4.8	0.4	27.4	11.9	19.6	0.9	300
25–29	77.8	65.7	2.9	0.0	39.0	7.2	35.8	25.7	2.1	6.2	0.6	37.2	13.0	26.3	1.3	332
30–34	84.4	75.6	9.9	0.4	48.2	7.5	42.8	24.1	2.1	4.9	1.6	36.9	20.1	21.9	2.7	310
35–39	82.8	74.1	14.7	1.1	43.2	8.4	36.3	16.8	1.6	4.7	0.1	29.7	16.4	17.8	2.0	278
40–44	78.8	70.1	23.7	2.6	35.1	9.0	26.8	14.5	0.7	4.8	0.0	29.9	14.2	17.3	2.1	229
45–49	72.4	64.5	25.0	2.8	33.2	6.7	22.4	8.6	0.5	4.3	1.1	20.2	9.5	12.1	2.5	208
<b>Total</b>	<b>78.0</b>	<b>69.2</b>	<b>11.0</b>	<b>0.9</b>	<b>38.1</b>	<b>6.6</b>	<b>32.2</b>	<b>22.0</b>	<b>1.6</b>	<b>5.1</b>	<b>0.7</b>	<b>30.4</b>	<b>14.0</b>	<b>19.6</b>	<b>1.8</b>	<b>1,714</b>
SEXUALLY ACTIVE UNMARRIED WOMEN <sup>1</sup>																
Age																
15–19	(51.3)	(44.1)	(0.0)	(0.0)	(1.3)	(0.0)	(0.0)	(42.8)	(3.3)	(0.0)	(0.0)	(16.8)	(7.2)	(11.1)	(2.8)	48
20–24	(57.6)	(32.7)	(0.0)	(0.0)	(8.1)	(0.0)	(2.9)	(29.8)	(0.7)	(0.0)	(2.9)	(31.8)	(15.8)	(27.0)	(0.0)	30
25–29	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	11
30–34	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	6
35–39	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	3
40–44	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	1
45–49	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2
<b>Total</b>	<b>60.3</b>	<b>49.4</b>	<b>2.0</b>	<b>0.0</b>	<b>9.7</b>	<b>2.3</b>	<b>8.6</b>	<b>43.4</b>	<b>5.2</b>	<b>0.8</b>	<b>0.9</b>	<b>24.7</b>	<b>11.1</b>	<b>20.3</b>	<b>1.3</b>	<b>101</b>

LAM = lactation amenorrhea method

<sup>1</sup> Women who had sexual intercourse within the 30 days preceding the survey.

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

**Table 5.3.2: Ever use of contraception — Men**

Percentage of all men, currently married men, and sexually active unmarried men aged 15–49 who have ever used any contraceptive method by method, according to age, Vanuatu 2013

Age	Modern method				Traditional method			Number of men
	Any method	Any modern method	Male sterilization	Male condom	Any traditional method	Rhythm	Withdrawal	
ALL MEN								
Age								
15–19	42.6	39.4	0.2	39.2	19.5	0.0	19.5	217
20–24	83.8	72.4	0.6	72.4	53.2	11.7	50.6	199
25–29	82.0	69.1	0.3	69.1	58.2	23.2	47.0	154
30–34	84.5	73.1	0.0	73.1	63.6	23.0	57.3	159
35–39	86.0	64.4	1.2	63.5	64.5	37.6	49.4	131
40–44	72.9	48.6	1.8	47.1	62.2	26.8	52.2	111
45–49	69.6	28.0	0.7	28.0	59.5	19.9	55.2	96
<b>Total men aged 15–49</b>	<b>73.1</b>	<b>57.9</b>	<b>0.6</b>	<b>57.6</b>	<b>51.5</b>	<b>18.2</b>	<b>45.2</b>	<b>1,068</b>
Total men aged 50+	66.7	21.8	2.4	20.2	60.1	15.3	52.1	265
Total men aged 15+	71.8	50.7	0.9	50.1	53.2	17.6	46.6	1,333
CURRENTLY MARRIED MEN								
Age								
15–19	*	*	*	*	*	*	*	8
20–24	92.4	79.0	0.0	79.0	64.4	15.3	64.0	59
25–29	80.6	66.9	0.4	66.9	58.2	24.6	46.5	111
30–34	88.0	75.7	0.0	75.7	66.7	24.0	59.8	140
35–39	86.0	63.3	0.2	63.3	68.0	39.6	52.0	123
40–44	74.9	49.3	1.9	47.8	63.6	26.5	53.1	106
45–49	68.6	27.9	0.7	27.9	58.3	19.7	53.7	91
<b>Total aged 15–49</b>	<b>81.9</b>	<b>61.2</b>	<b>0.5</b>	<b>60.9</b>	<b>63.1</b>	<b>25.9</b>	<b>54.0</b>	<b>637</b>
Total aged 50+	69.0	21.1	2.7	19.3	62.7	15.0	54.6	232
Total aged 15+	78.5	50.5	1.1	49.8	63.0	23.0	54.1	869
SEXUALLY ACTIVE UNMARRIED MEN <sup>1</sup>								
Age								
15–19	(79.2)	(67.4)	(0.0)	(67.4)	(45.3)	(0.0)	(45.3)	31
20–24	93.4	88.6	0.4	88.6	50.7	11.2	47.4	58
25–29	*	*	*	*	*	*	*	17
30–34	*	*	*	*	*	*	*	4
35–39	*	*	*	*	*	*	*	2
40–44	-	-	-	-	-	-	-	0
45–49	-	-	-	-	-	-	-	0
<b>Total aged 15–49</b>	<b>87.8</b>	<b>79.5</b>	<b>0.2</b>	<b>79.5</b>	<b>52.4</b>	<b>11.6</b>	<b>46.6</b>	<b>111</b>
Total aged 50+	*	*	*	*	*	*	*	1
Total aged 15+	87.9	79.7	0.2	79.7	52.7	12.2	46.2	112

<sup>1</sup> Men who had sexual intercourse within the 30 days preceding the survey.

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 5.3. CURRENT USE OF CONTRACEPTIVE METHODS

This section presents information on the prevalence of contraceptive use among all women, and currently married women aged 15–49. The level of current use is the most widely used measure of the success of a family planning programme. Furthermore, it has been used to estimate the reduction in fertility that is attributable to contraception. The contraceptive prevalence rate is usually defined as the percentage of currently married women aged 15–49 that were using a method of contraception at the survey date.

Table 5.5 shows that the overall contraceptive prevalence rate among of all women is 38%, with 29% using a modern method and 9% using a traditional method.

The most widely used methods of contraception include female sterilization (8%), birth control pills (8%) and injectable contraceptives (7%), followed by the rhythm method, which is used by 5% of all women. Modern contraceptive use for all women rises with age, peaks at 40% among women aged 30–34, and then fluctuates.

Among currently married women, 49% reported using any method, and 37% reported using a modern method. The proportion of currently married women that are currently using any modern method of contraception rises with age, peaking in age group 30–34. Birth control pills and injectable contraceptives are more popular among younger women, whereas older women tend to use female sterilization. The rhythm and withdrawal methods are more common among the age groups 25–29 to 40–44.

Contraceptive use is higher among married women (49%) than among all women (38%) (Table 5.5). Similarly, modern contraceptive use is higher among currently married women (37%) than among all women (29%).

**Table 5.4: Current use of contraception by age**

Percent distribution of all women, currently married women, and sexually active unmarried women aged 15–49 by contraceptive method currently used, according to age, Vanuatu 2013

Age	Modern method										Traditional method					Number of women	
	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Male condom	Female condom	LAM	Any traditional method	Rhythm	Withdrawal	Folk method	Not currently using		Total
ALL WOMEN																	
Age																	
15–19	9.0	7.4	0.0	0.0	1.0	0.2	0.8	4.5	0.2	0.7	1.6	1.3	0.3	0.0	91.0	100.0	508
20–24	31.9	25.3	0.2	0.0	8.7	0.5	10.0	5.5	0.2	0.2	6.5	4.0	2.5	0.1	68.1	100.0	479
25–29	48.4	35.8	2.5	0.0	10.7	3.3	14.0	3.9	0.2	1.3	12.5	6.2	5.8	0.6	51.6	100.0	404
30–34	52.1	39.7	9.4	0.3	14.7	2.7	8.3	3.7	0.0	0.5	12.4	7.5	4.8	0.1	47.9	100.0	341
35–39	50.3	38.3	13.9	0.4	8.1	4.0	8.3	3.1	0.0	0.5	12.0	7.0	4.1	0.9	49.7	100.0	306
40–44	47.4	32.5	22.9	0.9	4.6	1.6	2.6	0.0	0.0	0.0	14.8	8.6	5.2	1.0	52.6	100.0	246
45–49	46.5	39.0	25.4	2.6	5.0	1.9	3.4	0.6	0.0	0.0	7.5	2.5	3.8	1.2	53.5	100.0	223
<b>Total</b>	<b>37.7</b>	<b>28.9</b>	<b>7.9</b>	<b>0.4</b>	<b>7.5</b>	<b>1.8</b>	<b>7.0</b>	<b>3.5</b>	<b>0.1</b>	<b>0.5</b>	<b>8.9</b>	<b>5.0</b>	<b>3.5</b>	<b>0.4</b>	<b>62.3</b>	<b>100.0</b>	<b>2,508</b>
CURRENTLY MARRIED WOMEN																	
Age																	
15–19	28.0	25.6	0.0	0.0	8.5	0.0	7.4	4.1	0.0	5.7	2.4	2.4	0.0	0.0	72.0	100.0	58
20–24	39.3	31.1	0.3	0.0	13.1	0.7	13.7	2.9	0.0	0.4	8.2	4.9	3.3	0.1	60.7	100.0	300
25–29	54.2	39.3	2.9	0.0	12.0	3.5	16.7	2.4	0.3	1.6	14.9	7.1	7.1	0.7	45.8	100.0	332
30–34	53.5	40.4	9.9	0.4	15.8	2.9	8.7	2.2	0.0	0.5	13.1	7.7	5.2	0.1	46.5	100.0	310
35–39	53.1	40.2	14.7	0.4	8.9	3.6	8.8	3.1	0.0	0.6	12.9	7.7	4.2	1.0	46.9	100.0	278
40–44	49.9	34.1	23.7	1.0	4.9	1.7	2.8	0.0	0.0	0.0	15.8	9.1	5.6	1.1	50.1	100.0	229
45–49	47.1	39.6	25.0	2.8	5.4	2.1	3.7	0.6	0.0	0.0	7.5	2.7	3.5	1.3	52.9	100.0	208
<b>Total</b>	<b>49.0</b>	<b>37.1</b>	<b>11.0</b>	<b>0.6</b>	<b>10.5</b>	<b>2.4</b>	<b>9.7</b>	<b>2.1</b>	<b>0.0</b>	<b>0.7</b>	<b>11.9</b>	<b>6.5</b>	<b>4.7</b>	<b>0.6</b>	<b>51.0</b>	<b>100.0</b>	<b>1,714</b>
SEXUALLY ACTIVE UNMARRIED WOMEN <sup>1</sup>																	
Age																	
15–19	(30.2)	(24.5)	(0.0)	(0.0)	(0.6)	(0.0)	(0.0)	(23.9)	(0.0)	(0.0)	(5.7)	(5.0)	(0.6)	(0.0)	(69.8)	100.0	48
20–24	(36.5)	(20.0)	(0.0)	(0.0)	(2.9)	(0.0)	(0.0)	(17.1)	(0.0)	(0.0)	(16.4)	(12.9)	(3.6)	(0.0)	(63.5)	100.0	30
25–29	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0	11
30–34	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0	6
35–39	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0	3
40–44	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0	1
45–49	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0	2
<b>Total</b>	<b>37.1</b>	<b>29.5</b>	<b>2.0</b>	<b>0.0</b>	<b>1.2</b>	<b>0.0</b>	<b>2.1</b>	<b>24.2</b>	<b>0.0</b>	<b>0.0</b>	<b>7.6</b>	<b>6.2</b>	<b>1.4</b>	<b>0.0</b>	<b>62.9</b>	<b>100.0</b>	<b>101</b>

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = lactation amenorrhea method

<sup>1</sup> Women who have had sexual intercourse within the 30 days preceding the survey.

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.



#### **5.4. DIFFERENTIALS IN CONTRACEPTIVE USE BY BACKGROUND CHARACTERISTICS**

Table 5.5 shows the percent distribution of currently married women by current use of family planning methods, according to background characteristics. Current use of contraception varies with urban–rural residence, education, the number of living children, and wealth.

Women in urban areas are slightly more likely to use contraceptive methods (51%) than rural women (48%). Contraceptive use generally increases with increasing levels of women’s education. Use of modern contraceptive methods, particularly IUDs and injectable contraceptives, is slightly higher among women with a secondary education than those with a primary education who are more likely to use female sterilization.

The proportion of women currently using contraception generally increases with an increasing number of children: 48% of women with one to two children currently use a contraceptive method, compared with 54% of women with five or more children. Current use of any modern contraceptive method is highest among women who have three to four children (42%).

There is no clear pattern of use of modern contraception in relation to wealth status. Contraceptive use was reported to be highest among currently married women in the fourth wealth quintile (45%) and lowest in the poorest quintile (29%).

**Table 5.5: Current use of contraception by background characteristics**

*Percent distribution of currently married women aged 15–49 by contraceptive method currently used, according to background characteristics, Vanuatu 2013*

Background characteristic	Modern method										Traditional method						Total	Number of women
	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Male condom	Female condom	LAM	Any traditional method	Rhythm	Withdrawal	Folk method	Not currently using			
<b>Residence</b>																		
Urban	50.9	42.5	13.6	0.2	10.8	5.5	9.1	2.5	0.2	0.6	8.4	4.6	3.2	0.6	49.1	100.0	540	
Rural	48.1	34.6	9.8	0.8	10.4	1.0	10.0	1.9	0.0	0.8	13.5	7.4	5.5	0.7	51.9	100.0	1,174	
..Rural 1	53.9	36.8	10.1	0.7	10.9	2.3	10.1	2.1	0.0	0.7	17.2	9.9	5.8	1.4	46.1	100.0	181	
..Rural 2	47.0	34.2	9.7	0.8	10.3	0.8	9.9	1.9	0.0	0.8	12.8	6.9	5.4	0.5	53.0	100.0	993	
<b>Education</b>																		
No education	37.7	26.9	10.2	3.0	6.6	0.0	5.4	1.7	0.0	0.0	10.8	3.8	6.7	0.3	62.3	100.0	101	
Primary	49.6	37.1	12.4	0.7	10.7	1.7	9.4	1.8	0.0	0.5	12.5	6.7	4.8	1.0	50.4	100.0	1,042	
Secondary	49.1	39.1	8.7	0.0	10.6	3.8	11.5	2.9	0.2	1.5	10.0	5.9	4.1	0.0	50.9	100.0	486	
More than secondary	53.7	36.9	8.3	0.0	12.0	5.8	8.7	2.1	0.0	0.0	16.9	11.3	5.2	0.3	46.3	100.0	84	
<b>Number of living children</b>																		
0	17.8	7.3	0.2	0.0	0.5	0.0	0.6	6.0	0.0	0.0	10.5	5.7	4.1	0.7	82.2	100.0	121	
1–2	48.1	35.8	4.3	0.1	13.6	2.2	12.1	2.2	0.1	1.2	12.3	7.4	4.9	0.0	51.9	100.0	620	
3–4	53.2	42.5	13.5	0.6	11.3	3.8	11.3	1.3	0.0	0.6	10.7	6.4	3.6	0.8	46.8	100.0	600	
5+	53.8	40.3	21.6	1.7	7.2	1.3	6.2	1.9	0.0	0.4	13.5	5.5	6.6	1.4	46.2	100.0	372	
<b>Wealth quintile</b>																		
Lowest	43.7	29.2	9.7	0.0	9.2	0.1	7.9	1.2	0.0	1.1	14.5	6.7	6.0	1.7	56.3	100.0	315	
Second	50.5	39.0	8.3	1.8	11.4	1.4	13.8	2.3	0.0	0.0	11.5	5.8	5.7	0.1	49.5	100.0	365	
Middle	46.4	31.9	11.6	0.7	8.6	0.5	7.1	2.2	0.0	1.2	14.5	8.9	5.0	0.7	53.6	100.0	347	
Fourth	52.7	45.3	13.2	0.1	13.8	3.6	11.6	2.4	0.0	0.7	7.4	4.2	2.9	0.2	47.3	100.0	359	
Highest	50.9	38.9	12.1	0.4	9.2	6.3	7.5	2.3	0.3	0.8	12.0	7.1	4.2	0.6	49.1	100.0	329	
<b>Total</b>	<b>49.0</b>	<b>37.1</b>	<b>11.0</b>	<b>0.6</b>	<b>10.5</b>	<b>2.4</b>	<b>9.7</b>	<b>2.1</b>	<b>0.0</b>	<b>0.7</b>	<b>11.9</b>	<b>6.5</b>	<b>4.7</b>	<b>0.6</b>	<b>51.0</b>	<b>100.0</b>	<b>1,714</b>	

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = lactation amenorrhea method

IUD = intrauterine device

## 5.5. NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

Couples use family planning methods to either limit family size or delay the next birth. The decision to initiate family planning differs according to the circumstances of couples and individuals. Couples using family planning to control family size (i.e. to stop having children) adopt contraception when they have had the number of children they want. When contraception is used to space births, couples may start to use family planning earlier, with the intention of delaying a possible pregnancy. Using contraception for birth spacing may also be done before a couple has had their desired number of children.

During the 2013 VDHS, women were asked how many children they had at the time they first used a method of family planning. The number of living children at the time of first use of contraception is both a measure of the willingness to postpone the first birth (i.e. among women who have no children), and of the desire of women with children to space subsequent births. Thus, differences in fertility control behaviour among cohorts of women can be observed by examining the parity and number of living children at first use of contraception.

Table 5.6 shows the percent distribution of women aged 15–49 that have ever used contraception by the number of living children at the time of first use of contraception, according to current age. The results indicate that women start using contraception at varying parities. Approximately 16% first used a contraceptive method at a time when they had no children, and 20% first used contraception after the birth of their first child. About 10% of all women first used a contraceptive method when they already had four or more children. Approximately 37% of all women aged 15–49 reported that they have never used a contraceptive method.

A change in behaviour is evident when comparing women's parity at first use of contraception among younger and older women. The percentage of women who began using contraception after one child varies with age: 24% for women aged 20–24, 26% for women aged 25–29, and 30% for women aged 30–39, suggesting an increase in contraceptive use in recent years among middle-aged women. Older women are more likely to have waited until they had their desired number of children to start using contraception. Among women aged 45–49, 30% started using contraception after having four children. In a culture where smaller family size has not yet become the norm, an emerging pattern is seen among younger women who are more likely to adopt family planning at lower parity than their older counterparts. While younger women tend to initiate contraception to delay or space births, older women tend to initiate contraceptive use at a later age primarily to limit rather than to space births. It should be noted that a very high proportion (79%) of younger women have never used contraception.

**Table 5.6: Number of children at first use of contraception**

*Percent distribution of women aged 15–49 by number of living children at the time of first use of contraception, according to current age, Vanuatu 2013.*

Current age	Number of living children at time of first use of contraception						Total	Number of women
	Never used	0	1	2	3	4+		
Age								
15–19	79.0	16.1	3.4	0.7	0.0	0.3	99.5	508
20–24	37.7	28.3	24.1	7.9	2.0	0.0	100.0	479
25–29	25.9	17.0	26.5	17.0	5.9	6.3	98.7	404
30–34	18.0	12.6	29.5	18.4	8.3	12.3	99.0	341
35–39	20.1	5.2	29.5	15.1	14.2	15.9	100.0	306
40–44	21.7	11.6	19.3	11.6	9.4	25.7	99.4	246
45–49	27.0	10.6	13.8	9.0	9.8	29.8	100.0	223
<b>Total</b>	<b>36.8</b>	<b>15.8</b>	<b>20.3</b>	<b>10.7</b>	<b>6.0</b>	<b>9.9</b>	<b>99.5</b>	<b>2,508</b>

Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

## 5.6. KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for the successful practice of the rhythm method. Table 5.7 shows the proportion of women aged 15–49 by knowledge of the fertile period during the ovulatory cycle, according to current use of the rhythm method.

Overall, only 14% of all women aged 15–49 correctly identified the most fertile time in the ovulatory cycle as halfway between two menstrual periods; 44% of all women did not know any specific time or reported they did not know, with an additional 21% perceiving the fertile period to be just before the menstrual period begins or during the menstrual period.

Among users of the rhythm method, 19% perceived the fertile period to be halfway between two menstrual periods, compared with 14% of non-users of the rhythm method. Among users of the rhythm method, 30% perceived the fertile period to be right after the menstrual period has ended, compared with 20% of non-users of the method.

**Table 5.7: Knowledge of fertile period**

*Percent distribution of women aged 15–49 by knowledge of the fertile period during the ovulatory cycle, according to current use of the rhythm method, Vanuatu 2013*

Perceived fertile period	Users of rhythm method	Non-users of rhythm method	All women
Just before her menstrual period begins	11.6	17.2	17.0
During her menstrual period	0.4	4.2	4.0
Right after her menstrual period has ended	29.9	19.6	20.1
Halfway between two menstrual periods	18.9	14.2	14.4
Other	0.7	0.1	0.1
No specific time	8.4	15.0	14.6
Do not know	30.0	29.6	29.6
Total	100.0	100.0	100.0
<b>Number of women</b>	<b>125</b>	<b>2,383</b>	<b>2,508</b>

Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

## 5.7. TIMING OF STERILIZATION

The 2013 VDHS collected information on the timing of female sterilization among those using the method (Table 5.8). The median age at sterilization is calculated only for women sterilised before they were 40 in order to avoid problems of censoring. The median age at sterilization is 31. About 30% of sterilised women underwent the procedure at age 25–29, 26% at age 30–34, 24% at age 35–39, and 7% at age 40–44. A considerable proportion (12%) of women underwent the procedure before the age of 25.

**Table 5.8: Timing of sterilization**

*Percent distribution of sterilised women aged 15–49 by age at the time of sterilization and median age at sterilization, according to the number of years since the operation, Vanuatu 2013*

Years since operation	Age at time of sterilization						Total	Number of women	Median <sup>1</sup> age
	<25	25–29	30–34	35–39	40–44	45–49			
<2	(4.0)	(22.6)	(27.0)	(28.9)	(16.5)	(1.1)	100.0	30	33.2
2–3	(6.5)	(9.7)	(37.8)	(30.9)	(15.2)	(0.0)	100.0	31	33.6
4–5	*	*	*	*	*	*	100.0	17	33.3
6–7	*	*	*	*	*	*	100.0	25	31.5
8–9	*	*	*	*	*	*	100.0	12	26.6
10+	13.0	44.0	23.0	20.0	0.0	0.0	100.0	83	a
<b>Total</b>	<b>12.4</b>	<b>29.9</b>	<b>26.2</b>	<b>23.6</b>	<b>7.3</b>	<b>0.7</b>	<b>100.0</b>	<b>199</b>	<b>30.8</b>

## 5.8. SOURCE OF CONTRACEPTION

Information regarding sources of modern contraceptive procedures, drugs or devices is important to family planning programme management. In Vanuatu, the public sector is strategically important in providing family planning services. Vanuatu does not have a vibrant social marketing programme but has a few pharmacies and private clinics. Condoms are distributed in the communities through peer educators. Vanuatu has a major nongovernmental organisation — the Vanuatu Family Health Association — which provides

both clinical and non-clinical contraceptives. The public sector provides the full range of clinical and non-clinical contraceptives, mainly through health facilities, and also supports major partners.

During the 2013 VDHS, all current users of modern contraceptive methods were asked about the most recent source of their contraceptives. Interviewers were instructed to record the name of the source or facility because respondents may not always be able to accurately categorise a source as being either public or private. Supervisors and editors then verified and coded this information to improve the accuracy of the information.

Table 5.9 shows that the vast majority of users (89%) obtain their contraceptives from the public sector. Government hospitals are the most common public source (55%), followed by health centres (25%) and dispensaries (5%).

Very few women (2%) use the community and private sector to obtain their contraceptive methods; 6% of women who are using a modern method of contraception reported getting their contraceptives from other sources, mostly from Vanuatu family health clinic aid posts and shops (4%).

The types of source do not differ much by method. The vast majority of women using female sterilization (99%), birth control pills (90%), injectable contraceptives (92%), and IUDs (93%) receive their drug, device or procedure from a government source, mostly from government hospitals. While over half (57%) of male condom users obtain their supply from the public sector, equally from government hospitals and health centres; over one-quarter (27%) get them from other sources such as shops, friends and relatives, and 'Save the Children Fund'.

**Table 5.9: Source of modern contraception methods**

*Percent distribution of users of modern contraceptive methods aged 15–49 by most recent source of method, according to method, Vanuatu 2013.*

Source	Female sterilization	Male sterilization	Pill	IUD	Injectables	Male condom	Female condom	Total <sup>1</sup>
Public sector	98.9	100.0	90.0	92.8	91.5	57.0	100.0	89.1
..Government hospital	94.3	96.3	37.0	73.1	38.1	22.2	35.9	54.6
..Government health centre	4.6	3.7	34.8	17.8	40.5	22.1	28.7	24.6
..Family planning clinic	0.0	0.0	7.4	2.0	3.0	6.5	35.4	3.8
..Dispensary	0.0	0.0	9.9	0.0	7.6	5.2	0.0	5.1
..Other public	0.0	0.0	0.9	0.0	2.2	1.0	0.0	0.9
Private medical sector	0.1	0.0	2.5	2.8	1.3	2.4	0.0	1.5
..Private hospital/clinic	0.0	0.0	1.1	2.8	1.1	0.0	0.0	0.7
..Private doctor/practitioner	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.2
..Mobile clinic	0.0	0.0	0.7	0.0	0.2	0.0	0.0	0.2
..Fieldworker	0.0	0.0	0.0	0.0	0.0	2.4	0.0	0.3
..Other private medical	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other source	0.0	0.0	4.4	4.4	5.8	27.2	0.0	6.3
..Shop	0.0	0.0	0.0	0.0	0.0	8.1	0.0	1.0
..Friend/relative	0.0	0.0	0.0	0.0	0.3	5.9	0.0	0.8
..Aid post	0.0	0.0	0.0	0.0	2.6	3.7	0.0	1.1
..Save children	0.0	0.0	0.2	0.0	0.2	4.6	0.0	0.7
..Vanuatu family health	0.0	0.0	3.4	4.4	1.9	1.0	0.0	1.8
..Kam pusum head clinic	0.0	0.0	0.8	0.0	0.8	3.8	0.0	0.9
Other	0.0	0.0	1.7	0.0	0.5	5.6	0.0	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	199	10	188	46	176	89	3	711

IUD = intrauterine device

<sup>1</sup> Total includes other modern methods but excludes lactational amenorrhea method (LAM). Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

## 5.9. COST OF CONTRACEPTION

Although the majority of contraceptives are obtained from the public sector, information on the cost of contraception is useful to family planning programmes. This information provides guidance on price differentials among various contraceptive sources, and gives an indication of adherence to stipulated prices by the various contraceptive sources. In the 2013 VDHS, women who were using modern contraception methods were asked how much they paid in total the last time they obtained their contraceptive or procedure,

including the cost of the drug, device or procedure, and any consultation they may have had. Table 5.10 shows the percentage of women who obtained contraceptives at no cost, and for those who paid, the median cost, by method and public–private source.

In Vanuatu, contraceptives are generally provided free of cost a nominal fee that covers the cost of the consultation, also known as the contribution fee. Commodities are sold at highly subsidised prices and public sector prices are low. However, income per household versus household priority per determining factors contributes to low family planning usage. Less than half of all users of contraception (except for male sterilization and male condom) reported obtaining it at no cost: 40% of users of female sterilization, 36% of IUD users, 25% of birth control pill users, and 26% of injectable contraceptive users reported that their contraceptives were supplied free of charge. Some 72% of those who had undergone male sterilization reported the procedure had been done at a public hospital at no cost to them while 53% of those who received male condoms stated they were free. Overall, 8% reported not knowing the cost.

Median cost is calculated based on those women who reported a cost for their method. For example, 40% of sterilised women who had the operation in a public sector obtained it for free and 13% reported not knowing the cost. Therefore, the median cost is based on the remaining 48% of women who paid for the sterilization operation.

Overall, male condoms are the least expensive contraceptive method (costing VUV 100) and female sterilization is the most expensive (VUV 1,850). In general, while the median costs of birth control pills, IUDs, and injectable contraceptives are almost the same (VUV 200), the data suggest that there are considerable differences in the costs of birth control pills and IUDs between the public and the private sectors. In the private sector, an IUD costs VUV 599 on average, compared with VUV 200 in the public sector. The difference in the median cost of birth control pills is VUV 100. On the other hand, there are no differences in the costs of male condoms and injectable contraceptives.

**Table 5.10: Cost of modern contraceptive methods**

Percentage of current users of modern contraception aged 15–49 who did not pay for the method and who do not know the cost of the method and the median cost of the method by current method, according to source of current method, Vanuatu 2013

Source of method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Male condom	Female condom	Total
<b>Public sector</b>								
Percentage free	40.0	71.7	25.1	38.5	25.2	66.1	100.0	35.1
Do not know cost	12.5	13.5	0.0	0.0	3.1	15.8	0.0	6.1
Median cost (in VUV)	1,850.0	na	199.3	99.6	199.5	99.8	na	199.6
<b>Number of women</b>	<b>196</b>	<b>10</b>	<b>169</b>	<b>43</b>	<b>161</b>	<b>51</b>	<b>3</b>	<b>634</b>
<b>Private medical sector/other</b>								
Percentage free	13.0	na	25.4	0.0	32.6	35.6	na	30.4
Do not know cost	87.0	na	15.0	0.0	1.8	38.4	na	25.4
Median cost (in VUV)	na	na	299.0	99.2	199.2	99.5	na	199.5
<b>Number of women</b>	<b>2</b>	<b>0</b>	<b>19</b>	<b>3</b>	<b>15</b>	<b>38</b>	<b>0</b>	<b>77</b>
<b>Totals</b>								
Percentage free	39.7	71.7	25.2	35.7	25.9	53.0	100.0	34.6
Do not know cost	13.3	13.5	1.5	0.0	3.0	25.5	0.0	8.2
Median cost (in VUV)	1,850.0	na	199.4	99.6	199.5	99.7	na	199.6
<b>Number of women</b>	<b>199</b>	<b>10</b>	<b>188</b>	<b>46</b>	<b>176</b>	<b>89</b>	<b>3</b>	<b>711</b>

na = not applicable

IUD = intrauterine device

Note: Table excludes lactational amenorrhea method (LAM). Costs are based on the last time current users obtained method. Costs include consultation costs, if any. For condoms, costs are per package; for pills, per cycle. For sterilization, data are based on women who received the operation in the five years preceding the survey. Median cost is based only on those women who reported a cost.

VUV\$1.0 = AUD\$0.01

## 5.10. INFORMED CHOICE

Informed choice is an important aspect of the delivery of family planning services. Family planning clients have a right to information about their contraceptive method. Providers are required to inform all users of contraceptive methods about 1) the potential side effects of their method, 2) what they should do if they encounter side effects or signs of a problem, and 3) alternative methods of family planning they can use. Current users of modern methods who are well informed about the side effects and problems associated with methods and know of a range of method options are better placed to make an informed choice about the method they would like to use. This information improves the quality of care and compliance by assisting users to cope with side effects, thereby decreasing unnecessary discontinuation of temporary methods.

Current users of selected modern contraceptive methods were asked whether, at the time they adopted the particular method, they were informed about the possible side effects or problems that might be encountered with the method. Table 5.11 shows the percentage of current users of modern methods who were either informed about possible side effects or problems with the method used and about what to do if they experienced side effects, and the percentage who were informed of other methods they could use; these are broken down by method type and initial source of the method.

About 60% of current users of modern methods received the relevant information about side effects or problems of method used, 52% were informed about what to do if they experienced side effects, and 70% were informed of other methods that they could use. Government hospitals and government health centres were likely to inform users of modern methods about the side effects or problems of methods used (64% government hospitals, 58% government health centres), about other methods that could be used (70% government hospitals, 74% government health centres), and about what to do if they experienced side effects (53% hospitals, 55% health centres). The percentage of users who were informed varied by type of method, with birth control pill users less likely to receive information about side effects and what to do about them. Almost all sterilised women (98%) were informed that the method is permanent.

**Table 5.11: Informed choice about method of contraception**

Among current users of modern methods aged 15–49 who started the last episode of use within the five years preceding the survey; the percentage who were informed about the possible side effects or problems of that method; the percentage who were informed about what to do if they experienced side effects; and the percentage who were informed about other methods that could be used, by method and source; and among sterilized women, the percentage who were informed that the method is permanent, by initial source of method, Vanuatu 2013

Method/source	Among women who started last episode of modern contraceptive method within five years preceding the survey:				Among women who were sterilized <sup>1</sup> :	
	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women	Percentage who were informed that sterilization is permanent	Number of women
<b>Method</b>						
Female sterilization	65.2	53.2	56.3	71	98.2	71
Pill	55.8	49.2	68.2	158	na	0
IUD	(83.4)	(71.2)	(81.1)	30	na	0
Injectables	57.3	50.8	74.3	152	na	0
Other	*	*	*	15	na	0
<b>Initial source of method<sup>2</sup></b>						
Public sector	62.0	54.0	72.5	371	98.2	71
..Government hospital	63.9	52.7	70.1	202	98.2	69
..Government health center	57.7	55.2	73.8	114	100.0	2
..Family planning clinic	*	*	*	24	na	0
..Dispensary	*	*	*	32	na	0
..Other public	*	*	*	0	na	0
Private medical sector	*	*	*	9	100.0	0
..Private hospital/clinic	*	*	*	5	na	0
..Private doctor/practitioner	*	*	*	1	na	0
..Mobile clinic	*	*	*	3	na	0
..Other private medical	*	*	*	0	100.0	0
Other private sector	(71.8)	(66.9)	(73.4)	24	na	0
..Friend/relative	*	*	*	6	na	0
..Aid post	*	*	*	3	na	0
..Vanuatu family health	*	*	*	6	na	0
..Non-governmental organisation	*	*	*	9	na	0
Other	*	*	*	0	na	0
<b>Total</b>	<b>60.0</b>	<b>52.0</b>	<b>69.7</b>	<b>426</b>	<b>98.2</b>	<b>71</b>

Note: Table excludes users who obtained their method from friends or relatives.

na = not applicable

IUD = intrauterine device

<sup>1</sup> Among women who were sterilised in the five years preceding the survey.

<sup>2</sup> Source at start of current episode of use.

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

## 5.11. FUTURE USE OF CONTRACEPTION

Intention to use family planning is an important indicator of the potential demand for services. Currently married women who were not using contraceptives at the time of the survey were asked about their intention to use family planning in the future. Table 5.12 shows the percent distribution of currently married women who are not using a contraceptive method by intention to use in the future and according to number of living children.

About one in three (33%) currently married non-users of contraception say they intend to use family planning in the future, while 41% do not intend to use contraception, and 23% are unsure. The proportion of those intending to use contraception varies with the number of living children, increasing from 27% for those with no children, peaking to 41% for those with one child, and declining to 29% for those with three or more



children. The proportion of women who do not intend to use contraception in the future is highest among those with no children (53%). Over 40% of women with three or more children do not intend to use contraception. These findings indicate there is a need to increase the level of family planning messages and services to target all groups of women.

**Table 5.12: Future use of contraception**

*Percent distribution of currently married women aged 15–49 who are not using a contraceptive method by intention to use in the future, according to number of living children, Vanuatu 2013*

Intention to use	Number of living children <sup>1</sup>					Total
	0	1	2	3	4+	
Intends to use	27.3	40.9	40.0	29.2	29.0	33.1
Unsure	15.2	30.0	17.5	21.8	24.6	22.8
Does not intend to use	53.4	26.3	38.2	46.7	44.3	41.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Number of women</b>	<b>68</b>	<b>147</b>	<b>178</b>	<b>164</b>	<b>318</b>	<b>875</b>

<sup>1</sup> Includes current pregnancy.

Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

## 5.12. REASONS FOR NOT INTENDING TO USE CONTRACEPTION

Understanding the reasons why non-users of contraception do not intend to use a contraceptive method in the future is crucial to identifying strategies to improve the access, acceptability, and quality of care of family planning services. Table 5.13 presents the main reasons why non-users do not intend to use contraception reported by currently married women who are not currently using a contraceptive method and who do not intend to use contraception in the future.

The most commonly cited reason for not intending to use contraception is fear of side effects (20%). Other reasons given for not intending to use contraception include health concerns (16%), respondent is opposed (16%), husband or partner is opposed (8%), respondent is subfecund or infecund (7%), respondent feels that contraception interferes with body's normal process or respondent is menopausal or has had a hysterectomy (5%). Only a small proportion of women cited a lack of knowledge of methods, lack of access or cost as the main reason they do not intend to use family planning.

**Table 5.13: Reason for not intending to use contraception in the future**

Percent distribution of currently married women aged 15–49 who are not using contraception and who do not intend to use in the future by main reason for not intending to use, Vanuatu 2013

Reason for not using	Percent distribution
<b>Fertility-related reasons</b>	
Infrequent sex/no sex	4.4
Menopausal/has had hysterectomy	4.7
Subfecund/in fecund	6.8
Wants as many children as possible	4.1
<b>Opposition to use</b>	
Respondent opposed	15.9
Husband/partner opposed	7.8
Others opposed	1.0
<b>Lack of knowledge</b>	
Knows no method	3.1
Knows no source	1.0
<b>Method-related reasons</b>	
Health concerns	15.7
Fear of side effects	20.0
Lack of access/too far	1.4
Cost too much	3.8
Interferes with body's normal process	4.8
Other	1.7
Do not know	3.4
Total	99.6
<b>Number of women</b>	<b>360</b>

Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

### 5.13. PREFERRED METHOD OF CONTRACEPTION FOR FUTURE USE

Of particular interest to programme managers are the preferred methods among non-users of contraception who reported that they intend to use a family planning method in the future. This information is useful in assessing the potential demand for specific family planning methods. Table 5.14 reveals that a significant percentage of currently married women who are not presently using contraception but intend to do so in the future, expressed a preference for the pill (37%) and injectable contraceptives (31%). Smaller percentages intend to use condoms (7%), the IUD (6%), and female sterilization (5%).

**Table 5.14: Preferred method of contraception for future use**

Percent distribution of currently married women aged 15–49 who are not using a contraceptive method but who intend to use one in the future by preferred method, Vanuatu 2013

Method	Percent distribution
Female sterilization	5.1
Pill	36.7
IUD	5.9
Injectables	30.9
Implants	0.4
Condom	7.0
Female condom	0.1
Diaphragm	0.2
Lactation amenorrhea	0.3
Periodic abstinence	3.3
Withdrawal	2.3
Other	1.6
Unsure	5.5
Total	99.3
<b>Number of women</b>	<b>290</b>

Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

IUD = intrauterine device

## **5.14. EXPOSURE TO FAMILY PLANNING MESSAGES**

The media is seen as an effective means to disseminate family planning information. To assess the extent to which various types of media serve as sources of family planning information, respondents were asked whether they had heard or seen a message about family planning on the radio, television, newspaper or magazines in the few months preceding the survey. Exposure to family planning messages among women and men aged 15–49 is shown in Table 5.15.

Radio is the most commonly named source of family planning messages for both women (23%) and men (37%); television was named by both 11% of women and men. Newspaper was the least common source of family planning messages for both women (8%) and men (14%). A large percentage of women (71%) and men (59%) did not see or hear any family planning messages on the radio, TV or in newspapers in the few months preceding the survey.

There are substantial differences in exposure to family planning messages by background characteristics of women and men. The youngest and oldest age groups of both women and men are generally less likely to hear, see, or read any family planning messages on the radio, television, or in the newspaper than those in age groups 20–24 through 40–44. These results indicate a need for programmes that target youth (with family planning messages) in their preferred media channels and information sources. In all age categories, the level of exposure to family planning messages through radio and newspaper is higher among men than that among their female counterparts. This observation likewise holds true for most categories of the other background variables.

For both women and men, exposure to family planning messages through the radio, television and newspaper is more common in urban areas than in rural areas and is least common in the outer islands. As expected, exposure to family planning messages through radio, television and newspaper is highest among better educated respondents and among those in the fourth and highest wealth quintile; this was true of both women and men.

**Table 5.15: Exposure to family planning messages**

Percentage of women and men aged 15–49 who heard or saw a family planning message on the radio or television or in a newspaper in the past few months, according to background characteristics, Vanuatu 2013

Background characteristic	Women					Men				
	Radio	Television	Newspaper/ magazine	None of these three media sources	Number	Radio	Television	Newspaper/ magazine	None of these three media sources	Number
<b>Age</b>										
15–19	21.2	9.8	7.6	73.3	508	25.4	9.6	9.3	69.2	217
20–24	24.7	12.6	8.7	68.7	479	38.0	13.0	19.6	57.1	199
25–29	23.5	13.4	9.0	70.1	404	46.1	10.0	12.1	51.4	154
30–34	27.1	10.8	6.1	69.4	341	37.6	10.8	18.2	59.1	159
35–39	27.0	10.4	9.1	68.6	306	39.5	11.9	15.2	55.7	131
40–44	20.9	11.4	8.9	74.2	246	41.8	10.2	19.1	54.5	111
45–49	16.7	8.2	7.4	76.0	223	33.5	10.6	13.5	65.3	96
<b>Residence</b>										
Urban	37.5	27.7	15.9	50.1	867	45.9	25.6	23.3	46.3	388
Rural	15.8	2.4	4.0	82.3	1,641	31.5	2.5	10.4	66.8	680
..Rural 1	24.6	7.2	10.3	70.8	272	37.0	6.5	23.6	56.0	121
..Rural 2	14.1	1.4	2.8	84.5	1,369	30.3	1.6	7.5	69.1	559
<b>Education</b>										
No education	12.4	0.8	1.5	86.9	128	(19.6)	(6.6)	(9.9)	(78.6)	51
Primary	18.5	7.9	5.3	77.7	1,417	32.1	8.0	8.6	66.1	599
Secondary	31.3	16.0	12.3	60.6	818	44.9	13.4	25.5	48.9	337
More than secondary	35.7	24.4	18.5	52.3	144	47.1	25.1	23.0	41.4	80
<b>Wealth quintile</b>										
Lowest	8.4	0.3	1.2	90.9	441	24.3	1.5	8.2	75.7	161
Second	15.0	1.5	2.3	83.7	496	32.6	2.4	10.6	65.2	201
Middle	19.0	4.2	6.0	78.1	503	33.7	4.1	8.2	63.5	232
Fourth	33.5	16.3	11.9	60.3	519	40.5	12.4	18.2	55.7	248
Highest	37.1	30.0	17.3	47.9	549	48.2	30.3	27.6	42.2	226
<b>Total aged 15–49</b>	<b>23.3</b>	<b>11.1</b>	<b>8.1</b>	<b>71.2</b>	<b>2,508</b>	<b>36.7</b>	<b>10.9</b>	<b>15.1</b>	<b>59.3</b>	<b>1,068</b>
Total aged 50+	na	na	na	na	0	37.7	9.5	11.5	58.7	265
Total men aged 15+	na	na	na	na	0	36.9	10.6	14.4	59.2	1,333

na = not applicable

Figures in parentheses are based on 25–49 unweighted cases.

## 5.15. CONTACT OF NON-USERS WITH FAMILY PLANNING PROVIDERS

To determine whether non-users of family planning in Vanuatu have had an opportunity to receive information about family planning from providers, women who were not using contraception were asked whether they had visited a health facility in the past year for any reason and, if so, whether a staff person at that facility spoke to them about family planning methods. They were also asked whether they had been visited by a fieldworker who discussed family planning.

**Table 5.16: Contact of non-users with family planning providers**

Among women aged 15–49 who are not using contraception, the percentage who during the 12 months preceding the survey were visited by a fieldworker who discussed family planning; the percentage who visited a health facility and discussed family planning; the percentage who visited a health facility but did not discuss family planning; and the percentage who neither discussed family planning with a fieldworker nor at a health facility, by background characteristics, Vanuatu 2013

Background characteristic	Women who were visited by fieldworker who discussed family planning (%)	Women who visited a health facility in the past 12 months and who:		Women who did not discuss family planning with fieldworker nor at a health facility (%)	Number of women
		Discussed family planning (%)	Did not discuss family planning (%)		
<b>Age</b>					
15–19	7.2	2.2	10.3	91.3	462
20–24	10.7	17.0	11.9	77.1	326
25–29	12.3	18.8	13.0	74.1	209
30–34	10.5	19.1	10.8	75.2	163
35–39	4.2	10.9	10.9	86.5	152
40–44	7.9	14.5	14.4	80.3	130
45–49	11.2	9.6	9.3	82.6	119
<b>Residence</b>					
Urban	6.7	10.0	10.2	85.1	537
Rural	10.3	12.6	11.9	80.8	1,025
..Rural 1	8.4	13.4	11.5	82.3	163
..Rural 2	10.6	12.4	12.0	80.6	862
<b>Education</b>					
No education	3.4	5.1	7.1	92.2	86
Primary	10.7	12.5	11.9	80.3	856
Secondary	8.4	11.3	11.5	83.4	531
More than secondary	1.9	13.5	9.7	84.9	89
<b>Wealth quintile</b>					
Lowest	10.0	9.6	12.5	84.0	287
Second	10.6	10.6	11.5	81.6	305
Middle	11.5	15.7	13.4	77.1	323
Fourth	6.2	14.0	8.6	81.9	300
Highest	6.9	8.8	10.8	86.6	348
<b>Total</b>	<b>9.0</b>	<b>11.7</b>	<b>11.4</b>	<b>82.3</b>	<b>1,562</b>

The results (Table 5.16) show that in the 12 months preceding the survey, 12% of non-users reported that they had visited a health facility and discussed family planning, 11% of women visited a health facility but did not discuss family planning and 9% of women reported that they were visited by a fieldworker who discussed family planning. The majority of women (82%) did not discuss family planning with a fieldworker or staff member at a health facility in the 12 months prior to the survey, indicating a high percentage of women not accessing family planning messages.

Women aged 25–34 are more likely than women who are either younger or older than them to have discussed family planning with a service provider.

Women with no education are least likely to have discussed family planning with a fieldworker or staff member at a health facility than women with higher levels of education. However, women with a primary level education are the most likely to have discussed family planning through a visit by a fieldworker.

Women in the lowest through the middle wealth quintile are more likely to have discussed family planning with a field worker or staff member at a health facility or through a visit by a field worker than women in the fourth and highest wealth quintiles.

## 5.16. HUSBAND OR PARTNER'S KNOWLEDGE ABOUT A WOMAN'S USE OF FAMILY PLANNING

The husband or partner's knowledge about a woman's use of family planning is an indication of their prior discussion of, interest in, and continued practice of family planning. Inter-spousal or partner communication is an important intermediate step along the path to adopting a contraceptive method, as well as continuing to

use that or other contraceptive methods in the future. Lack of knowledge or discussion of family planning may be related to a number of factors, including lack of interest in family planning, hostility to the subject of family planning, or customary reticence to talk about sex-related matters. To assess the extent to which women use contraception without informing their husband or partner, the 2013 VDHS asked married women whether their husband or partner know they are using a method of family planning.

Table 5.17 shows that the vast majority of married women (90%) who are using contraception say that their husband or partner knows about their use of family planning; only 3% said that their husband or partner does not know about their use of contraception, while 7% were unsure.

In Vanuatu, communication between couples about the use of family planning is very high for all background characteristics, with only minimal differences between categories. For example, the percentage of currently married women who say that their husband or partner knows that they are using contraception increases with age, peaking among women aged 45–49.

There was no substantial difference in communication regarding contraceptive use between couples residing in urban and rural areas. There is an inverse relationship between a husband's knowledge of women's use of contraception and education. Better educated women are less likely to say that their husbands are aware they are using contraception than less educated women. Similarly, it appears that relatively higher communication exists between couples in lower wealth quintiles.

**Table 5.17: Husband/partner's knowledge of a woman's use of contraception**

*Among currently married women aged 15–49 who are using a method, the percent distribution by whether they report that their husbands/partners know about their use, according to background characteristics, Vanuatu 2013*

Background characteristic	Knows <sup>1</sup>	Does not know	Unsure whether knows/missing	Total	Number of women
<b>Age</b>					
15–19	*	*	*	100.0	16
20–24	89.7	1.3	9.0	100.0	118
25–29	84.9	4.7	10.3	100.0	180
30–34	89.2	2.6	8.2	100.0	166
35–39	92.9	3.2	3.9	100.0	147
40–44	94.1	0.2	5.7	100.0	114
45–49	95.4	0.2	4.3	100.0	98
<b>Residence</b>					
Urban	89.3	2.6	8.1	100.0	275
Rural	90.8	2.4	6.8	100.0	564
..Rural 1	95.4	1.1	3.5	100.0	98
..Rural 2	89.8	2.7	7.5	100.0	467
<b>Education</b>					
No education	(96.4)	(0.0)	(3.6)	100.0	38
Primary	91.8	3.1	5.1	100.0	517
Secondary	87.2	1.8	10.9	100.0	238
More than secondary	83.5	1.1	15.4	100.0	45
<b>Wealth quintile</b>					
Lowest	92.9	1.3	5.8	100.0	138
Second	91.7	2.6	5.7	100.0	184
Middle	88.8	4.7	6.5	100.0	161
Fourth	89.1	1.3	9.5	100.0	189
Highest	89.3	2.5	8.2	100.0	167
<b>Total</b>	<b>90.3</b>	<b>2.5</b>	<b>7.2</b>	<b>100.0</b>	<b>839</b>

<sup>1</sup> Includes women who report the use of male sterilization, male condoms or withdrawal method.

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### Key findings

- Women have a higher chance of being either married, living together or being in one union with the opposite sex than males.
- Women are more vulnerable to getting married at a younger age than men.
- Education and urban living influences when an individual decides to get married.
- Men are more sexually active than women at a younger age and they have sexual intercourse at a younger age than women.
- Education, wealth and urban living influence a person's sexual activity. Sexual activity decreases as education increases, and sexual activity decreases as wealth increases and those living in urban areas have sex earlier than those in rural areas.
- Married people in rural areas have sex more frequently than married people living in urban areas.
- Married people have sex more frequently than unmarried people.
- Exclusive breastfeeding can lengthen the duration of amenorrhea, or delay the resumption of sexual activity, depending on the partner support (postpartum abstinence).
- The onset of infertility with increasing age reduces the proportion of women who are exposed to the risk of pregnancy.

This chapter explores the principal factors, other than contraception, that affect a woman's chances of becoming pregnant. These are referred to as other proximate (or direct) determinants of fertility, and include marriage and sexual intercourse, postpartum amenorrhea, abstinence from sexual relations, and secondary infertility (menopause). These factors interact and influence each other and affect fertility levels and trends.

The 2013 VDHS focuses on nuptiality (the frequency of marriage within a population) because marriage is the leading indicator of women's exposure to the risk of pregnancy, and is important in understanding fertility. 'Marriage' here refers to unions that are recognized by civil and religious laws as well as culturally (by the community). In most societies, marriage sanctions childbearing, and married women are exposed to a greater risk of becoming pregnant than unmarried women. Women who make up a population with a low median age at marriage tend to begin childbearing at a relatively young age, and have a high fertility level. This chapter explores trends in median age at marriage, and includes information on more direct measures of the beginning and the level of exposure to pregnancy — age at first sexual intercourse and frequency of intercourse. Measures of several other proximate determinants of fertility that will influence exposure to the risk of pregnancy include the duration of postpartum amenorrhea; postpartum abstinence and secondary infertility (also known as menopause) are also presented.

### 6.1. CURRENT MARITAL STATUS

The marital status of respondents at the time of the survey is presented in Table 6.1 and Figure 6.1. In Table 6.1, the term 'married' includes legal or formal marriage, while 'living together' designates an informal or consensual union. However, in some of the tables in this report, these two categories are combined and referred to collectively as 'currently married' or 'currently in union — living together'. Respondents who are widowed, divorced, or not living together (separated), make up the remainder of the 'ever married' or 'ever in a union' category.

At the time of the 2013 VDHS, 68% of women aged 15–49 are currently in a union, including 26% who are living together, and 42% who are married. About three in ten (29%) women have never been married, and 3% are separated, widowed or divorced. Among men aged 15–49, 60% are currently in a union, with 21% living together, and 39% married. About two in five men (39%) have never been married, and 2% are separated, widowed or divorced (Table 6.1). The percentage of never married is higher among men than women.

Table 6.1 shows that a substantial proportion of women and men in Vanuatu opt to live together rather than get married; 'living together' prevails among women aged 15–29 and among men aged 20–29. Among young

women aged 15–19, 10% are living together while only 1% is married. In contrast, among men aged 15–19, 1% is living together and 2% are married. Among women aged 20–24, 46% are living together while 17% are married. Men aged 20–24 are twice as likely to be living together (20%) than to be legally married (9%). By age 25–29, 43% of women are living together and 39% are married. By age 25–29, half (50%) of men are living together and 22% are married.

Women aged 35 and older are more likely to be widowed than men in the same age range because the average life expectancy of men is generally lower than that of women.

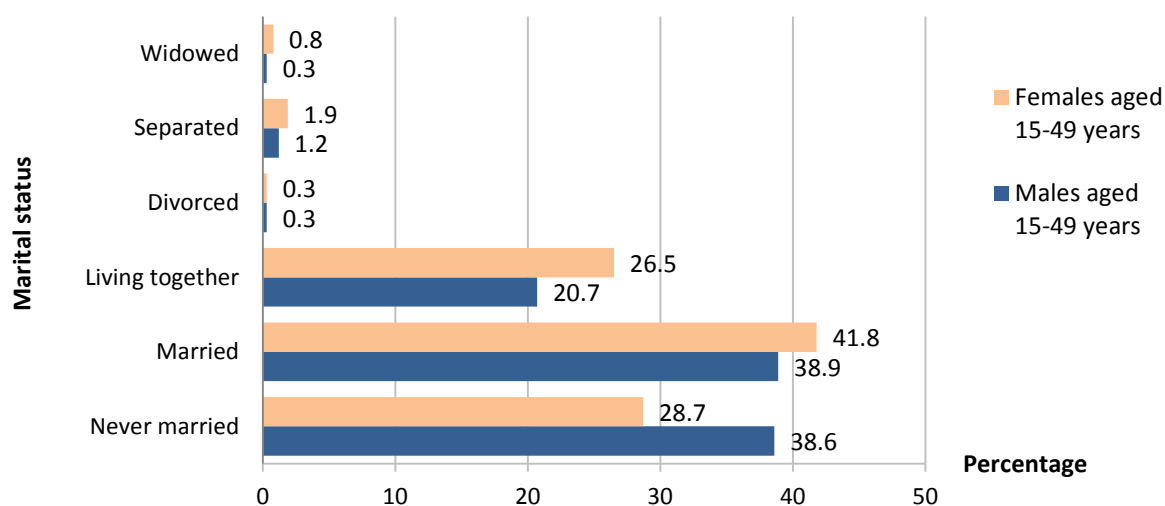
**Table 6.1: Current marital status**

*Percent distribution of women and men aged 15–49 by current marital status, according to age, Vanuatu 2013*

Age	Marital Status						Total	Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed			
WOMEN									
Age									
15–19	88.5	1.2	10.2	0.0	0.1	0.0	100.0	11.3	508
20–24	35.4	17.0	45.6	0.0	1.9	0.1	100.0	62.6	479
25–29	13.5	38.8	43.3	0.6	3.7	0.0	100.0	82.1	404
30–34	5.9	62.2	28.7	0.2	2.9	0.2	100.0	90.9	341
35–39	5.7	70.3	20.4	0.9	1.8	1.0	100.0	90.7	306
40–44	1.8	76.6	16.3	0.5	2.5	2.4	100.0	92.9	246
45–49	1.4	84.8	8.4	0.2	1.0	4.3	100.0	93.1	223
<b>Total women aged 15–49</b>	<b>28.7</b>	<b>41.8</b>	<b>26.5</b>	<b>0.3</b>	<b>1.9</b>	<b>0.8</b>	<b>100.0</b>	<b>68.3</b>	<b>2,508</b>
MEN									
Age									
15–19	96.0	2.2	1.3	0.0	0.5	0.0	100.0	3.5	217
20–24	68.2	9.0	20.4	0.0	2.5	0.0	100.0	29.4	199
25–29	26.6	21.9	50.2	0.0	1.3	0.0	100.0	72.1	154
30–34	9.4	57.4	30.4	0.6	1.9	0.3	100.0	87.7	159
35–39	5.8	72.8	21.0	0.2	0.2	0.0	100.0	93.8	131
40–44	2.5	81.0	14.0	0.0	1.0	1.5	100.0	95.0	111
45–49	2.0	84.9	9.6	2.0	0.0	1.5	100.0	94.5	96
<b>Total men aged 15–49</b>	<b>38.6</b>	<b>38.9</b>	<b>20.7</b>	<b>0.3</b>	<b>1.2</b>	<b>0.3</b>	<b>100.0</b>	<b>59.6</b>	<b>1,068</b>
Total men aged 50+	0.9	77.3	10.4	0.5	0.6	10.4	100.0	87.7	265
<b>Total men aged 15+</b>	<b>31.1</b>	<b>46.5</b>	<b>18.7</b>	<b>0.3</b>	<b>1.1</b>	<b>2.3</b>	<b>100.0</b>	<b>65.2</b>	<b>1,333</b>

na = not applicable

**Figure 6.1: Current marital status of women and men**





## 6.2. AGE AT FIRST MARRIAGE

Although the initiation of sexual intercourse (and thus the beginning of exposure to the risk of pregnancy) may precede the start of marriage, age at first marriage is nevertheless an important social and demographic indicator. In most societies this represents the point in a person's life when childbearing first becomes welcome. Note that in Table 6.2, 'married' includes 'living together'. Age at first marriage is defined as the age at which the respondent began living with her or his first spouse or partner.

Marriage is a leading social and demographic indicator of the exposure of women to the risk of pregnancy, whether or not a woman uses contraceptives. The younger the age the higher the risk, both mentally and physically, especially where levels of contraceptive use are low, and is therefore important in understanding fertility trends. Populations in which age at first marriage is low tend to have early childbearing and high fertility, and are likely to have a high rate of natural population increase. Early marriages, where the use of family planning methods are not widespread, leads to early childbearing and a longer period of exposure of women to reproductive risks, which in turn leads to high cumulative fertility levels. Table 6.2 presents the percentage of women and men aged 15–49 who are first married (by specific exact ages), and the median age at first marriage, according to the age of the respondent at the time of the survey.

Trends in age at first marriage for people of different age cohorts are described by comparing the cumulative distribution for successively younger age groups. When drawing conclusions concerning trends, the data for the oldest age cohorts must be interpreted cautiously because respondents may not recall dates or their age at marriage with accuracy; many respondents may not have consulted their marriage certificates at the time of the interview, and so would have guessed at ages or dates.

For each cohort, the accumulated percentages stop at the lower age boundary of the cohort to avoid censoring problems. For example, for the cohort currently aged 20–24, accumulation stops with the percentage married by the exact age of 20. As a measure of central tendency (a measurement of data that indicates where the middle of the information lies), the median age at first marriage is used. The median is defined as the age by which half of the cohort has married, not the age by which half of those married have started living with their spouse. The median is preferred over the mean as a measure of central tendency because, unlike the mean, it can be estimated for all cohorts where at least half are ever married at the time of survey.

**Table 6.2: Age at first marriage**

Percentage of women and men aged 15–49 who were first married by specific exact ages and median age at first marriage, according to current age, Vanuatu 2013

Current age	First married by exact age (%)					Never married (%)	Number	Median age at first marriage
	15	18	20	22	25			
WOMEN								
Age								
15–19	1.9	na	na	na	na	88.5	508	a
20–24	2.5	21.4	42.0	na	na	35.4	479	a
25–29	5.7	20.3	41.7	58.9	77.7	13.5	404	20.9
30–34	4.7	23.6	42.2	64.1	84.7	5.9	341	20.5
35–39	4.0	19.1	36.5	55.9	72.6	5.7	306	21.1
40–44	9.1	23.5	38.0	59.0	81.2	1.8	246	20.9
45–49	7.1	27.6	40.5	57.0	69.3	1.4	223	21.2
20–49	5.1	22.2	40.5	na	na	13.5	2,000	a
25–49	5.9	22.4	40.0	59.2	77.6	6.6	1,521	20.8
20+	na	na	na	na	na	na	0	na
25+	na	na	na	na	na	na	0	na
MEN								
Age								
15–19	0.0	na	na	na	na	96.0	217	a
20–24	0.0	4.6	14.4	na	na	68.2	199	a
25–29	0.0	4.7	17.1	27.8	59.3	26.6	154	23.7
30–34	0.0	7.3	22.0	35.6	61.1	9.4	159	23.8
35–39	0.0	5.2	16.8	37.0	62.3	5.8	131	23.4
40–44	0.0	5.2	15.7	37.1	55.5	2.5	111	23.9
45–49	0.0	10.2	17.1	30.8	52.4	2.0	96	24.7
20–49	0.0	5.9	17.2	na	na	24.0	851	a
25–49	0.0	6.3	18.0	33.6	58.7	10.5	652	23.8
20+	0.0	5.4	15.2	na	Na	18.5	1,116	a
25+	0.0	5.5	15.4	31.2	53.9	7.7	917	24.4

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner  
na = not applicable due to censoring  
a = Omitted because less than 50% of the women married for the first time before reaching the beginning of the age group

Although women can legally marry in Vanuatu when they reach age 15, parental consent is required for marriages of both females and males under age 18. Among women aged 20–49, 5% were married at age 15, 22% were married by age 18, and 40% percent were married by age 20. The median age at first marriage among women aged 25–49 is 20.8. This means that half of the women were married before they reached age 21. The results in Table 6.2 suggest that some younger women are delaying marriage. For example, 21% of women aged 20–24 were married by age 18, compared with 28% who were married by age 45–49.

Among men aged 20–49, 6% were married by age 18, while 17% were married by age 20. Unlike women, the percentage of men married at age 15 is nil. The median age at first marriage for men aged 25–49 is 23.8 years (three years later than that for women aged 25–49).

### 6.3. MEDIAN AGE AT FIRST MARRIAGE

The median age at first marriage for women by current age and background characteristics is shown in Table 6.3, and for men in Table 6.4. Overall, urban women aged 25–49 tend to marry almost a year later (at age 21.4) than rural women in the same age group (at age 20.6). Women from the poorest households are likely to marry about half a year earlier than women from wealthier households. The pattern by education demonstrates postponement of first marriage with increasing level of education where women with a secondary education tend to marry two years later (age 22.7) than those with a primary education age (20.6) or no education (age 20.5).

There is about a year difference in median age at first marriage between men aged 25 and older living in urban and in rural areas (25.0 for urban men, 24.2 for rural men) (Table 6.4). Unlike for women, the median

age at first marriage for men of 25+ is somewhat higher for men with no education (24.9) than for men with a secondary education (23.5). There is no clear pattern by wealth quintile.

**Table 6.3: Median age at first marriage — Women**

Median age at first marriage among women by five-year age groups, aged 20–49 and 25–49, according to background characteristics, Vanuatu 2013

Background characteristic	Age						Women aged 25–49
	20–24	25–29	30–34	35–39	40–44	45–49	
<b>Residence</b>							
Urban	a	21.7	21.0	22.1	21.1	21.3	21.4
Rural	a	20.4	20.3	20.7	20.7	21.1	20.6
..Rural 1	a	21.4	20.5	20.6	20.6	20.7	20.8
..Rural 2	20.0	20.2	20.2	20.8	20.8	21.2	20.5
<b>Education</b>							
No education	19.1	24.0	19.0	18.7	21.0	20.5	20.5
Primary	a	20.0	20.4	20.8	20.8	21.0	20.6
Secondary	a	21.3	20.8	22.1	21.0	21.7	21.4
More than secondary	a	22.8	21.0	24.0	20.7	25.9	22.7
<b>Wealth quintile</b>							
Lowest	19.5	20.9	20.8	21.0	22.1	19.5	20.9
Second	a	19.9	19.3	20.1	20.4	21.5	20.1
Middle	19.9	20.6	20.3	21.3	20.3	20.0	20.6
Fourth	a	21.7	20.8	23.7	20.8	21.9	21.5
Highest	a	21.8	21.0	21.6	21.1	21.3	21.4
<b>Total</b>	<b>a</b>	<b>20.9</b>	<b>20.5</b>	<b>21.1</b>	<b>20.9</b>	<b>21.2</b>	<b>20.8</b>

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner.  
a = Omitted because less than 50% of the women married for the first time before reaching the beginning of the age group.

**Table 6.4: Median age at first marriage — Men**

Median age at first marriage among men by five-year age groups, age 20+ and age 25+, according to background characteristics, Vanuatu 2013

Background characteristic	Age						Men aged 25+
	25–29	30–34	35–39	40–44	45–49	50+	
<b>Residence</b>							
Urban	24.0	25.1	25.8	21.7	26.9	25.4	25.0
Rural	23.5	23.1	22.8	26.1	23.7	26.0	24.2
..Rural 1	24.0	23.4	24.0	22.4	26.4	25.0	24.1
..Rural 2	23.5	23.0	22.6	26.4	23.4	26.2	24.2
<b>Education</b>							
No education	25.0	24.7	19.5	a	23.3	26.7	24.9
Primary	23.5	23.4	24.3	23.9	25.5	25.6	24.6
Secondary	23.7	23.4	22.2	22.4	23.2	25.7	23.5
More than secondary	a	24.0	24.9	25.0	28.4	26.1	a
<b>Wealth quintile</b>							
Lowest	23.2	23.0	21.7	27.9	25.5	26.8	24.1
Second	23.1	24.1	22.8	26.8	25.2	24.4	24.4
Middle	24.2	22.3	23.0	22.4	21.1	26.5	23.7
Fourth	23.6	24.6	24.2	23.6	24.4	26.8	a
Highest	24.0	25.4	27.1	21.0	27.3	23.6	24.7
<b>Total</b>	<b>23.7</b>	<b>23.8</b>	<b>23.4</b>	<b>23.9</b>	<b>24.7</b>	<b>25.8</b>	<b>24.4</b>

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner.  
a = omitted because less than 50% of the men married for the first time before reaching the beginning of the age group.

## 6.4. AGE AT FIRST SEXUAL INTERCOURSE

The 2013 VDHS collected data on age at first sexual intercourse. Note that the median age in Table 6.5 is defined as the exact age by which 50% of an age cohort had sexual intercourse for the first time. Over 5% of

women aged 25–49 are sexually active by age 15, increasing six-fold to 31% by age 18 (Table 6.5). The cumulative percentage of women aged 25–49 that had first sexual intercourse continue to increase thereafter: three in five (60%) women had first sexual intercourse by age 20 and four in five (82%) by age 25. The median age at first sexual intercourse for women aged 25–49 is 19.1, a relatively early sexual initiation by international standards. Over one-third (37%) of women aged 15–24 never had sexual intercourse.

Sexual activity among men aged 25–49 also begins early, with a relatively higher percentage of men having first sexual intercourse by a specific age than women. Some 35% of men aged 25–49 are sexually active by age 18, increasing to 67% by age 20, to 81% by age 22, and to 90% by age 25. The median age at first sexual intercourse for men aged 25–49 is 18.9 (almost the same age as for women). The percentage of men aged 15–24 who never had sexual intercourse (30%) is lower than that for women (37%) of the same age group.

**Table 6.5: Age at first sexual intercourse**

*Percentage of women and men aged 15–49 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to current age, Vanuatu 2013*

Current age	Had first sexual intercourse by exact age (%):					Never had intercourse (%)	Number	Median age at first intercourse
	15	18	20	22	25			
WOMEN								
Age								
15–19	7.6	na	na	na	na	61.8	508	a
20–24	4.8	37.1	66.0	na	na	10.9	479	18.8
25–29	6.4	36.6	69.1	81.5	88.4	2.2	404	18.6
30–34	3.7	27.0	58.4	74.8	83.4	1.3	341	19.4
35–39	5.0	30.9	61.1	76.7	82.4	0.3	306	19.0
40–44	5.5	25.9	51.6	63.9	74.7	0.0	246	19.8
45–49	5.7	30.8	51.1	68.5	76.9	0.2	223	19.8
20–49	5.2	32.2	61.2	na	na	3.4	2,000	19.0
25–49	5.3	30.7	59.6	74.3	82.2	1.0	1,521	19.1
15–24	6.2	na	na	na	na	37.1	987	a
20+	na	na	na	na	na	na	0	na
25+	na	na	na	na	na	na	0	na
MEN								
Age								
15–19	6.3	na	na	na	na	49.4	217	a
20–24	7.9	51.5	83.2	na	na	9.8	199	17.9
25–29	7.0	39.7	72.0	78.0	93.3	2.1	154	18.7
30–34	4.1	35.7	70.5	85.6	92.0	1.4	159	18.8
35–39	6.1	35.3	66.7	81.2	91.4	1.9	131	18.7
40–44	4.5	34.8	60.8	75.6	84.5	1.7	111	19.3
45–49	0.6	26.4	60.8	80.7	86.0	0.4	96	19.4
20–49	5.5	38.9	70.8	na	na	3.5	851	18.6
25–49	4.7	35.1	67.0	80.5	90.0	1.6	652	18.9
15–24	7.1	na	na	na	na	30.4	416	a
20+	4.6	33.7	63.0	na	na	2.8	1,116	19.0
25+	3.9	29.8	58.7	72.5	83.1	1.3	917	19.4

na = not applicable due to censoring

a = omitted because less than 50% of the respondents had intercourse for the first time before reaching the beginning of the age group

## 6.5. MEDIAN AGE AT FIRST SEXUAL INTERCOURSE

The median age at first sexual intercourse by current age and background characteristics is shown in Table 6.6.1 for women and Table 6.6.2 for men. The tables are used to describe differences in median age at first sexual intercourse between Vanuatu population subgroups, and to examine trends within these subgroups.

Among women aged 25–49, the median age at first sexual intercourse in rural areas (18.9) is over half a year lower than the median age at first sexual intercourse in urban areas (19.5). The reverse is true for men aged

25 and older: the median age at first sexual intercourse in rural areas (19.6) is over half a year higher than that in urban areas (18.9).

Examination by education levels reveals that women aged 25–49 with primary or secondary education engage in sexual relations earlier than women with more than a secondary education. A similar trend is noted for men in that those with lower education levels engage in first sexual intercourse earlier in life compared with those with more than a secondary education. The effect of household wealth on the initiation of sexual intercourse is obvious among women: women in the poorest households are more likely to engage in first sexual activity at a younger age than women in higher wealth quintile households. A reverse pattern is observed for men.

**Table 6.6.1: Median age at first intercourse — Women**

*Median age at first sexual intercourse among women by five-year age groups, ages 20–49 and 25–49, according to background characteristics, Vanuatu 2013*

Background characteristic	Age						Women aged 20–49	Women aged 25–49
	20–24	25–29	30–34	35–39	40–44	45–49		
<b>Residence</b>								
Urban	19.4	19.1	19.3	19.2	20.5	20.7	19.5	19.5
Rural	18.5	18.4	19.4	18.9	19.6	19.4	18.8	18.9
..Rural 1	18.3	18.7	19.8	18.8	19.0	20.0	18.8	19.0
..Rural 2	18.5	18.4	19.3	19.0	19.8	19.3	18.8	18.9
<b>Education</b>								
No education	16.9	20.3	19.1	20.4	20.8	20.2	19.6	20.2
Primary	18.2	18.1	19.0	18.7	19.4	19.3	18.6	18.7
Secondary	19.0	19.5	19.6	20.0	20.0	20.6	19.5	19.7
More than secondary	a	19.5	20.4	20.8	20.5	22.0	a	20.5
<b>Wealth quintile</b>								
Lowest	18.5	17.7	18.9	19.6	18.9	18.8	18.6	18.6
Second	18.0	18.4	18.6	18.7	20.1	20.1	18.6	18.8
Middle	18.6	18.9	19.7	18.7	19.1	19.3	18.9	19.0
Fourth	19.0	18.8	19.6	19.9	20.8	19.7	19.4	19.5
Highest	a	19.7	19.7	19.0	20.2	21.1	19.9	19.8
<b>Total</b>	<b>18.8</b>	<b>18.6</b>	<b>19.4</b>	<b>19.0</b>	<b>19.8</b>	<b>19.8</b>	<b>19.0</b>	<b>19.1</b>

a = omitted because less than 50% of the women had intercourse for the first time before reaching the beginning of the age group

**Table 6.6.2: Median age at first intercourse — Men**

*Median age at first sexual intercourse among men by five-year age groups, ages 20+ and 25+, according to background characteristics, Vanuatu 2013*

Background characteristic	Age							Man aged 20+	Men aged 25+
	20–24	25–29	30–34	35–39	40–44	45–49	50+		
<b>Residence</b>									
Urban	17.7	18.5	18.7	18.3	19.7	18.8	20.5	18.7	18.9
Rural	18.0	18.8	18.8	19.0	18.9	19.6	22.0	19.3	19.6
..Rural 1	18.2	18.1	18.5	18.2	19.5	20.4	20.9	18.9	19.3
..Rural 2	18.0	19.0	18.9	19.3	18.7	19.5	22.3	19.4	19.7
<b>Education</b>									
No education	a	20.0	20.3	16.5	A	18.6	21.2	a	20.1
Primary	17.1	18.7	18.4	19.1	18.9	19.5	21.0	19.0	19.3
Secondary	18.0	18.2	18.9	17.4	20.2	19.4	22.4	18.6	18.9
More than secondary	18.1	19.4	22.4	19.5	19.1	18.7	23.6	19.8	20.3
<b>Wealth quintile</b>									
Lowest	17.6	19.3	18.5	19.1	18.5	18.8	22.4	19.4	19.7
Second	18.1	18.4	19.3	19.4	20.0	19.4	21.0	19.4	19.7
Middle	17.0	19.2	18.3	20.2	18.7	20.3	22.0	19.1	19.4
Fourth	18.4	18.4	18.7	17.9	19.9	19.4	21.4	18.9	19.0
Highest	17.5	18.8	18.9	18.5	19.4	19.3	21.4	18.7	19.1
<b>Total</b>	<b>17.9</b>	<b>18.7</b>	<b>18.8</b>	<b>18.7</b>	<b>19.3</b>	<b>19.4</b>	<b>21.5</b>	<b>19.0</b>	<b>19.4</b>

a = omitted because less than 50% of the men had intercourse for the first time before reaching the beginning of the age group

## 6.6. RECENT SEXUAL ACTIVITY

In societies with or without contraception use, the probability of a woman becoming pregnant is closely related to her exposure to and frequency of sexual intercourse. Information on recent sexual activity is, therefore, a useful measure of exposure to the risk of pregnancy. The 2013 VDHS asked women and men about the timing of their last sexual intercourse. Tables 6.7.1 and 6.7.2 present the percent distribution of women and men (respectively) by the timing of their last sexual intercourse, according to their background characteristics. Respondents are considered to be sexually active if they have had sexual intercourse at least once in the four weeks preceding the survey.

Among women aged 15–49, over half (53%) were sexually active in the four weeks prior to the survey; 20% reported having sex within the past year but not in the four weeks prior to the survey, and about 10% reported having sex one or more years ago. The percentage of women who were sexually active in the four weeks preceding the survey increases with age, peaking at 72% for women aged 30–34, and declining for older women. As expected, a higher percentage (72%) of currently married women had recent sexual activity than those not in marital unions. The percentage having recent sexual activity increases with marital duration, peaking at 10–14 years duration and declining thereafter.

Women in rural areas are more likely to have had sex in the four weeks preceding the survey (57%) than urban women (46%). With regard to education, women with a primary education tended to be more sexually active in the four weeks preceding the survey than women with a secondary education. The percentage having recent sexual activity decreases with increasing wealth quintile.

Overall, men aged 15–49 are just as likely as women to have had recent sexual intercourse (Table 6.7.2), but generally display relatively higher levels according to selected background characteristics than for women. About 52% of men aged 15 and older had sexual intercourse in the four weeks preceding the survey. About 18% had sexual intercourse in the year preceding the survey but not in the previous four weeks, 17% had sex one or more years before the survey, and 10% never had sexual intercourse (compared with 15% of women who never had sexual intercourse).

**Table 6.7.1: Recent sexual activity — Women***Percent distribution of women aged 15–49 by timing of last sexual intercourse, according to background characteristics, Vanuatu 2013*

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of women
	Within the four weeks preceding the survey	Within one year before survey <sup>1</sup>	One or more years before survey	Missing			
<b>Age</b>							
15–19	17.8	14.0	5.4	1.0	61.8	100.0	508
20–24	48.4	29.1	11.0	0.6	10.9	100.0	479
25–29	63.0	21.7	10.5	2.6	2.2	100.0	404
30–34	71.5	17.4	9.3	0.6	1.3	100.0	341
35–39	68.6	19.5	8.4	3.1	0.3	100.0	306
40–44	66.5	21.0	11.4	1.1	0.0	100.0	246
45–49	61.0	18.0	19.3	1.4	0.2	100.0	223
<b>Marital status</b>							
Never married	12.3	18.0	15.8	0.9	53.0	100.0	719
Married or living together	71.8	21.0	5.6	1.6	0.0	100.0	1,714
Divorced/separated/ widowed	16.3	26.0	54.2	3.4	0.0	100.0	75
<b>Marital duration<sup>2</sup></b>							
0–4 years	69.3	27.7	2.1	0.9	0.0	100.0	344
5–9 years	72.2	21.5	3.7	2.6	0.0	100.0	303
10–14 years	78.1	17.2	4.1	0.7	0.0	100.0	279
15–19 years	76.1	14.7	5.5	3.7	0.0	100.0	270
20–24 years	71.9	21.0	6.4	0.8	0.0	100.0	179
25+ years	61.4	19.7	18.3	0.6	0.0	100.0	144
Married more than once	68.0	23.9	7.2	0.9	0.0	100.0	194
<b>Residence</b>							
Urban	46.4	24.4	10.6	2.0	16.6	100.0	867
Rural	56.6	18.1	9.7	1.1	14.5	100.0	1,641
..Rural 1	49.4	22.5	9.6	0.9	17.7	100.0	272
..Rural 2	58.0	17.3	9.7	1.2	13.8	100.0	1,369
<b>Education</b>							
No education	63.4	8.8	20.2	0.0	7.6	100.0	128
Primary	56.8	19.8	9.4	1.6	12.5	100.0	1,417
Secondary	45.5	23.0	9.1	1.2	21.2	100.0	818
More than secondary	50.3	20.1	12.4	2.6	14.7	100.0	144
<b>Wealth quintile</b>							
Lowest	58.0	14.9	12.1	0.9	14.1	100.0	441
Second	56.8	18.1	8.4	2.1	14.6	100.0	496
Middle	54.8	20.7	9.6	1.1	13.8	100.0	503
Fourth	53.8	22.9	10.4	0.8	12.1	100.0	519
Highest	43.5	23.7	9.8	2.2	20.8	100.0	549
<b>Total</b>	<b>53.1</b>	<b>20.3</b>	<b>10.0</b>	<b>1.4</b>	<b>15.2</b>	<b>100.0</b>	<b>2,508</b>

<sup>1</sup> Excludes women who had sexual intercourse within the four weeks preceding the survey.<sup>2</sup> Excludes women who are not currently married.

Men's sexual activity patterns are quite similar to those of women but at slightly higher levels. Men who are currently married or living with a woman are most likely to have had recent sexual intercourse: 77% compared with 26% of never married men. There is no urban–rural disparity in recent sexual activity among men. The percentage of men who had recent sexual activity is relatively higher among those with a primary level education (57%) than men with a secondary education (54%).

The percentage that has never had sexual intercourse is higher among men with a secondary level education (14%) than men with a primary level education (11%). This pattern is similar to that for women. There is no distinctive pattern in men's sexual activity by wealth quintile.

**Table 6.7.2: Recent sexual activity — Men***Percent distribution of men aged 15–49 by timing of last sexual intercourse, according to background characteristics, Vanuatu 2013*

Background characteristic	Timing of last sexual intercourse					Total	Number of men
	Within the four weeks preceding the survey	Within one year of survey <sup>1</sup>	One or more years before survey	Missing	Never had sexual intercourse		
<b>Age</b>							
15–19	18.0	23.3	9.3	0.0	49.4	100.0	217
20–24	50.6	24.8	14.4	0.4	9.8	100.0	199
25–29	61.4	20.6	14.5	1.5	2.1	100.0	154
30–34	72.6	12.0	10.0	4.0	1.4	100.0	159
35–39	78.5	10.8	5.8	3.0	1.9	100.0	131
40–44	78.6	9.0	10.6	0.0	1.7	100.0	111
45–49	62.5	19.8	12.3	5.0	0.4	100.0	96
<b>Marital status</b>							
Never married	25.5	26.1	14.9	0.3	33.2	100.0	412
Married or living together	76.9	12.4	8.4	2.3	0.0	100.0	637
Divorced/separated/widowed	*	*	*	*	*	100.0	19
<b>Marital duration<sup>2</sup></b>							
0–4 years	73.6	16.1	9.3	0.9	0.0	100.0	138
5–9 years	79.1	4.2	16.4	0.3	0.0	100.0	100
10–14 years	79.7	12.4	6.7	1.2	0.0	100.0	105
15–19 years	78.7	11.6	5.7	4.0	0.0	100.0	107
20–24 years	78.1	7.4	11.9	2.6	0.0	100.0	57
25+ years	(63.1)	(24.9)	(6.2)	(5.8)	(0.0)	100.0	26
Married more than once	77.3	16.1	2.4	4.2	0.0	100.0	105
<b>Residence</b>							
Urban	56.2	21.2	11.6	2.5	8.5	100.0	388
Rural	56.2	16.5	10.8	1.3	15.3	100.0	680
..Rural 1	57.4	19.3	7.2	1.9	14.2	100.0	121
..Rural 2	56.0	15.9	11.5	1.1	15.5	100.0	559
<b>Education</b>							
No education	(49.7)	(17.4)	(5.8)	(0.0)	(27.0)	100.0	51
Primary	57.2	17.2	12.1	2.2	11.3	100.0	599
Secondary	54.4	19.9	10.6	1.1	14.0	100.0	337
More than secondary	60.4	18.6	9.0	1.6	10.4	100.0	80
<b>Wealth quintile</b>							
Lowest	61.4	14.1	10.0	1.2	13.3	100.0	161
Second	54.0	14.8	9.4	0.0	21.8	100.0	201
Middle	58.7	14.8	12.1	3.2	11.2	100.0	232
Fourth	54.8	21.9	12.5	1.9	8.9	100.0	248
Highest	53.7	23.4	10.7	1.8	10.3	100.0	226
<b>Total men aged 15–49</b>	<b>56.2</b>	<b>18.2</b>	<b>11.1</b>	<b>1.7</b>	<b>12.8</b>	<b>100.0</b>	<b>1,068</b>
Total men aged 50+	36.2	17.0	42.6	3.8	0.5	100.0	265
Total men aged 15+	52.3	17.9	17.3	2.1	10.4	100.0	1,333

<sup>1</sup> Excludes men who had sexual intercourse within the four weeks preceding the survey.<sup>2</sup> Excludes men who are not currently married.

Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

## 6.7. POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhea refers to the interval between childbirth and the return of menstruation. During this period, the risk of pregnancy is reduced. Among women who are not using contraception, exposure to the risk of pregnancy in the period following birth is determined by two major factors: breastfeeding and sexual abstinence. Postpartum protection from conception can be prolonged by breastfeeding (exclusive



breastfeeding), which can lengthen the duration of amenorrhoea, or by delayed resumption of sexual activity, depending on the partner's support (postpartum abstinence).

In Table 6.8, the percentage of births for which mothers are postpartum amenorrhoeic and abstaining is presented, along with the percentage of births for which mothers are defined as still postpartum insusceptible (i.e. either amenorrhoeic or abstaining, or both). These women are classified as not exposed (i.e. insusceptible) to the risk of pregnancy.

Overall, 33% of women who gave birth in the three years preceding the survey are insusceptible because they are still amenorrhoeic (16%) or are abstaining (25%), or both following birth. Women are amenorrhoeic for a median of 1.8 months and abstaining for a median of 2.4 months, resulting in a median period of insusceptibility of 7.6 months.

The results in Table 6.8 show that after six months (the recommended duration of exclusive breastfeeding), 58% of mothers are still insusceptible to the risk of pregnancy; 40% are amenorrhoeic and 29% are abstaining.

**Table 6.8: Postpartum amenorrhoea, abstinence and insusceptibility**

*Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Vanuatu 2013*

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible <sup>1</sup>	
< 2	64.3	74.1	84.1	34
2-3	40.6	39.6	62.3	45
4-5	30.6	41.4	56.6	69
6-7	40.1	28.9	57.7	83
8-9	20.8	30.2	48.0	45
10-11	17.8	17.1	27.3	58
12-13	14.8	29.3	36.3	44
14-15	5.8	25.7	28.6	62
16-17	3.2	30.0	33.3	59
18-19	1.7	17.5	19.2	52
20-21	5.3	13.9	15.4	57
22-23	10.0	20.6	26.8	49
24-25	1.9	24.9	25.9	39
26-27	7.0	18.3	20.9	55
28-29	8.0	9.2	16.9	51
30-31	0.7	7.0	7.0	53
32-33	1.7	14.6	15.4	35
34-35	0.5	14.0	14.4	46
<b>Total</b>	<b>15.5</b>	<b>24.8</b>	<b>33.4</b>	<b>935</b>
Median	1.8	2.4	7.6	na
Mean	5.9	9.5	12.3	na

Note: Estimates are based on status at the time of the survey.

na = not applicable

<sup>1</sup> Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth.

## 6.8. MEDIAN DURATION OF POSTPARTUM INSUSCEPTIBILITY BY BACKGROUND CHARACTERISTICS

The median duration of postpartum amenorrhoea, abstinence and insusceptibility by various background characteristics is presented in Table 6.9. While the median duration of postpartum abstinence does not vary much by age, the median duration of postpartum amenorrhoea is almost four months longer for women aged 30 and older than for women less than 30, yielding a median duration of postpartum insusceptibility longer than one month for women over 30 than for younger women. The median duration of postpartum amenorrhoea and the median duration of postpartum insusceptibility are higher in rural areas than in urban areas. The median duration of postpartum amenorrhoea and the median duration of insusceptibility are lowest among women in the highest wealth quintile.

**Table 6.9: Median duration of amenorrhea, postpartum abstinence and postpartum insusceptibility**

*Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Vanuatu 2013*

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptible <sup>1</sup>
<b>Mother's age</b>			
15–29	1.6	2.4	6.7
30–49	5.4	2.6	8.3
<b>Residence</b>			
Urban	1.2	2.5	4.4
Rural	2.1	2.3	8.0
..Rural 1	0.7	3.2	5.2
..Rural 2	2.3	2.0	8.1
<b>Education</b>			
No education	6.6	1.3	7.4
Primary	1.9	3.4	8.5
Secondary	1.6	2.1	4.5
More than secondary	0.5	3.4	3.4
<b>Wealth quintile</b>			
Lowest	4.8	2.3	7.2
Second	2.1	3.2	9.1
Middle	1.5	2.2	7.9
Fourth	1.7	2.4	6.5
Highest	0.7	2.3	2.8
<b>Total</b>	<b>1.8</b>	<b>2.4</b>	<b>7.6</b>

Note: Median numbers are based on the status at the time of the survey (current status).

<sup>1</sup> Includes births for which mothers are either still amenorrhea or still abstaining (or both) following birth.

## 6.9. MENOPAUSE

Menopause is another factor that influences the risk of pregnancy among women aged 30 and older. Table 6.10 presents an important indicator concerning fecundity as measured by evidence of menopause. The lack of a menstrual period in the six months preceding the survey among women who are neither pregnant nor postpartum amenorrhoeic is taken as evidence of menopause and, therefore, infecundity. Although the onset of menopause is difficult to determine for an individual woman, methods are available for estimating the proportion of women who are menopausal for the population as a whole. For this analysis, a woman is considered menopausal if she is neither pregnant nor postpartum amenorrhoeic but did not have a menstrual period in the six months preceding the survey.

Table 6.10 summaries the percentage of women aged 30–49 that are menopausal. According to the 2013 VDHS, 10% of women aged 30–49 are menopausal. The proportion of women who are menopausal rises with age from about 4% for the 30–34 age group to 45% for the 48–49 age group. It is clear that the onset of infertility with increasing age reduces the proportion of women who are exposed to the risk of pregnancy.

**Table 6.10: Menopause by age**

*Percentage of women aged 30–49 who are menopausal, by age, Vanuatu 2013*

Age	Percentage menopausal <sup>1</sup>	Number of women
30–34	3.9	341
35–39	3.6	306
40–41	4.3	111
42–43	6.2	92
44–45	18.4	92
46–47	21.2	86
48–49	45.1	89
<b>Total</b>	<b>9.8</b>	<b>1,117</b>

<sup>1</sup> Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred six or more months prior to the survey.

### Key findings

- More than half of currently married women aged 15–49 and three-quarters of currently married men aged 15–49 want no more children or are sterilized.
- Women and men report that an ideal family size is less than three children, although overall, ni-Vanuatu women have one child more than their wanted number.
- Ni-Vanuatu men tend to prefer a larger family size than ni-Vanuatu women, irrespective of the number of living children.
- Only 14% of ni-Vanuatu women with six or more children indicated that their ideal number of children matches their current parity compared with 49% for men.
- Nearly one in three women (29%) still have unplanned (untimed or unwanted altogether) births.

Data on reproductive preferences are of fundamental importance for population policy and family planning programmes. Vanuatu's population policy contains seven population goals with goal #1 being to reduce fertility and unintended pregnancy, particularly among target population groups. This makes it crucial to gain insight into the fertility preferences of the population, and to assess the potential demand for family planning. In the 2013VDHS, women and men were asked specific questions about their desire to have another child, the length of time they would like to wait before having another child, and what they considered to be the ideal number of children. The questions were designed to ascertain individual fertility preferences. Based on these data, the current chapter discusses the desire of ni-Vanuatu couples to cease childbearing or delay their next pregnancy, and explores the extent to which contraceptive use behaviour diverges from expressed fertility desires.

A woman's fertility preferences are subjective and do not necessarily predict her reproductive behaviour because a woman's childbearing decisions are frequently influenced by the attitudes of other family members, particularly the husband. Survey information on fertility preferences can also be influenced by the respondent's current family size. To ascertain their childbearing desires, 2013 VDHS respondents were first asked if they wanted to have additional children, after which several additional questions were asked. The responses to these additional questions ascertain the validity of the responses given to the first question. If a woman was pregnant at the time of the survey she was asked whether she wanted to have another child after the birth of the child she was carrying. Taking into account the way in which the preference variable is defined for pregnant women, a current pregnancy is treated as being equivalent to a living child. Women who have been sterilised are classified as wanting no more children.

### 7.1. DESIRE FOR MORE CHILDREN

Women's preferences concerning future childbearing serve as indicators of future fertility. However, sterilised women, and women who state that they are infecund ('declared infecund'), have no impact on future fertility because their potential contribution to fertility has been curtailed. Data on fertility preferences also provide information on the potential need for contraceptive services for spacing and limiting births.

Table 7.1 shows fertility preferences among currently married women and currently married men by the number of living children at the time of the survey. There is a desire among married ni-Vanuatu women and men to control the timing and, especially the number of, births: 14% of currently married women and 17% of currently married men would like to wait for two or more years for the next birth, while 41% of women and 41% of men want no more children. Taking into account the 12% of currently married women and 3% of currently married men who are sterilised, about 71% of currently married women and 69% of currently married men want to delay or limit childbearing. This greatly exceeds the approximately 9% of women and 10% of men (aged 15–49) who would like to have another child within the next two years. The remaining women and men are undecided about their fertility desires or say they are unable to get pregnant (i.e. are infecund).

**Table 7.1: Fertility preferences by number of living children**

Percent distribution of currently married women and currently married men aged 15–49 by desire for children, according to number of living children, Vanuatu 2013

Desire for children	Number of living children <sup>1</sup>							Total women aged 15–49	Total aged 50+	Total men aged 15+
	0	1	2	3	4	5	6+			
WOMEN										
Have another soon <sup>2</sup>	37.4	15.1	12.3	5.6	2.8	3.3	2.7	9.1	na	na
Have another later <sup>3</sup>	11.5	33.1	21.7	10.1	5.2	5.1	0.0	13.6	na	na
Have another, undecided when	9.7	13.4	6.5	3.2	3.3	1.1	0.5	5.2	na	na
Undecided	18.5	19.7	18.9	20.2	11.9	12.2	12.3	16.6	na	na
Want no more	4.1	12.5	33.4	46.9	59.2	53.1	61.2	41.0	na	na
Sterilised <sup>4</sup>	0.2	3.2	5.0	11.7	16.2	23.7	21.4	11.6	na	na
Declared infecund	16.7	0.9	1.0	0.6	0.1	1.1	0.6	1.5	na	na
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0
<b>Number</b>	<b>90</b>	<b>244</b>	<b>379</b>	<b>336</b>	<b>282</b>	<b>205</b>	<b>178</b>	<b>1,714</b>	<b>0</b>	<b>0</b>
MEN										
Have another soon <sup>2</sup>	34.3	13.8	12.5	6.3	7.2	2.7	2.6	10.3	0.0	7.5
Have another later <sup>3</sup>	2.5	36.9	28.6	14.6	11.1	7.1	6.0	17.2	0.8	12.8
Have another, undecided when	20.5	17.5	8.5	4.8	4.3	4.9	6.7	8.6	0.0	6.3
Undecided	15.8	15.4	20.2	19.5	11.3	14.4	10.7	15.9	6.2	13.3
Want no more	5.6	12.2	26.3	51.4	58.5	62.7	60.2	40.8	72.6	49.3
Sterilized <sup>4</sup>	1.9	0.4	1.3	2.3	4.4	7.4	3.0	2.8	5.7	3.6
Declared infecund	12.6	2.2	1.5	1.2	0.0	0.2	2.6	2.1	11.8	4.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Number</b>	<b>52</b>	<b>87</b>	<b>124</b>	<b>131</b>	<b>120</b>	<b>67</b>	<b>56</b>	<b>637</b>	<b>232</b>	<b>869</b>

NA = not applicable

<sup>1</sup> The number of living children includes current pregnancy for women.

<sup>2</sup> Wants next birth within two years.

<sup>3</sup> Wants to delay next birth for two or more years.

<sup>4</sup> Includes both female and male sterilization.

The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

Total percent may not add up to 100 due to rounding off or exclusion of 'missing' cases.

The results show that ni-Vanuatu men and women hold similar views regarding the postponement of childbearing. Overall, the preference of most men and women is to limit childbearing, although it is worth noting that there are those who say they want another child within the next two years.

Fertility preferences are typically closely related to the number of children a couple already has. In many countries the proportions of women and men wanting a child soon are very high for those who do not yet have any children, and taper off with an increasing number of living children. The 2013 VDHS results show a high proportion (37%) of childless currently married women who want their first birth soon; among men, the figure is 34%. After having one child, the percentage who desire to have another child within two years is reduced by more than one-half for both men (14%) and women (15%), while the percentage who desire to delay the next birth for at least two years increases to 33% for women and 37% for men. After having two children, most men and women express a desire to delay future births for more than two years, or not to have any additional children. The same percentage (59%) of women and men who want no more children rises steeply after they have had four births.

Table 7.2.1 shows the percentage of currently married women who want no more children (or have been sterilised) by the number of living children and background characteristics. In total, 53% of women say they want no more children. The percentage of women who want no more children increases rapidly from 16% among women with one child to 38% among women with two children, to 59% among women with three children, to 75% among women with four children, and 83% among women with six or more children. This suggests that the majority of women in Vanuatu want only three children.

**Table 7.2.1: Desire to limit childbearing — Women**

Percentage of currently married women aged 15–49 who want no more children, by number of living children, according to background characteristics, Vanuatu 2013

Background characteristic	Number of living children <sup>1</sup>							Total
	0	1	2	3	4	5	6+	
<b>Residence</b>								
Urban	10.2	12.8	45.1	53.2	79.0	84.4	81.5	48.9
Rural	0.4	17.6	34.6	61.2	73.9	74.8	82.8	54.3
..Rural 1	2.1	18.8	37.5	62.2	81.3	78.1	91.2	53.5
..Rural 2	0.0	17.3	33.9	61.1	72.4	74.3	81.8	54.4
<b>Education</b>								
No education	0.0	40.9	45.5	69.4	66.7	74.9	91.1	69.1
Primary	3.2	13.5	37.9	59.9	74.3	78.4	79.3	55.9
Secondary	6.9	17.8	36.7	54.1	78.4	69.1	88.6	43.4
More than secondary	0.0	11.6	48.7	54.8	82.2	100.0	100.0	44.9
<b>Wealth quintile</b>								
Lowest	2.0	10.3	29.2	50.4	63.3	77.9	92.4	55.7
Second	0.0	12.3	38.4	60.1	78.2	70.2	74.2	52.1
Middle	0.0	11.3	33.8	68.6	65.4	90.5	80.4	52.2
Fourth	5.7	23.9	43.4	49.7	85.6	71.3	70.4	52.2
Highest	12.3	15.2	43.9	64.3	81.7	77.2	86.0	51.1
<b>Total</b>	<b>4.3</b>	<b>15.7</b>	<b>38.4</b>	<b>58.6</b>	<b>75.3</b>	<b>76.8</b>	<b>82.6</b>	<b>52.6</b>

Note: Women who have been sterilized are considered to want no more children.

<sup>1</sup> The number of living children includes the current pregnancy.

There are similarities in the desire of women to limit childbearing between Vanuatu's two main regions: 45% of women in urban Vanuatu say they want no more children after having two children; in rural Vanuatu, 35% want no more children after having two children. Overall, 49% of women in urban areas want no more children, compared with 54% of women in rural areas.

Overall, the desire to limit childbearing generally decreases with increasing education, up to secondary level. Just 43% of women with a secondary education say they want no more children, compared with 56% of women with a primary education and 69% of women with no education. This pattern is particularly true among women with two to three children but reverses for women with higher parities, implying that after having three children, a higher percentage of better educated women desire to stop childbearing than less educated women.

The findings regarding the desire of women to cease childbearing by wealth quintile show some irregularities, which could be due to small numbers. Overall, the differences across wealth quintiles are marginal, with most values hovering around 52%, and the percentages by parity fluctuate.

The percentage of men aged 15–49 who want no more children (44%, Table 7.2.2) is slightly lower than the percentage for women (45%). Contrary to the findings for women, more urban men (48%) want no more children than rural men (42%) for all parities, ranging from zero to five children.

The percentage of men who want no more children is greater among those with a primary education (46%), followed by those with a secondary education (or more), and lowest among men with no education (24%). The pattern by parity is not clear, perhaps due to small numbers.

Overall, the percentage of men who want no more children generally increases steadily as wealth quintile increases, starting from the second quintile — from 37% to 51%. As for women, the pattern by parity is not clear. The sample size of men is significantly smaller than that of women, and stochastic variation due to low absolute numbers may account for some fluctuations in the observed pattern.

**Table 7.2.2: Desire to limit childbearing — Men**

Percentage of currently married men aged 15–49 who want no more children, by number of living children, according to background characteristics, Vanuatu 2013

Background characteristic	Number of living children <sup>1</sup>							Total
	0	1	2	3	4	5	6+	
<b>Residence</b>								
Urban	19.7	17.2	38.0	69.2	67.5	80.7	58.4	48.0
Rural	0.0	9.0	21.4	46.5	61.3	66.3	64.3	41.5
..Rural 1	0.0	15.6	38.6	53.8	54.2	77.6	97.9	49.9
..Rural 2	0.0	7.2	18.1	45.1	62.4	63.7	57.7	39.8
<b>Education</b>								
No education	0.0	30.1	0.0	0.0	33.3	62.2	17.7	23.5
Primary	6.5	13.9	25.1	52.9	66.4	73.6	68.9	46.4
Secondary	0.0	12.6	29.8	56.5	62.3	63.0	100.0	41.7
More than secondary	21.4	0.0	36.9	67.2	47.8	66.3	100.0	40.0
<b>Wealth quintile</b>								
Lowest	0.0	50.5	12.9	31.4	56.9	71.5	52.7	40.2
Second	0.0	0.0	13.1	49.5	57.6	65.2	63.5	37.2
Middle	0.0	8.3	31.2	54.7	68.0	74.2	68.2	42.0
Fourth	17.7	4.0	33.3	53.2	70.3	71.1	67.4	47.0
Highest	25.4	22.1	41.8	77.1	57.9	70.4	78.9	51.0
<b>Total men aged 15–49</b>	<b>7.5</b>	<b>12.6</b>	<b>27.6</b>	<b>53.7</b>	<b>62.9</b>	<b>70.1</b>	<b>63.1</b>	<b>43.6</b>
Total men aged 50+	75.0	84.4	63.1	87.6	89.3	67.0	77.2	78.3
Total men aged 15+	15.6	18.0	31.1	60.5	69.9	68.8	71.5	52.8

Note: Men who have been sterilized or who state in response to the question about desire for children that their wife has been sterilized are considered to want no more children.

<sup>1</sup> The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

## 7.2. NEED AND DEMAND FOR FAMILY PLANNING

This section discusses the extent of the need for family planning in Vanuatu and the potential demand for contraception to space or limit childbearing. Currently married women who do not want any more children or who want to wait two or more years before having another child, but are not using contraception, are considered to have an unmet need for family planning. Menopausal and infecund women are excluded from the unmet need calculations. Women who are using a family planning method are said to have a met need for family planning. The total demand for family planning comprises women with unmet and met needs for family planning. The unmet need for family planning is a core indicator for the International Conference on Population and Development Programme of Action, and a Millennium Development Goal target under Goal 5.

Table 7.3.1 shows the need for family planning among currently married women by background characteristics. Overall, 24% of currently married women have an unmet need for family planning. The unmet need for spacing childbearing (12%) is marginally smaller than the unmet need for limiting childbearing (13%). The met need for family planning is 49%, which refers to currently married women in Vanuatu who are currently using family planning. The met need for limiting childbearing is higher than for spacing: 28% have a met need for limiting and 21% have a met need for spacing. The total demand for family planning among women is 73% (32% for spacing, 41% for limiting); 67% of the total demand for family planning is satisfied.

The unmet need for family planning among currently married women generally decreases with age, from 29% among women aged 20–24 to 20% among women aged 45–49. It is marginally higher in rural areas (25%) than in urban areas (24%), however, there is no clear pattern of unmet need with respect to education and wealth.

The met need for spacing is higher among young women than older women, and the met need for limiting is higher among older women than younger women. The higher level of met need for limiting childbearing than for spacing persists for urban–rural place of residence, education and wealth.

Total demand for family planning is associated with age and peaks at age 30–34. As for met needs and unmet needs, the total demand for spacing is higher among younger women than older women, and the total demand

for limiting childbearing is higher among older women than younger women. Total demand for spacing is higher in urban areas (36%) than in rural areas (31%), while total demand for limiting childbearing is higher in rural areas (42%) than in urban areas (38%). Total demand for family planning increases with educational level. It is notable that women with a primary education or no education at all have a higher total demand for limiting childbearing than for spacing births, while those women with a secondary or higher education have a higher total demand for spacing births than for limiting them. Total demand for family planning is not associated with wealth.

The percentage of demand satisfied is lower among women aged 15–24 than for older women, suggesting that younger women are less well served by family planning programmes than older women. The percentage of demand satisfied is slightly higher in urban areas (68%) than in rural areas (66%), and the pattern is not clear for education or wealth.

**Table 7.3.1: Need and demand for family planning among currently married women**

*Percentage of currently married women aged 15–49 with an unmet need for family planning, the percentage with a met need for family planning, the total demand for family planning, and the percentage for whom the demand for contraception is satisfied, by background characteristics, Vanuatu 2013*

Background characteristic	Unmet need for family planning <sup>1</sup>			Met need for family planning (currently using) <sup>2</sup>			Total demand for family planning <sup>3</sup>			Demand satisfied (%)	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
<b>Age</b>											
15–19	25.7	7.5	33.2	26.2	1.8	28.0	51.9	9.3	61.2	45.8	58
20–24	21.8	6.9	28.7	30.3	9.0	39.3	52.1	15.9	68.0	57.8	300
25–29	13.1	8.0	21.1	32.4	21.8	54.2	45.5	29.8	75.3	72.0	332
30–34	12.4	12.1	24.5	25.6	27.8	53.5	38.0	39.9	78.0	68.6	310
35–39	7.0	17.4	24.4	13.5	39.5	53.1	20.6	56.9	77.4	68.5	278
40–44	5.5	18.5	23.9	7.9	42.0	49.9	13.4	60.5	73.8	67.6	229
45–49	1.5	18.6	20.1	5.2	41.9	47.1	6.7	60.5	67.2	70.1	208
<b>Residence</b>											
Urban	11.3	12.2	23.5	24.8	26.1	50.9	36.1	38.3	74.4	68.4	540
Rural	11.6	12.9	24.6	19.2	28.9	48.1	30.8	41.8	72.7	66.2	1,174
..Rural 1	13.4	12.3	25.7	23.5	30.4	53.9	36.9	42.7	79.6	67.7	181
..Rural 2	11.3	13.1	24.4	18.4	28.6	47.0	29.7	41.7	71.4	65.9	993
<b>Education</b>											
No education	14.6	13.9	28.5	8.1	29.7	37.7	22.7	43.6	66.2	57.0	101
Primary	8.1	14.1	22.2	19.8	29.8	49.6	27.9	43.9	71.9	69.1	1,042
Secondary	17.3	10.3	27.6	25.2	23.9	49.1	42.4	34.2	76.7	64.0	486
More than secondary	16.4	7.9	24.4	26.5	27.3	53.7	42.9	35.2	78.1	68.8	84
<b>Wealth quintile</b>											
Lowest	12.0	14.1	26.1	18.2	25.6	43.7	30.2	39.7	69.8	62.6	315
Second	12.3	11.3	23.6	20.3	30.2	50.5	32.6	41.5	74.1	68.2	365
Middle	10.9	14.0	24.9	18.8	27.7	46.4	29.7	41.7	71.4	65.1	347
Fourth	10.0	11.4	21.4	23.2	29.4	52.7	33.2	40.8	74.0	71.1	359
Highest	12.5	13.0	25.5	24.2	26.6	50.9	36.7	39.7	76.4	66.6	329
<b>Total</b>	<b>11.5</b>	<b>12.7</b>	<b>24.2</b>	<b>21.0</b>	<b>28.0</b>	<b>49.0</b>	<b>32.5</b>	<b>40.7</b>	<b>73.2</b>	<b>66.9</b>	<b>1,714</b>

<sup>1</sup> *Unmet need for spacing* includes pregnant women whose pregnancy was mistimed; amenorrheic women who are not using family planning and whose last birth was mistimed; those women whose last birth was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth.

*Unmet need for limiting* refers to pregnant women whose pregnancy was unwanted; amenorrheic women who are not using family planning, whose last child was unwanted and who do not want any more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children.

<sup>2</sup> *Using for spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided as to whether to have another child. *Using for limiting* is defined as women who are using family planning methods and who want no more children. Note that the specific methods used are not taken into account here.

<sup>3</sup> Nonusers who are pregnant or amenorrheic whose pregnancy was the result of a contraceptive failure are *not* included in the category of unmet need, but *are* included in total demand for contraception (since they would have been using had their method not failed).

Table 7.3.2 presents the need and demand for family planning for all women and for not currently married women aged 15–49 by background characteristics. Overall, 19% of all women have an unmet need for family planning: 10% for spacing births and 9% for limiting births. Among not currently women, the overall unmet need is about 6%, which is virtually the same for the unmet need for spacing.

The met need for family planning among all women is 38%: the met need for limiting births is 20% and the met need for spacing births is 18%. Some 14% of not currently married women have a met need: 10% for spacing and 4% for limiting births.

The total demand for family planning among all women is 56% (27% for spacing birth, 29% for limiting births); 67% of the total demand for family planning is satisfied. Among not currently married women, the total demand is 20% (16% for spacing births, 4% for limiting births.)

**Table 7.3.2: Need and demand for family planning for all women and for women who are not currently married**

*Percentage of all women and not currently married women aged 15–49 with an unmet need for family planning, the percentage with a met need for family planning, the total demand for family planning and the percentage of the demand for contraception that is satisfied, by background characteristics, Vanuatu 2013*

Background characteristic	Unmet need for family planning <sup>1</sup>			Met need for family planning (currently using) <sup>2</sup>			Total demand for family planning <sup>3</sup>			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
ALL WOMEN											
<b>Age</b>											
15–19	8.6	1.1	9.7	8.3	0.8	9.0	16.9	1.9	18.7	48.3	508
20–24	16.9	4.3	21.3	25.2	6.7	31.9	42.1	11.0	53.1	60.0	479
25–29	11.6	6.6	18.2	29.3	19.1	48.4	40.9	25.7	66.5	72.7	404
30–34	11.3	11.4	22.6	25.6	26.5	52.1	36.9	37.8	74.7	69.7	341
35–39	6.4	16.1	22.5	13.2	37.1	50.3	19.5	53.2	72.8	69.1	306
40–44	5.1	17.2	22.2	7.3	40.0	47.4	12.4	57.2	69.6	68.0	246
45–49	1.4	17.3	18.7	4.8	41.7	46.5	6.3	58.9	65.2	71.3	223
<b>Residence</b>											
Urban	8.8	7.9	16.7	20.7	17.4	38.1	29.5	25.3	54.7	69.6	867
Rural	10.3	9.4	19.7	15.8	21.8	37.5	26.1	31.1	57.2	65.6	1,641
..Rural 1	9.6	8.8	18.4	18.7	21.3	40.0	28.3	30.1	58.4	68.4	272
..Rural 2	10.4	9.5	19.9	15.2	21.9	37.1	25.6	31.3	57.0	65.1	1,369
<b>Education</b>											
No education	11.9	11.0	22.9	6.4	26.6	32.9	18.2	37.6	55.8	59.0	128
Primary	7.8	10.5	18.3	16.7	22.8	39.6	24.6	33.3	57.9	68.3	1,417
Secondary	12.6	6.3	18.8	19.9	15.2	35.1	32.5	21.5	53.9	65.1	818
More than secondary	11.0	5.5	16.6	20.5	18.1	38.6	31.6	23.6	55.2	70.0	144
<b>Wealth quintile</b>											
Lowest	11.2	10.1	21.3	14.5	20.4	34.9	25.8	30.4	56.2	62.1	441
Second	10.6	8.3	18.9	15.9	22.7	38.6	26.5	31.1	57.5	67.1	496
Middle	10.4	9.7	20.1	15.7	20.1	35.8	26.1	29.8	55.9	64.1	503
Fourth	8.3	8.6	16.9	20.5	21.7	42.3	28.8	30.3	59.2	71.4	519
Highest	8.7	7.8	16.5	20.0	16.7	36.7	28.7	24.5	53.2	69.0	549
<b>Total</b>	<b>9.8</b>	<b>8.9</b>	<b>18.6</b>	<b>17.5</b>	<b>20.3</b>	<b>37.7</b>	<b>27.2</b>	<b>29.1</b>	<b>56.3</b>	<b>66.9</b>	<b>2,508</b>
WOMEN NOT CURRENTLY MARRIED											
<b>Age</b>											
15–19	6.4	0.3	6.7	6.0	0.6	6.6	12.4	0.9	13.3	49.7	451
20–24	8.8	0.0	8.8	16.7	2.7	19.4	25.5	2.7	28.2	68.7	179
25–29	4.4	0.4	4.8	15.3	6.4	21.7	19.8	6.8	26.6	81.8	72
30–34	(0.0)	(4.2)	(4.2)	(25.4)	(12.8)	(38.2)	(25.4)	(17.0)	(42.4)	(90.1)	31
35–39	(0.0)	(3.8)	(3.8)	(9.6)	(13.7)	(23.4)	(9.6)	(17.6)	(27.2)	(85.9)	28
40–44	*	*	*	*	*	*	*	*	*	*	18
45–49	*	*	*	*	*	*	*	*	*	*	15
<b>Residence</b>											
Urban	4.7	0.7	5.4	13.8	3.1	17.0	18.5	3.8	22.3	75.9	327
Rural	6.9	0.4	7.3	7.1	3.9	11.0	14.1	4.3	18.4	60.1	467
..Rural 1	2.0	2.0	4.0	9.1	3.0	12.1	11.1	5.0	16.1	75.2	91
..Rural 2	8.1	0.0	8.1	6.7	4.1	10.8	14.8	4.1	18.9	57.0	377
<b>Education</b>											
No education	(1.3)	(0.0)	(1.3)	(0.0)	(14.7)	(14.7)	(1.3)	(14.7)	(16.0)	(91.6)	27
Primary	7.0	0.5	7.5	8.2	3.5	11.7	15.2	4.0	19.2	60.8	375



Secondary	5.7	0.3	6.0	12.2	2.5	14.7	17.9	2.8	20.7	71.1	332
More than secondary	3.4	2.2	5.6	12.2	5.2	17.4	15.6	7.4	23.0	75.6	60
<b>Wealth quintile</b>											
Lowest	9.3	0.0	9.3	5.5	7.4	12.9	14.8	7.4	22.2	58.1	126
Second	6.0	0.0	6.0	3.5	2.0	5.5	9.5	2.0	11.5	47.9	131
Middle	9.3	0.0	9.3	8.8	3.3	12.1	18.1	3.3	21.4	56.6	156
Fourth	4.6	2.3	6.9	14.5	4.5	19.0	19.1	6.9	25.9	73.4	160
Highest	2.9	0.1	3.1	13.7	1.8	15.5	16.6	2.0	18.6	83.5	220
<b>Total</b>	<b>6.0</b>	<b>0.5</b>	<b>6.5</b>	<b>9.9</b>	<b>3.6</b>	<b>13.5</b>	<b>15.9</b>	<b>4.1</b>	<b>20.0</b>	<b>67.4</b>	<b>794</b>

<sup>1</sup> *Unmet need for spacing* includes pregnant women whose pregnancy was mistimed; amenorrheic women who are not using family planning and whose last birth was mistimed, or whose last birth was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth.

*Unmet need for limiting* refers to pregnant women whose pregnancy was unwanted; amenorrheic women who are not using family planning and whose last child was unwanted and who do not want any more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children.

<sup>2</sup> *Using for spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided as to whether to have another child.

*Using for limiting* is defined as women who are using family planning methods and who want no more children. Note that the specific methods used are not taken into account here.

<sup>3</sup> Nonusers who are pregnant or amenorrheic whose pregnancy was the result of a contraceptive failure are *not* included in the category of unmet need, but *are* included in total demand for contraception (since they would have been using had their method not failed).

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 7.3. IDEAL FAMILY SIZE

Respondents were asked to consider a hypothetical situation independent of their current family size and to report the number of children they would choose to have. Information on what women and men believe to be the ideal family size was elicited through two questions. Respondents who had no living children were asked, ‘If you could choose exactly the number of children to have in your whole life, how many would that be?’ Respondents who had children were asked, ‘If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?’

There is usually a high positive correlation observed between the actual and ideal number of children. This occurs for two reasons. First, to the extent that women implement their preferences, those who want larger families tend to achieve larger families. Second, women may adjust their ideal number of children upwards as their actual number of children increases. It is also possible that women with larger families have larger ideal family sizes because of attitudes they acquired 20 or 30 years ago. Nevertheless, even though these questions are based on hypothetical situations, they give an idea of the total number of children women who have not started childbearing will have in the future, while among older women and higher parity women this information provides a measure of the level of unwanted fertility.

Questions on the ideal number of children were asked of all women and men in the survey sample; 91% women and 93% of men gave a numerical answer. Non-numerical answers — usually similar to ‘it’s up to God’s will’ — are not included in the calculation of means in Tables 7.4 and 7.5. The mean ideal number of children for all women aged 15–49 is 2.6, while for men age 15–49, the ideal number is 2.8. While the value for men is higher than that for women, it is important to note that both values are significantly lower than the observed total fertility rate (TFR) for ni-Vanuatu women, which is 4.2 children per woman.

Men tend to prefer a larger family size than women, irrespective of the number of living children. As is often observed in answers to this type of question, the stated ideal number of children increases with the number of living children. Among all women, the ideal number of children ranges from 1.9 for those with no children to 3.6 for those with six or more children. As with women, the mean ideal number of children among all men increases with the number of children and ranges from 2.1 for those with no children to 5.3 for those with six or more children.

Despite their desire for a slightly larger family size, the proportion of men who say they want no children at all is quite high (11%). While only slightly lower, the value for women (10%) is quite high as well, especially considering their actual reproductive behaviour.

As expected, the proportion of women and men whose ideal number of children matches their current parity increases with higher parities: 14% of women and 49% of men with six or more children indicate that their ideal family size is the same as its current size. The lower proportion of women here is an indication that the decision as to how many children to have is determined by men. For women and men with lower parities, the ideal number of children tends to be higher than the number of children they currently have. The exception to this pattern is for women and men who have no living children: 16% of these women and 20% of these men

indicate that their ideal number of children is zero. This finding may partly be due to the inclusion of never married women and men in the main part of the tabulation.

Differences in the mean ideal numbers of children for all women and currently married women in Table 7.4 vary little, except for women with zero parity. Currently married women with no previous births desire 2.1 children, compared with 1.9 for all women. For men there is no significant difference between those who are currently married and those who are not.

**Table 7.4: Ideal number of children**

*Percent distribution of women and men aged 15–49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to number of living children, Vanuatu 2013*

Ideal number of children	Number of living children <sup>1</sup>							Total
	0	1	2	3	4	5	6+	
WOMEN								
0	16.2	6.0	7.2	5.0	3.8	13.5	13.2	9.7
1	7.3	10.9	2.9	2.3	2.3	1.6	0.6	4.8
2	45.3	48.6	41.6	20.4	19.6	12.4	9.8	33.3
3	12.7	18.4	22.8	31.0	11.7	11.1	6.8	17.1
4	6.3	8.9	19.2	31.8	44.1	26.9	30.9	20.4
5	0.3	2.7	0.3	1.2	5.4	16.0	10.4	3.4
6+	0.9	0.5	0.5	1.7	3.1	6.4	13.8	2.6
Non-numeric responses	11.1	3.9	5.4	6.6	10.0	12.2	14.5	8.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	680	364	423	355	288	216	182	2,508
Mean ideal number children <sup>2</sup> for:								
All	1.9	2.2	2.5	3.0	3.3	3.3	3.6	2.6
Number	604	349	400	331	260	190	155	2,291
Currently married	2.1	2.4	2.5	3.0	3.4	3.3	3.6	2.9
Number	85	236	358	315	253	182	151	1,581
Mean ideal number children for men aged 15+								
All	-	-	-	-	-	-	-	-
Number	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Currently married	-	-	-	-	-	-	-	-
Number	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MEN								
0	20.0	3.0	1.0	8.9	6.0	2.4	4.7	11.1
1	3.7	9.2	1.0	0.0	0.0	2.8	0.0	2.8
2	34.8	42.2	38.9	9.7	7.1	8.0	6.4	26.5
3	16.1	27.8	27.2	41.9	5.6	4.0	5.7	19.3
4	13.4	9.3	25.1	30.2	67.1	23.9	9.4	23.1
5	1.5	1.8	3.1	2.2	8.1	42.1	8.7	5.6
6+	0.2	0.0	0.9	3.4	5.2	13.3	48.9	4.7
Non-numeric responses	10.4	6.7	2.8	3.7	0.8	3.4	16.3	7.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	453	106	128	133	123	69	56	1,068
Mean ideal number children <sup>2</sup> for:								
All	2.1	2.4	2.9	3.1	3.8	4.3	5.3	2.8
Number	406	99	124	128	122	67	47	993
Currently married	2.0	2.3	2.9	3.1	3.8	4.4	5.3	3.3
Number	48	82	121	126	119	65	47	609
Mean ideal number children for men aged 15+								
All	2.0	2.3	2.9	3.1	3.8	4.5	5.2	3.1
Number	413.0	103.7	138.1	161.1	159.6	101.6	123.2	1,230.2
Currently married	1.9	2.3	2.9	3.1	3.8	4.6	5.2	3.5
Number	55.6	87.6	134.3	159.2	156.3	99.7	122.9	815.6

<sup>1</sup> The number of living children includes current pregnancy for women.

<sup>2</sup> Mean numbers are calculated excluding respondents who gave non-numeric responses.

The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

Table 7.5 shows the mean ideal number of children for all women by background characteristics. Ideal family size increases with age, from 1.9 children among women aged 15–19 to 3.1 children among women aged 45–49. While this pattern might suggest a trend towards smaller family size, it probably also reflects to some extent complacency with achieved parities. The ideal number of children for women in urban Vanuatu is 2.5 children, which is lower than that for women in rural areas, 2.7. While similar figures for urban Vanuatu and Rural 2 are unexpected, they are consistent with some of the observations on fertility preferences.

The reported ideal numbers of children according to educational attainment do not show significant differentials, although women with no education have a higher mean ideal number of children (2.7) compared with women with more than a secondary education (2.4). Tabulation of ideal number of children against the background variable of wealth reveals that the highest value of 2.8 is observed for women in the lowest wealth quintile, and the lowest value of 2.4 is found for women in the highest wealth quintile. While such a pattern is fairly typical across many countries, current findings are not consistent with the results obtained regarding the demand for family planning among wealthy women. This also reflects a discrepancy between reported ideals and actual behaviour.

**Table 7.5: Mean ideal number of children**

*Mean ideal number of children for all women aged 15–49 by background characteristics, Vanuatu 2013*

Background characteristic	Mean	Number of women <sup>1</sup>
<b>Age</b>		
15–19	1.9	451
20–24	2.4	450
25–29	2.6	382
30–34	2.9	316
35–39	3.0	283
40–44	3.1	217
45–49	3.1	192
<b>Residence</b>		
Urban	2.5	830
Rural	2.7	1,461
..Rural 1	2.5	254
..Rural 2	2.7	1,207
<b>Education</b>		
No education	2.7	112
Primary	2.7	1,273
Secondary	2.4	764
More than secondary	2.4	141
<b>Wealth quintile</b>		
Lowest	2.8	379
Second	2.7	447
Middle	2.5	452
Fourth	2.6	488
Highest	2.4	525
<b>Total</b>	<b>2.6</b>	<b>2,291</b>

<sup>1</sup> Number of women who gave a numeric response.

## 7.4. FERTILITY PLANNING

Women were asked a series of questions about all of their children born in the five years preceding the survey, as well as any current pregnancy, to determine whether the pregnancy was planned, mistimed, or unwanted. The answers to these questions provide insight into the degree to which couples are able to control their fertility. In interpreting the data, however, it is important to remember that women may rationalise mistimed or unwanted pregnancies, declaring them as wanted after the children are born.

Table 7.6 shows the percent distribution of births (including current pregnancies) in the five years preceding the survey by fertility planning status, according to birth order and mother's age at birth. The results show that 70% of births in the five years preceding the survey were planned ('wanted then') while 29% were unplanned — 17% were mistimed ('wanted later') and 12% were not wanted ('wanted no more').

The proportion of births that are reported as wanted at the time increases with birth order: 66% of first births are reported as wanted at the time, rising to 74% for second-order births, 76% for third-order births, and then dropping to 67% for fourth-order births. This pattern corresponds closely with the proportions of births that are not wanted, which increases from 9% for first-order births to 20% for fourth-order births.

The proportion of unplanned births is highest for women aged 15–19, among whom 40% of births were either mistimed (31%) or unwanted altogether (9%). The proportion of unwanted births is also high (19%) among women aged 35–39, which is also of concern. One in ten women in that age group had a mistimed birth.

Table 7.7 provides information on total ‘wanted’ fertility rates and TFRs for the three years preceding the survey, by background characteristics. Unwanted births are defined as births that exceed the number considered ideal. Women who did not report a numerical ideal family size were assumed to want all their births. The total wanted fertility rate represents the level of fertility that would have prevailed in the three years preceding the survey if all unwanted births were prevented. To the extent that women are unwilling to report an ideal family size that is lower than their actual family size, the wanted fertility rate may be an overestimate. A comparison of the total wanted fertility and TFR can reveal the potential demographic impact of eliminating unwanted births.

**Table 7.6: Fertility planning status**

*Percent distribution of births to women aged 15–49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, Vanuatu 2013*

Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
<b>Birth order</b>						
1	65.6	24.9	8.9	0.6	100.0	474
2	73.9	17.2	7.5	1.4	100.0	409
3	75.9	13.8	9.1	1.2	100.0	315
4+	67.3	11.3	20.4	1.0	100.0	547
<b>Mother's age at birth</b>						
<20	59.3	30.8	9.4	0.5	100.0	222
20–24	71.4	17.2	9.9	1.5	100.0	564
25–29	71.9	16.4	10.5	1.2	100.0	441
30–34	72.7	13.5	12.9	0.9	100.0	303
35–39	70.8	9.8	19.4	0.0	100.0	157
40–44	(70.3)	(0.0)	(29.7)	(0.0)	100.0	53
45–49	*	*	*	*	100.0	5
<b>Total</b>	<b>69.9</b>	<b>16.8</b>	<b>12.2</b>	<b>1.0</b>	<b>100.0</b>	<b>1,745</b>

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

As expected, the wanted fertility rate for women is considerably lower than the TFR. Overall, ni-Vanuatu women want 2.9 children, which is more than one child less than the actual fertility performance of women. The wanted fertility coincides fairly well with the mean ideal number of children, which is 2.6 children per woman. The wanted fertility for women in urban areas is 2.4 children, which is significantly lower than 3.2 for women in rural areas (which is equal to women in Rural 2).

Wanted fertility is slightly higher for women with a secondary education as compared with women with more than a secondary education; the difference between actual and wanted fertility for women with a secondary education is relatively higher than that for women with a post-secondary education.

The differentials in wanted fertility by wealth quintile are similar to the results obtained for the ideal number of children. Women in the lowest wealth quintile display high overall rates, and have a significant gap (of 2.0) between the wanted fertility rate (3.5) and the TFR (5.5); this gap decreases to 1.5 children for women in the second wealth quintile, and 1.2 children for women in the third wealth quintile. As wealth increases, TFRs and wanted fertility rates decrease, and the gap between the two indicators also decreases.

**Table 7.7: Wanted fertility rates***Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Vanuatu 2013*

Background characteristic	Total wanted fertility rate	Total fertility rate
<b>Residence</b>		
Urban	2.4	3.3
Rural	3.2	4.7
..Rural 1	2.9	4.3
..Rural 2	3.2	4.8
<b>Education</b>		
No education	3.0	5.4
Primary	3.0	4.3
Secondary	2.9	4.0
More than secondary	1.9	2.6
<b>Wealth quintile</b>		
Lowest	3.5	5.5
Second	3.3	4.8
Middle	3.0	4.2
Fourth	2.8	3.9
Highest	2.3	2.9
<b>Total</b>	<b>2.9</b>	<b>4.2</b>

Note: Rates are calculated based on births to women aged 15–49 in the period 1–36 months preceding the survey.  
The total fertility rates are the same as those presented in Table 4.2.

## CHAPTER 8      INFANT AND CHILD MORTALITY

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### Key findings

- First births have the highest risk of dying between their birth and first birthday.
- Mortality rates (under 1 year and under 5 years) are generally higher for females than males.
- 17% of births in Vanuatu are from the multiple high-risk category, which involved 37% of married women.
- 12 infants out of 1,000 live births will die during their first month of life (neonatal mortality).
- 28 infants out of 1,000 live births will die before their first birthday (infant mortality).
- 31 children out of 1,000 live births will die before their fifth birthday (under-5 mortality).
- The number of deaths for children under age 5 years is higher in rural areas (35 deaths per 1,000 births) than in urban areas (28 deaths per 1,000 births).
- The older the mother, the higher the risk of a baby's survival after birth.
- 70% of births in the five years preceding the survey occur within the high-risk fertility behavior category.
- More female children under the age of 5 years are likely to die (37 deaths per 1,000 live births) than male children (30 deaths per 1,000 live births).
- Underweight babies at birth have a higher risk of dying during their first year after birth than normal weight babies.
- The number of deaths of infants before their first month of life (neonatal) increases with the mother's education level.
- The higher the socioeconomic level of the mother, the lower the level of infant mortality.
- The risk of child survival increases with birth order (e.g. a second-order birth has a better chance of survival than a seven-order birth).
- Shorter birth interval increases a child's risk of survival.

This chapter presents estimates for levels, trends and differentials of neonatal, post-neonatal, infant, child and under-5 mortality, as well as perinatal mortality, in Vanuatu. The information presented in this chapter is important for examining Vanuatu's demographic trends, and for designing and evaluating the country's health policies and programmes. Primary and preventative health services focus on improving the quality of life of the people of Vanuatu, including reducing infant and child mortality and the incidence of high-risk pregnancies. These services are delivered by the Ministry of Health by identifying a category of the population — particularly babies and their mothers — who are at high risk of mortality.

### 8.1. DEFINITIONS, METHODOLOGY AND ASSESSMENT OF DATA QUALITY

This report defines the measures or indicators of childhood mortality as follows:

- **Perinatal mortality (PN):** The number of foetal losses of 22 weeks gestation or more plus neonatal deaths in the first seven days after birth, per 1,000 live births in a given year.
- **Neonatal mortality (NN):** The number of deaths during the first 28 days of life, per 1,000 live births; most neonatal deaths usually occur during the first seven days after birth, and it is possible to differentiate early from late neonatal deaths (WHO 2006a).
- **Post-neonatal mortality (PNN):** The arithmetic difference between infant and neonatal mortality. The number of deaths of those aged 28–364 days, per 1,000 live births.
- **Infant mortality (1q0):** The probability of dying between birth and the first birthday.
- **Child mortality (4q1):** The probability of dying between exact ages one and the fifth birthday.
- **Under-5 mortality (5q0):** The probability of dying between birth and the fifth birthday.

The data used in estimating these mortality rates were collected in the birth history section of the 2013 VDHS women's questionnaire. The first set of questions addresses the respondent's childbearing experience (the number of sons and daughters who live in the household, those who live elsewhere, and those who have died); for each live birth, information was recorded regarding the name, date of birth, and sex; whether the birth was single or multiple; and the survivorship status. For living children, information was obtained about their age and whether they resided with their mother. For children who had died, the respondent was asked to provide the child's age at death.

A retrospective birth history, such as that included in the 2013 VDHS, is susceptible to several data collection errors.

- Interviews were held only with surviving women aged 15–49; therefore, no data are available for children of women who have died. The resulting mortality estimates will be biased if the mortality rates of children of surviving and non-surviving women differ substantially.
- The under-reporting of events (e.g. births and deaths), especially in cases where deaths occur early in infancy. If such deaths are selectively omitted, the consequence will not only be a lower infant mortality rate and neonatal mortality rate, but also a low ratio of neonatal deaths to infant deaths, and of early neonatal deaths (occurring within one week) to neonatal deaths.
- The under-reporting of early infant deaths may increase with the length of time since the child's death (e.g. an early infant death that occurred ten years before the survey may be more likely to be omitted than an early infant death that occurred two years before the survey). Thus, an examination of these patterns over time is critical.
- Errors in dates of birth (birth transference; see Sullivan 2007).

## 8.2. EARLY CHILDHOOD MORTALITY RATES: LEVELS AND TRENDS

The 2013 VDHS collected birth histories from 2,508 women. Childhood mortality rates for the 15-year period preceding the survey are presented by five-year periods in Table 8.1.

**Table 8.1: Early childhood mortality rates**

*Neonatal, post-neonatal, infant, child, and under-5 mortality rates for five-year-period preceding the survey, Vanuatu 2013*

Years preceding the survey	Neonatal mortality (NN)	Postneonatal <sup>1</sup> Mortality(PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-5 mortality (5q0)
0–4	12	16	28	3	31
5–9	16	9	25	11	37
10–14	12	8	20	14	34

<sup>1</sup> Computed as the difference between the infant mortality rate and the neonatal mortality rate.

Based on the definitions provided in Section 8.1, and using the values from the period 0–4 years preceding the survey (approximately calendar years 2009–2013), the different indicators can be interpreted as follows:

- 1) **Neonatal mortality (NN).** The first month of life is associated with the highest risk to survival. The neonatal mortality rate is 12 deaths per 1,000 live births, implying that for every 1,000 infants, 12 die during their first month of life.
- 2) **Post-neonatal mortality (PNN).** In Vanuatu, post-neonatal mortality is 16 deaths per 1,000 live births, implying that of every 1,000 infants, 16 will die after their 28th day of life but before the infant's first birthday.
- 3) **Infant mortality (1q0).** An infant mortality rate (1q0) of 28 means that it is likely that 28 out of 1,000 babies born will die before their first birthday.
- 4) **Child mortality (4q1).** A child mortality rate (4q1) of 3 means that it is likely that 3 out of 1,000 children age one year will die before their fifth birthday.
- 5) **Under-5 mortality (5q0).** An under-5 mortality rate (5q0) of 31 means that it is likely that 31 out of 1,000 live births will die before their fifth birthday.

The results indicate that neonatal, child, and under-5 mortality indicators declined from the period 5–9 to 0–4 years before the survey. However, post-neonatal and infant mortality rates increased from the period 10–14 years to 0–4 years before the survey and reached rates between 1.4 and 2.0 times higher than the rates that prevailed 15 years before the survey. The calculated childhood mortality indicators need to be

interpreted in comparison with other data sources and in connection with the calculated standard errors as presented in Table 8.2.

**Table 8.2: Standard errors (SE) and the 95% confidence interval (R-2SE – R+2SE) for five-year childhood mortality rates, Vanuatu, 2013**

Years preceding the survey	R	SE	SE/R	R-2SE	R+2SE
<b>Neonatal mortality (NN)</b>					
0–4	12.4	3.5	0.1	5.5	19.3
5–9	16.0	4.4	0.3	7.3	24.7
10–14	11.6	4.0	0.3	3.5	19.7
<b>Post-neonatal mortality (PNN)</b>					
0–4	15.8	4.4	0.3	7.0	24.6
5–9	9.5	4.0	0.4	1.6	17.4
10–14	8.2	4.2	0.5	-0.3	16.7
<b>Infant mortality (1q0)</b>					
0–4	28.2	6.1	0.2	16.0	40.4
5–9	25.4	5.7	0.2	14.0	36.9
10–14	19.8	5.4	0.3	9.0	30.6
<b>Child mortality (4q1)</b>					
0–4	2.6	1.3	0.5	-0.1	5.3
5–9	11.4	4.3	0.4	2.7	20.0
10–14	14.4	3.9	0.3	6.5	22.3
<b>Under-5 mortality (5q0)</b>					
0–4	30.7	5.9	0.2	18.9	42.6
5–9	36.5	7.0	0.2	22.4	50.6
10–14	33.9	6.9	0.2	20.0	47.8

Where:

R = value of the estimated indicator (median estimate)

SE = standard error of the estimate

SE/R = relative standard error (i.e. ratio of the standard error of the median estimate)

R-2SE = lower limit of the 95% confidence interval

R+2SE = upper limit of the 95% confidence interval

The 95% confidence interval is calculated as follows:

**Lower limit** = The value of the estimated indicator (R) minus 2 times the standard error (SE) =  $(R - 2 \times SE)$

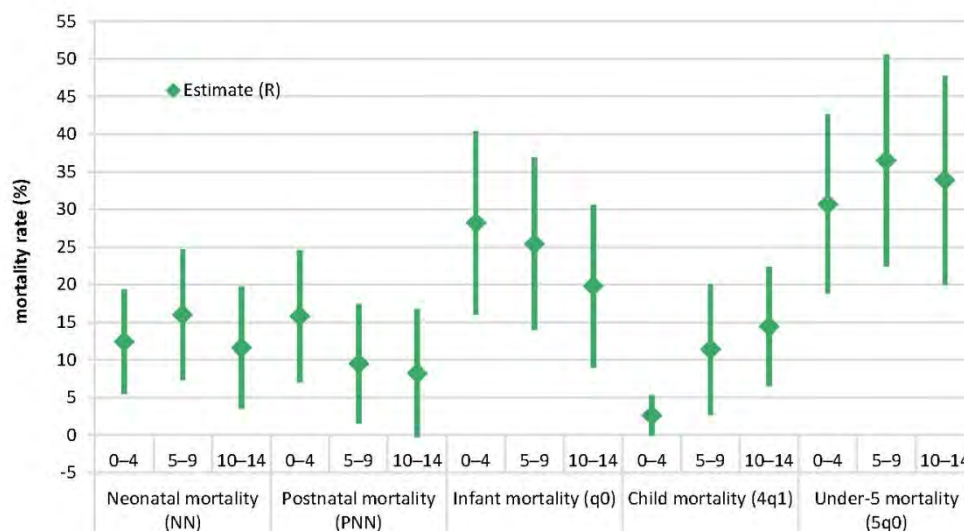
**Upper limit** = The value of the estimated indicator (R) plus 2 times the standard error (SE) =  $(R + 2 \times SE)$

Based on the calculated SE, there is a 95% probability that the true value of the mortality rates of the three different periods (0–4, 5–9 and 10–14 years) includes a relatively wide range of possible outcomes (Fig. 8.1, see length/range of the vertical line), which hampers a meaningful trend analysis.

While the estimated mortality values (R) of each indicator differ, their associated confidence intervals overlap and, therefore, include the same range of possible values. As a result, the true mortality value of each period could be located anywhere in the confidence interval, and as such, the true trend could theoretically be the opposite of what the R-values suggest.



**Figure 8.1: Childhood mortality rates and the 95% confidence interval for the 15-year period before the survey, Vanuatu, 2013**



Note: Black vertical lines represent the range of the 95% confidence interval.

Based on the standard errors and the associated 95% confidence interval, the following statements can be made with confidence with respect to the period 0–4 years before the survey (Table 8.2 and Fig. 8.1).

<b>Neonatal mortality rate (NN):</b>	expected to be higher than <b>5.5</b> and lower than <b>19.3</b>
<b>Post-neonatal mortality rate (PNN):</b>	expected to be higher than <b>7.0</b> and lower than <b>24.6</b>
<b>Infant mortality rate (1q0):</b>	expected to be higher than <b>16.0</b> and lower than <b>40.4</b>
<b>Child mortality rate (4q1):</b>	expected to be higher than <b>-0.1</b> and lower than <b>5.3</b>
<b>Under-5 mortality rate (5q0):</b>	expected to be higher than <b>18.9</b> and lower than <b>42.6</b>

Unfortunately, no clear trend of the levels of different childhood mortality indicators during the 15-year period before the survey can be determined with confidence because of the wide range of the confidence interval caused by relatively large standard errors and overlapping confidence intervals from one period to another.

The calculated childhood mortality indicators need to be interpreted in comparison with other data sources.

### 8.2.1 Comparison of VDHS results with the 2009 population censuses

The estimated infant mortality rate from the 2013 VDHS (28, as seen in Table 8.2) is higher than the rate derived from the 2009 census (which was estimated to be 21). However, the child mortality rate derived from the 2009 census (4 deaths per 1,000 children surviving to 12 months of ages) is slightly higher than rates derived from the 2013 VDHS, and consequently the under-5 mortality rate from the 2009 census (24 deaths per 1,000 live births) is slightly lower than the value of 31 deaths per 1,000 live births derived from the 2013 VDHS.

The divergences for the child mortality rate and the under-5 mortality rate result from the use of different methodologies: the census derives child mortality indicators using data on children ever born and children surviving by age group of mother, while the VDHS uses data from the 15-year period preceding the VDHS survey. Because of this methodological difference in reference period between the 2013 VDHS and the census, a comparison of survey-derived indicators from the same time period (as derived in Chapter 4) is necessary.

## 8.3. EARLY CHILDHOOD MORTALITY BY SOCIOECONOMIC CHARACTERISTICS

In Vanuatu, there are some differences in early childhood mortality levels by socioeconomic background characteristics of women, such as place of residence, educational level or wealth status (Table 8.3). However,

due to the small number of births used in deriving the rates, the observed patterns or differentials should be interpreted with caution.

**Table 8.3: Early childhood mortality rates by socioeconomic characteristics**

*Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristic, Vanuatu 2013*

Background characteristic	Neonatal mortality (NN)	Post-neonatal mortality <sup>1</sup> (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
<b>Residence</b>					
Urban	16	9	25	3	28
Rural	13	14	28	8	35
..Rural 1	12	8	20	2	22
..Rural 2	13	15	29	9	37
<b>Mother's education</b>					
No education	8	26	34	18	51
Primary	16	13	29	6	34
Secondary	11	11	23	4	26
More than secondary	20	2	22	22	44
<b>Wealth quintile</b>					
Lowest	11	18	29	10	38
Second	8	14	22	10	32
Middle	23	18	41	2	42
Fourth	14	8	22	7	28
Highest	16	5	20	3	23

<sup>1</sup> Computed as the difference between the infant and neonatal mortality rates

All childhood mortality indicators are higher in rural areas than in urban areas, except for the neonatal mortality rate. In general, child survival is linked to the mother's level of education. Children of mothers with a secondary-level education have generally lower early childhood mortality rates than children of less educated mothers. However, the situation is reversed for neonatal deaths, which suggests that the deaths of children during the first month after birth increases with the mother's education.

A woman's household wealth status is generally inversely associated with early childhood mortality, and this is the case in Vanuatu, as presented in Table 8.3, where children growing up in households in the highest wealth quintiles have lower post-neonatal, infant, child and under-5 mortality rates than children in the lowest wealth quintiles. The neonatal mortality rates suggest that the middle wealth quintile tends to have the highest neonatal mortality.

#### **8.4. EARLY CHILDHOOD MORTALITY BY DEMOGRAPHIC CHARACTERISTICS**

The demographic characteristics of both the mother and child play an important role in the child's survival probability. Table 8.4 presents early childhood mortality by a number of these characteristics, including the child's sex, mother's age at birth, birth order, and previous birth interval for the 10-year period before the survey. In addition, Table 8.4 shows early childhood mortality rates by birth size for the five-year period before the survey.

**Table 8.4: Early childhood mortality rates by demographic characteristics**

*Neonatal, post-neonatal, infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by demographic characteristics, Vanuatu 2013*

Demographic characteristic	Neonatal mortality(NN)	Post-neonatal mortality (PNN) <sup>1</sup>	Infant mortality (1q0)	Child mortality (4q1)	Under-5 mortality (5q0)
<b>Child's sex</b>					
Male	10	14	24	7	30
Female	18	12	30	7	37
<b>Mother's age at birth</b>					
<20	10	9	19	4	23
20–29	17	16	32	5	37
30–39	11	8	19	10	29
40–49	3	31	34	40	73
<b>Birth order</b>					
1	23	17	40	4	44
2–3	11	9	20	0	20
4–6	9	14	24	17	40
7+	16	17	33	23	55
<b>Previous birth interval<sup>2</sup></b>					
<2 years	14	25	39	7	45
2 years	9	6	15	17	32
3 years	7	18	25	5	29
4+ years	11	2	14	3	16
<b>Birth size<sup>3</sup></b>					
Small/very small	21	61	82	-	-
Average or larger	5	8	14	-	-
Do not know/Missing	121	57	178	-	-

<sup>1</sup> Computed as the difference between the infant and neonatal mortality rates.

<sup>2</sup> Excludes first-order births.

<sup>3</sup> Rates for the five-year period before the survey.

In contrast to general patterns, in Vanuatu, the estimated infant mortality rate for females (30 deaths per 1,000 live births) is 6 deaths higher than that for males (24 deaths per 1,000 live births); the under-5 mortality rate for females (37 deaths per 1,000 live births) is 7 deaths higher than that for males (30 deaths per 1,000 live births). Likewise, the neonatal mortality rate for females (18 deaths per 1,000 live births) is 8 deaths higher than that for males (10 deaths per 1,000 live births). This contrasts with the results of the 1999 and 2009 censuses, where infant mortality rates were higher for males than for females.

The traditional hypothesis of ‘too early to have a child’ increases child’s mortality’ does not apply in Vanuatu but the ‘too late to have a child’ increases child’s mortality’ hypothesis does apply. For post-neonatal, infant, child and under-5 mortality rates, mothers in their 40s are most likely to lose a child age between 28 days and the fifth birthday.

In general, first births have the highest risks of dying between birth and their first birthday. Child and under-5 mortality rates are highest for birth order seven and above.

Birth interval length (the time period between the last birth and the previous birth) normally affects the risk of survival mostly during infancy, with a higher mortality risk for children born after a short birth interval (< 2 years) than for children born after longer birth intervals. This pattern holds true for Vanuatu, particularly with respect to neonatal, post-neonatal, infant and under-5 mortality rates. The child mortality rate is highest among births born two years after the previous birth.

Babies that are born small or very small are more likely to die before reaching age 1 year than babies that are of average or larger birth size. It should be noted that early childhood mortality rates are based on small numbers, therefore observed patterns or differentials should be interpreted with caution.

## 8.5. PERINATAL MORTALITY

Perinatal mortality refers to the number of foetal losses at 22 weeks gestation or more, plus early neonatal deaths in the first seven days after birth, per 1,000 live births in a given year.

In total, there were 25 perinatal deaths recorded during the 2013 VDHS: 5 stillbirths and 20 early neonatal deaths (Table 8.5). While a meaningful analysis is obviously not possible based on such a small number of early neonatal deaths and pregnancies of 7 or more months' duration, the data point to patterns that could be of interest to Vanuatu's Ministry of Health officials, including a relatively higher risk of perinatal mortality affecting women who are:

- aged 20–29 years,
- have experienced a gap of less than 15 months between pregnancies,
- live in urban areas,
- have (surprisingly) higher levels of education, and
- belong to the highest wealth quintile.

**Table 8.5: Perinatal mortality**

*The number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Vanuatu 2013*

Background characteristic	Number of stillbirths <sup>1</sup>	Number of early neonatal deaths <sup>2</sup>	Perinatal mortality rate <sup>3</sup>	Number of pregnancies of 7+ months duration
<b>Mother's age at birth</b>				
<20	0	1	6	197
20–29	4	12	18	909
30–39	1	6	17	411
40–49	0	1	16	51
<b>Previous pregnancy interval in months<sup>4</sup></b>				
First pregnancy	3	5	19	413
<15	0	3	29	91
15–26	2	3	16	288
27–38	0	2	7	265
39+	1	7	16	510
<b>Residence</b>				
Urban	2	8	23	428
Rural	4	12	14	1,139
..Rural 1	0	1	8	161
..Rural 2	3	11	15	978
<b>Mother's education</b>				
No education	0	2	16	102
Primary	5	11	17	907
Secondary	1	5	12	490
More than secondary	0	2	29	69
<b>Wealth quintile</b>				
Lowest	0	3	8	380
Second	0	5	15	342
Middle	4	4	27	292
Fourth	0	2	7	306
Highest	1	7	30	248
<b>Total</b>	<b>5</b>	<b>20</b>	<b>16</b>	<b>1,568</b>

<sup>1</sup> Stillbirths are foetal deaths in pregnancies lasting seven or more months.

<sup>2</sup> Early neonatal deaths are deaths at age 0–6 days among live-born children.

<sup>3</sup> The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration.

<sup>4</sup> Categories correspond to birth intervals of <24 months, 24–35 months, 36–47 months, and 48+ months.

## 8.6. HIGH-RISK FERTILITY BEHAVIOUR

The 2013 VDHS examined the relative importance of maternal fertility patterns associated with increased risk of mortality. Generally, infants and children have a greater probability of dying if they are born to mothers who are too old or too young, if they are born after a short birth interval, or if they are of a high birth order.

In analyzing the effects of high-risk fertility behaviour on child survival, a mother is classified as too young if she is less than 18, and too old if she is more than 34 at the time of birth. A short birth interval is defined as a birth occurring less than 24 months after the previous birth, and a child is of a high birth order if the mother has previously given birth to three or more children (i.e. if the child is of birth order 4 or higher).

Table 8.6 shows the percent distribution of births in the five-year period before the survey according to these elevated risk factors. The table also examines children's relative risk of dying by comparing the proportion of dead children in each specified high-risk category with the proportion dead among children not in any high-risk category. Although first-order births are commonly associated with an increased risk of mortality, they are not included in any high-risk category because they are considered an unavoidable risk.

Only 30% of births in Vanuatu are not in any high-risk category. An additional 23% of births are first-order births to mothers aged 18–34, which is considered an unavoidable risk category. The remaining 47% of births in Vanuatu are in at least one of the specified avoidable high-risk categories.

About 30% of births are in only one of the high-risk categories — birth order 4 or higher (15%), birth intervals shorter than 24 months (9%), and mother's age older than 34 (2%) — while 17% are in multiple high-risk categories. Births in multiple high-risk categories are most common among children whose mothers are older than 34 in conjunction with birth orders higher than three (about 9%).

The second column of Table 8.6 shows the risk ratio of dying. When compared with those births that do not fall into any high-risk category, children born to mothers who are less than 18 have a lower risk of dying (risk ratio of 0.87), and children born to mothers who are older than 34 have a risk ratio of 1.84. However, combined, these constitute only about 6% of all births. Births occurring less than 24 months after the previous birth also had a lower risk of dying (risk ratio of 0.84) as compared with those births that do not fall into any high-risk category. The remaining single high-risk category (birth order higher than 3) had a risk ratio of 1.47. These two single high-risk categories (births occurring less than 24 months after the previous birth, and birth order higher than 3) accounted for 24% of births.

The second column of Table 8.6 also shows the risk ratio of dying by multiple high-risk factors. The highest risk ratio (5.16) is for children born to mothers older than 34, born less than 24 months after the previous birth and of birth order higher than 3, which accounted for 1.5% of all births.

The third column of Table 8.6 shows the potential for high-risk births among currently married women. A woman's current age, time elapsed since the last birth, and parity are used to determine the risk categories of potential births, assuming the woman conceived at the time of the survey. In the final data processing, the criteria for placing women into specific risk categories are adjusted to take into account gestation period.

Among currently married women in Vanuatu, 30% are not in any high-risk category, while 65% have the potential for giving birth to a child exposed to a higher risk of mortality; 28% of married women fall into a single high-risk category, and 37% into multiple high-risk categories.

**Table 8.6: High-risk fertility behavior**

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Vanuatu 2013

Risk category	Births in the five years preceding the survey		Percentage of currently married women <sup>1</sup>
	Percentage of births	Risk ratio	
Not in any high risk category	29.5	1.00	29.7 <sup>a</sup>
<b>Unavoidable risk category</b>			
First order births between ages 18 and 34 years	23.4	2.91	5.5
<b>Single high-risk category</b>			
Mother's age <18	3.8	0.87	0.4
Mother's age >34	1.7	1.84	6.3
Birth interval <24 months	9.3	0.84	9.5
Birth order >3	15.0	1.47	11.9
<b>Subtotal</b>	<b>29.9</b>	<b>1.22</b>	<b>28.1</b>
<b>Multiple high-risk category<sup>2</sup></b>			
Age <18 & birth interval <24 months	0.4	0.00	0.1
Age >34 & birth interval <24 months	0.0	-	0.2
Age >34 & birth order >3	9.0	1.19	26.1
Age >34 & birth interval <24 months & birth order >3	1.5	5.16	3.2
Birth interval <24 months & birth order >3	6.4	3.20	7.1
<b>Subtotal</b>	<b>17.3</b>	<b>2.25</b>	<b>36.7</b>
<b>In any avoidable high-risk category</b>			
Total	47.1	1.60	64.8
Total	100.0	-	100.0
Number of births/women	1,562	-	1,714

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category.

na = not applicable

<sup>1</sup> Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

<sup>2</sup> Includes the category age <18 and birth order >3.

<sup>a</sup> Includes sterilized women.

### Key findings

- 76% of women age 15–49 who had a live birth in the five years preceding the survey received antenatal care from a skilled provider. Women age 35–49, living in rural areas, with primary and less educational background and living in lower wealth quintiles are less likely to receive antenatal care from a skilled provider.
- 90% of pregnant women take iron and ferrous sulphate tablets, but it is unknown whether they complete the course.
- Among expectant mothers who are anaemic, parasitic infestation (with hookworms), poor diet (i.e. low in iron-rich foods) or frequent childbearing (insufficient gaps between pregnancies to replenish iron stores) are likely causes of their anaemia.
- Only 60% of women recall receiving information on complications during their last pregnancy.
- Women residing in rural areas with their sixth or more pregnancy, those with a primary education only, and those in the lowest and second wealth quintiles are most likely to report not being informed of signs of pregnancy complications.
- Over half (57%) of pregnant women are not completely protected against tetanus; tetanus toxoid coverage is higher in rural areas than in urban areas.
- 89% of births are delivered in a health facility: a high percentage of births (87%) were delivered in a public health facility and less than 2% were delivered in a private health facility. About 10% of births take place at home.
- Birth deliveries at home are most common among older women, those having their sixth (or more) birth, those with no education, those in the lowest wealth quintile, and those who did not receive antenatal care. Home deliveries are also more likely to take place in rural areas than in urban areas.
- 88% of births delivered in a health facility are attended by a skilled health provider while the other 10% of births are delivered by a traditional birth attendant or relative or other person.
- About 8% of women in Vanuatu are not seen until 3–41 days after delivery, while 6% of women are unable to recall when they were first checked.
- Apart from distances between islands (and even within an island) being a barrier to accessing health, other factors that affect a woman's ability to access health care include permission (from a spouse, partner or family member) to go for treatment, availability of funds, availability of a healthcare provider (especially a female provider), other factors and/or a combination of these.

This chapter presents findings on several key aspects of women's reproductive health, including antenatal care (ANC), delivery and postnatal care, and general access to health services.

Information on ANC, delivery and postnatal care is important for identifying subgroups of women who do not use such services, and is useful in planning for improvements in service delivery. Information on ANC is presented according to the number of antenatal clinic visits made, the stage of pregnancy at the time of the first visit, the type of provider, and the specific services and information provided during ANC visits, including whether a tetanus toxoid injection was received. Similarly, delivery services are described according to the place of delivery, the type of person assisting the delivery, and the number of caesarean sections performed. Information is presented on whether a woman delivered her baby in a health facility or elsewhere, the time since the delivery of the first postnatal checkup, and from whom it was received. This information helps identify population groups of women who do not receive maternity care services. General information on access and barriers to using health services (for women) is also presented.

For the purposes of this report, a skilled birth attendant or provider includes a doctor, nurse, or midwife, auxiliary nurse or auxiliary midwife trained to deliver emergency obstetric and neonatal care as well as ANC and postnatal care.

## 9.1. MATERNAL HEALTH

Proper care during pregnancy, delivery and in the postnatal period is important for the health of the mother and baby. During the 2013 VDHS, women who had given birth in the five years preceding the survey were asked a number of questions about maternal, neonatal and child health care. For the last live birth during that period, mothers were asked whether they had obtained ANC during their pregnancy and whether they had received tetanus toxoid injections while they were pregnant. For each birth in the same period, mothers were also asked about the type of assistance they received at the time of delivery. Table 9.1 presents the results based on the ANC provider with the highest qualifications.

Over three-quarters (76%) of women with a live birth in the five years preceding the survey received ANC from a skilled provider (52% received ANC from a nurse/midwife, 15% from a doctor, and 9% from an auxiliary nurse/midwife). About 3% of women with a live birth in the five years preceding the survey received ANC from a community health worker, and 1% of women received ANC from a traditional birth attendant. About 19% of women did not receive ANC at all.

Receipt of ANC is higher in urban areas (81%) than in rural areas (73%), and nurses/midwives are the most popular ANC providers, with a higher percentage of women in rural areas receiving ANC from them than women in urban areas. Women in urban areas are four times more likely to obtain ANC from a doctor than those in rural areas. The most popular ANC provider in all provinces is a nurse/midwife, with the highest percentage of women seeking ANC from them.

ANC coverage is strongly related to woman's economic status, birth order and to some extent, her education level. Women in the highest wealth quintile (83%) are more likely to receive ANC, particularly from a doctor, than women in the lower wealth quintiles (65%). Women are more likely to consult a skilled provider, particularly a doctor, for ANC for the pregnancy of their first birth (77%) than for subsequent pregnancies (67%). Moreover, women who are pregnant with their sixth or higher birth are much more likely to not seek ANC at all than women who are pregnant for the first time. Women with a secondary level education are twice as likely to receive ANC from a doctor as women with only a primary education. Access to ANC does not differ much by women's age at delivery.

In general, the World Health Organization (WHO) recommends that all pregnant women have a minimum of four ANC visits during uncomplicated pregnancies. First-time mothers, or those with identified risk factors, should be seen more often. In the Pacific Islands, women who seek ANC from health professionals tend to be seen more than five times during a pregnancy.

For the 2013 VDHS, data on the number of ANC visits were available for about 81% of women who had a baby in the five years preceding the survey. Some 46% of urban women and 54% of rural women visited an ANC professional more than four times during their most recent pregnancy, which is in accordance with WHO's recommendation. About 14% of pregnant women visited an ANC professional two to three times during their pregnancy, and only 2% visited a professional only once (Table 9.2). The number of women who never went to an ANC professional (19%) is consistent with the data in Table 9.1.

Starting ANC early on in a pregnancy allows healthcare professionals to: 1) screen and educate mothers about their diet; 2) educate women about what to expect throughout their pregnancy; 3) assist with the delivery and help determine where the delivery will take place; and 4) resolve uncertain dates and other matters. ANC does not, however, accurately identify all women who will develop problems or complications during labour. The 2013 VDHS data reveal that only three in ten (30%) women who had a birth in the five years preceding the survey visited an ANC professional early on in their pregnancy, with their first ANC visit during the first trimester. Women in rural areas (32%) tend to have their first ANC visit earlier than women in urban areas (27%). About the same percentage (32%) of women in urban and rural areas made their first visit in their fourth or fifth month of pregnancy. Half of the women who received ANC had their first visit by the time they were 4.6 months pregnant (4.9 months in urban areas, 4.7 months in Rural 1 areas, and 4.4 months in Rural 2 areas).



**Table 9.1: Antenatal care**

Percent distribution of women aged 15–49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during the pregnancy of their most recent birth, and the percentage who received ANC from a skilled provider for their most recent birth, according to background characteristics, Vanuatu 2013

Background characteristic	Doctor	Nurse/ midwife	Auxiliary nurse/midwife	Community health worker	Traditional birth attendant	Other	No one	Missing	Total	Percentage receiving antenatal care from a skilled provider <sup>1</sup>	Number of women
<b>Mother's age at birth</b>											
<20	11.2	55.0	10.3	2.0	2.1	0.0	19.4	0.0	100.0	76.5	134
20–34	15.9	50.2	9.5	3.5	1.3	0.4	18.7	0.5	100.0	75.7	836
35–49	12.6	57.0	4.8	3.5	0.0	0.0	21.6	0.5	100.0	74.4	168
<b>Birth order</b>											
1	16.4	49.2	11.8	5.4	1.9	0.6	14.6	0.0	100.0	77.5	291
2–3	16.3	51.6	8.3	1.8	0.2	0.2	21.2	0.5	100.0	76.2	457
4–5	12.0	55.7	8.5	4.6	1.2	0.1	17.1	0.9	100.0	76.2	276
6+	11.9	49.9	5.2	1.3	3.3	0.0	28.4	0.0	100.0	67.0	114
<b>Residence</b>											
Urban	31.1	45.5	4.4	0.8	1.3	0.8	15.7	0.5	100.0	80.9	343
Rural	7.8	54.5	10.9	4.4	1.2	0.0	20.7	0.4	100.0	73.3	796
..Rural 1	14.2	64.3	7.0	1.4	0.3	0.3	12.6	0.0	100.0	85.4	119
..Rural 2	6.7	52.8	11.6	4.9	1.3	0.0	22.2	0.4	100.0	71.1	677
<b>Mother's education</b>											
No education	(5.0)	(40.6)	(10.0)	(2.3)	(0.0)	(0.5)	11.7	(0.0)	100.0	(55.5)	67
Primary	10.9	54.9	9.4	3.2	1.5	0.1	19.4	0.6	100.0	75.1	649
Secondary	20.8	49.4	8.8	3.7	0.6	0.2	16.3	0.3	100.0	79.0	364
More than secondary	32.7	46.2	3.3	3.4	3.0	1.5	9.8	0.0	100.0	82.3	59
<b>Wealth quintile</b>											
Lowest	5.3	46.3	13.6	3.3	1.6	0.0	29.9	0.0	100.0	65.2	245
Second	9.1	56.6	10.3	1.8	2.0	0.0	20.2	0.0	100.0	76.0	252
Middle	11.9	56.3	10.0	7.3	0.4	0.6	12.0	1.4	100.0	78.3	210
Fourth	18.3	54.1	5.1	4.2	0.8	0.0	16.7	0.8	100.0	77.5	235
Highest	32.8	44.9	4.9	0.0	1.0	0.9	15.5	0.0	100.0	82.7	198
<b>Total</b>	<b>14.8</b>	<b>51.8</b>	<b>8.9</b>	<b>3.3</b>	<b>1.2</b>	<b>0.3</b>	<b>19.2</b>	<b>0.4</b>	<b>100.0</b>	<b>75.6</b>	<b>1,139</b>

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

Figures in parentheses are based on 25–49 unweighted cases.

<sup>1</sup> Skilled provider includes doctor, nurse, midwife, and auxiliary nurse/midwife.

**Table 9.2: Number of antenatal care visits and timing of first visit**

Percent distribution of women aged 15–49 who had a live birth in the five years preceding the survey by the number of antenatal care (ANC) visits for their most recent live birth, and by the timing of their first ANC visit; and among women who received ANC, the median number of months pregnant at the first ANC visit, according to residence, Vanuatu 2013

Number and timing of ANC visits	Residence				Total
	Urban	Rural	..Rural 1	..Rural 2	
<b>Number of ANC visits</b>					
None	16.0	20.7	12.6	22.2	19.3
1	2.3	1.5	1.6	1.4	1.7
2–3	15.5	12.9	12.8	12.9	13.7
4+	46.4	54.1	55.8	53.8	51.8
Do not know/missing	19.8	10.8	17.2	9.7	13.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number of months pregnant at time of first ANC visit</b>					
No antenatal care	16.0	20.7	12.6	22.2	19.3
<4	26.7	31.5	31.4	31.5	30.1
4–5	33.6	30.6	37.6	29.4	31.5
6–7	17.6	12.8	16.0	12.2	14.2
8+	3.4	1.6	1.8	1.5	2.1
Do not know/missing	2.8	2.7	0.6	3.1	2.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of women	343	796	119	677	1,139
Median months pregnant at first visit (for those with ANC)	4.9	4.4	4.7	4.4	4.6
Number of women with ANC	289	631	104	527	919

## 9.2. COMPONENTS OF ANTENATAL CARE

Information on the components or types of care received during pregnancy provides a general idea of the kinds of problems that are being seen at clinics. Important elements of ANC are: providing iron supplements, educating women about the signs of pregnancy complications, performing screening tests (e.g. urine and blood tests), and measuring weight gain and blood pressure. The specific types of services received by women who access ANC in Vanuatu are shown in Table 9.3.

Pregnant women are prone to developing anaemia and their daily iron requirements may be difficult to meet with their regular diets; therefore, they are encouraged to take iron supplements. Most ministries of health in the Pacific Islands region prescribe iron and folic acid tablets routinely for all pregnant women on their first visit but it is known that compliance is less than it should be. The supplements are given even if women do not have a low blood haemoglobin level. Iron and folic acid are critical for the formation of haemoglobin, which gives blood its red colour and cellular division, much of which takes place in the developing foetus.

Table 9.3 shows that overall, most (90%) expectant mothers in Vanuatu took iron tablets or syrup during their last pregnancy. While 90% of pregnant women were taking iron, it is not known if they took the entire course of tablets. In most populations there is a high fall-off rate in women taking iron tablets during pregnancy because of the unpleasant taste.

There are few variations in iron supplementation coverage across subgroups of women, and the largest difference is by economic status. Pregnant women in the middle wealth quintile are more likely to take iron supplementation than those in the highest wealth quintile.

Among expectant mothers who are anaemic, parasitic infestation (with hookworms), poor diet (i.e. low in iron-rich foods) or frequent childbearing (insufficient gaps between pregnancies to replenish iron stores) are likely causes of their anaemia. About one-quarter (24%) of pregnant women in Vanuatu took medication for parasitic infestation in their last pregnancy. These women tend to be middle-aged, in their fourth or higher order pregnancy, in the middle wealth quintile, and live in rural areas. Less educated women are more likely to have taken this medication than better educated women.

Performing certain checks at each antenatal visit is important: blood pressure is taken to exclude pregnancy-induced hypertension; urine is tested for sugar and protein in order to screen for diabetes and exclude pregnancy-induced hypertension, respectively; and blood is taken to test for blood group, rhesus factor, anaemia and certain blood-borne and other infections that can cause serious illness in the mother, baby or

both. Routine weighing during pregnancy has been abandoned by health services in developed countries because it is labour intensive, yields little useful information, and is not particularly predictive of birth outcomes. Weighing is helpful in certain circumstances, however, such as when a woman appears to be retaining considerable body fluid during pregnancy-induced hypertension, or has accumulated excessive amniotic fluid. Taking weight measurements during pregnancy is still routinely practiced in Vanuatu.

A review of selected services received by women who obtained ANC for their most recent birth shows that a very high percentage (97%) of women were weighed, had their blood pressure checked (96%), and their urine samples and blood sample taken (both 89%). Variations in the percentages of women having their weight and blood pressure measured by background characteristics are small. Women pregnant for the first time, those residing in urban areas, and those in the highest wealth quintile are more likely to have their urine and blood samples taken during their ANC visit for their most recent birth in the five years preceding the survey.

One area where healthcare providers could improve is in warning pregnant women about the signs and symptoms of complications. Overall, only 60% of women recalled receiving information on complications during their last pregnancy. Whether the remaining 40% did not recall being told or were definitely not told cannot be determined. Women residing in rural areas, those in their sixth (or higher order) pregnancy, those with just a primary education, and those in the lowest and second wealth quintiles were most likely to report not being informed of signs of pregnancy complications.

**Table 9.3: Components of antenatal care**

Among women aged 15–49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of their most recent birth, and among women receiving antenatal care (ANC) for their most recent live birth, the percentage who received specific ANC services, according to background characteristics, Vanuatu 2013

Background characteristic	Among women with a live birth in the last five years, the percentage who during the pregnancy of their last birth:			Among women who received antenatal care for their most recent birth in the last five years, the percentage with selected services:					
	Took iron tablets or syrup	Took intestinal parasite drugs	Women with a live birth in the last five years	Informed of signs of pregnancy complications	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	Women with ANC for their most recent birth
<b>Mother's age at birth</b>									
<20	88.6	22.3	134	61.2	95.1	94.1	89.9	86.5	108
20–34	90.9	24.9	836	59.4	97.0	95.9	89.3	88.9	680
35–49	88.2	22.0	168	60.4	98.3	98.1	87.2	93.8	131
<b>Birth order</b>									
1	90.1	24.0	291	64.0	97.8	97.3	93.1	91.4	249
2–3	90.2	21.2	457	56.6	95.8	95.6	89.6	88.9	360
4–5	92.4	26.8	276	62.4	97.7	94.9	85.9	88.4	228
6+	85.7	30.0	114	53.6	97.3	97.0	83.5	87.3	82
<b>Residence</b>									
Urban	87.7	19.3	343	71.7	98.2	98.1	98.6	94.1	289
Rural	91.4	26.3	796	54.3	96.4	95.1	84.7	87.2	631
..Rural 1	92.7	26.7	119	72.7	99.9	98.2	93.8	93.0	104
..Rural 2	91.1	26.2	677	50.7	95.7	94.4	82.9	86.0	527
<b>Mother's education</b>									
No education	(75.4)	(31.9)	67	(77.2)	(94.4)	(94.4)	(94.4)	(94.4)	39
Primary	92.0	25.9	649	53.7	96.2	95.1	85.9	88.2	523
Secondary	89.5	21.8	364	66.9	98.0	97.1	92.9	90.2	304
More than secondary	92.5	11.5	59	66.3	100.0	100.0	94.3	91.8	53
<b>Wealth quintile</b>									
Lowest	88.6	26.7	245	51.1	96.7	94.0	80.4	89.7	171
Second	89.3	22.5	252	48.3	94.2	93.7	83.0	85.5	201
Middle	95.2	28.7	210	59.9	96.9	96.9	89.4	88.4	185
Fourth	91.5	26.7	235	69.0	98.3	96.3	94.4	89.9	195
Highest	86.7	15.3	198	71.7	99.0	99.5	98.8	93.8	167
<b>Total</b>	<b>90.3</b>	<b>24.2</b>	<b>1,139</b>	<b>59.8</b>	<b>97.0</b>	<b>96.0</b>	<b>89.1</b>	<b>89.3</b>	<b>919</b>

Figures in parentheses are based on 25–49 unweighted cases.

### 9.3. TETANUS TOXOID

Tetanus toxoid injections are given to pregnant women to protect newborn babies from neonatal tetanus, a leading cause of neonatal death in developing countries where a high proportion of deliveries take place at home or in a location where hygienic conditions may be poor. Most Pacific Island countries have well established vaccination programmes that include tetanus toxoid, although some countries have fallen off in terms of penetration of the target population in recent years.

Table 9.4 shows that although 30% of expectant mothers in Vanuatu received two or more injections against tetanus during their last pregnancy, 43% were actually protected against tetanus. The difference is that an additional 13% of mothers were protected by virtue of prior injections. This implies that over half (57%) were not completely protected against tetanus.

The differentials in protection against neonatal tetanus among subgroups of women vary interestingly; tetanus toxoid coverage is higher in rural areas than in urban areas. Younger women, those pregnant for the first time, those women with a secondary education, and those in the second and lowest wealth quintiles are more likely to have two or more tetanus toxoid injections than other subgroups.

**Table 9.4: Tetanus toxoid injections**

*Among mothers aged 15–49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy of their last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Vanuatu 2013*

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last birth was protected against neonatal tetanus <sup>1</sup>	Number of mothers
<b>Mother's age at birth</b>			
<20	34.7	48.4	134
20–34	30.4	43.8	836
35–49	23.1	33.5	168
<b>Birth order</b>			
1	36.3	47.2	291
2–3	25.8	40.2	457
4–5	32.0	46.1	276
6+	24.2	34.2	114
<b>Residence</b>			
Urban	26.5	38.3	343
Rural	31.3	44.8	796
..Rural 1	30.9	45.6	119
..Rural 2	31.3	44.6	677
<b>Mother's education</b>			
No education	(26.8)	(33.0)	67
Primary	29.8	44.0	649
Secondary	31.7	43.4	364
More than secondary	22.5	37.5	59
<b>Wealth quintile</b>			
Lowest	33.3	44.3	245
Second	34.2	43.2	252
Middle	26.9	46.7	210
Fourth	28.5	42.6	235
Highest	24.7	36.6	198
<b>Total</b>	<b>29.8</b>	<b>42.8</b>	<b>1,139</b>

<sup>1</sup> Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within three years of the last live birth), or three or more injections (the last within five years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections prior to the last birth. Figures in parentheses are based on 25–49 un-weighted cases.

### 9.4. PLACE OF DELIVERY

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may cause the death or serious illness of the mother and the baby, or both. Hence, an important

component of the effort to reduce the health risks of mothers and children is to increase the proportion of babies delivered in a safe and clean environment, and under the supervision of health professionals.

Table 9.5 shows the percent distribution of live births in the five years preceding the 2013 VDHS by place of delivery, according to background characteristics. In Vanuatu, 89% of births are delivered in a health facility: a higher percentage of births (87%) were delivered in a public health facility and less than 2% were delivered in a private health facility. About 10% of births take place at home.

**Table 9.5: Place of delivery**

*Percent distribution of live births in the five years preceding the survey by place of delivery, and the percentage of births delivered in a health facility, according to background characteristics, Vanuatu 2013*

Background characteristic	Health facility					Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector	Home	Other	Missing			
<b>Mother's age at birth</b>								
<20	90.8	1.9	6.1	0.0	1.3	100.0	92.7	197
20–34	87.1	1.2	10.5	0.1	1.1	100.0	88.3	1,175
35–49	82.2	3.3	13.4	1.1	0.0	100.0	85.5	191
<b>Birth order</b>								
1	92.3	1.7	4.9	0.0	1.2	100.0	94.0	426
2–3	88.1	1.1	9.6	0.0	1.2	100.0	89.2	639
4–5	85.3	1.2	12.4	0.7	0.4	100.0	86.5	350
6+	71.0	3.7	23.8	0.6	0.8	100.0	74.7	147
<b>Residence</b>								
Urban	97.9	0.2	0.4	0.4	1.1	100.0	98.1	427
Rural	82.9	2.0	14.0	0.1	0.9	100.0	84.9	1,136
..Rural 1	95.2	1.0	3.2	0.2	0.4	100.0	96.2	161
..Rural 2	80.8	2.2	15.8	0.1	1.0	100.0	83.1	975
<b>Mother's education</b>								
No education	51.3	0.0	42.8	1.1	4.8	100.0	51.3	102
Primary	86.9	1.7	10.4	0.2	0.8	100.0	88.6	902
Secondary	93.0	1.8	4.6	0.0	0.6	100.0	94.8	489
More than secondary	98.8	0.0	1.2	0.0	0.0	100.0	98.8	69
<b>Antenatal care visits<sup>1</sup></b>								
None	80.5	0.0	19.5	0.0	0.0	100.0	80.5	220
1–3	87.4	1.1	11.0	0.5	0.0	100.0	88.5	175
4+	92.0	2.2	5.5	0.2	0.0	100.0	94.2	590
Do not know/missing	93.6	1.1	5.3	0.0	0.0	100.0	94.7	154
<b>Wealth quintile</b>								
Lowest	71.6	3.2	23.1	0.3	1.9	100.0	74.7	380
Second	78.5	2.5	18.1	0.0	0.9	100.0	81.0	342
Middle	97.0	0.7	2.3	0.0	0.0	100.0	97.7	288
Fourth	97.8	0.4	1.1	0.4	0.4	100.0	98.1	306
Highest	97.5	0.1	0.5	0.4	1.5	100.0	97.6	247
<b>Total</b>	<b>87.0</b>	<b>1.5</b>	<b>10.3</b>	<b>0.2</b>	<b>1.0</b>	<b>100.0</b>	<b>88.5</b>	<b>1,562</b>

<sup>1</sup> Includes only the most recent birth in the five years preceding the survey.

Births in a public health facility are most common among young mothers, those having their first child, those with more than a secondary education, those in the middle to highest wealth quintiles, and those who have had at least four ANC visits. Births are more likely to be delivered in a public health facility in urban areas than in rural areas.

Birth deliveries at home are most common among older women, those who have had six or more births, those with no education, those in the lowest wealth quintile, and those with no ANC visits. Home deliveries are also more likely to take place in rural areas than in urban areas.

## 9.5. ASSISTANCE DURING DELIVERY

One of the most critical factors determining whether a woman survives an emergency, life-threatening situation during, and in the period directly following, delivery is the care she receives from a skilled birth attendant. While the place of delivery is important in terms of access to equipment, drugs and services, the real determinant of safety during delivery is that the attendant (the individual performing the delivery) is skilled. The term 'skilled birth attendant' does not (and should not) include traditional birth attendants. It includes a doctor, nurse, midwife, auxiliary nurse or auxiliary midwife.

Women may have received assistance from more than one professional (i.e. a combination of a doctor, midwife, nurse, auxiliary nurse and/or auxiliary midwife), but for purposes of the 2013 VDHS, only the highest-ranking health professional who attended their delivery is recorded. Information on the person providing assistance during delivery for the most recent birth in the five years preceding the survey, and on the percentage delivered by caesarean sections is presented in Table 9.6.

Overall, about 9 in 10 (89%) births in the five years preceding the survey were attended to by a skilled professional: 9% by a medical doctor, 64% by a nurse or midwife, and 16% by an auxiliary nurse or midwife. This figure is consistent with the percentage of births delivered in a health facility (89%) shown in Table 9.5 which in fact were attended to by skilled professionals.

The remaining births of about 11% were attended by non-skilled professionals -about 6% of births were attended to by traditional birth attendants, 4% by relatives and less than 1% by no one. These births were presumably delivered at home, based on the percentage of home deliveries (10%) shown in Table 9.5.

In all categories, nurses/midwives are the most sought-after attendants at birth. Auxiliary nurses/midwives are the second choice. Doctors are the second most preferred birth attendants among mothers with more than a secondary education and those in the highest wealth quintile, possibly due to their financial capability.

Delivery assistance by a skilled provider varies according to background characteristics of the mother. The percentage of births attended to by a nurse/midwife or an auxiliary nurse/midwife decreases with age but the percentage of births attended to by a doctor increase with age. Relatively higher percentages of births in urban areas were attended to by a doctor or nurse/midwife than in rural areas, but the reverse is true for birth attendance by an auxiliary nurse/midwife

Providing caesarean sections that are safe for both the mother and baby requires that the health system have available adequate, qualified and skilled staff (including anaesthetists), drugs, logistics and other resources, and be well organised. Within a well-functioning health system, a tertiary level maternity or delivery unit is expected to deliver between 5% and 15% of its babies by caesarean section, for widely accepted indications. Where a facility is delivering more premature babies, this percentage will be higher.

In Vanuatu, 12% percent of births in the five years preceding the survey were delivered by caesarean section. The 2013 VDHS indicates that caesarean sections are more common among women living in urban areas, women who had received a secondary or higher education, women in the middle to upper wealth quintiles, women with their first birth order, and those in the youngest age group.

**Table 9.6: Assistance during delivery**

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, the percentage of births assisted by a skilled provider, and the percentage of births delivered by caesarean section (C-section), according to background characteristics, Vanuatu 2013

Background characteristic	Person providing assistance during delivery							Total	Percentage delivered by a skilled provider <sup>1</sup>	Percentage delivered by C-section	Number of births
	Doctor	Nurse/ midwife	Auxiliary nurse/midwife	Traditional birth attendant	Relative/ other	No one	Do not know/ missing				
<20	5.2	71.1	16.2	1.0	5.2	0.1	1.1	100.0	92.5	13.8	197
20–34	9.2	64.0	16.4	5.2	4.3	0.3	0.6	100.0	89.6	11.9	1,175
35–49	10.0	60.0	14.9	11.6	3.6	0.0	0.0	100.0	84.9	9.7	191
<b>Birth order</b>											
1	8.8	69.7	15.8	1.2	3.6	0.1	0.8	100.0	94.3	19.8	426
2–3	10.7	62.8	17.3	4.1	4.3	0.5	0.2	100.0	90.8	10.4	639
4–5	5.5	66.0	15.7	7.9	3.9	0.1	0.9	100.0	87.2	6.5	350
6+	8.6	52.6	13.0	18.0	6.9	0.0	0.8	100.0	74.3	8.6	147
<b>Place of delivery</b>											
Health facility	9.7	70.7	17.6	1.0	1.0	0.0	0.1	100.0	98.0	13.4	1,383
Elsewhere	2.0	17.7	5.7	43.9	30.5	0.2	0.0	100.0	25.4	0.0	164
<b>Residence</b>											
Urban	16.0	67.7	12.0	0.0	3.8	0.0	0.5	100.0	95.7	15.3	427
Rural	6.1	63.2	17.7	7.5	4.5	0.4	0.6	100.0	87.0	10.6	1,136
..Rural 1	10.9	72.0	12.6	0.7	3.2	0.4	0.3	100.0	95.4	15.8	161
..Rural 2	5.3	61.7	18.6	8.6	4.7	0.4	0.7	100.0	85.6	9.7	975
<b>Mother's education</b>											
No education	1.2	36.6	21.4	21.7	12.7	0.0	6.4	100.0	59.2	5.7	102
Primary	6.7	65.6	16.6	6.6	3.9	0.4	0.1	100.0	88.9	11.3	902
Secondary	12.4	67.6	15.3	0.8	3.6	0.1	0.3	100.0	95.3	12.8	489
More than secondary	22.4	67.2	8.4	0.0	2.0	0.0	0.0	100.0	98.0	22.5	69
<b>Wealth quintile</b>											
Lowest	3.4	54.5	19.3	16.1	4.3	0.9	1.4	100.0	77.2	6.4	380
Second	5.8	62.7	15.7	7.0	8.4	0.0	0.5	100.0	84.1	13.1	342
Middle	8.7	70.8	18.7	0.1	1.7	0.0	0.0	100.0	98.2	12.2	288
Fourth	10.8	72.2	14.3	0.0	2.1	0.2	0.3	100.0	97.4	13.6	306
Highest	19.0	65.0	11.2	0.0	4.2	0.0	0.5	100.0	95.2	16.0	247
<b>Total</b>	<b>8.8</b>	<b>64.4</b>	<b>16.2</b>	<b>5.5</b>	<b>4.3</b>	<b>0.3</b>	<b>0.6</b>	<b>100.0</b>	<b>89.4</b>	<b>11.9</b>	<b>1,562</b>

Note: If the respondent mentioned more than one person attending the delivery, only the most qualified person is considered in this tabulation.

<sup>1</sup> A skilled provider includes a doctor, nurse, midwife or auxiliary nurse/midwife.

## 9.6. POSTNATAL CHECKUP

A postnatal checkup is an ideal opportunity to raise the subject of family planning and the various modern methods that are available in Vanuatu. Vanuatu's contraceptive prevalence rate is likely to increase if women and their partners are advised of the rights and contraceptive options that are available to them for birth spacing.

The postnatal period extends for six weeks (42 days) after the delivery of the baby and its placenta, and is characterised by breastfeeding and the recovery of the mother's reproductive system to pre-pregnancy status (apart from her breasts if she continues to breastfeed). Pacific Island countries have different regimes for postnatal checkups for mother and baby. While two visits are considered ideal, a single visit six weeks after delivery is the usual scenario, especially in a busy or overstretched health service. Serious life-threatening complications are most likely to arise in the first few days after delivery. In most cases, a postnatal checkup takes place after the mother and her baby have been discharged from the health facility, and the checkup is conducted either in a clinic or in the mother's home. Table 9.7 shows the timing of women's first postnatal checkup in Vanuatu (ranging from less than 4 hours to 3–41 days), while Table 9.8 shows the type of health provider who performed the checkup.



By Pacific Island standards, the proportion of women first seen within 4 hours after delivery (40%) is quite high. An additional 4% were seen in 4–23 hours, meaning that 44% were seen within the first day (Table 9.5). Because nearly 90% of births take place in a healthcare facility, it is presumed that this first checkup is carried out at a facility. After the first 23 hours, an additional 23% of women are seen for their first postnatal checkup within two days. Thus, 67% of mothers in Vanuatu receive their first checkup within two days of delivery. This is high by Pacific Island standards, and is evidence of a well set up, responsive public health system that is addressing the reproductive health needs of its population. Only 8% of women in Vanuatu were not seen until 3–41 days after delivery, while 6% of women were unable to recall when they were first checked.

The timing of the first postnatal checkup varies by background characteristics of mothers. Young mothers (aged less than 20), women who had delivered their first babies, women residing in urban areas, women with more than a secondary education, and women in the highest wealth quintiles were the most likely to have received a postnatal checkup for themselves in the first two days after delivery. The first two days after delivery are critical because most maternal and neonatal deaths occur during this period.

Some 19% of mothers did not receive any postnatal checkup. Older women, women who have had four or more births, women residing in rural areas, women with a primary education or no education, and women in the lowest wealth quintile are most likely to have not received a postnatal checkup.

Table 9.8 shows the type of health professional that women saw for their first postnatal checkup. Health professionals provide first postnatal care to 70% of women in Vanuatu. Only 8% of women were checked by an auxiliary nurse or auxiliary midwife. Only 1% of women were checked by a traditional birth attendant while 19% of women did not access any postnatal care services.

There is greater access to first postnatal care provided by health professionals among young mothers, mothers with first order births, mothers with more than a secondary education, and mothers in the highest wealth quintile. Mothers who reside in urban areas are more likely to seek first postnatal care from health professionals than mothers in rural areas and in other provinces.

**Table 9.7: Timing of first postnatal checkup**

Among women aged 15–49 giving birth in the five years preceding the survey, the percent distribution of the mother's first postnatal checkup for the last live birth by time after delivery, according to background characteristics, Vanuatu 2013

Background characteristic	Timing after delivery of mother's first postnatal checkup						Total	Number of women
	Less than 4 hours	4–23 hours	2 days	3–41 days	Do not know/missing	No postnatal checkup <sup>1</sup>		
<b>Mother's age at birth</b>								
<20	52.3	4.3	22.5	2.6	4.5	13.8	100.0	134
20–34	36.8	3.8	24.1	8.9	6.4	19.9	100.0	836
35–49	45.9	2.9	19.4	7.2	6.4	18.3	100.0	168
<b>Birth order</b>								
1	42.3	5.1	28.1	5.0	4.9	14.6	100.0	291
2–3	38.8	4.1	22.8	9.4	6.7	18.1	100.0	457
4–5	39.7	3.0	20.3	8.5	4.4	24.1	100.0	276
6+	39.9	0.6	19.8	7.5	11.7	20.5	100.0	114
<b>Residence</b>								
Urban	46.6	6.8	25.5	6.8	4.1	10.1	100.0	343
Rural	37.1	2.4	22.3	8.3	7.1	22.8	100.0	796
..Rural 1	48.1	4.7	25.2	7.2	3.7	11.1	100.0	119
..Rural 2	35.2	2.0	21.7	8.5	7.7	24.8	100.0	677
<b>Education</b>								
No education	(35.1)	(0.0)	(14.7)	(11.7)	(8.5)	(30.0)	100.0	67
Primary	39.2	2.5	22.6	7.6	5.5	22.7	100.0	649
Secondary	43.5	4.9	25.3	7.6	7.6	11.2	100.0	364
More than secondary	33.0	14.9	27.6	8.7	3.0	12.8	100.0	59
<b>Wealth quintile</b>								
Lowest	34.3	0.1	18.6	6.6	6.5	33.9	100.0	245
Second	40.0	0.4	24.3	7.9	7.6	19.8	100.0	252
Middle	42.5	4.1	22.1	7.8	6.0	17.5	100.0	210
Fourth	40.3	7.2	26.8	7.9	5.2	12.6	100.0	235
Highest	44.1	8.2	24.6	9.4	5.4	8.3	100.0	198
<b>Total</b>	<b>40.0</b>	<b>3.8</b>	<b>23.2</b>	<b>7.9</b>	<b>6.2</b>	<b>18.9</b>	<b>100.0</b>	<b>1,139</b>

<sup>1</sup> Includes women who received a checkup after 41 days.  
 Figures in parentheses are based on 25–49 unweighted cases.

**Table 9.8: Type of provider of first postnatal checkup**

Among women aged 15–49 giving birth in the five years preceding the survey, the percent distribution by type of provider for the mother's first postnatal health check for the last live birth, according to background characteristics, Vanuatu 2013

Background characteristic	Type of health provider of mother's first postnatal checkup						No postnatal checkup <sup>1</sup>	Total	Number of women
	Doctor/nurse/midwife	Auxiliary nurse/midwife	community health worker	Traditional birth attendant	Other	Do not know/missing			
<b>Mother's age at birth</b>									
<20	78.0	8.3	0.0	0.0	0.0	0.0	13.8	100.0	134
20–34	69.9	8.1	0.2	0.8	0.5	0.6	19.9	100.0	836
35–49	65.4	9.2	2.4	4.6	0.0	0.0	18.3	100.0	168
<b>Birth order</b>									
1	76.1	9.3	0.0	0.0	0.0	0.0	14.6	100.0	291
2–3	72.4	6.5	0.4	1.1	0.6	0.9	18.1	100.0	457
4–5	62.5	11.0	1.5	0.9	0.0	0.0	24.1	100.0	276
6+	65.3	6.0	0.0	5.7	1.5	1.0	20.5	100.0	114
<b>Residence</b>									
Urban	84.7	5.0	0.0	0.3	0.0	0.0	10.1	100.0	343
Rural	64.0	9.7	0.7	1.7	0.5	0.7	22.8	100.0	796
..Rural 1	82.4	5.7	0.0	0.7	0.0	0.0	11.1	100.0	119
..Rural 2	60.7	10.4	0.9	1.8	0.6	0.8	24.8	100.0	677
<b>Education</b>									
No education	(53.5)	(8.4)	(2.6)	(0.0)	(3.8)	(1.7)	(30.0)	100.0	67
Primary	64.7	9.6	0.6	1.5	0.3	0.6	22.7	100.0	649
Secondary	80.7	6.9	0.0	1.2	0.0	0.0	11.2	100.0	364
More than secondary	85.7	1.5	0.0	0.0	0.0	0.0	12.8	100.0	59
<b>Wealth quintile</b>									
Lowest	49.5	11.8	0.7	2.8	0.0	1.3	33.9	100.0	245
Second	64.8	11.1	0.0	2.5	1.7	0.0	19.8	100.0	252
Middle	74.1	6.1	1.2	0.1	0.0	1.0	17.5	100.0	210
Fourth	79.2	7.2	0.7	0.4	0.0	0.0	12.6	100.0	235
Highest	87.8	3.9	0.0	0.0	0.0	0.0	8.3	100.0	198
<b>Total</b>	<b>70.2</b>	<b>8.3</b>	<b>0.5</b>	<b>1.3</b>	<b>0.4</b>	<b>0.5</b>	<b>18.9</b>	<b>100.0</b>	<b>1,139</b>

<sup>1</sup> Includes women who received a checkup after 41 days.  
 Figures in parentheses are based on 25–49 unweighted cases.

## 9.7. PROBLEMS ACCESSING HEALTH CARE

As mentioned previously, the distance between islands and within an island in Vanuatu can complicate a woman's access to health care that may not even be available on her own island, forcing outer island women to use domestic airline services or local boats. And on outer islands, limiting factors may include a lack of an ambulance or other similar vehicle, and poor roads or wharves. There are many additional factors that determine a women's ability to access the health services she needs, including permission (from a spouse, partner or family) to go for treatment, lack of funds, availability of a healthcare provider (especially a female provider), and combinations of these.

In the 2013 VDHS, women were asked what hinders them from obtaining medical advice or treatment when they are sick. Answers included getting permission to go for treatment, getting money for treatment, distance to a health facility, having to take public transport, not wanting to go alone, concern that there no female provider is available, concern that there is no provider available, and concern that there are no drugs available. Table 9.9 shows the percentage of women who report having serious problems in accessing health care for themselves when they were sick.

In total, 2,508 women were questioned, including women who are never married. In addition to the background characteristics for women with live births discussed in this chapter, Table 9.9 includes information about employment in the 12 months preceding the survey, marital status, and the number of living children (rather than birth order).

The vast majority of women in Vanuatu (90%) reported at least one problem in accessing health care, and some cited more than one reason. This figure is higher than those reported in similar studies undertaken in other Pacific Island countries. Women's concerns regarding access to health care include:

- 1) Concern that certain drugs may not be available (78%)
- 2) Concern that no healthcare provider may be available (74%)
- 3) Getting money needed for treatment (47%)
- 4) Distance to the healthcare facility (45%)
- 5) Having to take transport (45%)
- 6) Concern that no female healthcare provider may be available (43%)
- 7) Not wanting to go alone (38%)
- 8) Getting permission to go for treatment (22%).

All of the eight concerns were cited by unemployed women, women who live in rural areas, and women with no education.

Concerns that certain drugs or a healthcare provider may not be available were cited mostly by women aged 15–19 and 20–34, women with no living children or those with three to four living children, and women who were either divorced, separated or widowed, unemployed, lived in rural area, had no education or women in middle wealth quintile households.

Women were most likely to cite 1) getting money for treatment, 2) concern that no female provider would be available, 3) not wanting to go alone and 4) getting permission to go for treatment as healthcare access issues if they were under the age of 20, did not have children, were unmarried, unemployed, or lived in a rural area, had no education or were in the lowest wealth quintile. Not wanting to go alone reflects an absence of decision-making power or confidence among these groups of women who are reliant on others to accompany them and perhaps even speak for them when they see a healthcare provider. These issues all represent potential access challenges for women who live away from health facilities and rely on others (e.g. men or older women within the family) for permission, funds or both to access health care.

The following groups of women expressed concerns about distance and having to take public transport (with regard to accessing health care): young women, women with five or more living children, women who were unmarried, women who were unemployed, women living in rural areas, women with no education and women in the lowest wealth quintile.

**Table 9.9: Problems in accessing health care**

Percentage of women aged 15–49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Vanuatu 2013

Background characteristic	Problems in accessing health care									Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no provider available	Concern no drugs available	At least one problem accessing health care	
<b>Age</b>										
15–19	28.8	51.8	48.8	48.7	56.9	55.7	75.0	77.2	90.3	508
20–34	21.8	44.7	43.5	43.3	34.5	41.3	74.8	78.8	90.6	1,224
35–49	18.5	47.1	46.4	43.7	32.1	38.2	72.1	76.6	88.7	775
<b>Number of living children</b>										
0	26.8	49.9	46.3	44.2	51.4	54.6	75.9	77.7	89.3	729
1–2	21.5	44.8	40.9	42.7	34.0	40.7	73.9	76.5	88.9	768
3–4	16.8	45.2	45.3	42.1	30.0	34.8	72.4	79.5	91.3	625
5+	23.5	47.9	53.1	52.6	35.2	40.9	73.1	77.8	91.0	386
<b>Marital status</b>										
Never married	27.1	52.2	45.9	45.8	50.5	55.1	75.9	77.6	89.3	719
Married or living together	20.2	44.5	45.5	44.4	33.7	38.6	73.1	77.8	90.0	1,714
Divorced/separated/widowed	20.3	48.6	39.5	35.1	25.7	36.6	76.2	79.8	93.1	75
<b>Employed in the 12 months prior to survey</b>										
Not employed	28.6	53.4	53.7	52.6	44.2	48.1	78.9	82.0	92.7	992
Employed for cash	14.9	35.7	34.7	32.6	28.7	38.4	72.1	75.4	86.8	848
Employed not for cash	21.8	51.5	47.0	47.6	41.5	42.1	69.0	74.4	89.7	666
<b>Residence</b>										
Urban	15.9	33.8	23.0	18.7	25.9	31.8	64.9	67.4	82.0	867
Rural	25.5	53.8	57.3	58.1	44.8	49.3	78.7	83.3	94.1	1,641
..Rural 1	22.4	43.8	49.8	45.1	35.1	47.0	76.8	79.0	92.7	272
..Rural 2	26.1	55.7	58.8	60.7	46.7	49.8	79.1	84.1	94.4	1,369
<b>Education</b>										
No education	41.4	66.9	60.1	75.9	60.6	56.2	78.7	84.2	94.6	128
Primary	24.0	51.7	53.3	51.0	42.1	47.0	76.9	80.5	92.1	1,417
Secondary	18.6	38.7	33.0	32.5	31.6	38.1	69.7	74.0	87.3	818
More than secondary	8.1	28.5	25.8	21.0	18.2	24.4	65.5	66.9	79.3	144
<b>Wealth quintile</b>										
Lowest	32.8	58.1	66.7	68.4	57.4	53.1	79.1	83.6	95.4	441
Second	27.8	61.9	59.9	60.4	46.6	50.3	77.0	82.7	94.3	496
Middle	22.2	51.3	55.7	54.5	41.6	50.0	81.2	84.4	94.2	503
Fourth	15.7	38.2	31.5	29.1	23.5	33.8	67.9	71.9	85.7	519
Highest	14.8	28.3	19.1	16.3	26.3	31.9	66.2	68.2	81.6	549
<b>Total</b>	<b>22.2</b>	<b>46.9</b>	<b>45.4</b>	<b>44.5</b>	<b>38.3</b>	<b>43.3</b>	<b>74.0</b>	<b>77.8</b>	<b>89.9</b>	<b>2,508</b>

### Key findings

- 7% of children were fully vaccinated or had received vaccinations before reaching 1 year of age; dropout rates for DPT and polio, measured by the difference in coverage between the first and third doses, are 21% and 22%, respectively.
- Immunisation coverage declines as birth order increases; 47% coverage among first-order births and 10% coverage with fifth- or sixth-order births.
- Vaccination coverage is greater in urban areas (44%) than in rural areas (28%).
- One in five (20%) children has not received any vaccination. Ironically, children whose mothers have more than a secondary education and those using electricity or gas as cooking fuel are more likely to have reported symptoms of acute respiratory infection than children in the other categories.
- Fever in the two weeks preceding the 2013 VDHS was more prevalent among children living in urban areas (15%) than among children living in rural areas (12%). The prevalence of fever ranges from 11% among mothers in the lowest wealth quintile to 15% among mothers in the highest wealth quintile.
- Diarrhoea is more common among children who live in households with an improved source of drinking water than among children who live in households with a non-improved water source. Diarrhoea prevalence is also surprisingly highest among children of mothers in the highest wealth quintile.

This chapter presents findings on several indicators related to children's health. Information on birth weight and birth size is important for the design and implementation of programmes aimed at reducing neonatal and infant mortality. Many early childhood deaths can be prevented by immunising children against preventable diseases and by ensuring that children receive prompt and appropriate treatment when they become ill.

Information on treatment practices and contact with health services among children with the three most important childhood illnesses — acute respiratory infection (ARI), fever and diarrhoea — helps when assessing national programmes aimed at reducing the mortality impact of these illnesses. Information is provided on the prevalence of ARI and fever, and their treatment with antibiotics. Treating diarrhoeal disease with oral rehydration therapy (including increased fluids) has aided in assessing programmes that recommend such treatment. Because appropriate sanitary practices can help prevent and reduce the severity of diarrhoeal disease, information is also provided on the manner of disposing of children's faecal matter.

### 10.1. CHILD'S SIZE AT BIRTH

A child's birth weight or size at birth is an important indicator of its vulnerability to the risk of childhood illnesses and the child's chances of survival. Children whose birth weight is less than 2.5 kilograms (kg), or children reported to be 'very small' or 'smaller than average', are considered to have a higher-than-average risk of early childhood death. For births in the five years preceding the survey, birth weight was recorded in the questionnaire from either a written record (if available) or the mother's recall. Because birth weight may not be known for many babies, the mother's estimate of the baby's size at birth was also obtained. Even though this is subjective, it can be a useful proxy for a child's weight. Table 10.1 presents information on a child's weight and size at birth according to background characteristics.

**Table 10.1: Child's weight and size at birth**

Percent distribution of live births in the five years preceding the survey by reported birth weight, the percent distribution of all live births in the five years preceding the survey by mother's estimate of baby's size at birth, and the percentage of all births with a reported birth weight, according to background characteristics, Vanuatu 2013

Background characteristic	Births with a reported birth weight <sup>1</sup> (%)			Number of births	As a percentage of all births	Distribution of all live births by size of child at birth(%)				Total	Number of births
	Less than 2.5 kg	2.5 kg or more	Total			Very small	Smaller than average	Average or larger	Do not know/missing		
<b>Mother's age at birth</b>											
<20	15.5	84.5	100.0	178	90.1	4.5	7.1	82.7	5.7	100.0	197
20–34	9.9	90.1	100.0	1,018	86.7	3.6	5.7	86.2	4.5	100.0	1,175
35–49	12.6	87.4	100.0	159	83.3	4.6	4.2	83.6	7.6	100.0	191
<b>Birth order</b>											
1	16.0	84.0	100.0	382	89.7	4.3	7.8	83.1	4.8	100.0	426
2–3	9.9	90.1	100.0	567	88.8	3.4	5.1	86.3	5.2	100.0	639
4–5	7.4	92.6	100.0	298	85.1	4.1	4.7	88.3	2.9	100.0	350
6+	8.2	91.8	100.0	108	73.0	3.5	4.7	81.9	9.9	100.0	147
<b>Mother's smoking status</b>											
Smokes cigarettes/tobacco	15.0	85.0	100.0	57	73.8	12.3	5.6	76.2	5.9	100.0	77
Does not smoke	10.8	89.2	100.0	1,296	87.4	3.4	5.7	85.9	5.0	100.0	1,483
<b>Residence</b>											
Urban	13.0	87.0	100.0	394	92.3	3.5	7.5	86.0	2.9	100.0	427
Rural	10.1	89.9	100.0	961	84.6	3.9	5.0	85.2	5.9	100.0	1,136
..Rural 1	10.1	89.9	100.0	153	94.9	4.1	6.2	88.7	1.0	100.0	161
..Rural 2	10.1	89.9	100.0	808	82.9	3.9	4.8	84.6	6.7	100.0	975
<b>Mother's education</b>											
No education	14.1	85.9	100.0	52	51.2	17.7	1.7	65.3	15.3	100.0	102
Primary	10.3	89.7	100.0	786	87.1	2.0	5.3	87.4	5.4	100.0	902
Secondary	12.5	87.5	100.0	452	92.6	4.6	7.0	85.3	3.0	100.0	489
More than secondary	5.9	94.1	100.0	64	92.3	1.3	8.1	90.7	0.0	100.0	69
<b>Wealth quintile</b>											
Lowest	9.9	90.1	100.0	278	73.0	6.6	2.8	80.7	9.9	100.0	380
Second	11.6	88.4	100.0	296	86.5	2.1	6.1	85.3	6.5	100.0	342
Middle	10.7	89.3	100.0	263	91.3	4.1	7.5	86.1	2.2	100.0	288
Fourth	13.2	86.8	100.0	291	95.3	1.8	6.4	89.9	1.9	100.0	306
Highest	8.8	91.2	100.0	227	92.1	4.0	6.6	86.6	2.7	100.0	247
<b>Total</b>	<b>10.9</b>	<b>89.1</b>	<b>100.0</b>	<b>1,355</b>	<b>86.7</b>	<b>3.8</b>	<b>5.7</b>	<b>85.4</b>	<b>5.1</b>	<b>100.0</b>	<b>1,562</b>

<sup>1</sup> Based on either a written record or the mother's recall.

Most children in Vanuatu (87%) are weighed at birth, which is not surprising because many births take place in a health facility. Among children born in the five years before the survey with a reported birth weight, 11% weighed less than 2.5 kg at birth. Birth weight is generally lower among children born to younger women (mothers whose age at birth is less than 20) and older women (aged 35–49), first-born children, children of women with no education, children whose mothers smoke cigarettes or tobacco, and surprisingly, babies born in urban areas and those whose mothers belong to fourth wealth quintile households.

The above table (Table 10.1) provides information on a mother's assessment of her baby's size at birth. About 10% of babies are reported to be very small, or smaller than average at birth, which corresponds well with actual birth weight data (11% of births are under 2.5 kg). Some 85% of births were perceived by mothers as average or larger size at birth. There are few variations in the reported size of the child at birth.

## 10.2. VACCINATION COVERAGE

Universal immunisation of children against the vaccine-preventable diseases — tuberculosis, diphtheria, whooping cough (pertussis), tetanus, hepatitis B, *Haemophilus influenzae*, polio and measles — is crucial to reducing infant and child mortality. Additionally, information on immunisation coverage is important for monitoring and evaluating the Expanded Programme on Immunization (EPI), which was initiated in 1974 by the World Health Organization (WHO) with the goal of making vaccines available to all children throughout the world. According to guidelines developed by WHO, children are considered fully vaccinated when they have received a vaccination against tuberculosis (BCG vaccine), three doses each of vaccines effective against diphtheria, pertussis and tetanus (combined as DPT vaccine) and polio, and a measles vaccination by age 12 months. BCG should be given at birth or at first clinical contact; DPT and polio require three vaccinations at approximately age 6, 10 and 14 weeks; and measles should be given at birth or soon after reaching age 9 months.

The 2013 VDHS collected information on vaccination coverage for all living children born in the five years preceding the survey. Information on vaccination coverage was collected in two ways in the 2013 VDHS: 1) from vaccination cards shown to the interviewer, and 2) from mothers' verbal reports or recall. If vaccination cards were available, the interviewer copied vaccination dates directly onto the questionnaire. When there was no vaccination card for the child, or if a vaccine had not been recorded on the card as being given, the respondent was asked to recall the vaccines given to her child. Table 10.2 shows the percentage of children aged 12–23 months who have received specific vaccines at any time before the survey by source of information (i.e. from a vaccination card or mother's recall) and the percentage vaccinated by 12 months of age. This is the youngest cohort of children who have reached the age by which they should be fully vaccinated.

About one in three (33%) children aged 12–23 months received all of the basic vaccinations (BCG, DPT, polio and measles) at some time before the 2013 VDHS, and 7% were fully vaccinated or had received them before reaching age 1 year. About 73% of children had received the BCG vaccination, and 53% had been vaccinated against measles at some time before the survey. Because the DPT and polio vaccines are often administered at the same time, their coverage rates are expected to be similar; 76% of children had received the first dose of DPT and 74% had received the first dose of polio vaccine. Similarly, 55% of children had received the third dose of DPT and 52% had received the third dose of polio vaccine. Thus, the dropout rates for DPT and polio, measured by the difference in coverage between the first and third doses, are 21% and 22%, respectively.

Table 10.3 shows vaccination coverage rates among children aged 12–23 months, according to information from a vaccination card or mother's recall, by background characteristics. A vaccination card was seen for 57% of children aged 12–23 months. This information may give some indication of the success of the immunisation programme in reaching all population subgroups. Differences in vaccination coverage between subgroups of the population further assist in programme planning.

As mentioned earlier, the vaccination coverage rate for all basic vaccinations is 33% and varies by background characteristics, and is higher among male babies (35%) than female babies (30%). Immunisation coverage declines as birth order increases, from 47% among first births to 10% among sixth- and higher-order births. There are urban–rural differences in vaccination coverage: children residing in urban areas are more likely to have received all the basic vaccinations (44%) than children in rural areas (28%).

Immunisation coverage increases with a mother's level of education. About 47% of children whose mothers have a secondary level education have received all of the basic vaccinations, compared with 25% of children



whose mothers have only a primary level education. One in five (20%) children has not received any vaccination.

**Table 10.2: Vaccinations by source of information**

*Percentage of children aged 12–23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Vanuatu 2013*

Source of information	Vaccinations received (% of children receiving vaccine)										Number of children
	BCG	DPT/ PENTA 1	DPT/ PENTA 2	DPT/ PENTA 3	Polio 1	Polio 2	Polio 3	Measles	All <sup>1</sup>	None	
<b>Vaccinated at any time before survey</b>											
Vaccination card	51.4	56.2	51.7	47.1	55.2	51.8	48.0	34.6	30.6	0.2	174
Mother's report	21.5	20.0	15.4	8.0	18.4	9.6	3.9	18.0	2.1	19.8	129
Either source	72.9	76.2	67.1	55.1	73.6	61.4	52.0	52.6	32.7	20.0	303
<b>Vaccinated by 12 months of age<sup>2</sup></b>											
	72.5	75.4	63.2	48.8	72.8	57.8	45.4	12.1	6.9	20.6	303

<sup>1</sup> BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

<sup>2</sup> For children whose information was based on the mother's recall, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

**Table 10.3: Vaccinations by background characteristics**

Percentage of children aged 12–23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Vanuatu 2013

Background characteristic	Vaccinations received (% of children receiving vaccine)										Vaccination card seen (%)	Number of children
	BCG	DPT/ PENTA 1	DPT/ PENTA 2	DPT/ PENTA 3	Polio 1	Polio 2	Polio 3	Measles	All basic <sup>1</sup>	None		
<b>Sex</b>												
Male	72.3	73.2	63.1	52.7	68.6	54.3	46.4	57.7	35.1	23.2	49.0	146
Female	73.4	79.0	70.8	57.4	78.2	68.0	57.1	47.8	30.5	17.1	65.0	157
<b>Birth order</b>												
1	83.5	84.8	79.8	72.1	84.8	72.0	62.8	65.2	47.4	12.7	62.2	82
2–3	72.2	75.3	65.6	55.4	73.8	61.0	52.6	49.5	28.8	20.3	62.8	120
4–5	67.8	72.1	64.9	47.7	67.8	60.0	51.5	49.3	31.5	27.3	52.7	71
6+	(57.8)	(65.7)	(42.5)	(23.8)	(55.2)	(36.2)	(19.5)	(37.5)	(10.3)	(22.2)	(32.2)	29
<b>Residence</b>												
Urban	80.8	86.0	78.9	70.9	83.3	70.9	63.1	68.7	44.3	11.2	57.1	81
Rural	70.0	72.6	62.7	49.4	70.0	57.9	47.9	46.7	28.5	23.3	57.4	222
..Rural 1	78.6	81.6	74.2	57.0	80.4	69.7	53.8	51.9	25.2	12.9	67.0	33
..Rural 2	68.4	71.1	60.7	48.0	68.2	55.8	46.8	45.8	29.0	25.1	55.7	189
<b>Mother's education</b>												
No education	*	*	*	*	*	*	*	*	*	*	*	17
Primary	69.6	74.3	62.2	51.1	71.9	57.5	49.0	44.4	25.0	22.7	58.5	161
Secondary	76.2	80.9	78.3	65.1	77.8	71.9	60.9	67.5	46.7	15.3	59.6	108
More than secondary	*	*	*	*	*	*	*	*	*	*	*	17
<b>Wealth quintile</b>												
Lowest	(56.1)	(56.9)	(41.6)	(33.5)	(52.9)	(37.7)	(29.3)	(39.9)	(21.0)	(36.7)	(41.6)	62
Second	73.5	76.8	70.2	49.1	72.0	58.9	48.7	43.7	24.0	18.8	58.8	79
Middle	79.7	82.8	71.8	68.0	82.0	72.9	68.1	58.2	51.1	16.3	76.1	61
Fourth	82.6	85.2	80.2	65.3	84.5	71.7	55.5	65.4	34.7	11.2	54.2	62
Highest	(71.8)	(81.0)	(72.9)	(64.9)	(78.8)	(69.3)	(63.4)	(61.4)	(36.8)	(16.0)	(54.8)	39
<b>Total</b>	<b>72.9</b>	<b>76.2</b>	<b>67.1</b>	<b>55.1</b>	<b>73.6</b>	<b>61.4</b>	<b>52.0</b>	<b>52.6</b>	<b>32.7</b>	<b>20.0</b>	<b>57.3</b>	<b>303</b>

<sup>1</sup> BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 10.2.1 Trends in vaccination coverage

One way of measuring trends in vaccination coverage is to compare coverage rates among children of different ages. Table 10.4 shows the percentage of children who received vaccinations during their first year of life by current age. Such data provide information on trends in vaccination coverage over the past four years.

Table 10.4 shows that there have been notable improvements in vaccination coverage over the past four years. The percentage of children who have not received any vaccinations by age 12 months has declined over the past four years, from 32% among children aged 48–59 months at the time of the survey, to about 21% among children aged 12–23 months. About 57% of children aged 12–23 months have vaccination cards compared with only 36% of children aged 48–59 months. This may be because vaccination cards for older children have been discarded or lost over the years.

The data show that individual vaccination coverage in Vanuatu has generally improved over the past five years: the percentage of children who received each specific vaccination (with the exception of the measles vaccination) has increased. The coverage of all basic vaccinations has increased slightly (from about 2% to 7%).

**Table 10.4: Vaccinations in first year of life**

*Percentage of children aged 12–59 months at the time of the survey who received specific vaccines by 12 months of age, and the percentage with a vaccination card, by current age of child, Vanuatu 2013*

Age in months	Vaccinations received (% of children receiving vaccine)										Vaccination card seen (%)	Number of children
	BCG	DPT/ PENTA 1	DPT/ PENTA 2	DPT/ PENTA 3	Polio 1	Polio 2	Polio 3	Measles	All <sup>1</sup>	None		
12–23	72.5	75.4	63.2	48.8	72.8	57.8	45.4	12.1	6.9	20.6	57.3	303
24–35	64.7	71.9	59.1	44.7	68.4	54.3	36.2	6.8	3.8	21.3	57.6	275
36–47	55	66.6	56.6	41.4	61.4	45.7	29.7	7.3	1	26.3	38.6	332
48–59	50.3	62.6	45.2	31	56.1	36.4	22.3	9.5	1.6	31.5	36.1	277
<b>Total</b>	<b>60.8</b>	<b>69.3</b>	<b>56.2</b>	<b>41.7</b>	<b>64.8</b>	<b>48.8</b>	<b>33.5</b>	<b>9.1</b>	<b>3.4</b>	<b>24.8</b>	<b>47.2</b>	<b>1,187</b>

Note: Information was obtained from the vaccination card or if there was no written record, from the mother. For children whose information was based on the mother's recall, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.<sup>1</sup> BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

### 10.3. ACUTE RESPIRATORY INFECTION

Acute respiratory infection (ARI) is among the leading causes of childhood morbidity and mortality throughout the world. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. In the 2013 VDHS, the prevalence of ARI was estimated by asking mothers whether any of their children aged less than five years had been ill in the two weeks preceding the survey with a cough accompanied by short, rapid breathing that the mother considered to be chest-related. These symptoms are consistent with ARI. It should be noted that morbidity data are subjective in the sense that they are based on the mother's perception of illness without validation by medical personnel.

Table 10.5 shows that only 3% of children younger than age 5 years showed symptoms of ARI at some time in the two weeks preceding the survey. The prevalence of ARI symptoms varies by age of child. Children aged 12–23 months are most likely to show symptoms of ARI (4%) than children in other age groups.

Symptoms of ARI are most often reported among female children (4%) than male children (2%). Children in rural areas, children whose mothers smoke cigarettes/tobacco, and those whose mothers are in the second wealth quintile are most likely to have had ARI symptoms. Ironically, children whose mothers have more than a secondary education and those using electricity or gas as cooking fuel are more likely to have reported symptoms of ARI than children in the other categories.

In the 2013 VDHS, mothers of children who had fever in the two weeks preceding the survey were asked about what was done to treat the illness. However, because only 45 children had ARI symptoms in the two weeks preceding the survey, meaningful cross comparison at statistically reliable levels is not possible. Consequently, these data have been excluded from the analysis.

**Table 10.5: Prevalence and treatment of symptoms of acute respiratory infection**

Among children under age five years, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey; and among children with symptoms of ARI, the percentage for whom advice or treatment was sought from a health facility or provider; and the percentage who received antibiotics as treatment, according to background characteristics, Vanuatu 2013

Background characteristic	Children under age five years		Children under age five years with symptoms of ARI		
	Have symptoms of ARI <sup>1</sup> (%)	Number of children	Advice or treatment sought from a health facility or provider <sup>2</sup> (%)	Received antibiotics <sup>3</sup> (%)	Number of children
<b>Age in months</b>					
<6	3.4	146	*	*	5
6–11	1.5	184	*	*	3
12–23	4.4	303	*	*	13
24–35	3.0	275	*	*	8
36–47	3.3	332	*	*	11
48–59	1.7	277	*	*	5
<b>Sex</b>					
Male	2.4	763	(79.5)	(48.5)	18
Female	3.5	754	(67.1)	(15.0)	27
<b>Mother's smoking status</b>					
Smokes cigarettes/tobacco	4.4	72	*	*	3
Does not smoke	2.9	1,443	(75.3)	(29.3)	42
<b>Cooking fuel</b>					
Electricity or gas	4.6	117	*	*	5
Charcoal	2.9	82	*	*	2
Wood/saw dust/ agricultural crop	2.8	1,318	(68.6)	(29.8)	37
<b>Residence</b>					
Urban	2.6	414	*	*	11
Rural	3.1	1,103	(72.1)	(28.7)	34
..Rural 1	6.2	157	(79.7)	(28.5)	10
..Rural 2	2.6	946	*	*	24
<b>Mother's education</b>					
No education	1.6	99	*	*	2
Primary	2.8	876	(71.4)	(37.6)	24
Secondary	3.2	477	*	*	15
More than secondary	5.4	66	*	*	4
<b>Wealth quintile</b>					
Lowest	2.0	367	*	*	7
Second	4.0	335	*	*	13
Middle	3.7	277	*	*	10
Fourth	1.9	301	*	*	6
Highest	3.6	237	*	*	8
<b>Total</b>	<b>3.0</b>	<b>1,517</b>	<b>72.1</b>	<b>28.5</b>	<b>45</b>

<sup>1</sup> Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related) is considered a proxy for pneumonia.

<sup>2</sup> Excludes pharmacy, shop, and traditional practitioner.

<sup>3</sup> Includes grass, shrubs, crop residues.

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

## 10.4. FEVER

Fever is another symptom of acute infection in children. Illnesses that cause fever contribute to high levels of malnutrition and mortality. Fever can occur year-round; therefore, factors that cause it must be taken into account when interpreting the prevalence of fever in Vanuatu.

Table 10.6 shows the percentage of children under age 5 years with a fever during the two weeks preceding the survey, and the percentage receiving various treatments, by selected background characteristics. Due to the small absolute numbers, the patterns should be interpreted with caution. About 13% of children aged less than 5 years were reported to have had a fever in the two weeks preceding the survey. The prevalence of

fever varies by age of child. Fever is more common among children aged 6–11 months (22%) and 12–23 months (15%) than children in other age groups.

There are some variations in the prevalence of fever between children in urban and rural areas. Fever in the two weeks preceding the 2013 VDHS was more prevalent among children living in urban areas (15%) than among children living in rural areas (12%). The prevalence of fever increases with mother's educational level, ranging from 9% among mothers with no education to 19% among mothers with more than a secondary education. The prevalence of fever ranges from 11% among mothers in the lowest wealth quintile to 15% among mothers in the highest wealth quintile.

Overall, 57% of children with fever were taken to a health facility or provider for treatment. Male children are more likely to receive treatment (60%) than female children (53%). The percentage of children with fever taken to a health facility or provider for treatment is higher among those living in rural areas (61%) than among those living in urban areas (48%).

**Table 10.6: Prevalence and treatment of fever**

*Among children under age five years, the percentage who had a fever in the two weeks preceding the survey; and among children with a fever, the percentage of children for whom treatment was sought from a health facility or provider, the percentage who took antimalarial drugs, and the percentage who took antibiotic drugs, by background characteristics, Vanuatu 2013*

Background characteristic	Among children under age five years		Children under age five years with fever			
	With fever (%)	Number of children	Advice or treatment sought from a health facility or provider <sup>1</sup> (%)	Took antimalarial drugs (%)	Took antibiotic drugs (%)	Number of children
<b>Age in months</b>						
<6	9.5	146	57.0	*	*	14
6–11	15.5	184	58.2	(0.0)	(41.9)	29
12–23	18.7	303	51.6	5.4	22.5	57
24–35	10.0	275	50.4	(13.8)	(13.6)	27
36–47	11.5	332	55.4	(6.0)	(18.8)	38
48–59	12.0	277	72.3	(3.1)	(17.6)	33
<b>Sex</b>						
Male	13.7	763	60.5	4.2	21.1	105
Female	12.3	754	53.0	6.2	25.5	93
<b>Residence</b>						
Urban	15.0	414	47.9	5.8	31.7	62
Rural	12.3	1,103	61.1	4.8	19.2	136
..Rural 1	13.0	157	55.7	3.7	19.2	20
..Rural 2	12.2	946	62.1	5.0	19.2	115
<b>Mother's education</b>						
No education	9.2	99	61.6	*	*	9
Primary	12.5	876	50.4	7.4	25.7	110
Secondary	14.0	477	63.6	3.0	20.3	67
More than secondary	18.8	66	75.5	*	*	12
<b>Wealth quintile</b>						
Lowest	11.0	367	66.4	(10.1)	(18.2)	40
Second	12.6	335	51.0	(4.5)	(22.5)	42
Middle	13.4	277	61.6	(3.0)	(30.7)	37
Fourth	13.9	301	53.9	4.8	20.7	42
Highest	15.3	237	52.2	(2.8)	(24.4)	36
<b>Total</b>	<b>13.0</b>	<b>1,517</b>	<b>57.0</b>	<b>5.1</b>	<b>23.1</b>	<b>198</b>

<sup>1</sup> Excludes pharmacy, shop, and traditional practitioner.

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

About 23% of children with a fever received antibiotic drugs while 5% received antimalarial drugs. Children in urban areas who have had a fever are more likely to receive antibiotic or antimalarial drugs than those in rural areas. Female children are more likely to receive antibiotic or antimalarial drugs than male children.

Table 10.7 shows the availability at home of antimalarial drugs taken by children. Due to the small absolute numbers, the findings should be interpreted with caution. Among children age under age 5 years who had

fever in the two weeks preceding the survey, 5% took specific antimalarial drugs. Among children who took specific antimalarial drugs, 60% were given the drug at home when the child became ill with fever. Based on the meager data available, SP/Fansidar is the most commonly used antimalarial drug.

**Table 10.7: Availability at home of antimalarial drugs taken by children**

*Among children<sup>1</sup> under age five years who had a fever in the two weeks preceding the survey, the percentage who took specific antimalarial drugs and, among children who took specific drugs, the percentage for whom the drug was taken at home when the child became ill with fever, Vanuatu 2013*

Drug	Took specific antimalarial drugs (%)	Drug was at home when child became ill with fever (%)	Number of children who took a specific antimalarial drug
SP/Fansidar	3.0	68.4	6
Chloroquine	1.5	60.6	3
Quinine	0.1	0.0	0
Other antimalarial	0.6	26.2	1
Any antimalarial drugs	5.1	60.2	10

<sup>1</sup> 198 children had a fever in the two weeks preceding the survey.

## 10.5. PREVALENCE OF DIARRHOEA

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children, although the condition can be easily treated with oral rehydration therapy (ORT). Exposure to diarrhoea-causing agents is frequently related to the use of contaminated water and to unhygienic food preparation and disposal of excreta. In interpreting the findings of the 2013 VDHS, it should be borne in mind that prevalence of diarrhoea varies seasonally.

Table 10.8 shows the percentage of children under age 5 years with diarrhoea in the two weeks preceding the survey according to selected background characteristics. Overall, around 12% of all children under age 5 years had diarrhoea. Only 1% of children had diarrhoea with blood, a symptom of dysentery.

The occurrence of diarrhoea varies by age of child. Children aged 6–23 months are more prone to diarrhoea than children in other age groups. Although the difference is not large, there are variations in the prevalence of diarrhoea by child's sex, with male children (13%) more likely to have diarrhoea than female children (11%). Children living in Rural 1 areas are most likely to get sick with diarrhoea (14%) than children living in other areas.

The prevalence of diarrhoea is highest among children of mothers with a primary level education. Surprisingly, diarrhoea is more common among children who live in households with an improved source of drinking water than among children who live in households with a non-improved water source. Diarrhoea prevalence is also surprisingly highest among children of mothers in the highest wealth quintile.

**Table 10.8: Prevalence of diarrhoea among children**

Percentage of children under age 5 years who had diarrhoea in the two weeks preceding the survey, by background characteristics, Vanuatu 2013

Background characteristic	Diarrhoea in the two weeks preceding the survey		
	All diarrhea	Diarrhoea with blood	Number of children
<b>Age in months</b>			
<6	7.2	0.7	146
6–11	15.6	2.5	184
12–23	15.5	1.4	303
24–35	11.2	1.4	275
36–47	12.0	1.0	332
48–59	7.9	0.9	277
<b>Sex</b>			
Male	12.9	1.1	763
Female	10.7	1.5	754
<b>Source of drinking water<sup>1</sup></b>			
Improved	12.5	1.5	1,356
Not improved	6.0	0.0	161
<b>Toilet facility<sup>2</sup></b>			
Improved, not shared	11.5	2.0	716
Non-improved or shared	12.0	0.6	796
<b>Residence</b>			
Urban	12.6	1.2	414
Rural	11.5	1.4	1,103
..Rural 1	14.1	0.7	157
..Rural 2	11.1	1.5	946
<b>Mother's education</b>			
No education	4.8	0.0	99
Primary	13.1	1.6	876
Secondary	11.0	1.3	477
More than secondary	10.3	0.0	66
<b>Wealth quintile</b>			
Lowest	10.4	1.0	367
Second	12.5	2.1	335
Middle	12.6	0.8	277
Fourth	10.8	0.9	301
Highest	13.2	1.7	237
<b>Total</b>	<b>11.8</b>	<b>1.3</b>	<b>1,517</b>

<sup>1</sup> See Table 2.7 for a definition of categories.

<sup>2</sup> See Table 2.8 for a definition of categories.

### 10.5.1 Diarrhoea treatment

In the 2013 VDHS, mothers of children who had diarrhoea in the two weeks preceding the survey were asked about what was done to treat the illness and about feeding practices. Table 10.9 shows the percentage of children under age 5 years with diarrhoea in the two weeks preceding the survey who received specific treatments. Because only 179 children had diarrhoea in the two weeks preceding the survey, meaningful cross comparison at statistically reliable levels is limited and patterns should be interpreted with caution.

Some 44% of children who were reported to have diarrhoea were taken to a health facility for treatment. As shown in Table 10.9, 62% of children with diarrhoea were treated with oral rehydration therapy (ORT), either oral rehydration salt (ORS, 48%) or recommended home fluids (RHF, 21%). Other treatments for diarrhoea include home remedies (31%), antibiotic drugs (3%) and zinc supplements (1%). About 18% of children with diarrhoea have had increased amount of fluids while 70% were treated with ORT and increased fluids. Two in ten (20%) of children with diarrhoea did not receive any treatment.

Mothers of children with diarrhoea in rural areas are more likely to seek advice or treatment from a health facility or to administer ORS than mothers of children with diarrhoea in urban areas. Advice or treatment from a health facility and administration of ORS are more likely to prevail among female children than male children.

### **10.5.2 Feeding practices during diarrhoea**

Mothers are encouraged to continue normal feeding of children with diarrhoea and to increase the amount of fluids given. These practices help to reduce dehydration and minimise the adverse consequences of diarrhoea on children's nutritional status.

Table 10.10 presents information on feeding practices among children with diarrhoea in the two weeks preceding the survey. The results show that 33% of children with diarrhoea received the same amount of fluids as usual while 30% received much less fluids, which is contraindicated during an episode of diarrhoea.

Diarrhoeal episodes are frequently accompanied by vomiting, which makes feeding difficult because the child may refuse food. Table 10.10 shows that 34% of children received the same amount of food as usual while 36% received much less food than usual. Overall, 41% of children with diarrhoea continued feeding at more or less the same level as usual, and received ORT and/or increased fluids. Due to the small absolute number of cases, meaningful cross comparison at statistically reliable levels is not possible.



**Table 10.9: Diarrhoea treatment**

Among children under age 5 years who had diarrhoea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage who were given other treatments, by background characteristics, Vanuatu 2013

Background characteristic	Children with diarrhoea for whom advice or treatment was sought from a health facility or provider <sup>1</sup> (%)	Oral rehydration therapy (ORT)					Other treatments				Number of children
		ORS packets or pre-packaged liquid	Recommended home fluids (RHF)	Either ORS or RHF	Increased fluids	ORT or increased fluids	Anti-biotic drugs	Zinc supplements	Home remedy/ other	No treatment	
<b>Age in months</b>											
<6	*	*	*	*	*	*	*	*	*	*	11
6–11	(73.7)	(44.2)	(8.1)	(49.6)	(3.4)	(52.1)	(1.1)	(0)	(38.4)	(26.9)	29
12–23	(35.2)	(50.1)	(8.3)	(57.8)	(11.6)	(65.4)	(0.7)	(3.7)	(27.8)	(20.1)	47
24–35	(44.3)	(41.6)	(29.5)	(60.4)	(38.4)	(80.1)	(10.6)	(0)	(11.3)	(19.9)	31
36–47	37.7	(57.0)	(36.1)	(77.7)	(27.2)	(90.7)	(1.4)	(0)	(37.2)	(8.8)	40
48–59	*	*	*	*	*	*	*	*	*	*	22
<b>Sex</b>											
Male	38.3	43.0	22.8	59.3	12.4	66.9	1.5	1.8	38.1	18	98
Female	51.0	53.3	18.3	64.9	25.6	75	4.8	0	22.1	22.2	81
<b>Type of diarrhoea</b>											
Non bloody	42.7	44.4	19.5	56.5	19.8	66.9	3.5	0	33.9	21.4	147
Bloody	*	*	*	*	*	*	*	*	*	*	20
Missing	*	*	*	*	*	*	*	*	*	*	13
<b>Residence</b>											
Urban	39.5	38	31.1	60.1	22.2	68	0	0	32.4	21.2	52
Rural	45.9	51.6	16.5	62.6	16.8	71.6	4.2	1.4	30.3	19.3	127
..Rural 1	*	*	*	*	*	*	*	*	*	*	22
..Rural 2	45.4	53.9	14.7	63.5	13.9	72.9	2	1.7	31.6	18.2	105
<b>Mother's education</b>											
No education	*	*	*	*	*	*	*	*	*	*	5
Primary	46.8	50	20.1	66.2	14.8	70.9	3.4	1.5	31.1	20.7	115
Secondary	42.5	46.5	20.4	57.1	24.2	72.1	2.6	0	31.9	13.7	52
More than secondary	*	*	*	*	*	*	*	*	*	*	7
<b>Wealth quintile</b>											
Lowest	(41.2)	(60.4)	(14.8)	(75.3)	(8.4)	(76.2)	(7.0)	(0)	(31.2)	(17.0)	38
Second	(42.7)	(39.7)	(12.5)	(52.2)	(18.4)	(66.0)	(1.5)	(0)	(41.7)	(15.1)	42
Middle	(52.1)	(58.0)	(23.9)	(63.9)	(23.7)	(77.4)	(1.6)	(0)	(20.2)	(21.8)	35
Fourth	(44.3)	(42.8)	(28.0)	(61.9)	(37.4)	(72.8)	(3.6)	(5.3)	(26.2)	(18.4)	33
Highest	(40.1)	(36.0)	(28.0)	(55.8)	(4.8)	(59.8)	(0.9)	(0)	(32.8)	(29.2)	31
<b>Total</b>	<b>44.0</b>	<b>47.6</b>	<b>20.8</b>	<b>61.8</b>	<b>18.4</b>	<b>70.5</b>	<b>3.0</b>	<b>1.0</b>	<b>30.9</b>	<b>19.9</b>	<b>179</b>

Note: ORT includes solution prepared from oral rehydration salt (ORS), pre-packaged ORS packet, and recommended home fluids (RHF)

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parenthesis are based on 25–49 unweighted cases.

<sup>1</sup> Excludes pharmacy, shop and traditional practitioner

**Table 10.10: Feeding practices during diarrhoea**

Percent distribution of children under five years of age who had diarrhoea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhoea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhoea, by background characteristics, Vanuatu 2013

Background characteristic	Amount of liquids offered						Total	Amount of food offered						Given increased fluids and continued feeding <sup>1,2</sup> (%)	Continued feeding and were given ORT and/or increased fluids <sup>3</sup> (%)	Number of children with diarrhoea		
	More	Same as usual	Slightly less	Much less	None	Don't know/missing		More	Same as usual	Slightly less	Much less	None	Never gave food				Don't know/missing	Total
<b>Age in months</b>																		
<6	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	11
6–11	(3.4)	(34.8)	(14.3)	(47.4)	(0.0)	(0.0)	100	(5.6)	(48.2)	(9.8)	(36.5)	(0.0)	(0.0)	(0.0)	100	(3.4)	(29.5)	29
12–23	(11.6)	(30.2)	(14.2)	(33.8)	(9.6)	(0.5)	100	(7.0)	(34.2)	(19.8)	(34.2)	(4.3)	(0.0)	(0.5)	100	(10.2)	(35.2)	47
24–35	(38.4)	(39.4)	(8.1)	(14.0)	(0.0)	(0.0)	100	(12.8)	(33.9)	(18.0)	(33.5)	(1.9)	(0.0)	(0.0)	100	(27.3)	(51.3)	31
36–47	(27.2)	(24.8)	(23.0)	(19.3)	(0.5)	(5.2)	100	(17.5)	(23.1)	(20.9)	(38.5)	(0.0)	(0.0)	(0.0)	100	(19.3)	(53.5)	40
48–59	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	22	
<b>Sex</b>																		
Male	12.4	33.0	17.0	32.9	2.5	2.1	100	6.1	33.5	19.7	39.0	0.6	1.2	0.0	100	11.2	33.6	98
Female	25.6	32.1	12.0	27.2	2.8	0.3	100	15.7	35.6	13.1	32.7	2.5	0.0	0.3	100	17.8	49.1	81
<b>Type of diarrhoea</b>																		
Non bloody	19.8	33.3	14.8	29.0	1.7	1.4	100	10.5	36.7	19.3	31.0	1.8	0.8	0.0	100	14.8	42.1	147
Bloody	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	20	
Missing	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	13	
<b>Residence</b>																		
Urban	22.2	30.1	13.3	34.4	0.0	0.0	100	13.1	38.5	13.7	34.7	0.0	0.0	0.0	100	13.9	39.9	52
Rural	16.8	33.6	15.3	28.7	3.7	1.8	100	9.3	32.8	18.0	36.7	2.1	0.9	0.2	100	14.3	40.9	127
..Rural 1	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	22	
..Rural 2	13.9	32.3	16.7	31.1	3.9	2.0	100	8.7	30.6	20.2	37.5	1.9	1.1	0.0	100	12.9	41.0	105
<b>Mother's education</b>																		
No education	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	5	
Primary	14.8	32.8	16.5	32.4	3.6	0.0	100	9.9	31.4	16.7	39.8	2.3	0.0	0.0	100	10.7	38.1	115
Secondary	24.2	28.2	13.4	32.5	1.2	0.5	100	9.9	39.9	20.4	29.3	0.0	0.0	0.5	100	20.8	48.8	52
More than secondary	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	7	
<b>Wealth quintile</b>																		
Lowest	(8.4)	(26.4)	(29.2)	(30.5)	(5.5)	(0.0)	100	(8.4)	(22.7)	(19.2)	(46.7)	(0.0)	(3.0)	(0.0)	100	(8.4)	(35.3)	38
Second	(18.4)	(38.1)	(8.2)	(35.3)	(0.0)	(0.0)	100	(10.0)	(34.4)	(22.0)	(33.6)	(0.0)	(0.0)	(0.0)	100	(18.4)	(38.5)	42
Middle	(23.7)	(36.2)	(9.8)	(18.5)	(5.8)	(6.0)	100	(13.4)	(35.3)	(17.0)	(28.5)	(5.8)	(0.0)	(0.0)	100	(17.0)	(55.9)	35
Fourth	(37.4)	(14.1)	(10.1)	(35.7)	(1.9)	(0.8)	100	(16.4)	(33.6)	(11.5)	(36.0)	(1.8)	(0.0)	(0.8)	100	(21.4)	(42.0)	33

Highest	(4.8)	(48.1)	(16.1)	(31.0)	(0.0)	(0.0)	100	(4.0)	(48.9)	(11.7)	(35.3)	(0.0)	(0.0)	(0.0)	100	(4.8)	(31.4)	31
<b>Total</b>	<b>18.4</b>	<b>32.6</b>	<b>14.8</b>	<b>30.3</b>	<b>2.6</b>	<b>1.3</b>	<b>100</b>	<b>10.4</b>	<b>34.5</b>	<b>16.7</b>	<b>36.1</b>	<b>1.5</b>	<b>0.6</b>	<b>0.1</b>	<b>100</b>	<b>14.2</b>	<b>40.6</b>	<b>179</b>

<sup>1</sup> Equivalent to the UNICEF/WHO indicator "Home management of diarrhoea." MICS Indicator 34

<sup>2</sup> Continue feeding practices includes children who were given more, same as usual, or somewhat less food during the diarrhoea episode

<sup>3</sup> Equivalent to UNICEF MICS Indicator 35.

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parenthesis are based on 25–49 unweighted cases.

## 10.6. KNOWLEDGE OF ORAL REHYDRATION SALTS

A simple and effective response to dehydration caused by diarrhoea is a prompt increase in the child's fluid intake through some form of ORT, which may include the use of a solution prepared from packets of oral rehydration salts (ORS) or pre-packaged liquids. To ascertain how widespread the knowledge of ORS is in Vanuatu, respondents were asked whether they knew about ORS packets.

The 2013 VDHS included questions to determine the level of knowledge of ORS, such as Oresol, Hydrite, or Pedialyte, for diarrhoea treatment among women who had a birth in the five years before the survey. Knowledge of ORS is based on whether a mother has seen or heard of ORS, or used ORS to treat one of her children with diarrhoea in the two weeks preceding the survey.

Table 10.11 shows that about two in three (68%) women who gave birth in the five years preceding the survey knew about ORS. Knowledge of ORS generally increases as a woman's age increases, from 47% among women aged 15–19 to 70% among women aged 35–49, peaking at 73% among women aged 25–34.

Knowledge of ORS packets varies by mother's place of residence, by education level, and by economic status. It is higher among mothers in urban areas (72%) than in rural areas (66%), and is highest (71%) in the provinces of Shefa and Tafea. Mothers with more than a secondary education and those in the highest wealth quintile are the most likely to know about ORS packets. In contrast, mothers with no education and those in the second lowest wealth quintile are the least likely to know about ORS packets.

**Table 10.11: Knowledge of oral rehydration salt packets or pre-packaged liquids**

*Percentage of mothers aged 15–49 who gave birth in the five years preceding the survey who know about oral rehydration salt (ORS) packets or ORS pre-packaged liquids for treatment of diarrhoea by background characteristics, Vanuatu 2013*

Background characteristic	Percentage of women who know about ORS packets or	
	ORS pre-packaged liquids	Number of women
<b>Age</b>		
15–19	47.4	59
20–24	60.7	287
25–34	73.3	546
35–49	70.0	247
<b>Residence</b>		
Urban	72.3	343
Rural	66.2	796
..Rural 1	70.9	119
..Rural 2	65.4	677
<b>Education</b>		
No education	(58.0)	67
Primary	68.1	649
Secondary	67.7	364
More than secondary	81.1	59
<b>Wealth quintile</b>		
Lowest	65.1	245
Second	58.3	252
Middle	73.4	210
Fourth	70.8	235
Highest	75.1	198
<b>Total</b>	<b>68.1</b>	<b>1,139</b>

Note: Figures in parentheses are based on 25–49 unweighted cases.

## 10.7. STOOL DISPOSAL

Poor personal hygiene practices contribute to the spread of diarrhoea. If human faeces are left uncontained, disease may spread by direct contact or by animal contact with the faeces. Proper disposal of children's stools is, therefore, extremely important in preventing the spread of diarrhoeal diseases. The 2013 VDHS collected information from mothers on the most recent practices used to dispose of the stools of the youngest child living with them. This information is useful in the evaluation of diarrhoea prevention in the country. Table

10.12 presents information on the disposal of stools of children under age 5 years, by background characteristics.

About 63% of children's stools are disposed of hygienically: 32% are rinsed into a toilet or latrine, 18% are buried, while a little over 12% of children use a toilet or latrine. The remainder are disposed of in the garbage (20%), rinsed in a ditch or drain (8%), or left in the open (4%). Children's stools are more likely to be disposed of safely as children grow older (36% among children aged less than 6 months compared with 88% among children aged 48–59 months).

Children are more likely to have their stools contained if they live in households with improved toilets that are not shared with other households (64%) than if they live in households using non-improved or shared toilet facilities (61%). Surprisingly, children's stools are more likely to be contained among households in the lowest wealth quintile (74%) than among households in the highest wealth quintile (39%) where children's stools are more likely to be thrown into the garbage. Similarly, mothers with only a primary education or no education are more likely to dispose of their children's stool safely than better educated mothers. Children's stools are more likely to be contained in rural areas than in urban areas.

**Table 10.12: Disposal of children's stools.**

*Percent distribution of youngest children under age 5 years living with their mother by the manner of disposal of the child's last faecal matter, and the percentage of children whose stools are disposed of safely, according to background characteristics, Vanuatu 2013*

Background characteristic	Manner of disposal of children's stools									Children whose stools are disposed of safely (%)	Number of mothers
	Child used toilet or latrine	Put/rinsed in toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Left in the open	Other	Missing	Total		
<b>Age in months</b>											
<6	0.8	26.5	8.2	18.8	27.4	3.8	14.5	0.0	100.0	35.5	142
6–11	4.5	34.8	12.8	16.9	28.8	0.0	2.3	0.0	100.0	52.0	180
12–23	2.9	34.1	23.2	6.1	24.0	2.8	6.2	0.6	100.0	60.2	268
24–35	14.1	29.9	30.5	3.8	14.7	5.8	1.3	0.0	100.0	74.5	179
36–47	33.2	24.9	13.8	2.5	16.8	6.9	0.2	1.8	100.0	71.9	182
48–59	28.0	41.6	18.5	0.3	3.8	5.1	0.8	1.8	100.0	88.2	106
<b>Toilet facility</b>											
Improved, not shared <sup>1</sup>	13.0	33.5	18.1	8.9	19.7	3.4	2.7	0.5	100.0	64.7	505
Non-improved or shared	11.9	30.1	18.8	7.3	21.2	4.4	5.6	0.7	100.0	60.8	548
<b>Residence</b>											
Urban	14.3	18.9	9.8	5.9	46.4	0.9	3.1	0.7	100.0	43.0	306
Rural	11.8	36.9	22.1	8.9	9.9	5.1	4.8	0.6	100.0	70.8	752
..Rural 1	13.6	31.5	19.2	12.4	16.3	0.6	5.8	0.7	100.0	64.3	112
..Rural 2	11.4	37.8	22.6	8.3	8.8	5.9	4.6	0.6	100.0	71.9	639
<b>Education</b>											
No education	(12.4)	(29.0)	(27.2)	(14.9)	(6.2)	(4.6)	(5.7)	(0.0)	100.0	(68.5)	65
Primary	12.7	35.6	20.3	8.0	13.7	4.5	4.8	0.3	100.0	68.6	615
Secondary	11.2	25.4	15.7	7.4	33.2	2.9	3.3	0.9	100.0	52.3	326
More than secondary	18.4	28.3	4.7	3.3	38.3	1.7	2.1	3.2	100.0	51.4	51
<b>Wealth quintile</b>											
Lowest	11.0	39.3	24.1	10.9	3.3	8.5	2.8	0.1	100.0	74.4	237
Second	11.5	37.4	21.8	8.4	10.8	2.9	6.4	0.9	100.0	70.6	237
Middle	10.8	31.8	23.1	8.7	15.7	5.0	3.9	0.8	100.0	65.8	191
Fourth	12.8	29.2	15.3	5.0	31.5	1.7	3.6	0.9	100.0	57.3	222
Highest	17.5	16.3	5.2	6.7	48.6	0.5	4.6	0.5	100.0	39.0	170
<b>Total</b>	<b>12.5</b>	<b>31.7</b>	<b>18.5</b>	<b>8.0</b>	<b>20.4</b>	<b>3.9</b>	<b>4.3</b>	<b>0.6</b>	<b>100.0</b>	<b>62.7</b>	<b>1,057</b>

<sup>1</sup> Non-shared facilities that are of the types: flush or pour flush into a piped sewer system/septic tank/pit latrine; ventilated, improved pit (VIP) latrine; pit latrine with a slab; and a composting toilet. Note: Figures in parentheses are based on 25–49 unweighted cases.

## CHAPTER 11 NUTRITIONAL STATUS OF CHILDREN AND ADULTS

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### Key findings

- Overall, 29% of children were stunted, indicating long-term, cumulative inadequate nutrition and poor health. The prevalence of stunting was higher in rural areas (32%) than in urban areas (19%).
- In Vanuatu, 85% of babies were breastfed within one hour of birth and 82% were exclusively breastfed for the first three months. However only 52% were still breastfed at 24 months of age.
- Only 29% of children aged 6–23 months were fed according to recommended infant and young child feeding practices. One in four (26%) children were given complementary foods before the recommended 6 months of age.
- Overall, 27% percent of children and 22% of women had iron deficiency anaemia.
- The percentage of children living in households with iodised salt was higher in urban areas (72%) than rural areas (41%).
- The prevalence of overweight and obesity was higher among women (50%) than men (36%) for the 15–49 age group, however was highest for men aged more than 50 (56%). The prevalence of obesity was higher in urban areas.

This chapter discusses the nutritional status of mothers and their children by assessing their anthropometric status, infant and child feeding practices, micronutrient intake, food consumption patterns (of mothers), and the consequences of inadequate nutrition.

Adequate nutrition is important for good health and development, and the period from birth to age 2 years is critical. Unfortunately, this period is often marked by faltering growth, micronutrient deficiencies and common childhood illnesses such as diarrhoea and acute respiratory infection (ARI). Optimal feeding practices include early initiation of breastfeeding, exclusive breastfeeding during the first six months of life, continued breastfeeding for up to age 2 years and beyond, the timely introduction of complementary foods at age 6 months, frequency of feeding solid and/or semisolid foods, and the diversity of food groups fed to children aged 6–23 months.

A woman's nutritional status has important implications for her health as well as the health of her children. Malnutrition in women results in reduced productivity, increased susceptibility to infections, slow recovery from illnesses, and heightened risks of adverse pregnancy outcomes. For example, a woman who has a poor nutritional status, as indicated by a low body mass index (BMI), short stature, anaemia, or other micronutrient deficiencies has a greater risk of 1) obstructed labour, 2) having a baby with a low birth weight, 3) producing lower-quality breast milk, 4) mortality due to postpartum haemorrhage, and 5) morbidity of both herself and her baby.

### 11.1. NUTRITIONAL STATUS OF CHILDREN

The nutritional status of children is an important indicator of their health and wellbeing. Poor nutrition in children under the age of 5 years is associated with an increased risk of morbidity and mortality. Usually there is catch-up growth in older childhood or adolescent children who experience growth retardation when they are less than 3 years old.

Poor nutritional status among children is related to maternal malnutrition, low birth weight, inadequate breastfeeding and weaning diets, and morbidity due to high levels of infectious diseases. Improvements in the nutritional status of children can reduce the severity of common childhood illnesses and reduce the risk of death. Malnutrition in children leads to short stature in adults, which is associated with reduced productivity and increased obstetrics risks for women.

During the 2013 VDHS, weight and height measurements were taken to assess the nutritional status of children. A digital scale measuring to the nearest 100 grams was used to measure weight. Weight and height data are used to compute three summary indices of nutritional status: height-for-age, weight-for-height, and

weight-for-age. These three indices are expressed as standardised scores (z-scores) or standard deviation units from the median for the international reference population that was recently developed by the World Health Organization (WHO 2006b). These references are based on the observation that well-nourished children from different countries and ethnic groups have similar growth potential up to at least age 7 years. Environmental factors such as infectious diseases, inadequate and unsafe diet, poverty and socioeconomic status (rather than a genetic predisposition) account for any deviations from the references. Children who fall more than two standard deviations (SDs) below the reference median (i.e.  $-2$  SDs) are regarded as undernourished, while those who fall more than three standard deviations below the reference median (i.e.  $-3$  SDs) are considered severely undernourished.

Weight-for-age is an indicator of body mass relative to chronological age, and is primarily a composite of weight-for-height and height-for-age, and fails to distinguish tall, thin children from short, well-proportioned children. Because it is influenced by both the height and weight of the child, weight-for-age is more difficult to interpret. Low weight-for-age or underweight can be used as a general indicator of child health and mortality risk. Children whose weight-for-age falls more than two standard deviations below the median ( $-2$  SDs) for the reference population are considered to be underweight. The measure reflects the effects of both acute and chronic malnutrition.

Height-for-age is a measure of linear growth potential. Low height-for-age, or stunting, indicates long-term cumulative inadequate nutrition and poor health. It is frequently associated with poor overall economic conditions, which can result in long-term inadequate caloric intake. This indicator changes slowly over time and does not vary by season. Children whose height-for-age falls more than two standard deviations below the median ( $-2$  SDs) for the reference population are considered to be stunted or short for their age. Stunting is the outcome of a failure to receive adequate nutrition over an extended period of time and is also affected by recurrent or chronic illness.

Low weight-for-height, or wasting, indicates a loss of weight or an insufficient weight gain relative to height. Wasting is generally associated with recent or ongoing severe weight loss. This indicator can vary by season, depending on the availability of food and the incidence of acute morbidity in the child population. Children whose weight-for-height is below minus two standard deviations ( $-2$  SDs) from the median for the reference population are considered to be wasted (or thin). Wasting represents the failure to receive adequate nutrition in the period immediately before the survey, and typically is the result of recent illnesses, especially diarrhea, or of a rapid deterioration in food supplies.

The prevalence (percentage) range used by WHO to categorise the public health significance of different measures of under nutrition (i.e.  $< -2$  SDs) is provided below.

Public health significance	Prevalence of measures of under nutrition (%)		
	Height-for-age (stunted)	Weight-for-height (wasted)	Weight-for-age (underweight)
Low	<20	<5	<10
Medium	20–29	5–9	10–19
High	30–39	10–14	20–29
Very high	40+	15+	30+

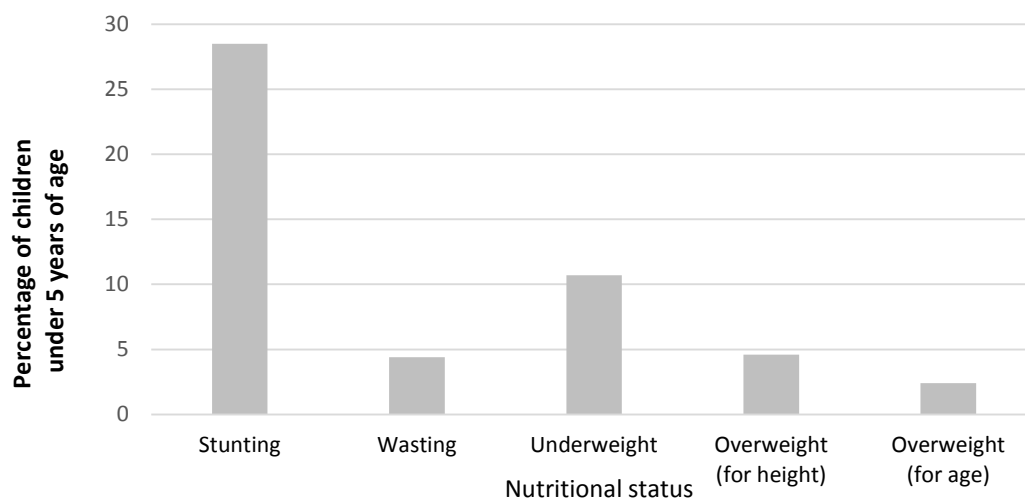
Overall, 28% of children aged 0–4 years are two to three SDs below the median (i.e.  $-2$  or  $-3$  SDs) height-for-age value for the reference population (Table 11.1 and Fig. 11.1). A little less than two-thirds (64%) of these children had height-for-age measurements of  $-2$  SDs below the median, and over one-third (36%) had height-for-age measures of  $-3$  SDs below the median. Based on WHO guidelines, a 28% height-for-age prevalence represents medium public health significance. Consequently, a mean Z-score of  $-1.2$  indicates a distribution shift below zero, which is the expected value of the reference distribution. This shows that on average, Vanuatu children aged less than 5 years slightly underachieve their linear growth potential when compared with WHO international growth references.

In total, around 4% of children age less than 5 years is two to three SDs below the median weight-for-height measure for the reference population (Table 11.1 and Fig. 11.1). Of these, three in four children have a weight-for-height score of  $-2$  SDs below the median and one in four children have a weight-for-height score of  $-3$  SDs below the median. The overall prevalence of 4% represents low public health significance according to WHO guidelines. However, 5% of children aged less than 5 years have a weight-for-height measure of  $+2$  SDs above the median value for the reference population, which suggests that almost one in

twenty children aged less than 5 years are overweight or obese for their height. The mean Z-score for weight-for-height is 0, which indicates a distribution with the same median as that for the reference population.

Overall, 11% of children aged less than 5 years are two or three SDs below the median weight-for-age value for the reference population (Table 11.1 and Fig. 11.1). Of these, 76% of children have a weight-for-age score of -2 SDs below the median and 24% of children have a weight-for-age score of -3 SDs below the median. This 11% prevalence represents medium public health significance based on WHO guidelines. Only 2% of children aged less than 5 years have a weight-for-age measure of +2 SDs above the median for the reference population, which suggests that very few Vanuatu children aged less than 5 years are overweight or obese for their age. This is supported by a mean Z-score for weight-for-age of -0.7, which indicates a distribution shift below 0, the expected value of the reference distribution.

**Figure 11.1: Nutritional status of children under 5 years of age, Vanuatu 2013.**





**Table 11.1: Nutritional status of children**

Percentage of children under 5 years classified as malnourished according to three anthropometric indices of nutritional status — height-for-age, weight-for-height and weight-for-age — by background characteristics, Vanuatu 2013

Background characteristics	Height-for-age			Weight-for-height			Weight-for-age					Number of children
	Percentage below -3 SD	Percentage below -2 SD <sup>1</sup>	Mean Z-score -SD	Percentage below -3 SD	Percentage below -2 SD <sup>1</sup>	Percentage above +2 SD	Mean Z-score -SD	Percentage below -3 SD	Percentage below -2 SD <sup>1</sup>	Percentage above +2 SD	Mean Z-score -SD	
<b>Age in months</b>												
<6	2.5	6.6	0.0	1.9	3.8	14.0	0.6	3.5	4.9	14.3	0.4	98
6–8	2.1	5.8	-0.0	2.0	3.4	13.8	0.2	2.0	4.3	9.9	0.1	83
9–11	11.4	27.2	-1.0	0.5	6.4	7.6	-0.1	5.8	15.8	3.3	-0.7	62
12–17	10.0	34.2	-1.4	2.5	12.5	1.0	-0.4	4.2	13.5	0.0	-0.9	135
18–23	16.6	39.3	-1.4	1.3	6.3	3.5	-0.2	4.9	17.6	1.3	-0.8	125
24–35	15.9	39.6	-1.5	0.6	2.8	4.4	0.2	0.8	8.0	1.0	-0.7	240
36–47	8.5	26.2	-1.3	0.6	3.4	2.9	-0.1	2.3	10.5	0.8	-0.8	267
48–59	9.2	28.2	-1.3	0.6	1.8	1.3	-0.2	1.4	11.5	0.0	-0.9	232
<b>Sex</b>												
Male	13.3	32.4	-1.3	1.0	4.8	4.6	-0.0	3.3	12.7	2.3	-0.7	627
Female	7.2	24.4	-1.1	1.1	4.1	4.5	-0.0	1.9	8.6	2.6	-0.6	614
<b>Birth interval in months<sup>2</sup></b>												
First birth <sup>3</sup>	9.5	26.2	-1.1	2.0	6.1	4.8	-0.1	3.0	12.1	3.7	-0.7	267
<24	14.8	35.8	-1.4	1.0	3.9	4.3	-0.0	3.8	13.0	1.8	-0.8	194
24–47	7.8	27.6	-1.1	1.5	5.5	5.1	-0.0	1.8	8.2	2.7	-0.6	347
48+	9.5	23.1	-1.2	0.3	2.9	4.4	0.1	2.8	9.3	1.8	-0.6	297
<b>Size at birth<sup>2</sup></b>												
Very small	(26.5)	(52.2)	(-2.1)	(0.8)	(11.4)	(7.7)	(-0.1)	(0.8)	(21.9)	(0.0)	(-1.2)	35
Small	14.4	30.5	-1.3	5.6	6.5	11.9	0.1	3.0	11.8	3.1	-0.6	66
Average or larger	8.9	25.8	-1.1	1.0	4.5	4.3	-0.0	2.7	9.5	2.7	-0.6	961
<b>Mother's interview status</b>												
Interviewed	9.9	27.5	-1.2	1.2	4.7	4.7	-0.0	2.7	10.3	2.5	-0.7	1,104
Not interviewed but in household	(16.0)	(36.1)	(-1.7)	(0.0)	(0.0)	(7.3)	(0.5)	(0.0)	(3.4)	(0.0)	(-0.6)	18
Not interviewed, and not in the household <sup>4</sup>	12.7	36.4	-1.2	0.0	2.9	3.0	-0.1	1.4	15.3	1.9	-0.7	119
<b>Mother's nutritional status</b>												
Thin -BMI<18.5	*	*	*	*	*	*	*	*	*	*	*	22
Normal -BMI 18.5–24.9	10.5	28.3	-1.2	1.5	5.0	4.3	-0.1	3.0	11.1	3.4	-0.7	491
Overweight/obese -BMI >= 25	9.5	26.8	-1.1	0.9	4.1	5.5	0.1	2.6	9.2	2.1	-0.6	535
<b>Residence</b>												
Urban	5.7	19.1	-0.9	1.0	2.0	7.0	0.3	1.0	5.0	3.0	-0.3	301
Rural	11.7	31.5	-1.3	1.1	5.2	3.8	-0.1	3.1	12.5	2.3	-0.8	940
..Rural 1	8.6	28.6	-1.1	1.5	4.9	4.8	0.0	1.5	9.1	1.6	-0.6	128
..Rural 2	12.2	31.9	-1.3	1.0	5.3	3.6	-0.1	3.3	13.0	2.4	-0.8	812
<b>Mother's education<sup>5</sup></b>												

No education	(20.8)	(43.1)	(-1.8)	(0.0)	(5.6)	(0.0)	(-0.1)	(2.5)	(18.1)	(0.5)	(-1.1)	68
Primary	9.7	29.6	-1.3	1.6	4.3	3.9	-0.1	2.8	10.4	1.7	-0.8	683
Secondary	9.4	23.4	-1.0	0.7	5.5	6.9	0.1	2.9	9.2	3.4	-0.5	325
More than secondary	(3.0)	(6.6)	(0.0)	(0.0)	(1.3)	(10.1)	(0.4)	(0.7)	(0.7)	(11.0)	(0.3)	43
<b>Wealth quintile</b>												
Lowest	12.0	39.4	-1.6	0.0	1.9	4.2	-0.0	2.2	11.9	1.1	-0.9	304
Second	11.6	25.0	-1.2	1.2	5.9	3.8	-0.2	4.8	13.6	3.2	-0.8	283
Middle	12.7	28.3	-1.1	1.5	5.2	4.7	0.0	2.5	10.1	3.1	-0.6	248
Fourth	6.6	27.5	-1.0	1.5	6.0	4.1	0.0	1.5	9.8	1.6	-0.6	239
Highest	6.4	16.3	-0.7	1.6	3.1	7.1	0.3	1.2	5.5	3.6	-0.2	168
<b>Total</b>	<b>10.3</b>	<b>28.5</b>	<b>-1.2</b>	<b>1.1</b>	<b>4.4</b>	<b>4.6</b>	<b>-0.0</b>	<b>2.6</b>	<b>10.7</b>	<b>2.4</b>	<b>-0.7</b>	<b>1,241</b>

Note: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units -SD from the median of the WHO Child Growth Standards adopted in 2006. The indices in this table are NOT comparable to those based on the previously used NCHS/Centers for Disease Control/WHO standards. Table is based on children with valid dates of birth (month and year) and valid measurements of both height and weight.

<sup>1</sup> Includes children who are below -3 standard deviations (- 3 SDs) from the International Reference Population median.

<sup>2</sup> Excludes children whose mothers were not interviewed.

<sup>3</sup> First-born twins, triplets, etc. are counted as first births because they do not have a previous birth interval.

<sup>4</sup> Includes children whose mothers are deceased.

<sup>5</sup> Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (body mass index) is presented in Table 11.10.

Note: For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

A higher percentage of boys aged less than 5 years are stunted (32%) than girls in the same age group (24%), and more boys are underweight (13%) than girls (9%). Nearly equal percentages of boys (5%) and girls (4%) aged less than 5 years are underweight. Based on the weight-for-height index, almost equal percentages of boys and girls aged less than 5 years are overweight but based on weight-for-age, slightly higher percentages of girls are overweight than boys.

The prevalence of stunted children increases with age. Over one-quarter of children are stunted from 9 months of age, peaking at 24–35 months where two in five (40%) children are stunted. A similar age pattern may be discerned based on the weight-for-age index, where 18% of children aged 18–23 months are underweight. Wasting is most common among children aged 12 months (12%). In contrast, the prevalence of obesity declines with age. Some 14% of children are obese at less than 6 months of age, declining to 4% based on the weight-for-height index and 1% based on the weight-for-age index, among children aged 24–35 months.

Stunting and underweight are likely to be associated with short birth interval (less than 24 months) and low birth weight. About one-quarter (26%) of first-born children are stunted while 12% are underweight. Surprisingly, children whose mothers are normal weight or are overweight/obese are more likely to be stunted or underweight than children whose mothers are thin or underweight.

**The prevalence of stunted, wasted and underweight children is higher in rural areas than in urban areas.** The prevalence of stunted and underweight children decreases with the wealth quintile of the household and mother's education level. Children in the lowest wealth quintile are more than twice as likely to be stunted (39%) as children in the highest wealth quintile (16%).

## 11.2. INFANT AND YOUNG CHILD FEEDING PRACTICES

The survival, growth, development, health and nutritional status of children are closely linked to feeding practices for infants and young children. The nutritional status of the mother during pregnancy and lactation also has an important impact on the health and nutritional status of a child. Exclusive breastfeeding is the most appropriate way to feed newborn babies during the first six months of their lives, as recommended by the United Nations Children's Fund (UNICEF) and WHO. Exclusive breastfeeding during the first six months provides optimal nutrition for the growing child, reduces exposure to environmental pathogens, and provides protection from environmental contamination such as poor water quality. WHO and UNICEF recommend that solid food should only be given after six months of age, and that breastfeeding should continue into the second year of life. To support this recommendation, the following steps have been established by UNICEF and WHO for countries to follow.

**Every facility providing maternity services and care for newborn infants should:**

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff;
2. Train all healthcare staff in the skills necessary to implement this policy;
3. Inform all pregnant women about the benefits and management of breastfeeding;
4. Help mothers initiate breastfeeding within a half hour of birth;
5. Show mothers how to breastfeed, and how to maintain lactation even if they should become separated from their infants;
6. Give newborn infants no food or drink other than breast milk, unless medically indicated;
7. Practice rooming-in (i.e. allow mothers and infants to remain together 24 hours a day);
8. Encourage breastfeeding on demand;
9. Not give artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants; and
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: WHO/UNICEF 1989

Prolonged breastfeeding also increases duration of postpartum infertility; thus, breastfeeding acts as a natural contraceptive, affecting a mother's fertility and length of birth interval.

### **11.2.1 Initial breastfeeding**

Both mother and child benefit from early initiation of breastfeeding. The suckling action of the baby on the mother's breast releases the hormone oxytocin, which increases uterine contractions, improves the expulsion of the placenta, and reduces the risk of hemorrhage following delivery. The infant benefits from the first breast milk, called colostrums, which is rich in nutrients and immunoglobulin that help protect against infections.

Table 11.2 shows the percentage of children born in the five years preceding the survey who were ever breastfed, and the percentage of last children born in the five years preceding the survey who were ever breastfed, who started breastfeeding within one hour of delivery, and within one day of birth, and the percentage who received a prelacteal feed, by background characteristics.

In total, 95% of children in Vanuatu under the age of 5 years are breastfed. Overall, 85% of babies are breastfed within one hour of birth, which increases to 99% for those breastfed within one day of birth. Breastfeeding rates are slightly higher among female babies than male babies, and in rural areas than in urban areas. The prevalence of breastfeeding is negatively associated with better education and wealth status.

Putting the baby to the breast within one hour of birth is more commonly practiced among babies born in a health facility than those delivered at home. Only 4% of children receive prelacteal feeds during the first three days of life. Due to very few children receiving prelacteal feeding, differential analysis by background characteristics is not possible.

### **11.2.2 Breastfeeding by age**

One indicator of the degree of breastfeeding is the percentage of children age less than 6 months who are exclusively breastfed.

Table 11.3 presents data on the percentage of youngest children under age 3 years who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under age 3 years using a bottle with a nipple, according to age in months. Due to the small number of children, the patterns should be interpreted with caution.

The prevalence of exclusive breastfeeding decreases sharply with age. Some 82% of children are exclusively breastfed within the first three months of life. The prevalence decreases to 19% by ages 6–9 months while complementary foods are introduced to 70% of children in the same age group. At ages 12–15 months, 44% of children are no longer breastfeeding. Less than half (48%) of children under age 3 years are still breastfeeding at the time of the survey.

Early introduction of foods other than breast milk is not recommended. Plain water does not contain nutrients or the much-needed calories to support growth and development. Although WHO and UNICEF recommend exclusive breastfeeding, the results show that plain water, other liquids and complementary foods are introduced to some babies that are less than 6 months of age in Vanuatu.

Bottles with nipples are usually used when feeding infants "infant formula" and other types of supplementary foods. The use of a bottle is not generally recommended at early stages of infancy due to the risk of exposing the child to the harmful effects of insufficient and unhygienic preparation of the liquid and the feeding bottle, particularly in unsanitary environmental and poor socioeconomic conditions. The use of a bottle with a nipple starting at ages 0–3 is likely to continue after ages 20–23 months.

**Table 11.2: Initial breastfeeding**

Percentage of children born in the five years preceding the survey who were ever breastfed, and for the last children born in the five years preceding the survey ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth, and the percentage who received a prelacteal feed, by background characteristics, Vanuatu 2013

Background characteristic	Breastfeeding among children born in last five years		Among last-born children ever breastfed			
	Ever breastfed (%)	Number of children born in the last five years	Started breastfeeding within one hour of birth <sup>1</sup> (%)	Started breastfeeding within one day of birth <sup>2</sup> (%)	Received a prelacteal feed (%)	Number of last-born children ever breastfed
<b>Sex</b>						
Male	93.8	785	84.1	97.9	4.7	537
Female	96.0	777	86.7	99.3	3.6	554
<b>Residence</b>						
Urban	91.2	427	83.1	96.4	6.8	318
Rural	96.3	1,136	86.4	99.5	3.0	773
..Rural 1	92.5	161	88.0	97.9	7.4	112
..Rural 2	96.9	975	86.1	99.7	2.2	661
<b>Mother's education</b>						
No education	97.2	102	80.3	100.0	4.9	66
Primary	96.8	902	86.8	99.0	3.8	633
Secondary	92.0	489	84.8	98.6	4.7	342
More than secondary	86.3	69	79.1	90.7	2.4	50
<b>Assistance at delivery</b>						
Health professional <sup>3</sup>	94.7	1,397	84.8	98.5	4.2	1,005
Traditional birth attendant	95.9	85	(92.0)	(100.0)	(0.0)	45
Other	95.2	67	(92.8)	(99.3)	(6.6)	41
No one	*	4	100.0	*	*	0
<b>Place of delivery</b>						
Health facility	94.6	1,383	86.0	98.5	4.4	987
At home	97.2	161	79.4	99.7	0.0	102
Other	71.7	3	*	*	*	2
<b>Wealth quintile</b>						
Lowest	98.0	380	84.7	99.9	3.6	243
Second	97.0	342	83.5	99.3	0.8	246
Middle	94.3	288	89.6	98.8	4.9	200
Fourth	94.1	306	86.0	98.9	4.8	224
Highest	88.6	247	83.6	95.3	7.6	179
<b>Total</b>	<b>94.9</b>	<b>1,562</b>	<b>85.4</b>	<b>98.6</b>	<b>4.1</b>	<b>1,091</b>

Note: Table is based on births in the last five years whether the children are living or dead at the time of interview.

<sup>1</sup> Includes children who started breastfeeding within one hour of birth.

<sup>2</sup> Children given something other than breast milk during the first three days of life.

<sup>3</sup> Doctor, nurse/midwife, or auxiliary midwife.

Note also: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parenthesis are based on 25–49 unweighted cases.

**Table 11.3: Breastfeeding status by age**

Percent distribution of youngest children under age 3 years who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under age 3 years using a bottle with a nipple, according to age in months, Vanuatu 2013

Age in months	Breastfeeding and consuming:						Total	Percentage currently breastfeeding	Number of youngest child under three years	Percentage using a bottle with a nipple <sup>1</sup>	Number of children
	NoNot breast-feeding	Exclusively breastfed	Plain water only	Non-milk liquids/ juice	Other milk	Comple mentary foods					
0-1	(2.8)	(93.0)	(0.0)	(0.0)	(0.0)	(4.2)	100.0	(97.2)	31	(3.4)	32
2-3	(2.6)	(74.4)	(0.6)	(4.4)	(4.4)	(13.5)	100.0	(97.4)	45	(10.5)	47
4-5	6.4	61.9	0.0	0.0	5.8	25.8	100.0	93.6	66	14.1	68
6-8	8.3	22.5	1.3	1.9	0.0	66.0	100.0	91.7	105	19.3	106
9-11	18.8	0.6	0.0	0.0	0.0	80.6	100.0	81.2	75	22.1	78
12-17	37.0	0.0	0.0	0.0	0.0	63.0	100.0	63.0	149	18.8	158
18-23	48.5	0.0	0.0	0.0	0.9	50.6	100.0	51.5	118	10.5	146
24-35	84.0	0.0	0.0	0.0	0.0	16.0	100.0	16.0	179	7.6	275
0-3	2.7	81.9	0.4	2.6	2.6	9.8	100.0	97.3	76	7.6	78
0-5	4.4	72.6	0.2	1.4	4.1	17.3	100.0	95.6	142	10.6	146
6-9	8.4	18.6	1.1	1.6	0.0	70.3	100.0	91.6	127	18.3	128
12-15	43.6	0.0	0.0	0.0	0.0	56.4	100.0	56.4	96	22.1	102
12-23	42.1	0.0	0.0	0.0	0.4	57.5	100.0	57.9	268	14.8	303
20-23	51.5	0.0	0.0	0.0	0.0	48.5	100.0	48.5	79	9.9	99

Note: Breastfeeding status refers to a 24-hour period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add up to 100%. Thus, children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

<sup>1</sup> Based on all children under age 3 years.

Note also: Figures in parentheses are based on 25-49 unweighted cases.

### 11.2.3 Median duration and frequency of breastfeeding

Table 11.4 presents the median duration of breastfeeding, exclusive breastfeeding and predominant breastfeeding among children born in the three years preceding the survey, the percentage of breastfeeding of children age less than 6 months living with their mother who were breastfed six or more times in the 24 hours preceding the survey, and the mean number of feeds per day and per night, by background characteristics.

WHO and UNICEF recommend exclusive breastfeeding for the first 6 months of an infant's life, and continued breastfeeding for at least 24 months. The median duration of any breastfeeding among Vanuatu children born in the three years preceding the survey is 18.7 months. The median duration for exclusive breastfeeding is 4.3 months, and is 4.6 months for predominant breastfeeding. Clearly, the children do not meet the WHO and UNICEF recommendations on exclusive breastfeeding for six months and continued breastfeeding into the second year of life (with the introduction of complementary foods).

It is also recommended that babies be breastfed or fed on demand approximately 8-12 times every 24 hours. In Vanuatu, the overall mean number of feeds during the day is just over six and is just under four during the night, which indicates that the WHO and UNICEF recommended minimum frequency of breastfeeding (eight feeds) is achieved. There are no significant differences by sex or place of residence.

**Table 11.4: Median duration and frequency of breastfeeding.**

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, the percentage of breastfeeding children under age 6 months living with the mother who were breastfed 6 or more times in the 24 hours preceding the survey, and the mean number of feeds (day/night), by background characteristics, Vanuatu 2013

Background characteristic	Median duration (months) of breastfeeding among children born in the three years prior to the survey <sup>1</sup>			Frequency of breastfeeding among children aged less than 6 months <sup>2</sup>			
	Any breast-feeding	Exclusive breast-feeding	Predominant breast-feeding <sup>3</sup>	Percentage breastfed 6+ times in last 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children
<b>Sex</b>							
Male	18.9	4.0	4.0	92.4	6.4	4.1	62
Female	18.2	4.6	5.1	93.5	6.3	3.5	72
<b>Residence</b>							
Urban	(11.7)	(4.4)	(4.6)	(89.0)	(5.4)	(4.1)	40
Rural	18.9	4.3	4.6	94.6	6.8	3.7	94
..Rural 1	(17.1)	(3.9)	(4.2)	(87.7)	(5.9)	(3.6)	17
..Rural 2	(19.0)	(4.3)	(4.7)	(96.1)	(7.0)	(3.7)	78
<b>Mother's education</b>							
No education	*	*	*	*	*	*	13
Primary	19.7	4.8	5.0	91.3	6.5	3.7	66
Secondary	18.9	3.8	3.9	94.3	5.9	3.7	49
More than secondary	*	*	*	*	*	*	6
<b>Wealth quintile</b>							
Lowest	*	*	*	*	*	*	26
Second	*	*	*	*	*	*	32
Middle	(19.3)	(3.3)	(3.3)	(97.4)	(5.7)	(3.8)	24
Fourth	(17.3)	(4.8)	(4.9)	(90.5)	(5.4)	(3.8)	26
Highest	(10.5)	(3.9)	(4.2)	(89.9)	(5.6)	(4.3)	26
<b>Total</b>	<b>18.7</b>	<b>4.3</b>	<b>4.6</b>	<b>93.0</b>	<b>6.4</b>	<b>3.8</b>	<b>134</b>
<b>Mean for all children</b>	<b>17.9</b>	<b>5.3</b>	<b>5.4</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>

Note: Median and mean durations are based on current status, and includes children living and deceased at the time of the survey.  
na = not applicable.

<sup>1</sup> It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding.

<sup>2</sup> Excludes children without a valid answer on the number of times breastfed.

<sup>3</sup> Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only.

Note also: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 11.2.4 Types of complementary food and liquids consumed by children

UNICEF and WHO recommend that solid food be introduced to infants from the age of 6 months because the nutritional requirements of the child cannot be adequately met by breast milk alone. In the transition to eating the family diet, children from the age of 6 months should be fed small quantities of solid and semisolid foods (complementary foods) throughout the day. The risk of malnutrition during this transition period is very high due to improper and unsafe food handling practices.

Mothers whose youngest child was less than age 3 years were asked about the types of foods and liquids consumed by the child in the day or night preceding the interview. The results are presented in Table 11.5.

While the best way to determine the nutrient content of the diet is to undertake a comprehensive nutrition survey using standard tools such as a comprehensive 24-hour diet recall tool (Briony 2001), this survey provides some useful information on the range of foods recently consumed by young children in Vanuatu.

#### Liquids

Overall, nearly 14% of all breastfeeding children under age 3 years who live with their mothers reportedly consume infant formula. The most common type of liquid consumed by breastfed children is 'other liquids' (59%) and other milk (18%).

**Solid or semisolid foods**

Fruits and vegetables rich in vitamin A are reported to be the most common food consumed by breastfeeding children (64%) and non-breastfeeding children (85%). For breastfeeding and non-breastfeeding children, the next most commonly consumed foods are foods made from grains, which account for 54% and 77% of their diet, respectively. Food made from roots and tubers are consumed by 53% of breastfeeding children and by 66% of non-breastfeeding children. Some 30% of breastfed and 48% of non-breastfed children consume foods made with oil, fat and butter, while 27% of breastfed children and 47% of non-breastfed children consume sugary foods.



**Table 11.5: Foods and liquids consumed by children in the day or night preceding the interview.**

Percentage of youngest children under age 3 years who are living with their mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status and age, Vanuatu 2013

Age in months	Liquids			Solid or semi-solid foods								Any solid or semi-solid food	Food made with oil, fat and butter	Sugary foods	Number of children
	Infant formula	Other milk <sup>1</sup>	Other liquids <sup>2</sup>	Fortified baby foods	Food made from grains <sup>3</sup>	Fruits and vegetables rich in vitamin A <sup>4</sup>	Other fruits and vegetables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product				
<b>BREASTFEEDING CHILDREN</b>															
0-1	(0.0)	(0.0)	(4.3)	(0.0)	(4.3)	(4.3)	(3.5)	(4.3)	(0.0)	(4.3)	(0.0)	(4.3)	(0.0)	(0.0)	30
2-3	(6.5)	(7.3)	(16.4)	(2.0)	(7.5)	(11.9)	(6.1)	(5.5)	(4.8)	(10.6)	(4.8)	(13.9)	(4.8)	(4.8)	44
4-5	11.3	14.0	17.5	4.6	13.8	23.2	7.5	13.8	0.0	7.5	0.0	27.1	4.7	4.5	62
6-8	17.4	26.2	57.2	12.6	41.9	67.0	37.7	46.5	20.9	43.3	16.8	71.9	30.2	27.2	96
9-11	14.6	21.2	78.7	3.8	79.1	84.8	52.5	76.2	33.5	70.2	20.1	97.5	37.2	31.1	61
12-17	16.1	18.4	86.7	8.6	85.2	88.3	55.5	83.3	37.1	69.8	24.6	100.0	45.2	42.3	94
18-23	21.0	17.9	89.4	7.0	81.9	90.6	50.4	76.0	32.1	66.2	14.4	98.2	46.5	43.3	61
24-35	(10.0)	(19.1)	(81.4)	(10.6)	(85.1)	(100.0)	(49.3)	(81.2)	(41.6)	(77.3)	(19.7)	(100.0)	(58.5)	(47.8)	29
6-23	17.2	21.3	76.6	8.6	70.0	81.5	48.5	69.2	30.5	61.0	19.3	90.5	39.3	35.7	313
<b>Total</b>	<b>13.9</b>	<b>17.6</b>	<b>59.1</b>	<b>7.0</b>	<b>53.8</b>	<b>63.8</b>	<b>36.5</b>	<b>52.8</b>	<b>22.9</b>	<b>46.8</b>	<b>14.3</b>	<b>70.4</b>	<b>30.3</b>	<b>27.3</b>	<b>477</b>
<b>NONBREASTFEEDING CHILDREN</b>															
0-1	*	*	*	*	*	*	*	*	*	*	*	*	*	*	1
2-3	*	*	*	*	*	*	*	*	*	*	*	*	*	*	1
4-5	*	*	*	*	*	*	*	*	*	*	*	*	*	*	4
6-8	*	*	*	*	*	*	*	*	*	*	*	*	*	*	9
9-11	*	*	*	*	*	*	*	*	*	*	*	*	*	*	14
12-17	24.4	38.5	90.0	9.3	95.7	94.4	59.5	68.7	45.8	89.6	30.4	99.4	57.5	58.6	55
18-23	11.7	27.8	83.6	3.9	72.6	89.6	63.2	65.2	45.6	74.9	29.7	98.4	47.1	42.5	57
24-35	13.7	26.0	81.7	5.8	76.6	83.4	50.2	69.9	30.8	67.3	20.6	93.4	48.1	50.2	151
6-23	20.7	32.6	81.4	9.0	80.4	89.8	57.1	64.2	42.2	76.0	29.5	95.6	49.8	44.8	136
<b>Total</b>	<b>17.5</b>	<b>29.5</b>	<b>80.4</b>	<b>7.1</b>	<b>76.7</b>	<b>84.6</b>	<b>52.3</b>	<b>65.7</b>	<b>35.4</b>	<b>69.9</b>	<b>24.3</b>	<b>92.5</b>	<b>47.8</b>	<b>46.6</b>	<b>293</b>

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and last night).

<sup>1</sup> Other milk includes fresh, tinned and powdered cow or other animal milk.

<sup>2</sup> Does not include plain water.

<sup>3</sup> Includes fortified baby food.

<sup>4</sup> Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A.

Note also: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

### 11.2.5 Feeding practices according to infant and young child feeding recommendations

The Global Strategy on Infant and Young Child Feeding (IYCF) (WHO 2005) recommends the timely introduction of solid and semisolid foods from age 6 months, increasing the amount and variety of foods and frequency of feeding as the child gets older, while maintaining frequent breastfeeding as ‘best practice’. These guidelines have been established by WHO.

Mothers with children aged 6–23 months living with them were asked about the kinds of foods and drinks that they fed their children and how often children ate food in the previous day or night. The list of foods in the questionnaire was categorised into the following food groups:

- a. infant formula, milk other than breast milk, cheese or yogurt or other milk products;
- b. foods made from grains, roots, and tubers, including porridge, fortified baby food from grains;
- c. vitamin A-rich fruits and vegetables (and red palm oil);
- d. other fruits and vegetables;
- e. eggs;
- f. meat, poultry, fish and shellfish (and organ meats);
- g. legumes and nuts; and
- h. foods made with oil, fat or butter.

Minimum standards were defined with respect to food diversity (i.e. the number of food groups consumed) and feeding frequency (i.e. the number of times a child was fed), as well the consumption of breast milk or other milks or milk products.

To ensure nutritional requirements are met, it is recommended that children begin semisolid or solid foods from age 6 months. For breastfed children aged 6–8 months, it is recommended that solid foods be introduced two to three times daily, increasing to three to four times daily from age 9–24 months, with one to two snacks offered as required (WHO/PAHO 2003). For non-breastfed children, four to five solid or semisolid foods per day are recommended for children aged 6–24 months with one to two snacks offered as required (WHO 2005).

To ensure that dietary requirements are met, it is advised that a protein-rich animal product (e.g. meat, poultry, fish or eggs) be included daily. It is also recommended that vitamin A-rich fruits and vegetables are included daily and that the diet contains an adequate fat content.

Foods from at least three food groups are recommended daily for breastfed children and at least four different food groups for non-breastfed children. Table 11.6 presents the percentage of youngest children aged 6–23 months living with their mother who are fed according to three IYCF recommendations during the day or night preceding the survey by breastfeeding status, and background characteristics.

Overall, only 29% of children aged 6–23 months are fed according to the recommended IYCF practices, that is, they are given breast milk or milk products, foods from the recommended number of food groups, and are fed at least the recommended minimum number of times per day. Some 83% of children were fed breast milk or milk products in the 24 hours before the survey, 71% were given the recommended three or four food groups, and 41% were fed the recommended minimum number of times per day. More than two-thirds of children are not fed the recommended dietary requirements for good health.

Breastfed children are more likely than non-breastfed children to be fed according to the recommended IYCF practices in terms of frequency of feeding. A higher percentage of breastfed children (44%) are fed at least the minimum number of times per day than non-breastfed children (32%). The percentage of children who are fed the recommended minimum number of food groups (that is, three or more food groups for breastfed children and four or more food groups for non-breastfed children) is almost the same for both breastfed children (72%) and non-breastfed children (70%).

The percentage of children who are fed according to all three IYCF practices generally increases with age of the child. Adherence to appropriate feeding practices varies by urban–rural residence and by sex of child, with female children and children living in rural areas more likely to receive appropriate feeding than male children and children in urban areas.

**Table 11.6: Infant and young child feeding practices**

Percentage of youngest children aged 6–23 months living with their mother who are fed according to three infant and young child feeding (IYCF) practices based on the number of food groups and times they are fed during the day or night preceding the survey by breastfeeding status and background characteristics, Vanuatu 2013

Background characteristic	Among breastfed children aged 6–23 months, the percentage fed:				Among non-breastfed children aged 6–23 months, the percentage fed:					Among all children aged 6–23 months, the percentage fed:				
	3+ food groups <sup>1</sup>	Minimum times or more <sup>2</sup>	Both 3+ food groups and minimum times or more	Number of breastfed children aged 5–23 months	Milk or milk products <sup>3</sup>	4+ food groups	4+ times or more	With 3 IYCF practices <sup>4</sup>	Number of non-breastfed children aged 6–23 months	Breast- milk or milk products <sup>3</sup>	3+ or 4+ food groups <sup>5</sup>	Minimum times or more <sup>6</sup>	With all 3 IYCF practices <sup>4</sup>	Number of all children aged 6–23 months
<b>Age in months</b>														
6–8	57.2	36.4	29.4	96	36.9	44.8	27.8	0.0	9	94.8	56.2	35.7	26.9	105
9–11	72.8	39.3	36.6	61	65.1	44.2	9.2	9.2	14	93.4	67.4	33.7	31.4	75
12–17	79.3	52.2	43.8	94	47.3	82.8	37.8	17.9	55	80.5	80.6	46.9	34.2	149
18–23	81.1	50.2	41.3	61	39.0	69.0	32.0	5.5	57	70.5	75.2	41.4	23.9	118
<b>Sex</b>														
Male	67.4	45.3	36.4	149	46.7	62.4	22.3	7.8	73	82.5	65.8	37.7	27.0	223
Female	75.4	43.7	38.4	163	43.0	80.0	42.7	13.8	62	84.2	76.6	43.4	31.6	226
<b>Residence</b>														
Urban	64.7	35.7	25.3	74	70.3	74.2	21.5	17.8	46	88.6	68.4	30.2	22.4	121
Rural	73.7	47.2	41.2	238	31.9	68.5	37.0	6.8	89	81.4	72.3	44.4	31.9	328
..Rural 1	79.1	56.7	52.2	33	32.9	57.8	22.1	8.6	14	80.1	72.8	46.4	39.3	47
..Rural 2	72.8	45.6	39.5	205	31.7	70.5	39.7	6.5	76	81.7	72.2	44.0	30.6	281
<b>Mother's education</b>														
No education	*	*	*	*	*	*	*	*	*	*	*	*	*	21
Primary	65.4	42.6	34.1	195	35.7	67.9	40.0	13.8	62	84.4	66.0	42.0	29.2	258
Secondary	85.5	45.7	42.6	98	59.4	79.6	24.3	7.3	48	86.6	83.6	38.6	30.9	146
More than secondary	(69.6)	(54.6)	(33.0)	(10)	(59.3)	(68.9)	(19.2)	(16.4)	(13)	(76.7)	(69.2)	(34.3)	(23.5)	23
<b>Wealth quintile</b>														
Lowest	70.9	44.2	35.6	75	27.1	50.9	16.3	0.0	27	80.8	65.6	36.9	26.2	102
Second	67.6	47.3	42.9	73	33.1	73.7	58.6	13.9	35	78.1	69.6	51.0	33.4	108
Middle	81.6	44.8	39.9	68	33.2	66.6	23.6	3.9	16	87.6	78.8	40.9	33.2	84
Fourth	64.8	41.5	30.0	61	57.9	78.7	28.6	13.1	35	84.8	69.8	36.8	23.9	96
Highest	73.6	43.2	38.3	35	72.8	78.5	18.5	18.5	23	89.3	75.5	33.5	30.5	58
<b>Total</b>	<b>71.6</b>	<b>44.4</b>	<b>37.4</b>	<b>313</b>	<b>45.0</b>	<b>70.5</b>	<b>31.7</b>	<b>10.6</b>	<b>136</b>	<b>83.4</b>	<b>71.2</b>	<b>40.6</b>	<b>29.3</b>	<b>448</b>

<sup>1</sup> Food groups: a) infant formula, milk other than breast milk, cheese or yogurt or other milk products; b) foods made from grains, roots, and tubers, including porridge, fortified baby food from grains; c) vitamin A-rich fruits and vegetables (and red palm oil); d) other fruits and vegetables; e) eggs; f) meat, poultry, fish, and shellfish (and organ meats); g) legumes and nuts; h) foods made with oil, fat, butter.

<sup>2</sup> At least twice a day for breastfed infants aged 6–8 months and at least three times a day for breastfed children aged 9–23 months.

<sup>3</sup> Includes commercial infant formula, fresh, tinned and powdered animal milk, and cheese, yogurt and other milk products.

<sup>4</sup> Non-breastfed children aged 6–23 months are considered to be fed with a minimum standard of three IYCF practices if they receive other milk or milk products and are fed at least the minimum number of times per day with at least the minimum number of food groups.

<sup>5</sup> 3+ food groups for breastfed children and 4+ food groups for non-breastfed children.

<sup>6</sup> Fed solid or semi-solid food at least twice a day for infants aged 6–8 months, 3+ times for other breastfed children, and 4+ times for non-breastfed children.

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 11.3. PREVALENCE OF ANAEMIA IN CHILDREN

Iron is a key mineral that is essential for proper brain function. Low iron intake can contribute to iron deficiency anaemia. Young children who are growing rapidly have the highest iron requirements, and thus are at highest risk for iron deficiency anaemia. In the 2013 VDHS, blood testing was undertaken for children and women to determine their anaemia status based on hemoglobin levels. Table 11.7 shows the percentage of children aged 6–59 months classified as having anaemia, by background characteristics.

About one in four (28%) children aged 6–59 months have any anaemia: 19% of children have mild anaemia, 8% have moderate anaemia and less than 1% have severe anaemia. The prevalence of anaemia does not differ much by sex. It is higher in urban areas than in rural areas. Surprisingly, the prevalence of anaemia increases with mother's education level and wealth quintile.

### 11.4. MICRONUTRIENT INTAKE AMONG CHILDREN

Micronutrient deficiencies are a consequence of malnutrition. Malnutrition is a key indicator of child health, and contributes to child morbidity and mortality. The causes of malnutrition include not eating enough nutritious food, poor feeding practices, parasitic infections, poor sanitation and other sociocultural factors that influence feeding practices. Vitamin and mineral deficiencies are consequences of malnutrition. Vitamin A and iron are the key micronutrients that were selected as indicators in this survey.

Vitamin A is essential for keeping tissue cells healthy and for protecting the body against infections. It plays an important role in vision, and not getting enough vitamin A can cause eye damage. It is found in two forms: retinol, which is readily absorbed by the body and found in breast milk, fatty fish, eggs, milk and milk products; and carotene, which is a pro-vitamin because it must be converted into vitamin A by the liver before it can be used. Vitamin A is found in green leafy vegetables, red and yellow fruits such as papaya and pandanus, and pumpkin. The liver can store an adequate amount of vitamin A for four to six months. Periodic dosing every six months with vitamin A supplements is a rapid, low-cost method of ensuring that children at risk do not develop vitamin A deficiency (Beaton et al. 1993).

Mothers were asked whether they fed their children with vitamin A and iron-rich foods in the 24 hours preceding the survey. They were also asked whether their children had received iron supplements in the seven days preceding the survey, and de-worming medication in the last six months. Testing for iodised salt was also done in the household. The results presented in Table 11.8 provide a rough estimate of the nutrient content of the diet, as a nutritional analysis of the diet was beyond the scope of this survey.

Overall, 88% of children were fed vitamin A-rich foods and 66% were fed iron-rich foods in the 24 hours preceding the survey (Table 11.8). Not surprisingly, consumption of these foods increases with age of child and the percentages are higher for children who are not breastfed. The percentages are the same for children born to mothers aged 20–29 and 30–39 at the time of birth. Children born to mothers with a secondary education are more likely to be fed vitamin A-rich foods than those born to mothers with only a primary education.

Vitamin A supplementation in the six months preceding the survey was received by 25% of children and peaked with children aged 18–23 months. The percentage given vitamin A supplementation is higher among male children than female children and among breastfed (rather than non-breastfed) children.

Almost half (49%) of all children received deworming medication in the six months preceding the survey. Deworming medication is most commonly administered to children aged 36–47 months. The majority (56%) of non-breastfed children received deworming medication compared with about one-third (32%) of breastfed children. There is no clear pattern in the percentage receiving deworming medication by other background characteristics.

Half of all children live in households that were tested to have adequately iodised salt. A much higher percentage of children in urban areas (72%) live in households with adequately iodised salt than those in rural areas (41%). Prevalence of adequately iodised salt generally increases with mother's education and wealth quintile.

**Table 11.7: Prevalence of anaemia in children***Percentage of children aged 6–59 months classified as having anaemia, by background characteristics, Vanuatu 2013*

Background characteristic	Anaemia status by haemoglobin level			Any anaemia	Number of children <sup>1</sup>
	Mild (10.0–10.9 g/dl)	Moderate (7.0–9.9 g/dl)	Severe (below 7.0 g/dl)		
<b>Age in months</b>					
6–8	36.0	18.0	0.0	54.0	83
9–11	26.3	21.8	2.5	50.7	68
12–17	25.3	16.5	1.4	43.2	139
18–23	20.4	8.1	1.4	29.9	126
24–35	19.8	6.1	0.4	26.3	257
36–47	15.3	2.7	0.3	18.3	289
48–59	8.5	3.0	0.0	11.5	245
<b>Sex</b>					
Male	18.2	8.1	0.4	26.8	608
Female	19.0	7.4	0.8	27.2	598
<b>Mother's interview status<sup>2</sup></b>					
Interviewed	18.2	8.1	0.5	26.8	1,046
Not interviewed but in household	(42.9)	(7.2)	(0.0)	(50.1)	25
Not interviewed, and not in the household	17.2	5.1	2.0	24.4	134
<b>Residence</b>					
Urban	20.5	11.1	0.7	32.3	290
Rural	18.0	6.7	0.6	25.3	916
..Rural 1	26.9	10.8	0.2	37.9	126
..Rural 2	16.6	6.1	0.7	23.3	790
<b>Mother's education</b>					
No education	(18.7)	(2.0)	(0.0)	(20.7)	65
Primary	17.1	8.6	0.3	25.9	665
Secondary	22.2	7.7	0.9	30.8	294
More than secondary	18.7	12.8	0.0	31.5	46
<b>Wealth quintile</b>					
Lowest	15.4	4.3	0.0	19.8	301
Second	16.5	4.8	0.6	21.9	265
Middle	19.5	11.8	0.8	32.1	249
Fourth	22.0	11.6	1.2	34.8	234
Highest	21.8	7.4	0.6	29.9	157
<b>Total</b>	<b>18.6</b>	<b>7.8</b>	<b>0.6</b>	<b>27.0</b>	<b>1,206</b>

Note: Table is based on children who slept in the household the night before the interview. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using formulas used in Centre for Disease Control 1998. Haemoglobin in grams per deciliter (g/dl).

<sup>1</sup> Includes children whose mothers are deceased.

<sup>2</sup> For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire. Note also: Figures in parentheses are based on 25–49 unweighted cases.

**Table 11.8: Micronutrient intake among children**

Among youngest children aged 6–35 months who are living with their mother, the percentage who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey; and among all children aged 6–9 months, the percentage who were given vitamin A supplements in the six months preceding the survey; the percentage who were given iron supplements in the last seven days; the percentage who were given deworming medication in the six months preceding the survey; and among all children aged 6–59 months who live in households that were tested for iodised salt, the percentage who live in households with adequately iodised salt, by background characteristics, Vanuatu 2013

Background characteristic	Among youngest children aged 6–35 months living with the mother:			Among all children aged 6–59 months:			Among children aged 6–59 months living in households tested for iodised salt	
	Consumed foods rich in vitamin A 24 hours preceding survey <sup>1</sup> (%)	Consumed foods rich in iron in 24 hours preceding survey <sup>2</sup> (%)	Number of children	Given vitamin A supplements in 6 months preceding survey <sup>2</sup> (%)	Given deworming medication in 6 months preceding survey <sup>3</sup> (%)	Number of children	Living in households with adequately iodised salt <sup>4</sup> (%)	Number of children
<b>Age in months</b>								
6–8	68.0	42.3	105	26.7	12.7	106	55.9	98
9–11	90.7	67.3	75	24.3	17.9	78	50.7	74
12–17	93.3	77.1	149	26.7	34.9	158	53.7	136
18–23	94.9	70.4	118	29.4	56.0	146	45.9	133
24–35	91.1	68.9	179	24.6	48.4	275	48.5	249
36–47	na	na	0	25.4	65.9	332	51.2	299
48–59	na	na	0	20.2	56.2	277	47.9	250
<b>Sex</b>								
Male	88.8	68.2	314	27.7	50.0	694	51.6	625
Female	88.1	64.9	314	21.8	47.9	677	48.5	613
<b>Breastfeeding status</b>								
Breastfeeding	86.1	62.4	341	28.6	32.0	358	49.9	320
Not breastfeeding	91.3	71.1	276	24.0	56.0	904	51.7	828
<b>Residence</b>								
Urban	86.2	67.3	173	24.6	49.0	369	72.3	352
Rural	89.3	66.2	455	24.9	48.9	1,001	41.2	886
..Rural 1	89.2	67.2	65	26.6	54.6	139	51.8	126
..Rural 2	89.3	66.0	390	24.6	48.0	862	39.4	760
<b>Mother's education</b>								
No education	93.3	71.0	34	31.6	42.1	86	18.0	72
Primary	85.2	61.5	370	22.7	52.1	806	48.3	729
Secondary	92.1	75.9	193	27.9	44.0	420	58.6	382
More than secondary	98.9	62.6	30	21.3	50.9	59	55.4	55
<b>Mother's age at birth</b>								
15–19	(85.3)	(67.6)	(38)	(34.8)	(34.2)	(51)	(39.0)	47
20–29	89.2	65.7	344	23.4	47.0	734	51.9	654
30–39	89.2	68.1	212	28.0	52.8	495	49.0	454
40–49	79.4	63.2	33	12.8	51.9	91	47.1	83
<b>Wealth quintile</b>								
Lowest	87.6	61.7	144	23.1	50.4	341	38.6	285
Second	89.6	66.0	142	22.5	48.6	300	27.3	260
Middle	89.2	68.3	117	33.8	51.4	249	57.1	236
Fourth	83.8	67.8	132	22.8	45.1	274	60.5	262
Highest	93.6	70.7	92	22.8	49.4	208	74.3	196
<b>Total</b>	<b>88.4</b>	<b>66.5</b>	<b>627</b>	<b>24.8</b>	<b>49.0</b>	<b>1,371</b>	<b>50.0</b>	<b>1,238</b>

Note: Information on vitamin A and iron supplements and deworming medication is based on the mother's recall. na = not applicable

<sup>1</sup> Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A, and red palm oil [if data are collected].

<sup>2</sup> Includes meat (including organ meat).

<sup>3</sup> Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.

<sup>4</sup> Salt containing 15 parts per million of iodine or more. Excludes children in households in which salt was not tested.

Note also: Figures in parentheses are based on 25–49 unweighted cases.

## 11.5. PRESENCE OF IODISED SALT IN HOUSEHOLDS

Table 11.9 shows the percentage of households tested for iodine content and the percentage of households with no salt (among all households), and the percent distribution by level of iodine in salt (parts per million, or ppm) among households with salt tested, by background characteristics.

Some 88% of all households have salt tested for iodine content and 12% have no salt. Among households with salt tested, about half (51%) have salt with adequate levels of iodine, and 17%, have inadequate iodine content. Nearly one-third (32%) of households have salt with no iodine.

Possession of salt with adequate amount of iodine varies with residence and wealth quintile. Households in urban areas (69%) are more likely to have salt with adequate amounts of iodine than those in rural areas (42%). Wealthier households are more likely to have salt with adequate amounts of iodine than poorer households.

**Table 11.9: Presence of iodised salt in household**

*Among all households, the percentage tested for iodine content and the percentage with no salt; and among households with salt tested, the percent distribution by level of iodine in salt (parts per million, or ppm), according to background characteristics, Vanuatu 2013*

Background characteristic	Among all households, the percentage			Among households with tested salt, the percent distribution by iodine content of salt				Number of households
	With salt tested	With no salt	Number of households	None (0 ppm)	Inadequate (<15 ppm)	Adequate (15+ ppm)	Total	
<b>Residence</b>								
Urban	93.9	6.1	656	15.4	15.2	69.4	100.0	616
Rural	85.5	14.5	1,544	39.9	18.2	42.0	100.0	1,320
..Rural 1	88.6	11.4	226	29.8	17.3	52.8	100.0	200
..Rural 2	85.0	15.0	1,317	41.6	18.3	40.0	100.0	1,120
<b>Wealth quintile</b>								
Lowest	80.0	20.0	456	46.0	15.9	38.2	100.0	365
Second	84.8	15.2	476	44.9	20.2	34.9	100.0	404
Middle	88.8	11.2	456	34.7	14.1	51.2	100.0	405
Fourth	92.1	7.9	429	21.5	20.1	58.5	100.0	395
Highest	96.0	4.0	383	12.6	15.8	71.6	100.0	368
<b>Total</b>	<b>88.0</b>	<b>12.0</b>	<b>2,200</b>	<b>32.1</b>	<b>17.2</b>	<b>50.7</b>	<b>100.0</b>	<b>1,936</b>

## 11.6. MATERNAL NUTRITIONAL STATUS

A woman's nutritional status has important implications for her health and the health of her children. Malnutrition in women results in reduced productivity, an increased susceptibility to infections, slow recovery from illness, and heightened risks of adverse pregnancy outcomes. For example, a woman who has poor nutritional status — as indicated by a low body mass index (BMI), short stature, anaemia, or other micronutrient deficiencies — has a greater risk of 1) obstructed labour, 2) having a baby with low birth weight, 3) producing lower-quality breast milk, 4) mortality due to postpartum haemorrhage, and 5) morbidity of both herself and her baby. In the 2013 VDHS, anthropometric measurements of women and men aged 15–49 were taken.

Tables 11.10.1 present the percentage of women aged 15–49 with height under 145 cm, mean BMI, and the percentage with specific BMI levels, by background characteristics. Except for height, comparable information for men is included in Table 11.10.2.

### 11.6.1 Nutritional status of women

Height is associated with socioeconomic status over generations and is useful in identifying women at nutritional risk. Maternal height has also been used to identify women at risk of a difficult delivery because short stature is sometimes correlated to small pelvis size. The risk of low birth weight also appears to be higher for children of short women. The optimal cut-off point varies among populations, but is likely to be in the range of 140–150 cm. For Vanuatu, the cut-off point used is 145 cm. Nearly all women in Vanuatu are within the height range of 145 cm while only 1% is below 145 cm. (Table 11.10.1).

Body mass indices are used to assess thinness or obesity. The commonly used index is the BMI, which is defined as the ratio of weight in kilograms to the square of height in meters. Normal BMI is defined as BMI in the range 18.5–24.9. A BMI of 25.0 and above means either overweight or obese: a BMI of 25.0–29.9 means overweight, and a BMI of 30 or over means obese.

The mean BMI among women who were not pregnant at the time of the survey and with no birth in the preceding two months is 25.8. About half of all women are either overweight (31%) or obese (19%). Less than half (47%) of all women aged 15–49 have a normal BMI, and only 3% are considered thin. In comparison, Table 11.10.2 shows that men of the same age group (15–49) are healthier than women, with a mean BMI of 24.6. About 62% of men have a normal BMI and 36% are either overweight (25%) or obese (11%). However, men aged 50 and over are relatively less healthy than men aged 15–49, with a mean BMI of 26.6. Only 42% of men aged 50 and over have a normal BMI and 56% are either overweight (34%) or obese (22%).

Overweight or obesity is associated with women's age and wealth quintile. Older women are more likely to be overweight or obese than younger women. The percentage of obese women is higher in urban areas than in rural areas. The prevalence of obesity is highest among women in the highest wealth quintile while the prevalence of overweight is highest among women in the second wealth quintile. Similar patterns of overweight or obesity are observed among men with regard to age, residence and wealth quintile.

**Table 11.10.1: Nutritional status of women<sup>1</sup>**

*Among women aged 15–49, the percentage whose height is less than 145 cm, their mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Vanuatu 2013*

Background characteristic	Height		Body mass index								
	Percentage below 145 cm	Number of women	Mean BMI	18.5–24.9 (Total normal)	<18.5 (Total thin)	17.0–18.4 (Mildly thin)	<17 (Moderately and severely thin)	>=25.0 (Total over-weight or obese)	25.0–29.9 (Over-weight)	>=30.0 (Obese)	Number of women
<b>Age</b>											
15–19	2.2	430	22.7	71.6	7.6	5.5	2.0	20.8	16.7	4.0	409
20–29	0.9	771	25.3	54.0	2.0	1.6	0.4	44.0	29.6	14.4	665
30–39	0.3	577	27.1	34.6	2.4	1.3	1.1	63.1	36.1	26.9	528
40–49	0.2	421	27.9	29.2	1.1	1.1	0.0	69.8	39.7	30.0	409
<b>Residence</b>											
Urban	0.6	676	27.0	37.4	3.6	2.5	1.1	59.0	30.5	28.5	619
Rural	0.9	1,523	25.3	51.9	2.8	2.1	0.7	45.3	30.9	14.5	1,393
..Rural 1	0.8	234	26.3	48.3	2.4	2.1	0.3	49.3	28.8	20.5	216
..Rural 2	1.0	1,290	25.1	52.5	2.9	2.1	0.8	44.6	31.2	13.4	1,177
<b>Education</b>											
No education	4.0	121	25.2	50.2	2.9	1.0	1.9	46.9	31.9	15.0	113
Primary	0.7	1,287	25.9	46.2	3.0	2.3	0.7	50.8	31.7	19.1	1,186
Secondary	0.5	677	25.4	51.2	3.4	2.4	1.0	45.5	27.4	18.1	605
More than secondary	0.8	114	27.1	37.8	1.3	1.1	0.2	60.9	38.2	22.6	108
<b>Wealth quintile</b>											
Lowest	0.6	422	24.4	59.9	3.1	2.5	0.6	37.0	27.6	9.4	386
Second	1.8	467	25.1	49.0	3.9	3.1	0.8	47.1	34.0	13.1	425
Middle	0.5	448	25.7	48.6	1.7	0.7	1.1	49.6	33.3	16.3	413
Fourth	0.8	447	26.6	43.5	2.5	1.3	1.2	54.0	29.1	24.9	405
Highest	0.3	415	27.2	36.0	4.0	3.5	0.6	60.0	29.4	30.6	384
<b>Total</b>	<b>0.8</b>	<b>2,199</b>	<b>25.8</b>	<b>47.4</b>	<b>3.0</b>	<b>2.2</b>	<b>0.8</b>	<b>49.5</b>	<b>30.8</b>	<b>18.8</b>	<b>2,012</b>

Note: The body mass index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m<sup>2</sup>).

<sup>1</sup> Excludes pregnant women and women with a birth in the preceding two months.



**Table 11.10.2: Nutritional status of men**

Among men aged 15–49, the mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Vanuatu 2013

Background characteristic	Body mass index								Number of women
	Mean BMI	18.5–24.9 (Total normal)	<18.5 (Total thin)	17.0–18.4 (Mildly thin)	<17 (Moderately and severely thin)	>=25.0 (Total over-weight or obese)	25.0–29.9 (Over-weight)	>=30.0 (Obese)	
<b>Age</b>									
15–19	22.4	83.3	5.1	2.8	2.3	11.6	8.2	3.4	176
20–29	23.7	72.1	1.5	1.5	0.0	26.4	20.9	5.5	294
30–39	25.8	49.7	1.1	1.1	0.0	49.2	32.1	17.2	247
40–49	26.7	39.8	3.1	2.1	1.0	57.1	37.7	19.4	174
<b>Residence</b>									
Urban	26.0	47.4	1.4	1.4	0.0	51.3	31.7	19.6	290
Rural	24.0	68.7	2.9	1.9	1.0	28.4	21.4	6.9	602
..Rural 1	24.5	58.5	4.0	2.9	1.1	37.5	26.6	10.9	94
..Rural 2	23.9	70.6	2.7	1.8	0.9	26.7	20.5	6.2	507
<b>Education</b>									
No education	(24.3)	(65.0)	(0.0)	(0.0)	(0.0)	(35.0)	(25.1)	(9.9)	43
Primary	24.5	63.9	2.8	1.9	0.8	33.4	23.5	9.8	507
Secondary	24.7	58.8	2.7	2.1	0.5	38.5	27.5	11.0	276
More than secondary	25.7	57.1	0.0	0.0	0.0	42.9	22.8	20.2	65
<b>Wealth quintile</b>									
Lowest	23.4	80.7	2.2	2.2	0.0	17.1	15.2	1.9	142
Second	23.6	70.6	1.8	0.5	1.3	27.6	20.5	7.1	184
Middle	24.0	65.1	4.3	3.3	1.0	30.6	22.8	7.9	198
Fourth	25.6	51.5	2.1	1.4	0.8	46.3	31.3	15.0	197
Highest	26.3	44.3	1.3	1.3	0.0	54.3	32.2	22.1	170
<b>Total men aged 15–49</b>									
	24.6	61.8	2.4	1.8	0.6	35.8	24.8	11.1	892
<b>Total men aged 50+</b>									
	26.6	41.8	2.1	2.1	0.0	56.2	33.9	22.3	236
<b>Total men aged 15+</b>									
	25.0	57.6	2.3	1.8	0.5	40.1	26.7	13.4	1,128

Note: The body mass index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m<sup>2</sup>). Figures in parentheses are based on 25–49 unweighted cases.

### 11.6.2 Mother's food consumption patterns

Table 11.11 presents the types of foods consumed by mothers in the 24 hours preceding the survey. Overall, the most common food consumed by mothers were vitamin A-rich foods (90%), followed by root crops, grains, and high-protein foods (including meat, fish, shellfish, poultry and eggs, all combined 76%). About 53% of all mothers consumed foods made with oil, fat or butter and nearly half (45%) consumed sugary foods in the 24 hours preceding the survey. The most common drinks consumed by mothers was 'other liquids' (77%); 62% drank tea or coffee, and 28% drank milk in the 24 hours preceding the survey.

**Table 11.11: Foods consumed by mothers in the day or night preceding the interview**

Among mothers aged 15–49 with a child under age 3 years living with them, the percentage who consumed specific types of foods in the day or night preceding the interview, by background characteristics, Vanuatu 2013

Background characteristic	Liquids			Solid or semi-solid foods <sup>1</sup>								Foods made with oil, fat or butter	Sugary foods	Number of women
	Milk	Tea/ coffee	Other liquids	Foods made from grains	Foods made from roots or tubers	Foods made from legumes	Meat, fish, shellfish, poultry or eggs	Cheese or yogurt	Vitamin A-rich fruits/ vegetables	Other fruits/ vegetables	Other solid or semi-solid food			
<b>Age</b>														
15–19	40.4	73.4	76.3	88.9	81.8	46.1	74.7	34.8	91.0	63.3	56.0	51.2	51.6	52
20–29	28.5	61.4	77.5	74.2	75.1	40.6	74.9	24.4	89.7	52.2	51.9	52.7	44.3	435
30–39	25.3	58.7	75.4	76.8	76.1	42.7	77.9	25.5	89.2	55.0	53.7	53.6	45.0	244
40–49	(32.1)	(65.3)	(74.2)	(68.7)	(78.1)	(43.2)	(70.1)	(32.9)	(88.0)	(67.7)	(63.6)	(59.5)	(44.1)	38
<b>Residence</b>														
Urban	41.9	69.1	82.6	87.0	65.2	33.8	82.1	25.7	87.7	49.2	52.6	53.3	52.4	215
Rural	23.3	58.6	74.3	71.4	80.2	44.8	73.1	26.0	90.3	56.6	53.7	53.2	42.2	555
..Rural 1	25.6	60.6	79.2	77.4	70.0	31.6	75.7	20.8	87.2	47.6	49.7	49.8	46.5	83
..Rural 2	22.9	58.3	73.4	70.4	82.0	47.2	72.6	26.9	90.8	58.2	54.4	53.8	41.4	472
<b>Education</b>														
No education	(24.1)	(51.6)	(58.2)	(60.8)	(77.6)	(45.1)	(80.6)	(42.4)	(92.5)	(67.7)	(55.7)	(64.5)	(42.8)	46
Primary	21.7	60.2	74.0	72.3	77.7	42.5	70.1	22.1	88.2	52.0	50.6	47.5	40.4	438
Secondary	38.3	64.1	83.1	83.4	75.9	41.4	84.5	29.5	90.7	59.4	58.6	60.9	55.1	248
More than secondary	(49.2)	(72.8)	(88.0)	(84.8)	(53.8)	(31.1)	(74.4)	(25.9)	(95.0)	(36.7)	(48.0)	(55.4)	(34.8)	37
<b>Wealth quintile</b>														
Lowest	17.1	54.7	64.4	63.8	85.8	52.0	71.0	31.1	91.3	65.4	57.8	54.9	41.8	170
Second	22.7	54.9	71.0	66.9	77.7	39.2	67.7	25.7	90.0	55.9	44.2	46.4	42.6	176
Middle	25.5	64.2	84.2	80.7	79.7	41.7	77.1	21.8	92.0	51.8	57.6	55.6	40.7	145
Fourth	30.7	72.0	83.6	89.0	68.7	38.1	81.0	22.8	81.1	45.4	51.6	52.7	43.3	158
Highest	53.5	64.0	83.9	82.3	64.8	35.7	84.7	27.9	94.5	52.8	57.6	58.6	60.5	121
<b>Total</b>	<b>28.5</b>	<b>61.5</b>	<b>76.6</b>	<b>75.8</b>	<b>76.0</b>	<b>41.7</b>	<b>75.6</b>	<b>25.9</b>	<b>89.6</b>	<b>54.6</b>	<b>53.4</b>	<b>53.2</b>	<b>45.0</b>	<b>770</b>

Note: Foods consumed in the last 24-hour period (yesterday and last night).

<sup>1</sup> Includes (list fruits and vegetables included in the questionnaire such as pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A).

Note also: Figures in parentheses are based on 25–49 unweighted cases.

## 11.7. PREVALENCE OF ANAEMIA IN WOMEN

Table 11.12 presents anaemia prevalence among women aged 15–49 based on haemoglobin levels, according to selected background characteristics. The raw measured values of haemoglobin were obtained using the Haemo Cue instrument and adjusted by altitude and smoking status. Overall, 22% of women aged 15–49 are anaemic, with 2% moderately anaemic and 20% mildly anaemic.

Breastfeeding is associated with anaemia. Women who are breastfeeding are more likely to be anaemic (27%) than pregnant women and women who are neither pregnant nor breastfeeding (39%). Anaemia varies by place of residence, and is more prevalent in rural areas (24%) than in urban areas (19%). Anaemia mostly affects older women. There is no clear pattern of anaemia prevalence by education and wealth quintile. The relationship between anaemia and smoking or the use of an intrauterine device (IUD) cannot be established due to the small number of women who smoke and use an IUD.

## 11.8. MICRONUTRIENTS INTAKE OF MOTHERS

Breastfed children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Night blindness is an indicator of severe vitamin A deficiency, to which pregnant women are especially prone. During the 2013 VDHS, women were asked if they had difficulty with their vision during daylight, and if they had suffered from night blindness during their last pregnancy. The percentage of women with adjusted night blindness is the percentage of women who only suffer from vision difficulties at night. This underestimates the occurrence of night blindness in women who also have daytime vision problems. Vitamin A deficiency in pregnant women can cause birth defects.

Anaemia is a key health status indicator for maternal nutrition. It is estimated that 20% of perinatal mortality and 10% of maternal mortality are attributable to iron deficiency anaemia. Anaemia also results in an increased risk of premature delivery and low birth weight. Iron deficiency, a major cause of anaemia, is one of the top 10 risk factors in developing countries for ‘lost years of healthy life’ (WHO 2002). Information on the prevalence of anaemia can be useful for the development of health intervention programmes that are designed to prevent and control anaemia (e.g. iron supplementation and fortification programmes). Women who take iron supplements during pregnancy protect both themselves and their infant.

Table 11.13 presents data on the micronutrient intake of mothers. Overall, 94% of mothers consume vitamin A-rich foods and 76% consume iron-rich foods. Consumption of vitamin A-rich foods does not vary by urban–rural residence. The consumption of iron-rich foods is higher in urban areas than in rural areas. Over 8% of women suffer from night blindness, but 0.5% of women did not report any difficulty with vision during the day. The small number of cases with night blindness does not warrant reliable analysis by background characteristics.

About 8% of women took no iron tablets or syrup during the pregnancy of their last child, while 14% took iron tablets or syrup for less than 60 days. The majority (55%) of women took iron tablets or syrup for more than 90 days during the pregnancy of their last child. Failure to take iron tablets or syrup is more common among older women and those residing in urban areas. Taking iron supplements for at least 90 days is highest among women with less education and women in the lower wealth quintiles. One-quarter (24% percent) of women took deworming medication.

**Table 11.12: Prevalence of anaemia in women***Percentage of women aged 15–49 with anaemia, by background characteristics, Vanuatu 2013*

Background characteristic	Anaemia status by haemoglobin level				Number of women
	Mild anaemia	Moderate anaemia	Severe anaemia	Any anaemia	
<b>Age</b>					
15–19	18.7	2.1	0.0	20.8	427
20–29	19.9	2.0	0.0	21.9	770
30–39	18.7	2.9	0.0	21.6	577
40–49	22.8	3.6	0.1	26.4	426
<b>Number of children ever born</b>					
0	16.5	2.4	0.1	19.0	589
1	25.0	2.0	0.1	27.0	308
2–3	19.5	1.9	0.0	21.4	653
4–5	19.9	3.1	0.0	23.0	446
6+	23.4	4.7	0.0	28.1	203
<b>Maternity status</b>					
Pregnant	18.1	6.7	0.0	24.7	161
Breastfeeding	24.3	2.9	0.0	27.2	454
Neither	18.9	2.0	0.0	20.9	1,586
<b>Using an intrauterine device (IUD)</b>					
Yes	(18.1)	(2.3)	(0.0)	(20.4)	39
No	20.0	2.6	0.0	22.5	2,161
<b>Smoking status</b>					
Smokes cigarettes/tobacco	21.3	3.4	0.2	25.0	137
Does not smoke	19.8	2.5	0.0	22.4	2,061
<b>Residence</b>					
Urban	17.0	2.4	0.0	19.4	675
Rural	21.2	2.6	0.0	23.9	1,524
..Rural 1	17.5	2.7	0.2	20.5	233
..Rural 2	21.9	2.6	0.0	24.5	1,291
<b>Education</b>					
No education	18.3	1.4	0.0	19.6	123
Primary	20.2	2.9	0.0	23.1	1,283
Secondary	20.7	2.4	0.0	23.2	679
More than secondary	14.0	1.0	0.0	15.0	114
<b>Wealth quintile</b>					
Lowest	22.4	1.5	0.0	23.8	421
Second	22.9	2.3	0.0	25.1	465
Middle	16.4	4.2	0.0	20.6	447
Fourth	21.0	3.0	0.0	24.0	449
Highest	16.8	1.7	0.1	18.6	417
<b>Total</b>	<b>19.9</b>	<b>2.5</b>	<b>0.0</b>	<b>22.5</b>	<b>2,200</b>

Note: Prevalence is adjusted for altitude and for smoking status (if known) using formulas in in Centre for Disease Control 1998. Haemoglobin in grams per deciliter (g/dl)  
 Figures in parentheses are based on 25–49 unweighted cases.

**Table 11.13: Micronutrient intake among mothers**

Among women aged 15–49 with a child under age 3 years living with her, the percentage who consumed vitamin A-rich and iron-rich foods in the 24 hours preceding the survey; among women aged 15–49 with a child born in the last five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child; among mothers aged 15–49 who during the pregnancy of the last child born in the five years prior to the survey, the percentage who suffered from night blindness, the percentage who took iron tablets or syrup for specific numbers of days, and the percentage who took deworming medication; and among women aged 15–49 with a child born in the last five years, who live in households that were tested for iodised salt, the percentage who live in households with adequately iodised salt, by background characteristics, Vanuatu 2013

Background characteristic	Among women with a child under three years living with her			Number of days women took iron tablets or syrup during pregnancy of last birth							Among women with a child born in the last five years, who live in households that were tested for iodised salt			
	Consumed Vitamin A-rich foods <sup>1</sup> (%)	Consumed iron-rich foods <sup>2</sup> (%)	Number of women	Night blindness reported <sup>3</sup>	Night blindness adjusted <sup>4</sup>	None	<60	60–89	90+	Do not know/missing	Women who took deworming medication during pregnancy of last birth <sup>5</sup> (%)	Number of women	Living in households with adequately iodised salt <sup>6</sup> (%)	Number of women
<b>Age</b>														
15–19	96.0	74.7	52	2.3	0.0	5.4	4.6	0.0	75.3	14.7	20.7	59	(43.9)	55
20–29	94.7	74.9	435	8.2	0.6	8.6	14.4	1.7	52.9	22.4	23.0	594	53.2	530
30–39	94.0	77.9	244	9.4	0.4	7.7	15.2	0.5	56.8	19.8	26.9	400	50.0	370
40–49	(91.6)	(70.1)	38	11.4	1.0	12.2	9.2	1.7	48.2	28.7	21.8	85	48.0	76
<b>Residence</b>														
Urban	94.7	82.1	215	10.5	1.2	10.8	15.7	0.5	51.2	21.8	19.3	343	72.5	327
Rural	94.3	73.1	555	7.7	0.3	7.3	13.0	1.5	56.8	21.5	26.3	796	41.3	705
..Rural 1	93.2	75.7	83	8.2	0.3	5.2	16.2	1.2	53.1	24.4	26.7	119	53.5	108
..Rural 2	94.5	72.6	472	7.6	0.3	7.7	12.4	1.5	57.4	21.0	26.2	677	39.0	596
<b>Education</b>														
No education	(100.0)	(80.6)	46	(14.7)	(2.6)	(21.6)	(0.5)	(0.5)	(59.5)	(17.9)	(31.9)	67	(19.3)	55
Primary	92.2	70.1	438	8.3	0.3	6.3	12.3	1.2	58.1	22.0	25.9	649	48.4	583
Secondary	96.9	84.5	248	8.9	0.6	9.8	18.2	1.3	49.9	20.8	21.8	364	59.5	338
More than secondary	(96.7)	(74.4)	37	2.5	0.0	7.5	17.6	0.5	49.2	25.3	11.5	59	61.1	55
<b>Wealth quintile</b>														
Lowest	94.1	71.0	170	10.0	0.7	10.3	7.1	3.1	57.0	22.5	26.7	245	36.3	203
Second	94.9	67.7	176	8.4	0.1	9.7	12.3	0.1	60.4	17.6	22.5	252	29.6	219
Middle	94.2	77.1	145	6.5	0.0	3.5	18.1	1.6	53.0	23.8	28.7	210	55.9	199
Fourth	92.9	81.0	158	8.6	1.0	6.8	16.8	0.0	56.3	20.2	26.7	235	61.0	225
Highest	96.5	84.7	121	9.1	0.9	11.5	15.7	1.0	46.9	24.8	15.3	198	75.8	186
<b>Total</b>	<b>94.4</b>	<b>75.6</b>	<b>770</b>	<b>8.5</b>	<b>0.5</b>	<b>8.4</b>	<b>13.8</b>	<b>1.2</b>	<b>55.1</b>	<b>21.6</b>	<b>24.2</b>	<b>1,139</b>	<b>51.2</b>	<b>1,032</b>

<sup>1</sup> Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A, and red palm oil [if data are collected].

<sup>2</sup> Includes meat (and organ meat), fish, poultry and eggs.

<sup>3</sup> In the first two months after delivery.

<sup>4</sup> Women who reported night blindness but did not report difficulty with vision during the day.

<sup>5</sup> Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.

<sup>6</sup> Salt containing 15 ppm of iodine or more. Excludes women in households where salt was not tested.

Note also: Figures in parentheses are based on 25–49 unweighted cases.

### Key findings

- Malaria continues to be a major public health concern in Vanuatu, especially among pregnant women and children under age 5 years. The use of an insecticide-treated mosquito bed net (ITN) is a primary health intervention to reduce malaria transmission in the country.
- The 2013 VDHS shows findings on household possession of bed nets and use, and whether or not the bed nets are insecticide-treated. The results show that more than three-quarters (87%) of all households own at least one bed net, 85% own at least one ever treated bed net while 83% own at least one ITN.
- Among children under age 5 years, 53% were reported to sleep under any net the night before the survey while only 51% used an ITN.
- About 41% of pregnant women slept under an ITN the night before the survey.
- Among children under age five, 13% had fever in the two weeks preceding the survey. Among children with fever, 5% took antimalaria for treatment with only 2% took the drugs the same day or the next day the fever started.
- The results also show that about 3% of children with a fever in the two weeks preceding the survey received a SP/Fansidar drug, about 2% were given chloroquine, while 1% received some other antimalarial drug.

### 12.1. INTRODUCTION

Malaria continues to be a major public health concern in Vanuatu, especially among pregnant women and children under age 5 years. Malaria is a leading cause of morbidity in Vanuatu in both outpatient attendance and inpatient admissions, although confirmed mortality due to malaria has been reduced to zero. Most parts of the country report malaria transmission throughout the year, although it increases during and soon after the rainy season.

Most malaria in humans is caused by two species of parasites that are transmitted by *Anopheles* mosquitoes. The parasite *Plasmodium falciparum* causes the most severe form of malaria, which can lead to death if not properly managed. The most severe cases are typically limited to patients who have an impaired immune system or who have developed little or no immunity to malaria through previous exposure. Children under age 5 years are most at risk. Pregnant women are vulnerable because pregnancy reduces natural immunity and because the infection can cause complications involving the placenta, potentially leading to pregnancy loss, low birth weight, and neonatal mortality.

Malaria continues to pose a high burden in both societal and economic terms in Vanuatu, ranging from school absenteeism to low productivity at workplaces. This affects agricultural production and outputs from other economic sectors.

The Vanuatu Government, through its Ministry of Health and health departments, is committed to controlling and preventing malaria. A considerable amount of the government's limited health budget, with support from international development partners, is allocated to addressing malaria and malaria-related disabilities. The Vanuatu Government, through its Vector-Borne Disease Control Programme, endeavours to control and eventually eliminate malaria through three main strategies:

- testing of all suspected malaria cases by microscopy or rapid diagnostic test kit, and prompt treatment and care for all confirmed malaria cases according to national treatment guidelines;
- maintaining universal coverage with ITNs for the whole population and accelerating reduction in malaria transmission in selected areas by IRS; and
- once a province has entered the 'elimination' phase, investigating and managing all malaria cases to identify, investigate and manage the outbreak.

The ability to confirm a diagnosis of malaria has been improved in Vanuatu by rapid diagnostic test kits (RDTs) that are available at nearly every (98%) health facility. Diagnostic services at hospitals include malaria microscopy to determine the severity of infection. Artemisinin-based combination therapy (ACT) is

the standard treatment for malaria under the national guidelines. ACT combines artemisinin, currently the most effective antimalarial drug in the world, with a second antimalarial agent to help prevent drug resistance in the malaria parasite.

The 2013 VDHS collected basic information on malaria, which is summarised and presented in the following sections.

## **12.2. MOSQUITO BED NETS**

The use of an ITN is a primary health intervention to reduce malaria transmission in Vanuatu. The mosquito (vector) responsible for malaria transmission primarily feeds at night and, therefore, bed nets provide a protective physical barrier, reducing the number of bites. The widespread use of ITNs reduces mosquito bites and biting intensities. Older-style bed nets needed to be regularly ‘redipped’ in insecticide but since 2004, long-lasting ITNs (which do not require redipping) have been used in Vanuatu.

This section presents the 2013 VDHS findings on household possession and use of mosquito bed nets. The 2009 National Population and Housing Census included questions on household possession of bed nets; the findings show that the majority of all households in Vanuatu had a bed net (76%), and that more households in rural areas had bed nets (88%) than households in urban areas (38%).

### **12.2.1 Ownership of mosquito bed-nets**

All households at the time of the 2013 VDHS were asked whether they owned a mosquito net, and if so how many. Table 12.1 shows household ownership of nets by the degree of protection offered by the net and by selected background characteristics of respondents. Table 12.1 shows that 87% of all households own at least one mosquito net with 93% are in the rural and 70% are urban households. Ownership of at least one ever treated mosquito net is accounted for 85%. About 83% of all households in Vanuatu own at least one ITN; 90% of households in rural areas own at least one ITN while only 66% of households in urban areas own at least one ITN. Although they typically have limited access to health services, households in Rural 2 have higher ownership of at least one ITN (92%) compared with Rural 1 (81%).

Ownership of any mosquito net declines with the increasing of household wealth quintiles. Households in the second lowest quintile are the most likely to own a mosquito net with almost all households in this category own at least one mosquito net. Furthermore, more than 90% of households in the lowest and second lowest quintiles own at least one ever treated and one ITN as opposed to about more than 60% of households with mosquito net in the highest quintile. This indicates that the Vanuatu Government’s Vector-Borne Disease Control Programme strategy to routinely redistribute ITNs to every household, even in the most remote areas, is having an impact. It also demonstrates the value placed on ITN ownership by households in remote areas.

The ability of bed nets to repel mosquitoes is increased through the use of insecticides. Since 2004, Vector-Borne Disease Control Programme policy has been to provide access to long-lasting ITNs that remain effective without retreating. Distribution of the older-style bed nets, which require annual retreating, has ceased. The most effective protection is provided by ITNs and by older-style bed nets that have been retreated with insecticide in the last 12 months. Moderate effectiveness is provided by an older-style bed net that was once treated but has not been retreated with insecticide within the last 12 months. The least effective protection is provided by a bed net that has never been treated with insecticide. ITNs have been available at no cost to households for almost 10 years and so responses in the 2013 VDHS about ‘never treated’ bed-nets may be confounded by public misunderstanding about ITNs. Table 12.1 also shows ownership of ever-treated nets separately. Slightly more households own at least one ever-treated net (85%) as compared with those owning at least one ITN (83%). This indicates that some households do not re-treat their nets as often as recommended. The percentage of households that reported having at least one ever-treated net is higher than the percentage of households that own an ITN across the six provinces.

**Table 12.1: Ownership of mosquito nets**

Percentage of households with at least one and more than one mosquito net (treated or untreated), ever treated mosquito net and Insecticide Treated Net (ITN), and the average number of nets per household, by background characteristics, Vanuatu 2013

Background Characteristic	Any type of mosquito net			Ever treated mosquito net <sup>1</sup>			Insecticide treated mosquito nets <sup>2</sup> (ITNs)			
	At least one (%)	More than one	Average number of nets per household	At least one (%)	More than one (%)	Average number of ever treated nets per household	At least one (%)	More than one (%)	Average number of ITNs per household	Number of households
<b>Residence</b>										
Urban	70.4	60.3	2.1	68.4	57.8	2.0	65.8	55.9	1.9	656
Rural	93.4	85.2	3.1	91.9	83.9	3.0	90.3	82.5	3.0	1,544
..Rural 1	85.7	76.3	2.8	84.1	75.3	2.8	81.2	72.4	2.7	226
..Rural 2	94.7	86.7	3.1	93.3	85.4	3.0	91.9	84.3	3.0	1,317
<b>Wealth quintile</b>										
Lowest	93.8	86.1	2.9	93.7	85.7	2.9	93.4	85.3	2.9	456
Second	95.8	84.9	3.0	93.2	83.0	3.0	91.2	81.7	2.9	476
Middle	91.2	83.6	3.1	89.3	81.7	3.0	87.3	79.9	2.9	456
Fourth	81.7	71.8	2.6	80.0	70.0	2.5	78.0	68.5	2.4	429
Highest	66.0	58.6	2.1	64.4	56.5	2.0	61.0	53.4	1.9	383
<b>Total</b>	<b>86.5</b>	<b>77.7</b>	<b>2.8</b>	<b>84.9</b>	<b>76.1</b>	<b>2.7</b>	<b>83.0</b>	<b>74.6</b>	<b>2.7</b>	<b>2,200</b>

<sup>1</sup> An ever-treated net is 1) a pretreated net or a non-pretreated which has subsequently been soaked with insecticide at any time.

<sup>2</sup> An insecticide treated net (ITN) is (1) a factory treated net that does not require any further treatment or (2) a pretreated net obtained within the past 12 months or (3) a net that has been soaked with insecticide within the past 12 months.



### 12.2.2 Use of mosquito bed nets

Malaria is endemic to all six provinces of Vanuatu. Because the prevalence of malaria-carrying mosquitoes varies seasonally, with a peak during and immediately following periods of rain, use of mosquito bed nets tends to follow a similar seasonal pattern.

The 2013 VDHS asked about the use of mosquito bed nets by household members during the night before the survey. The Vanuatu National Health Policy recognises that children under age 5 years and pregnant women are high-risk groups that should always sleep under ITNs.

Table 12.2 shows the percentage of children under age of 5 years who slept under a mosquito net on the night before the survey by background characteristics. Just over one half of children under the age of 5 years (53%) slept under a mosquito bed net the night before the survey, and 52% slept under an ITN. There is little difference in the use of bed nets associated with the age of the child, and there is no gender preference between male and female children under age 5 years pertaining to net use.

**Table 12.2: Use of mosquito bed nets by children**

*Percentage of children under age 5 years who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide-treated net (ITN) the night before the survey, by background characteristics, Vanuatu 2013*

Background characteristic	Slept under any net last night (%)	Slept under an ever treated net last night <sup>1</sup> (%)	Slept under an ITN last night <sup>2</sup> (%)	Number of children
<b>Age in years</b>				
<1	55.2	54.7	53.7	339
1	48.1	47.6	47.1	320
2	51.0	50.6	49.0	291
3	53.7	52.8	51.9	351
4	54.1	53.6	53.2	301
<b>Sex</b>				
Male	50.6	50.3	49.3	827
Female	54.5	53.7	52.8	775
<b>Residence</b>				
Urban	28.8	27.4	25.6	452
Rural	61.8	61.5	61.0	1,149
..Rural 1	57.3	56.4	53.9	166
..Rural 2	62.6	62.4	62.2	984
<b>Wealth quintile</b>				
Lowest	68.4	68.4	67.9	373
Second	63.1	62.5	62.3	343
Middle	57.7	56.5	56.0	307
Fourth	44.8	43.9	42.4	316
Highest	19.4	19.0	17.1	263
<b>Total</b>	<b>52.5</b>	<b>51.9</b>	<b>51.0</b>	<b>1,601</b>

<sup>1</sup> An ever-treated net is a pretreated net or a non-pretreated net that has subsequently been soaked with insecticide at any time.

<sup>2</sup> An ITN is a factory-treated bed net that does not require any further treatment, or is a pretreated bed net obtained within the 12 months prior to the survey, or is a net that had been soaked with insecticide within the 12 months preceding the survey.

The rate of bed-net use among children aged less than 5 years is much higher in rural households (62%) than in urban households (29%), and the percentage of those children who slept under an ITN the night of the survey was 51%. The percentage of children under age 5 years who slept under an ITN in Rural 2 areas was 62% compared with only 54% in Rural 1 areas.

There is very little use of mosquito bed net among children living in highest wealth quintile households. In the lowest wealth quintile households, 68% of children aged less than 5 years slept under an ITN, whereas only 17% of children slept under an ITN in the highest wealth quintile households. These findings demonstrate the effectiveness of distributing ITNs to remote rural areas and the value placed on ITN ownership by households in remote areas (although the level of use is below the target percentage).

Table 12.3, which shows the percentage of all women age 15-49 and pregnant women age 15-49 who slept under a mosquito net on the night before the survey. The results indicates that pregnant women are no more likely to sleep under a bed net than other women of childbearing age. Among women aged 15-49, 46% slept under any bed net the night before the survey whereas only 42% of pregnant women slept under any bed net

the night before the survey. Note that the number of cases is small and, therefore, this observation may not be representative.

**Table 12.3: Use of mosquito bed nets by pregnant women**

*Percentage of all women aged 15–49 and pregnant women aged 15–49 who slept under a mosquito bed net (treated or untreated), an ever-treated mosquito net, and an insecticide-treated net (ITN) the night before the survey, by background characteristics, Vanuatu 2013*

Background characteristic	Percentage of all women aged 15–49 who:			Number of women	Percentage of pregnant women aged 15–49 who:			Number of women
	Slept under any net last night	Slept under an ever treated <sup>1</sup> net last night	Slept under an ITN <sup>2</sup> last night		Slept under any net last night	Slept under an ever treated <sup>1</sup> net last night	Slept under an ITN <sup>2</sup> last night	
<b>Residence</b>								
Urban	20.8	20.0	19.1	948	30.7	27.5	27.5	62
Rural	61.1	60.7	59.4	1,631	48.1	47.9	47.4	117
..Rural 1	46.7	46.0	44.1	265	43.3	41.7	38.3	17
..Rural 2	63.9	63.5	62.4	1,366	49.0	49.0	49.0	100
<b>Education</b>								
No education	58.4	58.4	58.4	113	52.0	52.0	52.0	11
Primary	53.3	52.6	51.5	1,428	48.3	47.2	46.5	90
Secondary	37.2	36.6	35.4	901	33.0	31.2	31.2	70
More than secondary	23.0	23.0	22.2	137	39.3	39.3	39.3	9
<b>Wealth quintile</b>								
Lowest	66.5	66.5	66.1	453	54.1	54.1	54.1	30
Second	66.7	65.6	64.4	478	48.6	48.6	48.6	38
Middle	58.1	57.5	55.9	500	42.3	41.4	39.5	30
Fourth	38.7	37.8	36.2	534	44.2	41.7	41.7	41
Highest	12.5	12.1	11.5	614	24.3	21.7	21.7	40
<b>Total</b>	<b>46.3</b>	<b>45.7</b>	<b>44.6</b>	<b>2,579</b>	<b>42.1</b>	<b>40.8</b>	<b>40.5</b>	<b>180</b>

<sup>1</sup> An ever-treated net is a pretreated net or a non-pretreated net that has subsequently been soaked with insecticide at any time.

<sup>2</sup> An ITN is a factory-treated net that does not require any further treatment, or is a pretreated net obtained within the 12 months preceding the survey, or is a net that had been soaked with insecticide within the 12 months preceding the survey.

The use of any mosquito bed net (treated or un-treated net) is less common among women in the urban area, with higher education background and women in the highest wealth quintile. The same pattern also applies to pregnant women with the use of any mosquito bed net.

### 12.3. TREATMENT OF CHILDREN WITH FEVER

Because fever is the major manifestation of malaria, mothers were asked whether their children under age 5 years had had an episode of fever in the two weeks preceding the survey. If a fever was reported, the mother was asked whether treatment was sought, and if so, what medication the child was given, if any.

Table 12.4 shows the percentage of children under age 5 years who had an episode of fever in the two weeks preceding the survey, the percentage who received antimalarial drugs among those sick with fever, and the percentage who received treatment soon after the onset of illness, by selected background characteristics.

Only 13% of children under age 5 years had a fever in the two weeks preceding the survey. Among those sick with fever, 5% received antimalarial drugs, while only 2% received drugs the same day or the day after the fever started.

**Table 12.4: Prevalence and prompt treatment of fever**

Percentage of children under age 5 years with fever in the two weeks preceding the survey, and among children with fever, the percentage who took antimalarial drugs and the percentage who took the drugs the same or next day following the onset of fever, by background characteristics, Vanuatu 2013

Background characteristic	Among children under age five:		Among children under age five with fever:		
	With fever in the two weeks preceding the survey (%)	Number of children	Took antimalarial drugs (%)	Took antimalarial drugs same or next day (%)	Number of children
<b>Age (in months)</b>					
<12	12.9	330	0.0	0.0	42
12–23	18.7	303	5.4	0.0	57
24–35	10.0	275	13.8	6.4	27
36–47	11.5	332	6.0	3.0	38
48–59	12.0	277	3.1	0.5	33
<b>Residence</b>					
Urban	15.0	414	5.8	1.4	62
Rural	12.3	1,103	4.8	1.6	136
..Rural 1	13.0	157	3.7	2.4	20
..Rural 2	12.2	946	5.0	1.5	115
<b>Mother's education</b>					
No education	9.2	99	0.0	0.0	9
Primary	12.5	876	7.4	1.8	110
Secondary	14.0	477	3.0	1.7	67
More than secondary	18.8	66	0.0	0.0	12
<b>Wealth quintile</b>					
Lowest	11.0	367	10.1	0.0	40
Second	12.6	335	4.5	4.5	42
Middle	13.4	277	3.0	2.3	37
Fourth	13.9	301	4.8	0.7	42
Highest	15.3	237	2.8	0.0	36
<b>Total</b>	<b>13.0</b>	<b>1,517</b>	<b>5.1</b>	<b>1.6</b>	<b>198</b>

The proportion of children under age 5 years living in urban areas who had an episode of fever in the two weeks preceding the survey is higher than those for rural areas. However, children living in urban areas are less likely to receive antimalarial drugs for fever than those living in rural areas. Under current National Treatment Guidelines, medication for malaria is not normally provided unless a diagnosis of malaria is confirmed by RDT or microscopy. Before RDT technology became available, malaria treatment was commenced on a presumptive basis for any fever in a child.

#### 12.4. TYPE AND TIMING OF ANTIMALARIAL DRUGS

Table 12.5 shows some of the different antimalarial drugs that were given to children under age 5 years with fever in the two weeks preceding the survey. The main antimalarial under the current National Treatment Guidelines is artemisinin-based combination therapy (ACT). The older antimalarials — SP (sulphadoxine/pyrimethamine)/Fansidar, oral quinine and chloroquine, are no longer given in health facilities because of emerging resistance by the malaria parasite. Chloroquine is used for malaria prevention in pregnant women. Therefore, Table 12.5 potentially represents self-medication by families using older antimalarial drugs that have been stockpiled in the home, or public misunderstanding of the frontline antimalarial ACT. The fact that relatively few children with fever were treated for malaria (6.8% overall) suggests that the new treatment guidelines are being observed and that antimalarial drugs are generally being used only after a confirmed diagnosis of malaria.

**Table 12.5: Type and timing of antimalarial drugs**

Among children under age 5 years with fever in the two weeks preceding the survey, the percentage who took specific antimalarial drugs and the percentage who took each type of drug the same or next day after developing the fever, by background characteristics, Vanuatu 2013

Background characteristic	Percentage of children who took a drug:				Percentage of children who took a drug the same or next day:			Number of children with fever
	SP/ Fansidar	Chloroquine	Quinine	Other anti-malarial	Chloroquine	Quinine	Other anti-malarial	
<b>Age (in months)</b>								
<12	0.0	0.0	0.0	0.0	0.0	0.0	0.0	42
12–23	5.4	0.0	0.0	0.0	0.0	0.0	0.0	57
24–35	7.4	6.4	0.0	0.0	6.4	0.0	0.0	27
36–47	2.2	2.9	0.0	0.8	2.2	0.0	0.8	38
48–59	0.0	0.0	0.5	2.6	0.0	0.5	0.0	33
<b>Residence</b>								
Urban	3.0	1.4	0.0	1.4	1.4	0.0	0.0	62
Rural	3.0	1.5	0.1	0.2	1.3	0.1	0.2	136
..Rural 1	0.0	1.3	0.9	1.5	0.0	0.9	1.5	20
..Rural 2	3.5	1.5	0.0	0.0	1.5	0.0	0.0	115
<b>Mother's education</b>								
No education	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9
Primary	5.4	1.8	0.2	0.0	1.6	0.2	0.0	110
Secondary	0.0	1.3	0.0	1.7	1.3	0.0	0.5	67
More than secondary	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12
<b>Wealth quintile</b>								
Lowest	10.1	0.0	0.0	0.0	0.0	0.0	0.0	40
Second	0.0	4.1	0.4	0.0	4.1	0.4	0.0	42
Middle	0.0	3.0	0.0	0.0	2.3	0.0	0.0	37
Fourth	2.0	0.0	0.0	2.8	0.0	0.0	0.7	42
Highest	2.8	0.0	0.0	0.0	0.0	0.0	0.0	36
<b>Total</b>	<b>3.0</b>	<b>1.5</b>	<b>0.1</b>	<b>0.6</b>	<b>1.3</b>	<b>0.1</b>	<b>0.2</b>	<b>198</b>

## 12.5. AVAILABILITY AT HOME OF ANTIMALARIAL DRUGS TAKEN BY CHILDREN WITH FEVER

Table 12.6 shows the self-treatment of fever in children at home using older, stockpiled antimalarial drugs. As previously explained, diagnostic technology for malaria is now widely available through Vanuatu, and the presumptive treatment of malaria is discouraged. Table 12.6 shows that SP/Fansidar is the main antimalarial drug available at home (68% of self-treated cases), followed by chloroquine (61%) and any antimalarial drugs (60%). Note that absolute numbers are small and that data should be interpreted with caution.

**Table 12.6: Availability at home of antimalarial drugs taken by children with fever**

Among children under age 5 years who had fever in the two weeks preceding the survey and who took specific antimalarial drugs, the percentage for whom the drug was at home when the child became ill with fever, Vanuatu 2013

Drug	Percentage for whom the drug was at home when child became ill with fever	Number of children who took the specific antimalarial drug
SP/ Fansidar	68.4	6
Chloroquine	60.6	3
Quinine	0.0	0
Other antimalarial	26.2	1
Any antimalarial drugs	60.2	10

## 12.6. INDOOR RESIDUAL SPRAYING AGAINST MOSQUITOES

Indoor residual spraying (IRS) is the process of spraying the inside of dwellings with an insecticide to kill or repel mosquitoes that spread malaria. In Vanuatu, ITNs are the main means of controlling contact between people and mosquitoes, and IRS is used selectively in areas where the malaria risk is high. Table 12.7 shows

the households that underwent IRS, the households with at least one ITN (or underwent IRS), and the households with about two people per ITN (or underwent IRS in the 12 months) preceding the survey by background characteristics. The figures indicate that the percentage of households that underwent spraying is only 13%, while the percentage of households with two people per ITN (or underwent IRS) is 16%, but the percentage rose to 85% for households with at least one ITN (or underwent IRS). A higher percentage of rural households have at least one ITN (92%) or underwent IRS than urban households (69%). Figures also show that 94% of the lowest wealth quintile households had at least one ITN (or underwent IRS) whereas 66% of households in the highest wealth quintile had at least one ITN.

**Table 12.7: Indoor residual spraying against mosquitoes**

*Percentage of households in which someone has come into the dwelling to spray the interior walls against mosquitoes (IRS) in the 12 months preceding the survey, the percentage of households with at least one ITN and/or had IRS in the 12 months preceding the survey, and the percentage of households with at least one ITN for every two people and/or IRS in the 12 months preceding the survey, by background characteristics, Vanuatu 2013*

Background characteristic	Households that underwent IRS	Households with at least one ITN or underwent IRS	Households with about two people per ITN or underwent IRS	Total
<b>Residence</b>				
Urban	13.3	69.2	14.4	656
Rural	12.4	91.9	16.4	1,544
..Rural 1	11.0	84.4	14.8	226
..Rural 2	12.6	93.2	16.6	1,317
<b>Wealth quintile</b>				
Lowest	11.5	93.8	15.2	456
Second	10.7	93.0	14.7	476
Middle	14.1	89.7	17.8	456
Fourth	13.0	79.3	16.0	429
Highest	14.4	66.1	15.1	383
<b>Total</b>	<b>12.7</b>	<b>85.1</b>	<b>15.8</b>	<b>2,200</b>

## 12.7. ACCESS TO AN INSECTICIDE-TREATED NET

Table 12.8 shows the relationship between the number of ITNs owned by a household and the number of people staying in that household the night before the survey. About 20% of households with five people had no ITNs, and 19% of households with only people had only one ITN. Households with eight or more people had a disproportionately large number of ITNs (61% had seven ITNs).

**Table 12.8: Access to an insecticide-treated net**

*Percent distribution of the de facto household population by number of insecticide-treated nets (ITNs) the household owns, according to the number of people who stayed in the household the night before the survey, Vanuatu 2013*

Number of people staying overnight in the household	1	2	3	4	5	6	7	8+	Total
<b>Number of ITNs</b>									
0	1.3	5.5	10.3	10.0	19.7	13.3	8.8	31.1	1,812
1	10.9	11.9	18.6	15.6	13.7	5.4	13.5	10.3	551
2	1.3	10.8	14.6	26.2	17.1	9.2	4.5	16.4	1,447
3	0.7	2.4	9.7	17.3	17.2	15.8	11.9	25.1	3,909
4	0.4	1.8	5.1	16.8	24.0	26.3	9.6	16.0	838
5	0.0	1.7	3.4	2.0	23.3	25.9	13.6	30.0	858
6	0.1	0.9	1.8	4.2	6.3	25.9	22.0	38.7	933
7	0.0	0.0	2.5	0.5	4.3	8.2	23.7	60.9	446
<b>Total</b>	<b>1.2</b>	<b>4.2</b>	<b>9.1</b>	<b>14.1</b>	<b>16.9</b>	<b>16.1</b>	<b>11.8</b>	<b>26.5</b>	<b>10,794</b>

## 12.8. USE OF MOSQUITO BED NETS

Table 12.9 shows that household members who slept under any bed net the night before the survey is marginally higher (46%) than those having slept under an ever-treated net (45%) and those who slept under an ITN (44%). The ITN is the main type of bed net currently distributed throughout Vanuatu. Only about 14% of people slept in a dwelling that had been sprayed in the 12 months preceding the survey, which is consistent with the fact that IRS is not universal. The proportion of household members who slept under an

ITN was higher in rural areas (57%) than in urban areas (18%). For Rural 2 populations, the number of household members who slept under an ITN rose to 59%. About 63% of household members in the lowest wealth quintile households slept under an ITN.

**Table 12.9: Use of mosquito bed nets**

*Percentage of the de facto household population that slept under any mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide-treated net (ITN) the night before the survey, by background characteristics, Vanuatu 2013*

Background characteristic	Percentage of household population that:				Total Number
	Slept under any net last night	Slept under an ever-treated net the night before the survey	Slept under an ITN the night before the survey	Slept in dwelling sprayed within 12 months of the survey	
<b>Residence</b>					
Urban	20.0	19.3	18.4	15.2	3,479
Rural	58.2	57.7	56.6	13.7	7,315
..Rural 1	46.3	45.4	43.5	12.5	1,135
..Rural 2	60.4	60.0	59.0	14.0	6,181
<b>Education</b>					
No education	52.2	52.0	52.0	13.0	548
Primary	52.6	52.1	51.2	13.6	6,088
Secondary	37.0	36.2	34.7	15.3	3,638
More than secondary	23.1	22.5	22.0	14.5	521
<b>Wealth quintile</b>					
Lowest	63.2	63.2	62.8	12.0	2,133
Second	62.6	61.5	60.2	12.2	2,157
Middle	55.4	54.5	52.8	15.6	2,173
Fourth	36.5	35.9	34.6	15.3	2,165
Highest	12.1	11.9	11.2	15.9	2,166
<b>Total</b>	<b>45.9</b>	<b>45.3</b>	<b>44.3</b>	<b>14.2</b>	<b>10,794</b>

## CHAPTER 13 HIV AND AIDS-RELATED KNOWLEDGE, ATTITUDES AND BEHAVIOUR

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### Key findings

- Most people (91% of females, 92% of males) aged 15–49 in Vanuatu have heard of AIDS.
- Overall, a similar percentage of men (22%) and women (21%) had a comprehensive knowledge about HIV.
- Overall, acceptance of people living with HIV was very low; just 10% of women and 19% of men aged 15–49 expressed overall tolerance and acceptance of people with HIV.
- A slightly higher percentage of women and men believe that young women should wait to have sexual intercourse until marriage (95% of women, 90% of men) compared with young men waiting until marriage (88% of women, 86% of men).
- Among adults aged 15–49, men had a greater number of sexual partners during their lifetime (mean number 5.0) than women (mean number 2.1). More men than women also had two or more partners during the 12 months preceding the survey (7% men, 2% women).
- Among males aged 15–49, about 3% had indicated they had paid for sex. Rates were slightly higher for never-married males (4%) compared with married males (3%) and for males living in urban areas (4%) compared with those living in rural areas (3%).
- A very small proportion of adolescents aged 15–24 had sexual intercourse before age 15 (6% of women, 7% of men). However by age 18, this increased dramatically to 41% of women and 53% of men.
- Condom usage at first sex was as high as 45% in urban areas for both men and women, but fell to 31% for women and 36% of men in Rural 2 areas.
- Among youths aged 15–24 who had sexual intercourse in the 12 months preceding the survey, about twice as many men (72%) had higher-risk sexual intercourse than women (37%).

### 13.1. INTRODUCTION

Acquired immune deficiency syndrome (AIDS) was first recognised internationally in 1981. AIDS is caused by the human immunodeficiency virus (HIV), which compromises the body's immune system; if untreated, it places people at greater risk from infections, some cancers and ultimately death. The first case of HIV in Vanuatu was diagnosed in 2002. At the end of 2013, nine people had been diagnosed with HIV. Of those, it is known that three have died, and six remain living in Vanuatu. Of those six, four are receiving antiretroviral therapy (ART), and two are eligible, but have never been followed up, and there are plans to put them back on antiretroviral drugs (ART) and counseling. The key mode of transmission in Vanuatu is through sexual intercourse.

The response to HIV in Vanuatu has been guided by the Vanuatu National Strategic Plan for HIV and sexually transmitted infections (STIs), 2008–2012. The new National Strategic Plan is for the five-year period 2014–2018. The Plan has five focus areas:

1. Reduce the transmission of HIV and STIs
2. Sustain health and wellbeing for people living with HIV and people with hepatitis B
3. Create an enabling environment
4. Strengthen governance and management
5. Build and use evidence to inform the HIV and STI response.

The goal of the Vanuatu strategic framework in HIV/STIs is to:

‘Halt the spread of HIV and STIs and improve the quality of life of People Living with and affected by HIV’

The strategic framework of Vanuatu was built around three Impact Results, one of which is cross cutting:

1. Impact Result 1: Reduce the prevalence of HIV and STIs
2. Impact Result 2: Reduce the morbidity and mortality from AIDS

### 3. Impact Cross-Cutting Result 3: Improve the efficiency and effectiveness of the Programme Management

Funding sources for the HIV response in Vanuatu are the Global Fund to Fight AIDS, TB and Malaria, and the Pacific Response Fund.

Vanuatu's Ministry of Health takes the lead role in responding to HIV and other STIs, with support from numerous organisations and government partners. Given the low prevalence of HIV and STIs in Vanuatu, the main focus of the response has been on the prevention of sexual transmission. Statistics show, however, that the rate of STIs in Vanuatu is increasing. Initiatives include youth prevention programmes, peer education, condom campaigns, voluntary counselling and testing, and school-based family life education. Male and female condoms are both available free-of-charge in hospitals throughout Vanuatu and are being distributed through outreach programmes. However, past studies have shown that condom usage remains low.

In Vanuatu, anti-retroviral therapy is offered free of charge to people diagnosed and living with HIV (PLHIV), together with other treatments for opportunistic infections. Treatment reduces the HIV viral load and, thus, the infectivity of infected people. Testing for HIV is offered in all hospitals and at 17 Voluntary Counseling and Confidential *Testing* sites throughout the country.

## **13.2. KNOWLEDGE OF HIV/AIDS, TRANSMISSION, AND PREVENTION METHODS**

### **13.2.1 Awareness of HIV/AIDS**

Overall, most people (91% of females, 92% of males) aged 15–49 in Vanuatu have heard of AIDS (Table 13.1). Awareness reached 96% in urban areas for both men and women. Young men and women aged 15–19 were the least likely to have heard of AIDS as were older women aged 40–49. Men and women who had never been married and never had sex were also less likely to have heard of AIDS. These two characteristics are likely related as young people are often not yet married and have not yet had sex, and thus these two groups are both less likely to have heard of AIDS. They would be aware if there was more awareness raising on the subject.

Additionally, men and women living in Rural 2 areas with no education or just a primary education, and living in the lowest or second-to-the-lowest wealth quintile were less likely to have heard of AIDS. All of these factors are closely related, but having no education has resulted in the lowest level of awareness. Less than three-quarters of those with no education had heard of AIDS. Women in the lowest wealth quintile were comparatively disadvantaged; only 88% of these women had heard of AIDS compared with 88% of men (also in the lowest wealth quintile).



**Table 13.1: Knowledge of AIDS***Percentage of women and men aged 15–49 who have heard of AIDS, by background characteristics, Vanuatu 2013*

Background characteristic	Women		Men	
	Has heard of AIDS	Number of respondents	Has heard of AIDS	Number of respondents
<b>Age</b>				
15–24	88.7	987	88.4	416
..15–19	84.6	508	86.0	217
..20–24	93.1	479	91.1	199
25–29	93.7	404	93.6	154
30–39	93.3	647	95.0	290
40–49	88.6	469	96.0	207
<b>Marital status</b>				
Never married	87.3	719	89.5	412
..Ever had sex	91.8	338	92.8	275
..Never had sex	83.2	381	82.6	137
Married/Living together	91.9	1,714	94.6	637
Divorced/Separated/Widowed	96.3	75	*	19
<b>Residence</b>				
Urban	96.4	867	95.8	388
Rural	87.6	1,641	90.5	680
..Rural 1	94.7	272	93.1	121
..Rural 2	86.2	1,369	90.0	559
<b>Education</b>				
No education	72.0	128	(72.2)	51
Primary	87.6	1,417	90.2	599
Secondary	97.3	818	98.5	337
More than secondary	100.0	144	96.3	80
<b>Wealth quintile</b>				
Lowest	79.7	441	87.7	161
Second	86.9	496	85.5	201
Middle	90.7	503	91.9	232
Fourth	96.8	519	96.9	248
Highest	97.2	549	97.6	226
<b>Total aged 15–49</b>	<b>90.7</b>	<b>2,508</b>	<b>92.4</b>	<b>1,068</b>
50+	na	0	89.0	265
Total men aged 15+	na	0	91.7	1,333

na = not applicable

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 13.2.2 Knowledge of HIV prevention methods

Knowledge about how to prevent HIV infection (which causes AIDS) was less widespread than knowledge of AIDS. Table 13.2 illustrates the levels of knowledge of various prevention strategies.

- Using condoms: 63% of women and 72% of men knew this was protective.
- Being faithful and limiting intercourse to one, uninfected partner: 72% of women and 82% of men were aware this was protective.
- Using condoms **and** limiting intercourse to one, uninfected partner: 60% of women and 69% of men correctly provided this answer;
- Abstaining from sex: 57% of women and 71% of men correctly answered that this was protective.

In general, men were more knowledgeable than women for all HIV prevention methods; this was true across all age groups, marital statuses and wealth quintiles. However, while males living in urban and Rural 2 areas were more knowledgeable than women, it appears that women living in Rural 1 areas were more knowledgeable than men for all preventative methods except abstaining from sexual intercourse.

It is worrisome that just slightly more than half (57%) of all women knew that abstaining from sexual intercourse could reduce their risk of getting AIDS. Knowledge of condom use as protection from HIV was also relatively low among women at just 63%. These results indicate the need for more education about HIV and other STIs. Adolescents (both males and females) aged 15–19 generally had the lowest level of knowledge about HIV prevention.

Among women, those living in Rural 1 areas were the most knowledgeable about HIV prevention methods, followed by those living in urban areas. Among males, those living in urban areas were the most knowledgeable followed by those living in Rural 2 areas. Generally, married men and women were more knowledgeable about HIV prevention methods than never-married individuals.

Having no education was clearly a disadvantage for HIV prevention knowledge; just 29% of women and 36% of men with no education were aware that abstinence could reduce their chances of acquiring HIV. These numbers almost double with having just a primary level education. About 54% of women and 67% of men with a primary level education were knowledgeable about abstinence as an HIV prevention method. Having a secondary level education raised awareness to 65% for women and 80% for men for this method. Knowledge of other HIV prevention awareness methods rose substantially with increasing education for both men and women, but clearly the greatest increase was between those with no education and those with a primary level education. This signifies the importance of even a basic level of education in reducing one's risk of acquiring HIV.

The bottom two wealth quintiles were also comparatively disadvantaged, having the lowest knowledge of HIV prevention for both men and women.

**Table 13.2: Knowledge of HIV prevention methods**

Percentage of women and men aged 15–49 who, in response to prompted questions, say that people can reduce the risk of getting AIDS by using condoms every time they have sexual intercourse, by having one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse, by background characteristics, Vanuatu 2013

Background characteristic	Women					Men				
	Using condoms	Limiting sexual intercourse to one uninfected partner	Using condoms and limiting sexual intercourse to one uninfected partner <sup>1,2</sup>	Abstaining from sexual intercourse	Number of women	Using condoms	Limiting sexual intercourse to one uninfected partner	Using condoms and limiting sexual intercourse to one uninfected partner <sup>1,2</sup>	Abstaining from sexual intercourse	Number of men
<b>Age</b>										
15–24	59.2	68.4	55.2	55.6	987	64.9	75.5	60.5	64.9	416
..15–19	54.3	63.3	50.7	52.8	508	59.2	71.8	54.4	60.3	217
..20–24	64.3	73.9	59.9	58.7	479	71.2	79.5	67.2	69.9	199
25–29	70.6	79.4	67.6	61.6	404	78.1	85.9	73.7	75.1	154
30–39	66.9	77.4	63.1	59.9	647	74.2	88.0	72.6	72.1	290
40–49	60.0	65.8	56.7	51.3	469	78.8	85.5	74.9	80.0	207
<b>Marital status</b>										
Never married	57.3	66.9	54.1	54.8	719	65.8	77.1	61.0	67.0	412
..Ever had sex	63.6	71.8	61.0	58.4	338	73.2	81.1	67.2	69.6	275
..Never had sex	51.7	62.6	47.9	51.7	381	50.8	69.1	48.5	61.7	137
Married/Living together	65.3	73.7	61.6	57.5	1,714	76.0	86.0	73.3	74.2	637
Divorced/Separated/Widowed	70.0	82.0	63.8	63.6	75	*	*	*	*	19
<b>Residence</b>										
Urban	69.8	79.6	65.2	63.0	867	77.2	86.0	71.8	77.9	388
Rural	59.6	68.0	56.5	53.7	1,641	69.1	80.3	66.6	67.4	680
..Rural 1	72.1	80.8	68.0	64.9	272	65.8	78.4	62.3	67.9	121
..Rural 2	57.2	65.4	54.2	51.4	1,369	69.8	80.7	67.5	67.3	559
<b>Education</b>										
No education	30.4	37.3	28.1	29.1	128	(27.8)	(44.6)	(17.8)	(36.1)	51
Primary	59.4	66.6	55.4	53.7	1,417	68.9	79.2	65.5	68.6	599
Secondary	73.2	83.4	69.8	65.4	818	81.1	90.9	77.8	79.5	337
More than secondary	71.7	91.3	68.9	64.3	144	86.1	94.0	83.9	78.8	80
<b>Wealth quintile</b>										
Lowest	45.2	53.5	41.9	38.5	441	62.2	76.0	60.2	60.8	161
Second	59.4	66.0	54.9	54.8	496	64.2	74.2	61.0	62.3	201
Middle	67.5	74.4	65.2	60.4	503	75.1	82.8	71.5	70.8	232
Fourth	71.5	80.7	66.9	64.8	519	78.3	87.3	74.6	78.8	248
Highest	69.1	81.9	65.6	62.9	549	76.3	88.3	71.2	78.8	226
<b>Total aged 15–49</b>	<b>63.2</b>	<b>72.0</b>	<b>59.5</b>	<b>56.9</b>	<b>2,508</b>	<b>72.1</b>	<b>82.3</b>	<b>68.5</b>	<b>71.2</b>	<b>1,068</b>
50+	na	na	na	na	0	65.9	79.9	61.8	65.6	265
Total men aged 15+	na	na	na	na	0	70.9	81.9	67.2	70.1	1,333

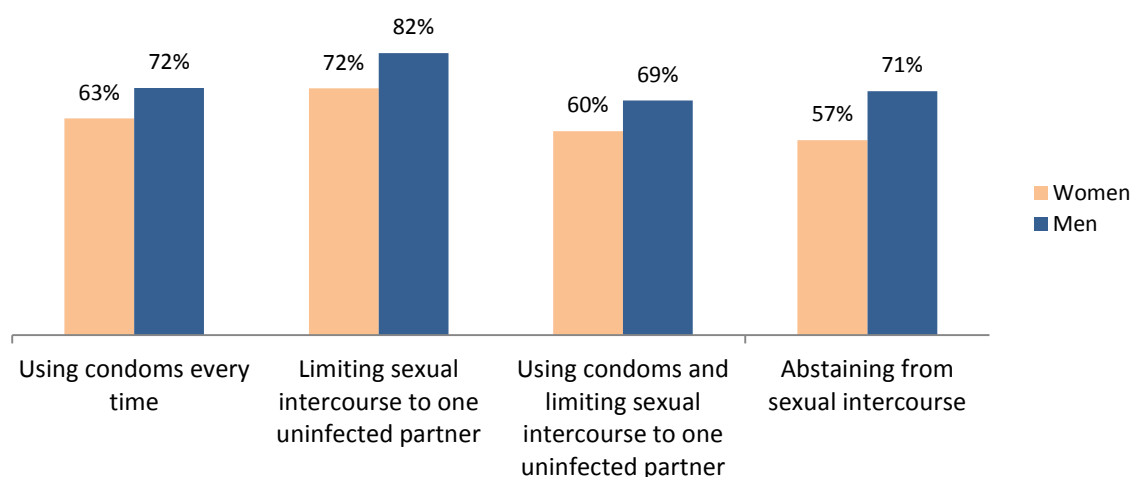
na = not applicable

<sup>1</sup> Using condoms every time they have sexual intercourse.

<sup>2</sup> Partner who has no other partners.

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

**Figure 13.1: Knowledge of HIV prevention methods among male and female respondents aged 15-49 by sex, Vanuatu 2013.**



Percentage of respondents who correctly answered that each method could reduce their chances of getting AIDS

### 13.2.3 Rejection of misconceptions about HIV/AIDS

In Vanuatu there are some widespread misconceptions about how HIV is spread. Tables 15.3.1 and 15.3.2 show the level of general knowledge regarding HIV of ni-Vanuatu women and men, respectively. Overall, a similar percentage of men (22%) and women (21%) have a comprehensive knowledge about HIV. Comprehensive knowledge is defined as knowing that consistently using of a condom during sexual intercourse, and having just one uninfected faithful partner can reduce the chance of getting AIDS, knowing that a healthy-looking person can have AIDS, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

Comprehensive knowledge of HIV increases with age for males, but the youngest and oldest women had the lowest percentages of comprehensive knowledge. About two-thirds of men and 60% of women aged 15–49 knew that a healthy-looking person can have AIDS. However, only a little more than 40% knew that AIDS cannot be spread by mosquito bites (41% of women, 45% of men). About half of respondents (49% of women, 48% of men) knew that AIDS cannot be spread by supernatural means. Roughly 60% of men and women knew that sharing food with someone who has AIDS was not a risk for contracting the disease.

Among both men and women, urban respondents were more likely to be knowledgeable of how HIV is spread compared with rural respondents. However, the differences in knowledge levels were not extreme. Among women, 23% had comprehensive knowledge of HIV compared with 20% of rural respondents. For men, the differences were 27% for urban respondents and 20% for rural respondents.

Comprehensive knowledge increased with increasing levels of education for both men and women, again illustrating the importance of education in understanding HIV/AIDS. However, even among men and women with more than a secondary level education, only 31% of women and 48% of men had comprehensive knowledge about AIDS, indicating that more HIV/AIDS-specific education is needed in Vanuatu.

**Table 13.3.1: Comprehensive knowledge about AIDS — Women**

Percentage of women aged 15–49 who say that a healthy-looking person can have AIDS and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, Vanuatu 2013

Background characteristic	Percentage of respondents who say that:				Say that a healthy looking person can have AIDS and who reject the two most common local misconceptions <sup>1</sup> (%)	Have a comprehensive knowledge about AIDS <sup>2</sup> (%)	Number of women
	A healthy looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has AIDS			
<b>Age</b>							
15–24	54.4	39.4	49.9	58.6	24.5	18.1	987
..15–19	51.5	36.6	46.7	51.6	22.1	17.2	508
..20–24	57.5	42.3	53.2	66.1	27.1	19.1	479
25–29	64.5	44.0	52.7	64.6	29.1	25.0	404
30–39	64.0	46.9	52.0	68.4	32.8	25.4	647
40–49	57.8	35.0	39.7	55.1	20.4	17.2	469
<b>Marital status</b>							
Never married	54.6	41.0	49.1	58.5	25.3	19.2	719
..Ever had sex	55.6	42.5	50.5	61.7	25.5	20.5	338
..Never had sex	53.8	39.6	47.9	55.7	25.2	18.1	381
Married/Living together	60.6	41.0	48.4	62.1	26.5	21.2	1,714
Divorced/Separated/Widowed	68.7	49.9	61.1	75.4	42.2	31.2	75
<b>Residence</b>							
Urban	64.8	48.5	57.6	72.8	31.4	23.3	867
Rural	56.2	37.4	44.4	55.4	24.1	19.7	1,641
..Rural 1	48.7	43.4	55.8	65.1	21.7	18.1	272
..Rural 2	57.6	36.2	42.2	53.5	24.5	20.0	1,369
<b>Education</b>							
No education	33.6	19.9	16.6	17.6	9.4	7.6	128
Primary	53.2	32.8	40.9	53.8	19.2	15.3	1,417
Secondary	70.0	54.9	62.1	77.4	38.4	31.0	818
More than secondary	78.4	65.8	81.9	84.7	48.0	31.4	144
<b>Wealth quintile</b>							
Lowest	48.2	23.7	30.6	42.1	15.8	12.5	441
Second	56.5	36.0	43.3	51.6	22.8	19.1	496
Middle	58.7	39.8	47.8	58.2	25.6	21.4	503
Fourth	62.9	49.6	57.2	74.3	30.5	23.5	519
Highest	67.2	53.5	62.2	76.6	36.1	26.5	549
<b>Total women aged 15–49</b>	<b>59.1</b>	<b>41.2</b>	<b>49.0</b>	<b>61.4</b>	<b>26.6</b>	<b>20.9</b>	<b>2,508</b>

<sup>1</sup> The two most common local misconceptions about how to contract AIDS: from mosquito bites and by sharing food

<sup>2</sup> Comprehensive knowledge means knowing that consistently using a condom during sexual intercourse and having just one uninfected faithful partner, can reduce the chance of getting AIDS., knowing that a healthy-looking person can have AIDS, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

**Table 13.3.2: Comprehensive knowledge about AIDS — Men**

Percentage of men aged 15–49 who say that a healthy-looking person can have AIDS and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, Vanuatu 2013

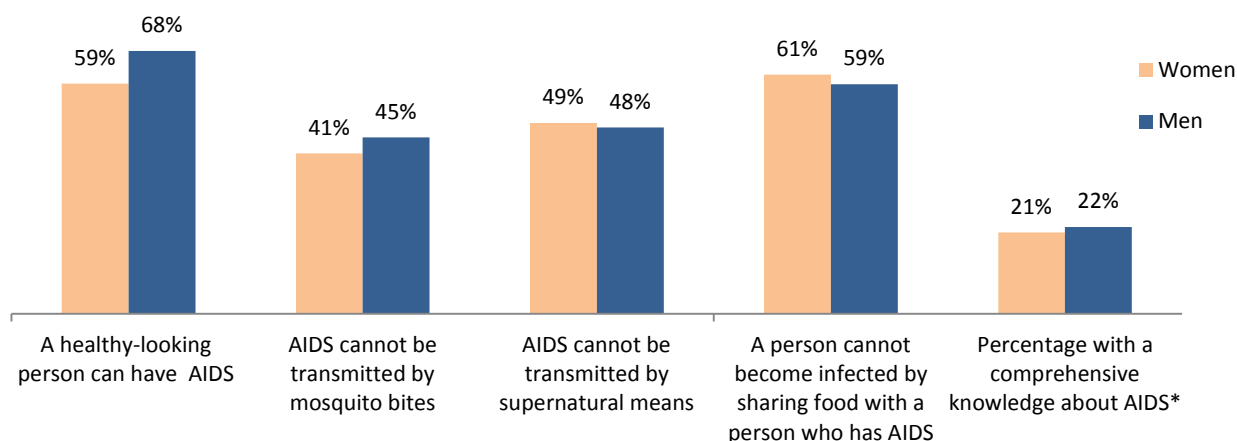
Background characteristic	Percentage of respondents who say that:						Number of men
	A healthy-looking person can have AIDS	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has AIDS	Say that a healthy looking person can have AIDS and who reject the two most common local misconceptions <sup>1</sup> (%)	Have a comprehensive knowledge about AIDS <sup>2</sup> (%)	
<b>Age</b>							
15–24	58.9	40.6	40.4	48.5	21.3	18.9	416
..15–19	51.8	36.5	38.1	44.8	19.8	17.2	217
..20–24	66.7	45.0	43.0	52.4	23.0	20.7	199
25–29	71.4	53.7	64.8	75.5	25.8	23.6	154
30–39	73.9	44.1	46.2	59.2	26.5	23.4	290
40–49	72.5	50.0	52.8	67.3	27.7	26.6	207
<b>Marital status</b>							
Never married	59.9	42.5	43.6	54.1	21.1	18.9	412
..Ever had sex	66.3	46.0	49.7	59.2	23.2	20.4	275
..Never had sex	47.2	35.4	31.4	43.8	16.7	15.9	137
Married/Living together	72.6	47.3	50.9	62.2	27.1	24.5	637
Divorced/Separated/Widowed	*	*	*	*	*	*	19
<b>Residence</b>							
Urban	76.4	59.4	51.7	68.6	31.5	26.8	388
Rural	62.4	37.2	45.7	53.4	20.7	19.7	680
..Rural 1	67.5	46.0	45.4	61.2	21.6	17.2	121
..Rural 2	61.2	35.3	45.8	51.8	20.5	20.3	559
<b>Education</b>							
No education	(18.6)	(9.6)	(13.4)	(23.9)	(0.0)	(0.0)	51
Primary	62.8	34.5	42.1	51.4	17.8	16.4	599
Secondary	79.8	62.1	58.3	70.9	33.9	30.2	337
More than secondary	81.0	78.8	70.4	87.4	52.6	48.0	80
<b>Wealth quintile</b>							
Lowest	58.6	26.3	39.0	44.8	16.1	16.1	161
Second	50.0	30.7	35.5	46.5	12.7	12.7	201
Middle	63.9	39.3	53.2	55.1	24.1	21.9	232
Fourth	78.4	59.5	55.1	66.8	33.1	30.4	248
Highest	80.9	62.3	51.9	75.5	32.5	26.8	226
<b>Total men aged 15–49</b>	<b>67.5</b>	<b>45.3</b>	<b>47.9</b>	<b>59.0</b>	<b>24.6</b>	<b>22.3</b>	<b>1,068</b>
Total men aged 50+	57.0	29.3	41.8	48.7	14.3	13.5	265
Total men aged 15+	65.4	42.1	46.7	56.9	22.6	20.5	1,333

<sup>1</sup> The two most common local misconceptions about how to contract AIDS: from mosquito bites and by sharing food.

<sup>2</sup> Comprehensive knowledge means knowing that consistently using a condom during sexual intercourse and having just one uninfected faithful partner, can reduce the chance of getting AIDS, knowing that a healthy-looking person can have AIDS, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

**Figure 13.2: Rejection of misconceptions about HIV transmission, and comprehensive knowledge\* among respondents aged 15-49 by sex, Vanuatu 2013.**



\*Comprehensive knowledge means knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention - mosquito bites and sharing food.

### 13.3. ATTITUDES TOWARDS HIV/AIDS

People living with HIV/AIDS face a number of societal prejudices and are often the victims of discrimination in their communities and in the work place. Discrimination against people living with HIV/AIDS can prevent those who are infected to seek the care they need, and it decreases the likelihood that others will get tested for HIV. Acceptance towards those living with HIV/AIDS was measured using hypothetical situations such as willingness to care for a family member with AIDS, willingness to buy food from a shopkeeper with HIV, acceptance of a female teacher with HIV being allowed to teach, and the desire to keep it secret that a family member is infected with HIV.

#### 13.3.1 Attitudes towards people living with HIV/AIDS

Overall, acceptance of people living with HIV was very low. Just 10% of women and 19% of men aged 15–49 expressed overall tolerance and acceptance of people who have HIV/AIDS (Tables 13.4.1 and 13.4.2). For all indicators, men were more accepting than women. A greater proportion of respondents would be prepared to care for a family member with HIV at home (64% of women, 76% of men), and many would not want to hide the fact that a family member had HIV (62% of women, 64% of men). Accepting attitudes increased with education level for both men and women.

**Table 13.4.1: Accepting attitudes toward those living with HIV/AIDS — Women**

*Among women aged 15–49 who have heard of AIDS, the percentage expressing specific accepting attitudes toward people with AIDS, by background characteristics, Vanuatu 2013*

Background characteristic	Percentage of respondents who say that:					Number of respondents who have heard of AIDS
	Are willing to care for a family member with AIDS in the respondent's home	Would buy fresh vegetables from shopkeeper who has AIDS	A female teacher with AIDS and is not allowed to continue teaching	Would not want to keep it secret that a family member became infected with AIDS	Expressing acceptance attitudes on all four indicators (%)	
<b>Age</b>						
15–24	57.2	38.4	29.3	61.8	9.2	876
..15–19	52.7	35.9	26.3	64.8	8.8	430
..20–24	61.6	40.7	32.2	59.0	9.5	446
25–29	66.9	46.8	30.7	62.0	9.4	379
30–39	66.2	42.1	30.8	59.4	11.9	604
40–49	69.6	36.1	29.5	63.9	11.2	416
<b>Marital status</b>						
Never married	59.9	41.6	32.4	61.9	12.0	627
..Ever had sex	59.2	44.9	33.5	58.8	12.5	310
..Never had sex	60.6	38.3	31.3	65.0	11.5	317
Married/Living together	64.2	39.6	28.9	61.5	9.6	1,574
Divorced/Separated/Widowed	78.1	45.5	32.4	59.4	10.6	72
<b>Residence</b>						
Urban	72.7	44.1	41.7	62.5	15.2	836
Rural	58.1	38.2	23.1	61.1	7.4	1,438
..Rural 1	67.9	36.8	31.3	60.8	10.4	257
..Rural 2	56.0	38.5	21.4	61.1	6.8	1,181
<b>Education</b>						
No education	50.3	17.8	16.5	40.1	2.6	92
Primary	56.8	33.3	21.3	61.9	6.9	1,242
Secondary	72.5	50.4	39.5	64.1	14.8	796
More than secondary	79.8	59.7	60.4	58.4	19.6	144
<b>Wealth quintile</b>						
Lowest	50.2	36.5	18.2	52.2	4.0	351
Second	53.8	31.3	19.3	61.1	5.1	431
Middle	57.5	38.8	23.7	62.7	7.6	456
Fourth	72.7	42.8	35.0	65.2	13.8	503
Highest	76.5	49.2	46.9	63.7	17.7	533
<b>Total women aged 15–49</b>	<b>63.5</b>	<b>40.3</b>	<b>30.0</b>	<b>61.6</b>	<b>10.3</b>	<b>2,274</b>



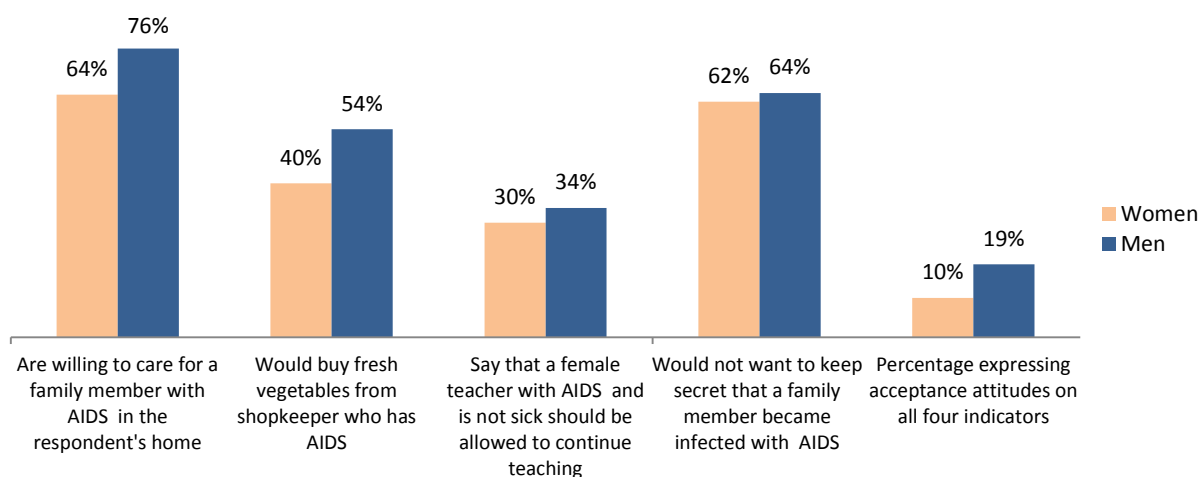
**Table 13.4.2: Accepting attitudes toward those living with HIV/AIDS — Men**

Among men aged 15-49 who have heard of HIV/AIDS, the percentage expressing specific accepting attitudes toward people with HIV/AIDS, by background characteristics, Vanuatu 2013

Background characteristic	Percentage of respondents who says that:					Number of respondents who have heard of AIDS
	Are willing to care for a family member with AIDS in the respondent's home	Would buy fresh vegetables from shopkeeper who has AIDS	A female teacher with AIDS and is not allowed to continue teaching	Would not want to keep it secret that a family member became infected with AIDS	Expressing acceptance attitudes on all four indicators (%)	
<b>Age</b>						
15-24	67.6	49.4	30.1	55.8	15.8	368
..15-19	64.2	43.3	19.8	50.5	8.1	186
..20-24	71.1	55.8	40.8	61.2	23.6	181
25-29	82.5	62.6	40.2	65.9	24.7	144
30-39	81.4	53.5	29.2	68.7	15.0	276
40-49	76.8	59.0	42.2	70.8	26.9	199
<b>Marital status</b>						
Never married	69.3	53.4	32.4	55.2	15.9	369
..Ever had sex	74.9	61.0	40.0	57.5	19.6	256
..Never had sex	56.8	36.1	15.3	50.0	7.7	113
Married/Living together	79.0	55.0	34.4	69.2	21.2	602
Divorced/Separated/Widowed	*	*	*	*	*	17
<b>Residence</b>						
Urban	78.5	70.5	45.2	62.2	28.3	372
Rural	73.7	44.7	26.9	64.9	13.6	615
..Rural 1	70.1	56.8	34.4	59.1	13.9	113
..Rural 2	74.5	42.0	25.2	66.2	13.5	503
<b>Education</b>						
No education	(54.3)	(9.6)	(4.1)	(67.4)	(0.0)	37
Primary	74.5	44.2	25.6	64.2	13.5	540
Secondary	76.1	69.9	46.9	62.7	26.3	332
More than secondary	90.0	81.6	47.4	66.2	37.3	77
<b>Wealth quintile</b>						
Lowest	66.3	29.0	20.3	66.1	7.5	141
Second	76.8	39.5	23.9	68.9	14.9	172
Middle	73.0	49.5	27.5	62.3	15.5	213
Fourth	79.7	63.9	39.3	59.9	20.1	240
Highest	78.2	76.7	50.0	64.5	32.2	221
<b>Total men aged 15-49</b>	<b>75.5</b>	<b>54.4</b>	<b>33.8</b>	<b>63.9</b>	<b>19.1</b>	<b>987</b>
Total men aged 50+	73.3	49.3	34.6	69.6	19.8	236
Total men aged 15+	75.1	53.4	33.9	65.0	19.2	1,223

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

**Figure 13.3: Accepting attitudes towards people living with HIV among respondents aged 15-49 by sex, Vanuatu 2013.**



### 13.3.2 Attitudes concerning married women negotiating safer sexual relations with their husband

Table 13.5 shows findings regarding both women's and men's beliefs about a female partner's right to protect herself (by refusing to have sex or asking to use a condom), if her male partner has a sexually transmitted infection (STI). About three-quarters of respondents were accepting of a woman's right to protect herself, but men were more accepting than women for both indicators. Among respondents aged 15–49, 73% of women and 80% of men believe that a woman has the right to refuse to have sex with her partner or ask that the partner use a condom if that partner has an STI. These beliefs increase with age for women and with education level for both men and women.

**Table 13.5: Attitudes toward negotiating safer sexual relations with husband**

Percentage of women and men aged 15–49 who believe that, if a husband has a sexually transmitted infection (STI), his wife is justified in refusing to have sexual intercourse with him or asking that they use a condom, by background characteristics, Vanuatu 2013

Background characteristic	Women			Men		
	Refusing to have sexual intercourse	Refusing sexual intercourse or asking that they use a condom	Number of women	Refusing to have sexual intercourse	Refusing sexual intercourse or asking that they use a condom	Number of men
<b>Age</b>						
15–24	67.1	67.1	987	72.3	72.3	416
..15–19	61.5	61.5	508	67.7	67.7	217
..20–24	73.1	73.1	479	77.2	77.2	199
25–29	74.7	74.7	404	85.4	85.4	154
30–39	76.4	76.4	647	87.1	87.1	290
40–49	79.0	79.0	469	82.8	82.8	207
<b>Marital status</b>						
Never married	65.0	65.0	719	71.3	71.3	412
..Ever had sex	71.5	71.5	338	73.6	73.6	275
..Never had sex	59.3	59.3	381	66.6	66.6	137
Married/Living together	76.0	76.0	1,714	85.8	85.8	637
Divorced/Separated/Widowed	*	*	75	*	*	19
<b>Residence</b>						
Urban	73.3	73.3	867	76.0	76.0	388
Rural	72.8	72.8	1,641	82.6	82.6	680
..Rural 1	70.6	70.6	272	79.3	79.3	121
..Rural 2	73.3	73.3	1,369	83.4	83.4	559
<b>Education</b>						
No education	(66.7)	(66.7)	128	(62.2)	(62.2)	51
Primary	70.7	70.7	1,417	79.1	79.1	599
Secondary	75.8	75.8	818	83.9	83.9	337
More than secondary	85.4	85.4	144	85.8	85.8	80
<b>Total aged 15–49</b>	73.0	73.0	2,508	80.2	80.2	1,068
Total aged 50+	na	na	0	76.2	76.2	265
Total men aged 15+	na	na	0	79.4	79.4	1,333

na = not applicable

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

## 13.4. SEXUAL BEHAVIOUR AND HIGHER RISK SEX

### 13.4.1 Multiple partners, higher-risk partners, and condom use

Respondents were asked if they had ever had sexual intercourse, and if so: the total number of partners they had had during their lifetime, whether they had had two or more sexual partners during the 12 months preceding the survey, and whether any of these partners were ‘non-live-in’ (i.e. not married to them, or cohabiting with them and thus higher-risk partners). Respondents were also asked about condom use with non-live-in partners (Table 13.6.1 and 13.6.2).

**Table 13.6.1: Multiple sexual partners and higher-risk sexual intercourse in the 12 months preceding the survey — Women**

Among women aged 15–49 who had sexual intercourse in the 12 months preceding the survey, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse; and among those having more than one partner in the 12 months preceding the survey, the percentage reporting that a condom was used at last intercourse; and among those having higher-risk intercourse in the 12 months preceding the survey, the percentage reporting that a condom was used at last higher-risk intercourse; and the mean number of sexual partners during her lifetime for women who ever had sexual intercourse, by background characteristics, Vanuatu 2013

Background characteristic	Among respondents who had sexual intercourse in the 12 months preceding the survey:			Among respondents who had >1 partners in the 12 months preceding the survey:		Among respondents who had higher-risk intercourse in the 12 months preceding the survey:		Among respondents who ever had sexual intercourse:	
	Had >1 partners <sup>1</sup> (%)	Had higher-risk intercourse (%)	Number	Used a condom during last sexual intercourse (%)	Number	Used a condom at last higher-risk intercourse (%)	Number	Mean number of sexual partners in lifetime	Number
<b>Age</b>									
15–24	3.7	36.5	532	*	20	36.5	194	1.9	606
..15–19	4.9	66.0	162	*	8	40.3	107	1.8	193
..20–24	3.1	23.6	371	*	12	31.9	88	2.0	413
25–29	2.6	7.0	343	*	9	(24.5)	24	2.7	378
30–39	1.5	3.5	573	*	9	(44.4)	20	2.2	621
40–49	0.3	1.2	392	*	1	*	5	1.7	449
<b>Marital status</b>									
Never married	6.1	95.0	218	*	13	37.1	207	2.2	328
Married or living together	1.3	1.3	1,590	*	20	(25.4)	20	2.0	1,658
Divorced/separated/widowed	(14.8)	(51.7)	32	*	5	*	16	2.3	69
<b>Residence</b>									
Urban	3.6	18.4	614	*	22	38.3	113	2.3	691
Rural	1.3	10.6	1,226	*	16	32.6	130	2.0	1,364
..Rural 1	2.1	13.9	195	*	4	(33.2)	27	2.1	217
..Rural 2	1.2	10.0	1,031	*	12	32.5	103	2.0	1,147
<b>Education</b>									
No education	0.3	2.0	92	*	0	*	2	1.6	111
Primary	2.0	10.4	1,086	*	21	30.0	113	2.0	1,202
Secondary	2.8	19.3	560	*	15	41.7	108	2.2	626
More than secondary	1.1	19.6	102	*	1	*	20	2.1	116
<b>Wealth quintile</b>									
Lowest	1.9	10.8	321	*	6	*	35	1.9	367
Second	0.6	6.1	372	*	2	*	23	1.9	409
Middle	1.3	15.7	380	*	5	37.7	59	2.1	421
Fourth	2.7	14.9	399	*	11	26.8	59	2.3	443
Highest	3.8	18.2	369	*	14	45.3	67	2.2	414
<b>Total women aged 15–49</b>	<b>2.1</b>	<b>13.2</b>	<b>1,840</b>	<b>(19.6)</b>	<b>38</b>	<b>35.3</b>	<b>243</b>	<b>2.1</b>	<b>2,055</b>

<sup>1</sup> Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent.

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

**Table 13.6.2: Multiple sexual partners and higher-risk sexual intercourse in the past 12 months — Men.**

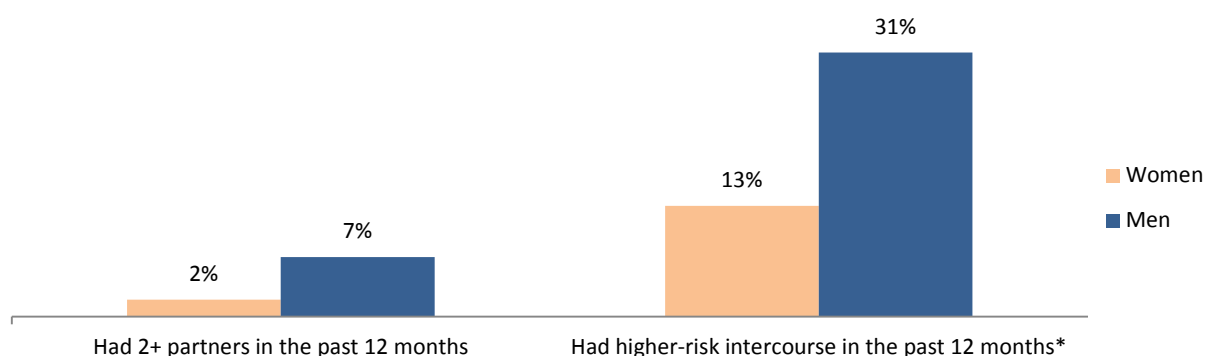
Among men aged 15-49 who had sexual intercourse in the 12 months preceding the survey, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse; and among those having more than one partner in the 12 months preceding the survey, the percentage reporting that a condom was used at last intercourse; and among those having higher-risk intercourse in the 12 months preceding the survey, the percentage reporting that a condom was used at last higher-risk intercourse; and the mean number of sexual partners during his lifetime for men who ever had sexual intercourse, by background characteristics, Vanuatu 2013

Background characteristic	Among respondents who had sexual intercourse in the 12 months preceding the survey:			Among respondents who had >1 partners in the 12 months preceding the survey:		Among respondents who had higher-risk intercourse in the 12 months preceding the survey:		Among respondents who ever had sexual intercourse:	
	Had >1 partners <sup>1</sup> (%)	Had higher-risk intercourse (%)	Number	Used a condom during last sexual intercourse (%)	Number	Used a condom at last higher-risk intercourse (%)	Number	Mean number of sexual partners in lifetime	Number
<b>Age</b>									
15-24	16.2	71.6	240	(38.1)	39	44.8	172	4.4	262
..15-19	16.0	84.4	90	*	14	44.1	75	3.2	101
..20-24	16.4	64.0	150	*	25	45.4	96	5.1	160
25-29	8.8	31.5	126	*	11	(34.0)	40	6.0	132
30-39	1.0	5.3	252	*	3	*	13	5.1	243
40-49	2.2	9.7	177	*	4	*	17	4.8	170
<b>Marital status</b>									
Never married	19.9	95.1	213	(42.0)	42	42.4	202	4.3	249
Married or living together	2.2	5.4	569	*	12	(39.4)	31	5.3	542
Divorced/separated/widowed	*	*	13	*	2	*	9	*	15
<b>Residence</b>									
Urban	9.3	39.0	301	(46.3)	28	47.3	117	5.6	292
Rural	5.8	25.2	494	(23.8)	29	38.3	125	4.6	515
..Rural 1	5.6	32.6	93	*	5	41.5	30	6.0	91
..Rural 2	5.8	23.5	401	*	23	(37.3)	95	4.3	423
<b>Education</b>									
No education	7.7	(13.2)	34	*	3	*	5	(4.6)	35
Primary	6.0	26.0	446	(34.3)	27	36.9	116	4.5	467
Secondary	9.0	39.6	251	*	22	50.3	99	6.1	247
More than secondary	7.3	35.4	63	*	5	(37.4)	22	4.2	57
<b>Wealth quintile</b>									
Lowest	2.2	14.5	121	*	3	*	18	4.3	122
Second	9.3	30.9	139	*	13	(25.9)	43	4.5	149
Middle	6.5	27.2	171	*	11	(46.0)	46	4.5	183
Fourth	4.9	33.5	190	*	9	38.7	64	6.4	187
Highest	11.8	41.1	174	*	21	49.9	72	4.8	165
<b>Total men aged 15-49</b>	<b>7.1</b>	<b>30.5</b>	<b>795</b>	<b>34.9</b>	<b>57</b>	<b>42.7</b>	<b>242</b>	<b>5.0</b>	<b>807</b>
Total men aged 50+	0.0	3.3	141	-	0	*	5	3.6	245
Total men aged 15+	6.0	26.4	936	34.9	57	43.0	247	4.6	1,052

<sup>1</sup> Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent.

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

**Figure 13.4: Multiple sexual partners and higher-risk sexual intercourse among respondents aged 15-49 by sex, Vanuatu 2013.**



Among adults aged 15–49, men had a greater number of sexual partners during their lifetime (mean number 5.0) than women (mean number 2.1). More men than women also had two or more partners during the 12 months preceding the survey (7% men, 2% women).

Higher-risk intercourse was defined as sex with a partner that was not a spouse or a live-in partner. A higher percentage of men (31%) had higher-risk intercourse in the 12 months preceding the survey than women (13%). Among men, youths aged 15–24 were the most likely to have had 2 or more partners (16%) or to have had higher-risk intercourse in the 12 months preceding the survey (72%). About 84% of 15–19-year-old men had higher-risk intercourse in the 12 months preceding the survey, as did 95% of never-married women. Among women, young women aged 15–24 were also more likely to have had two or more partners (4%) or to have had higher-risk intercourse (37%) in the 12 months preceding the survey compared with older women, although these numbers were much lower for young women than for men. However, 66% of young women aged 15–19 and 95% of never-married women had higher-risk intercourse in the 12 months preceding the survey. The percentage of women with higher-risk intercourse or who had two or more partners in the previous year decreased with age.

The absolute number of respondents who had two or more partners in the 12 months preceding the survey was quite low; hence, condom use was difficult to measure accurately. However, usage does appear to be higher among male respondents (35%) than female respondents (20%). Men who engaged in higher-risk intercourse had higher percentages of condom use than women (43% compared with 35%, respectively). Both men and women in urban areas were more likely to use a condom at the time of the last higher-risk intercourse.

The high rates of higher-risk sex in young adults aged 15–24 coupled with condom use rates of just 37% for women and 45% for men at last higher-risk sex, puts those young people at greater risk of contracting HIV and STIs. It is important to educate and target this group about HIV and STI prevention methods.

#### **13.4.2 Payment for sexual intercourse**

Male respondents were asked if they had paid for sexual intercourse in the 12 months preceding the survey, and whether a condom had been used at the time of last paid intercourse. Among males aged 15–49, about 3% indicated they had paid for sex. Rates were slightly higher for never-married males (4%) compared with married males (3%), and for males living in urban areas (4%) and men in rural areas (3%).

Because the number of males reporting paid sexual intercourse in the 12 months preceding the survey was very low, it is difficult to make conclusions about the variation of condom use. However, among males aged 15–49 who paid for sex, 40% indicated they used a condom at last paid sex. This is a very similar percentage to men who had higher-risk intercourse (43%) and who had two or more partners (35%) in the 12 months preceding the survey. Given that men who pay for sex are at greater risk for contracting HIV and STIs, condom usage rates around 40% are disconcerting (Table 13.7).

**Table 13.7: Payment for sexual intercourse and condom use at last paid sexual intercourse — Men**

Percentage of men aged 15–49 reporting payment for sexual intercourse in the 12 months preceding the survey, and among them, the percentage reporting that a condom was used the last time they paid for sexual intercourse, by background characteristics, Vanuatu 2013

Background characteristic	Payment for sexual intercourse in the 12 months preceding the survey		Condom use at last paid sexual intercourse	
	Paid for sexual intercourse (%)	Number of men	Reporting condom (%)	Number of men who paid for sexual intercourse in the 12 months preceding the survey
<b>Age</b>				
15–24	3.3	416	*	14
..15–19	3.5	217	*	8
..20–24	3.0	199	*	6
25–29	4.2	154	*	7
30–39	1.6	290	*	5
40–49	5.0	207	*	10
<b>Marital status</b>				
Never married	4.3	412	*	18
Married or living together	2.6	637	*	16
Divorced/separated/widowed	5.5	19	*	1
<b>Residence</b>				
Urban	4.4	388	*	17
Rural	2.6	680	*	18
..Rural 1	3.4	121	*	4
..Rural 2	2.5	559	*	14
<b>Education</b>				
No education	5.0	51	*	3
Primary	3.1	599	*	19
Secondary	3.2	337	*	11
More than secondary	3.7	80	*	3
<b>Wealth quintile</b>				
Lowest	0.9	161	*	1
Second	4.6	201	*	9
Middle	2.7	232	*	6
Fourth	2.6	248	*	6
Highest	5.2	226	*	12
<b>Total men aged 15–49</b>	<b>3.3</b>	<b>1,068</b>	<b>(39.9)</b>	<b>35</b>
Total men aged 50+	1.4	265	72.3	4
Total men aged 15+	2.9	1,333	(43.0)	39

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 13.5. MALE CIRCUMCISION

Male circumcision has a known protective effect against HIV infection, reducing the risk of infection by approximately 50% in circumcised men. Circumcision rates vary by Pacific Island country, depending on sociocultural factors. In Vanuatu, male circumcision is almost universal, and 96% of male respondents aged 15–49 reported being circumcised, with similar rates across all sociodemographic characteristics (Table 13.8).

**Table 13.8: Male circumcision***Percentage of men aged 15–49 who report having been circumcised, by background characteristics, Vanuatu 2013*

Background characteristic	Percentage circumcised	Number of men
<b>Age</b>		
15–24	95.8	416
..15–19	94.5	217
..20–24	97.1	199
25–29	96.2	154
30–39	95.6	290
40–49	94.3	207
<b>Residence</b>		
Urban	97.0	388
Rural	94.7	680
..Rural 1	97.5	121
..Rural 2	94.0	559
<b>Education</b>		
No education	(85.5)	51
Primary	95.7	599
Secondary	96.6	337
More than secondary	95.8	80
<b>Total men aged 15–49</b>	<b>95.5</b>	<b>1,068</b>
Total men aged 50+	84.5	265
Total men aged 15+	93.3	1,333

Note: Figures in parentheses are based on 25–49 unweighted cases.

## 13.6. COVERAGE OF HIV COUNSELLING AND TESTING

### 13.6.1 General HIV testing

In total, 64% of women and 74% of men aged 15–49 knew where to obtain an HIV test (Tables 13.9.1 and 13.9.2). Respondents in urban areas were more likely to know where to get a test than those in rural areas. This knowledge also increased by wealth quintile for both men and women. Among women, increasing education resulted in a higher likelihood of knowing where to get tested for HIV.



**Table 13.9.1: Coverage of prior HIV testing — Women***Percentage of women aged 15–49 who know where to get an HIV test, according to background characteristics, Vanuatu 2013*

Background characteristic	Percentage who know where to get an HIV test	Number of women
<b>Age</b>		
15–24	58.5	987
..15–19	52.0	508
..20–24	65.4	479
25–29	71.3	404
30–39	68.5	647
40–49	63.1	469
<b>Marital status</b>		
Never married	56.9	719
..Ever had sex	62.5	338
..Never had sex	52.0	381
Married/Living together	66.4	1,714
Divorced/Separated/Widowed	77.1	75
<b>Residence</b>		
Urban	77.9	867
Rural	56.7	1,641
..Rural 1	69.6	272
..Rural 2	54.1	1,369
<b>Education</b>		
No education	40.6	128
Primary	55.4	1,417
Secondary	78.3	818
More than secondary	87.9	144
<b>Wealth quintile</b>		
Lowest	46.0	441
Second	51.1	496
Middle	63.2	503
Fourth	73.1	519
Highest	82.3	549
<b>Total women aged 15–49</b>	<b>64.0</b>	<b>2,508</b>

**Table 13.9.2: Coverage of prior HIV testing — Men***Percentage of men aged 15–49 who know where to get an HIV test, according to background characteristics, Vanuatu 2013*

Background characteristic	Percentage who know where to get an HIV test	Number of men
<b>Age</b>		
15–24	66.9	416
..15–19	58.4	217
..20–24	76.1	199
25–29	87.1	154
30–39	75.1	290
40–49	78.4	207
<b>Marital status</b>		
Never married	71.5	412
..Ever had sex	79.1	275
..Never had sex	56.2	137
Married/Living together	76.6	637
Divorced/Separated/Widowed	*	19
<b>Residence</b>		
Urban	82.7	388
Rural	69.4	680
..Rural 1	75.7	121
..Rural 2	68.1	559
<b>Education</b>		
No education	(43.1)	51
Primary	67.5	599
Secondary	87.8	337
More than secondary	87.3	80
<b>Wealth quintile</b>		
Lowest	55.9	161
Second	69.0	201
Middle	72.0	232
Fourth	81.0	248
Highest	86.8	226
<b>Total men aged 15–49</b>	<b>74.3</b>	<b>1,068</b>
Total men aged 50+	68.3	265
Total men aged 15+	73.1	1,333

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 13.7. SELF-REPORTING OF SEXUALLY TRANSMITTED INFECTIONS

Respondents were asked whether they had had an STI or certain symptoms indicative of an STI in the 12 months preceding the survey (Table 13.10). Of all respondents who reported ever having had sexual intercourse, 4% of both men and women aged 15–49 reported having an STI. Additionally, 9% of women and 4% of men reported having experienced a bad-smelling genital discharge, and 4% of women and 3% of men reported having a genital ulcer or sore in the 12 months prior to the survey. The percentage of respondents who had an STI, discharge, or a genital ulcer was 11% among women and 6% among men.

**Table 13.10: Self-reported prevalence of sexually transmitted infections and their symptoms**

Among women and men aged 15–49 who ever had sexual intercourse, the percentage reporting having a sexually transmitted infection (STI) and/or symptoms of an STI in the 12 months preceding the survey, by background characteristics, Vanuatu 2013

Background characteristic	Women					Men				
	Bad smelling/ abnormal genital discharge	Genital sore/ulcer	STI/genital discharge/sore or ulcer	Number of respondents who ever had sexual intercourse	STI	Bad smelling/ abnormal genital discharge	Genital sore/ulcer	STI/genital discharge/sore or ulcer	Number of respondents who ever had sexual intercourse	STI
<b>Age</b>										
15–24	10.1	4.2	11.7	621	4.6	5.9	5.2	7.9	289	4.6
..15–19	10.7	4.7	11.4	194	4.6	6.5	5.5	6.5	110	5.1
..20–24	9.8	4.0	11.8	426	4.6	5.5	5.0	8.7	180	4.3
25–29	9.6	5.7	12.5	395	5.0	3.5	4.8	8.7	151	4.8
30–39	9.8	3.5	12.0	642	3.5	3.1	0.5	4.0	286	3.2
40–49	7.3	1.6	7.4	469	1.4	1.5	1.5	1.9	205	1.3
<b>Marital status</b>										
Never married	10.1	3.4	11.2	338	4.6	5.4	4.2	7.2	275	3.9
Married or living together	9.3	3.8	11.0	1,714	3.4	2.7	2.1	4.6	637	3.2
Divorced/separated/widowed	6.4	2.6	8.9	75	3.8	*	*	*	19	*
<b>Male circumcision</b>										
Circumcised	na	na	na	0	na	3.5	2.8	5.3	899	3.5
Not circumcised	na	na	na	0	na	(7.6)	(3.0)	(10.6)	32	(4.5)
<b>Residence</b>										
Urban	5.8	2.0	7.9	723	3.7	4.1	2.9	5.8	355	3.3
Rural	11.1	4.6	12.6	1,404	3.6	3.4	2.8	5.3	576	3.6
..Rural 1	9.9	2.4	11.4	223	5.1	2.4	2.4	3.5	104	1.0
..Rural 2	11.3	5.0	12.8	1,180	3.4	3.6	2.9	5.7	472	4.2
<b>Education</b>										
No education	8.7	6.1	11.0	118	0.0	(0.0)	(5.0)	(5.0)	37	(0.0)
Primary	9.7	3.3	11.1	1,241	3.3	4.1	2.9	5.3	531	3.6
Secondary	9.3	3.9	11.2	645	4.4	3.6	2.5	5.8	290	3.3
More than secondary	6.3	4.0	8.2	123	7.2	2.4	1.2	4.5	71	4.5
<b>Total aged 15–49</b>	<b>9.3</b>	<b>3.7</b>	<b>11.0</b>	<b>2,127</b>	<b>3.6</b>	<b>3.7</b>	<b>2.8</b>	<b>5.5</b>	<b>931</b>	<b>3.5</b>
Total aged 50+	na	na	na	0	na	3.8	2.6	4.2	263	1.3
Total men aged 15+	na	na	na	0	na	3.7	2.8	5.2	1,195	3.0

na = not applicable

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

## 13.8. HIV/AIDS KNOWLEDGE AND SEXUAL BEHAVIOUR AMONG YOUTH

A subset of questions were asked specifically of young people aged 15–24 to gauge their risk of HIV infection.

### 13.8.1 HIV/AIDS-related knowledge among young adults

Young men and women were asked about their understanding of HIV transmission routes and prevention methods, along with their knowledge of sources of condoms. Comprehensive knowledge of HIV/AIDS for youth was defined as: 1) knowing that consistently using condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting AIDS, 2) knowing that a healthy-looking person can have AIDS, and 3) rejecting the two most common local misconceptions about AIDS transmission or prevention (AIDS cannot be transmitted by mosquito bites and a person cannot become infected with HIV by sharing food with a person who has AIDS). Allowable answers for knowledge of sources of condoms were sources other than friends, family members, and home.

**Table 13.11 Comprehensive knowledge about AIDS and of a source of condoms among youth**

*Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage with knowledge of a source of condoms, by background characteristics, Vanuatu 2013*

Background characteristic	Percentage with comprehensive knowledge of AIDS <sup>1</sup>	Women Percentage who know a condom source <sup>2</sup>	Number of respondents	Percentage with comprehensive knowledge of AIDS <sup>1</sup>	Men Percentage who know a condom source <sup>2</sup>	Number of respondents
<b>Age</b>						
15-19	17.2	56.5	508	17.2	75.3	217
..15-17	16.2	45.0	295	14.4	69.2	107
..18-19	18.6	72.6	213	19.8	81.2	110
20-24	19.1	78.4	479	20.7	88.4	199
..20-22	19.1	76.6	309	22.8	90.6	143
..23-24	19.1	81.8	169	15.3	82.9	57
<b>Marital status</b>						
Never married	18.8	58.8	619	19.8	80.7	344
..Ever had sex	19.3	74.9	253	21.8	87.4	217
..Never had sex	18.5	47.7	366	16.4	69.3	127
Ever married	17.0	81.2	368	14.3	85.7	72
<b>Residence</b>						
Urban	17.7	75.2	355	19.3	80.3	152
Rural	18.4	62.6	632	18.6	82.3	264
..Rural 1	14.5	62.9	114	(15.0)	(81.2)	48
..Rural 2	19.2	62.6	519	19.4	82.6	216
<b>Education</b>						
No education	(0.0)	(48.4)	27	*	*	15
Primary	11.6	58.1	472	12.6	79.8	214
Secondary	25.1	74.3	422	25.5	89.1	157
More than secondary	27.5	94.4	66	(38.4)	(85.5)	30
<b>Wealth quintile</b>						
Lowest	13.5	57.1	171	(10.1)	(73.2)	62
Second	15.1	56.6	192	(10.2)	(80.2)	82
Middle	23.5	72.2	207	21.4	82.8	93
Fourth	14.6	71.5	186	27.4	81.4	84
Highest	22.1	75.4	231	22.1	87.2	94
<b>Total</b>	<b>18.1</b>	<b>67.2</b>	<b>987</b>	<b>18.9</b>	<b>81.6</b>	<b>416</b>

<sup>1</sup> Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention. The components of comprehensive knowledge are presented in Tables 13.2, 13.3.1, and 13.3.2.

<sup>2</sup> For this table, the following responses are not considered sources for condoms: friends, family members and home

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parenthesis are based on 25-49 unweighted cases.

Table 13.11 shows that less than one in five young men and women aged 15–24 had comprehensive knowledge of HIV/AIDS (18% of women, 19% of men). Comprehensive knowledge increased with education level for both men and women. About twice as many respondents with a secondary level education (25% women, 26% men) had comprehensive knowledge as those with just a primary level education (12% women, 13% men). While the levels of comprehensive knowledge are still low among youths, the increase in knowledge from a more complete education cannot be ignored.

A larger proportion of men (82%) than women (67%) knew of a condom source. Knowledge of condom sources also increased with increasing education for both men and women. Men and women in the youngest age group, 15–17, were the least likely to know a condom source (45% and 70%, respectively). Young women living in urban areas were more likely to know a condom source (75%) than women living in rural areas (62%).

### **13.8.2 Age at first sex**

A very small proportion of adolescents aged 15–24 had sexual intercourse before age 15 (6% of women, 7% of men; Table 13.11). However, by age 18, this increased dramatically to 41% of women and 53% of men. As might be expected, ever-married women were more likely to have had sex by age 18 (52%) than never-married women (29%). Additionally, a higher percentage of young women in rural areas had had sex by age 18 (46%) than young women in urban areas (34%). Women with just a primary level of education were more likely to have had sex before age 15 (8%) and before age 18 (52%) than women with a secondary level education (5% before age 15 and 34% before age 18).

**Table 13.12: Age at first sexual intercourse among youth**

Percentage of young women and young men aged 15–24 who had sexual intercourse before age 15 and the percentage of young women and young men aged 18–24 who had sexual intercourse before age 18, by background characteristics, Vanuatu 2013

Background characteristic	Women				Men			
	Had sexual intercourse before age 15 (%)	Number of respondents (aged 15–24)	Had sexual intercourse before age 18 (%)	Number of respondents (aged 18–24)	Had sexual intercourse before age 15 (%)	Number of respondents (aged 15–24)	Had sexual intercourse before age 18 (%)	Number of respondents (aged 18–24)
<b>Age</b>								
15–19	7.6	508	na	na	6.3	217	na	na
..15–17	4.9	295	na	na	5.0	107	na	na
..18–19	11.4	213	50.1	213	7.6	110	55.0	110
20–24	4.8	479	37.1	479	7.9	199	51.5	199
..20–22	5.4	309	36.3	309	8.6	143	52.1	143
..23–24	3.7	169	38.5	169	6.2	57	50.2	57
<b>Marital status</b>								
Never married	4.8	619	29.2	334	6.6	344	51.9	238
Ever married	8.7	368	52.2	358	9.5	72	55.8	71
<b>Knows condom source</b>								
Yes	6.1	663	41.6	530	8.0	339	54.6	266
No	6.5	324	39.3	162	3.2	77	(41.9)	44
<b>Residence</b>								
Urban	4.5	355	33.8	269	6.5	152	54.6	122
Rural	7.2	632	45.8	422	7.4	264	51.6	187
..Rural 1	7.3	114	42.9	73	10.8	48	48.2	34
..Rural 2	7.2	519	46.3	349	6.7	216	52.3	153
<b>Education</b>								
No education	(7.4)	27	*	24	*	15	*	11
Primary	8.1	472	51.7	299	6.5	214	57.7	146
Secondary	4.5	422	34.4	309	7.8	157	52.8	128
More than secondary	4.0	66	14.3	60	6.3	30	(38.4)	24
<b>Wealth quintile</b>								
Lowest	6.6	171	44.6	114	(1.4)	62	(58.4)	43
Second	9.6	192	54.1	129	(6.9)	82	(40.9)	59
Middle	6.0	207	43.2	147	9.4	93	51.2	71
Fourth	5.2	186	39.5	131	12.4	84	53.1	60
Highest	4.3	231	28.4	171	4.0	94	60.0	76
<b>Total</b>	<b>6.2</b>	<b>987</b>	<b>41.1</b>	<b>692</b>	<b>7.1</b>	<b>416</b>	<b>52.8</b>	<b>309</b>

na = not available

Notes:

1) For this table, the following responses are not considered a source for condoms: friends, family members and home.

2) An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 13.8.3 Condom use at first sex

Table 13.13 shows that rates of condom use at first sexual intercourse were similar among young men (40%) and women (37%). Condom usage at first sex was as high as 45% in urban areas for both men and women, but fell to 31% for women and 36% of men in Rural 2 areas. Young men and women with a secondary level education were more likely to use a condom at first sex (47% women, 52% men) than those men and women with just a primary level education (29% women, 32% men).

Among young women, those never married were more likely to use a condom at first sex (44%) than those ever married (33%). Almost twice as many young women who knew of a condom source used a condom at first sex (41%) as those who did not know a condom source (22%).

**Table 13.13: Condom use at first sexual intercourse among youth**

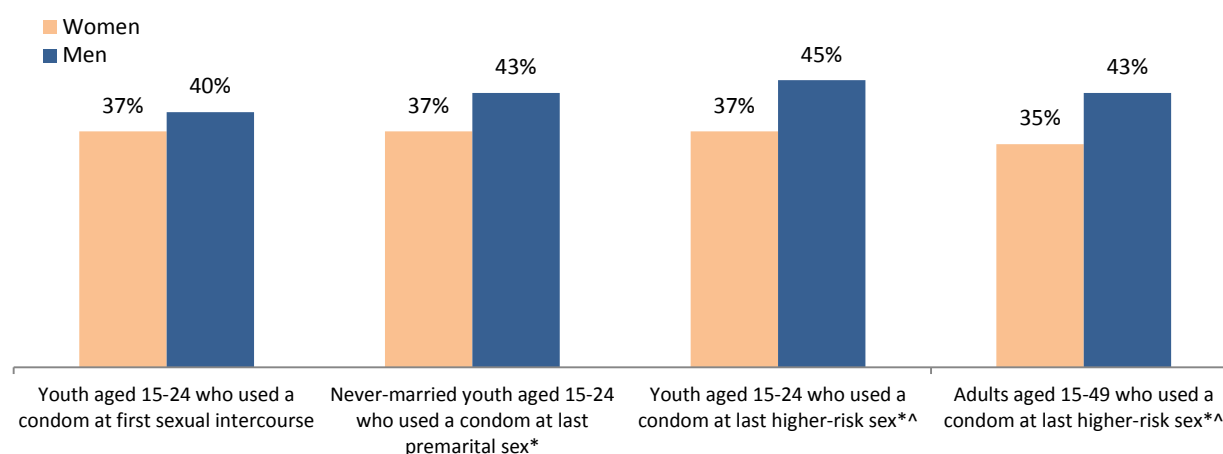
Among young women and young men aged 15–24 who have ever had sexual intercourse, the percentage who used a condom the first time they had sexual intercourse, by background characteristics, Vanuatu 2013

Background characteristic	Women		Men	
	Used a condom at first sexual intercourse (%)	Number of respondents who have ever had sexual intercourse	Used a condom at first sexual intercourse (%)	Number of respondents who have ever had sexual intercourse
<b>Age</b>				
15–19	40.1	194	34.6	110
..15–17	40.9	64	(41.1)	31
..18–19	39.7	130	32.1	79
20–24	35.8	426	43.5	180
..20–22	41.4	264	42.0	123
..23–24	26.8	163	46.8	57
<b>Marital status</b>				
Never married	43.9	253	40.3	217
Ever married	32.6	368	39.8	72
<b>Knows condom source</b>				
Yes	41.2	488	39.5	252
No	22.2	132	(44.7)	38
<b>Residence</b>				
Urban	45.1	219	45.3	122
Rural	32.8	402	36.4	168
..Rural 1	40.8	67	40.1	32
..Rural 2	31.2	335	35.5	136
<b>Education</b>				
No education	*	19	*	3
Primary	29.0	303	31.6	152
Secondary	46.9	253	51.7	113
More than secondary	(46.0)	45	(45.2)	21
<b>Wealth quintile</b>				
Lowest	23.9	113	(17.2)	41
Second	30.3	121	(35.9)	44
Middle	35.1	139	53.2	68
Fourth	47.9	123	39.1	64
Highest	47.5	125	44.2	72
<b>Total</b>	<b>37.2</b>	<b>621</b>	<b>40.1</b>	<b>289</b>

Notes:

- 1) For this table, the following responses are not considered a source for condoms: friends, family members and home.
- 2) An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

**Figure 13.5: Condom use by sex, Vanuatu 2013**



\* Among respondents who had sex in the 12 months preceding the survey.

^ Higher-risk sex was defined as sexual intercourse with a partner who neither was a spouse nor who lived with the respondent.

#### **13.8.4 Abstinence and premarital sex**

Never married young men and women aged 15–24 were asked about premarital sexual intercourse and condom use during premarital sexual intercourse in the 12 months preceding the survey. Table 13.14 shows that a larger percentage of young women (60%) have never had sexual intercourse than young men (37%).

The percentage of never-married youths who have not had sexual intercourse noticeably decreases between the 15–17 and 18–19 age groups, and again with the 20–22 year old age group. Approximately 81% of adolescent women aged 15–17 had not had sex, but this number fell to 51% for women aged 18–19 and to 33% for women aged 20–22. Among men, 72% of adolescents aged 15–17 had never had sex, but this number more than halved to 30% percent for youths aged 18–19 and almost halved to 18% for men aged 20–22. By the age of 20, two-thirds of never-married women and more than four out of five never-married men had engaged in sexual intercourse.

Among youths aged 15–24, half of all young men had premarital sexual intercourse in the 12 months preceding the survey compared with about 30% of young women. Among young men, respondents living in urban areas were more likely to have had sex in the 12 months preceding the survey (62%) than those living in rural areas (43%).

About 43% of young men used a condom at last intercourse compared with 37% of young women. Condom use was higher in urban areas (44% women, 49% men) than rural areas (32% women, 37% men) for both males and females. Respondents with a secondary level education were more likely to use a condom than those with a primary level education; 30% of women and 36% of men with a primary level education compared with 45% of women and 51% of men with a secondary level education.



**Table 13.14: Premarital sexual intercourse and condom use during premarital sexual intercourse among youth**

Among never-married women and men aged 15–24, the percentage who have never had sexual intercourse, the percentage who had sexual intercourse in the 12 months preceding the survey, and among those who had premarital sexual intercourse in the 12 months preceding the survey, the percentage who used a condom at the last sexual intercourse, by background characteristics, Vanuatu 2013

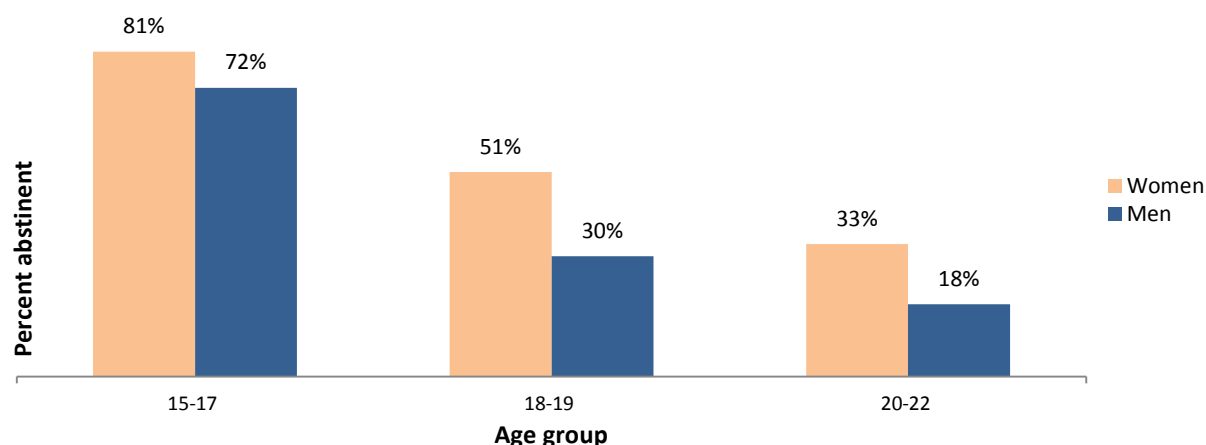
Background characteristic	Women					Men				
	Have never had sexual intercourse (%)	Had sexual intercourse (%)	Number of never married respondents	Used condom at last sexual intercourse (%)	Number of respondents	Have never had sexual intercourse (%)	Had sexual intercourse (%)	Number of never married respondents	Used condom at last sexual intercourse (%)	Number of respondents
<b>Age</b>										
15–19	69.8	24.0	450	38.9	108	51.5	38.8	208	43.7	81
..15–17	80.8	16.2	286	(34.8)	46	72.2	20.0	106	*	21
..18–19	50.6	37.6	164	41.9	62	30.2	58.2	103	44.3	60
20–24	30.9	44.7	169	33.3	76	14.3	67.6	136	41.9	92
..20–22	33.2	44.4	138	32.6	61	17.6	65.7	110	43.9	72
..23–24	(20.7)	(45.8)	31	*	14	(0.0)	(75.5)	25	*	19
<b>Knows condom source</b>										
Yes	48.0	37.7	364	41.8	137	31.6	54.7	278	42.7	152
No	75.1	18.2	255	(21.1)	46	58.6	31.2	66	*	21
<b>Residence</b>										
Urban	56.1	31.4	243	43.5	76	21.9	61.5	136	49.2	84
Rural	61.1	28.5	377	31.7	107	46.6	42.7	208	36.7	89
..Rural 1	65.9	25.3	70	34.0	18	39.1	50.0	42	*	21
..Rural 2	60.0	29.3	307	31.3	90	48.5	40.9	165	35.3	68
<b>Education</b>										
No education	*	*	11	*	1	*	*	13	*	1
Primary	59.0	31.8	287	29.5	91	37.5	46.7	165	36.1	77
Secondary	61.0	28.1	277	44.6	78	32.3	56.1	138	51.0	78
More than secondary	(45.7)	(29.9)	45	*	13	(29.6)	(60.3)	28	*	17
<b>Wealth quintile</b>										
Lowest	61.2	27.7	96	*	27	(55.0)	(35.)	39	*	14
Second	64.4	22.2	110	*	25	(56.9)	(40.5)	67	*	27
Middle	51.5	37.7	132	(37.6)	50	34.1	45.2	73	(45.6)	33
Fourth	55.3	33.9	114	28.0	39	26.2	59.7	77	32.9	46
Highest	63.2	26.4	168	55.6	44	24.9	59.8	87	55.6	52
<b>Total</b>	<b>59.1</b>	<b>29.7</b>	<b>619</b>	<b>36.6</b>	<b>184</b>	<b>36.8</b>	<b>50.2</b>	<b>344</b>	<b>42.8</b>	<b>173</b>

Notes:

1) For this table, the following responses are not considered a source for condoms: friends, family members and home.

2) An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

**Figure 13.6: Percent of never-married youth aged 15-24 who have never had sexual intercourse by sex, Vanuatu 2013.**



Note: The number of never-married youths in the 23-24 age group was too small to draw conclusions from.

### 13.8.5 Higher-risk sex and condom use among young adults

Youths aged 15–24 who had had sexual intercourse in the 12 months preceding the survey were asked about sexual intercourse with a partner that was neither a spouse nor someone who lived with the respondent. Sex with these kinds of partners is considered to be higher-risk sex and increases the risk of contracting STIs and HIV. Respondents who had higher-risk sex in the 12 months preceding the survey were asked about condom use at the last time of higher-risk intercourse.

Among youths aged 15–24 who had sexual intercourse in the 12 months preceding the survey, about twice as many men (72%) as women (37%) had higher-risk sexual intercourse. The percentage of young women having higher-risk intercourse was higher among women aged 15–19 (66%) than women aged 20–24 (24%). The same was true for men; 84% of men aged 15–19 had higher-risk intercourse compared with 64% of men aged 20–24. Men and women in urban areas were more likely to have higher-risk sex than men and women in rural areas.

Rates of condom usage at last higher-risk intercourse were higher among young men (45%) than young women (37%). A larger percentage of women in urban areas (43%) used a condom at last higher-risk sex than women in rural areas (32%). Likewise, condom usage was 50% for males in urban areas and 40% for males in rural areas. Again, education had an effect on condom use. Only 30% of women and 42% of men with a primary level education used a condom at last higher-risk sex, while this number increased to 44% of women and 50% of men with a secondary level education (Table 13.14.1 and 13.14.2).

**Table 13.15.1: Higher-risk sexual intercourse among youth, and condom use at last higher-risk intercourse in the 12 months preceding the survey — Women**

*Among young women aged 15–24 who had sexual intercourse in the 12 months preceding the survey, the percentage who had higher-risk sexual intercourse; and among those having higher-risk intercourse, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Vanuatu 2013*

Background characteristic	Respondents aged 15–24 who had sexual intercourse in the 12 months preceding the survey:		Respondents aged 15–24 who had higher-risk intercourse in the 12 months preceding the survey:	
	Had higher-risk intercourse <sup>1</sup> (%)	Number of respondents	Reported using a condom at last higher-risk intercourse <sup>1</sup> (%)	Number of respondents
<b>Age</b>				
15–19	66.0	162	40.3	107
..15–17	79.7	55	(36.9)	44
..18–19	59.0	107	42.8	63
20–24	23.6	371	31.9	88
..20–22	30.8	229	31.9	70
..23–24	12.2	142	(31.5)	17
<b>Marital status</b>				
Never married	96.2	184	38.1	177
Ever married	5.1	349	*	18
<b>Knows condom source<sup>2</sup></b>				
Yes	35.6	418	41.1	149
No	39.7	114	(21.6)	45
<b>Residence</b>				
Urban	43.8	180	43.2	79
Rural	32.8	352	31.9	115
..Rural 1	34.3	57	36.0	20
..Rural 2	32.5	294	31.1	96
<b>Education</b>				
No education	*	14	*	2
Primary	35.5	271	30.3	96
Secondary	38.3	215	43.7	82
More than secondary	(44.9)	32	*	14
<b>Wealth quintile</b>				
Lowest	31.7	97	*	31
Second	20.9	105	*	22
Middle	45.3	121	(35.3)	55
Fourth	36.5	108	30.0	40
Highest	46.9	100	52.5	47
<b>Total women aged 15–24</b>	<b>36.5</b>	<b>532</b>	<b>36.5</b>	<b>194</b>

<sup>1</sup> Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent.

<sup>2</sup> For this table, the following responses are not considered a source for condoms: friends, family members and home.

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

**Table 13.15.2: Higher-risk sexual intercourse among youth, and condom use at last higher-risk intercourse in the past 12 months months preceding the survey — Men**

*Among young men aged 15–24 who had sexual intercourse in the 12 months preceding the survey, the percentage who had higher-risk sexual intercourse; and among those having higher-risk intercourse, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Vanuatu 2013*

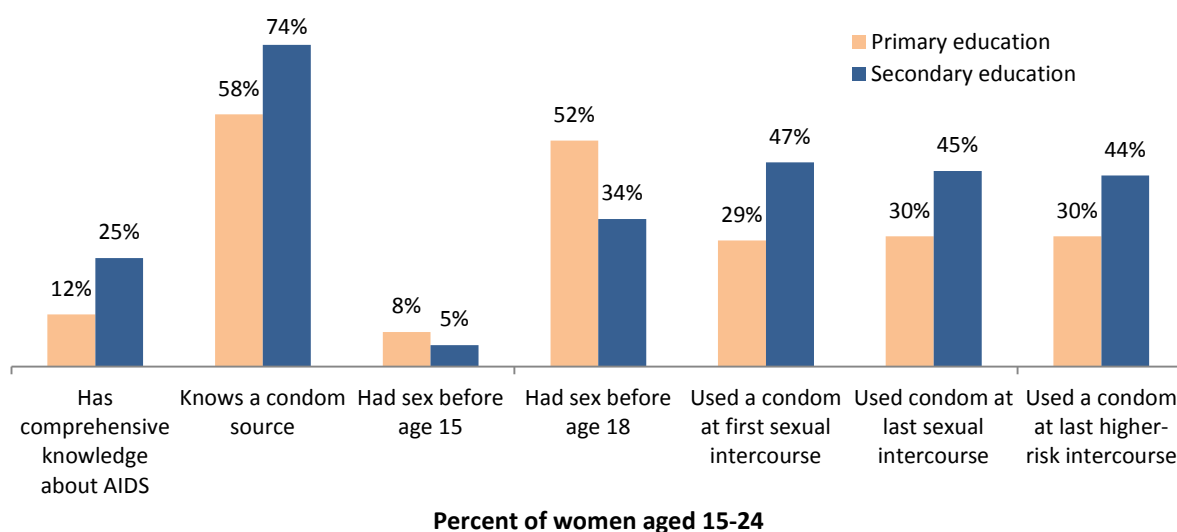
Background characteristic	Respondents aged 15–24 who had sexual intercourse in the 12 months preceding the survey:		Respondents aged 15–24 who had higher-risk intercourse in the 12 months preceding the survey:	
	Had higher-risk intercourse <sup>1</sup> (%)	Number of respondents	Reported using a condom at last higher-risk intercourse <sup>1</sup> (%)	Number of respondents
<b>Age</b>				
15–19	84.4	90	44.1	75
..15–17	*	22	*	22
..18–19	79.2	67	(43.8)	53
20–24	64.0	150	45.4	96
..20–22	71.0	105	49.8	74
..23–24	(48.0)	46	(30.3)	22
<b>Marital status</b>				
Never married	94.0	173	43.6	162
Ever married	14.2	67	*	10
<b>Knows condom source</b>				
Yes	72.1	210	44.4	151
No	(68.3)	30	*	21
<b>Residence</b>				
Urban	82.5	97	50.0	80
Rural	64.2	142	40.3	91
..Rural 1	84.3	27	39.1	23
..Rural 2	59.5	115	(40.7)	69
<b>Education</b>				
No education	*	3	*	2
Primary	63.9	123	42.1	78
Secondary	78.1	96	50.4	75
More than secondary	*	19	*	17
<b>Wealth quintile</b>				
Lowest	*	37	*	13
Second	*	39	*	28
Middle	(68.6)	53	(49.0)	37
Fourth	88.0	52	35.4	46
Highest	83.5	58	54.1	48
<b>Total men aged 15–24</b>	<b>71.6</b>	<b>240</b>	<b>44.8</b>	<b>172</b>

<sup>1</sup> Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent.

<sup>2</sup> For this table, the following responses are not considered a source for condoms: friends, family members and home.

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

**Figure 13.7: Knowledge and behavior of young women aged 15-24 by education level, Vanuatu 2013**



### 13.8.6 Cross-generational sexual partners for young women aged 15–19

Just 1% of women aged 15–19 who had higher-risk sexual intercourse in the 12 months preceding the survey indicated that this intercourse was with a man that was older than them by 10 years or more. The number of young women having sexual relations with men at least 10 years their senior was too small to analyse by background characteristics (data not shown), indicating that this is likely not a common occurrence in Vanuatu (Table 13.16).

**Table 13.16: Age-mixing in sexual relationships among women age 15-19**

*Percentage of women age 15-19 who had higher-risk sexual intercourse in the last 12 months with a man who was 10 or more years older than themselves, by background characteristics, Vanuatu 2013*

Background characteristic	Percentage of women who had higher-risk intercourse with a man 10+ years older <sup>1</sup>	Number of women who had higher-risk intercourse in the last 12 months
<b>Age</b>		
..15-17	(0.7)	45
..18-19	2.0	65
<b>Marital status</b>		
Never married	1.5	105
Ever married	*	5
<b>Knows condom source<sup>2</sup></b>		
Yes	0.4	81
No	(4.5)	29
<b>Residence</b>		
Urban	(3.2)	41
Rural	0.4	69
..Rural 1	(2.8)	11
..Rural 2	(0.0)	58
<b>Education</b>		
Primary	2.2	57
Secondary	0.6	49
More than secondary	*	3
<b>Wealth quintile</b>		
Lowest	*	16
Second	*	15
Middle	(0.0)	35
Fourth	(5.9)	22
Highest	(1.4)	23
<b>Total 15-19</b>	<b>1.4</b>	<b>110</b>

<sup>1</sup> Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

<sup>2</sup> For this table, the following responses are not considered a source for condoms: friends, family members and home

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parenthesis are based on 25-49 unweighted cases.

### **13.8.7 Drunkenness during sex among young adults**

Engaging in sexual intercourse while under the influence of alcohol can impair young peoples' judgments and increase risky behaviour. Young adults who had sex in the 12 months preceding the survey were asked whether they or their partner was drunk at the time of last sex.

A small percentage of young people in Vanuatu reported having sex while drunk. Less than 1% of young women aged 15–24 reported having sex while they were drunk, as did just 5% of young men (Table 13.17). Approximately 6% of young women and 5% of young men reported having sex with a partner who was drunk. Drunkenness during sex was higher in urban areas than rural areas for both males and females.

About 6% of never-married men reported having sex while drunk or with a drunken partner, while less than 1% of married men reported having sex while drunk or with a drunken partner; this behaviour is more common in young men who live in urban areas (8%) than rural areas (3%).

**Table 13.17: Drunkenness during sexual intercourse among youth**

Among all young women and young men aged 15–24, the percentage who had sexual intercourse in the 12 months preceding the survey while being drunk and the percentage who had sexual intercourse while drunk or with a partner who was drunk, by background characteristics, Vanuatu 2013

Background characteristic	Women			Men		
	Had sexual intercourse while drunk (%)	Had sexual intercourse while drunk or with a partner who was drunk (%)	Number of respondents	Had sexual intercourse while drunk (%)	Had sexual intercourse while drunk or with a partner who was drunk (%)	Number of respondents
<b>Age</b>						
15–19	0.4	5.6	508	4.7	4.7	217
..15–17	0.5	4.0	295	0.3	0.3	107
..18–19	0.4	7.7	213	8.9	8.9	110
20–24	1.2	5.9	479	5.2	5.2	199
..20–22	1.2	5.7	309	6.6	6.6	143
..23–24	1.0	6.2	169	1.7	1.7	57
<b>Marital status</b>						
Never married	1.1	6.2	619	5.8	5.8	344
Ever married	0.2	4.8	368	0.6	0.6	72
<b>Knows condom source</b>						
Yes	1.1	6.1	663	5.4	5.4	339
No	0.1	4.8	324	2.9	2.9	77
<b>Residence</b>						
Urban	1.8	7.8	355	8.0	8.0	152
Rural	0.2	4.5	632	3.2	3.2	264
..Rural 1	1.2	5.7	114	3.6	3.6	48
..Rural 2	0.0	4.2	519	3.1	3.1	216
<b>Education</b>						
No education	*	*	27	*	*	15
Primary	0.7	5.1	472	4.9	4.9	214
Secondary	0.9	7.3	422	4.4	4.4	157
More than secondary	1.3	2.2	66	(10.9)	(10.9)	30
<b>Wealth quintile</b>						
Lowest	0.0	0.1	171	(0.0)	(0.0)	62
Second	0.0	6.0	192	(6.8)	(6.8)	82
Middle	0.3	9.1	207	2.0	2.0	93
Fourth	1.1	6.8	186	5.9	5.9	84
Highest	2.2	5.7	231	8.6	8.6	94
<b>Total aged 15–24</b>	<b>0.8</b>	<b>5.7</b>	<b>987</b>	<b>4.9</b>	<b>4.9</b>	<b>416</b>

Notes:

<sup>1</sup> For this table, the following responses are not considered a source for condoms: friends, family members and home.

<sup>2</sup> An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 13.9. PREVALENCE AND SAFETY OF MEDICAL INJECTIONS

HIV and other diseases can be transmitted through the use of non-sterile medical instruments such as syringes used for injections. To measure the potential risk of transmission of HIV associated with medical injections, respondents were asked if they had an injection for any reason in the 12 months preceding the survey. Respondents who indicated that they had an injection were asked how many injections they received, how many of the injections were administered by a healthcare professional, the location (public or private sector) where the healthcare professional administered the injection, and whether the person administering the injection took the syringe from a new, unopened package.

Similar percentages of men and women received a medical injection from a doctor, nurse, pharmacist, dentist, or other health worker in the 12 months preceding the survey. Approximately 13% of women and 12% of men (Table 13.18) indicated that they had received a medical injection. Among these, 93% of women and 90% of men reported that the syringe was taken from a new, unopened package. A larger percentage of men (18%) and women (16%) in urban areas received medical injections than men and women residing in rural areas (9% for men, 12% for women).

**Table 13.18 Prevalence of medical injections**

Percentage of women and men age 15-49 who received at least one medical injection in the last 12 months, the average number of medical injections per person in the last 12 months, and among those who received a medical injection, the percentage of last medical injections for which the syringe and needle were taken from a new, unopened package, by background characteristics, Vanuatu 2013

Background characteristic	Women					Men				
	Received a medical injection in the last 12 months (%)	Average number of medical injections per person in the last 12 months	Number of respondents	For last injection, syringe and needle taken from a new, unopened package	Number of respondents receiving medical injections in the last 12 months	Received a medical injection in the last 12 months (%)	Average number of medical injections per person in the last 12 months	Number of respondents	For last injection, syringe and needle taken from a new, unopened package	Number of respondents receiving medical injections in the last 12 months
<b>Age</b>										
15-24	13.3	0.2	987	94.2	131	13.6	0.2	416	89.6	56
..15-19	11.3	0.2	508	95.1	58	16.2	0.3	217	(93.7)	35
..20-24	15.4	0.3	479	93.6	74	10.7	0.1	199	*	21
25-29	14.9	0.3	404	96.6	60	12.4	0.3	154	*	19
30-39	13.5	0.3	647	93.7	88	11.3	0.2	290	*	33
40-49	11.8	0.5	469	87.4	56	10.6	0.2	207	*	22
<b>Residence</b>										
Urban	16.1	0.4	867	97.3	139	18.4	0.3	388	88.5	72
Rural	11.9	0.2	1,641	90.6	195	8.7	0.1	680	91.3	59
..Rural 1	13.5	0.3	272	94.4	37	9.3	0.2	121	(88.0)	11
..Rural 2	11.6	0.2	1,369	89.7	159	8.5	0.1	559	(92.0)	48
<b>Education</b>										
No education	9.4	0.1	128	*	12	(17.1)	(0.3)	51	*	9
Primary	12.5	0.3	1,417	91.3	177	11.0	0.2	599	91.7	66
Secondary	15.1	0.3	818	96.8	123	12.8	0.2	337	81.8	43
More than secondary	15.5	0.3	144	(95.3)	22	15.6	0.2	80	*	12
<b>Wealth quintile</b>										
Lowest	11.0	0.2	441	(86.6)	48	11.1	0.2	161	*	18
Second	11.1	0.2	496	(85.7)	55	6.9	0.1	201	*	14
Middle	12.8	0.2	503	94.0	64	10.8	0.2	232	(87.3)	25
Fourth	16.1	0.5	519	97.9	84	13.4	0.3	248	(84.4)	33
Highest	15.2	0.3	549	97.3	83	17.9	0.3	226	(87.7)	40
<b>Total 15-49</b>	<b>13.4</b>	<b>0.3</b>	<b>2,508</b>	<b>93.4</b>	<b>335</b>	<b>12.2</b>	<b>0.2</b>	<b>1,068</b>	<b>89.8</b>	<b>130</b>
Total men 15+	na	na	0	na	0	11.9	0.2	1,333	90.1	158

Note: Medical injections are those given by a doctor, nurse, pharmacist, dentist or other health worker

na = not applicable

An asterix indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parenthesis are based on 25-49 unweighted cases.



Among respondents who received a medical injection, 88% of women and 74% of men received the injection in a public health centre (Table 13.19). The most common type of public health centre was a government hospital, where 55% of female recipients and 60% of male recipients received their injections. The second most common location was at a government health centre where 31% of female recipients and 14% of male recipients received a medical injection. About 13% of male recipients received their injection at school, but this was the case for only 4% of female recipients. Just 3% of female recipients and 8% of male recipients received their medical injections in a private medical centre.

The majority of respondents (93% of women, 90% of men) indicated that they received a safe injection where the needle was taken from a new, unopened package, regardless of the institution where the injection was administered. This indicates that there is relatively low risk in Vanuatu of contracting HIV through non-sterile syringes in healthcare centres (Table 13.20).

**Table 13.19: Source of last medical injection**

*Percent distribution of women and men age 15-49 who receive a medical injection in the last 12 months by type of facility where received the last injection, Vanuatu 2013*

Facility for last medical injection	Women	Men
<b>PUBLIC SECTOR</b>	87.6	73.6
..Government hospital	54.9	59.6
..Government health center	31.3	14.0
..Other public	1.4	0.0
<b>PRIVATE MEDICAL</b>	4.0	8.3
..Private hospital/clinic/doctor	2.6	4.2
..Dental clinic/office	0.7	0.0
..Office or home of nurse/health worker	0.7	4.1
..Other place at home	2.1	2.3
..School	3.9	13.3
Other	1.0	1.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Number</b>	<b>335</b>	<b>130</b>

**Table 13.20: Safe injection**

*Among women and men age 15-49 who received an injection from a health worker in the last 12 months, the percentage whose last injection was given with a syringe and needle taken from a new unopened package, according to type of facility where received the last injection, Vanuatu 2013*

Facility for last medical injection	Women	Men
<b>PUBLIC SECTOR</b>	92.7	88.0
..Government hospital	91.2	87.8
..Government health center	95.0	89.0
..Other public	100.0	-
<b>PRIVATE MEDICAL</b>	100.0	100.0
..Private hospital/clinic/doctor	100.0	100.0
..Dental clinic/office	100.0	-
..Office or home of nurse/health worker	100.0	100.0
..Other place at home	100.0	100.0
..School	96.5	100.0
Other	100.0	100.0
<b>Total</b>	<b>93.2</b>	<b>89.5</b>
<b>Number</b>	<b>335</b>	<b>130</b>

## 13.10. DISCUSSION

This chapter presented HIV-related knowledge, attitudes and practices among respondents aged 15–49, as revealed in the 2013 VDHS, including a subset of questions specifically for young people aged 15–24. Overall, the results indicate most ni-Vanuatu have basic knowledge about HIV, how it is transmitted and how to avoid infection. However, only 18% of women and 21% of men have a comprehensive knowledge of HIV. There are opportunities to further improve this knowledge, and to increase the acceptance of people living with HIV (PLHIV). There are also opportunities to reduce levels of risky behaviour within Vanuatu's sexually active population.

Young adults aged 15–24 were the least likely to have comprehensive knowledge about HIV. There is a clear need to reach young people with information about HIV and how to prevent it before they become sexually active. While a small proportion of these youth initiated sex at an early age (under age 15), the youth that have done so have exercised some risky behaviours.

It is likely that the common negative attitudes toward PLHIV observed in the survey are due to fear of HIV and AIDS, and/or cultural and religious beliefs relating to sexuality. Limited acceptance of PLHIV often arises from incomplete knowledge of transmission and fear of social contact with PLHIV. Many people are concerned about transmission through food purchases, and/or are not comfortable with a female teacher with HIV being allowed to teach. When people's fears of infection can be allayed, a more positive and accepting attitude toward PLHIV can emerge. There is a need to reassure people that PLHIV pose absolutely no risk, as long as there is no blood-to-blood, sexual or vertical (mother-to-child) exposure, and that it is safe to live with and care for PLHIV provided these types of exposures are avoided. Increasing knowledge and reassurance can also be a means to encourage more people to access HIV testing, which brings direct benefits through increased treatment, reduced viral loads and reduced transmissibility of infection in people who have HIV and are treated. Community and religious leaders can play an important role in advancing understanding and acceptance of HIV and AIDS and in eliminating stigma and discrimination.

As long as some negative attitudes remain widely held, it is hard to encourage people with HIV or other STIs — and those at most risk of infection — to come forward to access health care, including voluntary and confidential counselling and testing. Negative community attitudes, combined with fears about breaches of confidentiality in healthcare settings, are strong disincentives to health-seeking behaviour. This places the whole community at greater risk, as a larger proportion of people who are infected with HIV remain unaware of their infected status, and may unknowingly infect others. HIV is also more easily transmitted when left untreated, as viral loads rise in both blood and other body fluids.

Only by reducing stigma and ensuring confidentiality can health-seeking behaviours among people at risk of HIV be encouraged, with associated reductions in risk levels for the whole community. Some careful health communication is required to dispel misconceptions, myths and negative, stereotyped beliefs about HIV and people living with the virus.

The 2013 VDHS reveals that there are low levels of risky sexual behaviour in Vanuatu with the lifetime number of sexual partners low among both men and women. Similarly, a small proportion of adolescents had an early age of sexual onset, and the number of both men and women who have had two or more sexual partners in the 12 months preceding the survey was also low. This is likely due to religious and cultural beliefs that prevail throughout Vanuatu. However, young people are more likely to have multiple and non-live-in partners, and often fail to use condoms. Only 4% of young women and 20% of young men used a condom at first sex. Similarly, just 22% of young men used a condom at last sex. This rate of condom use is too low to prevent circulation of STIs such as chlamydia, which requires condom use rates to rise to around 80–90% for effective control. Efforts should continue to maintain the low levels of risky sexual behaviour, but more needs to be done to ensure that young people have access to condoms and the knowledge and skills to use them.

Women have low rates of early initiation into sex, multiple or non-live-in partners, and condom use. While every effort was made to train survey interviewers and ensure that interviews were conducted confidentially, the risk that 'social desirability' affected responses is always present when asking sensitive questions concerning sexual behaviour in surveys such as the 2013 VDHS. It is possible that men are more comfortable reporting such behaviour than women, especially young women, given the widely held cultural beliefs about appropriate behaviour and roles for women, including the need to wait until marriage before having monogamous sex with one's husband. These views are widely held by both men and women, and this may influence female respondents' willingness to report sexual behaviour outside of or before marriage.

The 2013 VDHS has provided important baseline information about community knowledge and beliefs concerning HIV. This will be useful in improving the HIV response in Vanuatu, assisting policy-makers in developing and implementing relevant policies and guiding programme managers to design and implement programmes that most effectively reach those in need. Such programmes could include prevention messages that aim at educating the population, encourage the upgrade of voluntary and confidential counselling and testing centres, and associated services, and to promote more caring and accepting community attitudes toward PLHIV. The keys to making this happen include both public and school-based education, improving the status of women, and increasing community access to and acceptance of condoms. The 2013 VDHS did not provide specific information on some of the key-affected populations often associated with HIV and AIDS. These populations include men who have sex with men, transgender populations, sex workers, and drug users. It will be important to supplement this VDHS with similar information on these populations.

### Key findings

- About 11% of all people aged 5 and over reported having some form of disability.
- Difficulties in seeing, hearing and walking or climbing were the most common types of disabilities reported during the survey.
- The prevalence of disability increases with age, from about 4% among children aged 5–17, to 9% among people aged 18–59, and 61% among those aged 60 and above.
- The prevalence of disability was higher among rural population compared to urban population (12% and 9%)
- Nearly 4% of men and 3% of women reported having a mild to severe disability.
- Over 14% of people 60 years and older reported having a mild to severe disability compared with 11% with those indicating a moderate to severe disability.
- About 4% of people living in rural areas reported having a mild to severe disability, as compared with nearly 3% of people in urban areas.
- Among those with a primary level education, 66% reported having a mild to severe disability, 62% reported having a moderate to severe disability, and 31% had a severe disability.
- Among those having attained the highest education level, 9% reported having a mild to severe disability, and 3% a moderate to severe disability.
- Among the population who are legally married, 64% had a mild to severe disability, 52% had a moderate to severe disability, and 28% had a severe disability.
- Among the never married, 37% had a severe disability.

### 14.1. INTRODUCTION

People with disabilities are considered to be vulnerable in Vanuatu. They are disadvantaged in work places and in other public places. As a signatory to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Vanuatu agrees to uphold the rights of people with disabilities, and is, therefore, obliged to: “Promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity”.

The main question about disabilities included in the 2013 VDHS was whether a person had any difficulties due to health problems in seeing, hearing, walking or climbing steps, remembering or concentrating, self-care (e.g. washing or dressing, communicating and understanding), or being understood. The 2013 VDHS asked whether a person could see, hear, walk or remember or concentrate at all.

People with disabilities are mostly disadvantaged in workplaces and in other public places. The government of Vanuatu has developed a National Disability Policy and Plan of Action to promote effective service delivery to people with disabilities. The policy, together with the Plan of Action, incorporates many of the provisions in both the Biwako Millennium Framework for Action, and the Convention on the Rights of Persons with Disabilities, which is an indication of a government’s commitment to advancing the status of people with disabilities. Of significance is the fact that this has been done prior to Vanuatu’s ratification of the UNCRPD. These two documents provides the government with a solid framework from which to work together to build a society that is inclusive, barrier-free and rights-based for all our people and call on donor partners, regional agencies, disability organisations, nongovernmental organisations, businesses, to work with the government to ensure that the strategies identified in the policies are achieved.

For the 2013 VDHS, information was collected on each household member age 5 and older about whether he or she had difficulties with seeing, hearing, communicating, walking or climbing stairs, remembering or concentrating, or performing self-care.

## 14.2. DISABILITY

Table 14.1 shows that nearly 11% of all people age 5 and over have some form of disability. The prevalence of disability increases with age, from nearly 4% among children aged 5–17, 9% among people aged 18–59, and 61% among those aged 60 and older. Difficulties in seeing, hearing and walking or climbing stairs were the most common types of disabilities reported during the survey. More men are likely to be having difficulty in hearing than women while women are more likely affected with walking difficulties than men.

**Table 14.1: Disabilities among the population by functional domain and difficulty**

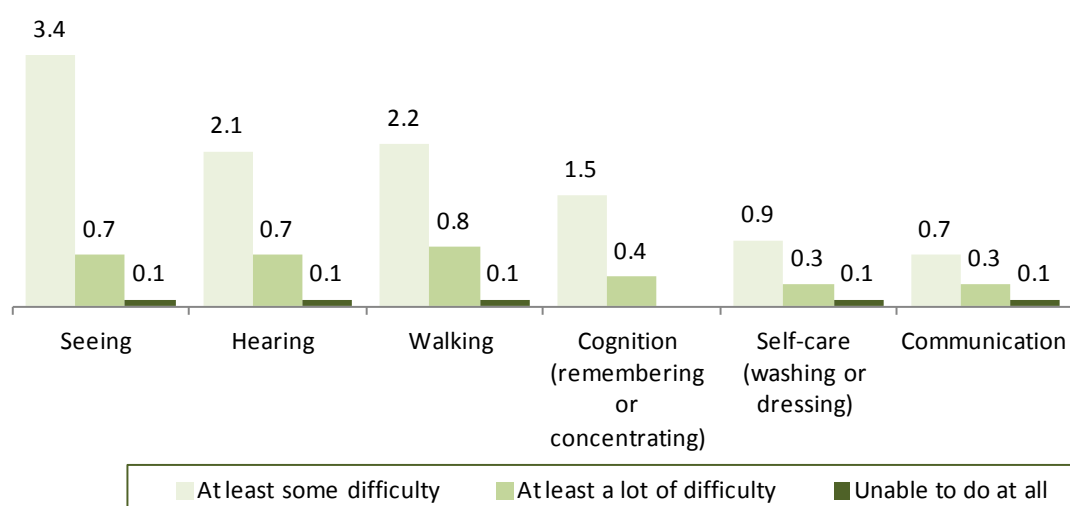
*Population aged 5 years and older with disabilities by functional domain and degree of difficulty, Vanuatu 2013*

Functional domain / Severity	Sex		Residence				Age group			Total
	Male	Female	Urban	Rural	..Rural 1	..Rural 2	5–17	18–59	60+	
<b>Functional domain Seeing</b>										
Some difficulty (mild)	2.8	2.6	2.0	3.0	3.0	3.0	0.3	2.9	13.6	2.7
A lot of difficulty (moderate)	0.7	0.6	0.3	0.8	1.4	0.7	0.1	0.6	4.4	0.7
Cannot do at all (severe)	0.0	0.1	0.0	0.1	0.1	0.1	0.0	0.0	0.4	0.1
Total	3.5	3.3	2.3	3.9	4.4	3.8	0.4	3.4	18.3	3.4
<b>Functional domain Hearing</b>										
Some difficulty (mild)	1.7	1.1	0.9	1.6	1.4	1.7	0.7	1.0	8.9	1.4
A lot of difficulty (moderate)	0.5	0.6	0.2	0.8	0.4	0.8	0.5	0.3	3.6	0.6
Cannot do at all (severe)	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.2	0.1
Total	2.3	1.8	1.2	2.5	1.9	2.6	1.1	1.4	12.7	2.1
<b>Functional domain Walking</b>										
Some difficulty (mild)	1.1	1.8	1.3	1.5	1.5	1.5	0.3	1.4	7.4	1.4
A lot of difficulty (moderate)	0.4	0.9	0.6	0.7	0.8	0.7	0.1	0.4	5.7	0.7
Cannot do at all (severe)	0.2	0.1	0.1	0.1	0.3	0.1	0.1	0.1	0.4	0.1
Total	1.7	2.8	2.0	2.4	2.7	2.3	0.5	2.0	13.5	2.2
<b>Functional domain Cognition (remembering or concentrating)</b>										
Some difficulty (mild)	1.1	1.1	1.2	1.1	1.0	1.1	0.3	0.9	7.2	1.1
A lot of difficulty (moderate)	0.3	0.4	0.3	0.3	0.6	0.3	0.2	0.3	1.2	0.3
Cannot do at all (severe)	0.0	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.0
Total	1.4	1.5	1.6	1.4	1.8	1.4	0.6	1.2	8.4	1.5
<b>Functional domain Self-care (washing or dressing)</b>										
Some difficulty (mild)	0.6	0.6	0.5	0.6	0.8	0.6	0.2	0.4	4.1	0.6
A lot of difficulty (moderate)	0.3	0.2	0.2	0.2	0.4	0.2	0.1	0.2	0.8	0.2
Cannot do at all (severe)	0.1	0.1	0.1	0.1	0.3	0.1	0.1	0.1	0.3	0.1
Total	1.0	0.8	0.8	0.9	1.5	0.8	0.4	0.7	5.2	0.9
<b>Functional domain Communication</b>										
Some difficulty (mild)	0.5	0.3	0.4	0.4	0.4	0.4	0.3	0.2	1.8	0.4
A lot of difficulty (moderate)	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.9	0.2
Cannot do at all (severe)	0.1	0.0	0.0	0.1	0.1	0.1	0.0	0.1	0.3	0.1
Total	0.8	0.6	0.7	0.7	0.7	0.7	0.5	0.5	2.9	0.7
<b>Total</b>	<b>10.7</b>	<b>10.8</b>	<b>8.6</b>	<b>11.8</b>	<b>13.0</b>	<b>11.6</b>	<b>3.5</b>	<b>9.2</b>	<b>61</b>	<b>10.8</b>
<b>Total</b>	<b>4,607</b>	<b>4,638</b>	<b>3,047</b>	<b>6,198</b>	<b>974</b>	<b>5,224</b>	<b>3,302</b>	<b>5,297</b>	<b>645</b>	<b>9,245</b>

**Table 14.2: Disabilities among the population by prevalence***Prevalence of disabilities among the population aged 5 years and older by domain and degree of difficulty, Vanuatu 2013*

Background characteristic	At least some difficulty (%)	At least a lot of difficulty (%)	Unable to do at all (%)
<b>Functional domain</b>			
Seeing	3.4	0.7	0.1
Hearing	2.1	0.7	0.1
Walking	2.2	0.8	0.1
Cognition (remembering or concentrating)	1.5	0.4	0.0
Self-care (washing or dressing)	0.9	0.3	0.1
Communication	0.7	0.3	0.1

The highest rate of prevalence among disabilities in the category “at least some difficulty” was “seeing” at 3.4%; the lowest rate of prevalence in the category “at least some difficulty” was 0.7% for “communication. The result shows very low rate of prevalence among disabilities in the category ‘unable to do at all’ in all of the functional domain expect remembering or concentrating where there is no one at all.

**Figure 14.1: Prevalence of disabilities among the population aged 5 years and older by functional domain, Vanuatu 2013**

**Table 14.3: Disabilities among the population based on three thresholds***Prevalence of disabilities among the population aged 5 years and older based on three thresholds, Vanuatu 2013*

Background characteristic	Percentage of population aged 5 years and above with:					Total
	No disability	Mild to severe disability	Moderate to severe disability	Severe disability	Not applicable or missing	
<b>Sex</b>						
Male	94.0	3.7	1.8	0.3	0.2	4,607
Female	93.9	3.4	2.4	0.1	0.2	4,638
<b>Age group</b>						
5–17	98.0	1.1	0.9	0.1	0.0	3,302
18–59	94.1	3.8	1.7	0.2	0.3	5,297
60+	72.2	14.3	11.4	1.2	0.9	645
<b>Age</b>						
5–9	98.0	1.1	0.8	0.1	0.0	1,493
10–14	97.8	1.2	1.0	0.0	0.0	1,251
15–19	98.4	0.7	0.6	0.4	0.0	982
20–24	98.0	0.7	1.1	0.0	0.2	952
25–29	97.7	1.2	0.8	0.2	0.2	830
30–34	96.4	1.6	1.2	0.4	0.3	638
35–39	96.8	1.9	1.3	0.0	0.0	664
40–44	94.5	3.9	1.1	0.1	0.4	563
45–49	90.3	6.8	2.8	0.1	0.1	451
50–54	81.4	13.1	4.9	0.1	0.5	482
55–59	79.8	14.5	4.3	0.1	1.2	293
65+	72.2	14.3	11.4	1.2	0.9	645
<b>Residence</b>						
Urban	95.4	2.7	1.5	0.1	0.3	3,047
Rural	93.2	4.0	2.4	0.3	0.2	6,198
..Rural 1	93.6	3.3	2.4	0.4	0.3	974
..Rural 2	93.1	4.1	2.3	0.2	0.2	5,224
<b>Wealth index quintile</b>						
Lowest	91.6	4.7	3.1	0.4	0.2	1,773
Second	92.4	4.6	2.7	0.0	0.3	1,834
Middle	94.9	2.9	1.8	0.3	0.1	1,866
Fourth	95.7	2.5	1.4	0.2	0.2	1,863
Highest	94.9	3.2	1.5	0.1	0.3	1,910
<b>Total</b>	<b>93.9</b>	<b>3.6</b>	<b>2.1</b>	<b>0.2</b>	<b>0.2</b>	<b>9,245</b>

**Table 14.4: Disabilities by educational attainment and marital status***Educational attainment and marital status among the population by disability status, Vanuatu 2013*

Background characteristic	Percentage of population aged 5 years and older with:					Total
	No disability	Mild to severe disability	Moderate to severe disability	Severe disability	Not applicable or missing	
Never attended to school	8.5	11.3	21.8	(48.4)	*	9.0
<b>Education</b>						
No education/Pre-school/ Other	15.6	13.1	25.0	(57.2)	*	15.8
Primary	59.7	65.9	61.6	(31.3)	*	59.9
Secondary	18.2	12.1	8.8	(6.4)	*	17.7
More than secondary (Tertiary/Vocational)	5.0	9.0	3.0	(0.0)	*	5.1
<b>Marital status</b>						
Married legally	34.0	63.5	51.7	(27.9)	*	35.4
De facto	11.3	5.1	1.6	(0.0)	*	10.8
Divorced	0.2	0.3	0.5	(0.0)	*	0.2
Separated	1.0	1.6	1.6	(0.0)	*	1.0
Widowed	2.1	13.8	16.4	(24.7)	*	2.9
Never married	19.9	5.9	14.5	(37.4)	*	19.4
Not applicable (aged less than 15)	30.9	9.8	12.5	(10.0)	*	29.7
<b>Total</b>	<b>8,685</b>	<b>329</b>	<b>191</b>	<b>20</b>	<b>19</b>	<b>9,245</b>

Table 14.3 and 14.4. shows the prevalence of disabilities among the population aged 5 years and older based on three thresholds by background characteristics. The three thresholds are calculated as:

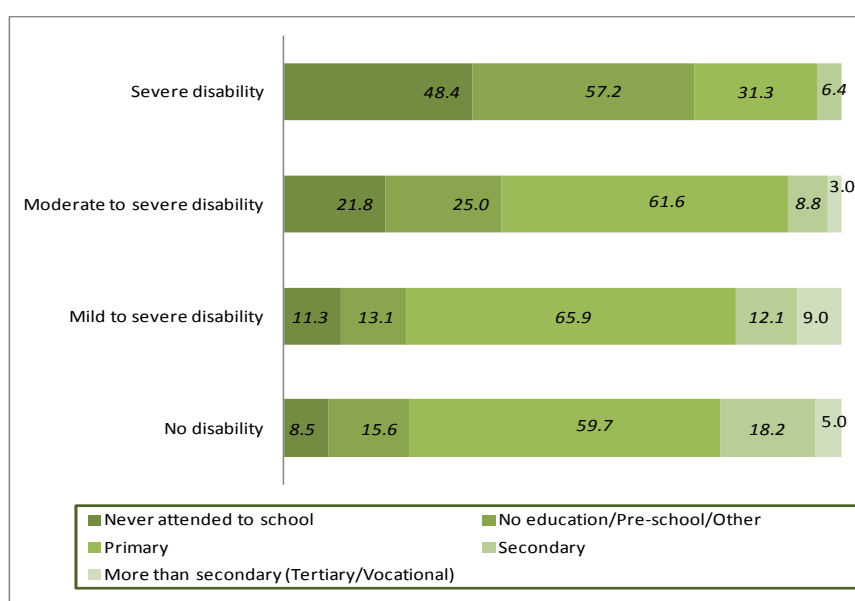
1. Mild to severe disability – at least one of the six domain is scored ‘some difficulty or highe’
2. Moderate to severe disability – at least one of the six domain is scored ‘a lot of difficulty or higher’
3. Severe disability – at least one of the six domain is scored ‘cannot do it at all’

Females are more likely to have moderate to severe disability than males and rural population are reported to have more mild to severe disability and moderate to severe disability than urban population. Adults are also reported to have more moderate to severe disability than young population.

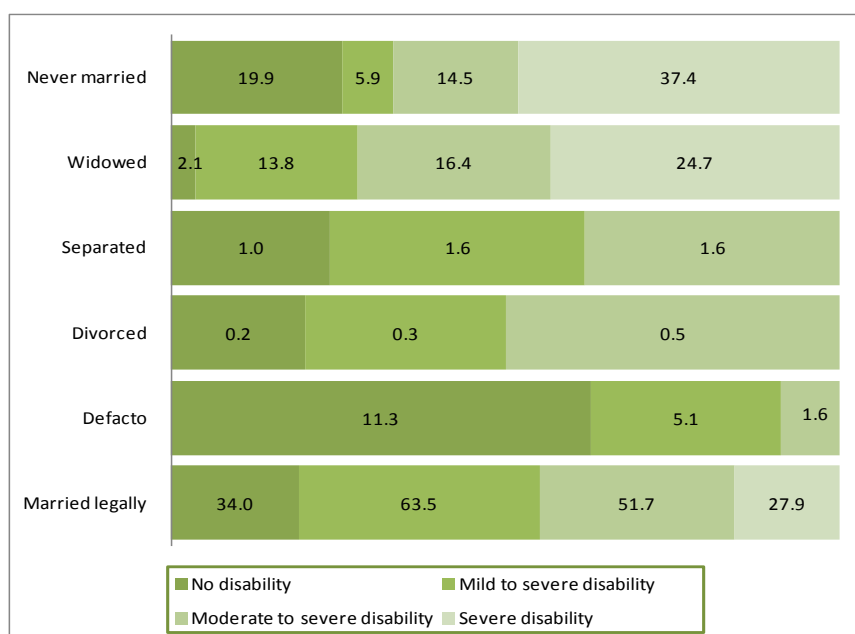
Among the population with a primary level education, 66% reported having a mild to severe disability, 62% had a moderate to severe disability, and 31% had a severe disability. Among those having attained the highest education level, 9% had a mild to severe disability, and 3% had a moderate to severe disability.

Among the population who are legally married, 64% had a mild to severe disability, 52% had a moderate to severe disability, and 28% had a severe disability. Among the never married, 37% had a severe disability.

**Figure 14.2: Disability status by educational attainment, Vanuatu 2013**



**Figure 14.3: Disabilities by marital status, Vanuatu 2013**





## CHAPTER 15      WOMEN'S EMPOWERMENT AND DEMOGRAPHIC AND HEALTH OUTCOMES

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### Key findings

- 63% of men believe that a wife alone, or jointly with her husband, should participate in all five specified decisions: 1) major household purchases, 2) household purchases for daily needs, 3) visits to wife's family or relatives, 4) what to do with the money the wife earns, and 5) how many children to have.
- About 6% of men in rural areas are not in favour of women making or being part of household decision-making, although this percentage declines with education level.
- A greater proportion of men in higher wealth quintiles feel that woman should be part of household decision-making.
- 91% of men agreed that both men and women should make decisions on how many kids to have and how to spend cash earned by women.
- 60% of women feel that wife beating is justified in certain circumstances.
- The most widely accepted reason for wife beating is neglecting the children (49%).
- 63% of women believe that a woman has the right to refuse sex with her husband for all three specific reasons: 1) she knows the husband has a sexually transmitted infection (STI), 2) she knows the husband has intercourse with other women, and 3) she is tired or not in the mood.
- 66% of men believe that a woman has the right to refuse sex with her husband for all the specific reasons: 1) she knows the husband has a sexually transmitted infection (STI), 2) she knows the husband has intercourse with other women, and 3) she is tired or not in the mood.
- 16% of men believe that the most acceptable response if a wife refuses to have sex with her husband is for the husband to get angry and reprimand her.
- 79% of men disagree with any action a man would take against his wife for refusing to have sex.

### 15.1. INTRODUCTION

The study of women's empowerment is of considerable interest because of its association with other demographic and health outcomes. Understanding women's status and empowerment contributes to and provides better explanations of other related demographic and health outcomes. The 2013 VDHS Women's Questionnaire not only collected data on general background characteristics (e.g. age, education, wealth and employment status) of female respondents, but also data more specific to women's empowerment. This chapter examines women's empowerment through types of income earning, the magnitude of a woman's earnings relative to those of her husband or partner, and control over the use of a woman's earnings and those of her husband or partner.

The Women's Questionnaire also collected data on women's participation in household decision-making processes, the circumstances under which a woman is justified in refusing to have sexual intercourse with her husband or partner, and women's attitudes towards wife beating. For this report, three separate indices of empowerment were developed based on the number of household decisions in which the respondent participated, her opinion on the number of reasons that justify wife beating and the circumstances under which a woman is justified for refusing sexual intercourse with her husband or partner. The ranking of women on these three indices is then related to selected demographic and health outcomes, including contraceptive use, ideal family size, unmet need for contraception, and receipt of healthcare services during pregnancy, childbirth and the postnatal period.

### 15.2. EMPLOYMENT AND FORMS OF EARNINGS

Like education, employment can be a source of empowerment for both women and men. It may be particularly empowering for women if it puts them in control of income. Currently married respondents were asked whether they were employed at the time of the survey and if not, whether they were employed in the 12

months preceding the survey. Table 15.1 shows the distribution of currently married women and men aged 15–49 who were employed in the 12 months preceding the survey by type of earnings and according to their age group. About 63% of currently married women and almost 98% of currently married men aged 15–49 were employed at some time in the year prior to the 2013 VDHS.

The percentage of currently employed women is lowest in the 15–19 age group and increases with age. The low employment rate among young women is expected because some are students at secondary school and higher learning institutions, and so are not available to work. The percentage of men employed also increases with age (from ages 20–44). For those who are working, equal proportion of women and men are likely to be paid in cash only (48%), while 42% of women compared to 41% men worked without pay in the 12 months preceding the survey. Meanwhile, an equal proportion (7%) of women and men who worked in the 12 months preceding the survey indicated to be paid in cash and in-kind.

**Table 15.1: Employment and cash earnings of currently married women**

*Percentage of currently married women and men aged 15–49 who were employed at any time in the 12 months preceding the survey, and the percent distribution of currently married women and men employed by type of earnings, according to age, Vanuatu 2013*

Age	Currently married respondents		Percent distribution of currently married respondents employed in the 12 months preceding the survey, by type of earnings						Number of women
	Percentage employed	Number of women	Cash only	Cash and in-kind	In-kind only	Not paid	Missing	Total	
<b>WOMEN</b>									
Age									
15–19	*	*	*	*	*	*	*	100.0	29
20–24	52.7	300	47.5	2.0	3.5	47.1	0.0	100.0	158
25–29	61.1	332	49.2	6.4	3.3	41.0	0.1	100.0	203
30–34	67.9	310	48.8	4.8	3.1	43.4	0.0	100.0	210
35–39	65.7	278	50.7	11.6	1.3	36.4	0.0	100.0	182
40–44	66.9	229	50.3	8.8	3.1	37.8	0.0	100.0	153
45–49	68.1	208	42.6	10.1	0.9	46.5	0.0	100.0	142
<b>Total women aged 15–49</b>	<b>62.8</b>	<b>1,714</b>	<b>48.3</b>	<b>7.0</b>	<b>2.5</b>	<b>42.2</b>	<b>0.0</b>	<b>100.0</b>	<b>1,077</b>
Total aged 50+	na	0	na	na	na	na	na	0.0	0
Total aged 15+	na	0	na	na	na	na	na	0.0	0
<b>MEN</b>									
Age									
15–19	*	8	*	*	*	*	*	100.0	8
20–24	90.1	59	(36.8)	(17.8)	(3.7)	(41.7)	(0.0)	100.0	53
25–29	99.1	111	63.5	5.4	0.3	30.8	0.0	100.0	110
30–34	99.7	140	45.5	8.0	2.7	43.8	0.0	100.0	139
35–39	95.5	123	47.1	4.4	4.9	43.7	0.0	100.0	117
40–44	98.9	106	50.4	7.1	7.2	35.3	0.0	100.0	105
45–49	98.0	91	41.9	4.9	2.2	51.1	0.0	100.0	89
<b>Total men aged 15–49</b>	<b>97.5</b>	<b>637</b>	<b>48.0</b>	<b>7.3</b>	<b>3.4</b>	<b>41.3</b>	<b>0.0</b>	<b>100.0</b>	<b>621</b>
Total men aged 50+	90.9	232	23.8	11.2	3.3	61.7	0.0	100.0	211
Total men aged 15+	95.8	869	41.9	8.3	3.4	46.5	0.0	100.0	832

na = not applicable

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 15.3. CONTROL AND RELATIVE MAGNITUDE OF WOMEN'S EARNINGS

Currently married and employed women who earn cash for their work were asked about the relative magnitude of their earnings in comparison with their husband's or partner's earnings. In addition, these women were asked who the main decision-maker is in their household with regard to the use of their earnings. This information can provide insight into women's empowerment within the family and the extent of their control over household decision-making. It is expected that employment and earnings are more likely to empower women if women themselves control their own earnings and perceive their earnings as

significant relative to those of their husband or partner. The 2013 VDHS asked about cash earnings of married women only.

Table 15.2.1 shows the distribution of currently married women who had cash earnings in the 12 months preceding the survey, and shows women's control over their own earnings, and their perception of the magnitude of their earnings relative to those of their husband or partner: 26% of women decide for themselves how their earnings are spent, 50% make decisions jointly with their husband or partner, while 21% report that the decision is mainly made by their husband or partner.

Younger women are generally more independent in making decisions on how their cash earnings are spent than older women. Women in urban areas are more likely (35%) than rural women (18%) to make their own decisions on how their cash earnings are spent, while Rural 2 women are the least likely (14%) to make their own decisions. Conversely, men in urban areas are more likely to make these decisions (22%) than men in rural areas (20%). Joint decisions are more likely to involve older women than younger women and are more common in rural areas (59%) than elsewhere.

Among working women, 31% report that their earnings exceed those of their husband or partner, and 47% report that their earnings are less than those of their husband or partner. Only 3% of currently married working women report that their husband or partner does not bring in any money. Women earn more than their husband or partner in most (five out of seven) age groups, and the proportion of women who earn less than their husband or partner is significantly lower in only one age group (35–39). Women who have no living children are more likely to earn more money than their husband than women with living children.

Half the total number of working women with cash earnings less than working men are residing in Urban areas while more than 30% earn more than men. Women with higher levels of education generally earn more money than their husband or partner.

#### **15.4. CONTROL OVER MEN'S CASH EARNINGS**

Table 15.2.2 shows data on who decides how men's cash earnings are spent, by background characteristics. Among married women whose husbands receive cash earnings, 29% report that their husband or partner is the main decision-maker on the use of his cash earnings. However, 23% of married men aged 15 and older report that they are the main decision-maker. Data show that 50% of women and 57% of men report that decision-making is a joint process between a husband and a wife. Decision-making regarding spending of the earnings of a husband or partner is more likely to be a joint process among women with higher education level.

**Table 15.2.1: Control over women's cash earnings and relative magnitude of women's earnings — Women**

*Percent distribution of currently married women aged 15–49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, Vanuatu 2013*

Background characteristic	Person who decides how the wife's cash earnings are used					Women's cash earnings compared with husband's cash earnings					Number of women	
	Mainly wife	Wife and husband jointly	Mainly husband	Missing	Total	More	Less	About the same	Husband/partner has no earnings	Do not know/ Missing		Total
<b>Age</b>												
15–19	*	*	*	*	*	*	*	*	*	*	100.0	13
20–24	17.3	56.9	18.1	7.6	100.0	26.1	50.5	13.2	4.2	5.9	100.0	78
25–29	23.8	52.0	22.4	1.8	100.0	34.8	42.9	16.1	4.0	2.1	100.0	113
30–34	27.5	43.9	27.4	1.2	100.0	39.4	36.1	21.6	0.0	2.9	100.0	113
35–39	24.8	49.3	23.8	2.2	100.0	24.9	57.5	10.9	3.4	3.4	100.0	114
40–44	39.9	47.5	12.2	0.4	100.0	36.6	50.3	11.1	0.5	1.4	100.0	90
45–49	24.5	53.5	18.8	3.2	100.0	21.2	46.1	22.1	4.6	6.0	100.0	75
<b>Number of living children</b>												
0	17.2	52.3	28.5	1.9	100.0	41.4	39.9	14.6	2.1	1.9	100.0	55
1–2	28.9	48.0	19.9	3.2	100.0	32.5	45.4	17.0	2.3	2.9	100.0	212
3–4	24.0	49.4	24.2	2.4	100.0	31.7	45.0	16.3	2.6	4.3	100.0	219
5+	29.7	55.4	13.6	1.3	100.0	22.9	54.7	15.1	4.4	2.8	100.0	109
<b>Residence</b>												
Urban	34.6	41.0	22.1	2.3	100.0	33.5	50.8	9.4	1.9	4.3	100.0	296
Rural	17.8	59.4	20.2	2.6	100.0	29.1	42.1	22.9	3.6	2.3	100.0	299
..Rural 1	30.9	49.9	16.2	3.0	100.0	29.9	42.4	16.3	6.1	5.3	100.0	62
..Rural 2	14.4	61.9	21.2	2.5	100.0	28.9	42.1	24.6	2.9	1.5	100.0	237
<b>Education</b>												
No education	*	*	*	*	*	*	*	*	*	*	100.0	9
Primary	25.3	51.0	22.1	1.6	100.0	24.2	51.7	17.8	3.2	3.0	100.0	273
Secondary	29.7	45.1	21.6	3.6	100.0	36.6	42.6	14.1	2.4	4.2	100.0	252
More than secondary	18.9	64.4	15.3	1.4	100.0	41.7	38.5	15.8	2.5	1.4	100.0	62
<b>Wealth quintile</b>												
Lowest	(15.6)	(66.3)	(18.1)	(0.0)	100.0	(28.6)	(43.5)	(27.8)	(0.0)	(0.0)	100.0	50
Second	11.0	64.4	21.4	3.2	100.0	23.6	39.3	31.4	5.2	0.5	100.0	81
Middle	20.0	55.4	19.3	5.3	100.0	26.3	48.5	17.1	2.2	6.0	100.0	103
Fourth	31.6	43.8	23.6	0.9	100.0	39.8	44.8	8.4	4.4	2.5	100.0	156
Highest	33.7	43.1	20.8	2.5	100.0	31.1	50.2	12.7	1.5	4.5	100.0	205
<b>Total</b>	<b>26.2</b>	<b>50.3</b>	<b>21.1</b>	<b>2.4</b>	<b>100.0</b>	<b>31.3</b>	<b>46.5</b>	<b>16.2</b>	<b>2.8</b>	<b>3.3</b>	<b>100.0</b>	<b>596</b>

<sup>1</sup> An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

**Table 15.2.2: Control over men's cash earnings**

Percent distribution of currently married men aged 15–49 who receive cash earnings and of currently married women aged 15–49 whose husbands receive cash earnings, by person who decides how men's cash earnings are used, according to background characteristics, Vanuatu 2013

Background characteristic	Women							Men					
	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number	Mainly wife	Husband and wife jointly	Mainly husband	Missing	Total	Number
<b>Age</b>													
15–19	(15.1)	(54.7)	(27.4)	(0.9)	(2.0)	100.0	54	*	*	*	*	100.0	2
20–24	11.2	62.3	24.8	0.2	1.5	100.0	291	(8.1)	(57.9)	(20.4)	(13.6)	100.0	29
25–29	11.1	55.8	32.3	0.0	0.8	100.0	323	12.0	62.5	24.2	1.3	100.0	76
30–34	12.8	56.9	29.5	0.0	0.7	100.0	303	12.6	60.6	25.1	1.7	100.0	75
35–39	12.2	56.0	30.9	0.0	0.9	100.0	269	14.1	55.9	19.3	10.8	100.0	60
40–44	16.2	56.3	26.3	0.0	1.1	100.0	228	11.2	63.4	25.4	0.0	100.0	60
45–49	8.2	56.4	32.1	0.1	3.2	100.0	200	13.2	64.9	22.0	0.0	100.0	42
<b>Number of living children</b>													
0	8.3	50.2	39.7	0.2	1.6	100.0	117	(4.5)	(59.7)	(29.3)	(6.6)	100.0	38
1–2	13.8	59.0	25.8	0.1	1.3	100.0	606	12.9	63.0	21.0	3.1	100.0	127
3–4	12.0	55.6	31.3	0.0	1.2	100.0	584	14.6	55.4	26.6	3.5	100.0	125
5+	10.5	59.4	28.5	0.1	1.5	100.0	362	9.8	71.4	15.2	3.6	100.0	54
<b>Residence</b>													
Urban	16.4	46.9	34.6	0.0	2.0	100.0	527	15.8	53.5	24.7	6.0	100.0	162
Rural	10.1	62.1	26.8	0.1	1.0	100.0	1,143	8.9	68.0	21.5	1.6	100.0	182
..Rural 1	12.7	52.2	33.3	0.7	1.1	100.0	174	7.1	59.3	33.5	0.0	100.0	39
..Rural 2	9.6	63.8	25.6	0.0	1.0	100.0	968	9.3	70.4	18.2	2.1	100.0	142
<b>Education</b>													
No education	6.4	64.9	26.5	0.0	2.2	100.0	99	*	*	*	*	100.0	9
Primary	10.9	58.6	29.5	0.0	1.0	100.0	1,013	8.8	65.9	19.9	5.3	100.0	168
Secondary	16.5	53.0	28.6	0.1	1.7	100.0	475	17.2	53.1	28.9	0.8	100.0	123
More than secondary	7.6	56.2	34.1	0.0	2.1	100.0	82	(9.3)	(64.3)	(19.7)	(6.6)	100.0	42
<b>Wealth quintile</b>													
Lowest	11.0	69.5	19.5	0.0	0.0	100.0	307	*	*	*	*	100.0	29
Second	7.2	60.9	30.7	0.0	1.2	100.0	360	(11.6)	(75.2)	(6.6)	(6.6)	100.0	45
Middle	12.9	56.2	28.7	0.2	2.0	100.0	337	5.9	65.5	28.6	0.0	100.0	73
Fourth	15.8	51.3	31.8	0.0	1.2	100.0	344	20.3	50.4	24.6	4.7	100.0	107
Highest	13.8	49.2	34.9	0.1	2.0	100.0	321	10.2	56.7	27.8	5.2	100.0	90
<b>Total aged 15–49</b>	<b>12.1</b>	<b>57.3</b>	<b>29.3</b>	<b>0.1</b>	<b>1.3</b>	<b>100.0</b>	<b>1,670</b>	<b>12.1</b>	<b>61.2</b>	<b>23.0</b>	<b>3.7</b>	<b>100.0</b>	<b>343</b>
Total men aged 50+	na	na	na	na	na	0.0	0	11.6	60.1	23.6	4.7	100.0	74
Total men aged 15+	na	na	na	na	na	0.0	0	12.0	61.0	23.1	3.9	100.0	417

na = not applicable

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

## 15.5. WOMEN'S CONTROL OVER HER OWN EARNINGS AND OVER THOSE OF HER HUSBAND

The 2013 VDHS included questions addressing women's control over their own earnings and also over those of their husband. This information may help provide further insight into women's empowerment within the family directly and indirectly in the community. Table 15.3 shows, for currently married women who earned cash in the 12 months preceding the survey, the person who decides how their cash earnings are used, and for all currently married women, the person who decides how their husband's or partner's cash earnings are used according to the relative magnitude of the earnings of women and their husband or partner.

If women earn more than their husband or partner, they are more likely to make decisions on their own about the use of their earnings (33%) than let their husband or partner make decisions about the use of their earnings (26%). In contrast, if women earn less than their husband or partner, they are more likely to make decisions on their own (26%) or let their husband or partner make decisions about the use of their earnings

(23%). Where women's earnings are equal to their partners earnings, women are more likely than men to make decisions about how women's earnings are spent and are much more likely to make joint decisions (66%, as compared with 45% where women's earnings are higher, and 52% where women's earnings are lower than their husband or partners earnings). The general patterns are similar for decision-making regarding husband or partners earnings, with the exception that joint decision-making is more commonplace than for women's earnings, and a lower proportion of women make decisions over spending of their husband or partner's earnings.

**Table 15.3: Women's control over her own earnings and over those of her husband.**

*Percent distribution of currently married women aged 15–49 with cash earnings in the 12 months preceding the survey by person who decides how the woman's cash earnings are used, and of currently married women aged 15–49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between woman's and husband's cash earnings, Vanuatu 2013*

Women's earnings relative to husband's earnings	Person who decides how the wife's cash earnings are used					Total	Number	Person who decides how husband's cash earnings are used					Total	Number of women
	Mainly wife	Wife and husband jointly	Mainly husband	Missing				Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing		
More than husband/partner	33.3	44.9	21.8	0.0	100.0	186	20.1	46.4	32.3	0.0	1.2	100.0	185	
Less than husband/partner	25.8	51.5	22.7	0.0	100.0	277	14.3	50.8	34.7	0.0	0.2	100.0	277	
Same as husband partner	16.9	65.7	17.4	0.0	100.0	96	12.5	70.8	16.7	0.0	0.0	100.0	96	
Husband/ partner has no cash earnings/did not work	*	*	*	*	100.0	16	na	na	na	na	na	0.0	0	
Woman has no cash earnings	na	na	na	na	0.0	0	12.5	54.3	32.6	0.1	0.5	100.0	474	
Woman did not work in last 12 months	na	na	na	na	0.0	0	8.2	64.8	25.6	0.1	1.2	100.0	619	
Don't know/ Missing	(18.1)	(15.1)	(4.5)	(62.3)	100.0	20	*	*	*	*	*	100.0	19	
<b>Total</b>	<b>26.2</b>	<b>50.3</b>	<b>21.1</b>	<b>2.4</b>	<b>100.0</b>	<b>596</b>	<b>12.1</b>	<b>57.3</b>	<b>29.3</b>	<b>0.1</b>	<b>1.3</b>	<b>100.0</b>	<b>1,670</b>	

na = not applicable

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

## 15.6. WOMEN'S EMPOWERMENT

In addition to educational attainment, employment status and control over earnings, information was obtained on some direct measures of women's autonomy and status. Specifically, questions were asked about women's participation in household decision-making, their acceptance of wife beating and their opinions about the circumstances under which a woman is justified in refusing to have sexual intercourse with her husband or partner. Such information provides insight into women's control over their environment and their attitudes toward gender roles, both of which are relevant to understanding women's demographic and health behaviour.

The first measure — women's participation in decision-making — requires little explanation because the ability to make decisions about one's own life is of obvious importance to women's empowerment. The other two measures are derived from the notion that gender equity is essential to empowerment. Responses that indicate a view that a husband beating his wife is justified reflect a low status of women, and signify the acceptance of norms that give men the right to use force against women, which is a violation of women's human rights. Similarly, beliefs about whether and when a woman can refuse to have sex with her husband or partner reflect issues of gender equity regarding sexual rights and bodily integrity. Besides yielding an important measure of empowerment, information about women's attitudes toward sexual rights is useful for improving and monitoring reproductive health programmes that depend on women's willingness and ability to control their own sexual lives.

### 15.6.1 Women's participation in decision-making

To assess women's decision-making autonomy, questions were asked about women's participation in four types of household decisions: 1) the respondent's own health care, 2) making major household purchases, 3)

making household purchases for daily needs, and 4) visiting her family or relatives. During the 2013 VDHS, currently married women were asked about decision-making. Having a final say in the decision-making processes is the highest degree of autonomy. Women are considered to participate in a decision if they alone or jointly with their husband or partner have the final say in that decision.

Table 15.4.1 shows that decision-making in the household depends on what is being decided on. Making joint decisions is most common, especially for visits to family and relatives — women and men are equally likely to make independent decisions on this topic. Joint decision-making is least common for women’s healthcare decisions and purchases of daily household needs for which equally 18% of married women make their own decisions compare with 23% of men who make the independent decision on behalf of his wife or partner. Women are more likely than men to make independent decisions on major household purchases and purchases of daily household goods.

**Table 15.4.1: Women's participation in decision-making**

*Percent distribution of currently married women by the person who usually makes decisions about four kinds of issues, Vanuatu 2013*

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Missing	Total	Number of women
Own health care	17.9	57.8	22.7	0.6	0.2	0.9	100.0	1,714
Major household purchases	13.6	58.7	26.2	0.4	0.3	0.9	100.0	1,714
Purchases of daily household needs	17.8	57.9	22.8	0.3	0.2	0.9	100.0	1,714
Visits to her family or relatives	13.6	63.2	21.8	0.3	0.2	0.9	100.0	1,714

The 2013 VDHS also asked currently married men whether they think the husband or wife should have a greater say in making decisions about five different issues: 1) major household purchases, 2) household purchases for daily needs, 3) visits to wife’s family or relatives, 4) what to do with the money the wife earns, and 5) how many children to have. Table 15.4.2 shows that 19% of men think husbands should have a greater say in decisions about major household purchases, and 13% of men think husbands should have a greater say about their wives’ visits to their family or relatives, while about 76% think that both the husband and wife should make joint decisions about major household purchases only. About 25% of men think that women should have a greater say in decisions relating to purchases of daily household needs, compared with 64% who think that it should be a joint decision. More than 8% of currently married men believe that the number of children to have should be decided mainly by the husband, with 89% saying the decision should be made jointly. Less than 7% of currently married men think that a wife should have a greater say in deciding what to do with the money she earns, while 84% think it should be a joint decision.

**Table 15.4.2: Women's participation in decision-making according to currently married men**

*Percent distribution of currently married men aged 15–49 by the person who they think should have a greater say in making decisions about five kinds of issues, Vanuatu 2013*

Decision	Wife	Wife and husband equally	Husband	Do not know/ depends	Missing	Total	Number of men
Major household purchases	4.9	75.8	19.2	0.0	0.1	100.0	637
Purchases of daily household needs	25.1	64.4	9.3	1.1	0.1	100.0	637
Visits to wife's family or relatives	5.3	80.6	13.0	1.0	0.1	100.0	637
What to do with the money wife earns	6.8	83.8	8.4	0.9	0.1	100.0	637
How many children to have	1.7	89.4	8.1	0.6	0.1	100.0	637

Table 15.5.1 shows how women’s participation in decision-making varies by background characteristics. Although 66% of currently married women participate in making all four types of decisions (about: 1) the respondent’s own health care, 2) making major household purchases, 3) making household purchases for daily needs, and 4) visiting her family or relatives), 18% do not participate in any of the four decisions.

Women’s participation in all four decisions increases with age, from 61% among women aged 15–19 to 66% among those aged 45–49. Women who are employed not for cash are less likely than other women to participate in household decision-making: 61% employed not for cash participate in making all household decisions, compared with 71% of unemployed women. This implies that wage or salaried employment is associated with a small increase in women’s decision-making power.

The percentage of women that have a say in all four areas of decision-making increases with family size. Women with higher education levels are more likely to be involved in all household decisions compared with those with lower education levels, and the percentage of women who have a say in all four areas of decision-making decreases with wealth quintile. Interestingly, the percentage of women who participate in none of the four decisions is more or less the same for both urban areas (19%) and rural areas (18%).

Women may have a say in some and not in other decisions. To assess a woman's overall decision-making autonomy, the decisions in which she participates (i.e., she alone has the final say or does so jointly with her husband/partner) are added together. The total number of decisions that women participate in is a good indicator of the strength of women's empowerment. Figure 15.1 shows the percentage of currently married women according to the number of decisions in which they participate, either alone or in conjunction with their husband or partner. About one in every five women (18%) say they do not participate in any of the five decisions while less than 5% of currently married women participate in one or two decisions, about 8% participate in three decisions and more than half the total number of currently married women (66%) participate in all five decisions.

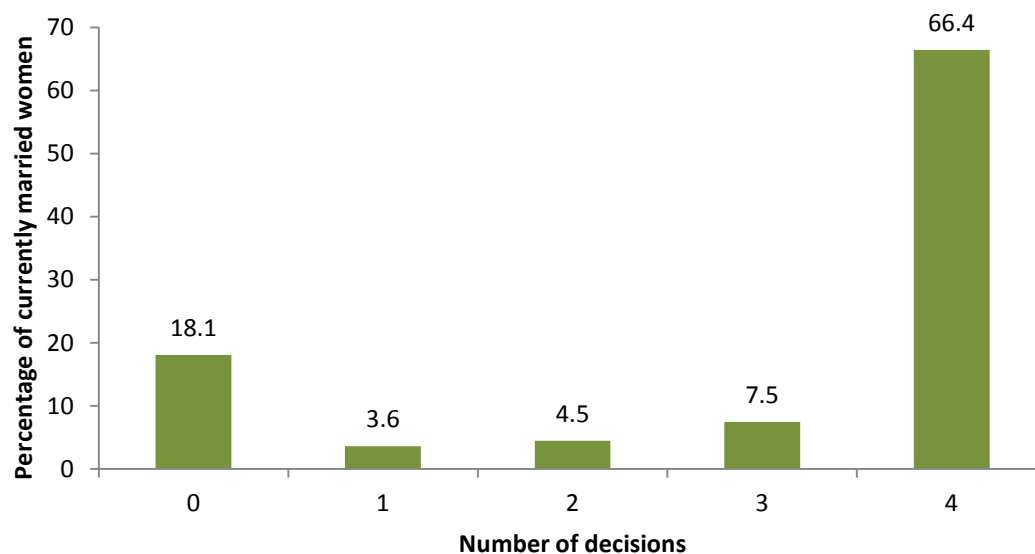
**Table 15.5.1: Women's participation in decision-making by background characteristics.**

*Percentage of currently married women aged 15–49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Vanuatu 2013*

Background characteristic	Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	Participate in all four decisions (%)	Participate in none of the four decisions (%)	Number of women
<b>Age</b>							
15–19	73.2	64.4	69.1	76.4	61.1	22.8	58
20–24	77.0	74.0	77.1	77.3	67.6	16.1	300
25–29	73.3	70.7	73.0	74.7	64.9	22.1	332
30–34	77.5	74.9	79.1	80.3	69.0	15.2	310
35–39	72.9	70.1	74.4	74.9	64.4	20.5	278
40–44	79.3	75.8	80.3	78.6	68.2	12.0	229
45–49	75.2	69.7	72.0	75.0	65.5	21.0	208
<b>Employment (preceding 12 months)</b>							
Not employed	78.8	75.3	77.4	78.3	71.2	16.7	637
Employed for cash	74.1	71.4	74.9	76.7	65.1	18.7	596
Employed not for cash	73.6	69.5	74.7	75.0	61.7	19.1	481
<b>Number of living children</b>							
0	66.0	68.5	70.4	69.5	60.3	22.8	121
1–2	77.6	74.0	77.4	78.7	68.2	16.5	620
3–4	74.9	71.2	75.6	75.5	64.5	18.6	600
5+	77.0	72.4	75.2	78.1	68.5	18.4	372
<b>Residence</b>							
Urban	72.0	68.9	72.3	74.5	61.1	19.0	540
Rural	77.4	73.8	77.3	77.9	68.9	17.6	1,174
..Rural 1	74.2	70.5	76.2	73.8	62.9	18.3	181
..Rural 2	77.9	74.4	77.6	78.6	69.9	17.5	993
<b>Education</b>							
No education	77.9	76.9	76.0	78.2	75.5	20.7	101
Primary	75.1	71.3	75.1	77.4	65.2	17.8	1,042
Secondary	75.7	72.1	76.5	75.2	66.4	18.6	486
More than secondary	80.2	80.1	79.5	77.6	70.7	15.4	84
<b>Wealth quintile</b>							
Lowest	80.4	79.2	79.9	81.1	76.1	16.8	315
Second	75.2	73.2	74.9	76.8	67.0	19.9	365
Middle	73.1	68.9	75.3	74.7	62.8	19.0	347
Fourth	76.9	70.0	74.8	77.5	63.3	14.4	359
Highest	72.9	70.7	74.3	74.1	63.6	20.4	329
<b>Total</b>	<b>75.7</b>	<b>72.3</b>	<b>75.8</b>	<b>76.8</b>	<b>66.4</b>	<b>18.1</b>	<b>1,714</b>



**Figure 15.1: The number of decisions in which women participate, Vanuatu 2013**



Note: The decisions include: 1) the respondent's own health care, 2) making major household purchases, 3) making household purchases for daily needs, 4) visiting her family or relatives, and 5) what to do with money husband earns.

### 15.6.2 Men's attitudes toward wife's participation in decision-making

Table 15.5.2a shows the percentage of currently married men who believe that a wife should make decisions alone or jointly with her husband on five different issues: 1) major household purchases, 2) household purchases for daily needs, 3) visits to wife's family or relatives, 4) what to do with the money the wife earns, and 5) the number of children to have. Table 15.5.2b also presents the same information but on six different issues including the same five issues above with the decision on health care.

About 74% of men aged 15 and older believe that a wife alone or jointly with her husband should participate in all five specified decisions, compared with 5% of men who believe that a wife should not participate in any of the specified decisions. In Table 15.5.2b, 68% of currently married men aged 15 and older believe that a wife alone or jointly with her husband should participate in all six specified decisions, compared with 5% of men who believe that a wife should not participate in any of the specified decisions.

The proportion of men who feel that women should not have a say in any of the specified decisions is highest in rural areas (6%) and lowest in urban areas (less than 1%), and highest with education level. The proportion of men who feel that women should have a say in all of the specified decisions increases with the wealth quintile of the household.

About 91% of men think that a wife alone or jointly with her husband or partner should make decisions about how many children to have, and think the same about how to spend the money she earns. Over 80% of men think that a wife alone or jointly with her husband or partner should make decisions about purchases for daily household needs, about major household purchases and about visits to her family or relatives.

### 15.6.3 Attitudes toward wife beating

Violence against women has serious consequences for women's mental and physical well-being, including their reproductive and sexual health (WHO 1999). One of the most common forms of violence against women worldwide is abuse by a husband or partner (Heise et al. 1999)

The 2013 VDHS gathered information on women's attitudes toward wife beating, a proxy for women's perception of their status. Women who believe that a husband is justified in hitting or beating his wife for any of the specified reasons may believe themselves to be low in status, both absolutely and relative to men. Such a perception could act as a barrier to accessing health care for them and their children, affect their attitude toward contraceptive use, and impact their general wellbeing. Women were asked whether a husband is justified in beating his wife under five circumstances: if the wife 1) burns the food, 2) argues with her husband or partner, 3) goes out without telling her husband or partner, 4) neglects the children, and 5) refuses her husband or partner sexual relations. Table 15.6.1 summarises women's attitudes toward wife beating in these five specific circumstances.

About 60% of women find wife beating justified in certain circumstances. This indicates that although many Vanuatu women do not accept violence as part of male–female relationships, a majority do. The most widely accepted reasons for wife beating are neglecting the children (49%) followed by going out without informing the husband or partner (37%). About 21% of women feel that denying sex to the husband or partner or arguing with the husband or partner are justifications for wife beating, and about 24% of women feel that burning food justifies wife beating.

In Vanuatu, acceptance of wife beating for at least one of the specified reasons is higher for married women (62%) than for women who are divorced, separated or widowed (49%) or never married (54%), and increases with family size. Acceptance of wife beating for at least one of the specified reasons is the same for urban women and rural women (60%), and high in middle wealth quintile (64%) and fourth wealth quintile (61%)

**Table 15.5.2a: Currently married men's attitudes toward wives' participation in decision-making**

*Percentage of currently married men aged 15–49 who think a wife should have a greater say alone or equal with her husband on five specific kinds of decisions, by background characteristics, Vanuatu 2013*

Background characteristic	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	What to do with the money the wife earns	How many children to have	All five decisions	None of the five decisions	Number of men
<b>Age</b>								
15–19	*	*	*	*	*	*	*	8
20–24	89.0	95.5	93.1	89.1	95.2	83.0	3.7	59
25–29	70.2	84.1	76.0	85.2	85.7	67.4	9.8	111
30–34	82.0	93.5	88.7	92.0	93.2	77.4	5.1	140
35–39	76.4	85.5	83.1	87.3	92.8	67.5	2.4	123
40–44	87.7	86.8	88.6	92.8	95.1	74.9	4.0	106
45–49	84.7	93.7	91.4	96.8	89.8	77.1	2.1	91
<b>Employment (preceding 12 months)</b>								
Not employed	*	*	*	*	*	*	*	15
Employed for cash	81.4	92.9	90.0	93.0	95.5	75.5	2.8	343
Employed not for cash	79.4	85.4	80.8	87.9	86.0	69.9	6.3	278
<b>Number of living children</b>								
0	80.4	92.4	87.3	87.8	89.4	74.9	7.1	63
1–2	79.4	91.5	88.0	94.5	93.4	74.7	2.5	208
3–4	80.3	87.0	83.2	88.0	90.3	72.3	6.4	246
5+	83.5	89.5	86.9	90.6	90.0	72.1	3.2	120
<b>Residence</b>								
Urban	83.3	91.2	89.8	92.2	95.8	74.1	0.9	205
Rural	79.3	88.7	84.0	89.8	89.0	72.9	6.4	432
..Rural 1	77.6	88.4	87.5	94.0	94.7	69.2	2.8	71
..Rural 2	79.7	88.7	83.3	89.0	87.8	73.7	7.1	361
<b>Education</b>								
No education	*	*	*	*	*	*	*	32
Primary	78.5	88.3	83.8	90.9	90.0	72.8	5.3	380
Secondary	83.7	92.1	89.8	91.5	95.5	76.5	3.1	174
More than secondary	80.6	84.9	83.3	89.2	88.1	69.7	7.1	49
<b>Wealth quintile</b>								
Lowest	82.8	89.0	79.3	86.4	83.5	72.0	7.4	111
Second	80.9	92.2	85.4	92.0	90.6	74.6	4.5	118
Middle	74.8	83.0	83.0	88.8	87.5	68.6	8.6	147
Fourth	77.7	96.0	90.1	91.1	97.5	74.1	1.2	146
Highest	89.5	87.2	90.9	94.7	95.9	78.2	1.0	115
<b>Total currently married men aged 15–49</b>	<b>80.6</b>	<b>89.5</b>	<b>85.9</b>	<b>90.6</b>	<b>91.2</b>	<b>73.3</b>	<b>4.6</b>	<b>637</b>
Total currently married men aged 50+	80.4	87.6	87.9	90.7	90.8	76.4	6.1	232
Total currently married men aged 15+	80.6	89.0	86.4	90.6	91.1	74.1	5.0	869

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed.

**Table 15.5.2b Men's attitude toward wives' participation in decision making***Percentage of currently married men age 15-49 who think a wife should have the greater say alone or equal say with her husband on six specific kinds of decisions, by background characteristics, Vanuatu 2013*

Background characteristic	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	What to do with the money the wife earns	How many children to have	Health care	All six decisions	None of the six decisions	Number of men
<b>Age</b>									
15-19	*	*	*	*	*	*	*	*	8
20-24	89.0	95.5	93.1	89.1	95.2	84.5	76.9	3.7	59
25-29	70.2	84.1	76.0	85.2	85.7	71.6	58.9	8.9	111
30-34	82.0	93.5	88.7	92.0	93.2	81.2	70.9	5.1	140
35-39	76.4	85.5	83.1	87.3	92.8	79.3	60.3	2.4	123
40-44	87.7	86.8	88.6	92.8	95.1	85.5	70.4	4.0	106
45-49	84.7	93.7	91.4	96.8	89.8	85.9	72.2	2.1	91
<b>Employment (last 12 months)</b>									
Not employed	*	*	*	*	*	*	*	*	15
Employed for cash	81.4	92.9	90.0	93.0	95.5	85.9	70.2	2.8	344
Employed not for cash	79.4	85.4	80.8	87.9	86.0	72.8	62.0	6.3	278
<b>Number of living children</b>									
0	80.4	92.4	87.3	87.8	89.4	82.3	71.3	5.5	63
1-2	79.4	91.5	88.0	94.5	93.4	80.6	69.2	2.5	208
3-4	80.3	87.0	83.2	88.0	90.3	79.6	64.6	6.4	246
5+	83.5	89.5	86.9	90.6	90.0	80.3	65.9	3.2	120
<b>Residence</b>									
Urban	83.3	91.2	89.8	92.2	95.8	82.5	67.0	0.4	205
Rural	79.3	88.7	84.0	89.8	89.0	79.3	67.0	6.4	432
..Rural 1	77.6	88.4	87.5	94.0	94.7	84.1	62.8	2.8	71
..Rural 2	79.7	88.7	83.3	89.0	87.8	78.3	67.8	7.1	361
<b>Education</b>									
No education	*	*	*	*	*	*	*	*	32
Primary	78.5	88.3	83.8	90.9	90.0	80.6	66.1	5.3	380
Secondary	83.7	92.1	89.8	91.5	95.5	80.8	70.4	2.6	174
More than secondary	80.6	84.9	83.3	89.2	88.1	81.1	65.3	7.1	49
<b>Wealth quintile</b>									
Lowest	82.8	89.0	79.3	86.4	83.5	71.8	66.3	7.4	111
Second	80.9	92.2	85.4	92.0	90.6	84.4	71.7	4.5	118
Middle	74.8	83.0	83.0	88.8	87.5	77.8	60.9	8.0	147
Fourth	77.7	96.0	90.1	91.1	97.5	84.1	65.2	1.2	146
Highest	89.5	87.2	90.9	94.7	95.9	82.8	72.8	1.0	115
<b>Total 15-49</b>	<b>80.6</b>	<b>89.5</b>	<b>85.9</b>	<b>90.6</b>	<b>91.2</b>	<b>80.3</b>	<b>67.0</b>	<b>4.4</b>	<b>637</b>
50+	80.4	87.6	87.9	90.7	90.8	82.6	69.8	6.1	232
Total men 15+	80.6	89.0	86.4	90.6	91.1	80.9	67.7	4.9	869

<sup>1</sup> An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed.

**Table 15.6.1: Women's attitudes toward wife beating**

Percentage of all women aged 15–49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Vanuatu 2013

Background characteristic	Husband is justified in hitting or beating his wife if she:					Agree with at least one specified reason (%)	Number
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
<b>Age</b>							
15–19	24.1	22.1	35.4	46.7	13.3	55.9	508
20–24	25.3	28.3	38.7	50.5	21.4	60.8	479
25–29	22.3	31.6	36.9	49.3	23.5	61.2	404
30–34	26.0	32.6	36.6	50.2	21.2	61.4	341
35–39	23.9	32.1	39.2	50.6	27.5	61.5	306
40–44	20.4	28.4	36.7	47.8	23.5	57.9	246
45–49	19.4	27.8	36.5	48.3	18.9	58.8	223
<b>Employment (preceding 12 months)</b>							
Not employed	23.5	27.9	39.7	51.2	20.7	58.4	991
Employed for cash	23.9	30.2	39.4	47.6	22.1	60.4	848
Employed not for cash	22.9	27.6	30.5	47.6	19.3	60.1	666
<b>Marital status</b>							
Never married	23.2	21.6	34.9	45.0	15.2	54.1	719
Married or living together	23.8	31.7	38.2	51.1	23.4	62.3	1,714
Divorced/separated/widowed	19.3	25.2	35.1	41.9	15.4	49.4	75
<b>Number of living children</b>							
0	26.5	23.6	36.2	46.5	15.2	56.3	729
1–2	22.3	29.3	37.5	49.2	20.9	61.4	768
3–4	22.1	32.7	36.7	52.1	22.8	61.9	625
5+	22.5	30.1	38.9	48.6	28.0	58.4	386
<b>Residence</b>							
Urban	21.4	26.8	36.4	46.5	17.9	59.7	867
Rural	24.6	29.5	37.5	50.4	22.3	59.5	1,641
..Rural 1	27.7	31.0	35.6	52.0	21.8	62.1	272
..Rural 2	24.0	29.2	37.9	50.1	22.4	59.0	1,369
<b>Education</b>							
No education	16.7	24.6	30.4	35.9	19.9	47.1	128
Primary	26.6	32.1	38.5	51.4	24.9	61.6	1,417
Secondary	21.9	25.5	37.6	47.7	15.3	59.4	818
More than secondary	8.4	15.6	26.8	45.2	12.4	51.5	144
<b>Wealth quintile</b>							
Lowest	25.5	30.8	36.7	48.6	25.8	56.1	441
Second	26.7	28.4	38.2	47.6	21.9	59.8	496
Middle	25.5	30.6	39.9	54.3	23.5	63.7	503
Fourth	23.4	29.5	36.4	49.9	19.6	61.4	519
Highest	17.3	24.3	34.6	45.3	14.5	56.7	549
<b>Total</b>	<b>23.5</b>	<b>28.6</b>	<b>37.1</b>	<b>49.1</b>	<b>20.8</b>	<b>59.6</b>	<b>2,508</b>

Men were also asked about their opinions on the justification of wife beating under certain circumstances (Table 15.6.2). As shown in Table 15.6.2, 56% of men agree that wife beating is justified for at least one of the specified reasons. Interestingly, this percentage is lower than the percentage of women (60%) who agree with at least one of the reasons.

The most widely accepted reasons for wife beating are neglecting the children (49%) — this is agreed upon by both men and women — going out without informing the husband (36%), and arguing with the husband or partner (28%). About 12% of men feel that denying sex to the husband is justification for wife beating (compared with 21% of women who felt it was justification), and 20% of men feel that burning food is a justification (compared with 23% of women who felt it was justification).

Younger men, men who live in urban areas and men who have less education are more likely to agree that at least one of the specified reasons justifies wife beating. Wife beating is considered justified no matter the family size or the wealth of the household.

**Table 15.6.2: Attitude toward wife beating — Men**

Percentage of men aged 15–49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Vanuatu 2013

Background characteristic	Husband is justified in hitting or beating his wife if she:					Agree with at least one specified reason (%)	Number
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
<b>Age</b>							
15–19	26.5	30.6	43.0	57.2	15.3	62.5	217
20–24	20.5	31.0	43.7	56.9	13.4	62.3	199
25–29	23.1	35.1	40.3	55.7	14.3	64.6	154
30–34	28.7	34.3	39.5	55.2	14.8	65.6	159
35–39	11.2	28.9	35.1	49.0	9.1	58.8	131
40–44	17.3	25.8	27.7	42.8	10.4	46.2	111
45–49	19.4	19.3	33.8	48.1	13.1	52.7	96
<b>Employment (preceding 12 months)</b>							
Not employed	23.5	28.6	46.7	49.3	13.4	53.7	134
Employed for cash	22.3	28.9	41.3	57.9	15.1	64.2	497
Employed not for cash	20.6	32.1	33.7	49.3	11.2	57.7	437
<b>Marital status</b>							
Never married	23.6	30.9	42.8	55.0	14.4	61.4	412
Married or living together	20.0	29.0	35.6	51.7	11.8	59.1	637
Divorced/separated/widowed	*	*	*	*	*	*	19
<b>Number of living children</b>							
0	24.5	30.4	41.6	54.4	14.9	60.5	464
1–2	19.5	37.5	41.5	61.1	14.8	67.2	231
3–4	19.6	23.9	34.2	48.4	10.5	55.7	251
5+	20.0	28.0	32.7	44.4	9.8	55.2	122
<b>Residence</b>							
Urban	25.9	37.0	49.0	61.7	16.7	68.5	388
Rural	19.4	26.2	33.0	48.5	11.3	55.4	680
..Rural 1	28.4	29.6	28.6	52.1	17.0	59.3	121
..Rural 2	17.5	25.5	33.9	47.7	10.1	54.6	559
<b>Education</b>							
No education	(23.9)	(41.8)	(51.6)	(52.8)	(12.2)	(63.5)	51
Primary	23.0	30.0	38.5	53.3	13.5	60.1	599
Secondary	21.5	29.9	38.7	53.5	13.9	61.1	337
More than secondary	12.1	25.6	33.6	53.1	9.6	55.3	80
<b>Wealth quintile</b>							
Lowest	23.7	34.1	39.0	46.6	16.3	60.0	161
Second	16.7	26.2	39.7	53.8	8.2	58.0	201
Middle	20.8	28.1	32.3	49.6	13.1	55.9	232
Fourth	24.4	32.4	39.8	59.8	14.7	64.5	248
Highest	22.8	30.5	43.6	54.1	14.2	62.0	226
<b>Total men aged 15–49</b>	<b>21.7</b>	<b>30.1</b>	<b>38.8</b>	<b>53.3</b>	<b>13.3</b>	<b>60.2</b>	<b>1,068</b>
Total men aged 50+	14.5	21.3	24.1	33.5	7.5	40.8	265
Total men aged 15+	20.3	28.4	35.9	49.3	12.1	56.3	1,333

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

#### 15.6.4 Attitudes toward refusing sexual intercourse with husband

This section discusses women's behaviour and attitudes toward refusing to have sexual intercourse with their husband. Women's control and decision-making power over when and who to have sex with has important implications for women's health and the health of their children. It is also a good indication of women's empowerment as it shows the extent of women's acceptance of such perceptions in society.

The 2013 VDHS included questions about whether a woman is justified in refusing to have sexual relations with her husband under three situations: 1) she knows the husband has a sexually transmitted infection (STI), 2) she knows the husband has intercourse with other women, and 3) she is tired or not in the mood. These three issues have been addressed because they are directly related to women's rights and women's health.

Table 15.7.1 shows the percentage of women who believe that a wife is justified in refusing to have sex with her husband under specific circumstances, and shows that more than two-thirds (63%) of women believe that a woman has a right to refuse to have sex with her husband for all the specified reasons. The percentage of women who believe that a wife is justified in refusing to have sex with her husband under specific circumstances increases with age and family size, and is higher among employed women, women who are married or divorced, separated or widowed, and women who have more education.

Table 15.7.2 shows the percentage of men who believe that a wife is justified in refusing to have sex with her husband or partner under specific circumstances. About 66% of men believe that a woman has a right to refuse sex with the husband for all the specified reasons.

Men who have never married, men who are not employed, men with no children or have one to two children only, men in urban areas, and men in the second, middle and highest wealth quintiles are more likely than other men to think that a wife does not have the right to refuse sex with her husband or partner for any of the reasons specified.

Table 15.7.3 shows the percentage of men who believe that a husband has a right to behave in the following ways if his wife refuses to have sex with him when he wants her to: 1) getting angry and reprimanding her, 2) refusing her financial support, 3) forcing her to have sex, and 4) having sex with another woman. This is important to understand because such attitudes in societies determine cultural differences and behaviours towards women. The study of such behaviours contributes to understanding some aspects of a woman's life that impact on her health and well-being.

The results show that 7% of men agree that a man has the right to engage in all four of these actions if his wife refuses sex, while 79% disagree with any of these actions. About 16% of men believe that the most acceptable response if a wife refuses to have sex with her husband is for the husband to get angry and reprimand her. Around 13% of men say that a man is justified in refusing his wife financial support if she refuses to have sex with him; 11% say it is justifiable for the husband to have sex with another woman if his wife refuses to have sex; and 9% say that a husband is justified in using force to have sex if his wife refuses.

**Table 15.7.1: Women's attitudes towards a wife refusing sexual intercourse with her husband**

Percentage of women aged 15–49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Vanuatu 2013

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Agree with all of the specified reasons (%)	Agree with none of the specified reasons (%)	Number
	Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood			
<b>Age</b>						
15–19	61.5	63.2	62.1	52.7	29.6	508
20–24	73.1	75.4	77.8	66.2	15.2	479
25–29	74.7	75.3	80.7	64.6	10.5	404
30–34	75.9	74.7	79.0	65.5	12.8	341
35–39	77.0	74.2	78.0	62.9	12.1	306
40–44	81.0	79.3	83.7	72.3	9.0	246
45–49	76.9	75.3	75.2	64.4	13.8	223
<b>Employment (preceding 12 months)</b>						
Not employed	68.8	70.0	69.6	59.3	20.7	991
Employed for cash	78.4	77.7	84.4	70.2	10.3	848
Employed not for cash	72.3	71.5	73.5	59.8	16.1	666
<b>Marital status</b>						
Never married	65.0	65.6	65.9	56.2	26.5	719
Married or living together	76.0	75.8	79.3	65.5	11.9	1,714
Divorced/separated/widowed	81.1	81.9	86.0	74.4	7.3	75
<b>Number of living children</b>						
0	64.2	66.0	65.3	55.9	26.3	729
1–2	76.1	75.7	79.4	66.2	12.9	768
3–4	76.6	75.5	81.4	66.5	11.0	625
5+	77.5	77.0	78.2	65.2	10.6	386
<b>Residence</b>						
Urban	73.3	71.4	78.4	63.3	15.3	867
Rural	72.8	73.9	74.2	63.1	16.3	1,641
..Rural 1	70.6	67.4	74.8	58.8	17.2	272
..Rural 2	73.3	75.2	74.1	63.9	16.1	1,369
<b>Education</b>						
No education	66.7	70.0	67.4	55.9	19.9	128
Primary	70.7	70.0	72.7	60.1	18.3	1,417
Secondary	75.8	76.3	79.9	66.3	12.8	818
More than secondary	85.4	86.8	88.3	81.8	7.4	144
<b>Wealth quintile</b>						
Lowest	67.0	68.6	67.9	58.8	22.8	441
Second	72.2	73.9	72.2	61.1	16.5	496
Middle	77.3	77.6	78.3	66.7	12.9	503
Fourth	73.6	73.7	79.3	63.4	12.6	519
Highest	73.9	71.1	79.1	64.9	15.9	549
<b>Total</b>	<b>73.0</b>	<b>73.0</b>	<b>75.6</b>	<b>63.1</b>	<b>15.9</b>	<b>2,508</b>

**Table 15.7.2: Men's attitudes towards a wife refusing sexual intercourse with her husband**

Percentage of men aged 15–49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Vanuatu 2013

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Agree with all of the specified reasons (%)	Agree with none of the specified reasons (%)	Number
	Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood			
<b>Age</b>						
15–19	67.7	69.8	67.9	58.6	22.1	217
20–24	77.2	73.0	68.6	56.3	12.5	199
25–29	85.4	80.6	80.2	72.2	10.2	154
30–34	85.1	85.8	83.2	75.5	8.7	159
35–39	89.4	80.7	82.0	72.1	6.6	131
40–44	78.8	69.0	75.4	64.0	16.5	111
45–49	87.4	82.3	87.9	78.5	7.2	96
<b>Employment (preceding 12 months)</b>						
Not employed	71.7	67.8	67.9	61.0	22.3	134
Employed for cash	82.0	78.7	78.9	67.4	10.3	497
Employed not for cash	80.8	77.2	76.1	67.6	12.6	437
<b>Marital status</b>						
Never married	71.3	70.1	67.6	58.2	19.7	412
Married or living together	85.8	81.1	81.8	71.9	8.4	637
Divorced/separated/widowed	*	*	*	*	*	19
<b>Number of living children</b>						
0	72.7	70.3	68.0	57.4	17.9	464
1–2	84.0	82.8	82.8	73.0	9.2	231
3–4	90.4	82.0	82.8	74.8	6.5	251
5+	80.6	78.9	83.2	73.1	12.9	122
<b>Residence</b>						
Urban	76.0	74.0	75.0	63.0	14.1	388
Rural	82.6	78.2	77.2	68.7	12.0	680
..Rural 1	79.3	70.3	72.9	60.0	13.7	121
..Rural 2	83.4	80.0	78.2	70.7	11.6	559
<b>Education</b>						
No education	(62.2)	(59.0)	(68.7)	(58.2)	(30.6)	51
Primary	79.1	76.5	76.3	66.9	13.3	599
Secondary	83.9	78.0	78.4	67.7	10.2	337
More than secondary	85.8	84.0	75.1	66.9	8.1	80
<b>Wealth quintile</b>						
Lowest	86.3	82.4	78.4	74.3	11.3	161
Second	79.2	70.9	74.0	67.1	17.6	201
Middle	77.7	81.1	76.2	66.1	12.3	232
Fourth	79.7	76.4	78.0	63.2	10.6	248
Highest	79.9	73.7	75.7	65.2	12.3	226
<b>Total men aged 15–49</b>	<b>80.2</b>	<b>76.7</b>	<b>76.4</b>	<b>66.7</b>	<b>12.8</b>	<b>1,068</b>
Total men aged 50+	76.2	71.9	76.2	65.3	16.6	265
Total men aged 15+	79.4	75.8	76.4	66.4	13.5	1,333

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.



**Table 15.7.3: Men's attitudes about a husband's rights when his wife refuses to have sexual intercourse**

Percentage of men aged 15–49 who consider that a husband has the right to certain behaviours when his wife refuses to have sex with him when he wants her to, by background characteristics, Vanuatu 2013

Background characteristic	When a wife refuses to have sex, the husband has the right to:						Number
	Get angry and reprimand her	Refuse her financial support	Use force to have sex	Have sex with another woman	Agree with all of the specified reasons (%)	Agree with none of the specified reasons (%)	
<b>Age</b>							
15–19	17.5	11.8	8.9	9.9	6.4	78.2	217
20–24	19.5	13.7	10.3	14.9	7.5	74.2	199
25–29	17.2	16.7	10.5	12.1	6.8	76.2	154
30–34	19.7	16.2	10.6	13.7	7.8	74.1	159
35–39	14.2	11.8	6.2	7.3	5.9	81.6	131
40–44	12.6	13.2	7.9	8.8	3.4	80.8	111
45–49	14.3	6.7	5.6	7.6	4.3	81.3	96
<b>Employment (preceding 12 months)</b>							
Not employed	15.2	13.3	12.0	13.3	9.3	80.1	134
Employed for cash	19.3	16.2	9.9	12.6	7.3	74.5	497
Employed not for cash	14.9	9.9	6.8	8.6	4.3	80.2	437
<b>Marital status</b>							
Never married	17.6	13.4	10.5	12.0	6.8	76.7	412
Married or living together	16.6	12.8	7.6	10.0	5.7	78.2	637
Divorced/separated/widowed	*	*	*	*	*	*	19
<b>Number of living children</b>							
0	19.1	15.1	10.6	11.8	7.1	75.5	464
1–2	22.0	14.8	10.3	13.2	7.4	73.4	231
3–4	13.8	12.2	7.3	9.9	6.2	80.7	251
5+	6.2	5.1	2.9	6.4	1.4	86.6	122
<b>Residence</b>							
Urban	25.0	21.5	12.5	16.0	7.7	64.7	388
Rural	12.4	8.5	6.8	8.3	5.5	84.9	680
..Rural 1	22.7	22.0	16.1	21.9	12.9	68.3	121
..Rural 2	10.1	5.5	4.8	5.3	3.9	88.5	559
<b>Education</b>							
No education	(9.0)	(9.1)	(7.0)	(9.8)	(2.9)	(80.4)	51
Primary	17.6	13.6	9.1	11.1	7.2	77.5	599
Secondary	18.4	13.5	9.2	11.9	5.3	74.9	337
More than secondary	11.1	11.3	7.2	8.3	6.0	86.6	80
<b>Wealth quintile</b>							
Lowest	13.1	7.3	5.6	5.4	4.9	85.9	161
Second	9.9	6.4	6.0	7.7	4.0	87.0	201
Middle	16.1	11.7	7.3	9.7	6.1	78.7	232
Fourth	23.9	20.3	10.8	14.5	7.8	67.1	248
Highest	19.3	17.2	13.3	15.7	8.0	73.4	226
<b>Total men aged 15–49</b>	<b>17.0</b>	<b>13.2</b>	<b>8.9</b>	<b>11.1</b>	<b>6.3</b>	<b>77.5</b>	<b>1,068</b>
Total men aged 50+	13.6	10.4	9.5	9.1	7.1	83.0	265
Total men aged 15+	16.3	12.6	9.0	10.7	6.5	78.6	1,333

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

### 15.6.5 Women's empowerment indicators

The three sets of empowerment indicators — women's participation in making household decisions, women's attitudes towards wife beating, and women's attitudes towards a wife's right to refuse sexual intercourse with her husband or partner — can be summarised into three separate indices. The first index shows the number of decisions (see Table 15.8 for the list of decisions) in which women participate alone or jointly with their husband or partner. This index ranges in value from 0–4 and is positively related to

women's empowerment. It reflects the degree of decision-making control that women are able to exercise in areas that affect their lives and environments.

The second index, which ranges in value from 0–5, is the total number of reasons (see Table 15.8 for the list of reasons) for which the respondent feels that a husband is justified in beating his wife. A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem, and a higher status of women.

The final index, which ranges in value from 0–5, is the total number of circumstances (see Table 15.8 for the list of circumstances) in which a respondent feels that a woman is justified in refusing sexual intercourse with her husband or partner. This indicator reflects perceptions of sexual roles and women's rights over their bodies, and relates positively to women's sense of self and empowerment.

It would be expected that women who participate in making household decisions are also more likely to have gender-egalitarian beliefs. That is, women who participate in more household decisions are more likely to disagree with all justifications of wife beating and agree with all justifications for refusing sex; and women who support fewer justifications for wife beating are more likely to participate in household decision-making and are more likely to accept all justifications for refusing sex.

Table 15.8 shows how these three indicators relate to each other. As the number of justifications for wife beating increases, the percentage of women who participate in all household decisions declines; and as the number of household decisions women participate in increases, the percentage of women who agree with all justifications for wife beating general declines. This is important because it indicates that if changes can be made in one area of women's empowerment, this change can have additional effects in other areas of women's lives.

However, as the number of reasons for refusing sexual intercourse increases, the percentage of women who participate in all household decision-making declines. Similarly, as the number of decisions in which women participates increases, the percentage of women who agree with all reasons for refusing sexual intercourse declines. This illustrates that further improvements in the alignment between women's right to refuse sexual intercourse and the other two indicators of women's empowerment is necessary.

**Table 15.8: Indicators of women's empowerment**

*Percentage of women aged 15–49 who participate in all decision-making, percentage who disagree with all reasons for justifying wife beating, and the percentage who agree with all reasons for refusing sexual intercourse with husband, by value on each of the indicators of women's empowerment, Vanuatu 2013*

Empowerment indicator	Currently married women		Disagree with all the reasons justifying wife beating (%)	Agree with all the reasons for refusing sexual intercourse with husband (%)	Number of women
	Participate in all decision making (%)	Number of women			
<b>Number of decisions in which women participate<sup>1</sup></b>					
0	0.0	310	38.9	50.9	310
1–2	0.0	138	20.1	49.9	138
3–4	89.9	1,266	39.3	70.8	1,266
<b>Number of reasons for which wife beating is justified<sup>2</sup></b>					
0	72.2	646	100.0	69.0	1,014
1–2	64.9	564	0.0	66.9	802
3–4	63.1	315	0.0	54.9	446
5	56.7	189	0.0	41.7	246
<b>Number of reasons given for refusing to have sexual intercourse with husband<sup>3</sup></b>					
0	57.5	204	47.2	0.0	400
1–2	55.4	387	24.0	0.0	525
3	71.8	1,123	44.2	100.0	1,583

<sup>1</sup> Restricted to currently married women. See Table 15.5.1 for the list of decisions.

<sup>2</sup> See Table 15.6.1 for the list of reasons.

<sup>3</sup> See Table 15.7.1 for the list of reasons.

## 15.7. CURRENT USE OF CONTRACEPTION BY WOMEN'S EMPOWERMENT STATUS

A woman's ability to control her fertility and choose a contraceptive method depends on the woman's decision and joint decision with her husband or partner. A woman's status and sense of empowerment have strong implications for a women's decision-making control in areas affecting her life. Women who have less control of other aspects of their life are less likely to have strong control over their fertility, and have less choice in using contraceptive methods without the husband's knowledge or cooperation.

Table 15.9 shows an inconsistent set of relationships between each of the three indicators of women's empowerment with current use of contraceptive methods by currently married women aged 15–49. Women who participate in more household decisions are slightly more likely to use any method of contraception or any modern method of contraception compared with other women. This is a direct relationship between empowerment and use of contraception. However, as the number of reasons for which wife beating is justified increases, the proportion of women currently using any method (or any modern method) of contraception also increases; and as the number of reasons given for refusing sexual intercourse increases, the proportion of women currently using any method (or any modern method) of contraception declines. These relationships are counterintuitive

**Table 15.9: Current use of contraception by women's status**

*Percent distribution of currently married women aged 15–49 by current contraceptive method, according to selected indicators of women's status, Vanuatu 2013*

Empowerment indicator	Any method	Modern methods <sup>1</sup>					Any traditional method	Not currently using	Total	No. of women
		Any modern method	Female sterilisation	Male sterilisation	Temporary modern female methods	Male condom				
<b>Number of decisions in which women participate<sup>2</sup></b>										
0	54.2	40.1	10.3	1.2	24.6	3.9	14.2	45.8	100.0	310
1–2	47.8	34.1	9.0	0.0	21.3	3.8	13.7	52.2	100.0	138
3–4	47.8	36.7	11.4	0.5	23.3	1.5	11.1	52.2	100.0	1,266
0	46.8	36.6	11.4	0.7	23.2	1.3	10.2	53.2	100.0	646
1–2	51.3	37.0	9.7	0.3	24.3	2.7	14.3	48.7	100.0	564
3–4	52.3	40.9	13.2	0.6	25.3	1.8	11.4	47.7	100.0	315
5	44.0	32.5	9.9	1.2	17.8	3.7	11.5	56.0	100.0	189
<b>Number of reasons given for refusing to have sexual intercourse with husband<sup>4</sup></b>										
0	40.9	35.3	10.5	1.4	19.5	3.9	5.6	59.1	100.0	204
1–2	51.6	40.2	9.5	0.8	27.6	2.2	11.5	48.4	100.0	387
3	49.5	36.3	11.6	0.4	22.6	1.7	13.2	50.5	100.0	1,123
<b>Total</b>	<b>49.0</b>	<b>37.1</b>	<b>11.0</b>	<b>0.6</b>	<b>23.4</b>	<b>2.1</b>	<b>11.9</b>	<b>51.0</b>	<b>100.0</b>	<b>1,714</b>

Note: If more than one method is used, only the most effective method is considered in this tabulation.

<sup>1</sup> Pill, intrauterine device, injectables, implants, female condom, diaphragm, foam/jelly and lactational amenorrhea method.

<sup>2</sup> See Table 15.5.1 for the list of decisions.

<sup>3</sup> See Table 15.6.1 for the list of reasons.

<sup>4</sup> See Table 15.7.1 for the list of reasons.

## 15.8. IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S STATUS

A woman's status and empowerment can significantly influence her decision-making about aspects of life that affect her well-being, and many studies prove that status and empowerment are important factors for controlling and reducing fertility, through: 1) the desire to reduce family size as more women become more empowered, and 2) an increase in a woman's ability to control her ideal family size through the use of family planning methods as empowerment increases.

Women's fertility preferences differ from those of men, in that women typically prefer to have fewer children. As a woman becomes more empowered to negotiate fertility decision-making, she has more control

over contraceptive use and, thus, her chances of becoming pregnant and giving birth. Table 15.10 shows how women's ideal family size and their unmet need for family planning vary by the indicators of empowerment.

**Table 15.10: Women's empowerment and ideal number of children and unmet need for family planning**

*Mean ideal number of children according to women aged 15–49, and the percentage of currently married women aged 15–49 with an unmet need for family planning, by indicators of women's empowerment, Vanuatu 2013*

Empowerment indicator	Mean <sup>1</sup> ideal number of children	Number of women	Percentage of currently married women with an unmet need for family planning <sup>2</sup>			Number of women
			For spacing	For limiting	Total	
<b>Number of decisions in which women participate<sup>3</sup></b>						
0	3.1	292	9.3	11.6	21.0	310
1–2	3.0	132	11.3	15.5	26.9	138
3–4	2.8	1,158	12.1	12.7	24.7	1,266
<b>Number of reasons for which wife beating is justified<sup>4</sup></b>						
0	2.6	893	13.0	12.3	25.3	646
1–2	2.7	741	13.4	13.8	27.3	564
3–4	2.6	415	6.1	11.6	17.7	315
5	2.6	241	9.7	12.6	22.3	189
<b>Number of reasons given for refusing to have sexual intercourse with husband<sup>5</sup></b>						
0	2.2	354	14.6	9.4	24.0	204
1–2	2.8	478	7.5	11.8	19.2	387
3	2.6	1,458	12.3	13.6	26.0	1,123
<b>Total</b>	<b>2.6</b>	<b>2,291</b>	<b>11.5</b>	<b>12.7</b>	<b>24.2</b>	<b>1,714</b>

<sup>1</sup> Mean excludes respondents who gave non-numeric responses.

<sup>2</sup> See Table 7.3.1 for the definition of unmet need for family planning.

<sup>3</sup> Restricted to currently married women. See Table 15.5.1 for the list of decisions.

<sup>4</sup> See Table 15.6.1 for the list of reasons.

<sup>5</sup> See Table 15.7.1 for the list of reasons.

The data indicate that there are no clear relationships between decision-making power and the ideal number of children. However, there appear to be consistent relationships between unmet need for family planning for reasons of spacing or limiting family size, and empowerment indicators. These relationships are such that as the number of decisions in which women participate and the number of reasons for refusing sexual intercourse increase, the percentages of women with an unmet need declines. Also, as the number of reasons for justifying wife besting increases, the unmet need increases.

## 15.9. WOMEN'S STATUS AND REPRODUCTIVE HEALTH CARE

Table 15.11 illustrates how women's use of antenatal, delivery and postnatal care services varies by their empowerment level as measured by the three indicators of empowerment. In societies where health care is widespread, women's empowerment may not affect their access to reproductive health services. In other societies, increased empowerment of women is likely to improve their ability to seek out and use health services to better meet their own reproductive health goals, including the goal of safe motherhood.

Table 15.11 indicates that in Vanuatu, perhaps because access to antenatal care and receiving assistance from a skilled provider during childbirth is close to universal, there is no clear relationship with the three women's empowerment indicators. Around three-quarters of women receive postnatal care, but access to these services does not appear to be associated with women's empowerment.

**Table 15.11: Reproductive health care by women's empowerment**

Percentage of women aged 15–49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Vanuatu 2013

Empowerment indicator	Received antenatal care from health personnel	Received delivery assistance from health personnel	Received postnatal care from health personnel within the first two days since delivery <sup>1</sup>	Number of women with a child born in the last five years
<b>Number of decisions in which women participate<sup>2</sup></b>				
0	74.1	92.2	72.0	191
1–2	77.4	96.2	66.7	68
3–4	75.9	91.2	62.9	757
<b>Number of reasons for which wife beating is justified<sup>3</sup></b>				
0	71.6	89.7	62.3	439
1–2	77.0	93.2	70.2	377
3–4	78.0	93.2	69.2	199
5	81.1	95.5	55.8	124
<b>Number of reasons given for refusing to have sexual intercourse with husband<sup>4</sup></b>				
0	74.0	94.9	53.0	129
1–2	74.1	94.4	67.9	254
3	76.3	90.9	66.7	757
<b>Total</b>	<b>75.6</b>	<b>92.1</b>	<b>65.4</b>	<b>1,139</b>

Note: 'Health personnel' includes a doctor, nurse, midwife, or auxiliary nurse or auxiliary midwife.

<sup>1</sup> Includes mothers who delivered in a health facility and those not in a health facility.

<sup>2</sup> Restricted to currently married women. See Table 15.5.1 for the list of decisions.

<sup>3</sup> See Table 15.6.1 for the list of reasons.

<sup>4</sup> See Table 15.7.1 for the list of reasons.

## 15.10. WOMEN'S EMPOWERMENT AND CHILD MORTALITY OUTCOMES

The ability to access information, take decisions, and act effectively in their own interest or in the interests of those who depend on them are essential aspects of empowerment of women. It follows that if women, who are the primary caretakers of children, are empowered, the health and survival of their children would be enhanced. Table 15.12 shows information on the impact on infant and child mortality of women's empowerment, as measured by three specific indicators—participation in household decision making, circumstances that justify a wife to refuse to have sexual intercourse with her husband, and agreement with reasons for justifying wife beating.

**Table 15.12: Early childhood mortality rates by women's status**

Infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by indicators of women's status, Vanuatu 2013

Empowerment indicator	Infant mortality (1q0)	Child mortality (4q1)	Under-5 mortality (5q0)
<b>Number of decisions in which women participate<sup>1</sup></b>			
0	25	1	26
1–2	11	6	16
3–4	27	8	35
<b>Number of reasons given for refusing to have sexual intercourse with husband<sup>2</sup></b>			
0	16	3	19
1–2	20	8	29
3	29	7	35
<b>Number of reasons for which wife beating is justified<sup>3</sup></b>			
0	23	10	32
1–2	34	9	43
3–4	18	0	18
5	22	0	22

<sup>1</sup> Restricted to currently married women. See Table 15.5.1 for the list of decisions.

<sup>2</sup> See Table 15.6.1 for the list of reasons.

<sup>3</sup> See Table 15.7.1 for the list of reasons.

The data shows unclear relationship between some of the three indicators of the women's empowerment with early childhood mortality rate. Women participating in more than 3 decisions making had a higher childhood mortality rate than those women with no decision making. On the other hand, there is a close relationship between the number of justifications of refusing sex and childhood mortality rate. For instance, women with no reasons given for refusing to have sexual intercourse had lower childhood mortality rate than those women with more than one or two reasons given towards refusing sexual intercourse.

### Key findings

- About 20% of children aged 5-11 and less than one percent (0.7%) children aged 12-14 in Vanuatu are involved with child labour activities.
- Just over 3% of children aged of 5–11 years engage in paid or economic work; of these, most are females in rural areas.
- 21% of young children aged 5–11 years engage in child labour activities.
- The number of children who attend school and who are involved in labour activities decreases with a household's wealth status.
- 77% of children aged 2–14 years are subjected to at least one form of psychological punishment by their mother or caretaker or other household member.
- Children aged 5–9 years in rural areas are vulnerable to severe physical punishment.
- Violent discipline is high in both rural areas (experienced by 72% of children) and urban areas (70%).
- 90% of households have water only and no cleansing agents for washing hands.
- 74% of households in urban areas have soap and water for hand washing compared with only 45% in rural areas.

### 16.1. INTRODUCTION

Article 32 of the Convention on the Rights of the Child states: “States parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child seduction, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development...”

The Millennium Development Goals also call for the protection of children against exploitation. In the Multiple Indicator Cluster Survey (MICS) questionnaire, a number of questions addressed the issue of child labour; that is, children aged 5–14 years who are involved in labour activities. A child was considered to be involved in child labour activities at the moment of the survey if during the week preceding the survey the following was observed:

- Children aged 5–11 were involved in at least 1 hour of economic work or 28 hours of domestic work per week; and
- Children aged 12–14 were involved in at least 14 hour of economic work or 28 hours of domestic work per week.

This definition allows differentiation between child labour and child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labour because some children may have been involved in hazardous labour activities for a number of hours that could be fewer than the number specified in the criteria above. Table 16.1 presents’ child labour activities by type of work. Percentages do not add up to the total labour because children may be involved in more than one type of work.

Culturally, households in Vanuatu consider children’s involvement in domestic chores as part of their upbringing. Young children are taught by their parents to help out in the house with the gathering of firewood, go to the shop, wash up after a meal, and clean around the house. These practices have been examined from a wider perspective in regards to the rights of children in the context of the Convention on the Rights of the Child. The 2013 VDHS was instrumental, along with the MICS survey, in capturing data on child labour.

## **16.2. CHILD LABOUR BY BACKGROUND CHARACTERISTICS**

The 2013 VDHS recorded the involvement of children in economic activities and household chores. Children's ages were divided into two groups: ages 5–11 and ages 12–14. Table 16.1 presents the results of child labour by background characteristics. One in five children aged 5-11 and less than one percent (0.7%) children aged 12-14 are involved in child labour activities. The result also shows that over 3% of children aged 5–11 in rural areas are engaged in paid work. About 5% of children aged 12–14 in rural areas and 4% of children in urban areas are involved in paid work.

Family work is mostly done by females aged 5–14 as compared to their male counterparts. Family work means any work done by the children other than household chores/housekeeping to help with family income generation or subsistence production. . Young females are engaged in more economic activities at their young age than young males. In the 5–11 age category, 21% of females and 20% of males engage in 1 or more hours of work. With regard to household chores, roughly equal numbers of male and female children aged 5–11 engage in less than 28 hours of household chores per week (74%); whereas 82% of female children aged 5–11 and 76% of male children aged 12–14 years are engaged in less than 28 hours percent of household chores each week.

Looking at all types of work, children aged 5–11 are more engaged in child labor (21%) than children aged 12–14 (only 1%), and children from poorer households are more likely to be involved in labour activities (26%) than children from the wealthiest households (16%).



**Table 16.1: Child labour by economic activity and by background characteristics***Percentage of children by involvement in economic activity and household chores during the past Week according to age group, and percentage of children age 5-14 involved in child labor, Vanuatu 2013*

Background characteristic	Percentage of children age 5-11 involved in:								Percentage of children age 12-14 involved in:								Children age 5-14 years involved in child labor	Children age 5-14 years	
	Paid work	Unpaid work	Work for family	Economic Activity 1+ hours	Household chores < 28 hours	Household chores 28+ hours	Child Labor	Total	Paid work	Unpaid work	Work for family	Economic Activity <14 hours	Economic Activity 14+ hours	Household chores < 28 hours	Household chores 28+ hours	Child Labor			Total
<b>Sex</b>																			
Male	3.8	9.3	11.0	19.6	73.6	0.2	19.7	1,029	4.3	12.4	14.4	25.2	0.8	75.8	0.5	1.3	381	208	1,410
Female	2.4	11.2	12.0	21.3	74.3	0.3	21.6	964	4.7	11.8	16.2	27.4	0.1	81.5	0.1	0.1	371	209	1,334
<b>Residence</b>																			
Urban	2.3	10.7	7.1	15.7	65.2	0.2	15.9	527	4.0	7.5	9.5	15.9	0.5	76.1	0.0	0.5	202	85	729
Rural	3.4	10.0	13.1	22.1	77.1	0.3	22.4	1,467	4.6	13.8	17.4	30.1	0.4	79.5	0.4	0.8	549	333	2,016
..Rural 1	2.4	9.7	14.7	22.5	78.9	2.0	24.4	199	3.6	14.4	14.0	28.2	0.6	85.9	0.7	1.4	85	50	284
..Rural 2	3.6	10.1	12.8	22.0	76.8	0.0	22.0	1,267	4.8	13.7	18.0	30.4	0.4	78.3	0.3	0.7	464	283	1,731
<b>Attend School or preschool in 2013</b>																			
Yes	3.1	10.4	12.4	21.1	75.5	0.3	21.4	1,697	4.8	12.5	16.0	27.4	0.4	78.1	0.3	0.8	648	368	2,345
No	3.0	8.6	6.2	15.9	64.9	0.1	16.0	289	2.2	10.0	10.6	19.6	0.5	82.9	0.0	0.5	102	47	391
Missing	*	*	*	*	*	*	*	7	*	*	*	*	*	*	*	*	1	3	8
<b>Mother's education</b>																			
No education	8.1	8.3	12.8	22.7	75.7	0.0	22.7	152	11.8	12.3	20.3	32.3	0.0	78.8	0.0	0.0	74	35	226
Primary	3.5	12.2	12.1	22.5	75.7	0.4	22.8	990	3.9	12.7	13.9	24.5	0.5	78.4	0.5	1.0	378	230	1,368
Secondary	1.6	9.3	9.7	16.3	70.2	0.1	16.5	359	3.6	14.9	9.5	23.7	0.3	72.0	0.3	0.6	92	60	451
More than secondary	0.8	15.3	10.7	20.9	64.7	0.5	21.5	67	0.0	14.2	20.0	30.6	3.6	73.2	0.0	3.6	28	15	96
Missing	*	*	*	*	*	*	*	1	*	*	*	*	*	*	*	*	3	1	4
<b>Wealth index quintile</b>																			
Poorest	4.6	12.1	13.9	25.7	74.3	0.0	25.7	446	3.4	14.3	25.4	33.8	0.0	75.5	0.0	0.0	148	114	594
Poorer	3.9	8.6	11.6	19.9	80.9	0.1	19.9	439	2.2	12.8	11.3	25.0	0.0	81.0	1.1	1.1	149	89	588
Middle	1.8	10.1	10.6	19.6	77.4	0.6	20.3	404	6.2	14.7	15.2	29.8	1.1	84.4	0.4	1.5	176	85	581
Richer	2.4	9.4	12.1	19.5	69.1	0.3	19.8	371	8.5	9.7	13.4	25.1	0.2	79.7	0.0	0.2	153	74	523
Richest	2.4	10.8	8.5	16.0	65.4	0.4	16.3	333	1.0	8.0	10.3	15.3	0.8	69.8	0.0	0.8	126	55	459
<b>Total</b>	<b>3.1</b>	<b>10.2</b>	<b>11.5</b>	<b>20.4</b>	<b>73.9</b>	<b>0.3</b>	<b>20.6</b>	<b>1,993</b>	<b>4.5</b>	<b>12.1</b>	<b>15.3</b>	<b>26.3</b>	<b>0.4</b>	<b>78.6</b>	<b>0.3</b>	<b>0.7</b>	<b>752</b>	<b>417</b>	<b>2,745</b>

Note: Total groupings may not add up to TOTAL due to rounding off.

An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed.

### 16.3. CHILD LABOUR BY SCHOOL ATTENDANCE

Students in rural areas are more likely to be involved in labour activities than urban students. As expected, children from poorer households are more prone to be engaged in child labour activities. About 80% of child labourers from the lowest quintile households also attend school, compared with 85% of those in second lowest quintile. The results also shows that more students from lowest quintile households involved in child labour compared to student from highest wealth quintile (16% and 11%). This is a clear indication that children from poorer households are more likely to be pulled away from school.

**Table 16.2: Child labour and school attendance**

*Percentage of children aged 5–14 years involved in child labour who attend school, and the percentage of children attending school who are also involved in child labor activities, Vanuatu 2013*

Background characteristic	Children aged 5–14	Children aged 5–14 involved in child labour activities	Children aged 5–14 attending school	Children attending school who are involved in child labour activities
<b>Sex</b>				
Male	1,410	14.8	85.5	12.9
Female	1,334	15.7	85.4	13.9
<b>Residence</b>				
Urban	729	11.6	86.1	10.5
Rural	2,016	16.5	85.2	14.4
..Rural 1	284	17.5	86.8	15.9
..Rural 2	1,731	16.3	85.0	14.2
<b>Wealth quintile</b>				
Lowest	594	19.3	80.4	16.4
Second	588	15.1	84.7	13.5
Middle	581	14.6	87.1	12.4
Fourth	523	14.1	86.6	12.7
Highest	459	12.1	89.6	11.4

### 16.4. CHILD DISCIPLINE BY BACKGROUND CHARACTERISTICS

The Millennium Declaration calls for the protection of children against any acts of violence, abuse and exploitation. In the VDHS 2013 survey, parents (fathers or mothers) or caretakers of children aged 2–14 years were asked a series of questions about the ways they discipline their children when they misbehave. Two indicators used to describe aspects of child discipline are:

- the number of children aged 2–14 that experience psychological aggression as a form of punishment, or minor physical punishment or severe physical punishment; and
- the number of parents or caretakers of children aged 2–14 who believe that in order to raise their children properly, they need to physically punish them. For the child discipline Questionnaire Module<sup>1</sup>, one child aged 2–14 years per household was selected randomly to be asked questions on child discipline during fieldwork.

In Vanuatu, 77% of children aged 2–14 years were subjected to at least one form of psychological or physical punishment by their parents or caretakers or other household members (Table 16.3). About 36% of children were subjected to severe physical punishment and 72% to any physical punishment.

Male children were subjected more to both “any physical punishment” and “severe physical punishment”, although the difference is minimal. Differentials with respect to most background variables were relatively small. There are interesting observations between urban and rural. The belief in physical punishment is relatively lower in urban areas (70%) than rural areas (72%). Severe physical punishment is higher in rural areas than urban areas, and is more common among children aged 5–9.

Violent discipline is practiced almost equally in rural (84%) and in urban areas (83%). Children aged 2–4 and 5–9 are most affected by violent discipline, as are those attending primary school (83%) and secondary school (89%). According to wealth index quintile, lowest and the middle wealth quintile households have the highest percentage of violent discipline at 85% and 84%, respectively. This is an indication that discipline is practiced in all social classes of the society, from the poorest to the richest households. Children living in these different quintiles are experiencing discipline from a very young age.



**Table 16.3: Child discipline by method and severity of punishment***Percentage of children aged 2–14 years according to method and severity of punishment, Vanuatu 2013*

Background characteristic	Only non-violent discipline	Psychological aggression	Any physical punishment	Severe physical punishment	Any violent discipline method	Number of children age 2–14	Respondent believes that the child needs to be physically punished	Respondents to the child discipline module <sup>1</sup> (2–14)
<b>Sex</b>								
Male	11.2	77.8	72.4	37.7	83.3	1,914	841	1,768
Female	9.8	76.9	70.6	33.7	83.6	1,787	930	1,729
<b>Residence</b>								
Urban	10.1	74.4	70.0	31.6	82.9	987	514	916
Rural	10.7	78.4	72.0	37.2	83.7	2,714	1,257	2,581
..Rural 1	9.3	79.6	74.5	33.7	87.7	381	177	362
..Rural 2	10.9	78.2	71.6	37.8	83.0	2,333	1,080	2,219
2–4	6.9	77.2	76.1	35.6	86.1	956	428	846
5–9	9.2	79.0	78.1	37.0	86.4	1,493	711	1,373
10–14	14.3	75.6	61.4	34.5	78.5	1,251	632	1,278
<b>Caretaker education</b>								
No education/Pre-school/Other	16.4	69.3	72.3	45.8	77.2	447	244	424
Primary	10.2	78.1	71.3	34.2	83.3	2,267	1,098	2,178
Secondary	6.8	81.4	73.4	35.6	89.0	788	353	737
More than secondary (Tertiary/Vocational)	17.9	67.1	61.6	27.4	73.9	138	72	144
Caretaker not in household	na	na	na	na	na	35	0	0
<b>Wealth quintile</b>								
Lowest	12.5	75.6	73.5	43.3	80.1	838	427	784
Second	8.9	79.6	70.4	39.9	84.8	779	300	744
Middle	9.0	80.4	70.3	29.7	85.6	765	392	733
Fourth	11.7	77.0	76.4	35.8	84.4	707	334	668
Highest	10.5	73.2	66.0	27.7	82.4	612	318	569
<b>Total</b>	<b>10.5</b>	<b>77.3</b>	<b>71.5</b>	<b>35.7</b>	<b>83.5</b>	<b>3,701</b>	<b>1,771</b>	<b>3,498</b>

na = not applicable

<sup>1</sup> Questionnaire module refers to a section of the DHS Questionnaire specifically targeting child labour related questions.

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## APPENDICES

### 16.5. APPENDIX A — SAMPLE IMPLEMENTATION

**Table A.1: Sample implementation — Women.**

*Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban–rural residence and province, Vanuatu 2013*

Result	Residence				Total
	Urban	Rural	..Rural 1	..Rural 2	
<b>Selected households</b>					
Completed (C)	97.0	99.2	99.6	98.9	98.6
Household present but no competent respondent at home (HP)	1.5	0.1	0.1	0.0	0.5
Postponed (P)	0.1	0.0	0.0	0.0	0.0
Refused (R)	1.2	0.1	0.3	0.0	0.4
Household absent (HA)	0.1	0.0	0.0	0.0	0.0
Dwelling vacant/address not a dwelling (DV)	0.0	0.6	0.0	1.1	0.4
Total	100.0	100.0	100.0	100.0	100.0
Number of sampled households	672	1,560	768	792	2,232
Household response rate <sup>1</sup> (HRR)	97.2	99.8	99.6	100.0	99.0
<b>Eligible women (EW)</b>					
Completed (EWC)	92.4	95.8	94.1	97.8	94.6
Not at home (EWNH)	3.8	1.7	2.3	1.0	2.5
Postponed (EWP)	0.0	0.1	0.1	0.0	0.0
Refused (EWR)	1.9	1.3	2.4	0.1	1.5
Partly completed (EWPC)	0.8	0.4	0.3	0.4	0.5
Incapacitated (EWI)	0.5	0.3	0.1	0.5	0.4
Other (EWO)	0.5	0.4	0.6	0.2	0.5
Total	100.0	100.0	100.0	100.0	100.0
Number of women	942	1,709	901	808	2,651
Eligible women response rate <sup>2</sup> (EWRR)	92.4	95.8	94.1	97.8	94.6
<b>Overall response rate<sup>3</sup> (ORR)</b>	<b>89.7</b>	<b>95.7</b>	<b>93.8</b>	<b>97.8</b>	<b>93.7</b>

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\text{HRR} = \frac{100 * C}{C + \text{HP} + R + O}$$

<sup>2</sup> Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\text{EWRR} = \frac{100 * \text{EWC}}{\text{EWC} + \text{EWNH} + \text{EWR} + \text{EWPC} + \text{EWO}}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$\text{ORR} = \text{HRR} * \text{EWRR}/100$$

**Table A.2 : Sample implementation — Men**

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban–rural residence and province, Vanuatu 2013

Result	Residence				Total
	Urban	Rural	..Rural 1	..Rural 2	
<b>Selected households</b>					
Completed (C)	97.3	99.2	99.7	98.7	98.7
Household present but no competent respondent at home (HP)	1.5	0.0	0.0	0.0	0.4
Postponed (P)	0.3	0.0	0.0	0.0	0.1
Refused (R)	0.6	0.1	0.3	0.0	0.3
Household absent (HA)	0.3	0.0	0.0	0.0	0.1
Dwelling vacant/address not a dwelling (DV)	0.0	0.6	0.0	1.3	0.4
Total	100.0	100.0	100.0	100.0	100.0
Number of sampled households	339	779	386	393	1,118
Household response rate <sup>1</sup> (HRR)	97.6	99.9	99.7	100.0	99.2
<b>Eligible men (EM)</b>					
Completed (EMC)	79.5	85.5	79.8	92.3	83.4
Not at home (EMNH)	11.5	7.4	11.0	3.1	8.8
Postponed (EMP)	0.5	0.4	0.7	0.0	0.4
Refused (EMR)	5.2	3.6	5.7	1.3	4.2
Partly completed (EMPC)	0.0	0.2	0.2	0.2	0.1
Incapacitated (EMI)	1.4	1.0	1.2	0.6	1.1
Other (EMO)	1.8	1.9	1.4	2.5	1.9
Total	100.0	100.0	100.0	100.0	100.0
Number of men	556	1,042	564	478	1,598
Eligible men response rate <sup>2</sup> (EMRR)	79.5	85.5	79.8	92.3	83.4
<b>Overall response rate<sup>3</sup> (ORR)</b>	<b>77.6</b>	<b>85.4</b>	<b>79.6</b>	<b>92.3</b>	<b>82.7</b>

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\text{HRR} = \frac{100 * C}{C + HP + R + O}$$

<sup>2</sup> Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\text{EWRR} = \frac{100 * EWC}{EWC + EWNH + EWR + EWPC + \dots}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$\text{ORR} = \text{HRR} * \text{EWRR}/100$$



## 16.6. APPENDIX B — ESTIMATES OF SAMPLING ERRORS

### Estimates of sampling errors

The main objective of a demographic and health survey is to provide estimates of a number of basic demographic and health variables through interviews with a scientifically selected probability sample chosen from a well-defined population: women of reproductive age (15–49). The estimates from a sample survey are affected by two types of errors: 1) non-sampling errors, and 2) sampling errors. Non-sampling errors are the results of mistakes made in data collection and data processing, such as a failure to locate and interview the correct household, misunderstanding the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2013 Vanuatu Demographic and Health Survey 2013 (VDHS 2013) to minimise this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2013 VDHS is only one of many samples that could have been selected from the same population, using the same design and expected 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. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is the error that results from taking a sample of the covered population through a particular sample design. Non-sampling errors are systematic errors that would be present even if the entire population was covered (e.g. response errors, coding and data entry errors.).

For the entire covered population and for large subgroups, the 2013 VDHS sample is generally sufficiently large to provide reliable estimates. For such populations, the sampling error is small and less important than the non-sampling error. However, for small subgroups, sampling errors become very important in providing an objective measure of reliability of the data.

### Variables for reporting sampling error

Sampling errors are displayed for total, urban and rural, and each sample domain only. No other panels should be included in the sampling error table. The choice of variables for which sampling error computations will be done depends on the priority given to specific variables. However, it is recommended that sampling errors be calculated for at least the variables shown in Table B.1.

**Table B.1: List of selected variables for sampling errors, Vanuatu 2013**

Variable (Code)	Estimate	Base population
Urban (URBAN)	Proportion	All women and all men
Illiterate (ILLITER)	Proportion	All women and all men
No education (NOEDUC)	Proportion	All women and all men
Education (EDUC)	Proportion	All men
Secondary education (SECOND)	Proportion	All women
Net attendance ratio (ATTEND)	Ratio	Children 7-12 years (primary age)
Never married (NEVMAR)	Proportion	All women and all men
Currently married (CURMAR)	Proportion	All women and all men
Married before age 20 (AGEM20)	Proportion	Women aged 20–49
Currently pregnant (PREGNANT)	Proportion	All women
Children ever born (EVBORN)	Mean	All women
Children surviving (SURVIV)	Mean	All women
Children ever born to women aged 40–49 (EVB40)	Mean	Women aged 40–49
Know any contraceptive method (KMETHO)	Proportion	Currently married women and currently married men
Know any modern contraceptive method (KMODME)	Proportion	Currently married men
Ever used any contraceptive method (EVUSE)	Proportion	Currently married women and currently married men
Currently using any contraceptive method (CUSE)	Proportion	Currently married women and currently married men
Currently using a modern method (CUMODE)	Proportion	Currently married men
Currently using pill CUPILL)	Proportion	Currently married women and currently married men
Currently using IUD (CUIUD)	Proportion	Currently married women and currently married men
Currently using injectables (CUINJ)	Proportion	Currently married men
Currently using condom (CUCOND)	Proportion	Currently married men
Currently using female sterilization (CUFSTER)	Proportion	Currently married women
Currently using male sterilization (CUMSTER)	Proportion	Currently married men
Currently using periodic abstinence (CUPABS)	Proportion	Currently married women and currently married men
Currently using withdrawal (CUWITH)	Proportion	Currently married men
Used public sector source (PSOURC)	Proportion	Current users of modern methods
Want no more children (NOMORE)	Proportion	Currently married women and currently married men
Want to delay birth at least two years (DELAY)	Proportion	Currently married women and currently married men
Ideal family size (IDEAL)	Mean	All women and all men
Mothers received tetanus injection for last birth (TETANU)	Proportion	Children exposed to the risk of mortality
Mothers received medical assistance at delivery (MEDELI)	Proportion	Births occurring 1–59 months before interview
Having diarrhoea in two weeks before survey (DIAR2W)	Proportion	Children age 0–59 months
Treated with oral rehydration salts (ORSRTE)	Proportion	Children with diarrhoea in two weeks before interview
Taken to a health provider (MEDTRE)	Proportion	Children with diarrhoea in two weeks before interview
Vaccination card seen (HCARD)	Proportion	Children aged 12–23 months
Received BCG (BCG)	Proportion	Children aged 12–23 months
Received DPT (3 doses) (DPT)	Proportion	Children aged 12–23 months
Received Polio (3 doses) (POLIO)	Proportion	Children aged 12–23 months
Received measles (MEASLE)	Proportion	Children aged 12–23 months
Weight-for-age (-2SD) (WGAGE)	Proportion	Children aged 0–59 months
Neonatal mortality (0–4 years)	Rate	Children exposed to the risk of mortality
Neonatal mortality (5–9 years)	Rate	Children exposed to the risk of mortality
Neonatal mortality (10–14 years)	Rate	Children exposed to the risk of mortality
Neonatal mortality (0–10 years)	Rate	Children exposed to the risk of mortality

Post-neonatal mortality (0–4 years)	Rate	Children exposed to the risk of mortality
Post-neonatal mortality (5–9 years)	Rate	Children exposed to the risk of mortality
Post-neonatal mortality (10–14 years)	Rate	Children exposed to the risk of mortality
Post-neonatal mortality (0–10 years)	Rate	Children exposed to the risk of mortality
Infant mortality (0–4 years)	Rate	Children exposed to the risk of mortality
Infant mortality (5–9 years)	Rate	Children exposed to the risk of mortality
Infant mortality (10–14 years)	Rate	Children exposed to the risk of mortality
Infant mortality (0–10 years)	Rate	Children exposed to the risk of mortality
Child mortality (0–4 years)	Rate	Children exposed to the risk of mortality
Child mortality (5–9 years)	Rate	Children exposed to the risk of mortality
Child mortality (10–14 years)	Rate	Children exposed to the risk of mortality
Child mortality (0–10 years)	Rate	Children exposed to the risk of mortality
Under-5 mortality (0–4 years)	Rate	Children exposed to the risk of mortality
Under-5 mortality (5–9 years)	Rate	Children exposed to the risk of mortality
Under-5 mortality (10–14 years)	Rate	Children exposed to the risk of mortality
Under-5 mortality (0–10 years)	Rate	Children exposed to the risk of mortality

In the main 2013 VDHS report of survey results, sampling errors for selected variables have been presented in a tabular format. The sampling error tables should include:

Variable name:

- R: Value of the estimate
- SE: Sampling error of the estimate
- N-UNWE: Un-weighted number of cases on which the estimate is based
- N-WEIG: Weighted number of cases
- DEFT: Design effect value that compensates for the loss of precision that results from using cluster rather than simple random sampling
- SE/R: Relative standard error (i.e. ratio of the sampling error to the value estimate)
- R-2SE: Lower limit of the 95% confidence interval
- R+2SE: Upper limit of the 95% confidence interval (never >1.000 for a proportion).

Sampling error is usually measured in terms of the standard error for a particular statistic (e.g. percentage), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95% of all possible samples of identical size and design.

If the sample of respondents had been selected by simple random sampling, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2013 VDHS sample was the result of a multistage stratified design and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2013 VDHS is the Integrated System for Survey Analysis (ISSA) Sampling Error Module. This module uses the Taylor linearisation method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearisation method treats any percentage or average as a ratio estimate,  $r = y/x$ , where  $y$  represents the total sample value for variable  $y$ , and  $x$  represents the total number of cases in the group or subgroup under consideration. The variance of  $r$  is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = \text{var}(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[ \frac{m_h}{m_h - 1} \left( \sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } z_h = y_h - rx_h$$

where  $h$  represents the stratum that varies from 1 to  $H$   
 $m_h$  is the total number of clusters selected in the  $h^{\text{th}}$  stratum  
 $y_{hi}$  is the sum of the weighted values of variable  $y$  in the  $i^{\text{th}}$  cluster in the  $h^{\text{th}}$  stratum  
 $x_{hi}$  is the sum of the weighted number of cases in the  $i^{\text{th}}$  cluster in the  $h^{\text{th}}$  stratum  
 $f$  is the overall sampling fraction, which is so small that it is ignored

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2013 VDHS, there were 93 non-empty clusters. Hence, 93 replications were created. The variance of a rate  $r$  is calculated as follows:

$$SE^2(r) = \text{var}(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where  $r$  is the estimate computed from the full sample of 93 clusters  
 $r_{(i)}$  is the estimate computed from the reduced sample of 92 clusters ( $i^{\text{th}}$  cluster excluded)  
 $k$  is the total number of clusters

In addition to the standard error, the ISSA Software Program computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2013 VDHS are calculated for selected variables considered to be of primary interest for the women's survey and for men's surveys. The results are presented in this appendix for the country as a whole, and for urban and rural areas. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2–B.12 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95% confidence limits ( $R \pm 2SE$ ), for each variable. The DEFT is considered to be undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

The confidence interval (example, as calculated for *children ever born to women aged 40–49* [code: EVB40]) can be interpreted as follows: the overall average from the national sample is 4.495 and its standard error is 0.107. Therefore, to obtain the 95% confidence limits, one adds and subtracts twice the standard error to the sample estimate (i.e.  $4.993 \pm 2 \times 0.107$ ). There is a high probability (95%) that the *true* average number of children ever born to all women aged 40–49 is between 4.280 and 4.710.

Sampling errors are analysed for the national woman sample and for two separate groups of estimates: 1) means and proportions, and 2) complex demographic rates. The relative standard errors (SE/R) for the means and proportions range between 1.1% and 25.2%; the highest relative standard errors are for estimates of very low values (e.g. perinatal mortality (PERINAT), and mothers received tetanus injection for last birth (TETANU)). In general, the relative standard error for most estimates for the country as a whole is small,

except for estimates of very small proportions. However, for the mortality rates, the averaged relative standard error for the five-year period mortality rates is generally higher than those related to the 10-year estimates. There are differentials in the relative standard error for the estimates of subpopulations. For example, for the variable 'want no more children', the relative standard errors as a percent of the estimated mean for the whole country, and for urban areas are 3.9% and 6.1%, respectively.

**Table B.2: Sampling error for key indicators based on total women, Vanuatu, 2013**

Variable/indicator	R	SE	N-UNWE	N-WEIG	DEFT	SE/R	R-2SE	R+2SE
URBAN	0.346	0.011	2508	2508	1.201	0.033	0.323	0.369
ILLITER	0.078	0.010	2492	2492	1.892	0.130	0.058	0.099
NOEDUC	0.051	0.008	2508	2508	1.927	0.166	0.034	0.068
SECOND	0.384	0.020	2508	2508	2.057	0.052	0.344	0.424
ATTEND	0.772	0.012	2162	2203	1.222	0.016	0.747	0.796
NEVMAR	0.287	0.013	2508	2508	1.451	0.046	0.260	0.313
CURMAR	0.683	0.013	2508	2508	1.409	0.019	0.657	0.709
AGEM20	0.405	0.015	2032	2000	1.349	0.036	0.375	0.434
PREGNANT	0.073	0.006	2508	2508	1.176	0.084	0.061	0.085
EVBORN	2.303	0.056	2508	2508	1.304	0.024	2.191	2.415
SURVIV	2.219	0.051	2508	2508	1.223	0.023	2.118	2.321
EVB40	4.495	0.107	493	469	1.162	0.024	4.280	4.710
KMETHO	0.949	0.011	1705	1714	2.040	0.011	0.927	0.971
EVUSE	0.780	0.015	1705	1714	1.483	0.019	0.750	0.810
CUSE	0.490	0.017	1705	1714	1.389	0.034	0.456	0.523
CUPILL	0.105	0.010	1705	1714	1.281	0.091	0.086	0.124
CUIUD	0.024	0.004	1705	1714	1.023	0.158	0.016	0.032
CUFSTER	0.110	0.012	1705	1714	1.587	0.109	0.086	0.134
CUPABS	0.065	0.006	1705	1714	1.082	0.099	0.052	0.078
PSOURC	0.891	0.015	721	711	1.311	0.017	0.861	0.922
NOMORE	0.410	0.016	1705	1714	1.344	0.039	0.378	0.442
DELAY	0.136	0.011	1705	1714	1.309	0.080	0.114	0.158
IDEAL	2.605	0.040	2320	2291	1.322	0.015	2.525	2.684
PERINAT	16.243	4.099	1496	1568	1.136	0.252	8.045	24.442
TETANU	0.298	0.016	1111	1139	1.210	0.055	0.266	0.331
MEDELI	0.894	0.018	1491	1562	1.706	0.020	0.858	0.930
DIAR2W	0.118	0.014	1449	1517	1.508	0.116	0.091	0.145
ORSTRE	0.476	0.045	181	179	1.118	0.095	0.386	0.566
MEDTRE	0.440	0.045	181	179	1.118	0.102	0.350	0.531
HCARD	0.573	0.040	295	303	1.412	0.070	0.493	0.653
BCG	0.729	0.036	295	303	1.415	0.050	0.656	0.801
DPT	0.148	0.025	295	303	1.239	0.171	0.097	0.198
POLIO	0.520	0.043	295	303	1.512	0.083	0.433	0.606
MEASLE	0.526	0.045	295	303	1.560	0.085	0.436	0.615
WGTAGE	0.104	0.011	1234	1270	1.266	0.110	0.081	0.127

Note: Variable codes are defined in Table B.1.

**Table B.3: Sampling error for key indicators based on urban women, Vanuatu, 2013**

Variable/indicator	R	SE	N-UNWE	N-WEIG	DEFT	SE/R	R-2SE	R+2SE
URBAN	1	0	870	867	-	0	1	1
ILLITER	0.038	0.008	858	855	1.174	0.201	0.023	0.054
NOEDUC	0.016	0.005	870	867	1.067	0.283	0.007	0.025
SECOND	0.591	0.033	870	867	1.992	0.056	0.525	0.658
ATTEND	0.771	0.024	567	571	1.220	0.031	0.722	0.819
NEVMAR	0.337	0.018	870	867	1.126	0.054	0.301	0.373
CURMAR	0.623	0.018	870	867	1.078	0.028	0.587	0.658
AGEM20	0.318	0.022	713	695	1.234	0.068	0.275	0.361
PREGNANT	0.072	0.008	870	867	0.953	0.116	0.056	0.089
EV BORN	1.852	0.063	870	867	0.981	0.034	1.726	1.977
SURVIV	1.798	0.059	870	867	0.956	0.033	1.679	1.917
EV B40	3.860	0.170	159	152	1.137	0.044	3.520	4.200
KMETHO	0.981	0.008	546	540	1.423	0.008	0.965	0.998
EV USE	0.863	0.016	546	540	1.111	0.019	0.830	0.895
CUSE	0.509	0.029	546	540	1.342	0.057	0.451	0.566
CUPILL	0.108	0.014	546	540	1.043	0.129	0.080	0.135
CUIUD	0.055	0.011	546	540	1.100	0.196	0.033	0.076
CUFSTER	0.136	0.019	546	540	1.303	0.141	0.098	0.174
CUPABS	0.046	0.010	546	540	1.132	0.220	0.026	0.067
PSOURC	0.860	0.023	272	269	1.092	0.027	0.814	0.906
NOMORE	0.351	0.022	546	540	1.051	0.061	0.308	0.394
DELAY	0.156	0.013	546	540	0.859	0.086	0.129	0.182
IDEAL	2.473	0.048	834	830	1.019	0.020	2.376	2.570
PERINAT	23.089	7.610	431	428	0.892	0.330	7.870	38.309
TETANU	0.265	0.027	346	343	1.155	0.104	0.210	0.320
MEDELI	0.957	0.012	429	427	1.110	0.013	0.932	0.982
DIAR2W	0.126	0.022	416	414	1.288	0.178	0.081	0.171
ORSTRE	0.380	0.103	53	52	1.453	0.272	0.173	0.587
MEDTRE	0.395	0.090	53	52	1.255	0.228	0.215	0.575
HCARD	0.571	0.058	82	81	1.054	0.101	0.455	0.686
BCG	0.808	0.048	82	81	1.098	0.059	0.712	0.904
DPT	0.227	0.049	82	81	1.062	0.218	0.128	0.325
POLIO	0.631	0.051	82	81	0.951	0.081	0.529	0.733
MEASLE	0.687	0.060	82	81	1.159	0.087	0.567	0.806
WG TAGE	0.048	0.010	312	314	0.812	0.202	0.029	0.068

Note: Variable codes are defined in Table B.1.

**Table B.4: Sampling error for key indicators based on Rural 1 women, Vanuatu, 2013**

Variable/indicator	R	SE	N-UNWE	N-WEIG	DEFT	SE/R	R-2SE	R+2SE
URBAN	0	0	848	272	-	-	0	0
ILLITER	0.090	0.016	846	271	1.645	0.180	0.058	0.123
NOEDUC	0.038	0.010	848	272	1.558	0.271	0.017	0.058
SECOND	0.374	0.029	848	272	1.726	0.077	0.316	0.431
ATTEND	0.811	0.021	766	227	1.409	0.026	0.768	0.854
NEVMAR	0.292	0.018	848	272	1.136	0.061	0.257	0.328
CURMAR	0.666	0.019	848	272	1.158	0.028	0.629	0.704
AGEM20	0.446	0.026	687	208	1.395	0.059	0.393	0.499
PREGNANT	0.066	0.007	848	272	0.800	0.103	0.053	0.080
EVBORN	2.169	0.077	848	272	1.095	0.036	2.014	2.323
SURVIV	2.107	0.077	848	272	1.125	0.037	1.953	2.261
EVB40	4.253	0.209	181	51	1.361	0.049	3.836	4.670
KMETHO	0.986	0.005	584	181	0.989	0.005	0.977	0.996
EVUSE	0.847	0.022	584	181	1.483	0.026	0.803	0.892
CUSE	0.539	0.024	584	181	1.158	0.044	0.491	0.587
CUPILL	0.109	0.011	584	181	0.829	0.098	0.087	0.130
CUJUD	0.023	0.006	584	181	0.960	0.262	0.011	0.034
CUFSTER	0.101	0.014	584	181	1.084	0.134	0.074	0.128
CUPABS	0.099	0.013	584	181	1.036	0.129	0.074	0.125
PSOURC	0.851	0.029	237	73	1.271	0.035	0.792	0.910
NOMORE	0.428	0.020	584	181	0.989	0.047	0.387	0.468
DELAY	0.145	0.016	584	181	1.084	0.109	0.114	0.177
IDEAL	2.524	0.043	789	254	0.862	0.017	2.438	2.609
PERINAT	8.064	3.362	504	161	0.844	0.417	1.340	14.789
TETANU	0.309	0.027	373	119	1.130	0.088	0.255	0.364
MEDELI	0.954	0.014	503	161	1.360	0.014	0.927	0.981
DIAR2W	0.141	0.021	490	157	1.247	0.151	0.098	0.183
ORSTRE	0.406	0.046	67	22	0.730	0.113	0.315	0.498
MEDTRE	0.485	0.058	67	22	0.919	0.120	0.369	0.601
HCARD	0.670	0.050	103	33	1.089	0.075	0.569	0.770
BCG	0.786	0.047	103	33	1.169	0.060	0.692	0.880
DPT	0.107	0.023	103	33	0.771	0.219	0.060	0.153
POLIO	0.538	0.042	103	33	0.852	0.077	0.455	0.622
MEASLE	0.519	0.048	103	33	0.984	0.093	0.423	0.615
WGTAGE	0.089	0.015	440	132	1.019	0.167	0.059	0.119

Note: Variable codes are defined in Table B.1.

**Table B.5: Sampling error for key indicators based on Rural 2 women, Vanuatu, 2013**

Variable/indicator	R	SE	N-UNWE	N-WEIG	DEFT	SE/R	R-2SE	R+2SE
URBAN	0	0	790	1369	-	-	0	0
ILLITER	0.101	0.018	788	1365	1.641	0.175	0.066	0.136
NOEDUC	0.076	0.015	790	1369	1.609	0.200	0.045	0.106
SECOND	0.255	0.031	790	1369	1.992	0.121	0.193	0.316
ATTEND	0.766	0.016	829	1405	0.984	0.021	0.733	0.799
NEVMAR	0.254	0.021	790	1369	1.368	0.084	0.211	0.296
CURMAR	0.725	0.021	790	1369	1.339	0.029	0.682	0.768
AGEM20	0.452	0.023	632	1097	1.151	0.050	0.406	0.497
PREGNANT	0.075	0.010	790	1369	1.044	0.131	0.055	0.094
EVBORN	2.615	0.094	790	1369	1.152	0.036	2.428	2.802
SURVIV	2.508	0.084	790	1369	1.075	0.033	2.341	2.676
EVBA0	4.905	0.154	153	266	0.926	0.031	4.598	5.212
KMETHO	0.924	0.018	575	993	1.663	0.020	0.888	0.961
EVUSE	0.723	0.024	575	993	1.298	0.034	0.675	0.772
CUSE	0.470	0.024	575	993	1.166	0.052	0.422	0.519
CUPILL	0.103	0.014	575	993	1.140	0.140	0.074	0.132
CUIUD	0.008	0.003	575	993	0.810	0.387	0.002	0.013
CUFSTER	0.097	0.018	575	993	1.443	0.183	0.062	0.133
CUPABS	0.069	0.009	575	993	0.889	0.136	0.050	0.088
PSOURC	0.922	0.023	212	369	1.270	0.025	0.875	0.969
NOMORE	0.439	0.024	575	993	1.180	0.056	0.390	0.488
DELAY	0.123	0.017	575	993	1.245	0.139	0.089	0.157
IDEAL	2.712	0.068	697	1207	1.182	0.025	2.577	2.847
PERINAT	14.592	5.610	561	978	1.004	0.384	3.372	25.811
TETANU	0.313	0.023	392	677	0.993	0.074	0.267	0.360
MEDELI	0.856	0.028	559	975	1.359	0.033	0.800	0.913
DIAR2W	0.111	0.019	543	946	1.294	0.174	0.072	0.149
ORSTRE	0.539	0.057	61	105	0.817	0.105	0.426	0.652
MEDTRE	0.454	0.061	61	105	0.866	0.136	0.331	0.577
HCARD	0.557	0.059	110	189	1.233	0.105	0.440	0.675
BCG	0.684	0.054	110	189	1.210	0.079	0.577	0.792
DPT	0.121	0.033	110	189	1.066	0.276	0.054	0.188
POLIO	0.468	0.065	110	189	1.362	0.139	0.338	0.599
MEASLE	0.458	0.066	110	189	1.372	0.143	0.327	0.589
WGTAJE	0.128	0.017	482	824	1.052	0.131	0.094	0.162

Note: Variable codes are defined in Table B.1.

**Table B.6: Sampling error for key indicators based on total men, Vanuatu, 2013**

Variable/indicatc	R	SE	N-UNWE	N-WEIG	DEFT	SE/R	R-2SE	R+2SE
URBAN	0.346	0.018	1333	1333	1.367	0.051	0.311	0.382
NOEDUC	0.060	0.012	1333	1333	1.907	0.207	0.035	0.085
EDUC	0.355	0.023	1333	1333	1.734	0.064	0.310	0.400
NEVMAR	0.311	0.016	1333	1333	1.226	0.050	0.280	0.342
CURMAR	0.652	0.016	1333	1333	1.228	0.025	0.620	0.684
KMETHO	0.979	0.005	891	869	1.117	0.006	0.968	0.989
KMODME	0.957	0.009	891	869	1.301	0.009	0.939	0.974
EVUSE	0.785	0.026	891	869	1.853	0.033	0.734	0.836
CUSE	0.333	0.019	891	869	1.206	0.057	0.294	0.371
CUMODE	0.198	0.017	891	869	1.272	0.086	0.164	0.232
CUPILL	0.043	0.010	891	869	1.479	0.232	0.023	0.064
CUIUD	0.007	0.003	891	869	1.273	0.527	0.000	0.013
CUIIJ	0.028	0.007	891	869	1.237	0.245	0.014	0.041
CUNORP	0.000	0.000	891	869	-	-	0.000	0.000
CUCOND	0.050	0.008	891	869	1.096	0.161	0.034	0.065
CUFSTER	0.049	0.008	891	869	1.103	0.162	0.033	0.065
CUMSTER	0.011	0.004	891	869	1.126	0.354	0.003	0.019
CUPABS	0.047	0.010	891	869	1.382	0.208	0.028	0.067
CUWITH	0.081	0.009	891	869	1.032	0.117	0.062	0.100
NOMORE	0.493	0.027	891	869	1.601	0.054	0.439	0.546
DELAY	0.128	0.016	891	869	1.388	0.121	0.097	0.159
IDEAL	3.090	0.068	1235	1230	1.250	0.022	2.955	3.225

Note: Variable codes are defined in Table B.1.



**Table B.7: Sampling error for key indicators based on Urban men, Vanuatu, 2013**

Variable/indicatc	R	SE	N-UNWE	N-WEIG	DEFT	SE/R	R-2SE	R+2SE
URBAN	1	0	442	461	-	0	1	1
NOEDUC	0.028	0.008	442	461	0.967	0.271	0.013	0.043
EDUC	0.528	0.040	442	461	1.687	0.076	0.448	0.608
NEVMAR	0.374	0.019	442	461	0.844	0.052	0.335	0.413
CURMAR	0.587	0.021	442	461	0.896	0.036	0.545	0.629
KMETHO	0.988	0.008	261	271	1.145	0.008	0.973	1.004
KMODME	0.965	0.011	261	271	0.970	0.011	0.943	0.987
EVUSE	0.723	0.038	261	271	1.384	0.053	0.646	0.800
CUSE	0.316	0.029	261	271	1.004	0.092	0.258	0.374
CUMODE	0.209	0.029	261	271	1.136	0.137	0.152	0.267
CUPILL	0.058	0.017	261	271	1.173	0.293	0.024	0.092
CUIUD	0.011	0.007	261	271	1.014	0.588	0.000	0.025
CUINJ	0.016	0.010	261	271	1.286	0.623	0.000	0.036
CUNORP	0.000	0.000	261	271	-	-	0.000	0.000
CUCOND	0.066	0.017	261	271	1.128	0.263	0.031	0.101
CUFSTER	0.045	0.012	261	271	0.946	0.270	0.021	0.069
CUMSTER	0.002	0.002	261	271	0.756	0.994	0.000	0.007
CUPABS	0.049	0.014	261	271	1.038	0.285	0.021	0.076
CUWITH	0.058	0.017	261	271	1.198	0.300	0.023	0.092
NOMORE	0.543	0.044	261	271	1.421	0.081	0.455	0.631
DELAY	0.125	0.023	261	271	1.114	0.183	0.079	0.170
IDEAL	2.855	0.113	410	428	1.389	0.040	2.630	3.081

Note: Variable codes are defined in Table B.1.

**Table B.8: Sampling error for key indicators based on Rural1 men, Vanuatu, 2013**

Variable/indicatc	R	SE	N-UNWE	N-WEIG	DEFT	SE/R	R-2SE	R+2SE
URBAN	0	0	450	148	-	-	0	0
NOEDUC	0.037	0.01	450	148	1.088	0.262	0.018	0.056
EDUC	0.369	0.028	450	148	1.241	0.077	0.313	0.426
NEVMAR	0.327	0.026	450	148	1.192	0.081	0.274	0.38
CURMAR	0.643	0.028	450	148	1.225	0.043	0.587	0.698
KMETHO	0.974	0.01	304	95	1.047	0.01	0.955	0.993
KMODME	0.974	0.01	304	95	1.047	0.01	0.955	0.993
EVUSE	0.741	0.053	304	95	2.106	0.072	0.635	0.847
CUSE	0.445	0.048	304	95	1.666	0.107	0.35	0.54
CUMODE	0.299	0.035	304	95	1.313	0.115	0.23	0.368
CUPILL	0.077	0.015	304	95	0.986	0.197	0.047	0.107
CUIUD	0.003	0.003	304	95	1.003	1.002	0	0.01
CUINJ	0.02	0.008	304	95	0.982	0.394	0.004	0.036
CUNORP	0	0	304	95	-	-	0	0
CUCOND	0.081	0.014	304	95	0.907	0.176	0.052	0.109
CUFSTER	0.066	0.012	304	95	0.822	0.177	0.043	0.09
CUMSTER	0.031	0.011	304	95	1.147	0.366	0.008	0.054
CUPABS	0.045	0.016	304	95	1.361	0.359	0.013	0.078
CUWITH	0.101	0.026	304	95	1.528	0.262	0.048	0.153
NOMORE	0.503	0.028	304	95	0.975	0.056	0.447	0.559
DELAY	0.114	0.025	304	95	1.358	0.217	0.065	0.164
IDEAL	3.137	0.083	419	139	1.021	0.027	2.97	3.304

Note: Variable codes are defined in Table B.1.

**Table B.9: Sampling error for key indicators based on Rural2 men, Vanuatu, 2013**

Variable/indicatc	R	SE	N-LNWE	N-WEIG	DEFT	SE/R	R-2SE	R+2SE
URBAN	0	0	441	723	-	-	0	0
NOEDUC	0.085	0.023	441	723	1.697	0.266	0.040	0.130
EDUC	0.242	0.034	441	723	1.665	0.141	0.174	0.309
NEVMAR	0.267	0.025	441	723	1.199	0.095	0.217	0.318
CURMAR	0.695	0.025	441	723	1.160	0.037	0.644	0.746
KMETHO	0.974	0.008	326	503	0.930	0.008	0.958	0.991
KMODME	0.949	0.014	326	503	1.146	0.015	0.920	0.977
EVUSE	0.826	0.037	326	503	1.779	0.045	0.752	0.901
CUSE	0.320	0.028	326	503	1.073	0.087	0.265	0.376
CUMODE	0.173	0.024	326	503	1.161	0.141	0.124	0.221
CUPILL	0.029	0.015	326	503	1.558	0.496	0.000	0.059
CUJUD	0.005	0.005	326	503	1.239	1.018	0.000	0.014
CUINJ	0.035	0.010	326	503	1.004	0.291	0.015	0.056
CUNORP	0.000	0.000	326	503	-	-	0.000	0.000
CUCOND	0.035	0.010	326	503	0.968	0.284	0.015	0.054
CUFSTER	0.048	0.012	326	503	1.007	0.247	0.025	0.072
CUMSTER	0.012	0.006	326	503	1.048	0.521	0.000	0.025
CUPABS	0.047	0.015	326	503	1.275	0.319	0.017	0.077
CUWITH	0.090	0.012	326	503	0.785	0.139	0.065	0.115
NOMORE	0.463	0.039	326	503	1.416	0.085	0.385	0.542
DELAY	0.132	0.023	326	503	1.244	0.177	0.086	0.179
IDEAL	3.232	0.101	406	663	0.976	0.031	3.031	3.433

Note: Variable codes are defined in Table B.1.

**Table B.10: Sampling error for total fertility rates, Vanuatu 2013**

Sample domain	R	SE	SE/R	R-2SE	R+2SE
Vanuatu	4.186	0.185	0.044	3.815	4.557
Urban	3.284	0.244	0.074	2.797	3.772
Rural 1	4.253	0.253	0.059	3.747	4.758
Rural 2	4.792	0.255	0.053	4.282	5.301

R = value of the statistic; R±2SE = 95% confidence limit; SE = standard error of the statistic;

SE/R = relative standard error

**Table B.11: Sampling error for childhood mortality rates for 5-year periods of analysis, Vanuatu 2013**

Mortality indicator	R	SE	SE/R	R-2SE	R+2SE
<b>Neonatal mortality (NN)</b>					
0-4	12.354	3.450	0.279	5.455	19.253
5-9	15.962	4.356	0.273	7.251	24.673
10-14	11.625	4.045	0.348	3.535	19.715
<b>Postneonatal mortality (PNN)</b>					
0-4	15.842	4.402	0.278	7.038	24.647
5-9	9.476	3.960	0.418	1.557	17.395
10-14	8.176	4.238	0.518	-0.299	16.651
<b>Infant mortality rate (1q0)</b>					
0-4	28.196	6.082	0.216	16.033	40.360
5-9	25.438	5.728	0.225	13.981	36.894
10-14	19.801	5.397	0.273	9.007	30.596
<b>Childhood mortality rate (4q1)</b>					
0-4	2.593	1.329	0.512	-0.065	5.251
5-9	11.359	4.345	0.382	2.670	20.049
10-14	14.386	3.946	0.274	6.493	22.279
<b>Under 5 mortality rate (5q0)</b>					
0-4	30.716	5.929	0.193	18.858	42.574
5-9	36.508	7.034	0.193	22.440	50.576
10-14	33.902	6.936	0.205	20.030	47.775

R = value of the statistic; R±2SE = 95% confidence limit; SE = standard error of the statistic;

SE/R = relative standard error

**Table B.12: Sampling error for childhood mortality rates for the ten-year period preceding the survey by place of residence, Vanuatu 2013**

Mortality indicator	R	SE	SE/R	R-2SE	R+2SE
<b>Neonatal mortality (NN)</b>					
Vanuatu	13.999	2.756	0.197	8.488	19.511
Urban	16.317	5.079	0.311	6.159	26.474
Rural 1	11.798	3.176	0.269	5.445	18.150
Rural 2	13.331	3.791	0.284	5.749	20.914
<b>Postneonatal mortality (PNN)</b>					
Vanuatu	12.919	3.748	0.290	5.424	20.415
Urban	8.918	3.836	0.430	1.246	16.590
Rural 1	8.253	2.971	0.360	2.311	14.194
Rural 2	15.314	5.627	0.367	4.059	26.568
<b>Infant mortality rate (1q0)</b>					
Vanuatu	26.919	5.002	0.186	16.915	36.922
Urban	25.235	6.014	0.238	13.206	37.263
Rural 1	20.051	4.956	0.247	10.139	29.962
Rural 2	28.645	7.447	0.260	13.750	43.539
<b>Childhood mortality rate (4q1)</b>					
Vanuatu	6.665	2.097	0.315	2.471	10.858
Urban	2.765	1.936	0.700	-1.107	6.637
Rural 1	2.112	1.483	0.703	-0.855	5.078
Rural 2	9.027	3.124	0.346	2.778	15.276
<b>Under 5 mortality rate (5q0)</b>					
Vanuatu	33.404	5.398	0.162	22.608	44.200
Urban	27.930	6.494	0.233	14.941	40.918
Rural 1	22.120	4.919	0.222	12.282	31.958
Rural 2	37.413	7.920	0.212	21.573	53.253

*R = value of the statistic; R±2SE = 95% confidence limit; SE = standard error of the statistic; SE/R = relative standard error*

## 16.7. APPENDIX C — DATA QUALITY TABLES

**Table C.1: Household age distribution**

*Single-year age distribution of the de facto household population by sex (weighted), Vanuatu 2013*

Age	Women		Men	
	Number	Percent	Number	Percent
0	169	3.1	168	3.1
1	164	3.0	154	2.9
2	132	2.5	166	3.1
3	148	2.7	187	3.5
4	167	3.1	150	2.8
5	129	2.4	177	3.3
6	155	2.9	153	2.8
7	149	2.8	130	2.4
8	145	2.7	149	2.8
9	142	2.6	148	2.7
10	135	2.5	152	2.8
11	104	1.9	109	2.0
12	144	2.7	137	2.5
13	127	2.4	124	2.3
14	98	1.8	119	2.2
15	115	2.1	104	1.9
16	79	1.5	66	1.2
17	94	1.7	95	1.8
18	115	2.1	119	2.2
19	89	1.6	98	1.8
20	116	2.1	108	2.0
21	106	2.0	98	1.8
22	93	1.7	84	1.6
23	90	1.7	84	1.6
24	100	1.9	67	1.2
25	85	1.6	76	1.4
26	98	1.8	82	1.5
27	85	1.6	89	1.7
28	86	1.6	85	1.6
29	80	1.5	57	1.1
30	63	1.2	84	1.6
31	59	1.1	42	0.8
32	66	1.2	76	1.4
33	68	1.3	50	0.9
34	69	1.3	56	1.0
35	64	1.2	69	1.3
36	72	1.3	46	0.8
37	70	1.3	69	1.3
38	59	1.1	60	1.1
39	74	1.4	80	1.5
40	64	1.2	73	1.4
41	58	1.1	63	1.2
42	56	1.0	48	0.9
43	57	1.1	43	0.8
44	45	0.8	52	1.0
45	43	0.8	65	1.2
46	41	0.8	44	0.8
47	39	0.7	46	0.9
48	36	0.7	39	0.7
49	47	0.9	49	0.9
50	88	1.6	69	1.3
51	47	0.9	34	0.6
52	46	0.9	44	0.8

53	48	0.9	34	0.6
54	35	0.7	34	0.6
55	36	0.7	26	0.5
56	29	0.5	24	0.4
57	29	0.5	22	0.4
58	23	0.4	21	0.4
59	39	0.7	41	0.8
60	31	0.6	39	0.7
61	20	0.4	27	0.5
62	15	0.3	31	0.6
63	28	0.5	19	0.4
64	10	0.2	17	0.3
65	12	0.2	27	0.5
66	11	0.2	15	0.3
67	9	0.2	7	0.1
68	13	0.2	14	0.3
69	8	0.2	7	0.1
70+	124	2.3	159	3.0
Do not know/missing	2	0.0	2	0.0
<b>Total</b>	<b>5,391</b>	<b>100.0</b>	<b>5,403</b>	<b>100.0</b>

**Table C.2: Age distribution of eligible and interviewed women**

*De facto household population of women aged 10–54, interviewed women aged 15–49, and the percentage of eligible women who were interviewed (weighted), by five-year age groups, Vanuatu 2013*

Age group	Household population of women aged 10–54	Interviewed women aged 15–49		Percent of women
		Number	Percent	
10–14	607	na	na	na
15–19	492	471	19.2	95.9
20–24	505	475	19.3	94.1
25–29	434	414	16.8	95.4
30–34	325	309	12.5	94.9
25–39	338	328	13.3	97.0
40–44	280	266	10.8	95.0
45–49	205	198	8.0	96.3
50–54	265	na	na	Na
<b>Total aged 15–49</b>	<b>2,579</b>	<b>2,461</b>	<b>100.0</b>	<b>95.4</b>

Note: The *de facto* population includes all residents and non-residents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.  
na = not applicable

**Table C.3: Age distribution of eligible and interviewed men**

*De facto household population of men aged 10–94, interviewed men aged 15–94, and the percent of eligible men who were interviewed (weighted), Vanuatu 2013*

Age group	Household population of men aged 10–94	Interviewed men aged 15–94		Percentage of eligible men interviewed
		Number	Percent	
10–14	353	na	na	na
15–19	223	180	13.5	80.8
20–24	211	172	12.9	81.3
25–29	186	163	12.3	87.3
30–34	160	147	11.1	92.4
35–39	159	148	11.1	92.9
40–44	152	134	10.1	88.1
45–49	110	85	6.4	77.3
50–54	110	96	7.2	87.0
55–59	69	64	4.8	92.7
60–64	48	45	3.4	94.3
65–69	32	26	2.0	82.3
70–74	36	33	2.5	92.7
75–79	15	13	0.9	85.9
80–84	20	18	1.4	92.2
85–89	6	4	0.3	67.8
90–94	2	1	0.1	55.6
15–94	1,538	1,329	100.0	86.4

Note: The *de facto* population includes all residents and non-residents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.  
na = not applicable

**Table C.4: Completeness of reporting**

*Percentage of observations missing information for selected demographic and health questions (weighted), Vanuatu 2013*

Subject	Percentage with missing information <sup>1</sup>	Number of cases
Month only (births in last 15 years)	0.62	4,063
Month and year (births in last 15 years)	0.03	4,063
Age at death (deceased children born in the last 15 years)	0.00	144
Age/date at first union (ever married women)	0.16	1,789
Age/date at first union (ever married men)	0.68	919
Respondent's education (all women)	0.18	2,508
Respondent's education (all men)	0.60	1,333
Diarrhoea in last two weeks (living children 0–59 months)	2.64	1,517
Height (living children 0–59 months from Household Questionnaire)	13.20	1,601
Weight (living children 0–59 months from Household Questionnaire)	12.33	1,601
Height or weight (living children 0–59 months from Household Questionnaire)	13.38	1,601
Anemia (living children 6–59 months from Household Questionnaire)	16.73	1,448
Anemia (all women from the Household Questionnaire)	14.37	2,579
Anemia (all men from the Household Questionnaire)	100.00	1,533

<sup>1</sup> Both year and age missing.

**Table C.5: Births by calendar years**

Number of births, the percentage with complete birth date, sex ratio at birth, and the calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Vanuatu 2013

Calendar year	Number of births			Percentage with complete birth date			Sex ratio at birth			Calendar year ratio		
	L	D	T	L	D	T	L	D	T	L	D	T
0	277	6	282	100.0	100.0	100.0	98.0	124.0	98.4	na	na	na
1	312	18	330	100.0	100.0	100.0	95.5	83.3	94.8	na	na	na
2	278	7	285	100.0	100.0	100.0	101.4	93.2	101.2	85.2	57.1	84.1
3	341	7	348	100.0	100.0	100.0	123.1	36.8	120.4	122.9	107.5	122.5
4	277	5	283	100.0	100.0	100.0	84.0	-	87.6	90.1	84.9	90.0
5	274	6	280	100.0	100.0	100.0	134.3	37.3	130.7	100.7	74.4	100.0
6	267	11	278	99.8	85.6	99.3	105.9	82.1	104.8	101.8	91.9	101.4
7	251	18	268	99.1	77.3	97.7	102.5	43.9	97.2	98.9	247.0	102.9
8	240	3	243	99.3	72.9	99.0	101.5	269.3	102.8	96.1	26.1	92.6
9	248	8	257	98.5	100.0	98.6	95.8	121.3	96.5	97.7	93.9	97.5
0-4	1,486	43	1,529	100.0	100.0	100.0	100.4	104.7	100.5	na	na	na
5-9	1,280	46	1,326	99.4	86.0	98.9	107.7	69.4	106.1	na	na	na
10-14	1,135	54	1,190	99.2	93.6	99.0	103.2	169.2	105.5	na	na	na
15-19	847	25	871	98.6	98.6	98.6	99.0	125.6	99.6	na	na	na
20+	818	41	859	99.5	89.8	99.0	110.9	78.2	109.1	na	na	na
All	5,566	210	5,776	99.4	93.1	99.2	103.9	104.2	103.9	na	na	na

NA = not applicable

<sup>1</sup> Both year and month of birth given.

<sup>2</sup>  $(B_m/B_f) \times 100$ , where  $B_m$  and  $B_f$  are the numbers of male and female births, respectively.

<sup>3</sup>  $[2B_x / (B_{x-1} + B_{x+1})] \times 100$ , where  $B_x$  is the number of births in calendar year  $x$ .

**Table C.6: Reporting of age at death in days**

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Vanuatu 2013

Age at death (days)	Number of years preceding the survey					Total 0-19
	0-4	5-9	10-14	15-19		
<1	9	3	4	1		17
1	10	13	3	4		30
2	1	2	0	1		4
3	0	1	0	0		2
4	0	0	3	0		3
7	0	0	1	0		1
10	0	1	2	0		3
12	0	0	1	0		2
21	0	0	0	0		0
Total 0-30	20	21	14	6		61
Percent early neonatal	98.9	93.2	68.2	100.0		90.1

<sup>1</sup>  $\frac{3}{4}$  6 days / = 30 days

**Table C.7: Reporting of age at death in months**

*Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Vanuatu 2013*

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	20	21	14	6	61
1	6	2	3	0	11
2	2	1	1	0	5
3	0	3	1	0	4
4	1	2	1	2	6
5	1	0	0	0	1
6	1	2	2	0	5
7	4	2	2	1	9
8	4	0	0	0	4
9	0	0	2	0	2
10	0	0	0	1	1
11	2	0	0	0	2
14	0	2	0	0	2
15	0	0	2	0	2
17	0	0	1	0	1
1 year	0	5	10	5	20
Total 0-11	43	33	26	10	112
Percent neonatal	47.6	63.6	52.2	58.2	54.3

a Includes deaths under one month reported in days.

1 Under one month / under one year



**Table C.8: Nutritional status of children.**

Percentage of children under age 5 years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Vanuatu 2013

Background characteristic	Height-for-age			Weight-for-height				Weight-for-age			Number of children	
	Percentage below -3 SD	Percentage below -2 SD	Mean Z-score (-SD)	Percentage below -3 SD	Percentage below -2 SD	Percentage above +2 SD	Mean Z-score (-SD)	Percentage below -3 SD	Percentage below -2 SD	Percentage above +2 SD		Mean Z-score (-SD)
<b>Age in months</b>												
<6	0.3	4.4	0.1	0.0	3.0	13.5	0.8	0.0	1.3	17.4	0.8	99
6-8	0.0	3.2	-0.1	2.0	3.0	15.6	0.4	2.0	2.3	12.0	0.2	85
9-11	6.2	22.5	-1.0	0.5	1.0	4.5	-0.2	6.0	25.3	2.9	-1.0	61
12-17	6.2	35.2	-1.4	1.2	12.4	1.7	-0.5	4.1	26.1	0.7	-1.3	136
18-23	16.3	39.1	-1.5	0.8	10.5	3.9	-0.4	4.9	24.5	2.1	-1.2	124
24-35	11.9	27.0	-1.2	0.1	1.7	2.0	-0.2	0.8	15.6	1.0	-1.0	239
36-47	7.1	23.2	-1.1	0.6	2.1	1.6	-0.3	1.0	12.6	0.9	-1.0	267
48-59	8.2	25.4	-1.2	0.6	1.0	0.4	-0.3	1.4	12.4	0.4	-1.0	233
<b>Sex</b>												
Male	9.6	26.5	-1.1	0.8	4.4	2.8	-0.2	2.2	17.3	3.1	-0.9	630
Female	6.4	22.1	-1.0	0.5	3.4	4.7	-0.1	1.8	12.3	3.0	-0.7	614
<b>Birth interval in months</b>												
First birth	5.0	20.8	-0.9	1.0	6.3	3.9	-0.3	2.5	15.0	5.1	-0.8	269
<24	13.9	31.1	-1.3	0.1	3.9	2.0	-0.2	2.9	17.2	2.4	-1.0	194
24-47	6.1	24.0	-1.0	1.2	4.7	3.6	-0.2	1.3	14.2	2.1	-0.8	344
48+	8.1	20.4	-1.0	0.3	1.2	5.3	-0.0	2.2	12.6	3.6	-0.7	300
<b>Size at birth</b>												
Very small	(18.1)	(47.9)	(-1.9)	(0.0)	(9.8)	(7.8)	(-0.2)	(0.0)	(40.4)	(0.0)	(-1.4)	35
Small	12.0	26.9	-1.1	2.7	7.5	4.4	-0.2	0.5	18.5	2.2	-0.8	63
Average or larger	6.9	21.6	-1.0	0.7	3.8	3.9	-0.2	2.2	13.1	3.6	-0.7	968
<b>Mother's interview status</b>												
Interviewed	7.7	23.5	-1.0	0.7	4.0	3.9	-0.2	2.1	14.5	3.3	-0.8	1,107
Not interviewed but in household	*	*	*	*	*	*	*	*	*	*	*	18
Not interviewed, and not in the household	9.3	30.9	-1.0	0.0	2.9	2.2	-0.3	1.4	19.5	1.7	-0.9	119
<b>Mother's nutritional status</b>												

Thin -BMI<18.5)	(12.5)	(19.8)	(-1.4)	(4.6)	(4.6)	(0.0)	(-0.7)	(0.0)	(15.2)	(0.0)	(-1.4)	22
Normal -BMI 18.5–24.9)	7.7	23.9	-1.1	1.0	4.5	3.2	-0.2	2.5	14.5	3.7	-0.8	492
Overweight/obese -BMI >= 25)	8.1	22.7	-1.0	0.4	3.6	4.8	-0.1	1.7	13.9	3.4	-0.7	537
<b>Residence</b>												
Urban	4.7	16.3	-0.7	0.7	1.3	6.3	0.1	0.7	8.3	4.3	-0.4	302
Rural	9.1	26.9	-1.1	0.6	4.7	2.9	-0.3	2.4	16.9	2.7	-0.9	942
..Rural 1	6.5	22.3	-0.9	0.8	3.6	3.9	-0.2	0.9	12.3	2.2	-0.7	128
..Rural 2	9.5	27.7	-1.2	0.6	4.9	2.8	-0.3	2.7	17.6	2.8	-1.0	814
<b>Mother's education</b>												
No education	(18.9)	(41.8)	(-1.6)	(0.0)	(5.4)	(2.5)	(-0.2)	(2.4)	(23.8)	(5.4)	(-1.1)	71
Primary	8.2	24.2	-1.1	1.1	4.3	2.6	-0.3	1.9	15.2	2.2	-0.9	683
Secondary	5.4	21.2	-0.9	0.1	3.4	6.0	-0.1	2.5	12.0	3.3	-0.6	323
More than secondary	(2.9)	(6.5)	(0.2)	(0.0)	(1.3)	(12.1)	(0.2)	(0.6)	(2.9)	(15.3)	(0.3)	44
<b>Wealth quintile</b>												
Lowest	8.0	33.7	-1.5	0.0	1.8	3.6	-0.2	1.1	17.0	2.4	-1.1	306
Second	10.3	20.9	-1.0	0.0	7.8	2.6	-0.4	4.8	16.8	3.9	-0.9	283
Middle	10.4	24.1	-1.0	1.5	3.9	3.7	-0.1	1.5	14.0	2.5	-0.8	248
Fourth	4.7	23.7	-0.9	1.0	3.6	3.0	-0.2	1.3	14.9	2.5	-0.7	239
Highest	5.2	14.4	-0.6	1.2	1.4	7.1	0.1	0.6	8.6	4.8	-0.3	169
<b>Total</b>	<b>8.0</b>	<b>24.4</b>	<b>-1.0</b>	<b>0.6</b>	<b>3.9</b>	<b>3.8</b>	<b>-0.2</b>	<b>2.0</b>	<b>14.8</b>	<b>3.1</b>	<b>-0.8</b>	<b>1,244</b>

Note: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (-SD) from the median of the NCHS/CDC/WHO Child Growth Standards.

Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight.

<sup>1</sup> Includes children who are below -3 standard deviations (-SD) from the International Reference Population median.

<sup>2</sup> Excludes children whose mothers were not interviewed.

<sup>3</sup> First born twins, triplets, etc. are counted as first births because they do not have a previous birth interval.

<sup>4</sup> Includes children whose mothers are deceased.

<sup>5</sup> Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (body mass index) is presented in Table 11.10.

<sup>6</sup> For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire

<sup>7</sup> An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25–49 unweighted cases.

## 16.8. APPENDIX D — LIST OF PEOPLE INVOLVED IN THE 2013 VDHS

### Demographic and health survey final listing: supervisors, editors, and interviewers

Team 1		Team 2	
<i>Supervisor</i>	Dickie Napinmal	<i>Supervisor</i>	Newman Tangis
<i>Editor</i>	Natasha Sogari	<i>Editor</i>	Claudia Rangiman
<i>Interviewer</i>	Agnes Miller	<i>Interviewer</i>	Marineth Wensi
<i>Interviewer</i>	Tiana Frank	<i>Interviewer</i>	Leona Tari
<i>Interviewer</i>	Anita Naupa	<i>Interviewer</i>	Harriet Titilia Seule
<i>Interviewer</i>	Nina Solomon	<i>Interviewer</i>	Mary Semeno
<i>Interviewer</i>	Jayden Gremsy	<i>Interviewer</i>	Denny Tomoyan
<i>Interviewer</i>	Fred Pakoa	<i>Interviewer</i>	Stanley Alison
<i>Nurse</i>	Dick Wilson	<i>Nurse</i>	Lydia Taualerau
Team 3		Team 4	
<i>Supervisor</i>	Jimmy NicholSEN	<i>Supervisor</i>	Isabelle Petrie
<i>Editor</i>	Florence Aki	<i>Editor</i>	Linda Kwari
<i>Interviewer</i>	Priscilla Naut	<i>Interviewer</i>	Mowkra Lava
<i>Interviewer</i>	Valery Alfred	<i>Interviewer</i>	Rita Robert
<i>Interviewer</i>	Esau Katorie	<i>Interviewer</i>	Ruth Laldam
<i>Interviewer</i>	Bule Taraly	<i>Interviewer</i>	Annie Kaltang
<i>Nurse</i>	Nelly Olul	<i>Interviewer</i>	John Job
		<i>Interviewer</i>	Lynold Dwen Tari
		<i>Nurse</i>	Mathias Tabeva
Team 5		Team 6	
<i>Supervisor</i>	Harrison Bob	<i>Supervisor</i>	Orah Api
<i>Editor</i>	Florence Toa	<i>Editor</i>	Marianne Fred
<i>Interviewer</i>	Tania Tulangi	<i>Interviewer</i>	Netty George
<i>Interviewer</i>	Mary Tony	<i>Interviewer</i>	Hellenson Bethel
<i>Interviewer</i>	Frocin Amel	<i>Interviewer</i>	Marasi Tasso
<i>Interviewer</i>	Emma Naros	<i>Interviewer</i>	Leitonga Kalsev
<i>Interviewer</i>	George Bage	<i>Interviewer</i>	Trevor Lui Vira
<i>Interviewer</i>	John Dick	<i>Interviewer</i>	Floyd Edmund Bule
<i>Nurse</i>	George Tasso	<i>Nurse</i>	Andy Karl
Team 7		Team 8	
<i>Supervisor</i>	Oztomea Bule	<i>Supervisor</i>	Peter Komie

<i>Editor</i>	Shirley Jane Sarai	<i>Editor</i>	Anita Vari
<i>Interviewer</i>	Enah hungwe	<i>Interviewer</i>	Velolo Vatu
<i>Interviewer</i>	Leisanie Tapasei	<i>Interviewer</i>	Delma Samuel
<i>Interviewer</i>	Pamela Alick	<i>Interviewer</i>	Emilienne Lingbu
<i>Interviewer</i>	Mary Toara	<i>Interviewer</i>	Margaret Mansen
<i>Interviewer</i>	Richard Joe	<i>Interviewer</i>	Olivier Nev
<i>Interviewer</i>	Johnathan Jeremiah	<i>Interviewer</i>	Vari Sipiti
<i>Nurse</i>	Robert Moise	<i>Nurse</i>	Emmanuel Wokeke

### Team 9

<i>Supervisor</i>	Rosella Tari
<i>Editor</i>	Meriel Tasi
<i>Interviewer</i>	Julie Poro
<i>Interviewer</i>	Amanda Theora
<i>Interviewer</i>	Moria Atuary
<i>Interviewer</i>	Shirlee Nako Tarimiala
<i>Interviewer</i>	Farel Gaetan
<i>Interviewer</i>	Densley Magmui
<i>Nurse</i>	Dominique Laisa

### Team 10

<i>Supervisor</i>	Solomon Wai
<i>Editor</i>	Eleath David
<i>Interviewer</i>	Mere Solorani
<i>Interviewer</i>	Marieta Tevanu
<i>Interviewer</i>	Angela Obed
<i>Interviewer</i>	Veta Joseph
<i>Interviewer</i>	Paul Hango
<i>Interviewer</i>	Vuti Raynold
<i>Nurse</i>	Loretta Nasse



## Introduction and Consent

Hello. My name is \_\_\_\_\_ and I am working with the **Vanuatu National Statistics office and Ministry of Health**. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 20 and 30 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ..... 1    RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ..... 2 → END

*Halo. Nem blo mi \_\_\_\_\_ mi wok wetem Vanuatu Nasenal Statistik ofis mo Ministri blo helt. Mifala stap kondatem wan nasenal sevei abaotem ol difidiren helt isus. Bae mifala hapi tumas sapos yu save pat long sevei ia. Sevei ia mbae hemi tekem abaot 20 mo 30 minits blo finisim.*

*Olsem pat blo sevei ia mbae mifala askem sam kwestens abaotem haoshol blong yu. Everi ansa we yu kivim mbae mifala kipim hemi sikret and mbae mifala nosave talem olbaot. Mifala no fosem yu blo pat long sevei ia. Sapos yumi kam long wan kwesten we yu no wantem ansa, jes letem mi save blo mi save ko long narafala kwesten; o yu save stopem intaviu lo eni taem. Haoeva, mifala hop se mbae yu patisipet lo sevei ia sins ol vius blo yu hemi impoten tumas.*

*Naoia, yu wantem askem eni ting abaotem sevei ia?*

*Mi save statem intaviu nao?*

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	MARITAL STATUS	ELIGIBILITY				
				Does (NAME) usually live here?	Did (NAME) stay here last night?				How old is (NAME)?	What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 AND OVER	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-25 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p> <p>(NEM) <i>hemi riletet olsem wanem long hed blong haoshold?</i></p>	<p>Is (NAME) male or female?</p> <p>(NEM) <i>hemi wan man o wan woman</i></p>	<p>Does (NAME) usually live here?</p> <p>(NEM) <i>hemi liv long ples ia everi taem?</i></p>	<p>Did (NAME) stay here last night?</p> <p>(NEM) <i>hemi bin stap long ples ia long las</i></p>	<p>How old is (NAME)?</p> <p>(NEM) <i>hemi gat hamas yia?</i></p>	<p>What is (NAME'S) current marital status?</p> <p>1 = MARRIED (LEGALLY)                  2. DEFACTO                  3 = DIVORCED                  4=SEPARATED                  5 = WIDOWED                  6 = NEVER-MARRIED</p> <p><i>Wanem karent maritel stetas blong (NEM)?</i></p>						
✓ (1)	✓ (2)	✓ (3)	✓ (4)	✓ (5)	✓ (6)	✓ (7)	✓ (8)	✓ (9)	✓ (10)	(11a)	(11b)	(11c)	
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10	10	10	

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- 01 = HEAD
  - 02 = WIFE OR HUSBAND
  - 03 = SON OR DAUGHTER
  - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
  - 05 = GRANDCHILD
  - 06 = PARENT
  - 07 = PARENT-IN-LAW
  - 08 = BROTHER OR SISTER
  - 09 = NIECE/NEPHEW BY BLOOD
  - 10 = NIECE/NEPHEW BY MARRIAGE
  - 11 = OTHER RELATIVE
  - 12 = ADOPTED/FOSTER/STEPCHILD
  - 13 = NOT RELATED
  - 98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 0-14 YEARS	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	IF AGE 5 OR ABOVE		
	SURV/VORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				MOTHER OR PRIMARY CARE TAKER	EVER ATTENDED SCHOOL	CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	DISABILITY STATUS			
	Is (NAME)'s natural mother alive? <i>Stret mama blo (NEM) hemi laef iet?</i>	Does (NAME)'s natural mother usually live in this household or was she a guest last night? <i>IF YES: What is her name? RECORD MOTHER'S LINE NUMBER.</i>  <i>IF NO, RECORD '00'. Stret mama blo nem hemi stap liv long haosholia o hemi tes kam nomo osem wan gest long las nael?</i>  <i>Wanem nem blong hem?</i>	Is (NAME)'s natural father alive? <i>Stret papa blo (NEM) hemi laef iet?</i>	Does (NAME)'s natural father usually live in this household or was he a guest last night? <i>IF YES: What is his name? RECORD FATHER'S LINE NUMBER.</i>  <i>IF NO, RECORD '00'. Stret papa blo nem hemi stap liv long haosholia o hemi tes kam nomo osem wan</i>  <i>Wanem nem blong hem?</i>	ENTER LINE NUMBER OF MOTHER FROM COLUMN 13 IF INDICATED. <i>IF COLUMN 13 IS BLANK OR '00' ASK: Who is the primary caretaker of (NAME)?</i> <i>Huia nao hemi stap Lukactem (NEM)?</i>	Has (NAME) ever attended school or pre-school? <i>(NEM) hemi eva ko long skul o pri-skul?</i>	What is the highest level of school (NAME) has attended?  <i>SEE CODES BELOW.</i>  <i>What is the highest grade (NAME) completed at that level?</i>  <i>SEE CODES BELOW.</i>  <i>Wanem haest level mo gred blong skul nao (NEM) hem atadem?</i>	Did (NAME) attend school or preschool at any time during the (2013 school year? <i>(NEM) hemi eva ko long skul o pri skul long eni taem lo 2013 skul yia?</i>	During this/that school year, what level and grade [s/w as] (NAME) attending?  <i>SEE CODES BELOW.</i>  <i>Long taem blong skul yia, wanem level mo gred nao (NEM) hemi bin atadem?</i>	Did (NAME) attend school at any time during the previous school year, that is, (2012)? <i>(NEM) hemi bin ko long skul long eni taem long privious skul ia long (2012)?</i>	During that school year, what level and grade did (NAME) attend?  <i>SEE CODES BELOW.</i>  <i>Long taem blo skul, wanem level mo grad nao (NEM) hemi kasem?</i>	Does (NAME) have a birth certificate? <i>IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? IF YES: Can you show it to me please?</i>  1 = HAS CERTIFICATE (SEEN) 2 = HAS CERTIFICATE (NOT SEEN) 3 = REGISTERED BUT NO CERTIFICATE 4 = NEITHER 8 = DONT KNOW  <i>Nem hemi kat birth cetifiket?</i>  <i>Nem hemi eva rigista w etem ol man blong we ol stap rigistarem ol pikinini?</i>  <i>Yu save some long mi plis?</i>	Does (NAME) have any difficulties due to health problem in doing the following activities:  1. Seeing 2. Hearing 3. Walking or climbing steps 4. Remembering or concentrating 5. Self care like washing or dressing 6. Communicating and understanding or being understood	Nem hemi faenem I had long saed blong problem blong hett blo mekem ol w ok ia we I stap:  1. Lukuk 2. Harem samting 3. w okabaot o klaem steps 4. Tingbaot o lisen gud 5. Lukaotem yu w an o dresing 6. Toktok mo undastandem samting	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR DISABILITY MODULE
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	
01	Y N DK 1 2 8 GO TO 14		Y N DK 1 2 8 GO TO 16			Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8	01	
02	1 2 8 GO TO 14		1 2 8 GO TO 16			1 2 GO TO 23	1 2 GO TO 23	1 2 GO TO 21	1 2 GO TO 21	1 2 GO TO 23	1 2 GO TO 23		1 2 8	02	
03	1 2 8 GO TO 14		1 2 8 GO TO 16			1 2 GO TO 23	1 2 GO TO 23	1 2 GO TO 21	1 2 GO TO 21	1 2 GO TO 23	1 2 GO TO 23		1 2 8	03	
04	1 2 8 GO TO 14		1 2 8 GO TO 16			1 2 GO TO 23	1 2 GO TO 23	1 2 GO TO 21	1 2 GO TO 21	1 2 GO TO 23	1 2 GO TO 23		1 2 8	04	
05	1 2 8 GO TO 14		1 2 8 GO TO 16			1 2 GO TO 23	1 2 GO TO 23	1 2 GO TO 21	1 2 GO TO 21	1 2 GO TO 23	1 2 GO TO 23		1 2 8	05	
06	1 2 8 GO TO 14		1 2 8 GO TO 16			1 2 GO TO 23	1 2 GO TO 23	1 2 GO TO 21	1 2 GO TO 21	1 2 GO TO 23	1 2 GO TO 23		1 2 8	06	
07	1 2 8 GO TO 14		1 2 8 GO TO 16			1 2 GO TO 23	1 2 GO TO 23	1 2 GO TO 21	1 2 GO TO 21	1 2 GO TO 23	1 2 GO TO 23		1 2 8	07	
08	1 2 8 GO TO 14		1 2 8 GO TO 16			1 2 GO TO 23	1 2 GO TO 23	1 2 GO TO 21	1 2 GO TO 21	1 2 GO TO 23	1 2 GO TO 23		1 2 8	08	
09	1 2 8 GO TO 14		1 2 8 GO TO 16			1 2 GO TO 23	1 2 GO TO 23	1 2 GO TO 21	1 2 GO TO 21	1 2 GO TO 23	1 2 GO TO 23		1 2 8	09	
10	1 2 8 GO TO 14		1 2 8 GO TO 16			1 2 GO TO 23	1 2 GO TO 23	1 2 GO TO 21	1 2 GO TO 21	1 2 GO TO 23	1 2 GO TO 23		1 2 8	10	

CODES FOR Qs. 18, 20, AND 22: EDUCATION

<b>LEVEL</b>	<b>GRADE</b>
0 = PRE SCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 18 ONLY.
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = TERTIARY	FOR Qs. 20 AND 22)
4 = VOCATIONAL	98 = DONT KNOW
5 = OTHER	
8 = DONT KNOW	



**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE			AGE	IF AGE 15 OR OLDER	ELIGIBILITY				
				MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 AND OVER		CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 1-14			
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-25 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p> <p>(NEM) hemi riletet olsem wanem long hed blong haoshold?</p>	<p>Is (NAME) male or female?</p> <p>(NEM) hemi wan man o wan woman</p>	<p>Does (NAME) usually live here?</p> <p>(NEM) hemi liv long ples ia everi taem?</p>	<p>Did (NAME) stay here last night?</p> <p>(NEM) hemi bin stap long ples ia long las</p>	<p>How old is (NAME)?</p> <p>(NEM) hemi gat hamas yia?</p>	<p>What is (NAME'S) current marital status?</p> <p>1 = MARRIED (LEGALLY) 2. DEFACTO 3 = DIVORCED 4=SEPARATED 5 = WIDOWED 6 = NEVER-MARRIED</p> <p>Wanem karent maritel stetas blong (NEM)?</p>						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11a)	(11b)	(11c)	
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	11	11	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12	12	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13	13	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14	14	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15	15	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16	16	
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17	17	
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18	18	
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19	19	
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20	20	

TICK HERE IF CONTINUATION SHEET USED

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES  ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES  ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES  ADD TO TABLE NO

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = NIECE/NEPHEW BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = OTHER RELATIV
- 12 = ADOPTED/FOSTER/STEPCHILD
- 13 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 0-14 YEARS	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	IF AGE 5 OR ABOVE	
	SURVIVAL/ ORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				MOTHER OR PRIMARY CARE TAKER	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	DISABILITY STATUS	
	Is (NAME)'s natural mother alive? <i>Stret mama blo (NEM) hemi laef iet?</i>	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00': <i>Stret mama blo nem hemi stap liv long haosholia o hemi tes kam nomo olsem wan gest long las naet?</i> Wanem nem blong hem?	Is (NAME)'s natural father alive? <i>Stret papa blo (NEM) hemi laef iet?</i>	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00': <i>Stret papa blo nem hemi stap liv long haosholia o hemi tes kam nomo olsem wan</i> Wanem nem blong hem?	ENTER LINE NUMBER OF MOTHER FROM COLUMN 13 IF INDICATED. IF COLUMN 13 IS BLANK OR '00' ASK: Who is the primary caretaker of (NAME)? <i>Huia nao hemi stap lukaotem (NEM)?</i>	Has (NAME) ever attended school or pre-school? <i>(NEM) hemi eva ko long skul o pri-skul?</i>	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? <i>(NEM) hemi eva ko long skul o pri skul long eni taem lo 2013 skul yia?</i> Wanem haest level mo gred blong skul nao (NEM) hem attendem?	Did (NAME) attend school or preschool at any time during the (2013 school year? <i>(NEM) hemi eva ko long skul o pri skul long eni taem lo 2013 skul yia?</i>	During this/that school year, what level and grade [s/w as] (NAME) attending? SEE CODES BELOW. <i>Long taem blong skul yia, wanem level mo gred nao (NEM) hemi bin attendem?</i>	Did (NAME) attend school at any time during the previous school year, that is, (2012)? <i>(NEM) hemi bin ko long skul long eni taem long previous skul ia long (2012)?</i>	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW. <i>Long taem blo skul, wanem level mo grad nao (NEM) hemi kasem?</i>	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? IF YES: Can you show it to me please? 1 = HAS CERTIFICATE (SEEN) 2 = HAS CERTIFICATE (NOT SEEN) 3 = REGISTERED BUT NO CERTIFICATE 4 = NEITHER 8 = DONT KNOW Nem hemi kat birth certifiket? Nem hemi eva rigista wetem of man blong we oli stap rigistarem ol pikinini? Yu save some long mi pls?	Does (NAME) have any difficulties due to health problem in doing the following activities: Nem hemi faenem I had long saed blong problem blong helt blo mekem of w ok ia we I stap: 1. Seeing <i>Luluk</i> 2. Hearing <i>Harem samting</i> 3. Walking or climbing steps <i>wokabaot o kiam steps</i> 4. Remembering or concentrating <i>Tingbaot o lisen gud</i> 5. Self care like washing or dressing <i>Lukaotem you wan o dressing</i> 6. Communicating and understanding or being understood <i>Totrok mo undastodem samting</i>	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR DISABILITY MODULE
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
11	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 16	Y N DK 1 2 8 GO TO 16	Y N 1 2 GO TO 23	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8 GO TO 23	11
12	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 16	Y N DK 1 2 8 GO TO 16	Y N 1 2 GO TO 23	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8 GO TO 23	12
13	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 16	Y N DK 1 2 8 GO TO 16	Y N 1 2 GO TO 23	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8 GO TO 23	13
14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 16	Y N DK 1 2 8 GO TO 16	Y N 1 2 GO TO 23	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8 GO TO 23	14
15	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 16	Y N DK 1 2 8 GO TO 16	Y N 1 2 GO TO 23	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8 GO TO 23	15
16	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 16	Y N DK 1 2 8 GO TO 16	Y N 1 2 GO TO 23	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8 GO TO 23	16
17	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 16	Y N DK 1 2 8 GO TO 16	Y N 1 2 GO TO 23	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8 GO TO 23	17
18	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 16	Y N DK 1 2 8 GO TO 16	Y N 1 2 GO TO 23	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8 GO TO 23	18
19	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 16	Y N DK 1 2 8 GO TO 16	Y N 1 2 GO TO 23	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8 GO TO 23	19
20	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 14	Y N DK 1 2 8 GO TO 16	Y N DK 1 2 8 GO TO 16	Y N 1 2 GO TO 23	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 21	LEVEL GRADE 1 2 GO TO 21	Y N 1 2 GO TO 23	LEVEL GRADE 1 2 GO TO 23		Y N DK 1 2 8 GO TO 23	20

CODES FOR Qs. 18, 20, AND 22: EDUCATION

LEVEL

- 0 = PRE SCHOOL
- 1 = PRIMARY
- 2 = SECONDARY
- 3 = TERTIARY
- 4 = VOCATIONAL
- 5 = OTHER
- 8 = DONT KNOW

GRADE

- 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 18 ONLY.)
- THIS CODE IS NOT ALLOWED FOR QS. 20 AND 22)
- 98 = DONT KNOW

CHILD LABOR (FOR ALL CHILDREN AGED 5 THROUGH 14)

(26)

CHECK COLUMN (11b) FOR ELIGIBILITY: AT LEAST ONE CHILD AGE 5-14

NO CHILDREN AGE 5-14

37

THE MODULE OF CHILD DISCIPLINE IS TO BE ADMINISTERED ONLY TO THE MOST KNOWLEDGEABLE ADULT (MOTHER, FATHER, OTHER PRIMARY CARETAKER OR GUARDIAN OF THE CHILD.

Now I would like to ask about any work that children in this household may do.

Naoia mi laekem blong askem abaotem eni wok we ol pikinini blong haoshol ia hemi stap mekem.

LINE NUMBER	NAME OF CHILD FROM COL. 2	AGE OF CHILD FROM COL. 7	WORK LAST WEEK						HOUSEHOLD CHORES	
			During the past week, did (NAME) do any kind of work for someone who is not a member of this household?  IF YES: Was that for pay (cash or in kind) or unpaid?  (NEM) hemi bin mekem eni wok blong narafala man we hemi no memba blo haoshol?  Oli pem hem long cash o pem long ol narafala samting o oli no pem hem?	Since last (DAY OF THE WEEK), about how many hours did (NAME) do this work for someone who is not a member of this household?  INCLUDE ALL HOURS AT ALL JOBS  Long las (DEI Blo Wik), abaot hamas haoa nao (NEM) hemi bin mekem wok ia blong narafala man we hemi no memba blo haoshol?	During the past week, did (NAME) fetch water or collect firewood for household use?  Long pas wik, (NEM) hemi bin Kasem wola o karem faewud blo haoshol I usum?	Since last (DAY OF THE WEEK) about how many hours did (NAME) fetch water or collect firewood for household use?  Long las (DEI BLO WIK) abaot hamas haoa nao (NEM) hemi bin kasem wola o karem faewud blo haoshol I usum?	During the past week, did (NAME) do any paid or unpaid work on a family farm or in a family business or selling goods in the streets?  INCLUDE WORK FOR A BUSINESS RUN BY THE CHILD ALONE, OR WITH ONE OR MORE PARTNERS.  Long pas wik, (NEM) hemi bin mekem eni wok from pay o wok we oli no pem hem from lo fam blo famili o lo bisnis blo famili o salem ol samting lo stri?	Since last (DAY OF WEEK) about how many hours did (NAME) do this work for his/her family or himself/herself?  Sins las (DEI BLO WIK) abaot hamas haoa nao (NEM) hemi bin mekem wok ia blong familis o blong hem wan?	During the past week, did (NAME) help with household chores such as shopping, cleaning, washing clothes, cooking or caring for children, old, or sick people?  Long pas wik, (NEM) hemi bin helpem haoshol wok olsem ko shoping, klining, washem o klos, kuing o lukaetem pikinini, ofala o sik pipol?	Since last (DAY OF THE WEEK) about how many hours did (NAME) spend doing these chores?  Sins las (DEI BLO WIK) abaot hamas haoa nao (NEM) hemi bin spendem blong mekem olgeta wok ia?
(27)	(28a)	(28b)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
Child 1			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 2			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 3			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 4			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 5			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 6			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 7			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 8			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT PAGE	

IF NO MORE CHILD, GO TO QUESTION 37

**LIST OF ALL CHILDREN AGE 1-14**

**37**

**CHECK COLUMN (11c) FOR ELIGIBILITY. AT LEAST ONE CHILD AGED 1-14**

**NO CHILDREN AGED 1-14**

**59**

LIST EACH OF THE CHILDREN AGED 1-14 YEARS BELOW IN THE ORDER THEY APPEAR IN THE HOUSEHOLD LISTING FORM. DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 1-14 YEARS.

THE MODULE OF CHILD DISCIPLINE IS TO BE ADMINISTERED ONLY TO THE MOST KNOWLEDGEABLE ADULT (MOTHER, FATHER, OTHER PRIMARY CARETAKER OR GUARDIAN OF THE CHILD)

**CHILDREN AGED 1-14 YEARS**

RANK NO.	LINE NUMBER	NAME OF CHILD	CHILD'S AGE	MOTHER'S OR PRIMARY CARETAKER'S LINE NUMBER AND NAME
	WRITE CHILD'S LINE NO. FROM COLUMN 11c IN THE HHOLD SCHEDULE  ONLY INCLUDE CHILDREN AGED 1-14	WRITE CHILD'S NAME FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE  ONLY INCLUDE CHILDREN AGED 1-14	WRITE CHILD'S AGE FROM COLUMN 7 IN THE HOUSEHOLD SCHEDULE	WRITE MOTHER'S OR PRIMARY CARETAKER'S LINE NUMBER AND NAME FROM COLUMN 16 IN THE HOUSEHOLD SCHEDULE  IF NOT AVAILABLE, RECORD '00' AND CONTINUE TO THE NEXT CHILD IN COLUMN 38, IF NO MORE CHILD CONTINUE TO QUESTION 42
	(38)	(39)	(40)	(41)
1	<input type="text"/>		<input type="text"/>	<input type="text"/> _____
2	<input type="text"/>		<input type="text"/>	<input type="text"/> _____
3	<input type="text"/>		<input type="text"/>	<input type="text"/> _____
4	<input type="text"/>		<input type="text"/>	<input type="text"/> _____
5	<input type="text"/>		<input type="text"/>	<input type="text"/> _____
6	<input type="text"/>		<input type="text"/>	<input type="text"/> _____

**TABLE FOR SELECTION OF CHILDREN FOR THE CHILD DISCIPLINE QUESTIONS**

NO.	QUESTIONS AND FILTERS									SKIP		
42	<p>CHECK COLUMN 38:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>MORE THAN ONE CHILD AGE 1-14 ENTER TOTAL NUMBER IN BOX AND GO TO INSTRUCTIONS BELOW</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <p>ONLY ONE CHILD AGE 1-14</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <p>NO CHILDREN AGE 1-14</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div> </div>		→45	→59								
43	<p><b>INSTRUCTIONS</b></p> <p>LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW YOU SHOULD CIRCLE BELOW. LOOK AT QS 38 AND RECORD THE TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 1-14 FROM COLUMN 38 _____. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. IF THERE ARE MORE THAN 8 ELIGIBLE CHILDREN IN THE HOUSEHOLD, CIRCLE '8' IN THE ROW AT THE TOP OF THE TABLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE RANK NUMBER OF THE ELIGIBLE CHILD WHOSE PARENT OR CARETAKER WILL BE ASKED THE QUESTIONS ON CHILD DISCIPLINE. THEN, GO TO COLUMN (38) AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF SELECTED CHILD AND RECORD CHILD'S HOUSEHOLD LINE NUMBER IN Q.45 AND RECORD CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT'S NAME AND LINE NUMBER IN Q.46.</p> <p>FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE CHILDREN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE CHILD. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE CHILDREN ARE '02', '03', AND '07'; THEN THE ELIGIBLE CHILD FOR THE QUESTIONS ON CHILD DISCIPLINE IS THE SECOND ELIGIBLE CHILD, I.E., THE CHILD WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS CHILD'S LINE NUMBER IN COLUMN (38) OF THE LIST AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND CHILD'S NAME IN Q.45. THEN, RECORD THE LINE NUMBER AND A NAME OF CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT IN Q.46</p>											
44	<p>LAST DIGIT OF THE HOUSEHOLD NUMBER</p>	TOTAL NUMBER OF CHILDREN AGE 1-14 IN THE HOUSEHOLD										
		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			

**CHILD DISCIPLINE - FOR ONE CHILD AGED 1 THROUGH 14**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
45	LINE NUMBER AND NAME OF THE SELECTED CHILD AGE 1-14 YEARS FROM COLUMNS 38 AND 39	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	
46	LINE NUMBER AND NAME OF CHILD'S MOTHER OR OTHER PRIMARY CARETAKER FROM COLUMN 41	MOTHER/CARETAKER NOT AVAILABLE <input type="text"/> 00 → LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	59

**THE FOLLOWING QUESTIONS 47-58 ON CHILD DISCIPLINE ARE TO BE ADMINISTERED ONLY TO THE MOST KNOWLEDGEABLE ADULT (MOTHER, FATHER, OTHER PRIMARY CARETAKER OR A GUARDIAN OF A CHILD)**

47	<p><i>Adults use certain ways to teach children the right behavior 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 the household has used this method with (NAME) in the past month.</i></p> <p><i>Adolt oli usum sam weis blo tijim pikinini hao blo bihev o hao blo adresem problem. Bae mi ridim sam methods we oli stap usum mo mi wantem yu talem lo mi sapos yu o eniwan bakeken lo haoshold hemi bin usum metod ia wetem (NEM) lo pas manis</i></p> <p>                     Took away privileges, forbade something (NAME) liked, or did not allow him/her to leave the house (in the past month)?   <i>Tekem aot ol raets, stopem samsamting lo (NEM) olsem, o no letem hem livim haos (lo pas manis)?</i> </p>	YES ..... 1 NO ..... 2	
48	<p>Explained why (NAME's) behaviour was wrong (in the past month)? <i>Yu save explenem from wanem bihevia blo (NEM) hemi rong (long pas manis)?</i></p>	YES ..... 1 NO ..... 2	
49	<p>Shook him/her (in the past month)? <i>Shokem hem (lo pas manis)?</i></p>	YES ..... 1 NO ..... 2	
50	<p>Shouted, yelled or screamed at (NAME) in the past month? <i>Singsingaot lo (NEM) lo pas manis?</i></p>	YES ..... 1 NO ..... 2	
51	<p>Gave him/her something else to do (in the past month)? <i>Kivim hem narafala samting blong mekem (lo pas manis)?</i></p>	YES ..... 1 NO ..... 2	
52	<p>Spanked, hit or slapped him/her on the bottom with bare hand (in the past month)? <i>Slapem hem lo botom blo hem wetem hand nomo (long pas manis)?</i></p>	YES ..... 1 NO ..... 2	
53	<p>Hit him/her on the bottom or elsew here on the body with something like a belt, hairbrush, stick or other hard object (in the past month)? <i>Wipim hem lo botom o narafala pat blo bodi wetem samting olsem strap, bras blo hea, stik o ol narafala strong samting (long pas manis)?</i></p>	YES ..... 1 NO ..... 2	
54	<p>Called him/her dumb, lazy, or a similar name (in the past month)? <i>Singaotem hem kranke, les man, o semak nem (lo pas manis)?</i></p>	YES ..... 1 NO ..... 2	
55	<p>Hit or slapped him/her on the face, head, or ears (in the past month)? <i>Hitim o slapem hem lo fes, hed, o sorae (lo pas manis)?</i></p>	YES ..... 1 NO ..... 2	
56	<p>Hit or slapped him/her on the hand, arm or leg (in the past month)? <i>Hitim o slapem hem lo han, am o lek (lo pas manis)?</i></p>	YES ..... 1 NO ..... 2	
57	<p>Beat him/her up, that is hit him/her over and over as hard as one could (in the past month)? <i>Wipim hem strong fulap taem olsem wan I save mekem (lo pas manis)</i></p>	YES ..... 1 NO ..... 2	
58	<p>Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? <i>Yu bilif se blo resemap o educatem gud pikinini, oli nid blo panisim pikinini ia?</i></p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

**DISABILITY QUESTIONS**

DURING THIS MODULE AVOID USING THE TERM "DISABILITY." THIS TERM CARRIES A NEGATIVE CONNOTATION AND COULD INTERFERE WITH THE ACCURACY OF THE RESPONDENT'S RESPONSE.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
59	CHECK COLUMN 25:  ONE OR MORE DISABLED <input type="checkbox"/>	NO DISABLED <input type="checkbox"/> →			101
60	LINE NUMBER FROM COLUMN 25	DISABLED PERSON 1  LINE NUMBER <input type="text"/>	DISABLED PERSON 2  LINE NUMBER <input type="text"/>	DISABLED PERSON 3  LINE NUMBER <input type="text"/>	
61	ENTER NAME FROM COLUMN 2	NAME: _____	NAME: _____	NAME: _____	
62	Now I would like to ask you about any problems you might have with the following activities.  <i>Naoia mi laekem blo askem yu abaotem eni problem yu maet kat wetem ol aktivitis ia</i> Do you have difficulty seeing, even if wearing glasses?  <i>Yu faenem I had blo lukluk, iven taem yu werem glases?</i>	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2  YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2  YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2  YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	
63	Do you have difficulty hearing, even if using a hearing aid?  <i>Yu faenem I had blo harem samting iven taem yu usum samting blo sapotem yu long hering blong yu?</i>	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3  CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3  CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3  CANNOT DO AT ALL . . . . 4	
64	Do you have difficulty walking or climbing steps?  <i>Yu faenem I had blo wokbaot o klaempem steps?</i>	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	
65	Do you have difficulty remembering or concentrating?  <i>Yu faenem I had blo ting baot samting o stap qwaet?</i>	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	
66	Do you have difficulty (with self-care such as) washing all over or dressing?  <i>Yu faenem I had (wetem hao blong lukaotem yu wan olsem) suim evriwan o dresem up yu wan?</i>	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2  YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2  YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2  YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	
67	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?  <i>Taem yu usum (kastom lanis, yu faenem I had blo toktok, olsem blo save o bin save?</i>	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	NO, NO DIFFICULTY . . . . 1 YES - SOME DIFFICULTY . . . . 2 YES-A LOT OF DIFFICULTY . . . . 3 CANNOT DO AT ALL . . . . 4	
68	GO BACK TO QUESTION 60 IF THERE ARE MORE THAN ONE DISABLED PERSON AND CONTINUE WITH THE QUESTIONS IF NO MORE DISABLED PERSONS THEN GO TO QUESTION 101				

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	<p>What is the <b>main</b> source of drinking water for members of your household?</p> <p><i>Mein ples we ol memba blong haoshol oli stap kasem wota long hem long wea?</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING ..... 11</p> <p>PIPED TO YARD/PLOT ..... 12</p> <p>PUBLIC TAP/STANDPIPE ..... 13</p> <p>TUBE WELL OR BOREHOLE ..... 21</p> <p>DUG WELL</p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER TRUCK ..... 61</p> <p>BOTTLED WATER ..... 91</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	<p>What is the <b>main</b> source of water used by your household for other purposes such as cooking and handwashing?</p> <p><i>Haoshold blong yu oli usum wanem kaen wota blong kuk mo washem han?</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING ..... 11</p> <p>PIPED TO YARD/PLOT ..... 12</p> <p>PUBLIC TAP/STANDPIPE ..... 13</p> <p>TUBE WELL OR BOREHOLE ..... 21</p> <p>DUG WELL</p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER TRUCK ..... 61</p> <p>RIVER OR STREAM ..... 71</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 108</p> <p>→ 108</p>
103	<p>Where is that water source located?</p> <p><i>Wota hemi stap wea stret?</i></p>	<p>IN OWN DWELLING ..... 1</p> <p>IN OWN YARD/PLOT ..... 2</p> <p>ELSEWHERE ..... 3</p>	<p>→ 106</p>
104	<p>How long does it take to go there, get water, and come back?</p> <p><i>I tekem hao long blo ko kasem wota mo kam bak?</i></p>	<p>MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>	
105	<p>Who usually goes to this source to fetch the water for your household?</p> <p><i>Hu nao hemi ko everitaem long ples blong wota blong kasem wota blong haoshol?</i></p>	<p>ADULT WOMAN ..... 1</p> <p>ADULT MAN ..... 2</p> <p>FEMALE CHILD</p> <p>UNDER 15 YEARS OLD ..... 3</p> <p>MALE CHILD</p> <p>UNDER 15 YEARS OLD ..... 4</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p>	



106	Do you do anything to the water to make it safer to drink? <i>Yu mekem eni samting long wota blong mekem l sef blong drink?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	→ 108		
107	What do you usually do to make the water safer to drink? <i>Wanem nao yu mekem blong wota l sef blong drink?</i> Anything else? <i>l gat narafala samting?</i> RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER _____ X (SPECIFY) DONT KNOW ..... Z			
108	What kind of toilet facility do members of your household usually use? <i>Wanem kaen toilet fasiliti nao memba blong haoshol blong yu oli stap usum?</i>	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 NO FACILITY/BUSH/FIELD ..... 61  OTHER _____ 96 (SPECIFY)	→ 111		
109	Do you share this toilet facility with other households? <i>Yu sherem toilet fasiliti ia wetem ol narafala haoshols?</i>	YES ..... 1 NO ..... 2	→ 111		
110	How many households use this toilet facility? <i>Hamas haoshols oli usum toilet fasiliti ia?</i>	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table>  10 OR MORE HOUSEHOLDS ..... 95 DONT KNOW ..... 98	0		
0					
111	Does your household have: <i>Haoshol blong yu l kat:</i> Electricity? <i>Elektricitii?</i> A radio? <i>Radio?</i> A television? <i>Televisen?</i> A mobile? <i>Mobael?</i> A land line telephone? <i>Telephon laen?</i> A refrigerator? <i>refrigireta?</i> A clock? <i>klok?</i> A water pump? <i>wota pamp?</i> A grain grinder? <i>Kren Krenda?</i> A fan? <i>Fan?</i> A blender? <i>Blenda?</i> A water heater? <i>Wota hita?</i> A generator? <i>Genereta?</i> A washing machine? <i>Masin blong wash?</i> A microwave oven? <i>Mikrowev aven?</i> A computer? <i>Kompita</i> A VCR or DVD player? <i>VCR o DVD plea?</i> A cassette or CD player? <i>Kaset o CD plea?</i> A camera? <i>Kamera?</i> Air conditioner? <i>Air kondisen?</i> A video screen? <i>skren blong video?</i> A sewing machine? <i>Masin blong somap?</i> A solar panel <i>Sola panel</i>	YES NO ELECTRICITY ..... 1 2 RADIO ..... 1 2 TELEVISION ..... 1 2 MOBILE ..... 1 2 LAND LINE TELEPHONE ..... 1 2 REFRIGERATOR ..... 1 2 CLOCK ..... 1 2 WATER PUMP ..... 1 2 GRAIN GRINDER ..... 1 2 FAN ..... 1 2 BLENDER ..... 1 2 WATER HEATER ..... 1 2 GENERATOR ..... 1 2 WASHING MACHINE ..... 1 2 MICROWAVE OVEN ..... 1 2 COMPUTER ..... 1 2 VCR or DVD PLAYER ..... 1 2 CASSETTE OR CD PLAYER ..... 1 2 CAMERA ..... 1 2 CONDITIONER ..... 1 2 VIDEO SCREEN ..... 1 2 SEWING MACHINE ..... 1 2 SOLAR PANEL ..... 1 2			

112	<p>What type of fuel does your household mainly use for cooking?</p> <p><i>Wanem kaen fuel nao haoshol blong yu I stap usum plante blong kuk long hem?</i></p>	<p>ELECTRICITY ..... 01</p> <p>LPG ..... 02</p> <p>NATURAL GAS ..... 03</p> <p>KEROSENE ..... 04</p> <p>CHARCOAL ..... 05</p> <p>WOOD ..... 06</p> <p>SAW DUST ..... 07</p> <p>NO FOOD COOKED IN HOUSEHOLD ..... 95</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 115</p> <p>→ 117</p>
113	<p>In this household, is food cooked on an open fire, an open stove or a closed stove?</p> <p><i>Haoshold ia I kukum kakae long open faea, open stov o klos stov?</i></p> <p>PROBE FOR TYPE.</p>	<p>OPEN FIRE ..... 1</p> <p>OPEN STOVE ..... 2</p> <p>CLOSED STOVE WITH CHIMNEY ..... 3</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 115</p>
114	<p>Does this (fire/stove) have a chimney, a hood, or neither of these?</p> <p><i>(Faea/stov) I gat smok, lid, o eni wan long tufala?</i></p>	<p>CHIMNEY ..... 1</p> <p>HOOD ..... 2</p> <p>NONE ..... 3</p>	
115	<p>Is the cooking usually done in the house, in a separate building, or outdoors?</p> <p><i>Yu stap kuk long haos, long narafala haos o aotsaed nomo?</i></p>	<p>IN THE HOUSE ..... 1</p> <p>IN A SEPARATE BUILDING ..... 2</p> <p>OUTDOORS ..... 3</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 117</p>
116	<p>Do you have a separate room which is used as a kitchen?</p> <p><i>Yu kat wan separate room we yu usum olsem kitchen?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
117	<p><b>MAIN MATERIAL OF THE FLOOR.</b></p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND/GRAVEL ..... 11</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED</p> <p>WOOD ..... 31</p> <p>VINYL OR ASPHALT STRIPS ..... 32</p> <p>CERAMIC TILES ..... 33</p> <p>CEMENT ..... 34</p> <p>CARPET ..... 35</p> <p>OTHER _____ 96 (SPECIFY)</p>	

118	<p><b>MAIN MATERIAL OF THE ROOF.</b></p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING</p> <p>THATCH/PALM LEAF ..... 11</p> <p>COCONUT LEAF ..... 12</p> <p>CANE LEAF ..... 13</p> <p>RUDIMENTARY ROOFING</p> <p>WOOD PLANKS ..... 23</p> <p>FINISHED ROOFING</p> <p>METAL ..... 31</p> <p>WOOD ..... 32</p> <p>CEMENT ..... 35</p> <p>TAPOLEN ..... 36</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																									
119	<p><b>MAIN MATERIAL OF THE EXTERIOR WALLS.</b></p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO ..... 21</p> <p>STONE WITH CEMENT ..... 22</p> <p>PLYWOOD ..... 24</p> <p>REUSED WOOD ..... 26</p> <p>FINISHED WALLS</p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>WOOD PLANKS/SHINGLES ..... 35</p> <p>METAL ..... 36</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																									
120a	<p>How many rooms in this household are used for sleeping?</p> <p><i>Yufala usum hamas room blong haoshol blong yufala blong silip long hem?</i></p>	<p>ROOMS ..... <input type="text"/></p>																									
120b	<p>How many places do you have in this household for sleeping?</p> <p><i>I gat hamas pleses long household blong yu hemi blong silip?</i></p>	<p>PLACES ..... <input type="text"/></p>																									
121	<p>Does any member of this household own:</p> <p><i>I gat eni memba blong haoshol I onem:</i></p> <p>A watch? <i>Wan waj?</i></p> <p>A bicycle? <i>Wan baesikel?</i></p> <p>A motorcycle or motor scooter? <i>Wan moto o moto scuta?</i></p> <p>An animal-drawn cart? <i>Animal we hemi pulum kat?</i></p> <p>A car or truck? <i>Wan car o trak?</i></p> <p>A boat with a motor? <i>Wan bot wetem moto?</i></p> <p>A canoe? <i>Keno?</i></p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CANOE .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	BOAT WITH MOTOR .....	1	2	CANOE .....	1	2	
	YES	NO																									
WATCH .....	1	2																									
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BOAT WITH MOTOR .....	1	2																									
CANOE .....	1	2																									
122	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p> <p><i>Haoshold ia hemi onem eni laef stok, herds, narafala animol blong fam, o poulti?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 124a																								

123	<p>How many of the following animals does this household own?</p> <p><i>Hamas long ol animols ia nao haoshold blo yu lonem?</i></p> <p>IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Cattle? <i>Buluk?</i> Cows? <i>Mama buluk?</i> Bulls? <i>Man buluk?</i> Horses? <i>Hos?</i> Goats? <i>Nani kot?</i> Sheep? <i>Sipsip</i> Pigs? <i>Pigs?</i> Chickens? <i>Faol?</i> Ducks? <i>Dukduk?</i></p>	<p>CATTLE ..... <input type="text"/></p> <p>COWS ..... <input type="text"/></p> <p>BULLS ..... <input type="text"/></p> <p>HORSES ..... <input type="text"/></p> <p>GOATS ..... <input type="text"/></p> <p>SHEEP ..... <input type="text"/></p> <p>PIGS ..... <input type="text"/></p> <p>CHICKENS ..... <input type="text"/></p> <p>DUCKS ..... <input type="text"/></p>	
124a	<p>Does any member of this household have a bank account?</p> <p><i>Eni memba blong haoshold ia l kat bank akaon?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→127a
124b	<p>What type of bank account or saving is that?</p> <p><i>Wanem kaen bank akaon o seavings ia?</i></p>	<p>COMMERCIAL ..... 1</p> <p>OTHER ..... 2</p> <p>(SPECIFY)</p>	
125			
126			
127a	<p>At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?</p> <p><i>Long eni taem long pas 12 manis, eniwan l bin kam long haos blong spray long wall blong haos akensem mosquitos?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→127c
127b	<p>Who sprayed the dwelling?</p> <p><i>Hu l spray long haos?</i></p>	<p>GOVERNMENT WORKER/PROGRAM . . . . . A</p> <p>PRIVATE COMPANY ..... B</p> <p>NONGOVERNMENTAL ORGANIZATION (NGO) . . . . . C</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
127c	<p>Does your household have any mosquito nets that can be used while sleeping?</p> <p><i>Haoshold blong yu l kat eni mosquito nets we yufala save usum blong silip long hem?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 138
128	<p>How many mosquito nets does your household have?</p> <p><i>Haoshold blong yu l kat hamas mosquito net everiwan?</i></p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS ..... <input type="text"/></p>	

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2
130	How many months ago did your household obtain the mosquito net? <i>Hamas manis I pass naoia we haoshold blong yu hemi karem mosquito net?</i>  IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO ..... <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGC ... 95  NOT SURE ..... 98	MOS AGO ..... <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGC ... 95  NOT SURE ..... 98	MOS AGO ..... <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGC ... 95  NOT SURE ..... 98
131	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.	'LONG LASTING NET' NET PROTECTED 1 OLY SET ..... 12 OTHER/ DK BRANC ..... 16 (SKIP TO 135) ←  'PRETREATED' NET 21 (SKIP TO 133) ← OTHER ..... 96 DK BRAND ..... 98	'LONG LASTING NET' NET PROTECTED 1 OLY SET ..... 12 OTHER/ DK BRANC ..... 16 (SKIP TO 135) ←  'PRETREATED' NET 21 (SKIP TO 133) ← OTHER ..... 96 DK BRANC ..... 98	'LONG LASTING NET' NET PROTECTED 1 OLY SET ..... 12 OTHER/ DK BRANC ..... 16 (SKIP TO 135) ←  'PRETREATED' NET 21 (SKIP TO 133) ← OTHER ..... 96 DK BRAND ..... 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos? <i>Taem yu karem mosquito net ia, oli bin tritim long medesin blong kilim mosquito o blong mekem moquito I fraet?</i>	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos? <i>Taem yu tekem mosquito net, oli bin eva sokem o dipim long wan liquid we I save kilim o mekem mosquito I fraet?</i>	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'. <i>Hamas manis nao net ia hemi bin soked o diped?</i>	MOS AGO ..... <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGC ... 95  NOT SURE ..... 98	MOS AGO ..... <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGC ... 95  NOT SURE ..... 98	MOS AGO ..... <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGC ... 95  NOT SURE ..... 98
135	Did anyone sleep under this mosquito net last night? <i>I gat eniwan I bin silip long mosquito net ia long las naet?</i>	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8

136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.  <i>Hu nao I bin silip long mosquito net ia long las naet?</i>	NAME _____	NAME _____	NAME _____
		LINE NO. .... <input type="text"/>	LINE NO. .... <input type="text"/>	LINE NO. .... <input type="text"/>
		NAME _____	NAME _____	NAME _____
		LINE NO. .... <input type="text"/>	LINE NO. .... <input type="text"/>	LINE NO. .... <input type="text"/>
		NAME _____	NAME _____	NAME _____
		LINE NO. .... <input type="text"/>	LINE NO. .... <input type="text"/>	LINE NO. .... <input type="text"/>

137	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
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138	We would like to check whether the salt used in our household is iodized. May I have a sample of the salt used to cook meals in your household?  <i>Mifala laekem blong jeckem se salt we haoshold blong yu I usum hemi iodaes. Mi save kat sampol blong salt we yu usum blong kukum kakae long haoshol blong yu?</i>  ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.  RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) ..... 1 ABOVE 0 PPM & BELOW 15 PPM ..... 2 15 PPM AND ABOVE ..... 3 NO SALT IN HH ..... 4  SALT NOT TESTED _____ 6 (SPECIFY REASON)
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139	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?  <i>Hamas taem nao eniwan I smok insaed long haos? Yu save talem se everi dei, everi wik, evri manis, ino long manis stret o neva?</i>	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 LESS THAN MONTHLY ..... 4 NEVER ..... 5
-----	--	--

140	Please show me where members of your household most often wash their hands.  <i>Plis yu save shoem long mi wea ples nao ol memba blong haoshold oli stap wasem hands blong olgeta.</i>	OBSERVED ..... 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLC ..... 2 NOT OBSERVED, NO PERMISSION TO SEE ..... 3 NOT OBSERVED, OTHER REASON ..... 4 (SKIP TO 144) ←
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141	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
142	OBSERVATION ONLY:  OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE ..... A ASH, MUD, SAND ..... B NONE ..... C	144
143	Do you have any soap or detergent (or other locally used cleansing agent) in your household for washing hands?  <i>Yu kat eni soap o detegen (o narafala lokol sop) blong washem hans long haoshold blong yu?</i>	YES ..... 1 NO ..... 2	
144	What is the mother tongue/native language of the head of this household? <i>Wanem main lanis blong hed blong haoshold?</i>	BISLAMA ..... 1 ENGLISH ..... 2 OTHER ..... 3  _____ (SPECIFY)	

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11a. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE HOUSEHOLD CONTINUATION QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11a NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR. <i>Wanem deit nao (NEM) I bon long hem?</i>	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER?	YES..... 1 NO..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)	YES..... 1 NO..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)	YES..... 1 NO..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER ..... 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 (IF REFUSED, GO TO 213)	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 (IF REFUSED, GO TO 213)	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET .	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
214	OEDEMA  OBSERVE AND RECORD	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3  NOT CHECKED ..... 6 (specify reason)	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3  NOT CHECKED ..... 6 (specify reason)	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3  NOT CHECKED ..... 6 (specify reason)
215		GO BACK TO 202 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 216a.		



**CONSENT STATEMENT FOR ANEMIA FOR CHILDREN**

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

*Olsem pat blong sevei ia, mifala askem ol pipol raon long kantri blong tekem anemia test. Anemia hemi wan series helt problem we hemi resalts long no kakae gud, infeksi, o siknes we hemi stap long taem. Sevei ia bae hemi wok togeta wetem kavman blong developem programs blong stopem mo tritim anemia.*

We request that all children born in 2008 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

*Mifala i rekwestem sapos everi pikinini we oli bin bon long 2008 o leta oli mas patisipet long anemia testing ia hemi pat blong sevei ia mo kivim sam fiu drops blong blad from finga blong hem. Ol ekwupmen ia we oli usum hemi klin mo hemi sef blong usum. Hemi neva used bifo mo bae oli sakem afta we oli mekem wan wan test.*

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

*Blad bae hemi tested blo anemia stret long taem ia, mo resalt bae oli talem stret long taem ia. Resalt bae hemi sikret i nogat man bae i talem aot.*

Do you have any questions?  
*Yu kat eni kwestens?*

You can say yes to the test, or you can say no. It is up to you to decide.

Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?

*Yu save talem ies long test, o yu save talem no. Hemi stap long yu blong disaed.*

*Bae yu save alaodem (NEM(S) BLO PIKININI blo patisipet long anemia test?*

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR. <i>Wanem deit nao (NEM) i bon long hem?</i>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 503: CHILD BORN IN JANUARY 2008 OR LATER	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
209	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER ..... 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
211	READ ANEMIA CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 (IF REFUSED, GO TO 213)	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 (IF REFUSED, GO TO 213)	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET (9).	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
214	OEDEMA OBSERVE AND RECORD	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3  NOT CHECKED ..... 6 (specify reason) _____	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3  NOT CHECKED ..... 6 (specify reason) _____	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3  NOT CHECKED ..... 6 (specify reason) _____
215		GO BACK TO 202 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIFTH COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 216a.		

TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

216a	<p>CHECK COLUMN 9 AND COLUMN 2. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 216b. IF THERE ARE MORE THAN THREE WOMEN, USE HOUSEHOLD CONTINUATION QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME FOR THE BLOOD PRESSURE MEASUREMENT MUST BE RECORDED IN 218, WEIGHT AND HEIGHTS MEASUREMENT IN 221, AND ANEMIA TEST PROCEDURE IN 229 FOR EACH ELIGIBLE WOMAN.</p>			
	WOMAN 1	WOMAN 2	WOMAN 3	
216b	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
217	BLOOD PRESSURE IN MMHG	SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/>
218	RESULT OF BLOOD PRESSURE MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
219	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
220	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
221	RESULT OF WEIGHT AND, HEIGHT MEASUREMENTS	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
222	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 225) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 225) ←	15-17 YEARS ..... 18-49 YEARS ..... (GO TO 225) ←
223	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . 1 OTHER ..... 2 (GO TO 225) ←	CODE 4 (NEVER IN UNION) . . 1 OTHER ..... 2 (GO TO 225) ←	CODE 4 (NEVER IN UNION) . . . OTHER ..... (GO TO 225) ←
224	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>
225	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 224 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) (IF REFUSED, GO TO 229).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) (IF REFUSED, GO TO 229).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) (IF REFUSED, GO TO 229).

**CONSENT STATEMENT FOR ANEMIA TEST**

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 229 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 225) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 225 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you allow (NAME OF ADOLESCENT) to take the anemia test?

*Olsem pat blong sevei ia, mifala askem ol pipol raon long kantri blong tekem anemia test. Anemia hemi wan series helt problem we hemi resalts long no kakae gud, infeksen, o siknes we hemi stap long taem. Sevei ia bae hemi wok togeta wetem kavman blong developem programs blong stopem mo tritim anemia.*

*Blo anemia testing, bae mifala tekem smol drops blo blad aot long finga blong yu. Ekwupment we bae mifala l usum blong tekem blad hemi klin mo hemi sef gud. Hemi neva used bifo mo bae oli sakem afta we oli mekem wan wan test.*

*Blad bae hemi tested blo anemia stret long taem ia, mo resalt bae oli talem stret long taem ia. Resalt bae hemi sikret l nogat man bae l talem aot.*

*Yu kat eni kwestens?*

*Yu save talem ies long test, o yu save talem no. Hemi stap long yu blong disaead.*

*Bae yu save alaoem (NEM(S) BLO PIKININI blo patisipet long anemia test?*

		WOMAN 1	WOMAN 2	WOMAN 3
226	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
227	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? <i>Yu kat bel ia?</i>	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8  2
228	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/L ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/L ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/L ..... <input type="text"/> <input type="text"/> . <input type="text"/>
229	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
230	GO BACK TO 216 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE ELIGIBLE WOMEN, GO TO :			

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15 AND OLDER

331	<p>CHECK COLUMN 10 AND COLUMN 2. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 332. IF THERE ARE MORE THAN THREE MEN, USE HOUSEHOLD CONTINUATION QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME FOR THE BLOOD PRESSURE MEASUREMENT MUST BE RECORDED IN 333, THE WEIGHT AND HEIGHT IN 335 AND 336.</p>			
		MAN 1	MAN 2	MAN 3
332	<p>LINE NUMBER (COLUMN 10)</p> <p>NAME (COLUMN 2)</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
333	<p>BLOOD PRESSURE IN MMHG</p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>
334	<p>RESULT OF BLOOD PRESSURE MEASUREMENT</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>
335	<p>WEIGHT IN KILOGRAMS</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
336	<p>HEIGHT IN CENTIMETERS</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
337	<p>RESULT OF WEIGHT AND HEIGHT MEASUREMENT</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>
338	<p>IF MORE THAN 3 ELIGIBLE MEN, CONTINUE TO 'MAN 4', 'MAN 5' AND 'MAN 6' BELOW IF NO MORE ELIGIBLE MEN AT THIS STAGE, CHECK THAT ALL QUESTIONS ARE FILLED IN CORRECTLY, THANK THE RESPONDENTS AND END THE INTERVIEW FOR THE HOUSEHOLD QUESTIONNAIRE</p>			
		MAN 4	MAN 5	MAN 6
332	<p>LINE NUMBER (COLUMN 10)</p> <p>NAME (COLUMN 2)</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
333	<p>BLOOD PRESSURE IN MMHG</p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>
334	<p>RESULT OF BLOOD PRESSURE MEASUREMENT</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>
335	<p>WEIGHT IN KILOGRAMS</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
336	<p>HEIGHT IN CENTIMETERS</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
337	<p>RESULT OF WEIGHT AND HEIGHT MEASUREMENT</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>	<p>MEASURED ..... 1</p> <p>NOT PRESENT ..... 2</p> <p>REFUSED ..... 3</p> <p>OTHER ..... 6</p>
338	<p>IF MORE THAN 6 ELIGIBLE MEN, USE ANOTHER HOUSEHOLD QUESTIONNAIRE IF NO MORE ELIGIBLE MEN, CHECK THAT ALL QUESTIONS ARE FILLED IN CORRECTLY, THANK THE RESPONDENTS AND END THE INTERVIEW FOR THE HOUSEHOLD QUESTIONNAIRE</p>			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Women's Questionnaire**

10 JULY 2013

**VANUATU DEMOGRAPHIC AND HEALTH SURVEY  
WOMAN'S QUESTIONNAIRE**

**VANUATU  
NATIONAL STATISTICS OFFICE/MINISTRY OF HEALTH**

**IDENTIFICATION**

ISLAND NAME _____ VILLAGE NAME _____ ENUMERATION AREA CODE ..... HOUSEHOLD NUMBER ..... NAME OF HOUSEHOLD HEAD _____ URBAN/RURAL ..... (URBAN = 1, RURAL1 = 2, RURAL2 = 3) NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td></td><td></td><td style="text-align: center;">-</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>									-																																																			
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**INTERVIEWER VISITS**

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER _____ RESULT _____
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		_____

**\*RESULT CODES:**

- |               |                    |               |
|---------------|--------------------|---------------|
| 1 COMPLETED   | 4 REFUSED          | 7 OTHER _____ |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | (SPECIFY)     |
| 3 POSTPONED   | 6 INCAPACITATED    |               |

LANGUAGE OF INTERVIEW	1 ENGLISH	2 BISLAMA	3 OTHER _____
LANGUAGE OF RESPONDENT	1 ENGLISH	2 BISLAMA	3 OTHER _____
			(SPECIFY)
TRANSLATOR USED?	1 YES	2 NO	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____ and I am working with <b>Vanuatu National Statistics Office and Ministry of health</b>. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . . . 2 → END</p> <p align="center">↓</p>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES . . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? <i>Yu stap long ples ia(Nem blong ples wei yu liv long hem naoia) hamas yia?</i> IF LESS THAN ONE YEAR, RECORD '00' YEARS. <i>Sipos hemi no bitm wan yia, raetem '00' yia</i>	YEARS . . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  ALWAYS . . . . . 95 VISITOR . . . . . 96	→ 106
103	Just before you moved here, where did you live? <i>Yu bin stap liv wea bifo yu muv ikam long ples ya?</i>	SAME ISLAND . . . . . 1 ELSEWHERE IN VANUATU (SPECIFY ISLAND) _____ 2 OTHER COUNTRY (SPECIFY COUNTRY) _____ 3	
104			
105			
106	In what month and year were you born? <i>Yu bin bon long wanem manis mo long wanem yia?</i>	MONTH . . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DONT KNOW MONTH . . . . . 98 YEAR . . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DONT KNOW YEAR . . . . . 9998	
107	How old were you at your last birthday? <i>Hamas yia blong yu long las betdei blong yu?</i> COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
108	Have you ever attended school? <i>Yu bin ko long wan skul?</i>	YES . . . . . 1 NO . . . . . 2	→ 112a

109	<p>What is the highest level of school you attended: primary, secondary, or higher?</p> <p><i>Wanem nao haest level blong skul we yu kasem pruari, sekonderi mo narafala haya level?</i></p>	<p>PRE SCHOOL . . . . . 0  PRIMARY . . . . . 1  SECONDARY . . . . . 2  TERTIARY . . . . . 3  VOCATIONAL . . . . . 4  OTHER _____ 6  (SPECIFY)  DONT KNOW . . . . . 8</p>	
110	<p>What is the highest year you completed at that level?</p> <p><i>Wanem nao haest level(gred,fom, yia) blong edukesen we yu kasem?</i></p>	<p>YEAR . . . . . <input type="text"/></p>	
111	<p>CHECK 109:</p> <p>PRE-SCHOOL OR PRIMARY <input type="checkbox"/>      SECONDARY OR HIGHER <input type="checkbox"/></p>		115
112a	<p>Now I would like you to read this sentence to me.</p> <p><i>Mi wantem se yu ridim toktok ia long mi</i></p> <p>SHOW CARD IN <b>BISLAMA</b> TO RESPONDENT.</p> <p><i>Soem kad long Bislama long risponden</i></p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</p> <p>Can you read any part of the sentence to me?</p> <p><i>Yu save ridim eni pat blong toktok ia lo mi?</i></p>	<p>CANNOT READ AT ALL . . . . . 1  ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2  ABLE TO READ WHOLE SENTENCE. 3  NO CARD WITH REQUIRED LANGUAGE _____ 4  (SPECIFY LANGUAGE)  BLIND/ VISUALLY IMPAIRED . . . 5</p>	→ 113
112b	<p>SHOW CARD IN <b>ENGLISH</b> TO RESPONDENT.</p> <p><i>Soem kad long Englis long woman we yu askem kwesjen long hem</i></p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</p> <p><i>Sipos woman hemi no save ridim evri sentens, askem</i></p> <p>Can you read any part of the sentence to me?</p> <p><i>Yu save ridim eni pat blong sentens ia long mi?</i></p>	<p>CANNOT READ AT ALL . . . . . 1  ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2  ABLE TO READ WHOLE SENTENCE. 3  NO CARD WITH REQUIRED LANGUAGE _____ 4  (SPECIFY LANGUAGE)</p>	
112c	<p>SHOW CARD IN <b>FRENCH</b> TO RESPONDENT.</p> <p><i>Soem kad long Franis long woman we yu askem kwesjen long hem</i></p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</p> <p><i>Sipos woman hemi no save ridim evri sentens, askem</i></p> <p>Can you read any part of the sentence to me?</p> <p><i>Yu save ridim eni pat blong sentens ia long mi?</i></p>	<p>CANNOT READ AT ALL . . . . . 1  ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2  ABLE TO READ WHOLE SENTENCE. 3  NO CARD WITH REQUIRED LANGUAGE _____ 4  (SPECIFY LANGUAGE)</p>	
113	<p>Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?</p> <p><i>Yu eva tekem pat long wan prokram blong literesi or eni narafala prokram we hemi tijim hao blong rid mo raet (be ino inkludum primari skul)?</i></p>	<p>YES . . . . . 1  NO . . . . . 2</p>	
114	<p>CHECK 112a, 112b and 112c:</p> <p>CODE '2', '3' OR '4' <input type="checkbox"/>      CODE '1' OR '5' CIRCLED <input type="checkbox"/></p>		116
115	<p>Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?</p> <p><i>Yu stap ridim niuspepa or magasin evridei, klosap evridei, wantaem long wan wik, klosap wantaem long wan wik, nokat natin</i></p>	<p>ALMOST EVERY DAY . . . . . 1  AT LEAST ONCE A WEEK . . . . . 2  LESS THAN ONCE A WEEK . . . . . 3  NOT AT ALL . . . . . 4</p>	



116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? <i>Yu stap lisen long radio evridei, wantaem long wan wik klosap wan taem long wan wik, nokat nating?</i>	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL . . . . . 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all? <i>Yu stap lukluk TV klosap evridei, wantaem long wan wik klosap wan taem long wan wik, nokat nating?</i>	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL . . . . . 4	
118	What is your religion? <i>Wanem nao rilijen blong yu?</i>	ANGLICAN 10 PRESBYTERIAN 11 CATHOLIC 12 SDA 13 CHURCH OF GOD 14 ASSEMBLIES OF GOD 15 NEIL THOMAS MINISTRY 16 APOSTOLIC 17 CUSTOMARY BELIEFS 18 NO RELIGION/FAITH 19  OTHER _____ 96 REFUSED TO ANSWER . . . . . 97 DONT KNOW . . . . . 98	
119	What is your ethnic origin? <i>Wanem nao res blong yu?</i>	NI-VANUATU . . . . . 01 PART NI-VANUATU . . . . . 02 OTHER MELANESIAN . . . . . 03 POLYNESIAN . . . . . 04 MICRONESIAN . . . . . 05 EU/AUS/US/NZ . . . . . 06 ASIAN . . . . . 07 AFRICAN . . . . . 08  OTHER _____ 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth? <i>Mi wantem askem se hao mas taem nao yu bonem wan pikinini long laef blong yu. Yu eva bonem pikinini long laef blong yu?</i>	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you? <i>Ikat samfala pikinini we oli stap wetem yu naoia we yu bin bonem olketa?</i>	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you? <i>Hao mas boe blong yu oli stap wetem yu?</i> And how many daughters live with you? <i>Mo hao mas gel blon yu oli stap witem yu?</i> IF NONE, RECORD '00'. <i>Sipos inokat putum '00'</i>	SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? <i>Yu kat eni boes o gels we yu bin bonem, we oli laev istap be oli no stap wetem yu?</i>	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you? <i>Hao mas boe blong yu oli laef istap be oli no stap witem yu?</i> And how many daughters are alive but do not live with you? <i>Mo yu kat hao mas gels we oli laef istap be oli no stap witem yu?</i> IF NONE, RECORD '00'. <i>Sipos inokat putum '00'</i>	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? <i>Waswe, long laef blong yu, yu bin bonem eni pikinini boe o gel we hemi bin laef afta hemi bin bon be afta hemi bin ded?</i> IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? <i>Sipos no, askem- Eni bebi we ibon mo hemi krae smol mo hemi soem samfala saen blong laef be hemi bin ded afta?</i>	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died? <i>Hae mas pikinini boe oli ded finis?</i> And how many girls have died? <i>Mo hao mas pikininin gel oli ded finis?</i> IF NONE, RECORD '00'. <i>Sipos inokat putum '00'</i>	BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER <i>Addem ansa blong 203,205, 207 mo putum total</i> TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? <i>Jas blong mekem sua se mi kasem i stret, yu bin bonem TOTAL _____ pikinini long laef blong yu, hemi stret?</i>  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.  
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.  
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?  <i>Wanem nem yu bin kivim long fesbon/ nekis bebi.</i>  (NAME)	Were any of these births twins or triplets?  <i>I bin kat eni wan blong ol pikinini yia oli twins, triplets</i>	Is (NAME) a boy or a girl?  <i>Waswe hemi boe o gel?</i>	In what month and year was (NAME) born? <i>Long wanem manis mo yia Nem hemi bon?</i> PROBE: What is his/her birthday?  <i>Wanem nao betei blong hem?</i>	Is (NAME) still alive?  <i>(Nem) ie laet yet?</i>	How old was (NAME) at his/her last birthday? <i>long las betei blong (NEM) ie kat hamas ya?</i> RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?  <i>(NEM) ie stap liv wetem yu?</i>	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).  <i>Sapos ie laet yet:</i>  <i>Rikotem haus hol namba blong pikinini (raetem 00 sapos pikinini ie no stap long haushol)</i>	How old was (NAME) when he/she died?  <i>hamas yia blong (NEM) Taem hemi ded?</i>  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?  <i>Ibin kat narafala bebi we ie bon mo hemi laef bitwin (Nem blong bebi we hemi bon fastaem) mo (Nem) inkludum eni pikinini we I bin ded afta hemi bin bon?</i>
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES...1 NO...2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS...1 MONTHS 2 YEARS . 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES...1 NO...2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS...1 MONTHS 2 YEARS . 3	YES...1 ADD ↙ BIRTH NO...2 NEXT ↘ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES...1 NO...2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS...1 MONTHS 2 YEARS . 3	YES...1 ADD ↙ BIRTH NO...2 NEXT ↘ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES...1 NO...2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS...1 MONTHS 2 YEARS . 3	YES...1 ADD ↙ BIRTH NO...2 NEXT ↘ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES...1 NO...2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS...1 MONTHS 2 YEARS . 3	YES...1 ADD ↙ BIRTH NO...2 NEXT ↘ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES...1 NO...2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS...1 MONTHS 2 YEARS . 3	YES...1 ADD ↙ BIRTH NO...2 NEXT ↘ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES...1 NO...2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS...1 MONTHS 2 YEARS . 3	YES...1 ADD ↙ BIRTH NO...2 NEXT ↘ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby?  <i>Wanem nem yu bin kivim long nekis bebi?</i>  (NAME)	Were any of these births twins?  <i>I bin kat eni long ol bebi yu bonem we oli twins?</i>	Is (NAME) a boy or a girl?  <i>(NEM) hemi wan boy o gel?</i>	In what month and year was (NAME) born? (NEM) ie bon long wenem manis mo yia? PROBE: What is his/her birthday? Wenem betei blong hem?	Is (NAME) still alive?  (NEM) hemi laef yet?	How old was (NAME) at his/her last birthday? (NEM) ie kat hamas yia long las betei blong hem? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?  (NEM) ie stap liv wetem yu?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . 1' <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES . . . 1 ADD ↙ BIRTH NO . . . 2 NEXT ↘ BIRTH	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . 1' <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES . . . 1 ADD ↙ BIRTH NO . . . 2 NEXT ↘ BIRTH	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . 1' <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES . . . 1 ADD ↙ BIRTH NO . . . 2 NEXT ↘ BIRTH	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . 1' <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES . . . 1 ADD ↙ BIRTH NO . . . 2 NEXT ↘ BIRTH	
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . 1' <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES . . . 1 ADD ↙ BIRTH NO . . . 2 NEXT ↘ BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES . . . . . NO . . . . .				
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2008: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY <b>2008</b> , ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now ? <i>Yu kat bel nao ya?</i>	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 229
227	How many months pregnant are you? <i>Yu kat hamas manis nao ya?</i> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/>	
228a	When you got pregnant, did you want to get pregnant at the time? <i>Taem yu kat bel, yu bin wantem blong kat bel lor taem ya o yu no bin wantem?</i>	YES ..... 1 NO ..... 2	→ 229
228b	IF NO ASK: Did you want to wait to become pregnant later, or did you not want any (more) children? <i>Yu bin wantem blong kat bel lo nara taem o yu no bin wantem blong kat nara pikinini bakeken?</i>	LATER ..... 1 NO MORE ..... 2	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? <i>Wan pikinini blong yu ie b nokut long bel o ie ded insaet long bel mo taem ie bon hemi nomo pulum win?</i>	YES ..... 1 NO ..... 2	→ 237
230	When did the last such pregnancy end? <i>wetaem nao kaen samting olsem ie happen long yu taem yu bin kat bel?</i>	MONTH ..... <input type="text"/> YEAR ..... <input type="text"/>	
231	CHECK 230:  LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2008 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2008		→ 237
232	How many months pregnant were you when the last such pregnancy ended? <i>Yu bin kat bel hamas manis nao taem kae samting olsem ie bin mekem yu?</i>  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/>	
233	Since January 2008, have you had any other pregnancies that did not result in a live birth? <i>long jonewari 2008 kasem tedei yu bin kat bel bakeken mo bebe we yu bonem hemi no bin laet?</i>	YES ..... 1 NO ..... 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2008.  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2008? <i>Yu bin lusum bebe, kilim bebe long bel bebe ie bon be ie ded ie tek ples bifo 2008?</i>	YES ..... 1 NO ..... 2	→ 237

236	<p>When did the last such pregnancy that terminated before 2008 end?  <i>Wetaem nao yu lusum bebe, kilim bebe o bebe ie bon be ie ded ie stop bifo 2008?</i></p>	<p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
236a	<p>What was the cause of the miscarriage, abortion, or stillbirth?  <i>Wenem nao ie mekem se bebe ie lus, yu kilim bebe or bebe ie bon be ie ded?</i></p>	<p>NATURAL/SPONTANEOUS/ACT OF GOD ..... 1  INDUCED  HEALTH WORKER GAVE A TABLET OR INJECTION .. 2  TRADITIONAL HEALER PROVIDED KASTOM MEDICINE ..... 3  SELF INDUCED _____ 4  (SPECIFY)  INDUCED OTHER _____ 5  (SPECIFY)  OTHER _____ 6  (SPECIFY)</p>							
236b	<p>Did you seek medical care as a result of the miscarriage/abortions/stillbirth?  <i>Yu go luk docta, nes taem ol yu lusum bebe, kilim bebe o bebe ie bon be ie ded?</i></p>	<p>YES ..... 1  NO ..... 2</p>	→ 237						
236c	<p>Where did you seek advice or treatment for the miscarriage/abortions/stillbirth?  <i>Yu go askem advaes o tritmen long wea taem yu lusum bebe, kilim bebe o bebe ie bon be ie ded?</i>  Anyw here else <i>Eni narafala ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR  GOVT HOSPITAL ..... A  GOVT HEALTH CENTER ..... B  GOVT HEALTH POST ..... C  MOBILE CLINIC ..... D  FIELDWORKER ..... E  OTHER PUBLIC _____ F  (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR  PVT HOSPITAL/CLINIC ..... G  PHARMACY ..... H  PVT DOCTOR ..... I  MOBILE CLINIC ..... J  FIELDWORKER ..... K  OTHER PRIVATE MED. _____ L  (SPECIFY)</p> <p>OTHER SOURCE  SHOP ..... M  TRADITIONAL PRACTITIONER ..... N  OTHER _____ X  (SPECIFY)</p>							

237	<p>When did your last menstrual period start?  <i>Wetaem nao las sikmun blong yu hemi stat?</i></p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO . . . . . 1</p> <p>WEEKS AGO . . . . . 2</p> <p>MONTHS AGO . . . . . 3</p> <p>YEARS AGO . . . . . 4</p> <table border="1" data-bbox="1193 163 1289 405"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>IN MENOPAUSE/  HAS HAD HYSTERECTOMY .. 994</p> <p>BEFORE LAST BIRTH . . . . . 995</p> <p>NEVER MENSTRUATED . . . . . 996</p>									
238	<p>From one menstrual period to the next, are there certain days  when a woman is more likely to become pregnant if she has  sexual relations?  <i>From wan sikmun ko kasem nara manis blong sikmun  ikat samfala deis we wan woman hemi save kat bel sipos  hemi kat sex?</i></p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	<p>→ 301</p>								
239	<p>Is this time just before her period begins, during her period,  right after her period has ended, or half way between  two periods?  <i>Waswe taem ia we wan woman ie savekat bel hemi jas bifo  wan woman hemi luk sikmun blong hem, taem hemi luk sikmun  blong hemi stret, stret afta sikmun blong hem I finis mo long  midel long tufala sikmun piri?</i></p>	<p>JUST BEFORE HER PERIOD  BEGINS . . . . . 1</p> <p>DURING HER PERIOD . . . . . 2</p> <p>RIGHT AFTER HER  PERIOD HAS ENDED . . . . . 3</p> <p>HALFWAY BETWEEN  TWO PERIODS . . . . . 4</p> <p>OTHER _____ 6  (SPECIFY)</p> <p>DON'T KNOW . . . . . 8</p>									

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.  <i>Naoia mi wantem tokabaot famili planing mo ol diferen wei o metod blong wn man witem woman, tufala isave usum blong tufala inokat bel</i>                  Which ways or methods have you heard about?  <i>Wanem wei o metod yu bin harem abaot?</i></p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:                  Have you ever heard of (METHOD)?  <i>Yu bin harem abaot metod ya?</i></p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>	<p>302 Have you ever used (METHOD)?</p>	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.  <i>Fasem tube blong ek blong ol woman. Ol woman oli save kat operesen blong blokem se oli nomo kat narafala pikinini</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>Have you ever had an operation to avoid having any more children?                  YES ..... 1                  NO ..... 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.  <i>Fasem tube blong ek ol man. Ol man oli save kat operesen blong stopem se oli nomo kat narafala pikinini.</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>Have you ever had a partner who had an operation to avoid having any more children?                  YES ..... 1                  NO ..... 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.  <i>Meresin blong dring blong blokem pikinini. Ol woman oli save tekem pill evridei blong blokem olketa blong nokat bel.</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>YES ..... 1                  NO ..... 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.  <i>IUD Ol woman oli save putum IUD insaed long basket blong pikinini wetem help blong dokta mo nurse.</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>YES ..... 1                  NO ..... 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>YES ..... 1                  NO ..... 2</p>
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.  <i>Implants. Ol woman oli save putum ol smol smol meresin long insaed blong ol han klosap long titi blong olketa we ol dokta mo nurse is save putum blong blokem se oli nokat bel blong wan yia o moa</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>YES ..... 1                  NO ..... 2</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.  <i>KONDOM. Ol man oli save putum condom long tabu pat bifo oli kat sex.</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>YES ..... 1                  NO ..... 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.  <i>KONDOM BLO OL WOMAN. Ol woman oli save putum kondom long rod blong bebei bifo olkat sex</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>YES ..... 1                  NO ..... 2</p>
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM) Following childbirth, a woman provides exclusive breastfeeding to her infant. This prevents ovulation and menstruation in the first 6 months after birth.  <i>Kivim titi nomo blong six manis, no kivim wota mo sopsop kaekae long bebei long taem ia. Sipos yu folem hemia bai wan woman ie blokem blong hemi nokat bel</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>YES ..... 1                  NO ..... 2</p>
10	<p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.  <i>KALENDA METHOD. Evri manis wan woman we hemi stap kat sex hemi save blokem hemi kat bel taem hemi nokat sex long deis long wan manisbifo long sikmun, we sipos hemi kat sex bae hemi kat bel</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>YES ..... 1                  NO ..... 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax.  <i>WITHDRAWAL Ol man oli save tekem aot tabu pat blong olketa long woman long rod blong bebei hemi bon.</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>YES ..... 1                  NO ..... 2</p>
12	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.  <i>EMERGENCY CONTRACEPTION Oisem wan emejensi metod afta wan woman ino protekem hem wan blong inokat bel, wan woman o gel hemi mas tekem spesel pills long enitaem long five deis bong blokem bel</i></p>	<p>YES ..... 1                  NO ..... 2 ↓</p>	<p>YES ..... 1                  NO ..... 2</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  <i>Waswe yu harem abaot narafala fasen blong wan woman o man ie save usum blong blokem bel</i></p>	<p>YES ..... 1                  _____                  (SPECIFY)                  _____                  (SPECIFY)                  NO ..... 2</p>	<p>YES ..... 1                  NO ..... 2                  YES ..... 1                  NO ..... 2</p>
303	<p>CHECK 302:                  NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>		<p>307</p>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant? <i>Waswe yu eva usum eni samting o yu traem long wan wei blong blokem yuwan blong no kat bel?</i>	YES ..... 1 NO ..... 2	→ 306
304a	Why have you never used any method of contraception? <i>From wanem yu no usum eni metod blo kontrasepsen ia?</i>	WANTED TO GET PREGNANT . . . 01 TRYING TO HAVE A MALE (FEMALE) BABY . . . 02 HUSBAND DOES NOT AGREE TO FAMILY PLANNING . . . 03 RELIGIOUS OR CULTURAL BELIEFS . . . 04 NO TRANSPORT TO GO TO CLINIC . . . 05 DONT HAVE MONEY TO GET TRANSPORT TO GO TO THE CLINIC . . . 06 DOES NOT LIKE THE LOCAL HEALTH PROVIDER . . . 07 HEALTH PROVIDER IS MALE AND SHE DOESN'T FEEL COMFORTABLE SPEAKING TO HIM ABOUT THIS SUBJECT . . . 08 DOES NOT THINK SHE CAN GET PREGNANT . . . 09 NOT SEXUALLY ACTIVE . . . # OTHER _____ # (SPECIFY)	
305 <b>C</b>	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? <i>Wanem nao yu usum o mekem?</i> CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. <i>Nao mi wantem askem yu abaot firstfala taem yu bin mekem samting o usum sam metod blong blokem yu kat bel</i> How many living children did you have at that time, if any? <i>Hao mas pikinini we oli laev we yu bin kat long taem ia, sipos ikat?</i> IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant? <i>Waswe, yu stap mekem wan samting naoia o yu stap usum wan samting blong blokem yu nokat bel?</i>	YES ..... 1 NO ..... 2	→ 322
311	Which method are you using? <i>Wanem metod yu stap usum?</i> CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B PILL . . . . . C IUD . . . . . D INJECTABLES . . . . . E IMPLANTS . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J LACTATIONAL AMEN. METHC. . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		

312	<p>RECORD IF CODE C FOR PILL IS CIRCLED IN 311.</p> <p>YES (USING PILL) <input type="checkbox"/></p> <p>NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/></p> <p>May I see the package of pills you are using?      May I see the package of condoms you are using?</p> <p>RECORD NAME OF BRAND IF PACKAGE SEEN.</p>	<p>PACKAGE SEEN ..... 1</p> <p>BRAND NAME _____ (SPECIFY) <input type="checkbox"/><input type="checkbox"/></p> <p>PACKAGE NOT SEEN ..... 2</p>	<p>→ 314</p>
313	<p>Do you know the brand name of the (pills/condoms) you are using? <i>Yu save nem blong pills mo kondom we yu stap yusum?</i></p> <p>RECORD NAME OF BRAND.</p>	<p>BRAND NAME _____ (SPECIFY) <input type="checkbox"/><input type="checkbox"/></p> <p>DONT KNOW ..... 98</p>	
314	<p>How many (pill cycles/condoms) did you get the last time? <i>Hao mas pills, kondoms yu bin karem long last taem yu pas?</i></p>	<p>NUMBER OF PILL CYCLES/CONDOMS..... <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>DONT KNOW ..... 998</p>	
315	<p>The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had? <i>Long last taem yu kasem ol metod IUD, injeksen, mo implant yu bin peim hao mas watu witem blong pas tu?</i></p>	<p>COST <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>FREE ..... 9995</p> <p>DONT KNOW ..... 9998</p>	<p>→ 319A</p>
316	<p>In what facility did the sterilization take place? <i>Long wanem fasiliti oli bin katem yu blong nomo kat pikinini?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>OTHER PRIVATE _____ 21</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DONT KNOW ..... 98</p>	
317	<p>CHECK 311/311A:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/>      CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? <i>Bifo oli katem yu oli bin talem long yu se bae yu nomo save karem pikinini taem oli katem yu?</i></p> <p>Were you ever told by any health worker or anyone that you would not be able to have any (more) children after the sterilization operation? <i>Bifo oli katem yu oli bin talem long man blong yu or patna blong yu se bae hemi nomo sae karem wan pikinini?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	

318	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?</p> <p><i>Hao mas yu mo man blong yu, yu tufala l peim blong operesen mo blong lukim dokta?</i></p>	<p>COST . . . . . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE . . . . . 99995</p> <p>DON'T KNOW . . . . . 99998</p>	
319  319A	<p>In what month and year was the sterilization performed?</p> <p><i>Long wanem manis mo yia oli bin katem yu?</i></p> <p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p><i>Long wanem manis mo yia yu bin stat blong usum metod we yu stap yusum naoia mo yu no bin stop yusum?</i></p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p> <p><i>Waswe ibin kat wan bebei yu bonem o wan bel yu lusum afta long wan manis o wan yia afta long yu statem yusum famili planning</i></p>	<p>MONTH . . . . . <input type="text"/> <input type="text"/></p> <p>YEAR . . . . . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
320	<p>CHECK 319/319A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>		
321 <b>C</b>	<p>CHECK 319/319A:</p> <p>YEAR IS 2008 OR LATER <input type="checkbox"/></p> <p>YEAR IS 2007 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2008</p> <p>THEN SKIP TO → ##</p>		
322 <b>C</b>	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p><i>Mi wantem askem yu samfala kwesjen abaot ol taems we yu mo patna blong yu yutufala l bin yusum wan metod blong preventem yu tufala lkat bel long las fiu yias</i></p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2008.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> <li>* What method did you use between the birth of 'A' and 'B'?</li> <li><i>wanem metod we yu usum afta yu bonem pikinini A mo bifo yu kat bel long pikinini B?</i></li> <li>* How long did you use the method then?</li> <li><i>Hamas yia nao yu bin stap usum metod ya?</i></li> <li>* Did you ever use other methods other than those mentioned?</li> <li><i>Yu bin stap yusum sam diferem metod tu mo ie no ol sem wan we yu talem olketa?</i></li> </ul>		
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED . . . . . 00</p> <p>FEMALE STERILIZATION . . . . . 01</p> <p>MALE STERILIZATION . . . . . 02</p> <p>PILL . . . . . 03</p> <p>IUD . . . . . 04</p> <p>INJECTABLES . . . . . 05</p> <p>IMPLANTS . . . . . 06</p> <p>CONDOM . . . . . 07</p> <p>FEMALE CONDOM . . . . . 08</p> <p>DIAPHRAGM . . . . . 09</p> <p>FOAM/JELLY . . . . . 10</p> <p>LACTATIONAL AMEN. METHOD . . . . . 11</p> <p>RHYTHM METHOD . . . . . 12</p> <p>WITHDRAWAL . . . . . 13</p> <p>OTHER METHOD . . . . . 96</p>	<p>→ 333</p> <p>→ 326</p> <p>→ 335</p> <p>→ 324A</p> <p>→ 324A</p> <p>→ 335</p> <p>→ 335</p>



329	<p>CHECK 326:</p> <p>CODE '1' CIRCLED <input type="checkbox"/></p> <p>CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p>At that time, were you told _____ When you obtained (CURRENT METHOD FROM 323) from planning that you could use? (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	→ 331
330	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p> <p><i>Waswe ibinkat wan helt worker or famili planning woka oli bin talem long yu abaot ol narafala metods we yu save yusum?</i></p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
331	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION . . . 01</p> <p>MALE STERILIZATION . . . 02</p> <p>PILL . . . . . 03</p> <p>IUD . . . . . 04</p> <p>INJECTABLES . . . . . 05</p> <p>IMPLANTS . . . . . 06</p> <p>CONDOM . . . . . 07</p> <p>FEMALE CONDOM . . . . . 08</p> <p>DIAPHRAGM . . . . . 09</p> <p>FOAM/JELLY . . . . . 10</p> <p>LACTATIONAL AMEN. METHOD . . . . . 11</p> <p>RHYTHM METHOD . . . . . 12</p> <p>WITHDRAWAL . . . . . 13</p> <p>OTHER METHOD . . . . . 96</p>	<p>→ 335</p> <p>→ 335</p>
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p><i>Wea ples nao yu kasem metod ia long hem last taem?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL..... 11</p> <p>GOVT. HEALTH CENTER . . 12</p> <p>FAMILY PLANNING CLINIC .. 13</p> <p>DISPENSARY . . . . . 14</p> <p>MUNICIPAL . . . . . 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC .. 21</p> <p>PHARMACY . . . . . 22</p> <p>PRIVATE DOCTOR/ PRACTITIONER . . . . . 23</p> <p>MOBILE CLINIC . . . . . 24</p> <p>FIELDWORKER . . . . . 25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . 31</p> <p>CHURCH . . . . . 32</p> <p>FRIEND/RELATIVE . . . . . 33</p> <p>AID POST . . . . . 34</p> <p>SAVE CHILDREN . . . . . 35</p> <p>VANUATU FAMILY HEALTH .. 36</p> <p>KAMPUSUM HEAD CLINIC ..... 37</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	→ 335

333	<p>Do you know of a place where you can obtain a method of family planning?  <i>Waswe yu save long wan ples we yu save kasem famili planning?</i></p>	<p>YES ..... 1  NO ..... 2</p>	→ 335
334	<p>Where is that?  <i>Wea ples stret?</i>  Any other place?  <i>Ikat narafala ples?</i>  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).   IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.   _____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR  GOVT. HOSPITAL ..... A  GOVT. HEALTH CENTER ..... B  FAMILY PLANNING CLINIC ..... C  DISPENSARY ..... D   OTHER PUBLIC _____ F  (SPECIFY)   PRIVATE MEDICAL SECTOR  PRIVATE HOSPITAL/CLINIC ..... G  PHARMACY ..... H  PRIVATE DOCTOR/  PRACTITIONER ..... I  MOBILE CLINIC ..... J  FIELDWORKER ..... K  OTHER PRIVATE  MEDICAL _____ L  (SPECIFY)   OTHER SOURCE  SHOP ..... M  CHURCH ..... N  FRIEND/RELATIVE ..... O  AID POST ..... P  SAVE CHILDREN ..... Q  VANUATU FAMILY HEALTH ..... R  NGO ..... S   OTHER _____ X  (SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?  <i>Long last twelve manis, ie bin kat wan helt woka hemi visitim yu storian abaot famili planing?</i></p>	<p>YES ..... 1  NO ..... 2</p>	
336	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?  <i>Long last twelve manis yu bin visitim wan helt fasiliti blong jekap blong yu wetem ol pikinini?</i></p>	<p>YES ..... 1  NO ..... 2</p>	→ 401
337	<p>Did any staff member at the health facility speak to you about family planning methods?  <i>Waswe ibin kat eni klinik o dispenseri woka ibin stori long yu abaot famili planing methods?</i></p>	<p>YES ..... 1  NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">                     ONE OR MORE BIRTHS IN 2008 OR LATER                 </td> <td style="text-align: center; width: 50%;">                     NO BIRTHS IN 2008 OR LATER                 </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> </td> </tr> </table>	ONE OR MORE BIRTHS IN 2008 OR LATER	NO BIRTHS IN 2008 OR LATER	<input type="checkbox"/>	<input type="checkbox"/>	576				
ONE OR MORE BIRTHS IN 2008 OR LATER	NO BIRTHS IN 2008 OR LATER									
<input type="checkbox"/>	<input type="checkbox"/>									
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).  Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.) <i>Naoia mi wantem askem yu sam kwesten abaot helt blong evri pikinini blong yu we oli bon long las faev yia? Bae yumi tokabaot wan wan long olketa</i>									
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <table style="width: 100%; border: none;"> <tr> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> </tr> </table>			NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <table style="width: 100%; border: none;"> <tr> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> </tr> </table>			SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <table style="width: 100%; border: none;"> <tr> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> </tr> </table>		
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>						
405a	When you got pregnant with (NAME), did you want to get pregnant at that time? <i>Taem yu kat bel wetem(NEM) yu bin wantem kat bel long taem ya?</i>	YES ..... 1 (SKIP TO 407a) ← NO ..... 2	YES ..... 1 (SKIP TO 432) ← NO ..... 2	YES ..... 1 (SKIP TO 432) ← NO ..... 2						
405b	Did you want to have a baby later on, or did you not want any (more) children? <i>Yu bin wantem kat bebe samtaem afta o yu nomo wantem kat pikinini bakeken?</i>	LATER ..... 1 NO MORE ..... 2 (SKIP TO 407a) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 432) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 432) ←						
406	How much longer would you have liked to wait? <i>Yu wantem wet kasem wetaem bifo yu kat bel bakeken?</i>	MONTHS ..1 <table style="border: 1px solid black; width: 20px; height: 20px; display: inline-table;"></table> YEARS ..2 <table style="border: 1px solid black; width: 20px; height: 20px; display: inline-table;"></table> DON'T KNOW ... 998	MONTHS ..1 <table style="border: 1px solid black; width: 20px; height: 20px; display: inline-table;"></table> YEARS ..2 <table style="border: 1px solid black; width: 20px; height: 20px; display: inline-table;"></table> DON'T KNOW ... 998	MONTHS ..1 <table style="border: 1px solid black; width: 20px; height: 20px; display: inline-table;"></table> YEARS ..2 <table style="border: 1px solid black; width: 20px; height: 20px; display: inline-table;"></table> DON'T KNOW ... 998						
407a	Did you see anyone for antenatal care for this pregnancy? <i>Yu bin wantem kat bebe samtaem afta o yu nomo wantem kat pikinini bakeken?</i>	YES ..... 1 NO ..... 2 (SKIP TO 414) ←								
407b	Whom did you see? Yu go luk hu stret? Anyone else? Eni narafala man o w oman?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE B ASSISTAN MIDWIFE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D COMMUNITY/VILLAGE HEALTH WORKER ... E  OTHER _____ X (SPECIFY)								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy? <i>Yu go stap jekap from bebe blong yu lon wea?</i> Anyw here else? <i>le kat eni mo ples we yu stap go?</i></p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME YOUR HOME . . . A</p> <p>OTHER HOME . . . B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER . . . . D GOVT. AID POST . . . . . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC . . . . . G OTHER PRIVATE MED. _____ H (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy? <i>Hamas manis yu kat taem u go festaem long klinik blong jekap?</i></p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DONT KNOW . . . . .98</p>		
410	<p>How many times did you receive antenatal care during this pregnancy? <i>Hamas taem yu ko pas long klinik taem yu kat bel?</i></p>	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DONT KNOW . . . . .98</p>		
411a	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once? <i>Olsew pat blong kea long taem yu kat bel mo stap pass. Oli bin mekem olketa samtink ya long yu wan taem?</i></p> <p>Were you weighed? <i>yu go long skel?</i></p> <p>Was your blood pressure measured? <i>oli tekem blad blong you</i></p> <p>Did you give a urine sample? <i>Oli bin testem pispis blong yu?</i></p> <p>Did you give a blood sample? <i>Yu bin kivim blad?</i></p>	<p>YES NO</p> <p>WEIGHT . . . 1 2</p> <p>BP . . . . . 1 2</p> <p>URINE . . . . . 1 2</p> <p>BLOOD . . . 1 2</p>		
411b	<p>CHECK 411a: NOT A SINGLE YES <input type="checkbox"/></p> <p>AT LEAST ONE YES <input type="checkbox"/></p> <p>↓</p> <p>Did you get the results of at least one test?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>		



412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p> <p><i>taem yu pass ol nurse oli talem long yu ol saen blong nogud samting we isave hapen long taem wan woman ikat bel?</i></p>	<p>YES..... 1  NO ..... 2  (SKIP TO 413a) ←    DONT KNOW..... 8</p>
413	<p>Were you told where to go if you had any of these complications?</p> <p><i>Oli bin talem we ples blong ko sipos ol nogud saen I happen?</i></p>	<p>YES..... 1  NO ..... 2  DONT KNOW..... 8</p>
413a	<p>During (any of) your antenatal care visit(s), did the doctor or nurse discuss with you where you planned to give birth?</p> <p><i>Taem yu pass ol dokta mo nurse oli toktok witem yu long wea ples yu planem blong bonem pikinini? Taem we ie bon?</i></p>	<p>YES ..... 1  NO ..... 2  DONT KNOW..... 8</p>
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p><i>Taem yu kat bel, oli bin stikim yu from tetanus blong blokem pikinini blong ie no kasem sik Tetanus Taem we ie bon?</i></p>	<p>YES..... 1  NO ..... 2  (SKIP TO 417) ←    DONT KNOW..... 8</p>
415	<p>During this pregnancy, how many times did you get this tetanus injection?</p> <p><i>Long taem yu bin kat bel oli kivim hamas tetanus injeksen long yu?</i></p>	<p>TIMES ..... <input type="text"/></p> <p>DONT KNOW... 8</p>
416	CHECK 415:	<p>2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>(SKIP TO 421) ↓</p>
417	<p>At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?</p> <p><i>yu bin risivim tetanus injeksen enitaem bifo yu kat bel ia blong protektem yu o narafala bebei</i></p>	<p>YES..... 1  NO ..... 2  (SKIP TO 421) ←    DONT KNOW..... 8</p>
418	<p>Before this pregnancy, how many other times did you receive a tetanus injection?</p> <p><i>Bifo yu kat bel ia, yu bin risivim tetanus injeksen hamas taem? IF 7 OR MORE TIMES, RECORD '7'.</i></p>	<p>TIMES ..... <input type="text"/></p> <p>DONT KNOW... 8</p>

419	In what month and year did you receive the last tetanus injection before this pregnancy?  <i>Long wanem manis mo yia yu bin risivim las tetanus injeksen bifo yu kat bel naoia?</i>	MONTH ... <input type="text"/> <input type="text"/> DK MONTH ..... 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAF ..... 9998
420	How many years ago did you receive that tetanus injection? <i>Hamas yia finis yu bin risivim tetanus injeksen?</i>	YEARS AGO ..... <input type="text"/> <input type="text"/>
421	During this pregnancy, were you given or did you buy any iron tablets? <i>Naoia yu kat bel, oli bin kivim' meresin blong blad o yu bin peim</i>  SHOW TABLETS/SYRUP.	YES ..... 1 NO ..... 2 (SKIP TO 423) ← DONT KNOW ..... 8
421a	During this pregnancy, were you given or did you buy any folic acid tablets or vitamins that contain folic acid?  SHOW TABLETS/VITAMINS.	YES ..... 1 NO ..... 2 (SKIP TO 423) ← DONT KNOW ..... 8
422	During the whole pregnancy, for how many days did you take the tablets or syrup? <i>Naoia yu kat bel hamas dei yu bin tekem meresin blong blad?</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW ... 998
423	During this pregnancy, did you take any drug for intestinal worms? <i>Naoia yu kat bel yu bin tekem eni meresin blong ol worms</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
424	During this pregnancy, did you have difficulty with your vision during daylight? <i>Naoia yu kat bel yu kat problem wetem lukluk long dei?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
425	During this pregnancy, did you suffer from night blindness? <i>Naoia yu kat bel, yu kasem sik blong no lukluk gud long naet?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
426		
427		
428		
429		
430		
431		

432	<p>When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?  <i>Taem (NEM) hemi bin bon hemi wan bigwan tumas, bigwan lelebet, averej, smol, smol tumas.</i></p>	<p>VERY LARGE . . . . . 1  LARGER THAN  AVERAGE . . . . . 2  AVERAGE . . . . . 3  SMALLER THAN  AVERAGE . . . . . 4  VERY SMALL . . . . . 5  DONT KNOW . . . . . 8</p>	<p>VERY LARGE . . . . . 1  LARGER THAN  AVERAGE . . . . . 2  AVERAGE . . . . . 3  SMALLER THAN  AVERAGE . . . . . 4  VERY SMALL . . . . . 5  DONT KNOW . . . . . 8</p>	<p>VERY LARGE . . . . . 1  LARGER THAN  AVERAGE . . . . . 2  AVERAGE . . . . . 3  SMALLER THAN  AVERAGE . . . . . 4  VERY SMALL . . . . . 5  DONT KNOW . . . . . 8</p>
433	<p>Was (NAME) weighed at birth?  <i>Oli putum (NEM) long skel taem hemi bon?</i></p>	<p>YES . . . . . 1  NO . . . . . 2  (SKIP TO 435) ←  DONT KNOW . . . . . 8</p>	<p>YES . . . . . 1  NO . . . . . 2  (SKIP TO 435) ←  DONT KNOW . . . . . 8</p>	<p>YES . . . . . 1  NO . . . . . 2  (SKIP TO 435) ←  DONT KNOW . . . . . 8</p>
434	<p>How much did (NAME) weigh?  <i>Wenem skel namba blong (NEM) RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</i></p>	<p>KG FROM CARD  1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/>    KG FROM RECALL  2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/>    DONT KNOW . . . . . 99.998</p>	<p>KG FROM CARD  1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/>    KG FROM RECALL  2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/>    DONT KNOW . . . . . 99.998</p>	<p>KG FROM CARD  1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/>    KG FROM RECALL  2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/>    DONT KNOW . . . . . 99.998</p>
435	<p>Who assisted with the delivery of (NAME)?  <i>Who nao hemi help blong bonem (NEM)?</i>  Anyone else?  <i>Eni nara man o woman?</i>  PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.    IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL  DOCTOR . . . . . A  NURSE/MIDWIFE . . . . . B  ASSISTANT  MIDWIFE . . . . . C  OTHER PERSON  TRADITIONAL BIRTH ATTENDANT . . . . . D  RELATIVE/FRIEND  OTHER  _____ X  (SPECIFY)  NO ONE . . . . . Y</p>	<p>HEALTH PERSONNEL  DOCTOR . . . . . A  NURSE/MIDWIFE . . . . . B  ASSISTANT  MIDWIFE . . . . . C  OTHER PERSON  TRADITIONAL BIRTH ATTENDANT . . . . . D  RELATIVE/FRIEND  OTHER  _____ X  (SPECIFY)  NO ONE . . . . . Y</p>	<p>HEALTH PERSONNEL  DOCTOR . . . . . A  NURSE/MIDWIFE . . . . . B  ASSISTANT  MIDWIFE . . . . . C  OTHER PERSON  TRADITIONAL BIRTH ATTENDANT . . . . . D  RELATIVE/FRIEND  OTHER  _____ X  (SPECIFY)  NO ONE . . . . . Y</p>
436	<p>Where did you give birth to (NAME)?  <i>Wea ples nao yu bin bonem (NEM) long hem?</i>  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.    IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.    _____ (NAME OF PLACE)</p>	<p>HOME  YOUR HOME . . . . . 11  (SKIP TO 443) ←  OTHER HOME . . . . . 12    PUBLIC SECTOR  GOVT. HOSPITAL 21  GOVT. HEALTH CENTER . . . . . 22  GOVT. AID POST . . . . . 23  OTHER PUBLIC  _____ 26  (SPECIFY)    PRIVATE MED. SECTOR  PVT. HOSPITAL/CLINIC . . . . . 31  OTHER PRIVATE MED. _____ 36  (SPECIFY)    OTHER _____ 96  (SPECIFY)  (SKIP TO 443) ←</p>	<p>HOME  YOUR HOME . . . . . 11  (SKIP TO 444) ←  OTHER HOME . . . . . 12    PUBLIC SECTOR  GOVT. HOSPITAL 21  GOVT. HEALTH CENTER . . . . . 22  GOVT. AID POST . . . . . 23  OTHER PUBLIC  _____ 26  (SPECIFY)    PRIVATE MED. SECTOR  PVT. HOSPITAL/CLINIC . . . . . 31  OTHER PRIVATE MED. _____ 36  (SPECIFY)    OTHER _____ 96  (SPECIFY)  (SKIP TO 444) ←</p>	<p>HOME  YOUR HOME . . . . . 11  (SKIP TO 444) ←  OTHER HOME . . . . . 12    PUBLIC SECTOR  GOVT. HOSPITAL 21  GOVT. HEALTH CENTER . . . . . 22  GOVT. AID POST . . . . . 23  OTHER PUBLIC  _____ 26  (SPECIFY)    PRIVATE MED. SECTOR  PVT. HOSPITAL/CLINIC . . . . . 31  OTHER PRIVATE MED. _____ 36  (SPECIFY)    OTHER _____ 96  (SPECIFY)  (SKIP TO 444) ←</p>
437	<p>How long after (NAME) was delivered did you stay there?  <i>Hao long afta (NEM) hemi bin bon yu bin stap long thea?</i>  IF LESS THAN ONE DAY, RECORD HOURS.  IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/><input type="text"/>  DAYS 2 <input type="text"/><input type="text"/>  WEEKS 3 <input type="text"/><input type="text"/>  DONT KNOW . . . . . 998</p>	<p>HOURS 1 <input type="text"/><input type="text"/>  DAYS 2 <input type="text"/><input type="text"/>  WEEKS 3 <input type="text"/><input type="text"/>  DONT KNOW . . . . . 998</p>	<p>HOURS 1 <input type="text"/><input type="text"/>  DAYS 2 <input type="text"/><input type="text"/>  WEEKS 3 <input type="text"/><input type="text"/>  DONT KNOW . . . . . 998</p>

438	Was (NAME) delivered by caesarean section? <i>Waswe oli bin katem yu blong bonem (NEM)?</i>	YES..... 1 NO ..... 2	YES..... 1 NO ..... 2	YES..... 1 NO ..... 2													
439	Before you were discharged after (NAME) was born, did any health care provider check on your health? <i>Bifo oli sendem yu ko long haos afta we (NEM) hemi bon, lbin kat eni helt provida ibin jekem yu blong helt blong yu?</i>	YES..... 1 NO ..... 2 (SKIP TO 442) ←	YES..... 1 (SKIP TO 455) ← NO ..... 2	YES..... 1 (SKIP TO 455) ← NO ..... 2													
440	How long after delivery did the first check take place? <i>Hao long afta yu bonem bebei, ol helt woka ibin kam jekem yu?</i> IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW . . . 998															
441	Who checked on your health at that time? <i>Who nao hemi jekem yu long saed blong helt blong yu long taem ia?</i>  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR..... 11 NURSE/MIDWIFE 12 ASSISTANT MIDWIFE ..... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER . . . 22  OTHER _____ 96 (SPECIFY) (SKIP TO 454) ←															
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health? <i>Afta yu bin ko long haos, ibin kat wan helt woka o tradisenel woman we oli stap bonem ol bebei olabaot long ol aelen ibin kam jekem yu?</i>	YES..... 1 (SKIP TO 445) ← NO ..... 2 (SKIP TO 454) ←	YES..... 1 (SKIP TO 455) ← NO ..... 2	YES..... 1 (SKIP TO 455) ← NO ..... 2													
443	Why didn't you deliver in a health facility? <i>Wae nao yu no bin bonem bebei long wan helt fasiliti?</i> PROBE: Any other reason? <i>Eni narafala risen?</i> RECORD ALL MENTIONED.	COST TOO MUCH . A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORTATION C DONT TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H NOT TIME/BABY COME TO EARLY . . I  OTHER _____ X (SPECIFY)															

444	<p>After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?  <i>Afta (NEM) hemi bon, ibin kat eni helt kea woka o tradisenal kea provida ibin kam jekem helt blong yu?</i></p>	<p>YES..... 1          NO ..... 2          (SKIP TO 449) ←</p>	<p>YES..... 1          NO ..... 2</p>	<p>YES..... 1          NO ..... 2</p>													
445	<p>How long after delivery did the first check take place?  <i>Hao long afta yu bonem bebei ibin ' kat wan jekap hemi tekem ples?</i>          IF LESS THAN ONE DAY, RECORD HOURS.          IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>          DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>          WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>          DON'T KNOW... 998</p>															
446	<p>Who checked on your health at that time?  <i>Who ie bin jekem helt blong yu?</i>          PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL          DOCTOR ..... 11          NURSE/MIDWIFE 12          ASSISTANT          MIDWIFE ..... 13          OTHER PERSON          TRADITIONAL BIRTH ATTENDANT . 21          COMMUNITY/VILLAGE HEALTH WORKER ... 22            OTHER _____ 96          (SPECIFY)</p>															
447	<p>Where did this first check take place?  <i>Wea ples fas jekap ibin tek ples?</i>          PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.            IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.            _____          (NAME OF PLACE)</p>	<p>HOME          YOUR HOME ... 11          OTHER HOME... 12            PUBLIC SECTOR          GOVT. HOSPITAL 21          GOVT. HEALTH CENTER ..... 22          GOVT. AID POST ..... 23          OTHER PUBLIC _____ 26          (SPECIFY)            PRIVATE MED. SECTOR          PVT. HOSPITAL/ CLINIC ..... 31          OTHER PRIVATE MED. _____ 36          (SPECIFY)            OTHER _____ 96          (SPECIFY)</p>															
448	CHECK 442:	<p>YES NOT ASKED  <input type="checkbox"/> <input type="checkbox"/>          (SKIP TO 454) ↓</p>															
449	<p>In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?  <i>Long tu manis afta we (NEM) hemi bon ibin kat eni helt kea provida o tradisenal bot atendan ikam jekem (NEM)?</i></p>	<p>YES..... 1          NO ..... 2          (SKIP TO 454) ←          DON'T KNOW..... 8</p>															

450	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?  <i>Hamas hawa, deis o wiks afta (NEM) hemi bon, ibin kat fes jekap?</i></p> <p>IF LESS THAN ONE DAY, RECORD HOURS.  IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH . . 1 <input type="text"/><input type="text"/></p> <p>DAYS AFTER BIRTH . . 2 <input type="text"/><input type="text"/></p> <p>WKS AFTER BIRTH . . 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW . . . 998</p>		
451	<p>Who checked on (NAME)'s health at that time?  <i>Who ibin jekem (NEM)'s helt long taem ia?</i></p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL  DOCTOR . . . . . 11  NURSE/MIDWIFE 12  ASSISTANT  MIDWIFE . . . . . 13  OTHER PERSON  TRADITIONAL BIRTH ATTENDANT . 21  COMMUNITY/VILLAGE HEALTH WORKER . . . 22</p> <p>OTHER _____ 96  (SPECIFY)</p>		
452	<p>Where did this first check of (NAME) take place?  <i>Wea ples nao fas jekap ibin tek ples?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME  YOUR HOME . . . 11  OTHER HOME . . . 12</p> <p>PUBLIC SECTOR  GOVT. HOSPITAL 21  GOVT. HEALTH CENTER . . . . . 22  GOVT. AID POST . . . . . 23  OTHER PUBLIC _____ 26  (SPECIFY)</p> <p>PRIVATE MED. SECTOR  PVT. HOSPITAL/CLINIC . . . . . 31  OTHER PRIVATE MED. _____ 36  (SPECIFY)</p> <p>OTHER _____ 96  (SPECIFY)</p>		
453				
454	<p>Has your menstrual period returned since the birth of (NAME)?  <i>Sikmun blong yu hemi kam bak afta yu bonem (NEM)?</i></p>	<p>YES . . . . . 1  (SKIP TO 456) ←</p> <p>NO . . . . . 2  (SKIP TO 457) ←</p>		
455	<p>Did your period return between the birth of (NAME) and your next pregnancy?  <i>Yu bin luk sikmun blong yu afta (NEM) hemi bon mo nekis taem yu bin kat bel?</i></p>		<p>YES . . . . . 1  NO . . . . . 2  (SKIP TO 459) ←</p>	<p>YES . . . . . 1  NO . . . . . 2  (SKIP TO 459) ←</p>
456	<p>For how many months after the birth of (NAME) did you <b>not</b> have a period?  <i>Blong hao mas manis afta (NEM) hemi bon yu no bin luk sikmun blong yu?</i></p>	<p>MONTHS . . . <input type="text"/><input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>	<p>MONTHS . . . <input type="text"/><input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>	<p>MONTHS . . . <input type="text"/><input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>

457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> OR PREGNANT <input type="checkbox"/> UNSURE (SKIP TO 459) ←		
458	Have you begun to have sexual intercourse again since the birth of (NAME)? <i>Yu stat kat sex bakaken afta (NEM) hemi bon?</i>	YES..... 1 NO ..... 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you <b>not</b> have sexual intercourse? <i>Long hao mas manis afta (NEM) hemi bon, yu no bin kat sex?</i>	MONTHS... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
460	Did you ever breastfeed (NAME)? <i>Yu bin kivim titi long (NEM)</i>	YES..... 1 NO ..... 2 (SKIP TO 467) ←	YES..... 1 NO ..... 2 (SKIP TO 467) ←	YES..... 1 NO ..... 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast? <i>Hao long afta (NEM) hemi bon yu putum hem hemi titi?</i> IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk? <i>Long fas tri dei afta yu bonem (NEM) oli bin kivim wan narafala samting blong hemi drink apat long titi?</i>	YES..... 1 NO ..... 2 (SKIP TO 464) ←		
463	What was (NAME) given to drink? <i>Wanem nao oli kivim long (NEM) hemi drink</i> Anything else? <i>Eni nara samtin?</i>  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C GRUPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . E FRUIT JUICE . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H HONEY . . . . . I  OTHER _____ X (SPECIFY)		
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466) ←		
465	Are you still breastfeeding (NAME)? <i>Yu stap kivim titi long (NEM) yet?</i>	YES..... 1 (SKIP TO 468) ← NO ..... 2		

466	For how many months did you breastfeed (NAME)? <i>Yu bin kivim titi long (NEM) long hao mas manis?</i>	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF ..... 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF ..... 95 DON'T KNOW ... 98
467	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
468	How many times did you breastfeed last night between sunset and sunrise? <i>Hamas taem yu kivim titi long naet bitwin sunset mo sunraes?</i>  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours? <i>Hao mas taem yu bin kivim titi long pikinini long las naet hemia bitwin long taem sun hemi kodaon mo taem sun hemi kirap bakegen</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night? <i>Waswe (NEM) ibin drink eni samtin long botel witem titi rubber yestedei o long naet yestedei?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
471		GO BACK TO 405a IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405a IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405a IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.



**SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION**

<b>501</b>	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
<b>502</b>	LINE NUMBER FROM 212 FROM 212	LAST BIRTH LINE NUMBER ..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ..... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ..... <input type="text"/> <input type="text"/>
<b>503</b>	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)
<b>504</b>	Do you have a card where (NAME'S) vaccinations are written down? <i>Yu kat wan kad wea (NEM's) ol vaksinesen oli raetem daon.?</i> IF YES: May I see it please? <i>Mi save luk plis?</i>	YES, SEEN ..... <input type="checkbox"/> 1 (SKIP TO 506) ← YES, NOT SEEN ..... <input type="checkbox"/> 2 (SKIP TO 508) ← NO CARD ..... <input type="checkbox"/> 3	YES, SEEN ..... <input type="checkbox"/> 1 (SKIP TO 506) ← YES, NOT SEEN ..... <input type="checkbox"/> 2 (SKIP TO 508) ← NO CARD ..... <input type="checkbox"/> 3	YES, SEEN ..... <input type="checkbox"/> 1 (SKIP TO 506) ← YES, NOT SEEN ..... <input type="checkbox"/> 2 (SKIP TO 508) ← NO CARD ..... <input type="checkbox"/> 3
<b>505</b>	Did you ever have a vaccination card for (NAME)? <i>Yu eva bin kat wan vaksinesen kad blong (NEM)?</i>	YES ..... <input type="checkbox"/> 1 (SKIP TO 508) ← NO ..... <input type="checkbox"/> 2	YES ..... <input type="checkbox"/> 1 (SKIP TO 508) ← NO ..... <input type="checkbox"/> 2	YES ..... <input type="checkbox"/> 1 (SKIP TO 508) ← NO ..... <input type="checkbox"/> 2

<b>506</b>	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.														
<b>LAST BIRTH</b>															
	AT BIRTH			1			2			3			Booster/Rappel		
	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY
BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEP.B.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT/D.T. Coq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles/Rougeole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NEXT-TO-LAST-BIRTH</b>															
	AT BIRTH			1			2			3			Booster/Rappel		
	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY
BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEP.B.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT/D.T. Coq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles/Rougeole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECOND-FROM-LAST-BIRTH</b>															
	AT BIRTH			1			2			3			Booster/Rappel		
	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY
BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEP.B.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT/D.T. Coq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles/Rougeole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? <i>Waswe (NEM) hemi bin risivim eni vaksinesen we oli no rikodem long kad ia we hemi inkludum vaksinesen long wan imunisesen kampen?</i></p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, HEP. B.O 0-3, DPT/D.T. Coq 1-3, PENT 1-3, POLIO 1-3 AND MEASLES VACCINES.</p>	<p>YES..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 510) ←</p> <p>NO ..... 2 (SKIP TO 510) ←</p> <p>DONT KNOW ..... 8</p>	<p>YES..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 510) ←</p> <p>NO ..... 2 (SKIP TO 510) ←</p> <p>DONT KNOW ..... 8</p>	<p>YES..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 510) ←</p> <p>NO ..... 2 (SKIP TO 510) ←</p> <p>DONT KNOW ..... 8</p>
508	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign? <i>Waswe (NEM) hemi eva risivim eni vaksinesens blong blokem hem blong no kasem sik we hemi inkludum vaksinesens we hemi risivim long wan nasonal vaksinesen kampen?</i></p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 514) ← DONT KNOW ..... 8</p>	<p>YES..... 1 NO ..... 2 (SKIP TO 514) ← DONT KNOW ..... 8</p>	<p>YES..... 1 NO ..... 2 (SKIP TO 514) ← DONT KNOW ..... 8</p>
509	<p>Please tell me if (NAME) received any of the following vaccinations: <i>Plis talem long mi sipos (NEM) hemi risivim ol vaksin ia:</i></p>			
509A	<p>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? <i>BCG vaksin akens TB, wan injeksen we oli stikim han/arm long hem mo yu lukim mak blong hem long han/arm</i></p>	<p>YES..... 1 NO ..... 2 DONT KNOW ..... 8</p>	<p>YES..... 1 NO ..... 2 DONT KNOW ..... 8</p>	<p>YES..... 1 NO ..... 2 DONT KNOW ..... 8</p>
509B	<p>Polio vaccine, that is, drops in the mouth? <i>Polio vaksin, hemia ol drops we oli kivim long maot blong pikinini</i></p>	<p>YES..... 1 NO ..... 2 (SKIP TO 509E) ← DONT KNOW ..... 8</p>	<p>YES..... 1 NO ..... 2 (SKIP TO 509E) ← DONT KNOW ..... 8</p>	<p>YES..... 1 NO ..... 2 (SKIP TO 509E) ← DONT KNOW ..... 8</p>
509C	<p>Was the first polio vaccine received in the first two weeks after birth or later? <i>Waswe fas fala Polio vaksin hemi bin risivim long fas 2 weeks afta hemi bon o sam narafala taem?</i></p>	<p>FIRST 2 WEEKS ... 1 LATEF..... 2</p>	<p>FIRST 2 WEEKS... 1 LATEF..... 2</p>	<p>FIRST 2 WEEKS ... 1 LATEF..... 2</p>
509D	<p>How many times was the polio vaccine received? <i>Hamas taem hemi risivim polio vaksin?</i></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>
509E	<p>A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? <i>Ikat DPT vaksinesen. Hemi wan injeksen we oli kivim long lek o has blong wan pikinini mo samtaem oli kivim semtaem witem polio drops?</i></p>	<p>YES..... 1 NO ..... 2 (SKIP TO 509G) ← DONT KNOW ..... 8</p>	<p>YES..... 1 NO ..... 2 (SKIP TO 509G) ← DONT KNOW ..... 8</p>	<p>YES..... 1 NO ..... 2 (SKIP TO 509G) ← DONT KNOW ..... 8</p>

509F	How many times was a DPT vaccination received? <i> Hamas taem hemi risivim DPT vaksinesen</i>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
509G	A Pentavalent vaccination - that is, a vaccine that combines DPT, hepatitis and Hib in one vaccine? <i> Pentavalent vaksinesen hemi mek ap long DPT, Hepatitis and Hib long wan ples.</i>	YES ..... 1 NO ..... 2 (SKIP TO 509I) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509I) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509I) ← DONT KNOW ..... 8
509H	How many times was a Pentavalent vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
509I	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles? <i> Wan measles injeksen-hemi wan stik we oli kivim long han/arm long taem pikinini hemi kasem 9 manis o moa- blong blokem hem forom kasem measles?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
510	Were any of the vaccinations (NAME) received during the <b>last two years</b> as part of a immunization campaign? <i> Waswe, ibinkat eni vaksinesen (NEM) hemi risivim long last 2 yia we hemi pat blong wan immunisesen kampen?</i>	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DONT KNOW ... 8 (SKIP TO 514) ←	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DONT KNOW ... 8 (SKIP TO 514) ←	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DONT KNOW ... 8 (SKIP TO 514) ←
511	At w hich national immunization day campaigns did (NAME) receive vaccinations? <i> Long wanem nasonal imunisesen dei kampen (NEM)hemi risivim vaksinesen?</i>  RECORD ALL CAMPAIGNS MENTIONED.	MEASLES CAMPAIGN 2009 ..... A MEASLES CAMPAIGN 2013 ..... B	MEASLES CAMPAIGN 2009 ..... A MEASLES CAMPAIGN 2013 ..... B	MEASLES CAMPAIGN 2009 ..... A MEASLES CAMPAIGN 2013 ..... B
512				
513				
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS. <i> Waswe (NEM) hemi eva risivim Vitamin A dos olsem: some diferen meresin fom eg. kapsul, sirup, klas.</i>	YES ..... 1 NO ..... 2 (SKIP TO 517) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 517) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 517) ← DONT KNOW ..... 8

515	<p>Did (NAME) receive a vitamin A dose within the last six months?</p> <p><i>Waswe (NEM) hemi risivim Vitamin A dos long las 6 manis?</i></p>	<p>YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . 8</p>	<p>YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . 8</p>	<p>YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . 8</p>
516				
517	<p>Has (NAME) taken any drug for intestinal worms in the last six months?</p> <p><i>Olsem wanem (NEM) hemi tekem eni meresin blong woms long las six manis</i></p>	<p>YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . 8</p>	<p>YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . 8</p>	<p>YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . 8</p>
518	<p>Has (NAME) had diarrhea in the last <b>2 weeks</b>?</p> <p><i>Olsem wanem (NEM) hemi binkat sistsit wota long las 2 wiks?</i></p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 533a) ← DONT KNOW . . . . 8</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 533a) ← DONT KNOW . . . . 8</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 533a) ← DONT KNOW . . . . 8</p>
519	<p>Was there any blood in the stools?</p> <p><i>I bin kat blad long sistsit blong hem?</i></p>	<p>YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . 8</p>	<p>YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . 8</p>	<p>YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . 8</p>
520	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p><i>Nao mi wantem save hao mas wota titi mo nara samtin we yufala kivim long (NEM) taem hemi sistsit wota</i></p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p><i>Waswe oli kivim drink amount hemi smol bitim oltaem hemi stap tekem, oli kivim drink olsem oltaem hemi stap tekem o moa bitim drink we hemi stap tekem</i></p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p> <p><i>Waswe oli kivim hem smol drink o bitim oltaem?</i></p>	<p>MUCH LESS . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DONT KNOW . . . . 8</p>	<p>MUCH LESS . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DONT KNOW . . . . 8</p>	<p>MUCH LESS . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DONT KNOW . . . . 8</p>
521	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p><i>Taem (NEM) ie sistsit wota, yufala fitim hem olsem oltaem, klosap semak, fitim festaem o ie no kat kakai?</i></p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p> <p><i>Waswe oli kivim kakai long hem be ie smol bitim oltaem?</i></p>	<p>MUCH LESS . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW . . . . 8</p>	<p>MUCH LESS . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW . . . . 8</p>	<p>MUCH LESS . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW . . . . 8</p>
522	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) ←</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) ←</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) ←</p>



523	<p>Where did you seek advice or treatment?</p> <p><i>Yu bin kasem advaes blong tritmen blong sitsit wota long eniwan</i></p> <p>Anyw here else? <i>Eni nara ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT AID POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT AID POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H PVT DOCTOF... I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT AID POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H PVT DOCTOF... I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)</p>
524	CHECK 523:	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>
525	<p>Where did you first seek advice or treatment?</p> <p><i>Festaem we yu bin go from advaes o tritmen long wea?</i></p> <p>USE LETTER CODE FROM 523.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
526	<p>How many days after the diarrhea began did you first seek advice or treatment for (NAME)?</p> <p><i>Hamas deis afta sitsit wota hemi stat yu jes go lukaotem advaes mo tritmen blong (NEM)?</i></p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS ..... <input type="text"/>	DAYS ..... <input type="text"/>	DAYS ..... <input type="text"/>
527	Does (NAME) still have diarrhea? (NEM) ie stap sitsit wota yet?	<p>YES ..... 1 NO ..... 2 DONT KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DONT KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DONT KNOW ..... 8</p>
528	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p><i>Oli bin kivim eni drink long enitaem afta hemi statem sitsit wota olsem olketa bilo:</i></p> <p>a) A fluid made from a special packet called</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A government-recommended homemade fluid?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT . . . 1 2 8</p> <p>ORS LQD . 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT . 1 2 8</p> <p>ORS LQD . 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT . 1 2 8</p> <p>ORS LQD . 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>

529	Was anything (else) given to treat the diarrhea? <i>Waswe ibinkat nara samtin we oli kivim blong tritim sitsit wota?</i>	YES ..... 1 NO ..... 2 (SKIP TO 533a) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533a) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533a) ← DONT KNOW ..... 8
530	What (else) was given to treat the diarrhea? <i>Oli bin kivim wanem nara samting blong tritim sitsit wota?</i>  Anything else? <i>Eni nara samting?</i>  RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY . B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS . I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY . B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUF ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTI. G UNKNOWN INJECTION ... H  (IV) INTRAVENOL . I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY . B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUF ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTI. G UNKNOWN INJECTION ... H  (IV) INTRAVENOL . I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)
531	CHECK 530:  GIVEN ZINC?	CODE "C" CODE "C" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 533a) ←	CODE "C" CODE "C" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 533a) ←	CODE "C" CODE "C" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 533a) ←
532	How many times was (NAME) given zinc? <i>Hao mas taems oli kivim zinc long (NEM)?</i>	TIMES ..... <input type="text"/> <input type="text"/> DONT KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DONT KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DONT KNOW ..... 98
533a	Has (NAME) been ill with a fever at any time in the last <b>2 weeks?</b> <i>Waswe (NEM) hemi bin sik wetem fiva eni taem long las 2 wiks we ie pas?</i>	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DONT KNOW ..... 8
533b	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing? <i>Taem (NEM) hemi bin sik, oli bin tekem blad long finka, botom blong lek blong testem blad blong hem?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
534	Has (NAME) had an illness with a cough at any time in the last <b>2 weeks?</b> <i>Waswe (NEM) hemi bin sik witem kof long enitaem long las 2 wiks?</i>	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DONT KNOW ..... 8

535	<p>When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? <i>Taem (NEM) ie sik smol wetem kof, hemi pulum win hariap bitim oltaem wetem o ie faenem ie hat blong pulum win?</i></p>	<p>YES..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8</p>	<p>YES..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8</p>	<p>YES..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8</p>
536	<p>Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? <i>Waswe taem hemi faenem hemi had blong pulum win hemi from problem blong jes o from nos hemi run mo hemi blok?</i></p>	<p>CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←</p>	<p>CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←</p>	<p>CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←</p>
537	<p>CHECK 533a:  HAD FEVER?</p>	<p>YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)</p>	<p>YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)</p>	<p>YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b)</p>
538	<p>Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? <i>Nao mi wantem save hamas drink yu bin kivim long (NEM) we hemi inkludum titi long taem hemi sik wetem kof? Oli kivim milk blong titi ie smol nomo ie sem mak olsem bifo o bitim bifo?</i></p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? <i>Oli kivim titi long (NEM) ie smol bitim bifo o oli kivim enaf nomo?</i></p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>
539	<p>When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? <i>Taem (NEM) hemi sik witem fiva mo kof hemi bin kakai smol bitim oltaem hemi kakai semak, hemi kakai bitim oltaem o hemi no kakai nating?</i></p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? <i>Oli kivim kakai long (NEM) ie smol bitim bifo o oli kivim enaf nomo?</i></p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>
540	<p>Did you seek advice or treatment for the illness from any source? <i>Yu bin lukaotem advaes mo tritmen blong sik long eniwan?</i></p>	<p>YES..... 1 NO ..... 2 (SKIP TO 545) ←</p>	<p>YES..... 1 NO ..... 2 (SKIP TO 545) ←</p>	<p>YES..... 1 NO ..... 2 (SKIP TO 545) ←</p>



541	<p>Where did you seek advice or treatment?  <i>Wea yu bin lukaotem advaes mo tritmen Anyw here else? eni narafala ples?</i>          PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR          GOVT HOSPITAL . A          GOVT HEALTH CENTER . . . . . B          GOVT AID POST . . . . . C          MOBILE CLINIC . D          FIELDWORKER . E          OTHER PUBLIC _____ F          (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR          PVT HOSPITAL/ CLINIC . . . . . G          PHARMACY . . . H          PVT DOCTOR . . . I          MOBILE CLINIC . J          FIELDWORKER . K          OTHER PRIVATE MED. _____ L          (SPECIFY)</p> <p>OTHER SOURCE          SHOP . . . . . M          TRADITIONAL PRACTITIONER N          OTHER _____ X          (SPECIFY)</p>	<p>PUBLIC SECTOR          GOVT HOSPITA . A          GOVT HEALTH CENTER . . . . . B          GOVT AID POST . . . . . C          MOBILE CLINIC . D          FIELDWORKER . E          OTHER PUBLIC _____ F          (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR          PVT HOSPITAL/ CLINIC . . . . . G          PHARMACY . . . H          PVT DOCTOF . . . I          MOBILE CLINIC . J          FIELDWORKER . K          OTHER PRIVATE MED. _____ L          (SPECIFY)</p> <p>OTHER SOURCE          SHOP . . . . . M          TRADITIONAL PRACTITIONER N          OTHER _____ X          (SPECIFY)</p>	<p>PUBLIC SECTOR          GOVT HOSPITA . A          GOVT HEALTH CENTER . . . . . B          GOVT AID POST . . . . . C          MOBILE CLINIC . D          FIELDWORKER . E          OTHER PUBLIC _____ F          (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR          PVT HOSPITAL/ CLINIC . . . . . G          PHARMACY . . . H          PVT DOCTOF . . . I          MOBILE CLINIC . J          FIELDWORKER . K          OTHER PRIVATE MED. _____ L          (SPECIFY)</p> <p>OTHER SOURCE          SHOP . . . . . M          TRADITIONAL PRACTITIONER N          OTHER _____ X          (SPECIFY)</p>
542	CHECK 541:	<p>TWO OR ONLY  <input type="checkbox"/> MORE ONE <input type="checkbox"/>          CODES CODE          CIRCLED CIRCLED          ↓ (SKIP TO 544) ←</p>	<p>TWO OR ONLY  <input type="checkbox"/> MORE ONE <input type="checkbox"/>          CODES CODE          CIRCLED CIRCLED          ↓ (SKIP TO 544) ←</p>	<p>TWO OR ONLY  <input type="checkbox"/> MORE ONE <input type="checkbox"/>          CODES CODE          CIRCLED CIRCLED          ↓ (SKIP TO 544) ←</p>
543	<p>Where did you first seek advice or treatment?  <i>Long fes ples yu bin go from advaes mo tritmen long wea?</i>          USE LETTER CODE FROM 541.</p>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>
544	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?  <i>Hamas dei blong sik afta yu jes lukaotem advaes mo tritmen blong (NEM)?</i>          IF THE SAME DAY, RECORD '00'.</p>	DAYS . . . . . <input type="text"/>	DAYS . . . . . <input type="text"/>	DAYS . . . . . <input type="text"/>
545	<p>Is (NAME) <b>still sick</b> w ith a (fever/ cough)?  <i>(NEM) is stap sik yet wetem (fiva/kof)?</i></p>	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . 4 DON'T KNOW . . . 8
546	<p>At any time during the illness, did (NAME) take any drugs for the illness?  <i>Taem (NEM) hemi stap sik, hemi drink sam medesin from sik ya?</i></p>	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b) DON'T KNOW . . . . 8	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b) DON'T KNOW . . . . 8	YES . . . . . 1 NO . . . . . 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b) DON'T KNOW . . . . 8

547	<p>What drugs did (NAME) take? <i>Wenem nem blong medesin ya we (NEM) ie drink?</i></p> <p>Any other drugs? <i>Eni narafala medesin?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . B QUININE . . . . . C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL _____ . . . E (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP . . . F INJECTION . . . G</p> <p>OTHER DRUGS ASPIRIN . . . . . H ACETAMINOPHEN/ PARACETAMOL/ OR PANADOL . . I IBUPROFEN . . . J</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW . . . . Z</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDA I . . . A CHLOROQUINE . . B QUININE . . . . . C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL _____ . . . E (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP . . . F INJECTION . . . G</p> <p>OTHER DRUGS ASPIRIN . . . . . H ACETAMINOPHEN/ PARACETAMOL/ OR PANADO I . . I IBUPROFEN . . . J</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW . . . . Z</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDA I . . . A CHLOROQUINE . . B QUININE . . . . . C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL _____ . . . E (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP . . . F INJECTION . . . G</p> <p>OTHER DRUGS ASPIRIN . . . . . H ACETAMINOPHEN/ PARACETAMOL/ OR PANADO I . . I IBUPROFEN . . . J</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW . . . . Z</p>
548	CHECK 547: ANY CODE A-F CIRCLED?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b)</p>
549	<p>Did you already have (NAME OF DRUG FROM 547) at home w hen the child became ill? <i>Yu bin kat meresin(NEM BLONG MERESIN BLONG 547)long haos taem pikinini hemi sik?</i></p> <p>ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'F' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547.</p> <p>IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG.</p> <p>IF NO FOR ALL DRUGS, CIRCLE 'Y'.</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . B QUININE . . . . . C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL _____ . . . E (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP . . . F</p> <p>NO DRUG AT HOME . Y</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDA I . . . A CHLOROQUINE . . B QUININE . . . . . C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL _____ . . . E (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP . . . F</p> <p>NO DRUG AT HOME Y</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDA I . . . A CHLOROQUINE . . B QUININE . . . . . C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL _____ . . . E (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP . . . F</p> <p>NO DRUG AT HOME Y</p>
550	CHECK 547: ANY CODE A-F CIRCLED?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b)</p>
551	CHECK 547: SP/FANSIDAR ('A') GIVEN	<p>CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 554)</p>	<p>CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 554)</p>	<p>CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 554)</p>

552	How long after the fever started did (NAME) first take SP/Fansidar? <i>Hao long afta fiva hemi stat taem (NEM) hemi tekem festaem SP/Fansidar medesin?</i>	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
553	For how many days did (NAME) take the SP/Fansidar? <i>Blong hao mas deis (NEM) hemi tekem SP/Fansidar?</i>  IF 7 DAYS OR MORE, RECORD	DAYS . . . . . <input type="text"/>  DON'T KNOW . . . 8	DAYS . . . . . <input type="text"/>  DON'T KNOW . . . 8	DAYS . . . . . <input type="text"/>  DON'T KNOW . . . 8
554	CHECK 547:  CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/>  CODE 'B' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 560)	CODE 'B' CIRCLED <input type="checkbox"/>  CODE 'B' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 560)	CODE 'B' CIRCLED <input type="checkbox"/>  CODE 'B' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 560)
555	How long after the fever started did (NAME) first take chloroquine? <i>Hao long afta fiva hemi stat taem (NEM) hemi tekem festaem chloroquine medesin?</i>	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
556	For how many days did (NAME) take the chloroquine? <i>Hamas dei we (NEM) ie drink chloroquine?</i>  IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . . <input type="text"/>  DON'T KNOW . . . 8	DAYS . . . . . <input type="text"/>  DON'T KNOW . . . 8	DAYS . . . . . <input type="text"/>  DON'T KNOW . . . 8
557				
558				
559				
560	CHECK 547:  QUININE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/>  CODE 'C' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 563)	CODE 'C' CIRCLED <input type="checkbox"/>  CODE 'C' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 563)	CODE 'C' CIRCLED <input type="checkbox"/>  CODE 'C' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 563)
561	How long after the fever started did (NAME) first take quinine? <i>Hao long afta long fiva (NEM) hemi statem blong tekem festaem quinine?</i>	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8

562	For how many days did (NAME) take the quinine? <i>Hamas dei nao (NEM) hemi stap drink quinine medesin?</i>  IF 7 DAYS OR MORE, RECORD 7	DAYS ..... <input type="text"/>  DONT KNOW ... 8	DAYS ..... <input type="text"/>  DONT KNOW ... 8	DAYS ..... <input type="text"/>  DONT KNOW ... 8
563	CHECK 547:  COMBINATION WITH ARTEMISININ ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 569) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 569) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 569) ←
564	How long after the fever started did (NAME) first take (COMBINATION WITH ARTEMISININ)?  <i>Hao long afta long fiva hemi stat (NEM) hemi fes tekem (KOMBINESEN WITEM ARTEMISININ)?</i>	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DONT KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DONT KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DONT KNOW . . . 8
565	For how many days did (NAME) take the (COMBINATION WITH ARTEMISININ)?  <i>Blong hamas deis (NEM) hemi tekem (KOMBINESEN WITEM ARTEMISININ)?</i>  IF 7 DAYS OR MORE, RECORD 7	DAYS ..... <input type="text"/>  DONT KNOW ... 8	DAYS ..... <input type="text"/>  DONT KNOW ... 8	DAYS ..... <input type="text"/>  DONT KNOW ... 8
566				
567				
568				
569	CHECK 547:  OTHER ANTIMALARIAL ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/>  ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/>  ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/>  ↓ (GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b)
570	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?  <i>Hao long afta fiva hemi stat (NEM) hemi fes tekem (OL NARA ANTIMALARIAL) medesin?</i>	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DONT KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DONT KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE DAYS AFTER FEVER . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DONT KNOW . . . 8
571	For how many days did (NAME) take the (OTHER ANTIMALARIAL)?  <i>Hao mas deis (NEM) hemi tekem (OL NARA ANTIMALARIAL) medesin?</i>  IF 7 DAYS OR MORE, RECORD 7	DAYS ..... <input type="text"/>  DONT KNOW ... 8	DAYS ..... <input type="text"/>  DONT KNOW ... 8	DAYS ..... <input type="text"/>  DONT KNOW ... 8

572a		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b.		
572b	<p>ILLNESS SYMPTOMS: CHECK COLUMN 16 IN THE HOUSEHOLD SCHEDULE FOR MOTHER OR CARETAKER OF ANY CHILD TICK THE CORRECT BOX THEN FOLLOW THE INSTRUCTION CORRECTLY</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>YES (MOTHER OR CARETAKER)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>If YES ask:</p> <p>Sometimes children have severe illness 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? <i>Samtaem ol pikinini oli sik tumas mo oli sud tekem olketa kwitaem long wan Helt fasiliti. Wanem samting nao bae hemi mekem yu tekem pikinini iko kwiktaem long wan Helt fasiliti?</i></p> </td> <td style="width: 50%; vertical-align: top;"> <p>NO (NOT MOTHER AND NOT CARETAKER)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">→ 573</p> <p>CHILD NOT ABLE TO DRINK OR BREASTFE ..... 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</p> <p>OTHERS _____ X (SPECIFY)</p> </td> </tr> </table>				<p>YES (MOTHER OR CARETAKER)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>If YES ask:</p> <p>Sometimes children have severe illness 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? <i>Samtaem ol pikinini oli sik tumas mo oli sud tekem olketa kwitaem long wan Helt fasiliti. Wanem samting nao bae hemi mekem yu tekem pikinini iko kwiktaem long wan Helt fasiliti?</i></p>	<p>NO (NOT MOTHER AND NOT CARETAKER)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">→ 573</p> <p>CHILD NOT ABLE TO DRINK OR BREASTFE ..... 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</p> <p>OTHERS _____ X (SPECIFY)</p>
<p>YES (MOTHER OR CARETAKER)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>If YES ask:</p> <p>Sometimes children have severe illness 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? <i>Samtaem ol pikinini oli sik tumas mo oli sud tekem olketa kwitaem long wan Helt fasiliti. Wanem samting nao bae hemi mekem yu tekem pikinini iko kwiktaem long wan Helt fasiliti?</i></p>	<p>NO (NOT MOTHER AND NOT CARETAKER)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">→ 573</p> <p>CHILD NOT ABLE TO DRINK OR BREASTFE ..... 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</p> <p>OTHERS _____ X (SPECIFY)</p>					



579

Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.

*Nao mi wantem askem yu abaot (narafala) likwids mo kakai we (NEM FOROM 577) yu bin kakai o drink long deir mo naet yestedei. Mi interes long weta pikinini blong yu hemi kakai even sipos yu bin kukum w etem nara kakai.*

Did (NAME FROM 577)/you drink (eat):

- a) Milk such as tinned, powdered, or fresh animal milk?
- b) Tea or coffee?
- c) Any other liquids?
- d) Bread, crackers, rice, noodles, or other foods made from grains?
- e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?
- f) White potatoes, white yams, manioc, cassava, breadfruit, plantain banana, or any other foods made from roots?
- g) Pele leaves and any dark green, leafy vegetables?
- h) Ripe mangoes, papayas, orange, pineapple or any Vitamin A-rich fruits?
- i) Any other fruits/vegetables such as apple, pear, coconut, etc?
- j) Liver, kidney, heart or other organ meats?
- k) Any meat, such as beef, pork, lamb, goat, chicken, or duck? Including canned or frozen
- l) Eggs?
- m) Fresh, canned or dried fish or shellfish?
- n) Any foods made from beans, peas, lentils, or nuts?
- o) Cheese, yogurt or other milk products?
- p) Any oil, fats, or butter, coconut cream, avocado or foods made with any of these?
- q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?
- r) Any other solid or semi-solid food?

	CHILD			MOTHER		
	YES	NO	DK	YES	NO	DK
a	1	2	8	1	2	8
b	1	2	8	1	2	8
c	1	2	8	1	2	8
d	1	2	8	1	2	8
e	1	2	8	1	2	8
f	1	2	8	1	2	8
g	1	2	8	1	2	8
h	1	2	8	1	2	8
i	1	2	8	1	2	8
j	1	2	8	1	2	8
k	1	2	8	1	2	8
l	1	2	8	1	2	8
m	1	2	8	1	2	8
n	1	2	8	1	2	8
o	1	2	8	1	2	8
p	1	2	8	1	2	8
q	1	2	8	1	2	8
r	1	2	8	1	2	8

580 CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES d THROUGH r FOR CHILD):

AT LEAST ONE "YES"  NOT A SINGLE "YES"  → 601

581 How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?

*Hao mas taem (NEM long 577) hemi kakai strong mo sopsop kakai yestedei long dei mo long naet?*

NUMBER OF TIMES .....

DON'T KNOW ..... 8

IF 7 OR MORE TIMES, RECORD '7'.

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married? <i>Yu maret finis o yu stap wetem wan man olsem yutufala ie maret finis?</i>	YES, CURRENTLY MARRIED . . . 1 YES, LIVING WITH A MAN . . . . 2 NO, NOT IN UNION . . . . . 3	→ 604
602	Have you ever been married or lived together with a man as if married? <i>Yu maret samtaem finis o yu bin live wetem wan man olsem yutufala ie maret?</i>	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . . . 2 NO . . . . . 3	→ 617
603	What is your marital status now : are you widowed, divorced, or separated? <i>Wenem nao maret stetas blong yu nao ya: yu wan wido, divos o seperet?</i>	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED . . . . . 3	→ 609
604	Is your husband/partner living with you now or is he staying elsew here? <i>Man/patna blong yu ie stap wetem yu nao ya o ie stap liv samples?</i>	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE . . . . . 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. . . . . <input type="text"/> <input type="text"/>	
606			
607			
608			
609	Have you been married or lived with a man only once or more than once? <i>Yu maret o liv wetem wan man wan taem nomo o plante taem finis?</i>	ONLY ONCE . . . . . 1 MORE THAN ONCE . . . . . 2	
610			
611			
612			
613			
614			
615	CHECK 609:  MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE <input type="checkbox"/>  In w hat month and year did you start living with your husband/partner? <i>Long wenem manis o yia yu stat liv wetem man/ patna blong yu?</i>  MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE <input type="checkbox"/>  Now I would like to ask about w hen you started living with your first husband/partner. In w hat month and year w as that? <i>Wenem yia o manis yu kam liv wetem man/patna blong yu?</i>	MONTH . . . . . <input type="text"/> <input type="text"/>  DONT KNOW MONTH . . . . . 98  YEAR . . . . . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DONT KNOW YEAR . . . . . 9998	→ 617
616	How old were you w hen you first started living w ith him? <i>Yu kat hamas yia taem yu kam stap wetem hem?</i>	AGE . . . . . <input type="text"/> <input type="text"/>	



617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.	
618	<p>Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>IF YOUNG AND NEVER MARRIED ASK, "Have you ever had sexual intercourse?" BEFORE ASKING THE NEXT QUESTION.</p> <p>How old were you when you had sexual intercourse for the very first time? <i>Festaem we yu kat sex, yu kat hamas yia?</i></p>	<p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/> → 621</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95 → 621</p>
619	CHECK 107: AGE <input type="text"/> 15-24 ↓	AGE <input type="text"/> 25-49 → 641
620	<p>Do you intend to wait until you get married to have sexual intercourse for the first time? <i>Yu plan blong maret bifo yu kat fes sex blong yu?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p> <p>→ 641</p>
621	CHECK 107: AGE <input type="text"/> 15-24 ↓	AGE <input type="text"/> 25-49 → 626
622	<p>The <b>first</b> time you had sexual intercourse, was a condom used? <i>Fes taem yu kat sex, yu yusum kondom?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p>
623	<p>How old was the person you first had sexual intercourse with? <i>Man yu kat fes sex wetem hemi bin kat hamas yia?</i></p>	<p>AGE OF PARTNER ..... <input type="text"/> <input type="text"/> → 626</p> <p>DON'T KNOW ..... 98</p>
624	<p>Was this person older than you, younger than you, or about the same age as you? <i>Man ya hemi yang bitim yu, olfala bitim yu o yutufala ie kat sem ej nomo?</i></p>	<p>OLDER ..... 1</p> <p>YOUNGER ..... 2</p> <p>ABOUT THE SAME AGE ..... 3</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p> <p>→ 626</p>
625	<p>Would you say this person was ten or more years older than you or less than ten years older than you? <i>Yu tink se manya ie 10 yia olfala bitim yu o 10 yia yang bitim yu?</i></p>	<p>TEN OR MORE YEARS OLDER . . . 1</p> <p>LESS THAN TEN YEARS OLDER . . 2</p> <p>OLDER, UNSURE HOW MUCH . . . 3</p>
626	<p>When was the <b>last</b> time you had sexual intercourse? <i>Las taem yu kat sex wetaem?</i></p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>→ 628</p> <p>→ 640a</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
627	When was the last time you had sexual intercourse with this person? <i>Wetaem yu nao las taem yu kat sex wetem man ya?</i>		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
628	The last time you had sexual intercourse (with this second/third person), was a condom used? <i>Las taem yu kat sex wetem sekono namba 3 man, hemi usum kondom?</i>	YES . . . . . 1 NO . . . . . 2 (SKIP TO 630) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 630) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 630) ←
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months? <i>Long las 12 manis, yu usum kondom evri taem yu kat sex wetem man ya?</i>	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
630	What was your relationship to this person with whom you had sexual intercourse? <i>Wenem relesensip blong yu wetem man ya we yu kat sex wetem?</i>  IF BOYFRIEND: Were you living together as if married? <i>Yutufala ie liv tuketa olsem se yutufala ie maret finis?</i> IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND . . . . . 1 (SKIP TO 636) ← LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . . 3 CASUAL ACQUAINTANCE . . . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)	HUSBAND . . . . . 1 (SKIP TO 636) ← LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . . 3 CASUAL ACQUAINTANCE . . . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)	HUSBAND . . . . . 1 (SKIP TO 636) ← LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . . 3 CASUAL ACQUAINTANCE . . . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)
631a	For how long (have you had/did you have) a sexual relationship with this (second/third) person? <i>Hao long nao we yu stap kat sex wetem namba 2 o 3 man ya?</i>  IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> _____ _____	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> _____ _____	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> _____ _____
631b	How many times during the last 12 months did you have sexual intercourse with this person? <i>Hamas taem long las 12 manis yu bin kat sex witem man ia?</i>  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
632	CHECK 107:	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> ↓ (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> ↓ (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> ↓ (SKIP TO 636) ←
633	How old is this person? <i>Man ya ie kat hamas yia?</i>	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DONT KNOW . . . . . 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DONT KNOW . . . . . 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DONT KNOW . . . . . 98

634	Is this person older than you, younger than you, or about the same age? <i>Man ya ie olfala bitim yu o ie yang bitim you o yufala ie kat sem yai?</i>	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←
635	Would you say this person is ten or more years older than you or less than ten years older than you? <i>Yu tink se man ya ie kat 10 yia bitim yu or 10 yia yangfala bitim yu?</i>	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol? <i>Las taem yu kat sex wetem man ya yu drink o hemi ie drink alkohol?</i>	YES ..... 1 NO ..... 2 (SKIP TO 638) ←	YES ..... 1 NO ..... 2 (SKIP TO 638) ←	YES ..... 1 NO ..... 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time? <i>Yu o patna blong yu ie bin drong ie stap long taem ya?</i> IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in <b>the last 12 months?</b> <i>Yu kat sex wetem narafala man be ino tufala fes sex patna blong yu long las 12 manis?</i>	YES ..... 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 640a) ←	YES ..... 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 640a) ←	
639	In total, with how many different people have you had sexual intercourse in <b>the last 12 months?</b> <i>Yu kat sex wetem hamas man everi wan long las 12 manis?</i>  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS... <input type="text"/> <input type="text"/>  DON'T KNOW... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
640a	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p><i>Hamas diferan pipol nao yu kat sex wetem olketa long laef taem blong you?</i></p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME . . . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>													
640b	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CHILDREN &lt;10 . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE ADULTS . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	CHILDREN <10 . . . . .	1	2	MALE ADULTS . . . . .	1	2	FEMALE ADULTS . . . . .	1	2	
	YES	NO													
CHILDREN <10 . . . . .	1	2													
MALE ADULTS . . . . .	1	2													
FEMALE ADULTS . . . . .	1	2													
641	<p>Do you know of a place where a person can get condoms?</p> <p><i>Yu save long wan ples we yu save karem kondoms?</i></p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	→ 644												
642	<p>Where is that?</p> <p><i>Long wea ples ya?</i></p> <p>Any other place?</p> <p><i>Eni narafala ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . . . A</p> <p>GOVT. HEALTH CENTER . . . . . B</p> <p>FAMILY PLANNING CLINIC . . . . . C</p> <p>MOBILE CLINIC . . . . . D</p> <p>FIELDWORKER . . . . . E</p> <p>OTHER PUBLIC _____ F</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . . . . G</p> <p>PHARMACY . . . . . H</p> <p>PRIVATE DOCTOR . . . . . I</p> <p>MOBILE CLINIC . . . . . J</p> <p>FIELDWORKER . . . . . K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . M</p> <p>CHURCH . . . . . N</p> <p>FRIENDS/RELATIVES . . . . . O</p> <p>NGO . . . . . P</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>													
643	<p>If you wanted to, could you yourself get a condom?</p> <p><i>Sapos yu wantem, yu wan yu save go karem kondom?</i></p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW/UNSURE . . . . . 8</p>													
644	<p>Do you know of a place where a person can get female condoms?</p> <p><i>Yu save wan ples we oli stap tekem kondom blong ol woman long hem?</i></p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	→ 701												
645	<p>Where is that?</p> <p><i>Long wea ples ya?</i></p> <p>Any other place?</p> <p><i>Eni narafala ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . . . A</p> <p>GOVT. HEALTH CENTER . . . . . B</p> <p>FAMILY PLANNING CLINIC . . . . . C</p> <p>MOBILE CLINIC . . . . . D</p> <p>FIELDWORKER . . . . . E</p> <p>OTHER PUBLIC _____ F</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . . . . G</p> <p>PHARMACY . . . . . H</p> <p>PRIVATE DOCTOR . . . . . I</p> <p>MOBILE CLINIC . . . . . J</p> <p>FIELDWORKER . . . . . K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . M</p> <p>CHURCH . . . . . N</p> <p>FRIENDS/RELATIVES . . . . . O</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>													
646	<p>If you wanted to, could you yourself get a female condom?</p> <p><i>Sapos yu wantem, yu wan yu save go tekem kondom blong ol woman?</i></p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW/UNSURE . . . . . 8</p>													



707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. <i>Yu talem yu no wantem karem wan mo bebe hariap be yu no stap usum eni fasin blong no kat bel?</i></p> <p>Can you tell me why you are not using a method? <i>Yu save talem long me from wenem yu no wantem yusum eni fasin ya?</i></p> <p>Any other reason? Eni narafala risen?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. <i>Yu talem se yu nomo wantem blong karem bebe be yu no stap usum eni fasin blong no kat bel?</i></p> <p>Can you tell me why you are not using a method? <i>Yu save talem long me from wenem yu no wantem yusum eni fasin ya?</i></p> <p>Any other reason? Eni narafala risen?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY ..... D</p> <p>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEA ..... F</p> <p>BREASTFEEDING ..... G</p> <p>FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/>      NO, NOT CURRENTLY USING <input type="checkbox"/>      YES, CURRENTLY USING <input type="checkbox"/></p>		→ 713
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p> <p><i>Yu tink se sapos yu yusum wan kontraseptiv fasin bai hemi mekem se bai yu no save kat bel long fuja?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 711 → 713
710	<p>Which contraceptive method would you prefer to use?</p> <p><i>wenem kontraseptiv fasin nao yu tink se bai yu usum?</i></p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ..... 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	→ 713

711	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p> <p><i>Wanem stampa rison blong bai yu no save usum eni kontriseptiv fasin long fuja?</i></p>	<p>NOT MARRIED ..... 11</p> <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX ... 22</p> <p>MENOPAUSA/L/HYSTERECTOMY 23</p> <p>SUBFECUND/INFECUND ..... 24</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE ..... 26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... 31</p> <p>HUSBAND/PARTNER OPPOSED 32</p> <p>OTHERS OPPOSED ..... 33</p> <p>RELIGIOUS PROHIBITION ..... 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... 41</p> <p>KNOWS NO SOURCE ..... 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... 51</p> <p>FEAR OF SIDE EFFECTS ... 52</p> <p>LACK OF ACCESS/TOO FAR 53</p> <p>COSTS TOO MUCH ..... 54</p> <p>INCONVENIENT TO US ..... 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES .. 56</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p>→ 713</p>
712	<p>Would you ever use a contraceptive method if you were married?</p> <p><i>Sapos yu maret finis, bai yu save yusum wan kontriseptiv fasin?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
713	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> , NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>Sapos yu save go bak long taem we yu no kat pikinini yet, yu save talem hamas namba blong pikinini we bai yu kat?</i></p> <p>PROBE FOR A NUMERIC RESPONSE.</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>Sapos we bai yu jusum hamas pikinini we bai yu kat, hamas nao bai yu save jusum?</i></p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 715</p> <p>→ 715</p>
714	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p> <p><i>Hamas long ol pikinini bai yu wantem se oli boes, hamas yu wantem se bai oli gels mo hamas we yu no wantem save se weta hemi boe o kel?</i></p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	
715	<p>In the last few months have you heard about family planning:</p> <p>Long ol las manis yu harem abaot family planning long:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p>	<p>YES NO</p> <p>RADIO ..... 1 2</p> <p>TELEVISION ..... 1 2</p> <p>NEWSPAPER OR MAGAZINE 1 2</p>	
716	<p>Have you ever heard the family planning theme: 'A child having a child?'</p> <p><i>Yu harem wan toktok long saet blong famili planing se "Bebe ie bonem bebe?"</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
717	<p>CHECK 601:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, NOT IN UNION <input type="checkbox"/></p>		<p>→ 801</p>

718	CHECK 311/311A: CODE B, G, OR M CIRCLED <input type="checkbox"/> → 720 NO CODE CIRCLED <input type="checkbox"/> → 722 OTHER <input type="checkbox"/> ↓		
719	Does your husband/partner know that you are using a method of family planning? <i>Man o patna blong yu ie save se yu stap usum wan fasin blong family planing?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? <i>Yu save talem se taem yu usum kontrisepsen hemi tinkink blong yu nomo, blong man/patna blong yu o yutufala tuketa?</i>	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 (SPECIFY)	
721	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> ↓ HE OR SHE STERILIZED <input type="checkbox"/> → 801		
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want? <i>Man/patna blong yu ie wantem semak namba blong ol pikinini olsem we yu wantem o hemi wantem plante o smol bitim we yu wantem?</i>	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DONT KNOW ..... 8	



SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p>	<p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>803</p> <p>807</p>
802	<p>How old was your husband/partner on his last birthday? <i>Man/Patna blong yu ie kat hamas yia blong hem long las betei dei blong hem?</i></p>	<p>AGE IN COMPLETED YEARS <input type="text"/></p>	
803	<p>Did your (last) husband/partner ever attend school? <i>Man/Patna blong yu (blong bifo) hemi go long skul?</i></p>	<p>YES..... 1 NO ..... 2</p>	806
804	<p>What was the highest level of school he attended: primary, secondary, or higher?  <i>Wenem hae level blong skul ie finis long hem: primari, sekondri o antap mo?</i></p>	<p>PRE SCHOOL ..... 0 PRIMARY ..... 1 SECONDARY ..... 2 TERTIARY ..... 3 VOCATIONAL ..... 4  OTHER _____ 6 (SPECIFY) DONT KNOW ..... 8</p>	806
805	<p>What was the highest (grade/form/year) he completed at that level? <i>Wenem hae (class,fom) hemi finisim long level ya?</i></p>	<p>GRADE ..... <input type="text"/> DONT KNOW ..... 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/ partner's occupation? That is, what kind of work does he mainly do? <i>Wanem wok blong man/ patna blong yu? Wanemm kaen wok hemi stap mekem everi taem?</i></p> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do? <i>Wanem wok blong (las) man/ patna blong yu? Wanem kaen wok hemi bin stap mekem evri taem?</i></p>	<p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
807	<p>Aside from your own housework, have you done any work in the last seven days? <i>Sapos yu no kaontem ol wok blong haus, yu mekem eni wok long las seven deis?</i></p>	<p>YES..... 1 NO ..... 2</p>	811
808	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work? <i>Olsem yu save, sam woman oli kat narafala wok we oli winim mani or narafala samting olsem from. Sam woman oli salem ol nara samting or oli kat smol busines o oli wok long famili farm o long famili busines. Long las seven deis yu bin mekem eni wok olsem o narafala wok?</i></p>	<p>YES..... 1 NO ..... 2</p>	811

809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason? <i>Sapos yu no wok long las 7 deis, yu kat eni wok o bisnis we yu no go from yu sik, spel, bonem bebe, o narafala risen?</i>	YES ..... 1 NO ..... 2	→ 811				
810	Have you done any work in the last 12 months? <i>Yu mekem eni wok long las 12 manis?</i>	YES ..... 1 NO ..... 2	→ 818				
811	What is your occupation, that is, what kind of work do you mainly do? <i>Wenem wok blong yu, wok we yu stap mekem oltaem?</i>	<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> _____ _____					
812	CHECK 811:  WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814				
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land? <i>Yu stap wok nomo long kraon blong yu, kraon blong famili o kraon we yu stap rentem ie go long wan man o kraon blong diferen man?</i>	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4					
814	Do you do this work for a member of your family, for someone else, or are you self-employed? <i>Yu stap mekem wok ya blong wan famili blong yu, blong diferen man o blong yu wan nomo?</i>	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3					
815	Do you usually work at home or away from home? <i>Yu stap long haus nomo o long we long haus blong yu?</i>	HOME ..... 1 AWAY ..... 2					
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while? <i>Yu stap wok tru aot long yia o taem ie kat wok nomo o samtaem nomo?</i>	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3					
817	Are you paid in cash or kind for this work or are you not paid at all? <i>Oli stap pem yu long mani o kivim yu narafala samting o oli no stap pem yu?</i>	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4					
818	CHECK 601:  CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 827				
819	CHECK 817:  CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822				

820	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly? <i>Hu ie talem se bai yu spendem mani we winim olsem wenem? yu wan, man/patna blong yu o yutufala tuketa?</i>	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .. 3 OTHER ..... 6 (SPECIFY)	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same? <i>Yu tink se mani we yu winim hemi bigwan bitim we man/patna blong yu ie stap winim, ie smol bitim we hemi winim o klosap ie semak nomo?</i>	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 DON'T KNOW ..... 8	→ 823
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly? <i>Hu ya nao ie stap mekem disisen long hao nao mani we man/patna blong yu ie winim bai yufala yusum olsem wenem, yu wan nomo, man/patna blong yu, yutufala tuketa?</i>	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .. 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER ..... 6 (SPECIFY)	
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else? <i>Hu ie stap mekem disisen folem helt kea blong yu: yu wan, man/patna blong yu, yu mo man/patna blong yu o diferen man?</i>	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1      2      3      4      6	
824	Who usually makes decisions about making major household purchases? <i>Hu ie stap mekem disisen long saet blong pem ol samting blong haus?</i>	1      2      3      4      6	
825	Who usually makes decisions about making purchases for daily household needs? <i>Hu ie stap mekem disisen long saet blong pem ol samting we famili ie nidim everi day?</i>	1      2      3      4      6	
826	Who usually makes decisions about visits to your family or relatives? <i>Hu ie mekem disisen blong go luk ol stret famili blong yu o ol narafala famili?</i>	1      2      3      4      6	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT) <i>HU YA IE STAP KLOSAP (KLOSAP MO IE STAP LISEN, KLOSAP BE IE NO LISEN, IE NO KAT)</i>	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN. CHILDREN < 10 .. 1    2    3 HUSBAND ..... 1    2    3 OTHER MALES ..... 1    2    3 OTHER FEMALES .. 1    2    3	
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: <i>Samtaem ol man oli stap less o kros from ol samtink we woman blong olketa ie stap mekem. Long tinktink blong yu, yu tink se ie stret blong man ie slapem o kilim woman blong hem from ol samting ya:</i> If she goes out without telling him? <i>Sapos ie go samples be ie no talemaot long hem?</i> If she neglects the children? <i>Sapos ie lego ol pikinin oli stap olketa nomo?</i> If she argues with him? <i>Sapos ie rao wetem hem?</i> If she refuses to have sex with him? <i>Sapos ie no wantem kat sex wetem hem?</i> If she burns the food? <i>Sapos ie mekem kakai ie bon long faya?</i>	YES    NO    DK GOES OUT ..... 1    2    8 NEGL. CHILDREN .. 1    2    8 ARGUES ..... 1    2    8 REFUSES SEX ..... 1    2    8 BURNS FOOD .... 1    2    8	

## SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS? <i>Nao mi wantem tokabaot wan nara samting. Yu bin harem abaot wan sik oli kolem AIDS?</i>	YES . . . . . 1 NO . . . . . 2	→ 915
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? <i>Waswe, ol pipol oli save daonem janis blong oli kasem AIDS viras sipos oli kat wan patna nomo we hemi no kasem viras mo hemi nokat narafala sex patna?</i>	YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . . 8	
903	Can people get the AIDS virus from mosquito bites? <i>Waswe ol pipol oli save kasem AIDS faeres sapos moskito ie kakai olketa?</i>	YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . . 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? <i>Waswe pipol oli save daonem janis blong kasem AIDS faeres sapos oli yusum kondom evritaem oli kat sex?</i>	YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . . 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS? <i>Waswe pipol oli save kasem AIDS sipos oli serem kakai wetem wan man/woman we hemi kasem AIDS?</i>	YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . . 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all? <i>Waswe pipol oli save daonem janis blong oli kasem AIDS sipos oli nokat sex nating?</i>	YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . . 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means? <i>Waswe pipol oli save kasem AIDS pepet from nakaimas o nara way bakeken blong toktok wetem defel?</i>	YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . . 8	
908	Is it possible for a healthy-looking person to have the AIDS virus? <i>Hemi posibol blong wan man/woman we hemi luk olraet nomo be ie save kasem pepet blong AIDS?</i>	YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . . 8	
909	Do you know of a place where people can go to get tested for the AIDS virus? <i>Yu save long wan ples wea pipol oli save ko blong kasem test from pepet blong AIDS?</i>	YES . . . . . 1 NO . . . . . 2	→ 911
910	Where is that? <i>Wea ples ya?</i> Any other place? <i>Eni narafala ples?</i> PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B STAND-ALONE VCT CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D  OTHER PUBLIC _____ G (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . H STAND-ALONE VCT CENTER . . . . . I  OTHER PRIVATE MEDICAL _____ M (SPECIFY)  OTHER _____ X (SPECIFY)	

911	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?  <i>Bae yu peim fres vejetables long wan stoakipa o wan man blong salem kakai sipos yu save se hemi kat pepet blong AIDS?</i></p>	<p>YES . . . . . 1  NO . . . . . 2  DON'T KNOW . . . . . 8</p>			
912	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?  <i>Sipos wan memba blong famili hemi infected wetem pepet blong AIDS bai yu wantem se hemi stap wan sikret o nomo?</i></p>	<p>YES, REMAIN A SECRET . . . . . 1  NO . . . . . 2  DK/NOT SURE/DEPENDS . . . . . 8</p>			
913	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?  <i>Sipos wan memba blong famili hemi sik wetem AIDS, bae yu klad blong lukaotem hem long haos blong yu?</i></p>	<p>YES . . . . . 1  NO . . . . . 2  DK/NOT SURE/DEPENDS . . . . . 8</p>			
914	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?  <i>Long tinktink blong yu, sipos wan woman tija hemi kat AIDS faeres be hemi no sik, bai oli alaoem hem blong kontinu tij insaed long skul?</i></p>	<p>SHOULD BE ALLOWED . . . . . 1  SHOULD NOT BE ALLOWED . . . . . 2  DK/NOT SURE/DEPENDS . . . . . 8</p>			
915	<p>CHECK 901:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  <i>Apat long AIDS yu harem abaot ol nara infeksens we isave pas tru long sexual kontak?</i></p> </td> <td style="width: 50%; vertical-align: top;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?  <i>Yu harem abaot ol nara infeksens we oli save pas tru long sexual kontak?</i></p> </td> </tr> </table>	<p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  <i>Apat long AIDS yu harem abaot ol nara infeksens we isave pas tru long sexual kontak?</i></p>	<p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?  <i>Yu harem abaot ol nara infeksens we oli save pas tru long sexual kontak?</i></p>	<p>YES . . . . . 1  NO . . . . . 2</p>	
<p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  <i>Apat long AIDS yu harem abaot ol nara infeksens we isave pas tru long sexual kontak?</i></p>	<p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?  <i>Yu harem abaot ol nara infeksens we oli save pas tru long sexual kontak?</i></p>				
916	<p>CHECK 618:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p> </td> <td style="width: 50%;"> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→ 924</p> </td> </tr> </table>	<p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p>	<p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→ 924</p>		924
<p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p>	<p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→ 924</p>				
917	<p>CHECK 915: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>YES <input type="checkbox"/></p> <p>↓</p> </td> <td style="width: 50%;"> <p>NO <input type="checkbox"/></p> <p>→ 919</p> </td> </tr> </table>	<p>YES <input type="checkbox"/></p> <p>↓</p>	<p>NO <input type="checkbox"/></p> <p>→ 919</p>		919
<p>YES <input type="checkbox"/></p> <p>↓</p>	<p>NO <input type="checkbox"/></p> <p>→ 919</p>				
918	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?  <i>Nao mi wantem askem yu sam kwestens abaot helt blong yu long las 12 manis. Long las 12 manis yu eva kasem wan sik we yu kat tru long sexual kontak?</i></p>	<p>YES . . . . . 1  NO . . . . . 2  DON'T KNOW . . . . . 8</p>			
919	<p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?  <i>Samtaems women oli experiensem wan rabis wota we ie smel long rod blong bonem pikinini? Long las 12 manis yu bin kat rabis wota ya ie kamaot long rod blong bebe ie bon long hem?</i></p>	<p>YES . . . . . 1  NO . . . . . 2  DON'T KNOW . . . . . 8</p>			

920	<p>Sometimes women have a genital sore or ulcer.  During the last 12 months, have you had a genital sore or ulcer?  <i>Samtaem woman bae hemi kat soa long rod blong bonem pikinini Long las 12 manis yu bin kat wan soa long rod blong bonem pikinini?</i></p>	<p>YES ..... 1  NO ..... 2  DONT KNOW ..... 8</p>	
921	<p>CHECK 918, 919, AND 920:  HAS HAD AN <input type="checkbox"/> INFECTION (ANY 'YES')  HAS NOT HAD AN <input type="checkbox"/> INFECTION OR DOES NOT KNOW</p>		924
922	<p>The last time you had (PROBLEM FROM 918/919/920), did you seek any kind of advice?  <i>Las taem we yu kat (PROBLEM LONG 918/919/920) yu bin lukaotem lukaotem eni kaen advaes?</i></p>	<p>YES ..... 1  NO ..... 2</p>	→ 924
923a	<p>Where did you go?  <i>Yu go long wea?</i>  Any other place?  <i>Eni nara ples?</i>  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).   IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE.   _____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR  GOVERNMENT HOSPITAL . . . . A  GOVT. HEALTH CENTER . . . . . B  STAND-ALONE VCT CENTER . . . . C  FAMILY PLANNING CLINIC . . . . D  MOBILE CLINIC . . . . . E  FIELDWORKER . . . . . F   OTHER PUBLIC _____ G  (SPECIFY)   PRIVATE MEDICAL SECTOR  PRIVATE HOSPITAL/CLINIC/  PRIVATE DOCTOR . . . . . H  STAND-ALONE VCT CENTER . . . . I  MOBILE CLINIC . . . . . J  FIELDWORKER . . . . . K  OTHER PRIVATE  MEDICAL _____ L  (SPECIFY)   OTHER SOURCE  SHOP . . . . . N  OTHER _____ X  (SPECIFY)</p>	
923b	<p>The last time you had (PROBLEM FROM 918/919/920), did you seek any kind of treatment?  <i>Las taem yu kat (PROBLEM LONG 918/919/920) yu bin lukaotem eni kaen tritmen?</i></p>	<p>YES ..... 1  NO ..... 2</p>	→ 924

923c	<p>Where did you go?          Yu go w ea?          Any other place?  <i>Eni nara ples?</i>          PROBE TO IDENTIFY EACH TYPE OF SOURCE AND          CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER          VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL,          WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . . A          GOVT. HEALTH CENTER . . . . . B          STAND-ALONE VCT CENTER . . . C          FAMILY PLANNING CLINIC . . . . D</p> <p>OTHER PUBLIC _____ E          (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/          PRIVATE DOCTOR . . . . . F          STAND-ALONE VCT CENTER . . . G</p> <p>OTHER PRIVATE          MEDICAL _____ H          (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . I          OTHER _____ X          (SPECIFY)</p>	
924	<p>Husbands and w ives do not alw ays agree on everything.          If a w ife know s her husband has a disease that she can get          during sexual intercourse, is she justified in refusing to have          sex w ith him?  <i>Hasbens mo waef's tufala ie no stap akri long evri samting. Sipos          waef hemi save se man blong hem ikat sik mo hemi save kasem          long taem blong sex, yu tink se hemi stret sipos waef hemi          talem no blong ie no kat sex wetem man blong hem?</i></p>	<p>YES . . . . . 1          NO . . . . . 2          DON'T KNOW . . . . . 8</p>	
925	<p>Is a w ife justified in refusing to have sex w ith her husband w hen          she is tired or not in the mood?  <i>Wan waef hemi raet blong talem no sipos hemi no wantem kat          sex wetem husban taem hemi taed o no stap long raet mood?</i></p>	<p>YES . . . . . 1          NO . . . . . 2          DON'T KNOW . . . . . 8</p>	
926	<p>Is a w ife justified in refusing to have sex w ith her husband          w hen she know s her husband has sex w ith other w omen?(6)  <i>Waswe wan waef hemi raet taem hemi rifus blong kat sex          wetem husban taem hemi save se husban istap kat sex wetem          ol narafala woman?</i></p>	<p>YES . . . . . 1          NO . . . . . 2          DON'T KNOW . . . . . 8</p>	

## SECTION 10. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
1001	<p>Now I would like to talk about something else. Have you ever heard any messages/information about malaria? <i>Nao mi wantem tok baot nara samting?</i> Yu eva harem eni mesej / infomesen abaot Malaria?</p>	<p>YES . . . . . 1 NO . . . . . 2</p>							
1002	<p>Have you ever seen any messages/information about Malaria? <i>Yu eva lukim eni mesej / infomesen abaot Malaria?</i></p>	<p>YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . . 8</p>	<p>→ 1006</p>						
1003	<p>Where did you last see and/or hear these messages /information?  <i>Wea ples nao las taem we yu bin lukim mo harem ol mesej / infomesen ya?</i></p>	<p>HEALTH FACILITY . . . . . A FRIENDS/FAMILY . . . . . B WORKPLACE . . . . . C SCHOOL . . . . . D CHURCH . . . . . E COMMUNITY MEETING/EVENT . . . . F DRAMA GROUPS . . . . . G RURAL HEALTH MOTIVATORS . . . H TRADITIONAL HEALER . . . . . I POSTERS/BILLBOARD . . . . . J ON TV . . . . . K ON THE RADIO . . . . . L IN THE NEWSPAPER . . . . . M  OTHER _____ X (SPECIFY) DONT KNOW . . . . . Z</p>							
1004	<p>How long ago did you see or hear these messages?  <i>We taem stret yu bin lukim o harem ol mesej ia?</i></p>	<p>DAYS 1 <table border="1" data-bbox="1066 1066 1161 1122"><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" data-bbox="1066 1122 1161 1178"><tr><td></td><td></td></tr></table> YEARS 3 <table border="1" data-bbox="1066 1178 1161 1234"><tr><td></td><td></td></tr></table></p>							
1005	<p>What type of malaria messages/information did you see or hear?  <i>Wanem kaen malaria mesej / infomesen yu bin lukim o harem?</i></p>	<p>MALARIA ELIMINATION . . . . . A MALARIA IS DANGEROUS . . . . . B MALARIA CAN KILL . . . . . C MOSQUITOES SPREAD MALARIA . . D SLEEPING UNDER MOSQUITO NET IMPORTANT . . . . . E EVERY ONE SHOULD SLEEP UNDER MOSQUITO NET . . . . . F USE AND CARE OF NETS . . . . . G SEEK PROPER DIAGNOSIS . . . . . H SEEK TREATMENT FOR FEVER . . . I SEEK TREATMENT FOR FEVER WITHIN 24 HOURS/PROMPTLY . . . J USE PROPHYLAXIS WHEN TRAVELLING . . . . . K IMPORTANT OF HOUSE SPRAYING . . L NOT PLASTERING WALLS AFTER SPRAYING . . . . . M ENVIRONMENTAL SANITATION ACTIVITIES . . . . . N PUT SCREENS ON HOUSES . . . . . O WEAR LONG SLEEVES IN EVENING . . P  OTHER _____ X (SPECIFY) DONT KNOW . . . . . Z</p>							



1006	Has anyone ever visited you at your home and provided you with education/information on malaria? <i>Eni man/woman oli visitim yu long haos mo oli providem yu wetem edukasen/infomesen long malaria?</i>	YES . . . . . 1 NO . . . . . 2	→ 1010														
1007	From w hom did you receive this education/information at your home? <i>Hu ie bin kam long hom blong yu mo kivim edukesen/infomesen ya long yu?</i>	HEALTH CARE WORKER . . . . . A RURAL HEALTH MOTIVATOR . . . . . B FRIENDS/FAMILY . . . . . C EMPLOYER . . . . . D TRADITIONER HEALER . . . . . E  OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z															
1008	How long ago did someone visit your home to provide education/information at your home? <i>Wetaem nao las taem we wan man ie kam mo kivim edukesen/infomesen long hom blong yu?</i>	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															
1009	What type of information/education about malaria did you receive at your home? <i>Wanem kaen infomesen/edukesen abaot malaria yu bin risivim long home blong yu?</i>  PROBE ONCE: Anything else? <i>Eni nara samting?</i>	MALARIA IS DANGEROUS . . . . . A MALARIA CAN KILL . . . . . B MOSQUITOES SPREAD MALARIA . . . . . C SLEEPING UNDER MOSQUITOE . . . . . D NET IMPORTANT . . . . . E WHO SHOULD SLEEP UNDER NET . . . . . F SEEK TREATMENT FOR FEVER . . . . . G SEEK TREATMENT FOR FEVER WITHIN 24 HOURS/PROMPTL . . . . . H IMPORTANCE OF HOUSE SPRAYING . . . . . I NOT PLASTERING WALLS AFTER SPRAYING . . . . . J ENVIRONMENTAL SANITATION ACTIVITIES . . . . . K  OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z															
1010	In your opinion, w hat cause malaria? <i>Long tinkink blong yu, wenem nao ie kosem malaria?</i>  PROBE ONCE: Anything else?	MOSQUITO BITES . . . . . A EATING IMMATURE SUGARCANE . . . . . B EATING DIRTY FOOD . . . . . C DRINKING DIRTY WATER . . . . . D GETTING SOAKED WITH RAIN . . . . . E COLD OR CHANGING WEATHER . . . . . F WITCHCRAFT . . . . . G  OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Y															
1011	Can you tell me the main signs or symptoms of malaria? <i>Yu save talem long mi se wenem nao ol saen blong malaria?</i>	FEVER . . . . . A FEELING COLD/CHILLS/SHAKES . . . . . B HEADACHE . . . . . C NAUSEA AND VOMITING . . . . . D DIARRHEA . . . . . E DIZZINESS . . . . . F LOSS OF APPETITE/REFUSING TO EAT . . . . . G BODY ACHE OR JOINT PAIN . . . . . H STIFF NECK . . . . . I NOT ACTIVE/LETHARGIC . . . . . J BODY WEAKNES: . . . . . K CRYING ALL THE TIME . . . . . L RESTLESS, WONT STAY STILL . . . . . M  OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Y															

1012	RECORD THE TOTAL NUMBER OF SYMPTOMS THE RESPONDENT CORRECTLY IDENTIFIED IN QUESTION 1011	<table border="1" style="width: 100px; height: 40px; margin: auto;"><tr><td style="width: 50px;"></td><td style="width: 50px;"></td></tr></table>			
1013	If you or a family member were to present with signs and symptoms of malaria, where would you seek treatment? <i>Sipos yu o wan famili memba blong yu ie some ol saens blong malaria, wea nao bae yufala ie go from tritmen?</i>  MULTIPLE ANSWERS POSSIBLE  DO NOT PROBE AND DO NOT PROVIDE ANSWERS.	HOSPITAL . . . . . A HEALTH CENTRE . . . . . B HEALTH CLINIC . . . . . C TRADITIONAL HEALER . . . . . D FRIENDS/FAMILY . . . . . E AID POST WORKER . . . . . F CHURCH . . . . . G PHARMACY . . . . . H WOULD NOT SEEK TREATMENT . . . . . I  OTHER _____ . . . . . X (SPECIFY) DONT KNOW . . . . . Y			
1014	How soon after suspecting you or your family member is affected with malaria, would you seek treatment? <i>Bai ie tekem yu hamas taem blong lukaotem tritmen sapos yu or wan famili blong yu ie sik wetem malaria?</i>	WITHIN 24 HOURS . . . . . 1 TWO DAYS . . . . . 2 ONE WEEK . . . . . 3 MORE THAN ONE WEEK . . . . . 4 I WOULD NOT SEEK TREATMENT . . . . . 5  OTHER _____ . . . . . 6 (SPECIFY) DONT KNOW . . . . . 8			
1015	Do you think malaria can kill you if it is untreated? <i>Yu tink se malaria bai ie kilim ded yu sapos yu no tekem tritmen?</i>	YES . . . . . 1 NO . . . . . 2 DONT KNOW . . . . . 8			
1016	How can someone protect himself/herself against malaria? <i>Hao nao wan man/woman ie save lukaotem hem blong ie no kasem sik malaria?</i>  MULTIPLE RESPONSES POSSIBLE.  PROBE ONCE: Anything else?	SLEEP UNDER A MOSQUITO NET . . . . . A SLEEP UNDER A INSECTICIDE -TREATED MOSQUITO NET . . . . . B USE MOSQUITO REPELLANT . . . . . C AVOID MOSQUITO BITES . . . . . D TAKE PREVENTIVE MEDICATION . . . . . E SPRAY HOUSE WITH INSECTICIDE . . . . . F USE MOSQUITO COILS . . . . . G CUT THE GRASS AROUND THE HOUSE . . . . . H FILL IN PUDDLES (STAGNANT WATER) KEEP HOUSE SURROUNDINGS CLEAN . . . . . J BURN LEAVES . . . . . K DONT DRINK DIRTY WATER . . . . . L DONT EAT BAD FOOD (IMMATURE SUGARCANE OR LEFTOVER FOOD . . . . . M PUT MOSQUITO SCREENS ON THE WINDOWS . . . . . N DONT GET SOAKED WITH RAIN . . . . . P  OTHER _____ . . . . . X (SPECIFY) DONT KNOW . . . . . Z			
1017	What are the reasons for spraying your house? <i>From wenem risen yumi mas spre long house?</i>  MULTIPLE RESPONSES POSSIBLE.	TO PREVENT MALARIA/TO KILL MOSQUITOS . . . . . A TO KILL OTHER INSECTS . . . . . B  OTHER _____ . . . . . X (SPECIFY) DONT KNOW . . . . . Z			

1018	Do you think spraying is effective in killing mosquitoes? <i>Yu tink spre hemi wan gutfala fasin blong kilim moskito?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1019	What are the reasons for sleeping under mosquito nets? <i>Wenem sam risen blong slip insaet long moskito nets?</i>	TO PREVENT MALARIA/TO PROTECT AGAINST MOSQUITO BITES ..... A TO PROTECT AGAINST BITES FROM OTHER INSECTS ..... B  OTHER _____ .... X (SPECIFY) DON'T KNOW ..... Z	
1020	Do you think mosquito nets are effective in controlling mosquito bites? <i>Yu tink moskito nets hemi wan gutfala fasin blong yumi controlem hamas taem moskito ie kakai yumi?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1021	What is the new anti-malarial drug that is being promoted by the Ministry of Health? <i>Wenem nao ol niu meresin blong malaria we ministry blong helt ie stap promotem?</i>	COARTEM ..... 1 SP/FANSIDAR ..... 2 CHLOROQUINE ..... 3 AMODIAQUINE ..... 4  OTHER _____ .... 6 (SPECIFY) DON'T KNOW ..... 8	→ 1023
1022	Have you seen or heard any information about COARTEM? <i>Yu harem o save eni infomesen long COARTEM?</i>	YES ..... 1 NO ..... 2	→ 1101
1023	Where did you see or hear about COARTEM? <i>Wea nao yu luk o harem abaot COARTEM?</i>  CIRCLE ALL MENTIONED.	TELEVISION ..... A RADIO ..... B NEWSPAPER ..... C COMMUNITY MEETING ..... D RELATIVE/FRIEND ..... E HEALTH WORKER ..... F COMMUNITY LEADER/ELDER ..... G AID POST WORKER ..... H  OTHER _____ .... X (SPECIFY) DON'T KNOW ..... Z	



1107	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?  <i>Long las taem yu karem injeksen we wan helt woka lbin kivim wea ples nao yu ko blong kasem injeksen?</i>          PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR          GOVERNMENT HOSPITAL ..... 11          GOVT. HEALTH CENTER ..... 12</p> <p>OTHER PUBLIC _____ 16          (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR          PRIVATE HOSPITAL/CLINIC/          PRIVATE DOCTOR ..... 21          DENTAL CLINIC/OFFICE ..... 22</p> <p>PHARMACY ..... 23          OFFICE OR HOME OF NURSE/          HEALTH WORKER ..... 24          OTHER PRIVATE          MEDICAL _____ 26          (SPECIFY)</p> <p>OTHER PLACE          AT HOME ..... 31</p> <p>OTHER _____ 36          (SPECIFY)</p>						
1108	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?  <i>Man we hemi kivim injeksen long yu, hemi bin tekem syringe wetem needle long wan niu packet we hemi jes openem?</i></p>	<p>YES ..... 1          NO ..... 2          DON'T KNOW ..... 8</p>						
1109	<p>Have you ever used any type of tobacco?  <i>Yu stap smokem tabacco?</i></p>	<p>YES ..... 1          NO ..... 2</p>	→ 1122					
1110	<p>Which best describes your tobacco use?  <i>wij wan ie so em gut hao yu usum tabacco?</i></p>	<p>CURRENTLY USE TOBACCO          OR CIGARETTES DAILY ..... 1          CURRENTLY USE TOBACCO OR          CIGARETTES LESS          THAN DAILY ..... 2          COMPLETELY STOPPED          LESS THAN SIX MONTHS          AGO ..... 3          COMPLETELY STOPPED          MORE THAN SIX MONTHS AGO . 4          COMPLETELY STOPPED          MORE THAN ONE YEAR          AGO ..... 5          NEVER SMOKED ..... 6</p>	<p>→ 1121          → 1122</p>					
1111	<p>Do you currently use/smoke manufactured or packaged cigarettes? (Show picture of a manufactured cigarettes)  <i>Nao ya yu stap smokem sikaret we oli putum long packet?</i></p>	<p>YES ..... 1          NO ..... 2</p>	→ 1115					
1112	<p>In the last 24 hours, how many manufactured or packaged cigarettes did you smoke?  <i>Long las 24 hawa yu smoke hamas sikaret?</i></p>	<p>CIGARETTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>_____</p>						
1113	<p>Where do you buy/receive manufactured or packaged cigarettes?  <i>Yu go stap pem paket sikaret blong yu wea?</i></p>	<p>LOCAL STORE/SHOP ..... 1          DUTY FREE ..... 2          WHOLESALE ..... 3          OTHER _____ 6          (SPECIFY)</p>						
1114	<p>On average, how much do you spend on manufactured or packaged cigarettes per day?  <i>Hamas nao yu tink se yu spendem long paket sikaret long wan dei?</i></p>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

1115	Do you currently use/smoke locally grown tobacco (self-rolled)? (Show a picture of rope tobacco, and as a rolled cigarettes) <i>Nao ya yu stap smokem tabacco nomo we yu planem mo yu wan yu stap rollem?</i>	YES ..... 1 NO ..... 2	→ 1120
1116	On average, how many locally grown tobacco (self-rolled) cigarettes do you smoke per day? <i>Yu stap smoke hamas tabacco we yu rollem long wan dei?</i>	SELF-ROLLED CIGARETTES ..... <input type="text"/>	
1117	Where do you get or buy locally grown tobacco (self-rolled)? <i>Yu stap karem o pem ol tabacco we yu stap rolem ya long wea?</i>	LOCAL STORE/SHOP ..... 1 MARKET ..... 2 FRIEND/RELATIVE ..... 3 SELF(OWN PLANTS/FARM) ..... 4  OTHER _____ 6 (SPECIFY)	
1118	On average, how much do you spend on locally grown tobacco (self-rolled) cigarettes per day? <i>Hamas nao yu stap spendem long tabacco long wan dei?</i>	<input type="text"/>	
1119	What is the main reason to use/smoke locally grown (self-rolled) tobacco instead of manufactured or packaged tobacco? <i>Wenem mein risen blong yusum tabacco we yumi planem mo ie no hemia we ie stap long paket finis?</i>	LESS EXPENSIVE ..... 1 LESS UNHEALTHY ..... 2 EASIER TO GET ..... 3 TASTES BETTER ..... 4  OTHER _____ 6 (SPECIFY)	
1120	Do you use or smoke any other types of tobacco? <i>Yu stap usum o smokem narafala tabacco?</i> RECORD ALL MENTIONED.	<input type="text"/>	→ 1122
1121	What motivated/helped you to stop using tobacco? <i>Wenem nao ie mekem o ie helpem yu blong yu stop blong usum tabacco?</i>	FAMILY INSPIRED ..... 01 FRIEND INSPIRED ..... 02 FAMILY ENCOURAGED ..... 03 FRIEND ENCOURAGED ..... 04 HEALTH ..... 05 INCREASING COST OF TOBACCO ..... 06 HEALTH WORKER ENCOURAGED ..... 07 SPIRITUAL/RELIGIOUS ..... 08  OTHER _____ 96 (SPECIFY)	
1122	Now I would like to ask you some questions about your salt usage. <i>Nao ya bai mi askem yu abaot ol sol blong kakai we yu stap usum.</i> How often does the person who prepares your food add salt when they are cooking? <i>Hamas taem nao man we ie stap kuk blong yu ie stap putum salt long kakai?</i>	USUALLY ..... 1 SOMETIMES ..... 2 RARELY ..... 3 NEVER ..... 4  OTHER _____ 6 (SPECIFY)	
1123	Do you add extra salt in your food before eating? <i>Yu stap putum sam mo sol long kakai blong bifo yu kakai?</i>	USUALLY ..... 1 SOMETIMES ..... 2 RARELY ..... 3 NEVER ..... 4  OTHER _____ 6 (SPECIFY)	

1124	Does the salt you buy in the shop have the label "Iodized"? <i>Sol we yu pem long sto ie kat nem ya "Iodized" long hem?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																												
1125	Can you name one harmful effect on your health from consuming too much salt? <i>Yu save kivim me nem blong wan sik sapos yu stap yusum tumas sol?</i> RECORD ALL MENTIONED	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																												
1126	If you do not have salt, what other spices can you use to make your food flavourful and/or tasty? <i>Sapos yu nokat salt, wenem narafala samting we bai yu putum blong mekem se kakai blong yu ie tes gut?</i> RECORD ALL MENTIONED																													
1127	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? <i>Plante samting ie save blokem ol woman blong oli no save go karem advaes o tritmen long doctor. Taem yu sik o wantem go tekem metikel advaes, ol samting ya hemi sam samting we yu mas go tru o mekem bifo you go?</i>  Getting permission to go? <i>Askem afta yu jes go?</i> Getting money needed for treatment? <i>Make sua se mani blong tritmen ie redi?</i> The distance to the health facility? <i>Haus blong yu kasem helt fasiliti/</i> Having to take transport? <i>Yu mas go long trak/bus/taxi?</i> Not wanting to go alone? <i>Yu no wantem go yu wan?</i> Concern that there may not be a female health provider? <i>Yu wari se ie no kat woman helt woka?</i> Concern that there may not be any health provider? <i>Yu wari se ie no kat eni nes o dokta ie stap?</i> Concern that there may be no drugs available? <i>Yu wari se meresin we yu nidim ie finis?</i>	<table border="1"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO</td> <td>1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPORT</td> <td>1</td> <td>2</td> </tr> <tr> <td>GO ALONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO FEMALE PROV.</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO PROVIDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO DRUGS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	PERMISSION TO GO	1	2	GETTING MONEY	1	2	DISTANCE	1	2	TAKING TRANSPORT	1	2	GO ALONE	1	2	NO FEMALE PROV.	1	2	NO PROVIDER	1	2	NO DRUGS	1	2	
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NO FEMALE PROV.	1	2																												
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NO DRUGS	1	2																												
1128	Are you covered by any health insurance? <i>Yu kat helt insurens?</i>	YES ..... 1 NO ..... 2	→ 1130																											
1129	What type of health insurance? <i>Wenem kaen helt insurens?</i> RECORD ALL MENTIONED.	AUSTRALIAN FAMILY ASSOCIATION INSURANCE (AFA) ..... A CAILLARD KARDDOU INSURANCE ..... B DOMINION INSURANCE ..... C  OTHER _____ X (SPECIFY)																												
1130	Now I would like to ask you about alcohol and drug use. Remember that your responses are completely anonymous and confidential and will not be released to anyone. During the last 12 months, how often did you have drinks containing alcohol, such as beer, wine, liquor, spirits, homebrew, toddy, yeast? Would you say? <i>Nao ya bai mi askem yu abaot Alkohol mo drug use. Yu mas save se ol ansa blong yu bai hemi sikret mo bai mi no talem long eni man.</i> <i>Long las 12 manis, yu drink alkohol olsem beer, wine, strong drink spirits, homebrew, is? Bai yu talem?</i> a. Never b. 2 per Month or less? c. 2 to 4 times a month? d. 2 to 3 times a week? e. 4 or more times a week? f. No answer / refused g. Don't know	NEVER ..... 0 < 2 PER MONTH ..... 1 2-4 PER MONTH ..... 2 2-3 PER WEEK ..... 3 4+ PER WEEK ..... 4 NO ANSWER/REFUSED ..... 7 DON'T KNOW ..... 8	→ 1134																											

1131	<p>During the last 12 months, how many standard drinks containing alcohol did you have on a typical day when drinking? A standard drink is a can of beer, a glass of wine, a shot of liquor, etc.?  <i>Long las 12 manis hamas alkohol driks yu tekem?</i>  <i>Ol alkohol olsem bia, wan glas blong wine, wan hot staf, etc?</i></p> <p>a. 1 or 2?  b. 3 or 4?  c. 5 or 6?  d. 7, 8 or 9?  e. 10 to 19?  f. 20 or more?  g. No answer / refused  h. Don't know</p>	<p>NUMBER OF STANDARD DRINKS</p> <p>1 OR 2 ..... 1  3 OR 4 ..... 2  5 OR 6 ..... 3  7, 8 OR 9 ..... 4  10 TO 19 ..... 5  20 OR MORE ..... 6  NO ANSWER/REFUSED ..... 7  DONT KNOW ..... 8</p>																																																					
1132	<p>During the last 12 months, how often did you have five or more standard drinks at one time?  A standard drink is a can of beer, a glass of wine, a shot of liquor, etc.  <i>Long las 12 manis, hamas taem yu drink 5 o mo alkohol drink long sem taem?</i></p> <p>a. Never?  b. Less than monthly?  c. Monthly?  d. Weekly?  e. Daily or almost daily?  f. No answer / refused  g. Don't know</p>	<p>NEVER ..... 0  LESS THAN MONTHLY ..... 1  MONTHLY ..... 2  WEEKLY ..... 3  DAILY OR ALMOST DAILY ..... 4  NO ANSWER/REFUSED ..... 7  DONT KNOW ..... 8</p>																																																					
1133	<p>At the time you first drink alcohol, what was the main reason that make you drink alcohol?  <i>Wenem nao ie mekem se yu stat blong drink alkoho?</i></p> <p>(NEW QUESTION SUGGESTED FROM HEALTH PROMOTION)</p>	<p>NOTHING TO DO ..... 1  PLEASURE ..... 2  PEER PRESSURE ..... 3  PARENTS/FAMILY OFFERED ..... 4  CUSTOMARY BEHAVIOUR ..... 5  OTHERS ..... 6  (SPECIFY)</p>																																																					
1134	<p>Next I would like to ask you about use of the following items.  <i>Nao ya bai mi askem yu about ol samting ya sapos yu stap usum.</i></p> <p>Have you <u>ever</u> tried...?  <i>Yu traem..?</i></p> <p>IF YES, ASK:  Did you use it in the last 30 days?  <i>Yu usum long las 30 deis?</i></p> <p>a. Betel nut?  b. Kava?  c. Marijuana/Cannibis  d. Ecstasy/E/Eccies?  e. Inhalants including gas?  f. Speed/Base/Other amphetamines?  g. Ice/Crystal meth?  h. Cocaine/Crack/Freebasing?  i. Heroin?  j. LSD/Acid/Hallucinogens?  k. Steroids (non-medical use)?  l. Viagra/Cialis/Sex enhancers?</p>	<table border="1"> <thead> <tr> <th>NEVER TRIED</th> <th>EVER TRIED</th> <th>USED IN LAST 30 DAYS</th> <th>NO ANSWER, REFUSED</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> </tbody> </table>	NEVER TRIED	EVER TRIED	USED IN LAST 30 DAYS	NO ANSWER, REFUSED	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	
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1135	RECORD THE TIME.	<p>HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																																																					



**INSTRUCTIONS:**

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE \*\*

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_  
(SPECIFY)

12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2	08	AUG	05	2
0	07	JUL	06	0
1	06	JUN	07	1
3	05	MAY	08	3
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	

12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2	08	AUG	17	2
0	07	JUL	18	0
1	06	JUN	19	1
2	05	MAY	20	2
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	

12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
1	06	JUN	31	1
1	05	MAY	32	1
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	

12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
1	06	JUN	43	1
0	05	MAY	44	0
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	

12	DEC	49		
11	NOV	50		
10	OCT	51		
09	SEP	52		
2	08	AUG	53	2
0	07	JUL	54	0
0	06	JUN	55	0
9	05	MAY	56	9
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	

12	DEC	61		
11	NOV	62		
10	OCT	63		
09	SEP	64		
2	08	AUG	65	2
0	07	JUL	66	0
0	06	JUN	67	0
8	05	MAY	68	8
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Men's Questionnaire**

10 JULY 2013

VANUATU DEMOGRAPHIC AND HEALTH SURVEY  
MAN'S QUESTIONNAIRE

VANUATU  
NATIONAL STATISTICS OFFICE/MINISTRY OF HEALTH

**IDENTIFICATION**

ISLAND NAME _____ VILLAGE NAME _____ ENUMERATION AREA CODE ..... HOUSEHOLD NUMBER ..... NAME OF HOUSEHOLD HEAD _____ URBAN/RURAL ..... (URBAN = 1, RURAL '1' = 2, RURAL '2' = 3) HOUSEHOLD SUB-SELECTED FOR MALE SURVEY? 1 YES 2 NO .....	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																																								

**INTERVIEWER VISITS**

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

\*RESULT CODES:

- |               |                    |               |
|---------------|--------------------|---------------|
| 1 COMPLETED   | 4 REFUSED          | 7 OTHER _____ |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | (SPECIFY)     |
| 3 POSTPONED   | 6 INCAPACITATED    |               |

LANGUAGE OF INTERVIEW	1 ENGLISH	2 BISLAMA	3 OTHER _____
LANGUAGE OF RESPONDENT	1 ENGLISH	2 BISLAMA	3 OTHER _____
TRANSLATOR USED?	1 YES	2 NO	(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is \_\_\_\_\_ and I am working with the Vanuatu National Statistics Office and the Vanuatu Ministry of Health. We are conducting a national survey to ask men and women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?  
May I begin the interview now?

INFORMED CONSENT

*Halo nem blo mi \_\_\_\_\_ mi wok lo Vanuatu Nasenal Statistik ofis wetem Vanuatu Ministri blo Helt. Mifala i stap karemaot wanfala nasenal sevei blo askem olketa man mo woman abaotem olketa didifren kaen sik wea i save kasem yumi. Mbae mifala i hapi tumas blo yu save tek pat lo sevei ia. Sevei ia mbae i helpem gavman blo planem gud olketa helt sevisis. Sevei ia mbae i tekem abaot 20 minits blo finisim. Ol infomesen yu kivim mbae mifala kipim sikret mo mbae mifala nosave shoem lo eni man.*

*Patisipesen lo sevei ia hemi volentia nomo, sapos yumi kam long eni kwesten wei yu no wantem ansa, jes letem mi save blo mi save ko long narafal kwesten; o yu save stopem intaviu lo eni taem. Eni we yumi hope se bae yu patisepet lo sevei ia sins vius blo yu hemi impoten.*

*Lo taem naoia, yu wantem askem eni ting abaotem sevei ia?  
Mi save statem intaviu blo mi nao?*

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ..... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ..... 2      END →

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? <i>Hao long nao yu bin stap liv lo (Ples we yu stap liv long hem nao ya?)</i> IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ALWAYS ..... 95 VISITOR ..... 96			→ 106						
103	Just before you moved here, where did you live? <i>Bifo yu mov l kam long ples ia, yu bin stap wea fes taem?</i>	SAME ISLAND ..... 1 ELSEWHERE IN VANUATU ..... 2 (SPECIFY ISLAND) _____ OTHER COUNTRY ..... 3 (SPECIFY COUNTRY) _____									
104											
105											

106	In what month and year were you born? <i>Yu bin bon lo wanem manis mo yia?</i>	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
107	How old were you at your last birthday? <i>Yu bin kat hamas yia lo last betdei blo yu?</i> COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school? <i>Yu bin ko lo skul bifo?</i>	YES ..... 1 NO ..... 2	→ 112a
109	What is the highest level of school you attended: pre school, primary, secondary, or higher? <i>Yu bin skul kasem wenem level?</i>	PRE SCHOOL ..... 0 PRIMARY ..... 1 SECONDARY ..... 2 TERTIARY ..... 3 VOCATIONAL ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
110	What is the highest year you completed at that level? <i>Hamas yia yu spendem long level ya?</i>	YEAR ..... <input type="text"/> <input type="text"/>	
111	CHECK 109: PRE-SCHOOL OR PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 115
112a	Now I would like you to read this sentence to me. <i>Naoia mi wantem yu ridim toktok ia long mi.</i> SHOW CARD IN <b>BISLAMA</b> TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? <i>Yu save ridim eni pat blo toktok ia long mi?</i>	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE . 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	→ 113
112b	SHOW CARD IN <b>ENGLISH</b> TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? <i>Yu save ridim eni pat blo toktok ia long mi?</i>	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE . 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE)	
112c	SHOW CARD IN <b>FRENCH</b> TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? <i>Yu save ridim eni pat blo toktok ia long mi?</i>	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE . 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE)	

113	<p>Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?</p> <p><i>Yu bin tek pat lo eni litresi program wea I lanem yu hao blo rid o raet (hemia I no inkludim praemari skul)?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
114	<p>CHECK 112a, 112b and 112c:</p> <p>CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED ↓</p> <p>CODE '1' OR '5' <input type="checkbox"/> CIRCLED →</p>		116
115	<p>Do you read a new spaper or magazine almost every day, at least once a week, less than once a week or not at all?</p> <p><i>Yu stap ridim niuspepa o magasin kolsap evride, samfala dei nomo lo wan wik, no kasem wan dei lo wan wik o nogat nomo?</i></p>	<p>ALMOST EVERY DAY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>LESS THAN ONCE A WEEK ..... 3</p> <p>NOT AT ALL ..... 4</p>	
116	<p>Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?</p> <p><i>Yu stap lisen lo redio kolosap evridei, samfala dei lo wan wik, no kasem wan dei lo wan wik o nogat nomo?</i></p>	<p>ALMOST EVERY DAY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>LESS THAN ONCE A WEEK ..... 3</p> <p>NOT AT ALL ..... 4</p>	
117	<p>Do you watch television almost every day, at least once a week, less than once a week or not at all?</p> <p><i>Yu stap wajem televisen kolosap everidei, wan taem lo wan wik, no kasem wan wik, o nogat nomo?</i></p>	<p>ALMOST EVERY DAY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>LESS THAN ONCE A WEEK ..... 3</p> <p>NOT AT ALL ..... 4</p>	
118	<p>What is your religion?</p> <p><i>Wanem rilijen blong yu?</i></p>	<p>ANGLICAN ..... 0</p> <p>PRESBYTERIAN ..... 1</p> <p>CATHOLIC ..... 2</p> <p>SDA ..... 3</p> <p>CHURCH OF GOD ..... 4</p> <p>ASSEMBLIES OF GOD ..... 5</p> <p>NEIL THOMAS MINISTRY ..... 6</p> <p>APOSTOLIC ..... 7</p> <p>CUSTOMARY BELIEFS ..... 8</p> <p>NO RELIGION/FAITH ..... 9</p> <p>REFUSED ..... 0</p> <p>OTHER ..... 96</p> <p>REFUSED TO ANSWER ..... 97</p> <p>DON'T KNOW ..... 98</p>	
119	<p>What is your ethnic origin?</p> <p><i>Wanem res blong yu?</i></p>	<p>NI-VANUATU ..... 01</p> <p>PART NI-VANUATU ..... 02</p> <p>OTHER MELANESIAN ..... 03</p> <p>POLYNESIAN ..... 04</p> <p>MICRONESIAN ..... 05</p> <p>EU/AUS/US/NZ ..... 06</p> <p>ASIAN ..... 07</p> <p>AFRICAN ..... 08</p> <p>OTHER ..... 96</p>	

## SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	<p>Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?</p> <p><i>Mi wantem blo askem abaotem ol pikinini we yu kat kasem long taem naoia. Mi intres lo ol pikinini we oli no stret pikinini blo yu, nomata oli stap wetem yu o nomata hemi no karem las nem blong yu.</i></p> <p><i>Yu bin kivim pikinini lo eni woman?</i></p>	<p>YES ..... 1 NO ..... 2 DONT KNOW ..... 8</p>	→ 206								
202	<p>Do you have any sons or daughters that you have fathered who are now living with you?</p> <p><i>Yu kat eni pikinini boe o gel we oli stap wetem yu naoia?</i></p>	<p>YES ..... 1 NO ..... 2</p>	→ 204								
203	<p>How many sons live with you? I gat hamas pikinini boe oli stap w etem yu naoia? And how many daughters live with you? Mo hamas pikinini gel oli stap w etem yu? IF NONE, RECORD '00'.</p>	<p>SONS AT HOME ..... <table border="1" data-bbox="1230 786 1329 842"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1230 842 1329 898"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									
204	<p>Do you have any sons or daughters that you have fathered who are alive but do not live with you? <i>Yu kat eni pikinini boe o gel we oli laef be oli no stap wetem yu?</i></p>	<p>YES ..... 1 NO ..... 2</p>	→ 206								
205	<p>How many sons are alive but do not live with you? <i>Hamas pikinini boe oli laef be oli no stap wetem yu?</i> And how many daughters are alive but do not live with you? <i>Mo hamas pikinini gel oli laef be oli no stap wetem yu?</i> IF NONE, RECORD '00'.</p>	<p>SONS ELSEWHERE ..... <table border="1" data-bbox="1230 1088 1329 1144"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1230 1144 1329 1200"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									
206	<p>Have you ever fathered a son or a daughter who was born alive but later died? <i>Yu eva kat eni pikinini boe o gel we ie bin bon mo ie laef afta ino long taem ie ded?</i></p> <p>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? <i>Eni pikinini we hemi krae taem hemi bon o ie some saen blong laef be afta hemi ded?</i></p>	<p>YES ..... 1 NO ..... 2 DONT KNOW ..... 8</p>	→ 208								
207	<p>How many boys have died? <i>Hamas pikinini boe oli bin ded finis?</i> And how many girls have died? <i>Mo hamas pikinini gel oli bin ded finis?</i> IF NONE, RECORD '00'.</p>	<p>BOYS DEAD ..... <table border="1" data-bbox="1230 1570 1329 1626"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1230 1626 1329 1682"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <input type="text"/> <input type="text"/>	
209	CHECK 208:  HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 212 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 301		
210	Did all of the children you have fathered have the same biological mother? <i>Oi pikinini we yu kat oli kamaot long wan mama nomo?</i>	YES ..... 1 NO ..... 2	→ 212
211	In all, how many women have you fathered children with? <i>Hamas woman nao oli karem pikinini blong yu?</i>	NUMBER OF WOMEN ..... <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born? <i>Yu bin kat hamas yia taem fes bon pikinini blo yu I bon?</i>	AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
213	CHECK 203 AND 205:  AT LEAST ONE LIVING CHILD <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> → 301		
214	How many years old is your (youngest) child? <i>Las bon pikinini blong yu I kat hamas yia naoia?</i>	AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
215	CHECK 214:  (YOUNGEST) CHILD IS AGE 0-3 YEARS <input type="checkbox"/> OTHER <input type="checkbox"/> → 301		
216	What is the name of your (youngest) child? <i>Wanem nem blo las bon pikinini blo yu?</i>  WRITE NAME OF (YOUNGEST) CHILD  _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups? <i>Taem mama blo (NEM) I gat bel lo (NEM), hemi bin ko mekem jekap blong hem long hospital o no?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 219
218	Were you ever present during any of those antenatal check-ups? <i>Yu eva stap long taem blo ol taems blong ol jekups ia?</i>	PRESENT ..... 1 NOT PRESENT ..... 2	
219	Was (NAME) born in a hospital or health facility? <i>(NEM) hemi bin bon long hospital, klinik o dispenser?</i>	HOSPITAL/HEALTH FACILITY ..... 1 OTHER ..... 2	→ 221



220	<p>What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?  <i>Wanem risen nao I mekem se mama blong (nem) I no save bonem hem lo hospital, klinik o dispenseri?</i></p>	<p>COST TOO MUCH ..... 01  FACILITY CLOSED ..... 02  TOO FAR/NO TRANSPORTATION . 03  DON'T TRUST FACILITY/POOR  QUALITY SERVICE ..... 04  NO FEMALE PROVIDER ..... 05  NOT THE FIRST CHILD ..... 06  CHILD'S MOTHER DID NOT  THINK IT WAS NECESSARY ..... 07  HE DID NOT THINK  IT WAS NECESSARY ..... 08  FAMILY DID NOT THINK IT WAS  NECESSARY ..... 09  OTHER ..... 96  (SPECIFY)  DON'T KNOW ..... 98</p>	
221	<p>When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?  <i>Taem pikinini hemi sitsit wota, hamas wota nao hemi sut tring: bitim everi taem, sem amaot olsem evritaem, drink smol i no olsem evritaem o hem i no sut tring eni samting</i></p>	<p>MORE THAN USUAL ..... 1  ABOUT THE SAME ..... 2  LESS THAN USUAL ..... 3  NOTHING TO DRINK ..... 4  DON'T KNOW ..... 8</p>	

## SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.  <i>Naoia mi laekem blo tokbaot famili planing - ol difdifren kaen wei o metod wei wan maret (man o woman) i save usum blo mama i no save gat bel.</i></p> <p>Which ways or methods have you heard about? (1)  <i>Wanem kaen wes o metods nao yu bin stap harem?</i>  FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:  Have you ever heard of (METHOD)?  <i>Yu harem abaot (METOD)?</i>  CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY.  THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 09, 10, AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p>	302 Have you ever used (METHOD)?	
01	<b>FEMALE STERILIZATION</b> Women can have an operation to avoid having any more children. <i>FEMALE STERILIZATION: Oli katem ol woman blong stopem rod blo ek.</i>	YES ..... 1 NO ..... 2	
02	<b>MALE STERILIZATION</b> Men can have an operation to avoid having any more children. <i>MALE STERILIZATION: Oli katem ol man blong stopem rod blo wota blong man (Sperm).</i>	YES ..... 1 NO ..... 2	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	<b>PILL</b> Women can take a pill every day to avoid becoming pregnant. <i>PILL: Ol woman oli save tekem wan pill everi dei blo stopem olgeta blong nogat bel.</i>	YES ..... 1 NO ..... 2	
04	<b>IUD</b> Women can have a loop or coil placed inside them by a doctor or a nurse. <i>IUD: Dokta o nes I save putum ring o koil blo spring insaet lo ol woman</i>	YES ..... 1 NO ..... 2	
05	<b>INJECTABLES</b> Women can have an injection by a health their upper provider that stops them from becoming pregnant for one or more months. <i>INJECTABLES: Ol woman oli save tekem stik from olgeta lo hospital o klinik blo stopem olgeta blo no save kat bel blo wan o mo manis.</i>	YES ..... 1 NO ..... 2	
06	<b>IMPLANTS</b> Women can have several small rods placed in arm by a doctor or nurse which can prevent pregnancy for one or more years. <i>IMPLANTS: Ol woman oli save kat smol rods lo arms blo olgeta we docta o nes nao bae hemi putum we I save blokem blo nosave kat bel blo wan o mo yia.</i>	YES ..... 1 NO ..... 2	
07	<b>CONDOM</b> Men can put a rubber sheath on their penis before sexual intercourse. <i>CONDOM: Ol man oli save putum raba sheath long praevet pat blong olgeta taem oli kat sex.</i>	YES ..... 1 NO ..... 2	YES ..... 1  NO ..... 2
08	<b>FEMALE CONDOM</b> Women can place a sheath in their vagina before sexual intercourse. <i>FEMALE CONDOM: Ol woman oli save putum sheath insaed long praevet pat blo olgeta bifo oli kat sex.</i>	YES ..... 1 NO ..... 2	
09	<b>LACTATIONAL AMENORRHEA METHOD (LAM) (2)</b>	YES ..... 1 NO ..... 2	

10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. <i>RHYTHM: Lo evri manis taem bodi blo woman I redi blong sex, hemi save stopem hem wan blo no save kat sex long ol days blong ol manis ya.</i>	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
11	WITHDRAWAL Men can be careful and pull out before climax. <i>WITHDRAWAL: Ol man oli mas pulumaot bifo melek I sif</i>	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
12	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy. <i>Blo protectem yu nomo afta taem yu havem sex, woman I save tekem spesel pills long eni taem long 5 deis blo stopem hem blong nogat bel.</i>	YES ..... 1 NO ..... 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? <i>Yu bin harem abaotem ol narafala weis o methods we ol woman o man I save usum blo avodem blo woman ie no save gat bel?</i>	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months have you heard about family planning: <i>Long las manis yu bin harem abaot famili planing:</i> On the radio? <i>Lo radio?</i> On the television? <i>Lo televisen?</i> In a new paper or magazine? <i>Lo nius pepa o magazin?</i>	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE 1 2	
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional? <i>Long las fiu manis, yu bin toktok wetem wan helt woka o docta abaot hao blo usum famili planing?</i>	YES ..... 1 NO ..... 2	
305	Now I would like to ask you about a woman's risk of pregnancy. <i>Naoia mi wantem askem abaot denja blo woman sapos hemi kat bel.</i> From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations? <i>long wan sikmun I go long narafala, I gat sam deis we wan woman I save kat bel sapos hemi kat sex?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	↘ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? (3) <i>Long taem bifo sikmun I stat, long taem blo sikmun, stret afta sikmun I finis, o haf wei lo metel blo tufala sikmun?</i>	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	

307	Do you think that a woman who is breastfeeding her baby can become pregnant? <i>Yu tink se woman we hemi stap kivim titi iet hemi save gat bel?</i>	YES ..... 1 NO ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. <i>Naoia bae mi ridim sam statmen long yu abaotem kontrasepsen. Plis talem long mi spos yu akri o no akri wetem wanwan lo ol statmen ia.</i>  a) Contraception is women's business and a man should not have to worry about it. <i>Kontrasepsen hemi bisnis blo ol woman nomo mo man I nosud wari long hem.</i>  b) Women who use contraception may become promiscuous. <i>Oi woman we oli usum kontrasepsen o samting blo stopem pikinini bambai oli save go albaot.</i>	<p style="text-align: right;">DIS- AGREE AGREE DK</p> CONTRACEPTION WOMAN'S BUSINESS . 1 2 8  WOMAN MAY BECOME PROMISCUOUS ... 1 2 8	
309	CHECK 301 (07) KNOWS MALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 313
310	Do you know of a place where a person can get condoms? <i>Yu save wan ples we man I save go karem kondom long hem?</i>	YES ..... 1 NO ..... 2	→ 313
311	Where is that? <i>Lo wea?</i> Any other place? <i>I gat narafala ples?</i> PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C DISPENSARY ..... D  OTHER PUBLIC _____ E (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR/ PRACTITIONER ..... H MOBILE CLINIC ..... I FIELDWORKER ..... J OTHER PRIVATE MEDICAL _____ K (SPECIFY)  OTHER SOURCE SHOP ..... L CHURCH ..... M FRIEND/RELATIVE ..... N AID POST ..... O SAVE CHILDREN ..... P VANUATU FAMILY HEALTH ..... Q  OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS		SKIP
312	If you wanted to, could you yourself get a condom? <i>Spos yu wantem, yu save ko tekem kondom yu wan?</i>	YES ..... 1 NO ..... 2	
313	CHECK 301 (08) KNOWS FEMALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401
314	Do you know of a place where a person can get female condoms? <i>Yu save wan ples we man o woman I save go karem kondom blo ol woman?</i>	YES ..... 1 NO ..... 2	→ 401
315	Where is that? <i>Lo wea?</i> Any other place? <i>I gat narafala ples?</i> PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C DISPENSARY ..... D  OTHER PUBLIC _____ E (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR/ PRACTITIONER ..... H MOBILE CLINIC ..... I FIELDWORKER ..... J OTHER PRIVATE MEDICAL _____ K (SPECIFY)  OTHER SOURCE SHOP ..... L CHURCH ..... M FRIEND/RELATIVE ..... N AID POST ..... O SAVE CHILDREN ..... P VANUATU FAMILY HEALTH ..... Q  OTHER _____ X (SPECIFY)	
316	If you wanted to, could you yourself get a female condom? <i>Spos yu wantem, yu save ko tekem kondom blo ol woman yu wan?</i>	YES ..... 1 NO ..... 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married? <i>Yu maret o stap tugeta wetem wan woman olsem we yutufala maret?</i>	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	→ 404
402	Have you ever been married or lived together with a woman as if married? <i>Yu eva bin maret o bin stap wetem wan woman olsem we yutufal maret?</i>	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 NO ..... 3	→ 408
403	What is your marital status now : are you widowed, divorced, or separated? <i>Wanem stetas blo maret blo yu naoia: yu wido, divos, o seperet?</i>	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 405
404	Is your wife/partner living with you now or is she staying elsewhere? <i>Waef/patna blong yu ie stap wetem yu nao ya o ie stap samples?</i>	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2	
405	Have you been married or lived with a woman only once or more than once? <i>Yu bin maret o stap wetem woman wan taem nomo o plante taem?</i>	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 406A
406	In what month and year did you start living with your wife (partner)? <i>Long wanem manis o yia stret nao yu stat blong ko liv wetem waef o patna blong yu?</i>	MONTH ..... <input type="text"/> <input type="text"/>	
406A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner? <i>Nao ya bai mi askem kwesten abaot fes waef o patna blong Long wanem manis mo yia nao yu stat blong ko liv wetem fes waef o patna blong yu?</i>	DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 408
407	How old were you when you first started living with her? <i>Yu bin kat hamas yia taem yu ko liv wetem hem?</i>	AGE ..... <input type="text"/> <input type="text"/>	
408	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
409	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. <i>Naoia bai mi askem sam kwestens long yu abaot sexual aktiviti blo save long sam impoten laef isus. Bae mi mas talem aot long yu se ol ansas blong yu hemi sikret mo mifala no save talem aot long eni man o woman.</i>  How old were you when you had sexual intercourse for the very first time? <i>Yu bin kat hamas yia taem yu havem sex long fes taem?</i>	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95	→ 412  → 412



		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																																						
415																																																										
416	When was the last time you had sexual intercourse with this person? <i>We taem nao las taem we yu havem sex wetem pesem ya?</i>		DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																			DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																				
417	The last time you had sexual intercourse (with this second/third person), was a condom used? <i>Las taem yu havem sex (wetem seken/ted pesen), yu bin usum kondom?</i>	YES ..... 1 NO ..... 2 (SKIP TO 419) ←	YES ..... 1 NO ..... 2 (SKIP TO 419) ←	YES ..... 1 NO ..... 2 (SKIP TO 419) ←																																																						
418	Was a condom used every time you had sexual intercourse with this person in the last 12 months? <i>Everi taem yu havem sex wetem pesen ia long las 12 manis, yu bin usum kondom?</i>	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																																																						
419	What was your relationship to this (second/third) person with whom you had sexual intercourse? <i>Wanem rilesensip blong yu wetem (seken/ted) pesen we yu bin havem sex wetem?</i>  IF GIRLFRIEND: Were you living together as if married? <i>Yutufala i bin liv tugeta olsem we yutufala i bin mare?</i>  IF YES, CIRCLE '02'. IF NO, CIRCLE '03'.	WIFE ..... 1 (SKIP TO 421) ← LIVE-IN PARTNER ..... 2  GIRLFRIEND NOT  LIVING WITH RESPONDENT ..... 3 CASUAL  ACQUAINTANCE ..... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)	WIFE ..... 1 (SKIP TO 421) ← LIVE-IN PARTNER ..... 2  GIRLFRIEND NOT  LIVING WITH RESPONDENT ..... 3 CASUAL  ACQUAINTANCE ..... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)	WIFE ..... 1 (SKIP TO 421) ← LIVE-IN PARTNER ..... 2  GIRLFRIEND NOT  LIVING WITH RESPONDENT ..... 3 CASUAL  ACQUAINTANCE ..... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)																																																						
420a	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS. <i>Hao long nao yu bin kat sexuel rilesensip wetem sekon/ted pesen ya?</i>	DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> _____ _____																			DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> _____ _____																			DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> _____ _____																		



420b	How many times during the last 12 months did you have sexual intercourse with this person? <i>Hamas taem long las 12 manis nao yu bin havem sex wetem</i>  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
420c	How old is this person? <i>Pesen ia l kat hamas yia?</i>	AGE OF PARTNER <input type="text"/>  DONT KNOW . . . . 98	AGE OF PARTNER <input type="text"/>  DONT KNOW . . . . 98	AGE OF PARTNER <input type="text"/>  DONT KNOW . . . . 98
421	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol? <i>Las taem we yu kat sex wetem seken/ted pesen ia, yu o pesen ia i bin tring alkohol?</i>	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423) ←
422	Were you or your partner drunk at that time? <i>Yu o patha blong yu i bin drong long taem ia?</i> IF YES: Who was drunk? <i>Hu i bin drong?</i>	RESPONDENT ONLY 1 PARTNER ONLY . . . 2  RESPONDENT AND PARTNER BOTH . 3 NEITHER . . . . . 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2  RESPONDENT AND PARTNER BOTH . 3 NEITHER . . . . . 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2  RESPONDENT AND PARTNER BOTH . 3 NEITHER . . . . . 4
423	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months? <i>Apat trom pesen ia / tutala pesen ia, yu bin kat sex wetem eni narafala pesen long las 12 manis?</i>	YES . . . . . 1 (GO BACK TO 416 ← IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 425) ←	YES . . . . . 1 (GO BACK TO 416 ← IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 425) ←	
424	In total, with how many different people have you had sexual intercourse in the last 12 months? <i>Not long everiwan, i gat hamas difren pipol nao yu bin havem sex wetem olgeta long las 12 manis?</i>  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . <input type="text"/>  DONT KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 419 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 427a
426	CHECK 419 AND 417 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 429 → 430
427a	In the last 12 months, did you pay anyone in exchange for having sexual intercourse? <i>Long las 12 manis, yu bin pem eniwan long mani blo havem sex wetem hem?</i>	YES ..... 1 NO ..... 2	→ 428
427b	Have you ever paid anyone in exchange for having sexual intercourse? <i>Yu eva pem eniwan blong havem sex wetem hem?</i>	YES ..... 1 NO ..... 2	→ 430
428	The last time you paid someone in exchange for having sexual intercourse, was a condom used? <i>Las taem yu pem samwan blong havem sex wetem hem, yu bin usum kondom o no?</i>	YES ..... 1 NO ..... 2	→ 430
429	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months? <i>Yu usum kondom oltaem taem yu pem samwan blo havem sex long las 12 manis?</i>	YES ..... 1 NO ..... 2 DK ..... 8	
430	In total, with how many different people have you had sexual intercourse in your lifetime? <i>Aot lo everiwan, wetem hamas difren pipol nao yu bin havem sex wetem olgeta long laef taem blong yu?</i>  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
431	CHECK 417, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 437 → 437
432	You told me that a condom was used the last time you had sex. May I see the package of condoms you were using at that time? <i>Yu talem long mi se yu bin usum kondom las taem we yu bin havem sex. Mi save luk paket blong kondoms we yu bin usum long taem ia?</i>  RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN ..... 1  BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/> DOES NOT HAVE/NOT SEEN ..... 2	→ 434

433	<p>Do you know the brand name of the condom used at that time?  <i>Yu save brand nem blong kondom we yu bin usum long taem ia?</i></p> <p>RECORD NAME OF BRAND.</p>	<p>BRAND NAME _____ <input type="text"/> <input type="text"/></p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
434	<p>How many condoms did you get the last time you bought/received condoms?  <i>Hamas kondoms yu bin karem long las taem we yu pem/tekem ol kondoms?</i></p>	<p>NUMBER OF CONDOMS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>	
435	<p>The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?  <i>Las taem we yu bin tekem ol kondoms ia, hamas watu nao yu spendem long everiwan, hemia l ko wetem praes blong kondom (s) mo eni advaes fees we yu bin kat?</i></p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE ..... 9995  DON'T KNOW ..... 9998</p>	
<p>436 (2)</p>	<p>From where did you obtain the condom the last time? (3)  <i>Las taem yu bin karem ol kondoms ia long wea?</i></p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11  GOVT. HEALTH CENTER ..... 12  FAMILY PLANNING CLINIC ..... 13  DISPENSARY ..... 14</p> <p>OTHER PUBLIC ..... 15  (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC  PHARMACY ..... 21  PRIVATE DOCTOR/  PRACTITIONER ..... 22  MOBILE CLINIC ..... 23  FIELDWORKER ..... 24  OTHER PRIVATE  MEDICAL ..... 25  (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 31  CHURCH ..... 32  FRIEND/RELATIVE ..... 33  AID POST ..... 34  SAVE CHILDREN ..... 35  VANUATU FAMILY HEALTH ..... 36</p> <p>OTHER ..... 96  (SPECIFY)</p>	
437	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		<p>→ 501</p>
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?  <i>Las taem yu riavem sex yu o patna bio yu l bin usum eri long ol methods ia (ino kondom) blo stopem woman blo nogat bel?</i></p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?  <i>Wanem kaen metod nao yu o patna blong yu l bin usum?</i></p> <p>PROBE:  Did you use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION ..... A  PILL ..... B  IUD ..... C  INJECTABLES ..... D  IMPLANTS ..... E  FEMALE CONDOM ..... F  DIAPHRAGM ..... G  FOAM/JELLY ..... H  LAV ..... I  RHYTHM METHOD ..... J  WITHDRAWAL ..... K  OTHER ..... X  (SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401:  IN UNION <input type="checkbox"/> (CODE 1 OR 2) ↓	NOT IN UNION <input type="checkbox"/> →	506
502	CHECK 302:  MAN NOT STERILIZED <input type="checkbox"/> ↓      MAN STERILIZED <input type="checkbox"/> →		506
503	(Is your (w ife/partner) currently pregnant? <i>Woma n blong yu o patna blong yu hemi kat bel nao ya?</i> )	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	504b
504a	Now I have some questions about the future. After the (child/children) you and your (w ife/partner) are expecting now , w ould you like to have another child, or w ould you prefer not have any more children? <i>Naoia mi kat sam kwesten blong askem abaotem fiuja. Afta ol pikinini we waef o patna I expectem naoia,yu wantem blong kat wan more pikinini, o yu jus blong nomo kat eni mo pikinini?</i>	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DONT KNOW ..... 8	505 506
504b	Now I have some questions about the future. Would you like to have (a/another) child, or w ould you prefer not to have any <i>Naoia mi gat sam kwestens abaotem fiuja. Yu wantem gat pikinini bakeken o yu jus blong nomo kat?</i>	HAVE (A/ANOTHER) CHIL ..... 1 NO MORE/NONE ..... 2 SAYS COUPLE CAN'T GET PREGNANT ..... 3 WIFE (WIVES)/PARTNER(S) STERILIZED ..... 4 UNDECIDED/DONT KNOW ..... 8	506
505	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DONT KNOW <input type="checkbox"/> ↓      WIFE/PARTNER PREGNANT <input type="checkbox"/> ↓  How long w ould you like to w ait from now before the birth of (a/another) child? <i>Yu wantem wet hao long bifo yu kat wan mo pikinini?</i>  After the birth of the child you are expecting now , how long w ould you like to w ait before the birth of another child? <i>Afta we pikinini ia bae I bon, hao long nao bai yu wet bifo yu kat narafala wan bakeken?</i>	MONTHS ..... 1 YEARS ..... 2  SOON/NOW ..... 993 COUPLE INFECUND ..... 994  OTHER ..... 996 (SPECIFY) DONT KNOW ..... 998	
506	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> ↓      NO LIVING CHILDREN <input type="checkbox"/> ↓  If you could go back to the time you did not have any children and could choose exactly the number of children to have in your w hole life, how many w ould that be? <i>Sapos yu ko bak long taem we yu no bin kat pikinini mo yu save jus stret namba blong pikinini blo kat long hol laef blong yu, hamas nao yu shud kat everiwan?</i>  If you could choose exactly the number of children to have in your w hole life, how many w ould that be? <i>Sapos yu save jus stret namba blong pikinini blo gat long hol laef blong yu, hamas nao yu shud kat everiwan?</i>  PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00 NUMBER .....  OTHER ..... 96 (SPECIFY)	601 601
507	How many of these children w ould you like to be boys, how many w ould you like to be girls and for how many w ould the sex not matter? <i>Hamas long ol pikinini ia yu wantem se bae oli ol boe, hamas nao yu wantem blong oli gel mo hamas nao I nomata sapos I boe o gel?</i>	BOYS    GIRLS    EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  OTHER ..... 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES							
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
601	Have you done any work in the last seven days? <i>Yu bin mekem eni wok long las seven deis?</i>	YES ..... 1 NO ..... 2	→ 604				
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason? <i>Nomata yu no mekem eni wok long las seven deis, yu gat eni wok o bisnis wei yu bin spel from siknes, holidei, o eni narafala risen?</i>	YES ..... 1 NO ..... 2	→ 604				
603	Have you done any work in the last 12 months? <i>Yu bin mekem eni wok long las 12 manis?</i>	YES ..... 1 NO ..... 2	→ 610				
604	What is your occupation, that is, what kind of work do you mainly do? <i>Wanem work blo yu, hemi minim se, wanem kaen wok nao yu stap mekem?</i>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> _____ _____					
605	CHECK 604:  WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		607				
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land? <i>Yu wok lo kraon blo yu o lo kraon blo famili, o yu wok lo kraon wei yu rentei someone else's land, o yu wok lo kraon blo narafala man?</i>	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4					
607	Do you do this work for a member of your family, for someone else, or are you self-employed? <i>Yu mekem wok ia blo wan memba blo famili, blo narafala man, o yu wok blo yu wan?</i>	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3					
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while? <i>Yu stap wok tru aot lo yia, o yu wok folem sisens, o wan wan taem nomo?</i>	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3					
609	Are you paid in cash or kind for this work or are you not paid at all? <i>Oli pem yu long kash mani o narafala samting blo kaen wok ia o oli no pem yu nating?</i>	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4					
610	CHECK 401:  CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		613b				
611	CHECK 609:  CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		613a				
612	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly? <i>Hu nao I disaed hao blo spendem mani ia: yu wan nomo, menli (waef (waefs blo yu) / olgeta patna(s) blo yu mo (waef (olgeta waefs) / patna(s) blo yu, yufala everiwan wantaem?</i>	RESPONDENT ..... 1 WIFE(WIVES)/PARTNER(S) ..... 2 RESPONDENT AND WIFE (WIVES)/ PARTNER(S) JOINTLY ..... 3 OTHER ..... 6 SPECIFY _____					

613a	<p>Who usually makes each of the following decisions: you, your wife (partner) or you and your wife (partner) jointly? <i>Hu nao I stap mekem olgeta following desisens ia: yu, woman blo yu(patna) o yu mo woman blo yu (patna) yufala everiwan wantaem?</i></p> <p>a) making large household purchases? mekem ol bigfala samting blong haoshol? b) making small daily household purchases? mekem smol deli samting blong haoshol? c) deciding when to visit the wife's family or relatives? desaed w etaem blo visitim of famili blo w aef o narafala families? d) deciding what to do with the money she earns for her work? disaed w anem blo mekem w etem mani w e hemi enem long w ok blo hem? e) deciding how many children to have? disaed hamas pikinini blo gat? f) about health care for yourself? abaotem helt blo yu w an?</p>	<table border="1"> <thead> <tr> <th></th> <th>RESPON- DENT</th> <th>WIFE</th> <th>BOTH JOINTLY</th> <th>DON'T KNOW/ DEPENDS</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>f)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>		RESPON- DENT	WIFE	BOTH JOINTLY	DON'T KNOW/ DEPENDS	a)	1	2	3	8	b)	1	2	3	8	c)	1	2	3	8	d)	1	2	3	8	e)	1	2	3	8	f)	1	2	3	8	
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613b	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:  <i>Long saed blo maret laef, hu nao yu ting se hemi stret man blo mekem eni desisen: hasban, waef o tufala tugeta:</i></p> <p>a) making large household purchases? mekem ol bigfala samting blong haoshol? b) making small daily household purchases? mekem smol deli samting blong haoshol? c) deciding when to visit the wife's family or relatives? desaed w etaem blo visitim of famili blo w aef o narafala families? d) deciding what to do with the money she earns for her work? disaed w anem blo mekem w etem mani w e hemi enem long w ok blo hem? e) deciding how many children to have? disaed hamas pikinini blo kat? f) about health care for yourself? abaotem helt blo yu w an?</p>	<table border="1"> <thead> <tr> <th></th> <th>HUS- BAND</th> <th>WIFE</th> <th>BOTH JOINTLY</th> <th>DON'T KNOW/ DEPENDS</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>f)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>		HUS- BAND	WIFE	BOTH JOINTLY	DON'T KNOW/ DEPENDS	a)	1	2	3	8	b)	1	2	3	8	c)	1	2	3	8	d)	1	2	3	8	e)	1	2	3	8	f)	1	2	3	8	
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614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.  <i>Bae mi nao ridim sam stetment abaotem pregnancy. Plis yu mas talem long mi sapos yu agri o disagri wetem.</i></p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.  <i>Bonem pikinini hemi wari blo ol woman I no nid blo papa hemi pat long hem.</i></p> <p>b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery. <i>Hemi impoten tumas lo helt blo mami mo bebi se mama hemi shud karem help from dokta o nes lo taem hemi bonem bebi.</i></p>	<table border="1"> <thead> <tr> <th></th> <th>AGREE</th> <th>DIS- AGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>CHILDBEARING WOMAN'S CONCERN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DOCTOR/NURSE'S ASSISTANCE CRUCIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DIS- AGREE	DK	CHILDBEARING WOMAN'S CONCERN	1	2	8	DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8																								
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615	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:  <i>Samtaem hasban hemi save kros long waef from olsamting we hemi duim. Long tingting blo yu, yu ting se hasban hemi raet blong kilim waef lo olgeta kaen taem olsem?</i></p> <p>If she goes out without telling him? <i>Spos hemi ko aot be I no talem aot long hem?</i> If she neglects the children? <i>Spos hemi no wari nating lo ol pikinini?</i> If she argues with him? <i>Spos hemi rao wetem hem?</i> If she refuses to have sex with him? <i>Spos hemi no wantem havem sex wetem hem?</i> If she burns the food? <i>Spos hemi bonem kakae?</i></p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT . . . . .	1	2	8	NEGL. CHILDREN . . . . .	1	2	8	ARGUES . . . . .	1	2	8	REFUSES SEX . . . . .	1	2	8	BURNS FOOD . . . . .	1	2	8												
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616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...  <i>Yu ting se taem woman I no wantem havem sex wetem hasban taem hasban hemi wantem, hemi kat raet ia...</i></p> <p>a) Get angry and reprimand her? <i>Kros tumas long waef blong hem?</i> b) Refuse to give her money or other means of support? <i>No wantem kivim mani o narafala samting blong sapotem hem?</i> c) Use force and have sex with her even if she doesn't want to? <i>Fosem hem blo havem sex wetem hem even hemi no wantem blo havem sex?</i> d) Go ahead and have sex with another woman? <i>Kohed blong havem sex wetem narafala woman?</i></p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW/ DEPENDS</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW/ DEPENDS	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8																
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d)	1	2	8																																			

SECTION 7. HIV/AIDS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>Now I would like to talk about something else. Have you ever heard of an illness called AIDS?</p> <p><i>Naoia mi laekem blong tokbaot narafala samting. Yu eva harem abaotem wan siknes we oli kolem AIDS?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 715
702	<p>Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?</p> <p><i>Oi pipol oli save katem daon pepet blo AIDS spos oli kat wan patna nomo we hemi nogat pepet ia mo hemi nogat narafala patna bakeken we hemi bin havem sex wetem olgeta?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	
703	<p>Can people get the AIDS virus from mosquito bites?</p> <p><i>Pipol oli save kasem pepet blo AIDS tru long mospuito?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	
704	<p>Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?</p> <p><i>Pipol oli save ridiusum janis blo kasem pepet blo AIDS taem oli usum kondom evritaem oli havem sex?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	
705	<p>Can people get the AIDS virus by sharing food with a person who has AIDS?</p> <p><i>Pipol oli save kasem pepet blo AIDS sapos hemi sherem kakae wetem pesen we hemi kat AIDS?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	
706	<p>Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?</p> <p><i>Pipol oli save katem daon janjes blong olgeta blo nosave kasem pepet blong AIDS sapos oli no havem sex nating?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	
707	<p>Can people get the AIDS virus because of witchcraft or other supernatural means?</p> <p><i>Pipol oli save kasem pepet blong AIDS from olgeta nagaimas o narafala rabis samting?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	
708	<p>Is it possible for a healthy-looking person to have the AIDS virus?</p> <p><i>Hemi posibol blo wan helti pesen I kasem pepet blong AIDS?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	
709	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p> <p><i>Yu save wan ples we pipol oli save ko test from pepet blong AIDS?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 711

710	<p>Where is that? <b>(3)</b>  <i>Lo wea?</i>  Any other place?  <i>I gat narafala ples?</i>  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ... C FAMILY PLANNING CLINIC ..... D  OTHER PUBLIC _____ E (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... G STAND-ALONE VCT CENTER ... H  OTHER PRIVATE MEDICAL _____ I (SPECIFY)  OTHER _____ X (SPECIFY)	
711	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?  <i>Yu save pem fres vegetebols long wan sto kipa saps yu save se hem nao hemi kasem pepet blong AIDS?</i></p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
712	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?  <i>Sapos wan memba blo famili hemi sik lo AIDS, bae yu talem aot lo ol man o no?</i></p>	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
713	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?  <i>Sapos wan memba blo famili hemi sik lo AIDS, bae yu hem sapos hemi wan woman o man long haoshol blong yu?</i></p>	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
714	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?  <i>Lo tingting blong yu, sapos wan woman tija l kat pepet blong AIDS be hemi no sik, hemi oraet blo hemi kontiniu blo tij long skul?</i></p>	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
715	<p>CHECK 701:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  <i>Apat lo AIDS, yu bin harem abaotem narafala sik we hemi save pas tru lo sex?</i></p> <p>Have you heard about infections that can be transmitted through sexual contact?  <i>Yu bin harem abaotem sik we hemi save pas tru long sex?</i></p>	YES ..... 1 NO ..... 2	



716	CHECK 409: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>	→ 724
717	CHECK 715: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 719
718	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?  <i>Naoia mi wantem askem sam kwestens abaotem helt blo yu long las 12 manis. Long las 12 manis, yu bin kasem eni sik we yu kasem tru long sex?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
719	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?  <i>Samtaems ol man oli experiensem sam toti we I kam aot long praevet pat blong olgeta. Long las 12 manis, yu bin gat sam toti I kam aot long praevet pat blo yu?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
720	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?  <i>Samtaems ol man oli gat soa kolosap lo praevet pat blo olgeta. Long las 12 manis, yu bin kat soa kolosap long praevet pat blo yu?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
721	CHECK 718, 719, AND 720: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	→ 724
722	The last time you had (PROBLEM FROM 718/719/720), did you seek any kind of advice?  <i>Las taem yu kat problem olsem (PROBLEM FROM 736/737/738), yu bin sikim eni advaes o tekem sam tritmen?</i>	YES ..... 1 NO ..... 2 → 724
723a	Where did you go? <i>Yu bin ko lo wea?</i> Any other place? <i>Eni narafala ples?</i> PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ..... C FAMILY PLANNING CLINIC ..... D MOBILE CLINIC ..... E FIELDWORKER ..... F  OTHER PUBLIC _____ G (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... H STAND-ALONE VCT CENTER ..... I MOBILE CLINIC ..... J FIELDWORKER ..... K OTHER PRIVATE MEDICAL _____ L (SPECIFY)  OTHER SOURCE SHOP ..... N OTHER _____ X (SPECIFY)

723b	<p>The last time you had (PROBLEM FROM 718/719/720), did you seek any kind of treatment?</p> <p><i>Las taem yu kat problem olsem (PROBLEM FROM 718/719/720), yu bin sikim eni advaes o tekem sam tritmen?</i></p>	<p>YES ..... 1 NO ..... 2</p>	→ 724
723c	<p>Where did you go? (4)</p> <p><i>Yu bin ko lo wea?</i></p> <p>Any other place?</p> <p><i>Eni narafala ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ... C FAMILY PLANNING CLINIC ..... D</p> <p>OTHER PUBLIC _____ E (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... F STAND-ALONE VCT CENTER ... G</p> <p>OTHER PRIVATE MEDICAL _____ H (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... I OTHER _____ X (SPECIFY)</p>	
724	<p>Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p> <p><i>Hasban mo waef no save agri to everi samting. Opos waef hemi save se hasban blo hemi I gat sik we hemi save kasem tru lo sex, hemi stret nomo blo no havem sex wetem hem?</i></p>	<p>YES ..... 1 NO ..... 2 DONT KNOW ..... 8</p>	
725	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p> <p><i>Yu ting se waef hemi raet blo no havem sex wetem hasban blo hem taem hemi taet o hemi no filim blo havem sex?</i></p>	<p>YES ..... 1 NO ..... 2 DONT KNOW ..... 8</p>	
726	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women? (5)</p> <p><i>Yu ting se waef hemi raet blo no havem sex wetem hasban blo hem taem hemi save se hemi havem sex wetem ol narafala woman?</i></p>	<p>YES ..... 1 NO ..... 2 DONT KNOW ..... 8</p>	

## SECTION 8. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
801	<p>Now I would like to talk about something else. Have you ever heard any messages/information about Malaria?</p> <p><i>Naoia mi laekem blo tokbaot narafala samting. Yu eva harem eni mesej/infomesen abaotem Malaria?</i></p>	<p>YES ..... 1 NO ..... 2</p>							
802	<p>Have you ever seen any messages/information about Malaria?</p> <p><i>Yu eva luk eni mesej/infomesen abaotem Malaria?</i></p>	<p>YES ..... 1 NO ..... 2 DONT KNOW ..... 8</p>	→ 806						
803	<p>Where did you last see and/or hear these messages/information?</p> <p><i>Las taem we yu bin harem o lukim mesej/infomesen ia lo wea?</i></p>	<p>HEALTH FACILITY ..... A FRIENDS/FAMILY ..... B WORKPLACE ..... C SCHOOL ..... D CHURCH ..... E COMMUNITY MEETING/EVENT ... F DRAMA GROUPS ..... G RURAL HEALTH MOTIVATOR ..... H TRADITIONAL HEALERS ..... I POSTERS/BILLBOARDS ..... J ON TV ..... K ON THE RADIO ..... L IN THE NEWSPAPER ..... M</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW ..... Z</p>							
804	<p>How long ago did you see or hear these messages?</p> <p><i>Long wanem dei,manis o yia nao yu bin luk o harem mesej ia?</i></p>	<p>DAYS 1 <table border="1" data-bbox="1109 1108 1204 1153"><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1" data-bbox="1109 1164 1204 1209"><tr><td></td><td></td></tr></table></p> <p>YEARS 3 <table border="1" data-bbox="1109 1220 1204 1265"><tr><td></td><td></td></tr></table></p>							
805	<p>What type of malaria messages/information did you see or hear?</p> <p><i>Wanem kaen malaria mesej/infomesen nao yu bin luk o harem?</i></p>	<p>MALARIA ELIMINATION ..... A MALARIA IS DANGEROUS ..... B MALARIA CAN KILL ..... C MOSQUITOES SPREAD MALARIA ..... D SLEEPING UNDER MOSQUITO NET IMPORTANT ..... E EVERYONE SHOULD SLEEP UNDER MOSQUITO NET ..... F USE AND CARE OF NETS ..... G SEEK PROPER DIAGNOSIS ..... H SEEK TREATMENT FOR FEVER ... I SEEK TREATMENT FOR FEVER WITHIN 24 HOURS/PROMPTLY .. J USE PROPHYLAXIS WHEN TRAVELLING ..... K IMPORTANT OF HOUSE SPRAYING ... L NOT PLASTERING WALLS AFTER SPRAYING ..... M ENVIRONMENTAL SANITATION ACTIVITIES ..... N PUT SCREENS ON HOUSES ..... O WEAR LONG SLEEVES IN EVENING . P</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW ..... Z</p>							

806	<p>Has anyone ever visited you at your home and provided you with education/information on malaria?</p> <p><i>I gat eniwan I eva visitim hom blo yu mo provaedem sam infomesen/tijing lo malaria?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 810												
807	<p>From w hom did you receive this education/information at your home?</p> <p><i>Hu nao I bin kam lo hom blong yu blo kivim ol infomesen/tijing ia:</i></p>	<p>HEALTH CARE WORKER ..... A</p> <p>RURAL HEALTH MOTIVATOR ..... B</p> <p>FRIENDS/FAMILY ..... C</p> <p>EMPLOYER ..... D</p> <p>TRADITIONER HEALER ..... E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>													
808	<p>How long age did someone visit your home to provide education/information at your home?</p> <p><i>Long wanem dei, manis o yia nao sam man oli bin kam visitim hom blo provaedem infomesen/tijing long yu?</i></p>	<p>DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>													
809	<p>What type of information/education about malaria did you receive at your home?</p> <p><i>Wanem kaen infomesen/tijing abaotem malaria nao yu bin risivim lo hom blo yu?</i></p> <p>PROBE ONCE: Anything else? <i>I gat narafala samting?</i></p>	<p>MALARIA IS DANGEROUS ..... A</p> <p>MALARIA CAN KILL ..... B</p> <p>MOSQUITOES SPREAD MALARIA ..... C</p> <p>SLEEPING UNDER MOSQUITOE NET IMPORTANT ..... D</p> <p>WHO SHOULD SLEEP UNDER NET ..... E</p> <p>SEEK TREATMENT FOR FEVER ..... F</p> <p>SEEK TREATMENT FOR FEVER WITHIN 24 HOURS/PROMPTLY ..... G</p> <p>IMPORTANCE OF HOUSE SPRAYING ..... H</p> <p>NOT PLASTERING WALLS AFTER SPRAYING ..... I</p> <p>ENVIRONMENTAL SANITATION ACTIVITIES ..... J</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>													
810	<p>In your opinion, what cause malaria?</p> <p><i>Long tingting blong yu, wanem nao I kosem malaria?</i></p> <p>PROBE ONCE: Anything else? <i>I gat narafala samting?</i></p>	<p>MOSQUITO BITES ..... A</p> <p>EATING IMMATURE SUGARCANE ..... B</p> <p>EATING DIRTY FOOD ..... C</p> <p>DRINKING DIRTY WATER ..... D</p> <p>GETTING SOAKED WITH RAIN ..... E</p> <p>COLD OR CHANGING WEATHER ..... F</p> <p>WITCHCRAFT ..... G</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Y</p>													
811	<p>Can you tell me the main signs or symptoms of malaria?</p> <p><i>Yu save talem long mi ol mein saens blo malaria?</i></p>	<p>FEVER ..... A</p> <p>FEELING COLD/CHILLS/SHAKES ..... B</p> <p>HEADACHE ..... C</p> <p>NAUSEA AND VOMITING ..... D</p> <p>DIARRHEA ..... E</p> <p>DIZZINESS ..... F</p> <p>LOSS OF APPETITE/REFUSING TO EAT ..... G</p> <p>BODY ACHES OR JOINT PAIN ..... H</p> <p>STIFF NECK ..... I</p> <p>NOT ACTIVE/LETHARGIC ..... J</p> <p>BODY WEAKNESS ..... K</p> <p>CRYING ALL THE TIME ..... L</p> <p>RESTLESS, WONT STAY STILL ..... M</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Y</p>													
812	<p>RECORD THE TOTAL NUMBER OF SYMPTOMS THE RESPONDENT CORRECTLY IDENTIFIED IN QUESTION 811</p>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>													

813	<p>If you or a family member were to present with signs and symptoms of malaria, where would you seek treatment?  <i>Sapos yu o memba blo famili i kat saens blo malaria, wea nao yu save ko karem tritment?</i></p> <p>MULTIPLE ANSWERS POSSIBLE</p> <p>DO NOT PROBE AND DO NOT PROVIDE ANSWERS.</p>	<p>HOSPITAL ..... A  HEALTH CENTRE ..... B</p> <p>HEALTH CLINIC ..... C  TRADITIONAL HEALER ..... D  FRIENDS/FAMILY ..... E  AID POST WORKER ..... F  CHURCH ..... G  PHARMACY ..... H  WOULD NOT SEEK TREATMENT . . . I</p> <p>OTHER _____ . . . X  (SPECIFY)</p> <p>DONT KNOW ..... Y</p>	
814	<p>How soon after suspecting you or your family member is affected with malaria, would you seek treatment?  <i>Sapos yu luk se yu o memba blo famili hemi kasem malaria, bae yu lukaotem ples blo ko karem tritmen?</i></p>	<p>WITHIN 24 HOURS ..... 1  TWO DAYS . . . . . 2  ONE WEEK . . . . . 3  MORE THAN ONE WEEK . . . . . 4  I WOULD NOT SEEK TREATMEN . . . . . 5</p> <p>OTHER _____ . . . 6  (SPECIFY)</p> <p>DONT KNOW ..... 8</p>	
815	<p>Do you think malaria can kill you if it is untreated?  <i>Yu ting se malaria I save kilim yu sapos hemi no bin trited?</i></p>	<p>YES ..... 1  NO ..... 2  DONT KONW ..... 8</p>	
816	<p>How can someone protect himself/herself against malaria?  <i>Hao nao wanman I save protectem hem agensem malaria?</i>  MULTIPLE RESPONSES POSSIBLE.</p> <p>PROBE ONCE: Anything else?  <i>I gat narafala samting?</i></p>	<p>SLEEP UNDER A MOSQUITO NET . . . A  SLEEP UNDER A INSECTICIDE  -TREATED MOSQUITO NET . . . . . B  USE MOSQUITO REPELLANT . . . . . C  AVOID MOSQUITO BITES . . . . . D  TAKE PREVENTIVE MEDICATION . . . . . E  SPRAY HOUSE WITH INSECTICIDE . . . F  USE MOSQUITO COILS . . . . . G  CUT THE GRASS AROUND THE  HOUSE . . . . . H  FILL IN PUDDLES (STAGNANT WATER) I  KEEP HOUSE SURROUNDINGS  CLEAN . . . . . J  BURN LEAVES . . . . . K  DONT DRINK DIRTY WATER . . . . . L  DONT EAT BAD FOOD (IMMATURE  SUGARCANE OR LEFTOVER  FOOD) . . . . . N  PUT MOSQUITO SCREENS ON  THE WINDOWS . . . . . O  DONT GET SOAKED WITH RAIN . . . P</p> <p>OTHER _____ . . . X  (SPECIFY)</p> <p>DONT KNOW ..... Z</p>	
817	<p>What are the reasons for spraying your house?  <i>Yu save kivim sam risens from wanem oli spre i lo haos blo yu?</i>  MULTIPLE RESPONSES POSSIBLE.</p>	<p>TO PREVENT MALARIA/TO KILL  MOSQUITOS ..... A  TO KILL OTHER INSECTS ..... B</p> <p>OTHER _____ . . . X  (SPECIFY)</p> <p>DONT KNOW ..... Z</p>	
818	<p>Do you think spraying is effective in killing mosquitoes?  <i>Yu ting se spray nao hemi stret blong kilim mosquitos?</i></p>	<p>YES ..... 1  NO ..... 2  DONT KNOW ..... 8</p>	
819	<p>What are the reasons for sleeping under mosquito nets?  <i>Kivim ol risons from wanem yumi mas silip unda long mosquito net?</i></p>	<p>TO PREVENT MALARIA/TO PROTECT  AGAINST MOSQUITO BITES ..... A  TO PROTECT AGAINST BITES  FROM OTHER INSECTS ..... B</p> <p>OTHER _____ . . . X  (SPECIFY)</p> <p>DONT KNOW ..... Z</p>	
820	<p>Do you think mosquito nets are effective in controlling mosquito bites?  <i>Yu ting se mosquito net nao hemi stret blo kontrolem mosuito blo no kakae ol man?</i></p>	<p>YES ..... 1  NO ..... 2  DONT KNOW ..... 8</p>	

821	<p>What is the new anti-malarial drug that is being promoted by the Ministry of Health?</p> <p><i>Wanem nem blong niufala anti-malaria drug we olgeta long ministri blong helt nao oli bin promotem?</i></p>	<p>COARTEM 1</p> <p>SP/FANSIDAR ..... 2</p> <p>CHLOROQUINE ..... 3</p> <p>AMODIAQUINE ..... 4</p> <p>OTHER _____ ... 6</p> <p>(SPECIFY)</p> <p>DONT KNOW 8</p>	→ 823
822	<p>Have you seen or heard any information about COARTEM?</p> <p><i>Yu bin luk o harem eni infomesen abaotem COARTEM?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 901
823	<p>Where did you see or hear about COARTEM?</p> <p><i>Yu bin luk o harem abaotem COARTEM lo wea?</i></p> <p>CIRCLE ALL MENTIONED.</p>	<p>TELEVISION ..... A</p> <p>RADIO ..... B</p> <p>NEWSPAPER ..... C</p> <p>COMMUNITY MEETING ..... D</p> <p>RELATIVE/FRIEND ..... E</p> <p>HEALTH WORKER ..... F</p> <p>COMMUNITY LEADER/ELDER ..... G</p> <p>AID POST WORKER ..... H</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>DONT KNOW ..... Z</p>	

## SECTION 9. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of an illness called tuberculosis or TB? <i>Yu eva harem abaotem wan sik we oli singaotem Tibikolosis o TB?</i>	YES ..... 1 NO ..... 2	→ 905
902	How does tuberculosis spread from one person to another? <i>Hao nao tibikolosis I pas from wan pesen I ko long narafala pesen?</i> PROBE: Any other ways I gat narafala weis?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER _____ X (SPECIFY) DONT KNOW ..... Z	
903	Can tuberculosis be cured? <i>I gat meresin blo kiurem Tibikolosis?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
904	If a member of your family got tuberculosis, would you want it to remain a secret or not? <i>Sapos wan memba dio tamuu nemi kasem tibikolosis, yu wantem blo hemi stap sikret nomo bae oli nomas talem aot?</i>	YES, REMAIN A SECRET ..... 1 NO ..... 2 DONT KNOW/NOT SURE/ DEPENDS ..... 8	
905	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?  <i>Sam man oli katem olgeta, hemia we, oli katem aot skin blo praevet pat blo man. Oli bin katem yu?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	→ 909
906	How old were you when you got circumcised? <i>Yu bin gat hamas yia taem oli katem yu?</i>	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>  DURING CHILDHOOD (<5 YEARS) 95 DONT KNOW ..... 98	
907	Who did the circumcision? <i>Hu nao I katem yu?</i>	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND ..... 1 HEALTH WORKER/PROFESSIONAL 2 OTHER _____ 6 (SPECIFY) DONT KNOW ..... 8	
908	Where was it done? <i>Oli bin mekem wea?</i>	HEALTH FACILITY ..... 1 HOME OF A HEALTH WORKER/ PROFESSIONAL ..... 2 CIRCUMCISION DONE AT HOME ... 3 OTHER HOME/PLACE ..... 5 OTHER _____ 6 (SPECIFY) DONT KNOW ..... 8	
909	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? <i>Naoia mi laekem blo askem sam kw esten we hemi rilet lo helt. Oli bin stikim yu from eni risen lo las 12 manis?</i>  IF YES: How many injections have you had? <i>Hamas sik nao yu bin tekem?</i>  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 913

910	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p><i>Long evri stik we yu bin tekem, hamas nao I kam long doct, nes, man blo kivim meresin, man blo karem aot tut o eni narafala man blo helt?</i></p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/></p> <p>NONE ..... 00 → 912</p>	
911	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p><i>Las taem yu ko karem stik blo yu long ol man blong helt, yu bin ko wea nao blo karem stik ia?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>OTHER PUBLIC ..... 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21</p> <p>DENTAL CLINIC/OFFICE ..... 22</p> <p>PHARMACY ..... 23</p> <p>OFFICE OR HOME OF NURSE/ HEALTH WORKER ..... 24</p> <p>OTHER PRIVATE MEDICAL ..... 26 (SPECIFY)</p> <p>OTHER PLACE</p> <p>AT HOME ..... 31</p> <p>OTHER ..... 96 (SPECIFY)</p>	
912	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?</p> <p><i>Man we hemi bin stikim yu hemi bin usum niu syringe mo nidel ia from wan niufala paket we hemi jus openem?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
913	<p>Have you ever used any type of tobacco/cigarettes?</p> <p><i>Yu bin eva usum eni kaen blo tabako o sigaret?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2 → 926</p>	
914	<p>Which best describes your tobacco use?</p> <p><i>Wijwan nao hemi tokbaot how blong usum tabako?</i></p>	<p>CURRENTLY USE TOBACCO OR CIGARETTES DAILY ..... 1</p> <p>CURRENTLY USE TOBACCO OR CIGARETTES LESS THAN DAILY . . . 2</p> <p>COMPLETELY STOPPED LESS THAN SIX MONTHS AGO . . . 3</p> <p>COMPLETELY STOPPED MORE THAN SIX MONTHS AGO . . . 4 → 925</p> <p>COMPLETELY STOPPED MORE THAN ONE YEAR AGO . . . 5</p> <p>NEVER USED TOBACCO . . . 6 → 926</p>	
915	<p>Do you currently use/smoke manufactured or packaged cigarettes? (Show picture of a manufactured cigarettes)</p> <p><i>Yu stap usum o smokem sikaret we oli mekem o pakejem?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2 → 919</p>	
916	<p>In the last 24 hours, how many manufactured or packaged cigarettes did you smoke?</p> <p><i>Long las 24 aoas, hamas manufactured o pakeje sikaret nao yu bin smokem?</i></p>	<p>CIGARETTES ..... <input type="text"/></p> <p>_____</p> <p>_____</p>	
917	<p>Where do you buy/receive manufactured or packaged cigarettes?</p> <p><i>Yu pem o risivim manufactured o pakeje sikaret ia long wea?</i></p>	<p>LOCAL STORE/SHOP . . . . . 1</p> <p>DUTY FREE . . . . . 2</p> <p>WHOLESALE . . . . . 3</p> <p>OTHER _____ 6 (SPECIFY)</p>	



918	On average, how much do you spend on manufactured or packaged cigarettes per day? <i>Yu spedem hamas mani long manufactured o pakage sikaret long wan dei?</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
919	Do you currently use/smoke locally grown tobacco (self-rolled)? (show a picture of rope tobacco, and as a rolled cigarettes) <i>Yu stap usum o smokem tabako we oli groem (rolem yu wan)? (some pitja blo rope blong tabako, mo hemia we yu rolem)</i>	YES ..... 1 NO ..... 2	→ 924
920	In the last 24 hours, how many locally grown tobacco cigarettes did you smoke (self-rolled)? <i>Yu bin smokem hamas tabako rolls long las 24 aoas?</i>	SELF-ROLLED CIGARETTES ..... <input type="text"/> <input type="text"/>	
921	Where do you get or buy locally grown tobacco (self-rolled)? <i>Yu stap pem tabako we oli groem long karen long wea?</i>	LOCAL STORE/SHOP ..... 1 MARKET ..... 2 FRIEND/RELATIVE ..... 3 SELF(OWN PLANTS/FARMS) ..... 4  OTHER _____ 6 (SPECIFY)	
922	On average, how much do you spend on locally grown tobacco (self-rolled) cigarettes per day? <i>Yu spedem hamas mani everiwan long tabako we oli groem mo sikaret long wan dei?</i>	<input type="text"/> <input type="text"/> <input type="text"/>	
923	What is the main reason to use/smoke locally grown (self-rolled) tobacco instead of manufactured or packaged tobacco?  <i>From wanem risen nao I mekem se bae oli mas usum o smokem lokoli grown tabako be ino manufactured o pakage tabako?</i>	LESS EXPENSIVE ..... 1 LESS UNHEALTHY ..... 2  EASIER TO GET ..... 3 TASTES BETTER ..... 4  OTHER _____ 6 (SPECIFY)	
924	What other type of tobacco do you currently smoke or use? <i>Wanem kaen tabako nao yu stap smokem o usum?</i> RECORD ALL MENTIONED	<input type="text"/> <input type="text"/> _____	→ 926
925	What motivated/helped you to stop using tobacco? <i>Wanem nao I mekem se yu stop blong usum tabako?</i>	FAMILY INSPIRED ..... 1 FRIEND INSPIRED ..... 2 FAMILY ENCOURAGED ..... 3 FRIEND ENCOURAGED ..... 4 HEALTH ..... 5 INCREASING COST OF TOBACCO ..... 6 HEALTH WORKER ENCOURAGED ..... 7 SPIRITUAL/RELIGIOUS ..... 8  OTHER _____ 96 (SPECIFY)	
926	Now I would like to ask you some questions about your salt usage. Naoia bae mi askem sam kw esten abaotem salt we u stap usum. How often does the person who prepares your food add salt when they are cooking?  <i>Pesen we hemi preparem kakae blong yufala, hamas taem nao hemi stap usum salt lo kakae?</i>	USUALLY ..... 1 SOMETIMES ..... 2 RARELY ..... 3 NEVER ..... 4  OTHER _____ 6 (SPECIFY)	

927	Do you add extra salt in your food before eating? <i>Yu stap adem extra salt long kakae blong yu bifo yu kakae?</i>	USUALLY ..... 1 SOMETIMES ..... 2 RARELY ..... 3 NEVER ..... 4  OTHER _____ 6 (SPECIFY)			
928	Does the salt you buy in the shop have the label "Iodized"? <i>Salt we yu pem long stoa hemi kat lebol "Iodized"?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
929	Can you name one harmful effect on your health from consuming too much salt? <i>Yu save nemem wan hamful efect long helt blong yu sapos yu kakae tumas salt?</i> RECORD ALL MENTIONED	YES ..... 1  NO ..... 2 DON'T KNOW ..... 8			
930	If you do not have salt, what other spices can you use to make your food flavourful and/or tasty? <i>Sapos yu nogat salt, wanem narafala kaen bakeken we yu save usum blong mekem kakae hemi tes gud?</i> RECORD ALL MENTIONED	_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			
931	Are you covered by any health insurance? <i>Yu kat eni helt insurance?</i>	YES ..... 1 NO ..... 2	→ 933		
932	What type of health insurance? <i>Wanem kaen helt insurance?</i> RECORD ALL MENTIONED.	AUSTRALIAN FAMILY ASSOCIATION INSURANCE (AFA) ..... A CAILLARD KARDDOU INSURANCE ..... B DOMINION INSURANCE ..... C  OTHER _____ X (SPECIFY)			
933	Now I would like to ask you about alcohol and drug use. Remember that your responses are completely anonymous and confidential and will not be released to anyone. During the last 12 months, how often did you have drinks containing alcohol, such as beer, wine, liquor, spirits, homebrew, toddy, yeast? Would you say <i>Naoia mi laekem blong askem long yu abaotem alkohol mo drags we yu stap usum. Rimemba se wanem we yu talem hemi sikret mo bae mifala no save talem aot long eniwan. Long las 12 manis, hamas taem nao yu stap tekem ol alkohol ia, bia, waen, liqa, spirits, hambrew, toddy, yeast? Yu save talem</i>  a. Never? b. Monthly or less? c. 2 to 4 times a month? <i>ua kihe fa he mahina?</i> d. 2 to 3 times a week? e. 4 or more times a week? <i>tu'o fa pe lahi hake ai he uike?</i> f. No answer / refused g. Don't know	NEVER ..... 0 < 2 PER MONTH ..... 1 2-4 PER MONTH ..... 2 2-3 PER WEEK ..... 3 4+ PER WEEK ..... 4 NO ANSWER/REFUSED ..... 7 DON'T KNOW ..... 8	→ 937		
934	During the last 12 months, how many standard drinks containing alcohol did you have on a typical day when drinking? A standard drink is a can of beer, a glass of wine, a shot of liquor, etc.? <i>Long las 12 manis, hamas standard drinks we hemi kontenem alkohol yu bin tekem taem yu drink? Standard drink hemi bia long tin, wan glas blong waen, wan shot blong liqa, samfala mo?</i> a. 1 or 2? b. 3 or 4? c. 5 or 6? d. 7, 8 or 9? e. 10 to 19? f. 20 or more? g. No answer / refused h. Don't know	NUMBER OF STANDARD DRINKS  1 OR 2 ..... 1 3 OR 4 ..... 2 5 OR 6 ..... 3 7, 8 OR 9 ..... 4 10 TO 19 ..... 5 20 OR MORE ..... 6 NO ANSWER/REFUSED ..... 7 DON'T KNOW ..... 8			

935	<p>During the last 12 months, how often did you have five or more standard drinks at one time? A standard drink is a can of beer, a glass of wine, a shot of liquor, 1 upi kao, etc.</p> <p><i>Long las 12 manis, hamas taem nao yu tekem five o mo standard drinks long wan taem? Wan standard drink hemi wan tin blong bia, wan glas blong waen, wan shot blong liqa, 1upi kao, samfala mo.</i></p> <p>a. Never b. Less than monthly? c. Monthly? d. Weekly? e. Daily or almost daily? f. No answer / refused g. Don't know</p>	<p>NEVER ..... 0 LESS THAN MONTHLY ..... 1 MONTHLY ..... 2 WEEKLY ..... 3 DAILY OR ALMOST DAILY ..... 4 NO ANSWER/REFUSED ..... 7 DONT KNOW ..... 8</p>																																																					
936	<p>At the time you first drink alcohol, what was the main reason that make you drink alcohol? <i>Long taem we yu bin drink alkohol, wanem mein risen nao I mekem se yu drink alkohol?</i></p>	<p>NOTHING TO DO ..... 1 PLEASURE ..... 2 PEER PRESSURE ..... 3 PARENTS/FAMILY DRINK ..... 4 CUSTOMARY BEHAVIOUR ..... 5 OTHERS _____ 6 (SPECIFY)</p>																																																					
937	<p>Next I would like to ask you about use of the following items. <i>Mi laekem blong askem abaotem use blong ol items ia.</i> Have you <u>ever</u> tried...? Yu eva taed...? IF YES, ASK: Did you use it in the last 30 days? <i>Yu bin usum long las 30 deis?</i></p> <p>a. Betel nut? b. Kava? c. Marijuana/Cannibis d. Ecstasy/E/Eccies? e. Inhalants including gas? f. Speed/Base/Other amphetamines? g. Ice/Crystal meth? h. Cocaine/Crack/Freebasing? i. Heroin? j. LSD/Acid/Hallucinogens? k. Steroids (non-medical use)? l. Viagra/Cialis/Sex enhancers?</p>	<table border="1"> <thead> <tr> <th>NEVER TRIED</th> <th>EVER TRIED</th> <th>USED IN LAST 30 DAYS</th> <th>NO ANSWER, REFUSED</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> </tbody> </table>	NEVER TRIED	EVER TRIED	USED IN LAST 30 DAYS	NO ANSWER, REFUSED	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	
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938	<p>Some people have tried injecting drugs using a syringe. In the last 12 months, have you injected drugs (not including injections for medial reasons or treatment of an illness)? <i>Sam pipol oli traem blong stikim drugs I ko long olgeta wetem syringe. Long las 12 manis, yu bin stikim yu wetem drugs(hemi no inkludim stik we oli stikim yu o tritim yu long hem taem yu sik)?</i></p>	<p>YES ..... 1 NO ..... 2 NO ANSWER, REFUSED ..... 8</p>																																																					
939	RECORD THE TIME.	<p>HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																																																					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_





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Secretariat  
of the Pacific  
Community

