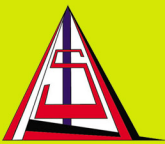


Jamaica

Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2005



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

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Summary Table of Findings

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Jamaica, 2005

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1	13	Under-five mortality rate	31	per thousand
	2	14	Infant mortality rate	26	per thousand
NUTRITION					
Breastfeeding	45		Timely initiation of breastfeeding	63	Percent
	15		Exclusive breastfeeding rate	15	Percent
	16		Continued breastfeeding rate at 12-15 months at 20-23 months	49	Percent
				24	Percent
	17		Timely complementary feeding rate	36	Percent
	18		Frequency of complementary feeding	15	Percent
	19		Adequately fed infants	15	Percent
Low birth weight	9		Low birth weight infants	12	Percent
	10		Infants weighed at birth	97	Percent
CHILD HEALTH					
Immunization	25		Tuberculosis immunization coverage	94	Percent
	26		Polio immunization coverage	80	Percent
	27		DPT immunization coverage	82	Percent
	28	15	Measles immunization coverage	87	Percent
	31		Fully immunized children	63	Percent
Tetanus toxoid	32		Neonatal tetanus protection	65	Percent
Care of illness	35		Received ORT or increased fluids, and continued feeding	39	Percent
	23		Care seeking for suspected pneumonia	75	Percent
	22		Antibiotic treatment of suspected pneumonia	52	Percent
ENVIRONMENT					
Water and Sanitation	11	30	Use of improved drinking water sources	94	percent
	13		Water treatment	53	percent
	12	31	Use of improved sanitation facilities	97	percent
	14		Disposal of child's faeces	36	percent
REPRODUCTIVE HEALTH					
Maternal and newborn health	20		Antenatal care	91	percent
	44		Content of antenatal care	99	percent
	4	17	Skilled attendant at delivery	97	percent
	5		Institutional deliveries	94	percent
CHILD DEVELOPMENT					
Child development	46		Support for learning	86	percent
	47		Father's support for learning	41	percent
	48		Support for learning: children's books	57	percent
	49		Support for learning: non-children's books	87	percent
	50		Support for learning: materials for play	49	percent
	51		Non-adult care	4	percent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value
EDUCATION				
Education	52		Pre-school attendance	86 percent
	53		School readiness	100 percent
	54		Net intake rate in primary education	89 percent
	55	6	Net primary school attendance rate	97 percent
	56		Net secondary school attendance rate	89 percent
	57	7	Children reaching grade five	99 percent
	58		Transition rate to secondary school	97 percent
	59	7b	Primary completion rate	82 percent
	61	9	Gender parity index primary school secondary school	1.00 ratio 1.04 ratio
Literacy	60	8	Adult literacy rate	98 percent
CHILD PROTECTION				
Birth registration	62		Birth registration	89 percent
Child labour	71		Child labour	6 percent
	72		Labourer students	98 percent
	73		Student labourers	6 percent
Child discipline	74		Child discipline	
			Any psychological/physical punishment	87 percent
Early marriage	67		Marriage before age 15	1.2 percent
			Marriage before age 18	10 percent
	68		Young women aged 15-19 currently married/in union	5 percent
	69		Spousal age difference 20-24 years	25 percent
Domestic violence	100		Attitudes towards domestic violence	6 percent
Disability	101		Child disability	15 percent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
<i>HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN</i>					
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young people	58	percent
	89		Knowledge of mother- to-child transmission of HIV	59	percent
	86		Attitude towards people with HIV/AIDS	20	percent
	87		Women who know where to be tested for HIV	89	percent
	88		Women who have been tested for HIV	49	percent
	90		Counselling coverage for the prevention of mother- to-child transmission of HIV	83	percent
	91		Testing coverage for the prevention of mother-to- child transmission of HIV	84	percent
Support to orphaned and vulnerable children	75		Prevalence of orphans	5	percent
	78		Children's living arrangements	14	percent
	76		Prevalence of vulnerable children	7	percent
	81		External support to children orphaned and made vulnerable by HIV/AIDS	15	percent

Table of Contents

Summary Table of Findings	i
Table of Contents	iv
List of Tables	vi
List of Figures	viii
List of Abbreviations	ix
Acknowledgements	x
Executive Summary	xi
I. Introduction	
Background.....	1
Survey Objectives.....	4
II. Sample and Survey Methodology	
Sample Design.....	5
Questionnaires.....	5
Training and Fieldwork	7
Data Processing	8
III. Sample Coverage and the Characteristics of Households and Respondents	
Sample Coverage	9
Characteristics of Households.....	9
Characteristics of Respondents	11
IV. Child Mortality.....	12
V. Nutrition	
Breastfeeding	14
Low Birth Weight.....	16
VI. Child Health	
Immunization	18
Tetanus Toxoid	19
Oral Rehydration Treatment	20
Care Seeking and Antibiotic Treatment of Pneumonia	21
Sources and Costs of Supplies.....	22
VII. Environment	
Water and Sanitation	23
VIII. Reproductive Health	
Antenatal Care.....	26
Assistance at Delivery	27
IX. Child Development.....	28

X. Education	
Pre-School Attendance and School Readiness	30
Primary and Secondary School Participation	30
Distance from Household to Primary and Secondary School.....	32
Adult Literacy.....	32
XI. Child Protection	
Birth Registration	33
Child Labour.....	33
Child Discipline.....	34
Early Marriage.....	35
Domestic Violence.....	37
Child Disability	37
XII. HIV/AIDS, and Orphaned and Vulnerable Children	
Knowledge of HIV Transmission	39
Orphans and Vulnerable Children	42
List of References	44
Statistical Tables.....	45 -107
Appendix A. Sample Design	108
Appendix B. List of Personnel Involved in the Survey	112
Appendix C. Estimates of Sampling Errors	115
Appendix D. Data Quality Tables	121
Appendix E. MICS Indicators: Numerators and Denominators	128
Appendix F. Questionnaires.....	132

List of Tables

Table HH.1:	Results of household and individual interviews.....	45
Table HH.2:	Household age distribution by sex.....	46
Table HH.3:	Household composition.....	47
Table HH.4:	Women's background characteristics.....	48
Table HH.5:	Children's background characteristics.....	49
Table CM.1:	Child mortality.....	50
Table CM.2:	Children ever born and proportion dead.....	50
Table NU.1:	Initial breastfeeding.....	51
Table NU.2:	Breastfeeding.....	52
Table NU.3:	Adequately fed infants.....	53
Table NU.4:	Low birth weight infants.....	54
Table CH.1:	Vaccinations in first year of life.....	55
Table CH.2:	Vaccinations by background characteristics.....	56
Table CH.3:	Neonatal tetanus protection.....	57
Table CH.4:	Oral rehydration treatment.....	58
Table CH.5:	Care seeking for suspected pneumonia.....	59
Table CH.6:	Antibiotic treatment of pneumonia.....	60
Table CH.7:	Knowledge of the two danger signs of pneumonia.....	61
Table EN.1:	Use of improved water sources.....	62
Table EN.2:	Household water treatment.....	63
Table EN.3:	Time to source of water.....	64
Table EN.4:	Person collecting water.....	65
Table EN.5:	Use of sanitary means of excreta disposal.....	66
Table EN.6:	Disposal of child's faeces.....	67
Table EN.7:	Use of improved water sources and improved sanitation.....	68
Table RH.1:	Antenatal care provider.....	69
Table RH.2:	Antenatal care.....	70
Table RH.3:	Assistance during delivery.....	71
Table CD.1:	Family support for learning.....	72
Table CD.2:	Learning materials.....	73
Table CD.3:	Children left alone or with other children.....	74
Table ED.1:	Early childhood education.....	75
Table ED.2:	Primary school entry.....	76
Table ED.3:	Primary school net attendance ratio.....	77
Table ED.4:	Secondary school net attendance ratio.....	78
Table ED 4W	Secondary school age children attending primary school.....	79
Table ED.5:	Children reaching grade 5.....	80
Table ED.6:	Primary school completion and transition to secondary education.....	81
Table ED.7:	Education gender parity.....	82
Table ED 8:	Distance to nearest Primary School.....	83
Table ED.9:	Distance to nearest Secondary School.....	84
Table ED.10:	Adult literacy.....	85
Table CP.1:	Birth registration.....	86
Table CP.2:	Child labour by type of work.....	87
Table CP.2W	Child labour, currently working.....	88
Table CP.3:	Labourer students and student labourers.....	89

Table CP.4:	Child discipline	90
Table CP.5:	Early marriage	91
Table CP.6:	Spousal age difference.....	92
Table CP.7:	Attitudes toward domestic violence	93
Table CP.8:	Child disability	94
Table HA.1:	Knowledge of preventing HIV transmission	95
Table HA.2:	Identifying misconceptions about HIV/AIDS.....	96
Table HA.3:	Comprehensive knowledge of HIV/AIDS transmission	97
Table HA.4:	Knowledge of mother-to-child HIV transmission.....	98
Table HA.5:	Attitudes toward people living with HIV/AIDS	99
Table HA.6:	Knowledge of a facility for HIV testing.....	100
Table HA.7:	HIV testing and counselling coverage during antenatal care	101
Table HA.8:	Women who believe or not that there are drugs they can take to reduce the risk of HIV/AIDS transmission to their babies.....	102
Table HA.9:	Women's views on whether or not a child with HIV/AIDS who is not sick, should be allowed to attend school.....	103
Table HA.10:	Children's living arrangements and orphanhood	104
Table HA.11:	Prevalence of orphanhood and vulnerability among children	105
Table HA.12:	School attendance of orphaned and vulnerable children.....	106
Table HA.13:	Support for children orphaned and vulnerable due to AIDS.....	107

List of Figures

Figure HH.1: Age and sex distribution of household population	10
Figure CM.1 Trend in Under-5 Mortality Rates, Jamaica, 2005	13
Figure NU.1: Percentage of mothers who started breastfeeding within one hour and within one day of birth	15
Figure NU.2: Infant feeding patterns by age: Percent distribution of children aged under 3 years by feeding pattern by age group	16
Figure CH.1: Percentage of children aged 12-23 months who received the recommended vaccination by 12 months	19
Figure CH.2: Percentage of women with a live birth in the last 12 months who are protected against neonatal tetanus.....	20
Figure EN.1: Percentage distribution of household members by source of drinking water	24
Figure HA.1: Percent of women who have comprehensive knowledge of HIV/AIDS transmission.....	40

List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus-Cereus-Geuerin (Tuberculosis)
DPT	Diphtheria Pertussis Tetanus
EPI	Expanded Programme on Immunization
HIV	Human Immunodeficiency Virus
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
NAR	Net Attendance Rate
ppm	Parts Per Million
SPSS	Statistical Package for Social Sciences
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WFFC	World Fit For Children
WHO	World Health Organization

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Sonia Jackson
Director General

Executive Summary

I. Objectives of the survey

The objectives of the Jamaica Multiple Indicator Cluster Survey were:

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

II. Sample Coverage and the Characteristics of Households and Respondents

It was a nationally representative sample survey of 4,767 households, 3,647 women (age 15-49) and 1,427 children under age five. Overall response rates of 82.1 and 84.1 percent were calculated for the women's and under-5's interviews respectively.

The majority of households (59.1 percent) were headed by males and were found in the urban areas (58.7 percent). About one-quarter (26.1 percent) were single member households with another one-third having between 2 and 3 members and 16.0 percent had 6 or more members. The majority of women (61 percent) resided in an urban area. Just a little over one half (53 percent) of the women were either previously or currently married or in a common-law union. However, nearly 70 percent had ever given birth. The majority of women (78.6 percent) had received a secondary level education. Some 56 percent of children lived in an urban area.

III. Child Mortality

Using the Brass method (United Nations, 1983; 1990a; 1990b), the infant mortality rate was estimated at 26 per thousand, while the probability of dying under-5 mortality rate (U5MR) was around 31 per thousand. Infant and under-5 mortality rates were lowest in the rural areas and highest in other towns. These estimates of child mortality are higher than earlier estimates and highlight the need for further research.

IV. Nutrition

Breastfeeding

Approximately 62 percent of all mothers reported that breastfeeding had been initiated within the first hour of their baby's life and 84 percent within the first day.

Approximately 15 percent of children aged less than six months were exclusively breastfed. At age 6-9 months, 36 percent of children were receiving breast milk and solid or semi-solid

foods. By age 12-15 months, 49 percent of children were still being breastfed and by age 20-23 months, 24 percent were still breastfed.

Overall, the adequacy of infant feeding is low. Adequate complementary feeding although slightly higher, was also low among infants 6-8 months (22.5 percent) and even lower among children 9-11 months old. As a result of these feeding patterns, only 15 percent of children aged 6-11 months were being adequately fed.

Low Birth Weight

The majority of births in Jamaica occur in hospital and as a result, overall, ninety-seven percent of births were weighed at birth. Approximately 12 percent of infants were estimated to weigh less than 2,500 grams at birth.

V. Child Health

Immunisation

Approximately 94 percent of children aged 18-29 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 91 percent. The percentage was similar for the second dose of DPT but declined to 82 percent for the third dose of DPT. Similarly, 96 percent of children received Polio 1 by age 12 months and this declines to 80 percent by the third dose. The coverage for measles vaccine by 12 months was 87 percent. As a result, the percentage of children who had all the recommended vaccinations by their first birthday was 63 percent.

Some 65 percent of women who had a birth within the last 12 months were protected against tetanus.

Oral Rehydration Treatment

Overall, only 34 children, representing 2.4 percent of under five children had diarrhoea in the two weeks preceding the survey.

Care Seeking and Antibiotic Treatment of Pneumonia

Some 6.5 percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 75 percent were taken to an appropriate provider. In Jamaica, 52 percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey. Amoxil was the antibiotic of choice.

Overall, 22.5 percent of women knew of the two danger signs of pneumonia. The most commonly identified symptom for taking a child to a health facility was developing a fever with 62.8 percent.

VI. Environment

Water and Sanitation

Overall, 94 percent of the population was using an improved source of drinking water – 97 percent in urban areas and 88 percent in rural areas. The main source of water in the urban areas was water piped in house or yard. In rural areas, 28 percent also obtained water from rainwater collections.

The time spent in rural areas in collecting water was slightly higher than in urban areas. In the majority of households, an adult was usually the person collecting the water, when the source of drinking water was not on the premises.

Ninety-seven percent of the population of Jamaica lived in households using improved sanitation facilities. In rural areas, the population was mostly using pit latrines with slabs while the most common facilities in urban areas were flush toilets.

Approximately one-third of children’s diapers were properly disposed of. However, there was some difference by area. In the urban areas, the garbage was used by nearly 70 percent but only 40 percent of rural children had their diapers disposed in the garbage.

Over ninety percent of households have both adequate water and sanitation.

VII. Reproductive health

Antenatal care

Coverage of antenatal care (by a doctor, nurse, or midwife) was very high in Jamaica with 91 percent of women receiving antenatal care by skilled personnel at least once during the pregnancy. Over 95 percent of women had blood and urine samples taken, had their blood pressure checked and were weighed at least once during pregnancy.

Assistance at Delivery

About 97 percent of births occurring in the year prior to the MICS survey were delivered by skilled personnel.

VIII. Child Development

For almost 86 percent of under-five children, an adult engaged in more than four activities that promote learning and school readiness during the 3 days preceding the survey. Father’s involvement with one or more activities was only 41 percent.

Some 87 percent of children were living in households where at least 3 non-children’s books were present. However, only 57 percent of children aged 0-59 months have children’s books. Forty-nine percent of children aged 0-59 months had 3 or more playthings, while 8 percent had none.

Overall, 4 percent of children were left with inadequate care during the week preceding the survey.

IX. Education

Pre-School Attendance and School Readiness

Eighty-six percent of children aged 36-59 months were attending pre-school. There were urban-rural differentials – 89 percent in urban areas, compared to 81 percent in rural areas.

Primary and Secondary School Participation

Of children who were of primary school entry age (age 6), 89 percent were attending the first grade of primary school. The majority of children of primary school age were attending school (97 percent).

Secondary level school attendance was lower than at primary school. Eighty-nine percent of the children of secondary school age were attending secondary school. Attendance was lower among boys (87 percent) than among girls (91 percent).

The majority of children starting grade one of (99 percent) will eventually reach grade five. Very few children repeated grades because there are too few places in school to accommodate repeaters.

Transition to secondary was almost universal with 97 percent of the children that completed successfully the last grade of primary school were attending the first grade of secondary school.

The Gender Parity Index (GPI) i.e. ratio of girls to boys for both primary and secondary school was close to 1.00.

Distance from Household to Primary and Secondary School

Some 68 percent of households lived within one mile of a primary school, with 97 percent living less than five miles. Overall more households lived further from the nearest secondary school than a primary school. For both primary and secondary schools the distance was greater in the rural than in the urban areas.

Adult Literacy

Literacy was assessed on the ability of women to read a short simple statement or an educational level of secondary or higher as it is assumed that women with secondary level education are literate. Only 2 percent of women 15-24 were illiterate based on these criteria for literacy.

X. Child Development

Birth Registration

The births of 89 percent of children under five years in Jamaica have been registered. There were no significant variations in birth registration across sex or area of residence. The percentage of births registered was strongly correlated with age of child. Thus, while only 71 percent of births were registered for children less than one year, this percentage rose to 94 by age 36-47 months. Among those whose births were not registered, cost was main reason.

Child Labour

Overall, 6.1 percent of children 5-14 years were reported to be involved in child labour. The percentage of boys involved in child labour was slightly higher than for girls. Schooling was almost universal for these children. Therefore, being in child labour appears not to affect being in school but is likely to affect the quality of the participation and learning.

Child Discipline

Some 87 percent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members. More importantly, 8 percent of children were subjected to severe physical punishment. On the other hand, there were 36 percent of mothers/caretakers who believed that children should be physically punished.

Male children were subjected more to both minor and severe physical discipline than female children. Younger children were more likely to be subjected to minor physical punishment while older children experienced more psychological punishment.

Early Marriage

In Jamaica, although legal marriage may be low, females are often in a union at an early age. Fewer than 2 percent of the women stated that they were married/in union before the age of 15 years and 10 percent were married/in union before the age of eighteen. The percentage of females 15-19 years currently married or in a union was 4.5 percent. More rural females in this age group were married or in a union. Among women aged 20-24 years who were currently married or in a union, 24 percent were 10+ years younger than their partners.

Domestic Violence

Nationally, 6.1 percent of women felt that a husband or male partner was justified in beating his wife/partner under particular situations. For most of the reasons put forward in the questionnaire, less than 2 percent of the women support beating. However, nearly 5 percent thought that the beating was justifiable if the woman neglected her children.

Child Disability

Some 15 percent of children 2-9 years have at least one disability. Disabilities most frequently reported are: not understanding instructions (4.9 percent), mentally backward, dull or slow (4.7 percent) and not speaking, cannot be understood in words (3.9 percent). More women with primary education only reported disabilities in their children aged 2-9 years. Some 11.7 percent of children 3-9 years were reported to have delayed speech, while 9.3 percent of children aged 2 years could not name at least one object.

XI.HIV/AIDS, Sexual Behaviour, and Orphaned and Vulnerable Children*Knowledge of HIV Transmission and Condom Use*

Almost all of the interviewed women (99 percent) have heard of AIDS. However, the percentage of women who know of all three main ways of preventing HIV transmission was

69 percent. Eighty-three percent of women know of having one faithful uninfected sex partner, 89 percent know of using a condom every time, and 87 percent know of abstaining from sex as main ways of preventing HIV transmission. Fewer than 2 percent do not know any of the three ways. More women with lower levels of education i.e. none or primary, do not know of any of the three ways.

Of the interviewed women, 76 percent rejected the two most common misconceptions and knew that a healthy-looking person can be infected. More women with higher level of education reject misconceptions concerning HIV. Overall, 59 percent of women were found to have comprehensive knowledge i.e. knew two ways of preventing HIV transmission and rejected three common misconceptions. As expected, the percent of women with comprehensive knowledge increased with the woman's education level.

Overall, 95 percent of women knew that HIV can be transmitted from mother to child. The percentage of women who knew all three ways of mother-to-child transmission was 59 percent, while 5 percent of women did not know of any specific way.

Stigmatism is high in Jamaica with 80 percent agreeing with at least one discriminatory statement. While less than ten percent stated that they would not care for a family member who was infected with AIDS, over half (58 percent) said that they would keep it a secret.

The majority of women (89 percent) knew where to be tested.

Among women who had given birth within the two years preceding the survey, 83 percent had received information about HIV prevention during ANC visit, while 90 percent had been tested for HIV and 84 percent had received the results.

Some 72 percent of women believed that there were drugs they can take to reduce the risk of HIV/AIDS transmission to their babies, while a significant 19 percent did not know and 9 percent did not believe. The percentage who did believe was lowest among older women and those with primary level schooling only.

The majority of women (85 percent) felt that a child with HIV/AIDS who is not sick, should be allowed to attend school.

Orphans and Vulnerable Children

Some 34 percent of children were living with both parents, while 45.3 percent were living with mother only, 6 percent with father only and 13 percent live with neither parent. However, more children living in the rural areas lived with both parents and as age increased the percentage of children living with both parents decreased.

Overall, 5 percent were orphaned with another 7.4 percent being vulnerable. Less than one percent of children aged 10-14 have lost both parents. Only 15.4 percent reported receiving any support from community-based organizations or government agencies.

I. Introduction

Background

This report is based on the Jamaica Multiple Indicator Cluster Survey (MICS3), conducted in 2005. The survey provides valuable information on the situation of children and women in Jamaica, and was based, in large part, on the need to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by the United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon the 1990 World Summit for Children.

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

A Commitment to Action: National and International Reporting Responsibilities

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

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

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

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

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

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

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

In an effort to fully honour the international agreements to which Jamaica is a signatory, the main goal of the Government of Jamaica - UNICEF Country Programme 2002 - 2006 was **to strengthen national, community and family capabilities to promote, protect and fulfill the rights of all children and to ensure opportunities to meet and sustain their full potential.** Within the framework of this Country Programme, UNICEF and partners focused on the areas of Early Childhood Development, Adolescent Development and Participation and Policy, Advocacy and Special Care and Protection, all aimed at improving conditions for Jamaican children.

The above-mentioned Country Programme resulted in strengthened legislative, policy, monitoring and institutional frameworks, as exemplified by the following: (a) the passing of the Child Care and Protection Act, the Early Childhood Commission Act, and the Early Childhood Act; (b) the development and dissemination of the National Youth Policy, and the National Policy for HIV/AIDS Management in Schools; (c) the formulation of national plans such as the National Framework of Action for Children, the National Plan of Action on Child Justice, the National Plan of Action for an Integrated Response to Children and Violence, the National Plan on Children Orphaned and Made Vulnerable by HIV/AIDS, the National Plan on Youth Development, and the National Strategic Plan on HIV/AIDS; (d) the establishment and strengthening of institutions such as the Child Development Agency (CDA), the Early Childhood Commission, the Office of the Children's Advocate, and the Jamaica Early Childhood Association; and (e) enhanced national capacity to monitor the situation of children's rights and the Millennium Development Goals through the adaptation of *DevInfo* into JamStats (Jamaica Statistics), now used by all Government and a number of non-governmental organizations (NGOs) and civil society organizations (CSOs).

Young children and their parents benefited from model interventions, such as Parent Support Advisory Teams and the Roving Caregivers Programme, that have informed the development of national policies towards improving parenting practices and child development. Adolescents benefited from outreach models informed by participatory action research, such as Youth Information Centres (YICs) and "Bashment Bus" ("party bus" in patois). These services provide adolescent-friendly and gender-specific information on HIV/AIDS and voluntary confidential counselling and testing (VCCT) for HIV, and foster the development of life skills. Pioneering approaches in the areas of early childhood development (ECD) and HIV/AIDS have been used to leverage resources from the private sector, the World Bank and the Global Fund on AIDS, Tuberculosis and Malaria. Beyond Jamaican borders, the approaches have helped Caribbean countries to develop their own policies.

In HIV/AIDS prevention, treatment, care and support, the provision by UNICEF of critical technical assistance has contributed to the development and implementation of the Policy on Management of HIV/AIDS in Schools and the PMTCT-plus Protocol

for Health Workers, and has also enabled more than 40,000 adolescents to improve their knowledge of rights and HIV/AIDS and to positively change their behaviours. Approximately 400,000 persons were reached every week through a television series researched, designed and hosted by teens on reproductive health and child rights.

In ECD, in addition to the establishment of the Early Childhood Commission, UNICEF has strengthened the capacity of Early Childhood Development Centres (ECDCs) through the development of operations manuals, and has helped the Ministry of Education and Youth to develop a national curriculum.

The national capacity for emergency preparedness and response has been strengthened through the development and implementation of Guidelines for Child-Friendly Disaster Management and Response, the training of district-level professionals, the design of a psychosocial toolkit for professionals, and the production of gender and age specific hygiene kits for children, with private sector support. Emergency relief was provided during the 2004 and 2005 hurricane seasons for approximately 5,000 children.

Significant efforts undertaken in advocacy and partnership-building have resulted in the increased visibility of children issues in the media and in political discourse, as well as the building of coalitions and partnerships around children's issues.

The GOJ - UNICEF Country Programme Action Plan for the period 2007-2011 (CPAP), further builds upon results achieved during the previous programme of cooperation. The contents and strategies of its four major programmes: i) Advocacy, Public Policy and Partnerships; ii) Children and HIV/AIDS, iii) Child Protection and iv) Quality Education and Early Childhood Development, will contribute towards improved fulfilment of children's rights to survival, development, protection and participation in Jamaica.

The main findings of the MICS3 will complement other baseline data and will be used to monitor the progress to achieving the planned results of the CPAP as well as the MDGs, the Millennium Declaration, and the outcomes of *A World Fit for Children* (WFFC).

Survey Objectives

The 2005 Jamaica Multiple Indicator Cluster Survey has as its primary objectives:

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

II. Sample and Survey Methodology

Sample Design

The sample for the Jamaica Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a large number of indicators on the situation of children and women at the national level, as well as urban and rural areas. Parishes were identified as the main sampling domains and were divided into sampling regions of equal sizes. The sample was selected in two stages. Within each sampling region, two census enumeration areas/Primary Sampling Units (PSUs) were selected with probability proportional to size. Using the household listing from the selected PSUs a systematic sample of 6,276 dwellings was drawn. Five of the selected enumeration areas were not visited because they were inaccessible due to flooding during the fieldwork period. Sample weights were used in the calculation of national level results. A more detailed description of the sample design can be found in Appendix A.

Table 2.1 Distribution of dwellings per parish

Parish	Sampling regions per parish	PSU Sampled in survey	Final number of dwellings selected
Kingston	10	20	360
St. Andrew	55	110	990
St. Thomas	10	20	360
Portland	8	16	336
St. Mary	11	22	330
St. Ann	15	30	360
Trelawny	7	14	336
St. James	17	34	408
Hanover	7	14	336
Westmoreland	14	28	336
St. Elizabeth	14	28	336
Manchester	18	36	432
Clarendon	22	44	528
St. Catherine	46	92	828
	254	508	6,276

Questionnaires

Three sets of questionnaires were used in the survey:

- 1) a **household questionnaire** which was used to collect information on all *de jure* household members, the household, and the dwelling;
- 2) an **individual women's questionnaire** administered in each household to all women aged 15-49 years; and
- 3) a **questionnaire for children under five**, administered to mothers or caretakers of all children under 5 years living in the household.

The questionnaires included the following modules:

Household Questionnaire

- Household listing
- Education
- Water and Sanitation
- Support for Orphaned and Vulnerable Children
- Child Labour
- Child Discipline
- Disability
- Salt Iodization¹

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

- Basic characteristics
- Child Mortality
- Tetanus Toxoid
- Maternal and Newborn Health
- Marriage Module
- Attitudes towards Domestic Violence
- HIV/AIDS

The Questionnaire for Children Under Five was administered to mothers or caretakers of children under 5 years of age² living in the households. Normally, the questionnaire was administered to mothers of under-5 children, but in instances when the mother was not listed in the household roster, the primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Information panel
- Birth Registration and Early Learning
- Child development
- Breastfeeding
- Care of Illness + Source and Cost of ORS and Antibiotics
- Immunization

¹ Unable to implement salt iodization evaluation because the kits were not received.

² The terms "children under 5", "children age 0-4 years", and "children aged 0-59 months" are used interchangeably in this report.

The questionnaires are based on the MICS3 model questionnaire. From the MICS3 model English version, the questionnaires were modified for local usage and were pre-tested during August, 2005. A team consisting of 4 interviewers and one supervisor was recruited and trained for the pre-test that was carried out in urban and rural sections of the parish of Clarendon. Based on the results of the pre-test, modifications were made to the wording of the questionnaires. A copy of each of the questionnaire is provided in Appendix F.

Training and Fieldwork

Training for the fieldwork was conducted at four locations, namely Kingston, St Ann's Bay, Mandeville and Savanna-la-mar with a total of 97 persons selected for training. The Kingston class was held from September 13 to 21, 2005 and included the trainees from Kingston, St Andrew, St Thomas and the Portmore area of St Catherine. The trainers were the four persons who were trained in Panama, along with a representative from the UNICEF Regional Office. Personnel from the Statistical Institute of Jamaica (STATIN) also attended this training class. Included among these were the Assistant Coordinator and two of STATIN's senior field supervisors who were specially selected to assist with the training at the three other centres. Training at those three centres was conducted during the period September 27 to October 5, 2005.

Training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking the relevant questions. Towards the end of the training period, the trainees spent one day in practice interviewing. These practice interviews were conducted in areas close to the training centres. At the end of the training, the trainees were tested and based on the test results, observation and participation in the training sessions, 83 persons were offered employment on the project. In the Kingston Metropolitan Area (KMA), staff worked together in teams comprising of interviewers, one editor and a supervisor. In all other areas the interviewers worked on their own with regular visits from their supervisors. Overall, there were 6 female and 7 male field supervisors, while all 66 interviewers and field editors were female.

It was anticipated that the fieldwork would begin on the Monday following the training. The persons trained in Kingston were expected to start working on September 26, but the start date was delayed, due to logistical reasons³. As a result of the delay, a one-day refresher course was held on October 10, for the persons who were trained in Kingston. Interviewing began in all areas during the week of October 10, 2005 and ended in late November 2005. Implementation was hampered by heavy rains and flooding in the first two weeks of fieldwork. There were also other

³ The Salt Testing kits had not arrived. At the end of the rural area training sessions, the kits were still not in the country and it was then discovered that the wrong kits had been ordered; hence the decision was taken to omit the module from the Jamaica survey.

problems which negatively affected the implementation and subsequent outcome of the survey, including:

- Violence in some sections of Kingston, St. Andrew and St. Catherine.
- Interviewers were forced to leave some Enumeration District (EDs).
- Vacant dwellings
- Upper income communities that have gated communities and to which access was not granted by security personnel.

Consequently the number of households surveyed was less than the number of dwellings in the original sample design.

Data Processing

Data were entered using the Census and Survey Processing System (CSPPro), a public-domain software package for entering, editing, tabulating and mapping census and survey data. Entry was done on seven microcomputers and carried out by 7 data entry operators and 2 data entry supervisors. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were carried out. Procedures and standard programs developed under the global MICS3 project and adapted to the Jamaica questionnaire were used throughout. The data entry exercise started in November 2005, approximately three weeks after the start of data collection, and was completed in March 2006. Data were analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 14, and the model syntax and tabulation plans developed by the UNICEF Headquarters for this purpose.

III. Sample Coverage and the Characteristics of Households and Respondents

Sample Coverage

In the 6,276 dwellings selected for the sample, 5,604 households were found to be occupied (Table HH.1). Of these, 4,767 were successfully interviewed for a household response rate of 85.1 percent. The reason for this lower response rate is given in the previous section. In the interviewed households, 3,777 women (age 15-49) were identified. Of these, 3,647 were successfully interviewed, yielding a response rate of 96.6 percent. In addition, 1,444 children under age five were listed in the household questionnaire. Of these, questionnaires were completed for 1,427 which correspond to a response rate of 98.8 percent. Overall response rates of 82.1 and 84.1 percent were calculated for the women's and under-5's interviews respectively. Note that the response rates for the Kingston Metropolitan Area (KMA) were lower than in other urban areas and in the rural area. Two factors contributed to this - more dwellings were vacant, often as a result of urban violence, and in the upper income areas access to dwellings was more difficult. In the rural areas, the rains prevented access to some households as some roads were inundated.

Characteristics of Households

The age and sex distribution of survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 4,767 households successfully interviewed in the survey, 15,698 household members were listed. Of these, 7,889 were males, and 7,809 were females. These figures also indicate that the survey estimated the average household size at 3.29. The percentage of the population less than 15 years was 30.7 percent, while 60.3 percent were in the age group 15-64 years and 8.6 percent were 65 years and over. There were no major differences in the age distribution by sex.

The population distribution obtained by this study was similar to the 2001 census in which 32 percent of the population was less than 15 years, 60 percent was 15-64 years and 7.7 percent was 65 years and over. Both population pyramids show a relatively broad base with some narrowing in the lowest age ranges. The main difference lies in the sex ratio (M:F) which favoured males in this study i.e. 101.0 males per 100 females, but favoured females i.e. 96.9 males per 100 females, in the 2001 census.

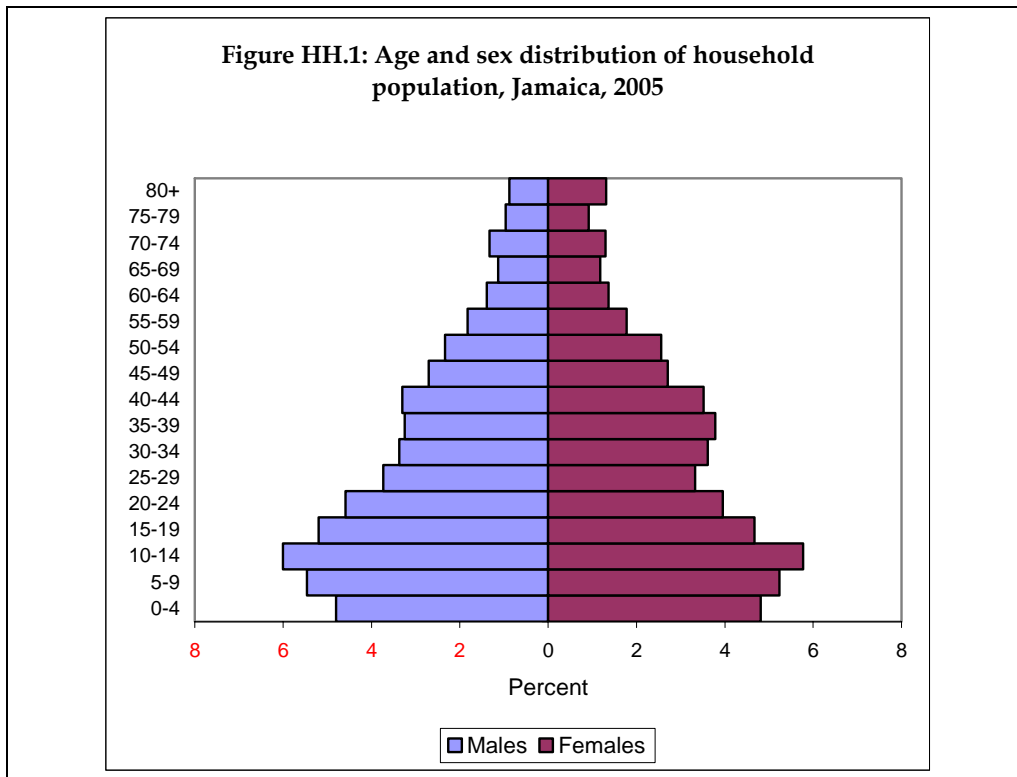


Table HH.3 provides basic background information on the households. Within households, the sex of the household head, urban/rural status, and number of household members are shown in the table. In Jamaica, the categories used for location are: KMA, Other Towns and Rural. In addition, the two urban locations are grouped into “Total Urban”. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the number of observations by major categories of analysis in the report.

The weighted and unweighted numbers of households are the same, since sample weights were normalized (See Appendix A). The table also shows the proportions of households where at least one child under 18, at least one child under 5, and at least one eligible woman age 15-49 were found. It also shows that the majority of households (59.1 percent) were headed by males and that 58.7 percent of households were in the urban areas. Just over one-quarter (26.1 percent) were single member households with another one-third having between 2 and 3 members and 16.0 percent had 6 or more members. A little over half of the households had at least one child under 18 years, (54 percent), while 58.0 percent had at least one woman 15-49 years and about one-quarter had at least one child under 5 years (23.5 percent).

Characteristics of Respondents

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

Table HH.4 provides background characteristics of female respondents 15-49 years of age. The table includes information on the distribution of women according to urban-rural areas, age, marital status, motherhood status, and education⁴. The majority of women (61 percent) resided in an urban area. They were fairly evenly distributed by age group but decreased with age from a high of 18.2 percent in the age group 15-19 years to a low of 10.6 percent for the age group 45- 49 years. Just a little over one half (53 percent) of the women were either previously or currently married or in a common-law union. However, nearly 70 percent of all women had ever given birth. The majority of women (78.6 percent) had received a secondary level education and as a result, there were very few women in the other education categories. Therefore, the results obtained for the other categories should be interpreted cautiously.

Some background characteristics of children under 5 are presented in Table HH.5. These include distribution of children by sex, and area of residence, age in months, and mother's or caretaker's education. The children were equally distributed by sex. Some 56 percent lived in an urban area and for the majority (81.2 percent), their mother/caretaker had at least some secondary education.

⁴ Unless otherwise stated, "education" refers to educational level attended by the respondent throughout this report when it is used as a background variable.

IV. Child Mortality

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

The infant mortality rate is the probability of dying before the first birthday. The under-five mortality rate is the probability of dying before the fifth birthday. In the MICS3 survey, infant and under five mortality rates are calculated based on an indirect estimation technique known as the Brass method (United Nations, 1983; 1990a; 1990b). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women. The technique converts these data into probabilities of dying by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. The model assumes:

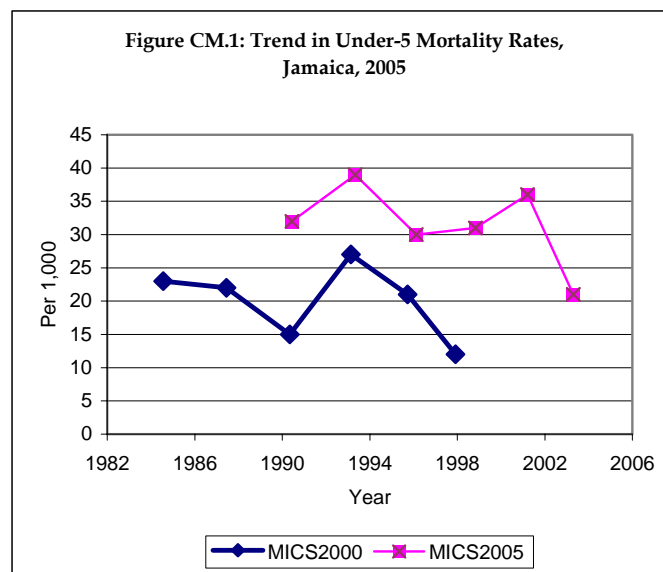
- A constant patterns and level of mortality have prevailed in the recent past
- Fertility has been roughly constant in the recent past
- Child mortality has been changing in a linear way in the recent past

It then places a country into a particular group (North, South, East or West) based on previous information on mortality. For Jamaica, the West model life table was selected as most appropriate. The West Model is based on the largest number and broadest variety of mortality experiences. For this reason it is believed that the West Model represents the most general mortality pattern and is often recommended as a first choice to represent mortality in countries where data is lacking thus preventing a more appropriate choice of model. The life expectancy in the tables used to derive this model ranges from 38.6 years in the Province of Taiwan, 1921 and 75.2 years in Sweden, 1959.

Table CM.1 provides estimates of child mortality by various background characteristics, while Table CM.2 provides the basic data used in the calculation of the mortality rates for the national total. The infant mortality rate was estimated at 26 per thousand, while the probability of dying under-5 mortality rate (U5MR) was around 31 per thousand. These estimates have been calculated by averaging mortality estimates obtained from women age 25-29 and 30-34, and refer to mid

2003. There was some difference between the probabilities of dying among males and females. Infant and under-5 mortality rates were lowest in the rural areas and highest in urban areas (excluding KMA). There were also significant differences in mortality in terms of educational levels of the mother. The probabilities of dying among infants and children under 5 years of uneducated women were more than twice that of women with at least a secondary education.

It should be noted that these estimates of child mortality are higher than an earlier estimate⁵. These earlier studies used a direct method of estimation for calculating the rates and so results cannot be compared. The MICS 2000 Jamaica also found much lower estimates for similar periods (Figure CM.1) and highlights the need for further analyses.



⁵ McCaw-Binns, Affette Kristin Fox, Karen Foster-Williams, Deanna Ashley & Beryl Irons. 1996. "Registration of Births, Stillbirths and Infant Deaths in Jamaica". International Journal of Epidemiology. Vol. 25. No. 4.

V. Nutrition

Children's nutritional status is a reflection of their overall health. When children have access to adequate food supply are not exposed to repeated illnesses, and are well cared for, they reach their growth potential and are considered well nourished. In Jamaica, protein energy malnutrition is no longer a serious problem and in any event data on weights and measurements of children are collected regularly through the Jamaica Survey of Living Conditions. Therefore for this MICS3, Jamaica did not collect anthropometric measurements but collected information on breastfeeding and infant feeding practices and birth weight.

Breastfeeding

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

WHO/UNICEF have the following feeding recommendations:

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

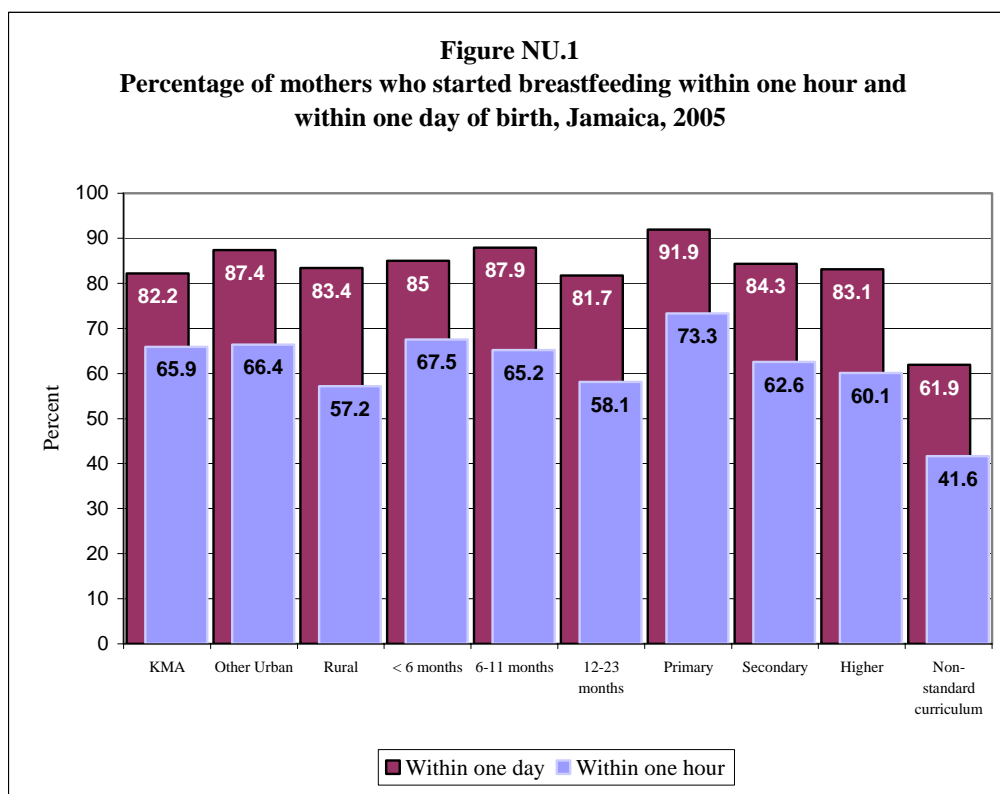
It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators of recommended child feeding practices are as follows:

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

Table NU.1 and Figure NU.1 provide the proportion of women who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one day of birth (which includes those who started within one hour). Approximately 62 percent of all mothers reported that breastfeeding had

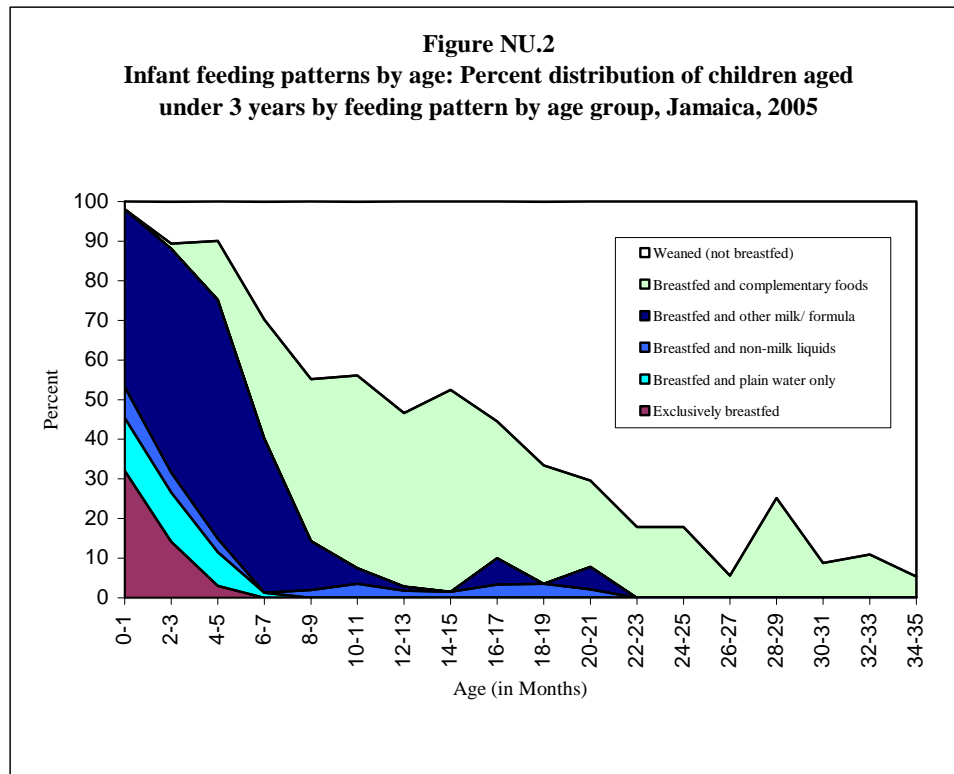
been initiated within the first hour of their baby’s life and 84 percent within the first day. Early initiation was higher in urban areas than rural areas (66 percent versus 57 percent respectively).



In Table NU.2, breastfeeding status is based on the reports from mothers/caretakers of their children’s consumption of food and fluids in the 24 hours prior to the interview. *Exclusively breastfed* refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

Approximately 15 percent of children aged less than six months were exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 36 percent of children were receiving breast milk and solid or semi-solid foods. By age 12-15 months, 49 percent of children were still being breastfed and by age 20-23 months, 24 percent were still breastfed. Girls were more likely to be exclusively breastfed than boys. Feeding patterns in urban and rural areas were similar.

Figure NU.2 shows the detailed pattern of breastfeeding by the child’s age in months. Even at the earliest ages, the majority of children were receiving liquids or foods other than breast milk. By the end of the sixth month, the percentage of children exclusively breastfed was well below 10 percent. Less than 20 percent of children were receiving breast milk after 2 years.



The adequacy of infant feeding in children under 12 months is provided in Table NU.3. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding. Infants aged 6-8 months are considered to be adequately fed if they are receiving breastmilk and complementary food at least two times per day, while infants aged 9-11 months are considered to be adequately fed if they are receiving breastmilk and eating complementary food at least three times a day. Exclusive breastfeeding was low. Adequate complementary feeding although slightly higher, was also low among infants 6-8 months (22.5 percent) and even lower among children 9-11 months old. As a result of these feeding patterns, only 15 percent of children aged 6-11 months were being adequately fed. Adequate feeding among all infants (aged 0-11) was similar. Slightly more girls than boys and more children of women with higher education were adequately fed but there were no obvious differences by area of residence.

Low Birth Weight

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

who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

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

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

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

Because many infants are not weighed at birth and those who are weighed may represent a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the weight as recorded on a health card if the child was weighed at birth⁶ or the mother's recall of the child's weight.

The majority of births in Jamaica occur in hospital and as a result, overall, ninety-seven percent of babies were weighed at birth. Approximately 12 percent of infants were estimated to weigh less than 2500 grams at birth (Table NU.4).

⁶ For a detailed description of the methodology, see Boerma, Weinstein, Rutstein and Sommerfelt, 1996.

VI. Child Health

Immunization

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

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

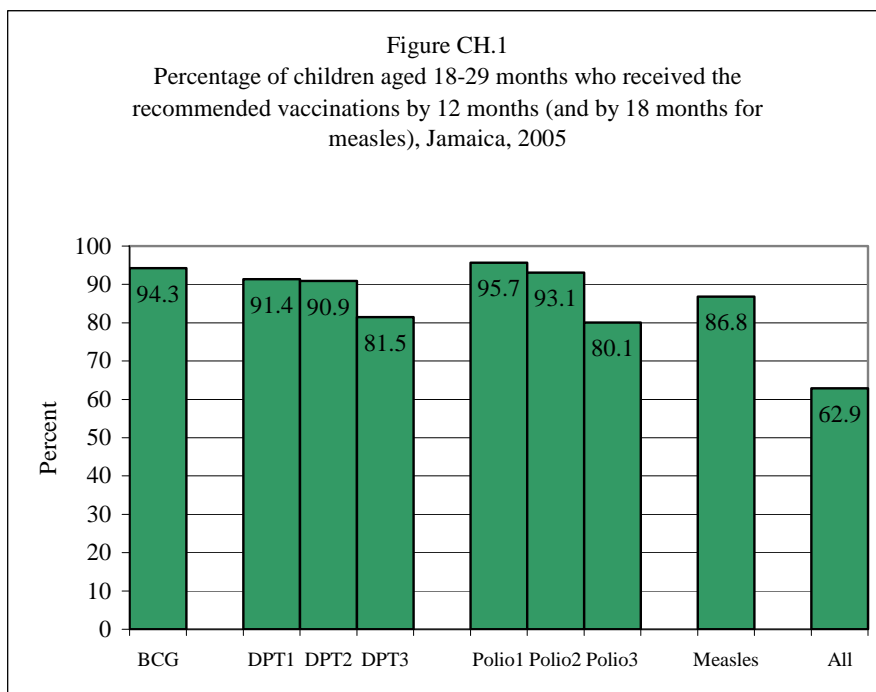
According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. Jamaica has adopted those guidelines. During the Jamaica MICS3 mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS3 questionnaire.

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Overall, more than 70 percent of children had immunization cards (Table CH.1). If the child did not have a card, the mother was asked to recall whether or not the child had received BCG, Polio, DPT or measles vaccination. For those receiving DPT and Polio the number of dosage received was recorded. The percentage of children aged 18-29 months who received each of the vaccinations is shown in Table CH.1 and CH. 1c. The denominator for the table is comprised of children aged 18-29 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday, as recommended, are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

Approximately 94 percent of children aged 18-29 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 91 percent. The percentage was similar for the second dose of DPT but declined to 82 percent for the third dose of DPT (Figure CH.1). Similarly, 96 percent of children received Polio 1 by age 12 months and this declines to 80 percent by the third dose. The coverage for measles vaccine by 18 months was 87 percent. As a result, the percentage of children who had all the recommended vaccinations by their first birthday (and by 18 months

for measles) was 63 percent. Some 4 percent of children have not received any vaccinations



Tables CH.2 show vaccination coverage rates among children 18-29 months by background characteristics. These figures represent children 18-29 months who have received the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers’/caretakers’ reports. There was little difference by background characteristics. The percentage of these children who were fully immunized at the time of the survey was 78 percent.

Tetanus Toxoid

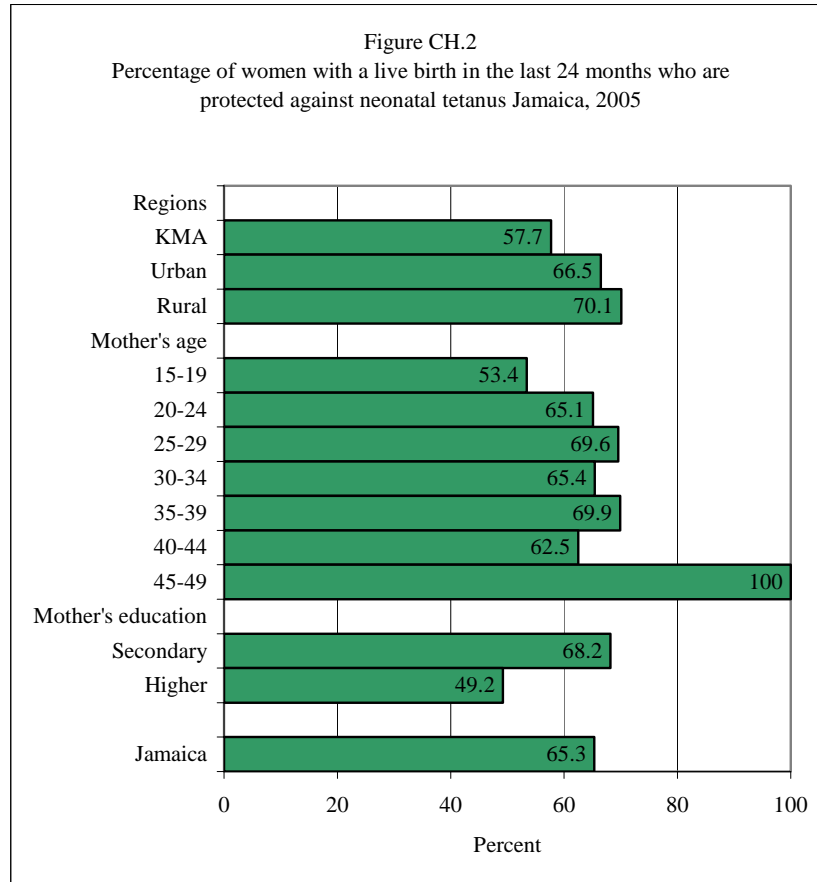
One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than 1 case of neonatal tetanus per 1000 live births in every district. A World Fit for Children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

One method of prevention of maternal and neonatal tetanus is to ensure that all pregnant women receive at least two doses of tetanus toxoid vaccine. However, women who did not receive two doses of the vaccine during their pregnancy, they (and their newborn), were considered to be protected if the following conditions are met:

- Received at least two doses of tetanus toxoid vaccine, the last within the prior 3 years;
- Received at least 3 doses, the last within the prior 5 years;

- Received at least 4 doses, the last within 10 years;
- Received at least 5 doses during lifetime.

Table CH.3 shows the protection status from tetanus of women who have had a live birth within the last 24 months. Figure CH.2 shows the protection of women against neonatal tetanus by major background characteristics. Some 65 percent of women who had a birth within the last 24 months were protected against tetanus. Protection status varied by area of residence, age and education of the woman with more women in rural areas being protected. It should be noted that Jamaica has not had any cases of neonatal tetanus reported since 2001.



Oral Rehydration Treatment

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

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

The indicators are:

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

In the MICS3 questionnaire, mothers (or caretakers) were asked to report whether their child had an episode of diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

Overall, only 34 children, representing 2.4 percent of under five children had diarrhoea in the two weeks preceding the survey. Diarrhoea prevalence was slightly higher in the rural areas. The peak of diarrhoea prevalence occurred in the weaning period, among children age 6-23 months.

Care Seeking and Antibiotic Treatment of Pneumonia

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

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

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

Table CH.5 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of the care. Some 6.5 percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 75 percent were taken to an appropriate provider. Due to the small number of cases further disaggregation of the results cannot be shown in the table.

Table CH.6 presents the use of antibiotics for the treatment of suspected pneumonia in under-5s by sex, and area of residence. In Jamaica, 52 percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey. The table also shows that antibiotic treatment of suspected pneumonia was lower for males than females. There was no difference by area of residence or educational level of the mother. Amoxil was the antibiotic of choice.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.7. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, 23 percent of women knew of the two danger signs of pneumonia - fast and difficult breathing. The most commonly identified symptom for taking a child to a health facility immediately was 'developing a fever' (63 percent). Some 31 percent of mothers identified fast breathing and 50 percent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider. More mothers in the rural areas were able to identify two danger signs of pneumonia than their urban counterparts.

Sources and cost of supplies

The majority of mothers (67 percent) bought the antibiotics at private pharmacies but more persons in the urban areas (75 percent) used private pharmacies than in the rural areas (58 percent). At neither government nor private facilities, was the medication free, but the median cost of the antibiotics at private pharmacies (\$950) was almost twice that of government facilities (\$593).

The source and cost of supplies for oral rehydration salts (ORS) for children under five years of age could not be assessed because only 12 children received ORS so further analysis of the data was not possible. However, it should be noted that government policy is that ORS should be provided free to children attending its facilities but the mothers would be asked to pay a registration fee. In the private sector, generic ORS is sold at nominal cost.

VII. Environment

Water and Sanitation

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

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

The indicators used in MICS are as follows:

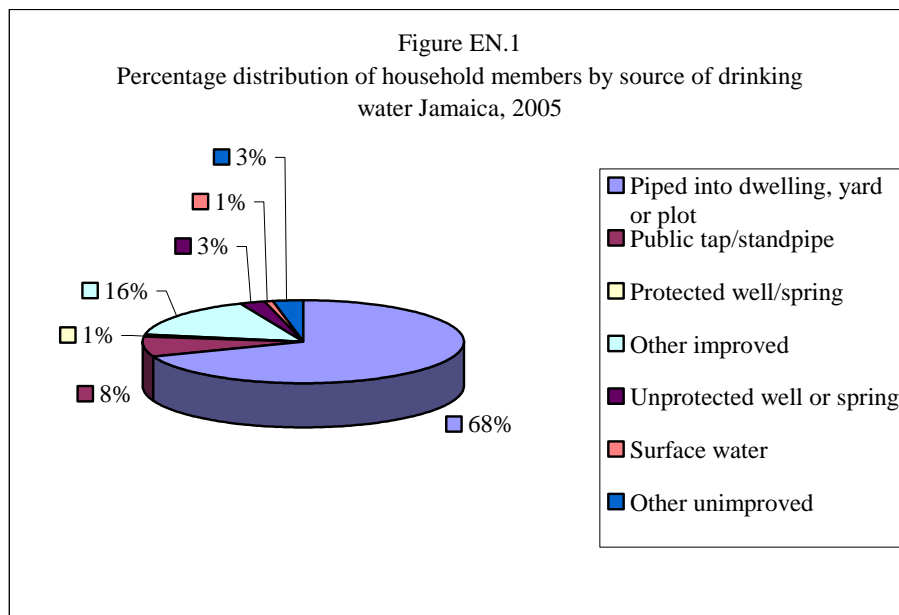
Water

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

Sanitation

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

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



Overall, 94 percent of the population was using an improved source of drinking water – 97 percent in urban areas and 88 percent in rural areas (Table EN.1). The main source of water in the urban areas was water piped in house or yard but a significant percentage of households in the rural areas (29 percent) also obtained water from rainwater collections.

Use of in-house water treatment is presented in Table EN.2. Households were asked about the methods used for treating water at home to make it safer for drinking. Boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households and for households using improved and unimproved drinking water sources. Some 53 percent of households with improved drinking water used other in-house water treatment and there was no significant variation by area of residence or educational level of mothers. Similarly, fifty-three percent of those using water from unimproved sources used appropriate in-house water treatment. Urban households with unimproved water were less likely to use in-house water treatments than those in rural areas.

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

Table EN.3 shows that for 85 percent of households, the drinking water source is on the premises. For 11 percent of all households, it took less than 30 minutes to get to the water source and bring water, while 1 percent of households spent more than 1 hour for this purpose. Excluding those households with water on the premises, the

average time to the source of drinking water was 20 minutes. The time spent in rural areas in collecting water was slightly higher than in other urban areas (18 minutes versus 21 minutes) and lowest in the KMA (15 minutes).

Table EN.4 shows that for the majority of households, an adult (15 years and older) was usually the person collecting the water, when the source of drinking water was not on the premises. Adult men collected water in 57 percent of cases, while adult females collect water in 32 percent of households. In fewer than 10 percent of households, children under age 15 collected the water.

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Improved sanitation facilities for excreta disposal include: flush or pour flush to a piped sewer system, septic tank, or latrine; ventilated improved pit latrine, pit latrine with slab, and composting toilet.

Ninety-seven percent of the population of Jamaica lived in households using improved sanitation facilities (Table EN.5). Although there was no difference in the percentage of improved sanitation facilities by area of residence, there were differences in terms of the types of facilities available to households. In rural areas, half the population was mostly using pit latrines with slabs (50 percent) and 45 percent are using flush toilets with connection to a sewage system or absorption tank. In contrast, the most common facilities in urban areas were flush toilets with connection to a sewage system or absorption tank (45 percent) and flush toilets to a piped sewer system (30 percent).

Safe disposal of a child's faeces for the purpose of this survey is if the last stool by the child was disposed of by use of a toilet or rinsed into toilet or latrine. Disposal method of faeces of children 0-2 years of age is presented in Table EN.6. Approximately one-third of children's diapers were properly disposed of (36 percent). The majority, 56 percent, were placed in the garbage. However, there was some difference by area. In the urban areas, the garbage was used by nearly 70 percent but only 39 percent of rural children had their diapers disposed in the garbage. This can be explained by the fact that fewer rural households have their garbage collected so may need to find a more permanent method of disposal.

An overview of the percentage of households with improved sources of drinking water and sanitary means of excreta disposal is presented in Table EN.7. Just over ninety percent of households have adequate water and sanitation.

VIII. Reproductive Health

Antenatal Care

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

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

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

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding is presented in Table RH.1. Coverage of antenatal care (by a doctor, nurse, or midwife) was very high in Jamaica with 91 percent of women receiving antenatal care by skilled personnel at least once during the pregnancy. Antenatal care coverage does not vary by area of residence, age or educational level of woman.

The medical doctor was the main provider of antenatal care, followed by the nurse/midwife and together they represent 90 percent of persons who provide antenatal care. As the age of the woman increases, the percentage of medical doctors

providing antenatal care also increases. Also, more women with higher education visit the medical doctor compared to women with secondary education.

The types of services pregnant women received are shown in Table RH.2. Over 95 percent of women have blood and urine samples taken, have their blood pressure checked and were weighed at least once during pregnancy.

Assistance at Delivery

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

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A *skilled attendant* includes a doctor, nurse, midwife or auxiliary midwife. About 97 percent of births occurring in the year prior to the MICS survey were delivered by skilled personnel (Table RH.3). There was no variation by area of residence, age or educational level of woman.

About 47 percent of the births in the year prior to the MICS survey were delivered with assistance by a nurse/midwife. Doctors assisted with the delivery of 41 percent of births and auxiliary midwives assisted with 9 percent. More women in the urban areas, especially the Kingston Metropolitan Area, were assisted by a medical doctor (63 percent), compared with women in rural areas (56 percent) as they were more likely to see a nurse or midwife.

IX. Child Development

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

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

For almost 86 percent of under-five children, an adult engaged in more than four activities that promote learning and school readiness during the 3 days preceding the survey (Table CD.1). The average number of activities that adults engaged in with children was 5. The table also indicates that the father's involvement in such activities was somewhat limited. Father's involvement with one or more activities was only 41 percent. This is not surprising because 51 percent of children were living in a household without their fathers.

There were no gender differentials in terms of adult activities with children; however, a slightly larger proportion of fathers engaged in activities with male children (43 percent) than with female children (38 percent). Slightly larger proportions of adults engaged in learning and school readiness activities with children in urban areas (88 percent) than in rural areas (83 percent). Also more adults were engaged in these activities with older children i.e. those 24-59 months (94 percent) than those 0-23 months (73 percent). Father's involvement showed a similar pattern in terms of adults' engagement in such activities. More educated mothers and fathers engaged in such activities with children than those with less education.

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

In Jamaica, 87 percent of children were living in households where at least 3 non-children's books were present (Table CD.2). However, only 57 percent of children aged 0-59 months have 3 or more children's books. The median number of children's books was low (3 books). While no large gender differentials were observed, urban children appear to have more access to children's books than those living in rural

households. Sixty-four percent of under-5 children living in urban areas live in households with more than 3 children's books, while the figure was 47 percent in rural households. The presence of both non-children's and children's books was positively correlated with the child's age; in the homes of 91 percent of children aged 24-59 months, there were 3 or more non-children's books, while the figure was 81 percent for children aged 0-23 months. The differential, in terms of children's books, was even sharper that is; 67 percent for children 24-59 months compared with 39 percent for children 0-23 months.

Table CD.2 also shows that 49 percent of children aged 0-59 months had 3 or more playthings to play with in their homes, while 8 percent had none of the playthings asked to the mothers/caretakers (Table CD.2). The playthings in MICS included household objects, homemade toys, toys that came from a store, and objects and materials found outside the home. It is interesting to note that 86 percent of children play with toys that come from a store; however, the percentage for other types of toys was 36 percent. The proportion of children who have 3 or more playthings to play with was 52 percent among male children and 46 percent among female children. Urban-rural differentials were also observed with 44 percent of urban children having 3 or more playthings compared with 55 percent of children living in rural areas. There was also a strong positive correlation between the number of playthings children have and the age of the child, a somewhat expected result. Thus, 59 percent of children 24-59 months had 3 or more playthings compared with only 32 percent of children 0-23 months.

Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In MICS, two questions were asked to find out whether children aged 0-59 months were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age. Table CD.3 shows that 3 percent of children aged 0-59 months were left in the care of other children under 10 years of age, while 1 percent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that 4 percent of children were left with inadequate care during the week preceding the survey. Small differences were observed by the sex of the child or between urban and rural areas.

X. Education

Pre-School Attendance and School Readiness

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

Eighty-six percent of children aged 36-59 months were attending pre-school (Table ED.1). There were urban-rural differentials – the figure was 89 percent in urban areas, compared to 81 percent in rural areas. This differential was much greater when Kingston Metropolitan Area (KMA) was compared with the other areas. Ninety five percent of children living in KMA compared with 81 percent of children in other towns and the rural areas were attending pre-school. Small gender differential exists, but differentials by educational level of the mother were observed. Ninety-three percent of children of mothers with higher education attend pre-school, while the figure drops to 85 percent for mothers with secondary education. It is interesting to note that the proportions of children attending pre-school increases sharply from 77 percent at ages 36-47 months to 94 percent at 48-59 months.

The table also shows the proportion of children in the first grade of primary school who attended pre-school the previous year (Table ED.1), an important indicator of school readiness. Overall, 100 percent of children who were currently age 6 and attending the first grade of primary school were attending pre-school the previous year.

Primary and Secondary School Participation

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

The indicators for primary and secondary school attendance⁷ include:

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

The indicators of school progression include:

⁷ It should be noted that these definitions of attendance are not the same as those used by the Ministry of Education in Jamaica. Therefore, the results of this survey cannot be compared with those statistics.

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

Of children who were of primary school entry age (age 6) in Jamaica, 89 percent were attending the first grade of primary school (Table ED.2). Sex differentials do not exist; nor were there differentials by area of residence. Table ED.3 provides the percentage of children of primary school age (6 to 11 years) attending primary or secondary school. The majority of children of primary school age were attending school (97 percent). There was no difference by sex or area of residence. Attendance increased as age increased from 89.7 percent among children aged 6 years to 99.3 percent among those aged 11 years.

The secondary school net attendance ratio is presented in Table ED.4. Secondary level school attendance was lower than at primary school. Ninety-one percent of the children of secondary school age (12 to 16 years) were attending secondary school. Of the remaining, some of them were either out of school or attending primary school. Attendance was lower among boys (89 percent) than among girls (93 percent). There was no difference by area of residence but there was a higher level of attendance among children whose mothers have a higher level of education.

The primary school net attendance ratio of children of secondary school age is presented in Table ED.4W. Five percent of the children of secondary school age were still attending primary school. The remaining 4 percent were not attending school at all. They were children out of school since we already indicated that 91 percent of them were attending secondary school. However, the majority of these would be 16 years and may have completed secondary school.

The percentage of children entering first grade who eventually reached grade 5 is presented in Table ED.5. Of all children starting grade one, the majority of them (99 percent) will eventually reach grade five. Notice that very few children repeated grades. This is because there are too few places in school to accommodate repeaters and therefore children tend to be automatically moved up to the next grade even if they are not performing adequately at the lower level.

The net primary school completion rate and transition rate to secondary education is presented in Table ED.6. At the moment of the survey, 82 percent of the children of primary completion age (11 years) were attending the last grade of primary education. This value should be distinguished from the gross primary completion ratio which includes children of any age attending the last grade of primary. The percentage of children in rural areas at primary completion level was slightly lower than in the urban areas. Also, children whose mother had a higher level of education had a higher net primary completion rate.

Transition to secondary was almost universal with 99 percent of the children that successfully completed the last grade of primary school were found at the moment

the survey to be attending the first grade of secondary school. The transition rate was slightly lower in the rural areas but there were no other observable differences.

The ratio of girls to boys attending primary and secondary education is provided in Table ED.7. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The last ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary education tend to be boys. The table shows that gender parity for both primary and secondary school was close to 1.00, indicating no difference in the attendance of girls and boys to either level. This was true regardless of area of residence or education of mother.

Distance from Household to Primary and Secondary School

Distance to nearest school is one measure of access to education. Distance to primary school is provided in Table ED.8. Some 68 percent of households lived within one mile of a primary school, with 97 percent living less than five miles. However, there were differences by area with 51 percent of rural households living within one mile of the school compared with 92 percent of households in KMA being within one mile of a primary school.

Overall more households lived further from the nearest secondary school than a primary school (Table ED.9). Some 42 percent were less than one mile from the nearest secondary school, with 86 percent being less than 5 miles. Differences by area were even more marked as only 11 percent of rural households lived within one mile compared with 84 percent of households in KMA being within one mile of the nearest secondary school.

Adult Literacy

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females age 15-24. Literacy was assessed on the ability of women to read a short simple statement or an educational level of secondary or higher as it is assumed that women with secondary level education are literate. However, it should be noted that in a study of children 10-15 years attending school, 4 percent of the girls attending secondary school were illiterate⁸. The percent literate is presented in Table ED.10. Only 2 percent of women 15-24 were illiterate.

⁸ Fox, K. and Gordon-Strachan, G. Jamaican Youth Risk and Resiliency Behaviour Survey 2005. www.cpc.unc.edu/measure/publications/pdf/tr-07-58.pdf

XI. Child Protection

Birth Registration

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

The births of 89 percent of children under five years in Jamaica have been registered (Table CP.1). There were no significant variations in birth registration across sex or area of residence. The percentage of births registered was strongly correlated with age of child. Thus, while only 71 percent of births were registered for children less than one year, this percentage rose to 94 percent by age 36-47 months. Among those whose births were not registered, issues of cost were cited as the main reasons; 57 percent of caretakers stated that they owed hospital fees and 32 percent said that the cost for registration was too much. A similar pattern of birth registration has been observed by the Jamaica Survey of Living Conditions (PIOJ/STATIN: 2005).

Child Labour

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

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

This definition allows differentiation of child labour from child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labour since some children may be involved in hazardous labour activities for a number of hours that could be less than the

numbers specified in the criteria explained before. Table CP.2 presents the results of child labour by the type of work as reported by the mother/caretaker. Overall, 6.1 percent of children 5-14 years were reported to be involved in child labour. More children in the younger age group 5-11 years were involved in child labour than the age group 12-14 years (8 percent versus 2 percent respectively). It must be emphasised that this does not mean that younger children were more likely to be employed but rather, they are more likely to be involved in child labour based on the definition used in this report. It must also be noted that mothers/caretakers are often unaware of what older children are doing so the prevalence of child labour among children 12-14 years may be underestimated. The percentage of boys involved in child labour was slightly higher than for girls (7 percent versus 5 percent respectively). Overall, 2.9 percent were involved in unpaid labour outside the home with more young children (4.3 percent) being involved in such labour compared with older children (0.1 percent).

Table CP.3 presents the percentage of children classified as student labourers or as labourer students. Student labourers are the children attending school that were involved in child labour activities at the moment of the surveys. More specifically, of the 99 percent of the children 5-14 years of age attending school, 6 percent were also involved in child labour activities. Furthermore, of the 6 percent of the children classified as child labourers, the majority of them were also attending school (98 percent). Therefore, being in child labour appears not to affect being in school but is likely to affect the quality of the participation and learning.

Child Discipline

As stated in *A World Fit for Children*, “children must be protected against any acts of violence ...” and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In the Jamaica MICS3 survey, mothers/caretakers of children age 2-14 years were asked a series of questions on the methods the parents tend to use to discipline their children when they misbehave. Note that for the child discipline module the questions were administered for one child aged 2-14 per household selected randomly during fieldwork. The questions were adapted from the Parent-Child Conflict Tactic Scale (CTS-PC), an epidemiological instrument widely used to assess the treatment of children⁹. It includes items to measure a wide range of responses from non-violent forms of discipline to psychological aggression and severe physical means of disciplining and punishing children. From these questions, the indicators used to describe aspects of child discipline are: 1) the number of children 2-14 years that experience psychological aggression¹⁰ as punishment *or* minor physical punishment¹¹ *or* severe physical punishment¹²; and 2) the number of

⁹ Straus, M.A., Hamby, S.L., Finkelhor, D. Moore, D.W. & Runyan, D. 1998. Identification of Child Maltreatment with the Parent-Child Conflict Tactic Scale: Development and psychometric data for a national sample of American parents. *Child Abuse and Neglect* 22(4):247-270

¹⁰ If child was shouted, yelled or screamed at and/or called dumb, lazy or other name like that.

¹¹ If child was shaken, spanked, hit or slapped on bottom with bare hand and/or hit anywhere on the body with a hard instrument and/or hit/slapped on arm, leg or hand.

parents/caretakers of children 2-14 years of age that believe that in order to raise their children properly, they need to physically punish them.

In Jamaica, 87 percent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members (Table CP.4). More importantly, 8 percent of children were subjected to severe physical punishment. On the other hand, there were 36 percent of mothers/caretakers who believed that children should be physically punished, which implies an interesting contrast with the actual prevalence of physical discipline.

More male children were subjected to both minor and severe physical discipline (75 and 10 percent) than female children (71 and 5 percent). Younger children were more likely to be subjected to minor physical punishment while older children experienced more psychological punishment. Women with higher educational levels resorted more to non-violent discipline and less to psychological and minor physical punishment than women with secondary level education.

Early Marriage

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

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

¹² If child is hit/slapped on the face, head or ears and/or beat with an instrument over and over as hard as one could.

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

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

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

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

In Jamaica, although the occurrence of legal marriages may be low, females are often in a union at an early age. Therefore, the two indicators are combined to estimate the percentage of women married/in union before 15 years of age and percentage

married/in union before 18 years of age. The percentage of women married/in union at various ages is provided in Table CP.5. Just over 1 percent of the women stated that they were married/in union before the age of 15 years and 10 percent were married/in union before the age of eighteen. The percentage of females 15-19 years currently married or in a union was 4.5 percent. More rural females in this age group were married or in a union compared to their urban counterparts (6 percent versus 4 percent respectively).

Another component is the spousal age difference with an indicator being the percentage of married/in union women with a difference of 10 or more years of age compared to their current spouse. Table CP.6 presents the results of the age difference between husbands and wives. Only 30 women aged 15-19 years were currently married or in a union and of these, 32 percent were 10+ years younger than their partners. Among women aged 20-24 years who were currently married or in a union, 24 percent were 10+ years younger than their partners.

Domestic Violence

A number of questions were asked of women age 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners for a variety of scenarios. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women who agree with the statements indicating that husbands/partners are justified to beat their wives/partners under the situations described, in reality tend to be abused by their own husbands/partners. The responses to these questions can be found in Table CP.7. Nationally, 6.1 percent of women felt that a husband or male partner was justified in beating his wife/partner for at least one of the various scenarios. For most of the reasons put forward in the questionnaire, less than 2 percent of the women support beating. However, nearly 5 percent thought that the beating was justifiable if the woman neglected her children.

Child Disability

One of the World Fit for Children goals is to protect children against abuse, exploitation, and violence, including the elimination of discrimination against children with disabilities. For children age 2 through 9 years, a series of questions were asked to assess a number of disabilities/impairments, such as sight impairment, deafness, and difficulties with speech. This approach rests in the concept of functional disability developed by WHO and aims to identify the implications of any impairment or disability for the development of the child (e.g. health, nutrition, education, etc.). Table CP.8 presents the results of these questions. Based on the reports of mothers/caretakers, some 15 percent of children 2-9 years have at least one disability. Disabilities most frequently reported are: not

understanding instructions (4.9 percent), mentally backward, dull or slow (4.7 percent) and not speaking, cannot be understood in words (3.9 percent). Some 11.7 percent of children 3-9 years were reported to have delayed speech, while 9.3 percent of children aged 2 years could not name at least one object.

XII. HIV/AIDS and Orphaned and Vulnerable Children

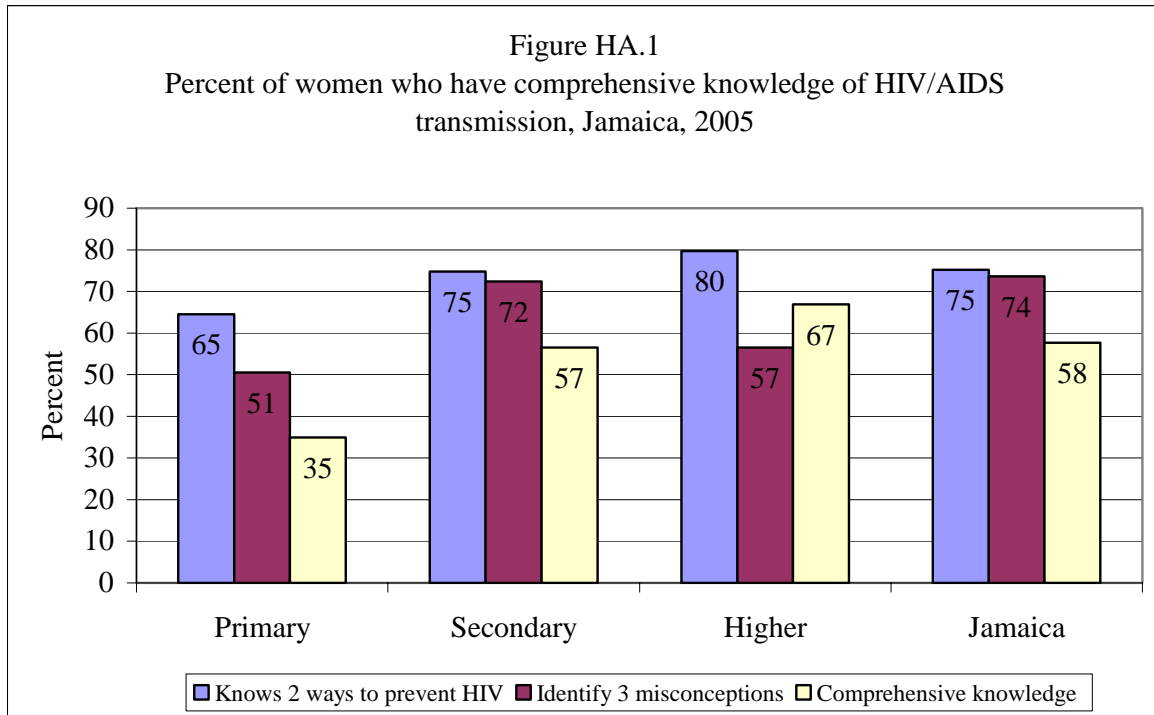
Knowledge of HIV Transmission

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

One indicator which is both an MDG and United Nations General Assembly Special Session on HIV/AIDS indicator is the percent of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women were asked whether they knew of the three main ways of HIV transmission – having only one faithful uninfected partner, using a condom every time, and abstaining from sex. The results are presented in Table HA.1. In Jamaica, almost all of the interviewed women (99 percent) have heard of AIDS. However, the percentage of women who know of all three main ways of preventing HIV transmission was 69 percent. Eighty-three percent of women know of having one faithful uninfected sex partner, 89 percent know of using a condom every time, and 87 percent know of abstaining from sex as main ways of preventing HIV transmission. Fewer than 2 percent do not know any of the three ways.

Table HA.2 presents the percent of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Jamaica, that HIV can be transmitted by sharing food and mosquito bites and a healthy looking person cannot be infected. The table also provides information on whether women know that ‘HIV cannot be transmitted by supernatural means, and that ‘HIV can be transmitted by sharing needles’. Of the interviewed women, 76 percent reject the two most common misconceptions and know that a healthy-looking person can be infected. Ninety- percent of women know that ‘HIV cannot be transmitted by sharing food’, but 81 percent of women know that ‘HIV cannot be transmitted by mosquito bites’, while 96 percent of women know that ‘a healthy-looking person can be infected’. More women with higher level of education reject misconceptions concerning HIV.

Table HA.3 summarizes information from Tables HA.1 and HA.2 and presents the percentage of women who know 2 ways of preventing HIV transmission and reject three common misconceptions. Comprehensive knowledge of HIV prevention methods and transmission was still fairly low. Overall, 59 percent of women were found to have comprehensive knowledge. As expected, the percent of women with comprehensive knowledge increases with the woman’s education level and comprehensive knowledge also peaks in the age group 20-24 years (61 percent) (Figure HA.1).



Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they become pregnant to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. The level of knowledge among women age 15-49 years concerning mother-to-child transmission is presented in Table HA.4. Overall, 95 percent of the women knew that HIV can be transmitted from mother to child. The percentage of women who knew all three ways of mother-to-child transmission was 59 percent, while 5 percent of women did not know of any specific way. There were marked differences in knowledge by area. Generally, more women in the KMA could correctly identify means of HIV transmission than in either the other urban areas or rural areas. Also, more women in all the urban areas (62.4 percent) knew all three ways of HIV transmission when compared with women living in rural areas (52.9 percent).

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: 1) would care for family member sick with AIDS; 2) would buy fresh vegetables from a vendor who was HIV positive; 3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and 4) would *not* want to keep HIV status of a family member a secret. Table HA.5 presents the attitudes of women towards people living with HIV/AIDS. Stigmatism is high in Jamaica with 80 percent agreeing with at least one discriminatory statement. While less than ten percent stated that they would not care for a family member who was infected with AIDS, over half (58 percent) said that they would want to keep it a secret.

Another important indicator is the knowledge of where to be tested for HIV and use of such services. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested is presented in Table HA.6. The majority of women (89 percent) know where to be tested, while 49 percent have actually been tested. Of these, a large proportion has been told the result (90 percent).

Among women who had given birth within the two years preceding the survey, the percent who received counselling and HIV testing during antenatal care is presented in Table HA.7. Most of the women (83 percent) had received information about HIV prevention during ANC visit, while 90 percent had been tested for HIV and 84 percent had received the results. The difference in percentage of women tested among those in the urban and rural areas is approximately 6 percentage points (93 percent and 87 percent respectively). However, the difference in results received is considerably larger (14 percentage points) as only 76 percent of women in rural areas received their results compared with 90 percent of urban women. These findings point to the problems experienced by rural health centres in receiving diagnostic results in a timely manner.

In the Jamaica MICS, information was sought about whether women believed that there were drugs they can take to reduce the risk of HIV/AIDS transmission to their babies (Table HA.8). Some 72 percent of women believed that drugs are available while a significant 19 percent did not know and 9 percent did not believe. The percentage who did believe, was lowest among older women and those with primary level schooling only.

The majority of women (85 percent) felt that a child with HIV/AIDS who is not sick, should be allowed to attend school (Table HA.9). Women with primary level education were less likely to hold this view than women with higher education (74 percent versus 90 percent respectively).

Orphans and Vulnerable Children

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

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

The frequency of children living with neither parent, mother only, and father only is presented in Table HA.10. Some 34 percent were living with both parents, while 45.3 percent were living with mother only, 6 percent with father only and 13 percent live with neither parent. There was no difference by sex of child. However, more children living in the rural areas live with both parents and as age increases the percentage of children living with both parents decreases.

Table HA.11 shows the percentage of orphaned and vulnerable children aged 0-17 years. Overall, 5 percent were orphaned with another 7.4 percent being vulnerable. There were no differences by sex or area of residence.

One of the measures developed for the assessment of the status of orphaned and vulnerable children relative to their peers looks at the school attendance of children 10-14 for children who have lost both parents (double orphans) versus children whose parents are alive (and who live with at least one of these parents). If children whose parents have died do not have the same access to school as their peers, then families and schools are not ensuring that these children's rights are being met.

In Jamaica, less than one percent of children aged 10-14 have lost both parents (Table HA.12). All are currently attending school. Among the children ages 10-14 who have not lost a parent and who live with at least one parent, 99 percent are attending school. This would suggest that double orphans are at no disadvantage compared to the non-orphaned children in terms of school attendance.

In many countries few services are available to families that have taken in children who are orphaned or vulnerable. Community-based organizations and governments need to be sure that families are supported to care for these children.

The level and types of support provided to households caring for children orphaned and vulnerable is presented in Table HA.13. Generally, support was low with only 15.4 percent reporting any support, the main one being educational (8.9 percent).

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**Table HH.1: Results of household and individual interviews
Numbers of households, women and children under 5 by results of the
household, women's and under-five's interviews, and household, women's and
under-five's response rates, JAMAICA, 2005**

	Area			Total
	KMA	Urban	Rural	
Sampled households	1626	1785	2839	6250
Occupied households	1436	1610	2558	5604
Interviewed households	1147	1367	2253	4767
Household response rate	79.9	84.9	88.1	85.1
Eligible women	988	1069	1720	3777
Interviewed women	952	1038	1657	3647
Women response rate	96.4	97.1	96.3	96.6
Women's overall response rate	77.0	82.4	84.9	82.1
Eligible children under 5	322	400	722	1444
Mother/Caretaker Interviewed	319	395	713	1427
Child response rate	99.1	98.8	98.8	98.8
Children's overall response rate	79.1	83.8	87.0	84.1

**Table HH.2: Household age distribution by sex
Percent distribution of the household population by five-year age groups and
dependency age groups, and number of children aged 0-17 years, by sex,
JAMAICA, 2005**

		Sex				Total	
		Male		Female		Number	Percent
		Number	Percent	Number	Percent		
Age	0-4	721	9.1	723	9.3	1445	9.2
	5-9	820	10.4	787	10.1	1606	10.2
	10-14	902	11.4	867	11.1	1770	11.3
	15-19	780	9.9	702	9.0	1483	9.4
	20-24	689	8.7	594	7.6	1283	8.2
	25-29	561	7.1	500	6.4	1061	6.8
	30-34	506	6.4	543	7.0	1049	6.7
	35-39	488	6.2	569	7.3	1057	6.7
	40-44	496	6.3	529	6.8	1025	6.5
	45-49	406	5.1	407	5.2	814	5.2
	50-54	351	4.4	385	4.9	736	4.7
	55-59	274	3.5	267	3.4	541	3.4
	60-64	209	2.6	206	2.6	415	2.6
	65-69	170	2.2	177	2.3	346	2.2
	70+	475	6.0	530	6.8	1005	6.4
	Missing/DK	42	(.5)	22	(*)	64	.4
Dependency age groups	<15	2443	31.0	2377	30.4	4821	30.7
	15-64	4758	60.3	4703	60.2	9462	60.3
	65+	645	8.2	706	9.0	1351	8.6
	Missing/DK	42	(.5)	22	(*)	64	.4
Age	Children aged 0-17	2971	37.7	2804	35.9	5775	36.8
	Adults	4918	62.3	5005	64.1	9923	63.2
	18+/Missing/DK						
Total		7889	100.0	7809	100.0	15698	100.0

Table HH.3: Household composition
Percent distribution of households by selected characteristics, JAMAICA, 2005

		Weighted percent	Number of households weighted	Number of households unweighted
Sex of household head	Male	59.1	2819	2852
	Female	40.9	1948	1915
Area	KMA	33.2	1585	1147
	Urban	25.5	1216	1367
	Rural	41.3	1967	2253
Number of household members	1	26.1	1243	1272
	2-3	33.6	1603	1599
	4-5	25.3	1206	1183
	6-7	10.4	498	487
	8-9	3.1	146	148
	10+	1.5	72	78
At least one child aged < 18 years		54.0	4767	4767
At least one child aged < 5 years		23.5	4767	4767
At least one woman aged 15- 49 years		58.0	4767	4767
Total		100.0	4767	4767

Table HH.4: Women's background characteristics
Percent distribution of women aged 15-49 years by background characteristics,
JAMAICA, 2005

		Weighted Percent	Number of women weighted	Number of women unweighted
Area	KMA	36.2	1319	952
	Urban	25.0	910	1038
	Rural	38.9	1417	1657
Age	15-19	18.2	665	664
	20-24	15.3	558	557
	25-29	13.2	480	478
	30-34	14.1	516	531
	35-39	14.8	539	535
	40-44	13.8	503	485
	45-49	10.6	386	397
	Marital/Union status	Currently married/ In union	38.9	1418
Formerly married/ In union		14.1	514	537
Never married/ In union		47.0	1715	1683
Motherhood status	Ever gave birth	69.1	2521	2542
	Never gave birth	30.9	1126	1105
Woman's education level	None	(*)	6	5
	Primary	2.1	76	94
	Secondary	78.6	2865	2841
	Higher	17.2	628	619
	Non- standard curriculum	2.0	72	88
Total		100.0	3647	3647

Table HH.5: Children's background characteristics
Percent distribution of children under five years of age by background
characteristics, JAMAICA, 2005

		Weighted percent	Number of under-5 children weighted	Number of under-5 children unweighted
Sex	Male	50.0	713	706
	Female	50.0	714	721
Area	KMA	31.1	444	319
	Urban	24.8	353	395
	Rural	44.1	630	713
Age	< 6 months	9.6	138	129
	6-11 months	8.7	124	129
	12-23 months	19.0	271	283
	24-35 months	22.0	314	304
	36-47 months	19.9	285	283
	48-59 months	20.7	296	299
Woman's education level	Primary	4.2	61	71
	Secondary	81.2	1158	1147
	Higher	13.1	187	182
	Non-standard curriculum	(1.5)	22	27
Total		100.0	1427	1427

Table CM.1: Child mortality
Infant and under-five mortality rates by background and demographic
characteristics [BASED ON WEST], JAMAICA, 2005

		Infant Mortality Rate*	Under-five Mortality Rate**
Sex	Male	28	33
	Female	24	30
Area	Total Urban	29	36
	- KMA	26	33
	- Urban	33	40
	Rural	21	25
Mother's education	Primary, None, Non-Std, Dk	51	67
	Secondary	22	26
	Total	26	31

* MICS indicator 2; MDG indicator 14

** MICS indicator 1; MDG indicator 13

Table CM.2: Children ever born and proportion dead
Mean number of children ever born and proportion dead by age of women,
Jamaica, 2005

Age	Mean number of children ever born	Proportion dead	Number of women
15-19	.077	.027	665
20-24	.397	.025	558
25-29	.844	.029	480
30-34	1.209	.036	516
35-39	1.529	.043	539
40-44	1.653	.050	503
45-49	1.833	.050	386
Total	1.005	.042	3647

Table NU.1: Initial breastfeeding
Percentage of women aged 15-49 years with a birth in the 2 years preceding the survey who breastfed their baby within one hour of birth and within one day of birth, Jamaica, 2005

		Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with live birth in the two years preceding the survey
Area	Total Urban	66.1	84.5	297
	- KMA	65.9	82.2	164
	- Urban	66.4	87.4	133
	Rural	57.2	83.4	228
Months since last birth	< 6 months	67.5	85.0	140
	6-11 months	65.2	87.9	123
	12-23 months	58.1	81.7	262
Woman's education level	Primary	(*)	(*)	11
	Secondary	62.6	84.3	436
	Higher	60.1	83.1	70
	Non-standard curriculum	(*)	(*)	7
Total	62.3	84.0	525	

* MICS indicator 45

Table NU.2: Breastfeeding
Percent of living children according to breastfeeding status at each age group, JAMAICA, 2005

		Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
		Percent exclusively breastfed	Number of children	Percent exclusively breastfed *	Number of children	Percent receiving breastmilk and solid/mushy food **	Number of children	Percent breastfed***	Number of children	Percent breastfed ***	Number of children
Sex	Male	(13.1)	46	10.3	64	(26.3)	34	(49.0)	36	(22.2)	43
	Female	(29.9)	45	19.5	73	(44.3)	36	49.1	55	25.6	48
Area	Total Urban	19.9	61	14.5	87	(27.0)	39	(50.4)	40	(17.3)	50
	- KMA	(16.7)	39	(11.1)	58	(*)	25	(*)	20	(*)	16
	- Urban	(*)	22	(21.4)	29	(*)	14	(*)	20	(15.6)	33
	Rural	(24.4)	30	16.3	50	(46.5)	31	48.1	51	32.0	41
Woman's education level	Primary	(*)	3	(*)	4	(*)	2	(*)	3	(*)	4
	Secondary	18.4	77	12.7	116	38.5	57	47.6	80	26.6	69
	Higher	(*)	9	(*)	15	(*)	11	(*)	8	(*)	13
	Non-standard curriculum	(*)	2	(*)	2	(*)	0	(*)	0	(*)	4
Total		21.4	91	15.2	138	35.6	70	49.1	91	24.0	91

* MICS indicator 15

** MICS indicator 17

*** MICS indicator 16

Table NU.3: Adequately fed infants
Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed
and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, Jamaica,
2005

		0-5 months exclusively breastfed	6-8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	9-11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	6-11 months who received breastmilk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0- 11 months
Sex	Male	10.3	17.1	11.2	13.6	11.9	122
	Female	19.5	27.1	9.4	16.6	18.1	140
Area	Total Urban	14.5	17.7	11.4	14.0	14.3	156
	- KMA	11.1	10.0	12.7	11.5	11.3	97
	- Urban	21.4	29.5	9.8	17.3	19.3	59
	Rural	16.3	28.5	8.8	16.7	16.5	106
Woman's education level	Primary	(*)	(*)	(*)	(*)	(*)	7
	Secondary	12.7	24.4	10.4	16.3	14.4	219
	Higher	(33.0)	(11.6)	(12.8)	(12.3)	(22.0)	33
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	3
Total		15.2	22.5	10.2	15.2	15.2	262

* MICS indicator 18; ** MICS indicator 19

Table NU.4 : Low birth weight infants
Percentage of live births in the 2 years preceding the survey that weighed below 2500 grams at birth, Jamaica, 2005

		Percent of live births below 2500 grams *	Percent of live births weighed at birth **	Number of live births
Area	Total Urban	12.2	98.2	297
	- KMA	12.0	99.0	164
	- Urban	12.3	97.1	133
	Rural	12.0	95.0	228
Woman's education level	Primary	(*)	(*)	11
	Secondary	12.6	97.2	436
	Higher	9.8	96.0	70
	Non-standard curriculum	(*)	(*)	7
Total	12.1	96.8	525	

* MICS Indicator 9

** MICS Indicator 10

Table CH.1: Vaccinations in first year of life
Percentage of children aged 18-29 months immunized against childhood diseases at any time before the survey and before the first birthday (18 months for measles),
JAMAICA, 2005

	BCG *	DPT 1	DPT 2	DPT 3 **	Polio 1	Polio 2	Polio 3 ****	Measles ****	All *****	None	Number of children aged 18-29 months
Vaccination card	74.0	74.5	74.7	72.9	74.4	75.1	73.0	70.0	66.6	.0	298
Mother's report	22.1	21.6	18.1	14.0	21.5	19.9	13.2	21.1	11.4	3.6	298
Either	96.1	96.1	92.8	86.9	95.9	94.9	86.2	91.1	78.0	3.6	298
Vaccinated by 12 months of age	94.3	91.4	90.9	81.5	95.7	93.1	80.1	86.8	62.9	3.8	298

* MICS Indicator 25

** MICS Indicator 26

*** MICS Indicator 27

**** MICS Indicator 28 ; MDG Indicator 15

***** MICS Indicator 31

Table CH.2: Vaccinations by background characteristics
Percentage of children aged 18-29 months currently vaccinated against childhood diseases, JAMAICA, 2005

		BCG	DPT1	DPT2	DPT3	Polio 1	Polio 2	Polio 3	MMR	All	None	Percent with health card	Number of children aged 18-29 months
Sex	Male	97.9	97.2	94.9	89.4	97.2	97.2	85.1	92.5	78.9	2.1	76.0	148
	Female	94.3	94.9	90.8	84.4	94.6	92.6	87.4	89.7	77.1	5.0	72.2	150
Area	Total Urban	94.1	93.4	90.2	84.2	94.1	93.1	85.8	87.9	77.5	5.9	72.1	
	- KMA	91.2	91.2	89.3	82.3	91.2	89.3	79.9	83.7	73.4	8.8	63.9	73
	- Urban	96.7	95.4	91.0	86.0	96.7	96.6	91.1	91.7	81.2	3.3	79.4	83
	Rural	98.3	99.0	95.8	89.8	98.0	96.9	86.7	94.6	78.6	1.0	76.3	142
Woman's education level	Primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	14
	Secondary	96.3	95.8	92.1	86.7	95.7	94.8	87.1	91.0	79.2	3.7	76.5	239
	Higher	(93.2)	(95.6)	(95.3)	(86.4)	(95.7)	(95.5)	(79.4)	(89.7)	(67.1)	(4.3)	(54.0)	39
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	5
Total		96.1	96.1	92.8	86.9	95.9	94.9	86.2	91.1	78.0	3.6	74.1	298

Table CH.3: Neonatal tetanus protection
Percentage of mothers with a birth in the last 24 months protected against neonatal tetanus, Jamaica, 2005

		Received at least 2 doses during last pregnancy	Received at least 2 doses, the last within prior 3 years	Received at least 3 doses, the last within 5 years	Received at least 4 doses, the last within 10 years	Protected against tetanus *	Number of mothers
Area	Total Urban	40.2	19.8	.4	1.2	61.6	297
	- KMA	40.3	17.4	.0	.0	57.7	164
	- Urban	40.1	22.8	.8	2.7	66.5	133
	Rural	40.6	27.4	1.6	.3	70.1	228
Age	15-19	40.3	12.0	1.1	.0	53.4	67
	20-24	42.1	20.6	.7	1.7	65.1	134
	25-29	43.7	25.1	.8	.0	69.6	120
	30-34	35.1	28.1	2.1	.0	65.4	100
	35-39	43.4	23.3	.0	3.2	69.9	66
	40-44	(32.1)	(30.5)	(.0)	(.0)	(62.5)	36
	45-49	(*)	(*)	(*)	(*)	(*)	2
	Woman's education level	Primary	(*)	(*)	(*)	(*)	(*)
	Secondary	42.1	24.1	1.1	.8	68.2	436
	Higher	30.7	17.2	.0	1.3	49.2	70
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	7
Total		40.4	23.1	.9	.8	65.3	525

* MICS Indicator 32

Table CH.4: Oral rehydration treatment
Percentage of children aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), Jamaica, 2005

		Had diarrhoea in last two weeks	Number of children aged 0-59 months	Number of children aged 0-59 months with diarrhoea
Sex	Male	2.8	713	20
	Female	2.0	714	14
Area	Total Urban	1.8	797	14
	- KMA	1.2	444	6
	- Urban	2.5	353	9
	Rural	3.1	630	20
Age	< 6 months	1.5	138	2
	6-11 months	4.3	124	5
	12-23 months	4.4	271	12
	24-35 months	1.1	314	3
	36-47 months	2.0	285	6
	48-59 months	1.9	296	6
Woman's education level	Primary	1.8	61	1
	Secondary	2.8	1158	32
	Higher	.0	187	0
	Non-standard curriculum	(2.8)	22	1
Total		2.4	1427	34

* MICS Indicator 33

Table CH.5: Care seeking for suspected pneumonia
Percentage of children aged 0-59 months in the last two weeks taken to a health provider, Jamaica, 2005

		Had acute respiratory infection	Number of children aged 0-59 months	Any appropriate provider *	Number of children aged 0-59 months with suspected pneumonia
Sex	Male	6.8	713	(73.1)	49
	Female	6.2	714	(77.4)	44
Area	Total Urban	6.4	797	(74.9)	52
	Rural	6.5	630	(75.5)	41
Total		6.5	1427	75.1	93

* MICS indicator 23

Table CH.6: Antibiotic treatment of pneumonia
Percentage of children aged 0-59 months with suspected pneumonia who received antibiotic treatment, Jamaica, 2005

		Percentage of children aged 0-59 months with suspected pneumonia who received antibiotics in the last two weeks *	Amoxil	Ampicillin	Bactrim	Number of children aged 0-59 months with suspected pneumonia in the two weeks prior to the survey
Sex	Male	(39.7)	(36.6)	(1.5)	(1.6)	49
	Female	(64.8)	(63.2)	(.0)	(1.6)	44
Area	Total Urban	(50.2)	(47.4)	(1.4)	(1.4)	52
	Rural	(53.3)	(51.4)	(.0)	(1.9)	41
Total		51.6	49.2	.8	1.6	93

* MICS indicator 22

Table CH.7: Knowledge of the two danger signs of pneumonia
Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Jamaica, 2005

		Percentage of mother/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:								Mothers/caretakers who recognize the two danger signs of pneumonia	Number of mothers/caretakers of children aged 0-59 months
Area		Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Area	Total Urban	9.6	20.8	66.8	28.7	50.2	30.0	11.1	51.6	18.9	797
	- KMA	8.4	19.5	70.2	27.6	49.9	30.2	9.0	37.7	14.7	444
	- Urban	11.2	22.4	62.6	30.1	50.7	29.7	13.7	69.1	24.1	353
	Rural	15.3	25.4	57.7	33.7	50.0	36.2	13.7	61.4	27.2	630
Woman's education level	Primary	9.7	25.3	65.4	37.0	61.5	42.8	12.7	64.4	30.8	61
	Secondary	12.2	22.6	62.2	30.5	49.4	32.7	12.0	54.3	22.2	1158
	Higher	12.1	23.1	68.6	33.8	52.9	30.1	14.4	63.8	24.2	187
	Non-standard curriculum	(14.5)	(25.6)	(37.0)	(13.1)	(35.0)	(28.0)	(2.7)	(52.5)	(2.8)	22
Total		12.1	22.8	62.8	30.9	50.1	32.7	12.2	55.9	22.5	1427

Table EN.1: Use of improved water sources
Percent distribution of household population according to main source of drinking water and percentage of household members using improved drinking water sources, Jamaica, 2005

		Main source of drinking water															
		Improved sources							Unimproved sources						Total		
Area		Piped into dwelling	Piped into yard or plot	Public tap/standpipe	Protected well	Protected spring	Rainwater collection	Bottled water	Unprotected well	Unprotected spring	Tanker-truck	Surface water	Bottled water	Other	Improved source of drinking water	Number of household members	
Total	Urban	58.6	28.6	4.0	.0	.1	3.6	2.4	.0	.5	.6	.3	.0	1.2	100.0	97.3	9080
	- KMA	65.4	29.4	.9	.0	.1	.4	2.7	.0	.0	.6	.0	.1	.5	100.0	98.8	5160
	- Urban	49.7	27.5	8.2	.0	.1	7.8	2.1	.0	1.1	.4	.7	.0	2.1	100.0	95.5	3921
	Rural	24.2	20.3	12.8	.5	1.3	28.6	.6	.3	5.0	2.5	1.9	.3	1.9	100.0	88.2	6618
Education of household head	None	(30.0)	(23.0)	(19.9)	(.0)	(.0)	(21.2)	(.0)	(.0)	(.3)	(2.1)	(.0)	(.0)	(3.5)	(100.0)	(94.0)	143
	Primary	37.2	26.9	8.5	.2	1.1	18.8	.1	.2	3.4	1.4	1.1	.0	1.2	100.0	92.8	4185
	Secondary	42.4	26.8	8.3	.3	.5	13.3	1.5	.1	2.4	1.5	1.0	.1	1.9	100.0	93.1	9529
	Higher	73.9	8.9	1.1	.0	.2	6.7	7.1	.0	.0	.6	.6	.9	.0	100.0	97.9	1538
	Non-standard curriculum	52.4	33.0	4.2	.0	.0	7.5	.0	.0	2.1	.8	.0	.0	.0	100.0	97.1	129
	Missing/DK	(46.9)	(26.7)	(6.6)	(.0)	(.0)	(10.9)	(.0)	(.0)	(3.2)	(.0)	(5.8)	(.0)	(.0)	(100.0)	(91.0)	173
Total		44.1	25.1	7.7	.2	.6	14.1	1.6	.1	2.4	1.4	1.0	.1	1.5	100.0	93.5	15698

* MICS indicator 11; MDG indicator 30

Table EN.2: Household water treatment
Percentage distribution of household population according to drinking water treatment method used in the household and percentage of household members that applied an appropriate water treatment method, Jamaica ,2005

		Water treatment method used in the household													
Area		None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other	All drinking water sources: Appropriate water treatment method *	Number of household members	Improved drinking water sources: Appropriate water treatment method	Number of household members	Unimproved drinking water sources: Appropriate water treatment method	Number of household members
Area	Total Urban	48.2	39.0	22.9	.4	3.0	.0	2.1	.3	51.1	9080	51.2	8839	47.8	241
	- KMA	47.8	40.5	22.5	.5	3.5	.0	2.2	.1	51.6	5160	51.8	5096	(*)	64
	- Urban	48.7	37.0	23.4	.4	2.3	.1	1.8	.4	50.5	3921	50.5	3743	50.4	177
	Rural	43.3	32.6	39.0	.9	.6	.0	1.4	.4	56.1	6618	56.3	5838	54.8	779
Education of household head	None	(61.9)	(26.8)	(25.8)	(.0)	(.0)	(.0)	(2.1)	(2.1)	(36.0)	143	(35.2)	135	(*)	9
	Primary	46.6	35.1	31.3	.9	1.0	.1	1.9	.3	52.7	4185	53.3	3884	44.8	300
	Secondary	46.0	36.0	31.0	.6	1.1	.0	1.9	.3	53.2	9529	53.0	8870	56.6	660
	Higher	43.4	41.8	17.7	.7	9.5	.2	.8	.7	56.5	1538	56.4	1506	(*)	33
	Non-standard curriculum	32.4	51.9	26.3	.0	7.9	.0	5.7	1.3	67.6	129	69.7	126	(*)	4
	Missing/DK	(58.3)	(27.3)	(29.9)	(.0)	(1.1)	(.0)	(.0)	(.0)	(41.7)	173	(39.4)	157	(*)	16
Total		46.1	36.3	29.7	.7	2.0	.0	1.8	.3	53.2	15698	53.2	14677	53.1	1021

* MICS indicator 13

Table EN.3: Time to source of water

Percent distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Jamaica, 2005

		Time to source of drinking water						Total	Mean time to source of drinking water (excluding those on premises)	Number of households
		Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	DK/ Missing			
Area	Total Urban	93.0	3.2	1.9	1.5	.2	.2	100.0	17.8	2800
	- KMA	97.9	1.1	.3	.4	.0	.2	100.0	15.0	1585
	- Urban	86.6	5.8	4.0	2.8	.5	.3	100.0	18.3	1216
	Rural	73.7	10.6	8.6	4.9	1.6	.6	100.0	21.3	1967
Education of household head	None	(80.8)	(7.2)	(3.6)	(2.4)	(2.7)	(3.4)	(100.0)	(23.7)	41
	Primary	81.6	6.2	6.1	4.0	1.4	.7	100.0	24.6	1341
	Secondary	84.3	7.2	4.8	2.8	.6	.2	100.0	18.3	2752
	Higher	97.2	1.6	.6	.4	.0	.2	100.0	14.2	546
	Non-standard curriculum	(86.9)	(7.8)	(3.2)	(1.1)	(.0)	(1.1)	(100.0)	(10.0)	46
	Missing/DK	(87.6)	(3.3)	(5.3)	(2.6)	(.0)	(1.2)	(100.0)	(19.4)	41
Total		84.9	6.3	4.7	2.9	.8	.4	100.0	20.4	4767

Table EN.4: Person collecting water
Percent distribution of households according to the person collecting water used in the household, Jamaica, 2005

		Person collecting drinking water					Total	Number of households
		Adult woman	Adult man	Female child (under 15)	Male child (under 15)	DK/Missing		
Area	Total Urban	36.4	53.2	1.4	4.1	4.9	100.0	191
	- KMA	(*)	(*)	(*)	(*)	(*)	(*)	32
	- Urban	38.4	51.0	1.7	4.9	3.9	100.0	159
	Rural	30.6	57.8	4.8	3.7	3.2	100.0	515
Education of household head	None	(*)	(*)	(*)	(*)	(*)	(*)	(*)
	Primary	26.6	62.8	3.5	3.5	3.7	100.0	246
	Secondary	33.7	54.5	4.1	4.3	3.4	100.0	426
	Higher	(*)	(*)	(*)	(*)	(*)	(*)	(*)
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)
	Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)
	Total	32.2	56.5	3.8	3.8	3.7	100.0	706

Table EN.5: Use of sanitary means of excreta disposal
Percent distribution of household population according to type of toilet used by the household and the percentage of household members using sanitary means of excreta disposal, Jamaica, 2005

		Type of toilet facility used by household										Total	Percentage of population using sanitary means of excreta disposal *	Number of households members
		Improved sanitation facility					Unimproved sanitation facility							
Area		Flush to piped sewer system	Flush to septic tank	Flush to absorption pit	Ventilated Improved Pit latrine (VIP)	Pit latrine with slab	Flush to somewhere else	Flush to unknown place/not sure/DK where	Pit latrine without slab/open pit	No facilities or bush or field	Other/ Missing			
Area	Total Urban	29.8	5.1	45.3	.3	17.3	.2	.5	.9	.5	.1	100.0	97.8	9080
	- KMA	44.3	6.9	41.6	.1	5.3	.2	.8	.1	.6	.2	100.0	98.2	5160
	- Urban	10.7	2.6	50.1	.5	33.2	.0	.2	1.9	.5	.1	100.0	97.2	3921
	Rural	1.8	1.7	42.2	.2	50.3	.0	.1	2.9	.7	.1	100.0	96.2	6618
Education of household head	None	(1.2)	(2.8)	(42.5)	(.0)	(50.9)	(.0)	(.0)	(2.2)	(.3)	(.0)	(100.0)	(97.4)	143
	Primary	13.0	2.9	43.9	.1	37.6	.1	.1	2.0	.3	.1	100.0	97.5	4185
	Secondary	17.0	3.4	43.9	.3	32.3	.1	.3	1.9	.7	.1	100.0	96.9	9529
	Higher	39.4	6.7	44.1	.5	6.7	.0	1.0	.4	.7	.6	100.0	97.4	1538
	Non-std curriculum	20.9	8.4	49.1	.0	13.8	.0	.0	.5	7.3	.0	100.0	92.2	129
	Missing/DK	(15.3)	(2.3)	(46.9)	(.0)	(33.3)	(.0)	(.0)	(1.4)	(.8)	(.0)	(100.0)	(97.8)	173
Total		18.0	3.6	44.0	.3	31.2	.1	.3	1.7	.6	.1	100.0	97.1	15698

* MICS Indicator 12; MDG Indicator 31

Table EN.6: Disposal of child's faeces

Percent distribution of children aged 0-2 years according to place of disposal of child's faeces, and the percentage of children aged 0-2 years whose stools are disposed of safely, Jamaica, 2005

		What was done to dispose of the stools								Total	Proportion of children whose stools are disposed of safely *	Number of children aged 0-2 years
Area		Child used toilet/latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage (solid waste)	Buried	Left in the open	Other	DK/ Missing			
Area	Total Urban	12.6	14.0	.2	69.3	.5	.0	1.8	1.6	100.0	26.6	470
	- KMA	14.3	8.5	.0	74.4	.0	.0	1.1	1.7	100.0	22.9	255
	- Urban	10.6	20.4	.5	63.2	1.1	.0	2.6	1.6	100.0	31.0	215
	Rural	8.5	39.0	2.3	39.0	2.9	.4	6.5	1.4	100.0	47.5	385
Woman's education level	Primary	(7.5)	(45.2)	(.0)	(34.3)	(2.9)	(3.0)	(7.0)	(.0)	(100.0)	(52.8)	34
	Secondary	11.0	25.8	1.3	55.4	1.7	.1	3.6	1.0	100.0	36.8	694
	Higher	10.5	14.9	.4	66.0	.9	.0	4.4	3.1	100.0	25.4	114
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Total		10.7	25.3	1.1	55.7	1.6	.2	3.9	1.6	100.0	36.0	855

* MICS indicator 14

Table EN.7: Use of improved water sources and improved sanitation
Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Jamaica, 2005

		Percentage of household population using improved sources of drinking water *	Percentage of household population using sanitary means of excreta disposal **	Percentage of household population using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members
Area	Total Urban	97.3	97.8	95.3	9080
	- KMA	98.8	98.2	97.0	5160
	- Urban	95.5	97.2	93.0	3921
	Rural	88.2	96.2	85.0	6618
Education of household head	None	(94.0)	(97.4)	(91.8)	143
	Primary	92.8	97.5	90.7	4185
	Secondary	93.1	96.9	90.4	9529
	Higher	97.9	97.4	95.3	1538
	Non-standard curriculum	97.1	92.2	89.3	129
	Missing/DK	(91.0)	(97.8)	(88.8)	173
Total		93.5	97.1	90.9	15698

* MICS indicator 11; MDG indicator 30

** MICS indicator 12; MDG indicator 31

Table RH.1: Antenatal care provider
Percent distribution of women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Jamaica, 2005

		Person providing antenatal care					Total	Any skilled personnel *	Number of women who gave birth in the preceding two years
		Medical doctor	Nurse/ midwife	Community health worker	Other/ missing	No antenatal care received			
Area	Total Urban	58.7	30.6	7.7	1.5	1.6	100.0	89.3	297
	- KMA	62.5	24.4	10.1	1.0	2.0	100.0	86.9	164
	- Urban	54.0	38.2	4.8	2.0	1.0	100.0	92.2	133
	Rural	56.7	35.5	5.9	1.9	.0	100.0	92.2	228
Age	15-19	53.7	34.8	10.4	1.1	.0	100.0	88.5	67
	20-24	52.1	38.5	7.2	1.6	.6	100.0	90.6	134
	25-29	60.0	32.8	6.5	.7	.0	100.0	92.7	120
	30-34	57.9	32.1	8.3	.0	1.7	100.0	90.0	100
	35-39	61.8	30.7	2.5	2.5	2.5	100.0	92.5	66
	40-44	(71.1)	(12.9)	(5.5)	(9.2)	(1.3)	(100.0)	(84.0)	36
	45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Woman's education level	Primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
	Secondary	54.1	35.7	7.4	1.8	1.1	100.0	89.8	436
	Higher	84.1	9.9	6.0	.0	.0	100.0	94.0	70
	Non-std curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
	Total	57.8	32.7	6.9	1.7	.9	100.0	90.5	525

* MICS indicator 20

Table RH.2: Antenatal care content
Percentage of pregnant women receiving antenatal care among women aged 15-49 years who gave birth in two years preceding the survey
and percentage of pregnant women receiving specific care as part of the antenatal care received, Jamaica, 2005

Area		Percent of pregnant women receiving ANC one or more times during pregnancy*	Percent of pregnant women who had:				Number of women who gave birth in two years preceding survey
			Blood sample taken	Blood pressure measured	Urine specimen taken	Weight measured	
Area	Total Urban	98.4	96.6	97.4	97.4	97.1	297
	- KMA	98.0	97.0	97.0	97.0	97.0	164
	- Urban	99.0	96.1	98.0	98.0	97.3	133
	Rural	100.0	96.9	98.1	96.1	97.7	228
Age	15-19	100.0	98.9	98.9	97.4	98.9	67
	20-24	99.4	98.8	98.8	98.1	98.8	134
	25-29	100.0	95.3	99.3	97.9	97.6	120
	30-34	98.3	97.9	98.3	98.3	98.3	100
	35-39	97.5	95.0	95.0	95.0	95.0	66
	40-44	(98.7)	(89.5)	(89.5)	(89.5)	(89.5)	36
	45-49	(*)	(*)	(*)	(*)	(*)	2
	Woman's education level	Primary	(*)	(*)	(*)	(*)	(*)
	Secondary	98.9	96.5	97.5	96.4	97.2	436
	Higher	100.0	100.0	100.0	100.0	100.0	70
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	7
Total		99.1	96.7	97.7	96.9	97.3	525

* MICS indicator 44

Table RH.3: Assistance during delivery

Percent distribution of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, Jamaica, 2005

		Person assisting at delivery						Total	Any skilled personnel *	Delivered in health facility **	Number of women who gave birth in preceding two years
		Medical doctor	Nurse/ midwife	Auxiliary midwife	Relative/ friend	Other/ missing	No attendant				
Area	Total Urban	47.7	40.3	10.4	.5	1.0	.0	100.0	98.5	95.1	297
	- KMA	57.3	30.1	11.5	.0	1.0	.0	100.0	99.0	99.0	164
	- Urban	35.8	53.0	9.0	1.2	1.0	.0	100.0	97.8	90.3	133
	Rural	32.3	55.3	6.9	2.7	2.3	.6	100.0	94.4	93.5	228
Age	15-19	30.0	58.4	6.3	2.9	1.1	1.3	100.0	94.7	95.3	67
	20-24	38.7	50.0	10.0	.0	1.3	.0	100.0	98.7	96.4	134
	25-29	45.8	44.1	7.4	2.0	.7	.0	100.0	97.3	95.9	120
	30-34	39.2	45.9	12.0	2.4	.0	.5	100.0	97.1	93.6	100
	35-39	51.1	39.5	6.9	.0	2.5	.0	100.0	97.5	92.5	66
	40-44	(41.2)	(36.8)	(10.1)	(2.7)	(9.2)	(.0)	(100.0)	(88.0)	(85.4)	36
	45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
	Woman's education level	Primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
	Secondary	38.9	48.7	9.1	1.5	1.5	.3	100.0	96.7	94.2	436
	Higher	55.5	34.5	7.2	1.4	1.4	.0	100.0	97.2	97.0	70
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Total		41.0	46.8	8.9	1.5	1.6	.2	100.0	96.7	94.4	525

* MICS indicator 4; MDG indicator 17

** MICS indicator 5

Table CD.1: Family support for learning
Percentage of children aged 0-59 months for whom household members are engaged in
activities that promote learning and school readiness,
Jamaica, 2005

		Percentage of children aged 0-59 months					
		For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their natural father	Number of children aged 0-59 months
Sex	Male	86.3	5.0	42.8	1.5	51.8	713
	Female	85.4	5.0	38.3	1.5	50.9	714
Area	Total Urban	88.3	5.2	41.4	1.7	51.2	797
	- KMA	88.8	5.3	44.7	1.9	49.0	444
	- Urban	87.8	5.1	37.3	1.4	53.9	353
	Rural	82.7	4.8	39.4	1.3	51.5	630
Age	0-23 months	72.6	4.4	39.1	1.3	51.4	533
	24-59 months	93.8	5.4	41.4	1.6	51.3	894
Woman's education level	Primary	77.9	4.6	33.1	.9	58.8	61
	Secondary	85.3	5.0	39.9	1.4	52.4	1158
	Higher	92.1	5.3	47.4	2.1	42.2	187
Father's education level	Non-std curriculum	(87.1)	(5.3)	(38.0)	(1.6)	(51.4)	22
	None	(*)	(*)	(*)	(*)	(*)	3
	Primary	(80.1)	(4.6)	(69.4)	(2.0)	(.0)	38
	Secondary	85.7	5.1	73.8	2.8	.0	555
	Higher	93.1	5.4	89.2	4.3	.0	84
	Father not in HH	85.6	5.0	7.6	.2	100.0	733
	Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	6
Missing/DK	(*)	(*)	(*)	(*)	(*)	10	
Total		85.9	5.0	40.6	1.5	51.3	1427

* MICS indicator 46

** MICS indicator 47

Table CD.2: Learning materials
Percentage of children aged 0-59 months living in households containing learning materials, Jamaica, 2005

		3 or more non-children's books *	Median number of non-children's books	3 or more children's books **	Median number of children's books	Child plays with:					3 or more types of plaything ***	Number of children aged 0-59 months
						HH objects	Objects and materials found outside the home	Home-made toys	Toys that came from store	No plaything mentioned		
Sex	Male	88.1	10	57.6	4	54.2	59.5	37.2	86.6	7.6	52.4	713
	Female	85.9	10	55.4	3	50.0	52.5	34.6	84.7	8.4	45.5	714
Area	Total Urban	86.8	10	64.2	5	49.5	50.3	34.8	86.3	8.5	44.4	797
	- KMA	86.6	10	68.7	6	49.8	47.7	35.7	83.6	10.3	43.7	444
	- Urban	87.0	10	58.6	4	49.1	53.5	33.6	89.6	6.2	45.2	353
	Rural	87.3	10	46.8	2	55.3	63.2	37.3	84.9	7.4	54.7	630
Age	0-23 months	81.2	10	39.0	1	41.0	33.3	22.2	74.1	20.2	32.0	533
	24-59 months	90.5	10	66.9	5	58.7	69.5	44.0	92.5	.7	59.0	894
Woman's education level	Primary	80.1	10	43.4	2	55.9	67.3	40.8	86.2	7.0	55.5	61
	Secondary	86.0	10	53.5	3	51.4	56.2	36.8	85.1	8.1	48.9	1158
	Higher	95.9	10	78.0	10	55.2	50.7	29.5	89.7	7.6	47.2	187
	Non-standard curriculum	83.8	10	70.7	8	(49.2)	(59.2)	(30.7)	(78.7)	(8.8)	(48.7)	22
Total		87.0	10	56.5	3	52.1	56.0	35.9	85.7	8.0	48.9	1427

* MICS indicator 49; ** MICS indicator 48; *** MICS indicator 50

Table CD.3: Children left alone or with other children
Percentage of children age 0-59 months left in the care of other children under
the age of 10 years or left alone in the past week,
Jamaica, 2005

		Left in the care children under the age of 10 years in past week	Left alone in the past week	Left with inadequate care in past week *	Number of children aged 0-59 months
Sex	Male	3.1	1.3	4.0	713
	Female	2.3	.8	2.9	714
Area	Total Urban	2.5	.9	3.5	797
	- KMA	2.6	.9	3.6	444
	- Urban	2.4	.9	3.3	353
	Rural	3.0	1.2	3.5	630
Age	0-23	1.9	.8	2.5	533
	24-59	3.3	1.2	4.0	894
Woman's education level	Primary	1.6	.0	1.6	61
	Secondary	3.0	1.3	3.9	1158
	Higher	.3	.0	.3	187
	Non-standard curriculum	(12.4)	(.0)	(12.4)	22
Total		2.7	1.1	3.5	1427

* MICS indicator 51

Table ED.1: Early childhood education
Percentage of children aged 36-59 months who are attending some form of organized early
childhood education programme
and percentage of first graders who attended pre-school, Jamaica, 2005

		Percentage of children aged 36-59 months currently attending early childhood education*	Number of children aged 36-59 months	Percentage of children attending first grade who attended preschool program in previous year**	Number of children attending first grade
Sex	Male	83.7	293	100.0	126
	Female	87.7	288	100.0	113
Area	Total Urban	89.0	332	100.0	126
	- KMA	94.8	191	(100.0)	66
	- Urban	81.1	141	100.0	60
	Rural	81.4	249	100.0	113
Age of child	36-47 months	77.4	285	(*)	0
	48-59 months	93.8	296	(*)	0
	6 years	(*)	0	100.0	239
Woman's education level	Primary	(85.9)	27	(100.0)	22
	Secondary	84.4	473	100.0	191
	Higher	92.5	73	(*)	22
	Non-standard curriculum	(*)	7	(*)	3
Total		85.7	580	100.0	239

* MICS Indicator 52

** MICS Indicator 53

Table ED.2: Primary school entry
Percentage of children of primary school entry age attending grade 1, Jamaica, 2005

		Percentage of children of primary school entry age currently attending grade 1 *	Number of children of primary school entry age
Sex	Male	88.5	161
	Female	89.3	141
Area	Total Urban	88.9	161
	- KMA	90.9	84
	- Urban	86.7	77
	Rural	88.9	140
Age	6	88.9	302
Woman's education level	Primary	(82.3)	27
	Secondary	89.4	244
	Higher	(89.2)	27
	Non-standard curriculum	(*)	3
Total		88.9	302

* MICS Indicator 54

Table ED.3: Primary school net attendance ratio
Percentage of children of primary school age attending primary school or secondary school (NAR), Jamaica, 2005

		Male		Female		Total	
		Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio	Number of children
Area	Total Urban	96.6	564	97.7	520	97.2	1083
	- KMA	96.6	327	97.7	278	97.1	605
	- Urban	96.6	237	97.7	242	97.2	478
	Rural	98.1	457	97.1	437	97.6	894
Age	6	89.9	161	89.3	141	89.7	302
	7	98.2	155	98.5	157	98.3	312
	8	98.7	163	98.4	166	98.5	329
	9	98.5	185	99.5	157	99.0	342
	10	98.8	194	98.6	178	98.7	372
	11	99.2	162	99.4	158	99.3	320
Woman's education level	None	(*)	2	(*)	3	(*)	6
	Primary	95.9	88	96.2	87	96.0	176
	Secondary	97.6	806	97.3	755	97.5	1561
	Higher	95.6	112	99.1	94	97.2	206
	Non-standard curriculum	(*)	11	(*)	18	(100.0)	28
	Missing/DK	(*)	1	(*)	0	(*)	1
Total		97.3	1020	97.5	957	97.4	1977

* MICS indicator 55; MDG indicator 6

Table ED.4: Secondary school net attendance ratio
Percentage of children of secondary school age attending secondary or higher school (NAR), Jamaica, 2005

		Male		Female		Total	
		Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio	Number of children
Area	Total Urban	88.1	529	93.8	465	90.8	994
	- KMA	90.1	291	94.9	264	92.4	556
	- Urban	85.7	237	92.4	201	88.8	438
	Rural	89.0	380	91.7	353	90.3	733
Age	12	71.2	192	81.2	198	76.3	390
	13	98.8	165	99.7	174	99.3	339
	14	95.1	189	98.8	159	96.8	348
	15	95.3	186	96.3	140	95.7	327
	16	83.5	176	90.8	147	86.8	323
Woman's education level	None	(*)	2	(*)	2	(*)	4
	Primary	86.2	88	94.8	99	90.7	187
	Secondary	88.1	616	92.9	548	90.4	1164
	Higher	92.6	84	95.2	63	93.7	147
	Mother not in household	89.2	109	89.9	93	89.5	202
	Non-standard curriculum	(*)	8	(*)	11	(*)	19
	Missing/DK	(*)	1	(*)	1	(*)	3
Total		88.5	909	92.9	818	90.6	1727

* MICS indicator 56

Table ED.4w: Secondary school age children attending primary school
Percentage of children of secondary school age attending primary school, Jamaica, 2005

		Male		Female		Total	
		Percent attending primary school	Number of children	Percent attending primary school	Number of children	Percent attending primary school	Number of children
Area	Total Urban	6.1	529	3.5	465	4.9	994
	- KMA	5.9	291	2.1	264	4.1	556
	- Urban	6.4	237	5.4	201	6.0	438
	Rural	4.5	380	5.9	353	5.1	733
Age	12	25.7	192	18.8	198	22.2	390
	13	.0	165	.0	174	.0	339
	14	.0	189	.0	159	.0	348
	15	.0	186	.0	140	.0	327
	16	.0	176	.0	147	.0	323
Woman's education level	None	(*)	2	(*)	2	(*)	4
	Primary	8.3	88	4.5	99	6.3	187
	Secondary	6.1	616	5.3	548	5.7	1164
	Higher	4.0	84	3.2	63	3.7	147
	Mother not in household	.0	109	.0	93	.0	202
	Non-standard curriculum	(*)	8	(*)	11	(*)	19
	Missing/DK	(*)	1	(*)	1	(*)	3
Total		5.4	909	4.5	818	5.0	1727

Table ED.5: Children reaching grade 5
Percentage of children entering first grade of primary school who eventually reach grade 5, Jamaica, 2005

		Percent attending 2nd grade who were in 1st grade last year	Percent attending 3rd grade who were in 2nd grade last year	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4th grade last year	Percent who reach grade 5 of those who enter 1st grade *
Sex	Male	100.0	100.0	99.4	100.0	99.4
	Female	100.0	99.3	100.0	100.0	99.3
Area	Total Urban	100.0	99.4	99.4	100.0	98.9
	- KMA	100.0	100.0	100.0	100.0	100.0
	- Urban	100.0	98.8	98.8	100.0	97.6
	Rural	100.0	100.0	100.0	100.0	100.0
Woman's education level	None	100.0	.	.	100.0	.
	Primary	100.0	100.0	100.0	100.0	100.0
	Secondary	100.0	99.6	99.6	100.0	99.2
	Higher	100.0	100.0	100.0	100.0	100.0
	Non-standard curriculum	100.0	100.0	100.0	100.0	100.0
	Missing/DK	.	.	.	100.0	.
Total		100.0	99.7	99.7	100.0	99.4

* MICS Indicator 57 ; MDG Indicator 7

Table ED.6: Primary school completion and transition to secondary education
Primary school completion rate and transition rate to secondary education, Jamaica, 2005

		Net primary school completion rate *	Number of children of primary school completion age	Transition rate to secondary education **	Number of children who were in the last grade of primary school the previous year
Sex	Male	81.2	162	97.9	180
	Female	82.0	158	99.5	196
Area	Total urban	83.4	163	99.2	224
	- KMA	85.0	91	98.7	130
	- Urban	81.5	72	100.0	94
	Rural	79.7	157	97.9	152
Woman's education level	None	(*)	0	(*)	0
	Primary	(75.3)	30	98.2	52
	Secondary	81.2	240	99.0	288
	Higher	(85.8)	46	(96.7)	30
	Non-standard curriculum	(*)	5	(*)	4
	Missing/DK	(*)	0	(*)	1
Total		81.6	320	98.7	376

* MICS Indicator 59; MDG Indicator 7b

** MICS Indicator 58

Table ED.7 : Education gender parity
Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, Jamaica, 2005

		Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR*
Area	Total Urban	97.7	96.6	1.01	93.8	88.1	1.06
	- KMA	97.7	96.6	1.01	94.9	90.1	1.05
	- Urban	97.7	96.6	1.01	92.4	85.7	1.08
	Rural	97.1	98.1	.99	91.7	89.0	1.03
Woman's education level	None	100.0	100.0	1.00	50.0	100.0	.50
	Primary	96.2	95.9	1.00	94.8	86.2	1.10
	Secondary	97.3	97.6	1.00	92.9	88.1	1.05
	Higher	99.1	95.6	1.04	95.2	92.6	1.03
	Mother not in household	.	.	.	89.9	89.2	1.01
	Non-standard curriculum	100.0	100.0	1.00	95.9	87.6	1.09
	Missing/DK	.	100.0	.	100.0	100.0	1.00
Total		97.5	97.3	1.00	92.9	88.5	1.05

* MICS Indicator 61; MDG Indicator 9

Table ED.8: Distance to nearest Primary School
Percent distribution of households according to the Distance to the nearest Primary School
from the household, Jamaica, 2005.

		Distance to nearest Primary School				Total	Number of households
		1 MILE OR LESS	> 1 TO < 5 MILES	5 TO < 10 MILES	10 OR MORE/MISSING		
Area	Total Urban	79.6	18.1	.2	2.0	100.0	2800
	- KMA	91.9	5.5	.0	2.6	100.0	1585
	- Urban	63.5	34.6	.5	1.4	100.0	1216
	- Rural	51.3	44.8	2.0	1.9	100.0	1967
Education of household head	None	(70.5)	(26.9)	(2.7)	(.0)	(100.0)	41
	Primary	62.8	33.9	1.0	2.4	100.0	1341
	Secondary	68.2	29.0	1.0	1.8	100.0	2752
	Higher	77.9	20.3	.3	1.5	100.0	546
	Non-standard curriculum	73.4	21.7	1.0	3.8	100.0	46
	Missing/DK	(76.0)	(17.3)	(.0)	(6.7)	(100.0)	41
Total		67.9	29.2	1.0	1.9	100.0	4767

Table ED.9: Distance to nearest Secondary School
Percent distribution of households according to the Distance to the nearest Secondary School
from the household, Jamaica, 2005.

		Distance to nearest Secondary School				Total	Number of households
		1 MILE OR LESS	> 1 TO < 5 MILES	5 TO < 10 MILES	10 OR MORE/MISSING		
Area	Total Urban	63.4	32.1	1.8	2.6	100.0	2800
	- KMA	83.8	13.3	.3	2.7	100.0	1585
	- Urban	36.9	56.8	3.8	2.6	100.0	1216
	- Rural	11.4	63.6	19.2	5.8	100.0	1967
Education of household head	None	(44.5)	(40.6)	(13.8)	(1.1)	(100.0)	41
	Primary	33.3	51.7	10.7	4.2	100.0	1341
	Secondary	42.6	44.2	9.2	4.0	100.0	2752
	Higher	59.2	33.8	4.8	2.2	100.0	546
	Non-standard curriculum	48.6	44.2	3.4	3.8	100.0	46
	Missing/DK	(40.5)	(48.8)	(.0)	(10.8)	(100.0)	41
Total		41.9	45.1	9.0	3.9	100.0	4767

Table ED.10: Adult literacy
Percentage of women aged 15-24 years that are literate, Jamaica, 2005

		Percentage literate *	Percentage not known	Number of women aged 15- 24 years
TOTAL URBAN	TOTAL URBAN	98.4	.9	738
Area	- KMA	98.8	.3	419
	- Urban	98.0	1.7	320
	Rural	97.6	1.1	485
Woman's education level	None	(*)	(*)	4
	Primary	(*)	(*)	4
	Secondary	100.0	.0	972
	Higher	100.0	.0	209
	Non-standard curriculum	(53.1)	(35.1)	35
Age	15-19	98.9	.6	665
	20-24	97.1	1.5	558
Total		98.1	1.0	1223

* MICS Indicator 60; MDG Indicator 8

Table CP.1: Birth registration
Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Jamaica, 2005

		Birth is registered *	Number of children aged 0-59 months	Number of children aged 0-59 months without birth registration
Sex	Male	88.8	713	48
	Female	88.5	714	43
Area	Total urban	89.2	797	51
	Rural	87.9	630	40
Total		88.6	1427	92

* MICS Indicator 62

Table CP.2: Child labour
Percentage of children aged 5-14 years who are involved in child labour activities by type of work, Jamaica, 2005

		Working outside household		Household chores for 28+ hours/week	Working for family business	Total child labour *	Number of children aged 5- 14 years
		Paid work	Unpaid work				
Sex	Male	1.3	2.8	1.3	1.9	6.8	1722
	Female	.5	3.1	.9	1.4	5.4	1654
Area	Total Urban	1.1	2.8	.8	1.6	5.8	1890
	- KMA	1.3	2.5	.3	1.6	5.0	1059
	- Urban	.9	3.3	1.5	1.5	6.8	830
	Rural	.6	3.1	1.5	1.8	6.6	1486
Age	5-11 years	1.3	4.3	.8	2.3	7.9	2299
	12-14 years	.1	.1	1.8	.3	2.3	1077
School participation	Yes	.9	2.9	1.1	1.7	6.1	3330
	No	(3.0)	(4.4)	(.0)	(.0)	(7.4)	46
Woman's education level	None	(*)	(*)	(*)	(*)	(*)	11
	Primary	.9	2.2	1.2	1.5	5.8	345
	Secondary	1.0	3.1	1.1	1.7	6.3	2642
	Higher	.0	3.0	1.6	1.4	5.8	331
	Non-standard curriculum	(.0)	(1.1)	(.0)	(3.9)	(4.9)	44
	Missing/DK	(*)	(*)	(*)	(*)	(*)	3
Total		.9	2.9	1.1	1.7	6.1	3376

* MICS Indicator 71

Table CP.2w: Child labour
Percentage of children aged 5-14 years who are currently working and the percentage who are involved in child labour activities (to be eliminated), by type of work, Jamaica, 2005

		Any paid child work outside the household	Paid labour (to be eliminated) outside the household	Any unpaid child work outside the household	Unpaid labour (to be eliminated) outside the household	Any Household chores	Household chores for 28+ hours/week	Any child work for family business	Any child labour (to be eliminated) for family business	Any child work	Total child labour *	Number of children 5-14 years of age
Sex	Male	1.9	1.3	4.6	2.8	74.6	1.3	4.0	1.9	10.8	6.8	1722
	Female	1.0	.5	4.3	3.1	77.8	.9	2.4	1.4	8.0	5.4	1654
Area	Total Urban	1.8	1.1	4.1	2.8	74.7	.8	2.9	1.6	8.5	5.8	1890
	- KMA	1.9	1.3	3.3	2.5	75.5	.3	3.2	1.6	7.4	5.0	1059
	- Urban	1.7	.9	5.1	3.3	73.8	1.5	2.5	1.5	9.8	6.8	830
	Rural	1.0	.6	4.9	3.1	78.1	1.5	3.7	1.8	10.6	6.6	1486
Age	5-11 years	1.3	1.3	4.3	4.3	69.8	.8	2.3	2.3	7.9	7.9	2299
	12-14 years	1.9	.1	4.9	.1	89.7	1.8	5.2	.3	12.6	2.3	1077
School participation	Yes	1.4	.9	4.4	2.9	76.5	1.1	3.2	1.7	9.3	6.1	3330
	No	(3.0)	(3.0)	(9.2)	(4.4)	(54.9)	(.0)	(6.3)	(.0)	(14.8)	(7.4)	46
Woman's education level	None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
	Primary	2.2	.9	4.3	2.2	83.8	1.2	3.4	1.5	10.9	5.8	345
	Secondary	1.6	1.0	4.6	3.1	75.8	1.1	3.3	1.7	9.5	6.3	2642
	Higher	.0	.0	4.2	3.0	71.9	1.6	2.0	1.4	7.3	5.8	331
	Non-std curriculum	.0	.0	1.1	1.1	74.3	.0	7.7	3.9	8.8	4.9	44
	Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	3
Total		1.5	.9	4.5	2.9	76.2	1.1	3.2	1.7	9.4	6.1	3376

* MICS Indicator 71

Table CP.3: Labourer students and student labourers
Percentage of children aged 5-14 years who are labourer students and student labourers, Jamaica, 2005

		Percentage of children in child labour *	Percentage of children attending school ***	Number of children aged 5-14	Percentage of child labourers who are also attending school **	Number of child labourers aged 5-14	Percentage of students who are also involved in child labour ****	Number of students aged 5-14
Sex	Male	6.8	98.8	1722	98.0	117	6.7	1701
	Female	5.4	98.5	1654	98.9	90	5.5	1630
Area	Total Urban	5.8	99.3	1890	96.9	109	5.6	1876
	- KMA	5.0	99.4	1059	(100.0)	53	5.0	1053
	- Urban	6.8	99.2	830	94.0	57	6.5	823
	Rural	6.6	97.8	1486	100.0	97	6.7	1454
Age	5-11 years	7.9	98.6	2299	98.9	182	7.9	2267
	12-14 years	2.3	98.8	1077	(*)	25	2.2	1064
Woman's education level	None	(*)	(*)	11	(*)	0	(*)	11
	Primary	5.8	98.6	345	(*)	20	5.9	340
	Secondary	6.3	98.5	2642	97.9	165	6.2	2601
	Higher	5.8	99.7	331	(*)	19	5.8	330
	Non-standard curriculum	4.9	100.0	44	(*)	2	4.9	44
	Missing/DK	(*)	(*)	3	(*)	0	(*)	3
Total		6.1	98.6	3376	98.4	207	6.1	3330

** MICS Indicator 72
**** MICS Indicator 73

Table CP.4: Child discipline
Percentage of children aged 2-14 years according to method of disciplining the child, Jamaica, 2005

		Percentage of children 2-14 years of age who experience:						Mother/caretaker believes that the child needs to be physically punished	Number of children aged 2-14 years**
		Only non-violent discipline	Psychological punishment	Minor physical punishment	Severe physical punishment	Any psychological or physical punishment *	No discipline or punishment/Missing		
Sex	Male	7.9	77.2	74.8	9.5	88.4	3.7	34.3	1180
	Female	9.1	73.2	70.8	5.4	85.8	5.1	32.6	1063
Area	Total Urban	8.3	75.3	72.3	7.3	87.2	4.5	31.6	1315
	- KMA	7.0	75.3	74.0	7.6	87.9	5.0	27.1	762
	- Urban	10.0	75.3	69.9	6.9	86.1	3.8	37.9	553
	Rural	8.6	75.3	73.8	7.9	87.2	4.2	36.1	928
Age	2-4 years	7.8	68.7	82.5	3.5	87.5	4.7	33.8	466
	5-9 years	5.9	77.6	81.0	7.9	91.0	3.1	35.0	843
	10-14 years	11.0	76.6	60.8	9.2	83.6	5.5	32.0	933
Woman's education level	None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8
	Primary	11.3	73.1	71.0	6.4	83.7	5.0	38.4	225
	Secondary	7.2	77.2	74.8	8.3	88.5	4.3	34.8	1697
	Higher	14.0	66.2	63.1	4.0	81.9	4.1	23.6	281
	Non-std curriculum	(9.6)	(66.8)	(69.5)	(3.2)	(85.5)	(4.9)	(15.9)	30
	Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Total		8.4	75.3	72.9	7.5	87.2	4.4	33.5	2243

* MICS Indicator 74; ** Table is based on children aged 2-14 years randomly selected during fieldwork (one child selected per household, if any children in the age range) for whom the questions on child discipline were administered

Table CP.5: Early marriage

Percentage of women aged 15-49 in marriage or union before their 15th birthday, percentage of women aged 20-49 in marriage or union before their 18th birthday, percentage of women aged 15-19 currently married or in union, Jamaica, 2005

		Percentage married before age 15 *	Number of women aged 15-49 years	Percentage married before age 18 *	Number of women aged 20-49 years	Percentage of women 15-19 years married/in union **	Number of women aged 15-19 years
Area	Total Urban	1.1	2230	9.4	1837	3.5	392
	- KMA	.5	1319	8.1	1093	3.8	227
	- Urban	2.0	910	11.3	744	2.9	166
	Rural	1.3	1417	12.1	1145	6.1	272
Age	15-19	.3	665	(*)	0	4.5	665
	20-24	.6	558	8.6	558	(*)	0
	25-29	1.6	480	11.4	480	(*)	0
	30-34	.9	516	12.0	516	(*)	0
	35-39	2.2	539	12.0	539	(*)	0
	40-44	2.0	503	9.0	503	(*)	0
	45-49	.9	386	9.4	386	(*)	0
Woman's education level	None	(*)	6	(*)	3	(*)	3
	Primary	3.4	76	13.6	76	(*)	0
	Secondary	1.3	2865	12.3	2295	4.9	570
	Higher	.5	628	2.7	549	1.7	79
	Non-standard curriculum	1.4	72	5.4	59	(*)	13
Total	1.2	3647	10.4	2982	4.5	665	

* MICS Indicator 67; ** MICS Indicator 68; *** MICS Indicator 70

Table CP.6: Spousal age difference
Percent distribution of currently married/in union women aged 15-19 and 20-24 according to the age difference with their husband or partner, Jamaica, 2005

		Percentage of currently married/in union women aged 20-24 whose husband or partner is:					Total	Number of women aged 20-24 years currently married/in union
		Younger	0-4 years older	5-9 years older	10+ years older	Husband/partner's age unknown		
					*			
Area	Total Urban	2.2	30.8	36.0	26.3	4.6	100.0	87
	- KMA	1.6	(40.4)	(35.4)	(17.4)	(5.2)	(100.0)	46
	- Urban	2.9	(20.1)	(36.8)	(36.3)	(3.9)	(100.0)	41
	Rural	3.1	31.5	43.8	21.6	.0	100.0	45
Total		2.5	31.1	38.7	24.7	3.0	100.0	132

* MICS Indicator 69

Table CP.7: Attitudes toward domestic violence

Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, Jamaica, 2005

		Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner.							Number of women aged 15-49 years
		When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*		
Area	Total Urban	.6	3.8	.9	.7	.6	4.5	2230	
	- KMA	.2	2.6	.5	.4	.4	3.1	1319	
	- Urban	1.3	5.5	1.5	1.1	1.0	6.6	910	
	Rural	1.3	6.4	1.3	1.5	2.4	8.6	1417	
Age	15-19	1.2	4.9	1.0	.7	1.5	6.4	665	
	20-24	1.1	5.0	.4	.6	1.3	6.2	558	
	25-29	1.0	6.6	.5	1.7	1.7	8.3	480	
	30-34	1.5	3.8	1.4	1.2	1.5	5.3	516	
	35-39	.4	4.9	1.1	1.0	1.1	5.8	539	
	40-44	.4	4.4	2.1	.9	1.1	5.7	503	
	45-49	.6	3.6	.7	1.2	1.0	4.8	386	
Marital/Union status	Currently married /In union	.8	4.7	1.5	1.5	1.5	6.2	1418	
	Formerly married/In union	1.4	6.4	1.7	2.2	2.2	8.7	514	
	Never married/In union	.8	4.4	.4	.3	.9	5.3	1715	
Woman's education level	None	(*)	(*)	(*)	(*)	(*)	(*)	6	
	Primary	1.1	1.9	1.3	.0	.8	5.1	76	
	Secondary	.9	5.5	1.1	1.2	1.5	7.0	2865	
	Higher	.6	2.1	.4	.3	.4	2.6	628	
	Non-standard curriculum	1.2	2.0	2.0	1.2	2.0	2.0	72	
Total		.9	4.8	1.0	1.0	1.3	6.1	3647	

* MICS Indicator 100

Table CP.8: Child disability
Percentage of children 2-9 years of age with disability reported by their mother or caretaker according to the type of disability, Jamaica, 2005

		Percentage of children aged 2-9 years with reported disability										Number of children aged 2-9 years	Speech is not normal	Number of children aged 3-9 years	Cannot name at least one object	Number of children aged 2 years
Area		Delay in sitting standing or walking	Difficulty seeing, either in the daytime or at night	Appears to have difficulty hearing	No understanding of instructions	Difficulty in walking, moving, weakness or stiffness	Have fits, become rigid, lose consciousness	Not learning to do things like other children his/her age	No speaking cannot be understood in words	Appears mentally backward, dull, or slow	Percentage of children 2-9 years of age with at least one reported disability*					
Area	Total Urban	1.6	1.6	1.3	5.8	.9	1.0	3.0	4.0	4.4	15.1	1400	12.5	1238	12.6	162
	- KMA	.9	1.3	.3	8.6	.8	1.1	3.9	4.4	3.7	16.1	788	12.3	699	13.8	89
	- Urban	2.5	1.8	2.6	2.1	.9	.7	1.9	3.4	5.3	13.8	613	12.6	539	11.1	74
	Rural	2.1	3.3	1.1	3.8	2.0	1.1	2.3	3.1	5.1	15.7	1097	10.7	951	5.6	146
Age of child	2-4	2.2	1.1	1.0	4.5	1.3	.9	2.6	3.7	3.8	13.1	891	13.8	583	9.3	309
	5-6	1.8	1.9	.7	5.4	1.5	1.0	3.0	3.8	4.6	15.3	623	10.6	623	(*)	0
	7-9	1.6	3.7	1.7	4.9	1.4	1.2	2.6	3.4	5.6	17.5	983	11.2	983	(*)	0
Woman's education level	None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	3	(*)	2	(*)	1
	Primary	2.9	3.0	1.3	5.5	3.5	1.5	5.4	3.8	7.5	20.7	176	12.4	160	(*)	16
	Secondary	1.8	2.2	1.3	4.9	1.2	1.0	2.5	3.6	4.9	15.1	2004	12.1	1759	8.5	245
	Higher	1.5	2.4	.4	5.2	.7	.7	2.2	3.6	2.0	14.1	276	8.9	237	(15.6)	40
	Non-standard curriculum	3.9	2.6	4.0	1.3	2.9	1.6	2.6	2.6	2.6	12.1	37	(10.0)	31	(*)	7
Total		1.8	2.3	1.2	4.9	1.4	1.0	2.7	3.6	4.7	15.4	2498	11.7	2189	9.3	309

* MICS Indicator 101

Table HA.1: Knowledge of preventing HIV transmission
Percentage of women aged 15-49 years who know the main ways of preventing HIV transmission, Jamaica, 2005

		Percentage who know transmission can be prevented by:							
		Heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex	Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
Area	Total Urban	99.6	81.6	90.2	88.9	68.8	98.8	1.2	2230
	- KMA	99.5	79.0	88.7	86.8	64.6	98.4	1.6	1319
	- Urban	99.7	85.3	92.4	92.0	74.8	99.3	.7	910
	Rural	99.1	86.0	86.8	84.6	68.0	98.3	1.7	1417
Age	15-19	98.9	86.8	87.4	88.9	75.0	97.6	2.4	665
	20-24	99.8	82.0	91.1	86.2	66.6	99.6	.4	558
	25-29	99.6	80.0	89.7	85.5	65.6	98.4	1.6	480
	30-34	99.6	82.1	88.6	87.8	65.2	99.3	.7	516
	35-39	98.9	82.8	89.6	87.3	69.2	97.9	2.1	539
	40-44	99.6	83.8	87.8	88.1	67.3	99.1	.9	503
	45-49	99.5	84.9	88.0	86.4	68.4	98.2	1.8	386
	Total	99.4	83.3	88.9	87.3	68.5	98.6	1.4	3647
Woman's education level	None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
	Primary	94.3	78.3	78.8	81.1	55.9	94.3	5.7	76
	Secondary	99.6	83.6	88.3	86.1	67.2	98.8	1.2	2865
	Higher	99.5	83.4	94.1	94.0	76.3	99.2	.8	628
	Non-standard curriculum	99.0	79.4	84.9	86.8	68.3	93.8	6.2	72
Total	99.4	83.3	88.9	87.3	68.5	98.6	1.4	3647	

Table HA.2: Identifying misconceptions about HIV/AIDS
Percentage of women aged 15-49 years who correctly identify misconceptions about HIV/AIDS, Jamaica, 2005

		Percent who know that:			Reject two most common misconceptions and know a healthy-looking person can be infected	HIV cannot be transmitted by supernatural means	HIV can be transmitted by sharing needles	Number of women
		HIV cannot be transmitted by sharing food	HIV cannot be transmitted by mosquito bites	A healthy looking person can be infected				
Area	Total Urban	91.1	83.3	96.7	75.7	94.2	96.1	2230
	- KMA	91.8	85.5	96.4	78.0	95.5	96.6	1319
	- Urban	90.1	80.1	97.1	72.5	92.3	95.3	910
Age	Rural	89.4	78.4	94.0	70.3	93.4	94.5	1417
	15-19	88.3	79.9	94.9	71.4	90.3	94.0	665
	20-24	91.0	86.1	96.9	78.8	93.6	96.5	558
	25-29	91.7	79.8	94.2	71.6	93.2	96.7	480
	30-34	91.3	81.4	95.5	72.9	94.6	95.1	516
	35-39	91.0	82.6	95.5	75.9	95.8	95.2	539
	40-44	89.9	81.4	96.2	72.9	96.1	95.3	503
	45-49	90.3	77.5	96.3	71.0	94.7	96.0	386
Woman's education level	None	(*)	(*)	(*)	(*)	(*)	(*)	6
	Primary	79.1	63.5	84.6	50.5	89.8	85.9	76
	Secondary	89.8	81.0	95.9	72.4	93.6	95.4	2865
	Higher	95.7	86.9	96.5	83.0	96.3	96.8	628
	Non-standard curriculum	85.7	75.4	96.1	69.1	92.6	99.0	72
Total		90.4	81.4	95.6	73.6	93.9	95.5	3647

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission
Percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Jamaica, 2005

		Knows 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions) *	Number of women
Area	Total Urban	74.7	75.7	58.7	2230
	- KMA	71.2	78.0	57.9	1319
	- Urban	79.9	72.5	59.8	910
Age	Rural	76.0	70.3	56.0	1417
	15-19	78.6	71.4	58.9	665
	20-24	74.7	78.8	60.9	558
	15-24	76.8	74.8	59.8	1223
	25-29	72.8	71.6	54.1	480
	30-34	72.5	72.9	56.1	516
	35-39	75.9	75.9	59.7	539
	40-44	75.0	72.9	55.9	503
	45-49	76.1	71.0	56.9	386
Woman's education level	None	(*)	(*)	(*)	6
	Primary	64.5	50.5	34.9	76
	Secondary	74.8	72.4	56.5	2865
	Higher	79.7	83.0	66.9	628
	Non-standard curriculum	73.1	69.1	50.7	72
Total		75.2	73.6	57.7	3647

* MICS Indicator 82; MDG Indicator 19b

Table HA.4: Knowledge of mother-to-child HIV transmission
Percentage of women aged 15-49 who correctly identify means of HIV transmission from mother to child, Jamaica, 2005

		Know HIV can be transmitted from mother to child	Percent who know HIV can be transmitted:				Did not know any specific way	Number of women
			During pregnancy	At delivery	Through breastmilk	All three ways *		
Area	Total Urban	95.2	87.0	76.8	79.7	62.4	4.4	2230
	- KMA	96.6	90.0	80.9	80.7	66.2	3.0	1319
	- Urban	93.3	82.8	70.9	78.1	56.9	6.4	910
	Rural	93.8	85.0	67.7	76.0	52.9	5.3	1417
Age	15-19	92.4	83.8	70.3	79.5	58.0	6.5	665
	20-24	94.9	87.6	71.3	80.6	59.9	4.9	558
	25-29	95.3	84.0	76.4	80.4	59.7	4.2	480
	30-34	95.5	84.4	72.0	79.5	56.1	4.1	516
	35-39	94.9	87.3	78.6	76.4	61.4	3.9	539
	40-44	94.8	88.6	70.6	76.7	58.4	4.8	503
	45-49	95.9	89.4	74.9	73.0	56.8	3.6	386
Woman's education level	None	(*)	(*)	(*)	(*)	(*)	(*)	6
	Primary	88.2	78.8	68.2	75.8	59.0	6.1	76
	Secondary	94.7	86.7	72.9	78.4	58.8	4.9	2865
	Higher	96.2	85.4	76.4	78.0	58.1	3.3	628
	Non-standard curriculum	93.4	88.8	70.9	80.2	62.3	5.6	72
Total		94.7	86.3	73.2	78.2	58.7	4.7	3647

* MICS Indicator 89

Table HA.5: Attitudes toward people living with HIV/AIDS
Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude towards people living with HIV/AIDS, Jamaica, 2005

		Percent of women who:						Number of women who have heard of AIDS
Area		Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a teacher with HIV should not be allowed to work	Would not buy fresh veg. from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	
Area	Total Urban	8.1	59.4	10.3	42.7	78.5	21.5	2221
	- KMA	7.1	62.4	9.7	36.0	77.5	22.5	1313
	- Urban	9.5	55.0	11.3	52.4	80.1	19.9	908
	Rural	9.4	56.2	17.1	53.6	81.5	18.5	1404
Age	15-19	8.3	67.0	15.2	57.6	86.5	13.5	658
	20-24	8.4	64.9	12.9	45.5	83.2	16.8	557
	25-29	9.5	59.8	12.1	46.3	80.8	19.2	478
	30-34	9.0	51.4	11.9	39.6	72.0	28.0	514
	35-39	9.5	51.1	12.6	43.5	74.5	25.5	533
	40-44	8.1	54.7	12.4	47.6	79.6	20.4	501
	45-49	7.2	54.5	12.7	45.1	78.9	21.1	384
Woman's education level	None	(*)	(*)	(*)	(*)	(*)	(*)	2
	Primary	14.9	60.1	25.3	60.9	87.2	12.8	71
	Secondary	8.4	57.6	14.3	47.9	80.2	19.8	2855
	Higher	8.3	61.2	5.7	41.4	76.8	23.2	624
	Non-standard curriculum	12.2	52.3	9.6	43.0	75.9	24.1	72
Total		8.6	58.1	12.9	46.9	79.7	20.3	3625

* MICS Indicator 86

Table HA.6: Knowledge of a facility for HIV testing
Percentage of women aged 15-49 years who know where to get an HIV test, percentage of women who have been tested and, of those tested the percentage who have been told the result, Jamaica, 2005

		Know a place to get tested *	Have been tested **	Number of women	If tested, have been told result	Number of women who have been tested for HIV
Area	Total Urban	90.9	53.0	2230	91.8	1181
	- KMA	90.8	55.8	1319	92.4	736
	- Urban	91.1	48.9	910	90.8	446
	Rural	86.6	42.3	1417	87.2	599
Age	15-19	78.8	22.3	665	86.8	148
	20-24	93.3	58.8	558	89.4	329
	25-29	95.2	65.6	480	93.5	315
	30-34	94.7	64.8	516	90.3	334
	35-39	88.6	54.1	539	92.4	291
	40-44	90.5	47.7	503	92.8	240
	45-49	86.1	32.0	386	78.3	124
	Woman's education level	None	(*)	(*)	6	(*)
Primary		83.9	32.1	76	(78.8)	24
Secondary		88.2	47.3	2865	89.5	1355
Higher		95.7	58.1	628	93.2	365
Non-standard curriculum		89.0	51.1	72	(95.8)	37
Total		89.3	48.8	3647	90.2	1781

* MICS Indicator 87

** MICS Indicator 88

Table HA.7: HIV testing and counseling coverage during antenatal care
Percentage of women aged 15-49 years who gave birth in the two years preceding the survey who were offered HIV testing and counseling with their antenatal care, Jamaica, 2005

		Percent of women who:					
Area		Received antenatal care from a health professional for last pregnancy	Were provided information about HIV prevention during ANC visit *	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit **	Number of women who gave birth in two years preceding the survey	
Area	Total Urban	89.3	80.8	92.6	89.5	297	
	- KMA	86.9	84.0	94.7	93.2	164	
	- Urban	92.2	76.8	90.0	85.0	133	
	Rural	92.2	86.8	86.8	76.1	228	
Age	15-19	88.5	88.6	92.8	85.8	67	
	20-24	90.6	89.4	93.5	82.6	134	
	25-29	92.7	81.1	90.7	84.9	120	
	30-34	90.0	86.2	92.8	89.8	100	
	35-49	89.8	72.4	80.6	76.5	105	
Woman's education level	Primary	(*)	(*)	(*)	(*)	11	
	Secondary	89.8	83.3	89.2	82.6	436	
	Higher	94.0	82.9	97.3	94.5	70	
	Non-standard curriculum	(*)	(*)	(*)	(*)	7	
Total		90.5	83.4	90.1	83.7	525	

* MICS Indicator 90

** MICS Indicator 91

Table HA8: Women who believe or not that there are drugs they can take to reduce the risk of HIV/AIDS transmission to their babies.
Percent distribution of women aged 15-49 by whether or not they believe that there are drugs which can be taken to reduce the risk of HIV/AIDS transmission to their babies , Jamaica, 2005.

		Women who believe or not that there are drugs they can take to reduce the risk of HIV/AIDS transmission to their babies.			Total	Number of women
		YES	NO	DK		
Area	Total Urban	72.8	8.2	18.9	100.0	2221
	KMA	72.6	8.5	18.9	100.0	1313
	Urban	73.2	7.9	18.9	100.0	908
	Rural	69.9	10.1	19.9	100.0	1404
Age	15-19	72.2	9.4	18.4	100.0	658
	20-24	76.5	7.3	16.2	100.0	557
	25-29	75.2	9.7	15.1	100.0	478
	30-34	74.3	7.4	18.3	100.0	514
	35-39	70.6	8.3	21.1	100.0	533
	40-44	66.3	9.8	23.9	100.0	501
	45-49	64.7	11.7	23.6	100.0	384
	Woman's education level	None	(*)	(*)	(*)	(*)
	Primary	59.3	9.8	31.0	100.0	71
	Secondary	70.4	9.6	19.9	100.0	2855
	Higher	78.2	6.4	15.4	100.0	624
	Non-standard curriculum	79.8	4.6	15.7	100.0	72
Total		71.7	9.0	19.3	100.0	3625

**Table HA.9: Women's views on whether or not a child with HIV/AIDS who is not sick, should be allowed to attend school.
Percent distribution of women aged 15-49 by whether or not they believe that a child with HIV/AIDS
who is not sick should be allowed to attend school, Jamaica, 2005**

		Womens views on whether or not a child with HIV/ AIDS who is not sick, should be allowed to attend school.			Total	Number of women
		YES	NO	DK		
Area	Total Urban	87.3	9.3	3.4	100.0	2221
	- KMA	87.0	8.6	4.3	100.0	1313
	- Urban	87.6	10.3	2.2	100.0	908
	- Rural	81.6	15.8	2.6	100.0	1404
Age	15-19	84.6	13.0	2.4	100.0	658
	20-24	84.4	12.9	2.7	100.0	557
	25-29	84.5	11.6	3.8	100.0	478
	30-34	84.4	11.2	4.4	100.0	514
	35-39	86.6	10.9	2.5	100.0	533
	40-44	85.8	10.5	3.7	100.0	501
	45-49	85.3	12.2	2.5	100.0	384
	Woman's education level	None	(*)	(*)	(*)	(*)
Primary		74.2	21.2	4.5	100.0	71
Secondary		84.2	12.9	3.0	100.0	2855
Higher		90.1	6.0	3.9	100.0	624
Non-standard curriculum		87.5	10.8	1.7	100.0	72
Total		85.1	11.8	3.1	100.0	3625

Table HA.10: Children's living arrangements and orphanhood
Percent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with a biological parent and percentage of children who are orphans, Jamaica, 2005

		Living with neither parent					Living with mother only		Living with father only		Total	Not living with a biological parent *	One or both parents dead **	Number of children	
		Living with both parents	Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead	Impossible to determine				
Sex	Male	34.6	.8	.7	11.3	.1	42.5	2.5	5.8	.3	1.5	100.0	12.8	4.4	2971
	Female	33.4	.7	.5	13.1	.3	42.8	2.7	4.8	.4	1.3	100.0	14.6	4.6	2804
Area	Total	31.4	.5	.8	11.4	.2	43.6	3.6	6.5	.4	1.5	100.0	13.0	5.6	3242
	Urban														
	- KMA	31.5	.2	1.1	10.2	.1	43.7	4.3	6.9	.1	2.0	100.0	11.6	5.9	1816
	- Urban	31.2	.9	.5	13.1	.4	43.6	2.6	6.0	.8	1.0	100.0	14.8	5.2	1426
	Rural	37.4	1.0	.3	13.1	.1	41.5	1.4	3.7	.3	1.2	100.0	14.6	3.1	2533
Age	0-4 years	45.4	.1	.0	5.6	.0	44.0	1.2	2.8	.2	.5	100.0	5.7	1.6	1445
	5-9 years	32.3	.9	.2	12.9	.2	44.9	2.1	5.4	.0	1.1	100.0	14.2	3.4	1606
	10-14 years	31.1	1.0	.8	13.9	.2	41.4	3.2	6.4	.6	1.3	100.0	16.0	5.9	1770
	15-17 years	25.0	.9	1.6	17.6	.5	39.3	4.5	6.7	.7	3.3	100.0	20.6	8.2	954
Total		34.0	.7	.6	12.2	.2	42.7	2.6	5.3	.3	1.4	100.0	13.7	4.5	5775

* MICS Indicator 78

** MICS Indicator 75

**Table HA.11: Prevalence of orphanhood and vulnerability among children
Percentage of children aged 0-17 years who are orphaned or vulnerable Jamaica, 2005**

		Chronically ill parent	Adult death in household	Chronically ill adult in household	Vulnerable children *	One or both parents dead **	Orphans and vulnerable children	Number of children aged 0- 17 years
Sex	Male	.8	.5	6.2	7.3	4.4	10.9	2971
	Female	1.3	.3	6.1	7.5	4.6	11.5	2804
Area	Total Urban	1.2	.3	6.0	7.3	5.6	12.0	3242
	- KMA	.9	.2	5.8	6.8	5.9	11.6	1816
	- Urban	1.7	.4	6.2	7.9	5.2	12.5	1426
	Rural	.7	.5	6.4	7.5	3.1	10.2	2533
Age	0-4 years	.4	.4	5.3	6.1	1.6	7.5	1445
	5-9 years	1.1	.4	5.2	6.6	3.4	9.6	1606
	10-14 years	1.3	.5	6.8	8.4	5.9	13.3	1770
	15-17 years	1.1	.2	7.9	8.9	8.2	15.4	954
Total		1.0	.4	6.1	7.4	4.5	11.2	5775

* MICS Indicator 76

** MICS Indicator 75

Table HA.12: School attendance of orphaned and vulnerable children
School attendance of children aged 10-14 years by orphanhood and vulnerability Jamaica, 2005

		Percent of children whose mother and father have died	School attendance rate of children whose mother and father have died	Percent of children of whom both parents are alive and child is living with at least one parent	School attendance rate of children of whom both parents are alive and child is living with at least one parent	Double orphans to non orphans school attendance ratio*	Percent of children who are orphaned or vulnerable	School attendance of children who are orphaned or vulnerable	Percent of children who are not orphans or vulnerable	School attendance of children who are not orphans or vulnerable	Total number of children aged 10-14 years
Sex	Male	.2	100.0	79.1	98.8	1.01	13.2	98.1	86.8	98.9	902
	Female	.3	100.0	78.7	99.7	1.00	13.3	99.6	86.7	99.5	867
Area	Total	.3	100.0	77.6	99.3	1.01	14.9	98.5	85.1	99.4	984
	Urban										
	- KMA	.0	.	77.3	99.6	.	15.5	98.0	84.5	99.6	553
	- Urban	.7	100.0	77.8	98.9	1.01	14.1	99.2	85.9	99.1	431
	Rural	.1	100.0	80.6	99.1	1.01	11.2	99.3	88.8	98.9	785
Number of children 10-14 years of age		.2	100.0	78.9	99.2	1.01	13.3	98.8	86.7	99.2	1770

* MICS Indicator 77; MDG Indicator 20

Table HA.13: Support for children orphaned and vulnerable
Percentage of children aged 0-17 years orphaned or made vulnerable whose households receive free basic external support in caring for child, Jamaica, 2005

Percent of orphans and vulnerable children whose households

		Medical support (in last 12 months)	Emotional and psychosocial support (in last 3 months)	Social/ material support (in last 3 months)	Educational support (in last 12 months)	Any support *	No support at all	Number of children orphaned or vulnerable aged 0-17 years
Sex	Male	2.3	2.6	7.0	8.8	16.3	83.7	323
	Female	.9	1.6	5.4	8.9	14.5	85.5	322
Area	Total Urban	1.0	2.8	5.8	8.8	15.3	84.7	388
	- KMA	1.6	3.0	4.7	5.4	12.5	87.5	210
	- Urban	.3	2.5	7.1	12.7	18.6	81.4	178
	Rural	2.5	1.0	6.8	9.0	15.6	84.4	257
Age	0-4 years	.9	.0	5.3	.0	6.2	93.8	109
	5-9 years	3.5	1.5	8.9	10.8	17.1	82.9	155
	10-14 years	.7	3.4	7.0	8.7	16.7	83.3	235
	15-17 years	1.5	2.1	2.8	13.7	18.3	81.7	147
Total		1.6	2.1	6.2	8.9	15.4	84.6	646

* MICS Indicator 81

Appendix A. Sample Design

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

The primary objective of the sample design for the Jamaican Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the national level, for urban Jamaica, i.e., Kingston Metropolitan Area (KMA) and Other Towns, and the Rural Areas. Urban and rural sampling units in each of the parishes were defined as the sampling domains. A multi-stage, stratified cluster sampling approach was used for the selection of the survey sample.

Sample Size and Sample Allocation

The target sample size for the Jamaican MICS was calculated as 5857 households. For the calculation of the sample size, the key indicator used was the Immunization rate (OPV) among children aged 12 – 23 months.

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

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

Where

- n is the required sample size, expressed as number of households
- 4 is a factor to achieve the 95 per cent level of confidence
- r is the predicted or anticipated prevalence (coverage rate) of the indicator
- 1.2 is the factor necessary to raise the sample size by 20 per cent for non-response
- f is the shortened symbol for *deff* (design effect)
- $0.12r$ is the margin of error to be tolerated at the 95 per cent level of confidence, defined as 12 per cent of r (relative sampling error of r)
- p is the proportion of the total population upon which the indicator, r , is based
- n_h is the average household size.

For the calculation, r (Immunization rate) was assumed to be 70 percent. The value of *deff* (design effect) was taken as 1.75 based on estimates from previous surveys, p (percentage of children aged 12-23 months in the total population) was taken as 2 percent, and n_h (average household size) was taken as 3.4 households.

The estimated sample calculated for the MICS survey was 5857 dwellings. This was revised to 6096 to ensure that an equal number of dwellings (12) is canvassed from each of the 508 primary sampling units (PSU) selected (See Table SD.1) (col. 4 x 12 = col. 5). This number was further adjusted to 6,276 dwellings (column 7) to take into account the relatively small number of dwellings in some of the 14 parishes which make up the country. Over-sampling in small parishes e.g., Kingston, Portland, St. Mary. (column 6) was necessary as these parishes did not have a sufficient number of dwellings in the sample frame to allow for an adequate sample to be selected.

Table SD.1: Allocation of Sample Clusters (Primary Sampling Units) to Sampling Domains

Parish Region	Population	Sampling Regions	Number of PSUs	Initial Number Of Dwellings	Adjustment Ratio	Final Number Of Dwellings	Dwellings Canvassed Per PSU
Kingston	96,052	10	20	240	1.5	360	18
St. Andrew	555,827	55	110	1,320	0.75	990	9
St. Thomas	91,604	10	20	240	1.5	360	18
Portland	80,205	8	16	192	1.75	336	21
St. Mary	111,467	11	22	264	1.25	330	15
St. Ann	166,762	15	30	360	1.0	360	12
Trelawny	73,066	7	14	168	2.0	336	24
St. James	175,126	17	34	408	1.0	408	12
Hanover	67,037	7	14	168	2.0	336	24
Westmoreland	138,947	14	28	336	1.0	336	12
St. Elizabeth	146,404	14	28	336	1.0	336	12
Manchester	185,801	18	36	432	1.0	432	12
Clarendon	237,025	22	44	528	1.0	528	12
St. Catherine	482,308	46	92	1,104	0.75	828	9
Jamaica	2,607,633	254	508	6,096		6,276	

In two large parishes (St. Andrew, St Catherine) there was more than an adequate number of dwellings and under-sampling was carried out in order to bring the final sample size as close as possible to the calculated one. There were deviations from the targeted sample of 12 dwellings per PSU as a result of the over-sampling and the under-sampling in different parishes (see column 7).

A dwelling unit is any building or separate and independent part of a building in which a person or group of persons are living at the time of the survey. On the other hand, a household consists of one person who lives alone or a group of persons who, as a unit, jointly occupies the whole or part of a dwelling unit, who have common arrangements for housekeeping, and who generally share at least one meal. The household may contain related persons only, unrelated persons, or a combination of both.

Sampling Frame and Selection of Clusters

The 2001 census frame was used for the creation of the sampling regions and primary sampling units within sampling regions. Census enumeration areas (enumeration districts) were defined as primary sampling units (PSUs), and were selected from each of the sampling domains by using systematic pps (probability proportional to size) sampling procedures, based on the estimated sizes of the enumeration areas from the 2001 Population Census. The first stage of sampling was thus completed with the selection of the required number of PSUs from each of the 254 sampling regions.

Listing Activities

The Enumeration Districts (EDs) used for the MICS were the identical ones used for the Statistical Institute's Labour Force Surveys (LFS). A new Labour Force sample is selected on a regular basis with a new listing exercise carried out at the end of the selection process. The MICS exercise was carried out using the dwellings from the listing that was conducted during the first quarter of 2004 for the LFS.

Selection of Dwellings

Lists of dwellings were prepared by the listing teams in the field for each enumeration area. The dwellings were then sequentially numbered from 1 to n (the total number of dwellings in each enumeration area) at the Central Statistical Office, where selection of the specified number of dwellings in each enumeration area was carried out using systematic selection procedures.

Calculation of Sample Weights

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

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

$$W_h = 1/f_h$$

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

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

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

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

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

$$RR = \text{Number of interviewed households} / \text{Number of occupied households listed}$$

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

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

$$RR = \text{Completed women's (or under-5's) questionnaires} / \text{Eligible women (or under-5s)}$$

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

The unadjusted weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires. Adjusted (normalized) weights varied between 0.450310 and 1.697756 in the 503 enumeration areas (clusters).

Table sw 1 for sampling domains

Parish	hhweight	wmweight	Chweight
1	0.727543	0.729965	0.718638
2	1.690462	1.657153	1.697756
3	0.599376	0.586119	0.592040
4	0.594143	0.611003	0.611668
5	0.786437	0.755839	0.776811
6	1.082924	1.123830	1.084322
7	0.495853	0.477784	0.489784
8	1.012514	0.986683	1.000121
9	0.466127	0.450310	0.460422
10	0.976377	0.926096	0.964426
11	0.964574	0.931460	0.977198
12	0.881612	0.851471	0.886372
13	0.993632	0.987190	1.004979
14	1.365711	1.353709	1.363500

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

Appendix B. List of Personnel Involved in the Survey

The Statistical Institute of Jamaica was the implementing agency for this survey. The successful completion of the project was due to the dedication of the following persons

Project Coordinator	Isbeth Bernard	
Assistant Coordinator	Cary Renford	
Director of Field Services	Merville Anderson	
Director Information Systems	Donneth Edmondson	
Contributor to the report	Kristin Fox	
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	Dr Yvonne Munroe	MOH
	Dr Chadia Wannous	PAHO
	Dr Jacqueline Gernay	PAHO
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	Dr. Aldrie Henry-Lee	SALISES
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	Isbeth Bernard	STATIN
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	Martin Brown	STATIN
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Paul Kerr
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Avery Gaynor
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**Data Entry Operators/
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Carla White
Juliet James
Annette Morris
Denise Barnett
Cynthia Kings
Shakea Duffus
Caron Wint
Karen Freemantle

Appendix C. Estimates of Sampling Errors

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

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

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

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

Sampling errors are calculated for indicators of primary interest, for the national total, for the regions, and for urban and rural areas. Three of the selected indicators are based on households, 8 are based on household members, 13 are based on women, and 15 are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.9 show the calculated sampling errors.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Jamaica, 2005

MICS Indicator	Base Population	
HOUSEHOLDS		
74	Child discipline	Children aged 2-14 years selected
HOUSEHOLD MEMBERS		
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
71	Child labour	Children aged 5-14 years
75	Prevalence of orphans	Children aged under 18
76	Prevalence of vulnerable children	Children aged under 18
WOMEN		
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
60	Adult literacy	Women aged 15-24 years
67	Marriage before age 18	Women aged 20-49 years
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
86	Attitude towards people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15-49 years
UNDER-5s		
25	Tuberculosis immunization coverage	Children aged 12-23 months
26	Polio immunization coverage	Children aged 12-23 months
27	Immunization coverage for DPT	Children aged 12-23 months
28	Measles immunization coverage	Children aged 12-23 months
31	Fully immunized children	Children aged 12-23 months
-	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deff*) and confidence intervals for selected indicators, Jamaica, 2005

Table	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deff</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>	
HOUSEHOLDS										
Child discipline	CP.4	0.872	0.008	0.009	1.185	1.089	2243	2233	0.856	0.887
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.935	0.006	0.006	2.692	1.641	15698	4767	0.923	0.947
Use of improved sanitation facilities	EN.5	0.971	0.004	0.004	2.279	1.510	15698	4767	0.964	0.978
Net primary school attendance rate	ED.3	0.974	0.004	0.004	1.259	1.122	1977	1997	0.966	0.982
Net secondary school attendance rate	ED.4	0.906	0.007	0.008	1.087	1.043	1727	1749	0.891	0.920
Primary completion rate	ED.6	0.816	0.017	0.021	0.654	0.809	320	324	0.781	0.851
Child labour	CP.2	0.061	0.006	0.099	2.174	1.474	3376	3408	0.049	0.073
Prevalence of orphans	HA.10	0.045	0.004	0.085	1.969	1.403	5775	5813	0.037	0.053
Prevalence of vulnerable children	HA.11	0.074	0.007	0.094	4.130	2.032	5775	5813	0.060	0.088
WOMEN										
Skilled attendant at delivery	RH.5	0.967	0.007	0.007	0.721	0.849	525	538	0.954	0.980
Antenatal care	RH.3	0.905	0.011	0.012	0.775	0.880	525	538	0.883	0.928
Adult literacy	ED.8	0.981	0.004	0.004	0.944	0.971	1223	1221	0.973	0.989
Marriage before age 18	CP.5	0.104	0.006	0.057	1.141	1.068	2982	2983	0.092	0.116
Comprehensive knowledge about HIV prevention among young people	HA.3	0.589	0.014	0.023	0.982	0.991	1223	1221	0.561	0.617
Attitude towards people with HIV/AIDS	HA.5	0.203	0.008	0.039	1.442	1.201	3625	3626	0.187	0.219
Women who have been tested for HIV	HA.6	0.488	0.010	0.020	1.350	1.162	3647	3647	0.469	0.507
Knowledge of mother- to-child transmission of HIV	HA.4	0.587	0.010	0.017	1.563	1.250	3647	3647	0.567	0.607
UNDER-5s										
Tuberculosis immunization coverage	CH.2	0.961	0.006	0.007	0.323	0.569	297	293	0.948	0.974
Polio immunization coverage	CH.2	0.862	0.010	0.012	0.267	0.516	294	289	0.841	0.883
Immunization coverage for DPT	CH.2	0.869	0.008	0.009	0.163	0.404	289	285	0.852	0.885
Measles immunization coverage	CH.2	0.911	0.009	0.010	0.278	0.527	294	290	0.893	0.929
Fully immunized children	CH.2	0.780	0.011	0.014	0.188	0.433	292	288	0.759	0.801
Acute respiratory infection in last two weeks	CH.6	0.065	0.007	0.101	1.006	1.003	1427	1427	0.052	0.078
Diarrhoea in last two weeks	CH.4	0.024	0.004	0.171	1.019	1.010	1427	1427	0.016	0.032
Support for learning	CD.1	0.859	0.010	0.011	1.062	1.031	1427	1427	0.840	0.878
Birth registration	CP.1	0.886	0.009	0.010	1.140	1.068	1427	1427	0.868	0.904

Table SE.3: Sampling errors: KMA areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Jamaica, 2005.

Table	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>	
HOUSEHOLDS										
Child discipline	CP.4	0.879	0.015	0.017	1.203	1.097	762	551	0.849	0.910
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.988	0.006	0.006	3.676	1.917	5160	1147	0.975	1.000
Use of improved sanitation facilities	EN.5	0.982	0.005	0.005	1.740	1.319	5160	1147	0.972	0.992
Net primary school attendance rate	ED.3	0.971	0.008	0.009	1.116	1.057	605	445	0.954	0.988
Net secondary school attendance rate	ED.4	0.924	0.015	0.016	1.212	1.101	556	401	0.895	0.953
Primary completion rate	ED.6	0.850	0.033	0.038	0.551	0.742	91	67	0.784	0.915
Child labour	CP.2	0.050	0.009	0.189	1.443	1.201	1059	772	0.031	0.069
Prevalence of orphans	HA.10	0.059	0.009	0.152	1.886	1.373	1816	1313	0.041	0.076
Prevalence of vulnerable children	HA.11	0.068	0.014	0.201	3.881	1.970	1816	1313	0.041	0.095
WOMEN										
Skilled attendant at delivery	RH.5	0.990	0.010	0.010	1.204	1.097	164	119	0.970	1.000
Antenatal care	RH.3	0.869	0.023	0.027	0.552	0.743	164	119	0.823	0.915
Adult literacy	ED.8	0.988	0.005	0.005	0.530	0.728	419	300	0.978	0.997
Marriage before age 18	CP.5	0.081	0.011	0.131	1.201	1.096	1093	794	0.060	0.102
Comprehensive knowledge about HIV prevention among young people	HA.3	0.608	0.026	0.043	0.872	0.934	419	300	0.555	0.661
Attitude towards people with HIV/AIDS	HA.5	0.225	0.016	0.070	1.352	1.163	1313	947	0.194	0.257
Women who have been tested for HIV	HA.6	0.558	0.017	0.031	1.138	1.067	1319	952	0.523	0.592
Knowledge of mother- to-child transmission of HIV	HA.4	0.662	0.018	0.027	1.333	1.155	1319	952	0.626	0.697
UNDER-5s										
Tuberculosis immunization coverage	CH.2	0.912	0.021	0.023	0.278	0.528	73	51	0.869	0.954
Polio immunization coverage	CH.2	0.799	0.019	0.023	0.108	0.328	73	51	0.762	0.837
Immunization coverage for DPT	CH.2	0.823	0.019	0.023	0.125	0.354	73	51	0.784	0.861
Measles immunization coverage	CH.2	0.837	0.019	0.023	0.138	0.372	73	51	0.798	0.876
Fully immunized children	CH.2	0.734	0.017	0.023	0.075	0.273	73	51	0.700	0.768
Acute respiratory infection in last two weeks	CH.6	0.065	0.013	0.199	0.878	0.937	444	319	0.039	0.091
Diarrhoea in last two weeks	CH.4	0.012	0.006	0.449	0.811	0.900	444	319	0.001	0.024
Support for learning	CD.1	0.888	0.019	0.021	1.151	1.073	444	319	0.850	0.926
Birth registration	CP.1	0.880	0.019	0.021	1.037	1.018	444	319	0.843	0.917

Table SE.4: Sampling errors: URBAN areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Jamaica, 2005.

Table	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>	
HOUSEHOLDS										
Child discipline	CP.4	0.861	0.014	0.016	0.958	0.979	553	620	0.834	0.889
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.955	0.010	0.010	2.944	1.716	3921	1367	0.935	0.974
Use of improved sanitation facilities	EN.5	0.972	0.006	0.006	1.565	1.251	3921	1367	0.961	0.983
Net primary school attendance rate	ED.3	0.972	0.007	0.007	0.866	0.931	478	535	0.959	0.985
Net secondary school attendance rate	ED.4	0.888	0.015	0.017	1.096	1.047	438	492	0.858	0.917
Primary completion rate	ED.6	0.815	0.043	0.053	0.966	0.983	72	80	0.729	0.900
Child labour	CP.2	0.068	0.013	0.196	2.584	1.607	830	923	0.041	0.095
Prevalence of orphans	HA.10	0.052	0.008	0.156	2.125	1.458	1426	1590	0.036	0.068
Prevalence of vulnerable children	HA.11	0.079	0.011	0.135	2.495	1.580	1426	1590	0.058	0.100
WOMEN										
Skilled attendant at delivery	RH.5	0.978	0.012	0.013	1.058	1.029	133	150	0.953	1.000
Antenatal care	RH.3	0.922	0.027	0.030	1.542	1.242	133	150	0.867	0.976
Adult literacy	ED.8	0.980	0.008	0.008	1.094	1.046	320	362	0.965	0.995
Marriage before age 18	CP.5	0.113	0.012	0.106	1.200	1.096	744	846	0.089	0.137
Comprehensive knowledge about HIV prevention among young people	HA.3	0.610	0.024	0.040	0.884	0.940	320	362	0.562	0.658
Attitude towards people with HIV/AIDS	HA.5	0.199	0.013	0.067	1.155	1.074	908	1035	0.172	0.226
Women who have been tested for HIV	HA.6	0.489	0.018	0.037	1.382	1.176	910	1038	0.453	0.526
Knowledge of mother- to-child transmission of HIV	HA.4	0.569	0.021	0.038	1.939	1.393	910	1038	0.526	0.612
UNDER-5s										
Tuberculosis immunization coverage	CH.2	0.967	0.002	0.002	0.007	0.081	83	89	0.964	0.970
Polio immunization coverage	CH.2	0.911	0.016	0.018	0.279	0.528	81	86	0.878	0.944
Immunization coverage for DPT	CH.2	0.860	0.011	0.013	0.085	0.291	80	85	0.838	0.882
Measles immunization coverage	CH.2	0.917	0.016	0.018	0.301	0.549	82	88	0.884	0.949
Fully immunized children	CH.2	0.812	0.015	0.019	0.129	0.359	81	86	0.781	0.842
Acute respiratory infection in last two weeks	CH.6	0.064	0.012	0.192	0.995	0.998	353	395	0.040	0.089
Diarrhoea in last two weeks	CH.4	0.025	0.007	0.276	0.780	0.883	353	395	0.011	0.039
Support for learning	CD.1	0.878	0.018	0.020	1.160	1.077	353	395	0.843	0.914
Birth registration	CP.1	0.907	0.014	0.016	0.923	0.961	353	395	0.879	0.935

Table SE.5: Sampling errors: RURAL areas

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Jamaica ,2005.

Table	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>deff</i>)	Square root of design effect (<i>deft</i>)	Weighted count	Unweighted count	Confidence limits		
								<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>	
HOUSEHOLDS										
Child discipline	CP.4	0.872	0.011	0.013	1.192	1.092	928	1062	0.849	0.894
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.882	0.012	0.013	2.878	1.697	6618	2253	0.859	0.905
Use of improved sanitation facilities	EN.5	0.962	0.007	0.007	2.980	1.726	6618	2253	0.948	0.976
Net primary school attendance rate	ED.3	0.976	0.006	0.006	1.492	1.221	894	1017	0.965	0.988
Net secondary school attendance rate	ED.4	0.903	0.010	0.011	0.937	0.968	733	856	0.884	0.923
Primary completion rate	ED.6	0.797	0.023	0.028	0.552	0.743	157	177	0.752	0.842
Child labour	CP.2	0.066	0.009	0.143	2.461	1.569	1486	1713	0.047	0.084
Prevalence of orphans	HA.10	0.031	0.003	0.110	1.133	1.064	2533	2910	0.024	0.038
Prevalence of vulnerable children	HA.11	0.075	0.011	0.146	5.065	2.251	2533	2910	0.053	0.097
WOMEN										
Skilled attendant at delivery	RH.5	0.944	0.011	0.012	0.610	0.781	228	269	0.922	0.966
Antenatal care	RH.3	0.922	0.011	0.012	0.456	0.675	228	269	0.900	0.944
Adult literacy	ED.8	0.976	0.007	0.007	1.184	1.088	485	559	0.962	0.990
Marriage before age 18	CP.5	0.121	0.009	0.074	1.003	1.002	1145	1343	0.103	0.139
Comprehensive knowledge about HIV prevention among young people	HA.3	0.582	0.021	0.037	1.041	1.020	485	559	0.539	0.624
Attitude towards people with HIV/AIDS	HA.5	0.185	0.012	0.063	1.480	1.216	1404	1644	0.162	0.209
Women who have been tested for HIV	HA.6	0.423	0.014	0.034	1.416	1.190	1417	1657	0.394	0.452
Knowledge of mother- to-child transmission of HIV	HA.4	0.529	0.015	0.028	1.439	1.200	1417	1657	0.499	0.558
UNDER-5s										
Tuberculosis immunization coverage	CH.2	0.983	0.007	0.007	0.440	0.663	141	153	0.970	0.997
Polio immunization coverage	CH.2	0.867	0.016	0.019	0.350	0.591	140	152	0.834	0.900
Immunization coverage for DPT	CH.2	0.898	0.012	0.013	0.223	0.473	136	149	0.875	0.922
Measles immunization coverage	CH.2	0.946	0.011	0.012	0.389	0.624	139	151	0.924	0.969
Fully immunized children	CH.2	0.786	0.018	0.023	0.285	0.534	138	151	0.750	0.821
Acute respiratory infection in last two weeks	CH.6	0.065	0.009	0.144	1.037	1.019	630	713	0.046	0.084
Diarrhoea in last two weeks	CH.4	0.031	0.007	0.236	1.270	1.127	630	713	0.016	0.046
Support for learning	CD.1	0.827	0.013	0.016	0.894	0.946	630	713	0.801	0.854
Birth registration	CP.1	0.879	0.014	0.015	1.229	1.109	630	713	0.852	0.906

Appendix D. Data Quality Tables

Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex (weighted), Jamaica, 2005

	Males		Females			Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	125	1.6	150	1.9	41	79	1.0	92	1.2
1	137	1.7	141	1.8	42	118	1.5	109	1.4
2	170	2.2	139	1.8	43	89	1.1	109	1.4
3	141	1.8	157	2.0	44	79	1.0	98	1.3
4	149	1.9	135	1.7	45	91	1.2	97	1.2
5	156	2.0	166	2.1	46	75	1.0	81	1.0
6	161	2.0	141	1.8	47	83	1.0	75	1.0
7	155	2.0	157	2.0	48	84	1.1	79	1.0
8	163	2.1	166	2.1	49	73	.9	75	1.0
9	185	2.3	157	2.0	50	78	1.0	111	1.4
10	194	2.5	178	2.3	51	70	.9	61	.8
11	162	2.1	158	2.0	52	79	1.0	65	.8
12	192	2.4	198	2.5	53	61	.8	80	1.0
13	165	2.1	174	2.2	54	63	.8	67	.9
14	189	2.4	159	2.0	55	66	.8	62	.8
15	186	2.4	140	1.8	56	68	.9	57	.7
16	176	2.2	147	1.9	57	45	.6	55	.7
17	165	2.1	139	1.8	58	52	.7	38	.5
18	125	1.6	150	1.9	59	42	.5	56	.7
19	127	1.6	126	1.6	60	64	.8	52	.7
20	174	2.2	123	1.6	61	37	.5	39	.5
21	151	1.9	124	1.6	62	26	.3	52	.7
22	131	1.7	124	1.6	63	48	.6	38	.5
23	122	1.5	110	1.4	64	34	.4	25	.3
24	110	1.4	113	1.5	65	55	.7	53	.7
25	121	1.5	107	1.4	66	22	.3	28	.4
26	107	1.4	99	1.3	67	49	.6	35	.4
27	118	1.5	95	1.2	68	27	.3	36	.5
28	100	1.3	105	1.3	69	18	.2	25	.3
29	116	1.5	94	1.2	70	54	.7	55	.7
30	122	1.5	130	1.7	71	34	.4	28	.4
31	93	1.2	86	1.1	72	44	.6	49	.6
32	96	1.2	105	1.3	73	35	.4	34	.4
33	88	1.1	109	1.4	74	31	.4	28	.4
34	107	1.4	113	1.4	75	54	.7	51	.7
35	101	1.3	116	1.5	76	26	.3	30	.4
36	96	1.2	113	1.5	77	20	.2	20	.3
37	106	1.3	115	1.5	78	23	.3	20	.3
38	99	1.3	114	1.5	79	21	.3	17	.2
39	85	1.1	111	1.4	80+	132	1.7	197	2.5
40	130	1.7	120	1.5	DK/Missing	42	.5	22	0.3
					Total	7889	100.0	7809	100.0

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

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age group, Jamaica, 2005

Age	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Number	Percent	
10-14	867	na	na	na
15-19	702	678	18.3	96.5
20-24	594	568	15.3	95.6
25-29	500	488	13.2	97.5
30-34	543	524	14.1	96.5
35-39	569	548	14.8	96.3
40-44	529	511	13.8	96.7
45-49	407	393	10.6	96.6
50-54	385	na	na	na
	3845			
15-49		3710	100.0	96.5

na: not applicable

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

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

Household population of children age 0-4, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, Jamaica, 2005

Age	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Percent	
0	276	275	19.3	99.7
1	278	274	19.2	98.7
2	309	306	21.5	99.1
3	298	291	20.4	97.8
4	285	280	19.6	98.3
5	322	na	na	Na
6	302	na	na	Na
7	312	na	na	Na
0-4	1445	1426	100.0	98.7

na: not applicable

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

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

Age distribution of under-5 children by 3-month groups (weighted), Jamaica, 2005

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Age in months						
0-2	29	4.1	32	4.5	61	4.3
3-5	35	5.0	41	5.7	76	5.4
6-8	24	3.3	27	3.8	51	3.6
9-11	34	4.8	40	5.6	74	5.2
12-14	29	4.1	45	6.3	74	5.2
15-17	29	4.1	30	4.2	60	4.2
18-20	38	5.3	39	5.5	77	5.4
21-23	32	4.4	29	4.0	60	4.2
24-26	44	6.1	37	5.1	80	5.6
27-29	35	4.9	46	6.4	81	5.6
30-32	33	4.6	38	5.4	71	5.0
33-35	60	8.4	22	3.1	82	5.8
36-38	40	5.7	41	5.7	81	5.7
39-41	32	4.4	37	5.1	68	4.8
42-44	33	4.7	38	5.3	71	5.0
45-47	32	4.5	32	4.5	64	4.5
48-50	46	6.4	36	5.1	82	5.8
51-53	28	3.9	35	4.8	62	4.3
54-56	42	5.9	29	4.0	71	5.0
57-59	39	5.5	41	5.7	80	5.6
Total	713	100.0	714	100.0	1427	100.0

Table DQ.5: Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (weighted), Jamaica, 2005

	Age and period ratios*			Eligibility boundary (lower-upper)	Module or questionnaire
	Males	Females	Total		
Age in household questionnaire					
1	.95	.98	.97		
2	1.14	.95	1.05	Lower	Child discipline and child disability
3	.92	1.09	1.00		
4	1.01	.88	.94	Upper	Under-5 questionnaire
5	1.00	1.13	1.06	Lower	Child labour and education
6	1.02	.91	.97		
8	.97	1.04	1.00		
9	1.02	.94	.98	Upper	Child disability
10	1.08	1.08	1.08		
13	.91	.98	.95		
14	1.05	1.01	1.03	Upper	Child labour and child discipline
15	1.01	.94	.98	Lower	Women's questionnaire
16	1.00	1.03	1.02		
17	1.06	.96	1.01	Upper	Orphaned and vulnerable children
18	1.19	1.01	1.10		
23	1.01	.95	.98		
24	.94	1.03	.98	Upper	Education
25	1.07	1.00	1.04		
48	1.05	1.03	1.04		
49	.94	.85	.89	Upper	Women's questionnaire
50	1.05	1.35	1.21		
Age in women's questionnaire					
23	na	.95	na		
24	na	1.04	na	Upper	Sexual behaviour
25	na	1.00	na		
Months since last birth in women's questionnaire					
6-11	na	.96	na		
12-17	na	.99	na		
18-23	na	.98	na	Upper	Tetanus toxoid and maternal and child health
24-29	na	1.07	na		
30-35	na	.97	na		

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

na: not applicable

Table DQ.6: Completeness of reporting

Percentage of observations missing information for selected questions and indicators (weighted), Jamaica, 2005

Questionnaire and Subject	Reference group	Percent with missing information*	Number of cases
Women			
Date of Birth	All women age 15-49		
Month only		.5	3647
Month and year missing		.0	3647
Date of first birth	All women age 15-49 with at least one live birth		
Month only		.7	2521
Month and year missing		.6	2521
Completed years since first birth	All women age 15-49 with at least one live birth	14.6	20
Date of last birth	All women age 15-49 with at least one live birth		
Month only		.5	2521
Month and year missing		.2	2521
Date of first marriage/union	All ever married women age 15-49		
Month only		18.7	1932
Month and year missing		21.7	1932
Age at first marriage/union	All ever married women age 15-49	3.8	1932
Under-5			
Date of Birth	All under five children surveyed		
Month only		.1	1427
Month and year missing		.0	1427

* Includes "Don't know" responses

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

Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire (weighted), Jamaica, 2005

Age	Mother in the household				Mother not in the household			Total	Number of children aged 0-4 years
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed		
0	96.6	-	.0	-	.3	3.1	.0	100.0	276
1	94.7	-	.2	-	.0	5.1	.0	100.0	278
2	90.6	-	.0	-	2.0	7.0	.4	100.0	309
3	85.4	-	.6	-	3.0	10.9	.2	100.0	298
4	86.9	-	.0	-	1.7	11.4	.0	100.0	285
Total	90.7	-	.2	-	1.4	7.5	.1	100.0	1445

Table DQ.8: School attendance by single age

Distribution of household population age 5-24 by educational level and grade attended in the current year (weighted), Jamaica, 2005

Age	Preschool/ kindergarten			Primary						Secondary						Higher	Jamal	Non- standard curriculum	Other	DK	att sc
	1	2	3	4	5	6	98	99	7	8	9	10	11	12	13						
5	87.6	7.6	0.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6	6.9	79.6	9.6	0.5	0.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.6	
7	0	12.1	73.7	11.4	1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0.4	0.5	
8	0.4	0.5	16.8	68.8	12	0.4	0	0	0	0	0	0	0	0	0	0	0	0	0.5	0.2	
9	0	0.8	1	14	67.8	14.5	0.5	0.5	0	0	0	0	0	0	0	0	0	0	0	0.2	
10	0	0	0	2.3	15.7	70.5	9.3	0.2	0.5	0	0	0.2	0	0	0	0	0	0	0.2	0.9	
11	0	0	0	0.3	0.9	16.9	74.1	0	0	6.7	0.3	0	0	0	0	0	0	0	0.4	0	
12	0	0	0	0	0	0	22	0.2	0	68.6	7.3	0	0	0	0.4	0	0	0	0.4	0	
13	0	0	0	0	0	0	0	0	0	23.6	70.4	5	0.3	0	0	0	0	0	0	0.2	
14	0	0	0	0	0	0	0	0	0	1.2	23.1	64.4	7.9	0.3	0	0	0	0.7	0	0	
15	0	0	0	0	0	0	0	0	0	0	2.6	36.8	50.3	6	0	0	0	0.2	0.7	0.3	
16	0	0	0	0	0	0	0	0	0	0	0.4	7.6	24.9	45	4	0	0.9	0.2	1.3	0.5	
17	0	0	0	0	0	0	0	0	0	0	0	0	4.7	29.4	6.5	1	9.1	1.4	0.8	0	
18	0	0	0	0	0	0	0	0	0	0	0	0	2	9.2	2.6	2.2	15.3	0	1.8	1	
19	0	0	0	0	0	0	0	0	0	0	0	0	0	1.1	0	1.1	11.5	0	1.1	1.1	
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.2	10	0	1.3	1.2	
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7.7	0	0.2	0	
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0.5	0	0	7	0	0.2	0	
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0.4	1.5	0	
24		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4.7	0	0.9	0
Total	4.9	5	5.2	5.2	5.5	6	5.9	0	0	6.1	5.8	6.3	4.8	4.6	0.7	0.2	3.1	0.1	0.5	0.3	0.2

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

Sex ratio at birth among children ever born, children living, and deceased children, by age of women (weighted), Jamaica, 2005

Age	Children Ever Born			Children Living			Children deceased			Number of women
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	
15-19	52	39	1.31	50	39	1.29	1	1	2.25	665
20-24	222	236	.94	216	234	.92	6	2	2.63	558
25-29	405	378	1.07	393	363	1.08	12	15	.78	480
30-34	623	604	1.03	601	593	1.01	22	11	1.99	516
35-39	824	721	1.14	788	708	1.11	35	13	2.77	539
40-44	832	786	1.06	790	758	1.04	42	27	1.53	503
45-49	708	664	1.07	672	639	1.05	35	25	1.42	386
Total	3665	3428	1.07	3511	3334	1.05	153	94	1.63	3647

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

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

Distribution of women aged 15-49 with at least one live birth, by months since last birth (weighted), Jamaica, 2005

	Months since last birth						
	Number		Percent		Number		Percent
0	10	1.3	19	21	2.8		
1	28	3.8	20	29	3.8		
2	25	3.2	21	12	1.6		
3	33	4.3	22	18	2.4		
4	24	3.2	23	20	2.7		
5	21	2.7	24	29	3.8		
6	18	2.3	25	17	2.2		
7	17	2.3	26	27	3.6		
8	16	2.1	27	21	2.7		
9	18	2.4	28	19	2.6		
10	31	4.1	29	20	2.6		
11	22	3.0	30	25	3.4		
12	19	2.5	31	14	1.9		
13	28	3.8	32	24	3.1		
14	20	2.7	33	15	1.9		
15	17	2.3	34	18	2.4		
16	20	2.6	35	21	2.7		
17	17	2.2					
18	22	2.8					
Total				756	100.0		

Appendix E. MICS Indicators: Numerators and Denominators

INDICATOR	NUMERATOR	DENOMINATOR
1 Under-five mortality rate	Probability of dying by exact age 5 years	
2 Infant mortality rate	Probability of dying by exact age 1 year	
4 Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5 Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
9 Low-birthweight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10 Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11 Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12 Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13 Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14 Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
15 Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16 Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17 Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18 Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed
19 Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20 Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
22 Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks

INDICATOR	NUMERATOR	DENOMINATOR
23 Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
25 Tuberculosis immunization coverage	Number of children aged 12-23 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed
26 Polio immunization coverage	Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
27 Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 12-23 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
28 Measles immunization coverage	Number of children aged 12-23 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed
29 Hepatitis B immunization coverage	Number of children aged 12-23 months immunized against hepatitis before their first birthday	Total number of children aged 12-23 months surveyed
31 Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
32 Neonatal tetanus protection	Number of mothers with live births in the previous year that were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the year preceding the survey
33 Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34 Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35 Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
44 Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45 Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46 Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47 Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
48 Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49 Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50 Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51 Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the	Total number of children aged 0-59 months

INDICATOR	NUMERATOR	DENOMINATOR
	past week	surveyed
52 Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53 School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54 Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary- school entry age surveyed
55 Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary- school age surveyed
56 Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary-school age surveyed
57 Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58 Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59 Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
60 Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed
61 Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62 Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
67 Marriage before age 15 and age 18	Number of women that were first married or in union by the exact age of 15 and the exact age of 18, by age groups	Total number of women aged 15-49 years and 20-49 years surveyed, by age groups
68 Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69 Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
71 Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed
72 Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73 Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school
74 Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
75 Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed

INDICATOR		NUMERATOR	DENOMINATOR
76	Prevalence of vulnerable children	Number of children under age 18 that have a chronically ill parent, that live in a household where an adult aged 18-59 years has died in the past year, or that live in a household where an adult aged 18-59 years has been chronically ill in the past year	Total number of children under age 18 surveyed
77	School attendance of orphans versus non-orphans	Proportion of double orphans (both mother and father dead) aged 10-14 years attending school	Proportion of children aged 10-14 years, both of whose parents are alive, that are living with at least one parent and are attending school
78	Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed
81	External support to children orphaned and made vulnerable by HIV/AIDS	Number of orphaned and vulnerable children under age 18 whose households received free basic external support in caring for the child	Number of orphaned and vulnerable children under age 18 surveyed
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
86	Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed
90	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed
91	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed
96	Source of supplies	Number of children (or households) for whom supplies were obtained from public providers, presented separately for each type of supply: insecticide-treated mosquito nets, oral rehydration salts, antibiotics and antimalarials	Total number of children (or households) for whom supplies were obtained
97	Cost of supplies	Median cost of supplies obtained, presented separately for each type of supply and whether sourced from public or private providers: insecticide-treated mosquito nets, oral rehydration salts, antibiotics and antimalarials.	Total number of children (or households) for whom supplies were obtained
100	Attitudes towards domestic violence	Number of women that consider that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women surveyed
101	Child disability	Number of children aged 2-9 years with at least one of nine reported disabilities: (1) delay in sitting, standing or walking, (2) difficulty seeing, either in the daytime or at night, (3) appears to have difficulty hearing, (4) difficulty in understanding instructions, (5) difficulty walking or moving arms or has weakness or stiffness of limbs, (6) has fits, becomes rigid, loses consciousness, (7) does not learn to do things like other children his/her age, (8) cannot speak or cannot be understood in words, (9) appears mentally backward, dull or slow	Total number of children aged 2-9 surveyed

Appendix F. Questionnaires

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

CONTENTS

1. Information Panel
2. Birth Registration and Early Learning
3. Child Development
4. Breastfeeding
5. Care of Illness + Source and Cost of ORS and antibiotics
6. Immunization

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to <u>all mothers or caretakers</u> (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (household listing, column HL5). A separate questionnaire should be used for each eligible child.</i></p> <p><i>Fill in the <u>cluster and household number</u>, and <u>names and line numbers of the child and the mother/caretaker</u> in the space below. Insert your own name and number, and the date.</i></p>		
UF1. Serial Number _____ Parish..... _____ Constituency..... _____ Enumeration District..... _____	UF2. Dwelling number: _____ Household number:..... _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: _____ / _____ / _____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) _____ 6	
Data Entry Operator: _____ Verifier: _____		

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

<p>UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT <i>(name)</i>. IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p>	<p>Date of birth: Day__ __ DK day98 Month.....__ __ DK month.....98 Year__ __ __ __ DK year9998</p>	
<p>UF11. HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i></p>	<p>Age in completed years__ DK age.....98</p>	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? (ASK FOR "PINK SLIP" IF BIRTH CERTIFICATE IS NOT AVAILABE)	Yes, seen..... 1 Yes, not seen..... 2 No 3 DK..... 8	1⇒BR5
BR2. HAS (name's) BIRTH BEEN REGISTERED WITH REGISTRAR GENERAL'S DEPARTMENT (RGD)?	Yes 1 No 2 DK..... 8	1⇒BR5 8⇒BR4
BR3. WHY IS (name's) BIRTH NOT REGISTERED?	Costs too much..... 1 Must travel too far 2 Did not know it should be registered 3 Did not want to pay fine 4 Does not know where to register..... 5 Owe hospital fees..... 7 Father refuse use of his name..... 9 Other (specify) _____ 6 DK..... 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No 2	
BR5. Check age of child in UF11: Child is 3 or 4 years old? <input type="checkbox"/> Yes. ⇒ Continue with BR6 <input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes 1 No 2 DK..... 8	2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	No. of hours__ __	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name): If yes, ask: who engaged in this activity with the child? Circle all that apply.		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (name)?	Books	Mother A Father B Other X No one Y
BR8B. TELL STORIES TO (name)?	Stories	A B X Y
BR8C. SING SONGS WITH (name)?	Songs	A B X Y
BR8D. TAKE (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH (name)?	Play with	A B X Y
BR8F. SPEND TIME WITH (name) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A B X Y

CHILD DEVELOPMENT MODULE		CE
Question CE1 is to be administered only once to each caretaker		
<p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p>If 'none' enter 00</p>	<p>Number of non-children's books 0 __</p> <p>Ten or more non-children's books 10</p>	
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p> <p>If 'none' enter 00</p>	<p>Number of children's books 0 __</p> <p>Ten or more children's books 10</p>	
<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS CHAIRS, HASSOCKS, CUSHIONS, PLATES, CUPS OR POTS?</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE THE HOUSE, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p>HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p><i>Code Y if child does not play with any of the items mentioned.</i></p>	<p>Household objects (chairs, hassock, plates, cups, pots) A</p> <p>Objects and materials found outside the house (sticks, rocks, shells) B</p> <p>Homemade toys (dolls, cars and other toys made at home) C</p> <p>Toys that came from a store D</p> <p>No playthings mentioned Y</p>	
<p>CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS.</p> <p>SINCE LAST (day of the week) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>If 'none' enter 00</p>	<p>Number of times __ __</p>	
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (name) LEFT ALONE?</p> <p>If 'none' enter 00</p>	<p>Number of times __ __</p>	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK..... 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i>		
		Y N DK
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements1 2 8	
BF3B. PLAIN WATER?	B. Plain water.....1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids.....1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food1 2 8	
BF4. <i>Check BF3H: Child received solid or semi-solid (mushy) food?</i>		
<input type="checkbox"/> <i>Yes. ⇒ Continue with BF5</i>		
<input type="checkbox"/> <i>No or DK. ⇒ Go to Next Module</i>		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? <i>If 7 or more times, record '7'.</i>	No. of times..... Don't know 8	

<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK..... 8</p>	<p>2⇒CA12 6⇒CA12</p>
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒CA10 8⇒CA10</p>
<p>CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i> _____ <i>(Name of place)</i></p>	<p>Public sector Govt. hospital..... A Govt. health centre B Community health aid D Mobile/outreach clinic E Other public (<i>specify</i>) H Private medical sector Private hospital/clinic I Private physician..... J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O Other source Relative or friend..... P Shop Q Traditional practitioner R Other (<i>specify</i>) X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Circle all medicines given.</i></p>	<p>Antibiotics..... A Amoxil A1 Ampicillin..... A2 Bactrim..... A3 Evithromycin..... A4 Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK..... Z</p>	
<p>CA11A. Check CA11: Antibiotic given? <input type="checkbox"/> Yes. ⇒ Continue with CA11B</p>		

<input type="checkbox"/> No. ⇒ Go to CA12		
CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public sector Govt. hospital11 Govt. health centre.....12 Community health aid14 Mobile/outreach clinic.....15 Other public (<i>specify</i>) _____ 16 <hr/> Private medical sector Private hospital/clinic.....21 Private physician.....22 Private pharmacy23 Mobile clinic24 Other private medical (<i>specify</i>)_____ 26 Other source Relative or friend.....31 Shop32 Traditional practitioner33 Other (<i>specify</i>).....96 DK.....98	
CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Local currency _ _ _ _ . _ _ Free 9996 DK 9998	
CA12. Check UF11: Child aged under 3?		
<input type="checkbox"/> Yes. ⇒ Continue with CA13		
<input type="checkbox"/> No. ⇒ Go to CA14		
CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine01 Put/rinsed into toilet or latrine.....02 Put/rinsed into drain or ditch.....03 Thrown into garbage (solid waste).....04 Buried.....05 Left in the open06 Other (<i>specify</i>) _____ 96 DK.....98	
Ask the following question (CA14) only once for each caretaker. CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions.	Child not able to drink or breastfeedA Child becomes sicker B Child develops a fever..... C Child has fast breathingD Child has difficult breathing..... E Child has blood in stool..... F Child is drinking poorlyG Other (<i>specify</i>) _____ X Other (<i>specify</i>) _____ Y Other (<i>specify</i>) _____ Z	

IMMUNIZATION MODULE										IM
<i>If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.</i>										
IM1. IS THERE A VACCINATION CARD FOR (name)?		Yes, seen 1							2⇒IM10	
		Yes, not seen 2							3⇒IM10	
		No 3								
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization								
		DAY	MONTH		YEAR					
IM2. BCG	BCG									
IM3B. POLIO 1	OPV1/IPV1									
IM3C. POLIO 2	OPV2/IPV2									
IM3D. POLIO 3	OPV3/IPV3									
IM4A. DPT1	DPT1									
IM4B. DPT2	DPT2									
IM4C. DPT3	DPT3									
IM5A. HEPB1 (OR DPTHEPB1)	(DPT)H1									
IM5B. HEPB2 (OR DPTHEPB2)	(DPT)H2									
IM5C. HEPB3 (OR DPTHEPB3)	(DPT)H3									
IM5D. Hib1	Hib1									
IM5E. Hib2	Hib2									
IM5F. Hib3	Hib3									
IM6. MEASLES (OR MMR)	MEASLES									
IM9. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? <i>Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Hib 1-3</i>		Yes..... 1							1⇒IM19	
		<i>(Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM6B.)</i> No 2							2⇒IM19	
		DK..... 8							8⇒IM19	
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?		Yes..... 1								
		No 2							2⇒IM19	
		DK..... 8							8⇒IM19	

IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes..... 1 No 2 DK..... 8	
IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING POLIO?	Yes..... 1 No 2 DK..... 8	2⇒IM15 8⇒IM15
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times..... _ _	
IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes..... 1 No 2 DK..... 8	2⇒IM17 8⇒IM17
DPT = DIPHTHERIA, PERTOUSIS, TETANUS		
IM16. HOW MANY TIMES?	No. of times..... _ _	
IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” OR MMR – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No 2 DK..... 8	
FOR CHILD ONE AND OVER		
IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR CHILD HEALTH DAYS:		
IM19A. MMR CAMPAIGN 2001-2002		Y N DK Campaign A 1 2 8
IM19B VACCINATION WEEK 2004		Campaign B 1 2 8
IM19C. MOP-UP CAMPAIGN 2005		Campaign C 1 2 8

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

Yes. ⇒ End the current questionnaire and then go to another QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.

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

If this is the last eligible child in the household, end the interview by thanking the family.



INDIVIDUAL WOMEN'S QUESTIONNAIRE

CONTENTS

1. Basic Characteristics
2. Child Mortality
3. Tetanus Toxoid
4. Maternal and Child Health
5. Marriage (Core)
6. Attitudes Toward Domestic Violence
7. HIV/AIDS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		WM
WM1: Parish..... _ _ Constituency..... _ _ Enumeration Division..... _ _ _	WM2: Dwelling number: _ _ _ _ Household number:..... _ _	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: _____ / _____ / _____	
WM7. Result of women's interview	Completed..... 1 Not at home..... 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (<i>specify</i>) 6	

Repeat greeting if not already read to this woman:

WE ARE FROM STATISTICAL INSTITUTE OF JAMAICA (STATIN). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **(INSERT number)** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

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

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month..... _ _ DK month98 Year _ _ _ _ DK year.....9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) _ _	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes 1 No 2	2 ⇔ WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRE-SCHOOL, JAMAL, PRIMARY, SECONDARY, OR HIGHER?	Pre-school.....0 Primary 1 Secondary..... 2 Higher 3 Non-standard curriculum..... 4 JAMAL.....5 Other (<i>specify</i>).....6	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade..... _ _	
WM12A. WHAT IS YOUR MAIN SOURCE OF INCOME/FINANCIAL SUPPORT?	Job.....1 Relatives.....2 Partner/husband.....3 Social assistance.....4	

	Other (specify).....5	
<p>WM13. Check WM11:</p> <p><input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module</p> <p><input type="checkbox"/> Primary, JAMAL or non-standard curriculum. ⇒ Continue with WM14</p>		
<p>WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p>Show sentences to respondent.</p> <p>If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME?</p> <p>Example sentences for literacy test:</p> <ol style="list-style-type: none"> 1. The child is reading a book. 2. The rains came late this year. 3. Parents must care for their children. 4. Farming is hard work. 	<p>Cannot read at all 1</p> <p>Able to read only parts of sentence..... 2</p> <p>Able to read whole sentence..... 3</p> <p>No sentence in required language _____ 4 (specify language)</p> <p>Blind/mute, visually/speech impaired 5</p>	

CHILD MORTALITY MODULE		CM
<i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes 1 No 2	2⇒ MARRIAGE /UNION MODULE
CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. <i>If year of first birth is given, skip to CM3. Otherwise, continue with CM2B.</i>	Date of first birth Day DK day98 Month..... DK month.....98 Year DK year.....9998	⇒CM3 ↓CM2B
CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth.....	
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒CM5
CM4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home..... Daughters at home	
CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere Daughters elsewhere	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes 1 No 2	2⇒CM9
CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead..... Girls dead	
CM9. <i>Sum answers to CM4, CM6, and CM8.</i>	Sum	
CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. ⇒ Go to CM11 <input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11		

<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>If day is not known, enter '98' in space for day.</i></p>	<p>Date of last birth</p> <p>Day/Month/Year..... _ _ / _ _ / _ _ _ _ _</p>	
<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2003)?</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to MARRIAGE/UNION module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13</p> <p style="text-align: center;"><i>Name of child</i> _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>) DID YOU WANT/PLAN TO BECOME PREGNANT THEN, LATER, OR NOT AT ALL?</p>	<p>Then 1</p> <p>Later 2</p> <p>No more 3</p>	

TETANUS TOXOID (TT) MODULE		TT
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? <i>Ask for the maternity or blue card. If a card is presented, use it to assist with answers to the following questions.</i> <i>Use "lockjaw" to explain tetanus.</i>	Yes (card seen) 1 Yes (card not seen)..... 2 No 3 DK..... 8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS? (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)	Yes 1 No 2 DK..... 8	2⇒TT5 8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times.....__ __ DK.....98	98⇒TT5
TT4. <i>How many TT doses during last pregnancy were reported in TT3?</i> <input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</i>		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes 1 No 2 DK..... 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times.....__ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? <i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>	Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	⇒NEXT MODULE ↓TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago__ __	

MATERNAL AND NEWBORN HEALTH MODULE **MN**

This module is to be administered to ALL women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (NAME)?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse/midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health aid G Relative/friend H Other (<i>specify</i>) X No one Y</p>	<p>Y⇒MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE A URINE SAMPLE? MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Weighted</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Weighted	1	2	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample	1	2	
	Yes	No															
Weighted	1	2															
Blood pressure.....	1	2															
Urine sample.....	1	2															
Blood sample	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT HIV/AIDS?</p>	<p>Yes 1 No 2 DK..... 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒MN7 8⇒MN7</p>															
<p>MN5A. I DON'T WANT TO KNOW THE NAME OF THE PLACE, BUT DID YOU GET TESTED AT A PUBLIC OR PRIVATE FACILITY?</p>	<p>Public.....1 Private.....2 Both.....3 Other.....6</p>																
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1 No 2 DK..... 8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse B Midwife..... C Other person Traditional birth attendant F Community health worker G Relative/friend H Other (<i>specify</i>) X No one Y</p>																

<p>MN8. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Home Your home11 Other home12</p> <p>Public sector Govt. hospital21 Govt. maternity centre/health center22 Other public <i>(specify)</i> 26</p> <p>Private Medical Sector Private hospital31 Private clinic.....32 Private maternity home33 Other private medical <i>(specify)</i> 36</p> <p>Other <i>(specify)</i> 96</p>	
<p>MN9. WHEN YOUR LAST CHILD <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1 Larger than average..... 2 Average 3 Smaller than average..... 4 Very small 5</p> <p>DK..... 8</p>	
<p>MN10. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes 1 No 2</p> <p>DK..... 8</p>	<p>2⇒MN12 8⇒MN12</p>
<p>MN11. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 ____. ____ (KG).....1 ____. ____ (LBS).....2</p> <p>From recall..... 2 ____. ____ (KG).....1 ____. ____ (LBS).....2</p> <p>DK.....99998</p>	
<p>MN12. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes 1 No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately000</p> <p>Hours 1 ____ or Days 2 ____</p> <p>Don't know/remember.....998</p>	

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man 2 No 3	3⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married..... 1 Yes, formerly lived with a man 2 No 3	3⇒NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, SEPARATED OR SINGLE?	Widowed 1 Divorced 2 Separated 3 Single.....4	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE INCLUDING (THIS) / (YOUR LAST) UNION / MARRIAGE)? (MORE THAN ONCE INCLUDES LIVING WITH THE SAME PERSON MORE THAN ONE OCCASSION)	Only once..... 1 More than once..... 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	
MA7. Check MA6: <input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module <input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV1. SOMETIMES A HUSBAND/PARTNER IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND/PARTNER JUSTIFIED IN HITTING OR BEATING HIS WIFE/PARTNER IN THE FOLLOWING SITUATIONS: DV1A. IF SHE GOES OUT WITH OUT TELLING HIM? DV1B. IF SHE NEGLECTS THE CHILDREN? DV1C. IF SHE ARGUES WITH HIM? DV1D. IF SHE REFUSES SEX WITH HIM? DV1E. IF SHE BURNS THE FOOD?				
		Yes	No	DK
	Goes out without telling	1	2	8
	Neglects children.....	1	2	8
	Argues	1	2	8
	Refuses sex.....	1	2	8
Burns food.....	1	2	8	

DV2. PLEASE TELL ME IF YOU THINK A HUSBAND/PARTNER IS EVER JUSTIFIED IN DOING ANY OF THE FOLLOWING TO HIS WIFE/PARTNER: DV2A. EMBARRASSING HER IN FRONT OF OTHERS DV2B. BEATING HER DV2C. THREATENING HER OR SOMEONE CLOSE TO HER WITH HARM DV2D. RESTRICTING HER CONTACT WITH FRIENDS OR FAMILY				
		Yes	No	DK
	Humiliating her	1	2	8
	Beating.....	1	2	8
	Threatening	1	2	8
	Restricting contact.....	1	2	8

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF HIV OR AIDS?	Yes 1 No 2	2⇒ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH HIV BY HAVING ONE FAITHFUL UNINFECTED PARTNER?	Yes 1 No 2 DK..... 8	
HA3. CAN PEOPLE GET INFECTED WITH HIV BECAUSE OF OBEAH OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK..... 8	
HA5. CAN PEOPLE GET HIV FROM MOSQUITO BITES?	Yes 1 No 2 DK..... 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY NOT HAVING SEX AT ALL?	Yes 1 No 2 DK..... 8	
HA7. CAN PEOPLE GET HIV BY SHARING FOOD WITH A PERSON WHO HAS IT?	Yes 1 No 2 DK..... 8	
HA7A. CAN PEOPLE GET THE HIV BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes 1 No 2 DK..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV OR AIDS?	Yes 1 No 2 DK..... 8	
HA9. CAN HIV BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?		
HA9B. DURING DELIVERY?		
HA9C. BY BREASTFEEDING?		
HA9D. ARE THERE DRUGS A PREGNANT WOMAN INFECTED WITH HIV OR LIVING WITH AIDS CAN TAKE TO REDUCE THE RISK OF TRANSMISSION TO THE BABY DURING PREGNANCY?		
HA10. IF A TEACHER HAS HIV OR AIDS BUT IS NOT SICK, SHOULD HE/SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK/not sure/depends 8	
HA10A. IF A CHILD HAS HIV OR AIDS, BUT IS NOT SICK, SHOULD HE/SHE BE ALLOWED TO ATTEND SCHOOL?	Yes 1 No 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE HIV OR AIDS?	Yes 1 No 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH HIV, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes 1 No 2 DK/not sure/depends 8	

<p>HA14. <i>Check MN5: Tested for HIV during antenatal care?</i></p> <p><input type="checkbox"/> Yes. ⇒ Go to HA18A</p> <p><input type="checkbox"/> No. ⇒ Continue with HA15</p>		
<p>HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒HA18</p>
<p>HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Asked for the test..... 1</p> <p>Offered and accepted 2</p> <p>Required 3</p>	<p>1⇒NEXT MODULE</p> <p>2⇒NEXT MODULE</p> <p>3⇒NEXT MODULE</p>
<p>HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE HIV?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒NEXT MODULE</p> <p>2⇒NEXT MODULE</p>
<p>HA18A. <i>If tested for HIV during antenatal care:</i> OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE HIV?</p>	<p>Yes 1</p> <p>No 2</p>	



HOUSEHOLD QUESTIONNAIRE

CONTENTS

1. Household Information Panel
2. Household Listing
3. Education
4. Water and Sanitation
5. Orphaned & Vulnerable Children
6. Child Labour
7. Child Discipline
8. Disability
9. Salt Iodization (Salt Testing)

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM STATISTICAL INSTITUTE OF JAMAICA (*STATIM*). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **15** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH	
HH1. Parish..... _ _ Constituency..... _ _ Enumeration Division..... _ _ _ _		HH2. Dwelling number: _ _ _ _ Household number:..... _ _ _ _	
HH3. Interviewer name and number: Name..... _ _ _ _ _		HH4. Supervisor name and number: Name..... _ _ _ _ _	
HH5. Day/Month/Year of interview: / /			
HH6. Area: Urban.....1 Rural.....2 KMA.....3		HH7. Region:	
HH 8. Name of head of household: _____			
<i>After all questionnaires for the household have been completed, fill in the following information:</i>			
HH9. Result of HH interview: Completed.....1 Not at home.....2 Refused.....3 Dwelling not found/destroyed.....4 Other (<i>specify</i>)..... 6		HH10. Respondent to HH questionnaire: Name: _____ Line No:	
		HH11. Total number of household members:	
HH12. No. of women eligible for interview:		HH13. No. of women questionnaires completed:	
HH14. No. of children under age 5:		HH15. No. of under-5 questionnaires completed:	
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>			
HH16. Data entry clerk:			

HOUSEHOLD LISTING FORM **HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
 (Use survey definition of HH member). List the first name in line 01. List adult household members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used

					Eligible for: For children age 0-17 years ask HL9-HL12								Eligible for: Household heads. Ask only once			
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in complete d years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8A. Has (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO → HL11 8 DK → HL11	HL10. If alive: DOES (NAME)S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO → NEXT LINE 8 DK → NEXT LINE	HL12. If alive: DOES (NAME)S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL13 WHAT IS THE MAIN SOURCE OF INFORMATION ON NATIONAL ISSUES FOR THIS HOUSEHOLD? NEWSPAPERS....1 TELEVISION.....2 RADIO.....3 COMMUNITY ORG.....4 FAMILY MEMBERS.....5 OTHER (SPECIFY).....6.....	HL14 WHAT IS THE DISTANCE TO THE NEAREST HEALTH CENTRE? 1 MILE OR LESS ... 1 MORE THAN 1, LESS THAN 5 MILES 2 MORE THAN 5, LESS THAN 10 MILES.....3 10 MILES OR MORE4
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	Y N DK	FATHER	Y N DK		
01		0 1	1 2	___	01	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8		
02		___	1 2	___	02	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8		
03		___	1 2	___	03	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8		
04		___	1 2	___	04	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8		

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

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

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").
 Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children UnderFive.
 You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

- | | |
|-------------------------------|-------------------------------|
| 01 = Head | 10 = Uncle/Aunt |
| 02 = Spouse | 11 = Niece/Nephew |
| 03 = Son or Daughter | 13 = Other Relative |
| 04 = Spouse of child | 14 = Adopted/Foster/Stepchild |
| 05 = Grandchild | 15 = Not Related |
| 06 = Parent | 98 = Don't Know |
| 07 = Parent-In-Law | |
| 08 = Brother or sister | |
| 09 = Brother or Sister-In-Law | |

EDUCATION MODULE											ED		
For household members age 5 and above				For household members age 5-24 years						Questions ED9 and ED10 should be asked only once of the head of the household			
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2004-2005?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	ED9. WHAT IS THE DISTANCE TO THE NEAREST PRIMARY SCHOOL?	ED10 WHAT IS THE DISTANCE TO THE NEAREST SECONDARY SCHOOL?			
		1 YES ⇒ ED3 2 NO ⇨ GO TO 9 FOR FIRST PERSON - NEXT LINE FOR OTHERS	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 4 JAMAL 5 NON-STANDARD CURRICULUM 6 OTHER 8 DK GRADE: 98 DK If less than 1 grade, enter 00.	1 YES 2 NO ⇒ ED7	Insert number of days in space below.	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 4 JAMAL 5 NON-STANDARD CURRICULUM 6 OTHER 8 DK GRADE: 98 DK	1 YES 2 NO ⇨ NEXT LINE 8 DK ⇨ NEXT LINE	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 4 JAMAL 5 NON-STANDARD CURRICULUM 6 OTHER 8 DK GRADE: 98 DK	1 MILE OR LESS 1 MORE THAN 1, LESS THAN 5 MILES 2 MORE THAN 5, LESS THAN 10 MILES 3 MORE THAN 5, LESS THAN 10 MILES 3 10 MILES OR MORE 4	1 MILE OR LESS 1 MORE THAN 1, LESS THAN 5 MILES 2 MORE THAN 5, LESS THAN 10 MILES 3 10 MILES OR MORE .. 4			
LINE		YES NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	Y N D	LEVEL	GRADE		
01		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
02		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
03		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
04		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
05		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
06		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
07		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
08		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
09		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
10		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
11		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
12		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling11 Piped into yard or plot12 Public tap/standpipe.....13 Dug well Protected.....31 Unprotected.....32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection (incl. tanks)51 Tanker-truck61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Bottled water.....91 Other (<i>specify</i>).....96	11⇒WS4A 12⇒WS4A ⇒WS3 96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling11 Piped into yard or plot12 Public tap/standpipe.....13 Dug well Protected.....31 Unprotected.....32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection (incl. tanks)51 Tanker-truck61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (<i>specify</i>)96	11⇒WS4A 12⇒WS4A
WS3. HOW LONG DOES IT TAKE TO GO THERE TO GET WATER AND COME BACK?	No. of minutes Water on premises995 DK998	995⇒WS4A
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman.....1 Adult man2 Female child (under 15).....3 Male child (under 15).....4 DK8	
WS4A. IN THE LAST TWO WEEKS, HOW OFTEN HAS WATER BEEN AVAILABLE FROM THIS SOURCE? ALL THE TIME? MOST HOURS OF THE DAY? A FEW HOURS EACH DAY? A FEW HOURS EACH WEEK? ONLY A COUPLE HOURS ONE DAY? NOT AT ALL?	All the time.....1 Most of the time.....2 A few hours each day.....3 A few hours each week.....4 Only once.....5 Not at all.....7 Don't know.....8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes1 No 2 DK8	2⇒WS7 8⇒WS7

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A</p> <p>Add bleach/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) X</p> <p>DKZ</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If "flush" or "pour flush", probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p> Flush to piped sewer system 11</p> <p> Flush to septic tank 12</p> <p> Flush to absorption pit 13</p> <p> Flush to somewhere else 14</p> <p> Flush to unknown place/not sure/DK where 15</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / open pit 23</p> <p>Composting toilet 31</p> <p>Bucket 41</p> <p>No facilities or bush or field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) 0 ____</p> <p>Ten or more households 10</p> <p>DK 98</p>	

ORPHANED & VULNERABLE CHILDREN

OV

OV1. Check HL5: any children 0-17?

Yes ⇒ Continue to OV2

No ⇒ Next Module

OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 12 MONTHS?	Yes1 No.....2	2⇒OV5
---	------------------------	-------

OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes1 No.....2	2⇒OV5
--	------------------------	-------

OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	Yes1 No.....2	1⇒OV8
---	------------------------	-------

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

- Check totals for HL9 and HL11.
 - At least one mother or father dead. ⇒ Go to OV8
 - No mother or father dead
- Check totals for HL8A.
 - At least one adult aged 18-59 very sick 3 of last 12 months ⇒ Go to OV8
 - No adult aged 18-59 very sick 3 of last 12 months
- Check totals for HL10A and HL12A.
 - At least one mother or father ill 3 of last 12 months ⇒ Go to OV8
 - No mother or father ill 3 of last 12 months ⇒ Go to Next Module

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

	1 ST CHILD	2 ND CHILD	3 RD CHILD	4 TH CHILD
Name (from HL2)	_____	_____	_____	_____
Line number (from HL1)	__ __	__ __	__ __	__ __
Age (from HL5)	_____	_____	_____	_____

I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (name) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.

OV10. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR (name), SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes1 No.....2 ⇒ OV11 DK.....8	Yes1 No.....2 ⇒ OV11 DK.....8	Yes.....1 No.....2 ⇒ OV11 DK.....8	Yes1 No2 ⇒ OV11 DK8
--	--	--	---	--

OV10A. WHAT WAS THE SOURCE OF THE SUPPORT?	Gov't.....1 Private2 Religious ...3 NGO.....4 CBO.....5 Other (specify)....6	Gov't.....1 Private2 Religious ...3 NGO.....4 CBO.....5 Other (specify)....6	Gov't.....1 Private2 Religious ...3 NGO.....4 CBO.....5 Other (specify)....6	Gov't.....1 Private2 Religious ...3 NGO.....4 CBO.....5 Other (specify)....6
--	---	---	---	---

OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR (name), SUCH AS COMPANIONSHIP, COUNSELING, FROM A TRAINED COUSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes1 No.....2 ⇒ OV13 DK.....8	Yes1 No.....2 ⇒ OV13 DK.....8	Yes.....1 No.....2 ⇒ OV13 DK.....8	Yes1 No2 ⇒ OV13 DK8
---	--	--	---	--

OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
OV12A. WHAT WAS THE SOURCE OF THE SUPPORT? - GOVERNMENT - PRIVATE SECTOR - RELIGIOUS - NGO - COMMUNITY-BASED ORGANIZATION - OTHER (SPECIFY)	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR (name), SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes 1 No 2 ⇒ OV15 DK 8	Yes 1 No 2 ⇒ OV15 DK 8	Yes 1 No 2 ⇒ OV15 DK 8	Yes 1 No 2 ⇒ OV15 DK 8
OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
OV14A. WHAT WAS THE SOURCE OF THE SUPPORT? - GOVERNMENT - PRIVATE SECTOR - RELIGIOUS - NGO - COMMUNITY-BASED ORGANIZATION - OTHER (SPECIFY)	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR (name), SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?	Yes 1 No 2 ⇒ OV17 DK 8	Yes 1 No 2 ⇒ OV17 DK 8	Yes 1 No 2 ⇒ OV17 DK 8	Yes 1 No 2 ⇒ OV17 DK 8
OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
OV16A. WHAT WAS THE SOURCE OF THE SUPPORT? - GOVERNMENT - PRIVATE SECTOR - RELIGIOUS - NGO - COMMUNITY-BASED ORGANIZATION - OTHER (SPECIFY)	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6
OV17. Check OV8 for age of child:	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18
OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR (name's) SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
OV18A. WHAT WAS THE SOURCE OF THE SUPPORT? - GOVERNMENT - PRIVATE SECTOR - RELIGIOUS - NGO - COMMUNITY-BASED ORGANIZATION - OTHER (SPECIFY)	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6

CHILD LABOUR MODULE

CL

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

CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i> <i>Record response then ⇒ CL.6</i>	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8	CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE	CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO	NO. HOURS	YES PAID UNPAID NO	YES NO	NO. HOURS	YES NO	NO. HOURS
01		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
02		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
03		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
04		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
05		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
06		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
07		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
08		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
09		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
10		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
11		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
12		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
13		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
14		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
15		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___

CHILD DISCIPLINE MODULE

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

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

Then record the total number of children aged 2-14 in the box provided (CD7).

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

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD11 to administer child discipline questions for that child.

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

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

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

CD9. Record the rank number of the selected child from table 2 above	Rank number of child..... _ _ _
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Child Discipline Module	CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the <u>line number</u> in CD6).	
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE</u> IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.	
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes..... No 2
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes..... No 2
CD12C. SHOOK HIM/HER.	Yes..... No 2
CD12D. SHOUTED, YELLED OR SCREAMED AT HIM/HER.	Yes..... No 2
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes..... No 2
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes..... No 2
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes..... No 2
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes..... No 2
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes..... No 2
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes..... No 2
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes..... No 2
CD12L. DID (NAME) EVER REQUIRE MEDICAL ATTENTION AFTER A BEATING?	Yes..... No 2
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes..... No 2 Don't know/no opinion

Disability DA

To be administered to **caretakers of all children 2 through 9 years old living in the household**. For household members below age 2 or above age 9, leave rows blank.
 I WOULD LIKE TO ASK YOU ABOUT HEALTH CONDITIONS THAT AFFECT CHILDREN. PLEASE TELL ME, FOR EACH CHILD AGED 2 THROUGH 9, IF YOU ARE AWARE OF THEM BEING AFFECTED BY THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1. Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN OF A SIMILAR AGE, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND /OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. (For 3-9 year olds): IS (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2-year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
12		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

SALT IODIZATION MODULE		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle the number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1 Less than 15 PPM 2 15 PPM or more..... 3</p> <p>No salt in home..... 6 Salt not tested..... 7</p>	

SI2. Does any eligible woman age 15-49 reside in the household?
Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to caretaker of the first eligible child.

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

Jamaica
Multiple Indicator Cluster Survey
2005