Namibia

Demographic and Health Survey

2006-07

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2006-07

Ministry of Health and Social Services
Windhoek, Namibia

Macro International Inc.
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The 2006-07 NDHS is part of the worldwide Demographic and Health Surveys program, which is designed to assist developing countries to collect data on fertility, family planning, maternal and child health, nutrition, and HIV/AIDS.

Additional information about the survey may be obtained from the Ministry of Health and Social Services (MoHSS), Private Bag 13198, Windhoek, Namibia, Telephone: (264-61) 203-2544/5; Fax: (264-61) 272-286; Email: doccentre@mhss.gov.na; Internet: www.healthnet.org.na.

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FOREWORD

This report presents the results of the 2006-07 Namibia Demographic and Health Survey (NDHS) that was carried out from November 2006 through March 2007. The survey is the latest in a series of periodic surveys that are conducted in collaboration with various stakeholders led by the Ministry of Health and Social Services.

The main objective of this survey was to measure levels, patterns, and trends in demographic and health indicators in Namibia. Specifically, the 2006-07 NDHS collected information on fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood and maternal mortality, maternal and child health, and awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs). In addition, it collected information on the use of mosquito nets, women's empowerment and demographic and health outcomes as well as information on orphans and vulnerable children care and support.

This survey was designed to produce estimates at the regional level for most indicators. The tables, figures, and text are related to the most important indicators consistent with the objectives of the survey. They are targeted for use by policymakers, planners, and researchers, especially in the health sector.

I believe that the 2006-07 NDHS report will be widely read and utilized by communities, health and social workers, the relevant line ministries and civil society organisations, regional councils, local authorities as well as our development partners, with the vision of improving the health status of all Namibians at large.

One of the key result areas in the third National Development Plan (NDP 3) is the Quality of Life. This key result area has three goals: 1) Affordable and Quality Health Care, 2) Reduce Spread of HIV/AIDS and its effects, and 3) the Eradication of Extreme Poverty and Hunger. In order for the Ministry of Health and Social Services and other stakeholders responsible for the implementation of programmes to realize the goals under this key result area, I urge them all to make use of the 2006-07 NDHS report to assist in the programming of health interventions.

Together we can make a difference!

DR RICHARD NCHABI KAMWI (MP)
MINISTER FOR HEALTH AND SOCIAL SERVICES

PREFACE

The 2006-07 Namibia Demographic and Health Survey (NDHS) marks yet another milestone in the history of the Ministry of Health and Social Services. It provides a comprehensive source of information on health and demographic indicators at a point in time when the Ministry evaluates its implemented programmes and interventions over the five years period.

The 2006-07 NDHS has been a large-scale research project. Twenty-eight field teams interviewed about 9,200 households, 9,800 women and 3,900 men age 15-49. The interviews were conducted between November 2006 and March 2007. The survey covered about 500 primary sampling units in all regions.

This report presents findings of the 2006-07 NDHS. The 2006-07 NDHS is the third survey of its kind to be undertaken in Namibia, others being in 1992 and 2000. The 2006-07 NDHS differed in three aspects from the 2000 NDHS survey: it included a module on malaria indicators, women's empowerment, and orphans and vulnerable children.

The MoHSS would like to acknowledge organizations that contributed to the successful completion of the 2006-07 NDHS. The Ministry is grateful for the financial, technical and other assistance provided by the United States Agency for International Development (USAID), the Global Fund, the Chinese Government, and the United Nations Children's Fund (UNICEF). Furthermore, the Ministry appreciates technical support from the United Nations Population Fund (UNFPA), World Health Organization (WHO), Macro International Inc., National Planning Commission Secretariat and others.

Sincere thanks are also extended to members of the 2006-07 NDHS Steering Committee and stakeholders who contributed to the successful completion of the survey.

The Ministry acknowledges the valuable support in raising awareness about the survey and generating cooperation from communities that was provided by all regional councillors, governors, various town and city councils; and the Namibia Agricultural Union and local farmers associations.

Special thanks go to the staff who participated in various aspects of the survey and the respondents, who generously gave their time to provide the information that forms the basis of this report.

Finally, I would like to express my sincere gratitude to the overall 2006-07 NDHS project coordinating team at the Directorate of Policy, Planning and Human Resource Development for their tireless work during the survey and for ensuring that the project was completed successfully.

KAHIJORO KAHUURE
PERMANENT SECRETARY

SUMMARY OF FINDINGS

The 2006-07 Namibia Demographic and Health Survey (NDHS) is a nationally representative survey of 9,804 women age 15-49 and 3,915 men age 15-49. The 2006-07 NDHS is the third comprehensive survey conducted in Namibia as part of the Demographic and Health Surveys (DHS) programme. The data are intended to provide programme managers and policymakers with detailed information on levels and trends in fertility; nuptiality; sexual activity; fertility preferences; awareness and use of family planning methods; breastfeeding practices; nutritional status of mothers and young children; early childhood mortality, adult and maternal mortality; maternal and child health; and awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections. The 2006-07 NDHS is the first NDHS survey to collect information on malaria prevention and treatment.

HOUSEHOLD CHARACTERISTICS

The 2006-07 NDHS collected information on the availability of various amenities in the surveyed households. The survey found that almost 90 percent of households have access to an improved water source.

Nationally, one in three households has an improved, unshared toilet facility. There are large disparities by residence, with 60 percent of households in urban areas having sanitary toilets, compared with only 14 percent of rural households.

FERTILITY

The survey results show that Namibia has experienced a decline in fertility of almost two births over the past 15 years, with the fertility rate falling from 5.4 births per woman in 1990-1992 to 3.6 births in 2005-07. On average, rural women have 1.5 children more than urban women (4.3 and 2.8, respectively). The low level of fertility among urban women is also reflected in the lower fertility among women in the urban region of Khomas, where women on average are having 2.6 children compared with 2.8 to 5.1 children in the other regions. Fertility differentials by education and wealth are substantial. Women with no formal education have an average of more than six children (6.3), while women with completed secondary education have less than three children (2.8). Similarly, women in the lowest wealth quintile have an average of five children (5.1), while women in the highest wealth quintile have between two and three children (2.4).

Despite the decline in fertility, unplanned pregnancies are common in Namibia. Overall, two in three births are either unwanted (41 percent) or mistimed, i.e., wanted later (22 percent). If all unwanted births were avoided, women would have an average of 2.7 children, compared with the actual average of 3.6 children.

While marriage and cohabitation are generally considered primary indicators of exposure to the risk of pregnancy, many women in Namibia bear children outside of a stable union. Visiting relationships are common and many women have children in the context of such unions. The median age at first marriage in Namibia is relatively high, 28.2 years among women age 30-49. Urban women marry more than one year later than rural women (29.1 and 27.4 years, respectively). The median age at first marriage for women age 30-49 with no education is 24.3 years compared with 27.9 years for women with more than secondary education.

Typically, men and women in Namibia begin sexual activity before marriage. Among the population age 25-49, the median age at first sexual intercourse is 19.3 years for women and 18.2 years for men.

The 2006-07 NDHS indicates that about 6 percent of currently married women are in a polygynous union (i.e., they have one or more co-wives). Three percent of men reported having two or more wives. This is a decline from the 2000 NDHS, in which 12 percent of women were in a polygynous union and 4 percent of men had more than two wives. Older women, women who live in rural areas, women with no education, and

women in the lowest wealth quintiles are more likely than other women to have co-wives. The prevalence of polygyny varies across regions. Hardap and Karas have the lowest level (less than 2 percent) and Kunene has the highest levels (17 percent).

FAMILY PLANNING

Knowledge of family planning in Namibia has been nearly universal since 1992. In the 2006-07 NDHS, 98 percent of all women reported knowing about a contraceptive method. Male condoms, injectables, and the pill are the most widely known methods.

Ninety-three percent of sexually active women and men age 15-49 have used a family planning method at least once in their lifetime. Two in three of these women are currently using any contraceptive method and 66 percent use a modern method. The most popular methods are injectables and male condoms, used by 24 percent and 23 percent, respectively, of sexually active women. Nine percent of sexually active women use the pill and 8 percent have been sterilized.

Government-sponsored facilities remain the chief providers of contraceptive methods in Namibia. The distribution of sources of modern methods for current users shows that three in four users obtained their method from the public sector. While the participation of the private medical sector in family planning service delivery has remained the same (10 percent), use of retail outlets has increased fourfold since 2000 (3 percent to 13 percent).

Unmet need for family planning has declined from 5 percent in 2000 to 3 percent in 2006-07. If all women with an unmet need for family planning were to use a contraceptive method, the contraceptive prevalence rate in Namibia would increase from 47 to 50 percent.

CHILD HEALTH

Data from the 2006-07 NDHS indicate that the under-five mortality rate in Namibia is 69 deaths per 1,000 live births (based on the five-year period preceding the survey). This means that one in every fourteen children born in Namibia dies before attaining his or her fifth birthday. The infant mortality rate is 46 deaths per 1,000 live births. About half of these infant deaths take place in the neonatal period, that is, during the first month of life.

Child mortality is consistently lower in urban areas than in rural areas. There is substantial variation in mortality rates across regions. Under-five and infant mortality rates are highest in Ohangwena and Caprivi and lowest in Kunene. Children whose mothers have more than secondary education have much lower mortality than children whose mothers have less education. Similarly, children whose mothers are in the highest wealth quintile have much lower mortality than children whose mothers are in the lowest quintile.

Children are considered fully vaccinated when they receive one dose of BCG vaccine, three doses each of DPT and polio vaccines, and one dose of measles vaccine. Overall, 69 percent of children age 12-23 months have received all vaccinations. Ninety-five percent of children have received the BCG vaccination, and 84 percent have been vaccinated against measles. Coverage for the first dose of DPT and polio is relatively high (95 percent each). However, only 83 percent of children received the third dose of DPT and 79 percent received the third dose of polio. Comparison of the 2006-07 NDHS results with those of the earlier surveys shows that vaccination coverage in Namibia has increased from 65 percent in 1992 to the current rate of 69 percent.

Four percent of children under age five experienced symptoms of acute respiratory infection (ARI) in the two weeks before the survey, and 17 percent of children under five were reported to have had fever—a major manifestation of malaria—during the same time period. More than half of the children (56 percent) were taken to a health facility or provider of treatment. Ten percent of children with fever received antimalarial drugs, while 15 percent received antibiotics.

At the time of the survey, diarrhoea was a less prevalent problem among young children than fever; 12 percent of children under age five had diarrhoea at some time in the two weeks before the survey. Two-thirds of children with diarrhoea were taken to a health provider. Seven in ten children with diarrhoea were treated with some type of oral rehydration therapy (ORT): 63 percent were treated with solution prepared from a

packet of oral rehydration salts (ORS), 21 percent were given recommended salt-sugar solution (SSS) prepared at home, and 16 percent were given increased fluids. Seventeen percent of children with diarrhoea did not receive any treatment at all.

MATERNAL HEALTH

In Namibia, almost all women who had a live birth in the five years preceding the survey received antenatal care from health professionals (95 percent): 16 percent from a doctor and 79 percent from a nurse or midwife. Only 4 percent of mothers did not receive any antenatal care.

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus. Nearly six in ten women (57 percent) with a live birth in the five years before the survey had sufficient tetanus toxoid coverage to ensure that their last (most recent) birth was protected against neonatal tetanus; one in three women received two or more injections.

The majority of births in the five years before the survey were delivered in a health facility (81 percent). This figure is higher than that reported in the 2000 NDHS (75 percent) and the 1992 NDHS (67 percent). Seventy-six percent of births took place in public health facilities and 5 percent occurred in private health facilities. Nineteen percent of births were assisted by a doctor, 63 percent by a nurse or midwife, 7 percent by a trained traditional birth attendant, and 11 percent by a relative or other person. Thirteen percent of births were delivered by a caesarean section.

Overall, 78 percent of mothers received a postnatal checkup for the most recent birth in the past five years, with 34 percent having the checkup within the critical 48 hours after delivery.

Adult mortality rates derived from the 2006-07 NDHS data are higher for males than females (10.4 and 8.3 deaths per 1,000 population, respectively). A comparison of the 2006-07 NDHS and the 2000 NDHS rates indicates that there has been a substantial increase in adult mortality in Namibia. The rate for females almost doubled between the two surveys and the rate for males is 65 percent higher than it was in 2000.

The maternal mortality ratio during the 10-year period before the survey is estimated at 449 maternal deaths per 100,000 live births. This figure should be viewed with caution because the number of female deaths occurring during pregnancy, at delivery, or within two months of delivery is small (86). As a result, the maternal mortality estimates are subject to larger sampling errors than the adult mortality estimates; the 95 percent confidence intervals indicate that the maternal mortality ratio varies from about 390 to 560.

BREASTFEEDING AND NUTRITION

Breastfeeding is common in Namibia, with 94 percent of children breastfed at some point during childhood. The median breastfeeding duration in Namibia is 16.8 months. Exclusive breastfeeding, on the other hand, is relatively short, with a median duration of less than one month. About one-quarter of babies are exclusively breastfed throughout the first six months of life. By age 6-9 months, 72 percent of children are receiving complementary foods. Two in three children age 18-23 months have been weaned. Bottle-feeding is common; 38 percent of babies less than six months of age are fed with a bottle. The proportion bottle-fed peaks at 50 percent among children age 6-8 months.

Overall, 29 percent of children are stunted (short for their age), 8 percent are wasted (thin for their height), and 17 percent are underweight (thin for their age). All of the indices indicate that malnutrition increases with age, prevalence peaking at age 12-23 months and declining as children approach their fifth birthday. For example, stunting affects 38 percent of children age 18-23 months; 14 percent are severely stunted. Nine to 10 percent of children age 12-23 months are wasted; the highest rate of severe acute malnutrition is found among children age 18-23 months (3 percent).

More than half of women (56 percent) have a body mass index (BMI) in the normal range (BMI 18.5-24.9). In Namibia, overweight and obesity are more common than underweight. A total of 28 percent of women are overweight or obese (BMI $\geq$25.0), including 12 percent classified as obese (BMI $\geq$30.0). At the other extreme, 16 percent are considered thin (BMI <18.5), including 6 percent who are moderately or severely thin (BMI <17).

MALARIA

One in four households interviewed in the survey has at least one mosquito net, and most of these households have a net that has been treated at some time with an insecticide (20 percent). Almost all of the households owning an ever-treated net have at least one net meeting one of the insecticide-treated net (ITN) criteria, i.e., it was a factory-treated net that did not require re-treatment, a pre-treated net obtained within the past year, or a net soaked in insecticide at some time during the past year.

Eleven percent of children under age five slept under an ever-treated net the night before the survey, almost all of which were ITNs. Nine percent of pregnant women slept under an ITN.

Among women who had their last birth in the two years before the survey, 30 percent took an antimalarial drug during their pregnancy. Twenty-eight percent of all pregnant women took at least one dose of SP/Fansidar during their pregnancy. Eleven percent reported taking two or more doses of SP/Fansidar. The majority of women who took SP/Fansidar were given the drug during an antenatal care visit, and thus are considered to have received intermittent preventive treatment (IPT).

HIV/AIDS AND STIS

Knowledge of HIV and AIDS is universal in Namibia; 99 percent of women age 15-49 and 99 percent of men age 15-49 have heard of AIDS. However, among both women and men, only two in three have what can be considered comprehensive knowledge about the modes of HIV transmission and prevention. Comprehensive knowledge means, a) knowing that use of condoms and having just one uninfected, faithful partner can reduce the chances of getting HIV, b) knowing that a healthy-looking person can have HIV, and c) rejecting the two most common local misconceptions about HIV transmission or prevention.

Most women and men know that HIV can be transmitted by breastfeeding, and about three-quarters know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy.

Given that most HIV infections in Namibia are contracted through heterosexual contact, information about higher-risk sex (i.e., sexual intercourse with a non-marital, non-cohabiting partner) is important for planning HIV-prevention programmes.

The 2006-07 NDHS measured higher-risk sex in the past 12 months. Overall, 49 percent of women and 60 percent of men engaged in higher-risk sex in the year before the survey. About half of these women and two-thirds of the men reported using a condom consistently with their last higher-risk partner.

Among the adult population age 15-49, more than half of women and one in three men have been tested for HIV and received the results at some point in time.

ORPHANS AND VULNERABLE CHILDREN

One-quarter of Namibian children under age 18 in the households sampled for the 2006-07 NDHS live with both parents, while one in three does not live with either parent. Seventeen percent of children under age 18 are orphaned, that is, one or both parents is dead. A comparison of the results from the 2000 NDHS and 2006-07 NDHS for this age group indicates that there has been a dramatic increase in orphanhood in Namibia. The proportion of children orphaned, i.e., with one or both parents dead, more than doubled between the two surveys, from 11 percent to 17 percent. The proportion of paternal orphans, i.e., those whose fathers have died, increased from 7 percent to 13 percent, while the proportion of maternal orphans increased from 4 percent to 7 percent between two surveys. The proportion of children under age 18 with both parents dead tripled, from 1 percent in 2000 to 3 percent in 2006-07.

Overall, 14 percent of children under age 18 are considered vulnerable, i.e., they live in a household in which at least one adult has been chronically ill during the past year or at least one parent living in the household or elsewhere has suffered from a chronic illness. In total, three in ten children are either orphaned and/or vulnerable.

ACCESS TO HEALTH FACILITIES

Households interviewed in the 2006-07 NDHS were asked to name the nearest government health facility, the mode of transport they would use to visit the facility, and how long it takes to get to the facility using the transport of choice. The same questions were asked about the government hospital.

Rural households are more likely to be nearest to a clinic than urban households, and urban households are more likely to be nearest to a government hospital than rural households.

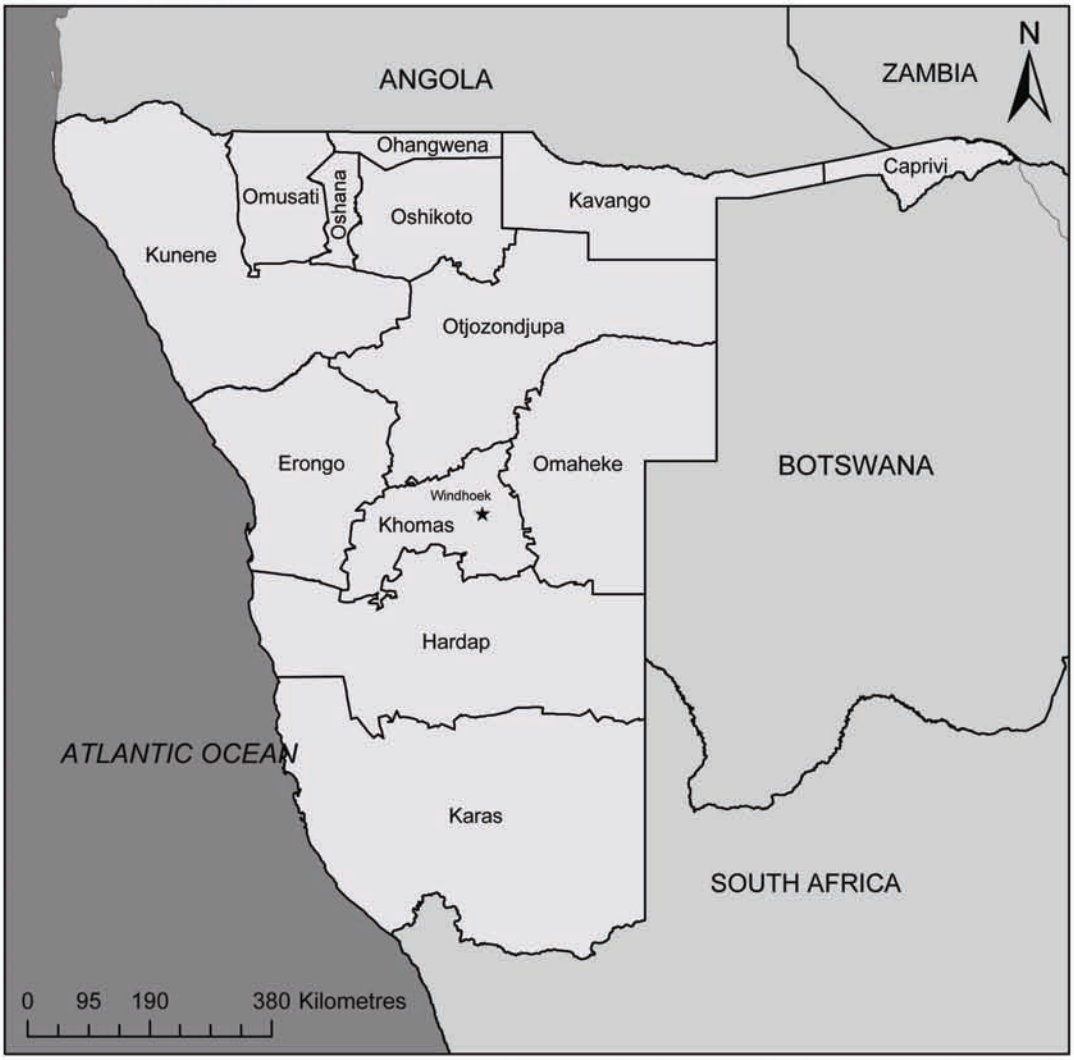
Two in three households access to the nearest government health facility by foot. Urban households are more likely to use a car or motorcycle while rural households are more likely to use public transport. There are substantial regional differences in mode of transport to health facilities. About three in ten households in Hardap, Karas, Khomas, Kunene, Omaheke, and Otjozondjupa use car or motorcycle, while in Kavango more than nine in ten households walk to health facilities.

The type of transport used to access the nearest government hospital is different from the type of transport used to access the nearest government health facility. Because of the greater distance, on average, to hospitals, fewer households (17 percent) reported that they would walk to the nearest government hospital, and two in three said they would use public transport.

One in five households is within 15 minutes of a government health facility and three in five are within one hour of a facility. On the other hand, 10 percent of households are more than 3 hours from the nearest government health facility.

Overall, it takes on average 74 minutes to reach the nearest facility and 99 minutes to reach a government hospital. Six in ten households in both urban and rural areas indicated that they would walk to the nearest government health facility.

NAMIBIA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INTRODUCTION 1

1.1 GEOGRAPHY, HISTORY AND ECONOMY

1.1.1 Geography

Namibia is situated in South-Western Africa and covers approximately 824,000 square kilometres. It is bordered by the Atlantic Ocean in the west, Botswana and Zimbabwe in the east, South Africa in the south, and Angola and Zambia in the north.

The Namib Desert, the oldest desert in the world, stretches along the whole west coast of the country, while the Kalahari Desert runs along the southeastern border with Botswana. Namibia's name is derived from the Namib Desert, a unique geological feature renowned for the pristine and haunting quality of its landscape. The Namibian climate varies from arid and semi-arid to subtropical with temperatures between 5°C and 20°C. Fog sometimes occurs along the temperate desert coast.

The central, southern, and coastal areas constitute some of the most arid landscapes south of the Sahara. The hottest months of the year are January and February, with average daytime temperatures varying between 9°C and 30°C. During the winter months, May to September, temperatures can fluctuate between -6°C and 10°C at night to 20°C in the day. Frost occurs over large areas of the country during winter, but in general, winter days are clear, cloudless and sunny. Overall, Namibia is a summer rainfall area with limited showers beginning in October and continuing until April.

1.1.2 History

On March 21, 1990 Namibia achieved its independence after a century of colonial rule, first by Germany and then by South Africa, following the successful implementation of United Nations Resolution 435. With a constitution based on Roman-Dutch law, the country has a multi-party system and holds general elections every five years. A bicameral legislature consists of the National Council (two members chosen from each regional council) and the National Assembly.

Administratively, the country is divided into 13 regions, namely: Caprivi, Kavango, Kunene, Ohangwena, Omusati, Oshana, and Oshikoto regions in the north; Omaheke, Otjozondjupa, Erongo, and Khomas regions in the central areas; and the Hardap and Karas regions in the south.

1.1.3 Economy

The positive global economic performance between 2002 and 2006 had a favourable impact on the Namibian economy mainly through high commodity prices and strong demand from the rest of the world.

In real terms, the economy recorded a growth rate of 6 percent in 2004, above the 4.4 percent projected earlier. On average, the economy grew by 4.6 percent between 2001 and 2004, just above the target rate of 4.3 percent set in National Development Plan 2 (NDP2).

Taking into account the prospects of the world economy and that of Namibia's main trading partners, the outlook for the Namibian economy for the coming years points to moderate economic performance with a projected average annual growth rate of 3.7 percent (Ministry of Finance, 2007).

The economy of Namibia, which was formerly based on natural resources, is slowly becoming more diversified. This change is partly a result of the increased processing of minerals such as diamonds, zinc, copper, and marble. In addition, tourism sector has been expanding very rapidly in the past decade, e.g., preliminary amounts indicate that travel and tourism's contribution to GDP increased by 9.3 percent (real growth) in 2007 alone.

Agricultural growth has a disproportionate effect on reducing poverty because 70 percent of the poor in developing countries, including Namibia, live in rural areas. Namibia, along with its developing-country partners, has long championed the reduction of trade barriers for agricultural products as one of the most important actions to reduce poverty (Gaomab, 2007).

The manufacturing sector in Namibia remains small, with fish and meat processing being the largest individual sub-sectors. Beverages, other food products, metal and pre-cast concrete products, furniture, paints, detergents, and leather goods are also produced.

Namibia is ranked as a middle-income country but has one of the most skewed incomes per capita in the world. The disparities in per capita income among the population are as a result of lopsided development, which characterised the Namibian economy in the past. The country also has a high unemployment rate, which is estimated at 37 percent (Ministry of Labour and Social Welfare, 2004).

1.2 POPULATION

According to the 2001 Population and Housing Census, the Namibian population consists of 1,830,330 people, of which 942,572 are female and 887,721 are male (Table 1.1). The country has a relatively young population, with 43 percent under 15 years of age and less than 4 percent over age 65. Despite rapid urbanisation, Namibia is still mainly rural, with one in three living in urban areas. Overall, the population density is low (2 persons per square kilometre). Regional population densities vary substantially, with almost two-thirds of the population living in the four northern regions and less than one-tenth living in the south. Despite its small population, Namibia has a rich diversity of ethnic groups, including Afrikaners, Basters, Caprivians, Coloureds, Damaras, Germans, Hereros, Kavangos, Namas, Owambos, Sans, and Tswanas.

Table 1.1 Basic demographic indicators,, Namibia 1991 and 2001

Indicator	1991 Census	2001 Census
Population	1,409,920	1,830,330
Intercensal growth rate (percent)	3.1	2.6
Density (population/km^2)	1.7	2.1
Percent urban	28	33
Life expectancy at birth (years)		
Male	59	48
Female	63	50

Source: http://www.npc.gov.na/census/census_indicators

English is the official language but there are more than 11 indigenous languages in Namibia. People commonly speak two or three languages and more than 50 percent of the population speaks Oshiwambo.

1.3 HEALTH SERVICES AND PROGRAMMES

The Ministry of Health and Social Services has adopted a primary health care (PHC) approach for the delivery of health services to the Namibian population. The PHC programmes established were to reflect the eight elements of PHC:

- Promotion of proper nutrition and adequate supply of safe water;
- Maternal and child care, including family spacing;
- Immunisation against the major infectious diseases;
- Basic housing and basic sanitation;
- Prevention and control of locally endemic diseases;
- Education and training in the prevention and control of prevailing community health problems;
- Appropriate treatment for common diseases and injuries; and
- Community participation in health and social matters.

To implement the PHC strategy, programmes have been organised into functional directorates at the national and regional level. These include the following:

- Primary Health Care,
- Special Programmes,
- Developmental Social Welfare Services,
- Tertiary Health Care and Clinical Support Services,
- Policy, Planning and Human Resource Development,
- Human Resource Management and General Services,
- Finance and Logistics, and
- 13 Regional Directorates (MOHSS, 2007).

Secondary and tertiary curative (care) services are maintained and strengthened to provide an integral national system of referral support for PHC services. The three intermediate/referral hospitals are Oshakati Hospital in Oshana Region, Rundu Hospital in Kavango Region, and Katutura Hospital in Khomas Region. Windhoek Central Hospital serves as the overall national referral hospital.

As part of the health sector reform, restructuring has meant that authority is decentralised to the 13 Regional Management Teams (RMT) and their respective districts at the operational level. The 13 regional directorates oversee service delivery in 34 health districts. The role of the district is to ensure efficient and effective implementation of the regionally directed programmes and projects.

Public health services are provided through 30 public district hospitals, 44 health centres, and 265 clinics. Three intermediate hospitals and one national referral hospital provide support to the district hospitals. Because of the vastness of the country, the sparse distribution of the population, and lack of access to permanent health facilities in some communities, outreach (mobile clinic) services are provided at about 1,150 outreach points across the country.

As PHC includes diverse interventions, intersectoral collaboration has been recognised as an important aspect in health and social care delivery. Many partners in health and social care play a major role in this sector. Although the government is the main service provider, private and mission facilities continue to make important contributions, the latter is being totally subsidised by the government. The private sector is mainly urban, providing health care through medium-sized hospitals, as well as through private pharmacies, doctors' surgeries, and nursing homes.

1.4 SURVEY OBJECTIVES AND IMPLEMENTATION

The 2006-07 Namibia Demographic and Health Survey is designed to:

- Determine key demographic rates, particularly fertility, under-five mortality, and adult mortality rates;
- Investigate the direct and indirect factors that determine the level and trends of fertility;
- Measure the level of contraceptive knowledge and practice among women and men by method;
- Determine immunisation coverage and prevalence and treatment of diarrhoea and acute respiratory diseases among children under five; identify infant and young child feeding practices and assess the nutritional status of children age 6–59 months and women age 15–49 years;
- Assess knowledge and attitudes of women and men regarding sexually transmitted infections and HIV/AIDS, and evaluate patterns of recent behaviour regarding condom use;
- Identify behaviours that protect or predispose people to HIV infection and examine social, economic, and cultural determinants of HIV;
- Determine the proportion of households with orphans and vulnerable children (OVCs); and
- Determine the proportion of households with sick people taken care of at household level.

The 2006-07 NDHS is part of the worldwide Demographic and Health Surveys (DHS) programme funded by the United States Agency for International Development (USAID). DHS surveys are designed to collect data on fertility, family planning, and maternal and child health; assist countries in conducting periodic surveys to monitor changes in population, health, and nutrition; and provide an international database that can be used by researchers investigating topics related to population, health, and nutrition.

1.4.1 Organisation

The 2006-07 NDHS was conducted by the Ministry of Health and Social Services (MOHSS). Macro International Inc. of Calverton, Maryland provided technical assistance through the MEASURE DHS project of USAID. Most of the funds for local costs of the survey were provided by the Government of Namibia, with assistance from the Global Fund, UNICEF, and DFID, through a SADC project. USAID provided additional funds for the implementation of the survey and technical assistance provided by Macro International.

1.4.2 Questionnaires

The 2006-07 NDHS used three questionnaires: the Household Questionnaire, the Women's Questionnaire (women age 15-49), and the Men's Questionnaire (men age 15-49). These field instruments were based on the model questionnaires developed for the DHS programme—and adapted to the situation and needs of Namibia—as well as the questionnaires used in the 2000 NDHS. The survey instruments included the expanded HIV/AIDS module developed to assist countries in obtaining UNAIDS core Monitoring & Evaluation indicators. During the adaptation of the questionnaires, input was sought from a variety of organisations that will be using the data. The completed questionnaires were translated from English into six local languages, namely Afrikaans, Damara/Nama, Oshiwambo, Otjiherero, Rukwangali, and Silozi.

The main purpose of the Household Questionnaire was to collect information on demographic and socio-economic characteristics of the population and information about respondents' dwellings. In addition, the Household Questionnaire was used to identify women and men eligible for the individual interview. The Household Questionnaire listed all persons who spent the night preceding

the interview in the household, including usual household members and visitors. The Household Questionnaire also recorded the height and weight of women and children under 6 years of age.

The Women's Questionnaire was used to collect information on the following topics:

- Background characteristics (age, education, religion, etc.),
- Reproductive history (to arrive at fertility and childhood mortality rates),
- Knowledge and use of family planning methods,
- Antenatal and delivery care,
- Infant feeding practices including patterns of breastfeeding,
- Vaccinations,
- Episodes of childhood illness and responses to illness, with a focus on treatment of fevers in the past two weeks,
- Marriage and sexual activity,
- Fertility preferences,
- Husband's background and the woman's work status,
- Adult mortality, including maternal mortality, and
- HIV/AIDS-related knowledge, attitudes, and behaviour.

Men were asked about their participation in the health care of their family and their attitudes on gender roles. Eligible men age 15-49 in selected households were interviewed using the Men's Questionnaire.

In addition to the questionnaires, other technical documents were prepared by MOHSS in collaboration with Macro International, including interviewers' and supervisors' training manuals; and interviewer and supervisor assignment sheets for fieldwork control.

1.4.3 Pilot Survey

The survey instruments were piloted in Hardap, Omaheke, and Otjozondjupa regions from 16 September to 23 September 2006. In each region, the pilot survey was conducted by two teams that included six interviewers and one supervisor. The questionnaires were pretested in both urban and rural clusters. About 150 women and 150 men were interviewed during the pilot survey and the results of the pilot survey were used to modify the survey instruments as necessary.

1.4.4 Advocacy and Publicity

A publicity campaign was implemented between September 5 and 23, 2006 to sensitize the communities about the survey and its objectives. The campaign was carried out by two teams that visited all 13 regions. Information about the survey was announced in the print media and on television, including the official launch of the survey by the MOHSS. T-shirts and leaflets were also prepared for this purpose.

1.4.5 Training for Fieldworkers

A training programme was conducted for all NDHS field staff from 10 October 2006 to 10 November 2006. Approximately 230 persons representing all the major language groups in Namibia were trained. The trainers were from MOHSS, Macro International, and the Central Bureau of Statistics (CBS). The topics included sampling and use of the global positioning system.

The training consisted of classroom lectures, mock interviews, and practical interviews in the field. Based on the performance during training, 170 persons were recruited to work as supervisors, field editors, enumerators, and data entry personnel. Among this group, about 100 were trained to

carry out household listing. Because there was a break for Christmas and New Year's Day, refresher training was conducted from 12 January to 3 February 2007.

1.4.6 Household Listing

Prior to the main survey, a complete list of households in the selected primary sampling units (PSUs) was carried out. This provided a sampling frame from which 20 households in each PSU were selected for the survey. The listing exercise was carried out by CBS and assisted by MOHSS.

1.4.7 Data Collection

The 2006-07 NDHS data were collected by 28 teams, each consisting of a team supervisor, a field editor, three female interviewers, one male interviewer, and a driver. The majority of team supervisors and editors were MOHSS staff. The assignment of field took into consideration the person's proficiency in the major languages spoken in Namibia.

Quality assurance was maintained by national and regional supervisors through close supervision and monitoring during fieldwork. The questionnaires were edited by the field editors in the field and verified by the team supervisor before being transported to the MOHSS central office. National and regional supervisors ensured quality control through editing of questionnaires and observation of interviewers. Common mistakes were communicated and discussed with all team members.

1.4.8 Data Processing

Data entry commenced on 10 December 2006 and ended the third week of May 2007. CSPro—a Windows-based integrated Census and the Survey Processing package that combines and replaces the ISSA and IMPS packages, which was developed by the MEASURE DHS+ project in collaboration with the U.S. Census Bureau—was used for entry, editing, and tabulation of the NDHS data. Prior to data entry, a practical training was provided by Macro International to all data entry staff including the data manager, data entry supervisors, secondary data editors and data entry clerks. The data entry software was installed on 19 computers with one computer used as the central command or server unit for the data administrator. Data processing was performed by a team of 21 data entry operators, 2 data entry supervisors, 3 administrators/coders, and 3 secondary editors.

Table 1.2 presents information on the number of households selected and interviewed and the number of eligible women and of eligible men identified and interviewed. A total of 9,970 households were selected for the sample, of which 9,410 were found and eligible for interview. Of the eligible households, 9,200 were successfully interviewed yielding a response rate of 98 percent. In the interviewed households, 10,352 women age 15-49 were identified as eligible for the women's questionnaire. Interviews were completed for 9,804 (95 percent) of these women. Of the 4,446 men age 15-49 identified as eligible for the men's questionnaire, 3,915 (88 percent) were successfully interviewed.

Table 1.2 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Namibia 2006-07

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	4,250	5,720	9,970
Households occupied	4,020	5,390	9,410
Households interviewed	3,893	5,307	9,200
Household response rate[1]	96.8	98.5	97.8
Interviews with women age 15-49			
Number of eligible women	4,742	5,610	10,352
Number of eligible women interviewed	4,405	5,399	9,804
Eligible women response rate[2]	92.9	96.2	94.7
Interviews with men age 15-49			
Number of eligible men	1,995	2,451	4,446
Number of eligible men interviewed	1,673	2,242	3,915
Eligible men response rate[2]	83.9	91.5	88.1

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

2

The purpose of this chapter is to provide a descriptive summary of some demographic and socio-economic characteristics of the population in the households sampled in the 2006-07 Namibia Demographic and Health Survey (NDHS). For the purpose of the 2006-07 NDHS, a household was defined as a person or a group of persons, related or unrelated, who live together and share a common source of food. The Household Questionnaire (see Appendix E) collected basic demographic and socio-economic information (e.g., age, sex, education attainment, and current school attendance) on all usual residents and visitors who spent the night preceding the interview in the household. This method of data collection allows analysis of results for either the de jure (usual residents) or de facto (those who were present at the time of the survey) populations. The Household Questionnaire also collected information on housing facilities (e.g., source of water supply and sanitation facilities) and household possessions.

The information presented in this chapter is intended to facilitate interpretation of the key demographic, socio-economic, and health indices presented later in the report. It is also intended to assist in the assessment of the representativeness of the survey sample.

2.1 POPULATION BY AGE AND SEX

Age and sex are important demographic variables and are the primary basis of demographic classification. The distribution of the de facto household population in the 2006-07 NDHS is shown in Table 2.1 by five-year age groups, according to sex and residence.

Table 2.1 Household population by age, sex, and residence

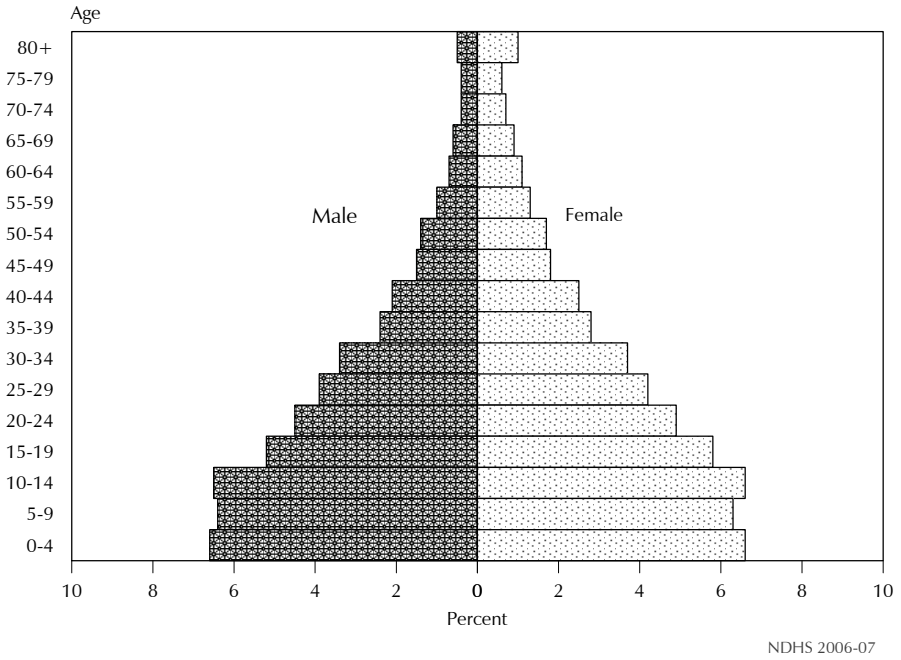
Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Namibia 2006-07

	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	11.0	10.8	10.9	16.0	13.8	14.8	13.9	12.6	13.2
5-9	11.2	10.2	10.7	14.9	13.1	14.0	13.4	11.9	12.6
10-14	10.8	10.2	10.5	15.7	14.3	14.9	13.7	12.6	13.1
15-19	9.2	10.9	10.1	12.3	11.0	11.6	11.0	11.0	11.0
20-24	10.7	11.6	11.2	8.5	7.9	8.2	9.4	9.4	9.4
25-29	11.4	11.1	11.2	6.1	6.0	6.0	8.3	8.1	8.2
30-34	9.9	9.7	9.8	5.1	5.3	5.2	7.1	7.1	7.1
35-39	6.8	6.4	6.6	3.9	4.6	4.3	5.1	5.3	5.2
40-44	6.0	5.4	5.7	3.2	4.2	3.7	4.4	4.7	4.5
45-49	3.8	3.9	3.9	2.6	3.2	2.9	3.1	3.5	3.3
50-54	3.4	3.1	3.3	2.5	3.4	2.9	2.9	3.3	3.1
55-59	2.6	2.0	2.3	1.9	2.7	2.3	2.2	2.4	2.3
60-64	1.2	1.6	1.4	1.8	2.4	2.1	1.5	2.1	1.8
65-69	0.9	1.1	1.0	1.6	2.1	1.9	1.3	1.7	1.5
70-74	0.4	0.8	0.6	1.3	1.6	1.5	0.9	1.3	1.1
75-79	0.3	0.4	0.4	1.1	1.6	1.4	0.8	1.1	1.0
80 +	0.2	0.7	0.5	1.5	2.6	2.1	1.0	1.8	1.4
Don't know/missing	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	8,126	8,773	16,900	11,498	12,916	24,414	19,624	21,688	41,314

In Table 2.1, younger age groups (those under age 35) represent a higher proportion of the population than older age groups, reflecting a distribution pattern similar to that seen in the 1992 and 2000 NDHS surveys. The proportion of the population age 0-5 has declined steadily from 16 percent in 1992 to 14 percent in 2000 and 13 percent in 2006-07. Another indicator of declining fertility is the decline in the proportion of the population under age 15, from 43 percent in 2000 to 39 percent in 2006-07 (see discussion in Chapter 4).

Table 2.1 shows that 53 percent of the population are females and 47 percent are males. The excess of females over males has been observed since the 1992 NDHS survey. This is true in urban and rural areas.

Figure 2.1 **Population Pyramid**



2.2 HOUSEHOLD COMPOSITION

Information on key aspects of the composition of households, including the sex of the head of the household and the size of the household, is presented in Table 2.2. These characteristics are important because they are associated with the welfare of the household. Female-headed households are, for example, typically poorer than male-headed households. Economic resources are often more limited in larger households. Moreover, where the size of the household is large, crowding can lead to health problems.

In general, household size has a negative correlation with the socio-economic status. While this is generally the case, it has also been found that sometimes there are significant benefits in having other members in a household. The 2006-07 NDHS data indicate that 56 percent of households are headed by men, a decline of three percentage points from 2000 compared with a decline of ten percentage points between 1992 and 2000. In contrast, female-headed households increased from 31 percent in 1992 to 44 percent in 2006-07. Rural households are more likely than urban households to be headed by women (47 percent compared with 40 percent). There are marked differences in size between rural and urban households. In rural areas, 13 percent of households have nine or more members compared with only 6 percent in urban areas.

Table 2.2 Household composition

Percent distribution of households by sex of head of household and by household size; mean size of household, and percentage of households with orphans and foster children under 18, according to residence, Namibia 2006-07

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	59.9	52.6	56.0
Female	40.1	47.4	44.0
Total	100.0	100.0	100.0
Number of usual members			
0	0.5	0.3	0.4
1	16.2	12.8	14.4
2	16.1	12.3	14.1
3	16.1	13.4	14.7
4	17.7	13.3	15.3
5	10.6	11.5	11.1
6	7.7	10.1	9.0
7	5.6	7.2	6.4
8	3.8	5.9	5.0
9+	5.7	13.2	9.7
Total	100.0	100.0	100.0
Mean size of households	4.0	4.9	4.5
Percentage of households with orphans and foster children under age 18			
Foster children[1]	19.9	46.1	33.9
Double orphans	2.5	5.5	4.1
Single orphans	10.7	25.0	18.4
Foster and/or orphan children	23.5	51.0	38.3
Number of households	4,260	4,940	9,200

Note: Table is based on de jure household members, i.e., usual residents.
[1] Foster children are those under age 18 living in households with neither their mother nor their father present.

The average household size in Namibia declined from 5.1 in 2000 to 4.5 persons at the time of the 2006-07 NDHS. The mean household size in rural areas is larger than in urban areas (4.9 compared with 4.0, respectively). Overall, 38 percent of households have orphans and fostered children. Orphans and fostered children are more likely to be found in rural households than in urban households (51 percent and 24 percent, respectively).

2.3 EDUCATION OF THE HOUSEHOLD POPULATION

Education is a key determinant of the lifestyle and status an individual enjoys in society. Studies have consistently shown that educational attainment has a strong effect on health behaviours and attitudes (Gwatkin et al., 2000). Results from the 2006-07 NDHS can be used to look at educational attainment among household members and school attendance, repetition, and drop-out rates among youth.

For the purposes of this analysis, the official age for entry into the primary level is age 6. The official primary level of schooling consists of 7 years (grades 1 to 7). The number of years assumed for completion of secondary school is five years.

2.3.1 Educational Attainment

Tables 2.3.1 and 2.3.2 present data on the educational attainment of household members age six and over by sex. Overall, 15 percent of the female population and 16 percent of the male population have no education. These proportions are lower than those reported in the 2000 NDHS; 21 percent for females and 22 percent for males.

There is a negative relationship between age and educational attainment, older persons are less likely than younger persons to have received education. Women and men living in rural areas are more likely than those in urban areas to have no education. For example, 19 percent of women living in rural areas have no education compared with 8 percent of those in urban areas.

Table 2.3.1 Educational attainment of the female household population

Percent distribution of the de facto female household populations age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Namibia 2006-07

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Don't know/ missing	Total	Number	Median years completed
Age										
6-9	37.9	60.8	0.2	0.0	0.0	0.0	1.0	100.0	2,073	0.3
10-14	3.1	78.5	10.4	7.1	0.1	0.0	0.6	100.0	2,740	4.1
15-19	2.8	15.9	12.5	62.2	5.1	0.8	0.8	100.0	2,382	8.1
20-24	4.5	11.4	5.5	54.0	16.9	6.6	1.0	100.0	2,041	8.9
25-29	5.5	13.1	6.6	45.4	20.1	7.7	1.6	100.0	1,748	9.0
30-34	7.4	18.3	5.7	39.0	17.2	11.0	1.5	100.0	1,533	8.8
35-39	9.8	24.7	7.3	33.0	14.6	8.9	1.7	100.0	1,150	8.1
40-44	11.5	26.4	8.3	32.8	9.4	9.7	1.9	100.0	1,016	7.3
45-49	17.5	30.5	5.9	23.7	8.7	12.8	0.9	100.0	755	6.3
50-54	21.2	38.0	7.2	20.6	5.3	6.4	1.4	100.0	711	4.6
55-59	24.1	43.0	6.7	12.4	3.8	6.3	3.8	100.0	525	3.6
60-64	34.1	36.3	7.0	10.2	4.1	3.0	5.4	100.0	449	2.2
65+	49.7	32.6	2.6	5.6	3.5	1.4	4.6	100.0	1,291	0.0
Residence										
Urban	8.3	23.8	5.8	35.8	16.0	8.5	1.9	100.0	7,653	8.3
Rural	19.1	42.5	7.7	24.6	2.9	2.0	1.3	100.0	10,792	4.4
Region										
Caprivi	16.0	37.6	7.1	34.2	1.7	2.9	0.6	100.0	922	5.4
Erongo	7.9	21.7	7.4	36.9	16.3	6.1	3.7	100.0	1,137	8.2
Hardap	13.0	36.6	7.8	30.3	8.2	2.7	1.4	100.0	612	5.9
Karas	6.4	31.4	11.1	33.2	12.6	4.4	0.9	100.0	603	7.1
Kavango	21.7	45.9	6.1	19.7	2.0	1.6	2.9	100.0	1,939	3.4
Khomas	6.2	19.0	4.7	35.5	20.6	12.8	1.3	100.0	3,363	9.1
Kunene	38.3	27.7	5.2	17.4	5.8	1.9	3.8	100.0	528	2.3
Ohangwena	18.0	44.1	8.8	22.3	2.5	1.8	2.5	100.0	2,250	4.2
Omaheke	26.4	31.0	6.5	25.4	5.5	3.6	1.6	100.0	726	4.3
Omusati	13.8	42.2	7.6	29.5	3.7	2.3	0.8	100.0	2,154	5.2
Oshana	9.9	37.1	6.8	34.2	8.1	3.4	0.5	100.0	1,554	6.4
Oshikoto	14.3	41.9	7.3	29.0	4.1	2.8	0.5	100.0	1,695	5.1
Otjozondjupa	22.3	32.2	6.1	27.0	8.1	3.9	0.3	100.0	962	5.1
Wealth quintile										
Lowest	24.6	48.2	6.9	18.0	0.6	0.1	1.7	100.0	3,759	3.1
Second	19.5	44.3	7.7	24.5	1.8	0.5	1.7	100.0	3,691	4.2
Middle	16.5	36.6	8.3	31.5	4.0	1.9	1.3	100.0	3,474	5.4
Fourth	8.2	27.5	7.1	40.6	11.0	4.2	1.4	100.0	3,644	7.7
Highest	4.4	17.8	4.5	31.9	23.4	16.2	1.7	100.0	3,878	9.6
Total	14.6	34.7	6.9	29.2	8.3	4.7	1.6	100.0	18,445	6.0

Note: Total includes 27 unweighted women with information missing on age.
[1] Completed 7th grade at the primary level
[2] Completed 5th grade at the secondary level

Observation of education level across regions show that women and men in Kavango, Kunene, Omaheke, Otjozondjupa, and regions are the least likely to have gone to school. On the other hand, women and men in Caprivi, Erongo, Karas, and Khomas regions have the highest levels of education.

Table 2.3.2 Educational attainment of the male household population

Percent distribution of the de facto male household populations age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Namibia 2006-07

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Don't know/ missing	Total	Number	Median years completed
Age										
6-9	38.0	60.3	0.1	0.1	0.0	0.0	1.4	100.0	2,173	0.3
10-14	4.8	82.9	6.3	5.4	0.2	0.0	0.4	100.0	2,683	3.7
15-19	5.0	28.5	13.5	48.7	3.6	0.3	0.5	100.0	2,156	7.2
20-24	7.8	17.8	6.4	46.7	14.6	5.5	1.3	100.0	1,853	8.5
25-29	9.4	18.9	5.8	37.0	18.8	8.1	2.1	100.0	1,621	8.7
30-34	10.6	18.4	4.9	34.6	19.4	10.2	1.9	100.0	1,395	8.7
35-39	12.7	23.6	5.9	28.1	18.7	10.4	0.7	100.0	1,002	8.1
40-44	14.8	25.6	5.0	25.7	15.0	12.1	1.8	100.0	856	7.6
45-49	22.7	27.5	5.4	20.9	8.5	13.0	1.9	100.0	610	5.8
50-54	20.6	31.3	7.6	19.9	8.6	10.1	1.9	100.0	561	5.5
55-59	24.2	33.1	5.9	15.7	7.3	12.8	1.1	100.0	427	4.6
60-64	36.2	36.0	5.6	9.2	5.2	4.8	3.0	100.0	296	2.3
65+	42.5	35.1	2.7	8.7	4.7	2.1	4.3	100.0	783	0.9
	37.9	25.5	0.0	0.0	0.0	0.0	36.7	100.0	20	0.0
Residence										
Urban	9.7	28.5	5.0	30.6	15.7	8.8	1.7	100.0	7,081	7.9
Rural	20.1	46.5	6.7	20.1	3.4	2.0	1.2	100.0	9,357	3.6
Region										
Caprivi	8.3	45.1	6.3	31.9	3.4	4.6	0.4	100.0	803	5.5
Erongo	10.4	25.0	6.9	33.0	16.3	6.1	2.3	100.0	1,303	8.1
Hardap	15.1	37.1	7.3	26.9	9.5	2.8	1.2	100.0	557	5.5
Karas	10.2	30.9	7.5	31.5	15.1	4.1	0.7	100.0	638	7.1
Kavango	18.4	44.4	6.2	24.2	2.5	2.0	2.2	100.0	1,622	3.8
Khomas	8.2	25.2	4.3	29.9	18.9	12.0	1.5	100.0	3,287	8.5
Kunene	41.7	28.5	3.8	15.4	4.7	1.7	4.1	100.0	452	0.9
Ohangwena	21.5	50.9	6.8	15.0	2.1	1.3	2.5	100.0	1,725	2.8
Omaheke	26.4	33.0	4.5	24.6	7.5	3.1	0.9	100.0	804	4.0
Omusati	13.8	51.5	7.0	22.3	2.9	1.9	0.7	100.0	1,610	4.2
Oshana	10.8	46.2	7.5	24.4	6.3	4.0	0.9	100.0	1,181	5.2
Oshikoto	17.4	50.0	6.3	18.0	4.6	3.2	0.6	100.0	1,477	3.7
Otjozondjupa	27.3	34.9	5.0	20.3	7.3	4.7	0.4	100.0	978	3.8
Wealth quintile										
Lowest	22.8	53.5	5.8	15.1	0.9	0.2	1.7	100.0	2,971	2.7
Second	20.9	49.0	7.2	18.6	2.0	0.9	1.3	100.0	3,032	3.4
Middle	18.5	40.2	7.1	27.1	4.2	1.7	1.2	100.0	3,453	4.6
Fourth	11.9	32.5	6.1	32.5	11.5	4.0	1.5	100.0	3,562	6.8
Highest	5.6	21.8	3.8	27.6	23.0	16.9	1.4	100.0	3,420	9.5
Total	15.6	38.7	6.0	24.6	8.7	4.9	1.4	100.0	16,438	5.2

Note: Total includes 20 unweighted men with information missing on age.
[1] Completed 7th grade at the primary level
[2] Completed 5th grade at the secondary level

2.3.2 School Attendance Rates

Table 2.4 presents the net attendance ratios (NAR) and gross attendance ratios (GAR) for primary and secondary schools by household residence and regions for the school year that started in 2005. The NAR for primary school is the percentage of the primary-school-age (6-12 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school-age (13-17 years) population that is attending secondary school. By definition, the NAR cannot exceed 100 percent. The GAR for primary school is the total number of primary school students, of any age, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, of any age, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of over-age and under-age students at a given level of schooling, the GAR can exceed 100 percent. Youth are considered to be attending school if they attended formal academic school at any point during the given school year.

The gender parity index (GPI) assesses sex-related differences in school attendance rates and is calculated by dividing the GAR for females by the GAR for males. A GPI of one indicates parity or equality between the rates of participation for males and females. A GPI of less than one indicates a gender disparity in favour of males, i.e., a higher proportion of males than females attends that level of schooling. A GPI greater than one indicates a gender disparity in favour of females.

Table 2.4 indicates that the NAR for primary school is 91, which means that 91 percent of children who should be attending primary school are doing so. This is higher by 5 percentage points than the level in 2000. The corresponding figures for secondary school are much lower at 47 percent and 43 percent, respectively. There is no discrimination between male and female children in attending primary school; the NAR is 91 for both boys and girls. Net attendance ratios for primary school are higher in urban than in rural areas, and are 95 percent or higher in Caprivi, Karas, Omusati, Oshana, and Oshikoto. The GAR figures (ratios of 136 for males and 130 for females) indicate that there are children in primary school who are not primary-school age. As expected, the NAR levels are higher for the children in wealthier households.

Secondary school attendance is higher for females (NAR of 53) than for males (NAR of 40). Erongo and Khomas regions have the highest NARs at the secondary level (64 percent and 61 percent, respectively), while Kunene has the lowest (25 percent). The GAR shows that there are many secondary school students who are not secondary-school age. The GPI for secondary school is 1.32, indicating that more females attend secondary school than their male counterparts. Oshikoto and Oshana regions have the highest GPI (1.50 and 1.59, respectively), while Kavango region has the lowest (0.92).

Table 2.4 School attendance ratios

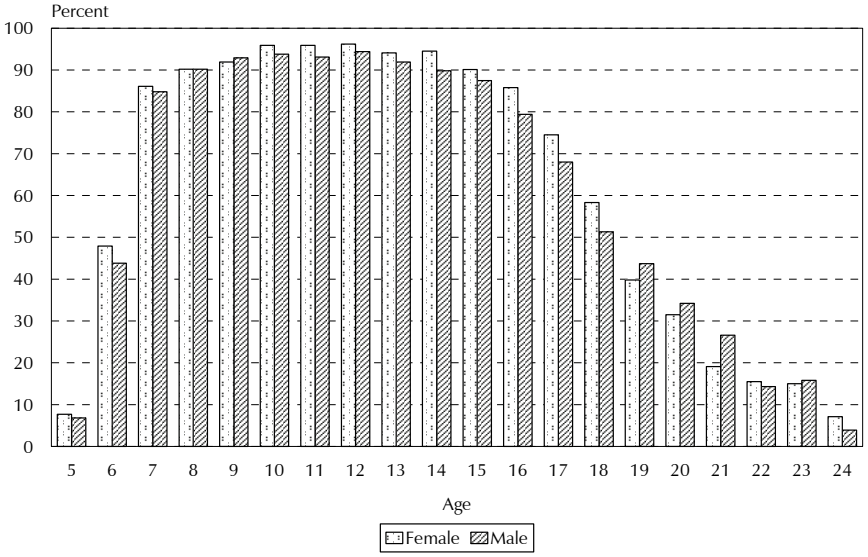
Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the gender parity index (GPI), according to background characteristics, Namibia 2006-07

Background characteristic	Net attendance ratio[1]				Gross attendance ratio[2]			
	Male	Female	Total	Gender parity index[3]	Male	Female	Total	Gender parity index[3]
	PRIMARY SCHOOL							
Residence								
Urban	91.5	91.9	91.7	1.00	123.0	120.6	121.8	0.98
Rural	90.0	91.0	90.5	1.01	143.3	135.3	139.3	0.94
Region								
Caprivi	95.0	95.9	95.4	1.01	125.8	125.9	125.8	1.00
Erongo	93.3	93.3	93.3	1.00	114.9	118.7	116.8	1.03
Hardap	90.9	95.9	93.4	1.05	123.2	127.4	125.3	1.03
Karas	96.4	97.0	96.7	1.01	119.6	122.4	120.9	1.02
Kavango	86.8	86.8	86.8	1.00	143.7	134.0	138.6	0.93
Khomas	91.7	92.5	92.1	1.01	124.5	119.5	122.2	0.96
Kunene	57.9	54.8	56.2	0.95	79.9	72.3	75.8	0.90
Ohangwena	88.8	93.9	91.3	1.06	145.1	148.9	146.9	1.03
Omaheke	86.5	81.5	83.9	0.94	130.1	108.0	118.7	0.83
Omusati	96.5	95.4	95.9	0.99	156.2	144.1	150.0	0.92
Oshana	95.4	95.1	95.2	1.00	152.5	132.1	141.8	0.87
Oshikoto	93.2	95.9	94.5	1.03	148.6	135.3	142.0	0.91
Otjozondjupa	82.0	82.3	82.1	1.00	109.1	122.7	115.4	1.12
Wealth quintile								
Lowest	87.8	87.7	87.8	1.00	141.7	133.9	137.8	0.94
Second	90.0	92.2	91.1	1.03	145.6	134.8	140.0	0.93
Middle	89.5	91.5	90.5	1.02	141.4	135.1	138.4	0.96
Fourth	92.1	93.6	92.8	1.02	128.4	124.7	126.6	0.97
Highest	94.7	92.9	93.8	0.98	119.5	118.8	119.1	0.99
Total	90.5	91.3	90.9	1.01	136.3	130.3	133.3	0.96
	SECONDARY SCHOOL							
Residence								
Urban	52.6	62.7	58.1	1.19	67.3	78.3	73.3	1.16
Rural	33.8	47.0	40.3	1.39	46.1	58.3	52.2	1.26
Region								
Caprivi	49.6	53.8	51.9	1.08	65.7	65.9	65.8	1.00
Erongo	63.1	64.4	63.8	1.02	77.2	79.3	78.3	1.03
Hardap	43.6	50.1	47.0	1.15	48.3	56.0	52.3	1.16
Karas	51.6	61.2	56.5	1.19	53.8	68.9	61.5	1.28
Kavango	31.5	29.1	30.3	0.92	48.0	39.9	44.0	0.83
Khomas	50.7	69.5	60.6	1.37	64.8	87.3	76.6	1.35
Kunene	21.6	28.5	25.1	1.32	29.7	32.2	31.0	1.09
Ohangwena	30.2	51.2	41.4	1.70	44.0	65.9	55.7	1.50
Omaheke	37.8	49.7	43.1	1.31	46.7	55.0	50.4	1.18
Omusati	41.4	51.1	46.3	1.23	56.9	65.0	61.0	1.14
Oshana	40.0	59.9	50.3	1.50	58.0	75.8	67.2	1.31
Oshikoto	37.1	59.0	47.8	1.59	47.4	70.9	58.9	1.50
Otjozondjupa	36.4	41.8	39.2	1.15	41.4	49.1	45.3	1.18
Wealth quintile								
Lowest	23.5	35.0	29.3	1.49	34.4	44.1	39.3	1.28
Second	34.1	48.6	41.3	1.43	48.2	60.5	54.3	1.26
Middle	39.4	50.4	44.9	1.28	53.4	63.3	58.3	1.19
Fourth	46.9	60.3	53.8	1.29	60.5	76.0	68.5	1.26
Highest	64.9	73.2	69.5	1.13	78.2	89.2	84.3	1.14
Total	40.0	52.8	46.5	1.32	53.1	65.7	59.6	1.24

[1] The NAR for primary school is the percentage of the primary-school-age (7-13 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school-age (14-18 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.
[2] The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.
[3] The Gender Parity Index for primary school is the ratio of the primary school NAR(GAR) for females to the NAR(GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR(GAR) for females to the NAR(GAR) for males.

Figure 2.2 shows age-specific school attendance rates (i.e., percentage of a given age cohort attending school), for the de jure household population age 5-24.

Figure 2.2 **Age-Specific School Attendance Rates**



Note: Figure shows percentage of the de jure household population age 5-24 years attending school.

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2.3.3 Grade Repetition and Dropout Rates

Repetition and dropout rates presented in Table 2.5 describe the flow of pupils through the educational system in Namibia at the primary level. The repetition rates show the percentage of pupils who attended a particular grade during the school year who attended the same grade during the following school year. Dropout rates show the percentage of pupils in a grade during the school year who no longer attended school the following year.

Table 2.5 shows high repetition rates for students in grade 1 regardless of sex or residence. The national repetition average for grade 1 is 12 percent, and may be attributable to the lack of pre-primary schooling. The repetition rate declines with increasing grades. At grade 5 there is a significant increase in repetition rates for both sexes, in urban and rural areas, and in almost all regions. A possible explanation for this is that pupils in grades 1-4 are not required to write examinations; examinations are only given from grade 5 onward.

At the regional level, repetition rates in grade 1 are highest in Kunene (33 percent), Omaheke (27 percent) and Caprivi (18 percent) regions. Otjozondjupa (4 percent), Oshana (6 percent), and Oshikoto (8 percent) regions have the lowest rates. Pupils from the higher wealth quintiles have the lowest repetition rates for all grades.

Dropout rates by sex and residence are relatively the same. The rates are highest in grades 5 and 7 at about 4 percent. Dropout rates are negatively associated with wealth; pupils in the lowest wealth quintile have the highest dropout rates. Table 2.5 also reveals Kunene region as having the highest dropout rate compared to other regions. This requires further investigation to understand the contributing factors.

Table 2.5 Grade repetition and dropout rates

Repetition and dropout rates for the de facto household population age 5-24 who attended primary school in the previous school year by school grade and background characteristics, Namibia 2006-07

Background characteristic	School grade						
	1	2	3	4	5	6	7
REPETITION RATE[1]							
Sex							
Male	12.4	6.7	8.5	5.5	10.3	5.1	7.6
Female	11.7	5.4	4.0	5.1	10.4	4.7	7.1
Residence							
Urban	11.1	7.4	7.5	3.9	8.9	2.2	2.3
Rural	12.5	5.6	5.7	6.0	11.1	6.1	9.6
Region							
Caprivi	18.3	13.6	18.0	17.5	16.8	9.1	14.7
Erongo	16.2	10.6	7.0	1.9	14.1	3.7	7.2
Hardap	10.8	2.8	13.9	3.4	6.1	2.9	5.2
Karas	9.7	1.3	1.2	1.7	12.7	0.0	1.7
Kavango	9.5	6.3	7.2	7.5	17.8	8.3	6.6
Khomas	10.0	11.4	6.4	4.7	8.6	0.0	0.3
Kunene	32.7	6.6	10.8	4.9	3.4	8.8	0.0
Ohangwena	14.6	7.5	7.6	6.9	9.6	5.2	11.9
Omaheke	27.4	17.4	4.2	9.0	26.8	8.2	16.7
Omusati	9.8	2.4	2.6	6.6	7.5	9.4	13.2
Oshana	6.1	0.9	8.8	3.1	5.5	1.4	1.2
Oshikoto	8.4	1.3	2.4	1.0	5.2	4.0	4.5
Otjozondjupa	4.2	2.6	0.0	0.0	6.2	0.0	0.0
Wealth quintile							
Lowest	13.0	7.8	5.7	6.3	11.4	4.3	13.4
Second	13.9	4.8	8.8	6.5	9.9	7.5	8.6
Middle	13.0	5.2	4.5	5.5	12.7	7.0	7.7
Fourth	11.2	1.0	4.7	2.1	7.4	2.3	4.2
Highest	7.8	11.4	7.5	5.1	9.5	1.2	0.0
Total	12.0	6.1	6.3	5.3	10.4	4.9	7.3
DROPOUT RATE[2]							
Sex							
Male	1.1	1.5	1.0	1.4	4.1	2.2	4.3
Female	1.8	0.4	0.9	1.1	3.9	2.2	3.3
Residence							
Urban	0.9	0.4	0.6	1.7	3.9	1.2	3.5
Rural	1.7	1.2	1.1	1.1	4.0	2.6	3.9
Region							
Caprivi	0.6	0.0	1.5	0.0	4.8	6.5	5.4
Erongo	0.0	0.0	0.0	0.0	7.4	0.0	0.0
Hardap	1.5	0.0	0.9	0.8	3.1	0.0	4.3
Karas	0.0	0.0	0.0	0.0	0.0	2.1	3.3
Kavango	2.8	1.9	0.0	2.5	4.3	5.4	7.2
Khomas	0.0	0.0	0.0	1.7	3.2	0.0	4.2
Kunene	12.5	11.7	0.9	5.8	0.0	18.7	9.7
Ohangwena	2.6	0.7	2.0	2.0	6.6	1.2	3.8
Omaheke	2.6	0.0	4.5	4.3	2.4	0.9	9.5
Omusati	0.0	0.0	1.1	0.2	3.0	2.6	1.8
Oshana	0.0	0.0	0.0	0.6	4.0	2.1	2.8
Oshikoto	0.0	2.9	0.7	0.6	2.9	1.4	0.9
Otjozondjupa	3.1	0.0	1.0	1.4	1.8	0.0	12.9
Wealth quintile							
Lowest	2.2	2.1	1.4	2.1	5.2	4.6	6.1
Second	1.0	0.6	1.2	0.9	3.9	2.1	1.9
Middle	2.6	1.3	1.4	1.0	4.7	1.3	5.1
Fourth	0.6	0.0	0.2	0.5	5.0	1.8	5.0
Highest	0.0	0.0	0.0	1.6	0.4	0.3	0.7
Total	1.4	1.0	0.9	1.3	4.0	2.2	3.8

[1] The repetition rate is the percentage of students in a given grade in the previous school year who are repeating that grade in the current school year.
[2] The dropout rate is the percentage of students in a given grade in the previous school year who are not attending school.

2.4 HOUSEHOLD ENVIRONMENT

The physical characteristics of the dwelling in which a household lives are important determinants of the health status of household members, especially children. They can also be used as indicators of the socio-economic status of households. The 2006-07 NDHS respondents were asked a number of questions about their household environment, including questions on the source of drinking water, type of sanitation facility, type of flooring, walls, and roof, and number of rooms used for sleeping. The results are presented for households and for the de jure population.

2.4.1 Drinking Water

Increasing access to improved drinking water is one of the Millennium Development Goals that Namibia, along with other nations worldwide, has adopted (United Nations General Assembly, 2001). Table 2.6 includes a number of indicators that are useful in monitoring household access to improved drinking water (WHO and UNICEF, 2005). The source of drinking water is an indicator of whether it is suitable for drinking. Sources that are likely to provide water suitable for drinking are identified as improved sources in Table 2.7. They include a piped source within the dwelling or plot, public tap, tube well or borehole, protected well or spring and rainwater.[1] Lack of ready access to a water source may limit the quantity of suitable drinking water that is available to a household. Even if the water is obtained from an improved source, if it must be fetched from source that is not immediately accessible to the household, it may be contaminated during transport or storage. Another factor in considering the accessibility of water sources is the fact that burden of going for water often falls disproportionately on female members of the household. Finally, home water treatment can be effective in improving the quality of household drinking water.

Table 2.6 shows that overall, 88 percent of households in Namibia have access to an improved source of drinking water. Urban households are more likely than rural households to have an improved water source (97 percent compared with 80 percent, respectively). Approximately three-quarters of all households have access to piped water while 11 percent have access to improved sources such as tube well/borehole and protected dug well. Overall, there has been an improvement in access to safe drinking water since 2000, from 79 percent to 88 percent. Twelve percent of the population obtain their drinking water from a non-improved source; this includes 20 percent of the rural population in the rural areas and less than 1 percent of the urban population.

Generally, the quality of water available to households in Namibia is safe; about 90 percent of households do not treat the water before drinking. Water treatment differs by urban and rural residence. Rural households are much more likely than urban households to treat the drinking water (16 percent and 6 percent, respectively).

Overall, drinking water is available on the premises in 81 percent of households in urban areas and 32 percent in rural areas. In households where water has to be fetched, drinking water is most often collected by adult females (25 percent). The amount of time spent by households to obtain water varies; 39 percent of households in rural areas take less than 30 minutes to obtain water, compared with 17 percent in urban areas.

[1] The categorization into improved and non-improved follows that proposed by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (WHO and UNICEF, 2004).

Table 2.6 Household drinking water

Percent distribution of households and de jure population by source, time to collect, and person who usually collects drinking water; and percentage of households and the de jure population that treat drinking water, according to residence, Namibia 2006-07

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	**97.0**	**80.4**	**88.1**	**96.6**	**79.3**	**86.4**
Piped water into dwelling/yard/plot	79.5	25.6	50.6	80.7	23.1	46.8
Public tap/standpipe	17.3	31.8	25.1	15.8	32.8	25.8
Tube well or borehole	0.0	16.8	9.0	0.0	16.2	9.6
Protected dug well	0.0	4.1	2.2	0.0	4.8	2.8
Protected spring	0.1	0.4	0.2	0.1	0.4	0.3
Rainwater	0.0	1.7	0.9	0.0	2.0	1.2
Non-improved source	**0.4**	**18.3**	**10.0**	**0.5**	**19.7**	**11.8**
Unprotected dug well	0.1	5.3	2.9	0.1	5.7	3.4
Unprotected spring	0.0	0.6	0.4	0.0	0.8	0.5
Tanker truck/cart with small tank	0.1	1.3	0.7	0.1	1.0	0.7
Surface water	0.1	11.1	6.0	0.2	12.2	7.3
Bottled water, improved source for cooking/washing[1]	0.9	0.0	0.4	0.7	0.0	0.3
Bottled water, non-improved source for cooking/washing[1]	0.0	0.0	0.0	0.1	0.0	0.0
Other	1.7	1.3	1.5	2.2	1.0	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using any improved source of drinking water	97.9	80.4	88.5	97.3	79.3	86.7
Time to obtain drinking water (round trip)						
Water on premises	81.1	32.3	54.9	82.1	29.7	51.3
Less than 30 minutes	16.5	38.9	28.5	15.1	38.5	28.9
30 minutes or longer	1.9	27.1	15.5	2.0	30.1	18.5
Don't know/missing	0.5	1.7	1.1	0.7	1.7	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Person who usually collects drinking water						
Adult female 15+	10.2	37.4	24.8	10.0	39.5	27.4
Adult male 15+	6.0	13.6	10.1	4.4	9.3	7.3
Female child under age 15	0.6	6.7	3.9	1.0	8.8	5.6
Male child under age 15	0.3	2.6	1.5	0.5	3.1	2.0
Other	1.8	7.3	4.7	2.0	9.4	6.4
Water on premises	81.1	32.3	54.9	82.1	29.7	51.3
Missing	0.1	0.1	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking[2]						
Boiled	12.6	4.1	8.1	12.5	4.3	7.7
Bleach/chlorine	0.2	0.2	0.2	0.1	0.1	0.1
Strained through cloth	0.0	0.3	0.2	0.0	0.3	0.2
Ceramic, sand or other filter	2.6	0.2	1.3	1.7	0.2	0.8
Solar disinfection	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.7	0.7	0.7	0.8	0.5	0.6
No treatment	83.7	94.3	89.4	84.6	94.4	90.4
Percentage using an appropriate treatment method [3]	15.3	4.8	9.6	14.3	4.8	8.7
Number	4,260	4,940	9,200	16,964	24,283	41,247

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

[2] Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.

[3] Appropriate water treatment methods include boiling, bleaching, straining, filtering and solar disinfecting.

Regional access to improved sources of drinking water is presented in Table 2.7, which shows that access ranges from 65 percent in Omusati region to 99 percent in Khomas region.

Table 2.7 Household drinking water by region

Percent distribution of households and de jure population by source of drinking water, according to region, Namibia 2006-07

	Households					Population				
Region	Improved source	Non-improved source	Other	Total	Number	Improved source	Non-improved source	Other	Total	Number
Caprivi	85.9	12.9	1.2	100.0	514	86.8	12.1	1.1	100.0	2,145
Erongo	94.9	2.4	2.6	100.0	837	95.7	2.0	2.3	100.0	2,754
Hardap	94.7	4.1	1.2	100.0	328	95.9	3.3	0.9	100.0	1,333
Karas	93.9	5.6	0.5	100.0	382	94.3	5.3	0.5	100.0	1,449
Kavango	69.1	27.1	3.8	100.0	750	70.2	26.2	3.6	100.0	4,422
Khomas	98.5	0.3	1.3	100.0	1,950	97.5	0.3	2.2	100.0	7,631
Kunene	77.6	14.8	7.6	100.0	305	72.0	20.3	7.7	100.0	1,327
Ohangwena	86.9	13.1	0.0	100.0	829	86.8	13.2	0.0	100.0	4,733
Omaheke	96.1	1.9	2.0	100.0	426	96.9	1.9	1.3	100.0	1,897
Omusati	65.2	34.6	0.1	100.0	855	62.1	37.8	0.1	100.0	4,368
Oshana	97.0	2.6	0.4	100.0	663	96.7	3.1	0.2	100.0	3,054
Oshikoto	85.2	14.3	0.5	100.0	745	85.4	14.4	0.2	100.0	3,757
Otjozondjupa	96.6	1.4	2.0	100.0	615	97.0	1.4	1.6	100.0	2,377
Total	88.5	10.0	1.5	100.0	9,200	86.7	11.8	1.5	100.0	41,247

2.4.2 Household Sanitation Facilities

Ensuring adequate sanitation facilities is another of the Millennium Development Goals. A household is classified as having an improved toilet if the toilet is used only by members of one household (i.e., it is not shared) and if the facility used by the household separates the waste from human contact (WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2004).

Table 2.8 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Namibia 2006-07

	Households			Population		
Type of toilet/latrine facility	Urban	Rural	Total	Urban	Rural	Total
Improved, not shared facility	**57.9**	**14.1**	**34.4**	**61.4**	**13.3**	**32.9**
Flush/pour flush to piped sewer system	55.0	7.4	29.4	57.8	5.5	27.0
Flush/pour flush to septic tank	0.2	0.3	0.3	0.3	0.2	0.2
Flush/pour flush to pit latrine	0.7	0.4	0.6	0.9	0.4	0.6
Ventilated improved pit (VIP) latrine	1.6	4.3	3.0	1.8	5.1	3.7
Pit latrine with slab	0.2	1.5	0.9	0.2	1.8	1.1
Composting toilet	0.2	0.2	0.2	0.4	0.3	0.3
Non-improved facility	**42.1**	**86.0**	**65.6**	**38.7**	**86.8**	**67.2**
Any facility shared with other households	23.0	3.6	12.6	18.1	2.3	8.8
Flush/pour flush not to sewer/septic tank/ pit latrine	1.9	0.3	1.0	2.0	0.3	1.0
Pit latrine without slab/open pit	1.4	2.7	2.1	1.5	2.9	2.4
Bucket	0.7	1.1	0.9	0.8	1.1	1.0
Hanging toilet/hanging latrine	0.1	0.3	0.2	0.2	0.3	0.3
No facility/bush/field	14.7	77.8	48.6	15.7	79.7	53.4
Other	0.1	0.1	0.1	0.3	0.1	0.2
Missing	0.2	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	4,260	4,940	9,200	16,964	24,283	41,247

Table 2.8 shows that overall, 34 percent of the households have access to improved sanitation facilities. Improved sanitation is biased towards urban households, where 58 percent have improved sanitation facilities compared with 14 percent of rural households. Conversely, households in rural areas are more likely than those in urban areas to have non-improved facilities (86 percent and 42 percent, respectively). Seventy-eight percent of households in rural areas have no toilet facilities. There was no significant change in the proportion of households without toilet facilities compared with the 2000 NDHS.

The regional overview presented in Table 2.9 shows that 62 percent of households in Khomas, 53 percent in Erongo, and 52 percent in Karas regions have improved sanitation facility. In contrast, less than 10 percent of households in Caprivi and Ohangwena have improved facilities.

Table 2.9 Household sanitation by region

Percent distribution of households and de jure population by type of toilet facility (improved/non-improved), according to region, Namibia 2006-07

	Households					Population				
Region	Improved, not shared facility	Non-improved facility	Other/ missing	Total	Number	Improved, not shared facility	Non-improved facility	Other/ missing	Total	Number
Caprivi	8.2	91.8	0.0	100.0	514	9.2	90.8	0.0	100.0	2,145
Erongo	52.9	46.7	0.4	100.0	837	56.7	43.1	0.2	100.0	2,754
Hardap	46.8	52.9	0.3	100.0	328	51.8	47.9	0.3	100.0	1,333
Karas	52.1	47.6	0.3	100.0	382	58.7	41.1	0.2	100.0	1,449
Kavango	11.6	88.3	0.1	100.0	750	11.5	88.4	0.1	100.0	4,422
Khomas	62.0	37.7	0.3	100.0	1,950	67.2	32.0	0.8	100.0	7,631
Kunene	21.7	78.1	0.2	100.0	305	18.5	81.4	0.1	100.0	1,327
Ohangwena	5.4	94.4	0.2	100.0	829	5.3	94.6	0.0	100.0	4,733
Omaheke	22.7	77.3	0.0	100.0	426	22.3	77.7	0.0	100.0	1,897
Omusati	14.3	85.4	0.3	100.0	855	14.8	84.9	0.4	100.0	4,368
Oshana	29.6	70.4	0.0	100.0	663	30.2	69.8	0.0	100.0	3,054
Oshikoto	31.9	68.0	0.1	100.0	745	30.0	69.9	0.1	100.0	3,757
Otjozondjupa	42.8	57.1	0.1	100.0	615	44.9	54.9	0.2	100.0	2,377
Total	34.4	65.4	0.2	100.0	9,200	33.0	66.7	0.3	100.0	41,247

2.4.3 Housing Characteristics

Table 2.10 presents information on the characteristics of the dwellings in which the sampled households live. These characteristics reflect the household's socio-economic situation and may influence environmental conditions. For example, the use of biomass fuels and exposure to indoor pollution may have a direct bearing on the health and welfare of household members.

Table 2.10 shows that 44 percent of households and 39 percent of the population have electricity. Use of electricity is more prevalent in urban than in rural areas (78 percent compared with 15 percent, respectively). The percentage of households that have electricity increased by seven percentage points from 37 percent in the 2000 NDHS.

The commonly used flooring materials are earth or sand (41 percent), cement (27 percent), and ceramic tiles (16 percent). There was a decrease in the proportion of households living in homes with earth or sand floors from 49 percent in the 2000 NDHS to 41 percent in the 2006-07 NDHS. Over the same period, the use of cement flooring rose slightly from 25 percent to 27 percent.

Table 2.10 shows that more than 70 percent of households have two or more rooms used for sleeping, indicating that overcrowding is not significant.

Table 2.10 Housing characteristics

Percent distribution of households and de jure population by housing characteristics and percentage using solid fuel for cooking; and among those using solid fuels, percent distribution by type of fire/stove, according to residence, Namibia 2006-07

Housing characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Electricity						
Yes	77.6	14.6	43.7	78.2	11.6	39.0
No	22.4	85.2	56.1	21.8	88.2	60.9
Missing	0.0	0.2	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Earth, sand	13.4	64.9	41.1	14.1	69.0	46.4
Dung	0.9	5.9	3.6	1.1	6.0	4.0
Wood/planks	0.7	0.1	0.4	0.8	0.0	0.3
Palm/bamboo	0.0	0.0	0.0	0.0	0.0	0.0
Parquet or polished wood	1.0	0.3	0.6	0.9	0.3	0.5
Vinyl or asphalt strips	5.2	1.1	3.0	4.8	0.7	2.3
Ceramic tiles	32.5	2.2	16.3	32.5	1.7	14.3
Cement	32.9	22.7	27.4	34.8	19.5	25.8
Carpet	12.4	1.1	6.3	10.3	0.7	4.7
Other	0.7	1.7	1.2	0.8	2.0	1.5
Missing	0.2	0.0	0.1	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping						
One	30.0	28.0	28.9	18.7	17.7	18.1
Two	31.6	23.5	27.3	33.3	19.0	24.9
Three or more	37.7	47.4	42.9	47.4	62.1	56.1
Missing	0.7	1.1	0.9	0.6	1.2	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking						
In the house	81.4	44.9	61.8	77.8	47.8	60.2
In a separate building	5.4	15.6	10.9	6.9	15.6	12.0
Outdoors	12.7	39.0	26.8	14.9	36.1	27.4
Other	0.1	0.0	0.1	0.2	0.1	0.1
Missing	0.4	0.4	0.4	0.2	0.4	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel						
Electricity	67.1	5.9	34.2	65.6	3.9	29.3
LPG/natural gas/biogas	11.5	3.5	7.2	10.4	2.3	5.7
Kerosene	0.4	0.1	0.3	0.2	0.0	0.1
Coal/lignite	0.0	0.1	0.0	0.0	0.1	0.0
Charcoal	0.1	0.9	0.6	0.1	0.9	0.6
Wood	15.5	88.8	54.9	19.7	92.0	62.3
Agricultural crop	0.0	0.0	0.0	0.0	0.1	0.0
Animal dung	0.0	0.4	0.2	0.0	0.5	0.3
No food cooked in household	0.3	0.1	0.2	0.1	0.0	0.0
Other	5.0	0.1	2.4	3.8	0.1	1.6
Missing	0.1	0.0	0.1	0.1	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking [1]	15.6	90.3	55.7	19.8	93.6	63.3
Number of households/ population	4,260	4,940	9,200	16,964	24,283	41,247
Number of households/ population using solid fuel	665	4,461	5,126	3,362	22,733	26,095

LPG = Liquid petroleum gas

[1] Includes coal/lignite, charcoal, wood/straw/shrubs/grass, agricultural crops, and animal dung

The majority of households cook in the house (62 percent). Urban households are more likely than rural households to cook in the house (81 percent and 45 percent, respectively). The predominant type of cooking fuel in Namibia is wood, used by 55 percent of households. There has been an increase in the use of electricity for cooking, from 26 percent in 2000 to 34 percent in 2006-07. Wood is much more common in rural areas than in urban areas (89 percent and 16 percent, respectively). The proportion of rural households that use wood for cooking has increased slightly from 86 percent in 2000. Overall, 90 percent of rural households and 16 percent of urban households use solid fuel for cooking. Almost all households in Namibia (97 percent) cook on an open fire or use a stove with no chimney or hood (data not shown).

2.5 HOUSEHOLD POSSESSIONS

The availability of durable consumer goods is a positive indicator of a household's socio-economic status. Moreover, particular goods have specific benefits. For instance, having access to a radio or a television exposes household members to innovative ideas; a refrigerator prolongs the wholesomeness of foods; and a means of transport allows greater access to services away from the local area. Table 2.11 shows the availability of selected consumer goods by residence.

Table 2.11 Household durable goods

Percentage of households and de jure population possessing various household effects, means of transportation, agricultural land and livestock/farm animals, by residence, Namibia 2006-07

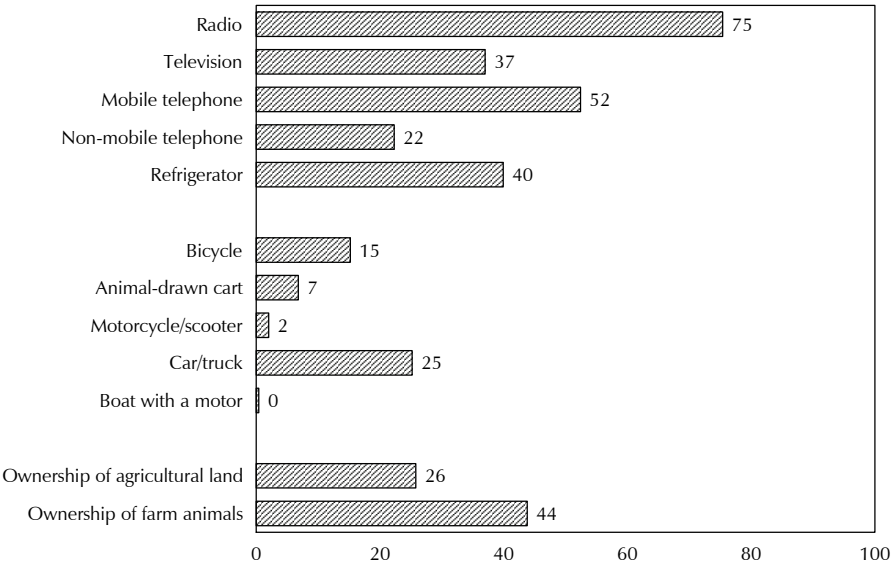
Household possession	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Household effects						
Radio	82.0	69.7	75.4	83.9	71.9	76.8
Television	65.6	12.3	37.0	69.4	11.5	35.3
Mobile telephone	77.9	30.5	52.4	79.3	33.3	52.3
Non-mobile telephone	33.3	12.9	22.3	34.1	14.2	22.4
Refrigerator	68.9	14.8	39.9	71.9	13.5	37.5
Means of transport						
Bicycle	16.9	13.7	15.2	19.0	15.4	16.9
Animal drawn cart	0.9	11.9	6.8	1.1	13.3	8.3
Motorcycle/scooter	2.9	1.2	2.0	2.7	1.2	1.8
Car/truck	37.2	14.9	25.2	37.7	16.2	25.0
Boat with a motor	0.7	0.2	0.4	0.6	0.1	0.3
Ownership of agricultural land	7.6	41.5	25.8	9.2	46.1	30.9
Ownership of farm animals[1]	13.7	69.7	43.8	15.3	78.0	52.2
Number	4,260	4,940	9,200	16,964	24,283	41,247

[1] Cattle, cows, bulls, horses, donkeys, mules, goats, sheep, or chickens

The upward trend in possession of durable goods seen in the 2000 NDHS continues with the 2006-07 NDHS. Table 2.11 shows that 75 percent of households in Namibia have a radio, compared with 71 percent in 2000. Mobile telephones and television sets are available in 52 percent and 37 percent of households, respectively. The most commonly owned means of transportation are car/truck (25 percent) and bicycle (15 percent).

Possession of durable goods varies between urban and rural households. Televisions, telephones, and refrigerators are much more common in urban households than in rural households. For example, 66 percent of urban households have a television set compared with 12 percent of rural households. On the other hand, rural households are much more likely than urban households to own agricultural land (42 percent compared with 8 percent, respectively) and own farm animals (70 percent compared with 14 percent, respectively).

Figure 2.5 Percentage of Households Owning Various Durable Goods



NDHS 2006-07

2.6 WEALTH INDEX

The 2006-07 NDHS incorporates the concept of the wealth index for the first time to enrich the analysis of different components of the survey. The wealth index is used throughout the report as a proxy for the standard of living of the household. It is based on household ownership of consumer goods; dwelling characteristics; type of drinking water source; toilet facilities; and other characteristics related to the household's socio-economic status. To construct the index, each of these assets was assigned a weight (factor score) generated through principal component analysis and the resulting asset scores were standardized in relation to a standard normal distribution with a mean of zero and a standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for each asset and the scores were summed for each household. Individuals were ranked according to the total score of the household in which they reside. The sample was then divided into quintiles from one (lowest) to five (highest). A single asset index was developed on the basis of data from the entire country sample, and this index is used in all the tabulations presented in this report.

Table 2.12 shows the distribution of the de jure household population by wealth quintile, according to residence and region. The distribution indicates the degree to which wealth is evenly (or unevenly) distributed in the country.

Table 2.12 shows that Erongo, Karas, and Khomas regions have a very large proportion of their population in the two highest wealth quintiles, with almost no representation in the lowest quintile. In contrast, Caprivi, Kavango, Ohangwena, and Omusati regions have the highest proportion of population in the lowest quintile and only a small proportion in the highest quintile.

Table 2.12 Wealth quintiles

Percent distribution of de jure population by wealth quintile, according to residence and region, Namibia 2006-07

Residence/region	Wealth quintile					Total	Number of population
	Lowest	Second	Middle	Fourth	Highest		
Residence							
Urban	1.4	3.6	14.8	34.3	45.9	100.0	16,964
Rural	33.0	31.5	23.6	10.0	1.9	100.0	24,283
Region							
Caprivi	48.8	21.2	17.3	7.7	5.0	100.0	2,145
Erongo	0.0	2.7	12.8	36.8	47.6	100.0	2,754
Hardap	0.2	10.1	26.3	38.8	24.6	100.0	1,333
Karas	0.4	6.5	21.1	35.6	36.4	100.0	1,449
Kavango	46.3	19.1	21.0	10.5	3.0	100.0	4,422
Khomas	0.0	0.7	10.7	29.2	59.4	100.0	7,631
Kunene	25.5	22.2	29.2	17.5	5.6	100.0	1,327
Ohangwena	37.7	41.7	15.7	3.7	1.1	100.0	4,733
Omaheke	1.7	18.6	51.7	22.8	5.1	100.0	1,897
Omusati	32.9	38.7	20.3	6.5	1.6	100.0	4,368
Oshana	12.4	29.9	28.9	19.6	9.3	100.0	3,054
Oshikoto	29.2	27.0	14.7	20.4	8.7	100.0	3,757
Otjozondjupa	2.7	15.0	28.9	35.9	17.6	100.0	2,377
Total	20.0	20.0	20.0	20.0	20.0	100.0	41,247

2.7 BIRTH REGISTRATION

The registration of births is the inscription of the facts of the birth into an official log kept at the registrar's office. A birth certificate is issued at the time of registration (or later) as proof that the birth has been registered. Birth registration is basic to ensuring a child's legal status and, thus, basic rights and services (UNICEF, 2006; United Nations General Assembly, 2002). In the 2006-07 NDHS, mothers of children under five were asked if their child's birth had been registered and whether they had a birth certificate for the child. A child's birth was considered to have been registered if the mother could produce a birth certificate or reported that the birth was registered. Not all children who are registered have a birth certificate because some certificates may have been lost or were never issued. However, all children with a certificate have been registered.

Table 2.13 shows that 67 percent of births in the past five years in Namibia were registered, a slight decline from 71 percent in the 2000 NDHS. Only 7 percent of children whose birth was registered did not have a birth certificate. As in the 2000 NDHS, birth registration is more common in urban areas (83 percent) than in rural areas (59 percent). Coverage of birth registration varies widely across regions, ranging from 46 percent in Kavango to 96 percent in Karas. In Erongo, Hardap, Karas, and Khomas regions, at least four in five births are registered. There is a positive relationship between birth registration and wealth quintile; births in households in the higher wealth quintiles are more likely to be registered.

Table 2.13 Birth registration of children under age five

Percentage of de jure children under five years of age whose births are registered with the civil authorities, according to background characteristics, Namibia 2006-07

Background characteristic	Percentage of children whose births are registered: Had birth certificate	Did not have birth certificate	Total registered	Number of children
Age				
<2	49.0	8.6	57.6	2,236
2-4	68.3	5.4	73.7	3,224
Sex				
Male	58.9	6.8	65.7	2,734
Female	62.0	6.6	68.5	2,726
Residence				
Urban	77.2	5.3	82.5	1,828
Rural	52.0	7.4	59.3	3,633
Region				
Caprivi	55.0	6.4	61.5	314
Erongo	85.3	3.2	88.5	267
Hardap	82.5	3.0	85.5	157
Karas	86.7	9.3	96.1	156
Kavango	26.1	20.1	46.3	664
Khomas	81.2	2.7	84.0	763
Kunene	51.6	4.3	55.9	246
Ohangwena	53.6	2.1	55.7	699
Omaheke	68.1	5.9	74.0	367
Omusati	60.8	7.3	68.1	535
Oshana	63.4	10.8	74.2	360
Oshikoto	55.9	5.4	61.3	535
Otjozondjupa	59.4	2.1	61.5	397
Wealth quintile				
Lowest	36.9	9.4	46.2	1,265
Second	53.2	7.9	61.1	1,252
Middle	60.3	7.3	67.5	1,211
Fourth	77.7	4.3	82.0	935
Highest	89.0	2.5	91.5	797
Total	60.4	6.7	67.1	5,461

CHARACTERISTICS OF RESPONDENTS 3

This chapter provides a profile of men and women age 15-49 who were interviewed in the 2006-07 NDHS. Information is presented on a number of basic characteristics including: age, religion, marital status, residence, education, literacy, and media access. The chapter also explores adult employment status, occupation, and earnings. An analysis of these variables provides the socio-economic context within which demographic and reproductive health issues are examined.

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

The background characteristics of the 9,804 women age 15-49 and the 3,915 men age 15-49 interviewed in the 2006-07 NDHS are shown in Table 3.1. This table is important because it provides the background for interpreting findings presented later in the report. Twenty-three percent of women and men fall into the 15-19 age group while 19 percent of women and men fall into the 20-24 age group. Smaller proportions of women and men are found in the older age groups. Nine and 10 percent of women and men fall in the 40-44 age group, and 7 percent of women and 6 percent of men are in the 45-49 age group.

The Namibian population is predominantly Christian, with 77 percent of women and 70 percent of men being Protestant and a smaller proportion being Roman Catholic (21 percent of women and 26 percent of men). The most widely spoken language is Oshiwambo (48 percent), followed by Damara/Nama (13 percent), Afrikaans (10 percent), and Herero (9 percent). The majority of respondents have never been married (58 percent of women and 65 percent of men). Thirty-five percent of women and 31 percent of men are married or living together.

The distribution of women and men by residence is almost equal, with 49 percent of women and 50 percent of men residing urban areas. By region, Khomas has the highest percentage (weighted) of female and male respondents (23 percent and 25 percent, respectively), whereas Kunene has the lowest (3 percent for women and 2 percent for men). The proportion of women age 15-49 with less than primary education is lower than that of men. Conversely, the proportion of women with secondary education is higher than that of men (69 percent and 63 percent, respectively).

Place of residence is another characteristic that determines access to services and exposure to information pertaining to reproductive health and other aspects of life. Half of the respondents reside in rural areas, compared with 23 percent of women and 25 percent of men who live in Khomas region, where the capital city, Windhoek, is located.

The majority of Namibians have some formal schooling. Only 7 percent of women and 9 percent of men have never gone to school. The level of education has improved since the 2000 NDHS, in which the proportion of women age 15-49 and men age 15-59 who had never attended school was 10 and 13 percent, respectively.

Table 3.1 Background characteristics of respondents

Percent distribution of women and men age 15-49 by selected background characteristics, Namibia 2006-07

Background characteristic	Women			Men		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age						
15-19	22.9	2,246	2,205	23.3	910	909
20-24	18.9	1,855	1,876	19.2	750	743
25-29	16.6	1,623	1,562	17.9	702	678
30-34	14.5	1,417	1,423	15.0	586	563
35-39	10.7	1,045	1,074	10.2	400	419
40-44	9.5	928	951	8.5	331	351
45-49	7.0	689	713	6.0	235	252
Religion						
Roman Catholic	20.9	2,053	2,171	26.3	1,028	1,152
Protestant	77.0	7,547	7,446	70.3	2,754	2,647
No religion	1.4	142	133	2.4	94	90
Other	0.4	35	34	0.6	24	11
Missing	0.3	26	20	0.4	15	15
Language						
Afrikaans	9.7	954	904	9.5	373	386
Damara/nama	13.4	1,310	1,480	12.8	502	571
English	1.5	145	99	1.7	65	48
Herero	9.2	903	795	10.1	394	366
Kwangali	5.2	514	583	5.1	199	235
Silozi	1.7	166	191	1.9	75	74
Oshiwambo	47.5	4,662	4,476	47.4	1,855	1,747
San	0.7	67	102	0.8	32	43
Other	11.1	1,083	1,174	10.7	420	445
Marital status						
Never married	57.9	5,673	5,545	65.0	2,545	2,507
Married	19.9	1,949	2,003	18.1	708	699
Living together	15.3	1,501	1,572	12.7	498	530
Divorced/separated	4.3	426	412	3.9	151	160
Widowed	2.6	252	269	0.3	12	18
Missing	0.0	3	3	0.0	1	1
Residence						
Urban	48.7	4,772	4,405	50.1	1,962	1,673
Rural	51.3	5,032	5,399	49.9	1,953	2,242
Region						
Caprivi	4.8	474	656	4.8	189	242
Erongo	7.0	688	611	9.2	362	351
Hardap	3.2	315	550	3.4	132	231
Karas	3.2	318	493	4.0	157	267
Kavango	9.5	934	996	8.4	331	365
Khomas	22.6	2,218	996	25.1	984	485
Kunene	2.6	259	433	2.3	92	162
Ohangwena	10.6	1,043	996	7.8	306	260
Omaheke	3.8	373	490	4.8	188	223
Omusati	9.9	975	954	8.2	320	292
Oshana	8.4	819	1,018	6.9	270	350
Oshikoto	8.5	837	901	8.2	322	361
Otjozondjupa	5.6	550	710	6.7	262	326
Education						
No education/preschool	6.6	651	775	9.2	360	406
Incomplete primary	17.3	1,699	1,833	21.9	856	931
Complete primary	7.5	736	783	6.4	252	258
Incomplete secondary	48.5	4,751	4,712	41.0	1,604	1,585
Complete secondary	13.1	1,286	1,142	13.7	538	503
More than secondary	7.0	682	559	7.8	305	232
Wealth quintile						
Lowest	16.5	1,621	1,599	14.3	560	561
Second	17.0	1,668	1,751	15.5	607	635
Middle	19.2	1,885	2,223	22.3	875	1,082
Fourth	23.4	2,292	2,450	24.6	963	989
Highest	23.8	2,338	1,781	23.3	911	648
Total 15-49	100.0	9,804	9,804	100.0	3,915	3,915

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

3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Tables 3.2.1 and 3.2.2 present an overview of the relationship between the respondent's level of education and other background characteristics. Overall, the level of education in Namibia is high. Tables 3.2.1 and 3.2.2 show the percent distributions of women and men by highest level of education attained according to age, urban-rural residence, region, and wealth quintile.

The results indicate that 7 percent of women and 9 percent of men have no formal education. The proportion of women and men with no education increases with age from 2 percent for women and 3 percent for men age 15-19 to 16 percent for women and 19 percent for men age 45-49. Children in urban areas are more likely to be educated than those in rural areas. For instance, 13 percent of women in rural areas have no education compared with 5 percent in urban areas.

Table 3.2.1 Educational attainment: Women

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median number of years completed, according to background characteristics, Namibia 2006-07

	Highest level of schooling								
Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Total	Median years completed	Number of women
Age									
15-24	2.9	12.1	8.2	61.2	12.1	3.5	100.0	8.5	4,101
15-19	2.0	13.0	10.5	66.7	7.0	0.8	100.0	8.3	2,246
20-24	4.1	11.1	5.4	54.6	18.2	6.6	100.0	8.9	1,855
25-29	5.9	13.1	5.5	48.8	18.7	8.0	100.0	9.0	1,623
30-34	7.8	16.6	6.5	42.3	15.8	11.0	100.0	8.7	1,417
35-39	10.6	24.4	7.9	36.9	12.1	8.0	100.0	7.9	1,045
40-44	11.0	26.1	9.5	33.8	9.0	10.6	100.0	7.4	928
45-49	16.1	36.9	7.1	21.6	7.7	10.5	100.0	5.3	689
Residence									
Urban	3.7	10.2	5.0	49.9	20.4	10.8	100.0	9.3	4,772
Rural	9.4	24.1	9.9	47.1	6.2	3.3	100.0	7.6	5,032
Region									
Caprivi	5.5	20.4	8.5	58.9	2.2	4.4	100.0	8.2	474
Erongo	3.1	10.5	7.4	48.6	23.6	6.7	100.0	9.3	688
Hardap	6.1	16.9	9.3	51.2	12.7	3.8	100.0	8.2	315
Karas	1.4	10.7	10.1	51.7	20.2	5.9	100.0	8.9	318
Kavango	15.7	29.8	9.5	37.1	4.7	3.2	100.0	6.5	934
Khomas	2.0	7.9	3.4	47.8	23.3	15.6	100.0	9.8	2,218
Kunene	28.1	19.9	7.9	30.6	9.1	4.5	100.0	6.3	259
Ohangwena	6.6	25.0	12.5	47.2	6.1	2.6	100.0	7.5	1,043
Omaheke	17.7	14.9	8.3	45.5	8.4	5.1	100.0	7.9	373
Omusati	2.9	18.9	7.9	56.5	9.2	4.5	100.0	8.4	975
Oshana	2.5	14.5	6.6	57.8	12.9	5.7	100.0	8.7	819
Oshikoto	6.8	23.9	7.6	48.6	8.5	4.6	100.0	8.1	837
Otjozondjupa	13.6	21.5	7.5	42.1	11.5	3.7	100.0	7.7	550
Wealth quintile									
Lowest	14.2	34.1	10.9	37.8	2.9	0.1	100.0	6.1	1,621
Second	9.6	25.4	10.1	49.5	4.4	1.0	100.0	7.4	1,668
Middle	9.3	18.9	9.5	52.9	6.8	2.5	100.0	8.1	1,885
Fourth	3.0	12.4	6.3	56.6	15.8	5.9	100.0	8.9	2,292
Highest	0.7	3.5	2.8	43.6	28.9	20.5	100.0	10.9	2,338
Total	6.6	17.3	7.5	48.5	13.1	7.0	100.0	8.5	9,804

[1] Completed 7th grade at the primary level
[2] Completed 5th grade at the secondary level

Tables 3.2.1 and 3.2.2 also show that women are slightly more likely to be educated and reach higher levels of education than men. The median number of years of schooling for women is 8.5, compared with 7.2 years for men. The proportion of men and women with no education is higher in Kunene, Omaheke, and Otjozondjupa than in other regions. Overall, the results show that there is improvement in education compared with the 2000 NDHS.

Higher wealth status is associated with higher levels of educational attainment. Fourteen percent of women in the lowest wealth quintile have no education compared with less than 1 percent of women in the highest wealth quintile. Among men, 15 percent in the lowest quintile have no education compared with 2 percent in the highest quintile.

Table 3.2.2 Educational attainment: Men

Percent distribution of men age 15-49 by highest level of schooling attended or completed, and median number of years completed, according to background characteristics, Namibia 2006-07

Background characteristic	Highest level of schooling						Total	Median years completed	Number of men
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary			
Age									
15-24	5.1	19.9	8.5	51.7	11.7	3.1	100.0	7.2	1,661
15-19	3.2	23.4	12.3	53.2	7.8	0.1	100.0	6.8	910
20-24	7.4	15.7	3.9	49.8	16.4	6.7	100.0	7.8	750
25-29	10.1	16.8	5.1	39.3	17.9	10.8	100.0	7.8	702
30-34	11.1	19.3	4.2	33.2	18.7	13.5	100.0	7.6	586
35-39	11.4	25.4	4.1	34.1	15.1	9.8	100.0	7.2	400
40-44	14.7	33.4	6.5	27.3	9.6	8.5	100.0	6.1	331
45-49	18.9	34.5	5.4	20.8	6.9	13.5	100.0	5.0	235
Residence									
Urban	5.3	13.6	4.5	45.4	19.8	11.4	100.0	8.2	1,962
Rural	13.1	30.2	8.4	36.6	7.6	4.1	100.0	6.3	1,953
Region									
Caprivi	6.3	27.4	4.3	50.0	4.4	7.6	100.0	7.0	189
Erongo	5.7	19.9	4.6	44.8	19.7	5.3	100.0	7.7	362
Hardap	9.7	21.6	6.8	41.9	17.2	2.9	100.0	7.0	132
Karas	2.0	9.8	7.7	53.2	22.9	4.3	100.0	8.0	157
Kavango	7.7	24.8	9.1	48.9	6.1	3.4	100.0	6.8	331
Khomas	5.6	10.4	5.1	44.2	18.8	16.0	100.0	8.4	984
Kunene	31.9	22.5	6.2	25.5	10.8	3.0	100.0	4.2	92
Ohangwena	11.3	34.5	11.4	32.5	6.9	3.3	100.0	6.2	306
Omaheke	26.3	18.2	5.0	25.6	18.2	6.8	100.0	6.3	188
Omusati	5.1	33.8	7.7	41.7	8.8	2.9	100.0	6.6	320
Oshana	5.1	20.8	5.6	46.5	15.6	6.5	100.0	7.5	270
Oshikoto	11.9	35.1	9.5	29.7	6.9	6.9	100.0	6.2	322
Otjozondjupa	18.7	25.5	2.3	32.9	14.0	6.7	100.0	6.6	262
Wealth quintile									
Lowest	15.4	40.8	9.1	30.7	3.4	0.6	100.0	5.3	560
Second	12.0	32.1	9.3	39.0	5.5	2.1	100.0	6.3	607
Middle	13.9	24.7	6.7	43.0	8.4	3.3	100.0	6.7	875
Fourth	6.6	17.2	6.4	46.7	16.8	6.3	100.0	7.6	963
Highest	1.8	5.6	2.7	40.6	27.4	21.9	100.0	9.8	911
Total 15-49	9.2	21.9	6.4	41.0	13.7	7.8	100.0	7.2	3,915

[1] Completed 7th grade at the primary level
[2] Completed 5th grade at the secondary level

3.3 LITERACY

The ability to read and write is an important personal asset, allowing individuals to increase their opportunities in life. Knowing the distribution of the literate population can help programme managers reach women and men with messages. The 2006-07 NDHS assessed the ability to read among women and men who had never been to school or who had attended only the primary level by asking respondents to read a simple, short sentence.[1] Tables 3.3.1 and 3.3.2 show the percent distribution of women and men by level of schooling attended and level of literacy, and the percentage literate according to background characteristics.

Table 3.3.1 Literacy: Women

Percent distribution of women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Namibia 2006-07

		No schooling or primary school								
Background characteristic	Secondary school or higher	Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/ visually impaired	Missing	Total	Percent-age literate[1]	Number
Age										
15-19	74.6	16.0	4.3	4.1	0.5	0.0	0.5	100.0	94.9	2,246
20-24	79.4	8.4	4.7	6.5	0.6	0.1	0.3	100.0	92.5	1,855
25-29	75.6	10.8	5.1	7.3	0.6	0.0	0.5	100.0	91.5	1,623
30-34	69.1	16.1	5.9	7.9	0.5	0.1	0.3	100.0	91.1	1,417
35-39	57.0	22.9	9.1	9.6	1.2	0.1	0.2	100.0	89.0	1,045
40-44	53.4	22.6	11.2	11.0	1.1	0.4	0.4	100.0	87.2	928
45-49	39.9	27.6	12.8	16.3	1.1	0.5	1.9	100.0	80.2	689
Residence										
Urban	81.1	10.3	3.8	3.9	0.3	0.1	0.6	100.0	95.1	4,772
Rural	56.6	21.3	9.1	11.4	1.1	0.1	0.4	100.0	86.9	5,032
Region										
Caprivi	65.5	11.5	11.2	11.0	0.0	0.3	0.5	100.0	88.3	474
Erongo	78.9	14.6	2.2	3.5	0.3	0.2	0.3	100.0	95.8	688
Hardap	67.7	18.3	5.1	8.9	0.0	0.0	0.1	100.0	91.0	315
Karas	77.8	13.0	5.7	3.5	0.0	0.0	0.0	100.0	96.5	318
Kavango	45.1	15.6	15.8	19.9	2.9	0.4	0.3	100.0	76.5	934
Khomas	86.7	7.9	2.1	2.1	0.3	0.1	0.8	100.0	96.7	2,218
Kunene	44.1	13.4	10.6	29.2	2.2	0.3	0.2	100.0	68.1	259
Ohangwena	55.9	30.0	7.1	6.2	0.1	0.0	0.8	100.0	92.9	1,043
Omaheke	59.1	13.0	5.7	20.6	0.9	0.1	0.6	100.0	77.8	373
Omusati	70.3	20.3	5.3	3.3	0.1	0.1	0.6	100.0	95.8	975
Oshana	76.4	15.6	4.1	3.3	0.0	0.0	0.6	100.0	96.1	819
Oshikoto	61.7	20.7	9.2	6.2	2.0	0.0	0.3	100.0	91.6	837
Otjozondjupa	57.4	16.4	10.1	15.0	1.0	0.0	0.1	100.0	83.9	550
Wealth quintile										
Lowest	40.7	25.0	13.1	18.4	2.1	0.1	0.7	100.0	78.8	1,621
Second	54.9	24.5	9.0	10.2	0.7	0.2	0.4	100.0	88.4	1,668
Middle	62.2	18.2	8.0	10.3	0.8	0.1	0.3	100.0	88.4	1,885
Fourth	78.3	12.6	4.5	3.4	0.3	0.2	0.7	100.0	95.4	2,292
Highest	93.0	4.9	1.0	0.8	0.1	0.0	0.3	100.0	98.8	2,338
Total	68.5	15.9	6.5	7.7	0.7	0.1	0.5	100.0	90.9	9,804

[1] Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence

[1] These sentences include the following: The child is reading a book, The rains came late this year, Parents must care for their children, and Farming is hard work

Twenty-seven percent of women age 45-49 had no education but could read a whole sentence. Ohangwena region has the highest proportion of women who could read a whole sentence but had no schooling (30 percent). On the other hand, 23 percent respondents of men age 45-49 had no schooling but could read a whole sentence. One-fifth of women and men in rural areas were able to read a sentence, with women exceeding men by 1 percent.

Literacy rates in Namibia are high. Overall, 91 percent of women and 89 percent of men are literate. In general, literacy decreases as age increases for both women and men. The percentage literate is higher for women than for men in all age groups. Women and men in urban areas have higher literacy rates (95 percent each) than their rural counterparts (87 percent for women and 82 percent for men). Literacy rates for women are 95 percent or higher in Erongo, Karas, Omusati, and Oshana regions. For men, the highest literacy rate is in Khomas (97 percent). As with educational attainment, literacy shows a direct association with wealth status.

Table 3.3.2 Literacy: Men

Percent distribution of men age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Namibia 2006-07

Background characteristic	Secondary school or higher	No schooling or primary school: Can read a whole sentence	No schooling or primary school: Can read part of a sentence	No schooling or primary school: Cannot read at all	No schooling or primary school: No card with required language	No schooling or primary school: Blind/ visually impaired	Missing	Total	Percent-age literate[1]	Number
Age										
15-19	61.1	20.5	10.0	7.4	0.7	0.0	0.4	100.0	91.5	910
20-24	72.9	10.0	7.7	7.4	1.4	0.1	0.5	100.0	90.6	750
25-29	68.0	10.5	9.5	10.6	1.2	0.1	0.1	100.0	88.0	702
30-34	65.4	12.8	11.9	8.7	0.7	0.1	0.5	100.0	90.1	586
35-39	59.0	14.9	12.9	12.6	0.6	0.0	0.0	100.0	86.8	400
40-44	45.4	23.4	14.4	15.4	1.1	0.0	0.3	100.0	83.2	331
45-49	41.2	23.0	15.9	17.9	0.9	0.3	0.8	100.0	80.1	235
Residence										
Urban	76.6	10.4	8.1	4.0	0.4	0.0	0.3	100.0	95.2	1,962
Rural	48.3	20.3	13.4	16.0	1.5	0.1	0.3	100.0	82.0	1,953
Region										
Caprivi	62.0	10.9	8.8	18.1	0.0	0.0	0.3	100.0	81.7	189
Erongo	69.8	19.5	5.0	4.3	1.1	0.0	0.3	100.0	94.3	362
Hardap	62.0	10.8	10.1	12.9	1.3	0.0	2.9	100.0	82.9	132
Karas	80.4	10.3	5.5	3.8	0.0	0.0	0.0	100.0	96.2	157
Kavango	58.3	12.1	14.4	11.6	2.8	0.2	0.5	100.0	84.9	331
Khomas	79.0	7.7	10.1	2.9	0.1	0.0	0.1	100.0	96.9	984
Kunene	39.3	8.4	19.3	25.3	6.4	1.4	0.0	100.0	67.0	92
Ohangwena	42.8	25.0	19.2	13.0	0.0	0.0	0.0	100.0	87.0	306
Omaheke	50.6	9.0	7.1	33.0	0.4	0.0	0.0	100.0	66.6	188
Omusati	53.4	24.8	14.3	7.2	0.0	0.3	0.0	100.0	92.5	320
Oshana	68.5	14.8	10.8	4.5	0.0	0.0	1.4	100.0	94.1	270
Oshikoto	43.5	29.8	9.4	12.6	4.7	0.0	0.0	100.0	82.7	322
Otjozondjupa	53.6	17.7	8.6	19.5	0.0	0.0	0.6	100.0	79.9	262
Wealth quintile										
Lowest	34.7	21.6	20.4	20.8	2.2	0.1	0.0	100.0	76.8	560
Second	46.6	22.6	14.1	14.0	2.0	0.3	0.4	100.0	83.3	607
Middle	54.7	18.0	12.2	13.5	0.9	0.1	0.5	100.0	85.0	875
Fourth	69.8	14.2	9.7	5.3	0.5	0.0	0.6	100.0	93.7	963
Highest	89.9	5.3	2.4	2.4	0.0	0.0	0.1	100.0	97.6	911
Total 15-49	62.5	15.3	10.8	10.0	1.0	0.1	0.3	100.0	88.6	3,915

[1] Refers to men who attended secondary school or higher and men who can read a whole sentence or part of a sentence

3.4 ACCESS TO MASS MEDIA

Information access is essential in increasing people's knowledge and awareness of what is taking place around them, which may eventually affect their perceptions and behaviour. It is important to know which subgroups are likely to be reached by the media for purposes of planning programmes intended to inform people about health and family planning. In the 2006-07 NDHS, exposure to the media was assessed by asking how often a respondent reads a newspaper, watches television, or listens to a radio. Tables 3.4.1 and 3.4.2 show the percentage of women and men exposed to different types of media by age, urban-rural residence, region, level of education, and wealth quintile.

Table 3.4.1 Exposure to mass media: Women

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Namibia 2006-07

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number
Age						
15-19	49.8	43.9	80.3	27.8	12.2	2,246
20-24	53.6	48.1	82.6	33.3	10.1	1,855
25-29	50.5	47.6	80.4	30.6	10.3	1,623
30-34	49.2	44.8	81.3	32.2	12.4	1,417
35-39	45.9	41.4	80.9	27.5	13.0	1,045
40-44	45.9	40.9	78.7	27.9	13.3	928
45-49	38.9	40.9	78.3	25.6	14.1	689
Residence						
Urban	67.7	74.0	85.2	52.0	4.8	4,772
Rural	31.3	16.9	76.3	8.6	18.5	5,032
Region						
Caprivi	32.8	34.9	74.9	17.4	19.7	474
Erongo	71.3	72.0	86.0	50.1	2.6	688
Hardap	54.9	56.1	81.4	34.7	7.3	315
Karas	49.2	57.1	81.0	33.0	8.7	318
Kavango	26.5	27.4	69.2	12.3	24.9	934
Khomas	74.3	80.3	85.1	59.5	3.5	2,218
Kunene	33.0	35.8	79.1	20.3	15.7	259
Ohangwena	34.6	13.9	73.1	7.7	21.3	1,043
Omaheke	30.3	27.4	84.7	13.9	11.9	373
Omusati	37.7	20.0	78.8	12.4	15.0	975
Oshana	53.7	32.8	87.9	25.6	8.1	819
Oshikoto	40.5	28.3	81.4	19.7	13.3	837
Otjozondjupa	41.3	51.3	83.7	29.2	10.2	550
Education						
No education/preschool	3.6	13.1	63.7	1.4	33.7	651
Incomplete primary	21.6	20.3	72.0	7.8	22.8	1,699
Complete primary	34.3	27.5	80.6	15.1	14.7	736
Incomplete secondary	53.8	46.8	83.7	30.3	8.2	4,751
Complete secondary	79.3	74.4	85.5	58.2	2.9	1,286
More than secondary	85.8	83.1	88.3	70.1	3.0	682
Wealth quintile						
Lowest	20.9	5.7	62.6	2.5	32.9	1,621
Second	29.4	9.6	77.3	4.5	17.6	1,668
Middle	33.9	20.3	82.6	8.7	12.1	1,885
Fourth	61.2	66.7	86.5	41.0	3.6	2,292
Highest	82.6	94.8	88.4	72.6	1.0	2,338
Total	49.0	44.7	80.7	29.8	11.8	9,804

Radio is the most widely accessed mass media, with 81 percent of women and 83 percent of men listening to the radio at least once a week. Newspaper reading and television watching at least once a week by men is almost equal (52 percent and 51 percent, respectively), while for women the corresponding percentages are 49 percent for newspapers and 45 percent for television. Only 11 percent of women and 11 percent of men are not exposed to any of these media on a weekly basis.

Table 3.4.2 Exposure to mass media: Men

Percentage of men age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Namibia 2006-07

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number
Age						
15-19	47.2	50.1	79.1	31.8	13.7	910
20-24	52.1	52.5	82.8	35.1	9.4	750
25-29	53.8	53.0	85.4	38.1	8.9	702
30-34	57.8	51.9	84.1	39.3	8.1	586
35-39	51.4	54.8	86.3	36.9	9.4	400
40-44	48.9	47.8	84.6	35.6	12.0	331
45-49	49.9	46.9	85.6	36.8	11.6	235
Residence						
Urban	72.2	77.1	88.8	56.2	2.7	1,962
Rural	31.0	25.7	77.7	15.4	18.3	1,953
Region						
Caprivi	21.2	24.7	68.1	10.6	26.4	189
Erongo	64.8	68.2	92.5	48.7	2.2	362
Hardap	59.6	62.5	88.0	42.6	5.9	132
Karas	67.1	68.4	89.7	53.8	4.7	157
Kavango	32.3	38.8	73.8	20.6	19.5	331
Khomas	72.7	77.7	87.1	54.9	2.1	984
Kunene	30.8	38.8	69.7	22.5	24.2	92
Ohangwena	22.3	20.6	52.5	9.6	38.7	306
Omaheke	28.9	27.7	87.8	15.9	11.0	188
Omusati	45.1	26.0	90.5	17.9	5.1	320
Oshana	76.9	67.0	95.3	59.5	2.7	270
Oshikoto	35.9	26.9	83.3	20.3	13.3	322
Otjozondjupa	46.8	51.8	89.2	35.7	9.1	262
Education						
No education/preschool	5.2	20.5	69.9	1.7	28.1	360
Incomplete primary	24.7	29.9	75.7	12.3	19.3	856
Complete primary	37.0	43.8	84.9	23.4	10.6	252
Incomplete secondary	61.7	56.9	86.2	41.8	6.5	1,604
Complete secondary	83.1	75.9	91.6	63.7	0.6	538
More than secondary	86.1	83.0	89.2	71.8	2.9	305
Wealth quintile						
Lowest	15.9	11.4	60.7	4.1	35.3	560
Second	30.9	21.3	78.8	13.3	15.8	607
Middle	42.7	32.7	85.1	20.5	9.8	875
Fourth	66.3	71.0	92.3	49.2	2.7	963
Highest	80.5	93.4	88.8	70.8	0.5	911
Total 15-49	51.7	51.4	83.3	35.8	10.5	3,915

There are only small differences in access to mass media by age. Urban residents are much more likely than rural residents to read newspapers, watch television, and listen to the radio. Fifty percent or more of women in Erongo and Khomas regions and men in Khomas and Oshana regions have access to all three media on a weekly basis. On the other hand, exposure to mass media is less than 10 percent for women and men in Ohangwena. There is a direct relationship between level of education and media exposure.

Media exposure among women and men is also affected by wealth status. Eight in ten women (83 percent) in the highest wealth quintile read a newspaper at least once a week, compared with 21 percent of women in the lowest wealth quintile. Similarly, 81 percent of men in the highest wealth quintile read a newspaper at least once a week, compared with 16 percent of men in the lowest wealth quintile. The majority of women and men in the highest wealth quintile (73 percent of women and 71 percent of men) have access to all three mass media compared with 3 percent of women and 4 percent of men in the lowest wealth quintile.

3.5 EMPLOYMENT

Male and female respondents age 15-49 were asked whether they were employed at the time of the survey and if not, whether they were employed in the 12 months preceding the survey. Measuring employment is difficult because some work, especially work on family farms, in family businesses, or in the informal sector, may not be perceived as employment and hence, not reported as such. To avoid underestimating a respondent's employment, the 2006-07 NDHS asked women and men several questions to probe for their employment status and to ensure complete coverage of employment in both the formal and informal sectors. Respondents were asked a number of questions to elicit their current employment status and continuity of employment in the 12 months prior to the survey. Employed individuals are those who say that they are currently working (i.e., worked in the past 7 days) and those who worked at any time during the 12 months preceding the survey.

Tables 3.5.1 and 3.5.2 show the percent distribution of 2006-07 NDHS respondents according to current and recent employment. The data show that 44 percent of women and 62 percent of men were employed at the time of the survey, while an additional 9 percent of women and 6 percent of men were employed at some time during the 12 months before the survey (Figure 3.1). The proportion currently employed is considerably lower among younger respondents, especially those age 15-19, probably because many are still in school. Single women and men are also less likely to be working than those who are married or formerly married. For example, 38 percent of women who have never married were employed, compared with 54 percent of women who are married or living together. Women and men with no children are less likely to be working than those who have children.

The proportion working is higher among women and men in urban areas than those in rural areas. By region, employment among women ranges from 28 percent in Ohangwena to 63 percent in Erongo. For men, the corresponding percentages are 16 percent in Ohangwena and 83 percent in Erongo.

The survey data show a direct relationship between level of education and current employment among women. While three in ten women with no education are currently employed, 80 percent of women with more than secondary education are employed. Conversely, unemployment decreases as women's level of education increases. Eighteen percent of currently employed men have more than secondary education while 43 percent of unemployed men have not completed primary education.

Table 3.5.1 Employment status: Women

Percent distribution of women age 15-49 by employment status, according to background characteristics, Namibia 2006-07

Background characteristic	Employed in the 12 months preceding the survey: Currently employed[1]	Employed in the 12 months preceding the survey: Not currently employed	Not employed in the 12 months preceding the survey	Missing/ don't know	Total	Number of women
Age						
15-19	15.7	9.9	74.2	0.2	100.0	2,246
20-24	38.9	9.2	51.9	0.0	100.0	1,855
25-29	54.2	8.5	37.3	0.0	100.0	1,623
30-34	60.8	8.0	31.1	0.1	100.0	1,417
35-39	59.0	8.0	33.0	0.0	100.0	1,045
40-44	59.8	8.4	31.8	0.0	100.0	928
45-49	53.7	9.7	36.5	0.1	100.0	689
Marital status						
Never married	37.8	9.5	52.6	0.1	100.0	5,673
Married or living together	53.5	7.6	38.9	0.0	100.0	3,451
Divorced/separated/widowed	53.8	10.6	35.5	0.1	100.0	678
Number of living children						
0	30.3	9.3	60.4	0.1	100.0	3,419
1-2	52.8	7.8	39.3	0.0	100.0	3,620
3-4	55.6	8.8	35.6	0.0	100.0	1,789
5+	42.6	12.0	45.4	0.1	100.0	976
Residence						
Urban	55.2	5.6	39.2	0.0	100.0	4,772
Rural	34.2	12.1	53.6	0.1	100.0	5,032
Region						
Caprivi	40.3	17.7	41.8	0.2	100.0	474
Erongo	63.4	7.0	29.7	0.0	100.0	688
Hardap	39.4	9.0	51.6	0.0	100.0	315
Karas	51.5	7.4	41.1	0.0	100.0	318
Kavango	34.5	1.3	64.1	0.1	100.0	934
Khomas	56.5	3.2	40.2	0.0	100.0	2,218
Kunene	34.4	23.7	41.9	0.0	100.0	259
Ohangwena	27.6	4.9	67.1	0.4	100.0	1,043
Omaheke	36.4	3.8	59.9	0.0	100.0	373
Omusati	39.9	19.0	41.0	0.0	100.0	975
Oshana	48.4	20.0	31.5	0.0	100.0	819
Oshikoto	42.8	13.3	43.9	0.0	100.0	837
Otjozondjupa	37.8	3.3	58.9	0.0	100.0	550
Education						
No education/preschool	30.1	13.2	56.6	0.1	100.0	651
Incomplete primary	37.8	11.3	50.8	0.1	100.0	1,699
Complete primary	37.7	8.7	53.5	0.0	100.0	736
Incomplete secondary	39.6	9.0	51.3	0.1	100.0	4,751
Complete secondary	63.6	7.0	29.3	0.0	100.0	1,286
More than secondary	79.7	1.9	18.4	0.0	100.0	682
Wealth quintile						
Lowest	29.9	15.2	54.8	0.0	100.0	1,621
Second	29.4	13.4	57.1	0.2	100.0	1,668
Middle	38.4	8.9	52.6	0.1	100.0	1,885
Fourth	56.7	5.7	37.7	0.0	100.0	2,292
Highest	58.1	4.6	37.3	0.0	100.0	2,338
Total	44.4	8.9	46.6	0.1	100.0	9,804

Note: Total includes three unweighted women with information missing on marital status.

[1] "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table 3.5.2 Employment status: Men

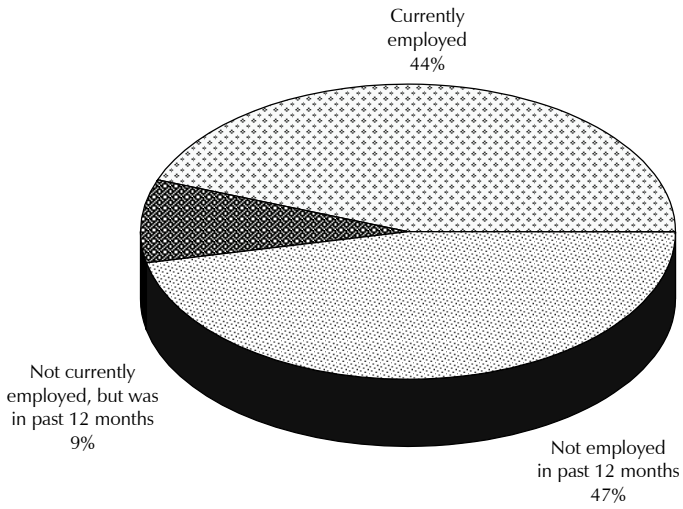
Percent distribution of men age 15-49 by employment status, according to background characteristics, Namibia 2006-07

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/ don't know	Total	Number of men
	Currently employed[1]	Not currently employed				
Age						
15-19	28.7	5.7	65.6	0.0	100.0	910
20-24	57.4	8.9	33.5	0.1	100.0	750
25-29	72.6	6.7	20.7	0.0	100.0	702
30-34	78.7	5.7	15.6	0.0	100.0	586
35-39	82.1	5.2	12.7	0.0	100.0	400
40-44	80.1	4.7	15.3	0.0	100.0	331
45-49	79.2	6.3	14.5	0.0	100.0	235
Marital status						
Never married	50.2	6.8	42.9	0.0	100.0	2,545
Married or living together	85.8	4.3	9.9	0.0	100.0	1,205
Divorced/separated/widowed	79.2	15.2	5.6	0.0	100.0	163
Number of living children						
0	47.6	6.2	46.2	0.1	100.0	2,096
1-2	78.5	5.7	15.8	0.0	100.0	967
3-4	77.5	9.5	13.0	0.0	100.0	481
5+	84.6	5.3	10.1	0.0	100.0	370
Residence						
Urban	69.4	7.6	23.1	0.0	100.0	1,962
Rural	55.4	5.2	39.3	0.1	100.0	1,953
Region						
Caprivi	64.6	3.0	32.4	0.0	100.0	189
Erongo	83.2	7.0	9.9	0.0	100.0	362
Hardap	64.6	13.3	22.2	0.0	100.0	132
Karas	65.0	9.9	25.1	0.0	100.0	157
Kavango	51.5	6.0	42.5	0.0	100.0	331
Khomas	69.6	9.1	21.3	0.0	100.0	984
Kunene	81.8	2.0	16.3	0.0	100.0	92
Ohangwena	15.8	5.1	78.7	0.4	100.0	306
Omaheke	75.9	3.9	20.2	0.0	100.0	188
Omusati	54.1	6.1	39.8	0.0	100.0	320
Oshana	53.9	3.9	42.2	0.0	100.0	270
Oshikoto	65.1	3.3	31.6	0.0	100.0	322
Otjozondjupa	69.7	4.4	25.9	0.0	100.0	262
Education						
No education/preschool	76.8	1.9	21.0	0.3	100.0	360
Incomplete primary	62.6	6.3	31.1	0.0	100.0	856
Complete primary	51.0	6.0	43.0	0.0	100.0	252
Incomplete secondary	55.2	7.2	37.7	0.0	100.0	1,604
Complete secondary	70.2	7.2	22.6	0.0	100.0	538
More than secondary	78.4	7.0	14.6	0.0	100.0	305
Wealth quintile						
Lowest	48.7	4.1	47.3	0.0	100.0	560
Second	52.5	4.8	42.5	0.2	100.0	607
Middle	64.7	5.6	29.7	0.0	100.0	875
Fourth	67.4	9.0	23.6	0.0	100.0	963
Highest	70.0	6.8	23.2	0.0	100.0	911
Total 15-49	62.4	6.4	31.2	0.0	100.0	3,915

Note: Total includes one unweighted men with information missing on marital status.

[1] "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Figure 3.1 **Women's Employment Status in the Past 12 Months**



NDHS 2006-07

3.6 OCCUPATION

Respondents who were currently employed were asked to state their occupation; and the results are presented in Tables 3.6.1 and 3.6.2. Nationally, sales and services employ the largest proportion of women (44 percent). For men, the largest proportion work as skilled labour (27 percent). Agricultural jobs absorb 17 percent of women and 27 percent of men.

For women and men, residence determines the type of work they do. People who live in urban areas are more likely to be employed in professional, clerical, sales, and services, while agriculture is the predominant occupation of people living in rural areas. Urban women are most often employed in sales and services (48 percent). The most common occupations of urban men are skilled manual labour (36 percent) and sales and services (22 percent). In rural areas, more than 33 percent of women and 56 percent of men are employed in agriculture.

Variations by region show that almost half of women in Caprivi are employed in agricultural occupations while 50 percent or more women in Erongo, Hardap, Omaheke, and Oshana are in sales and services jobs. Tables 3.6.1 and 3.6.2 show that men and women with more than secondary education are more likely to be employed in professional, technical, or managerial occupations.

Table 3.6.1 Occupation: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Namibia 2006-07

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agriculture	Missing	Total	Number of women
Age									
15-19	1.5	6.7	35.8	0.8	1.0	24.4	29.9	100.0	575
20-24	8.5	10.1	49.6	4.5	2.6	16.2	8.6	100.0	892
25-29	14.0	10.5	46.6	6.9	1.9	12.9	7.2	100.0	1,018
30-34	14.8	10.7	44.6	7.0	2.5	14.6	5.8	100.0	975
35-39	16.1	10.7	45.4	4.3	1.0	16.8	5.9	100.0	700
40-44	22.7	6.4	41.1	4.9	2.3	16.9	5.7	100.0	633
45-49	23.2	6.2	41.4	3.5	1.5	20.1	4.0	100.0	437
Marital status									
Never married	9.8	9.6	45.5	5.3	2.0	15.5	12.2	100.0	2,684
Married or living together	19.1	9.1	41.8	4.4	1.6	17.7	6.2	100.0	2,108
Divorced/separated/widowed	13.9	7.4	49.0	5.1	2.7	17.9	4.0	100.0	436
Number of living children									
0	13.2	9.8	38.4	4.3	1.4	13.9	18.9	100.0	1,352
1-2	14.9	11.2	46.4	6.0	2.2	13.4	5.9	100.0	2,195
3-4	15.9	8.4	46.8	4.0	2.2	17.3	5.4	100.0	1,152
5+	7.4	1.2	45.2	4.2	1.7	35.3	4.9	100.0	533
Residence									
Urban	17.5	14.0	48.4	5.9	2.4	2.8	9.1	100.0	2,901
Rural	9.5	3.3	39.2	3.8	1.3	33.8	9.0	100.0	2,330
Region									
Caprivi	5.6	2.8	34.8	0.8	1.0	48.4	6.6	100.0	275
Erongo	14.1	10.5	50.0	6.7	5.4	6.1	7.2	100.0	484
Hardap	12.2	8.9	62.3	5.2	1.7	4.9	4.7	100.0	153
Karas	15.9	17.4	43.9	4.2	4.4	8.2	6.1	100.0	187
Kavango	11.2	3.9	41.2	3.7	0.9	35.9	3.3	100.0	335
Khomas	20.7	17.0	44.0	6.9	2.0	0.8	8.4	100.0	1,326
Kunene	10.9	6.5	44.4	1.7	2.5	27.6	6.4	100.0	151
Ohangwena	11.1	2.7	46.1	9.2	2.2	17.4	11.3	100.0	339
Omaheke	20.3	13.0	49.5	5.6	1.8	3.8	6.1	100.0	150
Omusati	10.4	3.5	37.0	2.2	0.1	39.7	7.0	100.0	575
Oshana	10.6	5.3	49.9	2.8	1.4	9.1	21.0	100.0	561
Oshikoto	10.4	6.4	33.1	4.5	0.9	32.4	12.3	100.0	469
Otjozondjupa	14.3	9.1	59.2	5.5	2.1	6.9	2.9	100.0	226
Education									
No education/preschool	0.7	0.5	47.7	3.2	2.1	40.8	5.1	100.0	282
Incomplete primary	0.8	0.8	51.6	4.4	1.9	35.2	5.3	100.0	834
Complete primary	1.3	1.5	58.6	5.7	1.7	21.2	10.0	100.0	342
Incomplete secondary	6.5	7.4	52.2	5.5	2.6	14.9	10.9	100.0	2,308
Complete secondary	19.9	26.1	34.1	6.2	1.0	4.7	8.0	100.0	909
More than secondary	69.5	11.2	6.5	1.5	0.6	0.4	10.3	100.0	556
Wealth quintile									
Lowest	1.4	0.5	26.3	2.8	0.5	58.8	9.7	100.0	732
Second	5.0	1.2	45.7	4.3	1.4	33.0	9.4	100.0	713
Middle	8.1	3.9	56.6	6.8	2.3	13.5	8.8	100.0	892
Fourth	12.1	9.7	57.3	5.6	3.2	3.9	8.1	100.0	1,428
Highest	29.9	20.3	32.3	4.5	1.4	1.9	9.7	100.0	1,466
Total	13.9	9.2	44.3	4.9	1.9	16.6	9.1	100.0	5,231

Note: Total includes two unweighted women with information missing on marital status.

Table 3.6.2 Occupation: Men

Percent distribution of men age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Namibia 2006-07

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agriculture	Missing	Total	Number of men
Age									
15-19	3.9	2.7	9.3	14.5	4.2	46.7	18.8	100.0	314
20-24	6.9	2.5	17.1	25.4	6.0	30.4	11.8	100.0	498
25-29	11.3	2.2	17.0	29.5	7.6	22.4	10.1	100.0	556
30-34	13.2	2.1	16.9	32.4	3.5	21.9	10.0	100.0	494
35-39	10.9	2.6	23.0	27.2	5.0	22.2	9.1	100.0	349
40-44	14.4	1.3	16.6	28.0	4.7	23.5	11.6	100.0	281
45-49	12.7	0.7	13.4	26.6	3.9	28.4	14.3	100.0	201
Marital status									
Never married	7.7	2.2	15.0	26.1	5.5	31.1	12.4	100.0	1,452
Married or living together	14.4	2.3	18.5	26.8	5.1	21.7	11.2	100.0	1,086
Divorced/separated/widowed	6.9	0.0	17.5	33.7	3.3	29.1	9.6	100.0	154
Number of living children									
0	7.6	2.3	15.1	21.9	6.3	33.3	13.5	100.0	1,128
1-2	11.9	1.5	16.8	32.6	4.8	22.5	9.9	100.0	815
3-4	12.8	3.7	16.0	26.0	5.1	24.7	11.8	100.0	418
5+	12.9	1.0	21.7	30.5	2.9	20.8	10.2	100.0	333
Residence									
Urban	14.1	3.0	22.2	35.8	5.9	4.4	14.5	100.0	1,510
Rural	5.5	1.0	9.4	15.4	4.4	56.2	8.1	100.0	1,184
Region									
Caprivi	8.0	0.4	11.7	15.4	4.5	52.4	7.6	100.0	128
Erongo	9.2	2.5	15.7	41.2	9.7	7.7	14.0	100.0	326
Hardap	6.0	0.6	14.0	38.4	7.5	25.0	8.6	100.0	103
Karas	11.9	2.6	18.5	28.2	10.0	21.9	6.9	100.0	118
Kavango	8.8	1.9	27.5	11.7	1.3	37.0	11.8	100.0	190
Khomas	16.3	3.2	18.6	36.4	5.7	3.8	15.8	100.0	775
Kunene	6.1	0.0	9.2	10.3	11.0	57.4	6.0	100.0	77
Ohangwena	19.6	2.4	23.1	23.4	0.5	15.0	15.8	100.0	64
Omaheke	4.7	0.5	10.9	13.2	0.6	63.3	6.9	100.0	150
Omusati	4.9	0.6	6.6	16.6	2.0	63.7	5.6	100.0	192
Oshana	12.2	3.5	26.5	22.4	1.6	25.9	7.8	100.0	156
Oshikoto	7.1	1.3	11.5	21.4	0.0	42.2	16.4	100.0	221
Otjozondjupa	3.6	2.4	15.1	17.9	10.9	42.6	7.5	100.0	194
Education									
No education/preschool	1.5	1.1	8.5	27.5	5.5	52.6	3.4	100.0	283
Incomplete primary	0.9	0.5	15.5	27.3	5.4	43.2	7.1	100.0	590
Complete primary	2.6	0.0	10.9	33.6	5.5	35.7	11.8	100.0	144
Incomplete secondary	5.7	2.3	20.2	31.1	6.3	21.8	12.6	100.0	1,000
Complete secondary	18.0	4.9	22.3	21.5	4.5	10.5	18.3	100.0	416
More than secondary	51.4	3.0	7.8	13.5	1.6	5.5	17.3	100.0	261
Wealth quintile									
Lowest	2.5	0.0	8.4	11.7	1.4	68.0	8.0	100.0	295
Second	3.6	0.3	10.6	15.5	4.7	56.6	8.8	100.0	348
Middle	5.2	0.8	18.8	29.2	4.3	35.2	6.5	100.0	615
Fourth	8.5	2.6	21.1	36.2	7.5	12.5	11.6	100.0	736
Highest	23.5	4.6	16.3	27.0	5.5	3.6	19.5	100.0	700
Total 15-49	10.4	2.1	16.6	26.8	5.2	27.2	11.7	100.0	2,693

Note: Total includes one unweighted man with information missing on marital status.

3.7 EARNINGS AND TYPE OF EMPLOYMENT

Table 3.7 shows the percent distribution of women employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or non-agricultural). Four in five women employed in agricultural work are not paid for their work, while 83 percent of women employed in non-agricultural work are given their earnings as cash only. More than half of women employed in agricultural work are employed by a family member. Thirty-one percent of women in agricultural work and 22 percent of women in non-agricultural work are self-employed. Differentials by continuity of employment show that 70 percent of women in agricultural work are seasonally employed, whereas 77 percent of women in non-agricultural work are employed all year.

Table 3.7 Type of employment: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or non-agricultural), Namibia 2006-07

Employment characteristic	Agricultural work	Non-agricultural work	Missing	Total
Type of earnings				
Cash only	16.4	83.3	44.2	68.6
Cash and in-kind	1.5	3.3	1.5	2.8
In-kind only	1.3	1.7	3.2	1.8
Not paid	80.7	11.4	47.7	26.3
Missing	0.1	0.2	3.4	0.5
Total	100.0	100.0	100.0	100.0
Type of employer				
Employed by family member	52.7	11.3	14.7	18.5
Employed by non-family member	16.2	66.1	40.2	55.5
Self-employed	31.1	22.4	41.7	25.6
Missing	0.0	0.2	3.4	0.4
Total	100.0	100.0	100.0	100.0
Continuity of employment				
All year	26.8	76.8	72.0	68.1
Seasonal	70.1	14.0	17.0	23.6
Occasional	3.1	9.0	7.3	7.9
Missing	0.0	0.2	3.7	0.5
Total	100.0	100.0	100.0	100.0
Number of women employed during the past 12 months	870	3,887	474	5,231

Women age 15-49 are employed in two major areas: namely agricultural work and non-agricultural work. Overall, 69 percent of women receive cash only, while 26 percent are not paid. Most women (81 percent) in agricultural work are not paid.

Fifty-six percent of women are employed by non-family members, 19 percent by family members, and 26 percent are self-employed. Sixty-six percent of women employed in non-agricultural work are employed by non-family members, 22 percent are self-employed, and 11 percent are employed by family members.

With regard to continuity of employment, 68 percent of employed women work all year, 24 percent are seasonal workers, and 8 percent are considered occasional workers. Seventy-seven percent of women employed in non-agricultural work are employed all year, 14 percent are seasonal workers, and 9 percent are considered occasional workers. The majority of women employed in agriculture are seasonal workers, while 27 percent work all year.

FERTILITY LEVELS, TRENDS, AND DIFFERENTIALS 4

This chapter looks at a number of fertility indicators including levels, patterns, and trends in both current and cumulative fertility; the length of birth intervals; and the age at which women begin childbearing. Information on current and cumulative fertility is essential in monitoring population growth. The data on birth intervals are important because short intervals are strongly associated with childhood mortality. The age at which childbearing begins can also have a major impact on the health and well-being of both the mother and the child.

Data on fertility were collected in several ways. Each woman was asked about all of the births she had had in her lifetime. To ensure completeness of the responses, the duration, the month and year of termination, and the result of the pregnancy were recorded for each pregnancy. In addition, questions were asked separately about sons and daughters who live with the mother, those who live elsewhere, and those who have died. Subsequently, a list of all births was recorded along with name, age if still alive, and age at death if dead. Finally, information was collected on whether the women were pregnant at the time of the survey.

4.1 CURRENT FERTILITY

Measures of current fertility presented in this chapter include age-specific fertility rates (ASFRs), the total fertility rate (TFR), the general fertility rate (GFR), and the crude birth rate (CBR). These rates are generally presented for the three-year period preceding the survey, a period covering portions of calendar years 2005 through 2007. The three-year period was chosen for calculating these rates (rather than a longer or a shorter period) to provide the most current information, to reduce sampling error, and to avoid problems of the displacement of births. Age-specific fertility rates are useful in understanding the age pattern of fertility. Numerators of ASFRs are calculated by identifying live births that occurred in the period 1-36 months prior to the survey (determined from the date of interview and date of birth of the child), and classifying them by the age (in five-year groups) of the mother at the time of the child's birth. The denominators of these rates are the number of woman-years lived in each of the specified five-year age groups in the period 1-36 months prior to the survey.

The total fertility rate is a common measure of current fertility and is defined as the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the currently observed age-specific rates. The general fertility rate is the number of live births occurring during a specified period per 1,000 women age 15-44. The crude birth rate is the number of births per 1,000 population during a specified period.

Current estimates of fertility levels are presented in Table 4.1 and Figure 4.1 by urban-rural residence. The TFR in Namibia for the period 2005 to 2007 is 3.6 births per woman, 0.6 births lower than that recorded in the 2000 NDHS (4.2 births per woman). On average, rural women have 1.5 more children than urban women (4.3 compared with 2.8 children per woman). The difference in fertility rates between urban and rural women can be attributed to better education and greater access to family planning information and services in urban areas (see Chapters 3 and 5).

The age pattern of fertility indicates that childbearing in Namibia begins early. According to the cumulative age-specific fertility rates shown in Table 4.1, fertility peaks in the age group 20-24 (204 births per thousand women in rural and 136 births per thousand women in urban areas). Age-specific fertility rates are higher in rural areas than in urban areas for all age groups.

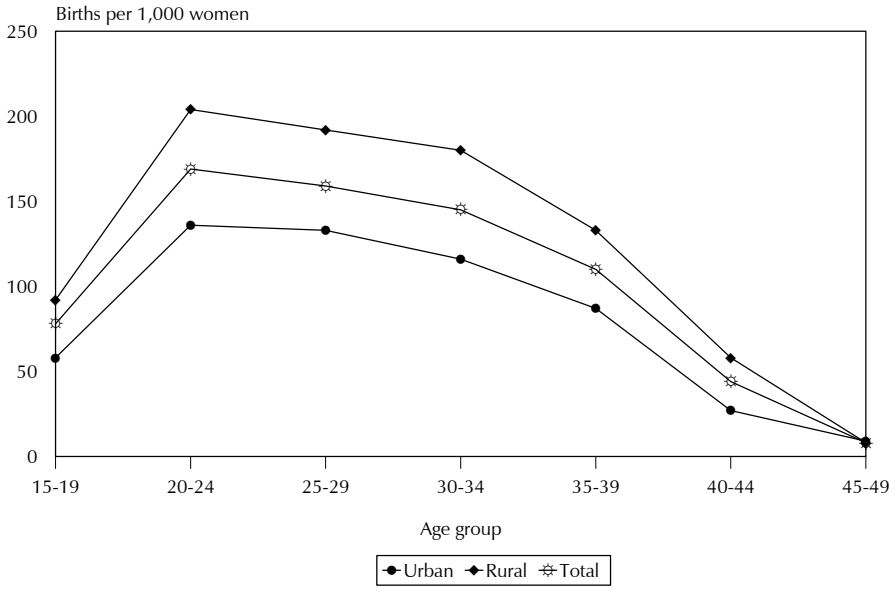
Table 4.1 Current fertility

Age-specific and total fertility rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Namibia 2006-07

	Residence		
Age group	Urban	Rural	Total
15-19	58	92	78
20-24	136	204	169
25-29	133	192	159
30-34	116	180	145
35-39	87	133	110
40-44	27	58	44
45-49	9	8	8
TFR	2.8	4.3	3.6
GFR	100	143	122
CBR	28.8	29.6	29.2

Notes: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to interview.
TFR: Total fertility rate expressed per woman
GFR: General fertility rate expressed per 1,000 women
CBR: Crude birth rate expressed per 1,000 population

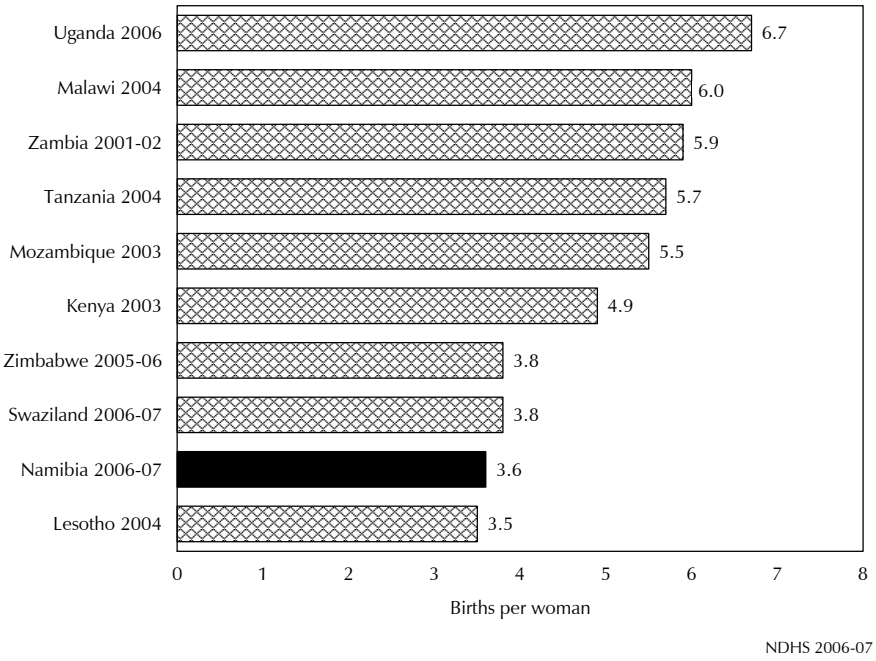
Figure 4.1 Age-Specific Fertility Rates by Urban-Rural Residence



NDHS 2006-07

Compared with other countries in south-eastern Africa that have participated in the DHS programme, fertility in Namibia is slightly higher than that in Lesotho and slightly lower than that in Zimbabwe and Swaziland (Figure 4.2).

Figure 4.2 Total Fertility Rates for Selected Countries



NDHS 2006-07

4.2 FERTILITY DIFFERENTIALS BY BACKGROUND CHARACTERISTICS

Fertility is known to vary by residence, educational background, and other background characteristics of a woman. Table 4.2 shows that the TFR varies between regions, ranging from 2.6 children per woman in Khomas to 5.1 children per woman in Omaheke. Teenage fertility is high in Kavango (140 births per 1,000 women), Omaheke (137 per 1,000), Caprivi (121 per 1,000), and Otjozondjupa (120 per 1,000), while Khomas, Omusati, and Oshana have the lowest rates (42, 49, and 49 births per 1,000 women, respectively).

Table 4.2 Current fertility by region

Age-specific and total fertility rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Namibia 2006-07

	Region													
Age group	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohang-wena	Omaheke	Omusati	Oshana	Oshikoto	Otjozond-jupa	Total
15-19	121	76	103	112	140	42	112	70	137	49	49	63	120	78
20-24	157	136	163	119	213	132	194	203	214	196	147	175	212	169
25-29	159	145	134	198	184	122	222	185	235	167	131	201	172	159
30-34	143	141	153	122	151	101	195	230	227	138	142	148	144	145
35-39	61	57	75	68	180	98	107	117	145	119	90	111	179	110
40-44	67	9	14	15	82	27	100	39	44	55	38	70	55	44
45-49	11	0	9	0	33	0	0	8	10	8	0	23	8	8
TFR	3.6	2.8	3.3	3.2	4.9	2.6	4.7	4.3	5.1	3.7	3.0	4.0	4.5	3.6
GFR	129	101	116	110	166	94	163	138	167	118	99	126	152	122
CBR	30.8	24.8	26.6	23.6	36.7	28.2	33.6	29.7	31.5	26.4	26.5	27.9	33.6	29.2

Table 4.3 shows several fertility measurements, namely the total fertility rate, mean number of births to women age 40-49, and the percentage of women who are currently pregnant. The mean number of births to women age 40-49 is an indicator of cumulative fertility; it reflects the fertility performance of older women who are nearing the end of their reproductive period. If fertility remained stable over time and the reported data on both children ever born and births during the three years preceding the survey are reasonably accurate, the total fertility rate (TFR) and the mean number of children ever born (CEB) tend to be similar. When fertility levels are falling, the TFR will be substantially lower than the mean number of children ever born among women age 40-49. The percentage pregnant provides a useful additional measure of current fertility, although it is recognized that it may not capture some pregnancies that are in an early stage.

Table 4.3 shows the decline in fertility by background characteristics. The current TFR is 0.8 children lower than the mean number of children among women age 40-49 (3.6 births per woman and 4.4 children, respectively). Educational attainment is closely linked to a woman's fertility; the TFR for women with no formal education (6.3) and women with a primary education (4.0-4.7) is four or more children per woman, while that for women with at least some secondary education is three or fewer children per woman (2.1-3.2). A comparison of current (total) fertility with past (completed) fertility shows that there have been substantial and roughly equivalent declines in both urban and rural areas and within all regional and education categories.

Table 4.3 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Namibia 2006-07

Background characteristic	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	2.8	4.6	3.7
Rural	4.3	6.1	4.9
Region			
Caprivi	3.6	7.2	4.7
Erongo	2.8	5.3	3.8
Hardap	3.3	7.0	4.2
Karas	3.2	4.0	3.8
Kavango	4.9	6.2	5.0
Khomas	2.6	4.0	3.5
Kunene	4.7	10.2	5.6
Ohangwena	4.3	5.1	5.4
Omaheke	5.1	7.4	4.7
Omusati	3.7	4.8	4.2
Oshana	3.0	4.1	4.5
Oshikoto	4.0	5.6	5.1
Otjozondjupa	4.5	7.3	4.6
Education			
No education/preschool	6.3	7.2	5.5
Incomplete primary	4.7	6.5	5.4
Complete primary	4.0	5.9	4.9
Incomplete secondary	3.2	5.0	3.7
Complete secondary	2.8	4.6	2.8
More than secondary	2.1	4.6	2.7
Wealth quintile			
Lowest	5.1	6.9	5.5
Second	4.3	5.6	4.9
Middle	4.1	6.4	4.7
Fourth	2.8	5.1	4.2
Highest	2.4	3.6	3.1
Total	3.6	5.4	4.4

Note: Total fertility rates are for the period 1-36 months prior to interview.

Table 4.3 indicates that 5 percent of women were pregnant at the time of the survey. This is likely to be an underestimate because women in the early stages of pregnancy may be unaware or unsure that they are pregnant while some may not report that they are pregnant. Kunene has the highest pregnancy rate (10 percent). Differentials in pregnancy status parallel differentials in current fertility; the proportion of women who are currently pregnant declines as the level of education increases and wealth status rises.

4.3 FERTILITY TRENDS

Table 4.4 uses information from the retrospective birth histories obtained from the 2006-07 NDHS respondents to examine trends in age-specific fertility rates for successive five-year periods

before the survey. To calculate these rates, births were classified according to the period of time in which the birth occurred and the mother's age at the time of birth. Because birth histories were not collected for women over age 50, the rates for older age groups become progressively more truncated for periods more distant from the survey date. For example, rates cannot be calculated for women age 45-49 for the period 5-9 years or more prior to the survey because women in that age group would have been age 50 or over at the time of the survey.

Table 4.4 shows that fertility rates for all age groups have decreased over time. For example, the fertility rate for women age 15-19 was 88 births per 1,000 women in 1988-1992 compared with 74 births per 1,000 women in 2003-2007.

Another way to examine fertility trends is to compare current estimates with earlier surveys. Table 4.5 and Figure 4.3 show the age-specific fertility rates and TFRs from the 1992, 2000, and 2006-07 NDHS surveys. The data show that fertility declined from 5.4 children per woman in the early 1990s to 3.6 children per woman in 2005-07. Across age groups, the sharpest decline is seen among women age 25-29, from 241 in 1990-92 to 159 children per woman in 2005-07.

Table 4.4 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Namibia 2006-07

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	74	82	87	88
20-24	165	161	179	193
25-29	159	174	200	218
30-34	143	167	191	[194]
35-39	108	125	[137]	
40-44	45	[85]		
45-49	[9]			

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview.

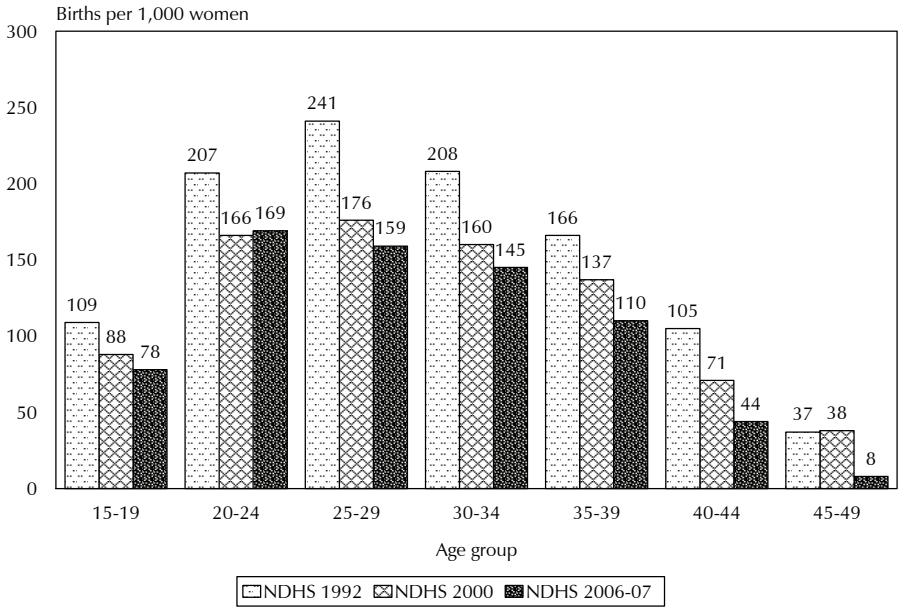
Table 4.5 Trends in age-specific and total fertility rates

Age-specific and total fertility rates (TFR) for the three-year period preceding several surveys, Namibia 1992-2007

Mother's age at birth	NDHS 1992 (1990-92)	NDHS 2000 (1998-2000)	NDHS 2006-07 (2006-07)
15-19	109	88	78
20-24	207	166	169
25-29	241	176	159
30-34	208	160	145
35-39	166	137	110
40-44	105	71	44
45-49	37	38	8
TFR	5.4	4.2	3.6

Note: Age-specific fertility rates are per 1,000 women.

Figure 4.3 **Trends in Age-specific Fertility Rates, Namibia 1992-2007**



4.4 CHILDREN EVER BORN AND LIVING

Table 4.6 presents the distribution of all women and currently married women by number of children ever born, according to five-year age groups. The table also shows the mean number of children ever born. Data on the number of children ever born reflect the accumulation of births to women over their entire reproductive years and therefore have limited reference to current fertility levels, particularly when a country has experienced a decline in fertility. However, the information on children ever born is useful for observing how average family size varies across age groups and for observing the level of primary infertility.

Table 4.6 shows that 87 percent of women age 15-19 have never given birth. However, this proportion declines rapidly to 5 percent or less for women age 35 and over. Namibian women have an average of 4.75 children by the end of their reproductive years, which is 1.15 children more than the TFR. This discrepancy is largely attributable to the fertility decline between the 1992 and 2000 NDHS surveys.

As expected, both the mean number of children ever born and the mean number of children surviving rise with increasing age of women. The last two columns in Table 4.6 compare these two variables, and reveal the level of child loss among Namibian women. By the end of their reproductive years (age 45-49), women in Namibia have given birth to an average of 1.91 children, with 1.76 surviving. This means that 92 percent of children ever born have survived.

The same pattern is replicated for currently married women, except that the mean number of children ever born is higher for currently married women (3.15 children) than for all women (1.91 children). The difference is due to the lower levels of fertility among women in the "all women" category.

Table 4.6 Children ever born and living

Percent distribution of all women and currently married women age 15-49 by number of children ever born, mean number of children ever born and mean number of living children, according to age group, Namibia 2006-07

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	87.4	11.0	1.4	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,246	0.15	0.14
20-24	42.0	37.1	16.4	3.7	0.7	0.1	0.0	0.0	0.0	0.0	0.0	100.0	1,855	0.84	0.80
25-29	20.6	27.8	29.3	14.9	5.2	1.9	0.2	0.0	0.0	0.0	0.0	100.0	1,623	1.63	1.54
30-34	9.5	20.3	24.8	21.7	11.7	6.9	3.3	1.4	0.3	0.0	0.0	100.0	1,417	2.49	2.32
35-39	4.9	12.1	18.6	20.8	17.6	10.5	7.7	4.9	2.0	0.7	0.3	100.0	1,045	3.41	3.20
40-44	4.4	6.1	15.1	16.8	19.1	12.6	10.5	6.8	4.3	2.3	2.0	100.0	928	4.12	3.75
45-49	3.6	6.2	12.0	13.6	15.0	12.5	12.3	9.3	5.0	6.0	4.7	100.0	689	4.75	4.19
Total	33.9	19.4	16.1	11.1	7.4	4.5	3.2	2.0	1.0	0.7	0.6	100.0	9,804	1.91	1.76
CURRENTLY MARRIED WOMEN															
15-19	38.7	48.2	11.2	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	118	0.76	0.72
20-24	14.2	40.2	34.4	8.2	2.5	0.5	0.0	0.0	0.0	0.0	0.0	100.0	398	1.46	1.37
25-29	8.8	23.8	34.4	20.7	9.2	2.5	0.6	0.0	0.0	0.0	0.0	100.0	625	2.08	1.96
30-34	4.2	15.2	26.5	24.1	14.1	8.3	5.2	1.9	0.6	0.0	0.0	100.0	751	2.87	2.69
35-39	2.5	9.1	15.7	21.6	19.5	11.6	9.0	6.5	3.2	0.7	0.5	100.0	612	3.79	3.56
40-44	3.0	4.2	14.4	17.5	17.4	13.0	11.1	8.7	5.3	2.5	2.8	100.0	522	4.42	4.06
45-49	2.0	4.9	12.9	14.1	13.8	12.1	11.7	8.3	6.1	7.9	6.1	100.0	424	5.01	4.40
Total	6.6	16.8	22.9	18.2	12.8	7.8	6.0	3.9	2.3	1.5	1.3	100.0	3,451	3.15	2.91

Voluntary childlessness is uncommon in Namibia and currently married women with no children are likely to be those who are sterile or unable to bear children. The level of childlessness among married women at the end of their reproductive years can be used as an indicator of the level of primary sterility. In Namibia, primary sterility among all women age 45-49 is around 4 percent.

4.5 BIRTH INTERVALS

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

The study of birth intervals is done using two measures, namely median birth interval and proportion of non-first births that occur with an interval of 24 months or more after the previous birth. Table 4.7 presents the distribution of second and higher-order births in the five years preceding the survey by the number of months since the previous birth, according to background characteristics. The table also includes the median number of months since the preceding birth.

Table 4.7 shows that the overall median birth interval for Namibia is 42.3 months. In the five years preceding the survey 13 percent of children were born within 24 months after a preceding birth, 26 percent were born 2 to 3 years after their older sibling, and 42 percent were born 4 years or more after a preceding birth.

The shortest birth intervals are observed among children born to women age 15-19 (24.7 months) and children whose preceding sibling died (30.4 months). Birth intervals are longest for children born to women with higher than secondary education (47.6 months). The median birth interval is 10 months longer in urban areas than in rural areas. In all regions, the median birth interval is longer than 36 months. The medians range from 36.5 months in Omaheke to 52.1 months in Erongo.

A large proportion (44 percent) of children of younger women (15-19) are born less than 24 months after the preceding birth, indicating that birth intervals among younger women are very short, increasing the health risks to both children and mothers.

Table 4.7 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Namibia 2006-07

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	22.8	21.3	24.1	25.1	4.3	2.3	100.0	42	24.7
20-29	6.2	11.0	29.7	21.1	12.2	19.9	100.0	1,355	37.2
30-39	4.3	6.4	23.7	17.6	13.7	34.2	100.0	1,562	46.8
40-49	2.8	5.8	20.9	19.9	11.3	39.2	100.0	412	48.5
Birth order									
2-3	5.1	8.2	23.6	18.5	12.3	32.3	100.0	2,040	44.4
4-6	4.6	8.2	28.6	19.8	14.3	24.7	100.0	1,043	40.7
7+	7.3	9.8	30.8	24.9	9.8	17.3	100.0	288	36.8
Sex of preceding birth									
Male	5.7	9.0	23.9	20.8	12.5	28.1	100.0	1,705	42.6
Female	4.6	7.7	27.7	18.0	12.8	29.2	100.0	1,667	42.0
Survival of preceding birth									
Living	4.4	7.7	25.8	20.0	12.9	29.4	100.0	3,152	43.1
Dead	15.7	17.9	25.9	11.6	10.3	18.7	100.0	219	30.4
Residence									
Urban	5.7	6.3	19.9	17.3	14.4	36.5	100.0	1,338	48.6
Rural	4.7	9.7	29.6	20.8	11.6	23.5	100.0	2,034	38.8
Region									
Caprivi	3.5	6.1	21.0	21.8	14.0	33.7	100.0	180	46.6
Erongo	4.2	6.3	14.7	17.6	17.6	39.6	100.0	197	52.1
Hardap	7.2	12.6	21.6	14.6	11.3	32.8	100.0	98	40.0
Karas	7.4	4.3	20.6	18.4	16.1	33.4	100.0	98	47.7
Kavango	1.0	5.2	25.9	20.4	17.8	29.7	100.0	398	46.5
Khomas	8.6	6.3	18.8	17.5	13.8	35.0	100.0	586	47.5
Kunene	4.8	15.4	28.2	23.3	9.3	19.2	100.0	140	36.8
Ohangwena	5.3	9.7	31.4	25.3	9.6	18.7	100.0	400	36.9
Omaheke	8.2	13.6	27.4	13.7	10.7	26.4	100.0	163	36.5
Omusati	2.7	7.8	29.7	19.9	11.5	28.4	100.0	295	41.7
Oshana	2.6	10.0	34.2	20.8	10.0	22.4	100.0	231	37.1
Oshikoto	4.1	8.5	31.7	20.9	9.3	25.5	100.0	336	39.3
Otjozondjupa	8.1	10.9	25.8	12.7	13.0	29.6	100.0	250	40.3
Education									
No education/preschool	6.2	10.2	29.2	20.8	14.3	19.3	100.0	478	38.3
Incomplete primary	3.7	7.2	28.8	23.9	12.8	23.5	100.0	836	40.6
Complete primary	3.9	9.0	28.9	13.6	13.0	31.6	100.0	265	42.9
Incomplete secondary	5.0	8.1	24.1	17.6	11.4	33.7	100.0	1,313	45.0
Complete secondary	7.5	8.8	23.9	16.1	13.8	29.9	100.0	309	43.3
More than secondary	7.2	8.4	12.6	22.4	14.7	34.7	100.0	171	47.6
Wealth quintile									
Lowest	3.1	9.6	32.0	23.1	11.4	20.7	100.0	790	38.6
Second	5.6	8.8	29.0	20.8	12.0	23.8	100.0	683	39.2
Middle	6.1	9.0	25.6	18.8	13.7	26.9	100.0	764	41.3
Fourth	4.5	8.6	22.8	16.4	12.7	35.0	100.0	661	46.4
Highest	7.2	4.2	15.1	16.5	14.0	43.1	100.0	474	53.0
Total	5.1	8.3	25.8	19.4	12.7	28.7	100.0	3,372	42.3

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

4.6 AGE AT FIRST BIRTH

The age at which childbearing commences is an important determinant of the overall level of fertility as well as the health and welfare of the mother and the child. In some societies, postponement of first births because of increasing age at first marriage has contributed to overall fertility decline. Table 4.8 shows the percentage of women who gave birth by specific ages, according to age at the time of the survey.

Table 4.8 shows trends in the median age at first birth across age cohorts. The measures are presented for women age 25-49 to ensure that half of the women have already had a birth. Almost one-fifth of women age 25-49 have given birth before reaching age 18, while 57 percent have had a birth by age 20. The median age at first birth is about 21 years across all age cohorts, indicating virtually no change in the age at first birth. The median age at first birth for age group (25-49) is 21.4 years, which is similar to that recorded in the 2000 NDHS (21.1 years).

Table 4.8 Age at first birth

Percentage of women age 15-49 who gave birth by exact ages, percentage who have never given birth, and median age at first birth, according to current age, Namibia 2006-07

	Percentage who gave birth by exact age					Percentage who have never given	Number of	Median age
Current age	15	18	20	22	25	birth	women	at first birth
15-19	1.4	na	na	na	na	87.4	2,246	a
20-24	2.3	17.0	35.1	na	na	42.0	1,855	a
25-29	1.5	17.7	36.1	54.5	70.9	20.6	1,623	21.4
30-34	1.9	16.2	36.6	52.5	71.8	9.5	1,417	21.6
35-39	1.7	17.1	38.9	57.0	76.3	4.9	1,045	21.2
40-44	2.5	18.8	36.8	52.8	71.9	4.4	928	21.6
45-49	4.9	17.5	41.9	59.4	79.1	3.6	689	21.0
20-49	2.2	17.3	37.0	na	na	18.1	7,558	21.5
25-49	2.2	17.4	37.6	54.8	73.3	10.3	5,703	21.4

na = Not applicable
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

Table 4.9 shows that the median age at first birth is almost the same in urban and rural areas (21.8 and 21.0 years, respectively). Among regions, the highest median age at first birth for women 25-49 is 22.5 years or higher in Khomas, Omusati, and Oshana. Women in Kunene began child-bearing three years earlier than women in Omusati (19.5 years).

Median age at first birth increases with the woman's education and household wealth status. Women who completed secondary school began childbearing at 24.2 years compared with 19.9 years for women with no education. Women in the poorest households had their first child at 20.4 years compared with 23.1 years for women in the wealthiest households.

Table 4.9 Median age at first birth

Median age at first birth among women age 25-49, according to background characteristics, Namibia 2006-07

Background characteristic	Age					Women
	25-29	30-34	35-39	40-44	45-49	25-49
Residence						
Urban	22.3	22.1	21.5	21.3	20.9	21.8
Rural	20.8	20.9	21.0	21.8	21.0	21.0
Region						
Caprivi	19.8	19.5	22.0	19.6	19.5	19.9
Erongo	22.4	21.0	21.6	21.6	20.1	21.3
Hardap	20.3	21.4	20.7	20.0	20.5	20.6
Karas	21.3	22.6	21.4	21.3	19.3	21.4
Kavango	19.8	19.3	19.5	20.2	20.9	19.7
Khomas	23.5	22.8	20.9	21.1	21.9	22.5
Kunene	20.3	19.2	19.2	18.9	19.2	19.5
Ohangwena	20.9	22.4	21.8	21.9	21.5	21.7
Omaheke	20.1	20.8	20.0	20.7	19.9	20.3
Omusati	22.0	22.4	22.0	24.6	24.3	22.9
Oshana	22.4	21.6	22.6	23.5	21.6	22.5
Oshikoto	20.8	20.5	22.1	23.1	21.0	21.3
Otjozondjupa	20.9	20.2	19.7	19.2	20.1	20.2
Education						
No education/preschool	19.9	19.7	19.7	20.3	19.9	19.9
Incomplete primary	19.0	19.1	19.5	20.0	20.0	19.5
Complete primary	19.4	20.3	19.6	20.8	20.8	20.1
Incomplete secondary	21.4	21.9	22.1	21.7	21.0	21.6
Complete secondary	24.1	25.0	24.1	24.0	22.4	24.2
More than secondary	a	27.0	26.2	26.8	25.6	a
Wealth quintile						
Lowest	20.2	19.9	20.3	21.0	21.2	20.4
Second	20.7	21.6	20.9	22.1	21.2	21.1
Middle	20.8	20.8	21.0	21.6	20.3	20.9
Fourth	21.7	21.2	20.7	20.9	19.8	21.0
Highest	24.7	24.1	22.9	22.4	21.8	23.1
Total	21.4	21.6	21.2	21.6	21.0	21.4

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

4.7 TEENAGE PREGNANCY AND MOTHERHOOD

Teenage pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and child. Childbearing during the teenage years frequently has adverse social consequences, particularly for female educational attainment because women who become mothers in their teens are more likely to curtail their education. Using information from the 2006-07 NDHS, Table 4.10 shows the percentage of women age 15-19 who are mothers or who are pregnant with their first child.

Overall, 15 percent of teenagers in Namibia have started childbearing; 13 percent have had a live birth and 3 percent are pregnant with their first child. Childbearing among teenagers increases rapidly between the ages of 17 and 19—from 14 percent among women age 17, to 35 percent among women age 19. Rural teenagers are more likely than urban teenagers to have started childbearing (18 percent and 12 percent, respectively).

Across regions, there appears to be two patterns of childbearing among teenagers. There are regions with high teenage pregnancy rates (27 percent or higher), such as Omaheke (27 percent), Otjozondjupa (27 percent), Caprivi (30 percent), Kunene (31 percent), and Kavango (34 percent). On the other hand, teenage pregnancy is 10 percent or less in Khomas, Ohangwena, Omusati, and Oshana regions. The childbearing rates among teenagers in the remaining regions are between 13 percent (Karas) and 19 percent (Hardap).

Teenage pregnancy rates have a negative association with education and wealth status. Fifty-eight percent of teenagers with no education have started childbearing, more than twice the rate for teenagers who have incomplete primary school (25 percent), and almost ten times higher than the rate for those who completed secondary school (6 percent). Teenagers from the poorest households are nearly five times as likely to have been pregnant as those from the richest households (22 percent compared with 5 percent).

Table 4.10 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing, by background characteristics, Namibia 2006-07

Background characteristic	Percentage who: Have had a live birth	Percentage who: Are pregnant with first child	Percentage who have begun childbearing	Number of women
Age				
15	2.0	0.8	2.7	401
16	3.5	2.1	5.5	508
17	11.5	2.3	13.9	456
18	17.0	4.5	21.6	466
19	30.4	4.2	34.6	415
Residence				
Urban	9.5	2.3	11.8	908
Rural	14.7	3.2	17.9	1,338
Region				
Caprivi	22.0	7.7	29.7	103
Erongo	11.5	3.1	14.6	118
Hardap	15.5	3.7	19.2	68
Karas	12.1	1.1	13.2	52
Kavango	27.9	6.0	34.0	239
Khomas	5.5	0.8	6.3	401
Kunene	25.4	5.1	30.5	52
Ohangwena	9.1	0.9	10.0	346
Omaheke	25.5	1.7	27.1	85
Omusati	6.8	2.5	9.3	261
Oshana	6.6	2.7	9.3	198
Oshikoto	11.3	2.3	13.6	228
Otjozondjupa	20.1	6.4	26.5	94
Education				
No education/preschool	45.3	12.7	58.0	45
Incomplete primary	22.8	2.3	25.1	291
Complete primary	20.0	2.2	22.3	235
Incomplete secondary	9.5	2.9	12.4	1,498
Complete secondary	4.6	1.6	6.1	157
More than secondary	0.0	0.0	0.0	19
Wealth quintile				
Lowest	18.3	4.2	22.4	445
Second	12.3	2.5	14.8	474
Middle	17.8	3.1	20.9	423
Fourth	12.6	2.9	15.5	419
Highest	3.4	1.4	4.8	485
Total	12.6	2.8	15.4	2,246

FAMILY PLANNING 5

This chapter presents results from the 2006-07 NDHS regarding aspects of contraceptive knowledge, attitudes, and behaviour. Although the focus is on women, some results from male respondents are discussed because men play an important role in achieving family planning goals. To get an indication of interspousal communication and agreement on knowledge and attitudes of couples regarding family planning, the study compares the responses of men, where possible, with responses of their wives in the same household. Where feasible, comparisons are also made with findings from previous survey rounds to highlight trends in important indicators.

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

One major objective of the 2006-07 NDHS was to assess the level of knowledge of contraceptive methods among women and men. Individuals who have adequate information about the available methods of contraception are better able to develop a rational approach to planning their families. Information on respondents' knowledge of contraception was collected in the survey by asking female and male respondents to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent had heard of it. In Table 5.1, contraceptive methods are grouped into two types, modern and traditional. Modern methods include female and male sterilization, the pill, the intrauterine device (IUD), injectables, implants, male condom, female condom, lactational amenorrhoea (LAM), and emergency contraception. Traditional methods include the rhythm method (periodic abstinence) and withdrawal. Provision was also made in the questionnaire to record any other methods, including folk methods, named spontaneously by the respondent. Specific contraceptive methods asked about were the same as those in the 2000 NDHS (MoHSS, 2003), except that in the 2006-07 NDHS, the diaphragm, foam, and jelly were not explicitly asked about, while implants were.

Table 5.1 shows the level of knowledge of specific contraceptive methods among all women and men, among married women and men, and among unmarried but sexually active women and men. The 2006-07 NDHS finds that knowledge of contraception is practically universal; 98 percent of all women and men know at least one contraceptive method. Knowledge of modern contraception among the sexually active respondents is also high, regardless of sex or marital status. Knowledge of traditional methods is considerably lower for both women and men regardless of marital status with men showing somewhat higher levels of knowledge of these traditional methods.

The most widely known modern methods of contraception among all women are male condom (95 percent), injectables (93 percent), the pill (90 percent), and female condom (83 percent). The least commonly cited modern methods by all women are implants (19 percent), emergency contraception (21 percent), and male sterilization (32 percent). In general, married women and sexually active unmarried women show similar levels of knowledge of both modern and traditional contraceptive methods, except that married women seem somewhat more aware of longer-term methods, such as sterilization, the IUD, and implants. Compared with married women, sexually active unmarried women were slightly more likely to have heard of male and female condoms, emergency contraception, and the withdrawal method. Among sexually active unmarried women, the male condom is also the most widely known contraceptive method (98 percent).

In general, for both men and women there have been only slight increases in knowledge of contraceptive methods since the 2000 NDHS. Among all women, the major exceptions are that knowledge of the female condom increased from 66 percent in 2000 to 83 percent in 2006-07 and knowledge of the IUD decreased from 52 percent in 2000 to 46 percent in 2006-07.

Among sexually active unmarried women, while there is an increase in the level of knowledge of male and female condoms from the level in 2000, knowledge of some modern contraceptive methods in the 2006-07 NDHS is lower than that in the 2000 NDHS. For example, knowledge of the IUD declined from 60 percent to 49 percent, knowledge of female sterilization declined from 69 percent to 62 percent, and knowledge of male sterilization declined from 38 percent to 33 percent.

Table 5.1 also shows that virtually all sexually active men know at least one modern method of fertility regulation. Among all men, most widely known modern methods of contraception are the male condom (98 percent), female condom (82 percent), injectables (80 percent), and the pill (78 percent). Among men, the least commonly mentioned modern contraceptive methods are emergency contraception (25 percent), implants (26 percent), and male sterilization (42 percent).

Table 5.1 Knowledge of contraceptive methods

Percentage of all respondents, currently married respondents, and sexually active unmarried respondents age 15-49 who know any contraceptive method, by specific method, Namibia 2006-07

	Women			Men		
Method	All women	Currently married women	Sexually active unmarried woman[1]	All men	Currently married men	Sexually active unmarried men[1]
Any method	98.3	99.1	99.5	98.0	99.0	100.0
Any modern method	98.3	99.0	99.4	98.0	99.0	100.0
Female sterilization	58.7	67.5	61.5	54.4	61.6	59.9
Male sterilization	31.5	35.1	32.7	41.6	45.3	45.1
Pill	89.7	91.9	92.4	77.7	85.4	82.4
IUD	45.5	50.9	48.6	40.0	43.8	42.3
Injectables	92.5	95.7	95.4	79.9	87.6	85.9
Implants	18.8	21.9	17.6	26.1	30.6	26.9
Male condom	94.6	93.9	97.9	97.6	98.3	99.8
Female condom	83.0	81.1	89.2	82.3	85.6	85.7
Emergency contraception	20.7	23.2	25.6	25.4	24.6	29.2
Any traditional method	47.3	50.2	53.3	56.4	61.4	60.0
Rhythm	33.8	35.8	36.4	36.4	41.7	38.2
Withdrawal	32.9	36.1	40.0	47.0	48.4	50.9
Folk method	5.4	7.0	4.1	5.8	6.9	6.3
Mean number of methods known by respondents 15-49	6.1	6.4	6.4	6.1	6.6	6.5
Number of respondents	9,804	3,451	1,343	3,915	1,205	733

[1] Had last sexual intercourse within 30 days preceding the survey

Compared with the 2000 NDHS, all men are currently less likely to have heard of female sterilization (58 percent in the 2000 NDHS and to 54 percent currently), the pill (83 percent and 78 percent), and injectables (86 percent and 80 percent). Over the same period, all men were somewhat more likely to have heard of male sterilization (38 percent in the 2000 NDHS and 42 percent currently), the IUD (35 percent and 40 percent), and female condom (74 percent and 82 percent).

Table 5.2 presents knowledge of family planning methods across subgroups of women and men. The table shows that knowledge of at least one modern method of family planning is universal (98 percent or more) among all subgroups of currently married women in Namibia, except among the youngest age group (96 percent). Married men are as knowledgeable about modern family planning methods as married women. There is little variation between respondents in different regions with all showing near universal knowledge of at least one contraceptive method. The only exception is married men in Ohangwena, who are least likely to know a modern method of fertility regulation (79 percent). For both married women and men, limited education is associated with having somewhat lower levels of knowledge of contraception. Similarly, being in the lowest wealth quintile is associated with somewhat lower levels of contraceptive knowledge.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and currently married men age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method by background characteristics, Namibia 2006-07

Background characteristic	Women			Men		
	Heard of any method	Heard of any modern method[1]	Number	Heard of any method	Heard of any modern method[1]	Number
Age						
15-19	95.5	95.5	118	*	*	3
20-24	99.5	99.5	398	98.2	98.2	76
25-29	99.1	99.1	625	99.5	99.5	199
30-34	99.3	99.2	751	99.4	99.4	260
35-39	99.1	99.0	612	99.2	99.2	248
40-44	99.8	99.7	522	98.5	98.5	242
45-49	98.1	98.0	424	98.6	98.6	178
Residence						
Urban	99.5	99.4	1,731	100.0	100.0	714
Rural	98.6	98.5	1,719	97.6	97.6	491
Region						
Caprivi	98.8	98.8	200	100.0	100.0	82
Erongo	99.9	99.9	327	100.0	100.0	163
Hardap	100.0	100.0	131	98.7	98.7	45
Karas	99.7	99.7	139	99.2	99.2	48
Kavango	98.4	97.9	477	100.0	100.0	125
Khomas	99.6	99.6	749	100.0	100.0	332
Kunene	97.6	97.6	141	99.6	99.6	43
Ohangwena	97.7	97.7	218	78.8	78.8	38
Omaheke	99.2	99.2	150	100.0	100.0	53
Omusati	97.8	97.8	195	(97.5)	(97.5)	47
Oshana	99.6	99.6	197	100.0	100.0	53
Oshikoto	99.4	99.4	246	100.0	100.0	73
Otjozondjupa	99.0	98.9	278	98.6	98.6	104
Education						
No education/preschool	95.2	94.9	408	95.2	95.2	159
Incomplete primary	99.1	99.0	805	98.9	98.9	284
Complete primary	99.7	99.7	242	99.0	99.0	56
Incomplete secondary	99.7	99.6	1,226	99.9	99.9	381
Complete secondary	99.9	99.9	435	100.0	100.0	168
More than secondary	99.8	99.8	334	100.0	100.0	156
Wealth quintile						
Lowest	97.4	97.2	590	94.1	94.1	154
Second	98.9	98.8	502	99.0	99.0	134
Middle	98.6	98.6	698	99.7	99.7	246
Fourth	99.8	99.7	798	99.8	99.8	311
Highest	99.9	99.9	863	100.0	100.0	360
Total 15-49	99.1	99.0	3,451	99.0	99.0	1,205

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 cases and has been suppressed.
[1] Female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, female condom, diaphragm, foam or jelly, lactational amenorrhoea method (LAM), and emergency contraception

5.2 EVER USE OF CONTRACEPTION

All women interviewed in the 2006-07 NDHS who said they had heard of a method of family planning were asked whether they had ever used that method. Men were only asked about ever use of male methods, i.e., male sterilization, male condom, rhythm method, and withdrawal. Table 5.3.1 shows the percentage of all women, currently married women, and sexually active unmarried women who have ever used specific methods of family planning, by age, while Table 5.3.2 shows comparable information for men.

Overall, 72 percent of all women reported using a method at some time and 71 percent have ever used a modern method (Table 5.3.1). This is an increase from 2000, when 63 percent of all women reported having using a contraceptive method. Among currently married women, 86 percent have used a method in the past and 84 percent have used a modern method at some time. The most common ever used modern methods among currently married women are injectables (57 percent), male condoms (43 percent), and the pill (37 percent). Among women who are unmarried but sexually active, 93 percent have used a family planning method at some time, and the most commonly used methods are condoms (81 percent), injectables (50 percent), and the pill (25 percent).

Table 5.3.1 Ever use of contraception: Women

Percentage of all women, currently married women, and sexually active unmarried women age 15-49 who have ever used any contraceptive method by method, according to age, Namibia 2006-07

			Modern method										Traditional method			
Age	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Female condom	Emergency contraception	Any traditional method	Rhythm	Withdrawal	Folk method	Number of women
ALL WOMEN																
15-19	36.3	35.2	0.1	0.0	3.6	0.0	14.4	0.0	29.4	2.8	0.6	5.4	3.2	1.9	0.9	2,246
20-24	80.0	79.1	0.2	0.0	18.9	0.2	44.4	0.2	62.8	6.0	2.3	13.5	6.6	7.3	2.3	1,855
25-29	87.6	86.6	1.1	0.0	27.7	1.1	55.5	0.5	64.1	8.4	2.3	18.1	9.6	9.9	2.1	1,623
30-34	87.6	86.4	3.4	0.5	35.4	2.8	58.6	0.5	56.9	8.6	1.7	18.0	10.1	8.9	3.0	1,417
35-39	83.8	82.4	9.9	1.5	36.1	4.9	54.3	0.6	46.4	9.3	1.9	17.8	8.8	8.9	4.2	1,045
40-44	77.5	75.7	16.3	1.4	37.3	9.4	47.5	0.7	39.2	7.9	1.9	16.0	9.6	7.4	2.9	928
45-49	68.0	66.7	23.6	1.5	28.7	7.3	34.9	0.5	25.3	4.4	0.6	12.1	6.3	5.7	3.9	689
Total	71.7	70.5	5.0	0.5	23.5	2.5	42.1	0.4	47.9	6.4	1.6	13.6	7.3	6.8	2.4	9,804
CURRENTLY MARRIED WOMEN																
15-19	73.5	72.7	0.0	0.0	22.0	0.0	45.0	0.9	50.3	6.8	3.1	13.1	8.8	7.5	1.3	118
20-24	87.9	86.4	0.4	0.0	29.8	0.1	68.6	0.8	48.6	3.6	1.6	12.5	3.8	5.7	4.9	398
25-29	91.8	90.6	1.3	0.1	35.9	2.5	65.7	0.8	53.8	6.1	2.0	17.0	8.9	11.2	2.8	625
30-34	90.0	88.4	5.0	0.7	42.3	4.2	63.6	0.4	48.9	9.2	1.1	20.0	9.4	11.2	3.5	751
35-39	87.9	86.7	14.0	2.5	41.1	7.2	56.2	0.5	42.2	9.4	1.8	19.3	8.4	11.1	5.2	612
40-44	79.8	77.7	19.4	2.4	37.7	11.2	48.8	1.2	32.5	8.1	2.2	14.9	8.3	6.1	3.0	522
45-49	72.6	71.2	28.5	2.1	31.0	9.0	36.3	0.1	25.9	5.6	0.6	13.0	7.6	6.3	4.8	424
Total	85.5	84.0	10.3	1.2	36.7	5.4	57.0	0.6	43.3	7.3	1.6	16.6	8.1	9.0	3.8	3,451
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																
15-19	89.4	88.8	0.5	0.4	7.4	0.3	35.7	0.0	79.3	7.7	3.2	11.5	5.1	5.4	1.0	250
20-24	94.5	94.2	0.0	0.2	23.1	0.2	51.2	0.0	84.4	8.3	5.7	20.5	10.1	14.9	0.8	415
25-29	97.0	96.8	1.3	0.0	26.2	0.6	57.3	0.0	86.7	9.5	3.0	21.0	9.2	13.7	0.5	278
30-34	92.7	92.3	2.5	1.1	32.9	1.2	52.8	1.8	75.9	7.5	3.2	15.2	11.3	6.3	0.8	169
35-39	87.9	86.5	0.9	0.0	39.3	4.4	60.0	0.0	73.8	18.0	3.9	20.4	10.5	9.9	4.2	101
40-44	94.2	92.4	17.0	0.0	41.2	8.9	62.8	0.0	76.8	11.6	5.2	22.4	14.4	15.6	1.8	93
45-49	(72.3)	(69.6)	(29.3)	(0.0)	(38.4)	(5.9)	(20.6)	(0.0)	(53.1)	(5.5)	(0.0)	(25.2)	(9.0)	(16.2)	(0.0)	38
Total	92.7	92.1	2.7	0.3	25.0	1.5	50.4	0.2	80.7	9.2	4.0	18.5	9.4	11.5	1.1	1,343

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Women who had sexual intercourse within 30 days preceding the survey

Table 5.3.2 shows that 75 percent of all men have used a male contraceptive method at some time and almost all of these men used a modern method. Sexually active unmarried men (93 percent) are more likely than currently married men (80 percent) to have used a male contraceptive method at some time. The most common ever used method among all men is the male condom (73 percent), although currently married men (76 percent) are less likely to have ever used a male condom than sexually active unmarried men (92 percent). The second most common ever-used male contraceptive method is withdrawal (16 percent), while use of male sterilization is 1 percent.

Table 5.3.2 Ever use of contraception: Men

Percentage of all men, currently married men, and sexually active unmarried men age 15-49 who have ever used any contraceptive method by method, according to age, Namibia 2006-07

Age	Any method	Any modern method	Modern method: Male sterilization	Modern method: Male condom	Any traditional method	Traditional method: Rhythm	Traditional method: Withdrawal	Number of men
			ALL MEN					
15-19	45.7	44.4	0.4	44.2	6.4	3.7	3.3	909
20-24	84.7	83.3	1.1	83.3	23.5	12.5	16.2	751
25-29	88.8	87.6	0.7	87.6	29.0	15.4	21.7	702
30-34	90.0	88.5	1.5	88.0	32.0	13.3	24.6	586
35-39	82.7	79.9	1.7	79.0	26.2	14.1	18.8	400
40-44	74.7	71.6	2.5	70.9	23.4	12.8	16.2	331
45-49	64.7	57.5	1.1	57.1	25.1	15.0	16.5	236
Total 15-49	74.9	72.9	1.1	72.6	22.2	11.5	15.7	3,915
			CURRENTLY MARRIED MEN					
15-19	*	*	*	*	*	*	*	3
20-24	85.2	82.7	5.3	82.7	44.7	33.0	18.8	76
25-29	86.2	83.4	0.3	83.4	35.8	22.4	25.4	199
30-34	87.9	85.9	3.0	84.9	33.4	12.0	28.1	260
35-39	80.4	76.4	2.7	74.9	29.5	17.3	19.6	248
40-44	75.3	71.0	3.1	70.1	24.4	13.7	16.6	241
45-49	67.2	59.5	1.1	59.0	26.6	16.4	16.7	178
Total 15-49	80.3	76.5	2.4	75.7	30.8	17.1	21.3	1,206
			SEXUALLY ACTIVE UNMARRIED MEN[1]					
15-19	90.8	88.0	1.5	87.4	11.3	5.9	6.6	107
20-24	95.1	94.7	1.7	94.7	24.7	15.1	16.1	203
25-29	96.0	96.0	0.8	96.0	30.5	13.3	23.9	173
30-34	96.8	96.8	0.9	96.8	32.3	11.1	25.4	137
35-39	87.5	87.5	0.0	87.5	21.2	7.5	19.3	68
40-44	(80.1)	(80.1)	(2.3)	(80.1)	(22.0)	(1.2)	(20.7)	33
45-49	*	*	*	*	*	*	*	13
Total 15-49	93.1	92.3	1.2	92.3	25.0	11.1	18.9	733

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 cases and has been suppressed.
[1] Men who had sexual intercourse within 30 days preceding the survey

5.3 CURRENT USE OF CONTRACEPTIVE METHODS

This section presents information on the current level of contraceptive use among all women, currently married women, and sexually active unmarried women age 15-49. The contraceptive prevalence rate is the most widely used and valuable measure of the success of family planning programmes. Furthermore, it can be used to estimate the reduction in fertility attributable to contraception.

Current use of modern contraceptive methods among currently married women increases with age from 41 percent among women age 15-19 to 57-58 percent among those age 25-39, and then declines to 49 percent among women age 45-49. Among married women, injectables are the most commonly used contraceptive method (22 percent), followed by male condoms (11 percent) and female sterilization (10 percent). In contrast, sexually active unmarried women prefer to use injectables (24 percent) followed by male condoms (23 percent). Regardless of marital status, use of female sterilization increases with age, whereas injectables are mostly used by women while they are in their main childbearing years (age 15-34). Although not uncommonly used by women of all ages, the pill is most commonly used by women in their thirties. Younger women seem somewhat more likely to use male condoms, although male condoms are used by women of all ages. Use of female condom is very limited (less than 1 percent).

Table 5.4 Current use of contraception by age

Percent distribution of all women, currently married women, and sexually active unmarried women age 15-49 by contraceptive method currently used, according to age, Namibia 2006-07

			Modern method									Any traditional method	Traditional method					
Age	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Female condom	Diaphragm		Rhythm	Withdrawal	Folk method	Not currently using	Total	Number of women
ALL WOMEN																		
15-19	25.2	24.5	0.1	0.0	0.9	0.0	9.4	0.0	14.0	0.1	0.0	0.7	0.4	0.0	0.3	74.8	100.0	2,246
20-24	52.6	51.4	0.2	0.0	5.3	0.1	20.7	0.0	24.4	0.6	0.0	1.2	0.2	0.2	0.8	47.4	100.0	1,855
25-29	57.8	57.5	1.1	0.0	8.0	0.4	25.6	0.0	22.0	0.2	0.2	0.2	0.0	0.0	0.2	42.2	100.0	1,623
30-34	54.7	53.5	3.4	0.1	9.9	0.9	22.5	0.3	15.9	0.4	0.2	1.2	0.6	0.1	0.5	45.3	100.0	1,417
35-39	52.6	51.5	9.9	0.3	7.2	2.1	18.7	0.4	12.3	0.5	0.0	1.1	0.4	0.2	0.4	47.4	100.0	1,045
40-44	51.2	49.8	16.3	0.9	4.1	1.0	13.3	0.1	13.6	0.2	0.2	1.4	0.3	0.1	1.0	48.8	100.0	928
45-49	41.9	40.6	23.6	0.3	3.5	0.3	4.3	0.0	8.4	0.2	0.0	1.3	0.3	0.2	0.9	58.1	100.0	689
Total	46.6	45.7	5.0	0.2	5.4	0.6	17.1	0.1	17.0	0.3	0.1	0.9	0.3	0.1	0.5	53.4	100.0	9,804
CURRENTLY MARRIED WOMEN																		
15-19	40.9	39.1	0.0	0.0	3.1	0.0	27.0	0.9	8.0	0.0	0.0	1.8	0.5	0.0	1.3	59.1	100.0	118
20-24	54.4	51.5	0.4	0.0	9.8	0.0	29.6	0.2	11.4	0.0	0.0	3.0	0.2	0.8	1.9	45.6	100.0	398
25-29	56.6	56.2	1.3	0.0	9.8	1.0	29.9	0.0	13.8	0.0	0.4	0.4	0.0	0.0	0.4	43.4	100.0	625
30-34	57.6	55.8	5.0	0.2	13.3	1.5	26.2	0.2	8.9	0.4	0.1	1.8	1.1	0.3	0.5	42.4	100.0	751
35-39	56.6	55.4	14.0	0.6	8.0	3.3	18.9	0.1	10.4	0.1	0.0	1.2	0.2	0.4	0.6	43.4	100.0	612
40-44	56.0	54.0	19.4	1.6	4.4	1.6	15.9	0.2	10.4	0.2	0.3	2.0	0.5	0.1	1.4	44.0	100.0	522
45-49	49.4	47.6	28.5	0.5	4.8	0.5	4.4	0.0	9.0	0.0	0.0	1.8	0.1	0.3	1.4	50.6	100.0	424
Total	55.1	53.4	10.3	0.4	8.6	1.4	21.8	0.2	10.6	0.1	0.1	1.6	0.4	0.3	0.9	44.9	100.0	3,451
SEXUALLY ACTIVE WOMEN[1]																		
15-19	68.1	67.3	0.4	0.0	3.5	0.0	24.1	0.3	39.0	0.0	0.0	0.8	0.5	0.0	0.3	31.9	100.0	334
20-24	70.8	69.6	0.0	0.0	8.8	0.1	28.6	0.1	31.5	0.4	0.0	1.2	0.1	0.5	0.7	29.2	100.0	684
25-29	71.7	71.4	1.5	0.0	10.9	0.8	31.3	0.0	26.5	0.0	0.3	0.3	0.0	0.0	0.3	28.3	100.0	742
30-34	66.5	64.9	4.7	0.2	14.3	1.6	26.6	0.3	16.7	0.4	0.0	1.6	0.8	0.3	0.5	33.5	100.0	718
35-39	64.5	63.1	12.1	0.7	10.2	3.5	20.6	0.2	15.7	0.3	0.0	1.3	0.4	0.5	0.4	35.5	100.0	528
40-44	64.6	62.5	18.6	1.5	4.7	1.9	18.6	0.2	16.9	0.0	0.0	2.1	0.5	0.1	1.5	35.4	100.0	450
45-49	54.7	52.3	30.6	0.7	6.3	0.7	3.7	0.0	10.4	0.0	0.0	2.4	0.1	0.4	1.9	45.3	100.0	316
Total	66.9	65.6	7.7	0.4	9.3	1.3	24.0	0.2	22.6	0.2	0.1	1.3	0.4	0.3	0.7	33.1	100.0	3,772

Note: If more than one method is used, only the most effective method is considered in this tabulation.
[1] Women who have had sexual intercourse within 30 days preceding the survey

Table 5.5 and Figure 5.1 present trends in the levels of current use of family planning methods among all women between 1992 (MoHSS and ORC Macro, 1993) and 2006-07. Table 5.5 shows that the substantial increase in the proportion of all women using any method of family planning from 23 percent in 1992 to 47 percent in 2006-07 can be attributed to a sharp increase in the use of injectables and male condoms and, to a lesser extent, the use of female sterilization. Use of the pill among all women seems to have decreased somewhat, from 7 percent in 1992 to 5 percent in 2006-07.

Figure 5.1 summarises the data in Table 5.5. In the 15 years between 1992 and 2006-07, the proportion of all women using family planning doubled. Use of modern contraceptive methods increased from 21 percent in 1992 to 46 percent in the 2006-07.

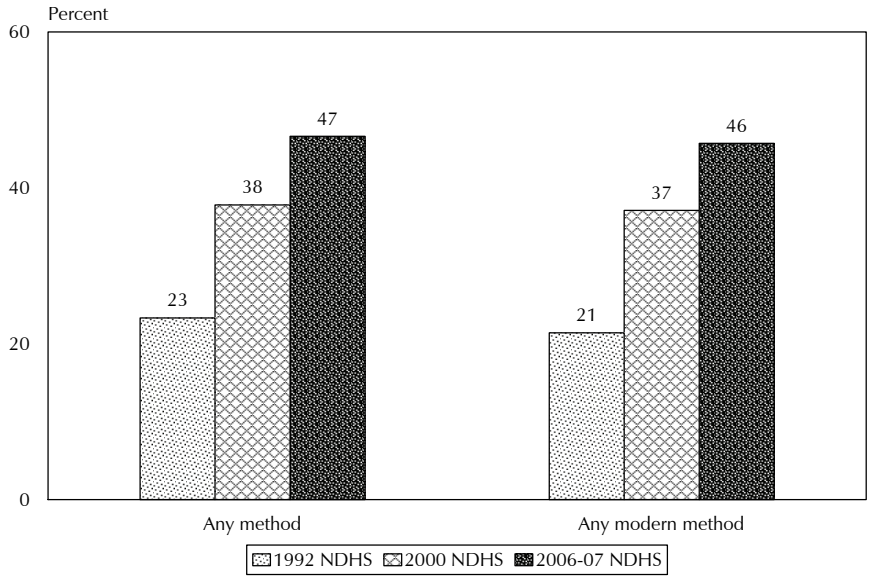
Table 5.5 Trends in contraceptive use

Percentage of all women who are currently using contraception, by specific method, Namibia 1992, 2000, and 2006-07

Method	1992 NDHS	2000 NDHS	2006-07 NDHS
Any method	23.3	37.8	46.6
Any modern method	21.4	37.1	45.7
Female sterilization	3.8	4.3	5.0
Male sterilization	0.1	0.3	0.2
Pill	7.1	5.7	5.4
IUD	1.3	0.7	0.6
Injectables	8.6	17.0	17.1
Implants	u	u	0.1
Male condom	0.5	8.9	17.0
Female condom	u	u	0.3
Any traditional method	1.8	0.7	0.9
Rhythm/periodic abstinence	0.6	0.1	0.3
Withdrawal	0.2	0.1	0.1
Other traditional methods	1.0	0.5	0.5
Number of women	5,421	6,755	9,804

u = Unknown

Figure 5.1 **Trends in Contraceptive Use among All Women Age 15-49, Namibia 1992-2006-07**



5.4 DIFFERENTIALS IN CONTRACEPTIVE USE BY BACKGROUND CHARACTERISTICS

Table 5.6 presents information on the prevalence of current contraceptive use among sexually active women by background characteristics. These results enable us to examine differences in the method mix among current users in the different subgroups. Sexually active women in urban areas are more likely to use modern contraceptives (74 percent) than rural women (55 percent). Overall use of modern family planning methods is highest in Erongo and Khomas regions (79 and 78 percent, respectively), while sexually active women in Kavango are the least likely to use a modern contraceptive method (47 percent). In Oshana and Omusati, sexually active women are much more

likely to use male condoms than women in other regions (35 and 38 percent, respectively). In other regions, use of condoms ranges from 7 percent in Caprivi to 29 percent in Khomas region.

As expected, contraceptive use increases with women's level of education. Use of modern methods ranges from 37 percent among sexually active women with no education to 79 percent among women who completed secondary education. A large proportion of women (68 percent) start using contraception before having any children. The proportion of sexually active women using modern methods decreases with the number of children they have, ranging from 68 percent for women with 1-2 children to 52 percent for women with five or more children. Use of modern methods rises from 43 percent among sexually active women in the lowest wealth quintile to 78 percent among those in the highest wealth quintile.

Table 5.6 Current use of contraception among sexually active women by background characteristics

Percent distribution of sexually active women age 15-49 by contraceptive method currently used, according to background characteristics, Namibia 2006-07

Background characteristic	Any method	Any modern method	Modern method									Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Female condom	Diaphragm		Rhythm	Withdrawal	Folk method			
Residence																		
Urban	75.6	74.4	9.7	0.6	10.4	2.0	25.4	0.2	25.9	0.0	0.1	1.2	0.3	0.2	0.7	24.4	100.0	2,082
Rural	56.3	54.8	5.3	0.1	8.0	0.3	22.2	0.1	18.6	0.4	0.0	1.4	0.4	0.3	0.7	43.7	100.0	1,689
Region																		
Caprivi	51.1	50.7	0.7	0.0	11.4	0.0	32.1	0.0	6.6	0.0	0.0	0.4	0.2	0.2	0.0	48.9	100.0	228
Erongo	79.5	78.5	10.2	2.1	12.1	1.4	26.1	0.3	26.3	0.0	0.0	1.0	0.0	0.0	1.0	20.5	100.0	352
Hardap	63.3	63.3	12.7	0.3	9.4	0.6	30.4	0.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	36.7	100.0	127
Karas	68.5	68.2	16.6	2.0	11.6	2.6	21.1	0.0	14.4	0.0	0.0	0.3	0.0	0.0	0.3	31.5	100.0	146
Kavango	49.6	47.1	1.4	0.0	5.4	0.0	30.8	0.0	9.5	0.0	0.0	2.4	0.0	0.0	2.4	50.4	100.0	379
Khomas	79.6	77.7	11.4	0.3	11.1	3.0	22.6	0.2	28.8	0.0	0.3	1.8	0.5	0.3	1.1	20.4	100.0	970
Kunene	57.2	56.3	3.8	0.0	6.2	0.6	21.9	0.0	23.9	0.0	0.0	0.9	0.9	0.0	0.0	42.8	100.0	137
Ohangwena	53.8	53.2	4.0	0.0	11.0	0.0	13.6	0.4	22.1	2.0	0.0	0.6	0.6	0.0	0.0	46.2	100.0	254
Omaheke	60.7	57.7	11.7	0.0	6.0	0.5	24.0	0.0	15.5	0.0	0.0	2.9	0.0	1.9	1.0	39.3	100.0	181
Omusati	66.3	66.3	3.2	0.0	6.5	0.0	17.7	0.0	38.4	0.5	0.0	0.0	0.0	0.0	0.0	33.7	100.0	247
Oshana	68.8	68.4	5.3	0.0	8.0	1.0	18.8	0.4	34.7	0.3	0.0	0.4	0.4	0.0	0.0	31.2	100.0	210
Oshikoto	62.4	60.6	6.9	0.0	6.7	0.9	21.9	0.4	23.8	0.0	0.0	1.7	1.7	0.0	0.0	37.6	100.0	248
Otjozondjupa	68.5	66.8	8.3	0.0	9.4	1.2	30.0	0.0	18.0	0.0	0.0	1.6	0.2	1.1	0.3	31.5	100.0	293
Education																		
No education/ preschool	39.1	36.7	5.4	0.0	6.1	0.0	14.3	0.0	10.9	0.0	0.0	2.5	0.4	1.2	0.8	60.9	100.0	312
Incomplete primary	54.1	52.7	8.2	0.0	5.5	0.1	23.8	0.3	14.7	0.1	0.0	1.4	0.4	0.0	1.1	45.9	100.0	748
Complete primary	54.4	53.7	5.8	0.0	7.7	0.4	21.6	0.0	18.0	0.2	0.0	0.7	0.4	0.0	0.3	45.6	100.0	252
Incomplete secondary	73.1	72.5	6.6	0.0	8.8	1.0	29.2	0.0	26.5	0.4	0.0	0.6	0.1	0.2	0.3	26.9	100.0	1,530
Complete secondary	81.0	78.9	9.2	1.4	14.4	1.8	21.6	0.2	29.8	0.0	0.4	2.1	0.3	0.4	1.3	19.0	100.0	584
More than secondary	78.1	75.9	12.5	1.4	15.0	6.0	15.5	0.9	24.6	0.0	0.0	2.2	1.5	0.0	0.7	21.9	100.0	345
Number of living children																		
0	68.6	68.1	0.1	0.0	5.6	0.1	12.0	0.3	49.5	0.6	0.0	0.5	0.5	0.0	0.0	31.4	100.0	676
1-2	69.0	67.6	3.2	0.7	12.1	1.5	29.3	0.0	20.8	0.0	0.0	1.4	0.2	0.3	1.0	31.0	100.0	1,659
3-4	69.2	67.9	14.7	0.2	8.6	2.3	27.7	0.3	13.6	0.3	0.3	1.3	0.4	0.2	0.6	30.8	100.0	926
5+	54.0	51.9	19.7	0.0	6.5	0.3	15.7	0.4	9.4	0.0	0.0	2.1	0.5	0.6	1.0	46.0	100.0	511
Wealth quintile																		
Lowest	44.6	42.6	1.6	0.0	7.7	0.0	20.3	0.0	12.9	0.0	0.0	2.0	0.6	0.1	1.3	55.4	100.0	531
Second	57.9	57.1	3.7	0.0	6.5	0.0	23.6	0.0	22.2	1.1	0.0	0.8	0.2	0.3	0.3	42.1	100.0	540
Middle	59.3	58.5	4.7	0.0	8.3	0.3	25.7	0.1	19.3	0.0	0.0	0.8	0.3	0.2	0.3	40.7	100.0	720
Fourth	75.7	75.1	8.5	0.0	7.8	1.3	28.9	0.0	28.5	0.1	0.0	0.6	0.1	0.3	0.2	24.3	100.0	985
Highest	80.6	78.4	14.5	1.3	13.8	3.3	20.0	0.5	24.6	0.0	0.2	2.2	0.6	0.2	1.4	19.4	100.0	996
Total	66.9	65.6	7.7	0.4	9.3	1.3	24.0	0.2	22.6	0.2	0.1	1.3	0.4	0.3	0.7	33.1	100.0	3,772

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

Table 5.7 presents information on the prevalence of contraceptive use among all women by background characteristics. The results show that the pattern of differentials across subgroups is similar to the pattern for sexually active women.

Table 5.7 Current use of contraception among all women by background characteristics

Percent distribution of all women age 15-49 by contraceptive method currently used, according to background characteristics, Namibia 2006-07

Background characteristic	Any method	Any modern method	Modern method									Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilization	Male sterilisation	Pill	IUD	Injectables	Implants	Male condom	Female condom	Diaphragm		Rhythm	Withdrawal	Folk method			
Residence																		
Urban	55.8	55.0	7.0	0.3	6.6	0.9	19.0	0.2	20.6	0.3	0.1	0.9	0.3	0.1	0.5	44.2	100.0	4,772
Rural	37.8	36.8	3.1	0.0	4.2	0.2	15.3	0.0	13.5	0.4	0.0	1.0	0.3	0.1	0.6	62.2	100.0	5,032
Region																		
Caprivi	41.4	40.8	0.3	0.0	8.2	0.0	28.1	0.0	4.1	0.0	0.0	0.7	0.6	0.1	0.0	58.6	100.0	474
Erongo	60.1	59.4	8.1	1.3	8.9	0.7	21.7	0.2	18.5	0.1	0.0	0.7	0.2	0.0	0.5	39.9	100.0	688
Hardap	50.0	50.0	9.2	0.1	6.1	0.2	25.9	0.0	8.3	0.0	0.2	0.0	0.0	0.0	0.0	50.0	100.0	315
Karas	53.6	53.3	11.3	1.0	8.0	1.2	20.2	0.0	11.7	0.0	0.0	0.3	0.0	0.0	0.3	46.4	100.0	318
Kavango	37.9	35.6	1.0	0.0	3.5	0.0	23.6	0.0	7.2	0.3	0.0	2.3	0.1	0.0	2.2	62.1	100.0	934
Khomas	57.4	56.5	8.1	0.1	6.9	1.3	16.1	0.3	23.3	0.2	0.3	0.9	0.2	0.1	0.6	42.6	100.0	2,218
Kunene	49.1	48.0	3.5	0.0	4.3	0.3	18.2	0.0	21.5	0.2	0.0	1.1	0.5	0.0	0.6	50.9	100.0	259
Ohangwena	28.2	27.7	1.5	0.0	3.5	0.1	9.3	0.1	12.4	0.8	0.0	0.4	0.4	0.0	0.0	71.8	100.0	1,043
Omaheke	50.2	48.5	8.4	0.0	4.8	0.6	22.2	0.4	12.1	0.0	0.0	1.8	0.0	0.9	0.8	49.8	100.0	373
Omusati	37.4	37.1	2.4	0.0	2.9	0.1	8.8	0.0	22.2	0.6	0.0	0.4	0.0	0.0	0.4	62.6	100.0	975
Oshana	43.9	42.7	3.1	0.0	4.7	0.3	11.4	0.1	22.6	0.6	0.0	1.2	0.9	0.0	0.4	56.1	100.0	819
Oshikoto	42.5	41.7	4.4	0.0	4.2	0.6	13.7	0.1	18.4	0.2	0.0	0.9	0.9	0.0	0.0	57.5	100.0	837
Otjozondjupa	57.0	55.6	6.4	0.0	5.4	0.7	27.6	0.0	15.2	0.3	0.0	1.4	0.1	0.6	0.7	43.0	100.0	550
Education																		
No education/ preschool	31.0	29.1	4.4	0.0	3.6	0.0	12.7	0.0	8.2	0.2	0.0	1.9	0.5	0.6	0.9	69.0	100.0	651
Incomplete primary	40.3	39.0	5.9	0.0	3.9	0.1	18.1	0.1	10.8	0.1	0.0	1.3	0.4	0.0	0.9	59.7	100.0	1,699
Complete primary	38.0	37.5	5.8	0.0	4.3	0.1	15.7	0.0	11.0	0.5	0.0	0.6	0.3	0.0	0.2	62.0	100.0	736
Incomplete secondary	47.2	46.7	3.8	0.0	4.5	0.4	19.1	0.0	18.5	0.4	0.1	0.5	0.2	0.1	0.3	52.8	100.0	4,751
Complete secondary	59.2	58.1	6.2	0.6	9.5	1.0	15.1	0.2	25.3	0.1	0.2	1.1	0.1	0.2	0.8	40.8	100.0	1,286
More than secondary	58.3	56.3	8.4	0.8	10.2	3.1	10.9	1.0	21.1	0.6	0.3	2.1	1.1	0.0	1.0	41.7	100.0	682
Number of living children																		
0	30.9	30.2	0.2	0.0	1.9	0.0	5.7	0.1	21.8	0.4	0.0	0.7	0.4	0.0	0.3	69.1	100.0	3,419
1-2	57.3	56.4	2.7	0.4	8.3	0.8	26.1	0.0	17.9	0.3	0.1	0.9	0.2	0.1	0.6	42.7	100.0	3,620
3-4	55.2	54.0	12.0	0.1	6.5	1.4	22.2	0.3	10.9	0.3	0.3	1.1	0.4	0.1	0.6	44.8	100.0	1,789
5+	46.1	44.7	17.3	0.0	5.0	0.2	14.5	0.2	7.4	0.1	0.0	1.4	0.3	0.3	0.8	53.9	100.0	976
Wealth quintile																		
Lowest	30.2	29.0	1.5	0.0	3.9	0.1	14.4	0.0	8.9	0.3	0.0	1.2	0.2	0.0	0.9	69.8	100.0	1,621
Second	37.6	36.7	2.2	0.0	3.7	0.1	15.9	0.0	14.3	0.4	0.0	0.8	0.3	0.1	0.5	62.4	100.0	1,668
Middle	43.6	43.0	3.2	0.0	4.5	0.2	18.2	0.1	16.4	0.3	0.1	0.7	0.3	0.1	0.3	56.4	100.0	1,885
Fourth	58.1	57.3	6.6	0.1	5.5	0.6	21.9	0.0	22.3	0.4	0.0	0.8	0.3	0.1	0.3	41.9	100.0	2,292
Highest	55.6	54.4	9.2	0.6	8.2	1.5	14.3	0.4	19.7	0.2	0.2	1.2	0.3	0.1	0.8	44.4	100.0	2,338
Total	46.6	45.7	5.0	0.2	5.4	0.6	17.1	0.1	17.0	0.3	0.1	0.9	0.3	0.1	0.5	53.4	100.0	9,804

5.5 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

Couples using family planning as a means to control family size (i.e., to stop having children) adopt contraception when they have already had the number of children they want. When contraception is used to space births, couples may start to use family planning earlier, with the intention to delay a possible pregnancy. This may be done before a couple has had their desired number of children. In a culture where smaller family size is becoming the norm, young women adopt family planning at an earlier age than their older counterparts.

Women interviewed in the 2006-07 NDHS were asked how many children they had the first time they used a method of family planning. Table 5.8 shows the percent distribution of women by number of living children at the time of first use of contraception, according to current age. The results indicate that overall, Namibian women are adopting family planning earlier than in the past. The proportion of women who started using a family planning method before they had any children increased from 25 percent in 2000 (MOHSS, 2003) to 32 percent in 2006-07. Table 5.8 also shows that women are using contraception at lower parities (i.e., when they have fewer children). Among women age 20-24, 52 percent first used contraception before having any children and 74 percent used contraception before having their second child. Among older women (age 45-49), only 12 percent used contraception before having any children and 29 percent used contraception before having their second child.

Table 5.8 Number of children at first use of contraception

Percent distribution of women age 15-49 by number of living children at the time of first use of contraception, according to current age, Namibia 2006-07

Current age	Never used	Number of living children at time of first use of contraception						Total	Number of women
		0	1	2	3	4+	Missing		
15-19	63.7	31.4	4.4	0.3	0.1	0.0	0.1	100.0	2,246
20-24	20.0	51.6	21.9	5.0	0.9	0.0	0.6	100.0	1,855
25-29	12.4	40.5	31.0	11.1	4.1	0.8	0.1	100.0	1,623
30-34	12.4	27.9	30.9	14.4	7.3	6.7	0.5	100.0	1,417
35-39	16.2	18.5	27.6	14.0	9.6	13.4	0.7	100.0	1,045
40-44	22.5	15.7	21.2	13.5	9.7	17.0	0.4	100.0	928
45-49	32.0	12.3	17.0	10.4	9.3	18.8	0.2	100.0	689
Total	28.3	32.0	20.9	8.4	4.5	5.5	0.4	100.0	9,804

5.6 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-associated methods such as withdrawal and condoms. Such knowledge is particularly important for the use of the rhythm method. The 2006-07 NDHS included a question designed to obtain information on the respondent's understanding of when a woman is most likely to become pregnant during the menstrual cycle. Respondents were asked, "*From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?*" If the answer was "yes," they were further asked whether that time was just before her period begins, during her period, right after her period has ended, or halfway between two periods.

Table 5.9 shows that knowledge of the fertile period is generally low among the respondents. Eighteen percent of all women and 23 percent of men report that they do not know when the fertile period occurs. Only 16 percent of women and 10 percent of men know that the monthly fertile period falls halfway between two periods. More than one-third of women (36 percent) and one in four men (25 percent) think that the fertile period is right after the end of the period. Compared with the results from the NDHS 2000, there has been little change in knowledge of the fertile period.

Table 5.9 Knowledge of fertile period

Percent distribution of all women and all men age 15-19 by knowledge of the fertile period during the ovulatory cycle, Namibia 2006-07

Perceived fertile period	All women	All men
Just before her menstrual period begins	11.8	16.0
During her menstrual period	5.9	6.0
Right after her menstrual period has	35.9	24.7
Halfway between two menstrual periods	15.5	10.0
Other	0.1	0.9
No specific time	12.8	18.7
Don't know	17.8	23.4
Missing	0.2	0.4
Total	100.0	100.0
Number of women	9,804	3,915

5.7 TIMING OF STERILIZATION

Sterilization is a very effective, permanent method of family planning, which can be used by couples who do not want to have any more children. Consequently, it is of interest to know whether the age at which women adopt sterilization is increasing or declining. In the 2006-07 NDHS, women who reported that they use female sterilization as a contraceptive method were asked additional questions about how old they were when the procedure was performed. More than half (56 percent) of sterilized women were sterilized before age 35, and 86 percent were sterilized before age 40 (Table 5.10). Data from the 2006-07 NDHS indicate that the median age at sterilization may have decreased recently: it was 35.8 years among women who had the operation 4-5 years prior to the survey and 33.5 years among women who were sterilized less than two years before the survey. Compared with the 2000 NDHS, the age at which women are sterilized has remained relatively steady.

Table 5.10 Timing of sterilization

Percent distribution of sterilized women age 15-49 by age at the time of sterilization and median age at sterilization, according to the number of years since the operation, Namibia 2006-07

Years since operation	Age at time of sterilization						Total	Number of women	Median age[1]
	<25	25-29	30-34	35-39	40-44	45-49			
<2	4.4	14.5	19.1	26.6	28.4	7.0	100.0	92	33.5
2-3	6.4	13.9	32.0	28.6	16.8	2.3	100.0	77	34.3
4-5	5.0	6.7	27.7	46.2	14.4	0.0	100.0	59	35.8
6-7	0.5	14.9	27.1	40.6	16.9	0.0	100.0	66	34.7
8+	6.1	28.3	41.5	23.4	0.7	0.0	100.0	193	a
Total	4.9	19.0	32.1	29.9	12.4	1.7	100.0	488	33.2

[1] Median age at sterilization is calculated only for women sterilized before age 40 to avoid problems of censoring
a = Not calculated due to censoring

5.8 SOURCE OF CONTRACEPTION

Information on where women obtain their contraceptives is useful for family planning programme managers and implementers of logistic planning. In the 2006-07 NDHS, women who reported using a modern contraceptive method at the time of the survey were asked where they obtained the method the last time. Because some women may not know in which source category their method falls (e.g., government or private, health centre or clinic), interviewers were instructed to note the full name of the source or facility. Supervisors and field editors were told to verify that the name and source type were consistent, asking informants in the clusters for the names of local family planning outlets, if necessary. This practice was designed to improve the accuracy of source reporting.

Table 5.11 shows that public (government) facilities provide contraceptives to 75 percent of users, while 10 percent are supplied through private medical sources and 13 percent through other private sources (e.g., shops, friends). The most common single source of contraceptive methods in Namibia is government health centres, which supply 46 percent of all users of modern methods. Government hospitals supply about one-fourth of users. As expected, government sources supply a larger proportion of users of long-term methods, such as injectables (95 percent), the pill (82 percent), and female sterilization (74 percent). On the other hand, two in three women who use the IUD had their IUD inserted at a private medical institution, 26 percent in a private hospital or clinic, and 38 percent by a private doctor. More than half of all condom users get their supplies from public sources and 36 percent from private, nonmedical sources, such as shops and friends. The most common sources of male condoms are private shops (29 percent), government health centres (27 percent), and government hospitals (21 percent).

Over time, pill users are more likely to obtain their pills from private medical facilities—17 percent in 2006-07 compared with 12 percent in 2000 (MOHSS, 2003). Over the same period, shops have gained considerable popularity in supplying male condoms—from 4 percent in 2000 to 29 percent in 2006-07. In fact, the increase in the use of other private sources for condoms—from 14 percent in 2000 to 36 percent in 2006-07 can be attributed to the increase in shops that sell male condoms.

Table 5.11 Source of modern contraception methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Namibia 2006-07

Source	Female sterili-zation	Pill	IUD	Inject-ables	Male condom	Total
Public	**74.0**	**82.0**	**32.7**	**95.2**	**53.7**	**74.5**
Government hospital	71.9	15.2	32.7	20.3	21.0	25.9
Government health centre	2.1	65.2	0.0	74.0	27.3	46.0
PHC clinic (mobile)	0.0	1.3	0.0	0.7	1.9	1.1
Community health worker	0.0	0.2	0.0	0.1	1.7	0.7
Other public	0.0	0.0	0.0	0.1	1.9	0.8
Private medical	**24.4**	**16.9**	**65.5**	**3.9**	**6.9**	**10.1**
Hospital/clinic	23.6	3.8	25.9	1.9	0.2	4.5
Pharmacy	0.0	7.1	1.4	0.1	6.3	3.3
Private doctor	0.8	6.0	38.2	1.8	0.3	2.2
Other private	0.0	0.0	0.0	0.2	0.0	0.1
Other private	**0.0**	**0.8**	**1.8**	**0.2**	**35.5**	**13.4**
Shop	0.0	0.3	1.8	0.2	29.4	11.1
Church	0.0	0.0	0.0	0.0	0.1	0.0
Friend/relative	0.0	0.5	0.0	0.0	6.1	2.3
Other	0.1	0.0	0.0	0.2	2.9	1.2
Don't know	0.6	0.0	0.0	0.0	0.0	0.1
Missing	0.9	0.3	0.0	0.5	1.0	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	488	528	54	1,678	1,663	4,477

Note: The total includes users of male sterilization (15), implants (11), female condom (32), and diaphragm (7) which are not shown separately, but excludes lactational amenorrhoea method (LAM).

5.9 COST OF CONTRACEPTION

Information on the cost of obtaining contraceptive methods is useful to family planning programmes. In Namibia, to improve accessibility, family planning services provide contraceptive methods free of charge in government health facilities.

In the 2006-07 NDHS, for the first time, women who were using modern methods of contraception were asked how much they paid in total the last time they obtained their method, including the cost of the method and any consultation costs they may have paid. Table 5.12 shows the percentage of women who obtain their method free and, for those who paid, the median cost by method and source. These results should be used with caution, however, because of the large proportion of respondents that were unable to report the cost of the contraceptive method they were using.

The median cost is calculated based on users who paid for their method. Forty-two percent of sterilization users who had their operation in a public facility did not pay for the service and 16 percent did not know how much the operation cost. Therefore, the median cost was based on the remaining 42 percent of women (152 women) who paid for the sterilization operation. By the same token, 4 percent of users who had the operation in a private facility did not pay for the service and 73 percent did not know how much they paid for the operation. Therefore, the median cost was based on the remaining 23 percent of women (29 women) who paid for the sterilization operation. the reason

for the large proportion of respondents who were unable to report the cost of the service is partly due to payment procedures, especially in the private sector where the claims are handled by the service providers.

Overall, male condoms are the least expensive contraceptive method (N$4), and the IUD is the most expensive (N$349). The cost for contraception varies markedly between public and private sectors. For example, the cost of female sterilization in the public sector is only N$30 compared with N$567 in the private sector. While a cycle of pills costs only N$9 in the public sector, it is N$70 in the private sector. On the other hand, the price of male condoms does not vary much between the public and private sectors (N$3 and N$4 per packet, respectively).

Table 5.12 Cost of modern contraceptive methods

Percentage of current users of modern contraceptive methods age 15-49 who did not pay for the method and who do not know the cost of the method and the median cost of the method by current method and source of current method, Namibia 200-07

Source of method/cost	Female sterili-zation	Pill	IUD	Inject-ables	Male condom	Total
Public sector						
Percentage free	42.2	0.0	0.0	0.0	0.0	4.6
Do not know cost	16.1	0.0	0.0	0.1	0.6	2.0
Median cost[1]	29.6	8.5	*	4.7	2.9	19.7
Number of women	362	433	18	1,598	893	3,334
Private medical sector/other						
Percentage free	3.8	0.0	0.0	0.0	0.0	0.4
Do not know cost	72.7	0.7	0.0	1.5	2.7	10.9
Median cost[1]	566.5	69.9	(399.4)	29.6	4.2	4.7
Number of women	127	95	37	80	771	1,143
Total						
Percentage free	32.2	0.0	0.0	0.0	0.0	3.5
Do not know cost	30.8	0.1	0.0	0.1	1.6	4.3
Median cost[1]	34.8	59.8	349.2	25.6	4.1	4.9
Number of women	488	528	55	1,678	1,664	4,477

Note: The total includes users of male sterilization (15), implants (11), female condom (32), and diaphragm (7) which are not shown separately. Table excludes lactational amenorrhoea method (LAM). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 cases and has been suppressed.

[1] In Namibian dollars. Costs are based on the last time current users obtained method. Costs include consultation costs, if any. For condoms, costs are per package; for pills, per cycle. For sterilization, data are based on women who received the operation in the five years before the survey.

5.10 INFORMED CHOICE

Current users of modern contraceptive methods who are well informed about the side effects and problems associated with methods and know a range of method options are better prepared to make an informed choice about the method they would like to use. Current users of modern contraceptive methods were asked whether, at the time they adopted the particular method, they were informed about side effects or problems that they might have with the method. Table 5.13 shows the percentage of current users of modern methods who were informed about the side effects or problems with the method used, informed about what to do if side effects were experienced, and informed about other methods they could use by type of method and source of method.

Table 5.13 Informed choice

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods that could use, by method and initial source of method, Namibia 2006-07

	Among women who started last episode of modern contraceptive method within five years preceding the survey:			
Method/source	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if side effects experienced	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women
Method				
Female sterilization	55.1	47.7	56.5	200
Pill	59.7	54.2	62.1	426
IUD	69.5	71.9	69.9	41
Injectables	50.7	46.2	56.7	1,473
Other	(17.8)	(20.5)	(66.5)	40
Initial source of method[1]				
Public	53.5	48.9	58.4	1,912
Government hospital	62.2	58.2	61.1	594
Government health centre	49.5	44.5	56.9	1,291
Other public	(54.5)	(48.7)	(69.2)	27
Private medical	69.6	63.2	74.9	187
Private hospital/clinic	59.8	57.0	73.5	106
Private pharmacy	77.9	46.4	65.6	19
Private doctor	84.6	79.6	80.0	62
Other private	32.8	32.8	59.2	7
Other	100.0	100.0	100.0	7
Total	53.3	48.6	58.2	2,180

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Source at start of current episode of use

Overall, 53 percent of current users of modern methods were informed about the side effects or problems associated with the method used, 49 percent were informed of what to do if they experienced side effects, and 58 percent were informed by a health or family planning worker of other methods that could be used. Users of the IUD were most likely to be informed of side effects, what to do if the user experiences them, and what other contraceptive methods are available. In general, users were more likely to be informed of contraceptive options and the potential side effects and problems when seeking contraceptive methods from private medical facilities rather than from public facilities.

Substantial improvements in informed choice were observed since the 2000 NDHS (MOHSS, 2003). Overall, those informed about side effects increased from 38 percent in 2000 to 53 percent in 2006-07. The proportion of women who were informed about what to do if they experienced side effects increased from 33 percent to 49 percent in the same period. Information about alternative contraceptive methods was given to 58 percent of women in 2006-07, an increase from 40 percent in 2000. Larger gains were observed among private medical facilities, where estimates for each indicator doubled.

5.11 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which nonusers of contraception plan to use a method. Women who were not currently using a method of contraception were asked about their intention to use family planning in the future. The results are presented in Table 5.14.

Sixty-two percent of nonusers say that they intend to use contraception in the future, 28 percent do not intend to use contraception, and 8 percent are unsure. The proportion of women who intend to use a contraceptive method varies with the number of living children, decreasing from 66 percent for those with no child to 48 percent for women with four or more children.

There has been a slight decline in the proportion of nonusers who say they intend to use contraception in the future, from 64 percent in 2000 to 62 percent in 2006-07. Likewise, the proportion of nonusers who do not intend to use contraception decreased from 30 percent in 2000 to 28 percent in 2006-07.

Table 5.14 Future use of contraception

Percent distribution of women age 15-49 who are not using a contraceptive method by intention to use in the future, according to number of living children, Namibia 2006-07

	Number of living children[1]					
Intention	0	1	2	3	4+	Total
Intends to use	66.4	67.4	64.2	59.6	48.3	62.4
Unsure	9.5	4.6	5.3	7.8	7.1	7.5
Does not intend to use	22.4	25.4	28.7	30.1	42.9	28.2
Missing	1.7	2.7	1.8	2.4	1.7	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,210	858	736	506	925	5,235

[1] Includes current pregnancy

5.12 REASONS FOR NOT INTENDING TO USE

Table 5.15 presents the main reasons for not intending to use contraception as reported by currently married female nonusers and all female nonusers who do not intend to use a contraceptive method in the future. The most commonly cited reasons for intending not to use contraception were related to: fertility desires or problems (43 percent for currently married women and 47 percent for all women), concerns with contraceptive methods (21 percent for currently married women and 23 percent for all women), and general opposition to use (14 percent for currently married women and 9 percent for all women). The most common specific reasons for not intending to use contraception were a desire for more children (17 percent for currently married women and 9 percent for all women), being menopausal or having had a hysterectomy (13 percent for currently married women and 8 percent for all women), and health concerns related to contraceptive methods (11 percent for currently married women and 10 percent for all women).

Comparing the 2000 NDHS and the 2006-07 NDHS, there has been a slight decrease in the proportion of all women who cited the various reasons for not intending to use contraception except infrequent sex, which has increased from 15 percent in 2000 to 19 percent in 2006-07. The proportion of women who cited health concerns and fear of the side effects of using contraception has not changed since 2000 (15 percent).

Table 5.15 Reason for not intending to use contraception in the future

Percent distribution of currently married women and all women age 15-49 who are not using contraception and who do not intending to use in the future by main reason for not intending to use, Namibia 2006

Reason	Percent	
	Currently married women	All women
Fertility-related reasons	**42.7**	**47.3**
Infrequent sex/no sex	5.0	18.8
Menopausal/had hysterectomy	12.7	7.9
Subfecund/infecund	7.8	8.3
Wants as many children as possible	17.2	12.3
Opposition to use	**13.9**	**9.1**
Respondent opposed	7.0	4.9
Husband/partner opposed	5.2	2.3
Others opposed	0.3	0.4
Religious prohibition	1.4	1.5
Lack of knowledge	**4.0**	**4.0**
Knows no method	3.9	3.8
Knows no source	0.1	0.2
Method-related reasons	**20.9**	**23.4**
Health concerns	10.9	10.4
Fear of side effects	4.3	8.5
Lack of access/too far	0.1	0.0
Cost too much	1.1	0.9
Inconvenient to use	0.8	1.0
Interfere with body's normal process	3.7	2.6
Other	12.3	9.2
Don't know	5.3	6.6
Missing	0.9	0.5
Total	100.0	100.0
Number of women	544	1,346

5.13 PREFERRED METHOD FOR FUTURE USE

Demand for specific contraceptive methods can be assessed by asking nonusers which method they intend to use in the future. Table 5.16 presents information on preferred contraceptive method among married women and all women who are not using contraception but say they intend to use in the future. The majority of currently married women (55 percent) and nearly half of all women (44 percent) reported injectables as their preferred method. Fifteen percent of currently married women and 19 percent of all women prefer the pills and 13 percent of currently married women and 24 percent of all women prefer male condoms. Female sterilization is favoured by 11 percent of currently married women and 5 percent of all women.

The popularity of injectables declined slightly between the 2000 NDHS and the 2006-07 NDHS, from 46 percent to 44 percent, as did female sterilization, from 8 percent to 5 percent. On the other hand, preference for male condoms increased from 20 percent to 24 percent. Less than 1 percent of women said that they plan to use a traditional method of contraception (e.g., rhythm, periodic abstinence, and withdrawal), which is the same rate as in the 2000 NDHS.

Table 5.16 Preferred method of contraception for future use

Percent distribution of currently married women and all women age 15-49 who are not using a contraceptive method but who intend to use in the future by preferred method, Namibia 2006

Method	Percent	
	Currently married women	All women
Female sterilization	11.2	5.3
Male sterilization	0.1	0.3
Pill	14.7	19.0
IUD	2.2	1.0
Injectables	54.7	44.2
Implants	0.7	0.3
Condom	12.7	24.4
Female condom	0.4	2.4
Diaphragm	0.0	0.1
Periodic abstinence	0.2	0.2
Withdrawal	0.1	0.0
Other	0.6	0.5
Unsure	2.3	2.3
Total	100.0	100.0
Number of women	880	3,266

5.14 EXPOSURE TO FAMILY PLANNING MESSAGES

The media can be a major source of family planning messages. Information on the level of public exposure to particular types of media allows policymakers to use the most effective media to target different population groups. To assess the effectiveness of such media on the dissemination of family planning information, all respondents in the 2006-07 NDHS were asked whether they had heard or seen family planning messages in the past six months on the radio, on television, or in a newspaper or magazine.

Table 5.17 shows that there are only small differences in exposure to family planning messages through the media according to gender. More than half of women and men heard a family planning message on the radio, 27 to 28 percent saw a message on the television, and 30 to 32 percent read about family planning in a newspaper or magazine. Thirty-nine percent of women and 36 percent of men were not exposed to any family planning messages through these media sources.

Urban respondents are more likely than rural respondents to be exposed to family planning messages through mass media, especially through television and print media. Respondents age 25-39 are generally more likely to have been exposed to a family planning message than respondents in other age groups. Across regions, women in Caprivi, Omusati, and Kunene are the least likely to be exposed to any of the media messages. Among men, the least likely to be exposed to family planning messages through mass media are those who live in Oshana, Kunene, and Oshikoto. Media exposure to family planning messages is positively related to the respondent's education and wealth quintile.

Table 5.17 Exposure to family planning messages

Percentage of women and men age 15-49 who heard or saw a family planning message on the radio or television or in a newspaper in the past six months, according to background characteristics, Namibia 2006-07

Background characteristic	Women					Men				
	Radio	Television	News-paper/ magazine	None of these three media sources	Number of women	Radio	Television	News-paper/ magazine	None of these three media sources	Number of men
Age										
15-19	44.8	25.8	28.3	44.3	2,246	44.0	24.9	27.3	41.1	910
20-24	53.2	29.4	31.7	38.3	1,855	53.9	26.1	31.8	34.3	750
25-29	55.5	30.9	32.4	36.8	1,623	54.2	28.1	33.3	36.1	702
30-34	56.2	28.7	32.1	36.5	1,417	60.5	28.9	35.7	33.5	586
35-39	55.6	26.6	30.6	38.7	1,045	59.1	31.9	35.7	29.5	400
40-44	55.4	28.3	30.0	36.7	928	60.7	27.3	33.7	33.7	331
45-49	51.0	23.9	25.2	42.5	689	56.3	28.4	31.5	35.5	235
Residence										
Urban	57.1	45.8	44.4	29.4	4,772	56.3	40.5	44.8	27.9	1,962
Rural	47.9	11.0	17.0	48.8	5,032	51.5	14.2	19.5	43.4	1,953
Region										
Caprivi	41.2	10.8	7.3	57.3	474	52.8	18.9	25.9	44.9	189
Erongo	61.3	47.3	50.6	20.7	688	48.2	28.1	41.6	32.9	362
Hardap	59.6	38.6	37.0	30.6	315	56.2	27.2	25.6	37.9	132
Karas	56.0	36.6	36.7	35.9	318	61.4	46.9	41.7	25.7	157
Kavango	53.5	18.2	13.1	44.3	934	64.8	18.9	14.5	30.6	331
Khomas	55.0	48.8	48.6	28.8	2,218	55.4	42.8	45.3	27.0	984
Kunene	45.3	23.5	21.4	50.1	259	47.9	24.6	20.4	48.2	92
Ohangwena	50.7	10.0	22.5	45.1	1,043	63.0	24.9	30.1	33.6	306
Omaheke	49.0	17.3	14.1	46.9	373	51.2	17.4	18.9	40.0	188
Omusati	39.9	10.0	20.3	55.9	975	61.2	10.5	25.2	33.4	320
Oshana	56.7	23.1	29.4	36.9	819	30.4	13.3	29.4	54.1	270
Oshikoto	54.8	18.7	24.5	40.0	837	48.6	17.9	25.7	47.2	322
Otjozondjupa	53.0	36.4	31.1	40.4	550	53.1	32.3	29.5	40.2	262
Education										
No education/ preschool	34.8	5.5	3.9	63.6	651	45.1	11.4	6.0	53.9	360
Incomplete primary	46.4	11.8	10.2	51.5	1,699	48.2	12.7	14.2	47.9	856
Complete primary	51.2	16.8	19.5	46.1	736	51.6	22.6	20.9	39.2	252
Incomplete secondary	54.8	29.2	32.3	37.1	4,751	55.7	29.8	35.7	32.1	1,604
Complete secondary	58.5	50.8	55.4	23.3	1,286	61.9	45.3	53.9	20.1	538
More than secondary	57.3	50.1	56.2	24.9	682	58.9	47.8	66.0	22.0	305
Wealth quintile										
Lowest	37.4	3.3	9.1	60.8	1,621	44.6	5.1	10.2	54.2	560
Second	49.2	6.5	13.9	48.3	1,668	56.2	12.7	19.9	38.8	607
Middle	52.1	13.3	18.5	44.4	1,885	53.1	15.7	22.7	41.3	875
Fourth	62.1	43.3	42.2	27.8	2,292	61.7	43.7	43.7	26.2	963
Highest	55.8	57.1	54.7	25.3	2,338	50.7	45.1	50.7	26.5	911
Total 15-49	52.4	27.9	30.3	39.4	9,804	53.9	27.4	32.2	35.6	3,915

5.15 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

In the 2006-07 NDHS, women who were not using any family planning method were asked whether they had been visited by a health worker who talked with them about family planning in the 12 months preceding the survey. This information is especially useful for determining whether nonusers of family planning are being reached by family planning outreach programmes. Nonusers were also asked if they had visited a health facility in the preceding 12 months for any reason other than family planning and, if so, whether any health worker at the facility spoke to them about family planning. These questions can assess the level of so-called "missed opportunities" to inform women about contraception. The findings are presented in Table 5.18.

Only 7 percent of women who were not using family planning were visited by a community health worker and discussed family planning with the fieldworker, and 7 percent of women went to a health facility for some reason other than family planning but did discuss family planning with the staff. The majority of women (88 percent) neither discussed family planning at home with a fieldworker nor at a health facility. The extent of missed opportunities does not vary much by background characteristics, except by region, ranging from 82 percent in Ohangwena to 96 percent in Hardap.

Table 5.18 Contact of nonusers with family planning providers

Among women age 15-49 who are not using contraception, the percentage who during the last 12 months were visited by a fieldworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who neither discussed family planning with a fieldworker nor at a health facility, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of women who were visited by a fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 12 months and who:		Percentage of women who neither discussed family planning with a field-worker nor at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15-19	7.2	2.9	14.9	91.5	1,679
20-24	6.6	8.3	19.1	87.1	880
25-29	9.1	10.1	22.7	83.9	685
30-34	6.6	11.6	24.8	84.3	642
35-39	8.8	6.6	29.0	88.6	496
40-44	6.7	5.5	25.2	90.0	453
45-49	7.4	4.8	21.4	89.9	400
Residence					
Urban	5.7	5.7	20.6	90.2	2,107
Rural	8.6	7.1	20.6	87.1	3,128
Region					
Caprivi	3.2	8.0	29.3	90.2	278
Erongo	4.9	7.6	19.8	87.9	275
Hardap	1.4	3.5	18.1	95.7	157
Karas	7.6	7.6	17.0	86.0	147
Kavango	5.0	6.1	13.1	91.5	580
Khomas	4.3	5.1	20.8	91.8	944
Kunene	9.1	5.6	30.4	89.2	132
Ohangwena	14.3	8.3	22.4	82.3	749
Omaheke	8.0	6.7	17.3	87.7	186
Omusati	9.0	6.9	23.0	86.6	610
Oshana	8.0	5.4	17.3	88.5	460
Oshikoto	10.7	7.1	18.4	84.8	481
Otjozondjupa	2.1	6.7	28.6	92.3	236
Education					
No education/preschool	5.9	3.6	21.5	92.0	449
Incomplete primary	8.6	6.3	21.6	88.0	1,015
Complete primary	7.2	4.6	21.4	89.7	456
Incomplete secondary	7.7	7.2	18.1	87.5	2,507
Complete secondary	6.6	6.8	22.9	88.1	525
More than secondary	4.5	8.7	32.0	89.6	284
Wealth quintile					
Lowest	8.9	6.2	21.3	87.9	1,132
Second	8.7	6.8	19.4	86.6	1,042
Middle	7.0	7.8	19.6	88.2	1,063
Fourth	6.5	7.2	18.4	88.5	961
Highest	5.7	4.7	24.0	90.6	1,039
Total	7.4	6.5	20.6	88.3	5,235

5.16 HUSBAND/PARTNER'S KNOWLEDGE OF WOMEN'S CONTRACEPTIVE USE

Use of family planning methods is facilitated when couples discuss and agree on the issue. To assess the extent to which women use contraception without telling their husband/partners, the 2006-07 NDHS asked married women whether their husband/partners knew that they were using a method of family planning.

The majority of women (92 percent) reported that their husband was aware that they were using contraception (Table 5.19). Husband's knowledge of their wife's use of contraception increases with age, education, and wealth status. Across regions, it ranges from 85 percent in Kunene to 96 percent in Omusati.

Table 5.19 Husband/partner's knowledge of women's use of contraception

Among currently married women age 15-49 who are using a contraceptive method, percent distribution by whether they report that their husband/partners know about their use of contraception, according to background characteristics, Namibia 2006-07

Background characteristic	Knows[1]	Does not know	Unsure whether knows/ missing	Total	Number of women
Age					
15-19	86.4	4.9	8.7	100.0	48
20-24	89.9	4.0	6.1	100.0	217
25-29	92.2	4.8	2.9	100.0	354
30-34	91.8	3.2	5.0	100.0	433
35-39	89.8	4.8	5.4	100.0	346
40-44	94.1	4.3	1.6	100.0	292
45-49	92.2	2.2	5.6	100.0	209
Residence					
Urban	91.7	3.2	5.2	100.0	1,132
Rural	91.4	5.2	3.4	100.0	767
Region					
Caprivi	88.1	6.3	5.6	100.0	88
Erongo	91.6	3.2	5.2	100.0	228
Hardap	90.5	5.5	4.0	100.0	82
Karas	94.1	1.5	4.4	100.0	89
Kavango	87.8	8.1	4.1	100.0	187
Khomas	93.6	1.4	5.0	100.0	514
Kunene	85.0	3.0	12.0	100.0	64
Ohangwena	89.0	8.7	2.3	100.0	83
Omaheke	87.4	5.0	7.6	100.0	78
Omusati	96.4	1.8	1.9	100.0	97
Oshana	91.1	5.6	3.2	100.0	107
Oshikoto	91.2	5.6	3.1	100.0	124
Otjozondjupa	93.8	4.4	1.7	100.0	160
Education					
No education/preschool	88.3	7.7	3.9	100.0	138
Incomplete primary	87.5	6.7	5.8	100.0	371
Complete primary	87.9	9.4	2.6	100.0	112
Incomplete secondary	93.3	2.9	3.8	100.0	758
Complete secondary	92.4	1.0	6.7	100.0	298
More than secondary	94.9	2.3	2.8	100.0	224
Wealth quintile					
Lowest	89.3	7.5	3.2	100.0	188
Second	88.1	7.2	4.7	100.0	235
Middle	92.0	5.0	2.9	100.0	333
Fourth	91.7	2.8	5.4	100.0	530
Highest	93.2	2.1	4.7	100.0	614
Total	91.6	4.0	4.5	100.0	1,900

[1] Includes women who reported use of male sterilization, male condoms or withdrawal

5.17 Men's Attitude Towards Contraception

When couples have a positive attitude toward family planning, they are more likely to adopt a family planning method. It is especially important that the man's attitude is positive because the man is usually the main decision maker in the household. Male respondents in the 2006-07 NDHS were asked to indicate whether they agree or disagree with two statements: 1) Contraception is women's business and a man should not have to worry about it, and 2) Women who use contraception may become promiscuous. The results are presented in Table 5.20.

Overall, 22 percent of men say that contraception is women's business. This view varies little according to men's age, urban-rural residence, and wealth except that men in the highest wealth quintile are the least likely to hold the view (17 percent). In general, men who are less educated are more likely to agree with the statement. The view is also more common among men who are divorced, separated, or widowed (34 percent) and among men who live in Ohangwena (32 percent), Oshana (31 percent), and Omaheke (28 percent).

Forty-three percent of all men say that women who use contraception may become promiscuous. In general, this view is more common among never-married men (45 percent), rural men (49 percent), and men who live in Omusati (78 percent) and Kunene (64 percent). Less educated men and less wealthy men are also more likely to agree with these statements. For instance, while 50 percent of men who did not complete primary education say that using contraception may make a woman promiscuous, only 34 percent of men who completed secondary education share this view. Similarly, while 49 percent of men in the lowest wealth quintile say that using contraception may make a woman promiscuous, only 30 percent of men in the highest wealth quintile do. Men who live in Erongo and Karas (both 24 percent) were the least likely to hold this view.

Table 5.20 Male attitudes about the use of contraception

Among men age 15-49, percentage who believe that contraception is a woman's business and percentage who believe that a woman using contraception may become promiscuous, according to background characteristics, Namibia 2006

Background characteristic	Believes contraception is a woman's business	Believes a woman using contraception may become promiscuous	Number of men
Age			
15-19	22.8	42.6	910
20-24	22.6	46.3	750
25-29	21.9	43.9	702
30-34	22.2	42.0	586
35-39	19.2	42.1	400
40-44	23.0	36.0	331
45-49	22.6	43.8	235
Marital status			
Never married	22.6	44.5	2,545
Married or living together	19.7	39.8	1,205
Divorced/separated/ widowed	34.1	40.9	163
Residence			
Urban	22.8	37.3	1,962
Rural	21.5	48.6	1,953
Region			
Caprivi	21.8	46.8	189
Erongo	19.9	23.5	362
Hardap	18.7	34.9	132
Karas	18.1	23.7	157
Kavango	22.2	37.4	331
Khomas	25.8	41.6	984
Kunene	24.5	63.5	92
Ohangwena	32.1	42.8	306
Omaheke	28.3	45.3	188
Omusati	12.1	78.2	320
Oshana	31.4	48.4	270
Oshikoto	8.6	46.5	322
Otjozondjupa	18.4	32.3	262
Education			
No education/preschool	20.8	46.0	360
Incomplete primary	27.2	49.7	856
Complete primary	27.3	48.6	252
Incomplete secondary	23.4	44.6	1,604
Complete secondary	17.1	34.2	538
More than secondary	7.6	21.8	305
Wealth quintile			
Lowest	23.1	49.2	560
Second	20.2	54.3	607
Middle	25.2	48.3	875
Fourth	24.7	39.2	963
Highest	17.3	30.3	911
Total	22.2	42.9	3,915

Note: Total includes one man with information missing on marital status

5.18 Men's Attitude Towards Childbearing

Male respondents in the 2006-07 NDHS were also asked to indicate whether they agree or disagree with two statements: 1) Childbearing is a woman's concern and there is no need for the father to get involved, and 2) It is crucial for the health of the mother and child that a woman has assistance from a doctor or nurse at delivery. The findings are presented in Table 5.21.

Overall, 16 percent of men say that having children is women's business. This view varies according to background characteristics. Younger men tend to agree with this statement (18 percent for men age 15-19 compared with 12 percent of men age 45-49). Never-married men and men who were formerly married are more likely than married men to say that having children is women's business. This view is more accepted by rural men than by urban men. Men in Ohangwena are by far the most likely to agree with this statement (40 percent), while in other regions the proportion ranges from 5 percent in Karas to 22 percent in Oshana. Acceptance of this view declines with the man's education and household wealth quintile. For example, 24 percent of men with no education agree with this statement compared with 4 percent of men with more than secondary education. Men in the highest wealth quintile are the least likely to hold the view (8 percent) compared with 21 percent of men in the lowest wealth quintile.

Nine in ten men acknowledge the importance of consultation with medical personnel during delivery. There are small variations across subgroups of men.

Table 5.21 Male attitudes about childbearing

Among men age 15-49, percentage who believe that childbearing is a woman's concern and there is no need for the father to get involved and percentage who agree that assistance from a doctor or nurse at delivery is crucial for the health of the mother and child, according to background characteristics, Namibia 2006

Background characteristic	Believe childbearing is a woman's business and there is no need for the father to get involved	Agree that assistance from a doctor or nurse at delivery is crucial for the mother and child's health	Number of men
Age			
15-19	18.4	88.4	910
20-24	16.8	91.7	750
25-29	13.9	91.6	702
30-34	15.9	90.2	586
35-39	11.7	94.1	400
40-44	15.6	89.9	331
45-49	11.7	89.7	235
Marital status			
Never married	16.9	89.5	2,545
Married or living together	12.4	92.6	1,205
Divorced/separated/ widowed	19.4	94.9	163
Residence			
Urban	12.2	94.0	1,962
Rural	19.0	87.3	1,953
Region			
Caprivi	13.1	96.9	189
Erongo	10.9	96.4	362
Hardap	10.6	97.6	132
Karas	5.4	80.4	157
Kavango	19.4	93.6	331
Khomas	12.4	95.2	984
Kunene	19.0	95.4	92
Ohangwena	39.9	60.6	306
Omaheke	18.8	78.4	188
Omusati	9.3	97.5	320
Oshana	21.8	96.5	270
Oshikoto	7.1	94.9	322
Otjozondjupa	19.5	82.9	262
Education			
No education/preschool	24.3	83.8	360
Incomplete primary	22.4	87.2	856
Complete primary	18.4	91.7	252
Incomplete secondary	14.3	92.4	1,604
Complete secondary	7.8	94.2	538
More than secondary	4.2	92.2	305
Wealth quintile			
Lowest	20.9	85.9	560
Second	20.6	89.1	607
Middle	19.8	89.7	875
Fourth	12.5	90.5	963
Highest	8.2	95.7	911
Total	15.6	90.7	3,915

Note: Total includes one man with information missing on marital status

OTHER PROXIMATE DETERMINANTS OF FERTILITY 6

This chapter addresses the principal factors, other than contraception, which affect a woman's risk of becoming pregnant. These factors include marriage, polygyny, sexual activity, postpartum amenorrhoea, abstinence from sexual activity, and onset of menopause. In societies where sexual activity usually takes place within marriage, marriage signals the onset of a woman's exposure to the risk of pregnancy. Populations in which age at first marriage is low tend to have early childbearing and high fertility. Postpartum amenorrhoea and sexual abstinence affect the duration of a woman's insusceptibility to pregnancy, which in turn affects birth spacing. These variables taken together determine the length and pace of a woman's reproductive life and are therefore important for understanding fertility.

6.1 CURRENT MARITAL STATUS

While marriage and cohabitation are generally considered to be primary indicators of exposure to the risk of pregnancy, many women in Namibia bear children without entering a stable union. Visiting relationships are common and many women have children in the context of such unions.

Table 6.1 shows data on the current marital status of women and men interviewed in the survey. In this table, the term "married" is intended to mean legal, traditional, or formal marriage, while "living together" designates an informal union. However, in future tables, the term "currently married" refers to both formal and informal unions.

Table 6.1 Current marital status

Percent distribution of women and men age 15-49 by current marital status, according to age, Namibia 2006-07

Age	Marital status							Total	Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed	Missing			
					WOMEN					
15-19	94.5	1.0	4.2	0.0	0.2	0.0	0.0	100.0	5.3	2,246
20-24	75.9	5.2	16.2	0.0	2.3	0.2	0.1	100.0	21.5	1,855
25-29	55.4	17.0	21.5	0.4	4.7	1.0	0.0	100.0	38.5	1,623
30-34	39.7	31.6	21.4	1.5	3.5	2.3	0.0	100.0	53.0	1,417
35-39	30.7	37.9	20.7	1.3	5.0	4.3	0.1	100.0	58.5	1,045
40-44	26.1	41.8	14.5	4.2	5.5	8.0	0.0	100.0	56.2	928
45-49	17.1	46.7	14.8	3.7	6.0	11.7	0.0	100.0	61.5	689
Total 15-49	57.9	19.9	15.3	1.1	3.3	2.6	0.0	100.0	35.2	9,804
					MEN					
15-19	99.6	0.0	0.3	0.0	0.1	0.0	0.0	100.0	0.3	910
20-24	87.1	1.9	8.2	0.2	2.6	0.0	0.0	100.0	10.1	750
25-29	65.4	12.3	16.1	0.1	5.8	0.2	0.2	100.0	28.4	702
30-34	47.9	22.0	22.4	0.7	6.5	0.5	0.0	100.0	44.4	586
35-39	33.5	38.8	23.2	0.6	3.8	0.0	0.0	100.0	62.0	400
40-44	21.3	54.9	18.0	1.1	3.4	1.2	0.0	100.0	72.9	331
45-49	17.3	60.2	15.5	2.7	2.6	1.8	0.0	100.0	75.7	235
Total 15-49	65.0	18.1	12.7	0.5	3.4	0.3	0.0	100.0	30.8	3,915

Fifty-eight percent of women of childbearing age have never been married, while 35 percent are either currently married (20 percent) or living together (15 percent). Seven percent of women are formerly married (divorced, separated, or widowed). Marriage occurs relatively late in Namibia and a large proportion of women never marry; 17 percent of those age 45-49 have not married. The trend toward later marriage can be seen in the higher proportion of women and men who have never married in the 2006-07 survey compared with the 2000 survey. For example, 54 percent of women age 15-49 had never been married in the 2000 survey (MoHSS, 2003), compared with 58 percent in the 2006-07 survey. Conversely, the proportion of women who were married decreased from 23 percent in 2000 to 20 percent in 2006-07. As expected, the proportion of women who are divorced, separated, or widowed generally increases with age.

Men display a similar pattern. Sixty-five percent of men age 15-49 have never been married, while 18 percent are married and 13 percent are living together. Four percent of men are either widowed, divorced, or separated. Men are less likely to be married and tend to marry at an older age than women.

6.2 POLYGYNY

Polygyny (the practice of having more than one wife) is common in Namibia and has implications for the frequency of exposure to sexual activity and, therefore, fertility. The prevalence of polygyny in the 2006-07 NDHS was ascertained by asking currently married women whether their husband or partner had other wives and, if so, how many. Similarly, currently married men were asked for the number of wives or partners they lived with.

Table 6.2 shows the proportion of currently married women and men age 15-49 who are in a polygynous union by background characteristics. Data from the 2006-07 NDHS indicate that 6 percent of currently married women are in a polygynous union and have co-wives. This is a large decrease from the 2000 NDHS in which the proportion was double (12 percent). It is interesting to note that 13 percent of married women have no knowledge about the number of co-wives they have. This phenomenon was also observed in the 2000 NDHS (18 percent). The data further indicate that the prevalence of polygyny does not vary much by women's age. Rural women are more likely than urban women to live in a polygynous union. Polygyny is most prevalent in Kunene (17 percent), while Karas has the least (2 percent). The number of co-wives decreases with increasing level of education and wealth quintile.

Married men are less likely to report having multiple wives. Three percent of married men reported having two or more wives, compared with 6 percent of women who reported having co-wives. Differentials by residence are substantial. While 8 percent of men in Ohangwena have more than one wife, none in Hardap, Karas, or Kavango have multiple wives. The relationship between polygyny and education and wealth among men is unclear.

Table 6.2 Number of women's co-wives and men's wives

Percent distribution of currently married women age 15-49 by number of co-wives and percentage of men with two or more wives, according to background characteristics, Namibia 2006

Background characteristic	Women: number of co-wives						Men with two or more wives	
	0	1	2+	Don't know/ missing	Total	Number of women	Percentage	Number of men
Age								
15-19	82.3	3.4	1.1	13.1	100.0	118	*	3
20-24	82.2	4.8	0.2	12.8	100.0	398	1.9	76
25-29	82.3	5.0	0.1	12.5	100.0	625	1.0	199
30-34	82.5	4.2	0.7	12.6	100.0	751	1.4	260
35-39	78.9	5.0	1.0	15.0	100.0	612	4.1	248
40-44	81.5	3.5	2.4	12.5	100.0	522	4.2	242
45-49	78.2	5.5	1.1	15.3	100.0	424	2.8	178
Residence								
Urban	83.8	2.8	0.3	13.0	100.0	1,731	2.3	714
Rural	78.4	6.4	1.5	13.7	100.0	1,719	3.2	491
Region								
Caprivi	86.3	10.3	1.0	2.4	100.0	200	7.2	82
Erongo	86.0	2.7	0.0	11.3	100.0	327	2.1	163
Hardap	93.4	1.7	0.0	4.9	100.0	131	0.0	45
Karas	85.2	1.3	1.1	12.4	100.0	139	0.0	48
Kavango	82.2	9.3	0.4	8.1	100.0	477	0.0	125
Khomas	85.3	1.6	0.0	13.0	100.0	749	3.0	332
Kunene	67.0	12.0	4.9	16.1	100.0	141	2.8	43
Ohangwena	66.6	3.9	5.5	24.0	100.0	218	8.3	38
Omaheke	90.8	2.2	0.2	6.8	100.0	150	1.9	53
Omusati	71.8	6.7	0.0	21.4	100.0	195	3.3	47
Oshana	80.9	2.5	1.1	15.4	100.0	197	2.7	53
Oshikoto	81.3	6.1	0.9	11.8	100.0	246	2.7	73
Otjozondjupa	70.2	2.4	1.1	26.3	100.0	278	2.6	104
Education								
No education/preschool	74.7	8.5	2.5	14.3	100.0	408	3.9	159
Incomplete primary	78.9	7.4	1.5	12.2	100.0	805	4.9	284
Complete primary	78.0	5.7	0.6	15.7	100.0	242	0.0	56
Incomplete secondary	82.1	3.6	0.4	13.9	100.0	1,226	2.2	381
Complete secondary	85.3	0.7	0.2	13.8	100.0	435	0.9	168
More than secondary	87.6	1.0	0.6	10.9	100.0	334	1.3	156
Wealth quintile								
Lowest	77.3	9.2	1.8	11.6	100.0	590	3.1	154
Second	76.3	7.1	2.2	14.4	100.0	502	4.1	134
Middle	80.0	5.2	0.6	14.2	100.0	698	3.6	246
Fourth	81.0	2.9	0.4	15.7	100.0	798	3.5	311
Highest	87.4	1.1	0.3	11.2	100.0	863	0.6	360
Total	81.1	4.6	0.9	13.4	100.0	3,451	2.7	1,205

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

6.3 AGE AT FIRST MARRIAGE

Age at first marriage has a major effect on childbearing because women who marry early have, on average, a longer period of exposure to the risk of pregnancy and a greater number of lifetime births. Information on age at first marriage was obtained by asking respondents the month and year, or age, at which they started living with their first husband or wife.

Table 6.3 shows the percentage of women and men who had married by specific ages, according to current age. Age at marriage for both women and men in Namibia is high. The median age at marriage for women age 25-49 years is 29.1 years. Over time, age at marriage has increased. The median age for women age 45-49 is 24.9 years, compared with 29.2 years for women age 30-34 years.

Table 6.3 Age at first marriage

Percentage of women and men age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, Namibia 2006-07

Current age	Percentage first married by exact age: 15	18	20	22	25	Percentage never married	Number	Median age at first marriage
				WOMEN				
15-19	1.1	na	na	na	na	94.5	2,246	a
20-24	2.4	8.6	15.6	na	na	75.9	1,855	a
25-29	2.2	9.2	16.0	23.9	35.5	55.4	1,623	a
30-34	2.0	8.5	13.8	21.3	34.7	39.7	1,417	29.2
35-39	1.8	10.1	16.9	24.3	34.9	30.7	1,045	29.4
40-44	2.1	11.5	18.4	26.0	38.9	26.1	928	27.8
45-49	4.4	12.6	24.3	38.4	50.2	17.1	689	24.9
20-49	2.3	9.6	16.7	na	na	47.0	7,558	34.4
25-49	2.3	10.0	17.0	25.4	37.5	37.6	5,703	29.1
				MEN				
15-19	0.0	na	na	na	na	99.6	910	a
20-24	0.0	0.3	2.3	na	na	87.1	750	a
25-29	0.1	2.1	4.6	9.0	14.4	65.4	702	a
30-34	0.2	3.3	6.3	9.3	16.5	47.9	586	a
35-39	0.7	3.1	5.2	10.6	18.6	33.5	400	a
40-44	0.6	2.2	3.6	9.7	18.7	21.3	331	34.9
45-49	0.0	3.2	4.8	11.2	22.7	17.3	235	34.6
20-49	0.2	2.1	4.3	na	na	54.5	3,005	a
25-49	0.3	2.7	5.0	9.7	17.2	43.7	2,254	a

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

Men marry at a later age than women; whereas 17 percent of women age 25-49 have been married by age 20, only 5 percent of men age 25-49 have married by age 20.

Table 6.4 shows differences in the median age at first marriage among women age 30-49 by background characteristics. Because of late marriage, little data are available on women younger than 30 years and they have been omitted because less than half of the respondents in the younger age groups were married before entering the age group. Comparison of the median age at first marriage for women age 30-49 in the 2000 NDHS (MoHSS, 2003) and in the 2006-07 NDHS indicates that women are marrying an average of two years later (26.2 years in 2000 and 28.2 years in 2006-07). Urban women marry almost two years later than their rural counter parts (29.1 years and 27.4 years, respectively). By region, the median age at first marriage ranges from 21.9 years in Caprivi to 29.9 years in Khomas.

Table 6.4 Median age at first marriage

Median age at first marriage among women by five-year age groups, age 20-49 and age 25-49, according to background characteristics, Namibia 2006-07

Background characteristic	Women				Total
	30-34	35-39	40-44	45-49	30-49
Residence					
Urban	29.4	30.0	28.7	25.1	29.1
Rural	28.4	28.3	27.2	24.8	27.4
Region					
Caprivi	22.4	28.8	21.0	20.1	21.9
Erongo	26.4	28.1	25.8	25.3	26.2
Hardap	28.5	27.5	26.2	26.8	27.0
Karas	28.2	27.2	28.8	24.5	27.1
Kavango	22.5	20.2	24.5	20.7	22.1
Khomas	29.3	32.9	33.2	24.9	29.9
Kunene	22.2	24.3	22.0	24.2	23.0
Ohangwena	a	30.5	27.8	24.4	29.1
Omaheke	29.4	26.9	29.6	26.9	28.0
Omusati	a	a	33.6	30.8	a
Oshana	a	34.8	29.4	27.6	a
Oshikoto	a	33.0	29.9	26.3	a
Otjozondjupa	25.5	24.6	26.6	21.8	24.8
Education					
No education/preschool	24.5	23.9	25.4	23.5	24.3
Incomplete primary	25.5	27.7	25.9	24.4	26.0
Complete primary	27.6	28.2	30.4	27.8	28.2
Incomplete secondary	a	32.4	31.1	23.4	a
Complete secondary	29.0	30.6	28.5	23.5	28.6
More than secondary	28.2	28.1	27.4	28.1	27.9
Wealth quintile					
Lowest	26.1	30.0	26.0	23.9	26.6
Second	a	31.7	27.3	25.0	29.3
Middle	29.1	27.4	30.3	24.7	28.3
Fourth	29.8	29.8	29.1	26.2	29.4
Highest	28.4	28.0	26.8	24.1	27.2
Total	29.2	29.4	27.8	24.9	28.2

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

6.4 AGE AT FIRST SEXUAL INTERCOURSE

While age at first marriage is often used as a proxy for first exposure to intercourse, the two events do not necessarily occur at the same time. Women and men may have sexual relations prior to marriage, especially if they are postponing the age at which they marry. The 2006-07 NDHS asked women and men how old they were when they first had sexual intercourse.

Table 6.5 shows that men initiate sex at an earlier age than women. The median age at first intercourse for women and men age 20-49 years is 18.9 years and 18.0 years, respectively. Furthermore, only 5 percent of women and 12 percent of men reported having sexual intercourse by age 15. By age 18, which is the legal age for marriage, four in ten women (36 percent) and half of men (49 percent) have had sexual intercourse.

Table 6.5 Age at first sexual intercourse

Percentage of women and men age 15-49 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to current age, Namibia 2006-07

Current age	Percentage who had first sexual intercourse by exact age: 15	18	20	22	25	Percentage who never had intercourse	Number	Median age at first intercourse
WOMEN								
15-19	7.4	na	na	na	na	56.7	2,246	a
20-24	6.5	43.8	72.7	na	na	11.2	1,855	18.3
25-29	4.9	38.4	64.4	79.1	85.6	4.0	1,623	18.7
30-34	4.8	32.1	54.8	71.8	79.4	1.4	1,417	19.4
35-39	3.8	33.3	56.6	71.3	80.1	1.1	1,045	19.2
40-44	4.3	30.0	50.6	63.7	73.6	0.7	928	19.9
45-49	4.1	27.5	48.3	63.3	73.2	0.8	689	20.2
20-49	5.0	35.8	60.4	74.4	81.1	4.2	7,558	18.9
25-49	4.5	33.2	56.4	na	na	1.9	5,703	19.3
15-24	7.0	na	na	na	na	36.1	4,101	19.0
MEN								
15-19	19.2	na	na	na	na	48.2	910	a
20-24	16.6	58.4	81.5	na	na	8.2	750	17.4
25-29	15.7	55.6	78.9	89.6	94.6	2.2	702	17.5
30-34	10.6	45.5	71.8	84.4	90.7	1.0	586	18.2
35-39	9.2	47.0	69.3	86.4	91.7	0.6	400	18.2
40-44	6.5	38.0	61.7	77.6	84.9	0.7	331	18.7
45-49	5.1	32.0	58.2	76.3	82.5	2.3	235	19.0
20-49	12.2	49.4	73.4	85.9	90.6	3.1	3,005	18.0
25-49	10.8	46.4	70.7	na	na	1.4	2,254	18.2
15-24	18.0	na	na	na	na	30.1	1,661	17.7

na = Not applicable due to censoring
a = Omitted because less than 50 percent of the respondents had intercourse for the first time before reaching the beginning of the age group

Comparing median age at first sex by age group for both women and men indicates that the trend is toward initiating sexual intercourse at younger ages. However, younger men are more sexually active than younger women. For example, men age 15-19 are almost three times as likely as women the same age to have initiated sexual intercourse by age 15 (19 percent and 7 percent, respectively). There has been no change in age at first sexual intercourse among women over the past decade; the median has been 19 years since 1992.

Differentials in age at first sex by background characteristics are shown in Table 6.6. Women and men in urban areas have their first sexual experience at slightly younger ages than their rural counterparts. For women, age at first sex generally increases with level education and wealth status. For men, the relationship is less clear. For both women and men age 25-49, the median age at first sex is lowest in Kavango and highest in Omusati.

Table 6.6 Median age at first intercourse

Median age at first sexual intercourse among women age 20-49 by five-year age groups, and median age at first intercourse for women and men age 20-49 and age 25-49, according to background characteristics, Namibia 2006-07

Background characteristic	Age						Women		Men	
	20-24	25-29	30-34	35-39	40-44	45-49	20-49	25-49	20-49	25-49
Residence										
Urban	18.5	18.8	19.6	19.1	19.4	19.8	19.0	19.2	18.1	18.3
Rural	18.1	18.7	19.2	19.2	20.3	20.5	18.9	19.4	17.9	18.1
Region										
Caprivi	16.9	17.7	17.9	18.5	18.0	19.3	17.7	18.0	16.6	17.0
Erongo	18.4	18.5	18.9	18.7	19.0	19.5	18.7	18.9	18.5	18.5
Hardap	18.8	18.1	19.5	19.7	19.0	20.1	18.9	19.0	18.3	18.4
Karas	18.8	19.2	20.2	19.4	20.6	19.3	19.5	19.9	18.2	18.2
Kavango	16.7	16.9	17.6	17.7	18.1	20.0	17.2	17.5	16.5	16.6
Khomas	18.6	19.2	19.9	19.0	19.6	20.3	19.2	19.5	18.2	18.4
Kunene	17.8	17.0	17.7	17.6	17.0	18.6	17.7	17.6	18.0	18.1
Ohangwena	18.6	19.0	20.6	19.6	21.5	21.3	19.7	20.2	18.2	18.3
Omaheke	17.7	18.3	18.2	18.8	19.7	18.1	18.4	18.6	17.6	18.2
Omusati	19.0	20.0	20.9	21.0	24.0	22.8	a	21.0	18.0	19.0
Oshana	19.2	19.9	19.9	20.6	20.4	20.7	19.9	20.2	18.5	18.6
Oshikoto	18.4	19.1	19.1	19.1	20.5	21.0	19.2	19.6	18.3	18.4
Otjozondjupa	17.5	18.1	18.0	18.4	17.8	19.1	18.1	18.2	17.7	17.9
Education										
No education	16.8	17.5	18.1	17.8	18.3	18.7	17.8	18.1	18.4	18.6
Incomplete primary	16.9	17.5	18.1	18.4	19.0	20.2	18.3	18.5	18.3	18.4
Complete primary	17.2	17.9	18.6	18.6	19.0	20.5	18.4	18.7	17.6	18.0
Incomplete secondary	18.3	18.7	19.7	19.6	19.9	19.7	18.8	19.2	17.7	17.9
Complete secondary	19.0	19.7	21.0	20.5	21.1	20.5	19.8	20.3	18.0	18.1
More than secondary	a	20.9	20.1	22.2	23.1	22.0	a	21.1	18.3	18.5
Wealth quintile										
Lowest	17.3	18.4	18.7	18.6	20.3	21.1	18.5	18.9	17.9	18.2
Second	18.3	18.8	19.3	19.1	20.6	20.5	19.1	19.5	17.9	18.2
Middle	18.0	18.3	18.7	19.2	19.9	20.5	18.6	18.8	18.0	18.3
Fourth	18.4	18.6	19.3	18.9	18.9	19.6	18.8	18.9	18.0	18.0
Highest	19.0	19.6	20.2	20.3	20.3	20.0	19.8	20.0	18.2	18.4
Total	18.3	18.7	19.4	19.2	19.9	20.2	18.9	19.3	18.0	18.2

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

6.5 RECENT SEXUAL INTERCOURSE

In the absence of contraception, the probability of becoming pregnant is related to the frequency of intercourse. Thus, information on sexual activity can be used to refine measures of exposure to the risk of pregnancy. All women and men were asked how long ago they last had sexual intercourse. Tables 6.7.1 and 6.7.2 show the percent distribution of women and men by recent sexual activity.

Overall, 16 percent of women age 15-49 years have never had sex, 38 percent of women were sexually active in the four weeks preceding the survey, and 28 percent had had sexual intercourse within the past year, but not in past four weeks. The proportion of women who were sexually active in the past four weeks increases with age, from 15 percent at age 15-19 to 51 percent at age 30-39, and decreases to 46 percent at age 45-49. Women who are married or living together are the most likely to have recently engaged in sexual intercourse (70 percent), while women who have never been in a marital union are only slightly more likely to be sexually active than those who are divorced, separated, or widowed (21 percent compared with 19 percent).

There are small variations in the proportion of women who were sexually active in the four weeks preceding the survey. Recent sexual activity is relatively lower among women in rural areas (34 percent) than among women in urban areas (44 percent). More than half of women in Erongo, Kunene, and Otjozondjupa regions are sexually active, compared with about one in four women in Ohangwena, Omusati, and Oshana. The relationship between level of education and recent sexual activity presents a u-shaped pattern; women who have no education and women with more than secondary education are much more likely than women who have some primary education to be sexually active. The percentage of sexually active women increases with wealth quintile.

Table 6.7.1 Recent sexual activity: Women

Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, Namibia 2006-07

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years	Missing	Never had sexual intercourse	Total	Number of women
Age							
15-19	14.8	20.5	7.2	0.8	56.7	100.0	2,246
20-24	36.7	37.2	13.6	1.4	11.2	100.0	1,855
25-29	45.4	33.6	15.1	1.9	4.0	100.0	1,623
30-34	50.6	28.4	15.6	4.1	1.4	100.0	1,417
35-39	50.5	26.5	19.8	2.1	1.1	100.0	1,045
40-44	48.5	24.2	24.7	1.9	0.7	100.0	928
45-49	45.9	18.5	30.9	4.0	0.8	100.0	689
Marital status							
Never married	21.1	31.2	18.2	1.5	28.0	100.0	5,673
Married or living together	70.4	22.8	4.0	2.8	0.0	100.0	3,451
Divorced/separated/widowed	19.2	24.8	53.1	2.7	0.1	100.0	678
Marital duration[2]							
Married only once	70.1	23.1	3.9	2.9	0.0	100.0	3,000
0-4 years	71.1	23.8	2.6	2.5	0.0	100.0	923
5-9 years	70.7	24.0	3.2	2.1	0.0	100.0	814
10-14 years	67.4	25.7	4.0	2.9	0.0	100.0	455
15-19 years	69.1	23.8	5.0	2.1	0.0	100.0	384
20-24 years	73.1	16.2	6.7	4.0	0.0	100.0	224
25+ years	67.0	17.0	7.4	8.6	0.0	100.0	200
Married more than once	72.6	20.7	4.5	2.2	0.0	100.0	453
Residence							
Urban	43.5	25.9	13.7	2.7	14.1	100.0	4,772
Rural	33.5	29.6	17.4	1.4	18.2	100.0	5,032
Region							
Caprivi	47.6	24.7	18.2	2.3	7.2	100.0	474
Erongo	51.2	22.2	7.7	6.6	12.3	100.0	688
Hardap	40.3	28.7	14.0	2.0	15.1	100.0	315
Karas	45.8	22.7	16.2	2.8	12.4	100.0	318
Kavango	40.5	29.6	21.7	0.9	7.3	100.0	934
Khomas	43.5	25.0	14.0	2.7	14.7	100.0	2,218
Kunene	52.7	28.2	9.8	2.2	7.2	100.0	259
Ohangwena	24.2	30.8	18.0	1.3	25.6	100.0	1,043
Omaheke	48.0	30.2	10.2	1.1	10.4	100.0	373
Omusati	25.3	26.3	20.4	2.1	25.9	100.0	975
Oshana	25.6	33.3	16.9	0.5	23.7	100.0	819
Oshikoto	29.6	33.3	15.5	0.7	21.0	100.0	837
Otjozondjupa	53.3	26.8	11.1	0.9	7.9	100.0	550
Education							
No education/preschool	48.0	26.2	20.6	2.3	3.0	100.0	651
Incomplete primary	43.9	26.4	19.3	1.4	9.0	100.0	1,699
Complete primary	34.2	29.5	16.2	0.9	19.2	100.0	736
Incomplete secondary	32.1	29.3	14.8	1.6	22.2	100.0	4,751
Complete secondary	45.3	26.1	12.0	4.0	12.6	100.0	1,286
More than secondary	50.6	24.2	12.9	3.8	8.4	100.0	682
Wealth quintile							
Lowest	32.7	30.3	20.0	1.3	15.7	100.0	1,621
Second	32.2	26.9	18.8	1.4	20.8	100.0	1,668
Middle	37.9	31.1	14.8	1.5	14.8	100.0	1,885
Fourth	43.0	29.5	13.6	1.8	12.2	100.0	2,292
Highest	42.6	22.5	12.8	3.8	18.3	100.0	2,338
Total	38.4	27.8	15.6	2.0	16.2	100.0	9,804

Note: Total includes three women with information missing on marital status.
[1] Excludes women who had sexual intercourse within the past 4 weeks
[2] Excludes women who are not currently married

Table 6.7.2 shows that a slightly higher proportion of men than women age 15-49 have recently engaged in sexual intercourse (40 percent compared with 38 percent). Three in ten men had sexual intercourse in the year before the survey but not in the month prior to the survey, while 16 percent had not been sexually active for one year or more. Fourteen percent of men said they have never had sex. As with women, sexual activity among men increases with age and peaks between age 35 and 44. Men in union are much more likely to be sexually active than those not in union. There is little variation in recent sexual activity by marital duration. Men in urban areas (42 percent) are more likely to be sexually active in the recent past than those in rural areas (38 percent).

Table 6.7.2 Recent sexual activity: Men

Percent distribution of men age 15-49 by timing of last sexual intercourse, according to background characteristics, Namibia 2006-07

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years	Missing	Never had sexual intercourse	Total	Number of men
Age							
15-19	12.0	25.5	14.1	0.3	48.2	100.0	910
20-24	33.6	34.0	24.0	0.2	8.2	100.0	750
25-29	44.3	36.1	16.3	1.2	2.2	100.0	702
30-34	55.9	27.6	14.0	1.5	1.0	100.0	586
35-39	60.6	26.3	10.6	1.9	0.6	100.0	400
40-44	59.9	25.4	12.0	2.0	0.7	100.0	331
45-49	53.6	22.8	18.9	2.3	2.3	100.0	235
Marital status							
Never married	25.8	31.2	21.4	0.6	20.9	100.0	2,545
Married or living together	69.1	24.6	4.5	1.9	0.0	100.0	1,205
Divorced/separated/widowed	46.4	32.6	19.3	1.7	0.0	100.0	163
Marital duration[2]							
Married only once	66.9	27.5	3.9	1.7	0.0	100.0	791
0-4 years	62.4	31.9	3.8	1.9	0.0	100.0	230
5-9 years	66.5	29.5	3.6	0.4	0.0	100.0	226
10-14 years	78.4	18.4	2.4	0.8	0.0	100.0	159
15-19 years	63.7	27.4	5.8	3.0	0.0	100.0	96
20-24 years	60.8	30.6	2.2	6.4	0.0	100.0	61
25+ years	67.0	16.1	17.0	0.0	0.0	100.0	19
Married more than once	75.4	18.5	4.6	1.5	0.0	100.0	301
Residence							
Urban	41.9	32.5	14.7	1.6	9.4	100.0	1,962
Rural	38.1	26.0	17.6	0.5	17.9	100.0	1,953
Region							
Caprivi	53.9	28.3	9.8	2.5	5.5	100.0	189
Erongo	39.3	41.3	8.4	3.2	7.8	100.0	362
Hardap	50.7	15.1	16.3	1.5	16.4	100.0	132
Karas	42.0	28.5	13.0	0.2	16.3	100.0	157
Kavango	55.0	26.0	6.4	0.7	12.0	100.0	331
Khomas	37.5	33.7	18.6	1.4	8.7	100.0	984
Kunene	51.9	31.4	6.6	1.9	8.2	100.0	92
Ohangwena	20.6	16.0	28.9	0.0	34.6	100.0	306
Omaheke	51.3	28.2	12.8	0.3	7.5	100.0	188
Omusati	28.5	25.2	28.3	0.0	18.1	100.0	320
Oshana	41.2	21.1	18.8	0.3	18.5	100.0	270
Oshikoto	34.8	33.3	11.4	0.6	19.9	100.0	322
Otjozondjupa	44.3	32.1	14.9	0.3	8.5	100.0	262
Education							
No education/preschool	39.0	29.9	22.4	0.6	8.1	100.0	360
Incomplete primary	37.0	28.0	17.3	1.1	16.6	100.0	856
Complete primary	32.4	25.6	14.1	0.0	27.8	100.0	252
Incomplete secondary	36.5	30.9	16.5	1.1	15.0	100.0	1,604
Complete secondary	47.8	30.5	11.8	1.0	8.8	100.0	538
More than secondary	60.6	23.9	12.4	2.1	1.1	100.0	305
Wealth quintile							
Lowest	35.3	25.4	17.9	0.4	21.1	100.0	560
Second	36.0	24.6	18.7	1.1	19.7	100.0	607
Middle	41.6	26.2	19.5	0.5	12.2	100.0	875
Fourth	41.6	33.8	14.8	0.6	9.2	100.0	963
Highest	42.4	32.8	11.4	2.4	11.0	100.0	911
Total 15-49	40.0	29.2	16.1	1.0	13.6	100.0	3,915

Note: Total includes one man with information missing on marital status.
[1] Excludes men who had sexual intercourse within the past 4 weeks
[2] Excludes men who are not currently married

Regional variation for men shows patterns similar to those of women. At least half of the men in Caprivi, Hardap, Kavango, Kunene, and Omaheke reported being sexually active in the past month compared with only 21 percent of men in Ohangwena. The relationship of level of education and wealth quintile with recent sexual activity among men is the same as for women; men with no education and men with more than secondary education are much more likely than men with other levels of education to have engaged in recent sexual activity. Recent sexual activity increases with wealth quintile.

6.6 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea is the interval between the birth of a child and the resumption of menstruation, during which the risk of pregnancy is much reduced. Postpartum protection from conception depends on the intensity and duration of breastfeeding. Postpartum abstinence refers to the period of voluntary sexual inactivity after childbirth. A woman is considered insusceptible if she is not exposed to the risk of pregnancy, either because she is amenorrhoeic or because she is abstaining from sexual intercourse following a birth. In the 2006-07 NDHS, information was obtained about the duration of amenorrhoea and the duration of sexual abstinence following childbirth for births in the three years preceding the survey. Postpartum protection from conception can be prolonged by breastfeeding, which lengthens the duration of amenorrhoea. Delaying the resumption of sexual relations also prolongs protection.

As shown in Table 6.8, the majority of women are amenorrhoeic for at least 4-5 months after delivering, with a median of 5.5 months. By 8-9 months after the birth, 36 percent of women are amenorrhoeic, 56 percent are insusceptible to pregnancy, and 38 percent are abstaining from sexual relations. The median duration of postpartum abstinence is 6.8 months. Combining these two factors, the median duration of postpartum insusceptibility to pregnancy is 13.1 months.

Table 6.8 Postpartum amenorrhoea, abstinence and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Namibia 2006-07

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible[1]	
< 2	72.0	86.8	89.3	127
2-3	67.3	73.8	91.3	182
4-5	53.7	58.2	77.5	198
6-7	44.5	53.5	69.8	215
8-9	35.9	38.2	56.0	160
10-11	33.2	39.9	60.4	181
12-13	26.8	32.0	48.1	205
14-15	25.2	35.4	50.5	174
16-17	11.5	23.8	31.5	169
18-19	14.0	20.1	26.6	149
20-21	7.7	16.9	20.3	163
22-23	6.9	14.5	18.8	171
24-25	7.9	19.1	23.9	156
26-27	5.2	19.1	22.0	161
28-29	6.0	17.1	21.7	166
30-31	1.3	10.2	11.2	149
32-33	8.7	10.6	15.1	154
34-35	3.5	14.3	15.4	204
Total	24.3	32.7	42.4	3,085
Median	5.5	6.8	13.1	na
Mean	9.0	12.0	15.3	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable
[1] Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

Comparing the current data with the 2000 NDHS data indicates that the median and mean durations for all three variables have decreased (MoHSS, 2003). For example, the current median duration of postpartum amenorrhoea (5.5 months) is 4.2 months shorter than it was in the 2000 NDHS (9.7 months), and the median duration of postpartum abstinence decreased from 7.9 months to 6.8 months.

Table 6.9 shows the median durations of postpartum amenorrhoea, abstinence, and insusceptibility by background characteristics. The median duration of insusceptibility is shorter among women age 30 and older than among younger women, and is five months longer for rural women than for urban women. Across regions, the median duration of insusceptibility ranges from 6.1 months in Khomas to 17.1 months in Caprivi. Postpartum amenorrhoea and insusceptibility generally decrease with the level of education and wealth quintile.

Table 6.9 Median duration of amenorrhoea, postpartum abstinence and postpartum insusceptibility

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Namibia 2006-07

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility[1]
Mother's age			
15-29	5.2	8.2	13.8
30-49	6.0	5.0	11.7
Residence			
Urban	3.1	6.2	9.0
Rural	7.6	7.8	14.2
Region			
Caprivi	13.0	9.3	17.1
Erongo	0.7	5.4	9.5
Hardap	0.7	5.7	9.2
Karas	2.3	8.2	13.5
Kavango	12.4	5.2	16.6
Khomas	0.5	5.2	6.1
Kunene	6.7	5.4	9.4
Ohangwena	8.4	9.0	13.7
Omaheke	1.9	7.9	9.8
Omusati	4.8	11.8	14.0
Oshana	5.0	10.1	12.1
Oshikoto	6.0	8.5	13.5
Otjozondjupa	4.1	6.9	9.3
Education			
No education/preschool	7.8	3.9	9.5
Incomplete primary	9.9	7.7	13.4
Complete primary	5.9	9.4	15.5
Incomplete secondary	4.0	8.7	13.8
Complete secondary	3.8	4.9	8.1
More than secondary	0.6	0.6	0.6
Wealth quintile			
Lowest	9.6	8.6	15.5
Second	9.1	6.6	13.3
Middle	3.7	9.1	14.5
Fourth	3.1	6.8	9.7
Highest	0.5	4.5	4.6
Total	5.5	6.8	13.1

Note: Medians are based on the status at the time of the survey (current status).
[1] Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

6.7 MENOPAUSE

The risk of becoming pregnant declines with age. The term infecundity, the inability to produce a live child, denotes a process rather than a well-defined event. Although the onset of infecundity is difficult to determine for an individual woman, it is possible to estimate it for groups of women. Table 6.10 presents data on menopause, an indicator of decreasing exposure to the risk of pregnancy.

In this report, women are considered menopausal if they are neither pregnant nor postpartum amenorrhoeic and have not had a menstrual period for at least six months preceding the survey. Overall, 12 percent of women age 30-49 are menopausal. The extent of menopause increases with age from 5 percent for women age 30-34 to 43 percent for women age 48-49. The proportion of women age 48-49 who are menopausal declined from 47 percent in the 2000 NDHS to 43 percent in the 2006-07 NDHS.

Table 6.10 Menopause

Percentage of women age 30-49 who are menopausal, by age, Namibia 2006-07

Age	Percentage menopausal[1]	Number of women
30-34	4.9	1,417
35-39	7.0	1,045
40-41	13.1	392
42-43	13.5	383
44-45	19.0	297
46-47	25.7	311
48-49	42.6	236
Total	11.8	4,080

[1] Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred six or more months preceding the survey

FERTILITY PREFERENCES 7

Analysis and interpretation of the need for contraception as assessed by whether or not respondents want another child, their preferred interval between children, and the number of children they consider ideal have revealed important implications for the planning and implementation of family planning programmes. Therefore in the 2006-07 NDHS, as in the previous NDHS surveys, women and men were asked a series of questions to ascertain fertility preferences. These data are used in this chapter to quantify fertility preferences and, in combination with data on contraceptive use, permit estimation of unmet need for family planning both for spacing and limiting births.

7.1 DESIRE FOR MORE CHILDREN

Women in the 2006-07 NDHS sample were asked, *"Would you like to have (a/another) child or would you prefer not to have any (more) children?"* Respondents who said that they would like to have more children were asked, *"How long would you like to wait from now before the birth of (a/another) child?"* Unlike the 2000 NDHS, in which these questions were asked to all men, in the 2006-07 NDHS questions on fertility preferences were only asked to men who were living with one or more wives or partners. Responses to these questions for all women age 15-49 are presented in Table 7.1 by number of living children. Table 7.2 presents the same information for currently married women and men age 15-49.

Table 7.1 Fertility preferences by number of living children: all women

Percent distribution of all women age 15-49 by desire for children, according to number of living children, Namibia 2006-07

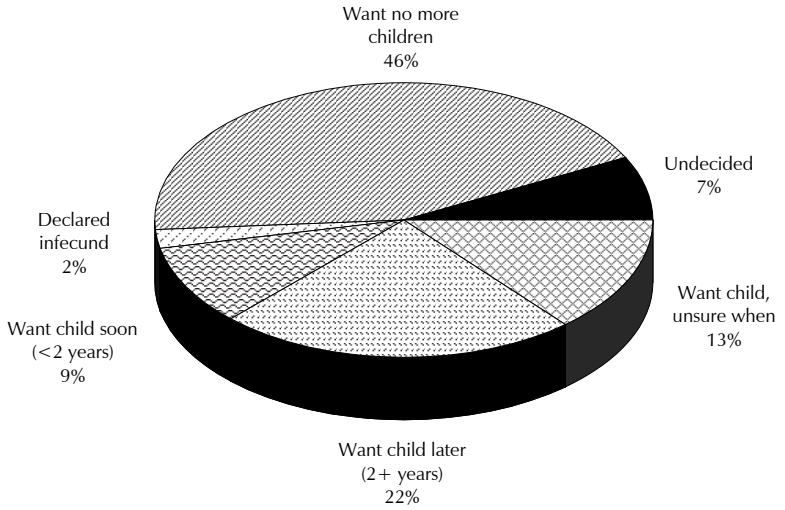
Desire for children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	15-49
Have another soon[2]	9.1	13.3	9.2	6.0	5.8	5.7	3.5	8.9
Have another later[3]	36.1	25.4	16.6	10.9	7.6	6.2	3.6	22.3
Have another, undecided when	29.4	9.8	4.5	1.3	2.6	1.1	0.4	13.0
Undecided	9.3	7.4	6.8	5.2	3.3	3.2	4.3	7.0
Want no more	12.7	41.3	55.8	62.4	67.4	67.5	68.3	41.4
Sterilized[4]	0.2	1.1	5.2	12.3	10.6	15.6	17.7	5.1
Declared infecund	2.3	1.0	1.2	1.5	1.3	0.6	2.0	1.6
Missing	0.9	0.8	0.6	0.3	1.4	0.0	0.2	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3,266	1,981	1,688	1,149	714	429	577	9,804

[1] Includes current pregnancy for women
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilization

Overall, the proportion of women who either do not want another child or are sterilized has increased from 47 percent in the 2000 NDHS to 49 percent in the 2006-07 NDHS. Forty-four percent of women want to have another child; 9 percent want to have a child within two years, 22 percent want to wait for two or more years, and 13 percent want to have a child but are undecided when (Figure 7.1). The desire to limit childbearing increases with the number of living children the woman has. Thirteen percent of women with no children say they do not want to have any children, compared with 68 percent of women with six or more children.

There have been no significant changes in fertility preferences among women since 2000; the proportion of women who wanted to have another child was 45 percent in 2000 (MoHSS, 2003) and 44 percent in 2006-07.

Figure 7.1 Fertility Preferences of Women Age 15-49



Note: "Want no more" includes sterilized women NDHS 2006-07

Table 7.2 shows the fertility preferences of married women and men age 15-49 by number of living children. Six in ten women either do not want another child (49 percent) or have been sterilized (11 percent). One in three women want to have another child—14 percent want the child within two years, 16 percent want to wait two years or more, and 3 percent are undecided when they want to have a child. The remaining women (6 percent) are undecided.

Men show a different pattern: 47 percent do not want any more children, 42 percent want another child, and 6 percent are undecided. In general, men tend to want more children than women. The percentage of men who want more children is higher than that for women, regardless of the number of living children they already had. For example, 4 percent of women with six or more children want to have another child soon, compared with 13 percent of men.

Table 7.2 Fertility preferences by number of living children: currently married women and men

Percent distribution of currently married women and currently married men age 15-49 by desire for children, according to number of living children, Namibia 2006-07

Desire for children	Number of living children							Total
	0	1	2	3	4	5	6+	15-49
				WOMEN[1]				
Have another soon[2]	45.6	25.1	13.6	8.7	7.9	6.8	4.2	14.2
Have another later[3]	19.4	25.4	19.9	14.0	10.2	7.2	4.3	15.6
Have another, undecided when	6.6	5.0	2.6	1.1	2.4	1.0	0.6	2.6
Undecided	6.0	6.4	8.0	5.8	3.8	3.3	4.6	5.9
Want no more	14.6	34.1	46.1	52.9	62.1	63.5	63.6	48.9
Sterilized[4]	1.2	1.9	8.2	15.5	11.2	17.7	20.5	10.7
Declared infecund	3.8	1.5	1.0	1.5	0.5	0.5	2.0	1.4
Missing	2.8	0.6	0.7	0.5	1.8	0.0	0.3	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	211	596	844	676	433	286	405	3,451
				MEN[5]				
Have another soon[2]	43.9	19.6	14.5	14.3	16.6	7.5	12.6	16.9
Have another later[3]	16.0	42.5	25.0	19.0	10.8	17.9	10.7	20.9
Have another, undecided when	6.9	3.0	4.6	4.6	3.8	4.7	3.9	4.3
Undecided	4.6	5.0	3.5	6.2	9.0	8.7	9.3	6.4
Want no more	13.3	23.7	40.6	49.1	50.0	57.3	60.0	43.4
Sterilized[4]	1.9	1.3	8.0	3.7	3.1	2.1	0.6	3.4
Declared infecund	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing	13.4	4.9	3.7	3.1	6.7	1.8	3.0	4.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	94	174	267	202	161	99	208	1,205

[1] Includes current pregnancy
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilization
[5] Includes one additional child if wife is pregnant (or if any wife is pregnant for men with more than one wife)

7.2 DESIRE TO LIMIT CHILDBEARING

The desire to stop childbearing by residence, region, education, and wealth index is shown in Table 7.3 for all women and men. Overall, the desire to stop childbearing increases with parity. Forty-two percent of women with one living child want no more children compared with 86 percent of women with six or more children (Figure 7.2). Urban women (47 percent) are only slightly more likely to want to stop childbearing than rural women (46 percent). The desire to limit childbearing varies widely across regions, from 34 percent in Ohangwena to 69 percent in Omaheke.

There appears to be a negative relationship between desire to limit childbearing and women's education. Women with no education are more likely than the highest educated women to want to stop childbearing (59 percent compared with 41 percent). The relationship between wealth and desire to limit childbearing has an inverted U-shaped pattern; low for women in the poorest and wealthiest households, and high for women in the middle quintile.

Table 7.3 shows that some of the patterns for men are different from those of women. For example, urban men are more likely than rural men to want no more children (19 percent and 11 percent, respectively. And, while men in Ohangwena (like women) are least likely to want to stop having children (5 percent), men in Kunene and Otjozondjupa regions are the most likely to want no more children (24 percent). For men, the desire to limit childbearing rises with increasing access to resources. Men in the highest wealth quintile are more likely to want to limit childbearing than those in the poorest households (24 percent compared with 7 percent).

Overall, the desire to have no more children among men has decreased from 27 percent in the 2000 NDHS to 15 percent in the 2006-07 NDHS.

Table 7.3 Desire to limit childbearing: All women and men

Percentage of all women age 15-49 who want no more children by number of living children and percentage of all men age 15-49 who want no more children, according to background characteristics, Namibia 2006-07

Background characteristic	Number of living children[1]							Total women	Total men
	0	1	2	3	4	5	6+		
Residence									
Urban	12.8	42.7	64.6	83.6	84.7	90.5	91.2	47.4	18.6
Rural	13.0	42.0	57.2	65.8	72.3	79.0	84.2	45.7	11.0
Region									
Caprivi	8.3	28.9	42.8	48.3	59.2	76.3	93.1	35.8	9.3
Erongo	15.3	46.1	77.9	92.6	86.5	96.9	100.0	57.0	21.8
Hardap	24.9	57.5	77.5	83.6	74.6	83.1	93.5	60.5	16.2
Karas	16.5	53.6	74.3	76.0	91.4	82.0	93.8	58.0	19.1
Kavango	19.6	46.9	51.4	53.1	66.8	67.2	78.3	47.1	12.0
Khomas	11.4	38.1	60.7	87.1	90.6	99.4	89.0	43.8	18.6
Kunene	18.9	38.8	63.9	58.4	71.4	58.3	68.8	49.3	23.6
Ohangwena	6.1	24.8	47.4	64.5	67.9	75.7	73.2	34.0	4.5
Omaheke	36.0	60.1	77.8	82.7	82.7	94.7	100.0	68.7	19.1
Omusati	10.0	41.8	54.5	70.1	64.4	85.6	84.8	38.9	7.5
Oshana	15.8	47.5	70.9	83.4	81.5	85.9	95.1	48.6	7.6
Oshikoto	9.4	44.3	57.4	76.3	84.5	81.7	87.7	45.7	9.6
Otjozondjupa	13.0	50.4	64.3	70.2	81.7	86.0	89.6	56.7	23.8
Education									
No education/preschool	27.1	41.8	52.9	52.7	70.4	71.7	81.4	59.4	19.3
Incomplete primary	14.7	44.7	52.7	69.1	69.8	80.5	85.5	57.6	14.0
Complete primary	15.6	44.4	63.7	78.0	78.1	89.1	91.5	53.0	10.3
Incomplete secondary	13.5	46.2	63.8	78.5	85.2	91.5	88.8	42.8	11.8
Complete secondary	8.8	32.1	61.7	89.0	81.4	82.4	100.0	38.0	16.0
More than secondary	7.4	36.0	63.1	72.5	87.7	87.2	100.0	41.4	29.4
Wealth quintile									
Lowest	12.4	41.5	52.1	58.0	58.5	71.3	78.9	44.7	7.4
Second	13.9	36.3	57.9	70.1	76.3	78.1	85.4	45.0	8.9
Middle	14.2	48.0	56.7	74.3	78.5	89.4	87.4	50.0	12.5
Fourth	13.7	47.8	66.3	78.8	90.5	91.3	97.8	50.8	16.0
Highest	11.2	35.6	66.7	86.4	83.8	96.4	90.4	41.8	24.2
Total	12.9	42.4	61.1	74.8	78.0	83.1	86.1	46.5	14.8

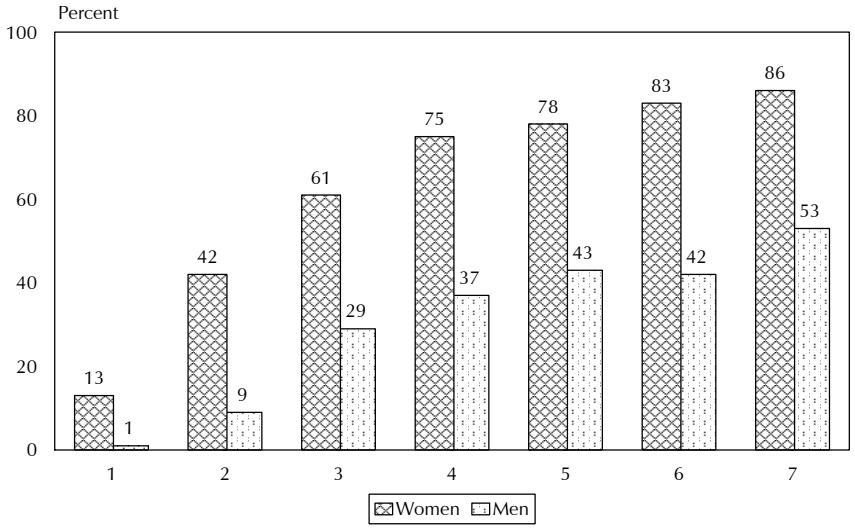
Note: Women who have been sterilized are considered to want no more children.
[1] Includes current pregnancy

Table 7.4 shows the desire to limit childbearing among married women and men. Thirty-six percent of women with one living child want no more children compared with 84 percent of women with six or more children. The desire to limit childbearing varies across subgroups of women. Women in urban areas are more likely than women in rural areas to want no more children. The desire to stop having children varies widely across regions, from 37 percent in Caprivi to 76 percent in Omaheke.

The relationship between women's education and desire to limit childbearing has an inverted U-shaped pattern; low for women with no education and those with the highest level of education (57 percent) and high for women with complete primary (65 percent). Women in the poorest households are the least likely to want to stop childbearing (50 percent), while women in the fourth wealth quintile are most likely (67 percent).

Table 7.4 indicates that the desire to limit childbearing among married men is not very different than among married women; however, it is higher among urban men than rural men, among better educated men than less educated men, and among men in wealthier households (Figure 7.2).

Figure 7.2 Desire to Limit Childbearing Among Women 15-49 and Men 15-49, by Number of Living Children



Note: Includes those who want no more children and those who are sterilized

NDHS 2006-07

Table 7.4 Desire to limit childbearing: Currently married women and men

Percentage of currently married women age 15-49 who want no more children by number of living children, and percentage of currently married men age 15-49 who want no more children, according to background characteristics, Namibia 2006-07

Background characteristic	Number of living children[1]							Total women	Total men
	0	1	2	3	4	5	6+		
Residence									
Urban	16.5	37.0	58.8	79.0	80.6	89.2	90.2	61.7	50.3
Rural	14.7	34.8	47.8	55.7	67.4	76.2	82.1	57.6	41.9
Region									
Caprivi	6.5	27.3	26.6	37.1	48.0	60.8	90.4	36.5	19.7
Erongo	17.7	38.0	78.1	91.2	85.6	95.9	100.0	71.8	47.6
Hardap	14.1	39.4	75.3	87.6	69.6	85.9	91.5	71.2	47.7
Karas	13.6	60.6	71.9	75.9	88.9	81.1	91.3	72.1	59.6
Kavango	10.5	36.6	43.3	40.4	55.1	60.4	75.8	46.8	29.6
Khomas	17.2	35.9	52.5	82.4	85.9	99.2	90.8	59.1	54.9
Kunene	15.8	33.8	67.7	53.4	64.9	58.9	64.2	52.4	48.8
Ohangwena	0.0	20.8	33.9	46.4	70.9	70.1	74.8	55.3	36.1
Omaheke	43.2	47.5	73.2	82.6	73.2	91.0	100.0	76.4	65.6
Omusati	0.0	36.2	41.0	62.7	60.9	91.4	77.7	56.9	46.4
Oshana	23.5	25.0	70.0	73.5	77.6	88.4	92.9	68.8	37.4
Oshikoto	23.0	20.6	45.1	69.0	78.2	85.8	83.3	63.1	40.6
Otjozondjupa	17.0	42.5	55.3	59.7	86.9	81.0	90.0	64.2	58.8
Education									
No education/preschool	23.9	33.8	34.0	45.9	68.9	65.2	81.3	57.0	43.6
Incomplete primary	12.3	37.4	43.6	58.2	63.2	79.0	81.5	61.0	42.0
Complete primary	14.9	39.3	57.6	71.5	64.2	86.2	91.4	65.3	43.5
Incomplete secondary	17.4	42.3	54.4	71.1	84.5	90.2	90.0	60.8	47.7
Complete secondary	11.5	22.5	61.0	88.5	74.2	80.1	100.0	55.3	48.1
More than secondary	14.9	30.7	65.7	70.5	81.4	88.9	100.0	57.0	57.0
Wealth quintile									
Lowest	7.7	34.9	41.7	39.8	44.3	70.5	74.4	49.5	24.8
Second	17.8	36.0	37.8	55.3	74.9	70.7	84.3	57.6	37.7
Middle	7.9	40.0	48.1	68.2	73.9	86.7	84.0	59.9	43.5
Fourth	20.8	39.6	61.3	74.4	89.8	90.9	97.0	66.5	48.7
Highest	18.0	30.5	63.0	83.8	79.5	95.2	96.3	61.1	60.5
Total	15.8	36.0	54.3	68.4	73.3	81.1	84.0	59.6	46.9

Note: Women who have been sterilized are considered to want no more children.
[1] Includes current pregnancy

7.3 UNMET NEED FOR FAMILY PLANNING

The proportion of women who want to stop childbearing or who want to space their next birth is a broad measure of the need for family planning, given that not all of these women are exposed to the risk of pregnancy and some may already be using a contraceptive method. This section discusses the levels of unmet need and the potential demand for family planning. Women who want to postpone their next birth for two or more years or who want to stop childbearing altogether but are not using a contraceptive method are said to have an unmet need for family planning. Pregnant women are considered to have an unmet need for spacing or limiting if their pregnancy was mistimed or unwanted. Similarly, amenorrhoeic women are categorized as having an unmet need if their last birth was mistimed or unwanted. Women who are currently using family planning are said to have a met need for family planning. The total demand for family planning includes those in the met need and unmet need categories. Table 7.5 presents data on unmet need, met need, and the total demand for family planning for all women, currently married women, and women who are not currently married.

Table 7.5 shows that the overall unmet need for family planning among all women in Namibia is 9 percent, 4 percent for spacing births and 5 percent for limiting births. This unmet need varies somewhat by age and residence. Urban women have lower unmet need than rural women (7 percent compared with 11 percent). Women in Kunene have the highest level of unmet need (7 percent), while women in Khomas have the lowest (6 percent). Access to education and economic resources is negatively associated with unmet need for family planning. This is seen by comparing the rates for women with no education (20 percent) and with more than secondary education (7 percent).

Table 7.5 Unmet need and the demand for family planning among all women

Percentage of all women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics; percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning and the percentage of the demand for contraception that is satisfied, and percentage of women who are not currently married age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning and the percentage of the demand for contraception that is satisfied, Namibia 2006-07

Background characteristic	Unmet need for family planning[1]			Met need for family planning[2] (currently using)			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	3.2	0.9	4.0	17.9	7.3	25.2	21.1	8.2	29.3	86.2	2,246
20-24	4.8	2.6	7.4	32.9	19.6	52.6	37.7	22.2	60.0	87.7	1,855
25-29	5.3	3.8	9.1	31.3	26.5	57.8	36.6	30.3	66.9	86.4	1,623
30-34	5.5	7.6	13.1	23.2	31.5	54.7	28.7	39.1	67.8	80.6	1,417
35-39	5.3	10.6	15.9	12.5	40.1	52.6	17.8	50.7	68.5	76.7	1,045
40-44	3.3	7.8	11.2	4.8	46.4	51.2	8.1	54.3	62.4	82.1	928
45-49	1.6	10.2	11.8	1.7	40.2	41.9	3.3	50.4	53.7	78.1	689
Residence											
Urban	3.1	4.1	7.2	25.2	30.7	55.8	28.3	34.8	63.1	88.6	4,772
Rural	5.5	5.8	11.3	16.6	21.2	37.8	22.1	27.1	49.1	77.0	5,032
Region											
Caprivi	8.3	4.4	12.7	25.2	16.2	41.4	33.5	20.6	54.1	76.5	474
Erongo	2.4	4.7	7.1	20.9	39.2	60.1	23.3	43.9	67.2	89.4	688
Hardap	4.6	6.7	11.3	12.9	37.2	50.0	17.5	43.8	61.3	81.6	315
Karas	4.3	6.1	10.4	16.9	36.7	53.6	21.2	42.9	64.1	83.7	318
Kavango	9.1	6.4	15.5	19.3	18.6	37.9	28.4	24.9	53.3	71.0	934
Khomas	2.0	3.6	5.6	27.8	29.6	57.4	29.8	33.2	63.0	91.1	2,218
Kunene	8.5	8.3	16.8	17.5	31.6	49.1	26.0	39.9	65.9	74.6	259
Ohangwena	4.5	4.9	9.4	16.2	12.0	28.2	20.7	16.9	37.6	74.9	1,043
Omaheke	2.6	8.3	10.9	11.8	38.4	50.2	14.4	46.7	61.1	82.2	373
Omusati	3.9	3.1	7.0	18.0	19.4	37.4	21.9	22.5	44.5	84.2	975
Oshana	2.6	5.2	7.8	20.3	23.6	43.9	22.9	28.8	51.7	84.9	819
Oshikoto	4.8	4.8	9.6	19.5	23.0	42.5	24.3	27.8	52.2	81.5	837
Otjozondjupa	5.7	7.2	13.0	21.3	35.7	57.0	27.0	42.9	70.0	81.5	550

Continued…

Table 7.5—*Continued*

Background characteristic	Unmet need for family planning[1]			Met need for family planning[2] (currently using)			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Education											
No education/ preschool	9.1	11.0	20.1	9.2	21.9	31.0	18.3	32.9	51.2	60.7	651
Incomplete primary	7.1	8.6	15.6	12.6	27.7	40.3	19.6	36.2	55.9	72.0	1,699
Complete primary	4.4	7.7	12.1	12.5	25.6	38.0	17.0	33.3	50.3	75.9	736
Incomplete secondary	3.1	3.4	6.4	22.0	25.2	47.2	25.0	28.7	53.7	88.0	4,751
Complete secondary	3.3	2.1	5.4	32.6	26.6	59.2	36.9	28.2	65.1	91.6	1,286
More than secondary	3.2	4.2	7.4	30.1	28.3	58.3	33.3	32.5	65.8	88.7	682
Wealth quintile											
Lowest	8.3	6.4	14.7	14.3	15.9	30.2	22.6	22.3	44.9	67.3	1,621
Second	4.5	5.8	10.3	17.5	20.0	37.6	22.0	25.8	47.8	78.5	1,668
Middle	4.8	6.5	11.3	17.6	26.0	43.6	22.5	32.5	55.0	79.4	1,885
Fourth	3.4	4.4	7.8	24.9	33.2	58.1	28.4	37.6	65.9	88.1	2,292
Highest	1.9	2.9	4.7	26.0	29.6	55.6	27.9	32.4	60.3	92.1	2,338
All women	4.3	5.0	9.3	20.8	25.8	46.6	25.1	30.8	55.9	83.3	9,804
Currently married women	9.1	11.5	20.6	17.6	37.5	55.1	26.6	49.0	75.6	72.8	3,451
Women not currently married	1.7	1.5	3.2	22.5	19.5	42.0	24.2	21.0	45.2	92.9	6,353

[1] *Unmet need for spacing* includes pregnant women whose pregnancy was mistimed; amenorrhoeic women who are not using family planning and whose last birth was mistimed, or whose last birth was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrhoeic, who are not using any method of family planning, and say they want to wait 2 or more years for their next birth. Also included in *unmet need for spacing* are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth. *Unmet need for limiting* refers to pregnant women whose pregnancy was unwanted; amenorrhoeic women who are not using family planning, whose last child was unwanted and who do not want any more children; and fecund women who are neither pregnant nor amenorrhoeic, who are not using any method of family planning, and who want no more children.

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

Comparison with data from the 2000 NDHS shows that there has been a decline in unmet need for family planning among all women, from 13 percent to 9 percent. Over the same period, the total demand for family planning satisfied increased from 75 percent to 83 percent. If all demand were satisfied, the current level of contraceptive prevalence would be 56 percent instead of 47 percent.

Unmet need for family planning among currently married women (21 percent) is double that for all women: 9 percent for spacing births and 12 percent for limiting births. Comparison with the 2000 NDHS indicates that there has been a decrease in unmet need for family planning among married women, from 25 percent to 21 percent. Over the same period, the total demand for family planning satisfied increased from 64 percent to 73 percent. If all demand were satisfied, the current level of contraceptive prevalence among currently married women would be 76 percent instead of 55 percent.

Table 7.5 also shows unmet need for family planning among women who are not currently married. Total unmet need is 3 percent. Compared with the 2000 NDHS, there has been a decline in unmet need among women who are not currently married, from 5 percent to 3 percent.

7.4 IDEAL NUMBER OF CHILDREN

To ascertain what Namibian women and men consider to be the ideal number of children, a number of questions were asked. Respondents who had no living children were asked: "*If you could choose exactly the number of children to have in your whole life, how many would that be*?" For respondents who had children, the question was: *"If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?"* The distribution of respondents by ideal number of children is presented in Table 7.6.

Table 7.6 Ideal number of children

Percent distribution of all women and men age 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to number of living children, Namibia 2006-07

Ideal number of children	Number of living children							Total
	0	1	2	3	4	5	6+	
				WOMEN[1]				
0	9.2	5.5	4.3	5.8	5.2	4.6	7.9	6.6
1	9.2	15.0	4.7	5.2	4.7	1.8	0.9	8.0
2	42.5	34.9	34.8	16.4	17.1	12.8	10.9	31.6
3	22.2	21.5	18.5	27.8	6.3	8.4	9.1	19.5
4	11.5	15.0	25.6	23.1	33.7	13.3	13.2	17.8
5	3.0	3.8	5.3	9.9	11.1	24.1	7.6	6.2
6+	1.6	3.7	6.1	11.4	21.1	33.0	45.4	9.3
Non-numeric responses	0.8	0.6	0.7	0.3	0.9	2.0	5.1	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3,266	1,981	1,688	1,149	714	429	577	9,804
Mean ideal number of children for:[2]								
All women	2.4	2.6	3.1	3.5	4.0	4.9	5.5	3.1
Number	3,240	1,970	1,676	1,145	707	420	547	9,706
Currently married women	2.4	2.8	3.2	3.7	4.0	4.9	5.5	3.7
Number	211	591	837	673	428	281	383	3,404
				MEN[3]				
0	8.4	2.2	6.7	3.0	3.4	4.1	3.2	6.3
1	5.2	12.6	1.0	3.3	0.7	0.0	0.2	4.8
2	29.3	26.5	28.7	8.3	8.7	14.3	10.4	24.5
3	22.7	23.6	17.2	25.5	4.1	6.9	4.8	19.8
4	16.2	17.7	21.7	21.3	30.1	12.4	9.8	17.6
5	8.3	7.6	10.1	18.8	13.0	23.0	10.9	10.1
6+	8.3	9.0	12.7	17.9	38.3	36.6	55.9	15.1
Non-numeric responses	1.5	0.9	2.0	1.8	1.7	2.6	4.7	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,080	519	444	293	200	139	240	3,915
Mean ideal number of children for: [2]								
All men	3.1	3.5	3.7	4.4	5.9	5.1	8.1	3.9
Number	2,048	514	435	288	196	136	229	3,846
Currently married men	2.9	3.0	3.4	4.4	6.0	5.3	7.8	4.7
Number	93	171	264	197	158	96	197	1,177

[1] Includes current pregnancy
[2] Means do not include respondents who gave non-numeric responses.
[3] Includes one additional child if wife is pregnant (or if any wife is pregnant for men with more than one wife)

The mean ideal number of children is 3.1 for all women age 15-49 and 3.7 for currently married women. Men are considerably more pronatalist than women. The corresponding mean for all men age 15-49 is 3.9, and 4.7 for married men, about one child more than the ideal number reported by women.

There is a positive correlation between the actual and ideal number of children for both women and men. For instance, the mean ideal number of children increases from 2.4 for childless

women to 5.5 for women with six or more living children. Likewise, the mean ideal number of children for men with no children is 3.1 to 8.1 for men with six or more living children. The increasing mean ideal number of children is partly due to the fact that respondents who have more children may be reluctant to say that they might have wanted fewer children. Further, those who want more children are also more likely to have them.

7.5 MEAN IDEAL NUMBER OF CHILDREN BY BACKGROUND CHARACTERISTICS

Table 7.7 shows the mean ideal number of children by age and background characteristics for all women. The mean ideal number of children increases with age and is higher for women in rural areas than those in urban areas. The mean varies substantially by region, with Hardap showing the lowest mean ideal number of 2.4 children and Ohangwena having the highest mean of 3.8 children. The mean ideal number of children decreases with increasing level of education and wealth quintile.

Table 7.7 Mean ideal number of children

Mean ideal number of children for all women age 15-49 by background characteristics, Namibia 2006-07

Background characteristic	Mean	Number of women[1]
Age		
15-19	2.3	2,231
20-24	2.5	1,844
25-29	3.0	1,609
30-34	3.3	1,403
35-39	3.7	1,039
40-44	4.2	907
45-49	4.5	673
Residence		
Urban	2.8	4,739
Rural	3.3	4,967
Region		
Caprivi	3.5	471
Erongo	2.8	684
Hardap	2.4	313
Karas	2.7	317
Kavango	3.6	916
Khomas	2.7	2,201
Kunene	3.7	249
Ohangwena	3.8	1,024
Omaheke	3.0	371
Omusati	3.3	963
Oshana	2.9	814
Oshikoto	2.8	834
Otjozondjupa	3.2	549
Education		
No education/preschool	4.5	627
Incomplete primary	3.9	1,677
Complete primary	3.2	729
Incomplete secondary	2.7	4,721
Complete secondary	2.6	1,279
More than secondary	2.8	672
Wealth quintile		
Lowest	3.8	1,588
Second	3.4	1,649
Middle	3.1	1,868
Fourth	2.9	2,283
Highest	2.5	2,317
Total	3.1	9,706

[1] Women who gave a numeric response

7.6 FERTILITY PLANNING STATUS

The issue of unplanned and unwanted pregnancies (unwanted fertility) was further investigated in the 2006-07 NDHS by asking women who had births during the five years before the survey whether the births were wanted at the time (planned), wanted but at a later time (mistimed), or not wanted at all (unwanted). For women who were pregnant at the time of the interview, this question was asked with reference to the current pregnancy. The procedure required respondents to recall their wishes at one or more times in the past five years. Care should be used in interpreting the results because an unwanted conception may have resulted in a cherished child, thus leading to rationalisation of responses to the questions.

Table 7.8 gives the percent distribution of births in the five years preceding the survey (and current pregnancies) by fertility planning status, according to birth order and mother's age at birth. Nearly half of births in the five years before the survey (46 percent) were wanted by the respondents at the time they were conceived, while 27 percent were wanted later and 27 percent were not wanted at all. These figures show that more than half of births in the past five years were unplanned, either born too soon or not wanted at all. The proportion of births reported as unplanned increased from 45 percent in 2000 to 53 percent in 2006-07. The increase is evenly shared by an increase in mistimed and unwanted births.

Table 7.8 Fertility planning status

Percent distribution of births to women age 15-49 in the five years preceding the survey (including current pregnancy), by planning status of the birth, according to birth order and mother's age at birth, Namibia 2006-07

Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
Birth order						
1	40.9	32.4	26.3	0.4	100.0	1,753
2	50.4	26.8	22.7	0.1	100.0	1,412
3	49.7	22.7	26.9	0.7	100.0	898
4+	46.6	21.7	31.6	0.2	100.0	1,468
Mother's age at birth						
<20	34.0	34.6	31.2	0.2	100.0	857
20-24	39.8	33.6	26.3	0.2	100.0	1,547
25-29	52.0	23.3	24.3	0.5	100.0	1,304
30-34	52.3	22.5	25.0	0.2	100.0	1,004
35-39	56.1	15.7	28.0	0.2	100.0	602
40-44	51.6	14.0	33.7	0.7	100.0	200
45-49	*	*	*	*	100.0	17
Total	46.3	26.5	26.9	0.3	100.0	5,531

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

In the 2006-07 NDHS, the percentage of mistimed births declines with increasing birth order, from 32 percent for first births to 22 percent for the fourth or higher birth order. The proportion of unwanted children rises with increasing birth order. The proportion of children born to mothers under age 20 at the time of the birth is evenly distributed across categories, i.e., one-third wanted then, one-third wanted later, and almost one-third wanted no more. The proportion of wanted children rises with increasing age, from 34 percent for women age 15-19 to 52 percent for women age 40-44. The percentage of mistimed births declines with increasing age, from 35 to 14 percent, while the percentage of unwanted births varies between 24 and 34 percent.

7.7 WANTED FERTILITY RATES

Using information on whether births occurring in the five years before the survey were wanted or not, a total "wanted" fertility rate has been calculated. The wanted fertility rate measures the potential demographic impact of avoiding unwanted births. The wanted fertility rate is calculated in the same manner as the conventional total fertility rate, except that unwanted births are excluded. A birth is considered wanted if the number of living children at the time of conception was less than the ideal number of children reported by the respondent. The gap between wanted and actual fertility shows how successful women are in achieving their reproductive intentions.

A comparison of the total wanted fertility rate and the total fertility rate for the three years preceding the survey is presented in Table 7.9 by background characteristics. Overall, the total wanted fertility rate is 25 percent lower (0.9 children lower) than the actual total fertility rate. Thus, if all unwanted births were prevented, the total fertility rate for Namibia would be 2.7 children per woman, which is 0.4 children lower than the mean ideal number of children (3.1). In the 2000 NDHS, the total wanted fertility rate was 3.4 children per woman, 19 percent lower than the total fertility rate at that time.

The difference between the wanted and actual fertility rate is 0.6 children in urban areas and 1.0 children in rural areas. However, the gap between actual and wanted fertility rates is 19 percent in both rural and urban areas. Regionally, the wanted total fertility rates range from 1.9 children in Khomas to 4.1 children in Kavango; whereas the actual total fertility rates for these regions are 2.6 and 4.9 children, respectively.

The total wanted fertility rate decreases with increasing level of education and wealth quintile. Comparing wanted and actual fertility, women with the highest level of education and women in the wealthiest households are the most likely to achieve their fertility desires.

Table 7.9 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Namibia 2006-07

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	2.2	2.8
Rural	3.3	4.3
Region		
Caprivi	3.0	3.6
Erongo	2.3	2.8
Hardap	2.2	3.3
Karas	2.5	3.2
Kavango	4.1	4.9
Khomas	1.9	2.6
Kunene	3.7	4.7
Ohangwena	3.5	4.3
Omaheke	3.5	5.1
Omusati	3.0	3.7
Oshana	2.4	3.0
Oshikoto	2.6	4.0
Otjozondjupa	3.2	4.5
Education		
No education/preschool	4.8	6.3
Incomplete primary	3.5	4.7
Complete primary	3.1	4.0
Incomplete secondary	2.5	3.2
Complete secondary	2.3	2.8
More than secondary	1.8	2.1
Wealth quintile		
Lowest	3.9	5.1
Second	3.4	4.3
Middle	3.0	4.1
Fourth	2.1	2.8
Highest	1.9	2.4
Total	2.7	3.6

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

INFANT AND CHILD MORTALITY 8

This chapter presents levels, trends, and differentials in neonatal, postneonatal, infant, child, and perinatal mortality. The information is relevant both for understanding population trends—for example, the mortality rates can be used in population projections—and for the planning and evaluation of health policies and programmes. Information on child mortality serves the needs of the health sector by identifying population groups that are at high risk. Because the government of Namibia through the Ministry of Health and Social Services is undertaking a number of interventions aimed at reducing child mortality in the country, the analysis in this report provides an opportunity to evaluate the performance of such programmes.

The data for mortality estimation is collected in the birth history section of the Women's Questionnaire. The birth history section begins with questions about the respondent's experience with childbearing (i.e., the number of sons and daughters living with the mother, the number who live elsewhere, and the number who have died). These questions are followed by a retrospective birth history in which the respondent is asked to list each of her births, starting with the first birth. For each birth, data are obtained on sex, month and year of birth, survivorship status, and current age, or if the child is dead, age at death. This information is used to directly estimate mortality.

Age-specific mortality rates are categorized and defined as follows:

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

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to 12 months of age.

8.1 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

Table 8.1 shows neonatal, postneonatal, infant, child, and under-five mortality rates for successive five-year periods before the survey. For the five years immediately preceding the survey (approximately calendar years 2002-2006), the infant mortality rate is 46 per 1,000 live births, and the under-five mortality rate is 69 per 1,000 live births. For the same period, neonatal mortality is 24 deaths per 1,000 live births and child mortality is 24 deaths per 1,000 children surviving to their first birthday.

Table 8.1 shows that neonatal mortality decreased from 28 to 24 deaths per 1, 000 live births between the periods 1997-2001 and 2002-2006. At the same time, infant mortality decreased from 51 to 46 deaths per 1,000 live births and under-five mortality remained steady. These downward trends contrast with the previous period 1992-96 to 1997-2001 when neonatal, infant, and under-five mortality rates increased slightly.

Table 8.1 Early childhood mortality rates

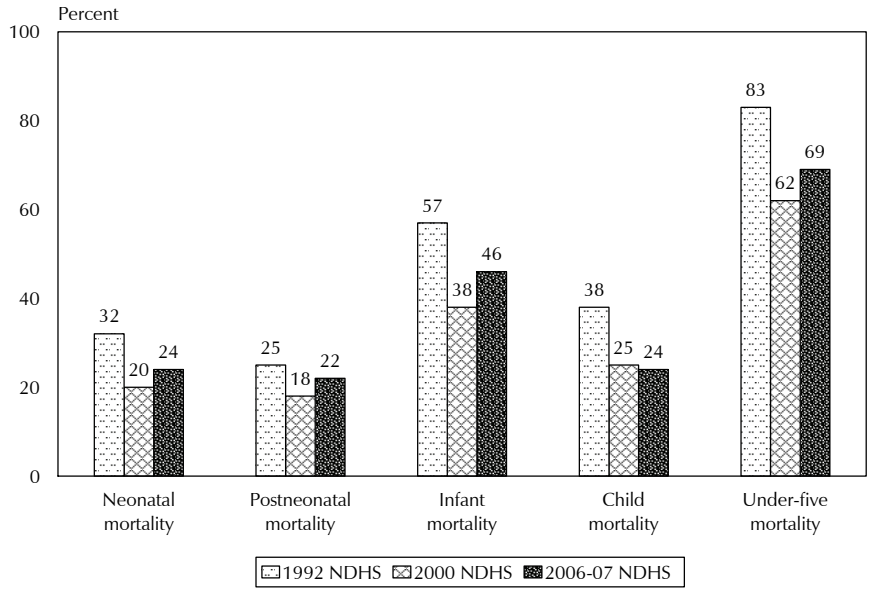
Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Namibia 2006-07

Years preceding the survey	Approximate time period of rates	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	2002-2006	24	22	46	24	69
5-9	1997-2001	28	24	51	18	68
10-14	1992-1996	26	18	44	21	64

[1] Computed as the difference between the infant and neonatal mortality rates

Figure 8.1 shows the infant and under-five mortality rates for each of the three five-year periods preceding the 2006-07 NDHS, 2000 NDHS, and 1992 NDHS.

Figure 8.1 **Trends in Infant and Child Mortallity Namibia 1992 to 2006-07**



8.2 DATA QUALITY

The quality of mortality estimates calculated from retrospective birth histories depends upon the completeness with which births and deaths are reported and recorded.

One factor that affects childhood mortality estimates is the quality of reporting of age at death, which may distort the age pattern of mortality. If age at death is misreported, it will bias the estimates, especially if the net effect of the age misreporting results in transference from one age bracket to another. For example, a net transfer of deaths from the less than one month category to a higher age will affect estimates of neonatal and postneonatal mortality. To minimize errors in reporting of age at death, interviewers were instructed to record age at death in days if the death took place in the month following the birth, in months if the child died before age two, and in years if the child was at least two years of age. They were also asked to probe for deaths reported at one year to determine a more precise age at death in terms of months. The distribution of deaths among children under two years during the 20 years prior to the survey by month shows that there is heaping at 12 months of age (Table C.6).

Another potential data quality problem is the selective omission from birth histories of births that did not survive, which can lead to underestimation of mortality rates. When selective omission of childhood deaths occurs, it is usually more severe for deaths occurring early in infancy. One way such omissions can be detected is by examining the proportion of neonatal deaths to infant deaths. Generally, if there is substantial underreporting of deaths, the result is an abnormally low ratio of neonatal deaths to infant deaths. An examination of the Namibia ratios indicates that no significant number of early infants deaths were omitted in the 2006-07 NDHS (see Tables C.5 and C.6). The proportion of neonatal deaths occurring in the first month of life was 86 percent. This proportion fluctuates between 78 and 87 percent over the 20 years preceding the survey. The proportion of infant deaths occurring before the first birthday ranges from 51 to 61 percent over the same period.

Another potential data quality problem is displacement of birth dates, which can distort trends in mortality. In the 2006-07 NDHS questionnaire, the cut-off year for these questions was 2001. The overall sex ratio for deaths is 121, which is higher than expected, indicating that there may be overreporting of male deaths or underreporting of female deaths. The number of deaths recorded during the year 2000 was 101, almost double the number of deaths reported in 2001 (53) (Table C.4). This might be an indication that some interviewers exaggerated the number of deaths occurring in 2000, perhaps to avoid having to ask additional questions.

8.3 SOCIOECONOMIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Mortality differentials by residence, region, mother's level of education, and household wealth are presented in Table 8.2. Rates are presented for the ten-year period preceding the survey (approximately 1998 to 2007) so there would be a sufficient number of births to study differentials across population subgroups.

Differentials by residence show that all mortality rates are higher in rural areas than in urban areas. For example, infant mortality in rural areas is 52 deaths per 1,000 live births compared with 43 deaths per 1,000 live births in urban areas. Child mortality in rural areas is 25 per 1,000 live births compared with 17 deaths per 1,000 in urban areas. Across regions, the infant mortality rate is highest in Caprivi (78 deaths per 1,000 live births) and lowest in Kunene (27 deaths per 1,000 live births).

The under-five mortality rate is highest in Ohangwena (95 deaths per 1,000 live births) and Caprivi (93 deaths per 1,000 live births), while Kunene has the lowest rate (49 deaths per 1,000 live births.) Table 8.2 also shows that higher education among mothers is associated with lower childhood mortality. For example, children born to mothers with no education have a higher probability of dying before age five (78 deaths per 1,000 births) than those born to mothers who completed secondary school (27 deaths per 1,000 births). There is a significant relationship between household wealth and mortality. Children born to mothers in the lowest wealth quintile are at much higher risk of dying before the fifth birthday (92 deaths per 1,000 births) than those born to mothers in the highest wealth quintile (29 deaths per 1,000 births).

Table 8.2 Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristic, Namibia 2006-07

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Residence					
Urban	24	19	43	17	60
Rural	27	26	52	25	76
Region					
Caprivi	39	39	78	17	93
Erongo	18	30	48	17	65
Hardap	25	22	48	27	73
Karas	20	25	45	15	59
Kavango	21	28	49	19	67
Khomas	28	12	40	12	52
Kunene	10	17	27	23	49
Ohangwena	37	25	62	36	95
Omaheke	21	15	37	27	63
Omusati	31	18	49	29	76
Oshana	29	20	49	26	74
Oshikoto	17	31	48	17	64
Otjozondjupa	19	30	49	19	67
Mother's education					
No education/preschool	30	27	56	23	78
Incomplete primary	33	29	62	34	94
Complete primary	35	20	56	19	74
Incomplete secondary	25	25	49	17	66
Complete secondary	5	12	17	11	27
More than secondary	14	5	19	4	23
Wealth quintile					
Lowest	29	31	60	34	92
Second	28	25	54	21	73
Middle	24	21	45	25	69
Fourth	29	26	55	18	72
Highest	16	8	23	6	29

[1] Computed as the difference between the infant and neonatal mortality rates

8.4 DEMOGRAPHIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

The demographic characteristics of both mother and child have been found to play an important role in the survival probability of children. Table 8.3 presents early childhood mortality rates by demographic characteristics (i.e., sex of child, mother's age at birth, birth order, previous birth interval, and birth size). In general, female children experience lower mortality than male children at all ages, with under-five mortality rates of 58 and 79 deaths per 1,000, respectively. The mother's age at birth is associated with a child's chances of survival. Children born to younger mothers (under 20 years of age) and older mothers (40 years and older) have higher levels of mortality. This U-shaped pattern by age is seen for neonatal and infant mortality. Child mortality rates, however, increase from 13 per 1,000 live births for children of mothers under age 20 to 26 deaths per 1,000 live births for children of mothers age 40-49. Similarly, under-five mortality for children of mothers age 40-49 is double the rate for children born to mothers under age 20 years.

Mortality rates increase with increasing birth order. Children of birth order four and higher have substantially higher mortality rates than children of birth order one to three. Short birth intervals also substantially reduce a child's chances of survival. For example, children born within two years of a preceding birth are more than twice as likely to die within the first year of life as children born three or more years after an older sibling.

The child's size at birth has a bearing on childhood mortality. For example, neonatal mortality among children whose birth size is "small" or "very small" is 40 deaths per 1,000 live births, compared with 18 deaths per 1,000 live births for children with "average or larger" birth size.

Table 8.3 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Namibia 2006-07

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Child's sex					
Male	32	25	57	24	79
Female	19	21	40	19	58
Mother's age at birth					
<20	28	22	50	13	63
20-29	22	21	43	22	63
30-39	25	28	53	25	76
40-49	74	23	97	26	121
Birth order					
1	19	19	38	15	52
2-3	23	19	42	21	62
4-6	32	34	65	30	93
7+	57	29	86	26	109
Previous birth interval[2]					
<2 years	59	33	92	38	126
2 years	27	22	50	24	72
3 years	25	20	45	20	64
4+ years	17	26	43	21	63
Birth size[3]					
Small/very small	40	30	70	na	na
Average or larger	18	21	39	na	na

na = Not applicable
[1] Computed as the difference between the infant and neonatal mortality rates
[2] Excludes first-order births
[3] Rates for the five-year period before the survey

8.5 DIFFERENTIALS IN INFANT AND CHILD MORTALITY BY WOMEN'S STATUS

Women's ability to access information, make decisions, and act effectively on their own behalf, or the behalf of those who depend on them, is essential to the empowerment of women. When women, the primary caretakers of children, are empowered, the health and survival of their infants is enhanced. In fact, mother's empowerment fits into Mosley and Chen's framework on child survival as an individual-level variable that affects child survival through the proximate determinants (Mosley and Chen, 1984).

Table 8.4 presents mortality rates by three indicators of women's status: participation in household decisionmaking, attitude towards a wife's right to refuse to have sex with her husband, and attitude towards wife beating. These indicators are described in Chapter 3. Contrary to expectation, the data show that children of women who do not have a say in any decisions in the household have lower infant mortality rates (42 deaths per 1,000) than those who do have a say in some decisions in the household (56 deaths per 1,000). Likewise, infant mortality is lower for children of women who did not agree with any of the reasons given for refusing to have sexual intercourse with their husband (35 deaths per 1,000) and higher for children of women who agreed with all three reasons (56 deaths per 1,000). In contrast, the third women's status indicator, number of reasons for which wife beating is justified, showed mixed results, but with infant mortality lower for children of women who did not agree with any of the reasons justifying wife beating (52 deaths per 1,000) and higher for children of women who agreed with all five reasons justifying wife beating (63 deaths per 1,000). Thus, the results point to two women's status indicators suggesting that infant mortality is higher for children of women who are more empowered, while the third women's status indicator points to infant mortality being higher among children of less empowered women.

Table 8.4 Early childhood mortality rates by women's status

Infant, child, and under-five mortality rates for the 10-year period preceding the survey, by indicators of women's status, Namibia 2006-07

Empowerment indicator	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Number of decisions in which women participate[1]			
0	42	7	49
1-2	41	28	67
3-4	56	19	73
Number of reasons given for refusing to have sexual intercourse with husband[2]			
0	35	11	46
1-2	45	23	67
3	56	19	73
Number of reasons for which wife beating is justified[3]			
0	52	14	66
1-2	49	25	72
3-4	50	22	71
5	63	42	103

[1] Restricted to currently married women. See Table 14.5.1 for the list of decisions.
[2] See Table 14.6.1 for the list of reasons
[3] See Table 14.7.1 for the list of reasons

8.6 PERINATAL MORTALITY

Pregnancy losses occurring after seven completed months of gestation (stillbirths) plus deaths to live births within the first seven days of life (early neonatal deaths) constitute perinatal deaths. The distinction between a stillbirth and an early neonatal death may be a fine one, often depending on observing and then remembering sometimes faint signs of life after delivery. The causes of stillbirths and early neonatal deaths are closely linked and examining just one or the other can understate the true level of mortality around delivery. For this reason, deaths around delivery are combined into the perinatal mortality rate. The perinatal mortality rate is derived by dividing the number of perinatal deaths by the total number of pregnancies reaching seven months of gestation.

Table 8.5 presents the number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey. Out of 5,046 reported pregnancies of at least seven months duration, 46 were stillbirths and 101 were early neonatal deaths, with an overall perinatal mortality rate of 29 per 1,000 pregnancies. Compared with data from the 2000 NDHS, perinatal mortality appears to have slightly increased from 27 to 29 deaths per 1,000 pregnancies. However, this analysis is hampered by the fact that the estimate has a large sampling error because of the small number of stillbirths and early neonatal deaths.

Perinatal mortality is significantly higher among births to women age 40–49 than those to women who gave birth at a younger age. There is no significant difference in perinatal deaths between urban and rural areas. Perinatal mortality is highest for births occurring less than 15 months after a preceding birth (56 deaths per 1,000 live births) and lowest among births occurring after an interval of 15 to 26 months (18 deaths per 1,000 live births). Caprivi region has the highest perinatal mortality rate (58 deaths per 1,000 live births), while Kunene region has the lowest rate (14 deaths per 1,000 live births). The perinatal mortality rate varies according to mother's level of education, but the relationship is unclear. Perinatal mortality does not vary much by wealth quintile.

Table 8.5 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Namibia 2006-07

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Perinatal mortality rate[3]	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	2	25	34	796
20-29	22	46	26	2,602
30-39	15	25	28	1,445
40-49	7	6	59	204
Previous pregnancy interval (in months)[4]				
First pregnancy	9	31	25	1,599
<15	4	4	56	155
15-26	3	9	18	660
27-38	7	25	38	841
39+	22	32	30	1,792
Residence				
Urban	20	44	31	2,097
Rural	26	56	28	2,949
Region				
Caprivi	4	12	58	273
Erongo	3	5	25	308
Hardap	0	3	24	149
Karas	0	4	29	146
Kavango	8	12	32	618
Khomas	10	19	31	929
Kunene	3	0	14	191
Ohangwena	4	9	23	575
Omaheke	2	4	26	236
Omusati	4	12	35	456
Oshana	3	8	30	363
Oshikoto	2	8	22	450
Otjozondjupa	3	4	20	351
Mother's education				
No education/preschool	4	8	22	557
Incomplete primary	14	23	35	1,070
Complete primary	6	11	45	384
Incomplete secondary	15	49	30	2,177
Complete secondary	6	3	16	599
More than secondary	0	6	24	260
Wealth quintile				
Lowest	11	20	29	1,083
Second	9	19	29	963
Middle	8	26	30	1,129
Fourth	13	22	33	1,053
Highest	5	14	23	818
Total	46	101	29	5,046

[1] Foetal deaths in pregnancies of seven or more months duration
[2] Deaths at age 0-6 days among live-born children
[3] The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months duration, expressed per 1,000
[4] Categories correspond to birth intervals of <24, 24-35, 36-47, and 48+ months.

8.7 HIGH-RISK FERTILITY BEHAVIOUR

Findings from scientific studies have confirmed that there is a strong relationship between children's chances of dying and certain fertility behaviours. Typically, the probability of dying in early childhood is much greater if children are born to mothers who are too young or too old, if they are born after a short preceding birth interval, or if they are high parity births. Very young mothers may experience difficult pregnancies and deliveries because of their physical immaturity. Older women may also experience age-related problems during pregnancies and delivery. In this analysis, a mother is considered to be "too young" if she is under age 18 and "too old" if she is over age 34 at the time of delivery. A "short birth interval" is a birth occurring within 24 months of a previous birth.

Table 8.6 shows the distribution of children born in the five years preceding the survey by risk category. While first births to women age 18-34 are considered an unavoidable risk, they are included in the analysis and are shown as a separate risk category. The first column in Table 8.6 shows the percentage of births occurring in the five years before the survey that fall into the various risk categories. One in three births in Namibia are in a "risk-free" category and 41 percent are at an elevated risk of dying that is considered avoidable. First births, which make up 26 percent of births, are in the unavoidable risk category. Twenty-seven percent of births are in a single high-risk category, and 14 percent are in a multiple high-risk category. The most common single high-risk category is births of order 3 and higher (13 percent), while the most common multiple high-risk category is births to mothers older than 34 years and births of order 3 and above (10 percent).

The risk ratios in the second column of Table 8.6 denote the relationship between risk factors and mortality. Births to women under age 18, births after an interval of less than 24 months, and births of order 3 or higher are at the same level of elevated risk, i.e., 12 to 17 percent higher risk than births not in any high-risk category. The most vulnerable births are those to women under age 18 that occur less than 24 months after a preceding birth. They are more than three times as likely to die as births that are not in any high-risk category.

The last column in Table 8.6 looks to the future and addresses the question of how many currently married women have the potential for having a high-risk birth. The results were obtained by simulating the risk category into which a birth to a currently married woman would fall if she were to become pregnant at the time of the survey. Thirty percent of currently married women have no elevated risk; 5 percent have unavoidable risk. The survey indicates that of the 65 percent of currently married women who are at an elevated risk for having a high-risk birth, 28 percent fall under the single high-risk category, and 37 percent are in the multiple high-risk category.

Table 8.6 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of dying and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Namibia 2006-07

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women[1]
	Percentage of births	Risk ratio	
Not in any high-risk category	32.6	1.00	30.3[a]
Unavoidable risk category			
First-order births between ages 18 and 34 years	26.0	0.72	5.0
Single high-risk category			
Mother's age <18	6.1	1.12	0.5
Mother's age >34	3.2	0.66	10.5
Birth interval <24 months	5.1	1.13	7.7
Birth order >3	12.8	1.17	9.2
Subtotal	27.3	1.09	28.0
Multiple high-risk category			
Age <18 and birth interval <24 months[2]	0.3	3.51	0.3
Age >34 and birth interval <24 months	0.0	0.00	0.6
Age >34 and birth order >3	10.1	1.46	25.5
Age >34 and birth interval <24 months and birth order >3	1.2	0.81	3.9
Birth interval <24 months and birth order >3	2.5	1.70	6.5
Subtotal	14.1	1.48	36.7
In any avoidable high-risk category	41.4	1.23	64.7
Total	100.0	na	100.0
Number of births/women	5,004	na	3,451

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category.
na = Not applicable
[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.
[2] Includes the category age <18 and birth order >3
[a] Includes sterilized women

ADULT AND MATERNAL MORTALITY 9

In an earlier chapter of this report, estimates of mortality during the first years of life were presented and discussed. This chapter presents information on adult mortality and maternal mortality. Two aspects of the dynamics of adult mortality deserve close attention. First, given the sharp rise in the prevalence of HIV infection and AIDS over the past 20 years, Namibia is expected to experience increases in both female and male adult mortality in the near term. Second, mortality related to pregnancy and childbearing (maternal mortality) is as an important indicator for monitoring women's health programmes in the country.

For a number of reasons, little is known about adult mortality in Namibia compared with infant and child mortality. First, while early childhood mortality can be estimated through the birth history approach, there is no equivalent for measuring adult mortality. Second, death rates are much lower among adults than young children, and hence estimates for particular adult age groups are associated with large sampling errors. Third, there is usually limited information available about the characteristics of adults who have died. While much the same can be said about data on childhood mortality, it is reasonable to expect that the characteristics of the parents will directly influence their children's chances of survival.

9.1 DATA

To estimate adult mortality, the 2006-07 NDHS included a sibling history in the Women's Questionnaire. Each female respondent was asked to list all children born to her biological mother, excluding herself. These included all siblings who living and those who had died. For brothers and sisters who were alive, only the age at the last birthday was asked. For brothers who had died, only the number of years since death and age at death were asked. For sisters who had died at age 12 years or older, three questions were asked to determine whether the death was maternity related: "Was [NAME OF SISTER] pregnant when she died?" and, if negative, "Did she die during childbirth?" and, if negative, "Did she die within two months after the end of a pregnancy or childbirth?"

The data are aggregated to determine the number of person-years of exposure to mortality risk and the number of sibling deaths occurring in defined calendar periods. Rates of maternal and adult mortality are obtained by dividing maternal deaths or all adult female or adult male deaths by person-years of exposure (Rutenberg and Sullivan, 1991). The procedure first calculates rates for each of the five-year age groups and then aggregates the estimates for the total 15-49 age range, weighting the age-specific estimates using the observed age structure of the population.

Adult and maternal mortality estimation by either direct or indirect methods requires accurate reporting of the number of siblings the respondent ever had, the number who died, and the number of sisters who died of maternal-related causes (for maternal mortality). Although there is no definitive procedure for establishing the completeness of retrospective data on sibling survivorship, Table 9.1 presents several indicators that can be used to measure the quality of sibling survivorship data.

The data do not show any obvious defects that would indicate poor data quality or significant underreporting. A total of 51,256 siblings were recorded in the maternal mortality section of the 2006-07 NDHS questionnaires. The sex ratio of the siblings (the ratio of brothers to sisters) is 97.3, which is lower than the expected value of 100. This suggests that there is an underreporting of brothers. However, data from the 2000 NDHS and the 1991 and 2001 Population Census indicate that the sex ratio in the general population is relatively low (92, 95, and 94 males per 100 females, respectively).

Table 9.1 Data on siblings

Number of siblings reported by survey respondents and completeness of the reported data on age, age at death, and years since death, Namibia 2006-07

	Sisters		Brothers		Total	
Siblings	Number	Percent	Number	Percent	Number	Percent
Living siblings	22,573	100.0	21,006	100.0	43,580	100.0
Age reported	22,324	98.9	20,805	99.0	43,130	99.0
Age missing	249	1.1	201	1.0	450	1.0
Dead siblings	3,359	100.0	4,243	100.0	7,602	100.0
AD and YSD reported	3,199	95.2	4,030	95.0	7,228	95.1
AD missing	74	2.2	96	2.3	170	2.2
YSD missing	21	0.6	24	0.6	45	0.6
AD and YSD missing	65	1.9	94	2.2	159	2.1
All siblings	25,979	100.0	25,278	100.0	51,256	100.0
Living	22,573	86.9	21,006	83.1	43,580	85.0
Dead	3,359	12.9	4,243	16.8	7,602	14.8
Status unknown	46	0.2	28	0.1	74	0.1

AD = Age at death
YSD = Years since death

The survival status of 74 siblings (less than 1 percent) was not reported. For the surviving siblings, current age was not reported for only 450 (1 percent). Both the age at death and years since death were missing for 2 percent of deceased siblings. Rather than exclude the siblings with missing data from further analysis, information on the birth order of siblings in conjunction with other information was used to impute the missing data.[1] The sibling survivorship data, including cases with imputed values, have been used in the direct estimation of adult and maternal mortality.

9.2 DIRECT ESTIMATES OF ADULT MORTALITY

One way to assess the quality of data used to estimate maternal mortality is to evaluate the plausibility and stability of overall adult mortality. It is reasoned that if the rates for overall adult mortality are implausible, rates based on a subset of deaths—maternal mortality in particular—are also likely to have serious problems. This is important because levels and trends in overall adult mortality have important implications for health and social programmes in Namibia, especially with regard to the potential impact of the AIDS epidemic.

Direct estimation of adult mortality is calculated using the reported ages at death and years since death of respondents' brothers and sisters. Table 9.2 presents age-specific mortality rates for women and men age 15-49 for the ten-year period preceding the survey, which roughly corresponds to 1998-2007. The rates from the 2006-07 NDHS show the expected increases in mortality for both sexes with increasing age. Female and male mortality rates for age group 15-29 do not differ much; however, above age 25, male mortality exceeds female mortality by increasingly wider margins in older age groups.

[1] The imputation procedure is based on the assumption that the reported birth order of siblings in the history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and each dead sibling with complete information on both age at death and years since death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age at the time of the survey was then calculated from the imputed birth date. In the case of dead siblings, if either the age at death or years since death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the distribution of the ages at death of siblings for whom years since death was unreported, but age at death was reported, was used as a basis for imputing the age at death.

Table 9.2 Adult mortality rates

Direct estimates of age-specific mortality rates for women and men age 15-49, for the period 0-9 years prior to the 2000 NDHS and 2006-07 NDHS

	2006-07 NDHS			2000 NDHS
Age	Deaths	Exposure (person years)	Mortality rates/ 1,000[1]	Mortality rates/ 1,000[1]
		WOMEN		
15-19	88	32,923	2.66	1.73
20-24	155	35,342	4.40	3.61
25-29	268	32,555	8.23	5.23
30-34	312	26,412	11.82	5.54
35-39	270	19,426	13.91	5.15
40-44	149	12,691	11.72	5.19
45-49	124	7,348	16.82	7.32
15-49	1,365	166,697	8.29	4.29[a]
		MEN		
15-19	63	30,655	2.07	1.62
20-24	115	34,002	3.37	3.29
25-29	228	30,856	7.40	5.22
30-34	369	24,448	15.11	8.90
35-39	333	17,545	18.98	10.34
40-44	251	10,805	23.25	13.18
45-49	145	6,252	23.21	11.89
15-49	1,505	154,562	10.38	6.31[a]

[1] Mortality rates are expressed per 1,000 population
[a] Age-adjusted rate

The mortality rates derived from the 2006-07 NDHS data are higher for males than females (10 and 8 deaths per 1,000 population, respectively). A comparison of mortality rates for the 2006-07 NDHS and the 2000 NDHS (MoHSS, 2003) shows an increase in adult mortality for both females and males. The summary measure of mortality for age group 15-49 shows that between the two surveys female mortality doubled and male mortality increased by 65 percent. Overall, female mortality rates from the 2006-07 NDHS are higher than those from the 2000 NDHS, especially for females over age 25 (Figure 9.2). The same pattern is seen for males (Figure 9.3).

Figure 9.1 **Adult Mortality Rates in Namibia by Age and Sex 1998-2007**

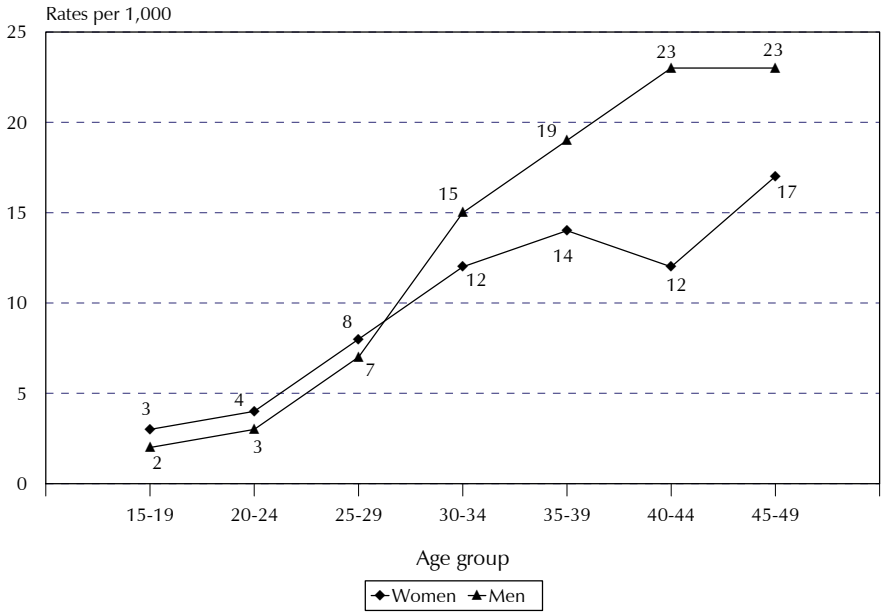


Figure 9.2 **Female Mortality Rates in Namibia by Age 2000 NDHS and 2006-07 NDHS**

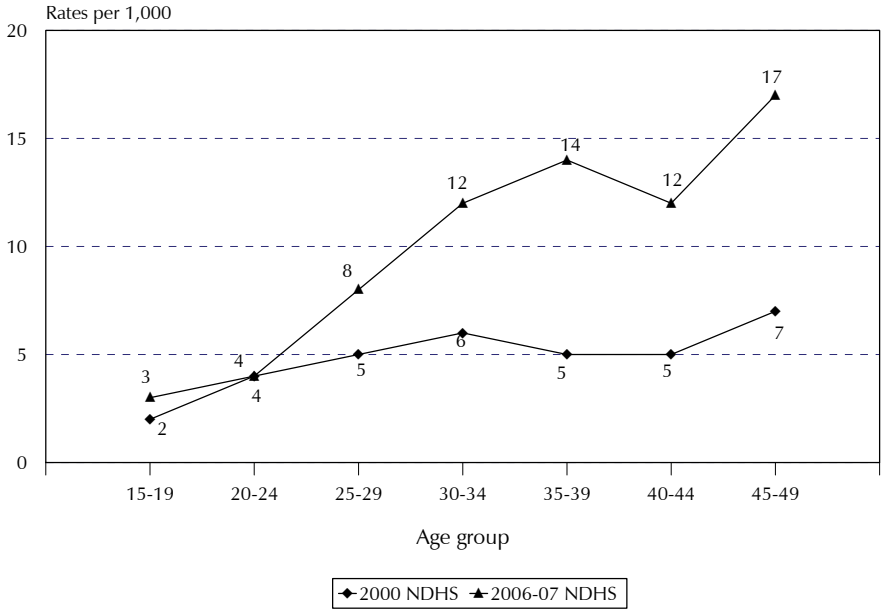
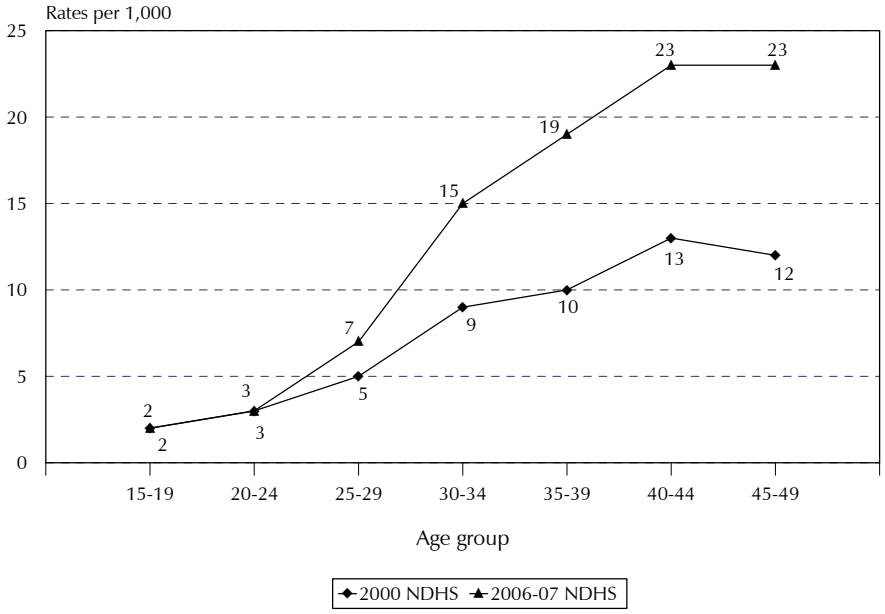


Figure 9.3 **Male Mortality Rates in Namibia by Age 2000 NDHS and 2006-07 NDHS**



9.3 ESTIMATES OF MATERNAL MORTALITY

Two survey methods are generally used to estimate maternal mortality in developing countries: the sisterhood method (Graham et al., 1989) and a direct variant of the sisterhood method (Rutenberg and Sullivan, 1991). In this report, the direct estimation procedure is applied. Age-specific mortality rates are calculated by dividing the number of maternal deaths by woman-years of exposure. To remove the effect of truncation bias (the upper boundary of eligibility for women interviewed in the 2006-07 NDHS is 49 years), the overall rate for women age 15-49 was standardized by the age distribution of the survey respondents. A maternal death is any death that occurs during pregnancy,

childbirth, or during the two months after the birth or termination of pregnancy.[2] Estimates of maternal mortality are therefore based solely on the timing of the death in relation to the pregnancy.

Table 9.3 presents direct estimates of maternal mortality for the ten-year period preceding the survey. The data indicate that for the entire childbearing period (age 15-49) during the 10-year period before the survey (1998-2007), the rate of mortality associated with pregnancy and childbearing is 0.52 maternal deaths per 1,000 woman-years of exposure. The estimated age-specific mortality rates show a plausible pattern, being higher during the peak childbearing years (twenties and thirties) and lower for younger and older age groups.

Table 9.3 Direct estimates of maternal mortality

Direct estimates of maternal mortality rates and the maternal mortality ratio, for the period 0-9 years prior to the 2000 NDHS and 2006-07 NDHS

	2006-07 NDHS			2000 NDHS
Age	Deaths	Exposure (person years)	Mortality rates/ 1,000[1]	Mortality rates/ 1,000[1]
		WOMEN		
15-19	9	32,923	0.06	0.14
20-24	19	35,342	0.10	0.39
25-29	15	32,555	0.07	0.71
30-34	19	26,412	0.11	0.60
35-39	10	19,426	0.05	0.42
40-44	6	12,691	0.04	0.18
45-49	9	7,348	0.09	0.00
15-49	86	166,697	0.52	0.38
General fertility rate (GFR)			0.12	0.14
Maternal mortality ratio (MMR)[1]			449	271

[1] Per 100,000 live births, calculated as the maternal mortality rate divided by the general fertility rate

The maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the rate by the general fertility rate. This general fertility rate that prevailed during this period was 0.117. Using this procedure, the maternal mortality ratio during the 10-year period before the survey is estimated at 449 maternal deaths per 100,000 live births. This figure should be viewed with caution because the number of female deaths that occurred during pregnancy, at delivery, or within two months of delivery is small (86). As a result, the maternal mortality estimates are subject to large sampling errors; the 95 percent confidence intervals indicate that the maternal mortality ratio varies from 325 to 572.

Maternal mortality ratios have been estimated for comparable 10-year periods preceding the 1992 and 2000 NDHS surveys. The maternal mortality ratio appears to have increased substantially since the mid-1980s. Over the past seven years it increased from 271 maternal deaths per 100,000 live births for the period 1991-2000 to 449 for the period 1998-2007. The methodology used and the sample sizes implemented in these three surveys do not allow for precise estimates of maternal mortality, so the sampling errors around each of the estimates are large. While the confidence intervals around the estimates from the 1992 and 2000 NDHS surveys overlap with the confidence interval around the estimate from the 2006-07 NDHS survey, additional statistical testing makes it possible to say with reasonable confidence that maternal mortality in Namibia increased in the recent past.

[2] This time-dependent definition includes all deaths that occurred during pregnancy and two months after pregnancy, even if the death was due to nonmaternal causes. However, this definition is unlikely to result in overreporting of maternal deaths because most deaths to women during the two-month period are due to maternal causes, and maternal deaths are more likely to be underreported than overreported.

MATERNAL HEALTH 10

The health care that a mother receives during pregnancy, at the time of delivery, and soon after delivery is important for the survival and well-being of both the mother and her child. This chapter presents findings on several areas of importance to maternal health: antenatal, delivery, and postnatal care, and problems in accessing health care. These findings are important to policymakers and programme implementers in formulating programmes and policies, and in designing appropriate strategies and interventions to improve maternal and child health care services.

Information on antenatal, delivery and postnatal care is important for identifying subgroups of women who do not utilize these services. It is also useful for planning improvements in maternity care. This chapter presents the 2006-07 NDHS findings on providers of maternity care services, where the services are received, timing of ANC visits, components of antenatal care (ANC) including coverage of tetanus toxoid vaccinations, problems women face in accessing health care, and men's participation in the health care for their family.

10.1 ANTENATAL CARE

Antenatal care (ANC) coverage can be described according to the type of provider, number of ANC visits, and stages of pregnancy at the time of the first visit as well as content of services and information provided during antenatal care. One of the major goals of antenatal care is to identify and treat problems that may occur during pregnancy such as anaemia, high blood pressure, and genital infections. It is during ANC visits that screening for complications is done and advice is given on a range of issues including place of delivery and referral of women with complications. In the 2006-07 NDHS, information on ANC coverage was obtained from women who had a birth in the five years preceding the survey. For women with two or more live births during the five-year period, data refer to the most recent birth only.

Table 10.1 shows the percent distribution of mothers who had a birth in the five years preceding the survey by provider of antenatal care received during pregnancy, according to selected characteristics. Women were asked to report all persons seen for antenatal care for the last birth. For purposes of this analysis, if the woman saw more than one provider, only the provider with the highest qualifications is considered.

A large majority (95 percent) of mothers received antenatal care from a health professional for their most recent birth in the five years preceding the survey, 16 percent from a doctor and 79 percent from a nurse/midwife. Just 1 percent of mothers received antenatal care from a traditional birth attendant (trained or untrained) while 4 percent received no antenatal care for births in the past five years.

Differences in antenatal care by women's age at birth are not large. Differences by birth order, however, are more pronounced. Mothers are more likely to receive care from a health professional for first births (97 percent) than for births of order six and higher (88 percent).

There are differences in the type of provider of the antenatal care services between urban and rural women. In urban areas, 27 percent of mothers receive antenatal care from a doctor compared with 7 percent of women in rural areas. On the other hand, nurses and midwives provide antenatal care for 86 percent of mothers in rural areas but only 69 percent of mothers in urban areas.

There are regional differences in the type of provider of antenatal care; 81 percent of mothers in Kunene received antenatal care from a health professional, compared with 99 percent of mothers in Karas and Oshana.

Table 10.1 Antenatal care provider

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth and the percentage receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics, Namibia 2006-07

Background characteristic	Antenatal care provider							Percentage receiving antenatal care from a skilled provider[1]	Number of women
	Doctor	Nurse/ midwife	Traditional birth attendant	Other	No one	Missing	Total		
Mother's age at birth									
<20	9.2	85.4	0.8	0.3	4.3	0.1	100.0	94.6	590
20-34	17.3	78.3	0.7	0.3	3.1	0.4	100.0	95.6	2,701
35-49	17.1	73.3	2.1	0.0	6.7	0.8	100.0	90.4	607
Birth order									
1	16.0	80.6	0.4	0.2	2.7	0.1	100.0	96.6	1,224
2-3	19.2	76.4	0.9	0.1	3.0	0.4	100.0	95.6	1,646
4-5	12.6	79.4	1.2	0.4	5.8	0.5	100.0	92.1	643
6+	8.3	80.0	2.6	0.6	7.6	1.0	100.0	88.3	385
Residence									
Urban	27.4	68.7	0.4	0.2	2.9	0.5	100.0	96.1	1,711
Rural	7.2	86.2	1.4	0.3	4.6	0.3	100.0	93.4	2,188
Region									
Caprivi	2.9	90.8	1.4	0.0	4.1	0.9	100.0	93.6	217
Erongo	23.4	69.5	0.2	0.0	6.8	0.0	100.0	93.0	257
Hardap	22.1	73.4	0.0	0.9	3.1	0.5	100.0	95.5	121
Karas	23.1	75.6	0.0	0.0	0.9	0.3	100.0	98.8	119
Kavango	9.5	82.2	0.6	0.9	5.9	0.9	100.0	91.6	481
Khomas	38.3	58.5	0.4	0.0	2.4	0.4	100.0	96.8	737
Kunene	8.7	72.6	10.1	0.7	7.4	0.4	100.0	81.4	136
Ohangwena	1.9	93.8	2.0	0.0	2.3	0.0	100.0	95.7	422
Omaheke	18.0	73.5	1.1	0.2	6.5	0.7	100.0	91.5	171
Omusati	7.1	89.8	1.0	0.3	1.5	0.3	100.0	96.9	365
Oshana	7.4	91.1	0.0	0.0	1.2	0.3	100.0	98.5	271
Oshikoto	4.3	91.0	0.0	0.0	4.5	0.3	100.0	95.3	340
Otjozondjupa	25.3	68.1	0.0	0.2	6.4	0.0	100.0	93.4	261
Mother's education									
No education/preschool	9.4	69.6	4.9	0.7	14.9	0.6	100.0	79.0	372
Incomplete primary	4.9	88.6	1.2	0.5	4.3	0.6	100.0	93.5	784
Complete primary	7.2	89.4	0.3	0.0	2.9	0.2	100.0	96.6	303
Incomplete secondary	14.8	82.2	0.5	0.1	2.0	0.3	100.0	97.0	1,739
Complete secondary	31.8	65.6	0.0	0.0	2.0	0.6	100.0	97.4	494
More than secondary	56.6	40.6	0.0	0.0	2.8	0.0	100.0	97.2	205
Wealth quintile									
Lowest	3.4	86.9	2.2	0.4	6.6	0.5	100.0	90.3	788
Second	5.1	88.2	2.0	0.2	4.2	0.3	100.0	93.2	711
Middle	11.8	83.9	0.7	0.1	3.2	0.3	100.0	95.7	855
Fourth	17.2	79.8	0.1	0.3	2.3	0.3	100.0	97.0	856
Highest	45.7	50.9	0.0	0.1	2.8	0.5	100.0	96.6	688
Total	16.1	78.6	1.0	0.2	3.8	0.4	100.0	94.6	3,898

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

[1] Skilled provider includes doctor and nurse/midwife

The type of provider of ANC services is directly related to the mother's level of education. Fifteen percent of women with no education received no antenatal care compared with 4 percent or less of women with some education. On the other hand, 94 to 97 percent of women with some education received antenatal care from a health professional compared with 79 percent of women with no education. There is also a positive relationship between increasing wealth quintile and receiving antenatal care from a health professional.

Comparison with the 2000 NDHS data shows an overall improvement in the proportion of pregnant women who received ANC services from a health provider. The proportion of women living in rural areas who received ANC services from a skilled health care provider increased from 88 percent in 2000 to 93 percent in 2006-07. Among regions, the greatest improvement was in Omaheke (19 percentage points), and Kavango and Caprivi (10 percentage points, each). On the other hand, Kunene and Erongo showed a decline in ANC coverage by a skilled provider of 4 and 2 percentage points, respectively.

10.2 Place of Antenatal Care

Table 10.2 shows the percent distribution of women with a live birth in the past five years who received antenatal care, by place where ANC was received, according to background characteristics.

Nine in ten women in Namibia went to a public health facility to receive antenatal care for their most recent birth in the five years preceding the survey. Only 8 percent of women went to a private sector facility for antenatal care and just 1 percent received care at home. The proportion of mothers who go to a public health facility for antenatal care decreases with women's age, while the proportion receiving care at a private facility increases with women's age. For example, 97 percent of mothers under 20 received ANC at a public health facility compared with 88 percent of mothers age 35-49.

There are differences in the place where antenatal care services were received between urban and rural women. Urban mothers are less likely to go to a public health facility than rural mothers (84 percent compared with 95 percent), while they are more likely to go to a private facility than rural mothers (15 percent compared with 2 percent). There are some regional differences in the source of antenatal care; for example, 76 percent of mothers in Khomas received antenatal care from a public health facility, compared with 98 percent of mothers in Caprivi and Oshikoto. On the other hand, one in five women (22 percent) in Khomas went to a private health facility for ANC compared to less than 1 percent of women in Kavango and Caprivi.

Education has an impact on the source of ANC. Mothers with a higher education are generally more likely to use private health facilities for ANC and less likely to use public facilities than mothers with no or little education. For example, over half of women (52 percent) with higher-than-secondary education received ANC from a private health facility compared with 1 percent or less of mothers with no education or primary education. There is a positive relationship between increasing wealth quintile and receiving antenatal care from a private health facility while the opposite is true for public facilities.

Table 10.2 Place of antenatal care

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey and saw someone for antenatal care, by place of antenatal care (ANC) during pregnancy for the most recent birth, according to background characteristics, Namibia 2006-07

Background characteristic	Health facility		Home	Other	Missing	Total	Number of women
	Public sector	Private sector					
Mother's age at birth							
<20	97.2	1.6	0.8	0.2	0.2	100.0	564
20-34	89.1	8.9	1.3	0.1	0.7	100.0	2,609
35-49	88.1	9.2	2.1	0.0	0.6	100.0	562
Birth order							
1	90.5	8.3	0.5	0.1	0.5	100.0	1,189
2-3	87.3	10.5	1.3	0.0	0.8	100.0	1,591
4-5	94.3	3.9	1.3	0.0	0.5	100.0	603
6+	94.7	1.3	4.0	0.0	0.0	100.0	352
Residence							
Urban	83.7	14.7	0.6	0.1	0.9	100.0	1,653
Rural	95.2	2.4	1.9	0.1	0.4	100.0	2,081
Region							
Caprivi	97.7	0.9	0.7	0.0	0.6	100.0	206
Erongo	84.9	13.2	0.6	0.0	1.2	100.0	240
Hardap	89.9	8.1	1.5	0.0	0.5	100.0	116
Karas	82.2	15.3	0.0	0.0	2.6	100.0	117
Kavango	97.2	0.0	2.3	0.0	0.6	100.0	449
Khomas	76.1	22.0	0.6	0.0	1.3	100.0	716
Kunene	85.7	1.8	11.1	0.9	0.5	100.0	125
Ohangwena	96.6	1.8	1.6	0.0	0.0	100.0	412
Omaheke	87.8	10.0	1.8	0.4	0.0	100.0	159
Omusati	92.9	5.3	1.3	0.0	0.5	100.0	359
Oshana	96.7	3.0	0.0	0.3	0.0	100.0	267
Oshikoto	98.4	1.6	0.0	0.0	0.0	100.0	324
Otjozondjupa	91.9	7.0	0.8	0.0	0.3	100.0	244
Mother's education							
No education/preschool	92.3	1.0	6.2	0.2	0.3	100.0	315
Incomplete primary	96.3	0.9	2.4	0.0	0.4	100.0	746
Complete primary	98.2	1.1	0.4	0.0	0.3	100.0	294
Incomplete secondary	94.5	4.6	0.5	0.1	0.2	100.0	1,698
Complete secondary	76.7	20.5	0.0	0.1	2.7	100.0	481
More than secondary	46.8	51.6	0.9	0.0	0.7	100.0	200
Wealth quintile							
Lowest	96.6	0.5	2.4	0.1	0.3	100.0	732
Second	95.5	1.9	2.2	0.1	0.4	100.0	679
Middle	97.0	1.7	1.2	0.0	0.1	100.0	825
Fourth	93.7	5.5	0.5	0.1	0.2	100.0	834
Highest	64.6	32.6	0.4	0.1	2.3	100.0	665
Total	90.1	7.9	1.3	0.1	0.6	100.0	3,734

10.3 NUMBER AND TIMING OF ANC VISITS

Antenatal care is more beneficial in preventing pregnancy outcomes when it is sought early in the pregnancy and is continued through to delivery. Health professionals recommend that the first antenatal care visit should occur within the first three months of pregnancy and continue on a monthly basis through the twenty-eighth week of pregnancy and every two weeks up to the thirty-sixth week (or until birth). Under normal circumstances, the World Health Organization (WHO) recommends that a woman without complications have at least four ANC visits, the first of which should take place during the first trimester. It is possible during these visits to detect health problems associated with a pregnancy. In the event of any complications, more frequent visits are advisable and admission to a health facility may be necessary.

In Namibia, the recommended protocol for antenatal care calls for a woman with a normal pregnancy to visit an ANC clinic at monthly intervals until the twenty-eighth week of pregnancy, then fortnightly until the thirty-sixth week and then weekly until labour begins. This implies that 12-13 visits should be made during the entire pregnancy.

Table 10.3 shows that seven in ten women make four or more antenatal care visits during their pregnancy. There is some variation between women in urban areas (73 percent) and those in rural areas (68 percent). Sixteen percent of women make fewer than four ANC visits, while 4 percent do not have any ANC visits at all.

One in three women make their first antenatal care visit before the fourth month of pregnancy. The median duration of pregnancy for the first antenatal care visit is 4.7 months. This indicates that in Namibia, women start antenatal care somewhat late in their pregnancy. There has been a slight increase in the timing of the first visit over the past five years; 69 percent of women received ANC before the sixth month of pregnancy in 2000 compared with 71 percent in 2006-07. These results indicate that more programme interventions should be designed to encourage pregnant women to attend ANC clinics in the first trimester of pregnancy.

Table 10.3 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, and by the timing of the first visit; and among women with ANC, median months pregnant at first visit, according to residence, Namibia 2006-07

Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	2.9	4.6	3.8
1	1.3	2.0	1.7
2-3	11.5	15.7	13.9
4+	73.0	68.4	70.4
Don't know/missing	11.3	9.4	10.2
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	2.9	4.6	3.8
<4	36.5	29.5	32.6
4-5	35.6	40.4	38.3
6-7	20.2	21.2	20.8
8+	3.2	2.1	2.6
Don't know/missing	1.7	2.3	2.0
Total	100.0	100.0	100.0
Number of women	1,711	2,188	3,898
Median months pregnant at first visit (for those with ANC)	4.6	4.8	4.7
Number of women with ANC	1,662	2,088	3,749

10.4 COMPONENTS OF ANTENATAL CARE

Observing the content of antenatal care is essential for assessing the quality of the services offered. Pregnancy complications are a primary source of maternal and child morbidity and mortality. Therefore, ensuring that pregnant women receive information on the signs of complications and testing them for complications should be routinely included in all antenatal care visits. To help assess ANC services, respondents were asked about whether they had been advised of complications or received certain screening tests during at least one of the antenatal visits. Table 10.4 presents information on the percentage of women who took iron tablets and intestinal parasite drugs during their last pregnancy in the five years preceding the survey. For women who received antenatal care, the table shows the percentage of women who were informed about the signs of pregnancy complications and the percentage who received routine antenatal care services.

Among women with a live birth in the past five years, eight in ten took iron tablets or syrup while pregnant with the last birth. There are few variations by age at birth and birth order. However, there are some variations by residence, region, education, and wealth quintile, with urban women, women in Karas and Hardap, and better educated women and wealthier women much more likely to have taken iron supplements.

Although Namibia does not have a policy on the prescription of intestinal parasite drugs, 7 percent of women took intestinal parasite drugs during their pregnancy. Variations by background characteristics are small.

Table 10.4 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy for the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Namibia 2006-07

	Among women with a live birth in the past five years, the percentage who during the pregnancy of their last birth:			Among women who received antenatal care for their most recent birth in the past five years, the percentage who received specific services:					
Background characteristic	Took iron tablets or syrup	Took intestinal parasite drugs	Number of women with a live birth in the past five years	Informed of signs of pregnancy complications	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	Number of women with ANC for their most recent birth
Mother's age at birth									
<20	79.8	9.8	590	54.4	97.4	95.3	91.9	96.9	564
20-34	80.7	6.9	2,701	60.4	98.4	97.9	94.1	97.6	2,609
35-49	75.5	7.4	607	51.9	97.4	96.7	93.6	97.1	562
Birth order									
1	81.4	7.8	1,224	59.7	98.5	97.8	94.0	97.8	1,189
2-3	81.3	7.6	1,646	60.8	98.3	97.4	94.0	97.5	1,591
4-5	76.8	6.5	643	53.5	98.2	98.2	94.9	97.7	603
6+	73.0	6.9	385	49.4	96.0	93.7	89.2	95.1	352
Residence									
Urban	84.2	7.0	1,711	61.2	99.3	99.3	98.4	98.2	1,653
Rural	76.3	7.7	2,188	55.9	97.2	95.7	90.0	96.7	2,081
Region									
Caprivi	73.4	14.3	217	81.2	99.1	98.1	91.8	97.9	206
Erongo	79.6	3.5	257	49.2	98.4	99.7	98.4	97.7	240
Hardap	91.2	3.6	121	58.5	98.9	99.0	98.4	99.1	116
Karas	91.7	2.6	119	61.1	99.1	99.6	99.6	99.1	117
Kavango	82.1	23.9	481	61.1	98.1	91.3	90.1	95.8	449
Khomas	84.8	6.1	737	63.6	99.6	99.9	99.8	98.6	716
Kunene	77.8	3.9	136	41.1	87.1	87.3	87.6	85.5	125
Ohangwena	70.0	2.0	422	44.3	98.3	98.1	86.7	97.8	412
Omaheke	80.6	4.8	171	34.9	93.6	96.1	96.0	95.4	159
Omusati	74.9	6.1	365	71.6	98.2	98.3	86.8	98.9	359
Oshana	82.9	4.0	271	76.3	100.0	98.2	93.9	98.3	267
Oshikoto	74.0	6.2	340	46.2	97.9	96.6	92.7	96.7	324
Otjozondjupa	83.0	1.9	261	48.9	98.3	99.2	99.0	98.7	244
Mother's education									
No education/preschool	67.0	8.8	372	47.0	91.1	89.4	85.6	90.1	315
Incomplete primary	76.5	9.2	784	50.0	97.7	96.7	90.3	97.4	746
Complete primary	78.5	5.0	303	56.6	97.9	95.0	92.9	96.1	294
Incomplete secondary	81.6	6.6	1,739	60.9	99.0	98.8	94.9	98.7	1,698
Complete secondary	86.1	5.6	494	61.5	99.9	98.6	98.0	99.0	481
More than secondary	86.3	12.3	205	77.6	99.1	100.0	99.5	95.6	200
Wealth quintile									
Lowest	71.9	10.8	788	59.5	96.3	93.7	85.5	95.0	732
Second	74.0	7.3	711	54.9	96.5	95.6	90.0	96.7	679
Middle	82.1	6.6	855	53.0	98.5	97.9	94.9	98.1	825
Fourth	83.3	5.5	856	59.6	99.7	99.5	97.8	98.8	834
Highest	87.4	7.0	688	64.8	99.4	99.5	99.8	98.0	665
Total	79.8	7.4	3,898	58.2	98.1	97.3	93.7	97.4	3,734

About six in ten mothers (58 percent) who received antenatal care reported that they were informed about pregnancy complications during their visits. Weight and blood pressure were measured on 98 percent and 97 percent of mothers, respectively. More than nine in ten mothers gave urine (94 percent) and blood samples (97 percent).

The quality of antenatal care received is related to mother's level of education, household wealth quintile, residence, and region. For example, women with secondary or higher education, women in the highest wealth quintile, and urban women are more likely than women with no education, women in the lowest wealth quintile, and rural women to be informed about pregnancy

complications. There are regional variations in the proportion of women informed about pregnancy complications during their ANC visits ranging from 35 percent among women in Omaheke to 81 percent in Caprivi. Patterns observed for the other routine ANC tests and procedures were not as pronounced.

10.5 TETANUS TOXOID INJECTIONS

Neonatal tetanus is a leading cause of death among children less than one month of age in developing countries where a high proportion of deliveries are conducted at home or in places where hygienic conditions may be poor. Tetanus toxoid (TT) immunization is given to pregnant women to prevent neonatal tetanus. If a woman has received no previous TT injections, two doses of TT are required during pregnancy for full protection. For a woman to have lifetime protection, a total of five doses are required. However, if a woman was fully immunized before she became pregnant, she may require only one TT injection during the current pregnancy, depending on the number of injections she has ever received and the timing of the last injection.

For the last live birth in the five years preceding the survey, the 2006-07 NDHS collected information on whether the woman received at least two TT injections during pregnancy and whether the pregnancy was protected against neonatal tetanus. Table 10.5 shows that one-third (33 percent) of the women had two or more TT injections during the last pregnancy and six in ten women (57 percent) had their last births protected against neonatal tetanus. This information indicates that births to women in Namibia are not routinely protected against neonatal tetanus.

Births to relatively younger mothers (age 20-34) and first births are slightly more likely to be protected against tetanus than births to older mothers and higher order births. Although TT protection for women age 35-49 is 8 percentage points lower than the national average, there has been an increase of 16 percentage points since the 2000 NDHS.

There are no urban-rural variations in the protection of births against tetanus; however, the proportion of births protected against tetanus does vary by region. Tetanus

Table 10.5 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid (TT) injections during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Namibia 2006-07

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last live birth was protected against neonatal tetanus[1]	Number of mothers
Mother's age at birth			
<20	43.0	58.5	590
20-34	32.1	58.1	2,701
35-49	26.3	49.3	607
Birth order			
1	38.5	60.0	1,224
2-3	30.7	55.8	1,646
4-5	29.4	56.4	643
6+	29.6	51.7	385
Residence			
Urban	32.3	59.6	1,711
Rural	33.3	54.6	2,188
Region			
Caprivi	58.2	87.1	217
Erongo	20.7	66.8	257
Hardap	27.6	57.6	121
Karas	45.2	66.0	119
Kavango	35.5	43.2	481
Khomas	29.0	54.5	737
Kunene	36.9	68.5	136
Ohangwena	21.6	44.5	422
Omaheke	45.7	69.4	171
Omusati	27.7	49.7	365
Oshana	31.1	55.2	271
Oshikoto	25.6	48.3	340
Otjozondjupa	52.5	76.6	261
Mother's education			
No education/preschool	35.3	53.1	372
Incomplete primary	35.0	54.1	784
Complete primary	38.2	60.7	303
Incomplete secondary	35.4	60.3	1,739
Complete secondary	24.3	53.7	494
More than secondary	11.6	45.7	205
Wealth quintile			
Lowest	32.8	50.9	788
Second	31.9	50.5	711
Middle	37.4	60.4	855
Fourth	36.1	67.4	856
Highest	24.1	52.3	688
Total	32.9	56.8	3,898

[1] Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within ten years of the last live birth), or five or more injections prior to the last birth.

toxoid coverage is lowest among mothers in Kavango and Ohangwena (43 percent and 45 percent, respectively) and highest among mothers in Caprivi (87 percent).

Births to women with more than secondary education (46 percent) are the least likely to be protected against tetanus while births to women with completed primary education are the most likely to be protected (61 percent). It should be noted, however, that TT coverage has increased since the 2000 NDHS for mothers with all levels of education.

10.6 PLACE OF DELIVERY

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may cause the death or serious illness of the mother and child. Hence, an important component in the effort to reduce the health risks of mothers and children is to increase the proportion of babies delivered in a safe and clean environment and under the supervision of health professionals. Table 10.6 shows the percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics.

A large majority of births (81 percent) in the five years before the survey were delivered in a health facility, an increase of 6 percentage points since the 2000 NDHS. Seventy-six percent of births were delivered in a public facility and 5 percent were delivered in a private facility. Almost one in five births (19 percent) were delivered at home. Delivery at a health facility is generally more common among younger mothers (age less than 35), mothers with a first-order birth, and mothers who have had at least four antenatal visits. Children born in urban areas are more than four times as likely to be delivered in a health facility as children born in rural areas. The proportion of births delivered in a health facility varies from 54 percent in Kunene to 95 percent in Khomas. There is a strong association between mother's education and place of delivery. About half the births among uneducated mothers are delivered in a health facility compared with almost all the births among mothers with secondary and higher education. Births to mothers in the highest wealth quintile (97 percent) are much more likely to be delivered in a health facility than births to mothers in the lowest two wealth quintiles (59 percent and 73 percent, respectively).

Table 10.6 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, Namibia 2006-07

Background characteristic	Place of delivery						Percentage delivered in a health facility	Number of births
	Health facility							
	Public sector	Private sector	Home	Other	Missing	Total		
Mother's age at birth								
<20	80.4	0.8	18.5	0.3	0.0	100.0	81.2	793
20-34	76.7	5.4	17.3	0.2	0.4	100.0	82.1	3,482
35-49	69.7	4.7	25.0	0.3	0.4	100.0	74.4	728
Birth order								
1	83.2	5.6	10.7	0.2	0.3	100.0	88.8	1,608
2-3	76.8	6.0	16.9	0.1	0.3	100.0	82.8	2,064
4-5	71.4	1.5	26.6	0.3	0.2	100.0	72.9	833
6+	60.1	0.4	38.4	0.6	0.5	100.0	60.5	498
Antenatal care visits[1]								
None	37.2	2.9	58.9	1.0	0.0	100.0	40.1	149
1-3	69.3	1.7	28.5	0.4	0.2	100.0	71.0	606
4+	81.5	5.8	12.5	0.2	0.1	100.0	87.2	2,745
Don't know/missing	74.6	6.6	17.9	0.0	0.8	100.0	81.3	398
Residence								
Urban	84.6	8.9	6.1	0.1	0.3	100.0	93.5	2,077
Rural	70.3	1.5	27.6	0.3	0.3	100.0	71.9	2,926

Continued…

Table 10.6—*Continued*

Background characteristic	Place of delivery: Health facility: Public sector	Place of delivery: Health facility: Private sector	Place of delivery: Home	Place of delivery: Other	Place of delivery: Missing	Place of delivery: Total	Percentage delivered in a health facility	Number of births
Region								
Caprivi	77.7	0.3	21.8	0.2	0.0	100.0	78.0	269
Erongo	80.3	11.6	7.4	0.7	0.0	100.0	91.9	306
Hardap	87.1	3.1	8.7	0.0	1.1	100.0	90.2	149
Karas	81.8	10.1	7.1	0.7	0.3	100.0	91.9	146
Kavango	62.3	0.2	36.1	0.5	0.9	100.0	62.5	610
Khomas	83.1	11.9	4.9	0.1	0.0	100.0	95.0	920
Kunene	52.7	0.9	45.6	0.3	0.5	100.0	53.6	189
Ohangwena	69.9	0.9	28.7	0.0	0.4	100.0	70.9	571
Omaheke	72.7	4.0	22.7	0.0	0.7	100.0	76.7	234
Omusati	84.5	3.1	11.8	0.2	0.3	100.0	87.6	452
Oshana	86.3	2.5	11.2	0.0	0.0	100.0	88.8	360
Oshikoto	75.1	2.7	21.7	0.3	0.2	100.0	77.8	449
Otjozondjupa	77.2	3.0	19.5	0.2	0.2	100.0	80.2	348
Mother's education								
No education/preschool	49.0	0.2	49.7	0.5	0.5	100.0	49.2	553
Incomplete primary	66.6	0.1	32.5	0.5	0.3	100.0	66.8	1,058
Complete primary	80.5	0.0	19.2	0.1	0.2	100.0	80.5	378
Incomplete secondary	87.3	1.8	10.5	0.1	0.4	100.0	89.1	2,162
Complete secondary	82.3	15.2	2.4	0.1	0.0	100.0	97.5	593
More than secondary	62.2	37.5	0.3	0.0	0.0	100.0	99.7	260
Wealth quintile								
Lowest	58.4	0.1	40.6	0.6	0.2	100.0	58.6	1,072
Second	72.1	0.8	26.6	0.2	0.4	100.0	72.9	956
Middle	84.7	0.7	14.2	0.1	0.4	100.0	85.4	1,121
Fourth	89.5	3.8	6.1	0.1	0.5	100.0	93.3	1,041
Highest	76.0	21.3	2.5	0.2	0.0	100.0	97.3	813
Total	76.3	4.6	18.6	0.2	0.3	100.0	80.8	5,003

[1] Includes only the most recent birth in the five years preceding the survey

10.7 ASSISTANCE DURING DELIVERY

Obstetric care by a trained provider during delivery is recognized as critical for the reduction of maternal and neonatal mortality. Births delivered at home are usually less likely to be delivered with assistance from a trained health professional than births delivered at a health facility. Table 10.7 shows the type of assistance received during delivery by background characteristics. More than eight in ten births (81 percent) are delivered with assistance from a trained health professional, that is a doctor, nurse, or midwife. This is an increase from 76 percent in the 2000 NDHS. Seven percent of births are delivered by a traditional birth attendant, while about one in ten births (11 percent) are attended by a relative or some other person. Less than 1 percent of births are delivered without any assistance at all.

Births to young mothers (less than 35 years) and first births are more likely to be assisted by trained health professionals.

A higher percentage of births in urban areas are assisted by a trained health professional than births in rural areas (94 percent versus 73 percent). Additionally, 17 percent of births among women in rural areas are delivered with the help of a relative or some other person, compared with 4 percent of births among women in urban areas. In most regions, the proportion of births assisted by a trained health professional is quite high (70 percent or higher). However, 54 percent of births in Kunene and 64 percent of births in Kavango are delivered by a trained health professional.

Table 10.7 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of births assisted by a skilled provider and percentage delivered by caesarean-section, according to background characteristics, Namibia 2006-07

Background characteristic	Person providing assistance during delivery							Percentage delivered by a skilled provider[1]	Percentage delivered by C-section	Number of births
	Doctor	Nurse/ midwife	Traditional birth attendant	Relative/ other	No one	Don't know/ missing	Total			
Mother's age at birth										
<20	10.3	71.2	5.6	12.3	0.4	0.2	100.0	81.5	8.3	793
20-34	20.2	62.6	6.0	10.4	0.4	0.2	100.0	82.9	13.5	3,482
35-49	19.5	54.4	9.9	13.8	1.8	0.5	100.0	74.0	13.5	728
Birth order										
1	20.4	68.6	3.7	6.9	0.1	0.3	100.0	89.0	14.8	1,608
2-3	20.6	62.6	5.7	10.3	0.4	0.3	100.0	83.3	14.2	2,064
4-5	15.2	59.4	8.7	15.7	0.9	0.1	100.0	74.6	8.3	833
6+	9.6	50.5	15.5	21.7	2.4	0.2	100.0	60.1	6.5	498
Place of delivery										
Health facility	22.9	76.8	0.0	0.2	0.0	0.1	100.0	99.7	15.7	4,045
Elsewhere	0.4	3.3	34.7	58.7	2.8	0.1	100.0	3.6	0.0	943
Missing	0.0	28.4	0.0	0.0	12.8	58.9	100.0	28.4	0.0	15
Residence										
Urban	32.0	61.9	2.0	3.7	0.2	0.2	100.0	93.9	20.7	2,077
Rural	9.0	63.4	9.8	16.6	0.9	0.3	100.0	72.5	7.0	2,926
Region										
Caprivi	3.7	76.3	6.3	13.3	0.4	0.0	100.0	80.0	2.2	269
Erongo	32.2	60.4	2.4	5.0	0.0	0.0	100.0	92.6	23.4	306
Hardap	21.3	69.2	0.5	7.9	0.0	1.1	100.0	90.5	12.2	149
Karas	33.7	59.9	0.0	6.1	0.0	0.3	100.0	93.7	16.5	146
Kavango	6.9	56.7	10.5	23.4	1.9	0.7	100.0	63.5	5.4	610
Khomas	42.1	53.2	1.0	3.6	0.0	0.0	100.0	95.3	26.0	920
Kunene	8.0	46.3	13.7	31.4	0.0	0.5	100.0	54.4	3.5	189
Ohangwena	5.4	65.9	14.2	13.7	0.5	0.2	100.0	71.3	4.9	571
Omaheke	21.6	54.6	2.2	20.3	0.2	1.1	100.0	76.2	18.8	234
Omusati	10.5	77.1	7.5	3.6	1.0	0.3	100.0	87.6	11.1	452
Oshana	11.6	77.2	4.8	5.9	0.5	0.0	100.0	88.8	11.6	360
Oshikoto	8.1	70.3	11.4	9.0	0.9	0.2	100.0	78.5	6.2	449
Otjozondjupa	25.1	55.3	4.0	14.4	1.2	0.0	100.0	80.4	12.6	348
Mother's education										
No education/preschool	9.1	41.2	14.2	32.8	2.2	0.5	100.0	50.3	5.0	553
Incomplete primary	9.3	58.3	13.2	18.5	0.6	0.2	100.0	67.5	6.9	1,058
Complete primary	7.9	72.4	6.4	12.1	1.0	0.2	100.0	80.4	6.3	378
Incomplete secondary	16.4	73.2	3.6	6.1	0.4	0.4	100.0	89.5	11.9	2,162
Complete secondary	39.5	58.4	1.1	1.0	0.0	0.0	100.0	97.9	26.8	593
More than secondary	62.2	37.3	0.3	0.2	0.0	0.0	100.0	99.4	35.5	260
Wealth quintile										
Lowest	4.7	55.2	15.3	23.7	1.0	0.2	100.0	59.8	4.1	1,072
Second	6.7	66.6	10.0	14.9	1.5	0.3	100.0	73.3	5.2	956
Middle	13.5	72.0	4.6	9.1	0.4	0.4	100.0	85.5	9.8	1,121
Fourth	24.5	69.2	1.0	5.0	0.0	0.3	100.0	93.7	16.5	1,041
Highest	50.1	47.6	0.7	1.5	0.1	0.0	100.0	97.7	31.7	813
Total	18.6	62.8	6.5	11.2	0.6	0.3	100.0	81.4	12.7	5,003

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.
[1] Skilled provider includes doctor and nurse/midwife

As expected, mother's education has a positive relationship with delivery care. Half of births to women with no education receive delivery assistance from a health professional compared with almost all births to women with secondary or higher education. Similarly, assistance by a trained health professional varies by economic status. Births to women in the highest wealth quintile (98 percent) are much more likely to be assisted by trained health professionals than births to women in the lowest wealth quintile (60 percent).

Table 10.7 shows that deliveries by caesarean section occur in 13 percent of births in Namibia. Caesarean section occurs most frequently in births to highly educated women (36 percent), women in the highest wealth quintile (32 percent), urban women (21 percent), and women in Erongo (23 percent) and Khomas (26 percent) regions.

10.8 POSTNATAL CARE

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, postnatal care is important for both the mother and the child. Postnatal care treats complications arising from the delivery and provides the mother with information on how to care for herself and her child. It is recommended that all women receive a check-up within two days of delivery. To assess the extent of postnatal care utilization, respondents were asked, referencing the last birth in the five years preceding the survey, whether they had received a health check-up after the delivery, the timing of the first check-up, and the type of health provider performing the postnatal check-up. This information is presented according to background characteristics in Tables 10.8 and 10.9.

Table 10.8 shows that more than six in ten mothers (65 percent) received postnatal care within the critical first two days after the delivery, while about one in five (22 percent) received no postnatal care at all.

Table 10.8 Timing of first postnatal check-up

Among women age 15-49 with a birth in the five years preceding the survey, the percent distribution of mother's first postnatal check-up for the last live birth by time after delivery, according to background characteristics, Namibia 2006-07

Background characteristic	Timing after delivery of mother's first postnatal check-up						No postnatal check-up[1]	Total	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-41 days	Other responses	Don't know/ missing			
Mother's age at birth									
<20	30.3	10.5	21.1	8.7	0.0	2.6	26.8	100.0	590
20-34	35.7	10.9	19.8	9.7	0.2	3.9	19.8	100.0	2,701
35-49	31.5	10.6	20.0	9.8	0.1	3.5	24.4	100.0	607
Birth order									
1	35.0	12.2	19.7	8.8	0.1	3.6	20.7	100.0	1,224
2-3	36.2	11.1	20.9	10.4	0.3	3.1	18.1	100.0	1,646
4-5	32.9	7.9	20.6	11.3	0.0	4.2	23.0	100.0	643
6+	25.8	9.2	16.5	5.7	0.3	5.2	37.3	100.0	385
Residence									
Urban	38.0	14.0	20.5	10.1	0.3	3.9	13.2	100.0	1,711
Rural	31.3	8.2	19.7	9.2	0.1	3.4	28.1	100.0	2,188
Region									
Caprivi	41.2	17.3	9.0	8.7	0.0	2.4	21.5	100.0	217
Erongo	40.3	22.0	18.7	7.4	0.0	3.0	8.6	100.0	257
Hardap	32.2	10.4	17.3	16.2	0.0	4.4	19.5	100.0	121
Karas	34.8	9.5	18.5	22.2	0.0	4.5	10.6	100.0	119
Kavango	19.8	2.6	17.2	6.4	0.0	4.1	50.0	100.0	481
Khomas	40.8	13.9	22.8	11.3	0.5	3.0	7.8	100.0	737
Kunene	19.8	6.0	16.9	6.0	0.0	2.7	48.6	100.0	136
Ohangwena	18.5	7.6	23.2	7.7	0.0	5.2	37.8	100.0	422
Omaheke	36.2	9.9	17.7	10.0	0.0	1.7	24.5	100.0	171
Omusati	41.9	7.0	18.7	14.6	0.3	3.3	14.1	100.0	365
Oshana	39.3	18.8	23.3	5.5	0.0	5.2	7.8	100.0	271
Oshikoto	36.6	9.6	24.9	6.4	0.0	3.9	18.5	100.0	340
Otjozondjupa	43.9	7.9	19.8	10.7	0.8	3.0	13.9	100.0	261
Education									
No education/preschool	24.4	5.5	14.0	7.0	0.0	2.8	46.2	100.0	372
Incomplete primary	29.7	9.2	16.0	9.1	0.1	3.3	32.7	100.0	784
Complete primary	35.6	9.7	19.2	8.7	0.2	2.1	24.4	100.0	303
Incomplete secondary	36.7	10.7	23.0	9.1	0.3	3.7	16.5	100.0	1,739
Complete secondary	32.9	18.1	23.2	12.3	0.0	4.9	8.6	100.0	494
More than secondary	50.1	10.8	15.0	14.9	0.0	4.7	4.4	100.0	205
Wealth quintile									
Lowest	28.1	6.4	14.4	6.8	0.2	2.8	41.4	100.0	788
Second	30.7	6.4	21.3	8.5	0.0	4.9	28.2	100.0	711
Middle	32.1	12.3	22.4	11.6	0.0	3.3	18.3	100.0	855
Fourth	37.7	13.9	22.9	9.4	0.5	3.6	12.0	100.0	856
Highest	43.3	14.5	18.6	11.7	0.1	3.7	8.1	100.0	688
Total	34.2	10.8	20.0	9.6	0.2	3.6	21.6	100.0	3,898

[1] Includes women who received a check-up after 41 days

There are no marked variations by mother's age in the utilization of postnatal care services within the first two days after the birth. A slightly higher percentage of mothers who delivered for the first time received postnatal care within the first two days than mothers with two or more children.

Seventy-three percent of mothers in urban areas received postnatal care within two days of the birth compared with 59 percent of mothers in rural areas. Regional utilization of timely postnatal care ranges from 40 percent among mothers in Kavango to 81 percent in Erongo and Oshana regions.

Similarly, mother's education influences the utilization of postnatal care services. Forty-four percent of mothers with no education received timely postnatal care, compared with 70 percent of mothers with at least some secondary education. There are significant differences among women in receipt of postnatal care within two days by wealth quintile, with about half of women (49 percent) in the lowest wealth quintile receiving timely postnatal care compared with more than three-fourths of women (76 percent) in the highest wealth quintile.

Table 10.9 presents information on the type of postnatal care provider by background characteristics. Health professionals provided postnatal care to three-fourths of the mothers; 34 percent received care from a doctor and 41 percent from a nurse or midwife. Just 3 percent of mothers received postnatal care from a traditional birth attendant. Health professionals are somewhat more likely to provide postnatal care to mothers with lower order births (births 1-3), mothers with secondary or higher education, and mothers in the highest wealth quintile. Likewise, mothers in urban areas and those in Khomas and Oshana are more likely to have received postnatal care from a health professional.

Table 10.9 Postnatal care provider

Percent distribution of women age 15-49 with a birth in the five years preceding the survey by type of provider of mother's first postnatal check-up for last live birth, according to background characteristics, Namibia 2006-07

Background characteristic	Provider of mother's first postnatal check-up							
	Doctor	Nurse/ midwife	Tradi-tional birth attendant	Other	Don't know/ missing	No postnatal check-up[1]	Total	Number of women
Mother's age at birth								
<20	28.7	41.9	1.8	0.4	0.3	26.8	100.0	590
20-34	35.3	41.0	2.6	0.4	0.9	19.8	100.0	2,701
35-49	30.0	40.1	4.1	0.4	1.0	24.4	100.0	607
Birth order								
1	37.5	40.0	1.3	0.4	0.2	20.7	100.0	1,224
2-3	36.6	41.5	2.3	0.4	1.1	18.1	100.0	1,646
4-5	25.2	45.6	4.8	0.3	1.0	23.0	100.0	643
6+	21.2	34.3	5.3	0.6	1.2	37.3	100.0	385
Residence								
Urban	48.6	35.7	1.0	0.3	1.1	13.2	100.0	1,711
Rural	21.6	45.2	4.1	0.5	0.6	28.1	100.0	2,188
Region								
Caprivi	26.3	50.6	0.7	0.0	0.9	21.5	100.0	217
Erongo	50.9	37.8	2.5	0.2	0.0	8.6	100.0	257
Hardap	33.6	44.4	0.6	0.9	1.0	19.5	100.0	121
Karas	39.4	49.0	0.0	1.0	0.0	10.6	100.0	119
Kavango	18.6	24.8	4.9	0.7	1.1	50.0	100.0	481
Khomas	62.0	27.9	0.2	0.3	1.8	7.8	100.0	737
Kunene	21.8	27.7	1.5	0.0	0.4	48.6	100.0	136
Ohangwena	20.5	36.7	4.5	0.2	0.3	37.8	100.0	422
Omaheke	39.4	34.7	0.8	0.3	0.2	24.5	100.0	171
Omusati	18.2	63.1	3.0	0.4	1.2	14.1	100.0	365
Oshana	23.9	63.8	3.5	0.5	0.6	7.8	100.0	271
Oshikoto	23.8	50.2	7.0	0.3	0.3	18.5	100.0	340
Otjozondjupa	33.3	49.5	2.1	0.9	0.3	13.9	100.0	261

Continued…

Table 10.9 —*Continued*

Background characteristic	Provider of mother's first postnatal check-up: Doctor	Nurse/ midwife	Tradi-tional birth attendant	Other	Don't know/ missing	No postnatal check-up[1]	Total	Number of women
Education								
No education/preschool	15.5	31.5	5.6	0.4	0.8	46.2	100.0	372
Incomplete primary	20.9	39.3	5.5	0.5	1.1	32.7	100.0	784
Complete primary	28.7	41.5	4.5	0.7	0.2	24.4	100.0	303
Incomplete secondary	36.2	45.0	1.4	0.3	0.7	16.5	100.0	1,739
Complete secondary	50.1	38.8	0.8	0.1	1.6	8.6	100.0	494
More than secondary	58.3	35.8	0.3	1.2	0.0	4.4	100.0	205
Wealth quintile								
Lowest	13.2	38.1	6.1	0.7	0.6	41.4	100.0	788
Second	19.2	46.3	5.0	0.5	0.9	28.2	100.0	711
Middle	34.0	45.5	1.5	0.1	0.6	18.3	100.0	855
Fourth	41.1	44.4	0.9	0.3	1.2	12.0	100.0	856
Highest	61.3	29.1	0.2	0.4	0.8	8.1	100.0	688
Total	33.5	41.0	2.7	0.4	0.8	21.6	100.0	3,898

[1] Includes women who received a check-up after 41 days

10.9 PROBLEMS IN ACCESSING HEALTH CARE

Many factors can prevent women from getting medical advice or treatment for themselves when they are sick. Information on such factors is particularly important in understanding and addressing the barriers women may face in seeking care during pregnancy and at the time of delivery.

In the 2006-07 NDHS, women were asked whether each of the following factors would be a big problem or not a big problem in seeking medical care: getting permission to go for treatment, getting money for treatment, distance to a health facility, having to take transportation, not wanting to go alone, concern that there may not be a female health provider, and concern that there may not be a health provider available. The results are shown in Table 10.10.

The most reason given for not seeking health care was concern that there may not be a health provider available (44 percent). Concern about getting money for treatment, concern about distance to a health facility, and concern about having to take transport are cited by about four in ten women. Not wanting to go alone is perceived as big problems by more than one in four women; concern about the availability of a female provider is cited by about one in six women; and getting permission to go for treatment is cited by about one in ten women.

Younger women, women with more than two living children, women who were divorced, separated or widowed, unemployed women, and women employed, but not for cash, are more likely to report at least one serious problem in accessing health care than their counterparts. Women in rural areas and those residing in Caprivi and Kavango regions are more likely than urban women and women residing in the other regions to report at least one concern in accessing health care.

Women with no education and those in the lowest wealth quintile are more likely than other women to report at least one of the specified problems in accessing health care.

As expected, more than twice as many rural women (57 percent) as urban women (26 percent) consider having to take transport to be a big problem.

Table 10.10 Problems accessing health care

Percentage of women age 15-49 who reported that they have serious problems accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Namibia 2006-07

Background characteristic	Problems accessing health care								
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no provider available	At least one problem accessing health care	Number of women
Age									
15-19	11.6	38.3	42.4	42.2	32.4	19.2	44.2	74.9	2,246
20-34	10.0	39.0	41.3	40.9	24.1	15.2	43.1	69.6	4,895
35-49	9.0	39.2	41.0	42.7	23.6	16.4	44.4	68.2	2,663
Number of living children									
0	10.6	34.1	38.1	37.3	28.4	16.8	41.5	68.9	3,419
1-2	9.7	38.3	39.4	40.6	22.5	14.4	43.2	69.2	3,620
3-4	9.3	42.6	44.9	44.4	24.4	17.2	45.6	71.2	1,789
5+	10.9	50.7	54.7	56.2	32.1	21.5	49.5	79.0	976
Marital status									
Never married	10.0	37.0	40.1	39.8	26.8	15.2	42.3	70.4	5,673
Married or living together	10.1	39.3	42.3	42.6	24.5	18.0	44.8	69.3	3,451
Divorced/separated/widowed	10.3	53.1	48.7	52.8	24.7	18.8	49.0	76.4	678
Employed past 12 months									
Not employed	11.9	46.0	47.8	48.6	30.4	20.5	47.6	78.0	4,573
Employed for cash	7.8	26.8	30.5	30.0	17.8	11.9	39.0	59.0	3,738
Employed not for cash	10.3	47.6	49.8	50.0	32.5	15.3	43.1	75.8	1,467
Residence									
Urban	8.7	29.4	24.7	25.9	16.3	12.6	37.7	57.3	4,772
Rural	11.4	47.9	57.4	56.7	34.9	20.1	49.3	82.9	5,032
Region									
Caprivi	22.8	75.1	64.6	68.2	51.1	14.9	59.2	92.8	474
Erongo	5.2	26.4	23.9	28.3	13.1	17.4	68.5	78.0	688
Hardap	11.4	41.2	39.8	40.6	17.7	16.0	50.9	73.4	315
Karas	8.0	26.8	28.6	31.9	9.6	14.0	34.2	54.7	318
Kavango	13.6	73.9	52.9	55.3	36.1	41.9	60.8	89.9	934
Khomas	9.7	26.2	23.7	23.4	15.3	9.1	28.3	49.3	2,218
Kunene	5.8	60.6	63.5	63.1	39.5	26.2	40.6	82.8	259
Ohangwena	5.6	36.1	55.6	56.5	37.3	18.1	65.6	88.7	1,043
Omaheke	5.5	41.6	55.3	55.5	20.1	17.4	45.3	78.5	373
Omusati	17.6	40.0	48.1	45.6	37.1	11.5	37.3	76.4	975
Oshana	5.4	27.8	32.2	27.5	19.5	8.0	29.4	57.1	819
Oshikoto	10.1	35.6	53.7	52.3	28.1	13.2	33.1	68.5	837
Otjozondjupa	8.2	33.2	40.9	43.0	21.3	22.8	40.5	67.5	550
Education									
No education/preschool	14.0	68.0	66.6	67.0	41.1	29.3	54.9	88.8	651
Incomplete primary	13.3	53.3	56.8	55.5	33.6	23.0	50.7	84.1	1,699
Complete primary	10.7	47.7	51.2	51.5	30.6	20.1	48.1	81.0	736
Incomplete secondary	10.0	36.8	39.7	39.7	25.7	15.0	43.7	70.5	4,751
Complete secondary	6.9	22.5	22.1	24.6	13.9	9.8	36.1	53.7	1,286
More than secondary	4.4	11.1	17.9	18.4	11.1	6.9	24.8	38.2	682
Wealth quintile									
Lowest	12.5	65.5	67.1	68.7	43.6	24.1	54.9	91.6	1,621
Second	11.4	47.8	57.6	54.8	35.4	19.0	48.4	83.4	1,668
Middle	11.8	43.3	49.8	50.0	28.8	18.9	49.8	80.8	1,885
Fourth	9.0	33.3	31.0	31.3	18.3	14.1	40.8	63.1	2,292
Highest	7.1	16.1	15.8	17.0	11.8	9.6	30.3	45.3	2,338
Total	10.1	38.9	41.5	41.7	25.9	16.5	43.7	70.4	9,804

Note: Total includes 3 women with information missing on marital status and 19 women with information missing on employment in past 12 months.

10.10 PARTICIPATION OF MEN IN FAMILY HEALTH CARE

This section presents information on men's involvement in the health care of their wives and children. In the 2006-07 NDHS, men's involvement in the family health care was measured by asking male respondents whether they were present during antenatal check-ups for the pregnancy of their youngest child and whether the youngest child was born in a health facility. This information is presented in Table 10.11.

Almost one-third (31 percent) of men were present during their wife's ANC visits for the pregnancy of their youngest child and 85 percent of fathers reported that their last child was born in the health facility.

There are no significant variations in men's participation in their wife's antenatal care visits by men's age or marital status. On the other hand, men living in urban areas are much more likely to attend their wife's ANC visits than men living in rural areas (39 percent versus 23 percent). Only one in ten men in Ohangwena participate in the antenatal care of their wives compared with almost half of men in Hardap and Omaheke regions. Men's participation in the antenatal care of their wives increases with the level of education and wealth quintile.

Men who had a child born in the three years preceding the 2006-07 NDHS were asked whether the child was delivered in a hospital or health facility. If the child was not born in a health facility, the father was asked the reason. The number of men whose last child was not born in a health facility was too small to allow meaningful analysis.

In the 2006-07 NDHS, men who had ever had a child were asked about their knowledge of diarrhoea treatment. Only one in four men gave the correct response, i.e., giving more than the usual amount of liquids to a child with diarrhoea. More than four in ten men said that a child with diarrhoea should be given less than the usual amount to drink or no liquids at all (Table 10.12).

Table 10.11 Participation of men in antenatal care visit

Percentage of men who reported that they were present during their wife's antenatal care (ANC) visits for the youngest child and percentage whose youngest child was born in a health facility, according to background characteristics, Namibia 2006-07

Background characteristic	Percentage present during any ANC visit	Percentage whose last child was born in a health facility	Number of men
Age			
15-19	*	*	12
20-24	26.8	86.4	140
25-29	28.0	87.6	262
30-34	38.0	84.6	260
35-39	30.9	85.3	166
40-44	31.0	75.8	122
45-49	24.6	80.9	66
Marital status			
Never married	25.4	88.9	352
Married or living together	35.0	82.4	625
Divorced/separated/widowed	30.0	81.8	49
Residence			
Urban	38.6	93.8	551
Rural	23.1	74.1	477
Region			
Caprivi	19.2	69.2	72
Erongo	30.6	93.9	113
Hardap	47.2	91.8	32
Karas	42.6	91.9	45
Kavango	17.7	61.6	92
Khomas	41.7	94.5	269
Kunene	(28.7)	(55.4)	27
Ohangwena	9.8	82.3	63
Omaheke	45.5	83.1	54
Omusati	19.5	89.4	60
Oshana	32.3	84.8	61
Oshikoto	22.9	75.8	65
Otjozondjupa	35.8	88.5	76
Education			
No education/preschool	22.4	65.5	134
Incomplete primary	19.2	74.5	251
Complete primary	35.3	82.2	63
Incomplete secondary	29.4	90.4	347
Complete secondary	47.5	98.5	133
More than secondary	57.2	98.9	100
Wealth quintile			
Lowest	12.8	53.7	148
Second	24.2	78.3	141
Middle	22.9	86.1	243
Fourth	33.6	91.9	279
Highest	55.4	98.9	217
Total	31.4	84.6	1,028

Note: Total includes one man with information missing on marital status. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 10.12 Knowledge about diarrhoea treatment

Percent distribution of men age 15-49 who have ever had a child by how much they think a child with diarrhoea should be given to drink, according to background characteristics, Namibia 2006-07

Background characteristic	Amount to drink					Total	Number of men
	More than usual	About the same	Less than usual	Nothing to drink	Don't know/ missing		
Age							
15-19	*	*	*	*	*	100.0	12
20-24	22.5	34.1	22.9	18.6	2.0	100.0	140
25-29	25.7	25.8	21.2	24.7	2.7	100.0	262
30-34	23.2	22.6	18.5	31.1	4.5	100.0	260
35-39	32.2	29.1	11.7	21.6	5.4	100.0	166
40-44	29.6	28.7	16.6	19.2	5.8	100.0	122
45-49	9.1	33.8	35.1	19.6	2.4	100.0	66
Marital status							
Never married	21.7	28.9	19.9	28.5	0.9	100.0	352
Married or living together	27.1	26.6	19.8	21.1	5.3	100.0	625
Divorced/separated/widowed	25.7	26.2	16.8	26.6	4.7	100.0	49
Residence							
Urban	27.5	25.8	20.8	22.4	3.6	100.0	551
Rural	22.4	29.1	18.7	25.7	4.1	100.0	477
Region							
Caprivi	51.7	16.9	20.3	8.6	2.4	100.0	72
Erongo	9.5	19.1	22.7	41.9	6.7	100.0	113
Hardap	(3.7)	(40.0)	(25.6)	(27.8)	(3.0)	100.0	32
Karas	(35.1)	(15.7)	(5.7)	(43.6)	(0.0)	100.0	45
Kavango	9.5	32.8	15.6	27.8	14.3	100.0	92
Khomas	35.1	26.8	20.7	15.5	2.0	100.0	269
Kunene	(11.2)	(38.7)	(11.2)	(38.9)	(0.0)	100.0	27
Ohangwena	0.5	55.3	16.6	25.6	2.1	100.0	63
Omaheke	5.6	30.7	31.0	22.0	10.7	100.0	54
Omusati	55.4	23.1	5.7	15.9	0.0	100.0	60
Oshana	48.8	16.1	1.2	33.9	0.0	100.0	61
Oshikoto	16.1	41.5	30.9	8.5	3.1	100.0	65
Otjozondjupa	14.8	16.4	37.6	29.4	1.8	100.0	76
Education							
No education/preschool	7.8	37.0	18.0	33.7	3.4	100.0	134
Incomplete primary	20.3	28.3	22.3	24.3	4.8	100.0	251
Complete primary	21.3	33.9	20.4	23.9	0.6	100.0	63
Incomplete secondary	28.2	26.6	17.8	23.3	4.2	100.0	347
Complete secondary	33.1	23.4	24.1	16.3	3.2	100.0	133
More than secondary	42.3	15.5	17.2	21.9	3.2	100.0	100
Wealth quintile							
Lowest	20.0	30.7	18.0	26.2	5.1	100.0	148
Second	24.3	28.9	20.7	21.4	4.8	100.0	141
Middle	21.4	33.9	16.6	23.4	4.6	100.0	243
Fourth	23.3	25.8	24.0	25.8	1.1	100.0	279
Highest	35.8	18.6	18.8	22.0	4.8	100.0	217
Total	25.2	27.3	19.8	23.9	3.8	100.0	1,028

Note: Total includes one man with information missing on marital status. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Knowledge of correct treatment of diarrhoea increases with age and peaks at age 35-39, after which it declines to a low of 10 percent for men age 45-49. Urban men are more knowledgeable about diarrhoea treatment than rural men (28 percent compared with 22 percent). Across regions, this knowledge is 10 percent or less in Erongo, Hardap, Kavango, and Omaheke. Less than 1 percent of men in Ohangwena know the correct treatment for diarrhoea.

The proportion of men who say that children with diarrhoea should be given more to drink increases with level of education, from 8 percent among men with no education to 42 percent among men with more than secondary education.

10.11 PAYMENT FOR DELIVERY

The high costs for the delivery of a child can be a problem in accessing health care. In the 2006-07 NDHS, women who had a live birth in the five years preceding the survey and who delivered in a health facility were asked whether they paid for the services during delivery and how much. The findings are presented in Table 10.13.

A large majority of the delivery costs (86 percent) were paid in cash. For 85 percent of the births, delivery cost less than 50 Namibian dollars. This amount does not vary much by background characteristics. For a small percentage of births, delivery costs were higher. For 35 percent of births to women with more than secondary education and 22 percent of births to women in the highest wealth quintile, delivery costs were 300 or more Namibian dollars.

Table 10.13 Payment for delivery

Percent distribution of live births in the five years preceding the survey delivered in a health facility by type of payment for the delivery, and among the live births with cash payment, percent distribution by cost of delivery, according to background characteristics, Namibia 2006-07

Background characteristic	Payment for the delivery				Number of births in health facility	Cost of delivery[1]						Number of births for which cash was paid for health facility delivery
	Cash	Goods/ services	Free	Missing		<50	50-99	100-199	200-299	300+	Missing	
Mother's age at birth												
<20	83.0	0.9	15.8	0.4	625	89.9	8.9	0.1	0.0	1.0	0.0	518
20-34	86.7	2.2	11.0	0.2	2,509	84.6	6.1	1.1	0.6	6.4	1.2	2,175
35-49	86.9	3.1	10.0	0.0	432	80.0	8.3	0.5	2.3	7.0	1.9	376
Birth order												
1	86.3	2.0	11.6	0.2	1,428	83.8	8.4	0.8	0.3	5.8	0.9	1,233
2-3	85.6	2.2	12.0	0.2	1,433	82.4	6.6	1.1	1.3	7.4	1.2	1,227
4-5	85.6	2.7	11.7	0.0	494	90.9	4.5	0.8	0.5	1.7	1.6	423
6+	88.2	1.3	10.5	0.0	211	95.6	3.4	0.0	0.0	0.5	0.4	186
Residence												
Urban	83.7	2.9	13.2	0.1	1,733	73.5	12.0	1.4	1.2	9.9	2.0	1,451
Rural	88.2	1.3	10.2	0.2	1,834	95.2	2.2	0.4	0.3	1.6	0.2	1,618
Region												
Caprivi	76.1	1.5	22.1	0.2	193	98.2	0.5	0.0	0.0	1.2	0.0	147
Erongo	87.8	1.8	9.9	0.5	250	87.0	0.6	0.4	0.0	9.3	2.7	219
Hardap	88.2	0.5	11.3	0.0	116	90.2	3.1	0.6	0.0	4.4	1.7	103
Karas	79.3	2.3	17.2	1.2	115	81.5	0.8	2.4	0.0	7.9	7.4	91
Kavango	62.5	2.9	34.4	0.3	347	95.9	3.4	0.0	0.0	0.6	0.0	217
Khomas	82.2	5.2	12.7	0.0	791	55.5	24.6	2.4	2.2	13.7	1.6	650
Kunene	95.7	0.0	4.3	0.0	89	89.3	1.6	0.0	0.6	8.5	0.0	85
Ohangwena	95.4	1.5	2.8	0.4	347	97.2	0.7	0.1	0.7	0.8	0.5	331
Omaheke	88.6	0.8	10.6	0.0	152	83.2	10.0	0.7	0.2	5.8	0.0	134
Omusati	96.1	0.0	3.9	0.0	348	96.4	0.7	0.5	0.7	1.8	0.0	335
Oshana	94.3	1.7	4.0	0.0	290	92.5	2.4	0.9	0.6	2.0	1.6	274
Oshikoto	95.3	0.3	4.5	0.0	299	95.0	1.3	0.3	0.0	2.6	0.8	284
Otjozondjupa	86.4	0.4	12.7	0.5	229	91.0	3.2	0.8	0.2	4.8	0.0	198
Education												
No education/preschool	82.3	0.0	17.5	0.2	239	98.6	1.4	0.0	0.0	0.0	0.0	197
Incomplete primary	85.4	1.6	12.8	0.1	589	97.1	2.5	0.1	0.0	0.2	0.1	503
Complete primary	87.6	0.8	11.6	0.0	258	93.8	5.4	0.0	0.0	0.8	0.0	226
Incomplete secondary	88.8	0.7	10.3	0.2	1,727	88.5	7.1	0.6	0.2	2.8	0.8	1,534
Complete secondary	84.2	5.1	10.4	0.3	522	65.4	14.7	1.8	0.4	15.0	2.7	440
More than secondary	73.3	10.3	16.1	0.3	231	39.4	5.1	5.6	10.2	35.0	4.7	169
Wealth quintile												
Lowest	82.6	2.2	15.0	0.2	544	99.7	0.3	0.0	0.0	0.0	0.0	449
Second	87.1	1.0	11.8	0.1	596	98.4	0.4	0.2	0.0	0.9	0.0	519
Middle	88.7	0.6	10.7	0.0	844	95.0	4.0	0.2	0.0	0.8	0.0	749
Fourth	89.2	0.9	9.7	0.2	851	86.9	6.3	1.1	1.2	4.0	0.5	758
Highest	81.1	6.0	12.6	0.4	731	46.8	21.6	2.7	2.2	21.8	4.9	593
Total	86.0	2.1	11.7	0.2	3,567	84.9	6.8	0.9	0.7	5.6	1.1	3,069

[1] Namibian dollars

CHILD HEALTH 11

This chapter presents findings on several areas of importance to child health and survival including characteristics of the neonate (birth weight and size at birth), the vaccination status of young children, and treatment practices for childhood illnesses.

The information presented on birth weight and birth size is important for designing and implementing programmes aimed at reducing neonatal and infant mortality.

Many of the deaths in early childhood can be avoided by immunizing children against preventable diseases and by ensuring that children receive prompt and appropriate treatment when they become ill. Information on vaccination coverage focuses on age group 12-23 months. Data are presented on overall coverage for this age group at the time of the survey and coverage by 12 months of age. Additionally, the source of the vaccination information (whether a vaccination card or mother's recall) is examined. Differences in vaccination coverage between subgroups of the population are discussed because this information is useful for programme planning.

Information on treatment practices and contact with health services among children with the three most common childhood illnesses (acute respiratory infection, fever, and diarrhoea) help in the assessment of national programmes aimed at reducing the mortality impact of these illnesses. Information is provided on the prevalence of acute respiratory infection and its treatment with antibiotics, and the prevalence of fever and its treatment with anti-malarial drugs and antibiotics. Information on the treatment of diarrhoeal disease with oral rehydration therapy (including increased fluids) aids in the assessment of programmes that utilize such treatment. Appropriate sanitary practices can help prevent and reduce the severity of diarrhoeal disease so information is presented on the manner of disposing of children's faecal matter.

11.1 CHILD'S SIZE AT BIRTH

A child's birth weight or size at birth is an important indicator of the child's vulnerability to the risk of childhood illnesses and the chances of survival. Children whose birth weight is less than 2.5 kg, or children reported to be "very small" or "smaller than average" are considered to have a higher than average risk of early childhood death. For births in the five years preceding the survey, birth weight was recorded in the questionnaire if available from either a written record or the mother's recall. Since birth weight may not be known for many babies, the mother's estimate of the baby's size at birth was also obtained. Even though the mother's estimate is subjective, it can be a useful proxy for the weight of the child. Table 11.1 presents information on children's weight and size at birth according to background characteristics.

Three-quarters of children born in the five years preceding the survey had been weighed at birth, an increase of 9 percentage points since the 2000 NDHS. Among the children with a reported birth weight, 14 percent weighed less than 2.5 kg at birth. Birth weight is lower among children born to older women (age 35-49), children of higher birth order (6 and above), children of women with no education or some primary education, and children of women in the lowest wealth quintile. Birth weight does not vary by urban-rural residence but does vary by region. The proportion of children who were less than 2.5 kg at birth varies from 9 percent in Omaheke to 27 percent in Hardap.

Table 11.1 Child's weight and size at birth

Percent distribution of live births in the five years preceding the survey with a reported birth weight by birth weight; percentage of all births with a reported birth weight; and percent distribution of all live births in the five years preceding the survey by mother's estimate of child's size at birth, according to background characteristics, Namibia 2006-07

Background characteristic	Percent distribution of births with a reported birth weight[1]				Percentage of all births with a reported birth weight	Percent distribution of all live births by size of child at birth					
	Less than 2.5 kg	2.5 kg or more	Total	Number of births		Very small	Smaller than average	Average or larger	Don't know/ missing	Total	Number of births
Mother's age at birth											
<20	13.5	86.5	100.0	578	72.9	5.7	13.3	78.1	2.9	100.0	793
20-34	13.5	86.5	100.0	2,639	75.8	5.2	9.8	83.1	1.9	100.0	3,482
35-49	17.5	82.5	100.0	536	73.7	5.8	8.5	82.7	3.1	100.0	728
Birth order											
1	13.6	86.4	100.0	1,290	80.2	5.4	11.2	81.5	1.9	100.0	1,608
2-3	12.7	87.3	100.0	1,589	77.0	5.4	10.2	82.7	1.8	100.0	2,064
4-5	15.6	84.4	100.0	572	68.7	5.9	8.6	82.4	3.2	100.0	833
6+	20.2	79.8	100.0	302	60.6	4.3	9.2	82.7	3.7	100.0	498
Residence											
Urban	14.4	85.6	100.0	1,735	83.5	4.8	10.6	82.9	1.7	100.0	2,077
Rural	13.8	86.2	100.0	2,018	69.0	5.7	9.8	81.8	2.6	100.0	2,926
Region											
Caprivi	15.7	84.3	100.0	208	77.2	6.7	17.2	72.8	3.3	100.0	269
Erongo	14.5	85.5	100.0	262	85.8	3.4	12.8	82.1	1.7	100.0	306
Hardap	26.5	73.5	100.0	128	86.2	11.3	12.5	74.6	1.6	100.0	149
Karas	11.4	88.6	100.0	129	88.5	2.8	11.8	84.7	0.6	100.0	146
Kavango	15.7	84.3	100.0	365	59.8	4.7	6.8	85.5	3.0	100.0	610
Khomas	13.4	86.6	100.0	783	85.1	5.5	11.4	82.4	0.7	100.0	920
Kunene	17.4	82.6	100.0	79	42.0	11.6	11.4	73.5	3.5	100.0	189
Ohangwena	11.9	88.1	100.0	369	64.6	5.2	11.7	80.8	2.4	100.0	571
Omaheke	9.4	90.6	100.0	170	72.7	11.1	9.8	75.5	3.5	100.0	234
Omusati	12.2	87.8	100.0	368	81.4	1.7	5.0	91.5	1.9	100.0	452
Oshana	12.3	87.7	100.0	304	84.4	3.1	9.8	83.9	3.2	100.0	360
Oshikoto	13.8	86.2	100.0	330	73.4	3.7	7.8	86.8	1.6	100.0	449
Otjozondjupa	17.0	83.0	100.0	258	74.0	7.5	10.7	77.8	4.0	100.0	348
Mother's education											
No education/preschool	16.3	83.7	100.0	244	44.2	9.5	9.0	76.1	5.3	100.0	553
Incomplete primary	16.9	83.1	100.0	656	62.0	5.3	10.0	81.7	2.9	100.0	1,058
Complete primary	13.3	86.7	100.0	285	75.4	4.6	10.4	82.4	2.6	100.0	378
Incomplete secondary	13.8	86.2	100.0	1,787	82.7	4.7	10.9	83.1	1.3	100.0	2,162
Complete secondary	10.9	89.1	100.0	538	90.8	5.1	9.4	83.9	1.5	100.0	593
More than secondary	13.4	86.6	100.0	243	93.4	3.4	8.8	86.3	1.4	100.0	260
Wealth quintile											
Lowest	15.8	84.2	100.0	602	56.2	5.3	8.5	82.5	3.7	100.0	1,072
Second	13.8	86.2	100.0	666	69.7	5.6	9.6	82.3	2.5	100.0	956
Middle	14.1	85.9	100.0	864	77.0	5.9	11.6	80.9	1.7	100.0	1,121
Fourth	13.5	86.5	100.0	861	82.7	4.4	11.2	81.9	2.4	100.0	1,041
Highest	13.4	86.6	100.0	760	93.5	5.5	9.7	84.2	0.6	100.0	813
Total	14.0	86.0	100.0	3,753	75.0	5.3	10.2	82.3	2.2	100.0	5,003

[1] Based on written record or mother's recall

In the absence of birth weight, a mother's subjective assessment of the size of the baby at birth, may be useful. One in twenty births were reported to be very small and one in ten were reported as smaller than average. Children of mothers in rural areas and mothers with no education are slightly more likely to be described as very small at birth than children of urban mothers and mothers with education. More than one in ten births (11-12 percent) in Hardap, Kunene, and Omaheke regions were reported to be very small.

11.2 VACCINATION COVERAGE

Universal immunization of children against the six vaccine-preventable diseases (namely tuberculosis, diphtheria, whooping cough (pertussis), tetanus, polio, and measles) is crucial to reducing infant and child mortality. Differences in vaccination coverage among subgroups of the population are useful for programme planning and targeting resources to the areas most in need. Additionally, information on immunization coverage is important for monitoring and evaluation of the Expanded Programmes on Immunization (EPI).

The 2006-07 NDHS collected information on vaccinations for all living children born in the five years preceding the survey. According to the guidelines developed by the World Health Organization, children are considered fully vaccinated when they have received a vaccination against tuberculosis (BCG), three doses each of the DPT and polio vaccines, and a measles vaccination by 12 months of age. BCG should be given at birth or at first clinical contact, DPT and polio require three vaccinations at approximately 6, 10, and 14 weeks of age, and measles vaccination should be given at or soon after reaching 9 months of age.

Information on vaccination coverage was collected in two ways in the 2006-07 NDHS: from vaccination cards shown to the interviewer and from mothers' verbal reports. If the cards were available, the interviewer copied the vaccination dates directly onto the questionnaire. When there was no vaccination card for the child, or if a vaccination had not been recorded on the card. The respondent was asked to recall the vaccinations given to the child. Table 11.2 shows the percentage of children age 12-23 months who have received various vaccinations by source of information (vaccination card or mother's report). This is the youngest cohort of children who have reached the age by which they should be fully vaccinated.

Data show that 69 percent of children age 12-23 months had been fully vaccinated at the time of the survey, an increase from 65 percent in the 2000 NDHS. The level of coverage for BCG, for the first dose DPT, and the first dose polio exceeds 90 percent, similar to the 2000 NDHS results. Coverage for those who have received the third dose of DPT and polio is lower (83 percent and 79 percent, respectively). Eighty-four percent of children age 12-23 months have received the measles vaccination, a slight increase from 80 percent reported in the 2000 NDHS. Only 2 percent of children age 12-23 months have not received any vaccinations.

Table 11.2 Vaccinations by source of information

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Namibia 2006-07

		DPT			Polio[1]					All basic vaccina-	No vaccina-	Number of
Source of information	BCG	1	2	3	0	1	2	3	Measles	tions [2]	tions	children
Vaccinated at any time before survey												
Vaccination card	72.5	72.6	70.6	68.2	72.4	72.6	70.6	68.2	63.2	61.9	0.0	724
Mother's report	22.5	22.1	18.7	15.0	18.5	22.8	18.9	10.4	20.6	6.7	2.2	262
Both sources	95.0	94.7	89.4	83.2	90.9	95.4	89.5	78.6	83.8	68.7	2.2	987
Vaccinated by 12 months of age [3]	94.7	93.4	88.2	81.0	90.6	94.1	88.4	76.5	78.0	63.8	2.8	987

[1] Polio 0 is the polio vaccination given at birth
[2] BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)
[3] For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination

Table 11.3 shows vaccination coverage for children age 12-23 months by background characteristics. This information gives an indication of the success of the immunization programme in reaching out to all population subgroups. The results indicate that females have somewhat higher

vaccination coverage than males (71 percent versus 67 percent), a pattern similar to that observed in the 2000 NDHS. Births of order 6 and above have lower vaccination coverage than other births.

There are differences in vaccination coverage by urban-rural residence; children living in urban areas are somewhat more likely to be fully immunized than children in rural areas (72 percent versus 67 percent). Similarly, there are substantial differences in the coverage by region. The percentage of children fully immunized ranges from 35 percent in Kunene to 81 percent in Omusati.). Kunene also had the lowest coverage in the 2000 NDHS (49 percent).

Table 11.3 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to vaccination card or mother's report), and percentage with a vaccination card, by background characteristics, Namibia 2006-07

Background characteristic	BCG	DPT			Polio[1]				Measles	All basic vaccinations	No vaccinations [2]	Percentage with a vaccination card seen	Number of children
		1	2	3	1	2	3	4					
Sex													
Male	96.6	94.8	89.6	84.1	90.3	96.7	90.7	78.6	82.8	66.9	1.7	73.9	513
Female	93.4	94.5	89.2	82.2	91.5	94.1	88.2	78.6	84.8	70.5	2.9	73.0	474
Birth order													
1	97.5	95.3	90.1	83.9	89.9	95.8	91.4	77.7	85.8	67.1	1.6	66.3	305
2-3	95.9	96.9	91.7	87.1	93.9	98.0	91.0	82.9	86.2	72.0	1.2	74.8	422
4-5	92.1	94.2	87.9	80.3	89.0	94.9	90.1	78.3	79.9	68.9	3.8	81.5	162
6+	88.6	83.7	79.4	68.8	84.2	84.2	76.1	63.2	73.0	58.7	6.0	76.3	97
Residence													
Urban	96.5	95.1	91.2	86.1	92.0	97.0	91.8	80.5	86.1	71.5	1.1	69.7	394
Rural	94.1	94.4	88.1	81.3	90.2	94.4	87.9	77.4	82.2	66.8	3.0	75.9	592
Region													
Caprivi	96.0	96.8	93.6	89.5	95.1	95.9	92.8	77.0	89.5	70.2	3.2	76.7	61
Erongo	97.3	96.4	96.4	96.4	92.4	97.3	97.3	91.0	84.4	76.3	0.0	60.8	57
Hardap	94.1	99.0	94.1	84.9	82.9	99.0	92.1	82.8	88.0	66.3	0.0	64.6	33
Karas	(96.6)	(96.0)	(94.4)	(86.6)	(93.7)	(98.6)	(91.3)	(74.3)	(95.4)	(67.9)	(1.4)	(68.9)	26
Kavango	89.5	87.8	81.6	72.1	86.9	88.3	83.2	72.5	55.0	47.7	7.7	74.7	136
Khomas	98.7	96.1	91.0	87.9	95.0	98.5	94.5	81.7	86.6	75.5	0.2	75.6	176
Kunene	79.1	74.0	59.4	51.5	64.2	86.4	71.3	40.9	60.9	35.3	13.6	49.1	36
Ohangwena	93.2	95.3	84.2	78.5	84.1	90.7	81.6	75.7	91.8	70.4	1.5	72.2	114
Omaheke	96.5	95.3	88.0	80.6	85.9	99.2	97.0	81.4	89.1	69.8	0.8	74.1	53
Omusati	96.9	99.6	98.3	90.6	95.9	99.6	93.4	88.5	94.5	81.0	0.4	83.0	85
Oshana	97.4	97.7	93.2	83.6	98.7	95.3	82.7	75.4	97.7	74.1	0.0	71.5	64
Oshikoto	97.7	97.4	96.3	89.1	95.2	97.4	96.1	83.3	83.9	72.2	1.3	78.5	81
Otjozondjupa	96.7	96.2	89.6	84.7	97.4	99.4	88.7	81.6	90.0	76.2	0.6	77.4	65
Mother's education													
No education/ preschool	81.7	82.2	68.8	61.6	75.7	84.4	73.0	59.4	56.8	44.3	10.5	71.6	121
Incomplete primary	96.4	96.5	92.8	81.1	91.7	96.6	90.5	80.5	81.2	67.5	0.6	80.3	185
Complete primary	96.0	96.6	88.5	81.7	94.2	94.7	83.8	77.8	80.6	69.4	2.7	78.0	83
Incomplete secondary	96.5	95.4	91.2	86.1	92.5	96.9	92.0	79.0	89.4	70.9	1.2	68.4	446
Complete secondary	99.7	99.7	97.3	95.2	94.6	99.3	97.3	94.3	94.2	86.3	0.3	81.6	121
More than secondary	(97.4)	(97.4)	(95.1)	(95.1)	(100.0)	(97.4)	(97.4)	(76.6)	(91.6)	(68.1)	(0.0)	(67.4)	30
Wealth quintile													
Lowest	90.9	89.8	83.4	74.0	88.3	90.4	83.2	69.5	70.1	58.8	6.4	76.5	220
Second	95.2	97.5	89.9	83.6	88.7	95.3	89.2	80.9	89.8	69.2	0.9	71.3	199
Middle	93.3	94.1	85.5	78.6	91.2	96.1	87.2	75.1	80.2	62.7	2.1	74.2	217
Fourth	98.5	95.3	94.4	90.2	92.0	97.8	95.0	84.3	88.5	76.1	0.4	74.4	213
Highest	98.8	98.2	96.7	93.8	96.2	98.8	95.2	86.6	95.3	81.6	0.6	69.0	137
Total	95.0	94.7	89.4	83.2	90.9	95.4	89.5	78.6	83.8	68.7	2.2	73.4	987

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

The percentage of children fully immunized increases steadily with mother's level of education. Forty-four percent of children of mothers with no education are fully immunized, compared with 86 percent of children of mothers with at least some secondary education. Children of mothers in the lowest wealth quintile are less likely to have been fully immunized than children of mothers in the highest wealth quintile.

Table 11.3 shows that a vaccination card was seen for 73 percent of children age 12-23 months. The actual percentage of children with a vaccination card may be higher, however, because vaccination cards are sometimes kept by the health care provider and not by mothers. Cards are more likely to have been seen for second- or higher-order births, children living in rural areas, children in Omusati, children of mothers with at least some secondary education, and children of mothers in the lowest wealth quintile.

11.3 TRENDS IN VACCINATION COVERAGE

One way of measuring trends in vaccination coverage is to compare coverage among children in different age cohorts. Table 11.4 shows the percentage of children who received vaccinations during the first year of life by age. This information provides insight into trends in vaccination coverage in the recent past.

The data indicate that the proportion of children fully vaccinated by 12 months of age has increased over the past five years from less than half of children age 36-47 months and 48-59 months (47 percent) to almost two-thirds of children age 12-23 months (64 percent). Likewise, the proportion of children who have not received any vaccinations by age 12 months has decreased, from 9 percent among children in the two oldest groups to 3 percent among children in the two youngest groups. Vaccination cards were seen for 73 percent of children age 12-23 months but only for 46 percent of children age 48-59 months. This could be because vaccination cards for older children may have been lost or discarded.

Table 11.4 Vaccinations in first year of life

Percentage of children age 12-59 months at the time of the survey who received specific vaccines by 12 months of age, and percentage with a vaccination card, by current age of child, Namibia 2006-07

		DPT			Polio[1]					All basic vaccina-	No vaccina-	Percentage with a vaccination	Number of
Age in months	BCG	1	2	3	0	1	2	3	Measles	tions	tions[2]	card seen	children
12-23	94.7	93.4	88.2	81.0	90.6	94.1	88.4	76.5	78.0	63.8	2.8	73.4	987
24-35	94.5	93.0	88.2	79.0	89.8	94.5	86.6	68.1	80.9	54.5	2.9	56.9	949
36-47	88.1	84.7	79.2	71.7	82.2	85.6	78.4	61.5	70.0	46.7	9.2	50.4	930
48-59	88.0	86.7	81.6	71.0	80.9	87.1	78.8	60.6	75.0	46.9	8.9	46.1	816
Total	91.7	89.8	84.7	76.1	86.3	90.7	83.5	67.2	76.7	53.6	5.5	57.3	3,681

Note: Information was obtained from the vaccination card or if there was no written record, from the mother. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.

[1] Polio 0 is the polio vaccination given at birth.

[2] BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

Trends in vaccination coverage can also be seen by examining comparable data from the 2000 NDHS and the 2006-07 NDHS. The results indicate that vaccination coverage in Namibia has improved over the past five years. The percentage of children age 12-23 months fully vaccinated at the time of the survey increased slightly from 65 percent in 2000 to 69 percent in 2006-07, while the percentage who received none of the basic vaccinations decreased from 5 percent in 2000 to 2 percent in 2006-07.

11.4 ACUTE RESPIRATORY INFECTION

Acute respiratory infection (ARI) is among the leading causes of childhood morbidity and mortality throughout the world. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. In the 2006-07 NDHS, the prevalence of ARI was estimated by asking mothers whether their children under age five had been ill in the two weeks preceding the

survey, with a cough accompanied by short, rapid breathing that the mother considered to be chest-related. These symptoms are compatible with ARI. It should be noted that the morbidity data collected are subjective in the sense that they are based on the mother's perception of illness without validation by medical personnel.

Table 11.5 shows that 4 percent of children under five years of age showed symptoms of ARI within the two weeks preceding the survey. Since the number of cases of ARI varies seasonally, the time of year that survey fieldwork is conducted should be considered when interpreting the findings. Prevalence of ARI varies by age of child. Children age 6-11 months are most likely to show symptoms of ARI (6 percent) compared with children in all other age groups. Differences by gender are small (5 percent for males and 4 percent for females). Children living in households that use wood/straw for cooking fuel are more likely to exhibit symptoms of ARI than children living in households with other sources of cooking fuel.

Cough and rapid breathing were reported to be slightly higher among rural children (5 percent) than children in urban areas (3 percent). By region, prevalence of ARI ranges from a high of 12 percent among children under five living in Caprivi to a low of 2 percent among children living in Erongo, Khomas, and Oshana. ARI prevalence is lower for children whose mothers have at least some secondary education and live in households in the highest wealth quintile.

About three-quarters of children with symptoms of ARI were taken for treatment to a health facility or provider (data not shown because of small numbers).

Fewer children were reported to have ARI in the 2006-07 NDHS compared with the 2000 NDHS (4 percent compared with 18 percent).

Table 11.5 Prevalence of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, by background characteristics, Namibia 2006-07

Background characteristic	Among children under age five: Percentage with symptoms of ARI[1]	Among children under age five: Number of children
Age in months		
<6	4.0	496
6-11	5.7	542
12-23	5.0	987
24-35	4.9	949
36-47	3.3	930
48-59	2.9	816
Sex		
Male	4.8	2,402
Female	3.7	2,317
Cooking fuel		
Electricity or gas	1.9	1,558
Wood/straw[2]	5.5	3,021
Other fuel	5.2	139
Residence		
Urban	2.6	1,970
Rural	5.4	2,749
Region		
Caprivi	11.8	243
Erongo	1.6	287
Hardap	2.6	139
Karas	3.2	136
Kavango	6.6	574
Khomas	1.8	889
Kunene	3.9	179
Ohangwena	3.4	532
Omaheke	8.5	227
Omusati	5.9	422
Oshana	2.3	337
Oshikoto	3.9	424
Otjozondjupa	3.8	330
Mother's education		
No education/preschool	5.7	526
Incomplete primary	5.5	983
Complete primary	4.6	350
Incomplete secondary	4.0	2,034
Complete secondary	2.2	576
More than secondary	3.1	251
Wealth quintile		
Lowest	7.0	1,000
Second	5.4	897
Middle	4.5	1,048
Fourth	2.6	987
Highest	1.4	787
Total	4.3	4,719

[1] Symptoms of ARI (cough accompanied by short, rapid breathing that is chest-related) is considered a proxy for pneumonia
[2] Includes grass, shrubs, crop residues

11.5 FEVER

Fever is a major manifestation of malaria and other acute infections in children. Malaria and fever contribute to high levels of malnutrition and death. While fever can occur year-round, malaria is more prevalent after the end of the rainy season. For this reason, temporal factors should be taken into account when interpreting fever as an indicator of malaria prevalence. Since malaria is a major contributor to death in infancy and childhood in many developing countries, the so-called presumptive treatment of fever with anti-malarial medication is advocated in many countries where malaria is endemic. Malaria is discussed in greater detail in Chapter 12.

Table 11.6 shows the percentage of children under five with fever during the two weeks preceding the survey and the percentage who received various treatments, by selected background characteristics. Because the number of cases of febrile illness varies seasonally, the time of year that the survey fieldwork was conducted should be considered when interpreting the findings, even where malaria is not present.

Table 11.6 Prevalence and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey; and among children with fever, the percentage for whom treatment was sought from a health facility or provider, the percentage who took antimalarial drugs, and the percentage who took antibiotic drugs, by background characteristics, Namibia 2006-07

Background characteristic	Among children under age five:		Among children under age five with fever:			
	Percentage with fever	Number of children	Percentage for whom treatment was sought from a health facility or provider[1]	Percentage who took antimalarial drugs	Percentage who took antibiotic drugs	Number of children
Age in months						
<6	16.7	496	52.1	6.0	18.0	83
6-11	23.0	542	61.1	9.9	10.5	125
12-23	21.5	987	55.4	12.8	18.3	213
24-35	16.9	949	54.6	6.0	21.6	160
36-47	14.0	930	58.3	11.5	6.6	130
48-59	10.4	816	51.1	10.4	14.0	85
Sex						
Male	15.8	2,402	55.8	10.5	16.5	380
Female	17.9	2,317	55.8	9.1	14.3	416
Residence						
Urban	16.2	1,970	57.2	8.2	16.7	320
Rural	17.3	2,749	54.9	10.8	14.4	476
Region						
Caprivi	37.7	243	53.0	15.6	8.8	92
Erongo	12.3	287	(64.0)	(5.7)	(9.6)	35
Hardap	13.6	139	(55.5)	(0.0)	(10.8)	19
Karas	13.6	136	*	*	*	19
Kavango	18.2	574	61.2	10.9	16.3	104
Khomas	17.9	889	51.7	7.5	19.3	159
Kunene	15.5	179	(48.3)	(10.0)	(2.0)	28
Ohangwena	15.2	532	56.0	10.2	9.6	81
Omaheke	26.5	227	47.7	7.5	26.4	60
Omusati	18.3	422	65.3	12.0	19.8	77
Oshana	7.7	337	(56.9)	(26.5)	(9.9)	26
Oshikoto	10.0	424	(56.0)	(13.3)	(13.2)	42
Otjozondjupa	16.1	330	57.3	0.0	11.5	53
Mother's education						
No education/preschool	18.3	526	62.7	5.4	12.3	96
Incomplete primary	16.7	983	53.0	10.2	11.0	164
Complete primary	20.0	350	53.2	8.4	20.5	70
Incomplete secondary	16.6	2,034	56.3	10.8	18.0	338
Complete secondary	16.9	576	48.0	8.6	9.6	97
More than secondary	12.0	251	*	*	*	30
Wealth quintile						
Lowest	20.4	1,000	53.6	9.5	12.8	204
Second	16.0	897	58.3	15.4	12.4	143
Middle	17.3	1,048	60.4	8.5	16.1	181
Fourth	14.5	987	50.2	5.9	12.2	143
Highest	15.7	787	56.2	10.1	25.3	124
Total	16.9	4,719	55.8	9.8	15.3	795

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk is based on fewer than 25 unweighted cases and has been suppressed.
[1] Excludes pharmacy, shop, and traditional practitioner

Seventeen percent of children under five were reported to have had fever in the two weeks preceding the survey. Prevalence varies by age. Children age 6-11 months and 12-23 months are more often sick with fever (23 and 22 percent, respectively) than other children.

There are no significant variations in the prevalence of fever by sex of child, place of residence (urban-rural), or household wealth quintile. The prevalence of fever among children under five varies by region, from 8 percent in Oshana to 38 percent in Caprivi. The prevalence of fever is also high among children in Omaheke (27 percent).

More than half (56 percent) of children with fever were taken to a health facility or provider for treatment; one in ten were given antimalarial drugs, and one in seven received antibiotics. The numbers were too small to make meaningful comparisons by background characteristics.

11.6 PREVALENCE OF DIARRHOEA

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children and the condition can be easily treated with oral rehydration therapy (ORT). Exposure to diarrhoeal-causing agents is frequently related to use of contaminated water and unhygienic practices related to food preparation and disposal of excreta. In interpreting the findings of the 2006-07 NDHS on diarrhoea, it should be noted that the prevalence of diarrhoea varies seasonally. Table 11.7 shows the percentage of children under five with diarrhoea in the two weeks preceding the survey, by background characteristics.

Overall, 12 percent of all children under five had diarrhoea in the two weeks preceding the survey and 2 percent had diarrhoea with blood. The prevalence of diarrhoea varies by age. Young children age 6-23 months are more prone to diarrhoea than children in the other age groups. There are slight variations in the prevalence of diarrhoea by child's sex, with females being more likely to have diarrhoea than males (13 percent versus 11 percent). Children living in households with an improved source of drinking water have a lower prevalence of diarrhoea (12 percent) than children living in households with a not-improved source (16 percent).

The prevalence of diarrhoea varies by region. Children in Oshana and Oshikoto

Table 11.7 Prevalence of diarrhoea

Percentage of children under age five who had diarrhoea in the two weeks preceding the survey, by background characteristics, Namibia 2006-07

Background characteristic	Diarrhoea in the two weeks preceding the survey: All diarrhoea	Diarrhoea with blood	Number of children
Age in months			
<6	11.7	1.8	496
6-11	19.6	2.2	542
12-23	20.0	2.5	987
24-35	12.6	2.7	949
36-47	6.3	1.1	930
48-59	4.5	0.9	816
Sex			
Male	11.4	1.8	2,402
Female	13.0	2.0	2,317
Source of drinking water[1]			
Improved	11.6	1.4	4,035
Not improved	15.7	4.4	683
Toilet facility[2]			
Improved, not shared	11.7	1.0	1,313
Non-improved or shared	12.5	2.2	3,395
Residence			
Urban	12.3	1.6	1,970
Rural	12.2	2.1	2,749
Region			
Caprivi	13.4	2.7	243
Erongo	9.0	0.0	287
Hardap	9.2	0.0	139
Karas	11.8	1.8	136
Kavango	20.5	3.5	574
Khomas	13.5	2.3	889
Kunene	9.9	0.0	179
Ohangwena	8.7	1.8	532
Omaheke	19.1	2.8	227
Omusati	11.4	2.9	422
Oshana	6.8	0.7	337
Oshikoto	7.2	1.1	424
Otjozondjupa	12.9	1.0	330
Mother's education			
No education/preschool	15.4	2.0	526
Incomplete primary	11.4	2.5	983
Complete primary	13.7	2.4	350
Incomplete secondary	12.9	2.2	2,034
Complete secondary	10.9	0.1	576
More than secondary	4.4	0.0	251
Wealth quintile			
Lowest	13.4	2.6	1,000
Second	11.4	2.1	897
Middle	13.0	2.1	1,048
Fourth	11.8	1.7	987
Highest	11.2	0.5	787
Total	12.2	1.9	4,719

Note: Total includes 11 children with information missing on toilet facility
[1] See Table 2.7 for definition of categories
[2] See Table 2.8 for definition of categories

(7 percent each) have the lowest prevalence of diarrhoea, while Kavango (21 percent) and Omaheke (19 percent) have the highest. Mother's level of education is related to the prevalence of diarrhoea among children; 15 percent of children of uneducated mothers had diarrhoea in the past two weeks compared with 4 percent of children of mothers with higher than secondary education. The prevalence of diarrhoea with blood follows a pattern similar to that observed for diarrhoea in general.

11.7 DIARRHOEA TREATMENT

In the 2006-07 NDHS, mothers of children who had diarrhoea were asked what was done to treat the illness. Table 11.8 shows the percentage of children with diarrhoea who received specific treatments, by background characteristics. Six in ten children with diarrhoea were taken to a health provider. Children age 6-23 months old were somewhat more likely than other children to be taken to a health provider. Notable differences are seen by place of residence and type of diarrhoea. The proportion of children taken to a health facility in urban areas is 64 percent compared with 58 percent of children in rural areas. A significantly higher proportion of children with bloody diarrhoea (75 percent) were taken to a health provider than children with non-bloody diarrhoea (58 percent). There are slight variations between regions, but the numbers are too small for meaningful comparison (data not shown). Mother's level of education is directly correlated with seeking treatment for children with diarrhoea; 66 percent of children of mothers with some secondary or higher education were taken to a health provider compared with 46 percent of children of uneducated mothers.

Table 11.8 Diarrhoea treatment

Among children under age five who had diarrhoea in the two weeks preceding the survey, the percentage who were taken for treatment to a health provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage who were given other treatments, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of children with diarrhoea taken to a health provider[1]	Oral rehydration therapy (ORT)			Increased fluids	ORT or increased fluids	Other treatments		No treatment	Number of children
		ORS packets	Salt-sugar solution	Either ORS or SSS			Anti-biotic drugs	Home remedy/ other		
Age in months										
<6	59.6	58.4	28.9	66.2	9.1	73.3	11.7	7.1	18.4	58
6-11	67.4	66.8	17.3	73.8	15.4	76.5	16.2	16.5	16.9	106
12-23	64.0	66.2	24.2	73.2	16.8	74.6	21.9	17.1	13.7	197
24-35	55.4	60.2	17.1	63.8	23.5	73.2	25.8	19.9	12.9	120
36-47	52.8	59.8	19.0	67.4	12.4	68.0	22.3	8.5	20.9	59
48-59	49.9	58.5	12.4	60.8	8.8	60.8	3.7	15.7	31.9	37
Sex										
Male	61.8	62.7	18.9	67.1	14.5	70.4	21.0	14.6	16.5	275
Female	59.0	63.5	22.2	71.3	17.7	75.4	18.1	16.5	16.5	302
Type of diarrhoea										
Non-bloody	57.9	61.3	21.3	68.4	15.1	71.6	19.3	14.6	18.0	485
Bloody	74.7	73.4	18.0	74.2	22.6	80.9	21.4	20.9	9.1	88
Residence										
Urban	64.2	67.3	22.0	72.8	20.0	78.3	25.9	13.1	13.0	243
Rural	57.5	60.1	19.7	66.7	13.4	69.1	14.9	17.4	19.1	334
Mother's education										
No education/preschool	46.0	55.5	16.4	60.7	10.2	63.7	15.0	27.1	15.8	81
Incomplete primary	58.0	61.6	22.0	67.2	10.6	69.1	9.7	16.2	18.5	112
Complete primary	55.2	57.4	22.6	67.2	11.8	68.6	10.5	22.6	21.9	48
Incomplete secondary	66.1	66.0	18.8	72.3	18.2	78.1	23.6	9.2	14.7	262
Complete secondary	63.2	69.4	33.1	75.1	21.5	75.6	34.4	23.5	15.2	63
More than secondary	*	*	*	*	*	*	*	*	*	11
Wealth quintile										
Lowest	52.1	49.9	17.0	55.2	7.0	56.9	9.7	21.0	28.4	134
Second	63.4	68.2	18.0	78.0	13.5	79.1	13.0	16.9	9.2	102
Middle	66.7	72.7	24.4	76.1	18.5	78.8	18.7	12.6	15.4	137
Fourth	57.4	66.2	17.6	73.3	15.5	78.9	23.1	9.1	14.7	116
Highest	63.3	58.5	27.5	64.6	30.6	73.6	38.6	19.1	11.0	88
Total	60.3	63.1	20.7	69.3	16.2	73.0	19.5	15.6	16.5	577

Note: ORT includes solution prepared from oral rehydration salt (ORS), pre-packaged ORS packet, and recommended home fluids (salt-sugar solution). Total includes 3 children with information missing on type of diarrhoea. An asterisk is based on fewer than 25 unweighted cases and has been suppressed.

[1] Excludes pharmacy, shop, and traditional practitioner

A large majority of children with diarrhoea (73 percent) were treated with oral rehydration therapy (ORT) or increased fluids; 63 percent were treated with oral rehydration salts (ORS) prepared from an ORS packet, 21 percent were given recommended home fluids (salt-sugar solution), and 16 percent were given increased fluids. One in five children received antibiotic drugs and 16 percent were given home remedies or other treatments. However, about one in six children with diarrhoea did not receive any treatment at all.

Diarrhoea treatment does not vary much by age. Female children and children who had diarrhoea with blood were more likely to have received ORT than others. Seventy-eight percent of children in urban areas received ORT or increased fluids compared with 69 percent of children in rural areas. There are large variations in the treatment of children with diarrhoea by mother's education and wealth quintile, with children of uneducated mothers and mothers in the lowest wealth quintile being the least likely to receive ORT compared with children in other subgroups.

Data from the 2000 NDHS show that 51 percent of children with diarrhoea were taken for treatment to a health provider compared with 60 percent in the 2006-07 NDHS. On the other hand, a higher proportion of children with diarrhoea did not receive any treatment in the 2006-07 NDHS than in the 2000 NDHS (17 percent versus 12 percent).

11.8 Feeding Practices

For children with diarrhoea, mothers are encouraged to continue feeding normally and to increase the amount of fluids given. These practices help to reduce dehydration and minimize the adverse consequences of diarrhoea on children's nutritional status. Mothers were asked whether their children with diarrhoea were given less, the same amount, or more fluids and food than usual. Tables 11.9.1 and 11.9.2 show the percent distribution of children under five who had diarrhoea in the past two weeks by feeding practices (amount of liquids/solids received, according to background characteristics.

Sixteen percent of children who had diarrhoea were given more liquids than usual and 42 percent were given the same as usual. Fourteen percent of children with diarrhoea were given somewhat less liquids than usual, 22 percent were given much less than usual, and 4 percent of children with diarrhoea were given no liquids at all. Overall, one in ten children were given increased fluids and continued feeding during the diarrhoea episode, while seven in ten continued feeding but were also given ORT or increased fluids.

Regarding the amount of solid food offered to children with diarrhoea, 8 percent were given more food than usual, 39 percent were given the same as usual, 21 percent received somewhat less than usual, 23 percent were given much less than usual, and 3 percent did not receive any solid food during their illness, presumably because these children had not yet started eating solid food.

Children age 24-35 months with diarrhoea are the most likely to be offered more liquids than usual, while those 6-11 months are most likely to be offered the same amount of liquids as usual, compared with other age groups. Children with bloody diarrhoea are more likely than those with non-bloody diarrhoea to be offered more liquids than usual, while children with non-bloody diarrhoea are more likely than those with bloody diarrhoea to be given the same amount of liquids as usual. Urban children receive more or the same amount of fluids when they have diarrhoea, compared with rural children. Overall, children of more educated mothers and children living in households in the highest wealth quintile are more likely to receive more liquids than usual during episodes of diarrhoea than other children.

Table 11.9.1 Feeding practices during diarrhoea: liquids

Percent distribution of children under age five who had diarrhoea in the two weeks preceding the survey by amount of liquids offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhoea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the diarrhoea episode, by background characteristics, Namibia 2006-07

Background characteristic	Amount of liquids offered						Total	Percentage given increased fluids and continued feeding[1,2]	Percentage who continued feeding and were given ORT and/or increased fluids	Number of children with diarrhoea
	More	Same as usual	Some-what less	Much less	None	Don't know/ missing				
Age in months										
<6	9.1	48.4	14.8	21.1	5.6	1.1	100.0	6.6	54.0	58
6-11	15.4	49.6	14.7	15.9	2.5	2.0	100.0	11.1	41.9	106
12-23	16.8	36.7	14.5	25.6	4.4	2.0	100.0	10.1	45.4	197
24-35	23.5	32.9	12.6	23.7	4.1	3.3	100.0	16.5	54.6	120
36-47	12.4	39.3	14.1	27.2	4.4	2.5	100.0	4.7	45.5	59
48-59	(8.8)	(67.0)	(11.3)	(5.8)	(4.8)	(2.3)	100.0	(7.1)	(50.9)	37
Sex										
Male	14.5	45.8	15.3	18.6	2.5	3.4	100.0	10.0	47.5	275
Female	17.7	37.8	12.6	24.9	5.7	1.3	100.0	11.0	48.2	302
Type of diarrhoea										
Non-bloody	15.1	44.4	12.8	21.1	4.2	2.4	100.0	11.5	48.8	485
Bloody	22.6	27.7	19.5	26.2	4.0	0.0	100.0	5.6	43.4	88
Residence										
Urban	20.0	45.9	8.5	20.3	2.5	2.8	100.0	14.3	51.5	243
Rural	13.4	38.6	17.8	23.0	5.3	1.8	100.0	7.8	45.3	334
Mother's education										
No education/preschool	10.2	41.3	12.5	29.8	3.6	2.6	100.0	9.4	40.5	81
Incomplete primary	10.6	45.5	19.5	17.5	4.4	2.5	100.0	4.1	41.4	112
Complete primary	11.8	33.5	25.1	27.3	0.0	2.3	100.0	9.6	49.4	48
Incomplete secondary	18.2	42.3	13.6	20.0	4.9	1.0	100.0	9.8	54.3	262
Complete secondary	21.5	40.0	0.8	26.2	4.3	7.1	100.0	19.1	39.5	63
More than secondary	*	*	*	*	*	*	100.0	*	*	11
Wealth quintile										
Lowest	7.0	40.9	13.4	27.3	10.0	1.4	100.0	3.8	32.1	134
Second	13.5	37.9	21.4	19.2	4.3	3.8	100.0	8.7	54.6	102
Middle	18.5	38.0	17.3	23.8	1.9	0.6	100.0	9.7	48.2	137
Fourth	15.5	49.8	12.9	18.8	1.4	1.7	100.0	12.3	60.7	116
Highest	30.6	42.2	2.1	17.9	2.1	5.1	100.0	21.7	47.0	88
Total	16.2	41.6	13.9	21.9	4.1	2.3	100.0	10.5	47.9	577

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppresses. Total includes 3 children with information missing on diarrhoea.
[1] Equivalent to the UNICEF/WHO indicator "Home management of diarrhoea."
[2] Continue feeding practices includes children who were given more, same as usual, or somewhat less food during the diarrhoea episode

When looking at the amount of solids offered, youngest children (less than 6 months old) are more likely to be offered more or the same amount of solids as usual compared with older children. Furthermore, children with non-bloody diarrhoea are more likely than those with bloody diarrhoea to be offered more or the same amount of solids as usual, while the children with bloody diarrhoea are more likely than those with non-bloody diarrhoea to be offered somewhat less or much less solid food than usual. Children in the higher wealth quintiles are more likely to receive more or the same amount of solids as usual during the diarrhoea episode compared with children in the lower quintiles.

Table 11.9.2 Feeding practices during diarrhoea: solid food

Percent distribution of children under age five who had diarrhoea in the two weeks preceding the survey by amount of food offered compared with normal practice, according to background characteristics, Namibia 2006-07

Background characteristic	Amount of food offered							Total	Number of children with diarrhoea
	More	Same as usual	Some-what less	Much less	None	Never gave food	Don't know/ missing		
Age in months									
<6	11.9	53.3	11.7	8.6	1.5	12.9	0.0	100.0	58
6-11	9.4	38.4	13.8	27.8	3.4	5.3	2.0	100.0	106
12-23	6.2	33.8	23.3	27.3	4.2	3.4	1.8	100.0	197
24-35	9.9	33.7	29.1	22.6	3.4	0.0	1.2	100.0	120
36-47	4.2	36.5	25.0	28.7	0.0	3.1	2.5	100.0	59
48-59	(5.4)	(67.0)	(13.2)	(6.1)	(1.5)	(4.5)	(2.3)	100.0	37
Sex									
Male	6.5	41.6	20.4	20.4	3.4	5.3	2.4	100.0	275
Female	9.1	36.6	21.8	25.9	2.7	2.9	1.0	100.0	302
Type of diarrhoea									
Non-bloody	8.9	41.8	19.5	22.3	3.0	3.0	1.5	100.0	485
Bloody	2.2	24.7	29.8	28.6	3.4	10.1	1.1	100.0	88
Residence									
Urban	11.0	41.4	16.4	24.3	1.0	4.0	1.8	100.0	243
Rural	5.6	37.2	24.5	22.6	4.5	4.1	1.5	100.0	334
Mother's education									
No education/preschool	9.6	38.2	17.6	29.4	3.8	1.5	0.0	100.0	81
Incomplete primary	3.3	36.2	22.1	24.5	7.3	3.2	3.4	100.0	112
Complete primary	6.8	29.6	38.6	22.0	1.9	1.1	0.0	100.0	48
Incomplete secondary	7.4	44.0	20.6	20.5	1.8	5.2	0.5	100.0	262
Complete secondary	8.7	32.3	15.2	28.6	1.1	6.9	7.1	100.0	63
More than secondary	*	*	*	*	*	*	*	100.0	11
Wealth quintile									
Lowest	4.7	38.0	21.6	29.1	2.1	4.0	0.5	100.0	134
Second	8.6	30.7	27.5	20.2	6.9	3.1	3.1	100.0	102
Middle	4.3	41.2	20.8	22.4	3.6	7.4	0.3	100.0	137
Fourth	12.5	43.5	18.3	21.3	2.4	1.4	0.7	100.0	116
Highest	11.2	40.7	17.4	22.0	0.0	3.7	5.1	100.0	88
Total	7.9	39.0	21.1	23.3	3.0	4.1	1.6	100.0	577

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppresses. Total includes 3 children with information missing on diarrhoea.

11.9 KNOWLEDGE OF ORS PACKETS

A simple and effective response to dehydration caused by diarrhoea is a prompt increase in the child's fluid intake through some form of oral rehydration therapy, which may include the use of a solution prepared from packets of oral rehydration salts (ORS). To ascertain how widespread knowledge of ORS is in Namibia, respondents were asked whether they had heard of ORS packets.

Table 11.10 shows that nine in ten women (91 percent) who had a birth in the five years preceding the survey reported knowing about ORS packets. There are no significant differences in the knowledge of ORS packets by background characteristics.

There has been a slight decline in the proportion of mothers who have heard about ORS, from 95 percent in 2000 to 91 percent in 2006-07.

Table 11.10 Knowledge of ORS packets or pre-packaged liquids

Percentage of mothers age 15-49 who gave birth in the five years preceding the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhoea, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of women who know about ORS packets or ORS pre-packaged liquids	Number of women
Age		
15-19	89.3	282
20-24	90.2	985
25-34	91.3	1,767
35-49	91.2	864
Residence		
Urban	90.2	1,711
Rural	91.4	2,188
Region		
Caprivi	95.4	217
Erongo	92.6	257
Hardap	83.4	121
Karas	91.4	119
Kavango	89.0	481
Khomas	89.3	737
Kunene	89.0	136
Ohangwena	90.0	422
Omaheke	90.3	171
Omusati	94.1	365
Oshana	96.9	271
Oshikoto	92.9	340
Otjozondjupa	85.6	261
Education		
No education/preschool	85.5	372
Incomplete primary	90.1	784
Complete primary	93.3	303
Incomplete secondary	92.2	1,739
Complete secondary	91.4	494
More than secondary	86.9	205
Wealth quintile		
Lowest	90.8	788
Second	90.3	711
Middle	92.2	855
Fourth	93.3	856
Highest	86.7	688
Total	90.9	3,898

ORS = Oral rehydration salts

11.10 DISPOSAL OF CHILDREN'S STOOLS

If human faeces are left uncontained, disease may spread by direct contact or by animal contact with the faeces. Hence, the proper disposal of children's stool is extremely important in preventing the spread of disease. Table 11.11 presents information on the disposal of the stools of children under five by background characteristics.

For one-third of children (32 percent), stools are left uncontained. Stools for 5 percent of children are put or rinsed into a drain or ditch, 11 percent are thrown into the garbage, and 16 percent are rinsed away. The stools of 67 percent of children are disposed of hygienically. Fourteen percent of children under five use a toilet or latrine, and 15 percent of children's stools are disposed of in the

toilet or latrine. The most common means of disposing of children's stools (38 percent) is to bury them in the yard.

Stools of older children (age 48-59 months) and children who live in households with improved, not shared toilet facilities, are more likely to be disposed of safely than stools of other children. There are regional differences in the way children's faeces are disposed of. For example, the percentage of children whose stools are disposed of safely ranges from 52 percent in Kunene to 79 percent in Kavango. There are no substantial differences by mother's education or wealth quintile in safe disposal of children's stools.

Table 11.11 Disposal of children's stools

Percent distribution of youngest children under age five living with the mother by the manner of disposal of the child's last faecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, Namibia 2006-07

Background characteristic	Manner of disposal of children's stools								Total	Percentage of children whose stools are disposed of safely	Number of children
	Child used toilet or latrine	Put/ rinsed into toilet or latrine	Buried	Put/ rinsed into drain or ditch	Thrown into garbage	Rinsed away	Other	Don't know/ missing			
Age in months											
<6	6.7	13.6	37.6	12.2	19.0	9.7	0.4	0.9	100.0	57.8	475
6-11	6.1	16.7	45.3	9.2	14.1	8.2	0.1	0.2	100.0	68.1	504
12-23	8.4	15.1	45.0	4.2	10.7	15.4	0.5	0.8	100.0	68.4	836
24-35	17.3	15.2	36.1	3.4	7.6	19.6	0.1	0.7	100.0	68.6	566
36-47	25.8	11.7	28.9	1.1	9.6	21.5	0.1	1.2	100.0	66.4	433
48-59	28.7	17.7	24.5	1.6	3.4	21.5	0.2	2.4	100.0	70.9	338
Toilet facility											
Improved, not shared[1]	29.4	29.6	11.2	6.4	18.0	4.3	0.0	1.0	100.0	70.2	913
Non-improved or shared	7.5	8.8	48.9	4.9	8.2	20.3	0.4	0.9	100.0	65.3	2,231
Residence											
Urban	24.9	25.9	15.9	6.4	17.2	8.4	0.2	1.1	100.0	66.7	1,297
Rural	6.3	7.2	53.3	4.6	6.7	20.7	0.3	0.8	100.0	66.8	1,855
Region											
Caprivi	3.3	0.8	67.6	16.6	5.4	6.3	0.0	0.0	100.0	71.7	195
Erongo	23.3	32.9	6.3	6.6	20.8	6.7	0.0	3.5	100.0	62.5	186
Hardap	21.9	17.3	18.8	7.3	14.7	19.0	0.0	0.9	100.0	58.0	101
Karas	25.0	23.3	12.2	10.8	22.8	5.8	0.0	0.0	100.0	60.6	96
Kavango	9.5	9.4	60.4	0.3	7.6	12.2	0.1	0.5	100.0	79.3	426
Khomas	34.3	27.7	5.1	6.7	21.0	4.8	0.1	0.3	100.0	67.1	568
Kunene	5.6	9.5	36.7	1.6	6.3	39.8	0.0	0.5	100.0	51.9	110
Ohangwena	5.0	8.2	57.3	5.0	4.1	18.5	0.0	1.9	100.0	70.5	338
Omaheke	5.3	11.9	38.2	6.5	8.6	28.5	0.0	1.1	100.0	55.4	149
Omusati	2.5	4.3	48.9	2.8	8.0	31.1	1.2	1.2	100.0	55.8	281
Oshana	6.6	8.1	47.9	2.4	9.9	21.7	1.4	2.1	100.0	62.6	205
Oshikoto	7.9	12.7	51.8	6.8	7.1	12.9	0.0	0.8	100.0	72.4	281
Otjozondjupa	15.8	23.2	29.2	3.1	6.4	21.6	0.7	0.0	100.0	68.2	217
Education											
No education/preschool	8.9	7.6	48.2	3.3	5.5	25.5	0.2	0.8	100.0	64.6	337
Incomplete primary	8.8	7.0	50.3	4.5	7.9	20.7	0.3	0.5	100.0	66.1	650
Complete primary	9.2	15.8	41.9	3.5	7.3	20.2	0.3	1.8	100.0	66.9	251
Incomplete secondary	13.1	15.7	38.5	6.3	10.7	14.2	0.2	1.2	100.0	67.3	1,351
Complete secondary	22.9	27.1	16.4	6.9	18.8	6.9	0.6	0.5	100.0	66.4	392
More than secondary	36.3	24.1	9.8	4.1	23.5	1.8	0.0	0.4	100.0	70.2	172
Wealth quintile											
Lowest	5.0	4.3	60.1	4.7	5.9	19.1	0.0	1.0	100.0	69.3	695
Second	4.6	4.6	56.1	2.5	6.4	24.1	0.8	1.0	100.0	65.3	597
Middle	6.8	8.5	44.9	5.6	10.2	23.1	0.4	0.5	100.0	60.2	683
Fourth	21.3	28.3	19.2	7.3	13.3	8.9	0.2	1.4	100.0	68.9	607
Highest	35.4	32.3	3.3	6.7	20.7	0.8	0.0	0.8	100.0	70.9	569
Total	13.9	14.9	37.9	5.4	11.0	15.6	0.3	0.9	100.0	66.8	3,151

Note: Total includes 3 children with information missing on type of toilet facility

[1] Non-shared facilities that are of the types: flush or pour flush into a piped sewer system/septic tank/pit latrine; ventilated, improved pit (VIP) latrine; pit latrine with a slab; and a composting toilet.

NUTRITION OF CHILDREN AND WOMEN 12

This chapter covers nutritional concerns for children and women. Infant and young child feeding practices, including breastfeeding and feeding with solid/semisolid foods, are presented for children. Anthropometric assessment of nutritional status, diversity of foods consumed, micronutrient intake, and vitamin A deficiency are presented for both women and children under the age of five.

Adequate nutrition is critical to child development. The period from birth to two years of age is important for optimal growth, health, and development. Unfortunately, this period is often marked by growth faltering, micronutrient deficiencies, and common childhood illnesses such as diarrhoea and acute respiratory infections (ARI). Optimal feeding practices reported in this chapter include early initiation of breastfeeding, exclusive breastfeeding during the first six months of life, continued breastfeeding for up to two years of age and beyond, timely introduction of complementary feeding at six months of age, recommended frequency of feeding solid/semisolid foods, and the diversity of food groups fed to children age 6-23 months. A summary indicator that describes the quality of infant and young child (age 6-23 months) feeding practices (IYCF) is included.

A woman's nutritional status has important implications for both her health and that of her children. Malnutrition in women results in reduced productivity, increased susceptibility to infections, slow recovery from illness, and heightened risk of adverse pregnancy outcomes. For example, a woman who has poor nutritional status, as indicated by a low body mass index (BMI), short stature, anaemia, or other micronutrient deficiencies, has a greater risk of obstructed labour, having a baby with low birth weight, producing lower quality breast milk, and dying from postpartum haemorrhage.

12.1 NUTRITIONAL STATUS OF CHILDREN

Anthropometric data on height and weight collected in the 2006-07 NDHS permit the measurement and evaluation of the nutritional status of young children in Namibia. This evaluation allows identification of subgroups of the child population that are at increased risk of faltered growth, disease, impaired mental development, and death.

The 2006-07 NDHS collected data on the nutritional status of children by measuring the height and weight of all children under five years of age. Data were collected with the aim of calculating three important indices—height-for-age, weight-for-height, and weight-for-age—taking into consideration age and sex. Weight measurements were obtained using lightweight, bathroom-type scales with a digital screen. Height measurements were carried out using a measuring board produced by Shorr Productions. Children younger than 24 months were measured lying down (recumbent length) on the board, while standing height was measured for older children.

For the 2006-07 NDHS, the nutritional status of children is calculated using new growth standards published by the World Health Organization (WHO) in 2006. These new growth standards were generated using data collected in the WHO Multicentre Growth Reference Study (WHO, 2006). The study, whose sample included 8,440 children in six countries, was designed to provide a description of how children should grow under optimal conditions. The WHO Child Growth Standards can therefore be used to assess children all over the world regardless of ethnicity, social and economic influences, and feeding practices. Each of the three nutritional status indicators described below is expressed in standard deviation units from the median of the Multicentre Growth Reference Study sample. It must be noted that the new WHO Child Growth Standards used in this report are not comparable to the previously used standards. The use of the new WHO standards results in higher stunting rates throughout childhood and higher wasting and underweight rates during infancy when

compared with reports that used the old standards. Therefore, an analysis of the trends in the nutritional status of children is not done in this report.

Each of these indices—height-for-age, weight-for-height, and weight-for-age—provides different information about growth and body composition, which is used to assess nutritional status. The height-for-age index is an indicator of linear growth retardation and cumulative growth deficits. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) are considered short for their age (stunted) and are chronically malnourished. Children who are below minus three standard deviations (-3 SD) are considered severely stunted. Stunting reflects failure to receive adequate nutrition over a long period of time and is also affected by recurrent and chronic illness. Height-for-age, therefore, represents the long-term effects of malnutrition in a population and is not sensitive to recent, short-term changes in dietary intake. Children who are more than two standard deviations (+2 SD) above the median for height-for-age are tall for their age. However, because being tall is not considered a health problem, the percentages are not shown in this chapter.

The weight-for-height index measures body mass in relation to body height (or length) and describes current nutritional status. Children whose Z-scores are below minus two standard deviations (-2 SD) are considered thin (wasted) and are acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Children whose weight-for-height is below minus three standard deviations (-3 SD) are considered severely wasted. Overweight and obesity are becoming problems for some children in developing countries. Children who are more than two standard deviations (+2 SD) above the median for weight-for-height are considered overweight or obese.

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic malnutrition. Children whose weight-for-age is below minus two standard deviations (-2 SD) are classified as underweight. Children whose weight-for-age is below minus three standard deviations (-3 SD) are considered as severely underweight. The percentage of children more than two standard deviations (+2 SD) above the median for weight-for-age is presented in this chapter as a measure of overweight children for comparison with other data sources in Namibia that did not measure height.

Measurement of height and weight were obtained for all children under age six living in the households selected for the 2006-07 NDHS sample. Although data were collected for all children under age six, for purposes of comparability, the analysis is limited to children under age five. Height and weight measurements were obtained for the total of 5,457 children under age of five who were present in NDHS households at the time of the survey. Of these children, 9 percent were considered to have implausibly high or low values for the height or weight measures or lacked data on age in months (data not shown). The following analysis focuses on 4,945 children for whom complete and plausible anthropometric and age data were collected. The results are shown in Table 12.1 and Figure 12.1.

Table 12.1 shows that three in ten children under age five are stunted and one in ten is severely stunted. Eight percent of children under five are wasted and 2 percent are severely wasted. The weight- for-age indicator shows that 17 percent of children under five are underweight and 4 percent are severely underweight. At the same time, 4 percent of Namibian children are overweight or obese.

Table 12.1 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Namibia 2006-07

Background characteristic	Height-for-age			Weight-for-height				Weight-for-age				Number of children
	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage above +2 SD	Mean Z-score (SD)	
Age in months												
<6	4.7	14.0	-0.5	4.4	11.1	12.5	0.0	3.3	11.2	1.9	-0.4	468
6-8	4.4	15.5	-0.5	1.4	5.1	5.4	0.0	1.9	6.9	3.5	-0.4	272
9-11	10.0	18.7	-0.8	2.1	9.4	7.2	-0.2	2.7	11.9	3.4	-0.6	244
12-17	12.5	32.0	-1.2	2.2	9.9	5.1	-0.3	4.0	17.0	1.9	-0.8	526
18-23	14.4	38.2	-1.5	3.1	9.0	2.0	-0.3	5.9	18.3	0.3	-1.0	505
24-35	13.5	36.4	-1.5	1.0	5.1	3.3	-0.2	2.6	16.6	1.5	-0.9	1,006
36-47	9.6	29.9	-1.4	1.3	6.4	2.8	-0.4	5.0	18.5	0.6	-1.1	1,010
48-59	6.4	27.3	-1.3	1.5	7.3	2.6	-0.5	3.6	20.0	0.6	-1.1	914
Sex												
Male	11.8	31.5	-1.3	1.7	7.3	4.5	-0.3	4.0	17.6	1.2	-0.9	2,466
Female	7.9	26.4	-1.1	2.1	7.6	4.2	-0.3	3.6	15.5	1.4	-0.8	2,479
Birth interval in months[2]												
First birth [3]	6.7	23.6	-1.0	1.7	7.3	5.4	-0.2	2.2	14.3	1.6	-0.7	1,101
<24	14.0	29.8	-1.4	1.8	9.3	3.9	-0.3	3.6	18.5	0.9	-1.0	328
24-47	12.2	34.0	-1.4	1.9	7.8	3.2	-0.3	4.4	18.7	0.8	-1.0	1,119
48+	10.6	28.3	-1.2	2.8	7.1	6.1	-0.2	4.2	15.5	1.9	-0.8	1,040
Size at birth[2]												
Very small	15.3	46.8	-1.7	2.5	9.8	2.0	-0.6	10.9	30.4	0.0	-1.4	172
Small	15.6	38.8	-1.5	2.0	8.2	2.9	-0.4	4.8	22.0	0.7	-1.1	377
Average or larger	9.1	26.4	-1.1	2.0	7.4	5.1	-0.2	3.0	14.8	1.5	-0.8	2,970
Missing	22.4	35.8	-1.7	4.7	7.9	11.3	-0.2	8.9	23.0	2.3	-1.1	50
Mother's interview status												
Interviewed	10.2	28.8	-1.2	2.1	7.6	4.8	-0.2	3.6	16.4	1.4	-0.9	3,587
Not interviewed but in household	4.9	29.1	-0.9	1.0	7.0	7.8	-0.1	1.8	11.5	2.3	-0.6	174
Not interviewed, and not in the household[4]	9.5	29.6	-1.2	1.5	7.1	2.4	-0.4	4.5	17.8	0.9	-1.0	1,177
Mother's nutritional status[5]												
Thin (BMI<18.5)	18.4	42.8	-1.6	4.2	15.7	2.6	-0.8	9.8	30.8	0.3	-1.5	442
Normal (BMI 18.5-24.9)	10.0	30.0	-1.3	1.6	6.8	4.3	-0.3	3.0	16.0	1.1	-0.9	2,165
Overweight/obese (BMI ≥25)	6.6	19.6	-0.9	2.0	5.4	7.2	0.0	1.9	10.6	2.5	-0.5	1,050
Missing	9.0	34.5	-1.3	2.2	11.9	2.6	-0.2	6.1	14.2	0.0	-0.9	71
Residence												
Urban	7.6	23.8	-1.0	1.4	5.6	7.4	0.0	2.1	11.5	2.1	-0.6	1,600
Rural	10.9	31.4	-1.3	2.1	8.3	2.8	-0.4	4.6	19.0	0.9	-1.0	3,345
Region												
Caprivi	9.0	26.1	-1.2	1.9	5.3	4.3	-0.2	5.7	13.8	2.0	-0.8	275
Erongo	6.2	21.5	-1.0	1.1	3.2	11.3	0.2	1.4	6.5	3.6	-0.4	241
Hardap	10.1	30.0	-1.2	3.4	10.8	5.7	-0.4	5.7	20.3	2.3	-1.0	142
Karas	11.2	30.2	-1.3	1.5	7.7	7.7	-0.0	4.1	16.0	2.7	-0.7	133
Kavango	15.1	38.8	-1.6	1.8	6.9	6.5	-0.1	3.7	18.5	0.8	-1.0	607
Khomas	6.9	22.6	-0.9	0.9	5.3	5.5	-0.0	1.3	11.4	1.3	-0.5	658
Kunene	9.9	27.0	-1.1	1.1	5.2	3.8	-0.1	2.1	12.6	0.3	-0.7	205
Ohangwena	10.3	34.0	-1.4	1.7	6.9	2.7	-0.5	3.2	19.5	0.8	-1.1	636
Omaheke	8.8	21.6	-0.8	1.2	5.5	1.5	-0.3	2.9	14.2	2.1	-0.6	338
Omusati	9.0	27.7	-1.2	2.1	10.1	1.6	-0.5	4.4	18.3	0.9	-1.1	513
Oshana	8.7	28.3	-1.2	2.2	9.6	2.5	-0.6	5.3	21.2	1.0	-1.1	337
Oshikoto	10.7	32.3	-1.3	2.1	11.2	2.5	-0.6	5.7	21.9	0.6	-1.1	500
Otjozondjupa	10.2	27.1	-1.1	4.7	8.6	5.8	-0.3	5.3	15.4	1.4	-0.8	360
Mother's education[6]												
No education/preschool	15.7	38.2	-1.5	2.4	8.6	4.1	-0.3	6.5	23.1	1.1	-1.1	475
Incomplete primary	13.4	36.6	-1.5	2.7	9.4	4.0	-0.4	5.1	20.9	0.7	-1.1	1,103
Complete primary	7.5	24.6	-1.1	1.7	6.9	4.9	-0.2	2.3	13.2	1.4	-0.7	1,972
Incomplete secondary	2.2	5.6	-0.2	1.4	2.5	12.0	0.3	0.2	3.9	6.0	0.1	205

Continued…

Table 12.1—*Continued*

Background characteristic	Height-for-age: Percentage below -3 SD	Height-for-age: Percentage below -2 SD[1]	Height-for-age: Mean Z-score (SD)	Weight-for-height: Percentage below -3 SD	Weight-for-height: Percentage below -2 SD[1]	Weight-for-height: Percentage above +2 SD	Weight-for-height: Mean Z-score (SD)	Weight-for-age: Percentage below -3 SD	Weight-for-age: Percentage below -2 SD[1]	Weight-for-age: Percentage above +2 SD	Weight-for-age: Mean Z-score (SD)	Number of children
Wealth quintile												
Lowest	13.7	37.0	-1.5	2.1	8.0	3.9	-0.4	5.3	21.5	0.7	-1.1	1,164
Second	11.8	35.7	-1.4	2.3	9.3	2.1	-0.5	5.4	21.0	0.9	-1.2	1,133
Middle	9.4	27.9	-1.2	2.2	8.5	2.8	-0.3	3.7	16.0	0.9	-0.9	1,095
Fourth	7.9	24.0	-1.0	1.3	6.1	6.1	-0.2	1.7	12.7	1.1	-0.7	840
Highest	3.7	12.6	-0.6	1.2	3.5	8.8	0.2	1.5	6.9	3.6	-0.2	713
Total	9.9	29.0	-1.2	1.9	7.5	4.3	-0.3	3.8	16.6	1.3	-0.9	4,945

Note: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Total includes 6 children with information missing on mother's interview status.

[1] Includes children who are below -3 standard deviations (SD) from the International Reference Population median

[2] Excludes children whose mothers were not interviewed

[3] First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

[4] Includes children whose mothers are deceased

[5] Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.10.

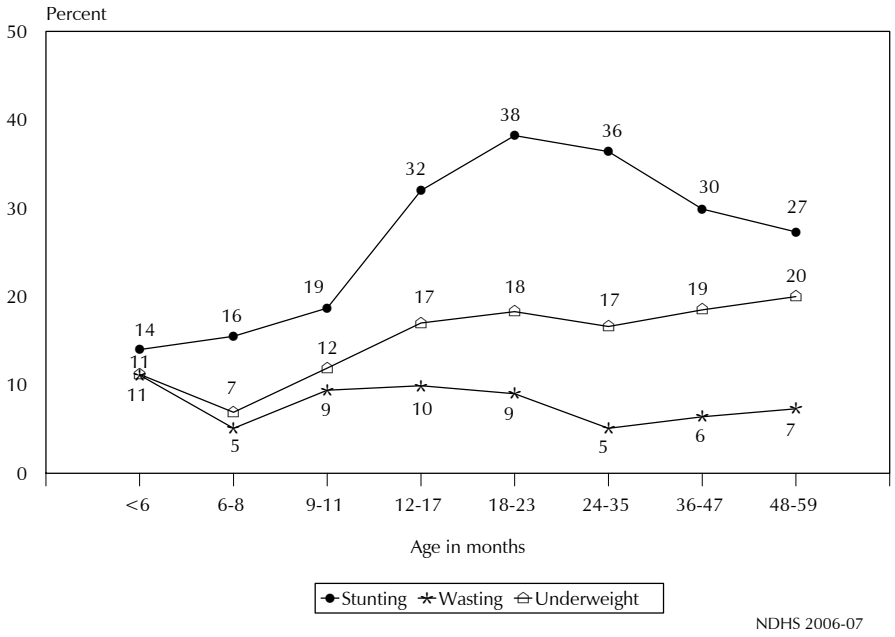
[6] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire

Table 12.1 and Figure 12.1 show that stunting is apparent even among children less than 6 months of age (14 percent). Stunting increases with the age of the child, from 16 percent among children age 6-8 months to 38 percent among children age 18-23 months and 36 percent among children 24-35 months. The level then declines slowly to between 27 and 30 percent among children age three years and older. There is a difference in the level of stunting by gender; stunting is higher among male children (32 percent) than among females (26 percent). Stunting does not vary in a clear pattern by the birth interval, but size at birth is an important indicator of the nutritional status of children. Stunting is higher among children reported as very small at birth (47 percent) than children described as small, average, or larger in size at birth. Children whose biological mothers are thin (43 percent) are more likely to have better nutritional status than children of normal weight mothers (30 percent), or overweight or obese mothers (20 percent). Rural children are more stunted (31 percent) than urban children (24 percent). Regional variation in nutritional status of children is substantial. Stunting levels range from 22 percent in Omaheke and Erongo to 39 percent in Kavango. The percentage of children stunted decreases with increasing level of mother's education and with increasing household wealth (wealth quintile).

By age group, the prevalence of wasting is highest among children under 6 months (11 percent). The proportion of children wasted is also high among those who were very small at birth (10 percent) and among children of mothers who are thin (16 percent). Rural children are slightly more likely than urban children to be wasted (8 percent versus 6 percent). Wasting varies by region; it is highest in Oshikoto (11 percent) and lowest in Erongo (3 percent). Wasting decreases with increasing level of mother's education and with increasing household wealth. The percentage of overweight or obese children is highest among children under 6 months (13 percent). As expected, children who were average or larger in size at birth are more likely than other children to be overweight or obese, as are children of overweight or obese mothers. Urban children are more likely to be overweight or obese than rural children (7 percent versus 3 percent). By region, the percentage of overweight or obese children ranges from 2 percent in Omaheke and Omusati to 11 percent in Erongo. Children in the highest wealth quintiles are more likely than other children to be overweight or obese.

Table 12.1 and Figure 12.1 show that the percentage of children underweight increases sharply from 7 percent among children under age 6-8 months to 12 percent among children age 9-11 months, and peaks at 20 percent among children age 48-59 months. This may be caused by inappropriate and/or inadequate feeding practices because increasing levels of underweight children by age coincides with the age at which complementary feeding normally starts. The percentage of underweight children varies by size at birth and is highest among those who were born very small. Furthermore, as expected, children of thin mothers are more likely than other children to be underweight. Children living in the rural areas are more likely than urban children to be underweight (19 percent versus 12 percent). The percentage of underweight children in Oshikoto (22 percent), Oshana (21 percent), Hardap and Ohangwena (20 percent each), Kavango (19 percent), and Omusati (18 percent) are above the national average (17 percent). There are differentials by mother's level of education and household wealth quintile, with children of uneducated mothers and those in the lowest wealth quintiles more likely to be underweight than other children.

Figure 12.1 Nutritional Status of Children by Age



12.2 INITIATION OF BREASTFEEDING

Early initiation of breastfeeding is encouraged because it is important to the health of both mother and child. Mothers benefit from early suckling because it stimulates breast milk production and facilitates the release of oxytocin, which helps the contraction of the uterus and reduces postpartum blood loss. The first breast milk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases. Early initiation of breastfeeding also fosters bonding between mother and child.

Table 12.2 shows the percentage of all children born in the five years before the survey by breastfeeding status and the timing of initial breastfeeding. Breastfeeding is nearly universal in Namibia, with 94 percent of children born in the five years preceding the survey having been breastfed at some time. By region, children ever breastfed ranges from 85 percent in Hardap to 97 percent in Kavango. However, the percentage of children ever breastfed does not vary much by most background characteristics.

Table 12.2 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and for the last children born in the five years preceding the survey ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a prelacteal feed, by background characteristics, Namibia 2006-07

Background characteristic	Breastfeeding among children born in past five years		Among last-born children ever breastfed:			
	Percentage ever breastfed	Number of children born in past five years	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth[1]	Percentage who received a prelacteal feed[2]	Number of last-born children ever breastfed
Sex						
Male	92.7	2,569	70.8	91.8	13.6	1,838
Female	94.9	2,434	71.9	92.5	14.6	1,840
Assistance at delivery						
Health professional [3]	93.6	4,071	71.6	93.3	13.0	3,035
Traditional birth attendant	94.9	327	71.8	87.7	12.2	214
Other	93.8	562	71.2	87.4	22.8	397
No one	(98.6)	30	(51.6)	(79.0)	(28.8)	26
Place of delivery						
Health facility	93.6	4,045	71.7	93.4	13.0	3,020
At home	94.3	933	71.1	87.2	19.2	644
Other	*	10	*	*	*	8
Residence						
Urban	91.8	2,077	72.0	91.3	16.4	1,580
Rural	95.2	2,926	70.9	92.8	12.4	2,098
Region						
Caprivi	95.4	269	81.1	93.0	6.2	209
Erongo	93.7	306	63.7	93.1	22.4	241
Hardap	85.4	149	64.5	90.1	16.5	105
Karas	91.9	146	73.6	91.7	21.6	110
Kavango	96.9	610	67.5	81.6	24.0	465
Khomas	90.7	920	74.7	90.5	15.8	676
Kunene	91.9	189	76.8	89.8	33.3	128
Ohangwena	95.1	571	77.1	98.4	3.0	404
Omaheke	95.8	234	55.3	86.1	26.9	163
Omusati	95.6	452	62.7	97.1	9.2	350
Oshana	95.0	360	74.0	98.5	4.3	257
Oshikoto	96.3	449	73.7	95.9	9.0	329
Otjozondjupa	90.3	348	75.3	92.1	8.8	240
Mother's education						
No education/preschool	94.0	553	71.3	88.5	21.1	353
Incomplete primary	94.8	1,058	72.4	91.9	10.0	748
Complete primary	94.6	378	76.9	92.9	13.4	291
Incomplete secondary	93.9	2,162	69.8	92.8	13.6	1,637
Complete secondary	91.6	593	70.0	90.8	14.5	453
More than secondary	92.2	260	75.0	96.5	21.6	196
Wealth quintile						
Lowest	96.9	1,072	74.0	90.2	13.1	762
Second	95.0	956	73.5	95.8	9.7	683
Middle	94.4	1,121	69.2	92.4	12.2	814
Fourth	92.9	1,041	68.7	91.6	15.5	799
Highest	88.4	813	72.0	90.8	20.8	619
Total	93.8	5,003	71.3	92.1	14.1	3,678

Note: Table is based on births in the past five years whether the children are living or dead at the time of interview. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Total includes 8 children with information missing on assistance at delivery and 9 children with information missing on place of delivery.

[1] Includes children who started breastfeeding within one hour of birth

[2] Children given something other than breast milk during the first three days of life

[3] Doctor, nurse/midwife, or auxiliary midwife

Seven in ten children are breastfed within one hour of birth (71 percent) and more than nine in ten (92 percent) within one day of birth. Fourteen percent of children were given a prelacteal feed, that is, something other than breast milk during the first three days of life. The percentage of children who are breastfed early has decreased somewhat in the past five years, the decrease being more pronounced for children breastfed within one hour (91 percent in 2000 to 71 percent in 2006-07).

There is no difference in the timing of initial breastfeeding by gender of child. However, other characteristics of the infant and mother, type of delivery assistance, and place of delivery have important influences on early breastfeeding practices. Initiation of breastfeeding within one day of birth is more common among children whose mothers were assisted by a health professional and who delivered at a health facility than among those whose mothers were assisted by a traditional birth attendant or other person, and those who were delivered at home. Urban children are slightly more likely than rural children to start breastfeeding within one hour of birth (72 percent and 71 percent, respectively), while rural children are somewhat more likely than urban children to start breastfeeding within one day of birth (91 percent and 87 percent, respectively). Initiation of breastfeeding within the first hour is lowest in Omaheke (55 percent) and highest in Caprivi (81 percent), while initiation of breastfeeding within the first day is lowest in Kavango (82 percent) and highest in Oshana (99 percent). There is no clear pattern of early breastfeeding by mother's level of education or wealth quintile.

12.3 BREASTFEEDING STATUS BY AGE

UNICEF and WHO recommend that children be exclusively breastfed during the first 6 months of life and that children be given solid or semisolid complementary foods in addition to continued breastfeeding from six months on (WHO and UNICEF, 1998). Exclusive breastfeeding is recommended because breast milk is uncontaminated and contains all the nutrients necessary for children in the first few months of life. In addition, the mother's antibodies in breast milk provide immunity to disease. Early supplementation is discouraged for several reasons. First, it exposes infants to pathogens and increases their risk of infection and disease. Second, it decreases infants' intake of breast milk and therefore suckling, which reduces breast milk production. Third, in a limited socioeconomic environment, supplementary food is often nutritionally inferior.

Information on supplementation was obtained by asking mothers about the current breast-feeding status of all children under five years of age, and foods (liquids or solids) given the day before the survey to the youngest child born in the three years before the survey and living with the mother.

Table 12.3 shows the percent distribution of youngest children under three years living with the mother by breastfeeding status and percentage of children under three years using a bottle with a nipple, according to age in months. The data presented in Table 12.3 and Figure 12.2 show that not all children under 6 months are exclusively breastfed. Contrary to WHOs recommendations, only about half of children under 2 months of age are exclusively breastfed, 10 percent receive breast milk and plain water, 11 percent receive breast milk and other non-milk liquids, and 9 percent receive breast milk and other milk. Three percent of children under 2 months are given complementary foods. The proportion of children exclusively breastfed drops off to 6 percent by age 4-5 months and continues to decline thereafter.

Bottle-feeding is discouraged at any age. It is usually associated with increased risk of illness and especially diarrhoeal disease, because of the difficulty in sterilizing the nipples properly. Bottle-feeding also shortens the period of postpartum amenorrhoea and increases the risk of pregnancy. The practice of bottle-feeding with a nipple is relatively widespread in Namibia. The proportion of children who are bottle-fed is 22 percent among children under 2 months, which increases to 50 percent among children age 6-8 months, then declines to 15 percent among children age 24-35 months.

Table 12.3 Breastfeeding status by age

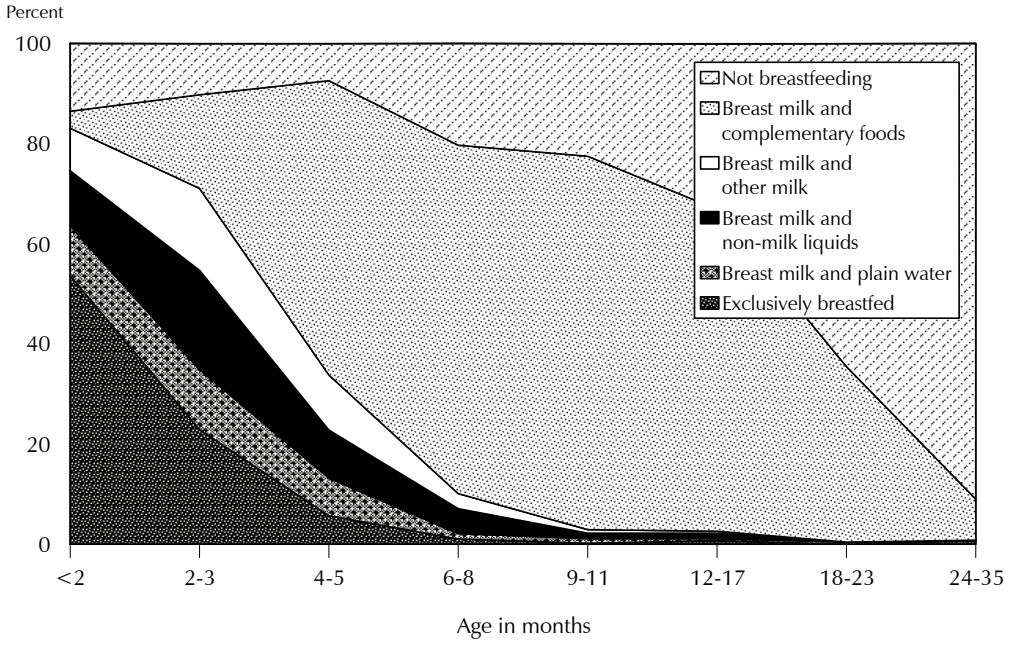
Percent distribution of youngest children under three years who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under three years using a bottle with a nipple, according to age in months, Namibia 2006-07

Age in months	Not breast-feeding	Breastfeeding and consuming: Exclusively breastfed	Plain water only	Non-milk liquids/ juice	Other milk	Comple-mentary foods	Total	Percentage currently breast-feeding	Number of youngest children under three years	Percentage using a bottle with a nipple	Number of children under three years
<2	13.6	53.6	10.0	11.0	8.5	3.4	100.0	86.4	118	22.4	125
2-3	10.2	22.9	12.0	19.8	16.4	18.7	100.0	89.8	172	39.3	176
4-5	7.4	5.7	7.5	9.6	11.0	58.8	100.0	92.6	184	47.1	194
6-8	20.4	1.0	1.1	5.0	3.0	69.6	100.0	79.6	266	50.1	278
9-11	22.5	0.2	0.9	1.1	0.7	74.6	100.0	77.5	238	46.2	264
12-17	33.0	0.7	0.4	1.1	0.4	64.3	100.0	67.0	472	37.0	527
18-23	64.5	0.0	0.4	0.0	0.0	35.1	100.0	35.5	365	26.2	459
24-35	91.1	0.7	0.0	0.1	0.0	8.2	100.0	8.9	566	14.6	949
0-3	11.5	35.4	11.2	16.2	13.2	12.5	100.0	88.5	291	32.3	301
0-5	9.9	23.9	9.7	13.6	12.3	30.4	100.0	90.1	475	38.1	496
6-9	20.2	0.8	0.8	3.8	2.8	71.5	100.0	79.8	344	48.6	363
12-15	31.5	1.0	0.3	1.1	0.6	65.4	100.0	68.5	331	39.1	363
12-23	46.8	0.4	0.4	0.6	0.3	51.6	100.0	53.2	836	32.0	987
20-23	71.6	0.0	0.6	0.0	0.0	27.8	100.0	28.4	249	25.3	320

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as *breastfeeding and consuming plain water only* consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

[1] Based on all children under three years

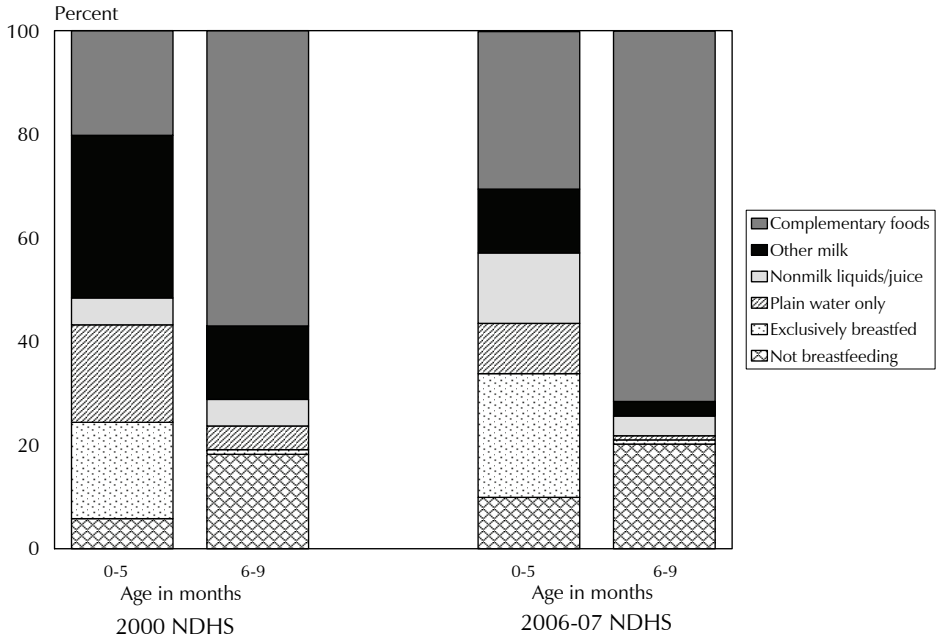
Figure 12.2 Infant Feeding Practices by Age



NDHS 2006-07

Figure 12.3 presents breastfeeding status of children 0-5 months and 6-9 months for the years 2000 and 2006-07. Exclusive breastfeeding declined slightly among children under 6 months while complementary feeding increased between the two surveys.

Figure 12.3 Infant and Young Child Feeding Practices 2000 NDHS and 2006-07 NDHS



12.4 DURATION AND FREQUENCY OF BREASTFEEDING

Table 12.4 shows the median duration of breastfeeding by background characteristics. The estimates of mean and median duration of breastfeeding are based on current status data, that is, the proportion of last-born children in the three years preceding the survey who were being breastfed at the time of the survey.

The median duration of breastfeeding is 16.8 months, while the mean duration is 15.4 months. There is little difference in the duration of breastfeeding by sex of child. Rural children are breastfed for twice as long as urban children (18.8 months versus 9.8 months). Children living in Kavango (20.6 months) and Caprivi (20 months) are breastfed longer than children in other regions. Highly educated mothers and those in the higher wealth quintiles breastfeed their children for a shorter time than mothers with little or no education and mothers in the lowest wealth quintiles.

Both duration and frequency of breastfeeding can affect the length of postpartum amenorrhoea. Table 12.4 shows that the overwhelming majority (95 percent) of children under 6 months of age were breastfed 6 or more times in the 24 hours preceding the survey. In line with expectations, breastfeeding is slightly more frequent in the daytime than at night, with the mean number of feeds in the daytime being 7.9 compared with 6.1 at night.

Table 12.4 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under six months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, Namibia 2006-07

Background characteristic	Median duration (months) of breastfeeding among children born in the past three years [1]			Frequency of breastfeeding among children under six months[2]			
	Any breast-feeding	Exclusive breast-feeding	Predominant breast-feeding[3]	Percentage breastfed 6+ times in past 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children
Sex							
Male	16.5	0.7	2.0	95.1	8.0	6.2	220
Female	17.1	0.9	2.0	94.8	7.8	6.1	209
Residence							
Urban	9.8	0.7	1.2	91.7	8.1	6.7	153
Rural	18.8	0.9	2.5	96.7	7.8	5.8	276
Mother's education							
No education/preschool	19.1	0.9	1.7	91.6	8.1	6.1	50
Incomplete primary	20.2	0.7	2.3	97.6	8.3	6.0	83
Complete primary	17.5	1.8	2.6	(100.0)	(6.7)	(5.0)	38
Incomplete secondary	15.6	0.8	2.3	97.5	8.3	6.5	193
Complete secondary	(8.7)	(0.6)	(0.6)	(86.7)	(7.4)	(6.2)	43
More than secondary	*	*	*	*	*	*	22
Wealth quintile							
Lowest	19.9	1.3	2.8	96.5	8.3	6.5	111
Second	18.7	0.7	2.4	96.4	8.6	5.9	85
Middle	17.3	0.7	2.2	93.5	7.8	5.5	110
Fourth	9.9	1.5	2.0	98.6	7.5	6.3	83
Highest	(0.6)	(0.4)	(0.4)	(83.8)	(6.8)	(7.2)	39
Total	16.8	0.7	2.0	94.9	7.9	6.1	429
Mean for all children	15.4	2.2	3.6	-	-	-	-

Note: Median and mean durations are based on the distributions at the time of the survey of the proportion of births by months since birth. Includes children living and deceased at the time of the survey. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding
[2] Excludes children without a valid answer on the number of times breastfed
[3] Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only

12.5 TYPES OF SUPPLEMENTAL FOODS

Table 12.5 provides information on the types of foods given to the youngest child under three years of age living with the mother, in the day and night preceding the survey, according to breastfeeding status. The introduction of other liquids such as water, juice, and formula takes place earlier than the recommended age of about 6 months. Even among the youngest breastfeeding children (<2 months), 17 percent received other liquids and 10 percent drank milk other than breast milk. Consumption of liquids other than milk increases gradually with age, and by age 24-35 months about three-fourths of children received liquid supplements other than milk. Consumption of milk other than breast milk and infant formula peaks at 9-11 months (35 percent) and then declines. Supplementing with infant formula occurs in about one in ten breastfeeding children and two in ten nonbreastfeeding children under age in Namibia.

WHO recommends the introduction of solid food to infants around the age of 6 months because by that age, breast milk by itself is no longer sufficient to maintain a child's optimal growth. The percentage of children receiving solid or semisolid food increases gradually; by age 2, most children are fed solid or semisolid foods. Nevertheless, it is disconcerting to note that even at 6-8 months of age, only one in two children are receiving solid or semisolid foods.

At age 6-23 months, children are more likely to be given foods made from grains (90 percent) than any other type of solid or semisolid food. Four in ten children age 6-23 months received vitamin A-rich foods in the day and night preceding the survey. Meat, fish, poultry, and eggs contain bodybuilding substances essential to good health including nutrients that are important for balanced physical and mental development. More than half of children age 6-23 months received meat, fish, shellfish, poultry, or eggs in the 24 hours preceding the survey.

Table 12.5 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under three years of age who are living with the mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status and age, Namibia 2006-07

	Liquids			Solid or semi-solid foods											
Age in months	Infant formula	Other milk[1]	Other liquids[2]	Fortified baby foods[3]	Food made from grains	Fruits and vege-tables rich in vitamin A[4]	Other fruits and vege-tables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product	Any solid or semi-solid food	Food made with oil, fat and butter	Sugary foods	Number of children
BREASTFEEDING CHILDREN															
<2	7.8	10.0	17.3	0.0	2.4	1.5	2.2	0.0	0.0	1.5	0.8	4.0	1.7	1.5	102
2-3	12.7	21.2	44.4	3.2	12.9	3.8	0.5	1.3	0.6	3.6	2.7	20.2	3.0	0.7	155
4-5	19.0	22.6	56.7	17.2	54.6	17.5	8.0	9.0	2.6	13.8	6.7	62.8	16.3	8.6	170
6-8	17.8	25.2	70.2	26.3	82.8	27.5	14.0	20.2	13.1	37.7	16.2	87.4	29.1	25.7	212
9-11	11.8	34.7	75.9	17.8	94.2	40.6	21.8	17.2	9.1	64.4	13.0	96.0	43.7	35.5	184
12-17	6.9	31.8	80.9	13.0	91.3	42.4	21.2	18.3	12.6	56.4	13.4	95.7	48.3	42.0	316
18-23	6.4	26.5	83.3	9.3	95.1	48.0	15.1	19.8	17.5	53.5	6.7	98.8	38.7	35.1	130
24-35	0.7	15.0	72.9	6.1	83.9	36.4	21.0	18.1	14.1	56.8	5.7	91.2	36.1	36.7	51
6-23	10.6	30.0	77.5	16.8	90.4	39.1	18.6	18.8	12.7	53.0	13.0	94.2	41.0	35.4	841
Total	11.4	25.9	66.1	13.6	69.6	29.2	13.9	14.0	9.1	38.3	9.7	74.3	30.1	25.3	1,319
NONBREASTFEEDING CHILDREN															
6-8	76.3	67.5	71.1	65.4	95.3	33.6	20.0	31.1	6.9	31.5	30.8	95.9	32.3	22.5	54
9-11	52.8	59.4	70.2	57.7	98.8	50.2	22.7	26.9	12.9	74.0	42.7	99.3	58.7	39.8	53
12-17	30.0	55.2	85.6	32.0	98.4	38.6	33.9	35.3	18.0	80.9	20.0	98.8	54.9	43.8	156
18-23	14.2	41.2	88.9	15.2	96.9	46.0	34.6	29.2	20.1	77.2	25.1	99.0	60.1	44.2	235
24-35	7.8	37.5	83.0	10.7	95.7	46.8	29.8	24.0	17.0	71.0	17.8	97.3	57.9	46.9	515
6-23	30.0	50.4	83.9	30.4	97.4	42.8	31.5	31.1	17.2	73.0	26.0	98.6	55.3	41.2	499
Total	20.6	45.4	82.4	20.4	94.3	43.2	30.2	26.6	16.7	69.6	21.7	95.7	54.9	42.9	1,061

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and last night).
[1] Other milk includes fresh, tinned, and powdered milk
[2] Doesn't include plain water
[3] Includes fortified baby food
[4] Includes pumpkin, red or yellow yams or squash, carrots, sweet potatoes, dark green leafy vegetables, mangoes, and papaya.

Table 12.6 and Figure 12.4 present a combined indicator of appropriate feeding practices for children age 6-23 months. This indicator is calculated taking into account guidelines for the number of food groups[1] a child should receive and the number of times per day a child should eat. The guidelines for appropriate feeding practices change depending on age of the child and whether not the child is breastfed. According to WHO, breastfed children should receive foods from three or more food groups every day to obtain all of the micronutrients they need. Breastfed children who are age 6-8 months should be fed solid or semisolid foods at least 2-3 times per day. Children age 9-23 months should be fed at least 3-4 times per day (PAHO/WHO, 2003). Nonbreastfed children should receive foods from at least four food groups and should receive solid or semisolid food 4-5 times a day (WHO, 2005a).

[1] Food groups used in the assessment of minimum standard of feeding practices include: infant formula, milk other than breast milk, cheese, or yogurt or other milk products; foods made from grains, roots, and tubers including porridge and fortified baby food from grains; fruits and vegetables rich in vitamin A; other fruits and vegetables; eggs; meat, poultry, fish, and shellfish (and organ meats); beans, peas, and nuts; and foods made with oil, fat, or butter.

Table 12.6 looks at feeding practices by age, breastfeeding status, and background characteristics. Use of appropriate feeding practices with young children is low in Namibia. Overall, only one in four (26 percent) children age 6-23 months receive appropriate feeding Figure 12.4). Those age 6-8 months are most likely to receives appropriate feeding (33 percent). Use of appropriate feeding practices decreases with age to 17 percent among children 18-23 months. Inadequate number of feedings is the most common problem with feeding practices. Only four in ten children age 6-23 months are fed solid or semisolid foods the minimum recommended number of times each day. Girls

Table 12.6 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, by background characteristics, Namibia 2006-07

	Among breastfed children 6-23 months, percentage fed:				Among non-breastfed children 6-23 months, percentage fed:					Among all children 6-23 months, percentage fed:				
Background characteristic	3+ food groups[1]	Minimum times or more[2]	Both 3+ food groups and minimum times or more	Number of breast-fed children 6-23 months	Milk or milk products[3]	4+ food groups	4+ times or more	With 3 IYCF practises[4]	Number of non-breast-fed children 6-23 months	Breast milk or milk products[3]	3+ or 4+ food groups[5]	Minimum times or more[6]	With all 3 IYCF practises	Number of all children 6-23 months
Age														
6-8	45.4	67.2	38.5	212	88.3	34.8	19.3	9.7	54	97.6	43.3	57.4	32.6	266
9-11	71.8	39.3	32.6	184	80.1	68.3	23.0	19.9	53	95.5	71.0	35.6	29.7	238
12-17	66.9	44.9	33.2	316	64.8	61.1	26.7	14.3	156	88.4	65.0	38.9	27.0	472
18-23	62.4	39.6	31.9	130	51.2	62.3	25.9	8.6	235	68.6	62.4	30.8	16.9	365
Sex														
Male	61.9	49.5	35.4	446	61.1	58.9	25.7	14.2	245	86.2	60.9	41.1	27.9	692
Female	61.8	47.3	32.8	395	64.0	60.2	24.5	9.4	253	85.9	61.2	38.4	23.6	648
Residence														
Urban	66.9	55.0	43.7	245	72.5	67.1	23.6	14.3	269	85.6	67.0	38.6	28.3	514
Rural	59.8	45.8	30.3	596	51.0	50.8	26.9	8.8	229	86.4	57.3	40.5	24.3	826
Region														
Caprivi	45.0	42.7	22.8	53	(74.2)	(70.3)	11.4	(9.4)	25	91.7	53.1	32.6	18.5	78
Erongo	(63.9)	(66.3)	(50.5)	27	(75.0)	(64.7)	23.8	(10.8)	41	85.1	64.4	40.9	26.7	68
Hardap	(59.5)	(51.4)	(40.9)	23	(84.2)	(71.1)	28.9	(23.3)	19	92.8	64.8	41.1	32.8	42
Karas	(60.8)	(57.7)	(46.7)	20	(79.6)	(65.8)	36.1	(24.4)	18	90.3	63.2	47.4	36.0	38
Kavango	57.2	33.3	20.2	164	(39.4)	(43.2)	20.7	(1.8)	32	90.1	54.9	31.2	17.2	196
Khomas	64.3	48.4	39.7	101	71.4	69.0	18.0	10.4	133	83.8	67.0	31.2	23.1	234
Kunene	(50.1)	(53.5)	(23.6)	33	(69.1)	(39.7)	24.9	(2.0)	16	89.8	46.7	44.1	16.5	49
Ohangwena	60.7	64.1	42.1	121	(29.2)	(37.5)	24.3	(10.4)	36	83.6	55.4	54.9	34.8	157
Omaheke	(56.7)	(28.5)	(17.0)	31	(74.7)	(43.9)	29.8	(5.2)	32	87.1	50.2	29.2	10.9	62
Omusati	77.8	55.7	44.6	91	(39.5)	(53.5)	47.2	(15.1)	38	82.0	70.6	53.1	35.8	129
Oshana	76.6	38.4	35.7	59	(52.1)	(76.7)	21.0	(7.3)	27	84.8	76.6	32.9	26.7	86
Oshikoto	64.2	54.3	36.2	66	(42.4)	(61.8)	20.6	(9.0)	39	78.5	63.3	41.7	26.0	105
Otjozondjupa	55.7	52.0	38.9	54	80.2	53.9	38.0	27.7	41	91.4	54.9	45.9	34.0	95
Mother's education														
No education/preschool	52.7	45.7	25.9	114	(63.7)	(31.8)	(31.1)	(8.4)	39	90.7	47.3	42.0	21.4	153
Incomplete primary	55.9	42.5	28.7	206	34.4	48.9	11.6	5.7	57	85.8	54.4	35.8	23.8	263
Complete primary	55.3	33.3	21.2	75	(32.5)	(32.6)	(18.5)	(7.5)	35	78.6	48.1	28.6	16.9	110
Incomplete secondary	67.8	53.7	40.6	359	64.5	63.5	28.0	13.2	235	85.9	66.1	43.5	29.8	594
Complete secondary	69.6	59.4	45.1	60	76.2	70.7	25.5	11.1	101	85.2	70.3	38.2	23.9	161
More than secondary	*	*	*	27	(86.9)	(78.6)	(26.7)	(22.3)	32	92.9	73.7	39.2	29.2	60
Wealth quintile														
Lowest	51.8	38.2	20.0	239	35.1	38.7	25.0	0.0	67	85.8	48.9	35.3	15.6	307
Second	63.4	51.1	37.1	196	43.8	52.0	28.0	13.1	72	84.9	60.4	44.9	30.6	268
Middle	65.4	45.3	33.8	199	53.3	48.4	19.2	3.7	104	84.0	59.6	36.3	23.5	303
Fourth	68.9	60.4	46.8	130	68.1	70.1	34.5	21.7	117	84.9	69.5	48.1	35.0	246
Highest	68.3	62.2	50.6	77	87.8	73.0	20.2	14.3	139	92.2	71.3	35.2	27.3	217
Total	61.9	48.5	34.2	841	62.6	59.6	25.1	11.7	499	86.1	61.0	39.8	25.8	1,340

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

[1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge, fortified baby food from grains; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts; h. foods made with oil, fat, butter.

[2] At least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months

[3] Includes commercial infant formula, fresh, tinned and powdered animal milk, and cheese, yogurt, and other milk products

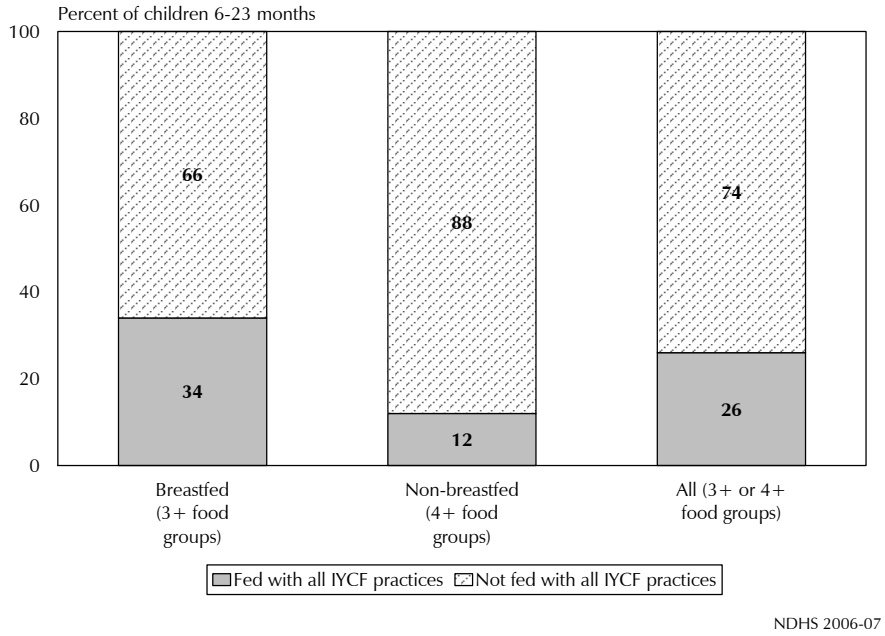
[4] Nonbreastfed children ages 6-23 months are considered to be fed with three appropriate feeding practices if they receive other milk or milk products and are fed at least the minimum number of times per day with at least the minimum number of food groups.

[5] 3+ food groups for breastfed children and 4+ food groups for non-breastfed children

[6] Fed solid or semi-solid food at least twice a day for infants 6-8 months, 3+ times for other breastfed children, and 4+ times for non-breastfed children

are somewhat less likely to have appropriate feeding practices than boys (24 percent compared with 28 percent) and rural children are somewhat less likely to have appropriate feeding practices than urban children (24 percent compared with 28 percent). Use of appropriate feeding practices is lowest in Omaheke (11 percent) and highest in Hardap and Omusati (36 percent each). The association of appropriate feeding practices with mother's level of education and household wealth quintile does not show a clear pattern.

Figure 12.4 Infant and Young Child Feeding Practices



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12.6 MICRONUTRIENT INTAKE AMONG CHILDREN

A serious contributor to childhood morbidity and mortality is micronutrient deficiency. Children can receive micronutrients from foods, food fortification, and direct supplementation. Table 12.7 looks at measures relating to intake of several key micronutrients by children.

Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. Severe vitamin A deficiency (VAD) can cause eye damage. VAD can also increase severity of infections, such as measles and diarrhoeal diseases in children, and slows recovery from illness. Vitamin A is found in breast milk, other milks, liver, eggs, fish, butter, red palm oil, mangoes, papayas, carrots, pumpkins, and dark green leafy vegetables. The liver can store an adequate amount of the vitamin for four to six months. Periodic dosing (usually every six months) of vitamin A supplements is one method of ensuring that children at risk do not develop VAD**.**

The NDHS collected information on the consumption of vitamin A-rich foods and the coverage of supplements. Table 12.7 shows that 76 percent of last-born children age 6-35 months living with the mother consumed vitamin A-rich foods in the 24-hour period before the survey. Consumption of vitamin A-rich foods increases from 49 percent among children age 6-8 months to 83 percent among children age 18-23 and 81 percent among those 24-35 months. There is no significant gender difference in the consumption of vitamin A-rich foods and no discernible difference by birth order. Not surprisingly, breastfed children are much less likely to consume vitamin A-rich foods than nonbreastfed children. Urban children are somewhat more likely to consume vitamin A-rich foods than rural children. Children living in Kunene are least likely to consume vitamin A-rich foods compared with children in other regions, while children in Oshana are most likely. Children born to teenage mothers and mothers with at least some secondary education are more likely to have received foods rich in vitamin A than children born to older mothers and mothers with little or no education. Children living in the wealthiest households are much more likely to receive vitamin A-rich foods than children in poorer households.

Sixty-three percent of young children receive foods rich in iron. There are substantial differences by background characteristics in the consumption of iron-rich foods. Consumption of iron-rich foods increases from 37 percent among children age 6-8 months to peak at 70 percent among children age 18-23 months. A significantly higher proportion of urban children than rural children receives iron-rich foods (72 percent versus 58 percent). Breastfeeding children are much less likely to consume iron-rich foods than nonbreastfeeding children (58 percent versus 72 percent). As with vitamin A consumption, children born to younger mothers and mothers with at least some secondary education are more likely to consume iron-rich foods than children born to older mothers and mothers with little or no education. Finally, children living in the wealthiest households are more likely to consume iron-rich foods than children living in other households.

More than one in two (52 percent) children age 6-59 months received a vitamin A supplement in the six months before the survey. Differences in the consumption of vitamin A supplements by gender and breastfeeding status of mother are small. The urban-rural difference in vitamin A intake is marked, with rural children more likely to receive vitamin A supplements than children in urban areas (56 percent versus 46 percent). By region, children in Khomas are least likely to receive vitamin A supplements. Vitamin A supplementation is generally higher for children of more educated women and it is higher among children of women age 40-49 years old.

Table 12.7 Micronutrient intake among children

Among youngest children age 6-35 months who are living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey, and among all children 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the past seven days, and who were given deworming medication in the six months preceding the survey, and among all children age 6-59 months who live in households that were tested for iodized salt, the percentage who live in households with adequately iodized salt, by background characteristics, Namibia 2006-07

	Among youngest children age 6-35 months living with the mother:			Among all children age 6-59 months:			
Background characteristic	Percentage who consumed foods rich in vitamin A in past 24 hours[1]	Percentage who consumed foods rich in iron in past 24 hours[2]	Number of children	Percentage given vitamin A supplements in past 6 months	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months[3]	Number of children
Age in months							
6-8	48.8	36.5	266	37.3	11.1	8.6	278
9-11	77.0	66.6	238	57.1	16.8	11.2	264
12-17	77.5	64.5	472	60.4	12.7	8.4	527
18-23	83.4	68.8	365	56.5	14.6	8.9	459
24-35	81.0	69.7	566	53.6	12.0	9.3	949
36-47	na	na	na	48.5	8.9	9.9	930
48-59	na	na	na	47.0	10.2	8.0	816
Sex							
Male	74.4	63.5	971	51.7	11.4	8.9	2,149
Female	76.9	62.9	935	51.3	11.7	9.3	2,074
Breastfeeding status							
Breastfeeding	68.4	53.2	892	55.4	13.9	9.1	919
Not breastfeeding	81.8	71.5	990	50.7	10.4	8.9	3,150
Missing	*	*	24	45.6	20.5	13.0	154
Residence							
Urban	79.2	72.0	751	45.8	12.1	8.9	1,783
Rural	73.3	57.5	1,154	55.7	11.2	9.3	2,440
Region							
Caprivi	72.7	56.7	120	60.3	9.3	12.1	222
Erongo	77.7	73.3	102	45.2	4.0	5.5	261
Hardap	74.0	69.3	60	61.7	12.4	6.1	127
Karas	82.7	73.1	64	59.8	9.8	7.3	122
Kavango	81.0	47.3	258	52.7	31.1	24.0	496
Khomas	78.2	73.2	332	40.8	12.9	7.2	816
Kunene	46.8	44.7	65	46.3	8.1	10.1	167
Ohangwena	72.3	55.5	213	60.7	4.9	5.6	475
Omaheke	63.9	60.5	87	45.0	21.1	5.6	194
Omusati	82.4	71.2	178	56.2	10.8	7.2	377
Oshana	83.5	75.8	124	52.8	5.5	5.8	301
Oshikoto	75.8	63.6	167	59.6	4.3	5.6	371
Otjozondjupa	67.6	60.5	137	45.1	6.6	9.8	293
Mother's education							
No education/preschool	67.1	44.4	209	43.9	11.8	8.8	471
Incomplete primary	68.6	48.7	388	53.9	10.3	8.8	883
Complete primary	75.8	61.6	153	48.3	12.6	9.5	311
Incomplete secondary	77.5	68.9	822	52.7	10.7	8.0	1,810
Complete secondary	86.6	81.7	238	49.6	13.8	9.9	520
More than secondary	78.7	70.6	95	57.2	16.4	16.7	228
Mother's age at birth							
15-19	80.8	69.4	283	50.5	10.7	9.8	666
20-29	74.3	63.7	962	49.9	12.1	9.4	2,198
30-39	75.8	61.3	575	53.3	11.3	8.0	1,195
40-49	72.4	50.2	86	64.3	10.2	10.4	164
Wealth quintile							
Lowest	71.5	44.2	427	55.5	14.3	13.2	878
Second	72.4	56.9	372	53.9	9.3	8.0	801
Middle	75.5	68.9	418	51.6	11.0	6.4	922
Fourth	75.2	69.7	346	51.7	9.4	8.2	895
Highest	84.6	80.2	343	43.6	14.3	9.8	727
Total	75.6	63.2	1,906	51.5	11.6	9.1	4,223

Note: Information on vitamin A and iron supplements and deworming medication is based on the mother's recall. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, sweet potatoes, dark green leafy vegetables, mango, papaya, oranges, and other locally grown fruits and vegetables that are rich in vitamin A
[2] Includes meat, (including organ meat), fish, poultry and eggs
[3] Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis..

12.7 NUTRITIONAL STATUS OF WOMEN

The 2006-07 NDHS collected information on the height and weight of women of reproductive age (15-49). The data are used to derive a measure of adult nutritional status known as body mass index (BMI). In this report, two anthropometric indices are presented for women—height and body mass index (BMI).

A woman's height is related to past socioeconomic status and nutritional status during childhood and adolescence. A woman's height is used to predict the risk of difficulty in delivery because small stature is often associated with small pelvis size and the potential for obstructed labour. The risk of giving birth to a low-birth-weight baby is influenced by the mother's nutritional status. The cut-off point for height, below which mothers are considered at risk, varies between populations but normally falls between 140 and 150 centimetres. For comparative purposes, DHS surveys use the same cut-off point (145 cm).

The index used to measure thinness and obesity is known as the body mass index (BMI), or the Quetelet index. BMI is defined as weight in kilogrammes divided by height in metres squared (kg/m^2). A cut-off point of 18.5 is used to define thinness or acute under- nutrition while a BMI of 25 or above usually indicates overweight or obesity.

Table 12.8 presents the mean values of the two anthropometric indicators and the proportion of women falling into various high-risk categories, according to background characteristics. Women for whom there was no information on height and/or weight and for whom a BMI could not be estimated are excluded from this analysis. The data analysis on BMI is based on 8,803 women, while the height analysis is based on 9,943 women age 15-49 years. Overall, 1 percent of women are shorter than 145 cm. The highest proportion of women below the cutoff is in Hardap (4 percent). Women with no education are more likely to be shorter than 145 cm, compared with women in the highest education category (4 percent versus <1 percent).

Table 12.8 shows that the average BMI for women in Namibia is 23, which is within the normal BMI range of 18.5-24.9. Overall, 56 six percent of women are within this range. There are large differentials across background characteristics in the percentage of women assessed as malnourished or "thin" (BMI less than 18.5) and overweight (BMI 25 or higher). Sixteen percent of women are chronically malnourished (BMI less than 18.5), while 16 percent are overweight and 12 percent are obese. Three in ten women age 15-19 are thin or undernourished. There are variations in BMI between urban and rural women. More women in rural areas have a BMI less than 18.5 (20 percent) than women in urban areas (12 percent). The percentage of overweight or obese women is, however, higher in urban areas (21 and 16 percent, respectively) than in rural areas (12 percent and 7 percent, respectively). Ohangwena (22 percent) and Oshana (21 percent) have the highest percentage of undernourished women, while Caprivi has the lowest percentage (8 percent). The percentage of undernourished women decreases with increasing educational level and with increasing wealth quintile, while the opposite pattern is seen among overweight and obese women.

Table 12.8 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Namibia 2006-07

	Height		Body Mass Index								
Background characteristic	Percentage under 145 cm	Number of women	Mean Body Mass Index (BMI)	18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (moderately and severely thin)	≥25.0 (total overweight or obese)	25.0-29.9 (overweight)	≥30.0 (obese)	Number of women
Age											
15-19	1.4	2,159	20.2	62.6	30.4	18.0	12.4	7.1	5.5	1.5	2,070
20-29	0.7	3,371	22.5	63.1	14.3	10.2	4.1	22.6	15.4	7.3	3,053
30-39	0.8	2,373	24.9	49.7	8.1	5.3	2.8	42.2	24.4	17.8	2,167
40-49	1.2	1,540	25.9	42.1	10.5	6.7	3.8	47.4	21.7	25.7	1,513
Residence											
Urban	0.7	4,514	24.4	50.8	11.8	7.9	4.0	37.3	20.9	16.4	4,246
Rural	1.2	4,929	22.0	60.9	19.7	12.4	7.3	19.4	12.2	7.2	4,557
Region											
Caprivi	0.4	462	23.1	68.2	7.5	4.7	2.9	24.3	15.2	9.1	421
Erongo	0.6	655	25.5	46.9	8.5	5.4	3.1	44.6	24.3	20.3	610
Hardap	4.0	302	23.9	45.8	19.5	10.0	9.4	34.7	15.7	19.0	278
Karas	2.3	304	25.2	42.3	14.0	7.9	6.1	43.7	21.5	22.2	288
Kavango	0.9	916	21.5	64.2	20.1	15.1	5.0	15.7	10.7	5.0	839
Khomas	0.3	2,052	24.4	51.2	10.5	7.2	3.3	38.4	21.9	16.5	1,947
Kunene	0.8	249	24.1	48.1	15.5	9.3	6.2	36.4	21.3	15.1	224
Ohangwena	1.0	1,017	21.1	65.0	22.3	14.0	8.3	12.7	8.5	4.2	944
Omaheke	2.7	357	24.5	43.9	17.6	10.5	7.1	38.5	18.3	20.2	327
Omusati	0.5	960	21.6	63.9	19.5	12.2	7.4	16.6	12.5	4.1	911
Oshana	0.8	799	22.4	55.4	21.0	12.8	8.2	23.6	15.0	8.6	757
Oshikoto	1.1	832	22.1	62.7	19.2	12.2	7.0	18.1	11.6	6.5	770
Otjozondjupa	1.8	538	24.8	46.9	12.5	8.0	4.4	40.7	21.3	19.4	488
Education											
No education/preschool	3.0	628	22.4	58.4	20.1	12.0	8.1	21.5	12.9	8.6	569
Incomplete primary	1.6	1,658	22.9	56.0	19.0	11.3	7.6	25.1	13.5	11.6	1,535
Complete primary	1.3	722	22.7	53.9	20.1	11.4	8.6	26.0	14.9	11.2	668
Incomplete secondary	0.6	4,604	22.8	58.5	16.5	11.0	5.4	25.1	15.2	9.8	4,311
Complete secondary	0.4	1,220	24.2	53.3	11.0	7.0	3.9	35.7	21.8	13.9	1,140
More than secondary	0.5	612	26.2	43.7	4.3	3.9	0.4	51.9	27.1	24.8	580
Wealth quintile											
Lowest	0.9	1,595	20.8	69.0	22.2	13.5	8.7	8.9	6.5	2.4	1,454
Second	1.6	1,634	21.6	60.7	22.6	14.4	8.1	16.7	11.9	4.8	1,528
Middle	1.0	1,834	22.9	57.8	15.8	9.9	5.8	26.4	16.0	10.4	1,687
Fourth	0.8	2,210	24.2	53.0	11.2	7.4	3.8	35.8	19.5	16.3	2,070
Highest	0.7	2,171	25.1	45.1	11.4	7.8	3.6	43.5	23.8	19.6	2,064
Total	1.0	9,443	23.2	56.0	15.9	10.2	5.7	28.0	16.4	11.7	8,803

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2).
[1] Excludes pregnant women and women with a birth in the preceding 2 months

12.8 FOODS CONSUMED BY MOTHERS

Adequate nutrition is important for women's health and child survival. Because of women's childbearing and nurturing roles, pre- and postnatal care and adequate nutrition are important factors in of the development of the foetus and the survival of the newborn, in addition to women's own health needs.

Table 12.9 presents the diversity of food groups consumed by mothers who gave birth in the past three years, providing important information on maternal eating patterns. Data show that overall, seven in ten (71 percent) mothers with a child under age three years living with them consumed meat, fish, shellfish, poultry, or eggs in the preceding 24 hours; about six in ten (57 percent) ate foods made from grains; and more than half (54 percent) ate foods made with oil, fat, or butter. Furthermore, about half of women (47 percent) consumed vitamin A-rich fruits and vegetables, and one in four ate

other foods or vegetables (24 percent) or foods made from roots or tubers (25 percent). Finally, about one in six women ate foods made from legumes and one in seven ate cheese or yogurt in the preceding 24-hour period.

One in four women consumed milk in the day and night preceding the survey, while more than half (55 percent) had tea or coffee. The consumption of each of the specified solid or semisolid foods, as well as milk and tea or coffee, varies by background characteristics. A higher percentage of urban women than rural women consumed each of the specified foods or liquids. Consumption of foods and liquids generally increases with women's level of education and wealth quintile.

Table 12.9 Foods consumed by mothers in the day or night preceding the interview

Among mothers age 15-49 with a child under age three years living with them, the percentage who consumed specific types of foods in the day or night preceding the interview, by background characteristics, Namibia 2006-07

Background characteristic	Foods made from grains	Foods made from roots/ tubers	Foods made from legumes	Meat/ fish/ shellfish/ poultry/ eggs	Cheese/ yogurt	Vitamin A-rich fruits/ vege-tables[1]	Other fruits/ vege-tables	Foods made with oil/ fat/ butter	Any other solid or semi-solid food	Sugary foods	Milk	Tea/ coffe	Other liquids	Number of mothers
Age														
15-19	47.3	22.8	13.9	75.5	12.5	45.1	17.6	51.8	74.7	37.9	25.0	52.5	71.9	221
20-29	58.7	24.4	19.1	71.3	14.2	46.0	23.2	53.8	74.1	40.1	26.4	54.5	74.2	1,216
30-39	60.0	27.6	17.4	72.4	17.1	48.1	29.6	56.5	76.5	36.5	25.1	59.4	75.4	784
40-49	44.1	15.1	16.8	56.8	17.4	49.1	18.7	51.7	77.3	30.8	23.9	46.6	76.1	160
Residence														
Urban	81.1	37.3	20.0	85.0	27.9	48.9	41.6	66.2	69.6	50.4	30.4	74.9	81.3	927
Rural	41.8	16.6	16.5	62.1	7.1	45.5	13.5	46.8	78.7	30.2	22.6	43.0	70.2	1,453
Region														
Caprivi	45.4	18.7	11.6	67.1	5.1	56.4	12.9	42.5	81.4	33.3	27.5	38.1	46.7	141
Erongo	84.1	43.3	16.3	83.8	26.0	40.9	44.2	55.0	57.5	46.0	30.5	81.8	76.3	127
Hardap	77.6	31.6	15.0	77.4	28.3	33.7	31.2	48.9	49.4	39.1	36.3	87.2	70.8	72
Karas	85.9	45.3	19.1	83.0	26.8	49.3	32.8	52.8	53.2	40.5	42.0	87.2	63.9	77
Kavango	26.5	15.9	21.5	56.1	9.5	78.4	10.4	38.9	83.3	41.1	19.2	25.8	81.7	332
Khomas	85.9	37.9	18.3	87.5	31.1	45.4	44.0	69.7	62.3	49.7	29.1	74.5	82.9	401
Kunene	34.6	10.3	11.3	59.9	7.0	9.9	15.6	50.5	86.7	27.3	35.2	62.6	77.1	76
Ohangwena	46.5	11.3	10.1	58.2	2.3	37.8	12.8	45.3	85.7	30.1	14.2	25.8	73.3	268
Omaheke	56.1	28.3	12.0	64.8	15.7	24.1	15.2	50.8	87.4	26.2	47.1	81.6	77.6	118
Omusati	60.8	17.5	23.5	70.5	8.7	47.1	17.4	48.8	75.0	28.9	9.4	41.4	73.9	222
Oshana	64.7	33.7	29.8	79.0	19.3	49.0	32.9	82.6	87.5	56.7	22.0	56.1	73.9	158
Oshikoto	39.7	15.9	22.7	67.4	5.5	45.6	18.9	52.3	82.0	25.2	19.1	49.3	72.3	218
Otjozondjupa	54.6	26.6	11.9	74.5	19.3	35.4	31.0	62.8	68.1	38.5	44.9	85.5	71.7	170
Education														
No education/preschool	25.4	8.7	11.1	52.6	5.9	39.6	10.7	35.0	81.4	21.8	27.0	42.1	69.6	261
Incomplete primary	38.7	12.9	12.7	55.6	6.2	47.8	14.5	45.9	77.4	29.8	20.5	40.3	69.2	482
Complete primary	51.9	17.4	14.8	68.3	10.0	41.0	17.4	48.5	76.6	39.2	16.7	49.9	71.0	191
Incomplete secondary	64.7	28.7	20.8	76.8	15.7	46.0	24.3	58.6	75.7	42.3	25.9	59.9	76.8	1,040
Complete secondary	79.0	40.3	16.3	86.0	29.4	46.1	43.9	67.4	65.1	47.1	31.4	70.4	80.8	291
More than secondary	89.9	46.9	37.6	92.5	43.1	78.0	61.0	72.4	70.4	47.6	42.1	79.0	77.3	115
Wealth quintile														
Lowest	27.2	11.3	16.4	50.6	4.2	56.5	8.3	37.9	80.5	26.3	16.1	19.8	69.6	545
Second	42.8	14.3	17.2	60.8	5.8	43.6	12.1	46.2	79.9	32.0	20.8	44.3	69.7	463
Middle	58.0	22.2	18.4	76.0	12.3	35.9	21.3	54.0	79.1	36.1	25.6	65.0	72.6	538
Fourth	76.4	34.1	15.3	81.1	20.8	43.9	37.3	66.2	72.3	49.7	31.5	80.0	79.0	436
Highest	92.4	48.1	22.8	93.1	39.1	55.3	51.0	73.8	60.1	51.4	38.0	77.1	84.5	399
Total	57.1	24.7	17.9	71.0	15.2	46.8	24.4	54.3	75.2	38.1	25.6	55.4	74.5	2,381

Note: Foods consumed in the past 24-hour period (yesterday and last night).

[1] Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, oranges, and other locally grown fruits and vegetables that are rich in vitamin A

12.9 MICRONUTRIENT INTAKE AMONG MOTHERS

Adequate nutrition during pregnancy is important both for the well-being of the mother. Table 12.10 shows micronutrient intake among mothers with a child under age 3 living with her.

Vitamin A and iron are important micronutrients for women's health in general and especially for the health of pregnant women. The data show that a large majority of women in Namibia (83 percent) consumed vitamin A-rich foods in the 24 hours preceding the survey, and more than seven in ten (71 percent) ate iron-rich foods. Consumption of vitamin A-rich foods and iron-rich foods decreases with women's age and is substantially higher among urban women than rural women. Women's level of education and household wealth status have a direct impact on these micronutrient indicators: the consumption of vitamin A-rich foods and iron-rich foods increases with mother's educational attainment and increasing household wealth.

Night blindness is an indicator of severe vitamin A deficiency (VAD), and pregnant women are especially prone to suffer from it. Table 12.10 shows that 8 percent of women reported having night blindness during the pregnancy for their last child born in the five years preceding the survey. After adjusting for women who also reported vision problems during the day, an estimated 3 percent of Namibian women suffered from night blindness. Rural women, those living in Ohangwena and Omaheke, uneducated women and those with incomplete primary education, and women in the lowest wealth quintile have the highest rates of night blindness.

Iron-deficiency anaemia is a major threat to maternal health; it contributes to low birth weight in infants, lowered resistance to infection in both mother and child, poor cognitive development in children, and decreased work capacity in adulthood. Further, anaemia increases the risk of death from infection because it adversely affects the body's immune respons systeme. In the 2006-07 NDHS, women who had a birth in the five years preceding the survey were asked whether they received or purchased any iron tablets during the pregnancy for their last birth. If the woman did receive/purchase iron tablets, she was asked to report the number of days the tablets were actually taken during that pregnancy. Table 12.10 shows that about one in five (19 percent) women did not take any iron tablets or syrups during the pregnancy. Three in ten women reported taking iron supplements during the pregnancy for the recommended minimum of 90 days. The percentage taking iron supplements for 90 or more days is highest among women in urban areas, those living in Erongo, women with at least some secondary education, and those in the highest wealth quintile.

In Namibia, 7 percent of women with a child born in the past five years took deworming medication during pregnancy for the last birth. Variations by background characteristics are small, although about one in four women in Kavango (24 percent) took the medication during pregnancy.

Table 12.10 Micronutrient intake among mothers

Among women age 15-49 with a child under age three years living with her, the percentages who consumed vitamin A-rich and iron-rich foods in the 24 hours preceding the survey; among women age 15-49 with a child born in the past five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child; among mothers age 15-49 who during the pregnancy of the last child born in the five years prior to the survey, the percentage who suffered from night blindness, the percentage who took iron tablets or syrup for specific numbers of days, and the percentage who took deworming medication; and among women age 15-49 with a child born in the past five years, who live in households that were tested for iodized salt, the percentage who live in households with adequately iodized salt, by background characteristics, Namibia 2006-07

Background characteristic	Among women with a child under three years living with her			Percentage who received vitamin A dose post-partum[3]	Percentage who suffered night blindness during pregnancy of last birth		Number of days women took iron tablets or syrup during pregnancy of last birth					Percentage of women who took deworming medication during pregnancy of last birth	Number of women
	Percentage consumed vitamin A rich foods[1]	Percentage consumed iron-rich foods[2]	Number of women		Reported	Adjusted[4]	None	<60	60-89	90+	Don't know/ missing		
Age													
15-19	86.3	75.5	221	48.2	6.5	1.9	18.2	31.1	6.4	31.4	12.9	10.2	282
20-29	82.0	71.3	1,216	52.4	7.6	3.3	18.7	27.5	6.4	30.3	17.1	7.3	1,947
30-39	84.1	72.4	784	48.8	7.5	1.9	17.3	24.5	6.5	31.9	19.8	6.8	1,320
40-49	77.4	56.8	160	54.1	11.1	3.6	24.7	22.3	4.3	31.5	17.2	8.2	349
Residence													
Urban	89.0	85.0	927	48.1	6.3	2.2	14.7	20.0	7.4	40.7	17.2	7.0	1,711
Rural	78.8	62.1	1,453	53.3	8.9	3.2	21.9	31.1	5.4	23.4	18.1	7.7	2,188
Region													
Caprivi	83.5	67.1	141	68.7	8.9	2.0	24.3	62.1	2.0	3.5	8.1	14.3	217
Erongo	85.8	83.8	127	48.7	7.8	3.0	20.4	11.3	8.1	54.8	5.5	3.5	257
Hardap	78.7	77.4	72	61.3	5.0	2.7	8.3	37.8	9.1	23.8	21.1	3.6	121
Karas	89.3	83.0	77	43.9	3.0	0.6	8.0	18.6	9.0	47.1	17.3	2.6	119
Kavango	90.7	56.1	332	60.7	10.3	1.0	16.0	31.3	1.9	13.7	37.0	23.9	481
Khomas	89.3	87.5	401	37.3	5.3	2.7	13.7	16.2	7.6	44.4	18.0	6.1	737
Kunene	60.4	59.9	76	45.0	3.2	0.2	21.2	25.6	9.3	34.7	9.2	3.9	136
Ohangwena	75.7	58.2	268	41.8	9.9	4.4	28.2	33.4	6.1	11.1	21.1	2.0	422
Omaheke	67.6	64.8	118	48.6	9.8	3.9	18.3	25.7	3.8	46.1	6.1	4.8	171
Omusati	83.8	70.5	222	67.3	7.8	2.9	19.9	20.8	9.5	37.5	12.3	6.1	365
Oshana	86.6	79.0	158	62.1	9.3	2.7	16.8	20.5	6.7	36.3	19.6	4.0	271
Oshikoto	78.4	67.4	218	47.2	10.2	4.9	25.2	35.1	4.7	14.8	20.2	6.2	340
Otjozondjupa	80.8	74.5	170	48.9	5.1	2.4	17.0	19.5	6.8	47.7	9.0	1.9	261
Education													
No education/preschool	72.7	52.6	261	42.9	11.0	3.9	31.9	28.1	3.0	19.1	17.9	8.8	372
Incomplete primary	77.5	55.6	482	52.2	12.1	3.8	21.5	28.0	6.0	24.0	20.4	9.2	784
Complete primary	80.9	68.3	191	54.6	7.2	3.0	19.6	29.5	3.9	29.8	17.2	5.0	303
Incomplete secondary	85.1	76.8	1,040	52.6	6.6	2.1	17.1	27.2	7.2	32.5	16.0	6.6	1,739
Complete secondary	88.9	86.0	291	47.9	4.3	3.2	12.6	17.7	8.7	44.3	16.7	5.6	494
More than secondary	94.2	92.5	115	50.4	4.5	0.6	11.3	23.8	2.9	37.1	24.9	12.3	205
Wealth quintile													
Lowest	78.2	50.6	545	52.5	11.9	3.5	25.5	35.0	4.5	14.3	20.7	10.8	788
Second	77.2	60.8	463	54.6	8.4	2.8	24.1	28.3	4.5	22.9	20.1	7.3	711
Middle	81.7	76.0	538	52.0	6.7	2.8	16.8	27.7	6.7	32.3	16.4	6.6	855
Fourth	85.8	81.1	436	53.7	7.5	2.7	16.1	20.8	9.5	39.8	13.9	5.5	856
Highest	93.8	93.1	399	41.2	4.0	1.8	11.2	19.1	5.3	46.1	18.3	7.0	688
Total	82.8	71.0	2,381	51.0	7.8	2.7	18.7	26.3	6.2	31.0	17.7	7.4	3,898

[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, mango, papaya, oranges, and other locally grown fruits and vegetables that are rich in vitamin A.
[2] Includes meat (and organ meat), fish, poultry, and eggs
[3] In the first two months after delivery of last birth
[4] Women who reported night blindness but did not report difficulty with vision during the day

MALARIA AND OTHER HEALTH ISSUES 13

Malaria is a major public health problem in Namibia. The disease was the leading cause of illness and death from 1999 to 2002 and still remains one of the top five diseases of public health concern in the country. Malaria is endemic in Caprivi, Kavango, Kunene, Ohangwena, Omusati, Oshana, Oshikoto, and part of Otjozondjupa and Omaheke regions, where 65 percent of the Namibian population live and are at risk of malaria. In Namibia, malaria is seasonal but with a propensity for epidemic outbreaks related to high rainfall and the warm climate.

The following sections present the findings of the 2006-07 NDHS collected at the household level regarding ownership of mosquito nets and use of mosquito nets by children under five and by pregnant women. In the women's questionnaire, women with children born since January 2001 were asked about prophylactic use of anti-malarial drugs and the use of intermittent preventive treatment (IPT) by women during pregnancy; prevalence and prompt treatment of their children's fevers; the type and timing of administering anti-malarial drugs; knowledge of signs of malaria; action taken when malaria occurs; and action taken to prevent malaria.

13.1 OWNERSHIP OF MOSQUITO NETS

The National Roll Back Malaria Strategic Plan envisions that by 2007 at least 70 percent of women mothers and children under the age of five will be sleeping under a mosquito net. The use of insecticide- treated nets (ITNs) is one of the primary health interventions to reduce malaria transmission. The Ministry of Health and Social Services through the National Malaria Control Programme has been distributing long-lasting ITNs (LLITNs) free to pregnant women and children under the age of five. Social marketed ITNs are also available to the general public at a reduced cost. Mosquito nets in Namibia are distributed through three main distribution channels: health facilities, mass distributions, and National Immunization Days (NIDs).

Table 13.1 shows the percentage of households with at least one and with more than one mosquito net (treated or untreated, ever-treated mosquito net, and insecticide-treated net) and the average number of nets per household by background characteristics. The data show that 25 percent of households in Namibia own at least one mosquito net (treated or untreated) and 10 percent have more than one net. Most of the nets owned by these households were treated with insecticide at some time (21 percent), and the majority of nets still provide adequate protection against mosquitoes (20 percent). Overall, the average number of any type of mosquito net per household is 0.4 and the average number of ITNs per household is 0.3. Households in Caprivi have the highest average number of mosquito nets (1.2).

The percentage of households with at least one mosquito net is higher in the rural areas (34 percent) than in the urban areas (14 percent). Ownership of at least one mosquito net varies across regions, from 2 percent in Erongo to 65 percent in Caprivi. Households in the northern regions (Caprivi, Ohangwena, Omusati, Oshana, Oshikoto, and Kavango) are more likely to have mosquito nets than other regions. Ownership of mosquito nets varies across socio-economic groups, with the two lowest income groups having the highest proportion of ownership of at least one net.

Table 13.1 Ownership of mosquito nets

Percentage of households with at least one and with more than one mosquito net (treated or untreated), ever-treated mosquito net, and insecticide- treated net (ITN), and the average number of nets per household, by background characteristics, Namibia 2006-07

Background characteristic	Any type of mosquito net			Ever-treated mosquito net[1]			Insecticide-treated mosquito nets (ITNs)[2]			Number of households
	Percentage with at least one	Percentage with more than one	Average number of nets per household	Percentage with at least one	Percentage with more than one	Average number of ever-treated nets per household	Percentage with at least one	Percentage with more than one	Average number of ITNs per household	
Residence										
Urban	14.3	5.2	0.2	11.1	3.9	0.2	10.3	3.5	0.2	4,260
Rural	33.9	14.7	0.6	30.1	12.5	0.5	28.7	11.8	0.5	4,940
Region										
Caprivi	64.8	33.1	1.2	57.2	27.5	1.0	54.4	26.3	1.0	514
Erongo	2.3	0.7	0.0	1.2	0.5	0.0	0.9	0.3	0.0	837
Hardap	6.3	1.4	0.1	4.7	1.3	0.1	4.0	1.1	0.1	328
Karas	5.5	1.9	0.1	3.0	0.8	0.0	2.5	0.5	0.0	382
Kavango	34.8	13.9	0.6	32.8	12.5	0.5	32.2	12.3	0.5	750
Khomas	8.3	2.5	0.1	5.5	1.6	0.1	4.4	1.1	0.1	1,950
Kunene	17.5	3.5	0.2	11.4	2.1	0.1	11.4	2.1	0.1	305
Ohangwena	41.4	18.2	0.7	38.3	16.0	0.6	37.8	15.8	0.6	829
Omaheke	22.9	9.4	0.3	21.0	8.7	0.3	20.5	8.2	0.3	426
Omusati	34.8	15.7	0.6	29.5	12.8	0.5	26.6	11.3	0.4	855
Oshana	43.6	20.1	0.7	39.0	17.5	0.6	37.7	16.1	0.6	663
Oshikoto	36.0	14.2	0.6	31.6	11.1	0.5	29.8	10.7	0.5	745
Otjozondjupa	19.4	5.5	0.3	14.2	3.8	0.2	13.8	3.4	0.2	615
Wealth quintile										
Lowest	32.9	10.9	0.5	29.4	9.3	0.4	27.6	8.8	0.4	1,691
Second	35.3	16.5	0.6	31.6	14.3	0.5	30.7	13.5	0.5	1,528
Middle	27.5	12.6	0.5	24.3	10.8	0.4	23.2	10.1	0.4	1,803
Fourth	19.6	7.5	0.3	16.6	5.8	0.3	16.1	5.6	0.3	2,104
Highest	13.5	6.1	0.2	9.3	4.4	0.2	8.0	3.7	0.1	2,073
Total	24.8	10.3	0.4	21.3	8.5	0.3	20.2	8.0	0.3	9,200

[1] An ever-treated net is a pretreated net or a non-pretreated which has subsequently been soaked with insecticide at any time.
[2] An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment or 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

13.2 USE OF MOSQUITO NETS BY CHILDREN

Table 13.2 shows the use of mosquito nets by children under five years of age. Twelve percent of children under five slept under a mosquito net the night before the survey, and the majority of these children (11 percent) slept under an ITN. Use of a mosquito net by children varies by the child's age, rural-urban residence, region, and wealth status. Younger children, rural children, and children in the lowest wealth quintile are more likely to sleep under a mosquito net than other children. Children in Caprivi are the most likely to sleep under a mosquito bednet (48 percent).

Table 13.2 Use of mosquito nets by children

Percentage of children under five years of age who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide-treated net (ITN) the night before the survey, by background characteristics, Namibia 2006-07

Background characteristic	Percentage who slept under any net the past night	Percentage who slept under an ever-treated net the past night	Percentage who slept under an ITN the past night	Number of children
Age in years				
<1	17.3	15.2	14.8	1,104
1	14.1	12.6	12.2	1,122
2	11.1	10.3	9.9	1,078
3	8.9	8.2	7.9	1,106
4	8.9	8.0	7.6	1,042
Sex				
Male	12.5	11.5	11.2	2,729
Female	11.7	10.4	9.8	2,723
Residence				
Urban	8.4	7.2	6.9	1,841
Rural	14.0	12.8	12.4	3,613
Region				
Caprivi	47.9	43.8	41.0	297
Erongo	0.4	0.4	0.4	274
Hardap	2.8	1.9	1.1	162
Karas	1.3	1.3	1.3	154
Kavango	21.4	19.6	18.8	657
Khomas	3.1	2.3	2.2	782
Kunene	5.5	3.9	3.9	224
Ohangwena	10.0	9.8	9.8	695
Omaheke	7.5	7.3	7.3	357
Omusati	11.3	10.3	10.0	545
Oshana	24.0	22.0	21.1	366
Oshikoto	9.7	8.0	7.8	532
Otjozondjupa	9.0	7.4	7.1	408
Wealth quintile				
Lowest	15.7	14.4	14.3	1,257
Second	13.2	12.1	11.8	1,227
Middle	12.9	11.4	10.3	1,209
Fourth	10.7	10.1	9.7	934
Highest	5.4	4.1	4.0	826
Total	12.1	10.9	10.5	5,453

Note: Total includes one child with information missing on sex

[1] An ever-treated net is a pretreated net or a non-pretreated net that has subsequently been soaked with insecticide.

[2] An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment or 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

13.3 USE OF MOSQUITO NETS BY PREGNANT WOMEN

The danger of malaria for pregnant women has prompted many advocacy campaigns to educate not only pregnant women, but also the general public on the importance of preventing malaria during pregnancy. Table 13.3 shows the percentage of all women age 15-49 and the percentage of pregnant women age 15-49 who slept under a treated or untreated net, an ever-treated mosquito net, and an insecticide-treated net the night before the survey. Eight percent of women slept under a bed net, and most of these women slept under an ever-treated net or an ITN (7 percent each).

Table 13.3 Use of mosquito nets by pregnant women

Percentage of all women age 15-49 and pregnant women age 15-49 who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide-treated net (ITN) the night before the survey, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of all women age 15-49 who:				Percentage of pregnant women age 15-49 who:			
	Slept under any net the past night	Slept under an ever-treated net the past night	Slept under an ITN the past night	Number of women	Slept under any net the past night	Slept under an ever-treated net the past night	Slept under an ITN the past night	Number of women
Residence								
Urban	5.0	4.2	4.0	5,177	7.4	5.9	5.9	221
Rural	10.6	9.7	9.3	5,448	12.9	11.2	10.8	321
Region								
Caprivi	40.8	36.4	35.2	515	(43.1)	(39.1)	(36.1)	36
Erongo	0.4	0.2	0.1	749	(0.0)	(0.0)	(0.0)	37
Hardap	1.1	1.1	0.9	344	(1.4)	(1.4)	(1.4)	22
Karas	0.8	0.6	0.6	346	*	*	*	13
Kavango	19.6	18.5	18.1	1,009	35.2	33.6	33.6	60
Khomas	1.8	1.3	1.3	2,403	(0.0)	(0.0)	(0.0)	89
Kunene	4.8	3.3	3.3	281	(8.1)	(6.0)	(6.0)	27
Ohangwena	7.0	6.4	6.4	1,130	6.3	6.3	6.3	56
Omaheke	2.5	2.5	2.5	404	(0.0)	(0.0)	(0.0)	28
Omusati	7.7	7.0	6.8	1,055	(4.8)	(3.0)	(3.0)	50
Oshana	13.4	11.7	10.6	886	(21.4)	(12.8)	(12.8)	34
Oshikoto	5.9	5.3	4.8	907	8.3	6.1	6.1	48
Otjozondjupa	4.0	2.7	2.6	594	3.2	1.3	1.3	41
Education								
No education/preschool	8.4	7.2	6.8	765	4.6	2.4	2.4	66
Incomplete primary	10.2	9.2	9.0	2,051	16.4	14.2	14.2	122
Complete primary	8.5	7.3	7.3	762	(8.8)	(8.8)	(8.8)	29
Incomplete secondary	8.0	7.3	7.0	4,897	11.2	9.2	8.8	225
Complete secondary	5.1	4.2	4.0	1,354	4.2	4.2	4.2	64
More than secondary	5.3	3.8	3.8	796	(11.4)	(11.4)	(11.4)	34
Wealth quintile								
Lowest	12.0	11.0	10.8	1,750	14.7	11.9	11.0	117
Second	10.4	9.3	8.8	1,813	14.7	14.7	14.7	97
Middle	10.0	8.7	8.2	2,036	15.7	11.4	11.4	122
Fourth	6.6	6.2	6.1	2,449	3.7	3.7	3.7	119
Highest	3.0	2.2	2.1	2,578	2.7	2.7	2.7	86
Total	7.9	7.0	6.8	10,626	10.6	9.0	8.8	541

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.
[1] An ever-treated net is a pretreated net or a non-pretreated net that has subsequently been soaked with insecticide.
[2] An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment or 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

Overall, 11 percent of pregnant women slept under a net the night before the survey and 9 percent slept under an ITN. Mosquito net usage among pregnant women is higher in rural areas (13 percent) than in urban areas (7 percent). Analysis of regional differentials is not possible because of the small number of pregnant women in each region. Use of a mosquito net also varies across socio-economic groups, with the two lowest income groups having the highest use of mosquito nets.

13.4 MALARIA PROPHYLAXIS IN PREGNANCY

In line with the National Malaria Policy (MoHSS, 2005a), chemoprophylaxis is only recommended for persons who are at risk of contracting malaria, non-immune travellers, and individuals living in malaria-endemic areas for short periods, such as labour force, police, and army. Non-immune travellers to malaria-endemic areas are advised to take chemoprophylaxis before they make the trip. The recommended prophylaxis for travellers to Namibia and people from non-malaria-endemic areas within Namibia who visit malaria-endemic areas is mefloquine. The risk of severe or

fatal malaria is greatest in areas of unstable transmission and can cause maternal death, abortion, still birth, premature delivery, and low birth weight in infants.

Sulphadoxine/pyrimethamine (SP) is recommended for intermittent preventive treatment during the first and second pregnancies. This regimen is beneficial in low- and high-transmission areas. Chemoprophylaxis is not recommended for third and subsequent pregnancies, as it does not confer additional protection against malaria. In areas where the prevalence of HIV is documented to be greater than 10 percent, a third dose of SP is given four weeks after the second dose.

Table 13.4 shows the prophylactic use of anti-malarial drugs and intermittent preventive treatment (IPT) by women during pregnancy. The table shows that 30 percent of all pregnant women took an anti-malarial drug to prevent malaria and most of these women (28 percent) took SP. Table 13.4 further shows that 11 percent of women took two or more doses of the drug. One in five pregnant women (20 percent) received SP/Fansidar during an antenatal care visit, and half of these women received two more doses of SP/Fansidar during an antenatal care visit.

Table 13.4 Prophylactic use of anti-malarial drugs and use of intermittent preventive treatment (IPT) by women during pregnancy

Percentage of women who took any anti-malarial drugs for prevention of malaria, percentage who took SP/Fansidar, and percentage who received intermittent preventive treatment (IPT) during the pregnancy for their last live birth in the two years preceding the survey, by background characteristics, Namibia 2006-07

Background characteristic	Percentage who took any anti-malarial drug	SP/Fansidar		Intermittent Preventive Treatment (IPT)[1]		Number of women
		Percentage who took any SP/Fansidar	Percentage who took 2+ doses	Percentage who received any SP/Fansidar during an ANC visit	Percentage who received 2+ doses, at least one during an ANC visit	
Residence						
Urban	18.7	17.7	6.8	13.0	6.0	824
Rural	38.0	34.6	13.1	23.9	12.6	1,230
Region						
Caprivi	53.4	50.8	4.4	30.0	4.4	110
Erongo	3.6	2.7	1.8	2.7	1.8	111
Hardap	3.0	3.0	1.6	1.4	0.0	62
Karas	4.6	3.6	0.0	0.0	0.0	57
Kavango	44.0	34.1	20.8	29.0	19.6	291
Khomas	8.2	7.0	3.3	4.4	2.2	365
Kunene	7.5	7.5	4.4	4.2	3.6	73
Ohangwena	35.1	32.8	9.1	17.1	9.0	235
Omaheke	4.6	4.6	2.9	3.9	2.9	106
Omusati	50.9	49.3	22.8	37.8	21.9	193
Oshana	51.9	51.3	14.6	38.0	13.3	136
Oshikoto	46.6	44.8	14.5	29.9	14.5	172
Otjozondjupa	38.1	38.1	14.3	28.7	14.3	144
Education						
No education/preschool	23.9	22.8	14.0	18.3	12.9	223
Incomplete primary	34.9	30.2	10.3	19.0	10.1	407
Complete primary	34.4	32.5	10.4	19.7	9.9	170
Incomplete secondary	31.2	29.2	10.8	20.9	10.0	921
Complete secondary	24.6	22.1	8.7	18.0	8.0	244
More than secondary	22.7	22.7	6.9	15.6	6.9	91
Wealth quintile						
Lowest	41.8	35.8	14.2	24.8	13.5	455
Second	40.1	38.3	14.1	25.4	13.9	401
Middle	30.5	28.9	10.8	20.9	10.0	472
Fourth	22.5	21.3	8.4	16.5	7.3	417
Highest	10.7	9.8	3.3	6.5	3.3	310
Total	30.3	27.8	10.6	19.6	10.0	2,054

[1] Treatment with SP/Fansidar during an antenatal care (ANC) visit

Pregnant women in rural areas are twice as likely as those in urban areas to take anti-malarial medication (38 percent and 19 percent, respectively). The percentage of pregnant women who took any anti-malarial drug is highest in the northern regions, ranging from 35 percent in Ohangwena to 53 percent in Caprivi, while in Erongo, Hardap, Karas, and Omaheke, less than 5 percent of pregnant women took any anti-malarial drug. Use of anti-malarial drugs has a negative relationship with wealth status: 42 percent among women in the lowest wealth quintile compared with 11 percent for women in the highest wealth quintile.

13.5 MALARIA DIAGNOSIS AND TREATMENT

Prevalence of Fever

Fever is the primary manifestation of malaria. Although fever occurs year-round, malaria is most prevalent during the rainy season. Therefore, temporal factors must be taken into account when interpreting the occurrence of fever as an indicator of malaria prevalence. The National Malaria Control Programme through The Global Fund to Fight AIDS, Tuberculosis and Malaria project envisions that by 2010, 80 percent of all uncomplicated malaria will receive correct treatment within 24 hours.

In interpreting the results of the 2006-07 NDHS on prevalence of fever, it should be borne in mind that the data were not collected during the peak malaria season, which is from March to June. Table 13.5 shows the percentage of children under age five with fever in the two weeks preceding the survey, and among children with fever, the percentage who took anti-malarial drugs the same or next day following the onset of fever. Overall, 17 percent of children under five had a fever in the two weeks preceding the survey. The highest proportion of fever cases (22 percent) was reported for children age 12-23 months.

The prevalence of fever among children under five declines as mother's level of education increases. For example, 18 percent of children whose mothers have no education had fever compared with 12 percent of children whose mothers have incomplete secondary education. The relationship between prevalence of fever and wealth status is less clear, although children in the lowest quintile have the highest prevalence and children in the higher quintiles have lower prevalence.

One in ten children with fever in the two weeks preceding the survey received anti-malarial drugs. The likelihood that a child with fever received anti-malarial drugs varies slightly across subgroups, except by region of residence and mother's education. Children whose mothers have no education are the least likely to receive anti-malarial drugs during a fever episode.

Table 13.5 Prevalence of fever and treatment with anti-malarial drugs

Percentage of children under age five with fever in the two weeks preceding the survey, and among children with fever, the percentage who received anti-malarial drugs, by background characteristics, Namibia 2006-07

Background characteristic	Among children under age five: Percentage with fever in the two weeks preceding the survey	Among children under age five: Number of children	Among children under age five with fever: Percentage who received anti-malarial drugs	Among children under age five with fever: Number of children
Age (in months)				
<12	20.0	1,038	8.4	208
12-23	21.5	987	12.8	213
24-35	16.9	949	6.0	160
36-47	14.0	930	11.5	130
48-59	10.4	816	10.4	85
Residence				
Urban	16.2	1,970	8.2	320
Rural	17.3	2,749	10.8	476
Region				
Caprivi	37.7	243	15.6	92
Erongo	12.3	287	(5.7)	35
Hardap	13.6	139	(0.0)	19
Karas	13.6	136	*	19
Kavango	18.2	574	10.9	104
Khomas	17.9	889	7.5	159
Kunene	15.5	179	(10.0)	28
Ohangwena	15.2	532	10.2	81
Omaheke	26.5	227	7.5	60
Omusati	18.3	422	12.0	77
Oshana	7.7	337	(26.5)	26
Oshikoto	10.0	424	(13.3)	42
Otjozondjupa	16.1	330	0.0	53
Mother's education				
No education/preschool	18.3	526	5.4	96
Incomplete primary	17.5	1,333	9.7	234
Complete primary	16.7	2,609	10.3	435
Incomplete secondary	12.0	251	*	30
Wealth quintile				
Lowest	20.4	1,000	9.5	204
Second	16.0	897	15.4	143
Middle	17.3	1,048	8.5	181
Fourth	14.5	987	5.9	143
Highest	15.7	787	10.1	124
Total	16.9	4,719	9.8	795

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

13.6 TREATMENT OF FEVER

Prompt and effective treatment of malaria within 24 hours of onset of symptoms has been highlighted as one of the key objectives in the Namibian Malaria Policy (MoHSS, 2005a). Most child deaths caused by malaria can be avoided through prompt recognition of symptoms and treatment with anti-malarial drugs. Table 13.6 shows the proportion of children under five with fever in the two weeks preceding the survey who received specific anti-malarial drugs.

Table 13.6 Anti-malarial drugs received by children

Among children under age five with fever in the two weeks preceding the survey, percentage who received specific anti-malarial drugs, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of children who received anti-malarial drug					Number of children with fever
	SP/Fansidar	Quinine	Arthemether Lumefantrine (AL)	Other anti-malarial	Percentage who received pill/syrup	
Age (in months)						
<12	3.7	2.3	0.0	2.9	13.5	208
12-23	4.1	1.5	3.6	4.4	18.3	213
24-35	4.7	0.0	0.9	0.3	21.6	160
36-47	6.0	0.0	5.5	1.6	6.6	130
48-59	5.8	1.5	3.2	3.7	14.0	85
Residence						
Urban	2.9	0.3	1.9	3.7	16.7	320
Rural	5.8	1.7	2.7	2.0	14.4	476
Region						
Caprivi	5.8	1.4	8.0	1.7	8.8	92
Erongo	(0.0)	(0.0)	(0.0)	(5.7)	(9.6)	35
Hardap	(0.0)	(0.0)	(0.0)	(0.0)	(10.8)	19
Karas	*	*	*	*	*	19
Kavango	8.2	1.0	3.3	1.7	16.3	104
Khomas	1.8	0.0	2.4	3.3	19.3	159
Kunene	(0.0)	(0.0)	(0.0)	(10.0)	(2.0)	28
Ohangwena	4.1	0.0	3.0	4.6	9.6	81
Omaheke	7.5	0.0	0.0	0.0	26.4	60
Omusati	6.2	2.7	1.5	1.6	19.8	77
Oshana	(16.5)	(10.0)	(0.0)	(4.2)	(9.9)	26
Oshikoto	(7.1)	(5.0)	(0.0)	(3.9)	(13.2)	42
Otjozondjupa	0.0	0.0	0.0	0.0	11.5	53
Mother's education						
No education/preschool	1.3	1.9	1.5	1.4	12.3	96
Incomplete primary	6.1	0.9	1.6	2.5	13.8	234
Complete primary	4.5	1.2	3.2	2.3	16.2	435
Incomplete secondary	*	*	*	*	*	30
Wealth quintile						
Lowest	3.7	2.0	4.0	1.3	12.8	204
Second	8.9	2.4	3.1	2.8	12.4	143
Middle	4.2	1.0	0.6	3.4	16.1	181
Fourth	3.7	0.0	1.0	2.2	12.2	143
Highest	2.7	0.0	3.1	4.2	25.3	124
Total	4.6	1.1	2.4	2.7	15.3	795

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

The table indicates that when a child has fever, the most frequent treatment is pill or syrup (15 percent). Among anti-malarial drugs, SP/Fansidar is the most frequently given (5 percent), followed by other anti-malarial drugs (3 percent). Children with fever in rural areas are more likely to be given specific anti-malarial drugs such as SP/Fansidar, Quinine or Arthemether Lumenfantrine than children in urban areas. For example, 6 percent of rural children were given SP/Fansidar compared with 3 percent of urban children. Urban children are more likely to take other anti-malarial drugs and pill or syrup.

13.7 KNOWLEDGE AND SIGNS OF MALARIA

In line with National Roll Back Malaria Strategic Plan, community education on the signs and symptoms of malaria is conducted regularly, especially during the annual malaria awareness week and campaign. Table 13.7.1 shows the percentage of women age 15-49 who know specific signs and symptoms according to knowledge of signs of malaria. Headache is the most commonly mentioned symptom of malaria (61 percent), followed by increased body temperature (49 percent), and chills and body pain (27 percent and 26 percent, respectively). Knowledge of symptoms of malaria varies somewhat across subgroups of women. Better educated women and women in the highest wealth quintile are the most likely to mention chills and high temperature.

Table 13.7.1 Knowledge of signs of malaria: Women

Percentage of women age 15-49 who know specific signs and symptoms of malaria, by background characteristics, Namibia 2006-07

Background characteristic	Headache	Chills	High temperature	Body pain	Loss of energy	Other	Don't know/ missing	Number of women
Age								
15-19	57.1	20.5	39.6	19.6	18.6	8.5	12.0	2,246
20-24	60.5	28.5	48.8	22.6	20.5	6.8	7.8	1,855
25-29	63.1	27.3	50.7	29.5	18.7	8.8	5.3	1,623
30-34	64.9	31.5	51.3	28.8	22.0	7.6	5.7	1,417
35-39	63.8	27.9	51.8	30.0	17.5	9.1	7.5	1,045
40-44	62.7	33.3	55.3	31.4	18.7	7.9	5.5	928
45-49	59.5	27.1	53.8	27.1	17.3	9.4	8.7	689
Residence								
Urban	61.6	30.3	50.1	26.6	23.5	9.4	7.8	4,772
Rural	60.9	24.3	47.3	25.2	15.2	7.0	7.9	5,032
Region								
Caprivi	85.4	27.9	83.7	35.9	39.6	7.3	2.8	474
Erongo	54.6	26.9	48.6	34.1	32.9	15.2	7.3	688
Hardap	64.8	21.4	42.4	29.9	27.3	7.3	15.7	315
Karas	41.4	14.8	34.9	12.7	21.6	4.2	36.7	318
Kavango	50.3	20.0	48.4	21.0	17.3	5.1	4.0	934
Khomas	60.0	33.7	46.9	24.1	19.8	10.3	9.1	2,218
Kunene	81.2	28.3	51.2	46.6	27.7	2.9	4.9	259
Ohangwena	55.8	20.6	40.5	16.6	4.9	5.7	6.7	1,043
Omaheke	71.4	22.2	45.4	27.0	14.7	3.9	8.6	373
Omusati	60.7	24.5	40.2	27.8	10.7	6.3	7.2	975
Oshana	61.3	19.7	57.8	16.8	17.9	4.0	4.5	819
Oshikoto	63.5	47.4	54.7	34.6	22.6	11.5	6.4	837
Otjozondjupa	74.1	23.9	46.1	31.7	18.5	14.7	4.8	550
Education								
No education/preschool	56.8	20.0	36.4	30.7	13.1	6.8	12.0	651
Incomplete primary	58.8	24.1	45.5	26.8	13.5	8.4	8.6	1,699
Complete primary	58.0	24.1	42.3	26.9	16.2	7.0	11.3	736
Incomplete secondary	61.6	27.9	49.1	24.8	20.6	7.2	7.9	4,751
Complete secondary	63.7	29.6	54.3	25.1	21.5	11.0	6.2	1,286
More than secondary	68.7	35.9	61.5	27.0	29.5	11.6	1.5	682
Wealth quintile								
Lowest	61.2	20.4	46.2	25.8	14.5	7.4	7.1	1,621
Second	58.8	25.3	46.3	24.7	13.3	6.9	7.4	1,668
Middle	60.7	24.2	47.0	27.4	15.8	7.1	7.1	1,885
Fourth	63.3	31.1	48.2	25.9	22.5	8.0	8.9	2,292
Highest	61.6	31.8	53.8	25.6	26.5	10.7	8.3	2,338
Total	61.3	27.2	48.6	25.9	19.3	8.2	7.9	9,804

Table 13.7.2 shows the percentage of men age 15-49 who know specific signs and symptoms of malaria. The levels are similar to those among women. The symptom of malaria most often cited by men is headache (62 percent) followed by increased body temperature (50 percent). However, unlike women, rural men are more likely than urban men to mention headache as a sign of malaria (67 percent compared with 58 percent, respectively). Men are more likely than women to mention loss of energy (33 percent compared with 19 percent, respectively). Knowledge of the symptoms of malaria varies little across subgroups of men.

Table 13.7.2 Knowledge of signs of malaria: Men

Percentage of men age 15-49 who know specific signs and symptoms of malaria, by background characteristics, Namibia 2006-07

Background characteristic	Headache	Chills	High temperature	Body pain	Loss of energy	Other	Don't know/ missing	Number of men
Age								
15-19	56.6	28.8	39.3	19.5	32.9	6.4	10.1	910
20-24	63.1	35.6	49.9	22.9	33.3	8.5	5.2	750
25-29	61.1	34.3	51.3	27.1	31.4	7.9	5.1	702
30-34	66.0	40.4	57.5	28.4	31.1	9.5	4.3	586
35-39	70.0	35.3	57.2	29.5	31.3	8.8	5.4	400
40-44	60.2	42.4	50.0	27.9	30.3	7.5	3.8	331
45-49	68.9	38.3	58.3	29.5	40.8	6.7	3.9	235
Residence								
Urban	58.0	33.2	50.8	23.8	34.8	10.3	8.0	1,962
Rural	67.0	37.2	49.4	26.6	30.2	5.5	4.0	1,953
Region								
Caprivi	73.9	35.9	60.0	21.2	26.8	9.8	0.0	189
Erongo	61.6	19.4	47.8	13.4	30.4	17.2	6.6	362
Hardap	59.9	38.4	49.0	41.4	38.6	9.0	16.7	132
Karas	53.5	16.9	50.3	16.2	32.7	5.8	16.6	157
Kavango	72.7	42.2	64.1	11.9	45.5	5.8	0.6	331
Khomas	49.4	39.3	45.0	24.3	32.7	11.0	10.2	984
Kunene	75.2	68.3	54.3	54.3	37.5	10.8	0.6	92
Ohangwena	66.1	29.7	43.8	31.6	42.5	1.4	1.4	306
Omaheke	62.9	45.2	57.0	32.8	35.6	11.8	6.4	188
Omusati	82.3	52.0	65.6	16.9	29.7	3.2	3.4	320
Oshana	58.2	10.1	37.8	29.9	22.7	1.3	6.3	270
Oshikoto	64.9	34.1	38.1	44.3	23.6	5.2	1.9	322
Otjozondjupa	66.8	36.0	57.0	19.8	28.2	4.5	3.8	262
Education								
No education/preschool	58.6	41.5	47.4	31.7	29.7	4.9	6.6	360
Incomplete primary	63.7	34.4	44.6	27.6	32.1	5.3	5.7	856
Complete primary	58.1	35.7	38.8	22.7	30.2	5.8	9.3	252
Incomplete secondary	61.4	34.3	50.7	22.2	32.9	8.7	6.6	1,604
Complete secondary	64.0	34.6	55.1	21.6	32.3	12.1	4.9	538
More than secondary	70.5	35.5	65.8	34.5	37.5	8.7	2.2	305
Wealth quintile								
Lowest	67.5	36.2	48.1	25.8	33.2	4.4	2.1	560
Second	70.3	37.8	52.5	24.5	34.1	4.4	3.1	607
Middle	61.9	38.5	47.1	27.2	27.3	6.5	6.5	875
Fourth	61.3	35.0	52.3	25.9	32.6	8.0	7.5	963
Highest	56.1	29.9	50.2	22.5	35.9	13.5	8.3	911
Total	62.5	35.2	50.1	25.2	32.5	7.9	6.0	3,915

13.8 KNOWLEDGE OF CAUSES OF MALARIA

Table 13.8.1 shows knowledge of the causes of malaria among women age 15-49. Virtually all women (95 percent) correctly identified mosquito bites as the cause of malaria. This proportion varies little across subgroups of women. While rural women are less likely than urban women to mention mosquito bites as the cause of malaria (96 percent and 93 percent, respectively), they are more likely than urban women to mention rain (15 percent and 10 percent, respectively). There are marked differences in the perception of rain as a cause of malaria across regions. While 28 percent of women in Kunene mentioned the rains as the cause for malaria, less than 2 percent of women in Hardap share this belief.

Table 13.8.1 Knowledge of causes of malaria: Women

Percentage of women age 15-49 who report specific causes of malaria, by background characteristics, Namibia 2006-07

Background characteristic	Mosquito bites	Rain	Unhygienic environment	Sleeping with someone who has malaria	Other	Don't know/ missing	Number of women
Age							
15-19	91.6	13.4	10.1	0.4	1.6	3.7	2,246
20-24	95.3	11.7	11.4	0.5	1.4	2.5	1,855
25-29	95.5	12.5	9.9	0.6	1.3	2.2	1,623
30-34	94.3	11.6	11.3	0.3	1.1	3.1	1,417
35-39	96.2	12.9	11.3	0.7	1.2	2.1	1,045
40-44	96.6	11.7	10.7	0.5	1.4	2.0	928
45-49	93.8	12.7	12.9	0.4	0.9	3.8	689
Residence							
Urban	96.1	9.9	10.8	0.4	0.9	1.8	4,772
Rural	92.9	14.8	10.9	0.5	1.7	3.8	5,032
Region							
Caprivi	97.9	13.6	35.4	0.3	0.5	1.4	474
Erongo	96.8	6.3	18.5	0.1	0.6	0.6	688
Hardap	95.3	1.6	0.4	0.1	0.2	1.2	315
Karas	89.4	8.8	5.0	0.4	0.0	9.1	318
Kavango	87.6	7.3	9.7	0.9	1.8	7.7	934
Khomas	95.9	8.4	8.3	0.3	0.9	1.7	2,218
Kunene	88.6	27.8	23.6	4.0	1.4	7.5	259
Ohangwena	93.4	18.7	4.6	0.2	1.5	2.5	1,043
Omaheke	95.5	13.0	11.5	0.2	0.5	3.0	373
Omusati	96.0	14.7	9.8	0.1	3.4	2.2	975
Oshana	96.0	13.5	10.0	0.7	1.9	2.0	819
Oshikoto	95.1	21.1	12.9	0.2	0.6	1.6	837
Otjozondjupa	94.9	13.3	7.2	1.3	2.0	2.5	550
Education							
No education/preschool	80.6	12.6	6.3	1.6	1.9	11.6	651
Incomplete primary	90.9	14.1	11.1	0.4	1.6	5.1	1,699
Complete primary	93.8	18.4	12.1	0.6	1.3	2.8	736
Incomplete secondary	96.2	12.2	11.3	0.4	1.4	1.7	4,751
Complete secondary	98.2	8.9	10.0	0.1	0.6	0.6	1,286
More than secondary	97.8	9.2	11.9	0.5	0.9	0.7	682
Wealth quintile							
Lowest	90.1	15.5	11.6	0.6	1.2	5.7	1,621
Second	93.2	15.3	11.0	0.6	2.0	3.1	1,668
Middle	93.9	13.4	10.2	0.8	1.7	3.2	1,885
Fourth	95.9	12.8	11.3	0.4	1.3	2.2	2,292
Highest	97.4	7.0	10.4	0.1	0.6	0.8	2,338
Total	94.5	12.4	10.9	0.5	1.3	2.8	9,804

Table 13.8.2 shows knowledge of the causes of malaria among men age 15-49. Men show a an equally high level of knowledge of the cause of malaria: 96 percent say that mosquito bite is the cause of malaria. Across regions, men in Kavango are the most likely to say that malaria is caused by the rains and an unhygienic environment (48 percent each). Men in the wealthiest households are much less likely to mention rain and an unhygienic environment (5 and 7 percent, respectively) as causes of malaria compared with men in the lowest wealth quintile (26 and 22 percent, respectively).

Table 13.8.2 Knowledge of causes of malaria: Men

Percentage of men age 15-49 who report specific causes of malaria, by background characteristics, Namibia 2006-07

Background characteristic	Mosquito bites	Rain	Unhygienic environment	Sleeping with someone who has malaria	Other	Don't know/ missing	Number of men
Age							
15-19	92.3	19.5	14.5	1.4	5.9	1.8	910
20-24	96.2	15.1	13.6	0.2	7.1	0.5	750
25-29	96.2	13.0	12.1	0.3	4.5	1.8	702
30-34	96.7	11.0	11.0	0.4	2.2	2.2	586
35-39	98.1	16.2	13.6	0.5	5.2	0.4	400
40-44	98.3	11.3	8.7	0.7	5.0	0.5	331
45-49	94.7	15.1	13.0	0.0	4.1	1.2	235
Residence							
Urban	97.0	10.1	10.3	0.3	2.7	1.5	1,962
Rural	94.2	19.8	15.1	0.9	7.5	1.2	1,953
Region							
Caprivi	96.5	2.5	4.2	0.0	1.8	0.3	189
Erongo	97.6	8.3	9.0	1.4	5.2	0.9	362
Hardap	96.4	4.7	5.5	0.0	1.4	1.1	132
Karas	96.0	3.6	4.9	0.0	1.0	0.9	157
Kavango	96.5	48.4	48.0	0.4	14.0	1.2	331
Khomas	96.1	6.7	5.9	0.0	2.1	2.4	984
Kunene	92.1	3.1	6.7	0.0	12.4	3.7	92
Ohangwena	89.3	37.0	16.2	1.0	0.0	1.0	306
Omaheke	94.7	17.7	3.5	1.3	3.0	0.8	188
Omusati	98.0	10.4	13.2	2.3	21.0	0.4	320
Oshana	95.7	14.6	7.1	0.7	5.1	0.2	270
Oshikoto	94.5	24.1	25.0	0.5	2.6	1.5	322
Otjozondjupa	96.5	4.9	8.0	0.0	0.3	1.4	262
Education							
No education/preschool	89.3	21.1	15.1	0.9	5.7	3.5	360
Incomplete primary	93.0	20.0	15.2	0.9	7.3	2.2	856
Complete primary	93.6	15.4	18.9	0.7	5.3	1.6	252
Incomplete secondary	97.2	14.3	12.0	0.4	5.2	0.8	1,604
Complete secondary	98.2	8.2	8.4	0.5	2.2	0.8	538
More than secondary	99.0	8.2	8.8	0.4	2.5	0.0	305
Wealth quintile							
Lowest	92.9	26.1	22.1	0.6	8.6	1.5	560
Second	94.8	22.1	16.6	1.5	9.2	0.9	607
Middle	94.0	16.5	11.9	0.4	5.5	1.7	875
Fourth	97.7	12.3	11.1	0.2	3.3	0.8	963
Highest	97.2	4.6	6.7	0.5	1.8	1.7	911
Total	95.6	14.9	12.7	0.6	5.1	1.3	3,915

13.9 ACTION TAKEN IN CASE OF MALARIA

Respondents in the 2006-07 NDHS were asked what action they would take if they suspected that they had malaria. Almost all women and men, regardless of background characteristics (94-96 percent), gave the same response: go to a health facility/health professional (Tables 13.9.1 and 13.9.2). Less than 1 percent said that they would go to a traditional healer.

Table 13.9.1 Action taken in case of malaria: Women

Among women age 15-49, percentage who said they would take specific actions if they suspected they had malaria, by background characteristics, Namibia 2006-07

Background characteristic	Nothing	Go to a health facility/ personnel	Go to a traditional healer	Other	Don't know/ missing	Number of women
Age						
15-19	1.3	94.5	0.4	0.1	2.3	2,246
20-24	0.9	96.2	0.2	0.4	1.5	1,855
25-29	0.3	96.8	0.4	0.2	1.3	1,623
30-34	0.4	96.9	0.2	0.0	1.7	1,417
35-39	0.6	97.5	0.1	0.4	0.9	1,045
40-44	0.9	97.0	0.3	0.3	1.1	928
45-49	0.7	95.7	0.1	0.3	1.7	689
Residence						
Urban	0.6	96.8	0.2	0.2	1.2	4,772
Rural	0.9	95.6	0.3	0.3	2.0	5,032
Region						
Caprivi	0.3	98.1	0.0	0.5	0.5	474
Erongo	0.9	97.6	0.4	0.0	0.2	688
Hardap	1.7	92.4	0.0	0.2	2.5	315
Karas	0.5	88.7	0.5	0.5	8.4	318
Kavango	0.5	96.3	0.3	0.5	1.6	934
Khomas	0.8	95.9	0.3	0.4	1.3	2,218
Kunene	1.4	97.2	0.4	0.0	0.8	259
Ohangwena	0.1	97.4	0.3	0.1	1.4	1,043
Omaheke	0.9	93.2	0.3	0.0	4.6	373
Omusati	0.8	96.7	0.5	0.0	1.4	975
Oshana	0.4	97.8	0.2	0.1	1.1	819
Oshikoto	1.9	96.1	0.3	0.3	1.0	837
Otjozondjupa	0.5	96.3	0.4	0.2	1.7	550
Education						
No education preschool	0.9	89.3	0.6	0.3	4.9	651
Incomplete primary	0.8	95.1	0.5	0.4	2.2	1,699
Complete primary	1.2	95.6	0.1	0.2	2.2	736
Incomplete secondary	0.7	96.8	0.2	0.2	1.3	4,751
Complete secondary	0.7	98.0	0.3	0.3	0.5	1,286
More than secondary	0.4	98.3	0.2	0.0	0.2	682
Wealth quintile						
Lowest	0.7	96.6	0.3	0.3	1.6	1,621
Second	1.0	95.4	0.5	0.3	1.7	1,668
Middle	0.8	94.5	0.3	0.3	2.7	1,885
Fourth	0.6	96.9	0.2	0.2	1.4	2,292
Highest	0.7	97.0	0.3	0.1	0.9	2,338
Total	0.8	96.2	0.3	0.2	1.6	9,804

Table 13.9.2 Action taken in case of malaria: Men

Among men age 15-49, percentage who said they would take specific actions if they suspected they had malaria, by background characteristics, Namibia 2006-07

Background characteristic	Nothing	Go to a health facility/ personnel	Go to a traditional healer	Other	Don't know/ missing	Number of men
Age						
15-19	7.5	87.6	0.1	0.5	0.9	910
20-24	3.5	94.7	0.2	0.0	0.4	750
25-29	2.3	94.2	0.2	0.2	0.2	702
30-34	1.4	95.8	0.0	0.1	0.1	586
35-39	0.9	97.9	0.0	0.0	0.4	400
40-44	1.7	97.3	0.0	0.3	0.0	331
45-49	3.8	93.1	0.5	0.4	0.3	235
Residence						
Urban	0.6	96.9	0.1	0.3	0.2	1,962
Rural	6.4	90.2	0.2	0.1	0.6	1,953
Region						
Caprivi	0.2	96.1	0.0	0.6	1.0	189
Erongo	0.3	96.6	0.1	1.2	0.3	362
Hardap	0.0	97.9	0.0	0.0	0.2	132
Karas	1.1	96.5	0.0	0.0	0.0	157
Kavango	0.0	97.8	0.3	0.3	0.0	331
Khomas	0.0	96.7	0.2	0.1	0.5	984
Kunene	0.5	95.8	0.0	0.0	0.0	92
Ohangwena	39.1	56.6	0.0	0.0	0.0	306
Omaheke	0.6	96.0	0.0	0.0	1.0	188
Omusati	0.4	97.3	0.8	0.0	0.6	320
Oshana	3.3	94.5	0.0	0.0	1.3	270
Oshikoto	0.3	97.6	0.0	0.0	0.0	322
Otjozondjupa	0.9	96.5	0.0	0.4	0.0	262
Education						
No education/preschool	2.0	91.3	0.3	0.2	0.1	360
Incomplete primary	4.7	90.2	0.3	0.5	1.0	856
Complete primary	9.2	87.9	0.2	0.4	0.2	252
Incomplete secondary	3.4	94.8	0.1	0.0	0.4	1,604
Complete secondary	2.2	96.4	0.0	0.0	0.0	538
More than secondary	0.4	98.5	0.0	0.3	0.0	305
Wealth quintile						
Lowest	6.6	89.2	0.2	0.2	0.6	560
Second	9.5	88.1	0.2	0.2	0.2	607
Middle	3.9	92.2	0.3	0.1	0.5	875
Fourth	0.7	97.5	0.0	0.3	0.3	963
Highest	0.2	97.0	0.0	0.3	0.3	911
Total	3.5	93.6	0.1	0.2	0.4	3,915

13.10 ACTION TAKEN TO PREVENT MALARIA

Control of malaria vectors is the best way to protect communities against malaria infection. Vector control measures, such as indoor residual spraying of houses (IRS) and insecticide-treated nets, have the ability to reduce malaria incidence and prevalence. Other protective measures include using repellents, mosquito coils, and burning of leaves. The National Roll Back Malaria Strategic Plan envisions 80 percent coverage of targeted structures with indoor residual spraying in order to achieve a significant reduction in malaria transmission.

In the 2006-07 NDHS, respondents were asked what they would do to prevent getting malaria. Tables 13.10.1 and 13.10.2 show that the action most often cited by women and men is using a mosquito net (75 percent for women and 67 percent for men). Spraying the house is mentioned by 23 percent of women and 26 percent of men, and the use of a mosquito coil is cited by 19 percent of women and 24 percent of men. The use of repellents is mentioned by 20 percent of women and 23 percent of men. As expected, respondents in the malaria-endemic areas are more likely than those in other areas to mention various ways to prevent getting malaria. For example, 95 percent of women and 90 percent of men in Caprivi mentioned the use of mosquito nets, compared with 49 percent of women and 46 percent of men in Erongo. The proportion of women and men who mentioned appropriate ways of preventing malaria increases with level of education and wealth quintile, while the proportion who mentioned burning leaves decreases.

Table 13.10.1 Action taken to prevent malaria: Women

Percentage of women age 15-49 who said they would take specific actions to prevent getting malaria, by background characteristics, Namibia 2006-07

Background characteristic	Spray house	Use repellents	Use mosquito net	Use mosquito coil	Burn leaves	Other	Don't know/ missing	Number of women
Age								
15-19	19.8	17.1	77.2	17.1	11.4	8.4	5.6	2,246
20-24	22.2	19.9	75.9	18.9	11.5	10.4	5.4	1,855
25-29	24.0	21.4	78.7	20.9	13.2	7.5	4.8	1,623
30-34	25.2	20.2	75.2	18.2	11.5	7.6	5.8	1,417
35-39	21.8	19.4	75.8	19.2	13.1	9.9	5.5	1,045
40-44	22.3	23.5	71.1	21.7	17.1	9.9	4.4	928
45-49	27.0	20.2	65.9	17.4	14.6	9.5	9.6	689
Residence								
Urban	26.4	29.8	72.1	24.6	7.5	8.5	6.5	4,772
Rural	19.1	10.4	78.5	13.5	17.5	9.3	4.8	5,032
Region								
Caprivi	41.0	18.1	95.4	45.2	9.8	6.5	1.5	474
Erongo	33.5	20.4	49.3	27.5	8.5	13.7	22.0	688
Hardap	18.3	31.4	50.8	40.3	7.5	5.9	7.3	315
Karas	18.2	29.1	65.6	15.0	0.6	6.3	7.8	318
Kavango	9.9	6.4	83.3	12.7	4.3	10.4	5.7	934
Khomas	25.3	39.3	68.3	22.5	7.5	6.7	6.0	2,218
Kunene	39.0	14.2	70.7	16.3	14.5	5.0	11.9	259
Ohangwena	7.5	5.1	80.6	8.3	24.5	10.7	3.5	1,043
Omaheke	28.0	19.6	62.1	29.4	4.5	7.7	5.2	373
Omusati	21.3	7.2	88.2	5.9	15.5	9.8	2.6	975
Oshana	18.8	10.3	85.2	11.9	14.6	8.3	1.6	819
Oshikoto	24.6	12.2	84.0	17.9	33.3	11.0	2.3	837
Otjozondjupa	32.2	32.5	76.8	20.9	8.1	10.0	2.2	550
Education								
No education/preschool	19.1	9.3	60.2	10.2	12.8	8.4	11.6	651
Incomplete primary	18.6	11.3	72.2	13.1	16.8	8.4	7.4	1,699
Complete primary	21.6	14.1	76.6	15.6	13.7	6.4	6.5	736
Incomplete secondary	22.9	19.0	78.6	20.4	12.7	8.7	4.2	4,751
Complete secondary	26.6	31.3	74.3	23.1	8.8	10.7	5.8	1,286
More than secondary	28.4	41.5	76.4	27.0	8.3	10.9	3.8	682
Wealth quintile								
Lowest	17.4	6.7	79.7	10.6	18.9	8.6	5.6	1,621
Second	15.3	6.7	79.2	11.3	20.0	10.2	4.8	1,668
Middle	21.9	12.1	76.8	16.8	11.1	8.7	5.5	1,885
Fourth	25.8	24.0	74.7	23.7	10.4	7.0	5.7	2,292
Highest	29.1	40.6	69.3	27.1	6.6	10.2	6.2	2,338
Total	22.7	19.8	75.4	18.9	12.7	8.9	5.6	9,804

Table 13.10.2 Action taken to prevent malaria: Men

Percentage of men age 15-49 who said they would take specific actions to prevent getting malaria, by background characteristics, Namibia 2006-07

Background characteristic	Spray house	Use repellents	Use mosquito net	Use mosquito coil	Burn leaves	Other	Don't know/ missing	Number of men
Age								
15-19	23.5	21.0	67.8	23.6	9.6	9.1	5.7	910
20-24	25.9	19.5	69.2	24.6	9.4	9.9	5.6	750
25-29	24.4	21.6	65.5	23.9	8.2	11.9	6.3	702
30-34	24.0	24.5	69.2	22.6	7.8	6.4	4.4	586
35-39	27.4	27.0	62.4	30.2	8.5	6.9	7.5	400
40-44	28.2	24.3	68.3	19.9	6.7	7.1	6.1	331
45-49	33.2	25.2	55.1	29.7	12.9	7.8	9.2	235
Residence								
Urban	22.1	31.1	59.9	23.5	5.2	8.4	7.2	1,962
Rural	29.0	13.8	73.3	25.3	12.6	9.4	4.8	1,953
Region								
Caprivi	9.4	18.3	90.0	15.6	6.1	11.0	0.6	189
Erongo	27.2	21.6	45.5	15.2	10.9	7.5	23.6	362
Hardap	34.7	24.3	24.8	14.5	2.3	6.1	15.3	132
Karas	24.2	41.5	79.8	15.4	2.9	5.3	2.9	157
Kavango	54.6	12.6	93.4	35.6	6.1	16.1	2.6	331
Khomas	16.2	39.0	50.1	22.3	3.4	10.5	5.3	984
Kunene	35.1	55.8	64.5	33.8	8.2	15.9	12.8	92
Ohangwena	22.4	9.1	81.3	33.9	22.4	0.2	0.3	306
Omaheke	20.4	29.0	57.5	30.0	8.3	7.3	6.5	188
Omusati	59.2	3.9	96.2	27.8	9.3	11.3	1.1	320
Oshana	12.2	8.6	63.7	19.1	10.4	1.5	6.9	270
Oshikoto	20.0	11.0	62.7	31.5	21.2	15.4	2.7	322
Otjozondjupa	13.6	15.3	82.0	21.9	6.7	3.1	2.6	262
Education								
No education/preschool	22.5	13.4	57.5	25.8	10.9	6.7	9.5	360
Incomplete primary	26.7	12.5	66.8	25.6	12.9	7.7	6.6	856
Complete primary	25.7	23.6	66.1	23.8	10.2	7.9	5.7	252
Incomplete secondary	25.6	23.6	69.0	22.7	8.3	8.8	5.3	1,604
Complete secondary	24.3	30.8	63.0	26.1	4.7	10.6	5.7	538
More than secondary	28.2	39.6	70.3	25.7	4.3	12.8	5.0	305
Wealth quintile								
Lowest	32.3	9.3	75.4	25.3	15.6	9.5	3.5	560
Second	30.8	10.8	74.9	28.5	14.9	10.1	3.9	607
Middle	25.1	17.3	71.1	20.9	8.0	8.2	6.6	875
Fourth	24.0	29.6	66.0	27.0	7.4	8.5	5.6	963
Highest	20.2	35.8	51.9	21.7	3.2	8.7	8.9	911
Total	25.6	22.5	66.6	24.4	8.9	8.9	6.0	3,915

13.11 HEALTH INSURANCE COVERAGE

Health insurance in Namibia is far from satisfactory because it reaches only 28 percent of the population. Most of the people who lack health insurance coverage are poor and live in rural areas. The Social Security Commission and the Government Medical Aid Scheme provide health insurance for those who work and are able to contribute to the fund. Private health insurance is available to people who can pay the premiums.

Overall, only 18 percent of women age 15-49 are covered by health insurance, 9 percent have employer-based insurance, and 5 percent have social security coverage (Table 13.11.1). Other health insurance schemes are mutual health organization/community-based insurance (4 percent) and privately-purchased commercial insurances (3 percent). Younger women are less likely than older women to be insured. For example, 10 percent of women age 15-19 are covered compared with 29 percent of women age 45-49. Rural women are more likely to be uninsured (92 percent) than urban women (71 percent).

Women in Caprivi, Kavango, and Ohangwena regions are more likely to lack insurance coverage than the women in other regions. Khomas has the lowest percentage of women without insurance coverage (65 percent). Women in Karas (23 percent), Khomas (19 percent), and Erongo (15 percent) are the most likely to have employer-based insurance. As expected, education influences level of insurance coverage: women with higher education are more likely to have health insurance than women with less education. For example, 73 percent of women with more than secondary education have insurance coverage compared with 4 percent of women with no education. The same pattern is seen according to increasing wealth quintile.

Table 13.11.1 Health insurance coverage: Women

Percentage of women age 15-49 with specific types of health insurance coverage, according to background characteristics, Namibia 2006-07

Background characteristic	Social security	Other employer-based insurance	Mutual health organization/ community-based insurance	Privately purchased commercial insurance	Other	None	Number of women
Age							
15-19	1.1	4.4	2.4	1.8	0.9	89.6	2,246
20-24	2.0	5.6	1.9	1.9	0.5	88.4	1,855
25-29	5.7	9.1	3.0	2.3	0.6	81.4	1,623
30-34	5.5	11.2	3.7	4.4	0.6	78.1	1,417
35-39	7.4	11.7	4.1	2.4	0.6	76.1	1,045
40-44	8.3	15.5	7.8	2.1	0.8	70.2	928
45-49	8.1	14.6	7.3	4.2	0.3	70.6	689
Residence							
Urban	6.5	15.0	4.9	4.3	1.1	71.1	4,772
Rural	2.6	3.2	2.5	0.9	0.2	91.9	5,032
Region							
Caprivi	2.5	1.0	1.2	1.6	0.1	95.2	474
Erongo	5.1	14.6	2.4	6.9	0.9	71.6	688
Hardap	3.3	7.1	6.6	3.7	1.0	79.9	315
Karas	1.4	22.6	3.5	3.4	0.5	69.8	318
Kavango	2.9	2.6	1.6	0.8	0.2	93.2	934
Khomas	7.7	18.5	5.7	4.0	1.7	64.9	2,218
Kunene	3.8	8.6	3.1	2.7	0.0	84.5	259
Ohangwena	2.6	2.1	2.6	0.8	0.5	92.2	1,043
Omaheke	4.1	5.8	1.0	2.3	0.2	88.0	373
Omusati	3.8	4.5	3.2	1.4	0.1	89.3	975
Oshana	3.9	3.9	5.5	1.7	0.1	86.8	819
Oshikoto	3.9	6.0	3.6	1.6	0.0	88.3	837
Otjozondjupa	5.3	9.0	3.0	1.7	0.6	83.4	550
Education							
No education/preschool	0.9	1.0	1.6	0.0	0.1	96.3	651
Incomplete primary	1.7	1.5	1.9	0.3	0.2	94.9	1,699
Complete primary	3.9	2.7	2.0	0.7	0.1	92.1	736
Incomplete secondary	3.6	5.6	2.9	1.9	0.5	86.7	4,751
Complete secondary	7.7	20.0	6.6	5.3	1.3	62.1	1,286
More than secondary	16.1	44.3	11.1	12.1	2.6	26.8	682
Wealth quintile							
Lowest	0.3	0.5	1.0	0.1	0.1	98.0	1,621
Second	1.0	1.1	1.3	0.5	0.2	96.4	1,668
Middle	4.0	2.6	2.4	0.7	0.1	91.2	1,885
Fourth	6.9	7.2	4.4	2.2	0.9	81.8	2,292
Highest	8.0	27.2	7.4	7.5	1.4	52.4	2,338
Total	4.5	8.9	3.6	2.5	0.6	81.8	9,804

Table 13.11.2 shows insurance coverage for men. Overall, 78 percent of men age 15-49 do not have any health insurance, 11 percent have employer-based insurance, and 6 percent have social security coverage. In addition, 5 percent of men have mutual health organization/community-based insurance and 5 percent have privately-purchased commercial insurance. Men in rural areas (90 percent) are less likely to have health insurance than men in urban areas (67 percent). Across regions,

men in Kavango, Ohangwena, and Caprivi regions are less likely to have insurance coverage than men in other regions. Men in Erongo have the highest coverage overall (41 percent), while men in Khomas (22 percent), Karas (19 percent), and Hardap (15 percent) have the highest proportions of men with employer-based insurance.

As with women, men's level of education is related to health insurance coverage. The higher the level of education, the more likely a man is to have health insurance. A similar pattern is seen by wealth quintile: men in the higher wealth quintile are more likely to have insurance coverage than men in the lower wealth quintiles.

In general, the differences between women and men in health insurance coverage are small.

Table 13.11.2 Health insurance coverage: Men

Percentage of men age 15-49 with specific types of health insurance coverage, according to background characteristics, Namibia 2006-07

Background characteristic	Social security	Other employer-based insurance	Mutual health organization/ community-based insurance	Privately purchased commercial insurance	Other	None	Number of men
Age							
15-19	0.4	4.8	2.1	5.3	0.4	87.6	910
20-24	2.3	5.5	1.4	3.0	0.2	88.7	750
25-29	5.0	10.5	4.1	2.6	0.2	81.5	702
30-34	10.8	13.7	5.1	5.1	0.3	71.2	586
35-39	9.2	17.6	8.4	6.8	0.0	68.0	400
40-44	11.3	23.8	9.2	5.6	0.6	59.9	331
45-49	13.3	25.0	10.3	7.5	0.2	60.2	235
Residence							
Urban	8.1	18.7	6.6	7.1	0.4	66.5	1,962
Rural	3.3	4.0	2.4	2.1	0.1	90.1	1,953
Region							
Caprivi	3.9	6.6	1.6	2.1	0.8	89.2	189
Erongo	18.3	14.4	10.1	13.0	1.0	59.2	362
Hardap	2.3	14.6	3.7	1.9	2.4	76.2	132
Karas	10.6	19.0	5.6	5.5	0.0	69.4	157
Kavango	2.3	3.2	0.0	0.0	0.0	94.7	331
Khomas	4.2	22.1	3.7	7.6	0.0	66.5	984
Kunene	2.0	4.4	2.8	1.5	0.6	88.6	92
Ohangwena	1.0	6.0	2.8	0.5	0.0	89.6	306
Omaheke	1.3	9.0	3.1	3.1	0.0	84.7	188
Omusati	4.3	2.7	2.9	3.0	0.1	88.1	320
Oshana	8.8	4.4	10.4	2.6	0.0	78.2	270
Oshikoto	7.1	6.0	7.8	4.8	0.2	86.0	322
Otjozondjupa	5.7	9.8	3.0	1.7	0.0	83.6	262
Education							
No education/preschool	2.9	2.1	1.8	1.3	0.0	93.9	360
Incomplete primary	5.2	4.3	3.2	2.0	0.0	89.1	856
Complete primary	2.4	6.3	2.3	3.1	0.0	88.2	252
Incomplete secondary	4.6	8.9	3.2	4.8	0.3	81.0	1,604
Complete secondary	8.6	19.1	7.8	6.3	0.7	63.8	538
More than secondary	14.2	46.2	14.4	13.7	0.4	32.2	305
Wealth quintile							
Lowest	0.9	0.6	0.4	0.0	0.0	98.2	560
Second	2.1	3.1	1.3	1.9	0.3	92.6	607
Middle	4.7	5.2	3.0	2.1	0.1	87.4	875
Fourth	9.5	11.9	6.4	3.8	0.2	75.2	963
Highest	8.1	29.0	8.7	12.7	0.7	51.0	911
Total 15-49	5.7	11.4	4.5	4.6	0.3	78.3	3,915

13.12 KNOWLEDGE AND ATTITUDES CONCERNING TUBERCULOSIS

Tuberculosis (TB) is a leading cause of death in the world and a major public health problem in the developing world. TB is caused by the bacteria *mycobacterium tuberculosis* whose transmission is mainly airborne through droplets coughed or sneezed out by infected persons. The infection is primarily concentrated in the lungs, but in some cases it can be transmitted to other areas of the body.

Namibia reported 15,894 TB cases in 2005, a rate of 790 TB cases per 100,000 population. At this rate, Namibia has one of the world's highest notification rates (MOHSS, 2005).

The National TB Control Programme (NTCP) developed the Medium Term Plan I (MTP I) covering the period of 2004-2009 for the control of TB through the prevention and treatment efforts at the national, regional, and local levels. The treatment is provided free of charge in all Government and NGO health facilities. The implementation of the MTP 1 is based on, among others, the following strategies: advocacy and social mobilization, capacity building and training, supervision, expansion of the laboratory network for TB diagnosis, drug supply, and mobilization of resources (MoHSS, 2004).

Namibia adopted the strategy recommended by WHO and the International Union against TB and Lung Diseases, better known as the Directly Observed Treatment-Short Course Strategy, or DOTS. By the end of the National Development Plan II in March 2006, Namibia achieved a treatment success rate of 70 percent for new smear-positive PTB cases started on treatment (MoHSS, 2007)

The 2006-07 NDHS collected information from women and men of reproductive age on the level of awareness of TB. Specifically, respondents were asked whether they had ever heard of the illness, how it spreads from one person to another, whether it can be cured, and whether they would want to keep the information secret if a member of their family got TB. This information is useful in policy formulation and implementation of programmes designed to combat and limit the spread of the disease. The findings are presented in Table 13.12.1 and 13.12.2.

Knowledge of TB among women and men age 15-49 is almost universal (98-99 percent). Seventy-five percent of women and 77 percent of men correctly responded that TB is spread through the air by coughing. There are small differences across subgroups of women and men who reported the means of TB transmission. In general, this knowledge increases with education and wealth status. More than nine in ten women and men (92 and 93 percent, respectively) believe that TB can be cured. There are small variations across subgroups of women and men. When asked whether they would want to keep a family member's TB status a secret, only 15 percent of women and 18 percent of men responded positively.

Table 13.12.1 Knowledge and attitude concerning tuberculosis: Women

Percentage of women age 15-49 who have heard of tuberculosis (TB), and among women who have heard of TB, the percentages who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep secret that a family member has TB, by background characteristics, Namibia 2006-07

	All respondents		Respondents who have heard of TB			
Background characteristic	Percentage who have heard of TB	Number of women	Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would want a family member's TB kept secret	Number of women
Age						
15-19	97.3	2,246	70.3	83.7	19.4	2,186
20-24	98.6	1,855	75.4	93.6	15.9	1,828
25-29	98.9	1,623	79.3	96.4	12.8	1,604
30-34	99.2	1,417	77.7	95.1	13.6	1,406
35-39	99.1	1,045	75.5	95.2	12.2	1,036
40-44	99.2	928	77.0	94.6	11.2	921
45-49	99.1	689	74.1	93.5	14.1	684
Residence						
Urban	98.7	4,772	80.9	93.4	12.3	4,711
Rural	98.5	5,032	70.0	91.3	17.4	4,955
Region						
Caprivi	98.3	474	84.1	90.8	24.7	466
Erongo	98.9	688	86.7	95.0	11.4	681
Hardap	97.1	315	82.7	93.2	16.0	306
Karas	99.7	318	74.8	89.7	17.9	317
Kavango	98.6	934	71.3	92.9	19.9	921
Khomas	98.4	2,218	81.7	92.1	11.4	2,183
Kunene	98.3	259	65.9	81.5	13.4	255
Ohangwena	99.6	1,043	61.7	91.2	15.3	1,039
Omaheke	97.2	373	77.1	87.1	29.5	363
Omusati	98.4	975	71.2	94.9	12.2	960
Oshana	98.9	819	66.6	95.7	7.3	810
Oshikoto	98.8	837	79.2	95.0	13.0	827
Otjozondjupa	98.1	550	73.8	88.0	23.4	539
Education						
No education/preschool	95.6	651	54.9	83.7	20.7	622
Incomplete primary	98.3	1,699	66.4	90.9	20.2	1,670
Complete primary	99.0	736	66.4	91.8	19.4	729
Incomplete secondary	98.8	4,751	77.6	92.8	14.7	4,694
Complete secondary	99.1	1,286	85.3	94.2	7.3	1,274
More than secondary	99.4	682	90.7	97.3	7.2	678
Wealth quintile						
Lowest	98.4	1,621	65.6	90.9	17.1	1,596
Second	98.9	1,668	66.0	92.2	16.7	1,649
Middle	97.9	1,885	73.4	91.0	18.1	1,846
Fourth	99.0	2,292	81.9	94.1	14.9	2,270
Highest	98.6	2,338	83.7	92.6	9.5	2,305
Total	98.6	9,804	75.3	92.3	14.9	9,665

Table 13.12.2 Knowledge and attitude concerning tuberculosis: Men

Percentage of men age 15-49 who have heard of tuberculosis (TB), and among men who have heard of TB, the percentages who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep secret that a family member has TB, by background characteristics, Namibia 2006-07

	All respondents		Respondents who have heard of TB			
Background characteristic	Percentage who have heard of TB	Number of men	Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would want a family member's TB kept secret	Number of men
Age						
15-19	97.1	910	78.7	86.5	21.8	884
20-24	98.9	750	76.2	93.5	18.9	742
25-29	97.8	702	72.3	94.4	20.1	686
30-34	99.2	586	78.2	95.2	13.0	581
35-39	99.5	400	79.6	93.6	14.5	398
40-44	98.7	331	77.6	96.9	13.1	327
45-49	99.0	235	72.1	92.5	11.7	233
Residence						
Urban	99.0	1,962	75.5	93.0	15.1	1,943
Rural	97.8	1,953	77.7	92.1	20.0	1,910
Region						
Caprivi	95.4	189	70.6	92.1	29.2	180
Erongo	99.1	362	77.5	94.3	14.0	359
Hardap	99.1	132	82.4	94.4	6.0	131
Karas	98.8	157	83.8	93.1	14.4	155
Kavango	98.8	331	85.0	95.2	6.9	327
Khomas	98.6	984	69.8	91.7	18.9	971
Kunene	98.9	92	81.9	89.4	12.7	91
Ohangwena	96.4	306	93.9	96.0	22.2	295
Omaheke	97.5	188	74.8	86.7	20.3	184
Omusati	99.4	320	89.4	94.2	15.5	318
Oshana	99.1	270	57.9	87.9	21.8	268
Oshikoto	99.4	322	77.0	94.1	27.7	320
Otjozondjupa	97.2	262	69.8	91.2	10.1	254
Education						
No education/preschool	96.3	360	65.7	89.8	21.4	346
Incomplete primary	98.0	856	72.2	91.3	23.5	839
Complete primary	98.3	252	76.9	89.9	21.9	248
Incomplete secondary	98.7	1,604	77.6	93.1	16.3	1,583
Complete secondary	99.4	538	82.2	93.7	13.3	534
More than secondary	98.8	305	86.0	96.8	6.3	301
Wealth quintile						
Lowest	96.3	560	79.0	92.0	22.7	539
Second	98.7	607	80.3	93.0	20.7	599
Middle	98.2	875	71.0	92.6	16.8	859
Fourth	99.4	963	76.1	93.2	16.1	957
Highest	98.6	911	78.5	91.8	14.5	898
Total 15-49	98.4	3,915	76.6	92.6	17.5	3,852

13.13 USE OF TOBACCO

Tobacco smoking has negative effects on health and is associated with increased risk of lung and heart diseases. Women and men interviewed in the 2006-07 NDHS were asked about their smoking habits. Table 13.13.1 and 13.13.2 show the percentage of women and men who smoke cigarettes or tobacco and the percent distribution of cigarette smokers by number of cigarettes smoked in the preceding 24 hours, according to background characteristics.

Few women age 15-49 (5 percent) smoke cigarettes. Older women are more likely to smoke than younger women; 2 percent of women age 15-19 smoke cigarettes compared with 10 percent of women age 40-44. Women in the oldest age group are also more likely to use tobacco other than cigarette or pipe. One in five women in Hardap (20 percent) smoke cigarettes and 3 percent use tobacco in other forms. Two percent or less of women in Caprivi, Omusati, and Oshana use any type of tobacco. Women's level of education and wealth status are related to their propensity to smoke. Women with no education and women in the highest wealth quintile are the most likely to use tobacco.

Table 13.13.1 Use of tobacco: Women

Percentage of women age 15-49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics and maternity status, Namibia 2006-07

Background characteristic	Cigarettes	Pipe	Other tobacco	Does not use tobacco	Number of women	Number of cigarettes in past 24 hours						Total	Number of cigarette smokers
						0	1-2	3-5	6-9	10+	Don't know/ missing		
Age													
15-19	2.3	0.2	0.2	97.2	2,246	(20.9)	(34.4)	(23.8)	(2.3)	(17.9)	(0.7)	100.0	52
20-24	3.9	0.3	0.9	94.9	1,855	2.1	10.0	45.7	19.2	21.6	1.4	100.0	72
25-29	5.2	0.4	1.2	93.1	1,623	0.5	18.2	36.3	6.0	37.9	1.2	100.0	85
30-34	5.8	0.4	1.8	91.9	1,417	7.5	18.4	36.1	14.7	21.9	1.4	100.0	82
35-39	7.8	1.0	3.8	87.4	1,045	0.8	22.1	34.5	17.1	25.4	0.0	100.0	82
40-44	9.6	1.1	5.2	84.2	928	0.6	7.6	24.4	21.2	45.2	1.1	100.0	89
45-49	8.8	1.8	10.4	79.1	689	0.0	5.8	25.6	24.0	44.5	0.0	100.0	60
Residence													
Urban	8.5	0.2	1.1	90.1	4,772	4.8	14.9	30.0	15.7	34.5	0.0	100.0	406
Rural	2.3	0.9	3.4	93.4	5,032	0.5	20.4	42.5	13.4	19.4	3.9	100.0	115
Region													
Caprivi	0.7	0.0	1.7	97.4	474	*	*	*	*	*	*	100.0	3
Erongo	14.5	0.5	1.9	83.1	688	9.7	19.5	23.1	6.2	41.5	0.0	100.0	100
Hardap	19.8	0.1	2.7	77.4	315	0.0	11.3	54.4	13.7	20.6	0.0	100.0	62
Karas	15.2	1.0	1.8	82.1	318	0.0	15.8	35.8	16.0	32.4	0.0	100.0	48
Kavango	0.5	0.5	6.3	92.5	934	*	*	*	*	*	*	100.0	4
Khomas	9.5	0.0	0.7	89.8	2,218	3.6	14.2	31.8	20.2	29.9	0.2	100.0	211
Kunene	7.3	3.0	4.7	85.0	259	(6.0)	(16.3)	(38.9)	(9.7)	(29.1)	(0.0)	100.0	19
Ohangwena	0.0	1.8	1.8	96.4	1,043	*	*	*	*	*	*	0.0	0
Omaheke	4.5	2.0	9.2	84.1	373	(0.0)	(25.5)	(25.0)	(22.7)	(26.8)	(0.0)	100.0	17
Omusati	0.7	0.1	1.0	98.2	975	*	*	*	*	*	*	100.0	7
Oshana	1.0	0.0	0.4	98.5	819	*	*	*	*	*	*	100.0	8
Oshikoto	1.9	0.3	2.3	95.5	837	*	*	*	*	*	*	100.0	16
Otjozondjupa	4.6	0.9	3.5	91.0	550	(0.0)	(20.8)	(44.1)	(11.5)	(23.6)	(0.0)	100.0	25
Education													
No education/preschool	7.4	4.6	12.9	74.6	651	1.1	29.7	39.3	13.6	14.2	2.1	100.0	48
Incomplete primary	4.3	0.8	5.2	89.5	1,699	0.0	17.3	32.8	21.4	25.8	2.7	100.0	74
Complete primary	3.2	0.3	2.7	93.7	736	(2.3)	(17.9)	(41.7)	(12.5)	(25.6)	(0.0)	100.0	24
Incomplete secondary	4.4	0.1	0.6	94.8	4,751	3.3	18.9	33.1	13.3	30.7	0.7	100.0	211
Complete secondary	9.9	0.1	0.2	89.8	1,286	6.5	7.2	32.1	13.4	40.7	0.0	100.0	127
More than secondary	5.6	0.0	0.3	94.1	682	10.1	9.6	19.1	23.8	37.3	0.0	100.0	38
Maternity status													
Pregnant	4.7	0.7	2.2	92.3	527	0.0	10.9	68.6	12.5	8.0	0.0	100.0	25
Breastfeeding (not pregnant)	3.5	0.8	3.1	92.4	1,351	0.0	29.0	43.0	14.2	11.6	2.1	100.0	47
Neither	5.7	0.5	2.2	91.6	7,925	4.5	15.0	29.7	15.5	34.5	0.8	100.0	450
Wealth quintile													
Lowest	0.5	1.3	5.6	92.5	1,621	*	*	*	*	*	*	100.0	9
Second	2.0	1.0	2.6	94.3	1,668	(0.0)	(27.6)	(28.6)	(12.5)	(18.7)	(12.6)	100.0	33
Middle	3.1	0.4	3.0	93.4	1,885	1.8	21.8	39.4	18.8	17.6	0.7	100.0	58
Fourth	7.6	0.2	1.4	90.8	2,292	3.0	18.3	42.0	12.7	23.9	0.0	100.0	175
Highest	10.6	0.1	0.2	89.2	2,338	5.6	10.9	25.2	17.1	41.3	0.0	100.0	247
Total	5.3	0.5	2.3	91.8	9,804	3.9	16.1	32.8	15.2	31.2	0.9	100.0	521

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

Among women who smoke, one in three smoked 3-5 cigarettes in the past 24 hours, 15 percent smoked 6-9 cigarettes, and 31 percent smoke 10 or more cigarettes. Older women are more likely to be heavy smokers (10 cigarettes or more in the past 24 hours) than younger women. Smoking is more popular among urban women than rural women. Urban women are also more likely than rural women to be heavy smokers (35 percent and 19 percent, respectively). Better educated women tend to smoke more than women with less education. Women in the highest wealth quintiles are more likely to be heavy smokers (23-41 percent).

Smoking is more common among Namibian men than women (Table 13.13.2); 24 percent of men use tobacco, compared with 8 percent of women. The likelihood of a man using tobacco increases with age: 10 percent of men age 15-19, compared with 21 to 25 percent of older men. Across regions, men in Hardap are the most likely to use tobacco (45 percent). Men in Ohangwena and Omusati are the least likely to use tobacco (7 and 8 percent, respectively). Tobacco use among men does not vary much by level of education or wealth quintile.

Table 13.13.2 Use of tobacco: Men

Percentage of men age 15-49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics, Namibia 2006-07

Background characteristic	Cigarettes	Pipe	Other tobacco	Does not use tobacco	Number of men	Number of cigarettes in past 24 hours: 0	1-2	3-5	6-9	10+	Don't know/ missing	Total	Number of cigarette smokers
Age													
15-19	9.1	0.1	0.4	90.2	910	13.0	18.0	42.8	13.0	12.0	1.1	100.0	83
20-24	20.9	0.3	0.9	77.9	750	2.4	21.8	34.5	16.8	23.4	1.1	100.0	157
25-29	26.5	1.3	1.0	71.2	702	2.4	18.6	39.8	7.8	29.4	2.1	100.0	186
30-34	24.8	0.9	2.4	71.9	586	1.3	12.7	35.8	20.0	29.9	0.3	100.0	145
35-39	27.1	1.9	3.2	67.7	400	2.4	14.6	37.7	17.8	26.4	1.1	100.0	109
40-44	24.9	2.1	4.6	68.4	331	9.6	10.8	26.6	22.2	30.8	0.0	100.0	83
45-49	24.6	1.2	4.9	69.3	235	3.6	17.4	32.8	19.9	24.4	1.8	100.0	58
Residence													
Urban	23.4	0.1	0.5	76.0	1,962	3.5	13.3	36.5	15.8	30.3	0.6	100.0	459
Rural	18.5	1.7	3.1	76.6	1,953	4.9	21.1	36.0	15.8	20.4	1.7	100.0	361
Region													
Caprivi	30.8	0.6	5.1	63.6	189	8.4	29.6	40.7	11.4	10.0	0.0	100.0	58
Erongo	23.5	0.5	0.3	75.7	362	2.9	6.1	38.1	22.5	29.1	1.4	100.0	85
Hardap	43.3	0.6	1.2	54.9	132	1.6	17.0	35.9	21.8	23.7	0.0	100.0	57
Karas	32.4	2.3	1.4	63.8	157	2.3	19.2	27.2	21.1	30.2	0.0	100.0	51
Kavango	15.7	3.9	2.7	77.7	331	22.0	30.0	26.9	8.8	10.3	2.0	100.0	52
Khomas	24.7	0.0	0.6	74.7	984	3.1	10.4	36.4	15.7	34.4	0.0	100.0	243
Kunene	34.5	0.0	2.1	63.4	92	3.3	15.0	40.8	14.7	23.4	2.9	100.0	32
Ohangwena	3.7	1.1	2.1	92.8	306	*	*	*	*	*	*	100.0	11
Omaheke	29.2	2.8	8.8	59.2	188	1.1	14.0	38.6	21.0	25.4	0.0	100.0	55
Omusati	6.9	0.0	1.5	91.6	320	*	*	*	*	*	*	100.0	22
Oshana	14.1	0.0	0.3	85.6	270	1.9	22.5	52.9	11.9	8.2	2.5	100.0	38
Oshikoto	7.7	1.8	3.3	87.1	322	(0.0)	(44.2)	(34.1)	(2.7)	(15.3)	(3.7)	100.0	25
Otjozondjupa	34.7	0.0	0.4	64.9	262	0.0	16.4	41.0	17.3	24.4	0.9	100.0	91
Education													
No education/preschool	23.1	2.9	8.3	65.7	360	0.0	18.9	45.8	14.5	20.3	0.6	100.0	83
Incomplete primary	19.7	1.5	2.2	76.6	856	2.7	21.6	36.3	17.2	21.7	0.5	100.0	169
Complete primary	15.3	0.3	2.7	81.7	252	(6.2)	(13.3)	(54.7)	(5.7)	(16.2)	(3.9)	100.0	39
Incomplete secondary	22.1	0.6	0.8	76.5	1,604	5.9	16.1	37.0	17.6	22.9	0.5	100.0	354
Complete secondary	24.4	0.2	0.4	75.0	538	2.4	10.1	28.1	17.3	38.6	3.4	100.0	131
More than secondary	14.6	0.0	0.4	85.0	305	(5.6)	(21.2)	(21.5)	(3.3)	(48.4)	(0.0)	100.0	45
Wealth quintile													
Lowest	15.0	2.9	5.5	76.7	560	11.1	29.3	34.5	12.6	9.8	2.7	100.0	84
Second	14.7	0.8	1.0	83.5	607	4.3	17.9	41.3	12.7	22.7	1.0	100.0	89
Middle	23.2	0.9	2.8	73.1	875	4.1	20.7	36.7	16.8	19.7	1.9	100.0	203
Fourth	21.3	0.5	1.0	77.0	963	0.6	14.9	43.3	18.0	22.8	0.5	100.0	205
Highest	26.2	0.1	0.0	73.7	911	4.5	9.9	28.7	15.4	40.9	0.5	100.0	239
Total	20.9	0.9	1.8	76.3	3,915	4.1	16.7	36.3	15.8	26.0	1.1	100.0	820

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

Among men who smoke cigarettes, 36 percent smoked 3-5 cigarettes within the past 24 hours, 16 percent smoked 6-9 cigarettes, and 26 percent smoked 10 or more cigarettes. Heavy smoking (10 cigarettes or more in the past 24 hours) is popular among the men age 20 and older. The survey shows that men in urban areas are more likely to be heavy smokers than men in rural areas (30 percent and 20 percent, respectively). While the proportion of men who smoke cigarettes in Caprivi is relatively high (31 percent), only 10 percent of smokers had 10 or more cigarettes in the past 24 hours. On the other hand, 43 percent of men in Hardap smoke cigarettes and more than half (56 percent) of these men smoked at least 6 cigarettes in the past 24 hours. Tobacco use among men varies somewhat by wealth status. Men in the two lowest wealth quintiles are the least likely to smoke cigarettes and the least likely to be heavy smokers. Men in the highest wealth quintile are most likely to smoke cigarettes (26 percent).

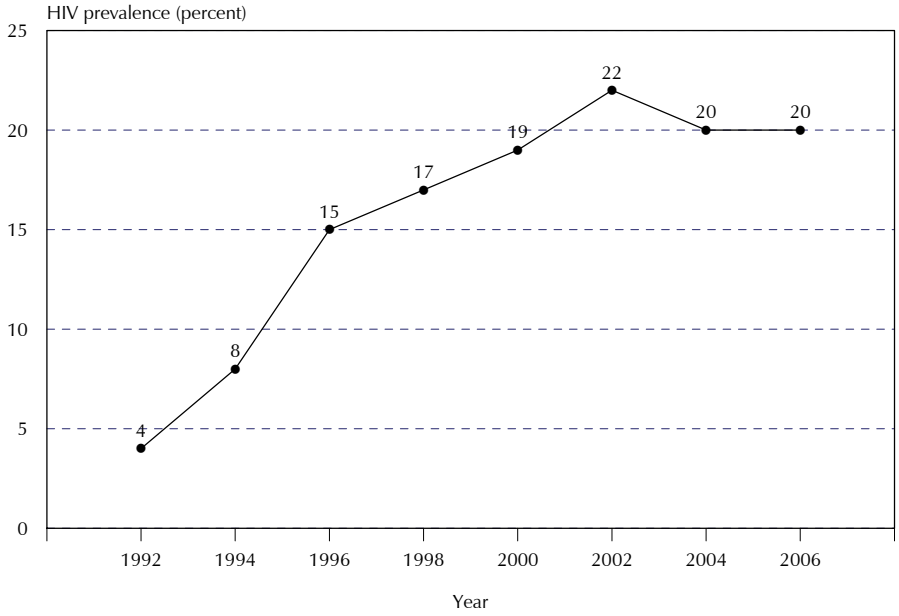
HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

14

Acquired Immune Deficiency Syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other opportunistic diseases that lead to death through these secondary infections. The predominant mode of HIV transmission is through heterosexual intercourse, followed by perinatal transmission, in which the mother passes the virus to the child during pregnancy, delivery, or breastfeeding. Other modes of transmission are through infected blood and unsafe injections.

From the estimated rate of 4 percent in 1992, HIV prevalence rose rapidly to 22 percent in 2002. The national prevalence showed a small decline to 20 percent in 2004 and remains at this level, according to the 2006 HIV Sentinel Surveillance Report (MoHSS, 2007) (Figure 14.1).

Figure 14.1 **HIV Prevalence by Year of Survey**



Source: Report of the 2006 National HIV Sentinel Survey, MoHSS, 2007

The Namibian response to HIV/AIDS has been aggressive and persistent. Namibia is in the third year of implementation of its third Medium Term Plan (MTP-III, 2004–2009) on HIV/AIDS. Since the launch of MPT-III in 2004, a number of important initiatives affecting Namibia's expanded response to the epidemic have commenced in the country and globally. These initiatives include, at the global level, universal access to HIV/AIDS treatment, presented at the 2005 G8 Summit (G8, 2005), and the previous Universal Access Initiative and Political Declaration of the United Nations General Assembly (UN, 2001). At the continental level, the African Heads of States made a declaration on universal access in 2006 and emphasized the pre-eminence of prevention in the continent's response to the epidemic (UNAIDS, 2006).

The future course of Namibia's AIDS epidemic depends on a number of factors including levels of HIV/AIDS-related knowledge among the general population, social stigmatization of people living with HIV/AIDS, risk behaviour modification, access to high-quality services for sexually transmitted infections (STI), provision and uptake of HIV counselling and testing, and access to care and antiretroviral therapy (ART), including prevention and treatment of opportunistic infections.

The principal objective of this chapter is to examine levels of HIV/AIDS-related knowledge, perceptions, and the prevalence of risk behaviours related to HIV infection at the national level and for geographic and socioeconomic subgroups of the population. In this way, prevention programmes can target those persons most in need of information and most at risk for HIV infection. In this chapter, indicators for HIV/AIDS knowledge, attitudes, and related behaviour are presented for the adult population (age 15-49). The chapter also highlights HIV/AIDS knowledge and patterns of sexual behaviour among young people, because young adults are more likely than their older counterparts to be in the process of establishing patterns of sexual behaviour and hence are the main target of most prevention strategies.

The prevalence of HIV in 2006 by age group and region shows a scattered picture indicating the need for a continued, strengthened, prevention-focused, and decentralized multi-sectoral response, to effectively contain the spread of HIV and reduce the impact of AIDS (MoHSS, 2007).

To address the problems presented by the HIV/AIDS epidemic, substantial changes have taken place in Namibia over the past few years. These include: a) increased funding, b) increased involvement of organizations by the public, private, and civil society sectors, c) expanded geographic coverage for services and programmes, and d) increased coverage of the needs and demands of beneficiaries. Further, the monitoring and evaluation system utilized in Namibia has evolved and considerable amounts of data are being gathered.

14.1 Knowledge of HIV/AIDS Transmission and Prevention Methods

According to studies conducted by Nawa Life Trust and NASOMA, knowledge of HIV/AIDS in Namibia is high. However, the results of the sero-surveillance survey in 2006 and the KAP surveys indicate that there has been no significant change in sexual behaviour. New HIV prevention strategies are needed to effectively address the factors driving the epidemic (Nawa Life Trust, 2007).

14.1.1 Knowledge of AIDS

In the 2006 NDHS, respondents were asked whether they had heard of AIDS. According to the findings presented in Table 14.1, knowledge of AIDS is almost universal (99 percent for both men and women age 15-49). This level of knowledge is similar to that recorded in the 2000 NDHS (98 percent of women and 99 percent of men). There are no significant differences in AIDS knowledge by urban-rural residence or region. Women without any formal education show the lowest level of knowledge (93 percent).

Table 14.1 Knowledge of AIDS

Percentage of women and men age 15-49 who have heard of AIDS, by background characteristics, Namibia 2006-07

Background characteristic	Women		Men	
	Has heard of AIDS	Number of women	Has heard of AIDS	Number of men
Age				
15-24	98.4	4,101	98.8	1,661
15-19	98.3	2,246	98.4	910
20-24	98.6	1,855	99.3	750
25-29	99.3	1,623	99.0	702
30-39	98.9	2,462	99.7	986
40-49	99.2	1,618	99.2	567
Marital status				
Never married	98.9	5,676	98.9	2,547
Ever had sex	98.8	4,087	99.5	2,014
Never had sex	99.1	1,589	96.4	533
Married/living together	98.6	3,451	99.6	1,205
Divorced/separated/widowed	99.2	678	100.0	163
Residence				
Urban	98.9	4,772	99.6	1,962
Rural	98.8	5,032	98.6	1,953
Region				
Caprivi	97.8	474	97.3	189
Erongo	100.0	688	98.9	362
Hardap	99.3	315	100.0	132
Karas	99.5	318	98.6	157
Kavango	97.9	934	99.7	331
Khomas	98.6	2,218	99.9	984
Kunene	99.4	259	99.0	92
Ohangwena	99.1	1,043	97.4	306
Omaheke	97.3	373	100.0	188
Omusati	99.5	975	99.8	320
Oshana	99.1	819	99.8	270
Oshikoto	99.6	837	99.7	322
Otjozondjupa	97.3	550	96.0	262
Education				
No education/preschool	93.3	651	97.0	360
Incomplete primary	98.8	1,699	98.4	856
Complete primary	99.5	736	98.9	252
Incomplete secondary	99.1	4,751	99.7	1,604
Complete secondary	99.8	1,286	99.7	538
More than secondary	100.0	682	100.0	305
Wealth quintile				
Lowest	97.7	1,621	97.5	560
Second	98.8	1,668	98.7	607
Middle	98.9	1,885	99.3	875
Fourth	98.8	2,292	99.6	963
Highest	99.4	2,338	99.8	911
Total 15-49	98.8	9,804	99.1	3,915

14.1.2 Knowledge of HIV Prevention

In Namibia, HIV is transmitted among adults primarily through heterosexual contact between an infected partner and a non-infected partner. Consequently, HIV prevention programmes focus their messages and efforts on promoting three specific behaviours: use of condoms, limiting the number of sexual partners or staying faithful to one uninfected sexual partner, and for young persons, delaying first sexual intercourse (sexual debut) through abstinence.

Table 14.2 shows the percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by: a) using condoms every time they have sexual intercourse, b) having one sex partner who is not infected, and b) abstaining from sexual intercourse.

Table 14.2 Knowledge of HIV prevention methods

Percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse, by background characteristics, Namibia 2006-07

	Percentage of women who say HIV can be prevented by:					Percentage of men who say HIV can be prevented by:				
Background characteristic	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	Abstaining from sexual intercourse	Number of women	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	Abstaining from sexual intercourse	Number of men
Age										
15-24	83.4	88.1	78.5	82.6	4,101	86.4	90.9	81.3	85.7	1,661
15-19	80.6	86.7	75.3	81.6	2,246	85.0	89.2	79.1	84.4	910
20-24	86.7	89.9	82.3	83.8	1,855	88.2	93.0	84.1	87.3	750
25-29	85.6	91.7	82.8	85.9	1,623	87.3	91.9	83.2	85.6	702
30-39	85.9	90.2	81.9	85.5	2,462	90.4	92.4	85.1	87.4	986
40-49	83.0	89.7	79.1	84.5	1,618	85.0	92.3	81.7	84.9	567
Marital status										
Never married	85.3	90.2	81.1	84.7	5,676	86.9	91.2	82.0	85.5	2,547
Ever had sex	86.8	90.8	82.7	85.2	4,087	88.3	92.4	83.4	86.3	2,014
Never had sex	81.6	88.7	77.0	83.6	1,589	81.4	86.7	76.6	82.3	533
Married/living together	82.8	88.6	79.1	83.0	3,451	87.7	92.5	83.7	86.8	1,205
Divorced/separated/widowed	83.6	88.2	77.6	85.8	678	92.0	92.7	85.5	88.6	163
Residence										
Urban	85.7	89.9	81.2	85.4	4,772	90.3	93.1	85.3	88.0	1,962
Rural	83.0	89.1	79.2	83.1	5,032	84.5	90.2	80.0	84.0	1,953
Region										
Caprivi	85.6	87.9	79.6	86.5	474	95.7	93.9	93.0	87.8	189
Erongo	78.1	84.2	69.9	75.5	688	89.4	88.4	82.0	84.7	362
Hardap	82.0	87.2	77.0	79.2	315	95.5	95.2	91.9	60.3	132
Karas	85.7	91.5	81.7	85.9	318	93.6	95.6	90.9	89.4	157
Kavango	75.3	83.0	70.5	75.7	934	89.0	96.6	87.6	90.4	331
Khomas	89.6	92.1	85.7	89.8	2,218	91.0	94.5	86.5	92.8	984
Kunene	70.7	73.6	64.2	77.7	259	87.4	84.2	77.3	79.6	92
Ohangwena	89.5	95.1	86.9	86.6	1,043	87.8	84.0	81.0	82.9	306
Omaheke	64.0	73.3	59.6	69.2	373	78.1	85.9	70.7	82.9	188
Omusati	85.8	94.0	83.4	84.7	975	95.4	94.2	90.6	92.9	320
Oshana	87.4	92.9	84.5	91.0	819	70.0	86.6	63.7	69.7	270
Oshikoto	87.2	93.8	83.7	87.4	837	77.7	94.0	75.4	92.8	322
Otjozondjupa	83.9	86.4	79.5	79.7	550	81.0	88.3	77.1	74.5	262
Education										
No education	64.2	71.4	59.1	68.8	651	77.6	83.5	70.8	75.7	360
Incomplete primary	81.1	87.2	76.2	82.2	1,699	84.1	90.3	79.7	82.4	856
Complete primary	81.7	88.2	78.3	81.6	736	86.8	90.0	80.9	84.2	252
Incomplete secondary	86.1	91.5	82.3	84.9	4,751	89.4	93.1	85.0	87.9	1,604
Complete secondary	90.3	92.2	85.5	89.4	1,286	90.0	93.5	85.3	89.4	538
More than secondary	90.8	95.1	87.0	92.4	682	93.0	95.5	89.3	94.1	305
Wealth quintile										
Lowest	80.6	86.5	76.6	81.3	1,621	81.4	88.6	77.3	82.4	560
Second	84.8	90.8	81.2	83.5	1,668	86.6	91.6	82.5	85.5	607
Middle	81.8	87.7	77.9	83.1	1,885	85.1	91.0	80.4	83.0	875
Fourth	84.7	89.7	80.7	82.9	2,292	91.2	92.2	85.6	87.9	963
Highest	88.2	91.9	83.2	88.9	2,338	89.7	93.7	85.1	89.4	911
Total 15-49	84.3	89.5	80.2	84.2	9,804	87.4	91.7	82.7	86.0	3,915

[1] Using condoms every time they have sexual intercourse
[2] Partner who has no other partners

In the 2000 NDHS, 86 percent of women and 92 percent of men mentioned the condom as a method of HIV prevention. In the 2006-07 NDHS, 84 percent of women and 87 percent of men mentioned condom use. This indicates that there has been a decline in knowledge of this prevention method. For women, there is a positive association between knowledge of the use of condoms to prevent AIDS infection and level of education and wealth: better-educated and wealthier respondents were more likely to report condom use as a strategy to reduce the risk of AIDS than less educated and poorer respondents. There is substantial variation in knowledge of AIDS among women by region, ranging from 64 percent in Omaheke to 90 percent in Khomas and Ohangwena.

There is no clear relationship between knowledge of the use of condoms and limiting sexual intercourse to one uninfected partner as ways to reduce the risk of AIDS and age, marital status, and residence. In general, men are more likely than women to mention these methods (83 percent compared with 80 percent). This is true in all age groups, and by marital status, residence and economic status. Women in Omaheke and Kunene are the least likely to know about these methods for reducing AIDS infection (60 and 64 percent, respectively), while women in Khomas and Ohangwena are the most likely to mention these methods (86 and 87 percent, respectively). This indicator has a strong positive association with level of education and, to a lesser extent, wealth status.

Eighty-four percent of women mentioned abstaining from sexual intercourse as a prevention method compared with 86 percent of men. This is an improvement over the 2000 NDHS findings (35 percent for women and 41 percent for men). Similar to knowledge of the use of condoms and limiting the number of sexual partners, knowledge of abstinence as an effective strategy for reducing the risk of AIDS is associated with region, level of education, and economic status, but not with other background characteristics. For women, the proportion who mentioned this method ranges from 69 percent in Omaheke to 90 percent or higher in Oshana and Khomas. More than 90 percent of men in Kavango, Omusati, and Oshikoto are aware that abstaining from sexual intercourse is a way to prevent AIDS. This indicator shows a positive relationship with education and wealth for both sexes, the stronger relationship being with education.

14.2 COMPREHENSIVE KNOWLEDGE ABOUT HIV/AIDS

In addition to knowing effective ways to avoid contracting HIV, it is useful to be able to identify incorrect beliefs about AIDS transmission. Common misconceptions about AIDS include the following: a) healthy looking person cannot have the AIDS virus, b) AIDS can be transmitted by mosquito bites, c) AIDS can be transmitted by supernatural means, and d) a person can become infected by sharing food with a person who has AIDS. Respondents were asked about these misconceptions and the findings are presented in Tables 14.3.1 and 14.3.2.

Nine in ten women and eight in ten men are aware that HIV cannot be transmitted by supernatural means. A slightly higher proportion of women (81 percent) than men (72 percent) say that HIV cannot be transmitted by mosquito bites. Additionally, the vast majority of women and men know that people infected with HIV do not necessarily show signs of infection (nine in ten). Eighty-six percent of women and 80 percent of men know that a person cannot be infected by sharing food with someone who has HIV/AIDS. There are no significant differentials by age in women's and men's misconceptions about HIV/AIDS. As one would expect, women and men with higher levels of schooling, those in the higher wealth quintiles, and those living in urban areas are substantially more likely than other respondents to correctly reject individual misconceptions. There are regional variations depending on the particular misconception. Overall, misconceptions about HIV transmission are higher among women in Caprivi and Kunene, and among men in Ohangwena.

Tables 14.3.1 and 14.3.2 show the percentage of women and men with comprehensive knowledge about AIDS, i.e., know two ways of preventing HIV transmission and reject two common misconceptions. The indicator is based on the two most common and relevant misconceptions in Namibia, that a person can become infected by sharing food with a person with AIDS and through mosquito bites. Table 14.3.1 shows that, overall, two in three women (67 percent) have comprehensive knowledge about AIDS. The level of comprehensive knowledge varies by age, marital status, type of residence, and education. Comprehensive knowledge of AIDS is lowest for women age 15-19 (62 percent) while the highest is among women age 25-29 (71 percent).

Comprehensive knowledge of AIDS correlates positively with level of education and wealth status. For example, women with no education have the lowest level of comprehensive knowledge about AIDS (40 percent). In four of the thirteen regions of Namibia (Caprivi, Kavango, Kunene, and Omaheke) 50 percent or less of women have comprehensive knowledge about AIDS, lower than in the other regions.

Table 14.3.1 Comprehensive knowledge about AIDS: Women

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, Namibia 2006-07

Background characteristic	Percentage of respondents who say that:				Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with a comprehensive knowledge about AIDS[2]	Number of women
	A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has AIDS			
Age							
15-24	85.7	83.4	86.4	87.6	76.9	64.9	4,101
15-19	84.2	83.3	86.7	86.8	76.3	62.2	2,246
20-24	87.5	83.5	85.9	88.4	77.6	68.2	1,855
25-29	89.9	83.0	87.4	88.4	80.6	70.9	1,623
30-39	88.2	79.0	86.4	84.7	79.1	69.3	2,462
40-49	87.7	74.3	85.3	80.8	77.8	66.3	1,618
Marital status							
Never married	88.6	84.9	88.8	88.7	80.9	69.5	5,676
Ever had sex	89.4	84.2	88.7	88.5	81.4	71.1	4,087
Never had sex	86.6	86.8	89.1	89.1	79.6	65.4	1,589
Married/living together	85.7	75.2	83.5	82.3	75.1	64.8	3,451
Divorced/separated/widowed	84.8	73.3	80.5	80.1	71.4	60.8	678
Residence							
Urban	90.1	85.8	86.8	89.2	80.6	69.5	4,772
Rural	84.7	75.9	86.0	82.7	76.0	65.1	5,032
Region							
Caprivi	73.7	75.5	76.2	83.1	57.7	50.2	474
Erongo	90.4	84.3	84.4	83.5	76.7	57.5	688
Hardap	92.1	80.0	83.9	88.8	80.1	64.2	315
Karas	83.2	75.8	82.5	82.6	71.2	61.9	318
Kavango	72.7	66.5	76.7	80.2	60.5	50.4	934
Khomas	92.8	88.7	88.1	92.2	84.1	76.2	2,218
Kunene	71.0	64.3	63.7	55.0	51.1	38.8	259
Ohangwena	93.3	80.9	89.4	86.7	84.7	75.5	1,043
Omaheke	79.8	75.3	83.0	78.9	71.8	47.9	373
Omusati	90.5	83.4	94.6	87.8	86.9	75.7	975
Oshana	92.6	86.3	95.8	91.1	90.1	78.9	819
Oshikoto	87.7	81.2	92.1	86.8	82.3	72.0	837
Otjozondjupa	84.9	73.3	80.6	80.3	72.6	62.4	550
Education							
No education	65.0	51.0	63.2	60.9	49.8	39.5	651
Incomplete primary	81.2	67.4	82.3	76.6	70.2	58.7	1,699
Complete primary	86.9	74.6	85.5	83.4	76.4	64.0	736
Incomplete secondary	89.9	85.6	89.4	89.4	82.0	70.8	4,751
Complete secondary	93.1	92.0	89.6	94.4	84.4	74.5	1,286
More than secondary	95.6	93.5	91.8	94.8	88.7	80.2	682
Wealth quintile							
Lowest	78.6	69.7	81.7	79.3	68.3	58.9	1,621
Second	86.1	75.5	86.5	81.8	77.8	68.0	1,668
Middle	86.0	78.3	86.0	84.3	77.2	64.9	1,885
Fourth	89.3	84.9	88.0	87.5	80.7	69.0	2,292
Highest	93.4	89.9	88.2	92.9	83.8	72.6	2,338
Total 15-49	87.3	80.7	86.4	85.9	78.2	67.2	9,804

[1] Two most common local misconceptions:
[2] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the risk of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

Table 14.3.2 shows that the overall level of comprehensive knowledge about AIDS among men is 63 percent, four percentage points lower than for women. As with women, the level of comprehensive knowledge varies by age, marital status, type of residence and education. Comprehensive knowledge is lowest among men age 15-19 (59 percent), rural men (59 percent), and men in Ohangwena, Oshana, and Omaheke (32, 45, and 46 percent, respectively).

Table 14.3.2 Comprehensive knowledge about AIDS: Men

Percentage of men age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, Namibia 2006-07

Background characteristic	Percentage of respondents who say that: A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has AIDS	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with a comprehensive knowledge about AIDS[2]	Number of men
Age							
15-24	89.9	74.9	80.0	79.7	73.7	61.9	1,661
15-19	88.4	73.3	78.4	78.2	70.9	58.5	910
20-24	91.8	76.7	81.8	81.6	77.1	66.0	750
25-29	92.6	72.4	81.0	82.6	76.4	65.5	702
30-39	93.8	68.1	79.5	78.3	75.7	65.9	986
40-49	89.7	66.1	78.0	76.0	71.9	60.8	567
Marital status							
Never married	90.3	73.0	79.9	79.0	73.8	62.3	2,547
Ever had sex	92.4	73.9	81.8	80.7	76.6	65.0	2,014
Never had sex	82.0	69.9	72.6	72.7	63.3	52.0	533
Married/living together	93.7	69.7	79.9	80.0	76.1	65.6	1,205
Divorced/separated/widowed	91.2	60.1	76.1	80.0	71.4	64.2	163
Residence							
Urban	93.2	75.7	82.5	86.1	77.9	68.0	1,962
Rural	89.5	67.2	77.0	72.6	70.9	58.7	1,953
Region							
Caprivi	89.2	70.6	76.8	83.6	71.3	69.7	189
Erongo	95.0	76.9	83.9	86.2	81.5	70.3	362
Hardap	95.6	81.2	88.5	85.7	84.1	78.3	132
Karas	91.0	74.7	79.4	85.0	74.8	68.9	157
Kavango	91.5	77.6	88.9	88.9	82.2	74.6	331
Khomas	92.7	73.7	81.8	85.5	76.7	68.0	984
Kunene	86.5	58.7	82.6	72.4	74.2	62.4	92
Ohangwena	85.0	40.7	45.2	41.4	36.5	31.6	306
Omaheke	87.2	59.2	68.8	60.0	62.7	46.2	188
Omusati	96.1	86.6	89.6	84.8	86.1	78.2	320
Oshana	91.5	72.4	77.7	79.8	74.0	44.8	270
Oshikoto	97.1	72.5	89.0	86.4	86.7	63.9	322
Otjozondjupa	79.5	69.9	78.7	69.7	67.3	57.1	262
Education							
No education/preschool	82.0	44.7	64.3	58.1	56.4	42.4	360
Incomplete primary	87.7	54.7	73.7	65.4	65.7	54.4	856
Complete primary	90.5	67.8	80.5	82.7	75.7	64.1	252
Incomplete secondary	93.4	78.4	81.8	84.7	77.3	67.1	1,604
Complete secondary	94.7	89.1	88.6	91.4	85.1	72.8	538
More than secondary	97.0	85.4	87.7	91.3	85.0	76.4	305
Wealth quintile							
Lowest	87.2	63.8	75.5	70.0	67.9	55.4	560
Second	90.3	68.4	76.0	72.9	70.2	59.4	607
Middle	90.2	66.0	78.3	73.8	72.6	60.2	875
Fourth	93.4	70.9	81.2	83.8	76.7	67.2	963
Highest	93.5	84.0	84.7	90.1	80.7	70.0	911
Total 15-49	91.3	71.5	79.7	79.3	74.4	63.4	3,915

[1] Two most common local misconceptions
[2] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the risk of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

14.3 KNOWLEDGE OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Increasing the level of knowledge about the of transmission of HIV from mother to child and reducing the risk of transmission from mother to child through the use of antiretroviral drugs is critical to reducing mother-to-child transmission of HIV (MTCT). To assess MTCT knowledge, respondents were asked if the virus that causes AIDS can be transmitted from a mother to a child through breastfeeding and whether a mother with HIV can reduce the risk of transmission to the baby by taking certain drugs during pregnancy. These two questions were tabulated together to produce an indicator measuring the proportion who responded correctly to both questions.

Table 14.4 shows the percentage of women and men who know that: a) HIV can be transmitted from mother to child by breastfeeding, b) the risk of mother-to-child transmission of HIV can be reduced by the mother taking special drugs during pregnancy, and c) the combination of the two types of knowledge. Women in all age categories have a better understanding of the risk of MTCT through breastfeeding (88 percent) than men (77 percent). This represents an increase in knowledge over the 2000 NDHS (71 percent for women and 63 percent for men).

Table 14.4 Knowledge of prevention of mother to child transmission of HIV

Percentage of women and men who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking special drugs during pregnancy, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of women who know that:				Percentage of men who know that:			
	HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of women	HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of men
Age								
15-24	87.3	76.5	71.7	4,101	74.9	61.2	53.8	1,661
15-19	84.9	71.6	65.7	2,246	72.2	56.0	49.3	910
20-24	90.2	82.5	79.0	1,855	78.2	67.4	59.2	750
25-29	90.7	85.0	81.0	1,623	80.4	73.0	66.0	702
30-39	88.0	83.1	78.5	2,462	80.3	74.1	66.7	986
40-49	86.6	80.5	75.0	1,618	74.3	70.3	61.1	567
Marital status								
Never married	88.4	81.3	76.4	5,676	76.5	67.4	59.9	2,547
Ever had sex	89.9	84.6	80.3	4,087	79.3	71.6	63.6	2,014
Never had sex	84.4	72.7	66.5	1,589	65.8	51.3	45.6	533
Married/living together	87.0	78.8	74.1	3,451	77.9	70.0	61.7	1,205
Divorced/separated/widowed	88.9	79.0	74.2	678	82.8	60.2	56.3	163
Currently pregnant								
Pregnant	87.4	77.3	73.9	527	na	na	na	na
Not pregnant or not sure	87.9	80.4	75.6	9,277	na	na	na	na
Residence								
Urban	88.5	82.7	77.7	4,772	81.1	72.9	64.4	1,962
Rural	87.3	77.9	73.4	5,032	73.3	62.8	56.1	1,953
Region								
Caprivi	82.4	69.0	61.9	474	82.2	61.1	53.8	189
Erongo	81.3	79.2	72.6	688	78.6	69.3	58.2	362
Hardap	84.6	70.8	65.7	315	87.3	72.8	67.0	132
Karas	88.4	75.3	71.2	318	69.5	53.4	47.9	157
Kavango	89.3	67.1	64.9	934	88.5	62.4	59.9	331
Khomas	89.9	85.5	80.0	2,218	80.4	73.9	65.0	984
Kunene	78.5	60.9	58.6	259	81.1	70.9	63.8	92
Ohangwena	89.3	86.3	80.6	1,043	56.9	53.7	51.4	306
Omaheke	73.0	63.0	56.3	373	65.1	54.2	45.6	188
Omusati	90.6	88.9	84.5	975	86.6	87.3	78.8	320
Oshana	91.4	90.3	85.7	819	60.4	65.4	54.4	270
Oshikoto	92.5	86.0	82.6	837	80.6	71.7	60.3	322
Otjozondjupa	86.9	71.0	67.9	550	77.2	60.8	57.6	262
Education								
No education	71.9	52.1	48.7	651	63.7	49.4	45.5	360
Incomplete primary	85.5	73.0	68.7	1,699	73.9	61.0	54.5	856
Complete primary	87.0	77.5	72.6	736	77.8	66.8	60.5	252
Incomplete secondary	90.1	83.2	78.6	4,751	80.3	69.4	61.8	1,604
Complete secondary	89.7	87.3	81.6	1,286	80.1	78.3	68.3	538
More than secondary	91.9	93.9	87.5	682	80.1	83.2	71.4	305
Wealth quintile								
Lowest	85.8	72.8	68.8	1,621	68.7	55.3	49.0	560
Second	87.0	80.1	75.1	1,668	75.3	67.6	61.3	607
Middle	86.8	77.0	72.5	1,885	77.7	64.3	57.7	875
Fourth	91.6	83.6	80.5	2,292	82.8	73.8	67.2	963
Highest	87.3	84.8	77.8	2,338	77.2	72.9	61.6	911
Total 15-49	87.9	80.3	75.5	9,804	77.2	67.9	60.3	3,915

na = Not applicable

For both women and men, knowledge that HIV can be transmitted through breastfeeding has a strong relationship with level of education and wealth quintile. Four in five women know that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy, compared with three in five men. Interestingly, pregnant women are slightly less likely to know about prevention of mother-to-child transmission (PMTCT) than women who are not currently pregnant. Respondents in urban areas, those with higher education, and those from wealthier households are more likely to know about PMTCT than other respondents. Knowledge of PMTCT varies by region. For women, it is lowest in Omaheke (73 percent) and highest in Oshikoto (93 percent).

Overall, 76 percent of women and 60 percent of men know HIV can be transmitted through breastfeeding and that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy. Knowledge is lowest among young respondents and those who have never had sex. A larger proportion of women and men in urban areas know about MTCT and PMTCT than in rural areas. For women, knowledge of both methods of transmission is less than 60 percent in Omaheke and Kunene, and 85 percent or higher in Omusati and Oshana. Less than half of men in Omaheke and Karas have this knowledge, compared with 79 percent of men in Omusati.

14.4 Accepting Attitudes towards People Living with AIDS

Widespread stigma and discrimination about HIV/AIDS in a population can adversely affect people's willingness to be tested for HIV and adherence to antiretroviral therapy. Reduction of stigma and discrimination in a population is an important indicator of the success of programmes targeting HIV and AIDS prevention, management, and control.

To assess the level of stigma, the 2006-07 NDHS asked respondents who had heard of AIDS: a) if they would be willing to care for a relative sick with AIDS in their own household, b) if they would be willing to buy fresh vegetables from a market vendor who had the AIDS virus, c) if they thought a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching, and d) if they would want to keep a family member's HIV status secret. Tables 14.5.1 and 14.5.2 show the results for women and men, respectively.

Table 14.5.1 shows accepting attitudes towards people living with HIV/AIDS among women age 15-49. Over 90 percent of respondents said that they were willing to care for a family member with the AIDS virus in their home. This figure is similar to that recorded in the 2000 NDHS (91 percent).

Seventy-five percent of women said they would buy food from a shopkeeper who has the AIDS virus. This proportion varies by region, ranging from 47 percent in Kunene to 84 percent in Erongo. Eighty-seven percent of women said a female teacher with the AIDS virus who is not sick should be allowed to continue teaching. This figure is higher than the 2000 NDHS finding (67 percent). The proportion of women with this attitude ranges by region from 60 percent in Kunene to 96 percent in Ohangwena. Overall, 57 percent of women would not want to keep secret that a family member got infected with the AIDS virus. This attitude varies substantially across regions, ranging from 18 percent in Caprivi to 77 percent in Oshana.

The proportion of women who expressed accepting attitudes on all four indicators was 39 percent. Better-educated women and those in wealthier households are more likely to be accepting of people with HIV/AIDS when all four indicators are taken into account.

Table 14.5.1 Accepting attitudes towards people living with HIV/AIDS: Women

Among women age 15-49 who have heard of AIDS, percentage expressing specific accepting attitudes toward people with AIDS, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of women who: Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Percentage expressing accepting attitudes on all four indicators	Number of women who have heard of AIDS
Age						
15-24	92.3	73.8	87.4	56.7	38.7	4,036
15-19	92.4	70.9	86.1	58.1	38.2	2,208
20-24	92.2	77.2	88.9	54.9	39.3	1,829
25-29	92.9	79.2	88.8	54.6	39.3	1,612
30-39	92.2	76.2	87.8	55.0	37.7	2,436
40-49	92.9	73.1	85.1	61.7	42.8	1,604
Marital status						
Never married	92.8	76.3	90.0	59.2	41.8	5,614
Ever had sex	92.7	78.4	90.4	57.7	41.8	4,040
Never had sex	93.1	70.9	89.2	63.0	41.6	1,574
Married/living together	91.9	74.2	84.1	54.1	36.7	3,402
Divorced/separated/widowed	92.2	70.7	81.4	49.7	31.1	672
Residence						
Urban	92.3	79.3	89.9	55.8	40.5	4,718
Rural	92.6	71.3	84.9	57.6	38.1	4,970
Region						
Caprivi	97.4	72.9	82.5	18.4	10.1	464
Erongo	93.1	84.0	91.6	57.8	44.2	688
Hardap	81.8	68.3	79.8	61.6	30.4	313
Karas	91.7	64.9	81.4	61.8	36.8	316
Kavango	84.3	73.9	72.6	39.7	21.1	914
Khomas	93.7	79.7	91.3	55.0	39.6	2,187
Kunene	80.2	47.4	59.8	38.1	15.9	258
Ohangwena	96.6	80.3	95.7	66.1	51.7	1,034
Omaheke	77.7	67.2	76.4	51.0	26.2	363
Omusati	96.3	75.3	92.2	71.3	51.8	970
Oshana	97.9	78.2	94.9	77.0	58.8	812
Oshikoto	97.1	71.7	91.4	64.8	44.7	833
Otjozondjupa	88.5	69.2	81.0	44.2	29.2	535
Education						
No education	82.5	53.6	64.5	50.6	24.8	607
Incomplete primary	91.3	65.8	80.5	51.4	31.7	1,678
Complete primary	92.8	68.1	85.3	54.7	33.2	732
Incomplete secondary	93.8	77.9	89.8	58.9	41.8	4,706
Complete secondary	92.5	83.8	93.8	60.8	45.6	1,283
More than secondary	94.4	90.1	97.4	55.1	47.5	682
Wealth quintile						
Lowest	91.7	68.9	81.0	54.3	34.6	1,585
Second	94.0	73.2	86.5	58.8	39.5	1,649
Middle	91.6	72.4	84.9	53.3	35.4	1,864
Fourth	92.1	75.3	89.5	56.9	40.2	2,265
Highest	92.9	83.0	92.2	59.5	44.4	2,325
Total 15-49	92.5	75.2	87.3	56.7	39.2	9,688

Table 14.5.2 shows the same information for men. In general, men have a lower level of acceptance than women on all four indicators (36 percent and 39 percent, respectively). However, men are slightly more likely than women to be willing to care for a family member with the AIDS virus in their home (95 percent and 92 percent, respectively). As with women, this indicator is higher than in the 2000 NDHS (92 percent).

Table 14.5.2 Accepting attitudes towards people living with HIV/AIDS: Men

Among men age 15-49 who have heard of HIV/AIDS, percentage expressing specific accepting attitudes towards people with HIV/AIDS, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of men who: Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vege-tables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Percentage expressing accepting attitudes on all four indicators	Number of men who have heard of AIDS
Age						
15-24	95.5	72.4	80.5	55.4	37.1	1,641
15-19	94.6	71.4	79.1	53.7	35.4	896
20-24	96.5	73.5	82.2	57.6	39.1	745
25-29	94.1	74.6	86.2	53.6	35.1	694
30-39	95.2	72.4	85.1	54.6	35.5	983
40-49	92.5	69.1	83.9	57.7	35.5	562
Marital status						
Never married	95.3	73.1	83.2	55.8	37.2	2,518
Ever had sex	95.4	74.1	83.7	55.8	36.8	2,004
Never had sex	94.7	69.5	81.1	56.1	38.7	514
Married/living together	93.9	71.8	84.7	54.8	35.2	1,200
Divorced/separated/widowed	92.7	63.1	72.7	49.1	25.3	163
Residence						
Urban	96.6	75.7	88.2	57.1	40.6	1,955
Rural	92.9	68.8	78.1	53.3	31.5	1,926
Region						
Caprivi	96.9	78.3	81.6	31.3	20.9	184
Erongo	95.0	73.1	85.2	52.4	31.5	358
Hardap	95.5	81.1	72.2	73.1	43.1	132
Karas	95.3	73.7	84.7	54.8	35.4	155
Kavango	95.7	76.0	82.6	55.9	40.7	330
Khomas	97.1	73.9	89.8	56.5	40.9	984
Kunene	88.2	59.9	66.0	66.0	38.4	91
Ohangwena	88.8	78.3	88.9	38.5	16.3	298
Omaheke	86.0	33.4	51.3	59.5	11.8	188
Omusati	95.2	72.3	89.2	71.0	54.0	319
Oshana	94.1	79.4	83.0	42.8	30.8	270
Oshikoto	98.2	68.0	82.2	50.8	36.8	321
Otjozondjupa	93.0	74.2	78.3	73.5	48.2	251
Education						
No education/preschool	87.2	54.4	64.6	57.8	26.2	349
Incomplete primary	92.3	61.2	75.5	51.9	27.1	842
Complete primary	97.2	62.2	79.6	51.8	33.7	249
Incomplete secondary	96.2	77.9	85.9	56.0	38.6	1,599
Complete secondary	97.0	82.6	93.2	60.6	47.5	536
More than secondary	96.1	84.0	96.6	50.6	40.6	305
Wealth quintile						
Lowest	90.8	67.0	78.4	47.2	26.7	546
Second	94.6	68.8	80.6	54.3	34.6	599
Middle	94.4	67.9	77.5	56.9	32.3	868
Fourth	96.1	74.6	86.1	55.8	37.4	959
Highest	96.0	79.4	90.1	58.4	44.9	909
Total 15-49	94.7	72.3	83.2	55.2	36.1	3,881

Seventy-two percent of men said they would buy food from a shopkeeper who has the AIDS virus. This figure varies by region, from 33 percent in Omaheke to 81 percent in Hardap. Eighty-three percent of men said a female teacher with the AIDS virus who is not sick should be allowed to continue teaching; this is a substantially higher rate than in the 2000 NDHS (55 percent). Across regions, only half of men in Omaheke would allow a female teacher with the AIDS virus who is not sick to continue teaching, compared with 90 percent of men in Khomas. In the remaining regions the proportions range between 72 and 89 percent.

Fifty-five percent of men would not want to keep secret that a family member got infected with the AIDS virus. Across regions, the proportion varies from 31 percent in Caprivi to 74 percent in Otjozondjupa. Similar to women, there is a positive correlation between level of education and wealth

and the likelihood of expressing accepting attitudes towards persons with HIV/AIDS on all four indicators. By region, accepting attitudes range from 12 percent in Omaheke to 54 percent in Omusati.

14.5 ATTITUDES TOWARDS NEGOTIATING SAFER SEX

The high levels of HIV transmission through sexual intercourse makes negotiating safer sex indispensable, especially in marital unions where women's status is compromised by societal expectations, thereby increasing their vulnerability to HIV transmission.

Table 14.6 shows the percentage of women and men age 15-49 who believe that, if a husband has a sexually transmitted disease, his wife is justified in refusing to have sexual intercourse with him or asking that they use a condom. The percentage of respondents who agree with this statement is high for both women and men (86 percent and 89 percent, respectively). The proportion of respondents who say that a wife is justified in asking her husband who has a sexually transmitted disease to use a condom is also high (89 percent for women and 92 percent for men).

Table 14.6 Attitudes towards negotiating safer sexual relations with husband

Percentage of women and men age 15-49 who believe that if a husband has a sexually transmitted disease his wife is justified in refusing to have sexual intercourse with him or asking that they use a condom, by background characteristics, Namibia 2006-07

	Women			Men		
Background characteristic	Refusing to have sexual intercourse	Refusing sexual intercourse or asking that they use a condom	Number of women	Refusing to have sexual intercourse	Refusing sexual intercourse or asking that they use a condom	Number of men
Age						
15-24	82.6	82.6	4,101	87.7	87.7	1,661
15-19	79.7	79.7	2,246	86.2	86.2	910
20-24	86.1	86.1	1,855	89.5	89.5	750
25-29	87.4	87.4	1,623	86.7	86.7	702
30-39	87.5	87.5	2,462	90.1	90.1	986
40-49	88.2	88.2	1,618	89.9	89.9	567
Marital status						
Never married	84.8	84.8	5,676	87.4	87.4	2,547
Ever had sex	86.9	86.9	4,087	88.7	88.7	2,014
Never had sex	79.3	79.3	1,589	82.5	82.5	533
Married/living together	86.5	86.5	3,451	90.8	90.8	1,205
Divorced/separated/widowed	86.9	86.9	678	88.7	88.7	163
Residence						
Urban	89.1	89.1	4,772	90.6	90.6	1,962
Rural	82.2	82.2	5,032	86.3	86.3	1,953
Region						
Caprivi	85.7	85.7	474	85.5	85.5	189
Erongo	85.6	85.6	688	83.2	83.2	362
Hardap	95.0	95.0	315	88.3	88.3	132
Karas	89.5	89.5	318	94.1	94.1	157
Kavango	70.3	70.3	934	92.7	92.7	331
Khomas	92.2	92.2	2,218	91.6	91.6	984
Kunene	90.5	90.5	259	92.3	92.3	92
Ohangwena	84.0	84.0	1,043	68.9	68.9	306
Omaheke	88.9	88.9	373	94.0	94.0	188
Omusati	85.9	85.9	975	92.7	92.7	320
Oshana	78.7	78.7	819	90.3	90.3	270
Oshikoto	84.3	84.3	837	87.4	87.4	322
Otjozondjupa	85.9	85.9	550	89.1	89.1	262
Education						
No education	75.4	75.4	651	82.1	82.1	360
Incomplete primary	80.9	80.9	1,699	84.3	84.3	856
Complete primary	82.4	82.4	736	85.5	85.5	252
Incomplete secondary	86.4	86.4	4,751	90.3	90.3	1,604
Complete secondary	91.3	91.3	1,286	94.4	94.4	538
More than secondary	93.4	93.4	682	90.2	90.2	305
Total 15-49	85.5	85.5	9,804	88.5	88.5	3,915

Older respondents and those living in urban areas are more likely than younger and rural respondents to agree that a wife is justified in refusing to have sexual intercourse with her husband who has a sexually transmitted disease or insisting that they use a condom. For instance, 89 percent of urban women agree with these statements compared with 82 percent of rural women. Women and men who have not had sex and those with limited education are less likely to accept these attitudes towards women negotiating safer sexual relations with their husbands. Regionally, women in Kavango and men in Ohangwena are the least likely to have positive attitudes towards women negotiating of safer sex with their husbands.

14.6 Attitudes towards Condom Education for Youth and Beliefs about Abstinence and Faithfulness

HIV prevention programmes focus their messages and efforts on promoting three specific behaviours: use of condoms, limiting the number of sexual partners or staying faithful to one uninfected sexual partner, and abstinence. This section measures respondents' perceptions of women's and men's roles regarding these behaviours and perceptions about educating youth about the three behaviours. Condom use is one of the main strategies for combating the spread of HIV; however, educating youth about condoms is sometimes controversial, with some people saying it promotes early sexual experimentation. To gauge attitudes towards condom education, NDHS respondents were asked if they thought that children age 12-14 should be taught about using a condom to avoid AIDS. The results are shown in Table 14.7. Because the table focuses on adult opinions, results are tabulated for respondents age 18-49.

There is a high degree of agreement that children age 12-14 years should be taught about the use of condoms to avoid AIDS (84 percent of women and 85 percent of men). There are no substantial differences by marital status. Urban women are more likely than rural women to agree on teaching children age 12-14 about condom use to avoid AIDS (86 percent and 82 percent, respectively). However, there is no difference between urban and rural men. By region, agreement on teaching children age 12-14 abut the use of condoms ranges among women from 72 percent in Kavango to 88 percent in Otjozondjupa. For men, the corresponding figures are 62 percent in Ohangwena and 95 percent in Omusati and Kavango. In general, the proportion of respondents who support teaching children age 12-14 about condoms increases with level of education and wealth quintile. For example, 73 percent of women with no education compared with 86 percent of women with secondary education agree on instructing children 12-14 years about condoms. The figures for men are 78 percent and 87 percent, respectively. At the highest education level, however, approval declines slightly for both women and men (82 percent and 78 percent, respectively).

Table 14.7 Adult support of education about condom use to prevent AIDS

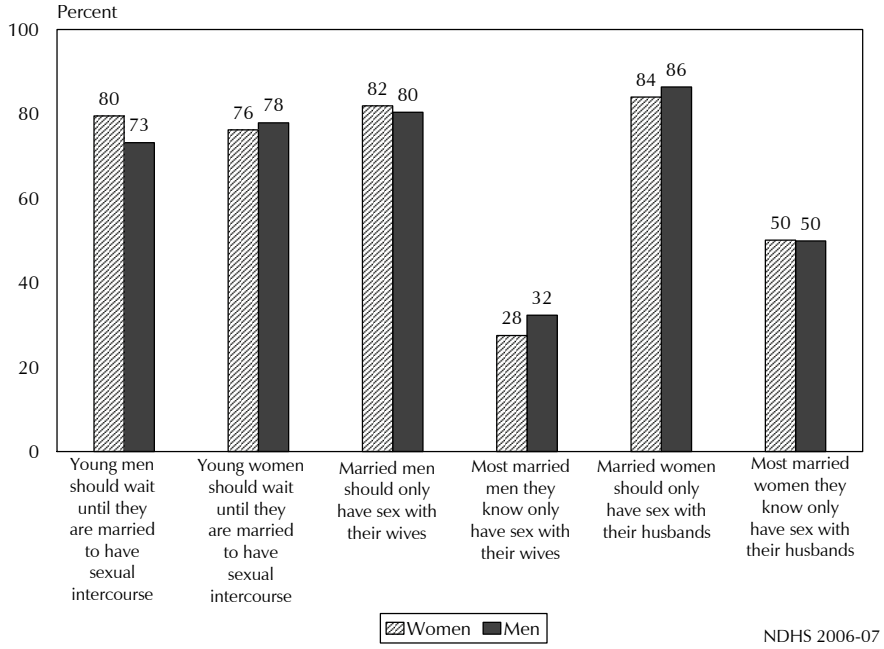
Percentage of women and men age 18-49 who agree that children age 12-14 years should be taught about using a condom to avoid AIDS, by background characteristics, Namibia 2006-07

Background characteristic	Women		Men	
	Percentage who agree	Number	Percentage who agree	Number
Age				
18-24	85.2	2,736	84.6	1,108
18-19	83.3	881	85.9	357
20-24	86.1	1,855	84.0	750
25-29	85.1	1,623	86.4	702
30-39	82.3	2,462	84.9	986
40-49	83.1	1,618	81.8	567
Marital status				
Never married	86.3	4,355	84.5	1,995
Married or living together	81.3	3,408	84.9	1,204
Divorced/separated/widowed	81.8	677	82.6	162
Residence				
Urban	86.0	4,218	84.1	1,769
Rural	81.9	4,222	85.1	1,593
Region				
Caprivi	81.7	412	88.6	170
Erongo	86.7	622	80.2	334
Hardap	86.3	271	89.6	117
Karas	79.0	288	83.9	139
Kavango	71.9	792	95.2	273
Khomas	87.1	1,984	83.6	896
Kunene	86.3	225	89.5	83
Ohangwena	85.9	821	62.1	213
Omaheke	84.3	317	83.3	169
Omusati	81.0	808	95.4	259
Oshana	85.1	697	77.1	221
Oshikoto	84.3	695	89.4	244
Otjozondjupa	88.1	505	87.0	244
Education				
No education	72.5	628	77.7	343
Incomplete primary	82.3	1,490	84.5	711
Complete primary	85.2	567	84.1	167
Incomplete secondary	85.8	3,821	87.2	1,311
Complete secondary	86.3	1,251	86.8	524
More than secondary	82.0	682	77.9	305
Wealth quintile				
Lowest	77.8	1,336	82.5	449
Second	81.6	1,390	83.9	467
Middle	84.3	1,619	85.3	771
Fourth	87.6	2,071	87.1	872
Highest	85.5	2,022	82.7	803
Total 18-49	83.9	8,439	84.6	3,362

Findings in Figure 14.2 indicate that 73-80 percent of women and men age 15-49 believe that young women and men should wait until they are married to have sexual intercourse. Between 80 and 86 percent of women and men believe that married men should only have sex with their wives and that married women should only have sex with their husbands.

At the same time, it is interesting to note that only 28 percent of women and 32 percent of men think that most married men they know actually have sex only with their wives. About half of the respondents think that most married women they know are faithful to their husbands.

Figure 14.2 **Perceptions and Beliefs about Abstinence and Faithfulness**



14.7 HIGHER-RISK SEX

Information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of the HIV. The 2006-07 NDHS included questions on respondents' sexual partners during their lifetime and over the 12 months preceding the survey. For male respondents, a question was asked on whether they paid for sex during the 12 months preceding the interview. These questions are personal and sensitive, and it is recognized that some respondents may have been reluctant to provide sincere information on recent sexual behaviour.

14.7.1 Multiple Partners and Condom Use

The 2006-07 NDHS also assessed condom use among women and men with multiple partners or higher-risk sex in the 12 months preceding the survey. While truly effective protection requires condom use at every sexual encounter, the sexual encounters addressed in Tables 14.8.1 and 14.8.2 are those considered to pose the greatest risk of HIV transmission. Respondents who had more than one sexual partner or had sexual intercourse with a non-marital, non-cohabiting partner (higher-risk sexual intercourse) were also asked whether they used a condom at the last such encounter. Respondents were also asked to identify the number of sexual partners they have had in their lifetime; the mean number of lifetime sexual partners is presented in Tables 14.8.1 and 14.8.2.

Table 14.8.1 shows that only 3 percent of women reported having two or more partners in the past 12 months; however, 49 percent of women had higher-risk sexual intercourse over the same period. The likelihood of having higher-risk sexual intercourse decreases with age: 84 percent for women age 15-19, 71 percent for women 20-24, and 22 percent for women 40-49. Across marital categories, women who have never married show the highest proportion (95 percent) having higher-risk sexual intercourse in the past year, followed by divorced/separated/widowed women (76 percent).

Table 14.8.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Women

Among women age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months; and among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse; and the mean number of sexual partners during her lifetime for women who ever had sexual intercourse, by background characteristics, Namibia 2006-07

Background characteristic	Among women who had sexual intercourse in the past 12 months:			Among women who had 2+ partners in the past 12 months:			Among women who had higher-risk intercourse in the past 12 months:			Among women who ever had sexual intercourse	
	Percentage who had 2+ partners in past 12 months	Percentage who had higher-risk intercourse in past 12 months	Number of women	Percentage who reported using a condom during last sexual intercourse	Percentage who reported using a condom consistently with the last sexual partner	Number of women	Percentage who reported using a condom at last higher-risk intercourse	Percentage who reported using a condom consistently with the last higher-risk partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Age											
15-24	4.2	75.5	2,163	73.7	54.4	91	64.2	51.6	1,634	2.0	2,575
15-19	3.1	84.1	793	76.8	76.8	25	67.1	55.8	667	1.7	954
20-24	4.9	70.5	1,370	72.5	46.2	67	62.3	48.7	967	2.1	1,621
25-29	3.1	51.6	1,282	62.3	47.4	39	62.4	51.3	663	2.5	1,518
30-39	1.0	33.3	1,923	54.7	34.4	20	56.4	47.9	640	2.5	2,340
40-49	1.1	22.1	1,119	34.2	30.4	12	61.9	53.2	248	2.8	1,544
Marital status											
Never married	3.8	95.1	2,971	76.6	58.8	113	63.6	51.9	2,830	2.3	3,985
Married or living together	0.9	4.0	3,217	28.8	12.5	29	43.8	33.8	127	2.4	3,337
Divorced/separated/ widowed	7.0	76.3	299	57.1	41.7	21	53.9	47.5	228	2.9	656
Residence											
Urban	3.3	50.6	3,315	71.5	51.2	109	68.8	57.0	1,679	2.6	3,950
Rural	1.7	47.4	3,172	53.8	42.9	54	54.7	44.1	1,507	2.2	4,027
Region											
Caprivi	0.4	42.6	343	*	*	1	51.3	36.0	147	2.2	430
Erongo	1.3	42.5	505	*	*	7	68.9	59.1	214	2.6	566
Hardap	2.1	39.6	217	*	*	4	46.7	41.5	86	2.3	260
Karas	2.5	42.8	218	*	*	5	57.9	48.8	94	2.4	269
Kavango	0.8	30.7	654	*	*	5	46.2	31.6	201	1.8	854
Khomas	4.5	52.8	1,521	(80.6)	(50.7)	68	73.4	60.0	804	2.8	1,812
Kunene	5.1	45.0	210	*	*	11	56.3	52.4	94	3.9	233
Ohangwena	0.3	53.8	574	*	*	2	56.7	42.8	311	1.8	761
Omaheke	5.0	52.5	292	*	*	15	60.9	48.3	153	4.0	327
Omusati	3.2	62.4	504	*	*	16	54.3	48.8	316	1.7	704
Oshana	0.8	59.3	483	*	*	4	65.2	54.0	286	2.0	613
Oshikoto	1.2	54.9	526	*	*	6	65.6	55.5	290	2.2	659
Otjozondjupa	4.2	43.3	440	*	*	18	56.3	46.7	191	2.8	489
Education											
No education	1.7	25.0	482	*	*	8	34.8	26.2	121	2.9	609
Incomplete primary	1.8	34.9	1,194	*	*	22	45.1	34.4	417	2.4	1,509
Complete primary	2.4	47.7	469	*	*	11	50.7	45.9	224	2.5	588
Incomplete secondary	2.8	59.5	2,913	79.2	60.4	81	65.8	54.1	1,737	2.3	3,607
Complete secondary	3.5	55.2	918	*	*	32	72.1	59.2	508	2.4	1,069
More than secondary	1.8	35.2	510	*	*	9	69.9	58.0	179	2.4	595
Wealth quintile											
Lowest	1.2	44.7	1,021	*	*	12	43.6	34.3	457	2.1	1,339
Second	1.7	49.4	985	*	*	17	54.7	43.9	487	2.2	1,299
Middle	2.1	48.8	1,300	(59.9)	(52.7)	27	59.2	47.4	637	2.4	1,567
Fourth	3.4	54.3	1,660	(77.3)	(50.0)	56	69.3	57.5	903	2.6	1,955
Highest	3.3	46.1	1,521	(69.3)	(55.4)	50	72.6	61.2	702	2.6	1,817
Total 15-49	2.5	49.0	6,487	65.7	48.5	163	62.1	50.9	3,186	2.4	7,977

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.
[1] Sexual intercourse with a non-marital, non-cohabiting partner

Among women who had multiple sexual partners in the past 12 months, 66 percent reported using a condom during the last sexual intercourse, and 49 percent reported using a condom consistently, that is every time they had sex. Women age 15-19 reported the most frequent use of condoms during last sexual intercourse (77 percent), followed by women age 20-24 (73 percent). Among women age 15-19 who had two or more sexual partners in the past 12 months, 77 percent used condoms consistently with the last sexual partner. Older women are less consistent in using condoms.

Urban women are more likely to use condoms and more likely to use them consistently than rural women. By region, the number of women who had multiple sexual partners in the past 12 months is too small for meaningful analysis. Overall, 62 percent of women who had higher-risk sex in the past 12 months reported using a condom at last higher-risk sex, while 51 percent reported using a condom consistently.

Women on average have two partners in their lifetime. While there are variations by age, marital status, urban-rural residence, education and wealth quintile, the most notable differences are found by region—less than two partners among women in Kavango, Ohangwena, and Omusati, and four partners among women in Kunene and Omaheke.

Table 14.8.2 shows the same indicators for men age 15-49. Overall, 16 percent of men said that they had two or more partners in the past 12 months. Men age 20–24 years are the most likely to have two or more sexual partners in the past 12 months (25 percent), followed by men 15–24 (22 percent). Never-married men (21 percent) and divorced, separated, or widowed men (26 percent) are more likely to have two or more partners in the past 12 months than married men (8 percent).

Three in five men (60 percent) had higher-risk sexual intercourse in the past 12 months. Men age 15-19 (98 percent) had the highest proportion engaging in higher-risk intercourse in the past 12 months followed by men age 20-24 (85 percent). Almost all men who are never married and those who are divorced, separated, or widowed engaged in higher-risk intercourse in the past 12 months (95 percent and 90 percent, respectively). Three in four men who had two or more sexual partners in the past 12 months reported using a condom during the last sexual intercourse, and 58 percent used a condom consistently. Condoms are most often used by young men: 84 percent for men age 15-19 and 81 percent for men age 20-24.

The use of condoms is higher among urban men than rural men (79 percent compared with 69 percent). Condom use during higher-risk sexual intercourse varies by regions, from 64 percent in Kavango to 90 percent in Oshana.

The mean number of lifetime sexual partners reported by men is seven. This figure varies significantly across subgroups. As expected, the number is larger for older men (three for men 15-19 compared with nine for men 40-49). While the urban-rural difference is small, there are notable differences by region, from four sexual partners in Oshana to nine in Karas and Omaheke.

Table 14.8.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Men

Among men age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months; and among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse; and the mean number of sexual partners during his lifetime for men who ever had sexual intercourse, by background characteristics, Namibia 2006-07

	Among men who had sexual intercourse in the past 12 months:			Among men who had 2+ partners in the past 12 months:			Among men who had higher-risk intercourse in the past 12 months:			Among men who ever had sexual intercourse	
Background characteristic	Percentage who had 2+ partners in past 12 months	Percentage who had higher-risk intercourse in past 12 months	Number of men	Percentage who reported using a condom during last sexual intercourse	Percentage who reported using a condom consistently with the last sexual partner	Number of men	Percentage who reported using a condom at last higher-risk intercourse	Percentage who reported using a condom consistently with the last higher-risk partner	Number of men	Mean number of sexual partners in lifetime	Number of men
Age											
15-24	21.7	90.1	848	82.2	61.4	184	81.1	67.6	764	4.6	1,139
15-19	16.8	98.0	341	84.0	55.3	57	81.3	68.1	334	3.2	467
20-24	25.0	84.8	507	81.3	64.2	127	81.0	67.2	430	5.6	672
25-29	18.2	67.8	564	72.0	64.1	102	76.1	65.2	382	6.4	650
30-39	13.2	46.1	837	74.3	57.7	111	76.4	65.7	386	8.8	908
40-49	8.8	21.6	462	45.7	27.3	41	74.8	60.2	100	9.0	505
Marital status											
Never married	21.3	94.5	1,453	83.3	68.4	310	79.3	68.1	1,373	6.0	1,936
Married or living together	8.3	12.6	1,129	41.2	24.1	94	78.5	55.0	142	7.9	1,113
Divorced/separated/ widowed	26.4	90.3	129	85.2	55.5	34	68.0	56.4	116	10.4	153
Residence											
Urban	17.0	56.7	1,460	78.9	62.4	249	83.4	70.3	827	7.8	1,668
Rural	15.1	64.3	1,250	68.6	52.1	189	73.4	61.9	804	5.8	1,535
Region											
Caprivi	17.5	57.2	155	(59.4)	(43.0)	27	67.9	56.3	89	5.5	166
Erongo	22.8	53.9	292	81.6	77.0	66	84.9	80.0	157	8.6	314
Hardap	9.8	42.4	87	*	*	9	75.9	65.7	37	5.8	104
Karas	15.6	61.7	111	(84.4)	(70.2)	17	79.0	71.5	68	9.4	130
Kavango	12.6	57.3	268	(52.9)	(30.5)	34	64.2	41.8	153	7.1	280
Khomas	16.0	56.8	701	79.1	50.7	112	82.0	64.6	398	7.9	851
Kunene	16.1	49.1	77	*	*	12	73.2	66.5	38	6.0	77
Ohangwena	14.5	59.5	112	*	*	16	68.6	49.9	66	4.9	200
Omaheke	23.8	66.5	150	(81.9)	(78.5)	36	80.9	76.4	99	9.2	166
Omusati	15.5	79.7	172	*	*	27	77.0	65.7	137	4.5	249
Oshana	11.6	69.2	169	(80.7)	(77.5)	19	89.7	84.2	117	4.0	198
Oshikoto	21.4	72.1	219	68.6	46.3	47	78.9	63.2	158	6.5	247
Otjozondjupa	7.7	56.6	200	*	*	15	79.9	76.1	113	6.2	221
Education											
No education	12.6	46.8	248	(49.5)	(38.4)	31	60.4	54.0	116	5.8	316
Incomplete primary	12.9	55.5	556	66.9	54.9	72	68.2	60.2	309	6.2	671
Complete primary	19.9	66.0	146	(79.8)	(31.6)	29	82.4	49.6	97	6.1	176
Incomplete secondary	17.5	67.7	1,082	75.7	59.4	189	82.0	69.3	732	6.1	1,304
Complete secondary	15.0	60.4	421	90.4	73.4	63	83.5	71.5	254	9.2	463
More than secondary	20.7	48.0	258	(72.8)	(64.5)	53	86.3	75.1	124	10.2	273
Wealth quintile											
Lowest	13.8	58.1	340	54.3	33.6	47	58.8	44.7	197	4.6	427
Second	17.6	69.3	367	72.3	51.6	65	75.7	61.1	254	5.1	462
Middle	17.6	63.8	593	72.1	63.7	104	76.1	67.4	378	6.6	744
Fourth	13.8	59.7	726	77.8	66.2	100	82.9	73.9	433	7.2	822
Highest	17.8	53.7	685	82.5	58.9	122	88.0	70.7	368	9.1	748
Total 15-49	16.1	60.2	2,711	74.4	57.9	438	78.4	66.1	1,631	6.9	3,202

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

[1] Sexual intercourse with a non-marital, non-cohabiting partner

14.7.2 Transactional Sex

Transactional sex involves the exchange of sex for money, favours, or gifts. Transactional sex is associated with high risk of contracting HIV and other sexually transmitted infections because of compromised power relations and the tendency to have multiple partners. Male respondents in the 2006-07 NDHS who had had sex in the past 12 months were asked whether they paid anyone for sexual intercourse. Men who paid for sex were asked about condom use during the last paid sexual encounter.

Table 14.9 shows that just over 1 percent of men age 15-49 years reported paying for sexual intercourse in the past 12 months. Among those, 77 percent reported using a condom the last time they paid for sexual intercourse (data not shown).

Table 14.9 Payment for sexual intercourse among men

Percentage of men age 15-49 reporting payment for sexual intercourse in the past 12 months, by background characteriatics, Namibia 2006-07

Background characteristic	Payment for sexual intercourse in the past 12 months: Percentage who paid for sexual intercourse	Payment for sexual intercourse in the past 12 months: Number of men
Age		
15-24	0.8	1,661
15-19	0.5	910
20-24	1.1	750
25-29	2.7	702
30-39	1.9	986
40-49	0.6	567
Marital status		
Never married	1.4	2,547
Married or living together	0.9	1,205
Divorced/separated/widowed	4.2	163
Residence		
Urban	0.8	1,962
Rural	1.9	1,953
Region		
Caprivi	8.2	189
Erongo	0.8	362
Hardap	0.3	132
Karas	2.0	157
Kavango	1.6	331
Khomas	0.5	984
Kunene	3.5	92
Ohangwena	1.8	306
Omaheke	2.6	188
Omusati	1.5	320
Oshana	0.0	270
Oshikoto	0.5	322
Otjozondjupa	0.3	262
Education		
No education/preschool	3.1	360
Incomplete primary	1.2	856
Complete primary	2.2	252
Incomplete secondary	1.0	1,604
Complete secondary	1.9	538
More than secondary	0.0	305
Wealth quintile		
Lowest	2.1	560
Second	1.5	607
Middle	2.4	875
Fourth	0.7	963
Highest	0.5	911
Total 15-49	1.4	3,915

Men age 25-29 are the most likely to have paid for sexual intercourse in the past 12 months (3 percent). Men in rural areas (2 percent) are twice as likely to have had transactional sex in the past 12 months as men in urban areas (1 percent) Across regions, no man in Oshana report having paid sex, compared with 8 percent of men in Caprivi.

14.8 COVERAGE OF HIV COUNSELLING AND TESTING

Knowledge of HIV status helps HIV-negative individuals make specific decisions that will help reduce the risk of contracting HIV. For those who are HIV positive, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future.

To assess awareness and coverage of HIV testing services, NDHS respondents were asked a) whether they know where to get an HIV test, b) whether they were ever tested and received results, c) whether they were ever tested but did not receive results, d) whether they were never tested, and e) whether they were last tested in the past 12 months and received the results.

According to the findings presented in Table 14.10.1, almost all women age 15-49 know where to get an HIV test (92 percent). Knowledge of HIV testing is not directly associated with having taken the test; 45 percent of women have never been tested, 51 percent were tested at some time and received the results of the last test, and 4 percent were tested at some time but did not receive the results. The proportion of women who have ever been tested for HIV does not vary much by age. Rural women, women who have never had sex, less educated women, and women from poorer households are less likely than other women to have been tested. For example, only 34 percent of women with no education have been tested and know the results, compared with 78 percent of women with more than secondary education.

Almost one in three women (29 percent) were tested for HIV in the past 12 months and received the results. Differences by background characteristics are similar to other indicators, with young women, women in rural areas, women with less education, and women in poorer households less likely to know their HIV status in the past 12 months.

Table 14.10.2 shows data for men age 15-49. Men are less likely than women to know where to get an HIV test (87 percent compared with 92 percent). As with the case of women, knowledge of a place to get an HIV test is lowest among young men, those who have never had sex, men with no education and in men in the lower wealth quintiles. There are large differences in knowledge of where to get an HIV test by region, from 73 percent in Ohangwena to 96 percent in Khomas.

One-third of men (32 percent) have been tested for HIV at some time and received the results of the last test, and 2 percent did not receive the test results. Men age 15-19, men who live in rural areas, those who have never had sex, men without any formal education, and men in households in the two lowest wealth quintiles are substantially less likely than men in other groups to have ever been tested for HIV and receive test results.

Men are less likely than women to have been tested in the past 12 months and received the test results (18 percent and 29 percent, respectively). Variations in recent testing (past 12 months) by background characteristic are similar to those of men who have ever been tested, except that men with complete primary education are the least likely to have received HIV testing results in the past 12 months (9 percent).

Table 14.10.1 Coverage of prior HIV testing: Women

Percentage of women age 15-49 who know where to get an HIV test, percent distribution of women age 15-49 by testing status and by whether they received the results of the last test, the percentage of women ever tested, and the percentage of women age 15-49 who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Namibia 2006-07

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of women by testing status and whether they received the results of the last test			Total	Percentage ever tested	Percentage who received results from last HIV test taken in the past 12 months	Number of women
		Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age								
15-24	90.2	36.8	3.1	60.1	100.0	39.9	23.2	4,101
15-19	86.4	17.5	1.8	80.7	100.0	19.3	12.8	2,246
20-24	94.7	60.2	4.7	35.1	100.0	64.9	35.8	1,855
25-29	93.9	68.5	3.8	27.7	100.0	72.3	40.0	1,623
30-39	93.0	64.4	4.8	30.8	100.0	69.2	32.9	2,462
40-49	90.7	48.4	4.5	47.1	100.0	52.9	24.2	1,618
Marital status								
Never married	92.0	44.1	2.9	53.1	100.0	46.9	25.4	5,676
Ever had sex	94.2	57.1	3.8	39.1	100.0	60.9	32.5	4,087
Never had sex	86.3	10.6	0.5	88.9	100.0	11.1	7.0	1,589
Married or living together	91.0	61.3	5.4	33.3	100.0	66.7	33.8	3,451
Divorced/separated/ widowed	90.9	55.0	4.6	40.4	100.0	59.6	28.9	678
Residence								
Urban	94.5	59.6	3.3	37.2	100.0	62.8	33.1	4,772
Rural	88.8	42.7	4.4	52.9	100.0	47.1	24.3	5,032
Region								
Caprivi	89.0	35.8	4.2	60.1	100.0	39.9	17.2	474
Erongo	97.1	61.6	4.5	33.9	100.0	66.1	36.4	688
Hardap	90.1	46.6	4.7	48.7	100.0	51.3	20.3	315
Karas	96.8	55.3	7.6	37.1	100.0	62.9	24.7	318
Kavango	82.4	45.0	4.9	50.0	100.0	50.0	26.0	934
Khomas	94.8	63.4	2.8	33.8	100.0	66.2	34.6	2,218
Kunene	80.5	42.9	3.7	53.4	100.0	46.6	25.3	259
Ohangwena	90.4	41.1	3.6	55.3	100.0	44.7	23.7	1,043
Omaheke	86.8	45.2	6.6	48.2	100.0	51.8	24.5	373
Omusati	93.4	44.3	3.0	52.7	100.0	47.3	25.9	975
Oshana	92.1	51.7	4.1	44.2	100.0	55.8	32.0	819
Oshikoto	94.0	47.5	2.9	49.6	100.0	50.4	28.6	837
Otjozondjupa	90.5	51.7	4.6	43.6	100.0	56.4	28.7	550
Education								
No education	67.0	34.4	5.2	60.4	100.0	39.6	18.9	651
Incomplete primary	85.9	43.0	5.5	51.4	100.0	48.6	22.7	1,699
Complete primary	89.6	47.8	3.4	48.7	100.0	51.3	26.1	736
Incomplete secondary	94.4	47.8	3.3	48.9	100.0	51.1	27.1	4,751
Complete secondary	98.7	68.4	3.9	27.8	100.0	72.2	37.8	1,286
More than secondary	98.0	78.3	3.3	18.4	100.0	81.6	47.9	682
Wealth quintile								
Lowest	83.8	38.5	4.7	56.8	100.0	43.2	21.4	1,621
Second	88.6	42.3	4.1	53.6	100.0	46.4	24.9	1,668
Middle	90.3	47.2	4.6	48.2	100.0	51.8	27.9	1,885
Fourth	95.2	57.6	2.8	39.6	100.0	60.4	31.1	2,292
Highest	96.7	62.0	3.7	34.3	100.0	65.7	34.1	2,338
Total 15-49	91.6	50.9	3.9	45.2	100.0	54.8	28.6	9,804

[1] Includes "don't know/missing"

Table 14.10.2 Coverage of prior HIV testing: Men

Percentage of men age 15-49 who know where to get an HIV test, percent distribution of men age 15-49 by testing status and by whether they received the results of the last test, the percentage of men ever tested, and the percentage of men age 15-49 who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Namibia 2006-07

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of men testing status and by whether they received the results of the last test: Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total	Percentage ever tested	Percentage who received results from last HIV test taken in the past 12 months	Number of men
Age								
15-24	82.9	17.0	1.2	81.8	100.0	18.2	10.5	1,661
15-19	77.1	7.5	1.1	91.3	100.0	8.7	5.7	910
20-24	90.0	28.4	1.3	70.3	100.0	29.7	16.3	750
25-29	89.5	40.4	2.4	57.2	100.0	42.8	23.7	702
30-39	92.1	42.6	3.9	53.4	100.0	46.6	21.5	986
40-49	88.3	47.2	2.7	50.0	100.0	50.0	24.1	567
Marital status								
Never married	85.6	24.7	1.6	73.6	100.0	26.4	14.8	2,547
Ever had sex	89.0	29.7	2.0	68.3	100.0	31.7	17.5	2,014
Never had sex	72.5	5.8	0.3	93.9	100.0	6.1	4.3	533
Married or living together	90.8	46.2	3.5	50.4	100.0	49.6	22.8	1,205
Divorced/separated/ widowed	86.5	41.1	4.6	54.3	100.0	45.7	22.8	163
Residence								
Urban	94.8	42.5	3.4	54.1	100.0	45.9	23.1	1,962
Rural	79.6	21.5	1.2	77.3	100.0	22.7	12.0	1,953
Region								
Caprivi	79.1	19.5	0.0	80.5	100.0	19.5	9.5	189
Erongo	94.8	47.1	4.1	48.8	100.0	51.2	27.5	362
Hardap	90.0	29.1	4.7	66.2	100.0	33.8	15.0	132
Karas	95.1	40.8	3.5	55.8	100.0	44.2	23.1	157
Kavango	81.0	17.1	2.8	80.1	100.0	19.9	7.8	331
Khomas	96.0	44.0	3.4	52.6	100.0	47.4	23.0	984
Kunene	75.8	27.8	2.7	69.5	100.0	30.5	14.6	92
Ohangwena	72.7	19.6	0.4	80.0	100.0	20.0	12.6	306
Omaheke	81.3	28.2	1.7	70.1	100.0	29.9	16.4	188
Omusati	89.0	22.6	0.7	76.7	100.0	23.3	13.1	320
Oshana	90.9	32.6	1.3	66.2	100.0	33.8	20.2	270
Oshikoto	82.1	23.8	1.0	75.2	100.0	24.8	16.3	322
Otjozondjupa	76.8	29.9	2.3	67.8	100.0	32.2	11.4	262
Education								
No education	65.8	16.2	1.8	82.0	100.0	18.0	10.3	360
Incomplete primary	75.3	23.8	2.1	74.1	100.0	25.9	12.7	856
Complete primary	85.0	21.6	1.8	76.6	100.0	23.4	9.2	252
Incomplete secondary	92.8	28.6	1.6	69.7	100.0	30.3	16.6	1,604
Complete secondary	97.9	52.9	2.0	45.1	100.0	54.9	27.1	538
More than secondary	99.8	63.5	8.2	28.4	100.0	71.6	35.3	305
Wealth quintile								
Lowest	73.6	13.1	0.7	86.2	100.0	13.8	8.2	560
Second	77.8	16.2	1.7	82.2	100.0	17.8	9.6	607
Middle	84.9	28.8	1.3	69.9	100.0	30.1	14.3	875
Fourth	93.3	38.7	2.9	58.3	100.0	41.7	21.6	963
Highest	97.7	50.2	4.1	45.7	100.0	54.3	27.5	911
Total 15-49	87.2	32.0	2.3	65.7	100.0	34.3	17.6	3,915

[1] Includes 'don't know/missing'

14.8.1 HIV Testing and Counselling for Pregnant Women

One of the tragic consequences of HIV infection in women is the transmission of the virus to their children. This can occur during pregnancy, at the time of delivery, or through breastfeeding. Worldwide, the effects of mother-to-child transmission (MTCT) of HIV are staggering, with more than two million children currently infected and almost 2,000 new infant infections occurring every day. The Namibian Government seeks to strengthen health systems and communities to deliver

prevention of MTCT (PMTCT) services to women through support for a wide variety of complementary interventions. These interventions include improvement of antenatal care services, voluntary HIV counselling and testing (VCT) for pregnant women and their spouses, administration of antiretroviral drug prophylaxis for HIV-positive pregnant women, and support for safer infant feeding practices. PMTCT programmes promoted by the Ministry of Health and Social Services also provide psychosocial, clinical, and nutritional support to women and men who are identified as HIV-positive in the course of PMTCT programmes.

By the end of 2006, all 34 hospitals, state and faith-based organizations, about 178 health facilities were providing PMTCT services, and about 859 health workers were trained in the provision of such services. About 68,800 pregnant women had been seen at PMTCT sites as of March 2006. About 88 percent of pretest counselled women took the HIV test, and the HIV prevalence rate among tested women was recorded as 17 percent (MoHSS, 2004).

Table 14.11 shows that among women who gave birth in the two years preceding the survey, 73 percent received HIV counselling during antenatal care for their most recent birth, and practically all of these women received the results of the test. The majority of women who were tested (62 percent) voluntarily accepted an offer for the HIV test and received the test results. The proportion of women who received the test and test results increases with age through age 29, then declines among women age 30 and older.

Better educated women are more likely than less educated women to have been tested for HIV. Urban women are more likely than rural women to have been counselled, tested, and received the results (66 percent of and 59 percent, respectively).

Table 14.11 Pregnant women counselled and tested for HIV

Among all women age 15-49 who gave birth in the two years preceding the survey, the percentage who received HIV counselling during antenatal care for their most recent birth, and percentage who accepted an offer of HIV testing by whether they received their test results, according to background characteristics, Namibia 2006-07

Background characteristic	Percentage who received HIV counselling during antenatal care[1]	Percentage who were offered and accepted an HIV test during antenatal care and who:		Percentage who were counselled, were offered and accepted an HIV test, and who received results[2]	Number of women who gave birth in the past two years[3]
		Received results	Did not receive results		
Age					
15-24	72.5	75.0	3.7	62.6	818
15-19	66.7	70.7	4.4	56.1	234
20-24	74.8	76.7	3.5	65.2	584
25-29	75.4	75.6	2.6	66.0	490
30-39	74.1	69.2	5.8	59.8	630
40-49	63.9	60.4	3.4	50.6	116
Residence					
Urban	74.9	80.3	2.8	66.3	824
Rural	72.0	67.3	4.9	58.9	1,230
Region					
Caprivi	73.6	52.1	10.6	44.8	110
Erongo	74.8	81.2	1.7	64.1	111
Hardap	74.2	80.4	1.6	69.6	62
Karas	78.1	72.6	6.6	61.2	57
Kavango	61.0	58.1	5.9	47.7	291
Khomas	76.8	86.2	4.1	70.0	365
Kunene	53.3	49.4	3.3	45.2	73
Ohangwena	81.7	74.4	3.7	67.5	235
Omaheke	50.7	54.1	3.4	37.4	106
Omusati	80.7	80.8	1.0	71.7	193
Oshana	85.5	86.4	1.5	79.5	136
Oshikoto	76.9	75.8	2.9	69.1	172
Otjozondjupa	71.3	66.7	6.8	57.2	144

Continued…

Table 14.11—Continued

Background characteristic	Percentage who received HIV counselling during antenatal care[1]	Percentage who were offered and accepted an HIV test during antenatal care and who:		Percentage who were counselled, were offered and accepted an HIV test, and who received results[2]	Number of women who gave birth in the past two years[3]
		Received results	Did not receive results		
Education					
No education	42.1	41.0	4.6	31.4	223
Incomplete primary	66.7	64.9	5.4	53.3	407
Complete primary	81.5	70.5	5.7	63.4	170
Incomplete secondary	80.8	79.6	2.7	70.3	921
Complete secondary	75.5	86.4	3.8	69.5	244
More than secondary	80.3	79.5	8.4	66.5	91
Total 15-49	73.2	72.5	4.1	61.9	2,054

[1] In this context, "counselled" means that someone talked with the respondent about all three of the following topics: 1) babies getting the AIDS virus from their mother, 2) preventing the virus, and 3) getting tested for the virus

[2] Only women who were offered the test are included here; women who were either required or asked for the test are excluded from the numerator of this measure

[3] Denominator for percentages includes women who did not receive antenatal care for their last birth in the past two years

14.8.2 Male Circumcision

Recent research in sub-Saharan Africa found that safe male circumcision can reduce a man's chances of becoming infected with HIV. Three randomized controlled trials were conducted in which men with a foreskin were randomly assigned to either receive circumcision or not, and then followed over time to see if one group had a higher rate of acquiring HIV. The risk reduction for circumcised men was about 60 percent, i.e., six of ten infections could have been prevented by circumcising men (Auvert et al., 2005; Bailey et al., 2007; Gray et al., 2007).

The World Health Organization (WHO) estimates that in countries of southern and eastern Africa with the highest HIV prevalence, male circumcision rates are generally under 20 percent (WHO, 2006). A Social Marketing Association (SMA) survey in 2004 of the National Defence Forces found that 26 percent of the interviewed soldiers were circumcised (this estimate is not necessarily representative of the Namibian male population).

Table 14.12 shows that 21 percent of men age 15-49 have been circumcised. Among men who reported being circumcised, 84 percent were circumcised as a child (below 13 years old). Older men, men who live in urban areas, and those with higher education are more likely than other men to have been circumcised. The practice of circumcising men is most often found in Omahake and Kunene, where more than half of men are circumcised. In three other regions, Otjozondjupa, Kavango, and Khomas, male circumcision rates are also high (42 percent, 30 percent, and 27 percent, respectively).

Seven in ten men who were circumcised in childhood had the operation performed by a health professional and one in four was performed by a traditional healer (data not shown).

Table 14.12 Male circumcision

Percentage of men age 15-49 who reported being circumcised and among circumcised men, percentage who were circumcised by specific ages and percentage who were circumcised by specific persons, by background characteristics, Namibia 2006-07

Background characteristic	Percentage circum-cised	Number of men	Age at circumcision				Person who performed circumcision			Number of circumcised men
			Below 13	13-19	20+	Missing	Tradi-tional healer	Health profes-sional	Don't know/ missing	
Age										
15-24	19.0	1,661	92.1	7.5	0.4	0.0	6.0	1.9	0.0	315
15-19	16.6	910	93.9	6.1	0.0	0.0	4.7	1.3	0.0	151
20-24	21.9	750	90.4	8.9	0.7	0.0	7.1	2.5	0.0	164
25-29	21.7	702	85.2	11.5	2.6	0.7	2.8	10.6	1.4	152
30-39	23.2	986	76.7	9.2	14.1	0.0	3.4	19.6	0.4	228
40-49	22.2	567	76.2	4.6	19.0	0.2	2.1	21.4	0.2	126
Residence										
Urban	25.9	1,962	81.4	8.8	9.6	0.2	4.2	14.1	0.3	507
Rural	16.1	1,953	88.5	7.4	4.0	0.1	3.9	7.1	0.5	314
Region										
Caprivi	6.3	189	*	*	*	*	*	*	*	12
Erongo	18.7	362	71.2	16.3	12.5	0.0	4.5	24.4	0.0	68
Hardap	6.5	132	*	*	*	*	*	*	*	9
Karas	9.3	157	(63.2)	(15.8)	(20.9)	(0.0)	(2.5)	(31.6)	(2.6)	15
Kavango	30.5	331	71.1	21.7	7.1	0.0	15.9	12.9	0.0	101
Khomas	26.6	984	84.3	5.4	10.1	0.3	2.4	13.1	0.3	262
Kunene	52.2	92	92.2	4.0	3.8	0.0	3.9	3.9	0.0	48
Ohangwena	0.6	306	*	*	*	*	*	*	*	2
Omaheke	56.7	188	97.2	2.1	0.7	0.0	1.8	1.0	0.0	107
Omusati	7.9	320	*	*	*	*	*	*	*	25
Oshana	14.1	270	81.5	10.6	7.9	0.0	2.4	12.0	4.1	38
Oshikoto	8.3	322	(82.6)	(3.2)	(14.2)	(0.0)	(0.0)	(17.4)	(0.0)	27
Otjozondjupa	41.6	262	97.9	2.1	0.0	0.0	0.8	1.3	0.0	109
Education										
No education/preschool	26.1	360	86.0	10.9	2.7	0.3	10.3	3.4	0.3	94
Incomplete primary	14.7	856	79.4	10.0	10.5	0.0	4.9	15.0	0.7	126
Complete primary	15.5	252	(78.9)	(4.4)	(15.8)	(0.9)	(4.1)	(16.0)	(0.9)	39
Incomplete secondary	20.2	1,604	85.0	8.4	6.4	0.2	4.5	10.1	0.4	324
Complete secondary	24.4	538	84.7	9.2	6.0	0.0	1.2	13.8	0.3	131
More than secondary	35.2	305	86.3	3.8	9.9	0.0	0.0	13.7	0.0	107
Total 15-49	21.0	3,915	84.1	8.3	7.5	0.2	4.1	11.4	0.4	821

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

14.8.3 Self-Reporting of Sexually Transmitted Infections (STI)

In Namibia, about 80,000 people were treated for new sexually transmitted infections (STIs) in the 2005-06 fiscal year. STIs remain a major challenge in the prevention of primary and secondary infections with HIV. Namibia has experienced a heavy STI burden that ranks 8th among all hospital consultations. Syndromic management was introduced in 1995 as an intervention for STI control. However, because of the lack of human resources and capacity, implementation has not gone as smoothly as anticipated, and the training and supervision of health workers providing STI services has been weak.

There was a decline in urethral discharge syndrome cases during the period 1995 to 2001. The number of urethral discharge and genital ulcer disease cases remained stable over the period 2002-2005. There has been a steady increase of reported cases of vaginal discharge and pelvic inflammatory disease (PID); however, these syndromes are less specific for the presence of STI. Vaginal discharge syndrome (VD) and PID remain the predominant syndromes (showing the highest number of cases) compared with the other five syndromes.

In the 2006-07 NDHS, respondents who had ever had sexual intercourse were asked if they had had a disease in the past 12 months that was contracted through sexual contact, or if they had ever experienced either of two symptoms associated with STIs (bad-smelling, abnormal discharge from the vagina/penis or a genital sore or ulcer). Table 14.13 shows the self-reported prevalence of STIs and STI symptoms for men and women.

Table 14.13 Self-reported prevalence of sexually-transmitted infections (STIs) and STI symptoms

Among women and men age 15-49 who ever had sexual intercourse, the percentage reporting having an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Namibia 2006-07

	Women					Men				
	Percentage of women who reported having in the past 12 months:					Percentage of men who reported having in the past 12 months:				
Background characteristic	STI	Bad - smelling/ abnormal genital discharge	Genital sore/ ulcer	STI/ genital discharge/ sore or ulcer	Number of women who ever had sexual intercourse	STI	Bad-smelling/ abnormal genital discharge	Genital sore/ ulcer	STI/ genital discharge/ sore or ulcer	Number of men who ever had sexual intercourse
Age										
15-24	2.6	5.2	3.1	7.5	2,619	1.0	1.1	1.7	2.8	1,160
15-19	2.2	5.7	3.3	7.7	972	0.9	1.2	1.9	2.9	471
20-24	2.9	4.9	2.9	7.4	1,647	1.1	1.0	1.5	2.7	689
25-29	3.3	5.8	3.0	8.0	1,558	2.7	1.8	1.4	4.0	686
30-39	3.6	5.1	2.7	7.7	2,431	1.8	1.8	1.9	3.7	978
40-49	2.9	4.0	3.0	6.3	1,606	2.5	2.1	2.3	4.7	559
Marital status										
Never married	2.8	4.6	2.7	6.5	4,085	1.6	1.3	1.6	3.2	2,014
Married or living together	3.2	5.5	2.9	7.9	3,451	2.1	1.7	2.2	3.9	1,205
Divorced/separated/widowed	4.2	5.6	4.7	10.2	678	2.9	4.8	1.6	5.5	163
Male circumcision										
Circumcised	na	na	na	na	0	2.8	2.7	1.7	5.0	768
Not circumcised	na	na	na	na	0	1.6	1.3	1.8	3.2	2,610
Residence										
Urban	3.1	6.2	3.1	8.6	4,100	1.9	1.4	1.3	3.3	1,779
Rural	3.1	3.9	2.8	6.2	4,114	1.7	1.8	2.4	3.9	1,604
Region										
Caprivi	0.1	2.3	0.2	2.3	440	3.0	3.1	5.5	6.5	179
Erongo	3.0	6.0	3.0	8.4	604	2.6	1.6	1.5	4.0	334
Hardap	3.3	6.2	1.3	8.8	267	1.5	2.6	0.3	3.5	111
Karas	3.2	4.9	0.2	5.9	278	2.8	1.8	2.2	3.1	131
Kavango	2.3	2.2	4.1	5.9	865	0.3	0.9	1.3	2.3	291
Khomas	3.1	7.7	3.0	10.1	1,892	2.0	1.2	0.7	2.7	898
Kunene	7.5	9.9	7.5	12.9	241	2.5	3.6	2.7	5.9	84
Ohangwena	3.4	3.7	3.2	6.0	776	2.0	1.9	1.3	3.3	200
Omaheke	4.5	9.2	3.7	12.0	335	1.0	1.6	2.5	4.1	174
Omusati	2.0	2.4	1.8	4.2	723	1.7	1.7	2.1	4.3	262
Oshana	2.4	2.1	2.1	4.4	625	0.4	1.0	0.3	1.8	220
Oshikoto	2.3	3.4	2.3	5.2	662	2.1	1.8	3.6	5.4	258
Otjozondjupa	6.8	7.1	5.8	11.2	506	2.3	1.4	3.0	4.3	239
Education										
No education	3.0	4.9	3.5	7.1	631	1.1	1.8	2.4	3.3	331
Incomplete primary	4.3	5.5	4.6	9.1	1,545	1.8	2.8	3.5	5.7	714
Complete primary	3.7	6.5	4.3	7.8	595	4.3	4.3	1.8	5.5	182
Incomplete secondary	3.1	4.8	2.5	7.2	3,694	1.8	1.3	1.5	3.2	1,364
Complete secondary	2.0	5.4	2.0	7.0	1,124	1.8	0.6	0.6	2.5	490
More than secondary	1.7	3.5	1.4	5.3	625	1.3	0.0	0.2	1.5	302
Total 15-49	3.1	5.0	2.9	7.4	8,214	1.8	1.6	1.8	3.6	3,382

na = Not applicable

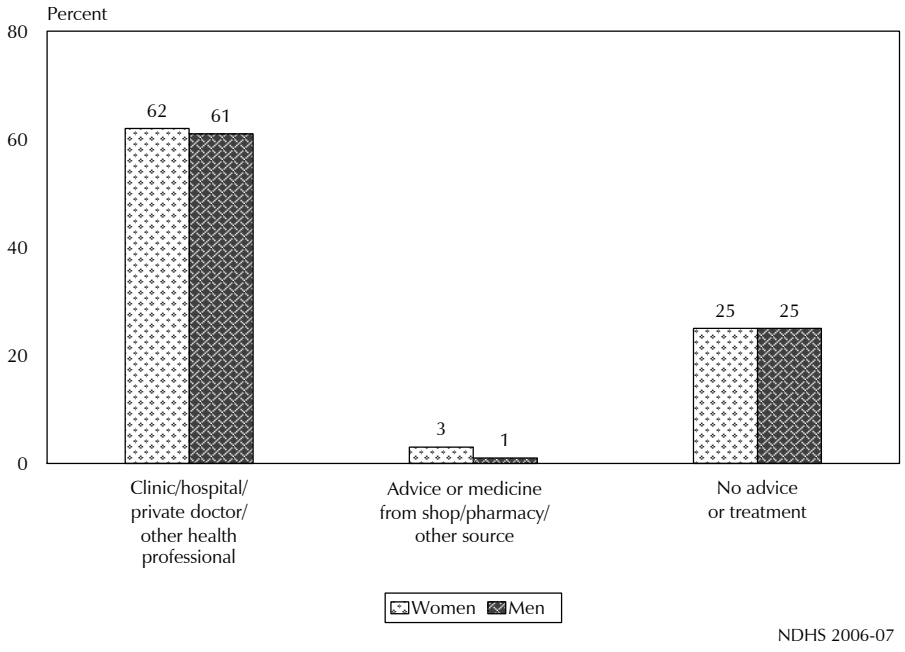
Three percent of women and 2 percent of men age 15-49 reported having an STI in the past 12 months, while 7 percent of women and 4 percent of men reported having STI as well as symptoms suggestive of STIs in the past 12 months. Among women, there are small variations in reported STIs and symptoms of STIs in the past 12 months by background characteristics, except by region. Across regions, the infection ranges from 2 percent in Caprivi to 13 percent in Kunene.

Among men, the prevalence of reported STIs and symptoms of STIs is lower than that reported by women. There are small variations across subgroups of men. It is interesting to note that Caprivi has the highest prevalence of reported STIs or STI symptoms among men (7 percent) and the lowest prevalence among women (2 percent).

Additionally, STIs and the symptoms of STIs are more likely to be reported by men who have been circumcised than by men who have not been circumcised (5 percent compared with 3 percent).

Respondents who had an STI or symptoms of an STI, were asked if they sought advice or treatment from any source. The findings are presented in Figure 14.3. More than 60 percent of women and men with STIs/symptoms of STIs in the past 12 months sought advice or treatment from a clinic, hospital, private doctor, or other health professional. Only a small percentage sought medical advice or treatment from other sources. About one in four respondents did not seek any professional medical assistance.

Figure 14.3 Women and Men Seeking Treatment for STIs



14.8.4 Prevalence of Medical Injections

Health care workers have a low but measurable risk of HIV infection resulting from accidental exposure to infected blood or body fluids. Conversely, situations may exist where the health care worker is a potential source of HIV infection to patients, whereby patients are exposed to the blood or body fluids of an infected health care worker. Based on international epidemiological studies, CDC guidelines state that the overall risk of nosocomial transmission of HIV after a needle stick from an HIV seropositive source is estimated at 0.1 to 0.3 percent. As a result, HIV attributable to occupational exposure is uncommon (CDC, 1999).

Non-sterile injections can pose a risk of infection with HIV and other diseases. To measure the potential risk of transmission of HIV associated with medical injections, women and men who were interviewed in the 2006-07 NDHS were asked if they had received an injection in the past 12 months and, if so, the number of injections. They were also asked whether, for the last injection, the needle and syringe were taken from a new, unopened package.

Table 14.14 shows that 31 percent of women and 18 percent of men received at least one medical injection in the past 12 months. On average, women received four injections and men received three.

Urban women were more likely than rural women to receive medical injections in the past 12 months (34 percent compared with 28 percent), but medical injections for urban men were considerably higher than those for rural men (22 percent compared with 13 percent).

Table 14.14 Prevalence of medical injections

Percentage of women and men age 15-49 who received at least one medical injection in the past 12 months, the average number of medical injections per person in the past 12 months, and among those who received a medical injection, the percentage of last medical injections for which the syringe and needle were taken from a new, unopened package, by background characteristics, Namibia 2006-07

	Women					Men				
Background characteristic	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of women	For last injection, syringe and needle taken from a new, unopened package	Number of women receiving medical injections in the past 12 months	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of men	For last injection, syringe and needle taken from a new, unopened package	Number of men receiving medical injections in the past 12 months
Age										
15-24	32.9	2.9	4,101	96.6	1,349	14.0	2.5	1,661	91.7	233
15-19	32.1	2.5	2,246	96.8	721	14.7	2.7	910	92.2	133
20-24	33.9	3.3	1,855	96.4	628	13.3	2.3	750	91.2	100
25-29	30.6	3.7	1,623	97.9	497	16.0	3.4	702	98.6	112
30-39	30.1	4.1	2,462	97.2	742	20.7	2.7	986	96.1	204
40-49	27.0	4.6	1,618	97.0	437	23.8	2.9	567	97.8	135
Residence										
Urban	33.5	3.8	4,772	97.7	1,599	22.4	2.7	1,962	95.5	439
Rural	28.3	3.2	5,032	96.3	1,426	12.5	3.0	1,953	95.1	245
Region										
Caprivi	41.2	3.2	474	98.8	196	20.0	4.5	189	(100.0)	38
Erongo	40.6	4.5	688	97.6	279	21.6	2.5	362	97.4	78
Hardap	34.7	3.6	315	98.7	109	18.6	2.3	132	(93.5)	25
Karas	23.0	4.0	318	100.0	73	17.6	2.4	157	(95.8)	28
Kavango	26.4	4.0	934	93.9	247	10.8	3.1	331	(91.5)	36
Khomas	33.8	3.6	2,218	98.8	750	25.9	2.4	984	93.9	254
Kunene	40.3	4.1	259	93.4	105	19.2	2.5	92	(100.0)	18
Ohangwena	28.6	2.4	1,043	95.6	299	5.0	2.6	306	*	15
Omaheke	32.2	4.2	373	97.2	120	20.1	2.9	188	(100.0)	38
Omusati	23.8	3.0	975	94.5	232	5.7	3.5	320	*	18
Oshana	22.0	3.0	819	95.4	180	8.8	1.7	270	(94.2)	24
Oshikoto	28.6	3.1	837	99.6	239	19.2	4.3	322	97.1	62
Otjozondjupa	35.6	4.4	550	94.8	195	19.4	2.8	262	97.0	51
Education										
No education	20.0	4.0	651	92.8	130	7.0	1.4	360	(94.6)	25
Incomplete primary	27.6	3.1	1,699	94.3	469	14.6	2.6	856	95.4	125
Complete primary	29.2	2.7	736	98.2	215	19.6	2.2	252	(100.0)	49
Incomplete secondary	32.4	3.6	4,751	97.6	1,540	17.6	3.1	1,604	92.4	282
Complete secondary	32.4	3.9	1,286	98.4	417	21.7	2.7	538	98.9	116
More than secondary	37.2	3.9	682	97.3	254	28.4	3.0	305	97.6	87
Wealth quintile										
Lowest	28.1	3.3	1,621	96.3	456	9.6	4.1	560	94.8	54
Second	26.4	3.2	1,668	94.3	440	10.3	2.6	607	97.6	62
Middle	28.8	3.3	1,885	96.4	543	13.6	2.5	875	94.2	119
Fourth	33.6	3.5	2,292	97.8	771	19.5	2.8	963	92.2	188
Highest	34.9	4.1	2,338	98.6	816	28.6	2.7	911	97.7	261
Total 15-49	30.9	3.6	9,804	97.0	3,025	17.5	2.8	3,915	95.4	684

Note : Medical injections are those given by a doctor, nurse, pharmacist, dentist or other health worker. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

Almost all women and men who received a medical injection in the past 12 months said that for the last injection, the syringe and needle were taken from a new, unopened package (97 percent of women and 95 percent of men). For women, there were no substantial variations in this indicator. However, for men the proportion who reported safe injection practices ranged from 75 percent in Ohangwena to 100 percent in Caprivi, Kunene, Omaheke, and Omusati.

Figure 14.4 shows the percent distribution of women and men who received a medical injection in the past 12 months by type of facility where the injection was received. The majority of injections were received in public sector facilities (77 percent for women and 70 percent for men), while 15 percent of women and 30 percent of men received the injection in a private medical facility. Women are more likely to report that the injection was received in a health centre (42 percent), while men are more likely to report that the last injection was received in a government hospital (54 percent).

Figure 14.4 Type of Facility Where Last Medical Injection Was Received

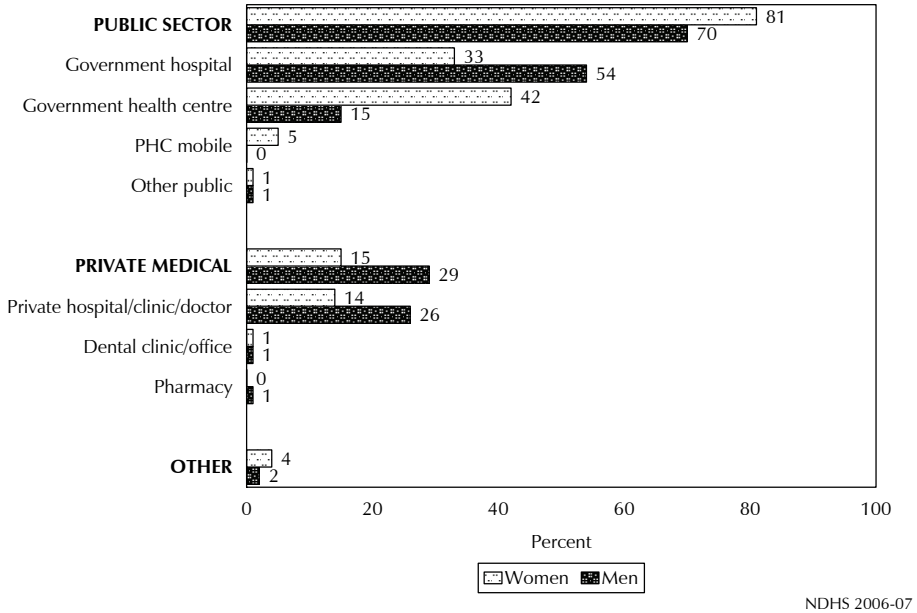
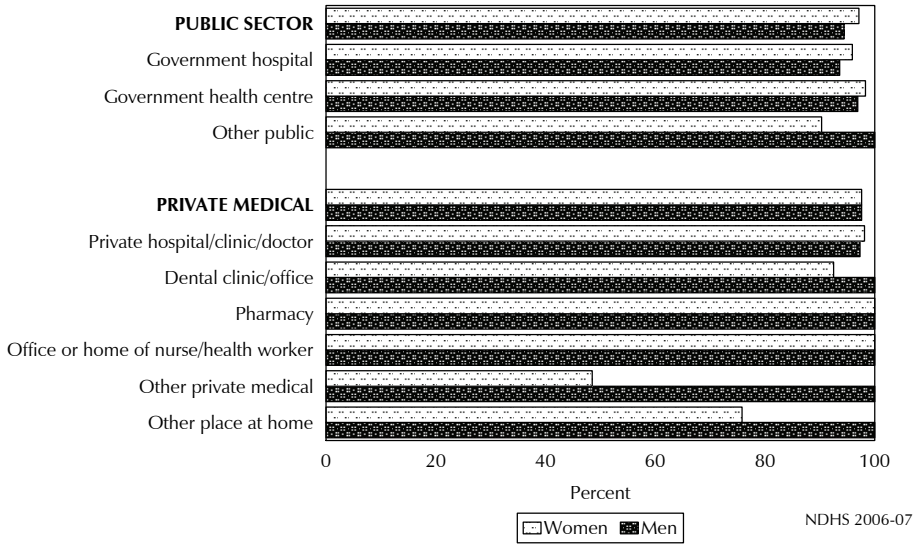


Figure 14.5 shows, for women and men who received medical injections in the past 12 months, the percentage whose last injection was given with a syringe and needle taken from a new, unopened package, by type of facility where the last injection was received. Overall, most public and private sector facilities practice safe injections (at least 90 percent). The lowest level of safe injections was reported by women attending other private medical facilities (49 percent).

Figure 14.5 **Percentage of Men and Women Whose Last Injection Was Given with a Syringe and Needle Taken From a New, Unopened Package, by Type of Facility Where Last Injection Was Received**



14.9 HIV KNOWLEDGE AND SEXUAL BEHAVIOUR AMONG YOUTH

14.9.1 Comprehensive HIV/AIDS Knowledge and Source of Condoms among Youth

Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention. In Namibia, the most common local misconceptions are that AIDS can be transmitted by mosquito bites and that a person can become infected by sharing food with a person who has AIDS.

Table 14.15 addresses HIV/AIDS-related comprehensive knowledge of HIV/AIDS among persons age 15-24 years, and knowledge of a condom source. Condom use among young adults plays an important role in the prevention of HIV and other sexually transmitted infections, as well as unwanted pregnancies. Knowledge of a source for condoms is a proxy for assessing the ability of young adults to obtain and use condoms. Young respondents were asked the same set of questions on facts and beliefs about HIV transmission as other respondents. Information on the level of knowledge of the major ways to avoid HIV and the level of rejection of major misconceptions about HIV are shown in Tables 14.2, 14.3.1, and 14.3.2.

Young women have a slightly higher level of comprehensive knowledge of AIDS than young men (65 percent compared with 62 percent). Knowledge increases with age; for example, comprehensive knowledge of AIDS among women and men age 15-17 is lowest (61 percent for women and 55 percent for men) compared with 68 and 66 for those in the 20-24 age group.

Comprehensive knowledge of AIDS is highest among women and men who have ever had sexual intercourse (68 and 66 percent, respectively) and lowest among ever-married women (53 percent) and men who have never had sex (53 percent). While for young women there is no difference in comprehensive knowledge of AIDS between urban and rural areas (both 65 percent), urban men have a much higher level of comprehensive knowledge than their rural counterparts (68 percent and 58 percent, respectively).

Less than 50 percent of women in Caprivi, Kunene, and Omaheke have comprehensive knowledge of AIDS. Similarly, less than 50 percent of young men in Ohangwena, Omaheke, and Oshana have comprehensive knowledge of AIDS transmission and prevention. The level of comprehensive knowledge increases with level of education. While 33 percent of women with no education have comprehensive knowledge of AIDS, the corresponding percentage for women with secondary or higher education is 74 percent. For women and men, the differences by wealth quintiles are not significant.

Table 14.15 Comprehensive knowledge about AIDS and of a source of condoms among youth

Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage with knowledge of a source of condoms, by background characteristics, Namibia 2006-07

	Women age 15-24			Men age 15-24		
Background characteristic	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a source for condoms[2]	Number of women	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a source for condoms [2]	Number of men
Age						
15-19	62.2	86.2	2,246	58.5	88.1	910
15-17	61.2	83.4	1,365	55.1	85.0	553
18-19	63.6	90.4	881	63.7	93.0	357
20-24	68.2	93.1	1,855	66.0	95.0	750
20-22	68.8	93.0	1,160	67.9	94.1	473
23-24	67.2	93.2	696	62.7	96.6	277
Marital status						
Never married	66.9	89.9	3,531	61.7	91.0	1,561
Ever had sex	68.0	94.5	2,051	65.7	96.7	1,060
Never had sex	65.2	83.6	1,480	53.3	79.1	500
Ever married	52.8	85.5	570	64.3	94.4	100
Residence						
Urban	65.4	94.5	1,840	67.5	97.4	716
Rural	64.5	85.1	2,261	57.6	86.5	945
Region						
Caprivi	49.0	94.9	214	70.6	96.1	63
Erongo	56.5	97.1	239	63.5	97.4	103
Hardap	61.6	96.4	129	79.2	97.0	50
Karas	61.4	97.0	103	66.0	96.8	56
Kavango	53.8	81.6	450	77.6	94.2	162
Khomas	70.6	93.8	839	67.9	96.7	352
Kunene	35.1	89.7	92	59.1	92.4	35
Ohangwena	72.4	82.2	526	34.5	68.0	188
Omaheke	45.8	97.3	151	43.5	95.6	76
Omusati	71.6	85.2	444	77.3	90.9	173
Oshana	74.8	83.9	357	41.4	88.6	140
Oshikoto	73.8	90.7	374	64.5	92.5	173
Otjozondjupa	55.1	93.0	183	60.5	93.8	89
Education						
No education	33.2	64.3	121	39.6	73.8	85
Incomplete primary	49.2	72.2	498	45.2	79.0	331
Complete primary	59.9	82.8	335	63.3	90.7	141
Incomplete secondary	68.5	92.9	2,510	67.3	95.8	858
Complete secondary	71.0	96.4	495	72.2	98.5	194
More than secondary	74.3	97.3	142	(72.1)	(97.6)	51
Wealth quintile						
Lowest	61.3	78.9	743	54.8	82.3	279
Second	68.1	85.5	741	59.1	85.5	322
Middle	60.0	88.0	799	58.2	89.5	377
Fourth	65.2	95.1	900	68.9	98.1	324
Highest	69.3	96.3	918	67.4	99.0	359
Total	64.9	89.3	4,101	61.9	91.2	1,661

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention. The components of comprehensive knowledge are presented in Tables 13.2, 13.3.1, and 13.3.2.
[2] Friends, family members, and home are not considered a source for condoms.

14.9.2 Age at First Sex

Since HIV transmission in Namibia occurs predominantly through heterosexual intercourse between an infected and a non-infected person, age at first intercourse marks the time at which most individuals first risk exposure to the AIDS virus.

Table 14.16 shows that 7 percent of young women and 18 percent of young men age 15-24 had sexual intercourse before age 15. Almost half of women and 59 percent of men age 18-24 had their first sexual experience by age 18. In general, young people in rural areas have sex at an earlier age than those in urban areas.

Table 14.16 Age at first sexual intercourse among youth

Percentage of young women and young men age 15-24 who had sexual intercourse before age 15 and percentage of young women and young men age 18-24 who had sexual intercourse before age 18, by background characteristics, Namibia 2006-07

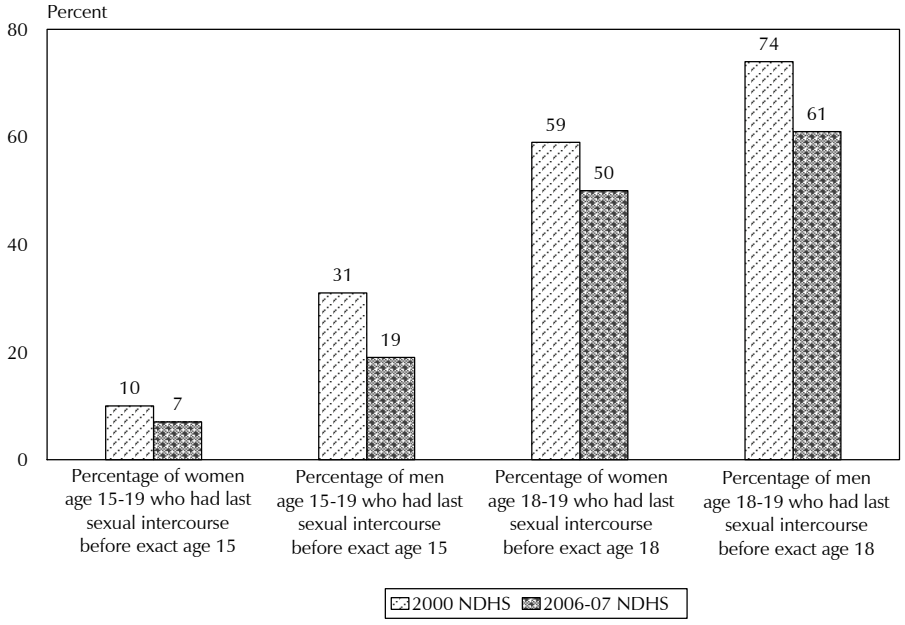
	Women age 15-24		Women age 18-24		Men age 15-24		Men age 18-24	
Background characteristic	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women	Percentage who had sexual intercourse before age 15	Number of men	Percentage who had sexual intercourse before age 18	Number of men
Age								
15-19	7.4	2,246	na	na	19.2	910	na	na
15-17	8.0	1,365	na	na	19.6	553	na	na
18-19	6.5	881	49.8	881	18.6	357	61.1	357
20-24	6.5	1,855	43.8	1,855	16.6	750	58.4	750
20-22	6.5	1,160	44.4	1,160	16.1	473	57.2	473
23-24	6.6	696	42.8	696	17.5	277	60.5	277
Marital status								
Never married	5.3	3,530	41.0	2,211	18.5	1,561	58.6	1,009
Ever married	17.7	571	65.8	525	11.3	100	66.0	98
Knows source for condoms[1]								
Yes	7.0	3,662	46.0	2,524	18.7	1,515	60.5	1,045
No	7.3	438	42.5	212	11.1	146	39.1	62
Residence								
Urban	5.4	1,840	41.6	1,285	18.8	716	58.0	523
Rural	8.3	2,261	49.4	1,451	17.5	945	60.4	585
Region								
Caprivi	17.8	214	70.8	151	35.1	63	68.6	45
Erongo	2.7	239	38.4	172	18.9	103	46.6	75
Hardap	6.7	129	37.2	86	9.5	50	41.8	34
Karas	0.5	103	34.4	74	12.1	56	51.5	38
Kavango	18.9	450	68.0	308	29.0	162	76.3	104
Khomas	4.3	839	40.8	606	17.9	352	59.7	264
Kunene	12.5	92	59.4	57	13.2	35	(63.8)	26
Ohangwena	4.6	526	36.7	305	16.8	188	48.2	95
Omaheke	13.0	151	57.6	95	19.7	76	69.5	57
Omusati	1.5	444	33.3	277	13.5	173	66.4	113
Oshana	3.6	357	32.9	234	12.7	140	47.3	92
Oshikoto	5.9	374	46.5	233	18.7	173	57.8	94
Otjozondjupa	8.9	183	62.4	138	12.7	89	63.4	72
Education								
No education	25.7	121	66.4	99	20.3	85	59.4	68
Incomplete primary	15.8	498	63.6	289	16.5	331	54.8	186
Complete primary	12.0	335	66.9	165	16.0	141	69.8	56
Incomplete secondary	5.4	2,510	46.5	1,581	17.9	858	60.3	565
Complete secondary	0.5	495	28.8	461	17.0	194	53.1	181
More than secondary	0.6	142	17.1	142	35.9	51	73.6	51
Wealth quintile								
Lowest	11.1	743	58.6	458	20.6	279	60.1	168
Second	7.4	741	45.1	464	20.0	322	63.8	182
Middle	11.2	799	50.7	534	15.6	377	59.8	274
Fourth	3.5	900	44.0	679	13.1	324	58.0	233
Highest	3.3	918	34.0	602	21.3	359	56.1	251
Total 15-24	7.0	4,101	45.7	2,736	18.0	1,661	59.3	1,108

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not available
[1] Friends, family members, and home are not considered a source for condoms.

Across regions, young people in Kavango and Caprivi are the most likely to have had sexual debut by age 15. For example, 18 percent of women age 15-24 in Caprivi had sex before age 15, and 71 percent of women age 18-24 had sex before age 18. For men, Caprivi has the highest percentage of young men who had sexual intercourse before the age of 15 years (35 percent). On the other hand, women in Karas and men in Hardap are the least likely to have sex by age 15 (less than 1 percent and 10 percent, respectively). The age at first sex increases with level of education, especially among women. Whereas more than one in four women age 15-24 with no education have had sex by age 15, less than 1 percent of women who completed secondary education have had sex by the same age.

Figure 14.6 shows trends in age at first sex across two surveys: the 2000 NDHS and the 2006-07 NDHS. The proportion of women age 15-19 who had sex by exact age 15 has declined slightly from 10 percent in 2000 to 7 percent in 2006-07. For men, the corresponding decline is sharper, from 31 percent to 19 percent. For women age 18-19, the proportion who had sex by age 18 declined from 59 percent in 2000 to 50 percent in 2006-07. The proportion for men is 74 and 61 percent, respectively.

Figure 14.6 **Trends in Age at First Sexual Intercourse Namibia 2000 and 2006-07**



14.9.3 Condom Use at First Sex

Consistent condom use is advocated by HIV control programmes to reduce the risk of sexual transmission of HIV among sexually active young adults. Young adults who use condoms at first sex are more likely to sustain condom use later in life. Condom use at first sex serves as an indicator of reduced risk of exposure at the beginning of sexual activity.

Table 14.17 shows that 60 percent of women and 48 percent of men used condoms at their first sexual intercourse. Women are consistently more likely than men to report condom use; 64 percent of women age 15-19 used a condom at first sexual intercourse compared with 53 percent of men the same age. For those age 20-24, the percentage is 58 percent for women and 44 percent for men.

When comparing urban and rural youth, urban women are much more likely than rural women to report condom use at first sexual intercourse (67 percent compared with 54 percent). Urban men are also more likely to have used a condom at first sexual intercourse compared with rural men (52 percent and 44 percent, respectively). Use of condoms at first sex by women is lowest in Kavango (37 percent) and highest in Khomas (73 percent) and. For men, the percentages are 20 percent in Kavango and 74 percent in Karas. Among young people, there is a positive relationship between level of education and wealth status and use of a condom at first sexual intercourse.

Table 14.17 Condom use at first sexual intercourse among youth

Among young women and young men age 15-24 who have ever had sexual intercourse, percentage who used a condom the first time they had sexual intercourse, by background characteristics, Namibia 2006-07

Background characteristic	Women age 15-24		Men age 15-24	
	Percentage who used a condom at first sexual intercourse	Number of women who have ever had sexual intercourse	Percentage who used a condom at first sexual intercourse	Number of men who have ever had sexual intercourse
Age				
15-19	63.9	972	53.0	471
15-17	63.7	398	50.7	220
18-19	64.0	574	55.1	252
20-24	57.8	1,647	44.1	689
20-22	61.9	991	49.1	423
23-24	51.4	657	36.1	266
Marital status				
Never married	65.9	2,050	47.6	1,060
Ever married	39.0	569	49.6	100
Knows source for condom[1]				
Yes	62.3	2,423	48.3	1,120
No	31.9	196	(32.3)	41
Residence				
Urban	66.7	1,217	52.2	539
Rural	54.2	1,403	43.9	622
Region				
Caprivi	52.2	180	30.9	55
Erongo	73.9	161	44.5	77
Hardap	62.1	83	63.3	29
Karas	58.4	67	74.3	34
Kavango	36.7	382	19.8	124
Khomas	72.5	542	54.8	269
Kunene	58.0	74	(47.6)	28
Ohangwena	59.4	270	46.0	89
Omaheke	68.5	112	55.7	63
Omusati	54.5	222	42.9	120
Oshana	64.2	180	67.7	92
Oshikoto	67.7	205	44.7	112
Otjozondjupa	57.2	142	49.4	70
Education				
No education/preschool	23.0	108	27.6	68
Incomplete primary	35.5	352	42.9	206
Complete primary	45.7	196	43.0	71
Incomplete secondary	65.6	1,503	49.5	620
Complete secondary	73.5	365	60.9	148
More than secondary	83.3	96	40.7	48
Wealth quintile				
Lowest	42.2	497	25.8	171
Second	53.9	425	46.8	211
Middle	55.6	537	47.5	279
Fourth	67.9	639	53.3	237
Highest	76.8	523	57.9	262
Total	60.0	2,619	47.7	1,160

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Friends, family members, and home are not considered a source for condoms.

14.9.4 Abstinence and Premarital Sex

Premarital sex and the interval between sexual initiation and marriage are among the factors contributing to the spread of HIV infection. Table 14.18 shows, for never-married women and men age 15-24, i) the percentage who have never had sex, ii) the percentage who had sex in the past 12 months, and iii) the percentage who used a condom at last sexual intercourse, among those who had sexual intercourse in the past 12 months.

Table 14.18 Premarital sexual intercourse and condom use among youth

Among never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who had sexual intercourse in the past 12 months, and, among those who had premarital sexual intercourse in the past 12 months, the percentage who used a condom at last sexual intercourse, by background characteristics, Namibia 2006-07

	Never-married women age 15-24					Never-married men age 15-24				
Background characteristic	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never-married women	Percentage who used condom at last sexual intercourse	Number of women	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never-married men	Percentage who used condom at last sexual intercourse	Number of men
Age										
15-19	60.0	31.7	2,122	67.4	674	48.4	37.2	907	81.1	337
15-17	73.3	21.6	1,319	71.6	285	60.5	26.8	551	79.0	148
18-19	38.2	48.4	803	64.4	389	29.6	53.4	356	82.7	190
20-24	14.7	68.2	1,408	61.0	961	9.4	64.1	654	80.1	419
20-22	18.3	66.5	919	62.7	612	11.6	61.6	437	82.4	269
23-24	8.0	71.5	489	58.1	350	5.1	69.1	217	75.9	150
Knows source for condom[1]										
Yes	39.0	48.9	3,175	65.2	1,553	27.8	52.0	1,421	81.8	738
No	68.2	23.0	356	34.9	82	74.9	13.2	140	*	19
Residence										
Urban	39.1	49.6	1,594	70.0	791	27.0	53.0	659	87.3	349
Rural	44.3	43.6	1,936	57.7	844	35.8	45.1	902	74.6	407
Region										
Caprivi	21.7	65.2	155	50.3	101	14.1	70.1	58	75.1	41
Erongo	39.9	53.7	193	74.9	104	29.5	51.9	89	(82.3)	46
Hardap	44.1	47.6	105	54.7	50	47.6	38.7	44	(71.7)	17
Karas	41.4	45.8	89	61.1	41	42.1	41.9	53	(87.5)	22
Kavango	24.3	58.8	279	48.4	164	25.6	68.0	150	68.0	102
Khomas	39.7	46.3	750	73.4	347	25.5	49.8	327	89.4	163
Kunene	30.0	58.4	60	67.9	35	25.1	(71.0)	27	(75.8)	20
Ohangwena	49.6	38.2	516	57.1	197	53.6	20.2	185	(63.8)	37
Omaheke	29.6	60.1	130	63.7	78	19.9	68.3	65	81.2	45
Omusati	51.2	36.2	434	57.0	157	31.1	41.7	173	83.1	72
Oshana	51.4	39.9	342	66.8	136	34.6	42.7	140	87.7	60
Oshikoto	48.8	41.7	348	74.1	145	36.6	49.6	167	77.0	83
Otjozondjupa	31.4	61.3	130	65.3	79	22.9	59.8	82	87.1	49
Education										
No education	21.7	66.6	57	34.0	38	23.0	52.1	73	(37.7)	38
Incomplete primary	39.9	43.3	364	44.7	157	40.5	39.6	310	64.6	123
Complete primary	48.4	41.2	287	44.3	118	52.1	31.0	135	(83.1)	42
Incomplete secondary	44.7	44.3	2,252	65.9	999	29.2	51.0	816	86.3	416
Complete secondary	30.0	57.8	434	77.8	251	26.2	58.4	178	88.3	104
More than secondary	33.9	52.5	135	72.1	71	6.7	(68.9)	50	(87.6)	34
Wealth quintile										
Lowest	42.1	44.3	585	47.7	259	40.6	42.7	265	58.9	113
Second	47.8	39.9	662	58.1	264	35.8	43.5	312	77.7	136
Middle	40.3	49.8	649	60.3	323	27.8	50.3	353	79.4	178
Fourth	33.4	55.3	782	70.0	432	29.1	47.7	297	83.6	141
Highest	46.3	41.7	852	74.8	355	29.0	56.4	334	94.2	189
Total 15-24	41.9	46.3	3,530	63.7	1,635	32.1	48.5	1,561	80.5	757

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.
[1] Friends, family members, and home are not considered a source for condoms.

Never-married young women age 15-19 show a relatively high level of abstinence: 60 percent have never had sexual intercourse compared with 15 percent of women age 20-24. For men, the percentage is 48 percent and 9 percent, respectively.

Two in three (68 percent) never-married women age 20-24 had sexual intercourse in the past 12 months compared with 32 percent of women age 15-19. There are small differences by urban-rural residence. Across regions, while more than half of women in Ohangwena, Omusati, and Oshana have never had sexual intercourse, the corresponding percentage in Caprivi is 22 percent and in Kavango it is 24 percent. Less educated women are more likely than women with higher education to report a recent sexual experience. The relationship between wealth status and premarital sexual experience among women is unclear.

For never-married young men, the highest percentage who have never had sexual intercourse by region is in Ohangwena (54 percent), while the lowest is in Caprivi (14 percent). There is no clear relationship between level of education and wealth status and premarital sexual experience among men.

A large proportion of never-married women and men reported using a condom at last sexual intercourse in the past 12 months (64 percent of women and 81 percent of men). While there are no differentials by age, it is notable that never-married youth are more likely to use condoms if they know a source for condoms (other than friends and family) and if they have a higher level of education and live in a household in the higher wealth quintiles.

14.9.5 Higher-Risk Sex and Condom Use among Young Adults

Tables 14.19.1 and 14.19.2 show the proportion of young adults who engaged in higher-risk sex in the past 12 months, and the proportion who used a condom at last higher-risk sex among young men and women age 15-24 who had sexual intercourse in the past 12 months.

Younger women are more likely to engage in higher-risk sexual intercourse than older women (84 percent for women 15-24 compared with 71 percent for women 20-24). Women age 15-19 are also more likely than women age 20-24 to report using a condom at last higher-risk sexual intercourse (67 percent and 62 percent, respectively). Urban women are more likely to have higher-risk sexual intercourse than rural women (79 percent and 72 percent, respectively) and more likely to use a condom at last higher-risk sexual intercourse (71 percent compared with 58 percent, respectively). Approximately half of women with no formal education said they had higher-risk sexual intercourse in the past 12 months compared with 9 in 10 women with more than secondary education. Condom use at last higher-risk sexual intercourse was reported by 36 percent of women with no education compared with 77 percent of women with more than secondary education.

Nine in ten men age 15-24 had higher-risk sex in the past 12 months and 81 percent reported using a condom at last higher-risk sex (Table 14.19.2). Higher-risk sex is much higher among men age 15-19 than men age 20-24 (98 percent compared with 85 percent). The rate is also much higher among men who have never been married (97 percent). Among young men who had sex with a non-marital, non-cohabiting partner, 91 percent knew where to obtain condoms, compared with 77 percent of young women. Condom use at last higher-risk sex was reported by 66 percent of men with incomplete primary education compared with 89 percent of men who completed secondary education.

Table 14.19.1 Higher-risk sexual intercourse and condom use among youth: Women

Among young women age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Namibia 2006-07

	Among women age 15-24 who had sexual intercourse in the past 12 months:		Among women age 15-24 who had higher-risk sexual intercourse in the past 12 months:	
Background characteristic	Percentage who had higher-risk intercourse in the past 12 months[1]	Number of women	Percentage who reported using a condom at last higher-risk intercourse[1]	Number of women
Age				
15-19	84.1	793	67.1	667
15-17	86.2	330	71.2	284
18-19	82.6	464	64.0	383
20-24	70.5	1,370	62.2	965
20-22	72.8	832	63.8	606
23-24	66.8	538	59.5	360
Marital status				
Never married	95.0	1,635	64.7	1,553
Ever married	15.0	529	53.8	80
Knows source for condoms[2]				
Yes	77.4	2,006	65.6	1,553
No	50.6	158	37.0	80
Residence				
Urban	79.4	1,020	70.7	810
Rural	71.9	1,143	57.8	822
Region				
Caprivi	64.2	156	52.0	100
Erongo	73.4	145	74.3	107
Hardap	63.8	72	55.4	46
Karas	80.2	53	62.9	43
Kavango	53.3	320	47.6	170
Khomas	83.3	432	74.1	360
Kunene	71.2	64	68.2	46
Ohangwena	81.8	206	58.6	169
Omaheke	77.9	98	65.7	76
Omusati	89.5	166	57.8	149
Oshana	88.2	149	66.5	131
Oshikoto	85.5	171	74.3	146
Otjozondjupa	68.7	131	60.9	90
Education				
No education	50.4	92	35.8	46
Incomplete primary	56.6	283	45.3	160
Complete primary	68.3	161	45.0	110
Incomplete secondary	79.4	1,242	67.0	986
Complete secondary	85.0	308	75.3	261
More than secondary	87.9	77	76.7	68
Wealth quintile				
Lowest	63.3	402	48.4	255
Second	76.9	338	59.4	260
Middle	69.8	461	59.4	322
Fourth	81.1	543	71.4	441
Highest	84.8	419	74.4	355
Total 15-24	75.5	2,163	64.2	1,633

[1] Sexual intercourse with a non-marital, non-cohabiting partner
[2] Friends, family members, and home are not considered a source for condoms.

Table 14.19.2 Higher-risk sexual intercourse and condom use among youth: Men

Among young men age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Namibia 2006-07

Background characteristic	Among men age 15-24 who had sexual intercourse in the past 12 months:		Among men age 15-24 who had higher-risk sexual intercourse in the past 12 months:	
	Percentage who had higher-risk intercourse in the past 12 months[1]	Number of men	Percentage who reported using a condom at last higher-risk intercourse[1]	Number of men
Age				
15-19	98.0	341	81.3	334
15-17	97.2	150	79.6	145
18-19	98.7	192	82.6	189
20-24	84.8	507	81.0	430
20-22	87.3	305	82.0	267
23-24	80.9	201	79.2	163
Marital status				
Never married	96.5	757	80.7	730
Ever married	36.6	91	(89.2)	33
Knows source for condoms[2]				
Yes	90.5	825	82.2	747
No	75.0	23	*	17
Residence				
Urban	86.7	405	87.8	351
Rural	93.2	443	75.4	413
Region				
Caprivi	94.1	46	76.4	43
Erongo	91.1	59	84.9	54
Hardap	60.7	23	*	14
Karas	91.3	25	(87.5)	22
Kavango	92.4	113	69.1	105
Khomas	85.9	188	89.8	162
Kunene	78.9	25	(76.4)	20
Ohangwena	77.8	40	(59.3)	31
Omaheke	90.2	54	85.5	49
Omusati	98.5	72	82.9	71
Oshana	96.7	60	87.3	58
Oshikoto	96.4	89	77.7	85
Otjozondjupa	92.4	54	85.7	50
Education				
No education	86.2	45	(42.8)	39
Incomplete primary	86.3	142	65.8	123
Complete primary	94.0	48	82.5	45
Incomplete secondary	91.3	458	86.7	418
Complete secondary	91.1	119	88.7	108
More than secondary	85.7	36	(86.1)	31
Wealth quintile				
Lowest	91.6	125	60.1	115
Second	93.1	144	77.9	134
Middle	90.4	199	79.4	180
Fourth	82.8	168	84.3	139
Highest	92.7	212	94.7	196
Total 15-24	90.1	848	81.1	764

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

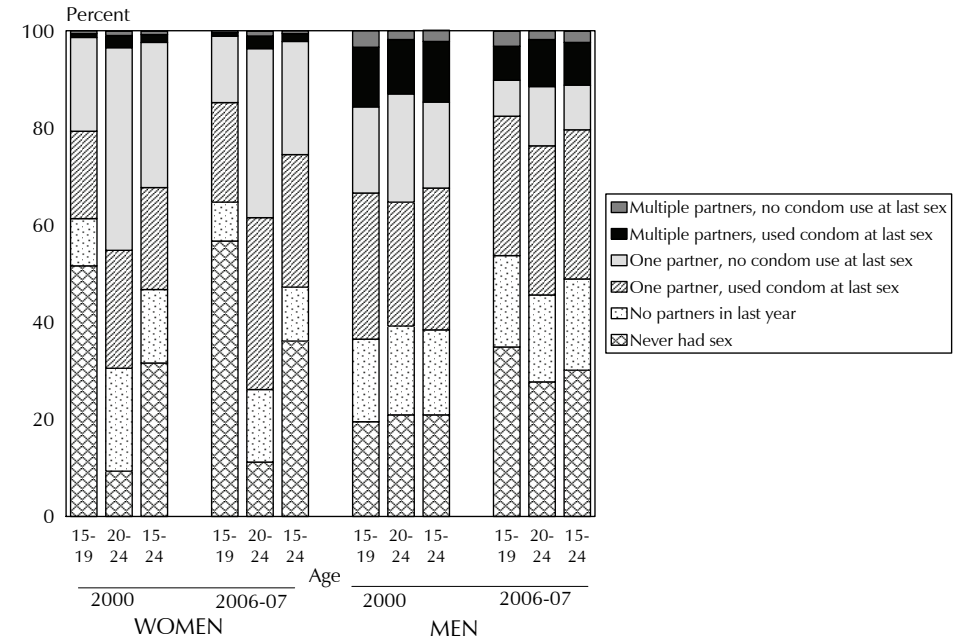
[1] Sexual intercourse with a non-marital, non-cohabiting partner

[2] Friends, family members, and home are not considered a source for condoms.

Figure 14.7 presents data on the practice of abstinence, being faithful, and condom use (ABC) behaviours among youth age 15-24 from the 2000 NDHS and 2006-07 NDHS. Overall, in the 2006-07 NDHS, 36 percent of young women and 30 percent of young men have never had sex. These figures are higher than those reported in the 2000 NDHS (32 percent and 21 percent, respectively). The percentage of women who had sexual intercourse with one partner and used a condom at last sexual intercourse increased from 21 percent in 2000 to 27 percent in 2006-07. For men, the increase was small, from 29 percent to 31 percent over the same period. The proportion of young women and men who had sexual intercourse with more than one partner and did not use a condom remained at the same level (less than 1 percent for women and 2 percent for men). However, the percentage of men who had more than one sexual partner and used a condom at last sexual intercourse has decreased from 13 percent in 2000 to 9 percent in 2006-07.

There has been is a notable increase in the percentage of women age 20-24 who had sexual intercourse with only one partner and used a condom at last sex, from 24 percent in 2000 to 35 percent in 2006-07.

Figure 14.7 **Abstinence, Being Faithful, and Condom Use (ABC) among Young Women and Men**



Note: Number of partners refers to the 12 months preceding the survey. NDHS 2006-07

14.9.6 Cross-generational Sexual Partners

Research from around the world shows a steady and significant increase in the rates of HIV infection among women, particularly women in Africa, Asia, Latin America, and the Caribbean. A substantial proportion of HIV/AIDS cases occur among young women age 15-29, indicating that many of these women were infected with HIV as adolescents. Anatomical, biological, and other factors contribute to young women's heightened vulnerability to HIV/AIDS. The variable, gender—while routinely and automatically acknowledged as important—goes beyond clinical and treatment issues, and even beyond anatomical, male-female differences. Twenty years into the HIV/AIDS epidemic, gender and the role it plays remains unclear (Rivers and Aggleton, 1999).

This section examines the prevalence of sexual intercourse between partners with large age differences. Women age 15-19 who had higher-risk sexual intercourse in the past 12 months were asked the age of all their partners. In the event they did not know a partner's exact age, they were asked if the partner was older or younger than they were, and if older, whether the partner was 10 or more years older. The results are shown in Table 14.20.

Overall, 4 percent of young women said that they had had sexual intercourse with a man 10 or more years older. The likelihood of a woman having higher-risk sexual intercourse with an older man increases with age (3 percent for woman age 15-17 compared with 6 percent for women age 18-19). Sexual intercourse between women age 15-19 and men 10 or more years older decreases with increasing education. Women age 15-19 with no formal education or with less than primary education have the greatest likelihood of having sexual intercourse with a man 10 or more years older (8 percent and 9 percent, respectively). The corresponding proportion for women who have completed secondary education is 3 percent.

Table 14.20 Age-mixing in sexual relationships among women age 15-19

Percentage of women age 15-19 who had higher-risk sexual intercourse in the past 12 months with a man who was 10 or more years older than they, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of women who had higher-risk sexual intercourse with a man 10+ years older[1]	Number of women who had higher-risk sexual intercourse in the past 12 months[1]
Age		
15-17	2.7	284
18-19	5.5	383
Marital status		
Never married	4.2	651
Ever married	*	16
Knows source for condoms[2]		
Yes	3.7	625
No	(12.6)	42
Residence		
Urban	5.3	295
Rural	3.5	373
Region		
Caprivi	1.9	52
Erongo	(8.4)	41
Hardap	(18.4)	17
Karas	*	12
Kavango	0.6	104
Khomas	3.3	120
Kunene	(9.6)	26
Ohangwena	5.0	69
Omaheke	(3.4)	35
Omusati	(2.5)	48
Oshana	3.7	44
Oshikoto	4.8	62
Otjozondjupa	(7.4)	36
Education		
No education	(7.6)	20
Incomplete primary	7.9	83
Complete primary	3.1	61
Incomplete secondary	3.8	432
Complete secondary	3.3	61
More than secondary	*	9
Wealth quintile		
Lowest	3.6	135
Second	4.9	123
Middle	4.1	134
Fourth	6.8	154
Highest	1.4	120
Total 15-19	4.3	667
Total 15-24	4.3	667

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.
[1] Sexual intercourse with a non-marital, non-cohabiting partner
[2] Friends, family members, and home are not considered a source for condoms.

14.9.7 Drunkenness during Sex among Young Adults

Engaging in sexual intercourse under the influence of alcohol can impair judgment, compromise power relations, and contribute to risky sexual behaviour. Respondents who had sex in the past 12 months were asked (for each partner) if they or their partner drank alcohol the last time they had sex with that partner, and whether they or their partner was drunk.

Table 14.21 shows the proportion of women and men age 15–24 who had sexual intercourse while being drunk or had sexual intercourse with a partner who was drunk in the past 12 months. Less than 1 percent of women and 5 percent of men reported being drunk while having sexual intercourse in the past 12 months. These figures increase to 4 percent for young women and 5 percent for young men when sexual intercourse in the past 12 months with a partner who was drunk is added. For women and men, the likelihood of having sexual intercourse when drunk or with a partner who was drunk increases with age. The highest proportion is 6 percent for women and 10 percent for men age 23-24.

While there is no variation by residence for women, men in urban areas are two times more likely than men in rural areas to have been under the influence of alcohol during sexual intercourse or have a partner who was under the influence (7 percent and 4 percent, respectively). For women, knowledge of a condom source does not influence the likelihood of sexual intercourse while drunk. However, for men, the percentage is 6 percent among those who know a source for condoms compared with 1 percent among men who do not know a source. Regionally, women's reported prevalence of sexual intercourse while drunk is highest in Otjozondjupa (2 percent), while for men it is highest in Erongo (13 percent).

Table 14.21 Drunkenness during sexual intercourse among youth

Among all young women and young men age 15-24, the percentage who had sexual intercourse in the past 12 months while being drunk and percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk, by background characteristics, Namibia 2006-07

	Women age 15-24			Men age 15-24		
Background characteristic	Percentage who had sexual intercourse in the past 12 months when drunk	Percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk	Number of women	Percentage who had sexual intercourse in the past 12 months when drunk	Percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk	Number of men
Age						
15-19	0.4	2.2	2,246	2.0	2.8	910
15-17	0.3	1.1	1,365	1.5	1.9	553
18-19	0.6	4.0	881	2.7	4.1	357
20-24	1.2	5.4	1,855	7.7	8.3	750
20-22	1.0	4.7	1,160	6.9	7.5	473
23-24	1.6	6.4	696	9.0	9.6	277
Marital status						
Never married	0.6	3.0	3,530	4.0	4.8	1,561
Ever married	1.8	7.4	571	12.4	12.6	100
Knows source for condoms[2]						
Yes	0.8	3.7	3,662	5.0	5.7	1,515
No	0.3	3.2	438	0.0	0.6	146
Residence						
Urban	0.8	3.7	1,840	6.5	7.2	716
Rural	0.8	3.6	2,261	3.1	3.8	945
Region						
Caprivi	0.0	2.5	214	7.1	7.1	63
Erongo	1.2	4.1	239	11.7	13.3	103
Hardap	1.3	3.7	129	3.8	7.0	50
Karas	0.5	0.5	103	7.7	7.7	56
Kavango	0.6	6.2	450	7.0	9.3	162
Khomas	0.7	3.2	839	6.4	7.3	352
Kunene	2.5	7.3	92	6.6	6.6	35
Ohangwena	0.3	1.9	526	0.0	0.0	188
Omaheke	0.8	6.1	151	4.3	6.5	76
Omusati	1.2	2.3	444	2.0	2.0	173
Oshana	0.6	3.0	357	2.0	2.0	140
Oshikoto	0.7	3.8	374	2.5	2.5	173
Otjozondjupa	1.9	7.4	183	3.2	3.2	89
Education						
No education	2.2	9.8	121	1.7	2.1	85
Incomplete primary	1.0	5.3	498	2.5	3.3	331
Complete primary	0.8	3.2	335	1.1	1.1	141
Incomplete secondary	0.8	3.1	2,510	6.7	7.7	858
Complete secondary	0.2	4.3	495	3.2	3.2	194
More than secondary	0.7	1.9	142	(1.2)	(1.2)	51
Wealth quintile						
Lowest	0.4	3.5	743	2.7	3.4	279
Second	0.8	3.7	741	2.6	3.2	322
Middle	1.1	4.3	799	4.7	5.0	377
Fourth	1.7	5.1	900	2.7	4.0	324
Highest	0.0	1.8	918	9.1	10.0	359
Total 15-24	0.8	3.7	4,101	4.5	5.3	1,661

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Friends, family members, and home are not considered a source for condoms.

14.9.8 Voluntary HIV Counselling and Testing among Young Adults

Table 14.22 shows that 31 percent of sexually active women age 15-24 and 13 percent of sexually active men age 15-24 have been tested for HIV and received the test results in the past 12 months. Women in all subgroups are much more likely than men to have taken the test and received the results. For example, 36 percent of women age 20-24 were tested for HIV and received the results in the past 12 months, compared with 15 percent of men in the same age group.

Respondents who have ever been married, those who know where to get condoms, and those who live in urban areas are more likely than other respondents to know their HIV status. For both young women and young men, there is a positive correlation between level of education and wealth status and the likelihood of young people knowing their HIV status. Regionally, young women in Oshikoto and Oshana reported the highest coverage for HIV testing (38 and 41 percent, respectively), while for men the highest coverage is in Oshana and Khomas (23 and 24 percent, respectively).

Table 14.22 Recent HIV tests among youth

Among young women and young men age 15-24 who have had sexual intercourse in the past 12 months, the percentage who had an HIV test in the past 12 months and received the results of the test, by background characteristics, Namibia 2006-07

	Women age 15-24		Men age 15-24	
Background characteristic	Percentage who have been tested for HIV and received results in the past 12 months	Number of women	Percentage who have been tested for HIV and received results in the past 12 months	Number of men
Age				
15-19	23.3	843	9.0	366
15-17	17.8	345	5.3	160
18-19	27.0	499	11.9	206
20-24	35.9	1,470	15.4	569
20-22	35.8	887	15.0	341
23-24	36.0	583	16.1	228
Marital status				
Never married	30.7	1,742	12.5	831
Ever married	33.2	571	16.1	104
Knows source for condoms[1]				
Yes	31.5	2,141	13.1	911
No	28.7	172	5.8	24
Residence				
Urban	33.3	1,089	17.0	456
Rural	29.5	1,224	9.0	479
Region				
Caprivi	16.3	161	9.8	50
Erongo	34.7	155	10.3	73
Hardap	27.9	77	6.2	26
Karas	36.0	54	17.7	29
Kavango	28.4	347	3.2	128
Khomas	31.3	460	24.3	214
Kunene	26.2	71	4.7	27
Ohangwena	30.4	216	8.1	40
Omaheke	37.2	107	12.1	59
Omusati	31.0	176	9.4	76
Oshana	41.3	159	22.7	63
Oshikoto	37.7	185	9.1	93
Otjozondjupa	31.6	145	6.8	57
Education				
No education	25.9	104	3.4	47
Incomplete primary	26.3	310	6.1	153
Complete primary	29.5	172	1.2	50
Incomplete secondary	30.2	1,319	12.3	524
Complete secondary	40.3	329	29.7	125
More than secondary	42.5	80	20.7	36
Wealth quintile				
Lowest	26.0	428	4.8	135
Second	28.7	365	7.7	154
Middle	31.4	495	11.3	218
Fourth	33.7	589	15.0	181
Highest	35.1	436	20.4	248
Total 15-24	31.3	2,313	12.9	935

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Friends, family members, and home are not considered a source for condoms:

WOMEN'S EMPOWERMENT AND DEMOGRAPHIC AND HEALTH OUTCOMES 15

The 2006-07 NDHS Women's Questionnaire collected data on women's empowerment to examine the relationship between women's status and health outcomes for women and children. This chapter covers a range of topics including type of earnings, women's control over their own cash earnings and those of their husband/partner, and women's participation in household decision-making. The respondents were asked about their attitude towards wife beating, and the circumstances under which they think a woman is justified in refusing to have sexual intercourse with her husband/partner.

The data are used to define three indicators of women's empowerment, namely women's participation in decision-making, the degree of acceptance of wife beating, and the degree of acceptance of a wife refusing to have sexual intercourse with her husband/partner. The effects of women's empowerment on maternal and child health and contraceptive decision-making are also examined.

15.1 EMPLOYMENT AND FORM OF EARNINGS

In the 2006-07 NDHS, respondents were asked a number of questions about their employment status at the time of the survey and the continuity of their employment in the 12 months prior to the survey. The measurement of women's employment is difficult because some of the activities that women do, especially work on family farms, in family businesses, or in the informal sector, are often not perceived by women themselves as employment and hence are not reported as such.

To avoid underestimating women's employment, women were asked several questions to ascertain their employment status. First, women were asked, "*Aside from your own housework, are you currently working?*" Women who answered "no" to this question were then asked, "*As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business, or work on the family farm or in the family business. Are you currently doing any of these things or any other work?"* Women who answered "no" to this question were asked, *"Have you done any work in the past 12 months?"* Women are considered currently employed if they answered "yes" to either of the first two questions. Women who answered "yes" to the third question are not currently employed but have worked in the past 12 months. All employed women were asked their occupation; whether they were paid in cash, in kind, or not at all; and for whom they worked.

Like education, employment also be a source of empowerment for both women and men. It may be particularly empowering for women if it puts them in control of income. Table 15.1 shows the percent distribution of women and men age 15-49 by employment status and form of payment, according to age. More than half of women (53 percent) and 69 percent of men are currently employed. Seven in ten women receive cash payments, 3 percent are paid in cash and kind, and one in four are not paid for their work.

Employment generally increases with age. The proportion of women and men who are employed is lowest among those age 15-19, and increases with age. The low employment rate at younger ages is expected because many young people are still in school. Women's employment peaks at 69 percent among those age 30-34 while men's employment is highest among those age 35-39 (87 percent).

Table 15.1 Employment and cash earnings: All women and men

Percentage of all women and men age 15-49 who were employed at any time in the past 12 months and the percent distribution of women and men employed in the past 12 months by type of earnings, according to age, Namibia 2006-07

	All respondents		Percent distribution of respondents employed in the past 12 months, by type of earnings						
Age	Percentage employed	Number	Cash only	Cash and in-kind	In-kind only	Not paid	Missing	Total	Number
				WOMEN					
15-19	25.6	2,246	33.5	1.4	2.9	60.3	1.9	100.0	575
20-24	48.1	1,855	68.5	3.0	2.3	25.7	0.5	100.0	892
25-29	62.7	1,623	75.3	3.0	1.9	19.4	0.3	100.0	1,018
30-34	68.8	1,417	74.4	2.2	1.8	21.1	0.5	100.0	975
35-39	67.0	1,045	75.3	2.9	1.1	20.7	0.1	100.0	700
40-44	68.2	928	73.9	3.0	0.6	22.1	0.5	100.0	633
45-49	63.4	689	68.3	4.7	2.0	25.0	0.0	100.0	437
Total	53.4	9,804	68.6	2.8	1.8	26.3	0.5	100.0	5,231
				MEN					
15-19	34.4	910	35.1	6.0	7.3	51.2	0.4	100.0	314
20-24	66.3	750	71.4	4.5	1.4	22.2	0.6	100.0	498
25-29	79.3	702	81.3	6.8	1.4	10.5	0.0	100.0	556
30-34	84.4	586	85.6	2.6	0.6	10.6	0.5	100.0	494
35-39	87.3	400	82.1	4.5	0.8	12.6	0.0	100.0	349
40-44	84.7	331	82.9	3.5	0.5	13.1	0.0	100.0	281
45-49	85.5	235	74.2	5.2	3.8	16.6	0.2	100.0	201
Total	68.8	3,915	74.6	4.8	1.9	18.4	0.3	100.0	2,693

Married and employed women who earn cash for their work were asked the relative magnitude of their earnings compared with to their husband/partner's earnings. In addition, they were asked who the main decision-maker is with regard to the use of their earnings. This information may provide some insight into women's empowerment in the family and the extent of their control over decision-making in the household. It is expected that employment and earnings are more likely to empower women if they control their own earnings and perceive their earnings as significant relative to those of their husband/partner.

Table 15.2 shows that six in ten married women (61 percent) and 90 percent of married men are currently employed. Employment among married women increases with age, ranging from 30 percent among women age 15-19 to 66-67 percent among women in their thirties and early forties. For men, employment is 84 percent for men age 20-24 and thereafter stays at around 90 percent.

Table 15.2 Employment and cash earnings: Currently married women and men

Percentage of currently married women and men age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women and men employed in the past 12 months by type of earnings, according to age, Namibia 2006-07

Age	Currently married respondents		Percent distribution of currently married respondents employed in the past 12 months, by type of earnings						
	Percentage employed	Number	Cash only	Cash and in-kind	In-kind only	Not paid	Missing	Total	Number
				WOMEN					
15-19	29.7	118	(40.9)	(1.0)	(0.0)	(48.5)	(9.6)	100.0	35
20-24	44.2	398	61.2	4.3	2.6	31.9	0.0	100.0	176
25-29	59.8	625	74.7	2.1	1.7	21.3	0.3	100.0	374
30-34	67.3	751	72.6	3.3	1.6	22.6	0.0	100.0	505
35-39	66.7	612	76.1	2.8	1.4	19.5	0.2	100.0	408
40-44	66.3	522	72.2	3.0	0.4	24.4	0.0	100.0	346
45-49	62.3	424	66.8	3.9	2.0	27.2	0.0	100.0	264
Total	61.1	3,451	71.4	3.0	1.5	23.8	0.3	100.0	2,108
				MEN					
15-19	*	3	*	*	*	*	*	100.0	3
20-24	83.7	76	79.9	0.8	0.3	19.0	0.0	100.0	63
25-29	91.9	199	83.0	3.7	1.2	12.1	0.0	100.0	183
30-34	90.4	260	86.9	3.3	0.3	9.4	0.0	100.0	235
35-39	90.8	248	83.1	3.2	1.0	12.8	0.0	100.0	225
40-44	89.8	242	84.9	3.0	0.2	11.9	0.0	100.0	217
45-49	89.8	178	75.6	3.6	4.5	16.3	0.0	100.0	160
Total	90.1	1,205	82.9	3.2	1.2	12.8	0.0	100.0	1,086

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

15.2 WOMEN'S CONTROL OVER THEIR OWN EARNINGS AND THE RELATIVE MAGNITUDE OF WOMEN'S EARNINGS

Table 15.3 presents information on the degree to which currently married women with cash earnings in the past 12 months have control over their earnings and their perception of the magnitude of their earnings relative to those of their husband/partner. Four in ten married women say that they are the main decision-maker on how their earnings are used and half say that the decision is made jointly with their husband/partner. Only 10 percent of women reported that their husband alone decides how their earnings are used.

Respondents' degree of control over the use of their earnings varies by background characteristics. Women age 15-19 are somewhat less likely to make independent decisions on their earnings than older women. Women with five or more children and those with no children are more likely to have control over their earnings than other women. On the other hand, women with 1-4 children are more likely to make joint decisions with their husband on how their cash earnings are spent.

Rural women are somewhat more likely than urban women to have their husbands take the lead role in making decisions about their cash earnings (13 percent and 9 percent, respectively). Urban women are somewhat more likely than rural women to report that they make decisions about how their money is spent jointly with their husband/partner (51 percent compared with 46 percent). The percentage of women who make independent decisions on their earnings varies across regions, ranging from to 21 percent in Karas to 58 percent in Oshana. However, women in Karas are the most likely to decide jointly with their husband/partner how to spend the money they earn (66 percent). Husband's dominance in control over the wife's earnings is seen particularly in Kavango, where 23 percent of women say that the decision on how their income is spent is made mainly by their husband.

Table 15.3 Control over women's cash earnings and relative magnitude of women's earnings: Women

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, Namibia 2006-07

Background characteristic	Person who decides how wife's cash earnings are used:						Wife's cash earnings compared with husband's cash earnings:						
	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	More	Less	About the same	Husband/ partner has no earnings	Don't know/ Missing	Total	Number of women
Age													
15-19	*	*	*	*	*	100.0	*	*	*	*	*	100.0	15
20-24	46.4	39.9	12.6	1.1	0.0	100.0	11.6	73.2	10.8	2.9	1.4	100.0	115
25-29	44.6	43.2	11.0	0.6	0.5	100.0	16.9	66.2	9.0	5.2	2.7	100.0	287
30-34	36.4	54.2	8.6	0.0	0.8	100.0	18.4	64.7	11.3	3.0	2.5	100.0	383
35-39	33.1	54.2	10.5	0.0	2.2	100.0	13.8	61.7	16.8	4.2	3.6	100.0	322
40-44	41.0	50.4	7.5	0.0	1.1	100.0	15.1	67.0	12.5	2.3	3.1	100.0	260
45-49	43.1	46.6	10.2	0.0	0.0	100.0	14.9	66.8	11.9	3.3	3.1	100.0	187
Number of living children													
0	47.1	39.4	9.6	2.7	1.3	100.0	24.0	59.5	9.9	4.5	2.1	100.0	134
1-2	37.5	52.1	9.8	0.1	0.5	100.0	16.3	66.6	11.8	3.0	2.3	100.0	725
3-4	37.5	51.7	9.9	0.1	0.8	100.0	13.4	66.5	13.8	3.7	2.6	100.0	527
5+	47.0	40.0	10.4	0.0	2.6	100.0	13.5	65.8	10.2	4.4	6.1	100.0	183
Residence													
Urban	38.9	51.2	8.6	0.4	0.9	100.0	15.6	66.6	12.1	3.2	2.5	100.0	1,079
Rural	40.5	45.8	12.8	0.1	0.9	100.0	15.7	64.2	12.3	4.3	3.5	100.0	490
Region													
Caprivi	30.9	53.5	14.6	0.0	1.0	100.0	12.5	65.3	13.7	5.4	3.1	100.0	47
Erongo	39.8	50.2	9.3	0.0	0.7	100.0	10.4	69.0	15.0	3.7	1.9	100.0	248
Hardap	28.1	59.2	10.9	0.0	1.8	100.0	20.1	71.0	3.4	2.9	2.5	100.0	59
Karas	20.9	66.0	13.1	0.0	0.0	100.0	13.3	75.2	8.1	2.0	1.4	100.0	84
Kavango	42.7	29.9	22.5	1.6	3.3	100.0	20.8	49.1	19.0	5.0	6.1	100.0	92
Khomas	38.1	56.7	5.0	0.0	0.3	100.0	16.0	64.6	14.2	3.0	2.2	100.0	496
Kunene	35.7	47.6	14.8	1.9	0.0	100.0	16.1	61.4	16.7	3.0	2.9	100.0	48
Ohangwena	54.3	37.6	8.1	0.0	0.0	100.0	15.6	66.9	9.5	5.6	2.4	100.0	63
Omaheke	43.4	36.0	17.8	0.0	2.9	100.0	21.8	59.1	8.1	2.6	8.4	100.0	66
Omusati	28.8	61.6	6.2	0.0	3.5	100.0	14.2	58.8	15.7	6.0	5.3	100.0	65
Oshana	57.8	28.7	11.8	1.7	0.0	100.0	19.1	63.4	7.5	6.5	3.6	100.0	98
Oshikoto	40.3	50.0	8.4	0.0	1.3	100.0	16.1	70.7	8.7	2.1	2.3	100.0	88
Otjozondjupa	45.6	39.1	13.7	0.6	1.0	100.0	16.2	75.9	4.9	1.8	1.2	100.0	114
Education													
No education/preschool	48.6	33.4	14.8	1.7	1.5	100.0	10.1	57.9	18.2	7.4	6.4	100.0	85
Incomplete primary	47.7	39.9	10.9	0.0	1.5	100.0	12.0	68.9	9.7	6.6	2.7	100.0	222
Complete primary	50.4	40.3	8.2	0.0	1.1	100.0	11.6	76.3	7.5	2.2	2.4	100.0	96
Incomplete secondary	40.2	47.2	11.4	0.5	0.8	100.0	13.8	68.9	11.3	2.5	3.5	100.0	553
Complete secondary	29.2	62.1	8.4	0.2	0.1	100.0	17.7	67.2	10.0	3.5	1.7	100.0	325
More than secondary	36.6	54.9	7.0	0.0	1.4	100.0	22.7	55.1	17.7	2.5	2.1	100.0	288
Wealth quintile													
Lowest	53.8	23.9	17.9	2.5	1.9	100.0	6.2	61.1	23.0	4.4	5.3	100.0	60
Second	53.4	35.4	10.1	0.3	0.9	100.0	15.7	64.9	7.9	10.0	1.6	100.0	121
Middle	43.1	40.4	14.4	0.7	1.5	100.0	11.3	66.5	13.3	4.8	4.2	100.0	249
Fourth	42.8	47.2	8.8	0.1	1.0	100.0	18.4	65.7	9.7	2.3	3.9	100.0	475
Highest	31.7	59.4	8.2	0.1	0.5	100.0	16.2	66.3	13.2	2.7	1.6	100.0	664
Total	39.4	49.5	9.9	0.3	0.9	100.0	15.7	65.9	12.1	3.5	2.8	100.0	1,569

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

It is interesting to note that better-educated women and women who live in households in the higher wealth quintiles are more likely to say that decisions on the use of their earnings are shared with their husbands. For example, 55 percent of women with more than secondary education decide jointly with their husband or partner how their earnings are used, compared with 33 percent for women with no education.

Table 15.3 also shows women's perception of the magnitude of their earnings relative to those of their husband/partner by background characteristics. Sixty-six percent of women report that their cash earnings are less than their husband's, 16 percent say that their earnings are more than their husband's, and 12 percent say that their earnings match their husband's. In addition, 4 percent of women say that their husband has no cash earnings.

Women with no children are more likely than those with children to be better paid than their husband/partner. Twenty percent or more of women in Hardap, Kavango, and Omaheke earn more than husband/partners. Better educated women are more likely than women with less education to have a higher income than their husband/partner. For example, 23 percent of women with more than secondary education earn more than their partner/husband compared with only 10 percent of those with no education.

15.3 CONTROL OVER HUSBAND'S EARNINGS

Table 15.4 shows, for currently married women and men, who decides how the man's cash earnings are spent, by background characteristics. Overall, 57 percent of women say that decisions are made jointly with their husband, 26 percent say their the husband is the main decision-maker, and 16 percent say they are the main decision-maker on how their husband's income is spent.

There is no clear pattern on the distribution of women according to who makes decisions on their husband's earnings. In both rural and urban areas the spending of men's earnings is mostly a joint decision (57 and 59 percent, respectively). Women in Omusati and Hardap are the most likely to have joint control over their husband's income (78 percent and 73 percent, respectively), while women in Oshana are the least likely to have a say in the use of their husband's earnings (41 percent). Shared decision-making regarding the husband's earnings reported by women in Hardap (73 percent) is generally confirmed by the reports of men (78 percent). overall, men show the same general patterns as those reported by women.

Table 15.4 Control over men's cash earnings

Percent distribution of currently married women 15-49 whose husbands receive cash earnings and currently married men age 15-49 who receive cash earnings, by person who decides how men's cash earnings are used, according to background characteristics, Namibia 2006-07

Background characteristic	Women							Men					
	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number of women	Mainly wife	Husband and wife jointly	Mainly husband	Missing	Total	Number of men
Age													
15-19	*	*	*	*	*	100.0	15	*	*	*	*	100.0	1
20-24	15.8	53.6	30.0	0.6	0.0	100.0	111	4.6	60.7	29.9	4.8	100.0	51
25-29	16.6	55.9	27.5	0.0	0.0	100.0	272	8.2	49.2	39.2	3.4	100.0	159
30-34	15.7	63.3	20.5	0.0	0.5	100.0	370	7.4	53.9	34.9	3.7	100.0	212
35-39	14.4	54.1	30.2	0.8	0.5	100.0	307	7.1	57.4	34.2	1.3	100.0	194
40-44	15.1	55.5	28.5	0.0	0.8	100.0	253	7.0	58.4	32.6	2.0	100.0	191
45-49	18.1	57.2	24.7	0.0	0.0	100.0	181	3.0	55.4	41.1	0.5	100.0	127
Number of living children													
0	15.9	49.6	31.9	1.7	0.9	100.0	128	5.6	45.4	36.7	12.3	100.0	79
1-2	15.4	59.3	25.1	0.0	0.2	100.0	701	8.2	56.8	33.2	1.8	100.0	357
3-4	15.6	58.7	25.1	0.5	0.1	100.0	507	6.2	57.5	35.3	1.0	100.0	274
5+	16.9	51.3	30.6	0.0	1.3	100.0	173	5.1	53.5	39.6	1.8	100.0	224
Residence													
Urban	16.1	56.8	26.2	0.4	0.5	100.0	1,044	5.9	57.8	33.4	2.9	100.0	648
Rural	14.8	58.6	26.6	0.0	0.0	100.0	465	8.2	49.6	40.8	1.4	100.0	287
Region													
Caprivi	10.0	65.9	24.1	0.0	0.0	100.0	44	5.0	52.3	42.7	0.0	100.0	56
Erongo	9.8	59.2	29.5	1.0	0.4	100.0	239	5.3	54.5	39.6	0.6	100.0	157
Hardap	12.5	73.1	12.5	0.0	1.9	100.0	57	9.1	78.2	6.7	5.9	100.0	39
Karas	15.3	66.6	18.1	0.0	0.0	100.0	82	7.1	67.7	25.2	0.0	100.0	47
Kavango	21.5	42.7	34.2	1.7	0.0	100.0	87	6.4	37.9	37.6	18.1	100.0	62
Khomas	16.5	60.7	22.8	0.0	0.0	100.0	481	7.4	61.5	30.2	0.9	100.0	315
Kunene	21.0	46.6	32.4	0.0	0.0	100.0	46	(13.5)	(26.0)	(60.5)	(0.0)	100.0	20
Ohangwena	11.4	69.2	19.4	0.0	0.0	100.0	57	*	*	*	*	100.0	21
Omaheke	24.0	43.6	32.4	0.0	0.0	100.0	64	7.3	27.5	65.2	0.0	100.0	36
Omusati	6.6	77.5	15.0	0.0	0.9	100.0	61	*	*	*	*	100.0	17
Oshana	23.1	35.2	41.1	0.0	0.6	100.0	90	(8.0)	(37.7)	(47.4)	(6.8)	100.0	37
Oshikoto	13.9	60.6	24.1	0.0	1.3	100.0	86	(6.4)	(64.7)	(26.6)	(2.2)	100.0	45
Otjozondjupa	19.9	42.7	35.8	0.6	1.0	100.0	112	2.3	58.8	37.9	1.0	100.0	83
Education													
No education/preschool	23.3	35.0	36.6	5.0	0.0	100.0	79	7.5	38.8	52.3	1.4	100.0	95
Incomplete primary	15.9	53.2	30.3	0.0	0.5	100.0	207	4.5	47.0	45.1	3.4	100.0	196
Complete primary	18.4	48.0	32.4	0.0	1.2	100.0	91	(8.9)	(45.0)	(46.1)	(0.0)	100.0	39
Incomplete secondary	18.3	57.1	24.4	0.0	0.2	100.0	539	6.2	56.0	34.7	3.1	100.0	321
Complete secondary	11.9	64.7	23.1	0.2	0.0	100.0	314	8.5	64.2	26.1	1.3	100.0	140
More than secondary	11.6	62.0	25.6	0.0	0.8	100.0	280	7.6	69.8	20.4	2.2	100.0	144
Wealth quintile													
Lowest	14.6	54.0	28.8	2.6	0.0	100.0	56	(13.4)	(37.7)	(45.0)	(3.9)	100.0	47
Second	18.8	56.4	24.7	0.0	0.0	100.0	108	5.3	52.6	39.1	3.0	100.0	77
Middle	20.5	49.7	29.3	0.0	0.5	100.0	236	6.5	41.5	47.6	4.5	100.0	197
Fourth	16.4	56.1	26.5	0.5	0.5	100.0	464	5.7	58.3	34.4	1.7	100.0	274
Highest	12.9	61.5	25.1	0.1	0.3	100.0	646	6.9	63.8	27.8	1.5	100.0	340
Total	15.7	57.4	26.3	0.3	0.4	100.0	1,509	6.6	55.3	35.7	2.4	100.0	935

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

Table 15.5 shows, for currently married women who earned cash in the past 12 months, the person who decides how their cash earnings are used, and for all currently married women whose husbands earned cash in the past 12 months, the person who decides how their husband's cash earnings are used, according to the relative magnitude of the earnings of the women and their husband/. Data in the table show that whether the woman earns more or less than her husband, about half of married couples decide jointly how to spend the cash income. The joint decision is more likely (six in ten couples) if the wife's income is the same as the husband's. Husbands are the main decision-maker for their income if the wife is not employed or did not work in the past 12 months (42 and 41 percent, respectively).

Table 15.5 Women's perceptions of who controls earnings and the relative size of earnings

Percent distributions of currently married women age 15-49 with cash earnings in the past 12 months by person who decides how the wife's cash earnings are used and percent distribution of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between wife's and husband's cash earnings, Namibia 2006-07

	Person who decides how the wife's cash earnings are used:							Person who decides how husband's cash earnings are used:						
Women's earnings relative to husband's earnings	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	Number of women	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	Number of women
More than husband/partner	39.5	51.5	8.6	0.4	0.0	100.0	246	20.7	57.4	21.6	0.3	0.0	100.0	245
Less than husband/partner	41.3	48.3	10.2	0.2	0.0	100.0	1,033	15.0	56.4	28.3	0.1	0.2	100.0	1,030
Same as husband partner	24.8	63.4	11.7	0.0	0.0	100.0	190	11.7	66.1	22.2	0.0	0.0	100.0	190
Husband/ partner has no cash earnings/did not work	55.7	34.1	9.3	0.9	0.0	100.0	55	na	na	na	na	na	na	na
Woman has no cash earnings	na	na	na	na	na	na	na	10.0	46.3	41.9	0.6	1.2	100.0	477
Woman did not work in past 12 months	na	na	na	na	na	na	na	14.3	42.9	40.7	0.8	1.3	100.0	1,258
Don't know/missing	38.2	24.7	2.0	2.5	32.6	100.0	44	20.7	41.5	23.4	5.6	8.8	100.0	44
Total[1]	39.4	49.5	9.9	0.3	0.9	100.0	1,569	14.3	50.1	34.2	0.5	0.8	100.0	3,245

na = Not applicable

[1] Excludes cases where a woman or her husband/partner has no earnings and includes cases where a woman does not know whether she earned more or less than her husband/partner

15.4 WOMEN'S PARTICIPATION IN DECISION-MAKING

In addition to educational attainment, employment status, and control over earnings, the 2006-07 NDHS collected information on some direct measures of women's autonomy and status. Specifically, questions were asked on women's participation in household decision-making, their acceptance of wife beating, and their opinions about the conditions under which a wife is justified in refusing to have sexual relations with her husband. Such information provides insight into women's control over their environment and their attitudes towards gender roles, both of which are relevant to understanding women's demographic and health behaviour.

The first measure, women's level of participation in household decision-making requires little explanations because the ability to make decisions about one's own life has obvious importance to women's empowerment. The other two measures derive from the notion that gender equity is essential to women's empowerment. Responses that support the view that the beating of wives by husbands is justified reflect a low perception of women's status. These responses indicate acceptance of norms that give men the right to use force against women, which is a violation of women's human rights. Similarly, beliefs about whether and when a woman can refuse to have sex with her husband reflect issues of gender equity regarding sexual rights and bodily integrity. In addition to providing an important measure of women's empowerment, information on women's attitudes towards sexual rights is useful for improving and monitoring reproductive health programmes that depend on women's willingness and ability to control their own sexual lives.

To assess women's decision-making autonomy, information was sought on women's participation in four different types of household decisions: respondent's own health care, making major household purchases, making household purchases for daily needs, and visiting respondent's family or relatives. Having a final say in the decision-making processes is the highest degree of autonomy. Women are considered to participate in a decision if they alone or jointly with their husband/partner have the final say in that decision. Table 15.6 shows the percent distribution of currently married women according to the person in the household who usually makes decisions concerning four specific matters.

The data show that for the respondent's own health care, women are the main decision-makers: 45 percent of married women reported that they mainly make decisions about their own health care. For large household purchases, more than half (52 percent) of women say that the decision is made together with their husband/partner; 23 percent of women say that they make major household decisions, and 24 percent say that the decision is made mainly by their husband/partner. Decisions to the woman's visit family or relatives are most likely to be made by wives and husbands jointly (54 percent).

Table 15.6 Women's participation in decision-making

Percent distribution of currently married women age 15-49 by person who usually makes decisions on four specific issues, Namibia 2006-07

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Missing	Total	Number of women
Own health care	44.8	39.2	15.2	0.1	0.2	0.4	100.0	3,451
Major household purchases	22.8	52.2	23.8	0.3	0.4	0.5	100.0	3,451
Purchases of daily household needs	40.6	40.5	17.8	0.2	0.3	0.5	100.0	3,451
Visits to her family or relatives	24.7	53.6	20.4	0.2	0.6	0.4	100.0	3,451

Table 15.7 shows the participation of women in decision-making according to men. Except for decisions on the purchase of daily household needs, 59 to 79 percent of all the other issues are decided jointly. The table shows that men feel strongly about involving women in deciding the number of children the family should have (79 percent).

Table 15.7 Women's participation in decision-making according to men

Percent distribution of currently married men 15-49 by person they think should have a say in making decisions about five specific issues, Namibia 2006-07

Decision	Wife	Wife and husband equally	Husband	Don't know/ depends	Missing	Total	Number of men
Major household purchases	10.7	60.1	28.6	0.6	0.0	100.0	1,205
Purchases of daily household needs	48.8	36.2	12.9	2.0	0.1	100.0	1,205
Visits to wife's family or relatives	15.3	63.5	19.1	1.7	0.4	100.0	1,205
What to do with the money wife earns	25.7	59.2	13.1	1.8	0.1	100.0	1,205
How many children to have	3.6	78.8	14.8	2.7	0.0	100.0	1,205

Table 15.8.1 shows the percentage of currently married women age 15-49 years who usually make specific decisions either by themselves or jointly with their husband, by background characteristics. The four decisions included in the table are: own health care; making major household purchases; making purchases for daily household needs, and visits to woman's family or relatives. The results indicate that the majority of currently married women participate in making decisions about their own health care (84 percent), major household purchases (75 percent), daily purchases (81 percent), and decisions regarding visits to her family or relatives (78 percent). Overall, 64 percent of currently married women participate in all four specified decisions and only 9 percent say that they do not participate in any of the decisions.

The degree of independence in making household decisions increases with age. For example, 41 percent of women age 15-19 participate in all four decisions compared with 69 percent of women age 40-44. Women who earn cash, urban women, the most educated women, and women in the wealthiest households are more likely to have a final say in all the specified decisions. For example, whereas 73 percent of urban women participate in all four decisions, the corresponding proportion of rural women is 55 percent. Across regions, women in Erongo, Karas, and Khomas (80-82 percent) are the most likely to participate in all four decisions, while women in Kavango are the least likely to participate (36 percent).

Table 15.8.1 Women's participation in decision-making by background characteristics

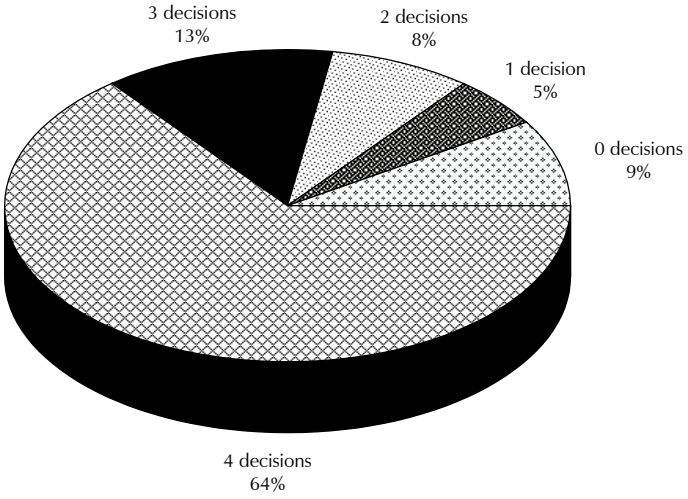
Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Namibia 2006-07

Background characteristic	Decision				Percentage who participate in all four decisions	Percentage who participate in none of the specified decisions	Number of women
	Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives			
Age							
15-19	65.6	64.2	65.5	64.2	40.5	16.8	118
20-24	79.2	68.5	74.1	67.5	55.1	12.6	398
25-29	84.2	73.1	79.4	77.2	60.9	8.3	625
30-34	87.9	80.3	84.2	81.9	68.6	6.6	751
35-39	81.6	72.6	80.0	77.5	64.7	11.8	612
40-44	87.5	77.4	85.7	83.0	69.3	5.8	522
45-49	85.8	78.7	85.4	83.0	70.1	7.7	424
Employment (past 12 months)							
Not employed	76.9	65.3	72.7	70.0	54.7	15.1	1,342
Employed for cash	91.3	85.7	89.7	87.5	76.9	4.0	1,569
Employed not for cash	80.6	68.4	77.5	72.4	51.4	7.6	534
Missing	*	*	*	*	*	*	6
Number of living children							
0	81.5	76.0	81.6	79.4	62.3	7.3	269
1-2	86.5	77.1	81.8	78.4	66.2	8.1	1,450
3-4	82.5	75.2	81.9	78.6	63.9	9.3	1,061
5+	82.0	70.2	78.4	77.1	61.7	10.5	670
Residence							
Urban	89.2	82.5	86.7	85.5	73.4	5.7	1,731
Rural	78.8	67.5	75.5	71.1	55.2	12.1	1,719
Region							
Caprivi	73.7	84.6	88.1	69.0	52.0	7.5	200
Erongo	92.6	86.7	89.6	90.4	79.2	3.0	327
Hardap	88.2	88.0	87.1	84.9	76.8	7.5	131
Karas	89.2	86.0	88.6	85.3	81.9	8.7	139
Kavango	73.7	54.8	62.0	51.0	35.9	16.7	477
Khomas	94.5	86.6	90.7	92.3	80.3	2.1	749
Kunene	68.0	59.6	64.1	63.2	50.4	21.4	141
Ohangwena	81.8	69.4	83.6	80.2	62.3	8.4	218
Omaheke	72.6	69.1	74.4	68.7	56.4	17.7	150
Omusati	88.0	71.3	82.6	87.6	66.8	5.3	195
Oshana	90.1	75.3	86.2	85.5	68.1	4.0	197
Oshikoto	86.3	73.7	83.0	82.6	64.0	6.2	246
Otjozondjupa	73.2	66.0	70.8	69.3	55.5	20.1	278
Education							
No education/preschool	65.1	55.9	63.2	57.9	40.1	21.2	408
Incomplete primary	80.6	69.2	76.7	73.5	56.8	11.2	805
Complete primary	81.9	72.8	77.9	73.4	58.3	10.0	242
Incomplete secondary	87.2	78.6	85.1	82.0	68.4	6.7	1,226
Complete secondary	93.3	85.6	89.0	89.9	79.6	3.6	435
More than secondary	93.1	87.5	91.5	89.5	81.6	2.6	334
Wealth quintile							
Lowest	73.3	59.8	65.9	62.5	43.4	15.3	590
Second	78.3	67.7	77.4	71.6	54.4	12.4	502
Middle	80.5	72.8	80.7	74.4	59.4	9.6	698
Fourth	88.2	78.4	83.7	82.6	69.7	7.1	798
Highest	93.6	88.5	91.8	92.2	83.4	3.5	863
Total	84.0	75.1	81.2	78.3	64.3	8.9	3,451

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

To assess women's overall decision-making autonomy, the decisions in which women participate (alone or jointly with their husband/partner) have been summed to form a single measure of empowerment. Figure 15.1 shows the number of decisions in which women participate.

Figure 15.1 Number of Decisions in Which Women Participate



NDHS 2006-07

In the survey, male respondents were asked whether they think a wife should have the greater say alone or equal say with her husband in making decisions on various issues. These issues are the same as those presented to female respondents: making major household purchases, making purchases for daily household needs, visiting the wife's family or relatives, deciding what to do with the money the wife earns, and deciding how many children to have. Eighty-five percent of married men said that a wife should have a say in decisions about purchases for daily household needs and in the use of the money she has earned; 82 percent of married men say that a wife should have a say alone or jointly with her husband in the decision on how many children the couple will have (Table 15.8.2). Seven in ten currently married men say that a wife should have a say in making decisions about household purchases and 79 percent say that the wife should have a say in visits to her family or relatives. Less than half of currently married men think that a wife should participate alone or jointly in all five of the specified decisions, and only 1 percent think that wives should not be involved in any of the decisions.

According to men, a wife's participation in decision-making increases with age, education, and wealth quintile. For example, 65 percent of men age 20-24 think that a wife should be involved in making decisions on major household purchases, compared with 74 percent of men age 45-49. Better educated men are more likely to say that a wife should be involved in decision-making compared with less educated men: 69 percent for men with more than secondary education compared with 36 percent for men with no education.

Men in urban areas are more likely than those in rural areas to say that a wife should be involved in major decision-making. The differences in regional support among men on participation of women in the five decisions ranges from 15 percent in Caprivi to 72 percent in Karas. Men in Kunene are the most likely to think that a wife should not take part in decision-making (10 percent).

Table 15.8.2 Men's attitude towards wives' participation in decision-making

Percentage of currently married men age 15-49 who think a wife, either alone or jointly with her husband should have a say on five specific decisions, by background characteristics, Namibia 2006-07

Background characteristic	Decision					Percentage who participate in all five decisions	Percentage who participate in none of the specified decisions	Number of men
	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	What to do with the money the wife earns	How many children to have			
Age								
15-19	*	*	*	*	*	*	*	3
20-24	64.6	80.6	67.7	85.8	79.5	41.4	1.1	76
25-29	66.5	84.8	75.1	80.1	78.3	44.9	0.6	199
30-34	71.9	81.2	81.9	85.5	83.4	47.4	1.1	260
35-39	71.5	87.2	76.3	86.6	83.1	47.2	1.8	248
40-44	72.2	89.4	81.7	85.6	86.1	55.1	0.7	242
45-49	74.1	83.8	82.9	86.6	81.3	52.1	2.0	178
Employment (past 12 months)								
Not employed	67.1	85.2	79.7	81.7	80.1	47.1	1.9	119
Employed for cash	74.8	87.0	80.1	86.8	83.8	51.7	0.8	935
Employed not for cash	49.5	72.4	69.3	76.5	75.8	32.0	3.7	152
Number of living children								
0	79.0	84.5	76.2	89.0	89.2	57.9	2.9	110
1-2	68.5	85.3	77.4	86.1	83.9	48.2	1.1	446
3-4	68.4	84.2	79.0	83.9	78.9	44.7	1.1	351
5+	74.3	85.5	81.3	83.1	81.9	51.1	1.2	298
Residence								
Urban	78.2	87.2	84.4	88.9	84.1	55.1	0.8	714
Rural	60.0	81.7	70.5	79.3	80.1	39.6	1.9	491
Region								
Caprivi	60.9	90.4	32.4	58.8	57.4	15.1	0.0	82
Erongo	70.0	87.1	75.0	82.7	78.0	35.6	0.9	163
Hardap	88.0	90.9	92.7	99.1	94.9	69.3	0.0	45
Karas	76.5	93.3	85.0	85.7	86.0	71.8	2.0	48
Kavango	52.7	73.0	77.8	82.3	85.5	31.6	2.6	125
Khomas	81.5	87.3	89.8	91.6	83.9	62.0	0.9	332
Kunene	52.8	77.6	62.6	76.2	67.3	39.1	10.4	43
Ohangwena	(73.3)	(78.7)	(89.0)	(74.1)	(84.4)	(65.9)	(1.8)	38
Omaheke	48.8	69.8	65.3	67.5	78.6	22.6	2.1	53
Omusati	55.3	91.1	86.1	90.0	86.5	44.4	0.0	47
Oshana	78.3	91.0	87.2	98.5	88.0	63.2	0.0	53
Oshikoto	83.0	78.7	76.2	89.8	90.9	53.7	0.0	73
Otjozondjupa	70.1	89.8	81.8	89.1	90.7	57.0	0.4	104
Education								
No education/preschool	55.7	75.8	74.9	73.5	75.8	36.3	2.7	159
Incomplete primary	65.8	81.7	71.9	80.8	75.8	37.7	1.8	284
Complete primary	56.0	78.3	76.5	88.3	82.8	40.2	3.5	56
Incomplete secondary	73.4	86.7	74.8	84.4	81.8	47.2	0.8	381
Complete secondary	80.8	90.8	90.7	94.3	90.8	66.5	0.0	168
More than secondary	83.8	92.1	92.6	94.6	93.8	69.4	0.7	156
Wealth quintile								
Lowest	51.2	78.1	65.0	75.6	72.9	29.8	2.2	154
Second	58.9	84.4	69.2	74.5	76.5	36.2	1.4	134
Middle	66.4	78.6	72.0	79.5	79.6	39.7	2.0	246
Fourth	77.0	86.8	79.3	86.8	83.2	51.8	1.3	311
Highest	81.4	90.9	92.2	95.1	90.0	65.1	0.3	360
Total 15-49	70.8	85.0	78.7	85.0	82.4	48.8	1.3	1,205

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

15.5 ATTITUDES TOWARDS WIFE BEATING

Violence against women has serious consequences for their mental and physical well-being, including their reproductive and sexual health. One of the most common forms of violence against women worldwide is abuse by a husband or partner (Heise et al., 1999).

The 2006-07 NDHS gathered information on women's attitudes toward wife beating, a proxy for women's perception of their status. Women who believe that a husband is justified in hitting or beating his wife for any of the specified reasons may believe themselves to be low in status both

absolutely and relative to men. Such a perception could act as a barrier to accessing health care for themselves and their children, affect their attitude toward contraceptive use, and impact their general well-being. Women were asked whether a husband is justified in beating his wife under a series of specific circumstances: wife burns the food, argues with husband, goes out without telling husband, neglects the children, refuses sexual relations with husband, and has sex with other men. Table 15.9.1 summarizes women's attitudes toward wife beating in these six specific circumstances.

Table 15.9.1 Attitudes towards wife beating: Women

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Namibia 2006-07

Background characteristic	Husband is justified in hitting or beating his wife if she: Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Percentage who agree with at least one specified reason	Number of women
Age							
15-19	13.5	14.9	19.7	28.2	10.1	37.6	2,246
20-24	12.9	15.8	19.8	27.9	12.1	38.7	1,855
25-29	11.5	16.3	17.7	24.4	11.7	33.5	1,623
30-34	11.0	15.8	17.2	23.6	13.1	32.1	1,417
35-39	11.1	15.0	19.2	23.4	12.9	32.3	1,045
40-44	11.9	14.9	19.2	26.3	13.7	34.7	928
45-49	14.6	15.4	19.5	25.1	12.3	33.1	689
Employment (past 12 months)							
Not employed	13.7	17.9	21.0	29.6	14.2	39.5	4,568
Employed for cash	8.0	9.4	12.0	18.3	7.0	25.2	3,738
Employed not for cash	19.1	23.5	30.0	34.0	17.8	47.3	1,467
Missing	*	*	*	*	*	*	32
Marital status							
Never married	12.0	13.3	17.5	25.6	10.0	34.6	5,673
Married or living together	12.2	17.7	20.0	25.3	14.2	34.7	3,451
Divorced/separated/widowed	16.6	22.5	25.5	32.4	17.7	42.3	678
Missing	*	*	*	*	*	*	3
Number of living children							
0	11.3	12.1	16.7	24.0	8.9	33.3	3,419
1-2	12.0	16.3	18.7	25.8	12.4	35.4	3,620
3-4	11.9	16.2	20.2	26.0	13.3	33.9	1,789
5+	18.4	23.0	24.8	33.2	18.8	43.7	976
Residence							
Urban	6.3	9.6	10.6	15.8	6.8	22.4	4,772
Rural	18.1	21.1	26.7	35.6	17.0	47.4	5,032
Region							
Caprivi	38.2	54.6	60.3	63.0	38.4	81.3	474
Erongo	4.9	7.6	8.6	13.4	6.4	22.8	688
Hardap	8.6	13.7	13.3	23.1	6.2	28.8	315
Karas	2.3	3.4	5.3	11.2	4.0	13.8	318
Kavango	18.7	30.7	35.3	40.4	26.0	54.8	934
Khomas	2.7	4.8	4.6	8.8	3.1	13.4	2,218
Kunene	10.7	24.4	27.1	35.7	14.7	43.0	259
Ohangwena	21.1	21.2	26.8	40.0	19.0	56.2	1,043
Omaheke	7.2	12.1	16.8	25.2	6.7	33.4	373
Omusati	17.4	17.4	26.6	33.5	16.6	44.5	975
Oshana	12.9	9.1	15.7	25.0	5.9	34.0	819
Oshikoto	14.1	10.3	13.3	23.5	7.6	29.7	837
Otjozondjupa	11.0	18.2	19.4	25.3	12.8	32.5	550
Education							
No education/preschool	19.8	29.2	30.5	35.9	25.0	50.0	651
Incomplete primary	22.8	25.1	27.9	35.8	20.4	48.2	1,699
Complete primary	16.4	18.9	24.3	32.8	14.7	42.6	736
Incomplete secondary	10.9	13.9	18.2	26.0	10.4	35.5	4,751
Complete secondary	3.5	6.3	7.7	13.8	4.1	18.2	1,286
More than secondary	1.7	3.5	5.6	6.7	2.1	10.5	682
Wealth quintile							
Lowest	23.7	30.8	34.6	43.3	25.4	58.2	1,621
Second	18.7	20.4	27.0	35.5	16.9	47.9	1,668
Middle	15.1	18.1	24.1	32.1	13.5	42.6	1,885
Fourth	8.0	10.1	12.6	19.7	6.8	26.5	2,292
Highest	2.1	4.5	4.3	8.3	3.1	12.7	2,338
Total	12.4	15.5	18.9	25.9	12.0	35.2	9,804

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

Table 15.9.1 indicates that 35 percent of women agree with at least one of the five specified reasons for a husband to beat his wife. One in four women say that wife beating is justified if a wife neglects the children, 19 percent say it is justified if the wife goes out without informing the husband, 16 percent say it is justified if she argues with the husband, and 12 percent each say it is justified if the wife burns the food or refuses to have sex with the husband.

The percentage of women who agree with at least one reason for beating a wife does not vary by the woman's age. Women who are employed but receive no cash earnings are much more likely than women who are paid in cash to agree with at least one reason for wife beating (47 percent and 25 percent, respectively). Formerly married women are more likely to agree on a reason for wife beating (42 percent) than never-married women or married women (35 percent each). The number of children a woman has influences her perception on wife beating; 44 percent of women with five or more children agree on at least one reason justifying wife beating, compared with 33-35 percent among women with fewer children.

There are regional variations in attitudes towards wife beating, ranging from 13-14 percent in Karas and Khomas to 81 percent of women in Caprivi. In other regions, the proportion of women who agree on a reason justifying wife beating ranges between 23 percent in Erongo and 56 percent in Ohangwena.

There is a negative relationship between agreement with at least one reason for wife beating and level of education and wealth status. Fifty percent of women with no education said that husbands are justified in beating their wives for at least one of the specified reasons compared with 11 percent of women with more than secondary education. Similarly, 58 percent of women in the lowest wealth quintile agree with at least one reason justifying wife beating compared with 13 percent of women in the highest quintile.

Men were also asked about their opinions on the justification of wife beating under certain circumstances. Nationally, 41 percent of men agree that wives can be beaten for at least one of the specified reasons. Among the various reasons for justifying wife beating, the largest difference between men and women is when a wife goes out without telling the husband (19 percent for women and 27 percent for men).

As shown in Table 15.9.2, younger men are more likely than older men to say that a husband is justified in hitting or beating his wife for at least one of the specified reasons (49 percent for men age 20-24 compared with 28 percent for men age 45-49). Men who are employed but receive no cash earnings (51 percent) are more likely than other men to agree with at least one reason justifying wife beating. Formerly married men are more likely to agree on at least one reason for wife beating (47 percent) than never-married men (45 percent) or married men (32 percent). The number of children a man has influences his perception on wife beating. Men with no children are the most likely to agree with at least one reason (44 percent) compared with men who have children (39 percent or less).

Men in rural areas are much more likely than men in urban areas to agree with a reason justifying wife beating (51 percent compared with 31 percent). Men in Omusati, Ohangwena, and Oshikoto regions are the most likely to say that a husband is justified in hitting or beating his wife for at least one of the specified reasons (63-67 percent), compared with only 12 percent in Karas region.

There is an inverse relationship between a man's level of education and wealth quintile and his perception of wife beating. For example, 63 percent of men in the lowest wealth quintile say that a husband is justified in hitting or beating his wife for at least one of the specified reasons compared with 23 percent of men in the highest wealth quintile.

Table 15.9.2 Attitudes towards wife beating: Men

Percentage of all men age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Namibia 2006-07

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of men
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15-19	14.0	21.2	27.8	30.0	9.1	44.2	910
20-24	9.8	21.8	29.9	31.3	9.5	48.5	750
25-29	9.5	19.0	27.4	27.8	7.3	39.3	702
30-34	9.5	17.8	24.7	24.9	8.2	35.7	586
35-39	6.7	16.4	25.6	25.1	4.7	36.9	400
40-44	7.7	15.2	28.2	25.6	8.2	39.5	331
45-49	9.2	14.9	22.3	21.3	7.4	28.0	235
Employment (past 12 months)							
Not employed	13.7	21.2	29.0	27.6	11.1	45.6	1,220
Employed for cash	7.2	15.8	23.4	24.9	6.3	35.4	2,138
Employed not for cash	13.5	26.8	37.8	39.4	8.2	51.2	548
Missing	*	*	*	*	*	*	8
Marital status							
Never married	11.2	20.7	29.1	30.0	9.3	44.5	2,545
Married or living together	8.2	14.7	22.5	21.6	5.3	32.1	1,205
Divorced/separated/widowed	7.9	24.2	30.2	37.4	10.2	47.2	163
Missing	*	*	*	*	*	*	1
Number of living children							
0	11.0	20.3	27.5	29.3	9.1	43.8	2,096
1-2	10.5	19.6	26.9	27.0	7.4	38.8	967
3-4	6.4	15.8	25.1	23.4	6.0	34.7	481
5+	9.4	14.6	28.2	25.9	7.1	36.6	370
Residence							
Urban	5.5	13.0	19.3	21.0	4.1	30.9	1,962
Rural	14.9	25.1	35.0	34.4	12.2	50.7	1,953
Region							
Caprivi	25.6	36.1	33.4	34.7	12.8	58.1	189
Erongo	9.9	17.4	29.4	24.7	5.1	41.1	362
Hardap	2.4	10.0	7.2	12.4	3.1	17.5	132
Karas	1.7	3.2	5.2	7.8	1.0	11.8	157
Kavango	2.6	7.6	32.3	28.9	3.3	42.3	331
Khomas	4.7	13.1	16.9	20.5	4.9	28.0	984
Kunene	8.7	24.4	30.1	37.6	6.4	41.5	92
Ohangwena	35.5	30.2	40.3	33.6	27.1	65.2	306
Omaheke	5.2	9.5	15.4	22.3	2.7	31.5	188
Omusati	11.7	33.3	55.4	58.4	18.9	66.5	320
Oshana	3.2	30.6	31.3	15.4	8.2	44.3	270
Oshikoto	22.2	31.7	45.3	50.9	8.8	63.3	322
Otjozondjupa	3.0	6.5	5.6	12.3	1.8	18.1	262
Education							
No education/preschool	18.4	23.8	34.5	34.3	9.5	49.8	360
Incomplete primary	15.5	26.8	38.8	37.1	11.2	52.9	856
Complete primary	14.7	23.3	30.6	37.1	9.5	48.0	252
Incomplete secondary	7.9	18.3	25.0	25.9	8.2	39.6	1,604
Complete secondary	4.7	10.4	17.0	20.0	3.4	29.2	538
More than secondary	3.2	7.0	11.6	8.5	4.5	16.6	305
Wealth quintile							
Lowest	21.1	33.6	45.5	44.7	17.3	63.3	560
Second	18.0	27.6	37.0	37.0	12.8	54.1	607
Middle	8.7	19.3	29.8	29.2	8.0	43.9	875
Fourth	5.1	13.1	20.4	22.3	4.4	33.0	963
Highest	4.9	10.2	13.9	15.4	3.3	23.2	911
Total 15-49	10.1	19.0	27.1	27.7	8.1	40.8	3,915

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

15.6 ATTITUDES TOWARDS REFUSING SEX WITH HUSBAND

The extent of control women have over when and with whom they have sexual intercourse has implications for health outcomes, such as transmission of HIV and other sexually transmitted infections (STIs). To measure beliefs about sexual empowerment of women, the 2006-07 NDHS included questions on whether the respondent thinks that a wife is justified in refusing to have sexual

intercourse with her husband under three circumstances: when she knows her husband has a sexually transmitted infection; when she knows her husband has sexual intercourse with other women; and when she is tired or not in the mood. These three circumstances for which women's opinions are sought have been chosen because they are effective in combing the issue of women's rights with the consequences for women's health. Tables 15.10.1 and 15.10.2 show the responses of all women and all men, respectively.

Table 15.10.1 Attitudes towards refusing sexual intercourse with husband: Women

Percentage of all women age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Namibia 2006-07

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of women
	Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15-19	79.7	78.7	79.2	66.7	10.1	2,246
20-24	86.1	85.4	86.2	74.8	5.5	1,855
25-29	87.4	85.3	84.9	74.4	5.1	1,623
30-34	88.2	87.5	88.6	78.8	4.5	1,417
35-39	86.5	84.6	85.9	74.1	5.1	1,045
40-44	89.0	87.0	89.5	79.2	4.8	928
45-49	87.0	87.7	83.9	75.0	5.2	689
Employment (past 12 months)						
Not employed	82.6	80.5	81.5	69.5	8.5	4,568
Employed for cash	89.7	88.9	89.4	79.2	3.1	3,738
Employed not for cash	83.8	84.7	83.7	73.0	6.9	1,467
Missing	89.7	93.6	86.6	86.6	6.4	32
Marital status						
Never married	84.8	83.7	84.6	72.7	6.3	5,673
Married or living together	86.5	85.2	84.9	75.2	6.3	3,451
Divorced/separated/widowed	86.9	85.6	87.0	76.0	4.9	678
Missing	100.0	100.0	100.0	100.0	0.0	3
Number of living children						
0	83.8	82.3	82.0	70.9	7.7	3,419
1-2	86.5	85.7	86.6	75.6	5.3	3,620
3-4	86.7	86.7	87.2	76.0	5.1	1,789
5+	86.0	82.7	84.2	73.2	6.6	976
Residence						
Urban	89.1	87.7	87.8	78.4	4.2	4,772
Rural	82.2	81.2	82.1	69.5	8.1	5,032
Region						
Caprivi	85.7	74.4	82.0	65.4	7.4	474
Erongo	85.6	87.2	86.3	76.0	5.1	688
Hardap	95.0	91.7	92.9	87.5	2.1	315
Karas	89.5	88.2	86.9	79.6	4.5	318
Kavango	70.3	69.6	71.1	57.5	19.0	934
Khomas	92.2	90.3	89.9	81.9	2.2	2,218
Kunene	90.5	86.8	89.4	80.8	4.4	259
Ohangwena	84.0	79.7	82.5	69.5	7.6	1,043
Omaheke	88.9	83.1	87.7	73.8	4.6	373
Omusati	85.9	83.0	84.5	71.9	5.4	975
Oshana	78.7	86.1	81.8	67.6	6.4	819
Oshikoto	84.3	88.0	86.1	75.0	5.3	837
Otjozondjupa	85.9	87.4	86.2	77.7	6.3	550
Education						
No education/preschool	75.4	70.0	72.1	57.9	15.0	651
Incomplete primary	80.9	80.5	81.3	68.8	9.7	1,699
Complete primary	82.4	79.1	80.1	67.7	8.3	736
Incomplete secondary	86.4	85.4	85.9	75.0	5.3	4,751
Complete secondary	91.3	91.0	92.6	83.2	2.2	1,286
More than secondary	93.4	94.2	89.1	81.8	0.8	682
Wealth quintile						
Lowest	78.1	75.8	76.5	63.3	12.0	1,621
Second	81.9	80.4	82.0	69.0	8.0	1,668
Middle	84.2	83.4	84.7	71.9	6.6	1,885
Fourth	88.3	87.3	87.9	77.8	4.2	2,292
Highest	91.6	91.1	89.8	82.2	2.6	2,338
Total	85.5	84.4	84.9	73.8	6.2	9,804

There is a high level of agreement between women and men on the three reasons that justify a woman refusing to have sexual relations with her husband (84 percent or higher). The most accepted reason among women and men is if the wife knows her husband has a sexually transmitted infection (86 and 89 percent, respectively). The percentage of women and men who agree that a woman can refuse to have sexual intercourse with her husband for all three specified reasons is 74 percent each.

There are no substantial differences in women's perceptions on refusing sexual intercourse by age, employment status, marital status, and number of children. Table 15.10.1 indicates that women in urban areas are more likely than those in rural areas to say that a woman is justified in refusing to have sex with her husband for all of the specified reasons (78 compared with 70 percent, respectively).

There are large regional differences in the percentage of women who say that a woman is justified in refusing to have sex with her husband for all of the reasons, ranging from 58 percent in Kavango to between 80 and 88 percent in Hardap, Karas, Kunene, and Khomas. On the other hand, the percentage of women who agree with none of the reasons for a wife refusing sexual intercourse with her husband is lowest in Hardap and Khomas (2 percent) and highest in Kavango (19 percent).

Table 15.10.2 shows that, as with women, there are no differences in men's attitudes towards a woman's right to refuse to have sexual intercourse with her husband by age, employment status, marital status, and number of children. Urban men are more likely than rural men to say that a woman is justified in refusing to have sex with her husband for all of the reasons (77 compared with 72 percent, respectively).

There are also large regional differences in men's perceptions of a woman's right to refuse to have sex with her husband, ranging from 54 percent in the Ohangwena to 88 percent in Omusati. The percentage of men who agree with none of the reasons to justify a wife refusing to have intercourse with her husband is lowest in Caprivi (1 percent) and highest in Ohangwena (15 percent).

There is an inverse relationship between a man's level of education and wealth quintile and the specified reasons justifying a wife's refusal to have of sexual intercourse with her husband. For example, 7 percent of men with the least education say that a wife is justified in refusing to have sex with her husband compared with 2 percent of men with more than secondary education. Similarly, 9 percent of men in the lowest wealth quintile say that a wife is justified in refusing to have sex with her husband compared with 3 percent of men in the highest wealth quintile.

Table 15.10.2 Attitudes towards refusing sexual intercourse with husband: Men

Percentage of all men age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Namibia 2006-07

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of men
	Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15-19	86.2	82.1	83.3	73.0	6.0	910
20-24	89.5	85.2	87.2	75.4	3.8	750
25-29	86.7	83.1	86.3	70.0	3.2	702
30-34	91.3	86.0	89.2	76.5	2.2	586
35-39	88.5	87.3	90.0	77.1	3.6	400
40-44	90.4	87.3	89.6	76.4	3.0	331
45-49	89.1	83.4	89.5	76.9	5.1	235
Employment (past 12 months)						
Not employed	86.5	82.6	84.7	72.6	5.9	1,220
Employed for cash	89.3	85.2	87.6	74.3	3.0	2,138
Employed not for cash	89.7	85.9	90.1	78.8	3.5	548
Missing	*	*	*	*	*	8
Marital status						
Never married	87.4	84.1	86.6	73.6	4.1	2,545
Married or living together	90.8	85.3	88.0	76.1	3.6	1,205
Divorced/separated/widowed	88.7	84.4	86.3	74.0	4.3	163
Missing	*	*	*	*	*	1
Number of living children						
0	87.4	83.8	85.5	73.2	4.2	2,096
1-2	90.4	86.1	88.9	76.0	2.7	967
3-4	89.8	83.6	88.2	74.6	4.6	481
5+	87.8	85.8	89.8	76.7	4.7	370
Residence						
Urban	90.6	87.4	88.2	77.2	2.6	1,962
Rural	86.3	81.6	85.9	71.5	5.3	1,953
Region						
Caprivi	85.5	72.5	88.7	58.7	1.3	189
Erongo	83.2	85.5	89.6	70.5	2.5	362
Hardap	88.3	90.2	91.5	83.0	5.3	132
Karas	94.1	88.9	91.9	83.2	2.2	157
Kavango	92.7	82.6	87.9	77.3	4.1	331
Khomas	91.6	88.0	85.2	77.6	3.2	984
Kunene	92.3	84.6	86.3	73.1	1.7	92
Ohangwena	68.9	72.6	72.9	54.3	14.6	306
Omaheke	94.0	88.5	90.6	80.9	1.5	188
Omusati	92.7	95.0	92.5	87.6	2.4	320
Oshana	90.3	76.1	84.4	69.7	3.9	270
Oshikoto	87.4	89.5	90.3	78.2	2.9	322
Otjozondjupa	89.1	76.2	89.2	69.0	4.2	262
Education						
No education/preschool	82.1	76.6	81.9	64.1	6.7	360
Incomplete primary	84.3	80.6	82.2	68.3	6.8	856
Complete primary	85.5	84.7	84.9	72.0	4.0	252
Incomplete secondary	90.3	85.5	88.8	76.7	3.1	1,604
Complete secondary	94.4	91.4	90.7	82.3	1.2	538
More than secondary	90.2	87.3	93.1	79.3	1.8	305
Wealth quintile						
Lowest	81.3	76.9	79.2	64.3	8.6	560
Second	87.8	82.8	86.8	73.3	5.0	607
Middle	88.8	84.0	89.0	74.1	2.8	875
Fourth	89.1	86.5	89.0	76.3	2.8	963
Highest	92.3	88.8	88.1	79.5	2.7	911
Total 15-49	88.5	84.5	87.1	74.4	3.9	3,915

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

Table 15.11 shows men's attitudes about a husband's rights when a wife refuses to have sexual intercourse with him. The most acceptable action taken is for the husband to reprimand the wife (24 percent). Other courses of action are to have sex with another woman (16 percent), refuse financial support (16 percent), and force the wife to have sex (5 percent). Very few men agree with all of the specified reasons, and 64 percent agree with none of the reasons.

Disagreement with all of the specified reasons justifying the husband's sexual rights is expressed most strongly by men in Omusati (30 percent) and least strongly by men in Karas (90 percent).

Table 15.11 Men's attitudes towards a husband's rights when his wife refuses to have sexual intercourse

Percentage of men age 15-49 who think that a husband has the right to certain behaviours when a wife refuses to have sex with him when he wants her to, by background characteristics, Namibia 2006-07

Background characteristic	When a woman refuses to have sex with her husband, he has the right to:				Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of men
	Get angry and reprimand her	Refuse her financial support	Use force to have sex	Have sex with another woman			
Age							
15-19	22.5	19.1	6.7	16.2	1.3	60.7	910
20-24	27.6	20.4	5.3	18.3	2.0	59.4	750
25-29	27.2	15.5	4.7	15.9	1.1	61.1	702
30-34	23.9	13.8	4.6	16.0	1.6	65.9	586
35-39	24.1	9.5	4.1	11.3	1.2	67.5	400
40-44	18.8	13.3	4.6	13.8	1.4	71.6	331
45-49	17.0	11.0	6.1	10.2	2.9	75.3	235
Employment (past 12 months)							
Not employed	24.0	20.8	8.2	20.1	2.6	58.5	1,220
Employed for cash	22.5	12.5	4.3	12.7	1.0	67.3	2,138
Employed not for cash	30.6	18.8	2.7	16.1	1.2	61.4	548
Missing	*	*	*	*	*	*	8
Marital status							
Never married	25.7	18.5	5.9	18.0	1.6	59.9	2,545
Married or living together	20.7	10.3	4.2	9.5	1.5	72.1	1,205
Divorced/separated/widowed	23.0	18.7	4.0	20.7	0.5	64.0	163
Missing	*	*	*	*	*	*	1
Number of living children							
0	24.9	18.6	5.8	17.4	1.5	60.6	2,096
1-2	26.5	13.0	4.4	14.3	1.3	63.8	967
3-4	19.6	11.2	3.8	11.1	1.3	72.5	481
5+	18.8	14.8	6.7	13.3	2.4	71.0	370
Residence							
Urban	19.4	10.3	3.9	11.3	0.6	69.2	1,962
Rural	28.7	21.6	6.6	19.6	2.5	58.3	1,953
Region							
Caprivi	35.6	17.0	5.9	12.6	2.2	56.4	189
Erongo	31.1	12.3	4.1	12.9	1.6	60.1	362
Hardap	9.0	7.9	1.7	8.4	0.2	82.2	132
Karas	6.1	3.9	2.0	4.3	0.3	89.8	157
Kavango	7.6	5.4	4.1	8.5	0.7	83.7	331
Khomas	18.6	11.7	5.2	12.1	0.4	67.3	984
Kunene	16.7	8.3	3.2	12.9	0.9	74.8	92
Ohangwena	29.1	25.4	25.3	19.1	9.1	50.4	306
Omaheke	17.5	10.4	1.7	13.9	0.6	70.5	188
Omusati	52.5	51.4	5.5	53.5	3.2	30.1	320
Oshana	29.1	25.3	1.3	25.6	0.7	53.3	270
Oshikoto	39.5	14.4	1.7	6.7	0.3	50.8	322
Otjozondjupa	7.7	5.2	0.2	4.7	0.0	86.4	262
Education							
No education/preschool	29.1	16.7	8.4	17.2	2.4	58.7	360
Incomplete primary	30.8	19.9	8.9	19.2	3.6	56.4	856
Complete primary	29.6	19.9	5.1	14.3	1.4	58.8	252
Incomplete secondary	23.1	16.7	4.8	14.5	0.8	64.7	1,604
Complete secondary	17.4	11.9	0.9	13.6	0.5	70.8	538
More than secondary	11.4	4.0	1.6	12.5	0.6	77.7	305
Wealth quintile							
Lowest	34.5	25.2	9.7	20.6	3.6	52.5	560
Second	33.7	23.6	8.7	22.0	2.7	51.5	607
Middle	25.1	17.5	4.1	17.0	1.2	63.9	875
Fourth	18.8	11.2	3.6	10.8	1.2	69.9	963
Highest	15.7	8.5	3.2	11.5	0.1	72.4	911
Total 15-49	24.0	15.9	5.3	15.5	1.5	63.8	3,915

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

15.7 WOMEN'S EMPOWERMENT INDICATORS

The three sets of empowerment indicators, namely women's participation in household decisions, their attitude toward wife beating, and their attitude towards a wife's right to refuse sexual intercourse with her husband/partner, can be summarized in three indices. The first index shows the number of decisions in which women participate alone or jointly with their husband/partner (see Table 15.8.1 for the list of decisions). This index has values ranging from 0 to 4 and is positively related to women's empowerment. It reflects the degree of decision-making control that women are able to exercise in areas that affect their lives and environments. Table 15.12 shows that there is a negative relationship between agreement on reasons for wife beating and the number of decisions a woman participates in. For example, 57 percent of women who did not participate in household decision-making disagree with all the reasons for wife beating compared with 70 percent for the most empowered women. The same relationship is seen for a woman refusing to have sexual intercourse with her husband (59 percent and 79 percent, respectively).

Table 15.12 Indicators of women's empowerment

Percentage of women age 15-49 who participate in all decision-making, percentage who disagree with all reasons for justifying wife-beating, and percentage who agree with all reasons for refusing sexual intercourse with husband, by value on each of the indicators of women's empowerment, Namibia 2006-07

	Currently married women				
Empowerment indicator	Percentage who participate in all decision-making	Number of women	Percentage who disagree with all the reasons justifying wife beating	Percentage who agree with all the reasons for refusing sexual intercourse with husband	Number of women
Number of decisions in which women participate[1]					
0	na	na	57.1	58.6	307
1-2	na	na	44.2	66.2	471
3-4	na	na	70.0	78.6	2,672
Number of reasons for which wife-beating is justified[2]					
0	72.6	2,253	na	76.6	6,354
1-2	50.1	659	na	71.2	2,020
3-4	49.0	365	na	65.9	1,073
5	42.8	173	na	62.2	357
Number of reasons given for refusing to have sexual intercourse with husband [3]					
0	46.8	219	58.0	na	609
1-2	56.4	638	57.8	na	1,959
3	67.7	2,594	67.3	na	7,237

na = Not applicable
[1] Restricted to currently married women. See Table 15.8.1 for the list of decisions.
[2] See Table 15.9.1 for the list of reasons
[3] See Table 15.10.1 for the list of reasons

The second index, which has values ranging from 0 to 5, is the total number of reasons for which the respondent feels that a husband is justified in beating his wife (see Table 15.9.1 for the list of reasons). A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem, and higher status for women. Most of the women interviewed (73 percent) who participate in all decision-making do not agree with any reason for which wife beating is justified compared with those who agree with all five reasons (43 percent). A large proportion of women who do not justify wife beating (78 percent) also agree with all reasons for refusing sexual intercourse with husband while those who justify all reasons for wife beating score low on reasons for refusal to having sex with husband.

The third index, which has values ranging from 0 to 3, is the number of circumstances in which the respondent feels that a woman is justified in refusing sexual intercourse with her husband/

partner (see Table 15.10.1 for the list of circumstances). This indicator reflects perceptions of sexual roles and women's rights over their bodies and relates positively to women's sense of self and empowerment. Among women who participate in all decision-making, 68 percent feel that a woman is justified in refusing sexual intercourse with her husband, compared with 47 percent of women who give no reason for refusing sexual intercourse.

Table 15.12 shows how these three indicators relate to each other. In general, the pattern indicates that women who participate in household decisions are also more likely to have gender-egalitarian beliefs.

15.8 CURRENT USE OF CONTRACEPTION BY WOMEN'S EMPOWERMENT STATUS

A woman's ability to control her fertility and the contraceptive method she chooses are likely to be affected by her status, self-image, and sense of empowerment. A woman who feels that she is unable to control other aspects of her life may be less likely to feel she can make decisions regarding fertility. She may also feel the need to choose contraceptive methods that are easier to conceal from her husband/partner or which do not depend on his cooperation.

Table 15.13 shows the relationship of each of the three indicators of women's empowerment with current use of contraceptive methods by currently married women age 15-49 in Namibia. It is evident from the data that there is a positive relationship between women's status and use of contraceptives. Contraceptive use is highest among women who participate most (3-4) in household decisions. This pattern is consistent for both any method and modern methods. For example, current use of modern contraceptive methods increases from 38 percent among women who believe there is no justifiable reason for a wife to refuse sexual intercourse with a husband to 55 percent among women with three reasons for refusing to have sexual intercourse with a husband.

Table 15.13 Current use of contraception by women's status

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, Namibia 2006-07

		Modern methods								
Empowerment indicator	Any method	Any modern method	Female sterilization	Male sterilization	Temporary modern female methods[1]	Male condom	Any traditional method	Not currently using	Total	Number of women
Number of decisions in which women participate[2]										
0	43.2	41.1	7.1	0.4	23.5	10.2	2.1	56.8	100.0	307
1-2	44.2	42.1	4.6	0.1	26.8	10.6	2.2	55.8	100.0	471
3-4	58.3	56.9	11.7	0.5	34.1	10.6	1.5	41.7	100.0	2,672
Number of reasons for which wife beating is justified[3]										
0	59.3	57.6	12.6	0.6	31.9	12.5	1.7	40.7	100.0	2,253
1-2	51.7	50.8	7.8	0.2	34.9	7.9	1.0	48.3	100.0	659
3-4	42.5	41.3	4.4	0.0	31.2	5.7	1.2	57.5	100.0	365
5	38.8	34.9	2.5	0.0	26.9	5.5	3.9	61.2	100.0	173
Number of reasons given for refusing to have sexual intercourse with husband [4]										
0	40.6	38.4	4.5	0.0	30.2	3.6	2.2	59.4	100.0	219
1-2	55.7	53.9	9.5	0.2	31.0	13.2	1.8	44.3	100.0	638
3	56.1	54.6	11.0	0.5	32.6	10.5	1.5	43.9	100.0	2,594
Total	55.1	53.4	10.3	0.4	32.2	10.6	1.6	44.9	100.0	3,451

Note: If more than one method is used, only the most effective method is considered in this tabulation.
[1] Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly and lactational amenorrhoea method
[2] See Table 15.8.1 for the list of decisions
[3] See Table 15.9.1 for the list of reasons
[4] See Table 15.10.1 for the list of reasons

15.9 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S STATUS

Women's fertility preferences are commonly lower than those of their partners. As a woman becomes more empowered to negotiate fertility decision-making, she has more control over contraceptive use and consequently, her chances of becoming pregnant and giving birth. Table 15.14 shows how women's ideal family size and their unmet need for family planning vary by the three indicators of women's empowerment.

Table 15.14 Women's empowerment and ideal number of children and unmet need for family planning

Mean ideal number of children for women age 15-49 and the percentage of currently married women age 15-49 with an unmet need for family planning, by indicators of women's empowerment, Namibia 2006-07

	All women		Percentage of currently married women with an unmet need for family planning[2]			
Empowerment indicator	Mean ideal number of children[1]	Number of women	For spacing	For limiting	Total	Number of women
Number of decisions in which women participate[3]						
0	4.1	301	4.6	4.7	9.2	307
1-2	4.3	460	7.3	4.0	11.3	471
3-4	3.6	2,643	3.1	2.5	5.6	2,672
Number of reasons for which wife beating is justified [4]						
0	2.9	6,298	3.5	2.6	6.1	2,253
1-2	3.2	1,992	3.6	3.3	6.9	659
3-4	3.6	1,065	6.0	3.4	9.4	365
5	3.9	352	5.0	4.1	9.2	173
Number of reasons given for refusing to have sexual intercourse with husband[5]						
0	3.1	597	4.5	4.7	9.2	219
1-2	3.2	1,933	6.0	2.2	8.2	638
3	3.0	7,176	3.2	2.9	6.2	2,594
Total	3.1	9,706	3.8	2.9	6.7	3,451

[1] Mean excludes respondents who gave non-numeric responses.
[2] See table 7.3.1 for the definition of unmet need for family planning
[3] Restricted to currently married women. See Table 15.8.1 for the list of decisions.
[4] See Table 15.9.1 for the list of reasons
[5] See Table 15.10.1 for the list of reasons

The less empowered the woman is, the larger is her family size because she has less opportunity to decide on the number of the children she wants. The data also indicate that family size decreases with the increasing number of decisions in which a woman has a final say. For example, the mean ideal number of children for women who participate in none of the decisions is 4.1 children compared with 3.6 children for women who participate in 3-4 decisions. Table 15.14 also indicates that, in general, more empowered women are more likely to meet their family planning needs.

15.10 WOMEN'S STATUS AND REPRODUCTIVE HEALTH CARE

Table 15.15 examines whether women's use of antenatal, delivery, and postnatal care services from health workers varies by their level of empowerment as measured by the three indicators of empowerment. In societies where health care is widespread, women's empowerment may not affect their access to reproductive health services; in other societies, however, increased empowerment of women is likely to increase their ability to seek out and use health services to better meet their own reproductive health goals, including the goal of safe motherhood.

The data indicate that there is a positive relationship between empowerment and use of health services. Women who are more empowered are more likely to receive outreach care and assistance from a health professional. For instance, 85 percent of women who do not take part in any form of decision-making received antenatal care from a health professional, compared with 95 percent of women who participate in 3-4 decisions.

Similarly, the number of reasons for which women feel that a wife is justified in refusing to have sexual intercourse with her husband has a strong positive relationship with all three indicators. For example, the proportion of women who received delivery assistance from health personnel increased from 66 percent among women who accept all the reasons justifying wife beating to 87 percent among those who say that none of the reasons are justifiable.

Table 15.15 Reproductive health care and women's empowerment

Percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Namibia 2006-07

Empowerment indicator	Received antenatal care from health personnel	Received delivery assistance from health personnel	Received postnatal care from health personnel within the first two days after delivery[1]	Number of women with a child born in the past five years
Number of decisions in which women participate [2]				
0	84.8	63.9	51.6	205
1-2	91.8	69.3	49.2	295
3-4	94.5	83.9	63.1	1,448
Number of reasons for which wife beating is justified [3]				
0	95.2	86.9	66.8	2,407
1-2	95.1	81.2	56.1	814
3-4	92.5	71.2	50.0	486
5	91.0	66.3	51.3	192
Number of reasons given for refusing to have sexual intercourse with husband [4]				
0	85.5	67.1	45.2	225
1-2	93.6	80.9	57.0	777
3	95.6	84.4	64.3	2,896
Total	94.6	82.7	61.7	3,898

Note: "Health personnel" includes doctor, nurse, midwife, or auxiliary nurse or auxiliary midwife.
[1] Includes deliveries in a health facility and not in a health facility
[2] Restricted to currently married women. See Table 14.5.1 for the list of decisions.
[3] See Table 14.6.1 for the list of reasons
[4] See Table 14.7.1 for the list of reasons

ORPHANS AND VULNERABLE CHILDREN 16

The HIV epidemic in Namibia has taken a toll on the children whose social and economic well-being has been compromised because of the serious illness or death of a parent or other adult in the household. This chapter looks at the situation of orphaned and vulnerable children (OVCs) in Namibia including the extent to which children who are orphaned and vulnerable are disadvantaged in comparison to other children. The chapter also presents information on support provided to households in which there are orphaned or vulnerable children.

By definition, the 2006-07 NDHS, which is a household survey, does not collect information on children in institutions or children who are living on the street. The exclusion of these children is not likely to have a significant effect on the values of these indicators. However, given their lack of representation, the 2006-07 NDHS results should be considered a minimum estimate of the problem of OVCs in Namibia.

The Ministry of Gender Equality and Child Welfare (MGECW) defines an orphan as a child below age 18 with one or both parents deceased. The MGECW also has a specific definition for vulnerable children, however the definition was not yet available when the NDHS data were collected. The 2006-07 NDHS defined a vulnerable child as a child below age 18 who has a chronically ill parent or who lives in a household where an adult has been chronically ill or has died in the 12 months preceding the survey. Chronically ill is defined as an adult who cannot take part in basic household chores for at least three of the last 12 months.

16.1 ORPHANS AND VULNERABLE CHILDREN

16.1.1 Children's Living Arrangements and Orphanhood

Information was collected in the household questionnaire on the living arrangements and survival status of all children under age 18 resident in the households included in the 2006-07 NDHS sample. These data are presented in Table 16.1. Household heads were asked about the survival status of the biological parents of each child residing in the household. Biological parents were emphasized to avoid measuring the survival status of foster parents. If the household head was not sure of the status of one of the parents the survival status was left as missing.

Only one-quarter of the children in Namibia live with both parents. Children in the wealthiest households were most likely to be living with both parents (40 percent), while less than 20 percent of children in Ohangwena, Omusati, Oshana, and Oshikoto live with both parents. Erongo has the highest proportion of children living with both parents (45 percent).

Research from 10 countries in the region suggests that orphans' well-being often depends on their relatedness to the household head. The more distant the relationship between the child and the household head, the worse the outcomes are for the children (UNICEF, 2006). In Namibia, 36 percent of children under age 18 do not live with either biological parent. In rural areas, the proportion of children living away from their biological parents is 44 percent, while in urban areas the proportion is 23 percent. Interestingly, 24 percent of children live with neither parent despite both parents being alive. Children in rural areas are twice as likely as children in urban areas to not be living with either parent.

A total of 13 percent of children were paternal orphans, regardless of their mother's status and 7 percent of children were maternal orphans, regardless of father's status. Among those children, 3 percent were double orphans, implying they had lost both parents.

Table 16.1 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by children's living arrangements and survival status of parents, the percentage of children not living with a biological parent, according to background characteristics, Namibia 2006-07

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent					Total	Percentage not living with a biological parent	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead	Information missing on father/mother			
Age													
0-4	32.6	40.4	2.0	1.9	0.2	19.0	1.0	0.8	0.2	2.0	100.0	23.0	5,461
<2	36.7	49.8	1.1	0.9	0.1	8.3	0.3	0.2	0.0	2.7	100.0	11.4	2,236
2-4	29.7	33.8	2.6	2.5	0.3	26.4	1.5	1.2	0.3	1.6	100.0	31.0	3,224
5-9	27.5	25.5	5.4	4.6	0.7	26.9	2.8	3.7	1.4	1.7	100.0	36.4	5,278
10-14	20.7	20.5	7.8	5.8	0.9	25.2	5.8	7.3	4.5	1.5	100.0	44.2	5,420
15-17	19.2	17.8	9.2	4.7	1.9	24.0	7.0	7.5	5.4	3.3	100.0	47.2	2,774
Sex													
Male	25.9	27.8	5.6	4.4	0.9	22.7	3.8	4.5	2.5	1.9	100.0	35.4	9,475
Female	25.7	26.6	5.7	4.0	0.7	24.6	3.7	4.3	2.6	2.0	100.0	37.3	9,457
Residence													
Urban	34.9	29.9	4.6	6.1	1.4	14.1	2.3	2.4	2.0	2.3	100.0	23.1	6,604
Rural	21.0	25.8	6.2	3.1	0.5	28.8	4.6	5.5	2.8	1.8	100.0	43.5	12,329
Region													
Caprivi	29.6	20.7	12.9	3.4	1.8	14.4	5.4	5.8	4.9	1.2	100.0	31.6	1,044
Erongo	44.8	23.3	3.8	6.4	0.7	13.9	1.5	2.3	1.5	1.9	100.0	21.1	893
Hardap	34.5	29.6	6.5	2.2	1.0	17.0	2.5	2.0	1.5	3.1	100.0	26.1	545
Karas	32.1	32.2	4.9	4.0	0.4	17.8	2.3	2.3	1.5	2.4	100.0	26.4	558
Kavango	34.5	25.9	7.2	4.5	1.1	15.2	3.0	3.8	3.0	1.7	100.0	26.7	2,404
Khomas	36.8	32.1	3.0	7.4	1.3	11.5	2.2	1.6	1.5	2.6	100.0	19.4	2,676
Kunene	26.5	27.7	3.7	1.7	0.2	28.7	2.7	2.7	0.4	5.6	100.0	40.1	655
Ohangwena	12.2	27.2	5.3	3.1	0.3	34.0	5.2	6.9	3.2	2.5	100.0	51.9	2,621
Omaheke	26.0	24.9	2.8	3.8	0.4	32.7	3.4	3.1	1.0	1.9	100.0	42.0	892
Omusati	13.7	24.0	6.2	3.2	0.4	35.2	4.9	7.5	3.3	1.5	100.0	52.4	2,236
Oshana	17.5	28.4	8.3	2.9	0.8	25.8	4.8	6.2	3.9	1.5	100.0	42.1	1,490
Oshikoto	18.0	29.2	5.5	3.3	0.8	30.0	4.8	5.0	2.5	0.9	100.0	43.3	1,936
Otjozondjupa	36.3	27.2	2.8	4.9	0.6	22.5	2.7	1.7	0.6	0.9	100.0	28.3	984
Wealth quintile													
Lowest	23.5	26.8	7.4	2.2	0.6	24.8	4.6	5.5	2.8	1.8	100.0	39.5	4,499
Second	17.8	27.5	6.9	3.1	0.7	27.9	4.8	5.6	3.3	2.4	100.0	44.0	4,341
Middle	23.9	26.0	5.6	4.0	0.7	27.7	3.9	4.6	2.2	1.5	100.0	39.9	3,749
Fourth	28.1	29.8	4.5	4.6	0.8	21.3	3.2	3.5	2.3	1.9	100.0	32.2	3,218
Highest	40.2	26.2	2.7	8.2	1.4	13.9	1.7	2.0	1.6	2.2	100.0	21.3	3,126
Total <15	27.0	28.8	5.0	4.1	0.6	23.6	3.2	3.9	2.0	1.7	100.0	34.5	16,160
Total <18	25.8	27.2	5.6	4.2	0.8	23.7	3.8	4.4	2.5	2.0	100.0	36.4	18,933

Note: Table is based on de jure household members, i.e., usual members. Total includes one child with information missing on sex.

The 2000 NDHS collected information on orphanhood only for children under age 15. Table 16.1 shows orphanhood and living arrangements for children under age 15 for comparison with the 2000 survey data. The number of double orphans under age 15 increased from 1 percent in 2000 to 2 percent in 2006-07. The proportion of children under 15 who had lost one or both parents increased from 15 percent to 17 percent between 2000 and 2006-07.

16.1.2 Orphaned and Vulnerable Children

The MGECW recognizes that children whose parents are ill for an extended period or who live in households where other adults suffer from chronic illness can experience substantial hardship, as serious illness may limit the resources available to feed, clothe, and educate a family's youngest members. The 2006-07 NDHS included questions to determine if any adults in the household (including the child's parents) had been chronically ill during the 12 months preceding the survey. Members of the household were considered to be chronically ill if they had been very sick, i.e., too sick to work or do normal activities for a period of at least three months during the past year. Questions were also included for children whose parents were not living in the same household at the time of the survey to determine if the parent(s) had been chronically ill in the past 12 months. In addition, the household head was asked if any adult (age 18-59) in the household died in the past year and whether that adult was sick for three of the 12 months preceding the death. A child in any of these situations is classified as vulnerable.

Table 16.2 shows the proportion of children considered to be orphaned or vulnerable. At the time of the 2006-07 NDHS, 28 percent of children were orphaned or vulnerable. Seventeen percent of children were orphaned and 14 percent were vulnerable. The number of orphans and the number of vulnerable children do not sum to the number of OVCs because some children fall in both categories. Among the children classified as vulnerable, the majority live in a household where an adult had been very sick for at least three of the past 12 months.

Table 16.2 Orphans and vulnerable children (OVC)

Percentage of de jure children under age 18 years who are orphans or made vulnerable due to illness of an adult member of the household, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of children with one or both parents dead (orphans)	Percentage of children who:			Percentage of children who have a very sick parent OR live in a household where an adult has been very sick OR died in the past 12 months (vulnerable children)	Percentage of children who are orphans and/or vulnerable (orphans)	Number of children
		Have a very sick parent for at least 3 months in the past 12 months[1]	Live in a household where at least 1 adult who has been very sick for at least 3 months in the past 12 months[2]	Live in a household where at least 1 adult who died in the past 12 months and had been very sick for at least 3 months before he/she died[2]			
Age							
0-4	4.2	4.9	10.0	3.8	13.9	17.0	5,461
<2	1.6	4.3	10.4	3.5	13.8	14.8	2,236
2-4	6.0	5.4	9.8	4.0	14.0	18.6	3,224
5-9	14.1	5.8	9.8	3.5	13.7	24.9	5,278
10-14	26.7	6.6	10.8	3.6	15.2	36.7	5,420
15-17	31.2	6.9	10.8	3.6	15.3	40.1	2,774
Sex							
Male	17.5	6.2	10.4	3.7	14.5	28.6	9,475
Female	17.2	5.7	10.2	3.6	14.4	27.8	9,457
Residence							
Urban	12.9	4.9	8.2	2.0	10.8	21.3	6,604
Rural	19.8	6.5	11.4	4.5	16.4	31.9	12,329
Region							
Caprivi	31.1	10.8	13.8	5.1	19.5	41.9	1,044
Erongo	9.7	4.8	9.1	1.4	10.2	18.6	893
Hardap	14.1	5.5	9.9	4.5	14.8	26.1	545
Karas	11.6	5.2	8.4	2.1	10.3	21.0	558
Kavango	18.1	7.2	13.9	4.5	17.8	31.4	2,404
Khomas	9.8	4.8	6.5	1.4	8.5	16.9	2,676
Kunene	9.8	4.5	7.1	2.5	10.2	19.2	655
Ohangwena	21.3	5.7	10.4	5.0	16.2	33.4	2,621
Omaheke	10.8	3.4	4.8	3.8	9.0	18.5	892
Omusati	22.7	6.4	11.6	3.0	16.1	34.3	2,236
Oshana	24.3	6.6	12.8	4.3	17.9	36.7	1,490
Oshikoto	18.7	6.4	12.2	5.0	17.7	32.0	1,936
Otjozondjupa	8.9	3.6	6.9	2.9	10.3	17.8	984
Wealth quintile							
Lowest	21.2	6.9	13.1	4.9	17.8	34.0	4,499
Second	21.4	7.0	12.7	5.2	18.6	34.7	4,341
Middle	17.1	6.8	10.9	3.4	15.1	29.0	3,749
Fourth	14.6	4.8	6.6	2.4	10.3	22.6	3,218
Highest	9.5	3.3	5.9	1.1	7.1	15.8	3,126
Total <15	15.0	5.8	10.2	3.6	14.3	26.2	16,160
Total <18	17.4	6.0	10.3	3.6	14.4	28.2	18,933

Note: Table is based only on children who usually live in the household. Very sick means person was too sick to work or do normal activities. Total includes one child with information missing on sex

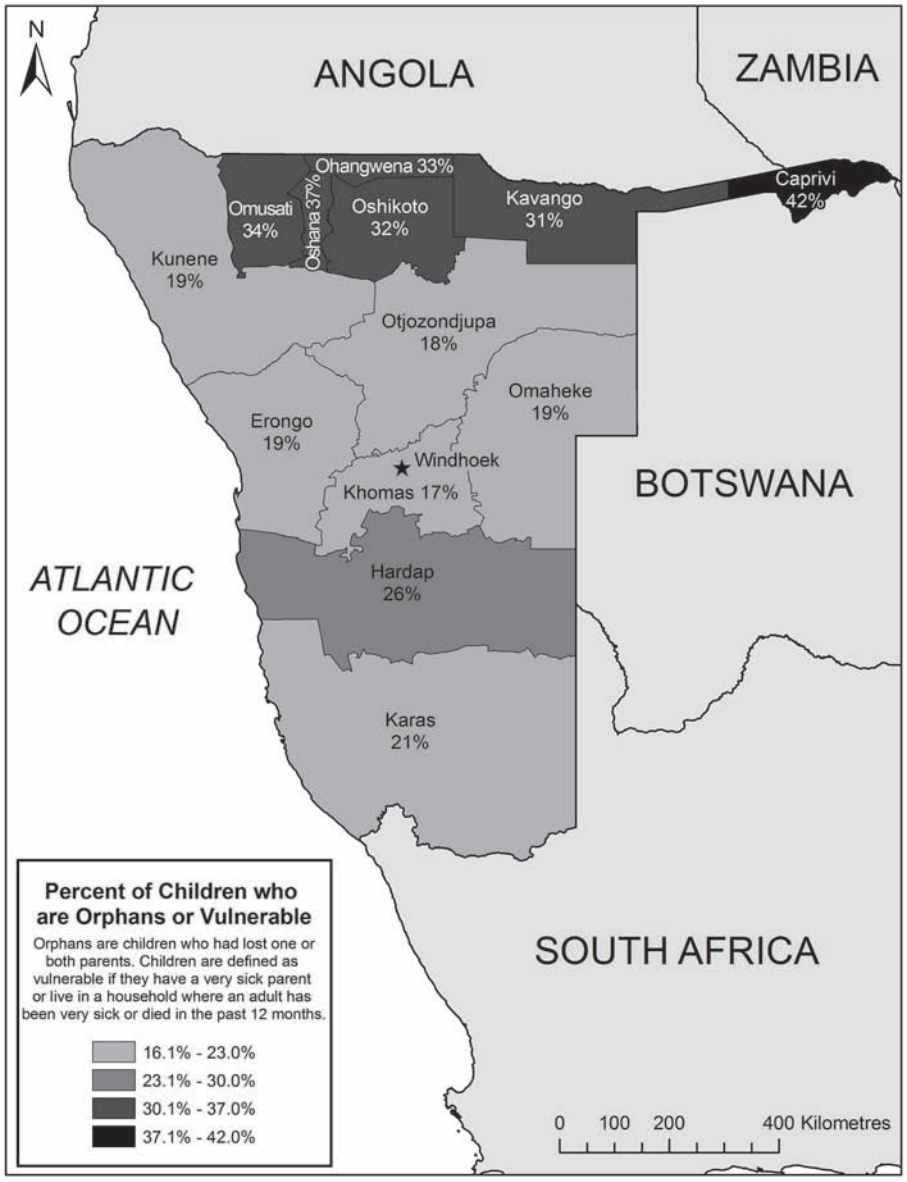
[1] Whether or not sick parent lives in same household as child

[2] Persons age 18-59

The proportion of children considered OVCs increases with age from 15 percent among children age two to 40 percent among those age 15-17. There are smaller proportions of OVCs in urban areas than in rural areas (21 and 32 percent, respectively). The proportion of OVCs is highest in the poorest wealth quintile (34 percent) and lowest for those in the wealthiest quintile (16 percent), suggesting that children in the poorer households are more likely to have a chronically ill adult present or to have experienced the death of an adult in the household.

Table 16.2 and Figure 16.1 show the proportion of OVCs by region in Namibia. Caprivi region has the highest proportion of OVCs (42 percent), while in Erongo, Khomas, Kunene, Omaheke, and Otjozondjupa less than 20 percent of children are OVCs.

Figure 16.1 OVC Population, Namibia 2006-07



16.2 SOCIAL AND ECONOMIC SITUATION OF ORPHANED AND VULNERABLE CHILDREN

As the HIV epidemic matures, it is important to monitor the OVC situation to ensure that the needs of these children are met. Information collected in the 2006-07 NDHS household questionnaire can be used to examine several important aspects of the social and economic situation of orphaned and vulnerable children. The questionnaire includes information on school attendance, possession of items considered basic for meeting a child's material needs, residence with siblings, and nutritional status. These results provide a means for assessing the impact on children's welfare of the chronic illness and/or death of parents or other adult members of the household (UNICEF, 2005).

16.2.1 School Attendance

Orphaned and vulnerable children are at greater risk of dropping out of school. This can happen for many reasons, such as the inability to pay school fees, the need to help with household work, or the need to stay home to care for a sick parent or younger siblings. Table 16.3 presents data on school attendance rates for children age 10-14. The first few columns of the table compare the situation of children who have lost both parents and the situation of children whose parents are both alive and the child is living with at least one parent. The rest of the columns compare school attendance for the entire population of OVCs with school attendance of children who are neither orphaned nor vulnerable. School attendance ratios are presented of the proportion of orphans to non-orphans living with at least one parent and OVCs to non-OVCs.

The results in Table 16.3 indicate that double orphans do not fare worse in school attendance than children living with at least one biological parent. This is also true for OVCs versus non-OVCs: OVCs age 10-14 were just as likely to be attending school as non-OVCs. Data at the regional level should be used with caution because of the small number of OVCs in several regions. For example, the attendance figures in Kunene are an exception to the general pattern because the proportion of OVCs attending school is higher than the proportion of non-OVCs attending school (67 percent compared with 51 percent).

Table 16.3 School attendance by survivorship of parents and by OVC status

For de jure children 10-14 years of age, the percentage attending school by survivorship of parents and OVC status and the ratios of the percentages attending for parental survival and OVC status, by background characteristics, Namibia 2006-07

	Percentage of children attending school by survivorship of parents					Percentage of children attending school by OVC status				
						OVC		Non-OVC		
Background characteristic	Both parents dead	Number	Both parents alive; child living with at least one parent	Number	Ratio[1]	Percentage attending school	Number	Percentage attending school	Number	Ratio[2]
Sex										
Male	93.4	134	92.8	1,317	1.01	93.3	976	91.7	1,709	1.02
Female	93.9	112	95.3	1,231	0.99	96.0	1,010	94.6	1,724	1.01
Residence										
Urban	95.9	68	96.2	1,174	1.00	94.8	497	95.8	1,323	0.99
Rural	92.8	179	92.1	1,374	1.01	94.5	1,490	91.5	2,110	1.03
Region										
Caprivi	(98.6)	26	96.1	107	1.03	96.8	155	95.6	131	1.01
Erongo	*	2	94.8	156	*	(95.4)	56	95.2	170	1.00
Hardap	*	4	94.1	92	*	97.8	53	91.9	109	1.07
Karas	*	5	98.3	98	*	97.2	46	97.4	118	1.00
Kavango	(90.9)	38	90.7	388	1.00	90.6	279	89.2	445	1.02
Khomas	*	24	98.1	518	*	99.5	144	98.2	546	1.01
Kunene	*	1	57.4	78	*	67.0	42	51.6	109	1.30
Ohangwena	(84.5)	46	95.9	246	0.88	93.8	340	94.0	458	1.00
Omaheke	*	4	80.2	75	*	80.9	49	81.0	124	1.00
Omusati	(96.4)	37	99.6	242	0.97	97.9	322	98.5	446	0.99
Oshana	(100.0)	33	99.2	186	1.01	98.6	216	98.1	266	1.01
Oshikoto	*	21	95.0	229	*	95.2	233	96.5	344	0.99
Otjozondjupa	*	4	88.3	134	*	91.0	53	87.1	168	1.04
Wealth quintile										
Lowest	90.0	64	89.5	536	1.01	92.1	563	89.1	765	1.03
Second	95.9	74	92.4	491	1.04	94.2	552	92.4	720	1.02
Middle	90.6	41	93.0	414	0.97	95.8	430	90.8	604	1.05
Fourth	93.9	38	96.9	504	0.97	95.5	258	96.0	644	1.00
Highest	100.0	28	97.6	604	1.02	99.3	184	97.9	700	1.01
Total	93.6	246	94.0	2,548	1.00	94.6	1,987	93.2	3,434	1.02

Note: Table is based on children who usually live in the household. Total includes one child with information missing on sex. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

[1] Ratio of the percentage with both parents deceased to the percentage with both parents alive and living with a parent

[2] Ratio of the percentage for OVC to the percentage for non-OVC

16.2.2 Basic Material Needs

The 2006-07 NDHS collected information on whether children age 5-17 in the household had basic material needs; i.e., a pair of shoes, two sets of clothes, and a blanket. Table 16.4 shows the results of these questions for all children and for OVCs. Only 50 percent of children age 5-17 in Namibia had all of the specified items. Ownership of the basic material needs for children does not vary by the child's age or sex. Urban children are more likely to have the material needs met than rural children (73 percent and 37 percent, respectively). As expected, there is a clear association between household wealth status and whether children in the household had the three items. Across regions, children in Ohangwena and Kavango were the least likely to have the three materials (12 percent and 18 percent, respectively). On the other hand, 85 percent of children in Khomas have these materials.

Table 16.4 Possession of basic material needs by orphans and vulnerable children

Among de jure children age 5-17 years, the percentage possessing three minimum basic material needs, the percentage of OVCs and non-OVCs who possess all three basic material needs, and the ratio of the percentage for OVCs to the percentage for non-OVCs, by background characteristics, Namibia 2006-07

Background characteristic	Among children age 5-17, percentage possessing:					Percentage possessing all three basic needs, by OVC status				
						OVC		Non-OVC		
	Shoes	Two sets of clothes	Blanket	All three basic needs[1]	Number of children	Percentage possessing all three basic needs	Number	Percentage possessing all three basic needs	Number	Ratio[2]
Age										
5-9	63.2	70.4	55.3	48.4	5,278	37.3	1,313	52.1	3,965	0.72
10-14	63.8	69.7	57.5	49.3	5,420	40.7	1,987	54.3	3,434	0.75
15-17	67.3	71.9	63.3	54.2	2,774	45.8	1,112	59.7	1,662	0.77
Sex										
Male	63.6	70.1	58.1	50.2	6,741	41.3	2,223	54.5	4,517	0.76
Female	65.0	70.8	57.6	49.8	6,731	40.7	2,188	54.1	4,543	0.75
Age of household head										
<25	72.1	76.7	64.8	58.0	396	48.9	147	63.3	249	0.77
25-49	69.4	75.7	63.7	56.6	6,609	46.9	1,809	60.2	4,800	0.78
50+	58.6	64.7	51.4	42.7	6,467	36.2	2,456	46.7	4,011	0.77
Child's status										
Orphan	60.9	68.0	54.6	44.5	2,442	44.5	2,442	na	na	na
Vulnerable	55.1	64.2	47.3	37.5	1,353	37.5	1,353	na	na	na
Orphan and vulnerable	50.7	60.8	44.0	34.9	617	34.9	617	na	na	na
Not orphan or vulnerable	67.5	72.7	61.3	54.3	9,060	na	na	54.3	9,060	na
Residence										
Urban	81.4	87.8	77.4	73.2	4,776	62.3	1,178	76.7	3,599	0.81
Rural	55.0	60.9	47.1	37.2	8,696	33.2	3,235	39.6	5,462	0.84
Region										
Caprivi	63.0	66.3	65.6	52.1	730	47.7	355	56.2	374	0.85
Erongo	83.0	88.0	79.5	75.6	626	61.6	133	79.4	493	0.78
Hardap	80.9	91.6	81.5	74.1	388	68.2	115	76.6	273	0.89
Karas	81.7	89.0	80.3	73.9	402	73.6	96	74.1	305	0.99
Kavango	32.1	53.1	25.8	17.9	1,740	18.1	628	17.8	1,112	1.02
Khomas	90.9	93.0	87.9	85.0	1,912	77.2	387	87.0	1,525	0.89
Kunene	35.5	41.4	41.1	28.7	409	26.3	98	29.5	312	0.89
Ohangwena	36.6	37.3	19.0	12.3	1,923	11.9	720	12.5	1,203	0.95
Omaheke	74.2	85.2	74.3	66.5	525	65.0	128	67.0	397	0.97
Omusati	74.7	74.8	72.5	61.6	1,701	55.7	647	65.3	1,053	0.85
Oshana	73.4	80.9	60.3	51.3	1,129	44.8	471	55.9	659	0.80
Oshikoto	67.0	72.6	54.1	42.8	1,401	30.3	519	50.2	881	0.60
Otjozondjupa	80.6	85.7	77.5	72.4	587	62.7	116	74.8	471	0.84
Wealth quintile										
Lowest	36.4	44.9	32.2	20.9	3,234	20.2	1,268	21.4	1,966	0.95
Second	54.2	62.5	43.7	33.6	3,089	32.3	1,207	34.4	1,882	0.94
Middle	68.2	75.3	60.4	50.8	2,538	44.7	896	54.1	1,642	0.83
Fourth	82.6	86.9	75.9	70.8	2,283	62.8	617	73.8	1,666	0.85
Highest	94.4	95.0	91.7	90.7	2,329	88.2	424	91.2	1,905	0.97
Total	64.3	70.4	57.9	50.0	13,473	41.0	4,412	54.3	9,060	0.75

Note: Table is based on children who usually live in the household. Total includes one child with information missing on sex
na = Not applicable
[1] Shoes, two sets of clothing, a blanket
[2] Ratio of the percentage for OVCs to the percentage for non-OVCs

OVCs are less likely to have the three items than non-OVCs: 41 percent of OVCs had all three items compared with 54 percent of non-OVCs. This differential was most pronounced in Oshikoto, where 30 percent of OVCs had the items compared with 50 percent of non-OVCs. The gap in material needs between OVCs and non-OVCs was least pronounced in Kavango, Karas, Omaheke, and Ohangwena.

The table differentiates between children who are orphaned and children who are vulnerable. Children who are orphaned could have been orphaned for up to 17 years while children who are vulnerable tend to be in a crisis period in their life, because a parent or adult in the household is chronically ill or an adult has recently died. Table 16.4 shows that 54 percent of children who are not orphans or vulnerable have these items, compared with 45 percent of orphans and 38 percent of vulnerable children. Only 35 percent of children who were classified as both orphaned and vulnerable had all three items.

16.2.3 Orphans Living with Siblings

A common coping strategy of families when a head of household has died is to separate the children to distribute the burden of caring for the children. This often leads to additional trauma for the children. Sibling connections are particularly important after the death of a parent; continuing sibling bonds can help children maintain a sense of cohesion within a family. Table 16.5 presents information about orphans who are not living with their siblings. Questions about living arrangements were only asked for siblings younger than age 18 because older siblings are likely to leave the home to get married or to move for work or for school.

Table 16.5 shows that 55 percent of children who are orphaned do not live with all of their siblings under the age of 18. As expected, older children are more likely than younger children to live apart from their siblings. Male children and maternal orphans are also more likely to live apart from their siblings. The proportion of orphans not living with siblings varies by urban-rural residence: 46 percent in urban areas compared with 57 percent in rural areas. There are variations by region, suggesting that there may be cultural differences affecting whether children are separated from their siblings after the death of a parent.

Table 16.5 Orphans not living with siblings

Among orphans under age 18 who have one or more siblings under age 18 years, the percentage who do not live with all their siblings under age 18, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of orphans not living with all siblings	Number of orphans with one or more siblings
Age		
0-4	44.5	76
5-9	54.8	320
10-14	53.8	653
15-17	57.6	422
Sex		
Male	57.6	748
Female	51.6	724
Orphanhood status		
Maternal orphan	58.3	387
Paternal orphan	52.9	909
Both parents dead	55.5	175
Residence		
Urban	46.4	340
Rural	57.1	1,132
Region		
Caprivi	40.6	121
Erongo	(27.9)	28
Hardap	(39.9)	23
Karas	(40.8)	30
Kavango	43.3	185
Khomas	(61.4)	82
Kunene	(66.1)	36
Ohangwena	55.5	226
Omaheke	62.9	57
Omusati	63.4	229
Oshana	56.1	219
Oshikoto	65.6	191
Otjozondjupa	36.5	44
Wealth quintile		
Lowest	58.7	432
Second	52.8	451
Middle	52.8	311
Fourth	51.6	174
Highest	56.1	104
Total	54.6	1,472

Note: Table is based on children who usually live in the household. Figures in parentheses are based on 25-49 unweighted cases.

16.2.4 Nutritional Status

Research on the nutritional status of orphans has produced conflicting results and is limited by the small number of young children who are orphans. However, adding in the vulnerable children provides adequate numbers of children under age five for comparison. It should be noted that the data on underweight status reflect a child's overall growth progression during his/her lifetime. Also, children's status as orphaned or vulnerable may be recent and may not yet be reflected in the child's nutritional status.

Table 16.6 considers the effect of orphanhood on the nutritional status of children under age five. The results show that overall, 22 percent of children in Namibia are underweight. OVCs are more likely to be underweight than non-OVCs (27 percent and 21 percent, respectively). Interestingly, the differential between OVCs and non-OVCs is most pronounced in the wealthiest households where the percentage of children who are underweight is 17 percent for OVCs compared with 8 percent for non-OVCs.

Table 16.6 Underweight orphans and vulnerable children

Among de jure children under age five who slept in the household the night before the survey, percentage who are underweight, and percentage underweight by OVC status, according to background characteristics, Namibia 2006-07

	Children under five						
			OVCs		Non-OVCs		
Background characteristic	Percentage of children under five who are underweight[1]	Number of children	Percentage underweight[1]	Number of OVCs	Percentage underweight[1]	Number of non-OVCs	Ratio[2]
Age							
<1 year	8.8	938	11.0	142	8.4	797	1.31
1-2 years	26.6	1,983	29.7	317	26.0	1,666	1.15
3-4 years	22.8	1,876	30.5	358	21.0	1,518	1.46
Sex							
Male	22.0	2,403	27.5	422	20.9	1,982	1.32
Female	21.2	2,394	26.1	394	20.2	1,999	1.29
Residence							
Urban	15.1	1,530	17.7	187	14.7	1,343	1.20
Rural	24.7	3,267	29.6	629	23.5	2,637	1.26
Region							
Caprivi	19.0	272	10.7	68	21.7	204	0.49
Erongo	9.8	220	*	24	10.2	196	0.62
Hardap	22.8	134	(26.3)	24	22.0	110	1.19
Karas	21.5	131	(16.4)	19	22.3	113	0.74
Kavango	22.8	595	27.7	111	21.6	484	1.28
Khomas	14.9	628	(29.8)	57	13.4	571	2.22
Kunene	20.2	205	(20.3)	23	20.2	182	1.01
Ohangwena	27.5	625	30.7	143	26.5	482	1.16
Omaheke	16.8	320	(24.3)	25	16.1	295	1.51
Omusati	25.3	500	27.5	113	24.6	387	1.12
Oshana	27.4	330	37.6	72	24.6	258	1.53
Oshikoto	25.9	487	31.6	85	24.7	402	1.28
Otjozondjupa	18.8	348	25.9	52	17.6	296	1.47
Wealth quintile							
Lowest	27.3	1,142	31.6	232	26.3	910	1.20
Second	27.8	1,121	32.7	272	26.2	849	1.25
Middle	21.2	1,058	19.4	167	21.5	892	0.91
Fourth	16.0	800	17.1	88	15.8	711	1.08
Highest	9.1	676	16.5	57	8.4	618	1.96
Total	21.6	4,797	26.8	816	20.5	3,981	1.31

Note: Table is based on children who usually live in the household and who also slept in household the night preceding the interview. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.
[1] Two or more standard deviations below mean of the WHO Child Growth Standards for weight-for-age
[2] Ratio of the percentage for OVCs to the percentage for non OVCs

16.2.5 Sex before Age 15

Teenage orphans and vulnerable children may be at a greater higher risk of early sexual debut because they may lack adult guidance to help them to protect themselves. The 2006-07 NDHS collected information on sexual activity for all respondents age 15-49. Information on OVC status was collected for all children in the household under the age of 18. The availability of these data allow for analysis of sexual behaviour of OVCs age 15-17, to see whether they are at increased risk of HIV or sexually transmitted infections.

Table 16.7 shows that young women who are OVCs are more likely to have sex before age 15 than non-OVCs (10 percent compared with 7 percent). There were no significant differences among young men by OVC status.

Table 16.7 Sexual intercourse before age 15 among orphans and vulnerable children

Percentage of de jure children age 15-17 who had sexual intercourse before exact age 15, by OVC status, and ratio of the percentage for OVCs to the percentage for non-OVCs, by sex, Namibia 2006-07

	Women		Men	
OVC status	Percentage who had sexual intercourse before exact age 15	Number of women	Percentage who had sexual intercourse before exact age 15	Number of men
OVC	10.1	474	20.6	199
Non-OVC	7.1	784	19.5	322
Total	8.2	1,259	19.9	522
Ratio	1.41	na	1.06	na

Note: Table is based on children who usually live in the household and who also slept in household the night preceding the interview
na = Not applicable
[1] Ratio of the percentage for OVCs to the percentage for non-OVCs

16.3 CARE AND SUPPORT FOR OVCS

Families are the best hope for the care of orphaned and vulnerable children, but they require support from outside sources. Families need a combination of economic, material, and psychosocial support. Areas of interventions that can help families include: improvement of household economic capacity; provision of psychosocial support to affected children and their caregivers; strengthening and supporting childcare capacities; support of succession planning; prolonging the lives of parents; and strengthening young people's life skills. A partnership of governmental and community agencies, including faith-based organizations, will be needed to provide this support (UNICEF, 2005). The 2006-07 NDHS collected data for measuring several indicators of the extent to which families and communities are recognizing and addressing the need to care for young children who are orphaned and/or vulnerable.

16.3.1 Succession Planning

If developed properly, succession planning can ensure that children receive appropriate care and support in the event of the death of a parent or primary caregiver. In the 2006-07 NDHS, respondents who were primary caregivers for children under the age of 18 were asked, *'Have you made arrangements for someone to care for [your children] in the event that you fall sick or are unable to care for them?'* This question is used as a proxy measure for succession planning.

Table 16.8 shows that 58 percent of women and men are primary caregivers for children under age 18. Women are more likely than men to care for children (63 percent and 45 percent, respectively). The burden of caring for children is higher among less educated and poorer respondents.

Table 16.8 Succession planning

Percentage of de facto women and men age 15-49 who are primary caregivers for children under age 18, and among the primary caregivers, the percentage who have made arrangements for someone else to care for the children in the event of their own inability to do so because of illness or death, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of women and men who are primary caregivers	Number of women and men	Percentage of caregivers who have made succession arrangements	Number of primary caregivers
Age				
15-19	9.0	3,156	42.9	284
20-29	57.3	4,930	47.6	2,826
30-39	87.1	3,448	50.7	3,003
40-49	82.9	2,185	49.0	1,811
Sex				
Male	45.3	3,915	52.3	1,774
Female	62.7	9,804	48.0	6,149
Education				
No education/preschool	75.7	1,010	33.4	765
Incomplete primary	68.0	2,555	38.8	1,737
Complete primary	59.4	988	43.8	587
Incomplete secondary	51.1	6,355	49.4	3,245
Complete secondary	55.2	1,823	64.2	1,007
More than secondary	59.0	987	75.7	582
Residence				
Urban	58.1	6,735	59.5	3,916
Rural	57.4	6,984	38.7	4,008
Region				
Caprivi	64.6	663	24.0	429
Erongo	61.8	1,050	65.0	650
Hardap	62.3	447	46.9	279
Karas	62.8	475	69.1	298
Kavango	62.7	1,264	36.6	792
Khomas	56.2	3,202	63.0	1,799
Kunene	67.1	351	40.8	236
Ohangwena	51.9	1,349	26.7	700
Omaheke	64.3	562	56.9	361
Omusati	50.4	1,294	37.2	652
Oshana	52.6	1,090	36.4	573
Oshikoto	53.3	1,159	54.0	617
Otjozondjupa	66.2	811	59.5	537
Wealth quintile				
Lowest	60.6	2,181	28.3	1,322
Second	55.1	2,275	35.5	1,253
Middle	60.5	2,760	44.9	1,670
Fourth	61.6	3,254	57.3	2,006
Highest	51.5	3,249	69.3	1,673
Total	57.8	13,719	48.9	7,923

Note: Table is based on women and men who slept in household the night before the survey

Less than half (49 percent) of caregivers have made succession plans for the children they look after. As expected, women and men age 15-19 are the least likely to have made these plans. The proportion of caregivers age 20 and older who have made plans for their children's care does not vary much (48-51 percent). Succession planning is more likely to be done by men than by women (52 and 48 percent, respectively). The likelihood of caregivers making succession plans increases with level of education: 33 percent among those with no education compared with 76 percent among those with more than secondary education. Caregivers in wealthier households are twice as likely to have a succession plan for their children as those in poorer households. Caregivers in Caprivi and Ohangwena are the least likely to have succession plans, while those in Karas and Erongo are the most likely to have succession plans.

16.3.2 Widows Dispossessed of Property

A common occurrence among widows in Namibia is the dispossession of property by her husband's relatives. Dispossession of property worsens the situation of people who care for children and the children themselves. It is important, therefore, to ensure that inheritance laws include enforcement mechanisms to protect the rights of women and children to inherit property after the death of the husband or father (UNICEF, 2005). The 2006-07 NDHS asked women who had been widowed whether they received any of their late husband's assets or valuables.

Table 16.9 presents information on widows disposed of property. It shows the proportion of women who were or are widows (ever-widowed) and the prevalence of dispossession. Only 3 percent of women reported having ever been widowed. Among those women, 40 percent said that they did not receive any of their husband's assets. The number of widowed women who were dispossessed of their husband's assets is too small to be analyzed by background characteristics. Widows in poorest households are twice as likely to be dispossessed as those in wealthier households.

Table 16.9 Widows dispossessed of property

Percentage of de facto women age 15-49 who are, or have ever been, widowed, and the percentage of these women who have been dispossessed of their late husband's property, by background characteristics, Namibia 2006-07

Background characteristic	Percentage of ever-widowed women	Number of women	Among ever-widowed women: Percentage who were dispossessed of property[1]	Among ever-widowed women: Number of women
Age				
15-19	0.1	2,246	*	1
20-29	0.7	3,478	53.9	24
30-39	4.1	2,462	31.2	100
40-49	11.8	1,618	42.5	191
Marital status				
Married	1.9	3,451	55.9	64
Widowed	100.0	252	35.9	252
Age of youngest child				
No children	0.3	3,326	*	9
< 18 years	4.5	6,253	41.3	283
18+ years	11.1	225	(32.6)	25
Residence				
Urban	2.1	4,772	33.9	100
Rural	4.3	5,032	42.8	216
Region				
Caprivi	9.6	474	33.1	45
Erongo	2.9	688	*	20
Hardap	2.5	315	*	8
Karas	2.2	318	*	7
Kavango	7.1	934	65.9	66
Khomas	1.0	2,218	*	22
Kunene	2.3	259	*	6
Ohangwena	3.7	1,043	(33.6)	38
Omaheke	2.5	373	*	9
Omusati	3.2	975	(21.3)	31
Oshana	3.5	819	(33.0)	29
Oshikoto	3.4	837	(34.1)	28
Otjozondjupa	1.2	550	*	7
Education				
No education/preschool	6.9	651	60.8	45
Incomplete primary	6.8	1,699	42.8	116
Complete primary	3.7	736	(25.7)	27
Incomplete secondary	2.2	4,751	34.4	103
Complete secondary	1.2	1,286	*	15
More than secondary	1.4	682	*	10
Wealth quintile				
Lowest	6.2	1,621	52.9	100
Second	4.2	1,668	31.2	69
Middle	3.4	1,885	46.8	65
Fourth	2.1	2,292	27.7	48
Highest	1.4	2,338	(23.9)	33
Total	3.2	9,804	40.0	316

Note: Table is based on women who slept in the household the night before the survey Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.
[1] Respondent received none of her late husband's assets

16.3.3 External Support for Households with OVCs

When households are no longer able to cope with the needs of a sick household member or with the number of children in need of support, it is important for the community to step in as a safety net. The impact of the HIV epidemic has forced some households to rely on outside assistance. Communities are providing that assistance in a number of ways. The 1006-07 NDHS collected information from household respondents on the extent to which free external care and support services are reaching very sick adults (age 18-59) and orphans and vulnerable children.

Table 16.10 shows, for adults age 18-59 who were chronically ill or died after a chronic illness in the year preceding the survey, the percentage who received certain types of free external support during the past year or the past 30 days, or the 30 days prior to the person's death. Among adults age 18-59 who were either very sick or died in the past 12 months, 10 percent received free medical support at least once a month during the illness, 5 percent received emotional support in the past 30 days, and 4 percent received social/material support in the past 30 days. Sixteen percent of these adults received at least one occurrence of medical, emotional, or social/material support in the past 30 days; less than 1 percent received all three types of support. The proportion of adults who received external support during a serious and lengthy illness does not vary much by background characteristics. Moreover, the number of adults who were either very sick or died in the past 12 months is too small for analysis at the regional level. Adults in rural areas are more likely than those in urban areas to have received support (17 percent and 14 percent, respectively). Sick adults in the wealthiest households are about half as likely to receive free support as those in other households.

Table 16.10 External support for very sick persons

Percentage of women and men age 18-59 who have been either very sick or who died within the past 12 months after being very sick, whose households received certain free basic external support to care for them within the past year, by background characteristics, Namibia 2006-07

	Percentage of very sick persons whose households received:						
Background characteristic	Medical support at least once a month during illness	Emotional support in the past 30 days	Social/ material support in the past 30 days	Al least one type of support in the past 30 days	All three types of support in the past 30 days	None of the three types of support	Number of persons
Age							
18-29	9.8	6.3	4.7	16.5	0.2	83.5	277
30-39	11.7	5.2	5.0	17.4	0.5	82.6	292
40-49	10.8	4.6	3.4	16.0	0.0	84.0	308
50-59	6.6	3.4	4.6	12.5	0.0	87.5	228
Sex							
Male	9.4	5.3	3.0	14.9	0.0	85.1	494
Female	10.3	4.7	5.5	16.5	0.3	83.5	611
Residence							
Urban	10.8	2.8	3.0	13.6	0.3	86.4	385
Rural	9.4	6.1	5.2	16.9	0.1	83.1	720
Region							
Caprivi	6.1	5.7	4.6	10.7	0.0	89.3	91
Erongo	7.5	3.3	1.9	10.6	0.0	89.4	75
Hardap	16.1	5.7	4.5	20.8	0.0	79.2	37
Karas	(9.5)	(12.3)	(12.9)	(17.6)	(4.7)	82.4	32
Kavango	13.9	4.6	1.7	17.3	0.0	82.7	148
Khomas	10.8	2.2	4.9	13.8	0.3	86.2	151
Kunene	7.2	1.2	0.0	8.4	0.0	91.6	28
Ohangwena	4.8	8.5	1.8	13.3	0.0	86.7	138
Omaheke	(28.5)	(0.0)	(4.7)	(28.5)	(0.0)	(71.5)	29
Omusati	7.6	6.0	5.8	17.5	0.0	82.5	127
Oshana	11.4	4.3	8.2	20.2	0.0	79.8	103
Oshikoto	7.1	6.8	8.0	18.0	0.0	82.0	97
Otjozondjupa	15.0	0.0	0.0	15.0	0.0	85.0	48
Wealth quintile							
Lowest	8.6	6.6	4.0	15.2	0.0	84.8	296
Second	7.7	5.0	5.1	15.6	0.0	84.4	251
Middle	16.1	4.6	6.9	22.5	0.2	77.5	250
Fourth	10.3	3.1	2.7	13.1	0.5	86.9	189
Highest	4.0	4.2	1.7	7.6	0.5	92.4	119
Total	9.9	4.9	4.4	15.8	0.2	84.2	1,105

Note: Table is based on women and men who usually live in the household and who were very sick (unable to work or do normal activities) in the past 12 months or who died in the past 12 months and were very sick at least 3 of the 12 months before death. Support refers to the past 30 days for living persons and in the 30 days preceding death for deceased persons. Figures in parentheses are based on 25-49 unweighted cases.

[1] Support such as companionship, counselling from a trained counsellor or spiritual support for which there was no payment

[2] Support such as help with household work, training for a caregiver, legal services, clothing, food or financial support for which there was no payment

Table 16.11 shows the percentage of orphaned and vulnerable children who live in households that received free external support. Only 17 percent of OVCs live in households that received external support. The majority of that support came in the form of social/material support, which was received by 11 percent of OVCs. School-related assistance was received by 4 percent of OVCs and 2 percent of OVCs received emotional support and 2 percent received medical support.

Table 16.11 External support for orphans and vulnerable children

Percentage of orphans and vulnerable children under age 18 whose households received certain free basic external support in the past 12 months to care for the child, by background characteristics, Namibia 2006-07

	Percentage of orphans and vulnerable children whose households received:							
Background characteristic	Medical support in the past 12 months[1]	Emotional support in the past 3 months[2]	Social/ material support in the past 3 months[3]	School-related assistance in the past 12 months[4]	Al least one type of support[5]	All of the types of support[5]	None of the types of support	Number of OVC children
Age								
0-4	1.8	1.8	5.1	na	7.7	0.0	92.3	930
5-9	1.8	1.8	10.3	3.2	14.6	0.1	85.4	1,313
10-14	2.6	2.2	14.5	5.3	20.2	0.2	79.8	1,987
15-17	2.1	2.5	12.2	6.4	19.4	0.1	80.6	1,112
Sex								
Male	2.0	1.8	11.5	4.0	16.6	0.1	83.4	2,710
Female	2.4	2.4	11.1	4.2	16.3	0.2	83.7	2,631
Child's status								
Orphan	2.9	2.6	17.6	4.7	23.2	0.2	76.8	2,612
Vulnerable	1.1	1.5	2.9	2.3	6.5	0.1	93.5	2,053
Orphan and vulnerable	2.7	1.9	12.9	6.9	20.9	0.0	79.1	677
Residence								
Urban	3.3	2.3	5.8	4.9	11.8	0.3	88.2	1,406
Rural	1.8	2.0	13.3	3.8	18.1	0.1	81.9	3,937
Region								
Caprivi	4.0	2.5	12.6	6.4	19.4	0.0	80.6	437
Erongo	4.2	2.6	1.5	0.9	9.3	0.0	90.7	166
Hardap	3.4	3.6	4.0	5.5	9.8	1.7	90.2	142
Karas	8.1	4.7	7.2	6.2	11.2	3.7	88.8	117
Kavango	1.9	0.8	2.2	4.3	7.5	0.0	92.5	754
Khomas	1.7	2.4	5.6	4.0	9.5	0.0	90.5	453
Kunene	0.8	0.4	0.5	0.8	2.1	0.0	97.9	126
Ohangwena	0.9	1.1	16.0	2.2	19.6	0.0	80.4	875
Omaheke	1.7	0.0	0.5	6.0	7.8	0.0	92.2	165
Omusati	0.5	3.5	16.4	4.6	22.0	0.0	78.0	766
Oshana	2.7	3.3	18.6	5.3	24.2	0.0	75.8	547
Oshikoto	3.3	2.3	19.1	2.7	23.6	0.0	76.4	620
Otjozondjupa	2.4	0.0	2.9	7.2	11.2	0.0	88.8	175
Wealth quintile								
Lowest	1.2	1.6	11.4	3.2	15.7	0.0	84.3	1,529
Second	2.6	2.3	13.6	3.6	18.7	0.1	81.3	1,507
Middle	2.4	2.0	13.3	5.9	19.7	0.2	80.3	1,087
Fourth	2.0	2.2	8.3	3.9	13.0	0.2	87.0	727
Highest	3.5	2.9	4.5	4.6	9.9	0.4	90.1	493
Total	2.2	2.1	11.4	4.1	16.5	0.1	83.5	5,343

Note: Table is based on de jure household members, i.e., usual household members. Total includes one child with missing information on sex.
na = Not applicable
[1] Medical care, supplies or medicine
[2] Companionship, counselling from a trained counsellor, or spiritual support for which there was no payment
[3] Help with household work, training for a caregiver, legal services, clothing, food, or financial support for which there was no payment
[4] Allowance, free admission, books, or supplies for which there is no payment. Percentage calculated for ages 5-17 years
[5] Four types of support for those age 5-17, three types of support (i.e., excluding school support) received by those age 0-4

Older children are more likely than younger children to receive external support. There were no variations in the likelihood of receiving support by sex of the OVC. Children classified in the 2006-07 NDHS as vulnerable were often in a tougher situation than children who were orphaned. This is because during the one-year period, they lived in a household where a parent or an adult household member was very sick or had recently died, whereas orphans may have lost their parents up to 17 years ago. Despite this distinction, only 7 percent of vulnerable children received at least one type of support, compared with 23 percent of orphans. Among children who were both orphaned and vulnerable, 21 percent received free external support. Support was more available to urban OVCs than rural OVCs. the OVCs in Oshana, Oshikoto, Omusati, Ohangwena, and Caprivi were the most likely to receive support (20 percent or higher), while only 2 percent of OVCs in Kunene received support.

ACCESS TO HEALTH CARE 17

Access to health care facilities, in terms of distance, time, and costs, can be a useful indicator of the quality of life of the population. Where health care services are available and within reach, people make use of the services for the benefit of themselves and their family. As in the 2000 NDHS, questions on the accessibility of health care services in the 2006-07 NDHS focused on the government health facilities, although there are a number of facilities operated by the private sector and non-governmental organizations.

In the 2006-07 NDHS, household respondents were asked "What is the name of the nearest government health facility that provides health services to this community?" The interviewer recorded the name of the facility mentioned. Respondents who were able to name a facility were further asked the mode of transport used if he/she were to go to the facility and how long it would take to go from the house to the facility using the identified mode of transport. If the facility named was not a hospital, the respondent was also asked to name the nearest government hospital; and then the same questions were asked about the mode of transport and time required to reach the nearest government hospital.

Unlike the 2000 NDHS, questions on the cost of health care services were not asked in the 2006-07 NDHS. Furthermore, the 2006-07 NDHS did not record the actual distance from the household to the nearest public health facility—which was measured in the 2000 NDHS using GPS units—making it impossible to compare the results of the two surveys.

17.1 PROXIMITY TO GOVERNMENT HEALTH FACILITIES

Table 17.1 shows the distribution of households by the nearest government health facility. A clinic is the nearest public health facility for seven in ten households in Namibia. This is to be expected because there are more clinics in the country than any other type of facility. For two in ten households, a hospital is the nearest government health facility, and 7 percent of households are nearest to a health centre.

Table 17.1 Nearest government health facility

Percent distribution of households by the nearest government health facility, according to residence and region, Namibia 2006-07

Residence/ region	Hospital	Health centre	Clinic	Outreach point	Don't know/ missing	Total	Number of households
Residence							
Urban	27.5	4.9	61.4	0.2	5.9	100.0	4,260
Rural	15.5	9.3	74.3	0.3	0.5	100.0	4,940
Region							
Caprivi	7.4	14.9	77.3	0.0	0.4	100.0	514
Erongo	23.0	11.8	61.5	0.0	3.7	100.0	837
Hardap	10.1	4.6	83.8	0.2	1.3	100.0	328
Karas	32.9	3.2	62.7	0.1	1.0	100.0	382
Kavango	14.7	5.3	79.1	0.1	0.7	100.0	750
Khomas	20.5	3.2	65.6	0.4	10.3	100.0	1,950
Kunene	34.8	1.7	63.1	0.0	0.3	100.0	305
Ohangwena	7.2	3.6	87.0	0.9	1.3	100.0	829
Omaheke	6.5	12.6	80.3	0.3	0.3	100.0	426
Omusati	28.0	9.1	62.6	0.2	0.1	100.0	855
Oshana	30.0	12.0	56.8	0.6	0.6	100.0	663
Oshikoto	22.7	14.7	61.6	0.0	1.0	100.0	745
Otjozondjupa	38.6	1.4	58.8	0.0	1.2	100.0	615
Total	21.1	7.3	68.3	0.3	3.0	100.0	9,200

Rural households are more likely to be located nearest to a clinic than urban households (74 percent and 61 percent, respectively) as well as a health centre (9 percent and 4 percent, respectively). On the other hand, urban households are more likely than rural households to be nearest to a government hospital (28 percent and 16 percent, respectively).

The proximity of households to government health facilities varies across regions. Eighty percent or more of households in Hardap, Ohangwena, and Omaheke have a clinic as the nearest government health facility compared with less than 60 percent of households in Oshana and Otjozondjupa. On the other hand, some households are nearest to a hospital. For example, while 59 percent of households in Otjozondjupa have a clinic as the nearest government health facility, 39 percent of households have a hospital as the closest facility. Very few households mentioned outreach points as the nearest government health facility.

17.2 TYPE OF TRANSPORT TO GOVERNMENT HEALTH FACILITIES

Households were asked what means of transport they would use if they were to go to the government facilities they named. Table 17.2 shows that 63 percent of households would walk to the nearest government health facility. This proportion is lower than that reported in the 2000 NDHS (67 percent). On the other hand, the proportion of households that use car/motorcycle or public transport to travel to the nearest government health facility (17 percent and 18 percent, respectively) has increased slightly from the levels reported in the 2000 NDHS (15 percent and 11 percent, respectively). Overall, only 2 percent of households use animal/animal cart to go to the nearest health facility. This proportion has not changed since 2000.

There are variations in the type of transport used to get to the nearest health facility by urban-rural residence. Urban households are more likely to use a car or motorcycle than rural households (21 percent and 14 percent, respectively), while rural households are more likely to use public transport than urban households (21 percent and 15 percent, respectively). Regional variations in mode of transport to health facilities are substantial. About three in ten households in Hardap, Karas, Khomas, Kunene, Omaheke, and Otjozondjupa use car or motorcycle. Animal/animal cart is an important means of transport to health facilities in Kunene (15 percent of households), while 93 percent of households in Kavango walk to the nearest health facility.

Table 17.2 Means of transport to government health facility

Percent distribution of households by means of transport to nearest government health facility, according to residence and region, Namibia 2006-07

Residence/ region	Car/ motorcycle	Bus/ taxi	Animal/ animal cart	Walking	Total	Number of households
Residence						
Urban	20.7	14.6	0.3	64.3	100.0	4,001
Rural	13.7	21.4	3.1	61.7	100.0	4,790
Region						
Caprivi	2.7	8.2	1.8	87.3	100.0	506
Erongo	23.7	11.4	2.5	62.5	100.0	794
Hardap	29.2	7.7	3.7	59.3	100.0	325
Karas	32.3	23.1	2.6	41.9	100.0	377
Kavango	0.9	5.0	0.9	93.1	100.0	747
Khomas	28.9	21.6	0.8	48.7	100.0	1,751
Kunene	28.1	12.5	14.6	44.8	100.0	303
Ohangwena	4.0	11.1	0.8	84.0	100.0	800
Omaheke	35.2	30.8	3.2	30.8	100.0	423
Omusati	5.5	22.6	0.5	71.5	100.0	842
Oshana	2.9	23.8	1.2	72.1	100.0	655
Oshikoto	7.4	33.5	0.9	58.1	100.0	657
Otjozondjupa	28.7	20.8	1.6	48.9	100.0	611
Total	16.9	18.3	1.9	62.9	100.0	8,790

Note: Table excludes "other" and missing responses on means of transport.

17.3 TYPE OF TRANSPORT TO GOVERNMENT HOSPITALS

Table 17.3 shows the means of transport households would use to reach the nearest government hospital. The distribution of households by transport to the nearest hospital is quite different from that for transport to the nearest health facility. Because of the greater overall distance to hospitals, fewer households (17 percent) reported they would walk to the nearest government hospital; the majority would use public transport (63 percent). Rural households rely particularly on public transport to go to hospitals (71 percent) while most urban households either take public transport (51 percent) or walk (30 percent). There are regional variations in the use of public transport to travel to government hospitals; the range is from 22 percent in Kunene to 91 percent in Oshana.

Table 17.3 Means of transport to government hospital

Percent distribution of households whose nearest government health facility is a not hospital by means of transport to hospital, according to residence and region, Namibia 2006-07

Residence/ region	Car/ motorcycle	Bus/ taxi	Animal/ animal cart	Walking	Other/ missing	Total	Number of households
Residence							
Urban	18.1	50.5	0.2	30.0	1.1	100.0	2,768
Rural	19.8	71.1	0.9	7.3	1.0	100.0	4,008
Region							
Caprivi	7.9	76.6	0.0	14.4	1.1	100.0	473
Erongo	20.5	62.3	0.4	15.2	1.6	100.0	595
Hardap	35.3	27.9	0.4	35.4	0.8	100.0	287
Karas	39.9	39.5	1.3	17.5	1.8	100.0	247
Kavango	4.2	52.3	0.2	42.6	0.7	100.0	627
Khomas	26.9	59.8	0.1	12.1	1.1	100.0	1,332
Kunene	56.0	21.5	2.8	18.1	1.6	100.0	196
Ohangwena	11.3	75.3	1.0	10.9	1.5	100.0	734
Omaheke	31.8	53.7	0.7	12.5	1.3	100.0	396
Omusati	19.7	71.8	0.3	7.5	0.7	100.0	595
Oshana	3.5	91.4	1.2	3.5	0.4	100.0	448
Oshikoto	5.8	77.9	1.5	14.5	0.3	100.0	480
Otjozondjupa	19.4	53.1	0.2	26.5	0.7	100.0	368
Total	19.1	62.7	0.6	16.6	1.0	100.0	6,776

Note: Table excludes households in which the respondent did not know the name of the nearest government hospital.

17.4 TIME TO GOVERNMENT HEALTH FACILITIES

Household respondents were asked how long it takes to get to the nearest government health facility and hospital. Data on the time required to reach government health services is presented in Table 17.4. Looking at the total column, one in five households is within 15 minutes of a government health facility and three in five are within one hour of a facility. Reflecting the dispersed population of Namibia, 9 percent of households are more than 3 hours from the nearest government health facility. Overall, the mean time to the nearest facility is 74 minutes. Urban households take much less time than rural households to reach the nearest government health facility (25 minutes and 114 minutes, respectively).

As expected, hospitals are less accessible than other government health facilities. The mean time to reach a government hospital is 99 minutes. Just over one in four households is less that 30 minutes from the nearest government hospital; 14 percent of households are three or more hours from the nearest hospital. Because government health facilities tend to be concentrated in cities and towns, urban households are closer to hospitals than rural households and travel times vary substantially. The mean time to the nearest government hospital is 37 minutes for urban households, compared with 150 minutes for rural households.

When asked what type of transport they would use to go to the nearest government health facility, more than 60 percent of households reported that they would walk. The percentages are

similar for urban and rural households (60 percent). One in six households would use a car or motorcycle, and 18 percent would use public transport to go to the nearest government health facility.

When households were asked what transport they would use to go to the nearest government hospital, the responses differed substantially from those for transport to the nearest government health facility. About 20 percent of households would walk to the nearest hospital (31 percent of urban households and 10 percent of rural households). Rural households are much more likely than urban households to use public transport (64 percent compared with 38 percent). Another 20 percent of rural households and 22 percent of urban households would use a car or motorcycle to go the nearest government hospital.

Table 17.4 Time to reach government health facility and means of transport

Percent distribution of households by time to reach nearest government health facility and nearest government hospital and mean time to reach facilities, and percent distribution by type of transport to nearest government health facility and nearest government hospital, Namibia 2006

Time and type of transport	Nearest government health facility			Nearest government hospital		
	Urban	Rural	Total	Urban	Rural	Total
Time to facility						
< 15 minutes	37.1	9.2	22.1	26.0	2.6	13.5
15-29 minutes	26.7	8.1	16.7	26.1	4.8	14.6
30-59 minutes	22.9	19.9	21.2	24.5	16.3	20.1
1-2 hours	7.1	44.5	27.2	13.4	48.2	32.1
3-4 hours	0.2	11.7	6.4	1.2	17.9	10.1
4 + hours	0.2	4.3	2.4	0.8	6.5	3.9
Don't know/time missing	0.7	2.4	1.6	0.6	0.3	0.4
Don't know/facility missing	5.1	0.1	2.4	7.5	3.4	5.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Mean time to facility	24.6	114.4	73.5	37.3	149.6	98.9
Number of households	4,016	4,816	8,832	3,918	4,756	8,674
Transport to facility						
Car/motorcycle	19.5	13.3	16.2	22.4	20.3	21.3
Bus/taxi	13.7	20.7	17.5	37.8	64.4	52.1
Animal/ animal cart	0.3	3.0	1.8	0.2	1.1	0.7
Walking	60.4	59.9	60.1	31.1	9.9	19.7
Other	0.4	0.5	0.5	0.2	0.3	0.3
Don't know/facility missing	5.1	0.1	2.4	7.5	3.4	5.3
Missing	0.6	2.4	1.6	0.7	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	4,260	4,940	9,200	4,260	4,940	9,200

REFERENCES

Auvert, B. D. Taljaard, E. Lagarde, J. Sobngwi-Tambekou, R. Sitta, and A. Puren. 2005. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. Presented at the International AIDS Society 2005 Conference, on 26 July 2005, in Rio de Janeiro, Brazil.

Bailey, R.C., S. Moses, C.B. Parker, K. Agot, I. Maclean, et al. 2007. Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomised controlled trial. *Lancet* 369: 643–656.

Centers for Disease Control and Prevention (CDC). 1998. *Guideline for infection control in health care personnel*. Atlanta, Georgia, USA: CDC.

Central Bureau of Statistics (CBS) [Namibia] 2003. *2001 Population and Housing Census.* Windhoek, Namibia: National Planning Commission, Central Bureau of Statistics.

G8 Countries Annual Summit meeting. 2005. *Chair's Summary.* Gleneagles, Scotland: G8 Countries.

Gaomab, M. 2007. *Business Namibia: Economic Outlook 2007*. Windhoek, Namibia: A.D.S Publications.

Gray RH, Kigozi G, Serwadda D, Makumbi F, Watya S, et al. 2007. *Male circumcision for HIV prevention in men in Rakai, Uganda: A randomised trial*. Lancet 369: 657–666.

Gwatkin, D.R., S. Rutstein, K. Johnson, R.P. Pande, and A. Wagstaff. 2000. *Socio-economic differences in health, nutrition, and population.* HNP/Poverty Thematic Group. Washington, D.C.: World Bank.

Heise L, Ellsberg M, Gottemoeller M. 1999. *Ending violence against women.* Baltimore, MD: Johns Hopkins University Press.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2006. *Special Summit of African Union on HIV and AIDS, Tuberculosis, and Malaria (ATM).* Abuja, Nigeria: UNAIDS.

Millennium Declaration: Report of the Secretary-General. New York: United Nations General Assembly.

Ministry of Finance (MOF) [Namibia]. 2007. *Medium Term Expenditure Framework 2006/07.* Windhoek, Namibia: Ministry of Finance.

Ministry of Health and Social Services (MoHSS). 2003. *Namibia Demographic and Health Survey 2000*. Windhoek, Namibia: MoHSS.

Ministry of Health and Social Services (MoHSS) and ORC Macro. 1993. *Namibia Demographic and Health Survey 1992*. Windhoek, Namibia and Calverton, Maryland, USA: MoHSS and Macro International Inc.

Ministry of Health and Social Services (MoHSS) [Namibia]. 2007. *Annual Report 2005/06.* Windhoek, Namibia: MOHSS.

Ministry of Health and Social Services (MoHSS) [Namibia]. 2004. *The National Strategic Plan on HIV/AIDS; Third Medium Term Plan (MTP III), 2004–2009.* Windhoek, Namibia: MoHSS.

Ministry of Health and Social Services (MoHSS) [Namibia]. 2004. *The National Strategic Plan on TB; Medium Term Plan (TB-MTP I), 2004-2009.* Windhoek, Namibia: MoHSS.

Ministry of Health and Social Services (MoHSS) [Namibia]. 2007. *Report of the 2006 National HIV Sentinel Survey*. Windhoek, Namibia: MoHSS

Ministry of Health and Social Services (MoHSS) [Namibia]. 2005d. *TB report 2005* (unpublished).

Ministry of Health and Social Services(MoHSS) [Namibia]. 2005a. *National Malaria Policy.* Windhoek, Namibia: MoHSS.

Ministry of Health and Social Services (MoHSS) [Namibia]. 2005b. *Malaria Epidemic Preparedness and Response Guidelines.* Windhoek, Namibia: MoHSS.

Ministry of Health and Social Services (MoHSS) [Namibia]. 2005c. *National Roll Back Malaria Five Year Strategic Plan 2003-2005.* Windhoek, Namibia: MoHSS.

Ministry of Health and Social Services (MoHSS) [Namibia]. 2007. *Annual Report 2005/06.* Windhoek, Namibia: MoHSS.

Ministry of Labour and Social Welfare (MLSW) [Namibia]. 2004. *Namibia Labour Force* Survey *2004*. Windhoek, Namibia: Ministry of Labour and Social Welfare.

Namibia Research Facilitation Services (NRFS). 2006. *HIV/AIDS Knowledge, Attitudes, Practice, and Behaviors (KAPB) Study in Namibia*. Windhoek, Namibia: RFS.

National Planning Commission (NPC) [Namibia]._____. *Second National Development Plan (NDP2)*. Vol. 1. *Macroeconomic, Sectoral, and Cross-Sectoral Policies.* Windhoek, Namibia: NPC.

National Planning Commission (NPC) [Namibia], and Central Bureau of Statistics (CBS) [Namibia]. 2003. *2001 Population and Housing Census.* Windhoek, Namibia: CBS.

Nawa Life Trust/Johns Hopkins University. 2007. *NAMIBIA HIV/AIDS Community Survey Report, Rundu, Walvis Bay, Keetmanshoop and Oshakati.*

Pan-American Health Organization (PAHO)/World Health Organization (WHO). 2003. *Guiding principles for complementary feeding of the breastfed child*. Washington, D.C./Geneva, Switzerland: PAHO/WHO.

Rivers, K. and P. Aggleton. 1999. Adolescent sexuality, gender and the HIV epidemic. HIV and Development Programme. New York: UNDP.

UNICEF. 2005. Guide to Monitoring and Evaluation of the National Response For Children Orphaned and Made Vulnerable by HIV/AIDS. New York: UNICEF.

UNICEF, UNAIDS, and USAID. 2006. Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS. New York: UNICEF

United Nations General Assembly. 2001. *Declaration of Commitment on HIV/AIDS.* New York, New York: United Nations.

United Nations General Assembly. 2002. *Building a world fit for children: The United Nations General Assembly Special Session on Children, 8-10 May, 2002*. New York: United Nations.

United Nations Children's Fund (UNICEF). 2006. *Child protection information sheets.* New York: UNICEF.

United Nations General Assembly. 2001. *Road map towards the implementation of the United Nations*

WHO, UNICEF and JMP. 2004. *Guide for Water Supply, Sanitation and Hygiene Related Household Survey.* WHO, UNICEF and Joint Monitoring Programme for Water Supply and Sanitation.

World Health Organization (WHO) and UNICEF. 1998. *Complementary feeding of young children in developing countries: A review of current scientific knowledge.* Geneva, Switzerland: WHO.

World Health Organization (WHO). 2005a. *Guiding principles for feeding nonbreastfed children 6 to 24 months of age*. Geneva, Switzerland: WHO.

World Health Organization (WHO). 2006. *Multicentre Growth Reference Study Group*. Geneva, Switzerland: WHO.

World Health Organization (WHO) Bulletin. 2006. Volume 84: Number 7, July 2006, 505-588. Geneva, Switzerland: WHO.

WHO. Handbook for the documentation of interpersonal violence prevention programmes. 2004. Geneva: World Health Organization.

World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) Joint Monitoring Programme for Water Supply and Sanitation. 2004. *Meeting on the MDG drinking water and sanitation target: A mid-term assessment of progress*. New York: World Health Organization and United Nations Children's Fund.

World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) Joint Monitoring Programme for Water Supply and Sanitation. 2005. *Water for life: making it happen*. Geneva: World Health Organization and United Nations Children's Fund.

SAMPLE DESIGN AND IMPLEMENTATION APPENDIX A

A.1 SAMPLE DESIGN

The primary objective of the 200-07 Namibia Demographic and Health Survey (NDHS) is to provide estimates with acceptable precision for important population characteristics such as fertility, contraceptive prevalence, selected health indicators, and infant mortality rates for Namibia as a whole, urban and rural areas separately, and each of the 13 regions.

Sample frame

In 2001, the Central Bureau of Statistics (CBS) carried out a Housing and Population Census. Administratively, Namibia is divided into 13 regions. In turn, each region is subdivided into constituencies (107 in total). For the census taking, each administrative unit was sub-divided into enumeration areas (EAs), which is totally classified as urban or rural. A total of more than 4,000 EAs were demarcated for the census operation. Each EA comprised of about 100 households. For each EA, a sketch map was drawn. The sketch shows the EA boundaries, location of buildings, and other landmarks.

After the census, smaller EAs were merged with adjoining EAs and larger ones are split to form primary sampling units (PSUs) which are more or less uniform size. The list of PSUs is used as a sampling frame. Hence, a PSU can be an EA, part of an EA, or more than one EA. The total number of PSUs in the frame is about 3,750.

Sample

A representative probability sample of 10,000 households was selected for the 2006-07 NDHS. The sample was selected in two stages with PSUs as the first stage and households as the second stage sampling units. A total of 500 PSUs were selected with probability proportional to size, the size being the number of households enumerated in the 2001 Population Census. The selection of the PSUs was a systematic, one-stage operation carried out independently for each of the 13 regions. In the second stage, a complete listing of households and mapping exercise was carried out for each PSU in November 2006 to January 2007. This exercise was carried out by field staff recruited for the 2006-07 Namibia Inter-Censal Demographic Survey (NIDS) and the NDHS. The NIDS was conducted by the CBS.

The list of households obtained was used as the frame for the second stage random selection of households. The listing excluded homeless people and people living in institutional households (army barracks, hospitals, police camps, boarding schools, etc.). In each PSU, 40 households were selected systematically and out of this sample 20 each were selected systematically for the NDHS and the NIDS, such that the two samples are independent. Although the two surveys were fielded at approximately the same time, in general the NIDS teams were ahead of the NDHS teams, allowing successful interviews with households selected for both surveys.

In clusters where the number of households was less than 40, some households were selected for both surveys and were visited by both NDHS and NIDS teams. In PSUs where the number of households was between 20 and 39, some households were visited by the NDHS and NIDS teams at different times. In PSUs with fewer than 20 households, all households were visited by both teams at different times.

All women age 15-49 and all men age 15-49 who were either permanent residents of the households in the 2006-07 NDHS sample or visitors present in the household on the night before the survey were eligible to be interviewed.

Sample Size

Table A.1 shows the distribution of the selected EAs in each region.

Table A.1 Sample allocation by region

Percent distribution of women and men age 15-49 by background characteristics, Namibia 2006-07

	Number of clusters		
Region	Urban	Rural	Total
Caprivi	13	20	33
Erongo	28	14	42
Hardap	15	17	32
Karas	17	16	33
Kavango	14	29	43
Khomas	43	12	55
Kunene	11	17	28
Ohangwena	5	34	39
Omaheke	10	18	28
Omusati	6	34	40
Oshana	20	25	45
Oshikoto	11	29	40
Otjozondjupa	19	23	42
Total	212	288	500

A.2 SAMPLE IMPLEMENTATION

Table A.2 Sample implementation: Women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban-rural residence and region, Namibia 2006-07

	Residence		Region													
Result	Urban	Rural	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozondjupa	Total
Selected households																
Completed (C)	91.6	92.8	93.6	91.2	90.5	88.8	93.7	91.1	88.4	95.0	92.8	96.2	92.0	96.0	89.3	92.3
Household present but no competent respondent at home (HP)	1.7	0.9	1.5	1.8	1.1	0.8	0.5	2.1	1.8	1.2	1.3	0.6	1.7	0.6	0.8	1.2
Postponed (P)	0.1	0.0	0.2	0.2	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
Refused (R)	0.5	0.1	0.0	0.4	0.0	0.2	0.1	0.5	0.2	0.1	0.2	0.4	0.5	0.3	0.7	0.3
Dwelling not found (DNF)	0.7	0.5	0.9	0.0	0.9	0.3	0.7	1.5	0.7	0.1	0.9	0.1	0.6	0.0	0.4	0.6
Household absent (HA)	3.2	2.8	1.8	2.9	4.1	7.1	1.6	2.5	5.4	2.1	3.4	1.9	1.7	1.4	4.5	2.9
Dwelling vacant/address not a dwelling (DV)	1.7	2.3	1.8	3.5	2.0	2.6	2.6	1.5	3.4	0.6	1.4	0.6	2.5	1.3	3.1	2.0
Dwelling destroyed (DD)	0.3	0.3	0.2	0.1	0.5	0.3	0.6	0.3	0.2	0.3	0.0	0.0	0.9	0.5	0.5	0.3
Other (O)	0.2	0.3	0.0	0.0	0.9	0.0	0.2	0.6	0.0	0.6	0.0	0.1	0.2	0.0	0.6	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	4,250	5,720	657	840	640	660	853	1,100	559	779	559	799	885	799	840	9,970
Household response rate (HRR)	96.8	98.5	97.3	97.5	97.8	98.7	98.6	95.7	97.1	98.5	97.6	98.8	97.1	99.1	97.8	97.8
Eligible women																
Completed (EWC)	92.9	96.2	96.5	95.2	90.8	95.2	92.9	92.4	93.3	96.0	95.0	97.7	94.1	96.2	95.4	94.7
Not at home (EWNH)	4.4	1.7	1.5	2.6	5.4	1.7	4.9	5.1	3.7	2.3	2.9	1.2	3.1	1.3	2.3	3.0
Postponed (EWP)	0.2	0.0	0.0	0.0	0.2	0.2	0.0	0.5	0.2	0.0	0.2	0.0	0.2	0.2	0.0	0.1
Refused (EWR)	0.9	0.2	0.4	1.6	0.8	1.4	0.3	0.5	0.6	0.4	0.4	0.2	0.7	0.4	0.3	0.6
Partly completed (EWPC)	0.5	0.4	0.3	0.0	0.7	0.6	0.3	0.7	0.9	0.3	0.0	0.1	0.2	1.3	0.0	0.4
Incapacitated (EWI)	0.5	0.9	0.1	0.5	1.0	0.6	1.1	0.5	0.6	0.8	1.2	0.5	1.2	0.6	0.5	0.7
Other (EWO)	0.6	0.4	1.2	0.2	1.2	0.4	0.6	0.4	0.6	0.2	0.4	0.2	0.5	0.0	1.5	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	4,742	5,610	680	642	606	518	1,072	1,078	464	1,037	516	976	1,082	937	744	10,352
Eligible women response rate (EWRR)	92.9	96.2	96.5	95.2	90.8	95.2	92.9	92.4	93.3	96.0	95.0	97.7	94.1	96.2	95.4	94.7
Overall response rate (ORR)	90.0	94.8	93.9	92.7	88.8	93.9	91.6	88.4	90.6	94.6	92.6	96.6	91.4	95.3	93.3	92.6

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

Table A.3 Sample implementation: Men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban-rural residence and region Namibia 2006-07

	Residence		Region													
Result	Urban	Rural	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozondjupa	Total
Selected households																
Completed (C)	91.6	92.3	93.0	92.9	90.9	88.5	94.1	90.4	88.2	94.3	91.0	95.7	93.4	95.2	87.1	92.0
Household present but no competent respondent at home (HP)	1.8	1.0	2.4	1.4	0.9	0.9	0.7	2.5	1.8	1.3	1.4	0.3	1.8	0.8	1.2	1.4
Postponed (P)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0
Refused (R)	0.4	0.1	0.0	0.0	0.0	0.0	0.0	0.4	0.4	0.3	0.4	0.5	0.5	0.3	0.5	0.2
Dwelling not found (DNF)	0.7	0.5	0.3	0.0	0.9	0.3	1.2	1.5	1.1	0.3	1.1	0.0	0.7	0.0	0.2	0.6
Household absent (HA)	3.1	3.0	1.2	1.9	3.8	7.3	1.2	2.2	5.0	2.8	4.7	2.8	1.4	1.8	6.0	3.1
Dwelling vacant/address not a dwelling (DV)	1.7	2.4	2.7	3.6	2.5	2.7	2.1	1.6	3.2	0.5	1.4	0.5	1.6	1.8	3.8	2.1
Dwelling destroyed (DD)	0.3	0.4	0.3	0.2	0.6	0.3	0.5	0.5	0.4	0.3	0.0	0.0	0.7	0.3	0.2	0.3
Other (O)	0.2	0.2	0.0	0.0	0.3	0.0	0.2	0.9	0.0	0.3	0.0	0.3	0.0	0.0	0.7	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	2,125	2,856	328	420	320	330	425	550	280	389	279	399	442	399	420	4,981
Household response rate (HRR)	96.9	98.2	97.1	98.5	98.0	98.6	98.0	95.4	96.5	98.1	96.9	99.2	96.9	99.0	97.6	97.7
Eligible men																
Completed (EMC)	83.9	91.5	87.4	90.5	78.6	91.4	89.2	83.9	86.2	83.3	90.7	89.3	90.0	94.5	89.6	88.1
Not at home (EMNH)	11.3	5.0	9.0	4.6	13.9	4.5	7.8	11.4	9.6	11.5	4.5	5.8	8.2	3.7	6.6	7.8
Postponed (EMP)	0.4	0.1	0.0	0.5	0.3	0.0	0.0	0.9	0.0	0.3	0.0	0.0	0.0	0.0	0.3	0.2
Refused (EMR)	2.4	0.6	0.4	2.8	2.0	1.7	0.5	2.1	1.6	1.0	2.4	0.9	0.5	0.5	1.6	1.4
Partly completed (EMPC)	0.4	0.2	0.4	0.5	0.3	0.3	0.0	0.2	1.1	0.6	0.0	0.6	0.0	0.5	0.0	0.3
Incapacitated (EMI)	0.7	1.9	2.5	0.8	2.7	1.7	0.5	0.7	0.5	2.6	2.0	1.8	1.0	0.5	1.6	1.4
Other (EMO)	1.0	0.6	0.4	0.3	2.0	0.3	2.0	0.9	1.1	0.6	0.4	1.5	0.3	0.3	0.3	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	1,995	2,451	277	388	294	292	409	578	188	312	246	327	389	382	364	4,446
Eligible men response rate (EMRR)	83.9	91.5	87.4	90.5	78.6	91.4	89.2	83.9	86.2	83.3	90.7	89.3	90.0	94.5	89.6	88.1
Overall response rate (ORR)	81.2	89.9	84.9	89.1	77.0	90.2	87.5	80.0	83.1	81.8	87.9	88.6	87.2	93.5	87.4	86.0

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] Using the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

$$\frac{100 * EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR/100$$

ESTIMATES OF SAMPLING ERRORS

Appendix B

The estimates from a sample survey are affected by two types of errors: (1) non-sampling errors, and (2) sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2006-07 Namibia Demographic and Health Survey (NDHS) to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2006-07 NDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2006-07 NDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2006-07 NDHS is the ISSA Sampling Error Module. This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2}\sum_{h=1}^{H}\left[\frac{m_h}{m_{h-1}}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}\text{, and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of clusters selected in the hth stratum,

y_{hi} is the sum of the weighted values of variable y in the ith cluster in the hth stratum,
x_{hi} is the sum of the weighted number of cases in the ith cluster in the hth stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2006-07 NDHS, there were 500 non-empty clusters. Hence, 500 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 500 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 499 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2006-07 DHS are calculated for selected variables considered to be of primary interest for woman's survey and for man's surveys, respectively. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the eleven regions. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.17 present the value of the statistic (R), its standard error (SE), the number of unweighted (N-UNWE) and weighted (N-WEIG) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to child-bearing.

The confidence interval (e.g., as calculated for *children ever born to women age 40-49*) can be interpreted as follows: the overall average from the national sample is 4.390 and its standard error is 0.078. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., 4.39 ± 2 × 0.078. There is a high probability (95 percent) that the *true* average number of children ever born to all women age 40 to 49 is between 4.234 and 4.546.

Sampling errors are analyzed for two separate groups of estimates: (1) means and proportions, and (2) complex demographic rates. At the national level, mostly relative standard error values (SE/R) for the means and proportions are below 10 percent, however the highest relative standard error values are for indicators with very low values (i.e., less than 2 percent). So in general, the relative standard errors for most estimates for the country as a whole are small, except for indicators with very small values, i.e., for estimates which are rare in the population. For example, the relative standard error for

the total fertility rate (TFR 0-3 years) is small (2.6 percent) since births are a fairly common event. However, for the mortality rates which are rarer events, the average relative standard error value is higher; for example, the relative standard error for the 0-4 year estimate of infant mortality is 7.1.

The relative standard error varies across sub-populations. For example, for the variable *children ever born to women age 40-49*, the relative standard errors as a percent of the estimated mean for the whole country, for the urban areas and for the rural areas are 1.8 percent, 3.1 percent and 2.0 percent, respectively.

For the total sample, the value of the design effect (DEFT), averaged over all selected variables, is 1.291 which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.291 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Namibia 2006-07

Variable	Estimate	Base population
	WOMEN	
Urban residence	Proportion	All women 15-49
Literate	Proportion	All women 15-49
No education	Proportion	All women 15-49
Secondary education or higher	Proportion	All women 15-49
Net attendance ratio for primary school	Ratio	Children 7-12 years
Never married	Proportion	All women 15-49
Currently in union	Proportion	All women 15-49
Married before age 20	Proportion	Women age 20-49
Had sexual intercourse before age 18	Proportion	Women age 20-49
Currently pregnant	Mean	All women 15-49
Children ever born	Mean	All women 15-49
Children surviving	Mean	All women 15-49
Children ever born to women age 40-49	Mean	Women 40-49
Knows any contraceptive method	Proportion	All women 15-49
Ever using contraceptive method	Proportion	All women 15-49
Currently using any contraceptive method	Proportion	All women 15-49
Currently using pill	Proportion	All women 15-49
Currently using IUD	Proportion	All women 15-49
Currently using female sterilization	Proportion	All women 15-49
Currently using rhythm method	Proportion	All women 15-49
Obtained method from public sector source	Proportion	All users
Want no more children	Proportion	All women 15-49
Want to delay birth at least 2 years	Proportion	All women 15-49
Ideal family size	Mean	All women 15-49
Perinatal mortality (0-4 years)	Ratio	Number of pregnancies of 7+ months
Mothers received tetanus injection for last birth	Proportion	Women with at least one live birth in last 5 years
Mothers received medical assistance at delivery	Proportion	Births in past five years
Had diarrhoea in two weeks before survey	Proportion	Children 0-59 months
Treated with oral rehydration salts (ORS)	Proportion	Children with diarrhoea in last 2 weeks
Taken to a health provider	Proportion	Children with diarrhoea in last 2 weeks
Vaccination card seen	Proportion	Children 12-23 months
Received BCG	Proportion	Children 12-23 months
Received DPT (3 doses)	Proportion	Children 12-23 months
Received polio (3 doses)	Proportion	Children 12-23 months
Received measles	Proportion	Children 12-23 months
Fully immunized	Proportion	Children 12-23 months
Height-for-age (below -2SD)	Proportion	Children 0-59 months
Weight-for-height (below -2SD)	Proportion	Children 0-59 months
Weight-for-age (below -2SD)	Proportion	Children 0-59 months
BMI <18.5	Proportion	All women 15-49
Use condom at last high-risk sex	Proportion	All women who had intercourse in past 12 months
Use condom at last high-risk sex - 15-24	Proportion	Women 15-24 who had intercourse in past 12 months
Had high-risk intercourse	Proportion	All women who had intercourse in past 12 months
Abstinence among youth (never had sex)	Proportion	All women 15-24
Sexually active past 12 months never-married youth	Proportion	All women 15-24
Had injection past 12 months	Proportion	All women
Accepting attitudes to people with HIV	Proportion	All women who have heard of HIV/AIDS
HIV test and result in past 12 months	Proportion	All women
Total fertility rate (past 3 years)	Rate	All women
Neonatal mortality (past 5 years)	Rate	Children exposed to the risk of mortality
Postneonatal mortality (past 5 years)	Rate	Children exposed to the risk of mortality
Infant mortality (past 5 years)	Rate	Children exposed to the risk of mortality
Child mortality (past 5 years)	Rate	Children exposed to the risk of mortality
Under-five mortality (past 5 years)	Rate	Children exposed to the risk of mortality
	MEN	
Urban residence	Proportion	All men 15-54
Literate	Proportion	All men 15-54
No education	Proportion	All men 15-54
Secondary education or higher	Proportion	All men 15-54
Never married	Proportion	All men 15-54
Currently married/in union	Proportion	All men 15-54
Married before age 20	Proportion	Men 20-54
Had sexual intercourse before 18	Proportion	Men 20-54
Children ever born	Mean	Currently married men
Ever used any contraceptive method	Proportion	Currently married men
Knows any contraceptive method	Proportion	Currently married men
Want no more children	Proportion	Currently married men
Want to delay birth at least 2 years	Proportion	Currently married men
Ideal family size	Mean	All men 15-54
Used condom at last high-risk sex	Proportion	All men 15-54 with high-risk intercourse
Condom use last higher-risk intercourse (youth)	Proportion	Men 15-24 with high-risk intercourse
Abstinence among youth (never had intercourse)	Proportion	Men 15-24
Sexually active past 12 months (never-married youth)	Proportion	Men 15-24
Had injection past 12 months	Proportion	All men 15-54
Accepting attitudes to people with HIV	Proportion	All men 15-54
HIV test and result in past 12 months	Proportion	All men 15-54
Paid for sex past 12 months	Proportion	All men 15-54

Table B.2 Sampling errors for National sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.487	0.011	9804	9804	2.125	0.022	0.465	0.508
Literate	0.909	0.004	9804	9804	1.452	0.005	0.901	0.918
No education	0.066	0.004	9804	9804	1.501	0.057	0.059	0.074
Secondary education or higher	0.685	0.008	9804	9804	1.602	0.011	0.670	0.700
Net attendance ratio for primary school	0.839	0.007	7365	7442	1.451	0.009	0.825	0.853
Never married	0.579	0.008	9804	9804	1.615	0.014	0.563	0.595
Currently married/in union	0.352	0.007	9804	9804	1.484	0.020	0.338	0.366
Married before age 20	0.167	0.006	7599	7558	1.383	0.035	0.155	0.179
Had sexual intercourse before age 18	0.358	0.007	7599	7558	1.211	0.019	0.345	0.371
Currently pregnant	0.054	0.003	9804	9804	1.247	0.053	0.048	0.059
Children ever born	1.910	0.030	9804	9804	1.415	0.016	1.850	1.971
Children surviving	1.763	0.028	9804	9804	1.434	0.016	1.707	1.819
Children ever born to women age 40-49	4.390	0.078	1664	1618	1.291	0.018	4.234	4.546
Knows any contraceptive method	0.991	0.002	3575	3451	1.170	0.002	0.987	0.994
Ever using contraceptive method	0.855	0.008	3575	3451	1.309	0.009	0.839	0.870
Currently using any contraceptive method	0.551	0.011	3575	3451	1.341	0.020	0.528	0.573
Currently using pill	0.086	0.006	3575	3451	1.330	0.073	0.073	0.098
Currently using IUD	0.014	0.003	3575	3451	1.297	0.182	0.009	0.019
Currently using female sterilization	0.103	0.006	3575	3451	1.218	0.060	0.090	0.115
Currently using rhythm method	0.004	0.001	3575	3451	1.202	0.319	0.001	0.006
Obtained method from public sector source	0.745	0.010	4379	4477	1.463	0.013	0.726	0.764
Want no more children	0.489	0.009	3575	3451	1.109	0.019	0.471	0.508
Want to delay birth at least 2 years	0.156	0.008	3575	3451	1.394	0.054	0.139	0.173
Ideal family size	3.074	0.028	9708	9705	1.330	0.009	3.017	3.131
Perinatal mortality (0-4 years)	29.001	2.664	5211	5046	1.102	0.092	23.673	34.329
Mothers received tetanus injection for last birth	0.329	0.009	4029	3898	1.204	0.028	0.310	0.347
Mothers received medical assistance at delivery	0.814	0.009	5168	5003	1.442	0.011	0.795	0.832
Had diarrhoea in two weeks before survey	0.122	0.006	4858	4719	1.290	0.053	0.109	0.135
Treated with oral rehydration salts (ORS)	0.693	0.023	576	577	1.149	0.033	0.646	0.739
Taken to a health provider	0.603	0.028	576	577	1.299	0.046	0.548	0.659
Vaccination card seen	0.734	0.017	1020	987	1.182	0.023	0.701	0.768
Received BCG	0.950	0.008	1020	987	1.059	0.008	0.935	0.965
Received DPT (3 doses)	0.832	0.016	1020	987	1.307	0.019	0.801	0.863
Received polio (3 doses)	0.786	0.016	1020	987	1.234	0.021	0.754	0.818
Received measles	0.838	0.013	1020	987	1.085	0.015	0.812	0.863
Fully immunized	0.687	0.018	1020	987	1.182	0.026	0.651	0.722
Height-for-age (below -2SD)	0.290	0.009	5072	4945	1.283	0.031	0.272	0.307
Weight-for-height (below -2SD)	0.075	0.004	5072	4945	1.024	0.053	0.067	0.082
Weight-for-age (below -2SD)	0.166	0.007	5072	4945	1.273	0.043	0.151	0.180
BMI <18.5	0.159	0.005	8827	8803	1.286	0.032	0.149	0.169
Used condom at last high risk sex	0.622	0.011	3152	3181	1.250	0.017	0.600	0.643
Used condom at last high risk sex - 15-24	0.642	0.012	1633	1633	1.039	0.019	0.617	0.667
Had high-risk intercourse	0.490	0.008	6595	6487	1.262	0.016	0.475	0.506
Abstinence among youth (never had sex)	0.419	0.011	3449	3530	1.277	0.026	0.398	0.441
Sexually active past 12 months never-married youth	0.463	0.011	3449	3530	1.255	0.023	0.442	0.484
Had injection past 12 months	0.309	0.007	9804	9804	1.420	0.021	0.295	0.322
Accepting attitudes to people with HIV	0.392	0.009	9684	9688	1.775	0.022	0.375	0.410
HIV test and result in past 12 months	0.286	0.007	9804	9804	1.446	0.023	0.272	0.299
Total fertility rate (past 3 years)	3.567	0.094	na	27959	1.452	0.026	3.380	3.754
Neonatal mortality (past 5 years)	23.719	2.495	5200	5038	1.122	0.105	18.729	28.710
Postneonatal mortality (past 5 years)	22.424	2.170	5208	5044	1.024	0.097	18.084	26.765
Infant mortality (past 5 years)	46.144	3.297	5209	5045	1.067	0.071	39.550	52.737
Child mortality (past 5 years)	24.338	2.749	5244	5077	1.126	0.113	18.841	29.835
Under-five mortality (past 5 years)	69.359	4.021	5254	5085	1.053	0.058	61.317	77.401
MEN								
Urban residence	0.501	0.012	3915	3915	1.552	0.025	0.476	0.526
Literate	0.886	0.006	3915	3915	1.154	0.007	0.875	0.898
No education	0.092	0.006	3915	3915	1.226	0.062	0.081	0.103
Secondary education or higher	0.625	0.010	3915	3915	1.253	0.016	0.606	0.644
Never married	0.650	0.010	3915	3915	1.267	0.015	0.631	0.669
Currently married/in union	0.308	0.009	3915	3915	1.206	0.029	0.290	0.326
Married before age 20	0.043	0.005	3006	3005	1.442	0.124	0.033	0.054
Had sexual intercourse before 18	0.494	0.011	3006	3005	1.212	0.022	0.472	0.516
Children ever born	3.597	0.101	1229	1205	1.227	0.028	3.395	3.799
Ever used any contraceptive method	0.804	0.017	1229	1205	1.458	0.021	0.770	0.837
Knows any contraceptive method	0.990	0.003	1229	1205	1.020	0.003	0.984	0.996
Want no more children	0.434	0.018	1229	1205	1.296	0.042	0.398	0.471
Want to delay birth at least 2 years	0.209	0.016	1229	1205	1.357	0.075	0.177	0.240
Ideal family size	3.851	0.058	3852	3846	1.028	0.015	3.734	3.967
Use condom at last high risk sex	0.784	0.012	1631	1631	1.178	0.015	0.760	0.808
Condom use last higher-risk intercourse (youth)	0.811	0.016	769	764	1.139	0.020	0.779	0.843
Abstinence among youth (never had intercourse)	0.321	0.015	1546	1561	1.271	0.047	0.291	0.351
Sexually active past 12 months (never married youth)	0.485	0.016	1546	1561	1.263	0.033	0.453	0.517
Had injection past 12 months	0.175	0.009	3915	3915	1.543	0.054	0.156	0.193
Accepting attitudes to people with HIV	0.361	0.011	3873	3881	1.455	0.031	0.338	0.383
HIV test and result in past 12 months	0.176	0.009	3915	3915	1.408	0.049	0.159	0.193
Multiple partners in past 12 months	0.161	0.009	2747	2712	1.261	0.055	0.144	0.179
Paid for sex past 12 months	0.014	0.002	3915	3915	1.088	0.148	0.010	0.018

na = Not applicable

Table B.3 Sampling errors for Urban sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban residence	1.000	0.000	4405	4772	na	0.000	1.000	1.000
Literate	0.951	0.005	4405	4772	1.503	0.005	0.942	0.961
No education	0.037	0.004	4405	4772	1.476	0.113	0.029	0.046
Secondary education or higher	0.811	0.011	4405	4772	1.848	0.013	0.789	0.833
Net attendance ratio for primary school	0.842	0.009	2547	2650	1.177	0.011	0.823	0.861
Never married	0.569	0.013	4405	4772	1.783	0.023	0.542	0.595
Currently married/in union	0.363	0.011	4405	4772	1.566	0.031	0.340	0.385
Married before age 20	0.141	0.009	3565	3865	1.554	0.064	0.123	0.159
Had sexual intercourse before age 18	0.336	0.010	3565	3865	1.294	0.030	0.316	0.357
Currently pregnant	0.046	0.004	4405	4772	1.306	0.090	0.038	0.054
Children ever born	1.658	0.043	4405	4772	1.570	0.026	1.572	1.744
Children surviving	1.547	0.040	4405	4772	1.600	0.026	1.467	1.627
Children ever born to women age 40-49	3.749	0.117	693	734	1.476	0.031	3.515	3.983
Knows any contraceptive method	0.995	0.002	1594	1731	1.159	0.002	0.991	0.999
Ever using contraceptive method	0.922	0.009	1594	1731	1.348	0.010	0.904	0.940
Currently using any contraceptive method	0.654	0.016	1594	1731	1.305	0.024	0.623	0.685
Currently using pill	0.109	0.010	1594	1731	1.327	0.095	0.088	0.130
Currently using IUD	0.023	0.005	1594	1731	1.271	0.206	0.014	0.033
Currently using female sterilization	0.139	0.011	1594	1731	1.255	0.078	0.117	0.161
Currently using rhythm method	0.005	0.002	1594	1731	1.195	0.434	0.001	0.009
Obtained method from public sector source	0.693	0.015	2323	2623	1.530	0.021	0.664	0.722
Want no more children	0.470	0.013	1594	1731	1.070	0.028	0.443	0.497
Want to delay birth at least 2 years	0.135	0.014	1594	1731	1.618	0.103	0.107	0.162
Ideal family size	2.791	0.036	4375	4738	1.265	0.013	2.719	2.862
Perinatal mortality (0-4 years)	30.628	4.836	1989	2097	1.200	0.158	20.956	40.300
Mothers received tetanus injection for last birth	0.323	0.016	1643	1711	1.333	0.049	0.291	0.354
Mothers received medical assistance at delivery	0.939	0.007	1972	2077	1.220	0.008	0.924	0.954
Had diarrhoea in two weeks before survey	0.123	0.012	1855	1970	1.471	0.096	0.100	0.147
Treated with oral rehydration salts (ORS)	0.728	0.037	216	243	1.219	0.051	0.654	0.802
Taken to a health provider	0.642	0.051	216	243	1.526	0.079	0.541	0.744
Vaccination card seen	0.697	0.033	369	394	1.372	0.048	0.630	0.763
Received BCG	0.965	0.011	369	394	1.016	0.011	0.944	0.987
Received DPT (3 doses)	0.861	0.025	369	394	1.358	0.029	0.811	0.911
Received polio (3 doses)	0.805	0.028	369	394	1.342	0.035	0.749	0.861
Received measles	0.861	0.021	369	394	1.157	0.024	0.819	0.903
Fully immunized	0.715	0.032	369	394	1.336	0.045	0.651	0.779
Height-for-age (below -2SD)	0.238	0.017	1591	1600	1.429	0.072	0.203	0.272
Weight-for-height (below -2SD)	0.056	0.008	1591	1600	1.269	0.139	0.041	0.072
Weight-for-age (below -2SD)	0.115	0.015	1591	1600	1.708	0.130	0.085	0.145
BMI <18.5	0.118	0.006	3944	4246	1.141	0.050	0.107	0.130
Use condom at last high risk sex	0.688	0.015	1555	1678	1.280	0.022	0.658	0.718
Use condom at last high risk sex - 15-24	0.707	0.017	759	810	1.049	0.025	0.673	0.742
Had high-risk intercourse	0.506	0.012	3087	3315	1.280	0.023	0.483	0.529
Abstinence among youth (never had sex)	0.391	0.018	1470	1594	1.413	0.046	0.355	0.427
Sexually active past 12 months never-married youth	0.496	0.017	1470	1594	1.326	0.035	0.462	0.531
Had injection past 12 months	0.335	0.011	4405	4772	1.550	0.033	0.313	0.357
Accepting attitudes to people with HIV	0.405	0.014	4360	4718	1.920	0.035	0.376	0.433
HIV test and result in past 12 months	0.331	0.011	4405	4772	1.569	0.034	0.309	0.353
Total fertility rate (past 3 years)	2.831	0.118	na	13528	1.473	0.042	2.594	3.068
Neonatal mortality (past 10 years)	24.259	6.255	3896	4051	1.981	0.258	11.749	36.769
Postneonatal mortality (past 10 years)	19.170	2.640	3898	4052	1.101	0.138	13.890	24.450
Infant mortality (past 10 years)	43.429	7.068	3898	4052	1.677	0.163	29.294	57.564
Child mortality (past 10 years)	16.855	2.854	3907	4061	1.234	0.169	11.147	22.563
Under-five mortality (past 10 years)	59.552	8.002	3909	4063	1.712	0.134	43.549	75.555
			MEN					
Urban residence	1.000	0.000	1673	1962	na	0.000	1.000	1.000
Literate	0.952	0.006	1673	1962	1.206	0.007	0.939	0.964
No education	0.053	0.008	1673	1962	1.487	0.153	0.037	0.070
Secondary education or higher	0.766	0.014	1673	1962	1.348	0.018	0.738	0.794
Never married	0.594	0.015	1673	1962	1.226	0.025	0.564	0.623
Currently married/in union	0.364	0.014	1673	1962	1.153	0.037	0.337	0.391
Married before age 20	0.036	0.008	1376	1618	1.659	0.231	0.020	0.053
Had sexual intercourse before 18	0.480	0.016	1376	1618	1.170	0.033	0.448	0.511
Children ever born	3.411	0.143	609	714	1.249	0.042	3.125	3.697
Ever used any contraceptive method	0.885	0.020	609	714	1.574	0.023	0.844	0.925
Knows any contraceptive method	1.000	0.000	609	714	na	0.000	1.000	1.000
Want no more children	0.456	0.026	609	714	1.281	0.057	0.404	0.508
Want to delay birth at least 2 years	0.214	0.023	609	714	1.357	0.105	0.169	0.259
Ideal family size	3.493	0.069	1653	1936	0.923	0.020	3.355	3.630
Use condom at last high risk sex	0.834	0.017	718	827	1.213	0.020	0.800	0.867
Condom use last higher-risk intercourse (youth)	0.878	0.022	309	351	1.192	0.025	0.834	0.923
Abstinence among youth (never had intercourse)	0.270	0.025	573	659	1.323	0.091	0.221	0.319
Sexually active past 12 months (never married youth)	0.530	0.028	573	659	1.357	0.053	0.474	0.587
Had injection past 12 months	0.224	0.017	1673	1962	1.629	0.074	0.191	0.257
Accepting attitudes to people with HIV	0.406	0.018	1664	1955	1.529	0.045	0.369	0.443
HIV test and result in past 12 months	0.231	0.014	1673	1962	1.350	0.060	0.203	0.259
Multiple partners in past 12 months	0.170	0.013	1261	1462	1.266	0.079	0.143	0.197
Paid for sex past 12 months	0.008	0.002	1673	1962	1.039	0.282	0.004	0.013

na = Not applicable

Table B.4 Sampling errors for Rural sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.000	0.000	5399	5032	na	na	0.000	0.000
Literate	0.869	0.007	5399	5032	1.474	0.008	0.856	0.883
No education	0.094	0.006	5399	5032	1.529	0.065	0.082	0.106
Secondary education or higher	0.566	0.009	5399	5032	1.337	0.016	0.548	0.584
Net attendance ratio for primary school	0.837	0.010	4818	4791	1.591	0.012	0.817	0.857
Never married	0.588	0.009	5399	5032	1.392	0.016	0.570	0.607
Currently married/in union	0.342	0.009	5399	5032	1.372	0.026	0.324	0.359
Married before age 20	0.194	0.007	4034	3693	1.180	0.038	0.179	0.209
Had sexual intercourse before age 18	0.381	0.008	4034	3693	1.087	0.022	0.364	0.397
Currently pregnant	0.061	0.004	5399	5032	1.193	0.064	0.053	0.069
Children ever born	2.150	0.041	5399	5032	1.272	0.019	2.069	2.231
Children surviving	1.968	0.037	5399	5032	1.254	0.019	1.894	2.042
Children ever born to women age 40-49	4.923	0.098	971	884	1.161	0.020	4.727	5.118
Knows any contraceptive method	0.986	0.003	1981	1719	1.207	0.003	0.980	0.993
Ever using contraceptive method	0.787	0.012	1981	1719	1.320	0.015	0.763	0.811
Currently using any contraceptive method	0.446	0.014	1981	1719	1.281	0.032	0.418	0.475
Currently using pill	0.062	0.007	1981	1719	1.236	0.108	0.049	0.076
Currently using IUD	0.005	0.002	1981	1719	1.022	0.338	0.001	0.008
Currently using female sterilization	0.066	0.006	1981	1719	1.069	0.090	0.055	0.078
Currently using rhythm method	0.003	0.001	1981	1719	1.154	0.459	0.000	0.006
Obtained method from public sector source	0.818	0.010	2056	1854	1.217	0.013	0.797	0.839
Want no more children	0.509	0.013	1981	1719	1.128	0.025	0.483	0.534
Want to delay birth at least 2 years	0.177	0.010	1981	1719	1.130	0.055	0.158	0.196
Ideal family size	3.344	0.043	5333	4967	1.386	0.013	3.257	3.430
Perinatal mortality (0-4 years)	27.844	2.989	3222	2949	1.003	0.107	21.865	33.823
Mothers received tetanus injection for last birth	0.333	0.010	2386	2188	1.078	0.032	0.312	0.354
Mothers received medical assistance at delivery	0.725	0.013	3196	2926	1.468	0.018	0.698	0.751
Had diarrhoea in two weeks before survey	0.122	0.007	3003	2749	1.119	0.058	0.107	0.136
Treated with oral rehydration salts (ORS)	0.667	0.030	360	334	1.118	0.044	0.608	0.726
Taken to a health provider	0.575	0.032	360	334	1.144	0.055	0.512	0.639
Vaccination card seen	0.759	0.017	651	592	1.024	0.023	0.725	0.794
Received BCG	0.941	0.010	651	592	1.072	0.011	0.921	0.961
Received DPT (3 doses)	0.813	0.020	651	592	1.289	0.025	0.773	0.853
Received polio (3 doses)	0.774	0.020	651	592	1.172	0.025	0.735	0.813
Received measles	0.822	0.016	651	592	1.050	0.020	0.790	0.854
Fully immunized	0.668	0.020	651	592	1.076	0.030	0.627	0.708
Height-for-age (below -2SD)	0.314	0.010	3481	3345	1.201	0.032	0.294	0.334
Weight-for-height (below -2SD)	0.083	0.005	3481	3345	0.946	0.054	0.074	0.092
Weight-for-age (below -2SD)	0.190	0.008	3481	3345	1.104	0.040	0.174	0.205
BMI <18.5	0.197	0.007	4883	4557	1.303	0.038	0.182	0.212
Use condom at last high risk sex	0.547	0.015	1597	1503	1.187	0.027	0.518	0.577
Use condom at last high risk sex - 15-24	0.578	0.017	874	822	1.020	0.029	0.544	0.612
Had high-risk intercourse	0.474	0.010	3508	3172	1.222	0.022	0.453	0.494
Abstinence among youth (never had sex)	0.443	0.013	1979	1936	1.124	0.028	0.418	0.468
Sexually active past 12 months never-married youth	0.436	0.013	1979	1936	1.168	0.030	0.410	0.462
Had injection past 12 months	0.283	0.008	5399	5032	1.227	0.027	0.268	0.298
Accepting attitudes to people with HIV	0.381	0.011	5324	4970	1.602	0.028	0.359	0.402
HIV test and result in past 12 months	0.243	0.007	5399	5032	1.141	0.027	0.229	0.256
Total fertility rate (past 3 years)	4.334	0.112	na	13853	1.266	0.026	4.109	4.559
Neonatal mortality (past 10 years)	26.511	2.429	5989	5521	1.072	0.092	21.652	31.370
Postneonatal mortality (past 10 years)	25.969	2.116	5990	5522	0.977	0.081	21.736	30.202
Infant mortality (past 10 years)	52.480	3.408	5991	5523	1.059	0.065	45.665	59.295
Child mortality (past 10 years)	24.658	2.333	6004	5536	1.089	0.095	19.992	29.324
Under-five mortality (past 10 years)	75.844	3.858	6007	5538	1.045	0.051	68.129	83.559
MEN								
Urban residence	0.000	0.000	2242	1953	na	na	0.000	0.000
Literate	0.820	0.009	2242	1953	1.168	0.012	0.801	0.839
No education	0.131	0.008	2242	1953	1.097	0.060	0.115	0.146
Secondary education or higher	0.483	0.014	2242	1953	1.296	0.028	0.456	0.511
Never married	0.707	0.012	2242	1953	1.198	0.016	0.684	0.730
Currently married/in union	0.251	0.011	2242	1953	1.165	0.042	0.230	0.273
Married before age 20	0.051	0.006	1630	1387	1.150	0.122	0.039	0.064
Had sexual intercourse before 18	0.511	0.015	1630	1387	1.228	0.030	0.480	0.541
Children ever born	3.868	0.129	620	491	1.089	0.033	3.610	4.125
Ever used any contraceptive method	0.685	0.023	620	491	1.216	0.033	0.640	0.731
Knows any contraceptive method	0.976	0.007	620	491	1.131	0.007	0.962	0.990
Want no more children	0.403	0.024	620	491	1.222	0.060	0.355	0.452
Want to delay birth at least 2 years	0.201	0.020	620	491	1.258	0.101	0.160	0.241
Ideal family size	4.214	0.093	2199	1910	1.118	0.022	4.027	4.400
Use condom at last high risk sex	0.734	0.017	913	804	1.161	0.023	0.700	0.768
Condom use last higher-risk intercourse (youth)	0.754	0.022	460	413	1.118	0.030	0.709	0.799
Abstinence among youth (never had intercourse)	0.358	0.019	973	902	1.253	0.054	0.319	0.397
Sexually active past 12 months (never married youth)	0.451	0.019	973	902	1.186	0.042	0.414	0.489
Had injection past 12 months	0.125	0.008	2242	1953	1.110	0.062	0.110	0.141
Accepting attitudes to people with HIV	0.315	0.012	2209	1926	1.260	0.040	0.290	0.340
HIV test and result in past 12 months	0.120	0.009	2242	1953	1.264	0.072	0.103	0.138
Multiple partners in past 12 months	0.151	0.011	1486	1250	1.198	0.074	0.129	0.174
Paid for sex past 12 months	0.019	0.003	2242	1953	1.159	0.175	0.013	0.026

na = Not applicable

Table B.5 Sampling errors for Caprivi sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.269	0.016	656	474	0.939	0.061	0.236	0.301
Literate	0.883	0.018	656	474	1.445	0.021	0.846	0.919
No education	0.055	0.011	656	474	1.212	0.196	0.033	0.077
Secondary education or higher	0.655	0.026	656	474	1.393	0.039	0.604	0.707
Net attendance ratio for primary school	0.896	0.023	508	448	1.627	0.025	0.851	0.941
Never married	0.448	0.038	656	474	1.981	0.086	0.371	0.525
Currently married/in union	0.422	0.030	656	474	1.571	0.072	0.362	0.483
Married before age 20	0.318	0.023	508	371	1.114	0.072	0.272	0.364
Had sexual intercourse before age 18	0.548	0.021	508	371	0.963	0.039	0.506	0.591
Currently pregnant	0.072	0.012	656	474	1.177	0.166	0.048	0.095
Children ever born	1.981	0.110	656	474	1.449	0.056	1.761	2.201
Children surviving	1.765	0.103	656	474	1.510	0.058	1.559	1.971
Children ever born to women age 40-49	4.749	0.176	93	70	0.789	0.037	4.397	5.101
Knows any contraceptive method	0.988	0.008	268	200	1.222	0.008	0.972	1.000
Ever using contraceptive method	0.867	0.028	268	200	1.336	0.032	0.812	0.923
Currently using any contraceptive method	0.438	0.037	268	200	1.227	0.085	0.363	0.512
Currently using pill	0.105	0.021	268	200	1.096	0.196	0.064	0.146
Currently using IUD	0.000	0.000	268	200	na	na	0.000	0.000
Currently using female sterilization	0.006	0.006	268	200	1.263	0.989	0.000	0.018
Currently using rhythm method	0.000	0.000	268	200	na	na	0.000	0.000
Obtained method from public sector source	0.939	0.018	256	193	1.187	0.019	0.903	0.974
Want no more children	0.359	0.025	268	200	0.863	0.071	0.309	0.410
Want to delay birth at least 2 years	0.241	0.032	268	200	1.234	0.134	0.176	0.305
Ideal family size	3.547	0.132	651	471	1.696	0.037	3.284	3.810
Perinatal mortality (0-4 years)	57.828	8.863	344	273	0.680	0.153	40.102	75.553
Mothers received tetanus injection for last birth	0.582	0.043	284	217	1.517	0.074	0.496	0.668
Mothers received medical assistance at delivery	0.800	0.029	340	269	1.277	0.037	0.741	0.858
Had diarrhoea in two weeks before survey	0.134	0.018	313	243	0.926	0.131	0.099	0.169
Treated with oral rehydration salts (ORS)	0.585	0.085	40	33	1.102	0.146	0.415	0.755
Taken to a health provider	0.436	0.061	40	33	0.793	0.139	0.315	0.558
Vaccination card seen	0.767	0.069	74	61	1.502	0.091	0.628	0.906
Received BCG	0.960	0.024	74	61	1.095	0.025	0.913	1.000
Received DPT (3 doses)	0.895	0.056	74	61	1.676	0.063	0.782	1.000
Received polio (3 doses)	0.770	0.079	74	61	1.710	0.102	0.612	0.927
Received measles	0.895	0.024	74	61	0.721	0.027	0.846	0.943
Fully immunized	0.702	0.061	74	61	1.219	0.087	0.580	0.824
Height-for-age (below -2SD)	0.261	0.031	336	275	1.247	0.119	0.199	0.323
Weight-for-height (below -2SD)	0.053	0.022	336	275	1.613	0.409	0.010	0.096
Weight-for-age (below -2SD)	0.138	0.026	336	275	1.213	0.184	0.087	0.190
BMI <18.5	0.075	0.015	581	421	1.347	0.196	0.046	0.105
Use condom at last high risk sex	0.515	0.039	209	146	1.133	0.076	0.436	0.593
Use condom at last high risk sex - 15-24	0.520	0.050	142	100	1.190	0.096	0.419	0.620
Had high-risk intercourse	0.426	0.037	478	343	1.634	0.087	0.352	0.500
Abstinence among youth (never had sex)	0.217	0.032	230	155	1.161	0.146	0.154	0.280
Sexually active past 12 months never-married youth	0.652	0.036	230	155	1.131	0.055	0.581	0.723
Had injection past 12 months	0.412	0.026	656	474	1.338	0.062	0.361	0.464
Accepting attitudes to people with HIV	0.101	0.016	640	464	1.374	0.162	0.068	0.134
HIV test and result in past 12 months	0.172	0.022	656	474	1.470	0.126	0.129	0.216
Total fertility rate (past 3 years)	3.594	0.300	na	1321	1.462	0.083	2.994	4.194
Neonatal mortality (past 10 years)	38.508	8.731	659	520	1.113	0.227	21.046	55.969
Postneonatal mortality (past 10 years)	39.402	8.122	659	520	1.063	0.206	23.158	55.645
Infant mortality (past 10 years)	77.909	14.783	659	520	1.188	0.190	48.343	107.476
Child mortality (past 10 years)	16.892	5.454	662	521	1.057	0.323	5.983	27.800
Under-five mortality (past 10 years)	93.485	13.898	662	521	1.076	0.149	65.688	121.281
MEN								
Urban residence	0.231	0.019	242	189	0.696	0.082	0.193	0.269
Literate	0.817	0.022	242	189	0.864	0.026	0.773	0.860
No education	0.063	0.016	242	189	1.016	0.252	0.031	0.095
Secondary education or higher	0.620	0.036	242	189	1.143	0.058	0.548	0.691
Never married	0.487	0.044	242	189	1.356	0.090	0.400	0.574
Currently married/in union	0.433	0.038	242	189	1.188	0.088	0.357	0.509
Married before age 20	0.121	0.034	202	161	1.485	0.282	0.053	0.190
Had sexual intercourse before 18	0.599	0.044	202	161	1.275	0.074	0.511	0.687
Children ever born	3.277	0.271	101	82	1.246	0.083	2.735	3.819
Ever used any contraceptive method	0.740	0.051	101	82	1.161	0.069	0.638	0.842
Knows any contraceptive method	1.000	0.000	101	82	na	0.000	1.000	1.000
Want no more children	0.197	0.050	101	82	1.249	0.252	0.098	0.296
Want to delay birth at least 2 years	0.444	0.062	101	82	1.243	0.139	0.320	0.567
Ideal family size	4.381	0.239	240	187	1.242	0.055	3.902	4.859
Use condom at last high risk sex	0.679	0.064	117	89	1.465	0.094	0.552	0.806
Condom use last higher-risk intercourse (youth)	0.764	0.069	59	43	1.240	0.091	0.625	0.902
Abstinence among youth (never had intercourse)	0.141	0.028	81	58	0.731	0.201	0.084	0.198
Sexually active past 12 months (never married youth)	0.701	0.058	81	58	1.128	0.082	0.586	0.817
Had injection past 12 months	0.200	0.020	242	189	0.793	0.102	0.159	0.241
Accepting attitudes to people with HIV	0.209	0.023	236	184	0.863	0.110	0.163	0.254
HIV test and result in past 12 months	0.095	0.019	242	189	0.980	0.194	0.058	0.133
Multiple partners in past 12 months	0.175	0.031	197	155	1.144	0.177	0.113	0.237
Paid for sex past 12 months	0.082	0.019	242	189	1.080	0.232	0.044	0.121

na = Not applicable

Table B.6 Sampling errors for Erongo sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban residence	0.897	0.017	611	688	1.419	0.019	0.862	0.932
Literate	0.958	0.008	611	688	0.980	0.008	0.942	0.974
No education	0.031	0.009	611	688	1.329	0.299	0.013	0.050
Secondary education or higher	0.789	0.027	611	688	1.650	0.035	0.735	0.844
Net attendance ratio for primary school	0.830	0.023	299	332	1.016	0.028	0.783	0.877
Never married	0.435	0.018	611	688	0.909	0.042	0.398	0.471
Currently married/in union	0.476	0.018	611	688	0.901	0.038	0.439	0.512
Married before age 20	0.204	0.025	512	570	1.388	0.121	0.154	0.253
Had sexual intercourse before age 18	0.359	0.026	512	570	1.203	0.071	0.308	0.410
Currently pregnant	0.053	0.008	611	688	0.921	0.158	0.036	0.069
Children ever born	1.852	0.081	611	688	1.067	0.044	1.690	2.014
Children surviving	1.725	0.072	611	688	1.026	0.041	1.582	1.868
Children ever born to women age 40-49	3.761	0.199	132	145	1.162	0.053	3.363	4.158
Knows any contraceptive method	0.999	0.001	294	327	0.606	0.001	0.996	1.000
Ever using contraceptive method	0.945	0.021	294	327	1.608	0.023	0.903	0.988
Currently using any contraceptive method	0.696	0.031	294	327	1.154	0.045	0.634	0.758
Currently using pill	0.124	0.026	294	327	1.358	0.211	0.072	0.177
Currently using IUD	0.015	0.007	294	327	0.978	0.465	0.001	0.029
Currently using female sterilization	0.146	0.022	294	327	1.054	0.149	0.103	0.190
Currently using rhythm method	0.003	0.003	294	327	0.963	1.000	0.000	0.009
Obtained method from public sector source	0.688	0.043	362	409	1.782	0.063	0.601	0.775
Want no more children	0.546	0.020	294	327	0.690	0.037	0.505	0.586
Want to delay birth at least 2 years	0.127	0.026	294	327	1.330	0.204	0.075	0.178
Ideal family size	2.793	0.126	607	684	1.479	0.045	2.541	3.045
Perinatal mortality (0-4 years)	24.556	8.042	290	308	0.866	0.327	8.472	40.640
Mothers received tetanus injection for last birth	0.207	0.042	239	257	1.548	0.201	0.124	0.290
Mothers received medical assistance at delivery	0.926	0.021	288	306	1.138	0.023	0.883	0.969
Had diarrhoea in two weeks before survey	0.090	0.030	269	287	1.442	0.337	0.029	0.151
Treated with oral rehydration salts (ORS)	0.978	0.022	23	26	0.733	0.023	0.933	1.000
Taken to a health provider	0.667	0.121	23	26	1.122	0.182	0.424	0.909
Vaccination card seen	0.608	0.079	54	57	1.148	0.130	0.450	0.767
Received BCG	0.973	0.027	54	57	1.174	0.028	0.918	1.000
Received DPT (3 doses)	0.964	0.034	54	57	1.285	0.035	0.897	1.000
Received polio (3 doses)	0.910	0.039	54	57	0.969	0.043	0.832	0.988
Received measles	0.844	0.070	54	57	1.369	0.083	0.703	0.984
Fully immunized	0.763	0.073	54	57	1.211	0.095	0.617	0.908
Height-for-age (below -2SD)	0.215	0.028	242	241	0.963	0.129	0.160	0.271
Weight-for-height (below -2SD)	0.032	0.013	242	241	1.095	0.408	0.006	0.059
Weight-for-age (below -2SD)	0.065	0.020	242	241	1.131	0.310	0.025	0.105
BMI <18.5	0.085	0.016	546	610	1.358	0.192	0.052	0.118
Use condom at last high risk sex	0.689	0.037	195	214	1.119	0.054	0.615	0.764
Use condom at last high risk sex - 15-24	0.743	0.069	96	107	1.528	0.092	0.606	0.880
Had high-risk intercourse	0.425	0.026	462	505	1.142	0.062	0.372	0.477
Abstinence among youth (never had sex)	0.399	0.037	166	193	0.959	0.092	0.326	0.472
Sexually active past 12 months never-married youth	0.537	0.040	166	193	1.018	0.074	0.458	0.616
Had injection past 12 months	0.406	0.029	611	688	1.477	0.072	0.347	0.465
Accepting attitudes to people with HIV	0.442	0.025	611	688	1.252	0.057	0.392	0.493
HIV test and result in past 12 months	0.364	0.019	611	688	0.957	0.051	0.327	0.401
Total fertility rate (past 3 years)	2.824	0.250	na	1974	1.305	0.088	2.325	3.324
Neonatal mortality (past 10 years)	17.937	5.414	537	571	0.874	0.302	7.109	28.766
Postneonatal mortality (past 10 years)	30.400	10.375	537	571	1.186	0.341	9.651	51.149
Infant mortality (past 10 years)	48.337	10.958	537	571	1.006	0.227	26.421	70.254
Child mortality (past 10 years)	17.296	7.482	538	573	1.078	0.433	2.333	32.260
Under-five mortality (past 10 years)	64.798	12.872	538	573	1.040	0.199	39.054	90.541
			MEN					
Urban residence	0.880	0.022	351	362	1.258	0.025	0.836	0.923
Literate	0.943	0.010	351	362	0.838	0.011	0.923	0.964
No education	0.057	0.014	351	362	1.145	0.249	0.029	0.085
Secondary education or higher	0.698	0.027	351	362	1.120	0.039	0.643	0.753
Never married	0.486	0.030	351	362	1.115	0.061	0.427	0.546
Currently married/in union	0.449	0.028	351	362	1.046	0.062	0.394	0.505
Married before age 20	0.054	0.011	306	313	0.890	0.214	0.031	0.077
Had sexual intercourse before 18	0.403	0.033	306	313	1.184	0.082	0.337	0.470
Children ever born	3.360	0.253	153	163	1.109	0.075	2.855	3.865
Ever used any contraceptive method	0.918	0.029	153	163	1.320	0.032	0.859	0.977
Knows any contraceptive method	1.000	0.000	153	163	na	0.000	1.000	1.000
Want no more children	0.431	0.047	153	163	1.176	0.110	0.336	0.525
Want to delay birth at least 2 years	0.279	0.035	153	163	0.961	0.125	0.209	0.349
Ideal family size	3.762	0.170	347	358	0.895	0.045	3.422	4.103
Use condom at last high risk sex	0.849	0.032	153	157	1.116	0.038	0.785	0.914
Condom use last higher-risk intercourse (youth)	0.849	0.047	53	54	0.954	0.056	0.754	0.943
Abstinence among youth (never had intercourse)	0.295	0.048	86	89	0.979	0.164	0.198	0.392
Sexually active past 12 months (never married youth)	0.519	0.044	86	89	0.821	0.086	0.430	0.608
Had injection past 12 months	0.216	0.025	351	362	1.144	0.116	0.166	0.267
Accepting attitudes to people with HIV	0.315	0.028	347	358	1.134	0.090	0.258	0.371
HIV test and result in past 12 months	0.275	0.022	351	362	0.912	0.079	0.232	0.319
Multiple partners in past 12 months	0.227	0.032	284	293	1.285	0.141	0.163	0.291
Paid for sex past 12 months	0.008	0.005	351	362	1.086	0.660	0.000	0.018

na = Not applicable

Table B.7 Sampling errors for Hardap sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.596	0.039	550	315	1.862	0.065	0.518	0.674
Literate	0.910	0.016	550	315	1.293	0.017	0.879	0.942
No education	0.061	0.012	550	315	1.208	0.203	0.036	0.085
Secondary education or higher	0.677	0.030	550	315	1.493	0.044	0.617	0.736
Net attendance ratio for primary school	0.822	0.019	363	209	0.947	0.024	0.783	0.861
Never married	0.520	0.044	550	315	2.076	0.085	0.432	0.609
Currently married/in union	0.416	0.037	550	315	1.782	0.090	0.341	0.491
Married before age 20	0.186	0.020	427	247	1.076	0.109	0.146	0.227
Had sexual intercourse before age 18	0.348	0.029	427	247	1.256	0.083	0.290	0.406
Currently pregnant	0.070	0.012	550	315	1.141	0.178	0.045	0.094
Children ever born	2.050	0.122	550	315	1.405	0.059	1.806	2.294
Children surviving	1.860	0.107	550	315	1.356	0.058	1.646	2.075
Children ever born to women age 40-49	4.152	0.265	101	58	1.214	0.064	3.623	4.682
Knows any contraceptive method	1.000	0.000	225	131	na	0.000	1.000	1.000
Ever using contraceptive method	0.910	0.017	225	131	0.890	0.019	0.876	0.944
Currently using any contraceptive method	0.626	0.032	225	131	0.980	0.051	0.563	0.690
Currently using pill	0.091	0.020	225	131	1.031	0.217	0.052	0.131
Currently using IUD	0.006	0.006	225	131	1.126	1.003	0.000	0.017
Currently using female sterilization	0.170	0.028	225	131	1.137	0.168	0.113	0.227
Currently using rhythm method	0.000	0.000	225	131	na	na	0.000	0.000
Obtained method from public sector source	0.885	0.026	264	157	1.317	0.029	0.833	0.937
Want no more children	0.539	0.033	225	131	0.996	0.062	0.473	0.606
Want to delay birth at least 2 years	0.071	0.013	225	131	0.744	0.179	0.046	0.097
Ideal family size	2.369	0.091	546	313	1.182	0.039	2.186	2.551
Perinatal mortality (0-4 years)	24.415	9.911	259	149	0.907	0.406	4.593	44.237
Mothers received tetanus injection for last birth	0.276	0.036	208	121	1.179	0.131	0.204	0.349
Mothers received medical assistance at delivery	0.905	0.020	258	149	0.964	0.022	0.865	0.945
Had diarrhoea in two weeks before survey	0.092	0.021	240	139	1.123	0.226	0.051	0.134
Treated with oral rehydration salts (ORS)	0.621	0.094	22	13	0.917	0.151	0.434	0.809
Taken to a health provider	0.452	0.101	22	13	0.962	0.224	0.250	0.654
Vaccination card seen	0.646	0.071	57	33	1.127	0.111	0.503	0.789
Received BCG	0.941	0.036	57	33	1.149	0.038	0.870	1.000
Received DPT (3 doses)	0.849	0.062	57	33	1.301	0.073	0.725	0.972
Received polio (3 doses)	0.828	0.049	57	33	0.974	0.059	0.730	0.925
Received measles	0.880	0.061	57	33	1.424	0.070	0.757	1.000
Fully immunized	0.663	0.065	57	33	1.043	0.099	0.532	0.793
Height-for-age (below -2SD)	0.300	0.046	245	142	1.399	0.153	0.208	0.391
Weight-for-height (below -2SD)	0.108	0.018	245	142	0.854	0.162	0.073	0.143
Weight-for-age (below -2SD)	0.203	0.025	245	142	0.885	0.126	0.152	0.253
BMI <18.5	0.195	0.018	489	278	0.999	0.092	0.159	0.231
Use condom at last high risk sex	0.467	0.049	147	86	1.188	0.105	0.369	0.566
Use condom at last high risk sex - 15-24	0.554	0.051	78	46	0.893	0.091	0.452	0.655
Had high-risk intercourse	0.396	0.031	371	217	1.212	0.078	0.334	0.458
Abstinence among youth (never had sex)	0.441	0.042	191	105	1.155	0.094	0.358	0.524
Sexually active past 12 months never-married youth	0.476	0.043	191	105	1.199	0.091	0.389	0.563
Had injection past 12 months	0.347	0.022	550	315	1.101	0.064	0.302	0.392
Accepting attitudes to people with HIV	0.304	0.017	546	313	0.853	0.055	0.271	0.338
HIV test and result in past 12 months	0.203	0.017	550	315	0.988	0.083	0.169	0.237
Total fertility rate (past 3 years)	3.255	0.306	na	880	1.400	0.094	2.644	3.867
Neonatal mortality (past 10 years)	25.315	6.916	503	294	0.837	0.273	11.483	39.147
Postneonatal mortality (past 10 years)	22.239	6.249	503	294	0.851	0.281	9.740	34.737
Infant mortality (past 10 years)	47.554	9.636	503	294	0.887	0.203	28.282	66.826
Child mortality (past 10 years)	27.222	7.559	505	296	0.908	0.278	12.104	42.340
Under-five mortality (past 10 years)	73.481	12.832	505	296	0.941	0.175	47.818	99.144
MEN								
Urban residence	0.561	0.037	231	132	1.138	0.066	0.486	0.635
Literate	0.829	0.023	231	132	0.937	0.028	0.783	0.876
No education	0.097	0.013	231	132	0.675	0.136	0.070	0.123
Secondary education or higher	0.620	0.031	231	132	0.973	0.050	0.558	0.682
Never married	0.592	0.036	231	132	1.123	0.061	0.519	0.665
Currently married/in union	0.340	0.032	231	132	1.013	0.093	0.277	0.403
Married before age 20	0.022	0.011	185	107	1.009	0.493	0.000	0.044
Had sexual intercourse before 18	0.432	0.043	185	107	1.168	0.099	0.347	0.518
Children ever born	3.174	0.251	79	45	0.956	0.079	2.671	3.676
Ever used any contraceptive method	0.800	0.046	79	45	1.010	0.057	0.709	0.892
Knows any contraceptive method	0.987	0.012	79	45	0.980	0.013	0.963	1.000
Want no more children	0.468	0.059	79	45	1.049	0.126	0.350	0.587
Want to delay birth at least 2 years	0.129	0.036	79	45	0.958	0.282	0.056	0.202
Ideal family size	3.012	0.196	229	132	1.238	0.065	2.620	3.405
Use condom at last high risk sex	0.759	0.061	66	37	1.153	0.081	0.637	0.881
Condom use last higher-risk intercourse (youth)	0.698	0.111	24	14	1.160	0.159	0.476	0.920
Abstinence among youth (never had intercourse)	0.476	0.078	76	44	1.346	0.163	0.320	0.631
Sexually active past 12 months (never married youth)	0.387	0.075	76	44	1.328	0.193	0.238	0.537
Had injection past 12 months	0.186	0.031	231	132	1.200	0.165	0.124	0.248
Accepting attitudes to people with HIV	0.431	0.063	231	132	1.933	0.146	0.305	0.557
HIV test and result in past 12 months	0.150	0.026	231	132	1.083	0.170	0.099	0.201
Multiple partners in past 12 months	0.098	0.038	151	87	1.584	0.393	0.021	0.174
Paid for sex past 12 months	0.003	0.003	231	132	0.831	1.003	0.000	0.009

na = Not applicable

Table B.8 Sampling errors for Karas sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban residence	0.577	0.038	493	318	1.712	0.066	0.501	0.653
Literate	0.965	0.016	493	318	1.891	0.016	0.934	0.997
No education	0.014	0.007	493	318	1.293	0.483	0.000	0.028
Secondary education or higher	0.778	0.034	493	318	1.792	0.043	0.711	0.845
Net attendance ratio for primary school	0.875	0.032	334	235	1.923	0.037	0.811	0.939
Never married	0.502	0.031	493	318	1.367	0.061	0.441	0.564
Currently married/in union	0.438	0.031	493	318	1.370	0.070	0.376	0.499
Married before age 20	0.143	0.021	411	266	1.207	0.146	0.102	0.185
Had sexual intercourse before age 18	0.285	0.030	411	266	1.336	0.104	0.226	0.345
Currently pregnant	0.040	0.012	493	318	1.321	0.292	0.017	0.063
Children ever born	2.018	0.113	493	318	1.303	0.056	1.792	2.245
Children surviving	1.865	0.096	493	318	1.206	0.051	1.674	2.056
Children ever born to women age 40-49	3.800	0.258	105	65	1.176	0.068	3.284	4.316
Knows any contraceptive method	0.997	0.003	212	139	0.824	0.003	0.991	1.000
Ever using contraceptive method	0.907	0.021	212	139	1.033	0.023	0.866	0.948
Currently using any contraceptive method	0.638	0.028	212	139	0.847	0.044	0.582	0.694
Currently using pill	0.090	0.019	212	139	0.962	0.210	0.052	0.128
Currently using IUD	0.021	0.008	212	139	0.832	0.389	0.005	0.038
Currently using female sterilization	0.202	0.033	212	139	1.184	0.162	0.136	0.267
Currently using rhythm method	0.000	0.000	212	139	na	na	0.000	0.000
Obtained method from public sector source	0.738	0.071	265	169	2.612	0.096	0.597	0.879
Want no more children	0.496	0.046	212	139	1.351	0.094	0.403	0.589
Want to delay birth at least 2 years	0.066	0.019	212	139	1.101	0.284	0.029	0.104
Ideal family size	2.665	0.145	492	317	1.907	0.054	2.375	2.955
Perinatal mortality (0-4 years)	28.826	12.452	225	146	0.977	0.432	3.923	53.730
Mothers received tetanus injection for last birth	0.452	0.065	182	119	1.765	0.143	0.322	0.581
Mothers received medical assistance at delivery	0.937	0.022	225	146	1.241	0.023	0.894	0.980
Had diarrhoea in two weeks before survey	0.118	0.034	209	136	1.473	0.284	0.051	0.185
Treated with oral rehydration salts (ORS)	0.736	0.142	24	16	1.592	0.193	0.452	1.000
Taken to a health provider	0.564	0.160	24	16	1.574	0.283	0.245	0.883
Vaccination card seen	0.689	0.078	42	26	1.061	0.113	0.533	0.846
Received BCG	0.966	0.024	42	26	0.852	0.025	0.918	1.000
Received DPT (3 doses)	0.866	0.050	42	26	0.935	0.058	0.766	0.967
Received polio (3 doses)	0.743	0.067	42	26	0.963	0.090	0.609	0.877
Received measles	0.954	0.029	42	26	0.874	0.030	0.896	1.000
Fully immunized	0.679	0.069	42	26	0.926	0.102	0.541	0.816
Height-for-age (below -2SD)	0.302	0.052	200	133	1.532	0.173	0.198	0.407
Weight-for-height (below -2SD)	0.077	0.017	200	133	0.906	0.228	0.042	0.112
Weight-for-age (below -2SD)	0.160	0.034	200	133	1.243	0.213	0.092	0.229
BMI <18.5	0.140	0.020	443	288	1.196	0.141	0.100	0.179
Use condom at last high risk sex	0.583	0.030	146	93	0.741	0.052	0.522	0.643
Use condom at last high risk sex - 15-24	0.629	0.060	68	43	1.014	0.095	0.510	0.749
Had high-risk intercourse	0.428	0.042	335	218	1.541	0.098	0.344	0.511
Abstinence among youth (never had sex)	0.414	0.051	141	89	1.232	0.124	0.311	0.516
Sexually active past 12 months never-married youth	0.458	0.036	141	89	0.866	0.080	0.385	0.531
Had injection past 12 months	0.230	0.023	493	318	1.213	0.100	0.184	0.277
Accepting attitudes to people with HIV	0.368	0.045	490	316	2.045	0.121	0.278	0.457
HIV test and result in past 12 months	0.247	0.022	493	318	1.145	0.090	0.202	0.291
Total fertility rate (past 3 years)	3.171	0.267	na	903	1.151	0.084	2.637	3.705
Neonatal mortality (past 10 years)	19.596	7.312	440	288	0.930	0.373	4.971	34.221
Postneonatal mortality (past 10 years)	25.210	8.481	440	288	1.036	0.336	8.247	42.172
Infant mortality (past 10 years)	44.806	9.724	440	288	0.847	0.217	25.358	64.253
Child mortality (past 10 years)	15.107	9.276	442	289	1.593	0.614	0.000	33.660
Under-five mortality (past 10 years)	59.236	14.152	442	289	1.136	0.239	30.933	87.539
			MEN					
Urban residence	0.618	0.033	267	157	1.116	0.054	0.551	0.684
Literate	0.962	0.013	267	157	1.075	0.013	0.937	0.987
No education	0.020	0.010	267	157	1.101	0.468	0.001	0.039
Secondary education or higher	0.804	0.036	267	157	1.469	0.044	0.732	0.875
Never married	0.609	0.040	267	157	1.346	0.066	0.529	0.690
Currently married/in union	0.307	0.046	267	157	1.614	0.149	0.216	0.398
Married before age 20	0.025	0.012	214	128	1.151	0.492	0.000	0.050
Had sexual intercourse before 18	0.467	0.048	214	128	1.391	0.102	0.372	0.562
Children ever born	2.974	0.197	76	48	0.678	0.066	2.581	3.368
Ever used any contraceptive method	0.779	0.050	76	48	1.041	0.064	0.679	0.879
Knows any contraceptive method	0.992	0.009	76	48	0.832	0.009	0.974	1.000
Want no more children	0.514	0.093	76	48	1.611	0.181	0.328	0.700
Want to delay birth at least 2 years	0.228	0.087	76	48	1.787	0.379	0.055	0.401
Ideal family size	3.125	0.209	266	156	1.228	0.067	2.706	3.544
Use condom at last high risk sex	0.790	0.030	115	68	0.779	0.038	0.731	0.850
Condom use last higher-risk intercourse (youth)	0.875	0.048	40	22	0.909	0.055	0.779	0.971
Abstinence among youth (never had intercourse)	0.421	0.052	94	53	1.008	0.123	0.318	0.524
Sexually active past 12 months (never married youth)	0.419	0.060	94	53	1.177	0.144	0.299	0.540
Had injection past 12 months	0.176	0.033	267	157	1.397	0.185	0.111	0.241
Accepting attitudes to people with HIV	0.354	0.039	262	155	1.320	0.110	0.276	0.433
HIV test and result in past 12 months	0.231	0.036	267	157	1.408	0.157	0.158	0.304
Multiple partners in past 12 months	0.156	0.049	185	111	1.821	0.313	0.058	0.253
Paid for sex past 12 months	0.020	0.010	267	157	1.175	0.503	0.000	0.040

na = Not applicable

Table B.9 Sampling errors for Kavango sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.357	0.038	996	934	2.531	0.108	0.280	0.434
Literate	0.765	0.021	996	934	1.536	0.027	0.723	0.806
No education	0.157	0.015	996	934	1.306	0.096	0.127	0.187
Secondary education or higher	0.451	0.028	996	934	1.801	0.063	0.394	0.507
Net attendance ratio for primary school	0.809	0.017	1051	994	1.206	0.021	0.775	0.842
Never married	0.370	0.019	996	934	1.236	0.051	0.332	0.408
Currently married/in union	0.511	0.024	996	934	1.518	0.047	0.463	0.559
Married before age 20	0.407	0.017	748	695	0.973	0.043	0.372	0.442
Had sexual intercourse before age 18	0.582	0.019	748	695	1.034	0.032	0.545	0.619
Currently pregnant	0.062	0.009	996	934	1.130	0.139	0.045	0.080
Children ever born	2.225	0.104	996	934	1.494	0.047	2.018	2.432
Children surviving	2.054	0.096	996	934	1.495	0.047	1.862	2.246
Children ever born to women age 40-49	4.976	0.210	143	130	1.141	0.042	4.557	5.395
Knows any contraceptive method	0.984	0.007	513	477	1.265	0.007	0.970	0.998
Ever using contraceptive method	0.820	0.020	513	477	1.199	0.025	0.779	0.860
Currently using any contraceptive method	0.391	0.026	513	477	1.199	0.066	0.339	0.443
Currently using pill	0.047	0.010	513	477	1.046	0.209	0.027	0.066
Currently using IUD	0.000	0.000	513	477	na	na	0.000	0.000
Currently using female sterilization	0.020	0.007	513	477	1.073	0.333	0.007	0.033
Currently using rhythm method	0.002	0.002	513	477	0.955	0.993	0.000	0.005
Obtained method from public sector source	0.890	0.024	355	332	1.422	0.027	0.843	0.937
Want no more children	0.448	0.023	513	477	1.058	0.052	0.402	0.495
Want to delay birth at least 2 years	0.272	0.023	513	477	1.178	0.085	0.225	0.318
Ideal family size	3.565	0.083	977	915	1.201	0.023	3.399	3.731
Perinatal mortality (0-4 years)	32.497	9.295	666	618	1.267	0.286	13.907	51.087
Mothers received tetanus injection for last birth	0.355	0.018	516	481	0.868	0.052	0.319	0.392
Mothers received medical assistance at delivery	0.635	0.034	657	610	1.643	0.054	0.567	0.704
Had diarrhoea in two weeks before survey	0.205	0.019	617	574	1.121	0.094	0.166	0.243
Treated with oral rehydration salts (ORS)	0.694	0.052	128	118	1.210	0.075	0.590	0.798
Taken to a health provider	0.694	0.051	128	118	1.162	0.073	0.592	0.796
Vaccination card seen	0.747	0.038	145	136	1.016	0.051	0.672	0.823
Received BCG	0.895	0.029	145	136	1.064	0.033	0.836	0.954
Received DPT (3 doses)	0.721	0.061	145	136	1.580	0.084	0.600	0.842
Received polio (3 doses)	0.725	0.045	145	136	1.203	0.062	0.635	0.815
Received measles	0.550	0.052	145	136	1.235	0.094	0.446	0.654
Fully immunized	0.477	0.056	145	136	1.319	0.116	0.366	0.588
Height-for-age (below -2SD)	0.388	0.020	639	607	0.991	0.051	0.349	0.428
Weight-for-height (below -2SD)	0.069	0.008	639	607	0.822	0.122	0.052	0.086
Weight-for-age (below -2SD)	0.185	0.013	639	607	0.798	0.070	0.159	0.211
BMI <18.5	0.201	0.013	895	839	0.980	0.065	0.175	0.228
Use condom at last high risk sex	0.462	0.037	216	201	1.091	0.080	0.388	0.536
Use condom at last high risk sex - 15-24	0.476	0.037	182	170	1.008	0.079	0.401	0.550
Had high-risk intercourse	0.307	0.022	704	654	1.260	0.071	0.263	0.350
Abstinence among youth (never had sex)	0.243	0.028	295	279	1.101	0.113	0.188	0.298
Sexually active past 12 months never-married youth	0.588	0.034	295	279	1.193	0.058	0.519	0.656
Had injection past 12 months	0.264	0.019	996	934	1.332	0.070	0.227	0.302
Accepting attitudes to people with HIV	0.211	0.019	975	914	1.433	0.089	0.173	0.248
HIV test and result in past 12 months	0.260	0.016	996	934	1.145	0.061	0.228	0.292
Total fertility rate (past 3 years)	4.910	0.256	na	2591	1.046	0.052	4.397	5.423
Neonatal mortality (past 10 years)	21.399	5.507	1205	1121	1.207	0.257	10.384	32.414
Postneonatal mortality (past 10 years)	27.698	5.204	1205	1121	1.041	0.188	17.291	38.105
Infant mortality (past 10 years)	49.097	7.759	1206	1122	1.095	0.158	33.579	64.615
Child mortality (past 10 years)	19.113	4.236	1207	1123	0.943	0.222	10.641	27.584
Under-five mortality (past 10 years)	67.271	7.786	1209	1124	1.009	0.116	51.700	82.842
MEN								
Urban residence	0.363	0.044	365	331	1.759	0.122	0.274	0.452
Literate	0.849	0.022	365	331	1.188	0.026	0.804	0.893
No education	0.077	0.019	365	331	1.362	0.247	0.039	0.115
Secondary education or higher	0.583	0.039	365	331	1.525	0.068	0.505	0.662
Never married	0.572	0.031	365	331	1.185	0.054	0.511	0.634
Currently married/in union	0.378	0.028	365	331	1.098	0.074	0.322	0.434
Married before age 20	0.127	0.024	260	233	1.143	0.186	0.080	0.175
Had sexual intercourse before 18	0.708	0.026	260	233	0.923	0.037	0.655	0.760
Children ever born	3.614	0.244	137	125	1.087	0.067	3.126	4.101
Ever used any contraceptive method	0.697	0.048	137	125	1.212	0.069	0.602	0.793
Knows any contraceptive method	1.000	0.000	137	125	na	0.000	1.000	1.000
Want no more children	0.269	0.048	137	125	1.264	0.179	0.173	0.365
Want to delay birth at least 2 years	0.162	0.040	137	125	1.276	0.249	0.081	0.243
Ideal family size	4.174	0.132	352	317	0.827	0.032	3.911	4.437
Use condom at last high risk sex	0.642	0.047	173	153	1.293	0.074	0.548	0.737
Condom use last higher-risk intercourse (youth)	0.691	0.041	116	105	0.948	0.059	0.609	0.773
Abstinence among youth (never had intercourse)	0.256	0.049	163	150	1.430	0.191	0.158	0.355
Sexually active past 12 months (never married youth)	0.680	0.049	163	150	1.345	0.072	0.582	0.779
Had injection past 12 months	0.108	0.017	365	331	1.027	0.155	0.075	0.141
Accepting attitudes to people with HIV	0.407	0.043	364	330	1.677	0.106	0.321	0.494
HIV test and result in past 12 months	0.078	0.014	365	331	0.990	0.178	0.050	0.106
Multiple partners in past 12 months	0.126	0.022	299	268	1.139	0.174	0.082	0.169
Paid for sex past 12 months	0.016	0.006	365	331	0.994	0.412	0.003	0.029

na = Not applicable

Table B.10 Sampling errors for Khomas sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban residence	0.975	0.005	996	2218	0.964	0.005	0.965	0.985
Literate	0.967	0.006	996	2218	1.109	0.006	0.954	0.980
No education	0.020	0.004	996	2218	0.922	0.204	0.012	0.028
Secondary education or higher	0.867	0.014	996	2218	1.283	0.016	0.839	0.894
Net attendance ratio for primary school	0.853	0.014	469	1080	0.880	0.016	0.825	0.880
Never married	0.602	0.025	996	2218	1.619	0.042	0.552	0.652
Currently married/in union	0.338	0.021	996	2218	1.412	0.063	0.295	0.380
Married before age 20	0.111	0.016	842	1818	1.491	0.146	0.078	0.143
Had sexual intercourse before age 18	0.303	0.016	842	1818	0.991	0.052	0.272	0.334
Currently pregnant	0.040	0.008	996	2218	1.211	0.187	0.025	0.056
Children ever born	1.500	0.072	996	2218	1.336	0.048	1.355	1.645
Children surviving	1.405	0.068	996	2218	1.380	0.048	1.269	1.541
Children ever born to women age 40-49	3.508	0.228	145	316	1.326	0.065	3.051	3.964
Knows any contraceptive method	0.996	0.004	379	749	1.146	0.004	0.988	1.000
Ever using contraceptive method	0.934	0.016	379	749	1.294	0.018	0.901	0.967
Currently using any contraceptive method	0.686	0.027	379	749	1.139	0.040	0.631	0.740
Currently using pill	0.119	0.019	379	749	1.122	0.157	0.081	0.156
Currently using IUD	0.038	0.010	379	749	1.027	0.264	0.018	0.059
Currently using female sterilization	0.170	0.022	379	749	1.126	0.128	0.127	0.214
Currently using rhythm method	0.006	0.004	379	749	1.059	0.704	0.000	0.014
Obtained method from public sector source	0.645	0.023	556	1254	1.150	0.036	0.598	0.692
Want no more children	0.417	0.024	379	749	0.962	0.059	0.368	0.466
Want to delay birth at least 2 years	0.147	0.027	379	749	1.506	0.187	0.092	0.201
Ideal family size	2.665	0.049	989	2201	0.992	0.019	2.566	2.764
Perinatal mortality (0-4 years)	31.206	8.454	488	929	1.013	0.271	14.299	48.114
Mothers received tetanus injection for last birth	0.290	0.026	381	737	1.026	0.088	0.239	0.341
Mothers received medical assistance at delivery	0.953	0.012	485	920	1.066	0.013	0.928	0.978
Had diarrhoea in two weeks before survey	0.135	0.021	465	889	1.171	0.154	0.094	0.177
Treated with oral rehydration salts (ORS)	0.674	0.062	62	120	0.949	0.092	0.550	0.798
Taken to a health provider	0.642	0.092	62	120	1.365	0.143	0.458	0.825
Vaccination card seen	0.756	0.057	94	176	1.190	0.076	0.641	0.871
Received BCG	0.987	0.013	94	176	0.986	0.013	0.961	1.000
Received DPT (3 doses)	0.879	0.041	94	176	1.128	0.047	0.796	0.962
Received polio (3 doses)	0.817	0.055	94	176	1.257	0.067	0.708	0.927
Received measles	0.866	0.033	94	176	0.851	0.038	0.800	0.931
Fully immunized	0.755	0.053	94	176	1.093	0.070	0.649	0.861
Height-for-age (below -2SD)	0.226	0.035	364	658	1.405	0.155	0.156	0.296
Weight-for-height (below -2SD)	0.053	0.014	364	658	1.106	0.256	0.026	0.080
Weight-for-age (below -2SD)	0.114	0.032	364	658	1.750	0.277	0.051	0.177
BMI <18.5	0.105	0.009	876	1947	0.872	0.086	0.087	0.123
Use condom at last high risk sex	0.734	0.027	353	804	1.142	0.037	0.680	0.788
Use condom at last high risk sex - 15-24	0.741	0.027	147	360	0.757	0.037	0.687	0.796
Had high-risk intercourse	0.528	0.020	715	1521	1.079	0.038	0.488	0.569
Abstinence among youth (never had sex)	0.397	0.032	295	750	1.133	0.082	0.332	0.461
Sexually active past 12 months never-married youth	0.463	0.031	295	750	1.059	0.067	0.401	0.524
Had injection past 12 months	0.338	0.019	996	2218	1.294	0.057	0.300	0.377
Accepting attitudes to people with HIV	0.396	0.025	983	2187	1.614	0.064	0.346	0.447
HIV test and result in past 12 months	0.346	0.021	996	2218	1.413	0.062	0.303	0.389
Total fertility rate (past 3 years)	2.609	0.191	na	6320	1.172	0.073	2.226	2.991
Neonatal mortality (past 10 years)	27.884	13.850	929	1791	1.713	0.497	0.183	55.585
Postneonatal mortality (past 10 years)	12.035	3.651	930	1791	0.972	0.303	4.733	19.337
Infant mortality (past 10 years)	39.919	15.558	930	1791	1.560	0.390	8.803	71.034
Child mortality (past 10 years)	12.286	4.642	931	1796	1.123	0.378	3.003	21.570
Under-five mortality (past 10 years)	51.714	17.596	932	1796	1.675	0.340	16.523	86.906
			MEN					
Urban residence	0.969	0.005	485	984	0.614	0.005	0.959	0.979
Literate	0.969	0.009	485	984	1.118	0.009	0.951	0.986
No education	0.056	0.014	485	984	1.319	0.247	0.028	0.083
Secondary education or higher	0.790	0.023	485	984	1.227	0.029	0.744	0.835
Never married	0.616	0.026	485	984	1.165	0.042	0.565	0.668
Currently married/in union	0.337	0.023	485	984	1.068	0.068	0.292	0.383
Married before age 20	0.030	0.015	415	821	1.774	0.495	0.000	0.060
Had sexual intercourse before 18	0.472	0.024	415	821	0.998	0.052	0.423	0.521
Children ever born	3.491	0.262	176	332	1.206	0.075	2.966	4.015
Ever used any contraceptive method	0.880	0.038	176	332	1.537	0.043	0.804	0.955
Knows any contraceptive method	1.000	0.000	176	332	na	0.000	1.000	1.000
Want no more children	0.486	0.044	176	332	1.166	0.091	0.398	0.574
Want to delay birth at least 2 years	0.192	0.041	176	332	1.390	0.216	0.109	0.275
Ideal family size	3.297	0.098	476	968	0.874	0.030	3.101	3.494
Use condom at last high risk sex	0.820	0.028	188	398	1.008	0.035	0.763	0.876
Condom use last higher-risk intercourse (youth)	0.898	0.039	72	162	1.076	0.043	0.820	0.975
Abstinence among youth (never had intercourse)	0.255	0.042	144	327	1.142	0.163	0.172	0.338
Sexually active past 12 months (never married youth)	0.498	0.046	144	327	1.108	0.093	0.405	0.591
Had injection past 12 months	0.259	0.029	485	984	1.467	0.113	0.200	0.317
Accepting attitudes to people with HIV	0.409	0.028	483	984	1.261	0.069	0.353	0.466
HIV test and result in past 12 months	0.230	0.024	485	984	1.262	0.105	0.182	0.279
Multiple partners in past 12 months	0.160	0.020	348	701	1.026	0.126	0.120	0.200
Paid for sex past 12 months	0.005	0.004	485	984	1.091	0.669	0.000	0.013

na = Not applicable

Table B.11 Sampling errors for Kunene sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.395	0.055	433	259	2.354	0.140	0.285	0.506
Literate	0.681	0.058	433	259	2.570	0.085	0.566	0.797
No education	0.281	0.068	433	259	3.156	0.243	0.144	0.417
Secondary education or higher	0.441	0.057	433	259	2.390	0.129	0.327	0.555
Net attendance ratio for primary school	0.449	0.066	347	250	1.886	0.147	0.318	0.581
Never married	0.348	0.038	433	259	1.668	0.110	0.271	0.424
Currently married/in union	0.545	0.038	433	259	1.576	0.069	0.470	0.621
Married before age 20	0.348	0.055	344	208	2.128	0.157	0.238	0.457
Had sexual intercourse before age 18	0.538	0.026	344	208	0.969	0.048	0.486	0.590
Currently pregnant	0.102	0.012	433	259	0.797	0.114	0.079	0.125
Children ever born	2.655	0.229	433	259	1.830	0.086	2.197	3.113
Children surviving	2.449	0.197	433	259	1.714	0.081	2.055	2.844
Children ever born to women age 40-49	5.567	0.774	72	42	2.087	0.139	4.020	7.114
Knows any contraceptive method	0.976	0.008	226	141	0.811	0.008	0.960	0.993
Ever using contraceptive method	0.819	0.066	226	141	2.575	0.081	0.686	0.951
Currently using any contraceptive method	0.452	0.059	226	141	1.793	0.132	0.333	0.571
Currently using pill	0.034	0.013	226	141	1.065	0.379	0.008	0.060
Currently using IUD	0.005	0.005	226	141	1.086	0.980	0.000	0.016
Currently using female sterilization	0.044	0.016	226	141	1.156	0.358	0.013	0.076
Currently using rhythm method	0.008	0.006	226	141	1.023	0.740	0.000	0.021
Obtained method from public sector source	0.789	0.031	218	125	1.118	0.039	0.727	0.851
Want no more children	0.479	0.049	226	141	1.468	0.102	0.382	0.577
Want to delay birth at least 2 years	0.163	0.030	226	141	1.203	0.182	0.104	0.223
Ideal family size	3.661	0.388	419	249	2.414	0.106	2.885	4.438
Perinatal mortality (0-4 years)	13.550	4.391	290	191	0.682	0.324	4.769	22.332
Mothers received tetanus injection for last birth	0.369	0.044	214	136	1.375	0.119	0.281	0.458
Mothers received medical assistance at delivery	0.544	0.088	285	189	2.620	0.163	0.367	0.720
Had diarrhoea in two weeks before survey	0.099	0.024	271	179	1.402	0.240	0.052	0.147
Treated with oral rehydration salts (ORS)	0.450	0.143	25	18	1.505	0.317	0.165	0.735
Taken to a health provider	0.402	0.138	25	18	1.470	0.344	0.125	0.678
Vaccination card seen	0.491	0.082	51	36	1.261	0.168	0.326	0.655
Received BCG	0.791	0.056	51	36	1.075	0.071	0.678	0.904
Received DPT (3 doses)	0.515	0.134	51	36	2.051	0.260	0.247	0.782
Received polio (3 doses)	0.409	0.108	51	36	1.676	0.265	0.192	0.625
Received measles	0.609	0.094	51	36	1.483	0.154	0.421	0.797
Fully immunized	0.353	0.097	51	36	1.535	0.274	0.159	0.546
Height-for-age (below -2SD)	0.270	0.032	288	205	1.246	0.120	0.205	0.335
Weight-for-height (below -2SD)	0.052	0.011	288	205	0.822	0.216	0.029	0.074
Weight-for-age (below -2SD)	0.126	0.021	288	205	1.109	0.165	0.084	0.168
BMI <18.5	0.155	0.020	378	224	1.072	0.130	0.115	0.195
Use condom at last high risk sex	0.563	0.057	154	94	1.433	0.102	0.448	0.678
Use condom at last high risk sex - 15-24	0.682	0.068	79	46	1.295	0.100	0.545	0.819
Had high-risk intercourse	0.450	0.030	345	210	1.135	0.068	0.389	0.511
Abstinence among youth (never had sex)	0.300	0.052	105	60	1.146	0.172	0.197	0.403
Sexually active past 12 months never-married youth	0.584	0.063	105	60	1.309	0.108	0.458	0.711
Had injection past 12 months	0.403	0.047	433	259	1.972	0.116	0.310	0.496
Accepting attitudes to people with HIV	0.159	0.031	430	258	1.738	0.193	0.097	0.220
HIV test and result in past 12 months	0.253	0.023	433	259	1.113	0.092	0.207	0.300
Total fertility rate (past 3 years)	4.653	0.556	na	726	1.836	0.120	3.541	5.766
Neonatal mortality (past 10 years)	10.238	4.191	542	359	1.019	0.409	1.857	18.619
Postneonatal mortality (past 10 years)	16.812	7.162	542	359	1.369	0.426	2.489	31.135
Infant mortality (past 10 years)	27.050	8.940	542	359	1.360	0.330	9.170	44.930
Child mortality (past 10 years)	22.897	4.758	542	359	0.698	0.208	13.382	32.413
Under-five mortality (past 10 years)	49.328	8.764	542	359	0.954	0.178	31.800	66.856
MEN								
Urban residence	0.360	0.069	162	92	1.826	0.192	0.221	0.498
Literate	0.670	0.045	162	92	1.224	0.068	0.579	0.761
No education	0.319	0.038	162	92	1.027	0.118	0.244	0.395
Secondary education or higher	0.393	0.066	162	92	1.725	0.169	0.260	0.526
Never married	0.437	0.037	162	92	0.936	0.084	0.364	0.510
Currently married/in union	0.470	0.039	162	92	0.994	0.083	0.392	0.549
Married before age 20	0.062	0.020	127	72	0.919	0.318	0.022	0.101
Had sexual intercourse before 18	0.504	0.058	127	72	1.307	0.115	0.388	0.621
Children ever born	3.026	0.314	73	43	0.972	0.104	2.397	3.655
Ever used any contraceptive method	0.832	0.060	73	43	1.370	0.073	0.711	0.952
Knows any contraceptive method	0.996	0.004	73	43	0.585	0.005	0.987	1.000
Want no more children	0.459	0.070	73	43	1.190	0.152	0.320	0.599
Want to delay birth at least 2 years	0.093	0.037	73	43	1.072	0.395	0.019	0.166
Ideal family size	3.817	0.468	161	91	1.489	0.123	2.880	4.753
Use condom at last high risk sex	0.732	0.077	66	38	1.394	0.105	0.579	0.885
Condom use last higher-risk intercourse (youth)	0.764	0.146	33	20	1.947	0.191	0.472	1.000
Abstinence among youth (never had intercourse)	0.251	0.075	48	27	1.187	0.299	0.101	0.401
Sexually active past 12 months (never married youth)	0.710	0.081	48	27	1.219	0.114	0.549	0.872
Had injection past 12 months	0.192	0.045	162	92	1.436	0.232	0.103	0.281
Accepting attitudes to people with HIV	0.384	0.047	159	91	1.224	0.123	0.289	0.478
HIV test and result in past 12 months	0.146	0.033	162	92	1.197	0.228	0.080	0.213
Multiple partners in past 12 months	0.161	0.028	135	77	0.867	0.171	0.106	0.216
Paid for sex past 12 months	0.035	0.012	162	92	0.844	0.351	0.010	0.059

na = Not applicable

Table B.12 Sampling errors for Ohangwena sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.049	0.012	996	1043	1.712	0.238	0.026	0.073
Literate	0.929	0.011	996	1043	1.409	0.012	0.906	0.952
No education	0.066	0.013	996	1043	1.640	0.196	0.040	0.092
Secondary education or higher	0.559	0.021	996	1043	1.362	0.038	0.516	0.601
Net attendance ratio for primary school	0.857	0.018	948	1053	1.505	0.021	0.821	0.893
Never married	0.731	0.017	996	1043	1.239	0.024	0.696	0.766
Currently married/in union	0.209	0.015	996	1043	1.173	0.072	0.179	0.239
Married before age 20	0.091	0.012	687	697	1.110	0.134	0.066	0.115
Had sexual intercourse before age 18	0.276	0.019	687	697	1.092	0.068	0.239	0.313
Currently pregnant	0.051	0.008	996	1043	1.149	0.157	0.035	0.067
Children ever born	1.984	0.091	996	1043	1.181	0.046	1.802	2.166
Children surviving	1.785	0.083	996	1043	1.198	0.046	1.620	1.951
Children ever born to women age 40-49	5.376	0.296	150	155	1.284	0.055	4.784	5.968
Knows any contraceptive method	0.977	0.014	203	218	1.352	0.014	0.949	1.000
Ever using contraceptive method	0.655	0.031	203	218	0.934	0.048	0.592	0.717
Currently using any contraceptive method	0.380	0.033	203	218	0.972	0.087	0.314	0.447
Currently using pill	0.077	0.023	203	218	1.236	0.301	0.031	0.124
Currently using IUD	0.007	0.007	203	218	1.198	1.008	0.000	0.021
Currently using female sterilization	0.061	0.019	203	218	1.125	0.312	0.023	0.098
Currently using rhythm method	0.001	0.001	203	218	0.432	1.005	0.000	0.003
Obtained method from public sector source	0.761	0.017	295	289	0.699	0.023	0.727	0.796
Want no more children	0.493	0.040	203	218	1.129	0.081	0.413	0.572
Want to delay birth at least 2 years	0.187	0.030	203	218	1.109	0.163	0.126	0.247
Ideal family size	3.770	0.095	980	1024	1.244	0.025	3.580	3.961
Perinatal mortality (0-4 years)	23.311	7.457	526	575	1.174	0.320	8.397	38.225
Mothers received tetanus injection for last birth	0.216	0.022	387	422	1.051	0.100	0.173	0.259
Mothers received medical assistance at delivery	0.713	0.022	523	571	1.007	0.031	0.669	0.758
Had diarrhoea in two weeks before survey	0.087	0.021	484	532	1.687	0.237	0.046	0.128
Treated with oral rehydration salts (ORS)	0.847	0.066	41	46	1.224	0.078	0.714	0.980
Taken to a health provider	0.608	0.083	41	46	1.135	0.137	0.442	0.775
Vaccination card seen	0.722	0.029	108	114	0.679	0.040	0.664	0.780
Received BCG	0.932	0.021	108	114	0.857	0.022	0.891	0.974
Received DPT (3 doses)	0.785	0.037	108	114	0.947	0.047	0.711	0.859
Received polio (3 doses)	0.757	0.030	108	114	0.717	0.039	0.697	0.816
Received measles	0.918	0.028	108	114	1.076	0.031	0.862	0.975
Fully immunized	0.704	0.035	108	114	0.794	0.049	0.635	0.773
Height-for-age (below -2SD)	0.340	0.027	551	636	1.286	0.078	0.287	0.394
Weight-for-height (below -2SD)	0.069	0.010	551	636	0.888	0.145	0.049	0.088
Weight-for-age (below -2SD)	0.195	0.016	551	636	0.932	0.081	0.163	0.226
BMI <18.5	0.223	0.023	900	944	1.662	0.103	0.177	0.269
Use condom at last high risk sex	0.565	0.024	297	309	0.827	0.042	0.517	0.612
Use condom at last high risk sex - 15-24	0.586	0.030	155	169	0.767	0.052	0.525	0.647
Had high-risk intercourse	0.538	0.022	564	574	1.036	0.040	0.495	0.582
Abstinence among youth (never had sex)	0.496	0.025	474	516	1.106	0.051	0.445	0.547
Sexually active past 12 months never-married youth	0.382	0.027	474	516	1.226	0.072	0.328	0.437
Had injection past 12 months	0.286	0.017	996	1043	1.152	0.058	0.253	0.319
Accepting attitudes to people with HIV	0.517	0.027	987	1034	1.694	0.052	0.463	0.571
HIV test and result in past 12 months	0.237	0.014	996	1043	1.035	0.059	0.209	0.265
Total fertility rate (past 3 years)	4.262	0.250	na	2798	1.192	0.059	3.763	4.761
Neonatal mortality (past 10 years)	36.552	6.620	1015	1089	1.085	0.181	23.312	49.792
Postneonatal mortality (past 10 years)	25.183	4.940	1015	1089	0.986	0.196	15.303	35.063
Infant mortality (past 10 years)	61.735	8.903	1015	1089	1.104	0.144	43.929	79.541
Child mortality (past 10 years)	35.899	6.345	1021	1094	1.053	0.177	23.209	48.588
Under-five mortality (past 10 years)	95.418	11.459	1021	1094	1.217	0.120	72.501	118.335
MEN								
Urban residence	0.030	0.012	260	306	1.096	0.387	0.007	0.053
Literate	0.870	0.025	260	306	1.198	0.029	0.820	0.920
No education	0.113	0.024	260	306	1.209	0.210	0.066	0.161
Secondary education or higher	0.428	0.036	260	306	1.163	0.084	0.356	0.499
Never married	0.876	0.028	260	306	1.370	0.032	0.819	0.932
Currently married/in union	0.124	0.028	260	306	1.370	0.226	0.068	0.181
Married before age 20	0.049	0.013	147	170	0.753	0.274	0.022	0.076
Had sexual intercourse before 18	0.468	0.048	147	170	1.155	0.102	0.373	0.563
Children ever born	5.454	0.728	33	38	1.133	0.133	3.999	6.909
Ever used any contraceptive method	0.615	0.078	33	38	0.902	0.126	0.460	0.770
Knows any contraceptive method	0.788	0.061	33	38	0.845	0.078	0.666	0.910
Want no more children	0.361	0.075	33	38	0.879	0.207	0.212	0.510
Want to delay birth at least 2 years	0.102	0.045	33	38	0.843	0.443	0.012	0.192
Ideal family size	5.780	0.264	249	291	0.955	0.046	5.252	6.308
Use condom at last high risk sex	0.686	0.054	56	66	0.869	0.079	0.577	0.795
Condom use last higher-risk intercourse (youth)	0.593	0.102	26	31	1.041	0.172	0.389	0.798
Abstinence among youth (never had intercourse)	0.536	0.048	157	185	1.206	0.090	0.439	0.632
Sexually active past 12 months (never married youth)	0.202	0.043	157	185	1.342	0.213	0.116	0.288
Had injection past 12 months	0.050	0.015	260	306	1.104	0.299	0.020	0.080
Accepting attitudes to people with HIV	0.163	0.028	254	298	1.226	0.174	0.106	0.220
HIV test and result in past 12 months	0.126	0.018	260	306	0.889	0.146	0.089	0.163
Multiple partners in past 12 months	0.145	0.035	99	112	0.978	0.240	0.075	0.214
Paid for sex past 12 months	0.018	0.011	260	306	1.271	0.579	0.000	0.039

na = Not applicable

Table B.13 Sampling errors for Omaheke sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.284	0.037	490	373	1.790	0.128	0.211	0.357
Literate	0.778	0.035	490	373	1.869	0.045	0.708	0.848
No education	0.177	0.031	490	373	1.793	0.175	0.115	0.239
Secondary education or higher	0.591	0.046	490	373	2.068	0.078	0.499	0.683
Net attendance ratio for primary school	0.712	0.056	356	275	1.727	0.079	0.599	0.824
Never married	0.561	0.024	490	373	1.086	0.043	0.512	0.610
Currently married/in union	0.403	0.021	490	373	0.932	0.051	0.361	0.444
Married before age 20	0.174	0.023	384	288	1.206	0.134	0.127	0.221
Had sexual intercourse before age 18	0.445	0.029	384	288	1.142	0.065	0.387	0.503
Currently pregnant	0.074	0.018	490	373	1.503	0.241	0.038	0.109
Children ever born	2.468	0.133	490	373	1.231	0.054	2.203	2.733
Children surviving	2.296	0.126	490	373	1.241	0.055	2.044	2.549
Children ever born to women age 40-49	4.660	0.261	100	82	1.093	0.056	4.139	5.182
Knows any contraceptive method	0.992	0.006	194	150	0.887	0.006	0.981	1.000
Ever using contraceptive method	0.881	0.030	194	150	1.295	0.034	0.821	0.941
Currently using any contraceptive method	0.521	0.051	194	150	1.412	0.097	0.420	0.623
Currently using pill	0.061	0.014	194	150	0.795	0.224	0.034	0.089
Currently using IUD	0.007	0.005	194	150	0.870	0.727	0.000	0.018
Currently using female sterilization	0.136	0.029	194	150	1.181	0.215	0.078	0.194
Currently using rhythm method	0.000	0.000	194	150	na	na	0.000	0.000
Obtained method from public sector source	0.828	0.039	246	181	1.631	0.047	0.750	0.907
Want no more children	0.628	0.043	194	150	1.244	0.069	0.542	0.715
Want to delay birth at least 2 years	0.049	0.018	194	150	1.189	0.379	0.012	0.085
Ideal family size	3.031	0.134	486	371	1.463	0.044	2.762	3.300
Perinatal mortality (0-4 years)	26.175	10.153	306	236	1.118	0.388	5.868	46.482
Mothers received tetanus injection for last birth	0.457	0.039	226	171	1.176	0.086	0.378	0.535
Mothers received medical assistance at delivery	0.762	0.036	304	234	1.269	0.047	0.690	0.834
Had diarrhoea in two weeks before survey	0.191	0.030	294	227	1.215	0.159	0.130	0.251
Treated with oral rehydration salts (ORS)	0.558	0.060	52	43	0.792	0.108	0.437	0.678
Taken to a health provider	0.436	0.092	52	43	1.269	0.210	0.253	0.620
Vaccination card seen	0.741	0.053	61	53	1.008	0.072	0.635	0.848
Received BCG	0.965	0.027	61	53	1.246	0.028	0.911	1.000
Received DPT (3 doses)	0.806	0.043	61	53	0.912	0.054	0.719	0.893
Received polio (3 doses)	0.814	0.047	61	53	0.998	0.058	0.720	0.907
Received measles	0.891	0.026	61	53	0.698	0.029	0.839	0.944
Fully immunized	0.698	0.049	61	53	0.885	0.070	0.600	0.796
Height-for-age (below -2SD)	0.216	0.025	396	338	1.067	0.115	0.166	0.265
Weight-for-height (below -2SD)	0.055	0.011	396	338	0.995	0.207	0.032	0.078
Weight-for-age (below -2SD)	0.142	0.017	396	338	0.903	0.119	0.108	0.176
BMI <18.5	0.176	0.032	431	327	1.761	0.184	0.111	0.241
Use condom at last high risk sex	0.609	0.045	207	153	1.337	0.075	0.518	0.700
Use condom at last high risk sex - 15-24	0.657	0.035	102	76	0.738	0.053	0.587	0.727
Had high-risk intercourse	0.525	0.020	383	292	0.769	0.037	0.485	0.564
Abstinence among youth (never had sex)	0.296	0.052	168	130	1.464	0.175	0.193	0.400
Sexually active past 12 months never-married youth	0.601	0.043	168	130	1.141	0.072	0.515	0.688
Had injection past 12 months	0.322	0.032	490	373	1.514	0.099	0.258	0.386
Accepting attitudes to people with HIV	0.262	0.024	480	363	1.211	0.093	0.213	0.310
HIV test and result in past 12 months	0.245	0.028	490	373	1.417	0.113	0.189	0.300
Total fertility rate (past 3 years)	5.060	0.407	na	1036	1.320	0.080	4.246	5.873
Neonatal mortality (past 10 years)	21.403	5.118	558	424	0.861	0.239	11.166	31.639
Postneonatal mortality (past 10 years)	15.311	6.830	558	424	1.093	0.446	1.651	28.971
Infant mortality (past 10 years)	36.714	7.891	558	424	0.911	0.215	20.931	52.496
Child mortality (past 10 years)	26.980	14.854	561	426	1.849	0.551	0.000	56.688
Under-five mortality (past 10 years)	62.703	14.985	561	426	1.289	0.239	32.733	92.673
MEN								
Urban residence	0.166	0.024	223	188	0.976	0.147	0.117	0.215
Literate	0.666	0.041	223	188	1.307	0.062	0.584	0.749
No education	0.263	0.027	223	188	0.907	0.102	0.209	0.317
Secondary education or higher	0.506	0.042	223	188	1.239	0.082	0.422	0.589
Never married	0.605	0.023	223	188	0.702	0.038	0.559	0.651
Currently married/in union	0.282	0.024	223	188	0.794	0.085	0.234	0.330
Married before age 20	0.039	0.011	185	156	0.757	0.278	0.017	0.060
Had sexual intercourse before 18	0.546	0.043	185	156	1.183	0.079	0.459	0.633
Children ever born	3.529	0.245	69	53	0.795	0.070	3.038	4.020
Ever used any contraceptive method	0.805	0.051	69	53	1.069	0.064	0.702	0.907
Knows any contraceptive method	1.000	0.000	69	53	na	0.000	1.000	1.000
Want no more children	0.617	0.060	69	53	1.024	0.098	0.497	0.738
Want to delay birth at least 2 years	0.085	0.035	69	53	1.027	0.409	0.015	0.154
Ideal family size	3.672	0.177	221	187	0.770	0.048	3.317	4.027
Use condom at last high risk sex	0.809	0.031	108	99	0.804	0.038	0.748	0.870
Condom use last higher-risk intercourse (youth)	0.855	0.041	55	49	0.857	0.048	0.773	0.937
Abstinence among youth (never had intercourse)	0.199	0.052	76	65	1.128	0.261	0.095	0.303
Sexually active past 12 months (never married youth)	0.683	0.053	76	65	0.984	0.077	0.577	0.789
Had injection past 12 months	0.201	0.033	223	188	1.225	0.164	0.135	0.267
Accepting attitudes to people with HIV	0.118	0.017	223	188	0.765	0.140	0.085	0.151
HIV test and result in past 12 months	0.164	0.031	223	188	1.250	0.189	0.102	0.226
Multiple partners in past 12 months	0.238	0.049	176	150	1.523	0.206	0.140	0.336
Paid for sex past 12 months	0.026	0.017	223	188	1.557	0.635	0.000	0.060

na = Not applicable

Table B.14 Sampling errors for Omusati sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.063	0.007	954	975	0.872	0.109	0.050	0.077
Literate	0.958	0.007	954	975	1.037	0.007	0.945	0.972
No education	0.029	0.006	954	975	1.173	0.219	0.017	0.042
Secondary education or higher	0.703	0.017	954	975	1.180	0.025	0.668	0.738
Net attendance ratio for primary school	0.896	0.012	782	890	1.075	0.014	0.872	0.920
Never married	0.757	0.015	954	975	1.046	0.019	0.727	0.786
Currently married/in union	0.200	0.013	954	975	1.017	0.066	0.174	0.226
Married before age 20	0.048	0.010	707	714	1.265	0.212	0.028	0.068
Had sexual intercourse before age 18	0.234	0.017	707	714	1.058	0.072	0.200	0.267
Currently pregnant	0.048	0.005	954	975	0.773	0.111	0.038	0.059
Children ever born	1.682	0.084	954	975	1.251	0.050	1.514	1.849
Children surviving	1.555	0.071	954	975	1.140	0.046	1.413	1.698
Children ever born to women age 40-49	4.151	0.265	158	167	1.316	0.064	3.621	4.682
Knows any contraceptive method	0.978	0.010	194	195	0.990	0.011	0.957	0.999
Ever using contraceptive method	0.705	0.038	194	195	1.169	0.054	0.629	0.782
Currently using any contraceptive method	0.498	0.051	194	195	1.417	0.102	0.396	0.600
Currently using pill	0.080	0.022	194	195	1.104	0.269	0.037	0.123
Currently using IUD	0.000	0.000	194	195	na	na	0.000	0.000
Currently using female sterilization	0.069	0.021	194	195	1.134	0.301	0.027	0.110
Currently using rhythm method	0.000	0.000	194	195	na	na	0.000	0.000
Obtained method from public sector source	0.713	0.034	364	361	1.413	0.047	0.646	0.780
Want no more children	0.500	0.040	194	195	1.125	0.081	0.419	0.581
Want to delay birth at least 2 years	0.118	0.025	194	195	1.072	0.211	0.068	0.167
Ideal family size	3.278	0.114	943	963	1.469	0.035	3.049	3.507
Perinatal mortality (0-4 years)	35.178	10.338	440	456	1.206	0.294	14.502	55.853
Mothers received tetanus injection for last birth	0.277	0.028	354	365	1.187	0.101	0.221	0.333
Mothers received medical assistance at delivery	0.876	0.023	436	452	1.327	0.026	0.831	0.921
Had diarrhoea in two weeks before survey	0.114	0.014	408	422	0.871	0.119	0.087	0.142
Treated with oral rehydration salts (ORS)	0.611	0.086	45	48	1.195	0.141	0.438	0.783
Taken to a health provider	0.560	0.088	45	48	1.187	0.156	0.385	0.735
Vaccination card seen	0.830	0.043	85	85	1.032	0.051	0.745	0.915
Received BCG	0.969	0.020	85	85	1.034	0.020	0.929	1.000
Received DPT (3 doses)	0.906	0.029	85	85	0.897	0.032	0.848	0.963
Received polio (3 doses)	0.885	0.026	85	85	0.730	0.029	0.834	0.936
Received measles	0.945	0.022	85	85	0.877	0.023	0.902	0.989
Fully immunized	0.810	0.038	85	85	0.876	0.047	0.735	0.886
Height-for-age (below -2SD)	0.277	0.026	452	513	1.219	0.094	0.225	0.329
Weight-for-height (below -2SD)	0.101	0.011	452	513	0.780	0.108	0.079	0.123
Weight-for-age (below -2SD)	0.183	0.021	452	513	1.163	0.118	0.140	0.226
BMI <18.5	0.195	0.012	890	911	0.927	0.063	0.171	0.220
Use condom at last high risk sex	0.547	0.038	318	314	1.372	0.070	0.470	0.623
Use condom at last high risk sex - 15-24	0.578	0.046	148	149	1.122	0.079	0.487	0.669
Had high-risk intercourse	0.624	0.023	510	504	1.092	0.038	0.577	0.670
Abstinence among youth (never had sex)	0.512	0.023	417	434	0.930	0.045	0.467	0.558
Sexually active past 12 months never-married youth	0.362	0.026	417	434	1.108	0.072	0.310	0.414
Had injection past 12 months	0.238	0.017	954	975	1.219	0.071	0.204	0.272
Accepting attitudes to people with HIV	0.518	0.030	948	970	1.877	0.059	0.457	0.579
HIV test and result in past 12 months	0.259	0.015	954	975	1.073	0.059	0.229	0.290
Total fertility rate (past 3 years)	3.669	0.205	na	2675	1.079	0.056	3.260	4.078
Neonatal mortality (past 10 years)	30.791	7.762	835	869	1.073	0.252	15.267	46.315
Postneonatal mortality (past 10 years)	18.279	4.644	835	869	0.951	0.254	8.991	27.567
Infant mortality (past 10 years)	49.070	8.068	835	869	0.949	0.164	32.933	65.206
Child mortality (past 10 years)	28.809	8.099	837	872	1.256	0.281	12.612	45.006
Under-five mortality (past 10 years)	76.465	8.941	837	872	0.872	0.117	58.584	94.347
MEN								
Urban residence	0.032	0.006	292	320	0.592	0.190	0.020	0.044
Literate	0.925	0.014	292	320	0.911	0.015	0.897	0.953
No education	0.051	0.011	292	320	0.834	0.210	0.030	0.073
Secondary education or higher	0.534	0.030	292	320	1.042	0.057	0.473	0.595
Never married	0.839	0.023	292	320	1.050	0.027	0.794	0.884
Currently married/in union	0.146	0.022	292	320	1.073	0.152	0.101	0.190
Married before age 20	0.005	0.005	203	219	1.022	0.992	0.000	0.016
Had sexual intercourse before 18	0.495	0.045	203	219	1.286	0.091	0.405	0.586
Children ever born	5.349	0.542	48	47	0.864	0.101	4.266	6.433
Ever used any contraceptive method	0.765	0.045	48	47	0.730	0.059	0.675	0.856
Knows any contraceptive method	0.975	0.025	48	47	1.096	0.025	0.926	1.000
Want no more children	0.464	0.083	48	47	1.148	0.180	0.297	0.631
Want to delay birth at least 2 years	0.193	0.067	48	47	1.172	0.349	0.058	0.328
Ideal family size	4.143	0.267	288	316	1.038	0.064	3.609	4.677
Use condom at last high risk sex	0.770	0.041	122	137	1.078	0.054	0.688	0.853
Condom use last higher-risk intercourse (youth)	0.829	0.045	61	71	0.934	0.055	0.738	0.919
Abstinence among youth (never had intercourse)	0.311	0.044	152	173	1.156	0.140	0.224	0.398
Sexually active past 12 months (never married youth)	0.417	0.047	152	173	1.176	0.113	0.322	0.511
Had injection past 12 months	0.057	0.016	292	320	1.147	0.272	0.026	0.089
Accepting attitudes to people with HIV	0.540	0.028	291	319	0.948	0.051	0.484	0.595
HIV test and result in past 12 months	0.131	0.026	292	320	1.338	0.202	0.078	0.184
Multiple partners in past 12 months	0.155	0.031	156	172	1.049	0.197	0.094	0.216
Paid for sex past 12 months	0.015	0.005	292	320	0.671	0.320	0.005	0.024

na = Not applicable

Table B.15 Sampling errors for Oshana sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban residence	0.397	0.033	1018	819	2.150	0.083	0.331	0.463
Literate	0.961	0.006	1018	819	0.941	0.006	0.949	0.972
No education	0.025	0.006	1018	819	1.152	0.226	0.014	0.036
Secondary education or higher	0.764	0.020	1018	819	1.477	0.026	0.725	0.803
Net attendance ratio for primary school	0.901	0.015	715	610	1.269	0.016	0.871	0.930
Never married	0.700	0.018	1018	819	1.248	0.026	0.664	0.736
Currently married/in union	0.240	0.017	1018	819	1.301	0.073	0.205	0.275
Married before age 20	0.073	0.012	778	621	1.283	0.164	0.049	0.097
Had sexual intercourse before age 18	0.250	0.023	778	621	1.478	0.092	0.204	0.296
Currently pregnant	0.041	0.006	1018	819	0.934	0.142	0.029	0.052
Children ever born	1.766	0.093	1018	819	1.370	0.052	1.581	1.951
Children surviving	1.627	0.083	1018	819	1.346	0.051	1.460	1.793
Children ever born to women age 40-49	4.493	0.219	169	139	1.174	0.049	4.056	4.931
Knows any contraceptive method	0.996	0.004	245	197	0.984	0.004	0.987	1.000
Ever using contraceptive method	0.802	0.026	245	197	1.003	0.032	0.751	0.853
Currently using any contraceptive method	0.542	0.030	245	197	0.954	0.056	0.481	0.602
Currently using pill	0.070	0.022	245	197	1.363	0.319	0.025	0.114
Currently using IUD	0.010	0.006	245	197	0.920	0.572	0.000	0.022
Currently using female sterilization	0.099	0.016	245	197	0.846	0.163	0.067	0.131
Currently using rhythm method	0.004	0.004	245	197	1.000	0.998	0.000	0.012
Obtained method from public sector source	0.727	0.028	444	350	1.333	0.039	0.670	0.783
Want no more children	0.589	0.038	245	197	1.192	0.064	0.514	0.665
Want to delay birth at least 2 years	0.130	0.022	245	197	1.043	0.173	0.085	0.174
Ideal family size	2.937	0.076	1012	814	1.136	0.026	2.784	3.089
Perinatal mortality (0-4 years)	30.216	6.627	444	363	0.833	0.219	16.963	43.469
Mothers received tetanus injection for last birth	0.311	0.025	337	271	0.993	0.081	0.261	0.361
Mothers received medical assistance at delivery	0.888	0.016	440	360	0.992	0.018	0.857	0.920
Had diarrhoea in two weeks before survey	0.068	0.016	411	337	1.304	0.230	0.037	0.099
Treated with oral rehydration salts (ORS)	0.778	0.055	27	23	0.704	0.071	0.669	0.888
Taken to a health provider	0.799	0.069	27	23	0.911	0.086	0.662	0.936
Vaccination card seen	0.715	0.055	79	64	1.085	0.077	0.605	0.825
Received BCG	0.974	0.018	79	64	1.010	0.018	0.939	1.000
Received DPT (3 doses)	0.836	0.044	79	64	1.045	0.052	0.748	0.923
Received polio (3 doses)	0.754	0.049	79	64	1.017	0.065	0.656	0.853
Received measles	0.977	0.017	79	64	1.031	0.018	0.942	1.000
Fully immunized	0.741	0.054	79	64	1.090	0.073	0.633	0.848
Height-for-age (below -2SD)	0.283	0.024	396	337	0.997	0.086	0.234	0.331
Weight-for-height (below -2SD)	0.096	0.014	396	337	0.963	0.147	0.068	0.124
Weight-for-age (below -2SD)	0.212	0.028	396	337	1.328	0.134	0.155	0.268
BMI <18.5	0.210	0.017	938	757	1.309	0.083	0.175	0.245
Use condom at last high risk sex	0.652	0.034	355	286	1.354	0.053	0.584	0.721
Use condom at last high risk sex - 15-24	0.665	0.029	166	131	0.797	0.044	0.607	0.724
Had high-risk intercourse	0.593	0.027	600	483	1.346	0.046	0.539	0.647
Abstinence among youth (never had sex)	0.514	0.027	427	342	1.135	0.053	0.459	0.569
Sexually active past 12 months never-married youth	0.399	0.026	427	342	1.115	0.066	0.346	0.452
Had injection past 12 months	0.220	0.016	1018	819	1.245	0.073	0.188	0.252
Accepting attitudes to people with HIV	0.588	0.021	1010	812	1.377	0.036	0.546	0.631
HIV test and result in past 12 months	0.320	0.015	1018	819	1.011	0.046	0.290	0.349
Total fertility rate (past 3 years)	2.985	0.204	na	125223	1.369	0.068	2.577	3.393
Neonatal mortality (past 10 years)	28.993	6.232	870	717	1.090	0.215	16.529	41.458
Postneonatal mortality (past 10 years)	20.121	5.919	871	718	1.097	0.294	8.282	31.959
Infant mortality (past 10 years)	49.114	8.675	871	718	1.110	0.177	31.765	66.463
Child mortality (past 10 years)	25.754	5.001	871	718	0.835	0.194	15.751	35.756
Under-five mortality (past 10 years)	73.603	10.462	872	719	1.063	0.142	52.680	94.526
			MEN					
Urban residence	0.317	0.033	350	270	1.328	0.104	0.251	0.383
Literate	0.941	0.013	350	270	1.067	0.014	0.914	0.968
No education	0.051	0.015	350	270	1.310	0.303	0.020	0.082
Secondary education or higher	0.685	0.025	350	270	1.006	0.036	0.635	0.735
Never married	0.800	0.019	350	270	0.894	0.024	0.761	0.838
Currently married/in union	0.195	0.019	350	270	0.909	0.099	0.157	0.234
Married before age 20	0.015	0.009	243	188	1.147	0.605	0.000	0.032
Had sexual intercourse before 18	0.411	0.042	243	188	1.326	0.102	0.327	0.495
Children ever born	4.164	0.484	68	53	1.107	0.116	3.196	5.131
Ever used any contraceptive method	0.834	0.058	68	53	1.270	0.069	0.719	0.949
Knows any contraceptive method	1.000	0.000	68	53	na	0.000	1.000	1.000
Want no more children	0.374	0.060	68	53	1.021	0.161	0.253	0.495
Want to delay birth at least 2 years	0.233	0.051	68	53	0.980	0.217	0.132	0.334
Ideal family size	3.199	0.242	349	270	1.272	0.076	2.716	3.683
Use condom at last high risk sex	0.897	0.030	148	117	1.178	0.033	0.838	0.956
Condom use last higher-risk intercourse (youth)	0.873	0.042	72	58	1.052	0.048	0.789	0.956
Abstinence among youth (never had intercourse)	0.346	0.038	181	140	1.064	0.109	0.271	0.422
Sexually active past 12 months (never married youth)	0.427	0.031	181	140	0.832	0.072	0.366	0.489
Had injection past 12 months	0.088	0.017	350	270	1.123	0.194	0.054	0.122
Accepting attitudes to people with HIV	0.308	0.042	349	270	1.703	0.137	0.223	0.392
HIV test and result in past 12 months	0.202	0.033	350	270	1.516	0.161	0.137	0.268
Multiple partners in past 12 months	0.116	0.023	216	169	1.053	0.199	0.070	0.162
Paid for sex past 12 months	0.000	0.000	350	270	na	na	0.000	0.000

na = Not applicable

Table B.16 Sampling errors for Oshikoto sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.246	0.035	901	837	2.468	0.144	0.175	0.317
Literate	0.916	0.012	901	837	1.244	0.013	0.893	0.939
No education	0.068	0.009	901	837	1.051	0.130	0.050	0.085
Secondary education or higher	0.617	0.023	901	837	1.398	0.037	0.572	0.662
Net attendance ratio for primary school	0.897	0.016	777	752	1.328	0.018	0.865	0.930
Never married	0.651	0.016	901	837	1.005	0.025	0.619	0.683
Currently married/in union	0.294	0.014	901	837	0.893	0.046	0.267	0.321
Married before age 20	0.113	0.011	659	608	0.927	0.101	0.090	0.136
Had sexual intercourse before age 18	0.332	0.020	659	608	1.073	0.059	0.293	0.372
Currently pregnant	0.056	0.011	901	837	1.418	0.195	0.034	0.077
Children ever born	2.041	0.077	901	837	0.974	0.037	1.888	2.194
Children surviving	1.890	0.069	901	837	0.946	0.037	1.752	2.029
Children ever born to women age 40-49	5.090	0.144	150	137	0.661	0.028	4.802	5.378
Knows any contraceptive method	0.994	0.004	265	246	0.931	0.004	0.985	1.000
Ever using contraceptive method	0.826	0.024	265	246	1.031	0.029	0.778	0.874
Currently using any contraceptive method	0.503	0.038	265	246	1.220	0.075	0.428	0.579
Currently using pill	0.058	0.016	265	246	1.104	0.273	0.026	0.090
Currently using IUD	0.013	0.007	265	246	1.046	0.565	0.000	0.027
Currently using female sterilization	0.100	0.012	265	246	0.674	0.124	0.075	0.125
Currently using rhythm method	0.018	0.010	265	246	1.174	0.534	0.000	0.037
Obtained method from public sector source	0.774	0.027	373	349	1.262	0.035	0.720	0.829
Want no more children	0.531	0.034	265	246	1.112	0.064	0.463	0.599
Want to delay birth at least 2 years	0.143	0.021	265	246	0.963	0.145	0.101	0.184
Ideal family size	2.804	0.081	897	834	1.256	0.029	2.641	2.967
Perinatal mortality (0-4 years)	21.769	6.406	482	450	0.973	0.294	8.958	34.580
Mothers received tetanus injection for last birth	0.256	0.026	365	340	1.122	0.100	0.205	0.308
Mothers received medical assistance at delivery	0.785	0.028	480	449	1.283	0.036	0.729	0.841
Had diarrhoea in two weeks before survey	0.072	0.009	452	424	0.747	0.130	0.053	0.090
Treated with oral rehydration salts (ORS)	0.710	0.057	32	30	0.705	0.080	0.597	0.824
Taken to a health provider	0.526	0.097	32	30	1.070	0.184	0.333	0.719
Vaccination card seen	0.785	0.032	87	81	0.729	0.041	0.721	0.849
Received BCG	0.977	0.017	87	81	1.035	0.017	0.943	1.000
Received DPT (3 doses)	0.891	0.023	87	81	0.702	0.026	0.844	0.938
Received polio (3 doses)	0.833	0.034	87	81	0.847	0.041	0.766	0.901
Received measles	0.839	0.039	87	81	0.985	0.046	0.761	0.916
Fully immunized	0.722	0.060	87	81	1.239	0.083	0.603	0.841
Height-for-age (below -2SD)	0.323	0.023	514	500	1.058	0.072	0.277	0.370
Weight-for-height (below -2SD)	0.112	0.017	514	500	1.177	0.150	0.079	0.146
Weight-for-age (below -2SD)	0.219	0.024	514	500	1.242	0.109	0.171	0.267
BMI <18.5	0.192	0.017	829	770	1.233	0.088	0.158	0.226
Use condom at last high risk sex	0.658	0.034	308	289	1.269	0.052	0.589	0.726
Use condom at last high risk sex - 15-24	0.743	0.042	155	146	1.191	0.056	0.660	0.827
Had high-risk intercourse	0.549	0.016	563	526	0.780	0.030	0.516	0.582
Abstinence among youth (never had sex)	0.488	0.028	371	348	1.084	0.058	0.432	0.544
Sexually active past 12 months never-married youth	0.417	0.028	371	348	1.090	0.067	0.361	0.472
Had injection past 12 months	0.286	0.013	901	837	0.869	0.046	0.260	0.312
Accepting attitudes to people with HIV	0.447	0.020	897	833	1.181	0.044	0.408	0.486
HIV test and result in past 12 months	0.286	0.016	901	837	1.077	0.057	0.253	0.318
Total fertility rate (past 3 years)	3.957	0.332	na	130192	1.546	0.084	3.293	4.621
Neonatal mortality (past 10 years)	16.928	3.737	920	862	0.895	0.221	9.453	24.402
Postneonatal mortality (past 10 years)	30.637	4.429	920	862	0.805	0.145	21.779	39.494
Infant mortality (past 10 years)	47.564	6.399	920	862	0.943	0.135	34.765	60.363
Child mortality (past 10 years)	17.426	4.845	920	862	1.184	0.278	7.736	27.117
Under-five mortality (past 10 years)	64.162	6.878	920	862	0.916	0.107	50.406	77.917
MEN								
Urban residence	0.197	0.030	361	322	1.445	0.154	0.136	0.257
Literate	0.827	0.030	361	322	1.525	0.037	0.766	0.888
No education	0.119	0.021	361	322	1.243	0.178	0.077	0.161
Secondary education or higher	0.435	0.037	361	322	1.398	0.084	0.362	0.508
Never married	0.771	0.023	361	322	1.041	0.030	0.725	0.818
Currently married/in union	0.226	0.023	361	322	1.061	0.104	0.179	0.272
Married before age 20	0.014	0.007	237	213	0.911	0.506	0.000	0.027
Had sexual intercourse before 18	0.453	0.035	237	213	1.085	0.078	0.383	0.524
Children ever born	3.592	0.304	79	73	1.046	0.085	2.983	4.201
Ever used any contraceptive method	0.759	0.076	79	73	1.577	0.101	0.606	0.912
Knows any contraceptive method	1.000	0.000	79	73	na	0.000	1.000	1.000
Want no more children	0.406	0.081	79	73	1.462	0.200	0.244	0.569
Want to delay birth at least 2 years	0.222	0.045	79	73	0.961	0.204	0.132	0.313
Ideal family size	4.289	0.264	351	314	1.027	0.062	3.762	4.817
Use condom at last high risk sex	0.789	0.040	176	158	1.297	0.051	0.709	0.869
Condom use last higher-risk intercourse (youth)	0.777	0.062	95	85	1.441	0.080	0.653	0.901
Abstinence among youth (never had intercourse)	0.366	0.045	189	167	1.283	0.123	0.276	0.456
Sexually active past 12 months (never married youth)	0.496	0.043	189	167	1.189	0.087	0.410	0.583
Had injection past 12 months	0.192	0.021	361	322	1.028	0.111	0.150	0.235
Accepting attitudes to people with HIV	0.368	0.035	360	321	1.376	0.095	0.298	0.438
HIV test and result in past 12 months	0.163	0.020	361	322	1.021	0.122	0.123	0.202
Multiple partners in past 12 months	0.214	0.027	243	219	1.032	0.127	0.160	0.269
Paid for sex past 12 months	0.005	0.004	361	322	0.973	0.691	0.000	0.013

na = Not applicable

Table B.17 Sampling errors for Otjozondjupa sample, Namibia 2006-07

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.560	0.030	710	550	1.611	0.054	0.500	0.620
Literate	0.839	0.023	710	550	1.633	0.027	0.793	0.884
No education	0.136	0.013	710	550	0.994	0.094	0.111	0.162
Secondary education or higher	0.574	0.023	710	550	1.215	0.039	0.528	0.619
Net attendance ratio for primary school	0.739	0.032	416	314	1.264	0.043	0.675	0.803
Never married	0.433	0.025	710	550	1.367	0.059	0.382	0.484
Currently married/in union	0.507	0.028	710	550	1.493	0.055	0.451	0.563
Married before age 20	0.276	0.019	592	455	1.047	0.070	0.237	0.314
Had sexual intercourse before age 18	0.490	0.027	592	455	1.298	0.054	0.436	0.543
Currently pregnant	0.073	0.016	710	550	1.595	0.214	0.042	0.104
Children ever born	2.455	0.106	710	550	1.250	0.043	2.243	2.666
Children surviving	2.294	0.100	710	550	1.259	0.044	2.094	2.493
Children ever born to women age 40-49	4.638	0.219	146	113	1.026	0.047	4.200	5.077
Knows any contraceptive method	0.990	0.005	357	278	0.985	0.005	0.980	1.000
Ever using contraceptive method	0.860	0.025	357	278	1.346	0.029	0.811	0.910
Currently using any contraceptive method	0.576	0.029	357	278	1.090	0.050	0.518	0.633
Currently using pill	0.087	0.022	357	278	1.499	0.257	0.042	0.132
Currently using IUD	0.009	0.004	357	278	0.903	0.511	0.000	0.018
Currently using female sterilization	0.077	0.017	357	278	1.168	0.214	0.044	0.110
Currently using rhythm method	0.002	0.002	357	278	0.945	1.003	0.000	0.007
Obtained method from public sector source	0.823	0.019	381	306	0.987	0.023	0.784	0.862
Want no more children	0.565	0.026	357	278	0.985	0.046	0.513	0.617
Want to delay birth at least 2 years	0.125	0.017	357	278	0.970	0.136	0.091	0.159
Ideal family size	3.191	0.082	709	549	0.994	0.026	3.027	3.355
Perinatal mortality (0-4 years)	20.109	7.020	451	351	0.983	0.349	6.069	34.148
Mothers received tetanus injection for last birth	0.525	0.035	336	261	1.284	0.067	0.455	0.595
Mothers received medical assistance at delivery	0.804	0.032	447	348	1.487	0.040	0.740	0.868
Had diarrhoea in two weeks before survey	0.129	0.015	425	330	0.819	0.115	0.099	0.159
Treated with oral rehydration salts (ORS)	0.763	0.038	55	43	0.627	0.049	0.688	0.838
Taken to a health provider	0.645	0.085	55	43	1.177	0.132	0.474	0.815
Vaccination card seen	0.774	0.065	83	65	1.409	0.083	0.645	0.903
Received BCG	0.967	0.017	83	65	0.876	0.018	0.932	1.000
Received DPT (3 doses)	0.847	0.045	83	65	1.132	0.053	0.758	0.936
Received polio (3 doses)	0.816	0.050	83	65	1.192	0.062	0.716	0.917
Received measles	0.900	0.039	83	65	1.183	0.043	0.823	0.978
Fully immunized	0.762	0.061	83	65	1.316	0.080	0.640	0.885
Height-for-age (below -2SD)	0.271	0.034	449	360	1.453	0.126	0.203	0.339
Weight-for-height (below -2SD)	0.086	0.017	449	360	1.214	0.194	0.052	0.119
Weight-for-age (below -2SD)	0.154	0.022	449	360	1.169	0.144	0.110	0.199
BMI <18.5	0.125	0.017	631	488	1.301	0.137	0.090	0.159
Use condom at last high risk sex	0.563	0.033	247	191	1.041	0.058	0.497	0.629
Use condom at last high risk sex - 15-24	0.609	0.043	115	90	0.950	0.071	0.522	0.696
Had high-risk intercourse	0.433	0.029	565	440	1.413	0.068	0.374	0.492
Abstinence among youth (never had sex)	0.314	0.036	169	130	1.016	0.116	0.242	0.387
Sexually active past 12 months never-married youth	0.613	0.043	169	130	1.135	0.070	0.528	0.698
Had injection past 12 months	0.356	0.026	710	550	1.428	0.072	0.304	0.407
Accepting attitudes to people with HIV	0.292	0.031	687	535	1.775	0.105	0.230	0.354
HIV test and result in past 12 months	0.287	0.018	710	550	1.054	0.062	0.251	0.323
Total fertility rate (past 3 years)	4.453	0.374	na	55381	1.542	0.084	3.706	5.201
Neonatal mortality (past 10 years)	18.974	5.269	872	668	1.051	0.278	8.435	29.512
Postneonatal mortality (past 10 years)	30.281	5.823	873	668	0.958	0.192	18.634	41.927
Infant mortality (past 10 years)	49.254	7.882	873	668	0.965	0.160	33.489	65.019
Child mortality (past 10 years)	18.762	4.443	874	669	1.073	0.237	9.877	27.647
Under-five mortality (past 10 years)	67.092	9.078	875	670	0.994	0.135	48.936	85.248
MEN								
Urban residence	0.469	0.061	326	262	2.210	0.130	0.347	0.592
Literate	0.799	0.027	326	262	1.232	0.034	0.744	0.854
No education	0.187	0.026	326	262	1.219	0.141	0.134	0.239
Secondary education or higher	0.536	0.038	326	262	1.391	0.072	0.459	0.613
Never married	0.583	0.038	326	262	1.382	0.065	0.508	0.659
Currently married/in union	0.397	0.037	326	262	1.348	0.092	0.324	0.470
Married before age 20	0.036	0.015	282	224	1.364	0.421	0.006	0.066
Had sexual intercourse before 18	0.536	0.034	282	224	1.138	0.063	0.468	0.604
Children ever born	3.533	0.209	137	104	0.996	0.059	3.116	3.951
Ever used any contraceptive method	0.661	0.057	137	104	1.393	0.086	0.548	0.774
Knows any contraceptive method	0.986	0.011	137	104	1.115	0.011	0.964	1.000
Want no more children	0.569	0.035	137	104	0.829	0.062	0.498	0.639
Want to delay birth at least 2 years	0.185	0.037	137	104	1.123	0.202	0.110	0.260
Ideal family size	3.887	0.221	323	260	1.120	0.057	3.444	4.330
Use condom at last high risk sex	0.799	0.033	143	113	0.994	0.042	0.733	0.866
Condom use last higher-risk intercourse (youth)	0.857	0.047	63	50	1.046	0.054	0.764	0.950
Abstinence among youth (never had intercourse)	0.229	0.045	99	82	1.066	0.198	0.138	0.319
Sexually active past 12 months (never married youth)	0.598	0.042	99	82	0.852	0.071	0.514	0.683
Had injection past 12 months	0.194	0.025	326	262	1.127	0.127	0.145	0.244
Accepting attitudes to people with HIV	0.482	0.053	314	251	1.889	0.111	0.375	0.588
HIV test and result in past 12 months	0.114	0.027	326	262	1.516	0.234	0.061	0.168
Multiple partners in past 12 months	0.077	0.021	258	200	1.271	0.274	0.035	0.120
Paid for sex past 12 months	0.003	0.003	326	262	0.910	0.992	0.000	0.008

na = Not applicable

DATA QUALITY TABLES

Appendix C

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Namibia 2006-07

	Female		Male			Female		Male	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
0	551	2.5	580	3.0	36	271	1.2	235	1.2
1	536	2.5	574	2.9	37	212	1.0	188	1.0
2	537	2.5	537	2.7	38	241	1.1	228	1.2
3	573	2.6	523	2.7	39	215	1.0	153	0.8
4	528	2.4	518	2.6	40	231	1.1	211	1.1
5	518	2.4	453	2.3	41	192	0.9	161	0.8
6	540	2.5	581	3.0	42	233	1.1	201	1.0
7	555	2.6	525	2.7	43	192	0.9	162	0.8
8	512	2.4	554	2.8	44	168	0.8	120	0.6
9	466	2.1	514	2.6	45	174	0.8	147	0.8
10	532	2.5	527	2.7	46	170	0.8	111	0.6
11	523	2.4	504	2.6	47	149	0.7	125	0.6
12	528	2.4	509	2.6	48	135	0.6	122	0.6
13	590	2.7	542	2.8	49	128	0.6	104	0.5
14	567	2.6	602	3.1	50	167	0.8	158	0.8
15	442	2.0	426	2.2	51	144	0.7	98	0.5
16	547	2.5	496	2.5	52	150	0.7	107	0.5
17	475	2.2	456	2.3	53	111	0.5	100	0.5
18	493	2.3	439	2.2	54	140	0.6	99	0.5
19	426	2.0	340	1.7	55	120	0.6	84	0.4
20	446	2.1	437	2.2	56	127	0.6	105	0.5
21	418	1.9	400	2.0	57	92	0.4	91	0.5
22	392	1.8	347	1.8	58	79	0.4	74	0.4
23	399	1.8	332	1.7	59	108	0.5	73	0.4
24	386	1.8	338	1.7	60	107	0.5	83	0.4
25	332	1.5	298	1.5	61	68	0.3	56	0.3
26	355	1.6	357	1.8	62	105	0.5	67	0.3
27	389	1.8	357	1.8	63	93	0.4	40	0.2
28	295	1.4	299	1.5	64	76	0.4	50	0.3
29	377	1.7	310	1.6	65	76	0.3	58	0.3
30	307	1.4	311	1.6	66	89	0.4	64	0.3
31	278	1.3	265	1.3	67	82	0.4	67	0.3
32	345	1.6	300	1.5	68	74	0.3	38	0.2
33	273	1.3	289	1.5	69	45	0.2	34	0.2
34	329	1.5	230	1.2	70+	926	4.3	522	2.7
35	213	1.0	198	1.0	Don't know/ missing	29	0.1	20	0.1
					Total	21,688	100.0	19,624	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2.1 Age distribution of eligible and interviewed women

De facto 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 groups, Namibia 2006-07

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percent	
10-14	2,740	na	na	na
15-19	2,382	2,278	22.7	95.6
20-24	2,041	1,926	19.2	94.3
25-29	1,748	1,650	16.5	94.4
30-34	1,533	1,443	14.4	94.1
25-39	1,150	1,071	10.7	93.1
40-44	1,016	955	9.5	94.1
45-49	755	702	7.0	93.0
50-54	711	na	na	na
15-49	10,626	10,026	100.0	94.4

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.
na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-64, interviewed men age 15-59, and percentage of eligible men who were interviewed (weighted), by five-year age group, Namibia 2006-07

Age group	Household population of men age 10-64	Interviewed men age 15-59		Percentage of eligible men interviewed
		Number	Percent	
10-14	1,354	na	na	na
15-19	1,034	945.0	23.6	91.4
20-24	849	752.0	18.8	88.6
25-29	829	722.0	18.0	87.1
30-34	678	590.9	14.7	87.2
25-39	478	410.2	10.2	85.8
40-44	419	349.7	8.7	83.4
45-49	288	238.3	5.9	82.8
50-54	312	na	na	na
15-59	4,575	4,008.0	100.0	87.6

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of men and interviewed men are household weights. Age is based on the household schedule.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Namibia 2006-07

Age group	Reference population	Percentage with missing information	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month only		0.50	13,340
Month and year		0.21	13,340
Age at death	Deaths among births in the 15 years preceding the survey	0.44	896
Age/date at first union[1]	All women age 15-49	0.91	4,131
Respondent's education	All women age 15-49	0.06	9,804
Diarrhoea in past 2 weeks	Living children age 0-59 months	8.94	4,719
Anthropometry	Living children age 0-59 months (from household questionnaire)		
Height		4.52	5,457
Weight		4.03	5,457
Height or weight		4.72	5,457

[1] Both year and age missing

Table C.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Namibia 2006-07

Calendar year	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
	L	D	T	L	D	T	L	D	T	L	D	T
2007	80	1	81	100.0	100.0	100.0	108.7	54.0	107.6	na	na	na
2006	1,077	48	1,125	100.0	100.0	100.0	108.7	167.6	110.7	na	na	na
2005	950	53	1,003	100.0	100.0	100.0	106.5	158.3	108.7	94.2	1.6	94.0
2004	942	67	1,009	100.0	99.2	99.9	99.4	87.2	98.5	99.2	6.2	00.6
2003	950	53	1,003	100.0	100.0	100.0	102.9	140.6	104.6	108.3	2.7	06.5
2002	812	62	874	99.9	100.0	99.9	99.7	191.7	104.3	93.0	5.8	94.3
2001	797	53	850	99.9	100.0	99.9	83.3	121.2	85.3	89.4	5.6	87.4
2000	969	101	1,070	99.3	94.5	98.9	111.8	98.1	110.4	115.0	3.7	19.7
1999	889	49	938	98.9	86.5	98.3	95.3	328.0	100.9	100.7	3.7	97.1
1998	798	64	862	99.1	89.8	98.4	98.5	90.6	97.9	98.6	1.6	98.8
2003-2007	3,999	222	4,221	100.0	99.8	100.0	104.6	129.0	105.7	na	na	na
1998-2002	4,265	329	4,594	99.4	94.3	99.0	97.8	132.7	99.9	na	na	na
1993-1997	3,562	298	3,860	99.3	92.6	98.8	98.7	123.9	100.5	na	na	na
1988-1992	2,835	227	3,063	99.3	95.0	99.0	95.4	104.2	96.0	na	na	na
<1988	2,624	368	2,992	98.7	94.6	98.2	94.7	116.1	97.1	na	na	na
All	17,285	1,445	18,729	99.4	95.0	99.1	98.6	121.2	100.2	na	na	na

na = Not applicable
[1] Both year and month of birth given
[2] (Bm/Bf)x100, where Bm and Bf are the numbers of male and female births, respectively
[3] [2Bx/(Bx-1+Bx+1)]x100, where Bx is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Namibia 2006-07

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	31	40	44	30	145
1	42	29	27	13	111
2	13	5	6	5	29
3	8	5	8	3	24
4	4	2	0	2	8
5	2	2	1	2	7
6	0	2	0	0	3
7	6	4	6	10	26
8	0	0	1	0	1
9	0	0	0	0	0
10	1	2	0	1	4
11	3	0	0	0	3
14	4	6	6	0	16
15	1	0	0	0	1
17	0	0	0	0	0
20	0	1	0	0	1
21	0	4	0	0	4
25	0	2	0	0	2
26	1	0	0	0	1
27	0	0	0	0	0
30	0	2	0	4	6
Total 0-30	117	106	99	70	392
Percent early neonatal[1]	85.9	80.4	87.4	78.2	83.4

[1] Under one week/under one month

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Namibia 2006-07

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1[a]	117	106	99	70	392
1	9	21	10	10	51
2	14	15	10	9	49
3	13	11	14	2	41
4	10	5	4	6	26
5	10	7	3	1	21
6	12	8	5	11	36
7	5	4	2	1	12
8	8	4	6	3	20
9	7	12	8	3	30
10	6	8	1	3	18
11	7	6	1	1	14
12	29	26	20	18	93
13	3	0	0	0	3
14	1	2	3	2	8
15	1	0	0	0	2
16	2	1	1	0	4
17	0	1	1	0	2
18	0	3	1	1	5
19	0	1	0	0	1
20	2	3	1	0	7
21	0	1	0	0	1
22	0	0	0	0	0
23	0	1	0	0	1
24+	0	0	0	1	1
Missing	2	0	1	0	2
1 year	2	1	1	4	8
Total 0-11	220	207	162	120	709
Percent neonatal[1]	53.4	51.3	60.8	57.9	55.3

[a] Includes deaths under one month reported in days
[1] Under one month/under one year

PERSONS INVOLVED IN THE 2006-07 NAMIBIA DEMOGRAPHIC AND HEALTH SURVEY

Appendix ***D***

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Assistant Project Coordinator
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Puumue Katjiuanjo
Sri Poedjastoeti
James Kaphuka
Albert Kulobone
Julia Tuvadimbwa
Ester Mulenga
Nahason Katjangua
Aina Shinyemba
Alwis Weerasinghe

Field Managers: Macro Staff

Sri Poedjastoeti
James Kaphuka

National Supervisors

Bertha Katjivena
Maazuu Zauana
Hilma Nangombe

Regional Supervisors

Puumue Katjiuanjo
Fares Kambowe
Natanael Salomo
Albert Kulobone
Nahason Katjangua

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Survey Clerk, Patricia Hoabes

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Stark Katokele	Vaino Tauya
Emgard Kaune	Israel (Issy) K. Tjizake
Mikatazo Makapa	Emmanuel Tofoatsi
Castro Matengu	Matengu Simasiku
Thomas Mbeeli	Abner Axel Xoagub
Gottfriedine Muharukua	Jolene Beukes
Adam Muheua	Nicoline Jass

Field Teams

Caprivi Region

Hilma Nangombe, Regional Supervisor
Ben Kambaen, Driver for Regional Supervisor

Team 1		Team 2	
Beauty Kwenda	Supervisor	Felix Mweti	Supervisor
Classen Chunga	Field Editor	Namasiku Muzweulu	Field Editor
Hellen Mukena	Interviewer	Florence Nandu	Interviewer
Audrey Mwilima	Interviewer	Maureen Sibanga	Interviewer
Rollen Sikwana	Interviewer	Precious Mulonda	Interviewer
Warren Kamwi	Interviewer	Starden Mukela	Interviewer
Martin Mbindawina	Driver	A.N. Mulonda	Driver

Erongo Region

Nahason Katjangua, Regional Supervisor
Bertha Katjivena, Regional Supervisor
A.J. January, Driver for Regional Supervisor
Victor Zambwe, Driver for Regional Supervisor

Team 3		Team 4	
Fransiska Ngeseuako	Supervisor	Vicky Clarke	Supervisor
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Natalia Stephanus	Interviewer	Selma Hangula	Interviewer
Diana Katjivive	Interviewer	Rosalyn Uaatjo	Interviewer
Evrril Skrywer	Interviewer	Champhaline Dausab	Interviewer
Patric Bock	Interviewer	Thomas Nandjembo	Interviewer
L. Mulokoshi	Driver	Z. Demeseb	Driver

Hardap Region

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John Puturi, Driver for Regional Supervisor

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Vaino Mupetami	Field Editor	Brenda Oarum	Field Editor
Belinda Geises	Interviewer	Homateni Ndeshipewa	Interviewer
Jaqueline Urikos	Interviewer	Irmina van der Westhuizen	Interviewer
Fredrika Keendjele	Interviewer	Martha Kaiko	Interviewer
Elton Khoeseb	Interviewer	Rodger Uniseb	Interviewer
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Karas Region

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Ashanti Tsuses	Interviewer	Elina Hamunyela	Interviewer
Kaarina Shikambe	Interviewer	Jaseuako Murangi	Interviewer
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Kavango Region

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Linea Mupetami	Interviewer	Elizabeth Ndumba	Interviewer
Sophia Haingura	Interviewer	Johanna Thomas	Interviewer
Christophina Tjiunda	Interviewer	Martha Mbathera	Interviewer
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Ingrid Kinda	Interviewer	Magreth Ockhuizen	Interviewer
Helda Kwenani	Interviewer	Bronah Simataa	Interviewer
Elvis Muyenga	Interviewer	Deovany Van Zyl	Interviewer
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Team 13

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Aletha Gertze	Interviewer
Ruben Egumbo	Interviewer
Jacobina Nghipangelwa	Interviewer
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Hermien Huisemas	Interviewer	Stella Karamata	Interviewer
Helga Kandjii	Interviewer	Rudolphine Tjeriko	Interviewer
Essegiel Nanuseb	Interviewer	Patricia Tjaronda	Interviewer
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Ohangwena Region

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Sophia Shigwedha	Interviewer	Maano Shelikita	Interviewer
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Charles Tjingaete	Interviewer	Salmon Witbooi	Interviewer
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Omusati Region

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Engombe N. Andreas	Interviewer	Petrus Iitula	Interviewer
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Salote Anguku	Interviewer
Rauha Shaanika	Interviewer
Amon Shuungula	Interviewer
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Oshana Region

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Kanana Saima	Interviewer	Krementine Ameya	Interviewer
Hilma Kuutondokwa	Interviewer	Lahja Ugwanga	Interviewer
Matheus Nangombe	Interviewer	Arnold Hekandjo	Interviewer
Bartholomeus Haiduwa	Driver	M. Dauseb	Driver

Oshikoto Region

Fares Kamboue, Regional Supervisor

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Judith Lungameni	Interviewer	Soini Nangombe	Interviewer
Ndinelao Mundjanima	Interviewer	Rosalia Mumbuu	Interviewer
Raukinen Katsjuna	Interviewer	David Kondjeni	Interviewer
A. Nambadja	Driver	N. Elago	Driver

Otjozondjupa Region

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Kavee Kahipuire	Interviewer	Ivondia Paporo	Interviewer
Kaleb Simeon	Interviewer	Diva Tjiramba	Interviewer
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Appendix ***E***

HEN 15 Oct 2006 SP

MINISTRY OF HEALTH AND SOCIAL SERVICES
2006 NAMIBIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE - ENGLISH

IDENTIFICATION

NAME AND CODE OF REGION* _____ ☐☐

NAME OF VILLAGE/TOWN/CITY _____

DHS CLUSTER NUMBER . . . . . ☐☐☐

URBAN/RURAL (URBAN = 1, RURAL = 2) ☐

LARGE CITY/SMALL CITY/TOWN/RURAL
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) ☐

HOUSEHOLD NUMBER . . . . . ☐☐☐

NAME OF HOUSEHOLD HEAD _____

IS HOUSEHOLD SELECTED FOR MAN'S SURVEY? (YES = 1, NO = 2) . . . . . ☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR 2 0 0 ☐
INTERVIEWER'S NAME				INT. NUMBER ☐☐☐
RESULT**				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

**RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD ☐☐

TOTAL WOMEN 15-49 ☐☐

TOTAL MEN 15-49 ☐☐

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ☐☐

LANGUAGE OF QUESTIONNAIRE: **3**

RESPONDENT'S LANGUAGE: _____ ☐

LANGUAGE OF INTERVIEW*** ☐

TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) ☐

LANGUAGE*** CODES:
1 AFRIKAANS 3 ENGLISH 5 KWANGALI 7 OSHIWAMBO
2 DAMARA/NAMA 4 HERERO 6 LOZI 8 OTHER

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ ☐☐	DATE _____ ☐☐	☐☐	☐☐

*REGION CODES: CAPRIVI = 01; ERONGO = 02; HARDAP = 03; KARAS = 04; KHOMAS = 05; KUNENE = 06; CHANGWENA = 07; KAVANGO = 08; OMAHEKE = 09; OMUSATI = 10; OSHANA = 11; OSHIKOTO = 12; OTJOZONDJUPA = 13

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Services. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/ STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS									IF AGE 0-17 YEARS	
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS									BROTHERS AND SISTERS	
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	**IF MOTHER NOT LISTED IN HOUSEHOLD** Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	**IF FATHER NOT LISTED IN HOUSEHOLD** Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	**MOTHER AND/OR FATHER DEAD/ SICK** CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	**BOTH PARENTS ALIVE** IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK	Y N DK		Y N DK	Y N DK		Y N DK			Y N DK	Y N
01	1 2 8	1 2 8 → GO TO 16		1 2 8	1 2 8 → GO TO 19		1 2 8	01	1 2 → GO TO 23	1 2 8 → GO TO 23	1 2
02	1 2 8	1 2 8 → GO TO 16		1 2 8	1 2 8 → GO TO 19		1 2 8	02	1 2 → GO TO 23	1 2 8 → GO TO 23	1 2
03	1 2 8	1 2 8 → GO TO 16		1 2 8	1 2 8 → GO TO 19		1 2 8	03	1 2 → GO TO 23	1 2 8 → GO TO 23	1 2
04	1 2 8	1 2 8 → GO TO 16		1 2 8	1 2 8 → GO TO 19		1 2 8	04	1 2 → GO TO 23	1 2 8 → GO TO 23	1 2
05	1 2 8	1 2 8 → GO TO 16		1 2 8	1 2 8 → GO TO 19		1 2 8	05	1 2 → GO TO 23	1 2 8 → GO TO 23	1 2
06	1 2 8	1 2 8 → GO TO 16		1 2 8	1 2 8 → GO TO 19		1 2 8	06	1 2 → GO TO 23	1 2 8 → GO TO 23	1 2
07	1 2 8	1 2 8 → GO TO 16		1 2 8	1 2 8 → GO TO 19		1 2 8	07	1 2 → GO TO 23	1 2 8 → GO TO 23	1 2
08	1 2 8	1 2 8 → GO TO 16		1 2 8	1 2 8 → GO TO 19		1 2 8	08	1 2 → GO TO 23	1 2 8 → GO TO 23	1 2
09	1 2 8	1 2 8 → GO TO 16		1 2 8	1 2 8 → GO TO 19		1 2 8	09	1 2 → GO TO 23	1 2 8 → GO TO 23	1 2
10	1 2 8	1 2 8 → GO TO 16		1 2 8	1 2 8 → GO TO 19		1 2 8	10	1 2 → GO TO 23	1 2 8 → GO TO 23	1 2

	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 5-17 YEARS			IF AGE 0-4 YEARS
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BASIC MATERIAL NEEDS			BIRTH REGIS-TRATION
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2006 - 2007) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2005 - 2006)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
	Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N DK	Y N DK	Y N DK	
01	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
02	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
03	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
04	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
05	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
06	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
07	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
08	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
09	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
10	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	

CODES FOR Qs. 24, 26, AND 28: EDUCATION

LEVEL

0 = PRE-SCHOOL (KG, DAY CARE)
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR QS. 26 AND 28)
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
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11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		11	11	11
12			1 2	1 2	1 2			12	12	12
13			1 2	1 2	1 2			13	13	13
14			1 2	1 2	1 2			14	14	14
15			1 2	1 2	1 2			15	15	15
16			1 2	1 2	1 2			16	16	16
17			1 2	1 2	1 2			17	17	17
18			1 2	1 2	1 2			18	18	18
19			1 2	1 2	1 2			19	19	19
20			1 2	1 2	1 2			20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
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	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS									IF AGE 0-17 YEARS	
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	Y N DK	Y N DK		Y N DK	Y N DK		Y N DK			Y N DK	Y N
11	1 2 8	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	11	1 2 GO TO 23	1 2 8 GO TO 23	1 2
12	1 2 8	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	12	1 2 GO TO 23	1 2 8 GO TO 23	1 2
13	1 2 8	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	13	1 2 GO TO 23	1 2 8 GO TO 23	1 2
14	1 2 8	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	14	1 2 GO TO 23	1 2 8 GO TO 23	1 2
15	1 2 8	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	15	1 2 GO TO 23	1 2 8 GO TO 23	1 2
16	1 2 8	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	16	1 2 GO TO 23	1 2 8 GO TO 23	1 2
17	1 2 8	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	17	1 2 GO TO 23	1 2 8 GO TO 23	1 2
18	1 2 8	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	18	1 2 GO TO 23	1 2 8 GO TO 23	1 2
19	1 2 8	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	19	1 2 GO TO 23	1 2 8 GO TO 23	1 2
20	1 2 8	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	20	1 2 GO TO 23	1 2 8 GO TO 23	1 2

	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 5-17 YEARS			IF AGE 0-4 YEARS
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BASIC MATERIAL NEEDS			BIRTH REGIS-TRATION
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2005 - 2006) **(3)** school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005) **(3)**?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
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	Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N DK	Y N DK	Y N DK	
11	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
12	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
13	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
14	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
15	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
16	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
17	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
18	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
19	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	
20	1 2 ↓ GO TO 29		1 2 ↓ GO TO 27		1 2 ↓ GO TO 29		1 2 8	1 2 8	1 2 8	

CODES FOR Qs. 24, 26, AND 28: EDUCATION

LEVEL

0 = PRE-SCHOOL (KINDER-GARTEN, DAY CARE)
1 = PRIMARY
2 = SECONDARY
3 = HIGHER

8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR QS. 26 AND 28)
98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 → 106 PUBLIC TAP/STANDPIPE . . . . . 13 TUBE WELL OR BOREHOLE . . . . . 21 DUG WELL PROTECTED WELL . . . . . 31 → 103 UNPROTECTED WELL . . . . . 32 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 → 106 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 → 103 BOTTLED WATER . . . . . 91 OTHER _____ 96 → 103 (SPECIFY)	
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 → 106 PUBLIC TAP/STANDPIPE . . . . . 13 TUBE WELL OR BOREHOLE . . . . . 21 DUG WELL PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 → 106 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 OTHER _____ 96 (SPECIFY)	
103	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 → 106 ELSEWHERE 3	
104	How long does it take to go there, get water, and come back?	MINUTES . . . . . ☐☐☐ DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN . . . . . 1 ADULT MAN . . . . . 2 FEMALE CHILD UNDER 15 YEARS OLD . . . . . 3 MALE CHILD UNDER 15 YEARS OLD . . . . . 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 108
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . . . 14 FLUSH, DON'T KNOW WHERE . . . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE . . . . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT . . . . . 23 COMPOSTING TOILET . . . . . 31 BUCKET TOILET . . . . . 41 HANGING TOILET/HANGING LATRINE . . . . . 51 NO FACILITY/BUSH/FIELD . . . . . 61 → 111 OTHER _____ 96 (SPECIFY)	
109	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
111	Does your household have:	YES NO ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 MOBILE TELEPHONE . . . . . 1 2 NON-MOBILE TELEPHONE . 1 2 REFRIGERATOR . . . . . 1 2 SOLAR ELECTRICITY 1 2	

Electricity?
A radio?
A television?
A mobile telephone?
A non-mobile telephone?
A refrigerator?
Solar electricity?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY LPG NATURAL GAS BIOGAS KEROSENE COAL, LIGNITE CHARCOAL WOOD STRAW/SHRUBS/GRASS AGRICULTURAL CROP ANIMAL DUNG NO FOOD COOKED IN HOUSEHOLD OTHER _____ (SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 95 96	→ 115 → 117
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE OPEN STOVE CLOSED STOVE WITH CHIMNEY OTHER _____ (SPECIFY)	1 2 3 6	 → 115
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY HOOD NEITHER	1 2 3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE IN A SEPARATE BUILDING OUTDOORS OTHER _____ (SPECIFY)	1 2 3 6	 → 117
116	Do you have a separate room which is used as a kitchen?	YES NO	1 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND DUNG RUDIMENTARY FLOOR WOOD PLANKS PALM/BAMBOO FINISHED FLOOR PARQUET OR POLISHED WOOD VINYL OR ASPHALT STRIPS CERAMIC TILES CEMENT CARPET OTHER _____ (SPECIFY)	 11 12 21 22 31 32 33 34 35 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF . . . . . 11 THATCH/PALM LEAF . . . . . 12 SOD . . . . . 13 RUDIMENTARY ROOFING RUSTIC MAT . . . . . 21 PALM/BAMBOO . . . . . 22 WOOD PLANKS . . . . . 23 CARDBOARD . . . . . 24 FINISHED ROOFING METAL . . . . . 31 WOOD . . . . . 32 CALAMINE/CEMENT FIBER . . . . . 33 CERAMIC TILES . . . . . 34 CEMENT . . . . . 35 ROOFING SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 DIRT . . . . . 13 RUDIMENTARY WALLS BAMBOO WITH MUD . . . . . 21 STONE WITH MUD . . . . . 22 UNCOVERED ADOBE . . . . . 23 PLYWOOD . . . . . 24 CARDBOARD . . . . . 25 REUSED WOOD . . . . . 26 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 COVERED ADOBE . . . . . 35 WOOD PLANKS/SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	
120	How many rooms in this household are used for sleeping?	ROOMS . . . . . ☐☐	
121	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	YES NO WATCH . . . . . 1 2 BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK . . . . . 1 2 BOAT WITH MOTOR 1 2	
122	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 124

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	How many hectares of agricultural land do members of this household own?	HECTARES . . . . . ☐☐ 95 OR MORE HECTARES . . . . . 95 DON'T KNOW 98	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2	→ 126
125	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle? Milk cows or bulls? Horses, donkeys, or mules? Goats? Sheep? Chickens?	CATTLE . . . . . ☐☐ COWS/BULLS . . . . . ☐☐ HORSES/DONKEYS/MULES . . . ☐☐ GOATS . . . . . ☐☐ SHEEP . . . . . ☐☐ CHICKENS . . . . . ☐☐	
126	Does any member of this household have a bank account?	YES . . . . . 1 NO 2	
126A	What is the name of the nearest government health facility that provides health services to this community? NAME	HOSPITAL . . . . . 1 HEALTH CENTER . . . . . 2 CLINIC . . . . . 3 OUTREACH POINT . . . . . 4 DON'T KNOW . . . . . 6 FOR OFFICIAL USE . . . . . ☐☐☐	→ 126H
126B	If you were to go to (HEALTH FACILITY NAME), how would you go there?	CAR/MOTORCYCLE . . . . . 1 PUBLIC TRANSPORT (BUS, TAXI) . . . . . 2 ANIMAL/ANIMAL CART . . . . . 3 WALKING . . . . . 4 OTHER _____ 6 SPECIFY	
126C	How long does it take from here to (HEALTH FACILITY NAME) by (MODE OF TRANSPORT IN 126B)?	MINUTES . . . . . 1 ☐☐☐ HOURS . . . . . 2 ☐☐☐ DAYS . . . . . 3 ☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126D	CHECK 126A: IS THE NEAREST FACILITY A HOSPITAL? NO, NOT A HOSPITAL ☐	YES, A HOSPITAL ☐	→ 126H
126E	What is the name of the nearest government hospital that provides health services to this community? _____ NAME	FOR OFFICIAL USE . . . . . ☐☐☐ DON'T KNOW 8	→ 126H
126F	If you were to go to (NAME OF HOSPITAL, how would you go there?	CAR/MOTORCYCLE . . . . . 1 PUBLIC TRANSPORT (BUS, TAXI) . . . . . 2 ANIMAL/ANIMAL CART . . . . . 3 WALKING . . . . . 4 OTHER _____ 6 SPECIFY	
126G	How long does it take from here to (NAME OF THE HOSPITAL) by (MODE OF TRANSPORT IN 126F)?	MINUTES . . . . . 1 ☐☐☐ HOURS . . . . . 2 ☐☐☐ DAYS . . . . . 3 ☐☐☐	
126H	In the last 12 months, has anyone in this household stayed overnight in a hospital or other health facility other than to deliver a baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
127	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . . 1 NO 2	→ 138
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . . ☐	

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED . . . . . 1 NOT OBSERVED . 2	OBSERVED . . . . . 1 NOT OBSERVED . 2	OBSERVED . . . . . 1 NOT OBSERVED . 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO . . . . . ☐☐ 37 OR MORE MONTHS AGO . . . 95 NOT SURE 98	MOS AGO . . . . . ☐☐ 37 OR MORE MONTHS AGO . . . 95 NOT SURE 98	MOS AGO . . . . . ☐☐ 37 OR MORE MONTHS AGO . . . 95 NOT SURE 98
131	OBSERVE OR ASK THE BRAND/ TYPE OF NET.	'PERMANENT' NET OLYSET NET . 11 YORKOOL . . . 12 SUPA NET PLUS 13 OTHER/ DK BRAND . . . . . 16 (SKIP TO 135) OTHER . . . . . 31 DK BRAND 98	'PERMANENT' NET OLYSET NET . 11 YORKOOL . . . 12 SUPA NET PLUS 13 OTHER/ . . . . . 16 (SKIP TO 135) OTHER . . . . . 31 DK BRAND 98	'PERMANENT' NET OLYSET NET . 11 YORKOOL . . . 12 SUPA NET PLUS 13 OTHER/ . . . . . 16 (SKIP TO 135) OTHER . . . . . 31 DK BRAND 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	YES . . . . . 1 NO . . . . . 2 NOT SURE 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 135) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 135) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 135) NOT SURE 8
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO . . . . . ☐☐ 25 OR MORE MONTHS AGO . . . 95 NOT SURE 98	MOS AGO . . . . . ☐☐ 25 OR MORE MONTHS AGO . . . 95 NOT SURE 98	MOS AGO . . . . . ☐☐ 25 OR MORE MONTHS AGO . . . 95 NOT SURE 98
135	Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 137) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 137) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 137) NOT SURE 8

		NET #1	NET #2	NET #3
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO. . . . . [ ][ ] NAME_____ LINE NO. . . . . [ ][ ] NAME_____ LINE NO. . . . . [ ][ ] NAME_____ LINE NO. . . . . [ ][ ]	NAME_____ LINE NO. . . . . [ ][ ] NAME_____ LINE NO. . . . . [ ][ ] NAME_____ LINE NO. . . . . [ ][ ] NAME_____ LINE NO. . . . . [ ][ ]	NAME_____ LINE NO. . . . . [ ][ ] NAME_____ LINE NO. . . . . [ ][ ] NAME_____ LINE NO. . . . . [ ][ ] NAME_____ LINE NO. . . . . [ ][ ]
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.

138	At any time in the past 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 141
139	How many months ago was the house sprayed? IF LESS THAN ONE MONTH, RECORD '00' MONTHS AGO.	MONTHS AGO . . . . . [ ][ ]	
140	Who sprayed the house?	GOVERNMENT WORKER/ PROGRAM . . . . . 1 PRIVATE COMPANY . . . . . 2 HOUSEHOLD MEMBER . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 142
141	What is the reason your house has not been sprayed?	NO ONE AT HOME . . . . . 1 DO NOT WANT SPRAYING . . . . . 2 DO NOT NEED SPRAYING . . . . . 3 OTHER _____ 6 SPECIFY DON'T KNOW ABOUT SPRAYING . . . . . 7 DON'T KNOW 8	
142	May I see a sample of the salt used for cooking last time?	0 PPM (NO COLOUR) . . . . . 1 BELOW 15 PPM . . . . . 2 ABOVE 15 PPM (STRONG COLOUR) . . . 3 NO SALT AT HOME . . . . . 4 NOT TESTED . . . . . 5 REFUSED 6	→ 201
143	What is the source of this salt: was it bought in a shop or from an open market or does it come from a salt pan?	SHOP/SUPERMARKET . . . . . 1 OPEN MARKET . . . . . 2 SALT PAN . . . . . 3 OTHER . . . . . 4 DON'T KNOW 8	

SUPPORT FOR SICK PEOPLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
201	CHECK QUESTIONS 7 AND 12 IN THE HOUSEHOLD SCHEDULE: NUMBER OF SICK PEOPLE AGE 18-59 ☐☐ AT LEAST ONE ☐ ↓ NONE ☐ → 301			
202	ENTER IN QUESTION 203 THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN QUESTION 12 IN THE HOUSEHOLD SCHEDULE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S). READ THE INTRODUCTION THAT FOLLOWS. THEN ASK QUESTIONS 204-215 AS APPROPRIATE FOR EACH OF THE PERSONS AGE 18-59 REPORTED AS HAVING BEEN VERY SICK. You told me that in your household one (some) of the members of your household has(ve) been very sick for at least three of the past 12 months. We are interested in learning about the care and support that may have been received for [that/each of those persons]. First I would like to ask you about any formal, organized help or support that your household may have been given for [that/each of those] person(s) 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.			
203	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1ST SICK PERSON NAME _____ LINE NO. ... ☐☐	2ND SICK PERSON NAME _____ LINE NO. ... ☐☐	3RD SICK PERSON NAME _____ LINE NO. ... ☐☐
204	Now I would like to ask you about any support you received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 206) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 206) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 206) ← DK 8
205	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
206	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 208) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 208) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 208) ← DK 8
207	Did your household receive of this any emotional or psychological support in the past 30 days?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
208	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 210) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 210) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 210) ← DK 8
209	Did your household receive any of this material support in the past 30 days?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
210	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, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 212) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 212) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 212) ← DK 8
211	Did your household receive any of this social support in the past 30 days?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
		1ST SICK PERSON NAME _____	2ND SICK PERSON NAME _____	3RD SICK PERSON NAME _____
212	Now I would like to ask about health problems (NAME) may have recently had. In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE . . . . . 1 MILD . . . . . 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE . . . . . 1 MILD . . . . . 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE . . . . . 1 MILD . . . . . 2 NOT AT ALL . 3 (SKIP TO 214) ←
213	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
214	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation? IF YES: Was this problem (were any of these problems) ever severe?	YES, SEVERE 1 YES, NEVER SEVERE . . . 2 NO . . . . . 3 (SKIP TO 216) ←	YES, SEVERE 1 YES, NEVER SEVERE . . . 2 NO . . . . . 3 (SKIP TO 216) ←	YES, SEVERE 1 YES, NEVER SEVERE . . . 2 NO . . . . . 3 (SKIP TO 216) ←
215	Was (NAME) able to reduce or stop this (these) problem(s) most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
216		GO BACK TO 204 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF THERE ARE NO MORE SICK PEOPLE, GO TO 301.		

SUPPORT FOR PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 401
302	How many household members died in the last 12 months?	NUMBER OF DEATHS	

303	ASK 304-322 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).			
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH
305	Was (NAME) male or female?	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2
306	How old was (NAME) when (he/she) died?	AGE .	AGE .	AGE .
307	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ (SKIP TO 318) 18-59	<18/60+ (SKIP TO 318) 18-59	<18/60+ (SKIP TO 318) 18-59
308	Was (NAME) very sick for at least three of the 12 months before (he/she) died, that is (NAME) was too sick to work or do normal activities?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 318) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 318) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 318) DK 8
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, 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.			
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 312) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 312) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 312) DK 8
311	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 314) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 314) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 314) DK 8
313	Did your household receive any of this emotional or psychological support in the last 30 days before (NAME)'s death?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 316) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 316) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 316) DK 8
315	Did your household receive any of this material support in the last 30 days before (NAME)'s death?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 318) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 318) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 318) DK 8
317	Did your household receive any of this social support in the last 30 days before (NAME)'s death?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8

		NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____
318	Now I would like to ask about the health problems (NAME) may have had. In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE . . . . . 1 MILD . . . . . 2 NOT AT ALL . 3 (SKIP TO 320)	SEVERE . . . . . 1 MILD . . . . . 2 NOT AT ALL . 3 (SKIP TO 320)	SEVERE . . . . . 1 MILD . . . . . 2 NOT AT ALL . 3 (SKIP TO 320)
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation? IF YES: Was this problem (were any of these problems) severe?	YES, SEVERE . 1 YES, NEVER SEVERE . . . 2 NO . . . . . 3 (SKIP TO 322)	YES, SEVERE . 1 YES, NEVER SEVERE . . . 2 NO . . . . . 3 (SKIP TO 322)	YES, SEVERE . 1 YES, NEVER SEVERE . . . 2 NO . . . . . 3 (SKIP TO 322)
321	Was (NAME) able to reduce or stop the problems he/she had most of the time, some of the time or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
322		GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE DEATHS, GO TO 401.		

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	SKIP
401	CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD AGE 0-17?** AT LEAST ONE CHILD AGE 0-17 ☐ ↓ NO CHILD AGE 0-17 ☐ → 501	
402	CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: **ANY SICK ADULT AGE 18-59 WHO IS VERY SICK?** NO SICK ADULT AGE 18-59 ☐ ↓ AT LEAST ONE SICK ADULT AGE 18-59 ☐ → GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.	
403	CHECK 306 IN THE PREVIOUS SECTION: **ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?** NO ADULT DEATH AGE 18-59 IN 306 ☐ ↓ AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 ☐ → GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.	
404	CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?** AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ☐ ↓ NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ☐ → 501	
405	RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.	

		1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
406	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____	NAME _____
	LINE NUMBER FROM COLUMN 1	LINE NO. ☐☐	LINE NO. ☐☐	LINE NO. ☐☐	LINE NO. ☐☐
	AGE FROM COLUMN 7	AGE ☐☐	AGE ☐☐	AGE ☐☐	AGE ☐☐
407	I would like to ask you about any formal, organized help or support for children that your household may have received 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.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of this emotional or psychological 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
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of this material 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
413	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 for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8
414	Did your household receive any of this social 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
415	CHECK 406: AGE OF CHILD	AGE 0-4 (SKIP TO 417) AGE 5-17	AGE 0-4 (SKIP TO 417) AGE 5-17	AGE 0-4 (SKIP TO 417) AGE 5-17	AGE 0-4 (SKIP TO 417) AGE 5-17
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.			

NO.		CODING CATEGORIES			
		5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	NAME _____ LINE NO. . . . ☐☐ AGE . ☐☐	NAME _____ LINE NO. . . . ☐☐ AGE . ☐☐	NAME _____ LINE NO. . . . ☐☐ AGE . ☐☐	NAME _____ LINE NO. . . . ☐☐ AGE . ☐☐
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8
410	Did your household receive any emotional or psychological 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
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8
412	Did your household receive any material 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
413	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 for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8
414	Did your household receive any social 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
415	CHECK 406: AGE OF CHILD	AGE 0-4 (SKIP TO 417) ← AGE 5-17 ↓	AGE 0-4 (SKIP TO 417) ← AGE 5-17 ↓	AGE 0-4 (SKIP TO 417) ← AGE 5-17 ↓	AGE 0-4 (SKIP TO 417) ← AGE 5-17 ↓
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.			

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 AGE FROM COLUMN 7	LINE NUMBER . . . NAME _____ AGE	LINE NUMBER . . . NAME _____ AGE	LINE NUMBER . . . NAME _____ AGE . . . . .
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . . . MONTH . . . . . YEAR	DAY . . . . . . MONTH . . . . . YEAR	DAY . . . . . . MONTH . . . . . YEAR
504	CHECK 502 AND 503: CHILD AGE 0-5 OR BORN IN JANUARY 2001 ORLATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG.	KG.	KG. . . . .
506	HEIGHT IN CENTIMETERS	CM. . . .	CM. . . .	CM. . . .
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
509		GO BACK TO 503 FOR NEXT CHILD IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 510.		
		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 AGE FROM COLUMN 7	LINE NUMBER . . . NAME _____ AGE	LINE NUMBER . . . NAME _____ AGE	LINE NUMBER . . . NAME _____ AGE . . . . .
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . . . MONTH . . . . . YEAR	DAY . . . . . . MONTH . . . . . YEAR	DAY . . . . . . MONTH . . . . . YEAR
504	CHECK 502 AND 503: CHILD AGE 0-5 OR BORN IN JANUARY 2001 ORLATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG.	KG.	KG. . . . .
506	HEIGHT IN CENTIMETERS	CM. . . .	CM. . . .	CM. . . .
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
509		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 510.		

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

510	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 511. IF MORE THAN SIX WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDER FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 514.			
		WOMAN 1	WOMAN 2	WOMAN 3
511	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
512	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐☐.☐	KG. . . . . ☐☐☐.☐	KG. . . . . ☐☐☐.☐
513	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐
514	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
		WOMAN 4	WOMAN 5	WOMAN 6
511	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
512	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐☐.☐	KG. . . . . ☐☐☐.☐	KG. . . . . ☐☐☐.☐
513	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐
514	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6

WEN 15 SEPT 2006 SP

MINISTRY OF HEALTH AND SOCIAL SERVICES
2006 NAMIBIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE - ENGLISH

IDENTIFICATION

NAME AND CODE OF REGION* _____ ☐☐

NAME OF VILLAGE/TOWN/CITY _____

DHS CLUSTER NUMBER ☐☐☐

URBAN/RURAL (URBAN =1, RURAL = 2) ☐
LARGE CITY/SMALL CITY/TOWN/RURAL ☐
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)

HOUSEHOLD NUMBER ☐☐☐

NAME AND LINE NUMBER OF WOMAN _____ ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR 2 0 0 ☐
INTERVIEWER'S NAME				INT. NUMBER ☐☐☐
RESULT**				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

**RESULT CODES:

1	COMPLETED	4	REFUSED	7	OTHER _____ (SPECIFY)
2	NOT AT HOME	5	PARTLY COMPLETED		
3	POSTPONED	6	INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE: 3

RESPONDENT'S LANGUAGE: _____ ☐

LANGUAGE OF INTERVIEW*** ☐

TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) ☐

LANGUAGE*** CODES:

1 AFRIKAANS	3 ENGLISH	5 RUKWANGALI	7 OSHIWAMBO
2 DAMARA/NAMA	4 OTJIHERERO	6 SILOZI	8 OTHER

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ ☐☐	DATE _____ ☐☐	☐☐	☐☐

*REGION CODES: CAPRIVI = 01; ERONGO = 02; HARDAP = 03; KARAS = 04; KHOMAS = 05; KUNENE = 06; CHANGWENA = 07; KAVANGO = 08; OMAHEKE = 09; OMUSATI = 10; OSHANA = 11; OSHIKOTO = 12; OTJOZONDJUPA = 13

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Services. We are conducting a national survey that asks women (and men) about various health issues.
We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.
At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS . . . . . 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . . 1 TOWN . . . . . 2 COUNTRYSIDE 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . . ☐☐ NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . . 1 NO 2	
106	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
108	Have you ever attended school?	YES . . . . . 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 HIGHER 3	
110	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY → SECONDARY OR HIGHER → 115		
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES . . . . . 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' CIRCLED → CODE '1' OR '5' CIRCLED → 116		
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
118	What is your religion?	ROMAN CATHOLIC . . . . . 1 PROTESTANT . . . . . 2 NO RELIGION . . . . . 3 OTHER _____ 4 SPECIFY	
119	What is the main language spoken in your home?	AFRIKAANS . . . . . 01 DAMARA/NAMA . . . . . 02 ENGLISH . . . . . 03 HERERO . . . . . 04 KWANGALI . . . . . 05 LOZI . . . . . 06 OSHIWAMBO . . . . . 07 SAN . . . . . 08 OTHER _____ 96 SPECIFY	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	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	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . [ ][ ]	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ↓ NO → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ↓ NO BIRTHS →		→ 226

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212 What name was given to your (first/next) baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

212 What name was given to your next baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . . 1 NO 2

223 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ↓ NUMBERS ARE DIFFERENT → (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. ☐

FOR EACH BIRTH SINCE JANUARY 2001: MONTH AND YEAR OF BIRTH ARE RECORDED. ☐

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. ☐

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. ☐

224 CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226. ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2001, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS	
228	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 LATER . . . . . 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . . 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH . . . . . YEAR	
231	CHECK 230: LAST PREGNANCY ENDED IN JAN. 2001 OR LATER ↓ LAST PREGNANCY ENDED BEFORE JAN. 20001 →		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS	
233	Since January 2001, have you had any other pregnancies that did not result in a live birth?	YES . . . . . 1 NO 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2001. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2001?	YES . . . . . 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2001 end?	MONTH . . . . . YEAR	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ] IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
09	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
11	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . . 1 NO . . . . . 2 YES . . . . . 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) →	AT LEAST ONE "YES" (EVER USED) → 307	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . . ☐☐	
308	CHECK 302 (01): WOMAN NOT STERILIZED ☐↓ WOMAN STERILIZED ☐		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE ☐↓ PREGNANT ☐		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 322
311 311A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B PILL . . . . . C IUD . . . . . D INJECTABLES . . . . . E IMPLANTS . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J RHYTHM METHOD . . . . . K WITHDRAWAL . . . . . L OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311. YES (USING PILL) ☐↓ NO (USING CONDOM BUT NOT PILL) ☐↓ May I see the package of pills you are using? May I see the package of condoms you are using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN . . . . . 1 BRAND NAME _____ ☐☐ (SPECIFY) PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ ☐☐ (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS . . . [ ][ ][ ] DON'T KNOW 998	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST . . . . . [ ][ ][ ] FREE . . . . . 995 DON'T KNOW 998	→ 319A
316	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER/ CLINIC . . . . . 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . 21 PRIVATE DOCTOR'S OFFICE . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
317	CHECK 311/311A: CODE 'A' CIRCLED → Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE 'A' NOT CIRCLED → Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
318	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?	COST . . . . . [ ][ ][ ][ ] FREE . . . . . 9995 DON'T KNOW 9998	
319	In what month and year was the sterilization performed?		
319A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
320	CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A YES → GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). NO		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK 319/319A: YEAR IS 2001 OR LATER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. YEAR IS 2000 OR EARLIER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2001. THEN SKIP TO → 331		
322	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2001. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?		
323	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 RHYTHM METHOD . . . . . 11 WITHDRAWAL . . . . . 12 OTHER METHOD 96	→ 333 → 326 → 335 → 324A → 335 → 335
324	Where did you obtain (CURRENT METHOD) when you started using it?	PUBLIC SECTOR GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER/ CLINIC . . . . . 12 PHC CLINIC (MOBILE) . . . . . 13 COMMUNITY HEALTH WORKER . . . . . 14 OTHER PUBLIC _____ 16 (SPECIFY)	
324A	Where did you learn how to use the rhythm? IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP . . . . . 31 CHURCH . . . . . 32 FRIEND/RELATIVE . . . . . 33 TRAD. BIRTH ATTENDANT . . . . . 34 TRAD. HEALER . . . . . 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 RHYTHM METHOD 11	 → 332 → 329 → 329 → 329 → 335
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	 → 329
328	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	
329	CHECK 326: CODE '1' CIRCLED At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . . 1 NO 2	
331	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 RHYTHM METHOD . . . . . 11 WITHDRAWAL . . . . . 12 OTHER METHOD 96	→ 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER/ CLINIC . . . . . 12 PHC CLINIC (MOBILE) . . . . . 13 COMMUNITY HEALTH WORKER . . . . . 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP . . . . . 31 CHURCH . . . . . 32 FRIEND/RELATIVE . . . . . 33 TRAD. BIRTH ATTENDANT . . . . . 34 TRAD. HEALER . . . . . 35 OTHER _____ 96 (SPECIFY)	→ 335
333	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 335
334	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER/ CLINIC . . . . . B PHC CLINIC (MOBILE) . . . . . C COMMUNITY HEALTH WORKER . . . . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J CHURCH . . . . . K FRIEND/RELATIVE . . . . . L TRAD. BIRTH ATTENDANT . . . . . M TRAD. HEALER . . . . . N OTHER _____ X (SPECIFY)	
335	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES . . . . . 1 NO 2	
336	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . . 1 NO 2	→ 401
337	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2001 OR LATER ☐ ↓ NO BIRTHS IN 2001 OR LATER ☐ → 576			
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 **(1)** OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. ☐☐	NEXT-TO-LAST BIRTH LINE NO. ☐☐	SECOND-FROM-LAST BIRTH LINE NO. ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?	THEN . . . . . 1 (SKIP TO 407) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 407)	THEN . . . . . 1 (SKIP TO 432) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 432)	THEN . . . . . 1 (SKIP TO 432) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 432)
406	How much longer would you have liked to wait?	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW . . . 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . C OTHER _____ X (SPECIFY) NO ONE . . . . . Y (SKIP TO 414)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	HOME YOUR HOME . . . A OTHER HOME . . . B PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER/CLINIC . . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . F OTHER PRIVATE MED. _____ G (SPECIFY) OTHER _____ X (SPECIFY)		
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT . . . 1 2 BP . . . . . 1 2 URINE . . . . . 1 2 BLOOD . . . 1 2		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 414) ← DON'T KNOW 8		
413	Were you told where to go if you had any of these complications?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 417) ← DON'T KNOW 8		
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES . . . . . ☐ DON'T KNOW . . . 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	CHECK 415:	2 OR MORE TIMES ☐ → (SKIP TO 421) OTHER ☐ →		
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 421) ← DON'T KNOW 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . ☐☐ DON'T KNOW . . . 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH . . . ☐☐ DK MONTH . . . . . 98 YEAR ☐☐☐☐ (SKIP TO 421) ← DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO . . . . . ☐☐		
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS/SYRUP.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . ☐☐☐ DON'T KNOW . . . 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
425	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
426	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 432) ← DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
427	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . . . A OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z		
428	CHECK 427: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED ☐ → (SKIP TO 432) CODE A' NOT CIRCLED ☐		
429	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES . . . . . ☐☐		
430	CHECK 407: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', B' OR 'X' CIRCLED ☐ → (SKIP TO 432) OTHER ☐		
431	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . 1 ANOTHER FACILITY VISIT . . . . . 2 OTHER SOURCE. .. . 6		
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8
433	Was (NAME) weighed at birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 435) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 435) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 435) DON'T KNOW 8
434	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW . 99.998	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW . 99.998	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW . 99.998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
435	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . C RELATIVE/FRIEND D OTHER _____ X (SPECIFY) NO ONE . . . . . Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . C RELATIVE/FRIEND . D OTHER _____ X (SPECIFY) NO ONE . . . . . Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . C RELATIVE/FRIEND D OTHER _____ X (SPECIFY) NO ONE . . . . . Y
436	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 (SKIP TO 443) ← OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER/CLINIC 22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 443) ←	HOME YOUR HOME . . . 11 (SKIP TO 444) ← OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←	HOME YOUR HOME . . . 11 (SKIP TO 444) ← OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←
436A	Did you pay anything for the delivery, either in cash or in goods or gifts?	CASH . . . . . 1 GOODS/SERVICES 2 (SKIP TO 437) ← PAID NOTHING/FREE 3	CASH . . . . . 1 GOODS/SERVICES 2 (SKIP TO 437) ← PAID NOTHING/FREE 3	CASH . . . . . 1 GOODS/SERVICES 2 (SKIP TO 437) ← PAID NOTHING/FREE 3
436B	Altogether how much did you pay for the delivery, including examinations, laboratory tests, medicines, and staff fees?	COST IN NAM DOLLAR ☐☐☐☐☐	COST IN NAM DOLLAR ☐☐☐☐☐	COST IN NAM DOLLAR ☐☐☐☐☐
437	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . 998	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998
438	Was (NAME) delivered by caesarean section?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 442)	YES . . . . . 1 (SKIP TO 455) NO 2	YES . . . . . 1 (SKIP TO 455) NO 2
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW . . . 998		
441	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 OTHER _____ 96 (SPECIFY) (SKIP TO 453)		
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES . . . . . 1 (SKIP TO 445) NO . . . . . 2 (SKIP TO 453)	YES . . . . . 1 (SKIP TO 455) NO 2	YES . . . . . 1 (SKIP TO 455) NO 2
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANS-PORTATION ..... C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID-ER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H OTHER _____ X (SPECIFY)		
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 449)	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW . . . 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 OTHER _____ 96 (SPECIFY)		
447	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER/CLINIC 22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
448	CHECK 442:	YES ☐ NOT ASKED ☐ (SKIP TO 453)		
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453) ← DON'T KNOW 8		
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 DAYS AFTER BIRTH . . 2 WKS AFTER BIRTH . . 3 ☐☐ ☐☐ ☐☐ DON'T KNOW . . . 998		
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER/CLINIC 22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
453	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW COMMON TYPES OF CAPSULES.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
454	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 456) NO . . . . . 2 (SKIP TO 457)		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 459)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 459)
456	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 459)		
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 460)		
459	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 467)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 467)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 467)
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 ☐☐ DAYS 2 ☐☐		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 464)		
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H HONEY . . . . . I OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
464	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 466)		
465	Are you still breastfeeding (NAME)?	YES . . . . . 1 (SKIP TO 468) NO 2		
466	For how many months did you breastfeed (NAME)?	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . . 95 DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . . 95 DON'T KNOW . . . 98
467	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (GO TO 467A) (SKIP TO 470)	LIVING ☐ DEAD ☐ (GO TO 467A) (SKIP TO 470)	LIVING ☐ DEAD ☐ (GO TO 467A) (SKIP TO 470)
467A	You said that (NAME) died. Where did he/she die, at home, in a hospital or a clinic?	AT HOME . . . . . 1 HOSPITAL/CLINIC . 2 ON WAY TO A HOSPITAL/CLINIC 3 DON'T KNOW . . . . . 8 (SKIP TO 471)	AT HOME . . . . . 1 HOSPITAL/CLINIC . 2 ON WAY TO A HOSPITAL/CLINIC 3 DON'T KNOW . . . . . 8 (SKIP TO 471)	AT HOME . . . . . 1 HOSPITAL/CLINIC . 2 ON WAY TO A HOSPITAL/CLINIC 3 DON'T KNOW . . . . . 8 (SKIP TO 471)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐		
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐		
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

501 ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER.
ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.
(IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
502	LINE NUMBER FROM 212	LINE NUMBER	LINE NUMBER	LINE NUMBER . . . . .
503	FROM 212 AND 216	NAME _____ LIVING / DEAD → (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING / DEAD → (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING / DEAD → (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 508) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 508) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 508) NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 508) NO 2	YES . . . . . 1 (SKIP TO 508) NO 2	YES . . . . . 1 (SKIP TO 508) NO 2

506 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.
(3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR		NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR		SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR
BCG				BCG				BCG			
POLIO 0 (POLIO GIVEN AT BIRTH)				P0				P0			
Polio 1 + DPT 1				P1				P1			
Polio 2 + DPT 2				P2				P2			
Polio 3 + DPT 3				P3				P3			
MEASLES				MEA				MEA			
VITAMIN A (MOST RECENT)				VIT A				VIT A			
VITAMIN A (2nd MOST RECENT)				VIT A				VIT A			

506A	CHECK 506:	BCG TO MEASLES ALL RECORDED → (GO TO 510) / OTHER	BCG TO MEASLES ALL RECORDED → (GO TO 510) / OTHER	BCG TO MEASLES ALL RECORDED → (GO TO 510) / OTHER

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO . . . . . 2 (SKIP TO 510) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO . . . . . 2 (SKIP TO 510) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO . . . . . 2 (SKIP TO 510) DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509E) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509E) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509E) DON'T KNOW 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
509E	A DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509G) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509G) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509G) DON'T KNOW 8
509F	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
509G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
510	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES . . . . . 1 NO . . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW . . . 8 (SKIP TO 512)	YES . . . . . 1 NO . . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW . . . 8 (SKIP TO 512)	YES . . . . . 1 NO . . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW . . . 8 (SKIP TO 512)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	POLIO/VIT. A 20-21 June, 2004 A POLIO/VIT. A 25-26 July, 2004 B POLIO/VIT. A 21-22 June, 2005 C POLIO/VIT. A 26-27 July, 2005 D POLIO 20-21 June, 2006 E POLIO 18-19 July, 2006 F POLIO/VIT. A 22-24 Aug., 2006 G	POLIO/VIT. A 20-21 June, 2004 A POLIO/VIT. A 25-26 July, 2004 B POLIO/VIT. A 21-22 June, 2005 C POLIO/VIT. A 26-27 July, 2005 D POLIO 20-21 June, 2006 E POLIO 18-19 July, 2006 F POLIO/VIT. A 22-24 Aug., 2006 G	POLIO/VIT. A 20-21 June, 2004 A POLIO/VIT. A 25-26 July, 2004 B POLIO/VIT. A 21-22 June, 2005 C POLIO/VIT. A 26-27 July, 2005 D POLIO 20-21 June, 2006 E POLIO 18-19 July, 2006 F POLIO/VIT. A 22-24 Aug., 2006 G
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE OTHER (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE OTHER (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE OTHER (SKIP TO 514)
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF CAPSULES.	YES . . . . . 1 (SKIP TO 515) NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . . 1 (SKIP TO 515) NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . . 1 (SKIP TO 515) NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF CAPSULES.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8
515	Did (NAME) receive a vitamin A dose within the last six months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
516	In the last seven days, did (NAME) take iron pills, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
518	Has (NAME) had diarrhoea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8
519	Was there any blood in the stools?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
521	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
522	Did you seek advice or treatment for the diarrhoea from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527)
523	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC . B PHC (MOBILE) . C COMM. HEALTH WORKER . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . F PHARMACY . . . G PVT DOCTOR . . . H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J TRADITIONAL PRACTITIONER K OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC . B PHC (MOBILE) . C COMM. HEALTH WORKER . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . F PHARMACY . . . G PVT DOCTOR . . . H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J TRADITIONAL PRACTITIONER K OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC . B PHC (MOBILE) . C COMM. HEALTH WORKER . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . F PHARMACY . . . G PVT DOCTOR . . . H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J TRADITIONAL PRACTITIONER K OTHER _____ X (SPECIFY)
524	CHECK 523:	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 526)	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 526)	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 526)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
526	How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐
527	Does (NAME) still have diarrhoea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea: a) A fluid made from a special packet called ORS? b) Salt-sugar solution (SSS)	YES NO DK FLUID FROM ORS PKT . . 1 2 8 SSS . . . . . 1 2 8 (ALL SKIP TO 529)	YES NO DK FLUID FROM ORS PKT . . 1 2 8 SSS . . . . . 1 2 8 (ALL SKIP TO 529)	YES NO DK FLUID FROM ORS PKT . . 1 2 8 SSS . . . . . 1 2 8 (ALL SKIP TO 529)
528A	Did you already have the ORS at home when the child became ill?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
529	Was anything (else) given to treat the diarrhoea?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8
530	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . B OTHER (NOT ANTI-BIOTIC OR ANTI-MOTILITY . . . C UNKNOWN PILL OR SYRUP . . . D INJECTION ANTIBIOTIC . . . . . E NON-ANTIBIOTIC . F UNKNOWN INJECTION . . . G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MED-ICINE . . . . . I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . B OTHER (NOT ANTI-BIOTIC OR ANTI-MOTILITY . . . C UNKNOWN PILL OR SYRUP . . . D INJECTION ANTIBIOTIC . . . . . E NON-ANTIBIOTIC . F UNKNOWN INJECTION . . . G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MED-ICINE . . . . . I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . B OTHER (NOT ANTI-BIOTIC OR ANTI-MOTILITY . . . C UNKNOWN PILL OR SYRUP . . . D INJECTION ANTIBIOTIC . . . . . E NON-ANTIBIOTIC . F UNKNOWN INJECTION . . . G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MED-ICINE . . . . . I OTHER _____ X (SPECIFY)
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 538) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 538) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 538) DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 538)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 538)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 538)
537	CHECK 533: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES ☐ NO OR DK ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
540	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 545)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 545)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 545)
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC . B PHC (MOBILE) . C COMM. HEALTH WORKER . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . F PHARMACY . . . G PVT DOCTOR . . . H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J TRADITIONAL HEALER . . . . . K OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC . B PHC (MOBILE) . C COMM. HEALTH WORKER . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . F PHARMACY . . . G PVT DOCTOR . . . H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J TRADITIONAL HEALER . . . . . K OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC . B PHC (MOBILE) . C COMM. HEALTH WORKER . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . F PHARMACY . . . G PVT DOCTOR . . . H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J TRADITIONAL HEALER . . . . . K OTHER _____ X (SPECIFY)
542	CHECK 541:	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 544)	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 544)	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 544)
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE . . .	FIRST PLACE . . .	FIRST PLACE . . .
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS	DAYS	DAYS . . . . .
545	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A QUININE . . . . . B ARTEMETHER-LUMEFANTRINE . C OTHER ANTI-MALARIAL D _____ (SPECIFY) PILL/SYRUP . . . E INJECTION . . . F ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . . I ACETA-MINOPHEN . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A QUININE . . . . . B ARTEMETHER-LUMEFANTRINE . C OTHER ANTI-MALARIAL _____ D (SPECIFY) PILL/SYRUP . E INJECTION . F ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . . I ACETA-MINOPHEN . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A QUININE . . . . . B ARTEMETHER-LUMEFANTRINE . C OTHER ANTI-MALARIAL _____ D (SPECIFY) PILL/SYRUP . E INJECTION . F ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . . I ACETA-MINOPHEN . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
548		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2001 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ (↓) NONE ☐ → 576		
574	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 OTHER _____ 96 (SPECIFY)	
575	CHECK 528(a) AND 528(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ☐ (↓) ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ → 577		
576	Have you ever heard of a special product called ORS you can get for the treatment of diarrhoea?	YES . . . . . 1 NO 2	
577	CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER ☐ (↓) DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER ☐ → 601 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)		
578	Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night. Did (NAME FROM 577) (drink/eat):	YES NO DK	
	Plain water?	PLAIN WATER 1 2 8	
	Commercially produced infant formula?	FORMULA 1 2 8	
	Cerelac or other commercially fortified baby food?	BABY CEREAL 1 2 8	
	Any (other) porridge or gruel?	OTHER PORRIDGE/GRUEL. . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
579	Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.		

	Did (NAME FROM 577)/you drink (eat):		CHILD YES	NO	DK	MOTHER YES	NO	DK
a)	Milk such as tinned, powdered, or fresh animal milk?	a	1	2	8	1	2	8
b)	Tea or coffee?	b	1	2	8	1	2	8
c)	Any other liquids?	c	1	2	8	1	2	8
d)	Bread, rice, noodles, or other foods made from grains?	d	1	2	8	1	2	8
e)	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	e	1	2	8	1	2	8
f)	White potatoes, white yams, manioc, cassava, or any other foods made from roots?	f	1	2	8	1	2	8
g)	Any dark green, leafy vegetables, such as spinach, kale?	g	1	2	8	1	2	8
h)	Ripe mangoes or papayas?	h	1	2	8	1	2	8
i)	Any other fruits or vegetables, such as orange, avocado, apple, pear, or banana?	i	1	2	8	1	2	8
j)	Liver, kidney, heart or other organ meats?	j	1	2	8	1	2	8
k)	Any meat, such as beef, pork, lamb, goat, chicken, or duck?	k	1	2	8	1	2	8
l)	Eggs?	l	1	2	8	1	2	8
m)	Fresh or dried fish or shellfish?	m	1	2	8	1	2	8
n)	Any foods made from beans, peas, lentils, or nuts?	n	1	2	8	1	2	8
o)	Cheese, yogurt or other milk products?	o	1	2	8	1	2	8
p)	Any oil, fats, or butter, or foods made with any of these?	p	1	2	8	1	2	8
q)	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	q	1	2	8	1	2	8
r)	Any other solid or semi-solid food?	r	1	2	8	1	2	8

580	CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES d THROUGH r FOR CHILD): AT LEAST ONE "YES' ☐ NOT A SINGLE "YES" ☐ → 601	
581	How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐ DON'T KNOW 8

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED WITH CERTIFICATE . . . . . 1 YES, MARRIED BY CUSTOM . . . . . 2 YES, LIVING WITH A MAN . . . . . 3 NO, NOT IN UNION 4	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . . . 2 NO 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	→ 611
610	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED → 613 NOT ASKED OR CURRENTLY DIVORCED/SEPARATED → 615		
611	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED CURRENTLY WIDOWED → 613 CURRENTLY DIVORCED/ SEPARATED → 615		
612	How did your previous marriage or union end?	DEATH/WIDOWHOOD . . . . . 1 DIVORCE . . . . . 2 SEPARATION 3	→ 615
613	To whom did most of your late husband's property go to?	RESPONDENT . . . . . 1 OTHER WIFE . . . . . 2 SPOUSE'S CHILDREN . . . . . 3 SPOUSE'S FAMILY . . . . . 4 OTHER _____ 6 (SPECIFY) NO PROPERTY 7	→ 615
614	Did you receive any of your late husband's assets or valuables?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE → In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 617
616	How old were you when you first started living with him?	AGE . . . . . ☐☐	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 621 → 621
619	CHECK 107: AGE 15-24 → AGE 25-49 ☐		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 641
621	CHECK 107: AGE 15-24 → AGE 25-49 ☐		→ 626
622	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
623	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . . ☐☐ DON'T KNOW 98	→ 626
624	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . . 1 YOUNGER . . . . . 2 ABOUT THE SAME AGE . . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 626
625	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
626	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	→ 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 628			
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 WEEKS 2 MONTHS 3	DAYS . 1 WEEKS 2 MONTHS 3
628	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 630)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 630)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 630)
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
630	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND . . . . . 1 (SKIP TO 636) LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)	HUSBAND . . . . . 1 (SKIP TO 636) LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)	HUSBAND . . . . . 1 (SKIP TO 636) LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3
632	CHECK 107:	AGE 15-24 / AGE 25-49 (SKIP TO 636)	AGE 15-24 / AGE 25-49 (SKIP TO 636)	AGE 15-24 / AGE 25-49 (SKIP TO 636)
633	How old is this person?	AGE OF PARTNER (SKIP TO 636) DON'T KNOW 98	AGE OF PARTNER (SKIP TO 636) DON'T KNOW 98	AGE OF PARTNER (SKIP TO 636) DON'T KNOW 98
634	Is this person older than you, younger than you, or about the same age?	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 638)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 638)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 639)
637	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 627 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 640)	YES . . . . . 1 (GO BACK TO 627 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 640)	
639	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	
641	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 644
642	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER/ CLINIC . . . . . B PHC CLINIC (MOBILE) . . . . . C COMM. HEALTH WORKER . . . . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J CHURCH . . . . . K FRIENDS/RELATIVES . . . . . L TRAD. BIRTH ATTENDANT . . . . . M TRAD. HEALER . . . . . N OTHER _____ X (SPECIFY)	
643	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
644	Do you know of a place where a person can get female condoms?	YES . . . . . 1 NO 2	→ 701
645	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER/ CLINIC . . . . . B PHC CLINIC (MOBILE) . . . . . C COMM. HEALTH WORKER . . . . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J CHURCH/SCHOOL . . . . . K FRIENDS/RELATIVES . . . . . L TRAD. BIRTH ATTENDANT . . . . . M TRAD. HEALER . . . . . N OTHER _____ X (SPECIFY)	
646	If you wanted to, could you yourself get a female condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐ →		713
702	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT . . . . . 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	 → 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ ↓ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 708 → 713 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ →		709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ ↓ NOT CURRENTLY USING ☐ ↓ CURRENTLY USING ☐ →		713
706	CHECK 703: NOT ASKED ☐ ↓ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ ↓ 00-23 MONTHS OR 00-01 YEAR ☐ →		709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	CHECK 702: WANTS TO HAVE A/ANOTHER CHILD ☐↓ / WANTS NO MORE/ NONE ☐↓ You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. / You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? / Can you tell me why you are not using a method? Any other reason? / Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A FERTILITY-RELATED REASONS NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY . D SUBFECUND/INFECUND . . . . . E POSTPARTUM AMENORRHEIC . . . F BREASTFEEDING . . . . . G FATALISTIC . . . . . H OPPOSITION TO USE RESPONDENT OPPOSED . . . . . I HUSBAND/PARTNER OPPOSED . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N METHOD-RELATED REASONS HEALTH CONCERNS . . . . . O FEAR OF SIDE EFFECTS . . . . . P LACK OF ACCESS/TOO FAR . . . . . Q COSTS TOO MUCH . . . . . R INCONVENIENT TO USE . . . . . S INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . T OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
708	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐↓ / NO, NOT CURRENTLY USING ☐↓ / YES, CURRENTLY USING ☐ →		713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 711 → 713
710	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED . . . . . 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX . . . 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND . . . . . 24 WANTS AS MANY CHILDREN AS POSSIBLE . . . . . 26 OPPOSITION TO USE RESPONDENT OPPOSED . . . . . 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED . . . . . 33 RELIGIOUS PROHIBITION . . . . . 34 LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . 41 KNOWS NO SOURCE . . . . . 42 METHOD-RELATED REASONS HEALTH CONCERNS . . . . . 51 FEAR OF SIDE EFFECTS . . . . . 52 LACK OF ACCESS/TOO FAR . . . 53 COSTS TOO MUCH . . . . . 54 INCONVENIENT TO USE . . . . . 55 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
713	CHECK 216: HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 → 715 NUMBER . . . . . ☐☐ OTHER _____ 96 → 715 (SPECIFY)	
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
715	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: YES, CURRENTLY MARRIED ☐ → 718 YES, LIVING WITH A MAN ☐ → 719 NO, NOT IN UNION ☐ → 801		
718	CHECK 311/311A: CODE B, G, OR L CIRCLED ☐ → 720 NO CODE CIRCLED ☐ → 722 OTHER ☐ → 719		
719	Does your husband/partner know that you are using a method of family planning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND/PARTNER . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 6 (SPECIFY)	
721	CHECK 311/311A: NEITHER STERILIZED ☐ → 722 HE OR SHE STERILIZED ☐ → 801		
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN ☐ → 803 NEVER MARRIED AND NEVER LIVED WITH A MAN ☐ → 807		
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband/partner ever attend school?	YES . . . . . 1 NO . . . . . 2 → 806	
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 HIGHER . . . . . 3 DON'T KNOW . . . . . 8 → 806	
805	What was the highest (grade/form/year) he completed at that level?	GRADE . . . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ What is your husband's/partner's occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/ LIVED WITH A MAN ☐ ↓ What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	_____ ☐☐ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . . 1 NO . . . . . 2 → 811	
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . . 1 NO . . . . . 2 → 811	
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . . 1 NO . . . . . 2 → 811	
810	Have you done any work in the last 12 months?	YES . . . . . 1 NO . . . . . 2 → 818	
811	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
812	CHECK 811: WORKS IN AGRICULTURE ☐ ↓ DOES NOT WORK IN AGRICULTURE ☐ → 814		
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 1 FAMILY LAND . . . . . 2 RENTED LAND . . . . . 3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME . . . . . 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ☐ NOT IN UNION ☐		→ 827
819	CHECK 817: CODE 1 OR 2 CIRCLED ☐ OTHER ☐		→ 822
820	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER _____ 6 (SPECIFY)	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM . . . . . 1 LESS THAN HIM . . . . . 2 ABOUT THE SAME . . . . . 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY . . . . . 4 DON'T KNOW 8	→ 823
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 OTHER _____ 6 (SPECIFY)	
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases?	1 2 3 4 6	
825	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 6	
826	Who usually makes decisions about visits to your family or relatives?	1 2 3 4 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . . . . 1 2 3 HUSBAND . . . . . 1 2 3 OTHER MALES . . . . . 1 2 3 OTHER FEMALES . . . 1 2 3	
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES / NO / DK	
	If she goes out without telling him?	GOES OUT 1 2 8	
	If she neglects the children?	NEGL. CHILDREN . . . 1 2 8	
	If she argues with him?	ARGUES 1 2 8	
	If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	If she burns the food?	BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called HIV/AIDS?	YES . . . . . 1 NO 2	→ 942
902	Can people reduce their chance of getting HIV/AIDS by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
903	Can people get HIV/AIDS from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting HIV/AIDS by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905	Can people get HIV/AIDS by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Can people reduce their chance of getting HIV/AIDS by not having sexual intercourse at all?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Can people get HIV/AIDS because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
909	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
910	CHECK 909: AT LEAST ONE 'YES' ☐ OTHER ☐ → 912		
911	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV/AIDS to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
912	Have you heard about special antiretroviral drugs (ARV) that people infected with HIV/AIDS can get from a doctor or a nurse to help them live longer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
913	CHECK 208 AND 215: NO BIRTHS ☐ → 922 LAST BIRTH SINCE JANUARY 2003 ☐ LAST BIRTH BEFORE JANUARY 2003 ☐ → 922		
914	CHECK 407 FOR LAST BIRTH: HAD ANTENATAL CARE ☐ NO ANTENATAL CARE ☐ → 922		
914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
915	During any of the antenatal visits for your last birth, did anyone talk to you about: Babies getting HIV/AIDS from their mother? Things that you can do to prevent getting HIV/AIDS? Getting tested for HIV/AIDS?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . 1 2 8 TESTED FOR AIDS . 1 2 8	
916	Were you offered a test for HIV/AIDS as part of your antenatal care?	YES . . . . . 1 NO 2	
917	I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	YES . . . . . 1 NO 2	→ 922

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
919	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER/CLINIC 12 STAND-ALONE VCT CENTER . . 13 FAMILY PLANNING CLINIC . . . . . 14 PHC CLINIC (MOBILE) . . . . . 15 COMM. HEALTH WORKER . . . . . 16 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 STAND-ALONE VCT CENTER . . . 22 PHARMACY . . . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	
920	Have you been tested for HIV/AIDS since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 923
921	When was the last time you were tested for HIV/AIDS?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	→ 929
922	I don't want to know the results, but have you ever been tested to see if you have HIV/AIDS?	YES . . . . . 1 NO 2	→ 927
923	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	
924	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
925	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
926	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 STAND-ALONE VCT CENTER . . 13 FAMILY PLANNING CLINIC . . . . . 14 PHC CLINIC (MOBILE) . . . . . 15 COMM. HEALTH WORKER . . . . . 16 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 STAND-ALONE VCT CENTER . . . 22 PHARMACY . . . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 929

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
927	Do you know of a place where people can go to get tested for HIV/AIDS virus?	YES . . . . . 1 NO 2	→ 929
928	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER/CLINIC . . . B STAND-ALONE VCT CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D PHC CLINIC (MOBILE) . . . . . E COMM. HEALTH WORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . H STAND-ALONE VCT CENTER . . . . I PHARMACY . . . . . J OTHER PRIVATE MEDICAL _____ K (SPECIFY) OTHER _____ X (SPECIFY)	
929	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
930	If a member of your family got infected with HIV/AIDS, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
931	If a member of your family became sick with HIV/AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
932	In your opinion, if a female teacher has HIV/AIDS but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
933	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DK ANYONE WITH AIDS 3	→ 938
934	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have HIV/AIDS?	YES . . . . . 1 NO 2	
935	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have HIV/AIDS?	YES . . . . . 1 NO 2	
936	CHECK 933, 934, AND 935: NOT A SINGLE 'YES' ☐ ↓ AT LEAST ONE 'YES' ☐		→ 938
937	Do you personally know someone who has or is suspected to have HIV/AIDS?	YES . . . . . 1 NO 2	
938	Do you agree or disagree with the following statement: People with HIV/AIDS should be ashamed of themselves.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
939	Do you agree or disagree with the following statement: People with HIV/AIDS should be blamed for bringing the disease into the community.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
940	Should children age 12-14 be taught about using a condom to avoid getting HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
941	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
941A	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention through abstinence?	YES . . . . . 1 NO 2	→ 941C
940B	Where did you see or hear the message about abstinence? PROBE: Anywhere else? RECORD ALL MENTIONED.	RADIO . . . . . A TELEVISION . . . . . B NEWSPAPER . . . . . C COMMUNITY MEETINGS . . . . . D POSTER/BILLBOARD . . . . . E MOBILE CAMPAIGNS . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
941C	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention by being faithful to one partner?	YES . . . . . 1 NO 2	→ 941E
941D	Where did you see or hear the message about being faithful to one partner? PROBE: Anywhere else? RECORD ALL MENTIONED.	RADIO . . . . . A TELEVISION . . . . . B NEWSPAPER . . . . . C COMMUNITY MEETINGS . . . . . D POSTER/BILLBOARD . . . . . E MOBILE CAMPAIGNS . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
941E	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention by using the condoms?	YES . . . . . 1 NO 2	→ 941G
941F	Where did you see or hear the message about using condoms? PROBE: Anywhere else? RECORD ALL MENTIONED.	RADIO . . . . . A TELEVISION . . . . . B NEWSPAPER . . . . . C COMMUNITY MEETINGS . . . . . D POSTER/BILLBOARD . . . . . E MOBILE CAMPAIGNS . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
941G	In the past six months were you visited by a community health worker who talked to you about HIV/AIDS prevention by abstinence?	YES . . . . . 1 NO 2	
941H	In the past six months were you visited by a community health worker who talked to you about HIV/AIDS prevention by being faithful to one partner?	YES . . . . . 1 NO 2	
941I	In the past six months were you visited by a community health worker who talked to you about using condoms to prevent HIV/AIDS?	YES . . . . . 1 NO 2	
941J	In the past six months, have you ever seen or heard the following radio or television programs? On television: Cool Ryder? Boxing mosquitoes? Eros and Tohanatos? Love and cry? On the radio: Brother Sholo and Mosquito bites? No means no and //uuce regrets?	YES NO COOL RYDER . . . . . 1 2 BOXING MOSQUITOES . . . 1 2 EROS AND TOHANATOS 1 2 LOVE AND CRY . . . . . 1 2 BROTHER SHOLO AND MOSQUITO BITES . . . . . 1 2 NO MEANS NO AND //UUCE REGRETS 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
941K	Have you ever seen or heard the following materials on HIV/AIDS: OYO magazine? Sense posters? Smile posters? A leaflet on "Twelve steps to living positively with HIV"? A leaflet on "Not everyone is having sex"? A leaflet on "Kauna's birthday wish"? Billboards on "Hope and healing for the hurting"?	YES NO OYO MAGAZINE . . . . . 1 2 SENSE POSTERS . . . . . 1 2 SMILE POSTERS . . . . . 1 2 12 STEPS . . . . . 1 2 NOT EVERYONE IS HAVING SEX . . . . . 1 2 KAUNA'S BIRTHDAY WISH . . . . . 1 2 HOPE AND HEALING FOR THE HURTING 1 2	
942	CHECK 901: HEARD ABOUT HIV/AIDS → Apart from HIV/AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV/AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE → HAS NOT HAD SEXUAL INTERCOURSE →		951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES → NO →		946
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') → HAS NOT HAD AN INFECTION OR DOES NOT KNOW →		951
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 951

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
950	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER/CLINIC . . . B STAND-ALONE VCT CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D PHC CLINIC (MOBILE) . . . . . E COMM. HEALTH WORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . H STAND-ALONE VCT CENTER . . . . I PHARMACY . . . . . J OTHER PRIVATE MEDICAL _____ K (SPECIFY) OTHER _____ L (SPECIFY) OTHER SOURCE SHOP . . . . . M OTHER _____ X (SPECIFY)	
951	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
952	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
953	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
954	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
955	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A PARTNER ☐ ↓ NOT IN UNION ☐ →		958
956	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
957	Could you ask your husband/partner to use a condom if you wanted him to?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	
958	Do you believe that young men should wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
959	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
960	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
961	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
962	Do you believe that married men should only have sex with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
963	Do you think that most married men you know have sex only with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
964	Do you believe that young women should wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
965	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
966	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
967	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
968	Do you believe that married women should only have sex with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
969	Do you think that most married women you know have sex only with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
1003	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1005	Have you ever heard of an illness called malaria?	YES . . . . . 1 NO 2	→ 1013
1005A	What are the signs of malaria? PROBE: Any other signs? RECORD ALL MENTIONED.	HEADACHE . . . . . A CHILLS . . . . . B HIGH TEMPERATURE . . . . . C BODY PAIN . . . . . D LOSS OF ENERGY . . . . . E OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	
1006	What causes malaria? PROBE: Any other causes? RECORD ALL MENTIONED.	MOSQUITO BITES . . . . . A RAIN . . . . . B UNHIGIENIC ENVIRONMENT . . . . . C SLEEPING WITH SOMEONE WITH MALARIA . . . . . D OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	
1007	What would you do if you suspected that you have malaria?	NOTHING . . . . . 1 GO TO A HEALTH FACILITY/ HEALTH PERSONNEL . . . . . 2 GO TO A TRADITIONAL HEALER . . . 3 OTHER _____ 6 SPECIFY DON'T KNOW 8	→ 1013
1008	What do you do to prevent getting malaria? Anything else? RECORD ALL MENTIONED.	HAVE THE HOUSE SPRAYED . . . . . A USE REPELLENTS . . . . . B USE MOSQUITO NETS . . . . . C USE MOSQUITO COILS . . . . . D BURN LEAVES . . . . . E OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1017
1014	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1017
1015	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER/CLINIC . . . 12 PHC (MOBILE) . . . . . 13 OTHER PUBLIC _____ (SPECIFY) 16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 DENTAL CLINIC/OFFICE . . . . . 22 PHARMACY . . . . . 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER . . . . . 24 OTHER PRIVATE MEDICAL _____ (SPECIFY) 26 OTHER PLACE AT HOME . . . . . 31 OTHER _____ (SPECIFY) 36	
1016	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1017	Do you currently smoke any type of tobacco?	YES, CIGARETTES . . . . . 1 YES, PIPE . . . . . 2 YES, CHEWING TOBACCO . . . . . 3 YES, SNUFF . . . . . 4 NO 5	→ 1019
1018	In the last 24 hours, how many cigarettes, including rolled cigarettes did you smoke?	CIGARETTES . . . . . ☐☐	
1019	Have you ever drunk an alcohol-containing beverage?	YES . . . . . 1 NO 2	→ 1023
1020	In the last month, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS . . . . . ☐☐ NONE/NEVER 95	
1021	Have you ever gotten drunk from drinking an alcohol-containing beverage?	YES . . . . . 1 NO 2	→ 1023
1022	In the last month, how many times did you get drunk?	NUMBER OF DAYS . . . . . ☐☐ NONE/NEVER 95	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1023	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG PROB-LEM / NOT A BIG PROB-LEM	
	Getting permission to go?	PERMISSION TO GO . . . 1 2	
	Getting money needed for treatment?	GETTING MONEY 1 2	
	The distance to the health facility?	DISTANCE 1 2	
	Having to take transport?	TAKING TRANSPORT . . . 1 2	
	Not wanting to go alone?	GO ALONE 1 2	
	Concern that there may not be a female health provider?	NO FEMALE PROV . . . 1 2	
	Concern that there may not be any health provider?	NO PROVIDER . . . 1 2	
	Concern that there may be no drugs available?	NO DRUGS . . . 1 2	
1024	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ 1026
1025	What type of health insurance? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . . B SOCIAL SECURITY . . . . . C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)	
1026	CHECK 217: (YOUNGEST) CHILD IS AGE 0-17 ☐ OTHER ☐		→ 1101
1027	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	
1028	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES . . . . . 1 NO 2	→ 1101
1029	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to?	NUMBER OF BIRTHS TO NATURAL MOTHER . . . . . ☐☐	
1102	CHECK 1101: TWO OR MORE BIRTHS ↓	ONLY ONE BIRTH (RESPONDENT ONLY) ☐ →	1115
1103	How many of these births did your mother have before you were born? DRAW AN ARROW AFTER THE RESPONDENT'S NEXT OLDER SIBLING. EXCLUDE THE RESPONDENT FROM 1104.	NUMBER OF PRECEDING BIRTHS . . . . . ☐☐	

1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (2)	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (3)	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (4)	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (5)	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (6)	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (7)
1107	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1110	Was (NAME) pregnant when she died?	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (8)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (9)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (10)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (11)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (12)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (13)
1107	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1213 NO . . . 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

1114	CHECK QS. 1110, 1111 AND 1112 FOR ALL SISTERS ☐ ANY YES ALL NO OR BLANK ☐ → END Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/just delivered). Is that correct? IF CORRECT, END INTERVIEW. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 1115.	
1115	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K RHYTHM METHOD
- L WITHDRAWAL
- X OTHER _____ (SPECIFY)

2					2
0	03	MAR	01		0
0	02	FEB	02		0
7	01	JAN	03		7
	12	DEC	04		
	11	NOV	05		
	10	OCT	06		
	09	SEP	07		
2	08	AUG	08		2
0	07	JUL	09		0
0	06	JUN	10		0
6	05	MAY	11		6
	04	APR	12		
	03	MAR	13		
	02	FEB	14		
	01	JAN	15		
	12	DEC	16		
	11	NOV	17		
	10	OCT	18		
	09	SEP	19		
2	08	AUG	20		2
0	07	JUL	21		0
0	06	JUN	22		0
5	05	MAY	23		5
	04	APR	24		
	03	MAR	25		
	02	FEB	26		
	01	JAN	27		
	12	DEC	28		
	11	NOV	29		
	10	OCT	30		
	09	SEP	31		
2	08	AUG	32		2
0	07	JUL	33		0
0	06	JUN	34		0
4	05	MAY	35		4
	04	APR	36		
	03	MAR	37		
	02	FEB	38		
	01	JAN	39		
	12	DEC	40		
	11	NOV	41		
	10	OCT	42		
	09	SEP	43		
2	08	AUG	44		2
0	07	JUL	45		0
0	06	JUN	46		0
3	05	MAY	47		3
	04	APR	48		
	03	MAR	49		
	02	FEB	50		
	01	JAN	51		
	12	DEC	52		
	11	NOV	53		
	10	OCT	54		
	09	SEP	55		
2	08	AUG	56		2
0	07	JUL	57		0
0	06	JUN	58		0
2	05	MAY	59		2
	04	APR	60		
	03	MAR	61		
	02	FEB	62		
	01	JAN	63		
	12	DEC	64		
	11	NOV	65		
	10	OCT	66		
	09	SEP	67		
2	08	AUG	68		2
0	07	JUL	69		0
0	06	JUN	70		0
1	05	MAY	71		1
	04	APR	72		
	03	MAR	73		
	02	FEB	74		
	01	JAN	75		

MINISTRY OF HEALTH AND SOCIAL SERVICES
2006 NAMIBIA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE - ENGLISH

IDENTIFICATION

NAME AND CODE OF REGION* _____ ☐☐

NAME OF VILLAGE/TOWN/CITY _____

DHS CLUSTER NUMBER . . . . . ☐☐☐

URBAN/RURAL (URBAN = 1, RURAL = 2) ☐
LARGE CITY/SMALL CITY/TOWN/RURAL ☐
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)

HOUSEHOLD NUMBER . . . . . ☐☐☐

NAME AND LINE NUMBER OF MAN _____ ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR **2 0 0** ☐
INTERVIEWER'S NAME				INT. NUMBER ☐☐☐
RESULT**				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

**RESULT CODES:

1	COMPLETED	4	REFUSED	7	OTHER _____ (SPECIFY)
2	NOT AT HOME	5	PARTLY COMPLETED		
3	POSTPONED	6	INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE: **3**

RESPONDENT'S LANGUAGE: _____ ☐

LANGUAGE OF INTERVIEW*** ☐

TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) ☐

LANGUAGE*** CODES:

1 AFRIKAANS	3 ENGLISH	5 RUKWANGALI	7 OSHIWAMBO
2 DAMARA/NAMA	4 OTJIHERERO	6 SILOZI	8 OTHER

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ ☐☐	DATE _____ ☐☐	☐☐	☐☐

*REGION CODES: CAPRIVI = 01; ERONGO = 02; HARDAP = 03; KARAS = 04; KHOMAS = 05; KUNENE = 06; CHANGWENA = 07; KAVANGO = 08; OMAHEKE = 09; OMUSATI = 10; OSHANA = 11; OSHIKOTO = 12; OTJOZONDJUPA = 13

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Services. We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS . . . . . 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . . 1 TOWN . . . . . 2 COUNTRYSIDE 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . . ☐☐ NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . . 1 NO 2	
106	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
108	Have you ever attended school?	YES . . . . . 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 HIGHER 3	
110	What is the highest (grade/form/year) you completed at that level?	GRADE . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY → SECONDARY OR HIGHER		→ 115
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES . . . . . 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' CIRCLED → CODE '1' OR '5' CIRCLED		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
118	What is your religion?	ROMAN CATHOLIC . . . . . 1 PROTESTANT . . . . . 2 NO RELIGION . . . . . 3 OTHER _____ 4 SPECIFY	
119	What is the main language spoken in your home?	AFRIKAANS . . . . . 01 DAMARA/NAMA . . . . . 02 ENGLISH . . . . . 03 HERERO . . . . . 04 KWANGALI . . . . . 05 LOZI . . . . . 06 OSHIWAMBO . . . . . 07 SAN . . . . . 08 OTHER _____ 96 SPECIFY	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . . . . [ ][ ]	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN . . . . . [ ][ ]	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD ↓ HAS HAD ONLY ONE CHILD → 212 HAS NOT HAD ANY CHILDREN → 301		
210	Did all of the children you have fathered have the same biological mother?	YES . . . . . 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN . . . . . [ ][ ]	
212	How old were you when your (first) child was born?	AGE IN YEARS . . . . . [ ][ ]	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD ↓ NO LIVING CHILDREN → 301		
214	How many years old is your (youngest) child?	AGE IN YEARS . . . . . [ ][ ]	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS ↓ OTHER → 301		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . . 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . 1 OTHER 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH . . . . . 01 FACILITY CLOSED . . . . . 02 TOO FAR/NO TRANSPORTATION . 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE . . . . . 04 NO FEMALE PROVIDER . . . . . 05 NOT THE FIRST CHILD . . . . . 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY . . . . . 07 HE DID NOT THINK IT WAS NECESSARY . . . . . 08 FAMILY DID NOT THINK IT WAS NECESSARY . . . . . 09 OTHER_____ 96 (SPECIFY) DON"T KNOW 98	
221	When a child has diarrhoea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL . . . . . 1 ABOUT THE SAME . . . . . 2 LESS THAN USUAL . . . . . 3 NOTHING TO DRINK . . . . . 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 10, AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO . . . . . 2 →	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
05	INJECTABLES Women can have an injection by a health their upper provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
06	IMPLANTS Women can have several small rods placed in arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual ntercourse.	YES . . . . . 1 NO . . . . . 2 →	YES . . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
9	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO . . . . . 2 →	YES . . . . . 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO . . . . . 2 →	YES . . . . . 1 NO 2
11	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.	YES . . . . . 1 NO 2	
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2	
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES . . . . . 1 NO 2	
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES . . . . . 1 NO . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	AGREE DISAGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS . . . 1 2 8	
309	CHECK 301 (07) KNOWS MALE CONDOM YES ↓ NO →		→ 313
310	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER/CLINIC .. B FAMILY PLANNING CLINIC . . . . . C PHC CLINIC (MOBILE) . . . . . D COMM. HEALTH WORKER . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP . . . . . K CHURCH . . . . . L FRIENDS/RELATIVES . . . . . M TRAD. BIRTH ATTENDANT . . . . . N TRAD. HEALER . . . . . O OTHER _____ X (SPECIFY)	
312	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO 2	
313	CHECK 301 (08) KNOWS FEMALE CONDOM YES ☐ NO ☐ → 401		
314	Do you know of a place where a person can get female condoms?	YES . . . . . 1 NO 2	→ 401
315	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER/CLINIC . . B FAMILY PLANNING CLINIC . . . . . C PHC CLINIC (MOBILE) . . . . . D COMM. HEALTH WORKER . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP . . . . . K CHURCH . . . . . L FRIENDS/RELATIVES . . . . . M TRAD. BIRTH ATTENDANT . . . . . N TRAD. HEALER . . . . . O OTHER _____ X (SPECIFY)	
316	If you wanted to, could you yourself get a female condom?	YES . . . . . 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED WITH CERTIFICATE . . . . . 1 YES, MARRIED BY CUSTOM . . . . . 2 YES, LIVING WITH A WOMAN . . . . . 3 NO, NOT IN UNION 4	→ 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A WOMAN . . . . . 2 NO 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 410
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM . . . . . 1 STAYING ELSEWHERE 2	
405	Do you have more than one wife or woman you live with as if married?	YES . . . . . 1 NO 2	→ 407
406	Altogether, how many wives do you have or other partners do you live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . .	
407	CHECK 405: ONE WIFE/ PARTNER → Please tell me the name of your wife (the woman you are living with as if married). MORE THAN ONE WIFE/ PARTNER → Please tell me the name of each of your current wives (and/or of each woman you are living with as if married). RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. ASK 408 FOR EACH PERSON.	NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	408 How old was (NAME) on her last birthday? AGE ☐☐ AGE ☐☐ AGE ☐☐ AGE ☐☐	
409	CHECK 407: ONE WIFE/ PARTNER MORE THAN ONE WIFE/ PARTNER	☐	→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	→ 411A
411	In what month and year did you start living with your wife (partner)?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 413
411A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/ partner?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	How old were you when you first started living with her?	AGE	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . → 417 FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER . . . . . 95 → 417	
415	CHECK 107: AGE 15-24 ↓ AGE 25-49	→ 501	
416	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 → 501 DON'T KNOW/UNSURE 8	
417	CHECK 107: AGE 15-24 ↓ AGE 25-49	→ 419	
418	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
419	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 WEEKS AGO . . . . . 2 MONTHS AGO . . . . . 3 YEARS AGO . . . . . 4 → 435	

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 422			
421	When was the last time you had sexual intercourse with this person?		DAYS . 1 [ ][ ] WEEKS 2 [ ][ ] MONTHS 3 [ ][ ]	DAYS . 1 [ ][ ] WEEKS 2 [ ][ ] MONTHS 3 [ ][ ]
422	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 424) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 424) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 424) ←
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02'. IF NO, CIRCLE '03'.	WIFE . . . . . 1 (SKIP TO 426) ← LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)	WIFE . . . . . 1 (SKIP TO 426) ← LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)	WIFE . . . . . 1 (SKIP TO 426) ← LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)
425	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 [ ][ ] MONTHS 2 [ ][ ] YEARS 3 [ ][ ]	DAYS . 1 [ ][ ] MONTHS 2 [ ][ ] YEARS 3 [ ][ ]	DAYS . 1 [ ][ ] MONTHS 2 [ ][ ] YEARS 3 [ ][ ]
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 428) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 428) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 429) ←
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 421 IN NEXT COLUMN) ← NO . . . . . 2 (SKIP TO 430) ←	YES . . . . . 1 (GO BACK TO 421 IN NEXT COLUMN) ← NO . . . . . 2 (SKIP TO 430) ←	
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . [ ][ ] DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE ☐ NO PARTNERS ARE PROSTITUTES ☐ → 432		
431	CHECK 424 AND 422 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE ☐ → 434 OTHER ☐ → 435		
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 435
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DK 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . ☐☐ DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED ☐ NO CONDOM USED/NOT ASKED ☐ → 442		
437	You told me that a condom was used the last time you had sex. May I see the package of condoms you were using at that time? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN . . . . . 1 BRAND NAME _____ (SPECIFY) ☐☐ DOES NOT HAVE/NOT SEEN 2	→ 439
438	Do you know the brand name of the condom used at that time? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) ☐☐ DON'T KNOW 98	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS . . . . . ☐☐☐ DON'T KNOW 998	
440	The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?	COST . . . . . ☐☐☐ FREE . . . . . 995 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER/CLI 12 PHC CLINIC (MOBILE) . . . . . 13 COMM. HEALTH WORKER . . . . . . OTHER PUBLIC _____ 14 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 OTHER PRIVATE MEDICAL _____ 24 26 (SPECIFY) OTHER SOURCE SHOP . . . . . 31 CHURCH . . . . . 32 FRIENDS/RELATIVES . . . . . 33 TRAD. BIRTH ATTENDANT . . . . . 34 TRAD. HEALER . . . . . 35 OTHER _____ 36 (SPECIFY)	
442	CHECK 302 (02): RESPONDENT EVER STERILIZED NO ☐ YES ☐ →		501
443	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
444	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION . . . . . A PILL . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E FEMALE CONDOM . . . . . F DIAPHRAGM . . . . . G FOAM/JELLY . . . . . H RHYTHM METHOD . . . . . I WITHDRAWAL . . . . . J OTHER _____ X (SPECIFY)	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE OR MORE WIVES/PARTNERS ☐ QUESTION NOT ASKED ☐ →		508
502	CHECK 302: MAN NOT STERILIZED ☐ MAN STERILIZED ☐ →		508
503	(Is your wife (partner)/Are any of your wives (partners)) currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW ☐ WIFE(WIVES)/ PARTNER(S) PREGNANT ☐ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 COUPLE INFECUND . . . . . 3 WIFE (WIVES)/PARTNER(S) STERILIZED . . . . . 4 UNDECIDED/DON'T KNOW 8	→ 508
505	CHECK 407: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐ →		507
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW ☐ WIFE/PARTNER PREGNANT ☐ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 COUPLE INFECUND . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 508
507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 601 → 601
509	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . . 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
605	CHECK 604: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐ → 607		
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 1 FAMILY LAND . . . . . 2 RENTED LAND . . . . . 3 SOMEONE ELSE'S LAND 4	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
610	CHECK 407: ONE OR MORE WIVES/PARTNERS ☐ QUESTION NOT ASKED ☐ → 613		
611	CHECK 609: CODE 1 OR 2 CIRCLED ☐ OTHER ☐ → 613		
612	Who decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT . . . . . 1 WIFE(WIVES)/PARTNER(S) . . . . . 2 RESPONDENT AND WIFE (WIVES)/ PARTNER(S) JOINTLY . . . . . 3 OTHER _____ 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUS-BAND / WIFE / BOTH EQUALLY / DON'T KNOW/ DEPENDS	
	a) making large household purchases?	a) 1 2 3 8	
	b) making small daily household purchases?	b) 1 2 3 8	
	c) deciding when to visit the wife's family or relatives?	c) 1 2 3 8	
	d) deciding what to do with the money she earns for her work?	d) 1 2 3 8	
	e) deciding how many children to have?	e) 1 2 3 8	
614	I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.	AGREE / DIS-AGREE / DK	
	a) Childbearing is a woman's concern and there is no need for the father to get involved.	CHILDBEARING WOMAN'S CONCERN 1 2 8	
	b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.	DOCTOR/NURSE'S ASSISTANCE CRUCIAL 1 2 8	
615	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES / NO / DK	
	If she goes out without telling him?	GOES OUT 1 2 8	
	If she neglects the children?	NEGL. CHILDREN . . . 1 2 8	
	If she argues with him?	ARGUES 1 2 8	
	If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	If she burns the food?	BURNS FOOD 1 2 8	
616	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to…	YES / NO / DK/ DE-PENDS	
	a) Get angry and reprimand her?	a) ANGRY 1 2 8	
	b) Refuse to give her money or other means of support?	b) REFUSE MONEY 1 2 8	
	c) Use force and have sex with her even if she doesn't want to?	c) USE FORCE . . . 1 2 8	
	d) Go ahead and have sex with another woman?	d) HAVE SEX WITH ANOTHER WOMAN 1 2 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called HIV/AIDS?	YES . . . . . 1 NO 2	→ 733
702	Can people reduce their chances of getting the HIV/AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
703	Can people get the HIV/AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the HIV/AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
705	Can people get the HIV/AIDS virus by sharing food with a person who has HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
706	Can people reduce their chance of getting the HIV/AIDS virus by not having sexual intercourse at all?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707	Can people get the HIV/AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
708	Is it possible for a healthy-looking person to have the HIV/AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
709	Can the virus that causes HIV/AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
710	CHECK 709: AT LEAST ONE 'YES' ☐ OTHER ☐ → 712		
711	Are there any special drugs that a doctor or a nurse can give to a woman infected with the HIV/AIDS virus to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
712	Have you heard about special antiretroviral drugs (ARV) that people infected with the HIV/AIDS virus can get from a doctor or a nurse to help them live longer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
712A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	I don't want to know the results, but have you ever been tested to see if you have the HIV/AIDS virus?	YES . . . . . 1 NO 2	→ 718
714	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	
715	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
717	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER/CLINIC 12 STAND-ALONE VCT CENTER . . 13 FAMILY PLANNING CLINIC . . . . . 14 PHC CLINIC (MOBILE) . . . . . 15 COMM. HEALTH WORKER . . . . . 16 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 STAND-ALONE VCT CENTER . . . 22 PHARMACY . . . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 720
718	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 720
719	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER/CLINIC . . B STAND-ALONE VCT CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D PHC CLINIC (MOBILE) . . . . . E COMM. HEALTH WORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . H STAND-ALONE VCT CENTER . . . . I PHARMACY . . . . . J OTHER PRIVATE MEDICAL _____ K L (SPECIFY) OTHER _____ X (SPECIFY) _____ Z (SPECIFY)	
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
721	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
723	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
724	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DK ANYONE WITH AIDS 8	→ 729
725	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES . . . . . 1 NO 2	
726	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES . . . . . 1 NO 2	
727	CHECK 724, 725, AND 726:	AT LEAST ONE 'YES' → 729 OTHER ↓	
728	Do you personally know someone who has or is suspected to have the AIDS virus?	YES . . . . . 1 NO 2	
729	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
730	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
731	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
732	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
732A	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention through abstinence?	YES . . . . . 1 NO 2	→ 732C
732B	Where did you see or hear the message about abstinence? PROBE: Any where else? RECORD ALL MENTIONED.	RADIO . . . . . A TELEVISION . . . . . B NEWSPAPER . . . . . C COMMUNITY MEETINGS . . . . . D POSTER / BILLBOARDS . . . . . E MOBILE CAMPAIGNS . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
732C	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention by being faithful to one partner?	YES . . . . . 1 NO 2	→ 732E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
732D	Where did you see or hear the message about being faithful to one partner? PROBE: Any where else? RECORD ALL MENTIONED.	RADIO . . . . . A TELEVISION . . . . . B NEWSPAPER . . . . . C COMMUNITY MEETINGS . . . . . D POSTER / BILLBOARDS . . . . . E MOBILE CAMPAIGNS . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
732E	In the past six months, have you seen or heard messages promoting HIV/AIDS prevention by using the condoms?	YES . . . . . 1 NO 2	→ 732G
732F	Where did you see or hear the message about using condoms? PROBE: Any where else? RECORD ALL MENTIONED.	RADIO . . . . . A TELEVISION . . . . . B NEWSPAPER . . . . . C COMMUNITY MEETINGS . . . . . D POSTER / BILLBOARDS . . . . . E MOBILE CAMPAIGNS . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
732G	In the past six months were you visited by a community health worker who talked to you about HIV/AIDS prevention by abstinence?	YES . . . . . 1 NO 2	
732H	In the past six months were you visited by a community health worker who talked to you about HIV/AIDS prevention by being faithful to one partner?	YES . . . . . 1 NO 2	
732I	In the past six months were you visited by a community health worker who talked to you about using condoms to prevent HIV/AIDS?	YES . . . . . 1 NO 2	
732J	In the past six months, have you ever seen or heard the following radio or television programs? On television: Cool Ryder? Boxing mosquitoes? Eros and Tohanatos? Love and cry? On the radio: Brother Sholo and Mosquito bites? No means no and //uuce regrets?	YES NO COOL RYDER . . . . . 1 2 BOXING MOSQUITOES . . . 1 2 EROS AND TOHANATOS 1 2 LOVE AND CRY . . . . . 1 2 BROTHER SHOLO AND MOSQUITO BITES . . . . . 1 2 NO MEANS NO AND //UUCE REGRETS 1 2	
732K	Have you ever seen or heard the following materials on HIV/AIDS: OYO magazine? Sense posters? Smile posters? A leaflet on "Twelve steps to living positively with HIV"? A leaflet on "Not everyone is having sex"? A leaflet on "Kauna's birthday wish"? Billboards on "Hope and healing for the hurting"?	YES NO OYO MAGAZINE . . . . . 1 2 SENSE POSTERS . . . . . 1 2 SMILE POSTERS . . . . . 1 2 12 STEPS . . . . . 1 2 NOT EVERYONE IS HAVING SEX . . . . . 1 2 KAUNA'S BIRTHDAY WISH . . . . . 1 2 HOPE AND HEALING FOR THE HURTING 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	CHECK 701: HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE HAS NOT HAD SEXUAL INTERCOURSE		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES NO		→ 737
736	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
737	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW		→ 742
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 742

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
741	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER/CLINIC . . B STAND-ALONE VCT CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D PHC CLINIC (MOBILE) . . . . . E COMM. HEALTH WORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . H STAND-ALONE VCT CENTER . . . . I PHARMACY . . . . . J OTHER PRIVATE MEDICAL _____ K (SPECIFY) OTHER _____ L (SPECIFY) OTHER SOURCE SHOP . . . . . M OTHER _____ X (SPECIFY)	
742	Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
743	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
746	Do you believe that young men should wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
747	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
748	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
749	Do you think that most men you know who are not married and are having sex have sex with only one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
750	Do you believe that married men should only have sex with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
751	Do you think that most married men you know have sex only with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
752	Do you believe that young women should wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
753	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
754	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
755	Do you think that most women you know who are not married and are having sex have sex with only one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
756	Do you believe that married women should only have sex with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
757	Do you think that most married women you know have sex only with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 805
802	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
803	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
805	Have you ever heard of an illness called malaria?	YES . . . . . 1 NO 2	→ 813
805A	What are the signs of malaria? PROBE: Any other causes? RECORD ALL MENTIONED.	HEADACHE . . . . . A CHILLS . . . . . B HIGH TEMPERATURE . . . . . C BODY PAIN . . . . . D LOSS OF ENERGY . . . . . E OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	
806	What causes malaria? PROBE: Any other casues? RECORD ALL MENTIONED.	MOSQUITO BITES . . . . . A RAIN . . . . . B UNHIGIENIC ENVIRONMENT . . . . . C SLEEPING WITH SOMEONE WITH MALARIA . . . . . D OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	→ 813
807	What would you do if you suspected that you have malaria?	NOTHING . . . . . 1 GO TO A HEALTH FACILITY/ HEALTH PERSONNEL . . . . . 2 GO TO A TRADITIONAL HEALER . . . 3 OTHER _____ 6 SPECIFY DON'T KNOW 8	→ 813
808	What do you do to prevent getting malaria? Anything else? RECORD ALL MENTIONED.	HAVE THE HOUSE SPRAYED . . . . . A USE REPELLENTS . . . . . B USE MOSQUITO NETS . . . . . C USE MOSQUITO COILS . . . . . D BURN LEAVES . . . . . E OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	
813	Now I would like to talk about male circumcision. Some men are circumcised. Are you circumcised?	YES . . . . . 1 NO 2	→ 820

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	At what age were you circumcised?	BELOW AGE 13 (INFANT/CHILD) . . . 1 13-19 YEARS OLD . . . . . 2 20 OR MORE YEARS 3	→ 820
815	Who performed the circumcision?	TRADITIONAL HEALER . . . . . 1 HEALTH PROFESSIONAL . . . . . 2 DON'T KNOW 8	
816	What do you think of male circumcision?	RECOMMENDED BY TRADITION/ RELIGION . . . . . 1 GOOD FOR HEALTH/HYGIENE . . . . . 2 INCREASE SEXUAL SATISFACTION . . . . . 3 EASIER TO PUT ON CONDO . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
820	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 824
821	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 824
822	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER/CLINIC . . 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 DENTAL CLINIC/OFFICE . . . . . 22 PHARMACY . . . . . 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER . . . . . 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME . . . . . 31 OTHER _____ 96 (SPECIFY)	
823	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
824	Do you currently smoke any type of tobacco?	YES, CIGARETTES . . . . . 1 YES, PIPE . . . . . 2 YES, CHEWING TOBACCO . . . . . 3 YES, SNUFF . . . . . 4 NO 5	→ 826

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
825	In the last 24 hours, how many cigarettes, including rolled cigarettes did you smoke?	CIGARETTES	
826	Have you ever drunk an alcohol-containing beverage?	YES . . . . . 1 NO 2	→ 830
827	In the last month, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS . . . . . NONE/NEVER 95	
828	Have you ever gotten drunk from drinking an alcohol-containing beverage?	YES . . . . . 1 NO 2	→ 830
829	In the last month, how many times did you get drunk?	NUMBER OF DAYS . . . . . NONE/NEVER 95	
830	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ 832
831	What type of health insurance? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . . B SOCIAL SECURITY . . . . . C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)	
832	CHECK 214: (YOUNGEST) CHILD IS AGE 0-17 ☐ OTHER ☐		→ 836
833	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	
834	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES . . . . . 1 NO 2	→ 836
835	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	
836	RECORD THE TIME.	HOUR . . . . . MINUTES	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____