

**UNION OF MYANMAR**  
**MONITORING NATIONAL PROGRAMME OF**  
**ACTION GOALS THROUGH**

*Multiple Indicator Cluster Survey*  
*2000*

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**Department of Health Planning**  
**Ministry of Health**  
**with the collaboration of UNICEF**

## Foreword and Acknowledgements

Myanmar Multiple Indicator Cluster Survey (Myanmar MICS) is a rapid survey conducted by the Department of Health Planning with the collaboration of UNICEF. The survey has been carried out for three times since 1995 with cooperation of government sectors and non-government organizations at Central, State/Division and Township levels. Two central level committees, MICS Steering and Technical Working Committee and sixteen State/ Division Survey Supervisory Committees played key role in implementation of survey activities.

It is a great pleasure and an honour to achieve timely publication and dissemination of Myanmar MICS (2000). The report provides up-to-date information for assessing the situation of children and women as well as furnish data needed for monitoring progress toward goals established at the World Summit for Children. It also gives us an opportunity to take stock of what has been achieved in the 1990s and the challenges remain as we move forward. It is hoped that the data contain in this report will provide a wealth of information for social sector planners and implementers and stimulate the development of Township, State and Division Programmes of Action for children and women.

As many people and organizations contributed toward the realization of the Myanmar MICS (2000), we are indebted to the National Health Committee, and Health Committees at all levels, and representatives of Departments from Ministries of National Planning and Economic Development, Health, Education, Immigration and Population, Progress of Border Areas, National Races and Development Affairs, Social Welfare, Relief and Resettlement, Agriculture and Irrigation, Labour, Sports and National NGOs for their kind cooperation. We also like to express our sincere thanks to UNICEF for its full support for the survey. Last but not the least, thanks are due to all field staff, hundreds of interviewers and all those who involved in survey activities for their time and hard work.

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## Executive Summary

The 2000 Myanmar Multiple Indicator Cluster Survey (MICS) is a nationally representative survey of households, women, and children. The main objectives of the survey are to provide up-to-date information for assessing the situation of children and women in Myanmar at the end of the decade and to furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action.

### *Education*

- Four fifths (80.0 percent) of children of primary school age in Myanmar are attending primary school. At the national level, there is virtually no difference between male and female primary school attendance.
- Approximately three fourths (75.0 percent) of children who enter the first grade of primary school eventually reach grade four.
- The vast majority (89.7 percent) of the population over age 15 years is literate. The percentage literate is highest (94.4 percent) among those aged 15-24.

### *Water and Sanitation*

- 71.5 percent of the population has access to safe drinking water, 89.2 percent in urban areas and 65.8 percent in rural areas. Percentage of population receiving safe water supply ranges from 41.9 percent to 90.6 percent.
- 63.1 percent of the population of Myanmar is living in households with sanitary means of excreta disposal. Percentage of population who use sanitary latrine is 21.6 percent (the lowest) and 79.8 percent (the highest).

### *Child Malnutrition*

- 7.9 percent of children under age five in Myanmar are underweight or too thin for their age. Twelve point four percent of children are stunted or too short for their age and 1.2 percent are wasted or too thin for their height.
- Children whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with less education.

### *Breastfeeding*

- 15.8 percent of children aged under four months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 67.3 percent of children are receiving breast milk and complementary food. By age 20-23 months, 67.4 percent are continuing to breastfeed.

### *Salt Iodization*

- 74.3 percent of households in Myanmar used iodized salt and 48.4 percent of them have adequately (15+ PPM) iodized salt according to test results.
- However, the percentage of households having salt that tested positive may vary according to seasonal and observer variation.

### *Vitamin A Supplementation*

- Within the six months prior to the MICS, 68.7 percent of children aged 6-59 months received a high dose Vitamin A supplement. Approximately one percent did not receive a supplement in the last 6 months but did receive one prior to that time. During year-2000, Vitamin A was actually supplemented to children aged 12 to 59 months although MICS (2000) estimates Vitamin A supplementation on children aged 6-59 months.
- The mother's level of education is related to the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months increases from 56.0 percent among children whose mothers have below primary education to 71.6 percent among children of mothers with secondary or higher education.

### *Immunization Coverage*

- About 93.4 percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 92.4 percent. The percentage declines for subsequent doses of DPT to 89.2 percent for the second dose, and 82.9 percent for the third dose.
- Similarly, 96.4 percent of children received Polio 1 by age 12 months and this declines to 89.7 percent by the third dose.
- The coverage for measles vaccine is lower than for the other vaccines at 87.2 percent.
- Approximately 79.9 percent of children had all six recommended vaccinations in the first 12 months of life.
- Male and female children are vaccinated at roughly the same rate.
- Vaccination coverage is highest among children whose mothers have secondary or higher education. The education differences are greatest for the third doses of DPT and Polio, suggesting that drop out rates are higher among children with less educated mothers.

### *Diarrhea*

- Approximately all children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).
- Only 11.0 percent of children with diarrhea received increased fluids and continued eating as recommended. However 70.6 percent of children with diarrhea received increased or same amount of fluid and continued eating.

### *Acute Respiratory Infection (ARI)*

- Less than 4 percent of under five children had an acute respiratory infection in the two weeks prior to the survey. Approximately 48.1 percent of these children were taken to an appropriate health provider.

### *IMMCI Initiative*

- Among under five children who were reported to have had diarrhea or some other illness in the two weeks preceding the MICS, 9.1 percent received increased fluids and continued eating as recommended under the IMMCI programme. About 70.1 percent of children with illness received increased or same amount of fluids and continued eating.

- About 81.0 percent of mothers took their children to the health facility immediately due to presence of at least one symptom of severe illness.

#### *Prenatal Care*

- Eight out of ten women with recent births in Myanmar are protected against neonatal tetanus. The vast majority of these women received two or more doses of tetanus toxoid within last three years.

#### *Birth Registration*

- The births of 60.6 percent of children under five years in Myanmar have been registered. There are no significant variations in birth registration across sex or age; but the proportion increases as the level of mother education rises.

#### *Orphanhood and Living Arrangements of Children*

- Overall, 93.2 percent of children aged 0-14 are living with both parents. Children who are not living with a biological parent comprise 1.6 percent and children who have one or both parents dead amount to 4.3 percent of all children aged 0-14.



## Summary Indicators

World Summit for Children Indicators		
Underweight prevalence	Proportion of under-fives who are too thin for their age	7.9 percent
Stunting prevalence	Proportion of under-fives who are too short for their age	12.4 percent
Wasting prevalence	Proportion of under fives who are too thin for their height	1.2 percent
Use of safe drinking water	Proportion of population who use a safe drinking water source	71.5 percent
Use of sanitary means of excreta disposal	Proportion of population who use a sanitary means of excreta disposal	63.1 percent
Children reaching grade four	Proportion of children entering first grade of primary school who eventually reach grade four	75.0 percent
Net primary school attendance rate	Proportion of children of primary school age attending primary school	80.0 percent
Literacy rate	Proportion of population aged 15+ years who are able to read a letter or newspaper	89.7 percent
Iodized salt consumption	Proportion of households consuming adequately iodized salt	48.4 percent
Children receiving Vitamin A supplementation	Proportion of children aged 6-59 months who have received a Vitamin A supplement in the last 6 months	68.7 percent
Exclusive breastfeeding rate	Proportion of infants aged less than 4 months who are exclusively breastfed	15.8 percent
Timely complementary feeding rate	Proportion of infants aged 6-9 months who are receiving breast milk and complementary food	67.3 percent
Continued breastfeeding rate	Proportion of children aged 12-15 months and 20-23 months who are breastfeeding	89.0 percent (12-15) 67.4 percent (20-23)
DPT immunization coverage	Proportion of children immunized against diphtheria, pertussis and tetanus by age one	82.9 percent
Measles immunization coverage	Proportion of children immunized against measles by age one	87.2 percent
Polio immunization coverage	Proportion of children immunized against polio by age one	89.7 percent
Tuberculosis immunization coverage	Proportion of children immunized against tuberculosis by age one	93.4 percent
Children protected against neonatal tetanus	Proportion of one year old children protected against neonatal tetanus through immunization of their mother	77.8 percent
ORT use	Proportion of under-five children who had diarrhea in the last 2 weeks who were treated with oral rehydration salts or an appropriate household solution	98.7 percent

<b>World Summit for Children Indicators</b>		
Home management of diarrhea	Proportion of under-five children who had diarrhea in the last 2 weeks and received increased fluids and continued feeding during the episode	11.0 percent
Care seeking for acute respiratory infections	Proportion of under-five children who had ARI in the last 2 weeks and were taken to an appropriate health provider	48.1 percent
Preschool development	Proportion of children aged 36-59 months who are attending some form of organized early childhood education program	9.4 percent
<b>Indicators for Monitoring Children's Rights</b>		
Birth registration	Proportion of under-five children whose births are reported registered	60.6 percent
Children's living arrangements	Proportion of children aged 0-14 years in households not living with a biological parent	1.6 percent
Orphans in household	Proportion of children aged 0-14 years who are orphans living in households	0.5 percent (both parents) 3.5 percent (one parent)
<b>Indicators for Monitoring IMMCI</b>		
Home management of illness	Proportion of under-five children reported ill during the last 2 weeks who received increased fluids and continued feeding	9.1 percent

# I. Introduction

## ***Background of the Survey***

At the World Summit for Children held in New York in 1990, the government of Myanmar pledged itself to a Declaration and Plan of Action for Children. Subsequently, a National Programme of Action for Children was developed and implemented since 1993.

The Myanmar NPA was based on the studies and discussions conducted by governmental programmes in health, nutrition, education, water supply and sanitation and social welfare, joint programmes with agencies of the United Nations, national and international NGOs. It relates specific national goals to the global goals set out in the Declaration. The NPA was also developed for achieving the goals which have been prioritized and taken into account the characteristics, number and locations of beneficiaries, as well as their situations. The Myanmar NPA (1990-2000) set a number of goals to be achieved in the 1990s and these goals are:

### ***Health***

- Goal No.6 Achieving a 90% Expanded Programme on Immunization coverage rate against the six childhood preventable diseases and tetanus among women 15-49 year old
- Goal No.7 Reducing deaths due to diarrhoea by 50% and diarrhoea incidence by 25% among children of under-five
- Goal No.8 Reducing deaths due to Acute Respiratory Infection (ARI) by 33% from 1990 levels

### ***Nutrition***

- Goal No.14a Reducing the rate of severe malnutrition from 11% to 5% among children under three
- Goal No.14b Reducing the rate of severe and moderate malnutrition from 37% to 19% among children under three
- Goal No.17 Eliminating iodine deficiency disorders
- Goal No.18 Eliminating Vitamin A deficiency and its consequences, including blindness
- Goal No.19 Enabling all women to breast-feed exclusively for 4 to 6 months and to continue breast feeding, well into the second year.

### ***Safe water supply and Excreta Disposal***

- Goal No.22 Increasing access to safe drinking water from 32% to 100%
- Goal No.23 Increasing access to safe means of human excreta disposal from 36% to 100%

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### ***Basic Education and Child Development***

- Goal No.24a Ensuring universal access to basic education by increasing the net primary school enrolment ratio from 62% to 100%

Goal No.24b Increasing the completion rate for basic education from the present 25% to 80%

Goal No.26 Increasing access to Early Childhood Development (community based) services from 2% to 25% among 3-5 year old children.

*Children in Especially Difficult Circumstances*

Goal No. 28. Improving the situation of children in especially difficult circumstances by increasing the proportion of such children provided with adequate protective services.

The Plan of Action also called for the establishment of mechanisms for monitoring progress toward the goals and objectives set for the year 2000. Toward this end, UNICEF has developed a core set of 75 indicators of specific aspects of the situation of children in coordination with other international organizations. A MICS survey was conducted in 1995 to measure progress at mid-decade. The 2000 Myanmar MICS survey has been implemented to provide end-decade information on 27 indicators for children. Information on other indicators will be derived from the vital registration system and various disease monitoring systems.

The Myanmar MICS was conducted by the Department of Health Planning, Ministry of Health in collaboration with Ministry of Education, Ministry of Immigration and Population, Ministry of Social Welfare, Relief and Resettlement, Ministry of Progress of Border Areas, National Races and Development Affairs, Ministry of Agriculture and Irrigation, Ministry of Labour, Ministry of National Planning and Economic Development. Two Central level committees (The steering committee and working committee) and 16 Regional (State/Division) Survey Supervisory Committees were formed for implementation of the survey. The Steering Committee consisted of Director Generals or Deputy Director Generals from departments under the ministries. The Steering Committee coordinated all survey activities from central to lower levels. The Technical Working committee consists of personnel from different ministries that are responsible for technical aspect of the survey. The Technical Working Committee took all the responsibilities of the survey design, questionnaire development, enumerator training, data entry, processing and analysis. All the State/Division Supervisory Committees coordinate and supervise the survey activities at the lower levels. Responsibilities of State/Division Survey Supervisory Committees are:

- (1) To recruit enumerators
- (2) To assist trainers in providing training to the enumerators
- (3) To supervise the enumerators in the field,
- (4) To check the questionnaires and send them to the Department of Health Planning in Yangon.

The 2000 Myanmar MICS survey has been implemented to provide end-decade information on 27 indicators in the following areas:

*Health*

- Immunization coverage
- Diarrhoea treatment practices
- ARI treatment seeking pattern
- Child Disability

*Nutrition*

- Malnutrition
- Vitamin A supplementation
- Use of iodated salt
- Breast feeding

*Education*

- Access to and completion of basic education (primary level)
- Access to pre-schooling
- Literacy

*Vital Statistics*

- Birth registration

*Environment*

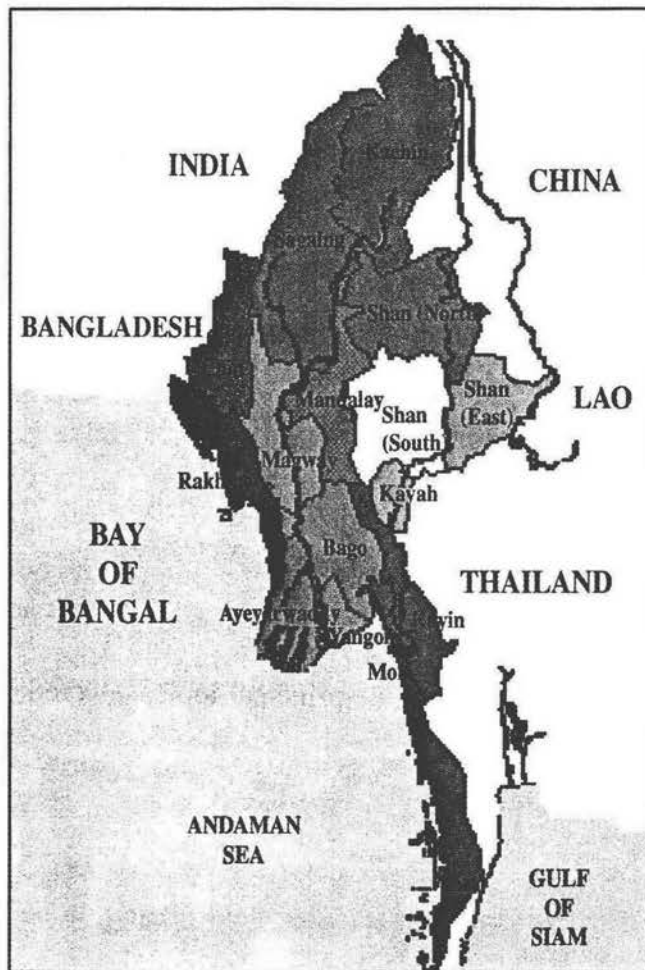
- Safe water supply
- Sanitation

This report presents results on the principal topics covered in the survey and on the World Summit indicators.

## Country Background

Union of Myanmar is located in South East Asia Region adjacent to China and Laos in the East, Thailand in the South East and Bangladesh and India in the West. Myanmar is covering a total land area of 676,578 sq. km and divided into seven States and seven Divisions for administrative purposes. Divisions are for the most part located in the central areas of the country and are predominantly populated by Bamar national races. States are located along the borders of the country and resided by Bamar and a variety of ethnic national races (See Figure 1).

Figure 1: Regions (States/Divisions) of Myanmar





As of mid 2000, population was estimated at 50.125 million, with a growth rate of approximately 2.02 percent per annum. Thirty-nine percent of the population are children and adolescents under the age of 18. In 1997, life expectancy at birth was estimated at 60.6 years for males and 64.6 years for females in the urban areas and 60.1 years for males and 62.3 years for females in the rural areas. Approximately 71% of the population live in rural areas and primarily depend on agriculture for their livelihoods. Ninety percent of the population observes the Buddhist Religion that continues to play an important role in Myanmar society.

Myanmar is a developing country whose main exports are rice, beans and pulses, teak, fish and prawns, minerals and gems. Agriculture sector remains the mainstay of the economy, employing 62.2 percent of the total workforce and accounting 34.4 percent of Gross Domestic Product in Fiscal Year 1999/2000. Hence, priority is still given to agriculture sector in accordance with the first of the four economic objectives laid down by the State i.e. "Development of agriculture as the base and all round development of other sectors of the economy as well". Since 1988, Myanmar's economy has changed from a centrally planned economy to a market oriented one, encouraging private entrepreneurs' participation in almost every field of economic activity, particularly in the area of trade and investment.

Myanmar is improving its social infrastructure to attain the national social objectives. Access to social services is being increased by expanding the outreach of the delivery system. Strategies have been streamlined in National Development Plans and National Health Plans for carrying out all social programmes that are doable and affordable. Communities with low access to social services were given priority, particularly with respect to such programmes as Vitamin A supplementation, improvement of water supply and sanitation systems, goiter control and access to education, etc. NGOs, both national and international, are active in the health and other social sectors. Efforts are also made to deliver social services simultaneously to a common target population. Systems are further strengthened by enhancing the capacity of human resources in the social sectors, encouraging greater community participation and creating opportunities for the application of low-cost, high impact technologies appropriate to local conditions. With the tremendous effort made by different sectors, Myanmar tries to achieve remarkable progress in the areas of survival, development, protection and participation of children.

### ***Survey Objectives***

The 2000 Myanmar Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Myanmar at the end of the decade and for looking forward to the next decade;

- To furnish data needed for monitoring progress toward goals established at the World Summit for Children and a basis for future action;
- To contribute to the improvement of data and monitoring systems in Myanmar and to strengthen technical expertise in the design, implementation, and analysis of such systems.

## II. Survey Methodology

### *Sample Design*

The sample for the Myanmar Multiple Indicator Cluster Survey (MICS) was designed to provide estimates of health indicators at the national level, for urban and rural areas, and for 16 regions: Kachin, Kayah, Kayin, Chin, Mon, Rakhine, Shan (North), Shan (East), Shan (South), Ayeyarwady, Bago, Magwe, Mandalay, Sagaing, Tanintharyi, and Yangon. The sample was selected in two stages. At the first stage, 627 villages from rural areas, and 173 wards from urban areas were selected with probability proportional to size. After segmentation was carried out within the selected clusters, a random sample of 25600 households was drawn. Because the sample was stratified by region, it is not self-weighting. For reporting national level results, sample weights are used. Full technical details of the sample are included in Appendix A.

### *Questionnaires*

The questionnaires for the Myanmar MICS were based on the MICS Model Questionnaire with some modifications and additions. A household questionnaire was administered in each household, which collected various information on household members including sex, age, literacy, marital status, and orphanhood status. The household questionnaire also includes education, water and sanitation, and salt iodization modules. In addition to a household questionnaire, questionnaires were administered in each household for women age 15-49 and children under age five. For children, the questionnaire was administered to the mother or caretaker of the child.

The set of questionnaire includes:

- I. Questionnaire for Household
  - (1) Household Information Panel
  - (2) Household Listing Form
  - (3) Education Module
  - (4) Water and Sanitation Module
  - (5) Salt Iodization Module

- II. Questionnaire for Individual Woman (women of reproductive age, 15-49years)
  - (1) Tetanus Toxoid Module
- III. Questionnaire for children aged 2-9 years
  - (1) Disability Module
- IV. Questionnaire for Children under 5 years
  - (1) Birth Registrations and Early Learning Module
  - (2) Vitamin A Module
  - (3) Breastfeeding Module
  - (4) Care of Illness Module
  - (5) Immunization Module
  - (6) Anthropometry Module

From the MICS model English version, the questionnaire was translated into Myanmar language and pretested during March 2000. Based on the results of the pretest, modifications were made to the questionnaire. For the full questionnaire, see Appendix C.

### ***Fieldwork and Processing***

The field staff was trained for seven days in April and May 2000. Sixteen teams collected the data; each was comprised of twenty interviewers and five supervisors. The MICS Coordinator provided overall supervision. The fieldwork began in June 2000 and concluded in August 2000.

Data were entered on six microcomputers using the EpiInfo software. Four officials from the Research and Development Division under the Department of Health Planning involved in conducting MICS 2000 were sent abroad to get training in data management and in using SPSS software. In order to ensure quality control, all entries in the questionnaires were first checked for errors by supervisors in the field, later for missing items by members of State/Division Supervisory Committees, and finally for internal consistency by computer programmers from Research and Development Division, DHP. Procedures and standard programmes developed under MICS and adapted to the Myanmar questionnaire were used throughout. Data processing began in July 2000 and finished in September 2000.

### III. Sample Characteristics and Data Quality

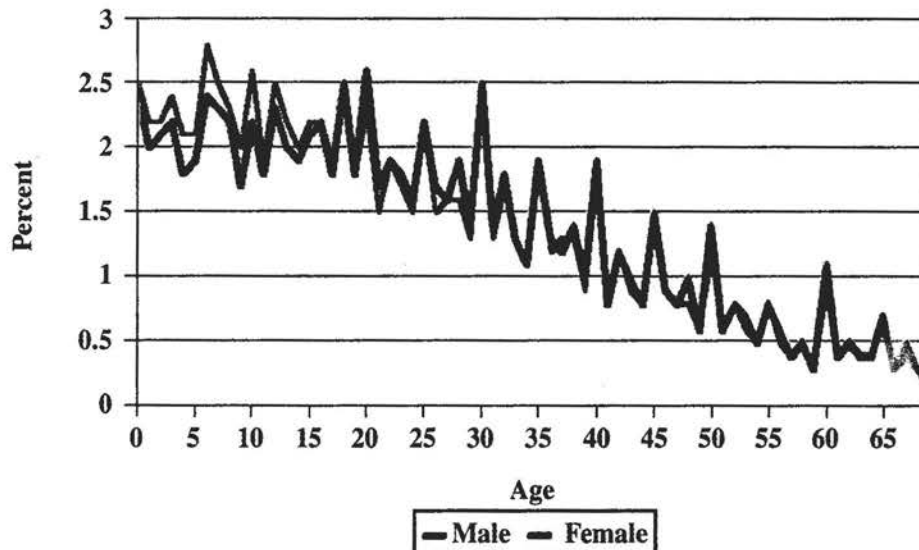
#### *Response Rates*

Of the 25600 households selected for the Myanmar MICS sample, 25596 were found to be occupied (Table 1). Of these, 25546 were successfully interviewed for a household response rate of 99.8 percent. In the interviewed households, 37149 eligible women aged 15-49 were identified. Of these, 37149 were successfully interviewed, yielding a response rate of 100 percent. In addition, 14441 children under age five were listed in the household questionnaire. Of these, questionnaires were completed for 14441 children for a response rate of 100 percent.

#### *Age Distribution and Missing Data*

As shown in Table 2 and Figure 2, the single year age distribution of household members by sex exhibits some distortions centered around age 20 for females and on age six for males. There appears to be significant heaping of women on ages 18-21 and perhaps a slight excess of women ages 20-21. For both sexes, some digit preference is evident for ages ending in 0 and 5, a pattern typical of populations in which ages are reckoned by the nearest birthday; a preference for ages ending in 2 is also observed.

Figure 2: Single year age distribution of household population by sex, Myanmar, 2000



As a basic check on the quality of the survey data, the percentage of cases missing information on selected questions is shown in Table 3. A 100 percent response rate was realized from household members regarding information on age, education, tetanus toxoid injection, and diarrhea. The high levels of response suggest that there were practically no problem with the questions or the fieldwork.

The data on weight and height are obtained from 30 percent of all children under 5: anthropometric measurements could be taken from those children.

### ***Characteristics of the Household Population***

Information on the characteristics of the household population and the survey respondents is provided to assist in the interpretation of the survey findings and to serve as a basic check on the sample implementation.

Table 4 presents the percent distribution of households in the sample by background characteristics. About 21.5 percent of households (5501 households) are urban and 78.5 percent (20046 households) are rural. Each region contains slightly over 6.0 percent of households. Among urban areas, Yangon Division comprises the largest of the sixteen regions with 20.0 percent of households, Kayin State the smallest with 2.4 percent. Most of the households (37.6 percent) have 4-5 members. 43.6 percent of households contain at least one child under age five and 91.4 percent of households contain at least one women age 15-49.

Table 5 shows the characteristics of female respondents aged 15-49. Women aged 20-24 comprises the greatest percentage of the sample at 18.3 percent. This percentage declines steadily across age groups until age 45-49 where it is 9.0 percent. This pattern is typical of countries in the East Asia and Pacific Region. Approximately 53.8 percent of women in the sample are currently married. The majority of women (43.8 percent) have had at least primary education while 18.5 percent have had below primary education.

Table 6 shows the characteristics of children under age five. Forty nine point five percent of the children are male and 50.5 percent are female. There are slightly less children aged under 6 months than aged 6-11 months; a pattern which is unexpected.

## **IV. Results**

### ***A. Education***

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the World Summit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labor and sexual exploitation, protecting the environment, and influencing population growth.



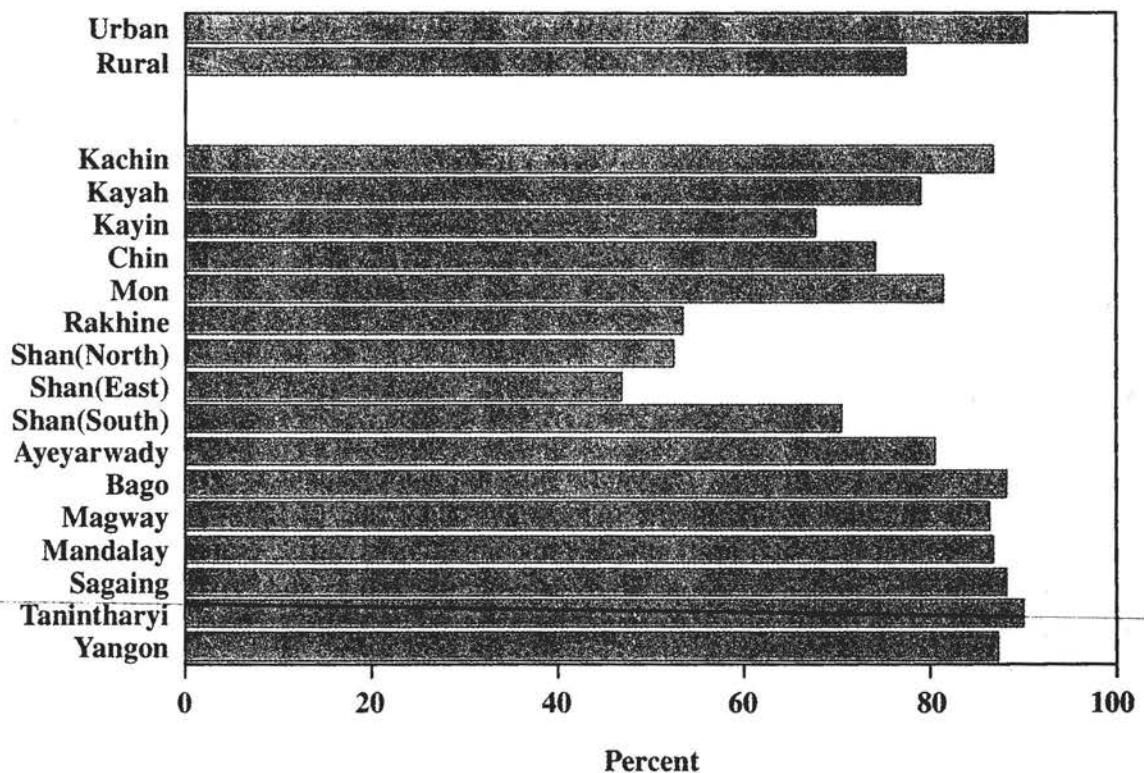
## Early childhood education

One in ten (9.4 percent) children aged 36-59 months are attending an organized early childhood education programme with organized learning activities (Table 7). Approximately equal percentages of girls (10.1 percent) and boys (8.8 percent) are attending these programmes. Children in urban areas are five times more likely to attend early learning activities as children in rural areas. Relatively few children (7.1 percent) attend at age three (36-47 months) and a majority of children (12.3 percent) attend at age four (48-59 months). Finally, the education of the mother is strongly related to the likelihood that a child will attend an early childhood education programmes. The percentage of children attending increases from 2.9 percent to more than 21.2 percent as the mother education increases from below primary to secondary or higher education.

## Basic education

Overall, 80.0 percent of children of primary school age in Myanmar are attending primary school (Table 8). In urban areas, 90.3 percent of children attend school while in rural areas the attendance rate is 77.0 percent. At the national level, there is virtually no difference between male and female primary school attendance: males 79.9 percent against females 80.1 percent. However, there are considerable regional disparities and they are shown in Figure (3).

**Figure 3: Percentage of children of primary school age attending primary school, Myanmar, 2000**





Three fourths (75.0 percent) of children who enter the first grade of primary school eventually reach grade 4 (Table 9). The primary cycle of education in the formal schooling system begins with KG and ends in grade 4. KG is taken as first year of primary level, and those who finish grade 4 as those completing the primary level. There is not much difference between urban and rural areas reaching grade four from KG.

## **Literacy**

The vast majority (89.7 percent) of the population over age 15 years in Myanmar is literate (Table 10). The *literate* population includes those who are reported to read 'easily or with difficulty'. Overall, females are slightly less likely than males to be literate (86.2 vs. 93.7 percent). The percentage literate is the highest (94.4 percent) among those aged 15-24.

## **B. Water and Sanitation**

### **Use of drinking water**

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

Only 6.7 percent of the population uses drinking water from that is piped into their dwelling. The percentage of population using piped water for drinking purposes is higher in urban areas (21.2 percent) than in rural areas (2.0 percent). Dug well, tubewell, pond and river or stream are important sources of drinking water.

The source of drinking water for the population varies strongly by region (Table 11). In Yangon Division 19.9 percent of the population uses drinking water that is piped into their dwelling. Mandalay Division (13.1 percent), Tanintharyi Division (10.9 percent) and Shan (North) (10.6 percent) each used piped water over 10 percent respectively.

The population using *safe drinking water* sources are those who use any of the following types of supply: piped water, public tap, borehole/tubewell, protected well/spring, protected pond or rainwater. Overall, 71.5 percent of the population has access to safe drinking water; 89.2 percent in urban areas and 65.8 percent in rural areas.

## Use of sanitation facilities

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrheal diseases and polio. *Sanitary means of excreta disposal* include: flush toilets connected to sewage systems or septic tanks, other flush toilets and improved pit latrines. About 63.1 percent of the population of Myanmar is living in households with sanitary means of excreta disposal (Table 12). This percentage is 83.6 in urban areas and 56.5 percent in rural areas. The most commonly used facilities in the country are improved pit latrines, and traditional pit latrines.

## C. Child Malnutrition

### Nutritional status

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

In a well-nourished population, there is a standard distribution of height and weight for children under age five. Undernourishment in a population can be gauged by comparing children to this standard distribution. The standard or reference population used here is the NCHS standard, which is recommended for use by UNICEF and the World Health Organization. Each of the three nutritional status indicators are expressed in standard deviation units (z-scores) from the median of this reference population.

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

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

Finally, children whose weight for height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted* while those who fall more than three standard deviations below the median are *severely wasted*. Wasting is usually the result of a recent nutritional deficiency. The

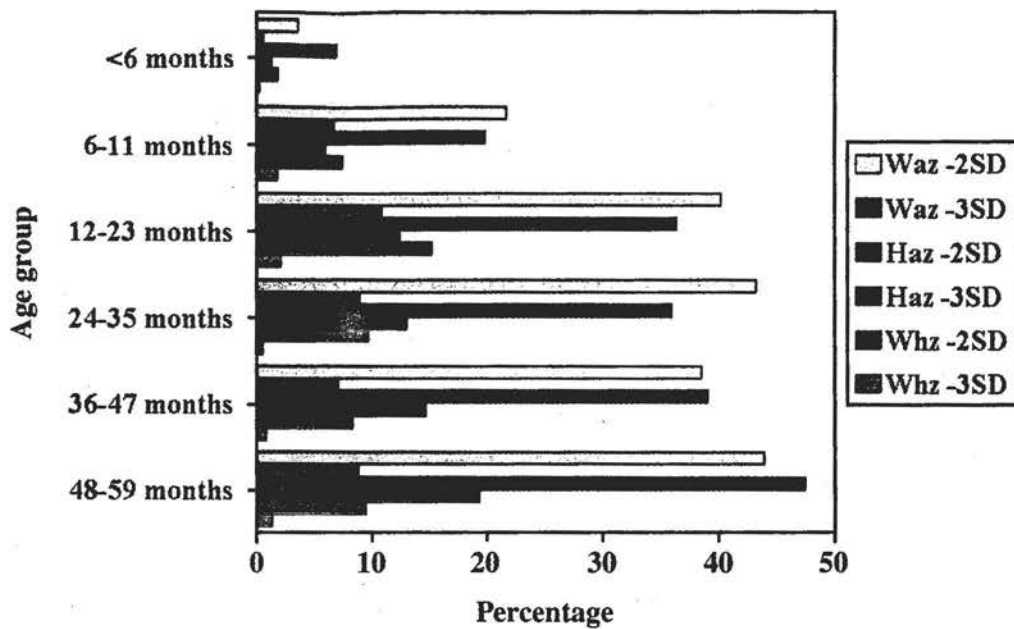
indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

In Table 13, children whose measurements of weight and height fall outside a plausible range are excluded. In addition, a small number of children whose birth dates are not known are excluded. At the national level, the percentage of children under 5 who are moderate to severely under weight is 35.3, the percentage moderate to severely stunted is 33.9, and the percentage moderate to severely wasted is 9.4.

An urban-rural differential exists in malnutrition. Among children under age five, the extent of severely underweight children in urban areas is 5.5 percent where as in rural areas it is about 8.6 percent. In urban areas 25.5 percent of children are stunted from moderate to severe, and 7.6 percent are too short for their age. Compared to urban areas, the nutrition status of rural areas is somewhat lower. In rural areas 36.3 percent of children are moderately to severely short for their age, and 13.8 percent are too short for their age.

The highest percentage of moderately to severely underweight is 48.1 and the lowest is 22.1 percent. Boys appear to be slightly more likely to be stunted, and wasted than girls. The age pattern shows that a higher percentage of children aged 12-59 months are under-nourished according to all three indices in comparison with children who are younger (Figure 4). This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food and environment.

Figure 4: Age pattern of malnourished children



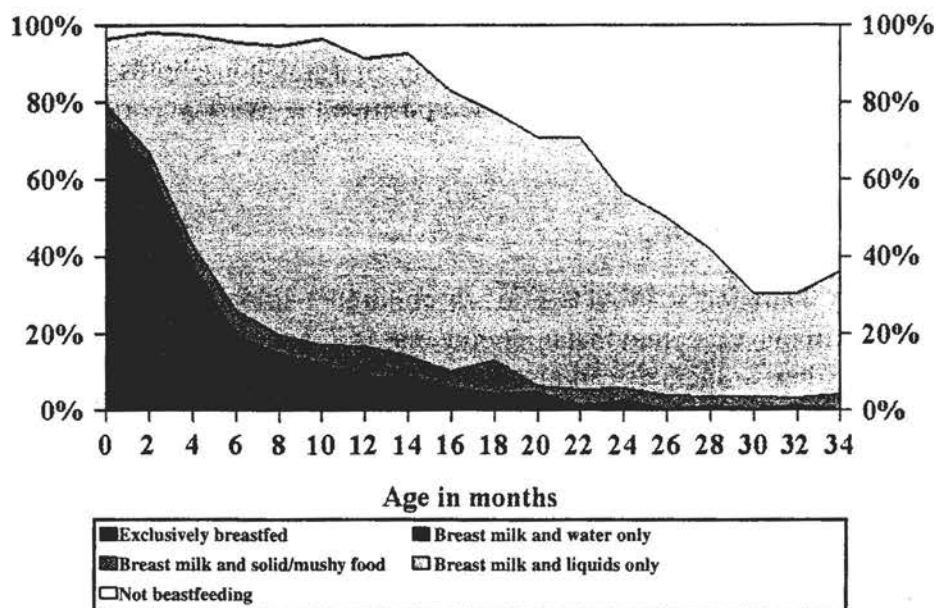
Waz = Weight for age  
 Haz = Height for age  
 Whz = Weight for height

### Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon, and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Summit for Children goal states that children should be exclusively breastfed for four to six months, and that breastfeeding should continue with complementary food, well into the second year of life. Many countries have adopted the recommendation of exclusive breastfeeding for about six months.

In Table 14, breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview. *Exclusive breastfeeding* refers to children who receive only breast milk and vitamins, mineral supplements, or medicine. *Complementary feeding* refers to children who receive breast milk and solid or semi-solid food. The last two columns of the table include children who are continuing to be breastfed at one and at two years of age. Percentages according to region and mother's education are not shown due to small sample sizes. For the same reason, the sex and urban-rural residence breakdowns should be interpreted with caution.

**Figure 5: Percentage distribution of living children by breastfeeding status, Myanmar, 2000**



Approximately one in six children aged less than four months are exclusively breastfed; 17.5 percent in urban areas and 15.3 percent in rural areas a level considerably lower than recommended. It differs very little in feeding exclusively breast milk between urban and rural areas. At age 6-9 months, 67.3 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 89.0 percent of children are still being breastfed, and by age 20-23 months, the percentage drops to 67.4 percent.

Figure 5 shows the detailed pattern of breastfeeding status by the child's age in months. Even at the earliest ages, the majority of children are receiving liquids or foods other than breast milk. The percentage of children exclusively breastfed diminishes rapidly to close to zero after three months. By the end of one year, more than half of children are still breastfed.

### Salt iodization

Deficiency of iodine in the diet is the world's single greatest cause of preventable mental retardation and can lower the average intelligence quotient (IQ) of a population by as much as thirteen points. Salt iodization is an effective, low-cost way of preventing iodine deficiency disorders (IDD). *Adequately iodized salt* contains 15 ppm (parts per million) of iodine or more. In MICS, interviewers tested household salt for iodine levels by means of a testing kit.



Approximately 98.9 percent of households had salt that was tested during the MICS 2000 (Table 15). Among the households in which salt was tested 48.4 percent had adequately iodized salt. The percentage of households with adequately iodized salt ranges from 15.1 percent to 76.0 percent. Sixty seven percent of urban households had adequately iodized salt compared to 42.5 percent of rural households. However, the percentage of households having salt that tested positive may vary according to seasonal and observer variation.

### **Vitamin A supplementation**

Vitamin A Deficiency (VAD) impairs children's immune systems, increasing their chances of dying of common childhood diseases and undermines the health of pregnant and lactating women. It can also cause eye damage and blindness in children. Yet it can be easily prevented by vitamin A supplementation or food fortification. UNICEF and WHO recommend that all countries with an under five mortality rate exceeding 70 per 1000 live births, or where vitamin A deficiency is a public health problem, should put in place a programme for control of vitamin A deficiency. Based on UNICEF/WHO guidelines, the Myanmar Ministry of Health recommends that children aged 6-12 months be given one dose Vitamin A capsule of 100,000 IU every six months, and children older than one year be given one high dose of 200,000 IU every six months.

Within the six months prior to the MICS, 68.7 percent of children aged 6-59 months received the high dose Vitamin A supplement (Table 16). One percent did not receive the supplement in the last six months but did receive one prior to that time. Fewer than seven percent of children received a Vitamin A supplement at some time in the past but their mother or caretaker was unable to specify when. During year 2000, Vitamin A was actually supplemented to children aged 12 to 59 months although MICS (2000) estimates Vitamin A supplementation on children aged 6-59 months.

The age pattern of Vitamin A supplementation shows that supplementation in the last six months rises from 23.6 percent among children aged 6-11 months to 70.9 percent among children aged 12-23 months and then reaches to almost the same level around i.e. 77 percent among older children.

The mother's level of education is also related to the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months increases from 56.0 percent among children whose mothers have below primary education to 70.8 percent of those whose mothers have primary education and 71.6 percent among children of mothers with secondary or higher education.



## **D. Child Health**

### **Immunization coverage**

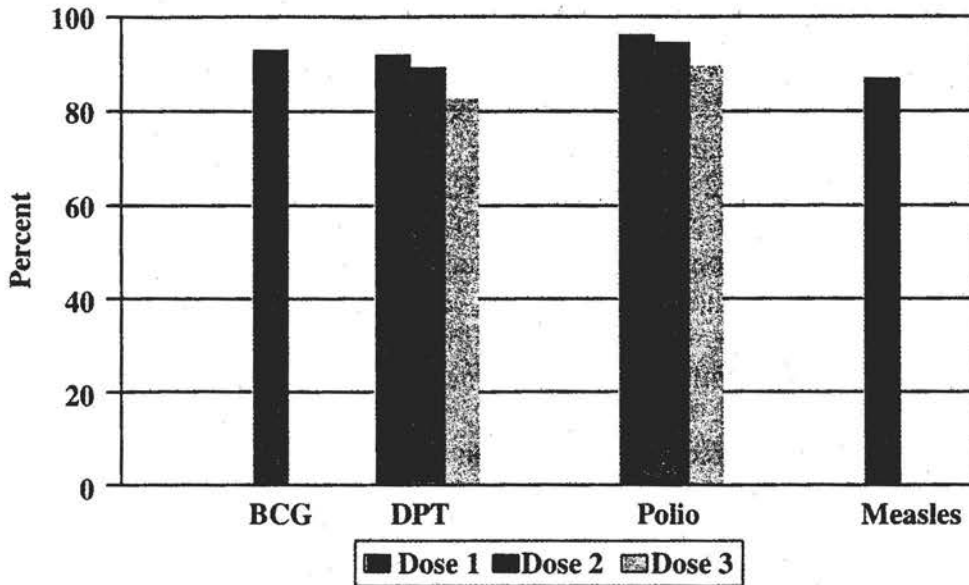
According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. In MICS, mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire. Overall, nearly half of children had health cards. If the child did not have a card, a short description of each vaccine was read to the mother who was asked to recall whether or not the child had received it and, for DPT and Polio, how many times.

Table 17 shows the percentage of children aged 12 to 23 months who received each of the vaccinations. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

Approximately 93.4 percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 92.4 percent. The percentage declines for subsequent doses of DPT to 89.2 percent for the second dose, and 82.9 percent for the third dose (Figure 6). Similarly, 96.4 percent of children received Polio 1 by age 12 months and this declines to 89.7 percent by the third dose. The coverage for measles vaccine by 12 months is lower than for the other vaccines at 87.2 percent. As a result, the percentage of children who had all six recommended vaccinations by their first birthday is high, 79.9 percent.

In Table 18, the percentage of children age 12-23 months currently vaccinated against childhood diseases is shown according to background characteristics. Unlike the previous table, the estimates in this table refer to children who received the vaccinations by the time of the survey, even if they did not occur prior to the age of 12 months.

**Figure 6: Percentage of children aged 12-23 months who received immunizations by age 12 months, Myanmar, 2000**



Male and female children are vaccinated at roughly the same rate; males 79.9 percent against females 79.8 percent. Similarly urban children are vaccinated at the same rate as rural children; urban 81.8 percent against rural 79.3 percent. Regional breakdowns are based on small numbers of cases and should be viewed with caution. Vaccination coverage is highest among children whose mothers have secondary or higher education. The education differences are greatest for the second and third doses of DPT, suggesting that drop out rates are higher among children with less educated mothers.

### **Diarrhea**

Dehydration caused by diarrhea is a major cause of mortality among children in Myanmar. Home management of diarrhea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhea.

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank. Overall, 4.9 percent of under five children had diarrhea in the two weeks preceding the

survey (Table 19). The peak of diarrhea prevalence occurs in the weaning period, among children age 6-23 months.

Table 19 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. About 63.4 percent of children received breastmilk while they had diarrhea. Children under age 12 months are especially likely to have received breastmilk: the proportion of children under 12 months who received breast milk during diarrhea episode is about 92 percent. About 46.0 percent of children received gruel and 44.9 percent received ORS. Children of mothers with secondary or higher education appear to be more likely than other children to receive ORS and gruel. Over nine in ten children (98.7 percent) with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).

About 15.9 percent of under five children with diarrhea drank more than usual amount while 62.6 percent drank same and 20.9 percent drank less (Table 20). About 80.5 percent ate somewhat less, the same, or more than usual while 19.3 percent ate much less than usual or none. Overall 11.0 percent of children with diarrhea received increased fluids and continued eating as recommended, while 70.6 percent received increased or same amount of fluids and continued eating.

### **Acute respiratory infection**

Acute lower respiratory infections, particularly pneumonia, are one of the leading causes of child deaths in Myanmar. In the MICS questionnaire, children with acute respiratory infection are defined as those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose, or whose mother did not know the source of the problem. Only 3.4 percent of under-five children had severe acute respiratory infection in the two weeks prior to the survey according to these criteria (Table 21). Of these, 3.6 percent were taken to Hospitals for treatment, 7.2 percent to Health Centers, 2.9 percent to Maternal and Child Health Centers, 23.1 percent to Private Clinics, 14.4 percent to Health Staff and 2.9 percent to Traditional Medical Practitioners. About 7.0 percent were taken to a private drug store and 0.6 percent to relative. Overall, 48.1 percent of children with ARI were taken to an appropriate health provider (i.e., Hospital, Health Center, Maternal and Child Health Clinic, Private Clinic and Health Staff).

### **IMMCI initiative**

The Integrated Management of Maternal and Child Illnesses (IMMCI) is a programme developed by UNICEF and WHO that combines strategies for control and treatment of five major killers of children – acute lower respiratory tract infections, diarrheal dehydration, measles, malaria, and malnutrition. The programme focuses on the improvement of case management skills by health workers, improvement of the health system, and improvement of family and community practices in the prevention

and early management of childhood illnesses. Appropriate home management of illness is one component of IMMCI. The approach teaches mothers that appropriate home management of diarrhea or any other illness requires giving more fluids and continue to feed sick children as they are normally fed.

Table 22 presents information on the drinking and eating behavior of sick children. Almost 15 percent of children were reported to have had diarrhea or some other illness in the two weeks preceding the survey. Of these, 12.6 percent drank more liquids during the illness and 80.2 percent continued eating (i.e., ate somewhat less or the same, or more). Overall, about 9.1 percent of ill children received increased fluids and continued eating as recommended under the IMMCI programme.

Promoting knowledge among caretakers about when it is appropriate to seek care for ill children is another important component of the IMMCI programme. In Myanmar MICS, mothers or caretakers of children were asked to name all of the symptoms that cause them to take a child to a health facility right away. The most common response, given by 36.2 percent of mothers, was that they took their child to a health facility right away because he/she developed a fever (Table 23). 30.9 percent said that the child becoming sicker and 13.7 percent mentioned difficulty in breathing. Between 3.1 and 16.5 percent of mothers cited an inability to breastfeed, fast breathing, blood in stools, and drinking poorly as reasons for taking a child to a health facility right away.

## ***E. Reproductive Health***

### **Prenatal care**

Tetanus toxoid injections are given to women during pregnancy to protect infants from neonatal tetanus, a major cause of infant death that is due primarily to unsanitary conditions during childbirth. Two doses of tetanus toxoid during pregnancy offer full protection. However, if a woman was vaccinated during a previous pregnancy, she may only need a booster to give full protection. Five doses are thought to provide lifetime protection.

Eight out of ten women with recent births in Myanmar are protected against neonatal tetanus (Table 24). The vast majority of these women received two or more doses of tetanus toxoid within the last three years. Regional estimates are based on small numbers of cases and should be interpreted with caution. Women with secondary or higher education are more likely to be protected against tetanus than those with either below primary or primary education.

## ***F. Child Rights***

### **Birth registration**

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The births of 60.6 percent of children under five years in Myanmar have been registered (Table 25). There are no significant variations in birth registration across sex and age except education level. Some children are somewhat less likely to have their births registered and this appears to be due primarily to a relatively large proportion of mothers who do not know if their child's birth was registered. Among those whose births are not registered, cost, travel distance, and lack of knowledge do not appear to be the main reasons.

### **Orphanhood and living arrangements of children**

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

In Myanmar, 93.2 percent of children aged 0-14 are living with both parents (Table 26). Only 1.3 percent - are living with their mother only although their father is alive. About 0.8 percent are living with neither parent although both parents are alive. Children who are not living with a biological parent comprise 1.6 percent and children who have one or both parents dead amount to 4.3 percent of all children aged 0-14. Older children are more likely to live away without their biological parents than younger children. While only 0.5 percent of children under age five are not living with a biological parent, 2.7 percent of children aged 10-14 do so.

## **G. Recommendations**

It is recommended that the data generated by MICS be used in the following ways:

- ➔ For wide dissemination and advocacy at all levels (from central decision makers to those implementing at the grassroots level) through meetings, seminars, workshops and publications;
- ➔ For reporting progress toward achieving national and global goals for children;
- ➔ For initiating a policy dialogue about social sector planning among government departments, UN agencies, donors and NGOs;
- ➔ For advocacy at all levels to reduce regional disparities;
- ➔ For sub-national and local planning to achieve social sector goals;
- ➔ For reviewing and revising strategies used in programmes to achieve the decade goals for children and women;
- ➔ For reallocating government and international resources (including human and financial resources as well as supplies and equipment) to areas requiring special attention.



**Table 1: Number of households and women, and response rates, Myanmar, 2000**

	Urban	Rural	Total
Number of households:			
Sampled	5644	19956	25600
Occupied	5642	19954	25596
Interviewed	5634	19912	25546
Response rate	99.9	99.8	99.8
Number of women:			
Eligible	9075	28074	37149
Interviewed	9075	28074	37149
Response rate	100.0	100.0	100.0
Number of Children < 5			
Number completed	2798	11643	14441
Percent completed	100.0	100.0	100.0

Table 2: Single year age distribution of household population by sex, Myanmar, 2000

Age	Male		Female	
	Number	Percent	Number	Percent
0	1483	2.4	1491	2.2
1	1271	2.0	1237	1.8
2	1244	2.0	1284	1.9
3	1375	2.2	1331	2.0
4	1206	1.9	1088	1.6
5	1184	1.9	1183	1.8
6	1584	2.5	1509	2.2
7	1460	2.3	1460	2.2
8	1388	2.2	1419	2.1
9	1256	2.0	1157	1.7
10	1494	2.4	1366	2.0
11	1202	1.9	1202	1.8
12	1505	2.4	1435	2.1
13	1351	2.2	1283	1.9
14	1276	2.0	1301	1.9
15	1356	2.2	1320	2.0
16	1417	2.3	1503	2.2
17	1275	2.0	1214	1.8
18	1444	2.3	1578	2.3
19	1140	1.8	1224	1.8
20	1452	2.3	1655	2.5
21	983	1.6	1178	1.8
22	1138	1.8	1247	1.9
23	1105	1.8	1202	1.8
24	964	1.5	1116	1.7
25	1290	2.1	1404	2.1
26	932	1.5	1176	1.8
27	1000	1.6	1111	1.7
28	987	1.6	1220	1.8
29	846	1.4	987	1.5
30	1389	2.2	1545	2.3
31	865	1.4	1018	1.5
32	1051	1.7	1194	1.8
33	848	1.4	955	1.4
34	723	1.2	790	1.2
35	1122	1.8	1230	1.8
36	802	1.3	930	1.4
37	817	1.3	870	1.3
38	827	1.3	966	1.4

**Table 2: (Continued) Single year age distribution of household population by sex, Myanmar, 2000**

Age	Male		Female	
	Number	Percent	Number	Percent
39	653	1.0	745	1.1
40	1063	1.7	1237	1.8
41	649	1.0	630	0.9
42	805	1.3	846	1.3
43	650	1.0	740	1.1
44	552	0.9	604	0.9
45	830	1.3	1023	1.5
46	610	1.0	606	0.9
47	597	1.0	602	0.9
48	572	0.9	664	1.0
49	415	0.7	443	0.7
50	725	1.2	895	1.3
51	435	0.7	501	0.7
52	548	0.9	548	0.8
53	393	0.6	474	0.7
54	325	0.5	329	0.5
55	466	0.7	562	0.8
56	349	0.6	426	0.6
57	266	0.4	334	0.5
58	302	0.5	358	0.5
59	241	0.4	226	0.3
60	526	0.8	685	1.0
61	268	0.4	293	0.4
62	333	0.5	410	0.6
63	267	0.4	346	0.5
64	271	0.4	282	0.4
65	443	0.7	494	0.7
66	223	0.4	271	0.4
67	275	0.4	364	0.5
68	184	0.3	255	0.4
69	135	0.2	164	0.2
70+	1817	2.9	2417	3.6
Missing/DK	30	0.0	23	0.0
Total	62270	100.0	67178	100.0

**Table 3: Percentage of cases missing information for selected questions, Myanmar, 2000**

<b>Question</b>	<b>Reference population</b>	<b>Percent missing</b>	<b>Number</b>
Level of education	Household members	0.0	95108
Year of education	Household members	0.0	95108
Date of last tetanus toxoid injection	Women with a life birth in the last year	0.0	124
Complete birth date	Children under 5	0.0	14441
Diarrhoea in last two weeks	Children under 5	0.0	14441
Weight	Children under 5	0.0	8010
Height	Children under 5	0.0	8010

Table 4: Percent distribution of households by background characteristics, Myanmar, 2000

		Area		Total
		Urban	Rural	
Region	Kachin	5.7	6.4	6.2
	Kayah	7.5	5.9	6.2
	Kayin	2.4	7.3	6.3
	Chin	4.4	6.7	6.3
	Mon	8.1	5.7	6.2
	Rakhine	4.1	6.8	6.2
	Shan (North)	5.0	6.6	6.2
	Shan (East)	4.7	6.7	6.2
	Shan (South)	5.7	6.4	6.2
	Ayeyarwady	4.0	6.9	6.2
	Bago	5.3	6.5	6.2
	Magway	4.1	6.8	6.2
	Mandalay	7.4	5.9	6.2
	Sagaing	4.4	6.8	6.2
	Tanintharyi	7.3	6.0	6.2
	Yangon	20.0	2.5	6.2
Number of HH members	1	1.5	1.6	1.5
	2 to 3	19.6	21.8	21.3
	4 to 5	38.1	37.5	37.6
	6 to 7	26.0	25.7	25.7
	8 to 9	9.7	9.9	9.9
	10+	5.2	3.6	3.9
At least one child age < 15		71.0	75.7	74.7
At least one child age < 5		39.8	44.7	43.6
At least one woman age 15-49		92.3	91.2	91.4
Percentage of total households		21.5	78.5	100.0
Weighted Number		5501	20046	25547
Unweighted Number		5634	19911	25545

**Table 5: Percent distribution of women 15-49 by background characteristics, Myanmar, 2000**

		Area		Total
		Urban	Rural	
Region	Kachin	6.6	7.4	7.2
	Kayah	7.2	5.8	6.1
	Kayin	2.7	7.6	6.4
	Chin	4.2	6.1	5.7
	Mon	8.2	6.3	6.8
	Rakhine	4.1	6.6	6.0
	Shan (North)	5.6	6.6	6.4
	Shan (East)	5.0	6.3	6.0
	Shan (South)	6.0	6.1	6.0
	Ayeyarwady	3.5	6.3	5.7
	Bago	4.8	6.1	5.8
	Magway	4.0	6.6	6.0
	Mandalay	7.8	6.2	6.6
	Sagaing	4.3	7.5	6.7
	Tanintharyi	7.4	6.2	6.5
	Yangon	18.4	2.4	6.2
Age	15 - 19	15.2	17.1	16.6
	20 - 24	17.5	18.5	18.3
	25 - 29	15.5	15.8	15.7
	30 - 34	17.4	15.0	15.6
	35 - 39	13.3	12.6	12.7
	40 - 44	11.6	12.2	12.1
	45 - 49	9.4	8.9	9.0
Marital status	Currently married	48.9	55.4	53.8
	Formerly married	5.5	5.9	5.8
	Never married	45.6	38.7	40.4
Education Level	Below primary	5.8	22.5	18.5
	Primary	25.1	49.6	43.8
	Secondary +	69.1	27.9	37.7
Total		100	100	100
Weighted number		8866	28286	37152
Unweighted number		9080	28069	37149



**Table 6: Percent distribution of children under 5 by background characteristics, Myanmar, 2000**

		Area		Total
		Urban	Rural	
Region	Kachin	7.9	8.3	8.2
	Kayah	9.0	7.0	7.4
	Kayin	2.8	8.7	7.6
	Chin	4.6	7.5	6.9
	Mon	8.1	5.9	6.3
	Rakhine	4.9	8.7	8.0
	Shan (North)	5.4	6.7	6.4
	Shan (East)	5.3	6.0	5.9
	Shan (South)	4.6	6.4	6.1
	Ayeyarwady	3.9	5.7	5.4
	Bago	4.3	4.9	4.8
	Magway	3.0	5.0	4.7
	Mandalay	6.3	4.6	5.0
	Sagaing	3.7	6.1	5.7
	Tanintharyi	7.6	6.5	6.7
	Yangon	18.6	1.9	5.1
Sex	Male	50.4	49.4	49.5
	Female	49.6	50.6	50.5
Age	< 6 months	9.7	10.4	10.2
	6-11 months	11.4	11.8	11.8
	12-23 months	19.8	19.6	19.7
	24-35 months	18.9	19.8	19.7
	36-47 months	21.7	21.0	21.1
	48-59 months	18.4	17.4	17.6
Mother's education level	Below primary	8.3	28.2	24.4
	Primary	33.2	52.4	48.8
	Secondary +	58.5	19.4	26.8
Total	100.0	100.0	100.0	
Weighted number		2734	11709	14443
Unweighted number		2798	11643	14441

**Table 7: Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme, Myanmar, 2000**

		Attending program	Number of children
Region	Kachin	11.1	465
	Kayah	12.6	459
	Kayin	0.4	415
	Chin	11.2	362
	Mon	8.1	344
	Rakhine	6.0	435
	Shan (North)	11.3	348
	Shan (East)	5.0	325
	Shan (South)	13.0	343
	Ayeyarwady	4.6	278
	Bago	8.2	232
	Magway	5.1	274
	Mandalay	10.9	303
	Sagaing	10.9	322
	Tanintharyi	4.2	393
	Yangon	22.2	272
Area	Urban	25.0	1094
	Rural	5.1	4476
Sex	Male	8.8	2825
	Female	10.1	2745
Age	36-47 months	7.1	3039
	48-59 months	12.3	2531
Mother's education level	Below primary	2.9	1382
	Primary	5.9	2728
	Secondary +	21.2	1460
Total		9.4	5570

**Table 8: Percentage of children of primary school age attending primary school, Myanmar, 2000 (primary school age = 5-9 year)**

		Male		Female		Total	
		Attending	Number	Attending	Number	Attending	Number
Region	Kachin	88.2	528	85.0	497	86.7	1025
	Kayah	78.0	574	79.9	523	78.9	1097
	Kayin	65.2	575	70.4	565	67.7	1140
	Chin	77.6	602	70.0	541	74.0	1142
	Mon	79.6	515	83.2	499	81.4	1014
	Rakhine	55.1	552	51.8	570	53.4	1122
	Shan (North)	50.5	474	54.6	430	52.4	904
	Shan (East)	47.5	443	46.1	421	46.8	964
	Shan (South)	68.2	512	73.3	433	70.5	944
	Ayeyarwady	79.7	371	81.3	360	80.5	730
	Bago	87.6	411	88.5	400	88.0	811
	Magway	88.2	445	84.1	447	86.2	892
	Mandalay	87.0	445	86.4	426	86.7	871
	Sagaing	88.7	482	87.5	489	88.1	972
	Tanintharyi	88.8	531	91.1	514	89.9	1045
	Yangon	87.0	382	87.2	340	87.1	722
Area	Urban	90.3	1520	90.2	1364	90.3	2883
	Rural	77.0	6322	77.6	6090	77.3	12412
Age	5 years	64.1	1789	64.9	1670	64.5	3459
	6 years	82.8	1596	82.6	1551	82.7	3147
	7 years	86.3	1502	85.2	1530	85.8	3032
	8 years	85.4	1302	87.5	1184	86.4	2486
	9 years	83.4	1653	82.7	1519	83.1	3172
Total		79.9	7841	80.1	7454	80.0	15295

**Table 9: Percentage of children entering Kindergarten of primary school who eventually reach grade 4, Myanmar, 2000**

		Percent in KG reaching grade 1	Percent in grade 1 reaching grade 2	Percent in grade 2 reaching grade 3	Percent in grade 3 reaching grade 4	Percent reaching grade 4 of those who enter KG
Region	Kachin	83.0	93.3	94.0	93.6	68.1
	Kayah	86.2	94.7	98.2	97.1	77.8
	Kayin	82.9	95.0	95.1	95.6	71.6
	Chin	78.7	91.7	95.5	95.7	65.9
	Mon	83.8	95.4	92.2	94.1	69.4
	Rakhine	90.3	93.2	94.3	95.6	75.9
	Shan (North)	82.3	95.7	95.5	93.9	70.6
	Shan (East)	89.5	93.6	91.0	93.2	71.0
	Shan (South)	87.5	97.3	90.3	96.6	74.3
	Ayeyarwady	82.1	93.5	96.1	94.1	69.4
	Bago	84.3	94.6	97.0	97.7	75.5
	Magway	79.5	96.0	95.5	97.2	70.8
	Mandalay	90.9	97.1	96.5	96.0	81.9
	Sagaing	86.8	98.0	98.1	95.1	79.4
	Tanintharyi	97.2	98.2	99.3	97.9	92.7
Yangon	79.0	98.2	96.0	98.5	73.3	
Sex	Male	83.9	95.8	95.5	97.7	74.9
	Female	86.1	96.0	96.0	94.4	74.9
Area	Urban	80.5	97.4	96.5	98.3	74.4
	Rural	86.1	95.5	95.6	95.5	75.0
	Total	84.9	95.9	95.8	96.1	75.0

Table 10: Percentage of the population aged 15 years and older who is literate, Myanmar,

		Male			Female		
		Literate	Not known	Number	Literate	Not known	Number
Region	Kachin	90.0	0.1	2880	82.2	0.2	3353
	Kayah	83.7	1.5	2539	73.4	1.9	2756
	Kayin	79.0	0.0	2583	68.7	0.0	2926
	Chin	84.1	0.7	2442	65.7	1.8	2576
	Mon	91.9	0.1	2894	84.5	0.1	3258
	Rakhine	79.3	1.1	2450	63.1	1.4	2731
	Shan (North)	74.2	1.1	2697	61.7	1.3	2920
	Shan (East)	49.7	1.7	2638	30.0	2.0	2759
	Shan (South)	88.3	0.2	2434	67.8	0.3	2747
	Ayeyarwady	98.1	0.0	2461	95.0	0.1	2683
	Bago	98.8	0.0	2588	93.8	0.0	2870
	Magway	98.3	0.0	2554	87.1	0.0	2999
	Mandalay	99.0	0.1	2816	92.4	0.2	3222
	Sagaing	96.2	0.0	2664	89.8	0.0	3207
	Tanintharyi	96.6	0.0	2674	94.0	0.0	3078
	Yangon	98.2	0.0	2674	94.7	0.0	2971
Area	Urban	97.9	0.1	9715	93.3	0.1	11291
	Rural	92.3	0.2	32272	83.6	0.3	35762
Age	15-24	95.6	0.1	12450	93.2	0.2	13648
	25-34	94.9	0.2	10154	90.2	0.2	11529
	35-44	93.4	0.2	7981	86.9	0.2	8725
	45-54	93.2	0.2	5319	84.1	0.3	5898
	55-64	89.7	0.4	3230	73.8	0.4	3741
	65+	88.1	0.3	2853	64.6	0.4	3512
Total		93.7	0.2	41987	86.2	0.2	47053

**Table 10: (Continued) Percentage of the population aged 15 years and older who is literate, Myanmar, 2000**

		Total		
		Literate	Not known	Number
Region	Kachin	85.8	0.2	6233
	Kayah	78.4	1.7	5295
	Kayin	73.5	0.0	5509
	Chin	74.7	1.2	5017
	Mon	88.0	0.1	6152
	Rakhine	70.8	1.3	5180
	Shan (North)	67.7	1.2	5617
	Shan (East)	40.6	0.9	5397
	Shan (South)	77.4	0.3	5181
	Ayeyarwady	96.5	0.1	5144
	Bago	96.2	0.0	5458
	Magway	92.3	0.0	5552
	Mandalay	95.5	0.1	6037
	Sagaing	92.7	0.0	5871
	Tanintharyi	95.2	0.0	5752
	Yangon	96.3	0.0	5645
	Area	Urban	95.4	0.1
Rural		87.7	0.3	68034
Age	15-24	94.4	0.2	26098
	25-34	92.4	0.2	21683
	35-44	90.0	0.2	16706
	45-54	88.4	0.2	11216
	55-64	81.0	0.4	6972
	65+	74.8	0.4	6365
<b>Total</b>		<b>89.7</b>	<b>0.2</b>	<b>89040</b>



Table 11: Percentage of the population with access to safe drinking water, Myanmar, 2000

		Main source of water						
		Piped into dwelling	Public tap	Tubewell/ borehole with pump	Protected dug well/ spring	Protected pond	Protected Rain water	Un- protected dug well/ spring
Region	Kachin	5.8	8.1	13.4	47.3	0.3	0.1	13.0
	Kayah	5.7	13.4	3.4	28.7	10.9	0.5	12.7
	Kayin	0.0	1.4	5.1	36.3	0.2	0.0	46.9
	Chin	4.7	12.5	0.1	24.1	0.5	0.0	4.9
	Mon	0.8	1.8	5.8	47.1	10.7	0.2	25.7
	Rakhine	3.6	3.5	6.7	14.9	18.3	0.0	13.7
	Shan (North)	10.6	7.2	1.5	53.6	2.5	0.4	15.6
	Shan (East)	3.1	4.7	7.9	40.5	0.2	0.0	38.3
	Shan (South)	5.7	10.9	6.5	27.0	5.3	2.8	23.1
	Ayeyarwady	1.7	8.7	17.7	20.5	9.7	1.9	3.1
	Bago	3.3	4.0	44.3	22.3	8.8	0.2	6.9
	Magway	3.6	5.4	39.1	25.8	2.7	0.3	5.5
	Mandalay	13.1	2.9	31.1	26.1	3.3	0.7	8.4
	Sagaing	2.0	13.1	26.7	33.8	2.6	0.3	5.7
	Tanintharyi	10.9	3.7	6.9	29.9	0.3	0.1	47.8
	Yangon	19.9	8.9	36.7	5.5	19.5	0.1	0.0
Area	Urban	21.2	9.4	36.3	19.0	3.1	0.3	3.2
	Rural	2.0	5.7	19.9	28.6	8.9	0.7	13.4
Total		6.7	6.6	23.9	26.3	7.4	0.6	10.9

**Table 11: (Continued) Percentage of the population with access to safe drinking water, Myanmar, 2000**

		Main source of water					Total	Total with Safe drinking water	Number of persons
Region		Un-protected pond	Un-protected rain water	River/ Stream	Other	Missing/ DK			
Kachin		0.6	0.1	10.8	0.5	0.0	100	75.0	9414
Kayah		2.1	0.2	22.5	0.0	0.0	100	62.6	8338
Kayin		0.7	0.1	7.5	1.7	0.0	100	43.1	8759
Chin		3.7	0.1	46.4	3.0	0.0	100	41.9	8096
Mon		5.0	0.0	2.1	0.8	0.0	100	66.4	9056
Rakhine		33.2	0.0	6.0	0.0	0.0	100	47.0	8476
Shan (North)		2.8	0.0	5.6	0.2	0.0	100	75.9	8148
Shan (East)		0.6	0.1	0.8	3.9	0.0	100	56.3	7822
Shan (South)		4.7	0.0	10.4	3.5	0.0	100	58.4	7814
Ayeyarwady		15.8	1.0	17.8	2.1	0.0	100	60.2	7398
Bago		8.1	0.1	1.9	0.1	0.0	100	82.9	7749
Magway		4.4	0.0	12.6	0.7	0.0	100	76.8	7957
Mandalay		6.7	0.1	7.5	0.0	0.0	100	77.2	8400
Sagaing		4.2	0.1	8.8	2.7	0.0	100	78.5	8492
Tanintharyi		0.3	0.0	0.1	0.0	0.0	100	51.8	8768
Yangon		7.8	0.0	0.0	1.6	0.0	100	90.6	7772
Area	Urban	3.1	0.1	1.8	2.6	0.0	100	89.2	29245
	Rural	9.9	0.2	10.0	0.7	0.0	100	65.8	103221
<b>Total</b>		<b>8.2</b>	<b>0.2</b>	<b>8.0</b>	<b>1.2</b>	<b>0.0</b>	<b>100</b>	<b>71.5</b>	<b>132466</b>

**Table 12: Percentage of the population with access to sanitary means of excreta disposal, Myanmar, 2000**

		Type of toilet facility					Total	Total with sanitary means of excreta disposal	No. of person
		Flush to sewage system or septic tank	Improved pit latrine	Traditional pit latrine	Surface latrine	No facilities/ bush/field			
Region	Kachin	5.1	74.7	17.3	1.8	1.1	100.0	79.8	9414
	Kayah	0.5	54.8	35.4	3.4	5.8	100.0	55.3	8338
	Kayin	3.8	42.5	19.8	1.6	32.4	100.0	46.3	8759
	Chin	1.2	58.1	32.6	1.7	6.4	100.0	59.3	8096
	Mon	3.8	68.2	4.9	5.2	17.9	100.0	72.0	9056
	Rakhine	0.2	21.4	9.2	15.6	53.7	100.0	21.6	8476
	Shan(North)	5.4	48.6	37.4	3.9	4.8	100.0	53.9	8148
	Shan(East)	0.5	52.3	6.8	0.2	40.3	100.0	52.7	7822
	Shan(South)	9.2	51.2	37.0	1.1	1.6	100.0	60.3	7817
	Ayeyarwady	0.2	54.8	11.6	19.7	13.8	100.0	54.9	7398
	Bago	4.7	61.6	9.9	14.6	9.2	100.0	66.3	7749
	Magway	3.4	56.3	26.4	2.5	11.5	100.0	59.7	7957
	Mandalay	4.9	65.8	13.8	1.0	14.4	100.0	70.7	8407
	Sagaing	1.9	74.4	9.4	0.0	14.2	100.0	76.3	8492
	Tanintharyi	5.2	62.6	15.3	8.1	8.7	100.0	67.8	8768
	Yangon	22.7	50.6	11.5	10.9	4.2	100.0	73.4	7772
Area	Urban	19.1	64.5	10.3	4.5	1.6	100.0	83.6	29245
	Rural	1.1	55.4	16.8	8.5	18.1	100.0	56.5	103221
Total		5.5	57.6	15.3	7.6	14.1	100.0	63.1	132466

**Table 13: Percentage of under-five children who are severely or moderately undernourished, Myanmar, 2000**

		Weight for age		Height for age		Weight for height		No. of children
		Percent below - 2 SD	Percent below - 3 SD	Percent below - 2 SD	Percent below - 3 SD	Percent below - 2 SD	Percent below - 3 SD	
		Region						
	Kachin	27.3	7.7	32.9	11.6	12.3	3.8	612
	Kayah	35.9	6.7	43.1	14.0	8.1	1.1	616
	Kayin	40.1	9.9	40.8	17.2	9.0	1.0	643
	Chin	41.3	9.0	44.0	22.1	11.1	0.9	536
	Mon	33.5	5.8	31.7	7.8	6.6	0.6	498
	Rakhine	48.1	16.9	46.4	20.3	14.4	3.7	679
	Shan (North)	22.1	3.7	35.0	12.0	2.4	0.2	462
	Shan (East)	38.7	8.7	40.8	23.2	10.1	1.4	426
	Shan (South)	35.6	9.7	39.9	14.8	9.9	1.6	495
	Ayeyarwady	36.8	6.7	35.0	12.5	7.8	0.5	436
	Bago	37.4	8.6	32.5	10.7	8.8	0.3	385
	Magway	36.5	5.7	33.2	10.4	12.5	2.1	384
	Mandalay	31.2	6.9	27.4	10.9	8.8	0.2	366
	Sagaing	31.5	5.8	29.5	9.8	8.6	1.6	498
	Tanintharyi	40.1	15.7	44.3	22.3	11.6	3.0	542
	Yangon	35.4	5.8	26.8	8.3	9.9	0.2	432
Area	Urban	29.6	5.5	25.5	7.6	8.3	0.8	1527
	Rural	37.0	8.6	36.3	13.8	9.7	1.3	6483
Sex	Male	35.3	7.5	33.9	12.9	9.9	1.4	4015
	Female	35.4	8.2	34.0	11.9	8.9	1.0	3995
Age	< 6 months	3.6	0.5	6.9	1.3	1.8	0.2	779
	6-11 months	21.7	6.7	19.8	6.0	7.4	1.8	945
	12-23 months	40.2	10.8	36.3	12.4	15.2	2.1	1561
	24-35 months	43.2	9.0	35.9	13.0	9.7	0.5	1589
	36-47 months	38.5	7.1	39.0	14.7	8.3	0.9	1692
	48-59 months	43.9	8.9	47.4	19.4	9.5	1.4	1425
Mother's education level								
	Below primary	44.2	14.1	46.6	20.1	12.3	1.9	1912
	Primary	36.0	7.3	34.8	12.6	8.7	0.9	3934
	Secondary +	28.8	5.3	24.7	7.6	9.1	1.4	2164
<b>Total</b>		<b>35.3</b>	<b>7.9</b>	<b>33.9</b>	<b>12.4</b>	<b>9.4</b>	<b>1.2</b>	<b>8010</b>

**Table 14: Percent of living children by breastfeeding status, Myanmar, 2000**

		Percent of Children 0-3 months exclusively breastfed	Number of Children 0-3 months	Percent of Children 6-9 months receiving complementary food	Number of Children 6-9 months
Region	Kachin	28.2	85	57.1	91
	Kayah	10.3	68	66.6	72
	Kayin	13.6	67	61.9	88
	Chin	33.3	63	50.8	67
	Mon	9.3	54	70.4	81
	Rakhine	3.2	95	70.2	84
	Shan (North)	25.1	56	59.9	80
	Shan (East)	24.3	37	67.5	80
	Shan (South)	32.8	55	68.5	73
	Ayeyarwady	15.3	65	59.0	61
	Bago	5.8	52	59.1	49
	Magway	12.6	47	86.2	43
	Mandalay	19.5	47	76.8	71
	Sagaing	22.4	45	74.8	71
	Tanintharyi	3.7	54	69.2	78
	Yangon	19.5	51	59.4	69
Area	Urban	17.5	171	66.2	209
	Rural	15.3	771	67.6	949
Sex	Male	12.6	448	68.3	561
	Female	18.9	494	66.3	597
Mother's education level	Below primary	12.0	221	67.1	257
	Primary	15.1	464	67.5	570
	Secondary +	19.1	258	67.0	331
<b>Total</b>		<b>15.8</b>	<b>942</b>	<b>67.3</b>	<b>1158</b>

**Table 14: (Continued) Percent of living children by breastfeeding status, Myanmar, 2000**

		Percent of Children 12-15 months breastfed	Number of Children 12-15 months	Percent of Children 20-23 months breastfed	Number of Children 20-23 months
Region	Kachin	68.7	80	26.6	45
	Kayah	87.7	73	30.9	68
	Kayin	90.5	84	68.1	51
	Chin	85.8	85	56.4	64
	Mon	85.7	77	46.2	52
	Rakhine	90.9	110	80.4	51
	Shan (North)	74.6	75	37.8	32
	Shan (East)	72.8	70	37.8	37
	Shan (South)	86.4	66	56.4	32
	Ayeyarwady	87.1	62	71.6	53
	Bago	96.4	55	77.8	45
	Magway	94.3	36	86.9	60
	Mandalay	87.6	47	77.2	39
	Sagaing	93.2	58	63.6	47
	Tanintharyi	86.5	74	63.6	63
	Yangon	96.5	56	51.6	37
Area	Urban	91.2	216	53.3	132
	Rural	88.3	893	70.7	643
Sex	Male	89.3	551	69.2	392
	Female	88.6	558	65.6	383
Mother's education level					
	Below primary	86.4	294	63.1	174
	Primary	90.1	528	71.4	396
	Secondary +	88.6	287	60.8	205
Total		89.0	1109	67.4	775



**Table 15: Percentage of households consuming adequately iodized salt, Myanmar, 2000**

		Percent of households with no salt	Percent of households in which salt was tested	Percent of households with salt testing			Number of households interviewed
				No iodine	<15 PPM	15+ PPM	
Region	Kachin	0.6	98.4	17.3	28.2	54.6	1597
	Kayah	0.2	99.7	15.3	32.5	52.2	1597
	Kayin	0.5	99.2	25.1	47.9	27.0	1595
	Chin	4.3	94.2	37.2	30.4	32.4	1571
	Mon	1.7	97.8	25.9	23.9	50.2	1600
	Rakhine	0.4	99.4	52.8	32.1	15.1	1600
	Shan(North)	0.1	99.8	20.5	28.4	51.0	1592
	Shan(East)	0.3	99.4	33.2	13.3	53.5	1600
	Shan(South)	0.0	99.8	9.9	23.5	66.6	1599
	Ayeyarwady	1.6	97.9	35.6	29.5	34.9	1600
	Bago	0.6	99.2	25.3	25.0	49.7	1596
	Magway	0.5	99.3	18.9	28.8	52.3	1600
	Mandalay	0.3	99.3	22.7	20.0	57.2	1600
	Sagaing	0.4	99.5	30.0	30.9	39.1	1599
	Tanintharyi	0.2	99.8	56.3	16.5	27.2	1600
	Yangon	0.9	98.5	6.6	17.4	76.0	1600
Area	Urban	0.8	98.9	12.4	20.5	67.2	5634
	Rural	0.7	98.9	29.8	27.7	42.5	19912
Total		0.7	98.9	25.7	25.9	48.4	25546

**Table 16: Percent distribution of children aged 6-59 months by whether they have received a high dose of Vitamin A supplement in the last 6 months, Myanmar, 2000**

		Percent of children who received Vitamin A:			Not sure if received	Never received	Total	Number of Children
		Within last 6 months	Prior to last 6 months	Not sure when				
Region	Kachin	74.1	0.6	5.2	3.9	16.2	100	1050
	Kayah	64.9	0.3	8.8	1.0	24.9	100	965
	Kayin	61.2	1.2	5.9	2.5	29.2	100	989
	Chin	65.1	0.9	4.6	3.3	26.2	100	894
	Mon	75.1	1.0	2.8	0.4	20.7	100	821
	Rakhine	51.5	0.6	10.9	3.1	33.9	100	1007
	Shan (North)	60.1	0.4	8.6	1.7	29.3	100	837
	Shan (East)	32.5	4.2	15.2	0.3	47.9	100	772
	Shan (South)	54.6	0.8	4.8	2.3	37.5	100	772
	Ayeyarwady	64.6	1.2	6.1	1.5	26.6	100	678
	Bago	60.5	1.3	16.8	1.1	20.2	100	613
	Magway	83.0	0.3	3.2	0.7	12.8	100	601
	Mandalay	73.9	1.6	3.5	0.7	20.4	100	629
	Sagaing	78.7	0.8	5.7	0.6	14.2	100	742
	Tanintharyi	81.6	0.2	0.0	0.0	18.1	100	877
	Yangon	77.1	0.5	1.1	1.4	20.0	100	656
Area	Urban	72.3	0.9	5.0	1.2	20.6	100	2461
	Rural	67.7	1.0	6.5	1.4	23.5	100	10442
Sex	Male	69.0	1.0	5.8	1.3	22.9	100	6425
	Female	68.3	0.9	6.5	1.4	22.9	100	6478
Age	6-11 months	23.6	0.6	2.6	1.7	71.5	100	1669
	12-23 months	70.9	0.8	4.7	1.1	22.5	100	2827
	24-35 months	77.8	0.7	7.2	1.1	13.1	100	2826
	36-47 months	75.6	1.4	7.5	1.4	14.2	100	3029
	48-59 months	77.6	1.1	7.5	1.6	12.2	100	2529
Mother's education level	Below primary	56.0	0.8	7.5	2.3	33.5	100	3162
	Primary	70.8	0.9	6.1	1.3	20.8	100	6290
	Secondary +	71.6	1.0	5.5	1.0	20.9	100	3451
Total		68.7	0.9	6.2	1.4	22.9	100	12903

**Table 17: Percentage of children age 12-23 months immunized against childhood disease at any time before the survey and before the first birthday, Myanmar, 2000**

	Percentage of children who received:										No. of children
	BCG	DPT1	DPT2	DPT3	Polio 1	Polio 2	Polio 3	Measles	All	None	
Vaccinated at any time before the survey											
According to :											
Vaccination card	51.4	51.3	50.1	47.3	51.1	49.4	46.8	47.0	45.0	0.8	1300
Mother's report	42.0	41.1	39.1	35.6	45.3	45.3	42.9	40.2	34.9	2.2	1531
Either	93.4	92.4	89.2	82.9	96.4	94.7	89.7	87.2	79.9	3.0	2831
Vaccinated by 12 months of age	98.3	98.4	97.9	95.9	98.5	98.3	96.4	92.6	89.9	0.8	1300

**Table 18: Percentage of children age 12-23 months currently vaccinated against childhood diseases, Myanmar, 2000**

		BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3
Region	Kachin	96.0	96.0	89.0	85.0	94.7	88.5	84.1
	Kayah	89.1	90.2	79.3	62.8	95.9	88.6	77.3
	Kayin	75.9	73.6	65.1	59.9	88.3	85.2	72.8
	Chin	66.7	66.2	65.3	63.8	82.2	80.7	72.8
	Mon	96.5	96.5	92.0	86.5	97.5	95.5	90.5
	Rakhine	86.4	83.7	79.2	74.6	95.9	92.3	86.9
	Shan (North)	86.3	86.2	78.6	72.6	94.0	91.8	85.2
	Shan (East)	76.2	71.0	60.7	50.4	84.5	84.5	74.9
	Shan (South)	87.4	87.4	78.0	74.8	88.0	86.2	77.3
	Ayeyarwady	91.3	90.7	88.9	81.5	96.3	93.8	91.3
	Bago	96.7	96.0	95.3	93.3	98.0	98.0	95.3
	Magway	97.7	97.7	97.7	92.4	99.2	98.4	96.9
	Mandalay	100.0	97.7	94.4	83.8	100.0	100.0	96.6
	Sagaing	98.7	97.5	96.3	87.1	98.1	98.1	88.9
	Tanintharyi	97.1	96.6	95.6	92.2	100.0	99.5	98.5
	Yangon	98.5	97.8	94.9	89.0	98.5	94.9	90.5
Area	Urban	96.7	95.6	92.3	85.8	97.9	95.2	91.1
	Rural	92.5	91.5	88.2	82.1	96.0	94.5	89.2
Sex	Male	93.5	92.3	89.5	82.9	96.5	95.0	89.4
	Female	93.4	92.6	88.8	83.0	96.4	94.3	90.1
Mother's education level								
	Below primary	81.6	79.8	74.2	68.6	90.9	88.2	79.9
	Primary	95.2	94.2	90.7	84.2	97.3	95.2	90.6
	Secondary +	96.8	96.3	94.7	88.6	98.0	97.3	93.8
Total		93.4	92.4	89.1	82.9	96.4	94.7	89.7

**Table 18: (Continued) Percentage of children age 12-23 months currently vaccinated against childhood diseases, Myanmar, 2000**

		Measles	All	None	% with health card	Number of children
Region	Kachin	85.9	80.2	3.1	45.7	227
	Kayah	67.5	55.6	1.6	65.4	194
	Kayin	70.6	56.4	9.4	53.5	227
	Chin	65.3	61.8	15.9	22.7	202
	Mon	86.5	80.0	2.0	64.5	200
	Rakhine	81.9	73.3	3.6	25.3	221
	Shan (North)	75.9	68.8	5.5	42.6	182
	Shan (East)	62.6	47.8	14.2	31.0	155
	Shan (South)	78.6	71.1	12.0	28.2	159
	Ayeyarwady	88.9	79.0	3.1	33.0	162
	Bago	91.3	89.3	2.0	61.8	149
	Magway	94.8	89.3	0.0	82.7	126
	Mandalay	95.4	82.2	0.0	56.0	123
	Sagaing	90.1	85.9	1.3	74.3	165
	Tanintharyi	93.2	88.8	0.0	8.9	203
	Yangon	89.1	84.7	1.5	64.0	137
Area	Urban	86.6	81.8	2.0	65.3	542
	Rural	87.3	79.3	3.3	47.6	2290
Sex	Male	87.7	79.9	2.9	53.0	1406
	Female	86.6	79.8	3.1	50.1	1426
Mother's education level						
	Below primary	74.7	65.2	7.7	29.8	676
	Primary	88.5	81.4	2.3	53.7	1389
	Secondary +	91.4	85.3	1.9	59.9	767
Total		87.1	79.9	3.0	51.6	2832

**Table 19: Percentage of under-five children with diarrhea in the last two weeks and treatment with ORS or ORT, Myanmar, 2000**

		Had diarrhea in last two weeks	Children with Diarrhoea who received:					
			Breast milk	Gruel	Locally acceptable home fluid	ORS packet	Other milk or infant formula	Water with feeding
Region	Kachin	6.6	37.9	44.2	18.9	49.3	17.7	75.9
	Kayah	4.1	53.5	55.8	7.0	53.5	2.3	79.1
	Kayin	6.4	60.6	51.2	17.5	46.3	12.6	87.4
	Chin	6.0	63.4	58.3	11.6	29.9	18.3	58.4
	Mon	5.3	45.8	54.2	25.0	52.1	14.6	64.6
	Rakhine	6.7	68.0	26.9	19.3	43.6	18.0	85.9
	Shan (North)	1.9	54.9	66.5	10.8	33.0	11.1	66.5
	Shan (East)	2.9	64.0	88.0	12.0	20.1	12.0	72.0
	Shan (South)	4.0	45.7	48.5	17.0	17.1	17.1	85.7
	Ayeyarwady	4.5	71.4	34.3	25.6	45.8	8.5	68.6
	Bago	6.9	66.6	31.2	18.8	45.9	12.5	79.1
	Magway	3.0	75.5	39.6	30.2	34.5	5.0	80.0
	Mandalay	4.1	69.2	58.0	30.8	40.2	24.1	86.2
	Sagaing	4.4	75.3	61.1	8.5	44.8	8.5	80.8
	Tanintharyi	6.7	57.0	41.4	35.5	33.8	24.5	95.4
	Yangon	5.2	55.2	60.4	28.7	65.6	10.6	76.2
Area	Urban	4.0	59.7	58.8	35.6	70.0	19.4	79.4
	Rural	5.1	64.1	43.3	19.2	39.6	12.5	78.6
Sex	Male	4.8	65.9	49.0	20.5	50.3	15.0	79.3
	Female	5.0	60.9	43.2	23.6	39.8	12.4	78.2
Age	< 6 months	2.1	92.3	24.8	11.8	38.3	16.5	55.6
	6-11 months	6.6	92.1	31.5	14.1	36.9	11.4	75.8
	12-23 months	8.5	76.3	42.9	20.9	52.1	12.7	84.8
	24-35 months	6.1	50.2	53.2	26.6	51.6	16.4	73.7
	36-47 months	3.0	37.0	59.1	28.4	20.9	13.1	87.0
	48-59 months	2.2	15.1	57.9	23.7	52.6	13.6	73.8
Mother's education level	Below primary	6.0	59.8	41.8	12.4	38.4	12.2	83.0
	Primary	5.4	65.8	45.0	22.9	43.9	13.0	78.0
	Secondary +	3.2	58.9	54.1	29.7	55.4	17.7	76.6
Total		4.9	63.4	46.0	22.1	44.9	13.7	78.7

**Table 19: (Continued) Percentage of under-five children with diarrhea in the last two weeks and treatment with ORS or ORT, Myanmar, 2000**

		Number of children with diarrhea		
		Any recommended treatment	No treatment	
Region	Kachin	96.2	3.8	79
	Kayah	90.7	9.3	43
	Kayin	98.6	1.4	71
	Chin	100.0	0.0	60
	Mon	95.8	4.2	48
	Rakhine	98.7	1.3	78
	Shan (North)	100.0	0.0	18
	Shan (East)	100.0	0.0	25
	Shan (South)	100.0	0.0	35
	Ayeyarwady	100.0	0.0	35
	Bago	100.0	0.0	48
	Magway	100.0	0.0	20
	Mandalay	96.4	3.6	29
	Sagaing	97.3	2.7	36
	Tanintharyi	100.0	0.0	64
Yangon	100.0	0.0	38	
Area	Urban	99.7	0.3	102
	Rural	98.5	1.5	626
Sex	Male	98.9	1.1	364
	Female	98.6	1.4	364
Age	< 6 months	92.6	7.4	34
	6-11 months	98.3	1.7	124
	12-23 months	99.6	0.4	244
	24-35 months	98.7	1.3	161
	36-47 months	98.4	1.6	95
	48-59 months	99.8	0.2	69
Mother's education level	Below primary	99.4	0.6	193
	Primary	98.8	1.2	387
	Secondary +	97.9	2.1	148
Total		98.7	1.3	728



**Table 20: Percentage of under-five children with diarrhea in the last two weeks who took increased fluids and continued to feed during the episode, Myanmar, 2000**

		Had diarrhea in last two weeks	Children with diarrhea who:						
			Drank more	Drank same	Drank less	Total	Ate somewhat less, same or more	Ate much less or none	Total
Region	Kachin	6.6	25.3	57.0	17.7	100	83.5	15.3	100
	Kayah	4.1	25.6	53.5	21.0	100	88.4	11.6	100
	Kayin	6.4	22.4	62.1	15.5	100	85.6	14.4	100
	Chin	6.0	6.5	58.5	33.3	100	79.9	20.1	100
	Mon	5.3	4.2	87.5	6.3	100	91.7	6.3	100
	Rakhine	6.7	12.8	66.6	18.0	100	91.0	9.0	100
	Shan (North)	1.9	27.6	44.3	16.8	100	88.9	11.1	100
	Shan (East)	2.9	8.0	83.9	8.0	100	92.0	8.0	100
	Shan (South)	4.0	22.9	71.4	5.7	100	91.5	8.5	100
	Ayeyarwady	4.5	17.1	45.8	37.2	100	63.0	37.0	100
	Bago	6.9	10.4	56.2	33.4	100	72.9	27.1	100
	Magway	3.0	10.1	84.9	5.0	100	84.9	15.1	100
	Mandalay	4.1	20.5	44.6	34.8	100	75.9	24.1	100
	Sagaing	4.4	19.5	75.1	5.5	100	77.8	22.2	100
	Tanintharyi	6.7	7.7	53.8	38.5	100	80.0	20.0	100
	Yangon	5.2	18.3	73.8	7.9	100	89.3	10.7	100
Area	Urban	4.0	23.8	58.1	18.1	100	87.0	13.0	100
	Rural	5.1	14.2	63.6	21.5	100	79.1	20.7	100
Sex	Male	4.8	16.6	62.6	20.2	100	77.4	22.5	100
	Female	5.0	15.2	62.6	21.6	100	83.5	16.3	100
Age	< 6 months	2.1	7.5	79.4	13.1	100	69.4	30.6	100
	6-11 months	6.6	15.8	52.0	32.2	100	65.8	34.2	100
	12-23 months	8.5	13.4	64.6	20.9	100	76.6	22.9	100
	24-35 months	6.1	16.3	66.1	16.6	100	87.4	12.6	100
	36-47 months	3.0	16.4	62.1	21.5	100	91.3	8.7	100
	48-59 months	2.2	29.8	55.1	15.1	100	94.3	5.7	100
Mother's education level	Below primary	6.0	12.8	63.7	21.6	100	81.2	18.8	100
	Primary	5.4	13.9	63.2	22.5	100	79.4	20.3	100
	Secondary+	3.2	25.9	59.3	14.7	100	83.4	16.6	100
Total		4.9	15.9	62.6	20.9	100	80.5	19.3	100

**Table 20: (Continued) Percentage of under-five children with diarrhea in the last two weeks who took increased fluids and continued to feed during the episode, Myanmar, 2000**

		Received increased fluids and continued eating	Received increased or same amount of fluids and continued eating	Number of children with diarrhea
Region	Kachin	18.9	74.7	79
	Kayah	23.3	76.7	43
	Kayin	13.8	84.5	71
	Chin	6.5	58.3	60
	Mon	4.2	87.5	48
	Rakhine	11.6	75.6	78
	Shan (North)	16.5	71.9	18
	Shan (East)	4.0	92.0	25
	Shan (South)	20.1	88.6	35
	Ayeyarwady	11.3	54.4	35
	Bago	6.3	52.1	48
	Magway	10.1	79.9	20
	Mandalay	13.8	54.9	29
	Sagaing	8.2	83.5	36
	Tanintharyi	7.7	56.9	64
Yangon	13.0	86.7	38	
Area	Urban	18.0	77.3	102
	Rural	9.5	69.2	626
Sex	Male	10.3	70.5	364
	Female	11.7	70.6	364
Age	< 6 months	5.9	66.8	34
	6-11 months	6.4	56.9	124
	12-23 months	9.9	65.4	244
	24-35 months	8.9	79.7	161
	36-47 months	15.1	76.4	95
	48-59 months	28.4	84.9	69
Mother's education level	Below primary	9.8	71.7	193
	Primary	9.2	67.5	387
	Secondary +	18.7	79.6	148
Total		11.0	70.6	728

**Table 21: Percentage of under-five children with acute respiratory infection (ARI) in the last two weeks, and treatment given by health providers, Myanmar, 2000**

		Had severe ARI	Hospital	Health center	MCH	Private clinic	Health Staff	TMP
Region	Kachin	3.6	7.0	21.0	2.3	27.9	11.7	0.0
	Kayah	4.1	15.9	4.5	0.0	0.0	22.7	0.0
	Kayin	4.5	14.5	3.7	0.0	17.4	12.4	0.0
	Chin	6.3	7.9	6.4	11.0	6.4	17.5	0.0
	Mon	3.9	2.9	5.7	0.0	17.1	14.3	0.0
	Rakhine	7.7	2.3	10.1	1.1	20.3	15.7	2.2
	Shan (North)	0.9	12.6	12.6	0.0	12.1	12.6	12.6
	Shan (East)	1.6	0.0	7.1	7.2	7.1	35.7	0.0
	Shan (South)	1.6	0.0	7.2	0.0	14.1	28.6	0.0
	Ayeyarwady	3.5	3.7	3.7	0.0	14.6	14.9	7.3
	Bago	4.2	0.0	10.3	6.9	34.5	6.9	3.4
	Magway	2.0	0.0	0.0	0.0	38.5	7.7	7.7
	Mandalay	2.6	0.0	5.6	0.0	21.7	22.4	5.6
	Sagaing	1.7	0.0	7.1	0.0	21.9	21.3	0.0
	Tanintharyi	7.7	2.6	8.1	2.6	12.1	17.5	0.0
	Yangon	2.9	9.4	4.7	14.6	47.4	5.0	0.0
Area	Urban	2.7	6.3	6.3	3.0	49.6	4.7	3.1
	Rural	3.6	3.0	7.3	2.8	17.6	16.4	2.8
Sex	Male	3.5	3.3	7.8	2.7	25.4	13.8	2.9
	Female	3.3	3.9	6.5	3.0	20.6	15.0	2.8
Age	< 6 months	1.9	2.7	1.3	0.6	18.6	6.0	0.0
	6-11 months	5.3	1.0	5.2	3.1	29.6	22.6	2.9
	12-23 months	5.0	3.1	6.9	3.1	26.9	11.6	3.2
	24-35 months	3.5	3.1	6.9	2.4	23.9	16.7	5.2
	36-47 months	2.8	7.5	8.1	4.9	12.8	13.1	0.9
	48-59 months	1.6	5.2	15.9	0.0	20.0	8.0	2.4
Mother's education level								
	Below primary	4.2	3.3	11.4	0.9	10.7	10.7	1.7
	Primary	3.7	3.3	3.8	2.6	19.5	16.0	2.7
	Secondary +	2.3	4.7	13.6	5.9	47.7	13.1	4.7
Total		3.4	3.6	7.2	2.9	23.1	14.4	2.9

MCH = Maternal and Child Health Center

TMP = Traditional Medical Practitioner

**Table 21: (Continued) Percentage of under-five children with acute respiratory infection (ARI) in the last two weeks, and treatment given by health providers, Myanmar, 2000**

		Private drug store	Relative	Other	Any appropriate provider	No. of children with ARI
Region	Kachin	2.3	2.3	0.0	58.2	43
	Kayah	0.0	11.4	0.0	40.9	44
	Kayin	8.3	6.2	0.0	48.2	49
	Chin	3.1	4.8	0.0	41.3	63
	Mon	8.6	0.0	0.0	40.0	35
	Rakhine	10.1	0.0	0.0	47.2	89
	Shan (North)	12.6	0.0	0.0	50.0	8
	Shan (East)	7.1	0.0	0.0	57.2	14
	Shan (South)	0.0	0.0	0.0	49.9	14
	Ayeyarwady	7.3	0.0	0.0	36.9	27
	Bago	0.0	0.0	0.0	58.6	29
	Magway	0.0	0.0	0.0	46.2	13
	Mandalay	22.4	0.0	0.0	44.0	18
	Sagaing	0.0	0.0	0.0	43.2	14
	Tanintharyi	1.3	0.0	0.0	40.3	74
	Yangon	9.4	0.0	0.0	71.5	21
Area	Urban	11.7	0.0	0.0	65.0	73
	Rural	6.0	0.7	0.0	44.7	484
Sex	Male	5.2	0.3	0.0	51.3	269
	Female	8.9	0.9	0.0	44.8	288
Age	< 6 months	4.9	0.9	0.0	29.3	40
	6-11 months	12.5	1.0	0.0	61.5	89
	12-23 months	5.0	0.1	0.0	45.9	150
	24-35 months	8.9	1.2	0.0	50.6	108
	36-47 months	3.6	0.0	0.0	44.8	104
	48-59 months	6.8	1.3	0.0	42.8	62
Mother's education level						
	Below primary	8.3	1.8	0.0	36.7	138
	Primary	6.9	0.3	0.0	41.6	311
	Secondary +	6.0	0.3	0.0	81.5	108
<b>Total</b>		<b>7.0</b>	<b>0.6</b>	<b>0.0</b>	<b>48.1</b>	<b>557</b>

**Table 22: Percentage of children 0-59 months of age reported ill during the last two weeks who received increased fluids and continued feeding, Myanmar, 2000**

	Reported illness in last two weeks	Children with an illness who:							
		Drank More	Drank Same	Drank Less	Total	Ate somewhat less, same or more	Ate much less or none	Total	
Region	Kachin	17.1	23.6	63.6	12.3	100	80.8	18.2	100
	Kayah	10.5	27.0	51.3	21.6	100	79.3	20.7	100
	Kayin	17.1	20.2	65.9	13.9	100	87.0	13.0	100
	Chin	12.8	7.8	61.0	28.9	100	77.3	20.4	100
	Mon	17.4	6.3	84.2	8.9	100	92.4	7.0	100
	Rakhine	22.1	10.6	68.2	20.4	100	83.9	16.1	100
	Shan (North)	5.5	13.6	64.7	13.7	100	78.2	19.8	100
	Shan (East)	10.5	6.8	88.7	4.5	100	93.2	5.6	100
	Shan (South)	12.9	18.5	73.5	8.0	100	88.5	9.7	100
	Ayeyarwady	14.9	11.3	61.8	26.9	100	69.6	30.4	100
	Bago	16.6	9.6	65.2	24.4	100	74.8	25.2	100
	Magway	14.5	9.2	82.6	8.3	100	89.5	10.5	100
	Mandalay	11.6	17.7	51.7	30.6	100	73.4	26.6	100
	Sagaing	12.7	12.5	77.1	10.4	100	74.1	25.0	100
	Tanintharyi	24.1	7.2	58.1	34.3	100	78.6	21.4	100
	Yangon	16.0	14.4	61.0	24.5	100	86.3	13.7	100
Area	Urban	14.2	15.9	61.3	22.8	100	86.0	14.0	100
	Rural	15.2	11.7	68.5	19.3	100	78.6	21.0	100
Sex	Male	15.2	13.4	66.2	19.9	100	79.9	20.0	100
	Female	14.8	11.8	67.8	20.1	100	80.5	19.1	100
Age	< 6 months	9.2	9.6	70.1	20.0	100	57.3	41.1*	100
	6-11 months	18.5	11.6	64.2	24.1	100	74.6	25.2	100
	12-23 months	20.2	11.6	67.3	20.6	100	81.8	18.0	100
	24-35 months	16.3	14.8	67.8	16.8	100	83.7	16.1	100
	36-47 months	13.4	12.9	66.2	20.7	100	84.2	15.5	100
	48-59 months	10.4	12.5	68.7	18.1	100	83.2	16.8	100
Mother's education level	Below primary	16.8	11.2	69.7	18.1	100	80.0	19.8	100
	Primary	15.6	11.4	67.8	20.4	100	79.0	20.5	100
	Secondary +	12.6	16.7	62.8	20.4	100	83.2	16.8	100
Total		15.0	12.6	67.0	20.0	100	80.2	19.5	100

**Table 22: (Continued) Percentage of children 0-59 months of age reported ill during the last two weeks who received increased fluids and continued feeding, Myanmar, 2000**

		Received increased fluids and continued eating	Received increased or same amount of fluids and continued eating	Number of children
Region	Kachin	20.2	75.9	203
	Kayah	20.7	72.1	111
	Kayin	15.9	82.9	188
	Chin	6.2	60.1	128
	Mon	5.7	87.3	158
	Rakhine	8.6	70.2	255
	Shan (North)	7.8	66.4	51
	Shan (East)	5.6	92.1	89
	Shan (South)	16.8	82.3	113
	Ayeyarwady	5.2	60.9	115
	Bago	5.2	61.7	115
	Magway	9.2	85.4	97
	Mandalay	13.0	58.5	83
	Sagaing	5.7	72.3	104
	Tanintharyi	6.4	57.2	232
Yangon	11.9	71.1	118	
Area	Urban	11.6	73.0	346
	Rural	8.4	69.4	1815
Sex	Male	9.2	70.6	1080
	Female	9.0	69.7	1081
Age	< 6 months	7.2	54.2	143
	6-11 months	5.9	65.6	320
	12-23 months	8.9	70.1	560
	24-35 months	10.4	75.8	445
	36-47 months	10.0	71.8	404
	48-59 months	10.2	72.3	280
Mother's education level				
	Below primary	9.1	71.8	520
	Primary	7.9	68.3	1138
	Secondary +	12.2	73.5	503
Total		9.1	70.1	2161

**Table 23: Percentage of caretakers of children 0-59 months who took their children to the health facility immediately due to presence of one symptom of severe illness, Myanmar, 2006**

		Not able to drink/ breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly
Region	Kachin	0.0	17.4	43.3	8.7	17.4	9.9	7.5
	Kayah	9.5	30.2	35.8	13.2	24.6	0.0	20.8
	Kayin	6.0	52.8	31.2	6.0	22.5	4.8	17.7
	Chin	4.5	31.0	44.4	31.2	19.9	8.9	17.6
	Mon	3.9	45.5	23.4	6.5	9.1	1.3	9.1
	Rakhine	12.1	42.2	50.0	23.3	16.4	3.5	19.8
	Shan (North)	4.3	25.9	47.6	0.0	8.9	4.5	4.3
	Shan (East)	10.4	31.0	58.6	13.8	20.7	0.0	31.0
	Shan (South)	4.4	15.6	44.5	4.5	8.9	2.2	8.9
	Ayeyarwady	17.1	26.8	46.3	9.8	4.8	4.9	12.3
	Bago	9.1	27.3	36.4	6.8	20.4	2.3	18.2
	Magway	5.7	33.5	21.1	0.0	15.4	6.2	15.4
	Mandalay	8.4	18.6	35.8	2.8	8.4	2.5	21.4
	Sagaing	16.9	31.0	27.3	20.3	13.8	3.4	17.2
	Tanintharyi	5.0	39.9	47.4	8.8	16.4	2.5	13.7
	Yangon	6.2	25.7	24.3	10.5	15.2	0.0	21.1
Area	Urban	5.5	27.6	30.6	8.3	11.8	2.5	13.8
	Rural	10.3	32.2	38.4	10.7	14.4	3.4	17.5
Mother's education level								
	Below primary	13.6	40.6	39.0	14.2	16.7	2.3	19.7
	Primary	10.3	26.6	37.8	9.7	13.2	4.6	18.2
	Secondary +	4.4	34.5	32.1	8.9	13.3	0.9	11.9
Total		8.9	30.9	36.2	10.0	13.7	3.1	16.5



**Table 23: (Continued) Percentage of caretakers of children 0-59 months who took their children to the health facility immediately due to presence of one symptom of severe illness, Myanmar, 2000**

		Presence of one symptom of severe illness	Number of Caretakers
Region	Kachin	78.0	81
	Kayah	90.6	53
	Kayin	84.2	84
	Chin	100.0	45
	Mon	81.8	77
	Rakhine	97.4	116
	Shan (North)	86.8	23
	Shan (East)	86.2	29
	Shan (South)	64.5	45
	Ayeyarwady	80.4	41
	Bago	84.1	44
	Magway	75.8	33
	Mandalay	81.4	37
	Sagaing	68.5	29
	Tanintharyi	97.5	79
	Yangon	69.8	66
	Area	Urban	74.0
Rural		83.7	686
Mother's education level			
	Below primary	89.1	172
	Primary	79.3	447
	Secondary +	80.5	263
Total		81.0	882

**Table 24: Percentage of mothers with a birth in the last 12 months protected against neonatal tetanus, Myanmar, 2000**

	Percent of mothers with a birth in the last 12 months who:		Number of mothers
	Received at least 2 doses, within last 3 years	Protected against tetanus	
Region			
Kachin	81.4	81.4	275
Kayah	64.0	64.0	239
Kayin	57.4	57.4	232
Chin	51.1	51.1	273
Mon	87.6	87.6	194
Rakhine	64.5	64.5	304
Shan (North)	61.1	61.1	204
Shan (East)	50.1	50.1	212
Shan (South)	62.4	62.4	209
Ayeyarwady	72.3	72.3	189
Bago	76.4	76.4	169
Magway	88.3	88.3	148
Mandalay	83.8	83.8	197
Sagaing	87.9	87.9	189
Tanintharyi	93.5	93.5	198
Yangon	90.2	90.2	205
Area			
Urban	90.0	90.0	662
Rural	74.2	74.2	2776
Woman's education level			
Below primary	51.4	51.4	775
Primary	77.4	77.4	1669
Secondary +	90.7	90.7	994
Total	77.8	77.8	3438

**Table 25: Percent distribution of children aged 0-59 months by whether birth is registered and reason for Non-registration, Myanmar, 2000**

		Birth is registered	Birth is not registered because:					
			Must travel too far	Did not know it should be registered	Did not know where to register	Too busy	Cost too much	Others
Region	Kachin	79.0	0.6	6.6	2.0	6.6	0.3	2.3
	Kayah	58.8	0.6	14.0	7.2	5.5	0.9	0.9
	Kayin	31.0	4.4	34.4	8.7	6.3	0.2	1.1
	Chin	49.2	3.3	31.8	3.8	4.9	0.8	0.3
	Mon	76.8	1.1	9.5	1.0	4.5	0.2	2.1
	Rakhine	63.4	2.2	13.9	2.9	6.3	2.3	0.3
	Shan (North)	61.0	5.3	15.7	4.0	4.3	0.7	1.0
	Shan (East)	39.8	1.9	43.9	2.8	4.1	3.4	0.0
	Shan (South)	32.3	0.6	44.6	6.0	4.8	1.4	5.0
	Ayeyarwady	44.7	6.9	17.9	8.6	11.9	0.4	0.5
	Bago	49.5	0.9	15.9	7.9	9.5	0.4	3.9
	Magway	77.4	0.3	14.9	0.3	2.6	0.2	1.0
	Mandalay	56.9	2.3	23.6	2.3	7.8	2.3	0.7
	Sagaing	67.7	5.1	6.2	5.7	2.3	0.8	3.7
	Tanintharyi	58.6	8.5	10.8	4.1	15.5	1.1	0.4
Yangon	89.1	1.0	2.1	2.1	2.6	1.9	1.0	
Area	Urban	87.2	0.1	1.7	2.0	4.9	2.4	0.8
	Rural	53.3	3.9	20.2	5.2	6.8	0.7	1.9
Sex	Male	60.9	3.0	15.9	4.5	6.5	1.1	1.6
	Female	60.4	3.1	16.4	4.5	6.4	1.0	1.7
Age	<6 months	55.7	1.6	15.8	3.8	12.5	1.0	2.7
	6-11 months	56.7	3.0	17.0	5.0	9.4	1.3	1.8
	12-23 months	62.1	2.6	16.2	3.9	5.1	1.3	1.2
	24-35 months	62.2	4.3	14.8	4.7	5.0	0.8	1.2
	36-47 months	60.1	2.9	17.3	4.2	6.2	1.1	1.8
	48-59 months	63.7	3.1	15.8	5.4	4.1	0.9	1.8
Mother's education level								
	Below primary	44.7	2.6	29.5	5.0	5.3	2.0	1.2
	Primary	57.0	3.5	16.8	5.4	7.0	1.0	2.1
	Secondary +	77.4	2.3	7.2	2.4	6.0	0.7	1.1
Total		60.6	3.0	16.2	4.5	6.4	1.1	1.6

**Table 25: (Continued) Percent distribution of children aged 0-59 months by whether birth is registered and reason for Non-registration, Myanmar, 2000**

		Reason DK or Missing	Total	Number of children
Region	Kachin	1.4	100	1190
	Kayah	8.7	100	1063
	Kayin	1.6	100	1101
	Chin	4.0	100	1000
	Mon	1.9	100	907
	Rakhine	7.2	100	1156
	Shan (North)	2.6	100	929
	Shan (East)	0.5	100	851
	Shan (South)	3.1	100	875
	Ayeyarwady	7.3	100	776
	Bago	7.8	100	692
	Magway	0.8	100	672
	Mandalay	1.6	100	715
	Sagaing	2.7	100	819
	Tanintharyi	0.8	100	964
	Yangon	0.3	100	733
Area	Urban	0.4	100	2734
	Rural	4.3	100	11709
Sex	Male	3.5	100	7156
	Female	3.5	100	7287
Age	< 6 months	4.1	100	1474
	6-11 months	3.2	100	1695
	12-23 months	3.9	100	2832
	24-35 months	3.8	100	2830
	36-47 months	3.4	100	3039
	48-59 months	2.5	100	2531
Mother's education level				
	Below primary	4.9	100	3530
	Primary	4.1	100	7043
	Secondary +	1.5	100	3870
Total		3.5	100	14443

**Table 26: Percentage of children 0-14 years of age in households not living with a biological parent, Myanmar, 2000**

		Living with both parents	Living with neither parent				Living with mother only	
			Father only alive	Mother only alive	Both are alive	Both are dead	Father alive	Father dead
Region	Kachin	89.0	0.1	0.3	1.2	0.7	1.4	6.0
	Kayah	94.9	0.1	0.0	0.2	0.2	0.4	3.2
	Kayin	92.4	0.2	0.3	1.0	0.6	1.3	3.1
	Chin	94.2	0.0	0.2	0.2	0.4	1.0	2.9
	Mon	87.3	0.4	0.4	2.8	0.7	3.2	3.8
	Rakhine	93.6	0.1	0.0	0.0	0.3	2.1	2.9
	Shan (North)	95.0	0.1	0.0	0.2	0.5	0.6	2.5
	Shan (East)	95.3	0.1	0.2	0.2	0.4	0.6	2.1
	Shan (South)	90.8	0.1	0.3	1.2	0.4	2.0	3.3
	Ayeyarwady	94.0	0.2	0.1	0.9	0.5	0.6	2.5
	Bago	93.3	0.3	0.1	0.8	0.4	0.9	2.3
	Magway	91.8	0.4	0.6	0.7	0.5	2.1	2.6
	Mandalay	93.4	0.3	0.1	0.6	0.3	1.6	2.2
	Sagaing	95.4	0.1	0.2	0.4	0.2	0.7	1.8
	Tanintharyi	93.1	0.1	0.2	0.7	0.7	0.8	3.2
Yangon	94.8	0.0	0.1	0.5	0.8	1.0	1.6	
Area	Urban	92.8	0.1	0.2	1.2	0.4	1.8	2.5
	Rural	93.3	0.2	0.2	0.6	0.5	1.2	2.6
Sex	Male	92.9	0.2	0.2	0.8	0.5	1.3	2.7
	Female	93.5	0.2	0.2	0.7	0.4	1.3	2.4
Age	0-4 years	96.6	0.1	0.1	0.3	0.1	1.3	1.1
	5-9 years	93.4	0.2	0.2	0.8	0.4	1.3	2.5
	10-14 years	89.7	0.3	0.3	1.2	0.9	1.3	4.1
Total		93.2	0.2	0.2	0.8	0.5	1.3	2.6

**Table 26: (Continued) Percentage of children 0-14 years of age in households not living with a biological parent, Myanmar, 2000**

		Living with father only			Not living with a biological parent	One or both parents dead	Number of children
		Mother alive	Mother dead	Total			
Region	Kachin	0.2	0.8	100	2.3	7.9	3177
	Kayah	0.1	0.9	100	0.5	4.3	3038
	Kayin	0.2	0.7	100	2.1	4.9	3242
	Chin	0.1	1.0	100	0.8	4.5	3077
	Mon	0.5	0.6	100	4.3	5.9	2902
	Rakhine	0.2	0.5	100	0.5	3.8	3287
	Shan (North)	0.1	1.0	100	0.7	4.0	2530
	Shan (East)	0.2	0.9	100	0.8	3.7	2425
	Shan (South)	0.6	0.9	100	2.1	5.1	2629
	Ayeyarwady	0.1	0.8	100	1.8	4.2	2250
	Bago	0.2	1.6	100	1.7	4.8	2285
	Magway	0.1	1.1	100	2.2	5.2	2398
	Mandalay	0.3	1.2	100	1.3	4.1	2369
	Sagaing	0.3	0.9	100	0.9	3.2	2620
	Tanintharyi	0.1	0.9	100	1.7	5.2	3013
	Yangon	0.3	0.5	100	1.4	2.9	2127
Area	Urban	0.3	0.6	100	1.8	3.7	8229
	Rural	0.2	1.0	100	1.6	4.5	35140
Sex	Male	0.2	0.9	100	1.8	4.6	21929
	Female	0.2	1.0	100	1.5	4.1	21440
Age	0-4 years	0.1	0.2	100	0.5	1.5	14450
	5-9 years	0.2	0.8	100	1.6	4.1	14716
	10-14 years	0.3	1.8	100	2.7	7.4	14203
<b>Total</b>		<b>0.2</b>	<b>0.9</b>	<b>100</b>	<b>1.6</b>	<b>4.3</b>	<b>43369</b>

## Survey Design and Sample Size Calculation

## MICS (2000) Design

No. of Strata	=	16	
			(16 States/Divisions or Regions)
No. of Cluster/Stratum	=	50	
No. of Households/Cluster	=	32	
Total No. of Clusters	=	$50 \times 16$	= 800
Total No. of HHs/Stratum	=	$50 \times 32$	= 1600
Total No. of HHs	=	$32 \times 800$	= 25600



## Sample Size Calculations for Measuring End-Decade Goals at 5 percent Margin of error

Basic Assumptions	Low	High
Design effect	2	10
Persons per household	5.3	
Pct of population < 5 years	0.12	
Prevalence of diarrhoea 15 days	0.14	

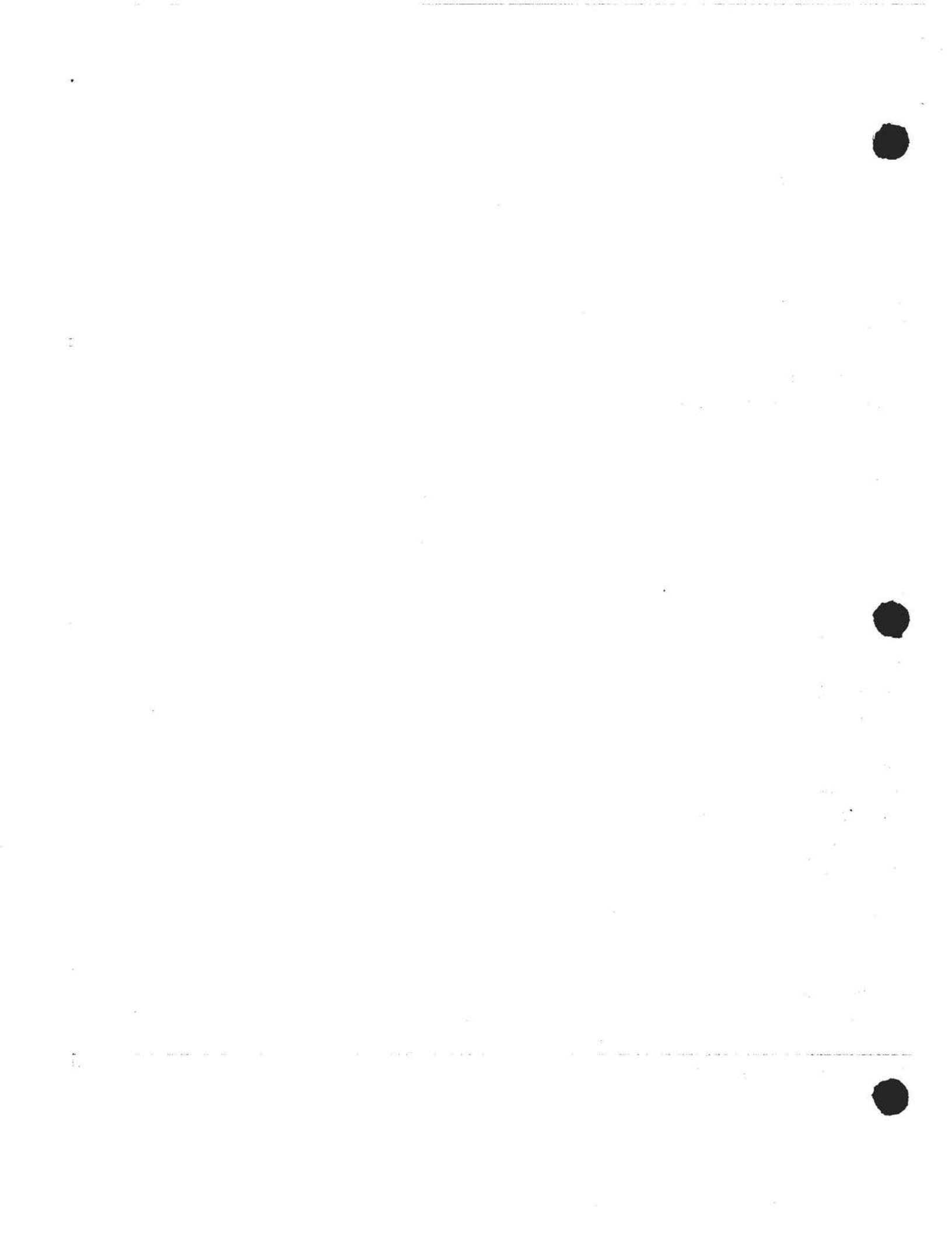
Formula for required target sample  
 $n = 4 * p * (1 - p) * deff / e^2$

Indicator	Target pop:	Estimated prevalence	Margin of error	Required target sample	Number of household to be visited to find one individual	Non-response Rate	Required number of households
DPT3 coverage	12-23 mos	0.8	0.05	512	7.8	0.1	4393
Measles coverage	12-23 mos	0.8	0.05	512	7.8	0.1	4393
OPV3 coverage	12-23 mos	0.8	0.05	512	7.8	0.1	4393
BCG coverage	12-23 mos	0.9	0.05	288	7.8	0.1	2471
TT2 coverage (pregnancy)	0-11 mos	0.8	0.05	512	7.4	0.1	4168
Vitamin A coverage	0-23 mos	0.6	0.05	768	3.8	0.1	3210
Iodized salt consumption	Household	0.6	0.05	768		0.1	845
Use of ORT(1) in diarrhoea	< 5 yrs.	0.9	0.05	288	11	0.1	3558
Use of ORT(2) in diarrhoea	< 5 yrs	0.8	0.05	512	11	0.1	6325
Disability	2-9 yrs	0.5	0.05	800	0.8	0.1	722
Percent low wt. for age	< 5yrs	0.4	0.05	768	1.5	0.1	1267
School enrolment	5-9 yrs	0.8	0.05	512	1.7	0.1	957
Safe water	Population	0.7	0.05	3360		0.1	697
Sanitation	Population	0.5	0.05	4000		0.1	830
<b>Required number of households</b>							<b>6325</b>

## Sample Size Calculations for Measuring End-Decade Goals at 10 percent Margin of error

<b>Basic Assumptions</b>	<b>Low</b>	<b>High</b>
Design effect	2	10
Persons per household	5.3	
Pct of population < 5 years	0.12	
Prevalence of diarrhoea 15 days	0.14	Formula for required target sample $n = 4 * p * (1-p) * deff / e^2$

Indicator	Target pop:	Estimated prevalence	Margin of error	Required target sample	Number of household to be visited to find one individual	Non-response Rate	Required number of households
DPT3 coverage	12-23 mos	0.8	0.1	128	7.8	0.1	1098
Measles coverage	12-23 mos	0.8	0.1	128	7.8	0.1	1098
OPV3 coverage	12-23 mos	0.8	0.1	128	7.8	0.1	1098
BCG coverage	12-23 mos	0.9	0.1	72	7.8	0.1	618
TT2 coverage (pregnancy)	0-11 mos	0.8	0.1	128	7.4	0.1	1042
Vitamin A coverage	0-23 mos	0.6	0.1	192	3.8	0.1	803
Iodized salt consumption	Household	0.6	0.1	192		0.1	211
Use of ORT(1) in diarrhoea	< 5 yrs	0.9	0.1	72	11	0.1	889
Use of ORT(2) in diarrhoea	< 5 yrs	0.8	0.1	128	11	0.1	1581
Disability	2-9 yrs	0.5	0.1	200	0.8	0.1	180
Percent low weight/age	< 5yrs	0.4	0.1	192	1.5	0.1	317
School enrolment	5-9 yrs	0.8	0.1	168	1.7	0.1	314
Safe water	Population	0.7	0.1	840		0.1	174
Sanitation	Population	0.5	0.1	1000		0.1	208
<b>Required number of households</b>							<b>1581</b>



## List of Personnel Involved in Myanmar MICS, 2000

### Membership of Steering and Working Committee

#### (A) Steering Committee

- |    |                                                                                                                                                                      |          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. | Director General<br>Department of Health Planning<br>Ministry of Health                                                                                              | Chairman |
| 2. | Deputy Director General (Disease Control & Public Health)<br>Department of Health<br>Ministry of Health                                                              | Member   |
| 3. | Deputy Director General<br>Central Statistic Organization<br>Ministry of National Planning and Economic Development                                                  | Member   |
| 4. | Deputy Director General<br>Department of Medical Research (Lower Myanmar)<br>Ministry of Health                                                                      | Member   |
| 5. | Deputy Director General<br>Department of Educational Planning and Training<br>Ministry of Education                                                                  | Member   |
| 6. | Deputy Director General<br>Population Department<br>Ministry of Immigration and Population                                                                           | Member   |
| 7. | Deputy Director General<br>Department of Progress of Border Areas, National Races<br>Ministry of Progress of Border Areas, National Races and<br>Development Affairs | Member   |
| 8. | Deputy Director General<br>Department of Development Affairs<br>Ministry of Progress of Border Areas, National Races and<br>Development Affairs                      | Member   |

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|-----|-------------------------------------------------------------------------------------------------|-----------------|
| 9.  | Deputy Director General<br>Department of Labour<br>Ministry of Labour                           | Member          |
| 10. | Director<br>Department of Social Welfare<br>Ministry of Social Welfare, Relief and Resettlement | Member          |
| 11. | Director (Coordination)<br>Department of Health Planning<br>Ministry of Health                  | Member          |
| 12. | Representative<br>Myanmar Maternal and Child Welfare Association                                | Member          |
| 13. | Representative<br>Myanmar Red Cross Association                                                 | Member          |
| 14. | Representative<br>National Solidarity and Development Association                               | Member          |
| 15. | Director (Research & Development)<br>Department of Health Planning<br>Ministry of Health        | Secretary       |
| 16. | Deputy Director (Research & Development)<br>Department of Health Planning<br>Ministry of Health | Joint Secretary |

**(B) Working Committee**

- |     |                                                                                                       |          |
|-----|-------------------------------------------------------------------------------------------------------|----------|
| 1.  | Director (Research and Development)<br>Department of Health Planning<br>Ministry of Health            | Chairman |
| 2.  | Director (Disease Control)<br>Department of Health<br>Ministry of Health                              | Member   |
| 3.  | Director (Public Health)<br>Department of Health<br>Ministry of Health                                | Member   |
| 4.  | Director<br>Central Statistics Organization<br>Ministry of National Planning and Economic Development | Member   |
| 5.  | Director<br>Department of Educational Planning and Training<br>Ministry of Education                  | Member   |
| 6.  | Director<br>Population Department<br>Ministry of Immigration and Population                           | Member   |
| 7.  | Director<br>Department of Water Source Utilization<br>Ministry of Agriculture and Irrigation          | Member   |
| 8.  | Professor (Statistics)<br>Institute of Economics<br>Ministry of Education                             | Member   |
| 9.  | Director<br>Department of Medical Research (Lower Myanmar)<br>Ministry of Health                      | Member   |
| 10. | Director (Planning)<br>Department of Health Planning<br>Ministry of Health                            | Member   |

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|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 11. | Director (Health Information)<br>Department of Health Planning<br>Ministry of Health                                                                  | Member          |
| 12. | Director<br>Department of Development Affairs<br>Ministry of Progress of Border Areas, National Races<br>and Development Affairs                      | Member          |
| 13. | Director<br>Department of Progress of Border Areas, National Races<br>Ministry of Progress of Border Areas, National Races<br>and Development Affairs | Member          |
| 14. | Deputy Director<br>Department of Labour<br>Ministry of Labour                                                                                         | Member          |
| 15. | Representative<br>Department of Social Welfare<br>Ministry of Social Welfare, Relief and Resettlement                                                 | Member          |
| 16. | Director (Health Education)<br>Department of Health Planning<br>Ministry of Health                                                                    | Member          |
| 17. | Deputy Director (Upper Myanmar)<br>Department of Health Planning<br>Ministry of Health                                                                | Member          |
| 18. | Deputy Director (Research and Development)<br>Department of Health Planning<br>Ministry of Health                                                     | Secretary       |
| 19. | Assistant Director (Research)<br>Department of Health Planning<br>Ministry of Health                                                                  | Joint Secretary |

**State/Division Survey Supervisory Committee**

- |    |                                                        |                 |
|----|--------------------------------------------------------|-----------------|
| 1. | State/Divisional Health Director                       | Chairman        |
| 2. | State/Divisional Education Director                    | Member          |
| 3. | Team Leader, Nutrition                                 | Member          |
| 4. | Representative from Dept. of Health Planning (Central) | Secretary       |
| 5. | State/Divisional Planning Officer                      | Joint Secretary |



**MULTIPLE INDICATOR CLUSTER SURVEY**

**(2000)**

**END-DECADE ASSESSMENT QUESTIONNAIRE**

**DEPARTMENT OF HEALTH PLANNING**

**MINISTRY OF HEALTH**

## QUESTIONNAIRE MODULES

### Household questionnaire

- Household information panel
- Household listing form (all residents) and orphanhood questions (birth to 14)
- Education module: educational attainment (age 5 or over), school attendance (age 5 to 17 years)
- Water and sanitation module (all households)
- Salt iodization module (all households)

### Questionnaire for individual women (women of reproductive age, 15-49)

- Tetanus toxoid module (all mothers with last birth within last year)

### Questionnaire for children 2-9 years

- Disability module

### Questionnaire for children under five

- Birth registration and early learning module
- Vitamin A module
- Breastfeeding module
- Care of illness module
- Immunization module
- Anthropometry module

### (A) HOUSEHOLD INFORMATION PANEL

We are from Ministry of Health/ Non-government organizations working in the area of family health and education. We would like to ask you about the situation of health, education and other social issues of your household. It will take about ( 30 ) minutes. All information obtained from this interview will remain strictly confidential and your answers will never be identified. During the interview I would like to discuss with all mothers or others who take care of under five children in this household. May I start now? (If permission is given, begin the interview.)

1. Cluster number:  _____	2. Household number:  _____
3. Day/ Month/ Year of interview:  _____/_____/_____	4. Stratum number:  _____
5. Name of head of household:  _____	
6. Area:  Urban ..... 1  Rural ..... 2	7. (a) State/ Division _____  (b) Township _____
8. What is your house made of? (Record materials mainly used)	
(a) <u>Flooring</u>	
Wood            1      Bamboo            2      Concrete        3      _____	
Clay             4      Others (Specify) 5      _____	
(b) <u>Roofing</u>	
Tile             1      Corrugated metal 2      Wood/thatch    3      _____	
Others (Specify) 4      _____	
(C) <u>Walling</u>	
Wood            1      Bamboo/thatch 2      Brick            3      _____	
Clay             4      Others (Specify) 5      _____	
9. (a) What type of separate room do you have in your dwelling?	
Living room        1	
Bed room            2	
Kitchen             3	
No room             4	
9. (b) Which of the following are your household members accessible?	
Yes—1    No—0	Yes    No    DK
Radio/ Cassette	1    0    9
Newspaper/ Journal/ Magazine	1    0    9
Television/ Video	1    0    9

<p>10. Result of HH interview:</p> <p>Completed ..... 1</p> <p>Refused ..... 2</p> <p>Not at home ..... 3</p> <p>HH not found/ destroyed ..... 4</p> <p>Other (<i>specify</i>) ..... 5</p>	<p>11. No. of women eligible for interview:</p> <p>_____</p>
<p>12. No. of women interviews completed:</p> <p>_____</p>	<p>13. No. of children under age 5 eligible for interview:</p> <p>_____</p>
<p>14. No. of children under age 5 interviews completed:</p> <p>_____</p>	<p>15. Data entry clerk:</p> <p>_____</p>
<p>16. Interviewer's name _____</p> <p>Date _____</p>	<p>17. Supervisor's name _____</p> <p>Date _____</p>
<p>Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, any special information about interview etc.</i></p>	

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_

### 1(b) Household Listing Form

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

Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used.

				Eligible for:			For persons age 15 or over ask column no. 8 and 9		For children under age 15 years ask column no. 10-13			
				WOMEN'S MODULES	DISABILIT Y MODULE	CHILD HEALTH MODULES						
Line no.	Name	IS (name) MALE OR FEMALE?	HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?	Circle Line no. if woman is age 15-49	Circle Line no. if child is age 2-9	For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL?	WHAT IS THE MARITAL STATUS OF (name)?*	IS (name's) NATURAL MOTHER ALIVE?	If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?	IS (name's) NATURAL FATHER ALIVE?	If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE- HOLD?
		MALE 1 FEMALE 2	Record in completed years 99=DK*				1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1 YES 2 NO 9 DK	1 YES 2 NO	1 YES 2 NO 9 DK	1 YES 2 NO
1	2	3	4	5	6	7	8	9	10	11	12	13
01		1 2	___	01	01	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
02		1 2	___	02	02	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
03		1 2	___	03	03	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
04		1 2	___	04	04	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

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

• To be used only for elderly household members (code meaning "do not know/over age 50").

GO TO NEXT PAGE ⇨

				Eligible for:			For persons age 15 or over ask column no. 8 and 9		For children under age 15 years ask column no. 10-13			
Line no.	Name	Is (name) MALE OR FEMALE?  1 MALE 2 FEM.	HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  Record in completed years 99=DK*	WOMEN'S MODULES			CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL?  1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	WHAT IS THE MARITAL STATUS OF (name)?*  1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	IS (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO 9 DK	If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  1 YES 2 NO	IS (name's) NATURAL FATHER ALIVE?  1 YES 2 NO 9 DK	If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD?  1 YES 2 NO
				Circle Line no. if woman is age 15-49	DISABILITY MODULE	CHILD HEALTH MODULES						
1	2	3	4	5	6	7	8	9	10	11	12	13
05		1 2	___	01	01	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
06		1 2	___	02	02	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
07		1 2	___	03	03	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
08		1 2	___	04	04	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

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

• To be used only for elderly household members (code meaning "do not know/over age 50").

GO TO NEXT MODULE ⇨

**(2) EDUCATION MODULE**

*For persons age 5 or over ask Qs. 15 and 16* *For children age 5 through 17 years, continue on, asking Qs. 18-22.*

Line no.	HAS (name) EVER ATTENDED SCHOOL?	WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? <u>LEVEL:</u> 1 NON-STANDARD CURRICULUM 2 PRIMARY 3 MIDDLE 4 HIGH SCHOOL 5 COLLEGE/UNIVERSITY 9 DK <u>GRADE:</u> 99 DK <i>If non-standard curriculum and primary, enter 00.</i>	SINCE LAST YEAR DID (NAME) ATTEND SCHOOL? THAT ENDED IN MARCH 2000.  1 YES  0 NO ⇒ Q.21	DURING THAT SCHOOL YEAR WHAT LEVEL AND GRADE DID (name) ATTEND?  <u>LEVEL:</u> 1 NON-STANDARD CURRICULUM 2 PRE-PRIMARY 3 PRIMARY 4 MIDDLE 5 HIGH SCHOOL 9 DK  <u>GRADE:</u> 99 DK <i>IF NON-STANDARD CURRICULUM AND PRIMARY, ENTER 00.</i>	DURING THE PREVIOUS SCHOOL YEAR THAT ENDED IN MARCH 1999 DID (name) ATTEND SCHOOL AT ANY TIME?  1 YES  0 NO ⇒ NEXT LINE	DURING THAT SCHOOL YEAR WHAT LEVEL AND GRADE DID (name) ATTEND?  <u>LEVEL:</u> 1 NON-STANDARD CURRICULUM 2 PRE-PRIMARY 3 PRIMARY 4 MIDDLE 5 HIGH SCHOOL 6 TERTIARY 9 DK  <u>GRADE:</u> 99 DK <i>IF NON-STANDARD CURRICULUM AND PRIMARY, ENTER 00.</i>		
14	15	16	17	18	19	20	21	22
01	1 0 ⇒ NEXT LINE	1 2 3 4 5 9 _____	DON'T	1 0	DON'T	1 2 3 4 5 9 _____	1 0	1 2 3 4 5 9 _____
02	1 0 ⇒ NEXT LINE	1 2 3 4 5 9 _____	FILL	1 0	FILL	1 2 3 4 5 9 _____	1 0	1 2 3 4 5 9 _____
03	1 0 ⇒ NEXT LINE	1 2 3 4 5 9 _____	IN THIS	1 0	IN THIS	1 2 3 4 5 9 _____	1 0	1 2 3 4 5 9 _____
04	1 0 ⇒ NEXT LINE	1 2 3 4 5 9 _____	SPACE	1 0	SPACE	1 2 3 4 5 9 _____	1 0	1 2 3 4 5 9 _____

*Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.  
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.  
You should now have a separate questionnaire for each eligible woman and child in the household.*

**GO TO NEXT PAGE ⇒**



**(2) EDUCATION MODULE**

For persons age 5 or over ask Qs. 15 and 16

For children age 5 through 17 years, continue on, asking Qs. 18-22

Line no.	HAS (name) EVER ATTENDED SCHOOL?	WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? <u>LEVEL:</u> 1 NON-STANDARD CURRICULUM 2 PRIMARY 3 MIDDLE 4 HIGH SCHOOL 5 TERTIARY 9 DK <u>GRADE:</u> 99 DK <i>If non-standard curriculum and primary, enter 00.</i>	SINCE LAST YEAR DID (NAME) ATTEND SCHOOL? THAT ENDED IN MARCH 2000.  1 YES  0 NO ⇒ Q.21	DURING THAT SCHOOL YEAR WHAT LEVEL AND GRADE DID (name) ATTEND?  <u>LEVEL:</u> 1 NON-STANDARD CURRICULUM 2 PRE-PRIMARY 3 PRIMARY 4 MIDDLE 5 HIGH SCHOOL 9 DK  <u>GRADE:</u> 99 DK <i>IF NON-STANDARD CURRICULUM AND PRIMARY, ENTER 00.</i>	DURING THE PREVIOUS SCHOOL YEAR THAT ENDED IN MARCH 1999 DID (name) ATTEND SCHOOL AT ANY TIME?  1 YES  0 NO ⇒ NEXTLINE	DURING THAT SCHOOL YEAR WHAT LEVEL AND GRADE DID (name) ATTEND?  <u>LEVEL:</u> 1 NON-STANDARD CURRICULUM 2 PRE-PRIMARY 3 PRIMARY 4 MIDDLE 5 HIGH SCHOOL 6 TERTIARY 9 DK  <u>GRADE:</u> 99 DK <i>IF NON-STANDARD CURRICULUM AND PRIMARY, ENTER 00.</i>		
14	15	16	17	18	19	20	21	22
05	1 0 ⇒ NEXT LINE	1 2 3 4 5 9	DON'T	1 0	DON'T	1 2 3 4 5 9	1 0	1 2 3 4 5 9
06	1 0 ⇒ NEXT LINE	1 2 3 4 5 9	FILL	1 0	FILL	1 2 3 4 5 9	1 0	1 2 3 4 5 9
07	1 0 ⇒ NEXT LINE	1 2 3 4 5 9	IN THIS	1 0	IN THIS	1 2 3 4 5 9	1 0	1 2 3 4 5 9
08	1 0 ⇒ NEXT LINE	1 2 3 4 5 9	SPACE	1 0	SPACE	1 2 3 4 5 9	1 0	1 2 3 4 5 9

Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.  
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.  
You should now have a separate questionnaire for each eligible woman and child in the household.

GO TO NEXT MODULE ⇒



**(3) WATER AND SANITATION MODULE**

*This module is to be administered once for each household visited.  
Record only one response for each question.  
If more than one response is given, record the most usual source or facility.*

1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped into dwelling .....	1	1
	Public tap .....	2	2
	Tube-well .....	3	3
	Protected Dug-well/ spring.....	4	4
	Protected pond .....	5	5
	Protected rain water .....	6	6
	Unprotected Dug-well/ spring.....	7	7
	Unprotected Pond.....	8	8
	Unprotected rain water .....	9	9
	River, stream .....	10	10
	Other ( <i>Specify</i> ).....	11	11
No answer or DK .....	99	99	
2. HOW FAR DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	In yards .....	-----	-----
	Water on premises.....	888	-----
	DK.....	999	-----
3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?	Flush to septic tank/ sewage system .....	1	1
	Covered pit latrine.....	2	2
	Uncovered pit latrine.....	3	3
	Open (No pit) or surface latrine .....	4	4
	No facilities .....	9	9
4. Please don't fill in this space.			
5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) ?	Children always use toilet or latrine .....	1	1
	Thrown into toilet or latrine .....	2	2
	Thrown outside the yard.....	3	3
	Buried in the yard.....	4	4
	Not disposed of or left on the ground .....	5	5
	Other ( <i>specify</i> ) .....	6	6
	No young children in household.....	8	8
6. WHAT IS THE PRACTICE ON HAND WASHING AFTER TOILET?	With water .....	1	1
	With soap & water .....	2	2
	None .....	3	3
7. WHAT IS THE PRACTICE ON HAND WASHING BEFORE HANDLING FOOD?	With water .....	1	1
	With soap & water .....	2	2
	None .....	3	3

GO TO NEXT MODULE ⇨

**(4) Salt Iodization Module**

**Interviewer:** We would like to check whether the salt used in your household is iodized. Can we see the sample of the salt used to cook the meal eaten by members of your household? Once you have examined the salt, complete the questions below.

<p>1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM (no colour).....1            Less than 15 PPM (weak colour) .....2            15 PPM or more (strong colour) .....3            No salt in home .....8            Salt not tested.....9</p>	<p>1 2 3 8 9</p>
<p>2. HAVE YOU EVER HEARD OF IODIZED SALT?</p>	<p>Yes .....1            No .....2 (2⇒NEXT MODULE)</p>	<p>1 2</p>
<p>3. IF YOU HAVE HEARD OF IODIZED SALT, WHERE DID YOU GET THAT INFORMATION?</p>	<p>From health workers .....1            From friends / family members .....2            From Radio .....3            From TV .....4            From posters/printed materials .....5            Others (specify) .....6</p>	<p>1 2 3 4 5 6</p>
<p>4. WHEN YOU BUY SALT, DO YOU SPECIALLY ASK FOR IODIZED SALT AT THE SHOP?</p>	<p>Yes .....1            No .....2</p>	<p>1 2</p>

**GO TO WOMEN'S QUESTIONNAIRE ⇨**

## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

**(5) TETANUS TOXOID (TT) MODULE**

*This module is to be administered to all women age 15-49 year with a live birth in the year preceding date of interview.*

	Mother line no. ---- Mother's name -----	Mother line no. ---- Mother's name -----	Mother line no. ---- Mother's name -----
<p>1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p> <p>Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 9</p>	1 2 3 9	1 2 3 9	1 2 3 9
<p>2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER OR AT THE BUTTOCK)?</p> <p>YES 1 NO 2 (GO TO Q 4) DK 9 (GO TO Q 4)</p>	1 2 9	1 2 9	1 2 9
<p>3. <i>If yes:</i> HOW MANY DOSES OF TETANUS TOXOID (ANTI-TETANUS INJECTIONS) DID YOU RECEIVE DURING YOUR LAST PREGNANCY?</p> <p>NO. OF DOSES DK 99</p>	---	---	---
<p><i>How many TT doses were reported during last pregnancy in Q.3?</i></p> <p><input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ GO TO Questionnaire for children 2-9 years MODULE</i></p> <p><input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ CONTINUE WITH Q.4</i></p>			
<p>4. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION (<i>additional probes</i>) AT ANY TIME BEFORE YOUR LAST PREGNANCY, INCLUDING DURING A PREVIOUS PREGNANCY OR BETWEEN PREGNANCIES?</p> <p>YES 1 NO 2 (GO TO NEXT MODULE) DK 9 (GO TO NEXT MODULE)</p>	1 2 9	1 2 9	1 2 9
<p>5. <i>If yes:</i> HOW MANY DOSES DID YOU RECEIVE?</p> <p>NO. OF DOSES</p>	---	---	---
<p>6A. WHEN WAS THE LAST DOSE RECEIVED? IF DK, DOSE OR LAST DOSE 99/9999 MONTH / YEAR ____ / _____</p>	____ / _____	____ / _____	____ / _____
<p>6B. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST DOSE?</p>	---	---	---

Cluster no. \_\_\_

Household no. \_\_\_

Care taker line no. \_\_\_

**QUESTIONNAIRE FOR CHILDREN 2-9 YEARS***To be administered to caretakers of all children 2 through 9 years old living in the household.*

**INTERVIEWER:** I would like to ask you if any children in this household age 2 through 9 (read names listed in the household roster) Has any of the health conditions I am going to mention to you? *If the answer is "yes", ask for the name of the child, and enter name and line no. in space provided. Circle response in corresponding box. If response is "no" cross through each space as question is asked.*

<b>(6) DISABILITY MODULE</b>		
Questions	Answers	
	Child Line No. ____	Child Line No. ____
	Children Name -----	Children Name -----
1. Compared with other children, does or did [name] Have any serious delay in sitting, standing, or walking? Delay 1 Not delay 2	1 2	1 2
2. Compared with other children, does or did [name] Have difficulty seeing, either in the daytime or at night? Yes 1 No 2	1 2	1 2
3. Does [name] appear to have difficulty hearing? (uses hearing aid, hears with difficulty, completely deaf?) Yes 1 No 2	1 2	1 2
4. Does [name] have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs? Yes 1 No 2	1 2	1 2
5. Does [name] sometimes have fits, become rigid, or lose consciousness? Yes 1 No 2	1 2	1 2
6. Does [name] speak at all (can he/she make him or herself understood in words; can say recognizable words?) Yes 1 No 2	1 2	1 2
7. Compared with other children of the same age, does [name] appear in any way mentally backward, dull or slow? Yes 1 No 2	1 2	1 2

**GO TO NEXT MODULE ⇨**

Cluster no. \_\_\_\_\_  
 Caretaker line no. \_\_\_\_\_

Household no. \_\_\_\_\_  
 Child line no. \_\_\_\_\_

### QUESTIONNAIRE FOR CHILDREN UNDER FIVE

*This questionnaire is to be administered to all women who care for a child that lives with them and is under the age of 5 years (see Q.4 of the HH listing).*

*A separate form should be used for each eligible child.*

*Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing).*

*Fill in the line number of each child, the line number of the child's mother or caretaker, and the household and cluster numbers in the space at the top of each page.*

A) BIRTH REGISTRATION MODULE		
1. Child's name.	Name _____	
2. Child's age (copy from Q.4 of HH listing).	Age (in completed years)	-----
3. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?  <i>If the mother knows the exact birth date, also enter the day; otherwise, enter 99 for day.</i>	Date of birth Day/Month/Year ..... _ / _ / _	
4. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?  <i>If certificate is presented, verify reported birth date. If no birth certificate is presented, try to verify date using another document (household register, etc.). Correct stated age, if necessary.</i>	Yes, seen 1 (Go to Q 8) Yes, not seen 2 (Go to Q 8) No 3 DK 9	1 2 3 9
5. <i>If no birth certificate is shown, ask:</i>  HAS (name's) BIRTH BEEN REGISTERED?	Yes 1 (Go to Q 8) No 2 DK 9 (Go to Q 7)	1 2 9
6. WHY IS (name's) BIRTH NOT REGISTERED?	Must travel too far..... 1 Did not know it should be registered.....2 Does not know where to register.....3 Too busy to register .....4 Can not afford to register .....5 Other (specify) .....6 DK.....9	1 2 3 4 5 6 9
7. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes .....1 No.....2	1 2

<b>(7-B) EARLY LEARNING MODULE</b>		
<i>CHECK AGE. IF CHILD IS 3 TO 5 YEARS OLD, ASK question 8 and 9.</i>		
8. DOES ( <i>name</i> ) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING COMMUNITY CHILD CARE?	Yes 1 No 2 (Go to next module) DK 9 (Go to next module)	1 2 9
9. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID ( <i>name</i> ) ATTEND?	Number of hours	-----

GO TO NEXT MODULE ⇨

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Caretaker line no. \_\_\_\_\_ Child line no. \_\_\_\_\_

<b>(8) VITAMIN A MODULE</b>		
1. HAS ( <i>name</i> ) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?  <i>Show capsule or dispenser.</i>	Yes 1 No 2 (2⇨NEXT MODULE) DK 9 (9⇨NEXT MODULE)	
2. HOW MANY MONTHS AGO DID ( <i>name</i> ) TAKE THE LAST DOSE?	Months ago ..... DK..... 99	-----
3. WHERE DID ( <i>name</i> ) GET THIS LAST DOSE?	On routine visit to health centre .....1 National Immunization Day campaign.....2 Other( <i>specify</i> ).....3 DK.....9	1 2 3 9

GO TO NEXT MODULE ⇨

(9) BREASTFEEDING MODULE			
1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?	Yes 1 No 2 (2⇒Q.4) DK 9 (9⇒Q.4)	1 2 9	
2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 (2⇒Q.4) DK 9 (9⇒Q.4)	1 2 9	
3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:			
<i>Read each item aloud and record response before proceeding to the next item.</i>		Y	N
		DK	
3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE	3a.	1	2
3B. PLAIN WATER	3b.	1	2
3C. ANY JUICE, TEA OR COFFEE	3c.	1	2
3D. ORAL REHYDRATION SOLUTION (ORS)	3d.	1	2
3E. TINNED, POWDERED OR FRESH MILK OR INFANT FORMULA	3e.	1	2
3F. SOLID OR SEMI-SOLID (MUSHY) FOOD	3f.	1	2
3G. ANY OTHER LIQUIDS (SPECIFY: _____)	3g.	1	2
4. SINCE THIS TIME YESTERDAY, HAS ( <i>name</i> ) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT?	Yes 1 No 2 DK 9	1 2 9	

GO TO NEXT MODULE ⇒

(10) CARE OF ILLNESS MODULE					
1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD ANY OTHER ILLNESS OR HEALTH PROBLEM?	Yes.....1 No.....2 (2⇒Go to next module) DK.....9 (9⇒Go to next module)				1 2 9
2. DURING ( <i>name's</i> ) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none 1 About the same 2 (or somewhat less) More 3 DK 9				1 2 3 9
3. DURING ( <i>name's</i> ) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?  <i>If "less", probe: MUCH LESS OR A LITTLE LESS?</i>	None 1 Much less 2 Somewhat less 3 About the sam 4 More 5 DK 9				1 2 3 4 5 9
4. HAS ( <i>name</i> ) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE ( <i>day of the week</i> ) OF THE WEEK BEFORE LAST?  <i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i>	Yes 1 No 2 (2⇒Q.6) DK 9 (9⇒Q.6)				1 2 9
5. DURING THIS LAST EPISODE OF DIARRHOEA, DID ( <i>name</i> ) DRINK ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>					
			Y	N	DK
5A. BREAST MILK?	5A	1	2	9	
5B. CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP?	5B	1	2	9	
5C. OTHER LOCALLY-DEFINED ACCEPTABLE HOME FLUIDS (e.g. PLAIN TEA, FRUIT JUICE, COCONUT WATER)?	5C	1	2	9	
5D. ORS PACKET SOLUTION?	5D	1	2	9	
5E. OTHER MILK OR INFANT FORMULA?	5E	1	2	9	
5F. WATER ALONE?	5F	1	2	9	
5G. DEFINED "UNACCEPTABLE" FLUIDS (e.g., COBONATED FLUID, TEA, COFFEE)?	5G	1	2	9	
5H. NOTHING	5H	1	2	9	



Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Caretaker line no. \_\_\_\_\_ Child line no. \_\_\_\_\_

6. HAS (name) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?	Yes 1 No 2 (2⇒Q.9) DK 9 (9⇒Q.9)	1 2 9
7. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No 2 (2⇒Q.9) DK 9 (9⇒Q.9)	1 2 9
8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Blocked nose 1 Problem in chest 2 Both 3 Other (specify) 8 DK 9	1 2 3 8 9

Ask the following questions if (name) suffered from any illness or diarrhoea or cough or tightness of chest within last two weeks.

9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes 1 No 2 (2⇒ Go to next module) DK 9 (9⇒ Go to next module)	1 2 9
10. FROM WHERE DID YOU SEEK CARE?  ANYWHERE ELSE?  <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i>	Hospital.....1 Health centre.....2 MCH clinic.....3 Private physician.....4 Health worker.....5 Traditional healer.....6 Pharmacy or drug seller.....7 Relative or friend.....8 Other(specify).....9	1 2 3 4 5 6 7 8 9
11. WHY DID YOU TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY AT THAT TIME?  <i>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions.</i>	Child not able to drink or breastfeed.....1 Child becomes sicker.....2 Child develops a fever.....3 Child has fast breathing.....4 Child has difficult breathing.....5 Child has blood in stool.....6 Child is drinking/ eating poorly.....7 Other(specify).....8	1 2 3 4 5 6 7 8

GO TO NEXT MODULE ⇒

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Caretaker line no. \_\_\_\_\_ Child line no. \_\_\_\_\_

III. IMMUNIZATION MODULE									
If an immunization record is available, copy the dates in Qs. 2-5 for each type of immunization recorded on the card. Qs. 7-15 are for recording vaccinations that are not recorded. Qs. 7-15 will only be asked when a record is not available OR in cases when a record is available but the child was also given vaccinations which were not recorded.									
1. IS THERE A VACCINATION RECORD FOR (name)?				Yes.....1				1	
				No.....2 (2⇒Q.7)				2	
				DK.....9 (9⇒Q.7)				9	
<i>Copy dates of all vaccinations from the card.</i>				<i>Date of Immunization</i>					
	YES	NO	DK	DAY	MONTH	YEAR			
2. BCG	1	0	9						
3A. DPT1	1	0	9						
3B. DPT 2	1	0	9						
3C. DPT 3	1	0	9						
4A. OPV 1	1	0	9						
4B. OPV 2	1	0	9						
4C. OPV 3	1	0	9						
5. MEASLES	1	0	9						
6. PLEASE DO NOT FILL IN THIS SPACE.									
7. IF (NAME) DOES NOT HAS VACCINATION CARD, ASK Q. 8-15 AND RECORD IN THE RESPECTIVE COLUMN.									
8. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?				Yes .....1				1	
				No.....2				2	
				DK.....9				9	
9. Check left shoulder (most common site) for BCG scar.				Scar present.....1				1	
				Scar absent .....2				2	
				Unable to examine/cannot tell.....9				9	
10. HAS (name) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?				Yes.....1				1	
				No.....2 (2⇒Q.13)				2	
				DK.....9 (9⇒Q.13)				9	

11. PLEASE DO NOT FILL IN THIS SPACE			
12. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times	---	
13. HAS (name) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes.....1 No.....2 (2⇒Q.15) DK.....9 (9⇒Q.15)	1 2 9	
14. HOW MANY TIMES?	No. of times	---	
15. HAS (name) EVER BEEN GIVEN "VACCINATION INJECTIONS" AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes.....1 No.....2 DK.....9	1 2 9	
16. PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS:	Y	N	DK
<i>DEC. 1999 AND JAN. 2000, 5<sup>TH</sup> NID</i>	1	1	1
<i>DEC. 1998 AND JAN. 1999, 4<sup>TH</sup> NID</i>	2	2	2
<i>DEC. 1997 AND JAN. 1998, 3<sup>RD</sup> NID</i>	9	9	9

Please check the completeness of questionnaire from module 7 to 11 after asking the questions for children under 5 years. Then, check the cluster number, household number, child line number and mother line number in each page. After checking all, record result of interview in page 2 of the questionnaire. Then clip all forms of questionnaire for that household and say thank you and leave from household.

GO TO NEXT MODULE ⇨

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Caretaker line no. \_\_\_\_\_ Child line no. \_\_\_\_\_

<b>(12) ANTHROPOMETRY MODULE</b>			
<p>After questionnaires for all children are complete, the measurer weighs and height for each child.            Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the HH listing before recording measurements.</p>			
Questions	Answers		
	child line no. _____ child name .....	child line no. _____ child name .....	child line no. _____ child name .....
<i>DO NOT FILL THIS SPACE</i>			
2. Child's weight. (in Kilograms)	____.____	____.____	____.____
3. Child's length or height. (mention up to one decimal)  Check age of child:  <input type="checkbox"/> Child under 2 years old. ⇨ Measure length (lying down).  <input type="checkbox"/> Child age 2 or more years. ⇨ Measure height (standing up).	Length (cm) Lying down .....  Height (cm) Standing up .....	Length (cm) Lying down .....  Height (cm) Standing up .....	Length (cm) Lying down .....  Height (cm) Standing up .....
4. Measurer's name	-----	-----	-----
5. If measurement cannot be done please mention the reason. Not present ..... 1 Refused ..... 2 OTHER (SPECIFY) ____ 3	1 2 3 .....	1 2 3 .....	1 2 3 .....

## CLUSTER CONTROL SHEET

Stratum Number \_\_\_\_\_ Cluster Number \_\_\_\_\_

Interviewer Number \_\_\_\_\_ Date \_\_\_\_\_

HH No.	Name of Head of HH	Number of Eligible		Interviews Completed		Notes
		Women	Children	Women	Children	
Total:						

NOTES: (CONTINUE ON REVERSE SIDE, AS NEEDED)