Republic of Botswana

BOTSWANA MULTIPLE INDICATOR SURVEY (2000)



End of Decade Review on the World Summit for Children goals set for 2000

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Cover Picture:
Batswana children during the parade of nations at the 2000
UN Day celebrations.



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Botswana Multiple Indicator Survey (2000)



Preface

The Multiple Indicators Survey (MIS) was conducted under the auspices of the Central Statistics Office's Program of Household Surveys.

The MIS was a national sample survey whose fieldwork was conducted between 23rd May and 31st July 2000. The study was designed to provide information required for assessment of the End-Decade Goals set in 1990 at the New York World Summit for Children. At this summit, Heads of States and Governments, Botswana included, pledged themselves to the Declaration and Plan of Action for children. The plan called for establishment of mechanisms for monitoring progress toward the goals and objectives set for the year 2000.

In pursuance of these, Botswana like other countries developed a National Program of Action for Children. Thus, the MIS was a threshold exercise for regular and timely collection and analysis of data needed to provide social indicators for monitoring the well being of children.

In this household survey, a randomly selected group of women aged 15 - 49 years were interviewed. There were also questions designed to capture information regarding well-being, survivorship, and orphan hood of children under the age of five.

This report contains three major sections. That is, background information (introduction and survey objectives); survey methodology and sample design; and social indicators such as availability of safe water and sanitation, nutritional status of children under five years old, breastfeeding, immunisation coverage, salt iodisation, knowledge of HIV/AIDS, etc.

The results are published in two reports, the preliminary (or summary report) and the full report.

We hope that this report will provide useful information for the study of demographic trends, infants and child mortality and other social and economic indicators.

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Acknowledgements

The undertaking of a survey demands coordinated performance of several activities. Outputs of some activities are inputs for others. Thus, different people were involved with different Survey activities, either simultaneously or at different times of the duration of the exercise.

Therefore, for effective supervision and co-ordination of activities, concerted and coordinated efforts among individuals involved, is of vital importance for a successful outcome. Considerable success has been realized in the execution of various survey activities, indicating achievement in coordination and cooperation at all levels.

I will therefore like to take this opportunity to express appreciation to all those who participated in this Multiple Indicator Survey (MIS).

I am particularly grateful to the following: -

- **UNICEF (Botswana Office)**: for their valuable and continuous participation in the reference committee meetings and fieldwork, sponsorship of CSO officers to participate in MIS workshops held in Nairobi - Kenya and providing funds for some field work activities, consultancy fees and the dissemination of results.
- **Members of the MIS reference committee (as listed in the list of participants in this report)**: for their commitment to the successful completion of the Survey from planning stage to dissemination of the results.
- **The Survey Consultants**
- **Dr. W. Adegboyega**: for his participation in training MIS Enumerators and fieldwork activities.
- **Dr. G. Letamo, Mr R.G. Majelantle and Mr. K. Bainame, all from the Department of Demography, University of Botswana**: for their participation in data analysis, report writing and facilitating at the dissemination workshop.
- **All the Enumerators, Supervisors, Drivers and Data Entry Operators** who worked tirelessly collecting and processing the information required; for without their honest efforts we could not boast of a successful survey.
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- **CTO** for providing transport and drivers, **Nutrition Unit from MCH/FP** in the FHD and Food Control Unit in the Community Health Services for assisting in the training of field enumerators.
- And, last but not least, **all staff of the CSO**; the typists, the personal secretaries, the administrators, supply officers and the professionals for the dedication and thoroughness in their application to the entire exercise; from its planning stages to its conclusion.

A. N. Majelantle

CHIEF STATISTICIAN



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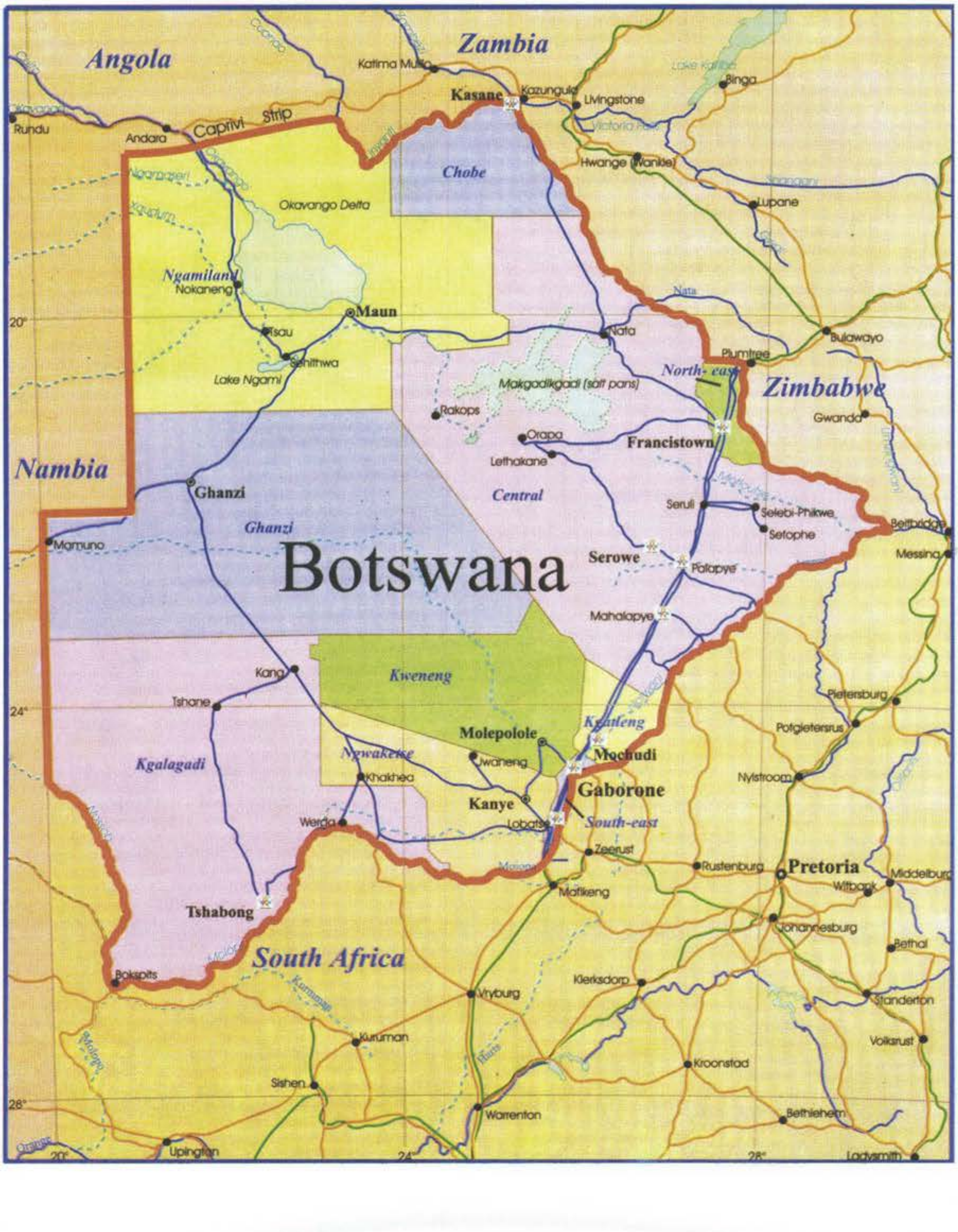
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Executive Summary

The 2000 Botswana Multiple Indicator Survey (MIS) 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 Botswana 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.

INFANT AND UNDER FIVE MORTALITY

- Distortions in the MIS data on deaths among children preclude obtaining estimates of very recent mortality rates. The data suggest that around 1996 the infant mortality rate was 57 per 1000, childhood mortality rate was 20 and the under five mortality rate was 75 per 1000.

EDUCATION

- Ninety two percent of children of primary school age (7–13) in Botswana are attending primary school. School attendance in the Ghanzi district is significantly lower than in the rest of the country at 76 percent. At the national level, there is a slight difference between male and female primary school attendance, 84 percent and 86 percent, respectively.

WATER AND SANITATION

- Ninety seven percent of the population has access to safe drinking water - 100 percent in urban areas and 94 percent in rural areas. The situation in Kgatleng is slightly worse than in other districts; 95 percent of the population in this district gets its drinking water from a safe source.
- Eighty-four percent of the population of Botswana is using sanitary means of excreta disposal.

CHILD MALNUTRITION

- Thirteen percent of children under age five in Botswana are underweight or too thin for their age. Twenty three percent of children are stunted or too short for their age and five percent are wasted or too thin for their height.
- Children who are aged under 12 months are the least likely to be underweight compared to children who are aged 12 months and above.

BREASTFEEDING

- Approximately 29 percent of children aged under four months are exclusively breastfed, a level considerably lower than recommended. At age 6–9 months, 57 percent of children are receiving breast milk and solid or semi-solid foods. By age 20–23 months, only 11 percent are continuing to breastfed.

SALT IODIZATION

- Sixty six percent of households in Botswana have adequately (15+ PPM) iodized salt. The percentage of households with adequately iodized salt ranges from 43 percent in the Selbi Phikwe to 87 percent in the Kgatleng district.



LOW BIRTH WEIGHT

- Approximately 8 percent of infants are estimated to weigh less than 2500 grams at birth. Seventy six percent of births were weighed at birth.

IMMUNIZATION COVERAGE

- Ninety nine 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 98 percent. The percentage remains at 98 percent for second dose of DPT but declines to 94 percent for the third dose.
- Similarly, 98 percent of children received Polio 1 by age 12 months and this declines to 94 percent by the third dose.
- The coverage for measles vaccine is lower than for the other vaccines at 83 percent.
- Seventy four percent of children had all the vaccinations in the first 12 months of life.
- Male and female children are vaccinated at roughly the same rate.

DIARRHEA

- Approximately ninety six percent of children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).
- Only 4 percent of children with illness received increased fluids and continued eating as recommended.

ACUTE RESPIRATORY INFECTION

- Thirty nine percent of the under five children had an acute respiratory infection in the two weeks prior to the survey. Approximately 14 percent of these children were taken to an appropriate health provider.

IMCI INITIATIVE

- Among the under five children who were reported to have had diarrhea or some other illness in the two weeks preceding the MIS, about 26 percent received increased fluids and continued eating as recommended under the IMCI programme.

HIV/AIDS

- Sixty nine percent of women aged 15-49 know all two of the main ways to prevent HIV transmission - having only one uninfected sex partner and using a condom every time.
- Thirty one percent of women correctly identified three misconceptions about HIV transmission - that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected.
- Forty eight percent of women of reproductive age in Botswana know a place to get tested for AIDS and about 19 percent have been tested.



CONTRACEPTION

- Current use of contraception was reported by 44 percent of all women aged 15-49. The most popular method is the condom which is used by 16 percent of married women followed by the pill, which accounts for 15 percent of married women.

PRENATAL CARE

- Virtually all women in Botswana receive some type of prenatal care and 97 percent receive antenatal care from skilled personnel (doctor, nurse, midwife).

ASSISTANCE AT DELIVERY

- A doctor, nurse, or midwife delivered about 98 percent of births occurring in the year prior to the MIS survey. This percentage is highest in Selebi-Phikwe, Lobatse, Small Towns, South East, Kweneng, Kgatleng, Ghanzi and Kgalagadi districts at 100 percent and lowest in the North East at 94 percent.

BIRTH REGISTRATION

- The births of 59 percent of children under five years in Botswana have been registered. There are variations in birth registration across districts and rural-urban categories.

ORPHANHOOD AND LIVING ARRANGEMENTS OF CHILDREN

- Overall, 28 percent of children aged 0-14 are living with both parents. Children who are not living with a biological parent comprise 24 percent and children who have one or both parents dead amount to 12 percent of all children aged 0-14.
- The situation of children in urban areas differs from that of other children. In the urban areas, about 34 percent of children live with both parents compared with only twenty one percent in rural areas.



Summary Indicators

World Summit for Children Indicators			1988	1996	2000
Under-five mortality rate	Probability of dying before reaching age five		53	45	75
Childhood mortality rate	Probability of dying between one and five		-	16[1]	20
Infant mortality rate	Probability of dying before reaching age one		37	37	57
Underweight prevalence	Proportion of under-fives who are too thin for their age		-	17%	13%
Stunting prevalence	Proportion of under-fives who are too short for their age		-	29%	23%
Wasting prevalence	Proportion of under fives who are too thin for their height		-	11%	5%
Use of safe drinking water	Proportion of population who use a safe drinking water source		-	77%[1]	97%
Use of sanitary means of excreta disposal	Proportion of population who use a sanitary means of excreta disposal		-	55%[1]	84%
Antenatal care	Proportion of women aged 15-49 attended at least once during pregnancy by skilled personnel		92%	94%	97%
Contraceptive prevalence	Proportion of women aged 15-49 who are using a contraceptive method	*currently married In Union*	33%	48%	48%
		All Women	30%	42%	44%
Childbirth care	Proportion of births attended by skilled health personnel		78%	87%	95%
Birth weight below 2.5 kg.	Proportion of live births that weigh below 2500 grams		-	-	8%
Iodized salt consumption	Proportion of households consuming adequately iodized salt		-	-	66%
Exclusive breastfeeding rate	Proportion of infants aged less than 4 months who are exclusively breastfed		-	-	29%
Timely complementary feeding rate	Proportion of infants aged 6-9 months who are receiving breast milk and complementary food		-	-	57%
Continued breastfeeding rate	Proportion of children aged 12-15 months and 20-23 months who are breastfeeding	*12-15*	-	-	53%
		20-23	-	-	11%
DPT immunization coverage	Proportion of children immunized against diptheria, pertussis and tetanus by age one		94%	95%	98%
Measles immunization coverage	Proportion of children immunized against measles by age one		93%	74%	83%
Polio immunization coverage	Proportion of children immunized against polio by age one		92%	94%	98%
Tuberculosis immunization coverage	Proportion of children immunized against tuberculosis by age one		99%	99%	99%
Children protected against neonatal tetanus	Proportion of one year old children protected against neonatal tetanus through immunization of their mother		-	-	72%
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		72%[2]	-	96%
Home management of illness	Proportion of under-five children who had illness in the last 2 weeks and received increased fluids and continued feeding during the illness		-	-	4%
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		29%[3]	-	14%
Preschool development	Proportion of children aged 36-59 months who are attending some form of organized early childhood education program		-	-	17%
Indicators for Monitoring Children's Rights					
Birth registration	Proportion of under-five children whose births are reported registered		-	-	59%
Children's living arrangements	Proportion of children aged 0-14 years in households not living with a biological parent		-	-	24%
Orphans in household	Proportion of children aged 0-14 years who are orphans living in households	*Both*	-	-	1.4%
		One parent	-	-	10.8%
		One or both	-	-	12.2%
Indicators for Monitoring IMCI					
Home management of illness	Proportion of under-five children reported ill during the last 2 weeks who received increased fluids and continued feeding		-	-	4%
Indicators for Monitoring HIV/AIDS					
Knowledge of preventing HIV/AIDS	Proportion of women who correctly state the 2 main ways of avoiding HIV infection		-	-	69%
Knowledge of misconceptions of HIV/AIDS	Proportion of women who correctly identify 3 misconceptions about HIV/AIDS		-	-	31%
Knowledge of mother to child transmission	Proportion of women who correctly identify means of transmission of HIV from mother to child		-	-	81%
Attitude to people with HIV//AIDS	Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS		-	-	68%
Women who know where to be tested for HIV	Proportion of women who know where to get a HIV test		-	-	45%
Women who have been tested for HIV	Proportion of women who have been tested for HIV		-	-	19%

[1] These figures were obtained from the 1991 population and Housing Census.
[2] Percentage of children with diarrhea treated by ORS packet and/or home solution.
[3] Percentage of children with a cough or difficult breathing during the past 4 weeks treated with tablets, injection, and syrups.

I. Introduction

BACKGROUND OF THE SURVEY

At the World Summit for Children held in New York in 1990, the Government of Botswana pledged itself to a Declaration and Plan of Action for Children. Subsequently, a National Programmed of Action for Children was developed and implemented. The National Programme of Action (NPA) charts a specific agenda that responds to the rights and needs of children and women. It aims to reduce social disparities and promote equity and protection of vulnerable groups. The NPA and the National Development Plans are complimentary with one enhancing and strengthening the other.

The major goals of the NPA are to:

- Reduce non-HIV related infant and under 5 mortality rates by one third to 30 per 1000 and 38 per 1000 respectively;
- Reduce maternal mortality by half from 300 to 150 per 1000 live births;
- Reduce malnutrition among children under five to half of the 1990 levels (for moderate malnutrition from 15 percent to 7 percent for severe malnutrition virtual elimination);
- Increase access to safe water supply from 68 percent of rural households to 95 percent;
- Increase access to facilities for sanitary means of excreta disposal from 41 percent to 70 percent of rural households;
- Secure universal access to and improvement of the quality and relevance of basic education;
- Significantly reduce adult illiteracy;
- Promote early childhood development with emphasis on family and community involvement;
- Improve protection of children in especially difficult circumstances and tackle the root causes leading to such situations; and
- Promote widespread understanding and observance of the Convention on the Rights of the Child.

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. The Botswana Family Health Survey III was conducted in 1996 to measure progress at mid-decade. The 2000 Botswana MIS survey has been implemented to provide end-decade information on many of the indicators.

The Botswana MIS was conducted by the Central Statistics Office. Funding was provided by the Botswana Government with Botswana UNICEF office assisting with 45% of the total fieldwork costs.

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



BOTSWANA'S BACKGROUND

Demographic Situation

Botswana's total de facto population has grown from about 596,944 in 1971, to 941,027 in 1981, and finally to 1,326,796 in 1991. These figures imply an annual growth rate of 4.7% between 1971 and 1981 and 3.5% between 1981 and 1991. This rapid population growth in population is mainly a result of a fairly low mortality rate and a high but declining fertility. Infant mortality rate has declined from 97.1 deaths in 1971 to 48.0 deaths in 1991. Life expectancy at birth increased from 55.5 years in 1971 to 65.3 years in 1991. The total fertility rate declined from 6.5 children per woman in 1971 to about 4.3 children in 1996.

Given the relatively high level of fertility and relatively low level of mortality, the population of Botswana is young and has a disproportionately large number of females. The predominance of the female population could be explained by the low sex ratio at birth and high mortality among males. The proportion of the population under age 15 years went down from 47.5% in 1971 to 43.2% in 1991. The sex ratio also improved from 84.0 males per 100 females in 1971 to 92.0 males per 100 females in 1991.

The percentage of the population residing in urban areas increased from 9% in 1971 to 45.7% in 1991. The increase in the urban population may be explained by the high rate of rural to urban migration and the reclassification of some major villages into urban areas. The population density has also increased from 1.0 person per square kilometre in 1971 to 2.3 persons per square kilometre in 1991. Population density varies by district with the urban districts having the largest densities.

Health Situation

Health care services in Botswana were hospital-based until 1973. Since 1973, the Government of Botswana accepted Primary Health Care (PHC) as the most appropriate strategy for the attainment of Health for All. This strategy has been followed in the past national development plans and is still being followed in the current National Development Plan 8 (NDP 8) 1997/98 - 2002/03. In the NDP 7 1991-1997, Botswana committed itself to the goal of Health for All by the Year 2000 where every inhabitant of the country is to enjoy a level of health that allows him/her to lead an economically and socially productive life and having access to essential health services (Ministry of Finance and Development Planning, 1991).

The National Health Policy was developed and approved by government in 1995. The objectives of the health policy were based on the principles of Primary Health Care as contained in the Alma-Ata Declaration of 1978. The Botswana's health policy states that the government shall put health promotion and care and disease prevention among its priorities. The aim is to ensure access by all citizens of Botswana to essential health care whatever their financial resources or place of residence and to ensure equitable distribution of health resources and utilisation of health services. Another objective is to ensure that health services are operated and structured in such a way as to ensure linkage with each other as well as with social services and managed in such a way as to ensure maximum social benefit with minimum waste. Furthermore, private health sector shall be supported and co-operation between such sector and public sector shall be encouraged. Finally, in pursuing these above objectives, special attention shall be focused on high-risk groups, such as children,



adolescents, pregnant women, the elderly, disabled, and workers whose occupations or professions justify such measures (Ministry of Finance & Development Planning, 1997). The whole concept of primary health care is based on promotive, preventive, curative and rehabilitative health care services.

The public health system in Botswana consists of all health facilities owned or supported by Government as well as facilities open to the public such as mine hospitals. The Ministry of Health is administering directly two Referral Hospitals, six District Hospitals, one Mental Hospital and thirteen Primary Hospitals. The Ministry also provides running costs for three Mission Hospitals. Orapa and Jwaneng Mine Hospitals are providing services to the general public although the Government does not contribute directly to their funding. The Bamangwato Concessions Limited (BCL) Mine Hospital in Selebi-Phikwe is the only one that provides services to its employees and their relatives (Ministry of Finance & Development Planning, 1997). In addition to these health facilities, there is a private hospital based in Gaborone and many private medical practitioners commonly found in urban centres. Thus almost all health care services are provided through public health system.

According the National Development Plan 8, there are 16 general hospitals, 14 primary, 85 clinics with beds, 137 clinics without beds, 330 health post and 740 mobile stops in Botswana. The distribution of beds is such that out of the 3,583 beds, 72 per cent are in general hospitals, 13.8 per cent are in primary hospitals and 13.4 per cent are in clinics. In terms of health personnel, Botswana has 408 medical doctors, 37 dentists, 3961 nurses and 727 family welfare educators. The ratios of health care personnel of different professions to population served is rather low, indicating shortage of medical personnel in the country. For instance, in 1983, for every 10,000 population there were 1.4 medical doctors and this ratio improved to 2.7 in 1998. The number of nurses has increased from 2,413 in 1990 to 3,678 in 1996 whereas that of family welfare educators was 666 in 1990 and 714 in 1996. These numbers show that the training of health personnel has improved over the years. Since there is a critical shortage of trained health personnel in the country, the Government of Botswana has deliberately given first priority to training of health personnel. The Government has categorized its Grant/Loan Scheme where category I reflects areas of critical human resource shortage and this category includes medicine and dentistry. In this category, students who apply for training in programmes contained in this category will be given 100 per cent grant on both tuition and maintenance costs and on completion of the programme will be employed directly in Botswana.

According to the 1991, population census, 46 per cent of the Botswana's population was urban. These discrepancies can also be observed with accessibility to health care services. Although 77 per cent of the entire population has access to piped water, only 53 per cent of the rural population has access to piped water. The whole urban population has access to piped water. With regard to sanitary toilet facilities, 55 per cent of the Botswana's population has access to toilet facilities, both pit and flush toilets. Whereas 82 per cent of the urban population has access to toilet facilities, only 26 per cent of the rural population has access to toilet facilities.

Accessibility of health care services varies according to place of residence. Health care services tend to be easily accessible in urban



areas than in rural areas. In 1995, 83 per cent of the rural population were within 15 kilometres from a health facility compared to 98 per cent of the urban population. 94 per cent of the urban population was within 8 kilometres from a health facility compared to 81 per cent of the rural population. The accessibility to health care services tends to be exaggerated when intra and inter districts variations are investigated. For instance, remote rural districts such as Gumare, Ghanzi and Kgalagadi have low accessibility to health care facilities whereas almost all urban districts populations are within 15 kilometre radius from a health facility.

The primary health care approach is implemented through the establishment of mobile health stops, health posts, clinics, primary hospitals, district hospitals and the more sophisticated referral hospitals. It should be noted that the definition of each health facility depends on the type of services it renders. Mobile health stop provides limited primary health care services and does not have fixed facilities as the name suggests. A health post essentially provides the most basic health services needed and is staffed by one nurse and family welfare educators. The role of family welfare educators is to motivate and educate families and communities on health issues. Health posts are regularly visited by supervisory personnel who are nurses. Clinics basically provide a wide range of services such as maternal and child health, preventive work, diagnosis and treatment of common diseases and simple laboratory tests. Clinics with maternity wards in addition to the above services provide delivery services. Primary hospitals are designed to provide more preventive health services with curative hospital functions similar to those that are provided at district hospitals but on a small scale. District hospitals in addition to duties performed by primary hospitals; carry out special services for serious and complicated health problems. They do preventive, curative and rehabilitative duties and provide in-patient care for more complicated health needs. Much more complicated health problems are usually referred to the two referral hospitals, Princess Marina Hospital in Gaborone and Nyangabgwe Hospital in Francistown. These referral hospitals provide specialist services such as ophthalmology, surgery and obstetrics.

Because of the improved health care provision services, infant mortality rate has been reduced from 100 infant deaths per 1000 live births in 1971 to 45 in 1991 and the under 5 mortality rate has declined from 147 deaths per 1000 live births in 1971 to 56 deaths in 1991. The percentage of children fully immunized rose from 36 per cent in 1980 to 57 per cent in 1994. Life expectancy has increased from 65 years in 1991 to 67 years in 1996 (Ministry of Finance & Development Planning, 1997).

Despite these commendable achievements, there are some disappointments in some areas. For instance, immunization coverage dropped from 66 per cent in 1987 to 56.5 per cent in 1994 because of various reasons. Long distances to immunization sites, inadequate information and lack of motivation for mothers are cited as some of the reasons for this drop (Ministry of Finance & Development Planning, 1997).

Data on Human Immune Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are derived from national HIV sentinel surveillance surveys which have been conducted in the country since 1992 among pregnant women attending public antenatal



clinics. In addition to pregnant mothers, HIV infections are monitored amongst men attending clinics for the treatment of sexually transmitted diseases. Based on these surveys, except for Francistown there are clear indications to suggest that HIV infections are increasing in different parts of Botswana. The hardest hit age group tends to be between 15 and 49 years. In 1998 the highest prevalence rates were observed in Selebi-Phikwe (50%), Francistown (43%) and Gaborone (39%). Combining all sites shows that those aged 20 - 34 had prevalence of at least 38%.

The advent of HIV and AIDS has started to reverse the gains previously achieved through an effective health care system. HIV/AIDS has become the main killer disease in the country and Botswana is reported to be one of the most hard-hit countries in the world. In 1996, it was estimated that 12.8% of the general population was HIV positive. Currently, the government has engaged consultants to assess the impact of HIV/AIDS on various sectors of the economy. Up to 60 per cent of medical and paediatric wards are currently occupied by AIDS patients and this calls for the accelerated implementation of the Community Home Based Care programme which should assist in reducing the congestion in health facilities (Republic of Botswana, 1999).

There is evidence to suggest that childhood immunisable diseases are declining whilst there is an increase in non-communicable diseases. Infectious diseases still remain the most important causes of illness and death. Tuberculosis remains the most important health problem, accounting for about 20 per cent of adult inpatient discharges from hospitals and about 25 per cent of institutional deaths. Sexually transmitted diseases are also observed in large numbers. Cardiovascular diseases especially high blood pressure and strokes are quite common. The increase in non-communicable diseases is associated with changes in lifestyle from an agricultural economy to a cash economy, which has resulted in changes in diet, to a more sedentary life and to a longer life expectancy.

The Government of Botswana is committed to providing health care services to all its population. The role of Government in health provision through the Ministry of Health includes policy-making, professional guide and supervision of health care in its entirety in Botswana. The Ministry of Health has been committed to Health for All and remains so today. During fiscal year 1991/92, the Government of Botswana spent approximately 3.8 percent of the total budget on the Ministry of Health and this share rose to 5.2 per cent during the 1996/97 fiscal year.

SURVEY OBJECTIVES

The 2000 Botswana Multiple Indicator Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Botswana 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 Botswana and to strengthen technical expertise in the design, implementation, and analysis of such systems.



II. Survey Methodology

SAMPLE DESIGN

The sample for the Botswana Multiple Indicator Survey 2000 was designed to provide estimates of health indicators at the national level, urban and rural areas, and for the fourteen districts: Gaborone, Francistown, Lobatse, Selebi-Phikwe, Small towns (Small Towns) , Southern, South East, Kweneng, Kgatleng, Central, North-East, North West, Ghanzi, and Kgalagadi.

A stratified two-stage sample design was used to select the sample in which, Primary Sampling Units (PSUs) were Enumeration Areas (EA) or Blocks. Sample Blocks from each stratum were selected using systematic probability proportional to measure of size (MOS); size being the number of households obtained from 1991 Population and Housing Census. In all 215 blocks were selected with probability proportional to size (pps) of stratum.

At the second stage of sampling, the households were systematically selected from fresh list of households prepared at the beginning of the survey's fieldwork (i.e. listing of households for the selected blocks). Overall 6988 valid households were drawn systematically.

The sample is not self-weighting because it was stratified by districts

QUESTIONNAIRES

The questionnaires for the Botswana MIS were based on the MICS Model Questionnaire with some modifications and additions. Some of the modifications include lowering the age limit of the eligible women to 12 years, excluding modules on malaria, vitamin A and child labour in order to adapt the questionnaire to Botswana situation. A household questionnaire was administered in each household, which collected various information on household members including sex, age, marital status, education, water and sanitation, salt iodization modules and orphanhood status. In addition to the household questionnaire, questionnaires were administered in each household for women aged 12-49 and children under age five. For children, the questionnaire was administered to the mother/caretaker of the child. The questionnaire for women contains the following modules:

- Tetanus toxoid
- Maternal and newborn health
- Contraceptive use
- HIV/AIDS.

The questionnaire for children under age five includes modules on:

- Birth registration and early weaning
- Breastfeeding
- Immunization
- Anthropometry

For the full questionnaires, see Appendix B.



FIELDWORK AND PROCESSING

The field staff was trained from 2nd May to 19th May, 2000. The data were collected by fifteen teams; each comprising of four interviewers, one driver, and a supervisor. There were a total of 215 blocks (EAs) and each team was assigned an average of 14-15 blocks. The fieldwork started from the 23rd May to 29th May 2000 in Gaborone and from the 8th June to 31st July 2000 in other areas outside Gaborone.

Before data entry was carried out, the questionnaires were edited to check if all the relevant questions have been responded to and coded according to the codes designed for the study. Data entry was carried out between June-August, 2000 by 7 data entry operators under the supervision of one programmer/supervisor. Consistency checks on the data set as per the Computer Edit Specifications designed by the subject matter specialist were performed. Data editing took one month; it began in September and finished in October 2000. The data tabulation and analysis was completed at the end of November.



III. Sample Characteristics and Data Quality

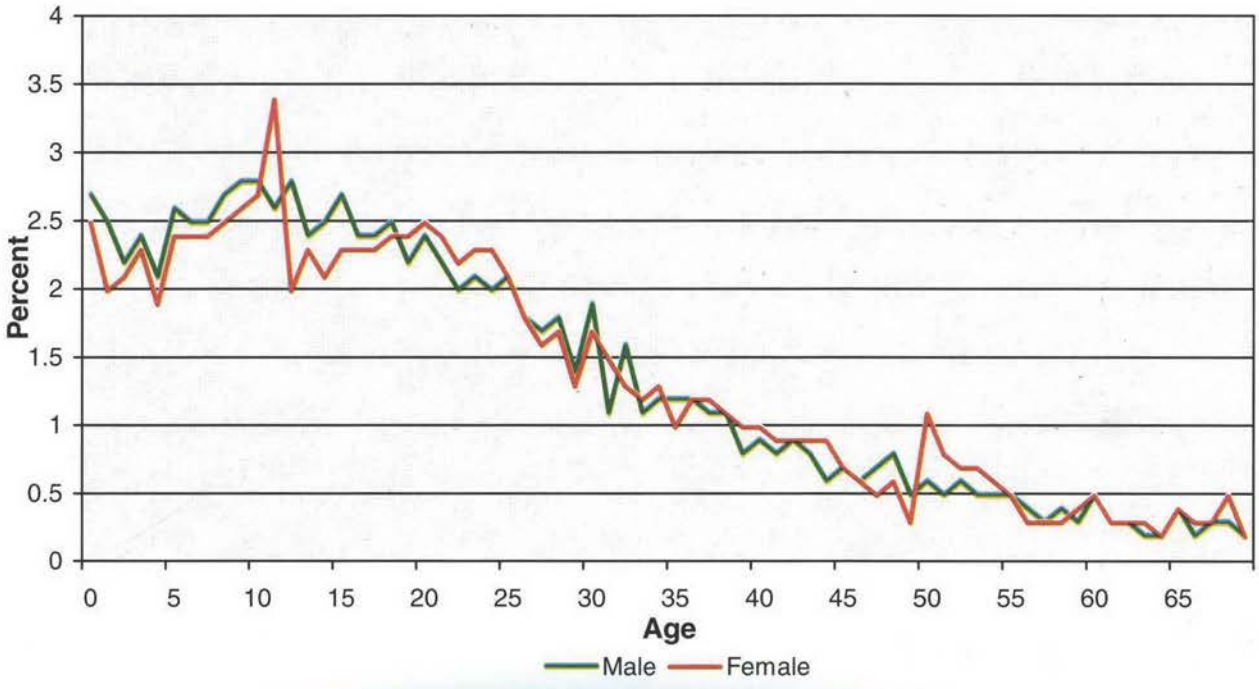
RESPONSE RATES

Of the 6988 households selected for the Botswana MIS sample, 6697 were found to be occupied (Table 1). Of these, 6188 were successfully interviewed for a household with response rate of 92 percent. The response rate was roughly the same in both urban and rural areas (92 percent). In the interviewed households, 7789 eligible women aged 15-49 were identified. Of these, 6485 were successfully interviewed, yielding a response rate of 94 percent. In addition, 3056 children under age five were listed in the household questionnaire. Of these, questionnaires were completed for 2935 children for a response rate of 96 percent.

AGE DISTRIBUTION AND MISSING DATA

As shown in Table 2, the single year age distribution of household members by sex exhibits some distortions centered around age 11 and 50 for females and none for males. For both sexes, some digit preference is evident for ages ending in 0 and 5, a pattern typical of populations in which ages are not always known.

Figure 1: Single year age distribution of the household population by sex, Botswana, 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. Fewer than one percent of household members have missing information on whether they have ever being tested for HIV. Among female respondents, 0.9 percent did not report a complete birth date (i.e., month and year). Three percent of women who had a birth in the 12 months prior to the survey did not report the date of their last tetanus toxoid injection. These low levels of missing data suggest that there were no significant problems with the questions or the fieldwork.

The data on weight and height are the most likely among the selected information to be missing. Approximately less than one percent of children are missing on height and zero percent for weight. By international standards, this percentage is relatively low in comparison to other surveys in which anthropometric measurements are taken (Sommerfelt and Boerma, 1994).

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 64 percent of the households (2219 households) are rural and 36 percent (3969 households) are urban. The Central district comprises the largest of the fourteen districts with 21 percent of households while Gaborone is next largest with 18 percent. The remaining districts each contain between 2 and 13 percent of households. Most of the households have between two and five members.

Table 5 shows the characteristics of female respondents aged 15-49. Women age 15-24 comprise the greatest percentage of the sample at 45 percent. This percentage declines steadily across age groups until age 45-49 where it is five percent. Approximately 16 percent of women in the sample are married and 99 percent have ever had a birth. The majority of women (71 percent) have had at least some primary education while twenty nine percent have had no education.

Table 6 shows the characteristics of children under age five. The proportion of male and female children is almost the same (50 percent). The majority of children under age 5 (29 percent) come mainly from Central district.



IV. Results

A. INFANT AND UNDER-FIVE MORTALITY

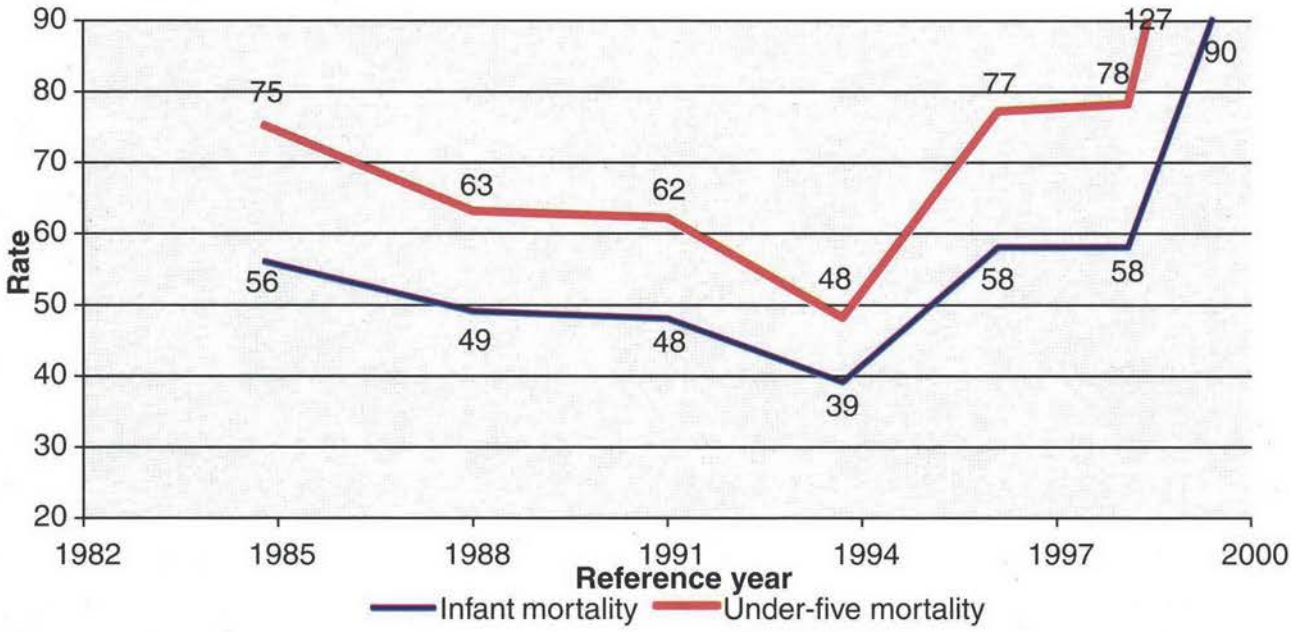
The infant mortality rate is the probability of dying before the first birthday. The under five mortality rate is the probability of dying before the fifth birthday. In MIS, infant and under five mortality rates are calculated based on an indirect estimation technique (the Brass method). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five year age groups of women. The technique converts these data into probabilities of dying by taking account of both the mortality risks to which children are exposed and their length of exposure to the risk of dying.

The data used for mortality estimation are shown in Table 7. The mean number of children ever born (CEB) rises from 0.15 among 15-19 year olds to 5.37 among 45-49 year olds as expected. However, the proportion of children dead has an irregular pattern. In particular, the proportion of children dead among women aged 30-34 is low and the proportions among younger women appear to be too high. This pattern may be affected by the age heaping noted in Table 1 above. If some women in their thirties underreported their ages but reported the births and deaths of their children correctly then the deaths would effectively be moved downward toward age 29. In addition, an examination of sex ratios at birth (not shown) suggests that the births of girls may have been underreported among women age 15 to 19 for whom the sex ratio of births is 1.13. However, other ratios are in the plausible range of 1.03 to 1.08 for the remaining age groups, except for age groups 20 to 24, 40 to 44 and 45 to 49 years.

Mortality estimates were obtained using the United Nations QFIVE program. Based on previous estimates of infant and child mortality for Botswana, the West model life table was selected as most appropriate. Estimates of infant and under-five mortality for several reference years are plotted in Figure 2. The estimates based on the reports of women aged 20-24 and 25-29 years do not differ significantly. But because it is not usually recommended to use estimates based on the two youngest age groups, plausible estimates for the most recent years are obtained from age group 25-29 years age group. The estimates for 1996 (precisely 1996.1) appear to be the most recent figures that can be used with some confidence (Table 8).



Figure 2: Estimates of infant and under-five mortality based on indirect estimation, Botswana, 2000



B. 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, promoting human rights and democracy, protecting the environment, and influencing population growth.

Early childhood education

Nine percent of children aged 36-59 months are attending an organized early childhood education programme, such as kindergarten or community childcare with organized learning activities (Table 9). A slightly higher proportion of female children aged 36-59 months are attending an organized early childhood education programme compared to their male counterparts. District variations are difficult to interpret because of the small number of cases involved. Therefore, any attempt to interpret these results should be done cautiously. In addition, 23 percent of the children in urban areas attend early learning activities compared to only 9 percent of children in rural areas. Relatively few children attend at age three (36-47 months) while the majority of children attend at age four (48-59 months).

Basic education

Overall, 92 percent of children of primary school age (7-13) in Botswana are attending primary school (Table 10). In urban areas, 88



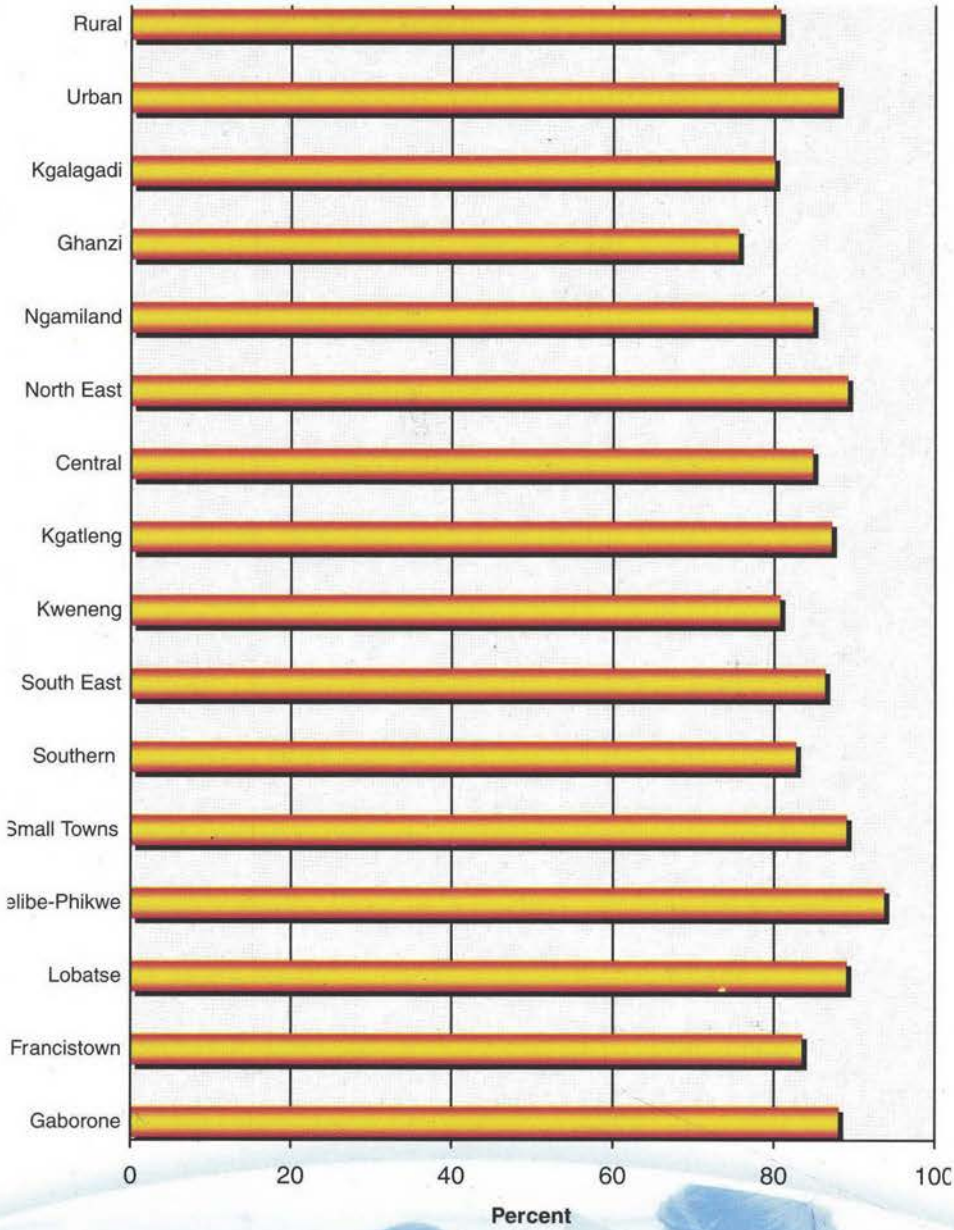
percent of children age 6- 13 years attend school while in rural areas 81 percent of these children attend. School attendance among children aged 6-13 years in Ghanzi is significantly lower than in the rest of the country at 76 percent. At the national level, there is a slightly higher proportion of females (86 percent) attending primary school compared to males (84 percent).

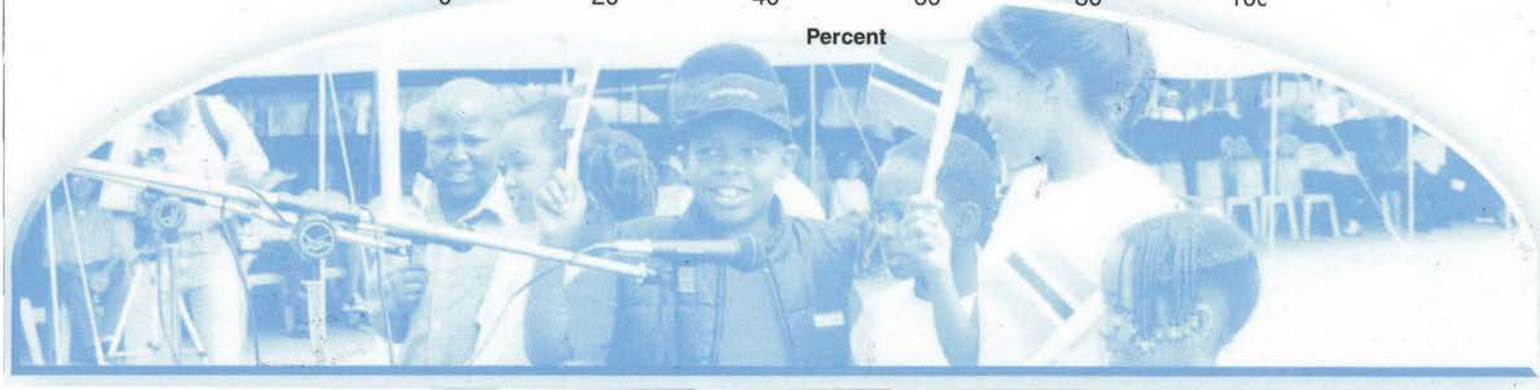
C. WATER AND SANITATION

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

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





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 17 percent of the population uses drinking water that is piped into their dwelling and 30 percent used water piped into their yard or plot. Public tap is also an important source of drinking water.

The source of drinking water for the population varies slightly by district (Table 11). The majority of the population uses drinking water that is piped into their dwelling or into their yard/plot. Notable in this regard are districts such as South East, Gaborone and Kgatleng. In contrast, only about 27 percent of those residing in North West of the population uses drinking water that is piped into their dwelling or into their yard/plot. It should also be noted that whilst Lobatse and Francistown are urban centres, most people still obtain their drinking water from public taps.

The population using safe drinking water sources is those who use any of the following types of supply: piped water, public tap, borehole/tube-well, protected well, protected spring or rainwater. Overall, 98 percent of the population has access to safe drinking water - 100 percent in urban areas and 91 percent in rural areas.

Use of sanitation

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, improved pit latrines, and traditional pit latrines. Eighty four percent of the population of Botswana is using sanitary means of excreta disposal (Table 12). This percentage is 97 in urban areas and 60 percent in rural areas. Residents of North West district have the lowest access to sanitary means of excreta disposal. Most of this population has no facilities or use the bush. In contrast, the most common facilities in other areas of the country are traditional pit latrines.

D. 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 who were not weighed and measured and those whose measurements are outside a plausible range are excluded. In addition, a small number of children whose birth dates are not known are excluded.

Thirteen percent of children under age five in Botswana are underweight and two percent are classified as severely underweight (Table 13). Twenty three percent of children are stunted or too short for their age and five percent are wasted or too thin for their height.

Because of small number of cases in the district, this information should be interpreted with caution. Underweight is particularly pronounced in North West district. Stunting is highly prevalent in Francistown and lowest in the South East. There is no significant difference in stunting among both boys and girls in the wole country. The age pattern shows that a high percentage of children aged under 12 months and those aged 24 and above months are more likely to be underweight, stunted and wasted in comparison to other children (Figure 2). 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.

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.



Approximately 29 percent of children aged less than four months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 57 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 53 percent of children are still being breastfed and by age 20-23 months, 11 percent are still breastfed.

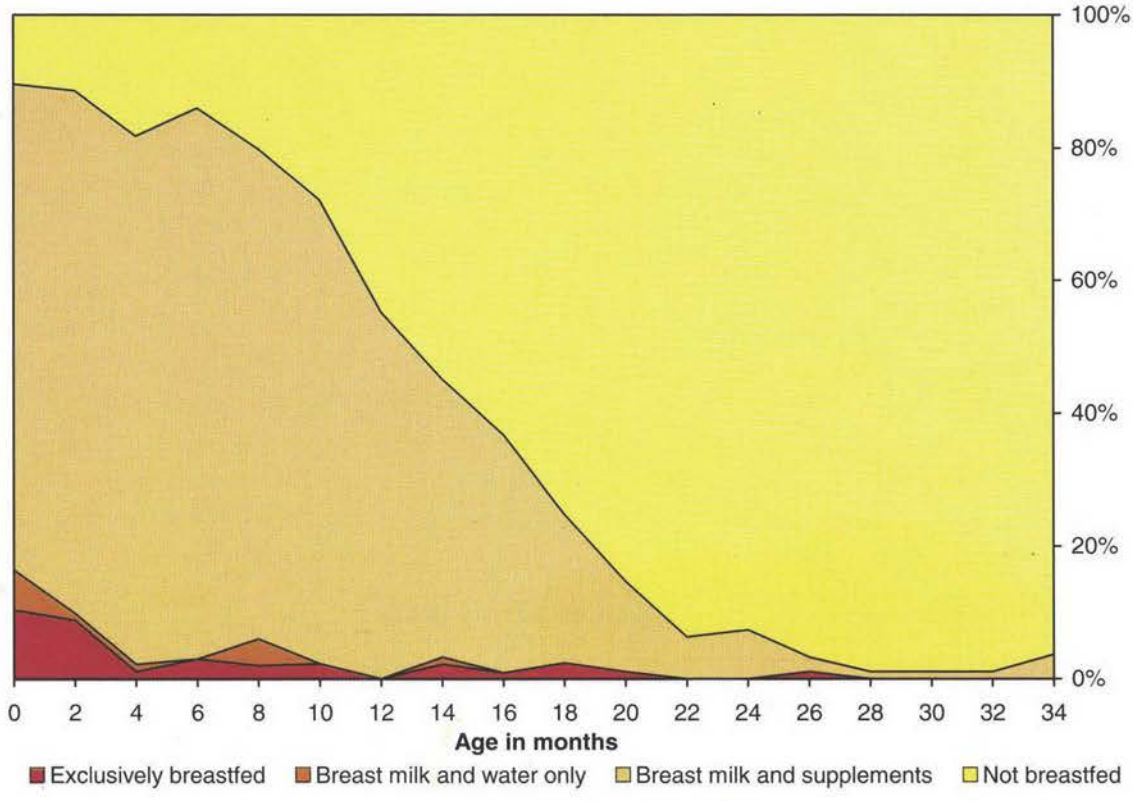
Figure 3 shows the detailed pattern of breastfeeding status by the child's age in months. Even at the earliest ages, the majority of children are receiving liquids or foods other than breast milk. The percentage of children exclusively breastfed diminishes rapidly to close to zero after three months. By the end of one year, the proportion of children who are still breastfed diminishes drastically.

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 MIS, interviewers tested household salt for iodine levels by means of a testing kit.

Approximately 93 percent of households had salt which was tested during the MIS (Table 15). Among households in which salt was tested, 66 percent had adequately iodized salt. The percentage of households with adequately iodized salt ranges from 43 percent in Selebi-

Figure 4: Percent distribution of living children by breastfeeding status, Botswana, 2000.





Phikwe to 87 percent in the Kgatleng district. Sixty six percent of urban households had adequately iodized salt compared to 65 percent of rural households.

Low birth weight

Infants who weigh less than 2500 grams (2.5 kg.) at birth are categorized as low birth weight babies. Since many infants are not weighed at birth and those who are weighed may be a biased sample of all births, reported birth weight cannot be assumed to estimate the prevalence of low birth weight among all children. Ideally, the percentage of births weighing below 2500 grams should have been estimated from two items which were not covered in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth. Seventy nine percent of births in the Botswana MIS were weighed at birth.

First, the two items are cross-tabulated for those children who were weighed at birth to obtain the proportion of births in each category of size who weighed less than 2500 grams. This proportion is then multiplied by the total number of children falling in the size category to obtain the estimated number of children in each size category who were of low birth weight. The numbers for each size category are summed to obtain the total number of low birth weight children. This number is divided by the total number of live births to obtain the percentage with low birth weight.

Based on reported birth weight, approximately 8 percent of infants are estimated to weigh less than 2500 grams at birth in Botswana (Table 16). Districtal variations by districts is difficult to estimate because of small number of cases. However, urban-rural differential indicates that low birth weight is high in urban areas than in rural areas.

E. 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 diptheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. In MIS, mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MIS questionnaire. Mothers were also probed to report any vaccinations the child received that did not appear on the card. Overall, 88 percent of children had health cards. If the child did not have a card, the mother was read a short description of each vaccine and 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.



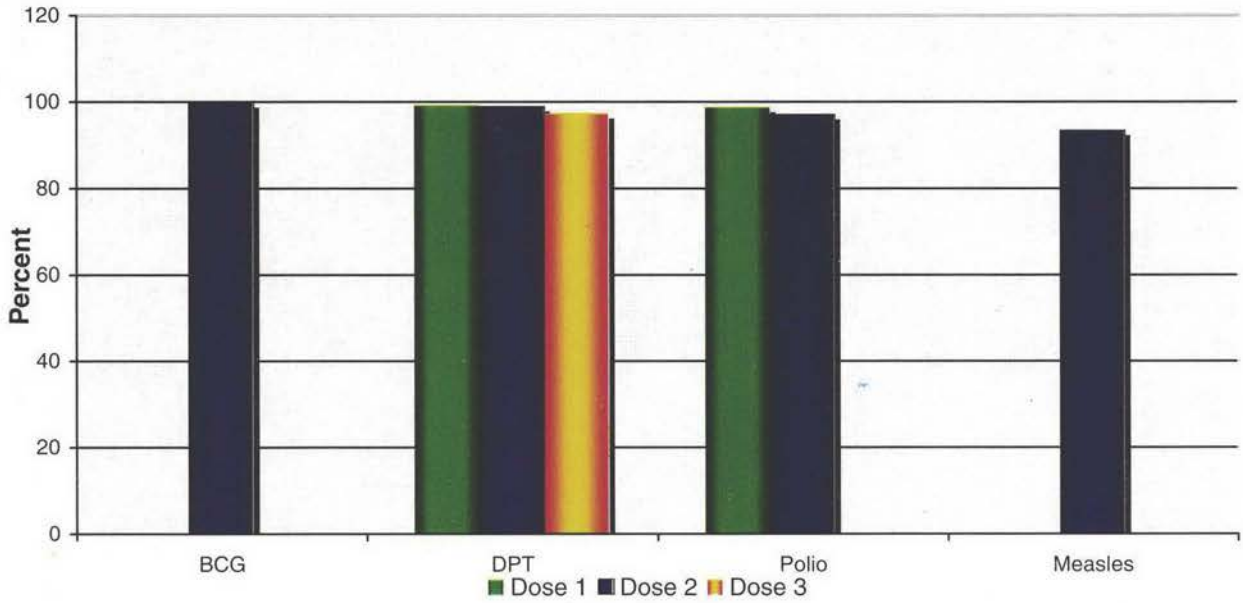
Approximately 99 percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 99 percent. The percentage remains at 98 percent for second dose of DPT and declines to 94 percent for the third dose. Approximately 98 percent of children received Polio 1 by age 12 months and this declines to 94 percent by the third dose. The coverage for measles vaccine by 12 months is lower than for the other vaccines at 83 percent. The percentage of children who had all the recommended vaccinations by their first birthday is 86 percent.

Male and female children are vaccinated at roughly the same rate. Rural children are more likely to be vaccinated than urban children. Districtal breakdowns are based on small numbers of cases and should be interpreted with caution.

Diarrhea

Dehydration caused by diarrhea is a major cause of mortality among children in Botswana. 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.

Figure 5: Percentage of children aged 12-23 months who received immunizations by age 12 months, Botswana, 2000



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.

In the MIS questionnaire, mothers 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, 3 percent of under five children had diarrhea in the two weeks preceding the survey (Table 19). Diarrhea prevalence was nonexistent in South East district and recorded at 9.6 percent in the Small Towns. The peak of diarrhea prevalence occurs in the weaning period, among children age 6-23 months. Care should be taken when interpreting these districtal variations due to small number of cases involved.

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. Thirty seven percent of children received breast milk while they had diarrhea. Children under age 12 months are especially likely to have received breast milk. About 22 percent of children received soup and 49 percent received ORS. Approximately 96 percent of children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).

Acute respiratory infection

Acute lower respiratory infections, particularly pneumonia, are one of the leading causes of child deaths in Botswana. In the MIS 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. A fifth of the under five children had an acute respiratory infection in the two weeks prior to the survey according to these criteria (Table 20). Of these, 10 percent were taken to an MCH clinic for treatment and 4 percent were taken to a hospital. Less than 1 percent of the under five children were taken to other health care providers. Overall, 15 percent of children with ARI were taken to an appropriate health provider (i.e., doctor, MCH clinic, hospital).

IMCI initiative

The Integrated Management of Childhood Illnesses (IMCI) 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 IMCI. The approach teaches mothers that appropriate home management of diarrhea or any other illness requires giving more fluids and continuing to feed sick children as they are normally fed.

Table 21 presents information on the drinking and eating behavior of sick children. Two percent of children were reported to have had some illness in the two weeks preceding the survey. Of these, 9 percent drank more liquids during the illness and 86 percent continued eating (i.e., ate somewhat less, the same, or more). Overall, 4 percent of ill children received increased fluids and continued eating as recommended under the IMCI programme.



F. HIV/AIDS

AIDS knowledge

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of accurate knowledge of how AIDS is transmitted and how to prevent transmission. Among women aged 15-49 in Botswana, 95 percent have ever heard of AIDS (Table 22). There is no statistically significant difference between urban and rural areas in the knowledge of how AIDS is transmitted.

Women in the MIS were read several statements about means of HIV/AIDS transmission and asked to state whether they believed the statements were true. Seventy four percent believe that having only one uninfected sex partner can prevent HIV transmission. Seventy five percent believe that using a condom every time one has sex can prevent HIV transmission and 79 percent agreed that abstaining from sex prevents HIV transmission. Overall, 69 percent knew all two ways and 80 percent were aware of at least one of the means of preventing transmission.

Accurate knowledge of the means of HIV/AIDS transmission is slightly less among women in Selebi-Phikwe than among other women. Education appears to be a very important factor in AIDS knowledge. Women with at least some secondary education are more knowledgeable about ways of preventing HIV transmission than those with no or less education. Differences across age groups are not particularly large; the percentage of women who know all two means of transmission ranges from 59 percent among 40-44 year olds to 73 percent among 20-29 year olds.

Sixty four percent of women correctly stated that AIDS cannot be transmitted by supernatural means whereas 41 percent stated that AIDS cannot be spread by mosquito bites (Table 23). 79 percent of women correctly believe that a healthy looking person can be infected. Women in the Central district are more likely to believe misconceptions about AIDS transmission than other women. Only 31 percent of women in Botswana correctly identified three misconceptions about AIDS and there are no huge district disparities. However 51 percent of women in Francistown and North East correctly identify all the three misconceptions.

Eighty one percent of women in Botswana know that AIDS can be transmitted from mother to child (Table 24). When asked specifically about the mechanisms through which mother to child transmission can take place, 77 percent said that transmission during pregnancy was possible, 64 percent said that transmission at delivery was possible, and 70 percent agreed that AIDS can be transmitted through breast milk. More than half (56 percent) of women knew all three modes of transmission.

Accurate knowledge of correctly identifying means of HIV transmission from mother to child is only 3 points higher among urban women (57 percent) compared to rural women (54 percent). Women aged 30-34 years are much more knowledgeable about HIV/AIDS transmission.

The MIS survey also attempted to measure discriminatory attitudes towards people living with HIV/AIDS. To this end, respondents were asked whether they agreed with two questions. The first asked whether a teacher who has the AIDS virus but is not sick should be allowed to continue teaching in school. The second question asked whether the respondent would buy food from a shopkeeper or food seller who



the respondent knew to be infected with AIDS. The results are presented in Table 26.

Sixty two percent of the respondents believe that a teacher with HIV/AIDS should not be allowed to work. This percentage is highest in the South East district at 77 percent and lowest in the Small Towns at 51 percent. Urban women are more likely to express this discriminatory attitude than rural women. Forty eight percent of women would not buy food from a person infected with AIDS. Women in Small Towns are the most likely and women in Francistown district are the second most likely to express a discriminatory attitude on this question. Overall, 68 percent of women agree with at least one of the discriminatory statements.

Table 26 summarizes information from two previous tables on AIDS knowledge (Tables 22 and 23). The second column shows the percentage of women who know all three means of preventing HIV transmission - having one faithful uninfected partner, using a condom every time, and abstaining from sex. Sixty nine percent of women know all three ways. The third column of the table shows the percentage of women who correctly identified all three misconceptions about HIV transmission - that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected. Thirty one percent of women correctly identified these misconceptions. Finally, the fourth column of the table shows the percentage of women who have 'sufficient knowledge' of HIV/AIDS transmission. These are women who know all three ways of preventing HIV transmission and correctly identified all three misconceptions. Only 24 percent of women aged 15-49 falls into this category.

Knowledge of HIV/AIDS transmission varies dramatically by level of education (Figure 6). Women with secondary education have a much higher probability of knowing all three ways to prevent transmission compared to women with no education. The same applies to correctly identifying all three misconceptions about AIDS and having sufficient knowledge of HIV/AIDS transmission

AIDS testing

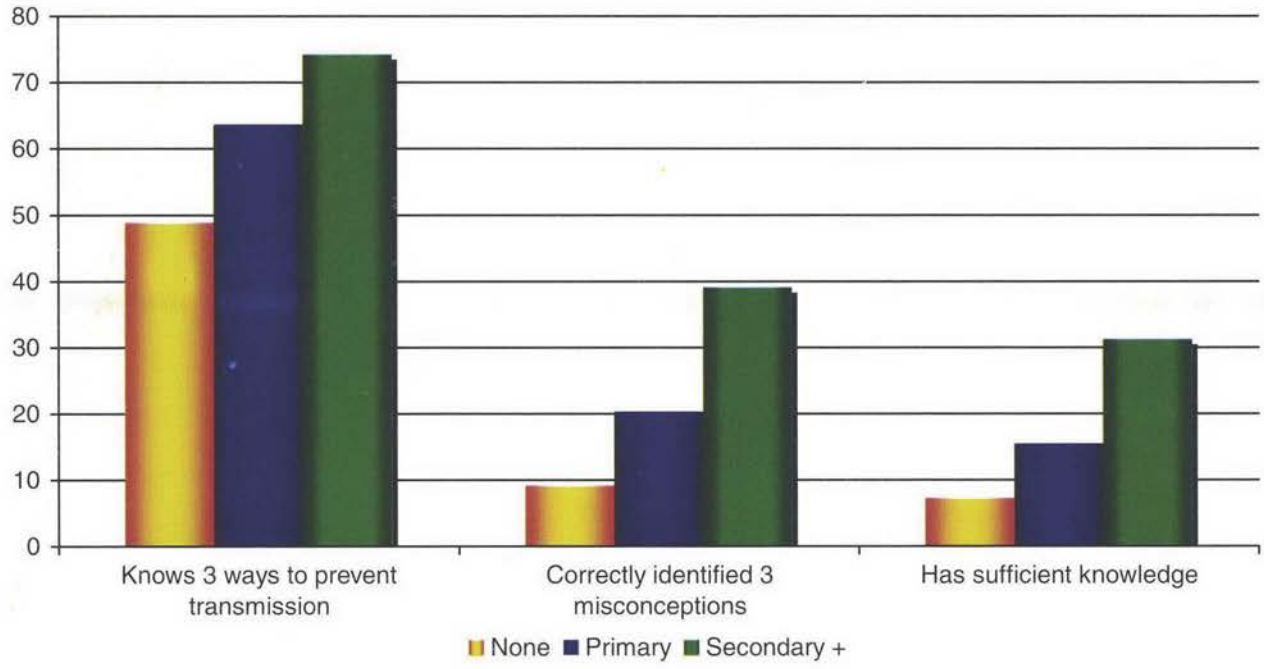
Voluntary testing for AIDS, accompanied by counseling, allows those infected to seek health care and to prevent the infection of others. Testing is particularly important for pregnant women who can then take steps to prevent infecting their babies. The indicators shown in Table 28 are designed to monitor whether women are aware of places to get tested for HIV/AIDS and the extent to which they have been tested. In some places, a relatively large proportion of people who are tested do not return to get their results due to fear of having the disease, fear that their privacy will be violated, or other reasons. It would have been interesting to have the percentage of women who after testing came back for their results. Unfortunately, this question was not asked by the MIS survey.

Forty seven percent of women of reproductive age in Botswana know a place to get tested for AIDS. Women living in Kgatleng and South East districts are most likely to know a place to get tested for HIV/AIDS compared to women residing in other places.

About 19 percent of women have been tested for AIDS. This percentage is highest in Kgalagadi district at 24 percent and lowest in North West at 13 percent. Women aged 30-34 years are more likely than any age group to have been tested (Table 27).



Figure 6: Percentage of women aged 15-49 who have sufficient knowledge of HIV/AIDS transmission by level of education, Botswana, 2000



G. REPRODUCTIVE HEALTH

Contraception

Current use of contraception was reported by 44 percent of all women aged 15-49 (Table 28). The most popular method is the pill, which is used by 14 percent of all women aged 15-49 in Botswana. The next most popular methods are as follows: condom (16 percent), injections (8 percent), IUD (1.7 percent) and female sterilisation (1.2 percent). Fewer than one percent use periodic abstinence, male sterilization, or vaginal methods.

Contraceptive prevalence is highest in Gaborone at 50 percent. All districts except Southern, Kweneng, Kgatleng and Kgalagadi have contraceptive prevalence exceeding 40 percent. Teenagers are far less likely to use contraception than older women. Only about 24 percent of women aged 15-19 currently use a method of contraception compared to 52 percent of 20-24 year olds.

Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 30 percent among those with no education to 50 percent among women with form 4-6. The method mix varies by age. 22 percent of contraceptive users aged 20-24 years use condoms. In contrast, 10 percent of contraceptive users aged 15-19 years use condoms.

Prenatal care

Quality prenatal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, including pre-eclampsia, anemia, and sexually transmitted diseases. Antenatal care also provides opportunities for women to learn



the danger signs of pregnancy and delivery, to be immunized against tetanus, to learn about infant care, and be treated for existing conditions, such as malaria and anemia.

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.

More than half (Seventy two percent) of women with recent births in Botswana are protected against tetanus (Table 29). The vast majority of these women received two or more doses of tetanus toxoid within the last three years. The interpretation of results by district should be done with caution because of small number of cases. Women with no education are less likely to be protected against tetanus than those women with primary or secondary education. Women living in urban areas are more likely to be protected against tetanus than those living in rural areas.

Female respondents who had had a birth in the year prior to the Botswana MIS were asked whether they had received antenatal care for the birth and, if so, what type of person provided the care. If the woman saw more than one type of provider, all were recorded in the questionnaire. Table 30 presents the percent distribution of women with a birth in the year prior to the MIS by the type of personnel who delivered antenatal care. If more than one provider was mentioned by the respondent, she is categorized as having seen the most skilled person she mentioned.

Virtually all women in Botswana receive some type of prenatal care and 97 percent receive antenatal care from skilled personnel (doctor, nurse, midwife). Thirty one percent of women with a birth in the year prior to the survey received antenatal care from a doctor and sixty six percent of women from a nurse or a midwife.

Although there is very little variation in terms of place of residence and district, twenty two percent of women in North West and twenty four percent in Kgatleng seek antenatal care from doctors compared with sixty four percent in Kgalagadi. Twelve percent of women in North East and two percent in Central seek antenatal care from a relative or friend.

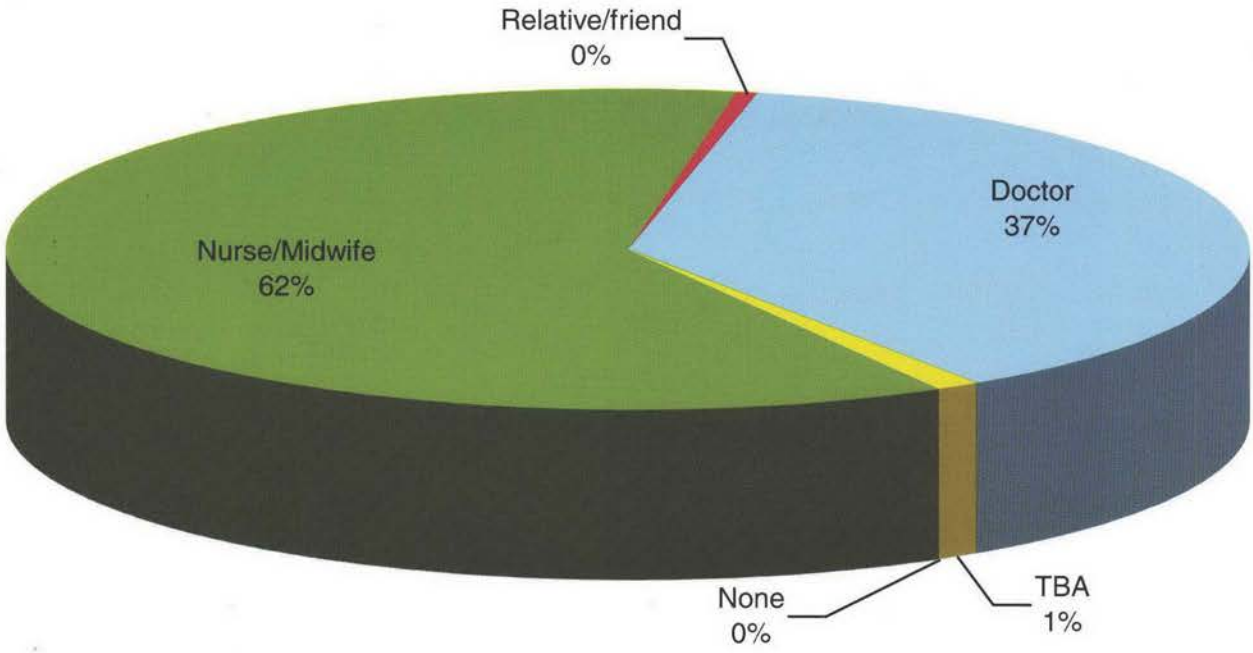
Assistance at delivery

The provision of delivery assistance by skilled birth attendants can greatly improve outcomes for mothers and children by the use of technically appropriate procedures, and accurate and speedy diagnosis and treatment of complications. Skilled assistance at delivery is defined as assistance provided by a doctor, nurse, or midwife. About 99 percent of births occurring in the year prior to the MIS survey were delivered by skilled personnel (Table 31). This percentage is highest in Lobatse, Selebi-Phikwe, Small Towns, South East, Kweneng, Kgatleng, Ghanzi and Kgalagadi districts at 100 percent and lowest in the North East at 94 percent. However, these district estimates should be interpreted with caution due to small number of cases. Ninety nine percent of births in urban areas were delivered by skilled personnel compared to ninety eight percent of births that were delivered in rural areas by skilled personnel.

About two thirds of the births in the year prior to the MIS survey were delivered with



Figure 7: Percent distribution of women with a birth in the last year by type of personnel delivering antenatal care, Botswana, 2000



assistance by a nurse/midwife. Doctors assisted with the delivery of 37 percent of births. Overall, relatives/friends delivered less than one percent of births, but these births occurred mainly among women in the Francistown. In Francistown about 2 percent of births are delivered by traditional birth attendants.

H. 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 59 percent of children under five years in Botswana have been registered (Table 32). There are variations in birth registration across district and rural-urban categories. Because of the small number of cases in Southern, Kweneng and Kgatleng districts, interpretation of the results should be done with caution. Children in Ghanzi district are somewhat less likely to have their births registered than other children but this appears to be due primarily to a relatively large proportion of mothers (13 percent) who do not know that the birth must be registered and because of the distance to be travelled to register the birth (16 percent). The cost of registration, lack of knowledge, and the travel distance do appear to be the main reasons for not registering births.



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 labour 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 Botswana, 28 percent of children aged 0-14 are living with both parents (Table 33). A substantial percentage - 33 percent - are living with their mother only although their father is alive. About 18 percent are living with neither parent although both parents are alive. Children who are not living with a biological parent comprise 24 percent and children who have one or both parents dead amount to 12 percent of all children aged 0-14.

About 45 percent of all children aged 0-14 in urban areas live with both their parents compared with twenty three percent in rural areas. The results of districtal variation should be interpreted with caution because of small number of cases.



Appendix A: Statistical Tables

Table 1: Number Of Households And Women, And Response Rates, Botswana, 2000

	Area		Total
	Urban	Rural	
Sampled households	4,391	2,597	6,988
Occupied households	4,294	2,423	6,697
Interviewed households	3,969	2,219	6,188
Household response rate	93	92	92
Eligible women	5,266	2,523	7,789
Interviewed women*	4,939	2,383	7,322
Women response rate	93.8	94.5	94
Children under 5	1652	1404	3056
Interviewed children under 5	1587	1348	2935
Child response rate	96.1	96	96

*Includes 834 women under 15 years and 3 women (15-49) with incomplete responses.



Table 2: Single Year Age Distribution Of Household Population By Sex, Botswana, 2000

Age	Male		Female	
	Number	Percent	Number	Percent
0	355	2.7	345	2.5
1	328	2.5	280	2
2	280	2.2	292	2.1
3	308	2.4	324	2.3
4	270	2.1	275	1.9
5	342	2.6	331	2.4
6	325	2.5	335	2.4
7	320	2.5	343	2.4
8	352	2.7	354	2.5
9	357	2.8	367	2.6
10	368	2.8	382	2.7
11	334	2.6	481	3.4
12	360	2.8	288	2
13	317	2.4	323	2.3
14	321	2.5	293	2.1
15	345	2.7	317	2.3
16	317	2.4	321	2.3
17	305	2.3	325	2.3
18	329	2.5	334	2.4
19	289	2.2	344	2.4
20	314	2.4	349	2.5
21	280	2.2	335	2.4
22	255	2	310	2.2
23	266	2.1	319	2.3
24	254	2	327	2.3
25	271	2.1	298	2.1
26	238	1.8	248	1.8
27	226	1.7	227	1.6
28	232	1.8	232	1.7
29	182	1.4	183	1.3
30	251	1.9	242	1.7
31	148	1.1	205	1.5
32	209	1.6	188	1.3
33	149	1.2	168	1.2
34	153	1.2	176	1.3
35	162	1.3	135	1
36	153	1.2	171	1.2
37	138	1.1	162	1.2
38	146	1.1	151	1.1
39	110	0.8	146	1.0
40	117	0.9	142	1.0
41	105	0.8	122	0.9
42	117	0.9	128	0.9
43	109	0.8	120	0.9
44	78	0.6	121	0.9
45	92	0.7	98	0.7
46	79	0.6	79	0.6
47	89	0.7	74	0.5
48	99	0.8	81	0.6
49	63	0.5	41	0.3
50	78	0.6	154	1.1
51	63	0.5	118	0.8
52	78	0.6	103	0.7
53	62	0.5	94	0.7
54	60	0.5	87	0.6
55	69	0.5	76	0.5
56	47	0.4	45	0.3
57	34	0.3	43	0.3
58	56	0.4	46	0.3
59	41	0.3	59	0.4
60	65	0.5	66	0.5
61	43	0.3	42	0.3
62	33	0.3	40	0.3
63	32	0.2	46	0.3
64	31	0.2	31	0.2
65	55	0.4	59	0.4
66	26	0.2	36	0.3
67	38	0.3	39	0.3
68	44	0.3	70	0.5
69	27	0.2	30	0.2
70+	358	2.8	542	3.9
Missing/DK	15	0.1	5	0.0
Total	**12962**	**100**	**14063**	**100**



Table 3: Percentage Of Cases With Missing Information, Botswana, 2000

	Reference population	Percent missing	Number
Level of education	Household members	0.0	22560
Complete birth date	Women 15-49	0.9	7729
Date of last tetanus toxoid injection	Women with a live birth in the last year	3.0	500
Ever been tested for HIV	Women 15-49	0.1	7729
Complete birth date	Children under 5	0.5	3004
Diarrhoea in last 2 weeks	Children under 5	0.4	3004
Weight	Children under 5	0.0	3004
Height	Children under 5	0.1	3004

Table 4: Percent Distribution Of Households By Background Characteristics, Botswana, 2000

	Residence		Total
	Urban	Rural	
District			
Gaborone	28.2	0	18.1
Francistown	11.5	0	7.4
Lobatse	4.9	0	3.2
Selebi-Phikwe	6.1	0	3.9
Small Towns*	3.9	0	2.5
Southern	5.5	15.0	8.9
South East	3.9	4.5	4.2
Kweneng	12.5	12.2	12.4
Kgatleng	4.2	3.9	4.1
Central	13.2	36.0	21.4
North East	0	6.34	2.3
North West	5.	10.2	6.9
Ghanzi	0.9	4.4	2.2
Kgalagadi	0	7.4	2.7
Number of household members			
1	19.3	16.6	18.3
2-3	31.0	26.5	29.4
4-5	21.9	22.9	22.3
6-7	14.9	16.4	15.4
8-9	7.3	8.7	7.8
10+	5.6	8.9	6.8
Total	100.0	100.0	100.0
At least one child age < 15	55.3	65.0	58.8
At least one child age < 5	29.9	39.2	33.3
At least one woman age 15-49	73.2	64.3	70.0
Number of households	**3969**	**2219**	**6188**

*Orapa, Jwaneng, Sowa



Table 5: Percent Distribution Of Women 15-49 By Background Characteristics, Botswana, 2000

	Residence		Total
	Urban	Rural	
District			
Gaborone	27.1	0.0	18.5
Francistown	11.3	0.0	7.7
Lobatse	4.6	0.0	3.1
Selebi-Phikwe	6.4	0.0	4.4
Small Towns*	3.5	0.0	2.4
Southern	6.1	14.8	8.9
South East	4.6	5.2	4.8
Kweneng	11.2	11.3	11.3
Kgatleng	3.9	2.9	3.6
Central	14.6	35.2	21.2
North East	0.0	7.2	2.3
North West	6.0	11.9	7.9
Ghanzi	0.8	4.3	1.9
Kgalagadi	0.0	7.2	2.3
Age-group			
15-19	22.3	23.2	22.6
20-24	23.8	19.9	22.6
26-29	16.3	16.1	16.3
30-34	13.7	13.6	13.7
35-39	10.6	11.3	10.8
40-44	8.2	10.2	8.9
45-49	5.0	5.7	5.2
Marital Status			
Currently married	15.8	16.5	16.1
Not currently married	84.2	83.5	83.9
Ever given birth	98.5	99.2	98.7
Never given birth	1.5	0.8	1.3
Number	2,944	1,497	4,441
Education			
None	6.3	16.1	9.4
Std 1-4	4.0	6.3	4.7
Std 5-7	22.3	28.6	24.2
Form 1-3	43.8	38.1	42.1
Form 4-6	23.0	10.4	19.0
Std unknown	0.2	0.2	0.2
Form unknown	0.2	-	0.1
Missing	0.1	-	0.1
Unknown	0.1	0.3	0.2
Total	100.0	100.0	100.0
Number of women	**4,422**	**2,066**	**6,488**

*Orapa, Jwaneng, Sowa



Table 6: Percent Distribution Of Children Under 5 By Background Characteristics, Botswana, 2000

	Residence		Total
	Urban	Rural	
Sex			
Male	50.4	50.1	50.3
Female	49.6	49.9	49.7
District			
Gaborone	21.2	0	11.3
Francistown	10.2	0	5.4
Lobatse	5.34	0	2.9
Selebi Phikwe	5.9	0	3.1
Small Towns*	3.5	0	1.9
Southern	6.5	13.8	9.9
South East	3.9	3.9	3.9
Kweneng	10.8	12.1	11.4
Kgatleng	6.5	2.1	4.4
Central	20.8	37.9	28.8
North East	0	8.5	4.0
North West	7.7	12.9	10.1
Ghanzi	0.6	3.5	2.0
Kgalagadi	0	4.3	0.9
Age-group			
0-5 months	12.5	9.6	11.1
6-11 months	10.9	10.0	10.5
12-23 months	20.8	21.3	21.1
24-35 months	18.5	19.6	19.0
36-47 months	20.2	21.1	20.6
48-59 months	17.1	18.4	17.7
Total	**100.0**	**100.0**	**100.0**
Number of children	1565	1370	2935**

*Orapa, Jwaneng, Sowa

**Excludes 3 children aged above 59 months

Table 7: Mean Number Of Children Ever Born (Ceb) And Proportion Dead By Mother's Age, Botswana, 2000

Age-group	Mean number of CEB	Proportion dead	Number of women
15-19	0.15	0.08	1,468
20-24	0.87	0.07	1,464
25-29	1.71	0.07	1,054
30-34	2.67	0.05	887
35-39	3.75	0.07	703
40-44	4.56	0.07	575
45-49	5.37	0.10	337
Total	**1.96**	**0.07**	**6,488**



Table 8: Infant, Childhood And Under-five Mortality Rates, Botswana, 2000

	Infant mortality rate	Childhood mortality rate	Under-five mortality rate
Total	57 per 1000	20 per 1000	75 per 1000

Reference date is 1996

Table 9: Percentage Of Children Aged 36-59 Months Who Are Attending Some Form Of Organized Early Childhood Education Programme, Botswana, 2000

	Attending programme	Number of children
Sex		
Male	14.5	552
Female	18.7	573
District		
Gaborone	32.0	122
Francistown	24.5	53
Lobatse	23.5	34
Selebi-Phikwe	25.8	31
Small Towns*	28.0	25
Southern	7.7	130
South East	40.0	50
Kweneng	10.9	128
Kgatleng	20.0	35
Central	11.0	317
North East	18.4	49
Ngamiland	10.9	110
Ghanzi	23.5	17
Kgalagadi	0.0	24
Residence		
Urban	23.1	584
Rural	9.4	541
Age-group		
36-47 months	11.9	605
48-59 months	21.9	520
Total	**16.5**	**1,125**

*Orapa, Jwaneng, Sowa



Table 10: Percentage Of Children Of Primary School-Age Attending Primary School, Botswana, 2000

	Male		Female		Total	
	Percent	Number	Percent	Number	Percent	Number
District						
Gaborone	82.9	321	80.8	365	81.8	686
Francistown	75.4	179	72.2	169	73.9	348
Lobatse	76.3	80	73.6	72	75.0	152
Selebi-Phikwe	80.9	68	81.4	97	81.2	165
Small Towns*	79.5	39	79.4	63	79.4	102
Southern	73.4	368	80.9	325	76.9	693
South East	79.8	104	77.9	113	78.8	217
Kweneng	67.3	358	77.8	365	72.6	723
Kgatleng	76.2	147	76.4	182	76.3	329
Central	76.8	869	78.7	908	77.8	1,777
North East	83.5	97	80.3	117	81.8	214
North West	75.5	290	78.9	280	77.2	570
Ghanzi	63.0	81	72.7	77	67.7	158
Kgalagadi	70.3	74	74.7	71	72.4	145
Residence						
Urban	79.8	1,681	80.4	1,839	80.1	3,520
Rural	70.4	1,394	75.8	1,365	73.1	2,759
Age						
5	4.1	342	5.4	331	4.8	673
6	35.7	325	37.0	335	36.4	660
7	81.6	320	85.4	343	83.6	663
8	89.2	352	92.7	354	90.9	706
9	93.3	357	92.4	367	92.8	724
10	94.0	368	95.0	382	94.5	750
11	94.6	334	95.8	481	95.3	815
12	93.3	360	96.5	288	94.8	648
13	90.9	317	95.4	323	93.1	640
Total (5-13)	**75.6**	**3,075**	**78.4**	**3,204**	**77.0**	**6,279**
Total (6-13)	**84.5**	**2,733**	**86.8**	**2,873**	**85.7**	**5,606**
Total (7-13)	**91.1**	**2,408**	**93.4**	**2,538**	**92.3**	**4,946**

*Orapa, Jwaneng, Sowa





Table 11: Percentage Of The Population Using Improved Drinking Water Sources, Botswana, 2000

	Piped into dwelling	Piped into yard or plot	Public tap	Tube-well/ Bore-hole with pump	Dam / lake /pan	River/ stream	Other	Don't know	Total	Total with safe drinking water	Number. of households
District											
Gaborone	30.8	31.3	37.8	0.0	0.0	0.0	0.1	0.0	100.0	99.9	1,121
Francistown	18.4	23.0	58.6	0.0	0.0	0.0	0.0	0.0	100.0	100.0	456
Lobatse	13.8	14.9	70.8	0.5	0.0	0.0	0.0	0.0	100.0	100.0	195
Selebi-Phikwe	19.1	29.9	51.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	241
Small Towns*	36.8	34.2	29.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	155
Southern	7.8	27.7	54.2	5.9	3.4	0.7	0.3	0.0	100.0	95.6	552
South East	35.4	47.9	14.4	0.7	1.6	0.0	0.0	0.0	100.0	98.4	257
Kweneng	9.5	35.8	46.6	4.7	2.3	1.0	0.0	0.1	100.0	96.6	768
Kgatleng	8.7	53.8	25.7	6.3	2.7	1.2	1.6	0.0	100.0	94.4	253
Central	7.8	27.5	51.5	9.3	0.5	3.0	0.4	0.0	100.0	96.1	1,324
North East	12.8	31.9	52.5	2.1	0.0	0.7	0.0	0.0	100.0	99.3	141
North West	9.4	17.8	61.4	7.5	0.0	3.9	0.0	0.0	100.0	96.1	427
Ghanzi	35.1	17.2	39.5	8.2	0.0	0.0	0.0	0.0	100.0	100.0	134
Kgalagadi	21.3	34.8	41.5	1.2	0.6	0.0	0.6	0.0	100.0	98.8	164
Residence											
Urban	21.4	37.4	40.8	0.1	0.0	0.1	0.2	0.0	100.0	99.7	3,969
Rural	8.2	17.0	57.4	7.9	2.5	3.1	3.9	0.0	100.0	90.5	2,219
Total	**16.7**	**30.1**	**46.8**	**2.9**	**0.9**	**1.2**	**1.4**	**0.0**	100.0	**96.5**	**6,188**

*Orapa, Jwaneng, Sowa



Table 12: Percentage Of The Population Using Sanitary Means Of Excreta Disposal, Botswana, 2000

	Flush to sewage system/ septic tank	Traditional/ vent improved pit latrine	No facilities bush/field	Bucket	Missing	Total	Total with sanitary means of excreta disposal	Number of households
District								
Gaborone	35.4	63.1	0.1	0.1	1.3	100.0	99.8	1,121
Francistown	22.1	73.2	0.4	0.2	4.1	100.0	99.4	456
Lobatse	16.9	80.6	0.5	0.0	2.0	100.0	99.5	195
Selebi-Phikwe	26.1	71.8	0.0	0.0	2.1	100.0	100.0	241
Small Towns*	61.4	1.9	28.4	0.6	7.7	100.0	71.0	155
Southern	8.5	57.2	25.4	0.2	8.7	100.0	74.3	552
South East	34.6	57.6	3.1	0.0	4.7	100.0	96.9	257
Kweneng	12.9	62.3	16.8	0.0	8.0	100.0	83.2	768
Kgatleng	11.1	74.2	10.7	0.0	4.0	100.0	89.3	253
Central	8.7	51.6	28.0	0.1	11.6	100.0	72.0	1,324
North East	14.2	60.3	12.1	0.0	13.4	100.0	87.2	141
North West	12.2	36.6	44.5	0.0	6.7	100.0	54.8	427
Ghanzi	36.7	23.1	34.4	0.0	5.8	100.0	65.7	134
Kgalagadi	22.0	48.2	16.4	0.0	13.4	100.0	83.5	164
Residence								
Urban	26.0	65.5	2.9	0.1	5.5	100.0	97.0	3,969
Rural	8.7	42.2	40.1	0.1	8.9	100.0	59.8	2,219
Total	**19.8**	**57.2**	**16.2**	**0.1**	**6.7**	100.0	**83.7**	**6,188**

*Orapa, Jwaneng, Sowa



Table 13: Percentage Of Under-five Children Who Are Severely Or Moderately Undernourished, Botswana, 2000

	Weight for age		Height for age		Weight for height		
	% below -2SD	% below -3SD	% below -2SD	% below -3SD	% below -2SD	% below -3SD	No of children
Sex							
Male	12.5	2.4	24.7	8.5	5.4	1.2	1,364
Female	12.5	2.4	21.4	7.4	4.6	1.0	1,357
District							
Gaborone	7.0	0.4	18.3	6.7	6.3	0.7	284
Francistown	10.2	1.6	32.3	15.0	4.7	1.6	127
Lobatse	13.3	4.0	22.7	9.3	1.3	0.0	75
Selebi-Phikwe	10.6	5.9	27.1	7.1	4.7	1.2	85
Small Towns*	8.0	2.0	22.0	14.0	8.0	0.0	50
Southern	17.6	2.6	25.7	9.1	6.2	0.3	307
South East	7.2	0.9	15.3	6.3	2.7	0.0	111
Kweneng	15.4	1.9	32.1	9.9	3.8	0.3	312
Kgatleng	7.1	2.7	21.4	6.3	5.4	1.8	112
Central	13.3	2.1	23.0	7.0	4.2	0.9	769
North East	9.5	3.8	18.1	5.7	2.9	0.0	105
North-West	11.4	2.1	15.0	5.4	5.7	2.1	280
Ghanzi	30.6	16.3	30.6	12.2	18.4	8.2	49
Kgalagadi	12.7	1.8	20.0	7.3	5.5	5.5	55
Residence							
Urban	11.5	2.0	23.0	8.3	5.2	1.0	1,429
Rural	13.6	2.9	23.1	7.6	4.8	1.2	1,292
Age							
< 6 months	2.2	0.7	5.4	1.8	5.4	1.8	277
6-11 months	7.3	1.5	10.6	1.5	5.5	1.8	274
12-23 months	15.3	3.3	36.6	12.8	6.5	1.6	569
24-35 months	14.6	3.2	22.5	9.3	4.2	0.4	529
36-47 months	14.0	1.9	23.7	8.4	4.2	0.4	570
48-59 months	14.0	2.4	24.4	7.4	4.6	1.2	499
Total	**12.5**	**2.4**	**23.1**	**7.9**	**5.0**	**1.1**	**2,718****

*Orapa, Jwaneng, Sowa ** Excludes 3 children aged above 59 months



Table 14: Percent Of Living Children By Breastfeeding Status, Botswana, 2000

	% of children 0-3 months exclusively breastfed	Number of children	% of children 6-9 months receiving breast milk and solid/ semi-solid food	Number of children	% of children 12-15 months breastfed	Number of children	% of children 20-23 months breastfed	Number of children
Sex								
Male	30.9	94	59.1	110	53.2	124	13.4	97
Female	27.5	102	54.8	104	53.7	95	8.1	99
Residence								
Urban	25.7	109	60.2	123	53.5	116	8.3	97
Rural	33.3	87	52.8	91	53.4	103	13.1	99
Total	**29.1**	**196**	**57.0**	**214**	**53.4**	**219**	**10.7**	**196**

Table 15: Percentage Of Households Consuming Adequately Iodized Salt, Botswana, 2000

	% of households with no salt	% of households where salt was tested	% of households with salt testing < 15 PPM	% of households with salt testing 15+ PPM	Number of households
District					
Gaborone	7.0	89.5	30.8	69.2	1,121
Francistown	10.3	99.1	41.8	58.2	456
Lobatse	2.1	94.9	38.9	61.1	195
Selebi-Phikwe	9.5	96.7	57.1	42.9	241
Small Towns*	9.0	86.5	31.3	68.7	155
Southern	4.0	91.7	28.9	71.1	552
South East	5.8	94.6	26.7	73.3	257
Kweneng	7.4	94.9	22.1	77.9	768
Kgatleng	2.0	96.8	13.5	86.5	253
Central	7.9	93.4	37.7	62.3	1,324
North East	6.4	97.2	29.9	70.1	141
North West	9.4	89.0	55.8	44.2	427
Ghanzi	10.4	89.6	45.0	55.0	134
Kgalagadi	11.0	95.7	29.9	70.1	164
Residence					
Urban	6.4	93.6	33.7	66.3	3,969
Rural	8.8	92.2	35.2	64.8	2,219
Total	**7.3**	**93.1**	**34.2**	**65.8**	**6,188**

*Orapa, Jwaneng, Sowa



Table 16: Percentage Of Live Births In The Last 12 Months That Weighed Below 2500 Grams At Birth, Botswana, 2000

	Percent of live births		Number of live births
	Below 2500 grams	Weighed at birth	
District			
Gaborone	13.4	79.2	82
Francistown	11.9	78.6	42
Lobatse	4.2	79.2	24
Selebi-Phikwe	11.1	66.7	27
Small Towns*	0.0	100.0	10
Southern	1.6	73.4	64
South East	12.0	88.0	25
Kweneng	6.4	79.5	78
Kgatleng	10.8	78.4	37
Central	8.7	79.2	173
North East	22.2	83.3	18
North West	1.5	47.1	68
Ghanzi	7.7	76.9	13
Kgalagadi	0.0	92.9	14
Residence			
Urban	10.0	81.0	400
Rural	5.1	68.3	275
Total	**8.0**	**75.9**	**675**

*Orapa, Jwaneng, Sowa

Table 17: Percentage Of Children Age 12–23 Months Immunized Against Childhood Diseases At Any Time Before The Survey And Before The First Birthday, Botswana, 2000

	Percentage of children who received:									No. of children
	BCG	DPT1	DPT2	DPT3	Polio 0	Polio 1	Polio 2	Measles	All	
Vaccinated at any time before the survey according to:										
Vaccination card	86.9	86.5	86.7	84.9	86.5	86.2	84.6	77.6	73.4	547
Mother's report	12.0	12.0	12.0	12.0	12.0	12.1	12.0	12.0	12.0	63
Both	98.9	98.5	98.7	96.9	98.5	98.3	96.6	89.6	85.4	610
Not vaccinated	2.1	4.4	6.1	10.0	10.0	3.5	7.9	13.7	23.3	8
Vaccinated by age 12 months	**98.9**	**97.5**	**97.6**	**94.3**	**97.9**	**97.0**	**93.8**	**83.4**	**73.4**	**618**



Table 18: Percentage Of Children Age 12-23 Months Currently Vaccinated Against Childhood Diseases, Botswana, 2000

	BCG	DPT 1	DPT 2	DPT 3	Polio 0	Polio 1	Polio 2	Measles	All	None	Percent with health card	Number of children
Sex												
Male	98.5	94.9	93.4	90.3	90.0	96.1	92.1	86.4	76.7	0.3	88.2	331
Female	97.2	96.5	94.4	89.5	89.9	96.9	92.0	86.1	76.7	1.4	87.8	287
District												
Gaborone	100.0	96.8	90.3	87.1	93.5	96.8	93.5	90.3	74.2	0.0	91.9	62
Francistown	87.9	75.8	81.8	81.8	78.8	87.9	90.9	81.8	69.7	9.1	84.8	33
Lobatse	100.0	100.0	100.0	100.0	100.0	100.0	100.0	81.8	81.8	0.0	100.0	11
Selebi-Phikwe	95.5	95.5	95.5	90.9	100.0	100.0	100.0	90.9	81.8	0.0	95.5	22
Small Towns*	91.7	100.0	100.0	88.9	88.9	100.0	88.9	100.0	77.8	0.0	88.9	9
Southern	97.0	98.5	97.0	93.9	97.0	98.5	97.0	90.9	86.4	0.0	93.9	66
South East	100.0	100.0	100.0	100.0	100.0	100.0	95.7	95.7	91.3	0.0	95.7	23
Kweneng	97.1	98.6	94.2	87.0	85.5	91.3	82.6	76.8	68.1	0.0	84.1	69
Kgatleng	93.3	93.3	96.7	93.3	93.3	93.3	90.0	83.3	73.3	3.3	93.3	30
Central	98.9	96.3	93.7	90.5	87.3	97.4	92.6	85.2	78.3	0.5	86.8	189
North East	100.0	86.4	86.4	81.8	86.4	100.0	95.5	90.9	81.8	0.0	86.4	22
North West	100.0	98.1	96.2	86.5	86.5	96.2	88.5	80.8	61.5	0.0	82.7	52
Ghanzi	100.0	92.9	92.9	92.9	85.7	100.0	100.0	92.9	85.7	0.0	71.4	14
Kgalagadi	100.0	100.0	100.0	100.0	100.0	100.0	87.5	100.0	87.5	0.0	81.3	16
Residence												
Urban	97.5	94.5	92.0	88.7	90.5	95.4	92.6	86.8	76.4	1.5	89.6	326
Rural	98.3	96.9	95.9	91.4	89.4	97.6	91.4	85.6	77.1	0.0	86.3	292
Total	**97.9**	**95.6**	**93.9**	**90.0**	**90.0**	**96.4**	**92.1**	**86.2**	**76.7**	**0.8**	**83.5**	**618**

*Orapa, Jwaneng, Sowa



Table 19: Percentage Of Under-five Children With Diarrhoea In The Last Two Weeks And Treatment With ORS Or ORT, Botswana, 2000

	Had diarrhoea in last two weeks	Number of children under 5	Children with diarrhoea who received					Number of children with diarrhoea
			Breast milk	Soup	ORS packet	Any recommended treatment	No treatment	
Sex								
Male	6.7	1,474	42.2	21.2	49.5	97.0	3.0	99
Female	6.2	1,460	30.8	22.0	48.4	94.5	5.5	91
District								
Gaborone	6.6	316	28.6	4.8	47.6	85.7	14.3	21
Francistown	4.5	154	71.4	42.9	57.1	100.0	0.0	7
Lobatse	3.8	79	66.7	0.0	33.3	66.7	33.3	3
Selebi-Phikwe	5.5	91	20.0	60.0	60.0	100.0	0.0	5
Small Towns*	9.6	52	40.0	60.0	60.0	100.0	0.0	5
Southern	8.7	322	32.1	25.0	28.6	89.3	10.7	28
South East	0.0	114		0.0				0
Kweneng	5.2	330	29.4	41.2	52.9	100.0	0.0	17
Kgatleng	6.5	124	75.0	25.0	75.0	100.0	0.0	8
Central	6.6	837	38.2	12.7	49.1	98.2	1.8	55
North East	7.9	114	44.4	11.1	55.6	100.0	0.0	9
North West	8.3	289	29.2	8.3	45.8	100.0	0.0	24
Ghanzi	9.1	55	0.0	60.0	60.0	100.0	0.0	5
Kgalagadi	5.3	57	66.7	66.7	100.0	100.0	0.0	3
Residence								
Urban	6.6	1,565	32.7	23.1	47.1	95.2	4.8	104
Rural	6.3	1,369	41.9	19.8	51.2	96.5	3.5	86
Age								
< 6 months	6.8	325	86.2	4.5	36.4	95.5	4.5	22
6-11 months	9.4	308	86.2	13.8	51.7	96.6	3.4	29
12-23 months	10.8	618	35.8	28.4	52.2	98.5	1.5	67
24-35 months	7.2	558	5.0	22.5	47.5	92.5	7.5	40
36-47 months	4.0	605	0.0	25.0	45.8	95.8	4.2	24
48-59 months	1.5	520	0.0	25.0	62.5	87.5	12.5	8
Total	**6.5**	**2,935**	**36.8**	**21.6**	**48.9**	**95.8**	**4.2**	**190**

*Orapa, Jwaneng, Sowa



Table 20: Percentage Of Under-five Children With Acute Respiratory Infection (ARI) In The Last Two Weeks And Treatment By Health Providers, Botswana, 2000

	Had acute respiratory infection	Number of children under 5	Children with ARI who were taken to:								Number of children with ARI
			Hospital	Village health worker	MCH clinic	Mobile / outreach clinic	Private physician	Traditional healer	Other	Any appropriate provider	
Sex											
Male	39.1	1,477	4.8	0.0	10.2	0.3	0.2	0.3	0.0	15.6	578
Female	38.0	1,461	3.2	0.2	9.0	0.4	0.2	1.1	0.2	13.0	555
Residence											
Urban	38.5	1,612	5.2	0.0	9.7	0.2	0.6	1.0	0.0	15.6	199
Rural	38.8	1,392	2.6	0.2	9.3	0.6	0.0	0.4	0.2	12.6	951
Total	**38.5**	**2,934**	**4.0**	**9.6**	**9.6**	**0.4**	**0.2**	**0.7**	**0.1**	**14.2**	**1,131**



Table 21: Percentage Of Under-five Children With Illness In The Last Two Weeks Who Took Increased Fluids And Continued To Feed During Illness, Botswana, 2000

	Illness in last 2 weeks	Number of children under 5	Drinking during illness					Eating during illness				Received increased fluids and continued eating	Number of children with illness
			More	Same/ Less	None	Missing /DK	Total	Same/ More	Much Less/ None	Missing /DK	Total		
Sex													
Male	13.9	1,474	8.8	86.8	3.9	0.5	100.0	43.9	54.6	1.5	100.0	3.9	205
Female	12.5	1,460	9.3	85.2	2.7	2.7	100.0	46.7	52.2	1.1	100.0	4.4	182
District													
Gaborone	20.3	316	18.8	78.1	1.6	1.6	100.0	45.3	54.7	0.0	100.0	9.4	64
Francistown	6.5	154	10.0	90.0	0.0	0.0	100.0	70.0	30.0	0.0	100.0	0.0	10
Lobatse	11.4	79	11.1	77.8	11.1	0.0	100.0	44.4	44.4	11.1	100.0	11.1	9
Selebi Phikwe	19.8	91	16.7	77.8	0.0	5.6	100.0	33.3	66.7	0.0	100.0	5.6	18
Small towns*	17.3	52	0.0	88.9	0.0	11.1	100.0	11.1	88.9	0.0	100.0	0.0	9
Southern	5.9	287	0.0	94.1	0.0	5.9	100.0	58.8	41.2	0.0	100.0	0.0	17
South East	12.3	114	0.0	92.9	0.0	7.1	100.0	50.0	42.9	7.1	100.0	0.0	14
Kweneng	12.4	330	9.8	85.4	4.9	0.0	100.0	36.6	61.0	2.4	100.0	4.9	41
Kgatleng	14.5	124	11.1	77.8	11.1	0.0	100.0	66.7	33.3	0.0	100.0	11.1	18
Central	11.9	837	5.0	92.0	2.0	1.0	100.0	51.0	48.0	1.0	100.0	1.0	100
North East	8.8	114	10.0	90.0	0.0	0.0	100.0	50.0	50.0	0.0	100.0	0.0	10
North West	19.0	289	5.5	89.1	5.5	0.0	100.0	36.4	61.8	1.8	100.0	1.8	55
Ghanzi	7.3	55	25.0	50.0	25.0	0.0	100.0	50.0	50.0	0.0	100.0	25.0	4
Kgalagadi	22.8	57	7.7	84.6	7.7	0.0	100.0	15.4	84.6	0.0	100.0	0.0	13
Residence													
Urban	14.9	1,565	11.2	84.1	3.0	1.7	100.0	44.6	54.1	1.3	100.0	5.6	233
Rural	11.2	1,369	5.8	89.0	3.9	1.3	100.0	46.1	52.6	1.3	100.0	1.9	154
Age													
<6 months	13.2	325	7.0	88.4	4.7	0.0	100.0	27.9	67.4	4.7	100.0	2.3	43
6-11 months	18.8	308	6.9	87.9	3.4	1.7	100.0	34.5	65.5	0.0	100.0	1.7	58
12-23 months	14.4	618	3.4	92.1	2.2	2.2	100.0	43.8	56.2	0.0	100.0	2.2	89
24-35 months	12.9	558	20.8	73.6	5.6	0.0	100.0	59.7	38.9	1.4	100.0	11.1	72
36-47 months	10.9	605	9.1	86.4	1.5	3.0	100.0	56.1	40.9	3.0	100.0	6.1	66
48-59months	11.3	520	6.8	88.1	3.4	1.7	100.0	40.7	59.3	0.0	100.0	0.0	59
Total	**13.2**	**2,934**	**9.0**	**86.0**	**3.4**	**1.6**	**100.0**	**45.2**	**53.5**	**1.3**	**100.0**	**4.1**	**387**

* Orapa, Jwaneng, Sowa



Table 22: Percentage Of Women Aged 15–49 Who Know The Main Ways Of Preventing HIV Transmission, Botswana, 2000

	Heard about HIV/AIDS	Have only one faithful uninfected sex partner	Using a condom every time you have sex	Abstaining from sex	Knows about all two ways	Knows at least one way	Doesn't know any way	Number of women
District								
Gaborone	97.3	77.7	76.4	80.0	71.5	82.6	17.4	1,197
Francistown	96.6	76.4	76.4	78.6	72.5	80.2	19.8	499
Lobatse	93.5	70.6	75.6	79.1	65.2	81.1	18.9	201
Selebi-Phikwe	93.6	64.9	64.5	70.2	58.9	70.6	29.4	282
Small Towns*	90.9	74.7	73.4	77.9	71.4	76.6	23.4	154
Southern	89.6	67.4	68.5	74.9	62.0	73.8	26.2	577
South East	98.7	78.3	73.2	80.3	68.5	83.1	16.9	314
Kweneng	95.8	73.5	73.9	79.2	67.3	80.0	20.0	731
Kgatleng	97.0	63.2	63.2	63.2	58.4	68.0	32.0	231
Central	95.0	75.5	79.8	82.4	72.9	82.5	17.5	1,374
North East	98.7	82.6	82.6	83.2	80.5	84.6	15.4	149
North West	95.3	67.6	73.1	77.8	63.5	77.3	22.7	510
Ghanzi	89.3	66.9	66.9	70.2	60.3	73.6	26.4	121
Kgalagadi	93.2	81.1	78.4	82.4	75.0	84.5	15.5	148
Residence								
Urban	95.9	74.5	75.0	79.5	68.8	80.6	19.4	4,422
Rural	93.6	71.7	74.0	76.5	68.2	77.4	22.6	2,066
Age of teenagers								
15	92.0	68.4	69.8	74.0	61.1	77.1	22.9	288
16	93.3	67.4	63.9	72.6	60.4	70.9	29.1	285
17	94.9	77.1	76.7	80.5	71.6	82.2	17.8	292
18	94.5	76.5	77.5	82.4	71.6	82.4	17.6	289
19	94.9	79.9	81.8	84.3	76.7	85.0	15.0	314
Age of other women								
20-24	95.9	77.7	78.6	82.1	72.7	83.5	16.5	1,464
25-29	96.3	76.5	79.5	82.0	72.5	83.5	16.5	1,054
30-34	95.6	74.6	77.1	79.9	70.7	81.1	18.9	887
35-39	95.2	68.0	69.5	73.9	63.1	74.4	25.6	704
40-44	93.9	65.9	64.0	70.6	59.1	70.8	29.2	575
45-49	94.7	67.7	67.7	70.6	62.3	73.0	27.0	337
Education								
None	87.1	51.4	51.9	54.0	47.8	55.6	44.4	613
Std 1-4	89.2	61.3	63.0	67.5	56.1	69.8	30.2	305
Std 5-7	94.0	68.8	71.1	74.3	63.8	76.5	23.5	1,573
Form 1-3	96.8	78.4	79.8	83.3	72.0	86.5	13.5	2,727
Form 4-6	98.7	83.4	82.2	88.6	74.7	92.0	8.0	1,232
Std unknown	100.0	91.7	75.0	91.7	75.0	91.7	8.3	12
Form unknown	100.0	66.7	55.6	66.7	55.6	66.7	33.3	9
Missing	75.0	75.0	75.0	75.0	75.0	75.0	25.0	5
Unknown	75.0	58.3	66.7	66.7	58.3	66.7	33.3	12
Total women	**95.2**	**73.6**	**74.7**	**78.5**	**68.6**	**79.6**	**20.4**	**6,488**

@ excluding abstaining

*Orapa, Jwaneng, Sowa

Table 23: Percentage Of Women Aged 15–49 Who Correctly Identify Misconceptions About HIV/ AIDS, Botswana, 2000

	Heard about HIV/AIDS	AIDS cannot be transmitted by:		A healthy looking person can be infected	Knows three misconceptions	At least one misconception	Doesn't identify any misconception	Number of women
		Supernatural means	Mosquito bites					
District								
Gaborone	97.3	70.9	44.3	79.8	31.8	92.0	8.0	1,197
Francistown	96.6	74.0	60.7	86.6	50.9	92.4	7.6	499
Lobatse	93.5	63.7	35.8	76.1	27.4	83.6	16.4	201
Selebi-Phikwe	93.6	65.6	38.7	75.9	24.5	89.7	10.3	282
Small Towns*	90.9	57.8	39.0	66.2	22.1	84.4	15.6	154
Southern	89.6	60.7	33.3	74.4	27.6	80.2	19.8	577
South East	98.7	66.5	41.2	87.5	32.9	93.0	7.0	314
Kweneng	95.8	64.0	30.8	79.2	23.7	87.7	12.3	731
Kgatleng	97.0	70.9	38.3	73.5	30.9	86.5	13.5	231
Central	95.1	62.1	39.8	76.5	29.1	86.5	13.5	1,374
North East	98.7	70.3	63.5	88.5	50.7	92.6	7.4	149
North West	95.3	52.2	38.2	76.9	26.1	83.1	16.9	510
Ghanzi	89.3	42.2	33.9	75.2	25.6	79.3	20.7	121
Kgalagadi	93.2	60.1	43.9	85.8	35.1	88.5	11.5	148
Residence								
Urban	95.9	67.9	43.1	80.8	32.6	90.0	10.1	4422
Rural	93.7	56.8	36.0	74.0	26.6	82.7	17.3	2066
Age								
15-19	94.0	69.2	49.7	76.6	38.4	87.2	12.8	1,468
20-24	95.9	70.0	44.4	80.6	32.4	90.8	9.2	1,464
25-29	96.3	66.1	42.3	83.2	32.8	90.3	9.7	1,054
30-34	95.6	62.3	38.4	82.0	29.8	88.5	11.5	887
35-39	95.2	57.6	34.3	77.1	25.0	85.6	14.4	703
40-44	93.9	50.8	27.0	69.4	18.1	80.0	20.0	575
45-49	94.7	55.5	26.7	74.5	18.4	82.5	17.5	337
Education								
None	87.1	36.5	16.3	54.2	9.1	64.8	35.2	613
Std 1-4	89.2	42.0	23.9	59.0	12.1	72.5	27.5	305
Std 5-7	94.0	55.7	29.6	74.6	21.9	83.7	16.3	1,573
Form 1-3	96.8	72.0	45.0	82.5	34.4	92.4	7.6	2,727
Form 4-6	98.7	78.2	62.8	92.1	49.1	97.6	2.4	1,232
Std unknown	100.0	50.0	33.3	83.3	16.7	91.7	8.3	12
Form unknown	100.0	55.6	33.3	77.8	33.3	77.8	22.2	9
Missing	75.0	50.0	0.0	25.0	0.0	50.0	50.0	5
Unknown	75.0	50.0	25.0	66.7	16.7	66.7	33.3	12
Total	**95.2**	**64.3**	**40.9**	**78.6**	**30.7**	**87.6**	**12.4**	**6,488**

*Orapa, Jwaneng, Sowa



Table 24: Percentage Of Women Aged 15–49 Who Correctly Identify Means Of HIV Transmission From Mother To Child, Botswana, 2000

	Know AIDS can be transmitted from mother to child	Percent who know AIDS can be transmitted:				Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breast milk	Knows all three		
District							
Gaborone	85.8	79	68.9	73.6	58.2	14.7	1,197
Francistown	88.4	82.8	69.3	77.6	62.5	14	499
Lobatse	76.6	74.6	58.7	65.2	52.2	23.4	201
Selebi-Phikwe	80.1	78.4	64.9	66	55	20.2	282
Small Towns*	78.6	73.4	61.7	70.1	55.2	21.4	154
Southern	67.9	65.5	52.7	60.7	47.1	32.4	577
South East	84.1	79	66.2	71.3	55.4	16.2	314
Kweneng	76.3	73.6	61.6	69.6	56.4	23.9	731
Kgatleng	81.7	80.9	67	71.7	61.3	18.7	231
Central	83.2	80	65.4	73	58.6	17.4	1,374
North East	87.8	79.1	73	79.7	64.9	12.2	149
North West	75.9	72.4	64.3	60	51.4	24.3	510
Ghanzi	73.6	65.3	56.2	58.7	45.5	28.9	121
Kgalagadi	80.4	76.4	55.4	70.3	47.3	20.3	148
Residence							
Urban	82.8	78.1	65.9	71.5	57.1	17.9	4422
Rural	76.4	73.5	60.6	66.9	54	24	2066
Age							
15-19	77.4	71.4	54.1	63	44.4	23.3	1,468
20-24	84.4	80.8	68	73.5	60	16.2	1,464
25-29	86.2	82	69.1	74.9	60.2	14.6	1,054
30-34	81.6	79	68.8	74.1	62.8	18.5	887
35-39	78.8	74.5	67.3	70.8	59.9	21.9	703
40-44	74.4	71.1	61.9	64.7	54.3	26.3	575
45-49	75.4	72.1	62.9	67.4	55.5	24.6	337
Education							
None	55.4	53.3	45.9	48.6	40.5	45.4	613
Std 1-4	64.3	61.6	50.2	57.4	44.9	36.1	305
Std 5-7	75.7	73.0	62.0	67.6	55.7	24.7	1,573
Form 1-3	85.7	81.3	65.3	74.7	57.9	14.9	2,727
Form 4-6	93.2	86.4	77.4	76.6	63.3	7.8	1,232
Std unknown	83.3	83.3	83.3	75.0	75.0	16.7	12
Form unknown	88.9	88.9	77.8	66.7	66.7	11.1	9
Missing	75.0	75.0	75.0	75.0	75.0	25.0	5
Unknown	75.0	66.7	58.3	66.7	50.0	25.0	12
Total	80.8	76.6	64.3	70	56.1	19.8	**6,488**

*Orapa, Jwaneng, Sowa

Table 25: Percentage Of Women Aged 15–49 Who Expresses A Discriminatory Attitude Towards People With HIV/AIDS, Botswana, 2000

	Percent of women who:				Number of women
	Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with neither discriminatory statement	
District					
Gaborone	72.2	55.9	78.9	21.1	1,197
Francistown	72.7	56.3	75.8	24.2	499
Lobatse	54.7	39.3	60.2	39.8	201
Selebi-Phikwe	65.6	49.3	70.2	29.8	282
Small Towns*	50.6	58.4	71.4	28.6	154
Southern	51.6	30.7	54.8	45.2	577
South East	77.3	46.0	79.9	20.1	314
Kweneng	63.0	43.7	68.5	31.5	731
Kgatleng	64.8	47.8	65.7	34.3	231
Central	53.5	45.4	62.4	37.6	1,374
North East	68.2	52.7	71.6	28.4	149
North West	56.1	55.3	65.7	34.3	510
Ghanzi	57.0	47.1	62.8	37.2	121
Kgalagadi	60.8	48.6	63.5	36.5	148
Residence					
Urban	67.4	51.8	73.1	26.9	4422
Rural	51.0	40.3	58.5	41.5	2066
Age					
15-19	60.0	47.7	67.5	32.5	1,468
20-24	65.6	51.3	72.2	27.8	1,464
25-29	66.4	51.9	72.6	27.4	1,054
30-34	64.3	49.7	70.0	30.0	887
35-39	60.2	46.8	66.6	33.4	703
40-44	55.5	39.3	60.5	39.5	575
45-49	53.4	38.3	56.4	43.6	337
Education					
None	32.4	24.6	38.9	61.1	613
Std 1-4	40.0	33.4	47.9	52.1	305
Std 5-7	49.8	35.9	56.3	43.7	1,573
Form 1-3	66.4	52.3	73.8	26.2	2,727
Form 4-6	88.8	70.2	92.0	8.0	1,232
Std unknown	58.3	33.3	58.3	41.7	12
Form unknown	77.8	55.6	77.8	22.2	9
Missing	50.0	0.0	50.0	50.0	5
Unknown	58.3	41.7	66.7	33.3	12
Total	**62.2**	**48.1**	**68.4**	**31.6**	**6,488**

*Orapa, Jwaneng, Sowa

Table 26: Percentage Of Women Aged 15–49 Who Have Sufficient Knowledge Of HIV/AIDS Transmission, Botswana, 2000

	Heard of AIDS	Know 3 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have sufficient knowledge	Number of women
District					
Gaborone	97.3	69.6	31.8	26.2	1,197
Francistown	96.6	71.5	50.9	37.1	499
Lobatse	93.5	63.7	27.4	21.9	201
Selebi-Phikwe	93.6	58.2	24.5	18.1	282
Small Towns*	90.9	71.4	22.1	25.3	154
Southern	89.6	61.5	27.6	22.5	577
South East	98.7	64.5	32.9	24.9	314
Kweneng	95.8	65.9	23.7	18.1	731
Kgatleng	97.0	57.0	30.9	23.9	231
Central	95.0	72.3	29.1	24.2	1,374
North East	98.6	79.7	50.7	41.9	149
North West	95.3	63.1	26.1	18.2	510
Ghanzi	89.3	57.9	25.6	18.2	121
Kgalagadi	93.2	73.6	35.1	27.0	148
Residence					
Urban	95.9	67.4	32.6	25.3	4422
Rural	93.7	67.5	26.6	22.3	2066
Age					
15-19	94.0	67.2	38.4	31.1	1,468
20-24	95.9	71.7	32.4	27.5	1,464
25-29	96.3	71.3	32.8	25.7	1,054
30-34	95.6	69.4	29.8	22.5	887
35-39	95.2	62.0	25.0	18.1	703
40-44	93.9	57.9	18.1	13.4	575
45-49	94.7	60.2	18.4	13.1	337
Education					
None	87.1	47.8	9.1	7.0	613
Std 1-4	89.2	56.1	12.1	10.5	305
Std 5-7	94.0	63.8	21.9	16.0	1,573
Form 1-3	96.8	72.0	34.4	28.4	2,727
Form 4-6	98.7	74.7	49.1	38.1	1,232
Std unknown	100.0	75.0	16.7	25.0	12
Form unknown	100.0	55.6	33.3	22.2	9
Missing	75.0	75.0	0.0	0.0	5
Unknown	75.0	58.3	16.7	8.3	12
Total	**95.2**	**67.4**	**30.7**	**24.3**	**6,488**

*Orapa, Jwaneng, Sowa

Table 27: Percentage Of Women Aged 15–49 Who Know Where To Get An Aids Test And Who Have Been Tested, Botswana, 2000

	Know a place to get tested	Have been tested	Number of women
District			
Gaborone	48.0	23.2	1,197
Francistown	48.3	21.0	499
Lobatse	42.3	16.4	201
Selebi-Phikwe	45.7	18.8	282
Small Towns*	50.0	19.5	154
Southern	46.4	16.1	577
South East	52.9	19.7	314
Kweneng	41.9	19.3	731
Kgatleng	56.1	16.1	231
Central	42.0	16.0	1,374
North East	36.5	15.5	149
North West	41.4	13.3	510
Ghanzi	48.8	18.2	121
Kgalagadi	42.6	23.6	148
Residence			
Urban	48.7	20.1	4422
Rural	38.1	15.0	2066
Age			
15-19	47.8	10.1	1,468
20-24	48.4	20.2	1,464
25-29	48.1	21.3	1,054
30-34	42.6	24.0	887
35-39	41.0	20.9	703
40-44	38.3	20.3	575
45-49	40.7	15.7	337
Education			
None	25.0	11.1	613
Std 1-4	31.5	15.4	305
Std 5-7	40.9	16.1	1,573
Form 1-3	49.2	17.9	2,727
Form 4-6	55.8	27.7	1,232
Std unknown	33.3	16.7	12
Form unknown	55.6	11.1	9
Missing	50.0	25.0	5
Unknown	41.7	0.0	12
Total	**47.4**	**19.3**	**6,488**

*Orapa, Jwaneng, Sowa

Table 28: Percentage Of Women Aged 15–49 Who Are Using (Or Whose Partner Is Using) A Contraceptive Method, Botswana, 2000

	Current method													Total	Any modern method	Any traditional method	Any method	Number of women
	No method	Pill	IUD	Injections	Diaphragm/ foam/ jelly	Female Condom	Male Condom	Female sterilization	Male Sterilization	Implants	Periodic abstinence	Prolonged abstinence	Other					
District																		
Gaborone	50.0	13.5	2.8	6.3	0.1	0.8	21.9	1.5	0.3	0.7	0.2	1.8	0.2	100.0	47.8	2.2	50.0	1,197
Francistown	62.9	10.4	1.8	8.2	0.2	0.2	14.2	1.6	0.0	0.2	0.0	0.0	0.2	100.0	36.9	0.2	37.1	499
Lobatse	55.2	14.4	0.5	14.4	0.0	1.5	12.4	1.0	0.0	0.5	0.0	0.0	0.0	100.0	44.8	0.0	44.8	201
Selebi-Phikwe	52.1	15.2	1.4	4.3	0.4	0.7	18.4	1.1	0.4	0.0	0.0	6.0	0.0	100.0	41.8	6.0	47.9	282
Small Towns*	55.8	14.9	2.6	9.1	0.6	0.0	7.1	5.2	0.0	1.3	0.6	2.6	0.0	100.0	40.9	3.2	44.2	154
Southern	65.2	13.2	0.2	9.5	0.2	0.0	9.5	1.4	0.5	0.0	0.0	0.3	0.0	100.0	34.5	0.3	34.8	577
South East	50.8	17.9	2.2	5.1	0.0	0.0	20.1	2.6	0.6	0.3	0.3	0.0	0.0	100.0	48.9	0.3	49.2	314
Kweneng	62.3	13.7	1.9	6.4	0.0	0.0	13.6	1.2	0.1	0.0	0.0	0.5	0.1	100.0	37.0	0.7	37.7	731
Kgatleng	63.5	14.3	0.4	7.8	0.0	0.0	12.6	0.4	0.4	0.4	0.0	0.0	0.0	100.0	36.5	0.0	36.5	231
Central	57.2	13.0	2.3	8.4	0.0	0.4	11.9	1.2	0.1	0.6	0.2	4.4	0.3	100.0	37.9	5.0	42.8	1,374
North East	56.8	8.8	0.7	10.1	0.0	0.7	15.5	1.4	0.0	0.0	0.0	6.1	0.0	100.0	37.2	6.1	43.2	149
North West	53.9	19.0	0.2	11.4	0.0	0.6	11.8	1.0	0.0	0.2	0.4	1.4	0.2	100.0	44.1	2.0	46.1	510
Ghanzi	51.2	16.5	0.0	14.0	1.7	0.8	14.9	0.8	0.0	0.0	0.0	0.0	0.0	100.0	48.8	0.0	48.8	121
Kgalagadi	61.5	14.9	0.7	10.8	0.0	0.7	8.8	1.4	0.0	1.4	0.0	0.0	0.0	100.0	38.5	0.0	38.5	148
Residence																		
Urban	55.7	13.6	1.9	7.4	0.1	0.5	16.3	1.4	0.2	0.5	0.2	2.2	0.1	100.0	41.8	2.5	44.3	4422
Rural	59.6	14.7	1.3	9.8	0.1	0.3	10.9	1.3	0.1	0.2	0.1	1.3	0.2	100.0	38.8	1.6	40.4	2066
Age																		
15-19	75.1	6.5	0.1	3.4	0.0	0.3	9.4	0.1	0.1	0.1	0.1	4.8	0.1	100.0	19.9	5.0	24.9	1,468
20-24	47.6	17.8	0.8	9.1	0.1	0.8	21.1	0.1	0.2	0.5	0.2	1.7	0.1	100.0	50.4	2.0	52.4	1,464
25-29	44.7	21.4	1.5	11.7	0.1	0.6	18.1	0.0	0.3	0.4	0.3	0.9	0.1	100.0	54.1	1.2	55.3	1,054
30-34	45.2	19.4	2.6	10.6	0.2	0.3	18.0	1.5	0.3	0.9	0.1	0.6	0.2	100.0	53.9	0.9	54.8	887
35-39	55.6	12.4	4.3	10.1	0.3	0.1	12.1	3.4	0.4	0.3	0.0	0.9	0.1	100.0	43.4	1.0	44.4	703
40-44	66.3	8.2	3.5	7.1	0.0	0.0	8.2	5.2	0.0	0.2	0.0	1.0	0.3	100.0	32.3	1.4	33.7	575
45-49	74.2	5.3	2.4	4.7	0.3	0.3	4.5	6.5	0.0	0.0	0.3	1.2	0.3	100.0	24.0	1.8	25.8	337
Education																		
None	69.8	10.6	1.5	8.3	0.0	0.0	5.2	3.3	0.0	0.3	0.0	0.7	0.3	100.0	29.2	1.0	30.2	613
Std 1-4	64.6	11.1	1.3	10.5	0.3	0.0	10.5	0.0	0.0	0.0	0.0	1.0	0.7	100.0	33.8	1.6	35.4	305
Std 5-7	57.3	16.5	2.5	10.8	0.1	0.4	9.6	1.5	0.0	0.3	0.0	1.0	0.0	100.0	41.8	1.0	42.7	1,573
Form 1-3	55.9	14.6	1.5	7.9	0.0	0.6	15.2	0.9	0.3	0.4	0.2	2.3	0.2	100.0	41.4	2.6	44.1	2,727
Form 4-6	50.3	11.8	1.3	4.3	0.2	0.4	25.2	1.7	0.3	0.7	0.3	3.4	0.0	100.0	45.9	3.7	49.7	1,232
Std unknown	50.0	8.3	0.0	25.0	0.0	0.0	8.3	8.3	0.0	0.0	0.0	0.0	0.0	100.0	50.0	0.0	50.0	12
Form unknown	55.6	11.1	0.0	11.1	0.0	0.0	22.2	0.0	0.0	0.0	0.0	0.0	0.0	100.0	44.4	0.0	44.4	9
Missing	50.0	0.0	0.0	25.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	50.0	0.0	50.0	5
Unknown	66.7	0.0	0.0	16.7	0.0	0.0	8.3	8.3	0.0	0.0	0.0	0.0	0.0	100.0	33.3	0.0	33.3	12
Total	**55.6**	**14.3**	**1.7**	**8.1**	**0.1**	**0.5**	**15.5**	**1.2**	**0.2**	**0.4**	**0.2**	**2.1**	**0.1**	**100.0**	**42.1**	**2.3**	**44.4**	**6,488**

*Orapa, Jwaneng, Sowa

Table 29: Percentage Of Mothers With A Birth In The Last 12 Months Protected Against Neonatal Tetanus, Botswana, 2000

	Percent of mothers with a birth in the last 12 months who:				Number of mothers
	Received at least 2 doses, last within 3 years	Received at least 3 doses, last within 10 years	Received at least 5 doses during lifetime	Protected against tetanus	
District					
Gaborone	52	4	2.7	58.7	75
Francistown	84.2	0	0	84.2	38
Lobatse	68	4	4	76	25
Selebi-Phikwe	60	0	0	60	20
Small Towns*	66.7	0	0	66.7	12
Southern	68.3	5	0	73.3	60
South East	85.7	0	0	85.7	21
Kweneng	68.3	3.2	1.6	73	63
Kgatleng	71.9	0	0	71.9	32
Central	70.8	1.3	1.3	73.4	154
North East	57.1	4.8	0	61.9	21
North West	66.7	0	4.4	71.1	45
Ghanzi	82.4	11.8	0	94.1	17
Kgalagadi	79.2	0	4.2	83.3	24
Residence					
Urban	63.5	2.4	1.8	67.6	170
Rural	70.5	2.3	1.4	74.2	438
Education					
None	77.2	0.9	4.4	82.5	114
Primary	66.8	2	1	69.8	199
Secondary	66.7	2.7	0.7	70.1	294
Total	**68.6**	**2.3**	**1.5**	**72.4**	**608**

*Orapa, Jwaneng, Sowa

Table 30: Percent Distribution Of Women Aged 15–49 With A Birth In The Last Year By Type Of Personnel Delivering Antenatal Care, Botswana, 2000

	Person delivering antenatal care					No antenatal care received	Total	Any skilled personnel	Number of women
	Doctor	Nurse/ Midwife	Traditional doctor	Traditional birth attendant	Relative/ friend				
District									
Gaborone	35.5	59.2	1.3	1.3	2.7	0.0	100.0	94.7	75
Francistown	28.6	69.0	2.4	0.0	0.0	0.0	100.0	97.6	38
Lobatse	23.8	76.2	0.0	0.0	0.0	0.0	100.0	100.0	25
Selebi-Phikwe	45.8	54.2	0.0	0.0	0.0	0.0	100.0	100.0	20
Small Towns*	33.3	66.7	0.0	0.0	0.0	0.0	100.0	100.0	12
Southern	37.3	61.0	0.0	1.7	0.0	0.0	100.0	98.3	60
South East	42.9	57.1	0.0	0.0	0.0	0.0	100.0	100.0	21
Kweneng	25.7	73.0	0.0	0.0	1.3	0.0	100.0	98.6	63
Kgatleng	23.5	76.5	0.0	0.0	0.0	0.0	100.0	100.0	32
Central	26.5	69.3	0.0	1.2	2.4	0.6	100.0	95.8	154
North East	41.2	41.2	5.9	0.0	11.7	0.0	100.0	82.4	21
Ngamiland	21.5	73.8	1.5	3.2	0.0	0.0	100.0	95.4	45
Ghanzi	50.0	50.0	0.0	0.0	0.0	0.0	100.0	100.0	17
Kgalagadi	64.3	35.7	0.0	0.0	0.0	0.0	100.0	100.0	24
Residence									
Urban	30.3	66.8	0.5	1.3	1.1	0.0	100.0	97.1	170
Rural	31.8	64.7	0.8	0.4	1.9	0.4	100.0	96.5	438
Education									
None	25.0	69.3	1.9	0.0	3.8	0.0	100.0	94.2	114
Primary	32.0	63.9	1.0	1.0	1.6	0.5	100.0	95.9	199
Secondary +	31.3	66.4	0.3	1.0	1.0	0.0	100.0	97.7	294
Total	**30.9**	**65.9**	**0.6**	**0.9**	**1.5**	**0.2**	**100.0**	**96.8**	**608**

*Orapa, Jwaneng, Sowa

Table 31: Percent Distribution Of Women Aged 15–49 With A Birth In The Last Year By Type Of Personnel Assisting At Delivery, Botswana, 2000

	Person assisting at delivery					Any skilled personnel	Number of women
	Doctor	Nurse/Midwife	Traditional birth attendant	Relative/Friends	Total		
District							
Gaborone	44.1	53.6	1.2	1.2	100.0	97.6	75
Francistown	37.5	60.4	0.0	2.1	100.0	97.9	38
Lobatse	33.3	66.7	0.0	0.0	100.0	100.0	25
Selebi Phikwe	53.6	46.4	0.0	0.0	100.0	100.0	20
Small Towns*	40.0	60.0	0.0	0.0	100.0	100.0	12
Southern	43.9	54.6	1.5	0.0	100.0	98.5	60
South East	52.0	48.0	0.0	0.0	100.0	100.0	21
Kweneng	31.7	68.4	0.0	0.0	100.0	100.0	63
Kgatleng	27.8	72.2	0.0	0.0	100.0	100.0	32
Central	32.4	66.5	1.2	0.0	100.0	98.8	154
North East	55.6	38.9	5.6	0.0	100.0	94.4	21
North West	23.9	71.6	3.0	1.5	100.0	95.5	45
Ghanzi	50.0	50.0	0.0	0.0	100.0	100.0	17
Kgalagadi	64.3	35.7	0.0	0.0	100.0	100.0	24
Residence							
Urban	37.1	61.2	1.2	0.5	100.0	98.3	170
Rural	38.0	61.0	0.7	0.4	100.0	98.9	438
Education							
None	35.1	63.2	0.0	1.8	100.0	98.3	114
Primary	38.2	59.9	1.5	0.5	100.0	98.1	199
Secondary +	37.4	61.4	1.0	0.2	100.0	98.8	294
Total	**37.4**	**61.1**	**1.0**	**0.4**	**100.0**	**98.5**	**608**

*Orapa, Jwaneng, Sowa

Table 32: Percent Distribution Of Children Aged 0–59 Months By Whether Birth Is Registered And Reasons For Non-registration, Botswana, 2000

	Birth is registered	Birth is not registered because:									Total	Number of children
		DK if birth registered	Costs too much	Must travel too far	Didn't know it should be registered	Late & didn't want to pay fine	Doesn't know where to register	Other	Reasn DK	Missing		
Sex												
Male	59.7	14.4	3.5	14.6	12.9	8.6	7.0	9.6	27.9	1.5	100.0	1477
Female	58.7	15.2	1.8	16.6	12.3	9.3	7.3	7.5	27.8	2.3	100.0	1461
District												
Gaborone	61.6	14.2	1.6	7.1	9.4	1.6	11.8	2.4	50.4	1.6	100.0	331
Francistown	81.1	10.0	0.0	6.7	6.7	23.3	6.7	30.0	10.0	6.7	100.0	159
Lobatse	46.4	13.3	6.7	11.1	15.6	31.1	0.0	13.3	8.9	0.0	100.0	84
Selebi Phikwe	47.8	12.5	4.2	8.3	8.3	10.4	8.3	2.1	45.8	0.0	100.0	92
Small Towns*	60.0	0.0	0.0	27.3	18.2	13.6	0.0	9.1	31.8	0.0	100.0	55
Southern	71.8	29.3	1.2	9.8	19.5	11.0	4.9	3.7	13.4	7.3	100.0	291
South East	76.5	22.2	0.0	3.7	22.2	18.5	7.4	11.1	14.8	0.0	100.0	115
Kweneng	54.3	9.8	1.3	17.6	18.3	1.3	7.8	19.6	23.5	0.7	100.0	335
Kgatleng	60.5	7.8	3.9	15.7	9.8	11.8	7.8	0.0	41.2	2.0	100.0	129
Central	50.4	18.1	2.9	19.3	8.3	9.5	6.7	7.1	25.5	2.6	100.0	846
North East	76.1	25.0	0.0	3.6	17.9	7.1	10.7	17.9	17.9	0.0	100.0	117
North West	58.9	11.5	6.6	15.6	12.3	9.8	8.2	7.4	27.0	1.6	100.0	297
Ghanzi	41.4	5.9	0.0	26.5	32.4	11.8	0.0	5.9	17.6	0.0	100.0	58
Kgalagadi	74.6	13.3	0.0	0.0	0.0	0.0	6.7	0.0	80.0	0.0	100.0	59
Residence												
Urban	65.1	14.2	2.1	10.9	11.6	10.9	6.8	6.8	35.2	1.6	100.0	1612
Rural	52.4	15.7	3.0	19.6	13.4	7.5	7.2	9.8	21.1	2.6	100.0	1392
Age												
0-5 months	57.1	4.3	3.6	13.6	13.6	9.3	7.9	7.1	38.6	2.1	100.0	326
6-11 months	57.5	7.6	4.6	13.0	16.8	8.4	9.2	6.1	33.6	0.8	100.0	308
12-23 months	61.8	10.2	2.1	19.1	11.4	8.5	9.3	7.2	30.5	1.7	100.0	618
24-35 months	56.6	19.4	2.1	16.5	11.2	7.9	5.4	10.3	26.4	0.8	100.0	558
36-47 months	61.7	19.8	2.6	15.1	12.1	9.1	4.3	10.3	25.0	1.7	100.0	605
48-59 months	58.1	20.6	2.3	14.2	12.8	10.6	8.3	7.8	19.3	4.1	100.0	520
Total	**59.2**	**14.8**	**2.7**	**15.6**	**12.6**	**8.9**	**7.2**	**8.4**	**27.9**	**1.9**	**100.0**	**2938**

*Orapa, Jwaneng, Sowa

Table 33: Percentage Of Children 0–14 Years Of Age In Households Not Living With A Biological Parent, Botswana, 2000

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent	One or both parents dead	Number of children
		Father only alive	Mother only alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex														
Male	27.6	1.8	2.5	17.7	1.5	33.6	6.3	2.4	0.2	6.4	100.0	23.4	12.2	4,921
Female	28.7	1.4	2.5	18.7	1.3	32.4	6.7	2.0	0.3	6.0	100.0	23.8	12.2	5,002
District														
Gaborone	49.4	1.7	1.7	8.7	0.5	25.5	5.4	1.5	0.3	5.3	100.0	12.5	9.4	1,083
Francistown	40.1	1.5	2.0	12.6	1.5	28.8	6.6	2.9	0.0	4.0	100.0	17.5	11.5	549
Lobatse	41.5	2.3	1.2	9.3	1.2	31.0	4.7	2.3	0.0	6.5	100.0	14.0	9.3	258
Selebi-Phikwe	40.9	1.1	3.3	8.0	1.1	34.1	3.6	4.7	0.7	2.5	100.0	13.4	9.8	276
Small Towns*	43.4	1.8	1.8	10.8	1.2	27.1	3.6	6.6	1.2	2.5	100.0	15.7	9.6	166
Southern	19.9	0.9	2.6	20.1	1.1	36.1	6.5	2.1	0.1	10.6	100.0	24.7	11.1	1,095
South East	36.0	1.9	1.7	14.4	0.8	34.1	2.8	0.6	0.8	6.9	100.0	18.8	8.0	361
Kweneng	23.2	2.0	2.1	20.7	0.9	32.8	6.0	1.6	0.4	10.3	100.0	25.7	11.4	1,119
Kgatleng	23.0	0.4	1.6	16.0	1.4	43.5	4.1	1.4	0.4	8.2	100.0	19.5	8.0	487
Central	21.4	1.2	3.5	23.3	1.8	34.4	6.9	1.8	0.1	5.6	100.0	29.8	13.6	2,795
North East	23.8	2.6	2.9	28.9	1.1	28.9	6.0	0.6	0.0	5.2	100.0	35.5	12.6	349
North West	24.1	1.8	1.8	14.9	1.9	35.2	11.1	5.4	0.2	3.6	100.0	20.5	16.9	931
Ghanzi	27.5	3.4	3.4	26.6	2.1	27.9	4.3	2.1	0.9	1.8	100.0	35.6	14.2	233
Kgalagadi	24.4	4.1	2.3	17.6	2.3	31.2	12.7	0.5	1.4	3.5	100.0	26.2	22.6	221
Residence														
Urban	44.9	1.6	1.9	9.7	0.9	28.0	5.2	2.7	0.3	4.8	100.0	14.2	9.9	2,332
Rural	23.0	1.6	2.7	20.7	1.5	34.5	6.9	2.1	0.3	6.7	100.0	26.5	12.9	7,591
Age														
0-4 years	28.1	0.5	1.5	14.8	0.3	44.7	4.0	1.1	0.1	4.9	100.0	17.1	6.3	3,049
5-9 years	28.8	1.8	2.6	19.2	1.1	30.3	7.3	2.4	0.4	6.1	100.0	24.7	13.1	3,416
10-14 years	27.5	2.3	3.2	20.1	2.7	25.4	8.0	3.0	0.4	7.4	100.0	28.3	16.5	3,458
Total	**28.1**	**1.6**	**2.5**	**18.2**	**1.4**	**33.0**	**6.5**	**2.2**	**0.3**	**6.2**	**100.0**	**23.6**	**12.2**	**9,923**

*Orapa, Jwaneng, Sowa

Appendix B: Sampling Errors

The estimates from a sample survey are affected by two types of errors: (1) nonsampling error, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the MIS to minimise these type of errors, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the MIS is only one of many samples that could have been selected from the same population, using the same sample design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulae for calculating sampling errors. However, the MIS sample is the results of a stratified two stage design, and, consequently, it was necessary to use more complex formulae. The computer software CLUSTERS developed for the MIS by UNICEF was used to calculate sampling errors.

Sampling errors for selected variables for the country as a whole are presented in the following Table. In addition to the value (R) of type of statistic (mean, proportion) and standard error (SE), the tables includes the weighted number (WN) of cases, the relative standard error (the standard error divided by the value of the statistic) and the 95 percent confidence limits (R. ± 2SE). The confidence limits may be interpreted by using the following example: the overall estimate of the proportion of women who have ever been pregnant is 0.691 and its standard error is 0.054. To obtain the 95 percent confidence interval, twice the standard error is added to and subtracted from the estimate of CEB, 0.691 ± 2* 0.054. Thus, there is a 95 percent probability that the true value of CEB lies between 0.583 and 0.800.



Table: Sampling errors for all women aged 15-49 years, Botswana, 2000

	Value of statistic (R)	Standard Error (SE)	Weighted cases (WN)	Relative error (SE/R)	95 Percent confidence limits	
					R-2SE	R+2SE
All women						
1. Proportion who attended school	0.897	0.057	370,005	0.064	0.783	1.011
2. Proportion who have ever been pregnant	0.691	0.054	370,005	0.079	0.583	0.800
3. Proportion currently using contraceptives	0.423	0.038	370,005	0.090	0.347	0.498
4. Mean age at first pregnancy	19.3	0.009	255,830	0.0005	19.282	19.318
5. Mean age at first birth	19.7	0.009	252,782	0.0005	19.682	19.718
6. Mean number of children ever born (CEB)	2.0	0.004	370,005	0.002	1.960	2.004
Birth during the past twelve months						
1. Proportion of mothers who had tetanus injection	0.096	0.011	370,005	0.112	0.075	0.118
2. Proportion who attended antenatal care	0.104	0.011	370,005	0.104	0.082	0.125
HIV/AIDS knowledge						
1. Proportion who heard about HIV/AIDS	0.949	0.031	370,005	0.032	0.887	1.010
2. Proportion who would have one partner to avoid HIV/AIDS	0.733	0.022	370,005	0.030	0.689	0.777
3. Proportion who would use condom every time	0.747	0.042	370,005	0.056	0.662	0.831
4. Proportion who would abstain	0.784	0.063	370,005	0.081	0.657	0.911
HIV/AIDS transmission						
1. Proportion who know mother-to-child transmission	0.801	0.046	370,005	0.058	0.709	0.893
2. Proportion who say during pregnancy	0.762	0.050	370,005	0.066	0.661	0.863
3. Proportion who say at delivery	0.638	0.037	370,005	0.058	0.564	0.712
4. Proportion who say at breast feeding	0.696	0.046	370,005	0.066	0.604	0.789
Children 1-59 months						
1. Proportion registered	0.575	0.038	185,522	0.067	0.499	0.652
2. Proportion breastfed	0.912	0.026	185,522	0.028	0.861	0.964
3. Proportion who had diarrhoea (past 24 hours)	0.062	0.014	185,522	0.226	0.034	0.089
4. Proportion who had diarrhoea (past 2 weeks)	0.065	0.006	185,522	0.100	0.052	0.078
5. Proportion who had cough (past 2 weeks)	0.383	0.038	185,522	0.098	0.308	0.458
6. Proportion who had other illness (past 2 weeks)	0.123	0.009	185,522	0.071	0.106	0.141
7. Proportion with health cards	0.851	0.032	185,522	0.038	0.786	0.915
Children 12-23 months						
1. Proportion immunized - BCG	0.834	0.040	185,522	0.048	0.753	0.914
2. Proportion immunized - DPT1	0.793	0.033	185,522	0.042	0.726	0.859
3. Proportion immunized - Polio1	0.783	0.038	185,522	0.048	0.708	0.859
4. Proportion immunized - HB1	0.817	0.041	185,522	0.051	0.734	0.899
5. Proportion immunized - Measles	0.623	0.022	185,522	0.035	0.579	0.666



Appendix C: Sample Design

SAMPLING METHODOLOGY FOR BOTSWANA MULTIPLE INDICATOR SURVEY (MIS) 2000

1 The Frame

The frame for the Multiple Indicators Survey (MIS) 2000 consists of 2,438 enumeration areas (EAs)/Blocks. This is after removing 10 blocks from the original frame that contains 2,448 blocks, being the total number of enumeration areas delineated during the 1991 Population and Housing Census. The reasons for removing the blocks were empty blocks, Botswana Defense Force (BDF) barracks, Railways tin huts etc.

- Stratum 6 (Urban Villages) is a derived stratum of blocks of Urban Villages of rural / strata/districts (7-15).
- **Urban Villages: These are villages each with a 1991 population of at least 5000 and at least 75 percent of the workforce engaged in non-agricultural economic activities.
- There are 19 urban villages viz. 1. Kanye, 2. Moshupa (Southern); 3. Ramotswa, 4. Tlokweng (South-East); 5. Molepolole, 6. Thamaga, 7. Gabane, 8. Mogoditshane (Kweneng); 9. Mochudi (Kgatleng); 10. Mahalapye, 11. Palapye, 12. Serowe, 13. Letlhakane, 14. Bobonong, 15. Tonota, 16. Tutume (Central); 17. Maun, 18. Kasane (North-West or Ngamiland), and 19. Ghanzi (Ghanzi) belongs to respective rural district as mentioned in brackets.

Category	Stratum No.	District	Blocks
Cities/ Towns	1	Gaborone	249
	2	Francistown	124
	3	Selebi Phikwe	94
	4	Lobatse	43
	5	Small Towns*	43
Urban Villages**	6	Urban Villages	523
Rural District	7	Southern	197
	8	South East	26
	9	Kweneng	185
	10	Kgatleng	65
	11	Central	571
	12	North East	79
	13	North West	147
	14	Ghanzi	38
	15	Kgalagadi	54
		Total	2438

*Jwaneng, Orapa, and Sowa



2 Sample Size, Number of PSUs (Blocks) and Block Sizes (Households)

The sample size calculation for measuring the Mid Decade Goals was determined on the basis of basic assumptions regarding design effect, household size etc. The number of households for this study was determined approximately 7000. The details of the calculation can be seen in ANNEXURE-I.

2.1 Number and Allocation of Blocks

While, in general, the more PSUs (Blocks) the better, but the decision on the total number of blocks in the sample was taken on the basis of cost, personnel and vehicle resources available, as well as the previous experience in listing of blocks. It was estimated that one enumerator lists an average of about seven (7) blocks in a month. There were 10 enumerators for the MIS listing exercise. Thus in the three (3) months period of listing of households, 210 (10x7x3) blocks are expected to be completed. This makes about 9% of the total blocks in frame.

The allocation of 210 blocks to 14 strata was carried out using proportional allocation according to MOS (size being number of households in 1991 Population and Housing Census) as shown in ANNESURE-II

2.2 Block Size

The number of households selected in a block was determined as proportion to the total number of listed households in that block. (see ANNEX-II)

3 Sample Design

A stratified two-stage probability sample design is utilised for the selection of the sample.

The first stage is the selection of blocks as Primary Sampling Units (PSUs) selected with probability proportional to measures of size (PPS), where measures of size (MOS) are the number of households/dwellings in the block as defined by the 1991 Population and Housing Census. In all 215 blocks were selected with probability proportional to size.

At the second stage of sampling, the households were systematically selected from fresh list of occupied households prepared at the beginning of the survey's fieldwork (i.e. listing of households for the selected blocks). Overall 7001 households were drawn systematically.

The sample is not self-weighting because it was stratified by districts.

4 Weighting

There are three components to the weighting:

- **From Block/EA to Stratum Level**

  First stage weights account for the varying probability of selection. That is they are proportional to the inverse of the size measure.

- **From Household Level to Block Level**

  This is a simple weight obtained by dividing the block listed total business households by the number of selected business households in that block.

- **A Non-Response Adjustment**

  For MIS no substitution was allowed for non-response and household questionnaire had to be returned for all households, responding or non-responding. The response code was entered on the computer records.



The results are:

Code	Final visit result	Percent
1	Completed	88.3
2	Household present but no respondent at home (Non Contact)	7.0
3	Postponed	0.0
4	Refused	0.3
5	Partly completed	0.2
6	Dwelling Vacant	3.6
7	Dwelling out of scope	0.4
8	Other	0.2
	Total	100.0

Only non-contact and refusals are taken as non-response. The other sample loss is effectively taken as zero i.e. no one lived in these households. The non-response rate is made at the block level. The adjustment is equal to the presumed total households in the block (codes 1+2+4+5) divided by the presumed valid response in that block (codes 1+5). In effect, non-contacts and refusals are given the characteristics of average valid respondents in the block.





Annex I

Sample Size Calculations For Measuring Mid Decade Goals (Mdgs)

Basic Assumptions	Low	High	Formula for required target sample n = 4*p*(1-p)*deff/e^2
Design effect (deff)	2	10	
Persons per household	4.2		
Per cent of population <5 years	0.145		
Prevalence of diarrhea 15 days	0.25		

Goal Number	Indicator	Target Population	Estimated Prevalence	Margin Of Error	Required Target Sample	Required Number Of Households
1.1	DPT3 coverage	12-23 mo	0.5	0.05	800	6568
1.2	Measles coverage	12-23 mo	0.32	0.05	696	5717
1.3	OPV3 coverage	12-23 mo	0.5	0.05	800	6568
1.4	BCG coverage	12-23 mo	0.8	0.05	512	4204
1.6	TT2 coverage (pregnancy)	0-11 mo	0.12	0.05	338	2774
5.1	Vitamin A coverage	0-23 mo	0.3	0.05	672	2759
6.1	Iodized salt consumption	Households	0.1	0.05	288	288
7.1	Use of ORT (1) in diarrhea	Diar <5 yr	0.4	0.05	768	5044
7.2	Use of ORT (2) in diarrhea	Diar <5 yr	0.5	0.05	800	5255
11.1	Percent low weight/age	All < 5 yr	0.4	0.05	768	1261
12.4	School enrolment	5-9 yr	0.63	0.05	746	1225
13.1	Safe water	Population	0.6	0.05	3840	914
13.2	Sanitation	Population	0.16	0.05	2150	512
		Required number of households =				6568
The design effects (deff.) for goal 1.1 to 12.4 is taken as 2, while for goals 13.1 and 13.2 it is 10.						



Annex II

Distribution Of Blocks In Frame, Blocks In Sample, Households Listed, Households Finally Selected

Sl. No.	District	Blocks in Frame			Blocks in Sample			Percent block selected			Occupied Hholds listed			H'holds Selected			Valid HH entered	% Valid HH
		Urban	Rural	Total	Urban	Rural	Total	% Urban	% Rural	%Total	Urban	Rural	Total	Urban	Rural	Total		
1	Gaborone	249	-	249	29	-	29	*11.6*	-	*11.6*	5516	-	5516	1212	-	1212	1211	22.0
2	Fr. Town	124	-	124	12	-	12	*9.7*	-	*9.7*	2266	-	2266	489	-	489	489	21.6
3	Selebi-Phikwe	94	-	94	8	-	8	*8.5*	-	*8.5*	1185	-	1185	254	-	254	254	21.4
4	Lobatse	43	-	43	5	-	5	*11.6*	-	*11.6*	1045	-	1045	212	-	212	212	20.3
5	Small Towns***	43	-	43	4	-	4	*9.3*	-	*9.3*	910	-	910	183	-	183	183	20.1
	Sub-Total	**553**		**553**	**58**	**-**	**58**	***10.5***	**-**	*10.5*	**10922**	**-**	**10922**	**2350**		**2350**	**2349**	**21.5**
6	Southern	67	197	264	7	14	21	*10.4*	*7.1*	*8.0*	1156	2000	3156	249	377	626	624	19.8
7	South-East	43	26	69	5	5	10	*11.6*	*19.2*	*14.5*	786	614	1400	170	116	286	286	20.4
8	Kweneng	120	185	305	12	13	25	*10.0*	*7.0*	*8.2*	2619	1571	4190	566	315	881	877	20.9
9	Kgatleng	38	65	103	4	5	9	*10.5*	*7.7*	*8.7*	927	634	1561	200	115	315	313	20.1
10	Central	207	571	778	18	41	59	*8.7*	*7.2*	*7.6*	2724	5013	7737	588	932	1520	1517	19.6
11	North-East	-	79	79	-	6	6	-	-	*7.6*	-	864	864	-	158	158	158	18.3
12	North-West	40	147	187	4	12	16	*10.0*	*8.2*	*8.6*	1093	1471	2564	237	268	505	505	19.7
13	Ghanzi	8	38	46	1	5	6	*12.5*	*13.2*	*13.0*	194	630	824	41	119	160	159	19.3
14	Kgalagadi	-	54	54	-	5	5	-	-	*9.3*	-	1075	1075	-	200	200	200	18.6
	Sub-Total**	**523**	**1362**	**1885**	**51**	**106**	**157**	***9.8***	***7.8***	***8.3***	**9499**	**13872**	**23371**	**2051**	**2600**	**4651**	**4639**	**19.8**
	Total	1076	1362	2438	109	106	215	***10.1***	***7.8***	***8.8***	**20421**	**13872**	**34293**	**4401**	**2600**	**7001**	**6988**	**20.4**

Appendix D: List Of Personnel Involved In The Botswana MIS-2000

MEMBERS OF THE REFERENCE GROUP

1.	G. M. Charumbira	Government Statistician (Chairman), CSO
2.	A. Majelantle	Chief Statistician, CSO
3.	M. P. Kerekang	Principal Statistician, CSO
4.	Dr. V. K. Dwivedi	Head, Research Unit, CSO
5.	E. P. T. Bulayani	Head, Computing Services Unit, CSO
6.	K. K. Mogotsinyane	Head, Surveys Unit, CSO
7.	T. Botana	Head, Demography Unit, CSO
8.	L. Mosele	Computing Services Unit, CSO
9.	T. Mosiakgabo	Surveys Unit, CSO
10.	M. Bapindi	Demography Unit, CSO
11.	M. Segotso	UNICEF
12.	T. Bishaw	UNICEF
13.	L. Maribe	MCH/FP, FHD
14.	G. Mooketsa	MCH/FP, FHD
15.	T. J. Bandeke	Nutrition Unit, FHD
16.	K. Tautona	Nutrition Unit, FHD
17.	Dr. B. Mduma	Nutrition Unit, FHD
18.	B. S. Tlhomelang	Demography Unit, CSO
19.	T. Kegontse	Demography Unit, CSO



Appendix E: Questionnaires



Appendix E: Questionnaires

CONFIDENTIAL **MIS-1**

REPUBLIC OF BOTSWANA

BOTSWANA MIS SURVEY

CENTRAL STATISTICS OFFICE
HOUSEHOLD SURVEYS PROGRAMME

Household Questionnaire

If found please send to:
Central Statistics Office
Private Bag 0024
Gaborone
Or nearest District Commissioner's Office

IDENTIFICATION			
STRATUM	NUMBER	.....	
DISTRICT	NAME/CODE	.....	
VILLAGE	NAME	.....	
LOCALITY	NAME	** *What is a locality>< than an EA?*	
EA	NUMBER	.....	
PSU/BLOCK	NUMBER	.....	
DWELLING	NUMBER	.....	
HOUSEHOLD	NUMBER	.....	
LINE NUMBER OF HEAD		.....	
LINE NUM. OF RESPONDENT		.....	

INTERVIEWER'S VISITS				
	1	2	3	FINAL VISIT
Date				INTERVIEWER'S CODE
Interviewer's name				RESULT CODE
RESULTS *				TOTAL VISITS
Next visit: Date				
Time				

* RESULT CODE:
1 Completed
2 Household present, but no respondent at home
3 Postponed?
4 Refused
5 Partly completed (specicify reasons in comments box)
6 Dwelling not occupied
7 Dwelling destroyed
8 Dwelling not found
Other _____ (Specify)

Total population in household

Number of persons <5 yrs of age

Number of women aged (12-49)

COMMENTS:

	Field edited by: (supervisor)	Office coded by	Keyed by	Verified by
Name				
Date				



I would like to talk to you about the people who usually live in your household or who are staying with you now, and any other person who may not be members of your household who spent last night here.

ALL PERSONS

No.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE		SEX	AGE	CITIZENSHIP	UNDERFIVES ELIGIBILITY	14 YEARS AND BELOW ORPHANHOOD	
SERIAL NUMBER	Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household. - Any small children or infants who are members of this household? -Any usual members who did not spend the last night with this household and have not spent the night with any other household, because they were away on night duty, wake-keeping, travelling, etc ? - Any other people who may not be members of your household, such as visitors or friends, who spent the last night with this household ?	00 Head 01 Spouse 02 Son/daughter 03 Step child 04 Great/Grand child 05 Parent 06 Brother/Sister 07 Niece/Nephew 08 Son/Daughter-in-law 09 Parent-in-law 10 Grand-parents 11 Other relative 12 Not related	Does ..... usually live here ? 1. Usual member 2. Visitor	Did ..... spend last night here ? **Enter the correct code** 1. Yes 2. No	Is ..... male or female ? **Enter the correct code** 1. Male 2. Female	(Age as at last birthday) If under 1 year enter 00, if 99+ enter 99	What is the country of .....'s citizenship ? 01 Botswana 02 Angola 03 Lesotho 04 Malawi 05 Mozambique 06 Namibia 07 South africa 08 Swaziland 09 Zambia 10 Zimbawbwe 11 Tanzania 39 India 57 Mauritius 85 UK 86 USA Other (Specify) **WRITE NAME AND CODE**	**Circle line numbers of underfives: 0-4 years**	Is (NAME)'s natural mother alive? 1 YES 2 NO 9 Don't know	Is (NAME)'s natural father alive? 1 YES 2 NO **> P11** 9 Don't know **>P11**
P01			P04	P05	P06	P07	P08	P09	P10a	P10b
01								01		
02								02		
03								03		
04								04		
05								05		
06								06		
07								07		
08								08		
09								09		
10								10		
11								11		
12								12		
13								13		
14								14		
15								15		
16								16		
17								17		
18								18		
					TOTAL NUMBER OF UNDERFIVES					TOTAL NUMBER OF ELIGIBI

FOR THE FOLLOWING QUESTIONS , CIRCLE THE CODE CORRESPONDING TO THE CORRECT ANSWER

USE OF IODINE	WATER SUPPLY	TOILET	UNDER THREE STOOLS	WHAT IS THE MAIN SOURCE OF ENERGY USED FOR:			NUMBER OF ROOMS	WHAT IS THE MAIN MATERIA
Does this Household use Iodized salt for cooking?	What is the principal source of water supply for this household ?	What is the main toilet facility used by this household?	How do you dispose stools of children aged 0-3 years	COOKING	LIGHTING	TYPE OF HOUSING UNIT	How many rooms are there in this housing unit ? (Exclude: Kitchen, toilet, bathroom, garage, store, if not used as living rooms)	WALL
H 01	H 02	H 03	H03 a	H 04	H 05	H 06	H 07	H 08
1 YES 2 NO 9 Don't know **Test Sample** No colour (0) 1 Weak colour(7) 2 Strong colour(15) 3 very strong colour(30+) 4	1 Piped indoors 2 Standpipe within Plot/Lolwapa 3 Standpipe outside Plot/Lolwapa 4 Borehole 5 Well 6 Flowing river 7 Sand river (Riverbed) 8 Dam/lake/Pan 9 Other	1 Own flush toilet 2 Own pit latrine 3 Neighbour's flush toilet 4 Neighbour's pit latrine 5 Communal flush toilet 6 Communal pit latrine 7 Pail/Bucket latrine 8 Bush	01 Own flush toilet 02 Own Pit Latrine 03 Neighbour's flush toilet 04 Neighbour's pit latrine 05 Communal flush toilet 06 Communal pit latrine 07 Pail/Bucket latrine 08 Bush 09 Wash away 10 No under three children	1 Electricity (Mains) 2 Electricity (Solar) 3 Paraffin 4 Wood/Charcoal 5 Coal Other (Specify)	1 Electricity (Mains) 2 Electricity (Solar) 3 Gas 4 Paraffin 5 Wood 6 Candle 7 Diesel Other (Specify)	01 Detached house 02 Lolwapa 03 Semi-detached 04 Town house/Duplex 05 Flat 06 Servants quarter 07 Part of commercial building 08 Shack 09 Movable/Caravan/Tent 10 Rooms		1 Stones/Bricks/Blocks 2 Asbestos 3 Iron/Zinc/Tin 4 Mud 5 Mud & Poles 6 Mud & Reeds 7 Poles / Reeds 8 Mud, Poles & Reeds Other



14 YEARS AND BELOW		WOMEN	ALL PERSONS AGED 5 YEARS AND OVER					ALL PERSONS AGED 12 YEARS AND OVER				
FOSTERING		ELIGIBILITY	SCHOOL ATTENDENCE	PRIMARY AND SECONDARY SCHOOL ATTENDANCE	TRAINING			MARITAL STATUS	TYPE OF ACTIVITY DURING PAST 30 DAYS		OCCUPATION	INDUSTRY
Does (NAME)'s natural mother usually live in this household? 1 YES 2 NO	Does (NAME)'s natural father usually live in this household? 1 YES 2 NO	**Circle line numbers of women eligible for individual interview (Females who spent last night here and are 12 - 49 years old)**	Has ....ever attended school ? 1. Yes,attending 2. Yes left school 3. Never attended **(GO TO 15)** 9. Not known **(GO TO 15)**	What was the highest grade that ..... ever completed ? Primary: 10. Standard 1 not completed 11. Standard 1 12. Standard 2 13. Standard 3 14. Standard 4 15. Standard 5 16. Standard 6 17. Standard 7 19. Dont know Secondary: 21. Form 1 22. Form 2 23. Form 3 24. Form 4 25. Form 5 26. Form 6 29. Don't know **99. All dont know**	Has .....ever attended training of any type for at least 3 months? 1 Still training 2 Completed training 3 No training > **P18**	What is the highest qualification has ..... completed (or is expecting to complete)? 31 Apprentice Certificate 32 Brigades Certificate 33 Vocational Certificate 34 Educ. College Certificate 35 University Certificate 36 Other Certificate 41 Vocational Diploma 42 Educ. College Diploma 43 University Diploma 51 University Degree 52 Other Degree ***** nursing/secretarial ?***	What was the subject of training? **RECORD THE SUBJECT** ***** vocational?***	Is ...currently married ? 1 Married 2 Seperated 3 Living together 4 Divorced 5 Widowed 6 Never married	In the past 30 did ..... work for someone else for at least 1hr for payment in cash or in kind, OR for oneself for profit or family gain? 1. Yes, as an employee **(GOTO P19)** 2. Yes, self-employed with no employees **(GOTO P19)** 3. Yes, self-employed with one or more employees **(GOTO P19)** 4. No **(GOTO P18)**	Since.....didn't work for payment, what was .....'s main activity ? 1. Worked unpaid in Family Business 2. Worked unpaid at Lands/ Farms/Cattlepost 3. Actively seeking work > **Next person** 4. Homemaker > **Next person** 5. Student > **Next person** 6. Retired > **Next person** Others (Specify) ***** 7/30 day reference work period?***	What type of work did ..... do ? To be precise, What were the main tasks and duties ? **Probe as necessary and** **reconcile with level of education**	What was the main product, service or economic activity of ------'s place of work?
P11a	P11b	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22
		01										
		02										
		03										
		04										
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		09										
		10										
		11										
		12										
		13										
		14										
		15										
		16										
		17										
		18										
ILE WOMEN												

AL USED FOR CONSTRUCTION OF:		HOUSEHOLD ASSETS					
		ACCESS TO MEDIA			TRANSPORT FACILITIES		
FLOOR	ROOF	Does anyn member of this household have the followingh?			Does any member of this household (excuding visitors) own the following for transport ?		
H 09	H 10	H 11			H 12		
1 Stones	1 Concrete		YES	NO		YES	NO
2 Tiles	2 Slate	Working Radio	1	2	Bicycle	1	2
3 Cement	3 Blocks	Working Television	1	2	Motorcycle	1	2
4 Wood	4 Tiles	Telephone	1	2	Motor Vehicle	1	2
8 Mud	5 Asbestos	Cell Phone	1	2	Animal drawn Cart	1	2
Other_____	6 Iron/Zinc/Tin				Tractor	1	2
	7 Thatch				Donk/Horse	1	2
	Other _____ (Specify)				Camels	1	2



CONFIDENTIAL

MIS-2

REPUBLIC OF BOTSWANA

BOTSWANA MIS SURVEY

CENTRAL STATISTICS OFFICE
HOUSEHOLD SURVEYS PROGRAMME

Underfive children Questionnaire

If found please send to:
Central Statistics Office
Private Bag 0024
Gaborone
Or nearest District Commissioner's Office

IDENTIFICATION

STRATUM	NUMBER	.....	
DISTRICT	NAME/CODE	.....	
VILLAGE	NAME	.....	
LOCALITY	NAME	.....	
EA	NUMBER	.....	
PSU/BLOCK	NUMBER	.....	
DWELLING	NUMBER	.....	
HOUSEHOLD	NUMBER	.....	
LINE NUMBER OF RESPONDEN		.....	

INTERVIEWER'S VISITS

	1	2	3	FINAL VISIT
Date				INTERVIEWER'S CODE
Interviewer's name				RESULT CODE
RESULTS *				TOTAL VISITS
Next visit: Date				Total number
Time				of children aged under five years

* Result code:
1 Completed
2 Not completed

COMMENTS:

	Field edited by supervisor	Office coded by	Keyed by	Verified by
Name				
Date				



SECTION 1: REGISTRATION AND BREASTFEEDING

ENTER BELOW THE NAME, LINE NUMBER AND AGE OF ALL CHILDREN AGED BELOWW FIVE YEARS LIVING IN THIS HOUSEHOLD. ADMINISTER ONE CHILD AT A TIME

	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐
101 Has (Name)been registered ?	***Yes*** 1 ***No*** 2 ***>Q103*** ***Don't know*** 9	***Yes*** 1 ***No*** 2 ***>Q103*** ***Don't know*** 9	***Yes*** 1 ***No*** 2 ***>Q103*** ***Don't know*** 9	***Yes*** 1 ***No*** 2 ***>Q103*** ***Don't know*** 9
102 Does (Name) have a birth certificate ?	***Yes*** 1 >Q104 ***No*** 2 >Q104 ***Don't know*** 9 >Q104	***Yes*** 1 >Q104 ***No*** 2 >Q104 ***Don't know*** 9 >Q104	***Yes*** 1 >Q104 ***No*** 2 >Q104 ***Don't know*** 9 >Q104	***Yes*** 1 >Q104 ***No*** 2 >Q104 ***Don't know*** 9 >Q104
103 Why is (Name) not registered ?	Cost too much 1 Must travel too far 2 Did not know the birth should be registered 3 Late, and did not want to pay fine 4 Does not know where to register 5 Parents do not know how to register 6 Other specify _____	Cost too much 1 Must travel too far 2 Did not know the birth should be register 3 Late, and did not want to pay fine 4 Does not know where to register 5 Parents do not know how to register 6 Other specify _____	Cost too much 1 Must travel too far 2 Did not know the birth should be regist 3 Late, and did not want to pay fine 4 Does not know where to register 5 Parents do not know how to register 6 Other specify _____	Cost too much 1 Must travel too far 2 Did not know the birth should be registered 3 Late, and did not want to pay fine 4 Does not know where to register 5 Parents do not know how to register 6 Other specify _____
104 Is (Name) attending any organised form of early childhood education ?	Reception 1 Playschool 2 Day care centre 3 No 4 Don't know 9	Reception 1 Playchool 2 Day care centre 3 No 4 Don't know 9	Reception 1 Playchool 2 Day care centre 3 No 4 Don't know 9	Reception 1 Playchool 2 Day care centre 3 No 4 Don't know 9
105 How many days did (Name) attend during the last week (seven days) ?	Number of days ☐	Number of days ☐	Number of days ☐	Number of days ☐
106 Has (Name) ever been breastfed ?	***Yes*** 1 ***No*** 2 ***>Q109*** ***Don't know*** 9 ***>Q109***	***Yes*** 1 ***No*** 2 ***>Q109*** ***Don't know*** 9 ***>Q109***	***Yes*** 1 ***No*** 2 ***>Q109*** ***Don't know*** 9 ***>Q109***	***Yes*** 1 ***No*** 2 ***>Q109*** ***Don't know*** 9 ***>Q109***
107 Is (Name) still being breastfed ?	***Yes*** 1 ***No*** 2 ***>Q109*** ***Don't know*** 9 ***>Q109***	***Yes*** 1 ***No*** 2 ***>Q109*** ***Don't know*** 9 ***>Q109***	***Yes*** 1 ***No*** 2 ***>Q109*** ***Don't know*** 9 ***>Q109***	***Yes*** 1 ***No*** 2 ***>Q109*** ***Don't know*** 9 ***>Q109***
108 Since this time yesterday, did (Name) receive any of the following ? **	Milk Plain water Sweetened water or juice Mushy foods Other liquids specify _____	Milk Plain water Sweetened water or juice Mushy foods Other liquids specify _____	Milk Plain water Sweetened water or juice Mushy foods Other liquids specify _____	Milk Plain water Sweetened water or juice Mushy foods Other liquids specify _____
109 Since this time yesterday, has (Name) been given anything to drink from a bottle with nipple or teat ?	***Yes*** 1 ***No*** 2 ***Don't know*** 9	***Yes*** 1 ***No*** 2 ***Don't know*** 9	***Yes*** 1 ***No*** 2 ***Don't know*** 9	***Yes*** 1 ***No*** 2 ***Don't know*** 9



SECTION 2: CARE OF ILLNESS

ENTER BELOW THE NAME, LINE NUMBER AND AGE OF ALL CHILDREN AGED BELOWW FIVE YEARS LIVING IN THIS HOUSEHOLD. ADMINISTER ONE CHILD AT A TIME

	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐
201 Has (Name) had diarrhoea in the last 24 hours ?	***Yes*** 1 > Q203 ***No*** 2 ***Don't know*** 9	***Yes*** 1 > Q203 ***No*** 2 ***Don't know*** 9	***Yes*** 1 > Q203 ***No*** 2 ***Don't know*** 9	***Yes*** 1 > Q203 ***No*** 2 ***Don't know*** 9
202 Has (Name) had diarrhoea in the last two weeks ?	***Yes*** 1 ***No*** 2 ***>Q204*** ***Don't know*** 9 ***>Q204***	***Yes*** 1 ***No*** 2 ***>Q204*** ***Don't know*** 9 ***>Q204***	***Yes*** 1 ***No*** 2 ***>Q204*** ***Don't know*** 9 ***>Q204***	***Yes*** 1 ***No*** 2 ***>Q204*** ***Don't know*** 9 ***>Q204***
203 During the last episode of diarrhoea did (Name) drink any of the following *****multiple answers!***	Yes No DK Breast milk 1 2 9 Soup 1 2 9 ORS 1 2 9 Water 1 2 9 Other milk 1 2 9 Other liquids specify _____	Yes No DK Breast milk 1 2 9 Soup 1 2 9 ORS 1 2 9 Water 1 2 9 Other milk 1 2 9 Other liquids specify _____	Yes No DK Breast milk 1 2 9 Soup 1 2 9 ORS 1 2 9 Water 1 2 9 Other milk 1 2 9 Other liquids specify _____	Yes No DK Breast milk 1 2 9 Soup 1 2 9 ORS 1 2 9 Water 1 2 9 Other milk 1 2 9 Other liquids specify _____
204 Has (Name) had severe cough or difficult or rapid breathing in the last two weeks ?	***Yes*** 1 ***No*** 2 ***Don't know*** 9	***Yes*** 1 ***No*** 2 ***Don't know*** 9	***Yes*** 1 ***No*** 2 ***Don't know*** 9	***Yes*** 1 ***No*** 2 ***Don't know*** 9
205 In the last two weeks has (Name) had any other illness or health problem ? *****if, yes, do we want to know :***	***Yes*** 1 ***No*** 2 ***>301*** ***Don't know*** 9 ***>301***	***Yes*** 1 ***No*** 2 ***>301*** ***Don't know*** 9 ***>301***	***Yes*** 1 ***No*** 2 ***>301*** ***Don't know*** 9 ***>301***	***Yes*** 1 ***No*** 2 ***>301*** ***Don't know*** 9 ***>301***
206 During (Name) illness, did he/she drink much less, about the same or more than usual ? ***** much less of what?***	None 1 Much less 2 About the same 3 More than usual 4 Don't know 9	None 1 Much less 2 About the same 3 More than usual 4 Don't know 9	None 1 Much less 2 About the same 3 More than usual 4 Don't know 9	None 1 Much less 2 About the same 3 More than usual 4 Don't know 9
207 During (Name) illness, did he/she eat much less, about the same or more than usual ?	None 1 Much less 2 About the same 3 More than usual 4 Don't know 9	None 1 Much less 2 About the same 3 More than usual 4 Don't know 9	None 1 Much less 2 About the same 3 More than usual 4 Don't know 9	None 1 Much less 2 About the same 3 More than usual 4 Don't know 9
208 Did you or someone seek advice or treatment for the illness outside the home ?	***Yes*** 1 ***No*** 2 ***>301*** ***Don't know*** 9 ***>301***	***Yes*** 1 ***No*** 2 ***>301*** ***Don't know*** 9 ***>301***	***Yes*** 1 ***No*** 2 ***>301*** ***Don't know*** 9 ***>301***	***Yes*** 1 ***No*** 2 ***>301*** ***Don't know*** 9 ***>301***
209 From where was advice or treatment sought ? ***Shouldn't "other" include DK?***	Hospital 1 Health centre 2 Dispensry 3 Clinic 4 Health post 5 Village health worker 6 Private doctor 7 Phamarcy 8 Traditional doctor 9 Relative 10 Don't know 11 Other specify _____	Hospital 1 Health centre 2 Dispensry 3 Clinic 4 Health post 5 Village health worker 6 Private doctor 7 Phamarcy 8 Traditional doctor 9 Relative 10 Don't know 11 Other specify _____	Hospital 1 Health centre 2 Dispensry 3 Clinic 4 Health post 5 Village health worker 6 Private doctor 7 Phamarcy 8 Traditional doctor 9 Relative 10 Don't know 11 Other specify _____	Hospital 1 Health centre 2 Dispensry 3 Clinic 4 Health post 5 Village health worker 6 Private doctor 7 Phamarcy 8 Traditional doctor 9 Relative 10 Don't know 11 Other specify _____



SECTION 3: IMMUNISATION

ENTER BELOW THE NAME, LINE NUMBER AND AGE OF ALL CHILDREN AGED BELOWW FIVE YEARS LIVING IN THIS HOUSEHOLD. ADMINISTER ONE CHILD AT A TIME

	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐	Line No of child ☐☐ Name_____ ***Date of Birth*** ☐☐☐
301 Is there an underfivecard for (Name) ?	***Yes seen*** 1 ***Yes not seen*** 2 >***Q305*** ***No*** 3 >***Q305*** ***Don't know*** 9 >***Q305***	***Yes*** 1 ***Yes not seen*** 2 >***Q305*** ***No*** 3 >***Q305*** ***Don't know*** 9 >***Q305***	***Yes*** 1 ***Yes not seen*** 2 >***Q305*** ***No*** 3 >***Q305*** ***Don't know*** 9 >***Q305***	***Yes*** 1 ***Yes not seen*** 2 >***Q305*** ***No*** 3 >***Q305*** ***Don't know*** 9 >***Q305***
302 ***RECORD DATES OF IMMUNUZATIONS FROM UNDER FIVE CARD.***	YES NO DA MO YR	YES NO DA MO YR	YES NO DA MO YR	YE NO DA MO YR
BCG 1	1 2	1 2	1 2	1 2
BCG 2	1 2	1 2	1 2	1 2
DPT 1	1 2	1 2	1 2	1 2
DPT 2	1 2	1 2	1 2	1 2
DPT 3	1 2	1 2	1 2	1 2
DPT BSTR 1	1 2	1 2	1 2	1 2
DPT BSTR 2	1 2	1 2	1 2	1 2
POLIO 1	1 2	1 2	1 2	1 2
POLIO 2	1 2	1 2	1 2	1 2
POLIO 3	1 2	1 2	1 2	1 2
POLIO BSTR 1	1 2	1 2	1 2	1 2
POLIO BSTR 2	1 2	1 2	1 2	1 2
HB1	1 2	1 2	1 2	1 2
MEASLES	1 2	1 2	1 2	1 2
303 ***WRITE THE BIRTH WEIGHT FROM CARD***	Weight (in Kg) ☐☐.☐	Weight (in Kg) ☐☐.☐	Weight (in Kg) ☐☐.☐	Weight (in Kg) ☐☐.☐
304 In addition to the doses shown on this card, did (Name) receive any other vaccinations including those received in immunisation campaigns?	YES 1 NO 2 Don't know 9	YES 1 NO 2 Don't know 9	YES 1 NO 2 Don't know 9	YES 1 NO 2 Don't know 9
305 Has (Name) ever been given a BCG vaccination ?	YES 1 NO 2 >307 Don't know 9	YES 1 NO 2 >307 Don't know 9	YES 1 NO 2 >307 Don't know 9	YES 1 NO 2 >307 Don't know 9
306 Does (Name) has a BCG scar ? **Check arm for BCG scar**	Scar present 1 Scar absent 2 Unable to examine 3	Scar present 1 Scar absent 2 Unable to examine 3	Scar present 1 Scar absent 2 Unable to examine 3	Scar present 1 Scar absent 2 Unable to examine 3
307 Has (Name) ever been given a vaccination drops in the mouth to protect him/her from polio?	YES 1 NO 2 >310 Don't know 9 >310	YES 1 NO 2 >310 Don't know 9 >310	YES 1 NO 2 >310 Don't know 9 >310	YES 1 NO 2 >310 Don't know 9 >310
308 How old was (Name) when the first dose was given ?	Just after birth 1 Two months 2 After two months 3 Don't know 9	Just after birth 1 Two months 2 After two months 3 Don't know 9	Just after birth 1 Two months 2 After two months 3 Don't know 9	Just after birth 1 Two months 2 After two months 3 Don't know 9
309 How many times has (Name) been given these drops ?	Number of times ☐ Don't know 9	Number of times ☐ Don't know 9	Number of times ☐ Don't know 9	Number of times ☐ Don't know 9
310 Has (Name) ever been given a vaccination to protect him/her from getting Tetanus, diphtheria and whooping cough ?	YES 1 NO 2 >312 Don't know 9 >312	YES 1 NO 2 >312 Don't know 9 >312	YES 1 NO 2 >312 Don't know 9 >312	YES 1 NO 2 >312 Don't know 9 >312
311 How many times was (Name) given this vaccination ?	Number of times ☐ Don't know 9	Number of times ☐ Don't know 9	Number of times ☐ Don't know 9	Number of times ☐ Don't know 9
312 Has (Name) ever been given a vaccination at the age of nine months or older to protect him/her getting measles ?	YES 1 NO 2 Don't know 9	YES 1 NO 2 Don't know 9	YES 1 NO 2 Don't know 9	YES 1 NO 2 Don't know 9
313 Has (Name) participated in any of the following immunisation campaigns ?	Polio campaign in 1996 1 Measles campaign in 1997 2 Measles campaign in 1998 3 No 4	Polio campaign in 1996 1 Measles campaign in 1997 2 Measles campaign in 1997 3 No 4	Polio campaign in 1996 1 Measles campaign in 1997 2 Measles campaign in 1997 3 No 4	Polio campaign in 1996 Measles campaign in 1997 Measles campaign in 1997 No
314 **WEIGH AND MEASURE** **HIEGHT OF CHILD**	Weight in kilograms ☐☐.☐ Height in centimeters ☐☐☐.☐	Weight in kilograms ☐☐.☐ Height in centimeters ☐☐☐.☐	Weight in kilograms ☐☐.☐ Height in centimeters ☐☐☐.☐	Weight in kilograms ☐☐.☐ Height in centimeters ☐☐☐.☐



CONFIDENTIAL

MIS-3

REPUBLIC OF BOTSWANA

CENTRAL STATISTICS OFFICE

HOUSEHOLD SURVEYS PROGRAMME

If found please send to:
Central Statistics Office
Private Bag 0024
Gaborone
Or nearest District Commissioner's Office

BOTSWANA MIS SURVEY

Individual Female Questionnaire

IDENTIFICATION

STRATUM	NUMBER	
DISTRICT	NAME/CODE	
VILLAGE	NAME	
LOCALITY	NAME	
EA	NUMBER	
PSU/BLOCK	NUMBER	
DWELLING	NUMBER	
HOUSEHOLD	NUMBER	
LINE NUMBER OF WOMAN		

INTERVIEWER'S VISITS

	1	2	3	FINAL VISIT
Date				INTERVIEWER'S CODE
Interviewer's name				RESULT CODE
RESULTS *				TOTAL VISITS
Next visit: Date				
Time				

* Result code:

1 Completed
2 Not at home/Not available for interview
3 Revisit planned
4 Refused
5 Partly completed (specify reasons in comment box)
Other _____ (Specify)

COMMENTS:

	Field edited by supervisor	Office coded by	Keyed by	Verified by
Name				
Date				



SECTION 2: RESPONDENT'S BACKGROUND(Women 12-49)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	**TIME: Record the starting time of interview on the Female questionnaire** **In 24 hour clock**	Hour ..... ☐☐ Minutes ..... ☐☐	
202	In what month and year were you born?	Month..... ☐☐ Year..... ☐☐	
203	How old are you ? ***RECONCILE WITH P07***	AGE IN COMPLETED YEARS.... ☐☐	
204	Have you ever attended school ?	Yes 1 No 2	
205	Are you currently married ?	Yes 1 No 2	
206	Do you know how to register a live birth ?	Yes 1 No 2	

SECTION 3: FERTILITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	Now, I would like to ask about all the births you have had during your life time (bear with me if I would be repeating some of the questions).		
301	Have you ever been pregnant ?	Yes ..... 1 No ..... 2 ----------	**>310**
302	How old were you when you became pregnant the first time ? **Probe for completed years**	Age in years ☐☐	
303	Have you ever given birth to a live child ?	YES..... 1 NO..... 2 ----------	**>308**
303a	How old were you when you gave birth to a live child for the first time ? **Probe for completed years**	Age in years ☐☐	
304	Do you have any sons or daughters you have given birth to who are now living with you ? *****question can be dropped***	YES..... 1 NO..... 2 ----------	**>306**
305	How many of your own sons live with you now ? And how many daugthers of your own live with you now ? **IF NONE ENTER '00'**	SONS LIVING WITH MOTHER ..... ☐☐ DAUGHTERS LIVING WITH MOTHER.. ☐☐	
306	Do you have any sons or daughters you have given birth to who are now alive but do not live with you now ?	YES..... 1 NO..... 2 ----------	'>308
307	How many sons of your own do not live with you now ? And how many daughters do not live with you now **IF NONE ENTER '00'**	SONS ELSEWHERE..... ☐☐ DAUGHTERS ELSEWHERE..... ☐☐	
308	Have you ever given birth to a boy or a girl who was born alive but later died ? **IF NO, PROBE:** Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days ?	Yes ..... 1 No ..... 2 ----------	**>310**
309	How many boys that you have given birth to have died ? And how many girls that you have given birth to have died ?	BOYS DEAD ..... ☐☐ GIRLS DEAD ..... ☐☐	
310	**SUM ANSWERS TO 305, 307, AND 309 AND ENTER TOTAL. IF NO IN 301 ENTER '00'.**	TOTAL LIVE BIRTHS ..... ☐☐	
311	**LOOK AT 310:** Just to make sure that I have this right: During your life, how many live births in total have you had ? **NUMBERS ARE THE SAME** **YES** ☐ **NO** ☐ **Probe and correct 305 - 310 as necessary**	TOTAL LIVE BIRTHS _____☐	
311a	**Check Q310 and Q311 for number of live births and circle the correct code**	At leat one live birth 1 ..... No live birth 2	**> 401** **> 501**



SECTION 4:HEALTH (TETANUS TOXOID)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
401	When did you last deliver a live birth?	day...../month...../year.....		
	CHECK IF LAST BIRTH OCCURD WITHIN THE LAST 12 MONTHS AND CIRCLE THE CORRECT CODE	Yes No	1 -------- 2 --------	>402 >501
402	When you were pregnant with your last child, were you given any in jection (tetanus toxoi	Yes	1	
	to prevent the child from getting tetanus, that is convulsion	No	2 --------	>404
	(stiff jaw and stiff neck) after birth ?	UNSURE	9 --------	>404
403	How many doses of tetanus toxoid did you receive during this last pregnancy ?	Number of doses..... DON'T KNOW	 9	
404	Did you receive any tetanus toxoid injection at any time before your last pregnancy ? (Including during a previous pregnancy or between pregnancies)	Yes No DON'T KNOW	1 2 -------- 9 --------	 >407 >407
405	How many doses of tetanus toxoid did you receive before your last pregnancy?	NUMBER..... DONT KNOW	 9	
406	Considering all the pregnancies you have had when did you receive the last dose of tetanus toxoid ?	MONTH/YEAR..... YEARS ago..... DATE not known	 9	
407	Add responses to 403 and 405 to obtain total doses in life time.	Total number of doses		

HEALTH (ATENATAL CARE and DELIVERY)

408	Did you see anyone for a checkup (antenatal care) on this pregnancy ?	Yes.....1 No.....2		>410
409	Whom did you see for a checkup on this pregnancy ?		YES NO	
		Doctor	1 2	
		Nurse/midwife	1 2	
		Traditional birth attende	1 2	
		Traditional doctor	1 2	
		Relative/friend	1 2	
		No one	1 2	
		Other specify		
410	How many times did you go for check up on this pregnancy?	0 to 4 times .....1 More than 4 times 2		
410a	Who assisted you with the delivery of your last child ?		YES NO	
		Doctor	1 2	
		Nurse/midwife	1 2	
		Traditional birth attende	1 2	
		Traditional doctor	1 2	
		Relative/friend	1 2	
		Other specify		
411	Was (name) weighed at birth ?	Yes .....1 No ..... DON'T KNOW		>413 >413
412	How much did (name) weigh ?	weight in kilograms (card) weight in kilograms (recall)		
413	When you were pregnant with your last child, did you have difficulty with your vission during the day ?	YES .....1 NO 2		
414	When you were pregnant with your last child, did you have difficulty with your vission during the night ?	YES .....1 NO 2		
415	**PRESENCE OF OTHERS AT THIS POINT**		Yes No	
		CHILDREN UNDER 10	1 2	
		HUSBAND	1 2	
		OTHER MALES	1 2	
		OTHER FEMALES	1 2	



SECTION 5: CONTRACEPTIVE USE

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Are you Pregnant now ?	YES.....1 NO.....2 DON'T KNOWK.....9	> 601 > 502 > 502
502	Are you currently doing something or using any method to avoid getting pregnant ?	YES.....1 NO.....2	> 601
503	Which method are you using ? ** *Traditional - specify?*	PILL..... 01 IUD.....02 INJECTION.....03 DIAPHRAGM/FOAM/JELLY.....04 FEMALE CONDOM.....05 MALE CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NORPLANT.....09 TRADITIONAL.....10 PERIODIC ABSTINENCE.....11 PROLONGED ABSTINENCE....12 WITHDRAWAL.....13 OTHER _____ (Specify)	> 505
504	Is there any other method which you are currently using in addition to the one you mentioned?	Yes MALE CONDOM .....1 Yes FEMALE CONDOM .....2 NO .....3 OTHER 4	
505	Presence of others during interview	Yes No CHILDREN UNDER 10 1 2 HUSBAND 1 2 OTHER MALES 1 2 OTHER FEMALES 1 2	



SECTION 6 : HIV / AIDS

NOW I WOULD LIKE TO TALK WITH YOU ABOUT WHAT YOU KNOW ABOAUT SERIOUS ILLNESS CALLED AIDS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	Have you ever heard of the HIV virus or an illness called AIDS ?	YES.....1 NO.....2	> END
602	Is there anything a person can do to avoid getting HIV, the virus that causes AIDS ?	YES.....1 NO.....2 DK.....9	>Q604 >Q604
603	Can a person reduce the chance of getting HIV virus by doing the following? ***READ OUT THE LIST AND CIRCLE '1' FOR YES AND 2 FOR NO.***	YES NO DK Having one uninfected sex partner who has no other sex partners 1 2 3 Using a condom correctly every time they have sex 1 2 3 Not Having sex at all 1 2 3 OTHER (specify).....	
604	How did you get information about HIV/AIDS ***READ THE LIST*** At Clinic on Radio ? on Television ? In the newspaper ? At school ? At workplace ? At Kgotla or Public meetings ? At church ? On a pamphlet or poster ? Any other ways ?	YES NO CLINIC..... 1 2 RADIO..... 1 2 TELEVISION..... 1 2 NEWSPAPER..... 1 2 SCHOOL..... 1 2 WORKPLACE..... 1 2 KGOTLA/PUBLIC MEETING..... 1 2 CHURCH..... 1 2 PAMPHLET/POSTER..... 1 2 OTHER (specify).....	
605	Have you ever heard of ways through which HIV/AIDS can be transmitted ?	YES.....1 NO.....2	>608
605a	Do you believe that HIV/AIDS can be transmitted from mother to child?	YES.....1 NO.....2 DON'T KNOW.....9	>607 >607
606	Which are the ways through which HIV/AIDS can be transmitted from mother to child ? **READ OUT THE LIST AND CIRCLE '1' FOR YES, AND '2' FOR NO**	YES NO DK DURING PREGNANCY..... 1 2 9 DURING DELIVERY..... 1 2 9 THROUGH BREAST MILK..... 1 2 9 OTHER (specify).....	
607	Do you believe that the chances of transmitting HIV/ AIDS from one person to another can be increased through the following **READ OUT THE LIST AND CIRCLE '1' FOR YES, AND '2' FOR NO**	YES NO DK SUPERNATURAL OR WITCH CRAFT..... 1 2 9 MOSQUITO BITES..... 1 2 9 SHARING UTENSILS 1 2 9 SHAKING HANDS (assuming uninfected person has no wounds or cuts on skin 1 2 9 SHARING TOILETS (assuming uninfected person has no wounds or cuts on sk 1 2 9 OTHER (specify).....	
608	Is it possible for a healthy looking person to have the HIV/AIDS virus ?	YES.....1 No.....2 DON'T KNOW.....9	
609	If a teacher has the HIV/AIDS virus but is not sick, should he or she be allowed to continue teaching in school ?	YES.....1 No.....2 DON'T KNOW.....9	
610	If you knew that a shopkeeper or food seller has AIDS or HIV virus, would you buy food from him or her ?	YES.....1 NO.....2 DON'T KNOW.....9	
611	Have you ever been tested for HIV/AIDS ?	YES ..... 1 NO ..... 2 DON'T KNOW.....9	> END
612	Do you know of a place where you can go to get a test for HIV/AIDS ?	YES.....1 NO.....2 DON'T KNOW.....9	
613	**PRESENCE OF OTHERS AT THIS POINT.**	YES NO CHILDREN UNDER 10..... 1 2 HUSBAND..... 1 2 OTHER MALES..... 1 2 OTHER FEMALES..... 1 2	



"The declaration I am going sign today is testimony to our consensus on the diagnosis of the situation. The Plan of Action reflects the measures we wish to adopt. What children expect of us is that we fulfil those those commitments, and that we have the civic commitment to fulfil them on time..."

His Excellency the President, Sir Ketumile Masire on signing the Declaration for Children, on 29 May 1992





Goals set by World Summit for Children

1. Between 1990 and the year 2000, reduction of infant and under-five child mortality rate by one third or to 50 and 70 per 1000 live births respectively, whichever.
2. Between 1990 and the year 2000, reduction of maternal mortality rate by half
3. Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by half
4. Universal access to safe drinking water
5. Universal access to sanitary means of excreta disposal
6. Universal access to basic education, and achievement of primary education by at least 80 percent of primary school-age through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls
7. Reduction of the adult illiteracy rate (the appropriate age to be determined in each country) to at least its 1990 level, with emphasis on female literacy
8. Provide improved protection of children in especially difficult circumstance and tackle the root causes leading to such situations.
9. Special attention to the health and nutrition of the female child and to pregnant and lactating woman
10. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many
11. Access by all pregnant women to pre-natal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies.
12. Reduction of low birth weight (less than 2.5 kg) rate to less than 10 per cent
13. Reduction of iron deficiency anaemia in women by one third of the 1990 levels
14. Virtual elimination of iodine deficiency disorders
15. Virtual elimination of vitamin A deficiency and its consequences, including blindness
16. Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year
17. Growth promotion and regular monitoring to be institutionalized in all countries by the end of the year
18. Dissemination of knowledge and supporting services to increase food production to ensure household food security
19. Global eradication of poliomyelitis by the year 2000
20. Elimination of neonatal tetanus by 1995
21. Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1990, as a major step to the global eradication of measles in the longer run
22. Maintenance of high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis, and against tetanus for women of child bearing age
23. Reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five and 25 per cent reduction in the diarrhoea incident rate
24. Reduction by one third in the deaths due to acute respiratory infections in children under five years
25. Elimination of guinea-worm disease (dracunculiasis) by the year 2000
26. Expansion of the early childhood development activities, including appropriate low-cost family- and community-based intervention
27. Increased acquisition by individuals and families of knowledge, skills and values, required for better living made available through all educational channels, including mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioural change.