1999

Belize

FAMILY HEALTH SURVEY

Females

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Most importantly, this is to formally acknowledge the co-operation of the many households who were in the sample for both surveys, who so generously gave of their time and patience in answering the questions. No matter how much funding or expertise were available, if the respondents had not co-operated with the field-staff, these final reports would not have been possible. Let it be reiterated here that the CSO greatly appreciates this co-operation and will always do all that is possible to ensure the confidentiality of all information provided, and the usefulness of it in improving the quality of life of the entire population.

CHIEF ST A TISTIC1AN

Executive Summary

This report on the Belize Family Health Survey of Females 1999 represents another milestone for the Central Statistical Office and the Government of Belize. The report provides valuable information, which would assist in the development of some of the necessary programmes that can improve the quality of lives of the citizens of Belize as they continue along the road of sustainable development. The survey followed along the lines of the 1991 survey, which provided benchmark data and thus allows for comparison as well as a measure of change over the intervening years.

A total of 3613 women between the ages of 15 and 49 years were interviewed during the course of the survey. The survey results show that 61% of women live in dwelling units whose floors are made of "cement", with another 32% living in dwelling units with wooden floors. For the majority of dwellings, the main source of lighting is electricity from BEL (86%), while 83% use Butane Gas for cooking. However, some still use kerosene lamps, 5% for lighting and 14% still use fire from wood for cooking.

Only 45% of the households can be said to have a properly treated potable water supply, 33% of which came from a public source. Another 48% had their own source of water supply, but 7% used water from a river, which certainly was not treated. The critical situation of a proper water supply is further evidenced, since only 49% of the households have flush toilets. The fact that 47% use pit latrine is cause for concern, since this could very well pollute the underground water supply.

There was a marked improvement in living space available over 1991, with 65% of households having access to 2 or more bedrooms. However, 22% still have just one or no bedroom.

It is worth noting that just about two thirds of all households have access to a radio and/or a television.

Overall, there is still a fair amount of disparity in living conditions between urban and rural households.

While the mean age at first sexual intercourse is 18 years, for women aged 15 to 19 years it is 16 years, while for women 40 to 44 years it is 18 years. The age at first sexual intercourse varies by ethnic group, with Mestizo women having the highest mean age, 18 years. Overall, 18% of women

had their first sexual intercourse while still in school, the rate being higher among rural women. However, for most (96%) their first sexual intercourse was on a consensual basis, as well as to use a contraceptive, 61%.

Only 17% had used a contraceptive during their first intercourse, and of these, 63% of their partners used a condom. What is noteworthy, though, is the fact that, while 77% used a contraceptive to avoid pregnancy, only 2% used it as a measure against HIV infection and 21% used it for both reasons.

Contraceptive use is high among married fecund women, whether or not they do not desire to be pregnant now (59%) or do not want any more children (53%). The methods of choice are orals, injectables, condoms and Rhythm/Billing method in that order. In addition, 15% of all women interviewed are in need of family planning services, particularly with 4 or more children and with little education.

The teaching of human reproduction, contraception and STIs, including HIV/AIDS in school, is acceptable by almost all women between the ages of 13 to 34 years. The feeling of most of them is that it should be taught to children between the ages of 10 to 14 years, 75%.

Most of these women's information about pregnancy came from their parents/guardian, but only about one third received information about birth control methods from this source. Generally speaking, less than half of these women were exposed to family life or sex education while in school, and an even smaller proportion while outside of school.

Information was provided mainly by teachers, a physician/nurse or someone from BFLA. Preferred sources were parent/guardian, teachers, someone from BFLA or health personnel. In addition, they knew where to go for information on reproductive health.

The total fertility rate (TFR) calculated from the survey is 3.7, which is much lower than that of 4.5 in 1991. The TFR is the average number of births a woman is likely to have during her lifetime. The TFR for urban women is much lower (3.1) than that of rural women (4.2). The difference of 1 child is half of what it was in 1991. The TFR is highest in Toledo (5.6) and Stann Creek Districts (5.2) and lowest in Belize (3.0). As expected, TFR decreases with education, being 2.73 for women with 9+ years of education. A low rate of fertility was experienced by Catholics (3.85).

There was a significant decline in the age specific fertility rate among teenagers from 135 to 97, which may be due to increased participation in tertiary level education, as well as increased awareness of contraception.

While 42% of the women had at least one pregnancy during the 5 years prior to the survey, 72% had no current desire to become pregnant. In addition, most of those who had become pregnant, had planned their last pregnancy (72%).

The survey results indicate a low volume of family planning messages reaching women. Only 41% hears messages on the radio, 36% sees them on the television and 16% in the newspaper, with the Belize Family Life Association (BFLA) leading the way in providing these messages.

To the majority, family planning means "planning the number of children" (56%). Seventy two percent feel that a woman's "financial situation" is the main reason for limiting the number of children she should have. While 69% of all women feel the woman has the right to decide about her pregnancy, only 45% of Maya women feel so. A high proportion (44%) of women agree with abortion for "health reasons of the mother" or "because of rape" (37%).

While many women (41%) feel that the earliest age for sexual intercourse should be 18 years, a large proportion feel that a woman should not have a child until she is 20 years of age. In addition, the woman must be "mature" if she wants to have a child. The ideal number of children a woman should have is 3.8 which is close to the TFR (3.7). However, the ideal size increased from that of 1991.

The decision making process can be of significant importance in a relationship, and it is worth to note the 80% of the women feel that both partners should decide on the number of children they should have. This is 22% more than in 1991. The increase was even higher among urban women. The desire for greater co-operation is also seen when 80% of the women feel that both partners should decide on contraceptive use.

Knowledge of a contraceptive method is very high, ranging from 92% (Oral contraceptive) to 11% (Billing method), with a direct correlation between knowledge and education. However, knowledge is not always translated into use, with the highest current use for any group being 70% among urban women, aged 35 - 39 years, with the lowest being 37% among teenagers. The Rhythm/Billing Method finds popular support in usage among married women (66%).

There has been an increase over the years in the number of babies delivered in hospitals, and the attendance of a physician at deliveries. In terms of maternal and child care, there has been a significant increase in the use of maternal and child care services. However, the apparent lack of use of the service for "new born checkup" by the Maya/Ketchi women is disturbing. This could be due to the fact that almost half of the babies born to these women take place in their home, as well as cultural practices.

Almost all women feel she should breastfeed the child, but the duration of breastfeeding varies. Breastfeeding is still an option used by most mothers, but it is more likely to take place among rural women and in particular Maya/Ketchi women. Only about one quarter of babies were exclusively breast fed for the first three months. Lack of information may have contributed to the lack of any breastfeeding by the small proportion that did not breast feed their babies. It is worth noting that more than half of all women continued breastfeeding up to 9 months and just under half continued doing so up to 18 months.

While the level of reported immunization remains high, the lack of evidence by means of the production of a vaccination card does not allow for validation of the information given. In addition, a significant proportion of mothers did not know or cannot recall if their babies received certain vaccinations.

There has been a decline in the prevalence of Diarrhea and Acute Respiratory Infection among children over the years. It is heartening to see many more mothers paying particular attention to these diseases and making much more use of ORS in the treatment of diarrhea. In homes where there is a pit latrine and the water supply is not treated, there is a greater likelihood of the presence of this disease. The presence of both of these diseases is more likely in rural areas and among the Mestizo and Maya/Ketchi children. All of the above have resulted in a continued decline in infant mortality.

While the knowledge of HIV/AIDS is high, the knowledge of its mode of transmission except for heterosexual sex, is low, particularly male sexual intercourse (26%). Almost one third of all women perceive themselves to be at risk. This is particularly so among women with high education, women in a visiting relationship and Garifuna women. And while the knowledge of condoms is very high, only a very small proportion, less than 15%, use them during intercourse. However, its use is very high, about 33%, among both Garifuna women and women in a visiting relationship. Those who currently use a condom during sexual intercourse, do so always or most of the time.

CHAPTER I

GENERAL BACKGROUND

1 Historical. Geographical, Demographic, and Social Background

Belize is an independent country geographically located on the isthmus of Central America. It is bordered on the North by Mexico, on the West and South by Guatemala and on the East by the Caribbean Sea. Originally, Belize was a British colony but obtained political independence on September 21, 1981. Regionally, Belize is a member of CARICOM, the Caribbean Community of Nations, as well as of ECLAC, the Economic Commission for Latin America and the Caribbean.

The country is approximately 8,866 square miles (22,700 square kilometers) and is divided into six (6) administrative districts, namely, Corozal and Orange Walk in the north, Belize in the east, Cayo in the west and Stann Creek and Toledo in the south. Each of these districts is further sub-divided into a recognized urban and rural area, and the significance of these divisions lies in the fact that there are sharp socio-economic differences between them.

Preliminary results from the National Population and Housing Census 2000 show that at mid-year 2000, the population of the country was 249,800 with an annual population growth rate of 2.7%. The estimated crude birth rate and crude death rate in 1999 were 25.1 per thousand population and 5.7 per thousand population respectively, resulting in a rate of natural increase of 19.4. This compares with rates of natural increase of 33.8 at the beginning of the decade, which clearly represents a significant decline in the rate of natural increase during the period.

In any study of Reproductive Health, the age distribution of the population is very important. Of particular significance for example, is the proportion of women of childbearing age, since this will assist greatly in projecting future population size. The age distribution also provides important sub-groups for analysis, such as Young Adults and the Child and Infant sub-groups. The table below shows Belize's total population in April, 1999.

Table Showing Total Population By Age an Sex

Age	Apr 1996	Apr 1997	Apr 1998	Apr 1999
Both Sexes				
Total	221,120	228,695	236,975	243,390
0 - 13	86,645	91,190	91,050	93,035
14 - 19	31,865	31,440	34,485	33,730
20 - 24	16,965	18,120	19,050	19,700
25 - 29	14,800	14,720	15,700	16,310
30 - 34	13,830	14,975	15,155	15,400
35 - 39	12,845	12,970	14,020	14,965
40 - 44	9,355	10,340	10,425	11,965
45 - 49	8,005	7,870	8,290	8,555
50 - 54	5,490	5,820	6,890	7,280
55 - 59	5,505	5,390	5,680	5,345
60 - 64	3,740	4,220	4,940	4,500
65 and over	11,805	11,285	11,105	12,605
DK/NS	270	355	185	0
Male				
Total	110,610	113,905	117,640	121,565
0 - 13	44,555	46,090	46,315	47,540
14 - 19	16,425	16,065	17,285	17,180
20 - 24	7,940	9,055	9,310	9,380
25 - 29	6,640	6,445	7,125	7,605
30 - 34	6,425	7,410	7,010	7,450
35 - 39	6,105	6,205	6,660	7,080
40 - 44	4,810	5,165	5,160	5,715
45 - 49	4,200	4,030	4,240	4,475
50 - 54	2,655	2,630	3,545	3,650
55 - 59	2,915	2,990	2,925	2,905
60 - 64	1,900	2,015	2,455	2,205
65 and over	5,820	5,605	5,485	6,380
DK/NS	220	200	125	0
Female				
Total	110,510	114,790	119,335	121,825
0 - 13	42,090	45,100	44,735	45,495
14 - 19	15,440	15,375	17,200	16,550
20 - 24	9,025	9,065	9,740	10,320
25 - 29	8,160	8,275	8,575	8,705
30 - 34	7,405	7,565	8,145	7,950
35 - 39	6,740	6,765	7,360	7,885
40 - 44	4,545	5,175	5,265	6,250
45 - 49	3,805	3,840	4,050	4,080
50 - 54	2,835	3,190	3,345	3,630
55 - 59	2,590	2,400	2,755	2,440
60 - 64	1,840	2,205	2,485	2,295
65 and over	5,985	5,680	5,620	6,225
DK/NS	50	155	60	0

1.2 Population Policies and Programmes

Experience has shown that the adoption and promotion of positive population policies can have significant socio-economic effects on people, and can improve their quality of life. To date however, Belize has not adopted a Population Policy, even though such a policy has been drafted. Despite the lack of an articulated population policy, the Ministry of Health of Belize does encourage and promote reproductive health to a great extent. Also, among the Non Governmental Community, a very vibrant Belize Family Life Association (BFLA) has been successfully promoting family planning and family life education.

1.3 Objectives of the 1999 Family Health Survey of Belize

The main objectives of the 1999 Family Health Survey of Belize are to have an updated database for urgent use in decisions related to family health. More specifically, the survey will provide urgently needed information on fertility of females, infant and child mortality, family practices, and the use of maternal and child health services in Belize. There presently exists a dire need for updated data on Reproductive Health, among others, and an FHS at this time would meet most of these urgent needs.

The major users of the results of this survey will include the Ministry of Health, the BFLA and the Ministries of Human and Economic Development. Of course, the survey will provide a rich database for use by socio-economic and demographic researchers, as was the case with the database from the 1991 survey. It is also hoped that local research units, like that of the recently established University of Belize, will take full advantage of the primary data collected in this survey.

1.4 Coverage of the 1999 Survey

The survey carried out in 1999 was of females aged 15 to 49 years. This is similar to the survey done in 1991. In both surveys, a scientifically selected sample of women was used. In the 1999 survey, 4,164 women were selected in the final sample from all six (6) districts of the country.

An interview was done with each selected woman in the survey and this provided information on a broad cross section of topics. Some of these topics included the birth history

of the woman, contraceptive knowledge and use, use of Maternal and Child Health facilities and behavioural risks. In order to enrich the analysis, basic social and economic characteristics like educational level, employment status, and so on were also collected.

1.5 Administration of the Survey

The Central Statistical Office (CSO) of Belize was the major implementation agency for the survey. However, there were other local collaborating agencies, including the BFLA and the Ministry of Health, whose contributions were significant especially at the preparatory stages of the project. Foreign collaborating agencies included the Caribbean Development Bank (CDB), which provided most of the funding, including the provision of a regional consultant to assist the CSO at the preparatory stages and in the preparation of reports; UNICEF, which also provided funding support for this survey and who were the major funding agency of the Male survey; and the Centers for Disease Control, which assisted with the training of CSO field staff and the analysis of the data.

1.6 The Sample Design

The sample finally used was a scientific sample, and was selected as follows. The survey sought to interview 3,500 women between the ages of 13 and 49 years i.e. in their childbearing age. It was expected to interview only one eligible female per household even if there was more than one eligible respondent. Preliminary investigations revealed that, to achieve an objective of 3,500 interviews, it would be necessary to target some 6,700 households. It was also necessary to analyse the data at the district and urban/rural levels. Allowing for a non-response rate of 10% meant that about 7,400 households would have to be selected. The estimated number of households in the country at the time was 46,648. Hence, a sampling fraction of 1/6 was estimated to be necessary to obtain this number of households.

To achieve the above, the total number of households in the country was broken up into clusters of approximately 38 households and distributed proportionately among the districts. This resulted in 1,200 clusters being formed for the country. Of this, 1/6 or 200 clusters were selected to be interviewed. This yielded approximately 7,600 households, which is well over the minimum of 7,400 needed to obtain 3,500 successful interviews. It

turned out that 4,164 successful interviews were completed, taking into account non-contacts and refusals.

1.7 The Questionnaire Design

From the outset, it was realized that efforts must be exerted to update the 1991 survey as a minimum. However, it was strongly felt that some expansion of depth, if not scope, could also be done. A preparatory committee comprising representation from the Ministry of Health, the BFLA, UNICEF and the CSO was established, and one of this committee's first tasks was to put together a suitable questionnaire to collect the required information. Contacts with the CDC through the person of Dr. Paul Stupp and with Mr. Stan Terrel of the regional programme on HIV/AIDS were extremely beneficial in guiding the discussions on the final questionnaire. These two gentlemen provided samples of both males and females questionnaires which enriched the committee's deliberations, and afforded a hybrid questionnaire in the end, tailored to meet the needs of Belize. The final questionnaire was then translated into Spanish, the second language of Belize. Spanish-speaking interviewers administered the questionnaire in Spanish among the respondents who preferred to be interviewed in this language. A copy of the questionnaire is appended at the back of this report.

1.8 Recruitment and Training

From the beginning, it was decided that only female interviewers would be used for the Family Health Survey of females. These interviewers were centrally trained over a period of four days, i.e. 23-26 October, 1999, on the female questionnaire. The CSO staff was responsible for the training, and this team comprised a Senior Statistician and another Statistician. These two officers were supported by the regional consultant, who was in country for the training. These lead trainers were assisted in administrative and logistical matters by a Statistician (Ag.), two Statistical Officers and two Statistical Assistants. Their task included matters such as venue preparations, hotel arrangements for interviewers, payments to trainees and eventually to the fieldstaff, distribution of training materials as well as other administrative and logistical matters.

Personnel trained included the six District Supervisors, who form a part of the permanent staff of the CSO and who are each based in one of Belize's six administrative

areas. These officers are also charged with the responsibility for recruitment of field supervisors, interviewers and editors in their particular district. In addition, other personnel trained included one Assistant District Supervisor who was hired specifically for the survey, seven (7) Field Supervisors, sixty one (61) Interviewers and seven (7) Editors.

The first morning of the training session was dedicated to administrative matters dealing with payments and roles of different survey personnel, as well as to general survey topics such as interviewing techniques and procedures and concepts and definitions. Following this, the various sections of the questionnaire were timetabled over the remaining days, leaving adequate time at the end for paired interviews, mock interviews, as well as some live interviews in the field.

1.9 Fieldwork

The fieldwork for the female Family Health Survey started on schedule on October 30, 1999, and was to last for five (5) weeks. A pilot survey had been done prior to the main fieldwork, and from this pilot, some changes to the questionnaire were incorporated, and some logistics were corrected. The administration of the fieldwork was similar to the administration of all of the CSO's household surveys, with the staff from headquarters liasing directly with the District Supervisor. This officer, in turn, had at least one Field Supervisor assisting him with the implementation of the fieldwork at the district level. In the case of the Belize District, however, because of the population size of this district, a headquarter staff member was assigned on a full time basis to assist the District Supervisor, who also had assistance from at least three (3) Field Supervisors. A very important task of the Field Supervisor, in addition to his task of correcting, guiding and training of his interviewers to carry out the work, was to do some sample re-interviews of households already interviewed by the interviewers. This helps greatly in enhancing a higher quality of information collected. The District Supervisor was also required to do sample re-interviews, and was the manager of all the operations at the district level.

1.10 Summary

This chapter presented background information on the country of Belize, with its six (6) districts, urban and rural divisions, and its many villages. Background information on the survey methodology has also been discussed here. The major points relating to the sample design, the drafting of the questionnaire, the recruitment and training of field staff, and the

actual conduct of the fieldwork are all useful information, and are therefore presented in this chapter. More background information on the respondents will now be discussed in chapter two (2).

CHAPTER 2

CHARACTERISTICS OF THE SURVEY POPULATION

2.1 Introduction

Chapter one focused on the general background of the country and of the survey itself. In chapter two, background information relating to socio-economic characteristics of the women in the survey will be presented. Although the idea here, is not to discuss these characteristics in any detail, they are nevertheless being presented in order to provide some useful overview of the prevailing circumstances of the final 4,164 respondents ultimately interviewed in the survey.

2.2 General Housing Characteristics

Tables 2.1 to 2.7 present various statistics on the general housing situation of the sampled respondents who provided information in the survey. Table 2.1 shows that 61% of women live in dwelling units whose main construction material for flooring is 'Cement'. In addition, another 32% live in dwelling units with wooden floors. Almost 6%, however, still live in dwelling units with 'Dirt' floors. Further, there are strong regional differences with respect to this characteristic. For example, even though the appropriate table is not presented, the data do show that, whereas in most of the districts 'Cement' is the most commonly used material for floor construction, in Toledo rural in particular, 37% (the largest share) of the women live in houses with a dirt floor. Only 29% live in units with cement floors and 34% in units with wooden floors. Differences between urban and rural areas within this district can also be illustrated by contrasting the above with data from Punta Gorda Town, with 61% of its dwelling units having 'Cement' floor and only 1% having 'Dirt' floors.

Other housing characteristics also give useful information about the situation of the women in the survey. The type of 'Lighting' which the household uses, as well as fuel used for 'Cooking' within the household are two such variables. Table 2.2 shows that the main source (86%) of 'Lighting' for households is the Belize Electricity Limited (BEL). In the case of fuel for 'Cooking', over 83% use mainly 'Butane' gas. Again, though, these figures at the country level are disguising differences at the urban/rural and district levels. For example, in the Stann Creek District, whereas in Dangriga, which is the main urban area, more than

98% of households use electricity from the BEL for their lighting, in Stann Creek rural only 69% are so privileged. In the Toledo District, the difference between the urban and the rural areas is even more acute. In the town of Punta Gorda, 95% of households use electricity from BEL, but in the rural parts of the Toledo District only 23% have this luxury. It is true that another 11% of rural households in this district have their own private generator, but this leaves 22% using 'Kerosene' and another 13% using 'Gas Lamps'. It is worrying to note that another 32% of these residents report that they got their lighting from another source. The latter may very well be 'Candles' which could pose a great danger to the safety of the householders, particularly the children.

With respect to fuel used for cooking, Table 2.3 shows that 'Butane Gas' is the most popular (83%). However, the table also shows that a sizeable (14%) proportion of women continue to use 'Wood' as their main fuel for cooking. Again there are distinct regional differences. In the Toledo District, for example, whereas in the urban area 94% (figure not shown) use mainly 'Butane Gas' here, in the rural areas 68% of the women use 'Wood' as their main fuel for cooking. The data (not shown) also reveal that 20% of women in the rural parts of the Cayo District continue to rely on 'Wood' as their main source of fuel.

The main source of drinking water is also a good indicator of the socio-economic circumstances prevailing. Table 2.4 presents this information for the women in the survey. From the data in this table, it is clear that approximately 29% of the women get their water from a VAT/DRUM or WELL (not piped). Only 17% get their drinking water from a public pipe in the dwelling and another 16% from a public pipe in the yard. It is good to note, however, that another 12% use 'Purified Water'. From these data, it can be concluded that, whereas almost 45% are certain to be using treated water for drinking, another 48% may be at risk, since their source is private piped into dwelling, vat, drum or well. The remaining 7% are most certainly at risk, since their source of drinking water is a river, stream, pond or public well i.e. water which is not properly treated.

Information about the type of toilet facilities available to women in their households was also gathered in the survey. Together with the other housing characteristics, information here can give a very good idea of the socio-economic conditions of women. Table 2.5 presents results relating to type of toilet facilities available. The table shows that 49% of women have access to a toilet either linked to the sewer system or linked to a septic tank, but over 47% continue to use a 'Pit Latrine'. More than 25% of the latter use non ventilated pit latrines, which are known to be the less sanitary of the two types of latrines. It is good to note, though, that less than 5% of women report that they have no type of toilet facility at all. In 1991, more than 5% were living with this condition.

The number of bedrooms per dwelling unit is another good indicator of living conditions since it can reveal the level of 'overcrowdedness' within the household. Table 2.6 shows that over 65% of women live in dwelling units with 2 or 3 bedrooms. This finding shows a marked improvement in the living conditions of women from the situation in 1991. However, it is noted that a worrying 22% are still living in houses with one or no bedrooms. This latter situation certainly warrants much attention, with the aim of improving these conditions.

Finally, respondents were asked to state whether certain household durables were available in their households. Table 2.7 presents these results. Over 69% of the women own at least one radio. Of concern, however, is the 10% who do not have even one radio in their household. In addition, it is comforting to note that over 63% of women have access to at least one television set in their homes. The potentially rich effect of the television set as a source of education and useful information cannot be overemphasized. However, the data also show that more than 21% do not have any television set. With respect to ownership of a video recorder, it is perhaps not surprising that 73% do not own one. The video recorder may perhaps continue to be a luxury item, which most people can either ill afford, or which may be of much lower priority than other household durables. It is noted that ownership of a refrigerator, which may be a necessity nowadays, is much higher with approximately 62% of the respondents reporting that they owned at least one refrigerator. Over half of the women also own a washing machine, which is also becoming a necessity in Belizean households. It should be noted with some concern, however, that these data also show that 93% of women in Belize do not have access to a personal computer. If the 'Digital Divide' is to be narrowed, accelerated access to, and use of, personal computers within the households will be necessary.

2.3 General Characteristics

Tables 2.8 to 2.11 present some of the major characteristics of the survey population. The first table presents a simple frequency distribution relating to the country of birth of the respondents. As expected, most women (82%) were born in Belize. However, 9% of them recorded their country of birth as Guatemala, and another 3% as Honduras. A further 3% were born in San Salvador. These data show that similar to the situation in 1991, the largest percentage of immigrant women are from the neighbouring Central American countries, in particular from Guatemala. These women are therefore mainly of Mestizo or Hispanic origin.

The general ethnic composition of the female population is presented in Table 2.9. From the table it is clear that the largest ethnic group is the Mestizo (38%). This is followed by Creoles (24%), Spanish (15%), Mayas (9%) and Garifuna (6%). Although not identical, this ethnic distribution is reflective of the female population at large, as obtained from other surveys (see Labour Force Survey 1999).

Respondents were also asked to report their religion or religious denomination, as well as how often they attend religious services. Tables 2.10 and 2.11 present these results. It is clear from Table 2.10 that the most popular religious denomination continues to be Roman Catholicism (52%), followed by Pentecostal (7%) and the Seventh Day Adventists (6%). Seven percent report (7%) that they belong to no religion. Only 5% and 4% reported their religion as Anglican or Methodist respectively.

It is clear that the more recent religious denominations, like the Pentecostals, which have more recently come to Belize, have far surpassed the latter two traditional ones (Anglicans and Methodists) in terms of number of followers, and may even be attracting a sizable share of the Roman Catholics. When asked how often they attend religious services, however, only 47% reported that they do so at least once per week. Another 20% reported that they only attend services on special occasions like weddings, whereas a further 17% do so at least once per month. It is interesting to note that when frequency of attendance is cross tabulated by religious affiliations (table not shown), it is seen that the most dedicated, in terms of frequency of attendance, are those of the BAHAI FAITH (97% reporting attending services once per week). This is followed by the PENTECOSTALS (81%). Members of the three (3) traditional denominations i.e. ROMAN CATHOLICS, ANGLICANS and METHODISTS, report 39%, 30% and 26% attending religious services weekly.

Table 2.12 shows that just over 60% of the women speak ENGLISH 'Very Well', whereas another 23% do so 'Not So Well'. An alarming 17%, however, can barely speak the country's official language. When the respondents were asked how well they speak SPANISH, 57% reported that they do so 'Very Well'. This is certainly a reflection of the ethnic distribution referred to earlier, where it is noted that over 50% reported their ethnic origin as either Mestizo or Spanish. Not surprisingly, almost 32% of the women can barely speak the Spanish language, which has become the second language of Belize.

Finally, respondents were asked for their highest level of education completed, and about their economic activity. Table 2.13 shows that most women completed Primary level of education only. Another 14% reported that they have completed High School, and a further 8% have completed the tertiary level. Of the latter, 2% went to University. However, the statistic that stands out most here is that 29% of our women have no formal education. Although it can be convincingly argued that, currently, many more females than in the past are furthering their education, perhaps even more so than their male peers, the low level of formal education of our present mothers should surely be of some concern. With respect to the women's work status, the data show that only 28% worked for pay, profit or family gain in the week prior to the interview. When those who did not work in the past week were further questioned about whether they have ever worked, only 34% reported that they had ever done so. These figures are reflective of Belize's female population at large, who, for the large part, continue to engage in household duties.

2.4 Summary

In this chapter, an attempt has been made to 'paint' a reasonable picture of the socio-economic situation of the women in the survey. In summary, these women are largely of Mestizo ethnic origin, with approximately 20% being of immigrant background. Most have a Roman Catholic religious background, but less than half reported attending religious services weekly. Approximately 61% speak ENGLISH very well and just over 56% speak SPANISH very well. Almost 30% have no formal education at all, and most of the other 70% have completed Primary school only. Just over a quarter of the women have ever worked before, reflecting the fact that, even though it may be changing rapidly, traditionally Belizean women have tended to be housewives.

TABLE 2-1

BELIZE: Material Used For Flooring
1999 Family Health Survey
(Percent Distribution)

Main Construction Material Used for Flooring	Percent	No. of Cases (Unweighted)
Wood	32.6	(1177)
Cement	61.0	(2203)
Dirt	5.7	(206)
Other	**	(21)
Unknown	**	(6)
Total	100.0	(3613)

** Less than 25 cases.

TABLE 2-2

BELIZE: Fuel Used For Lighting
1999 Famüy Health Survey
(Percent Distribution)

Type of Lighting Used	Percent	No. of Cases (Unweighted)
Gas Lamp	3.1	(111)
Kerosene Lamp	5.2	(189)
Electricity From BEL	85.8	(3099)
Electricity From a Private Generator	2.4	(87)
Other	3.3	(120)
Unknown	**	(7)
Total	100.0	(3613)

** Less than 25 cases.

TABLE 2-3

BELIZE: Fuel Used For Cooking
1999 Family Health Survey
(Percent Distribution)

Type of Fuel Used For Cooking	Percent	No. of Cases (Unweighted)
Wood	13.7	(494)
Gas (Butane)	83.7	(3023)
Kerosene	1.1	(41)
Electricity	**	(18)
Other	**	(18)
Unknown	**	(19)
Total	100.0	(3613)

** Less than 25 cases.

TABLE 2-4

BELIZE: Source Of Drinking Water
1999 Family Health Survey
(Percent Distribution)

Main Source of Drinking Water Supply	Percent	No. of Cases (Unweighted)
Private, Piped into Dwelling Private	16.6	(599)
Vat/ Drum/ Well Not Piped	28.4	(1025)
Public, Piped into Dwelling Public,	16.4	(594)
Piped into Yard	16.7	(604)
Public Stand Pipe or Hand Pump	3.1	(112)
Public Well	2.1	(77)
River, Stream, Creek, Pond, Spring	2.1	(76)
Purified Water	12.7	(459)
Other	1.5	(54)
Unknown	**	(13)
Total	100.0	(3613)

** Less than 25 cases.

TABLE 2-5

BELIZE: Type Of Toilet Facility
1999 Family Health Survey
(Percent Distribution)

Type of Toilet Facility	Percent	No. of Cases (Unweighted)
WC Linked to WASA Sewer System	22.0	796
WC Linked to Septic Tank	27.2	981
Pit Latrine, Ventilated and Elevated	13.0	468
Pit Latrine, Ventilated and Not Elevated	7.8	282
Pit Latrine, Ventilated Compost	0.9	31
Pit Latrine, Not Ventilated	25.5	920
None	2.5	89
Other	1.0	36
Unknown	**	10
Total	100.0	(3613)

** Less than 25 cases.

TABLE 2-6

BELIZE: Number Of Bedrooms
1999 Family Health Survey
(Percent Distribution)

Number of Bedrooms	Percent	No. of Cases (Unweighted)
0	3.4	(123)
1	19.1	(689)
2	39.0	(1409)
3	26.7	(964)
4	8.2	(297)
5	2.2	(81)
6	**	(18)
7	**	(3)
8	**	(5)
10	**	(1)
Unknown	**	(23)
Total	100.0	(3613)

* Less than 25 cases.

TABLE 2-7

BELIZE: Owoership of Communications Media
1999 Family Health Survey
(Percent Distribution)

No. of Radios	Percent	No. of Cases (Unweighted)
0	9.7	(350)
1	70.2	(2538)
2	14.0	(506)
3	4.3	(154)
4	1.1	(39)
5	**	(18)
6	**	(3)
8	**	(2)
Unknown	**	(3)
Total	100.0	(3613)
No. of Television Sets	**Percent**	**No. of Cases (Unweighted)**
0	21.4	(772)
1	64.1	(2316)
2	11.7	(424)
3	2.2	(79)
4	**	(14)
5	**	(3)
6	**	(1)
8	**	(1)
Unknown	**	(3)
Total	100.0	(3613)
No. of Video Recorders	**Percent**	**No. of Cases (Unweighted)**
0	73.2	(2646)
1	25.5	(921)
2	1.1	(38)
3	**	(5)
Unknown	**	(3)
Total	100.0	(3613)

** Less than 25 cases.

TABLE 2-8

BELIZE: Country Of Birth
1999 Family Health Survey
(Percent Distribution)

Country Born	Percent	No. of Cases (Unweighted)
Antigua and Barbuda	**	(1)
Bahamas	**	(2)
Belize	82.0	(2961)
British Virgin Islands	**	(1)
Grenada, Carriacou, Petit Martinique	**	(2)
Guyana	**	(2)
Jamaica	**	(6)
Trinidad and Tobago	**	(1)
Cuba	**	(2)
Haiti	**	(1)
Canada	**	(5)
India	**	(1)
Nigeria	**	(1)
United Kingdom	**	(2)
Honduras	2.8	(101)
USA	**	(17)
Mexico	0.7	(27)
Guatemala	8.9	(322)
Other Central America	**	(8)
Other South America	**	(3)
El Salvador	2.8	(101)
Italy	**	(1)
China	**	(5)
Taiwan	**	(3)
Other Far East Countries	**	(1)
Unknown	1.0	(36)
Total	100.0	(3613)

** Less than 25 cases.

TABLE 2-9

BELIZE: Ethnic Group
1999 FamUy Health Survey
(Percent Distribution)

Ethnic Group	Percent	No. of Cases (Unweighted)
Black/ African	**	(15)
Caucasian/ White	**	(14)
Chinese	**	(10)
Creole	24.2	(875)
East Indian	3.9	(141)
Garifuna	5.5	(199)
Maya Ketchi	5.5	(199)
Maya Mopan	3.1	(113)
Mennonite	**	(5)
Mestizo	38.5	(1392)
Yucatan Maya	1.4	(49)
Spanish	14.8	(533)
Other	1.1	(41)
Unknown	0.7	(27)
Total	100.0	(3613)

** Less than 25 cases.

TABLE 2-10

BELIZE: Religious Denomination
1999 Family Health Survey
(Percent Distribution)

Religious Denomination	Percent	No. of Cases (Unweighted)
Anglican	5.4	(195)
Bahai Faith	**	(3)
Baptist	4.2	(153)
Hindu	**	(1)
Jehova Witness	1.9	(69)
Mennonite	0.7	(26)
Methodist	3.5	(127)
Mormon	**	(13)
Muslim	**	(2)
Nazarene	2.9	(104)
Pentecostal	6.9	(251)
Roman Catholic	52.6	(1902)
Salvation Army	**	(3)
Seventh Day Adventist	5.6	(203)
None	7.2	(259)
Other	8.1	(293)
Unknown	**	(9)
Total	100.0	(3613)

** Less than 25 cases.

TABLE 2-11

BELIZE: Frequency Of Attendance at Religious Service
1999 Family Health Survey
(Percent Distribution)

Frequency For Attending Religious Service	Percent	No. of Cases (Unweighted)
At Least Once a Week	48.6	(1626)
At Least Once a Month	17.8	(597)
Less Than Once a Month	5.3	(178)
Special Occasions Only (Weddings, etc.)	23.0	(768)
Does Not Attend	4.6	(153)
At All Unknown	**	(23)
Total	100.0	(3345)

** Less than 25 cases.

TABLE 2-12

BELIZE: Language Spoken
1999 Family Health Survey
(Percent Distribution)

How Well Speak English	Percent	No. of Cases (Unweighted)
Very Well	59.9	(2165)
Not So Well	22.5	(814)
Barely/ Not at All	17.5	(631)
Unknown	**	(3)
Total	100.0	(3613)
How Well Speak Spanish	**Percent**	**No. of Cases (Unweighted)**
Very Well	57.2	(2067)
Not So Well	10.8	(391)
Barely/ Not at All	31.7	(1146)
Unknown	**	(9)
Total	100.0	(3613)

** Less than 25 cases.

TABLE 2-13

BELIZE: Highest School Level Completed
1999 Family Health Survey
(Percent Distribution)

Level of Highest School	Percent	No. of Cases (Unweighted)
None	27.5	(992)
Primary	48.3	(1744)
High School	15.7	(567)
BTTC/BCA/BNS	1.3	(46)
Sixth Form or Equivalent	5.1	(183)
University	2.0	(71)
Unknown	**	(10)
Total	100.0	(3613)

** Less than 25 cases.

CHAPTER 3

SEXUAL ACTIVITY

3.1 Introduction

This chapter addresses the issues of females' sexual activity, in particular women's age and the age of their partner at first sexual intercourse. Also addressed are issues related to whether they were in school at first sexual intercourse and whether this was on a consensual basis. It also examines their sexual activity over the past 30 days and 3 months prior to the survey. These issues are further examined by selected characteristics.

3.2 Age at first sexual intercourse

Approximately 18% of the females have not had their first sexual intercourse. The proportion of rural women (57%) that have not had sexual intercourse before is higher than that of urban women (43%) and, the majority (56%) of Mestizo females, Roman Catholics (52%), non-working females and teenagers (75%) have not had sexual intercourse before.

The mean age at first sexual intercourse is 18 years. However, this age increases as the age of the female increases. The mean age at first intercourse for females in the 15-19 age group is 16 years and for the 40-44 age group it is 18 years. These figures suggest that as the woman gets old she tends to report an older age at first sexual intercourse or that younger females are now having sex earlier. It would be interesting to follow the teenage cohort five years later and see what age they would report for their first sexual intercourse.

A comparison of the major ethnic groups shows that the mean age at first sexual intercourse is highest (18 years) among Mestizo women (see Table 3.1). There is little difference by working status and religion.

3.3 Level of education at first sexual intercourse

Table 3.2 shows that among those who have had sexual intercourse, 18% were in school at the time they had their first sexual intercourse. This rate is higher among urban women (24%) and among Garifuna (42%) and Creole (33%) women. The majority (80%) of women had not completed high school at the time of first sexual intercourse. This rate was higher among rural and Maya women (see Table 3.3)

3.4 Relationship to first male

When asked if the first sexual intercourse was on a consensual basis, the majority (96%) of women said "Yes". There are no differences between urban and rural women and little differences among the major ethnic groups (see Table 3.4). Most (47%) of the women had their first sexual intercourse with a fiance/boyfriend and 44% with their husband/partner. The majority of urban women (58%) had their first sexual intercourse with a fiancé/boyfriend, whereas the majority of rural women (60%) had their first with their husband/partner. The majority of females in the 15-19 age group (56%) stated that their first sexual intercourse was with a boyfriend/fiancé.

Ten percent (10%) of the women say that their male partner was in school at the time they had their first sexual intercourse. This figure is lower than that of the women that were in school at first sexual intercourse and indicates that some females in school have sex with males that are not in school. This rate is higher among urban, Garifuna and Creole women. The majority of women (61%) say the males had not completed high school (see Table 3.7).

3.5 Contraceptive use at first sexual intercourse

Only 17% of the females say that they had used a contraceptive method when they first had sexual intercourse (see Table 3.8). This rate is higher among urban women, teenagers and women in the Belize District. Approximately 62% of those who used contraceptives say that their male partner used a condom and 29% had used the pills. Table 3.9 shows that condom use is highest among Garifuna women, while, the pills/oral is highest among Mestizo women.

When the females first had their sexual intercourse, both they and their partner in the majority of cases (61%) were the ones that made the decision to use a contraceptive. Twenty-five percent (25%) of them say it was their own decision and 13% say it was their partner's decision (see Table 3.10). They used contraceptives mainly to prevent pregnancies (77%) and to prevent both pregnancies and HIV/AIDS (21%). Table 3.11 presents the rates by residence and ethnic group.

The females who did not use any contraceptive at first sexual intercourse were asked, "Why didn't you or your partner use a contraceptive method during this first sexual intercourse?" Most of them (38 %) say that they "did not know of any method", while 27%

say that they did not expect to have sexual intercourse" and 22% say that they "did not want to use any method."

3.6 Sexual intercourse in the last 30 days and last 3 months

Almost 70% of the females have had sex with a male within the 30 days prior to the survey. More rural compared to urban women, and more Mestizo women compared to other ethnic groups had sex in the last 30 days. The likelihood of having sex in the last 30 days increases with age up to 29 years. Thereafter, there are no clear patterns (see Table 3.12)

The females who did not have sex in the 30-day period were asked, "Have you had sexual intercourse with a male in the last 3 months?" Only 33% have had sex in the last 3 months. The differentials for residences, age and ethnic group are presented in Table 3.13.

The majority (95%) of them that have had sexual intercourse in the 3 months prior to the survey have had only one sexual partner. Almost all (97.7%) of them had their last sexual intercourse on a consensual basis and with their husband/common-law husband (80%) and fiance/boyfriend (13%).

3.7 Summary

The mean age at first sexual intercourse is higher for females compared to their male partners at first sexual intercourse. More females were in school compared to their male partners. The majority of rural women had their first sexual intercourse with their husband/partner, while the majority of urban women had theirs with a fiancé/boyfriend.

The majority of women did not use a contraceptive at first sexual intercourse. However, condom use is the most popular form among those who use a contraceptive at first sexual intercourse. Both partners made the decision to use a contraceptive and that was done mainly to prevent pregnancies. The majority of the women have had sex in the last thirty days. The majority of those who had had sex in the last 3 months, did so with their husbands.

TABLE 3-1

BELIZE: Mean Age at First Sexual Intercourse by Selected Characteristics Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Mean Age	No. of Cases* (Unweighted)
Total	17.6	(2816)
Residence		
Urban	17.7	(1358)
Rural	17.4	(1458)
District		
Corozal	18.5	(476)
Orange Walk	18.1	(493)
Belize	17.2	(839)
Cayo	18.0	(490)
Stann Creek	16.6	(259)
Toledo	16.8	(259)
Age		
15-19	15.6	(236)
20-24	17.0	(534)
25-29	17.8	(634)
30-34	17.9	(613)
35-39	18.5	(467)
40-44	18.0	(332)
Ethnic Group		
Creole	17.3	(671)
Mestizo	18.0	(1507)
Garifuna	16.8	(166)
Maya/Ketchi	16.6	(280)
Other	17.6	(192)

TABLE 3-1 continued

BELIZE: Mean Age at First Sexual Intercourse by Selected Characteristics Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Mean Age	No. of Cases* (Unweighted)
Religion		
Anglican	17.1	(155)
Baptist	17.1	(115)
Methodist	16.9	(105)
Nazarene	17.7	(84)
Pentecostal	17.0	(192)
Roman Catholic	17.7	(1477)
Other	17.8	(473)
None	17.4	(215)
Working Status		
Working	17.8	(854)
Not working	17.5	(1962)

* For the purpose of calculating the mean, those who answered "Don't Know" and those who have never had sexual intercourse were omitted, for a total of 761.
* Excludes 23 cases for whom ethnic group is unknown.
* Excludes 9 cases for whom religion is unknown.
* Excludes 4 cases for whom working status is unknown.

TABLE 3-2

BELIZE: In School at Time of First Sexual Intercourse, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	In School First Intercourse		Total	No. of Cases* (Unwieghted)
	Yes	No		
Total	17.8	82.2	100.0	(2911)
Residence				
Urban	24.0	76.0	100.0	(1416)
Rural	11.7	88.3	100.0	(1495)
Ethnic Group				
Creole	33.3	66.7	100.0	(716)
Mestizo	8.4	91.6	100.0	(1530)
Garifuna	41.9	58.1	100.0	(174)
Maya/Ketchi	2.5	97.5	100.0	(290)
Other	23.5	76.5	100.0	(201)

* Excludes 16 cases for whom in school at time of first sexual intercourse is unknown.
* Excludes 24 cases for whom ethnic group is unknown.

TABLE 3-3

BELIZE: Level of Education Completed at Time of First Sexual Intercourse, by Selected Characteristics: Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Level of Education Completed						Total	No. of Cases* (Unweighted)
	None	Primary School	High School	BTTC/ BCA/BNS	Sixth Form	University		
Total	30.1	50.0	14.9	0.6	3.7	0.7	100.0	(2909)
Residence								
Urban	18.9	52.9	20.9	0.6	5.6	1.0	100.0	(1415)
Rural	41.4	47.0	8.7	0.6	1.8	0.4	100.0	(1494)
Ethnic Group								
Creole	7.7	61.6	25.1	0.4	4.3	0.9	100.0	(714)
Mestizo	40.4	43.7	10.8	0.7	3.8	0.6	100.0	(1532)
Garifuna	16.4	66.9	14.0	0.8	1.9	0.0	100.0	(174)
Maya/Ketchi	56.6	38.7	3.4	0.9	0.4	0.0	100.0	(289)
Other	17.4	49.1	22.8	0.4	7.4	2.9	100.0	(200)

* Excludes 18 cases for whom education level is unknown.
* Excludes 24 cases for whom ethnic group is unknown.

TABLE 3-4

BELIZE: First Sexual Intercourse on Consensual Basis, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Consensual Basis		Total	No. of Cases* (Unwieghted)
	Yes	No		
Total	96.0	4.0	100.0	(2888)
Residence				
Urban	96.0	4.0	100.0	(1400)
Rural	96.0	4.0	100.0	(1488)
Ethnic Group				
Creole	94.8	5.2	100.0	(706)
Mestizo	96.8	3.2	100.0	(1523)
Garifuna	94.5	5.5	100.0	(172)
Maya/Ketchi	96.3	3.7	100.0	(288)
Other	95.4	4.6	100.0	(199)

* Excludes 24 cases for whom ethnic group is unknown.

* Excludes 39 cases for whom first sexual intercourse on consensual basis is unknown.

TABLE 3-5

BELIZE: Relationship to The First Male, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Relationship to First Male									Total	No. of Cases* (Unweighted)
	Husband/ Common-law	Visiting Partner	Fiance/ Boyfriend	Friend	Casual Acquaintance	Mother's Partner	Incest (Father/ Brother)	Incest **(Other** Relative)	Other		
Total	44.4	4.3	46.5	3.5	0.3	0.3	0.2	0.2	0.2	100.0	(2887)
Residence											
Urban	29.0	6.6	58.4	4.5	0.2	0.5	0.4	0.2	0.2	100.0	(1405)
Rural	59.9 .	2.0	34.6	2.5	0.4	0.2	0.0	0.2	0.2	100.0	(1482)
District											
Corozal	70.9	2.7	22.8	1.8	0.5	0.0	0.2	0.5	0.8	100.0	(479)
Orange Walk	59.9	2.0	33.5	2.2	0.6	1.4	0.0	0.2	0.3	100.0	(495)
Belize	13.9	10.6	69.4	5.3	0.0	0.3	0.2	0.2	0.2	100.0	(876)
Cayo	60.2	0.4	34.9	3.1	0.3	0.0	0.7	0.1	0.1	100.0	(504)
Stann Creek	28.7	0.5	67.3	2.9	0.3	0.0	0.0	0.3	0.0	100.0	(266)
Toledo	. 74.5	0.3	21.1	3.6	0.6	0.0	0.0	0.0	0.0	100.0	(267)
Age											
15- 19	32.5	4.8	55.9	5.0	0.7	0.0	0.8	0.0	0.4	100.0	(239)
20-24	33.7	4.4	57.3	3.4	0.2	0.1	0.2	0.2	0.3	100.0	(546)
25-29	43.5	4.9	47.1	2.5	0.4	1.0	0.0	0.4	0.1	100.0	(653)
30-34	49.1	4.1	41.2	4.8	0.3	0.3	0.0	0.2	0.0	100.0	(631)
35-39	52.9	5.9	36.7	3.4	0.3	0.0	0.0	0.2	0.6	100.0	(477)
40-44	51.8	1.3	43.5	2.4	0.0	0.4	0.6	0.0	0.0	100.0	(341)

TABLE 3-5 continued

BELIZE: Relationship to The First Male by Selected Characteristics
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Relationship to First male									Total	No. of Cases* (Unweighted)
	Husband/ Common-law	Visiting Partner	Fiance/ Boyfriend	Friend	Casual Acquaintance	Mother's Partner	Incest (Father/ Brother)	Incest (Other Relative)	Other		
Ethnic Group											
Creole	12.6	7.7	75.1	3.5	0.1	0.3	0.3	0.0	0.4	100.0	(701)
Mestizo	60.7	2.8	31.5	3.5	0.3	0.5	0.1	0.3	0.3	100.0	(1523)
Garifuna	9.6	4.3	79.9	5.4	0.0	0.0	0.4	0.4	0.0	100.0	(173)
Maya/Ketchi	82.5	1.0	13.6	2.1	0.8	0.0	0.0	0.0	0.0	100.0	(290)
Other	26.5	7.1	60.3	4.5	0.8	0.0	0.8	0.0	0.0	100.0	(200)
Religion											
Anglican	10.0	6.1	77.9	4.8	0.0	0.4	0.0	0.4	0.4	100.0	(165)
Baptist	35.0	9.8	53.3	1.3	0.6	0.0	0.0	0.0	0.0	100.0	(123)
Methodist	12.8	9.7	70.7	6.7	0.0	0.0	0.0	0.0	0.0	100.0	(108)
Nazarene	38.0	7.2	50.0	4.1	0.0	0.0	0.0	0.0	0.8	100.0	(86)
Pentecostal	61.6	1.5	31.8	4.1	0.0	0.0	0.0	0.4	0.6	100.0	(193)
Roman Catholic	43.3	4.2	47.5	3.4	0.5	0.5	0.3	0.2	0.1	100.0	(1511)
Other	58.4	2.7	34.7	3.1	0.0	0.4	0.1	0.0	0.6	100.0	(481)
None	60.5	2.3	33.1	3.0	0.0	0.0	0.8	0.3	0.0	100.0	(220)

* Excludes 24 cases for whom ethnic group is unknown.
* Excludes 9 cases for whom religion is unknown.
* Excludes 4 cases for whom working status is unknown.
* Excludes 28 cases for whom relationship to the first male is unknown.

TABLE 3-6

BELIZE: Male in School at Time of Female's First Sexual Intercourse, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	School First - Intercourse			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	9.5	86.5	4.0	100.0	(2927)
Residence					
Urban	12.7	82.7	4.7	100.0	(1426)
Rural	6.3	90.4	3.3	100.0	(1501)
Ethnic Group					
Creole	13.7	81.7	4.6	100.0	(719)
Mestizo	6.6	89.4	4.0	100.0	(1539)
Garifuna	20.8	73.9	5.3	100.0	(175)
Maya/Ketchi	1.9	97.3	0.9	100.0	(290)
Other	13.8	81.2	5.0	100.0	(204)

* Excludes 24 cases for whom ethnic group is unknown.

TABLE 3-7

BELIZE: Level of Education Completed by First Male, by Selected Characteristics:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Level of Education Completed							Total	No. of Cases* (Unweighted)
	None	Primary School	High School	BTTC/ BCA/BNS	Sixth Form	University	Unknown		
Total	16.3	44.7	17.8	0.4	6.1	1.9	12.8	100.0	(2812)
Residence									
Urban	8.8	44.9	24.7	0.5	8.9	2.3	10.0	100.0	(1360)
Rural	23.8	44.5	10.9	0.4	3.3	1.5	15.7	100.0	(1452)
Ethnic Group									
Creole	4.5	46.4	25.0	0.2	8.5	1.4	13.9	100.0	(688)
Mestizo	22.1	42.6	15.5	0.5	5.4	2.0	11.8	100.0	(1477)
Garifuna	4.9	60.6	18.5	1.2	8.9	2.0	3.9	100.0	(165)
Maya/Ketchi	33.3	40.9	3.4	0.3	0.8	0.3	21.1	100.0	(288)
Other	4.8	42.7	27.9	0.0	6.7	5.9	11.9	100.0	(194)

* Excludes 23 cases for whom ethnic group is unknown.

TABLE 3-8

BELIZE: Use of Contraceptive at First Sexual Intercourse, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Contraceptive Method Used			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	17.0	81.3	1.7	100.0	(2919)
Residence					
Urban	22.6	74.5	2.8	100.0	(1424)
Rural	11.2	88.2	0.6	100.0	(1495)
District					
Corozal	15.1	83.7	1.2	100.0	(483)
Orange Walk	10.1	89.6	0.3	100.0	(499)
Belize	26.4	69.9	3.7	100.0	(891)
Cayo	13.7	85.3	1.0	100.0	(512)
Stann Creek	13.3	85.9	0.8	100.0	(267)
Toledo	8.0	92.0	0.0	100.0	(267)
Age					
15-19	29.6	68.1	2.3	100.0	(241)
20-24	24.9	73.7	1.4	100.0	(549)
25-29	15.8	82.2	2.0	100.0	(665)
30-34	16.7	81.3	1.9	100.0	(637)
35-39	10.7	87.4	1.9	100.0	(483)
40-44	6.6	92.6	0.8	100.0	(344)
Ethnic Group					
Creole	24.1	72.5	3.4	100.0	(718)
Mestizo	14.3	84.9	0.8	100.0	(1532)
Garifuna	19.7	78.7	1.6	100.0	(175)
Maya/Ketchi	3.4	96.4	0.3	100.0	(290)
Other	25.8	70.1	4.1	100.0	(204)
Religion					
Anglican	24.2	72.3	3.5	100.0	(166)
Baptist	17.5	80.6	1.9	100.0	(125)
Methodist	25.9	67.3	6.9	100.0	(110)
Nazarene	23.7	75.5	0.8	100.0	(86)
Pentecostal	9.9	88.5	1.6	100.0	(196)
Roman Catholic	17.4	81.3	1.3	100.0	(1530)
Other	14.0	84.8	1.2	100.0	(484)
None	12.6	85.5	1.9	100.0	(222)

* Excludes 24 cases for whom ethnic group is unknown.

* Excludes 9 cases for whom religion is unknown.

TABLE 3-9

BELIZE: Contraceptive Method Used, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Method Used								Total	No. of Cases* (Unweighted)
	Pills/Oral Contraceptives	Injection	Condom (Male)	Condoms (Female)	Vaginal Foaming Tablets	Rythym/ Calendar Method	Withdrawal	Male Sterilization/ Vasectomy		
Total	29.4	2.4	62.6	0.5	1.0	1.1	2.9	0.2	100.0	(473)
Residence										
Urban	27.5	2.0	64.6	0.7	0.9	1.0	3.1	0.2	100.0	(316)
Rural	33.5	3.2	58.3	0.0	1.3	1.3	2.4	0.0	100.0	(157)
Ethnic Group										
Creole	24.3	1.3	68.8	0.4	0.8	0.0	3.9	0.4	100.0	(179)
Mestizo	39.2	4.2	50.9	0.0	0.9	1.5	3.3	0.0	100.0	(201)
Garifuna	11.9	0.0	82.2	2.0	0.0	4.0	0.0	0.0	100.0	(34)
Maya/Ketchi	**	**	**	**	**	**	**	**	100.0	(9)
Other	21.4	1.6	70.8	1.6	3.1	1.6	0.0	0.0	100.0	(50)

* Excludes 3 cases for whom ethnic group is unknown.

* Excludes 2 cases for whom method used is unknown.

** Less than 25 cases.

TABLE 3-10

BELIZE: Decision to Use Contraceptive, by Selected Characteristics:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Whose Decision to Use Method				Total	No. of Cases* (Unweighted)
	My Decision	Partner's Decision	Decision Made Together	Do Not Remember		
Total	25.2	13.1	61.2	0.4	100.0	(472)
Residence						
Urban	24.7	11.5	63.1	0.7	100.0	(316)
Rural	26.2	16.6	57.2	0.0	100.0	(156)
Ethnic Group						
Creole	32.4	8.9	58.2	0.4	100.0	(178)
Mestizo	22.5	16.7	60.1	0.7	100.0	(200)
Garifuna	19.8	7.9	72.3	0.0	100.0	(34)
Maya/Ketchi	**	**	**	**	100.0	(9)
Other	19.1	16.5	64.4	0.0	100.0	(51)

* Excludes 3 cases for whom ethnic group is unknown.
* Excludes 3 cases for whom decision is unknown.
** Less than 25 cases.

TABLE 3-11

BELIZE: Reason For Using Contraceptive, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Reason to Use Contraceptive Methods				Total	No. of Cases* (Unweighted)
	Prevent Pregnancies	Prevent STI's/HIV/ AIDS	Both	Other		
Total	76.9	2.0	20.8	0.3	100.0	(473)
Residence						
Urban	77.9	2.4	19.5	0.2	100.0	(317)
Rural	74.9	1.3	23.3	0.5	1C0.0	(156)
Ethnic Group						
Creole	72.4	3.8	23.8	0.0	100.0	(179)
Mestizo	78.3	1.0	20.0	0.7	100.0	(201)
Garifuna	78.2	2.0	19.9	0.0	100.0	(34)
Maya/Ketchi	**	**	**	**	100.0	(9)
Other	83.9	0.0	16.1	0.0	100.0	(50)

* Excludes 3 cases for whom ethnic group is unknown.

* Excludes 2 cases for whom reason to use contraceptive is unknown.

** Less than 25 cases.

TABLE 3-12

BELIZE: Sexual Intercourse in The Last 30 Days, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Sexual Intercourse in Last 30 Days			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	70.4	28.4	1.2	100.0	(2927)
Residence					
Urban	67.9	30.8	1.3	100.0	(1426)
Rural	72.9	25.9	1.2	100.0	(1501)
Age					
15-19	57.0	42.7	0.3	100.0	(242)
20-24	66.4	32.8	0.8	100.0	(552)
25-29	77.3	21.1	1.7	100.0	(666)
30-34	74.1	25.2	0.7	100.0	(639)
35-39	70.7	27.2	2.2	100.0	(483)
40-44	71.2	27.3	1.5	100.0	(345)
Ethnic Group					
Creole	65.9	32.6	1.4	100.0	(719)
Mestizo	74.6	24.3	1.2	100.0	(1539)
Garifuna	59.9	39.4	0.7	100.0	(175)
Maya/Ketchi	70.7	28.5	0.8	100.0	(290)
Other	68.3	29.6	2.1	100.0	(204)

* Excludes 24 cases for whom ethnic group is unknown.

TABLE 3-13

BELIZE: Sexual Intercourse in The Last 3 Months, by Selected Characteristics: Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Sexual Intercourse in Last 3 Months			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	32.7	63.6	3.6	100.0	(777)
Residence					
Urban	30.0	65.7	4.3	100.0	(409)
Rural	36.0	61.2	2.9	100.0	(368)
Age					
15-19	31.4	68.0	0.6	100.0	(88)
20-24	34.3	64.9	0.8	100.0	(156)
25-29	28.9	63.0	8.1	100.0	(142)
30-34	36.2	61.3	2.5	100.0	(154)
35-39	30.8	62.3	6.9	100.0	(136)
40-44	34.1	62.1	3.8	100.0	(101)
Ethnic Group					
Creole	31.5	64.9	3.6	100.0	(223)
Mestizo	32.7	63.1	4.2	100.0	(352)
Garifuna	28.2	70.0	1.8	100.0	(68)
Maya/Ketchi	36.3	63.7	0.0	100.0	(77)
Other	38.6	53.4	8.0	100.0	(57)

* Excludes 6 cases for whom ethnic group is unknown.

TABLE 3-14

BELIZE: Relationship With Last Male With Whom Had Sexual Intercourse, by Selected Characteristics
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Relationship to the Last Male With Whom Had Sexual Intercourse						Total	No. of Cases* (Unweighted)
	Husband/ Commonlaw	Visiting Partner	Fiance/ Boyfriend	Friend	Casual Acquaintance	Other		
Total	79.5	6.3	12.7	1.1	0.3	0.1	100.0	(2914)
Residence								
Urban	71.7	9.9	16.6	1.3	0.3	0.2	100.0	(1416)
Rural	87.4	2.7	8.7	1.0	0.3	0.0	100.0	(1498)
Age								
15- 19	52.7	6.4	35.8	3.9	0.7	0.5	100.0	(241)
20-24	65.7	7.6	24.5	1.2	0.8	0.0	100.0	(551)
25-29	82.0	8.1	8.9	0.8	0.1	0.0	100.0	(660)
30-34	88.4	4.4	6.3	1.0	0.0	0.0	100.0	(638)
35-39	91.1	4.8	3.7	0.3	0.0	0.1	100.0	(481)
40-44	88.6	6.2	4.1	0.7	0.0	0.4	100.0	(343)
Ethnic Group								
Creole	64.1	13.2	20.8	1.5	0.4	0.0	100.0	(714)
Mestizo	89.4	3.5	6.0	0.7	0.3	0.2	100.0	(1536)
Garifuna	54.8	9.6	32.9	2.7	0.0	0.0	100.0	(174)
Maya/Ketchi	93.2	0.3	4.7	1.9	0.0	0.0	100.0	(289)
Other	73.3	5.0	20.5	0.4	0.0	0.8	100.0	(201)

* Excludes 24 cases for whom ethnic group is unknown.

* Excludes 13 cases for whom relation ship with last male is unknown.

CHAPTER 4

FERTILITY, RELATIONSHIP AND REPRODUCTIVE HISTORY

4.1 Introduction

This chapter presents a description of the levels, trends and differentials of fertility based on the 1999 Family Health Survey. Where possible, comparisons are made with the 1991 data. Furthermore, every effort is made to highlight teenage fertility.

4.2 Levels and Differentials

Total Fertility Rate (TFR) is one of the main tools used for measuring fertility levels and is defined as the average number of children a woman would have over her lifetime if she were to experience the current age specific fertility rates for a five-year period. Results from the 1999 FHS show that the TFR among women in the 15-44 age group is 3.7 (see Table 4.1). This figure is lower than the 1991 TFR of 4.5 and indicates a declining trend in fertility.

Differentials of age specific fertility rates and total fertility rates by residence, years of education, number of household amenities, work status, ethnicity and religion are presented in Table 4.2. TFR is lowest for working women (2.41), women that have 8 to l0 household amenities (2.4) and women with nine or more years of education (2.73). A comparison of the corresponding ratings in 1991 (2.9, 2.7 & 3.2, respectively) shows that the first and second lowest TFR shifted positions. The highest TFR are among women that have less than 3 household amenities (6.82) and women with less than eight years of education (5.08). These two groups of women were ranked the same in 1991.

Women in the urban areas have lower fertility rates (3.1) than women in rural areas (4.2). This difference of almost one child per woman is lower compared to 1991 when rural women had almost 2 children more than urban women. These figures indicate a higher rate of fertility decline in rural areas (28%) compared to urban areas (20%). Mestizo women also experienced a 28% decline in fertility. This rate of fertility decline is the highest compared to any other sub-group of women. Even though Mestizo women have the highest fertility decline, their fertility rate remains higher than that of the Creoles, who experienced a

14% decline. However, the differential between these groups is reduced from almost two children

in 1991 to fewer than one child in 1999. Creole women have the lowest fertility rate (3.11) compared to the Mestizo (3.45) and other ethnic groups (4.75). The corresponding rates in 1991 were 3.6,4.8 and 5.4 respectively.

The two southern districts have the highest TFR, 5.6 in Toledo and 5.2 in Stann Creek, while Belize District has the lowest TFR, 3.0 (see Figure 4.2). The corresponding rates for the northern districts are 3.0 and 3.4 for Corozal and Orange Walk respectively. TFR in Cayo District is 3.7. Even though Belize District has the lowest TFR, its teenage fertility rate is among the highest, along with those for Stann Creek and Toledo. The two northern districts have the lowest teenage fertility rates.

As is expected, fertility rates decrease as the years of education increase. Women with less than eight years of education have 5.08 children compared to 2.73 for those with nine or more years of education. This difference of 2.35 children between the lowest and highest levels of education is lower compared to 1991 when the difference was 2.8. Women who work have almost 2 children less than women who do not work. This difference is also less than the corresponding differential in 1991 (2.3).

Roman Catholic women also experienced a high rate (25%) of fertility decline. Their TFR was 4.6 in 1991 compared to 3.43 in 1999. The corresponding rates for Protestant women are 4.2 and 3.85 respectively. These figures show that, compared to the Protestants, fertility among Roman Catholic was higher in 1991 but lower in 1999. Women who live in households with fewer than three amenities have a TFR of 6.82. This rate is higher compared to 1991, (6.7) and is 4.4 children more than those who have 8 to 10 amenities. This group of women is the only sub-group that has an increase in fertility.

The 20-24 age group remains the modal age group of childbearing and is the same for almost all sub-groups of women. This low modal age group of childbearing is consistent with early marriage/union and the initiation of contraception by married women only after they have had children during their first 4-5 years of marriage. Nevertheless, the fertility decline (20%) for this age group indicates greater delays in marriages and earlier uses of contraception among married women. Women who work outside the home have similar age specific fertility rates among the 20-24 and the 25-29 age groups, 117 & 116 respectively. Therefore, their modal age group of childbearing may be

considered as ages 20-29. In 1991, the modal age group of childbearing for women who worked was 25-29.

The age specific fertility rate is the annual number of births per 1000 women in that age during a year. The 1999 FHS shows that all the age groups experienced a decline in age specific fertility rate compared to 1991 (see figure 4.1). However, the youngest five year age group (15-19 years) experienced the greatest decline, from 137 births per 1000 women in 1991 to 95 in 1999. This significant decline (31%) in teenage fertility may be a result of increased female participation in tertiary level education, delayed marriages and increased awareness of contraception and family life education.

4.3 Retrospective Fertility

Retrospective fertility is defined as the total cumulative fertility to all women over their lifetime. Unlike the total fertility rate, which is a period rate that describes recent fertility over a 5 years period, the retrospective fertility gives the average number of children born per woman. Table 4.3 presents the average number of children per woman by age and selected characteristics. The differentials in retrospective fertility for these cohorts of women are similar when compared to the differentials experienced in the period total fertility rates. Urban women have fewer children than rural women, Creoles have fewer children than other ethnic groups and working women have fewer children than women who do not work. Women with the highest level of education have the least number of children. By the time a woman completes her reproductive years (ages 40-44), she has an average of 5.2 children. This is higher than the period TFR and lower than the corresponding number in 1991, when the average number of children per woman was 6.1.

A more detailed look at the percent distribution of all women by age and children ever born as presented in Tables 4.4 shows that 36% of all women and 9% of currently married women had not begun childbearing at the time of the survey. These rates are higher than the corresponding rates for 1991, 34% and 8% respectively. Among the teenagers, 87% of them did not have any children at the time of the survey in 1999 compared to 82% in 1991. The decrease in the percentage of teens not having children is even higher among currently married teens. In 1991, 27% of them did not have any children at the time of the survey compared to 36% in 1999. These figures represent a 30% decrease in the percentage of teens that did not have any children at the time of the surveys.

4.4 Nuptiality

Age at marriage is one of the factors that can significantly reduce fertility levels. If sexual intercourse is confined within marriage, the years of exposure for a woman to become pregnant are reduced as the age at marriage increases. An increase in the mean age at marriage increases the mean age at childbearing, which lowers population growth rate and increases the doubling time of a population.

The majority of the women (55%) are in a union, and of these, 33% are married and 22% in a common-law union. Approximately 6% are in a visiting relationship and 38% are single. The differentials in marital status for selected characteristics (see Table 4.5) show that a higher proportion of rural women is married (38%) compared to urban women (28%). However, a higher proportion of urban women live in a common law union (28%) compared to rural women (20%). Only 5% of the teenagers are married and 9% live in a common-law union. Almost half (49%) of the Maya women are married and they represent the highest proportion of married women compared to the other ethnic groups. Garifuna women have the lowest percentage of married women (17%), while 21% of Creoles and 38% of Mestizo women are married. The proportions of single women in each of the four major ethnic groups are similar and range from 37% for the Garifuna and Mayas to 40% for the Creoles. The differences are more striking with respect to common-law union, which range from 13% among the Maya to 31% among the Garifuna. One quarter of Creole women live in a common-law union compared to 20% of Mestizo. All the ethnic groups experienced a decrease in marriage rates. However, the Garifuna and Mestizo experienced the highest rates of decrease i.e., 18% and 16% respectively.

The data on marital status by education level show that, as the level of education increases, the proportion of married women decreases until secondary level, and then increases at the post secondary level. Half of the women with no education are married compared to less than one quarter (23%) of those with secondary education. This low rate of marriage among women with secondary level of education may indicate their intentions to continue their education before getting married. The rate of marriage among those with post secondary education is the same as those that have completed primary education (35%). The factors that may have influenced each of these groups may have differed. Roman Catholics have a lower rate of marriage (32%) and higher rate of common-law union (22%) compared to Protestants, 34% and 21%, respectively. Women who do not work have higher rates of

marriage (34%) and common-law union (23 %) compared to women who work, 31% and 19% respectively. Less than 1% of the women are widowed, separated or divorced.

A comparison of the 1991 and 1999 figures on marital status shows that the rate of marriage, as well as common-law union, has decreased. During the 1990s, more women preferred to remain single i.e. an increase from 34% in 1991 to 38% in 1999. The proportion of single women is higher than that of any other marital status. This was not the case in 1991 when married women represented the highest proportion. This decrease in the rates of marriage and common-law union however, was not experienced by all sub-groups of women.

The rate of teenagers in union decreased from 18% in 1991 to 15% in 1999. These figures represent a 15.4% decrease, which is consistent with the decrease in teenage fertility. There is not much difference in the proportion of single teenagers , 78% in 1999 and 79% in 1991. However, the proportion of teenagers in visiting relationships has increased by 45%.

The median age at first union by age group ranges from 16.0 to 19.0 years (see Table 4.6). This age is lower compared to 1991, when median age at first union ranged from 20 to 21 years. This indicates an earlier entry into union and the potential for higher fertility. Nevertheless, the teenagers have been postponing childbearing as indicated by the significant decline in fertility among this age group.

4.5 Fertility Preferences

Planning Status of last pregnancy

Asking women 15-44 who had become pregnant in the last five years, if they had "wanted to become pregnant and if no, was it because they wanted no more children or wanted to wait longer before another pregnancy, determines the planning status of last pregnancy. The answers to these questions classify the pregnancy as planned, mistimed or unwanted. A combination of the mistimed and unwanted pregnancies may be classified as unplanned pregnancies.

Over the five-year period prior to the survey, 42% of the respondents had at least one pregnancy. Among those who had at least one pregnancy, almost 72% of them had planned the last pregnancy, 15% was mistimed and 10% was unwanted (25% unplanned). The percentage of planned pregnancies has increased and unwanted pregnancies decreased compared to 1991 when the corresponding rates were 65% and 13% respectively. The

percentage of mistimed pregnancies is 4% higher compared to 1991. The differences in the status of last pregnancy by selected characteristics are presented in Table 4.7

A comparison among the various age groups shows that mistimed pregnancies decrease with age, while the rate of unwanted pregnancies increases. Among the 15-19 age group, 19% of them had at least one pregnancy in the past 5 years. The rate is lower compared to 1991 when 21% of teenagers had at least one pregnancy during the same time period. Approximately 73% of the teens planned their last pregnancy. This rate is slightly lower compared to 1991, when 75% of the teens planned their last pregnancy.

Women who have one (1) living child are more likely to have planned their last pregnancy compared to those who have two or more children. Eighty-one percent of them had planned their last pregnancy. This rate decreases as the number of living children increases. Garifuna women have the highest rate (39%) of unplanned pregnancies compared to the other major ethnic groups.

4.6 Current Pregnancy Intentions

Nine percent (9%) of the women were pregnant at the time of the survey and 12% desired pregnancy, whereas 72% had no desire to become pregnant. Table 4.8 presents the current pregnancy intention of currently married women by selected characteristics. The highest percentage of pregnant women at the time of the survey was among the teenagers (19%), women with no living children (18%) and Maya women (14%). There are no clear patterns of pregnancy intentions according to age group. However, the proportion of teenagers (66%) that does not desire pregnancy is the lowest compared to women in the other age groups. Another 15% of the teenagers desire to become pregnant. In 1991, 20% of the teens were pregnant at the time of the survey, while almost 58% of them did not desire pregnancy and 16% wanted to become pregnant.

The desire to become pregnant decreases with the number of living children and increases with the level of education. Maya women have the highest proportion who desire pregnancy and were pregnant at the time of the survey. This is a reflection of their high fertility. The Garifuna women have the lowest percentage that was pregnant at the time of the survey.

The majority (58%) of women who were not using contraceptives did not desire pregnancy. This type of behaviour results in unplanned pregnancies that are either mistimed or unwanted. The majority (91%) of those using contraceptives do not desire pregnancy. However, 8% desire pregnancy even though they are still using contraceptive.

Forty-six percent (46%) of the currently married fecund women want no more children (see Table 4.9). This rate is higher among rural women (49%) and increases with age and the number of living children.

4.7 Summary

The findings presented above are in the expected directions. Fertility rates have declined among all sub-groups of women, especially among teenagers. The differences in fertility rates at the urban/rural level, education level, and among the major ethnic groups are less compared to 1991. This indicates that increased awareness and access to contraceptives are reaching women at all levels.

More women preferred to remain single during the 1990s compared to the 1980s. However, the percentage that lives in common-law union did not change very much. Marriage rates are highest among Maya and lowest among Garifuna women. Even though the median age at first union is younger compared to 1991, this did not result in increased fertility among the younger women, as is expected with early unions.

There has been an increase in the percentage of pregnancies that are planned compared to 1991. Unwanted pregnancies increase with age, while mistimed pregnancies decrease with age. A higher percentage of Mestizo and Maya had planned their last pregnancies compared to Creole and Garifuna women.

It is expected that fertility rates will continue to decline as family planning education becomes more integrated in the school curriculum and access to family planning services is enhanced.

FIGURE 4.1
Age Specific Fertility Rates, 1999 & 1991

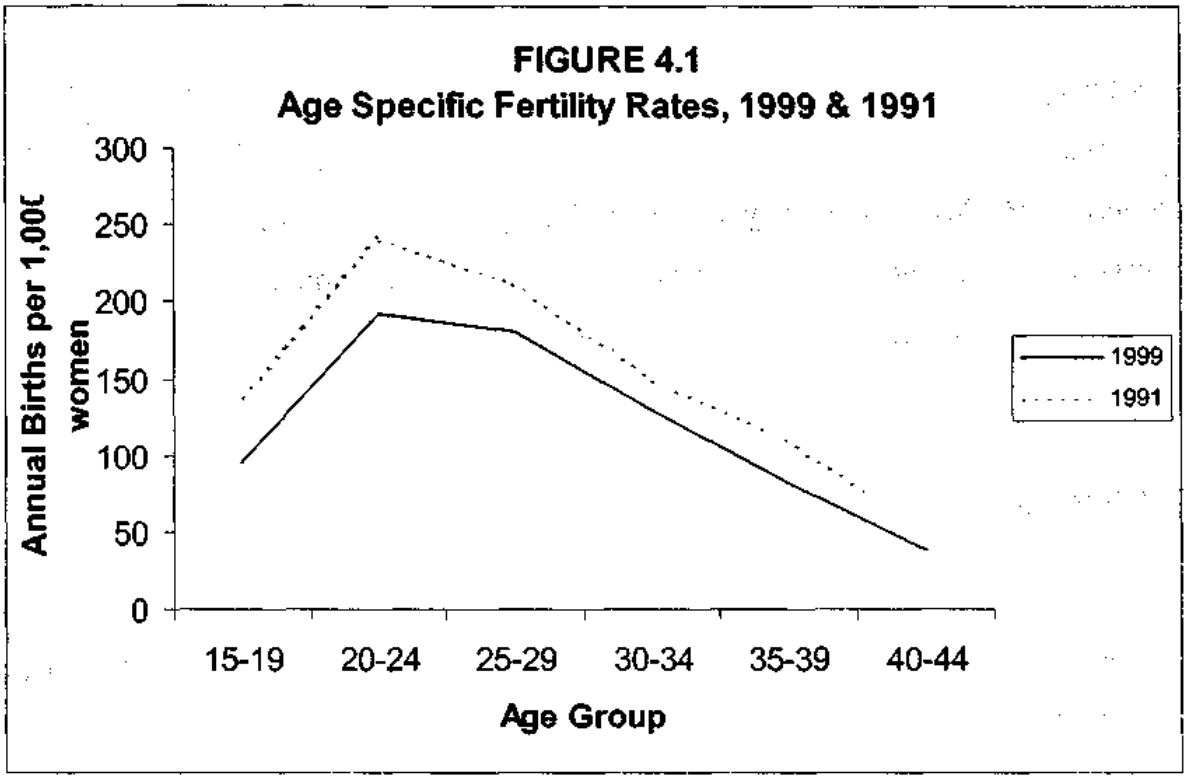
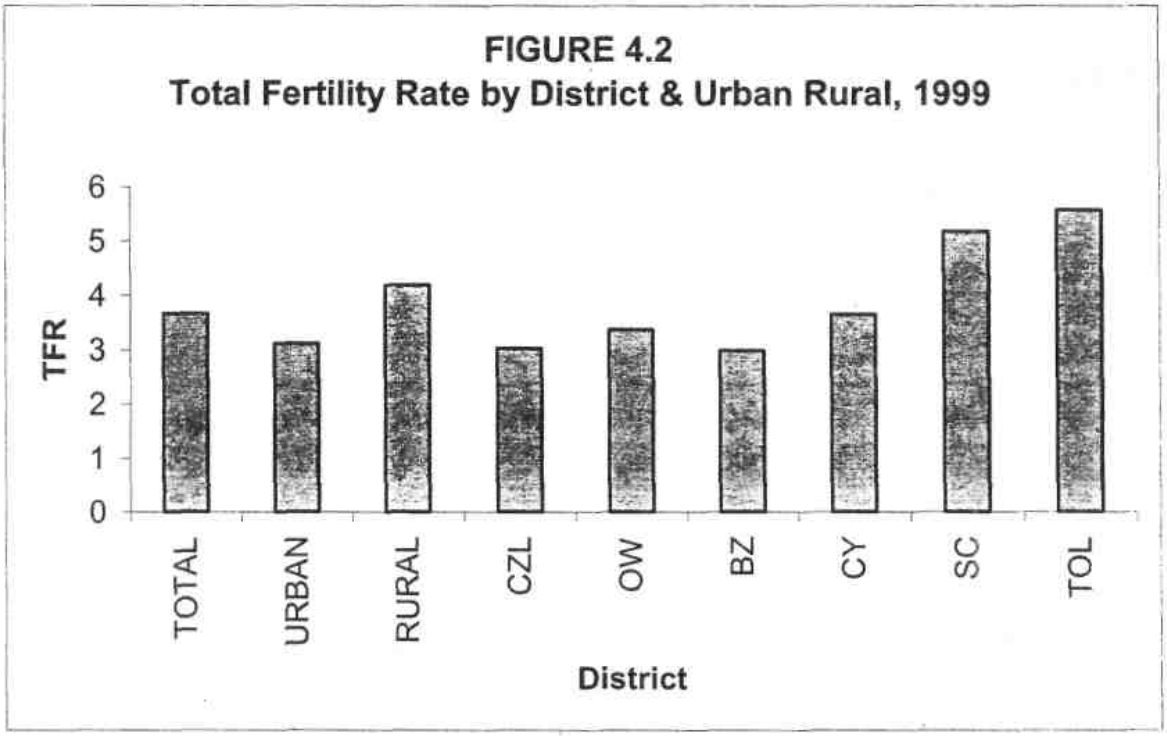


FIGURE 4.2
Total Fertility Rate by District & Urban Rural, 1999



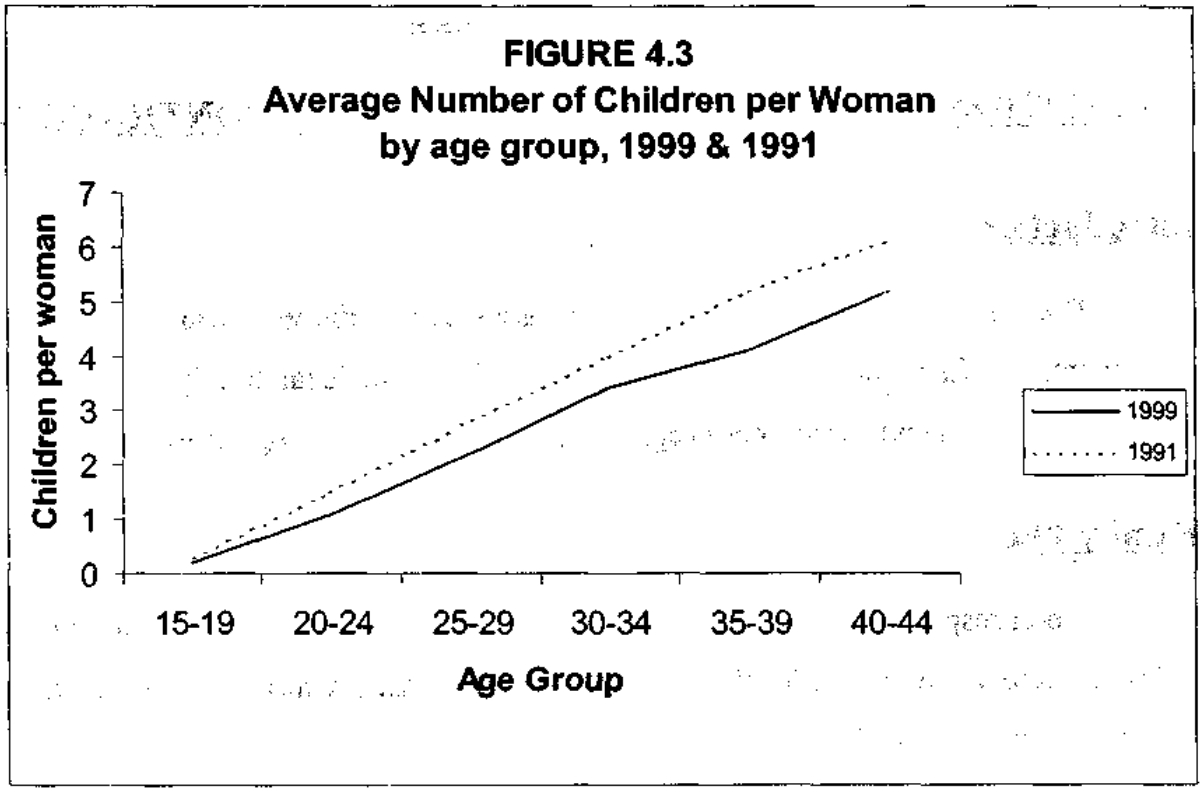


FIGURE 4.3
Average Number of Children per Woman
by age group, 1999 & 1991
Children per woman
0
1
2
3
4
5
6
7
15-19
20-24
25-29
30-34
35-39
40-44
Age Group
1999
1991

TABLE 4-1

BELIZE: Number of Births, Woman-Years of Exposure, and Age-Specific Fertility Rates, 1994 -1999: Women Aged 15-44 1999 Family Health Survey

Age Group	Number of Births	Years of Exposure	Age-Specific Fertility Rate
15-19	767	8072	95
20-24	1170	6096	192
25-29	971	5393	180
30-34	666	5135	130
35-39	338	4084	83
40-44	127	3386	38
45-49	20	1230	16
Total Fertility Rate			3.67

TABLE 4-2

BELIZE: Age-Specific Fertility Rates and Total Fertility Rate, by Selected Characteristics: (period Oct 94-Sept 99): Women Aged 15-44 1999 Family Health Survey

Selected Characteristics	Age Specific fertility Rates						TFR	No. of Women
	15-19	20-24	25-29	30-34	35-39	40-44		
Total	95	192	180	130	83	38	3.67	(3883)
Residence								
Urban	92	169	152	122	50	17	3.12	(1851)
Rural	97	215	209	137	115	56	4.2	(2032)
Years of Education								
0-7 years	154	265	222	174	122	61	5.08	(1086)
8 years	110	185	183	116	77	25	3.6	(1314)
9+ years	64	164	143	104	45	22	2.73	(1469)
No. Household Amenities								
0-2	183	340	329	209	162	125	6.82	(406)
3-7	105	208	179	143	93	38	3.96	(2224)
8-10	57	128	134	92	53	16	2.42	(1253)
Work Status								
Working	70	117	116	96	43	25	2.41	(1143)
Not working	103	233	215	151	101	44	4.32	(2740)
Ethnicity								
Creole	86	191	163	90	59	16	3.11	(937)
Mestizo	87	182	169	127	78	36	3.45	(2070)
Other	120	216	222	181	118	64	4.75	(876)
Religion								
Protestant	102	206	197	119	82	38	3.85	(1225)
Catholic	87	175	168	134	77	34	3.43	(2044)
None/Other	107	219	185	136	103	48	4.04	(614)
District								
Corozal	88	195	138	114	52	19	3.03	(669)
Orange Walk	69	168	194	118	78	32	3.38	(690)
Belize	99	182	142	103	53	19	2.99	(1141)
Cayo	73	180	183	139	100	30	3.66	(709)
Stann Creek	117	239	251	177	135	81	5.19	(335)
Toledo	156	259	272	211	141	78	5.59	(339)

TABLE 4-3

BELIZE: Average Number of Children per Woman, by Age and Selected Characteristics: Women Aged 15-44 1999 Family Health Survey

Selected Characteristics	Age at Survey						Total
	15-19	20-24	25-29	30-34	35-39	40-44	
Total	0.2	1.1	2.2	3.4	4.1	5.2	2.4
Residence							
Urban	0.2	1.0	1.9	2.9	3.6	4.2	2.1
Rural	0.2	1.2	2.6	4.0	4.7	6.1	2.7
Years of Education							
0-7 years	0.3	1.7	3.3	4.5	4.9	6.5	3.6
8 years	0.2	1.2	2.2	3.6	4.3	5.0	2.7
9+ years	0.1	0.8	1.7	2.2	3.2	3.9	1.4
No. Household Amenities							
0-2	0.3	2.1	4.0	5.4	6.1	7.5	3.5
3-7	0.2	1.2	2.3	3.7	4.3	5.5	2.5
8-10	0.1	0.6	1.6	2.5	3.4	4.4	2.0
Work Status							
Working	0.1	0.7	1.4	2.6	3.6	4.9	2.3
Not working	0.2	1.3	2.7	3.9	4.4	5.4	2.5
Ethnic Group							
Creole	0.1	1.1	2.0	2.9	3.5	4.8	2.1
Mestizo	0.1	1.0	2.2	3.3	4.2	5.3	2.4
Other	0.3	1.2	2.6	4.4	4.6	5.6	2.8
Religion							
Protestant	0.2	1.2	2.3	3.6	4.1	5.2	2.5
Catholic	0.2	0.9	2.2	3.2	4.1	5.2	2.3
None/Other	0.2	1.2	2.4.	4.1	4.1	5.4	2.5

TABLE 4-4

BELIZE: All Women and Women Currently in a Union by Age and Number of Children Ever Born
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

All Women

No. of Children	Age at Surgery						Total
	15-19	20-24	25-29	30-34	35-39	40-44	
0	86.5	44.2	19.8	10.3	6.7	5.2	35.9
1	10.5	25.3	18.0	10.1	8.2	5.1	12.9
2	2.8	16.4	22.9	19.4	13.1	9.2	12.6
3	0.2	9.2	17.6	15.2	16.1	11.6	10.0
4	0.0	4.2	9.8	13.9	15.8	16.3	8.3
5	0.0	0.5	6.1	10.7	13.3	12.2	6.4
6	0.0	0.2	3.5	8.9	9.2	12.5	5.0
7	0.0	0.0	1.4	6.0	7.7	4.2	2.9
8	0.0	0.0	0.5	3.8	4.3	8.6	2.3
9	0.0	0.0	0.1	1.6	2.3	2.8	1.3
10+	0.0	0.0	0.2	0.1	3.2	12.3	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases (Unweighted)	716	673	704	666	495	359	3883
Average No. of Children	0.2	1.1	2.2	3.4	4.1	5.2	2.4

Women Currently in Union

Number of Children	Age at Surgery						Total
	15-19	20-24	25-29	30-34	35-39	40-44	
0	35.5	16.4	9.8	5.2	4.2	3.8	9.0
1	47.6	31.5	15.6	9.2	5.9	4.2	14.4
2	15.5	26.8	27.2	19.9	13.6	10.0	18.2
3	1.3	16.0	20.5	15.9	16.0	11.2	14.6
4	0.0	8.0	11.1	14.3	16.6	17.2	12.4
5	0.0	1.0	8.4	11.2	13.7	11.0	9.5
6	0.0	0.2	4.6	10.9	9.6	12.1	7.6
7	0.0	0.0	1.8	6.6	9.0	5.1	4.6
8	0.0	0.0	0.6	4.7	5.1	9.2	3.7
9	0.0	0.0	0.2	2.0	2.4	2.4	1.9
10+	0.0	0.0	0.3	0.2	3.8	13.7	4.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases (Unweighted)	153	406	550	550	417	282	2574
Average No. of Children	0.8	1.7	2.7	3.8	4.4	5.4	3.6

TABLE 4-5

BELIZE: Union Status by **Selected Characteristics at Time of** Survey:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Union Status							Total	No. of Cases* (Unweighted)
	Single	Married	Common-law Union	Visiting Relationship	Widowed	Separated	Divorced		
Total	37.9	33.7	21.8	6.4	0.0	0.1	0.1	100.0	(3554)
Residence									
Urban	37.8	28.7	23.8	9.6	0.0	0.0	0.1	100.0	(1699)
Rural	38.0	38.5	20.0	3.4	0.0	0.1	0.1	100.0	(1855)
Age									
15-19	79.1	5.3	9.4	6.1	0.0	0.0	0.0	100.0	(708)
20-24	39.1	19.1	29.9	11.9	0.0	0.0	0.0	100.0	(661)
25 - 29	20.9	43.5	28.6	6.9	0.0	0.0	0.0	100.0	(693)
30-34	15.9	53.7	26.8	3.5	0.0	0.0	0.0	100.0	(651)
35-39	10.2	59.2	26.1	3.5	0.0	0.4	0.6	100.0	(491)
40-44	16.5	60.9	18.3	4.0	0.2	0.0	0.2	100.0	(350)
Education Level									
None	16.8	51.5	26.8	5.0	0.0	0.0	0.0	100.0	(142)
Incomplete Primary	30.1	41.7	26.4	1.6	0.1	0.0	0.0	100.0	(834)
Complete Primary	36.9	35.3	23.4	4.1	0.0	0.0	0.2	100.0	(1193)
Secondary	47.4	23.0	19.2	10.3	0.0	0.1	0.0	100.0	(1011)
Post Secondary	37.2	36.8	12.7	13.0	0.0	0.2	0.2	100.0	(374)
No. of Household Amenities									
0-2	32.4	45.1	20.1	2.2	0.2	0.0	0.0	100.0	(373)
3-7	37.2	31.8	25.7	5.1	0.0	0.1	0.1	100.0	(2038)
8-10	40.4	33.5	16.5	9.5	0.0	0.0	0.1	100.0	(1143)

TABLE 4-5 continued

BELIZE: Union Status by Selected Characteristics at Time of Survey:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Union Status							Total	No. of Cases* (Unweighted)
	Single	Married	Common-law Union	Visiting Relationship	Widowed	Separated	Divorced		
Ethnic Group									
Creole	39.8	21.7	24.9	13.3	0.0	0.2	0.1	100.0	(865)
Mestizo	38.1	38.6	20.3	2.8	0.0	0.0	0.1	100.0	(1909)
Garifuna	36.9	17.3	31.2	14.6	0.0	0.0	0.0	100.0	(199)
Maya/Ketchi	36.6	49.1	12.8	1.5	0.0	0.0	0.0	100.0	(359)
Other	30.6	34.8	27.9	6.3	0.0	0.0	0.3	100.0	(222)
Religion									
Roman Catholic	37.9	32.5	22.3	7.1	0.0	0.0	0.2	100.0	(1876)
Protestant	37.8	34.6	20.7	6.8	0.0	0.1	0.1	100.0	(1129)
None	31.3	30.9	33.0	4.3	0.0	0.6	0.0	100.0	(254)
Other	43.9	40.9	13.5	1.6	0.0	0.0	0.0	100.0	(295)
Working Status									
Working	38.6	31.4	19.5	9.9	0.0	0.2	0.3	100.0	(1039)
Not working	37.6	34.7	22.8	4.9	0.0	0.0	0.0	100.0	(2515)

* Excludes 10 cases for whom education level is unknown.
* Excludes 27 cases for whom ethnic group is unknown.
* Excludes 9 cases for whom religion is unknown.
* Excludes 5 cases for whom work status is unknown.
* Excludes 10 cases for whom marital status is unknown.

TABLE 4-6

BELIZE: Women Whose First Union was Before Selected Ages and Median Age at First Union, According to Age at time of Survey: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Age at First Union	Age					
	15-19	20-24	25-29	30-34	35-39	40-44
<15	13.7	4.4	4.4	6.2	4.0	7.4
<18	64.3	36.2	30.6	33.0	30.0	34.6
<20	76.6	62.0	52.4	52.0	56.6	56.2
<22	76.6	78.6	72.3	66.7	69.9	71.7
<25	76.6	87.3	87.9	82.3	80.8	82.5
Ever Married	21.7	65.2	83.5	92.4	95.4	96.1
Median Age at First Union	16.0	18.0	19.0	19.0	19.0	18.0
No. of Cases (Unweighted)	(171)	(456)	(598)	(615)	(461)	(337)

TABLE 4-7

BELIZE: Planning Status of Last Pregnancy, by Selected Characteristics: Women, Aged 15-44, Who Had Been Pregnant During the Last Five Years 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Planned	Unplanned		Unknown	Total	No. of Cases* (Unweighted)
		Mistimed	Unwanted			
Total	72.1	15.0	10.1	2.8	100.0	(1396)
Residence						
Urban	73.3	16.2	8.0	2.5	100.0	(562)
Rural	71.2	14.2	11.6	3.1	100.0	(834)
Age						
15-19	73.1	20.3	2.8	3.7	100.0	(105)
20-24	71.8	20.4	5.0	2.9	100.0	(321)
25-29	77.6	14.0	5.9	2.5	100.0	(400)
30-34	72.6	13.8	10.9	2.7	100.0	(343)
35-39	68.6	9.1	19.5	2.8	100.0	(168)
40-44	54.7	9.2	32.4	3.7	100.0	(59)
No. of Living Children						
0	**	**	**	**	100.0	(4)
1	81.0	14.3	2.1	2.6	100.0	(273)
2	78.7	17.2	1.6	2.5	100.0	(331)
3	76.7	14.5	6.6	2.2	100.0	(244)
4	66.1	16.8	15.4	1.8	100.0	(197)
5	62.6	11.7	20.3	5.3	100.0	(121)
6+	60.8	14.1	21.4	3.7	100.0	(226)
Education Level						
0-7	73.6	.10.7	12.8	2.9	100.0	(507)
8	71.2	16.4	10.1	2.3	100.0	(457)
9+	71.2	18.4	7.0	3.4	100.0	(432)
Ethnic Group						
Creole	68.8	18.0	10.0	3.2	100.0	(263)
Mestizo	75.5	13.2	8.6	2.6	100.0	(778)
Garifuna	57.9	19.8	19.1	3.2	100.0	(69)
Maya/Ketchi	75.8	12.8	9.4	2.0	100.0	(205)
Other	53.6	23.3	17.2	6.0	100.0	(81)

* Excludes 4 cases for whom education level is unknown.

* Excludes 6 cases for whom ethnic group is unknown.

** Less than 25 cases.

TABLE 4-8

BELIZE: Current Pregnancy Intention, by Selected Characteristics:
Currently Married Women, Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Currently Pregnant	Desire Pregnancy	Do not Desire Pregnancy	Menopausal	Unknown	Total	No of Cases* (Unweighted)
Total	9.4	12.2	76.2	0.1	2.0	100.0	(2327)
Residence							
Urban	7.7	12.6	78.5	0.0	1.2	100.0	(1034)
Rural	10.9	11.9	74.3	0.2	2.7	100.0	(1293)
Age							
15-19	18.9	14.7	65.9	0.0	0.5	100.0	(152)
20-24	12.3	13.5	71.9	0.0	2.3	100.0	(400)
25-29	10.4	16.4	71.3	0.0	1.9	100.0	(547)
30-34	11.2	10.8	75.6	0.0	2.3	100.0	(540)
35-39	7.2	10.7	80.9	0.0	1.2	100.0	(415)
40-44	0.9	8.2	86.9	0.7	3.2	100.0	(273)
No. of Living Children							
0	18.3	41.3	38.7	0.0	1.7	100.0	(226)
1	10.3	16.1	72.8	0.0	0.8	100.0	(389)
2	7.7	11.3	79.6	0.0	1.3	100.0	(499)
3	9.2	8.9	81.5	0.0	0.5	100.0	(402)
4	5.3	5.3	86.7	0.0	2.7	100.0	(309)
5	10.5	3.8	84.0	0.4	1.3	100.0	(185)
6+	8.4	5.2	80.6	0.4	5.4	100.0	(317)
Education Level							
0-7	12.0	11.1	73.6	0.0	3.3	100.0	(759)
8	8.7	11.6	77.2	0.2	2.3	100.0	(810)
9+	7.7	14.1	77.6	0.1	0.5	100.0	(758)
Ethnic Group							
Creole	8.3	13.7	76.7	0.0	1.3	100.0	(475)
Mestizo	9.3	11.8	78.2	0.0	0.7	100.0	(1326)
Garifuna	4.0	17.9	78.1	0.0	0.0	100.0	(107)
Maya/Ketchi	14.2	9.0	66.7	0.6	9.5	100.0	(262)
Other	10.1	12.1	74.1	0.5	3.2	100.0	(157)
Contraceptive Use							
Currently Using	0.5	7.5	90.6	0.0	1.4	100.0	(1316)
Not Using	20.8	18.3	57.9	0.2	2.8	100.0	(1011)

* Excludes 4 cases for whom education level is unknown.
* Excludes 20 cases for whom ethnic group is unknown.
* Excludes 5 cases for whom contraceptive use is unknown.

TABLE 4-9

BELIZE: Women Who Want No More Children, by Residence and Selected Characteristics: Currently Married Fecund Women Aged 15-44 1999 Belize Family Health Survey (Percent Distribution)

Selected Characteristics	Total		Residence			
			Urban		Rural	
Total	46.2	(2030)	42.9	(891)	48.8	(1139)
Age						
15-19	22.3	(148)	20.6	(63)	23.5	(85)
20-24	35.6	(390)	34.1	(182)	37.0	(208)
25-29	42.7	(501)	37.6	(218)	46.6	(283)
30-34	51.0	(473)	45.6	(204)	55.0	(269)
35-39	59.1	(330)	58.6	(152)	59.6	(178)
40-44	61.7	(188)	59.7	(72)	62.9	(116)
No. of Living Children						
0	0.5	(194)	0.9	(107)	0.0	(87)
1	23.9	(364)	25.1	(207)	22.3	(157)
2	47.0	(453)	46.9	(209)	47.1	(244)
3	54.7	(333)	52.5	(139)	56.2	(194)
4	61.7	(264)	63.8	(105)	60.4	(159)
5	66.4	(152)	71.2	(52)	64.0	(100)
6+	70.7	(270)	75.0	(72)	69.2	(198)
Educational Level						
0-7	51.4	(671)	44.1	(177)	54.0	(494)
8	47.0	(689)	48.0	(277)	46.4	(412)
9+	40.1	(670)	39.1	(437)	42.1	(233)
Ethnic Group						
Creole	45.9	(412)	41.0	(256)	53.8	(156)
Mestizo	45.3	(1163)	42.2	(472)	47.5	(691)
Garifuna	50.5	(93)	47.0	(66)	59.3	(27)
Maya/Ketchi	49.1	(232)	56.0	(25)	48.3	(207)
Other	46.9	(130)	45.8	(72)	48.3	(58)

* Excludes 4 cases for whom education level is unknown.
* Excludes 18 cases for whom ethnic group is unknown.

CHAPTER 5

ATTITIDES TOWARDS CHILDBEARING AND CONTRACEPTION

5.1 Introduction

This chapter addresses women's attitudes and opinion towards childbearing and contraception. In particular, it looks at issues relating to ideal family size, spacing and a woman's right to decide about her pregnancy, including whether or not to have an abortion.

5.2 Family Planning Messages

When respondents were asked if they have heard of any family planning messages on the radio, television or in a local newspaper over the past six months, the majority said that they have not heard such messages on any of the media. However, almost 41% hear family planning messages on radio, 36% on television and 16% in the local newspaper. These figures indicate that radio is the most popular medium for family planning messages, and local newspapers the least popular. Table 5.1 shows that only a small percentage (15%) of teenagers get family planning information from newspapers.

Sixty six percent (66%) of the respondents hear family messages from the Belize Family Life Association (BFLA[1]). There is not much difference in the percentage by age group and by work status that hears family planning messages from BFLA. Sixty-five percent (65%) of teens get family planning messages from BFLA. The majority of respondents from the major ethnic groups hear family planning messages form the BFLA. However, the rates are higher among Creole and Garifuna , 78% and 76% respectively compared to Mestizo and Maya, which are similar (see Table 5.2).

5.3 Meaning of Family Planning

Respondents were also asked, "What does the term 'family planning' mean to you?" Their definitions vary. However, the majority of them (56%). say that this term means 'planning the number of children.' Some of them think that family planning also means 'planning the time when to have children' (37%) and 'planning when to start a family' (32%).

1 BFLA is the leading NGO promoting reproductive health and family life education in Belize.

2 The Garifuna and Creole live predominantly in Dangriga and Belize City, the two urban areas where the BFLA was first established. This may have influence their exposure to family planning messages from BFLA.

5.4 Reasons to limit the number of children

When asked to give their opinion on the main reason a woman might wish to limit the number of children she has, the vast majority (72%) think that a woman's 'financial situation' is the main reason. Other reasons given include problems related to childcare (7%) and work (5%). A higher percentage of rural (9%) compared to urban women (5%) think that childcare problem is a reason for limiting the number of children. Even though the majority of women from the various ethnic groups think that financial problem is the main reason for limiting the number of children a woman might have, the proportions range from 50% of Maya to 81% of Creole women (see Table 5.4).

5.5 Right to decide about pregnancy and reasons to terminate pregnancy

Approximately 69% of the respondents think that a woman always has the right to decide about her pregnancy, including whether to have an abortion. Table 5.5 shows that 68% of teenage respondents think they have the right to decide. This proportion is one of the lowest compared to the other age groups. The majority of all the major ethnic groups except the Maya (45%) think that a woman always has the right to decide about her pregnancy. However, the proportion is much higher among Garifuna (87%) and Creole (85%) compared to Mestizo (63%) women. Seventy one percent (71%) of women who work think they have the right to decide compared to 68% of non-working women.

When asked under what circumstances they think it should be acceptable to have an abortion, most of the women think that it is acceptable for 'health reasons of the mother' (44%), 'pregnancy resulting from rape' (37%) and 'health reasons of the child' (36%) (see Table 5.6). These figures indicate that more than one half of the women think that there is no acceptable reason for having an abortion. Almost all the women (94%) believe that it is not acceptable for a woman to have an abortion just because she is not married or the father does not want the child (91%).

5.6 Age at First Sexual Intercourse and First Child

Most of the women (41%) believe that age 18 is the earliest age a woman can legally consent to having sexual intercourse. They believe that a woman and a man should be 18 years before they have their first sexual intercourse (see Table 5.7).. Maya women believe that a woman should be 18 years and a man 19 years before they have their first sexual

intercourse. Women in the other ethnic groups believe that a woman and a man should have the same age.

Table 5.8 shows that women believe that a woman is responsible enough to have her first child is at age 20 years and the man at age 21 years. These figures suggest that women expect the woman and/or man to use a form of contraception, since they believe that both a woman and a man should have sexual intercourse at an earlier age than when they are responsible enough to have their first child.

Urban women believe that a woman should be 21 years and rural women believe that a woman should be 20years before having the first child. Both groups of women believe a man should be a year older.

Women believe that a woman is responsible enough to have her first child when she is mature enough (32%), is in a stable union (24%), or has completed her education (19%). They also believe that a man should be mature enough (32%), economically stable (22%) and in a stable union (20%). These figures (see Tables 5.9 and 5.10) show that the women believe that it is most important for both woman and man to be mature enough. However, they believe it is more important for a man to be economically stable and for a woman to complete her education before they are responsible enough to have their first child.

A higher proportion of urban women (19%) compared to rural women (7%) believe that a woman should be economically stable before she has her first child. More Maya women (33%) compared to the other ethnic groups believe that a woman should be in a stable union.

5.7 Breastfeeding

Approximately all the respondents (99%) agree that a woman should breastfeed her child (see Table 5.11). Most of them (36%).believe that the child should be breastfed for 12 months. Some (13%) believe that the child should be breastfed for 2 years and another 12% think that breastfeeding should go on as long as possible. Most of the respondents (24%) also believe that the child should be six months before the mother stops giving only breast milk. Sixteen percent (16%) think that the child should get only breast milk until age one. Forty-one percent (41%) of the women believe that a woman is less likely to get pregnant when she is breastfeeding than when she is not. Almost 32% think that the likelihood of getting pregnant is the same if the woman breastfeeds or not.

5.8 Ideal Family Size

The respondents were asked, "If you could choose exactly the number of children to have in your whole life, how many would that be?" This information was used to estimate the ideal family size. Table 5.12 shows that the mean ideal family size is 3.8 children. Urban women prefer smaller family size than rural women and Mestizo women prefer a smaller family size compared to any other ethnic group. Family size decreases as age and education level increase. However there is no difference in ideal family size for women who are attending formal school and those who are not. There is also no difference between Roman Catholic and Protestant women, but their ideal family size is higher than that for women who do not have a religion.

Corresponding figures for 1991 show that the mean ideal family size has increased for all sub-groups of women. Some noticeable differentials in 1991 have also changed. At that time, Roman Catholics preferred a larger family size than Protestanta, and Creole women preferred a smaller family size than any other ethnic group.

The mean ideal family size is slightly higher than the mean number of living children (3.3). This is so for all sub-groups of women and indicates that the women want more children than they actually have. This was not the case in 1991 when the mean ideal family size was slightly lower than the actual mean number of living children. At that time, Creole, Mestizo, and rural women wanted fewer children than they actually have.

Women who have no children have a mean ideal family size of 3.4, which is slightly lower than that for those women who have children and higher than the 1991 mean ideal family size (2.9) (see Table 5.13).

5.9 Opinions About Childbearing

The majority (80%) of the respondents thinks that both partners should decide the number of children a couple wants to have. Table 5.14 indicates that 9% think that the wife/partner should make the decision, while 5% think that the husband/partner should make the decision. A comparison of urban and rural women shows that a higher percent of urban women think that both partners should decide and a higher percentage of rural women think that the husband/partner should decide. A higher proportion of Creole women (85%) compared to any other major ethnic group think that both partners should decide. More than

one half of Maya women think that the decision should be made by their husband/partner and 13% of them think that it is "Fate, up to God" to decide. These rates among the Mayas are the highest compared to other ethnic groups.

Eighty percent (80%) of the women think that both partners should decide on the number of children a couple should have (see Table 5.15). This rate is 22% higher compared to 1991 and suggests a positive effort toward better communication and decision-making within families. The increase is even higher in the urban areas. There is a 13% decrease in the proportion of rural women who think that their husbands should make the decision. The proportion of rural women who think that the decision is "Fate, up to God" has also decreased from 10% in 1991 to 3% in 1999.

Creole and Garifuna women, in 1991, had the lowest proportion of those who think that both partners should decide and the highest proportion that think that the wife/partner should decide. They now have the highest proportion of those who think that partners should make the decision and a much lower proportion of those who think that the wife/partner should make the decision. There has been a 29% increase in the proportion of Maya women who think that the husband/partner should make the decision.

About 90% of the respondents think that the ideal time interval between children is 2 or more years. A more detailed look at those who prefer to have an interval of less than two years shows that this shorter interval is more acceptable among rural women, Garifuna, women not using contraceptive and women with less than 8 years of education (see Table 5.16). The 1991 figures show that a higher percentage (95%) preferred 2 or more years of interval. This indicates that there has been an increase in the proportion of women who prefer a shorter interval than 2 years between children.

5.10 Contraception

The majority (80%) of the respondents think that both partners should decide whether a person should use a method of contraception, 9% think that the wife/partner should decide and 5% think that the husband/partner should decide. Tables 5.17-19 present rates by urban/rural, educational level and ethnicity. Urban women are more likely than rural women to state that both partners should decide. However, rural women are more likely to state that husband/partner should decide. Never married women are more likely than ever-married women to state that both partners should decide. Women with 9 or more years of education

are most likely to state that both partners should decide and those with less than 8 years of education are the most likely to state that husband/partner should decide whether a person should use a method of contraception. Creole women are the most likely to state that both partners should decide. Garifuna women are the most likely to state that wife/partner should decide and the Maya women are the most likely to state that husband/partner should decide.

5.11 Summary

The majority of women think that a woman has the right to decide about her pregnancy, including whether to have an abortion. Some of them agree that it is acceptable to have an abortion for health reasons of the mother and the child and for pregnancy resulting in rape. Most of them believe that a woman and a man should be the same age when they have their first sexual intercourse, but a man should be older than a woman before he is responsible enough to have his first child. The women believe that both partners should decide on the number of children a couple should have. This is an increase compared to 1991 and indicates better communications and decision making within the homes.

TABLE 5-1

BELIZE: Source of Family Planning Messages in Past Six Months, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Radio	Television	Local Newspaper	No. of Cases (Unweighted)
Total	40.0	35.5	16.2	(3613)
Residence				
Urban	42.0	40.1	17.1	(1729)
Rural	38.1	31.3	15.3	(1884)
District				
Corozal	51.1	55.5	21.3	(618)
Orange Walk	43.3	36.5	12.2	(641)
Belize	38.9	38.9	17.4	(1063)
Cayo	39.1	32.9	17.8	(666)
Stann Creek	39.2	19.4	15,2	(311)
Toledo	25.2	16.0	9.2	(314)
Age				
15-19	35.4	31.0	14.9	(716)
20-24	38.8	36.6	17.5	(673)
25-29	40.4	36.5	14.6	(704)
30-34	40.2	36.4	14.4	(666)
35-39	46.9	42.4	20.3	(495)
40-44	44.5	34.2	17.0	(359)

TABLE 5-2

BELIZE: BFLA Messages, by Selected Characteristics:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Received Message from BFLA			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	65.6	18.7	15.7	100.0	(1876)
Residence					
Urban	71.4	15.4	13.2	100.0	(945)
Rural	59.5	22.2	18.3	100.0	(931)
District					
Corozal	58.0	31.4	10.6	100.0	(429)
Orange Walk	53.8	20.5	25.7	100.0	(326)
Belize	74.9	10.0	15.1	100.0	(537)
Cayo	65.1	18.9	16.0	100.0	(348)
Stann Creek	80.1	9.2	10.7	100.0	(138)
Toledo	53.0	35.1	11.9	100.0	(98)
Age					
15-19	64.9	17.9	17.1	100.0	(332)
20-24	66.9	17.7	15.4	100.0	(341)
25-29	66.4	16.6	17.0	100.0	(378)
30-34	65.0	21.7	13.3	100.0	(351)
35-39	64.0	22.7	13.3	100.0	(285)
40-44	66.9	16.0	17.1	100.0	(189)
Ethnic Group					
Creole	79.1	8.3	12.6	100.0	(516)
Mestizo	57.8	24.9	17.3	100.0	(1025)
Garifuna	73.5	18.5	7.9	100.0	(111)
Maya/Ketchi	55.9	21.3	22.9	100.0	(104)
Other	68.0	15.0	17.0	100.0	(120)

* Excludes 15 cases for whom ethnic group is unknown.

TABLE 5-3

BELIZE: Meaning of Family Planning, by Residence and Ethnic Group: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Meaning of Family Planning	Residence		Ethnic Group						Total	No. of Cases (Unweighted)
	Urban	Rural	Creole	Mestizo	Garifuna	Maya/Ketchi	Other	Unknown		
Planning the Number of Children	52.2	47.8	27.1	54.9	6.1	5.1	6.0	0.7	100.0	(2022)
Planning the Time When to Have Children	56.0	44.0	32.2	49.1	6.1	4.8	7.2	0.6	100.0	(1348)
Planning When to Start a Family	55.5	44.5	36.7	45.2	6.7	3.7	7.2	0.5	100.0	(1171)
Planning Sexual Life/Relations	53.3	46.7	32.5	51.0	5.4	4.5	5.5	1.1	100.0	(182)
Planning the Family Budget/Expenses	50.8	49.2	32.7	50.1	5.7	3.2	7.7	0.7	100.0	(431)
Preventing Unwanted Pregnancies	54.0	46.0	32.7	47.4	4.9	6.1	8.1	0.9	100.0	(507)
Preventing STIs	63.2	36.8	48.3	25.2	8.4	5.1	13.0	0.0	100.0	(153)
Preventing Abortion	64.6	35.4	41.8	37.4	4.2	2.1	14.5	0.0	100.0	(164)
Use of Contraceptive Methods	59.5	40.5	35.6	44.9	6.3	5.3	7.2	0.7	100.0	(452)
Use of Condom	52.1	47.9	39.6	41.1	7.2	5.8	5.8	0.5	100.0	(115)
Family Health	56.0	44.0	28.7	54.5	5.8	4.4	6.3	0.4	100.0	(321)
Infertility Treatment	61.4	38.6	14.0	37.4	0.0	14.9	33.7	0.0	100.0	(14)
Family Life Education	53.3	46.7	23.5	62.1	6.3	2.8	4.8	0.5	100.0	(460)
Sexual Education/Sexual Hygiene	60.4	39.6	29.0	48.0	9.0	1.4	11.2	1.3	100.0	(99)
Medical check-ups During Pregnancy	50.2	49.8	33.4	38.1	8.1	9.6	10.8	0.0	100.0	(82)
Other	53.7	46.3	12.7	52.1	23.1	8.5	2.1	1.5	100.0	(29)
Unknown	32.1	67.9	14.7	44.4	3.7	32.1	4.3	0.8	100.0	(554)

TABLE 5-4

BELIZE: Reasons a Woman May Wish to Limit the Number of Children She Has, by Residence and Ethnic Group:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Limit Number of Children	Total	Residence		Ethnic Group				
		Urban	Rural	Creole	Mestizo	Garifuna	Maya/Ketchi	Other
Financial	72.1	76.6	67.8	80.6	72.5	66.1	50.3	76.6
Work Related	5.0	5.5	4.5	4.1	5.3	10.4	4.0	2.7
Schooling	3.0	2.9	3.1	2.2	3.3	3.9	1.5	5.0
Health of Mother	3.2	2.7	3.6	3.6	2.5	2.9	5.6	2.6
Physical Appearance	0.5	0.4	0.5	0.5	0.4	1.0		0.9
Child Care Problem	6.9	5.2	8.5	3.5	7.1	2.3	17.9	4.6
Health of Child	1.2	1.1	1.2	0.6	1.3	1.6	1.1	2.4
Other	1.7	2.1	1.4	1.6	2.0	2.3	0.7	1.0
Unknown	6.6	3.5	9.4	3.4	5.5	9.4	18.9	4.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(3586)	(1712)	(1874)	(875)	(1925)	(199)	(361)	(226)

* Excludes 27 cases for whom ethnic group is unknown.

TABLE 5-5

BELIZE: A Woman's Rights to Decide About Pregnancy, by Selected Characteristics:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Right to Decide About Pregnancy			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	68.6	27.6	3.8	100.0	(3574)
Residence					
Urban	74.4	22.8	2.8	100.0	(1708)
Rural	63.2	32.0	4.8	100.0	(1866)
Age					
15-19	67.9	28.1	4.0	100.0	(711)
20-24	67.7	27.7	4.5	100.0	(664)
25-29	70.7	26.5	2.8	100.0	(700)
30-34	69.1	28.0	2.8	100.0	(656)
35-39	71.8	25.0	3.3	100.0	(492)
40-44	64.5	29.9	5.6	100.0	(351)
Ethnic Group					
Creole	84.0	13.9	2.1	100.0	(872)
Mestizo	61.7	34.4	3.9	100.0	(1916)
Garifuna	88.7	10.4	0.9	100.0	(199)
Maya/Ketchi	45.8	44.5	9.7	100.0	(361)
Other	80.5	16.6	2.9	100.0	(226)
Religion					
Anglican	85.2	11.8	3.1	100.0	(195)
Baptist	60.8	29.5	9.7	100.0	(153)
Methodist	91.7	8.3		100.0	(127)
Nazarene	71.7	24.5	3.8	100.0	(103)
Pentecostal	57.5	36.8	5.7	100.0	(247)
Roman Catholic	71.6	25.0	3.3	100.0	(1886)
Other	58.1	37.8	4.1	100.0	(606)
None	59.9	36.4	3.7	100.0	(257)
Working Status					
Working	71.2	26.2	2.7	100.0	(1047)
Not working	67.5	28.1	4.3	100.0	(2527)

* Excludes 27 cases for whom ethnic group is unknown.
* Excludes 9 cases for whom religion is unknown.
* Excludes 5 cases for whom working status is unknown.

TABLE 5-6

BELIZE: Acceptable Reasons to Terminate Pregnancy, by Selected Characteristics:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	If Mother Does Not Want	If Father Does Not Want Child	If Both Parents Do Not Want Child	For Economic Reasons	For Health Reasons of The Mother	For Health Reasons of The Child	Pregnancy Resulting From Rape	Woman is Not Married	Other	Unknown	Total	No. of Cases* (Unweighted)
Total	16.2	9.2	17.1	16.9	44.0	35.7	37.3	6.4	15.6	14.6	100.0	(3574)
Residence												
Urban	16.7	10.5	19.9	22.2	54.3	47.7	48.7	7.4	14.0	12.7	100.0	(1708)
Rural	15.8	7.9	14.5	11.9	34.4	24.5	26.6	5.6	17.1	16.4	100.0	(1866)
Age												
15-19	19.4	11.6	18.3	18.1	40.0	32.7	38.6	5.8	14.8	16.0	100.0	(711)
20-24	16.1	9.2	18.1	18.0	41.3	35.1	39.6	6.7	15-2	14.3	100.0	(664)
25-29	15.8	8.0	16.1	17.2	46.3	38.3	37.7	6.4	14.3	15.3	100.0	(700)
30-34	15.1	8.1	14.7	16.7	46.7	37.2	38.6	6.7	17.3	13.3	100.0	(656)
35-39	16.1	9.0	18.2	16.3	51.5	42.2	35.2	8.2	15.9	13.6	100.0	(492)
40-44	10.4	6.2	15.5	12.2	42.9	30.9	30.1	5.2	17.5	13.8	100.0	(351)
Ethnic Group												
Creole	17.3	11.7	21.3	23.1	59.6	51.6	53.2	6.2	9.9	5.6	100.0	(872)
Mestizo	13.1	7.3	14.2	13.1	39.5	31.4	28.9	6.0	17.8	17.8	100.0	(1916)
Garifuna	30.2	18.2	32.4	35.4	52.6	45.0	58.1	6.5	13.8	7.1	100.0	(199)
Maya/Ketchi	20.2	6.7	10.4	6.8	18.0	8.1	21.0	6.7	19.5	27.8	100.0	(361)
Other	16.3	9.3	19.2	21.0	51.6	43.3	46.4	10.7	16.8	11.6	100.0	(226)

TABLE 5-6 continued

BELIZE: Acceptable Reasons to Terminate Pregnancy, by Selected Characteristics:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	If Mother Does Not Want Child	If Father Does Not Want Child	If Both Parents Do Not Want Child	For Economic Reasons	For Health Reasons of The Mother	For Health Reasons of The Child	Pregnancy Resulting From Rape	Woman is Not Married	Other	Unknown	Total	No. of Cases* (Unweighted)
Religion												
Anglican	15.8	9.9	17.1	19.4	58.4	47.5	54.4	4.8	12.6	7.1	100.0	(195)
Baptist	14.9	9.0	22.4	15.7	46.3	36.6	36.6	4.4	10.7	11.9	100.0	(153)
Methodist	17.4	11.2	20.9	27.8	69.8	64.9	66.9	5.4	7.2	6.6	100.0	(127)
Nazarene	16.8	8.6	23.9	22.0	44.0	35.5	42.3	4.4	8.2	8.8	100.0	(103)
Pentecostal	12.9	8.3	12.2	9.9	31.0	21.6	24.9	8.2	14.0	11.8	100.0	(247)
Roman Catholic	17.8	9.9	18.5	18.5	46.6	38.5	40.3	7.1	15.9	15.3	100.0	(1886)
Other	13.2	6.7	13.8	12.1	34.4	27.1	25.0	5.1	21.4	16.9	100.0	(606)
None	14.8	8.8	10.8	14.0	33.5	24.1	25.0	6.9	14.4	22.1	100.0	(257)
Working Status												
Working	14.4	6.9	18.5	17.8	52.0	45.0	42.7	5.9	14.3	11.0	100.0	(1047)
Not working	17.0	10.1	16.5	16.5	40.7	31.8	35.0	6.6	16.1	16.1	100.0	(2527)

* Excludes 27 cases for whom ethnic group is unknown.
* Excludes 9 cases for whom religion is unknown.
* Excludes 5 cases for whom work status is unknown.

TABLE 5-7

BELIZE: Mean Age of a Woman and a Man Before First Sexual Intercourse, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Mean Age of a Woman Before First Sexual Intercourse	No. of Cases [1] (Unweighted)	Mean Age of a Man Before First Sexual Intercourse	No. of Cases [2] (Unweighted)
Total	18.3	(3072)	18.5	(2881)
Residence				
Urban	18.4	(1497)	18.3	(1420)
Rural	18.3	(1575)	18.8	(1461)
Ethnic Group				
Creole	18.4	(786)	18.5	(752)
Mestizo	18.5	(1613)	18.6	(1498)
Garifuna	17.9	(185)	17.7	(175)
Maya/Ketchi	17.9	(286)	19.1	(272)
Other	18.0	(202)	18.3	(184)

[1] Excludes 26 cases for whom ethnic group is unknown.
For the purpose of calculating the mean, those who answered "Don't Know" were omitted, for a total of 515 cases.

[2] Excludes 24 cases for whom ethnic group is unknown.
For the purpose of calculating the mean, those who answered "Don't Know" were omitted, for a total of 708 cases.

TABLE 5-8

BELIZE: Mean Age a Woman and Man are Responsible to Have Their First Child, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Mean Age a Woman is Responsible Enough to Have First Child	No. of Cases [1] (Unweighted)	Mean Age a Man is Responsible Enough to Have First Child	No. of Cases [2] (Unweighted)
Total	20.4	(3320)	21.4	(3172)
Residence	20.8	(1613)	21.7	(1573)
Urban				
Rural	19.9	(1707)	21.0	(1599)
Ethnic Group				
Creole	20.7	(832)	21.4	(796)
Mestizo	20.4	(1785)	21.5	(1699)
Garifuna	21.0	(191)	21.1	(185)
Maya/Ketchi	19.0	(305)	20.6	(296)
Other	20.4	(207)	21.6	(196)
Age				
15-19	20.6	(653)	21.3	(625)
20-24	20.6	(613)	21.6	(586)
25-29	20.2	(654)	21.4	(619)
30-34	20.2	(613)	21.3	(596)
35-39	20.3	(455)	21.3	(431)
40-44	20.0	(332)	21.3	(315)

[1]Excludes 27 cases for whom ethnic group is unknown.
For the purpose of calculating the mean, those who answered "Don't Know" were omitted, for a total of 268 cases.

[2]Excludes 27 cases for whom ethnic group is unknown.
For the purpose of calculating the mean, those who answered "Don't Know" were omitted, for a total of 418 cases.

TABLE 5-9

BELIZE: The Time a Woman is Most Responsible to Have First Child, by Selected Characteristics:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	When She is in a Stable Union	After Completing Her Education	One to Two Years After Entering Into a Stable Union	When She is Economically Stable	When She is Mature Enough	Other	Unknown	Total	No. of Cases* (Unweighted)
Total	24.4	19.1	4.6	12.8	32.1	0.9	6.1	100.0	(3586)
Residence									
Urban	23.0	22.9	5.4	11.8	24.4	1.1	4.4	100.0	(1712)
Rural	25.8	15.6	3.8	7.2	39.2	0.7	7.7	100.0	(1874)
Ethnic Group									
Creole	20.9	29.4	5.0	16.7	23.1	1.2	3.7	100.0	(875)
Mestizo	26.7	14.9	4.1	10.8	37.3	0.9	5.3	100.0	(1925)
Garifuna	11.8	23.2	9.8	26.9	25.3	0.3	2.7	100.0	(199)
Maya/Ketchi	32.8	7.0	2.7	3.0	35.9	0.7	17.9	100.0	(361)
Other	18.8	28.0	4.7	15.9	26.7	1.0	5.0	100.0	(226)
Age									
15-19	24.8	21.4	3.8	12.3	29.6	0.5	7.6	100.0	(712)
20-24	22.8	15.1	5.6	16.3	33.5	0.4	6.3	100.0	(668)
25-29	25.4	19.7	3.4	12.4	34.2	1.0	4.0	100.0	(702)
30-34	23.3	20.8	5.2	12.6	30.7	2.0	5.4	100.0	(659)
35-39	21.0	20.5	6.6	11.1	32.8	1.2	6.7	100.0	(492)
40-44	30.8	15.7	3.6	10.8	33.5	0:8	4.8	100.0	(353)

* Excludes 27 cases for whom ethnic group is unknown.

TABLE 5-10

BELIZE: The Time a Man is Most Responsible to Have First Child, by Selected Characteristics:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	When He is in a Stable Union	After Completing His Education	One to Two Years After Entering Into a Stable Union	When He is Economicall Stable	When He is Mature Enough	Other	Unknown	Total	No. of Cases* (Unweighted)
Total	19.7	14.4	3.7	22.0	32.2	1.0	7.0	100.0	(3586)
Residence									
Urban	16.6	18.0	3.8	27.9	27.5	1.2	4.8	100.0	(1712)
Rural	22.5	11.0	3.6	16.6	36.5	0.8	9.1	100.0	(1874)
Ethnic Group									
Creole	17.7	21.8	5.2	26.6	23.8	1.2	3.7	100.0	(875)
Mestizo	19.9	11.7	2.5	21.2	36.7	1.0	7.0	100.0	(1925)
Garifuna	8.6	16.4	7.2	33.4	31.7	0.3	2.4	100.0	(199)
Maya/Ketchi	32.8	4.9	3.1	5.3	34.6	0.7	18.7	100.0	(361)
Other	14.3	19.3	4.3	27.9	26.7	2.0	5.6	100.0	(226)
Age									
15- 19	19.2	14.6	3.5	22.9	30.4	0.8	8.7	100.0	(712)
20-24	18.3	11.9	3.9	23.9	33.8	0.8	7.3	100.0	(668)
25-29	20.3	14.7	3.1	22.9	32.6	1.2	5.1	100.0	(702)
30-34	1.9.4	14.0	3.6	23.2	32.3	1.6	5.9	100.0	(659)
35-39	17.6	19.7	4.7	20.2	29.2	1.2	7.5	100.0	(492)
40-44	25.2	11.8	3.3	16.1	36.7	0.7	6.2	100.0	(353)

* Excludes 27 cases for whom ethnic group is unknown.

TABLE 5-11

BELIZE: Mean Perception of Ideal Number of Children a Woman Should Have and the Actual Mean Number of Children, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Ideal No. of Children	Actual No. of Living Children	Difference Actual - Ideal	No. of Cases* (Unweighted)
Total	3.8	3.3	-0.5	(2070)
Residence				
Urban	3.5	3.0	-0.5	(1015)
Rural	4.2	3.7	-0.5	(1055)
Age				
15-19	4.1	1.2	-2.9	(109)
20-24	3.6	1.9	-1.7	(348)
25-29	3.7	2.6	-1.1	(496)
30-34	4.0	3.6	-0.4	(485)
35-39	3.8	4.1	0.3	(376)
40-44	4.0	5.1	1.1	(256)
Education Level				
0-7	4.2	4.0	-0.2	(639)
8	4.0	3.5	-0.5	(717)
9+	3.4	2.5	-0.9	(714)
Marital Status				
Ever Married	3.8	3.4	-0.4	(2001)
Never Married	3.7	1.6	-2.1	(69)
Religion				
Roman Catholic	3.8	3.3	-0.5	(1102)
Protestant	3.9	3.4	-0.5	(650)
None	3.8	3.2	-0.6	(139)
Other	3.9	3.4	-0.5	(179)
Ethnic Group				
Creole	3.6	3.2	-0.4	(469)
Mestizo	3.6	3.3	-0.3	(1185)
Garifuna	4.6	3.3	-1.3	(117)
Maya/Ketchi	5.5	4.2	-1.3	(161)
Other	3.8	2.9	-0.9	(138)
Attending Formal School				
Yes	3.2	2.0	-1.2	(39)
No	3.9	3.3	-0.6	(2031)

* For the purpose of calculating ideal family size, those who answered "Don't Know" or "Gods Will" were omitted.
* Excludes 6 cases for who education level is unknown.
* Excludes 17 cases for whom marital status is unknown.
* Excludes 6 cases for whom religion is unknown.
* Excludes 18 cases for whom ethnic group is unknown.
* Excludes 3 cases for whom attending formal school is unknown.

TABLE 5-12

BELIZE: Mean Perception of Ideal Number of Children a Woman Should Have: Women Aged 15-44 Who Want No More Children 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Ideal #of Children	No. of Cases* (Unweighted)
Total	3.4	(864)
Residence		
Urban	3.1	(437)
Rural	3.7	(427)
Age		
15-19	3.6	(465)
20-24	3.2	(195)
25-29	3.1	(89)
30-34	3.0	(57)
35-39	3.0	(35)
40-44	3.5	(23)
Education Level		
0-7	3.9	(133)
8	3.6	(269)
9+	3.2	(462)
Marital Status		
Ever Married	3.3	(275)
Never Married	3.5	(589)
Religion		
Roman Catholic	3.4	(479)
Protestant	3.4	(252)
None	3.2	(69)
Other	3.7	(64)
Ethnic Group		
Creole	3.3	(230)
Mestizo	3.2	(477)
Garifuna	3.5	(53)
Maya/Ketchi,	5.4	(64)
Other	3.3	(40)

* For the purpose of calculating ideal family size, those who answered "Don't Know" or "Gods Will" were omitted.
* Excludes 1 case for whom education level is unknown.
* Excludes 13 cases for whom marital status is unknown.
* Excludes 6 cases for whom ethnic group is unknown.

TABLE 5-13

BELIZE: Who Should Decide the Number of Children a Couple Wants to Have, by Residence: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Who Should Decide	Total	Residence	
		Urban	Rural
Both Partners	80.2	84.5	76.3
Wife/Partner	9.2	9.9	8.6
Husband/Partner	5.0	2.0	7.8
Fate, up to God	3.4	1.5	5.1
Other	0.3	0.4	0.2
Unknown	1.9	1.7	2.1
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(3613)	(1729)	(1884)

TABLE 5-14

BELIZE: Who Should Decide the Number of Children A Couple Wants to Have, by Ethnic Group: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Who Should Decide	Total	Ethnic Group				
		Creole	Mestizo	Garifuna	Maya/Ketchi	Other
Both Partners	80.3	85.0	82.1	82.1	59.5	79.7
Wife/Partner	9.2	10.6	8.4	13.7	6.2	11.6
Husband/Partner	5.0	1.6	5.6	1.0	13.5	4.2
Fate, up to God	3.3	1.9	2.1	2.6	13.3	2.3
Other	0.3	0.0	0.2	0.0	0.9	1.4
Unknown	1.9	1.0	1.7	0.7	6.6	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(3586)	(875)	(1925)	(199)	(361)	(226)

TABLE 5-15

BELIZE: Perception of Ideal Time Interval Between Two Children, by Selected Characteristics: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Interval Between Children				Unknown	Total	No. of Cases*
	<2	2<3	3 < 4	>4			
Total	11.7	33.3	26.6	19.8	8.7	100.0	(3568)
Residence							
Urban	10.8	32.1	26.8	21.3	8.9	100.0	(1703)
Rural	12.6	34.3	26.3	18.3	8.4	100.0	(1865)
Education Level							
0-7	14.7	37.4	23.8	14.0	10.2	100.0	(982)
8	9.8	34.6	26.8	20.2	8.5	100.0	(1194)
9+	11.5	29.5	28.1	23.0	7.9	100.0	(1392)
Ethnic Group							
Creole	9.0	32.8	24.8	22.1	11.3	100.0	(868)
Mestizo	10.8	32.0	28.7	21.0	7.6	100.0	(1918)
Garifuna	22.5	26.4	25.0	23.5	2.6	100.0	(199)
Maya/Ketchi	15.3	44.0	22.2	6.8	11.8	100.0	(359)
Other	14.3	33.6	26.1	19.4	6.6	100.0	(224)
Contraceptive Use							
Currently Using	10.4	35.5	28.8	18.9	6.4	100.0	(1534)
Not Using	12.6	31.9	25.2	20.3	10.0	100.0	(2034)

* Excludes 10 case for whom education level is unknown.
* Excludes 27 cases for whom ethnic group is unknown.
* Excludes 8 cases for whom contraceptive use is unknown.

TABLE 5-16

BELIZE: Who Should Decide Whether a Person Should Use a Method of Contraception, by Residence and Marital Status: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Decision Maker	Total	Residence		Marital Status	
		Urban	Rural	Ever Married	Never Married
Both Partners	80.2	84.4	76.2	79.4	81.8
Wife/Partner	9.3	9.9	8.7	8.9	10.0
Husband/Partner	5.0	2.1	7.7	6.3	2.3
Nurse/Doctor/Midwife	0.1	0.0	0.1	0.1	
Other/ Unknown	5.5	3.6	7.3	5.4	5.9
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(3576)	(1703)	(1873)	(2755)	(821)

* Excludes 37 cases for whom marital status is unknown.

TABLE 5-17

BELIZE:Who Should Decide Whether a Person Should Use a Method of Contraception, by Education: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Decision Maker	Total	Education Level		
		0-7	8	9+
Both Partners	80.2	67.6	80.3	88.0
Wife/Partner	9.2	9.4	10.2	8.3
Husband/Partner	5.0	11.9	4.4	1.2
Nurse/Doctor/Midwife	0.1	0.2		
Other/ Unknown	5.5	10.7	5.1	2.5
Total	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(3603)	(992)	(1204)	(1407)

* Excludes 10 cases for whom education level is unknown.

TABLE 5-18

BELIZE: Who Should Decide Whether a Person Should Use a Method of Contraception, by Ethnic Group: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Decision Maker	Total	Ethnic Group				
		Creole	Mestizo	Garifuna	Maya/Ketch	Other
Both Partners	80.3	85.0	82.1	82.1	59.5	79.7
Wife/Partner	9.2	10.6	8.4	13.7	6.2	11.6
Husband/Partner	5.0	1.6	5.6	1.0	13.5	4.2
Nurse/Doctor/Midwife	0.1	0.0	0.1	0.0	0.2	0.0
Other/ Unknown	5.4	2.9	4.0	3.3	20.7	4.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(3586)	(875)	(1925)	(199)	(361)	(226)

* Excludes 27 cases for whom ethnic group is unknown.

CHAPTER 6

KNOWLEDGE. USE AND SOURCE OF CONTRACEPTION

6.1 Introduction

This chapter on Knowledge, Use and Source of Contraception is very comprehensive and explores reasons for use and non-use currently, as well as the desire to use in the future. It covers topics concerning contraceptive methods, knowledge of fertile period, current contraceptive use, and source of contraceptive.

6.2 Knowledge of Contraceptive Methods

Survey findings of women who took part in the study, who have knowledge of contraceptive methods, by method and years of education (cf. Table 6.1) indicate that knowledge of contraceptives in Belize is very high. The knowledge of all contraceptives increases with years of education. The most known method remains Oral contraceptives (92%) notwithstanding the risk of HIV/AIDS, preventable through the proper use of Condoms. However, the knowledge of Condoms as a method increases with years of education. It increases to 85% among these women.

Oral contraceptives (92%) is the most known method followed by injection (88%) and by Condoms (85%). Seventy eight percent (78%) of the women know about Sterilization. The Billings Method is least known at 11%. The Rhythm method is known by 47%, but knowledge of this method increases to 83% among women with more than 13 years of education. There have been changes from the 1991 Family Health Survey. Knowledge of Oral contraceptives is down from 93%; of injection is up from 86%, of Condoms is up from 82%, of sterilization is down from 88%, of Billings is down from 16%, and of Rhythm is down from 53%. The increased knowledge of injectables may reflect increased popularity due to improved contraceptive technologies for this method. Increased knowledge of Condoms may be attributed to increased AIDS prevention measures. Reduced knowledge of sterilization may be a function of decreased access to sterilization services. Reduced knowledge of Billings/Rhythm methods may reflect less emphasis on these less reliable methods.

There is a direct and positive relationship between level of education attained and knowledge of contraceptives. Of those with no education, 81% report knowledge of Oral contraceptives. Knowledge is almost one hundred percent (99.5%) for those with over 13 years of education. Of those with no education, 48% report knowledge of female sterilization. Knowledge of sterilization is 94% for those with over 13 years of education. Of those with no education, 57% report knowledge of Condoms as a method; the rate is 99% for those with over 13 years of education. The corresponding rates are 2% and 35% for reported knowledge of the Billings method.

Table 6.2 indicates that the Oral contraceptive is the most known method among Creole women aged 15-44 (98%), followed by Condoms (97%), injection (92%) and female sterilization (90%). Knowledge of the individual methods of contraception varies among women aged 15-44. The most widely known methods are Orals (92%), injection (88%), Condoms (85%), and sterilization (78%). The least well know methods include the Billings (11%), Withdrawal (32%), diaphragm (31%), and vaginal creams, jellies and foam (32%). Between the 1991 and 1999 surveys, knowledge of some methods decreased among women aged 15-44: Oral contraceptives by 3%, withdrawal by 4%, diaphragm by 8%, the Billings by 6%, and female sterilization by 11%. Knowledge of other methods increased among women aged 15-44: injectables by 2%, and Condoms by 3%. There are no figures to compare use rates for IUDs or Rhythm method.

Table 6.3 shows that knowledge of contraceptive methods is generally higher among English-speaking and Bilingual women (15-44 years), than among Spanish-speaking women, (e.g. Orals 94.8%, English-speaking; Bilingual,95%; and Spanish-speaking, 90%). For female sterilization, the pattern is the same: 86%, English; 82%, Bilingual; and 67%, Spanish. For Condoms: 92%, English; 92%, Bilingual; and 80%, Spanish. Other vaginal methods (including creams, jellies and foam) 41%, English-speaking; 40%, Bilingual; and 17%, Spanish-speaking.

As seen in Table 6.4, contraceptive knowledge is higher in the urban than in the rural areas, regardless of method. Knowledge of Oral contraceptives is higher among urban women aged 15-44 (97% vs. 89%). The same pattern is true for female sterilization (84% vs. 72%), for injections (91% vs. 85%) and for Condoms (94% vs. 77%), and Billings method (14% vs. 8%). The best-known methods, both rural and urban, are Orals, female sterilization, injection and Condoms. The least known are vaginal tablets, other vaginal methods (creams, jellies and foam), diaphragm, withdrawal and Billings. This pattern remains unchanged from the 1991 survey.

6.3 Knowledge of the Fertile Period

Women need to know their fertile period whenever they make use of any of these methods Rhythm, Billings, or Withdrawal, and to know specifically when, during their menstrual cycle, a woman is most likely to conceive. Knowledge of the fertile period is higher among women (aged 15-44) who have ever used these methods ('ever users') than among all the survey respondents (i.e. 33% vs. 21%), according to Table 6.5. The rate is 24% among all urban respondents compared to 34% among urban ever users. For rural survey respondents, the rate is 19% among all rural respondents compared with 33% of rural ever users.

Knowledge is highest among the 30-34 year age group, at 24%, for all respondents, compared with 37% for ever users of the same age. It is also 37% for ever users aged 25-29. This is the highest knowledge rate for the ever users. For the ever married women, among all the respondents, the rate of knowledge is 22%, compared to 33% for ever users. Knowledge of these methods increases with education from 10% for all respondents with 0-7 years of education, to 30% for all respondents with 9 or more years of education. Again, the rates are higher for ever users, rising from 14% for those with 0-7 years of education to 45% for those with over 9 years of education.

Among Belize's various ethnic groups from the whole survey, knowledge of the fertile period is highest among Creole women (24%), and lowest for Maya/Ketchi women (14%). Higher rates are recorded for ever users, following the same pattern: 39% for Creole women; 31% for Mestizos, and 31% for Maya/Ketchi women. The 'other' group records 26% for all respondents, and 42% for ever users. In 1991, knowledge was highest among Garifuna ever users (50%), followed by Mestizo (37%). Knowledge of the fertile period among current users for all respondents is 25%, and among ever users, is 36%. Among those not currently using, knowledge is 19%, and 28% among ever users.

6.4 Current Contraceptive Use

This section covers contraceptive use according to socio-demographic variables typically associated with use: marital status, age, residence, number of living children, education, socioeconomic status (measured by number of amenities found in the household), and work status. In addition, use is examined by ethnic group, principal language spoken in

the household, and religion. With the exception of the first table (6.6), the results presented here focus on the level of use found among women currently married, or living in consensual unions, who are 15 to 44 years of age. In the text and tables, which follow, these women are referred to collectively as "married women".

All currently married women in the survey (aged 15-44) currently using contraceptive methods is 56% (Table 6.7). Of those, the most frequent users speak both English and Spanish (60%), followed by English-speakers (59%), and Spanish speakers (56%). The method most frequently used by English/Spanish-speakers are female sterilization (19%), Orals (16%) and Condoms (8%). For Spanish-speakers, the most frequently used method is female sterilization (20%), followed by Orals (15%), and injection (11%). For English-speakers, the most frequently used method is Orals (18%), followed by female sterilization (17%), and Condoms (11%).

As shown in Table 6.8, the highest percentage of users of contraceptives are Catholics at 58%, followed by Protestants (57%), no professed religion (50%), and other religious adherents (46%). Except for currently married women professing no religion (21%), female sterilization is highest among currently married Catholic women (19%), followed by Protestants (17%). Contraceptive use among currently married Catholic women is highest for Orals (17% vs. 16% for Protestants), injection (9% vs. 6% for Protestants), Rhythm (4% vs. 3% for Protestants), and IUDs (1.7% vs. 1.5% for Protestants)

Condom use is highest among currently married Protestant women (9%). It is 6% for Catholic women. Among currently married Catholic women, there is a reversal in the pattern of contraceptive use since the 1991 survey where the rate was less than that of Protestants (46% Catholic vs. 50% Protestant). The rate for currently married Catholic women in the 1999 survey has now surpassed that of Protestant women (58% for Catholics vs. 57% for Protestants). Currently married women who are currently not using contraceptive methods is 44% of the entire sample. More Protestant, currently married women are not using any contraceptive method (43%) than Catholic women (42%).

Table 6.9 shows that use of contraceptives is higher in urban areas than rural, for all ages (i.e. 62% vs. 52%). Also, use is higher for women at all education levels in both urban and rural areas. The highest percentage of total users falls between the age group of 35-39 years at 65%, and 30-34 years at 59%. The lowest percentage of users falls between the ages of 15-19 at 37%. The highest percentage of total users in urban areas is between the ages of 35-39 (70%). In the rural areas, this

figure is 60%. The lowest percentages are for age group 15-19 with 46% users in urban areas, and 31% in rural areas.

Contraceptive users are most frequent among women with over 9 years of education (65% of total users). The percentage for urban users is 67%, and is 61% for the rural areas. Women with more household amenities (8-10) are highest users of contraceptives (66%), both urban (67%) and rural (64%). Contraceptive use generally rises with more children. The highest rate (67%) of use overall is among women with 4 children. The comparative urban and rural rates here are 77% and 59% respectively. However, the highest percentage of contraceptive use among rural woman is at 60% after 3 children. Among women with 5 or more children, the rate of contraceptive usage tapers off in both rural and urban areas.

Contraceptive use is higher among working than non-working women (63% vs. 54%). Use is higher among urban working and non-working women than among their rural counterparts. However, in both urban and rural settings, working women are more likely to be using contraceptive methods. The rate for urban working women is 65%; it is 60% among rural women.

The percentage of currently married women, presently using contraception is 57% (Table 6.9). The use increases with years of education (e.g. 48% with 0-7 years, 56% with 8 years, and 65% with 9 or more years of education). Use of contraceptives among currently married women increases with age up to age 39 years. It is at 37% for the 15-19 age group, rises to 65% for the 35-39 years old, and then drops to 58% for the 40-44 year group. Among the 35-39 years old, use is lowest (59%) among those women with 0-7 years of education as table 6.10 shows. The highest use (68%) is among women aged 35-39 with eight (8) years of education. But, among women with over 9 years of education, use rises for the 25-29 age group (from 57%--for the previous age group—to 68%). It is highest, however, for the over 9 years of education group for ages 40-44, at 73%.

Among currently married women aged 15-44 years with four (4) or fewer living children, use increases with the number of living children. The percentage of currently married women presently using contraception is 67% with 4 living children, whereas it is 54% with one living child. Use of contraceptives is considerably lower among women with five (5) living children (59%) and those with six (6) living children (50%). It is noted in table 6.10 though, that among women with six (6) or more living children, use of contraceptive is highest for those with nine (9) or more years of education.

Table 6.10 further shows that currently married women with more amenities in the household (8-10), are generally more likely to use contraceptives when they have more years of education (65%, 0-7 years of education, and 69% for women with 9 or more years of education). For all levels of education, currently working women are more likely to use contraceptives than non-working women.

6.5 Reasons for Currently Using Contraception

All current users of contraception were asked whether they were using contraceptives in order to space or to limit births. Of currently married women who had a pregnancy in the last 5 years, 54% are using contraceptives (Table 6.11). Overall, the most frequently used method is Oral contraception at 17%.

Table 6.12 shows that, of currently married women, ages 15-44, currently using contraception, 49% want to *limit* pregnancies; 40% want to *space* pregnancies. The percentage responding are about the same for urban vs. rural women for wanting to space (40% vs. 41%, respectively). More urban women in this group than rural want to limit pregnancies (49% urban vs. 48% rural). Spacing is more important for younger age groups than limiting pregnancies. Limiting pregnancies becomes more important as women age. For example, among the 25-29 year age group, 64% favour contraceptive use for spacing rather than limiting births 30%, while among the 30-34 year age group, 35% favour spacing and 52% favour limiting.

For currently married women with 0 living children, 44% use contraceptives for child spacing, and 8% for limiting pregnancies. The use of contraceptives for spacing decreases from 78% with 1 child, to 16% for currently married women with more than 6 children. On the other hand, the use of contraceptives for limiting pregnancies rises from 8% for currently married women with 0 living children, to 75% for currently married women with more than 6 living children. The use of contraceptives for spacing pregnancies rises with years of education among currently married women from 23% with no education, to 52% with more than 13 years. The rate falls among currently married women using contraceptives to limit pregnancies, as years of education rise (from 57% to 33%). For educated women, spacing is more important than limiting. Limiting is more important than spacing for women with less education.

Table 6.12 further shows that women who use the Rhythm/Billings method of contraception use it mainly for spacing pregnancies (66%) rather than for limiting (30%). This is true for all other methods, except Sterilization, which obviously limits pregnancies.

Currently married Garifuna women are most likely to be using contraceptives to space pregnancies (45%), followed by Mestizos (41%), Creoles (40%), and Maya/Ketchis (33%). Currently married Maya/Ketchi women are most likely to use contraceptives to limit pregnancies (52%), followed by Mestizos, 50%; Creoles, 48%; and Garifuna (40%).

6.6 Characteristic at First Contraceptive Use

The time at which a woman begins to use contraception in her reproductive years is an important factor in how much her fertility will be reduced by using contraception. A woman who begins at a later age, or after having many children, will probably avert fewer unintended births than a woman who begins at a younger age and with fewer children.

The mean number of children for urban women at the time of first use of contraception is 1.2 and 2.1 for rural women (Table 6.13). This table also shows that the mean age for urban women at the time of first use of contraception is 20.8 years. It is 22.7 years for rural women. The more education a woman has, the fewer children she will have at the time of first use of contraception. Women with more than 13 years of education had on average 0.5 children at first contraceptive use as opposed to 3.2 children for women with no education. The table further shows that the less education a woman has, the later her first use of contraception. A woman with no education, tends to start using contraception at 23.6 years of age, whereas those with 13 or more years of education start at 21.1 years of age. An obvious implication of this situation is that teen pregnancies will be higher among females with less education.

Women with fewer amenities begin using contraception after more children (2.8 children with 0-2 amenities), than women with more amenities (1.1 children with 8-10 amenities). Women with fewer amenities (0-2) will begin using contraception at an older age (i.e. 24 years) than women with more amenities (8-10 at age 21).

Similarly, the ethnic group, Creole, with fewest children (1.2) will begin using contraception at the earliest age (21). The Maya/Kekchi have the most children (3.1) and are the oldest (25) at first use. The age of Roman Catholic women, and the number of living

children they have before using contraception, is about the same as for the rest of the population (1.6 cf. 1.7 children, respectively; and, 21.8 years cf. 21.5 years).

For younger women (15-24), first use of contraception is greatest with no children, and decreases with more children (Table 6.14). For older women (35-39) first use is greatest after the first child; and after 4 children for women 40-49 years.

Twenty-four percent of currently married women never used contraception, with 43% of those 15-19 years never using contraceptives. High proportion of non-use is also found among those 20-24, 30-34 and 40-44 years of age.

6.7 Source of Contraception

According to Table 6.15, the most frequent source of contraception is the Pharmacy (43%). In descending order, the next most frequent sources are BFLA (20%), Other/Unknown (15%), Government Facility (12%), Private Facility (7%), and Outside of Belize (3%). Rural women tend to rely on BFLA and Government Facility more than urban women (16% vs. 9%, and 21% vs. 19%, respectively).

Contraceptives provided by Rural Health Nurses employed at Government Facilities at the time of this survey, are supplied by the BFLA. Of rural women, 16% use the Government Facility to obtain contraceptives.

Level of education is an important factor in choice of source of contraceptives (Table 6.16). Pharmacy is used most by those with nine (9) or more years of education 46%, decreasing to 40% for women with 0-7 years of education. BFLA is used most by the group with 0-7 years of education 24%, falling to 18% for women with nine (9) or more years of education. Private facilities are used much less than the other three options (Government, BFLA and Pharmacies).

Table 6.17 indicates that the Pharmacy is used most by Creole (48%) followed by the BFLA. However, the Maya/Ketchi ethnic group use Government and other sources more than either the Pharmacy or the BFLA. BFLA is used most by Garifuna (27%), followed by Creole (24%), and Maya/Kekchi (21%).

According to Table 6.18, most female sterilization is done by Government Facilities (71%) in Belize, while 24% of sterilizations are done outside of Belize. Pharmacy supplies

most of the Orals (60%), followed by BFLA (24%), and Government Facility (9%). BFLA provides the largest percentage of injection (36%), followed by Pharmacy (25%), and Government Facility (22%). Pharmacies provide most of the Condoms to currently married women (85%), followed by BFLA (8%), and Government (4%). Private Facilities provide the largest percentage of IUDs (51%), followed by BFLA (24%), and Government Facility (9%).

6.8 Reasons for Non-Use of Contraception

In the 1999 Family Health Survey, non-users were asked the reasons why they were not currently using contraception. This section covers the reasons given by the respondents and the relationship between the characteristics of non-users and desire to use contraception in the future. Also, for women who want to use a method, the preferred source and method are discussed.

Of married women 15-44 in the survey, 49% report reasons for non-use related to pregnancy, fecundity, and sexual activity (Table 6.19). The other 51% offer other reasons. Of those in the first group, 25% are currently pregnant, 14% had no sexual activity, and 9% desire pregnancy. Almost one percent (0.7%) are infertile. Of those in the second group, most avoid using contraception for fear of side-effects (12%), followed by 9% who did not want to use contraception, and 5% for health reasons.

Also, of those in the first group, 19% in the urban areas are not sexually active, compared to 9% in rural areas. For women from the first group, 27% are rural; 23%, urban. Among rural women, the fear of side effects from use of contraceptives is greater than among urban women (16% vs. 8%). Of those not using contraceptives for religious reasons, 0.4% live in urban areas, and 0% in rural areas. They comprise 0.2% of married women 15-44 years.

Selected reasons for non-use related to pregnancy, fecundity, and sexual activity are higher for women with nine or more years of education than for those with 0-7 years (59% vs. 44%); however, the rate for women with 8 years of education is 42%. Selected reasons for non-use related to other reasons are lower for women with nine or more years of education than for those with 0-7 years (56% vs. 41%). However, the rate for women with 8 years of education is 58%.

The fear of side effects is the more frequently cited reason for non-use of contraception (12%), and is greatest among women with 0-7 years of education (19%), while 'does not want' is greatest among women with 8 years of education (15%). Fear is also high among this same educational group (11%).

The third most frequently cited reason given for non-use of contraceptives is 'health reasons' (5%). This reason is given by 6% of women with 0-7 years and 6% for women with 8 years, but then drops to 4% for women with nine or more years of education. Women not using contraceptives for religious reasons total 0.2% (0.0% at 0-7 years of education; 0.0% at 8 years; and 0.5% for nine or more years of education). Women not using contraceptives because of 'problems with past methods' comprise 0.3% of the sample; they are at 1.2% for women with 0-7 years of education, 0% for higher levels. Women not using contraceptives because 'spouse opposes' are 1% of the sample. The rate is at 2% for women with 0-7 years of education, 1% for women with 8 years, and 0% for women with nine or more years of education.

6.9 Reasons for Discontinued Use of Contraception

Former users of contraception were asked why they discontinued the use of their most recent method.

Table 6.21 shows that the most popular reason why women in the survey discontinued the use of contraceptives is because they desired a pregnancy (33%). The second main reason is because they had or fear side effects (25%). Among those who discontinued the use of contraceptives because of the desire for a pregnancy, most (48%) had been using Condoms. Among those who cited a fear of side effects as their main reason for discontinuing, 33% were using Injectables as the form of contraception. The table also shows that 14% who were using Condoms stopped because they did not like it or want to use it. It is also noted that among those who stopped for Health or Medical reasons, 12% were using Injectables. Only 2% claimed that they discontinued because they could not afford it, and these were using either Orals or Injectables.

6.10 Desire to Use Contraception in the Future

Table 6.22 shows that among the current nonusers who desire to use a method of contraception in the future, 35% cited the use of Injectables as the method they would use. Of

these, 26% are from the urban areas and 42% are rural. The second most popular method for future use is Orals (27%). Here, 34% of the women are from the urban areas compared with 22% from the rural areas. Rhythm/Billings, Vaginal Methods and Condoms are among the least preferred methods for future use, as table 6.22 shows. With respect to the source of purchase of contraceptives in the future, 31% will obtain their supplies from the government facilities, while 31% will get them from the BFLA. In both cases, most of the women reside in the rural areas.

The desire to use contraceptives in the future is greatest among those 20-24 years old (59%). The 15-19 age group are the second most interested (52%). The rate declines from those aged 25 to 44, (47% to 13%). The desire to use contraceptives in the future is highest after two children (50%), and after three children (48%). After one child, the desire is at 45%. The desire generally declines to women with six or more children (38%). However, 29% of currently married women with five living children desire to use contraceptives. Desire to use contraceptives in the future among women with 0-7 years of education and among those with 8 years of education is 40%, The desire is 48% among women with nine or more years of education. Desire to use contraceptives in the future is highest among Mestizo women (45%), followed by Creoles (44%), Garifuna (39%), and Maya/Kekchi women (33%).

6.11 Summary

Knowledge of contraception remains high in Belize since 92% of women aged 15-44 years has knowledge of at least one method. Nevertheless, wide variations of knowledge of individual methods exist. Orals, Female Sterilization and Injection are the best known method; Diaphragm, Withdrawal and Billings are the least known methods.

Knowledge of the fertile period is highest among the 30-34 year age group. Knowledge of the fertile period increases with years of education.

At the time of the survey, 38% of married women were using a contraceptive method. The most prevalent methods are Female Sterilization, Orals, and Injection. Generally, use of contraceptive increases with years of education and with higher social and economic levels. Most respondents use contraceptives to limit pregnancies rather than for child spacing. Women with fewer children use contraceptives more for spacing. For younger women, the first use of contraception is greatest with no children, and decreases with more. The

pharmacy is the most frequent source of contraceptives, followed by the Belize Family Life Association and then by Government Facility.

The most prevalent reasons for non-use of contraceptive are related to pregnancy, fecundity and sexual activity.

TABLE 6-1

BELIZE: Knowledge of Contraceptive Methods, by Method and Years of Education:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Contraceptive Method	Total	Years of Education				
		None	1-7	8	9-12	13+
Orals	91.8	80.9	82.6	91.5	97.5	99.5
Female Sterilization	77.6	48.0	64.0	76.3	87.0	93.7
Injection	87.9	78.8	80.9	88.0	92.4	92.6
Condoms	85.4	56.8	69.1	85.6	96.0	98.7
IUD	62.0	27.2	45.7	59.6	71.2	90.2
Rhythm	46.9	17.9	29.7	39.8	58.3	83.3
Male Sterilization	43.0	12.6	22.2	34.8	57.1	83.9
Vaginal Tablets	29.7	11.1	12.6	23.0	40.5	62.9
Other Vaginal Methods**	31.8	6.6	11.6	23.7	44.6	72.5
Diaphragm	31.1	7.1	7.0	17.8	49.5	80.8
Withdrawal	31.6	9.3	11.7	23.2	43.6	73.6
Billings	10.6	1.6	3.6	5.9	13.5	35.3
No. of Cases* (Unweighted)	(3603)	(146)	(846)	(1204)	(1026)	(381)

* Excludes 10 cases for whom years of education is unknown.
** Includes creams, jellies, and foam.

TABLE 6-2

BELIZE:Knowledge of Contraceptive Method, by Method and Ethnic Group: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Contraceptive Method	Total	Ethnic Group				
		Creole	Mestizo	Garifuna	Maya/Ketch	Other***
Orals	91.8	97.5	92.4	96.7	69.9	96.8
Female Sterilization	77.5	90.7	74.9	89.8	46.0	86.6
Injection	88.0	92.0	89.2	86.7	69.1	95.1
Condoms	85.4	96.5	86.0	97.9	42.8	96.1
IUD	62.1	74.4	60.8	70.6	22.0	82.1
Rhythm	47.0	55.8	47.7	48.3	19.5	50.6
Male Sterilization	43.1	54.2	42.0	49.8	13.4	49.9
Vaginal Tablets	29.7	41.3	26.6	35.8	8.0	38.7
Other Vaginal Methods**	31.7	44.5	27.9	44.3	5.9	41.8
Diaphragm	31.0	47.1	24.5	44.0	8.1	44.5
Withdrawal	31.5	46.8	26.1	42.2	6.5	45.4
Billings	10.5	15.5	9.1	14.8	0.8	13.0
No. of Cases* (Unweighted)	(3586)	(875)	(1925)	(199)	(361)	(226)

* Excludes 27 cases for whom ethnic group is unknown.

** Includes creams, jellies, and foam.

*** Primarily includes East Indians, Asians, and those of European Ancestry.

TABLE 6-3

BELIZE: Knowledge of Contraceptive Methods, by Method and Language Spoken: Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Contraceptive Method	Total	Language Spoken			
		English	Spanish	English/ Spanish	Other
Orals	91.8	94.8	89.9	95.0	74.6
Female Sterilization	77.6	86.4	67.9	82.4	55.8
Injection	87.9	90.3	87.2	91.0	69.2
Condoms	85.4	91.5	79.6	91.8	57.3
IUD	62.0	70.4	51.1	70.6	35.1
Rhythm	46.9	50.7	38.1	58.1	26.6
Male Sterilization	43.1	49.6	29.8	54.8	24.7
Vaginal Tablets	29.7	37.6	17.9	35.7	17.0
Other Vaginal Methods**	31.8	41.1	17.2	40.1	15.6
Diaphragm	31.1	43.5	11.2	40.1	17.6
Withdrawal	31.6	42.3	14.9	39.5	16.9
Billings	10.6	13.4	4.8	14.9	5.0
No. of Cases (Unweighted)	(3613)	(1269)	(1171)	(896)	(277)

** Includes creams, jellies, and foam.

TABLE 6-4

BELIZE: Knowledge of Contraceptive Method, by Method and Residence
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Contraceptive Method	Total	Residence	
		Urban	Rural
Orals	91.8	96.6	87.3
Female Sterilization	77.6	84.0	71.5
Injection	87.9	91.0	85.1
Condoms	85.4	94.2	77.2
IUD	62.0	71.7	53.0
Rhythm	46.9	52.4	41.8
Male Sterilization	43.1	49.7	36.9
Vaginal Tablets	29.7	36.0	23.9
Other Vaginal Methods**	31.8	39.6	24.4
Diaphragm	31.1	40.1	22.7
Withdrawal	31.6	40.6	23.1
Billings	10.6	13.5	7.8
No. of Cases (Unweighted)	(3613)	(1729)	(1884)

** Includes creams, jellies and foam.

TABLE 6-5

BELIZE: Women Who Have Ever Used Rhythm, Billing, or Withdrawal With Correct Knowledge of When During the Menstrual Cycle a Woman is Most Likely to Get Pregnant: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	All Respondents*		Ever Users of Rhythm, Billings or Withdrawal	
Total	21.1	(3568)	33.4	(389)
Residence				
Urban	23.6	(1703)	33.6	(197)
Rural	18.7	(1865)	33.2	(192)
Age				
15- 19	18.0	(712)	**	(22)
20-24	21.9	(663)	28.0	(80)
25-29	21.3	(696)	36.8	(73)
30-34	24.1	(655)	36.8	(101)
35-39	23.1	(492)	29.9	(75)
40-44	20.6	(350)	31.4	(38)
Ever Married				
Ever Married	21.8	(2720)	33.1	(376)
Never Married	19.3	(813)	**	(8)
Unknown	25.8	(35)	**	(5)
Education Level				
0-7	10.1	(982)	13.6	(55)
8	18.6	(1194)	19.6	(107)
9+	30.0	(1392)	44.5	(227)
Ethnic Group				
Creole	24.1	(868)	38.6	(108)
Mestizo	19.2	(1918)	31.1	(195)
Garifuna	30.9	(199)	17.6	(26)
Maya/Ketchi	13.9	(359)	31.2	(29)
Other	26.3	(224)	41.8	(31)
Contraceptive Use				
Currently Using	25.0	(1534)	35.5	(294)
Not Using	18.7	(2034)	27.7	(95)

* Excludes 10 cases for whom education level is unknown.
* Excludes 8 cases for whom contraceptive use is unknown.
* Excludes 27 cases for whom ethnic group is unknown.
** Less than 25 cases.

TABLE 6-6

BELIZE: Current Contraceptive Use, by Method and Marital Status:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Current Use and Method	Total	Marital Status			
		Married/ In Union	Sep./ Div./ Widowed	Visiting Partner	Not in Union
Currently Using	37.5	56.1	**	56.8	6.8
Female Sterilization	11.1	18.0	**	5.4	1.9
Orals	11.0	15.6	**	23.5	1.9
Injection	4.7	7.6	**	4.8	0.4
Rythym/ Billings	2.0	3.5	**	0.6	0.2
Condoms	5.7	6.6	**	19.0	2.1
IUD	0.9	1.5	**	1.3	0.1
Other	2.1	3.3	**	2.3	0.2
Not Currently Using	62.5	43.9	42.6	43.2	93.2
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(3596)	(2353)	(6)	(197)	(1040)

* Excludes 7 cases for whom contraceptive use is unknown.
* Excludes 10 cases for whom marital status is unknown.
** Less than 25 cases.

TABLE 6-7

BELIZE: Current Contraceptive Use, by Method and Language Spoken:
Currently Married Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Current Use and Method	Total	Language Spoken			
		English	Spanish	English/ Spanish	Other
Currently Using	56,1	58,7	55.6	59.9	36.0
Female Sterilization	18.0	17.2	20.1	18.5	10.3
Orals	15.6	17.6	15.2	16.2	6.9
Injection	7.6	5.4	10.8	7.3	4.4
Rythym/ Billings	3.5	2.9	2.1	6.6	3.1
Condoms	6.6	11.2	2.4	7.5	2.6
IUD	1.5	1.3	1.5	1.7	1.5
Other	3.3	3.0	3.5	2.1	7.2
Not Currently Using	43,9	41.3	44.4	40.1	64,0
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(2353)	(748)	(867)	(556)	(182)

* Excludes 5 cases for whom current primary contraceptive method is unknown.

TABLE 6-8

BELIZE: Current Contraceptive Use, by Method and Religion:
Currently Married Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Current Use and Method	Total	Religion			
		Catholic	Protestant	None	Other
Currently Using	56.1	58.3	57.0	50.1	46.3
Female Sterilization	18.0	19.0	16.7	20.9	14.6
Orals	15.6	16.6	16.0	14.3	9.3
Injection	7.6	9.0	6.0	5.9	7.5
Rythym/ Billings	3.5	4.4	2.5	1.4	3.3
Condoms	6.6	6.0	9.0	3.6	4.6
IUD	1.5	1.7	1.5	0.8	1.2
Other	3.3	1.7	5.4	3.3	5.8
Not Currently Using	43.9	41.7	43.0	49.9	53.7
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(2344)	(1225)	(734)	(187)	(198)

* Excludes 5 cases for whom current primary contraceptive method is unknown.
* Excludes 9 cases for whom religion is unknown.

TABLE 6-9

BELIZE: Current Contraceptive Use, by Residence and Selected Characteristics: Currently Married Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Total*		Residence			
			Urban		Rural	
Total	56.5	(2350)	62.1	(1049)	52.0	(1301)
Age						
15-19	37.3	(153)	45.5	(66)	31.0	(87)
20-24	50.9	(405)	60.0	(190)	42.8	(215)
25-29	57.0	(547)	62.1	(240)	53.1	(307)
30-34	58.5	(547)	60.8	(245)	56.6	(302)
35-39	64.7	(417)	69.7	(198)	60.3	(219)
40-44	57.7	(281)	64.5	(110)	53.2	(171)
Education Level	48.2	(769)	56.3	(208)	45.3	(561)
0-7						
8	56.4	(817)	58.6	(338)	54.9	(479)
9+	64.8	(764)	66.8	(503)	60.9	(261)
Household Amenities	31.6	(288)	**	(22)	31.2	(266)
0-2						
3-7	56.8	(1376)	58.7	(554)	55.5	(822)
8- 10	66.3	(686)	67.2	(473)	64.3	(213)
No. of Living Children						
0	29.0	(231)	33.9	(124)	23.4	(107)
1	53.6	(392)	57.4	(223)	48.5	(169)
2	60.9	(506)	64.4	(239)	57.7	(267)
3	65.3	(404)	72.2	(176)	60.1	(228)
4	66.8	(310)	76.7	(133)	59.3	(177)
5	59.1	(186)	70.1	(67)	52.9	(119)
6+	50.2	(321)	58.6	(87)	47.0	(234)
Working Status						
Working	62.6	(617)	64.6	(356)	59.8	(261)
Not working	54.3	(1733)	60.8	(693)	50.0	(1040)

* Excludes 4 cases for whom education level is unknown.

* Excludes 4 cases for whom work status is unknown.

** Less than 25 cases.

TABLE 6-10

BELIZE: Current Contraceptive Use, by Years of Education and Selected Characteristics: Currently Married Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Total*		Education Level					
			0-7		8		9+	
Total	56.5	(2350)	48.2	(769)	56.4	(817)	64.8	(764)
Age								
15-19	37.3	(153)	19.6	(51)	38.3	(60)	57.1	(42)
20-24	50.9	(405)	45.4	(119)	48.0	(127)	57.2	(159)
25-29	57.0	(547)	46.1	(167)	54.0	(174)	68.4	(206)
30-34	58.5	(547)	49.0	(194)	62.8	(180)	64.7	(173)
35-39	64.7	(417)	59.1	(132)	67.7	(167)	66.9	(118)
40-44	57.7	(281)	53.8	(106)	52.3	(109)	72.7	(66)
No. of Living Children								
0	29.0	(231)	7.1	(42)	28.7	(87)	38.2	(102)
1	53.6	(392)	35.4	(79)	46.7	(120)	65.3	(193)
2	60.9	(506)	52.6	(133)	62.2	(172)	65.2	(201)
3	65.3	(404)	59.1	(132)	63.7	(135)	73.0	(137)
4	66.8	(310)	59.5	(121)	67.7	(124)	78.5	(65)
5	59.1	(186)	50.0	(88)	63.1	(65)	75.8	(33)
6+	50.2	(321)	43.7	(174)	54.4	(114)	69.7	(33)
No. of Household Amenities								
0-2	31.6	(288)	26.9	(186)	38.8	(85)	**	(17)
3-7	56.8	(1376)	53.6	(509)	56.9	(517)	61.1	(350)
8-10	66.3	(686)	64.9	(74)	62.3	(215)	68.8	(397)
Working Status								
Working	62.6	(617)	54.0	(124)	57.0	(151)	68.1	(342)
Not working	54.3	(1733)	47.1	(645)	56.3	(666)	62.1	(422)

* Excludes 4 cases for whom education level is unknown.

* Excludes 4 cases for whom work status is unknown.

** Less than 25 cases.

TABLE 6-11

BELIZE: Current Contraceptive Use, by Method and Planning Status of Last Pregnancy
Currently Married Women Aged, 15-44
Who Had a Pregnancy in the Last 5 Years
1999 Family Health Survey
(Percent Distribution)

Current Use and Method	Total	Planning Status			
		Planned	Mistimed	Unwanted	Unknown
Currently Using	53.9	52.8	54.8	63.8	42.3
Female Sterilization	11.3	10.2	10.1	21.3	7.9
Orals	16.9	16.8	17.2	17.1	17.0
Injection	9.9	9.6	10.8	11.1	9.0
Rythym/ Billings	3.9	4.4	2.9	2.6	0.0
Condoms	6.5	6.6	7.0	6.1	1.9
IUD	1.5	1.6	2.0	0.6	2.2
Other	3.9	3.5	4.8	5.1	4.2
Not Currently Using	46.1	47.2	45.2	*36.2*	57.7
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1404)	(1026)	(211)	(127)	(40)

* Excludes 2 cases for whom contraceptive use is unknown.

TABLE 6-12

BELIZE: Reasons for Currently Using Contraception, by Selected Characteristics: Currently Married Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Space Pregnancies	Limit Pregnancies	Other	Total	No. of Cases* (Unweighted)
Total	40.4	48.5	11.1	100.0	(1294)
Residence					
Urban	40.2	49.2	10.6	100.0	(633)
Rural	40.6	47.9	11.6	100.0	(661)
Age					
15-19	64.6	19.0	16.4	100.0	(57)
20-24	65.8	23.0	11.2	100.0	(204)
25-29	63.5	29.9	6.5	100.0	(302)
30-34	35.3	53.7	11.0	100.0	(310)
35-39	24.6	65.2	10.2	100.0	(264)
40-44	12.3	71.3	16.4	100.0	(157)
No. of Living Children					
0	43.8	8.4	47.8	100.0	(67)
1	78.0	15.8	6.2	100.0	(209)
2	52.9	39.6	7.5	100.0	(301)
3	33.9	54.8	11.3	100.0	(256)
4	28.4	62.3	9.3	100.0	(199)
5	24.5	63.0	12.5	100.0	(109)
6+	16.3	75.3	8.3	100.0	(153)
Years of Education					
None	22.8	57.4	19.8	100.0	(51)
1-7	34.7	56.3	9.0	100.0	(311)
8	37.1	52.0	10.9	100.0	(448)
9-12	48.1	41.4	.10.5	100.0	(343)
13+	51.5	33.3	15.2	100.0	(141)

TABLE 6-12 continued

BELIZE: Reasons for Currently Using Contraception, by Selected Characteristics:
Currently Married Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Space Pregnancies	Limit Pregnancies	Other	Total	No. of Cases* (Unweighted)
Current Method					
Female Sterilization	1.0	79.2	19.8	100.0	(369)
Orals	65.5	30.0	4.5	100.0	(392)
Injection	53.9	43.8	2.3	100.0	(189)
Rythym/ Billings	66.0	31.0	3.0	100.0	(80)
Condoms	44.5	32.5	23.0	100.0	(148)
IUD	63.5	36.5	0.0	100.0	(44)
Other	54.1	39.5	6.5	100.0	(72)
Ethnic Group					
Creole	40.0	48.0	12.0	100.0	(294)
Mestizo	40.8	49.9	9.3	100.0	(770)
Garifuna	44.8	39.7	15.5	100.0	(53)
Maya/Ketchi	33.0	51.7	15.3	100.0	(80)
Other	41.8	43.0	15.1	100.0	(97)

* Excludes 2 cases for whom years of education is unknown.
* Excludes 12 cases for whom ethnic group is unknown.
* Excludes 25 cases for whom reason for currently using contraception is unknown.

TABLE 6-13

BELIZE: Mean Age and Mean Number of Children at Time of First Contraceptive Use: Women Aged 15-44 Who Have Ever Used Contraception 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Mean No. Children	Mean Age	No. of Cases* (Unweighted)
Residence			
Urban	1.2	20.8	(1104)
Rural	2.1	22.7	(1009)
Years of Education			
None	3.2	23.6	(74)
1-7	2.7	23.4	(455)
8	1.8	21.8	(707)
9-12	1.0	20.4	(615)
13+	0.5	21.1	(262)
Household Amenities			
0-2	2.8	23.7	(147)
3-7	1.9	22.0	(1230)
8-10	1.1	20.9	(736)
Ethnic Group			
Creole	1.2	20.5	(572)
Mestizo	1.8	22.3	(1135)
Garifuna	1.6	20.7	(126)
Maya/Ketchi	3.1	24.5	(119)
Other	1.0	20.7	(161)
Religion			
Roman Catholic	1.6	21.8	(1124)
Other	1.7	21.5	(989)
Total	1.6	"21.7	(2113)

* Excludes 4 cases for whom years of education is unknown.
* Excludes 19 cases for whom ethnic group is unknown.
* Excludes 3 cases for whom religion is unknown.

TABLE 6-14

BELIZE: Number of Living Children at Time of First Contraceptive Use According to Actual Age: Ever Married Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Actual Age	No. of Children at First Use					Never Used	Total	No. of Cases* (Unweighted)
	0	1	2	3	4+			
Total	24.0	23.7	10.7	5.6	12.3	23.7	100.0	(2712)
15-19	34.8	19.3	3.2	0.0	0.0	42.6	100.0	(201)
20-24	35.5	26.7	6.3	3.4	1.1	27.0	100.0	(491)
25-29	23.4	31.9	12.5	7.1	6.7	18.4	100.0	(613)
30-34	24.6	20.2	11.2	6.2	15.6	22.4	100.0	(611)
35-39	17.4	25.4	13.2	8.2	18.0	17.8	100.0	(463)
40-44	11.9	15.0	14.7	6.1	28.3	23.9	100.0	(333)

* Excludes 31 cases for whom number of children at first use is unknown.

TABLE 6-15

BELIZE: Source of Contraception by Residence:
Women Aged 15-44 Currently Using Contraception
1999 Family Health Survey
(Percent Distribution)

Source of Contraception	Total	Residence	
		Urban	Rural
Government Facility	12.3	8.7	16.3
BFLA	19.9	19.2	20.6
Pharmacy	42.6	50.8	33.9
Private Facility	7.4	8.6	6.0
Outside of Belize	2.9	1.5	4.5
Other/Unknown	14.8	11.2	18.6
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(930)	(457)	(473)

TABLE 6-16

BELIZE: Source of Contraception by Year of Education:
Currently Married Women Age 15-44 Currently Using Contraception
1999 Family Health Survey
(Percent Distribution)

Source of Contraception	Total	Education Level		
		0-7	8	9+
Government Facility	12.4	14.9	15.6	8.2
BFLA	19.9	24.2	20.0	17.6
Pharmacy	42.7	40.2	40.5	45.8
Private Facility	7.4	4.6	6.9	9.2
Outside of Belize	2.9	2.9	1.9	3.7
Other/Unknown	14.8	13.2	15.2	15.4
Total	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(929)	(227)	(312)	(390)

* Excludes 1 case for whom education level is unknown.

TABLE 6-17

BELIZE: Source of Contraception by Ethnicity
Currently Married Women Age 15-44 Currently Using Contraception
1999 Family Health Survey
(Percent Distribution)

Source of Contraception	Total	Ethnic Group				
		Creole	Mestizo	Garifuna	Maya/Ketchi	Other
Government Facility	12.1	7.8	13.2	3.2	26.1	15.8
BFLA	19.7	24.0	17.4	27.4	20.8	14.8
Pharmacy	42.9	47.5	42.1	39.9	22.0	50.1
Private Facility	7.5	7.5	8.9	2.2	3.5	4.4
Outside of Belize	3.0	0.6	5.1	0.0	0.0	0.0
Other/Unknown	14.9	12.6	13.3	27.3	27.6	14.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(921)	(217)	(538)	(47)	(50)	(69)

* Excludes 9 cases for whom ethnic group is unknown.

TABLE 6-18

BELIZE: Source of Contraception for Methods Requiring Resupply or Surgical Intervention:
Currently Married Women Age 15-44 Currently Using Contraception
1999 Family Health Survey
(Percent Distribution)

Source of Contraception	Total	Current Primary Contraceptive Method					
		Female Sterilization	Orals	Injection	Condoms	IUD	Other
Government Facilities	32.2	70.9	8.8	22.3	4.3	8.7	12.8
BFLA	14.2	0.0	23.6	35.8	8.0	23.5	3.2
Pharmacy/Drugstore	30.4	0.0	59.8	25.1	85.4	0.0	6.7
Private Facilities	6.9	4.9	4.5	13.2	0.4	51.4	3.6
Outside of Belize	10.3	23.5	3.3	3.1	1.3	16.4	3.6
Other/unknown	6.0	0.6	0.0	0.4	0.6	0.0	70.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases (Unweighted)	(1177)	(385)	(383)	(184)	(130)	(44)	(51)

TABLE 6-19

BELIZE: Reasons for Not Currently Using Contraception
Currently Married Women Age 15-44 Not Currently Using Contraception
1999 Family Health Survey (Percent Distribution)

Reasons for Nonuse	Total	Residence	
		Urban	Rural
Reasons Related to Pregnancy, Fecundity, and Sexual Activity	**49.0**	**54.2**	**43.9**
Currently Pregnant	25.1	23.1	27.1
Desires Pregnancy	9.2	11.3	7.1
Not Sexually Active	14.0	18.7	9.4
Infertile	0.7	1.0	0.3
Otter Reasons	**51.0**	**45.8**	**56.1**
Had or Fear Side Effects	12.0	7.9	16.1
Does Not Want	9.1	9.7	8.5
Lacks Knowledge of Methods	0.5	0.0	1.0
Health Reasons	5.0	4.6	5.5
Lacks Money	1.4	0.7	2.1
Spouse Opposes	0.9	0.9	0.9
Embarrassed to Use	0.1	0.0	0.3
Religious Reasons	0.2	0.4	0.0
Advanced Age	1.8	2.7	1.0
Problems with Past Methods	0.3	0.0	0.7
Other	16.0	15.3	16.7
Unknown	3.5	3.7	3.4
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(492)	(234)	(258)

TABLE 6-20

BELIZE: Reasons for Not Currently Using Contraception, by Years of Education: Currently Married Women Age 15-44 Not Currently Using Contraception 1999 Family Health Survey (Percent Distribution)

Reasons for Nonuse	Total	Education Level		
		0-7	8	9+
Reasons Related to Pregnancy, Fecundity, and Sexual Activity	**49.0**	**44.3**	**42.3**	**58.6**
Currently Pregnant	25.1	27.9	21.9	26.0
Desires Pregnancy	9.2	6.7	8.4	11.7
Not Sexually Active	14.0	9.2	11.5	19.9
Infertile	0.7	0.5	0.5	0.9
Other Reasons	**51.0**	**55.7**	**57.7**	**41.4**
Had or Fear Side Effects	12.0	19.2	11.4	7.2
Does Not Want	9.1	4.3	14.7	7.5
Lacks Knowledge of Methods	0.5	0.6	1.0	0.0
Health Reasons	5.0	5.5	6.2	3.6
Lacks Money	1.4	3.7	1.0	0.0
Spouse Opposes	0.9	2.0	1.0	0.0
Embarrassed to Use	0.1	0.5	0.0	0.0
Religious Reasons	0.2	0.0	0.0	0.5
Advanced Age	1.8	2.4	1.5	1.8
Problems with Past Methods	0.3	1.2	0.0	0.0
Other	16.0	10.8	17.9	18.2
Unknown	3.5	5.5	3.0	2.6
Total	100.0	100.0	100.0	100.0
No. of Cases (Unweighted)	(492)	(148)	(167)	(177)

TABLE 6-21

BELIZE: Reasons Stopped Using Contraception, by Last Method Used: Currently Married Women Age 15-44 Who Had Used Contraception in the Past but are not Currently Using 1999 Family Health Survey (Percent Distribution)

Reasons Stopped Using Contraception	Total	Last Method Used			
		Orals	Injection	Condoms	Other
Desires Pregnancy	32.9	31.4	24.4	48.1	39.7
Had or Fears Side Effects	24.7	26.1	33.4	10.0	16.7
Does not Like or Want to Use	8.7	9.7	5.0	13.8	6.4
Method Not Effective	1.5	1.2	0.0	2.6	4.4
Health or Medical Reasons	8.6	8.3	12.1	1.3	10.5
Not Sexually Active	3.9	2.7	6.2	4.9	2.9
Lack of Money	1.8	2.6	2.1	0.0	0.0
Far Distance Source	0.3	0.3	0.7	0.0	0.0
Other	14.5	14.2	12.2	16.8	18.1
Unknown	3.2	3.5	3.8	2.5	1.2
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(487)	(254)	(113)	(58)	(62)

* Excludes 5 cases for whom method used when stopped using contraception is unknown.

TABLE 6-22

BELIZE: Nonusers Who Desire to Use a Method in the Future, by Method of Choice and Source Where Method Would be Obtained, by Residence: Currently Married Women Age 15-44 1999 Family Health Survey (Percent Distribution)

Method of Choice	Total	Residence	
		Urban	Rural
Orals	26.8	33.7	21.8
Female Sterilization	22.5	22.0	22.8
Injection	35.4	26.2	42.1
IUD	6.0	7.6	4.9
Rhythm/Billings	2.9	3.4	2.6
Vaginal Methods	0.5	1.2	0.0
Condoms	2.1	1.7	2.4
Other	0.5	0.0	0.9
Unknown	3.2	4.1	2.5
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(346)	(137)	(209)
Source Where Method Would be Obtained			
Government Facilities	30.5	21.5	37.2
BFLA	31.0	30.7	31.3
Pharmacy/Drugstore	21.0	29.1	15.0
Private Facilities	14.4	18.3	11.6
Other	3.0	0.5	4.9
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(346)	(137)	(209)

* Excludes 3 cases for whom source of contraception is unknown.

CHAPTER 7

WOMEN IN NEED OF FAMILY PLANNING SERVICES

7.1 Introduction

This chapter focuses on those women who are in need of family planning services. In the chapter, the various socioeconomic characteristics of those women who are most in need of these services are highlighted. Differences in need by age, residence and years of education of the woman are some of the key issues discussed here.

7.2 Characteristics of Women in Need of Family Planning Services

Of the total married fecund women, who are not presently desiring pregnancy, 59% are using a contraceptive (Table 7.1). The most prevalent methods in order of choice are orals (24%), injectables (12%), condoms (10%) and Rhythm/Billing method (5%). While the proportion using a contraceptive is much greater among urban women (66%) than rural women (53%), the method of choice remains in the same order and in about the same proportion.

The same also applies to those married fecund women who say they want no more children. Fifty three percent (53%) are currently using a method, with urban women being more likely to do so (62%) than rural women (46%). However, as with those who do not at present desire pregnancy, the order of choice is the same and again in about the same proportion (Table 7.2).

Fifteen percent of the women interviewed are in need of family planning services. This need is greatest among women in a union (21%), women with 4 or more children, over 20%, women with less than 7 years of primary education, over 20% and Garifuna women, 27%. In every case mentioned, the need is substantially greater among women in the rural areas. While there is no clear pattern of need by age group, it appears that the need is greater among women 30 years old and over and as before greater among rural women of that age (Table 7.3).

Of the women who are in need of Family Planning Services, 47% have used a method of contraception before, while 46% desire to use a method in the future. While more urban women (54%) than rural women (46%) have used a method, the proportion desiring to use a

method in the future is the same (46%) (Table 7.5). There is not much difference in the proportion of ever married women who used a contraceptive and who desire to use one in the future.

However, there are significant differences by age group and number of children. Women 15 to 19 years show greater desire to use a contraceptive method (61%) than those who have ever used one (24%). The same can be said of women 20 to 24 years, although the difference is not as great, 69% as against 49%. Beyond 24 years, the desire to use a contraceptive method declines, and it becomes progressively lesser than the proportion that ever used one.

The same pattern applies when the number of living children is taken into account, although this is predictable given the correlation between age and the number of children ever had. After 3 children, the desire to use a contraceptive is lesser than past use. The desire to use is less than past use among all the ethnic groups, even though the proportion is highest among Creole women, 65% ever using a method as against 55% desiring to use one (Table 7.5).

7.3 Summary

Most women need family planning services for purposes of child spacing. More women in unions require family planning services than those never in a union. The need for family planning services is greater among rural women than among urban women. The greatest need occurs among women of the age group 20-24 years, as well as among women with fewer years of education. By Ethnicity, the greatest need for family planning services is among the Maya/Kekchi ethnic group, followed by the Garifuna and Mestizo ethnic groups. Also, those women who have six (6) or more children have the greatest need for these services.

TABLE 7-1

BELIZE: Contraceptive Use by Method and Residence:
Currently Married Fecund Women Aged 15-44
Not Desiring a Pregnancy Who Are Using Contraceptives,
1999 Family Health Survey
(Percent Distribution)

Current Use and Method	Total	Residence	
		Urban	Rural
Currently Using	**58.9**	**65.9**	**53.0**
Orals	24.1	29.1	20.0
Injection	12.2	13.6	11.0
Rythym/ Billings	5.1	5.3	4.9
Condoms	10.2	13.0	8.0
IUD	2.2	2.2	2.3
Other	5.0	2.7	6.9
Not Currently Using	**41.1**	**34.1**	**47.0**
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1386)	(604)	(782)

* Excludes sterilized women and women who said they were either subfecund or menopausal.
* Excludes 3 cases for whom contraceptive use is unknown.

TABLE 7-2

BELIZE: Contraceptive Use by Method and Residence: Currently Married Fecund Women Aged 15-44 Wanting No More Children Who Are Using Contraceptives, 1999 Family Health Survey (Percent Distribution)

Current Use and Method	Total	Residence	
		Urban	Rural
Currently Using	**52.8**	**62.1**	**45.8**
Orals	20.6	25.2	17.1
Injection	11.4	13.0	10.3
Rythym/ Billings	5.1	6.0	4.5
Condoms	9.1	12.9	6.2
IUD	2.0	2.5	1.7
Other	4.5	2.5	6.0
Not Currently Using	**47.2**	**37.9**	**54.2**
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(945)	(387)	(558)

* Excludes sterilized women and women who said they were either subfecund or menopausal.
* Excludes 2 cases for whom contraceptive use is unknown.

TABLE 7-3

BELIZE: In Need of Family Planning Services, by Selected Characteristics:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Total		Residence			
			Urban		Rural	
Total	14.5	(3540)	11.2	(1683)	17.6	(1857)
Marital Status						
Currently in Union	20.8	(2334)	16.2	(1039)	24.5	(1295)
Formerly in union	5.6	(392)	6.6	(256)	3.7	(136)
Never in union	1.0	(814)	1.0	(388)	0.9	(426)
Age						
15-19	8.4	(705)	6.2	(325)	10.3	(380)
20-24	15.7	(655)	13.8	(318)	17.5	(337)
25-29	15.5	(689)	12.2	(328)	18.6	(361)
30-34	17.4	(649)	12.5	(313)	22.0	(336)
35-39	15.1	(491)	9.9	(242)	20.1	(249)
40-44	16.8	(351)	14.0	(157)	19.1	(194)
No. of Living Children						
0	3.3	(1046)	2.9	(516)	3.6	(530)
1	16.3	(540)	13.4	(314)	20.4	(226)
2	18.2	(584)	15.6	(294)	20.7	(290)
3	15.6	(467)	12.1	(215)	18.7	(252)
4	21.2	(353)	15.8	(158)	25.6	(195)
5	16.6	(205)	10.1	(79)	20.6	(126)
6+	30.4	(345)	25.2	(107)	32.8	(238)
Years of Education						
None	23.8	(143)	14.9	(47)	28.1	(96)
1-7	21.2	(838)	21.3	(225)	21.2	(613)
8	15.3	(1193)	13.3	(503)	16.8	(690)
9- 12	9.8	(1001)	8.6	(649)	11.9	(352)
13+	6.0	(365)	4.2	(259)	10.4	(106)
Ethnic Group						
Creole	10.9	(855)	8.8	(555)	14.7	(300)
Mestizo	1.4.6	(1913)	12.4	(814)	16.2	(1099)
Garifuna	14.5	(193)	14.6	(144)	14.3	(49)
Maya/Ketchi	26.7	(359)	16.7	(42)	28.1	(317)
Other	8.6	(220)	8.6	(128)	8.7	(92)

* Excludes 37 cases for whom marital status is unknown.
* Excludes 10 cases for whom education level is unknown.
* Excludes 27 cases for whom ethnic group is unknown.

TABLE 7-4

BELIZE: In Need of Family Planning Services,
by Residence and Selected Characteristics
Women, Aged 15 - 44,
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Total*		Residence	
			Urban	Rural
Total	100.0	(520)	40.2	59.8
Marital Status				
Married/In Union	91.4		34.3	57.0
Visiting Partner	5.1		3.7	1.4
Not in Union	3.5		2.1	1.4
Age				
15- 19	12.9		4.6	8.3
20-24	21.6		10.9	10.7
25-29	17.1		6.9	10.1
30-34	19.9		6.9	12.9
35-39	15.0		5.2	9.8
40-44	13.6		5.8	7.8
No. of Living Children				
0	7.5		3.3	4.1
1	18.3		9.9	8.4
2	19.8		9.1	10.7
3	11.9		4.4	7.5
4	14.2		5.9	8.3
5	5.5		1.1	4.3
6+	22.9		6.5	16.4
Education Level				
None	6.9		1.7	5.2
Incomplete Primary	31.7		8.6	23.2
Complete Primary	35.9		15.1	20.9
Secondary	20.0		11.7	8.3
Post Secondary	5.4		3.2	2.3
Ethnic Group				
Creole	20.1		10.5	9.6
Mestizo	52.3		21.6	30.7
Garifuna	6.1		4.7	1.3
Maya/Ketchi	18.2		1.5	16.7
Other	3.4		2.0	1.4

* Excludes 2 cases for whom education level is unknown.
* Excludes 3 cases for whom ethnic group is unknown.

TABLE 7-5

BELIZE: In Need of Family Planning Services:
Women Aged 15-44 Who Ever Used Contraception;and
Who Desire to Use Contraception in the Future,
by Selected Characteristics:
Women, Aged 15-44,
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Ever Used Contraception	Desire to Use Contraceptive	No. of Cases* (Unweighted)
Total	46.5	46.4	(515)
Residence			
Urban	53.5	46.4	(189)
Rural	42.0	46.4	(326)
Marital Status			
Ever Married	47.2	46.1	(507)
Never Married	**	**	(8)
Age			
15-19	24.3	61.1	(59)
20-24	47.2	69.4	(103)
25-29	52.2	46.2	(107)
30-34	50.7	47.4	(113)
35-39	51.9	24.8	(74)
40-44	47.5	18.9	(59)
No. of Living Children			
0-1	25.1	45.1	(34)
2	48.0	54.5	(88)
3	43.2	49.5	(73)
4	51.6	37.3	(75)
5	33.9	32.2	(34)
6+	54.5	41.9	(105)
Education Level			
0-7	35.5	41.4	(212)
8	49.1	42.7	(183)
9+	60.0	59.4	(120)
Ethnic Group			
Creole	65.3	54.9	(93)
Mestizo	49.2	47.3	(279)
Garifuna	42.8	38.4	(28).
Maya/Ketchi	23.0 -	35.6	(96)
Other	**	**	(19)

* Excludes 5 cases for whom marital status is unknown.
* Excludes 2 cases for whom education level is unknown.
* Excludes 3 cases for whom ethnic group is unknown.
** Less than 25 cases.

CHAPTER 8

FAMILY LIFE EDUCATION

8.1 Introduction

There have been some changes in the Primary and Secondary school curriculum since 1991. The Ministry of Education has spearheaded a School Health and Physical Education (SHAPES) curriculum as part of a regional initiative and commitment to fulfill the goals of the Convention on the Rights of the Child (CRC). Added support was given to this initiative when the Belize Family Life Association conducted a teenage pregnancy national survey, done by Dr. Turbani Jagdeo. It highlights the fact that access to sex education is influenced by socioeconomic status, mediated more often, through the schools attended by middle- and higher-income children. Young people get most of their sexual and reproductive health information from their peers, followed by the home and the school. The finding indicates an opportunity to provide correct information using peer-to-peer education methods, and by strengthening outreach to parent programmes.

8.2 Findings

The general consensus of women 13 to 34 years of age, is that the topics of Human Reproduction (94%), contraception (89%) and STI's, including HIV/AIDS (95%), should be taught in school, with the ideal age for teaching such subjects being mainly between the ages of 10 to 14 years, over 75% in each case.

Most of these women received information about pregnancy and how it occurs (60%), but little about birth control methods (34%) from their parents or guardian (Table 8.3 & 8.5). Of those who received information 69% had received information on pregnancy and 60% information on birth control methods between the ages of 10 and 14 years (Tables 8.4&8.6).

Only 42% (Table 8.7) had a class or course of family life or sex education while in school and most of them, 77%, while they were between the ages of 11 and 16 years (Table 8.8).

The course was done by a teacher most of the time, 82%, although a counsellor or psychologist (5%), physicians/nurse (4%), or a person from BFLA (6%) also taught the

course (Table 8.10). The course included information on counseling, 58%, clinic services (34%) and distribution of contraceptives (29%).

Only a small proportion, 13%, had any course in Family life or sex education outside of school, (Table 8.12) and this was carried out mainly by BFLA, 30%, or a youth group, 11%, or was given in a doctor's office, 14% (Table 8.13).

The main person teaching the first course on family life or sex education outside of school was either a school teacher, 10%, a physician/nurse 24%, or someone from BFLA, 20%. A religious person, 9%, peers/friends, 9%, or a youth officer, 5%, also taught the course (Table 8.14). In over 80% of the time, information in the course included the human/reproductive system, the woman's menstrual cycle, pregnancy and how it works, modern birth control methods, IUD or injections, condoms, diseases from sexual contact and STI's including HIV/AIDS. Parenting and values and roles were also included (Table 8.15).

Information on counseling, clinic services and distribution of contraceptives was also included (Table 8.16). The preferred source of information on family life and sex education were Parents/Guardian (34%), BFLA (16%), Teachers (6%), Books/publication (9%) or health personnel (11%). Peers/friends were a preferred source in only 5% of the cases (Table 8.17).

Most of these women (68%) know where to go for information on sex or contraception. The main places are Government clinic/Health Clinic, 20%, or BFLA (47%) although a doctor's office, 9%, and the Government hospital, 9%, are also good sources (Table 8.19).

In terms of sexually transmitted diseases, this same proportion know where to go and the sources are the same (Tables 8.20 & 8.21). Similar sentiments are expressed about HIV/AIDS with the responses being about the same.

8.3 Summary

As with the findings of the male survey, there is strong support for the provision of family life education in schools. The majority of respondents thought that the topics of STIs including HIV/AIDS, Human Reproduction, and Contraception should be introduced to students between the ages of 10 and 13.

Parents and guardians provided information to 62% of young women, aged 13-34 regarding pregnancy and how it occurs. Most respondents received this information at 12 years. Most of the women, currently aged 13-34, who received information about family life or sex education in school, did so between the ages of 12 and 16.

The sources about family life and sex education topics most frequently cited by women are the Belize Family Life Association (47%) and Government (20%). Sixty-eight percent (68%) of women knew where to go for information about Sexually Transmitted Infections. The sources most frequently cited were the Belize Family Life Association and a Government Facility.

TABLE 8-1

BELIZE: Opinion on Which Topics Schools Should Teach:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Topics Schools Should Teach	TOTAL	Yes	No	Unknown	No. of Cases (Unweighted)
Human Reproduction	100	93.6	3.9	2.5	(3613)
Contraception	100	89.2	7.5	3.2	(3613)
STI's-HIV-AIDS	100	94.5	3.2	2.2	(3613)

TABLE 8-2

BELIZE: Ideal Age When Topics Should Be First Taught:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Ideal Age	Topics		
	Human Reproduction	Contraception	STI's-HIV-AIDS
5	0.9	0.6	0.8
6	0.8	0.6	0.9
7	1.0	0.5	0.8
8	3.1	2.4	3.0
9	5.5	4.9	5.3
10	21.2	19.8	22.0
11	10.0	10.0	9.9
12	24.7	24.3	24.9
13	14.7	14.5	14.7
14	6.8	7.3	6.8
15	4.2	5.4	3.9
16	1.5	2.0	1.2
17	0.4	0.7	0.5
18	1.0	1.5	1.0
19	0.1	0.0	0.1
20	0.2	0.4	0.2
Unknown	4.2	5.1	4.1
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(3613)	(3613)	(3613)

TABLE 8-3

BELIZE: Knowledge About Pregnancy From Parents/Guardians: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Have Received Information From Parents or Guardians About Pregnancy and How it Occurs	Percent
Yes	60.2
No	39.2
Unknown	0.6
Total	100
No. of Cases (Unweighted)	(2758)

TABLE 8-4

BELIZE: Age When Received Knowledge About Pregnancy: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Age	Percent
6	0.2
7	0.2
8	0.7
9	2.3
10	6.7
11	7.3
12	22.1
13	20.4
14	12.6
15	11.1
16	5.7
17	2.2
18	2.3
19	0.6
20	0.7
21	0.3
22	0.2
23	0.3
24	0.0
25	0.0
26	0.0
27	0.1
Unknown	4.0
Total	100.0
No. of Cases (Unweighted)	(1574)

TABLE 8-5

BELIZE: Knowledge About Birth Control Methods Received From Parents/Guardians: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Received Information	Percent
Yes	34.4
No	65.0
Unknown	0.6
Total	100.0
No. of Cases (Unweighted)	(2758)

TABLE 8-6

BELIZE: Age When Knowledge About Birth Control Methods Received: Women Aged 15-44 1999 Family Health Survey (Percent Distribution).

Age	Percent
6	0.1
7	0.0
8	0.6
9	1.3
10	4.6
11	6.3
12	18.3
13	18.9
14	12.2
15	15.0
16	8.0
17	4.1
18	3.4
19	1.1
20	1.7
21	0.3
22	0.5
23	0.3
24	0.2
25	0.1
26	0.1
27	0.2
28	0.0
29	0.1
30	0.2
31	0.0
32	0.1
Unknown	2.5
Total	100.0
No. of Cases (Unweighted)	(878)

TABLE 8-7

BELIZE: Received a Class on Family Life or Sex Education:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Have Received a Class or Course About Family Life or Sex Education in School	Percent
Yes	42.2
No	56.9
Unknown	0.9
Total	100
No. of Cases (Unweighted)	(2758)

TABLE 8-8

BELIZE: Age When Received First Class or Course About Family Life or Sex Education: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Age	Percent
6	0.0
7	0.0
8	0.1
9	0.3
10	1.5
11	5.4
12	15.6
13	23.1
14	19.0
15	14.4
16	11.2
17	3.3
18	2.4
19	1.2
20	0.0
21	0.0
22	0.1
23	0.1
24	0.1
25	0.0
26	0.0
27	0.2
Unknown	2.0
Total	100.0
No. of Cases (Unweighted)	(1084)

TABLE 8-9

BELIZE: Education Level When First Class/Course Received: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Education Level	Percent
None	0.8
Incomplete Primary	34.1
Complete Primary	28.4
Secondary	34.0
Post Secondary	2.3
Unknown	0.4
Total	100.0
No. of Cases (Unweighted)	(1048)

TABLE 8-10

BELIZE: Main Person To Teach First Class/Course About Family Life or Sex Education in School: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Main Person	Percent
School Teacher	82.2
Counselor or Psychologist	5.1
Physician/ Nurse	3.6
Belize Family Life Association Officer (BFLA)	5.5
COMPAR/ Min. of Human Development Personnel	0.0
Youth Officer (YMCA, SCOUTS, etc.)	0.2
Peers/ Friends	0.1
Parent/ Guardian	0.3
Religious Person	0.7
Volunteer	1.0
Other	0.7
Unknown	0.6
Total	100.0
No. of Cases (Unweighted)	(1048)

TABLE 8-11

BELIZE: Type of Information on Adolescent Services Included in First Class/Course:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Type of Information	Total	Yes	No	Unknown	No. of Cases (Unweighted)
Counseling	100	58.3	39.9	1.8	(1048)
Clinic Services	100	33.7	63.6	2.6	(1048)
Distribution of Contraceptives	100	29.3	67.8	2.9	(1048)

TABLE 8-12

BELIZE: Received Formal Class or Course on Family Life or Sex Education Outside of School or Home: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Received Formal Class/Course	Percent
Yes	13.4
No	85.8
Unknown	0.7
Total	100
No. of Cases (Unweighted)	(2758)

TABLE 8-13

BELIZE: Main Organization Conducting Course On Family Life Or Sex Education: Women Aged 15-44 Who Received Course 1999 Family Health Survey (Percent Distribution)

Main Organization	Percent
Doctor's Office/ Clinic	13.8
NOPCA	2.0
Belize Family Life Association (BFLA)	29.8
COMPAR/ Min. of Human Development Personnel	1.1
SHAPES	0.4
Youth Group (YMCA, Scouts, etc.)	11.4
Peer Group	9.4
Church	9.3
Volunteer	5.2
Other	14.5
Unknown	3.1
Total	100.0
No. of Cases (Unweighted)	(376)

TABLE 8-14

BELIZE: Main Person Who Taught Family Life Or Sex Education: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Main Person	Percent
School Teacher	10.2
Counselor or Psychologist	8.4
Physician/ Nurse	24.0
Belize Family Life Association Officer (BFLA)	20.3
COMPAR/ Min. of Human Development Personnel	0.9
Youth Officer (YMCA, SCOUTS, etc.)	5.4
Peers/ Friends	8.5
Parent/ Guardian	3.7
Religious Person	8.5
Volunteer	4.4
Other	4.7
Unknown	1.1
Total	100.0
No. of Cases (Unweighted)	(376)

TABLE 8-15

BELIZE: Topics Included In First Class/Course:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Topics	Total	Yes	No	Unknown	No. of Cases (Unweighted)
The Human Reproductive System	100.0	84.2	14.5	1.3	(376)
The Woman's Menstrual Cycle or Period	100.0	85.4	13.1	1.6	(376)
Pregnancy and How It Works	100.0	90.7	8.4	0.9	(376)
Modern Birth Control Methods Such As The Pill, IUD or Injections	100.0	82.6	16.4	1.0	(376)
Condoms	100.0	82.9	15.9	1.2	(376)
Diseases That Can Result From Sexual Contacts	100.0	85.6	13.2	1.1	(376)
STI's/HIV/AIDS	100.0	83.4	14.9	1.7	(376)
Parenting	100.0	75.9	22.2	1.9	(376)
Values and Roles	100.0	73.7	23.2	3.0	(376)

TABLE 8-16

BELIZE: Inclusion Of Services For Adolescents In Class/Course:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Services Included	Total	Yes	No	Unknown	No. of Cases (Unweighted)
Counseling	100.0	72.1	24.9	3.0	(376)
Clinic Services	100.0	63.1	34.5	2.3	(376)
Distribution of Contraceptives	100.0	56.3	42.0	1.7	(376)

TABLE 8-17

BELIZE: Preferred Source Of Information About Family Life Or Sex Education: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Preferred Source of Information About Family Life or Sex Education Topics	Percent
Parents/ Guardians	33.6
Sisters/ Brothers	1.8
Belize Family Life Association (BFLA)	15.7
Teachers	6.3
Peers/ Friends	4.9
Media	5.3
Counselor	0.8
Books/ Publications	8.9
Internet	0.1
Religious Leader	0.5
Health Personnel	10.9
Other	2.5
Unknown	8.6
Total	100.0
No. of Cases (Unweighted)	(2758)

TABLE 8-18

BELIZE: Knowledge of Where to Go for Information on Sex or Contraceptive: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Knowledge of Where To Go	Percent
Yes	68.1
No	30.3
Unknown	1.6
Total	100.0
No. of Cases (Unweighted)	(2758)

TABLE 8-19

BELIZE: Source Of Information On Sex Or Contraception: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Source	Percent
Government Clinic/ Health Center	19.7
Private Doctor/ Clinic	8.8
Government Hospital	9.1
Private Hospital	0.8
Belize Family Life Association (BFLA)	47.1
Pharmacy/ Drugstore	1.8
Church	0.1
Family Member	6.3
Friend/ Neighbor	0.8
Community Health Worker	3.6
Supermarket/ Bar/ Grocery Store	0.1
Other	1.6
Unknown	0.1
Total	100.0
No. of Cases (Unweighted)	(1925)

TABLE 8-20

BELIZE: Knowledge of Where to Go to Get Information on STI's: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Knowledge of Where to Go	Percent
Yes	67.9
No	30.8
Unknown	1.3
Total	100
No. of Cases (Unweighted)	(2758)

TABLE 8-21

BELIZE: Source Of Information On STI's:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Source	Percent
Government Clinic/ Health Center	23.2
Private Doctor/ Clinic	13.8
Government Hospital	15.6
Private Hospital	1.7
Belize Family Life Association (BFLA)	37.6
Pharmacy/ Drugstore	0.3
Church	0.1
Family Member	2.4
Friend/ Neighbor	0.5
Community Health Worker	2.7
Supermarket/ Bar/ Grocery Store	0.0
Other	2.0
Unknown	0.1
Total	100.0
No. of Cases (Unweighted)	(1919)

TABLE 8-22

BELIZE: Knowledge of Where to Go to Get Information on HIV/AIDS: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Knowledge of Where to Go	No. of Cases (Unweighted)
Yes	66.0
No	32.4
Unknown	1.6
Total	100.0
No. of Cases (Unweighted)	(2758)

TABLE 8-23

BELIZE: Source Of Information On HIV/AIDS:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Source	Percent
Government Clinic/ Health Center	26.4
Private Doctor/ Clinic	12.1
Government Hospital	14.8
Private Hospital	1.6
Belize Family Life Association (BFLA)	36.4
Pharmacy/ Drugstore	0.1
Church	0.1
Family Member	2.2
Friend/ Neighbor	0.3
Community Health Worker	2.8
Supermarket/ Bar/ Grocery Store	0.0
Other	3.2
Unknown	0.1
Total	100.0
No. of Cases (Unweighted)	(1836)

TABLE 8-24

BELIZE: Source of Information Received on Sex or Contraceptives by Education Level:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Source	TOTAL	Education Level						No. of Cases (Unweighted)
		None	Incomplete Primary	Complete Primary	Secondary	Post Secondary	Unknown	
Government Clinic/ Health Center	100.0	1.3	41.6	23.0	32.3	1.8	0.0	(149)
Private Doctor/ Clinic	100.0	2.2	20.5	25.7	48.1	2.9	0.7	(119)
Government Hospital	100.0	0.0	39.2	28.6	28.8	2.6	0.9	(70)
Private Hospital	100.0	0.0	14.9	34.0	51.1	0.0	0.0	(10)
Belize Family Life Association (BFLA)	100.0	0.6	28.9	31.1	36.2	2.8	0.3	(442)
Pharmacy/ Drugstore	100.0	10.1	19.7	33.1	33.7	3.4	0.0	(18)
Church	100.0	0.0	0.0	100.0	0.0	0.0	0.0	(1)
Family Member	100.0	0.0	35.6	29.8	34.6	0.0	0.0	(51)
Friend/ Neighbor	100.0	0.0	64.9	35.1	0.0	0.0	0.0	(5)
Community Health Worker	100.0	0.0	25.3	41.6	31.8	0.0	1.3	(28)
Supermarket/ Bar/ Grocery Store	100.0	0.0	0.0	0.0	100.0	0.0	0.0	(1)
Other	100.0	0.0	33.9	25.9	40.1	0.0	0.0	(22)
Total	100.0	0.9	31.3	29.4	35.8	2.2	0.3	(9Í6)

CHAPTER 9

USE AND POTENTIAL DEMAND FOR SURGICAL CONTRACEPTION

9.1 Introduction

Compared to the Family Health Survey of 1991, female sterilization remains the most prevalent method of contraception in Belize, accounting for 19% of all contraceptive use in 1991, and 18% in the 1999 survey. Because of the importance of female sterilization in controlling unwanted pregnancies in Belize, this chapter provides additional data on sterilization and the demand for this procedure. Specifically, this chapter discusses the characteristics of women with tubal ligations, post-operative regret, interest in sterilization among women who want to limit their family size, reasons for lack of interest in sterilization, and reasons for failure to follow through among interested and informed women.

9.2 Profile of Sterilized Women

According to Table 9.1, at the time of the survey there was little difference between urban and rural women with respect to the use of the sterilization method (51% urban cf. 49% rural). But, of the currently married survey population using sterilization, there is a difference (46% cf. 54%, respectively). In the 1991 survey, more urban married women accessed sterilization than rural. In most countries, surgical contraceptive methods are more accessible to urban women. Most women are sterilized between the ages of 30 and 34. At the time of the survey, the largest number of sterilized women (33%) is between the ages of 35 and 39.

The mean age of women at the time of sterilization was 36.1 years, up from 29.7 in 1991. The mean age of sterilization of the sample at the time of the survey is 36.2 years, up from 35%. Of currently married women, the age of sterilization was 30.9. Most sterilized women surveyed (25%) already had 6+ living children. Sterilization is low among women with few children. After 3 children, 25% of sterilized women used this procedure. Of the currently married population, most of the sterilized women (20%) used the procedure after having 2 children; and 17% after having 6+ children.

At the time of the survey, the mean number of living children of sterilized women was 4.4; currently married women have 3.2. At the time of the survey, the level of

sterilization as a contraceptive method rose to 30% among women with 8 years of education. The figure decreased to 8% among users with 13+ of education. The number of sterilized women with 4 or more children is 60%, down from a level of 71% in the 1991 survey. For the married population, 44% in the 1991 survey population had 4 or more children; the level was down to 39% in the 1999 survey.

At the time of the survey, 57% of women sterilized had 3-7 household amenities compared to 38% among women with 8-10 amenities (Table 9.2). Among currently married women with 3-7 amenities, use of sterilization was 56%, and 32% among those with 8-10 amenities. Since 1995, four years prior to the survey, 66% of sterilized women had the sterilization procedure, compared with 53% sterilized since 1986 (i.e. 5 years prior to the 1991 survey).

9.3 Satisfaction with Surgical Contraception

Of those married women (ages 15-44 years) who are sterilized, 90% expressed satisfaction with sterilization, down from 93% in 1991 (Table 9.3). The rates in 1999 are 92% for urban women and 89.0% for rural. The 35-44 year age group at time of sterilization are most satisfied (94%). Between 15-44 years of age, the percent of satisfaction is over 87%. By level of education, those between 0-7 years of education are most satisfied (93%). The rate fell to 89% for 8 years of education, and 88% for 9+ years.

Ninety-one percent of sterilized women with 8-10 amenities expressed satisfaction with the method. This can be compared to 91% for 3-7 amenities and 77% for women with 0-2 amenities. Satisfaction is 94.2% among sterilized women with 5 living children. The lowest level of satisfaction was expressed by the 14-24 year age group. The rate was 85% in 1999 compared to 87% in 1991. Among ethnic groups, the highest level of satisfaction was expressed by Garifuna women (94.1%), followed by Mestizos (92.5%), Maya/Ketchi (88.6%), and Creole (89.9%).

9.4 Demand for Sterilization

All fecund married women, who have at least one living child, were asked if they wanted any more children (Table 9.4). Fifty-two percent of fecund married women wanted no more children. Fifty percent are urban, 54% are rural. Of women aged 40-44, 85% wanted o more children. Fecund women with no living children and *wanting* no children is

0.8%. The level rose with the number of living children (24% with 1 living child to 85% with 6+ living children). As education level rises, the desire for additional children decreases (59% at 0-7 years of education, to 44% at 9+ years of education). Desire for no further children is highest in the Garifuna ethnic group (56%), and lowest among Creole women surveyed at 51%. Female sterilization remains the most prevalent method of contraception in Belize.

9.5 Summary

Female sterilization remains the most prevalent method of contraception in Belize, both in urban and rural areas. At the time of the survey, the largest number of sterilized women is between the ages of 35 and 39. The mean number of living children of sterilized women was 4.4. Fifty-seven percent (57%) of sterilized women had 3 to 7 household amenities. Ninety percent (90%) of the women sterilized expressed satisfaction with the contraceptive method chosen. Fifty-two percent (52%) of all fecund women, who have at least one living child, wanted no more children. Sterilization may be popular as a permanent method of contraception.

TABLE 9-1

BELIZE: Use of Female Sterilization, by Selected Characteristics:
Currently Married Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	% Distribution At: Time of Survey**	Currently Married Survey Population***
Total	100.0 (410)	100.0 (2354)
Residence		
Urban	50.8	45.7
Rural	49.2	54.3
No. of Living Children		
0	1.1	10.1
1	1.2	15.9
2	12.7	19.6
3	24.6	15.5
4	22.1	13.3
5	13.2	8.3
6+	25.1	17.2
Mean No. of Living Children	4.4	3.2
Years of Education		
None	5.8	5.2
1-7	27.2	26.7
8	39.4	36.1
9- 12	19.9	22.7
13+	7.6	9.2

TABLE 9-1 continued
BELIZE: Use of Female Sterilization, by Selected Characteristics:
Currently Married Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Time of Survey**	Currently Married Survey Population***
Household Amenities		
0-2	5.1	11.8
3-7	56.5	55.9
8-10	38.4	32.3

* Excludes 8 cases for whom age of sterilization is unknown.
* Excludes 1 cases for whom education level is unknown.
** Excludes 1 case for whom education level is unknown.
*** Excludes 4 cases for whom education level is unknown.

TABLE 9-2

BELIZE: Satisfaction With Surgical Contraception, by Selected Characteristics:
Sterilized Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Percent Satisfied	No. of Cases* (Unweighted)
Total	90.4	(400)
Residence		
Urban	91.7	(203)
Rural	89.0	(197)
Age at Time of Sterilization		
15-24	86.9	(79)
25-29	87.6	(127)
30-34	92.7	(135)
35-44	94.3	(59)
Education Level		
0-7	93.3	(136)
8	89.3	(151)
9+	88.4	(113)
Household Amenities		
0-2	76.9	(21)
3-7	91.2	(233)
8-10	91.0	(146)
No. of Living Children		
0	75.2	(3)
1	65.1	(6)
2	87.9	(61)
3	90.0	(113)
4	89.9	(91)
5	94.2	(49)
6+	92.0	(77)
Ethnic Group		
Creole	87.9	(82)
Mestizo	92.5	(251)
Garifuna	94.1	(12)
Maya/Ketchi	88.6	(24)
Other	81.7	(31)

* Excludes 8 cases for whom age at sterilization is unknown.
* Excludes 1 case for whom education level is unknown.
* Excludes 4 cases for whom ethnic group is unknown.

TABLE 9-3

BELIZE: Currently Married Fecund Women Aged 15-44, Who Want No More Children, by Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Percentage	No. of Cases* (Unweighted)
Total	52.3	(1827)
Residence		
Urban	49.9	(787)
Rural	54.3	(1040)
Age		
15-19	22.1	(147)
20-24	33.7	(384)
25-29	43.6	(472)
30-34	60.0	(416)
35-39	74.8	(269)
40-44	85.1	(139)
No. of Living Children		
0	0.8	(193)
1	24.1	(363)
2	50.9	(424)
3	63.4	(281)
4	80.4	(210)
5	82.0	(127)
6+	84.5	(229)
Education Level		
0-7	58.5	(593)
8	54.4	(614)
9+	44.4	(620)
Ethnic Group		
Creole	51.4	(379)
Mestizo	51.9	(1012)
Garifuna	56.0	(90)
Maya/Ketchi	52.7	(224)
Other	54.7	(122)

* Excludes 3 cases for whom years of education is unknown.

* Excludes 16 cases for whom ethnic group is unknown.

CHAPTER 10

ACCESS AND USE OF MATERNAL AND CHILD HEALTH SERVICES

10.1 Introduction

This chapter covers the use of Maternal and Child Health (MCH) services for each pregnancy that resulted in a live birth within five years of interview, to currently married women aged 15 to 44 years. Various factors influencing the use of prenatal, postpartum, and new born services as well as location and type of delivery (Cesarean versus vaginal) are examined. The use of maternal and child health services in 1999 is compared with 1991. Inequity in health, in terms of maternal and child services, is then highlighted based on the changes in services by residence, educational level and ethnic group.

10.2 Prenatal Care

Ninety-six percent (96%) of women obtained prenatal care during pregnancy for live births that occurred within five years of interview (Table 10.1). Of these, 81% received prenatal care provided by a Government facility, 48% received their first care when they were less than four months pregnant and 66% received more than four prenatal visits. The likelihood of using prenatal care was lower among women in the rural areas and women from the ethnic group classified as 'other' (Table 10.1 and 10.2). There were no significant differences in the use of prenatal care according to education (Table 10.1).

As in 1991 (1), the majority of women use government facilities as their primary source of prenatal care. However, this figure decreased by six percentage points since 1991 (1) as more women, especially those from the urban areas, opt to use private facilities. Fourteen percent of women used private facilities, while midwives and traditional birth attendants accounted for less than one percent of the prenatal care received in the past five years. Women of high educational attainment were the most likely to use private facilities for their prenatal care, while women with lower levels of education had a higher probability of using government facilities. Almost seven percent of Maya/Ketchi women used midwife/TBA and 'other' sources of prenatal care. Only four of every hundred Maya/Ketchi women use private facility compared to seventeen of every hundred Creole women.

It is important to start prenatal care early and to attend clinics regularly in order to prevent and detect complications. Of live births for which prenatal care was obtained, almost 50% received their first prenatal check-up during the first three months of pregnancy while 42% of the women waited until the second trimester of pregnancy for their first check-up and 5% did not initiate prenatal care until the last trimester. Urban women, women with 9 or more years of schooling and Mestizo women tended to receive their first check-up earlier.

Two out of every three women received five or more examinations during their pregnancies. Again, women who live in urban areas and women with more education were more likely to have made five or more prenatal visits. Maya/Ketchi women made the least prenatal visits compared to the other ethnic groups. Mestizos had the highest tendency of making more prenatal visits. Three out of every four Mestizo women made more than four prenatal visits.

Women who receive tetanus injections during pregnancy protect their newborns from neonatal tetanus. The Belize Ministry of Health recommends that women receive two doses of tetanus toxoid during their first pregnancy and one dose during their subsequent pregnancy. After this, a booster is given every five years. For 80% of pregnancies resulting in a live birth there was at least one injection received (Table 10.3). This is four percentage points lower than in 1991 (1). In 1991 (1), the proportion receiving tetanus injection did not vary by residence, education, and ethnic group. In 1999, however, the likelihood of receiving a tetanus injection was lower among urban women and women with nine or more years of education. As in 1991 (1), women who received no prenatal care were the least likely to be vaccinated against tetanus.

10.3 Location and Type of Last Delivery

More than eighty three percent of births in the last five years were delivered in either a government or private hospital (Table 10.4). This is eight percentage points higher than in 1991 (1). Women in the urban areas and women with higher levels of education have a higher tendency to give birth in either a government or private hospital. The percentage difference among women in urban and rural areas is less than in 1991. More than 90% of Creole and Garifuna births were delivered in a government or private hospital compared to only 50% of the births for the Maya/Ketchi. Overall, 15% of the children were delivered at home. Rural births (22%) were more likely to occur at home than urban births (3%). The Maya/Ketchi, who primarily live in rural areas, report the highest proportion of children

delivered at home (48%). The probability of delivery at home increases as the educational level of the mother decreases, reflecting the lower educational levels of rural women. Although more women now opt for government and private hospital, the Maya/Ketchi women still remain at a disadvantage and continue having a significant percentage of births in their own home.

Fifty six percent of the deliveries were attended by a nurse/midwife (Table 10.5). An additional 28% were attended by a doctor, followed by traditional birth attendants (TBA) (8%). Less than one percent of deliveries were reported to be unattended. The eleven percentage points increase, since 1991, in assistance by physicians, indicates safer methods of delivery. Almost twice as many births to urban women and to women of high educational attainment were attended by physicians compared to other women. The rural women, as well as the Maya/Ketchi and Mestizos were the most likely to report that they were attended by TBAs. This is expressed by the fact that the probability of being attended by a TBA increases as the educational level decreases. It is interesting to note that TBAs are not allowed to deliver in urban areas and that three out of every ten Maya/Ketchi women indicated receiving assistance from their husband during delivery.

Nine percent of births in the last five years were Cesarean (Table 10.6). This is a one percentage point increase for the period 1986 to 1991. The educational level and the place of residence of the mother influence the percent of Cesarean births. Women in the urban areas (12%) and women with more than nine years of education (15%) have the highest proportion of deliveries that were Cesarean. In addition, the percentage of deliveries in private hospitals that were Cesarean (24%) was more than twice that of deliveries attended in government hospitals (9%). Creole and Mestizo women apart from having more births in hospitals, also have the highest probability of having births that were Cesarean.

10.4 Postpartum Care and Newborn Check-up

Only half of live births in the past five years are followed by use of postpartum services for the mother (Table 10.7). Compared with 1991, this represents an increase often percentage points of mothers receiving postpartum care. Urban women (62%) are more likely than rural women (43%) to receive postpartum care. In addition, the likelihood of receiving a check-up is positively associated with higher educational attainment. With respect to ethnicity, the Creoles (65%) and the Garinagu (65%) report the greatest use of postpartum care.

Only three out of every four newborns are taken for a check-up (Table 10.7). The low use rate may be explained by the fact that rural women do not have the same access to health services as urban women. As the table shows, 85% of newborns in the urban areas receive check-up compared to 70% in the rural areas. The proportion of women using newborn check-ups increases as the level of education increases, and the Creoles (92%) report the greatest use of newborn check-ups. It is interesting to note that less than half of the newborns among the Maya/Ketchi receive newborn check-up.

10.5 Use of MCH Services

When prenatal, postpartum, and newborn services are examined together, less than fifty percent of births in the last five years were accompanied by use of all three services (Table 10.8). Of every hundred live births, 23 used prenatal care only, 26 used prenatal and newborn care and 44 used all three services. More urban women (56%) than rural women (37%) used all three MCH services. Post partum services are the least used of all the three services.

The probability of using all three services was directly associated with educational attainment (Table 10.9), with 61% of women with nine or more years of education reporting the use of all three health services compared to only 31% of women with less than 8 years of schooling. The Garifunas (60%) and the Creoles (56%) reported the greatest use of all the three services (Table 10.10). In contrast, the Maya/Ketchi (21%) reported the lowest use rate of the three services.

It is important for all women, especially during pregnancy, to lead a healthy life and to always have the adequate nutrition. Only 62% of the women took folic acid, iron supplement and vitamin A supplements before or during pregnancy (Table 10.11). Moreover, a significant percentage of women never took any folic acid (32%), iron supplement (17%) nor vitamin A (34%).

"In the case of health reform, there is no doubt that the poor represents the group that needs special attention" (2). In Belize, it is well known that poverty exists significantly in the rural areas of the country. Table 10.12 highlights the disadvantaged population in prenatal, postnatal and newborn care. The use of all three services has increased since 1991, with the highest increase occurring in newborn checkups. Although the general trend in care

shows improvement, there are specific populations that remain at a disadvantage. These are the married women aged 15 to 44 years who live in the rural areas, the married women aged 15 to 44 years who are either Maya/Ketchi or the ethnic group classified as 'other', and the married women aged 15 to 44 years with nine or more years of education and those with less than eight years of schooling.

Since 1991, prenatal care declined slightly for the women in the rural areas, women with nine years or more of education and women who were Creole, Maya/Ketchi and the ethnic group classified as 'other'. The decrease was more than two percentage points for women with nine or more years of education, women who were Maya/Ketchi and women in the ethnic group classified as 'other'. These groups in particular need to be given priority in prenatal care intervention programmes.

In general, postpartum care and newborn checkup increased for all women regardless of residence, educational level and ethnic group. However, attention must be focused particularly on the Maya/Ketchi women who are still marginalized, and as a consequence continue to have the lowest percentage of women with postpartum care (25%), and children with newborn checkup (46%). Note that both the percentage of women with prenatal care and women with postpartum care decreased for the Maya/Ketchi women since 1991. Although newborn checkup increased for this group of women, the increase was the lowest compared to other ethnic groups. One of the fundamental steps of promoting equity in health services in Belize is to address the issue of access to health services for women in the rural areas, especially in the implementation of programs targeted to the Maya/Ketchi women. It is interesting to note that "equity of access to care is said to exist when services are distributed on the basis of people's needs for them" (3).

10.6 Summary

The general trend in the use of maternal and child health services show improvement compared to 1991. The main improvements are reflected in the percentage increase in use of private facilities for prenatal care, the percentage increase of deliveries made in hospitals, the percentage increase in deliveries attended by physicians and the increase in the use of prenatal, postpartum and newborn care. It is important to note, however, that postpartum care remains the least used of all three maternal and child health services and a lower percentage of pregnancies resulting in a live birth received tetanus shots. There is also a

significant percentage of women who are not taking folic acid, iron supplement or vitamin before or during pregnancy,

Although the general trend in care shows improvement, the improvement is not equally occurring in all populations. There are specific populations that remain at a disadvantage and do not enjoy equal access to health services. Among these groups are the married women aged 15 to 44 years who live in the rural areas, the Maya/Ketchi women and women in the ethnic group classified as 'other'. In order to have equity in health services for all women, it is important to address the need for equity of access to health care.

TABLE 10-1

BELIZE: Use of Prenatal Care, by Residence and Years of Education: Currently Married Women Aged 15-44 who had Live Births Within 5 Years of Interview
1999 Family Health Survey
(Percent Distribution)

Prenatal Care	Total	Residence		Years of Education		
		Urban	Rural	0-7	8	9+
Yes	95.9	98.2	94.5	95.9	96.6	95.1
No	4.1	1.8	5.5	4.1	3.4	4.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(2183)	(840)	(1343)	(860)	(710)	(613)
Source of Prenatal Care						
Government Facility	80.9	77.2	83.3	87.4	85.0	66.9
Private Facility	13.7	17.8	11.0	8.5	10.6	24.5
Midwife/ TBA	0.7	0.1	1.0	0.7	0.7	0.5
Other	2.5	1.9	2.9	1.9	2.0	3.9
Unknown	2.2	2.9	1.8	1.5	1.6	4.1
Months Pregnant When First Received Care						
< 4 Months	47.8	53.2	44.2	43.4	45.8	56.3
4-6 Months	42.1	36.8	45.5	46.7	44.8	32.6
7-9 Months	5.3	4.8	5.6	6.4	5.1	3.9
Does not Remember	4.8	5.1	4.6	3.5	4.4	7.2
No. of Prenatal Visits						
1-4	16.7	10.1	21.0	23.5	17.2	6.5
5-8	44.3	45.2	43.7	47.5	45.3	38.6
9-12	18.8	22.5	16.4	13.9	17.9	26.8
13+	3.3	3.3	3.3	1.7	3.5	5.3
Does not Remember	16.9	18.9	15.5	13.3	16.0	22.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(2094)	(825)	(1269)	(825)	(686)	(583)

* Excludes 20 cases for whom prenatal care is unknown.
* Excludes 4 cases for whom education level is unknown.

TABLE 10-2

BELIZE: Use of Prenatal Care, by Ethnic Group: Currently Married Women Aged 15-44 who had Live Births Within 5 Years of Interview
1999 Family Health Survey
(Percent Distribution)

Prenatal Care	Total	Ethnic Group				
		Creole	Mestizo	Garifuna	Maya/Ketchi	Other
Yes	95.9	93.7	97.6	99.1	93.2	92.5
No	4.1	6.3	2.4	0.9	6.8	7.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(2173)	(394)	(1169)	(108)	(369)	(133)
Source of Prenatal Care						
Government Facility	80.8	78.3	79.1	87.9	88.1	76.4
Private Facility	13.7	17.3	15.4	8.4	3.8	19.5
Midwife/ TBA	0.7	0.0	0.5	0.9	1.7	0.8
Other	2.6	0.3	2.7	0.0	5.2	3.3
Unknown	2.3	4.1	2.2	2.8	1.2	0.0
Months Pregnant When First Received Care						
< 4 Months	47.7	47.4	53.1	34.6	34.6	47.2
4-6 Months	42.1	36.9	40.3	53.3	52.3	35.8
7-9 Months	5.3	6.5	3.9	5.6	6.4	12.2
Unknown	4.8	9.2	2.7	6.5	6.7	4.9
No. of Prenatal Visits						
1-4	16.8	8.7	13.6	15.0	37.2	15.4
5-8	44.0	39.8	49.4	34.6	37.2	34.1
9-12	18.9	21.1	21.4	22.4	6.4	21.1
13+	3.3	2.7	4.3	3.7	0.6	3.3
Unknown	16.9	27.6	11.3	24.3	18.6	26.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(2084)	(369)	(1141)	(107)	(344)	(123)

* Excludes 14 cases for whom ethnic group is unknown.
* Excludes 20 cases for whom prenatal care is unknown.

TABLE 10-3

BELIZE: Vaccinated Against Tetanus During Recent Pregnancies, by Selected Characteristics: Currently Married Women Aged 15-44 who had Live Births Within 5 Years of Interview 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Percent Vaccinated	No. of Cases* (Unweighted)
Total	79.6	(2102)
Residence		
Urban	78.4	(814)
Rural	80.4	(1288)
Years of Education		
0-7	81.1	(827)
8	81.2	(680)
9+	75.8	(595)
Ethnic Group		
Creole	73.6	(382)
Mestizo	83.5	(1132)
Garifuna	82.4	(108)
Maya/Ketchi	74.9	(351)
Other	74.4	(129)
Source of Prenatal Care		
Government Facility	82.0	(1610)
Private Facility	80.1	(277)
Other	64.2	(67)
No Prenatal care	47.6	(105)
Unknown	88.4	(43)

* Excludes 4 cases for whom education level is unknown.

* Excludes 14 cases for whom ethnic group is unknown.

TABLE 10-4

BELIZE: Place of Birth in the Last 5 Years, by Selected Characteristics: Currently Married Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Place of Birth				Total	No. of Births* (Unweighted)
	Government Hospital	Private Hospital	Own Home	Other		
Total	72.9	10.6	14.7	1.8	100.0	(2170)
Residence						
Urban	84.9	11.4	2.8	1.0	100.0	(828)
Rural	65.4	10.1	22.1	2.4	100.0	(1342)
Years of Education						
0-7	66.2	8.4	22.9	2.5	100.0	(856)
8	76.3	8.1	14.1	1.6	100.0	(704)
9+	78.2	16.6	3.9	1.3	100.0	(610)
Ethnic Group						
Creole	84.8	7.4	6.1	1.8	100.0	(394)
Mestizo	75.8	12.9	9.5	1.7	100.0	(1167)
Garifuna	88.9	4.6	3.7	2.8	100.0	(108)
Maya/Ketchi	43.5	6.8	47.6	2.2	100.0	(368)
Other	79.7	15.0	3.8	1.5	100.0	(133)

* Excludes 19 cases for whom place of birth is unknown.
* Excludes 4 cases for whom education level is unknown.
* Excludes 14 cases for whom ethnic group is unknown.

TABLE 10-5

BELIZE: Births in the Last 5 Years, by Type of Assistance Received During Delivery and Selected Characteristics: Currently Married Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Type of Assistance						Total	No. of Births* (Unweighted)
	Doctor	Nurse/ Midwife	Midwife/ TBA	Husband/ Relative	No One	Other		
Total	27.5	56.3	8.4	6.0	0.5	1.3	100.0	(2080)
Residence								
Urban	37.9	59.2	2.4	0.2	0.1	0.1	100.0	(804)
Rural	20.9	54.5	12.2	9.6	0.7	2.0	100.0	(1276)
Years of Education								
0-7	20.0	55.1	12.0	11.2	0.6	1.1	100.0	(820)
8	23.6	60.7	8.4	4.6	0.3	2.4	100.0	(670)
9+	42.4	53.1	3.6	0.3	0.5	0.2	100.0	(590)
Ethnic Group								
Creole	33.8	59.1	6.1	0.0	0.8	0.3	100.0	(379)
Mestizo	30.0	58.8	9.5	1.4	0.2	0.0	100.0	(1122)
Garifuna	22.1	70.2	5.8	1.0	1.0	0.0	100.0	(104)
Maya/Ketchi	12.7	37.3	10.4	31.2	1.2	7.2	100.0	(346)
Other	31.0	66.7	2.3	0.0	0.0	0.0	100.0	(129)

* Excludes 22 cases for whom type of assistance is unknown.
* Excludes 4 cases for whom education level is unknown.
* Excludes 14 cases for whom ethnic group is unknown.

TABLE 10-6

BELIZE: Hospital Births in the Last 5 Years that were Caesarean, by Selected Characteristics: Currently Married Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Percent Cesarean	No. of Cases* (Unweighted)
Total	9.1	(2170)
Residence		
Urban	12.1	(828)
Rural	7.2	(1342)
Education Level		
0-7	6.9	(856)
8	6.7	(704)
9+	14.9	(610)
Ethnic Group		
Creole	12.7	(394)
Mestizo	9.7	(1167)
Garifuna	3.7	(108)
Maya/Ketchi	4.1	(368)
Other	11.3	(133)
Place of Birth		
Government Hospital	8.9	(1581)
Private Hospital	23.9	(230)

* Excludes 4 cases for whom education level is unknown.
* Excludes 14 cases for whom ethnic group is unknown.
* Excludes 19 cases for whom place of birth is unknown.

TABLE 10-7

BELIZE:Pregnancies that Received Postpartum Care, and Children Born within 5 Years of Interview who Received Newborn Checkup, by Selected Characteristics: Currently Married Women Aged 15-44 who had Live Births Within 5 Years of Interview 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Postpartum Care*		Newborn Checkup*	
Total	50.3	(2102)	75.5	(2102)
Residence				
Urban	61.7	(814)	85.0	(814)
Rural	43.1	(1288)	69.5	(1288)
Education Level				
0-7	36.8	(827)	63.6	(827)
8	50.9	(680)	76.9	(680)
9+	68.4	(595)	90.4	(595)
Ethnic Group				
Creole	64.7	(382)	92.1	(382)
Mestizo	52.0	(1132)	77.3	(1132)
Garifuna	64.8	(108)	86.1	(108)
Maya/Ketchi	25.1	(351)	46.2	(351)
Other	48.8	(129)	81.4	(129)

* Excludes 4 cases for whom education level is unknown.

* Excludes 14 cases for whom ethnic group is unknown.

NOTE: Figures in parenthesis are unweighted number of cases.

TABLE 10-8

BELIZE: Use of Maternal and Child Health Services, by Type of Services Used and Residence:
Currently Married Women Aged 15-44 who had Live Births Within 5 Years of Interview
1999 Family Health Survey
(Percent Distribution)

MCH Services	Total	Residence	
		Urban	Rural
None	1.3	0.4	1.9
Prenatal only	22.5	12.0	29.0
Postpartum only	0.0	0.1	0.0
Newborn only	1.5	0.5	2.2
Prenatal/Postpartum	3.1	4.0	2.5
Prenatal/Newborn	26.0	26.5	25.6
Postpartum/Newborn	1.2	0.7	1.5
All Three Services	44.4	55.7	37.3
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(2186)	(840)	(1346)

* Excludes 17 cases for whom maternal and child health services are unknown.

TABLE 10-9

BELIZE: Use of Maternal and Child Health Services, by Type of Services Used and Years of Education:Currently Married Women Aged 15-44 Who had Live Births Within 5 Years of Interview 1999 Family Health Survey (Percent Distribution)

MCH Services	Total	Years of Education		
		0-7	8	9+
None	1.3	2.3	1.1	0.0
Prenatal only	22.5	32.9	21.5	9.0
Postpartum only	0.0	0.0	0.0	0.2
Newborn only	1.5	1.0	1.7	2.0
Prenatal/Postpartum	3.1	3.4	3.1	2.6
Prenatal/Newborn	26.0	28.0	26.4	22.5
Postpartum/Newborn	1.2	1.0	0.1	2.6
All Three Services	44.4	31.3	46.0	61.1
Total	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(2182)	(863)	(707)	(612)

* Excludes 4 cases for whom years of education is unknown.

* Excludes 17 cases for whom maternal and child health services is unknown.

TABLE 10-10

BELIZE: Use of Maternal and Child Health Services, by Type of Services Used and Ethnic Group: Currently Married Women Aged 15-44 Who had Live Births Within 5 Years of Interview
1999 Family Health Survey
(Percent Distribution)

MCH Services	Total	Ethnic Group				
		Creole	Mestizo	Garifuna	Maya/Ketchi	Other
None	1.3	0.3	0.9	0.0	4.4	0.7
Prenatal only	22.4	7.8	20.6	10.2	48.5	19,4
Postpartum only	0.0	0.0	0.0	0.0	0.0	0.7
Newborn only	1.5	2.5	0.9	0.0	1.6	4.5
Prenatal/Postpartum	3.1	2.8	3.4	3.7	3.0	0.7
Prenatal/Newborn	26.0	26.6	27.1	25.0	21.5	28.4
Postpartum/Newborn	1.2	3.8	0.5	0.9	0.3	2.2
All Three Services	44.4	56.2	46.6	60.2	20.7	43.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(2172)	(395)	(1168)	(108)	(367)	(134)

* Excludes 14 cases for whom ethnic group is unknown.
* Excludes 17 cases for whom maternal and child health services is unknown.

TABLE 10-11

BELIZE: Time when Started on Folic Acid, Iron and Vitamin A Supplements: Currently Married Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Time	Supplement		
	Folic Acid	Iron Supplement	Vitamin A
Before pregnancy	2.7	3.8	4.1
Once Pregnant	59.6	74.2	55.7
After Pregnant	0.0	3.3	2.5
Never	32.4	16.9	34.1
Unknown	5.2	1.7	3.6
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(2484)	(2484)	(2484)

TABLE 10-12

BELIZE: Pregnancies that Received Postpartum Care, and Children Born within 5 Years of Interview who Received Newborn
Currently Married Women Aged 15-44 who had Live Births Within 5 Years of Interview
1991 & 1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Prenatal Care			Postpartum Care			Newborn Checkup		
	1991	1999	Diff.	1991	1999	Diff.	1991	1999	Diff.
Total	95.5	95.9	0.4	40.3	50.3	10.0	58.0	75.5	17.5
Residence									
Urban	95.9	98.2	2.3	48.3	61.7	13.4	73.9	85.0	11.1
Rural	95.1	94.5	-0.6	31.2	43.1	11.9	39.9	69.5	29.6
Education Level									
0-7	95.5	95.9	0.4	33.2	36.8	3.6	46.8	63.6	16.8
8	94.5	96.6	2.1	35.5	50.9	15.4	55.9	76.9	21.0
9+	97.3	95.1	-2.2	63.5	68.4	4.9	85.2	90.4	5.2
Ethnic Group									
Creole	94.9	93.7	-1.2	54.7	64.7	10.0	79.4	92.1	12.7
Mestizo	95.8	97.6	1.8	34.6	52.0	17.4	49.5	77.3	27.8
Garifuna	94.1	99.1	5.0	54.5	64.8	10.3	78.1	86.1	8.0
Maya/Ketchi	96.2	93.2	-3.0	25.3	25.1	-0.2	38.5	46.2	7.7
Other	96.6	92.5	-4.1	49.6	48.8	-0.8	67.2	81.4	14.2

CHAPTER 11

BREASTFEEDING AND WEANING PRACTICES

11.1 Introduction

This chapter describes the initiation and duration of breastfeeding and supplementary feeding patterns and concentrates on children who were born within the 24 months prior to the interview date. The results are based on the responses of women aged 15 to 44 years referring only to their youngest living child. A comparison of types of feeding between the years 1991 and 1999 is presented at the end of the chapter.

11.2 Initiation of Breastfeeding

Overall, 90% of surviving children born within 24 months of interview were reported by their mothers to have been breastfed (Table 11.1). A higher proportion of rural children (91%) were reported to have been breastfed than urban children (88%). The likelihood of being breastfed was inversely associated with the number of amenities found in the household at the time of the interview. However, an inverse association of breastfeeding with educational attainment did not emerge from the data. With respect to ethnicity, the Maya/Ketchi (97%) were more likely to report breastfeeding their children than any of the other ethnic groups. The percentage of children ever breastfed varied by type of delivery. Women who gave birth in a place other than their own home were the least likely to breastfeed. As shown in chapter 10, Maya/Ketchi women had a high tendency to give birth in their own home. This explains why 97% of babies born in their own home are breastfed.

Early initiation of breastfeeding is beneficial for the health of both the mother and the child. It is directly related to the success of breastfeeding and enhances the attachment to the mother. Table 11.2 provides information on when the baby is first placed at the mother's breast. Fifty seven percent of the women reported that they initiated breastfeeding immediately after giving birth, while an additional 28% initiated breastfeeding hours after delivery. Almost fourteen percent of women delayed breastfeeding until the day following birth or later. The data suggest that rural and less educated mothers, the same groups of mothers who are the most likely to ever breastfeed their children, tend to delay somewhat the initiation of breastfeeding. Women who deliver in their own home or private hospitals also tend to delay breastfeeding. Interestingly, women whose last child was delivered by

Cesarean section tend to either initiate breastfeeding immediately following birth or hours after birth. Given that delivery by Cesarean section constitutes major abdominal surgery, one would expect a higher proportion of mothers delaying breastfeeding than was reported. Compared to 1991, there is a 16 percentage points increase of children who were delivered by Cesarean section to be breastfed either immediately after birth or hours after birth.

11.3 Mean Duration and Frequency of Breastfeeding

The number of feeds varies by age of child and from night to day (Table 11.3). For instance, the number of times the child is breastfed during the day tends to decrease with age. Also, the number of times the child is breastfed during the night is higher than the number of times it is breastfed during the day for children in all age groups. This finding differs from what was reported in the 1991 Family Health Survey when the number of breastfeeds did not vary appreciably by age or time of the day.

11.4 Reasons for Never Breastfeeding and for Stopping Breastfeeding

Women who did not breastfeed their last child were asked to give the reasons for never breastfeeding their last child. The main reason was the infant's refusal to suckle (41%). Other main reasons given were insufficient milk (16%), mother did not want to breastfeed (11%) and mother's illness (9%) (Table 11.4). Only one percent of the children were not breastfed because the mother was working. It is interesting to note that eleven percent of women stated that they did not want to breastfeed their child.

Women who did breastfeed their last child but are no longer breastfeeding were also asked to give the reasons for stopping breastfeeding. Thirty percent of the mothers stopped breastfeeding because the child refused to continue breastfeeding (Table 11.5). Another 25% stopped because they felt that the child had reached weaning age, while 9% and 5% reported insufficient milk and breast problems, respectively. It should be noted that 8% of the women reported that they stopped breastfeeding because they became pregnant. This most often occurred after eight months of breastfeeding. Another 8% of the women indicated that they stopped breastfeeding because they were working.

11.5 Supplementation and Weaning Practices

Given the importance to maintain exclusive breastfeeding until six months, any figure less than 100% would be considered low. Depending on the present conditions of life, 60% would be considered successful. However, in Belize only 24% of infants were exclusively breastfed for the first three months (Table 11.6). Exclusive breastfeeding during the first three months was less common in urban areas, among younger mothers, among more educated women and among the Creoles. Particularly striking was the difference by mother's education: exclusive breastfeeding in the first three months was nearly three times more common in mothers with less than eight years of schooling than mothers with nine years or more of education. Based on what is known, the process of urbanization, the increasing incorporation of women in the workforce, the repercussion of supplements of breastmilk, that can be obtained easily and are advertised vigorously, have serious negative effects on the well being of the child and the mother.

Twenty four percent of the infants were "predominantly" breastfed during the first three months of life, that is, they were given other liquids (plain water, sugar water, juice, or herbal teas) in addition to breastmilk. By the time infants are 6 to 9 months of age, slightly more than 50% of them receive both breastmilk and complementary foods (such as milk and/or solids). Interestingly, a higher proportion of rural women, who during the first three months of their infant's lives were the most likely to exclusively breastfeed, begin giving complementary foods to their children aged 6 to 9 months of age than urban women.

The feeding practices of children less than 36 months of age during the 24 hours prior to interview is summarized in Table 11.7. At less than three months of age, 86% of infants are breastfeeding, but less than thirty percent of the infants are exclusively breastfeeding. The percentage of infants that are exclusively breastfeeding decreases from 28% for infants under three months of age to 13% for infants aged 3 to 5 months. By the time infants are 6 to 8 months of age, only 3% are exclusively breastfeeding and 34% receive no breastmilk.

More than half of the women who did not breastfeed stated that they would have breastfed if they were better informed (Table 11.8). These women were primarily from the urban areas (58%) and with less than eight years of schooling (38%). The major sources of information for all women is the government health center (46%), the mother (23%) and government hospital (12%) (Table 11.9). The source of information varies by residence. Women from

the urban areas tend to rely more on government health centers. Rural women have a higher dependency on mothers as a source of information.

The percentage of children ever breastfed and the percentage of children who were exclusively breastfed for the first three months remained almost the same as in 1991. The percentage of children who are predominantly breastfed for the first three months, however, had decreased significantly compared to 1991 (Table 11.10). A decline in breastfeeding practices is especially occurring for women in the rural areas and women with nine or more years of education. In order to address the decrease in breastfeeding practices in these specific groups and the low prevalence of exclusive breastfeeding for the first three months in Belize, it is urgent that programmes such as 'Baby Friendly Hospitals' be introduced in the country. For a hospital to be considered a Baby Friendly Hospital, it should fulfill the ten steps mentioned below (1):

- Have a written breastfeeding policy that is routinely communicated to all health care staff
- Train all health care staff in the skills necessary to implement this policy
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within half an hour of birth.
- Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
- Give newborn infants no food or drink other than breast milk unless medically indicated.
- Practice rooming-in to allow mothers and infants to stay together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies and soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital.

Through such a programme we can have better knowledge and positive attitudes on breastfeeding, which in turn is expected to increase the prevalence of exclusive breastfeeding for the first three months.

11.6 Summary

Overall, 90% of surviving children born within 24 months of interview were reported by their mothers to have been breastfed. A higher proportion of rural children were reported to have been breastfed than urban children. The Maya/Ketchi women were more likely to report breastfeeding their children than any other ethnic group. Slightly more than half of the women reported that they initiated breastfeeding immediately after giving birth. Only 24% of infants were exclusively breastfed for the first three months. Exclusive breastfeeding was less common in urban areas, among younger women, among more educated women and among the Creoles. More than half of the women who did not breastfeed stated that they would have breastfed if they had been better informed. The main reasons for never breastfeeding were the infant's refusal to suckle, insufficient milk, mother did not want to breastfeed and mother's illness. The percentage of children ever breastfed and the percentage of children who were exclusively breastfed for the first three months remained almost the same as in 1991. In order to address the decrease in breastfeeding practices in specific groups and the low prevalence of exclusive breastfeeding for the first three months in Belize, it is urgent that programmes such as 'Baby Friendly Hospitals' be introduced in the country.

TABLE 11-1

BELIZE: Living Children 24 Months of Age or Less Who Were Ever Breastfed (Last Births Only), by Selected Characteristics of Their Mothers: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Percent Breastfed	No. of Cases (Unweighted)
Total	89.5	(955)
Residence		
Urban	87.6	(394)
Rural	90.9	(561)
Years of Education[1]		
0-7	89.5	(342)
8	91.2	(317)
9+	87.8	(296)
No. of Household Amenities		
0-2	93.7	(175)
3-7	89.3	(589)
8- 10	86.4	(191)
Ethnic Group[2]		
Creole	88.9	(199)
Mestizo	87.0	(486)
Garifuna	92.7	(55)
Maya/Ketchi	97.4	(152)
Other	88.9	(63)
Place of Birth[3]		
Government Hospital	89.0	(725)
Private Hospital	89.1	(101)
Own Home	96.5	(113)
Other	**	(16)
Type of delivery[4]		
Vaginal	90.8	(847)
Cesarean	79.6	(108)

[1] Excludes 2 cases for whom education level is unknown.

[2] Excludes 6 cases for whom ethnic group is unknown.

[3] Excludes 3 cases for whom place of birth is unknown.

[4] Excludes 14 cases who last delivery was assisted with forceps and 3 cases for whom type of last delivery is unknown.

** Less than 25 cases.

TABLE 11-2

BELIZE: Timing of Initiation of Breastfeeding After Birth,
Ever Breastfed Children 24 Months of Age or Less (Last Births Only):
1999 Family Health Survey
(Percentage Distribution)

Selected Characteristics	Timing of Breastfeeding				Total	No. of Cases (Unweighted)
	Immediately After Birth	Hours after Birth[1]	Days after Birth[2]	Unknown		
Total	56.8	28.1	13.8	1.3	100.0	(797)
Residence						
Urban	58.5	31.2	8.6	1.7	100.0	(323)
Rural	55.6	25.8	17.6	1.1	100.0	(474)
Years of Education[3]						
0-7	50.1	31.5	17.8	0.6	100.0	(283)
8	57.1	29.4	13.2	0.3	100.0	(269)
9+	63.8	22.9	10.1	3.3	100.0	(245)
Ethnic Group[4]						
Creole	65.0	22.5	10.6	1.9	100.0	(161)
Mestizo	59.1	28.7	11.2	1.0	100.0	(394)
Garifuna	76.6	16.4	7.0		100.0	(50)
Maya/Ketchi	30.1	37.5	30.7	1.7	100.0	(143)
Other	67.4	29.1	1.7	1.8	100.0	(49)
Place of Birth[5]						
Government Hospital	59.7	29.8	8.8	1.7	100.0	(564)
Private Hospital	57.1	23.5	18.4	1.0	100.0	(89)
Own Home	41.3	24.1	34.5	0.0	100.0	(130)
Other	**	**	**	**	100.0	(14)
Type of Delivery[6]						
Vaginal	58.8	26.9	13.0	1.3	100.0	(706)
Cesarean	40.2	37.9	20.2	1.6	100.0	(91)

[1] Ranges from one hour to 24 hours.

[2] Ranges from one day to 15 days

[3] Excludes 2 cases for whom education level is unknown.

[4] Excludes 4cases for whom ethnic group is unknown.

[5] Excludes 3 cases for whom place of birth is unknown.

[6] Excludes 12 cases whose last delivery was assisted with forceps and 4 cases for whom type of delivery is unknown.

** Less than 25 cases

TABLE 11-3

BELIZE: Mean Number of Times Breastfed During the Previous Night and During the Daylight Hours of the Previous Day, by Age of Child Children Aged 24 Months or Less (Last Births Only) Who are Currently Being Breastfed: 1999 Family Health Survey (Percent Distribution)

Age of Child (in Months)	Mean No. of Times Breastfed		No. of cases* (Unweighted)
	Previous Day[1]	Previous Night[2]	
0-2	4.8	6.1	(90)
3-6	4.1	6.1	(88)
7-10	4.5	6.2	(95)
11-14	4.0	5.1	(79)
15-18	3.9	4.6	(54)
19-24	3.8	5.1	(36)

[1] 6 a.m. to 6 p.m.

[2] 6 p.m. to 6 a.m.

* Excludes women who did not breastfeed their children and those who did not recall the number of times they breastfed.

TABLE 11-4

BELIZE: Reason Did Not Breastfeed:
Children 24 Months of Age or Less
Who Were Never Breastfed (Last Births Only):
1999 Family Health Survey
(Percent Distribution)

Reason Did Not Breastfeed	Percent
Child Refused	41.4
No Milk	16.2
Did Not Want To	11.1
Mother Ill/Weak	9.1
Child Died	7.1
Child Ill/Weak	4.0
Nipple/Breast Problem	3.0
Did Not Know How To	2.0
Working	1.0
Other	5.1
Total	100.0
No. of Cases* (Unweighted)	(99)

* Excludes 4 cases for whom reason did not breastfeed is unknown.

TABLE 11-5

BELIZE: Reason Stopped Breastfeeding: Living Children 24 Months of Age or Less (Last Births Only) Who Were Breastfed But No Longer Are Breastfeeding: 1999 Family Health Survey (Percent Distribution)

Reason Stopped Breastfeeding	Total	Months Breastfed Before Stopping						
		0-2	3-4	5-6	7-8	9-10	11+	Until Child Died
Child refused	30.3	29.5	39.7	35.1	39.5	**	15.7	**
Weaning age	25.4	4.9	9.6	31.6	31.6	**	38.2	**
No milk	9.3	29.5	8.2	8.8	5.3	**	1.1	**
Working	8.2	11.5	16.4	10.5	0.0	**	3.4	**
Became pregnant	8.2	1.6	1.4	3.5	7.9	**	21.3	**
Mother ill/weak	5.5	8.2	6.8	0.0	7.9	**	6.7	**
Tired of breastfeeding	5.0	1.6	4.1	5.3	5.3	**	9.0	**
Nipple/Breast problem	4.7	6.6	9.6	3.5	2.6	**	1.1	**
Child ill/weak	0.9	1.6	0.0	1.8	0.0	**	1.1	**
Child died	0.3	0.0	0.0	0.0	0.0	**	0.0	**
Other	2.3	4.9	4.1	0.0	0.0	**	2.2	**
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(343)	(61)	(73)	(57)	(38)	(23)	(89)	(2)

* Excludes 25 cases for whom reason stopped breastfeeding is unknown.

** Less than 25 cases.

TABLE 11-6

BELIZE: Living Children Within Specific Age Groups (Last Births Only), by Types of Supplemental Feeding and Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Not Breastfed (0-3 months)	Exclusively Breastfed (0-3 months)	Predominantly[1] Breastfed (0-3 months)	Complementary[2] Breastfeeding (6-9 months)	Continued Breastfeeding (15-18 months)	Continued Breastfeeding (20-23 months)
Total	15.1	24.2	24.2	53.6	44.5	23.3
Residence						
Urban	20.2	23.1	21.8	43.2	33.8	12.0
Rural	10.4	25.1	26.4	60.5	53.5	31.8
Mother's Age						
<20	17.0	19.6	38.9	69.7	35.6	**
20-29	13.5	26.8	22.9	53.9	45.0	24.2
30+	17.0	22.6	15.0	44.5	51.2	27.2
Mother's Education						
0-7 years	12.9	29.5	26.1	63.2	52.4	30.6
8 years	8.4	35.6	15.4	50.1	38.4	20.6
9+ years	22.5	10.1	30.6	47.1	41.3	13.0
Ethnicity						
Creole	25.5	14.9	23.7	36.9	29.7	21.2
Mestizo	15.0	17.8	28.3	60.7	44.3	16.7
Other	6.1	40.6	19.4	54.4	56.3	30.7
Religion						
Protestant	16.0	26.1	14.9	50.1	47.6	23.1
Catholic	16.1	16.9	32.2	55.1	42.1	21.3
None/Other	10.6	43.4	14.7	56.6	49.9	28.9
No. Household Amenities						
0-2	10.5	35.5	26.5	77.1	76.2	**
3-7	15.7	20.5	18.5	53.7	43.0	23.7
8-10	17.3	24.5	36.0	29.7	23.4	12.7

[1] Breastfed and (plain water, sugarwater, juice, or herbal teas) or exclusive breastfeeding

[2] Breastfed and (milks or solids) ** Less than 25 cases.

TABLE 11-7

BELIZE: Feeding Practices of Living Children Less Than 36 Months of Age (Last Births Only) During the 24 Hours Prior to Interview, by Age of Child: 1999 Family Health Survey (Percent Distribution)

Age of Child (Months)	Not Breastfed	Exclusively Breastfed	Breastmilk and Water	Breastmilk and Other Liquids [1]	Breastmilk and Other Milk [2]	Breastmilk and Solid or Mashed Food	Total	Number of Children (Unweighted)
Total	76.1	2.6	1.6	1.1	4.0	14.6	100.0	(2376)
00-02	14.1	27.9	13.5	9.2	33.9	1.4	100.0	(114)
03-05	23.4	12.8	14.1	7.4	29.4	12.9	100.0	(106)
06-08	33.8	2.8	2.1	2.8	6.3	52.3	100.0	(110)
09-11	39.0	0.0	0.6	0.0	4.4	55.9	100.0	(131)
12-14	52.6	0.5	0.9	1.1	2.2	42.6	100.0	(150)
15-17	64.3	1.5	0.7	0.0	2.1	31.4	100.0	(116)
18-20	68.2	1.6	0.0	0.0	0.8	29.5	100.0	(110)
21-23	81.7	4.8	0.0	0.8	0.8	11.8	100.0	(103)
24-35	96.4	0.1	0.0	0.1	0.0	3.4	100.0	(1436)

[1] Other Liquids include Sugar water, Juice, Herbal Teas and Other Liquids (may or may not have received plain water).

[2] Other Milk includes Fresh Milk, Tinned or Powdered Milk and Formula (may or may not have received plain water).

TABLE 11-8

BELIZE: Would Have Breastfed if Better Informed, by Selected Characteristics: Married Women Aged 15-44 Who Did Not Breastfeed Child (Last Birth Only) 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Would Have Breastfed if Better Informed	
	Yes	No
Residence		
Urban	57.8	50.9
Rural	42.2	49.1
Years of Education		
0-7	37.5	29.5
8	34.2	25.4
9+	28.3	45.1
Total	100.0	100.0
No. of Cases (Unweighted)	(101)	(72)

TABLE 11-9

BELIZE: Received Information About Breastfeeding, by Place and Residence: Married Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Place where received information	Total	Residence	
		Urban	Rural
Governmental Health Center	45.8	53.7	39.6
Government Hospital	12.0	11.4	12.5
Private Hospital	2.3	1.5	2.9
Private Doctor	3.0	4.1	2.2
Midwife/TBA	0.7	0.4	0.9
Mother	22.6	17.0	27.0
Other Relative	1.4	1.2	1.6
Friend	1.4	1.2	1.5
Breast is Best League	0.4	0.9	0.0
Belize Family Life Association	1.6	2.2	1.2
Other	5	3.4	6.2
Unknown	3.8	2.9	4.5
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(1457)	(624)	(833)

TABLE 11-10

BELIZE: Living Children Within Specific Age Groups (Last Births Only), by Types of Feeding and Selected Characteristics: 1991 and 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Breastfed (children 24 months or less)			Exclusively Breastfed (0-3 months)			Predominantly Breastfed (0-3 months)		
	1991	1999	Diff.	1991	1999	Diff.	1991	1999	Diff
Total	90.0	89.5	-0.5	23.7	24.2	0.5	40.7	24.2	-16.5
Residence									
Urban	85.8	87.6	1.8	10.4	23.1	12.7	32.0	21.8	-10.2
Rural	95.5	90.9	-4.6	47.8	25.1	-22.7	56.5	26.4	-30.1
Mother's Education	92.2	89.5	-2.7	34.3	29.5	-4.8	46.3	63.2	16.9
0-7 years									
8 years	86.6	91.2	4.6	20.0	35.6	15.6	31.4	50.1	18.7
9+ years	91.1	87.8	-3.3	15.8	10.1	-5.7	45.6	47.1	1.5

CHAPTER 12

IMMUNIZATION LEVELS

12.1 Introduction

In the 1999 survey, immunization data on one child from each selected household was requested. Questions were asked on the number of doses of vaccine received against tuberculosis (BCG), poliomyelitis (Polio), diphtheria- pertussis (whooping cough)-tetanus-(DPT), measles and measles-mumps-rubella (MMR). In addition, mothers were asked if each child had a vaccination card. If a card was shown, the interviewer was instructed to copy the number of doses and dates of administration of each vaccine. When the card was not available, the interviewer recorded the number of doses of each vaccine and the date of administration the mother reported that a particular child had received, if any.

12.2 Immunization Levels

About 60% of mothers interviewed had a vaccination card. This means that about 40% of the information on immunization was based on the mothers' ability to recall. It is thus not surprising that several mothers did not know if their child had received a certain vaccine; this ranges from 7 percent for BCG to 20 percent for DPT B. Since a significant percentage of mothers did not have a vaccination card and a high percentage of mothers did not know whether their child had received a certain type of vaccine, the reliability of these data collected in the survey, is decreased.

Moreover, in some cases the information on the card was not updated. For instance, there were cases when the card marked that a child had received Polio 3 but there was no written record that the child had received Polio 2. This child must have received Polio 2 to be able to get Polio 3. Similar inconsistencies were found when cards showed that the child received DPT3 but there was no indication if the child had received DPT2. In general, even the information on the card was not very accurate.

Given these weaknesses, it is not surprising that coverage for BCG, Polio, DPT, measles and MMR resulting from the survey was very low, compared to indicators from the Maternal and Child Health (MCH) section of the Ministry of Health. For instance the MCH reported that in 1999 BCG coverage was 96% (2), meaning that Belize had already achieved

the international goal of a coverage of 90%. However, the data based on this survey gives an 88% coverage for BCG. It should be noted that the 1991 Belize Family Health Survey reported 97% coverage on BCG (4).

The discrepancy between the data from MCH and the data from the 1999 Family Health Survey was greatest for measles coverage. The coverage reported in this survey for MMR was as low as 55% when in reality coverage for MMR for children one to two years was as high as 82% in 1999 (2) and reached a peak of 95% in 2000, as reported from the MCH. Note that the MCH Programme has been providing MMR vaccines in Belize since 1996. In previous years, measles was provided as a single vaccine (1).

12.3 Summary

Data from the MCH is considered to be very reliable (1). They keep a master copy of the vaccination card at the health center. This master copy is updated and is more reliable than the duplicate copy given to the mother as a record of next appointment. MCH is the only department that produces indicators on immunization in Belize. Through compilation of monthly reports by the District Health Nurses, the Rural Health Nurses and the mobile units (Rural Health Nurses) the number of immunized children is collected. The data are compiled by the District Public Health Nurses in each district and by the MCH headquarters nationally. The methodology used by the MCH to estimate vaccination coverage is more reliable than the method used in this survey. It is thus recommended that the reader consult the MCH for data on immunization since immunization levels reported in this survey are not reliable due to the weaknesses on the data collection method.

A brief summary of immunization levels reported by the MCH (2 & 3) is provided below.

Type of immunization	**Coverage**	
	1999	**2000**
BCG	**96%**	96%
MMR	**82%**	96%
Polio 3	**84%**	91%
DPT3	**87%**	91%
HEPB3*	-	76%

* Hepatitis B3

CHAPTER 13

CHILD MORBIDITY AND MORTALITY

13.1 Introduction

In this chapter, the most important issues relating to Child Morbidity and Child Mortality are discussed. Initially, the prevalence of the major childhood diseases in Belize, namely, Diarrhea and Acute Respiratory Illness (ARI) is each presented, after which some attention is focused on the severity of the illness and its treatment. After this, recent trends in Child and Infant mortality are presented and briefly discussed.

13.2 Prevalence and Treatment of Diarrhea

Acute diarrhea can be caused by viral, bacterial, or parasitic infections as well as chemical agents. Its characteristic symptoms include loose or watery stools, and may be accompanied by vomiting and fever. Diarrhea is transmitted mainly through fecal and water contamination, and also through food and fomites. It is often associated with poor food handling and inadequate personal hygiene and environmental sanitation.

It is universally known that deaths due to dehydration can be easily prevented by the use of rehydration therapy. However, adequate strategies which address socioeconomic and environmental factors are of even more significance in the prevention of this disease. Public education campaign plays a crucial role among these strategies. It is well known, as referenced above, that proper personal hygiene, which can only be fostered and maintained by adequate levels of socioeconomic development, and care for the environment are powerful ways of preventing this childhood disease.

In the 1999 Family Health Survey of Belize, for each woman in the survey, one of her children less than five years old, was randomly selected. Each woman was then asked whether the child had diarrhea during the two weeks prior to the interview. In this survey, diarrhea is defined as at least one liquid stool in a day. If the child did have a recent episode of diarrhea, the mother was then asked to answer several questions which measured severity of the disease and what treatment, if any, the child received.

Table 13.1 shows that in 1999, just over 9 percent of children less than five years of age had a reported diarrheal illness during the two weeks prior to the interview. This prevalence rate of 9 percent in 1999 shows a small decline from its level in 1991 of 11 percent. As may be expected, in the rural areas the prevalence rate of diarrhea is higher than in the urban areas. Table 13.1 further shows that in 1999 these rates were respectively 12 percent and 5 percent, whereas in 1991, the comparative rates were 12 and 10 percent, suggesting a small decline in prevalence in urban areas between 1991 and 1999. Table 13.1 further shows that, in general, prevalence decreases as the mother's level of education increases. The most logical explanation for this is that better child care practices, food handling and environmental sanitation are associated with higher levels of education. With respect to ethnicity, just as in the 1991 survey, the Maya/Ketchi women report the highest prevalence of diarrhea (21%), as Table 13.2 shows. A notable departure from the 1991 results, however, is the reduced prevalence of the disease among the Mestizos. In 1999 the prevalence rate for this ethnic group (8%) was almost as low as that for the Creoles (7%). This can be compared with the levels in 1991 of 12% and 8% respectively. This result indicates a marked improvement in health care of children of the Mestizo ethnic group.

In Table 13.3, the prevalence of diarrhea by selected household characteristics in 1999 is shown to be at similar levels to those prevailing in 1991. For example, in general, prevalence is negatively associated with household size and the number of rooms in the household. Also, the rate is highest among households whose drinking water is the least protected. Table 13.3 also shows that children living in dwelling units with dirt floor, whose household uses wood as their main source of energy for cooking and who do not have access to a refrigerator or radio are the most likely to have had diarrhea. Again, these results in 1999 are similar to those in 1991.

Table 13.4 presents results to the question to mothers on the symptoms displayed by children who had diarrhea. The most common symptom reported was Blood/Mucous in Stool (23%). This was followed by Dry Lips (22%), Dry Wrinkled Skin (21%) and Sunken Dry Eyes (17%). Medical authorities confirm that blood and/or mucous in the stool is indicative of the fact that the episode of diarrhea was of bacterial or parasitic origin. Dry, wrinkled skin, sunken, dry eyes and dry lips are strong indicators of acute dehydration. Medical authorities advise that children with these symptoms should be treated with rehydration therapy. Table 13.4 further shows that the most educated women were the least likely to report these symptoms, suggesting that these women may have a much better understanding of the importance of good child care practices and as a consequence recognize and treat the illness very early, before it reaches an acute stage.

13.3 The Treatment of Diarrhea

For all randomly selected children who reportedly had diarrhea during the last two weeks prior to the survey, respondents were asked what they did about the illness. Table 13.5 shows that 12% reported that they did not treat the illness at all. This is a marked improvement from the situation in 1991 when 17% reported not treating the illness at all. The data also show that in 1999, infants were more likely not to have been treated for the illness, which is a marked departure from the situation in 1991 when these children were the most likely to have been treated. However, the results here should be interpreted with caution since, for the 1999 survey, the number of cases in the sample for this age group is quite small. Table 13.5 also shows that just as in 1991, children whose mother had eight or more years of education were more likely to have been treated.

In 1991 also, only 33% reported seeking treatment from a government worker, clinic or hospital. In the 1999 survey, however, 56% sought treatment from these sources. The Traditional Healer has also gained more popularity in 1999 as a source of treatment, since the results show in Table 13.5 that 11% in 1999, as compared with 6% in 1991 were treated by Traditional Healers. With respect to treatment by ethnic group of the respondents, among the Mestizo ethnic group, 50% in 1999 compared with 27% in 1991 had their children treated at a clinic/hospital or by a government worker. Among the Maya/Ketchi population, the corresponding percentages were 74% in 1999 and 33% in 1991. These results clearly show that members of these two ethnic groups have recently been using the clinic or hospital facilities for the treatment of this childhood disease much more regularly than they did nine years ago. Unfortunately, the number of cases among the Creole and Garifuna populations were so small in the sample that it is not possible to make similar comparisons for these groups.

Respondents were also asked about the type of treatment administered to their children less than five years old with recent diarrhea. Table 13.6 shows that the most popular treatment (48%) was the use of Oral Rehydration Salts (ORS). This was followed by the use of Antibiotics (16%) and Antidiarretics (16%). In 1991, the use of Antidiarretics (37%) was the most popular treatment, followed by the administration of ORS (33%), and the use of Antibiotics (24%). This large shift in 1999 towards using ORS to treat diarrhea, a treatment which is universally known to be quite

effective and economical is indicative of the positive results of efforts made by the MCH programme in public education.

Table 13.7 presents the type of treatment given to children less than five years of age with recent diarrhea, by residence and by the mother's education. It is clear from this table that in 1999, the use of ORS was more popular in rural than in urban areas. This is opposite to the situation in 1991. However, both surveys show that use of ORS is more likely among mothers with 8 or more years of education than among those with fewer years of education. In 1999, the use of Antidiarretics decreased as the number of years of education of the mother increased, which is opposite to what the situation was in 1991. In 1991, the use of 'Vague Remedies' to treat diarrhea was quite popular (21%), but in 1999 only 5% of cases reported using this treatment. It must be noted, with some concern, that even though the use of Antidiarretics and Antibiotics to treat diarrhea has declined from the level in 1991, the data show that rural children and children of mothers with fewer years of education are still most likely to be treated by these means. Further, Table 13.8 shows that the use of ORS, Homemade Salts, and Antidiarretics increases as the number of episodes or duration of the illness increases.

Most Pediatricians agree that during an episode of diarrhea, an increase in liquids and the feeding of soft foods are best for the diet of the child. In order to identify what diet is administered to the child with diarrhea, all respondents were asked for the type of diet given to their children with recent diarrhea. Table 13.9 presents some revealing information with respect to the diet given. In the 1999 survey, only 27% of respondents reported giving the normal diet to their affected children. In 1991, over 43% reported doing so. Another good signal is that 43% reported giving 'Only Soft Foods' to their children with diarrhea, compared with only 26% in 1991. It is also good to note that, just as in 1991 (56%), a high percentage (54%) in 1999 increased the use of liquids during an episode of diarrhea. Further, the data show that the disparities between urban and rural respondents in diet received by affected children have significantly narrowed in 1999, and in some cases been reversed. For example, whereas 51% of rural mothers versus 38% in urban areas in 1991 were giving a normal diet to children affected with diarrhea, in 1999 the corresponding percentages are 26% and 30% i.e. no significant difference at all. Again, with respect to the use of 'Soft Foods', in 1991 only 16% in rural areas as compared with 35% in urban areas were using soft foods. In 1999, however, this situation (with 47% and 30% respectively) appeared to have reversed. Also, in 1999 just as in 1991, the more educated the mother was, the more likely that she would not administer a normal diet to the affected child. In addition, Table 13.9 also shows that the more educated mother was more likely to increase liquids in the diet of the children with diarrhea.

13.4 The Prevalence and Treatment of Acute Respiratory Infection (ARI) Prevalence

Mothers with children less than five years old were also asked whether their children showed symptoms of ARI in the two weeks before the interview. The findings here are presented in Tables 13.11 to 13.14. Only 13% of the children were reported to have symptoms of ARI. In the 1991 survey, forty percent (40%) were so reported. Also, 'Moderate' ARI has been the most prevalent. In 1991, 'Mild' symptoms of ARI were the most prevalent. The percentage of children reportedly with ARI in the urban areas was 12% and 15% in the rural areas. These figures show a reversal of the trend in 1991 when the reported cases in the urban areas was 43% and those in the rural areas 37%. The results in Table 13.11 also show that the prevalence of ARI decreases as the years of education of the mother increases. Moderate and Severe forms of ARI occur most in the rural areas and among children of mothers with fewer years of education. With respect to the age of the child, Table 13.12 shows that children two years and less are the most likely to be affected, even with the 'Moderate' or 'Severe' form of ARI. In 1991 also, children two years of age or less were the most likely to be affected by any form of diarrhea.

Information on ARI among individual ethnic groups and by the various standard living conditions were also collected in the survey. In 1999, ARI was most prevalent among the Mestizo and Maya/Ketchi ethnic groups. This represents a change from the situation in 1991 when the Garifuna and Ketchi groups were the most susceptible. Whereas all three ethnic groups, the Maya/Ketchi, Mestizo and Garifuna were most likely to report moderate forms of ARI, the Mestizo group was the most likely to report 'Severe' forms. With respect to standard household living conditions, unlike the situation in 1991 where there were no recognizable differences in the prevalence of ARI and the living conditions within the household, the 1999 survey shows that the presence of ARI is positively associated with household sizes of 8 or more persons, and with 'Cement' or 'Dirt' floor. There also seems to be some association with the type of energy used for cooking. There is higher prevalence (16%) in households which use 'Wood' rather than 'Gas' (13%) or 'Kerosene' (10%).

13.5 The Treatment of ARI

The 1991 survey reports that 14% of reported symptoms of ARI were not treated at all. In 1999 however, there was marked improvement in that only 4% of the reported cases were left untreated. Table 13.15 also shows that 66% of cases were treated in Clinic or Hospital. This

represents a significant increase from its level of 40% in 1999. These figures also show that reliance on the 'Traditional Healer' or the 'Pharmacy' has dropped between the two points in time. This trend in the location of treatment is similar in urban or rural areas, even though urban households do seem to resort to the pharmacy for treatment, more so than their counterparts in the rural areas. The pattern with respect to location of treatment was the same in 1991. Table 13.15 also shows that the more educated the mother, the less likely that the symptoms will be left untreated. However, the more educated the mother, the more likely she will use a private clinic or hospital, and the less likely she will use the government hospital. Again, this trend was similar in 1991. With respect to location of treatment among the various ethnic groups, the data show that the 'Maya/Ketchi' ethnic group was the most likely group not to treat their children with symptoms of ARI. In this connection, in 1991, the group most likely not to treat their children with symptoms of the illness was the 'Garifuna' ethnic group. Table 13.15 further shows that infants and children whose symptoms of ARI have prevailed for seven or more days are the least likely to go untreated. Notable also, is that no cases of 'Severe' ARI were left untreated. In 1991, however, infants were among the least treated for this illness, which is reflected in a much higher rate of death for infants then, than it is now. In 1991 also, it is noted that 6% of severe cases were left untreated. Respondents were also asked for the type of treatment given to their children less than five years of age with recent respiratory illness. Table 13.16 shows the 1999 results. The most popular type of treatment was the use of 'Antibiotics' followed by 'Expectorants'. This trend in type of treatment prevailed in the rural areas, but in the urban areas, 'Expectorants' were more popular than 'Antibiotics'. Further, mothers with nine or more years of education use less expectorants and more antibiotics than those with seven or fewer years of education. It is also noted that, the more educated the mother the more likely that she would use a home remedy. These data also show that the longer the duration of the illness, the more likely it would be treated with 'Expectorants' or 'Antibiotics', and the less likely by 'Home Remedies'.

In addition, whereas the likelihood of the use of 'Antibiotics' increases with the severity of the. illness, the percentage who use 'Expectorants' remains the same no matter how severe the illness. Table 13.16 also shows that 'Antibiotics' or 'Expectorants' were the most likely treatment in the Clinics or Hospitals, whereas the most popular treatments from the Pharmacy were 'Expectorants' followed by 'Pills/Syrups'.

The situation in 1991 was not identical to that in 1999, as described above. For example, even though the use of 'Expectorants' (45%) was the most popular type of

treatment, this was followed closely by 'Pills/Syrups' (41%) and 'Aspirin' (40%). 'Antibiotics' were only used by 30% of the cases. Also, the number of years of the mothers' education did not make much difference among those using expectorants or pills/syrups, but the data do show that fewer cases were treated with 'Aspirin' as the mothers' years of education increased.

13.6 Infant and Child Mortality

The survey provides a good opportunity to estimate Infant and Child Mortality using a source other than the Vital Registration System, which is known to be defective. If reporting of dates of births and dates of death for the children who died was very accurate, the data could be used to generate direct estimates of these very important socio-economic measures. Unfortunately, there are considerable omissions of these dates which restricts direct estimates. Nevertheless, the CDC assisted with the generation of rates using standard indirect techniques as documented in Chapter 3 of Manual X: Indirect Techniques for Demographic Estimation. Table 13.17 clearly shows that the estimated level of Infant Mortality in 1997 was approximately 22 per thousand live births, whereas the Under Five Mortality rate for the same year was 26 per thousand of the population under five. Estimated levels for 1995, 1993, 1990, 1987 and 1985 are also given in the table. More current estimates for the year 1998 (say) or even for 1999 were attempted, but it was realized that the data could not support reliable estimates for these years. It is clear from these data, however, that in approximately ten years, the level of the Infant Mortality Rate was reduced by 50%. This is indeed indicative of a remarkable achievement during the last decade. Tangible improvements in the health sector and in economic development undoubtedly had a lot to do with this sharp reduction in the Infant Mortality Rate.

13.7 Summary

This chapter focuses on the most serious childhood diseases, namely Diarrhea and Acute Respiratory Infection. Levels and trends in Infant Mortality and Child Mortality are also presented and discussed. The prevalence of both diseases has declined, compared with the situation in 1991. It is also shown that, currently, methods of treatment of these diseases are much more focused and cost effective. For example, there is much more reliability on and use of ORS, a very simple and inexpensive treatment, for symptoms of ARI. As a consequence of more effective preventative care and more enlightened curative treatment, the levels of Infant Mortality and Child Mortality have been steadily declining.

TABLE 13-1

BELIZE: Children Less Than 5 Years of Age Reported to Have Had Diarrhea During the Two Weeks Prior to Interview, by Residence, Years of Education, and Age of Child: 1999 Family Health Survey (Percent Distribution)

Age of Child	Total*		Residence				Education Level					
			Urban		Rural		0-7		8		9+	
Total	9.2	(1529)	5.2	(673)	12.2	(856)	11.9	(512)	8.6	(502)	6.6	(515)
0-5 months	4.6	(140)	3.5	(69)	5.6	(71)	5.0	(36)	3.8	(47)	5.0	(57)
6-11 months	14.5	(155)	10.6	(64)	17.5	(91)	22.2	(44)	9.4	(48)	13.8	(63)
1 year	12.5	(330)	7.0	(140)	16.7	(190)	15.1	(120)	15.2	(108)	6.2	(102)
2 years	11.9	(293)	4.2	(127)	16.7	(166)	20.1	(105)	8.8	(97)	2.1	(91)
3 years	5.3	(325)	2.3	(152)	8.0	(173)	7.4	(111)	7.7	(98)	0.0	(116)
4 years	6.2	(286)	5.7	(121)	6.5	(165)	2.2	(96)	3.9	(104)	13.8	(86)

* Excludes 5 cases for whom education level is unknown.

TABLE 13-2

BELIZE: Children Less Than 5 Years of Age Reported to Have Had Diarrhea During the Two Weeks Prior to Interview, by Ethnic Group and Age of Child: 1999 Family Health Survey (Percent Distribution)

Age of Child	Total*		Ethnic Group									
			Creole		Mestizo		Garifuna		Maya/Ketchi		Other	
Total	9.2	(1528)	7.4	(334)	7.5	(805)	5.2	(91)	21.4	(204)	0.7	(94)
0-5 months	4.6	(141)	0.0	(35)	7.6	(67)	**	(12)	**	(15)	**	(12)
6-11 months	14.5	(156)	14.8	(31)	10.3	(83)	**	(8)	**	(24)	**	(10)
1 year	12.6	(328)	9.5	(65)	12.0	(178)	**	(17)	31.3	(43)	0.0	(25)
2 years	11.9	(293)	3.7	(71)	8.9	(158)	**	(17)	32.5	(37)	**	(10)
3 years	5.3	(324)	3.0	(66)	4.3	(168)	**	(20)	14.5	(49)	**	(21)
4 years	6.2	(286)	12.3	(66)	3.0	(151)	**	(17)	2.3	(36)	**	(16)

* Excludes 6 cases for whom ethnic group is unknown.

** Less than 25 cases.

TABLE 13-3

BELIZE: Children Less Than 5 Years of Age Reported to Have Had Diarrhea During the Two Weeks Prior to Interview, by Selected Household Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Household Characteristics	Percent with Diarrhea	No. of Cases* (Unweighted)
Total	8.1	(1509)
No of Persons Living in Household	6.9	(222)
1-3		
4-5	5.8	(587)
6-7	8.4	(397)
8-9	9.2	(215)
10+	13.4	(88)
No of Bedrooms in Household	14.0	(75)
0		
1	8.8	(391)
2	6.9	(615)
3	5.7	(302)
4+	12.3	(126)
Source of Drinking Water		
Private, Piped into Dwelling	8.8	(258)
Private Vat/Drum/Well, Not Piped	4.5	(407)
Public, Piped into Dwelling	10.8	(237)
Public, Piped into Yard	9.5	(256)
Public Stand Pipe or Hand Pump	21.5	(64)
Public Well	10.2	(40)
River, Stream, Creek, Pond, Spring	10.6	(42)
Purified Water	3.7	(181)
Other	**	(24)
Toilet Facility		
WC Linked to WASA Sewer System	3.8	(288)
WC Linked to Septic Tank	6.1	(361)
Pit Latrine, Ventilated and Elevated	7.6	(218)
Pit Latrine, Ventilated and Not Elevated	9.6	(133)
Pit Latrine, Ventilated Compost	**	(14)
Pit Latrine, Non Ventilated	12.7	(434)
None/ Other	7.6	(61)

TABLE 13-3 continued

BELIZE: Percentage of Children Less Than 5 Years of Age Reported to Have Had Diarrhea During the Two weeks Prior to Interview, by Selected Household Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Household Characteristics	Percent with Diarrhea	No. of Cases* (Unweighted)
Main Construction Material Flooring		
Wood	7.7	(501)
Cement	7.4	(878)
Dirt	14.7	(122)
Other	**	(8)
Energy for Cooking		
Wood	17.0	(263)
Gas (Butane)	6.2	(1204)
Kerosene	6.4	(28)
Electricity	**	(6)
Other	**	(8)
Refrigerator		
No	10.9	(683)
Yes	5.8	(826)
Radio		
No	9.9	(207)
Yes	7.8	(1302)

* Excludes 1 case for whom no. of persons living in the household is unknown.
* Excludes 7 cases for whom no. of bedrooms in the household is unknown.
* Excludes 4 cases for whom source of drinking water is unknown.
* Excludes 5 cases for whom type of toilet facility is unknown.
* Excludes 2 cases for whom floor of house is unknown.
* Excludes 4 cases for whom type of fuel is unknown.
* Excludes 1 case for whom owning a refrigerator is unknown.
* Excludes 1 case for whom owning a radio is unknown.

** Less than 25 cases.

TABLE 13-4

BELIZE: Children Less Than 5 Years of Age
Manifesting Various Symptoms During Their Recent Episode of Diarrhea, by Selected Characteristics:
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	No Symptoms	Blood/ Mucous in Stool	Dry, Wrinkled Skin	Sunken, Dry Eyes	Sunken Fontanel	Dry lips	No. of Cases (Unweighted)
Total	47.9	23.2	21.2	17.4	5.0	22.0	(121)
Residence							
Urban	65.6	20.2	16.2	9.5	0.0	20.6	(31)
Rural	42.0	24.2	22.9	20.0	6.7	22.4	(90)
Age of Child							
< 1 Year	51.2	37.4	10.0	10.3	8.3	21.5	(29)
1 Year	55.3	16.3	11.3	15.3	6.6	25.9	(39)
2 Years	**	**	**	**	**	**	(22)
3+ Years	49.3	21.0	21.2	28.0	4.2	23.0	(27)
Education Level							
0-7	39.0	26.4	33.3	14.3	10.2	19.6	(52)
8	44.7	24.5	13.6	23.8	1.2	39.8	(32)
9+	71.1	15.1	7.7	14.7	0.0	1.7	(37)

** Less than 25 cases.

TABLE 13-5

BELIZE: Location of Treatment for Children Less Than 5 Years of Age for Their Recent Episode of Diarrhea, by Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Not Treated	Location of Treatment					Total	No. of Cases* (Unweighted)
		Government Worker/ Clinic/ Hospital	Private Clinic/ Hospital	Traditional Healer	Private Pharmacy	Other		
Total	11.9	38.0	17.5	11.3	12.9	8.3	100.0	(110)
Residence								
Urban	11.1	32.4	5.1	8.3	33.9	9.3	100.0	(30)
Rural	12.2	40.1	22.0	12.4	5.4	8.0	100.0	(80)
Age of Child								
< 1 Year	18.0	51.3	12.3	4.0	11.7	2.8	100.0	(28)
1 Year	11.8	32.0	15.1	17.4	17.9	5.7	100.0	(35)
2 Years	**	**	**	**	**	**	100.0	(20)
3+ Years	**	**	**	**	**	**	100.0	(24)
Education Level								
0-7	13.8	29.7	31.3	9.9	7.6	7.7	100.0	(45)
8	9.6	48.6	4.1	13.1	17.9	6.7	100.0	(31)
9+	11.5	38.9	10.2	11.4	16.0	12.0	100.0	(34)
Presented Symptoms of Dehydration								
Yes	11.9	33.2	22.5	13.8	11.0	7.6	100.0	(75)
No	11.9	51.2	3.9	4.6	18.2	10.2	100.0	(35)

TABLE 13-5 continued

BELIZE: Location of Treatment for Children Less Than 5 Years of Age for Their Recent Episode of Diarrhea, by Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Not Treated	Location of Treatment					Total	No. of Cases* (Unweighted)
		Government Worker/ Clinic/ Hospital	Private Clinic/ Hospital	Traditional Healer	Private Pharmacy	Other		
Episodes of Diarrhea								
1	14.6	40.3	12.3	15.4	12.6	4.8	100.0	(57)
2-3	16.0	48.1	10.7	1.6	11.5	12.1	100.0	(34)
4-6	**	**	**	**	**	**	100.0	(15)
7+	**	**	**	**	**	**	100.0	(4)
Ethnic Group								
Creole	**	**	**	**	**	**	100.0	(21)
Mestizo	10.5	34.8	15.1	14.3	18.3	7.0	100.0	(54)
Garifuna	**	**	**	**	**	**	100.0	(3)
Maya/Ketchi	15.3	44.2	29.5	7.8	0.0	3.3	100.0	(30)
Other	**	**	**	**	**	**	100.0	(2)

* Excludes 1 case for whom location of treatment is unknown.

* Excludes 10 cases for whom episodes of diarrhea is unknown.

** Less than 25 cases.

TABLE 13-6

BELIZE: Type of Treatment Given to Children Less Than 5 Years of Age With Recent Diarrhea, by Location of Treatment: 1999 Family Health Survey (Percent Distribution)

Treatment	Total	Location of Treatment		
		Government Worker/ Clinic/ Hospital	Private Clinic/ Hospital	Other
ORS (Oral Rehydration Salts)	47.5	70.1	**	21.7
Homemade Salt/ Sugar Solution	4.6	5.7	**	5.9
Intravenous Treatment	0.5	1.1	**	0.0
Antibiotics	15.5	28.5	**	0.0
Antidiarretics	15.6	25.3	**	5.1
"Remedies"(Vague)	4.8	0.0	**	12.4
Hospitalization	2.8	6.8	**	0.0
No. of Cases (Unweighted)	(102)	(49)	(13)	(39)

** Less than 25 cases.

TABLE 13-7

BELIZE: Type of Treatment Given to Children Less Than 5 Years of Age With Recent Diarrhea, by Residence and Mother's Education: 1999 Family Health Survey (Percent Distribution)

Treatment	Total	Residence		Education Level		
		Urban	Rural	0-7	8	9+
ORS (Oral Rehydration Salts)	47.5	38.4	50.6	45.4	61.8	30.7
Homemade Salt/Sugar Solution	4.6	2.8	5.2	5.0	0.0	10.5
Intravenous Treatment	0.5	0.0	0.6	0.0	1.4	0.0
Antibiotics	15.5	12.6	16.5	16.8	13.9	15.4
Antidiarretics	15.6	11.7	16.9	19.3	13.1	12.0
"Remedies"(Vague)	4.8	10.7	2.7	3.2	0.0	14.7
Hospitalization	2.8	5.5	1.9	1.5	6.6	0.0
No. of Cases (Unweighted)	(102)	(26)	(76)	(43)	(27)	(32)

TABLE 13-8

BELIZE: Type of Treatment Given to Children Less Than 5 Years of Age With Recent Diarrhea, by Episodes of Diarrhea and Presence of Symptoms Associated With Dehydration: 1999 Family Health Survey (Percent Distribution)

Treatment	Total	Episodes of Diarrhea				Presented Symptoms Associated With Dehydration	
		1	2-3	4-6	7+	Yes	No
ORS (Oral Rehydration Salts)	48.9	34.8	53.5	**	**	46.1	56.5
Homemade Salt/Sugar Solution	4.9	4.0	7.6	**	**	5.4	3.4
Intravenous Treatment	0.5	0.0	0.0	**	**	0.7	0.0
Antibiotics	15.4	20.1	17.0	**	**	16.3	12.9
Antidiarretics	15.5	16.1	19.8	**	**	13.6	20.6
"Remedies"(Vague)	3.6	6.1	2.6	**	**	4.8	0.0
Hospitalization	3.0	4.9	0.0	**	**	4.1	0.0
No. of Cases* (Unweighted)	(95)	(49)	(28)	(14)	(4)	(65)	(30)

* Excludes 7 cases for whom episodes of diarrhea is unknown.
** Less than 25 cases.

TABLE 13-9

**BELIZE: Children With Recent Diarrhea,
by Type of Diet Received, Residence and Mother's Education:
1999 Family Health Survey
(Percent Distribution)**

Diet	Total	Residence		Education Level		
		Urban	Rural	0-7	8	9+
Normal diet	26.9	29.8	25.9	24.8	29.0	27.9
Only Soft foods	42.7	30.4	47.0	53.2	51.2	10.4
Less food	14.9	16.7	14.3	10.2	17.5	20.1
More Frequent Feedings	16.9	26.6	13.5	16.2	19.3	14.6
Increased liquids	53.7	45.9	56.4	55.7	61.9	37.9
Decreased liquids	19.3	31.7	15.0	23.3	12.9	20.9
Only Breast Milk	16.8	22.8	14.7	20.1	13.1	15.7
Withheld Breast Milk	1.7	0.0	2.3	2.9	1.4	0.0
No. of Cases (Unweighted)	(102)	(26)	(76)	(43)	(27)	(32)

TABLE 13-10

**BELIZE: Children With Recent Diarrhea,
by Type of Diet Received, Episodes of Diarrhea,
and Presence of Symptoms Associated With Dehydration:
1999 Family Health Survey
(Percent Distribution)**

Diet	Total	Episodes of Diarrhea				Symptoms of Dehydration	
		1	2-3	4-6	7+	Yes	No
Normal Diet	25.3	30.6	27.6	**	**	30.2	11.6
Only Soft Foods	43.0	39.2	40.9	**	**	47.4	30.8
Less Food	14.0	10.7	20.8	**	**	12.8	17.1
More Frequent Feedings	16.1	12.5	22.5	**	**	20.6	3.4
Increased liquids	53.3	43.6	51.3	**	**	64.5	22.2
Decreased liquids	19.7	19.2	35.2	**	**	16.3	29.2
Only Breast Milk	16.7	12.1	21.5	**	**	17.9	13.7
Withheld Breast Milk	1.5	2.1	1.9	**	**	2.0	0.0
No. of Cases* (Unweighted)	(95)	(49)	(28)	(14)	(4)	(65)	(30)

* Excludes 7 cases for whom episodes of diarrhea is unknown.
** Less than 25 cases.

TABLE 13-11

BELIZE: Presence and Severity of ARI Among Children Less Than 5 Years of Age During the Two Weeks Prior to Interview, by Residence and Mother's Education: 1999 Family Health Survey (Percent Distribution)

Presence and Severity of ARI	Total	Residence		Mother's Education Level		
		Urban	Rural	0-7	8	9+
ART	13.3	11.7	14.6	19.5	11.0	8.9
Mild	2.2	2.9	1.6	1.7	3.1	1.8
Moderate	8.2	6.1	9.8	13.7	6.1	4.4
Severe	2.9	2.6	3.1	4.1	1.8	2.8
No ART	86.7	88.3	85.4	80.5	89.0	91.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1529)	(673)	(856)	(512)	(502)	(515)

TABLE 13-12

BELIZE: Presence and Severity of ARI Among Children Less Than 5 Years of Age During the Two Weeks Prior to Interview, by Age of Child: 1999 Family Health Survey (Percent Distribution)

Presence and Severity of ARI	Total	Age of Child				
		< 1 Year	1 Year	2 Years	3 Years	4 Years
ARI	13.3	12.1	15.5	16.7	11.2	11.1
Mild	2.2	3.3	2.7	1.9	1.8	1.3
Moderate	8.2	5.6	9.4	11.6	7.5	7.0
Severe	2.9	3.2	3.5	3.3	2.0	2.8
No ARI	86.7	87.9	84.5	83.3	88.8	88.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases (Unweighted)	(1534)	(297)	(330)	(294)	(325)	(288)

TABLE 13-13

BELIZE: Presence and Severity of ARI Among Children Less Than 5 Years of Age During the Two Weeks Prior to Interview, by Ethnic Group: 1999 Family Health Survey (Percent Distribution)

Presence and Severity of ARI	Total	Ethnic Group				
		Creole	Mestizo	Garifuna	Maya/Ketchi	Other
ARI	13.4	7.2	16.6	8.2	15.0	*12.4*
Mild	2.2	2.3	2.4	1.8	1.7	1.9
Moderate	8.3	3.1	10.1	5.4	12.4	4.2
Severe	3.0	1.8	4.1	1.0	0.9	6.2
No ARI	86.6	92.8	83.4	91.8	85.0	87.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1528)	(334)	(805)	(91)	(204)	(94)

* Excludes 6 cases for whom ethnic group is unknown.

TABLE 13-14

BELIZE: Prevalence of ARI Among Children Less Than 5 Years of Age During the Two Weeks Prior to Interview, by Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Percent With ARI	No. of Cases* (Unweighted)
Total	13.4	(1518)
No. of Household Amenities	14.6	(230)
0-2		
3-7	13.9	(905)
8-10	11.4	(383)
No of Persons Living in Household		
1-3	9.8	(223)
4-5	11.5	(590)
6-7	11.0	(400)
8-9	14.0	(216)
10+	24.2	(89)
No of Bedrooms in Household	6.2	(75)
0		
1	14.3	(392)
2	14.2	(621)
3	11.0	(304)
4+	17.8	(126)
Energy for Cooking		
Wood	16.1	(263)
Gas (Butane)	12.9	(1213)
Kerosene	10.4	(28)
Electricity	**	(6)
Other	**	(8)
Floor of House		
Wood	9.9	(506)
Cement	15.6	(882)
Dirt	13.8	(122)
Other	**	(8)

* Excludes 1 case for whom no. of persons living in household is unknow
* Excludes 7 cases for whom no. of bedrooms is unknown.
* Excludes 6 cases for whom energy for cooking is unknown.
* Excludes 2 cases for whom floor of house is unknown.
** Less than 25 cases.

TABLE 13-15

BELIZE: Location of Treatment of Children Less Than 5 Years of Age for Their Recent Episode of Respiratory Illness, by Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Not Treated	Location of Treatment					Total	No. of Cases* (Unweighted)
		Government Worker/ Clinic/ Hospital	Private Clinic/ Hospital	Traditional Healer	Private Pharmacy	Other		
Total	4.4	41.3	24.6	1.6	15.1	12.9	100.0	(185)
Residence								
Urban	3.4	42.2	19.7	3.0	22.4	9.2	100.0	(73)
Rural	5.0	40.9	27.3	0.8	11.1	14.9	100.0	(112)
Education Level								
0-7	7.6	44.3	20.0	0.5	14.8	12.9	100.0	(83)
8	1.9	41.5	21.1	3.0	10.8	21.7	100.0	(56)
9+	0.0	33.9	41.2	2.5	21.5	0.9	100.0	(46)
Ethnic Group								
Creole	0.0	51.1	15.6	6.8	17.9	8.5	100.0	(26)
Mestizo	2.5	35.6	26.6	1.2	19.1	15.1	100.0	(116)
Garifuna	**	**	**	**	**	**	100.0	(7)
Maya/Ketchi	14.6	49.1	32.2	0.0	1.3	2.9	100.0	(27)
Other	**	**	**	**	**	**	100.0	(9)

TABLE 13-15 continued

BELIZE: Percent Distribution of Location of Treatment of Children Less Than 5 Years of Age for Their Recent Episode of Respiratory Illness, by Selected Characteristics: 1999 Family Health Survey

Selected Characteristics	Not Treated	Location of Treatment					Total	No. of Cases* (Unweighted)
		Government Worker/ Clinic/ Hospital	Private Clinic/ Hospital	Traditional Healer	Private Pharmacy	Other		
Age of Child								
< 1 Year	3.2	46.2	14.4	1.4	25.1	9.8	100.0	(33)
1 Year	5.9	38.8	27.2	2.3	10.3	15.4	100.0	(48)
2 Years	1.2	38.5	37.3	1.2	13.0	8.8	100.0	(39)
3 Years	4.9	55.0	23.6	0.0	4.2	12.3	100.0	(25)
4 Years	9.4	34.5	18.7	0.0	22.9	14.5	100.0	(29)
Duration of ARI								
0-1 Days	**	**	**	**	**	**	100.0	(6)
2-3 Days	4.3	23.6	21.3	3.2	28.5	19.1	100.0	(51)
4-6 Days	8.5	49.7	20.6	3.9	11.7	5.6	100.0	(26)
7+ Days	3.7	46.1	27.8	0.4	10.7	11.3	100.0	(102)
Severity of ARI								
Mild	3.4	58.7	14.6	1.7	10.6	11.1	100.0	(35)
Moderate	6.3	39.1	25.7	1.2	18.1	9.6	100.0	(110)
Severe	0.0	35.0	29.2	2.5	9.9	23.4	100.0	(40)

* Excludes 1 case for whom education level is unknown.

* Excludes 6 cases for whom duration of ARI is unknown.

* Excludes 1 case for whom location of treatment is unknown.

** Less than 25 cases.

TABLE 13-16

BELIZE: Type of Treatment Given to Children Less Than 5 Years of Age With Recent Respiratory Illness, by Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Expectorants	Pills, Syrups (Vague)	Aspirin	Antibiotics	Home Remedies	Hospitalized	No. of Cases* (Unweighted)
Total	48.4	31.9	6.1	50.1	10.4	4.2	(176)
Residence							
Urban	51.4	33.0	10.2	48.9	10.6	5.3	(71)
Rural	46.7	31.3	3.9	50.8	10.4	3.7	(105)
Education Level							
0-7	57.0	28.6	5.1	52.5	7.8	4.8	(76)
8	36.4	37.7	5.7	43.3	12.8	1.7	(54)
9+	44.7	31.8	9.2	54.0	13.4	6.5	(46)
Duration of ARI							
0-1 Days	**	**	**	**	**	**	(6)
2-3 Days	33.5	34.5	11.2	27.3	10.4	5.9	(48)
4-6 Days	34.6	26.1	2.9	53.2	9.2		(24)
7+ Days	56.8	32.9	5.1	58.3	9.8	4.7	(98)

TABLE 13-16 continued

BELIZE: Type of Treatment Given to Children Less Than 5 Years of Age With Recent Respiratory Illness, by Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Expectorants	Pills, Syrups (Vague)	Aspirin	Antibiotics	Home Remedies	Hospitalized	No. of Cases* (Unweighted)
Severity of ARI							
Mild	47.2	25.1	13.5	39.3	13.7	0.0	(33)
Moderate	49.0	30.2	3.6	51.9	7.0	3.9	(103)
Severe	47.6	41.1	7.5	53.2	17.0	8.2	(40)
Location of Treatment	54.2	27.2	7.1	67.1	9.9	6.6	(76)
Government Worker/Clinic							
Private Clinic-Hospital	60.6	36.8	7.9	76.7	9.2	4.4	(44)
Traditional Healer	**	**	**	**	**	**	(5)
Private Pharmacy	40.8	43.5	3.6	7.1	0.0	0.0	(26)
Other	19.6	22.2	1.5	1.5	20.0	0.0	(25)

* Excludes 1 case for whom education level is unknown.
* Excludes 6 cases for whom duration of ARI is unknown.
* Excludes 1 case for whom location of treatment is unknown.
** Less than 25 cases.

TABLE 13-17

BELIZE: Estimated Levels of Infant and Under Five Mortality for Selected Periods Before the Survey: 1999 Family Health Survey (Percent Distribution)

Age	Number of Women	Proportion Children Dead	Reference Period	Infant lq0	Under Five 5q0
20-24	673	0.023	1997.4	0.022	0.026
25-29	704	0.026	1995.5	0.023	0.027
30-34	666	0.034	1993.2	0.029	0.034
35-39	495	0.043	1990.7	0.033	0.04
40-44	359	0.063	1987.9	0.043	0.055
45-49	270	0.072	1985	0.045	0.057

CHAPTER 14

KNOWLEDGE OF HIV/AIDS

14.1 Introduction

The global AIDS epidemic continues to rage unabated. So far, AIDS (acquired immune deficiency syndrome) has killed 19m people and infected another 33m. UNAIDS, the joint U.N. programme based in Geneva, estimates that 5m people a year are being infected with the human immunodeficiency virus (HIV) that causes AIDS.

According to the World Health Organization (WHO), as of the end of 1999, 33 million adults were living with AIDS worldwide. Of these, 890,000 were in North America; 350,000 were in the Caribbean; 1.2 million were in Latin America; 520,000 were in Western Europe; 210,000 were in North Africa and the Middle East; 23.4 million were in Sub-Saharan Africa; 410,000 were in Eastern Europe and Central Asia; 5.4 million were in South and Southeast Asia; 530,000 were in East Asia and Pacific; and 15,000 were in Australia and New Zealand.

As indicated above, of the 33 million infected people, 23.4 million or roughly 80% of the adult population, live in Sub-Saharan Africa. And of the 13.2 million children under 15 who were orphaned in 1999, 12.1 million live in sub-Saharan Africa. In 2000, a shocking 35.8% of adults in Botswana were reported to be infected with HIV, while in South Africa, 19.9% were infected, up from 12.9% just two years previously. Infection rates in this region have risen way above the levels predicted ten years ago. Indeed, an indication of the potential devastation of this crisis is the fact that in January 2000 the U.N. Security Council recognized AIDS as an issue of human security on the same level as nuclear threats and war. In January also, the U.S Government's National Intelligence Council released its report on the global threat of infectious diseases, including HIV/AIDS. Among other things, the report predicted that, by 2010, the epidemic could reduce gross domestic product by 20% or more in some Sub-Saharan African Nations.

In fact, the oil, mining, and agriculture industries are beginning to see their profits dwindle. For example, a sugar company in Kenya reported suffering a 50% drop in productivity and losing 8,000 days of labour from 1995 to 1997 because of sickness. The one industry that has become one of the continent's growth industries is casket making.

The first case of AIDS in Belize was diagnosed in 1986. According to the National Health Information Unit (NHIU), as of the end of 1998 there had been reported a total of 322 AIDS cases and a cumulative total of 852 infected with the HIV virus. Assuming that there are 10 unreported HIV positive cases for each new incidence reported, it is estimated that there are over 8,000 HIV positive cases in Belize. And most of them are unaware of their condition.

14.2 Women Who Have Heard of AIDS

The 1999 survey revealed that, of all women aged 15-44 who were interviewed, 95% reported having heard of AIDS (Table 14.1), as compared to 97% in 1991. This difference may be attributed to a higher number of Spanish- speaking immigrants being included in the rural portion of the survey. Indeed, while almost all urban women had heard of AIDS (99%), only 91% of the rural women had, as compared to 92% in the previous survey. Likewise, for every age category, urban women were more likely to have heard of AIDS than rural women, with the youngest ages exhibiting the largest differentials. Again, as in 1991, knowledge of AIDS was also found to be directly related to educational achievement. This is shown by the fact that, whereas almost all women with 9 or more years of schooling reported knowing of AIDS, only 88% of them with 7 or fewer years of schooling knew about it.

These differences in knowledge remain when education is controlled by residence, though the gaps are wider among rural women. For example, almost all urban women with 9 or more years of education reported that they knew of AIDS, compared to 97% with 7 or fewer years of education. Similarly, 99% of rural women with 9 or more years of schooling reported knowing of AIDS, as against 84% among those with 7 or fewer years and 92% with 8 years of education.

Some differences in knowledge of AIDS also become evident when ethnic group and marital status are controlled by residence, particularly among the Maya/Ketchi. As in 1991, this group again reported the lowest percentage of knowledge of AIDS among the ethnic groups (62%). This was lower even than the 1991 figure of 84%.

14.3 Sources of Information on HIV/AIDS

Table (A) shows where women get their information about HIV/AIDS.

TABLE (A)

Source of information on HIV/AIDS	Percent	No. of Cases (Unweighted)
PARENTS/GUARDIANS	6.3	(182)
SISTERS/BROTHERS	1.3	(42)
BELIZE FAMILY LIFE ASSOCIATION (BFLA)	2.7	(103)
TEACHERS	17.8	(511)
PEERS/FRIENDS	12.0	(426)
MEDIA (SPECIFY)	45.2	(1619)
BOOKS/PUBLICATIONS	2.1	(75)
INTERNET	0.1	(4)
RELIGIOUS LEADER	0.3	(10)
HEALTH PERSONNEL	5.7	(217)
ALLIANCE AGAINST AIDS	0.2	(6)
NATIONAL AIDS TASK FORCE	0.5	(15)
RED CROSS	0.1	(5)
OTHER	4.3	(163)
DO NOT KNOW/NOT STATED	1.3	(47)
Total	100.0	(3425)

The media are clearly the main source of information, with 45%, followed by teachers, with 18%. On the other hand, the National AIDS Task Force, Religious Leaders and Alliance Against AIDS are at the bottom of the ladder, with less than 1%.

14.4 Correct Knowledge of How AIDS May be Transmitted

Roughly 50% of the respondents knew correctly that AIDS can be transmitted by receiving a blood transfusion (52%) and by drug users sharing needles (48%). Just over one-fourth of them knew that AIDS can be transmitted through homosexual intercourse (26%), but the vast majority knew that it can be transmitted through heterosexual intercourse (88%) (Table 14.2). It should be noted that, because the answers in Tables 14.2 and 14.3 of this latest survey were not read, as in the previous one, the percentages of respondents knowing the correct answers were much different, making comparative analysis difficult. However, the advantage is that answers tend to be more realistic and give a better picture of the

respondents' true knowledge of the subject. Even so, some general comparisons are still possible.

In general, urban women were better informed than rural ones on questions relating to the correct transmission of AIDS. This was true also in 1991. Both surveys also show that the biggest differential between urban and rural women was on receiving blood transfusions, as in both cases more urban than rural women correctly knew that AIDS can be transmitted this way. In 1991, there was a difference of nine percentage points (95% compared to 86%), while in 1999 the gap had widened to 16 points (60% compared to 44%).

Although no clear pattern of correct knowledge by age group emerges, there is very close correlation between years of education and correct knowledge about AIDS transmission. As was the case in the last survey, the largest differential in knowledge was on getting AIDS from a blood transfusion: while only 30% of the low education group said this was a way AIDS could be transmitted, more than twice, or 69%, of the high education group did so. The same holds true with regards to ethnicity, where the Maya/Ketchi were least likely to have correct knowledge of AIDS transmission. On the other hand, while in 1991 it was the Creoles who generally appeared to be the most knowledgeable about the most common modes of transmission, the current survey gives this distinction to the Garifuna.

14.5 Incorrect Knowledge of How AIDS May be Transmitted

In the section related to misinformation on modes of HIV transmission, five incorrect ways of transmitting HIV were prompted, but not read, to the respondents, as in the previous survey: shaking hands or hugging, being in a room with a person with AIDS, sharing personal items, giving blood, and being bitten by an insect (Table 14.3). Because these were not read to the respondent, as in the previous survey, the percentages are lower and not strictly comparable. However, they are probably a more accurate reflection of the respondents' knowledge.

Relatively low percentages of respondents (less than 5%) believed that AIDS could be transmitted by shaking hands or hugging, being in a room with a person with AIDS, sharing personal items or by being bitten by an insect. A much higher percentage (20%) believed that AIDS could be transmitted by giving blood. This was also true in the last survey.

In general, a lower percentage of urban women than rural ones thought these were correct ways of transmitting AIDS. The only exception was giving blood where, surprisingly, a higher percentage of urban women than rural ones believed this to be a legitimate way of transmitting AIDS. The same was true in the previous survey.

No clear pattern on incorrect knowledge emerged with respect to age, education level or ethnic group.

14.6 Perceived Risk of Getting AIDS Among Women

Of the women who had heard of AIDS, less than one- third, or 31%, felt they were at some risk of getting AIDS (Table 14.4). This percentage includes women who stated they were "at great risk", "some risk", or "not much risk" of getting AIDS and is similar to the figure of 33% in 1991. In contrast, 62% did not believe themselves to be at risk, and 7% did not know. In 1991, these last two figures were 51% and 16% respectively. This decline in the figure of those women in the "do not know" category would appear to indicate that women are better informed now, perhaps as a result of the country's education campaign.

Although, as in 1991, more urban women (33%) than rural women (29%) believe themselves to be at some risk of getting AIDS, the gap between the two has narrowed considerably. Also, the proportion of both rural and urban women uncertain about their risk has declined drastically from 28% and 11% respectively in 1991, to 7% and 6% now. As mentioned above, this is probably the result of more information being available to women in both urban and rural areas.

Again, as in 1991, the youngest women (15-19) saw themselves as being the least at risk (22%), while 35% or more of women over 20 years of age saw themselves as being at some risk of getting AIDS. The highest percentage of women who consider themselves to be at some risk (36%) is to be found in the 40-44 age group. The level of education does not appear to make any difference on how women perceive themselves.

Marital status continues to appear to be an important factor in helping to determine perceived AIDS risk. The highest proportion of women who perceived themselves to be at some risk of getting AIDS (51%) is to be found in the visiting partner category, just two percentage points less than the 1991 figure. And the category with the lowest percentage of

perceived risk was single women (23%), the same as in 1991. This is not surprising, since a great number of them are not sexually active.

Of the major ethnic groups, the one with the highest proportion perceiving themselves at some risk were the Garifuna (43%), followed closely by the Creole (35%). The group with the lowest percentage who perceived themselves at some risk were the Maya/Ketchi, with 25%.

14.7 Perceived Risk and Condom Use

The gap between perceived risk and behaviour in Belize described in the 1991 Report is showing signs of narrowing (Table 14.5). For example, of women who perceive themselves to be at either great or some risk of getting AIDS, 95% now know of condoms, while 45% have ever used them and 14% are currently using them. The corresponding figures for 1991 were 84%, 16% and 2% respectively. As in the last survey, a higher proportion of urban women than rural ones know about, have used, and are currently using condoms. However, one striking feature now is the widening gap between urban and rural women with regards to current use of condoms. Thus, while 21% of urban women reported that they currently use condoms, only 7% of rural women responded doing so. The corresponding figures for 1991 were 2% and 1% respectively.

While the previous survey showed that it was women aged 25-34 who were the most likely to report current use of condoms, the present one shows that it is those women aged 15-24 who were most likely to do so. In fact, the highest proportion of women who reported current use are in the 20-24 age group (21%), while the second highest are in the 15-19 age group (19%). And while previously none of the women 35 years of age or older reported using condoms, the present survey shows 23% of these women using them.

The previous survey showed that both knowledge and past use of condoms increase with education, but the present one has knowledge, past, and present use of condoms increasing with education. In terms of ethnicity, while in 1991 it was the Maya/Ketchi who were the most likely of all the ethnic groups to be currently using condoms, in 1999 it is the Garifuna, with the Mestizo being the least likely. The proportion of married/in union women with knowledge of condoms has increased from 81% in 1991 to 95% now, while the proportion of those using condoms has risen sharply from 1% in 1991 to 12% in 1999. And while in 1991 only 3% of women with visiting partners were using condoms, in 1999 almost one- third of these women were using them.

14.8 Summary

This chapter has discussed the very important topic of HIV/AIDS, women's knowledge of it and how it may be transmitted, as well as their sources of information on the subject. It also discussed women's perceived risk of contracting the disease and how this perceived risk has influenced their use of condoms in sexual relations.

The survey data show that 95% of all women interviewed had heard of AIDS, with this proportion increasing with the level of education. A greater proportion of urban than rural women have heard about the disease. Their main sources of information are the media and teachers.

The great majority of women knew that HIV/AIDS can be transmitted through heterosexual intercourse, but a lower proportion knew that it could be transmitted in other ways such as blood transfusion, sharing of needles by drug users and homosexual intercourse. Very low percentages of women believed that the virus could be transmitted by shaking hands or hugging, being in a room with a person with AIDS, sharing personal items or being bitten by an insect. The ethnic group reporting the lowest percentage of knowledge of AIDS was the Maya/Ketchi.

Less than one-third of the women felt they were at some risk of getting AIDS, with marital status appearing to be a strong determinant of perceived AIDS risk. Among the major ethnic groups, the one with the highest proportion perceiving themselves at some risk were the Garifuna, while the group with the lowest proportion were the Maya/Ketchi.

Finally, the survey data show an increasing proportion of women, both urban and rural, who perceive themselves at some risk of getting AIDS, to be using condoms. Of the ethnic groups, it is the Garifuna who were the most likely to be currently using condoms.

TABLE 14-1

BELIZE: Women Aged 15-44 Who Ever Heard of AIDS, by Residence and Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Total*		Residence			
			Urban		Rural	
Total	94.8	(3533)	99.2	(1678)	90.8	(1855)
Age						
15-19	92.2	(705)	98.8	(325)	86.6	(380)
20-24	94.9	(651)	99.1	(316)	91.0	(335)
25-29	95.9	(688)	99.1	(327)	93.1	(361)
30-34	94.8	(649)	100.0	(313)	89.9	(336)
35-39	96.1	(491)	98.8	(242)	93.6	(249)
40-44	95.7	(349)	99.4	(155)	92.8	(194)
Education Level						
0-7	87.5	(979)	96.7	(271)	84.0	(708)
8	95.3	(1190)	99.4	(501)	92.3	(689)
9+	99.6	(1364)	99.8	(906)	99.1	(458)
Ethnic Group						
Creole	99.6	(851)	99.5	(552)	100.0	(299)
Mestizo	97.7	(1911)	99.3	(812)	96.5	(1099)
Garifuna	100.0	(193)	100.0	(144)	100.0	(49)
Maya/Ketchi	62.4	(359)	92.9	(42)	58.4	(317)
Other	99.1	(219)	98.4	(128)	100.0	(91)
Ever Married						
Ever Married	94.7	(2720)	99.1	(1290)	90.6	(1430)
Never Married	95.2	(813)	99.2	(388)	91.5	(425)
Contraceptive Use						
Currently Using	98.0	(1516)	99.4	(786)	96.4	(730)
Not Using	92.4	(2017)	99.0	(892)	87.2	(1125)

* Excludes 10 cases for whom education level is unknown.

* Excludes 27 cases for whom ethnic group is unknown.

* Excludes 37 cases for marital status is unknown.

* Excludes 8 cases for whom contraceptive use is unknown.

TABLE 14-2

BELIZE: Women Aged 15-44, Who Have Knowledge of HIV/AIDS and Who Have Correct Knowledge of How the Virus is Transmitted, by Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Blood Transfusion	Sharing Needles	Male Sexual Intercourse	Heterosexual Intercourse	No. of Cases* (Unweighted)
Total	52.0	48.3	26.2	88.5	(3392)
Residence					
Urban	60.4	55.1	31.3	88.8	(1694)
Rural	43.4	41.5	20.9	88.3	(1698)
Age					
15-19	47.5	50.5	26.8	88.1	(657)
20-24	54.4	50.6	26.3	88.8	(634)
25-29	55.8	48.2	25.1	87.2	(670)
30-34	50.8	45.6	27.0	90.8	(621)
35-39	56.0	50.1	27.8	88.4	(473)
40-44	50.4	40.5	22.6	88.4	(337)
Education Level					
0-7	29.4	29.9	13.8	84.1	(862)
8	45.7	44.9	23.1	89.0	(1141)
9+	69.3	61.1	35.3	90.6	(1389)
Ethnic Group					
Creole	64.1	55.0	40.9	88.9	(869)
Mestizo	47.5	45.8	18.2	88.9	(1876)
Garifuna	59.1	58.8	43.2	91.7	(199)
Maya/Ketchi	23.7	30.9	9.3	83.8	(224)
Other	61.7	49.1	29.4	86.1	(224)

* Excludes 8 cases for whom education level is unknown.

* Excludes 25 cases for whom ethnic group is unknown.

TABLE 14-3

BELIZE: Women Aged 15-44, Who Have Knowledge of HIV/AIDS and Who Have Incorrect Knowledge or do Not Know How the Virus is Transmitted, by Selected Characteristics: 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Shaking Hands or Hugging	In Room w/Person with AIDS	Sharing Personal Items	Bitten by Insect	Giving Blood	No. of Cases* (Unweighted)
Total	0.5	1.5	4.3	3.2	20.6	(3392)
Residence						
Urban	0.3	1.0	2.9	2.9	23.0	(1694)
Rural	0.7	2.0	5.7	3.6	18.1	(1698)
Age						
15-19	0.4	1.1	4.4	3.9	20.7	(657)
20-24	0.9	1.9	5.5	3.6	19.4	(634)
25-29	0.1	1.5	3.3	2.7	22.1	(670)
30-34	0.3	1.1	5.0	2.3	18.2	(621)
35-39	0.6	0.9	2.8	2.6	22.4	(473)
40-44	0.7	3.1	4.5	3.7	21.2	(337)
Education Level						
0-7	0.8	1.9	5.2	2.3	13.1	(862)
8	0.5	1.0	4.1	2.2	18.9	(1141)
9+	0.4	1.7	4.0	4.6	26.0	(1389)
Ethnic Group						
Creole	0.3	1.4	4.2	4.0	25.3	(869)
Mestizo	0.5	1.8	4.6	2.8	19.0	(1876)
Garifuna	1.0	0.6	2.9	2.6	22.0	(199)
Maya/Ketchi	0.5	1.7	3.9	2.7	9.9	(224)
Other	0.7	0.7	4.3	4.8	24.2	(224)

* Excludes 8 cases for whom education level is unknown.

* Excludes 25 cases for whom ethnic group is unknown.

TABLE 14-4

BELIZE: Perceived Risk of Getting AIDS by Selected Characteristics:
Women Aged 15-44 Who Have Heard of AIDS
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Great Risk	Some Risk	Not Much Risk	No Risk	Does Not Know	Total	No. of Cases* (Unweighted)
Total	4.7	13.1	13.4	61.9	6.9	100.0	(3382)
Residence							
Urban	3.1	15.8	14.0	60.6	6.4	100.0	(1689)
Rural	6.4	10.4	12.7	63.1	7.4	100.0	(1693)
Age							
15- 19	4.3	6.7	11.4	71.3	6.3	100.0	(654)
20-24	6.2	14.2	15.4	58.0	6.3	100.0	(632)
25-29	4.8	14.7	15.4	57.7	7.4	100.0	(667)
30-34	3.6	16.8	11.6	60.1	7.8	100.0	(620)
35-39	4.6	14.3	14.4	59.1	7.6	100.0	(472)
40-44	4.6	18.9	13.1	56.8	6.6	100.0	(337)
Education Level							
0-7	4.6	12.4	8.8	63.8	10.4	100.0	(860)
8	5.9	12.1	12.6	62.0	7.5	100.0	(1140)
9+	3.9	14.3	16.5	60.7	4.6	100.0	(1382)
Marital Status							
Married/In Union	4.6	15.5	14.4	57.9	7.7	100.0	(2198)
Sep./Div./Widowed	**	**	**	**	**	100.0	(6)
Visiting Partner	6.8	22.6	21.7	43.7	5.3	100.0	(194)
Not in Union	4.6	7.8	10.5	71.0	6.1	100.0	(984)
Ethnic Group							
Creole	3.3	16.0	16.3	57.9	6.5	100.0	(865)
Mestizo	4.5	12.0	11.0	65.7	6.8	100.0	(1874)
Garifuna	6.0	13.6	22.8	52.7	4.9	100.0	(199)
Maya/Ketchi	10.1	7.8	6.5	64.2	11.3	100.0	(224)
Other	5.1	15.7	18.5	54.3	6.3	100.0	(220)

* Excludes 8 cases for whom education level is unknown.
* Excludes 10 cases for whom marital status is unknown.
* Excludes 25 cases for whom ethnic group is unknown.
** Less than 25 cases.

TABLE 14-5

BELIZE: Women Aged 15 - 44
Who Perceive Themselves to be at Great or Some Risk of Getting AIDS
and Who Know, Have Ever Used, and are Currently Using Condoms,
by Selected Characteristics:
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Know Condoms	Have Ever Used Condoms	Are Currently Using Condoms	No. of Cases* (Unweighted)
Total	95.3	45.0	14.5	(639)
Residence				
Urban	98.3	54.6	21.4	(349)
Rural	91.7	34.0	6.5	(290)
Age				
15-19	92.8	26.0	18.8	(73)
20-24	99.0	50.7	21.5	(127)
25-29	96.0	54.4	10.2	(134)
30-34	97.4	49.4	10.5	(136)
35-39	91.9	44.3	12.8	(93)
40-44	92.4	43.3	10.1	(76)
Years of Education				
None	68.9	32.7	12.2	(25)
1-7	90.7	31.8	7.6	(124)
8	95.2	42.3	12.1	(222)
9-12	99.3	50.6	17.8	(175)
13+	100.0	60.3	22.7	(93)
Ethnic Group				
Creole	99.6	56.1	20.3	(182)
Mestizo	93.6	33.8	8.1	(326)
Garifuna	100.0	70.6	31.9	(44)
Maya/Ketchi	79.0	28.7	8.1	(38)
Other	100.0	65.8	22.6	(49)
Marital Status				
Married/In Union	95.2	45.9	12.4	(449)
Sep./Div./Widowed	**	**	**	(2)
Visiting Partner	100.0	68.6	33.4	(56)
Not in Union	93.4	32.3	11.7	(132)

* Excludes 2 cases for whom years of education is unknown.
* Excludes 4 cases for whom ethnic group is unknown.
* Excludes 2 cases for whom marital status is unknown.
** Less than 25 cases.

CHAPTER 15

CONDOM USE

15.1 Introduction

This chapter explores the use of condoms by women during sexual intercourse. More importantly than actual use, are the reasons why condoms are used or not used. Age at initial use is also considered as well as knowledge of places where condoms can be obtained and brand preference.

15.2 Condom Use

The probability of a male suggesting the use of a condom during sexual intercourse is about 1 in 3 (35%). It is about the same that the woman will make the suggestion (32%) (Tables 15.1, 15.3). The probability of the suggestion being made is greater in the urban areas, among Creole and Garifuna men and women, and among persons under 25 years of age. The suggestion is least likely to come from Maya/Ketchi men (11%) and women (10%),

The actual use of condoms during sexual intercourse when the partner makes the suggestion, is slightly higher (37%) and the pattern is about the same as that of those suggesting the use of condoms. (Table 15.2) However, in 90% of the cases where the woman suggests the use of a condom, the man is likely to agree. (Table 15.4)

Only 12% of women presently use condoms during sexual intercourse with the lowest use being among Maya/Ketchi women, 4%, Metizo women, over 35 years of age and rural women about 8% in each three (3) cases. Highest use is among Garifuna (23%) and Creole women (17%), women in urban areas (16%) and women under 25 years of age.

While the overall mean age at first use of condom is 21 years, it is much lower for younger women (16% to 18%). Even among Maya/Ketchi women the age at first sue is close to the overall age at first use, 19 years. (Table 15.6)

When viewed against the background of the person the women is having sex with, except for Maya/Ketchi women, more often than not, women always use a condom with their steady partners (53%) with a substantial proportion using it most of the time (30%).

(Table 15.7) This pattern is the same regardless of place of residence or ethnic group except as mentioned earlier, among Maya/Ketchi women.

Condom use is mainly for preventing unwanted pregnancies rather than for protection against HIV/AIDS or STIs (Table 15.8). This is true regardless of place of residence or ethnic group. Only a small proportion (9%) think of using a condom to prevent infecting their partner. Two major concerns for seldom or not using condoms are "only have one partner" (19%) and "use only on fertile days." This latter reason again emphasises the use of condoms to prevent unwanted pregnancies.

While most women do not experience any inconvenience or discomfort using a condom during sexual intercourse, those use did experience a problem, (9%) mainly reported an irritation, or reduced sensitivity. (Table 15.10, 15.11)

While the most popular brand of condom used is "Rough Rider" (35%) regardless of place of residence or ethnic group of the user, among a fairly substantial proportion of users (15%), the brand name is not important, and an even higher proportion (17%) did not know or cannot remember the brad that is normally used. (Table 15.12)

Most of these users obtain condoms from the pharmacy (70%), the supermarket (13%) or from BELA (5%) (Table 15.13)

Of the women who are not currently using condoms during sexual intercourse, 31% had previously used them. (Table 15.14) The problems encountered during use at the time were mainly irritation (63%) or lack of sensitivity. In a small proportion of the cases, the problem related to the condom itself, such as smell (7%), rupturing (breaking) of the condom (8%) or the condom remaining inside the woman (3%). (Table 15.15) The majority who are not currently using condoms but who had used them previously are not doing because they are either not sexually active (24%) or are using another method (32%). In a small number of cases either the woman (8%) or her partner (3%) does not like condoms. (Table 15.16)

A number of reasons were given by those women who have never used a condom during sexual intercourse. Of the 73% who responded, 18% say they do not like condoms neither do their partners (7%), while 13% are not sexually active. In some cases either they (11 %) or their partners (8%) are faithful to each other. (Table 15.17)

The expiration date (47%) and lack of damage to the packages are the ways in which these women know that the condom is still good for use. (Table 15.18) Agreement on any of the statements asked bout condom use was not overwhelming. However, the majority agreed that a condom should be used during sexual intercourse if the partner requests it (56%) and a new one should be used after each ejaculation (52%). Almost half agreed that it is not necessary to use it if there is faithfulness.

Only small proportions agreed that condoms reduce sexual pleasure (17%) or causes irritation (15%). Table 15.19

15.3 Summary

Current condom use is not widespread and is used mainly to prevent unwanted pregnancies rather than to avoid HIV/AIDS infection. Even in the past condom use was not wide spread and those who stopped using it chose another method of contraception or are no longer sexually active.

However, about one third of women will use a condom if the partner suggests it and most men will use one if the woman makes the suggestion. Condom use is mainly in the urban areas and among the younger women.

TABLE 15-1

BELIZE: Male Partner Ever Suggested That He Uses a Condom by Selected Characteristics: Women Aged 15-44 Who Have Ever Had Sexual Intercourse 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	YES, Suggested	NO, Did Not Suggest	No. of Cases* (Unweighted)
Total	35.0	65.0	(2919)
Residence			
Urban	43.7	56.3	(1422)
Rural	26.1	73.9	(1497)
Ethnic Group			
Creole	50.0	50.0	(718)
Mestizo	26.5	73.5	(1536)
Garifuna	54.0	46.0	(173)
Maya/Ketchi	11.4	88.6	(289)
Other	52.7	47.3	(203)
Age			
15-19	46.8	53.2	(240)
20-24	44.7	55.3	(551)
25-29	33.5	66.5	(664)
30-34	34.7	65.3	(637)
35-39	28.8	71.2	(483)
40-44	23.2	76.8	(344)

* Excludes 8 cases for whom male partner suggested that he uses a condom is unknown.

* Excludes 24 cases for whom ethnic group is unknown.

TABLE 15-2

BELIZE: Allowed Male Partner to Use Condom, by Selected Characteristics: Women Aged 15-44 Who Have Had Sexual Intercourse 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Yes	No	Unknown	No. of Cases* (Unweighted)
Total	37.3	56.8	5.9	(1933)
Residence				
Urban	48.5	48.9	2.5	(815)
Rural	28.6	62.9	8.5	(1118)
Ethnic Group				
Creole	49.0	49.0	2.0	(365)
Mestizo	37.9	56.9	5.2	(1131)
Garifuna	46.6	47.6	5.9	(76)
Maya/Ketchi	13.8	71.9	14.3	(259)
Other	39.7	53.9	6.4	(102)
Age				
15-19	35.8	54.4	9.8	(137)
20-24	38.1	58.3	3.6	(325)
25-29	38.5	58.1	3.4	(441)
30-34	37.2	54.1	8.8	(420)
35-39	37.3	56.5	6.1	(343)
40-44	36.0	58.4	5.6	(267)

* Excludes 20 cases for whom ethnic group is unknown.

TABLE 15-3

BELIZE: Female Suggested to Male Partner to Use Condom by Selected Characteristics: Women Aged 15-44 Who Have Had Sexual Intercourse 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Yes	No	No. of Cases* (Unweighted)
Total	32.4	67.6	(2918)
Residence			
Urban	39.0	61.0	(1422)
Rural	25.7	74.3	(1496)
Ethnic Group			
Creole	47.7	52.3	(718)
Mestizo	23.6	76.4	(1534)
Garifuna	50.9	49.1	(174)
Maya/Ketchi	10.3	89.7	(289)
Other	50.2	49.8	(203)
Age			
15-19	37.7	62.3	(239)
20-24	39.1	60.9	(551)
25-29	32.6	67.4	(664)
30-34	33.6	66.4	(637)
35-39	27.7	72.3	(483)
40-44	23.3	76.7	(344)

* Excludes 9 cases for whom female suggested to male partner to use condom is unknown.

* Excludes 24 cases for whom ethnic group is unknown.

TABLE 15-4

BELIZE: Male Agreed to Female Partner's Suggestion to Use Condom, by Selected Characteristics: Women Aged 15-44 Who Have Had Sexual Intercourse 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Yes	No	No. of Cases* (Unweighted)
Total	90.4	9.6	(928)
Residence			
Urban	92.8	7.2	(557)
Rural	86.7	13.3	(371)
Ethnic Group			
Creole	93.2	6.8	(340)
Mestizo	86.7	13.3	(358)
Garifuna	94.1	5.9	(97)
Maya/Ketchi	82.4	17.6	(32)
Other	90.7	9.3	(101)
Age			
15-19	93.7	6.3	(85)
20-24	93.9	6.1	(201)
25-29	89.7	10.3	(215)
30-34	90.9	9.1	(209)
35-39	87.1	12.9	(136)
40-44	83.7	16.3	(82)

* Excludes 6 cases for whom ethnic group is unknown.

TABLE 15-5

**BELIZE: Presently Using Condoms With Any Male,
by Selected Characteristics:
Women Aged 15-44 Who Have Had Sexual Intercourse
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Yes	No	No. of Cases* (Unweighted)
Total	12.0	88.0	(2918)
Residence			
Urban	16.1	83.9	(1423)
Rural	7.9	92.1	(1495)
Ethnic Group			
Creole	17.0	83.0	(718)
Mestizo	8.0	92.0	(1535)
Garifuna	23.1	76.9	(174)
Maya/Ketchi	4.4	95.6	(289)
Other	21.2	78.8	(202)
Age			
15-19	16.7	83.3	(239)
20-24	19.3	80.7	(551)
25-29	10.8	89.2	(664)
30-34	10.0	90.0	(638)
35-39	8.8	91.2	(482)
40-44	7.0	93.0	(344)

* Excludes 9 cases for whom presently using condoms is unknown.
* Excludes 24 cases for whom ethnic group is unknown.

TABLE 15-6

BELIZE: Mean Age at First Use of Condom, by Selected Characteristics: Women Aged 15-44 Currently Using Condoms 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Mean Age
Total	20.6
Residence	
Urban	19.8
Rural	22.3
Ethnic Group*	
Creole	19.8
Mestizo	21.8
Garifuna	19.5
Maya/Ketchi	19.4
Other	21.8
Age	
15-19	15.7
20-24	18.2
25-29	19.8
30-34	23.1
35-39	26.2
40-44	27.3

* Excludes 1 case for whom ethnic group is unknown.

TABLE 15-7

BELIZE: Frequency of Condom Use With a Steady Partner, by Selected Characteristics: Women Aged 15-44 Currently Using Condoms 1999 Family Health Survey (Percent Distribution)

Selected Characteristics	Always	Most of The Time	Seldom	Never	No Steady Partner	No. of Cases* (Unweighted)
Total	53.3	29.5	13.9	2.2	1.1	(317)
Residence						
Urban	56.0	25.9	13.4	3.2	1.6	(213)
Rural	47.7	37.2	15.1	0.0	0.0	(104)
Ethnic Group						
Creole	53.3	30.5	11.2	3.1	1.9	(115)
Mestizo	52.3	30.9	16.0	0.8	0.0	(110)
Garifuna	60.1	22.4	15.8	1.7	0.0	(43)
Maya/Ketchi	25.7	74.3 .				(11)
Other	57.1	16.4	19.6	4.1	2.8	(38)

* Excludes 22 cases for whom frequency of condom use with a steady partner is unknown.

* Excludes 2 cases for whom ethnic group is unknown.

TABLE 15-8

BELIZE: Reasons for Using Condoms with Steady Partner by Selected Characteristics:
Women Aged 15-44 Currently Using Condoms
1999 Family Health Survey
(Percent Distribution)

Reasons	Total	Residence		Ethnic Group				
		Urban	Rural	Creole	Mestizo	Garifuna	Maya/Ketchi	Other
To Prevent Unwanted Pregnancies	84.3	83.3	86.3	84.2	81.4	93.1	94.1	79.1
To Prevent HIV/AIDS	37.9	41.9	30.0	50.4	23.7	41.2	29.9	37.0
To Prevent STIs	26.5	31.4	16.8	33.5	17.6	32.6	18.0	25.5
To Prevent Infecting Partner	9.2	13.4	0.7	15.2	3.3	5.2	12.0	10.1
Hygiene	4.6	6.5	0.7	1.3	6.7	8.6	6.0	4.0
Other	0.1	0.1	0.2	0.3	0.1	0.0	0.0	0.2
No. of Cases (Unweighted)	(3586)	(1712)	(1874)	(875)	(1925)	(199)	(361)	(226)

* Excludes 27 cases for whom ethnic group is unknown.

TABLE 15-9

BELIZE: Reasons for Seldom or Never Use of Condoms With Steady Partner: Women Aged 15-44 Who Seldom or Never Used Condoms 1999 Family Health Survey (Percent Distribution)

Reasons	Percent
It is Expensive	1.4
Rarely Has Sex	6.2
Use it Only on Fertile Days	11.8
Use it Only When Partner is Not Using Other Method	7.9
Limits Pleasure/ Not Comfortable	14.2
Use it Only in Extra-marital Affairs/ Different Partner	7.5
Only Have One Partner/Faithful	19.2
Use it Only With Strangers	1.3
It is Not Safe	0.9
Partner Opposes	5.3
Other	5.0
Unknown	19.2
Total	100.0
No. of Cases (Unweighted)	(61)

TABLE 15-10

BELIZE: Any Problems, Inconvenience or Discomfort Using Condoms, by Residence: Women Aged 15-44 Currently Using Condoms 1999 Family Health Survey (Percent Distribution)

Any Problems, Inconvenience or Discomfort Using Condoms	Total	Residence	
		Urban	Rural
Yes	9.0	10.5	5.8
No	91.0	89.5	94.2
No. of Cases* (Unweighted)	(321)	(216)	(105)

* Excludes 19 cases for whom any problems, inconvenience or discomfort using condoms is unknown.

TABLE 15-11

BELIZE: Types of Problems, Inconvenience or Discomfort Using Condoms, by Residence:
Women Aged 15-44 Currently Using Condoms
1999 Family Health Survey
(Percent Distribution)

Types of Problems, Inconvenience or Discomfort	Total	Residence	
		Urban	Rural
They irritate you/They fell hot/bum	20.7	22.2	16.9
They irritate your partner	1.8	2.4	0.0
Sensitivity is not the same	14.2	14.9	12.4
Interruption of sexual act when you put on the condom	7.0	9.8	0.0
Condoms break	8.8	9.8	6.3
It stayed inside me	10.2	14.3	0.0
Smell of the Lubricant/Condom	5.7	8.0	0.0
Other	0.0	0.0	0.0
No. of Cases (Unweighted)	(3586)	(1712)	(1874)

TABLE 15-12

BELIZE: Brand of Condoms Mostly Used, by Selected Characteristics:
Women Aged 15-44 Currently Using Condoms
1999 Family Health Survey
(Percent Distribution)

Brand of Condoms	Total	Residence		Ethnic Group				
		Urban	Rural	Creole	Mestizo	Garifuna	Maya/Ketchi	Other
Magnum	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rough Rider	34.8	38.0	28.1	31.6	37.4	45.3	18.0	30.8
Guardian	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Stimula	0.5	0.3	0.7	0.6	0.0	0.0	0.0	1.8
Vive	10.3	6.3	18.8	6.8	14.1	6.7	23.8	11.2
Innotex	0.2	0.3	0.0	0.6	0.0	0.0	0.0	0.0
Generic (no color, no logo)	2.0	2.9	0.0	3.6	0.5	3.4	0.0	0.0
Erotica	2.6	2.9	1.9	3.0	2.4	1.7	5.9	1.9
Trojan	1.8	2.6	0.0	1.2	2.0	5.0	0.0	0.0
Bareback	3.9	4.3	3.0	5.0	4.1	1.7	6.0	1.3
Ramses	0.6	0.6	0.7	0.0	1.3	0.0	0.0	1.9
Wet and Wild	7.0	7.9	5.0	9.0	5.1	5.1	0.0	10.2
Nuda	0.2	0.0	0.5	0.0	0.5	0.0	0.0	0.0
Playboy	0.7	0.0	2.3	0.6	1.6	0.0	0.0	0.0
Any brand/Don't care about brand	15.2	13.5	18.9	23.3	6.3	15.2	11.8	15.1
Other	2.9	3.1	2.6	1.6	2.7	4.0	5.9	5.6
Unknown	17.3	17.1	17.6	13.0	22.1	11.8	28.5	20.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases (Unweighted)	(338)	(225)	(113)	(121)	(119)	(45)	(12)	(41)

* Excludes 2 cases for whom ethnic group is unknown.

TABLE 15-13

BELIZE: Place Where Condoms are Obtained Most of the Time, by Residence: Women Aged 15-44 Currently Using Condoms 1999 Family Health Survey (Percent Distribution)

Source	Total	Residence	
		Urban	Rural
Government Clinic/Health Center	2.2	0.9	5.0
Private Doctor/Clinic	1.1	1.7	0.0
Government Hospital	0.0	0.0	0.0
Private Hospital	0.0	0.0	0.0
Belize Family Life Association (BFLA)	5.1	5.9	3.5
Pharmacy/Drugstore	70.3	73.2	64.3
Church	0.0	0.0	0.0
Friend/Neighbor/Family member	0.2	0.3	0.0
Community Health Worker	0.7	0.0	2.1
Supermarket/Bar/Grocery Store	12.8	10.4	17.9
Other	1.4	1.3	1.4
Unknown	6.1	6.3	5.9
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(340)	(227)	(113)

TABLE 15-14

BELIZE: Ever Used Condoms, by Residence:
Women Aged 15-44 Not Currently Using Condoms
1999 Family Health Survey
(Percent Distribution)

Ever used Condoms	Total	Residence	
		Urban	Rural
Yes	30.9	38.9	23.5
No	69.1	61.1	76.5
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(2616)	(1217)	(1399)

* Excludes 14 cases for whom females who are not presently using condoms but have ever used condoms is unknown.

TABLE 15-15

BELIZE: Any Problems, Inconvenience or Discomfort When Condoms Were Used, by Residence:
Women Aged 15-44 Not Currently Using Condoms But Ever Used
1999 Family Health Survey
(Percent Distribution)

Types of Problems, Inconvenience or Discomfort	Total	Residence	
		Urban	Rural
They irritate you/They fell hot/burn	63.4	63.1	63.8
They irritate your partner	9.6	10.2	9.0
Sensitivity is not the same	34.3	29.9	39.1
Interruption of sexual act when you put on the condom	9.5	7.5	11.7
Condoms break	7.9	4.6	11.6
It stayed inside me	3.1	2.3	4.0
Smell of the Lubricant/Condom	7.2	5.4	9.2
Other	0.4	0.3	0.5
No. of Cases (Unweighted)	(3613)	(1729)	(1884)

TABLE 15-16

BELIZE: Reasons for Not Presently Using Condoms, by Residence: Women Aged 15-44 Not Currently Using Condoms But Ever Used 1999 Family Health Survey (Percent Distribution)

Reasons	Total	Residence	
		Urban	Rural
Inconvenient to Get	0.3	0.3	0.2
They are Expensive	0.0	0.0	0.0
Only Have One Partner/Faithful	9.6	10.9	7.5
Use Another Method	31.9	31.3	32.7
Reduces Pleasure/It is Uncomfortable	1.9	2.9	0.3
Are Not Safe	0.2	0.2	0.3
Partner if Faithful	2.8	2.8	2.7
Do Not Like Condoms	7.9	7.3	9.0
Partner Doesn't Like Condoms	2.9	2.6	3.5
Not Sexually Active	24.0	27.0	19.4
Wants Pregnancy	5.5	6.9	3.3
Other	13.1	7.8	21.2
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(775)	(457)	(318)

* Excludes 21 cases for whom reasons for not presently using condoms is unknown.

TABLE 15-17

BELIZE: Reasons for Never Used Condoms, by Residence:
Women Aged 15-44 Who Never Used Condoms
1999 Family Health Survey
(Percent Distribution)

Reasons	Total	Residence	
		Urban	Rural
Inconvenient to Get	0.1	0.1	0.1
They are Expensive	0.2	0.4	0.1
Only Have One Partner/Faithful	10.6	11.9	9.6
Never Has Had Sex	0.0	0.0	0.0
Use Another Method	12.6	15.4	10.5
Reduces Pleasure/It is Uncomfortable	0.5	0.8	0.3
Are Not Safe	1.5	2.6	0.7
Partner is Faithful	7.6	7.5	7.6
Do Not Like Condoms	18.0	18.0	18.0
Partner Does Not Like Condoms	6.8	6.7	6.9
Not Sexually Active	3.0	4.9	1.5
Does Not Know How to Obtain Them	1.6	1.1	2.1
Wants Pregnancy	2.4	1.7	2.9
Other	7.8	4.1	10.7
Unknown	27.2	24.8	29.0
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(1834)	(757)	(1077)

TABLE 15-18

BELIZE: Signs That Indicate That a Packaged Condom is Still Good: Women Aged 15-44 1999 Family Health Survey (Percent Distribution)

Signs	Percent
The Expiration Date	46.8
The Package Does Not Have Any Holes, Tears or Leakage of Lubricant	29.3
There is Air Inside the Package	6.0
After Opening, the Condom Has Lubricant	6.9
Other	12.1
No. of Cases (Unweighted)	(3579)

TABLE 15-19

BELIZE: Opinions About Condom Use, by Residence:
Women Aged 15-44
1999 Family Health Survey
(Percent Distribution)

Agreed Opinion	Total	Residence	
		Urban	Rural
Condoms Reduce Sexual Pleasure	17.1	18.3	16.0
Condoms Should be Used if Partner Requests	55.8	64.7	47.4
Condoms Cause Irritation on Penis and Vagina	14.9	16.0	13.9
A New Condom Should be Used in Every Ejaculation	52.3	58.9	46.1
A Man Does Not Need to Use A Condom if He is Faithful to His Partner	47.4	51.4	43.6
No. of Cases (Unweighted)	(3613)	(1729)	(1884)

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QUESTIONNAIRE NUMBER _____ _____ _____ _____

1999 FAMILY HEALTH SURVEY - BELIZE

INDIVIDUAL QUESTIONNAIRE

(For women aged 13 - 49 years)

Identification No.

GEO. CODE		E.D. NUMBER				HH SCHED. NO.		

Interview Calls	1	2	3	Final Visit
Date of Interview				
Time Started				
Time Ended				
Duration				
Interview Status				
Interviewer's Name				
Supervisor's Name				
Next Visit: Date				
Time				

* Interview Status Codes:

1 Completed Individual interview
2 No eligible respondent
3 Residents not at home
4 Respondent not at home
5 Refusal by household
6 Total Refusal by respondent
7 Partial Refusal by respondent
8 Vacant Household
9 Other (specify) _____

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____

Edited by: _____ Date: _____

HOUSING SECTION

H001 What is the main construction material used for the flooring?

1 Wood
2 Cement
3 Dirt
8 Other (specify)_____
9 Don't know/Not stated

H002 What type of lighting does the household use most?

1 Gas lamp
2 Kerosene lamp
3 Electricity from BEL
4 Electricity from a private generator
8 Other (specify)_____
9 Don't know/Not stated

H003. What type of fuel does this household use most for cooking?

1 Wood
2 Gas (Butane)
3 Kerosene
4 Electricity
8 Other (specify)_____
9 Don't know/Not stated

H004. What is the main source of your drinking water supply?

01 Private, piped into dwelling
02 Private vat / drum / well not piped
03 Public piped into dwelling
04 Public piped into yard
05 Public standpipe or handpump
06 Public well
07 River, stream, creek, pond, spring
08 Purified water
88 Other (specify)_____
99 Don't know/Not stated

H005. What kind of toilet facility does this household have?

01 W.C. linked to WASA sewer system
02 W.C. linked to septic tank
03 Pit latrine, ventilated and elevated
04 Pit latrine, ventilated and not elevated
05 Pit latrine, ventilated compost
06 Pit latrine, non ventilated
07 None
88 Other (specify)_____
99 Don't know/Not stated

H006. How many bedrooms are there in this dwelling unit?

No. of bedrooms ___ ___

H007. How many of the following items do members of this household own? [READ]

(a)	Radio	____ ____	99 Don't know/Not stated
(b)	Television set	____ ____	99 Don't know/Not stated
(c)	Video recorder	____ ____	99 Don't know/Not stated
(d)	Personal computer	____ ____	99 Don't know/Not stated
(e)	Private vehicle	____ ____	99 Don't know/Not stated
(f)	Refrigerator	____ ____	99 Don't know/Not stated
(g)	Washing machine	____ ____	99 Don't know/Not stated
(h)	Gas stove	____ ____	99 Don't know/Not stated
(i)	Microwave	____ ____	99 Don't know/Not stated

H008. Is there a telephone service in this home?

1 Yes 2 No 9 Don't know/Not stated

H009. How many people (including children) usually live in this household?
This include all those who usually sleep and share at least one daily meal with your household.

Total __ __
Males __ __
Females __ __

H010. INTERVIEWER: RECORD THE NAMES OF ALL WOMEN 13 TO 49 YEARS OF AGE WHO USUALLY LIVE IN THIS HOUSEHOLD? NUMBER ___ ___

RECORD BELOW ALL WOMEN 13 - 49 YEARS

H011. Name YOU SHOULD START WITH THE OLDEST	H012. Age
1	
2	
3	
4	
5	
6	
7	
8	

SELECTION OF RESPONDENT

LAST DIGIT OF QUESTIONNAIRE NUMBER	NO. OF WOMEN 13 – 49 IN HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	1	1	3	4	3	3	1
1	1	2	2	4	5	4	4	2
2	1	1	3	1	1	5	5	3
3	1	2	1	2	2	6	6	4
4	1	1	2	3	3	1	7	5
5	1	2	3	4	4	2	1	6
6	1	1	1	1	5	3	2	7
7	1	2	2	2	1	4	3	8
8	1	1	3	3	2	5	4	1
9	1	2	1	4	3	6	5	2

H013. Line number of the eligible woman selected _____

SECTION 1 - RESPONDENT'S CHARACTERISTICS

100. In what month and year were you born?

___ ___ Month ___ ___ ___ ___ Year

99 Don't know/Not Stated

101. How old are you presently? ___ ___ years 99 Don't know/Not Stated

COMPARE 100 WITH 101 AND CORRECT IF INCONSISTENT. TERMINATE INTERVIEW IF THE RESPONDENT IS NOT BETWEEN THE AGES OF 13 AND 49.

102. In what country were you born? _____ [CODE __ __]

99 Don't know/Not stated

103. To which ethnic group do you belong?

01 Black/African
02 Caucasian/White
03 Chinese
04 Creole
05 East Indian
06 Garifuna
07 Maya Ketchi
08 Maya Mopan
09 Mennonite
10 Mestizo
11 Yucatan Maya
12 Spanish
88 Other (specify) _____
99 Don't know/Not Stated

104. What is your religion/denomination?

01 Anglican
02 Bahai Faith
03 Baptist
04 Hindu
05 Jehovah Witness
06 Mennonite
07 Methodist
08 Mormon
09 Muslim
10 Nazarene
11 Pentecostal
12 Roman Catholic
13 Salvation Army
14 Seventh Day Adventist
15 None (SKIP TO 106)
88 Other (specify) _____
99 Don't know/Not Stated (SKIP TO 106)

105. With what frequency do you attend religious services?

1 At least once a week
2 At least once a month
3 Less than once a month
4 Special occasions only (weddings, etc.)
5 Doesn't attend at all
9 Don't know/Not Stated

106. How well do you speak English?

1 Very well
2 Not so well
3 Barely/Not at all
9 Don't know/Not Stated

107. How well do you speak Spanish?

1 Very well
2 Not so well
3 Barely/Not at all
9 Don't know/Not Stated

108. Are you presently attending formal school?

1 Yes 2 No (SKIP TO Q110) 9 DK/NS (SKIP TO Q110)

109. In what standard/form/year and school level are you presently?

_____ _____

school level standard/form/year

SKIP TO Q111

110. What was the last standard/form/year and school level you completed?

_____ _____

school level standard/form/year

111. What is the highest school level you have completed?

1 None
2 Primary
3 High School
4 BTTC/BCA/BNS
5 Sixth Form or Equivalent
6 University
9 Don't know/Not Stated

RECORD ANSWER TO Q112 ---> GO TO 113

112. Number of years beyond level completed. ____ years

113. Did you work during the past week? Work includes any activity, aside from your own housework, carried out for pay, profit or family gain. Payment can be monetary or in kind and includes subsistence farming?
1 Yes (SKIP TO Q116) 2 No 9 DK/NS

114. Have you ever worked?
1 Yes 2 No (SKIP TO Q122) 9 DK/NS (SKIP TO Q122)

115. Why did you stop?
1 Had a child
2 Got married
3 Lost job/Business failed
4 Moved to live elsewhere
5 Resigned to continue studies
8 Other (specify) _____
9 Don't know/Not Stated

116. How old were you when you first began to work? ____ ____ Years 99 DK/NS

IF NOT CURRENTLY WORKING (Q113 = NO OR DK) SKIP TO Q122

117. How many hours did you work during the past week? ____ ____ Hours

		Yes	No	DK/NS
118.	Do you work outside the home?	1	2	9
119.	Are you self-employed?	1	2	9

120. What is your occupation? Title _____

Description of duties _____ [CODE __ __ __ __]

121. Do you work in this same city/town/village or do you work away from this city/town/village?
1 Same city/town/village
2 Away from this city/town/village
3 Both
9 Don't know/Not Stated

122. Do you regularly: [READ]

	Yes	No	DK/NS
A. Listen to the radio	1	2	9
B. Watch television	1	2	9
C. Read any national newspaper	1	2	9
D. Read any paper local to your community	1	2	9

SECTION 2 - FERTILITY AND REPRODUCTIVE HISTORY

200. Are you currently pregnant?
1 Yes 2 No (SKIP TO Q202) 9 Not sure (SKIP TO Q202)

201. Is this your first pregnancy?
1 Yes (SKIP TO Q221) 2 No (SKIP TO Q203) 9 Don't know/Not Stated (SKIP TO Q203)

202. Have you ever been pregnant?
1 Yes 2 No (SKIP TO Q220) 9 DK/NS (SKIP TO Q220)

203. How old where you when you first became pregnant? __ __ years 99 DK/NS

204. Do you have any sons or daughters to whom you have given birth who are now living with you?
1 Yes 2 No (SKIP TO Q206) 9 DK/NS (SKIP TO Q206)

205. How many sons live with you? ___ ___ Sons at home 99 Don't know/Not stated

How many daughters live with you? ___ ___ Daughters at home 99 Don't know/Not stated

206. Do you have any sons or daughters to whom you have given birth who are alive, but do not live with you?
1 Yes 2 No (SKIP TO Q208) 9 DK/NS (SKIP TO Q208)

207. How many sons are alive, but do not live with you? ___ ___ Sons elsewhere 99 DK/NS

How many daughters are alive, but do not live with you? ___ ___ Daughters elsewhere 99 DK/NS

208. Have you ever given birth to a son or daughter who was born alive but later died?
1 Yes 2 No (SKIP TO Q210) 9 DK/NS (SKIP TO Q210)

209. How many sons have died? ___ ___ Sons dead 99 Don't know/Not stated

How many daughters have died? ___ ___ Daughters dead 99 Don't know/Not stated

210. Have you ever had a still birth, that is, given birth to a boy or girl that was born dead after completing the sixth month of pregnancy?
1 Yes 2 No (SKIP TO Q212) 9 DK/NS (SKIP TO Q212)

211. How many of your pregnancies terminated in stillbirths? ___ ___ Number of stillbirths 99 DK/NS

212. Have you ever had a miscarriage before completing your sixth month of pregnancy?
1 Yes 2 No (SKIP TO Q214) 9 DK/NS (SKIP TO Q214)

213. How many miscarriages have you had before completing your sixth month of pregnancy?
___ ___ Number of miscarriages 99 Don't know/Not stated

214. Have you ever had an abortion before completing your sixth month of pregnancy?
1 Yes 2 No (SKIP TO Q216) 9 DK/NS (SKIP TO Q216)

215. How many abortions have you had before completing your sixth month of pregnancy?
___ ___ Number of abortions 99 Don't know/Not stated

216. RECORD THE TOTALS FROM QUESTIONS 200, 205, 207, 209, 211, 213 AND 215.

A	**200**	**CURRENTLY PREGNANT**	____ ____
B	**205**	**TOTAL BOYS AND GIRLS AT HOME**	____ _____
C	**207**	**TOTAL BOYS AND GIRLS LIVING ELSEWHERE** . . .	____ _____
D	**209**	**TOTAL CHILDREN BORN ALIVE THAT DIED**	____ _____
E	**211**	**TOTAL STILLBIRTHS**	____ ____
F	**213**	**TOTAL MISCARRIAGES**	____ ____
G	**215**	**TOTAL ABORTIONS**	____ ____
H		**TOTAL NUMBER OF PREGNANCIES**	____ ____
I		**TOTAL NUMBER OF LIVEBIRTHS (B+C+D)** .	____ _____

J ASK: In total, you have had ___ ____ pregnancies, is that correct?
K 1 Yes (SKIP TO Q218) 2 No

217. Have you had multiple births? Number of multiple births ___ ___

IF THE TOTAL NUMBER OF PREGNANCIES IS INCORRECT AND THIS IS NOT DUE TO MULTIPLE BIRTHS, RETURN TO QUESTIONS 200 THRU 215 AND PROBE AND RECONCILE.

218. When you became pregnant the last time, did you want to become pregnant?
1 Yes (SKIP TO Q220)
2 No
3 God's will, fate, didn't think about it (SKIP TO Q220)
9 Don't know, not sure (SKIP TO Q220)

219. Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy?
1 Wanted no more children
2 Wanted to wait longer
9 Don't know, not sure, don't remember

220. Do you currently desire to become pregnant?
1 CURRENTLY PREGNANT
2 Yes
3 No
4 Menopausal
9 Don't know/Not Stated

221. **A. RESPONDENT HAS ONE OR MORE LIVEBIRTHS ---> CONTINUE (SEE Q205, Q207, Q209)**
B. RESPONDENT HAS NEVER BEEN PREGNANT ---> SKIP TO Q290 (SEE Q202)
C. RESPONDENT PREGNANT FOR THE FIRST TIME ---> SKIP TO Q290 (SEE Q201)
D. RESPONDENT HAS ONLY HAD STILLBIRTHS, MISCARRIAGES AND/OR ABORTIONS ---> SKIP TO Q290 (SEE Q216)

222. How old were you when your first child was born? ___ ___ years 99 DK/NS

223. Were you in school at the time that your first child was born?
1 Yes 2 No 9 DK/NS

224. What school level and standard/form/year had you completed at the time that your first child was born?

_____ _____
school level standard/form/year

RECORD BOTH A AND B

A Highest school level completed
1 None
2 Primary
3 High School
4 BTTC/BCA/BNS
5 Sixth Form or Equivalent
6 University
9 Don't know/Not Stated

B Number of years beyond level <u>completed</u>. ____ ____ Years

Now I would like to talk to you about all of your live-births, whether alive today or not, starting with the last live-birth you had.
RECORD NAMES OF ALL BIRTHS IN THE FOLLOWING GRID. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

225. What name was given to your (last, next to last, etc.) baby?	226. Is (NAME) a boy or girl?	227. In what month and year was (NAME) born? (ASK PRESENT AGE IF MONTH AND/OR YEAR UNKNOWN)	228. Is (NAME) still alive? **(IF YES SKIP TO Q230)**	229. IF DEAD: How old was (NAME) when he/she died? Record days if less than 1 month; months if less than 2 Yrs; else full years (**SKIP TO NEXT CHILD)**	230. Does (NAME) live with you?
01_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
02_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
03_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
04_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
05_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
06_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
07_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
08_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
09_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS

10_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
11_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
12_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
13_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS
14_____ (name)	1 Boy 2 Girl 9 DK/NS	Month ___ ___ Year ___ ___ DK/NS 00 Age ___ ___	1 Yes 2 No 9 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 9 DK/NS	1 Yes 2 No 9 DK/NS

COMPARE THE SUM OF Q205, Q207 AND Q209 WITH THE NUMBER OF BIRTHS RECORDED IN HISTORY ABOVE. IF THE NUMBER ARE DIFFERENT, PROBE AND RECONCILE.

MAKE SURE THAT FOR EACH LIVE BIRTH, MONTH AND YEAR OF BIRTH IS RECORDED. SIMILARLY, FOR EACH CHILD THAT HAS DIED THAT THE AGE AT DEATH IS RECORDED.

231. **CHECK Q227 AND ENTER THE NUMBER OF LIVE BIRTHS SINCE SEPTEMBER, 1994** ___ ___
IF '00', SKIP TO Q290

Now, I would like to make a list of all the live births that you've had since September, 1994 whether they are still alive or not. We will start with your last live birth.

- **RECORD THE NAME OF EACH LIVE BIRTH AT THE TOP OF EACH COLUMN BEGINNING WITH THE LAST LIVE BIRTH IN COLUMN 1 AND CONTINUE IN ORDER OF BIRTH FROM YOUNGEST TO OLDEST.**
- **IF THERE ARE MORE THAN FIVE BIRTHS, TERMINATE THE LIST IN COLUMN 5.**
- **IF THERE ARE MULTIPLE BIRTHS (TWINS, TRIPLETS) REGISTER THESE LIVEBIRTHS IN SEPARATE COLUMNS. DRAW A LINE CONNECTING LIVEBIRTHS FROM THE SAME PREGNANCIES.**

	(1) Last Birth	(2) Next to Last Birth	(3) Second from Last Birth	(4) Third from Last Birth	(5) Fourth from Last Birth
NAME OF CHILD					
232. CHECK Q228 CHILD ALIVE OR DEAD?	1 Alive 2 Dead 9 DK/NS	1 Alive 2 Dead 9 DK/NS	1 Alive 2 Dead 9 DK/NS	1 Alive 2 Dead 9 DK/NS	1 Alive 2 Dead 9 DK/NS
233. When you were pregnant with (NAME) did you see anyone for a check on this pregnancy? **IF NO OR DK SKIP TO Q237**	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS
234. Where did you go for most of this care? 1 Government Health Center/Clinic 2 Government Hospital 6 Abroad 3 Private Hospital 8 Other (specify) 4 Private Doctor/Clinic 9 DK/NS 5 Midwife/TBA	1 6 2 8 3 4 _____ 5 9	1 6 2 8 3 4 _____ 5 9	1 6 2 8 3 4 _____ 5 9	1 6 2 8 3 4 _____ 5 9	1 6 2 8 3 4 _____ 5 9
235. How many months were you pregnant when you made your first visit?	Number of months pregnant ___ ___ DK = 99	Number of months pregnant ___ ___ DK = 99	Number of months pregnant ___ ___ DK = 99	Number of months pregnant ___ ___ DK = 99	Number of months pregnant ___ ___ DK = 99
236. How many visits did you make?	___ ___ Times DK = 99	___ ___ Times DK = 99	___ ___ Times DK = 99	___ ___ Times DK = 99	___ ___ Times DK = 99
237. When did you start on folic acid? 1 Before pregnancy 3 Never 2 Once pregnant 9 DK/NS	1 3 2 9	1 3 2 9	1 3 2 9	1 3 2 9	1 3 2 9
238. When did you start on iron supplements? 1 Before pregnancy 4 Never 2 Once pregnant 9 DK/NS 3 After pregnancy	1 4 2 9 3	1 4 2 9 3	1 4 2 9 3	1 4 2 9 3	1 4 2 9 3
239. When did you start on vitamin A supplements? 1 Before pregnancy 4 Never 2 Once pregnant 9 DK/NS 3 After pregnancy	1 4 2 9 3	1 4 2 9 3	1 4 2 9 3	1 4 2 9 3	1 4 2 9 3
240. When you were pregnant with (NAME) were <u>you</u> given two <u>TD</u> injections to prevent the baby from getting tetanus (lock jaw) and diphtheria?	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS

241. How many pounds and ounces did (NAME) weigh at birth? **IF WEIGHT IS GIVEN, SKIP TO Q243, OTHERWISE CONTINUE**	1 Kg/g. ___ ___ 2 Lb/oz. ___ ___ 99 Don't know	1 Kg/g. ___ ___ 2 Lb/oz. ___ ___ 100 Don't know	1 Kg/g. ___ ___ 2 Lb/oz. ___ ___ 101 Don't know	1 Kg/g. ___ ___ 2 Lb/oz. ___ ___ 102 Don't know	1 Kg/g. ___ ___ 2 Lb/oz. ___ ___ 103 Don't know
242. Did (NAME) weigh more or less than five pounds four ounces (2 1/2 kilograms)?	1 More 2 Less 9 DK/NS	1 More 2 Less 9 DK/NS	1 More 2 Less 9 DK/NS	1 More 2 Less 9 DK/NS	1 More 2 Less 9 DK/NS
243. Was (NAME) born in Belize?	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS
244. Where did you give birth to (NAME)? 1 Government Hospital 2 Private Hospital 5 Home of relative or friend 3 Private Clinic 8 Other (specify) 4 Own Home 9 DK/NS	1 5 2 8 3 4 _____ 9	1 5 2 8 3 4 _____ 9	1 5 2 8 3 4 _____ 9	1 5 2 8 3 4 _____ 9	1 5 2 8 3 4 _____ 9
245. Who assisted with the delivery of (NAME)? 1 Doctor 5 No one 2 Nurse Midwife 8 Other (specify) 3 Midwife/TBA 9 DK/NS 4 Husband/Other relative	1 5 2 8 3 4 _____ 9	1 5 2 8 3 4 _____ 9	1 5 2 8 3 4 _____ 9	1 5 2 8 3 4 _____ 9	1 5 2 8 3 4 _____ 9
246. Was this a normal delivery (vaginal) or was it a forceps/cesarean delivery? 1 Normal Delivery 3 Cesarean Section 2 Forceps Delivery 9 DK/NS	1 3 2 9	1 3 2 9	1 3 2 9	1 3 2 9	1 3 2 9
247. After the delivery of (NAME), did you have any of these? [READ EACH ONE] A. Did you receive a medical checkup, about 4 weeks after (NAME) was born? B. After (NAME) was born did you take him/her for a newborn medical check up within 21 days of his/her birth?	 1 Yes 2 No 9 DK/NS 1 Yes 2 No 9 DK/NS	 1 Yes 2 No 9 DK/NS 1 Yes 2 No 9 DK/NS	 1 Yes 2 No 9 DK/NS 1 Yes 2 No 9 DK/NS	 1 Yes 2 No 9 DK/NS 1 Yes 2 No 9 DK/NS	 1 Yes 2 No 9 DK/NS 1 Yes 2 No 9 DK/NS
248. At what age was (NAME) child registered?	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 98 Not Registered 99 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 98 Not Registered 99 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 98 Not Registered 99 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 98 Not Registered 99 DK/NS	1 Days ___ ___ 2 Months ___ ___ 3 Years ___ ___ 98 Not Registered 99 DK/NS

249. When you became pregnant with (NAME) did you want to become pregnant? **IF YES SKIP TO Q251**	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS
250. Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy? 1 Wanted no more children 2 Wanted to wait longer 9 DK/NS	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
251. Did you ever breastfeed (NAME)? **IF YES SKIP TO Q253**	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS	1 Yes 2 No 9 DK/NS
252. Why did you not breastfeed (NAME)? 01 Mother ill/weak 06 Working 02 Child ill/weak 07 Child refused 03 Child died 08 Did not know how to 04 Nipple/Breast problem 09 Did not want to 05 No milk 88 Other (specify) 99 DK/NS **SKIP TO NEXT CHILD**	01 07 02 08 03 09 04 88 05 _____ 06 99	01 07 02 08 03 09 04 88 05 _____ 06 99	01 07 02 08 03 09 04 88 05 _____ 06 99	01 07 02 08 03 09 04 88 05 _____ 06 99	01 07 02 08 03 09 04 88 05 _____ 06 99
253. For how many months did you breastfeed (NAME)? **IF CHILD IS STILL BEING BREASTFED (=96) SKIP TO NEXT CHILD OR TOP OF PAGE 13.**	Months ___ ___ 00 < 1 month 95 Until died 96 Still breastfeeding	Months ___ ___ 00 < 1 month 95 Until died 96 Still breastfeeding	Months ___ ___ 00 < 1 month 95 Until died 96 Still breastfeeding	Months ___ ___ 00 < 1 month 95 Until died 96 Still breastfeeding	Months ___ ___ 00 < 1 month 95 Until died 96 Still breastfeeding
254. Why did you stop breastfeeding (NAME)? 01 Mother ill/weak 07 Child refused 02 Child ill/weak 08 Weaning age 03 Child died 09 Became pregnant 04 Nipple/Breast problem 05 No milk 10 Tired of breastfeeding 06 Working 88 Other (specify) 99 DK/NS	01 08 02 09 03 10 04 88 05 06 _____ 07 99	01 08 02 09 03 10 04 88 05 06 _____ 07 99	01 08 02 09 03 10 04 88 05 06 _____ 07 99	01 08 02 09 03 10 04 88 05 06 _____ 07 99	01 08 02 09 03 10 04 88 05 06 _____ 07 99

CONTINUE THE FOLLOWING QUESTIONS WITH THE YOUNGEST CHILD, THAT IS THE CHILD IN COLUMN 1

255. **CHECK IF CHILD WAS EVER BREASTFED (SEEQ251, COLUMN 1)**
1 Yes (SKIP TO Q257) 2 No 9 DK/NS

256. If you had had a better understanding of how to breastfeed or were better informed about the benefits would you have breastfed (NAME)?
1 Yes (SKIP TO Q267) 2 No (SKIP TO Q267) 9 DK/NS (SKIP TO Q267)

257. How long after birth did you first put (NAME) to the breast?
000 Immediately 1 Hours ___ ___ 2 Days ___ ___ 9 DK/NS

258. **CHECK IF CHILD IS STILL BREASTFED (SEEQ253, COLUMN 1)**
1 Yes 2 No (SKIP TO Q264) 3 Has died (SKIP TO Q264) 9 DK/NS (SKIP TO Q264)

259. How many times did you breastfeed last night between 6 p.m. and 6 a.m.?
Number of nighttime feedings ___ ___ 99 DK/NS

260. How many times did you breastfeed yesterday between 6 a.m. and 6 p.m.?
Number of daylight feedings ___ ___ 99 DK/NS

261. At any time yesterday or last night was (NAME) given any of the following?: [READ]

	Yes	No	DK/NS
1 Formula or milk other than breastmilk?	1	2	9
2 Water?	1	2	9
3 Juice?	1	2	9
4 Other liquids?	1	2	9
5 Any solid or mashed food?	1	2	9

262. CHECK Q261 FOOD / LIQUID GIVEN YESTERDAY?
1 Yes to one or all (SKIP TO Q264) 2 No to all 9 DK/NS to all

263. Has (NAME) ever been given any water, or something else to drink or eat (other than breastmilk)?
1 Yes 2 No (SKIP TO Q265) 9 DK/NS (SKIP TO Q265)

264. How many months old was (NAME) when you started giving him/her the following? [READ]

	Months	Never/Not yet	DK/NS
1 Formula or milk other than breastmilk?	__ __	77	99
2 Water?	__ __	77	99
3 Juice?	__ __	77	99
4 Other liquids?	__ __	77	99
5 Any solid or mashed food?	__ __	77	99

IF AGE OF CHILD WAS LESS THAN ONE MONTH RECORD 00

265. Where did you receive your information about breastfeeding?
01 Government Health Center
02 Government Hospital
03 Private Hospital
04 Private Doctor
05 Midwife/TBA
06 Mother
07 Other relative
08 Friend
09 Breast is Best League (BIB)
10 Belize Family Life Association (BFLA)
88 Other (specify) _____
99 DK/NS

267. Did anyone provide you with any information on pregnancy and family life while you were pregnant With (NAME)? 1 Yes 2 No (SKIP TO Q269) 9 DK/NS (SKIP TO Q269)

268. Who?

1 Doctor
2 Mother
3 Belize Family Life Association Officer (BFLA)
4 Nurse
5 Friend
8 Other (specify) _____
9 DK/NS

269. How many months after the birth of (NAME) did your menstrual period first return?

__ __ months 96 Hasn't returned 99 DK/NS

270. Have you resumed sexual relations since the birth of (NAME)?

1 Yes 2 No (SKIP TO NOTE AFTER Q271) 9 DK/NS (SKIP TO NOTE AFTER Q271)

271. How many weeks after the birth of (NAME) did you resume sexual relations?

__ __ weeks 99 DK/NS

NOW RETURN TO QUESTION 232 AND COUNT THE NUMBER OF CHILDREN.
THEN SELECT ONE CHILD USING THE FOLLOWING GRID

SELECTION OF CHILD

LAST DIGIT OF QUESTIONNAIRE NUMBER	NO. OF CHILDREN				
	1	2	3	4	5
0	1	2	2	4	3
1	1	1	3	1	4
2	1	2	1	2	5
3	1	1	2	3	1
4	1	2	3	4	2
5	1	1	1	1	3
6	1	2	2	2	4
7	1	1	3	3	5
8	1	2	1	4	1
9	1	1	2	1	2

272. Line number of child selected ____ _____ **(NAME)**

272a. CHILD ALIVE OR DEAD (SEE Q232)

1 Alive 2 Dead (SKIP TO Q290) 9 DK/NS (SKIP TO Q290)

273. In the last two weeks has (NAME) had any of the following symptoms

	Yes	No	DK/NS
01 Decreased sucking/loss of appetite	1	2	9
02 Cries become high pitched/nagging	1	2	9
03 Red/teary eyes	1	2	9
04 Stuffed/runny nose	1	2	9
05 Sneezing	1	2	9
06 Cough	1	2	9
07 High fever	1	2	9
08 Sore throat	1	2	9
09 Hoarseness	1	2	9
10 Difficulty swallowing	1	2	9
11 Earache (or ear secretions)	1	2	9
12 Rapid, difficult and loud breathing	1	2	9
13 Sunken chest	1	2	9
14 Blue or purple lips	1	2	9
15 Periods of not breathing	1	2	9

IF ALL ARE 2 AND/OR 9 SKIP TO Q279

274. How many days did the symptoms last?
___ ___ days 00 Began today 99 DK/NS

275. Did you do anything to improve (NAME)'s condition?
1 Yes 2 No (SKIP TO Q278) 9 DK/NS (SKIP TO Q278)

276. Where did you seek advice or treatment?
1 Government Health Worker
2 Government Health Center
3 Government Hospital
4 Private Hospital
5 Private Doctor
6 Traditional Healer
7 Private Pharmacy
8 Other (specify) _____
9 DK/NS

277. What type of treatment did the child receive? [READ EACH ONE]

	Yes	No	DK/NS
01 Antibiotics	1	2	9
Were these prescribed by the health center or doctor?	1	2	9
02 Aspirin	1	2	9
03 Antifebril (Tylenol, Panadol, etc.)	1	2	9
04 Expectorant/Decongestant	1	2	9
05 Pills, syrups, other unspecified treatment	1	2	9
06 Home remedies (specify) _____	1	2	9
07 Hospitalized for more than 24 hours	1	2	9
08 Other (specify) _____	1	2	9

SKIP TO Q279

278. Why did you do nothing?
1 Was not necessary, was not serious
2 Perhaps should have, but didn't have time
3 Didn't know what to do or what to give the child
4 Did no have any remedies to give the child
5 Did not have enough money
6 Went to the health center, but they did not see us; it was closed
7 The health center is too far away or hard to get to
8 Other (specify) _____
9 DK/NS

279. Sometimes, children have diarrhea, that is to say at least one liquid stool in a day.
Has (NAME) had diarrhea in the last two weeks?
1 Yes 2 No (SKIP TO Q289) 9 DK/NS (SKIP TO Q289)

280. How many episodes of diarrhea did (NAME) suffer in the last month?
___ ___ episodes 99 DK/NS

281. Was there any blood and/or mucous (cold) in the stools?
1 Yes 2 No 9 DK/NS

282. When (NAME) had diarrhea did she/he have? **[READ]**

	Yes	No	DK/NS
1 Constant thirst/ Drank lots of water	1	2	9
2 Dry/wrinkled skin	1	2	9
3 Sunken/dry eyes	1	2	9
4 Sunken fontanel /Mole drop	1	2	9
5 Dry lips	1	2	9

283. Did you do anything to improve the child's condition?

1 Yes 2 No (SKIP TO Q288) 9 DK/NS (SKIP TO Q288)

284. Where did you go?

1 Government Health Worker
2 Government Health Center
3 Government Hospital
4 Private Hospital
5 Private Doctor
6 Traditional Healer
7 Private Pharmacy
8 Other (specify) _____
9 DK/NS

285. What type of treatment did the child receive? **[READ]**

	Yes	No	DK/NS
01 Antibiotics	1	2	9
Were these prescribed by the health center or doctor?	1	2	9
02 Antidiarrheals	1	2	9
Were these prescribed by the health center or doctor?	1	2	9
03 Remedies (over the counter syrup, tablets, etc.)	1	2	9
04 ORS (Oral Rehydration Salts)	1	2	9
05 Homemade salt/sugar solution	1	2	9
06 Traditional remedies	1	2	9
07 IV (Intravenous treatment)	1	2	9
08 Health education (wash hands, etc.)	1	2	9
09 Hospitalized for more than 24 hours	1	2	9
10 Other (specify) _____	1	2	9

286. During the time of the diarrhea, did you change the child's feeding patterns? **[READ]**

	Yes	No	DK/NS
1 Gave normal diet	1	2	9
2 Gave only soft foods	1	2	9
3 Gave less food	1	2	9
4 Gave more frequent feedings	1	2	9
5 Gave other types of food (specify)_____	1	2	9

287. During the time of the diarrhea did you change the amount of liquids you were giving him/her? **[READ]**

	Yes	No	DK/NS
1 Decreased liquids	1	2	9
2 Increased liquids	1	2	9
3 Only breastfed	1	2	9
4 Withheld breastmilk	1	2	9
5 Withheld formula/milk other than breastmilk	1	2	9

ALL SKIP TO Q289

288. Why did you do nothing?

1 Was not necessary, was not serious
2 Perhaps should have, but didn't have time
3 Didn't know what to do or what to give the child
4 Did no have any remedies to give the child
5 Did not have enough money
6 Went to the health center, but they did not see us; it was closed
7 The health center is too far away or hard to get to
8 Other (specify) _____
9 DK/NS

289. I'd like to get some information now about (NAME)'s vaccinations.
Do you have a card where (NAME)'s vaccinations are written down? IF YES, may I please see it?

THE INFORMATION FOR EACH DOSE, MONTH AND YEAR, VERY CAREFULLY. IF THE MOTHER DOES NOT HAVE A VACCINATION CARD FOR THE CHILD, COMPLETE THE TABLE BELOW CONSULTING WITH THE MOTHER

		Code	Month		Year				Comments
BCG?	BCG								
POLIO 1?	P1								
POLIO 2?	P2								
POLIO 3?	P3								
POLIO B	PB								
DPT 1?	D1								
DPT 2?	D2								
DPT 3?	D3								
DPT B?	DPTB								
MEASLES1	MEA1								
MEASLES2	MEA2								
MMR	MMR								

CODES: 1 HAS DOSE ACCORDING TO VACCINATION CARD
2 HAS DOSE ACCORDING TO MOTHER
3 DOES NOT HAVE DOSE
9 DOESN'T KNOW/NOT STATED

Now, I would like to ask you a few more questions about yourself?

290. Do you self-examine your breasts to check for tumors/cancer?
1 Yes 2 No (SKIP TO Q292) 9 Don't know/Not stated (SKIP TO Q292)

291. How often?
1 Every month
2 Once a year
3 Every now and then
9 Don't know/Not Stated

292. Do you have your breasts examined by a medical person?
1 Yes 2 No (SKIP TO Q294) 9 Don't know/Not stated (SKIP TO Q294)

293. How often?

1 Once
2 Every month
3 Once a year
4 Every now and then
9 Don't know/Not Stated

294. Have you ever had a pap smear?

1 Yes
2 No (SKIP TO Q296)
9 Don't know/Not stated (SKIP TO Q296)

295. How often?

1 Once
2 Every six months
3 Once a year
4 Every two years
9 Don't know/Not Stated

296. How old were you when you had your first menstrual period?

1 Not yet
2 Years (SKIP TO Q298)
9 DK/NS (SKIP TO Q298)

297. Have you received any information preparing you for your first menstrual period?

1 Yes (SKIP TO Q299)
2 No (SKIP TO SEC.3)
9 Don't know/Not Stated (SKIP TO SEC.3)

298. Prior to your first menstrual period, had you received information preparing you for that moment?

1 Yes
2 No (SKIP TO SEC. 3)
9 Don't remember (SKIP TO SEC.3)

299. Where, or from whom did you receive this information?

1 Mother/Female guardian
2 Father/Male guardian
3 Older sister
4 Other relative
5 School
6 Peer
7 Book
8 Other (specify) _____
9 Don't know/Not Stated

SECTION 3 - CONTRACEPTIVE KNOWLEDGE AND USE

301. Now, I would like to talk about methods that people use to space or limit the number of children they have.

INTERVIEWER:

A. FIRST ASK: Please tell me all the methods you have heard of to space or limit the number of children a person has. [INTERVIEWER: Circle Number "1" next to each method she mentions]

B. THEN ASK: Have you ever heard of [Method]? [INTERVIEWER: Read each method not mentioned spontaneously and circle "2" or "3", as appropriate.]

C. THEN ASK: Have you or your partner ever used [Method]? [INTERVIEWER: Read each method on the list that has a "1" or "2" and circle "4" or "5" as appropriate.]

	A	B		C	
METHOD	Spontaneous	Have you ever heard of this method		Have you or a partner ever used this method	
		Yes	No	Yes	No
01 Pill/oral contraceptives	1	2	3	4	5
02 Injection	1	2	3	4	5
03 Inter-uterine device/coil	1	2	3	4	5
04 Condoms (male)	1	2	3	4	5
05 Condoms (female)	1	2	3	4	5
06 Diaphragm	1	2	3	4	5
07 Vaginal foaming tablets	1	2	3	4	5
08 Condom and foam	1	2	3	4	5
09 Diaphragm and foam	1	2	3	4	5
10 Vaginal Creams/jellies	1	2	3	4	5
11 Morning after pill/emergency contraception	1	2	3	4	5
12 Rhythm/calendar method	1	2	3	4	5
13 Billings method	1	2	3	4	5
14 Withdrawal	1	2	3	4	5
15 Female sterilization/tubal ligation/tie off	1	2	3	4	5
16 Male sterilization/vasectomy	1	2	3	4	5
17 Lactation/amenorrhea/breastfeeding	1	2	3	4	5
88 Other (specify _____)	1	2	3	4	5

302. Do you think you are able to get pregnant at the present time?
1 Yes (SKIP TO Q304)
2 No
3 Already pregnant (SKIP TO Q304a)
9 DK/NS (SKIP TO Q304)

303. Why not?
1 Menopause
2 Has had an operation for medical reasons which makes pregnancy impossible (her or her partner)
3 Has tried to get pregnant for at least 2 years without success
4 Sterile
5 Postpartum/breastfeeding
6 Using contraception
7 Not sexually active
8 Other (specify) _____
9 Don't know/Not Stated

304. Would you like to become pregnant at this time?
1 Yes 2 No 9 DK/NS

304a. RESPONDENT HAS NEVER USED A METHOD (NO 4'S ARE CIRCLED IN Q301) --> SKIP TO Q329

305. How old were you when you first used contraception?
___ ___ years 99 Don't know/Not Stated

306. How many living children did you have when you first used contraception?
___ ___ children 99 Don't know/Not Stated

307. Are you or a partner currently using a contraceptive method?
1 Yes (SKIP TO Q312) 2 No 9 DK/NS

308. Why are you or your partner not using a method?
00 CURRENTLY PREGNANT
02 Knew of methods but didn't know where to get them
03 Knew of method but couldn't afford it
04 Knew of method but too far from source
05 Wanted to use a method but couldn't get it at that moment
06 Didn't know of any methods
07 Partner was against using something
08 Knew of method but too embarrassed to get method
09 Had method but too embarrassed to use method
10 Want to become pregnant
11 Feared side effects of contraceptive methods
12 Religious reasons
13 Did not want to use any method
14 Fears side effects of method
15 Past method had bad side effects
16 Advanced age
17 Sexual intercourse not satisfying with last method
18 Past method not effective
19 Past method difficult to use
20 Health/medical reasons
21 Infertile
22 Myth/cultural belief (specify _____)
23 Not sexually active
77 Don't remember
88 Other (specify _____)
99 Don't know/Not Stated

309. What was the month and year you\he stopped using a method?
___ ___ Month ___ ___ ___ ___ Year 00 Don't know/Not Stated

310. Why did you\he stop using that method?
01 Desire Pregnancy
02 Not Sexually Active
03 Fears Side Effects
04 Spouse Opposes
05 Religion
06 Had Bad Side Effects
07 Advanced Age
08 Lack of Knowledge
09 Far Distance to Source
10 Doesn't Like or Want to Use
11 Sexual Intercourse Not Satisfying
12 Method Not Effective
13 Method Difficult to Use
14 Lack of Money
15 Health/Medical Reasons
16 Infertile
17 Embarrassed to Use
18 Myth/Cultural Belief (specify)_____
88 Other (specify) _____
99 Don't know/Not Stated

311. What was the method being used?

01 Pill/oral contraceptives	11 Morning after pill
02 Injection	12 Rhythm/calendar method
03 Inter-uterine device/coil	13 Billings method
04 Condoms (male)	14 Withdrawal
05 Condoms (female)	15 Female sterilization/tubal ligation/tie off
06 Diaphragm	16 Male Sterilization/vasectomy
07 Vaginal foaming tablets	17 Lactation/amenorrhea/breastfeeding
08 Condom and foam	88 Other (specify) _____
09 Diaphragm and foam	99 Don't know/Not Stated
10 Vaginal Creams/jellies	

SKIP TO SECTION Q329

312. What is the method being used?

01 Pill/oral contraceptives	11 Morning after pill
02 Injection	12 Rhythm/calendar method
03 Inter-uterine device/coil	13 Billings method
04 Condoms (male)	14 Withdrawal
05 Condoms (female)	15 Female sterilization/tubal ligation/tie off
06 Diaphragm	16 Male Sterilization/vasectomy
07 Vaginal foaming tablets	17 Lactation/amenorrhea/Breastfeeding
08 Condom and foam	88 Other (specify) _____
09 Diaphragm and foam	99 Don't know/Not Stated
10 Vaginal Creams/jellies	

313. Do you use this method to space pregnancies, because you want no more children, to prevent sexually transmitted infections/HIV/AIDS, or for some other reason?

1 Space pregnancies	5 Options 2 and 3
2 Want no more children	8 Other (specify) _____
3 Prevent STIs/HIV/AIDS	9 Don't know/Not Stated
4 Options 1 and 3	

IF QUESTION 312 HAS OPTIONS 15 OR 16 SKIP TO SECTION 4

314. Do you or your partner get your contraceptive supplies/receive information about this method within your local community, somewhere else in the country, or abroad?

1 Local community	3 Abroad
2 Elsewhere in country	9 Don't know/Not Stated (SKIP TO NOTE AFTER Q315)

315. Where exactly do you or your partner get the method being used?
NOTE TO INTERVIEWER: IN CASE OF BILLINGS, CALENDAR/RHYTHM, WITHDRAWAL, OR LACTATION/AMENORRHEA METHOD: Where did you or your partner receive orientation?

01 Government clinic/health center	07 Church
02 Private doctor/clinic	08 Friend/Neighbour/Family member
03 Government hospital	09 Community health worker
04 Private hospital	10 Supermarket/Bar/Grocery store
05 Belize Family Life Association (BFLA)	88 Other (specify) _____
06 Pharmacy/drugstore	99 Don't know/Not Stated

IF QUESTION 312 HAS OPTIONS 12, 13, 14 OR 17 SKIP TO Q328

316. Who gets the supplies?

1 Myself	3 Both
2 My partner	9 Don't know/Not Stated

317. Can you get this method at any time?

1 Yes	8 Other (specify _____)
2 No	9 Don't know/Not Stated

318. Is any special day or time convenient for you?

1 Yes 2 No (SKIP TO Q321) 9 DK/NS

319. Which day or days of the week are convenient for you? [READ]

	Yes	No	DK/NS
A. Monday	1	2	9
B. Tuesday	1	2	9
C. Wednesday	1	2	9
D. Thursday	1	2	9
E. Friday	1	2	9
F. Saturday	1	2	9

G. Sunday	. . . . . 1	. . . . . 2	. . . . . 9 . . . . .

320. What time of the day is convenient for you? [READ]

	Yes	No	DK/NS
A. Early morning (before 10am) .	. . . . . 1	. . . . . 2	. . . . . 9 . . . . .
B. Late morning (10am –12pm) .	. . . . . 1	. . . . . 2	. . . . . 9 . . . . .
C. Early afternoon (12pm – 3pm)	. . . . . 1	. . . . . 2	. . . . . 9 . . . . .
D. Late afternoon (3pm - 6pm) . .	. . . . . 1	. . . . . 2	. . . . . 9 . . . . .
E. Evenings	. . . . . 1	. . . . . 2	. . . . . 9 . . . . .
F. Other (specify _____). .	. . . . . 1	. . . . . 2	. . . . . 9 . . . . .

321. What are your views on the usual length of waiting time at the place you go?
1 Too long
2 Not too long
9 Don't know/Not Stated

322. How long does it take you to get there?
___ ___ minutes
99. Don't know/Not Stated

323. Do you consider it too far away?
1 Yes 2 No 9 DK/NS

324. Do you or your partner pay for the contraceptive method you now use?
1 Yes 2 No 9 DK/NS

325. At the same time**,** do you or your partner also use a second method of contraception*?*
1 Yes 2 No (SKIP TO Q328) 9 DK/NS (SKIP TO Q328)

326. What is the method used?
01 Pill/oral contraceptives
02 Injection
03 Inter-uterine device/coil
04 Condoms (male)
05 Condoms (female)
06 Diaphragm
07 Vaginal foaming tablets
08 Condom and foam
09 Diaphragm and foam
10 Vaginal Creams/jellies
11 Morning after pill
12 Rhythm/calendar method
13 Billings method
14 Withdrawal
15 Female sterilization/tubal ligation/tie off
16 Male Sterilization/vasectomy
17 Lactation/amenorrhea/breastfeeding
88 Other (specify) _____
99 Don't know/Not Stated

327. Did you use this method to prevent pregnancy, because you wanted no more children, to prevent sexually transmitted infections/HIV/AIDS, or for some other reason?

1 Prevent pregnancy
2 Wanted no more children
3 Prevent STIs/HIV/AIDS
4 Option 1 and 3
5 Options 2 and 3
8 Other (specify) _____
9 Don't know/Not Stated

328. Would you prefer to use a different method than the one you or your partner are now using?

1 Yes (SKIP TO Q330) 2 No (SKIP TO SEC. 4) 9 DK/NS (SKIP TO SEC. 4)

329. In the future, do you think you will want to use a method to prevent pregnancy?

1 Yes 2 No (SKIP TO SEC. 4) 9 DK/NS (SKIP TO SEC. 4)

330. What method would you like to use most?

01 Pill/oral contraceptives
02 Injection
03 Inter-uterine device/coil
04 Condoms (male)
05 Condoms (female)
06 Diaphragm
07 Vaginal foaming tablets
08 Condom and foam
09 Diaphragm and foam
10 Vaginal Creams/jellies/foams
11 Morning after pill
12 Rhythm/calendar method
13 Billings method
14 Withdrawal
15 Female sterilization/tubal ligation/tie off
16 Male Sterilization/vasectomy
17 Lactation/amenorrhea/breastfeeding
88 Other (specify) _____
99 Don't know/Not Stated

331. Do you know where to obtain this method?

1 Yes 2 No (SKIP TO SEC. 4) 9 DK/NS (SKIP TO SEC. 4)

332. Would you or your partner get this method within your local community, somewhere else in the country, or abroad?

1 Local community
2 Elsewhere in country
3 Abroad
9 Don't know/Not Stated (SKIP TO Q334)

333. Where exactly would you or your partner get the method?

01 Government clinic/health center
02 Private doctor/clinic
03 Government hospital
04 Private hospital
05 Belize Family Life Association (BFLA)
06 Pharmacy/drugstore
07 Church
08 Friend/Neighbour/Family member
09 Community health worker
10 Supermarket/Bar/Grocery store
88 Other (specify) _____
99 Don't know/Not Stated

334. What is the most important reason why you or your partner are not using this preferred method?

01 Knew of methods but didn't know where to get them
02 Knew of method but couldn't afford it
03 Knew of method but too far from source
04 Wanted to use a method but couldn't get it at that moment
05 Knew of method but too embarrassed to get method
06 Had method but too embarrassed to use method
07 Feared side effects of contraceptive methods
08 Religious reasons
09 Fears side effects of method
10 Partner opposes
11 Advanced age
12 Health/medical reasons
13 Myth/cultural belief (specify _____)
14 Not sexually active
77 Don't remember
88 Other (specify _____)
99 Don't know/Not Stated

SECTION 4 - INTEREST IN STERILIZATION

401. INTERVIEWER: CIRCLE THE CORRECT STATUS.

1 RESPONDENT HAS HAD A STERILIZATION ---> SKIP TO SECTION 5 (SEE Q301)
2 RESPONDENT HAS LIVING CHILDREN --->CONTINUE WITH Q402 (SEE Q216)
3 RESPONDENT DOES NOT HAVE LIVING CHILDREN ---> SKIP TO Q408 (SEE Q216)

402. Do you want to have anymore children?
1 Yes (SKIP TO Q408)
2 No
3 Fate, up to God (SKIP TO Q408)
9 Don't know/Not Stated (SKIP TO Q408)

403. Would you be interested in an operation that would prevent you from having any more children?
1 Yes
2 No (SKIP TO Q407)
9 DK/NS (SKIP TO Q407)

404. Do you know where to go for this operation or to get information about it?
1 Yes
2 No (SKIP TO SEC. 6)
9 DK/NS (SKIP TO SEC. 6)

405. Would you go for this operation within your local community, somewhere else in the country, or abroad?
1 Local community
2 Elsewhere in country
3 Abroad
9 Don't know/Not Stated (SKIP TO Q406)

405a. Where exactly would you go?
1 Government clinic/Health Center
2 Government Hospital
3 Private Hospital
4 Private doctor/clinic
7 Abroad
8 Other (specify) _____
9 Don't know/Not Stated

406. Since you have all the children you want and you know where to get this operation, why have you not had it?
01 Not Sexually Active
02 Difficult to Reverse
03 Spouse Opposes
04 Religion
05 Advanced Age
06 Lack of Knowledge
07 Far Distance to Source
08 Doesn't Like or Want to Use
09 Fear of Operation
10 Decrease sexual performance
11 Prefers Using Other Methods
12 Considers Self Too Young
13 May meet another partner in the future who wants children
14 Needs More Information
15 Lack of Money
16 Health/Medical Reasons
17 Infertile
88 Other (specify) _____
99 Don't know/Not Stated

SKIP TO SECTION 6

407. Why are you not interested in this operation?
01 Not Sexually Active
02 Difficult to Reverse
03 Spouse Opposes
04 Religion
05 Advanced Age
06 Lack of Knowledge
07 Far Distance to Source
08 Doesn't Like or Want to Use
09 Fear of Operation
10 Decrease sexual performance
11 Prefers Using Other Methods
12 Considers Self Too Young
13 May meet another partner in the future who wants children
14 Needs More Information
15 Lack of Money
16 Health/Medical Reasons
17 Infertile
88 Other (specify) _____
99 Don't know/Not Stated

SKIP TO SECTION 6

408. How many (more) children would you like to have?
____ ____ children
66 As many as possible
77 Fate, up to God
99 Don't know/Not Stated

409. After you have all the children you want, would you be interested in a operation that would prevent you from having any (more) children?
1 Yes
2 No (SKIP TO Q412)
9 DK/NS (SKIP TO Q412)

410. Do you know where to get this operation or information about it?
1 Yes
2 No (SKIP TO SEC. 6)
9 DK/NS (SKIP TO SEC. 6)

411. Would you go for this operation within your local community, somewhere else in the country, or abroad?
1 Local community
2 Elsewhere in country
3 Abroad
9 Don't know/Not Stated (SKIP TO SECTION 6)

411a. Where could you get the operation?

1 Government clinic/Health Center
2 Government Hospital
3 Private Hospital
4 Private doctor/clinic
7 Abroad
8 Other (specify) _____
9 Don't know/Not Stated

SKIP TO SECTION 6

412. Why would you not be interested in this operation

01 Not Sexually Active
02 Difficult to Reverse
03 Spouse Opposes
04 Religion
05 Advanced Age
06 Lack of Knowledge
07 Far Distance to Source
08 Doesn't Like or Want to Use
09 Fear of Operation
10 Decrease sexual performance
11 Prefers Using Other Methods
12 Considers Self Too Young
13 May meet another partner in the future who wants children
14 Needs More Information
15 Lack of Money
16 Health/Medical Reasons
17 Infertile
88 Other (specify) _____
99 Don't know/Not Stated

SKIP TO SECTION 6

SECTION 5 - STERILIZATION

THIS SECTION IS FOR WOMEN WHO HAVE HAD A STERILIZATION (SEE Q301)
ALL OTHER WOMEN SKIP TO SECTION 6

501. What was the main reason why you decided to get the surgery?

01 Economic reasons
02 Didn't want anymore children
03 To have more freedom in sexual life
04 To avoid unwanted pregnancies
05 Other methods failed
06 Spouse/partner planned before, my turn to plan
07 Because of complications in last pregnancy/ Labour
08 Partner's side effects
09 Health problems of partners
10 Medical recommendation
11 It's efficient/very safe
88 Other (specify) _____
99 Don't know/Not Stated

502. Where was your sterilization done?

1 Government clinic/Health Center
2 Government Hospital
3 Private Hospital
4 Private doctor/clinic
8 Other (specify) _____
9 Don't know/Not Stated

503. In what country?

1 Belize
2 Guatemala
3 Mexico
4 El Salvador
5 Honduras
6 Nicaragua
7 United States
8 Other (specify) _____
9 Don't know/Not Stated

504. How old were you when you had the operation?

____ ____ Years
99 Don't know/Not Stated

505. Were you satisfied with having the operation?

1 Yes
2 No
9 DK/NS

506. Do you regret having had the surgery?

1 Yes
2 No (SKIP TO Q508)
9 DK/NS (SKIP TO Q508)

507. Why do you regret it?

01 Wish to have another child
02 Partner is not happy/wants another child
03 Have new husband/partner
04 Subsequent health problems
05 Religious issues/sense of culpability
06 Surgery has caused emotional problems
07 Cannot please husband/partner
08 Feels less feminine
09 Reduces chances of getting a partner
88 Other (specify) _____
99 Don't know/Not Stated

508. Would you recommend to another woman that she gets surgery so as not to have more children?

1 Yes
2 No
9 DK/NS

509. After the surgery, how do you feel people see you? [READ]

1 Less feminine
2 More feminine
3 Same as before having surgery
4 Doesn't care how people see her
9 Don't know/Not Stated

510. After having the sterilization, you feel your sexual relations are… [READ]

1 More satisfactory
2 Less satisfactory
3 Same as before having surgery
4 Haven't tried out yet
5 Has no opinion
9 Don't know/Not Stated

SECTION 6 - RELATIONSHIP STATUS AND PARTNERSHIP HISTORY

600. Are you in a relationship of the same sex, heterosexual, both or none?

1 Same sex (SKIP TO Q602)
2 Heterosexual
3 Both
4 None (SKIP TO Q602)
9 Don't know/Not Stated

601. What is you current union status? [READ]

1 Legally married and living with spouse
2 Common-law union
3 Visiting sexual relationship
4 Legally married but not in union
5 Legally separated but not in union
6 Widowed and not in union
7 Divorced and not in union
8 Not in union
9 Don't know/Not Stated

IF Q601=8 (NOT IN UNION) CONTINUE, ELSE SKIP TO Q603

602. Have you ever been married or lived in a common-law union with a male?

1 Yes
2 No (SKIP TO SECTION 7)
9 DK/NS (SKIP TO SECTION 7)

603. How many times have you ever been married or lived in a common-law union with a male? **IF '00' TIMES SKIP TO SECTION 7**

__ __ times
99 Don't know/Not Stated

604. Now I need a history of all your marriages and common-law unions. Could you tell me about each one beginning with the most recent union you were in and ending with the first one.

Partner	605. In what month and year did you first start living with Partner #X ?	606. What is your current union status with Partner #X ? 1 Together **(SKIP TO Q608)** 2 Separated 9 DK/NS	607. In what month and year did your union with Partner #X end?	608. How old were you when you first began living with Partner # X?	609. How old was Partner #X when you first began living with him?	610. What was your level of education when you first began living with Partner #X?	611. What was Partner #X level of education when you first began living with him?
1	M __ __ Y 19__ __	1 2 9	M __ __ Y 19__ __	__ __ Years	__ __ Years	Level _____ Year _____	Level _____ Year _____
2	M __ __ Y 19__ __	1 2 9	M __ __ Y 19__ __	__ __ Years	__ __ Years	Level _____ Year _____	Level _____ Year _____
3	M __ __ Y 19__ __	1 2 9	M __ __ Y 19__ __	__ __ Years	__ __ Years	Level _____ Year _____	Level _____ Year _____
4	M __ __ Y 19__ __	1 2 9	M __ __ Y 19__ __	__ __ Years	__ __ Years	Level _____ Year _____	Level _____ Year _____
5	M __ __ Y 19__ __	1 2 9	M __ __ Y 19__ __	__ __ Years	__ __ Years	Level _____ Year _____	Level _____ Year _____
6	M __ __ Y 19__ __	1 2 9	M __ __ Y 19__ __	__ __ Years	__ __ Years	Level _____ Year _____	Level _____ Year _____

NOTE TO INTERVIEWER: For Q610 and Q611, on the first line write out the level of education which refers to None, Pre-school, Primary, High School, Sixth Form, BTTC/BCA/BNS, University, DK/NS, and on the second line write out the standard/form/year that the person was in or had completed at that time.

SECTION 7 - SEXUAL ACTIVITY

701. At what age did you first have sexual intercourse? ____ ____ Years
77 Never had sexual intercourse (SKIP TO SECTION 8) 99 Don't know/Not Stated

702. Were you in school at the time you first had sexual intercourse?
1 Yes 2 No 9 DK/NS

703. What standard/form/year and school level had you completed when you first had sexual intercourse?
_____ _____
school level standard/form/year

RECORD BOTH A AND B
A Highest school level completed?
1 None
2 Primary
3 High School
4 BTTC/BCA/BNS
5 Sixth Form or Equivalent
6 University
9 Don't know/Not Stated

B Number of years beyond level completed. ____ ____ Years

704. Was this first sexual intercourse on a consensual basis?
1 Yes 2 No 9 DK/NS

705. What was your relationship to the first male with whom you first had sexual intercourse?
01 Husband/common-law
02 Visiting partner
03 Fiancé/boyfriend
04 Friend
05 Casual acquaintance
06 Mother's partner
08 Incest (father/brother)
09 Incest (other relative)
88 Other (specify _____)
99 Don't know/Not Stated

706. What was the age of the male at the time that you first had sexual intercourse with him?
____ ____ Years 98 Don't remember 99 Don't know/Not Stated

707. Was he in school at the time you first had sexual intercourse with him?
1 Yes 2 No 9 DK/NS (SKIP TO Q709)

708. What standard/form/year and school level had he completed when you first had sexual intercourse?
_____ _____
school level standard/form/year

RECORD BOTH A AND B
A Highest academic level completed?
1 None
2 Primary
3 High School
4 BTTC/BCA/BNS
5 Sixth Form or Equivalent
6 University
9 Don't know/Not Stated

B Number of years beyond level completed. ____ ____ Years

709. Now, I would like you to think back to the first time you had sexual intercourse with a man.

Did you or your partner use a contraceptive method during this first sexual intercourse?

1 Yes 2 No (SKIP TO Q714) 9 DK/NS (SKIP TO Q714)

710. What was the method used?

01 Pill/oral contraceptives
02 Injection
03 Inter-uterine device/coil
04 Condoms (male)
05 Condoms (female)
06 Diaphragm
07 Vaginal foaming tablets
08 Condom and foam
09 Diaphragm and foam
10 Vaginal Creams/jellies/foams
11 Morning after pill
12 Rhythm/calendar method
13 Billings method
14 Withdrawal
15 Female sterilization/tubal ligation/tie off
16 Male Sterilization/vasectomy
17 Lactation/amenorrhea/breastfeeding
88 Other (specify) _____
99 Don't know/Not Stated

711. Did you or your partner get that method, or information about it within your local community, somewhere else in the country, or abroad?

1 Local community
2 Elsewhere in country
3 Abroad
9 Don't know/Not Stated (SKIP TO Q713)

712. Where exactly did you or your partner get the method used during your first sexual intercourse?
NOTE TO INTERVIEWER: IN CASE OF BILLINGS, RHYTHM, WITHDRAWAL, OR LACTATION/AMENORRHEA METHOD: Where did you or your partner receive orientation?

01 Government clinic/health center
02 Private doctor/clinic
03 Government hospital
04 Private hospital
05 Belize Family Life Association (BFLA)
06 Pharmacy/drugstore
07 Church
08 Friend/Neighbour/Family member
09 Community health worker
10 Supermarket/Bar/Grocery store
88 Other (specify) _____
99 Don't know/Not Stated

713. Whose decision was it to use this method? You alone, your partner alone, or was it made together?

1 My decision
2 Partner's decision
3 Decision made together
7 Don't remember
9 Don't know/Not Stated

713a. Did you use this method to prevent pregnancies, to prevent sexually transmitted infections/HIV/AIDS, or for some other reason?

1 Prevent pregnancies
2 Prevent STIs/HIV/AIDS
3 Both
8 Other (specify) _____
9 Don't know/Not Stated

SKIP TO QUESTION Q715

714. Why didn't you or your partner use a contraceptive method during this first sexual intercourse?

01 Didn't expect to have sexual relations at that time
02 Knew of methods but didn't know where to get them
03 Knew of method but couldn't afford it
04 Knew of method but too far from source
05 Wanted to use a method but couldn't get it at that moment
06 Didn't know of any methods
07 Partner was against using something
08 Knew of method but too embarrassed to get method
09 Had method but too embarrassed to use method
10 Feared side effects of contraceptive methods
11 Religious reasons
12 Did not want to use any method
77 Doesn't remember
88 Other (specify _____)
99 Don't know/Not Stated

715. Have you had sexual intercourse with a male in the last 30 days?

1 Yes
2 No (SKIP TO Q717)
9 DK/NS (SKIP TO Q717)

716. How many times have you had sexual intercourse with a male in the last 30 days?

___ ___ times

77 Don't remember – less than 30
78 Don't remember – more than 30
79 Don't remember
99 Don't know/Not Stated

SKIP TO Q718

717. Have you had sexual intercourse with a male in the last 3 months?

1 Yes
2 No (SKIP TO Q719)
9 DK/NS (SKIP TO Q719)

718. With how many males have you had sexual intercourse in the last 3 months?

___ ___ males

77 Don't remember – less than 10
78 Don't remember – more than 10
79 Don't remember
99 Don't know/Not Stated

719. Was your last sexual intercourse on a consensual basis?

1 Yes
2 No
9 DK/NS

720. What was your relationship to the last male with whom you had sexual intercourse?

01 Husband/common-law
02 Visiting partner
03 Fiancé/boyfriend
04 Friend
05 Casual acquaintance
06 Mother's partner
88 Other (specify _____)
99 Don't know/Not Stated

SECTION 8 – HIV/AIDS

800. Have you ever heard of HIV/AIDS?
1 Yes 2 No (SKIP TO SECT. 9) 9 DK/NS (SKIP TO SECT. 9)

801. Where did you first hear of HIV/AIDS?
01 Parents/guardians
02 Sisters/brothers
03 Belize Family Life Association (BFLA)
04 Teachers
05 Peers/friends
06 Media (specify) _____
07 Books/Publications
08 Internet
09 Religious leader
10 Health personnel
11 Alliance against AIDS
12 National AIDS Task Force
13 Red Cross
88 Other (specify) _____
99 Don't know/Not Stated

802. In what ways do you think a person can get the HIV/AIDS virus?
[Prompt, but do not read]

	Mentioned	Not mentioned
01 Shaking hands	1	2
02 Being in the same room with a person who has the HIV/AIDS virus	1	2
03 Sharing personal items like dishes, toilets, etc.	1	2
04 Sharing needles used for drugs	1	2
05 Sexual intercourse between men	1	2
06 Sexual intercourse between women	1	2
07 Sexual intercourse between a man and a woman	1	2
08 Giving a blood donation	1	2
09 Receiving a blood transfusion	1	2
10 Being bitten by an insect that has bitten someone with the AIDS virus	1	2
11 Kissing, love bites/hickies/vamps	1	2
12 Oral sex	1	2
13 Tattoo/acupuncture	1	2
14 From mother to child during pregnancy/childbirth	1	2
15 From mother to child via breastfeeding	1	2
16 Sharing shaving units	1	2
17 Sharing dental instruments/devices	1	2
88 Other (specify _____)	1	2

803. What risk do you think there is of you getting HIV/AIDS?
Would you say that you have [READ]
1 A great risk (SKIP TO Q805)
2 Some risk (SKIP TO Q805)
3 Not much risk
4 No risk at all
9 Don't know/Not Stated (SKIP TO Q806)

804. Why do you think you have little or no risk of getting AIDS? [Do not read]
01 Abstinence from sex (SKIP TO Q806)
02 Use of condoms
03 Only one partner/fidelity
04 Limited number of partners
05 Partner has no other partner
06 Has no sexual contact with a homosexual/bisexual
07 Gets no blood transfusion
08 Always uses new needles
88 Other (specify) _____
99 Don't know/Not Stated

NOTE: SKIP TO Q806

805. Why do you think you have a moderate or high risk of getting AIDS? [Do not read]

	Yes	No
01 Doesn't use condoms	1	2
02 Has more than one partner	1	2
03 Partner has/may have another partner.	1	2
04 Has sexual contact with homosexuals/bisexuals	1	2
05 Gets blood transfusions	1	2
06 Uses needles used by others	1	2
07 Going to a barber	1	2
08 Going to the dentist	1	2
88 Other (specify _____)	1	2

806. How can anyone avoid getting HIV/AIDS.
[NOTE TO INTERVIEWER: Do not read but circle as many as necessary]

	Yes	No
01 Be monogamous/Have only one sexual partner	1	2
02 Reduce number of partners	1	2
03 Abstinence	1	2
04 Don't have oral sex	1	2
05 Don't have anal sex	1	2
06 Don't have sex with homosexuals	1	2
07 Don't have sex with strangers	1	2
08 Don't have sex with prostitutes	1	2
09 Don't share needles for drugs/tattoos/acupuncture	1	2
10 Don't have unsafe blood transfusion	1	2
11 Use condoms	1	2
88 Other (specify _____)	1	2
99 Don't know/Not Stated	1	2

807. Have you in any way modified your behaviour since you first heard of HIV/AIDS?
1 Yes 2 No (SKIP TO Q809) 9 DK/NS (SKIP TO Q809)

808. In what ways? [READ]

	Yes	No	Already using	DK/NS
01 Abstinence	1	2	3	9
02 Condoms	1	2	3	9
03 Diaphragm	1	2	3	9
04 Spermicidal Jelly	1	2	3	9
05 Foam or cream	1	2	3	9
06 Sex without penetration	1	2	3	9
07 Reduction in number of partners	1	2	3	9
08 Monogamy/Fidelity	1	2	3	9
88 Other (specify _____)	1	2	3	9
99 Don't know/Not Stated	1	2	3	9

809. Do you think a person can be infected with the AIDS virus and not show symptoms of this disease?
1 Yes 2 No 9 DK/NS

810. Suppose you had the AIDS virus, would you tell your partner or partners?
1 Yes (SKIP TO Q812) 2 No 9 DK/NS

811. Why not?
1 End of my sex life
2 Will be abused (beaten)
3 Will become an outcast
4 Fear of losing children
5 Fear of losing job
6 Fear of dying alone
8 Other (specify) _____
9 Don't know/Not Stated

812. Is there a cure for AIDS?
1 Yes 2 No 9 DK/NS

813. Do you personally know anyone who has HIV/AIDS or has died from AIDS?
1 Yes 2 No 9 DK/NS

814. How effective do you think condoms are in preventing the transmission of AIDS? [READ]
1 Very effective
2 Effective
3 Not very effective
4 Ineffective
8 Other (specify) _____
9 Don't know/Not Stated

SECTION 9 - CONDOMS

IF PERSON HAS NEVER HAD SEXUAL INTERCOURSE SKIP TO Q926 (SEE Q701)

900. Has a male partner ever suggested to you that he use a condom?
1 Yes (SKIP TO Q902) 2 No 9 DK/NS

901. Would you allow a male partner to use a condom if he requested that a condom be used?
1 Yes 2 No 9 DK/NS

SKIP TO Q903

902. Did you allow him to use a condom?
1 Yes 2 No 9 DK/NS

903. Have you ever suggested to a male partner that he use a condom?
1 Yes 2 No (SKIP TO Q905) 9 DK/NS (SKIP TO Q905)

904. Did he agree to use a condom?
1 Yes 2 No 9 DK/NS

905. Are you presently using condoms with any male?
1 Yes 2 No (SKIP TO Q918) 9 DK/NS (SKIP TO Q918)

905a. How old were you when you first used condoms? ___ ___ Years 99 DK/NS

906. How often do you use condoms when you have sexual intercourse with a steady partner? [READ]
1 Always
2 Most of a the time
3 Seldom
4 Never (SKIP TO Q908)
5 No steady partner (SKIP TO Q909)
9 Don't know/Not Stated (SKIP TO Q909)

907. Why do you use condoms with a steady partner? (Don't read)

	Yes	No
1 To prevent unwanted pregnancies	1	2
2 To prevent HIV/AIDS	1	2
3 To prevent STIs	1	2
4 To prevent infecting partner	1	2
5 Hygiene (e.g. during menstruation)	1	2
8 Other (specify _____)	1	2
9 Don't know/Not Stated	1	2

IF Q906 = 3 OR 4 CONTINUE, ELSE SKIP TO Q909

908. Why do you seldom or never use?
01 It's expensive
02 Rarely has sex
03 Use it only on fertile days
04 Use it only when partner is not using other method
05 Limits pleasure/not comfortable
06 Use it only in extra-marital affairs/different partner
07 Only have one partner/faithful
08 Use it only with strangers
09 It is not safe
10 Partner opposes
88 Other (specify) _____
99 Don't know/Not Stated

909. How often do you use condoms when you have sexual intercourse with a non-steady partner? [READ]
1 Always
2 Most of a the time
3 Seldom
4 Never (SKIP TO Q911)
5 Never have sex with non-steady partner (SKIP TO Q912)
9 Don't know/Not Stated (SKIP TO Q912)

910. Why do you use condoms with a non-steady partner? (Don't read)

	Yes	No
1 To prevent unwanted pregnancies	1	2
2 To prevent HIV/AIDS	1	2
3 To prevent STIs	1	2
4 To prevent infecting partner	1	2
5 Hygiene (e.g. during menstruation)	1	2
8 Other (specify _____)	1	2
9 Don't know/Not Stated	1	2

IF Q909 = 3 OR 4 CONTINUE, ELSE SKIP TO Q912

911. Why do you seldom or never use?

01 It's expensive
02 Rarely has sex
03 Use it only on fertile days
04 Use it only when partner is not using other method
05 Limits pleasure/not comfortable
06 Use it only in extra-marital affairs/different partner
08 Use it only with strangers
09 It is not safe
88 Other (specify) _____
99 Don't know/Not Stated

912. Since you have been using condoms, have they caused you any problem, inconvenience or discomfort?

1 Yes 2 No (SKIP TO Q914) 9 DK/NS (SKIP TO Q914)

913. What problem, inconvenience or discomfort have you or your partner had when you use condoms?

	Mentioned	Not mentioned
1 They irritate you/they feel hot/burn	1	2
2 They irritate your partner	1	2
3 Sensitivity is not the same	1	2
4 Interruption of sexual act when you put on the condom	1	2
5 Condoms break	1	2
6 It stayed inside me	1	2
7 Smell of the lubricant/condom	1	2
8 Other (specify _____)	1	2
9 Don't know/Not Stated	1	2

914. What brand condoms do you use mostly?

01 Magnum
02 Rough Rider
03 Guardián
04 Stimula
05 Vive
06 Innotex
07 Generic (no color, no logo)
08 Erótica
09 Trojan
10 Bareback
11 Ramses
12 Wet and Wild
13 Nuda
14 Playboy
15 Any brand/don't care about brand
88 Other (specify) _____
99 Don't know/Not Stated

915. Most of the time, where do you or your partner get condoms?

01 Government clinic/health center
02 Private doctor/clinic
03 Government hospital
04 Private hospital
05 Belize Family Life Association (BFLA)
06 Pharmacy/drugstore
07 Church
08 Friend/Neighbour/Family member
09 Community health worker
10 Supermarket/Bar/Grocery store
88 Other (specify) _____
99 Don't know/Not Stated

916. Do you or your partner normally keep condoms?

1 Yes
2 No (SKIP TO Q927)
3 Sometimes
9 Don't know/Not Stated (SKIP TO Q926)

917. Where do you or you partner normally keep them?

1 Car
2 Wallet
3 Refrigerator
4 Cupboard/drawer
5 Pocket
8 Other (specify) _____
9 Don't know/Not Stated

SKIP TO Q926

918. Have you ever used condoms?

1 Yes 2 No (SKIP TO Q925) 9 DK/NS (SKIP TO Q925)

919. How old were you when you first used condoms? ___ ___ Years 99 DK/NS

920. Why did you use condoms? (Don't read)

	Yes	No
1 To prevent unwanted pregnancies	1	2
2 To prevent HIV/AIDS	1	2
3 To prevent STIs	1	2
4 To prevent infecting partner	1	2
5 Hygiene (e.g. during menstruation)	1	2
8 Other (specify _____)	1	2
9 Don't know/Not Stated	1	2

921. During the time that you used condoms, did these cause you any problem, inconvenience or discomfort?

1 Yes 2 No (SKIP TO Q923) 9 DK/NS (SKIP TO Q923)

922. What problem, inconvenience or discomfort did you or your partner have when using condoms?

	Mentioned	Not mentioned
1 They irritate you/they feel hot/burn	1	2
2 They irritate your partner	1	2
3 Sensitivity is not the same	1	2
4 Interruption of sexual act when you put on the condom	1	2
5 Condoms break	1	2
6 It stayed inside me	1	2
7 Smell of the lubricant/condom	1	2
8 Other (specify _____)	1	2
9 Don't know/Not Stated	1	2

923. Most of the time, where did you or your partner get condoms?

01 Government clinic/health center
02 Private doctor/clinic
03 Government hospital
04 Private hospital
05 Belize Family Life Association (BFLA)
06 Pharmacy/drugstore
07 Church
08 Friend/Neighbour/Family member
09 Community health worker
10 Supermarket/Bar/Grocery store
88 Other (specify) _____
99 Don't know/Not Stated

924. Why aren't you using condoms presently?

01 Inconvenient to get
02 They are expensive
03 Only have one partner/faithful
05 Use another method
06 Reduces pleasure/it is uncomfortable
07 Aren't safe
09 Partner is faithful
10 Don't like condoms
11 Partner doesn't like condoms
12 Not sexually active
13 Wants pregnancy
88 Other (specify) _____
99 Don't know/Not Stated

SKIP TO Q926

925. Why have you never used condoms?

01 Inconvenient to get	09 Partner is faithful
02 They are expensive	10 Don't like condoms
03 Only have one partner/faithful	11 Partner doesn't like condoms
04 Never has had sex	12 Not sexually active
05 Use another method	13 Doesn't know how to obtain them
06 Reduces pleasure/it is uncomfortable	14 Wants pregnancy
07 Aren't safe	88 Other (specify) _____
	99 Don't know/Not Stated

926. What can tell you if a packaged condom is still good?

	Mentioned	Not mentioned
1 The expiration date	1	2
2 The package doesn't have any holes, tears or leakage of lubricant	1	2
3 There is air inside the package	1	2
4 After opening, the condom has lubricant	1	2
8 Other (specify) _____	1	2

927. Do you know of some places or persons where you can obtain condoms?

1 Yes 2 No (SKIP TO Q929) 9 DK/NS (SKIP TO Q929)

928. From what places and/or people? (Don't read)

01 Government clinic/health center	07 Church
02 Private doctor/clinic	08 Friend/Neighbour/Family member
03 Government hospital	09 Community health worker
04 Private hospital	10 Supermarket/Bar/Grocery store
05 Belize Family Life Association (BFLA)	88 Other (specify) _____
06 Pharmacy/drugstore	99 Don't know/Not Stated

929. Next, we will present to you some statements which refer to condoms. I would be grateful if you indicate if you agree with them or not. [READ]

	Agree	Not agree	DK/NS
1 Condoms reduce sexual pleasure	1	2	9
2 Condoms should be used if partner requests	1	2	9
3 Condoms cause irritation on penis and vagina	1	2	9
4 A new condom should be used in every ejaculation	1	2	9
5 A man does not need to use a condom if he is faithful to his partner	1	2	9

SECTION 10 - FAMILY LIFE EDUCATION

1001. Do you think that schools should teach courses on the following topics: [READ]

	Yes	No	DK/NS
A Human reproduction	. . . . . 1.	. . . . . 2.	. . . . .9. . . . .
B Contraception	. . . . . 1.	. . . . . 2.	. . . . .9. . . . .
C STIs/HIV/AIDS	. . . . . 1.	. . . . . 2.	. . . . .9. . . . .

1002. What do you think is the ideal age when a child should first be taught the following topics: [READ]

A Human reproduction ____ ____ Years
B Contraception ____ ____ Years
C STIs/HIV/AIDS ____ ____ Years

99 = DK/NS

ONLY YOUNG WOMEN 13 - 34 SHOULD CONTINUE.

1003. Have you ever received any information from your parents or guardians about pregnancy and how it occurs?
1 Yes 2 No (SKIP TO Q1005) 9 DK/NS (SKIP TO Q1005)

1004. How old were you when you first received this information?
___ ___ years 99 Don't know/Not Stated

1005. Have you ever received any information from your parents or guardians about birth control methods?
1 Yes 2 No (SKIP TO Q1009) 9 DK/NS (SKIP TO Q1009)

1006. How old were you when you first received this information?
___ ___ years 99 Don't know/Not Stated

1009. Have you ever had a class or course about family life or sex education in school?
1 Yes 2 No (SKIP TO Q1018) 9 DK/NS (SKIP TO Q1018)

1012. How old were you when you had the first class or course?
__ __ years of age 99 Don't remember

1013. In what standard/form/year and school level were you when you had this class or course?

_____ _____
school level standard/form/year

RECORD BOTH A AND B

A Highest academic level completed?

1 None
2 Primary
3 High School
4 BTTC/BCA/BNS
5 Sixth Form or Equivalent
6 University
9 Don't know/Not Stated

B Number of years beyond level <u>completed</u>. ____ ____ Years

1014. Who was the main person who taught this first class or course?

01 School teacher
02 Counsellor or psychologist
03 Physician/Nurse
04 Belize Family Life Association Officer (BFLA)
05 COMPAR/Min. of Human Development Personnel
06 Youth Officer (YMCA, Scouts, etc.)
07 Peers/friends
08 Parent/guardian
09 Religious person
10 Volunteer (specify) _____
88 Other (specify) _____
99 Don't know/Not Stated

1016. Did this first class or course in school include information on any of the following? [READ]

	Yes	No	DK/NS
A The human reproductive system	. . . . .1.	. . . . .2.	. . . . .9. . . . .
B The woman's menstrual cycle or period	. . . . .1.	. . . . .2.	. . . . .9. . . . .
C Pregnancy, and how it occurs	. . . . .1.	. . . . .2.	. . . . .9. . . . .
D Modern birth control methods such as the pill, IUD or injections	. . . . .1.	. . . . .2.	. . . . .9. . . . .
E Condoms	. . . . .1.	. . . . .2.	. . . . .9. . . . .
F Diseases that can result from sexual contacts	. . . . .1.	. . . . .2.	. . . . .9. . . . .
G STIs/HIV/AIDS	. . . . .1.	. . . . .2.	. . . . .9. . . . .
H Parenting	. . . . .1.	. . . . .2.	. . . . .9. . . . .
I Values and Roles	. . . . .1.	. . . . .2.	. . . . .9. . . . .

1017. Did the class or course include information on the following services available for adolescents? [READ]

	Yes	No	DK/NS
A Counseling	1	2	9
B Clinic services	1	2	9
C Distribution of contraceptives	1	2	9

1018. Have you ever had a formal class or course about family life or sex education anywhere outside of the school or home?

1 Yes 2 No (SKIP TO Q1023) 9 DK/NS (SKIP TO Q1023)

1019. Which organisation conducted the formal class or course?

02 Doctor's office/clinic
03 NOPCA
04 Belize Family Life Association (BFLA)
05 COMPAR/Min. of Human Development Personnel
06 SHAPES
07 Youth Group (YMCA, Scouts, etc.)
08 Peer Group
10 Church
11 Volunteer (specify) _____
88 Other (specify) _____
99 Don't know/Not Stated

1020. Who was the main person who taught this first class or course?

01 School teacher
02 Counsellor or psychologist
03 Physician/Nurse
04 Belize Family Life Association Officer (BFLA)
05 COMPAR/Min. of Human Development Personnel
06 Youth Officer (YMCA, Scouts, etc.)
07 Peers/friends
08 Parent/guardian
09 Religious person
10 Volunteer (specify) _____
88 Other (specify) _____
99 Don't know/Not Stated

1021 Did this first class or course outside of school include information on any of the following? [READ]

	Yes	No	DK/NS
A The human reproductive system	1	2	9
B The woman's menstrual cycle or period	1	2	9
C Pregnancy, and how it occurs	1	2	9
D Modern birth control methods such as the pill, IUD or injections	1	2	9
E Condoms	1	2	9
F Diseases that can result from sexual contacts	1	2	9
G STIs/HIV/AIDS	1	2	9
H Parenting	1	2	9
I Values and Roles	1	2	9

1022. Did the class or course include information on the following services available for adolescents? [READ]

	Yes	No	DK/NS
A Counseling	1	2	9
B Clinic services	1	2	9
C Distribution of contraceptives	1	2	9

1023. Which is your preferred source of information about family life or sex education topics?

01 Parents/guardians
02 Sisters/brothers
03 Belize Family Life Association (BFLA)
04 Teachers
05 Peers/friends
06 Media (specify) _____
07 Counsellor
08 Books/Publications
09 Internet
10 Religious leader
11 Health personnel
88 Other (specify) _____
99 Don't know/Not Stated

1024. Do you know where to go if you need to get information on sex or contraception?

1 Yes 2 No (SKIP TO Q1026) 9 DK/NS (SKIP TO Q1026)

1025. Where?

01 Government clinic/health center
02 Private doctor/clinic
03 Government hospital
04 Private hospital
05 Belize Family Life Association (BFLA)
06 Pharmacy/drugstore
07 Church
08 Family member
09 Friend/Neighbour
10 Community health worker
11 Supermarket/Bar/Grocery store
88 Other (specify) _____
99 Don't know/Not Stated

1026. Do you know where to go if you need information on sexually transmitted infections?

1 Yes 2 No (SKIP TO Q1028) 9 DK/NS (SKIP TO Q1028)

1027. Where?

01 Government clinic/health center
02 Private doctor/clinic
03 Government hospital
04 Private hospital
05 Belize Family Life Association (BFLA)
06 Pharmacy/drugstore
07 Church
08 Family member
09 Friend/Neighbour
10 Community health worker
11 Supermarket/Bar/Grocery store
88 Other (specify) _____
99 Don't know/Not Stated

1028. Do you know where to go if you need information on HIV/AIDS?

1 Yes 2 No (SKIP TO SECTION 11) 9 DK/NS (SKIP TO SECTION 11)

1029. Where?

01 Government clinic/health center
02 Private doctor/clinic
03 Government hospital
04 Private hospital
05 Belize Family Life Association (BFLA)
06 Pharmacy/drugstore
07 Church
08 Family member
09 Friend/Neighbour
10 Community health worker
11 Supermarket/Bar/Grocery store
88 Other (specify) _____
99 Don't know/Not Stated

SECTION 11 - ATTITUDES TOWARDS CHILDBEARING AND CONTRACEPTION

1101. Over the past 6 months, have you seen or heard a family planning message: [READ]

	Yes	No	DK/NS
A. On the radio?	1	2	9
B. On television?	1	2	9
C. In a local newspaper?	1	2	9

IF ALL NO SKIP TO Q1103

1102. Were any of these from the Belize Family Life Association?

1 Yes 2 No 9 DK/NS

1103. What does the term “Family Planning” mean to you? Circle as many as necessary, do not prompt.

01 Planning the number of children
02 Planning the time when to have children
03 Planning when to start a family
04 Planning sexual life/relations
05 Planning the family budget/expenses
06 Preventing unwanted pregnancies
07 Preventing STIs
08 Preventing abortion
09 Use of contraceptive methods
10 Use of condom
11 Family health
12 Infertility treatment
13 Family life education
14 Sexual education/sexual hygiene
15 Medical check-ups during pregnancy (prenatal care)
88 Other (specify) _____
99 Don't know/Not Stated

1104. In your opinion, what is the main reason a woman might wish to limit the number of children that she has?

1 Financial
2 Work related
3 Schooling
4 Health of mother
5 Physical appearance
6 Child care problem
7 Health of child
8 Other (specify) _____
9 Don’t know/Not Stated

1105. Do you think that a woman always has the right to decide about her pregnancy, including whether or not to have an abortion?

1 Yes 2 No 9 DK/NS

1106. Under what circumstances do you think it should be acceptable to terminate a pregnancy, that is, have an abortion? First circle all mentioned spontaneously. Then READ those not circled.

	Spontaneous	Yes	No
01 If mother does not want child	1	2	3
02 If father does not want child	1	2	3
03 If both parents do not want child	1	2	3
04 For economic reasons	1	2	3
05 For health reasons of the mother	1	2	3
06 For health reasons of the child	1	2	3
07 Pregnancy resulting from rape	1	2	3
08 Woman is not married	1	2	3
88 Other (specify _____)	1	2	3
99 Don’t know/Not Stated	1	2	3

1107. In Belize, what is the earliest age a woman can legally consent to having sexual intercourse?

___ ___ years 77 There is no legal age 99 Don’t know/Not Stated

1108. How old do you think a woman should be before she has sex for the first time?

___ ___ years 99 Don’t know/Not Stated

1109. How old do you think a man should be before he has sex for the first time?

___ ___ years 99 Don’t know/Not Stated

1110. In your opinion, at what age is a woman responsible enough to have her first child?
___ ___ years 99 Don't know/Not Stated

1111. In your opinion, at what time in her life is a woman responsible enough to have her first child?
1 When she is in a stable union
2 After completing her education
3 One to two years after entering into a stable union
4 When she is economically stable
5 When she is mature enough
8 Other (specify _____)
9 Don't know/Not Stated

1112. In your opinion, at what age is a man responsible enough to have his first child?
___ ___ years 99 Don't know/Not Stated

1113. In your opinion, at what time in his life is a man responsible enough to have his first child?
1 When he is in a stable union
2 After completing his education
3 One to two years after entering into a stable union
4 When he is economically stable
5 When he is mature enough
8 Other (specify _____)
9 Don't know/Not Stated

1114. Do you think a woman should breastfeed her child?
1 Yes 2 No (SKIP TO Q1117) 9 DK/NS (SKIP TO Q1117)

1115. How old do you think a child should be before the mother stops breastfeeding him/her?
____ ____ months 77 As long as possible 99 Don't know/Not Stated

1116. How old do you think a child should be before the mother stops giving only breast milk to him/her?
____ ____ months 77 As long as possible 99 Don't know/Not Stated

1117. How many months do you think it is best for a child to be before the mother gets pregnant again?
____ ____ months 99 Don't know/Not Stated

1118. When a woman is breastfeeding, is she more likely, less likely or equally likely to become pregnant than if she is not breastfeeding?
1 More likely to get pregnant
2 Less likely to get pregnant
3 Equally likely to get pregnant
9 Don't know/Not Stated

1119. What do you think is the ideal number of children a man should have?
___ ___ children 55 Fate, up to God 99 Don't know/Not Stated

1120. What do you think is the ideal number of children a woman should have?
___ ___ children 55 Fate, up to God 99 Don't know/Not Stated

1121. Who do you think should decide how many children a couple should have?
1 The woman
2 The man
3 Both partners
4 Mother-in-law
5 Nurse/doctor/mid-wife
6 Religious leader
7 Fate, up to God
8 Other (Specify _____)
9 Don't know/Not Stated

1122. If you could choose exactly the number of children to have in your whole life, how many would that be?
___ ___ children 55 Fate, up to God 99 Don't know/Not Stated

1123. During a woman's menstrual cycle, when is it most likely, that she will become pregnant?
1 During her period
2 Right after her period has ended
3 In the middle of the cycle
4 Just before her period begins
5 At any time
8 Other (specify) _____
9 Don't know/Not Stated

1130. Who do you think should decide whether a couple should use contraception?

1 The woman
2 The man
3 Both partners
4 Mother-in-law
5 Nurse/doctor/mid-wife
6 Religious leader
7 Fate, up to God
8 Other (Specify _____)
9 Don't know/Not Stated

1131. Who should decide on what type of contraceptive a couple should use?

1 The woman
2 The man
3 Both partners
4 Mother-in-law
5 Nurse/doctor/mid-wife
6 Religious leader
7 Fate, up to God
8 Other (Specify _____)
9 Don't know/Not Stated

SECTION 12 – GENERAL ATTITUDES AND OPINIONS

Now I'd like to read some statements to you. Please tell me whether you think each one is true or untrue

	True	Untrue	DK/NS
1201. If a woman doesn't have sex, she'll get sick	. . .1 . .	. . .2 . .	. . .9 . .
1202. A girl can get pregnant only after she has seen her period for the first time.	. . .1 . .	. . .2 . .	. . .9 . .
1203. A girl can avoid getting pregnant by having sex standing up.	. . .1 . .	. . .2 . .	. . .9 . .
1204. A girl can avoid getting pregnant by drinking Pepsi or Coke after sexual Intercourse	. . .1 . .	. . .2 . .	. . .9 . .
1205. A girl can avoid getting pregnant by bathing in the sea after sexual intercourse	. . .1 . .	. . .2 . .	. . .9 . .
1206. There is something wrong with a boy who has not had sex by the time he is 16	. . .1 . .	. . .2 . .	. . .9 . .
1207. If a boy masturbates, he will get sick	. . .1 . .	. . .2 . .	. . .9 . .
1208. If a boy has an erection he will get sick unless he discharges.	. . .1 . .	. . .2 . .	. . .9 . .
1209. Family violence is a significant issue in our society	. . .1 . .	. . .2 . .	. . .9 . .
1210. Sexual harassment of women is a significant issue in our society	. . .1 . .	. . .2 . .	. . .9 . .
1211. You can get rid of STIs/HIV/AIDS by having sex with a virgin	. . .1 . .	. . .2 . .	. . .9 . .
1212. It is important for a woman to be a virgin when she marries.	. . .1 . .	. . .2 . .	. . .9 . .
1213. A school girl who gets pregnant should be allowed to return to school after she has had the baby.	. . .1 . .	. . .2 . .	. . .9 . .
1214. A school boy who gets a girl pregnant should be expelled from school	. . .1 . .	. . .2 . .	. . .9 . .
1215. Boys should go to prostitutes to become men	. . .1 . .	. . .2 . .	. . .9 . .
1216. It is okay for married men to have extra-marital affairs.	. . .1 . .	. . .2 . .	. . .9 . .
1217. Female sterilization is less complicated than male sterilization	. . .1 . .	. . .2 . .	. . .9 . .
1218. Men who have had a vasectomy do not perform well sexually.	. . .1 . .	. . .2 . .	. . .9 . .