

1999

Belize



FAMILY

HEALTH

SURVEY

Males

*Prepared by the
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CHIEF STATISTICIAN

Executive Summary

BELIZE FAMILY HEALTH SURVEY (MALES)

Introduction

This report on the Belize Family Health Survey of Males 1999 represents another milestone for the Central Statistical Office, mainly because it is the first time it has been done in Belize, but also because Belize is only the second country from among the CARICOM countries to carry out such a survey. Besides providing bench mark data, the survey results present information on the knowledge and attitudes of Belizean men on contraceptive use, child bearing, HIV/AIDS, condoms and domestic violence to mention a few areas of concern.

A total of 1773 men were interviewed during the four week period that the survey was conducted. The survey covered all areas in Belize excluding the Mennonite communities and therefore allows for comparisons between districts as well as between urban and rural areas. As with the females survey, interviewers were well trained and supervised during the course of the exercise.

Data Highlights

The living conditions were similar to that gleaned from the survey of females in that almost two thirds of the men live in dwellings with concrete floors with a small proportion living in dwellings with dirt floors (6%). As before there are significant differences between districts. For example, 50% of the men in the rural areas of Toledo live in dwellings with dirt floors.

Data on the general characteristics of the men, show that about 15% were immigrants, mainly from Guatemala and Honduras. A large proportion was Mestizo, and of a Roman Catholic background. While 65% speaks English very well, about 55% speaks Spanish very well, a reflection of the immigrant background of the population. The vast majority of the men have only completed primary school and almost one third have no formal education. In terms of employment, 85% had worked at some point in time.

The mean age at first sexual intercourse is about 17 years without much variation by district or ethnicity. Their first sexual intercourse was on a consensual basis with their partner for almost all of them and in about half of the cases it was either with their wife or a friend/fiancee. Almost three quarters of them did not use a contraceptive during first intercourse, with the majority who used one, using a condom. About 70% had sexual intercourse in the 30 day period prior to the survey.

In terms of fertility about half of the men fathered at least one child, but only 3% of the under 20 years report doing so and 14% of this group not having sexual intercourse at all. What is note worthy though is the fact that most of these men (78%) have children with only one woman and 10% with 2 women. Eight percent did not respond, so that the rate is even higher, which means only about 4% of the men in Belize have children with 3 or more women. This latter rate is highest among Creole men, about 9%. Of course in some of these cases the man could have been married on more than one occasion.

The men interviewed are of the view that the ideal number of children a man should have is just under 4 (3.9); these men on average have over 4 children (4.3). In their opinion a man should have his first child at about 20 years although they think he should have his first sexual intercourse at about 17 years. On the other hand they think women should have their first sexual intercourse at about 18 years.

Over 60% of the men did not hear a family planning message in the six months prior to the survey. However, most are knowledgeable about contraceptives, especially orals (86%), condoms (74%) and to a lesser extent, females sterilization (65%) and injectables (62%). Well under half of them know about other methods. However, 39% of these men are currently using a contraceptive, with the largest group, men in a union, only half using a contraceptive. Maya/Ketchi men know the least about contraceptives. Men with no children or 6 or more children were least likely to be using a contraceptive at the time of the survey (35%). Maya/Ketchi men are the least likely to be currently using a contraceptive (30%). As might be expected, the use of contraceptive increases with education. While about 60% of the men say they do not want any more children or about half of these are using any contraceptive and for about half of these, it is female sterilization.

Condoms are the most popular contraceptive among men, with just under half of the current users choosing this method, especially the younger men. While half always use this method, it is used more to prevent pregnancy (88%) than to prevent HIV/AIDS (37%) or STIs (29%). This low use to prevent STI's including HIV/AIDS is due in part to the fact that well over two thirds of these men do not perceive themselves at risk of getting HIV/AIDS with another 16% do not think they are at much risk. However, more men use condoms to prevent getting HIV/AIDS (75%) than to avoid pregnancy (70%) when having sex with a non-steady partner.

With regards to their risk of getting HIV/AIDS, among those who perceive themselves to be at great risk of contracting the virus are Maya/Ketchi men (13%), Garifuna men (7%), men in a visiting relationship (6%), and men 20 to 24 years of age (7%). Overall, only 4% of the men consider themselves to be at great risk, with another 9% considering themselves to be at some risk. Among the sub-populations who consider themselves to be at some risk of getting HIV/AIDS, are men 20 - 24 years (11%), men 25 to 29 years (14%), men 45 to 49 years (12%), men with 9 or more

years of education (11%), men in a visiting relationship (24%), Creole men (11%) and Garifuna men (16%). What is worth noting is the fact that more men know where to get information on HIV/AIDS and STI's than information on sex and contraceptives. Almost all know about HIV/AIDS and most know it is transmitted by heterosexual intercourse. However, only half know about transmission by blood transfusion, sharing of needles or male sexual intercourse.

Almost all men think the topics of Human Reproduction, Contraception and STI's and HIV/AIDS should be taught in school, particularly between the ages of 10 and 15 years. Much less than half of these men themselves had received any such education at all.

On the topics of drug use and domestic violence, just over half of the men interviewed are using alcohol (58%), with a much smaller proportion using cigarettes (22%) or marijuana (6%). In all cases a larger proportion had used these drugs. While alcohol is used by all groups, generally older men use cigarettes and more young men use marijuana.

With regards to domestic violence, half of the men say they discuss problems that arise in the home. Only 1% say they react violently. About one tenth of the men say they were abused as a child. The abuse was mainly physical (83%) and was carried out by their father, about half of the time. Of those men who were abused, 36% feel it is okay to beat a Woman if she had an affair while 28% of those who were never abused feel so. Again there is a difference in perception when it comes to beating of children. Among abused men, 74% feel it is okay to beat a child who has been disobedient as opposed to 62% for the never abused. However, about the same proportion in each case (47%) feel it is okay to beat a child when they are upset. These instances were the most significant responses of abuse of women and children. Opinions on other forms of abuse to women were in small proportions, less than 7% when "she's getting on your nerves." While agreement on abuse to children ranged from 29% "when they get home late" to 11%, "when they are too noisy."

CHAPTER 1

INTRODUCTION, BACKGROUND AND METHODOLOGY

1.1 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 kilometres) 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 shows a decline 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 the age distribution of Belize's population in 1999.

Table Showing Total Population by Age and 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 among the interested population.

1.3 Objectives of the 1999 Family Health Survey of Belize

The main objectives of the 1999 Family Health Survey of Belizean males are to have an updated database for urgent use in decisions related to male family health. More specifically, the survey will provide urgently needed information on fertility of males, family practices, male attitudes towards various related health issues such as HIV/AIDS and other STIs and other reproductive health issues. There presently exists a dire need for data on male Reproductive Health, among others, and an FHS at this time would meet many 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 for the 1991 female 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 males aged 15 to 64 years, and is the first such survey to be carried out in the country. Hence, very little comparison can be made. A scientific sample of men between the above ages was used. This sample was representative of all six (6) districts of the country. An interview was done with each selected male in the survey and this provided information on a broad cross section of topics. Some of these topics included the birth history of the man, contraceptive knowledge and use, knowledge of STIs

including HIV/AIDS, and behavioural risks. In order to enrich the analysis, basic social and economic characteristics like educational level and employment status were also collected.

1.5 Administration of the Survey

The Central Statistical Office (CSO) of Belize was the major implementing 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 some 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 provided most of the funding for this 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 2,000 men between the ages of 13 and 64 years. It was expected to interview only one eligible male per household even if there was more than one eligible respondent. Preliminary investigations revealed that to achieve an objective of 2,000 interviews, it would be necessary to target some 2,670 households. It was also necessary to analyze the data at the district and urban/rural levels. Allowing for a non-response rate of 10% meant that about 2,940 households would have to be selected. The estimated number of households in the country at the time was 45,455, excluding the Mennonite settlements of Little Belize in the Corozal District, Blue Creek and Shipyard in Orange Walk and Spanish Lookout in the Cayo District. Hence, a sampling fraction of 1/15 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 30 households and distributed proportionately among the districts. This resulted in 1,524 clusters being formed for the country. Of this, 1/15 or 98 clusters were selected to be interviewed. This yielded approximately 2,940 households which is the minimum needed to obtain 2,000 successful interviews. It turned out that only 1,773 successful interviews were completed, taking into account non-contacts and refusals.

1.7 The Questionnaire Design

A preparatory committee comprising representation from the Ministry of Health, the BFLA, UNICEF and the CSO was established and one of its 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 male and female questionnaires, which enriched the committee's deliberations, and resulted in 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 and males for the male survey. These interviewers were centrally trained over a period of three days, i.e. 12-14 November, 1999, on the male questionnaire. The staff of the CSO was responsible for the training, and this team comprised a senior Statistician and one other Statistician. 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 part of the permanent staff of the CSO and each of whom is based in one of Belize's six administrative areas. These officers are also charged with the responsibility for the recruitment of field supervisors, interviewers and editors in their particular district. In addition, other officers 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 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 male Family Health Survey started as scheduled on November 15, 1999, and was to last for four (4) 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 staff from the headquarter liaising directly with the District Supervisors. This District Supervisor, in turn, has 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 population size, a staff member from headquarters 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 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.

CHAPTER 2

CHARACTERISTICS OF THE SURVEY POPULATION

2.1 Introduction

This chapter can be compared to Chapter two in the report on the survey of females. It presents some quick facts about the housing conditions and other characteristics of the males in the survey. This background information is very useful in understanding the circumstances surrounding the major subjects of the study. It will serve to enrich and appreciate the analyses much more. It is hoped that these facts will assist the user to appreciate the circumstances much more, and in making more meaningful intervention for the betterment of males in Belize.

2.2 Housing and Household 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 62% of the men live in dwelling units whose main construction material for flooring is 'Cement'. In addition, another 30% live in dwelling units with wooden floors. Almost 6%, however, still live in dwelling units with 'Dirt' floors. As should be expected, these characteristics are similar to those of the women in the report on the survey of women. Further, there are also strong regional differences with respect to the type of flooring characteristic. For example, even though the table is not presented, the data show that whereas in most of the districts 'Cement' is the most commonly used material for floor construction, in the rural areas of Toledo district in particular, 50% (the largest share) of the men live in houses with a dirt floor. This is more than 10% higher than it is for females (see report on females). Only 30% live in units with cement floors and 20% in units with wooden floors. Differences between urban and rural areas within the district can also be illustrated by contrasting the above with the example of Punta Gorda Town, with 65% of its dwelling units having 'Cement' floor and no household having 'Dirt' floors.

Other housing characteristics also give useful information about the background situation of the men in the survey. The type of 'Lighting' which the household uses, as well as fuel used for 'Cooking' are two such variables. Table 2.2 shows that the main source (83%) of 'Lighting' for households is the Belize Electricity Limited (BEL). In the case of

fuel used for 'Cooking', over 80% use mainly 'Butane' gas. Again, though, these figures at the country level tend to disguise differences at the urban versus rural and at the district level. For example, in the Stann Creek District, whereas in Dangriga, which is the main urban area, more than 94% of households use electricity from the BEL for their lighting, in Stann Creek rural only 58% 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, 96% of households use electricity from BEL, but in the rural parts of the Toledo district only 23% have this luxury. This leaves 73% using 'Kerosene Lamps' and another 2% using 'Gas Lamps'.

With respect to fuel used for cooking, Table 2.3 shows that 'Butane Gas' is the most popular fuel used (80%). However, the table also shows that a sizeable (15%) proportion of the households continue to use 'Wood' as their fuel for cooking. Again, there are distinct regional differences. In the Toledo District, for example, whereas in the urban area 83% (figure not shown) use mainly 'Butane Gas', in the rural areas 70% of the men use 'Wood' as their main fuel for cooking. The data (not shown) also reveal that 22% of men in the rural parts of the Cayo District are in households which continue to rely on 'Wood' as their main source of fuel.

The main source of drinking water is also a good indicator of the prevailing socio-economic circumstances. Table 2.4 presents this information for the men in the survey. From the data in this table, whereas 33% of the men get their water from a VAT/DRUM or WELL (not piped), only 19% get their drinking water from a public pipe in the dwelling and another 19% from a public pipe in the yard. It is good to note, however, that 10% use 'Purified Water'. From these data, it can be concluded that, whereas almost 50% are certain to be using treated water for drinking, another 43% 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 the river, stream, pond or public well i.e. water which will be contaminated.

Information about the type of toilet facility available to men in their households was also gathered in the survey. Together with the other housing characteristics, information here can paint a very good picture of the socio-economic conditions prevailing. Table 2.5 presents results relating to type of toilet facilities available. The table shows that even though 50% of men have access to a toilet either linked to the sewer system or linked to a septic tank, over

44% continue to use a 'Pit Latrine'. More than 18% of the latter use non ventilated pit latrines, which is known to be the less sanitary of the two types of latrines. It is good to note, though, that less than 5% of men reported that they have no type of toilet facility at all.

The number of bedrooms per dwelling unit is a further good indicator of living conditions since it can reveal the level of 'overcrowdedness' within the household. Table 2.6 shows that over 40% of men live in dwelling units with 3 or more bedrooms. This finding shows a marked improvement in the living conditions of men, as compared with other data for years gone by. However, it should be 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 90% of the men 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 75% of men 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 22% 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 men live in households which own a washing machine, which may also be becoming a necessity in Belizean households. It should be noted with some concern, however, that these data also show that 93% of men 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 general characteristics of the survey population. The first table presents a simple frequency relating to the country of birth of the respondents. As expected, most men (83%) were born in Belize. These data also show 7%

recording their country of birth as Guatemala, and another 3%, as El Salvador. A further 2% were born in Honduras. These data show that the largest percentage of immigrant men are from the neighbouring Central American countries, in particular from Guatemala. These men are therefore mainly of Mestizo or Hispanic origin. The general ethnic composition of the male population is presented in table 2.9. From the table it is clear that the largest ethnic group is the Mestizo (40%). This is followed by Creoles (27%), Spanish (11%), Mayas (10%) and Garifuna (5%). Although not identical, this ethnic distribution is reflective of the male population at large, as given in 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 (54%), followed by Pentecostal (6%). Only 6% and 4% reported their religion as Anglican or Methodist respectively. A surprising 11% stated that they are not affiliated to any religion. As in the female survey, it is clear that the more recent religious denominations, like the Pentecostals, which have more recently come to Belize, have surpassed the traditional ones, like the Anglicans or Methodists, and may even be attracting a sizable share of the Roman Catholics. When asked how often they attend religious services, however, only 33% reported that they do so at least once per week. Another 37% reported that they only attend services on special occasions like weddings, whereas 14% do so at least once per month. It is interesting to note that when frequency of attendance is cross classified by religious affiliations (table not shown), it is seen that the most dedicated, in terms of frequency of attendance, are the Bahai's.

Table 2.12 shows that just over 66% of the men speak ENGLISH 'Very Well', whereas another 25% do so 'Not So Well'. However, 9% of the males can barely speak the country's official language. When the respondents were asked how well they speak SPANISH, 55% reported that they do so 'Very Well'. This is a clear reflection of the ethnic distribution referred to earlier, where it was noted that over 50% reported their ethnic origin as either Mestizo or Spanish. Not surprisingly, almost 26% of the men can barely speak the Spanish language, which has become the second language of Belize.

Finally, respondents were asked for the highest level of education completed, and about their economic activity. Table 2.13 shows that just under 50% of the men completed

only a Primary level of education. Another 12% reported that they have completed High School, and a further 9% have completed the tertiary level. Of the latter, 4% went to University. However, the statistic that stands out most here is that 26% of our men have no formal education. With respect to the men's work status, the data show (table not included) that 71% 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, 50% reported that they had ever done so.

2.4 Summary

In this chapter, an attempt has been made to 'paint' a reasonable picture of the socio-economic situation of the men in the survey. In summary, these men are largely of Mestizo ethnic origin, with approximately 15% being of immigrant background. Most have a Roman Catholic religious background, but less than half reported attending religious services weekly. Approximately 65% speak ENGLISH very well and just over 55% 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 85% of the men have ever worked before.

TABLE 2-1

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

Main Construction Material Used for Flooring	Percent	No. of Cases (Unweighted)
Wood	29.8	(475)
Cement	62.7	(999)
Dirt	6.0	(96)
Other	1.4	(22)
Unknown	0.1	(2)
Total	100.0	(1594)

TABLE 2-2

**BELIZE: Fuel Used For Lighting
(Percentage Distribution)
1999 Family Health Survey**

Type of Lighting Used	Percent	No. of Cases (Unweighted)
Gas Lamp	1.8	(28)
Kerosene Lamp	9.8	(157)
Electricity From BEL	82.9	(1322)
Electricity From a Private Generator	2.7	(43)
Other	2.4	(39)
Unknown	0.3	(5)
Total	100.0	(1594)

TABLE 2-3

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

Type of Fuel Used For Cooking	Percent	No. of Cases (Unweighted)
Wood	14.5	(231)
Gas (Butane)	80.2	(1279)
Kerosene	1.4	(22)
Electricity	0.4	(7)
Other	2.7	(43)
Unknown	0.8	(12)
Total	100.0	(1594)

TABLE 2-4**BELIZE: Source Of Drinking Water
(Percentage Distribution)
1999 Family Health Survey**

Main Source of Drinking Water Supply	Percent	No. of Cases (Unweighted)
Private, Piped into Dwelling	10.6	(169)
Private, Vat/ Drum/ Well Not Piped	32.1	(512)
Public, Piped into Dwelling	18.9	(301)
Public, Piped into Yard	19.7	(314)
Public Stand Pipe or Hand Pump	3.1	(50)
Public Well	0.9	(15)
River, Stream, Creek, Pond, Spring	1.4	(23)
Purified Water	10.2	(163)
Other	2.5	(40)
Unknown	0.4	(7)
Total	100.0	(1594)

TABLE 2-5**BELIZE: Type Of Toilet Facility
(Percentage Distribution)
1999 Family Health Survey**

Type of Toilet Facility	Percent	No. of Cases (Unweighted)
WC Linked to WASA Sewer System	16.2	(259)
WC Linked to Septic Tank	35.3	(562)
Pit Latrine, Ventilated and Elevated	11.6	(185)
Pit Latrine, Ventilated and Not Elevated	11.7	(187)
Pit Latrine, Ventilated Compost	2.1	(34)
Pit Latrine, Not Ventilated	18.2	(290)
None	3.5	(55)
Other	0.8	(12)
Unknown	0.6	(10)
Total	100.0	(1594)

TABLE 2-6

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

Number of Bedrooms	Percent	No. of Cases (Unweighted)
0	3.8	(60)
1	18.5	(295)
2	34.7	(553)
3	29.1	(464)
4	9.3	(149)
5	2.0	(32)
6	1.0	(16)
7	0.2	(3)
8	0.1	(1)
10	0.1	(1)
Unknown	1.3	(20)
Total	100.0	(1594)

TABLE 2-7**BELIZE: Ownership Of Communications Media
(Percentage Distribution)
1999 Family Health Survey**

No. of Radios	Percent	No. of Cases (Unweighted)
0	9.5	(151)
1	69.9	(1115)
2	13.4	(213)
3	4.5	(72)
4	1.6	(26)
5	0.6	(10)
6	0.2	(3)
7	0.1	(1)
12	0.1	(1)
Unknown	0.1	(2)
Total	100.0	(1594)

No. of Television Sets	Percent	No. of Cases (Unweighted)
0	22.5	(358)
1	62.1	(990)
2	11.4	(182)
3	2.8	(44)
4	0.8	(13)
5	0.2	(3)
7	0.1	(1)
9	0.1	(1)
Unknown	0.1	(2)
Total	100.0	(1594)

TABLE 2-8**BELIZE: Country Of Birth
(Percentage Distribution)
1999 Family Health Survey**

Country Born	Percent	No. of Cases (Unweighted)
Bahamas	0.1	(1)
Belize	82.6	(1316)
Jamaica	0.1	(2)
Trinidad and Tobago	0.1	(1)
Haiti	0.1	(1)
Australia	0.1	(1)
Canada	0.1	(2)
India	0.1	(1)
Pakistan	0.1	(1)
United Kingdom	0.1	(2)
Honduras	1.8	(28)
USA	0.8	(13)
Mexico	0.9	(14)
Guatemala	7.5	(119)
Other Central America	0.1	(2)
El Salvador	3.5	(56)
Germany	0.1	(2)
Spain	0.1	(1)
Netherlands	0.1	(1)
China	0.4	(6)
Taiwan	0.1	(1)
Hong Kong	0.1	(1)
Other Far East Countries	0.1	(1)
Unknown	1.3	(21)
Total	100.0	(1594)

TABLE 2-9**BELIZE: By Ethnic Group
(Percentage Distribution)
1999 Family Health Survey**

Ethnic Group	Percent	No. of Cases (Unweighted)
Black/ African	0.6	(9)
Caucasian/ White	1.2	(19)
Chinese	0.7	(11)
Creole	26.9	(429)
East Indian	2.6	(42)
Garifuna	5.2	(83)
Maya Ketchi	4.8	(77)
Maya Mopan	4.2	(67)
Mennonite	0.2	(3)
Mestizo	40.0	(637)
Yucatan Maya	0.8	(12)
Spanish	11.0	(176)
Other	0.7	(11)
Unknown	1.1	(18)
Total	100.0	(1594)

TABLE 2-10**BELIZE: Religious Denomination
(Percentage Distribution)
1999 Family Health Survey**

Religious Denomination	Percent	No. of Cases (Unweighted)
Anglican	5.9	(94)
Bahai Faith	0.1	(2)
Baptist	2.4	(39)
Hindu	0.1	(1)
Jehova Witness	1.8	(29)
Mennonite	0.6	(9)
Methodist	3.7	(59)
Mormon	0.6	(10)
Muslim	0.3	(5)
Nazarene	2.9	(46)
Pentecostal	6.3	(100)
Roman Catholic	53.8	(857)
Salvation Army	0.2	(3)
Seventh Day Adventist	5.0	(80)
None	11.0	(176)
Other	4.8	(77)
Unknown	0.4	(7)
Total	100.0	(1594)

TABLE 2-11**BELIZE: Frequency Of Attendance Of Religious Service
(Percentage Distribution)
1999 Family Health Survey**

Frequency For Attending Religious Service	Percent	No. of Cases (Unweighted)
At Least Once a Week At	33.0	(465)
Least Once a Month	13.6	(192)
Less Than Once a Month	5.2	(74)
Special Occasions Only (Weddings, etc.)	37.1	(523)
Does Not Attend At All	10.3	(146)
Unknown	0.8	(11)
Total	100.0	(1411)

TABLE 2-12**BELIZE: Language Spoken
(Percentage Distribution)
1999 Family Health Survey**

How Well Speak English	Percent	No. of Cases (Unweighted)
Very Well	66.2	(1056)
Not So Well	24.7	(393)
Barely/ Not at All	8.6	(137)
Unknown	0.5	(8)
Total	100.0	(1594)
How Well Speak Spanish	Percent	No. of Cases (Unweighted)
Very Well	55.4	(883)
Not So Well	18.1	(289)
Barely/ Not at All	25.3	(404)
Unknown	1.1	(18)
Total	100.0	(1594)

TABLE 2-13

**BELIZE: By Level Of Highest School
(Percentage Distribution)
1999 Family Health Survey**

Level of Highest School	Percent	No. of Cases (Unweighted)
None	25.8	(411)
Primary	50.6	(806)
High School	13.7	(218)
B TTC/BCA/BNS	0.7	(11)
Sixth Form or Equivalent	4.8	(76)
University	4.2	(67)
Unknown	0.3	(5)
Total	100.0	(1594)

CHAPTER 3

SEXUAL ACTIVITY

3.1 Introduction

This chapter addresses the issues of men's sexual activity, in particular their age and the age of their partner at first sexual intercourse, if they were in school or not and whether their first intercourse was on a consensual basis. It also examines sexual activity over 30 days and 3 months prior to the survey. These issues are further examined by selected characteristics.

3.2 Age at first sexual intercourse

The mean age at first intercourse for men is 17 years. Table 3.1 presents the rates by selected characteristics. Rural men report an older age (17years) at first sexual intercourse than urban men (16 years). There is a general tendency for mean age at first sexual intercourse to increase with age with teenagers having a mean age of 15 years rising to 18 years for men 55 years and over. The mean age is highest among Maya (19 years) and lowest among Garifuna men (16 years). The mean age is highest in Toledo (18 years) and lowest in Belize (16 years) and Stann Creek Districts.

3.3 Level of education at first sexual intercourse

Among those that have had sexual intercourse, the majority (65%) report that they were not in school at the time when they had their first sexual intercourse. This rate is higher for rural men and highest among Maya men (see Table 3.2). Table 3.3 shows that the majority (89%) of men had their first sexual intercourse before they had completed high school.

3.4 Relationship to first female

When asked if the first sexual intercourse was on a consensual basis, the majority (97%) said "Yes". Table 3.4 presents the rates by residence and ethnic group. Most of the men (37%) had their first sexual intercourse with a friend or a fiancée/girlfriend (34%), while 15% had their first sexual intercourse with their wife. It is interesting to note that the majority of Maya men (58%) reported that they had their first sexual intercourse with their

wife. Most of the men in the Toledo district also had their first sexual intercourse with their wife. However, this figure was only 7% for either Garifuna or Creole men. For both of these groups of men, the majority had their first experience with a friend or fiancée/girlfriend (Table 3.5).

Thirty-two percent of the men stated that their female partners had not completed high school at the time when the men had their first sexual intercourse with them. This rate is higher among urban men and among Garifuna and Creole men (see Table 3.6). The majority of the men (73%) stated that their female partners had not completed high school at the time the men had their first sexual intercourse with them. Table 3.7 presents the rates by residence and ethnic group.

3.5 Contraceptive use at first sexual intercourse

The majority (76%) of the men said that they did not use a contraceptive method when they first had sexual intercourse. Contraceptive use is highest at first sexual intercourse among men in the 15-19 age group. The majority of them (53%) had used a form of contraception at first sexual intercourse. Contraceptive use was highest among Creole (30%) men and men in the Corozal District (31%). Among those that use a form of contraception, condom was the main method used at first sexual intercourse. Approximately 89% used a condom and approximately 6% stated that their female partner had used the pills (see Table 3.9).

The majority of men (57%) stated that, of the two partners, they were the ones who made the decision to use contraceptive at first sexual intercourse. Twelve percent stated that it was their partner's decision and 31% stated that both partners together, made the decision. Table 3.10 presents the rates by residence and ethnic group.

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

Sixty-nine percent (69%) of the men stated that they had sex with a female in the 30 days prior to the survey. Slightly more urban men (70%) compared to rural men (69%) stated that they had sex in the last 30 days. Also, the 40-44-age group had the largest percent (82%) of men reporting having had sex in the last 30 days. In the 15-19 age group, only 36% had sex in the reference period.

Those that did not have sex in the 30 days prior to the survey were asked, "Have you had sexual intercourse with a female in the last 3 months?" Only 42% of them had sex in the last 3 months. Table 3.14 presents the rates by residence, age and ethnic group.

Almost all the men stated that their last sexual intercourse was on a consensual basis and with their wife (62%). Fifteen percent (15%) stated that it was with a fiancée/girlfriend and 12% with a friend (see Table 3.14).

3.7 Summary

This chapter focused on sexual activity among males. Even though the mean age at first sexual intercourse for all men is 17 years, it is as high as 19 years for Maya men and as low as 15 years for Garifuna men. The majority (89%) of men had their first sexual intercourse before completing high school. Only 15% of the men reported having their first sexual intercourse with their wife. Most Maya men reported that they had their first sexual intercourse with their wife. Further, most men did not use any form of contraception at their first sexual intercourse. For the minority who did use, the condom was the most popular method. Sixty nine percent of the men state that they had had sexual intercourse within the last 30 days. Of those who did not have sex in the last 30 days, only 42% had intercourse within the last three months.

TABLE 3-1

**BELIZE: Mean Age at First Sexual Intercourse,
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Mean Age	No. of Cases* (Unweighted)
Total	16.7	(1210)
<u>Residence</u>		
Urban	16.3	(633)
Rural	17.1	(577)
<u>District</u>		
Corozal	16.9	(178)
Orange Walk	17.7	(210)
Belize	15.9	(356)
Cayo	16.6	(195)
Stann Creek	15.9	(129)
Toledo	17.8	(142)
<u>Age</u>		
15-19	14.8	(99)
20-24	15.7	(162)
25-29	16.8	(207)
30-34	17.0	(180)
35-39	16.9	(172)
40-44	17.7	(123)
45-49	17.6	(89)
50-54	17.1	(74)
55-59	18.2	(53)
60-64	17.8	(51)
<u>Ethnic Group</u>		
Creole	15.9	(315)
Mestizo	16.8	(641)
Garifuna	15.5	(66)
Maya/Ketchi	18.6	(117)
Other	17.3	(71)

TABLE 3-1 continued
BELIZE: Mean Age at First Sexual Intercourse,
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)

Selected Characteristics	Mean Age	No. of Cases* (Unweighted)
<u>Religion</u>		
Anglican	15.9	(72)
Baptist	17.2	(31)
Methodist	16.6	(46)
Nazarene	15.8	(36)
Pentecostal	16.7	(74)
Roman Catholic	16.7	(660)
Other	17.1	(159)
None	16.4	(132)
<u>Working Status</u>		
Working	16.8	(997)
Not working	16.0	(213)

- * 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 359.
- * Excludes 16 cases for whom ethnic group is unknown.
- * Excludes 6 cases for whom religion is unknown.
- * Excludes 1 case for whom working status is unknown.

TABLE 3-2

**BELIZE: In School at Time of First Sexual
Intercourse, by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	In School at Time of First Sexual Intercourse			No. of Cases* (Unwieghted)
	Yes	No	Total	
Total	34.9	65.1	100.0	(1336)
<u>Residence</u>				
Urban	43.5	56.5	100.0	(713)
Rural	25.4	74.6	100.0	(623)
<u>Ethnic Group</u>				
Creole	47.1	52.9	100.0	(356)
Mestizo	30.2	69.8	100.0	(699)
Garifuna	49.6	50.4	100.0	(74)
Maya/Ketchi	12.7	87.3	100.0	(126)
Other	38.9	61.1	100.0	(81)

* Excludes 13 cases for whom in school at time of first sexual intercourse is unknown.

* Excludes 18 cases for whom ethnic group is unknown.

TABLE 3-3

**BELIZE: Level of Education Completed at Time of First Sexual Intercourse, by Selected Characteristics:
Men Aged 15-64
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	36.1	52.8	6.1	0.0	1.2	0.4	3.3	100.0	(1349)
<u>Residence</u>									
Urban	30.1	56.0	6.6	0.1	1.5	0.8	4.8	100.0	(722)
Rural	42.7	49.2	5.5	0.0	0.9	0.0	1.7	100.0	(627)
<u>Ethnic Group</u>									
Creole	23.5	63.7	7.7	0.2	0.9	0.4	3.7	100.0	(360)
Mestizo	41.4	50.1	4.9	0.0	0.5	0.3	2.8	100.0	(706)
Garifuna	41.5	48.8	6.9	0.0	1.7	0.0	1.2	100.0	(74)
Maya/Ketchi	48.5	41.1	5.1	0.0	1.9	0.0	3.3	100.0	(126)
Other	24.3	45.9	10.7	0.0	8.1	2.6	8.4	100.0	(83)

Excludes 18 cases for whom ethnic group is unknown.

TABLE 3-4

**BELIZE: First Sexual Intercourse on Consensual Basis,
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Consensual Basis		Total	No. of Cases* (Unwieghted)
	Yes	No		
Total	96.8	3.2	100.0	(1332)
<u>Residence</u>				
Urban	96.8	3.2	100.0	(712)
Rural	96.8	3.2	100.0	(620)
<u>Ethnic Group</u>				
Creole	96.3	3.7	100.0	(354)
Mestizo	97.1	2.9	100.0	(698)
Garifuna	94.8	5.2	100.0	(73)
Maya/Ketchi	99.0	1.0	100.0	(125)
Other	95.5	4.5	100.0	(82)

* Excludes 18 cases for whom ethnic group is unknown.

* Excludes 18 cases for whom first sexual intercourse on consensual basis is unknown.

TABLE 3-5

**BELIZE: Relationship to The First Female, by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Relationship to First male										Total	No. of Cases* (Unweighted)
	Wife/ Common- law	Visiting Partner	Fiance/ Girlfriend	Friend	Casual Acquaintance	Father's Partner	Prostitute/ Sex Worker	Incest (Mother/ Sister)	Incest (Other Relative)	Other		
Total	14.6	2.8	33.5	37.4	7.6	0.0	3.4	0.1	0.1	0.4	100.0	(1327)
<u>Residence</u>												
Urban	12.1	3.9	39.1	36.6	5.9	0.1	2.0	0.0	0.2	0.1	100.0	(710)
Rural	17.4	1.7	27.3	38.2	9.5	0.0	5.0	0.1	0.0	0.7	100.0	(617)
<u>District</u>												
Corozal	10.5	1.0	16.7	48.9	10.8	0.0	10.5	0.0	0.0	1.6	100.0	(198)
Orange Walk	15.6	4.1	47.4	22.6	6.2	0.0	4.1	0.0	0.0	0.0	100.0	(215)
Belize	7.9	2.5	39.8	39.3	9.1	0.2	1.0	0.0	0.2	0.0	100.0	(388)
Cayo	17.9	4.7	26.5	40.2	7.3	0.0	2.8	0.3	0.0	0.3	100.0	(228)
Stann Creek	5.3	2.1	31.2	53.4	4.8	0.0	1.6	0.0	0.5	1.1	100.0	(144)
Toledo	47.0	0.9	34.0	14.0	3.3	0.0	0.9	0.0	0.0	0.0	100.0	(154)
<u>Age</u>												
15-19	2.8	4.5	35.8	45.4	7.6	0.0	3.9	0.0	0.0	0.0	100.0	(103)
20-24	5.9	1.6	40.9	40.2	8.2	0.3	1.7	0.0	0.0	1.3	100.0	
25-29	15.5	2.5	31.2	39.9	4.6	0.0	6.0	0.0	0.0	0.3	100.0	(218)
30-34	15.7	2.7	29.5	36.4	8.9	0.0	5.4	0.0	0.4	0.9	100.0	(197)
35 - 39	18.0	1.6	36.0	33.2	8.9	0.0	2.2	0.0	0.0	0.0	100.0	(193)
40-44	20.2	4.9	35.4	34.1	3.5	0.0	1.4	0.0	0.0	0.5	100.0	(145)
45-49	18.9	2.6	29.3	35.4	11.8	0.0	2.1	0.0	0.0	0.0	100.0	(101)
50-54	17.0	1.9	28.4	43.9	4.5	0.0	3.5	0.0	0.9	0.0	100.0	(82)
55-59	27.8	0.0	22.3	28.2	16.5	0.0	3.8	1.3	0.0	0.0	100.0	(57)
60-64	24.5	7.3	33.1	23.6	7.0	0.0	4.4	0.0	0.0	0.0	100.0	(62)

TABLE 3-5 continued

**BELIZE: Relationship to The First Female, by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Relationship to First male										Total	No. of Cases* (Unweighted)
	Wife/ Common- law	Visiting Partner	Fiance/ Girlfriend	Friend	Casual Acquaintance	Father's Partner	Prostitute/ Sex Worker	Incest (Mother/ Sister)	Incest (Other Relative)	Other		
<u>Ethnic Group</u>												
Creole	6.8	1.7	38.3	42.9	9.8	0.2	0.4	0.0	0.0	0.0	100.0	(352)
Mestizo	13.2	3.2	32.4	38.2	7.0	0.0	5.4	0.0	0.0	0.7	100.0	(694)
Garifuna	6.7	5.0	47.3	31.2	6.8	0.0	1.0	0.0	2.0	0.0	100.0	(73)
Maya/Ketchi	58.0	2.0	16.8	18.8	3.0	0.0	0.7	0.0	0.0	0.7	100.0	(125)
Other	14.9	4.2	31.5	34.2	9.7	0.0	4.5	1.0	0.0	0.0	100.0	(83)
<u>Religion</u>												
Anglican	6.4	1.6	39.5	45.2	7.3	0.0	0.0	0.0	0.0	0.0	100.0	(81)
Baptist	35.1	0.0	11.2	49.0	2.3	0.0	2.3	0.0	0.0	0.0	100.0	(34)
Methodist	5.7	7.8	48.4	31.1	5.7	1.3	0.0	0.0	0.0	0.0	100.0	(53)
Nazarene	5.5	0.0	26.5	61.7	6.3	0.0	0.0	0.0	0.0	0.0	100.0	(36)
Pentecostal	9.8	3.1	31.4	38.9	11.5	0.0	5.3	0.0	0.0	0.0	100.0	(79)
Roman Catholic	15.8	2.1	34.3	36.2	7.0	0.0	3.8	0.0	0.2	0.7	100.0	(727)
Other	19.2	3.6	33.3	33.6	7.5	0.0	2.9	0.0	0.0	0.0	100.0	(173)
None	12.1	5.8	28.9	36.3	10.6	0.0	5.4	0.5	0.0	0.4	100.0	(144)

* Excludes 18 cases for whom ethnic group is unknown.

* Excludes 7 cases for whom religion is unknown.

* Excludes 1 case for whom working status is unknown.

* Excludes 15 cases for whom relationship to the first male is unknown.

TABLE 3-6

**BELIZE: Female in School at Time of Male's First Sexual Intercourse,
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	School First - Intercourse			Total	No. of (Unweighted)
	Yes	No	Unknown		
Total	31.8	53.9	14.3	100.0	(1349)
<u>Residence</u>					
Urban	42.0	48.6	9.4	100.0	(722)
Rural	20.4	59.7	19.9	100.0	(627)
<u>Ethnic Group</u>					
Creole	45.9	44.5	9.7	100.0	(360)
Mestizo	23.7	58.7	17.7	100.0	(706)
Garifuna	59.6	31.2	9.1	100.0	(74)
Maya/Ketchi	15.1	77.8	7.1	100.0	(126)
Other	40.4	40.8	18.8	100.0	(83)

* Excludes 18 cases for whom ethnic group is unknown.

TABLE 3-7

**BELIZE: Level of Education Completed by First Female, by Selected Characteristics:
Men Aged 15-64
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	19.5	53.0	6.6	0.1	1.3	0.3	19.2	100.0	(1144)
<u>Residence</u>									
Urban	14.5	55.9	7.5	0.1	1.2	0.5	20.2	100.0	(640)
Rural	25.8	49.5	5.5	0.0	1.4	0.0	17.9	100.0	(504)
<u>Ethnic Group</u>									
Creole	11.7	63.5	8.2	0.0	3.0	0.0	13.7	100.0	(321)
Mestizo	21.3	48.6	5.5	0.0	0.3	0.3	23.9	100.0	(567)
Garifuna	30.9	54.2	7.4	0.0	0.8	1.3	5.4	100.0	(69)
Maya/Ketchi	32.6	50.4	4.7	0.0	0.0	0.0	12.3	100.0	(118)
Other	13.0	43.8	10.8	1.0	4.2	1.1	26.2	100.0	(69)

* Excludes 13 cases for whom ethnic group is unknown.

TABLE 3-8

**BELIZE: Use of Contraceptive at First Sexual Intercourse,
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Contraceptive Method Used		Total	No. of Cases* (Unweighted)
	Yes	No		
Total	24.4	75.6	100.0	(1325)
<u>Residence</u>				
Urban	26.9	73.1	100.0	(710)
Rural	21.7	78.3	100.0	(615)
<u>District</u>				
Corozal	31.3	68.7	100.0	(201)
Orange Walk	19.5	80.5	100.0	(214)
Belize	29.3	70.7	100.0	(388)
Cayo	24.1	75.9	100.0	(226)
Stann Creek	13.1	86.9	100.0	(143)
Toledo	17.8	82.2	100.0	(153)
<u>Age</u>				
15-19	53.0	47.0	100.0	(100)
20-24	35.5	64.5	100.0	(168)
25-29	34.7	65.3	100.0	(217)
30-34	24.1	75.9	100.0	(196)
35-39	12.5	87.5	100.0	(195)
40-44	11.7	88.3	100.0	(147)
45-49	12.4	87.6	100.0	(100)
50-54	8.7	91.3	100.0	(83)
55-59	3.6	96.4	100.0	(58)
60-64	3.3	96.7	100.0	(61)
<u>Ethnic Group</u>				
Creole	30.1	69.9	100.0	(354)
Mestizo	23.6	76.4	100.0	(695)
Garifuna	21.4	78.6	100.0	(71)
Maya/Ketchi	6.5	93.5	100.0	(125)
Other	31.8	68.2	100.0	(80)
<u>Religion</u>				
Anglican	22.6	77.4	100.0	(81)
Baptist	18.9	81.1	100.0	(34)
Methodist	33.8	66.2	100.0	(53)
Nazarene	23.3	76.7	100.0	(36)
Pentecostal	15.5	84.5	100.0	(79)
Roman Catholic	24.8	75.2	100.0	(727)
Other	25.2	74.8	100.0	(172)
None	25.9	74.1	100.0	(143)

* Excludes 18 cases for whom ethnic group is unknown.

TABLE 3-9

**BELIZE: Method of Contraception Used at First Sexual Intercourse,
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Pills/Oral Contraceptives	Injection	Inter-Uterine Device/ Coil	Condoms (Male)	Rythym/ Calendar Method	Withdrawal	Total	No. of Cases* (Unweighted)
Total	6.4	0.7	0.2	88.7	0.6	3.4	100.0	(290)
<u>Residence</u>								
Urban	7.7	0.4	0.0	88.6	0.7	2.6	100.0	(175)
Rural	4.6	1.1	0.5	88.9	0.5	4.4	100.0	(115)
<u>Ethnic Group</u>								
Creole	5.7			91.8		2.5	100.0	(90)
Mestizo	5.2	0.4	0.4	88.8	1.2	4.0	100.0	(157)
Garifuna	**	**	**	**	**	**	100.0	(15)
Maya/Ketchi	**	**	**	**	**	**	100.0	(8)
Other	**	**	**	**	**	**	100.0	(20)

* Excludes 2 cases for whom ethnic group is unknown.

* Excludes 3 cases for whom method used is unknown.

** Less than 25 cases.

TABLE 3-10

**BELIZE: Decision to Use Contraceptive, by Selected Characteristics:
Men Aged 15-64
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		
Total	56.6	12.1	31.4	100.0	(292)
<u>Residence</u>					
Urban	53.7	14.4	32.0	100.0	(174)
Rural	60.5	8.9	30.6	100.0	(118)
<u>Ethnic Group</u>					
Creole	60.0	11.6	28.4	100.0	(89)
Mestizo	59.8	9.4	30.8	100.0	(159)
Garifuna	**	**	**	100.0	(15)
Maya/Ketchi	**	**	**	100.0	(8)
Other	**	**	**	100.0	(21)

* Excludes 2 cases for whom ethnic group is unknown.

* Excludes 1 cases for whom decision is unknown.

** Less than 25 cases.

TABLE 3-11

**BELIZE: Reason For Using Contraceptives, by Selected Characteristics:
Men Aged 15-64
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	63.1	13.2	23.3	0.4	100.0	(293)
<u>Residence</u>						
Urban	61.1	13.1	25.4	0.4	100.0	(175)
Rural	65.7	13.3	20.6	0.5	100.0	(118)
<u>Ethnic Group</u>						
Creole	61.5	8.2	29.0	1.3	100.0	(90)
Mestizo	63.4	16.3	20.3	0.0	100.0	(159)
Garifuna	**	**	**	**	100.0	(15)
Maya/Ketchi	**	**	**	**	100.0	(8)
Other	**	**	**	**	100.0	(21)

* 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:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Sexual Intercourse in Last 30 Days		Total	No. of Cases* (Unweighted)
	Yes	No		
Total	69.3	30.7	100.0	(1339)
<u>Residence</u>				
Urban	69.9	30.1	100.0	(714)
Rural	68.6	31.4	100.0	(625)
<u>Age</u>				
15-19	36.0	64.0	100.0	(104)
20-24	64.0	36.0	100.0	(172)
25-29	75.1	24.9	100.0	(219)
30-34	80.1	19.9	100.0	(198)
35-39	78.5	21.5	100.0	(197)
40-44	82.6	17.4	100.0	(149)
45-49	80.9	19.1	100.0	(100)
50-54	71.4	28.6	100.0	(82)
55-59	66.2	33.8	100.0	(57)
60-64	49.6	50.4	100.0	(61)
<u>Ethnic Group</u>				
Creole	71.5	28.5	100.0	(355)
Mestizo	68.0	32.0	100.0	(702)
Garifuna	76.9	23.1	100.0	(74)
Maya/Ketchi	68.3	31.7	100.0	(126)
Other	65.7	34.3	100.0	(82)

* Excludes 18 cases for whom ethnic group is unknown.

* Excludes 10 cases for whom sexual intercourse in the last 30 days is unknown.

TABLE 3-13

**BELIZE: Sexual Intercourse in The Last 3 Months, by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Sexual Intercourse in Last 3 Months		Total	No. of Cases* (Unweighted)
	Yes	No		
Total	41.5	58.5	100.0	(359)
<u>Residence</u>				
Urban	39.4	60.6	100.0	(189)
Rural	43.7	56.3	100.0	(170)
<u>Age</u>				
15-19	36.8	63.2	100.0	(62)
20-24	53.2	46.8	100.0	(51)
25-29	44.3	55.7	100.0	(48)
30-34	35.9	64.1	100.0	(33)
35-39	50.5	49.5	100.0	(36)
40-44	38.6	61.4	100.0	(27)
45-49	18.6	81.4	100.0	(23)
50-54	37.2	62.8	100.0	(25)
55-59	**	**	100.0	(21)
60-64	29.6	70.4	100.0	(33)
<u>Ethnic Group</u>				
Creole	42.0	58.0	100.0	(95)
Mestizo	42.8	57.2	100.0	(185)
Garifuna	32.6	67.4	100.0	(18)
Maya/Ketchi	40.1	59.9	100.0	(37)
Other	**	**	100.0	(24)

* Excludes 6 cases for whom ethnic group is unknown.

* Excludes 8 cases for whom sexual intercourse in the last 3 months is unknown.

** Less than 25 cases.

TABLE 3-14

**BELIZE: Relationship With Last Female With Whom Had Sexual Intercourse, by Selected Characteristics
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Relationship to the Last Male With Whom Had Sexual Intercourse								Total	No. of Cases* (Unweighted)
	Wife/ Common-law	Visiting Partner	Fiance/ Girlfriend	Friend	Casual Acquaintance	Father's Partner	Prostitute/ Sex Worker	Other		
Total	61.9	4.9	14.8	12.4	2.8	0.0	2.7	0.3	100.0	(1341)
<u>Residence</u>										
Urban	56.7	6.4	18.0	14.7	2.8	0.0	1.3	0.1	100.0	(719)
Rural	67.8	3.2	11.3	9.9	2.8	0.1	4.3	0.5	100.0	(622)
<u>Age</u>										
15-19	5.5	7.4	46.5	32.2	3.0	0.0	5.4	0.0	100.0	(103)
20-24	28.2	7.0	37.1	18.1	5.3	0.0	3.9	0.3	100.0	(171)
25-29	55.8	9.3	15.3	14.8	0.9	0.0	3.1	0.6	100.0	(221)
30-34	79.2	3.1	4.7	5.9	2.6	0.4	4.0	0.0	100.0	(196)
35-39	81.6	3.0	1.2	11.5	2.0	0.0	0.8	0.0	100.0	(196)
40-44	86.0	3.9	0.8	4.1	2.8	0.0	1.9	0.5	100.0	(149)
45-49	87.7	1.1	0.6	4.5	4.3	0.0	1.2	0.6	100.0	(102)
50-54	91.5	0.9	3.2	3.6	0.0	0.0	0.9	0.0	100.0	(82)
55-59	87.6	3.3	0.0	3.5	4.5	0.0	1.1	0.0	100.0	(59)
60-64	88.9	1.1	0.8	4.8	2.2	0.0	1.1	1.1	100.0	(62)
<u>Ethnic Group</u>										
Creole	48.8	6.9	23.6	15.6	4.3	0.0	0.4	0.4	100.0	(356)
Mestizo	66.7	3.8	12.2	10.6	2.2	0.1	4.1	0.4	100.0	(703)
Garifuna	51.0	10.7	17.4	18.0	2.0	0.0	1.0	0.0	100.0	(74)
Maya/Ketchi	86.5	0.0	5.3	5.0	2.7	0.0	0.7	0.0	100.0	(125)
Other	55.4	8.1	9.2	19.7	2.5	0.0	5.2	0.0	100.0	(83)

* Excludes 18 cases for whom ethnic group is unknown.

* Excludes 10 cases for whom relationship with last male is unknown.

CHAPTER 4

FERTILITY, RELATIONSHIP AND REPRODUCTIVE HISTORY

4.1 Introduction

It is rare when fertility and reproductive issues are discussed about males. This Chapter, therefore, focuses on male fertility and reproductive issues. More specifically, it looks at the number of children the males have fathered, their age at which their first child was born and whether they wanted and had planned to have their first and last children.

It should be noted that there are instances where the males reported that they are not sure if they have fathered any children, or of the number of children they have fathered. Even though the number of those who are not sure is small, it indicates the doubts that males sometimes have about their own fertility and reproductive history. These doubts may be due to their own perception of their ability or inability to reproduce, or more so, their mistrust in the females who claim that these males have fathered their children.

4.2 Mean number of children

The men were asked, "Have you ever fathered any children, even if the child or children died shortly after birth?" The majority, almost 53%, have fathered a child/children, 44% have not fathered a child and 4% have 'never had sexual intercourse.' Only 3% of the younger men (15-19 years) have fathered a child/children and 14% of them have not had sexual intercourse before. These teenagers and 2% of those in the 20-24 age groups are the only males who reported that they have never had sexual intercourse.

The Maya males have the highest percentage (60%) that has fathered a child/children compared to the other major ethnic groups (see Table 4.1). However, the majority of Mestizo (55%), Garifuna (53%) and Creole (57%) have fathered a child/children. The Maya males also have the highest percentage (8%) of males that have never had sexual intercourse. The corresponding rates for the Creole and Mestizo are 4% and 3% respectively. No Garifuna males reported that they have 'never had sexual intercourse.' It should be noted that the respondents were not asked directly if they have ever had sexual intercourse. The choice 'never had sexual intercourse' was included among the choices for the question on whether the respondent has fathered any children.

Table 4.2 presents the mean number of children the men have fathered by selected characteristics. The mean number of children the men have fathered is 4. This number is higher for rural men(3.6), and highest among Maya men (5.3) and men in the Toledo District (5.3). A closer look at the mean number of children by other characteristics shows that the mean number of children increases with age and decreases as education level increases, 5.5 for men with no education and 2.7 for men with secondary education. The mean number of children is the same for working and non-working males (4). This figure indicates that the male's work status does not affect his fertility as much as it does the female's fertility. This raises the issue of the financial and emotional support one expects a male to give when he fathers a child, if he is likely to have the same number of children with or without a job

The mean age at which the men had their first child is 24 years. . There is little difference between urban and rural men. However, Garifuna men reported the highest mean age at 26 years, and Maya men the lowest at 22 years (see Table 4.4).

4.3 Level of education at the time first child was born

Only 4% of the men were in school at the time their first child was born. This rate is higher for urban (5%) and Creole (6%) men. No Garifuna or Maya men were in school when they had their first child (see Table 4.5). Twenty-nine percent (29%) had completed secondary or higher education. Table 4.6 presents the rates by residence and ethnic group.

4.4 Planning status of first and last children

Eighty-seven percent (87%) of the males wanted to have their first child and 5% said that they did not (see Table 4.7). Among those who wanted to, 75% had planned to have the first child. Table 4.8 shows that more Garifuna men had planned to have their first child compared to men in the other ethnic groups. Even though a higher percentage (93%) wanted to have the last child (Table 4.9), the percentage of those who planned to have that last child is similar (72%) to those that planned the first child (Table 4.10). The Maya men were more likely to have planned their last child compared to the other ethnic groups. One would expect that since a higher percentage of males wanted to have the last child there would have been more planning for that last child compared to the first. The last child comes when the male is at an older age and usually is more financially stable than when he had the first child. Even if he did not plan to have the last child, he may see himself as more capable of caring for that child and therefore is more willing to have wanted to have the last child. Creole

males were the least likely to have planned to have their first child (67%) and their last child. Working males (74%) are more likely than non-working males (96%) to have planned to have their first child.

However, there is not much difference between males who work and do not work when it came to planning their last child, 73% and 72% respectively. It should be noted that the working status was based on the current situation at the time of the survey and does not reflect the work status at the time the males had their first or last child.

4.5 Fathered children with more than one woman

The men were asked, "How many women have had children for you?" The majority (78%) had children with only one woman, 10% have children with 2 women, and 3% have children with 3 women. Approximately 21% of Garifuna men have children with 2 women, the highest rate compared to the other ethnic groups. They are followed by Creole males with 15%. However, only 7% of Mestizo and 5% of Maya men have fathered children with 2 women. A higher proportion of non-working men (12%) have fathered children with 2 women compared to 9% of men who work (see Table 4.11).

4.6 Spouse/Partner currently pregnant

Only 3% of the men had a woman that was pregnant for them at the time of the survey. The rate was higher for rural (4%) and Maya (5%) men (see Table 4.12). None of them had more than one woman pregnant. Of those for whom a woman was pregnant, the majority of the men (78%) wanted the pregnancy (Table 4.13). When asked, "What type of support do you give the first prospective baby mother?" 73% said that they give 'both emotional and financial support', 13% give 'financial support' only and 4% give 'no support at this time'. These figures indicate that more than one quarter of the men do not give financial support to the prospective mother.

4.7 Summary

Men's fertility, relationships and reproductive history are the main focus of this chapter. The mean number of children that men have fathered is 4. The number is higher for rural men and highest among the Maya men. It is also highest among men of the Toledo district. The mean age at which men have their first child is 24 years. Maya men have their first child the earliest, on average 22 years, whereas Garifuna men have their first child at an average age of 26 years. Four percent of men had their first child when in school. Eighty

seven percent (87%) of the men wanted to have their first child, but only 75% had planned for it. Seventy eight percent (78%) had fathered children with only one woman, while another 10% had children with more than one woman.

TABLE 4-1

**BELIZE: Fathered Any Children, by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Fathered any Children				Total	No. of Cases* (Unweighted)
	Yes	No	Never Has Had Sexual Intercourse	Not Sure		
Total	52.5	43.5	3.7	0.2	100.0	(1570)
<u>Residence</u>						
Urban	53.6	44.2	2.0	0.2	100.0	(811)
Rural	51.5	42.8	5.4	0.3	100.0	(759)
<u>District</u>						
Corozal	52.9	45.3	1.7	0.0	100.0	(238)
Orange Walk	50.6	45.4	3.6	0.4	100.0	(259)
Belize	51.3	45.9	2.5	0.3	100.0	(453)
Cayo	55.1	37.4	7.1	0.5	100.0	(266)
Stann Creek	47.1	50.8	2.0	0.0	100.0	(165)
Toledo	59.7	34.2	6.0	0.0	100.0	(189)
<u>Ethnic Group</u>						
Creole	47.3	48.6	3.7	0.3	100.0	(426)
Mestizo	54.7	41.7	3.4	0.1	100.0	(811)
Garifuna	53.3	46.7	0.0	0.0	100.0	(83)
Maya/Ketchi	59.5	32.2	8.3	0.0	100.0	(156)
Other	45.6	49.8	3.2	1.4	100.0	(94)
<u>Age</u>						
15-19	2.8	82.9	13.6	0.7	100.0	(283)
20-24	24.7	73.0	1.7	0.5	100.0	(200)
25-29	59.8	40.2	0.0	0.0	100.0	(227)
30-34	74.7	25.3	0.0	0.0	100.0	(203)
35-39	89.2	10.8	0.0	0.0	100.0	(201)
40-44	91.5	8.5	0.0	0.0	100.0	(150)
45-49	90.1	9.9	0.0	0.0	100.0	(101)
50-54	89.0	11.0	0.0	0.0	100.0	(85)
55-59	92.9	7.1	0.0	0.0	100.0	(59)
60-64	96.9	3.1	0.0	0.0	100.0	(61)
<u>Educational Level</u>						
None	82.3	17.7	0.0	0.0	100.0	(63)
Incomplete Primary	58.1	37.1	4.4	0.3	100.0	(342)
Complete Primary	58.6	38.3	2.8	0.2	100.0	(565)
Secondary	36.1	58.3	5.6	0.0	100.0	(424)
Post Secondary	54.9	42.9	1.3	0.9	100.0	(176)
<u>Working Status</u>						
Working	63.0	34.7	2.2	0.1	100.0	(1189)
Not working	26.7	65.1	7.6	0.6	100.0	(381)

* Excludes 18 cases for whom ethnic group is unknown.

* Excludes 5 cases for whom education level is unknown.

* Excludes 1 case for whom working status is unknown.

TABLE 4-2

**BELIZE: Mean Number of Children, by Selected
Characteristics
Men Aged 15-64 Who Have Fathered Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Mean Number	No. of Cases* (Unweighted)
Total	4.0	(981)
<u>Residence</u>		
Urban	3.6	(502)
Rural	4.4	(479)
<u>District</u>		
Corozal	3.7	(153)
Orange Walk	3.8	(161)
Belize	3.5	(265)
Cayo	4.2	(174)
Stann Creek	4.5	(95)
Toledo	5.3	(133)
<u>Ethnic Group</u>		
Creole	3.6	(236)
Mestizo	4.0	(532)
Garifuna	4.4	(49)
Maya/Ketchi	5.3	(112)
Other	3.5	(52)
<u>Age</u>		
15-19	1.3	(7)
20-24	1.5	(62)
25-29	2.2	(161)
30-34	3.1	(165)
35-39	4.0	(177)
40-44	4.3	(136)
45-49	5.2	(89)
50-54	5.6	(74)
55-59	6.4	(53)
60-64	6.2	(57)
<u>Educational Level</u>		
None	5.5	(50)
Incomplete Primary	4.7	(242)
Complete Primary	4.3	(372)
Secondary	2.7	(205)
Post Secondary	2.9	(112)
<u>Working Status</u>		
Working	4.0	(845)
Not working	4.1	(136)

* For the purpose of calculating the mean, those who answered "Don't Know" were omitted, for a total of 1 case.

* Excludes 14 cases for whom ethnic group is unknown.

* Excludes 3 cases for whom education level is unknown.

* Excludes 1 case for whom working status is unknown.

TABLE 4-3

**BELIZE: Mean Number of Children
Living With Fathers, by Selected Characteristics:
Men Aged 15-64 Who have Fathered Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Mean Number	No. of Cases* (Unweighted)
Total	2.5	(985)
<u>Residence</u>		
Urban	2.2	(505)
Rural	2.9	(480)
<u>Ethnic Group</u>		
Creole	1.9	(236)
Mestizo	2.7	(535)
Garifuna	2.9	(49)
Maya/Ketchi	3.9	(112)
Other	1.5	(53)
<u>Age</u>		
15-19	**	(7)
20-24	1.2	(62)
25-29	1.8	(161)
30-34	2.6	(165)
35-39	2.9	(177)
40-44	3.2	(136)
45-49	3.7	(91)
50-54	2.6	(74)
55-59	1.9	(53)
60-64	2.1	(59)
<u>Working Status</u>		
Working	2.6	(848)
Not working	2.0	(137)

* Excludes 14 cases for whom ethnic group is unknown.

* Excludes 1 case for whom working status is unknown.

** Less than 25 cases.

TABLE 4-4

**BELIZE: Mean Age When First Child Was Born,
by Selected Characteristics:
Men Aged 15-64 Who Have Fathered Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Mean Number	No. of Cases* (Unweighted)
Total	23.5	(958)
<u>Residence</u>		
Urban	23.1	(491)
Rural	23.9	(467)
<u>Ethnic Group</u>		
Creole	22.6	(228)
Mestizo	23.8	(523)
Garifuna	26.2	(46)
Maya/Ketchi	22.1	(109)
Other	24.5	(52)

* For the purpose of calculating the mean, those who answered "Dont Know" were omitted, for a total of 30 cases.

* Excludes 12 cases for whom ethnic group is unknown.

TABLE 4-5

**BELIZE: Males in School When
First Child was Born, by Selected Characteristics:
Men Aged 15-64 Who Have Fathered Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	In School When First Child was Born		Total	No. of Cases* (Unweighted)
	Yes	No		
Total	3.5	96.5	100.0	(970)
<u>Residence</u>				
Urban	5.3	94.7	100.0	(501)
Rural	1.6	98.4	100.0	(469)
<u>Ethnic Group</u>				
Creole	6.1	93.9	100.0	(235)
Mestizo	3.4	96.6	100.0	(523)
Garifuna	0.0	100.0	100.0	(49)
Maya/Ketchi	0.0	100.0	100.0	(111)
Other	1.5	98.5	100.0	(52)

* Excludes 13 cases for whom ethnic group is unknown.

* Excludes 17 cases for whom in school at the time that first child was born is unknown.

TABLE 4-6

**BELIZE: Level of Education Completed When First Child was Born, by Selected Characteristics:
Men Aged 15-64 Who Have Fathered Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Education Level					Total	No. of Cases* (Unweighted)
	None	Incomplete Primary	Complete Primary	Secondary	Post Secondary		
Total	5.1	26.7	39.3	20.0	8.9	100.0	(966)
<u>Residence</u>							
Urban	1.9	20.0	37.4	28.7	12.0	100.0	(495)
Rural	8.4	33.5	41.2	11.2	5.7	100.0	(471)
<u>Ethnic Group</u>							
Creole	0.4	9.4	53.7	26.7	9.8	100.0	(231)
Mestizo	6.7	34.3	32.4	18.9	7.8	100.0	(526)
Garifuna	1.6	18.5	35.6	26.0	18.2	100.0	(48)
Maya/Ketchi	10.8	37.3	43.0	5.6	3.2	100.0	(110)
Other	3.1	12.5	43.6	21.9	18.9	100.0	(51)

* Excludes 13 cases for whom ethnic group is unknown.

* Excludes 21 cases for whom education level when first child was born is unknown.

TABLE 4-7

**BELIZE: Wanted to Have First Child, by Selected Characteristics:
Men Aged 15-64 Who Have Fathered Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	If Wanted To Have First Child		Unknown	Total	No. of Cases* (Unweighted)
	Yes	No			
Total	87.7	5.1	7.2	100.0	(866)
<u>Residence</u>					
Urban	88.5	3.5	7.9	100.0	(438)
Rural	87.0	6.6	6.4	100.0	(428)
<u>Ethnic Group</u>					
Creole	80.5	5.9	13.7	100.0	(198)
Mestizo	91.5	3.3	5.3	100.0	(473)
Garifuna	87.8	5.5	6.7	100.0	(44)
Maya/Ketchi	80.4	13.4	6.2	100.0	(107)
Other	93.2	5.0	1.8	100.0	(44)

* Excludes 13 cases for whom ethnic group is unknown.

TABLE 4-8

**BELIZE: Planned to Have First Child, by Selected Characteristics:
Men Aged 15-64 Who Have Fathered Children 1999
Family Health Survey (Percent Distribution)**

Selected Characteristics	Planning Status of First Child		Total	No. of Cases* (Unweighted)
	Planned	Unplanned		
Total	74.7	25.3	100.0	(750)
<u>Residence</u>				
Urban	77.1	22.9	100.0	(382)
Rural	72.4	27.6	100.0	(368)
<u>Ethnic Group</u>				
Creole	69.1	30.9	100.0	(160)
Mestizo	74.8	25.2	100.0	(430)
Garifuna	82.2	17.8	100.0	(37)
Maya/Ketchi	77.8	22.2	100.0	(84)
Other	83.5	16.5	100.0	(39)

* Excludes 12 cases for whom ethnic group is unknown.

* Excludes 2 cases for whom first child planned or unplanned is unknown.

TABLE 4-9

**BELIZE: Wanted to Have Last Child, by Selected Characteristics:
Men Aged 15-64 Who Have Fathered Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	If Wanted to Have Last Child		Total	No. of Cases* (Unweighted)
	Yes	No		
Total	92.6	7.4	100.0	(971)
<u>Residence</u>				
Urban	94.4	5.6	100.0	(504)
Rural	90.7	9.3	100.0	(467)
<u>Ethnic Group</u>				
Creole	91.4	8.6	100.0	(233)
Mestizo	94.9	5.1	100.0	(533)
Garifuna	88.2	11.8	100.0	(49)
Maya/Ketchi	84.5	15.5	100.0	(103)
Other	89.8	10.2	100.0	(53)

* Excludes 14 cases for whom ethnic group is unknown.

* Excludes 15 cases for whom whether the male wanted his last child is unknown.

TABLE 4-10

**BELIZE: Planned to Have Last Child, by Selected Characteristics:
Men Aged 15-64 Who Have Fathered Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Planned	Unplanned	Unknown	Total	(Unweighted)
Total	71.8	22.9	5.3	100.0	(979)
<u>Residence</u>					
Urban	72.9	22.7	4.3	100.0	(502)
Rural	70.7	23.0	6.4	100.0	(477)
<u>Ethnic Group</u>					
Creole	67.3	24.7	8.0	100.0	(234)
Mestizo	72.7	23.9	3.4	100.0	(533)
Garifuna	72.2	17.7	10.2	100.0	(49)
Maya/Ketchi	73.7	17.9	8.4	100.0	(111)
Other	79.2	17.0	3.8	100.0	(52)

* Excludes 14 cases for whom ethnic group is unknown.

TABLE 4-11

**BELIZE: Have Children With More Than One Woman, by Selected Characteristics:
Men Aged 15-64 Who Have Fathered Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Number of Women Males Had Children With							Total	No. of Cases* (Unweighted)
	1	2	3	4	5	6	Unknown		
Total	78.2	9.7	2.5	0.9	0.2	0.2	8.2	100.0	(985)
<u>Residence</u>									
Urban	74.0	13.4	3.2	1.6	0.3	0.4	7.1	100.0	(505)
Rural	82.4	6.0	1.8	0.3	0.1	0.0	9.4	100.0	(480)
<u>Ethnic Group</u>									
Creole	66.8	15.5	5.4	1.8	0.3	0.9	9.3	100.0	(236)
Mestizo	82.6	7.0	1.4	0.4	0.1	0.0	8.5	100.0	(535)
Garifuna	73.0	20.9	0.0	2.8	0.0	0.0	3.2	100.0	(49)
Maya/Ketchi	90.4	4.7	0.6	0.0	0.6	0.0	3.7	100.0	(112)
Other	65.5	11.6	6.2	3.0	0.0	0.0	13.7	100.0	(53)
<u>Working Status</u>									
Working	79.2	9.3	2.2	0.7	0.2	0.2	8.3	100.0	(848)
Not working	72.5	12.3	4.0	2.0	0.5	0.5	8.2	100.0	(137)

* Excludes 14 cases for whom ethnic group is unknown.

* Excludes 1 case for whom working status is unknown.

TABLE 4-12

**BELIZE: Have A Spouse/Partner Who is Presently Pregnant,
by Selected Characteristics:
Men Aged 15-64 Who Have Fathered Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Anyone Presently Pregnant For You		Total	No. of Cases* (Unwieghted)
	Yes	No		
Total	3.4	96.6	100.0	(979)
<u>Residence</u>				
Urban	2.5	97.5	100.0	(502)
Rural	4.3	95.7	100.0	(477)
<u>Ethnic Group</u>				
Creole	3.1	96.9	100.0	(233)
Mestizo	3.5	96.5	100.0	(533)
Garifuna	1.6	98.4	100.0	(48)
Maya/Ketchi	4.9	95.1	100.0	(112)
Other	1.1	98.9	100.0	(53)
<u>Working Status</u>				
Working	3.5	96.5	100.0	(843)
Not working	2.5	97.5	100.0	(136)

* Excludes 12 cases for whom ethnic group is unknown.

* Excludes 1 case for whom working status is unknown.

* Excludes 8 cases for whom males that have a spouse/partner presently pregnant is unknown.

TABLE 4-13

**BELIZE: Wanted The Present Pregnancy(ies), by Selected Characteristics:
Men Aged 15-64 Who Have a Spouse/Partner(s) Presently Pregnant:
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	If Wanted Pregnancy				Total	No. of Cases* (Unwieghted)
	Wanted One Pregnancy	Wanted all Pregnancies	Wanted no Pregnancy	God's Will, Fate, Did Not Think About It		
Total	46.1	32.2	9.0	12.8	100.0	(36)
<u>Residence</u>						
Urban	60.3	17.4	0.0	22.3	100.0	(15)
Rural	37.6	40.9	14.3	7.2	100.0	(21)
<u>Ethnic Group</u>						
Creole	31.2	59.0	0.0	9.8	100.0	(9)
Mestizo	58.9	23.3	0.0	17.8	100.0	(20)
Garifuna	0.0	0.0	100.0	0.0	100.0	(1)
Maya/Ketchi	16.0	36.0	48.0	0.0	100.0	(5)
Other	100.0	0.0	0.0	0.0	100.0	(1)
<u>Working Status</u>						
Working	49.3	33.7	10.1	6.9	100.0	(32)
Not working	19.8	19.9	0.0	60.3	100.0	(4)

* Excludes 1 case for whom ethnic group is unknown.

TABLE 4-14

**BELIZE: Type of Support Given to Prospective Mothers,
by Selected Characteristics
Men Aged 15-64 Who Have a Spouse/Partner(s) Presently Pregnant:
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Type of Support First Mother			Total	No. of Cases* (Unweighted)
	No Support at This Time	Gives Financial Support Only	Gives Both Emotional and Financial Support		
Total	4.3	22.8	73.0	100.0	(36)
<u>Residence</u>					
Urban	4.5	25.0	70.5	100.0	(15)
Rural	4.1	21.5	74.4	100.0	(21)
<u>Ethnic Group</u>					
Creole	0.0	21.4	78.6	100.0	(9)
Mestizo	7.2	15.1	77.8	100.0	(20)
Garifuna	0.0	0.0	100.0	100.0	(1)
Maya/Ketchi	0.0	64.0	36.0	100.0	(5)
Other	0.0	0.0	100.0	100.0	(1)
<u>Working Status</u>					
Working	4.8	20.6	74.6	100.0	(32)
Not working	0.0	40.5	59.5	100.0	(4)

* Excludes 1 case for whom ethnic group is unknown.

CHAPTER 5

GENERAL ATTITUDES AND ATTITUDES TOWARDS CHILDBEARING AND CONTRACEPTION

5.1 Introduction

Men aged 15 to 64 years were asked a series of questions on their attitudes towards childbearing and contraception and their beliefs and opinions on topics related to sexuality. They expressed their opinions on the ideal family size, the ideal interval between children, abortion, contraception, the ideal age for a man and a woman to have his/her first sexual relationship and the ideal age for a man and a woman to be responsible enough to have his/her own child. Questions were also asked on general attitudes and opinions on topics related to man and the way he views sexuality. These findings are presented by selected characteristics. It is expected that this information will be useful to better understand the attitudes and beliefs of men in Belize so as to develop programmes of intervention to improve the lives of all Belizeans.

5.2 Family Planning Messages

Men were asked whether they have seen or heard messages on family planning on radio, television and local newspaper over the past six months. Only 39% have heard such messages on radio, 37% on television and 19% in a local newspaper (Table 5.1). As expected, most of these messages were heard or seen in the urban areas. The education level of the man was directly related to the likelihood of hearing or seeing a message. It is alarming to note that more than 90% of men without any level of education have not seen any message on family planning on television or newspaper, and that 88% of these men have also not heard any message on the radio. Organizations working in the area of reproductive health need to reach out to the male population, especially those in the rural areas. In general, the coverage of family planning messages by radio, television and local newspaper is poor.

When men who have seen or heard a family planning message were asked if they have heard a message from the Belize Family Life Association (BFLA), more than half responded *yes* (Table 5.2). Men who have seen or heard messages on family planning from the BFLA were primarily among those in the urban areas (61%) and with a higher level of

education. However, it is worth noting that 21% of men stated that they *did not know* if the message they heard was from the BFLA. In general, the BFLA is a major source of information and services on family planning throughout the country.

5.3 Ideal Family Size

All men were asked their opinion on the ideal number of children a man should have. Most men prefer to have four children (21%) (Table 5.3). A slightly lower percentage indicated three (20%) and two children (18%). In general, men who indicated that they want a lower number of children were men who have completed primary or a higher level of education. It is interesting to note that 10% indicated it *is fate or up to God*. These persons were mostly among men in the rural areas and with lower level of education.

The mean ideal family size is 3.9 children for men who have living children (Table 5.4) and 3.6 for men who do not have living children (Table 5.5). Rural men and older men prefer larger families than urban and younger men. For men with children, ideal family size decreases as years of schooling increase; for men without children, there is a marginal difference in preferred family size by education level. Ideal family size does not vary between Roman Catholics and Protestants and is about the same for the country as a whole. Mestizos and Creoles have the smallest ideal family size, while the Maya/Ketchi have the largest. It is worth noting that the Maya/Ketchi men think that their ideal family size is one child more than the number of living children they already have (Table 5.4).

The majority of men who have children stated that the number of living children that they have is greater than their ideal family size. In general, men with children have exceeded their preferred family size. Major contributors to this excess are men 45 to 54 years of age and men who did not complete primary school. It is worth noting that men 30 years or older have already exceeded their ideal family size.

Moderately sized families are much desired in Belize. The comparison of the mean ideal family size for men who do not have children with that of men who have children suggests that if men who currently do not have any children have only the number they desire, fertility will continue to decline in Belize.

5.4 Opinions About Childbearing

All men were asked their opinion on the main reason a man might wish to limit the number of children that he has. It is interesting to note that 80% of them stated that the main reason is *financial reasons* (Table 5.6). Men strongly agree that their economic situation is an important factor that determines whether or not to have a child. Among other reasons given were: *child care problem* (6%), *work related reasons* (4%) and *health of mother* (3%).

When asked who should decide on the number of children the couple wants to have, 87% stated *both partners* (Table 5.7). This percentage is similar among men in the urban and rural areas. More men among those in urban areas, however, are likely to have the wife as the person to decide (5%) while more men among those in the rural stated the husband (6%). The proportion of men who stated that the husband should be the decision-maker is slightly higher than those who stated the wife. This is perhaps partially due to the machismo behaviour still present in some men. Men in union and men who were visiting partners were those who strongly stated that *both partners* should decide (Table 5.8).

As the level of education increases, so does the likelihood of stating that *both partners* should decide on the number of children the couple should have. In particular, the difference is more noticeable among men who have completed primary education from those who have incomplete primary or no education (Table 5.9). All men were asked their opinion on the appropriate time spacing between two children. Seven out of every ten men stated two years or more (Table 5.10). Men in urban areas as well as men with higher levels of education preferred a higher interval between children. Almost 26% of men with no education preferred an interval less than 2 years. In general, however, men think that both partners should decide on the number of children a couple should have and that the time spacing between the children should be two years or more.

The opinion that a woman always has the right to decide about her pregnancy, including whether or not to have an abortion, was rejected by 47% of men (Table 5.11). An almost equal percentage (46%) stated the contrary. The opinion among men in urban areas differed substantially from among those in the rural areas. Most men in the urban areas stated that the woman has the right, while men in the rural disagreed. The opinion of married men also varied greatly from those who are visiting partners or not in union. In general, men who are living in the rural areas, married, and with less than secondary level education are more likely to strongly oppose that the woman always has the right to decide about her

pregnancy, including whether or not to have an abortion. Therefore, even if men strongly agree that both partners should decide on the number of children they should have, they disagree that the woman always has the right to decide about her pregnancy, including whether or not to have an abortion.

Men were also asked *under what circumstances they think that it should be acceptable to terminate a pregnancy, that is, have an abortion*. More than half of the men stated it is acceptable only under one circumstance, *for health reasons of the mother*. This percentage, however, was only acceptable for 55% of men (Table 5.12). Although accepted by a minority, other circumstances stated were: *health reasons of the child* (43%), *pregnancy resulting from rape* (36%) and *economic reasons* (22%). Although 80% of the men might wish to limit the number of children because of financial reasons, only 22% stated it is an acceptable reason for a woman to have an abortion. Men, in general, are against abortion under any circumstance. Circumstances that were considered highly unacceptable were: *if a woman is not married* (92%) and *if both or either of the parents does not want the child* (more than 80% of men).

5.5 Attitudes Towards Contraception

The vast majority of men (86%) agreed that the decision for the couple to use methods of family planning is a decision of *both partners* (Table 5.13). The low percentage that stated *the wife* (6%) was almost equivalent to the percentage that stated the husband (5%). As expected, men from the urban areas are more likely to state that both partners should make the decision. The opinion that both partners should make the decision does not vary by marital status (Table 5.14). However, it differs by educational level (Table 5.15). Men with lower level of education tend to disagree that the couple should make the decision and agree that the husband or wife should decide.

When asked *who should decide on the type of contraceptive a couple should use*, 75% stated *both partners* (Table 5.16). The husband's likelihood to decide the type of contraceptive is higher than deciding whether or not to use a contraceptive. As expected, men from the urban areas and with higher level of education tend to favour the couple making the decision while men from the rural areas and with lower education prefer having the husband make the decision. It is interesting to note that a higher proportion of men believe that the nurse/doctor/mid-wife should decide the type of contraceptive to use (7%) than the proportion who believe it should be the wife/partner (5%).

5.6 Ideal Age for a Man to have his First Sexual Relationship

It was found, in general, that 78% of men think that the ideal age to start having sexual intercourse is before completing 20 years (Table 5.17). Two peaks are observed for ideal ages less than 20 years: 16 years (11%) and 18 years (40%). After completing 18 years, men in Belize are no longer considered children and can marry without the parents' consent. It is interesting to note that 51% of men believe that the earliest age that the woman can legally consent to having sexual intercourse is 18 years (Table not shown). Thirty five percent of men, however, believe that it is acceptable for men to have their first sexual relationship before completing 18 years. There are no great differences in the ideal age by place of residence.

Table 5.18 shows the mean age that men think they can have start having sexual intercourse. In general, the mean age is 17.4 years and, with one exception, there is no big difference based on the characteristics of men. The exception is that there exists a difference of 1.2 years among men who have had a sexual relationship (17 years) and men who have not had any sexual relationship (18%). It is interesting to note that in this survey the estimated mean age for men 15 to 24 years to have their first sexual relationship is 14.8 years (see Chapter 3).

5.7 Ideal Age for a Woman to have her First Sexual Relationship

While 35% of men aged 15 to 64 think that the ideal age for a man to have his first sexual intercourse is before completing 18 years, a lower percentage (27%) believe this to be the ideal age for a young woman (Table 5.19). This finding shows that men believe that young women should wait more time than the men before starting to be sexually active. Men also believe that there are two ideal ages for a woman under 20 years to start having sexual intercourse: 16 years (14%) and 18 years (47%), the same as for men.

Table 5.20 shows the mean age that it is expected for a woman to have her first sexual relationship. The mean age is 17.7 years, 3.6 months older than the mean age expected for men to have their first sexual relationship. Men- who have had sexual experience stated that the age for a woman to have her first sexual relationship is 17.6 years. Men with no sexual experience state that the woman should be 18.3 years. It is interesting to note that the 1999 Family Health Survey found that the mean age for women 15-24 years to have their first sexual relationship is 16.5 years.

5.8 Ideal Age for a man and a woman to be responsible enough to have his/her own child

Even if men desire to begin their sexual life at an early age, they are not in much of a hurry to have their first child. The ideal average age that the men stated being responsible enough to have children is 20.9 years, three and a half years after having their first sexual intercourse (Table 5.21). The ideal average age for men to have their first child did not vary considerably by selected characteristics.

According to men, the ideal average age for a woman to have her first child is 20.3 years, 7.2 months earlier than men (Table 5.22), and the woman is expected to have her first child two and a half years after her first sexual relationship. Therefore, men expect the women to start having sexual intercourse later but to have their first child at a younger age than themselves.

All men were asked when they think is the time in life when a man is responsible enough to have his first child. The popular responses were *when mature enough* (35%) and *when economically stable* (28%) (Table 5.23). It is important to note that men also think that their financial condition is a very important reason for them to limit the number of children they can have (Table 5.6). In addition, *being in a stable union* is considered a more important reason to be responsible enough to have a child than *after completing his education*.

Men were also asked when they think a woman is responsible enough to have her first child. In their opinion, it is important for a woman to be *mature enough* (38%) and also to *be in a stable union* (27%). Men believe that women who are economically stable are as equally prepared to have their first child as those who have completed their education. It is interesting to note that men think it is more important for a man, than it is for a woman, to be *economically stable* to be responsible enough to have his first child. This is especially significant, considering the expectation that society has of men, i.e., that of being the breadwinner of the home. At the same time, they believe that it is more important for a woman than it is for a man to *be in a stable union* for her to have her first child.

5.8 General Attitudes and Opinions

Being knowledgeable of the attitudes and opinions of men is important to be able to understand their behaviour. This section researches the opinions and attitudes of men. Eighteen statements were read out to the men and they stated whether they think it is true or untrue. Table 5.24 provides the list of statements along with the percentage distribution of the men's opinion.

More than 75% of men agreed that:

- *Boys should not go to prostitutes to become men (86%)*
- *It is not okay for married men to have extramarital affairs (80%)*
- *You cannot get rid of STIs/HIV/AIDS by having sex with a virgin (79%)*
- *A girl cannot avoid getting pregnant by bathing in the sea after sexual intercourse (78%), or by drinking pepsi or coke after sexual intercourse (78%), or by having sex standing up (76%)*
- *Family Violence is a significant issue in our society (77%)*
- *Sexual Harassment of Women is a significant issue in our society (77%) and*
- *There is nothing wrong with a boy who has not had sex by the time he is 16 years (77%).*

When asked their opinion on school admittance for teenage parents, it was equally agreed by more than sixty percent of men that *a school boy who gets a girl pregnant should not be expelled from school and that a school girl who gets pregnant should be allowed to return to school after she has had her baby.*

At the same time, more than fifty percent of men believe that *it is important for a woman to be a virgin when she marries and that a girl can get pregnant only after she has her period for the first time.* The men's lack of knowledge of the menstrual cycle is also expressed when 32% of them stated that *the woman can more likely become pregnant right after her period* and 30% stated *not knowing* when it is more likely for a woman to become pregnant during her menstrual cycle (Table not shown). Only 19% stated that *the woman could more likely get pregnant in the middle of the cycle.*

A small but significant percentage of men stated that *if a boy has an erection, he will get sick unless he discharges (14%), there is something wrong with a boy who has not had sex by the time he is 16 years (14%) and if a boy masturbates he will get sick (12%).*

There were two statements that the majority of men did not know whether it was true or false. When asked if *men who had a vasectomy do not perform well sexually*, 60% of men did not know what to answer. Similarly, when asked if *female sterilization is less complicated than male sterilization*, 49% answered that they did not know. As seen in chapter 8, there is a need for educational programs for men on the topic of vasectomy.

5.9 Beliefs of how a girl can avoid getting pregnant

Five statements were closely related to beliefs of how a girl can avoid getting pregnant:

- *If a woman does not have sex, she will get sick* (Table 5.25)
- *A girl can get pregnant only after she has seen her period for the first time* (Table 5.26)
- *A girl can avoid getting pregnant by having sex standing up* (Table 5.27).
- *A girl can avoid getting pregnant by drinking Pepsi or Coke after sexual intercourse* (Table 5.28) and
- *A girl can avoid getting pregnant by bathing in the sea after sexual intercourse* (Table 5.29).

Men generally disagreed with these statements. The level of disagreement was greater among men in the urban areas and among men with higher level of education. The difference in opinion varied especially between men who have completed higher than primary school education and those who have not completed primary school. It is important to note that men in general are not knowledgeable of the women's reproductive system, specifically the menstrual cycle (Table 5.26).

5.10 Beliefs about boys and sexuality

Men also gave their opinion on the following four statements that are related to the way they view their sexuality:

- *There is something wrong with a boy who has not had sex by the time he is 16* (Table 5.30)
- *If a boy masturbates, he will get sick* (Table 5.31)
- *If a boy has an erection, he will get sick unless he discharges* (Table 5.32) and
- *Boys should go to prostitutes to become men* (Table 5.33)

They disagreed strongly with the above statements, especially the fourth statement. The disagreement increased with their level of education. Men in the urban areas tend to disagree more than those in the rural. It is interesting to note that fifteen percent of men in the rural areas believe that *if a boy masturbates he will get sick* and that *if a boy has an erection, he will get sick unless he discharges*.

5.11 Beliefs about the importance of female virginity

More than half of men believe that *it is important for a woman to be a virgin when she marries*, while 9% of men believe *that you can get rid of STIs/HIV/AIDS by having sex with a virgin*. More than ten percent of men in the rural areas and men with less than primary school education believe that you can get rid of STIs/HIV/AIDS by having sex with a virgin (Table 5.35). Men not in union also expressed a high affirmation to this belief. In addition, more men in the rural areas (58%) and more men with incomplete primary school (61%) believe it is important for a woman to be a virgin when she marries (Table 5.34).

Although men expect a woman to have her first sexual relationship when she is 17.7 years (Table 5.20), 55% of them think it is important for a woman to be a virgin when she marries. The mean age for a woman to marry in Belize was 25.6 years in 1998 (1). It therefore seems that men want the women to have sexual intercourse at an age earlier than the women's average age of marriage and be a virgin at the time of marriage.

5.12 Opinion about Pregnancy and School Admittance for boys and girls

Men's acceptance of boys in school after they get a girl pregnant and girls in school after having their baby was prevalent especially among men in the urban areas and men with higher than primary school level completed (Tables 5.36 and 5.37). Men not in union and men living in the rural areas and with no level of schooling were most likely to disagree that these boys and girls should be accepted in school.

5.13 Opinion on Extramarital Affairs

It seems that it is not acceptable to have extramarital affairs in Belize. Eighty percent of men regardless of place of residence, marital status and educational level said that *it is not acceptable for married men to have extramarital affairs* (Table 5.38). Perhaps these responses are socially conditioned responses. Nonetheless, ten percent of men in the urban

areas and men with complete primary level of education believe that it is acceptable for married men to have extramarital affairs.

5.14 Beliefs about Vasectomy

Almost fifty percent of men *do not know* if *female sterilization is less complicated than male sterilization*. A lower percentage of men (22%) said that female sterilization is less complicated than those who said the contrary (29%) (Table 5.39). Moreover, when asked if *men who have had a vasectomy do not perform well sexually*, 61% of men stated *not knowing* (Table 5.40). However, a higher percentage of men said that men who had a vasectomy do perform well sexually (29%) than those who said the contrary (10%). Thus, from the men who stated that they knew, the majority had positive responses: female sterilization is not less complicated than male sterilization and men who have had a vasectomy do perform well sexually. Men not in union, men in the rural areas, and men with less than primary level of education are most likely to give either an erroneous response or state that they do not know. It is interesting to note that the difference between the responses of men in the urban and the rural areas is marginal. This indicates that there exists a group of men that can be taught to value vasectomy in a positive form.

5.15 The issue of family violence and sexual harassment

The majority of men (77%) believe that family violence and sexual harassment are significant issues in our society. This belief was strongly expressed by men in the urban areas, by men who were visiting partners and by men who had higher than a primary school level of education (Table 5.41 and Table 5.42). Men who are married or men who have not completed primary school education were less likely to believe that neither family violence nor sexual harassment is a significant issue in our society.

5.16 Summary

More than 90% of men agree that courses on human reproduction, contraception and STIs/HIV/AIDS should be taught in school (see chapter 7). Men are thus interested in reproductive health more than is usually believed. This chapter shows evidence that men indeed are in need of programmes on reproductive health for them to decrease their misconceptions and doubts and for them to develop a positive attitude on human reproduction, family planning and other areas in reproductive health. Only in this way can we have men increase their participation in decisions pertaining to reproductive health. Their

participation can most likely increase the impact of programs aimed at addressing social problems such as family violence, sexual harassment and the spread of STIs/HIV/AIDS. The information presented in this chapter is important because it gives ways to improve reproductive health in Belize. It shows where there are weak areas of knowledge and communication. This is useful to develop ideas and programmes to contribute to the goal of a healthy and happy Belizean population.

TABLE 5-1

**BELIZE: Have Seen or Heard A Family Planning Message
Over The Past Six Months, By Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Radio		Television		Local Newspaper		Total	No. of Cases* (Unweighted)
	Yes	No	Yes	No	Yes	No		
Total	38.7	59.9	36.9	61.3	18.9	78.8	100.0	(1581)
<u>Residence</u>								
Urban	41.6	57.3	36.5	62.0	19.4	78.3	100.0	(814)
Rural	36.0	62.4	37.3	60.7	18.5	79.3	100.0	(767)
<u>Marital Status</u>								
Married/In Union	40.7	57.5	39.0	58.9	19.8	77.5	100.0	(962)
Sep./Div./Widowed	**	**	**	**	**	**	100.0	(2)
Visiting Partner	43.9	56.1	42.5	55.3	20.3	79.7	100.0	(115)
Not in Union	35.1	63.7	33.1	65.5	17.6	80.2	100.0	(502)
<u>Education Level</u>								
None	9.8	87.8	7.1	90.5	2.4	95.1	100.0	(62)
Incomplete Primary	31.5	66.6	29.7	68.3	11.8	85.3	100.0	(347)
Complete Primary	36.7	61.9	34.4	64.0	16.3	81.4	100.0	(572)
Secondary	43.0	55.9	42.5	55.5	22.8	75.2	100.0	(424)
Post Secondary	59.4	40.1	55.7	43.5	38.8	60.3	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-2

**BELIZE: Have Heard a Family Planning Message From The Belize Family Life Association, Men
Aged 15-64 Who have Heard Family Planning Messages Over the Past 6 Months
1999 Family Health
Survey (Percent
Distribution)**

Selected Characteristics	Yes	No	Unknown	Total	No. of Cases* (Unweighted)
Total	55.5	23.5	21.0	100.0	(818)
<u>Residence</u>					
Urban	60.8	15.7	23.5	100.0	(444)
Rural	49.9	31.8	18.3	100.0	(374)
<u>Marital Status</u>	58.5	21.7	19.8	100.0	(513)
Married/In Union					
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	58.2	24.5	17.3	100.0	(70)
Not in Union	50.6	25.7	23.7	100.0	(233)
<u>Education Level</u>					
None	**	**	**	100.0	(13)
Incomplete Primary	46.1	33.4	20.5	100.0	(149)
Complete Primary	50.3	25.8	23.9	100.0	(278)
Secondary	64.3	16.8	19.0	100.0	(245)
Post Secondary	62.5	19.4	18.3	100.0	(133)

* Excludes 6 cases for whom marital status is unknown.

* Excludes 4 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-3

**BELIZE: Opinion on the Ideal Number of Children a Man Should Have, by Selected Characteristics
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	The Ideal Number of Children A Man Should Have								Total	No. of Cases* (Unweighted)
	1	2	3	4	5	6+	Fate, Up To God	Unknown		
Total	0.5	17.7	20.3	21.3	11.4	11.2	9.5	8.0	100.0	(1581)
<u>Residence</u>										
Urban	0.4	22.3	21.7	23.0	11.7	8.0	7.8	5.0	100.0	(814)
Rural	0.7	13.2	18.9	19.7	11.1	14.3	11.2	11.0	100.0	(767)
<u>Marital Status</u>										
Married/In Union	0.6	13.4	20.0	23.5	11.9	13.9	11.0	5.6	100.0	(962)
Sep./Div./Widowed	**	**	**	**	**	**	**	**	100.0	(2)
Visiting Partner	0.0	24.4	24.5	13.8	16.6	7.8	7.6	5.4	100.0	(115)
Not in Union	0.6	21.5	19.6	20.3	9.7	8.6	8.1	11.6	100.0	(502)
<u>Education Level</u>										
None	3.8	6.4	12.3	25.3	5.6	14.1	26.1	6.3	100.0	(62)
Incomplete Primary	1.2	17.1	17.7	19.4	8.8	13.4	10.3	12.2	100.0	(347)
Complete Primary	0.1	14.2	18.4	22.3	13.4	12.1	10.4	9.1	100.0	(572)
Secondary	0.4	22.2	21.2	21.7	12.3	9.7	7.4	5.2	100.0	(424)
Post Secondary	0.0	22.7	32.6	20.3	9.2	6.7	5.3	3.3	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-4

**BELIZE: Mean Perception of Ideal Family Size and Mean
Actual Number of Children, by Selected Characteristics:
Men Aged 15-64 Who Have Living Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Ideal Family Size	No. of Living Children	Difference Actual-Ideal	No. of Cases* (Unweighted)
Total	3.9	4.3	0.4	(826)
<u>Residence</u>				
Urban	3.6	4.2	0.5	(444)
Rural	4.2	4.5	0.4	(382)
<u>Age</u>				
15-19	**	**	**	(5)
20-24	3.7	2.6	-1.1	(54)
25-29	3.7	3.0	-0.7	(136)
30-34	3.6	3.8	0.2	(140)
35-39	4.1	4.5	0.4	(146)
40-44	4.3	4.8	0.5	(117)
45-49	4.3	5.2	0.9	(78)
50-54	4.0	5.2	1.2	(59)
55-59	4.5	5.3	0.8	(44)
60-64	5.2	5.5	0.3	(47)
<u>Educational Level</u>				
0-7	4.0	4.8	0.8	(228)
8	4.2	4.6	0.4	(307)
9+	3.6	3.6	0.0	(291)
<u>Ever Married</u>				
Ever Married	4.1	4.4	0.3	(809)
Never Married	**	**	**	(17)
<u>Religion</u>				
Roman Catholic	4.0	4.3	0.4	(445)
Protestant	4.0	4.4	0.4	(243)
None	3.4	4.0	0.5	(85)
Other	3.7	4.7	1.0	(53)
<u>Ethnic Group</u>				
Creole	3.8	4.0	0.2	(210)
Mestizo	3.6	4.3	0.7	(444)
Garifuna	4.2	4.6	0.4	(44)
Maya/Ketchi	6.2	5.2	-1.0	(79)
Other	3.7	4.3	0.6	(49)

* For the purpose of calculating ideal family size, those who answered "Don't Know" or "Gods Will" were omitted.

* Excludes 1 case for whom religion is unknown.

* Excludes 3 cases for whom Education Level is unknown.

* Excludes 1 case for whom marital status is unknown.

* Excludes 8 cases for whom ethnic group is unknown.

** Less than 25 cases

TABLE 5-5

**BELIZE: Mean Perception of Ideal Family Size,
by Selected Characteristics:
Men Aged 15-64 Who Do Not Have Any Living Children
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Ideal Family Size	No. of Cases (Unweighted)
Total	(3.6)	(459)
<u>Residence</u>		
Urban	(3.5)	(254)
Rural	(3.8)	(205)
<u>Age</u>		
15-19	(3.5)	(207)
20-24	(3.7)	(113)
25-29	(3.8)	(50)
30-34	(3.0)	(34)
35-39	**	(20)
40-44	**	(11)
45-49	**	(9)
50-54	**	(7)
55-59	**	(6)
60-64	**	(2)
<u>Education Level</u>		
0-7	(3.6)	(78)
8	(3.8)	(140)
9+	(3.6)	(241)
<u>Ever Married</u>		
Ever Married	(3.8)	(155)
Never Married	(3.5)	(304)
<u>Religion</u>		
Roman Catholic	(3.6)	(238)
Protestant	(3.7)	(145)
None	(3.2)	(55)
Other	**	(21)
<u>Ethnic Group</u>		
Creole	(3.5)	(159)
Mestizo	(3.5)	(212)
Garifuna	(4.0)	(29)
Maya/Ketchi	**	(24)
Other	(3.7)	(35)

* For the purpose of calculating ideal family size, those who answered Don't Know or "Gods Will" were omitted.

* Excludes 2 cases for whom Education Level is unknown.

* Excludes 3 cases for whom Marital Status is unknown.

* Excludes 3 cases for whom Religion is unknown.

* Excludes 3 cases for whom Ethnic group is unknown.

** Less than 25 cases.

TABLE 5-6

**BELIZE: Opinion on the Main Reason
A Man Might Wish to Limit The Number of Children He Has:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Reason	Total	Urban	Rural
Financial	79.7	86.2	72.8
Child Care Problem	5.5	2.5	8.6
Work Related	3.8	3.3	4.3
Health of Mother	2.9	2.9	2.9
Schooling	1.8	1.1	2.5
Health of Child	0.1	0.1	0.0
Other	1.4	0.8	2.1
Unknown	4.9	3.0	6.9
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(1594)	(825)	(769)

TABLE 5-7

**BELIZE: Opinion on Who Should Decide on The Number of Children
the Couple Want to Have, by Residence
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Person/Persons Who Should Decide	Total	Residence	
		Urban	Rural
Both Partners	87.2	87.5	87.0
Husband/Partner	5.7	5.5	6.0
Wife/Partner	3.6	4.5	2.7
Fate, up to God	2.5	1.6	3.4
Nurse/Doctor/Midwife	0.9	0.9	0.9
Other	0.0	0.0	0.1
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1551)	(811)	(740)

* Excludes 43 cases for whom person/persons who should decide is unknown.

TABLE 5-8

**BELIZE: Opinion on Who Should Decide on The Number of Children
the Couple Wants to Have, by Union Status
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Person/Persons Who Should Decide	Total	Union Status			
		Married/In Union	Sep./Div./Widowed	Visiting Partner	Not in Union
Both Partners	87.3	88.7	**	90.9	84.6
Husband/Partner	5.8	4.3	**	4.5	7.9
Wife/Partner	3.6	2.9	**	2.3	4.8
Fate, up to God	2.5	3.5	**	0.9	1.5
Nurse/Doctor/Midwife	0.9	0.6	**	1.4	1.1
Other	0.0	0.0	**	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1543)	(950)	(2)	(113)	(478)

* Excludes 43 cases for whom person/persons who should decide is unknown.

* Excludes 8 cases for whom marital status is unknown.

** Less than 25 cases

TABLE 5-9

**BELIZE: Opinion on Who Should Decide on The Number of Children
the Couple Wants to Have, by Education Level**

Men Aged 15-64

1999 Family Health Survey

(Percent Distribution)

Person/Persons Who Should Decide	Total	Education Level				
			Incomplete Primary	Complete Primary	Secondary	Post Secondary
Both Partners	87.2	77.0	79.1	87.4	91.7	94.5
Husband/Partner	5.7	9.5	10.8	5.6	3.6	0.3
Wife/Partner	3.6	1.3	5.3	4.0	2.9	1.2
Fate, up to God	2.5	8.3	3.4	3.0	1.2	0.9
Nurse/Doctor/Midwife	0.9	4.0	4.0	0.0	0.5	2.6
Other	0.0	0.0	0.0	0.0	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1546)	(60)	(335)	(553)	(423)	(175)

* Excludes 43 cases for whom person/persons who should decide is unknown.

* Excludes 5 cases for whom education level is unknown.

TABLE 5-10

**BELIZE: Opinion on the Appropriate Time Spacing Between Two Children,
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Interval			Total	No. of Cases* (Unweighted)
	Less than 2 Years	Two Years or More	Unknown		
Total	15.4	71.2	13.3	100.0	(1581)
<u>Residence</u>					
Urban	15.4	73.1	11.5	100.0	(814)
Rural	15.4	69.4	15.1	100.0	(767)
<u>Marital Status</u>					
Married/In Union	16.9	75.5	7.6	100.0	(962)
Sep./Div./Widowed	0.0	**	0.0	100.0	(2)
Visiting Partner	22.9	69.5	7.6	100.0	(115)
Not in Union	12.1	66.3	21.6	100.0	(502)
<u>Education Level</u>					
None	25.8	66.4	7.8	100.0	(62)
Incomplete Primary	19.2	66.0	14.9	100.0	(347)
Complete Primary	14.6	71.5	13.9	100.0	(572)
Secondary	12.1	73.8	14.1	100.0	(424)
Post Secondary	15.9	76.8	7.3	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-11

**BELIZE: Opinion on Whether a Woman Always Has the Right to Decide
About Her Pregnancy, Including Whether or Not to Have An Abortion,
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	A Woman Always Has The Right To Decide About Her Pregnancy, including Whether or Not to Have An Abortion			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	45.9	47.2	7.0	100.0	(1581)
<u>Residence</u>					
Urban	56.7	39.1	4.1	100.0	(814)
Rural	35.3	55.0	9.7	100.0	(767)
<u>Marital Status</u>					
Married/In Union	43.6	51.9	4.5	100.0	(962)
Sep./Div./Widowed	**	**	0.0	100.0	(2)
Visiting Partner	53.2	43.7	3.1	100.0	(115)
Not in Union	47.1	42.1	10.8	100.0	(502)
<u>Education Level</u>					
None	31.4	57.6	11.1	100.0	(62)
Incomplete Primary	44.2	44.9	10.9	100.0	(347)
Complete Primary	42.4	49.8	7.8	100.0	(572)
Secondary	52.3	43.8	3.9	100.0	(424)
Post Secondary	48.4	49.6	2.0	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is Unknown.

** Less than 25 cases

TABLE 5-12

**BELIZE: Opinion on Circumstances That are Acceptable to have an Abortion:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Circumstances Stated	Abortion		Total	(Unweighted)
	Acceptable	Not Acceptable		
For Health Reasons of the Mother	55.3	44.7	100.0	(1594)
For Health Reasons of the Child	42.5	57.5	100.0	(1594)
Pregnancy Resulting From Rape	35.6	64.4	100.0	(1594)
For Economic Reasons	21.5	78.5	100.0	(1594)
If Both Parents Do Not Want Child	19.1	80.9	100.0	(1594)
If Mother Does Not Want Child	12.4	87.6	100.0	(1594)
If Father Does Not Want Child	9.3	90.7	100.0	(1594)
Woman is Not Married	8.0	92.0	100.0	(1594)

TABLE 5-13

**BELIZE: Opinion on Who Should Decide if a Couple Uses Methods of
Family Planning, by Residence:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Person/Persons Who Should Decide	Total	Residence	
		Urban	Rural
Both Partners	85.8	87.6	83.9
Wife/Partner	6.1	6.0	6.3
Husband/Partner	5.9	5.1	6.7
Nurse/Doctor/Midwife	1.5	0.9	2.2
Fate, up to God	0.4	0.4	0.5
Mother-in-law	0.1	0.0	0.2
Religious Leader	0.0	0.0	0.1
Other	0.1	0.1	0.1
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1538)	(810)	(728)

* Excludes 56 cases for whom person/persons who should decide is unknown.

TABLE 5-14

**BELIZE: Opinion on Who Should Decide if a Couple Uses Methods of Family Planning,
by Union Status:
Men Aged 15-64
1991 Family Health Survey
(Percent Distribution)**

Person/Persons Who Should Decide	Total	Union Status			
		Married/In Union	Sep./Div./Widowed	Visiting Partner	Not in Union
Both Partners	85.9	87.6	**	89.4	82.9
Wife/Partner	6.1	5.8	**	3.6	7.0
Husband/Partner	5.8	4.1	**	3.7	8.4
Nurse/Doctor/Midwife	1.5	1.5	**	3.2	1.2
Fate, up to God	0.4	0.7	**	0.0	0.2
Mother-in-law	0.1	0.1	**	0.0	0.2
Religious Leader	0.0	0.1	**	0.0	0.0
Other	0.1	0.1	**	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1530)	(942)	(2)	(113)	(473)

* Excludes 56 cases for whom person/persons who should decide is unknown.

* Excludes 8 cases for whom marital status is unknown.

** Less than 25 cases

TABLE 5-15

**BELIZE: Opinion on Who Should Decide if a Couple Uses Methods of Family Planning,
by Education Level:
Men Aged 15-64
1991 Family Health Survey
(Percent Distribution)**

Person/Persons Who Should Decide	Total	Education Level				
		None	Incomplete Primary	Complete Primary	Secondary	Post Secondary
Both Partners	85.8	76.6	77.4	87.2	87.6	96.6
Wife/Partner	6.1	13.5	7.9	5.6	6.3	1.6
Husband/Partner	5.9	6.8	12.6	5.3	3.4	0.6
Nurse/Doctor/Midwife	1.5	3.1	1.1	1.9	1.6	0.0
Fate, up to God	0.4	0.0	0.6	0.0	0.8	0.9
Mother-in-law	0.1	0.0	0.2	0.0	0.3	0.0
Religious Leader	0.0	0.0	0.1	0.0	0.0	0.0
Other	0.1	0.0	0.1	0.1	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1533)	(58)	(329)	(547)	(423)	(176)

* Excludes 56 cases for whom person/persons who should decide is unknown.

* Excludes 5 cases for whom education level is unknown.

TABLE 5-16

**BELIZE: Opinion of Who Should Decide on What Type of Contraceptive
a Couple Uses, by Selected Characteristics:
Men Aged 15-64
1991 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Who Should Decide on What Type of Contraceptive A Couple Should Use							No. of Cases* (Unweighted)
	Both Partners	Husband/ Partner	Wife/ Partner	Nurse/ Doctor/ Mid-wife	Other	Unknown	Total	
Total	75.2	8.3	5.2	6.8	100.0	3.7	100.0	(1581)
<u>Residence</u>								
Urban	78.2	7.2	4.3	7.6	100.0	2.0	100.0	(814)
Rural	72.3	9.3	6.1	6.0	100.0	5.4	100.0	(767)
<u>Educational Level</u>								
None	59.5	12.7	8.5	8.3	0.0	11.0	100.0	(62)
Incomplete Primary	66.9	9.9	8.3	6.4	0.7	7.8	100.0	(347)
Complete Primary	75.1	8.0	6.5	6.6	0.0	3.5	100.0	(572)
Secondary	80.1	9.0	1.9	7.0	0.2	0.8	100.0	(424)
Post Secondary	85.8	2.3	1.5	7.5	0.8	1.1	100.0	(176)

* Excludes 5 cases for whom education level is unknown.

TABLE 5-17

**BELIZE: Opinion of the Ideal Age
a Man Should be Before He Has
Sexual Intercourse, by Residence:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Ideal Age	Total	Residence	
		Urban	Rural
<12	0.2	0.2	0.2
12	1.6	1.3	1.9
13	1.5	2.4	0.6
14	3.5	3.5	3.6
15	8.7	7.7	9.7
16	11.4	12.4	10.3
17	7.6	7.4	7.8
18	40.0	38.5	41.5
19	3.2	4.3	2.2
20-24	11.7	14.0	9.4
25 +	0.6	0.4	0.8
Unknown	10.0	8.0	12.0
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(1594)	(825)	(769)

TABLE 5-18

**BELIZE: Mean Ideal Age of a Man at
First Sexual Intercourse, by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Mean Age	No. of Cases* (Unweighted)
Total	17.4	(1426)
<u>Residence</u>		
Urban	17.5	(748)
Rural	17.3	(678)
<u>Marital Status</u>		
Married/In Union	17.4	(886)
Sep./Div./Widowed	**	(1)
Visiting Partner	17.1	(106)
Not in Union	17.6	(433)
<u>Education Level</u>		
None	17.3	(48)
Incomplete Primary	17.4	(308)
Complete Primary	17.2	(513)
Secondary	17.7	(394)
Post Secondary	17.7	(163)
<u>Sexual Experience</u>		
Have	17.2	(1136)
Do Not Have	18.4	(184)
Unknown	17.1	(106)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown

** Less than 25 cases

TABLE 5-19

**BELIZE: Opinion of the Ideal Age
a Woman Should be Before She Has
Sexual Intercourse, by Residence:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Ideal Age	Total	Residence	
		Urban	Rural
12	0.4	0.5	0.3
13	0.6	0.1	1.1
14	1.9	2.0	1.9
15	4.8	3.1	6.5
16	13.9	14.6	13.1
17	5.8	5.3	6.2
18	47.2	47.3	47.0
19	2.7	3.0	2.5
20-24	11.2	14.1	8.4
25 +	0.5	0.9	0.2
Unknown	11.0	9.0	12.9
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(1594)	(825)	(769)

TABLE 5-20

**BELIZE: Mean Ideal Age of a Woman at
First Sexual Intercourse, by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Mean Age	No. of Cases* (Unweighted)
Total	17.7	(1413)
<u>Residence</u>		
Urban	17.9	(742)
Rural	17.5	(671)
<u>Marital Status</u>		
Married/In Union	17.6	(867)
Sep./Div./Widowed	**	(1)
Visiting Partner	17.6	(112)
Not in Union	17.8	(433)
<u>Educational Level</u>		
None	17.6	(47)
Incomplete Primary	17.6	(304)
Complete Primary	17.5	(505)
Secondary	17.9	(393)
Post Secondary	17.9	(164)
<u>Sexual Experience</u>		
Have	17.6	(1127)
Do Not Have	18.3	(185)
Unknown	17.5	(101)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown

** Less than 25 cases

TABLE 5-21

**BELIZE: Mean Ideal Age When a Man is
Responsible Enough To Have His First Child:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Mean Age	No. of Cases* (Unweighted)
Total	20.9	(1449)
<u>Residence</u>		
Urban	20.8	(759)
Rural	21.0	(690)
<u>Marital Status</u>		
Married/In Union		
Sep./Div./Widowed	20.7	(892)
Visiting Partner	**	(2)
Not in Union	21.5	(109)
	21.1	(446)
<u>Educational Level</u>		
None	20.6	(51)
Incomplete Primary	20.8	(314)
Complete Primary	20.6	(528)
Secondary	21.2	(392)
Post Secondary	21.7	(164)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-22

**BELIZE: Mean Ideal Age When A Woman is
Responsible Enough To Have Her First Child:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Mean Age	No. of Cases* (Unweighted)
Total	20.3	(1438)
<u>Residence</u>		
Urban	20.4	(761)
Rural	20.2	(677)
<u>Marital Status</u>		
Married/In Union	20.0	(883)
Sep./Div./Widowed	**	(2)
Visiting Partner	20.7	(111)
Not in Union	20.6	(442)
<u>Educational Level</u>		
None	19.9	(51)
Incomplete Primary	19.8	(306)
Complete Primary	20.1	(517)
Secondary	20.7	(400)
Post Secondary	20.6	(164)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown

** Less than 25 cases

TABLE 5-23**BELIZE: Opinion on the Time in Life When a Man and a Woman
is Responsible Enough to Have His/Her First Child.****Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Time in Life	Man is Responsible Enough to Have His Own Child	Woman is Responsible Enough to Have Her Own Child
When Mature Enough	34.8	38.0
When Working	28.4	11.9
When in A Stable Union	18.9	26.9
After Completing Education	9.3	11.9
One or Two Years After Entering Into a Stable Union	2.5	4.2
Other	1.5	1.5
Unknown	4.5	5.6
Total	100.0	100.0
No. of Cases (Unweighted)	(1594)	(1594)

TABLE 5-24

**BELIZE: Opinion on Various Themes:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Themes	True	Untrue	Unknown	Total	No. of Cases (Unweighted)
Family Violence is a Significant Issue in Our Society	77.0	13.0	10.1	100.0	(1594)
Sexual Harassment of Women is a Significant Issue in Our Society	76.6	11.7	11.7	100.0	(1594)
A School Girl Who Gets Pregnant Should Be Allowed to Return to School After She Has Had The Baby	64.2	26.7	9.1	100.0	(1594)
It is Important For A Woman To Be a Virgin When She Marries	55.4	36.2	8.5	100.0	(1594)
A Girl Can Get Pregnant Only After She Has Seen Her Period for The First Time	52.1	36.6	11.2	100.0	(1594)
A School Boy Who Gets a Girl Pregnant Should Be Expelled From School	26.3	64.9	8.8	100.0	(1594)
Female Sterilization is Less Complicated Than Male Sterilization	22.0	28.9	49.0	100.0	(1594)
If a Woman Doesn't Have Sex, She Will Get Sick	21.1	68.4	10.5	100.0	(1594)
If A Boy Has An Erection, He Will Get Sick Unless He Discharges	14.0	73.7	12.3	100.0	(1594)
There is Something Wrong With A Boy Who Has Not Had Sex By The Time He Is 16	13.6	76.6	9.8	100.0	(1594)
If A Boy Masturbates, He Will Get Sick	12.2	74.1	13.7	100.0	(1594)
Men Who Have Had A Vasectomy Do Not Perform Well Sexually	10.0	29.6	60.3	100.0	(1594)
A Girl Can Avoid Getting Pregnant By Having Sex Standing Up	9.5	76.1	14.5	100.0	(1594)
It is Okay for Married Men to Have Extra-Marital Affairs	9.4	80.3	10.2	100.0	(1594)
You Can Get Rid of STIs/HIV/AIDS By Having Sex With A Virgin	8.8	78.9	12.3	100.0	(1594)
Boys Should Go To Prostitutes to Become Men	5.0	85.7	9.3	100.0	(1594)
A Girl Can Avoid Getting Pregnant By Bathing In The Sea After Sexual Intercourse	4.8	77.8	17.4	100.0	(1594)
A Girl Can Avoid Getting Pregnant By Drinking Pepsi or Coke After Sexual Intercourse	3.9	77.7	18.4	100.0	(1594)

TABLE 5-25

**BELIZE: Opinion on Whether a 'Woman Will Get Sick if She Does Not Have Sex,'
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	If a Woman Does Not Have Sex, She Will Get Sick			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	21.2	68.3	10.5	100.0	(1581)
<u>Residence</u>					
Urban	17.2	72.9	10.0	100.0	(814)
Rural	25.2	63.8	11.0	100.0	(767)
<u>Marital Status</u>					
Married/In Union	24.8	67.8	7.3	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	14.7	82.2	3.1	100.0	(115)
Not in Union	18.2	65.7	16.0	100.0	(502)
<u>Education Level</u>					
None	26.2	57.7	16.2	100.0	(62)
Incomplete Primary	30.8	54.0	15.1	100.0	(347)
Complete Primary	24.7	63.0	12.3	100.0	(572)
Secondary	12.6	80.7	6.7	100.0	(424)
Post Secondary	9.3	88.4	2.3	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-26

**BELIZE: Opinion on Whether 'A Girl Can Get Pregnant Only After
She Has Seen Her Period for The First Time',
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	A Girl Can Get Pregnant Only After She Has Seen Her Period for The First Time			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	52.2	36.5	11.3	100.0	(1581)
<u>Residence</u>					
Urban	47.7	41.5	10.8	100.0	(814)
Rural	56.6	31.7	11.7	100.0	(767)
<u>Marital Status</u>					
Married/In Union	58.6	34.2	7.2	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	41.0	52.0	7.0	100.0	(115)
Not in Union	46.7	36.1	17.2	100.0	(502)
<u>Education Level</u>					
None	55.3	21.3	23.4	100.0	(62)
Incomplete Primary	59.9	27.6	12.5	100.0	(347)
Complete Primary	53.0	34.1	12.9	100.0	(572)
Secondary	47.6	42.5	9.9	100.0	(424)
Post Secondary	43.8	53.8	2.4	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-27

**BELIZE: Opinion on Whether 'A Girl Can Avoid Getting Pregnant by Having Sex Standing Up,' by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	A Girl Can Avoid Getting Pregnant by Having Sex Standing Up			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	9.4	76.0	14.6	100.0	(1581)
<u>Residence</u>					
Urban	7.2	78.8	14.0	100.0	(814)
Rural	11.6	73.3	15.1	100.0	(767)
<u>Marital Status</u>					
Married/In Union	11.3	75.7	13.0	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	6.1	86.1	7.7	100.0	(115)
Not in Union	7.9	74.1	18.0	100.0	(502)
<u>Educational Level</u>					
None	10.7	58.9	30.4	100.0	(62)
Incomplete Primary	14.3	68.3	17.4	100.0	(347)
Complete Primary	8.3	74.7	17.1	100.0	(572)
Secondary	7.1	82.6	10.4	100.0	(424)
Post Secondary	8.6	85.2	6.1	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-28

**BELIZE: Opinion on Whether 'A Girl Can Avoid Getting Pregnant
Drinking Pepsi or Coke After Sexual Intercourse,'
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	A Girl Can Avoid Getting Pregnant by Drinking Pepsi or Coke After Sexual Intercourse			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	3.9	77.5	18.5	100.0	(1581)
<u>Residence</u>					
Urbana	4.4	80.8	14.8	100.0	(814)
Rural	3.5	74.4	22.1	100.0	(767)
<u>Marital Status</u>					
Married/In Union	4.2	79.1	16.8	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	7.2	83.9	8.8	100.0	(115)
Not in Union	2.9	74.3	22.8	100.0	(502)
<u>Educational Level</u>					
None	2.8	63.6	33.7	100.0	(62)
Incomplete Primary	6.1	68.0	25.9	100.0	(347)
Complete Primary	4.8	75.9	19.3	100.0	(572)
Secondary	2.4	83.3	14.3	100.0	(424)
Post Secondary	0.4	93.5	6.1	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-29

**BELIZE: Opinion on Whether 'A Girl Can Avoid Getting Pregnant
by Bathing in the Sea After Sexual Intercourse,'
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	A Girl Can Avoid Getting Pregnant by Bathing in The Sea After Sexual Intercourse			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	4.8	77.7	17.5	100.0	(1581)
<u>Residence</u>					
Urban	5.1	79.3	15.7	100.0	(814)
Rural	4.5	76.3	19.2	100.0	(767)
<u>Marital Status</u>					
Married/In Union	4.9	80.2	14.8	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	4.8	85.5	9.7	100.0	(115)
Not in Union	4.6	73.0	22.4	100.0	(502)
<u>Education Level</u>					
None	5.1	65.5	29.4	100.0	(62)
Incomplete Primary	7.7	69.6	22.8	100.0	(347)
Complete Primary	4.9	74.5	20.6	100.0	(572)
Secondary	3.6	84.4	11.9	100.0	(424)
Post Secondary	0.8	93.1	6.1	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-30

**BELIZE: Opinion on Whether 'There is Something Wrong With a Boy
Who Has Not Had Sex by The Time He is 16 Years,'
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	There is Something Wrong With a Boy Who Has Had Sex by The Time He is 16			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	13.3	76.8	9.9	100.0	(1581)
<u>Residence</u>					
Urban	12.5	79.2	8.2	100.0	(814)
Rural	14.1	74.5	11.5	100.0	(767)
<u>Marital Status</u>					
Married/In Union	14.1	77.1	8.8	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	7.7	87.3	5.1	100.0	(115)
Not in Union	13.6	74.2	12.2	100.0	(502)
<u>Education Level</u>					
None	19.7	60.9	19.4	100.0	(62)
Incomplete Primary	17.7	67.8	14.5	100.0	(347)
Complete Primary	16.0	72.4	11.6	100.0	(572)
Secondary	7.7	86.6	5.7	100.0	(424)
Post Secondary	7.3	90.8	1.9	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-31

**BELIZE: Opinion on Whether 'A Boy Will Get Sick if He Masturbates,'
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	If a Boy Masturbates, He Will Get Sick			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	12.2	73.9	13.8	100.0	(1581)
<u>Residence</u>					
Urban	9.3	79.0	11.6	100.0	(814)
Rural	15.1	69.0	15.9	100.0	(767)
<u>Marital Status</u>					
Married/In Union	15.2	72.9	11.9	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	4.4	87.0	8.6	100.0	(115)
Not in Union	10.2	72.4	17.3	100.0	(502)
<u>Education Level</u>					
None	22.2	56.5	21.3	100.0	(62)
Incomplete Primary	19.2	64.4	16.4	100.0	(347)
Complete Primary	13.0	69.7	17.4	100.0	(572)
Secondary	8.1	81.6	10.3	100.0	(424)
Post Secondary	2.0	95.2	2.9	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-32

**BELIZE: Opinion on Whether 'A Boy Gets Sick if He
Does Not Discharge When He Gets an Erection,'
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	If a Boy Has An Erection He Will Get Sick Unless He Discharges			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	13.8	73.8	12.4	100.0	(1581)
<u>Residence</u>					
Urban	12.7	76.6	10.7	100.0	(814)
Rural	14.9	71.2	13.9	100.0	(767)
<u>Marital Status</u>					
Married/In Union	15.6	73.2	11.2	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	12.5	81.1	6.4	100.0	(115)
Not in Union	11.8	73.0	15.1	100.0	(502)
<u>Educational Level</u>					
None	26.2	51.2	22.5	100.0	(62)
Incomplete Primary	20.2	62.5	17.2	100.0	(347)
Complete Primary	14.1	70.8	15.1	100.0	(572)
Secondary	10.0	81.7	8.2	100.0	(424)
Post Secondary	4.7	95.3	0.0	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-33

**BELIZE: Opinion on Whether 'Boys Should go to Prostitute to become Men,'
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Boys Should go to Prostitutes to Become Men			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	5.0	85.6	9.4	100.0	(1581)
<u>Residence</u>					
Urban	3.1	91.5	5.4	100.0	(814)
Rural	6.9	79.9	13.2	100.0	(767)
<u>Marital Status</u>					
Married/In Union	5.3	85.5	9.2	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	2.4	93.2	4.4	100.0	(115)
Not in Union	5.2	84.1	10.7	100.0	(502)
<u>Educational Level</u>					
None	19.1	62.4	18.5	100.0	(62)
Incomplete Primary	9.8	76.2	14.0	100.0	(347)
Complete Primary	3.9	84.8	11.2	100.0	(572)
Secondary	2.8	91.6	5.6	100.0	(424)
Post Secondary	0.0	100.0	0.0	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-34

**BELIZE: Opinion on Whether 'It Is Important for a Woman to be a Virgin When She Marries,'
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	It is Important For A Woman to be A Virgin When She Marries			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	55.4	36.1	8.5	100.0	(1581)
<u>Residence</u>					
Urban	52.3	41.3	6.4	100.0	(814)
Rural	58.4	31.0	10.6	100.0	(767)
<u>Marital Status</u>					
Married/In Union	56.8	36.3	6.9	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	48.7	45.9	5.3	100.0	(115)
Not in Union	55.0	33.7	11.3	100.0	(502)
<u>Educational Level</u>					
None	64.5	16.1	19.4	100.0	(62)
Incomplete Primary	61.2	27.5	11.4	100.0	(347)
Complete Primary	54.2	36.1	9.8	100.0	(572)
Secondary	51.6	42.2	6.2	100.0	(424)
Post Secondary	54.3	44.8	0.8	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-35

**BELIZE: Opinion on Whether 'A Man Can Get Rid of STIs/HIV/AIDS
by Having Sex With a Virgin,' by Selected Characteristic
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	You Can Get Rid of STIs/HIV/AIDS by Having Sex With A Virgin			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	8.8	78.8	12.4	100.0	(1581)
<u>Residence</u>	5.8	85.1	9.2	100.0	(814)
Urban					
Rural	11.8	72.7	15.5	100.0	(767)
<u>Marital Status</u>					
Married/In Union	8.4	80.7	10.9	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	4.9	91.1	4.0	100.0	(115)
Not in Union	10.0	73.9	16.0	100.0	(502)
<u>Education Level</u>	15.0	52.5	32.6	100.0	(62)
None					
Incomplete Primary	11.2	69.9	18.9	100.0	(347)
Complete Primary	8.8	76.5	14.7	100.0	(572)
Secondary	6.5	87.5	6.1	100.0	(424)
Post Secondary	7.9	91.2	0.8	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-36

**BELIZE: Opinion on Whether 'A Girl Who Gets Pregnant Should be Allowed
to Return to School After She Has The Baby,' by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	A School Girl Who Gets Pregnant Should Be Allowed to Return to School After She Has Had The Baby			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	64.0	26.8	9.2	100.0	(1581)
<u>Residence</u>					
Urban	71.6	22.0	6.4	100.0	(814)
Rural	56.6	31.5	11.9	100.0	(767)
<u>Marital Status</u>					
Married/In Union	63.6	27.1	9.3	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	82.7	11.5	5.8	100.0	(115)
Not in Union	60.3	29.8	9.8	100.0	(502)
<u>Educational Level</u>					
None	33.2	40.1	26.7	100.0	(62)
Incomplete Primary	47.1	37.9	15.0	100.0	(347)
Complete Primary	63.4	28.0	8.6	100.0	(572)
Secondary	73.8	20.7	5.5	100.0	(424)
Post Secondary	87.0	10.2	2.8	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-37

**BELIZE: Opinion on Whether 'A School Boy Who Gets a Girl Pregnant
Should Be Expelled From School,' by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	A School Boy Who Gets A Girl Pregnant Should Be Expelled From School			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	26.4	64.8	8.8	100.0	(1581)
<u>Residence</u>					
Urban	16.2	76.6	7.1	100.0	(814)
Rural	36.2	53.4	10.4	100.0	(767)
<u>Marital Status</u>					
Married/In Union	26.6	65.1	8.4	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	15.8	78.5	5.8	100.0	(115)
Not in Union	28.5	61.5	9.9	100.0	(502)
<u>Education Level</u>					
None	40.5	33.8	25.7	100.0	(62)
Incomplete Primary	37.2	51.5	11.3	100.0	(347)
Complete Primary	28.3	61.4	10.3	100.0	(572)
Secondary	20.6	73.8	5.6	100.0	(424)
Post Secondary	6.6	91.7	1.7	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-38

**BELIZE: Opinion on Whether 'It Is Okay for Married Men
to Have Extramarital Affairs,' by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	It is Okay for Married Men to Have Extramarital Affairs			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	9.5	80.2	10.3	100.0	(1581)
<u>Residence</u>					
Urban	10.6	82.1	7.3	100.0	(814)
Rural	8.4	78.4	13.1	100.0	(767)
<u>Marital Status</u>					
Married/In Union	9.7	81.8	8.5	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	10.4	79.5	10.0	100.0	(115)
Not in Union	9.1	78.5	12.4	100.0	(502)
<u>Education Level</u>					
None	5.0	70.0	25.1	100.0	(62)
Incomplete Primary	9.6	78.6	11.8	100.0	(347)
Complete Primary	10.6	78.1	11.3	100.0	(572)
Secondary	9.7	82.7	7.6	100.0	(424)
Post Secondary	6.4	87.6	6.0	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-39

**BELIZE: Opinion on Whether 'Female Sterilization is less Complicated
Than Male Sterilization,' by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Female Sterilization is Less Complicated Than Male Sterilization			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	22.1	28.6	49.3	100.0	(1581)
<u>Residence</u>	20.5	29.2	50.2	100.0	(814)
Urban					
Rural	23.7	27.9	48.4	100.0	(767)
<u>Marital Status</u>	24.9	29.6	45.4	100.0	(962)
Married/In Union					
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	30.2	24.6	45.3	100.0	(115)
Not in Union	17.0	27.9	55.0	100.0	(502)
<u>Education Level</u>					
None	15.8	13.8	70.4	100.0	(62)
Incomplete Primary	22.4	26.7	51.0	100.0	(347)
Complete Primary	21.1	27.9	51.0	100.0	(572)
Secondary	23.5	27.5	49.0	100.0	(424)
Post Secondary	23.3	42.4	34.3	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-40

**BELIZE: Opinion on Whether 'Men Who Have Vasectomy Do Not Perform Well Sexually,'
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Men Who Have Had a Vasectomy Do Not Perform Well Sexually			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	10.1	29.3	60.6	100.0	(1581)
<u>Residence</u>					
Urban	11.0	28.9	60.1	100.0	(814)
Rural	9.3	29.6	61.1	100.0	(767)
<u>Marital Status</u>					
Married/In Union	12.2	29.0	58.8	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	7.0	33.5	59.5	100.0	(115)
Not in Union	8.2	28.6	63.2	100.0	(502)
<u>Education Level</u>					
None	11.7	14.3	74.1	100.0	(62)
Incomplete Primary	13.0	24.5	62.5	100.0	(347)
Complete Primary	11.0	27.5	61.5	100.0	(572)
Secondary	8.7	30.6	60.7	100.0	(424)
Post Secondary	4.0	47.2	48.8	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-41

**BELIZE: Opinion on Whether' Family Violence is a Significant Issue
In Our Society,' by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Family Violence is A Significant Issue In Our Society			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	76.9	12.9	10.2	100.0	(1581)
<u>Residence</u>					
Urban	80.8	12.1	7.0	100.0	(814)
Rural	73.1	13.7	13.2	100.0	(767)
<u>Marital Status</u>					
Married/In Union	77.4	14.2	8.4	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	89.6	6.7	3.7	100.0	(115)
Not in Union	73.6	12.8	13.7	100.0	(502)
<u>Educational Level</u>					
None	60.7	18.4	20.9	100.0	(62)
Incomplete Primary	66.1	17.8	16.1	100.0	(347)
Complete Primary	77.1	12.8	10.1	100.0	(572)
Secondary	82.9	9.7	7.4	100.0	(424)
Post Secondary	89.1	9.6	1.4	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 5-42

**BELIZE: Opinion on Whether 'Sexual Harassment of Women
Is a Significant Issue in Our Society,' by Selected
Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Sexual Harassment of Women is A Significant Issue in Our Society			Total	No. of Cases* (Unweighted)
	Yes	No	Unknown		
Total	76.5	11.7	11.8	100.0	(1581)
<u>Residence</u>					
Urban	78.9	11.9	9.2	100.0	(814)
Rural	74.3	11.5	14.2	100.0	(767)
<u>Marital Status</u>					
Married/In Union	77.7	12.7	9.6	100.0	(962)
Sep./Div./Widowed	**	**	**	100.0	(2)
Visiting Partner	90.9	6.9	2.2	100.0	(115)
Not in Union	72.0	11.6	16.4	100.0	(502)
<u>Education Level</u>					
None	44.7	25.4	29.8	100.0	(62)
Incomplete Primary	66.2	14.1	19.7	100.0	(347)
Complete Primary	77.7	12.3	10.0	100.0	(572)
Secondary	81.8	9.9	8.3	100.0	(424)
Post Secondary	91.2	4.9	3.9	100.0	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

CHAPTER 6

KNOWLEDGE, USE AND SOURCE OF CONTRACEPTION

6.1 Introduction

This chapter examines knowledge, use and source of contraception among males. It explores reasons for use and non-use at present, as well as a desire to use in the future. The chapter includes topics concerning contraceptive methods, knowledge of the fertile period, current contraceptive use, and source of contraceptives.

6.2 Knowledge of Contraceptive Methods

Table 6.1 shows that knowledge of all the major contraceptive methods increases with the number of years of education of the men. Knowledge of all contraceptive methods, including Condoms, is less for men than for women¹. For the men in the survey, the most known method is Oral contraceptives (86%) followed by Condoms (74%), and female sterilization (65%). Only 38% report that they know about the Rhythm method and 8% about the Billings method.

For those with no education, the most known method of contraception (59%) is Oral contraceptives followed by female sterilization. In view of the fact that the proper use of Orals necessitates a high level of education, the former result is surprising. However, 'common sense' more so that formal education may in fact be the major requirement here.

According to Table 6.2, the most known contraceptive, Orals, is known most by the Garifuna men followed by Creole men. The Maya/Ketchi ethnic group report the least knowledge of Orals. The Rhythm and the Billings methods are known the most by Garifuna men and the least by Maya/Ketchi and Creole men respectively. Female Sterilization, the second most known method, is known most again by the Garifuna ethnic group and least by the Maya/Ketchi ethnic group.

Table 6.3 indicates that knowledge of contraceptive methods is generally higher among English-speaking and Bilingual men than among Spanish-speaking men. (e.g. Orals: 90%, English-speaking; Bilingual, 89%; and, Spanish-speaking, 82%). For Condoms, the

¹ See the Family Health Survey report (1999) on females.

pattern is quite similar: 81%, Bilingual, 80%, English-speaking; and, 70%, Spanish-speaking. The pattern is again repeated for the method of female sterilization as follows: 73%, English-speaking; 70%, Bilingual; and, 54%, Spanish-speaking. For Billings, the least known method, knowledge is as follows: 8%, English-speaking; 11%, Bilingual; and 6%, Spanish-speaking.

6.3 Knowledge of the Fertile Period

Men need to know their partners' fertile period whenever they make use of any of these methods (Rhythm, Billings, or Withdrawal). They also need to know specifically when, during the woman's menstrual cycle, she is most likely to conceive. Table 6.4 shows that knowledge of the fertile period is higher among men aged 55-59 than among all the survey respondents put together (i.e. 27% vs. 20% respectively). The rate is 20% among all urban respondents compared to 35% among urban ever users. For rural survey respondents, the rate 19% among all rural respondents compared with 33% of rural ever users. The table further shows that teenage men and those aged 20-24 years are the least likely to correctly know when during the menstrual cycle a woman is most likely to get pregnant.

Among all ever married respondents, the rate of knowledge is 22%, compared to 34% of ever married men who have ever used the methods. Knowledge of these methods increases with education from 14% for all respondents with 0-7 years of education to 29% for all respondents with 9 or more years of education. As one would expect, the rates are higher for ever users, rising from 19% for those with 0-7 years of education to 45% for those with over 9 years of education.

Among Belize's various ethnic groups, knowledge of these methods is highest among Garifuna men (28%), and lowest for Maya/Kekchi men (9%). Higher rates are recorded for ever users, following the same pattern: 52% for Creole men; 28% for Mestizos. There are fewer than 25 cases recorded on this table for other ethnic groups. Among those not currently using a method, knowledge is 16%, but is 30% among those who have ever used a method.

6.4 Current Contraceptive Use

Tables 6.5 and 6.6 show that 39% of all men, and 49% of all married men, are using a contraceptive method. Female sterilization is the method preferred by married men (14%),

followed by Orals (13%), and Condoms (10%). Seventy-six percent of visiting partners among all men, are currently using contraceptives, and 58% are using Condoms. Twenty-four percent of visiting partners are not currently using contraceptives. Seventeen percent of men not in union use a method: 16% are using Condoms. Eighty-three percent of men not in a union are not using a method.

The highest percent of married male contraceptive users (59%) fall in the 25-29 age group (Table 6.6), followed by 57% in the 30-34 age group, and 56% in the 40-44 age group. Married males above 40-49 tend to prefer female sterilization, whereas those 20-29 prefer Orals. Condom use is highest among the 20-24 year olds (22%). For the 25-29 age group, Condom use is at 14%, and 11% for the 30-34 year age group.

Contraceptive use as, indicated in Table 6.7, increases after one child, and is greatest after two children. After three children, female sterilization increases to 18%, and to 28% with four children. Thereafter it falls back to 19% with five children.

Table 6.8 shows that contraceptive use increases with years of education. With 1-7 years of education, it is at 43%; 48% with 8 years, 54% with 9-12 years, and 65% with 13 or more years of education. Female sterilization and Orals are the most used methods (14% and 13%, respectively)

Condom use is greatest among married men with more years of education from 2% with no education, to 14% with more than 13 years of education.

Table 6.9 indicates that contraceptive use among married men increases with more amenities. Contraceptive use increases from 24% with 0-2 amenities to 49% with 0-7 and to 58% with 8-10 amenities.

Female sterilization and use of Orals occur among partners of married men with more amenities. Female sterilization is at 20%, and Orals, at 14% among partners of men with 8-10 amenities; Condoms are at 12% usage among men with 8-10 amenities. Contraceptive use does not appear to be affected by the working status of married men. As is shown in Table 6.10, 49% of working men, and the same percentage of non-working men, use contraceptives. In contrast, as the female family health survey for 1999 shows, 61% of married women currently using contraceptives are employed while 54% are not working.

Table 6.11 indicates that contraceptive use is greatest among married Creole men (54%), followed by Mestizo and Garifuna (49% each). Married Creole men prefer Orals (18%) followed by Condoms (17%), and female sterilization (12%). Mestizo men prefer Female Sterilization (17%) followed by Orals (13%), and Condom (8%). Garifuna men prefer Condoms (18%), injection (9%) and Orals (8%).

Of those currently married men who are currently using contraceptives, table 6.12 shows that the highest percentage of users are of no professed religion (54%) followed by Protestants (51%) and Catholic (48%). Female sterilization is highest among partners of currently married Protestant men (15.4%), closely followed by Catholic men (15.0%). Among men and their partners professing no religion, Female Sterilization is 8%. Condom use is highest among currently married men with no religion (18%), followed by Catholic men at 10%. It is 7% for Protestant men. Fifty one percent of currently married men are currently not using contraceptive methods. Among the married men, currently married Catholic men are the least likely (51%) to be using a contraceptive method.

Table 6.13 indicates that use of contraceptives is higher in urban (55%) than in rural (45%) areas, for all ages. The table also shows that use is generally higher for men at all education levels in urban areas. Further, use of contraceptives is positively associated with the possession of household amenities. The data here also show that use is more likely as the number of living children increases up to 2 living children. Thereafter, use of contraceptives decreases with the number of children alive. In general, this pattern for all the various characteristics is replicated in both the urban and rural areas. Finally, at the national level, there is no significant difference in use of contraceptives depending on the man's working status. However, the table shows clearly that for the urban men, use is more likely when they are working. Surprisingly, the opposite is true for the men residing in rural areas.

6.5 Reasons for Currently Using Contraceptives

Of currently married men whose partner had a pregnancy in the last 5 years, 51% are using a contraceptive (Table 6.15). Overall, the most frequently used method is Female Sterilization (15%).

Of the men in the survey, 38% use contraceptives in order to limit pregnancies and 49% want to space pregnancies (Table 6.16). An equal proportion (49%) of urban and rural men use contraceptives to space pregnancies. In terms of limiting pregnancies however, this

pattern is not the same, since more urban (40%) than rural (36%) men use contraceptives to limit pregnancies. The data in this table also show that spacing is more important than limiting pregnancies for younger age groups. Limiting pregnancies becomes more important as men age. For example, for the age group 25-29, 67% want to space their births, whereas 25% want to limit them. However, in the age group (40-44), the parallel percentages are 33% and 43%, respectively.

For currently married men with 0 or 1 living child, spacing is obviously more important than limiting pregnancies. As the number of living children increases however, limiting pregnancies become much more important than spacing. In general also, the use of contraceptives for the spacing of pregnancies increases with the number of years of education of the man. However, use of contraceptives for the purpose of limiting pregnancies decreases as the number of years of education increases.

Table 6.16 also shows that the most frequently used method of contraception among currently married men who are spacing pregnancies is injection (81%), and the least used method is Female Sterilization (7%). For those men who wish to limit pregnancies, the most frequently used method of contraception is Female Sterilization (74%) and the least popular method is the use of Injectables. Among the various ethnic groups of Belize, the data show that currently married Maya/Kekchi and Mestizo men are the most likely to use contraceptives to space pregnancies (50%). The Maya/Ketchi men are the least likely (27%) to use contraceptives for limiting pregnancies.

6.6 Characteristics at First Contraceptive Use

Mean number of children for urban men at the time of first use of contraception is 0.6, whereas their mean age at this time is 19.0 years (Table 6.17). The corresponding figures for the rural men are 0.9 and 20.4 years. Men with more education tend to have fewer children at the time of first use of contraceptives. The data also show that the less education a man has, the later, the first use of contraceptives. For example, men with no education, tend to start using contraceptives at 25.9 years of age, whereas those with 13 or more years of education start at 18.1. The implication here is that early fathering of children will be higher among males with less education. Intensified Sexual and Reproductive Health education targeted at men with lower levels of education should reduce unplanned pregnancies.

Table 6.17 also shows that men with 0-2 amenities begin using contraception after fathering 1.9 children on average, while those with 8-10 amenities begin using contraception after fathering 0.4 children. Also, men with 0-2 amenities will begin using contraception at age 22, whereas men with 8-10 amenities will begin using contraception at age 19. In terms of ethnicity, the ethnic group (Creole) with the lowest mean number of children (0.4) will begin using contraception at the earliest age (18.6) compared with the other ethnic groups. The Maya/Kekchi have the most children (2.5) and are the oldest (24.7) at first use.

For younger men (15-29), first use of contraception is greatest with no children, and generally decreases with more children (Table 6.21). For older men (30-44), first use of contraceptives tends to be less frequent with no children, and increases with more children. The pattern is less clear among older men.

As indicated in Table 6.19, the most frequent source of contraception for currently married men who are currently using contraceptives is the pharmacy (53%), and the least frequent source is 'Outside of Belize' (3%). Approximately 15% of men obtain their contraceptive products from the BFLA, the second most popular source. This pattern is repeated in the urban and rural areas.

Level of education is an important factor in the choice of source of contraception (Table 6.20). The pharmacy is used most by those with nine or more years of education (55%), decreasing to 53% for men with 0-7 years of education. BFLA is used most by the group with 8 years of education (16%), falling to 11% for men with nine or more years of education.

Table 6.21 presents data on the source of contraception by ethnic group. It is clear from the table that with respect to the most popular source which is the pharmacy, Creoles (65%) tend to use this source more so than other ethnic groups. The Maya/Ketchi group uses the BFLA (36%) and the Government Facility (15%) for their contraceptives supplies more so than any other ethnic group.

6.7 Reasons for Non-Use of Contraceptives

Of currently married men 15-64 years, 32% reported reasons for non-use related to pregnancy, fecundity, and sexual activity (Table 6.22). Of those in this group, 11% had partners who are 'Currently Pregnant', 7% were 'Not Sexually Active', and 11% desired

their partner to become pregnant. Almost 3% reported that they were infertile. The other 68% offer 'Other Reasons' for non-use of contraceptives ranging from 'Does Not Want' (23%), 'Advanced Age' (12%) and 'Fear of Side Effects' (7%). In this group also, 5% do not use contraceptives because of 'Health Reasons'.

In general, this national pattern of non-use is repeated among the urban men. Among the rural men however, although the major proportions are similar, there are significant deviations from the national pattern in terms of the detailed reasons for non-use of contraceptives.

Table 6.23 presents the percent distribution of reasons for not currently using contraceptives by the years of education of the currently married men aged 15-64. The data show that among the 32% who stated reasons for non-use related to pregnancy, fecundity and sexual activity, the higher the number of years of education of the man, the more likely that he would state a reason related to this category. For the other 68% who gave 'Other Reasons' however, the more educated men were less likely to state these reasons.

6.8 Reasons for Discontinued Use of Contraceptives

Table 6.24 shows that the highest percentage (30%) of married men 15-64 years stopped using contraceptives because they desire pregnancy. Most of these (31%) had been using Condoms. Another 11% stopped using for health or medical reasons, and a further 11% stopped because they did not like or want to use contraceptives. Eight percent stopped because of fears of side effects, and among these, 14% had been using Orals. Of those discontinuing for health or medical reasons, 23% last used Orals. Less than 1% cited a lack of money as the reason for discontinuing the use of contraceptives.

6.9 Desire to Use Contraceptives in the Future

A desire to use contraceptives in the future is stated by 21% of currently married men 15-64 years who are not currently using contraceptives (Table 6.25). Seventy six percent of these know where to obtain their preferred method. Twenty one percent of the urban men and an equal proportion of those in the rural areas desire to use contraceptives in the future. Of these, 90% of the urban dwellers as against 65% of those in the rural areas know where to obtain the method. The desire to use contraceptives in the future is greatest among those 25-29 years (40%). The 30-34 age group are the second most interested (38%) in future use. The table also shows that the desire to use contraceptives in the future is highest among men

with 4 living children (31%). The desire generally declines for men with 6 or more living children (17%).

The desire to use contraceptives in the future among men with 0-7 years of education is 20%, and is 26% among men with nine or more years of education. This desire is highest among Garifuna men (30%») but lowest among the Mestizo men.

According to Table 6.26, the most frequent method identified by non-users who desire to use a method in the future is the Condoms (25%), followed by Orals (21%). Female Sterilization (16%) and the Injection (16%) are also popular methods for future use among non-users. Among urban male non-users, Orals (29%) followed by Condoms (25%) are the preferred methods for future use. The data show that for the rural men however, the preferred methods are Condoms (24%) followed by the Injection (21%).

Among all men in the survey, the Pharmacy is cited as the preferred source for future access to contraceptives (37%). The Pharmacy is also the preferred future source among either urban (47%) or rural (27%) men. As the preferred source of contraceptives in the future, the BFLA is three times as popular among rural men than among their urban counterparts.

6.10 Summary

Knowledge of all contraceptives generally increases with years of education. Orals are the most known method among men. Knowledge is also higher among English-speaking and bilingual men, than among Spanish-speaking men. Knowledge is also higher among urban than among rural males. Knowledge of the fertile period is highest among the 50-59 year age group for all respondents. Thirty-nine percent (39%) of all men, and 49% of all married men are using a contraceptive.

Spacing pregnancies is more important for younger age than limiting. Limiting pregnancies becomes more important among men as they age. The pharmacy is the most frequent source of contraception. The highest percent of married men stop using contraceptives because they desire a pregnancy" (30%). The desire to use contraception increases with years of education and varies among ethnic groups.

TABLE 6-1

**BELIZE: Knowledge of Contraceptive Methods, by Method and Years of Education:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Contraceptive Method	Total	Years of Education				
		None	1-7	8	9-12	13+
Orals	86.4	58.9	81.9	82.8	94.0	96.8
Female Sterilization	64.9	44.7	52.2	61.4	74.6	85.4
Injection	61.8	26.5	59.5	58.7	70.0	67.2
Condoms	73.8	30.4	71.5	75.5	86.0	85.3
IUD	38.7	24.3	24.7	33.5	46.2	73.0
Rhythm	37.6	22.8	24.2	29.6	47.4	73.6
Male Sterilization	45.4	19.4	31.3	38.4	57.8	75.7
Vaginal Tablets	20.6	9.4	10.7	14.0	25.0	58.2
Other Vaginal Methods**	20.1	8.5	5.8	13.2	27.7	60.0
Diaphragm	26.6	5.7	6.9	15.7	42.4	72.8
Withdrawal	36.4	19.0	17.8	29.6	47.7	76.1
Billings	8.3	2.4	1.7	4.1	12.6	28.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1589)	(63)	(348)	(572)	(429)	(177)

* Excludes 5 cases for whom education level is unknown.

** Includes creams, jellies, and foam.

TABLE 6-2

**BELIZE: Knowledge of Contraceptive Methods, by Method and Ethnic Group:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Contraceptive Method	Total	Ethnic Group				
		Creole	Mestizo	Garifuna	Maya/Ketc	Other
Orals	86.2	91.6	84.5	95.7	72.6	89.5
Female Sterilization	64.6	73.1	60.2	76.7	53.3	73.4
Injection	61.6	62.8	61.0	80.6	57.8	54.8
Condoms	73.7	83.7	73.8	87.1	59.5	80.1
IUD	38.3	41.8	36.1	41.6	29.6	52.9
Rhythm	37.1	38.3	37.4	39.8	29.1	38.2
Male Sterilization	45.0	50.6	40.8	49.1	44.2	56.5
Vaginal Tablets	20.5	20.7	19.4	26.5	14.0	35.3
Other Vaginal Methods**	20.2	25.9	17.0	23.9	14.1	28.8
Diaphragm	26.4	31.9	22.9	31.6	18.2	41.3
Withdrawal	36.2	46.6	34.2	38.9	15.3	35.4
Billings	8.3	5.7	9.5	9.7	6.2	10.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1576)	(429)	(813)	(83)	(156)	(95)

* Excludes 18 cases for whom ethnic group is unknown.

** Includes creams, jellies, and foam.

TABLE 6-3

**BELIZE: Knowledge of Contraceptive Methods, by Method and Language Spoken:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Contraceptive Method	Total	Language Spoken			
		English	Spanish	English/ Spanish	Other
Orals	86.4	90.3	82.2	89.4	72.4
Female Sterilization	64.9	73.3	54.2	70.4	43.5
Injection	61.7	61.5	58.1	67.1	57.0
Condoms	73.8	79.5	69.7	81.3	60.5
IUD	38.7	44.0	24.7	48.5	24.0
Rhythm	37.5	37.5	31.0	47.4	21.8
Male Sterilization	45.3	50.9	35.4	51.2	31.9
Vaginal Tablets	20.6	22.2	13.8	26.7	12.6
Other Vaginal Methods**	20.1	24.9	9.6	24.9	15.4
Diaphragm	26.6	33.8	11.0	34.2	17.3
Withdrawal	36.3	44.4	22.9	43.6	17.7
Billings	8.3	8.0	6.0	11.2	5.8
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases (Unweighted)	(1594)	(563)	(390)	(493)	(148)

** Includes creams, jellies, and foam.

TABLE 6-4

**BELIZE: Ever Used Rhythm, Billing, or Withdrawal With Correct Knowledge of
When During the Menstrual Cycle a Woman is Most Likely to Get Pregnant,
by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(percent Distribution)**

Selected Characteristics	All Respondents*		Ever Users of Rhythm, Billings or Withdrawal	
	Percent	Number	Percent	Number
Total	19.6	(1563)	34.4	(123)
<u>Residence</u>				
Urban	20.0	(806)	35.3	(73)
Rural	19.2	(757)	32.7	(50)
<u>Age</u>				
15-19	16.8	(279)	**	(3)
20-24	19.0	(200)	**	(14)
25-29	25.1	(227)	**	(17)
30-34	19.2	(203)	**	(19)
35-39	19.2	(200)	**	(23)
40-44	23.9	(150)	**	(22)
45-49	12.8	(99)	**	(7)
50-54	23.5	(85)	**	(9)
55-59	27.1	(59)	**	(8)
60-64	12.2	(61)	**	(1)
<u>Marital Status</u>				
Ever Married	22.4	(1148)	34.4	(116)
Never Married	14.6	(415)	**	(7)
<u>Education Level</u>				
0-7	13.6	(406)	19.1	(27)
8	14.3	(562)	27.1	(32)
9+	28.7	(595)	44.6	(64)
<u>Ethnic Group</u>				
Creole	16.8	(423)	51.7	(29)
Mestizo	21.4	(807)	27.5	(64)
Garifuna	27.7	(83)	**	(7)
Maya/Ketchi	9.4	(156)	**	(17)
Other	23.9	(94)	**	(6)
<u>Contraceptive Use</u>				
Currently Using	24.7	(643)	36.0	(89)
Not Using	16.4	(920)	30.3	(34)

- * Excludes 6 cases for whom marital status is unknown.
- * Excludes 5 cases for whom education level is unknown.
- * Excludes 18 cases for whom ethnic group is unknown.
- * Excludes 2 cases for whom contraceptive use is unknown
- ** Less than 25 cases.

TABLE 6-5

**BELIZE: Current Contraceptives Use, by Method and Marital Status:
Men Aged 15-64 1999
Family Health Survey
(Percent Distribution)**

Current Use and Method	Total	Marit		Status	
		Married/In Union	Sep./ Div./ Widowed	Visiting Partner	Not in Union
<u>Currently Using</u>	<u>38.6</u>	<u>49.3</u>	<u>0.0</u>	<u>75.9</u>	<u>17.2</u>
Female Sterilization	7.3	14.1	**	1.2	0.1
Orals	7.6	13.1	**	7.5	0.8
injection	2.9	4.9	**	3.7	0.1
Rythym/ Billings	2.2	3.5	**	2.4	0.5
Condoms	16.6	10.1	**	58.2	15.7
IUD	0.6	1.1	**	0.0	0.0
Other	1.5	2.5	**	2.9	0.0
<u>Not Currently Using</u>	<u>61.4</u>	<u>50.7</u>	<u>**</u>	<u>24.1</u>	<u>82.8</u>
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(1582)	(965)	(2)	(115)	(500)

* Excludes 5 cases for whom marital status is unknown.

* Excludes 7 cases for whom current primary contraceptive method is unknown.

** Less than 25 cases

TABLE 6-6

**BELIZE: Current Contraceptive Use, by Method and Age Group:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Current Use and Method	Total	Age									
		15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
<u>Currently Using</u>	<u>49.3</u>	**	<u>49.7</u>	<u>51.1</u>	<u>56.5</u>	<u>51.2</u>	<u>55.8</u>	<u>50.4</u>	<u>35.2</u>	<u>31.9</u>	<u>12.6</u>
Female Sterilization	14.1	**	0.0	3.9	12.1	13.4	25.8	22.4	20.2	20.2	9.2
Orals	13.1	**	17.5	27.6	15.2	16.6	12.7	3.7	1.0	6.7	0.0
injection	4.9	**	7.0	8.5	8.8	2.7	3.5	7.1	1.9	0.0	0.0
Rythym/ Billings	3.5	**	2.1	0.8	5.5	6.8	4.1	4.7	1.9	0.0	0.0
Condoms	10.1	**	22.1	13.5	10.5	9.2	8.5	10.7'	4.3	2.5	1.4
IUD	1.1	**	1.0	1.5	2.2	1.1	0.6	0.7	0.0	2.5	0.0
Other	2.5	**	0.0	3.3	2.1	5.4	0.6	1.1	5.9	0.0	2.1
<u>Not Currently Using</u>	<u>50.7</u>	**	<u>50.3</u>	<u>40.9</u>	<u>43.5</u>	<u>44.8</u>	<u>44.2</u>	<u>49.8</u>	<u>64.8</u>	<u>68.1</u>	<u>87.4</u>
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(965)	(13)	(75)	(155)	(170)	(175)	(125)	(85)	(70)	(50)	(47)

* Excludes 5 cases for whom contraceptive use is unknown.

** Less than 25 cases.

TABLE 6-7

**BELIZE: Current Contraceptive Use, by Method and Number of Living Children:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Current Use and Method	Total	No. of Living Children						
		0	1	2	3	4	5	6+
<u>Currently Using</u>	<u>49.3</u>	<u>35.5</u>	<u>52.1</u>	<u>57.0</u>	<u>56.2</u>	<u>56.4</u>	<u>55.2</u>	<u>34.7</u>
Female Sterilization	14.1	1.9	1.6	12.9	18.1	27.9	18.9	15.1
Orals	13.1	10.3	25.8	16.1	12.1	7.4	14.4	6.9
injection	4.9	2.0	3.4	9.3	6.6	4.0	3.2	3.6
Rythym/ Billings	3.5	2.9	2.1	2.4	4.0	6.5	6.6	1.9
Condoms	10.1	18.3	16.9	13.2	9.3	5.5	4.5	5.3
IUD	1.1	0.0	1.1	2.5	1.5	1.1	1.5	0.0
Other	2.5	0.0	1.1	0.8	4.6	3.9	6.0	1.9
<u>Not Using</u>	<u>50.7</u>	<u>64.5</u>	<u>47.9</u>	<u>43.0</u>	<u>43.8</u>	<u>43.6</u>	<u>44.8</u>	<u>65.3</u>
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(965)	(85)	(144)	(192)	(163)	(129)	(78)	(174)

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

TABLE 6-8

**BELIZE: Current Contraceptive Use, by Method and Years of Education:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Current Use and Method	Total	Years of Education				
		None	1-7	8	9-12	13+
<u>Currently Using</u>	<u>49.3</u>	<u>30.3</u>	<u>43.4</u>	<u>48.2</u>	<u>54.3</u>	<u>65.1</u>
Female Sterilization	14.1	14.2	12.2	15.6	13.9	14.0
Orals	13.1	9.0	9.9	13.7	17.0	13.5
injection	4.9	1.7	5.5	4.3	5.9	5.5
Rythym/ Billings	3.5	1.9	5.3	1.3	1.6	10.5
Condoms	10.1	1.7	7.0	10.5	12.6	13.8
IUD	1.1	0.0	0.6	0.4	1.8	4.0
Other	2.5	1.9	2.8	2.4	1.6	3.8
<u>Not Using</u>	<u>50.7</u>	<u>69.7</u>	<u>56.6</u>	<u>51.8</u>	<u>45.7</u>	<u>34.9</u>
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(962)	(49)	(244)	(350)	(205)	(114)

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

* Excludes 5 cases for whom contraceptive use is unknown.

TABLE 6-9

**BELIZE: Current Contraceptive Use, by Method and Household Amenities:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Current Use and Method	Total	Household Amenities		
		0-2	3-7	8-10
<u>Currently Using</u>	<u>49.3</u>	<u>23.7</u>	<u>49.4</u>	<u>58.0</u>
Female Sterilization	14.1	6.3	11.9	20.0
Orals	13.1	2.6	15.3	13.5
injection	4.9	4.5	6.0	3.5
Rythym/ Billings	3.5	3.6	2.0	5.6
Condoms	10.1	1.7	10.9	11.8
IUD	1.1	0.0	0.7	2.1
Other	2.5	4.9	2.6	1.5
<u>Not Using</u>	<u>50.7</u>	<u>76.3</u>	<u>50.6</u>	<u>42.0</u>
Total	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(965)	(133)	(504)	(328)

* Excludes 5 cases for whom contraceptive use is unknown

TABLE 6-10

**BELIZE: Current Contraceptive Use, by Method and Work Status:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Currently Use and Method	Total	Work Status	
		Not Working	Working
<u>Currently Using</u>	<u>49.3</u>	<u>48.6</u>	<u>49.3</u>
Female Sterilization	14.1	13.2	14.3
Orals	13.1	11.2	13.3
injection	4.9	6.5	4.7
Rythym/ Billings	3.5	1.9	3.7
Condoms	10.1	12.7	9.7
IUD	1.1	1.2	1.1
Other	2.5	2.0	2.5
<u>Not Using</u>	<u>50.7</u>	<u>51.4</u>	<u>50.7</u>
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(964)	(119)	(845)

* Excludes 5 cases for whom contraceptive use is unknown.

* Excludes 1 case for whom working status is unknown.

TABLE 6-11

**BELIZE: Current Contraceptive Use, by Method and Ethnic Group:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Current Use and Method	Total	Ethnic Group				
		Creole	Mestizo	Garifuna	Maya/Ketchi	Other
<u>Current Using</u>	<u>49.3</u>	<u>53.5</u>	<u>48.9</u>	<u>48.9</u>	<u>29.6</u>	<u>61.9</u>
Female Sterilization	14.1	11.5	16.5	7.0	5.7	11.3
Orals	13.1	18.0	12.5	8.2	3.8	19.7
injection	4.9	2.5	5.5	8.6	4.7	7.6
Rythym/ Billings	3.5	1.5	3.4	5.7	5.1	3.1
Condoms	10.1	16.5	8.1	18.2	2.7	13.9
IUD	1.1	1.1	1.2	1.3	0.0	2.2
Other	2.5	2.4	1.7	0.0	7.6	4.2
<u>Not using</u>	<u>50.7</u>	<u>46.5</u>	<u>51.1</u>	<u>51.1</u>	<u>70.4</u>	<u>38.1</u>
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(953)	(214)	(527)	(44)	(111)	(57)

* Excludes 5 cases for whom contraceptive use is unknown.

* Excludes 12 cases for whom ethnic group is unknown.

TABLE 6-12

**BELIZE: Current Contraceptive Use, by Method and Religion:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Current Use and Method	Total	Religion			
		Protestant	Catholic	None	Other
<u>Currently Using</u>	<u>49.3</u>	<u>51.4</u>	<u>47.9</u>	<u>54.2</u>	<u>37.5</u>
Female Sterilization	14.1	15.4	15.0	8.0	11.8
Orals	13.1	16.6	10.8	16.8	13.1
injection	4.9	3.6	5.7	4.8	2.4
Rythym/ Billings	3.5	3.5	3.5	3.5	2.9
Condoms	10.1	6.6	10.2	18.0	4.4
IUD	1.1	1.3	1.2	0.8	0.0
Other	2.5	4.4	1.5	2.3	2.9
<u>Not Using</u>	<u>50.7</u>	<u>48.6</u>	<u>52.1</u>	<u>45.8</u>	<u>62.5</u>
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(962)	(286)	(529)	(93)	(54)

* Excludes 5 cases for whom contraceptive use is unknown.

* Excludes 3 cases for whom religion is unknown.

TABLE 6-13

**BELIZE: Current Contraceptive Use, by Method and Residence:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Characteristics	Total		Residence			
			Urbana		Rural	
Total	50.1	(966)	55.3	(483)	44.9	(483)
<u>Age</u>						
15-19	**	(13)	**	(6)	**	(7)
20-24	52.0	(75)	55.6	(36)	48.7	(39)
25-29	56.1	(155)	61.4	(83)	50.0	(72)
30-34	57.3	(171)	67.1	(79)	48.9	(92)
35-39	54.5	(176)	58.8	(97)	49.4	(79)
40-44	55.6	(126)	59.6	(57)	52.2	(69)
45-49	46.4	(84)	64.3	(42)	28.6	(42)
50-54	40.0	(70)	38.2	(34)	41.7	(36)
55-59	32.0	(50)	25.0	(28)	**	(22)
60-64	17.4	(46)	**	(21)	12.0	(25)
<u>Education Level</u>						
0-7	41.4	(292)	52.7	(91)	36.3	(201)
8	47.7	(354)	50.0	(168)	45.7	(186)
9+	60.6	(320)	60.3	(224)	61.5	(96)
<u>Household Amenities</u>						
0-2	24.1	(133)	**	(15)	22.0	(118)
3-7	50.8	(504)	53.4	(236)	48.5	(268)
8-10	59.6	(329)	58.2	(232)	62.9	(97)
<u>No. of Living Children</u>						
0	35.3	(85)	32.6	(46)	38.5	(39)
1	51.7	(145)	57.1	(77)	45.6	(68)
2	59.6	(193)	66.0	(94)	53.5	(99)
3	56.5	(161)	61.3	(93)	50.0	(68)
4	52.7	(129)	55.1	(69)	50.0	(60)
5	50.6	(79)	51.4	(35)	50.0	(44)
6+	37.4	(174)	47.8	(69)	30.5	(105)
<u>Working Status</u>						
Working	50.0	(846)	57.1	(420)	43.0	(426)
Not working	50.8	(120)	42.9	(63)	59.6	(57)

* Excludes 3 cases for whom education level is unknown.

* Excludes 1 case for whom working status is unknown.

** Less than 25 cases.

TABLE 6-14

**BELIZE: Current Contraceptive Use, by Years of Education and Selected Characteristics:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Total		Years of Education					
			0-7		8		9+	
Total	50.1	(966)	41.4	(292)	47.7	(354)	60.6	(320)
<u>Age</u>								
15-19	**	(13)	**	(4)	**	(3)	**	(6)
20-24	52.0	(75)	**	(19)	57.7	(26)	50.0	(30)
25-29	56.1	(155)	57.5	(40)	44.8	(58)	66.7	(57)
30-34	57.3	(171)	40.4	(47)	56.9	(51)	68.5	(73)
35-39	54.5	(176)	40.8	(49)	51.6	(64)	68.3	(63)
40-44	55.6	(126)	53.5	(43)	53.8	(52)	61.3	(31)
45-49	46.4	(84)	**	(19)	45.0	(40)	56.0	(25)
50-54	40.0	(70)	35.5	(31)	36.0	(25)	**	(14)
55-59	32.0	(50)	**	(22)	**	(14)	**	(14)
60-64	17.4	(46)	**	(18)	**	(21)	**	(7)
<u>No. of Living Children</u>								
0	35.3	(85)	27.8	(18)	34.6	(26)	39.0	(41)
1	51.7	(145)	51.6	(31)	41.2	(51)	60.3	(63)
2	59.6	(193)	42.0	(50)	56.7	(60)	72.3	(83)
3	56.5	(161)	59.4	(32)	46.3	(67)	66.1	(62)
4	52.7	(129)	50.0	(50)	46.7	(45)	64.7	(34)
5	50.6	(79)	48.3	(29)	56.3	(32)	**	(18)
6+	37.4	(174)	25.6	(82)	47.9	(73)	**	(19)
<u>Household Amenities</u>								
0-2	24.1	(133)	28.2	(85)	12.8	(39)	**	(9)
3-7	50.8	(504)	43.2	(169)	50.5	(206)	61.2	(129)
8-10	59.6	(329)	63.2	(38)	55.0	(109)	61.5	(182)
<u>Working Status</u>								
Working	50.0	(846)	41.3	(259)	45.6	(305)	62.8	(282)
Not working	50.8	(120)	42.4	(33)	61.2	(49)	44.7	(38)

- * Excludes 3 cases for whom education level is unknown.
- * Excludes 1 case for whom working status is unknown.
- ** Less than 25 cases

TABLE 6-15

**BELIZE: Current Contraceptive Use, by Method
and Planning Status of Last Pregnancy:
Currently Married Men Aged 15-64 Whose Partner
Had a Pregnancy in the Last 5 Years
1999 Family Health Survey
(Percent Distribution)**

Current Use and Method	Total	Planning Status		
		Planned	Unplanned	Unwanted
<u>Currently Using</u>	<u>50.5</u>	<u>52.8</u>	<u>47.8</u>	<u>30.2</u>
Female Sterilization	15.4	17.8	9.5	5.0
Orals	13.3	13.1	15.0	10.4
injection	5.3	6.1	3.5	2.6
Rythym/ Billings	3.6	3.4	5.1	0.0
Condoms	9.4	9.2	12.1	3.0
IUD	1.2	1.3	1.3	0.0
Other	2.3	2.0	1.3	9.1
<u>Not Currently Using</u>	<u>49.5</u>	<u>47.2</u>	<u>52.2</u>	<u>69.8</u>
Total	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(864)	(637)	(172)	(55)

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

* Excludes 19 cases for whom planning status is unknown.

TABLE 6-16

**BELIZE: Reasons for Currently Using Contraception, by Current Method and Ethnic Group
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Space Pregnancies	Limit Pregnancies	Other	Total	No. of Cases* (Unweighted)
Total	48.8	38.2	13.0	100.0	(468)
<u>Residence</u>					
Urban	48.6	40.3	11.1	100.0	(259)
Rural	48.9	35.9	15.2	100.0	(209)
<u>Age</u>					
15-19	**	**	**	100.0	(3)
20-24	72.9	13.3	13.8	100.0	(39)
25-29	66.9	24.6	8.5	100.0	(85)
30 -34	63.7	25.6	10.7	100.0	(97)
35-39	52.2	37.2	10.6	100.0	(90)
40-44	33.2	42.5	24.3	100.0	(66)
45-49	29.9	60.0	10.1	100.0	(37)
50-54	17.0	80.1	2.9	100.0	(27)
55-59	**	**	**	100.0	(16)
60-64	**	**	**	100.0	(8)
<u>No. of Living Children</u>					
0	46.0	4.3	49.7	100.0	(30)
1	77.3	20.6	2.1	100.0	(74)
2	60.7	25.1	14.2	100.0	(111)
3	44.0	48.4	7.6	100.0	(87)
4	34.7	46.7	18.6	100.0	(66)
5	50.2	38.9	10.9	100.0	(37)
6+	21.6	69.7	8.7	100.0	(63)
<u>Years of Education</u>					
None	**	**	**	100.0	(12)
1-7	50.6	29.7	19.8	100.0	(107)
8.	43.6	46.9	9.5	100.0	(161)
9-12	51.7	37.0	11.2	100.0	(112)
13+	55.4	35.4	9.2	100.0	(76)

TABLE 6-16 continued

BELIZE: Reasons for Currently Using Contraception, by Current Method and Ethnic Group

**Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Space Pregnancies	Limit Pregnancies	Other	Total	No. of Cases* (Unweighted)
<u>Current Method</u>					
Female Sterilization	6.7	73.7	19.6	100.0	(120)
Orals	69.1	26.7	4.2	100.0	(136)
injection	81.0	15.9	3.2	100.0	(53)
Rythym/ Billings	71.2	28.8	0.0	100.0	(34)
Condoms	51.8	21.1	27.1	100.0	(93)
IUD	**	**	**	100.0	(13)
Other	**	**	**	100.0	(19)
<u>Ethnic Group</u>					
Creole	47.2	37.8	15.0	100.0	(111)
Mestizo	49.7	39.7	10.6	100.0	(269)
Garifuna	**	**	**	100.0	(22)
Maya/Ketchi	49.8	27.1	23.1	100.0	(32)
Other	47.5	43.1	9.4	100.0	(34)

* Excludes 2 cases for whom education level is unknown.

* Excludes 4 cases for whom current method is unknown.

* Excludes 8 cases for whom ethnic group is unknown.

* Excludes 8 cases for whom reason for currently using contraception is unknown.

** Less than 25 cases.

TABLE 6-17

**BELIZE: Mean Age and Mean Number of Children at Time of First
Contraceptive Use, by Selected Characteristics:
Men Aged 15-64 Who Ever Used Contraception
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Mean No. Children	Mean Age	No. of Cases* (Unweighted)
<u>Residence</u>			
Urban	0.6	19.0	(476)
Rural	0.9	20.4	(320)
<u>Years of Education</u>			
None	2.0	25.9	(12)
1-7	1.2	20.7	(148)
8	1.0	21.2	(268)
9-12	0.3	17.5	(242)
13+,	0.1	18.1	(126)
<u>Household Amenities</u>			
0-2	1.9	22.2	(65)
3-7	0.8	20.0	(399)
8-10	0.4	18.7	(332)
<u>Ethnic Group</u>			
Creole	0.4	18.6	(247)
Mestizo	0.8	20.0	(404)
Garifuna	0.6	18.9	(50)
Maya/Ketchi	2.5	24.7	(43)
Other	0.4	18.9	(52)
<u>Religion</u>			
Roman Catholic	0.7	19.5	(448)
Other	0.8	20.0	(270)
None	0.6	19.0	(78)
Total	0.7	19.6	(796)

* Excludes 2 cases for whom education level is unknown.

* Excludes 9 cases for whom ethnic group is unknown.

* Excludes 5 cases for whom religion is unknown.

TABLE 6-18

**BELIZE: Mean Age and Mean Number of Children at Time of First
Contraceptive Use:
Ever Married Men Aged 15-64 Who Ever Used Contraception
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+			
15-19	81.1	0.0	0.0	0.0	0.0	18.9	100.0	(40)
20-24	73.0	5.3	1.1	0.5	0.0	20.2	100.0	(122)
25-29	63.8	9.9	2.6	2.8	1.1	19.8	100.0	(182)
30-34	53.2	13.6	3.6	2.8	2.1	24.7	100.0	(183)
35-39	39.1	12.8	6.8	3.0	9.6	28.8	100.0	(185)
40-44	24.7	13.0	5.5	7.4	15.2	34.2	100.0	(134)
45-49	34.7	8.1	5.7	5.7	9.6	36.2	100.0	(91)
50-54	27.7	4.0	4.9	3.1	12.7	47.7	100.0	(75)
55-59	17.6	15.9	6.0	2.7	9.0	48.7	100.0	(55)
60-64	4.7	2.4	2.7	2.7	9.8	77.8	100.0	(56)
Total	45.2	9.5	4.0	3.2	6.5	31.6	100.0	(1123)

* Excludes 30 cases for whom number of children at first use is unknown.

TABLE 6-19

**BELIZE: Source of Contraception by Residence:
Currently Married Men Aged 15-64 Currently Using Contraception
1999 Family Health Survey
(Percent Distribution)**

Source of Contraception	Total	Residence	
		Urban	Rural
Government Facility	6.5	6.2	6.8
BFLA	12.5	13.1	12.0
Pharmacy Private Facility	53.4	52.7	54.1
Outside of Belize	6.7	6.7	6.7
Other/Unknown	2.5	2.5	2.4
	18.4	18.8	17.9
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(357)	(193)	(164)

TABLE 6-20

**BELIZE: Source of Contraception by Years of Education:
Currently Married Men Aged 15-64 Currently Using Contraception
1999 Family Health Survey
(Percent Distribution)**

Source of Contraception	Total	Years of Education		
		0-7	8	9+
Government Facility	6.5	8.4	9.1	2.9
BFLA	12.6	9.3	16.4	11.2
Pharmacy Private	53.6	53.2	52.2	55.2
Facility Outside of Belize	6.8	2.9	3.3	12.4
Other/Unknown	2.5	0.9	2.7	3.4
Total	18.0	25.3	16.4	14.9
Total	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(355)	(88)	(118)	(149)

* Excludes 2 cases for whom education level is unknown.

TABLE 6-21

**BELIZE: Source of Contraception by Ethnic Group:
Currently Married Men Aged 15-64 Currently Using Contraception
1999 Family Health Survey
(Percent Distribution)**

Source of Contraception	Total	Ethnic Group				
		Creole	Mestizo	Garifuna	Maya/Ketchi	Other
Government Facility	6.6	7.8	6.3	**	15.3	2.3
BFLA	12.0	5.8	9.9	**	35.9	12.3
Pharmacy Private	53.8	65.2	53.9	**	16.5	51.6
Facility Outside of Belize	6.3	3.5	8.8	**	0.0	3.0
Other/Unknown	2.5	2.5	1.7	**	3.4	9.8
	18.7	15.2	19.4	**	29.0	21.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(353)	(91)	(190)	(19)	(26)	(27)

* Excludes 4 cases for whom ethnic group is unknown.

** Less than 25 cases.

TABLE 6-22

**BELIZE: Reasons for Not Currently Using Contraception,
by Residence:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Reasons for Nonuse	Total	Residence	
		Urban	Rural
<u>Reasons Related to Pregnancy, Fecundity, and Sexual Activity</u>	<u>32.0</u>	<u>34.8</u>	<u>27.3</u>
Currently Pregnant	11.2	12.0	10.0
Desires Pregnancy	10.7	9.7	12.4
Not Sexually Active	7.2	10.1	2.5
Infertile	2.9	3.1	2.4
<u>Other Reasons</u>	<u>68.0</u>	<u>65.2</u>	<u>72.7</u>
Had or Fear Side Effects	7.4	6.4	9.1
Does Not Want	22.9	23.2	22.4
Health Reasons	5.0	5.1	4.8
Spouse Opposes	0.5	0.0	1.4
Embarrassed to Use	0.5	0.0	1.4
Religious Reasons	0.9	0.7	1.2
Advanced Age	12.2	14.0	9.2
Problems with Past Methods	0.9	0.0	2.5
Other	14.4	11.3	19.4
Unknown	3.3	4.6	1.2
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(154)	(96)	(58)

TABLE 6-23

**BELIZE: Reasons for Not Currently Using Contraception,
by Years of Education:
Currently Married Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Reasons For Nonuse	Total	Years of Education		
		0-7	8	9+
<u>Reasons, Related to Pregnancy Fecundity, and Sexual Activity</u>	<u>32.0</u>	<u>2.5</u>	<u>9.8</u>	<u>23.1</u>
Currently Pregnant	11.2	2.5	9.8	16.4
Desires Pregnancy	10.7	14.1	5.7	13.8
Not Sexually Active	7.2	7.8	7.9	6.2
Infertile	2.9	0.0	0.0	6.8
<u>Other Reasons</u>	<u>68.0</u>	<u>75.6</u>	<u>76.6</u>	<u>56.8</u>
Had or Fear Side Effects	7.4	3.7	8.0	8.5
Does Not Want	22.9	25.8	32.2	13.1
Health Reasons	5.0	1.9	10.6	1.3
Spouse Opposes	0.5	2.8	0.0	0.0
Embarrassed to Use	0.5	2.8	0.0	0.0
Religious Reasons	0.9	0.0	0.0	2.2
Advanced Age	12.2	18.5	11.7	9.8
Problems with Past Methods	0.9	2.5	1.2	0.0
Other	14.4	12.4	10.5	18.8
Unknown	3.3	5.3	2.4	3.3
Total	100.0	100.0	100.0	100.0
No. of Cases (Unweighted)	(154)	(32)	(58)	(64)

TABLE 6-24

**BELIZE: Reasons for Stopped Using Contraception, by Method Last Used:
Currently Married Men Aged 15-64 Who Had Used Contraception in the Past
But Are Not Currently Using
1999 Family Health Survey
(Percent Distribution)**

Reason Stopped Using Contraception	Total	Last Method Used			
		Orals	Injection	Condoms	Other
Desires Pregnancy	30.3	28.9	**	30.7	30.8
Had or Fears Side Effects	7.7	14.3	**	0.0	4.0
Does not Like or Want to Use	10.9	10.6	**	15.7	4.2
Method Not Effective	1.4	0.0	**	2.5	0.0
Health or Medical Reasons	11.2	23.4	**	3.8	11.1
Not Sexually Active	5.4	0.0	**	14.3	0.0
Lack of Money	0.4	0.0	**	0.0	0.0
Far Distance Source	0.4	1.3	**	0.0	0.0
Other	28.9	16.4	**	29.1	49.9
Unknown	3.5	5.0	**	4.0	0.0
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases* (Unweighted)	(150)	(46)	(18)	(53)	(33)

* Excludes 4 cases for whom method used when stopped using contraception is unknown.

** Less than 25 cases.

TABLE 6-25

**BELIZE: Desire to Use a Method in the Future and Have Knowledge of Availability,
by Selected Characteristics:
Currently Married Men Aged 15-64 Who Do Not Currently Use Contraception
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Desire*		Desire to Use Contraceptive and Knowledge of Availability	
	to Use Contraceptive			
Total	21.1	(472)	76.2	(110)
<u>Residence</u>				
Urban	21.3	(209)	90.2	(48)
Rural	20.9	(263)	65.4	(62)
<u>Age</u>				
15-19	**	(9)	**	(5)
20-24	21.3	(35)	**	(9)
25-29	40.1	(68)	81.8	(28)
30-34	37.5	(71)	60.1	(27)
35-39	26.7	(78)	**	(20)
40-44	12.4	(55)	**	(8)
45-49	9.9	(44)	**	(5)
50-54	15.2	(42)	**	(5)
55-59	1.9	(32)	**	(0)
60-64	7.9	(38)	**	(2)
<u>No. of Living Children</u>				
0	28.9	(54)	**	(15)
1	20.7	(70)	**	(16)
2	12.8	(77)	**	(11)
3	27.2	(69)	**	(20)
4	30.6	(58)	**	(19)
5	17.3	(39)	**	(10)
6+	17.0	(105)	**	(19)
<u>Education Level</u>				
0-7	20.4	(167)	59.3	(38)
8	18.7	(182)	74.0	(38)
9+	25.7	(123)	97.6	(34)
<u>Ethnic Group</u>				
Creole	25.3	(99)	**	(24)
Mestizo	17.4	(252)	75.9	(51)
Garifuna	30.3	(22)	**	(6)
Maya/Ketchi	26.0	(78)	**	(24)
Other	**	(21)	**	(5)

* Excludes 1 case for whom education level is unknown.

* Excludes 4 cases for whom ethnic group is unknown.

** Less than 25 cases.

TABLE 6-26

BELIZE: Desire to Use a Method in the Future, by Method of Choice and Source Where Method Would be Obtained, by Residence: Currently Married Men Aged 15-64 Who Do Not Currently Use Contraception 1999 Family Health Survey

Method of Choice	Total	Residence	
		Urban	Rural
Orals	21.0	28.9	14.9
Female Sterilization	15.9	19.0	13.6
Injection	15.8	9.5	20.6
IUD	2.2	3.4	1.3
Rhythm/Billings	5.2	3.6	6.5
Condoms	25.0	26.0	24.2
Other	3.5	5.1	2.3
Unknown	11.3	4.5	16.6
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(110)	(48)	(62)
<u>Source Where Method Would be Obtained</u>			
Government Facilities	18.3	18.9	17.7
BFLA	15.0	7.5	22.9
Pharmacy/Drugstore	37.1	47.2	26.6
Private Facilities	16.9	24.6	9.0
Other	12.6	1.9	23.8
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(82)	(41)	(41)

CHAPTER 7

FAMILY LIFE EDUCATION

7.1 Introduction

Family life education includes topics such as sexually transmitted infections (including HIV/AIDS), Human Reproduction, Contraception, Human Growth and Development, as well as aspects of self-esteem and life planning skills. This chapter looks at topics men think should be included in a programme of family life education, topics that have been offered in such programmes, the appropriate age of children for introducing the topics, and the preferred sources of information on family life education. It also reports whether men knew where to go for information about sexually transmitted infections.

7.2 Findings

As indicated in Table 7.1, there is strong support for having schools include on their curricula, classes on Sexually Transmitted Infections (STIs) including HIV/AIDS (96%), Human Reproduction (94%), and Contraception (93%).

When respondents were asked to state the age when these topics could be introduced on the curricula, the majority thought that the topic of STIs, including HIV/AIDS (70%), Human Reproduction (71%), and Contraception (68%) should be introduced to students between the ages of 10 and 13 years (Table 7.2). Within this age range, 28% of respondents identify age 12 as the best age for introducing the topic STI including HIV/AIDS, 29% of respondents think this is the most appropriate age for introducing the topic of Human Reproduction, and 27% think it is the best age for introducing the topic of Contraception.

Respondents were also asked whether Parents or Guardians provided them information on pregnancy. Table 7.3 shows that 62% of the young men received such information from their parents or guardians, and Table 7.4 further shows that such information is often passed on at age 13-16 years. Seventy four percent of the men (Table 7.5) currently aged 13-34 also receive information from parent or guardian about birth control methods when they are between the ages of 12-15 (Table 7.6). In addition, these data show that most (56%) had not received information about Family Life or Sex Education in school (Table 7.7). Of those, who did receive information about Family Life or Sex Education in school, most (69%) are between the ages of 12 and 15 according to Table 7.8.

Also, as shown in Table 7.9, of those who received the latter information while in school, most (41%) were in Primary School. Another 32% first received such information in Secondary School.

Table 7.10 displays information about the main persons who taught the respondents their first class or course about Family Life or Sex Education in school. By far, the School Teacher (83%) is the main person to teach these topics first. Only 5% of the respondents reported a Counsellor/Psychologist or a Physician/Nurse as the main person to teach them these topics first. In most (54%) cases, these classes or courses included information on Counselling, as Table 7.11 shows, whereas 42% of the classes included Clinic Services or Distribution of Contraceptives

In terms of such classes or courses anywhere outside the school or home, table 7.12 shows that only 12% of the respondents received these. The major organizations offering such classes or courses are through Peer Group (28%) and the BFLA (23%), as shown in Table 7.13. Further, the main persons to teach these first classes or courses are Peers/Friends (26%), the BFLA (16%) and a Counselor/Psychologist (11%), as can be seen in Table 7.14.

Respondents were also asked whether the first class or course on family life or sex education taught in school included specific topics of high interest for young people. According to Table 7.15, 78% affirmed that information on Human Reproductive System was included in such classes. Seventy six percent (76%) also reported that the classes or courses included topics on Pregnancy and How it Works, and 91% affirmed that topics on diseases that can result from sexual contact were included. Eighty seven percent (87%) also stated that their first class, in these areas, in school, included information on STFs including HIV/AIDS, and 85% reported that information relating to Condoms was also taught. Other topics which were popular, judging from the rate of the responses were modern birth control methods like the Pill or the IUD (58%), Parenting (73%), the woman's menstrual cycle (84%), and values and roles (55%). Further, as Table 7.16 indicates, 63% affirmed that information on Counselling services was also included in these classes. Fifty seven percent (57%) of the respondents also reported that information on 'Clinic Services' was included and 52% said that the Distribution of Contraceptives was also discussed in these classes.

When the men aged 13-34 were asked to give their preferred source of information about Family Life or Sex Education Topics, Table 7.17 indicates that this preferred source of information is as follows: Books and Publications (18%), Parent or Guardian (18%),

Peers/Friends (12%), Teachers (11%), the Media (11%), Health Personnel (10%), and the BFLA (8%). Table 7.18 further shows that 66% of the men know where to go for information about family life or sex education topics.

When the men aged 13-34 were asked to name the sources of information most frequently cited for information about Sex or Contraception topics, Table 7.19 indicates that they responded as follows: the Belize Family Life Association (29%), Government Clinic/Health Center (23%), and Government Hospital (15%). This table also shows that less than 1% cited the Churches as their preferred source of such information.

On the issue of where to go if they need information on STI's, Table 7.20 shows that 70% of the men aged 13-34 know where to go for such information. Table 7.21 further shows that the sources for information about sexually transmitted infection most frequently cited by men are the Belize Family Life Association (25%), Government Clinic/Health Center (24%), Government Hospital (21%), and Private Doctors/Clinic (18%).

Finally, the men, currently aged 13-34 were also asked if they knew where to go for information about HIV/AIDS. Seventy percent (70%) know where to go for such information as Table 7.22 indicates. The sources of information about HIV/AIDS most frequently cited by men are Government Clinic/Health Center (24%), the Belize Family Life Association (23%), Government Hospital (23%), and Private Doctors/Clinic (16%).

7.3 Summary

There is strong support for the provision of Family Life Education in schools. Most of the men, currently aged 13-34, receive information from Parent or Guardian about Birth Control methods, between the ages of 12 and 15. They also first receive a class or course about Family Life and Sex Education in school from their teachers (83%). This group indicates that their preferred source of information about Family Life and Sex Education topics is books and publications. Seventy percent of the same group knew where to go for information on sexually transmitted infections. The most frequently cited source for information was BFLA (25%), and Government Health Center (24%).

TABLE 7-1

**BELIZE: Opinion on Whether Certain Topics Should be Taught in Schools:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Topics	Yes	No	Unknown	No. of Cases (Unweighted)
Human Reproduction	94.3	3.4	2.3	(1594)
Contraception	92.8	4.7	2.6	(1594)
STI's-HIV-AIDS	95.5	2.5	2.0	(1594)

TABLE 7-2

**BELIZE: Opinion on Ideal Age That
Certain Topic Should be Taught:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Ideal Age	Topics		
	Human Reproduction	Contraception	STI's-HIV- AIDS
4	0.1	0.0	0.0
5	0.8	0.5	0.7
6	0.2	0.3	0.3
7	1.5	1.2	1.6
8	2.6	2.6	3.6
9	3.9	3.4	3.9
10	18.0	16.8	19.3
11	9.0	8.7	8.7
12	29.0	27.2	27.9
13	15.0	15.5	14.5
14	7.1	8.5	7.5
15	5.3	6.4	5.0
16	1.4	1.9	1.4
17	0.3	0.4	0.3
18	0.8	1.1	0.6
19	0.2	0.1	0.3
20	0.1	0.0	0.0
21	0.0	0.1	0.0
Unknown	4.7	5.1	4.4
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(1594)	(1594)	(1594)

TABLE 7-3

**BELIZE: Received Information From Parents/Guardians
About Pregnancy:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Received Information	Percent
Yes	38.0
No	61.8
Unknown	0.2
No. of Cases (Unweighted)	(923)

TABLE 7-4

**BELIZE: Age When First Received
Information on Pregnancy:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Age	Percent
7	0.5
8	1.1
9	2.6
10	5.5
11	5.1
12	17.6
13	19.1
14	11.3
15	14.6
16	9.0
17	2.2
18	4.0
19	0.3
20	0.5
21	0.0
22	0.2
23	0.3
24	0.0
25	0.0
26	0.0
27	0.0
28	0.2
Unknown	6.0
Total	100.0
No. of Cases (Unweighted)	(325)

TABLE 7-5

**BELIZE: Received Information From
Parents/Guardians about Birth Control Methods:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Have Received Information From Parents or Guardians About Birth Control Methods	Percent
Yes	25.2
No	74.4
Unknown	0.4
No. of Cases (Unweighted)	(923)

TABLE 7-6

**BELIZE: Age When First Received
Information on Birth Control:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Age When Received The Information on Birth Control Methods	Percent
8	0.7
9	1.8
10	3.2
11	5.5
12	23.4
13	11.1
14	14.0
15	13.9
16	7.0
17	3.1
18	6.0
19	2.1
20	0.5
21	0.0
22	0.0
23	1.5
24	0.2
25	0.0
26	0.0
27	0.0
28	0.0
29	0.2
Unknown	5.8
Total	100.0
No. of Cases (Unweighted)	(215)

TABLE 7-7

**BELIZE: Received Information From
Parents/Guardians Family Life or Sex Education:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Received Information on Family Life or Sex Education	Percent
Yes	42.8
No	56.4
Unknown	0.9
No. of Cases (Unweighted)	(923)

TABLE 7-8

**BELIZE: Age When First Received
Information on Family Life or Sex Education:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Age	Percent
7	0.4
8	0.0
9	0.8
10	1.5
11	4.8
12	16.1
13	16.6
14	20.9
15	15.2
16	8.7
17	7.0
18	1.6
19	0.0
20	0.3
21	0.3
22	0.2
23	0.0
24	0.0
25	0.1
Unknown	5.6
No. of Cases (Unweighted)	(368)

TABLE 7-9

**BELIZE: Level of Education When First Received
Information on Family Life or Sex Education:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Education Level	Percent
None	0.7
Incomplete Primary	41.4
Complete Primary	22.6
Secondary	31.7
Post Secondary	2.1
Unknown	1.5
No. of Cases (Unweighted)	(368)

TABLE 7-10

**BELIZE: Main Person to Teach the First Class or Course About
Family Life or Sex Education in School:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Main Person	Percent
School Teacher	83.2
Counselor or Psychologist	5.0
Physician/ Nurse	4.8
Belize Family Life Association Officer (BFLA)	2.6
COMPAR/ Min. of Human Development Personnel	0.9
Youth Officer (YMCA, SCOUTS, etc.)	0.0
Peers/ Friends	0.3
Parent/ Guardian	0.1
Religious Person	0.6
Volunteer	0.3
Other	0.6
Unknown	1.6
No. of Cases (Unweighted)	(368)

TABLE 7-11

**BELIZE: Information on Services for Adolescence that are
Included in the Class or Course:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Type of Information	Yes	No	Unknown	No. of Cases (Unweighted)
Counseling	54.0	43.3	2.7	(368)
Clinic Services	41.6	54.7	3.7	(368)
Distribution of Contraceptives	41.6	56.8	1.7	(368)

TABLE 7-12

**BELIZE: Received Classes About Family Life etc.
Outside The School:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Received Formal Class or Course	Percent
Yes	11.9
No	87
Unknown	1.1
No. of Cases (Unweighted)	(923)

TABLE 7-13

**BELIZE: Main Organization Outside the School or Home
That Conducted Formal Class or Course
About Family Life or Sex Education:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Main Organization	Percent
Doctor's Office/ Clinic	1.4
NOPCA	2.5
Belize Family Life Association (BFLA)	22.8
COMPAR/ Min. of Human Development Personnel	2.7
SHAPES	0.0
Youth Group (YMCA, Scouts, etc.)	8.2
Peer Group	27.6
Church	13.2
Volunteer	1.5
Other	16.5
Unknown	3.4
No. of Cases (Unweighted)	(103)

TABLE 7-14

**BELIZE: Main Person To Teach
Family Life etc. Outside The School or Home:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Main Person	Percent
School Teacher	9.0
Counselor or Psychologist	10.5
Physician/ Nurse	8.3
Belize Family Life Association Officer (BFLA)	15.9
COMPAR/ Min. of Human Development Personnel	2.7
Youth Officer (YMCA, SCOUTS, etc.)	7.3
Peers/ Friends	25.8
Parent/ Guardian	2.3
Religious Person	6.9
Volunteer	2.2
Other	5.2
Unknown	3.8
No. of Cases (Unweighted)	(103)

TABLE 7-15

**BELIZE: Topics Taught in First Class or Course in School:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Topics	Yes	No	Unknown	No. of Cases (Unweighted)
The Human Reproductive System	77.7	21.8	0.5	(103)
The Woman's Menstrual Cycle or Period	83.5	15.9	0.5	(103)
Pregnancy and How It Works	75.5	22.2	2.3	(103)
Modern Birth Control Methods Such As The Pill, IUD or Injections	85.5	11.1	3.5	(103)
Condoms	84.9	14.6	0.5	(103)
Diseases That Can Result From Sexual Contacts	90.7	8.7	0.5	(103)
STI's/HIV/AIDS	76.8	22.7	0.5	(103)
Parenting	73.4	22.5	4.1	(103)
Values and Roles	55.1	28.6	16.3	(103)

TABLE 7-16

**BELIZE: Information on Services for Adolescent Included in First Class or Co
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Following Services	Yes	No	Unknown
Counseling	62.9	35.7	1.4
Clinic Services	57.2	41.4	1.4
Distribution of Contraceptives	51.6	47.0	1.4

TABLE 7-17

**BELIZE: Preferred Source
of Information About Family Life etc:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Source	Percent
Parents/ Guardians	17.5
Sisters/ Brothers	0.6
Belize Family Life Association (BFLA)	8.0
Teachers	11.1
Peers/ Friends	12.4
Media	10.8
Counselor	0.7
Books/ Publications	18.3
Internet	1.3
Religious Leader	1.4
Health Personnel	9.9
Other	1.8
Unknown	6.4
No. of Cases (Unweighted)	(923)

TABLE 7-18

**BELIZE: Knowledge of Access to
Information on Sex or
Contraception:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Knowledge of Access	Percent
Yes	66.2
No	31.9
Unknown	1.9
No. of Cases (Unweighted)	(923)

TABLE 7-19

**BELIZE: Source of Information
on Sex or Contraception:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Source	Percent
Government Clinic/ Health Center	22.6
Private Doctor/ Clinic	12.1
Government Hospital	14.8
Private Hospital	2.4
Belize Family Life Association (BFLA)	29.0
Pharmacy/ Drugstore	4.7
Church	0.1
Family Member	5.9
Friend/ Neighbor	3.2
Community Health Worker	2.4
Supermarket/ Bar/ Grocery Store	0.0
Other	2.8
Unknown	0.0
No. of Cases (Unweighted)	(628)

TABLE 7-20

**BELIZE: Knowledge of Access to Information on STI's:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Knowledge of Access	Percent
Yes	70.4
No	28.8
Unknown	0.8
No. of Cases (Unweighted)	(923)

TABLE 7-21

**BELIZE: Source of Information On STI's:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Source	Percent
Government Clinic/ Health Center	23.7
Private Doctor/ Clinic	18.4
Government Hospital	21.4
Private Hospital	3.1
Belize Family Life Association (BFLA)	24.7
Pharmacy/ Drugstore	0.5
Church	0.0
Family Member	1.8
Friend/ Neighbor	1.9
Community Health Worker	2.3
Supermarket/ Bar/ Grocery Store	0.0
Other	2.2
Unknown	0.0
No. of Cases (Unweighted)	(668)

TABLE 7-22

**BELIZE: Knowledge of Access to Information
On HIV/AIDS:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Knowledge of Access	No. of Cases (Unweighted)
Yes	70.4
No	29.1
Unknown	0.5
No. of Cases (Unweighted)	(923)

CHAPTER 8

THE USE AND POTENTIAL DEMAND FOR SURGICAL CONTRACEPTION

8.1 Introduction

Vasectomy is one of the methods of contraception that is least known and used by men in Belize. Of the 1,581 men aged 15 to 64 interviewed in this survey, only 4 reported having had a vasectomy. While more than seventy percent of men have heard of condoms and orals, less than half (45%) were aware of the existence of male sterilization (Table 6.1). Similarly, more than half of the male population aged 15 to 64 were not knowledgeable of the effects of vasectomy (see chapter 5).

The four men who reported having had a vasectomy were in union and older than 35 years. Two were from the rural areas. Three of them stated having the vasectomy because they *did not want more children* and one because of *complications on the last pregnancy or labour*. Only one person regrets having the surgery and does not recommend a vasectomy. Moreover, three of them stated that their sexual relations was the same as before having the surgery and one stated that his sexual relations are now more satisfactory.

8.2 Demand for Vasectomy

In this section we examine the interest that exists in vasectomy among married men aged 15 to 64 years who want to limit their family size.

We also explore:

- the reasons why those who have expressed interest have not undertaken the surgery,
- the reasons for not opting for this method among men who do not want any more children, and
- the reasons why men would not be interested in vasectomy when they have the desired number of children, among men who wish to have more children.

Married men between ages 15 to 64 who have not had a vasectomy were asked if they want to have any more children. Of these men, 59% stated that they do not want to have anymore children (Table 8.1). The proportion of men who do not want to have any more

children was greater among those from the urban areas. As expected, the proportion of men who do not want to have any more children increased with their age and the number of living children they currently have. It is interesting to note that more than half of the men, who have 2 living children, do not want any more children. The proportion of men who do not want to have more children was greater among men who have not completed their secondary education. A possible reason for this is that perhaps those with no education or with primary only, may already be fathering quite a few living children.

The sample of currently married men who stated that they do not want to have anymore children were therefore asked whether they are currently using contraceptive, and if so, what type of contraceptive method they are currently using. Even though more than half of the men do not want to have any more children, only 50% of these reported currently using a method of contraception (Table 8.2). The most common methods being used were female sterilization (22%), orals (10%) and condom (7%). It is important to note that a negligible percentage was using the Rhythm/Billings method, and that the non-use of contraceptives is more likely among those in the rural areas.

All the men who did not want any more children and who are not interested in a vasectomy were also asked why they are not interested². Table 8.3 shows that the major reason given is that they prefer to use other methods (24%). Advanced age (16%) and 'Does not Like or Want to use' (15%) are also popular reasons stated. A further 10% fear the operation, and 4% claim that they may meet another person in the future who wants children. Allied to this latter reason is another 3% who state that the operation is 'Difficult to Reverse'. These reasons given are similar in both urban and rural areas.

All the currently married men who stated that they do not want to have any more children and who were interested in vasectomy were asked why they have not taken the operation. The reasons given were: *needs more information, lack of money, far distance to source, difficult to reverse, and may meet another partner in the future who wants children*. A vigorous and effective educational program can address the first reason. The second and third reasons can be addressed by offering the services on vasectomy at a lower cost and available at convenient hours for men.

² Excludes 16 cases for whom the reason for not having interest in vasectomy is unknown.

Men who want to have more children were asked if they would be interested in being operated when they have the desired number of children. Only 8% (28 cases on the survey) expressed an interest in surgical contraception when they have the desired number of children. The men who expressed interest in the operation had an average of 2.8 children alive and were 31.4 years. It should be noted that the percentage of men who reported being interested in a vasectomy after having the desired number of children is higher than the percentage who reported being interested in vasectomy and do not want to have anymore children. This indicates that in the future the demand for vasectomy may slightly increase in Belize. In general, however, vasectomy is unlikely to become more in demand in the future for men who have not had their desired number of children.

Men who wanted to have more children but were not interested in vasectomy after having the desired number of children, were asked why they were not interested in the surgery. The most common reasons stated were: *prefers using other methods* to limit their family size (36%), *does not like or want to use vasectomy* (19%) and *fear of the operation* (10%) (Table 8.4). These men, however, did not have *advanced age* as a common response since the majority were young and wanted to have children.

The reasons for not having a vasectomy for men in the urban areas were similar to those given by men who lived in the rural (Table 8.4). The men in the rural areas, however, expressed their *preference for other methods* (37%) stronger than the men in the urban areas (34%). It is evident that men from both the urban and rural areas need information on vasectomy although the men in the rural areas seem to be slightly less informed than those in the urban. Educational programs on this method are thus necessary for both urban and rural men to actually consider vasectomy as an alternative contraceptive method.

8.3 Summary

In this chapter the reasons why men have not obtained or are not interested in vasectomy were explored. Table 8.5 lists, in order of importance, the principal reasons why men in Belize are not interested in vasectomy. With a few exceptions, the majority of reasons for not being interested in vasectomy can be addressed through an effective educational program. Men need reproductive health programs reaching out to them. As long as the lack of knowledge on vasectomy is prevalent, it is highly unlikely for men to be interested in this surgical contraception. Some important factors on the success of programs

on vasectomy have been identified by previous studies done on this topic. Some of these include:

- Quality of services
- Leadership
- Attention to the basic necessity of men
- Well focused program design
- Multiple channels of communication

The programs that have been successful in Latin America show that beliefs that vasectomy will never be successful among men are false.

TABLE 8-1

**BELIZE: Currently Married Men,
Aged 15-64, Who Do Not Want to Have
Anymore Children By Selected Characteristics:
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Percent	No. of Cases* (Unweighted)
Total	59.3	(963)
<u>Residence</u>		
Urban	64.0	(482)
Rural	54.8	(481)
<u>Age</u>		
15-19	0.0	(13)
20-24	11.8	(75)
25-29	33.8	(156)
30-34	48.7	(171)
35-39	52.2	(175)
40-44	74.7	(126)
45-49	82.1	(82)
50-54	84.6	(69)
55-59	94.8	(50)
60-64	97.2	(46)
<u>No. of Living Children</u>		
0	0.9	(85)
1	28.7	(145)
2	54.2	(193)
3	65.7	(161)
4	75.1	(126)
5	73.5	(79)
6+	87.7	(174)
<u>Educational Level</u>		
None	72.8	(49)
Incomplete Primary	60.5	(243)
Complete Primary	62.1	(353)
Secondary	53.6	(205)
Post Secondary	51.5	(113)

* Excludes 3 cases for whom education level is unknown
Note: Excludes married men who have had a vasectomy.

TABLE 8-2

**BELIZE: Currently Married Men, Aged 15-64,
Who Do Not Want To Have Anymore Children
By Type of Contraceptive Method Currently Using
And Residence:
1999 Family Health Survey
(Percent Distribution)**

Current Use and Method	Total	Residence	
		Urban	Rural
<u>Currently Using</u>	<u>50.3</u>	<u>55.2</u>	<u>45.0</u>
Female Sterilization	21.8	24.0	19.5
Orals	10.2	12.6	7.7
Condoms	7.2	6.3	8.1
Injection	4.8	5.1	4.5
Rythym/Billings	3.8	4.8	2.6
IUD	1.0	1.7	0.3
Other	1.5	0.7	2.3
<u>Not Using</u>	<u>49.7</u>	<u>44.8</u>	<u>55.0</u>
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(541)	(295)	(246)

* Excludes 2 cases for whom contraceptive use is unknown.

TABLE 8-3

**BELIZE: Married Men, Aged 15-64,
Who Do Not Want Anymore Children and Who are Not Interested in Vasectomy
By Reasons for Not Having Interest and Residence:
1999 Family Health Survey
(Percent Distribution)**

Reasons	Total	Residence	
		Urban	Rural
Prefers Using Other Methods	23.7	27.2	19.8
Advanced Age	16.4	14.1	19.1
Does Not Like or Want to Use	14.9	13.5	16.4
Fear of Operation	9.6	11.3	7.6
May Meet Another Partner in The Future			
Who Wants Children	4.3	5.7	2.6
Difficult to Reverse	2.5	2.1	3.0
Considers Self Too Young	2.0	1.5	2.6
Religion	1.8	2.0	1.6
Needs More Information	1.7	2.0	1.3
Health/Medical Reasons	1.6	0.8	2.5
Decrease of Sexual Performance	1.5	1.1	2.1
Not Sexually Active	1.1	0.6	1.8
Spouse Opposes	1.0	0.9	1.1
Lack of Knowledge	0.8	0.6	1.0
Lack of Money	0.3	0.3	0.3
Far Distance to Source	0.2	0.0	0.3
Infertile	0.2	0.3	0.2
Other	16.4	16.1	16.7
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(505)	(280)	(225)

* Excludes 16 cases for whom the reason for not having interest in vasectomy is unknown.

TABLE 8-4

**BELIZE: Married Men, Aged 15-64,
Who Would Not Be Interested on Being Operated When They Have the Desired
Number of Children, By Reason for Not Being Interested and By Residence:
1999 Family Health Survey
(Percent Distribution)**

Reason	Total	Residence	
		Urban	Rural
Prefers Using Other Methods	35.8	33.6	37.4
Prefers Using Other Methods	35.8	33.6	37.4
Does Not Like or Want to Use	18.9	16.4	20.8
Does Not Like or Want to Use	18.9	16.4	20.8
Fear of Operation	9.9	12.1	8.2
Fear of Operation	9.9	12.1	8.2
Considers Self Too Young	5.7	6.1	5.4
May Meet Another Partner in the Future Who Wants Children	5.1	4.3	5.7
Difficult to Reverse	4.3	6.3	2.8
Needs More Information	3.8	5.1	2.8
Religion	3.3	5.3	1.8
Decrease of Sexual Performance	2.6	0.5	4.0
Spouse Opposes	1.6	0.0	2.7
Infertile	1.4	2.1	0.8
Advanced Age	1.2	1.1	1.3
Lack of Knowledge	1.2	1.1	1.3
Health/Medical Reasons	1.0	1.4	0.8
Lack of Money	0.4	0.0	0.7
Other	3.9	4.6	3.4
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(346)	(153)	(193)

* Excludes 32 cases for whom the reason for not having interest in vasectomy is unknown.

TABLE 8-5

**BELIZE: Married Men, Aged 15-64,
Who Are Not Interested in a Vasectomy*,
by Reason and Residence:
1999 Family Health Survey
(Percent Distribution)**

Reason for Not Being Interested In The Operation	Total	Residence	
		Urban	Rural
Prefers Using Other Methods	25.9	25.9	25.9
Does Not Like or Want to Use	14.8	13.5	16.2
Advanced Age	13.3	12.9	13.7
Fear of Operation	9.0	11.2	6.7
May Meet Another Partner in The Future			
Who Wants Children	4.6	5.4	3.8
Needs More Information	3.1	3.3	2.8
Considers Self Too Young	3.0	2.6	3.4
Not Sexually Active	2.5	2.3	2.8
Difficult to Reverse	2.4	2.0	2.8
Religion	2.0	2.6	1.3
Decrease of Sexual Performance	1.6	0.6	2.7
Health/Medical Reasons	1.3	0.8	1.7
Spouse Opposes	1.1	0.5	1.8
Lack of Knowledge	1.1	1.0	1.2
Infertile	0.7	0.9	0.5
Lack of Money	0.4	0.3	0.6
Far Distance to Source	0.1	0.0	0.2
Other	10.9	11.0	10.7
Unknown	3.3	4.1	2.4
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(955)	(505)	(450)

* Includes the men who do not want anymore children and do not have an interest in

CHAPTER 9

KNOWLEDGE OF HIV/AIDS

9.1 Introduction

Statistics from the National Health Information Unit show that, of the people in Belize living with HIV/AIDS, the male population outnumbers the female population in all age groups. The age group with the highest number of HIV incidence for both males and females is the 25-34 age group, with the 15-24 and 35-44 age groups being next in line. These are the groups with the highest levels of sexual activity, but also the ones when people are most productive.

9.2 Men who have heard of AIDS

The survey data show that, of all men aged 15-64 who were interviewed, 95% reported having heard of AIDS (Table 9.1), the same proportion as for women. But while 98% of urban men had heard of AIDS, only 92% of rural men had and, as in the case of women, for every age category, urban men were more likely to have heard of AIDS than rural men; except that, in the case of men, it is the oldest age groups which show the largest differentials.

Again, as among women, knowledge of AIDS among men was also found to be directly related to educational achievement, that is, the higher the level of education, the more likely men would know about AIDS. This applies to both rural and urban men. But when education is controlled by residence, differences in knowledge between urban and rural men become evident at the first two levels of education only.

Differences in knowledge of AIDS also emerge when ethnic groups are controlled by residence. The Maya/Ketchi reported the lowest percentage with knowledge of AIDS (87%). While 97% of urban Maya/Ketchi men reported having heard of AIDS, only 84% reported doing so in rural areas. Similar differences are found in the case of Maya/Ketchi women.

9.3 Sources of information on HIV/AIDS

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

TABLE (A)

Cases	Source of information on HIV/AIDS	Percent	No. of (Unweighted)
	PARENTS/GUARDIANS	2.8	(42)
	SISTERS/BROTHERS	0.3	(4)
	BELIZE FAMILY LIFE ASSOCIATION (BFLA)	2.4	(42)
	TEACHERS	18.9	(243)
	PEERS/FRIENDS	11.9	(191)
	MEDIA (SPECIFY)	51.8	(810)
	BOOKS/PUBLICATIONS	4.0	(65)
	INTERNET	0.0	(1)
	RELIGIOUS LEADER	0.3	(5)
	HEALTH PERSONNEL	3.2	(50)
	ALLIANCE AGAINST AIDS	0.1	(1)
	NATIONAL AIDS TASK FORCE	0.5	(6)
	RED CROSS	0.1	(2)
	OTHER (SPECIFY)	3.2	(47)
	DO NOT KNOW/NOT STATED	0.6	(10)
	Total	100.0	(1519)

The survey data show that the media and teachers are still the main sources of information, with 52% and 19% respectively of men obtaining information from these sources. This was also true among women, although with slightly lower percentages. Similarly, the National Aids Task Force, Religious Leaders and Alliance Against Aids were cited as sources by less than 1%.

9.4 Correct Knowledge of How AIDS May be Transmitted

Approximately 50% of the respondents knew correctly that AIDS can be transmitted by receiving a blood transfusion (55%), by drug users sharing needles (54%) and through homosexual intercourse (48%). In the case of women, only 26% knew correctly that AIDS can be transmitted through homosexual intercourse. As with women, however, the great majority of men knew that it can be transmitted through heterosexual intercourse (88%) (Table 9.2).

In general, urban men were better informed on this subject than rural ones, with the largest differential between the two groups being on receiving blood transfusion (61% compared to 49%).

While there is no clear pattern of correct knowledge by age group, there is a close relationship between levels of education and correct knowledge about AIDS transmission. As was the case with women, the largest differential in knowledge for men was on getting AIDS from a blood transfusion: while only 41% of the low education group knew correctly this was a way AIDS could be transmitted, fully 68% of the high education group did so. And the smallest differential between the two groups was in respect of heterosexual intercourse, 87% compared to 91%.

With regards to ethnicity, Maya/Ketchi men were the least likely to have correct knowledge of the different modes of AIDS transmission, with one surprising exception, namely, heterosexual intercourse, where they came in first with 90%. Otherwise, it was the Garifuna and the Creoles who were generally best informed on these modes of transmission.

In Belize, the majority of those infected with HIV/AIDS are heterosexuals (70%), with bisexuals making up 15% and homosexuals 7%. Six percent contracted the disease perinatally and 2% through blood transfusion.

9.5 Incorrect Knowledge of How AIDS May be Transmitted

Five incorrect ways of transmitting HIV were prompted to the respondents: 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 9.3).

As was the case with women, fairly low percentages of the male respondents (less than 8% in each case) believed that AIDS 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. But these percentages were slightly higher in each case than for women. A much higher percentage of men (29%) believed that AIDS could be transmitted by giving blood. This was much higher than the proportion of women who believed that AIDS could be transmitted by giving blood (20%).

In general, a lower percentage of urban men than rural ones believed these were correct ways of transmitting AIDS. The one exception was giving blood where, surprisingly, a lower proportion of rural men than urban ones believed this to be a legitimate way of transmitting AIDS. The same was true for women.

There was no clear pattern of incorrect knowledge with respect to age or education level. With regards to ethnicity, however, it was the Mestizo and the Creole who appeared to be best informed, since these two groups had the lowest percentages of respondents who believed that AIDS could be transmitted in any of the five ways mentioned above.

9.6 Perceived Risk of Getting AIDS Among Men

Of the men who had heard of AIDS, less than one-third, or 28%, felt they were at some risk of getting AIDS (Table 9.4). This proportion includes men who responded that they were "at great risk", "some risk", or "not much risk" of getting AIDS. This figure is three points lower than that for women. On the other hand, 68% did not consider themselves to be at risk, and 3% did not know.

Unlike women, the same percentage of urban men as rural men (28%) believe themselves to be at some risk of getting AIDS, but more rural than urban men are uncertain about their risk. These percentages, 5% and 2% respectively, are lower than those for women, leading to the conclusion that men are better informed.

The highest percentage of men who believe themselves to be at some risk (42%) is in the 20-24 age group, just as in the case of women, while the lowest percentage is in the oldest (60-64) group (12%). And as the level of education increases, so does the proportion of men who consider themselves to be in the "some risk" category, from 26% for those at the lowest level to 34% for those with over nine years of education.

As among women, marital status appears to be a determining factor in perceived AIDS risk among men. The highest proportion of men who see themselves as being at some risk of getting AIDS (55%) was in the visiting partner category. The proportion for women is 51%. But, unlike women, the category of men with the lowest percentage of perceived risk was married/in union (24%), not single.

9.7 Perceived Risk and Condom Use

The gap between perceived risk and behaviour among men in Belize is not as wide as it is among women (Table 9.5). For example, of the men who perceive themselves to be at either great or some risk of getting AIDS, 97% know of condoms, 68% have ever used them and 45% are currently using them. By comparison, while almost as many women know of condoms, only 48% have ever used them and only 14% are currently using them. Also, the differentials between urban and rural men are not as great as in the case of urban and rural women. Thus, while 98% of urban men reported knowing of condoms, 95% of rural ones did so. And while 49% of urban men reported currently using condoms, 35% of rural ones reported doing so. This compares with 21% and 6% for urban and rural women respectively.

The survey shows that it was men aged 15-29 who were the most likely to report current use of condoms. But the highest percentage of men who reported current use are in the 20-24 age group (61%), while the second highest are in the 15-19 age group (49%). The same is true for women, except that the proportions are lower, that is, 20% and 17% respectively.

Use of condoms by men increases with education. All the major ethnic groups show a high proportion of knowledge of condoms, with the Maya/Ketchi showing the lowest (92%). This group also had the lowest proportion of past use of condoms (23%) and was the least likely to be currently using them (5%), lower even than Maya/Ketchi. While Creole men showed the highest percentage of knowledge (98%), the Garifuna were the ones most likely to be using them (60%).

Men in visiting partner relationships showed the highest proportion of knowledge of condoms (100%), and current use (75%). The next group with the second highest percentage of current use of condoms were married/in union men (33%), followed closely by single men (32%).

9.8 Summary

This chapter has dealt with the very important topic of HIV/AIDS, men's knowledge of it, their sources of information about it, of how it may be transmitted, their perceived risk and how this risk has affected their use of condoms in sexual relations.

The survey data show that 95% of all men interviewed reported having heard of HIV/AIDS, the same proportions for women, with the media and teachers being the main sources of information on the subject. The data also show that the great majority of men knew that the virus can be transmitted through heterosexual intercourse, with only about half of them reporting that it can be transmitted through blood transfusion, sharing needles and homosexual intercourse. Fairly low percentages of respondents believed that HIV/AIDS 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.

Of the men who had heard of AIDS, less than one-third felt they were at some risk of contracting the virus, with the highest proportion (42%) being in the 20-24 age group. The lowest percentage (12%) is in the oldest (60-64) group.

TABLE 9-1

**BELIZE: Ever Heard of AIDS, by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Total*		Residence			
			Urban		Rural	
Total	95.2	(1563)	98.1	(806)	92.1	(757)
<u>Age</u>						
15-19	97.1	(279)	98.6	(139)	95.7	(140)
20-24	95.5	(200)	99.0	(104)	91.7	(96)
25-29	95.2	(227)	98.3	(121)	91.5	(106)
30-34	95.6	(203)	99.0	(102)	92.1	(101)
35-39	95.5	(200)	97.4	(116)	92.9	(84)
40-44	95.3	(150)	98.7	(75)	92.0	(75)
45-49	97.0	(99)	97.9	(47)	96.2	(52)
50-54	91.8	(85)	95.3	(43)	88.1	(42)
55-59	91.5	(59)	96.7	(30)	86.2	(29)
60-64	88.5	(61)	96.6	(29)	81.3	(32)
<u>Education Level</u>						
0-7	87.9	(406)	94.0	(133)	85.0	(273)
8	96.4	(562)	98.9	(276)	94.1	(286)
9+	99.0	(595)	99.0	(397)	99.0	(198)
<u>Ethnic Group</u>						
Creole	99.8	(423)	99.7	(293)	100.0	(130)
Mestizo	93.6	(807)	96.8	(346)	91.1	(461)
Garifuna	98.8	(83)	98.5	(68)	**	(15)
Maya/Ketchi	87.2	(156)	97.3	(37)	84.0	(119)
Other	98.9	(94)	98.4	(62)	100.0	(32)
<u>Ever Married</u>						
Ever Married	95.1	(1148)	98.2	(607)	91.7	(541)
Never Married	95.4	(415)	98.0	(199)	93.1	(216)
<u>Contraceptive Use</u>						
Currently Using	98.9	(643)	99.5	(374)	98.1	(269)
Not Using	92.6	(920)	97.0	(432)	88.7	(488)

* Excludes 5 cases for whom education level is unknown.

* Excludes 18 cases for whom ethnic group is unknown.

* Excludes 6 cases for marital status is unknown.

* Excludes 2 cases for whom contraceptive use is unknown.

** Less than 25 cases.

TABLE 9-2

**BELIZE: Correct Knowledge of How AIDS May be Transmitted,
by Residence and Selected Characteristics:
Men Aged 15-64 Who Have Knowledge of AIDS
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Blood Transfusion	Sharing Needles	Male Sexual Intercourse	Heterosexual Intercourse	No. of Cases* (Unweighted)
Total	54.9	53.6	48.2	87.8	(1496)
<u>Residence</u>					
Urban	60.4	55.1	48.7	87.1	(797)
Rural	49.3	52.0	47.7	88.5	(699)
<u>Age</u>					
15-19	47.9	53.9	49.6	87.0	(275)
20-24	56.3	58.7	55.3	91.7	(191)
25 -29	64.8	51.4	44.2	90.8	(217)
30-34	62.3	51.6	47.2	89.6	(194)
35-39	48.5	53.4	49.2	80.6	(192)
40-44	56.9	52.3	49.6	87.5	(143)
45-49	61.4	62.3	46.4	91.7	(98)
50-54	49.5	48.2	45.0	80.6	(78)
55-59	61.9	37.2	35.4	84.7	(54)
60-64	46.0	52.5	37.0	85.7	(54)
<u>Education Level</u>					
0-7	41.1	41.6	36.0	87.5	(357)
8	50.1	51.0	46.2	84.7	(545)
9+	67.8	63.2	57.5	90.7	(594)
<u>Ethnic Group</u>					
Creole	63.3	61.5	60.8	88.7	(426)
Mestizo	50.8	50.6	41.4	86.9	(759)
Garifuna	70.4	59.4	69.8	88.9	(82)
Maya/Ketchi	34.5	35.4	36.6	90.2	(136)
Other	65.6	61.5	47.2	87.2	(93)

* Excludes 5 cases for whom education level is unknown.

* Excludes 18 cases for whom ethnic group is unknown.

TABLE 9-3

**BELIZE: Incorrect Knowledge of How AIDS May be Transmitted,
by Residence and Selected Characteristics:
Men Aged 15-64 Who Have Knowledge of AIDS
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Shaking Hands	In Room w/Person with AIDS	Sharing Personal Items	Bitten by Insect	Giving Blood	No. of Cases* (Unweighted)
Total	8.7	8.5	11.5	14.5	29.1	(1496)
<u>Residence</u>	9.8	7.9	9.9	11.3	29.4	(797)
Urban						
Rural	7.5	9.1	13.1	17.8	28.8	(699)
<u>Age</u>						
15-19	12.3	11.1	13.7	16.5	31.7	(275)
20-24	5.9	6.2	9.5	13.0	26.8	(191)
25-29	5.2	5.4	12.7	11.9	30.3	(217)
30-34	8.7	8.5	11.8	14.6	31.2	(194)
35-39	9.7	9.9	10.7	13.0	29.2	(192)
40-44	9.0	9.3	13.9	15.6	32.9	(143)
45-49	7.3	3.6	2.8	18.3	23.1	(98)
50-54	8.8	9.4	9.6	17.2	24.8	(78)
55-59	7.9	7.9	10.4	7.5	25.0	(54)
60-64	5.7	13.3	13.7	13.6	19.9	(54)
<u>Education Level</u>						
0-7	9.5	11.1	10.5	17.0	27.7	(357)
8	9.2	9.0	13.3	14.2	29.2	(545)
9+	7.7	6.5	10.3	13.2	29.9	(594)
<u>Ethnic Group</u>						
Creole	6.4	5.2	10.0	9.5	27.1	(426)
Mestizo	5.9	6.0	6.7	11.6	25.2	(759)
Garifuna	27.1	25.5	25.5	32.9	44.7	(82)
Maya/Ketchi	27.3	30.2	34.8	42.1	48.6	(136)
Other	5.4	5.5	20.3	14.5	36.8	(93)

* Excludes 5 cases for whom education level is unknown.

* Excludes 18 cases for whom ethnic group is unknown.

TABLE 9-4

**BELIZE: Perceived Risk of Getting AIDS, by Selected Characteristics:
Men Aged 15-64 Who Have Knowledge of AIDS
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Great Risk	Some Risk	Not Much Risk	No Risk	Unknown	Total	No. of Cases* (Unweighted)
Total	3.7	9.0	15.7	68.5	3.1	100.0	(1491)
<u>Residence</u>							
Urban	2.4	10.7	15.3	69.9	1.7	100.0	(793)
Rural	5.1	7.3	16.1	67.1	4.5	100.0	(698)
<u>Age</u>							
15-19	4.8	8.1	12.5	71.4	3.1	100.0	(272)
20-24	7.2	10.5	24.4	54.0	3.9	100.0	(191)
25-29	2.4	14.3	18.9	62.5	1.9	100.0	(216)
30-34	4.8	9.8	15.3	66.6	3.6	100.0	(194)
35-39	1.9	6.9	13.6	71.0	6.6	100.0	(191)
40-44	1.7	5.3	11.3	81.0	0.7	100.0	(143)
45-49	2.5	11.5	19.8	63.5	2.7	100.0	(98)
50-54	0.0	7.9	13.7	76.3	2.1	100.0	(78)
55-59	0.0	4.0	11.7	81.4	2.9	100.0	(54)
60-64	3.1	3.7	4.9	88.2	0.0	100.0	(54)
<u>Education Level</u>							
0-7	5.4	6.6	13.6	70.5	4.0	100.0	(357)
8	2.8	8.7	13.8	70.9	3.8	100.0	(544)
9+	3.5	10.9	18.7	65.0	1.9	100.0	(590)
<u>Marital Status</u>							
Married/In Union	2.2	6.6	14.8	73.1	3.3	100.0	(903)
Sep./Div./Widowed	**	**	**	**	**	100.0	(2)
Visiting Partner	5.8	24.3	25.3	41.8	2.8	100.0	(113)
Not in Union	5.0	8.6	14.7	68.8	2.9	100.0	(473)
<u>Ethnic Group</u>							
Creole	3.2	10.9	18.5	64.1	3.4	100.0	(423)
Mestizo	2.6	8.7	14.8	71.8	2.2	100.0	(757)
Garifuna	6.5	16.2	24.6	50.5	2.2	100.0	(82)
Maya/Ketchi	12.7	2.5	4.9	69.3	10.6	100.0	(136)
Other	2.8	5.2	17.9	73.4	0.8	100.0	(93)

* Excludes 5 cases for whom education level is unknown.

* Excludes 5 cases for whom marital status is unknown.

* Excludes 18 cases for whom ethnic group is unknown.

** Less than 25 cases.

TABLE 9-5

**BELIZE: Men, Aged 15 - 64,
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	96.7	73.3	44.8	(191)
<u>Residence</u>				
Urban	98.2	82.7	49.1	(99)
Rural	95.1	61.9	40.1	(92)
<u>Age</u>				
15-19	98.8	63.1	48.7	(32)
20-24	100.0	81.5	66.1	(33)
25-29	100.0	87.6	53.4	(33)
30-34	95.4	77.0	24.6	(29)
35-39	**	**	**	(20)
40-44	**	**	**	(13)
45-49	**	**	**	(14)
50-54	**	**	**	(8)
55-59	**	**	**	(3)
60-64	**	**	**	(6)
<u>Years of Education</u>				
None	**	**	**	(6)
1-7	94.9	54.1	31.2	(38)
8	95.3	75.8	42.6	(68)
9-12	98.9	75.7	48.2	(52)
13+	97.4	92.1	64.5	(27)
<u>Ethnic Group</u>				
Creole	97.8	81.4	51.8	(58)
Mestizo	97.3	69.8	43.4	(80)
Garifuna	97.1	96.2	60.0	(20)
Maya/Ketchi	91.9	26.1	5.4	(25)
Other	**	**	**	(8)
<u>Marital Status</u>				
Married/In Union	95.0	69.3	31.6	(89)
Sep./Div./Widowed	**	**	**	(1)
Visiting Partner	100.0	86.4	75.3	(29)
Not in Union	96.4	69.2	40.5	(72)

* Excludes 1 cases for whom years of education is unknown.

* Excludes 1 cases for whom ethnic group is unknown.

** Less than 25 cases.

CHAPTER 10

CONDOM USE

10.1 Introduction

In this chapter, knowledge and use of condoms among males is examined. For some time now, information about the use of condoms as a powerful form of contraception, and more recently, as a prevention against STI's and HIV AIDS has been commonly disseminated even within developing countries. During the family health survey of males in Belize, several questions relating to knowledge and use of condoms were asked. The main objectives of these questions are to assess the effectiveness of the efforts made to provide objective information which people can use to make sensible decisions. Hopefully, the results of the survey will provide a yardstick to determine whether the efforts exerted thus far are adequate or whether these need to be intensified and more focused.

10.2 Knowledge and Use of Condoms

Table 6.1 presents data relating to the knowledge of contraceptive methods among males 15-64 years old. It is clear from the table that the second most known method is the Condom (74%). This is true whether the respondent resides in the urban or rural areas of the country. Table 6.5 further shows that of the 39% of the males currently using a form of contraception, the highest percentage (17%) were using condoms. Interestingly, a condom is more likely to be used among men who have a 'Visiting Partner' (58%) or are 'Not in Union' (16%) than it is among men who are 'In Union' (10%). In addition it shows that even though half of all married men are more likely to use a form of contraceptive, only 10% resort to the use of condoms.

Information on condom use by various socio-economic characteristics can be very useful since such information can provide guidance for more focused intervention. Tables 10.1 and 10.2 present information on use of condom by the age of the respondent and his educational level completed. It is clear from these sources that use of condom is more likely (49%) among men who are less than thirty (30) years old, increasing with age, and peaking (20%) at the age group 25-29. After age 30, use of condom reduces incrementally with age. It is interesting to note that even at age 50-54 years, approximately 5% of sexually active men are still using condoms. Also, with respect to educational level completed, table 10.2 shows

that men with no formal level of education or with 'Incomplete Primary' level are the most likely not to use a condom, whereas those who have completed primary or secondary levels are much more likely to use condoms.

10.3 Frequency of Use with Steady and Non-Steady Partners

Respondents who use condoms were asked how often they use them with steady partners. Table 10.3 shows the results to this question. Of those who use condoms with their steady partners, 50% reported that they use condoms 'Always', whereas 8% 'Never' use condoms. Another 14% 'Seldom' use condoms and 22% use them 'Most of the Time' with their steady partner. Those respondents who reported that they seldom or never use condoms, were further asked why. Table 10.4 shows the results to this question. The main reason why condoms are used with steady partners is to avoid unwanted pregnancies (88%). It is noted that only 37% use condoms to prevent HIV/AIDS, and 29% to prevent STI's. A very likely reason for this is the fact that the couples are steady and fidelity may be high. They may therefore feel that the risk of contracting HIV/AIDS or another STI is small. Those who reported that they 'Seldom' or 'Never' use condoms were further asked why. Table 10.5 presents the reasons why these males seldom or never use condoms. These results show that the main reason why they seldom use condoms is because the relationship is steady in the sense that they have only one partner (34%). The second major reason here is because they use condoms only when their partner is not using another contraceptive method (27%). It is interesting to note that only 7% reported that they seldom or never use condoms because the condoms limit pleasure or that they are not comfortable using them.

Men who have sexual intercourse with a non-steady partner were also asked how often they use condoms during intercourse. Table 10.6 shows that over half of those who use condoms reported that they do so 'Always'. Only 8% reported using condoms 'Most of the Time' and another 3% reported 'Seldom' using them. However, it is worth noting that 32% report that they never have sex with a non-steady partner. These men in non-steady relationships were then asked why they use condoms with a non-steady partner. Table 10.7 presents the results to this question. This table shows that the main reason why these men use condoms is to prevent being infected with HIV/AIDS (75%). The second most popular reason was to prevent unwanted pregnancies (70%). Prevention of STIs is also of concern to men in non-steady relationships, since 59% reported using condoms to avoid these infections. It is noted that, as would be expected, the percentage here is much higher than for those in

steady relationships. In the latter relationships, men are more confident of their partner's health, and they can therefore take more risks. Men who have a non-steady partner and who reported that they 'Seldom' or 'Never' use condoms during sexual intercourse with their partner were also asked why they seldom or never use condoms. Surprisingly, as Table 10.8 reveals, 40% claim to seldom or never use a condom because they are faithful to each other. What is not clear is whether this fidelity is certain. Surely, fidelity is more likely in a steady rather than in a non-steady relationship. Without being aware of it, therefore, these men may be at a much higher risk of infection.

10.4 Other Matters Relating to Condom Use

All men who reported that they had ever used a condom were further asked to share other experiences relating to the use of it. Since, from time to time, males report that condoms cause some inconvenience or discomfort, the respondents in the survey were asked to report the specific problem that use of condoms may cause. Table 10.9 presents these results. This table shows that only 16% of condom users reported that they experienced some inconvenience or discomfort with the use of the condom. The table further reveals that the main problem seems to be with the 'Sensitivity' (67%) of the condom. Although it is not very clear from the survey, for the few who reported this problem, it may be that the condom disrupts the natural pleasure of sexual intercourse, as anecdotal evidence suggests. The data from this survey, as captured in Table 10.9, show that the least problem reported was that the condom 'Irritates the Partner' (4%). There are some milder concerns about condom use like 'Interruption of Sexual Act when you put on the Condom' (21%), 'Condom Breaks' (19%), and that it 'Stayed Inside' (15%). The overwhelming majority of 83% who reported no discomfort or inconvenience using a condom is convincing that more use of the condom during sexual intercourse could be successfully promoted.

Respondents were also asked for the brand name of condoms they use most. The reliability of the answers given to this question may be questionable, however, since there is no objective means of verifying the respondents' reliable recall of brand names. It is usual for people to buy products without taking much note of brand names. However, the results to this question presented in Table 10.10 may indicate a trend in preference for one brand name over another. 'Rough Rider' brand of condoms appears to be the most popular (39%) brand that men use, followed by 'Vive' (12%). Six (6%) prefer using 'Wet and Wild' or 'Bareback'. It is interesting to note that most of the men do not care about the brand name of

condoms. Surely, these men could either not recall the brand name or may indeed be using cheaper condoms with no brand name.

In the case of those who reported that they have never used a condom, they were asked whether they know where to obtain condoms. In all cases, the major sources of purchase of condoms, as summarized in Table 10.11, is the pharmacy and the supermarket/bar/grocery store. In the case of those presently using condoms, 68% reported that they obtain them from a 'Pharmacy or Drug Store'. Another 24% obtained their condoms from a supermarket, 'Bar or Grocery Store'. Only 2% obtained condoms from a hospital. The latter may be reflecting the passive support for condom use by established hospitals. As documented above, this pattern in the source of purchase is similar among those who have used condoms, but are not presently doing so. Seventy three percent (73%) of these men reported that they often obtained their condoms from the 'Pharmacy or Drug Store' and 14% from the 'Supermarket, Bar or Grocery Store'. Surprisingly, another 6% said that they obtained their condoms from 'Friends, Neighbours or Family Members'. Only 1% of men in this category obtained condoms from a 'Government Hospital', and another 2% from the 'Belize Family Life Association'. The pattern among those who have never used condoms deviates only slightly somewhat from the above. Among these men, 74% know that condoms are obtainable from the 'Pharmacy or Drug Store', 14% know of the 'Supermarket, Bar or Grocery Store' as a source of purchase, but strangely, 1.5% report that condoms can be obtained from the 'Government Facility', and 5% get them from a friend. A further 3% stated the BFLA as the main source and another 3% reported that 'Private Facility' is the main source that they know of.

Since the effectiveness of condoms reduces with age as well as with improper care and storage, and since information here is very useful in order to properly educate the user, questions relating to these issues were asked of respondents in the survey. All who are currently using condoms were asked if they normally keep condoms. Eighty one percent (81%) (result not shown) reported that they often keep condoms. These were further asked to name the place where they keep their condoms. Table 10.12 shows these results. The 'Wallet' (43%) is the most common place to keep condoms. The second most common place is in the 'Cupboard or Drawer' (37%). Ten percent (10%) of the men reported that they keep their condoms in their 'Pockets' and another 3% keep them in their 'Car'.

Even if males use condoms regularly, they may still be at risk of contracting HIV/AIDS or another STI, if the condom used is not in a good condition. To get some

indications of how well men know whether condoms are good or not, respondents were asked relevant questions about the 'goodness' of packaged condoms. Table 10.13 shows these results. Almost 59% confirmed that 'The Expiry Date' on condoms can tell you if a packaged condom is still good. Thirty nine percent (39%) agreed that if the package does not have any 'Holes, Tears or Leakage of Lubricant' then you can tell if the packaged condom is good. Only 12% mentioned that if there is 'Air inside the Package' one can tell if the condom is good, whereas 13% reported that they can assess 'goodness' if the condom has 'Lubricant after Opening'.

Finally, respondents were all asked whether they agree or not with some common statements that are often used in association with condom use. The results to these questions are tabulated in Table 10.14. The first such statement was that. 'Condoms reduce sexual pleasure'. Thirty nine percent (39%) agreed with this statement, whereas 22% disagreed. Secondly, respondents were asked whether 'Condoms should be used if partner requests'. A very large percentage (66%) agreed with this and only 10% disagreed. It would be good if comparative figures for this statement relating to men's opinion were available for ten (10) years ago. A common belief is that if the female partner requests the use of a condom, the male would strongly object. These figures are disputing this belief, which may only have been true some years ago. The statement that 'Condoms cause irritation on the penis and vagina' may also be an outdated belief, since the table is also showing that only 19% of the men in the survey who use condoms, agreed with this statement. However, a rather large percentage (67%) agree that 'A new condom should be used in every ejaculation', and 56% confirmed that 'A man does not need to use a condom if he is faithful to his partner'.

10.5 Summary

As a conclusion, the following summary is in order. The second most known method of contraception is the use of the condom. Yet, of the just under 40% currently using a form of contraception, approximately 16% use condoms during sexual intercourse. Younger men less than thirty years old are more likely to use condoms. Half of the men in 'Steady' or 'Non-Steady' relationships use condoms always during sexual intercourse. In the case of the former, the main reason is to avoid an unwanted pregnancy. In the case of the latter, the main reason is to avoid contracting HIV/AIDS. Available data show that only 17% reported that they have problems using a condom, and this problem is mainly with the sensitivity of the condom. It appears that the condom reduces sensitivity. Condom users show a preference for the 'Rough Rider' brand name of condoms over the others, since approximately 38%

reported using this brand. The pharmacy or drug store is the main source of purchase of condoms for men, followed by the supermarket, bar or grocery store. The 'Wallet' is the place named by most condom users for storage of their condoms. The 'Drawer or Cupboard' is the second most popular place. A large number of men who use condoms report that a good way of knowing whether they are good is by the 'Expiry Date'.

TABLE 10-1

**BELIZE: Use of Condom, by Age:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Age	Percent	No. of Cases (Unweighted)
15-19	12.0	(86)
20-24	17.0	(122)
25-29	19.9	(143)
30-34	15.2	(109)
35 -39	13.9	(100)
40-44	7.8	(56)
45-49	6.1	(44)
50-54	4.3	(31)
55-59	2.4	(17)
60-64	1.3	(9)
Total	100.0	(717)

TABLE 10-2

**BELIZE: Use of Condom, by Education Level:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Education Level	Percent	No. of Cases (Unweighted)
None	0.6	(4)
Incomplete Primary	15.1	(108)
Complete Primary	33.1	(237)
Secondary	33.3	(239)
Post Secondary	17.7	(127)
Unknown	0.3	(2)
Total	100.0	(717)

TABLE 10-3**BELIZE: Use Of Condoms With Steady Partner:
1999 Family Health Survey
(Percent Distribution)**

Frequency of Use of Condoms	Percent	No. of Cases (Unweighted)
Always	50.3	(160)
Most of the Time	22.3	(71)
Seldom	14.2	(45)
Never	7.9	(25)
No steady Partner	4.7	(15)
Unknown	0.6	(2)
Total	100.0	(318)

TABLE 10-4

**BELIZE: Reasons For Use Of Condoms:
1999 Family Health Survey
(Percent Distribution)**

Reasons	Percent	No. of Cases (Unweighted)
To Prevent Unwanted Pregnancies	88.0	(276)
To Prevent HIV/AIDS	36.6	(276)
To Prevent STIs	29.0	(276)
To Prevent Infecting Partner	5.1	(276)
Hygiene (e.g. during menstruation)	3.6	(276)
Other	0.0	(276)
Unknown	0.7	(276)

TABLE 10-5**BELIZE: Reasons For Seldom Or Never Use Of Condoms:
1999 Family Health Survey
(Percent Distribution)**

Reasons	Percent	No. of Cases (Unweighted)
It's Expensive	0.0	0
Rarely Has Sex	4.3	(3)
Use it Only on Fertile Days	5.7	(4)
Use it Only When Partner is Not Using Other Method	27.1	(19)
Limits Pleasure/ Not Comfortable	7.1	(5)
Use it Only in Extra-Marital Affairs/ Different Partner	8.6	(6)
Only Have One Partner/ Faithful	34.3	(24)
Use it Only With Strangers	2.9	(2)
It is not Safe	0.0	0
Partner Opposes	0.0	0
Other	7.1	(5)
Unknown	2.9	(2)
Total	100.0	(70)

TABLE 10-6

**BELIZE: Use Of Condoms With Non-Steady Partner:
1999 Family Health Survey
(Percent Distribution)**

Frequency	Percent	No. of Cases (Unweighted)
Always	50.9	(162)
Most of the Time	7.5	(24)
Seldom	2.8	(9)
Never	5.0	(16)
Never Have Sex With Steady Partner	32.1	(102)
Unknown	1.6	(5)
Total	100.0	(318)

TABLE 10-7

**BELIZE: Reasons For Use Of Condoms
With Non-Steady Partner:
1999 Family Health Survey
(Percent Distribution)**

Reasons	Percent	No. of Cases (Unweighted)
To Prevent Unwanted Pregnancies	70.3	(195)
To Prevent HIV/AIDS	75.4	(195)
To Prevent STIs	59.0	(195)
To Prevent Infecting Partner	6.7	(195)
Hygiene (e.g. during menstruation)	6.2	(195)
Other	2.1	(195)
Unknown	0.0	(195)

TABLE 10-8

**BELIZE: Reasons For Seldom Or Never Use Of Condoms
With A Non-Steady Partner:
1999 Family Health Survey
(Percent Distribution)**

Reasons for Seldom Using or Never Using Condoms With a Non-Steady Partner	Percent	No. of Cases (Unweighted)
It's Expensive	0.0	0
Rarely Has Sex	28.0	(7)
Use it Only on Fertile Days	0.0	0
Use it Only When Partner is Not Using Other Method	4.0	(1)
Limits Pleasure/ Not Comfortable	4.0	(1)
Use it Only in Extra-Marital Affairs/ Different Partner	0.0	0
Only Have One Partner/ Faithful	40.0	(10)
Use it Only With Strangers	0.0	0
It is not Safe	4.0	(1)
Partner Opposes	0.0	0
Other	8.0	(2)
Unknown	12.0	(3)
Total	100.0	(25)

TABLE 10-9

**BELIZE: Type Of Problem Or Inconvenience With Use Of Condoms
Among current Users:
1999 Family Health Survey
(Percent Distribution)**

Type of Problem/ Inconvenience	Percent	No. of Cases (Unweighted)
They Irritate You/ They Feel Hot/ Burn	16.4	(55)
They Irritate Your Partner	3.6	(55)
Sensitivity is Not The Same	63.6	(55)
Interruption of Sexual Act When You Put On The Condom	25.5	(55)
Condoms Break	23.6	(55)
It Stayed Inside Partner	14.5	(55)
Smell of The Lubricant/ Condom	9.1	(55)
Other	3.6	(55)
Unknown	0.0	(55)
Type of Problem/ Inconvenience mentioned By Those Who Are Not Presently Using Condoms But Who Have Used	Percent	No. of Cases (Unweighted)
They Irritate You/ They Feel Hot/ Burn	20.9	(91)
They Irritate Your Partner	5.5	(91)
Sensitivity is Not The Same	64.8	(91)
Interruption of Sexual Act When You Put On The Condom	24.2	(91)
Condoms Break	14.3	(91)
It Stayed Inside Partner	2.2	(91)
Smell of The Lubricant/ Condom	12.1	(91)
Other	1.1	(91)
Unknown	1.1	(91)

TABLE 10-10**BELIZE: Brand Names Of Most Commonly Used Condoms
1999 Family Health Survey
(Percent Distribution)**

Name	Percent	No. of Cases (Unweighted)
Magnum	1.3	(4)
Rough Rider	38.7	(123)
Guardian	0.9	(3)
Stimula	0.3	(1)
Vive	11.9	(38)
Innotex	0.3	(1)
Generic (no color, no logo)	0.3	(1)
Erotica	4.1	(13)
Trojan	4.4	(14)
Bareback	6.0	(19)
Ramses	0.3	(1)
Wet and Wild	6.3	(20)
Nuda		
Playboy	1.6	(5)
Any brand/ Don't Care About Brand	12.9	(41)
Other	5.7	(18)
Unknown	5.0	(16)
Total	100.0	(318)

TABLE 10-11

**BELIZE: Source Of Condoms For Current Users:
1999 Family Health Survey
(Percent Distribution)**

Source of Condoms	Percent	No. of Cases (Unweighted)
Government Facility	2.5	(8)
Private Facility	1.3	(4)
BFLA	0.9	(3)
Pharmacy/Drugstore	68.2	(217)
Friend/Neighbor/Family Member	1.9	(6)
Community Health Worker	0.0	0
Supermarket/Bar/Grocery Store	23.0	(73)
Other/Unknown	2.2	(7)
Total	100.0	(318)
Source of Condoms For Those Who Are Not Using Condoms Presently But Who Have Used	Percent	No. of Cases (Unweighted)
Government Facility	1.5	(6)
Private Facility	0.3	(1)
BFLA	2.5	(10)
Pharmacy/Drugstore	73.0	(287)
Friend/Neighbor/Family Member	5.3	(21)
Community Health Worker	0.5	(2)
Supermarket/Bar/Grocery Store	13.7	(54)
Other/Unknown	3.1	(12)
Total	100.0	(393)

TABLE 10-12**BELIZE: Place Of Storage Of Condoms
1999 Family Health Survey
(Percent Distribution)**

Storage	Percent	No of Cases (Unweighted)
Car	3.4	(9)
Wallet	43.1	(115)
Refrigerator	0.7	(2)
Cupboard/ Drawer	36.7	(98)
Pocket	9.4	(25)
Other	5.6	(15)
Unknown	1.1	(3)
Total	100.0	(267)

TABLE 10-13

**BELIZE: Indications When Condoms Are Still Good For Use:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Indicator	Percent	No. of Cases (Unweighted)
The Expiration Date	58.5	(1594)
The Package Doesn't Have Any Holes, Tears or Leakage of Lubricant	39.1	(1594)
There is Air Inside the Package After Opening, The Condom Has Lubricant	12.1	(1594)
	13.0	(1594)
Other	6.0	(1594)

TABLE 10-14

**BELIZE: Statements About Condoms:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Statements About Condoms	Percent	No. of Cases (Unweighted)
Condoms Reduce Sexual Pleasure	39.3	(1594)
Condoms Should Be Used if Partner Requests	66.2	(1594)
Condoms Cause Irritation on Penis and Vagina	19.3	(1594)
A New Condom Should Be Used in Every Ejaculation	66.8	(1594)
A Man Does Not Need to Use a Condom if He is Faithful to His Partner	56.0	(1594)

CHAPTER 11

DRUG USE AND DOMESTIC VIOLENCE

11.1 Introduction

Seventy seven percent of men aged 15 to 64 stated that family violence is a significant issue in society (see Chapter 5). In Belize, a serious limitation in addressing the problem of domestic violence is the lack of intervention programmes targeted at a clearly defined population of high risk. Given that drug use can be a cause of violence, this chapter covers the use of alcohol, cigarette, and marijuana among men aged 15 to 64 years, along with the men's experience as victims of abuse and their opinions on violence against two victims: their partner and their children.

To explore more on the health profile of Belizean men, questions were asked on drug use. The most popular drug among men aged 15 to 64 years is alcohol (see Graph 11-1). Out of every ten men, seven stated ever drinking alcohol. Only 58% of men are presently consuming alcohol. In order of highest to lowest consumption, other drugs ever consumed are cigarette (47%), marijuana (20%), crack/cocaine (2%) and heroin (less than 1%). Men reported to have decreased their consumption levels on all these drugs. It should be noted that almost half of men who smoked cigarette report that they are no longer smoking, and seventy percent of men who smoked marijuana state the same. Similarly, eighty percent of men who consumed crack/cocaine report that they are no longer consuming crack/cocaine. Only four men stated that they ever used heroin, while only two are presently using heroin. Although the significant decrease of drug consumption is favourable, it may be that the true picture of drug use among men remains hidden.

11.2 Alcoholic Beverages

Alcohol is highly consumed by all men aged 15 to 64 years, regardless of place of residence, marital status, age and educational level (Table 11.1). It is well known that in Belize, alcohol is consumed on special occasions, whether they be happy occasions (baptism, confirmation, wedding, public functions, birthday parties, etc.) or moments of sadness ('wakes', etc.). Belize even produces its own rum and beer from cane and other products. Even if the law states that alcohol should only be sold to persons 18 years or older, it is well

known that this law is not enforced in many cases. The only restriction for not being able to consume alcohol seems to be the inability to pay for the beverage.

Fifty three percent of men 15 to 19 years indicated ever drinking alcohol, while 92% of men aged 50-54 years have consumed alcoholic beverages at some time in the past. The experience of drinking alcohol is higher among men in the urban areas, visiting partners, married men and men with a higher level of education.

In general, the likelihood of men stopping the consumption of alcohol increases with age. Note also that educational level has a direct relationship with the likelihood of drinking alcohol. Men from the urban areas have a much higher consumption level of alcohol than men in the rural areas. Men in the rural areas report having a 22 percentage points decrease in alcohol consumption compared to 17 percentage points decrease in the urban.

Almost 67% of men aged 15 to 64 years drink 1 to 9 drinks per occasion, while 20% drink 10 or more drinks during the same period (Table 11.2). Men who drink 10 drinks or more tend to be men in union, men aged 35 to 64, and men who have completed primary level education. The tendency of drinking 10 drinks is higher among older men. Eighteen percent of male youths aged 15-24 years who are presently drinking, consume 10 or more drinks of alcohol per occasion. Although more men in the urban areas report to be presently drinking alcohol, men from the rural areas have a higher probability of drinking 15 or more drinks per occasion than men from urban areas.

11.3 Cigarette Smoking

Cigarette smoking is a principal risk factor of cardiovascular diseases and cancer. Of all men aged 15. to 64 years, 47% indicate ever smoking cigarette. However, only 23% report that they are presently smoking (Table 11.3). The likelihood of ever smoking cigarette is higher among men in the urban areas, men aged 50 to 54 years, men in union and men with no education. Note that 27% of youths aged 15 to 19 years have experimented with smoking cigarettes.

Almost one of every four men aged 15 to 64 is currently smoking cigarettes. Cigarette smoking is more prevalent among men in the urban areas, men in union, men aged 50 to 54 years, and men with no level of education. Nonetheless, there is a high percentage of men aged 15-19 (16%) and 20 to 24 years (18%) who are presently smoking. As the

educational level of men increases, the probability of smoking cigarette decreases. For instance, 17% of men with post secondary education are currently smoking cigarette compared with 38% among men with no level of education. A high percentage of men with post secondary education report experimenting with cigarette smoking at least once in their lifetime but they are the ones who are more likely to discontinue its use.

Information was also collected on the number of cigarettes smoked daily. More than half of the men who smoke, consume 1 to 4 cigarettes daily (Table 11.4). Out of every ten men who smoke, two smoke more than 10 cigarettes daily. It is interesting to note that 5% of men are smoking a pack or more of cigarettes (20 or more cigarettes) daily.

The number of cigarettes smoked daily does not vary significantly by residence. The prevalence of smoking 10 or more cigarettes daily is higher among married men, men 35 to 64 years and men with complete primary education. Note that 3% of men aged 15 to 24 years are smoking 20 or more cigarettes daily. In general, cigarette smokers who are either 15-24 years or with secondary or higher level of education completed are the ones who smoke the least number of cigarettes daily.

11.4 Marijuana Consumption

Marijuana is an illicit drug in Belize. Nonetheless, almost one out of every five men aged 15 to 64 years report to have smoked marijuana at some time in their lives (Table 11.5). There is a higher probability for men in the urban areas to have experimented with marijuana than men in the rural areas. The likelihood of experimenting with marijuana is higher among men who are visiting partners (31%), men 35 to 64 years (22%) and men with post secondary education (23%). The probability of ever experimenting with this illicit drug increases with educational level.

Only 6% of men report that they are presently smoking marijuana. This represents 14 percentage points difference from those who report ever using this drug. Men who have the highest likelihood to be presently consuming marijuana are men from the urban areas (8%), men who are visiting partners (15%), men aged 15 to 24 years (7%) and men with secondary level of education completed (7%).

It is important to note that while men with post secondary education are the most likely to experiment with marijuana in the past, they are the least likely to be currently

smoking marijuana. Although male youths 15 to 24 years have the lowest probability of ever using marijuana, they have the highest probability of presently smoking this illicit drug. Note that men aged 15 to 24 are the least likely to be presently drinking alcohol and smoking cigarettes. The young male population shows more preference for harder drugs than older men.

11.5 Domestic Violence

Cross-cultural research has shown that violence is an integral part of virtually all cultures. A review of 35 prevalence studies in industrial and developing countries showed that one-quarter to more than one-half of the women reported having been physically abused by a male partner. Given the importance of domestic violence in Belize, men aged 15 to 64 years were asked to state how they handle relationship conflicts. It is interesting to note that half of the men state that they *discuss the problems* and 21% state that they rather *go out* when faced with a relationship conflict (Table 11.6). A lower percentage of men say that they *never have conflicts* (15%), while others state that they prefer to *set the rules and regulations* (4%). Nonetheless, one (1) percent of men aged 15 to 64 state that they *respond violently*.

It is important to note that the likelihood to *discuss the problem* when faced with a conflict relationship is high among all men regardless of residence, marital status, age and educational *level*. Men who discuss the problem are more likely to be in the urban areas, married, aged 25 to 34 years and with post secondary level of education. However, men who opt to *go out* as a way of handling relationship conflicts are men who are visiting partners, men aged 15 to 24 years and men who have completed primary school. The likelihood of *going out* or stating that they *never have conflicts* increases with age.

The way of handling conflicts in relationships varies significantly between men who have been abused and those who have not been abused, with the only exception being among those who state that they prefer to *discuss the problems*, where the proportion is the same. Men who have been abused are more likely to *go out* or *set the rules and regulations* when they are faced with relationship problems, where the proportion is the same. Men who have never been abused have a higher probability of *never having relationship conflicts* (16%) than men who have been abused (6%).

All men aged 15 to 64 years were asked if they have ever been abused either physically, emotionally or sexually, as a child in their home. About nine percent of men stated being victims of child abuse (Table 11.7). The probability of being abused was higher among men in the rural areas, men who were visiting partners, men aged 15 to 24 years and men with secondary level education. As the age and the educational level decreases, the tendency of reporting being a victim of child abuse increases for all men in the sample.

Men's opinion under what circumstances they think it is acceptable to beat a woman vary for men who have been abused compared to men who have not been abused (Table 11.8). About three out of every ten men agree that it is acceptable to beat a woman when *she has an affair*. A lower but significant percentage agree that it is okay to beat a woman when *she is getting on your nerves* (6%) and when *she yells at you* (6%). More than 95% of men agree, however, that it is not right to beat a woman when the woman *does not want sex*, when *the food is not on time*, when *the kids are too noisy*, and when *they are tired*.

In most circumstances the agreement to beat a woman is more strongly expressed among men who have been abused. For instance, 36% of men who have been abused stated that it is acceptable to beat a woman when *she has an affair* compared to 28% of men who have never been abused.

Men were also asked to state under which circumstances it is in order to beat a child. Men tend to strongly agree that it is acceptable to beat children when *they do not listen or are disobedient* (63%) or when *they are upset* (47%) (Table 11.9). A lower percentage of men believe that it is right to beat children when *they get home late* (20%) or when *they have bad grades at school* (11%). More than ninety percent of men disagree that it is okay to beat children when *the children are too noisy* or *when the man is tired*. In general, men consider it more acceptable to beat a child than to beat a woman under different circumstances.

As expected, men who have been abused as a child have a higher likelihood to believe that it is okay to beat children under different circumstances than men who have not been abused. The difference in opinion is most outstanding between the two groups when the reason is *they do not listen or are disobedient*. Beating a child can be considered a form of corporal punishment that can have long term consequences. It is interesting to note that men who have been abused as children tend to accept more the beating of a woman or a child under different circumstances, than men who have not been abused. Several studies have

shown that physical abuse during childhood is a risk factor for depression, hopelessness, alcohol abuse, suicide, violence against peers, physical abuse of one's own children, and physical assaults on partners.

Table 11.10 shows that a higher percentage of men who have been abused are presently drinking alcohol. Also, men who are presently drinking alcohol tend to have a higher knowledge of situations considered as abuse in a home. It is interesting to note that 91% of men who currently drink alcohol believe that bruises, cuts or bullet wounds are a form of abuse in a home compared to 89% of men who do not drink alcohol.

Forms of physical abuse (bruises, cuts, bullet wounds, slapping, punching, pushing) are more likely to be considered as abuse in a home for men aged 15 to 64 years. Sexual abuse (forcing partner into sexual behaviour not acceptable to him/her or having sex without consent) are less likely considered as abuse in a home. Emotional abuse (threats, cursing, name-calling, not allowing partners to visit friends, partners, or other family members) is the least likely to be considered as a form of abuse.

Since men who have been abused in childhood expressed a higher acceptance of abuse at home, it is necessary to note that men who have been abused were first abused when they were 10 years and of these, half were physically abused (Table 11.11). Moreover, one out of every five men who were abused were both physically and emotionally abused. Half of the men who were abused also indicated that the father was responsible for the abuse while 18% stated that the mother was responsible.

Men who were both physically and emotionally abused have a high likelihood to be presently consuming alcohol. Similarly, men who were abused by a person other than their parents or grandparents are more likely to be currently drinking alcohol. Studies have shown that excessive consumption of alcohol is a risk factor for victimization as well as violence against women and against persons who are non-relatives.

11.6 Summary

Men aged 15 to 64 years consume the following drugs, in order of higher to lower preference: alcohol, cigarette, marijuana, crack/cocaine and heroine. A significant percentage of men who have experimented with these drugs are no longer using them. Male youths tend to have a high likelihood to be involved in harder drugs such as marijuana.

Men who have been abused in their childhood expressed a higher acceptance of beating a woman or a child under different circumstances. They also have a lower probability of not having relationship conflicts. These men were first abused at the age of ten and the abuser was more likely to be the father. Men who were abused also have a higher chance of presently consuming alcohol. In general, the negative consequences of child abuse are strongly expressed in a higher acceptance of the various forms of abuse at home and more alcohol consumption.

Only fifty percent of men discuss the problem when faced with relationship conflicts. Men find it more acceptable to beat a child than to beat a woman under different circumstances. Sixty three percent of men believe it is acceptable to beat a child when they do not listen or are disobedient and 29% agree that it is unacceptable to beat a woman when she is unfaithful. In general, Belizean men still highly accept corporal punishment as a means of discipline for their children and physical abuse against women for reasons of infidelity. They are also more likely to consider physical abuse as a form of abuse and are less likely to consider sexual and emotional abuse as a form of abuse. Emotional abuse is the least accepted form of abuse. In general, the cycle of abuse seems to be prevalent in Belize. In order to reduce drug abuse and domestic violence, violence intervention programmes should be targeted especially to the parents and youths. Fathers, in particular, should be targeted more in intervention programmes. Corporal punishment, drug abuse and domestic violence are present among Belizean men aged 15 to 64 years and should be urgently treated as a public health problem.

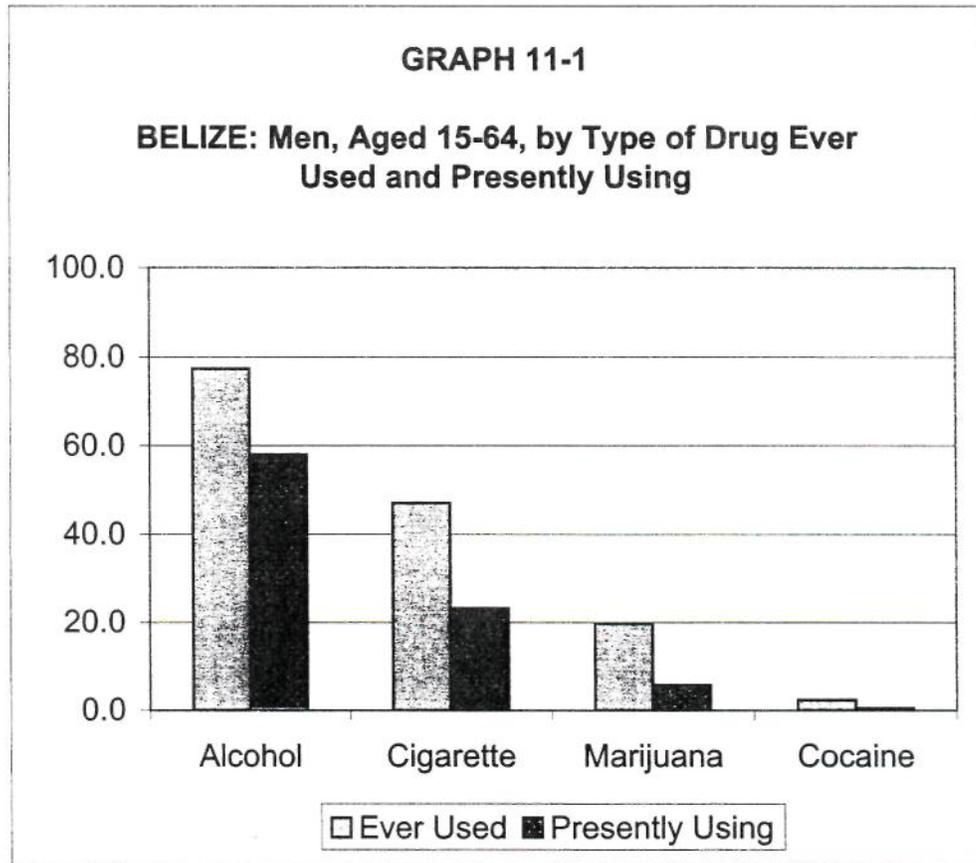
TABLE for GRAPH 11-1

**BELIZE: Ever Used Drugs and Presently Using Drugs,
by Type of Drugs:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Drug	Ever Used	Presently Using	No. of Cases* (Unweighted)
Alcohol	77.4	58.0	(1579)
Cigarette	47.1	23.2	(1579)
Marijuana	19.8	5.8	(1579)
Cocaine	2.4	0.5	(1579)

* Excludes 8 cases for whom marital status is unknown

* Excludes 5 cases for whom education level is unknown



Source: 1999 Family Health Survey

TABLE 11-1

**BELIZE: Ever Consumed Alcohol Beverages and Presently Consuming
Alcohol Beverages, by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Ever Drink Alcohol Beverages	Presently Drinking Alcohol Beverages	No. of Cases* (Unweighted)
Total	77.4	58.0	(1578)
<u>Residence</u>			
Urban	84.0	67.5	(813)
Rural	71.0	48.7	(765)
<u>Marital Status</u>			
Married/In Union	85.9	62.2	(959)
Sep./Div./Widowed	**	**	(2)
Visiting Partner	90.4	84.5	(115)
Not in Union	64.2	47.1	(502)
<u>Age</u>			
15- 19	53.4	38.4	(283)
20-24	83.8	70.2	(201)
25-29	88.1	77.7	(228)
30-34	79.8	58.6	(202)
35-39	88.4	62.7	(203)
40-44	82.1	62.7	(151)
45-49	88.2	65.1	(103)
50-54	92.1	61.7	(87)
55-59	87.2	44.2	(59)
60-64	84.4	41.6	(61)
<u>Education Level</u>			
None	79.6	38.9	(62)
Incomplete Primary	76.7	52.8	(345)
Complete Primary	76.8	56.7	(572)
Secondary	77.0	61.6	(423)
Post Secondary	81.8	69.9	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 11-2

**BELIZE: Presently Consuming Alcoholic Beverages,
By Number of Alcoholic Drinks Consumed per Occasion and Selected Characteristics:
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	No. of Drinks per Occasion						Total	No. of Cases* (Unweighted)
	1-4	5-9	10-14	15-19	20	Unknown		
Total	31.0	36.0	12.9	4.6	2.5	13.0	100.0	(939)
<u>Residence</u>								
Urban	33.0	37.0	13.8	4.5	1.8	10.0	100.0	(556)
Rural	28.2	34.7	11.7	4.8	3.5	17.2	100.0	(383)
<u>Marital Status</u>								
Married/In Union	27.0	37.0	14.1	3.9	2.9	15.0	100.0	(599)
Sep./Div./Widowed	**	**	**	**	**	**	100.0	(2)
Visiting Partner	33.5	41.9	13.3	1.6	1.6	8.1	100.0	(93)
Not in Union	36.3	32.0	10.7	6.9	2.2	11.8	100.0	(245)
<u>Age</u>								
15-24	35.8	34.4	10.5	5.4	2.5	11.5	100.0	(253)
25-34	24.8	39.1	15.4	5.2	3.0	12.6	100.0	(288)
35-64	30.9	35.2	13.5	3.5	14.8	14.8	100.0	(398)
<u>Education Level</u>								
None	29.0	35.9	6.5	2.5	6.5	19.7	100.0	(27)
Incomplete Primary	28.0	38.8	10.0	5.2	3.7	14.4	100.0	(190)
Complete Primary	26.5	32.8	19.3	5.6	2.6	13.2	100.0	(324)
Secondary	34.2	38.4	7.2	4.1	2.3	13.7	100.0	(275)
Post Secondary	41.4	34.6	14.3	2.2	0.0	7.5	100.0	(123)

* Excludes 5 cases for whom marital status is unknown.

* Excludes 2 cases for whom education level is unknown.

** Less than 25 cases

TABLE 11-3

**BELIZE: Ever Smoked Cigarettes and Presently Smoking Cigarettes, by
Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Ever Smoked Cigarettes	Presently Smoking Cigarettes	No. of Cases* (Unweighted)
Total	47.1	23.2	(1579)
<u>Residence</u>			
Urban	52.5	26.3	(813)
Rural	41.9	20.3	(766)
<u>Marital Status</u>			
Married/In Union	57.2	25.9	(961)
Sep./Div./Widowed	**	**	(2)
Visiting Partner	42.1	18.2	(115)
Not in Union	35.8	21.0	(501)
<u>Age</u>			
15-19	27.0	15.9	(283)
20-24	46.1	18.3	(201)
25-29	45.7	24.3	(228)
30-34	45.2	21.3	(203)
35-39	57.9	28.7	(203)
40-44	60.4	29.4	(150)
45-49	64.9	29.6	(103)
50-54	69.2	38.0	(87)
55-59	63.7	25.1	(60)
60-64	65.5	35.3	(61)
<u>Education Level</u>			
None	64.6	37.6	(62)
Incomplete Primary	49.3	23.7	(345)
Complete Primary	44.2	23.6	(572)
Secondary	44.4	22.8	(424)
Post Secondary	55.0	17.4	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 11-4

**BELIZE: Presently Smoking Cigarettes, by Number of Cases Smoked per Day
and Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	No. of Cigarettes per Day						Total	No. of Cases* (Unweighted)
	1-4	5-9	10-14	15-19	20+	Unknown		
Total	53.0	18.0	16.0	2.1	4.6	6.2	100.0	(360)
<u>Residence</u>								
Urban	53.4	17.3	16.2	1.6	5.0	6.5	100.0	(203)
Rural	52.5	19.0	15.9	2.7	4.1	5.9	100.0	(157)
<u>Marital Status</u>								
Married/In Union	47.6	20.0	19.4	1.8	3.4	7.8	100.0	(231)
Sep./Div./Widowed	**	**	**	**	**	**	100.0	(1)
Visiting Partner	**	**	**	**	**	**	100.0	(20)
Not in Union	59.7	15.1	12.0	3.0	5.8	4.5	100.0	(108)
<u>Age</u>								
15-24	76.7	13.0	3.7	2.2	3.0	3.0	100.0	(75)
25-34	50.7	22.9	11.3	2.6	7.3	7.3	100.0	(97)
35-64	38.9	18.5	26.2	1.8	8.1	8.1	100.0	(188)
<u>Education Level</u>								
None	**	**	**	**	**	**	100.0	(19)
Incomplete Primary	51.3	20.3	13.0	3.9	5.5	6.0	100.0	(83)
Complete Primary	45.2	19.6	21.6	1.9	3.9	7.7	100.0	(141)
Secondary	65.7	17.9	9.5	0.0	1.7	5.2	100.0	(93)
Post Secondary	**	**	**	**	**	**	100.0	(24)

* Excludes 5 cases for whom marital status is unknown.

* Excludes 2 cases for whom education level is unknown.

** Less than 25 cases

TABLE 11-5**BELIZE: Ever Smoked Marijuana and Presently Smoking Marijuana, by Selected Characteristics:****Men Aged 15-64****1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics	Ever Smoked Marijuana	Presently Smoking Marijuana	No. of Cases* (Unweighted)
Total	19.8	5.8	(1580)
<u>Residence</u>			
Urban	23.6	7.8	(814)
Rural	16.2	3.8	(766)
<u>Marital Status</u>			
Married/In Union	21.6	4.7	(961)
Sep./Div./Widowed	**	**	(2)
Visiting Partner	30.7	14.9	(115)
Not in Union	15.3	5.1	(502)
<u>Age</u>			
15-24	18.4	6.8	(484)
25-34	20.1	6.5	(431)
35-64	22.3	4.8	(665)
<u>Educational Level</u>			
None	9.1	0.0	(62)
Incomplete Primary	18.7	5.3	(346)
Complete Primary	19.7	6.5	(572)
Secondary	20.9	6.6	(424)
Post Secondary	23.2	3.4	(176)

* Excludes 8 cases for whom marital status is unknown.

* Excludes 5 cases for whom education level is unknown.

** Less than 25 cases

TABLE 11-6

**BELIZE: Ways In Which To Handle Conflicts In Relationship, by Selected Characteristics:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution**

Selected Characteristics	Ways of Handling Conflicts in Relationship								No. of Cases* (Unweighted)
	Discuss The Problems	Go Out	Never Have Conflicts	Set The Rules and Regulations	Respond Violently	Other	Unknown	Total	
Total	50.1	21.3	14.7	4.2	0.9	2.7	6.2	100.0	(1572)
<u>Residence</u>									
Urban	54.7	23.7	10.7	2.2	1.1	4.2	3.6	100.0	(809)
Rural	45.7	19.0	18.5	6.1	0.7	1.2	8.7	100.0	(763)
<u>Marital Status</u>									
Married/In Union	60.5	20.9	10.7	4.0	0.9	2.2	0.7	100.0	(956)
Sep./Div./Widowed	**	**	**	**	**	**	**	100.0	(2)
Visiting Partner	50.1	30.4	10.3	5.7	0.0	2.7	0.9	100.0	(114)
Not in Union	37.5	19.9	20.4	4.0	1.0	3.3	14.0	100.0	(500)
<u>Age</u>									
15-24	40.9	23.2	16.9	4.3	1.0	1.8	12.0	100.0	(480)
25-34	57.2	19.3	15.4	3.6	0.1	2.5	0.2	100.0	(431)
35-64	56.5	21.1	11.3	4.4	1.2	3.7	1.7	100.0	(661)
<u>Educational Level</u>									
None	65.5	13.1	17.4	4.1	0.0	0.0	0.0	100.0	(61)
Incomplete Primary	40.2	22.3	18.5	6.5	1.9	2.1	8.5	100.0	(345)
Complete Primary	45.7	23.9	13.4	5.6	0.5	3.6	7.3	100.0	(569)
Secondary	53.7	21.7	15.1	1.5	1.0	1.5	5.6	100.0	(422)
Post Secondary	73.8	11.6	8.4	1.2	0.0	4.6	0.4	100.0	(175)
<u>Ever been abused</u>									
Yes	50.7	28.4	5.7	6.6	0.4	4.0	4.2	100.0	(146)
No	50.1	20.6	15.5	3.9	0.9	2.5	6.4	100.0	(1426)

- * Excludes 8 cases for whom marital status is unknown.
- * Excludes 5 cases for whom education level is unknown.
- * Excludes 9 cases for whom ever been abused is unknown.
- ** Less than 25 cases

TABLE 11-7

**BELIZE: Incidence of Abuse at Home as Children, by Selected Characteristics:
Men Aged 15-64
Family Health Survey
(Percent Distribution)**

Selected Characteristics	Ever Been Abused		Total	No. of Cases* (Unweighted)
	YES	NO		
Total	8.8	91.2	100.0	(1585)
<u>Residence</u>				
Urban	8.3	91.7	100.0	(820)
Rural	9.4	90.6	100.0	(765)
<u>Marital Status</u>				
Married/In Union	7.9	92.1	100.0	(964)
Sep./Div./Widowed	**	**	100.0	(2)
Visiting Partner	11.6	88.4	100.0	(114)
Not in Union	9.5	90.5	100.0	(500)
Unknown	**	**	100.0	(5)
<u>Age</u>				
15-24	10.3	89.7	100.0	(484)
25-34	9.0	91.0	100.0	(435)
35-64	7.2	92.8	100.0	(462)
<u>Education Level</u>				
None	9.8	90.2	100.0	(62)
Incomplete Primary	9.4	90.6	100.0	(346)
Complete Primary	7.9	92.1	100.0	(569)
Secondary	10.1	89.9	100.0	(427)
Post Secondary	7.1	92.9	100.0	(176)
Unknown	**	**	100.0	(5)

* Excludes 9 cases for whom ever abused is unknown.

** Less than 25 cases

TABLE 11-8

**BELIZE: Opinion on Circumstances When It is Okay to Beat a Woman,
by Ever Been Abused:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Circumstances When It Is Okay To Beat A Woman	Ever Been Abused		Total
	Yes	No	
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(140)	(1445)	(1585)
<u>She Has An Affair</u>			
Agree	36.2	27.8	28.6
Not Agree	58.5	68.9	68.0
<u>She's Getting On Your Nerves</u>			
Agree	7.0	5.7	5.8
Not Agree	90.7	92.2	92.1
<u>She Yells At You</u>			
Agree	3.3	5.8	5.6
Not Agree	94.5	92.3	92.5
<u>Food Not On Time</u>			
Agree	5.1	2.2	2.5
Not Agree	93.5	96.5	96.2
<u>Does Not Want Sex</u>			
Agree	6.6	2.0	2.4
Not Agree	91.1	96.6	96.1
<u>Kits Too Noisy</u>			
Agree	0.0	0.8	0.8
Not Agree	98.4	97.8	97.9
<u>When You Are Tired</u>			
Agree	0.0	0.5	0.5
Not Agree	98.6	98.1	98.2

* Excludes 9 cases for whom ever abused is unknown.

TABLE 11-9

**BELIZE: Opinion on Circumstances When It is Okay to Beat a Child,
by Ever Been Abused:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Circumstances When It Is Okay To Beat A Child	Ever Been Abused		Total
	Yes	No	
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(140)	(1445)	(1585)
<u>When They Do Not Listen/Are Disobedient</u>			
Agree	73.5	61.7	62.8
Not Agree	26.1	37.3	36.3
<u>When They Are Upset</u>			
Agree	46.8	46.9	46.9
Not Agree	51.2	52.1	52.0
<u>When They Get Home Late</u>			
Agree	28.6	19.4	20.3
Not Agree	68.7	78.9	78.0
<u>When They Have Bad Grades At School</u>			
Agree	18.2	10.6	11.3
Not Agree	80.5	88.0	87.3
<u>When They Are Too Noisy</u>			
Agree	11.4	5.6	6.1
Not Agree	87.8	93.4	92.9
<u>When You Are Tired</u>			
Agree	1.4	1.7	1.7
Not Agree	98.6	97.3	97.4

* Excludes 9 cases for whom ever abused is unknown.

TABLE 11-10

**BELIZE: Alcoholic Consumption, by Selected Characteristics of Abuse:
Men Aged 15-64
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics of Abuse	Presently Drinking Alcoholic Beverages		Total
	Yes	No	
Total	100.0	100.0	100.0
No. of Cases (Unweighted)	(946)	(645)	(1594)
<u>Ever Been Abused</u>			
Abused as a Child	9.8	7.3	8.8
Not Been Abused as a Child	89.9	91.7	90.6
<u>Situations That Considers As Abuse in a Home</u>			
Bruises, Cuts, Bullet Wounds	91.0	88.6	89.9
Forcing Partner Into Sexual Behavior Not Acceptable to Him/Her	89.8	84.2	87.4
Slapping, Punching, Pushing	87.6	86.1	86.9
Having Sex Without Partners Consent	88.8	83.9	86.6
Threats, Cursing, Name-calling	79.4	75.6	77.7
Not Allowing Partner to Visit Friends, Partners, or Other Family Member	76.3	70.9	73.9

TABLE 11-11

**BELIZE: Alcoholic Consumption, by Selected Characteristics:
Men Aged 15-64 Who Have Been Abused as a Child in Their Homes
1999 Family Health Survey
(Percent Distribution)**

Selected Characteristics of Abuse	Presently Drinking Alcoholic Beverages		Total
	Yes	No	
Total	100.0	100.0	100.0
No. of Cases* (Unweighted)	(93)	(61)	(155)
<u>Average Age of First Abuse (yrs)</u>	10.4	9.5	10.0
<u>Type of Abuse</u>			
Physically	52.5	63.3	56.5
Physically and Emotionally	23.9	14.2	20.3
Emotionally	17.0	13.6	15.7
Physically and Sexually	2.6	0.0	1.6
Physically, Emotionally and Sexually	0.0	2.6	1.0
Sexually	0.0	1.3	0.5
Don't know/Not Stated	4.0	5.0	4.4
<u>Person Responsible for the Abuse</u>			
Father	48.3	50.6	49.2
Mother	17.9	18.8	18.3
Brother/Sister	7.2	5.0	6.4
Guardian	6.0	4.6	5.5
Don't know/Not stated	2.7	6.1	4.0
Other Relative	3.4	1.1	2.5
Grandparents	2.0	3.5	2.5
Other	12.4	10.3	11.7

* Excludes 9 cases for whom ever abused is unknown

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QUESTIONNAIRE NUMBER _____

1999 FAMILY HEALTH SURVEY - BELIZE

INDIVIDUAL QUESTIONNAIRE

(For men aged 13 - 69 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														
<p>* Interview Status Codes:</p> <table> <tr> <td>1 Completed Individual interview</td> <td>5 Refusal by household</td> </tr> <tr> <td>2 No eligible respondent</td> <td>6 Total Refusal by respondent</td> </tr> <tr> <td>3 Residents not at home</td> <td>7 Partial Refusal by respondent</td> </tr> <tr> <td>4 Respondent not at home</td> <td>8 Vacant Household</td> </tr> <tr> <td></td> <td>9 Other (specify) _____</td> </tr> </table>					1 Completed Individual interview	5 Refusal by household	2 No eligible respondent	6 Total Refusal by respondent	3 Residents not at home	7 Partial Refusal by respondent	4 Respondent not at home	8 Vacant Household		9 Other (specify) _____
1 Completed Individual interview	5 Refusal by household													
2 No eligible respondent	6 Total Refusal by respondent													
3 Residents not at home	7 Partial Refusal by respondent													
4 Respondent not at home	8 Vacant Household													
	9 Other (specify) _____													
<p><u>FOR OFFICE USE ONLY</u></p> <p>Reviewed by: _____ Date: _____</p> <p>Edited by: _____ Date: _____</p>														

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 MEN 13 TO 69 YEARS OF AGE WHO USUALLY LIVE IN THIS HOUSEHOLD? NUMBER ___ ___

RECORD BELOW ALL MEN 13 - 69 YEARS

H011. <u>Name</u> YOU SHOULD START WITH THE OLDEST	H012. <u>Age</u>
1	
2	
3	
4	
5	
6	
7	
8	

SELECTION OF RESPONDENT

LAST DIGIT OF QUESTIONNAIRE NUMBER	NO. OF MEN 13 – 69 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 man selected _____

226. Was your last (only) child planned or unplanned?
 1 Planned 9 Don't know/Not Stated
 2 Unplanned

NOTE TO INTERVIEWER: IF RESPONDENT HAS HAD ONLY ONE CHILD (Q205="01") SKIP TO Q229

227. How many women have had children for you? ____ women 99. DK/NS
NOTE: IF '01 WOMEN' SKIP TO Q229

228. Have you ever had more than one child born in the same year with different mothers
 1 Yes 2 No 9 DK/NS
 How many mothers ____

229. Is anyone (including your wife) pregnant for you now?
 1 Yes 2 No (SKIP TO SECTION 3) 9 DK/NS (SKIP TO SECTION 3)

230. Is it one woman or more than one who is pregnant for you?
 1 One 2 More than one 9 DK/NS
 How many ____

231. Did you want this pregnancy (these pregnancies)?
 1 Wanted one pregnancy 4 God's will, fate, didn't think about it
 2 Wanted all pregnancies 9 Don't know/Not Stated
 3 Wanted no pregnancy

232. What type of support do you give the (first prospective) baby mother ? [READ]
 1 No support at this time 4 Gives both emotional and financial support
 2 Gives emotional support only 8 Other (specify) _____
 3 Gives financial support only 9 Don't know/Not Stated

233. IF NO SECOND BABY MOTHER, CODE = 5 WITHOUT ASKING.
 OTHERWISE ASK: What type of support do you give the second prospective baby mother? [READ]
 1 No support at this time 5 No second baby mother
 2 Gives emotional support only 8 Other (specify) _____
 3 Gives financial support only 9 Don't know/Not Stated
 4 Gives both emotional and financial support

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 he 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.]

METHOD	A	B		C	
	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 . . .	. 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 your partner is able to get pregnant at the present time?
 1 Yes (SKIP TO Q304) 3 Already pregnant (SKIP TO Q304a)
 2 No 9 DK/NS (SKIP TO Q304)
303. Why not?
 1 Menopause 4 Sterile
 2 Has had an operation for medical reasons which makes pregnancy impossible (him or his partner) 5 Postpartum/breastfeeding
 6 Using contraception
 3 Has tried to get pregnant for at least 2 years without success 7 Not sexually active
 8 Other (specify _____)
 9 Don't know/Not Stated
304. Would you like her 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 Q335**
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 13 Fears side effects of method
 01 Knew of methods but didn't know where to get them 14 Past method had bad side effects
 02 Knew of method but couldn't afford it 15 Advanced age
 03 Knew of method but too far from source 16 Sexual intercourse not satisfying with last method
 04 Wanted to use a method but couldn't get it at that moment 17 Past method not effective
 05 Didn't know of any methods 18 Past method difficult to use
 06 Partner was against using something 19 Health/medical reasons
 07 Knew of method but too embarrassed to get method 20 Infertile
 08 Had method but too embarrassed to use method 21 Myth/cultural belief (specify _____)
 09 Wanted partner to become pregnant 22 Not sexually active
 10 Feared side effects of contraceptive methods 77 Don't remember
 11 Religious reasons 88 Other (specify _____)
 12 Did not want to use any method 99 Don't know/Not Stated
309. What was the month and year you\she stopped using a method?
 ___ ___ Month ___ ___ ___ Year 00 Don't know/Not Stated
310. Why did you\she stop using that method?
 01 Desire Pregnancy 11 Sexual Intercourse Not Satisfying
 02 Not Sexually Active 12 Method Not Effective
 03 Fears Side Effects 13 Method Difficult to Use
 04 Spouse Opposes 14 Lack of Money
 05 Religion 15 Health/Medical Reasons
 06 Had Bad Side Effects 16 Infertile
 07 Advanced Age 17 Embarrassed to Use
 08 Lack of Knowledge 18 Myth/Cultural Belief (specify _____)
 09 Far Distance to Source 88 Other (specify _____)
 10 Doesn't Like or Want to Use 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 Q328

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 Q328

314. Do you or your partner get your contraceptive supplies/or 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]
- | | <u>Yes</u> | <u>No</u> | <u>DK/NS</u> |
|------------------------|-------------|-------------|--------------|
| 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 |

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. What was your relationship to the second to last person with whom you had sexual intercourse?
 01 Wife/common-law
 02 Visiting partner
 03 Fiancée/girlfriend
 04 Friend
 05 Casual acquaintance
 06 Father's partner
 07 Prostitute/Sex worker
 08 No previous partner (SKIP TO Q333)
 88 Other (specify _____)
 99 Don't know/Not Stated
329. Did you or your second to the last partner use a contraceptive method the last time you had sexual intercourse together?
 1 Yes
 2 No (SKIP TO Q333)
 9 DK/NS (SKIP TO Q333)
330. 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
 88 Other (specify _____)
 99 Don't know/Not Stated
331. At the same time, did you or your second to the last partner also use a second method?
 1 Yes
 2 No (SKIP TO Q333)
 9 DK/NS (SKIP TO Q333)
332. 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
 88 Other (specify _____)
 99 Don't know/Not Stated
333. **1 RESPONDENT IS NOT CURRENTLY USING CONTRACEPTION → SKIP TO Q335 (SEE Q307).**
2 RESPONDENT IS STERILIZED → SKIP TO SECTION 4 (SEE Q301 OR Q312).
3 RESPONDENT CURRENTLY USING ANY OTHER METHOD → CONTINUE TO Q334 (SEE Q312).
334. Would you prefer to use a different method than the one you or your partner are now using?
 1 Yes (SKIP TO Q336)
 2 No (SKIP TO SEC. 4)
 9 DK/NS (SKIP TO SEC. 4)
335. 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)

336. What method would you like to use most?
- | | |
|---------------------------------|--|
| 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/foams | |
337. Do you know where to obtain this method?
- | | | |
|-------|---------------------|------------------------|
| 1 Yes | 2 No (SKIP TO Q340) | 9 DK/NS (SKIP TO Q340) |
|-------|---------------------|------------------------|
338. Would you or your partner get this method, or information about it 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 Q340) |
339. Where exactly would you or your partner get the method/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 |
340. 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 | 10 Partner opposes |
| 02 Knew of method but couldn't afford it | 11 Advanced age |
| 03 Knew of method but too far from source | 12 Health/medical reasons |
| 04 Wanted to use a method but couldn't get it at that moment | 13 Myth/cultural belief (specify _____) |
| 05 Knew of method but too embarrassed to get method | 14 Not sexually active |
| 06 Had method but too embarrassed to use method | 77 Don't remember |
| 07 Feared side effects of contraceptive methods | 88 Other (specify _____) |
| 08 Religious reasons | 99 Don't know/Not Stated |
| 09 Fears side effects of method | |

SECTION 4 - INTEREST IN VASECTOMY

401. INTERVIEWER: CIRCLE THE CORRECT STATUS.

- 1 RESPONDENT HAS HAD A VASECTOMY ---> SKIP TO SECTION 5 (SEE Q301)
- 2 RESPONDENT HAS LIVING CHILDREN --->CONTINUE WITH Q402 (SEE Q213)
- 3 RESPONDENT DOES NOT HAVE LIVING CHILDREN ---> SKIP TO Q408 (SEE Q213)

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 | 11 Prefers Using Other Methods |
| 02 Difficult to Reverse | 12 Considers Self Too Young |
| 03 Spouse Opposes | 13 May meet another partner in the future who wants children |
| 04 Religion | 14 Needs More Information |
| 05 Advanced Age | 15 Lack of Money |
| 06 Lack of Knowledge | 16 Health/Medical Reasons |
| 07 Far Distance to Source | 17 Infertile |
| 08 Doesn't Like or Want to Use | 88 Other (specify) _____ |
| 09 Fear of Operation | 99 Don't know/Not Stated |
| 10 Decrease sexual performance | |

SKIP TO SECTION 6

SECTION 5 - VASECTOMY

THIS SECTION IS FOR MEN WHO HAVE HAD A VASECTOMY (SEE Q301)
ALL OTHER MEN 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 wife/partner
 04 Subsequent health problems
 05 Religious issues/sense of culpability
 06 Surgery has caused emotional problems
 07 Cannot please wife/partner
 08 Feels less masculine
 09 Reduces chances of getting a partner
 88 Other (specify) _____
 99 Don't know/Not Stated
508. Would you recommend to another man that he 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 masculine
 2 More masculine
 3 Same as before having surgery
 4 Doesn't care how people see him
 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 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 5 Sixth Form or Equivalent
 2 Primary 6 University
 3 High School 9 Don't know/Not Stated
 4 BTTC/BCA/BNS

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 female with whom you first had sexual intercourse?
 01 Wife/common-law 07 Prostitute/Sex worker
 02 Visiting partner 08 Incest (mother/sister)
 03 Fiancée/girlfriend 09 Incest (other relative)
 04 Friend 88 Other (specify _____)
 05 Casual acquaintance 99 Don't know/Not Stated
 06 Father's partner

706. What was the age of the female at the time that you first had sexual intercourse with her?
 ____ ____ Years 98 Don't remember 99 Don't know/Not Stated

707. Was she in school at the time you first had sexual intercourse with her?
 1 Yes 2 No 9 DK/NS (SKIP TO Q709)

708. What standard/form/year and school level had she completed when you first had sexual intercourse?

 school level standard/form/year

RECORD BOTH A AND B

A Highest academic level completed?
 1 None 5 Sixth Form or Equivalent
 2 Primary 6 University
 3 High School 9 Don't know/Not Stated
 4 BTTC/BCA/BNS

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 female.
 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 | 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/foams | |
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 | 3 Abroad |
| 2 Elsewhere in country | 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, 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 |
713. Whose decision was it to use this method? You alone, your partner alone, or was it made together?
- | | |
|--------------------------|-------------------------|
| 1 My decision | 7 Don't remember |
| 2 Partner's decision | 9 Don't know/Not Stated |
| 3 Decision made together | |
- 713a. Did you use this method to prevent pregnancies, to prevent sexually transmitted infections/HIV/AIDS, or for some other reason?
- | | |
|-------------------------|-------------------------|
| 1 Prevent pregnancies | 8 Other (specify) _____ |
| 2 Prevent STIs/HIV/AIDS | 9 Don't know/Not Stated |
| 3 Both | |

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 | 09 Had method but too embarrassed to use method |
| 02 Knew of methods but didn't know where to get them | 10 Feared side effects of contraceptive methods |
| 03 Knew of method but couldn't afford it | 11 Religious reasons |
| 04 Knew of method but too far from source | 12 Did not want to use any method |
| 05 Wanted to use a method but couldn't get it at that moment | 77 Doesn't remember |
| 06 Didn't know of any methods | 88 Other (specify _____) |
| 07 Partner was against using something | 99 Don't know/Not Stated |
| 08 Knew of method but too embarrassed to get method | |
715. Have you had sexual intercourse with a female in the last 30 days?
- | | | |
|-------|---------------------|------------------------|
| 1 Yes | 2 No (SKIP TO Q717) | 9 DK/NS (SKIP TO Q717) |
|-------|---------------------|------------------------|

811. Why not?
- | | | |
|---------------------------|--|-------------------------|
| 1 End of my sex life | | 5 Fear of losing job |
| 2 Will be abused (beaten) | | 6 Fear of dying alone |
| 3 Will become an outcast | | 8 Other (specify) _____ |
| 4 Fear of losing children | | 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 efficient do you think condoms are in preventing the transmission of AIDS? [READ]
- | | | |
|----------------------|--|-------------------------|
| 1 Very efficient | | 4 Inefficient |
| 2 Efficient | | 8 Other (specify) _____ |
| 3 Not very efficient | | 9 Don't know/Not Stated |

SECTION 9 - CONDOMS

IF PERSON HAS NEVER HAD SEXUAL INTERCOURSE SKIP TO Q926 (SEE Q701)

900. Has a female ever suggested to you that you use a condom?
 1 Yes (SKIP TO Q902) 2 No 9 DK/NS
901. Would you use a condom if a female partner requests that a condom be used?
 1 Yes 2 No 9 DK/NS

SKIP TO Q903

902. Did you use a condom?
 1 Yes 2 No 9 DK/NS
903. Have you ever suggested to a female partner that you use a condom?
 1 Yes 2 No (SKIP TO Q905) 9 DK/NS (SKIP TO Q905)
904. Did she agree to have you use a condom?
 1 Yes 2 No 9 DK/NS
905. Are you presently using condoms with any female?
 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 4 Never (SKIP TO Q908)
 2 Most of a the time 5 No steady partner (SKIP TO Q909)
 3 Seldom 9 Don't know/Not Stated (SKIP TO Q909)

907. Why do you use condoms with a steady partner? (Don't read)
- | | <u>Yes</u> | <u>No</u> |
|--|-----------------------|-----------------------|
| 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, ALL OTHERS SKIP TO Q909

908. Why do you seldom or never use?
- | | |
|---|-----------------------------------|
| 01 It's expensive | 07 Only have one partner/faithful |
| 02 Rarely has sex | 08 Use it only with strangers |
| 03 Use it only on fertile days | 09 It is not safe |
| 04 Use it only when partner is not using other method | 10 Partner opposes |
| 05 Limits pleasure/not comfortable | 88 Other (specify) _____ |
| 06 Use it only in extra-marital affairs/different partner | 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 4 Never (SKIP TO Q911)
 2 Most of a the time 5 Never have sex with non-steady partner (SKIP TO Q912)
 3 Seldom 9 Don't know/Not Stated (SKIP TO Q912)

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]

	<u>Agree</u>	<u>Not agree</u>	<u>DK/NS</u>
01 Condoms reduce sexual pleasure. . . . .	.. 1..	.... 2. ....	..... 9.
02 Condoms should be used if partner requests. . . . .	.. 1..	.... 2. ....	..... 9.
03 Condoms cause irritation on penis and vagina. . . . .	.. 1..	.... 2. ....	..... 9.
04 A new condom should be used in every ejaculation. . . . .	.. 1..	.... 2. ....	..... 9.
05 A man does not need to use a condom if he is faithful to his partner	.. 1..	.... 2. ....	..... 9.

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 5 When she is mature enough
 2 After completing her education 8 Other (specify _____)
 3 One to two years after entering into a stable union 9 Don't know/Not Stated
 4 When she is economically stable
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 5 When he is mature enough
 2 After completing his education 8 Other (specify _____)
 3 One to two years after entering into a stable union 9 Don't know/Not Stated
 4 When he is economically stable
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 3 Equally likely to get pregnant
 2 Less 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 6 Religious leader
 2 The man 7 Fate, up to God
 3 Both partners 8 Other (Specify _____)
 4 Mother-in-law 9 Don't know/Not Stated
 5 Nurse/doctor/mid-wife
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 5 At any time
 2 Right after her period has ended 8 Other (specify _____)
 3 In the middle of the cycle 9 Don't know/Not Stated
 4 Just before her period begins

1124. Who do you think should decide whether a couple should use contraception?
- | | |
|-------------------------|-------------------------|
| 1 The woman | 6 Religious leader |
| 2 The man | 7 Fate, up to God |
| 3 Both partners | 8 Other (Specify _____) |
| 4 Mother-in-law | 9 Don't know/Not Stated |
| 5 Nurse/doctor/mid-wife | |
1125. Who should decide on what type of contraceptive a couple should use?
- | | |
|-------------------------|-------------------------|
| 1 The woman | 6 Religious leader |
| 2 The man | 7 Fate, up to God |
| 3 Both partners | 8 Other (Specify _____) |
| 4 Mother-in-law | 9 Don't know/Not Stated |
| 5 Nurse/doctor/mid-wife | |

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

	<u>True</u>	<u>Untrue</u>	<u>DK/NS</u>
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...