

**GOVERNMENT
OF THE
REPUBLIC OF NAMIBIA**



MINISTRY OF HEALTH AND SOCIAL SERVICES



**NAMIBIA
DEMOGRAPHIC
AND HEALTH
SURVEY
2000**



Namibia

Demographic and Health Survey

2000

Ministry of Health and Social Services
Windhoek, Namibia

October 2003

This report presents the findings from the 2000 Namibia Demographic and Health Survey (2000 NDHS), which was undertaken by the Ministry of Health and Social Services in collaboration with the Central Bureau of Statistics of the National Planning Commission. The Ministry of Health and Social Services was the main source of funding for the survey with additional financial assistance from UNICEF, HSSSP, UNFPA, French Cooperation, EU, GTZ, WHO, Spanish Cooperation and NaSoMa. Technical assistance was provided by the Demographic and Health Surveys programme at ORC Macro under contract with MOHSS.

Additional information about the 2000 NDHS may be obtained free of charge from the Ministry of Health and Social Services, Directorate Policy, Planning and Human Resource Development, Private Bag 13198, Harvey Street, Windhoek, Namibia (telephone: 264-61 203 9111; fax: 264-61 227 607, website: healthforall.net/grnmhss). Information about the DHS Project may be obtained by contacting ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (telephone: 301-572-0200; fax: 301-572-0999).

Selected citation: Ministry of Health and Social Services (MOHSS) [Namibia]. 2003. *Namibia Demographic and Health Survey 2000*. Windhoek, Namibia: MOHSS

CONTENTS

Tables and Figures	vii
Foreword	xiii
Preface	xv
Abbreviations	xvii
Summary of Findings	xix
Map of Namibia	xxii

CHAPTER 1 INTRODUCTION

1.1	Geography, History and Economy	1
1.2	Population	2
1.3	Health Services and Programmes	2
1.4	Survey Objectives and Implementation of the Project	3

CHAPTER 2 CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

2.1	Population by Age and Sex	9
2.2	Household Composition	10
2.3	Fosterhood and Orphanhood	11
2.4	Education Level of Household Population	13
2.5	School Attendance	17
2.6	Housing Characteristics	19
2.7	Background Characteristics of Respondents	25
2.8	Educational Level of Survey Respondents	27
2.9	Access to Media	30
2.10	Employment and Occupation	31
2.11	Women's Status	40

CHAPTER 3 FERTILITY

3.1	Current Fertility	47
3.2	Fertility Differentials	48
3.3	Fertility Trends	49
3.4	Children Ever Born	50
3.5	Births Intervals	51
3.6	Age at First Birth	53
3.7	Teenage Pregnancy and Motherhood	54
3.8	Attempts to Investigate Induced Abortion	56

CHAPTER 4 FERTILITY REGULATION

4.1	Knowledge of Family Planning	57
4.2	Ever Use of Family Planning	59
4.3	Current Use of Contraception	62
4.4	Number of Children at First Use of Contraception	68

4.5	Knowledge of the Ovulatory Cycle	68
4.6	Timing of Sterilisation	69
4.7	Sources of Contraceptive Methods	69
4.8	Informed Choice	70
4.9	Intention to Use Family Planning Among Nonusers	71
4.10	Exposure to Messages about Condoms.....	73
4.11	Attitudes Towards Family Planning	74
CHAPTER 5 OTHER DETERMINANTS OF FERTILITY		
5.1	Current Marital Status.....	79
5.2	Polygyny	80
5.3	Age at First Marriage.....	82
5.4	Age at First Sexual Intercourse.....	84
5.5	Recent Sexual Activity	86
5.6	Postpartum Amenorrhoea, Abstinence and Insusceptibility	89
5.7	Termination of Exposure to Pregnancy	90
CHAPTER 6 FERTILITY PREFERENCES		
6.1	Desire for More Children.....	91
6.2	Need for Family Planning Services	96
6.3	Ideal Number of Children	98
6.4	Fertility Planning	101
CHAPTER 7 INFANT AND CHILD MORTALITY		
7.1	Definitions, Methodology and Assessment of Data Quality.....	105
7.2	Childhood Mortality Levels and Trends	106
7.3	Childhood Mortality Differentials	107
7.4	Perinatal Mortality	110
7.5	High-Risk Fertility Behaviour	110
CHAPTER 8 ADULT AND MATERNAL MORTALITY		
8.1	The Data.....	113
8.2	Direct Estimates of Adult Mortality	114
8.3	Estimates of Maternal Mortality	115
CHAPTER 9 MATERNAL AND CHILD HEALTH		
9.1	Antenatal Care	117
9.2	Delivery Care.....	121
9.3	Postnatal Care	125
9.4	Constraints to Accessing Health Care.....	126
9.5	Birth Registration.....	128
9.6	Childhood Vaccinations.....	130
9.7	Acute Respiratory Infection and Fever	133
9.8	Use of Bednets	136
9.9	Stool Disposal	136
9.10	Prevalence and Treatment of Diarrhoea	137

CHAPTER 10 INFANT FEEDING AND CHILDHOOD NUTRITION

10.1	Initiation of Breastfeeding	143
10.2	Breastfeeding Status by Age.....	143
10.3	Duration of Breastfeeding.....	146
10.4	Types and Frequency of Supplemental Foods.....	146
10.5	Micronutrient Supplementation	148
10.6	Nutritional Status of Children.....	150

CHAPTER 11 HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

11.1	Knowledge about HIV/AIDS Prevention	155
11.2	Knowledge of HIV/AIDS-Related Issues.....	159
11.3	Social Aspects of HIV/AIDS Prevention and Mitigation	160
11.4	HIV Testing	166
11.5	Knowledge of Symptoms of Sexually Transmitted Infections	170
11.6	Number of Sexual Partners	172
11.7	Awareness, Availability and Use of Male Condoms.....	175
11.8	Men’s Attitudes Towards Condoms and Contraception.....	179

CHAPTER 12 SMOKING, ALCOHOL USE, AND WOMEN’S HEALTH TESTS

12.1	Smoking.....	181
12.2	Use of Alcohol.....	182
12.3	Women’s Health Tests.....	184

CHAPTER 13 ACCESS TO AND COST OF HEALTH CARE

13.1	Distance to Government Health Facilities	185
13.2	Time to government health facilities	186
13.3	Type of transport to government health facilities	187
13.4	Cost of Deliveries	188
13.5	Cost of Inpatient and Outpatient Care	188

REFERENCES	193
-------------------------	-----

APPENDIX A SAMPLE IMPLEMENTATION	195
---	-----

APPENDIX B ESTIMATES OF SAMPLING ERRORS	197
--	-----

APPENDIX C DATA QUALITY TABLES	205
---	-----

APPENDIX D SURVEY PERSONNEL	213
--	-----

APPENDIX E QUESTIONNAIRES	219
--	-----

TABLES AND FIGURES

CHAPTER 1 INTRODUCTION

Table 1.1	Results of the household and individual interviews	6
-----------	--	---

CHAPTER 2 CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Table 2.1	Household population by age, sex, and residence	9
Table 2.2	Population by age, according to selected sources	10
Table 2.3	Household composition	11
Table 2.4	Children's living arrangements	12
Table 2.5.1	Educational attainment of household population: women.....	14
Table 2.5.2	Educational attainment of household population: men.....	15
Table 2.6	School attendance ratios	18
Table 2.7	Housing characteristics.....	19
Table 2.8	Characteristics of households by background characteristics.....	21
Table 2.9	Characteristics of household salt	22
Table 2.10	Use of iodised salt.....	23
Table 2.11	Household durable goods	24
Table 2.12	Background characteristics of respondents	26
Table 2.13.1	Educational attainment by background characteristics: women.....	27
Table 2.13.2	Educational attainment by background characteristics: men.....	28
Table 2.14	Literacy	29
Table 2.15	Access to mass media	31
Table 2.16	Employment	32
Table 2.17.1	Occupation: women.....	34
Table 2.17.2	Occupation: men.....	35
Table 2.18.1	Employer and form of earnings: women	36
Table 2.18.2	Employer and form of earnings: men	37
Table 2.19	Decision on use of earnings and contribution of earnings to household expenditures.....	39
Table 2.20	Men's agreement with reasons for wife beating	41
Table 2.21.1	Reasons for refusing to have sexual relations with husband: women	42
Table 2.21.1	Reasons for refusing to have sexual relations with husband: men	43
Table 2.22	Men's agreement with certain actions husbands are justified in taking if a wife refuses sexual relations	45
Figure 2.1	Population pyramid of Namibia.....	10
Figure 2.2	Parental living arrangements of children under 15.....	13
Figure 2.3	Percentage of women and men who have no education by age group, Namibia 1992 and 2000.....	16
Figure 2.4	Percentage of households with electricity and sanitary toilet by region.....	22
Figure 2.5	Percentage of households owning various durable goods	24
Figure 2.6	Percent distribution of women age 15-49 by employment status	33

CHAPTER 3 FERTILITY

Table 3.1	Current fertility	47
Table 3.2	Fertility by background characteristics	48
Table 3.3	Trends in age-specific fertility rates	50
Table 3.4	Children ever born and living	50
Table 3.5	Birth intervals	52
Table 3.6	Age at first birth	53
Table 3.7	Median age at first birth by background characteristics	54
Table 3.8	Teenage pregnancy and motherhood	55
Figure 3.1	Age-specific fertility rates by urban-rural residence	48
Figure 3.2	Total fertility rates by residence	49
Figure 3.3	Pregnancy and childbearing among women age 15-19	56

CHAPTER 4 FERTILITY REGULATION

Table 4.1	Knowledge of contraceptive methods	58
Table 4.2	Trends in knowledge of contraceptive methods	58
Table 4.3.1	Ever use of contraception: women	60
Table 4.3.2	Ever use of contraception: men	61
Table 4.4	Current use of contraception	63
Table 4.5	Current use of contraception by background characteristics	65
Table 4.6	Trends in contraceptive use	67
Table 4.7	Number of children at first use of contraception	68
Table 4.8	Knowledge of fertile period	68
Table 4.9	Timing of sterilisation	69
Table 4.10	Source of supply	70
Table 4.11	Informed choice	71
Table 4.12	Future use of contraception	72
Table 4.13	Reason for not intending to use contraception	72
Table 4.14	Preferred method of contraception for future use	73
Table 4.15	Exposure to messages about condoms	74
Table 4.16	Discussion of family planning by couples	75
Table 4.17	Approval of family planning	76
Table 4.18	Attitudes of couples toward family planning	77
Table 4.19	Perception of spouse's approval of family planning	78
Figure 4.1	Trends in contraceptive knowledge among all women age 15-49, 1992-2000	59
Figure 4.2	Family planning methods currently used	64
Figure 4.3	Current use of contraceptives among sexually active women age 15-49	66
Figure 4.4	Trends in current contraceptive use among women age 15-49, 1992-2000	67

CHAPTER 5 OTHER DETERMINANTS OF FERTILITY

Table 5.1	Current marital status	79
Table 5.2	Polygyny	81
Table 5.3	Age at first marriage	83
Table 5.4	Median age at first marriage	84
Table 5.5	Age at first sexual intercourse	85
Table 5.6	Median age at first sexual intercourse	86
Table 5.7.1	Recent sexual activity: women	87
Table 5.7.2	Recent sexual activity: men	88

Table 5.8	Postpartum amenorrhoea, abstinence, and insusceptibility	89
Table 5.9	Median duration of postpartum insusceptibility by background characteristics	90
Table 5.10	Menopause.....	90
Figure 5.1	Marital status of women 15-49	80
CHAPTER 6 FERTILITY PREFERENCES		
Table 6.1	Fertility preferences by number of living children	92
Table 6.2	Fertility preferences by age	94
Table 6.3	Desire to limit childbearing by background characteristics.....	95
Table 6.4	Need for family planning.....	97
Table 6.5	Ideal and actual number of children	98
Table 6.6	Mean ideal number of children by background characteristics	101
Table 6.7	Fertility planning status	102
Table 6.8	Wanted fertility rates	103
Figure 6.1	Fertility preferences of women age 15-49.....	93
Figure 6.2	Desire to limit childbearing among women 15-49 and men 15-59, by number of living children	93
Figure 6.3	Trends in mean ideal number of children among women, 1992-2000	100
CHAPTER 7 INFANT AND CHILD MORTALITY		
Table 7.1	Early childhood mortality rates	106
Table 7.2	Early childhood mortality by background characteristics	108
Table 7.3	Early childhood mortality by demographic characteristics	109
Table 7.4	High-risk fertility behaviour	111
Figure 7.1	Age-specific mortality rates for five-year periods prior to the 1992 and 2000 NDHSs.....	107
Figure 7.2	Under-five mortality for the ten-year period preceding the survey by background characteristics	108
CHAPTER 8 ADULT AND MATERNAL MORTALITY		
Table 8.1	Data on siblings	114
Table 8.2	Adult mortality rates.....	115
Table 8.3	Direct estimates of maternal mortality	116
CHAPTER 9 MATERNAL AND CHILD HEALTH		
Table 9.1	Antenatal care	118
Table 9.2	Number of antenatal care visits and stage of pregnancy	119
Table 9.3	Antenatal care content	120
Table 9.4	Place of delivery	121
Table 9.5	Assistance during delivery.....	123
Table 9.6	Delivery characteristics	124
Table 9.7	Postnatal care by background characteristics	126
Table 9.8	Perceived problem in accessing women's health care	127
Table 9.9	Birth registration coverage	129
Table 9.10	Vaccinations by source of information.....	131
Table 9.11	Vaccinations by background characteristics.....	132
Table 9.12	Prevalence and treatment of acute respiratory infection.....	133

Table 9.13	Prevalence of fever and sources of treatment	135
Table 9.14	Use of mosquito nets	136
Table 9.15	Disposal of children's stool.....	137
Table 9.16	Prevalence of diarrhoea	138
Table 9.17	Knowledge of ORS packets.....	139
Table 9.18	Diarrhoea treatment	140
Table 9.19	Feeding practices during diarrhoea.....	141
Figure 9.1	Antenatal and delivery care indicators	119
Figure 9.2	Percentage of children age 12-23 months who have received specific vaccinations	131

CHAPTER 10 INFANT FEEDING AND CHILDHOOD NUTRITION

Table 10.1	Initial breastfeeding	143
Table 10.2	Breastfeeding status by child's age	145
Table 10.3	Median duration and frequency of breastfeeding	146
Table 10.4	Foods consumed by children in preceding 24 hours	147
Table 10.5	Micronutrients	149
Table 10.6	Nutritional status of children	152
Figure 10.1	Percentage of children under age 5 who live in households that use adequately iodised salt, by region.....	150
Figure 10.2	Percentage of children with low height-for-age, low weight-for-height, and low weight-for-age, by age of child.....	153

CHAPTER 11 HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Table 11.1	Knowledge of ways to avoid HIV/AIDS.....	156
Table 11.2.1	Knowledge of programmatically important ways to avoid HIV/AIDS: women	157
Table 11.2.2	Knowledge of programmatically important ways to avoid HIV/AIDS: men	158
Table 11.3	Knowledge of AIDS-related issues	159
Table 11.4	Discussion of HIV/AIDS with partner	161
Table 11.5.1	Social aspects of AIDS prevention and mitigation: women	162
Table 11.5.2	Social aspects of AIDS prevention and mitigation: men.....	163
Table 11.6	Discussion of HIV/AIDS.....	165
Table 11.7.1	HIV/AIDS testing: women.....	167
Table 11.7.2	HIV/AIDS testing: men.....	168
Table 11.8	Desire for HIV testing	169
Table 11.9	Knowledge of female signs and symptoms	171
Table 11.10	Knowledge of male signs and symptoms	172
Table 11.11	Number of sexual partners of married women and men.....	174
Table 11.12	Number of sexual partners of unmarried women and men.....	175
Table 11.13	Knowledge and use of male condoms	176
Table 11.14.1	Use of condoms: women	177
Table 11.14.2	Use of condoms: men	178
Table 11.15	Men's attitudes towards condoms and contraception.....	180
Figure 11.1	Percentage of women and men with views on various social aspects of AIDS	164
Figure 11.2	Indicators of HIV testing coverage and need	170
Figure 11.3	Percentage of women and men who used a condom at last sex, by type of partner	179

CHAPTER 12 SMOKING, ALCOHOL USE, AND WOMEN'S HEALTH TESTS

Table 12.1.1	Use of smoking tobacco: women.....	181
Table 12.1.2	Use of smoking tobacco: men	182
Table 12.2	Use of alcohol: men.....	183
Table 12.3	Other health indicators for women	184

CHAPTER 13 ACCESS TO AND COST OF HEALTH CARE

Table 13.1	Distance to government health services	186
Table 13.2	Time to reach government health services	187
Table 13.3	Cost of deliveries.....	188
Table 13.4	Use of health services	189
Table 13.5	Cost of inpatient health facility services.....	190
Table 13.6	Cost of outpatient health services	191

APPENDIX A SAMPLE IMPLEMENTATION

Table A.1.1	Sample implementation: women	195
Table A.1.2	Sample implementation: men	196

APPENDIX B SAMPLING ERRORS

Table B.1	List of selected variables for sampling errors 2000.....	
Table B.2	Sampling errors: National sample	201
Table B.3	Sampling errors: Urban sample	202
Table B.4	Sampling errors: Rural sample	203

APPENDIX C DATA QUALITY TABLES

Table C.1	Household age distribution.....	205
Table C.2	Age distribution of eligible and interviewed women.....	206
Table C.3	Completeness of reporting.....	207
Table C.4	Births by calendar years	208
Table C.5	Reporting of age at death in days	209
Table C.6	Reporting of age at death in months.....	210
Table C.7	Current use of contraception by background characteristics	211

FOREWORD

In 1992, two years after Namibia's independence, the Ministry of Health and Social Services implemented the first ever nation-wide Demographic and Health Survey (DHS). At that stage, a large-scale reorganisation of Namibia's health service was still ongoing and most primary health care programmes were only just being established. The results of the 1992 NDHS therefore provided a valuable source of data for planners and system developers, who required reliable baseline information on the most important health and demographic indicators for Namibia.

Since 1992, my Ministry has made considerable progress in strengthening and consolidating our health programmes. The development projects and programmes implemented as part of the First National Development Plan (NDP1) from 1995 to 2000 provided particularly strong impetus to the health sector. During the year 2000 all government line-ministries started compiling the Second National Development Plan (NDP2). The need arose, therefore, to implement a Demographic and Health Survey, which could inform both the NDP1 review and NDP2 planning processes.

In addition, Namibia is party to the International Convention on the Rights of the Child, which was signed by our Head of State, President Sam Nujoma, at the World Summit for Children in New York in 1990. At the time, the Summit affirmed that progress on the agreed goals would be measured after 10 years. The 2000 NDHS therefore provides results on the relevant child health and welfare indicators. Also, by taking account of government's decentralisation policy, the design of the 2000 NDHS has ensured that valuable information on all 13 regions is included in this report.

Having studied the results of the survey, I am gratified to find convincing evidence of the considerable progress our health service has made over the past 10 years. Generally, the indicators show great improvement in the overall health of our nation and thus bear witness to the many concerted efforts government and all partners in health have put in place since independence. We nevertheless need to take note that the results related to some programme areas highlight the need for more focused attention over the medium term. Also, the fact that the impact of the AIDS epidemic will become more pronounced over the coming years, calls for a redoubling of our efforts. Only then can we expect that the results of the next NDHS (to be undertaken in 2005) will show a continuation of the current trends.

I trust that the 2000 NDHS report will be widely read and utilised by our communities, our health and social workers, the relevant line ministries and civil society organisations, all regional councils, as well as our development partners. I am convinced that the information contained in the report will greatly assist the programming of health interventions, which will take us closer to our aim of improved health and social wellbeing for all Namibians. As this report shows: Together we can make a difference!

DR. LIBERTINA AMATHILA
MINISTER FOR HEALTH AND SOCIAL SERVICES

PREFACE

The 2000 Namibia Demographic and Health Survey (NDHS) marks a major milestone in the history of the Ministry of Health and Social Services. It provides a comprehensive source of information on a large number of health and demographic indicators at a point in time when the ministry looks back on the first 10 years of a unified and comprehensive health service for the whole of Namibia and its people. I am therefore particularly pleased to present this report.

The 2000 NDHS has been a large-scale research project. Twenty field teams interviewed more than 6,500 women and 3,000 men over a three-month period (October to December 2000) in 260 enumeration areas that covered all 13 regions of the country. It was also clear that the success of this project hinged upon the effective cooperation of the large number of players involved.

Most of all, the 2000 NDHS would have been impossible without the friendly cooperation given to our survey field workers by households all over the country. I am therefore particularly thankful to all the families and individuals, who welcomed our interviewers into their homes and made their precious time available to this important exercise. Furthermore, I would like to express the gratitude of my Ministry to the following individuals, groups, institutions or agencies, whose contribution ensured that the 2000 NDHS became a success: the Health and Social Sector Support Programme Phase 2 (HSSSP2), Finland; UNICEF; UNFPA; Primary Health Care Support Project, France; Namibia Integrated Health Programme (NIHP), EU; GTZ, Germany; World Health Organisation; the Spanish Cooperation; and NaSoMa.

The smooth implementation of the survey fieldwork was ensured by the field teams and support staff of the Social Impact Assessment and Policy Analysis Corporation (SIAPAC) and the Multi-disciplinary Research Centre (MRC) at the University of Namibia (UNAM), who worked as a joint venture.

My Ministry's regional directors and regional management teams, as well as all districts, provided valuable support in form of transport, accommodation and liaison with the communities and thereby ensured that the fieldwork could proceed at a steady pace. Particular thanks are due to the nurses, who acted as field editors, and the drivers, who ensured that all teams arrived safely at their destinations.

Very valuable support in raising awareness about the survey and generating cooperation from communities was provided by all 13 regional councils, governors, councilors and staff; various town and city councils and their staff; and the Namibia Agricultural Union and local farmer associations.

Important support to the determination of the sample, the mapping of enumeration areas and general survey design was provided by the Central Bureau of Statistics of the National Planning Commission Secretariat.

Highly appreciated technical support on a multitude of aspects during all phases of the survey was provided by staff from the DHS Project of ORC Macro in the USA, who visited Namibia on a short-term consultancy basis on a number of occasions.

Finally, I should like to express my sincere gratitude to the overall 2000 NDHS project coordinating team at my Ministry's head office from the Directorate of Policy, Planning and Human Resource Development and the Epidemiology Unit of the Directorate of Primary Health Care Services for their tireless work in ensuring that the survey was completed successfully.

DR. K. SHANGULA
PERMANENT SECRETARY

ABBREVIATIONS

AIDS	Acquired immuno-deficiency syndrome
BCG	Bacille Billé de Calmette et Guérin (vaccine)
BF	Breastfeeding
Cm	Currently married
CMR	Child mortality rate
CDC	Centres for Disease Control
DHS	Demographic and Health Survey
DPT	Diphtheria, pertussis and tetanus
EA	Enumeration Area
EU	European Union
EPI	Expanded Programme on Immunization
GTZ	Technical Cooperation
GPS	Global positioning system
HIS	Health Information System
HSSSP2	Health and Social Sector Support Programme Phase 2
HIV	Human immuno-deficiency virus
HH	Household
IUD	Intra-uterine contraceptive device
IMR	Infant mortality rate
ISSA	Integrated System for Survey Analysis
LBW	Low birth weight
MOHSS	Ministry of Health and Social Services
MRC	Multidisciplinary Research Centre
MMR	Maternal mortality rate
NDHS	Namibia Demographic and Health Survey
NaSoMa	Namibia Social Marketing Association
ns	Numbers
N/A	Not available
NCHS	National Centre for Health Statistics
ORS	Oral rehydration sachets
PHC	Primary health care
PSU	Primary sampling unit
ppm	Parts per million
SIAPAC	Social Impact Assessment and Policy Analysis Corporation
TBA	Traditional birth attendant
UNAM	University of Namibia
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
U5MR	Under 5 mortality rate
UNAIDS	United Nations Joint Programme on AIDS
wtd	Weighted
WHO	World Health Organisation

SUMMARY OF FINDINGS

The 2000 Namibia Demographic and Health Survey (NDHS) was implemented to assess the progress made in the health sector since the 1992 NDHS. It therefore focused on measuring achievements related to the same indicators as in 1992, but also included new aspects, e.g. HIV/AIDS. Furthermore, the 2000 NDHS was designed to obtain reliable data for all 13 administrative regions, which had not been established at the time of the 1992 NDHS. In addition, data for the four MOHSS Regional Directorates are included, which provide comparison to the 1992 NDHS results at the sub-national level.

A nationally representative sample of 6,755 women age 15-49 and a sub-sample of about 2,954 men age 15-59 were interviewed in the 2000 NDHS. Twenty mobile teams conducted the interviews from late September to mid-December 2000.

Household Characteristics

As part of the 2000 NDHS, households were assessed as to the availability of various amenities. The survey found that 79 percent of households have access to **safe drinking water**, compared to only 68 percent in 1992

Nationally, 45 percent of households have **sanitary means of excreta disposal**, compared to 40 percent in 1992. There are large disparities by residence, with 85 percent of households in urban areas having sanitary toilets, compared to only 19 percent of rural households.

Overall, some 63 percent of households consume adequately **iodised salt**. The disparity between urban and rural areas is small at 68 percent and 60 percent, respectively.

Fertility

The **total fertility rate (TFR)** for the three-year period before the survey is 4.2 births per woman. This represents a sharp decline from 5.4 births per woman for the 3-year period prior to 1992, a net reduction of 1.2 children or a 22 percent decline over the past eight years.

The effect of the higher **fertility rates** prevailing in the past is evident in the mean number of children ever born. On average, women have given birth to almost two children by their late 20s, four children by their late 30s, and over five children by their late 40s. The difference between the mean number of children ever born to women 45-49 years (5.5) and the total fertility rate (4.2) is more than one child, indicative of the declining fertility which Namibia has experienced in the past two decades.

Family planning

Some **knowledge of family planning** is nearly universal among Namibian women, 97 percent of whom have heard of at least one method. Knowledge of methods is only slightly higher among married women than all women.

There has been a dramatic increase in awareness of some methods. For example, the proportion of women who know of the male condom has increased from 72 percent in 1992 to 93 percent in 2000 and knowledge of the IUD has increased from 36 to 52 percent.

Overall, 38 percent of all women in Namibia are **currently using a contraceptive** method, with 37 percent using modern methods. Contraceptive use is higher among currently married women, 44 percent of whom are using

a method, and is even higher among sexually active women, 52 percent of whom are using a method.

There has also been a substantial increase in **contraceptive use**, from 23 percent of all women age 15-49 in 1992 to 38 percent in 2000 (i.e. an increase of 62 percent). The most commonly used method among all women is injectables (17 percent), followed by male condom (9 percent), and the pill (6 percent).

Some women are more likely to use contraception than others. Teenagers tend to rely on male condoms and injectables, while women in their 20s and early 30s overwhelmingly use injectables and to a lesser extent, male condoms and pills. Women age 35-39 use injectables, female sterilisation and the pill. By the time women reach their 40s, female sterilisation is the most commonly used method. Urban women, women in the Central Directorate, and better educated women are considerably more likely to be using contraception than other women.

Fertility Preferences

Overall, close to half (48 percent) of all women age 15-49 either do not want any more children or have already been sterilised. Forty-five percent of women would like to have a child in the future; however, half of these women (22 percent) would like to wait two or more years before having another child.

The **mean ideal family size** among all women has declined from 5.0 in 1992 to 3.3 in 2000 and among married women from 5.7 to 4.0. Among women with no children, the proportion who regard three or fewer children as the ideal number increased from 38 percent in 1992 to 75 percent in 2000.

Maternal Health

Survey results show that the vast majority of

pregnant women in Namibia (93 percent) receive **antenatal care**. More than 9 in 10 women receive antenatal care from a medical professional (91 percent), mostly from nurses and midwives (78 percent). Doctors provide 13 percent of antenatal care services, while traditional birth attendants provide only 2 percent of antenatal care.

Urban women are more likely to receive antenatal care, especially from doctors, than rural women. Also, more educated women are more likely to receive antenatal care from doctors.

Forty-six percent of women who delivered in the previous year said they received at least one injection against tetanus during the pregnancy.

The proportion of **births delivered in health facilities** has increased from 67 percent in 1992 to 75 percent in 2000.

More than three in four women who gave birth in the five years preceding the survey were assisted by trained medical personnel (doctors, nurses, or midwives), while 6 percent were assisted by traditional birth attendants, 17 percent were assisted by relatives, and less than 1 percent had no assistance during delivery.

There are large differences in type of **delivery assistance** by background characteristics. Urban women are more than twice as likely to receive assistance at delivery from a doctor as rural women.

At first glance, it would appear that the **maternal mortality** ratio has increased over time, from 225 maternal deaths per 100,000 live births for the 10-year period prior to 1992 to 271 for 1991-2000. However, the methodology used and the sample size implemented in the 2000 NDHS do not allow for precise estimates of maternal mortality. The sampling errors around each of the estimates are large and consequently, they are not

significantly different; thus it is impossible to say whether or not maternal mortality is changing over time.

Child Health

According to the health passport and mothers' reports, 65 percent of children 12-23 months have received all the recommended **vaccinations**, and only 5 percent have not received any vaccinations.

When compared to the 1992 NDHS, the percentage of children aged 12-23 months who had received all vaccinations has improved, from 58 percent in 1992 to 65 percent in 2000.

Thirty-eight percent of children under five have received a high dose **vitamin A supplement** in the six months before the survey.

The **median duration of breastfeeding** is almost 19 months in Namibia. Although exclusive breastfeeding is recommended for the first 4-6 months of life, only 26 percent of children under four months old are exclusively breastfed

One-quarter (24 percent) of Namibian children under five are short for their age or **stunted**, while 8 percent are severely stunted. Nine percent of children under five are thin for their height, or **wasted**, and 2 percent are severely wasted.

Comparison with data from the 1992 NDHS shows some improvement in nutritional status of children; the proportion of children under five who are stunted has declined, while the proportion who are wasted has remained steady.

Overall, the 2000 NDHS found that the prevalence of **diarrhoea** among children under five has declined by almost 50 percent since 1992. The use of ORS has declined since 1992, but only marginally.

The 2000 NDHS confirms that both **infant and child mortality** have been declining steadily over the past ten to fifteen years. Infant mortality declined from 57 per 1,000 during 1988-92 to 38 per 1,000 during 1996-2000. Improvements are observed in all regional directorates with the most marked decline in the Northeast Directorate (84 to 24); the Northwest Directorate improved from 56 infant deaths per 1,000 births to 50 per 1,000, and the Central/South Directorate from 56 per 1,000 to about 35 per 1,000.

The under-five mortality rate for Namibia for the period 1996-2000 is 62 per 1000, which is an improvement of 25 percent on the figure of 83 per 1000 for the period 1988-1992 found by the 1992 NDHS.

HIV/AIDS

Awareness of AIDS is almost universal in Namibia, with 98 percent of women and over 99 percent of men saying they had heard of AIDS. It is very encouraging to note that large majorities of both women (81 percent) and men (87 percent) spontaneously mention condoms as a means of avoiding HIV.

The vast majority of women (83 percent) and men (87 percent) are aware that a healthy-looking person can be infected with the HIV virus. About the same proportion (86 percent of women and 84 percent of men) are aware that HIV can be transmitted from a mother to her child during pregnancy or childbirth. Fewer respondents say that HIV can be transmitted through breastfeeding.

The 2000 NDHS included question designed to gauge the **level of stigma** associated with HIV/AIDS. Respondents were asked whether they thought that an HIV-positive teacher who is not sick should be allowed to continue teaching in school. About two-thirds of women and just over half of men said that such a teacher should be allowed to continue teaching.

Only about one-quarter of women and one-third of men felt that an HIV-positive person should be allowed to keep his/her status private. Another indicator of attitudes towards HIV/AIDS is the extent to which people are willing to care for sick relatives. In Namibia, over 90 percent of women and men say they are willing to care for relatives with AIDS in their own households, a finding that should be encouraging for home-based care programmes.

HIV testing is one of the important interventions in the fight against AIDS. NDHS results show that about one-quarter of women and men have been tested for HIV. Seven in ten respondents who have not been tested, say they **know a place** where they could be tested.

In **conclusion**, the 2000 NDHS provides a valuable source of data on a wide variety of indicators, which permit the assessment of progress achieved over the past 8 years. In general, considerable improvements have occurred in the health sector. However, many challenges remain to further improve the health of the Namibian nation.

INTRODUCTION

1.1 GEOGRAPHY, HISTORY AND ECONOMY

Geography

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

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

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

History

On March 21, 1990, Namibia achieved its independence after a century of colonial rule, first by Germany and then by South Africa, following the successful implementation of the United Nations Resolution 435. The country, with a constitution based on Roman-Dutch law, has a multi-party system with general elections held every five years. A bicameral legislature consists of the National Council (two members chosen from each region of the regional council) and the National Assembly. The ruling party is the South West People's Organization (SWAPO) and there are approximately five opposition parties.

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

Economy

The economy of Namibia is heavily dependent on the extraction and processing of minerals for export; mining accounts for almost 25 percent of the gross domestic product (GDP). Namibia is the fourth-largest exporter of non-fuel minerals and the world's fifth-largest producer of uranium. The agricultural sector accounts for approximately 15 percent of the GDP, of which less than a third is generated through subsistence agriculture. Beef production accounts for 85 percent of the nation's gross agricultural income. Half of the population depends on agriculture.

Another sector contributing to the national output is the fishing industry. This sector has grown from less than 2 percent of GDP at independence to 4 percent by 1996. Namibia is now a significant player in the international fishing industry, ranking amongst the top ten in the world in terms of value of catches. Namibia is also one of Africa's biggest fisheries nations in terms of production and exports.

However, the manufacturing base remains small, with fish and meat processing being the largest individual sub-sectors, although beverages, other food products, metal and pre-cast concrete products, furniture, paints, detergents, and leather goods are also produced.

Namibia is ranked as a middle-income country, but it has one of the most skewed incomes per capita in the world. The disparities in per capita income among the major segments of the population are the result of lopsided development, which characterised the Namibian economy in the past.

1.2 POPULATION

According to the 2001 Population and Housing Census, the Namibian population consists of 1,826,854 people, of which 936,718 are female and 890,136 are male. The country has a relatively youthful population, with 43 percent of the population under 15 years of age and less than 4 percent over 65. Despite rapid urbanisation, Namibia is still a mainly rural society, with less than 30 percent of the population living in urban areas. Regional population densities vary enormously, with almost two-thirds of the population living in the four northern regions and less than one-tenth living in the south. Despite its small population, Namibia has a rich diversity of ethnic groups, including Owambos, Hereros, Namas, Damaras, Caprivians, Sans, Twanas, Germans, Afrikaners, Coloureds, and Basters.

English is the official language and more than 11 languages are indigenous to Namibia, but with its cosmopolitan society, languages from around the world are spoken in Namibia. People commonly speak two or three languages and more than 50 percent of the population speaks Oshiwambo. Among the European languages spoken in Namibia are German, Portuguese, Spanish, French, Arabic and Chinese.

1.3 HEALTH SERVICES AND PROGRAMMES

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

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

Other programmes designed to support the strategy have been organised into functional units: policy, planning and human resources development; tertiary health care and clinical support services; developmental social welfare services; and finance and resource management.

The strong secondary and tertiary curative care services, which were present at independence, have been maintained and further strengthened or appropriately developed to provide an integral national system of referral support for PHC services. Three intermediate/referral hospitals are Oshakati Hospital in

Oshana Region, Rundu Hospital in Kavango Region, and Katutura Hospital in Khomas Region, while Windhoek Central Hospital serves as the overall national referral hospital. The hospital hierarchy is based on the principle of a cost-effective referral chain, so that health care provision is based on specific need rather than on factors such as historical forces or skewed incentives.

As part of the health sector reform, restructuring has meant that authority is decentralised to the 13 Regional Management Teams (RMT) and their respective districts at the operational level. RMTs are responsible for the planning, organisation, implementation, and evaluation of regional health plans and for other management activities.

Because of the fact that PHC includes diverse interventions, intersectoral collaboration has been recognised as an important aspect in health and social care delivery. Many partners in health and social care are playing a major role in this sector. Although the government is the main service provider, private and mission facilities continue to make important contributions, although the latter is 100 percent subsidised by the government. As for the private sector, it is mainly urban-based, providing health care from 11 medium-sized hospitals, as well as from private pharmacies, doctors' surgeries and nursing homes.

1.4 SURVEY OBJECTIVES AND IMPLEMENTATION OF THE PROJECT

Objectives

The primary objective of the 2000 NDHS was to provide up-to-date information on fertility and mortality, family planning, fertility preferences, maternal and child health, and knowledge and behaviour regarding HIV/AIDS. The 2000 NDHS was patterned after the 1992 NDHS so as to maximise the ability to measure trends on similar indicators between 1992 and 2000. The ultimate intent is to use this information to evaluate existing programmes and design new strategies in order to ensure delivery of health and social welfare services to the population in a cost effective and efficient manner.

The 2000 NDHS utilised technical support and survey design from the MEASURE/Demographic and Health Surveys programme at ORC Macro in Calverton, Maryland. Thus, it will form part of the archive of the more than 140 surveys that have been conducted in 67 countries, including Zimbabwe, Botswana, South Africa, Mozambique, Malawi, Madagascar, and Namibia itself (in 1992).

Organisation

As in the 1992 survey, the 2000 NDHS was undertaken by the Ministry of Health and Social Services (MOHSS), in collaboration with the Central Bureau of Statistics and the MEASURE/Demographic and Health Surveys programme at ORC Macro. The University of Namibia and a private research group, SIAPAC, provided additional technical assistance.

The National Survey Director of the 2000 NDHS was the Deputy Director of the Planning Directorate, MOHSS, and the Technical Coordinators were also from the MOHSS. The Director and Coordinators were supported by a multisectoral Technical Committee. Moreover, the MOHSS established a Steering Committee, which consisted of some 10-15 members, including representatives of all the major organisations that were expected to utilise the survey data and all potential funding agencies. In addition to being responsible for the overall coordination of the project, MOHSS was also responsible for developing, translating, and pretesting the questionnaires, training the field staff, and supervising the data collection process. The Central Bureau of Statistics bore responsibility for providing the information necessary for selecting the sampling points, providing maps, and locating sampling points in the field.

SIAPAC and UNAM provided support in terms of field staff training, fieldwork implementation, data processing, and data analysis. Staff from ORC Macro provided technical assistance to the MOHSS mostly during a series of eight visits to Namibia at crucial stages of the survey. Macro provided the services of a sampling statistician, demographers, and a data processing specialist. Macro staff also provided backstopping assistance in the form of administrative support, editing, and report formatting.

Sample Design and Implementation

The 2000 NDHS sample was designed to produce reliable estimates of most of the major survey variables for the country as whole; for urban and rural areas separately; and for each of the 13 regions. The design called for a nationally representative probability sample of 6,500 women age 15-49 and a subsample of about 3,000 men age 15-59.

The 2000 NDHS sample was largely based on the Central Bureau of Statistics' master sample, drawn from the list of enumeration areas (EAs) created for the 1991 census. In 1997, new EAs were demarcated in Walvis Bay, which was not part of Namibia at the time of the 1991 census. The new EAs were incorporated into the 1991 census frame and the number of primary sampling units (PSUs) in the master sample was increased. A PSU corresponds to an entire EA or a group of EAs.

Due to considerable rural-urban migration, extensive peripheral development and intensive development of previously rural areas has taken place since 1991, particularly in Windhoek. At the time of the 2000 NDHS sample design, new EAs were being demarcated for the upcoming population census. A list of the new EAs in the urban areas of Caprivi, Hardap, Kunene, Omaheke, Oshana, and Otjozondjupa Regions was made available for the sample selection. Finally, in Khomas Region, a quick count of dwellings both in the old EAs within Windhoek and in the newly demarcated EAs in the informal settlement zones on the outskirts of Windhoek was implemented in order to get an up-to-date measure of size for the capital city.

The sampling frame for the 2000 NDHS was obtained by supplementing the master sample with the list of the new EAs in urban areas in selected regions and the updated EAs in Khomas Region. It should also be noted that the urban-rural classification of EAs was changed in the master sample so as to reflect the recent proclamation of municipalities, towns and villages. Some of the EAs were also shifted from one region to another following changes in regional boundaries.

The 2000 NDHS sample was selected in two stages. In the first stage, 260 PSUs (106 urban and 154 rural) were selected with probability proportional to the number of households within the PSU. Each selected PSU was divided into segments, one of which was retained in the sample. All households residing in the selected segment were included in the sample and all women age 15-49 listed in these households were eligible for individual interview. In one-half of the households, all men age 15-59 were also eligible.

Questionnaires

The 2000 NDHS involved three questionnaires: 1) a household questionnaire, 2) a questionnaire for individual women 15-49, and 3) a questionnaire for individual men 15-59. These instruments were based on the model questionnaires developed for the international DHS program, as well as on the questionnaires used in the 1992 NDHS.

The questionnaires were developed in English and translated into six local languages—Afrikaans, Damara>Nama, Herero, Kwangali, Lozi, and Oshiwambo. People other than the initial translators did back translations into English with the goal of verifying the accuracy of the translations.

The household questionnaire was used to list all the usual members and visitors in the selected households. Some basic information was collected on the characteristics of each person listed, including his/her age, sex, education, and relationship to the head of the household. The main purpose of the household questionnaire was to identify women and men eligible for individual interview and children under five who were to be weighed and measured. In addition, information was collected about the dwelling itself, such as the source of water, type of toilet facilities, materials used to construct the house, ownership of various consumer goods, use of iodised salt, and household expenditures on health care.

The Woman's Questionnaire was used to collect information from all women aged 15-49 and covered the following topics:

- Background characteristics (age, education, religion, etc.);
- Reproductive history;
- Knowledge and use of contraceptive methods;
- Antenatal, delivery, and postnatal care (including tetanus toxoid testing);
- Breastfeeding and weaning practices;
- Child health and immunisation;
- Marriage and recent sexual activity;
- Fertility preferences;
- Knowledge of HIV/AIDS (condom use, number of partners, etc.);
- Maternal mortality;
- Husband's background and respondent's work.

In every second household, in addition to the women, all men age 15-59 were eligible to be interviewed with the Man's Questionnaire, which covered:

- Background characteristics (age, education, religion, etc.);
- Knowledge and use of contraceptive methods;
- Marriage and recent sexual activity;
- Fertility preferences;
- Knowledge of HIV/AIDS (condom use, number of partners, etc.);
- Respondent's work.

The survey instruments were pretested in three areas (one urban and two rural) outside the segments drawn in the sample. About 200 women and 200 men were interviewed in the pretest, the results of which were used to modify the survey instruments as necessary.

Training and Fieldwork

Training for the main survey took place from 21st August to 20th September 2000 at the University of Namibia. Fieldwork was organised in 20 teams, each composed of a supervisor (team leader), a field editor (nurse), three female interviewers, one male interviewer, and a driver. Candidates for field positions were recruited on the basis of maturity, friendliness, education, language ability, and willingness to work away from home for up to four months.

The training program included a detailed description of the content of the questionnaires, how to fill the questionnaires, interviewing techniques, contraceptive methods, and how to use the anthropometric measuring equipment and the salt-testing kits. Due to the inclusion of tetanus toxoid blood testing, field editors received training on how to collect and store blood spots from recent mothers. Supervisors received training on mapping, segmentation, household listing and use of global positioning system units. Fieldwork started on 22 September and was completed on 15 December 2000. Field teams were supervised frequently by senior staff from headquarters.

Data Processing

After field editing and correction in the field, all completed questionnaires were sent to the Multidisciplinary Research Centre at the University of Namibia in Windhoek for logging in and supplementary editing prior to data entry. The processing operation consisted of office editing, coding of open-ended questions, initial data entry and subsequent re-entry (verification) of all questionnaires to ensure correct capturing of data, and editing of inconsistencies found by the computer programs. ORC Macro staff provided assistance in developing the programs for data entry, training of data processing personnel and editing in the Integrated System for Survey Analysis (ISSA) computer package. A team of two supervisors and 16 data entry operators, working in two six-hour shifts, completed data processing activities in February 2001.

Response Rates

Table 1.1 presents the survey response rates. In all, 6,849 households were selected for the 2000 NDHS, of which 6,594 were reported occupied at the time of the interview. The primary reasons for the difference were households that were away for an extended period of time and dwellings that were vacant.

<u>Table 1.1 Results of the household and individual interviews</u>			
Number of households, number of interviews, and response rates, according to residence, Namibia 2000			
Result	Residence		Total
	Urban	Rural	
WOMEN			
Household interviews			
Households sampled	3,008	3,841	6,849
Households occupied	2,876	3,718	6,594
Households interviewed	2,760	3,632	6,392
Household response rate	96.0	97.7	96.9
Individual interviews: women			
Number of eligible women	3,392	3,916	7,308
Number of eligible women interviewed	3,102	3,653	6,755
Eligible woman response rate	91.5	93.3	92.4
MEN			
Household interviews			
Households sampled	1,474	1,867	3,341
Households occupied	1,408	1,806	3,214
Households interviewed	1,341	1,763	3,104
Household response rate	95.2	97.6	96.6
Individual interviews: men			
Number of eligible men	1,652	1,899	3,551
Number of eligible men interviewed	1,337	1,617	2,954
Eligible man response rate	80.9	85.2	83.2

Interviews were completed in 6,392 households or 97 percent of the occupied households. In the interviewed households, 7,308 women were identified as eligible for the individual interview, of which 6,755 (92 percent) were successfully interviewed. Of the 3,551 men identified as eligible in every second household, 2,954 (83 percent) were interviewed. The principal reason for non-responses among eligible women and men was the failure to find them at home despite repeated visits to the household.

CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

2

This chapter is a descriptive summary of some demographic and socio-economic characteristics of the population in the sampled households in Namibia and the individual respondents interviewed, such as: age, sex, residence and educational level. This chapter presents this information in three parts: characteristics of the household population, housing characteristics, and background characteristics of survey respondents—both women and men. Information on characteristics of the households and the individual women and men interviewed is useful for the interpretation of survey findings and can provide an approximate indication of the representativeness of the survey.

A household was defined as a person or a group of persons who live together and share a common source of food. The Household Questionnaire (see Appendix F) was used to collect information on all usual residents and visitors who spent the night preceding the survey in the sampled household. This allows the calculation of either de jure (usual residents) or de facto (those there at the time of the survey) populations.

2.1 POPULATION BY AGE AND SEX

The distribution of the household population in the 2000 NDHS is shown in Table 2.1 by five-year age groups, according to sex and urban rural residence. The distribution generally conforms to the pattern characteristic of high fertility populations, with a much higher proportion of the population in the younger than in the older age groups (Figure 2.1). The proportion of the population age 65 and over

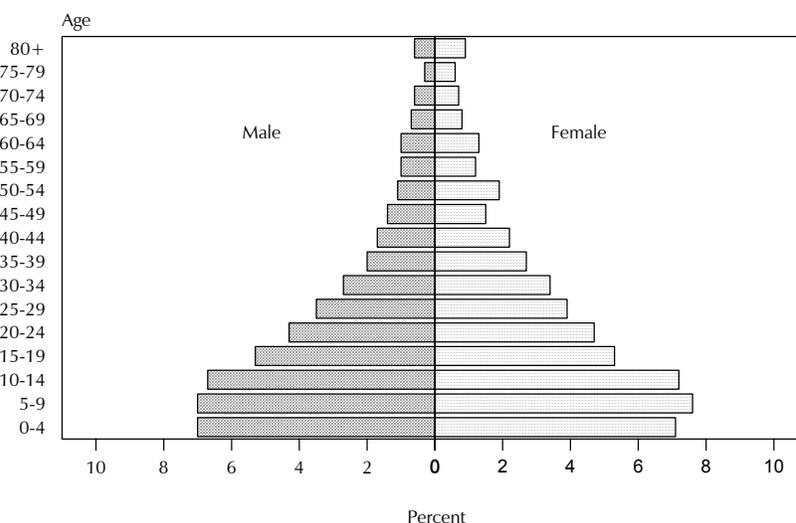
Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age group, according to sex and residence, Namibia 2000

Age group	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	11.8	10.8	11.3	16.4	14.6	15.4	14.8	13.4	14.0
5-9	11.2	11.2	11.2	16.9	15.8	16.3	15.0	14.3	14.6
10-14	9.8	11.2	10.6	16.6	14.7	15.6	14.3	13.6	13.9
15-19	9.4	9.8	9.6	12.1	10.0	11.0	11.2	10.0	10.5
20-24	10.7	11.7	11.2	8.2	7.5	7.8	9.1	8.8	8.9
25-29	11.6	10.8	11.2	5.4	5.9	5.6	7.5	7.4	7.5
30-34	8.9	9.2	9.0	4.2	5.0	4.6	5.8	6.3	6.1
35-39	6.7	6.9	6.8	3.0	4.1	3.6	4.3	5.0	4.7
40-44	6.1	5.5	5.8	2.3	3.5	2.9	3.6	4.1	3.9
45-49	4.0	3.5	3.8	2.4	2.4	2.4	3.0	2.7	2.8
50-54	3.1	3.5	3.3	2.0	3.8	2.9	2.4	3.7	3.1
55-59	2.0	2.0	2.0	2.1	2.3	2.2	2.0	2.2	2.1
60-64	2.1	1.6	1.8	2.3	2.8	2.6	2.2	2.4	2.3
65-69	0.8	0.6	0.7	1.7	2.0	1.9	1.4	1.6	1.5
70-74	0.6	0.7	0.7	1.6	1.7	1.7	1.3	1.4	1.3
75-79	0.3	0.3	0.3	0.9	1.4	1.2	0.7	1.0	0.9
80 +	0.3	0.6	0.5	1.6	2.2	1.9	1.2	1.7	1.4
Missing/don't know	0.4	0.1	0.2	0.4	0.4	0.4	0.4	0.3	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,187	5,453	10,639	9,997	11,628	21,627	15,184	17,081	32,267

Note: Table is based on the de facto population; i.e., persons who stayed in the household the night before the interview. Total includes 2 people whose sex was not stated.

Figure 2.1 Population Pyramid of Namibia



NDHS 2000

(5 percent) has not changed since the 1992 NDHS; however, the under-5-year age group has declined from 16 percent in 1992 to 14 percent in 2000, implying a decline in fertility. There is some evidence of distortion in the female population age 50-54, with more women reported to be 50-54 than 45-49. Since this “heaping” does not occur among men in the same age group, it suggests that some interviewers may have deliberately pushed women out of the age range eligible for the individual interview in order to reduce their workload. This conclusion is bolstered by the fact that the number of women reported to be age 14 was 38 percent greater than the number reported to be 15 (see Appendix Table C.1), which also implies deliberate displacement of respondents out of the eligible age range. Although such distortions are disturbing, because they occur at the youngest and oldest age groups, they are unlikely to have a large effect on the survey results.

Table 2.2 Population by age, according to selected sources

Percent distribution of the de facto population by age group, according to selected sources, Namibia 2000

Age group	1992	2000
<15	42.9	42.6
15-64	50.7	51.9
65+	5.3	5.2
Missing/don't know	1.1	0.3
Total	100.0	100.0
Median age	NA	18.4

NA = Not applicable

Table 2.2 shows the percent distribution of the population by broad age group, according to selected sources. Forty-three percent of the population is below age 15, with 52 percent in the age group 15-64; the remaining 5 percent are age 65 and over. The population has a low median age of 18 years.

2.2 HOUSEHOLD COMPOSITION

Table 2.3 presents information about the composition of households by sex of the head of the household and size of the household. This table includes the percentage of households with foster children. The data show that currently, men head 59 percent of households in Namibia, a reduction of 10 percentage points since 1992 (69 percent). Female headed households are more common in rural areas (44 percent) than urban areas (38 percent). The average household size in Namibia is 5.1 persons, compared to 6.0 in 1992. Rural households are larger than urban households; in 2000, the mean household size was 5.5 in rural areas and 4.3 in urban areas.

Table 2.3 Household composition

Percent distribution of households by sex of head of household, household size, and presence of foster children in household, according to residence, Namibia 2000

Characteristic	Residence		Total
	Urban	Rural	
Sex of head of household			
Male	62.1	56.1	58.5
Female	37.8	43.9	41.5
Total	100.0	100.0	100.0
Number of usual members			
1	11.1	8.5	9.5
2	17.7	11.7	14.1
3	15.9	11.4	13.1
4	15.8	12.2	13.6
5	13.2	12.0	12.4
6	8.5	10.4	9.6
7	6.4	8.2	7.5
8	4.2	8.0	6.5
9+	7.2	17.6	13.6
Total	100.0	100.0	100.0
Mean size	4.3	5.5	5.1
Percentage with foster children	18.8	45.8	35.3

Note: Table is based on de jure members; i.e., usual residents.

Over one-third (35 percent) of households have foster children, that is, children under age 15 living with neither their biological mother nor father. Foster children include orphans. The percentage of households with foster children declined from 37 percent in 1992 to 35 percent in 2000. With the current high prevalence of HIV/AIDS, the percentage of households with foster children in Namibia is likely to rise.

2.3 FOSTERHOOD AND ORPHANHOOD

Table 2.4 shows the percent distribution of children under age 15 by survival status of parents and child's living arrangements, according to background characteristics. The table shows that only one-quarter (26 percent) of children under 15 years are living with both their biological parents; One-third are living with their mothers but not with their fathers, 4 percent are living with their fathers but not their mothers, and fully one-third are living with neither of their natural parents (Figure 2.2). This extremely high level of fosterhood has implications for the health and well-being of the children in Namibia.

The table also provides data on the extent of orphanhood, that is, the proportion of children whose biological parents have both died. Of children under 15 years, 9 percent have lost their fathers and 4 percent have lost their mothers. One percent of children under 15 have lost both their biological parents (orphaned).

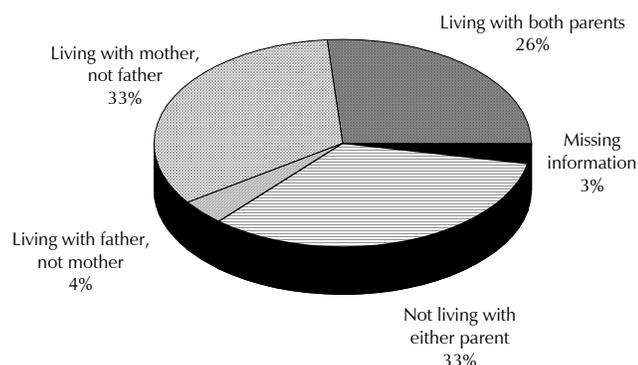
Table 2.4 Children's living arrangements

Percent distribution of de jure children under age 15 by survival status of parents and children's living arrangements, according to background characteristics, Namibia 2000

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent			Missing information on father/mother	Total	Number	
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive				Both dead
Age												
<2	31.5	47.5	1.6	1.2	0.0	13.7	0.5	0.7	0.2	3.1	100.0	2,734
3-5	29.3	31.7	2.9	3.2	0.2	25.9	1.4	2.3	0.4	2.6	100.0	2,611
6-9	24.8	25.2	4.4	4.5	0.6	30.2	2.4	4.1	0.9	2.8	100.0	3,833
10-14	22.9	20.3	5.3	4.5	0.6	31.3	2.8	5.9	2.2	4.2	100.0	4,464
Sex												
Male	26.1	29.9	4.1	4.0	0.4	25.0	2.0	3.9	1.1	3.3	100.0	6,630
Female	26.6	28.7	3.6	3.2	0.3	27.8	1.9	3.5	1.1	3.3	100.0	7,012
Residence												
Urban	35.7	32.4	3.4	4.5	0.5	16.6	1.2	1.3	1.1	3.4	100.0	3,502
Rural	23.2	28.2	4.0	3.3	0.3	29.8	2.2	4.5	1.1	3.2	100.0	10,140
Directorate												
Northwest	16.3	30.8	4.1	2.9	0.2	33.8	2.6	5.6	1.0	2.6	100.0	6,807
Northeast	40.2	23.2	5.6	5.0	0.9	16.1	1.7	2.1	2.6	2.7	100.0	2,116
Central	35.3	26.0	2.9	4.4	0.4	22.6	1.1	1.6	0.7	5.0	100.0	1,940
South	34.4	32.5	2.6	3.6	0.6	18.9	1.1	1.7	0.5	4.0	100.0	2,779
Region												
Caprivi	37.1	23.0	8.5	4.4	1.0	14.3	2.6	3.9	3.9	1.3	100.0	801
Erongo	48.2	23.7	5.9	2.6	0.4	11.5	0.3	1.0	1.5	4.9	100.0	455
Hardap	28.8	28.4	3.6	3.1	0.8	23.6	1.7	3.4	0.4	6.0	100.0	562
Karas	34.1	27.7	4.7	3.2	0.6	19.0	1.7	2.6	0.7	5.8	100.0	426
Kavango	42.0	23.3	3.9	5.4	0.8	17.2	1.1	1.1	1.8	3.5	100.0	1,314
Khomas	35.1	38.9	2.1	3.6	0.2	15.7	0.8	0.9	0.4	2.3	100.0	1,390
Kunene	23.0	31.7	1.7	4.9	0.2	28.0	1.1	1.9	0.3	7.1	100.0	442
Ohangwena	17.1	30.6	3.3	2.4	0.1	35.8	2.6	5.3	1.0	1.7	100.0	2,117
Omaheke	40.1	21.3	0.9	4.3	1.2	23.6	1.0	1.5	0.7	5.4	100.0	402
Omusati	15.5	26.8	4.5	2.6	0.2	36.9	3.3	5.8	1.2	3.2	100.0	2,000
Oshana	18.4	32.4	4.7	3.9	0.0	29.4	2.9	6.4	0.6	1.4	100.0	1,397
Oshikoto	13.8	35.7	4.2	3.2	0.4	30.7	1.5	4.7	1.2	4.7	100.0	1,294
Otjozondjupa	34.8	24.5	2.1	5.0	0.4	25.1	1.5	1.8	0.5	4.2	100.0	1,043
Total	26.4	29.3	3.9	3.6	0.4	26.4	2.0	3.7	1.1	3.3	100.0	13,643

As expected, younger children are more likely than older children to be living with one or both parents and are less likely to have a parent who has died. Children in the Northwest Directorate are considerably less likely than children in the other directorates to be living with both parents, mainly because 43 percent are living away from both parents. The proportion of children with one or both parents dead is about twice as high in the Northwest and Northeast Directorates than in the Central and South Directorates. For example, about 10 percent of children in the two northern directorates have lost their fathers, compared with about 5 percent of those in the Central and South Directorates.

Figure 2.2 Parental Living Arrangements of Children Under 15



Note: Total may not add to 100 due to rounding

NDHS 2000

Differences by region are even more pronounced, although some may be due to differences in the relative proportions of older versus younger children. In Oshikoto, Omusati, Ohangwena and Oshana Regions, less than 20 percent of children under 15 live with both their natural parents, compared with almost half of the children in Erongo Region. Adult mortality appears to be substantially higher in Caprivi Region than in the other regions, since 16 percent of children under 15 have lost their fathers and 8 percent have lost their mothers.

2.4 EDUCATION LEVEL OF HOUSEHOLD POPULATION

Namibia's education system comprises seven years of primary and five years of secondary education. Within the formal school system, the first stage is the universal primary education (grades 1-7). Junior Secondary education comprises grades 8-10 and senior secondary education grades 11 and 12. The Junior Secondary Certificate is offered at the successful completion of grade 10, whilst for senior secondary education, the final school examinations are the International General Certificate of Secondary Education (IGCSE) and the Higher International General Certificate of Secondary Education (HIGCSE). In 1994, the IGCSE replaced the Senior Certificate Examination of Cape Education Department, which had been the foundation before independence. The University of Cambridge Local Examinations Syndicate administers the IGCSE and HIGCSE. The IGCSE is the entry requirement for higher education institutions in Namibia, while the HIGCSE was designed specifically to give matriculation exemption to students applying to South African and other foreign universities. Other Southern Africa Development Community (SADC) countries such as Botswana, Lesotho, and Swaziland have similar examination systems, except South Africa and Zimbabwe, which have localised examination systems.

Education is a key determinant of the life style and status an individual enjoys in a society. It affects many aspects of human life, including demographic and health behaviour. Studies have consistently shown that educational attainment has strong effects on reproductive behaviour, contraceptive use, fertility, childhood mortality, morbidity, and issues related to family health and hygiene.

In the NDHS, information on educational attainment was collected for each person listed on the Household Questionnaire. Tables 2.5.1 and 2.5.2 show the percent distribution of the female and male population age six and over, by the highest level of education attended and the median number of years of schooling completed, according to selected background characteristics.

Table 2.5.1 Educational attainment of household population: women

Percent distribution of the de facto female household populations age six and over by highest level of education attained, according to background characteristics, Namibia 2000

Background characteristic	Level of education							Total	Number of women	Median years of schooling
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing			
Age										
6-9 ³	48.8	49.9	0.0	0.0	0.0	0.0	1.2	100.0	1,998	0.0
10-14	5.3	82.9	6.8	4.4	0.0	0.0	0.6	100.0	2,321	3.7
15-19	4.5	26.2	18.5	47.2	3.5	0.0	0.2	100.0	1,702	7.0
20-24	8.1	11.4	9.5	48.9	19.5	1.9	0.8	100.0	1,505	8.5
25-29	8.7	17.5	9.5	39.9	21.0	2.4	1.0	100.0	1,272	8.4
30-34	11.1	23.2	11.6	39.1	9.7	4.1	1.1	100.0	1,082	7.4
35-39	13.5	27.6	11.1	31.2	10.1	5.0	1.5	100.0	859	6.7
40-44	19.8	26.5	11.8	28.0	7.3	4.7	1.9	100.0	702	6.2
45-49	23.7	28.4	13.2	23.7	5.3	4.7	0.9	100.0	469	5.6
50-54	33.8	32.7	8.0	14.1	6.8	3.2	1.4	100.0	626	3.3
55-59	37.6	35.0	5.5	9.1	6.5	2.9	3.3	100.0	372	2.2
60-64	40.7	36.7	6.6	8.9	2.0	1.2	3.9	100.0	416	1.5
65+	54.9	29.8	2.0	7.8	1.6	0.6	3.3	100.0	972	0.0
Residence										
Urban	11.4	27.4	9.0	32.2	15.2	3.5	1.2	100.0	4,760	7.1
Rural	25.2	42.3	8.2	19.3	2.6	0.8	1.5	100.0	9,587	3.6
Directorate										
Northwest	20.5	43.3	7.9	21.4	4.1	1.3	1.6	100.0	6,689	4.3
Northeast	24.7	41.7	9.4	19.5	2.5	0.5	1.8	100.0	1,954	3.5
Central	23.9	28.9	8.5	25.9	8.5	3.1	1.2	100.0	2,293	5.5
South	16.5	28.8	9.1	28.8	13.5	2.3	1.0	100.0	3,411	6.5
Region										
Caprivi	25.6	36.8	10.7	23.2	2.8	0.6	0.4	100.0	771	3.8
Erongo	7.7	23.2	9.8	37.0	16.7	4.7	0.9	100.0	684	7.9
Hardap	13.6	37.3	12.6	26.7	7.1	1.0	1.7	100.0	630	5.8
Karas	9.1	31.0	7.2	34.9	13.7	2.1	2.1	100.0	503	7.1
Kavango	24.1	44.9	8.5	17.1	2.3	0.5	2.7	100.0	1,183	3.4
Khomas	13.6	25.3	9.0	30.6	17.9	3.1	0.5	100.0	1,889	7.2
Kunene	38.8	31.6	7.1	14.8	4.1	2.2	1.5	100.0	423	1.9
Ohangwena	27.0	50.8	5.5	14.5	0.8	0.5	0.9	100.0	1,832	2.9
Omaheke	44.6	29.3	6.0	15.5	2.7	0.8	1.1	100.0	389	1.0
Omusati	24.2	41.3	8.2	20.2	2.4	1.1	2.6	100.0	1,895	4.0
Oshana	10.5	39.0	9.7	28.3	9.8	2.1	0.5	100.0	1,582	6.0
Oshikoto	18.0	41.0	8.8	24.1	4.2	1.5	2.3	100.0	1,379	4.8
Otjozondjupa	27.9	31.2	8.4	23.4	5.4	2.5	1.3	100.0	1,185	4.7
Total	20.6	37.3	8.5	23.6	6.8	1.7	1.4	100.0	14,347	4.8

Note: Total includes 49 women missing information on age.

¹ Completed grade 7 at the primary level

² Completed grade 12 at the secondary level

³ It appears that the inclusion of a code "0" for pre-school (kindergarten, nursery school) resulted in some young children being erroneously coded as not having attended school when in fact they had attended primary school.

Table 2.5.2 Educational attainment of household population: men

Percent distribution of the de facto male household populations age six and over by highest level of education attained, according to background characteristics, Namibia 2000

Background characteristic	Level of education							Total	Number of men	Median years of schooling
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing			
Age										
6-9 ³	50.5	48.4	0.0	0.0	0.0	0.0	1.2	100.0	1,870	0.0
10-14	7.9	84.2	4.4	2.5	0.0	0.0	0.9	100.0	2,168	3.2
15-19	8.2	35.2	15.3	36.9	2.9	0.2	1.3	100.0	1,700	6.4
20-24	10.5	17.3	8.8	45.4	15.7	1.6	0.7	100.0	1,377	8.1
25-29	11.7	21.2	6.4	30.5	24.7	3.8	1.6	100.0	1,139	8.4
30-34	14.0	21.0	9.6	30.9	17.1	5.0	2.5	100.0	877	7.5
35-39	16.8	19.6	7.8	32.3	14.5	7.4	1.6	100.0	651	7.5
40-44	21.2	21.7	8.2	25.1	13.2	6.7	3.9	100.0	544	6.6
45-49	22.5	25.3	8.5	23.7	12.8	3.5	3.7	100.0	448	6.0
50-54	30.8	24.4	5.8	20.1	8.9	6.7	3.2	100.0	363	4.8
55-59	33.1	29.2	5.7	17.2	8.4	3.3	3.1	100.0	311	3.4
60-64	42.5	31.0	4.1	10.7	4.2	4.2	3.3	100.0	336	1.5
65+	48.5	31.4	2.9	7.3	2.8	1.4	5.7	100.0	692	0.0
Residence										
Urban	11.8	28.3	7.1	29.6	16.8	4.4	2.0	100.0	4,460	7.2
Rural	26.8	44.5	6.5	15.8	3.3	0.9	2.1	100.0	8,073	3.1
Directorate										
Northwest	23.7	48.2	6.0	14.5	3.9	1.0	2.8	100.0	5,240	3.2
Northeast	21.2	41.6	7.3	20.9	6.2	1.2	1.6	100.0	1,649	4.0
Central	24.6	29.4	7.2	23.5	9.8	4.3	1.2	100.0	2,274	5.3
South	16.1	28.9	7.4	28.4	14.4	3.1	1.8	100.0	3,370	6.6
Region										
Caprivi	23.7	36.6	7.8	24.0	7.0	1.0	0.0	100.0	621	4.3
Erongo	6.8	26.6	7.1	34.0	17.6	7.0	1.0	100.0	650	8.2
Hardap	16.4	35.1	10.2	27.4	6.9	1.3	2.6	100.0	533	5.7
Karas	9.8	32.6	8.2	26.2	14.8	2.6	5.7	100.0	485	6.6
Kavango	19.7	44.7	7.0	19.1	5.7	1.3	2.6	100.0	1,028	3.9
Khomas	12.2	25.7	6.4	32.3	18.6	4.1	0.6	100.0	1,956	7.6
Kunene	34.8	29.9	6.0	16.8	6.0	3.7	2.8	100.0	403	3.0
Ohangwena	32.4	51.0	4.6	9.3	1.4	0.5	0.8	100.0	1,427	1.9
Omaheke	42.5	31.9	7.0	12.8	2.8	1.1	1.8	100.0	397	1.2
Omusati	24.1	51.0	6.3	13.2	1.8	0.6	3.0	100.0	1,511	3.0
Oshana	15.1	46.4	7.2	19.5	7.7	1.2	2.9	100.0	1,214	4.3
Oshikoto	21.1	42.9	6.1	17.4	5.8	1.8	4.9	100.0	1,088	3.8
Otjozondjupa	30.7	30.8	7.5	20.2	7.0	3.1	0.7	100.0	1,221	4.2
Total	21.5	38.8	6.7	20.7	8.1	2.2	2.1	100.0	12,533	4.3

Note: Total includes 49 women missing information on age.

¹ Completed grade 7 at the primary level

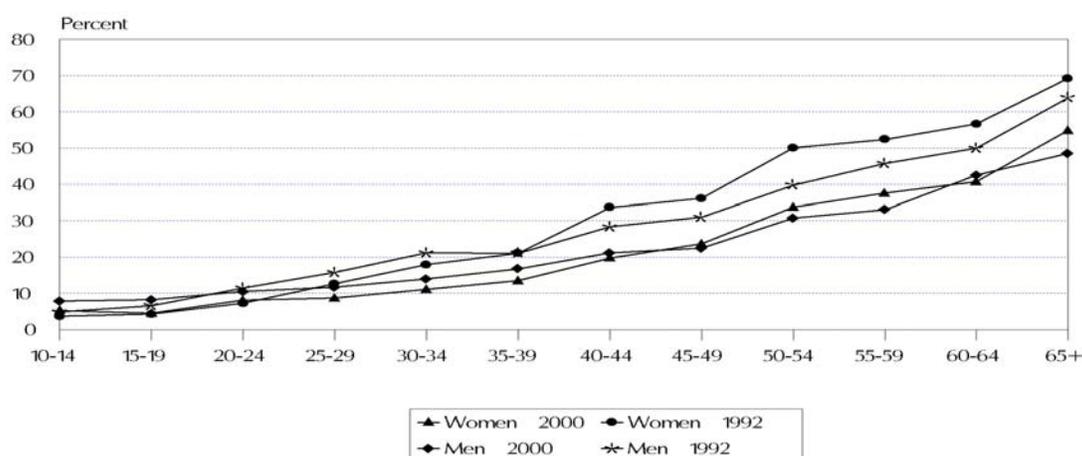
² Completed grade 12 at the secondary level

³ It appears that the inclusion of a code "0" for pre-school (kindergarten, nursery school) resulted in some young children being erroneously coded as not having attended school when in fact they had attended primary school.

The data show that overall, about one-fifth of women and men have never been to school, while 37-39 percent have only had some primary schooling. At the other end of the spectrum, 7-8 percent have completed secondary school and about 2 percent have gone beyond secondary school. Differences in educational attainment between the sexes are minimal and have changed over time. Whereas older men are somewhat more educated than older women, the reverse is true at younger ages, where women are less likely to have never been to school and the median years of schooling is slightly higher for women than men.

Educational attainment has improved dramatically over time. This is indicated by the fact that the percentage who have never been to school declines with age. For example, 55 percent of women age 65 and over have no education, compared to only 5 percent of those age 10-14 (Figure 2.3). Another way of examining trends in educational attainment is to compare data from the 1992 and 2000 NDHSs. This comparison also shows that there has been an increase in educational levels attained by women and men. For example, the proportion of women age 15-19 who completed primary school or higher has increased from 43 percent in 1992 to 69 percent in 2000.¹

Figure 2.3 Percentage of Women and Men Who Have No Education by Age Group, Namibia 1992 and 2000



NDHS 2000

Overall, educational attainment is higher in urban areas than in rural areas. The proportion of women and men with no education in rural areas (25-27 percent) is double that in urban areas (11-12 percent). Similarly, about one in five women and men in urban areas complete secondary school, compared to only about 4 percent of women and men in rural areas.

Erongo and Karas Regions have the best educational profile, while Omaheke, Kunene, and Ohangwena Regions have the worst. In Erongo Region, only 7-8 percent of men and women age 6 and over have never been to school, compared with 43-45 percent of those in Omaheke Region.

¹ The questions on educational attainment were identical in 1992 and 2000 except that the later survey allowed a code for the pre-school level (nursery, kindergarten). It appears that in the 2000 survey, many more young children were erroneously coded as having attended '0' level of school when in fact they had attended primary school. This would account for the precipitous increase in the proportion of children age 6-9 who have no education (from around 18 percent in 1992 to 50 percent in 2000). Moreover, in the report on the 1992 survey, the tables for males and females were erroneously reversed (MOHSS, 1993:10-11).

2.5 SCHOOL ATTENDANCE

More detailed information can be obtained from the 2000 NDHS than the 1992 survey with regard to current school attendance and attendance during the previous school year. These data can be used to calculate attendance ratios.

Table 2.6 presents net attendance ratios (NAR) and gross attendance ratios (GAR) by school level, residence and region. The NAR for primary school level measures the proportion of children of primary school age who are attending primary school, while the GAR represents the total number of primary school students of any age from 5 to 24 as a percentage of children of primary school age. The GAR is almost always higher than the NAR because the GAR includes participation of those who may be older or younger than the official age range for that level. Students who are overage for a given level of school may have started school late, may have repeated one or more grades in school, or may have dropped out of school and later returned.

The NAR indicates that 86 percent of children who should be attending primary school are doing so. Furthermore, there is no discrimination between male and female children in attending primary school; the NAR is 86 for boys and 87 for girls. Net attendance ratios for primary school are higher in urban than in rural areas and are highest in Oshana and Karas Regions (95 percent) and lowest in Omaheke Region (69 percent). The GAR indicates that there are children in primary school who are not of primary-school age, with ratios of 113 for males and 109 for females.

As expected, both ratios are lower at the secondary school level. The NAR indicates that 43 percent of the secondary-school age population is attending secondary school. Secondary school attendance is higher for females (NAR of 47) than for males (NAR of 39). Erongo and Karas Regions have the highest NARs at the secondary level (73 percent), while Ohangwena has the lowest (23 percent). The GAR shows that there are many secondary school students who are not of secondary school age. Discrepancies between the NAR and GAR are largest in Oshana region, where 56 percent of secondary-school-age children are attending secondary school, but where there are almost as many secondary school students who are either overage or underage (GAR of 91).

Table 2.6 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de jure household population by level of schooling and sex, according to background characteristics, Namibia 2000

Background characteristic	Net attendance ratio (NAR) ¹			Gross attendance ratio (GAR) ²		
	Male	Female	Total	Male	Female	Total
PRIMARY SCHOOL						
Residence						
Urban	92.8	91.5	92.2	107.0	103.2	105.0
Rural	83.6	84.7	84.2	115.0	111.6	113.2
Directorate						
Northwest	87.3	89.1	88.2	122.4	120.8	121.6
Northeast	82.6	81.4	82.0	111.7	101.4	106.3
Central	80.2	81.7	81.0	95.0	91.8	93.3
South	88.7	87.2	87.9	100.2	98.2	99.2
Region						
Caprivi	78.2	77.9	78.0	95.8	88.8	92.1
Erongo	93.6	90.5	92.0	102.7	96.7	99.5
Hardap	87.0	88.7	87.9	97.7	101.9	100.0
Karas	94.8	94.3	94.6	105.8	104.5	105.2
Kavango	85.4	83.6	84.5	121.8	109.2	115.2
Khomas	93.2	88.8	90.9	104.6	99.3	101.8
Kunene	65.7	73.6	69.6	85.1	82.8	83.7
Ohangwena	79.2	86.8	83.2	112.4	120.9	116.8
Omaheke	68.1	69.6	68.9	81.6	80.1	80.9
Omusati	88.7	89.2	88.9	125.1	123.5	124.3
Oshana	96.8	92.7	94.8	124.9	116.2	120.7
Oshikoto	86.8	88.8	87.9	131.4	121.1	126.0
Otjozondjupa	79.9	80.5	80.2	95.4	93.1	94.3
Total	85.9	86.5	86.2	113.0	109.4	111.2
SECONDARY SCHOOL						
Residence						
Urban	63.2	63.5	63.4	90.5	81.0	85.3
Rural	30.1	40.4	35.3	54.8	61.4	58.1
Directorate						
Northwest	30.4	44.9	37.7	58.9	70.7	64.9
Northeast	27.9	34.4	31.5	56.4	48.9	52.3
Central	48.4	55.6	52.1	64.2	64.7	64.4
South	60.3	59.1	59.7	80.9	74.5	77.7
Region						
Caprivi	29.9	42.7	37.6	69.2	50.9	58.2
Erongo	71.4	74.4	73.0	93.0	84.9	88.8
Hardap	60.8	49.5	55.2	68.9	57.9	63.4
Karas	60.9	82.4	72.7	71.9	92.1	83.0
Kavango	26.9	28.5	27.7	49.9	47.4	48.6
Khomas	67.7	59.7	63.6	100.2	80.4	90.1
Kunene	32.2	39.2	35.3	43.0	49.7	45.9
Ohangwena	14.5	31.0	22.9	43.6	47.8	45.7
Omaheke	31.3	41.2	35.6	38.9	54.3	45.6
Omusati	33.9	45.3	39.6	59.6	68.6	64.1
Oshana	48.2	62.0	55.8	85.4	96.3	91.4
Oshikoto	29.6	43.5	36.1	53.4	77.1	64.5
Otjozondjupa	42.6	50.2	46.6	57.2	58.0	57.6
Total	38.5	47.3	43.0	63.8	67.3	65.6

¹ The NAR for primary school is the percentage of the primary-school-age (7-13 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school-age (14-18 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

² The GAR for primary school is the total number of primary school students, among those of any age, expressed as the percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students 5-24 years, expressed as the percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

2.6 HOUSING CHARACTERISTICS

By asking respondents about their household environment, e.g., access to electricity, sources of drinking water, time to water sources, type of toilet facilities, and floor materials, the 2000 NDHS provides an assessment of socio-economic conditions in Namibia. This information is summarised in Table 2.7.

As the table shows, only 37 percent of Namibian households have electricity. As expected, electricity is much more common in urban areas (73 percent) than rural areas (13 percent). The percentage of households having electricity in Namibia has increased from 26 percent in 1992 to 37 percent in 2000. The pace of electrification has been more rapid in rural areas, with the proportion of households with electricity increasing from 4 percent in 1992 to 13 percent in 2000. In terms of electrical coverage, Namibia compares quite well with other southern African countries; the proportion of households with electricity is 65 percent in South Africa, 38 percent in Zimbabwe, 17 in Zambia, and 8 percent in Tanzania.

Accessibility to safe drinking water is important because waterborne diseases—including diarrhoea and dysentery—are prevalent in the country. Sources of water expected to be relatively free of disease-causing organisms are piped water, protected wells, protected springs, and rainwater. Other sources, like unprotected open wells, rivers and streams, ponds and lakes are more likely to carry the bacteria that bring about these diseases. Table 2.7 shows that overall, about 80 percent of Namibian households can be said to have safe drinking water; almost two-thirds of all households have access to piped water, while 17 percent get their drinking water from other relatively safe sources like protected dug wells or springs. Less than 20 percent of all households rely on less safe sources of drinking water such as unprotected wells and springs and surface water from ponds and rivers. A greater proportion of urban than rural households have safe drinking water during the rainy season (98 versus 68 percent). In urban areas, 95 percent of households have access to water within 15 minutes during the rainy season, compared with 68 percent of rural

Table 2.7 Housing characteristics

Percent distribution of households by household characteristics, according to residence, Namibia 2000

Characteristic	Residence		Total
	Urban	Rural	
Electricity			
Yes	73.2	13.2	36.5
No	26.8	86.7	63.5
Total	100.0	100.0	100.0
Source of drinking water (rainy season)			
Piped into dwelling	57.8	8.4	27.6
Piped into yard/plot	19.3	11.4	14.5
Public tap	20.9	20.5	20.6
Borehole with pump	0.0	11.1	6.8
Protected dug well	0.0	1.2	0.8
Protected spring	0.0	0.4	0.3
Rainwater	0.0	14.9	9.1
Open dug well	0.0	17.1	10.5
Open spring	0.0	2.6	1.6
River/stream/pond/lake	0.0	9.7	5.9
Tanker truck	0.0	0.3	0.2
Bottled water	0.0	0.1	0.1
Other	1.9	2.2	2.1
Missing	0.0	0.1	0.1
Total	100.0	100.0	100.0
Percentage <15 minutes	95.0	67.7	78.3
Source of drinking water (dry season)			
Piped into dwelling	57.8	8.5	27.6
Piped into yard/plot	19.2	11.6	14.6
Public tap	20.9	40.6	33.0
Borehole with pump	0.0	13.4	8.2
Protected dug well	0.0	1.8	1.1
Protected spring	0.0	0.7	0.4
Rainwater	0.0	0.1	0.0
Open dug well	0.0	10.7	6.6
Open spring	0.0	1.0	0.6
River/stream/pond/lake	0.0	8.0	4.9
Tanker truck	0.0	0.3	0.2
Bottled water	0.0	0.1	0.1
Other	1.9	2.7	2.4
Missing	0.0	0.4	0.3
Total	100.0	100.0	100.0
Percentage <15 minutes	94.8	48.3	66.3
Sanitation facility			
Flush toilet	64.5	8.2	30.0
Pour flush latrine	13.0	1.1	5.7
Ventilated improved pit latrine	2.1	2.9	2.6
Traditional pit toilet	4.9	7.6	6.5
Bucket	1.1	1.2	1.2
No facility/bush/field	11.4	78.5	52.5
Other	2.5	0.1	1.0
Missing	0.4	0.5	0.5
Total	100.0	100.0	100.0

Continued...

households. Differences between sources of drinking water during the rainy and dry seasons are mostly due to rural households shifting from using rainwater and open dug wells during the rainy season to using public taps during the dry season. The source of water for rural households is farther away during the dry season; less than half of rural households are within 15 minutes of their source of drinking water in the dry season.

Modern sanitation facilities are not yet available to more than 60 percent of Namibian households. Despite government efforts, there seems to have been little change in the use of pit latrines; use of traditional pit latrines increased from 6 percent of households in 1992 to 7 percent in 2000, while use of ventilated improved pit toilets increased from less than one percent of households in 1992 to 3 percent in 2000. Households with no toilet facilities are more exposed to the risk of diseases such as dysentery, diarrhoea, and typhoid fever. Overall, 53 percent of the households in Namibia have no toilet facilities. This problem is more common in rural areas, where 79 percent of the households have no toilet facilities, compared with 11 percent of households in urban areas.

Wood is the predominant type of fuel for cooking in Namibia, used by 58 percent of households. It is especially common among rural households (86 percent), while 59 percent of urban households use electricity for cooking.

Electricity is used by just over one-third of households as a source of lighting, but almost as many households use candles (33 percent) and 23 percent use paraffin. As expected, electricity is more commonly used for lighting in urban households, while rural households are more likely to use candles or paraffin.

Almost half of all households in Namibia live in residences with floors made of earth or sand, while 25 percent live in houses with cement floors, exactly the same proportions as in 1992. Earthen floors predominate in rural areas, while urban households tend to have more modern floors, especially those made of cement, linoleum or ceramic, and carpet.

As a measure of crowding, information was collected on the number of rooms households use for sleeping. Sleeping density per room has worsened since 1992 and the increase is more evident in rural areas. In 1992, the mean number of persons per sleeping room was 2.2 in rural areas, compared to 3.0 in 2000. Overall, the figure has increased from 2.3 to 2.7 persons per bedroom.

Table 2.7 Housing characteristics—Continued

Percent distribution of households by background characteristics, according to residence, Namibia 2000

Characteristic	Residence		Total
	Urban	Rural	
Type of cooking fuel			
Electricity	59.4	5.5	26.4
LPG/natural gas	15.4	3.3	8.0
Kerosene	9.8	0.7	4.2
Charcoal	1.1	1.2	1.2
Firewood/straw	14.0	86.3	58.3
Other	0.1	3.0	1.8
Missing	0.3	0.1	0.1
Total	100.0	100.0	100.0
Type of fuel for lighting			
Electricity	72.3	12.5	35.7
LPG, natural gas	0.6	0.6	0.6
Kerosene/paraffin	7.3	32.6	22.8
Candle	19.3	41.2	32.7
Other	0.1	12.7	7.8
Missing	0.4	0.4	0.4
Total	100.0	100.0	100.0
Flooring material			
Earth, sand	13.6	71.5	49.0
Dung	0.4	5.0	3.2
Wood planks/palm/bamboo	1.0	0.3	0.5
Vinyl/linoleum/ceramic	27.3	2.2	11.9
Cement	33.0	19.2	24.6
Carpet	24.6	1.7	10.6
Missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Persons per sleeping room			
<2 persons	59.0	49.2	53.0
3-4 persons	38.1	31.3	34.0
5-6 persons	2.4	12.7	8.7
7+ persons	0.2	6.6	4.1
Missing	0.3	0.2	0.2
Total	100.0	100.0	100.0
Mean sleeping rooms per household	2.1	2.3	2.2
Mean persons per room	2.3	3.0	2.7
Total	2,479	3,913	6,392

Table 2.8 provides an overview of housing characteristics according to residence by urban-rural residence, directorate, and region. As expected, households in urban areas are far more likely than those in rural areas to have each of the amenities listed. Perhaps because the South and Central Directorates are more urbanised, the households there are also more likely to have each of the amenities than households in the Northwest and Northeast Directorates. The differences can be quite large. For example, about two-thirds of households in the Central and South Directorates have either flush toilets or pit latrines, compared to only 14 percent of households in the Northeast. Sixty-four percent of households in the South Directorate have electricity, compared to only 9 percent of those in the Northwest.

Table 2.8 Characteristics of households by background characteristics

Percentage of households with specific characteristics, according to residence, Namibia 2000

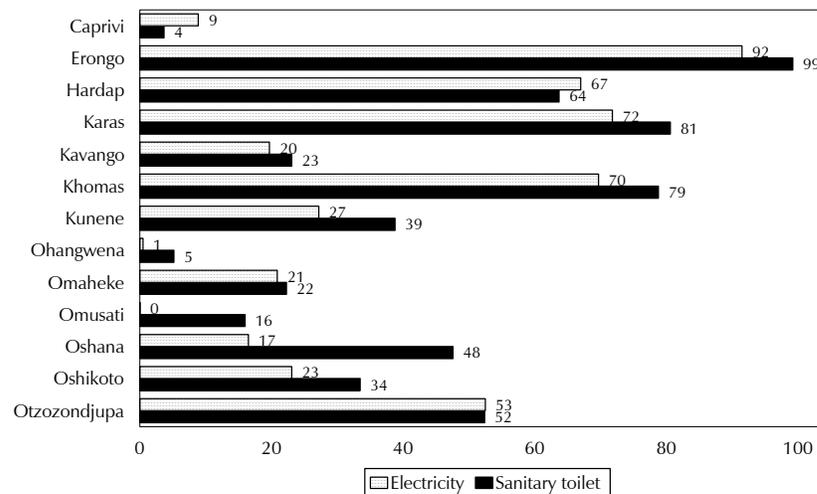
Background characteristic	Percentage with:						Number of households
	Electricity	Safe water in rainy season ¹	Sanitary toilet ²	Electric/gas/kerosene cooker	Electric lighting	Wood/cement/linoleum/carpet floor	
Residence							
Urban	73.2	98.0	84.5	84.6	72.3	85.9	2,479
Rural	13.2	67.6	19.7	9.4	12.5	23.4	3,913
Directorate							
Northwest	9.4	66.9	25.0	12.6	8.7	13.4	2,388
Northeast	14.3	61.4	13.5	9.4	13.9	14.9	788
Central	59.9	93.4	64.2	56.4	59.3	79.2	1,407
South	63.6	92.7	69.7	71.8	62.4	82.5	1,809
Region							
Caprivi	8.9	72.3	3.7	3.3	8.3	7.8	392
Erongo	91.5	100.0	99.2	97.1	91.2	97.3	426
Hardap	67.0	94.7	63.7	49.6	64.6	82.9	297
Karas	71.8	98.6	80.6	77.4	69.9	96.9	263
Kavango	19.7	50.7	23.1	15.3	19.5	21.8	397
Khomas	69.7	92.6	78.8	89.6	69.2	84.3	1,027
Kunene	27.2	79.6	38.8	24.7	26.1	50.5	244
Ohangwena	0.5	61.7	5.2	0.2	0.1	0.4	614
Omaheke	20.9	83.8	22.3	12.4	19.4	56.2	222
Omusati	0.0	56.7	16.0	2.4	0.0	2.4	642
Oshana	16.5	83.1	47.6	30.6	16.1	25.2	594
Oshikoto	23.1	67.3	33.5	19.0	20.9	28.6	537
Otjozondjupa	52.5	94.1	52.4	43.4	51.8	78.3	737
Total	36.5	79.4	44.9	38.6	35.7	47.6	6,392

¹ Refers to piped water, or water from a public tap, tubewell, borehole, protected well, protected spring, and rainwater.

² Refers to any type of flush toilet, ventilated improved pit toilet, or a traditional pit latrine.

These differences are even more pronounced by region. As shown in Figure 2.4, the proportion of households with electricity ranges from virtually none in Omusati region to 92 percent in Erongo Region. Only 4 percent of households in Caprivi Region have a sanitary toilet, compared to 99 percent of those in Erongo Region. Based on the household characteristics listed in the table, households in Ohangwena, Omusati, and Caprivi Regions appear to be the least advantaged, while those in Erongo and Karas Regions are the most advantaged.

Figure 2.4 Percentage of Households with Electricity and Sanitary Toilet by Region



NDHS 2000

Another household characteristic measured in the 2000 NDHS was the use of iodised salt. Iodine deficiency in the diet can lead to serious nutritional deficiencies such as goitre, nutritional stunting, mental retardation and cretinism. The Government of Namibia has emphasised the addition of iodine to salt to prevent the occurrence of these health problems. Interviewers asked household respondents about the type of salt they use and where they obtain their salt. They also asked for a teaspoon of salt that was used for cooking. The salt was then tested for iodine content, using portable test kits.

Table 2.9 shows that half of Namibian households use granular salt that is kept in a container with a lid (which helps to reduce iodine loss), while one-quarter of households use block salt. More than three in four households buy their salt at shops or supermarkets; only 4 percent obtain their salt from a salt pan. As expected, urban households are more likely than rural households to use granular salt that is kept in a closed container and to buy salt at shops and supermarkets.

Table 2.9 Characteristics of household salt			
Percent distribution of households by type and source of salt, according to residence, Namibia 2000			
Type/ source of salt	Residence		Total
	Urban	Rural	
Type of salt			
Granular salt in container with lid	75.7	34.5	50.5
Uncovered granular salt	10.1	14.2	12.6
Block salt	3.9	38.1	24.8
Other	3.6	0.5	1.7
No salt/salt not seen	4.8	11.0	8.6
Missing	2.0	1.7	1.8
Total	100.0	100.0	100.0
Source of salt			
Shop/supermarket	90.3	68.4	76.9
Open market	2.2	6.9	5.1
Salt pan	1.0	5.9	4.0
Other	0.8	6.3	4.2
No salt/salt not seen	4.8	11.0	8.6
Don't know	0.0	0.4	0.2
Missing	0.8	1.1	1.0
Total	100.0	100.0	100.0
Number of households	2,479	3,913	6,392

Salt from 90 percent of households was tested for iodine content. As shown in Table 2.10, almost two-thirds of the salt was found to be adequately iodised, while the salt used by 37 percent of household was either not iodised at all or contained an inadequate amount of iodine.² Urban households are more likely to use iodised salt (68 percent) than rural areas (60 percent). Programmes to increase the use of iodised salt should focus on Otjozondjupa and Kavango Regions, where less than half the households use iodised salt and especially on Omaheke Region, where less than one-quarter of the households use iodised salt.

Table 2.10 Use of iodised salt

Percent distribution of households by whether salt was tested for iodine content and by level of iodine content of salt, according to background characteristics, Namibia 2000

Background characteristic	Among all households		Among households tested, percent distribution by iodine content:				Number of households tested
	Percentage tested	Number of households	None (0 ppm)	Inadequate (<15 ppm)	Adequate (15+ ppm)	Total	
Residence							
Urban	93.3	2,479	7.4	24.6	68.0	100.0	2,313
Rural	87.6	3,913	23.8	16.7	59.5	100.0	3,429
Directorate							
Northwest	92.6	2,388	16.0	12.4	71.6	100.0	2,211
Northeast	77.1	788	26.7	14.8	58.5	100.0	608
Central	88.8	1,407	17.4	29.4	53.2	100.0	1,250
South	92.5	1,809	15.1	24.6	60.3	100.0	1,673
Region							
Caprivi	71.7	392	4.6	22.8	72.6	100.0	281
Erongo	94.1	426	6.3	27.1	66.5	100.0	401
Hardap	84.0	297	20.2	25.2	54.6	100.0	249
Karas	95.8	263	14.7	26.1	59.2	100.0	252
Kavango	82.4	397	45.7	7.9	46.4	100.0	327
Khomas	95.6	1,027	5.1	25.6	69.3	100.0	981
Kunene	69.1	244	24.0	21.9	54.2	100.0	169
Ohangwena	87.3	614	7.0	14.1	78.8	100.0	536
Omaheke	85.9	222	60.4	16.6	23.0	100.0	191
Omusati	96.0	642	22.4	14.7	62.9	100.0	616
Oshana	94.4	594	21.4	7.2	71.4	100.0	561
Oshikoto	92.6	537	11.6	13.5	74.9	100.0	498
Otjozondjupa	92.3	737	22.3	32.5	45.1	100.0	680
Total	89.8	6,392	17.2	19.9	62.9	100.0	5,742

Note: Salt that contains at least 15 parts per million (ppm) is considered to be adequately iodised.

² Salt that contains at least 15 parts per million of iodine is considered to be adequately iodised.

In addition to providing an indicator of socio-economic status, ownership of durable goods provides measures of other aspects of life as well. Ownership of radios and televisions can increase awareness of the larger world and access to educational programmes. Refrigerator ownership indicates a capacity for more hygienic food storage and ownership of a bicycle, motorcycle or a private car shows the means of transport available to households. Table 2.11 shows the proportion of households that own specific durable goods.

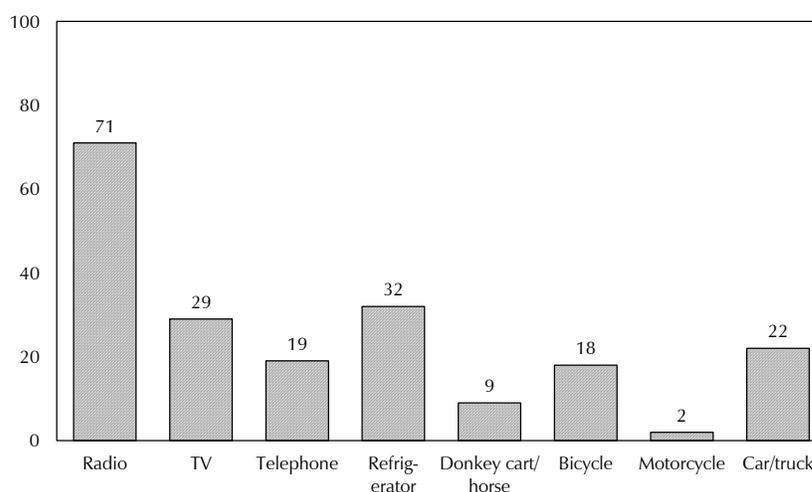
Possession of durable goods is increasing in Namibia. Seven in ten households own a radio, 3 in ten own a television, and 2 in ten own a telephone (Figure 2.5). Refrigerators are also common; 32 percent of households have refrigerators. Cars and pickup trucks (*bakkies*) and bicycles are the most common types of transport owned by households; 22 percent of households have a car or bakkie and 18 percent own a bicycle. Despite the relatively widespread ownership of these durable goods, it is interesting to note that one in five Namibian households do not own any of these items. Urban households are more likely than rural households to own all the items listed in the table except donkey carts or horses. Ownership of radios, televisions and refrigerators has increased since the 1992 NDHS.

Table 2.11 Household durable goods

Percentage of households possessing various durable consumer goods, by residence, Namibia 2000

Durable consumer goods	Residence		
	Urban	Rural	Total
Radio	82.0	64.6	71.4
Television	60.0	9.4	29.0
Telephone	41.4	5.3	19.3
Refrigerator	64.6	10.5	31.5
Donkey cart/horse	0.8	14.3	9.0
Bicycle	20.4	15.8	17.6
Motorcycle	3.0	1.1	1.8
Car/truck	35.9	13.6	22.2
None of the above	11.0	28.7	21.8
Number of households	2,479	3,913	6,392

Figure 2.5 Percentage of Households Owning Various Durable Goods



NDHS 2000

2.7 BACKGROUND CHARACTERISTICS OF RESPONDENTS

Table 2.12 shows the distribution of female and male respondents by selected background characteristics. To assess their age, respondents were asked two questions in the individual interview: “In what month and year were you born?” and “How old were you at your last birthday?” Interviewers were trained in probing techniques for situations in which respondents did not know their age or date of birth, and they were instructed as a last resort to record their best estimate of the respondent’s age. The distribution of respondents by age group shows the effects of high fertility in the past, with the proportions declining with age.

Data on marital status at the time of the survey show that a surprisingly high proportion of respondents—54 percent of women and 60 percent of men—have never married. Thirty-nine percent of women and 35 percent of men are in a union, whether a formal marriage with a certificate, a customary marriage, or a consensual union. Seven percent of women and 5 percent of men are widowed, divorced, or separated. The percentage of formally married women has declined from 27 percent in 1992 to 23 percent in 2000, while the proportion in consensual unions has increased slightly (from 15 to 16 percent).³

The data show that over 40 percent of respondents live in urban areas and that men are slightly more likely to live in urban areas than women (44 vs. 41 percent). The Northwest Directorate is the most populated and the Northeast is the least. About one in five respondents lives in Khomas Region.

Survey results indicate that women are more educated than men in Namibia. The proportion of women age 15-49 who have never attended school is lower than that of men age 15-59 (10 vs. 13 percent) and the proportion who have completed at least primary school is higher (70 percent of women and 62 percent of men). The 2000 NDHS results show that education levels for women have increased since 1992; for example, the proportion of women who have completed primary school or higher has increased from 47 to 70 percent.

Three-quarters of women and men are Protestant and about one-fifth are Catholic. Almost half of respondents speak Oshiwambo.

³ In the remainder of this report, the term “married” or “in union” refers to respondents in either formal or consensual unions.

Table 2.12 Background characteristics of respondents

Percent distribution of women and men by background characteristics, Namibia 2000

Background characteristic	Weighted percent	Number of women		Number of men		
		Weighted	Un-weighted	Weighted percent	Weighted	Un-weighted
Age						
15-19	22.2	1,499	1,430	23.5	694	640
20-24	19.8	1,339	1,318	20.7	610	551
25-29	16.4	1,104	1,108	15.2	448	452
30-34	15.0	1,013	1,007	12.8	378	384
35-39	11.1	751	791	8.3	247	285
40-44	9.4	633	654	7.3	216	234
45-49	6.2	415	447	5.9	174	182
50-59	NA	NA	NA	6.4	188	226
Marital status						
Never married	54.3	3,667	3,401	59.7	1,764	1,600
Married	22.7	1,532	1,582	22.6	669	697
With certificate	16.2	1,096	1,156	15.7	462	520
By custom	6.5	436	426	7.0	207	177
Consensual union	16.0	1,078	1,245	12.8	378	487
Divorced/separated/ widowed	7.1	478	527	4.8	143	170
Residence						
Urban	41.2	2,786	3,102	44.4	1,312	1,337
Rural	58.8	3,969	3,653	55.6	1,642	1,617
Directorate						
Northwest	41.3	2,792	1,993	35.4	1,047	746
Northeast	12.5	842	825	10.6	313	239
Central	18.2	1,231	1,814	20.8	615	880
South	28.0	1,890	2,123	33.2	980	1,089
Region						
Caprivi	4.8	322	316	3.9	114	94
Erongo	5.9	399	586	6.6	195	303
Hardap	4.3	292	494	4.3	128	203
Karas	3.9	261	485	4.2	123	237
Kavango	7.7	520	509	6.7	198	145
Khomas	17.1	1,152	550	21.1	624	332
Kunene	3.0	205	625	3.5	103	286
Ohangwena	10.1	684	499	9.3	275	187
Omaheke	2.7	185	594	3.5	104	317
Omusati	10.6	714	427	9.2	271	154
Oshana	11.7	789	566	8.5	251	197
Oshikoto	8.9	604	501	8.4	249	208
Otjozondjupa	9.3	627	603	10.7	317	291
Education						
No education	9.5	641	796	12.8	379	423
Incomplete primary	20.9	1,409	1,372	25.2	744	765
Completed primary	12.2	827	800	9.6	283	291
Incomplete secondary	43.0	2,907	2,799	37.7	1,115	1,043
Completed secondary +	14.4	971	988	14.7	434	432
Religion						
Roman Catholic	19.7	1,333	1,596	23.7	700	785
Protestant	77.7	5,250	4,951	73.2	2,162	2,054
No religion	1.1	75	97	2.2	65	73
Other	1.2	83	95	0.5	13	25
Missing	0.2	14	16	0.5	14	17
Language						
Afrikaans	10.1	683	895	10.5	311	400
Damara/Nama	14.7	991	1,473	14.9	439	653
English	0.7	47	52	1.0	31	28
Herero	10.3	694	854	10.9	323	382
Kwangali	8.9	600	540	7.2	212	173
Lozi	4.1	277	289	4.9	146	111
Oshiwambo	48.9	3,302	2,446	47.7	1,408	1,099
San	1.3	90	108	1.8	52	65
Tswana	0.2	12	25	0.3	10	18
Other	0.9	60	73	0.8	22	25
Total	100.0	6,755	6,755	100.0	2,954	2,954

Note: Education refers to the highest level ever attended whether or not that level was completed.
NA = Not applicable

2.8 EDUCATIONAL LEVEL OF SURVEY RESPONDENTS

Tables 2.13.1 and 2.13.2 present the percent distribution of women and men respectively by highest level of schooling attained and median number of years of schooling, according to selected background characteristics. As mentioned above, survey results indicate that women are more educated than men in Namibia. Ten percent of women age 15-49 have had no formal education, compared with 13 percent of men age 15-59. The proportion of respondents who have some secondary education is higher among women than men.

Table 2.13.1 Educational attainment by background characteristics: women

Percent distribution of women by highest level of schooling attained and median number of years of schooling, by background characteristics, Namibia 2000

Background characteristic	Highest level of schooling attained					Total	Number of women	Median years of schooling
	No education	Incomplete primary	Completed primary ¹	Incomplete secondary	Completed secondary+			
Age								
15-19	3.6	21.2	18.8	52.5	3.9	100.0	1,499	7.4
20-24	6.9	10.5	8.7	52.5	21.4	100.0	1,339	8.6
25-29	7.4	17.8	8.6	43.1	23.0	100.0	1,104	8.5
30-34	9.6	22.9	10.9	40.5	16.1	100.0	1,013	7.6
35-39	13.5	27.5	12.6	32.9	13.4	100.0	751	6.7
40-44	20.6	29.2	11.1	28.3	10.8	100.0	633	6.0
45-49	20.2	31.1	14.2	24.9	9.6	100.0	415	5.8
Residence								
Urban	4.6	12.1	10.1	47.8	25.3	100.0	2,786	8.7
Rural	12.9	27.0	13.7	39.7	6.7	100.0	3,969	6.7
Directorate								
Northwest	6.3	26.5	13.0	43.5	10.6	100.0	2,792	7.3
Northeast	14.1	25.8	15.1	38.1	6.8	100.0	842	6.7
Central	15.5	18.2	10.3	40.6	15.4	100.0	1,231	7.5
South	8.2	12.0	11.1	46.2	22.6	100.0	1,890	8.3
Region								
Caprivi	10.3	18.1	19.5	44.4	7.7	100.0	322	7.2
Erongo	2.4	12.3	8.7	50.8	25.8	100.0	399	9.0
Hardap	5.8	13.8	18.2	47.9	14.3	100.0	292	7.8
Karas	2.7	12.7	7.4	52.9	24.3	100.0	261	8.9
Kavango	16.5	30.6	12.4	34.2	6.2	100.0	520	6.2
Khomas	5.2	10.4	10.1	47.1	27.2	100.0	1,152	8.9
Kunene	30.5	20.8	8.9	28.4	11.4	100.0	205	5.8
Ohangwena	10.3	40.7	12.1	33.9	2.9	100.0	684	5.9
Omaheke	37.8	18.2	10.7	28.0	5.3	100.0	185	4.5
Omusati	6.2	24.2	15.3	47.4	6.8	100.0	714	7.4
Oshana	2.0	18.3	12.7	46.3	20.7	100.0	789	8.1
Oshikoto	7.7	24.1	11.8	46.0	10.5	100.0	604	7.4
Otjozondjupa	19.0	21.1	11.7	38.0	10.2	100.0	627	6.8
Total	9.5	20.9	12.2	43.0	14.4	100.0	6,755	7.6

¹ Completed grade 7 at the primary level
² Completed grade 12 at the secondary level

Education is inversely related to age; older women and men are generally less educated than younger women and men. The percentage with no education rises with age, from 4 percent of women and 7 percent of men age 15-19 to 21 percent of women and men age 40-44. Almost one in three men in their 50s has never attended school. This implies that younger women and men have had better educational opportunities than older people. Comparing the current survey results with those from the 1992 NDHS also shows that there has been a remarkable improvement in the level of education of women at all ages.

Table 2.13.2 Educational attainment by background characteristics: men

Percent distribution of men by highest level of schooling attained and median number of years of schooling, by background characteristics, Namibia 2000

Background characteristic	Highest level of schooling attained					Total	Number of men	Median years of schooling
	No education	Incomplete primary	Completed primary ¹	Incomplete secondary	Completed secondary+			
Age								
15-19	6.8	31.9	14.8	43.1	3.4	100.0	694	6.8
20-24	8.6	14.4	8.0	53.7	15.3	100.0	610	8.2
25-29	9.4	25.0	8.3	32.1	25.2	100.0	448	8.2
30-34	13.2	23.2	6.9	34.7	22.1	100.0	378	7.7
35-39	18.0	23.4	7.9	32.0	18.8	100.0	247	7.1
40-44	20.6	28.0	9.7	24.1	17.5	100.0	216	6.1
45-49	24.9	30.1	7.8	25.5	11.6	100.0	174	5.3
50-59	29.5	34.2	7.4	20.1	8.9	100.0	188	3.8
Residence								
Urban	8.4	17.1	7.4	43.1	24.0	100.0	1,312	8.6
Rural	16.3	31.7	11.3	33.4	7.3	100.0	1,642	6.2
Directorate								
Northwest	13.3	32.6	11.5	33.7	8.9	100.0	1,047	6.4
Northeast	6.3	26.4	9.0	43.8	14.4	100.0	313	7.9
Central	15.6	23.8	8.6	36.1	15.9	100.0	615	7.2
South	12.7	17.7	8.3	41.1	20.2	100.0	980	8.0
Region								
Caprivi	8.4	25.8	9.8	37.8	18.2	100.0	114	7.9
Erongo	1.6	19.6	4.0	46.1	28.6	100.0	195	9.0
Hardap	9.0	24.4	12.0	43.1	11.5	100.0	128	7.3
Karas	4.6	16.0	9.7	48.1	21.6	100.0	123	8.4
Kavango	5.2	26.8	8.6	47.2	12.3	100.0	198	7.9
Khomas	10.7	14.8	7.2	43.2	24.1	100.0	624	8.8
Kunene	19.0	23.3	10.1	32.7	14.9	100.0	103	6.8
Ohangwena	27.1	37.0	9.5	24.3	2.2	100.0	275	4.2
Omaheke	38.2	28.8	8.5	18.2	6.4	100.0	104	2.8
Omusati	9.8	32.4	13.1	42.4	2.3	100.0	271	6.6
Oshana	5.0	29.1	13.2	36.4	16.3	100.0	251	7.2
Oshikoto	10.1	31.5	10.3	32.1	16.0	100.0	249	6.8
Otjozondjupa	23.2	26.5	10.9	31.0	8.4	100.0	317	6.0
Total	12.8	25.29.6	37.7	14.7100.0	2,954	7.2		

¹ Completed grade 7 at the primary level

² Completed grade 12 at the secondary level

It is hardly surprising to find that urban residents have more education than rural residents. Eighty-three percent of urban women have completed primary education, compared to only 60 percent of rural women, while 25 percent of urban women have completed secondary school, compared to only 7 percent of rural women. Among men, the percentage who have completed primary school is 75 percent in urban areas and 52 percent in rural areas.

Omaheke region has the highest percentages of women and men with no formal education (38 percent for both). The level with no education is also high in Kunene, Ohangwena, and Otjozondjupa Regions. Educational levels are much higher in Erongo, Karas, and Khomas Regions (and Oshana for women), where the median number of years of schooling is more than eight years for women and men.

The percentage of women with no formal education has declined in all four directorates. The Central Region shows the largest decline, from 28 percent in 1992 to 16 percent in 2000.

The level of literacy is often viewed as an indicator of the basic level of socio-economic development of a country. In the NDHS, women age 15-49 and men age 15-59 who were interviewed individually were asked to read a simple sentence in the language they preferred. Interviewers then coded their reading ability on the questionnaire. Those with at least some secondary education were not asked to read the sentence, but were assumed to be able to read. This small literacy test marks a departure from previous surveys in which respondents were asked if they could read or not. Table 2.14 shows the percent distribution of both women and men by level of literacy according to background characteristics.

Table 2.14 Literacy

Percent distribution of women and men by level of literacy, according to background characteristics, Namibia 2000

Background characteristic	Women					Men						
	Can read a whole sentence ¹	Can read part of a sentence	Cannot read at all	Missing ²	Total	Number of women	Can read a whole sentence ¹	Can read part of a sentence	Cannot read at all	Missing ²	Total	Number of men
Age												
15-19	85.5	5.8	5.8	2.9	100.0	1,499	81.1	4.5	9.4	5.0	100.0	694
20-24	85.8	4.4	8.4	1.4	100.0	1,339	82.2	5.4	10.8	1.6	100.0	610
25-29	81.8	8.1	7.5	2.6	100.0	1,104	79.7	8.3	11.1	0.9	100.0	448
30-34	75.7	10.7	11.9	1.7	100.0	1,013	74.9	10.2	14.3	0.6	100.0	378
35-39	70.9	9.2	15.7	4.2	100.0	751	69.6	10.6	16.4	3.5	100.0	247
40-44	65.8	12.2	18.5	3.4	100.0	633	64.0	11.0	20.8	4.2	100.0	216
45-49	61.1	14.5	21.1	3.3	100.0	415	64.7	18.3	16.1	1.0	100.0	174
50-59	NA	NA	NA	NA	NA	NA	60.8	12.8	22.2	4.1	100.0	188
Residence												
Urban	86.9	6.5	5.9	0.8	100.0	2,786	85.9	6.9	6.7	0.6	100.0	1,312
Rural	72.7	9.3	14.1	3.9	100.0	3,969	67.9	9.5	18.4	4.2	100.0	1,642
Directorate												
Northwest	83.7	7.9	7.2	1.1	100.0	2,792	75.3	8.2	14.4	2.2	100.0	1,047
Northeast	60.0	10.3	17.0	12.8	100.0	842	75.6	4.1	7.5	12.7	100.0	313
Central	72.5	10.7	15.5	1.3	100.0	1,231	67.5	13.0	18.7	0.7	100.0	615
South	83.0	5.9	10.0	1.0	100.0	1,890	81.8	6.8	10.3	1.2	100.0	980
Region												
Caprivi	62.2	6.5	8.7	22.5	100.0	322	60.2	0.0	6.2	33.7	100.0	114
Erongo	85.7	9.2	4.4	0.7	100.0	399	85.9	9.6	4.4	0.1	100.0	195
Hardap	78.5	7.3	11.8	2.3	100.0	292	70.4	12.5	15.9	1.1	100.0	128
Karas	91.1	1.6	5.5	1.8	100.0	261	89.3	2.8	6.1	1.8	100.0	123
Kavango	58.6	12.6	22.1	6.6	100.0	520	84.5	6.5	8.3	0.8	100.0	198
Khomas	87.2	6.6	6.1	0.2	100.0	1,152	89.0	5.6	5.4	0.0	100.0	624
Kunene	57.6	10.1	30.8	1.4	100.0	205	68.4	8.6	21.7	1.3	100.0	103
Ohangwena	71.3	14.4	13.4	1.0	100.0	684	60.0	11.0	28.2	0.8	100.0	275
Omaheke	53.2	5.8	37.7	3.3	100.0	185	43.8	11.4	37.5	7.3	100.0	104
Omusati	88.8	5.7	4.2	1.3	100.0	714	76.9	11.0	9.0	3.2	100.0	271
Oshana	90.6	3.8	4.9	0.6	100.0	789	85.1	3.5	7.9	3.4	100.0	251
Oshikoto	82.8	8.3	7.0	2.0	100.0	604	80.4	7.0	11.5	1.1	100.0	249
Otjozondjupa	69.0	11.8	17.6	1.5	100.0	627	55.9	16.6	26.6	0.9	100.0	317
Total	78.5	8.1	10.7	2.6	100.0	6,755	75.8	8.3	13.2	2.6	100.0	2,954

¹ Includes those with at least some secondary school

² Includes cases in which there was no card with the appropriate language available.

NA = Not applicable

Illiteracy is higher among men than women; 11 percent of all women are illiterate, compared with 13 percent of men. Eight percent of women could read only part of a sentence and 79 percent of women could read a whole sentence. Among men, 8 percent could read part of a sentence and 76 percent could read the whole sentence. As expected, illiteracy increases with age. Illiteracy rates are also higher in rural than in urban areas. For both sexes, illiteracy is the highest in Omaheke Region (38 percent for both women and men), followed for women by Kunene Region (31 percent) and for men by Oshana (28 percent) and Otjozondjupa (27 percent) Regions. The lowest illiteracy levels—less than 5 percent—are found in Erongo Region, and for women in Oshana and Kunene Regions.⁴

2.9 ACCESS TO MEDIA

Individual respondents—both female and male—were asked if they usually read a newspaper, listen to the radio or watch television at least once a week. This information is useful for planning the dissemination of family planning and health messages. Table 2.15 shows the percentage of female and male respondents exposed to different types of mass media by age, place of residence, and level of education.

The results show that radio is still the most widely accessed of the mass media, with 73 percent of women and 82 percent of men listening to the radio at least once a week. Newspapers and magazines have a slight edge over television; 38 percent of women and 47 percent of men read a newspaper or magazine weekly, compared with 36 percent of women and 42 percent of men who watch television at least once a week. Only 20 of women and 14 percent of men are not exposed to any of these media on a weekly basis.

Surprisingly, there are only small differences in access to mass media by age. Urban residents are much more likely than rural residents to read newspapers, watch television and listen to the radio. Women and men in the South and Central Directorates, as well as those in Erongo, Karas and Kunene Regions are more likely to access all three media. Educated persons are more likely to read newspapers or magazines, watch television, and listen to the radio than less educated persons. Compared with data from the 1992 NDHS, fewer women are reading newspapers or listening to the radio now, while more are watching television.

⁴ The information for Caprivi is unreliable, given the high proportion of respondents whose literacy was not tested due to the lack of a card with sentences in the appropriate language (23 percent of women and 34 percent of men).

Table 2.15 Access to mass media

Percentage of women and men who usually read a newspaper weekly, watch television weekly, and listen to the radio weekly, by selected background characteristics, Namibia 2000

Background characteristic	Women						Men					
	Reads a newspaper weekly	Watches television weekly	Listens to the radio weekly	All three media	No mass media	Number of women	Reads a newspaper weekly	Watches television weekly	Listens to the radio weekly	All three media	No mass media	Number of men
Age												
15-19	38.4	32.3	70.1	17.5	21.1	1,499	41.8	40.2	80.8	25.4	14.0	694
20-24	42.0	37.8	76.6	21.4	14.7	1,339	48.4	43.4	83.6	29.0	11.9	610
25-29	39.3	38.3	75.0	23.1	18.8	1,104	53.5	45.6	82.6	33.8	11.7	448
30-34	38.2	36.7	71.6	22.0	21.5	1,013	51.1	41.8	81.4	30.8	15.4	378
35-39	34.4	36.1	74.1	20.1	19.9	751	50.2	48.7	84.3	35.9	10.2	247
40-44	29.4	34.5	67.3	19.3	28.7	633	45.0	43.5	84.8	31.2	11.7	216
45-49	30.9	37.0	72.3	21.8	22.0	415	42.3	37.3	77.4	27.1	19.3	174
50-59	NA	NA	NA	NA	NA	NA	34.6	27.6	79.7	19.2	17.8	188
Residence												
Urban	57.5	68.8	82.9	42.9	8.0	2,786	67.9	69.9	90.4	50.9	3.7	1,312
Rural	23.4	12.9	65.6	4.9	28.7	3,969	29.6	19.4	75.4	11.7	21.3	1,642
Directorate												
Northwest	31.4	15.2	68.0	8.3	25.1	2,792	38.8	23.1	75.0	16.2	20.7	1,047
Northeast	15.6	18.8	57.2	7.8	38.6	842	25.8	20.2	79.0	10.3	19.7	313
Central	42.8	55.8	82.8	31.0	10.3	1,231	46.6	56.6	87.1	35.8	8.7	615
South	52.8	61.3	80.0	37.6	11.0	1,890	61.7	59.5	87.3	44.7	6.8	980
Region												
Caprivi	12.1	16.2	73.7	5.8	23.5	322	37.2	17.6	91.3	17.6	8.7	114
Erongo	68.1	83.0	88.6	56.4	2.1	399	70.0	82.0	94.6	58.8	0.2	195
Hardap	45.2	48.9	78.0	26.6	11.3	292	45.8	52.7	90.3	30.9	4.0	128
Karas	55.2	69.5	86.3	37.7	4.6	261	61.9	70.4	90.3	51.2	4.2	123
Kavango	17.8	20.5	47.0	9.0	48.0	520	19.2	21.7	72.0	6.2	26.1	198
Khomas	58.7	68.5	80.3	44.4	10.3	1,152	72.6	65.6	87.7	52.6	5.7	624
Kunene	24.6	27.0	70.8	13.6	22.4	205	26.2	31.4	69.5	8.0	19.9	103
Ohangwena	27.1	5.1	55.5	2.5	38.3	684	19.8	4.9	61.9	1.2	36.1	275
Omaheke	24.7	24.8	72.6	12.3	23.9	185	15.9	18.6	77.9	6.7	19.8	104
Omusati	26.4	8.4	66.6	3.8	26.4	714	26.3	21.9	62.9	11.1	29.9	271
Oshana	39.3	25.8	75.5	16.8	18.0	789	69.8	32.3	90.2	27.2	3.0	251
Oshikoto	31.6	20.7	74.3	9.1	17.8	604	41.9	35.3	87.4	27.2	11.4	249
Otjozondjupa	32.6	48.0	83.1	20.6	11.6	627	39.0	49.3	88.3	30.8	10.2	317
Education												
No education	2.1	12.2	49.9	0.3	47.3	641	7.8	16.0	67.1	4.6	32.0	379
Incomplete primary	14.9	15.2	61.7	4.1	34.0	1,409	21.3	19.6	73.0	8.7	23.6	744
Completed primary	24.4	25.6	70.9	10.4	23.6	827	38.3	34.5	80.1	16.7	13.9	283
Incompl. secondary	46.2	41.7	78.5	24.0	12.3	2,907	63.1	53.7	89.0	38.8	5.2	1,115
Compl. secondary+	78.7	73.3	88.1	56.5	2.5	971	87.1	76.9	94.1	68.9	1.0	434
Total	37.5	35.9	72.7	20.6	20.1	6,755	46.6	41.9	82.0	29.1	13.5	2,954

2.10 EMPLOYMENT AND OCCUPATION

Table 2.16 presents the distribution of women and men by employment status, according to background characteristics. This table does not reflect a true employment rate, because the survey did not attempt to measure the economically active population. Information was collected about current employment, earnings, and occupation for women age 15-49 and men age 15-59.

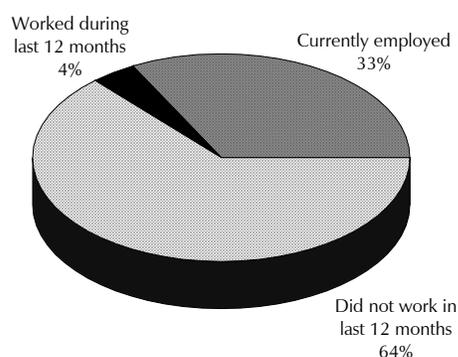
Table 2.16 Employment

Percent distribution of women and men by employment status, according to background characteristics, Namibia 2000

Background characteristic	Women					Men						
	Not currently employed			Missing	Total	Number	Not currently employed				Total	Number
	Currently employed	Worked last 12 months	Did not work in last 12 months				Currently employed	Worked last 12 months	Did not work in last 12 months	Missing		
Age												
15-19	4.5	1.8	93.6	0.0	100.0	1,499	7.1	3.7	89.2	0.0	100.0	694
20-24	27.8	5.4	66.6	0.2	100.0	1,339	35.5	9.5	62.1	0.0	100.0	610
25-29	41.6	4.1	54.2	0.2	100.0	1,104	50.6	9.2	39.0	1.2	100.0	448
30-34	45.6	4.0	50.3	0.1	100.0	1,013	65.9	8.6	25.4	0.0	100.0	378
35-39	50.5	3.2	46.5	0.0	100.0	751	73.4	5.7	20.9	0.0	100.0	247
40-44	46.5	3.0	50.5	0.0	100.0	633	71.7	4.1	24.3	0.0	100.0	216
45-49	41.7	2.5	55.7	0.1	100.0	415	57.5	7.0	35.3	0.0	100.0	174
50-59	NA	NA	NA	NA	NA	NA	54.7	5.6	38.0	1.6	100.0	188
Marital status												
Never married	23.8	3.1	73.1	0.1	100.0	3,667	25.9	6.7	67.4	0.0	100.0	1,764
Married	47.1	2.5	50.2	0.2	100.0	1,532	65.7	6.0	27.3	0.9	100.0	669
In a consensual union	36.6	4.9	58.4	0.0	100.0	1,078	71.1	7.4	20.9	0.6	100.0	378
Divorced, separated, widowed	46.1	6.8	47.1	0.0	100.0	478	50.1	11.8	38.1	0.0	100.0	143
Number of children												
0	15.1	2.6	82.0	0.1	100.0	2,181	21.4	6.1	72.5	0.0	100.0	1,510
1-2	39.7	4.7	55.4	0.1	100.0	2,387	62.7	9.7	26.8	0.8	100.0	689
3-4	45.6	3.7	50.7	0.1	100.0	1,296	71.3	5.3	23.1	0.4	100.0	336
5+	37.6	2.1	60.2	0.0	100.0	891	57.8	6.3	35.5	0.4	100.0	419
Residence												
Urban	51.1	4.9	43.8	0.1	100.0	2,786	58.3	7.9	33.6	0.1	100.0	1,312
Rural	19.7	2.5	77.7	0.1	100.0	3,969	28.6	6.1	64.8	0.4	100.0	1,642
Directorate												
Northwest	19.3	2.7	77.8	0.0	100.0	2,792	20.6	4.8	74.5	0.1	100.0	1,047
Northeast	26.1	1.1	72.7	0.2	100.0	842	24.3	6.0	67.9	1.7	100.0	313
Central	39.5	4.0	56.5	0.0	100.0	1,231	62.0	9.0	28.8	0.2	100.0	615
South	50.8	5.5	43.6	0.2	100.0	1,890	57.5	8.1	34.3	0.1	100.0	980
Region												
Caprivi	8.6	1.0	89.9	0.5	100.0	322	22.5	5.9	71.6	0.0	100.0	114
Erongo	42.3	4.4	53.3	0.0	100.0	399	66.0	14.2	19.5	0.2	100.0	195
Hardap	35.8	6.4	57.5	0.3	100.0	292	44.8	19.4	35.7	0.0	100.0	128
Karas	50.8	11.6	37.2	0.3	100.0	261	69.8	9.1	20.6	0.5	100.0	123
Kavango	36.8	1.2	62.0	0.0	100.0	520	25.4	6.0	65.8	2.7	100.0	198
Khomas	58.2	3.1	38.5	0.2	100.0	1,152	55.9	5.4	38.6	0.0	100.0	624
Kunene	34.8	3.6	61.6	0.1	100.0	205	40.8	7.9	50.6	0.6	100.0	103
Ohangwena	16.2	1.8	82.0	0.0	100.0	684	12.8	4.4	82.8	0.0	100.0	275
Omaheke	27.4	10.2	62.4	0.0	100.0	185	67.8	9.3	22.8	0.0	100.0	104
Omusati	12.5	0.9	86.7	0.0	100.0	714	11.5	9.1	79.0	0.5	100.0	271
Oshana	28.0	3.0	69.0	0.0	100.0	789	30.4	2.1	67.4	0.0	100.0	251
Oshikoto	20.2	5.6	74.1	0.2	100.0	604	29.3	3.1	67.6	0.0	100.0	249
Otjozondjupa	39.2	3.8	56.9	0.0	100.0	627	66.5	6.1	27.4	0.0	100.0	317
Education												
No education	26.0	2.3	71.7	0.0	100.0	641	56.8	5.2	37.6	0.4	100.0	379
Incomplete primary	22.7	3.6	73.7	0.0	100.0	1,409	34.7	6.8	58.5	0.0	100.0	744
Completed primary	29.6	3.0	67.2	0.2	100.0	827	31.4	9.4	59.2	0.0	100.0	283
Incompl. secondary	29.9	3.7	66.2	0.2	100.0	2,907	33.9	7.3	58.0	0.6	100.0	1,115
Compl. secondary+	62.1	4.1	33.7	0.0	100.0	971	68.0	5.9	26.0	0.0	100.0	434
Total	32.6	3.5	63.7	0.1	100.0	6,755	41.9	6.9	50.9	0.3	100.0	2,954

The data show that 33 percent of women and 42 percent of men report being currently employed, while an additional 4 percent of women and 7 percent of men were employed at some time during the 12 months prior to the survey (Figure 2.6). The proportion currently employed is considerably lower among the younger respondents; especially those age 15-19, many of whom are no doubt still in school. Probably for the same reason, single women and men are also less likely to be working than those who are married or formerly married. The proportion working is higher among women and men in urban areas than those in rural areas. Employment is much higher in the South and Central Directorates than it is in the Northwest and Northeast Directorates. The proportion of women and men who are currently employed is particularly low in Caprivi, Omusati, and Ohangwena Regions. This is surprising, since women in Omusati Region have a low illiteracy rate and are among the better educated. However, the data show little difference in levels of current employment by education for women except among those who have completed secondary school, more of whom are working. A majority of men with no schooling and those who have completed at least secondary school are employed, compared with around one-third of men with intermediate levels of education.

Figure 2.6 Percent Distribution of Women Age 15-49 by Employment Status



NDHS 2000

Tables 2.17.1 and 2.17.2 indicate the type of occupation in which working women and men are engaged. More than one-quarter of working women are involved in unskilled manual jobs, while about one-fifth work in professional or technical jobs, and another one-fifth work in sales and services. Women are slightly more likely than men to be employed in professional, clerical and sales jobs. Men, on the other hand, are more likely than women to be employed in skilled manual jobs and in agricultural work. Almost one in five working men is engaged in agricultural activities, compared with slightly more than one in ten employed women.

Among both women and men, agricultural jobs are more common in rural than urban areas. As expected, educated women and men are more likely to be employed in professional and technical occupations and less likely to work as manual labourers or in agriculture. For example, 42 percent of women and 49 percent of men who have completed secondary school or higher are employed in professional and technical occupations.

Table 2.17.1 Occupation: women

Percent distribution of currently employed women by type of occupation, according to background characteristics, Namibia 2000

Background characteristic	Nonagricultural						Other/ Don't know/ missing	Total	Number of women
	Prof./tech./manag.	Clerical	Sales and services	Manual skilled	Manual unskilled	Agri-culture			
Age									
15-19	12.4	7.8	25.1	0.5	31.2	22.3	0.8	100.0	68
20-24	15.0	17.1	30.5	3.6	22.1	11.1	0.6	100.0	372
25-29	14.6	20.5	25.5	4.8	21.9	12.2	0.6	100.0	459
30-34	23.1	14.9	19.4	4.5	26.8	10.5	0.8	100.0	462
35-39	23.1	16.1	17.8	6.2	25.9	9.8	1.1	100.0	378
40-44	28.9	11.2	9.2	2.9	37.5	9.6	0.8	100.0	294
45-49	20.4	8.0	11.3	4.5	41.7	11.4	2.7	100.0	173
Current marital status									
Never married	15.5	16.0	29.3	4.9	25.9	7.8	0.6	100.0	870
Married	31.2	19.1	14.3	3.5	18.1	13.0	0.8	100.0	721
In a consensual union	12.3	7.5	16.1	5.5	41.0	16.2	1.4	100.0	395
Divorced, separated, widowed	16.7	14.5	13.6	3.3	41.2	9.0	1.6	100.0	220
Number of living children									
0	23.2	19.7	26.8	2.2	17.1	10.3	0.7	100.0	332
1-2	21.1	18.8	22.9	4.9	22.7	8.7	1.0	100.0	949
3-4	19.9	13.2	15.0	4.2	35.2	11.5	0.9	100.0	590
5+	15.2	5.3	16.9	5.1	38.3	18.0	1.1	100.0	336
Residence									
Urban	18.9	20.7	19.2	4.0	26.9	9.2	1.1	100.0	1,425
Rural	22.6	5.6	22.7	5.0	28.9	14.6	0.6	100.0	781
Directorate									
Northwest	27.2	8.3	35.8	7.4	19.4	0.6	1.3	100.0	542
Northeast	26.2	6.7	9.4	2.4	12.8	31.4	1.0	100.0	219
Central	17.6	17.4	19.8	4.9	34.5	4.7	1.1	100.0	486
South	16.2	20.3	14.6	2.8	32.0	13.4	0.6	100.0	959
Region									
Caprivi	(39.6)	(6.8)	(27.6)	(2.3)	(23.6)	(0.0)	(0.0)	100.0	28
Erongo	19.1	26.5	18.2	8.5	27.4	0.3	0.0	100.0	169
Hardap	18.3	11.3	17.0	5.5	41.1	5.4	1.3	100.0	105
Karas	27.3	17.1	17.4	3.7	28.9	4.2	1.3	100.0	133
Kavango	24.3	6.7	6.8	2.5	11.3	47.4	1.1	100.0	192
Khomas	14.1	23.5	13.5	2.4	28.7	17.4	0.4	100.0	671
Kunene	22.3	10.2	27.3	1.9	29.3	7.5	1.5	100.0	71
Ohangwena	28.0	5.0	37.3	9.9	19.3	0.0	0.4	100.0	111
Omaheke	9.9	4.1	17.4	1.2	65.4	1.4	0.6	100.0	51
Omusati	(26.7)	(7.1)	(31.7)	(10.4)	(24.2)	(0.0)	(0.0)	100.0	89
Oshana	26.2	5.2	44.3	6.9	14.3	0.8	2.3	100.0	221
Oshikoto	28.7	17.9	21.9	3.9	25.1	1.2	1.3	100.0	122
Otjozondjupa	15.2	13.3	18.7	3.3	41.0	6.8	1.7	100.0	246
Education									
No education	2.3	1.7	10.7	3.0	53.3	28.7	0.4	100.0	167
Incomplete primary	8.3	1.6	16.3	3.8	41.5	27.6	0.9	100.0	320
Completed primary	8.7	4.0	21.2	4.9	45.6	14.9	0.7	100.0	245
Incompl. secondary	16.2	14.4	26.0	6.6	28.9	6.8	1.2	100.0	871
Compl. secondary+	41.8	32.5	17.1	1.6	3.9	2.3	0.8	100.0	604
Total	20.2	15.4	20.4	4.4	27.6	11.1	0.9	100.0	2,207

Note: Prof./Tech./Manag. includes professional, technical, and managerial occupations.. Figures in parentheses are based on 25-49 cases.

Table 2.17.2 Occupation: men

Percent distribution of currently employed men by type of occupation, according to background characteristics, Namibia 2000

Background characteristic	Nonagricultural						Other/ Don't know/ missing	Total	Number of men
	Prof./tech./manag.	Clerical	Sales and services	Manual skilled	Manual unskilled	Agri-culture			
Age									
15-19	2.7	5.1	17.7	18.3	15.3	40.9	0.0	100.0	49
20-24	9.2	4.5	18.9	29.2	9.5	26.8	1.9	100.0	173
25-29	17.1	5.7	20.6	24.9	14.0	16.8	1.1	100.0	226
30-34	17.4	2.6	11.8	33.8	19.8	14.2	0.4	100.0	250
35-39	23.2	4.5	16.1	23.0	12.7	18.9	1.6	100.0	181
40-44	15.6	6.6	16.0	27.8	17.9	14.2	1.9	100.0	155
45-49	27.2	3.6	16.3	30.3	10.7	10.7	1.1	100.0	100
50-59	23.8	0.6	9.9	21.9	17.0	23.8	3.1	100.0	103
Current marital status									
Never married	12.5	2.7	19.7	27.1	15.3	21.5	1.3	100.0	456
Married	27.7	5.1	12.7	26.8	13.4	12.9	1.3	100.0	440
In a consensual union	13.6	5.0	12.0	29.8	16.2	22.0	1.5	100.0	269
Divorced, separated, widowed	2.7	5.2	27.3	22.2	15.8	25.5	1.2	100.0	72
Number of living children									
0	13.9	2.8	15.0	26.8	15.9	23.5	2.1	100.0	323
1-2	19.5	6.3	14.7	27.6	12.3	19.2	0.4	100.0	432
3-4	23.9	3.8	13.8	26.5	15.7	16.1	0.3	100.0	240
5+	12.7	2.9	21.7	28.2	17.1	14.2	3.1	100.0	242
Residence									
Urban	19.2	6.1	19.1	35.0	16.7	2.7	1.2	100.0	766
Rural	14.8	1.2	10.9	14.8	11.8	44.8	1.7	100.0	472
Directorate									
Northwest	19.3	2.0	15.6	27.9	17.2	14.5	3.5	100.0	216
Northeast	35.9	7.6	21.0	13.3	5.4	13.6	3.1	100.0	76
Central	13.3	4.1	12.6	27.0	16.4	26.2	0.5	100.0	382
South	17.3	4.7	17.8	29.2	14.2	16.0	0.9	100.0	564
Region									
Caprivi	(21.1)	(5.7)	(15.2)	(8.2)	(9.5)	(40.2)	(0.0)	100.0	26
Erongo	18.4	4.9	10.5	36.0	20.7	9.0	0.5	100.0	129
Hardap	16.6	2.8	3.9	33.3	11.4	29.2	2.8	100.0	57
Karas	12.8	5.2	8.0	26.8	18.9	27.6	0.6	100.0	86
Kavango	(43.5)	(8.6)	(24.0)	(15.9)	(3.3)	(0.0)	(4.7)	100.0	50
Khomas	20.8	5.5	25.2	32.8	13.7	1.0	0.8	100.0	349
Kunene	20.3	2.1	12.1	11.4	13.8	39.6	0.7	100.0	42
Ohangwena	*	*	*	*	*	*	*	100.0	35
Omaheke	5.6	1.5	4.0	10.7	13.0	65.2	0.0	100.0	71
Omusati	*	*	*	*	*	*	*	100.0	31
Oshana	19.9	5.6	22.8	36.2	13.7	0.5	1.2	100.0	76
Oshikoto	21.1	0.0	15.8	21.8	16.0	20.9	4.4	100.0	73
Otjozondjupa	8.7	4.0	13.9	24.6	14.4	33.9	0.5	100.0	211
Education									
No education	5.3	0.8	7.7	17.2	25.0	42.6	1.5	100.0	215
Incomplete primary	2.0	0.8	15.2	30.5	20.6	30.5	0.3	100.0	258
Completed primary	9.0	0.0	24.0	30.7	11.0	21.7	3.5	100.0	89
Incompl. secondary	12.7	5.3	19.9	37.1	15.5	8.1	1.4	100.0	380
Compl. secondary+	48.8	9.6	15.2	18.3	2.7	3.8	1.5	100.0	295
Total	17.5	4.2	16.0	27.3	14.9	18.8	1.4	100.0	1,237

Note: Prof./Tech./Manag. includes professional, technical, and managerial occupations.. Figures in parentheses are based on 25-49 cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Women and men who reported themselves as employed at the time of the survey were asked if they worked for a member of their family, for someone else, or if they were self-employed. They were also asked if they earned cash for their work (Tables 2.18.1 and 2.18.2). Seventeen percent of working women are self-employed, while 73 percent work for non-relatives, and 10 percent are employed by relatives. For working men, 10 percent are self-employed, 86 percent work for non-relatives, and 4 percent are employed by relatives. The vast majority of those employed—83 percent of working women and 95 percent of working men—earn cash for their work.

Table 2.18.1 Employer and form of earnings: women

Percent distribution of currently employed women by employer and type of earnings (cash, in kind, no payment), according to background characteristics, Namibia 2000

Background characteristic	Self-employed		Employed by a nonrelative		Employed by a relative		Missing	Total	Number of women
	Earns cash ¹	Does not earn cash ²	Earns cash ¹	Does not earn cash ²	Earns cash ¹	Does not earn cash ²			
Age									
15-19	7.7	13.6	45.0	7.3	10.4	16.0	0.0	100.0	68
20-24	8.5	7.4	68.3	1.3	5.6	8.9	0.0	100.0	372
25-29	6.5	5.7	72.4	1.6	5.9	7.8	0.0	100.0	459
30-34	9.4	8.4	71.8	1.2	2.4	6.6	0.1	100.0	462
35-39	10.6	11.2	68.9	1.4	2.3	5.4	0.1	100.0	378
40-44	9.4	8.9	77.0	0.4	1.9	2.4	0.0	100.0	294
45-49	4.3	13.8	76.7	1.4	1.8	1.4	0.6	100.0	173
Residence									
Urban	5.8	5.6	77.6	1.2	2.3	7.4	0.0	100.0	1,425
Rural	13.2	14.6	59.2	1.9	6.5	4.5	0.2	100.0	781
Directorate									
Northwest	12.9	12.5	62.2	0.8	9.4	2.1	0.1	100.0	542
Northeast	5.8	37.8	40.1	1.5	1.6	12.9	0.1	100.0	219
Central	12.4	0.5	83.3	1.3	1.9	0.5	0.1	100.0	486
South	4.4	4.3	77.1	1.8	2.1	10.2	0.1	100.0	959
Region									
Caprivi	(20.4)	(0.0)	(73.3)	(6.3)	(0.0)	(0.0)	(0.0)	100.0	28
Erongo	8.2	0.4	90.1	0.3	1.0	0.0	0.0	100.0	169
Hardap	7.9	1.9	82.6	2.5	0.9	3.4	1.0	100.0	105
Karas	9.0	0.6	83.2	1.1	6.1	0.0	0.0	100.0	133
Kavango	3.7	43.3	35.3	0.8	1.9	14.8	0.2	100.0	192
Khomas	2.3	5.6	74.6	1.8	1.5	14.1	0.0	100.0	671
Kunene	23.0	2.0	66.6	1.1	5.4	1.8	0.0	100.0	71
Ohangwena	28.9	1.1	56.2	0.0	7.9	5.5	0.4	100.0	111
Omaheke	12.5	2.2	81.7	2.6	1.0	0.0	0.0	100.0	51
Omusati	(21.8)	(13.3)	(44.2)	(0.0)	(20.8)	(0.0)	(0.0)	100.0	89
Oshana	6.3	19.7	65.1	1.0	5.9	1.9	0.0	100.0	221
Oshikoto	3.9	9.3	75.3	1.7	8.8	0.8	0.0	100.0	122
Otjozondjupa	12.2	0.2	83.5	2.1	1.5	0.4	0.1	100.0	246
Education									
No education	5.5	15.9	64.8	2.7	1.8	9.3	0.0	100.0	167
Incomplete primary	11.8	22.4	48.7	2.7	3.0	11.1	0.2	100.0	320
Completed primary	10.8	15.9	60.4	0.1	3.5	9.3	0.0	100.0	245
Incompl. secondary	9.5	5.7	71.3	1.5	5.4	6.4	0.2	100.0	871
Compl. secondary+	4.9	1.2	88.7	0.9	2.5	1.8	0.0	100.0	604
Occupation									
Agriculture	1.9	39.2	12.1	1.2	0.4	45.3	0.0	100.0	246
Nonagricultural	9.2	5.0	78.5	1.5	4.2	1.5	0.1	100.0	1,961
Total	8.4	8.8	71.1	1.4	3.8	6.4	0.1	100.0	2,207

Note: Total includes women with missing information on type of employer or earnings and/or employment status.

¹ Includes both women who receive only cash and those who receive cash and in-kind payment. Figures in parentheses are based on 25-49 unweighted cases.

² Includes both women who receive only in-kind payment and those who receive no payment.

Table 2.18.2 Employer and form of earnings: men

Percent distribution of currently employed men by employer and type of earnings (cash, in kind, no payment), according to background characteristics, Namibia 2000

Background characteristic	Self-employed		Employed by a nonrelative		Employed by a relative		Missing	Total	Number of men
	Earns cash ¹	Does not earn cash ²	Earns cash ¹	Does not earn cash ²	Earns cash ¹	Does not earn cash ²			
Age									
15-19	0.5	0.0	82.7	1.9	10.1	4.7	0.0	100.0	49
20-24	5.2	6.2	79.2	0.1	6.9	1.0	1.4	100.0	173
25-29	4.6	3.8	85.6	0.3	4.5	1.1	0.1	100.0	226
30-34	6.7	1.0	87.7	0.5	2.4	0.5	1.2	100.0	250
35-39	7.6	5.6	85.7	0.0	0.9	0.2	0.0	100.0	181
40-44	6.7	1.3	87.4	2.5	0.2	1.4	0.7	100.0	155
45-49	16.4	5.4	76.9	0.0	1.3	0.0	0.0	100.0	100
50-59	4.8	0.9	91.0	0.9	2.2	0.3	0.0	100.0	103
Residence									
Urban	6.6	2.2	88.0	0.2	2.3	0.3	0.4	100.0	766
Rural	6.7	5.0	80.1	1.4	4.4	1.7	0.8	100.0	472
Directorate									
Northwest	12.6	0.5	81.3	0.6	3.6	0.9	0.5	100.0	216
Northeast	4.1	13.8	64.8	1.7	5.0	4.4	6.3	100.0	76
Central	5.8	3.2	87.2	1.0	1.6	1.0	0.3	100.0	382
South	5.2	2.9	87.7	0.3	3.7	0.3	0.0	100.0	564
Region									
Caprivi	(0.0)	(0.0)	(73.4)	(0.0)	(0.0)	(13.0)	(13.7)	100.0	26
Erongo	4.9	0.8	90.4	0.0	1.2	1.8	0.8	100.0	129
Hardap	5.4	0.0	89.9	0.7	3.9	0.0	0.0	100.0	57
Karas	11.1	1.0	87.3	0.0	0.6	0.0	0.0	100.0	86
Kavango	(6.2)	(20.8)	(60.4)	(2.5)	(7.6)	(0.0)	(2.5)	100.0	50
Khomas	3.1	3.6	90.9	0.0	2.4	0.0	0.0	100.0	349
Kunene	6.8	2.0	77.5	1.4	9.3	3.0	0.0	100.0	42
Ohangwena	*	*	*	*	*	*	*	100.0	35
Omaheke	7.9	4.5	70.5	1.6	13.4	2.1	0.0	100.0	71
Omusati	*	*	*	*	*	*	*	100.0	31
Oshana	14.0	0.0	85.5	0.0	0.5	0.0	0.0	100.0	76
Oshikoto	5.8	0.0	89.7	1.7	0.0	2.7	0.0	100.0	73
Otjozondjupa	6.2	4.8	87.1	1.5	0.3	0.0	0.0	100.0	211
Education									
No education	3.5	1.3	86.2	2.4	5.9	0.6	0.0	100.0	215
Incomplete primary	4.8	6.0	83.6	0.0	3.0	2.1	0.5	100.0	258
Completed primary	7.9	0.0	88.7	1.2	0.3	0.7	1.2	100.0	89
Incompl. secondary	7.1	3.7	84.9	0.1	3.4	0.1	0.6	100.0	380
Compl. secondary+	9.3	2.7	84.2	0.4	1.7	0.8	0.8	100.0	295
Occupation									
Agriculture	4.4	6.1	75.5	1.9	8.1	3.4	0.6	100.0	232
Nonagricultural	7.1	2.6	87.2	0.3	2.0	0.3	0.5	100.0	1,005
Total	6.6	3.3	85.0	0.6	3.1	0.8	0.6	100.0	1,237

Note: Total includes men with missing information on type of employer or earnings and/or employment. Figures in parentheses re based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes both men who receive only cash and those who receive cash and in-kind payment

² Includes both men who receive only in-kind payment and those who receive no payment

Younger workers, especially those ages 15-19, are more likely to work for relatives and less likely to earn cash for their work than are older workers. Rural women are more likely than urban women to be self-employed and not to earn cash, but for men, there are surprisingly few differences in type of employer by urban-rural residence. In the Northeast Directorate, women and men who work are more likely to be self-employed or employed by a relative, while those in the Central and South Directorates are more likely to be employed by non-relatives. Education affects the type of employer and form of earnings. Working women who have completed secondary school are more likely to be employed by a non-relative and much more likely to be paid in cash than are less educated women. For men, differences are very small. As expected, women who work in agriculture tend to be self-employed or work for relatives and are much less likely to earn cash than non-agricultural workers. However, among men, differences between those engaged in agricultural and non-agricultural work are small.

Working women who earn cash for their work were asked who mainly decides how her earnings will be used. Seventy-seven percent of working women decide for themselves how their own earnings are used, while 12 percent decide jointly with their husband or someone else, and 11 percent say they do not participate in the decision at all (Table 2.19). As expected, single women and those who are divorced, widowed, or separated are more likely than married women to decide for themselves how their earnings are used.

Working women were also asked what proportion of the household expenditures was provided by their earnings. As shown in Table 2.19, two-thirds of working women provide for at least half their household expenditures, with 16 percent providing for all expenditures. The proportion of working women who provide for at least half of their household expenditures is particularly high in Erongo Region (84 percent) and Kavango Region (83 percent).

Table 2.19 Decision on use of earnings and contribution of earnings to household expenditures

Percent distribution of women currently employed and receiving cash earnings by person who decides how earnings are used and by proportion of household expenditures met by earnings, according to background characteristics, Namibia 2000

Background characteristic	Person who decides how earnings are used					Proportion of household expenditures met by earnings					Number of women	
	Self only	Jointly ¹	Some-one else ²	Missing	Total	Almost none	Less than half	Half or more	All	Missing		Total
Age												
15 19	(77.8)	(12.7)	(8.2)	(1.3)	100.0	(27.5)	(34.8)	(26.1)	(11.6)	(0.0)	100.0	43
20 24	86.2	6.6	7.2	0.0	100.0	11.8	26.5	48.0	13.6	0.0	100.0	306
25 29	78.6	12.3	9.1	0.0	100.0	15.8	20.4	50.2	13.6	0.0	100.0	389
30 34	75.3	11.3	13.4	0.0	100.0	8.7	17.4	57.7	16.1	0.1	100.0	387
35 39	72.0	16.7	11.2	0.0	100.0	10.0	25.5	46.7	17.9	0.0	100.0	309
40 44	73.3	12.5	14.1	0.0	100.0	13.1	18.0	51.8	15.4	1.8	100.0	260
45 49	71.7	18.4	8.7	1.2	100.0	16.3	25.2	39.6	18.9	0.0	100.0	144
Marital status												
Never married	94.6	2.4	2.7	0.3	100.0	13.6	26.1	45.6	14.5	0.3	100.0	744
Married or in union	57.6	22.9	19.5	0.0	100.0	12.2	18.0	53.6	15.9	0.3	100.0	906
Divorced, separated, widowed	98.3	1.7	0.0	0.0	100.0	10.9	25.2	47.0	16.9	0.0	100.0	189
Residence												
Urban	75.6	13.1	11.3	0.0	100.0	12.3	21.3	49.1	17.2	0.2	100.0	1,222
Rural	79.2	11.0	9.6	0.3	100.0	13.2	23.4	50.8	12.1	0.4	100.0	616
Directorate												
Northwest	88.2	6.9	4.5	0.4	100.0	15.3	31.1	45.5	7.5	0.6	100.0	458
Northeast	76.7	18.4	4.9	0.0	100.0	5.1	14.3	66.3	14.2	0.0	100.0	105
Central	69.6	11.3	19.1	0.0	100.0	5.0	18.4	48.7	27.8	0.1	100.0	475
South	74.5	15.4	10.0	0.1	100.0	16.5	19.9	50.4	12.9	0.3	100.0	801
Region												
Caprivi	(64.0)	(24.9)	(11.1)	(0.0)	100.0	(14.6)	(13.1)	(56.7)	(15.6)	(0.0)	100.0	26
Erongo	65.0	16.9	18.0	0.0	100.0	2.7	12.9	48.7	35.7	0.0	100.0	168
Hardap	71.3	18.8	9.9	0.0	100.0	24.1	24.4	40.4	11.1	0.0	100.0	96
Karas	72.1	22.0	5.4	0.4	100.0	10.7	21.9	44.8	22.6	0.0	100.0	131
Kavango	80.9	16.2	2.9	0.0	100.0	2.0	14.7	69.5	13.7	0.0	100.0	79
Khomas	76.4	12.7	10.9	0.0	100.0	16.9	18.7	53.2	10.9	0.4	100.0	527
Kunene	78.2	12.6	9.2	0.0	100.0	8.7	24.9	56.0	10.5	0.0	100.0	68
Ohangwena	88.8	7.0	4.2	0.0	100.0	2.8	43.6	45.4	8.2	0.0	100.0	103
Omaheke	66.0	21.1	12.9	0.0	100.0	13.6	19.1	55.3	12.0	0.0	100.0	48
Omusati	(87.4)	(6.6)	(6.0)	(0.0)	100.0	(44.8)	(28.5)	(21.5)	(5.3)	(0.0)	100.0	77
Oshana	88.4	7.0	3.5	1.0	100.0	7.8	29.1	54.8	6.7	1.6	100.0	171
Oshikoto	88.1	6.9	5.1	0.0	100.0	18.1	24.3	48.1	9.5	0.0	100.0	107
Otjozondjupa	70.3	6.9	22.7	0.0	100.0	5.6	20.5	46.5	27.2	0.1	100.0	239
Educational levels												
No education	78.9	8.0	13.1	0.0	100.0	13.5	16.8	48.4	21.4	0.0	100.0	120
Incomplete primary	76.1	11.1	12.7	0.0	100.0	20.7	21.6	40.3	16.4	1.0	100.0	204
Completed primary	74.4	16.9	8.5	0.3	100.0	18.5	37.0	37.1	7.4	0.0	100.0	183
Incomplete secondary	80.0	9.5	10.5	0.0	100.0	12.7	22.0	51.2	13.8	0.4	100.0	752
Complete secondary+	73.1	16.2	10.5	0.3	100.0	7.7	18.6	55.2	18.6	0.0	100.0	580
Total	76.8	12.4	10.7	0.1	100.0	12.6	22.0	49.7	15.5	0.3	100.0	1,839

Note: Figures in parentheses are based on 25-49 unweighted cases.

¹ With husband or someone else

² Includes husband

2.11 WOMEN'S STATUS

In the 2000 NDHS, several sets of questions were included to assess women's and men's attitudes towards wife beating and sexual autonomy. The questions were designed to assess attitudes towards women.

Men interviewed in the 2000 NDHS were asked if they thought that a man was justified in hitting or beating his wife in three situations: if she neglects the children, if she argues with him, and if she refuses to have sex with him. The data in Table 2.20 indicate that wife beating is widely accepted by men in Namibia. Almost four in ten men say that a man is justified in hitting his wife if she neglects the children. More than one-quarter feel that wife beating is justified if she argues with him. Refusing sexual advances is considered more acceptable; only 13 percent of men say that wife beating is justified in that circumstance. Although 44 percent of men agree with at least one of the reasons mentioned, on the other hand, 56 percent of men said that wife beating is not justified in any of the circumstances.

Differentials in attitudes towards wife beating are not pronounced except by region and education. Men in Caprivi Region appear to be particularly accepting of wife beating under all three situations, while those in Karas Region are notable for disapproving of wife beating. The more educated a man is, the less likely he is to agree that wife beating is justified.

The extent of control women have over when they have sex has important implications for demographic and health outcomes. In the 2000 NDHS, women and men were asked if they think a wife is justified in refusing to have sex with her husband in four circumstances: if she is tired or not in the mood, if she has recently given birth, if she knows her husband has sexual relations with other women, and if she knows her husband has a sexually transmitted disease. These circumstances were chosen because they combine issues of women's rights and consequences for women's health. Tables 2.21.1 and 2.21.2 show how women and men responded.

The results show that both women and men are largely supportive of a woman's right to refuse sex with her husband. Two-thirds of women and more than 60 percent of men say that a wife is justified in refusing her husband's sexual advances in all four situations postulated. Moreover, the proportions who agree with a wife's right to refuse sex are roughly equal in all four situations, implying that respondents did not differentiate between the circumstances.

Respondent's age makes little difference in attitudes towards women's rights to refuse sex, except that adolescent women, as well as childless women, are less likely to agree with the reasons given for refusing sex. Although urban women are more sympathetic than rural women to a wife's right to refuse her husband in all four circumstances, the pattern is reversed among men. Surprisingly, among women, education has only a marginal relationship with attitudes towards a woman's right to refuse sex. Women who have completed secondary school are more likely than less educated women to agree that a wife is justified in refusing sex with her husband under all four situations; however, almost as many uneducated women agree as well. Among men, there is a direct, positive relationship between the level of education and the percentage who agree with a woman's right to refuse sex with her husband.

Table 2.20 Men's agreement with reasons for wife beating

Percentage of men who agree with specific reasons justifying a husband beating his wife and percentage who agree with at least one or with none of the reasons, according to background characteristics, Namibia 2000

Background characteristic	Reasons justifying a husband beating his wife			Agrees with any selected reason	Agrees with no selected reason	Number of men
	Neglects the children	Argues with him	Refuses sex			
Age						
15-19	39.0	27.2	12.0	47.2	52.8	694
20-24	40.3	31.3	13.0	49.1	50.9	610
25-29	39.0	30.2	15.6	45.0	55.0	448
30-34	39.7	26.2	14.7	41.9	58.1	378
35-39	34.6	24.0	13.6	37.6	62.4	247
40-44	38.6	23.8	13.6	40.8	59.2	216
45-49	34.5	25.1	11.9	40.8	59.2	174
50-59	35.6	24.4	10.0	39.1	60.9	188
Marital status						
Never married	40.4	29.7	14.1	47.7	52.3	1,764
Married or in union	35.8	24.9	12.1	39.7	60.3	1,047
Divorced/separated/ widowed	34.3	20.3	10.3	39.2	60.8	143
Number of living children						
0	39.2	29.5	14.2	46.8	53.2	1,510
1-2	35.0	22.8	11.3	39.3	60.7	689
3-4	34.4	24.7	9.8	37.8	62.2	336
5+	44.6	30.7	15.4	49.5	50.5	419
Residence						
Urban	35.2	22.3	11.0	39.6	60.4	1,312
Rural	41.1	31.8	14.9	48.3	51.7	1,642
Region						
Caprivi	90.1	73.5	69.4	90.8	9.2	114
Erongo	28.9	12.6	1.9	31.8	68.2	195
Hardap	20.4	17.8	5.3	34.3	65.7	128
Karas	8.3	5.7	2.8	10.6	89.4	123
Kavango	34.1	24.4	7.3	37.5	62.5	198
Khomas	45.0	32.2	18.8	49.8	50.2	624
Kunene	41.6	30.7	9.2	49.8	50.2	103
Ohangwena	50.9	50.6	17.8	64.3	35.7	275
Omaheke	19.5	13.9	2.9	23.1	76.9	104
Omusati	51.5	29.5	14.2	58.9	41.1	271
Oshana	37.9	29.5	15.0	44.9	55.1	251
Oshikoto	33.4	22.5	6.3	38.8	61.2	249
Otjozondjupa	22.3	9.8	3.6	26.1	73.9	317
Education						
No education	46.6	38.2	21.8	53.8	46.2	379
Incomplete primary	46.7	31.4	14.9	51.9	48.1	744
Complete primary	40.9	31.4	13.4	49.6	50.4	283
Incomplete secondary	36.8	26.4	10.9	43.3	56.7	1,115
Complete secondary +	19.8	12.3	8.7	22.9	77.1	434
Current employment						
Not employed	43.0	32.1	15.7	50.6	49.4	1,709
Working for cash	31.8	20.7	10.0	35.7	64.3	1,174
Working, not for cash	42.1	32.9	2.8	42.1	57.9	60
Total	38.5	27.6	13.2	44.4	55.6	2,954

Table 2.21.1 Reasons for refusing to have sexual relations with husband: women

Percentage of women who agree with specific reasons justifying a wife refusing to have sexual relations with her husband and percentages who agree with all and with none of the reasons, according to background characteristics, Namibia 2000

Background characteristic	Percentage who agree with specific reasons:						Number of women
	Tired, not in mood	Gave birth recently	Knows husband has sexual relations with other women	Knows husband has an STD or AIDS	Percentage who agree with all reasons	Percentage who agree with none of the reasons	
Age							
15-19	66.2	69.6	68.4	75.0	55.1	19.0	1,499
20-24	79.1	81.3	76.7	80.4	68.8	13.1	1,339
25-29	80.9	85.2	81.4	84.0	73.5	11.4	1,104
30-34	80.5	85.0	78.9	85.0	72.1	11.3	1,013
35-39	82.8	84.8	79.7	83.0	72.7	10.9	751
40-44	79.3	85.9	81.8	85.2	72.3	10.4	633
45-49	78.0	83.8	77.0	84.6	68.0	11.6	415
Marital status							
Never married	71.3	74.8	71.8	76.6	60.7	17.0	3,667
Married or in union	83.5	87.3	81.9	86.2	75.5	9.7	2,610
Divorced, separated, widowed	86.9	92.7	87.0	92.9	79.5	4.0	478
Number of living children							
0	68.1	71.4	69.8	74.8	56.4	18.4	2,181
1-2	81.5	84.8	80.3	83.9	73.1	11.2	2,387
3-4	83.2	87.6	81.4	87.8	75.1	9.5	1,296
5+	78.8	83.7	77.9	82.2	70.3	11.8	891
Residence							
Urban	89.2	90.5	87.7	90.6	82.6	6.7	2,786
Rural	68.6	74.1	69.1	75.0	57.3	17.9	3,969
Directorate							
Northwest	60.5	66.9	62.0	67.9	47.1	22.4	2,792
Northeast	86.0	93.2	84.2	95.0	77.6	4.3	842
Central	85.4	86.7	84.0	85.8	78.6	10.7	1,231
South	92.3	92.2	90.6	92.7	86.7	5.4	1,890
Region							
Caprivi	87.0	92.1	79.5	95.4	72.5	4.0	322
Erongo	91.8	94.9	93.1	92.6	87.2	4.1	399
Hardap	93.1	94.8	94.1	97.0	85.8	1.4	292
Karas	92.2	92.2	94.1	93.7	88.6	4.4	261
Kavango	85.4	93.9	87.1	94.7	80.7	4.6	520
Khomas	92.4	91.7	89.5	91.7	87.7	6.9	1,152
Kunene	91.3	93.4	88.9	91.7	82.5	3.5	205
Ohangwena	62.4	67.3	65.9	69.4	54.0	22.4	684
Omaheke	90.4	90.8	86.6	90.9	79.9	3.7	185
Omusati	56.4	62.8	56.4	65.6	43.8	27.4	714
Oshana	67.3	77.2	74.8	80.2	50.2	8.5	789
Oshikoto	54.5	58.0	47.6	52.9	39.1	34.8	604
Otjozondjupa	79.3	79.2	76.5	79.6	72.0	17.4	627
Education							
No education	79.8	82.9	77.8	83.2	71.2	13.3	641
Incomplete primary	70.1	76.6	72.1	78.2	60.2	15.9	1,409
Completed primary	72.8	76.9	74.0	78.4	63.8	16.0	827
Incompl. secondary	78.6	81.6	77.6	82.0	68.0	12.2	2,907
Compl. secondary+	84.6	86.8	82.8	86.0	79.1	10.4	971
Current employment							
Not employed	73.0	77.4	72.8	77.9	62.2	15.7	4,542
Employed for cash	84.5	86.9	84.4	87.7	78.5	9.4	1,839
Employed, not for cash	91.6	93.2	88.4	94.3	82.4	2.2	365
Total	77.1	80.9	76.8	81.5	67.7	13.3	6,755

Note: Total includes 10 women with missing information on current employment.

Table 2.21.1 Reasons for refusing to have sexual relations with husband: men

Percentage of men who agree with specific reasons justifying a wife refusing to have sexual relations with her husband and percentages who agree with all and with none of the reasons, according to background characteristics, Namibia 2000

Background characteristic	Percentage who agree with specific reasons:					Percentage who agree with none of the reasons	Number of men
	Tired, not in mood	Gave birth recently	Knows husband has sexual relations with other women	Knows husband has an STD or AIDS	Percentage who agree with all reasons		
Age							
15-19	72.4	79.3	75.5	82.0	59.3	11.1	694
20-24	71.6	78.6	72.3	77.1	61.2	15.8	610
25-29	69.0	74.4	64.8	73.2	56.8	20.2	448
30-34	68.0	70.5	66.3	71.3	56.7	21.5	378
35-39	72.0	81.6	74.6	78.2	65.7	15.5	247
40-44	72.2	72.8	69.9	75.5	64.3	21.5	216
45-49	75.8	82.8	74.1	78.4	69.6	15.4	174
50-59	78.1	81.9	77.6	82.2	70.3	13.7	188
Marital status							
Never married	68.2	73.8	69.3	74.2	57.0	18.4	1,764
Married or in union	76.5	81.5	74.5	81.1	67.5	14.5	1,047
Divorced, separated, widowed	79.4	91.3	79.3	88.1	67.0	4.1	143
Number of living children							
0	72.9	78.2	73.1	78.3	61.4	14.5	1,510
1-2	70.8	76.3	68.0	76.6	59.3	18.2	689
3-4	71.3	78.9	73.7	78.0	62.8	16.3	336
5+	68.8	74.9	70.5	74.3	62.2	19.7	419
Residence							
Urban	67.3	70.4	67.9	72.3	58.7	23.2	1,312
Rural	75.1	82.9	74.6	81.3	63.2	10.8	1,642
Directorate							
Northwest	72.1	78.4	71.9	79.4	58.8	13.0	1,047
Northeast	83.4	94.0	79.9	91.8	71.0	2.8	313
Central	73.9	79.8	71.3	75.5	62.0	14.7	615
South	66.0	69.5	68.9	71.6	60.1	25.2	980
Region							
Caprivi	94.8	96.0	91.8	96.5	88.8	2.3	114
Erongo	81.4	80.3	78.6	81.7	65.9	7.6	195
Hardap	85.1	90.5	90.6	93.6	72.9	2.1	128
Karas	89.5	91.2	88.2	91.7	86.4	6.6	123
Kavango	76.9	92.8	73.1	89.1	60.7	3.0	198
Khomas	55.4	59.0	58.5	60.2	51.3	36.7	624
Kunene	86.7	95.3	88.7	92.6	78.0	2.9	103
Ohangwena	54.5	55.4	52.8	55.2	40.6	33.7	275
Omaheke	78.2	80.6	81.2	89.4	65.8	6.6	104
Omusati	81.0	82.3	80.3	88.6	69.7	5.9	271
Oshana	70.0	89.3	79.8	97.6	57.2	0.6	251
Oshikoto	84.2	88.5	76.1	77.5	68.8	10.4	249
Otjozondjupa	65.1	74.4	61.1	66.1	54.4	22.9	317
Education							
No education	61.3	66.0	57.7	64.4	48.1	27.4	379
Incomplete primary	65.2	74.7	67.3	73.6	54.4	18.0	744
Completed primary	70.4	76.2	70.8	79.3	59.5	15.2	283
Incompl. secondary	76.1	80.7	76.6	81.6	66.0	13.1	1,115
Compl. secondary+	81.2	84.2	78.9	82.6	73.1	12.8	434
Current employment							
Not employed	70.4	78.0	72.3	78.7	59.8	14.7	1,709
Employed for cash	73.5	76.3	71.0	75.1	63.6	18.9	1,174
Employed, not for cash	68.6	77.2	70.9	77.4	57.4	13.8	60
Total	71.7	77.4	71.6	77.3	61.2	16.3	2,954

Note: Total includes 12 men with missing information on current employment.

Finally, men were asked if they felt a man was justified in taking any of four specified actions if his wife refused to have sex with him when he wanted her to: get angry and yell at her, refuse to give her money or other means of financial support, force her to have sex with him even if she doesn't want to, and have sex with another woman. The results are tabulated in Table 2.22.

The data show that almost one-quarter of men feel it is justifiable for a man to get angry and yell at his wife if she refuses to have sex with him. One-fifth say a man would be justified in having sex with another woman under such circumstances. Only 12 percent of men think that withholding financial support is a justifiable reaction, while even fewer—7 percent—feel that forced sex would be justified.

Differentials by background characteristics are not large except by residence. Rural men, men in Northwest Directorate, and those in Ohangwena and Oshana Regions are more likely than other men to feel that husbands are justified in taking such actions. Particularly disturbing is the fact that more than one-quarter of men in Ohangwena and Kavango Regions believe a man is justified in forcing his wife to have sex against her will. The more educated a man is, the less likely he is to believe that a man is justified in taking these actions when his wife refuses sex. Men who work for cash are also less likely than other men to say that a man is justified in taking any of the four actions.

Table 2.22 Men's agreement with certain actions husbands are justified in taking if a wife refuses sexual relations

Percentage of men who say that a husband has the right to take specific actions if the wife refuses to have sex with him when he wants her to, according to selected background characteristics, Namibia 2000

Background characteristic	Actions justified from men if wife refuses sex					Number of men
	Get angry and yell at her	Refuse money/financial support	Use force and have sex anyway	Have sex with someone else	Agrees with any selected reason	
Age						
15-19	26.6	14.5	8.8	27.7	47.3	694
20-24	23.7	15.6	9.4	21.4	40.5	610
25-29	23.8	13.1	7.5	19.1	38.5	448
30-34	15.9	5.9	3.7	13.3	29.7	378
35-39	17.1	5.0	3.6	13.1	27.6	247
40-44	14.7	8.3	5.8	11.5	23.6	216
45-49	26.6	13.8	8.6	22.8	35.3	174
50-59	25.7	10.1	6.8	18.1	34.9	188
Marital status						
Never married	24.3	13.7	7.9	23.4	42.3	1,764
Married or in union	18.9	7.4	6.1	13.3	28.5	1,047
Divorced/separated/widowed	26.5	21.9	8.9	25.5	43.2	143
Number of living children						
0	24.9	14.5	8.7	23.4	42.9	1,510
1-2	19.8	10.3	5.6	14.3	31.7	689
3-4	14.8	4.3	3.9	14.4	27.7	336
5+	24.2	10.7	7.9	21.4	35.1	419
Residence						
Urban	15.9	7.7	4.6	15.1	29.5	1,312
Rural	27.8	15.2	9.5	23.8	43.8	1,642
Directorate						
Northwest	37.9	19.5	9.9	30.1	55.0	1,047
Northeast	15.5	9.5	17.4	16.7	31.7	313
Central	13.7	6.2	3.0	18.9	29.9	615
South	13.7	7.9	4.0	10.8	25.2	980
Region						
Caprivi	8.7	7.9	3.7	7.9	14.8	114
Erongo	7.7	3.5	0.7	21.7	28.6	195
Hardap	8.5	12.0	8.5	18.7	35.7	128
Karas	5.8	3.6	1.8	5.5	12.6	123
Kavango	19.4	10.4	25.3	21.8	41.4	198
Khomās	15.1	7.1	3.5	10.8	24.5	624
Kunene	19.4	8.1	3.0	15.3	36.3	103
Ohangwena	52.9	31.6	27.1	40.5	59.6	275
Omaheke	21.5	12.9	4.3	6.9	31.8	104
Omusati	37.7	20.7	5.5	14.6	48.4	271
Oshana	46.7	19.1	4.8	25.0	59.7	251
Oshikoto	12.7	5.4	0.8	40.8	52.5	249
Otjozondjupa	15.5	7.3	4.3	18.4	28.7	317
Education						
No education	32.4	17.7	10.1	23.6	42.9	379
Incomplete primary	26.1	10.9	9.8	25.3	44.5	744
Completed primary	23.4	15.4	3.9	16.2	42.7	283
Incomplete secondary	19.8	12.2	8.1	19.3	34.8	1,115
Completed secondary +	13.8	5.2	0.9	11.7	24.1	434
Current employment						
Not employed	26.8	14.8	9.5	23.0	43.8	1,709
For cash	16.6	7.5	4.1	15.1	28.2	1,174
Not for cash	19.6	12.6	7.8	29.8	42.7	60
Total	22.5	11.8	7.3	19.9	37.5	2,954

Note: Total includes 12 men for whom data on current employment are missing.

FERTILITY

The fertility measures presented in this chapter are based on the reported birth histories of women age 15 to 49 who were interviewed in the 2000 Namibia Demographic Health Survey (NDHS). Each woman was first asked about the number of sons and daughters who were living with her, those who were living elsewhere, and those who had died. She was then asked for a history of her births, including the month and year each child was born; the name and sex; if deceased, the age at death; and if alive, the current age and whether the child was living with the mother. The information obtained from these questions was used to calculate measures of current and completed fertility, i.e., age-specific and total fertility rates and the number of children ever born.

3.1 CURRENT FERTILITY

Table 3.1 presents several measures of the current level of fertility, calculated from the birth history data. The age-specific fertility rate is defined as the number of live births during a specified period to women in a particular age group divided by the number of woman-years lived in that age group during the specified period. It is a valuable measure of the current age pattern of childbearing. The total fertility rate (TFR) is obtained by summing the age-specific fertility rates and multiplying by five. It represents the number of children a woman would give birth to if she were to bear children at the prevailing age-specific rates throughout her lifetime. The general fertility rate is the number of live births occurring during a specified period per 1,000 women of reproductive age. Finally, the crude birth rate is the number of births in a specified period per 1,000 population.

Measures of current fertility are estimated for the three-year period preceding the survey, which corresponds roughly to 1998-2000. The choice of the reference period is a compromise between providing the most recent information, avoiding problems of omission or displacement of births due to recall lapse for older women, and obtaining enough cases to reduce the sampling errors.

The TFR in Namibia is 4.2 births per woman. The TFR in rural areas is 5.1, compared with 3.1 in urban areas. In other words, rural women will have on average two more children than their urban counterparts. The crude birth rate in Namibia is 31 births per 1,000 population. The general fertility rate in Namibia is 137 per 1,000 women, with the rate being much higher in rural areas (158) than in urban areas (109).

The age-specific fertility rates indicate that Namibian women have a broad-peaked fertility pattern, with fertility rates in age groups 20-24, 25-29, and 30-34 differing only slightly, as shown in Figure 3.1. Fertility declines sharply after the mid-30s.

Table 3.1 Current fertility

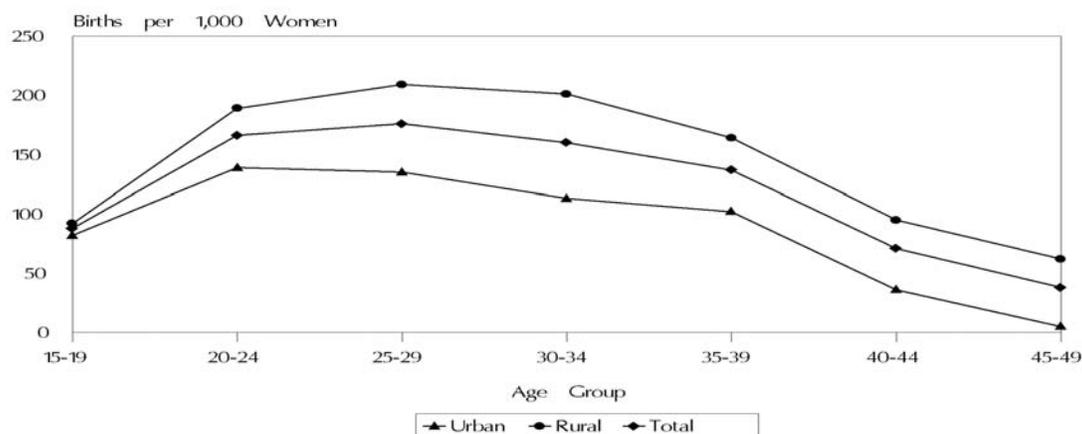
Age-specific and cumulative fertility rates and the crude birth rate for the three years preceding the survey, by residence, Namibia 2000

Age group	Residence		Total
	Urban	Rural	
15-19	82	92	88
20-24	139	189	166
25-29	135	209	176
30-34	113	201	160
35-39	102	164	137
40-44	36	95	71
45-49	5	62	38
TFR 15-49	3.1	5.1	4.2
TFR 15-44	3.0	4.8	4.0
GFR	109	158	137
CBR	29.9	30.8	30.5

Note: Rates are for the period 1-36 months preceding the survey. Rates for age group 45-49 may be slightly biased due to truncation. Age-specific fertility rates are expressed per 1,000 women.

TFR: Total fertility rate expressed per woman
GFR: General fertility rate (births ÷ no. of women 15-44) expressed per 1,000 women
CBR: Crude birth rate expressed per 1,000 population

Figure 3.1 Age-specific Fertility Rates by Urban-Rural Residence



NDHS 2000

3.2 FERTILITY DIFFERENTIALS

Table 3.2 presents fertility differentials according to urban-rural residence, directorate, and level of education. The urban-rural differentials in fertility measures have already been noted. Differences by directorate (see Figure 3.2) show that the Northeast has the highest TFR of 4.8 and the South has the lowest (3.6). The data indicate a steady decline in fertility with increasing education.

Six percent of interviewed women reported that they were pregnant at the time of interview. Variations in this proportion by background characteristics of women are minimal; however, the percent pregnant generally declines with increasing education of women.

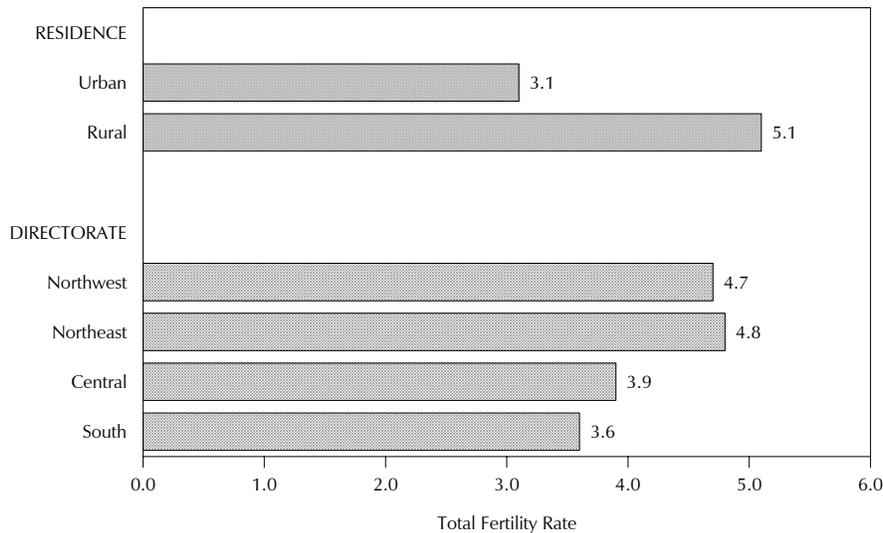
Table 3.2 also shows the mean number of children ever born for women age 40-49. This is an indicator of completed fertility or cumulative fertility for women who are approaching the end of their childbearing years. A comparison of the total fertility rate and the cumulative fertility rate gives an indication of fertility trends over time. Overall, the mean number of children ever born to women 40-49 is 5.1, far higher than the current total fertility rate of 4.2, which indicates that fertility has been falling in Namibia; this is true for all groups except women with no education.

Table 3.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey and percentage currently pregnant for women 15-49, and mean number of children ever born to women age 40-49 years, by background characteristics, Namibia 2000

Background characteristic	Total fertility rate	Percentage currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	3.1	5.5	4.0
Rural	5.1	6.0	5.8
Directorate			
Northwest	4.7	6.1	5.6
Northeast	4.8	4.7	5.4
Central	3.9	6.6	4.9
South	3.6	5.3	4.4
Education			
No education	6.3	8.0	5.7
Incomplete primary	5.6	6.0	5.7
Completed primary	3.9	7.3	5.7
Incompl. secondary	3.5	5.2	4.4
Compl. secondary+	2.6	4.5	2.9
Total	4.2	5.8	5.1

Figure 3.2 Total Fertility Rates by Residence



NDHS 2000

3.3 FERTILITY TRENDS

Fertility trends can be analysed in two ways. One is to compare data from the 2000 NDHS with previous data, namely the 1991 population census and the 1992 NDHS. Data from the 1991 census showed a total fertility rate of 6.1 for the nation. In contrast, the 1992 NDHS produced a rate of 5.4 for the three years prior to the survey or roughly 1990-92. The rather sizeable difference between these two estimates may be attributed to the fact that the census rate was derived using indirect estimation procedures, which might overestimate fertility. Alternatively, the difference could be due to sampling errors in the 1992 NDHS rate. In any case, it appears that fertility has declined considerably over the past eight years, dropping to 4.2 for the period 1998-2000.

A comparison of the 1992 and 2000 NDHSs shows that fertility has declined by roughly the same magnitude in urban and rural areas. It appears to have declined most rapidly in the Northwest Directorate, from 6.7 births per woman in 1990-92 to 4.7 for the period 1998-2000.

A second way of analysing fertility trends is by using data from the 2000 NDHS alone, by reconstructing fertility rates back into time from data in women's birth histories. Because women age 50 and above were not interviewed in the survey, the rates are successively truncated as the number of years before the survey increases (see Table 3.3). The data also indicate a decline in fertility in Namibia during the last 20 years.

Table 3.3 Trends in age-specific fertility rates

Age-specific fertility rates for four-year periods preceding the survey by mother's age at the time of the birth, Namibia 2000

Mother's age at the time of the birth	Number of years preceding survey				
	0-3	4-7	8-11	12-15	16-19
15-19	88	90	88	89	103
20-24	171	179	207	196	209
25-29	176	199	226	237	248
30-34	156	196	202	212	[254]
35-39	125	152	164	[159]	
40-44	69	99	[114]		
45-49	39	[11]			

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

3.4 CHILDREN EVER BORN

Table 3.4 shows the distribution of all women and currently married women by age and number of children ever born. The table also shows the mean number of children ever born to women in each age group, an indicator of the momentum of childbearing. Data on the number of children ever born reflect the accumulation of births over the past 30 years or so and therefore have limited relevance to current fertility levels, especially if the country has experienced a decline in fertility.

Table 3.4 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born (CEB), mean number of children ever born, and mean number of living children, according to age group, Namibia 2000

Age	Number of children ever born											Total	Number	Mean number of CEB	Mean number of living children	
	0	1	2	3	4	5	6	7	8	9	10+					
ALL WOMEN																
15-19	85.3	13.3	1.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,499	0.16	0.15	
20-24	40.2	37.6	15.9	5.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,339	0.90	0.85	
25-29	15.1	30.0	28.6	16.7	6.9	2.4	0.2	0.0	0.0	0.0	0.0	100.0	1,104	1.79	1.72	
30-34	7.1	15.7	21.6	22.0	17.2	8.4	5.3	2.4	0.3	0.1	0.0	100.0	1,013	2.87	2.69	
35-39	4.7	7.6	15.4	19.7	18.2	12.6	9.0	7.5	3.2	0.9	1.2	100.0	751	3.86	3.59	
40-44	2.5	5.7	11.7	15.9	16.1	10.8	11.2	12.1	6.6	3.5	3.8	100.0	633	4.73	4.34	
45-49	2.1	3.1	11.5	11.9	12.1	10.4	12.0	9.3	9.0	7.9	10.5	100.0	415	5.53	4.97	
Total	31.3	19.2	14.9	11.5	8.2	4.7	3.6	2.9	1.6	0.9	1.1	100.0	6,755	2.15	2.00	
CURRENTLY MARRIED WOMEN																
15-19	32.6	53.1	13.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	74	0.83	0.81	
20-24	24.2	40.2	24.8	8.0	2.8	0.0	0.0	0.0	0.0	0.0	0.0	100.0	326	1.25	1.20	
25-29	7.9	21.3	32.1	24.1	9.9	4.4	0.4	0.0	0.0	0.0	0.0	100.0	458	2.21	2.12	
30-34	5.5	12.5	20.8	20.6	16.9	12.5	7.0	3.6	0.5	0.0	0.1	100.0	575	3.18	2.98	
35-39	2.5	4.8	15.4	19.7	20.5	11.9	10.1	9.2	3.5	1.3	1.1	100.0	470	4.12	3.86	
40-44	1.3	4.3	10.3	18.1	14.2	10.8	12.4	12.8	7.6	3.4	4.9	100.0	406	4.98	4.58	
45-49	2.6	2.4	8.8	11.1	10.5	11.3	13.3	8.9	8.6	9.4	13.0	100.0	301	5.83	5.26	
Total	7.5	14.8	19.1	17.4	12.9	8.6	6.9	5.5	2.9	1.8	2.5	100.0	2,610	3.46	3.22	

The data indicate that 15 percent of all women age 15-19 years have given birth. On average, women have given birth to almost two children by their late 20s, four children by their late 30s and 5.5 children by the end of their childbearing years. As expected, currently married women have had more births than all women at all age groups. The reason is undoubtedly the fact that currently married women are more consistently exposed to the risk of pregnancy.

The percentage of women in their 40s who have never had children provides an indicator of the level of *primary infertility*—the proportion of women who are unable to bear children at all. Since voluntary childlessness is rare in Namibia, it is likely that married women with no births are unable to bear children. The 2000 NDHS results suggest that primary infertility is low, around 1-3 percent. It should be noted that this estimate of primary infertility does not include women who may have had one or more births but who are unable to have more (*secondary infertility*).

3.5 BIRTHS INTERVALS

A birth interval is defined as the length of time between two successive live births. Research has shown that short birth intervals adversely affect the health of mothers and their children's chances of survival. Table 3.5 shows the percent distribution of non-first births that occurred in the five years before the NDHS by the number of months since the previous birth.

The data show that birth intervals are quite long in Namibia. Thirty-seven percent of children are born after an interval of four years or more and 86 percent after an interval of two or more years. Only one in seven births (14 percent) occurs after an interval of less than 24 months. The median birth interval is 40 months, compared with 34 months in 1992.

As expected, younger women have shorter birth intervals than older women, presumably because they are more fecund and want to build their families. The median birth interval for women age 20-29 is 36 months, compared to 47 months for women over age 40. A shorter median interval also prevails for children whose preceding sibling has died (33 months), compared to those whose prior sibling is alive (40 months). This pattern presumably reflects a shortened breastfeeding period (or no breastfeeding at all) due to the death of the prior sibling, as well as minimal use of contraceptives.

The median birth interval is 7 months longer in urban areas than in rural areas. Looking at the directorates, the results show that the median birth interval is longest in the South Directorate and shortest in the Northwest Directorate. The median birth interval generally increases with increasing education of the mother.

Table 3.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to demographic and background characteristics, Namibia 2000

Characteristic	Months since preceding birth					Total	Median number of months since preceding birth	Number
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	(3.9)	(28.4)	(45.2)	(6.7)	(15.9)	100.0	(27.8)	20
20-29	7.7	10.5	31.5	20.5	29.8	100.0	36.1	1,065
30-39	4.6	8.3	27.9	19.1	40.2	100.0	42.0	1,323
40-49	1.1	4.1	25.5	21.6	47.7	100.0	47.4	407
Birth order								
2-3	5.7	9.5	26.2	19.5	39.2	100.0	40.7	1,513
4-6	5.3	7.6	30.3	19.7	37.1	100.0	40.2	966
7 +	3.3	8.2	38.3	21.9	28.3	100.0	36.1	336
Sex of preceding birth								
Male	5.3	9.5	28.8	17.5	38.8	100.0	39.9	1,363
Female	5.2	7.9	29.2	22.1	35.6	100.0	40.0	1,452
Survival of preceding birth								
Living	4.7	7.8	29.6	20.2	37.7	100.0	40.4	2,644
Dead	13.8	21.9	21.0	14.0	29.3	100.0	32.7	171
Residence								
Urban	7.1	8.8	19.8	17.3	47.0	100.0	44.8	927
Rural	4.3	8.6	33.6	21.1	32.3	100.0	38.1	1,888
Directorate								
Northwest	4.2	8.4	35.9	21.2	30.4	100.0	37.0	1,144
Northeast	2.4	6.5	30.0	24.8	36.3	100.0	41.9	389
Central	6.7	10.3	24.3	16.9	41.8	100.0	41.7	515
South	7.4	9.1	21.5	17.4	44.6	100.0	43.1	766
Region								
Caprivi	2.2	4.6	28.6	27.0	37.6	100.0	43.2	149
Erongo	3.7	7.9	18.4	19.0	51.1	100.0	50.7	108
Hardap	9.6	6.6	18.9	24.7	40.2	100.0	40.5	101
Karas	7.1	6.1	19.2	12.4	55.2	100.0	52.0	91
Kavango	2.4	7.7	30.9	23.5	35.4	100.0	41.5	240
Khomas	6.3	8.9	22.3	16.9	45.6	100.0	43.6	466
Kunene	8.9	8.7	31.4	18.1	33.0	100.0	36.5	120
Ohangwena	3.5	8.7	41.7	24.8	21.2	100.0	34.5	414
Omaheke	9.8	15.1	22.4	17.0	35.6	100.0	37.8	108
Omusati	4.4	5.7	37.8	22.0	30.1	100.0	37.3	248
Oshana	4.1	9.3	30.2	13.4	42.9	100.0	40.4	240
Oshikoto	5.1	9.5	29.6	21.9	33.9	100.0	39.0	242
Otjozondjupa	7.0	11.9	23.5	15.6	42.0	100.0	42.0	287
Education								
No education	9.2	10.2	31.6	19.7	29.3	100.0	35.7	474
Incomplete primary	3.3	6.6	34.8	22.4	32.9	100.0	38.1	855
Completed primary	4.7	6.8	34.6	18.7	35.3	100.0	37.7	320
Incompl. secondary	4.9	10.4	22.2	18.9	43.6	100.0	43.9	913
Compl. secondary+	6.6	9.2	22.3	16.4	45.4	100.0	45.6	254
Total	5.3	8.7	29.0	19.9	37.2	100.0	39.9	2,815

Note: The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. First-order births are excluded. Figures in parentheses are based on 25-49 unweighted cases.

3.6 AGE AT FIRST BIRTH

The age at which childbearing begins influences the number of children a woman bears throughout her reproductive period in the absence of any fertility control. Table 3.6 shows the percent distribution of women by age at first birth, according to age at the time of the survey. For women age 25 and over, the median age at first birth is presented in the last column of the table.

The data show that the median age at first birth is 21 years in Namibia and that it has not changed much between older and younger women. Moreover, although childbearing begins early in Namibia, with around 20 percent of women having their first child before age 18, it is also evident that a sizeable percentage of women do not give birth until later. Roughly one-fifth of women have their first birth at age 18-19, one-fifth have their first birth at age 20-21, one-fifth wait until age 22-24, and about one-fifth postpone childbearing until age 25 or over.

Currently 85 percent of teenagers (15 to 19 years) have not given birth, compared with 82 percent in 1992. The median age at first birth has not changed since 1992.

Current age	No birth	Age at first birth						Total	Number	Median age at first birth
		<15	15-17	18-19	20-21	22-24	25+			
15-19	85.3	0.9	8.7	5.1	NA	NA	NA	100.0	1,499	a
20-24	40.2	2.6	17.8	19.1	14.1	6.1	NA	100.0	1,339	a
25-29	15.1	1.9	15.2	21.6	20.0	18.2	8.1	100.0	1,104	21.1
30-34	7.1	2.4	16.1	19.4	19.3	18.9	16.8	100.0	1,013	21.1
35-39	4.7	2.7	16.8	19.1	15.3	18.2	23.3	100.0	751	21.3
40-44	2.5	4.7	18.1	17.7	18.8	17.8	20.4	100.0	633	20.9
45-49	2.1	2.8	17.8	18.6	19.2	16.2	23.3	100.0	415	21.1

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

Table 3.7 shows the median age at first birth among women age 25-49 years by current age and selected background characteristics. There is no marked variation in age at first birth by urban-rural residence. Although fertility rates in Northwest Directorate are only slightly higher than those in Northeast Directorate (see Table 3.2), women in Northwest consistently have the highest age at first birth. This implies that they start childbearing later than women in other directorates, but then bear children at a faster rate. This is confirmed by the shorter birth intervals in Northwest Directorate (see Table 3.5).

The median age at first birth shows a positive relationship with education attainment, being as low as 20 years for women with no education or only a primary education and increasing to 25 years for women who have completed secondary education.

Table 3.7 Median age at first birth by background characteristics

Median age at first birth among women age 25-49 years, by current age and background characteristics, Namibia 2000

Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	21.2	21.2	21.1	20.7	20.6	21.0
Rural	21.0	20.9	21.7	21.0	21.4	21.1
Directorate						
Northwest	22.4	22.3	25.0	22.1	22.8	22.7
Northeast	19.7	19.5	19.9	21.3	(20.3)	19.9
Central	20.1	20.6	20.2	19.5	19.4	20.1
South	20.8	21.2	20.6	20.4	20.6	20.8
Region						
Caprivi	19.7	(19.6)	(20.3)	(20.5)	*	19.9
Erongo	20.4	20.8	22.0	22.0	20.4	21.0
Hardap	20.4	21.0	21.1	21.4	(20.4)	20.8
Karas	19.7	21.1	20.7	21.3	(21.3)	20.8
Kavango	19.7	19.4	19.4	(21.5)	*	19.9
Khomas	21.2	21.5	20.5	20.0	(21.1)	20.9
Kunene	19.6	19.6	19.5	19.0	19.2	19.4
Ohangwena	20.8	22.6	(22.9)	21.5	(20.7)	21.5
Omaheke	19.5	20.3	20.9	18.6	(18.3)	19.7
Omusati	23.2	(22.3)	(27.3)	(21.8)	(25.4)	23.9
Oshana	23.7	23.7	24.2	(24.0)	(21.9)	23.7
Oshikoto	21.8	19.9	24.2	(21.2)	*	21.5
Otjozondjupa	20.1	20.7	19.5	18.8	(18.5)	19.6
Education						
No education	19.9	20.0	19.1	20.4	20.9	20.1
Incomplete primary	19.3	19.9	20.3	19.8	20.5	19.9
Completed primary	19.9	20.2	21.0	20.1	20.0	20.3
Incompl. secondary	21.2	21.4	21.3	21.6	20.9	21.3
Compl. secondary+	24.0	24.7	25.2	23.6	(26.3)	24.5
All women	21.1	21.1	21.3	20.9	21.1	21.1

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

3.7 TEENAGE PREGNANCY AND MOTHERHOOD

Early childbearing, particularly among teenagers (those under 20 years of age) has detrimental demographic, socioeconomic and sociocultural consequences. Teenage mothers are more likely to suffer from severe complications during delivery, which result in higher morbidity and mortality for both themselves and their children. In addition, the socioeconomic advancement of teenage mothers in the areas of educational attainment and accessibility to job opportunities may be curtailed.

Table 3.8 shows the percentage of women age 15-19 years who are already mothers or pregnant with their first child, by background characteristics. About one in seven teenage women (15 percent) in Namibia is already a mother and another 3 percent are pregnant with their first child. Thus, 18 percent of teenage women have begun the childbearing process. There has been a decline in this proportion since the 1992 NDHS, which indicated that 22 percent of women age 15-19 had begun childbearing (18 percent had delivered a child and 4 percent were pregnant with their first child).

Table 3.8 Teenage pregnancy and motherhood

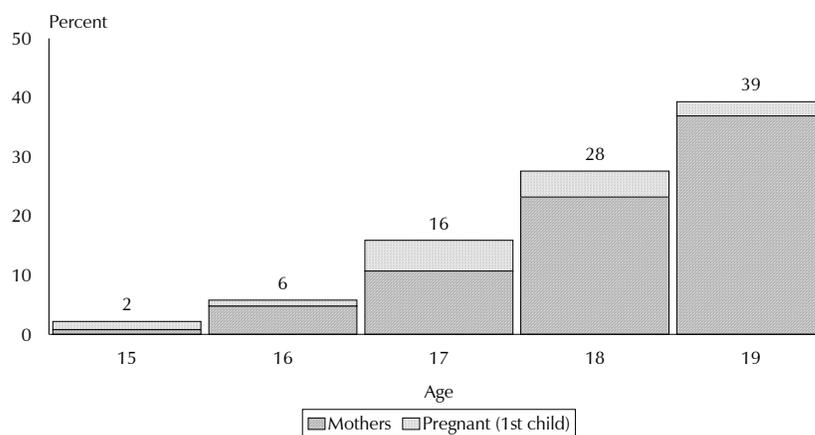
Percentage of women age 15-19 who are mothers or pregnant with their first child, by background characteristics, Namibia 2000

Background characteristic	Percentage who are:		Percentage who have begun child-bearing	Number of women ¹
	Mothers	Pregnant with first child		
Age				
15	0.8	1.4	2.2	289
16	4.8	1.0	5.8	310
17	10.7	5.2	16.0	332
18	23.2	4.4	27.6	311
19	36.9	2.4	39.3	257
Residence				
Urban	14.6	2.7	17.3	475
Rural	14.7	3.1	17.8	1,024
Directorate				
Northwest	10.7	2.5	13.2	779
Northeast	22.8	3.9	26.7	203
Central	21.0	4.5	25.5	198
South	15.2	2.4	17.6	319
Region				
Caprivi	21.4	6.0	27.4	85
Erongo	11.9	1.6	13.5	52
Hardap	17.6	1.6	19.2	71
Karas	6.0	1.8	7.8	54
Kavango	23.9	2.4	26.3	118
Khomas	17.1	1.7	18.8	163
Kunene	31.1	3.9	35.0	36
Ohangwena	13.1	2.8	15.8	219
Omaheke	15.6	9.0	24.6	31
Omusati	11.1	2.1	13.3	216
Oshana	4.9	2.5	7.4	200
Oshikoto	14.6	2.7	17.3	145
Otjozondjupa	22.0	6.1	28.1	110
Education				
No education	32.4	4.8	37.1	54
Incomplete primary	17.4	3.8	21.3	318
Completed primary	13.1	2.7	15.8	281
Incompl. secondary	13.4	2.7	16.1	788
Compl. secondary+	7.1	0.9	7.9	58
Total	14.7	2.9	17.6	1,499

¹ Regional differences should be interpreted with caution. Although there are more than 50 unweighted cases in each region, the figures are sensitive to even slight regional variations in the distribution by single year of age.

As expected, the proportion of women who have begun childbearing rises rapidly with age, from 2 percent of those age 15 to 39 percent of those age 19 (see Figure 3.3). Those residing in the Northeast Directorate and especially those with no education are also more likely than others to have begun childbearing.

Figure 3.3 Pregnancy and Childbearing among Women Age 15-19



NDHS 2000

3.8 ATTEMPTS TO INVESTIGATE INDUCED ABORTION

In the NDHS, an attempt was made to measure the prevalence of induced abortions in Namibia. The technique used was to ask women if they had ever fallen pregnant when they didn't want to and if so, how long ago this happened, whether she felt like doing something about it and if she in fact did something to end the pregnancy. Although 23 percent of women said they had fallen pregnant when they didn't want to, only 5 percent of women said they wanted to do something about it and only one percent said they had done something to end the pregnancy. This is almost surely an underestimate of the level of induced abortion in Namibia. A similar line of questioning has been used in some DHS surveys in other countries with similarly questionable results.

FERTILITY REGULATION

This chapter presents information collected in the 2000 NDHS on knowledge, use, and attitudes related to family planning methods. Information on knowledge of family planning methods provides a measure of the level of awareness of contraception in the population and indicates the success of information and education programmes. In addition, knowledge of at least one method and a positive attitude towards contraception is a prerequisite for its use.

4.1 KNOWLEDGE OF FAMILY PLANNING

Information on the level of knowledge of contraception was measured in two ways. Women and men were first asked to name the ways or methods couples can use to delay or avoid pregnancy. If a respondent failed to mention a particular method spontaneously, the interviewer described the method and asked if the respondent recognised it. Thus, those who have ever heard of a contraceptive method include those who spontaneously report having heard of it and those who acknowledge having heard of it after probing.

In the 2000 NDHS, information was sought about seven modern methods: female and male sterilisation, the pill, IUD, injections, male condom, female condom, diaphragm/foam/jelly and emergency contraception, as well as two traditional methods: rhythm (periodic abstinence) and withdrawal. Provision was also made in the questionnaire for recording knowledge of any other method mentioned spontaneously by the respondent. The specific methods asked were the same as in the 1992 NDHS, except that information on female condom and emergency contraception was not sought in 1992.

Table 4.1 shows the level of knowledge of specific contraceptive methods among all women and men, married women and men, and sexually active women and men. The level of knowledge among women is very high. Almost all women (97 percent) have heard of at least one contraceptive method and all women who know a method know a modern method. Less than half of all women have heard of a traditional method. The level of knowledge is slightly higher among married and sexually active women—98 percent and 99 percent respectively—than among all women.

The most commonly recognised method among all women is the male condom (93 percent), followed by injectables (92 percent), and the pill (89 percent). Knowledge of the female condom among women is quite high (66 percent), while 60 percent of women have heard of female sterilisation and 52 percent have heard of the IUD. The least widely known methods are vaginal contraceptives (20 percent), emergency contraception (21 percent), and male sterilisation (31 percent). Only one-third of all women have heard of periodic abstinence and the same proportion have heard of withdrawal.

The level of contraceptive knowledge is slightly higher among men than women, with 99 percent of all men having heard of at least one method. The most commonly known contraceptive method among all men is the male condom (99 percent), followed by injectables (86 percent), and the pill (83 percent). Predictably, men are more likely than women to know about methods that they use, such as male condoms, male sterilisation and withdrawal, while they are less likely than women to know about female-oriented methods. Thus it is surprising that more men than women have heard of the female condom (74 percent vs. 66 percent).

Table 4.1 Knowledge of contraceptive methods

Percentage of all women and men, of currently married women and men, and of sexually active women and men who know any contraceptive method, by specific method, Namibia 2000

Contraceptive method	Women			Men		
	All women	Currently married women	Sexually active women ¹	All men	Currently married men	Sexually active men ¹
Any method	97.3	97.8	99.0	99.2	99.4	99.7
Any modern method	97.2	97.8	99.0	99.1	99.4	99.7
Pill	89.2	91.9	93.4	82.9	85.9	87.8
IUD	51.5	56.0	59.8	34.8	38.1	38.5
Injectables	92.0	95.6	97.1	85.6	91.4	91.9
Diaphragm/foam/jelly	19.5	20.6	25.0	19.2	22.3	21.5
Female condom	65.7	64.9	69.2	73.6	72.9	76.9
Male condom	93.4	92.0	94.6	98.8	98.6	99.2
Female sterilisation	59.6	66.5	68.5	58.3	68.5	67.1
Male sterilisation	30.6	35.1	37.8	37.8	44.1	42.2
Emergency contraception	20.6	20.4	24.7	26.1	27.1	28.0
Any traditional method	47.2	49.5	54.7	56.7	62.4	63.3
Rhythm/Periodic abstinence	34.0	35.3	40.2	36.1	40.2	41.4
Withdrawal	33.8	35.3	42.1	49.1	53.6	55.9
Other methods	6.1	7.8	8.7	3.5	4.2	4.0
Mean no. of methods known	6.0	6.2	6.6	6.1	6.5	6.5
Number of persons	6,755	2,610	2,480	2,954	1,047	1,364

¹ Women/men who have had sexual intercourse in the one month preceding the survey

Table 4.2 and Figure 4.1 show that there has been a significant increase in the level of knowledge of contraceptives among women 15-49 years over the past eight years. The proportion of all women who know at least one contraceptive method has increased from 89 percent in 1992 to 97 percent in 2000. Knowledge of specific contraceptive methods has also increased considerably. The proportion of women who know the male condom has increased from 72 percent in 1992 to 93 percent in 2000, while knowledge of injectables has increased from 80 percent to 92 percent and knowledge of the pill from 79 percent to 89 percent. There has also been a dramatic increase in awareness of the IUD among women during this period, from 36 percent to 52 percent.

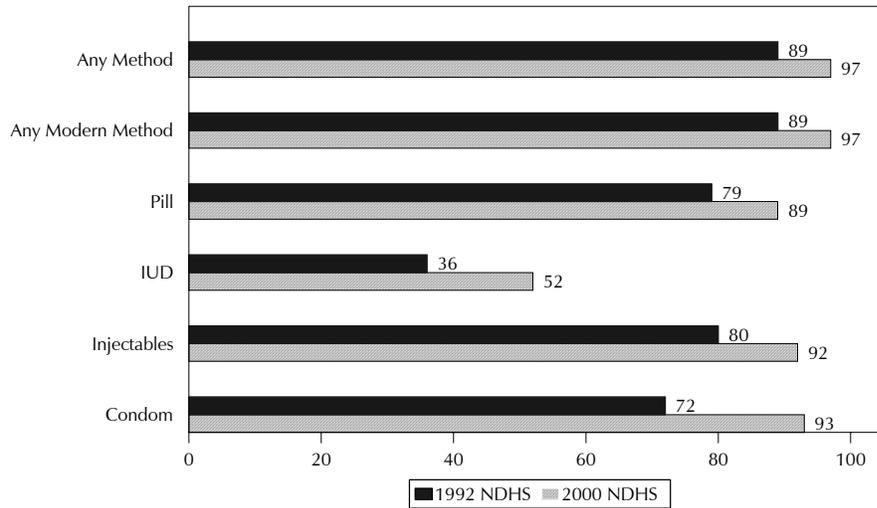
Table 4.2 Trends in knowledge of contraceptive methods

Percentage of all women and of currently married women who know any contraceptive method, by specific method, Namibia 1992 and 2000

Contraceptive method	All women		Currently married women	
	1992	2000	1992	2000
Any method	88.6	97.3	90.4	97.8
Any modern method	88.5	97.2	90.4	97.8
Pill	79.3	89.2	82.4	91.9
IUD	35.6	51.5	40.5	56.0
Injectables	80.1	92.0	84.8	95.6
Diaphragm/foam/jelly	10.8	19.5	15.3	20.6
Male condom	71.6	93.4	70.6	92.0
Female condom	NA	65.7	NA	64.9
Female sterilisation	50.1	59.6	60.1	66.5
Male sterilisation	20.8	30.6	27.3	35.1
Emergency contraception	NA	20.6	NA	20.4
Any traditional method	33.0	47.2	40.7	49.5
Rhythm/periodic abstinence	25.1	34.0	32.3	35.3
Withdrawal	22.8	33.8	29.5	35.3
Number of women	5,421	6,755	2,259	2,610

NA = Not applicable

Figure 4.1 Trends in Contraceptive Knowledge among All Women Age 15-49, 1992-2000



NDHS 2000

4.2 EVER USE OF FAMILY PLANNING

All women and men interviewed in the 2000 NDHS who said they had heard of a contraceptive method were asked if they had ever used that method. Tables 4.3.1 and 4.3.2 show the percentage of women and men who have ever used contraceptive methods, according to the method, marital status and age.

The results show that 63 percent of all women age 15-49 have used a contraceptive method at some time in their lives, while 61 percent of them have used a modern method. The most commonly ever used method is injectables (39 percent), followed by the male condom (28 percent), and the pill (24 percent). Very few women have ever used other modern contraceptives like female sterilisation (4 percent), IUD (3 percent), and female condom, emergency contraception and vaginal methods (less than 1 percent each). Twelve percent of all women have used a traditional contraceptive method, such as periodic abstinence or withdrawal, at some time in their lives. Ever use is highest among women in their late 20s and declines with increasing age. Ever use is highest among women who are currently sexually active (78 percent), intermediate among currently married women (73 percent), and lowest among all women (63 percent).

Male respondents in the NDHS were only asked about use of four male-oriented methods, male sterilisation, male condom, periodic abstinence, and withdrawal. As expected, the condom is the method most commonly ever used by men (58 percent), followed by withdrawal (20 percent), periodic abstinence (11 percent), and male sterilisation (2 percent). Men in their 20s are the most likely to have ever used condoms, while ever use of male sterilisation and periodic abstinence is highest among men in their early 40s, and ever use of withdrawal is rather uniform across age groups, but is lower for the youngest and oldest men. Ever use of condoms is highest among sexually active men, while ever use of the other three methods is highest among currently married men.

Table 4.3.1 Ever use of contraception: women

Percentage of all women, of currently married women, and of sexually active women who have ever used any contraceptive method, by specific method and age, Namibia 2000

Age	Modern method										Traditional method				Number of women	
	Any method	Any modern method	Pill	IUD	Injectables	Vaginals	Female condom	Male condom	Female sterilisation	Male sterilisation	Emergency contraception	Any traditional method	Periodic abstinence	Withdrawal		Other methods
ALL WOMEN																
15-19	35.3	33.9	5.4	0.5	15.7	0.0	0.7	22.3	0.1	0.0	0.4	5.5	3.1	1.9	1.6	1,499
20-24	69.7	67.3	18.9	0.7	42.4	0.7	1.9	37.4	0.3	0.0	1.5	14.8	8.2	7.8	2.3	1,339
25-29	77.1	75.4	29.3	2.4	53.7	0.2	1.2	40.1	1.0	0.2	1.0	13.2	7.6	7.1	2.5	1,104
30-34	75.0	72.7	36.8	4.5	49.6	0.5	0.8	30.1	4.3	0.7	1.0	14.9	7.4	7.0	4.4	1,013
35-39	72.4	69.2	36.9	7.0	49.0	0.2	0.3	20.8	8.5	1.5	0.5	14.9	8.1	6.5	3.6	751
40-44	64.7	61.5	29.3	7.6	37.7	0.1	0.2	17.8	13.3	0.7	1.0	12.5	6.3	5.6	3.5	633
45-49	57.7	55.5	25.0	7.5	33.6	1.1	0.0	13.1	20.3	0.7	0.2	11.0	6.2	3.8	2.8	415
Total	63.2	61.0	23.6	3.3	39.2	0.3	0.9	28.2	4.3	0.4	0.9	12.1	6.5	5.7	2.8	6,755
CURRENTLY MARRIED WOMEN																
15-19	69.6	66.6	16.6	0.0	42.2	0.0	0.0	21.2	1.1	0.0	1.3	13.4	6.5	2.1	8.1	74
20-24	80.3	79.6	30.5	0.4	51.9	0.0	1.1	31.0	0.2	0.1	0.7	16.1	5.2	11.0	4.7	326
25-29	79.2	78.1	34.5	1.8	59.6	0.2	0.6	31.2	1.9	0.4	0.6	12.8	7.4	6.5	2.9	458
30-34	75.9	73.7	40.1	5.2	49.7	0.8	0.7	23.6	5.5	0.7	1.6	13.8	6.3	6.4	4.7	575
35-39	76.5	73.0	37.7	8.6	48.7	0.4	0.4	16.0	11.6	2.5	0.8	14.4	8.1	4.9	4.0	470
40-44	65.4	63.0	30.4	8.3	40.7	0.1	0.3	14.8	13.8	1.1	1.6	12.0	4.3	4.6	4.8	406
45-49	57.4	55.4	23.0	7.6	31.1	1.5	0.0	11.3	22.7	1.0	0.2	11.2	6.9	3.1	3.3	301
Total	73.2	71.1	33.4	5.2	47.8	0.5	0.5	21.6	8.5	1.0	1.0	13.4	6.4	6.0	4.2	2,610
SEXUALLY ACTIVE WOMEN ¹																
15-19	66.6	63.6	15.4	1.9	31.5	0.0	3.5	40.6	0.0	0.0	0.1	8.9	6.8	2.4	1.2	215
20-24	83.7	82.7	27.6	0.9	57.4	0.4	3.7	43.0	0.1	0.0	1.8	18.5	7.4	12.0	2.7	430
25-29	84.7	83.8	33.7	3.1	63.3	0.2	1.3	43.2	1.7	0.4	1.8	16.1	7.5	10.3	4.2	456
30-34	79.5	77.8	43.2	4.8	50.7	0.6	0.6	30.7	6.2	1.4	1.6	15.8	6.8	8.8	5.3	484
35-39	77.7	74.2	40.1	8.6	50.2	0.5	0.6	18.4	11.9	3.0	0.9	15.2	8.9	5.8	3.5	388
40-44	71.1	68.3	35.2	10.6	39.7	0.2	0.2	21.3	15.7	1.5	0.8	13.1	5.6	6.1	4.4	310
45-49	67.2	64.8	27.8	8.6	36.8	1.7	0.0	11.3	26.1	1.1	0.0	14.7	8.8	4.2	4.8	197
Total	77.8	75.7	33.6	5.2	50.0	0.5	1.4	31.3	7.4	1.1	1.2	15.2	7.4	7.9	3.8	2,480

¹ Those who reported having sexual intercourse in the month prior to the survey

Table 4.3.2 Ever use of contraception: men

Percentage of all men of currently married men, and of sexually active men who have ever used specific contraceptive methods, by age, Namibia 2000

Age	Method				Number of men
	Male condom	Male sterilisation	Periodic abstinence	Withdrawal	
ALL MEN					
15-19	36.3	0.2	4.0	9.1	694
20-24	78.2	0.2	10.6	22.6	610
25-29	78.9	1.1	13.2	23.4	448
30-34	71.2	0.6	15.3	23.3	378
35-39	61.0	1.8	16.3	22.2	247
40-44	42.6	7.3	19.1	23.0	216
45-49	35.4	3.7	10.4	22.3	174
50-59	34.7	3.7	11.4	19.8	188
Total	58.2	1.5	11.2	19.5	2,954
CURRENTLY MARRIED MEN					
15-19	*	*	*	*	14
20-24	73.3	0.0	14.3	41.3	76
25-29	71.2	1.5	19.6	33.2	131
30-34	64.7	0.6	22.9	24.1	197
35-39	58.8	2.7	18.0	21.8	170
40-44	43.5	7.9	20.9	24.1	175
45-49	32.8	2.7	12.7	24.3	125
50-59	31.2	4.4	10.1	21.8	160
Total	52.7	3.1	17.4	25.7	1,047
SEXUALLY ACTIVE MEN ¹					
15-19	75.7	0.3	5.1	15.6	134
20-24	87.4	0.5	9.2	25.0	240
25-29	82.1	2.1	17.9	29.7	231
30-34	74.6	0.5	16.8	24.4	228
35-39	65.4	2.4	19.3	25.8	176
40-44	50.3	9.7	24.6	28.0	144
45-49	37.1	2.0	13.3	22.9	94
50-59	32.2	5.5	12.3	22.5	118
Total	68.2	2.5	15.0	24.8	1,364

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

¹ Those who reported having sexual intercourse in the month prior to the survey

4.3 CURRENT USE OF CONTRACEPTION

The level of current use of contraceptive methods is one of the indicators most frequently used to assess the success of family planning programmes. It is also widely used as a measure in analysing the determinants of fertility. Current use is defined as the proportion of women who reported that they were using a family planning method at the time of interview. This section describes the levels, differentials, and trends in current contraceptive use in Namibia.

LEVEL OF CONTRACEPTIVE USE

Overall, 38 percent of all women in Namibia are currently using a contraceptive method, with 37 percent using modern methods (Table 4.4). Contraceptive use is higher among currently married women, 44 percent of whom are using a method, and is even higher among sexually active women, 52 percent of whom are using a method.

The most commonly used method among all women is injectables (17 percent), followed by male condom (9 percent), and the pill (6 percent). Four percent of all women in Namibia have been sterilised. Less than one percent of women report using the IUD, female condom, male sterilisation, periodic abstinence, or withdrawal. The methods used by sexually active women generally follow the same order of popularity as for all women; however, currently married women are far less likely to use male condoms and more likely to be sterilised than all women or sexually active women.

As shown in Figure 4.2, women who use family planning overwhelmingly choose effective methods. Injectables, pills, female and male sterilisation, and IUDs together account for almost three-quarters of contraceptive use. It is also encouraging that condoms account for 24 percent of contraceptive use among all women.

Among all sexually active women, contraceptive use is highest among women in their 20s and 30s. The lower levels of contraceptive use among younger women may reflect lower frequency of sexual activity or a desire to start their families, while the drop in contraceptive use among older women may reflect declining fecundity.

Teenagers tend to rely on male condoms and injectables, while women in their 20s and early 30s overwhelmingly use injectables and to a lesser extent, male condoms and pills. Women age 35-39 use injectables, female sterilisation and the pill. By the time women reach their 40s, female sterilisation is the most commonly used method.

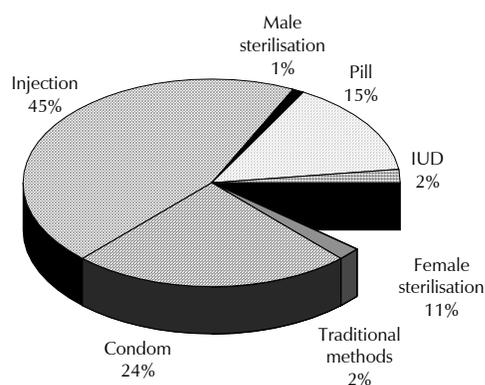
Table 4.4 Current use of contraception

Percent distribution of all women, of currently married women and of sexually active women by contraceptive method currently used, according to age, Namibia 2000

Age	Modern method									Traditional method					Total	Number of women
	Using any method	Using any modern method	Pill	IUD	Injectables	Female condom	Male condom	Female sterilisation	Male sterilisation	Using any traditional method	Periodic abstinence	Withdrawal	Other methods	Not using a method		
ALL WOMEN																
15-19	23.0	22.5	2.4	0.1	9.2	0.0	10.8	0.1	0.0	0.5	0.0	0.0	0.5	77.0	100.0	1,499
20-24	40.5	40.3	6.0	0.2	22.6	0.2	11.0	0.3	0.0	0.3	0.0	0.0	0.2	59.5	100.0	1,339
25-29	46.8	46.4	6.1	0.5	26.5	0.1	11.9	1.0	0.2	0.5	0.0	0.1	0.3	53.2	100.0	1,104
30-34	45.9	44.7	9.6	1.0	21.2	0.1	8.4	4.3	0.0	1.2	0.1	0.0	1.1	54.1	100.0	1,013
35-39	41.9	40.3	8.3	1.6	16.6	0.0	3.7	8.5	1.5	1.6	0.5	0.0	1.1	58.1	100.0	751
40-44	36.4	35.8	5.1	1.7	8.7	0.0	6.4	13.3	0.6	0.5	0.1	0.2	0.3	63.6	100.0	633
45-49	32.7	32.3	2.2	1.4	5.3	0.0	2.5	20.3	0.5	0.4	0.3	0.0	0.1	67.3	100.0	415
Total	37.8	37.1	5.7	0.7	17.0	0.1	8.9	4.3	0.3	0.7	0.1	0.1	0.5	62.2	100.0	6,755
CURRENTLY MARRIED WOMEN																
15-19	45.2	40.4	8.1	0.0	24.9	0.0	6.3	1.1	0.0	4.8	0.0	0.0	4.8	54.8	100.0	74
20-24	45.4	45.0	11.4	0.2	26.9	0.8	5.4	0.2	0.1	0.4	0.0	0.0	0.4	54.6	100.0	326
25-29	46.2	45.5	6.2	0.3	26.6	0.0	10.1	1.9	0.4	0.7	0.1	0.1	0.4	53.8	100.0	458
30-34	44.0	42.6	11.7	1.2	19.7	0.0	4.5	5.5	0.0	1.4	0.0	0.0	1.4	56.0	100.0	575
35-39	47.7	46.0	9.9	2.3	17.8	0.1	1.9	11.6	2.3	1.7	0.6	0.0	1.1	52.3	100.0	470
40-44	39.6	38.9	5.1	1.3	11.5	0.0	6.2	13.8	1.0	0.7	0.0	0.3	0.4	60.4	100.0	406
45-49	36.7	36.1	3.0	1.7	5.5	0.0	2.5	22.7	0.7	0.6	0.4	0.0	0.1	63.3	100.0	301
Total	43.7	42.6	8.2	1.2	18.7	0.1	5.2	8.5	0.8	1.1	0.2	0.1	0.9	56.3	100.0	2,610
SEXUALLY ACTIVE WOMEN																
15-19	49.9	49.0	6.5	0.7	19.2	0.0	22.6	0.0	0.0	0.9	0.0	0.0	0.9	50.1	100.0	215
20-24	55.9	55.4	10.0	0.8	30.9	0.6	13.0	0.1	0.0	0.5	0.0	0.1	0.4	44.1	100.0	430
25-29	56.9	56.5	8.1	0.3	32.2	0.0	13.8	1.7	0.4	0.4	0.1	0.0	0.3	43.1	100.0	456
30-34	51.6	49.9	13.2	1.2	21.3	0.0	8.0	6.2	0.0	1.7	0.0	0.0	1.7	48.4	100.0	484
35-39	53.8	52.0	10.7	2.2	20.8	0.1	3.4	11.9	2.8	1.8	0.7	0.0	1.1	46.2	100.0	388
40-44	45.9	45.4	7.1	1.7	10.5	0.0	9.1	15.7	1.3	0.6	0.0	0.4	0.2	54.1	100.0	310
45-49	44.4	44.1	2.9	2.6	8.3	0.0	3.0	26.1	1.1	0.3	0.3	0.0	0.0	55.6	100.0	197
Total	52.2	51.3	9.2	1.3	22.3	0.1	10.2	7.4	0.8	1.0	0.2	0.1	0.7	47.8	100.0	2,480

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

Figure 4.2 Family Planning Methods Currently Used



Note: Based on all women currently using contraception

NDHS 2000

DIFFERENTIALS IN CONTRACEPTIVE USE

Some women are more likely to use contraception than others. As shown in Table 4.5 and Figure 4.3, sexually active¹ urban women are more likely than rural women to be using a family planning method (58 vs. 46 percent). Urban women are also disproportionately more likely to be using female sterilisation than rural women. The higher contraceptive rates in urban areas could be attributed to better access to health facilities, greater exposure to mass media, and/or higher education.

Marked differences are found among directorates. Contraceptive prevalence among sexually active women is highest in the Central Directorate (67 percent), followed by the South (53 percent), the Northeast (46 percent) and the Northwest (39 percent) Directorates. Use of male condoms is disproportionately high among sexually active women in Northwest Directorate, while use of female sterilisation is disproportionately high among women in the South Directorate.

The highest level of current use is in Erongo Region, followed by Otjozondjupa and Karas regions, where around two-thirds of sexually active women are currently using (see Figure 4.3). At the other end of the spectrum, only 22 percent of sexually active women in Ohangwena Region are using family planning. The most commonly used contraceptive is injectables in all regions except Kunene, Ohangwena, and Oshana Regions, where male condoms predominate. Use of female sterilisation is particularly high in Karas Region (23 percent), while the use of traditional methods is the highest (7 percent) in Kavango Region.

¹ Although contraceptive use is generally presented based on currently married women, in Namibia only 39 percent of women 15-49 are married and not all married women are necessarily sexually active. Consequently, it is more logical to base data on all sexually active women. For comparison with the 1992 NDHS as well as other countries, detailed data for currently married women are presented in Appendix Table C.7.

Table 4.5 Current use of contraception by background characteristics

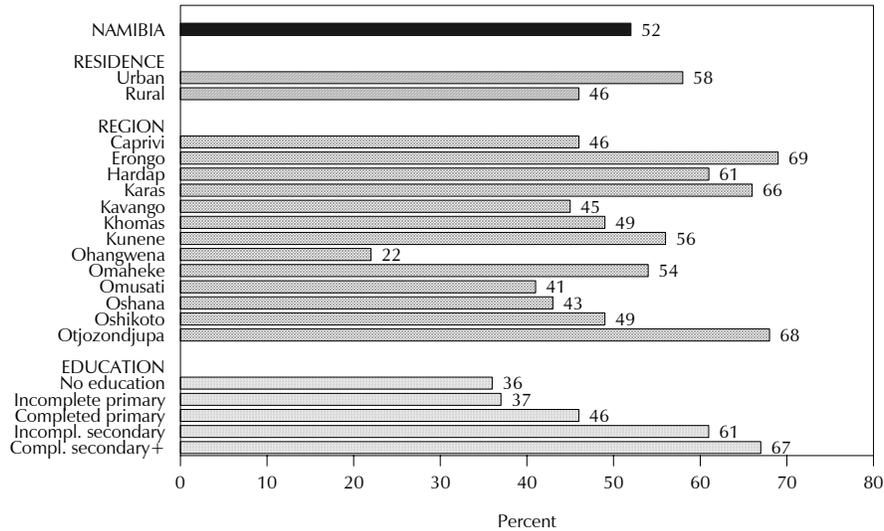
Percent distribution of sexually active women by contraceptive method currently used, according to selected background characteristics, Namibia 2000

Background characteristic	Modern method									Traditional method				Number of women		
	Using any method	Using any modern method	Pill	IUD	In-ject-ables	Female condom	Male condom	Female sterilisation	Male sterilisation	Using any tradi-tional method	Periodic absti-nence	With-drawal	Other meth-od		Not using a method	
Residence																
Urban	57.9	57.4	9.8	2.1	23.6	0.2	10.2	10.2	1.3	0.5	0.2	0.1	0.3	42.1	100.0	1,264
Rural	46.4	44.9	8.5	0.4	21.0	0.0	10.2	4.5	0.3	1.4	0.2	0.0	1.2	53.6	100.0	1,216
Directorate																
Northwest	39.1	39.1	5.9	1.0	11.7	0.0	17.4	3.1	0.0	0.0	0.0	0.0	0.0	60.9	100.0	557
Northeast	45.6	41.5	8.3	0.4	28.2	0.0	2.7	1.8	0.0	4.1	0.5	0.0	3.6	54.4	100.0	380
Central	66.8	66.2	14.1	0.9	27.8	0.0	12.6	8.5	2.3	0.6	0.3	0.0	0.3	33.2	100.0	640
South	52.8	52.3	8.0	2.1	22.6	0.3	7.2	11.7	0.5	0.5	0.0	0.2	0.3	47.2	100.0	904
Region																
Caprivi	46.3	46.3	12.6	0.0	33.3	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	53.7	100.0	156
Erongo	69.4	68.5	12.3	2.2	28.6	0.0	10.6	12.1	2.7	0.9	0.9	0.0	0.0	30.6	100.0	206
Hardap	60.6	59.4	13.3	0.6	24.3	0.0	7.5	13.4	0.4	1.2	0.2	0.6	0.4	39.4	100.0	103
Karas	65.5	65.5	10.0	0.5	25.9	0.0	3.4	23.2	2.4	0.0	0.0	0.0	0.0	34.5	100.0	114
Kavango	45.1	38.2	5.3	0.7	24.8	0.0	4.4	3.0	0.0	6.9	0.8	0.0	6.1	54.9	100.0	224
Khomas	48.7	48.2	6.8	2.8	21.2	0.4	7.6	9.2	0.3	0.5	0.0	0.2	0.3	51.3	100.0	583
Kunene	56.4	56.4	13.1	0.2	18.0	0.0	19.4	5.8	0.0	0.0	0.0	0.0	0.0	43.6	100.0	101
Ohangwena	21.8	21.8	3.0	0.3	5.9	0.0	12.2	0.3	0.0	0.0	0.0	0.0	0.0	78.2	100.0	137
Omaheke	54.2	54.2	7.1	1.1	24.9	0.0	9.4	11.6	0.0	0.0	0.0	0.0	0.0	45.8	100.0	103
Omusati	41.4	41.4	2.5	1.8	19.6	0.0	15.9	1.8	0.0	0.0	0.0	0.0	0.0	58.6	100.0	92
Oshana	42.8	42.8	4.6	1.2	7.9	0.0	27.4	1.8	0.0	0.0	0.0	0.0	0.0	57.2	100.0	183
Oshikoto	49.2	49.2	12.6	0.8	16.9	0.0	10.7	8.3	0.0	0.0	0.0	0.0	0.0	50.8	100.0	145
Otjozondjupa	68.3	67.7	15.6	0.2	30.2	0.1	11.7	7.2	2.7	0.6	0.0	0.0	0.6	31.7	100.0	332
Education																
No education	35.6	35.1	7.1	0.0	15.5	0.0	6.2	6.3	0.0	0.5	0.0	0.0	0.5	64.4	100.0	299
Incompl. pri.	37.1	35.8	4.8	0.5	18.3	0.0	7.7	4.4	0.0	1.4	0.4	0.0	1.0	62.9	100.0	508
Compl. pri.	46.2	45.6	5.5	0.6	22.0	0.1	8.6	8.7	0.0	0.7	0.0	0.0	0.7	53.8	100.0	297
Incompl. sec.	60.9	59.9	10.7	0.7	28.5	0.3	12.7	6.5	0.6	1.1	0.1	0.2	0.8	39.1	100.0	947
Compl. sec. +	66.6	65.9	14.8	4.8	18.7	0.0	11.5	13.0	3.3	0.7	0.2	0.0	0.4	33.4	100.0	428
Number of children																
0	41.7	41.4	5.6	0.6	11.4	0.0	23.2	0.6	0.0	0.3	0.0	0.1	0.2	58.3	100.0	437
1	55.1	54.5	12.6	0.7	29.8	0.5	10.3	0.4	0.2	0.6	0.0	0.0	0.6	44.9	100.0	480
2	53.8	53.2	9.5	2.3	25.1	0.0	8.2	6.3	1.8	0.6	0.1	0.0	0.5	46.2	100.0	499
3	62.3	61.5	10.6	2.1	25.4	0.0	5.6	16.3	1.4	0.8	0.2	0.3	0.3	37.7	100.0	382
4+	50.1	48.2	8.0	0.8	20.3	0.0	5.9	12.6	0.6	1.9	0.4	0.0	1.5	49.9	100.0	682
Total	52.2	51.3	9.2	1.3	22.3	0.1	10.2	7.4	0.8	1.0	0.2	0.1	0.7	47.8	100.0	2,480

Note: "Sexually active" refers to women who said they had sexual intercourse in the month preceding the survey.

The level of education is highly correlated with the use of contraceptives. The proportion of sexually active women who are currently using a contraceptive method almost doubles from slightly more than one-third of those with no education to two-thirds of those who have completed secondary school. The most commonly used method among women of all education groups is injectables. The pill, condom, and female sterilisation alternate for second, third and fourth place. Sexually active women who have completed secondary school are much more likely than other women to be using the IUD and male sterilisation. The use of contraceptive methods increases with the number of children, from 42 percent of childless women to 62 percent of those with three children, and then falls to half of those with four or more children.

Figure 4.3 Current Use of Contraceptives among Sexually Active Women Age 15-49



NDHS 2000

TRENDS IN CONTRACEPTIVE USE

The use of contraceptive methods has increased substantially over the past eight years (Table 4.6 and Figure 4.4). Among currently married women,² use of any method has increased from 29 percent in 1992 to 44 percent in 2000, and for modern methods it has increased from 26 percent to 43 percent. The increase is entirely due to an increase in the use of injectables, male condoms and to a lesser extent, female and male sterilisation. The use of injectables has more than doubled from 8 percent of currently married women in 1992 to 19 percent in 2000. The use of condoms has increased from a near zero baseline in 1992 to 5 percent of currently married women. This increase in use of condoms is probably due to the rise of HIV/AIDS prevention programmes and substantially increased condom distribution. Use of traditional contraceptive methods has actually declined since 1992. Since 1992, contraceptive use among currently married women has almost doubled in the Northeast and Central Directorates and has tripled in the Northwest Directorate; however, it has actually declined slightly among currently married women in the South Directorate (see Table C.7).

² The 1992 NDHS tabulated data based on all women and currently married women only.

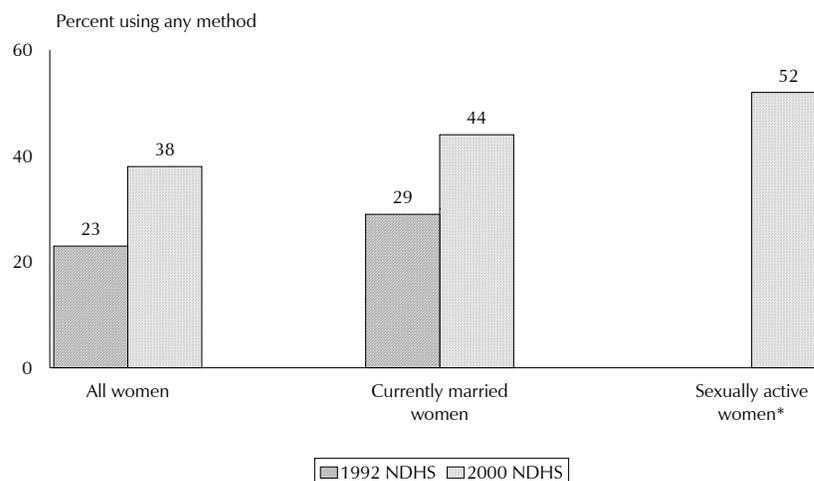
Table 4.6 Trends in contraceptive use

Percent distribution of all women and of currently married women by contraceptive method currently used, Namibia 1992 and 2000

Contraceptive method	All women		Currently married women	
	1992	2000	1992	2000
Any method	23.3	37.8	28.9	43.7
Any modern method	21.4	37.1	26.0	42.6
Pill	7.1	5.7	8.3	8.2
IUD	1.3	0.7	2.1	1.2
Injectables	8.6	17.0	7.7	18.7
Diaphragm/foam/jelly	0.0	0.0	0.1	0.0
Male condom	0.5	8.9	0.3	5.2
Female condom	NA	0.1	NA	0.1
Female sterilisation	3.8	4.3	7.4	8.5
Male sterilisation	0.1	0.3	0.2	0.8
Any traditional method	1.8	0.7	2.9	1.1
Rhythm/periodic abstinence	0.6	0.1	0.7	0.2
Withdrawal	0.2	0.1	0.3	0.1
Other	1.0	0.5	1.9	0.9
Not using	76.7	62.2	71.1	56.3
Total	100.0	100.0	100.0	100.0
Number of women	5,421	6,755	2,259	2,610

NA = Not applicable

Figure 4.4 Trends in Current Contraceptive Use among Women Age 15-49, 1992-2000



* Data were not tabulated for sexually active women in 1992

NDHS 2000

4.4 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

In some cultures, family planning is only used when couples have already had as many children as they want. As the concept of family planning gains acceptance, more couples opt to use contraception to space their children. Moreover, unmarried women may decide to use family planning to avoid an unwanted pregnancy. In the 2000 NDHS, a question was included for women who had ever used a method as to how many living children they had when they first used a method.

As shown in Table 4.7, one-quarter of women used contraception for the first time before they had any children and another 20 percent initiated use after having one child. There is a clear trend toward increasing contraceptive use earlier in the family building process. For example, among women age 45-49, not only have fewer women ever used family planning, but most of those who have used started using when they already had two children. In contrast, the majority of ever-users age 20-24 started using when they had no living children.

Table 4.7 Number of children at first use of contraception

Percent distribution of women by number of living children at the time of first use of contraception and median number of children at first use, according to current age, Namibia 2000

Current age	Never used contraception	Number of living children at time of first use of contraception						Total	Number of women
		0	1	2	3	4+	Missing		
15-19	64.7	30.3	4.2	0.4	0.0	0.1	0.3	100.0	1,499
20-24	30.3	38.9	24.2	4.8	0.9	0.1	0.7	100.0	1,339
25-29	22.9	28.2	30.2	13.2	4.3	1.0	0.2	100.0	1,104
30-34	25.0	19.8	30.0	10.4	9.1	5.5	0.3	100.0	1,013
35-39	27.6	13.0	24.2	14.0	10.0	10.8	0.5	100.0	751
40-44	35.3	11.0	15.4	11.2	7.3	19.0	0.8	100.0	633
45-49	42.3	7.0	14.6	7.8	7.9	18.8	1.7	100.0	415
Total	36.8	24.9	20.2	7.8	4.5	5.2	0.5	100.0	6,755

4.5 KNOWLEDGE OF THE OVULATORY CYCLE

Although it is certainly not a prerequisite for family planning use, a basic knowledge of the ovulatory cycle is helpful for those who want to avoid pregnancy, especially for those using periodic abstinence (rhythm method). Data from the 2000 NDHS indicate that knowledge of the fertile period is poor (Table 4.8). One-fifth of women say they do not know at which time in their menstrual period they are most likely to get pregnant, and 16 percent say that there is no particular fertile time. One in three women say they are at the highest risk of pregnancy just after having their menstrual periods. Only 12 percent of women cite the “correct” answer—halfway between periods. It should be noted that it may be difficult to divide the menstrual cycle into distinct time periods, so it is possible that many women who answered “just after period has ended” or “just before period begins” may actually have a fairly accurate understanding of the fertile period.

Table 4.8 Knowledge of fertile period

Percent distribution of all women by knowledge of the fertile period during the ovulatory cycle, Namibia 2000

Perceived fertile period	All women
Just before her period begins	10.2
During her menstrual period	6.5
Right after her period has ended	33.4
Halfway between periods	12.0
No special time	16.1
Other	0.3
Don't know	21.4
Missing	0.2
Total	100.0
Number	6,755

4.6 TIMING OF STERILISATION

The age at which women get sterilised has important implications for the family planning programme and for the nation's fertility level. Because sterilisation is a permanent method that requires no maintenance or re-supply, it can be an extremely cost-effective method. Generally speaking, the younger women are when they get sterilised, the lower the country's fertility rate is likely to be. However, extremely young ages at sterilisation are often viewed as evidence of an overly coercive programme.

Data in Table 4.9 indicate that the median age for female sterilisation in Namibia is 33. There has been little change in age at sterilisation over the various age cohorts of women.

Years since operation	Age at time of sterilisation						Total	Number of women	Median age ¹
	<25	25-29	30-34	35-39	40-44	45-49			
<2	1.8	22.1	25.2	30.9	7.6	12.4	100.0	58	33.4
2-3	5.0	14.9	34.2	22.9	16.8	6.1	100.0	52	33.2
4-5	3.1	21.8	21.6	26.4	27.1	0.0	100.0	53	33.3
6-7	(3.7)	(7.7)	(23.1)	(52.3)	(13.2)	(0.0)	100.0	38	(36.0)
8+	8.3	30.5	36.6	22.7	1.9	0.0	100.0	90	NC
Total	4.9	21.5	29.4	29.0	11.8	3.6	100.0	291	33.2

Note: Figures in parentheses are based on 25-49 unweighted cases.
NC = Not calculated because of censoring

4.7 SOURCES OF CONTRACEPTIVE METHODS

Women who reported using a modern contraceptive method at the time of the survey were asked where they obtained the method the last time. Table 4.10 presents information from the 2000 NDHS on sources of modern methods of family planning.

The main source of contraceptive supply is the public sector, which accounts for 84 percent of modern methods, followed by the private medical sector (11 percent) and other sources (3 percent). Within the public sector, government health centres and clinics are the major sources of supply (57 percent), followed by government hospitals (26 percent). Outreach clinics and community health workers account for less than 1 percent of contraceptive users each.

The sources of supply depend on the type of method used. The public sector is the overwhelming source of supply for injectables and the pill and the major source for male condoms and female sterilisation. The largest share supplied through the private medical sector is for IUDs and female sterilisation, while other sources—especially friends, shops and schools—supply a meaningful fraction of condom users. Significantly, one in four female sterilizations is performed by the private medical sector.

There has not been much change in the source of contraceptive supply between 1992 and 2000. The public sector has remained the predominant source of contraceptive supply.

Table 4.10 Source of supply

Percent distribution of women currently using modern contraceptive methods by most recent source, according to specific methods, Namibia 2000

Source of supply	Pill	IUD	Inject-ables	Male condom	Female sterilisation	Total
Public sector	86.3	(53.3)	95.8	72.1	71.8	84.2
Government hospital	12.4	(46.5)	18.3	25.7	70.7	25.8
Government health centre/clinic	72.7	(6.8)	76.0	45.3	1.1	57.4
Mobile primary health care clinic	1.1	(0.0)	1.4	0.3	0.0	0.9
Community health worker	0.0	(0.0)	0.0	0.8	0.0	0.2
Private medical sector	11.8	(43.9)	2.9	12.6	24.8	10.6
Private hospital/clinic	3.1	(20.0)	2.4	1.1	23.7	5.5
Pharmacy	6.0	(0.0)	0.0	10.9	0.0	3.6
Private doctor	2.8	(23.8)	0.4	0.5	0.7	1.4
Other private medical	0.0	(0.0)	0.1	0.0	0.4	0.1
Other source	0.0	(0.0)	0.2	13.7	0.0	3.4
Shop	0.0	(0.0)	0.0	3.8	0.0	0.9
Church/school	0.0	(0.0)	0.0	2.0	0.0	0.5
Friend/relative	0.0	(0.0)	0.0	7.9	0.0	1.9
Traditional birth attendant	0.0	(0.0)	0.2	0.0	0.0	0.1
Other	0.4	(0.0)	0.1	0.6	0.0	0.2
Missing	1.5	(2.9)	1.0	1.1	3.4	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	386	49	1,149	604	291	2,505

Note: Total includes 6 users of female condom and 20 users of male sterilisation. Figures in parentheses are based on 25-49 unweighted cases.

4.8 INFORMED CHOICE

In choosing a contraceptive method, all clients should be assessed and advised on the most suitable options to enable them to make a free and informed choice. Moreover, those who decide to accept a method should be informed of the possible side effects of the method and what to do if they experience those side effects.

Data from the NDHS show that only 38 percent of current users of modern methods say that they were informed about the side effects of their current method the first time they started using it. Only one in three users says she was informed what to do if she experienced side effects. Forty percent of current users of modern methods say that they were informed of other methods that they could use. To the extent that women remember correctly the situation at the time they first obtained their current method, these statistics imply that the quality of client education and counseling needs to be improved. A much larger proportion of current users of sterilisation—86 percent—say they were informed that the operation was permanent.

It is interesting to note that private medical sector sources appear to be no better than government sector sources at informing family planning clients about side effects and what to do if they experience them. Users in the Northeast and Northwest Directorates are more likely than those in the other directorates to be informed about their methods. Women with no education are less likely than women with any education to be informed about their methods.

Table 4.11 Informed choice

Percentage of current users of modern contraceptive methods who were informed that sterilisation is permanent, who were informed about the side effects of the method used, who were informed what to do if side effects were experienced, who were informed of other methods that could be used for contraception, and by specific method, initial source of method, and background characteristics, Namibia 2000

Method, initial source of method/ background characteristic	Informed about side effects of method used	Informed what to do if side effects experienced	Informed of other methods that could be used	Informed that sterilisation is permanent
Contraceptive method				
Pill	37.7	34.1	42.1	NA
IUD	34.7	33.5	46.1	NA
Injection	41.7	35.8	42.2	NA
Female sterilisation	25.5	20.7	27.8	86.7
Male sterilisation	NA	NA	NA	82.1
Other	NA	NA	38.0	NA
Initial source of method				
Public sector				
Government hospital	39.1	34.0	40.8	89.5
Government health center	38.1	32.5	40.5	90.4
PHC clinic (mobile)	39.7	34.8	41.2	32.6
PHC clinic (mobile)	32.6	32.6	23.3	NA
Private medical sector				
Private hospital, clinic	35.1	28.8	38.3	89.2
Private hospital, clinic	41.0	32.4	42.2	88.7
Pharmacy	19.7	19.7	21.7	NA
Private doctor	26.2	23.6	38.9	100.0
Other private medical	0.0	0.0	0.0	84.3
Other	13.3	13.3	13.3	NA
Residence				
Urban	33.4	29.2	39.5	89.2
Rural	43.9	37.6	40.8	80.4
Directorate				
Northwest	50.9	41.0	43.9	88.2
Northeast	69.1	65.0	59.5	93.3
Central	24.0	21.0	28.8	88.7
South	29.6	24.5	38.3	84.1
Education				
No education	21.2	18.7	27.0	80.9
Incomplete primary	34.2	30.0	32.0	93.3
Complete primary	39.8	35.7	35.3	79.8
Incomplete secondary	39.2	33.9	42.2	86.4
Complete secondary +	44.8	37.4	49.2	87.4
Total	38.2	33.0	40.1	86.4
Number of women	1,876	1,876	1,882	311

NA = Not applicable

4.9 INTENTION TO USE FAMILY PLANNING AMONG NONUSERS

To obtain information on the potential demand for family planning services, respondents who were not currently using contraception at the time of the survey were asked if they intended to use a method at any time in the future. Table 4.12 shows the distribution of women and men who are not using a method by their intention to use in the future.

Table 4.12 Future use of contraception

Percent distribution of women and men who are not using a contraceptive method by intention to use in the future, according to number of living children, Namibia 2000

Intention	Number of living children ¹					Number of women	Number of men
	0	1	2	3	4+		
Intends to use	65.5	70.2	63.6	63.0	56.2	63.9	46.6
Unsure	8.2	3.3	4.4	5.1	4.0	5.6	12.1
Does not intend to use	25.7	24.3	30.0	31.4	39.2	29.5	32.0
Missing	0.7	2.1	2.0	0.5	0.6	1.1	9.3 ^a
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,536	797	574	390	907	4,204	1,582

¹ Includes current pregnancy

² Includes men who had used a method in the last 12 months and were not asked about future intentions

Almost two-thirds of women who are not using say that they intend to use contraception at some time in the future, while 30 percent say they do not intend to use and 6 percent are unsure. Men are less likely than women to say they intend to use a method in the future and more likely to be unsure about future use. Among women, there is remarkably little difference in the intention to use contraception according to the number of children women have already.

It is crucial for the purpose of designing intervention mechanisms to identify reasons why people do not use contraception. Table 4.13 presents data regarding the main reasons for not using contraception given by women who are not using any contraceptive method and do not intend to use in the future.

The main reasons for non-use of contraception among women are a desire for more children and infrequent or no sex (15 percent for each). Side effects and health concerns are also major reasons for non-use, as is opposition to family planning—either by the respondent, her partner or someone else. One in five women says she does not intend to use contraception because she is menopausal, has had a hysterectomy or has difficulty getting pregnant. Surprisingly, the least mentioned reasons for not intending to use contraception include access/availability and cost, each of which accounted for less than 1 percent of non-users. There is also little difference in the reasons cited by younger and older non-users, except that older women are more likely to say they do not intend to use because of menopause or infertility.

Nonusers who indicated that they intended to use family planning in future were asked which method they would prefer to use. As shown in Table 4.14, by far the most preferred method of contraception is injectables (46 percent), followed by the pill and male condoms (20 percent each).

Table 4.13 Reason for not intending to use contraception

Percent distribution of all women who are not using a contraceptive method and who do not intend to use in the future by main reason for not intending to use, according to age, Namibia 2000

Reason	Age		Total
	15-29	30-49	
Wants children	16.6	13.6	14.9
Side effects	6.8	4.2	5.3
Health concerns	10.9	9.5	10.1
Lack of knowledge	6.7	3.5	4.8
Access/availability	0.4	0.7	0.6
Cost	1.0	0.5	0.7
Religious prohibition	4.8	2.7	3.6
Opposed to family planning	10.1	9.6	9.8
Partner opposed	1.1	3.8	2.7
Others disapprove	0.3	0.2	0.3
Infrequent sex/no sex	16.3	14.3	15.1
Difficult to get pregnant	6.9	11.6	9.6
Menopausal/hysterectomy	0.1	16.8	9.7
Inconvenient	1.1	0.0	0.5
Other reasons	2.9	3.4	3.2
Don't know/missing	14.1	5.6	9.2
Total	100.0	100.0	100.0
Number of women	523	715	1,239

Table 4.14 Preferred method of contraception for future use

Percent distribution of women who are not using a contraceptive method but who intend to use in the future by preferred method, Namibia 2000

Preferred method	Percent
Pill	20.3
IUD	1.7
Injectables	45.7
Vaginals	0.7
Condom	19.7
Female sterilisation	7.5
Male sterilisation	0.2
Periodic abstinence	0.1
Withdrawal	0.0
Other	0.9
Don't know/missing	3.2
Total	100.0
Number of women	2,686

4.10 EXPOSURE TO MESSAGES ABOUT CONDOMS

Given the high prevalence of HIV/AIDS in Namibia, it is encouraging that both knowledge and use of condoms has increased since 1992. An important reason for this may be the more frequent broadcast of messages about condoms in the mass media.

As shown in Table 4.15, 81 percent of women and 86 percent of men interviewed in the 2000 NDHS said that they had heard or read a message about condoms in the few months preceding the survey. Radio is the most widespread vehicle for condom messages, reaching about four in five respondents. The print media and television reach approximately equal-sized audiences, around half of women and men each.

Urban respondents, those in the Central and South Directorates, those in the more urbanised regions, and those with more education are more likely to have heard or read a message about condoms. There are small differences by age group of respondents.

Table 4.15 Exposure to messages about condoms

Percentage of women and men who have heard a message about condoms in the last few months prior to the interview, according to selected background characteristics, Namibia, 2000

Background characteristic	Heard message about condoms: women					Heard message about condoms: men				
	Any source	Radio	Television	Print media	Number of women	Any source	Radio	Television	Print media	Number of men
Age										
15-19	76.9	72.4	40.9	45.8	1,499	81.2	76.1	47.3	50.1	694
20-24	83.4	80.3	48.1	53.6	1,339	85.9	83.1	55.5	57.6	610
25-29	82.1	80.4	48.1	51.8	1,104	89.3	85.5	60.2	62.5	448
30-34	83.0	81.4	50.7	51.6	1,013	86.8	84.1	57.5	54.9	378
35-39	83.8	81.9	49.1	51.7	751	89.6	88.6	58.3	54.8	247
40-44	75.8	74.6	43.9	43.7	633	86.4	84.4	57.5	58.6	216
45-49	80.1	77.9	44.2	44.7	415	86.1	83.8	46.9	43.1	174
50-59	NA	NA	NA	NA	NA	86.8	84.1	41.1	40.8	188
Residence										
Urban	93.5	90.5	79.5	73.6	2,786	94.7	91.9	80.9	74.6	1,312
Rural	71.9	69.6	23.1	32.7	3,969	78.7	75.2	31.7	37.8	1,642
Directorate										
Northwest	71.0	68.0	20.4	36.9	2,792	77.3	73.2	34.6	47.2	1,047
Northeast	67.7	66.5	27.0	21.1	842	79.6	78.9	30.1	23.7	313
Central	92.5	89.5	70.0	57.2	1,231	91.7	87.9	67.7	57.4	615
South	93.6	91.2	78.0	76.1	1,890	93.2	90.5	72.3	69.2	980
Region										
Caprivi	76.9	75.8	27.6	15.9	322	95.2	95.2	24.5	28.7	114
Erongo	97.7	91.6	75.4	64.8	399	98.1	94.1	94.6	81.5	195
Hardap	94.1	90.7	69.2	67.0	292	92.3	87.8	65.2	54.1	128
Karas	94.2	86.4	79.6	71.4	261	91.5	81.3	73.2	55.4	123
Kavango	62.0	60.7	26.7	24.4	520	70.7	69.6	33.3	20.8	198
Khomas	95.3	94.3	86.2	86.4	1,152	97.1	96.2	80.4	82.3	624
Kunene	73.6	71.5	35.9	28.6	205	88.2	85.0	43.6	41.9	103
Ohangwena	63.1	59.6	14.4	37.5	684	66.9	63.1	26.5	38.9	275
Omaheke	80.8	79.1	38.9	33.1	185	73.4	71.1	31.0	25.9	104
Omusati	70.5	67.4	12.5	35.9	714	72.4	65.3	27.8	42.8	271
Oshana	74.9	71.1	24.1	36.5	789	79.7	76.0	32.0	40.7	251
Oshikoto	75.3	74.2	31.6	37.8	604	91.9	90.0	53.6	67.8	249
Otjozondjupa	95.4	94.0	77.7	61.7	627	88.8	85.0	59.1	47.6	317
Education										
No education	63.5	62.7	24.4	19.2	641	71.9	71.4	24.6	17.2	379
Incomplete primary	69.0	67.7	26.4	28.0	1,409	79.9	77.5	33.0	35.3	744
Completed primary	78.6	76.2	38.3	43.6	827	84.7	82.1	48.0	49.9	283
Incompl. secondary	85.9	82.5	52.5	57.5	2,907	90.3	86.0	66.1	68.2	1,115
Compl. secondary+	96.0	92.6	78.3	82.5	971	97.4	92.6	85.1	85.3	434
Total	80.8	78.2	46.4	49.6	6,755	85.8	82.6	53.5	54.1	2,954

NA = Not applicable

4.11 ATTITUDES TOWARDS FAMILY PLANNING

Although husband-wife discussion about family planning and agreement to use contraception is not a necessary precondition for use, its absence may be a serious impediment. Lack of discussion may reflect a lack of personal interest and/or hostility to the subject. Inter-spousal communication is therefore an important intermediate step along the path to eventual sustained use of family planning.

Table 4.16 shows that discussion of family planning between spouses is not uncommon. Two-thirds of married women and men say that they have discussed family planning with their spouses in the year preceding the survey, with approximately one-third having discussed it “once or twice” and the other one-third having discussed it more often. The table also shows that older women and men are less likely to discuss family planning with their spouses, probably due to cultural inhibitions or the greater use of sterilisation among older respondents.

Table 4.16 Discussion of family planning by couples						
Percent distribution of currently married women and men who know a contraceptive method by the number of times family planning was discussed with their spouse in the past year, according to current age, Namibia 2000						
Age	Number of times family planning was discussed with husband/wife				Total	Number of women/men
	Never	Once or twice	More often	Missing		
MARRIED WOMEN						
15-19	38.7	29.4	31.5	0.4	100.0	72
20-24	27.4	35.8	36.2	0.7	100.0	319
25-29	27.7	40.1	31.2	1.0	100.0	452
30-34	30.2	33.0	36.3	0.4	100.0	566
35-39	29.1	35.6	35.1	0.2	100.0	459
40-44	33.6	34.6	31.2	0.6	100.0	395
45-49	40.0	26.5	31.9	1.6	100.0	289
Total	31.1	34.5	33.8	0.7	100.0	2,553
MARRIED MEN						
15-19	*	*	*	*	*	14
20-24	22.0	43.6	34.4	0.0	100.0	76
25-29	23.0	30.2	45.0	1.8	100.0	130
30-34	33.5	37.1	29.2	0.2	100.0	197
35-39	20.9	41.9	36.7	0.6	100.0	170
40-44	34.8	35.7	27.5	1.9	100.0	172
45-49	45.9	26.4	27.7	0.0	100.0	125
50-59	47.6	32.2	19.7	0.6	100.0	157
Total	33.1	35.2	31.0	0.8	100.0	1,041

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

Women and men were also asked if they approved or disapproved of couples using a method to avoid getting pregnant. As shown in Table 4.17, 81 percent of women and 72 percent of men said they approve of family planning. As expected, approval is higher among urban than rural respondents and among those in the Central and South Directorates than those in the Northwest and Northeast Directorates. Women in Erongo, Khomas, and Caprivi Regions are most likely to approve of family planning, while among men, the highest levels of approval are in Erongo, Karas, and Oshana Regions.

Background characteristic	Percentage approving of family planning	
	Women	Men
Residence		
Urban	88.4	79.6
Rural	75.0	65.1
Directorate		
Northwest	75.3	62.5
Northeast	72.6	76.5
Central	87.8	77.8
South	87.3	75.6
Region		
Caprivi	88.8	72.3
Erongo	94.0	88.0
Hardap	85.5	68.2
Karas	77.2	87.4
Kavango	62.5	78.9
Khomas	92.1	75.4
Kunene	79.5	61.1
Ohangwena	71.7	33.8
Omaheke	74.7	72.3
Omusati	70.9	60.2
Oshana	76.2	79.8
Oshikoto	83.1	79.2
Otjozondjupa	86.5	77.1
Total	80.6	71.5

During the survey, women and men were interviewed in the same households, providing an opportunity to link married couples' responses. Thus it was possible to link 705 couples. Table 4.18 shows data on these couples' approval or disapproval of family planning, according to age and education differences. The results show that 70 percent of couples are in agreement about family planning. In about two-thirds of couples, both the wife and the husband approve of family planning, and in 4 percent, both disapprove of family planning. Joint approval of family planning is highest among couples in which the husband is less than five years older than the wife (71 percent) and lowest when the husband is 15 or more years older than his wife (53 percent). Couples are more likely to jointly approve of family planning when both wife and husband are educated.

Table 4.18 Attitudes of couples toward family planning

Percent distribution of couples by approval of family planning, according to age difference between spouses and level of education, Namibia 2000

Differential characteristic	Approval of family planning					Total	Percent of couples in agreement	Number
	Both approve	Both disapprove	Wife approves, husband disapproves	Husband approves, wife disapproves	Missing			
Age								
Husband younger	62.0	8.2	9.4	9.0	11.4	100.0	70.2	98
Husband 0-4 years older	70.7	4.3	7.4	10.0	7.6	100.0	75.0	271
Husband 5-9 years older	67.6	1.4	17.9	4.1	8.9	100.0	69.1	198
Husband 10-14 years older	54.8	3.1	26.5	7.6	7.9	100.0	57.9	99
Husband 15 years + older	52.5	9.3	10.7	6.6	21.0	100.0	61.8	39
Education								
Husband and wife no education	29.2	6.4	19.2	16.3	29.0	100.0	35.6	63
Wife educated, husband not	29.9	22.1	35.2	5.4	7.3	100.0	52.0	56
Husband educated, wife not	60.0	8.9	6.7	9.5	14.9	100.0	68.9	56
Husband and wife educated	74.0	1.5	11.2	6.7	6.6	100.0	75.5	529
Total	65.4	4.1	13.5	7.7	9.3	100.0	69.5	705

Table 4.19 shows to what extent wives and husbands report accurately on their spouse's attitudes. The findings show that when wives and husbands report that their spouses approve of family planning, they are generally accurate. In 82 percent of the couples in which the wife reported that her husband approves of family planning, the husband also stated that he approves of family planning. Similarly, for 87 percent of the couples in which the husband reported that his wife approves of family planning, the wife actually does approve of family planning. However, in the cases in which the wife thinks that her husband does not approve, 68 percent of the wives are wrong (actually the husband approves). Among couples in which the husband thinks that his wife does not approve, 70 percent of them are wrong (actually the wife approves).

Table 4.19 Perception of spouse's approval of family planning

Percent distribution of couples by husband's and wife's actual attitude toward family planning, according to their spouse's perception of their attitude, Namibia 2000

Perception	Spouse's actual attitude			Total	Number
	Approves	Disap- approves	Unsure		
Wife's perception of husband's attitude					
Approves	81.7	14.5	3.9	100.0	469
Disapproves	67.7	27.9	4.5	100.0	138
Don't know	63.3	30.7	6.0	100.0	97
Total	76.4	19.3	4.3	100.0	705
Husband's perception of wife's attitude					
Approves	86.8	9.2	4.0	100.0	467
Disapproves	69.8	25.4	4.8	100.0	93
Don't know	72.8	16.3	10.9	100.0	145
Total	81.7	12.8	5.5	100.0	705

OTHER DETERMINANTS OF FERTILITY

This chapter addresses the principal factors, other than contraception, which affect a woman's risk of becoming pregnant. These factors include marriage, polygamy, sexual intercourse, postpartum amenorrhoea and abstinence from sexual relations, and termination of exposure to pregnancy. Direct measures of the beginning of exposure to pregnancy and the level of exposure are also measured in this chapter.

5.1 CURRENT MARITAL STATUS

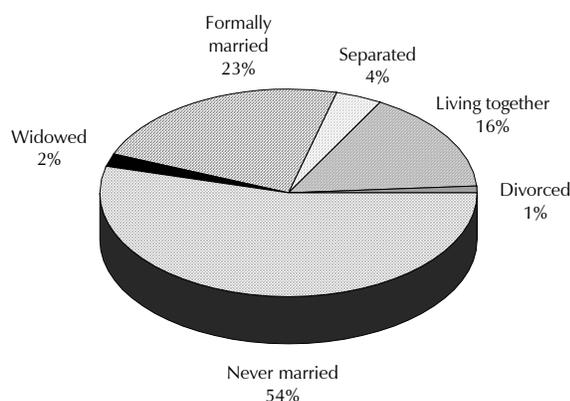
Table 5.1 shows data on the current marital status of women and men interviewed in the survey. In this table, the term "married" is intended to mean legal or formal marriage, while "living together" designates an informal union. However, in future tables, the term "currently married" refers to both formal and informal unions.

Marriage and cohabitation are generally considered to be primary indicators of exposure to the risk of pregnancy. In Namibia, however, many women bear children before entering a stable union, visiting relationships are common, and many women have children in the context of such unions.

Table 5.1 Current marital status								
Percent distribution of women and men by current marital status, according to age, Namibia 2000								
Age	Marital status						Total	Number
	Never married	Married	Living together	Divorced	Separated	Widowed		
WOMEN								
15-19	93.9	1.7	3.3	0.2	0.9	0.0	100.0	1,499
20-24	72.2	7.8	16.5	0.2	2.9	0.3	100.0	1,339
25-29	53.2	18.7	22.8	0.3	4.9	0.1	100.0	1,104
30-34	35.6	32.2	24.5	1.8	4.4	1.5	100.0	1,013
35-39	23.4	44.0	18.7	1.4	7.5	5.1	100.0	751
40-44	18.0	48.8	15.4	3.7	8.0	6.1	100.0	633
45-49	13.1	55.4	17.0	3.1	5.8	5.7	100.0	415
All ages	54.3	22.7	16.0	1.1	4.2	1.8	100.0	6,755
MEN								
15-19	97.5	0.1	1.9	0.0	0.6	0.0	100.0	694
20-24	83.5	3.0	9.5	0.0	4.0	0.0	100.0	610
25-29	65.9	11.9	17.3	0.1	4.8	0.0	100.0	448
30-34	43.8	29.5	22.5	0.4	3.8	0.1	100.0	378
35-39	23.5	50.4	18.4	0.5	6.4	0.8	100.0	247
40-44	11.7	58.1	23.0	1.5	5.4	0.3	100.0	216
45-49	10.8	58.4	13.7	7.4	7.7	2.0	100.0	174
50-59	8.1	71.7	13.4	1.3	3.9	1.5	100.0	188
All ages	59.7	22.6	12.8	0.7	3.8	0.3	100.0	2,954

Table 5.1 and Figure 5.1 show that more than half (54 percent) of women aged 15-49 in Namibia have never married, while 23 percent are formally married, 16 percent are living together, and 7 percent are either widowed, divorced or separated. Marriage occurs relatively late in Namibia and a high proportion of women never marry; 13 percent of those age 45-49 have not married. The proportion that are divorced, separated or widowed generally increases with age.

Figure 5.1 Marital Status of Women 15-49



NDHS 2000

Similar patterns are observed for men. Sixty percent of men aged 15-59 have never married, while 23 percent are formally married, 13 percent are living together, and 5 percent are either widowed, divorced, or living together. Men tend to marry at older ages than women, which is why the overall proportion of men who have never married is higher than for women (54 percent of women compared to 60 percent of men).

The proportion of women who are formally married has declined since 1992 from 27 to 23 percent. The proportion that is living together has increased slightly, as has the proportion that has never married. The proportion that are divorced, widowed, or separated has remained at 7 percent.

5.2 POLYGyny

Polygyny (many wives) is common in Africa and has implications for frequency of sexual activity and fertility. Married women were asked whether their husbands had other wives, and if so, how many. Married men were asked whether they had only one or more than one wife or partner with whom they were living.

Table 5.2 shows that 12 percent of married women in Namibia are in polygynous unions. Eight percent say they have only one co-wife, while 4 percent say they have two or more co-wives. Married men are less likely to report having multiple wives; only 4 percent say they have two or more wives. The discrepancy is due in part to the fact that, by definition, more married women than men are in polygynous unions. It could also be due to differences in classifying girlfriends, i.e., a tendency for women to report their husbands' girlfriends as wives, while the husbands do not.

Table 5.2 Polygyny

Percent distribution of currently married women by number of co-wives and of currently married men by number of wives, according to background characteristics, Namibia 2000

Background characteristic	WOMEN						MEN				
	Number of co-wives				Total	Number	Number of wives				
	0	1	2+	Don't know/ missing			1	2+	Missing	Total	Number
Age											
15-19	65.2	13.9	0.0	20.9	100.0	74	*	*	*	100.0	14
20-24	69.6	7.7	4.5	18.2	100.0	326	98.7	1.3	0.0	100.0	76
25-29	67.1	7.8	4.0	21.0	100.0	458	98.9	1.1	0.0	100.0	131
30-34	69.0	7.1	5.1	18.9	100.0	575	95.4	4.6	0.0	100.0	197
35-39	71.0	7.6	1.9	19.5	100.0	470	95.0	4.4	0.7	100.0	170
40-44	69.4	8.1	7.9	14.6	100.0	406	93.2	6.8	0.0	100.0	175
45-49	72.7	10.6	2.5	14.2	100.0	301	97.3	2.7	0.0	100.0	125
50-59	NA	NA	NA	NA	NA	NA	95.7	4.1	0.2	100.0	160
Residence											
Urban	70.9	6.0	3.5	19.6	100.0	1,184	96.3	3.6	0.1	100.0	546
Rural	68.2	10.0	4.9	16.9	100.0	1,426	95.6	4.2	0.1	100.0	501
Directorate											
Northwest	58.0	9.3	4.1	28.6	100.0	725	93.7	6.0	0.3	100.0	211
Northeast	71.2	12.0	7.9	8.9	100.0	440	95.2	4.8	0.0	100.0	138
Central	75.8	8.2	2.6	13.4	100.0	615	95.6	4.3	0.1	100.0	280
South	74.0	5.0	3.6	17.4	100.0	830	97.6	2.3	0.2	100.0	418
Region											
Caprivi	77.4	15.8	6.9	0.0	100.0	153	(95.9)	(4.1)	(0.0)	100.0	54
Erongo	82.3	2.7	1.0	14.0	100.0	197	92.6	7.4	0.0	100.0	89
Hardap	89.5	2.9	0.0	7.7	100.0	116	100.0	0.0	0.0	100.0	54
Karas	87.3	0.8	0.4	11.5	100.0	111	99.5	0.5	0.0	100.0	58
Kavango	67.9	10.1	8.5	13.6	100.0	287	94.8	5.2	0.0	100.0	84
Khomas	67.6	6.9	5.4	20.2	100.0	500	96.9	3.1	0.0	100.0	251
Kunene	68.6	10.3	7.7	13.4	100.0	99	91.4	8.1	0.6	100.0	40
Ohangwena	47.9	14.0	5.4	32.7	100.0	182	(93.9)	(6.1)	(0.0)	100.0	62
Omaheke	73.2	2.6	2.7	21.4	100.0	103	96.1	2.6	1.3	100.0	55
Omusati	58.9	10.0	8.2	22.9	100.0	140	*	*	*	100.0	41
Oshana	55.0	9.2	2.5	33.3	100.0	237	92.8	6.2	1.1	100.0	52
Oshikoto	72.4	3.8	1.6	22.2	100.0	167	(98.3)	(1.7)	(0.0)	100.0	56
Otjozondjupa	73.9	11.1	2.1	12.9	100.0	319	98.6	1.4	0.0	100.0	151
Education											
No education	68.0	12.8	5.9	13.3	100.0	406	89.6	9.9	0.4	100.0	169
Incomplete primary	68.2	10.4	4.4	16.9	100.0	620	96.1	3.7	0.2	100.0	279
Completed primary	73.7	7.1	1.4	17.9	100.0	296	96.4	3.6	0.0	100.0	93
Incompl. secondary	68.2	7.6	4.3	19.9	100.0	860	97.5	2.5	0.1	100.0	320
Compl. secondary+	72.3	2.1	4.3	21.3	100.0	428	98.6	1.4	0.0	100.0	186
Total	69.5	8.1	4.3	18.1	100.0	2,610	96.0	3.9	0.1	100.0	1,047

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

NA = Not applicable

Table 5.3 Age at first marriage
Percentage of women and men who were first married by specified exact ages and median age at first marriage, according to current age, Namibia 2000

WOMEN								
Current age	Percentage who were first married by exact age:					Percentage who had never married	Number	Median age at first marriage
	15	18	20	22	25			
15-19	1.7	NA	NA	NA	NA	93.9	1,499	a
20-24	2.2	9.8	16.7	NA	NA	72.2	1,339	a
25-29	1.9	9.7	17.7	25.7	37.9	53.2	1,104	a
30-34	2.7	11.7	21.3	32.2	42.0	35.6	1,013	27.2
35-39	2.6	11.5	19.8	28.8	42.6	23.4	751	26.7
40-44	4.9	15.8	25.7	38.0	50.3	18.0	633	24.9
45-49	4.3	11.2	20.9	34.8	47.3	13.1	415	25.5
Women 25-49	3.0	11.7	20.7	30.9	42.9	33.0	3,917	a
Women 30-49	3.4	12.5	21.8	33.0	44.8	25.0	2,812	26.2
MEN								
Current age	Percentage who were first married by exact age:					Percentage who had never married	Number	Median age at first marriage
	20	22	25	28	30			
25-29	6.8	13.0	24.5	NA	NA	65.9	448	a
30-34	7.2	10.8	24.2	38.1	48.3	43.8	378	a
35-39	11.4	20.5	33.7	44.5	55.3	23.5	247	28.9
40-44	9.0	18.4	36.2	48.9	63.6	11.7	216	28.1
45-49	8.4	13.0	24.8	42.5	54.9	10.8	174	30.2
50-59	5.7	12.2	31.9	44.1	60.0	8.1	188	28.8
Men 25-59	7.9	14.2	28.2	39.3	48.6	35.0	1,650	a
Men 30-59	8.3	14.7	29.6	42.9	55.2	23.5	1,203	29.4

NA = Not applicable
a = Omitted because less than 50 percent of respondents married before reaching the beginning of the age group

Table 5.4 shows differences in the median age at first marriage by background characteristics for women and men. Because of the late age at marriage, data for those younger than 30 have been omitted because less than half of the respondents in these younger age groups have married before entering the age group.

Urban women generally marry slightly later than rural women. Among women age 30-49, Northwest Directorate shows the highest age at first marriage, followed by South, Central and Northeast Directorates. It appears that the largest difference between age at marriage of women and men occurs in Northeast Directorate, where the median age is 20 years for women and 28 years for men. Among women, the median age at first marriage is higher among those with at least some secondary education than among those with less education; however, there is no clear pattern for men.

Table 5.4 Median age at first marriage

Median age at first marriage among women age 30-49 years and men age 30-59, by current age and background characteristics, Namibia 2000

Background characteristic	Current age				Women age 30-49	Men age 30-59
	30-34	35-39	40-44	45-49		
Residence						
Urban	26.3	26.8	26.8	27.7	26.8	28.2
Rural	28.0	26.6	23.1	24.3	25.7	a
Directorate						
Northwest	a	29.1	25.6	25.4	28.8	a
Northeast	20.8	20.2	20.2	17.9	20.1	27.8
Central	24.9	24.4	25.2	25.3	24.9	29.8
South	27.6	27.2	27.7	26.7	27.2	27.5
Education						
No education	23.8	27.6	20.9	25.0	24.0	a
Incomplete primary	26.5	25.4	27.7	27.6	26.4	a
Completed primary	25.0	28.0	25.3	22.2	25.0	28.4
Incompl. secondary	28.4	27.5	25.4	24.8	26.9	29.0
Compl. secondary+	28.2	26.2	25.3	26.1	26.9	27.7
All women	27.2	26.7	24.9	25.5	26.2	NA
All men	a	28.9	28.1	30.2	NA	29.4

NA = Not applicable

a = Omitted because less than 50 percent of respondents married by age 30

5.4 AGE AT FIRST SEXUAL INTERCOURSE

While age at first marriage is often used as a proxy for first exposure to intercourse, the two events do not necessarily occur at the same time. Women and men engage in sexual relations prior to marriage, especially if they are postponing the age at which they marry. The 2000 NDHS asked women and men how old they were when they first had sexual intercourse.

Table 5.5 shows that among respondents age 20 and over, the median age at first intercourse for women is 19 years and for men, it is 18 years. Only 6 percent of women and 12 percent of men reported that they had sexual intercourse before age 15. By age 18, which is the legal age of marriage, more than one-third of women and half of men have had sexual intercourse. Among both women and men, there is a tendency for age at first sex to increase with current age. This could either be due to a trend towards earlier sexual initiation among younger women and men, or to misreporting of the age at first sex.

Men tend to become sexually active at younger ages than women. Comparing the median age at first sex for each age group shows a difference of about 1 year between women and men.

There has been no apparent change over the past decade in the age at first sexual intercourse for women. The median age at first sexual intercourse is 19 years in both the 1992 and 2000 NDHSs.

Table 5.5 Age at first sexual intercourse

Percentage of women and men who had first sexual intercourse by specified exact ages and median age at first intercourse, according to current age, Namibia 2000

Current age	Percentage who had first sexual intercourse by exact age:					Percentage never having intercourse	Number	Median age at first intercourse
	15	18	20	22	25			
WOMEN								
15-19	9.8	NA	NA	NA	NA	51.6	1,499	a
20-24	7.7	46.0	72.1	NA	NA	9.3	1,339	18.2
25-29	5.0	35.2	61.2	74.4	83.2	3.8	1,104	18.8
30-34	5.3	36.5	61.5	73.3	80.4	1.9	1,013	18.9
35-39	5.2	32.8	53.1	67.4	75.1	1.8	751	19.6
40-44	6.7	29.8	51.2	65.2	72.2	1.1	633	19.9
45-49	6.0	29.0	46.9	63.5	70.2	0.0	415	20.3
20-49	6.1	36.7	60.5	73.1	79.5	3.9	5,256	18.9
25-49	5.5	33.6	56.6	70.1	77.8	2.1	3,917	19.2
MEN								
15-19	31.3	NA	NA	NA	NA	35.4	694	a
20-24	22.7	68.7	89.3	NA	NA	4.4	610	16.7
25-29	12.3	52.6	75.6	85.4	93.2	1.8	448	17.8
30-34	9.4	46.3	63.7	77.4	82.3	2.4	378	18.3
35-39	5.8	40.8	60.5	75.3	82.8	1.2	247	18.7
40-44	7.1	39.4	58.5	75.6	82.3	0.0	216	18.9
45-49	6.7	32.5	54.3	69.0	75.2	0.0	174	19.6
50-59	2.2	30.5	48.1	61.6	72.6	0.1	188	20.2
20-59	12.1	49.9	70.1	81.1	86.7	2.1	2,260	18.0
25-59	8.2	43.0	63.0	76.3	83.5	1.2	1,650	18.5

NA = Not applicable

a = Omitted because less than 50 percent of respondents had intercourse before age 15.

Differentials in age at first sex by background characteristics are shown in Table 5.6. Urban women and men have their first sexual experience at slightly younger ages than their rural counterparts. Among women, the median age at first sex is the lowest in Northeast Directorate, while for men it is lowest in Central Directorate. There is no clear pattern in age at first sex according to education level.

Table 5.6 Median age at first sexual intercourse

Median age at first sexual intercourse among women age 20-49 years and men 20-59, by current age (women) according to selected background characteristics, Namibia 2000

Background characteristic	Current age of women						Women		Men	
	20-24	25-29	30-34	35-39	40-44	45-49	20-49	25-49	20-59	25-59
Residence										
Urban	18.3	18.9	18.8	19.2	19.4	20.0	18.8	19.1	17.9	18.4
Rural	18.2	18.8	19.0	20.1	20.3	20.5	18.9	19.5	18.1	18.7
Directorate										
Northwest	18.8	20.1	20.2	22.4	21.4	22.1	a	20.8	18.0	18.8
Northeast	16.8	17.2	17.5	18.2	18.6	(17.8)	17.5	17.9	18.5	20.0
Central	17.7	18.0	18.6	18.5	18.9	18.7	18.3	18.5	17.5	17.9
South	18.3	18.9	18.8	19.1	19.0	19.8	18.8	19.0	18.3	18.7
Region										
Caprivi	16.9	17.4	(16.7)	(18.1)	(18.2)	*	17.4	17.7	a	a
Erongo	18.8	18.5	18.5	18.9	19.7	19.6	18.8	18.8	17.3	17.6
Hardap	18.6	18.8	19.7	19.6	19.9	(19.3)	19.2	19.5	18.7	19.3
Karas	19.1	18.7	19.0	19.4	19.3	(19.8)	19.1	19.2	18.7	18.9
Kavango	16.8	16.7	17.8	18.3	(18.9)	*	17.6	18.1	16.7	17.4
Khomas	18.1	19.0	18.6	19.1	18.7	(20.3)	18.7	18.9	18.0	18.6
Kunene	16.7	18.4	17.7	17.3	17.9	17.4	17.4	17.8	17.2	17.6
Ohangwena	18.7	18.8	20.1	(22.1)	20.6	(20.3)	19.8	20.2	18.0	18.2
Omaheke	17.5	18.2	18.3	17.8	18.0	(16.9)	17.9	18.0	18.7	19.0
Omusati	18.6	20.8	(20.7)	(26.2)	(23.5)	(24.3)	a	22.6	18.2	19.1
Oshana	18.8	20.9	22.0	22.6	(21.8)	(21.7)	a	21.8	18.1	19.1
Oshikoto	19.0	19.0	18.6	21.0	(23.0)	*	19.7	20.0	17.7	18.8
Otjozondjupa	17.6	17.0	19.1	18.6	18.3	(18.7)	18.1	18.3	17.8	18.1
Education										
No education	17.5	18.1	17.9	18.4	19.9	20.5	18.6	18.7	18.3	18.6
Incomplete primary	17.2	17.9	18.1	18.7	19.5	19.6	18.3	18.5	18.5	19.0
Completed primary	16.9	18.6	18.1	19.2	18.7	19.1	18.4	18.7	18.0	18.3
Incompl. secondary	18.3	18.9	19.0	19.7	20.0	20.5	18.9	19.4	17.6	18.4
Compl. secondary+	18.9	20.5	20.8	21.2	21.9	(22.1)	a	20.9	18.0	18.4
All women	18.2	18.8	18.9	19.6	19.9	20.3	18.9	19.2	NA	NA
All men	16.7	17.8	18.3	18.7	18.9	19.6	NA	NA	18.0	18.5

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

NA = Not applicable

a = Omitted when less than 50 percent of respondents have had intercourse for the first time by age 20

5.5 RECENT SEXUAL ACTIVITY

In the absence of contraception, the probability of pregnancy is related to the frequency of intercourse. Thus, information on sexual activity can be used to refine measures of exposure to pregnancy. Survey results are shown in Table 5.7.1 for women and Table 5.7.2 for men.

Table 5.7.1 Recent sexual activity: women

Percent distribution of women by timing of last sexual intercourse and among those not sexually active, the duration of abstinence and whether postpartum or not postpartum abstaining, according to background characteristics, Namibia 2000

method	Sexually active in last 4 weeks	Not sexually active in last four weeks				Missing	Never had sexual intercourse	Total	Number
		Postpartum abstaining		Not postpartum abstaining					
		0-1 years	2+ years	0-1 years	2+ years				
Current age									
15-19	14.3	7.2	1.0	23.4	1.9	0.6	51.6	100.0	1,499
20-24	32.2	15.8	5.0	30.7	4.1	2.9	9.3	100.0	1,339
25-29	41.2	15.2	4.8	28.3	4.8	1.8	3.8	100.0	1,104
30-34	47.8	14.0	4.6	24.8	4.9	1.9	1.9	100.0	1,013
35-39	51.6	9.2	4.9	22.0	6.8	3.5	1.8	100.0	751
40-44	48.6	7.0	3.6	23.9	12.9	2.9	1.1	100.0	633
45-49	47.4	2.2	2.2	31.2	14.2	2.7	0.0	100.0	415
Years since first marriage									
Never married	18.2	12.2	4.4	30.2	6.4	1.9	26.7	100.0	3,667
0-4	61.6	13.2	2.6	19.8	0.7	2.1	0.0	100.0	833
5-9	59.3	11.8	3.8	19.8	2.9	2.4	0.0	100.0	672
10-14	60.3	9.7	2.3	20.2	5.2	2.2	0.0	100.0	586
15-19	57.8	5.9	2.8	24.1	6.5	2.9	0.0	100.0	423
20-24	51.1	7.6	3.8	27.0	8.1	2.4	0.0	100.0	334
25+	53.3	4.1	2.2	23.9	13.1	3.3	0.0	100.0	240
Residence									
Urban	45.4	7.5	3.3	25.0	6.0	2.3	10.5	100.0	2,786
Rural	30.6	13.7	4.0	27.1	5.3	2.0	17.3	100.0	3,969
Directorate									
Northwest	19.9	13.4	4.9	30.5	5.6	2.4	23.5	100.0	2,792
Northeast	45.1	12.1	3.2	23.6	6.8	1.8	7.5	100.0	842
Central	51.9	9.2	1.8	22.5	4.9	2.4	7.2	100.0	1,231
South	47.8	8.7	3.5	23.6	5.6	1.7	9.2	100.0	1,890
Region									
Caprivi	48.3	15.9	1.7	18.8	6.9	1.2	7.2	100.0	322
Erongo	51.7	6.9	2.3	17.9	6.2	4.9	10.1	100.0	399
Hardap	35.4	9.6	4.0	28.8	7.2	2.2	12.8	100.0	292
Karas	43.8	8.6	2.9	21.6	5.0	3.0	15.2	100.0	261
Kavango	43.0	9.7	4.1	26.6	6.7	2.1	7.7	100.0	520
Khomas	50.6	8.2	3.7	23.4	5.6	1.4	7.0	100.0	1,152
Kunene	49.1	12.6	2.8	24.9	4.2	2.0	4.4	100.0	205
Ohangwena	20.0	15.3	3.1	34.9	4.1	2.8	19.9	100.0	684
Omaheke	55.7	10.1	1.9	19.4	3.4	1.0	8.6	100.0	185
Omusati	12.9	16.5	9.1	28.3	5.3	1.7	26.1	100.0	714
Oshana	23.2	8.6	4.4	28.9	5.6	1.7	27.6	100.0	789
Oshikoto	23.5	13.8	2.6	29.9	7.7	3.4	19.0	100.0	604
Otjozondjupa	53.0	9.6	1.1	24.7	4.3	1.0	6.3	100.0	627
Education									
No education	46.6	11.5	5.2	25.1	4.8	2.4	4.4	100.0	641
Incomplete primary	35.9	12.3	4.3	25.1	6.4	2.7	13.3	100.0	1,409
Completed primary	35.8	8.6	3.3	25.1	4.1	2.0	21.0	100.0	827
Incompl. secondary	32.6	11.9	3.4	27.2	5.7	1.7	17.5	100.0	2,907
Compl. secondary+	44.1	9.0	3.2	26.7	6.0	2.5	8.5	100.0	971
Current contraceptive method									
No method	28.1	13.3	3.6	23.0	6.7	2.3	23.0	100.0	4,204
Pill	58.8	11.3	3.9	22.0	2.4	1.3	0.3	100.0	386
IUD	(63.3)	(2.1)	(0.4)	(24.1)	(8.6)	(1.5)	(0.0)	100.0	49
Sterilisation	65.5	2.9	1.9	18.1	8.2	3.4	0.0	100.0	311
Other	46.2	7.7	4.3	36.3	3.1	1.7	0.7	100.0	1,797
Total	36.7	11.1	3.7	26.2	5.6	2.1	14.5	100.0	6,755

Note: Figures in parentheses are based on 25-49 unweighted cases.

In the four weeks before the survey, only 37 percent of women age 15-49 years were sexually active, while 15 percent were abstaining after giving birth and 32 percent were abstaining for other reasons. The proportion of women who are sexually active increases with age from a low of 14 percent at age group 15-19 to a high of 52 percent at age group 35-39 years and then declines somewhat. Teenagers and women who have never been in a marital union are much less likely to be sexually active than older women and women who are or have been in a union. Differences in sexual activity among ever-married women by years since marriage are minimal.

Women in urban areas are more likely to be sexually active (45 percent) than those in rural areas (31 percent). The proportion of women who are sexually active is highest in Omaheke Region (56 percent). Less than one-quarter of the women in Omusati, Ohangwena, Oshana and Oshikoto Regions had sexual intercourse in the month preceding the survey. This is partly due to the high percentages of women in these regions who reported never having had sex. As expected, women who are using a contraceptive method—especially those using long-term methods like the IUD and sterilisation—are more likely to be sexually active than women who are not using any method. Obviously, women who are sexually active are more likely to use, but it is also true that those who are using contraception probably feel freer to engage in sex since they are at lower risk of pregnancy.

Almost half (46 percent) of the men interviewed were sexually active in the four weeks before the survey, while 10 percent had never had sex. As with women, sexual activity increases with age among men, with the highest level among men age 35-39 years. Ever-married men are much more likely to be sexually active than those never in union. Men in urban areas are more sexually active than men in rural areas (51 and 42 percent, respectively). Sexual activity is highest in Erongo Region (66 percent), followed by Kavango (60 percent) and Kunene and Karas Regions (58 percent each). The lowest rates of sexual activity are seen in the four regions of the north, Omusati, Oshana, Ohangwena and Oshikoto.

Table 5.7.2 Recent sexual activity: men

Percent distribution of men by timing of last sexual intercourse according to background characteristics, Namibia 2000

Background characteristic	Sexually active in last 4 weeks	Not sexually active in last 4 weeks	Never had intercourse	Total	Number
Age					
15-19	19.3	45.3	35.4	100.0	694
20-24	38.9	56.7	4.4	100.0	610
25-29	51.5	46.7	1.8	100.0	448
30-34	60.2	37.4	2.4	100.0	378
35-39	71.5	27.3	1.2	100.0	247
40-44	66.8	33.2	0.0	100.0	216
45-49	54.0	46.0	0.0	100.0	174
50-59	62.7	37.1	0.1	100.0	188
Marriage duration (years)					
Never married	30.5	52.9	16.6	100.0	1,764
0-4	68.2	31.8	0.0	100.0	324
5-9	74.5	25.5	0.0	100.0	247
10-14	66.5	33.5	0.0	100.0	186
15-19	69.1	30.9	0.0	100.0	171
20-24	66.9	33.1	0.0	100.0	131
25+	68.9	31.1	0.0	100.0	132
Residence					
Urban	51.1	41.7	7.2	100.0	1,312
Rural	42.2	45.8	12.1	100.0	1,642
Directorate					
Northwest	32.6	53.9	13.5	100.0	1,047
Northeast	57.9	30.7	11.4	100.0	313
Central	56.9	35.8	7.3	100.0	615
South	50.0	42.8	7.2	100.0	980
Region					
Caprivi	53.4	32.4	14.2	100.0	114
Erongo	65.6	26.1	8.4	100.0	195
Hardap	49.6	34.2	16.1	100.0	128
Karas	58.2	31.8	10.1	100.0	123
Kavango	60.4	29.8	9.8	100.0	198
Khomas	47.5	48.0	4.5	100.0	624
Kunene	58.4	36.4	5.2	100.0	103
Ohangwena	30.9	55.7	13.4	100.0	275
Omaheke	55.9	35.0	9.1	100.0	104
Omusati	24.4	63.5	12.1	100.0	271
Oshana	38.5	47.7	13.8	100.0	251
Oshikoto	37.4	47.6	15.0	100.0	249
Otjozondjupa	51.2	41.5	7.3	100.0	317
Education					
No education	46.3	46.4	7.3	100.0	379
Incomplete primary	41.9	42.7	15.4	100.0	744
Completed primary	47.6	37.7	14.6	100.0	283
Incompl. secondary	44.6	46.3	9.1	100.0	1,115
Compl. secondary+	56.2	42.0	1.8	100.0	434
Total	46.1	44.0	9.9	100.0	2,954

5.6 POSTPARTUM AMENORRHOEA, ABSTINENCE AND INSUSCEPTIBILITY

Postpartum protection from conception can be prolonged by breastfeeding, which can lengthen the duration of amenorrhoea. Delaying the resumption of sexual relations can also prolong protection.

As shown in Table 5.8, a majority of women are amenorrhoeic for at least 8-9 months after delivering, with a median of 10 months. The median duration of postpartum abstinence is 8 months. Examining these two factors together shows that the median duration of postpartum insusceptibility to pregnancy is 18 months. By 8-9 months after birth, 62 percent of women remain amenorrhoeic and 75 percent are insusceptible to pregnancy, but only 49 percent are abstaining from sexual relations.

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible	
<2	77.7	91.2	99.1	133
2-3	65.6	77.2	88.4	153
4-5	58.4	76.2	85.5	145
6-7	62.0	46.3	73.9	125
8-9	62.2	49.2	75.1	141
10-11	42.4	45.1	62.4	135
12-13	36.8	49.6	64.8	168
14-15	38.0	46.7	63.6	155
16-17	25.8	38.5	51.1	118
18-19	24.0	41.9	53.0	157
20-21	18.2	33.5	43.1	136
22-23	16.5	31.0	36.4	108
24-25	12.0	24.9	32.7	127
26-27	12.3	38.0	41.6	150
28-29	11.3	19.6	25.6	123
30-31	1.3	9.9	9.9	115
32-33	15.6	22.2	29.8	127
34-35	7.3	19.0	23.4	110
Total	33.7	43.6	54.9	2,426
Median	9.7	7.9	18.3	-
Mean	12.1	15.5	19.4	-

Note: Estimates are based on current status.

There is a clear trend over the past decade towards longer durations of amenorrhoea, abstinence, and insusceptibility. The median and mean durations for all three variables have increased by 2-5 months since 1992. For example, the median duration of amenorrhoea increased from 8 to 10 months, while the median duration of postpartum abstinence increased from 6 to 8 months.

Table 5.9 shows the median durations of postpartum amenorrhoea, abstinence and insusceptibility by background characteristics. The duration of amenorrhoea is considerably longer among women age 30 years and older than among younger women, and it is longer for rural than for urban women.

Table 5.9 Median duration of postpartum insusceptibility by background characteristics

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility, by background characteristics, Namibia 2000

Background characteristic	Median duration of postpartum:			Number of births
	Amenorrhoea	Abstinence	Insusceptibility	
Age				
<30	8.1	8.2	17.7	1,405
30+	14.6	7.2	19.2	1,021
Residence				
Urban	5.1	7.4	20.0	824
Rural	11.1	8.3	17.8	1,602
Directorate				
Northwest	11.1	13.3	20.2	1,007
Northeast	12.4	6.8	15.2	332
Central	4.2	6.2	13.5	438
South	5.6	8.1	20.3	650
Education				
No education	11.4	5.6	16.2	332
Incomplete primary	11.1	6.7	18.8	620
Completed primary	10.8	7.7	16.7	251
Incompl. secondary	9.6	16.7	21.1	932
Compl. secondary+	6.8	5.8	16.4	291
Total	9.7	7.9	18.3	2,426

Note: Medians are based on current status.

5.7 TERMINATION OF EXPOSURE TO PREGNANCY

Another factor influencing the risk of pregnancy among women is menopause. In the context of the available survey data, women are considered menopausal if they are neither pregnant nor postpartum amenorrhoeic, but have not had a menstrual period in the six months preceding the survey (Table 5.10). As expected, the proportion of women who are menopausal increases with age from 5 percent for women age 30-34 years to 47 percent for women 48-49 years.

Table 5.10 Menopause

Percentage of all women age 30-49 who are menopausal, Namibia 2000

Age	Percentage menopausal ¹	Number of women
30-34	5.3	1,013
35-39	6.2	751
40-41	5.3	282
42-43	16.3	256
44-45	19.0	188
46-47	26.1	178
48-49	46.9	145
30-49	10.9	2,812

¹ Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred six or more months preceding the survey (excludes other women who report that they are menopausal).

FERTILITY PREFERENCES

This chapter focuses on three indicators of need for contraception: whether or not the respondent wants another child, the preferred interval between children, and the number of children considered to be ideal. Analysis and interpretation of these issues reveal important implications for the planning and implementation of family planning programmes. The underlying rationale of most family planning programmes is to give couples the freedom and ability to bear the number of children they want and to achieve the spacing of births they want. The data make possible quantification of fertility preferences and, in combination with information on contraceptive use, allow for an estimation of demand for family planning. Questions regarding fertility preferences were asked of all women and men. Because less than 40 percent of all women age 15-49 in Namibia are married, most tables present data for all women and men. However, changes from the 1992 NDHS for currently married women are also discussed, when considered relevant.

6.1 DESIRE FOR MORE CHILDREN

Women and men were asked: “Would you like to have (a/another) child, or would you prefer not to have any (more) children?” If they wanted to have another child they were asked: “How long would you like to wait from now before the birth of (a/another) child? Pregnant women were questioned about their desire to have another child after the one they were expecting and how long they wanted to wait after the birth of the child they were expecting.

Table 6.1 shows the percent distribution of all women and men by their fertility preferences. Although 45 percent of women say that they want more children, half of them (22 percent) say they want to wait for two or more years before having their next child (Figure 6.1). Almost half of all women either do not want any (more) children at all (43 percent) or have already been sterilised (5 percent). Among men, these two proportions are lower—only 25 percent want no more children and only 2 percent have been sterilised.

As expected, the proportion of women who want no more children or are already sterilised increases with the number of living children, from 17 percent of childless women to three-quarters of those with four or more children (Figure 6.2). A similar pattern is also observed for men, except that consistently lower percentages of men want to limit childbearing. Conversely, the proportions of women and men who want another child after two or more years decrease as the number of living children rises. The desire to have a child soon shows no clear patterns but percentages are consistently higher for men than for women.

Since the 1992 NDHS only posed these questions to currently married women, comparisons must be made on this basis. The data show that there has been a dramatic increase in the percentage of currently married women who do not want any more children. There is a sharp decline in the percentage of women who want a child soon and also in proportion of women who want to wait for at least two years to have another child. The percentage of currently married women who want no more children increased from 34 to 58, an increase of over 70 percent (data not shown).

Table 6.1 Fertility preferences by number of living children

Percent distribution of all women and men by desire for more children, according to number of living children, Namibia 2000

Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
WOMEN								
Have another soon ²	10.2	13.1	11.7	10.2	7.6	9.9	6.4	10.5
Have another later ³	33.6	28.0	16.2	16.3	9.6	10.7	7.5	22.4
Have another, undecided when	28.5	8.5	5.0	2.7	1.0	1.7	1.1	11.8
Undecided	8.3	5.8	3.9	3.7	3.2	3.7	4.7	5.6
Want no more	17.0	41.7	55.8	53.6	66.1	64.4	64.8	42.9
Sterilised ⁴	0.3	0.3	5.6	11.5	9.7	8.7	12.0	4.6
Declared infecund	1.9	2.0	1.4	1.1	2.7	1.0	2.6	1.8
Missing	0.2	0.6	0.4	0.8	0.1	0.1	0.9	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,045	1,404	1,059	785	538	335	589	6,755
MEN								
Have another soon ²	14.7	19.3	21.4	15.7	15.0	17.1	21.2	16.8
Have another later ³	33.5	21.2	14.6	17.1	12.0	9.2	8.2	24.2
Have another, undecided when	27.5	23.4	15.1	13.0	13.1	8.2	12.2	21.7
Undecided	11.9	6.8	7.8	6.5	7.2	9.8	9.1	9.9
Want no more	12.2	28.1	35.9	37.5	47.1	48.9	46.7	25.1
Sterilised ⁴	0.1	1.1	4.9	10.2	5.6	6.8	2.7	2.2
Missing	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	1,510	377	311	175	162	119	298	2,954

Note: Total includes 2 men with information as to number of children not stated.

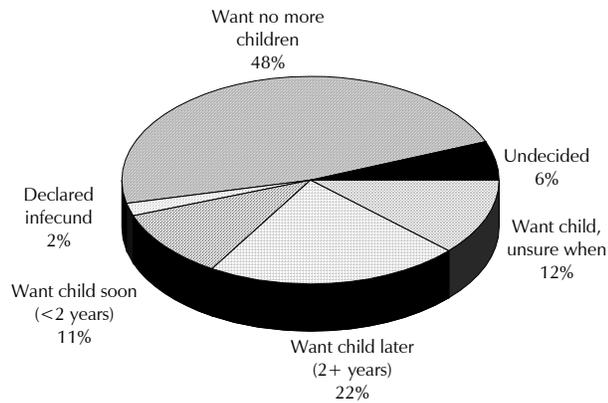
¹ Includes current pregnancy

² Wants next birth within two years

³ Wants to delay next birth for two or more years

⁴ Includes both male and female sterilisation

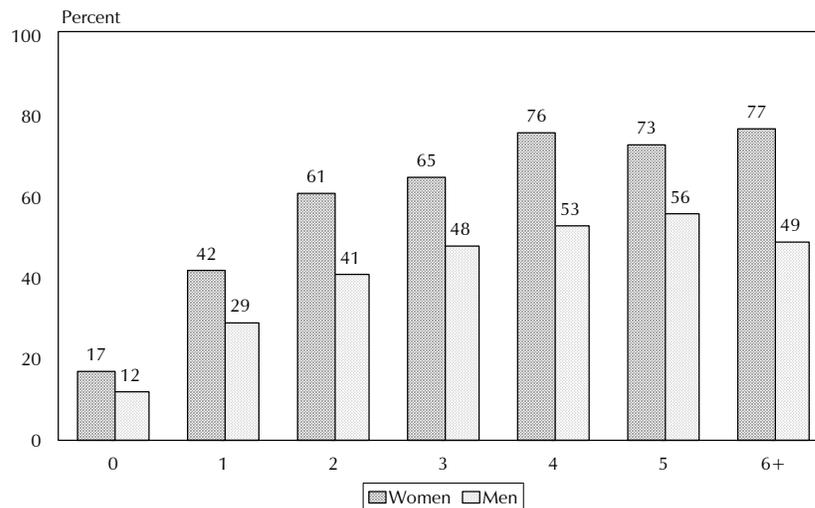
Figure 6.1 Fertility Preferences of Women Age 15-49



Note: "Want no more" includes sterilised women

NDHS 2000

Figure 6.2 Desire to Limit Childbearing Among Women 15-49 and Men 15-59, by Number of Living Children



Note: Includes those who want no more children and those who are sterilised.

NDHS 2000

Table 6.2 presents the fertility preferences of all women and men by age. The desire to have another child soon is lower among the younger (under age 25) and older women and men (age 45 or above) and relatively constant among those in the middle age range. The proportion of women who want no more children (including those who are sterilised) increases with increasing age, from 26 percent of women age 15-19 to 79 percent of women age 45-49. For men, the proportion increases from 13 percent for men age 15-19 to 68 percent for men age 50-59.

Table 6.2 Fertility preferences by age

Percent distribution of all women by desire for more children, according to age, Namibia 2000

Desire for children	Current age								Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-59	
WOMEN									
Have another soon	3.6	10.1	14.1	14.7	12.1	14.2	7.9	NA	10.5
Have another later	33.4	33.2	23.8	18.7	10.0	4.9	2.2	NA	22.4
Have another/undecided when	26.7	12.7	10.7	5.8	3.8	2.4	0.8	NA	11.8
Undecided	8.6	5.0	5.6	4.2	5.1	2.8	5.4	NA	5.6
Want no more	25.5	37.5	43.1	50.0	56.3	58.2	58.0	NA	42.9
Sterilised	0.1	0.3	1.2	4.3	9.9	13.9	20.8	NA	4.6
Declared infecund	1.9	0.8	0.8	1.9	2.0	3.5	4.8	NA	1.8
Missing	0.2	0.4	0.7	0.4	0.8	0.2	0.0	NA	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	NA	100.0
Number	1,499	1,339	1,104	1,013	751	633	415	NA	6,755
MEN									
Have another soon	5.8	16.7	21.4	25.4	23.6	24.5	13.2	15.5	16.8
Have another later	43.2	29.1	19.2	17.3	16.6	11.5	7.9	4.3	24.2
Have another/undecided when	26.5	25.9	23.7	23.6	14.3	10.4	22.2	4.3	21.7
Undecided	11.7	11.6	11.3	6.2	8.3	7.1	8.3	7.9	9.9
Want no more	12.7	16.4	23.9	26.1	32.3	38.0	42.8	58.7	25.1
Sterilised	0.0	0.0	0.5	1.4	4.9	8.5	5.6	9.3	2.2
Missing	0.2	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	694	610	448	378	247	216	174	188	2,954

NA = Not applicable
¹ Wants next birth within two years
² Wants to delay next birth for two or more years
³ Includes both male and female sterilisation

Comparison of data between the two NDHSs shows a huge shift in fertility preferences. For example, the proportion of married women age 20-24 who want no more children doubled from 20 percent in 1992 to 42 percent in 2000 (data not shown). Similar changes in fertility preferences also took place in all other age groups.

It is clear from these observations that the family size norms are declining in Namibia and there is an increased desire to control fertility, especially among the younger age groups and those without children or with only one or two children. The challenge will be to ensure the availability of high-quality, cost-effective family planning education and services so as to enable women to achieve their fertility preferences.

The desire to stop childbearing varies greatly by background characteristics. Table 6.3 shows the percentage of all women and men who want no more children; according to the number of living children they already have and selected background characteristics.

The desire to have no more children is greater among urban women than rural women, but the differences are small for women with no children or only one child. The urban-rural differential is much greater for men than for women. Compared to the 1992 NDHS, there has been a particularly sharp

increase in the percentage of currently married women in rural areas who do not want to have any more children, from 26 percent to 54 percent (data not shown).

Table 6.3 shows that women and men from the Northwest and Northeast Directorates are less likely to want to cease childbearing than respondents from the Central and South Directorates. Differentials by directorate are much wider for men than for women. Nevertheless, these differences by directorate have been narrowing over time. Comparisons with the 1992 NDHS show that the largest increases in the proportion of married women who want no more children occurred in the Northeast (from 16 to 50 percent) and the Northwest (from 19 to 51 percent).

Background characteristic	Number of living children ¹					Total women	Total men
	0	1	2	3	4+		
Residence							
Urban	17.9	43.6	66.0	77.0	85.9	52.5	36.0
Rural	16.9	40.6	56.7	54.3	70.6	44.0	20.3
Directorate							
Northwest	14.0	39.6	54.8	57.2	66.9	38.9	13.3
Northeast	16.3	44.1	52.1	46.5	72.2	44.5	15.2
Central	22.5	39.6	69.1	68.9	81.6	55.9	32.3
South	22.4	45.7	65.4	77.0	85.6	56.2	42.9
Region							
Caprivi	4.6	25.6	(36.0)	(34.5)	60.8	30.4	6.8
Erongo	23.4	44.2	75.7	82.3	91.7	60.3	27.8
Hardap	33.3	60.9	75.0	91.3	94.8	67.2	48.1
Karas	25.5	46.8	71.6	81.8	89.2	58.6	50.4
Kavango	22.7	57.7	64.2	54.8	78.0	53.2	20.1
Khomas	16.5	42.4	61.6	73.0	81.2	51.3	39.9
Kunene	26.0	46.2	62.3	53.1	69.6	53.3	31.5
Ohangwena	7.7	31.7	42.1	(32.0)	56.4	31.9	8.7
Omaheke	36.5	49.0	68.5	73.6	87.3	66.0	45.6
Omusati	11.9	44.2	55.5	(53.4)	68.1	36.6	11.1
Oshana	17.2	37.0	55.4	67.0	67.9	38.6	14.0
Oshikoto	18.9	43.7	63.6	77.8	83.3	49.7	20.1
Otjozondjupa	20.9	33.9	65.7	66.1	82.0	53.9	35.3
Education							
No education	23.3	42.3	55.0	53.3	69.5	56.8	31.7
Incomplete primary	19.0	47.0	49.6	51.7	69.8	49.9	21.1
Completed primary	16.6	43.4	58.8	58.4	81.6	46.9	26.1
Incompl. secondary	17.4	41.5	64.5	70.7	82.1	45.0	26.7
Compl. secondary+	14.5	39.4	71.6	87.7	93.2	46.0	36.4
All women	17.3	42.0	61.4	65.1	75.6	47.5	NA
All men	12.3	29.2	40.8	47.7	51.6	NA	27.3

Note: Women and men who have been sterilised are considered to want no more children.
 Figures in parentheses are based on 25-49 unweighted cases.
 NA = Not applicable
¹ Includes current pregnancy

Differences in 2000 by region in the desire to stop childbearing are even more pronounced than for directorates. Women's desire to stop childbearing is highest in Hardap, Omaheke, and Erongo Regions (at least 60 percent) and lowest in Caprivi and Ohangwena Regions (30-32 percent). One-third of women with no children in Hardap and Omaheke Regions say they want to remain childless. Among

men, the proportions wanting no more children are also lowest in Caprivi and Ohangwena Regions (7-9 percent) but are highest in Hardap and Karas Regions (48-50 percent).

Surprisingly, the desire to limit childbearing is higher among women with no education (57 percent) than among women who have attended school (45-50 percent). However, this pattern is largely due to the fact that uneducated women have more children than those with some education. Among women with two or more children, those with more education are more likely to want no more children than their less educated counterparts.

6.2. NEED FOR FAMILY PLANNING SERVICES

Women who indicate that they either want no more children or want to wait for two or more years before having another child but are not using contraception are considered to have an unmet need for family planning. Pregnant women are considered to have an unmet need for spacing or limiting if their pregnancy was mistimed or unwanted, respectively. Amenorrhoeic women are also considered to have unmet need if their last birth was mistimed or unwanted. Women with unmet need and those who are currently using contraception (met need) constitute the total demand for family planning. The percentage of demand satisfied is met need as a percentage of the total demand.

Table 6.4 shows the percentage of women with unmet need, met need and the total demand for family planning services by selected background characteristics. Data by background characteristics are presented for all women, regardless of marital status, though summary lines are also presented for currently married and not currently married women.

Overall, 13 percent of women have an unmet need for family planning services, of which 6 percent is for spacing and 7 percent for limiting births. As expected, unmet need for family planning services is much higher among currently married women (25 percent) and much lower among unmarried women (5 percent) than among all women. Among currently married women, unmet need is more for limiting than for spacing births, while the reverse is true for unmarried women. The total demand for family planning services among all women is 50 percent. The demand for limiting purpose is higher (29 percent) than the demand for spacing purpose (22 percent). In Namibia, 75 percent of the demand of all women and 64 percent of the demand for currently married women is satisfied.

Unmet need is higher among women age 30 or above than among younger women. The unmet need among women age 35 or above is more for limiting than for spacing births, while the reverse is true for women under age 30. Although unmet need varies little by residence, total demand for family planning is greater in urban areas (61 percent) than in rural areas (43 percent) and the demand satisfied is also higher in urban areas.

Unmet need does not vary strongly by directorate; however, the total demand for family planning is higher in the Central Directorate than in other directorates. Unmet need by region varies from 8 percent of women in Erongo Region to 19 percent of women in Kunene Region. The total demand for family planning is higher in Otjozondjupa and Erongo Regions than in other regions. These two regions and the Central Directorate also have somewhat higher percentage of demand satisfied. The lowest total demand is in Ohangwena Region (28 percent), which also has the lowest demand satisfied (55 percent).

Unmet need decreases and the percentage of demand satisfied increases with increasing education. Nearly one-fifth of women with no education and those who have not completed primary school have an unmet need for family planning, compared with less than 10 percent of women with some secondary education.

Table 6.4 Need for family planning

Percentage of all women with unmet need for family planning, and with met need for family planning, and the total demand for family planning, by background characteristics, Namibia 2000

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	4.8	1.0	5.8	16.2	6.8	23.0	21.0	7.9	28.9	79.8	1,499
20-24	6.5	3.8	10.2	24.4	16.2	40.5	30.8	19.9	50.7	79.9	1,339
25-29	7.2	5.5	12.7	23.2	23.6	46.8	30.4	29.1	59.5	78.7	1,104
30-34	8.2	7.8	16.0	15.7	30.1	45.9	23.9	38.0	61.9	74.1	1,013
35-39	6.4	11.0	17.4	7.0	34.8	41.9	13.4	45.8	59.2	70.7	751
40-44	3.5	16.3	19.7	3.0	33.3	36.4	6.5	49.6	56.1	64.8	633
45-49	3.3	14.3	17.7	1.4	31.3	32.7	4.7	45.6	50.3	64.9	415
Residence											
Urban	5.7	7.4	13.1	17.6	29.9	47.5	23.3	37.3	60.6	78.3	2,786
Rural	6.2	6.1	12.3	14.4	16.5	30.9	20.6	22.7	43.3	71.5	3,969
Directorate											
Northwest	5.6	5.5	11.1	13.4	11.0	24.4	19.1	16.4	35.5	68.8	2,792
Northeast	7.9	6.4	14.3	19.9	20.9	40.8	27.8	27.3	55.1	74.1	842
Central	4.6	5.8	10.4	20.6	34.8	55.4	25.2	40.7	65.8	84.2	1,231
South	6.6	9.1	15.8	14.1	30.5	44.6	20.7	39.7	60.4	73.9	1,890
Region											
Caprivi	8.9	3.8	12.8	26.9	13.9	40.8	35.8	17.8	53.6	76.2	322
Erongo	1.9	6.3	8.3	18.3	39.0	57.3	20.2	45.3	65.5	87.4	399
Hardap	6.0	9.2	15.3	9.8	35.2	45.0	15.8	44.4	60.3	74.6	292
Karas	2.7	8.1	10.8	14.2	33.4	47.6	16.9	41.5	58.4	81.6	261
Kavango	7.2	8.0	15.2	15.7	25.2	40.8	22.9	33.1	56.0	72.9	520
Khomas	7.8	9.1	16.9	15.3	28.2	43.5	23.1	37.3	60.4	71.9	1,152
Kunene	9.8	9.0	18.8	17.5	27.4	44.8	27.2	36.4	63.6	70.4	205
Ohangwena	6.5	6.3	12.8	10.3	5.2	15.5	16.9	11.4	28.3	54.8	684
Omaheke	5.6	10.6	16.1	13.3	33.5	46.8	18.9	44.0	62.9	74.3	185
Omusati	4.0	5.4	9.3	14.4	9.2	23.6	18.3	14.6	33.0	71.7	714
Oshana	7.3	4.4	11.7	16.1	11.5	27.6	23.4	15.9	39.3	70.3	789
Oshikoto	4.4	6.1	10.5	12.3	19.0	31.3	16.7	25.1	41.8	74.9	604
Otjozondjupa	4.6	4.4	9.0	23.1	34.6	57.7	27.6	39.1	66.7	86.5	627
Education											
No education	6.9	12.9	19.7	6.4	20.8	27.1	13.2	33.6	46.9	57.9	641
Incomplete primary	8.8	9.8	18.6	10.2	17.6	27.8	19.0	27.4	46.4	60.0	1,409
Completed primary	8.3	6.2	14.4	10.5	20.9	31.4	18.7	27.1	45.8	68.5	827
Incompl. secondary	4.6	4.5	9.1	18.9	22.8	41.8	23.5	27.3	50.9	82.1	2,907
Compl. secondary+	3.5	5.0	8.5	24.8	27.8	52.6	28.3	32.8	61.1	86.1	971
All women	6.0	6.7	12.7	15.7	22.0	37.8	21.7	28.7	50.4	74.9	6,755
Currently married women	10.5	14.7	25.1	13.1	30.7	43.7	23.5	45.3	68.9	63.5	2,610
Not currently married	3.2	1.6	4.8	17.4	16.6	34.0	20.6	18.2	38.8	87.6	4,145

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

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

³ Pregnant and amenorrhoeic women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need (they need a better method of contraception), but are included in total demand for contraception (since they would have been using had their method not failed).

Compared to 1992, unmet need for family planning among currently married women has remained almost unchanged (24 percent earlier and 25 percent now), but the nature of unmet need has shifted. In 1992, two-thirds of the unmet need among currently married women was for spacing births, whereas in 2000, nearly 60 percent of the unmet need is for limiting purposes. Between the two surveys, the met need has increased from 29 to 44 percent of currently married women, the total demand has increased from 52 to 69 percent, and the total demand satisfied has also increased, from 55 to 64 percent.

6.3 IDEAL NUMBER OF CHILDREN

In order to ascertain what women and men consider to be the ideal number of children, the following questions were asked. Respondents who had no living children were asked, “If you could choose exactly the number of children to have in your whole life, how many would that be?” For respondents who had children the question was, “If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?” The distribution of respondents by ideal number of children is presented in Table 6.5. It should be noted that 4 percent of women and 8 percent of men gave non-numeric responses to the question on ideal family size.

The mean ideal number of children is 3.3 for all women and 4.0 for currently married women. Men are considerably more pro-natalist than women. For men age 15-59, the mean ideal is 4.3 for all men and 4.9 for married men, about one child higher than the corresponding figures for women age 15-49. The mean ideal number is consistently higher for men than women for each current family size.

There is a positive correlation between the actual and ideal number of children for both men and women. For instance, the mean ideal number of children increases from 2.5 for childless women to 6.1 for women with six or more living children. The corresponding increase in the mean ideal number of children for men is from 3.6 children to 8.3 children. The increasing mean ideal numbers are partly due to the fact that respondents who have more children may be reluctant to admit that they might have wanted fewer. Also, those who wanted more children are also more likely to have them.

Table 6.5 Ideal and actual number of children

Percent distribution of all women and men by mean ideal number of children and mean ideal number of children for all women and men and for currently married women and men, according to number of living children, Namibia 2000

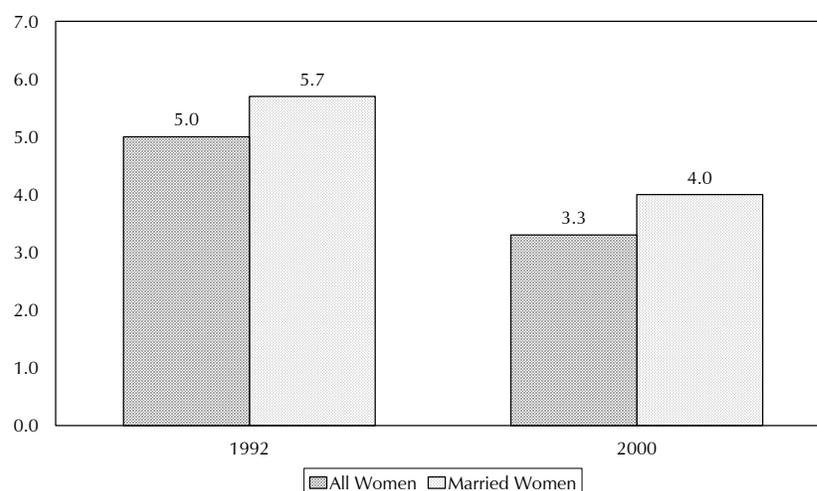
Ideal number of children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
WOMEN								
0	5.8	1.9	2.1	1.6	2.2	3.3	2.0	3.2
1	11.4	18.6	4.9	5.4	3.8	3.0	2.4	9.4
2	38.7	32.4	37.8	15.1	17.0	13.7	8.0	28.9
3	19.0	22.3	18.1	26.6	5.5	7.3	7.4	17.8
4	14.5	13.6	22.5	25.6	40.5	9.6	13.1	18.6
5	3.2	4.9	4.7	10.6	6.4	24.6	5.6	6.2
6+	2.6	3.5	6.8	13.1	20.5	29.0	54.7	12.0
Non-numeric response	4.8	2.7	2.9	2.0	4.1	9.5	7.0	4.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,045	1,404	1,059	785	538	335	589	6,755
Mean ideal number for: ²								
All women	2.5	2.6	3.1	3.8	4.1	4.9	6.1	3.3
Number of women	1,947	1,366	1,028	769	516	304	547	6,476
Currently married women	2.7	2.8	3.2	4.0	4.1	5.2	6.1	4.0
Number of women	164	391	531	470	327	197	423	2,503
MEN								
0	3.0	1.4	0.5	2.9	0.8	0.4	1.9	2.2
1	6.1	12.5	1.9	3.7	2.4	4.1	1.6	5.6
2	27.6	21.7	29.4	11.7	11.8	15.5	5.2	22.5
3	18.6	16.0	15.0	21.8	7.6	4.4	7.0	15.8
4	19.7	17.6	18.9	18.0	25.8	7.1	13.2	18.4
5	7.9	10.9	11.0	14.2	9.8	17.6	4.8	9.2
6+	10.8	12.3	14.6	20.1	33.2	36.4	51.9	18.4
Non-numeric response	6.3	7.5	8.6	7.7	8.5	14.5	14.5	8.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	1,510	377	311	175	162	119	298	2,954
Mean ideal number for: ²								
All men	3.6	3.6	4.2	4.3	5.7	5.6	8.3	4.3
Number of men	1,415	349	284	161	148	101	255	2,716
Currently married men	3.1	3.2	3.7	4.0	5.0	5.6	8.2	4.9
Number of men	82	157	170	115	109	74	217	926

¹ Includes current pregnancy

² Means are calculated excluding the women and men giving non-numeric responses.

The mean ideal family size among all women has declined from 5.0 in 1992 to 3.3 in 2000 and among married women from 5.7 to 4.0 (Figure 6.3). Among women with no children, the proportion who regard three or fewer children as the ideal number increased from 38 percent in 1992 to 75 percent in 2000.

Figure 6.3 Trends in Mean Ideal Number of Children among Women, 1992-2000



NDHS 2000

Table 6.6 presents the mean ideal number of children by age and selected background characteristics of the respondents. There is a clear pattern of smaller family size among younger women. The mean ideal number of children increases with age, from 2.4 children for women age 15-19 years to 4.8 children for those age 45-49 years. The ideal number for men ranges between 3.5 and 6.3 children and is higher for men than women for each age group.

Rural women want nearly one child more than urban women (3.7 vs. 2.9). This difference in the mean ideal number of children widens as age increases. Similarly, the mean ideal number of children among men is higher in rural than urban areas. Differentials by directorate for men and women are not large. Although for both men and women, the mean ideal was lowest in the South Directorate, for men, the highest mean ideal number of children was in the Northwest Directorate, while for women it was in the Northeast Directorate.

The differences between regions are substantial. For women, the mean ideal is the lowest (less than three children) in Erongo, Hardap, and Karas Regions, and the lowest regional figures for men are in Kavango (3.0), Karas (3.2), and Hardap (3.5) Regions. The mean ideal number of children is highest in Ohangwena Region (4.5 for women and 6.2 for men), followed by Caprivi Region (4.1 for women and 4.9 for men). It is notable that in Erongo Region, the mean ideal number of children among men is more than two children higher than for women.

The mean ideal family size varies negatively by education. Women with no education want two children more than women who have completed secondary education. The difference is nearly three children for men who have no education and those who have completed secondary school.

To summarise, the mean ideal family size increases as age increases for each characteristic and men consider the mean ideal family size to be nearly one child higher than women with the same background characteristics. The mean ideal number of children is higher for women than for men in only one category in Table 6.6—Kavango Region.

Table 6.6 Mean ideal number of children by background characteristics

Mean ideal number of children for all women and men, by age and background characteristics, Namibia 2000

Background characteristic	Current age							Total women	Total men ¹
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Residence									
Urban	2.1	2.4	2.8	3.1	3.5	3.9	3.6	2.9	4.0
Rural	2.5	2.8	3.5	4.2	4.7	5.8	5.8	3.7	4.6
Directorate									
Northwest	2.5	2.9	3.3	4.2	4.5	6.0	5.5	3.6	4.8
Northeast	2.6	2.7	4.1	4.4	4.9	5.1	(7.4)	3.8	3.9
Central	1.9	2.4	2.9	3.4	3.5	4.5	4.2	3.1	4.3
South	2.0	2.4	2.9	3.1	3.8	4.0	3.9	3.0	3.8
Region									
Caprivi	2.5	3.5	4.7	(4.8)	(4.4)	(6.0)	*	4.1	4.9
Erongo	1.8	2.0	2.3	2.8	2.4	2.7	3.1	2.4	4.6
Hardap	1.9	2.0	2.9	3.2	3.4	2.7	(4.0)	2.7	3.5
Karas	2.0	2.2	2.8	2.9	3.7	3.1	(3.7)	2.8	3.2
Kavango	2.7	2.4	3.6	4.2	5.2	(4.6)	*	3.6	3.0
Khomas	2.1	2.5	2.9	3.1	3.9	4.4	(3.7)	3.0	4.0
Kunene	2.3	2.6	4.1	4.7	4.8	5.9	5.7	4.0	4.1
Ohangwena	3.0	3.5	4.0	5.1	(6.5)	8.2	*	4.5	6.2
Omaheke	2.2	2.3	2.9	3.6	3.9	5.0	(5.0)	3.3	3.8
Omusati	2.6	2.7	3.3	(4.3)	(4.3)	*	(6.7)	3.5	4.7
Oshana	2.3	2.9	3.1	3.5	3.7	(4.9)	(3.1)	3.1	4.2
Oshikoto	2.1	2.7	2.9	3.9	4.1	(4.3)	*	3.2	4.1
Otjozondjupa	1.9	2.6	3.0	3.5	3.8	5.1	(4.4)	3.2	4.2
Education									
No education	2.0	3.2	4.2	4.3	5.6	5.8	5.5	4.6	6.1
Incomplete primary	2.5	3.1	3.8	4.4	5.0	5.8	5.7	4.1	5.0
Completed primary	2.3	3.0	3.5	4.1	3.8	5.2	(4.8)	3.4	4.0
Incompl. secondary	2.4	2.6	3.0	3.4	3.5	4.0	4.1	2.9	3.7
Compl. secondary+	2.2	2.3	2.6	2.8	2.8	3.5	(2.7)	2.6	3.3
All women	2.4	2.7	3.2	3.7	4.1	5.0	4.8	3.3	NA
All men	3.5	3.4	4.2	4.9	4.8	5.6	6.3	NA	4.3

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
¹ For men age 15-59
 NA = Not applicable

6.4 FERTILITY PLANNING

Since the issue of mistimed and unwanted pregnancies is an important one, for each child born in the preceding five years and any current pregnancy, women were asked whether the pregnancy was planned (wanted then), wanted but at a later time (mistimed), or unwanted (wanted no more children). The answers to these questions help to show the degree to which couples are able to control fertility. The validity of the answers depends on the extent to which the respondents were able to accurately recall their pregnancies in the last five years, their wishes with respect to each pregnancy, and how honest they were in reporting their wishes. This measure has a limitation in that mistimed and unwanted pregnancies may be considered wanted pregnancies after birth. As such, the results presented here are likely to underestimate the proportion of births that were unplanned at the time of conception.

Table 6.7 shows the percent distribution of births in the five years preceding the survey and current pregnancies by fertility planning status, according to birth order and mother's age at birth. Over half of births in the five years before the survey (54 percent) were wanted by the respondents at the time they were conceived, while more than one-fifth were wanted later, and almost one-fourth (23 percent)

were not wanted at all. The proportion of births reported as mistimed has not changed since 1992; however, the proportion of births reported as being not wanted at all has almost doubled since 1992, from 12 to 23 percent.

In 2002, the percentage of births that were mistimed or unwanted decreases from 58 percent of first births to 38 percent of fourth or higher order births. The proportion of births wanted later has a negative relationship with birth order and mother's age at birth. The proportion of births not wanted at all is highest (nearly one-third) among the youngest age group (under age 20) as well as among the oldest (45-49) age group. One-third of the children born to mothers under age 20 are wanted, one-third mistimed, and one-third not wanted at the time of conception.

Table 6.7. Fertility planning status
Percent distribution of births (including current pregnancy) in the five years preceding the survey by fertility planning status, according to birth order and mother's age at birth, Namibia 2000

Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Not wanted	Missing		
Birth order						
1	41.6	30.1	27.4	0.8	100.0	1,291
2	59.9	20.0	19.0	1.0	100.0	953
3	54.4	21.4	23.2	1.0	100.0	701
4+	61.0	15.5	22.5	1.0	100.0	1,430
Mother's age at birth						
<20	33.3	34.0	31.7	1.1	100.0	679
20-24	49.1	26.0	24.1	0.8	100.0	1,157
25-29	58.1	20.3	20.5	1.1	100.0	1,023
30-34	64.8	16.9	17.3	1.0	100.0	780
35-39	59.2	14.7	25.4	0.7	100.0	493
40-44	74.1	3.7	21.8	0.4	100.0	207
45-49	65.4	0.8	30.8	2.9	100.0	38
Total	54.0	21.7	23.3	0.9	100.0	4,376

The potential demographic impact of avoiding unwanted births can be estimated by calculating the “total wanted fertility rate.” The total wanted fertility rate is calculated in the same manner as the total fertility rate, but unwanted births are excluded from the numerator. In this context, unwanted births are those that exceed the number mentioned as ideal by the respondent. (Women who did not give a numeric response to the question on ideal number of children are assumed to have wanted all the births they had.) Therefore, wanted fertility represents the level of fertility that would have prevailed during the three years preceding the survey if all unwanted births were prevented. A comparison between actual rates and wanted rates indicates the potential demographic impact of the elimination of unwanted births.

Table 6.8 presents the wanted and actual fertility rates according to selected background characteristics. Overall, the total wanted fertility rate is 19 percent lower than the actual fertility level. Thus, if all unwanted births were prevented, the total fertility rate of Namibia would be 3.4 children per woman or almost identical to the mean ideal number of children (3.3). According to the 1992 NDHS, the total wanted fertility rate (4.8) was 11 percent lower than the actual fertility rate (5.4). Interestingly, the total fertility rate according to the 2000 NDHS is 0.6 children lower than the total wanted fertility rate reported in the earlier survey.

The difference between the wanted and actual fertility rate is 0.7 child in urban areas and one child in rural areas. However, wanted fertility rates are 23 percent and 18 percent lower than the observed fertility rates for urban areas and rural areas, respectively. The difference in the total wanted fertility rate and the total fertility rate is lowest in the Northeast Directorate and highest in the South Directorate. With respect to education, the gap between the wanted and actual fertility gets narrower with increasing education. This implies that women with more education are better able to realise their desired fertility.

Table 6.8 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Namibia 2000

Background characteristic	Total wanted fertility rates	Total fertility rates
Residence		
Urban	2.4	3.1
Rural	4.2	5.1
Directorate		
Northwest	3.9	4.7
Northeast	4.2	4.8
Central	3.1	3.9
South	2.7	3.6
Education		
No education	5.3	6.3
Incomplete primary	4.6	5.6
Completed primary	3.0	3.9
Incompl. secondary	2.8	3.5
Compl. secondary+	2.2	2.6
Total	3.4	4.2

Note: Rates are based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 3.2.

INFANT AND CHILD MORTALITY

This chapter presents levels, trend and differentials in mortality among children under five years of age in Namibia. Specifically, it includes details on neonatal, post-neonatal, infant and child mortality. Additional information is provided on high-risk fertility behaviour among Namibian women. Rates of infant and child mortality reflect a country's level of socio-economic development and quality of life. The analysis provides an opportunity to assess programs aimed at the reduction of infant and child mortality in Namibia. The information is essential for planning and updating current policies.

7.1 DEFINITIONS, METHODOLOGY AND ASSESSMENT OF DATA QUALITY

Estimates of childhood mortality are based on information from the birth history section of the questionnaire administered to individual women. The section began with questions about the aggregate childbearing experience of respondents (i.e., the number of sons and daughters who live with the mother, the number who live elsewhere and the number who have died). For each of these births, information was then collected on the sex, the month and year of birth, survivorship status and current age if the child was alive, or age at death, if the child had died.

This information is used to directly estimate mortality rates. In this report, mortality in early childhood is measured using the following five rates:

Neonatal mortality:	the probability of dying within the first month of life;
Post-neonatal mortality:	the difference between infant and neonatal mortality;
Infant mortality:	the probability of dying before the first birthday;
Child mortality:	the probability of dying between the first and fifth birthday;
Under-five mortality:	the probability of dying between birth and fifth birthday.

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

In developing countries like Namibia, population censuses and demographic surveys are the major sources of mortality data. Vital registration information is not widely used because it is incomplete and disproportionately represents the urban population. Information on deaths from the Health Information System does not reflect the mortality picture from a population perspective, because it is government facility-based data and thus, does not include deaths that occur outside of facilities or from private health institutions. Mortality estimates from censuses tend to be based on indirect techniques, which adjust reported data for expected errors.

Birth history information from surveys provides the most robust estimates of infant and child mortality. Estimates from the 2000 NDHS are based on data as reported directly, with no adjustments. However, the estimates may underestimate the true mortality rates, because of the tendency for women to omit the deaths of babies who die shortly after birth or early in infancy. Omission as well as misstatement of the date of birth and age at death are likely to be greater among older women, who may have more

difficulty in remembering events that took place longer ago. Examination of data relating to child mortality does not indicate that there are any serious biases in reporting (Appendix Tables C.5 and C.6).

It is important to recognise that any method of measuring childhood mortality that relies on mothers' reports (e.g., birth histories) rests on the assumption that adult female mortality is not high or, if it is high, there is little or no correlation between the mortality risks of mothers and their children. In countries with high rates of adult female mortality, these assumptions are not likely to hold and the resulting childhood mortality rates may be underestimated to some degree.

7.2 CHILDHOOD MORTALITY LEVELS AND TRENDS

Neonatal, post-neonatal, infant, child, and under-five mortality rates by five-year periods preceding the survey are shown in Table 7.1. Analysing the most recent five-year period—0-4 years preceding the survey, which corresponds roughly to 1996-2000—under-five mortality is 62 per 1000 live births, while infant mortality is 38 per 1000 live births and child mortality is 25 per 1,000 children surviving to age one. This means that one in 16 children born in Namibia dies before reaching the fifth birthday. The pattern shows that 32 percent of deaths under five occur during the neonatal period, while 29 percent occur during the post-neonatal period and 40 percent occur at ages 1-4 years.

Table 7.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality for five-year periods preceding the survey, Namibia 2000

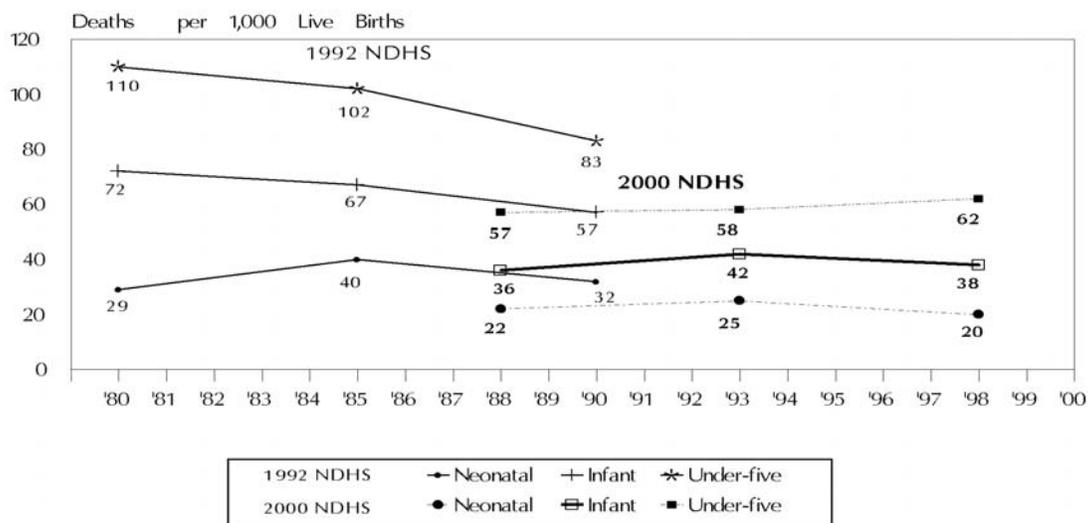
Years preceding the survey	Approximate calendar years	Neonatal mortality rate (NN)	Postneonatal mortality rate ¹ (PNN)	Infant mortality rate (Iq ₀)	Child mortality rate (Cq ₁)	Under-five mortality rate (Uq ₀)
0-4	1996-2000	19.9	18.2	38.1	25.1	62.2
5-9	1991-1995	25.0	16.6	41.6	16.9	57.7
10-14	1986-1990	22.4	13.1	35.5	22.6	57.3

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

There are two ways of measuring trends in mortality, each giving a different indication of the direction of change. One utilises data from the 2000 NDHS birth histories to construct mortality rates for successive time periods prior to the survey. As shown in Table 7.1, this approach implies that under-five mortality has increased slightly from 58 deaths per 1,000 births in the period 5-9 years before the survey (approximately 1991-95) to 62 for the period 0-4 years before the survey. Because this method relies on mothers' memories of events that may have taken place some years ago, the data are potentially subject to various distortions due to misreporting of events and/or their timing.

The second method of measuring trends in mortality is to compare data from two successive surveys. A comparison of data from the 1992 NDHS and the 2000 NDHS for the five years preceding each survey indicates that childhood mortality has substantially decreased, from 83 to 62 per 1,000 births for the under-five mortality rate (Figure 7.1). Infant mortality has also decreased from 57 to 38 per 1,000 births. The fact that the two sets of data do not match very well for overlapping time periods may be an indication of a general underestimate of mortality in the 2000 survey and/or poor recall of events that occurred almost a decade before. Attempts to ascertain changes over time from sample survey data (e.g., the 1992 and 2000 NDHSs) are also hampered by the high sampling errors associated with measures of childhood mortality.

Figure 7.1 Age-specific Mortality Rates for Five-Year Periods Prior to the 1992 and 2000 NDHSs



NDHS 2000

7.3 CHILDHOOD MORTALITY DIFFERENTIALS

Table 7.2 examines differentials in childhood mortality by selected background characteristics, such as place of residence and level of education of mothers. A 10-year period preceding the survey (roughly 1991-2000) is used to calculate the mortality estimates in order to have a sufficient number of cases in each category.

The findings shown in this table do little to dispel conventional wisdom. Not surprisingly, urban mortality rates are generally lower than rural rates, as can be seen in Figure 7.2. The difference is largest at the neonatal period. Under-five mortality in rural areas is 66 per 1000 births, one-third higher than in urban areas (50 per 1000 births).

There is considerably more variation in childhood mortality by health directorate. Mortality is highest in the Northwest Directorate; for example, under-five mortality in the Northwest is estimated at 71 per 1000 births, compared with less than 57 for the other three directorates.

Early childhood mortality rates in the Northeast Directorate have improved remarkably. For example, the neonatal death rate in the Northeast stood at 47 per 1000 births during 1983-1992 and 12 per 1000 births during 1991-2000, a 75 percent reduction over the past 8 years. Similarly, there was a remarkable drop in under-five mortality in the Northeast Directorate, from 135 per 1000 births in 1983-1992 to 54 in 1991-2000, a 60 percent decline over the past 8 years.

Table 7.2 and Figure 7.2 also show that mother=s education generally has an inverse relationship with infant and under-five mortality. This conforms to the universal observation that children of educated mothers have lower mortality than those whose mothers are uneducated. For example, children under five born to mothers with no education have a higher probability of dying (84 per 1000 births) than those born to mothers who completed secondary school (31 per 1000).

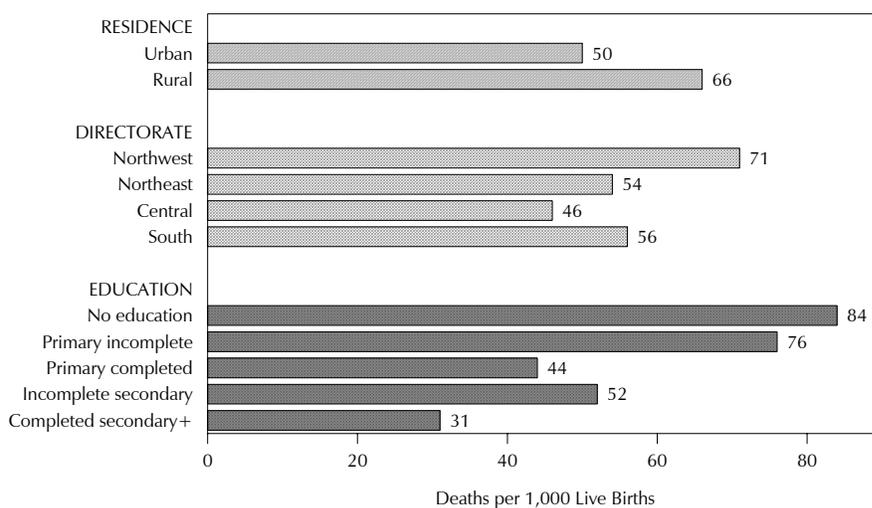
Table 7.2 Early childhood mortality by background characteristics

Neonatal, postneonatal, infant, child, and under-five mortality for the ten-year period preceding the survey, by background characteristics, Namibia 2000

Background characteristic	Neonatal mortality rate (NN)	Postneonatal mortality rate ¹ (PNN)	Infant mortality rate (${}_1q_0$)	Child mortality rate (${}_4q_1$)	Under-five mortality rate (${}_5q_0$)
Residence					
Urban	12.7	17.4	30.1	20.0	49.5
Rural	27.7	17.5	45.1	22.0	66.1
Directorate					
Northwest	31.1	18.8	49.9	22.4	71.2
Northeast	11.8	11.7	23.5	31.2	54.0
Central	17.8	15.7	33.6	12.7	45.8
South	17.1	19.4	36.4	20.7	56.4
Mother's education					
No education	29.2	22.1	51.3	34.0	83.6
Incomplete primary	33.3	18.7	52.0	24.9	75.5
Completed primary	13.1	17.1	30.2	14.4	44.1
Incompl. secondary	16.2	16.3	32.5	19.9	51.7
Compl. secondary+	15.3	11.7	27.0	4.4	31.3
Total	22.3	17.4	39.8	21.3	60.2

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

Figure 7.2 Under-Five Mortality for the Ten-Year Period Preceding the Survey by Background Characteristics



NDHS 2000

Studies have shown that demographic characteristics of both mother and child can have an impact on infant and child mortality. These include the sex of the child, age of the mother at birth, birth order, length of previous birth interval, and the size of the child at birth. Table 7.3 presents mortality rates for the ten years preceding the survey by selected demographic characteristics.

The results show that, as expected, male children experience higher mortality at almost all ages than female children, with under-five mortality rates of 67 and 54 deaths per 1000 live births for males and females, respectively. The relationship between childhood mortality and age of the mother at birth shows that during the 10 years preceding the 2000 NDHS, children born to older mothers (30-49 years) had the highest mortality, e.g., an under-five mortality rate of 67 deaths per 1000 live births compared with 56 for those born to younger mothers (under 20 years). Except for first births, children of higher birth order generally have higher under-five mortality than children of lower birth order.

Information provided in Table 7.3 shows that short birth intervals pose higher risks for child survival both during and after infancy. Children born less than two years after a preceding sibling are more than twice as likely to die before reaching age five than those born two or more years after a preceding sibling (109 vs. about 50 per 1000 births). A similar pattern is observed for neonatal, post-neonatal, and infant mortality, with a less pronounced difference for child mortality. The findings suggest the need to reduce mortality risks for Namibian children by promoting family planning use and traditional practices such as breastfeeding to space children further apart.

Table 7.3 Early childhood mortality by demographic characteristics					
Neonatal, postneonatal, infant, child, and under-five mortality for the ten-year period preceding the survey, by demographic characteristics, Namibia 2000					
Background characteristic	Neonatal mortality rate (NN)	Postneonatal mortality rate ¹ (PNN)	Infant mortality rate (Iq ₀)	Child mortality rate (Cq ₁)	Under-five mortality rate (Uq ₀)
Sex of child					
Male	28.5	16.8	45.3	22.2	66.5
Female	16.3	18.1	34.3	20.3	54.0
Mother's age at birth					
< 20	22.5	17.6	40.0	16.3	55.7
20-29	16.9	17.7	34.7	23.4	57.3
30-49	30.5	16.9	47.4	20.4	66.8
Birth order					
1	20.0	19.7	39.7	16.3	55.4
2-3	12.3	15.9	28.2	20.8	48.4
4-6	25.3	14.5	39.8	26.8	65.6
7+	65.3	24.9	90.2	(24.6)	(112.6)
Previous birth interval					
< 2 years	60.4	23.0	83.3	27.8	108.8
2 years	11.6	16.8	28.3	25.0	52.6
3 years	10.7	15.9	26.6	24.5	50.4
4 or more years	19.5	12.9	32.3	17.5	49.3
Birth size²					
Small or very small	44.1	26.7	70.8	*	*
Average or larger	13.7	14.3	28.0	(32.5)	(59.6)

Note: Figures in parentheses are based on 250-499 unweighted cases. An asterisk indicates that a figure is based on fewer than 250 unweighted cases and has been suppressed.
 NA = Not applicable
¹ Computed as the difference between the infant and the neonatal mortality rates.
² Rates for the five-year period before the survey.

The size of a child at birth provides an important predictor of its chances of survival during infancy. In the 2000 NDHS, mothers were asked whether their young children were very small, small, average, large or very large at birth. The mother's perception has been shown to correlate closely with the child's actual weight at birth. Newborns perceived by their mothers to be small or very small are much more likely to die in the first year of life (71 per 1000 live births) than those perceived as average or larger in size (28 per 1000 live births). A similar pattern of mortality is evident during the neonatal and post-neonatal periods.

7.4 PERINATAL MORTALITY

Perinatal mortality reflects an adverse outcome for pregnancies of at least seven months' gestation. The perinatal mortality rate captures stillbirths and early neonatal deaths, two seemingly different outcomes that result from similar conditions.

The 2000 NDHS attempted to measure perinatal mortality by asking women about pregnancies they had that did not result in a live birth. The number of stillbirths (defined as fetal deaths in pregnancies lasting seven or more months) can be added to the number of early neonatal deaths (defined as those occurring during the first week of life) to obtain an estimate of perinatal mortality. For the 12-month period preceding the survey, there were only 3 stillbirths and 21 early neonatal deaths reported from 893 pregnancies of seven or more months' duration. This yields a perinatal mortality rate of 27 per 1000. Because of the small numbers of events, rates are subject to high sampling errors, so no breakdown is possible.

7.5 HIGH-RISK FERTILITY BEHAVIOUR

Certain patterns of childbearing are associated with elevated levels of infant and child mortality. Typically, infants and children have a greater probability of dying early if they are born to mothers who are especially young or old, if they are born after a short birth interval, or if they are of high birth order. Data to examine these relationships are presented in Table 7.4, which shows the distribution of births in the five years preceding the survey and of currently married women according to these categories of increased risk. In this analysis, a mother is classified as "too young" if she is less than 18 years of age and "too old" if she is over 34 years of age. A "short birth interval" is defined as a birth occurring less than 24 months after a previous birth, and a child is of "high birth order" if the mother had previously given birth to three or more children (i.e., if the child is of birth order 4 or higher). First births, although often at increased risk, are not placed in a high-risk category since they are not considered an avoidable risk.

Table 7.4 is further divided into two categories, with births falling into single high-risk categories (such as those born to mothers below the age of 18 or over the age of 34, those born within 24 months of a previous birth and those of birth order higher than three) and those falling into multiple high-risk categories (e.g., those born within 24 months of a previous birth to mothers who are below the age of 18, or children of birth order greater than three who are born to mothers over 34 years, etc.).

The results indicate that just under half (47 percent) of children born in the five years before the survey have an elevated risk of dying; 30 percent of births are in a single high-risk category, while 18 percent are in a multiple high-risk category. The results also show that the most common high-risk category is high birth order. Looking at the single-risk categories, 15 percent of children are at increased risk because they are fourth births or higher, while 6 percent are born to mothers younger than 18 years, and 6 percent are born less than two years after a prior birth. Among multiple risk categories, 13 percent of children are of birth order four or higher and were born to mothers age 35 and older. Thirty percent of recent births do not fall into any high-risk category and 23 percent fall into an unavoidable risk category (first births to mothers between 18 and 34 years).

Table 7.4 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of dying and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Namibia 2000

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women ¹
	Percentage of births	Risk ratio	
Not in any high-risk category	29.6	1.00	27.6 ^a
Unavoidable risk category First-order births between age 18 and 34	23.1	0.88	6.2
Single high-risk category			
Mother's age <18	6.2	1.91	0.3
Mother's age >34	2.7	1.48	7.6
Birth interval <24 months	5.5	1.38	6.5
Birth order >3	15.2	1.36	11.1
Subtotal	29.7	1.49	25.6
Multiple high-risk category			
Age <18 & birth interval <24 months ²	0.2	1.17	0.1
Age >34 & birth interval <24 months	0.0	0.00	0.3
Age >34 & birth order >3	13.4	1.29	27.1
Age >34 & birth interval <24 months and birth order >3	1.0	2.11	6.4
Birth interval <24 months and birth order >3	3.1	2.09	6.7
Subtotal	17.7	1.47	40.6
In any avoidable high-risk category	47.4	1.48	66.2
Total	100.0	-	100.0
Number of births	3,985	-	2,610

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births *not in any high-risk category*.

¹ Women are assigned to risk categories according to the status they would have at the birth of a child, if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

² Includes the category age <18 and birth order >3.

^a Includes sterilised women

The second column of Table 7.4 indicates the relative risk of mortality of children born in the five years before the survey by comparing the proportion dead in each high-risk category with the proportion dead among children not in any high-risk category. Young age at birth is a significant risk factor (relative risk ratio of 1.9), although only 6 percent of births fall into this category. Older age at birth is also associated with higher mortality risks (relative risk ratio of 1.5). At even greater risk are births to older mothers that occur after a short birth interval and are of birth order four or higher and those that occur after a short birth interval and are of birth order four or higher, both of which have a relative risk ratio of

2.1. Fortunately, however, the proportion of recent births falling in these two categories is small (1 and 3 percent, respectively), so that even though the fertility behaviour results in much higher risk of death for the child, few children are subject to that higher risk.

Column 3 of Table 7.4 shows the distribution of currently married, non-sterilised women by risk category into which a currently conceived birth would fall. Two in three currently married women (66 percent) are at risk of conceiving a child with an elevated risk of dying. Forty-one percent of women are at risk due to multiple risk factors, while 26 percent are at risk due to a single factor. The most likely risks are high birth order alone (11 percent) or in combination with a high age at birth (27 percent of women).

ADULT AND MATERNAL MORTALITY

Although the level of maternal mortality is generally considered to be one of the most important indicators of a country's health, reliable data are scarce and estimates vary widely. Data were collected on adult mortality in the 1992 NDHS. That survey found rather high male mortality relative to female mortality. The maternal mortality rate for the ten-year period prior to the survey was estimated to be 225 deaths per 100,000 births.

Similar data were collected in the 2000 NDHS that allow estimation of adult and maternal mortality using a direct estimation procedure. The information concerns the survivorship of all live births of the respondent's natural mother (siblings). The direct approach to estimating adult and maternal mortality maximises use of the available data, using information on the age of surviving siblings, the age at death of siblings who died, and the number of years ago the sibling died. This allows the data to be aggregated to determine the number of person-years of exposure to mortality risk and the number of sibling deaths occurring in defined calendar periods. Rates of maternal and adult mortality are obtained by dividing maternal (or all female or male adult) deaths by person-years of exposure (Rutenberg and Sullivan, 1991).

8.1 THE DATA

Each female respondent was first asked to give the total number of her mother's live births. Then she was asked to provide a list of the children born to her mother starting with the first-born, and whether or not each sibling was still alive at the survey date. For living siblings, current age was collected; for deceased siblings, age at death and years since death were collected. Interviewers were instructed that when a respondent could not provide precise information on ages or years ago, approximate answers were acceptable. For sisters who died at age 10 years or older, three questions were used to determine if the death was maternity-related: "Was [NAME OF SISTER] pregnant when she died?" and if negative, "Did she die during childbirth?" and if negative, "Did she die within six weeks of the birth of a child or pregnancy termination?"

The estimation of adult and maternal mortality requires reasonably accurate reporting of the number of sisters and brothers the respondent ever had, the number who have died, and the number of sisters who have died of maternity-related causes. There is no definitive procedure for establishing the completeness or accuracy of retrospective data on sibling survivorship. Table 8.1 shows the number of siblings reported by the respondents and the completeness of the reported data on current age, age at death, and years since death.

The sex ratio of enumerated siblings (the ratio of brothers to sisters) is only 0.92, which is considerably lower than the expected value of 1.02 or 1.03 and indicates underreporting of brothers by respondents (see Table 8.1). Respondents were unable to report the ages of 7 percent of their surviving siblings. Respondents were highly knowledgeable about their siblings' survival status, with only 25 out of almost 38,000 siblings missing this information. However, they were not so knowledgeable about the age at death or years since death for their deceased siblings; only 77 percent of deceased siblings have both age at death and years since death reported. Only age at death is missing for 5 percent of deceased siblings, while only years since death is missing for 6 percent; 12 percent of deceased siblings have both age at death and years since death missing. Rather than exclude the siblings with missing data from further analysis, information on the birth order of siblings in conjunction with other information was used

Table 8.1 Data on siblings

Number of siblings reported by female survey respondents and completeness of reported data on sibling age, age at death (AD) and years since death (YSD), Namibia 2000

Sibling	Females		Males		All siblings	
	Number	Percent	Number	Percent	Number	Percent
All siblings	19,537	100.0	18,071	100.0	37,608	100.0
Surviving	17,416	89.1	15,359	85.0	32,774	87.1
Dead	2,110	10.8	2,699	14.9	4,809	12.8
Missing survival information	11	0.1	14	0.1	25	0.1
Living siblings	17,416	100.0	15,359	100.0	32,774	100.0
Age reported	16,265	93.4	14,359	93.5	30,624	93.4
Age missing	1,150	6.6	1,000	6.5	2,150	6.6
Dead siblings	2,110	100.0	2,699	100.0	4,809	100.0
AD and YSD reported	1,657	78.5	2,060	76.3	3,717	77.3
AD missing	94	4.5	127	4.7	222	4.6
YSD missing	116	5.5	156	5.8	272	5.7
Both AD and YSD missing	243	11.5	356	13.2	598	12.4

to impute the missing data.¹ The sibling survivorship data, including cases with imputed values, were used in the direct estimation of adult and maternal mortality.

8.2 DIRECT ESTIMATES OF ADULT MORTALITY

Another way to assess the quality of data used to estimate maternal mortality is to evaluate the plausibility of the adult mortality rates obtained. If the overall adult mortality rates display a generally stable, plausible pattern, it lends credence to the maternal mortality estimates. This is because maternal mortality is a subset of adult mortality.

Table 8.2 presents the age-specific rates of male and female mortality (15-49 years) for the ten-year period before the survey, which roughly corresponds to 1991-2000. Age-specific death rates are computed by dividing the number of deaths in each age group by the total person-months of exposure in that age group during a specified reference period. Since the number of deaths on which the rates are based is not large (only 521 female and 642 male deaths), the five-year, age-specific rates are subject to large sampling variation.

The female mortality rate is 4 per 1,000 population, while the male mortality rate is 6 per 1,000. Generally, female mortality is higher than male mortality below age 30 and is lower than male mortality at ages 30 and above. As expected, mortality increases with age for both sexes, however the rates generally level off at age group 25-29 for women and age group 40-44 for men.

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

Table 8.2 Adult mortality rates

Estimated adult mortality rates for women and men in the period 0-9 years before the survey, Namibia 2000

FEMALE			
Age	Deaths	Exposure years	Mortality rates ¹
15-19	45	25,793	1.73
20-24	98	27,063	3.61
25-29	125	23,833	5.23
30-34	106	19,117	5.54
35-39	71	13,806	5.15
40-44	44	8,390	5.19
45-49	34	4,640	7.32
15-49	521	122,643	4.29 ^a
MALE			
15-19	38	23,184	1.62
20-24	79	24,121	3.29
25-29	112	21,548	5.22
30-34	152	17,094	8.90
35-39	121	11,676	10.34
40-44	93	7,063	13.18
45-49	47	3,955	11.89
15-49	642	108,641	6.314 ^a

¹ Mortality rates are expressed per 1,000 population.
^a Age-adjusted rate

8.3 ESTIMATES OF MATERNAL MORTALITY

Direct age-specific estimates of maternal mortality from the reported survivorship of sisters are shown in Table 8.3, for the 10-year period before the survey. Age-specific mortality rates are calculated by dividing the number of maternal deaths by woman-years of exposure. To remove the effect of truncation bias (the upper boundary for eligibility for women interviewed in the NDHS is 49 years), the overall rate for women age 15-49 is standardised by the age distribution of the survey respondents. Maternal deaths are defined as any death that occurred during pregnancy, childbirth, or within two months after the birth or termination of a pregnancy.² The number of maternal deaths (50) is small, so age-specific rates are subject to very large sampling errors.

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

However, the age-specific rates show a plausible pattern, being higher at the peak childbearing ages of the 20s and 30s than at the youngest and older age groups. For the entire childbearing period (15-49) for the ten-year period before the survey (1991-2000), the rate of mortality due to causes related to pregnancy and childbearing is 0.38 maternal deaths per 1,000 woman-years of exposure. Maternal deaths represent approximately 10 percent of all deaths to women age 15-49.

The maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the rate by the general fertility rate of 0.139 operating during the same time period. In this way, the obstetrical risk of pregnancy and childbearing is underlined. By direct estimation procedures, the maternal mortality ratio is estimated as 271 maternal deaths per 100,000 live births during 1991-2000.

At first glance, it would appear that the maternal mortality ratio has increased over time, from 225 maternal deaths per 100,000 live births for the 10-year period prior to the 1992 NDHS to 271 for 1991-2000. However, the methodology used and the sample size implemented in the 2000 NDHS do not allow for precise estimates of maternal mortality. The sampling errors around each of the estimates are large and consequently, the two estimates are not significantly different; thus it is impossible to say whether or not maternal mortality has changed over time. Health Information System (HIS) data suggest a decrease by more than half from 1992. Moreover, an increase in the maternal mortality ratio would be at odds with the trends in related indicators such as antenatal care coverage, delivery in health facilities, and the increase in medical assistance at delivery, all of which should yield a decrease in the level of maternal mortality.

Table 8.3 Direct estimates of maternal mortality

Direct estimates of maternal mortality for the period 0-9 years before the survey, Namibia 2000

Age	Maternal deaths	Exposure years	Mortality rates ¹
15 19	4	25,793	0.14
20 24	11	27,063	0.39
25 29	17	23,833	0.71
30 34	12	19,117	0.60
35 39	6	13,806	0.42
40 44	2	8,390	0.18
45 49	0	4,640	0.00
15 49	50	122,643	0.38
General Fertility Rate (GFR)			0.14 ^a
Maternal Mortality Ratio (MMR) ²			271

¹ Expressed per 1,000 woman years of exposure

² Expressed per 100,000 live births; calculated as the maternal mortality rate divided by the general fertility rate

^a Age adjusted rate

This chapter presents findings related to maternal and child health in the country. The areas examined include maternity care, vaccinations, and the prevalence and treatment of common childhood illnesses. Coupled with information on neonatal and infant mortality rates, this information can be used to identify subgroups of women who are at risk or whose births are at risk because of nonuse of maternal health services. The 2000 NDHS information is important as it provides a critical look into the performance of the Maternal and Child Health programme in Namibia. The programme was initiated to support one of the health policy objectives, namely the reduction of infant and maternal morbidity and mortality. The programme tries to improve the survival and development of women and children, who constitute 60 percent of the population of Namibia. Provision of medical care during pregnancy and delivery is essential for the survival of both the mother and infant. Therefore, the survey results provide an opportunity to identify critical issues affecting the situation of women and children in Namibia. The information will assist policy makers, planners, and other collaborators in the health sector to formulate appropriate strategies to improve maternal and child health care. Data were obtained for all live births that occurred in the five years preceding the survey.

9.1 ANTENATAL CARE

PREVALENCE AND SOURCE OF ANTENATAL CARE

Antenatal care from a trained provider is important to monitor the pregnancy and reduce the risks for the mother and child during pregnancy and at delivery. Table 9.1 presents the percent distribution of women who had a birth in the five years preceding the survey by source of antenatal care received during pregnancy for the most recent birth, according to background characteristics. Interviewers asked women about all the people who provided care during the pregnancy; however, if more than one person was mentioned, the one with the highest qualifications was recorded.

The results show that the vast majority of pregnant women in Namibia (93 percent) receive antenatal care. More than 9 in 10 women receive antenatal care from a medical professional (91 percent), mostly from nurses and midwives (78 percent) (see Figure 9.1). Doctors provide 13 percent of antenatal care services, while traditional birth attendants provide only 2 percent of antenatal care. Comparison with the 1992 NDHS is difficult;¹ however, it appears that the percentage of women receiving antenatal care from doctors has declined slightly, while the proportion receiving care from nurses and midwives has increased. This increase could be attributed to the wider availability of trained nurses as a result of the programme to upgrade Nursing Assistants to Enrolled Nurse Midwives.

Substantial variation in antenatal care coverage is noted between rural and urban areas. Urban women are also more likely than rural women to receive antenatal care from a doctor. Antenatal care from a medical professional is considerably less common in the Northeast Directorate, as well as in Caprivi, Kavango, Kunene, and Omaheke Regions. More than one in five uneducated women does not receive any antenatal care at all, in contrast to women who have completed secondary education, 99 percent of whom receive antenatal care from a medical professional.

¹ In the 1992 NDHS, information was collected and tabulated for all births to women in the five years preceding the survey. Thus, in 1992, if a woman had more than one birth in that period, she was counted more than once, while in the 2000 NDHS, she would only be counted once.

Table 9.1 Antenatal care

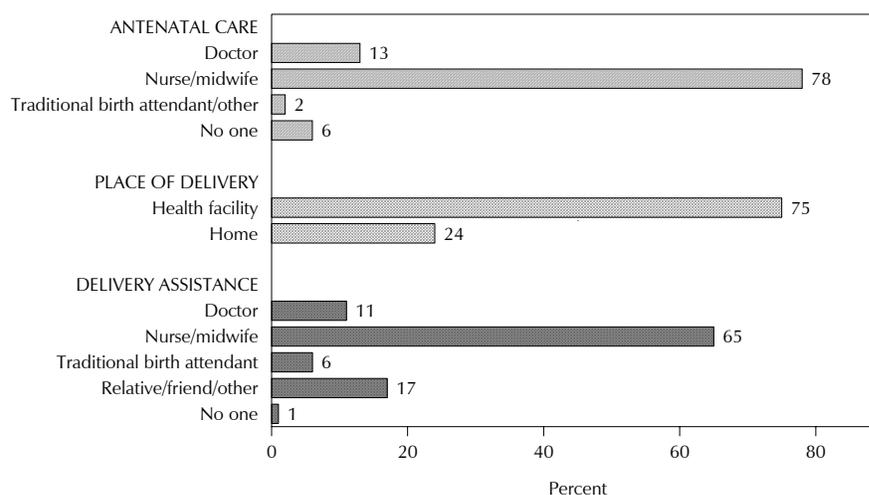
Percent distribution of women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, Namibia 2000

Background characteristic	Antenatal care provider					Total	Number of women
	Doctor	Nurse/midwife	Traditional birth attendant/other ¹	No one	Missing		
Mother's age at birth							
<20	10.9	81.4	1.3	5.4	0.9	100.0	474
20-34	14.0	77.7	1.8	5.3	1.2	100.0	1,962
35-49	11.6	74.1	2.6	9.7	1.9	100.0	565
Birth order							
1	14.0	79.8	1.4	4.0	0.8	100.0	871
2-3	15.2	77.0	1.4	5.1	1.3	100.0	1,127
4-5	11.9	76.7	2.1	8.0	1.4	100.0	574
6+	7.1	76.1	3.8	10.8	2.2	100.0	430
Residence							
Urban	21.0	74.6	0.7	2.7	1.0	100.0	1,112
Rural	8.4	79.4	2.6	8.2	1.5	100.0	1,889
Directorate							
Northwest	10.0	83.7	0.6	5.1	0.6	100.0	1,197
Northeast	2.5	80.2	3.9	10.8	2.6	100.0	395
Central	13.5	75.6	3.2	6.8	1.0	100.0	570
South	22.0	69.2	1.8	5.0	1.9	100.0	840
Region							
Caprivi	0.4	83.6	9.5	3.3	3.2	100.0	153
Erongo	14.9	80.5	0.0	3.9	0.6	100.0	145
Hardap	24.7	62.8	0.0	8.7	3.9	100.0	114
Karas	29.3	63.2	0.0	5.2	2.3	100.0	101
Kavango	3.8	78.1	0.4	15.5	2.3	100.0	242
Khomas	22.6	72.6	2.1	1.5	1.2	100.0	526
Kunene	11.6	73.8	2.0	10.3	2.2	100.0	115
Ohangwena	5.9	82.5	1.7	9.1	0.8	100.0	370
Omaheke	8.4	64.6	4.1	19.4	3.5	100.0	99
Omusati	6.7	88.8	0.0	3.9	0.6	100.0	289
Oshana	10.2	87.2	0.0	1.5	1.0	100.0	266
Oshikoto	18.8	76.3	0.5	4.4	0.0	100.0	272
Otjozondjupa	13.5	73.9	5.1	6.8	0.7	100.0	310
Education							
No education	4.6	61.9	7.7	22.4	3.4	100.0	375
Incomplete primary	6.4	84.2	1.7	6.6	1.2	100.0	738
Completed primary	9.2	83.1	1.1	3.8	2.8	100.0	327
Incompl. secondary	13.6	81.8	0.9	2.9	0.7	100.0	1,191
Compl. secondary+	36.4	62.1	0.0	1.2	0.4	100.0	371
Total	13.0	77.6	1.9	6.1	1.3	100.0	3,002

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

¹ Includes "don't know"

Figure 9.1 Antenatal and Delivery Care Indicators



Note: For antenatal care, percentages are based on most recent birth in the five years preceding the survey. For place of delivery and delivery assistance, percentages are based on all births in the five years preceding the survey.

NDHS 2000

NUMBER AND TIMING OF ANTENATAL VISITS

Pregnant women are advised to start attending antenatal clinics before the 20th week of gestation, so that their normal baseline health can be assessed and monitored more regularly. At the first antenatal visit, a detailed history should be obtained and a full examination carried out. The recommended protocol for antenatal care calls for a woman with a normal pregnancy to visit an antenatal clinic at monthly intervals until the 28th week of pregnancy, then fortnightly until the 36th week, and subsequently weekly until labour begins. If this schedule is followed, about 12 to 13 antenatal care visits will be made. Pregnancy monitoring and detection of complications are the main objectives of antenatal care. In the event of any complication, either more frequent antenatal visits are advisable or admission to hospital may become necessary.

Table 9.2 presents data on the number of antenatal visits made by pregnant mothers and the stage of pregnancy at the first visit. Almost 70 percent of women whose last birth occurred in the five years before the survey made four or more antenatal care visits. Some pregnant women start antenatal care late; the median months pregnant at the time of first visit is almost 5 months. A comparison of data from the 1992 and 2000 surveys shows only minor variation in the number of visits and the timing of the first visit.

Table 9.2 Number of antenatal care visits and stage of pregnancy

Percent distribution of women who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by the stage of pregnancy at the time of the first visit, Namibia 2000

Number and timing of ANC visits	Percentage of women ¹
Number of ANC visits	
None	6.1
1	2.4
2-3	13.4
4+	69.1
Don't know/missing	9.0
Total	100.0
Number of months pregnant at time of first ANC visit	
No antenatal care	6.1
<6 months	68.9
6-7 months	19.8
8+ months	2.8
Don't know/missing	2.3
Total	100.0
Median months pregnant at first visit (for those with ANC)	4.8
Number of live births	3,002

ANTENATAL CARE CONTENT

In the 2000 NDHS, women who delivered in the five years before the survey were asked several questions about what types of antenatal care they received during the pregnancy that led to their most recent birth. Specifically, they were asked if they were informed of the signs associated with serious pregnancy complications; if they were informed of where to go if they experienced such symptoms; and, for those who delivered in the 12 months before the survey, whether they received a tetanus toxoid injection. Tetanus injections are given to women during pregnancy to prevent neonatal tetanus, which is an important cause of death among infants in some developing countries. A baby is considered protected if the mother received two doses of tetanus toxoid during pregnancy, with the second at least two weeks before delivery. However, if a woman was vaccinated during a previous pregnancy, she may only require one dose for the current pregnancy. Five doses are considered adequate to provide lifetime protection.

As shown in Table 9.3, just under half (45 percent) of the women who received antenatal care said they were told about pregnancy complications, while roughly the same proportion said they were told where to go for complications. Forty-six percent of women who delivered in the previous year said they received at least one injection against tetanus. Differences in antenatal care content by background characteristics can be observed, with Caprivi and Erongo Regions having the highest proportion of women who were informed of signs of pregnancy complications and where to go if they experienced complications. The lowest levels occur in the Northwest Directorate and Ohangwena Region. Urban women are slightly more likely than rural women to have received information on signs of pregnancy complications and where to go for complications. Similarly, better-educated women are more likely to receive information on pregnancy complications than women with less education or no education at all.

Table 9.3 Antenatal care content

Among women who had a live birth in the five years preceding the survey and who received antenatal care for the most recent birth, percentage who received specific services, and for mothers delivering in the last year, percentage who received a tetanus toxoid injection during the pregnancy, according to background characteristics, Namibia 2000

Background characteristic	Informed of signs of pregnancy complications	Told where to go for complications	Number of women delivering in last 5 years	Given tetanus toxoid during pregnancy	Number of women delivering in last year
Mother's age at birth					
<20	45.7	43.5	446	60.3	131
20-34	45.7	44.1	1,839	46.7	575
35-49	40.7	38.2	502	32.9	168
Birth order					
1	46.3	45.0	832	51.3	252
2-3	45.0	42.6	1,058	49.8	333
4-5	47.2	45.9	522	38.9	156
6+	37.6	35.4	376	35.1	133
Residence					
Urban	48.7	47.1	1,073	50.4	260
Rural	42.4	40.4	1,715	44.3	614
Directorate					
Northwest	32.2	30.1	1,130	41.6	369
Northeast	72.0	70.1	346	50.1	130
Central	56.1	54.4	525	43.4	166
South	43.4	41.9	786	53.6	209
Region					
Caprivi	88.0	84.6	145	(61.1)	55
Erongo	75.2	74.3	139	29.4	35
Hardap	42.6	41.4	100	48.2	35
Karas	58.5	56.6	94	63.8	27
Kavango	60.4	59.7	200	42.0	75
Khomas	40.4	39.0	514	53.4	115
Kunene	41.3	38.5	100	55.0	37
Ohangwena	29.8	27.5	335	47.3	113
Omaheke	46.1	43.4	78	52.0	31
Omusati	32.6	29.6	276	44.6	96
Oshana	30.3	29.6	260	25.6	74
Oshikoto	36.8	34.4	260	44.4	87
Otjozondjupa	52.1	50.4	286	44.0	94
Education					
No education	31.4	30.6	280	34.5	121
Incomplete primary	44.7	42.3	683	49.6	209
Completed primary	47.3	43.9	310	46.7	85
Incompl. secondary	45.5	43.8	1,149	53.6	341
Compl. secondary+	51.1	50.1	365	29.5	118
Total	44.8	43.0	2,787	46.1	874

Note: Figures in parentheses are based on 25-49 unweighted cases.

9.2 DELIVERY CARE

PLACE OF DELIVERY

Information about the place of delivery provides insight into the quality of services provided, since deliveries at health facilities are regarded as being more hygienic than those occurring at home. Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause death or serious illness to either the mother or the baby. Table 9.4 presents the distribution of all births in the five years preceding the survey by place of delivery.

Background characteristic	Place of delivery				Total	Number of births
	Health facility	At home	Other	Missing		
Mother's age at birth						
<20	77.4	21.2	0.3	1.1	100.0	630
20-34	77.0	21.8	0.2	1.0	100.0	2,671
35-49	63.3	35.6	0.4	0.7	100.0	684
Birth order						
1	84.0	15.1	0.1	0.7	100.0	1,163
2-3	76.0	22.7	0.3	1.0	100.0	1,520
4-5	69.9	28.3	0.4	1.4	100.0	743
6+	58.2	40.9	0.0	0.9	100.0	558
Residence						
Urban	92.0	7.0	0.2	0.8	100.0	1,372
Rural	65.6	33.0	0.2	1.1	100.0	2,613
Directorate						
Northwest	73.3	25.4	0.3	1.0	100.0	1,643
Northeast	57.0	41.8	0.1	1.1	100.0	537
Central	76.3	22.5	0.2	1.0	100.0	729
South	84.6	14.3	0.2	0.9	100.0	1,076
Region						
Caprivi	68.3	30.5	0.0	1.1	100.0	207
Erongo	94.6	5.1	0.3	0.0	100.0	167
Hardap	78.4	19.8	0.5	1.4	100.0	146
Karas	92.7	4.4	0.9	2.0	100.0	124
Kavango	49.9	48.8	0.1	1.1	100.0	330
Khomas	90.6	8.8	0.0	0.6	100.0	668
Kunene	58.9	38.6	0.1	2.3	100.0	162
Ohangwena	57.4	41.5	0.0	1.1	100.0	552
Omaheke	54.7	44.1	0.3	0.9	100.0	138
Omusati	83.0	15.7	0.0	1.4	100.0	384
Oshana	83.9	15.1	0.0	1.0	100.0	347
Oshikoto	77.3	21.0	1.4	0.4	100.0	361
Otjozondjupa	75.7	23.2	0.2	0.9	100.0	400
Education						
No education	45.4	52.5	0.3	1.8	100.0	561
Incomplete primary	64.8	33.3	0.3	1.6	100.0	1,034
Completed primary	74.7	24.2	0.4	0.7	100.0	436
Incompl. secondary	85.3	13.9	0.1	0.7	100.0	1,494
Compl. secondary+	98.3	1.5	0.1	0.0	100.0	459
Antenatal care visits						
None	28.8	70.7	0.1	0.4	100.0	282
1-3 visits	66.7	32.4	0.2	0.7	100.0	645
4 or more visits	81.3	17.8	0.2	0.7	100.0	2,708
Total	74.7	24.1	0.2	1.0	100.0	3,985

Note: Total includes 349 births with the number of antenatal care visits missing.

Three-quarters (75 percent) of births in Namibia are delivered at a health facility of some kind, while 24 percent are delivered at home (Figure 9.1). The proportion of births delivered in health facilities has increased from 67 percent in 1992 to 75 percent in 2000.

The proportion of births that take place in health facilities differs according to characteristics of the mother and the child. Births to younger women, first births, and births to urban women are much more likely than other births to take place in a health facility. There are also regional differences in place of delivery. Half of women in Kavango Region are still delivering at home (49 percent), as are a substantial minority of those in Omaheke (44 percent), Ohangwena (42 percent), and Kunene (39 percent) Regions. As expected, births to more educated women are more likely than those to less educated women to be born at health facilities. Similarly, the more antenatal care visits the mother had during the pregnancy, the higher the likelihood that the baby was delivered in a health facility.

ASSISTANCE DURING DELIVERY

The type of assistance a woman receives during childbirth has important health consequences for both mother and child. Therefore, besides collecting information on the place of delivery, the 2000 NDHS collected data on the type of personnel who assisted during delivery. Table 9.5 shows the percent distribution of births in the five years before the survey by type of assistance during delivery, according to background characteristics.

More than three in four women who gave birth in the five years preceding the survey were assisted by trained medical personnel (doctors, nurses, or midwives), while 6 percent were assisted by traditional birth attendants, 17 percent were assisted by relatives, and less than 1 percent had no assistance during delivery.

It is encouraging that first births and births to women under age 20 are as likely as other births to be assisted by qualified health personnel, given that young women and women expecting their first child are subject to higher medical risks. Older mothers and fourth and higher births are less likely to be assisted by medical personnel during delivery.

As expected, births in urban areas are more likely to be assisted by qualified medical personnel than rural births. More than nine in ten births (93 percent) in urban are assisted by doctors, nurses or midwives, compared to only 66 percent of births in rural areas. There are substantial and remarkable differences among the regions in the proportion of births assisted by a doctor, from none in Caprivi Region to 26 percent in Karas Region. Doctors also play a limited role in assisting births in Ohangwena, Kavango, Omusati, Kunene, and Omaheke Regions. As noted in the previous section, a large proportion of women in Kavango Region still deliver at home and these births are likely to be assisted by relatives (46 percent).

Mother's education is also associated with type of delivery assistance. The percentage of births assisted by doctors, nurses, and midwives increases from 47 percent of births to women with no education to 98 percent of births to women who have completed secondary school. The number of antenatal care visits is also positively associated with professional medical assistance at delivery.

Table 9.5 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by type of assistance during delivery, according to background characteristics, Namibia 2000

Background characteristic	Attendant assisting during delivery						Total	Number
	Doctor	Nurse/ midwife	Traditional birth attendant	Relative/ other	No one	Don't know/ missing		
Mother's age at birth								
<20	10.3	68.1	5.0	15.4	0.1	1.1	100.0	630
20-34	11.0	66.4	5.6	15.6	0.2	1.1	100.0	2,671
35-49	9.9	55.5	9.4	21.9	2.6	0.7	100.0	684
Birth order								
1	12.9	71.4	4.8	9.9	0.2	0.7	100.0	1,163
2-3	11.3	65.8	4.8	16.8	0.1	1.2	100.0	1,520
4-5	8.5	62.0	5.9	21.8	0.4	1.3	100.0	743
6+	7.4	52.2	13.2	23.4	3.3	0.6	100.0	558
Residence								
Urban	17.0	76.1	2.3	3.6	0.2	0.8	100.0	1,372
Rural	7.4	58.9	8.2	23.5	0.8	1.1	100.0	2,613
Directorate								
Northwest	8.4	65.3	9.5	14.8	1.1	0.9	100.0	1,643
Northeast	3.0	54.1	2.1	38.8	0.4	1.6	100.0	537
Central	15.3	62.7	5.3	15.6	0.0	1.0	100.0	729
South	14.9	70.8	3.8	9.1	0.4	0.9	100.0	1,076
Region								
Caprivi	0.0	67.4	2.2	28.1	0.0	2.4	100.0	207
Erongo	20.1	75.2	1.3	3.5	0.0	0.0	100.0	167
Hardap	15.9	66.1	5.2	11.1	0.3	1.4	100.0	146
Karas	25.5	66.3	0.0	5.7	0.5	2.0	100.0	124
Kavango	4.9	45.8	2.0	45.5	0.7	1.1	100.0	330
Khomas	14.1	77.6	3.8	3.7	0.4	0.6	100.0	668
Kunene	7.9	54.3	15.9	19.5	0.2	2.3	100.0	162
Ohangwena	4.6	52.6	19.4	22.0	0.2	1.1	100.0	552
Omaheke	8.7	47.1	6.0	36.7	0.5	0.9	100.0	138
Omusati	7.1	75.9	3.1	10.9	2.0	1.0	100.0	384
Oshana	11.6	73.6	2.8	8.9	2.1	1.0	100.0	347
Oshikoto	12.6	65.6	7.7	13.6	0.4	0.2	100.0	361
Otjozondjupa	16.4	60.9	2.6	19.1	0.0	0.9	100.0	400
Education								
No education	3.3	43.5	10.1	40.7	0.6	1.8	100.0	561
Incomplete primary	7.2	57.8	8.8	23.2	1.3	1.7	100.0	1,034
Completed primary	8.1	68.3	7.2	14.3	1.6	0.6	100.0	436
Incompl. secondary	10.9	75.4	4.5	8.5	0.1	0.7	100.0	1,494
Compl. secondary+	29.5	68.8	0.2	1.4	0.0	0.0	100.0	459
Antenatal care visits								
None	3.4	25.8	13.1	52.6	4.7	0.4	100.0	282
1-3 visits	7.7	59.8	7.4	23.7	0.3	1.1	100.0	645
4+ visits	12.3	69.9	5.3	11.6	0.3	0.6	100.0	2,708
Total	10.7	64.8	6.2	16.7	0.6	1.0	100.0	3,985

Note: If the respondent mentioned more than one attendant, only the most qualified attendant is considered in this tabulation. Total includes 349 births with the number of antenatal care visits missing.

BIRTH WEIGHT

National estimates of the incidence of low birth weight are recognised indicators of the well-being of neonates, because weight at birth is an important determinant of the survival chances of a newborn. The 2000 NDHS included questions on weight at birth for all children born in the five years preceding the survey. The mothers were asked to recall the size of the child at birth, whether the child was

weighed at birth, and if so, the weight of the child at birth. Low birth weight is defined as less than 2500 grams.

Table 9.6 shows that information on birth weight is available for only two-thirds of births that occurred in the five years before the survey. Fifteen percent of babies were not weighed, while 18 percent were weighed, but the mother could not report the weight to the interviewer. Of those for whom a weight was given, 88 percent (59 percent of all births) weighed 2.5 kg or more at birth. This means that about 12 percent of babies (8 percent of all births) weigh less than 2.5 kg at birth, a slight improvement from the 14 percent measured in 1992. Caprivi and Oshana Regions have low proportions of low-birth-weight babies, while Kavango Region has by far the highest proportion among babies for whom a weight was given.

Table 9.6 Delivery characteristics										
Percent distribution of live births in the five years preceding the survey by birth weight, and by mother's estimate of baby's size at birth, according to background characteristics, Namibia 2000										
Background characteristic	Birth weight				Size of child at birth				Total	Number
	Not weighed	Less than 2.5 kg	2.5 kg or more	Don't know/ Missing	Very small	Smaller than average	Average or larger	Don't know/ Missing		
Mother's age at birth										
<20	15.7	8.4	55.3	20.6	5.2	8.8	81.8	4.2	100.0	630
20-34	13.6	8.2	61.4	16.8	6.5	9.0	80.1	4.3	100.0	2,671
35-49	19.8	6.6	53.5	20.1	7.3	12.3	76.7	3.7	100.0	684
Birth order										
1	10.0	9.6	63.4	17.1	5.5	9.4	81.7	3.4	100.0	1,163
2-3	13.7	7.6	60.2	18.4	7.3	8.8	79.4	4.6	100.0	1,520
4-5	18.7	7.8	57.2	16.3	6.5	11.0	77.8	4.7	100.0	743
6+	24.1	6.0	49.1	20.8	6.1	10.1	79.8	4.1	100.0	558
Residence										
Urban	2.4	8.0	70.5	19.2	5.9	8.3	83.9	1.9	100.0	1,372
Rural	21.7	8.0	53.0	17.3	6.7	10.2	77.7	5.4	100.0	2,613
Directorate										
Northwest	12.7	8.1	59.2	20.0	7.1	13.2	77.4	2.4	100.0	1,643
Northeast	36.5	8.0	42.3	13.2	0.6	2.2	83.3	13.9	100.0	537
Central	17.0	6.4	58.6	18.0	6.6	6.9	81.9	4.5	100.0	729
South	6.5	8.9	67.5	17.1	8.3	9.5	80.4	1.8	100.0	1,076
Region										
Caprivi	26.1	4.0	63.0	6.9	1.6	3.8	74.1	20.5	100.0	207
Erongo	1.6	6.8	71.1	20.5	10.2	4.5	83.2	2.1	100.0	167
Hardap	3.1	12.9	62.8	21.2	21.0	8.2	68.6	2.2	100.0	146
Karas	0.9	10.0	76.3	12.8	7.5	8.2	81.5	2.9	100.0	124
Kavango	43.1	10.5	29.2	17.3	0.0	1.2	89.0	9.7	100.0	330
Khomas	3.5	8.2	72.7	15.7	5.2	8.6	85.3	0.8	100.0	668
Kunene	30.4	7.1	37.1	25.5	9.3	9.7	77.8	3.1	100.0	162
Oshana	27.5	8.2	51.0	13.3	6.3	12.0	78.5	3.3	100.0	552
Omaheke	29.8	7.3	39.1	23.8	10.5	16.3	68.1	5.2	100.0	138
Omusati	6.1	10.3	62.0	21.5	9.4	9.9	79.7	1.0	100.0	384
Oshana	3.3	5.4	65.6	25.7	7.9	19.7	70.7	1.8	100.0	347
Oshikoto	6.1	8.0	62.7	23.2	4.9	12.3	79.7	3.1	100.0	361
Otjozondjupa	18.0	6.0	62.1	13.9	4.0	6.8	83.1	6.1	100.0	400
Education										
No education	39.8	4.9	32.2	23.0	6.4	10.0	75.3	8.2	100.0	561
Incomplete primary	21.0	8.3	47.1	23.6	6.5	11.4	75.4	6.7	100.0	1,034
Completed primary	14.0	7.9	58.0	20.1	7.3	9.1	79.3	4.2	100.0	436
Incompl. secondary	6.1	7.9	70.4	15.5	6.4	8.5	83.2	2.0	100.0	1,494
Compl. secondary+	1.2	11.1	82.9	4.8	5.8	8.9	84.7	0.6	100.0	459
Total	15.0	8.0	59.0	17.9	6.4	9.6	79.8	4.2	100.0	3,985

Similarly, 80 percent of births were reported by their mothers to have been of average size or larger at birth. Sixteen percent were reported to be either smaller than average or very small. Differences in the prevalence of low birth weight are difficult to detect.

9.3 POSTNATAL CARE

Postnatal care is the care provided to the mother after delivery to check for any complications arising from the delivery and to provide the mother with important information on how to care for herself and her child. The timing of postnatal care is important. The optimal timing is within two days of delivery, since this is the critical period when most maternal and neonatal deaths occur. Proper postnatal care can reduce the risk of maternal mortality.

Table 9.7 presents information on postnatal care after the most recent birth for women who gave birth in the five years preceding the survey. The data show the majority of women do not receive any postnatal care (52 percent). Encouraging women to seek postnatal care and to do so soon after birth could serve to reduce maternal morbidity and mortality. This message should be focused on mothers in rural areas and in Central Directorate, Kavango Region, and on mothers who have no education, a large majority of whom do not receive any postnatal care.

Table 9.7 Postnatal care by background characteristics

Percent distribution of women who had a live birth in the five years preceding the survey by postnatal care provider for the most recent birth, according to background characteristics, Namibia 2000

Background characteristic	Provider of postnatal care					Total	Number of births
	Doctor	Trained nurse/midwife	Traditional birth attendant	Don't know/missing/other/	No postnatal care		
Mother's age at birth							
<20	6.5	37.1	1.0	0.6	54.7	100.0	474
20-34	10.8	38.0	0.6	1.0	49.6	100.0	1,962
35-49	10.0	31.5	0.8	1.7	56.0	100.0	565
Birth order							
1	9.8	39.5	0.3	0.6	49.8	100.0	871
2-3	12.8	36.7	0.9	0.9	48.7	100.0	1,127
4-5	6.7	33.8	0.3	1.7	57.5	100.0	574
6+	7.1	34.4	1.6	1.9	55.1	100.0	430
Residence							
Urban	15.5	36.8	0.9	0.2	46.6	100.0	1,112
Rural	6.7	36.5	0.6	1.6	54.6	100.0	1,889
Directorate							
Northwest	7.0	43.0	0.4	1.6	48.1	100.0	1,197
Northeast	3.8	41.9	0.6	1.0	52.6	100.0	395
Central	13.3	26.1	0.4	1.2	58.9	100.0	570
South	14.8	32.2	1.3	0.3	51.3	100.0	840
Region							
Caprivi	1.0	76.2	0.3	1.7	20.8	100.0	153
Erongo	13.7	46.0	0.0	0.0	40.2	100.0	145
Hardap	13.3	31.7	0.0	1.9	53.0	100.0	114
Karas	16.6	34.0	1.8	0.0	47.6	100.0	101
Kavango	5.6	20.1	0.9	0.5	72.9	100.0	242
Khomas	15.9	33.3	1.7	0.0	49.0	100.0	526
Kunene	5.2	16.6	2.2	6.2	69.7	100.0	115
Ohangwena	5.1	31.2	0.0	1.1	62.6	100.0	370
Omaheke	8.9	25.1	0.2	0.7	65.1	100.0	99
Omusati	2.8	46.0	1.5	4.6	45.0	100.0	289
Oshana	11.5	49.0	0.0	0.6	38.9	100.0	266
Oshikoto	9.4	49.8	0.4	0.0	40.4	100.0	272
Otjozondjupa	16.1	20.3	0.0	0.0	63.6	100.0	310
Education							
No education	4.2	19.2	1.2	0.6	74.8	100.0	375
Incomplete primary	4.3	34.6	0.9	1.5	58.6	100.0	738
Completed primary	6.2	42.3	0.2	0.9	50.3	100.0	327
Incompl. secondary	9.8	43.0	0.8	1.2	45.3	100.0	1,191
Compl. secondary+	31.0	32.8	0.0	0.6	35.7	100.0	371
Total	10.0	36.6	0.7	1.1	51.6	100.0	3,002

9.4 CONSTRAINTS TO ACCESSING HEALTH CARE

In the NDHS 2000, women were asked whether any of a set of specific potential obstacles was a big problem, a small problem or no problem when they are sick and want to get medical advice or treatment. As shown in Table 9.8, 68 percent of women said that at least one of the specified circumstances was a big problem. Difficulty in getting transport and having no health facility nearby were cited by 46 and 43 percent of women, respectively. Forty percent of women said that unhelpful clinic staff was a big problem, while 37 percent of women said that getting money for treatment was a big problem. Knowing where to go and getting permission to go are less important problems for women in accessing health care.

Table 9.8 Perceived problem in accessing women's health care

Percentage of women who report they had problems accessing health care for themselves, by type of problem, according to background characteristics, Namibia 2000

Background characteristic	Type of big problem in accessing health care							Number of women
	Knowing where to go	Getting permission to go	Getting money for treatment	No health facility nearby	Difficulty getting transport	Clinic staff not helpful	Any of the specified problems	
Age								
15-19	26.5	17.2	37.4	47.0	46.0	39.7	72.5	1,499
20-29	20.8	13.2	35.4	42.5	46.6	40.5	67.9	2,443
30-39	17.9	12.8	36.2	39.5	45.6	39.0	65.2	1,764
40-49	21.7	14.3	40.0	41.5	43.8	37.9	65.7	1,049
Number of living children								
0	25.7	16.0	36.1	44.0	44.7	39.1	69.2	2,181
1-2	18.7	12.1	33.1	39.5	43.6	38.1	64.9	2,387
3-4	19.7	12.9	39.3	40.9	48.0	40.4	66.3	1,296
5+	20.8	17.1	44.2	49.6	51.0	42.9	75.0	891
Marital status								
Never married	25.6	15.3	38.3	44.9	46.8	40.5	70.4	3,667
Married	15.7	12.5	32.8	40.2	43.3	38.1	63.4	2,610
Divorced, separated, widowed	20.9	14.0	46.5	37.4	51.9	39.8	73.7	478
Residence								
Urban	10.2	6.8	21.9	21.3	27.8	31.1	49.1	2,786
Rural	29.3	19.3	47.1	57.5	58.4	45.4	81.1	3,969
Directorate								
Northwest	36.3	21.0	51.9	57.0	55.4	47.1	81.4	2,792
Northeast	8.5	11.6	26.5	47.1	51.0	50.3	75.3	842
Central	9.8	8.1	25.8	33.8	37.0	26.1	53.0	1,231
South	12.9	9.2	26.1	25.0	34.9	32.2	54.3	1,890
Region								
Caprivi	12.9	19.3	52.0	56.0	46.3	61.1	87.3	322
Erongo	2.9	2.1	8.5	6.2	8.0	12.4	21.1	399
Hardap	24.3	11.9	29.6	39.4	41.0	31.9	56.7	292
Karas	18.0	11.1	21.0	22.9	35.4	37.1	58.1	261
Kavango	5.7	6.8	10.7	41.5	53.9	43.5	67.9	520
Khomas	8.8	8.2	24.2	17.6	29.8	31.4	50.2	1,152
Kunene	26.5	19.2	54.4	56.0	64.7	44.6	84.0	205
Ohangwena	51.6	29.5	59.3	59.3	62.2	70.8	88.8	684
Omaheke	12.8	8.3	39.0	51.4	56.8	31.2	70.7	185
Omusati	48.0	36.9	53.1	59.9	59.1	44.3	85.8	714
Oshana	21.3	9.7	50.0	53.1	47.2	36.2	75.4	789
Oshikoto	24.6	7.3	44.5	55.8	54.3	37.7	75.7	604
Otjozondjupa	8.8	8.2	27.4	44.0	46.3	28.8	63.1	627
Education								
No education	20.2	17.6	51.2	59.3	67.4	50.0	84.2	641
Incomplete primary	24.8	19.8	45.8	50.8	52.6	40.5	74.5	1,409
Completed primary	22.4	15.2	43.0	46.4	52.1	42.6	75.2	827
Incompl. secondary	22.5	13.0	34.4	40.2	43.3	39.5	67.0	2,907
Compl. secondary+	13.3	6.4	15.6	23.3	23.8	28.5	43.8	971
Current employment								
Not employed	25.2	17.2	41.3	48.2	49.9	42.5	73.2	4,542
Works for cash	15.2	8.5	27.5	29.8	35.7	34.2	56.4	1,839
Does not work for cash	6.3	5.1	26.5	36.8	45.9	29.2	60.7	365
Total	21.4	14.2	36.7	42.6	45.8	39.5	67.9	6,755

Note: Total includes 10 women with current employment information missing.

Teenagers are more likely than other women not to know where to go to get medical assistance, while widowed, divorced and separated women are more likely to say they have difficulty getting money for treatment. Rural women are substantially more likely than urban women to feel that each of the potential obstacles is a big problem, as are women in the Northwest Directorate. Women who have completed secondary school are less likely than other women to find any of the listed circumstances a big problem in accessing health care.

9.5 BIRTH REGISTRATION

One of the universal rights of children is to have their births be registered and to have a birth certificate. In the 2000 NDHS, mothers of children under five were asked if their child's birth had been registered and whether they had a birth certificate for the child. A child's birth was considered to have been registered if his or her mother could either produce a birth certificate or said the birth was registered.

Apparently, 71 percent of births in Namibia are registered (Table 9.9). The main reason given for not registering births is that it requires travelling too far. This reason was cited for 8 percent of children under five or about one-third of those who are not registered. Other reasons given are that the child is too young and that the mother either did not know that births must be registered or did not know where to go to do so.

As might be expected, birth registration is more common among older children, those in urban areas and in the South Directorate, and children whose mothers have more education.

Table 9.9 Birth registration coverage

Percent distribution of children under five by whether birth is registered and reasons for nonregistration, according to background characteristics, Namibia 2000

Background characteristic	Birth is registered	Reason birth not registered								Total	Number of children
		Cost too much	Must travel too far	Didn't know must be registered	Didn't know where to register	Parents' ID not available	Baby too young	Other	Missing		
Child's age in months											
< 6	39.0	2.1	19.3	4.1	2.2	3.3	12.4	12.6	5.0	100.0	417
6-11	63.0	1.3	11.9	6.7	3.5	2.6	2.5	5.8	2.6	100.0	401
12-23	66.9	1.2	8.1	3.4	4.3	1.9	3.2	7.3	3.6	100.0	816
24-35	71.7	0.1	9.2	3.7	2.4	2.0	1.6	5.0	4.2	100.0	713
36-47	81.8	0.3	4.8	1.5	1.6	0.9	3.0	3.3	2.6	100.0	671
48-59	84.3	0.3	3.3	1.7	1.3	1.0	1.2	4.1	2.7	100.0	768
Sex											
Male	70.5	0.6	8.7	2.8	2.3	1.9	3.1	6.7	3.3	100.0	1,908
Female	70.4	1.0	8.0	3.6	2.8	1.7	3.7	5.2	3.5	100.0	1,877
Residence											
Urban	82.1	0.1	2.2	1.0	0.9	1.2	1.7	7.8	3.0	100.0	1,316
Rural	64.3	1.2	11.7	4.4	3.4	2.1	4.3	5.0	3.6	100.0	2,469
Directorate											
Northwest	64.0	0.8	11.0	6.9	3.9	2.5	2.8	5.0	3.1	100.0	1,536
Northeast	64.7	1.8	11.7	0.4	2.4	1.9	3.9	7.2	5.9	100.0	517
Central	75.1	0.5	5.7	1.1	2.5	0.3	8.1	3.7	3.0	100.0	704
South	79.9	0.5	4.7	0.6	0.6	1.7	0.9	8.3	2.9	100.0	1,028
Region											
Caprivi	77.6	1.9	6.1	0.7	0.3	0.0	1.3	0.6	11.5	100.0	203
Erongo	89.3	0.0	2.4	0.4	0.6	0.8	2.5	2.7	1.3	100.0	163
Hardap	87.9	0.3	7.8	0.0	1.1	0.4	0.4	0.6	1.4	100.0	137
Karas	94.2	0.0	1.8	0.0	0.7	0.9	0.3	0.9	1.1	100.0	121
Kavango	56.4	1.8	15.4	0.3	3.8	3.2	5.6	11.4	2.3	100.0	313
Khomas	79.2	0.0	1.8	0.8	0.0	2.0	0.9	12.3	3.1	100.0	641
Kunene	63.4	0.4	7.7	0.0	3.3	0.4	17.1	4.2	3.4	100.0	153
Ohangwena	56.7	1.1	5.9	13.1	5.6	6.3	5.3	3.0	2.8	100.0	534
Omaheke	61.9	3.5	18.3	0.8	3.3	2.2	1.8	3.4	4.8	100.0	129
Omusati	56.5	1.6	19.6	5.8	5.8	0.2	1.1	5.8	3.6	100.0	355
Oshana	73.4	0.0	12.2	0.9	1.1	1.4	0.8	7.4	2.8	100.0	321
Oshikoto	74.8	0.0	8.7	3.8	1.9	0.0	2.5	4.8	3.5	100.0	327
Otjozondjupa	73.8	0.8	6.3	1.7	3.0	0.0	6.8	3.9	3.6	100.0	388
Education											
No education	51.6	1.9	13.5	4.0	6.4	1.8	6.2	7.7	6.9	100.0	524
Incomplete primary	62.7	1.2	10.3	6.6	3.0	2.3	3.9	6.6	3.4	100.0	966
Completed primary	74.0	0.1	8.3	1.3	2.2	1.3	5.0	4.1	3.8	100.0	419
Incompl. secondary	75.2	0.6	7.3	1.8	1.8	2.1	2.1	6.3	2.8	100.0	1,432
Compl. secondary+	91.3	0.0	1.9	1.0	0.0	0.3	1.8	2.8	0.9	100.0	444
Total	70.5	0.8	8.4	3.2	2.6	1.8	3.4	5.9	3.4	100.0	3,785

9.6 CHILDHOOD VACCINATIONS

Disease caused by viruses, bacteria and parasites cause immense human misery and kill many thousands annually, especially young children. One of Namibia's health policy objectives is to reduce infant and child mortality by controlling communicable diseases. Vaccines have proven invaluable in fighting several childhood illnesses, including poliomyelitis, measles, rubella and tetanus. The immunisation programme in Namibia is implemented by the Ministry of Health and Social Services through the Expanded Programme on Immunisation (EPI), which was established throughout the country in 1990.

The EPI programme in Namibia follows the World Health Organisation's (WHO) guidelines for vaccinating children. To be considered fully vaccinated, a child should receive a dose of BCG vaccine against tuberculosis; three doses of DPT for the prevention of diphtheria, pertussis (whooping cough), and tetanus; at least three doses of polio vaccine; and a vaccination against measles. BCG is given at birth or soon thereafter, while DPT and polio vaccinations should be given at approximately 4, 8 and 12 weeks of age, though more recently, a dose of polio at birth has been added to the schedule. Measles vaccine should be given at or soon after reaching nine months. Although in Namibia a child is followed up to five years of age, WHO recommends that children receive the complete schedule of vaccinations before 12 months of age and that the vaccinations be recorded on a health card given to the parents or caretakers.

In the survey, information on vaccination status was collected from vaccination cards shown to the interviewer and from mother's verbal reports if no card was available. The Child Health Card is given to children at their first contact with the health services and is used until the child's fifth birthday. It is used for recording information on growth monitoring, child immunizations, and morbidity. If the cards were available, the interviewers copied vaccination dates directly onto the questionnaire. If a vaccination card was presented but a vaccine had not been recorded on the card as having been given, the mother was asked to recall whether that particular vaccine had been given. The mother was then asked if the child had received other vaccinations that were not recorded on the card, and if so they too were noted on the questionnaire. If the mother was not able to provide a card for the child, she was asked to recall whether or not the child had received BCG, polio, DPT (including the number of doses for each), and measles vaccinations. Information collected covered all children under age five, although data presented here are restricted to children age 12-23 months so as to better reflect those who have reached the age by which they should be fully vaccinated.

Information on vaccination coverage among children age 12-23 months is shown in Table 9.10, according to the source of information used to determine coverage, i.e., vaccination record or mother's report. Health cards were presented for almost three-quarters (74 percent) of the children age 12-23 months. The third row in the table shows the proportion of children who were immunised at any age up to the time of the survey, while the bottom row shows the proportion who were vaccinated by age 12 months, the age at which vaccination coverage should be complete.

According to information from both the vaccination records and mothers' recall, only 65 percent of Namibian children 12-23 months can be considered to be fully immunised. Although the level of coverage for BCG and the first doses of DPT and polio exceeds 90 percent, the proportion who go on to receive the third dose of these latter two vaccines falls off to 79 percent for DPT and 77 percent for polio (Figure 9.2). Dropout rates² between the first and third doses of DPT and of polio are thus 14 and 18 percent, respectively. Eighty percent of children age 12-23 months have received the measles vaccine. Only 5 percent of children have not received any vaccinations at all.

² Dropout rate = (Dose 1 - Dose 3) * 100 / Dose 1

Taking into account WHO recommendations that children should receive the complete schedule by twelve months of age, 59 percent of children age 12-23 months received all of the recommended vaccinations before their first birthday.

Table 9.10 Vaccinations by source of information

Percentage of children 12-23 months who had received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Namibia 2000

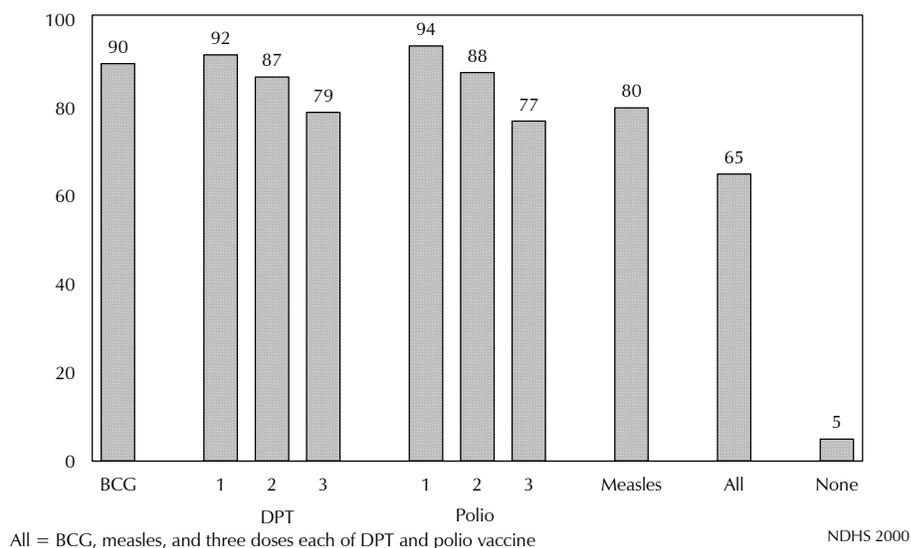
Source of information	Percentage of children who received:												Number of children
	BCG	DPT			Polio ¹				Measles	All ²	None		
		DPT1	DPT2	DPT3	Polio0	Polio1	Polio2	Polio3					
Vaccinated at any time before the survey													
Vaccination card	70.6	72.3	71.3	68.9	70.9	73.2	71.9	69.2	64.1	60.0	0.0	601	
Mother's report	19.4	19.7	15.9	10.5	16.1	20.5	15.7	7.7	16.3	4.8	5.2	215	
Either source	90.0	92.0	87.1	79.3	87.0	93.7	87.6	77.0	80.4	64.8	5.2	816	
Vaccinated by 12 months of age³	90.0	91.4	87.0	78.4	86.9	93.0	87.5	76.1	72.2	58.7	5.5	816	

¹ Polio 0 is the polio vaccination given at birth.

² Children who are fully vaccinated, i.e., those who have received BCG, measles, and three doses of DPT and polio vaccine (excluding polio vaccine given at birth).

³ For children whose information was based on the mother's report, the proportion of vaccinations given in the first year of life was assumed to be the same as for children with a written record of vaccination.

Figure 9.2 Percentage of Children Age 12-23 Months who Have Received Specific Vaccinations



The proportion of children 12-23 months fully immunised has increased, from 58 percent in 1992 to 65 percent in 2000.

Table 9.11 shows vaccination coverage among children age 12-23 months by sex, birth order, residence, and mother's education. The table also includes information on the percentage of children for whom a vaccination card was shown to the interviewer. Girls have slightly higher vaccination coverage than boys, 68 vs. 62 percent. Children in urban area are more likely to fully immunised than their counterparts in rural areas (70 vs. 62 percent).

Table 9.11 Vaccinations by background characteristics

Among children age 12-23 months, the percentage who had received specific vaccines by the time of the survey (according to vaccination card or the mother's report), and the percentage with a vaccination card, by background characteristics, Namibia 2000

Background characteristic	Percentage of children who had received:											Percentage with a vaccination card	Number of children
	DPT				Polio ¹				Measles	All ²	None		
	BCG	DPT1	DPT2	DPT3	Polio0	Polio1	Polio2	Polio3					
Child's sex													
Male	91.1	92.1	86.5	78.1	87.0	94.0	88.9	76.9	79.1	62.0	5.1	71.9	410
Female	88.9	92.0	87.8	80.6	86.9	93.3	86.3	77.0	81.7	67.6	5.3	75.4	406
Birth order													
1	89.8	92.4	90.3	79.9	88.7	92.9	86.5	76.8	80.7	65.8	6.2	73.0	252
2-3	91.2	91.1	85.4	77.9	85.7	93.3	86.3	75.8	81.5	65.1	5.7	70.5	307
4-5	86.1	92.8	86.7	80.1	87.5	95.6	89.9	77.1	80.1	61.7	2.6	76.5	163
6+	93.4	92.8	85.2	81.1	85.5	93.6	91.1	80.9	76.1	66.6	5.2	80.4	94
Residence													
Urban	95.5	96.1	92.9	85.3	92.8	96.5	91.6	80.5	84.3	69.5	2.4	68.2	277
Rural	87.2	89.9	84.2	76.3	84.0	92.2	85.6	75.2	78.4	62.4	6.6	76.4	539
Directorate													
Northwest	87.4	88.7	82.9	75.5	86.4	90.0	84.3	75.5	79.0	62.9	8.0	77.5	318
Northeast	92.4	96.5	91.1	82.3	82.9	99.1	92.2	77.4	84.2	61.8	0.9	74.7	116
Central	89.0	89.0	83.9	74.5	83.0	91.5	83.4	71.0	75.0	62.5	6.8	70.2	152
South	93.2	96.6	93.2	86.4	92.4	97.5	92.8	82.7	83.9	70.4	2.4	70.1	230
Region													
Caprivi	(87.7)	(91.7)	(86.3)	(74.3)	(80.5)	(98.6)	(91.6)	(70.0)	(83.3)	(54.5)	(1.4)	(73.6)	43
Erongo	(100.0)	(96.4)	(92.6)	(88.1)	(95.1)	(100.0)	(96.9)	(81.5)	(91.3)	(75.2)	(0.0)	(78.2)	33
Hardap	(87.5)	(98.7)	(95.9)	(91.7)	(93.9)	(97.3)	(94.7)	(80.5)	(84.7)	(67.6)	(1.3)	(80.7)	28
Karas	95.3	94.0	89.9	87.1	95.3	95.3	91.7	87.3	91.3	82.7	4.7	79.2	31
Kavango	95.2	99.3	94.0	87.1	84.3	99.3	92.6	81.8	84.7	66.2	0.7	75.3	72
Khomas	98.2	98.7	96.9	88.3	97.4	100.0	94.9	83.9	87.8	73.3	0.0	65.6	142
Kunene	85.2	88.0	76.3	66.2	71.4	93.3	83.7	68.4	63.6	49.3	5.0	62.0	34
Ohangwena	86.4	90.9	85.6	82.1	86.6	95.6	91.6	85.0	77.7	60.1	4.4	84.9	107
Omaheke	71.9	86.9	75.9	71.2	63.8	87.7	81.9	74.2	56.1	45.7	12.3	72.7	29
Omusati	81.0	79.7	71.0	58.3	78.5	76.0	70.4	60.8	76.3	58.3	17.5	67.3	82
Oshana	(98.5)	(100.0)	(100.0)	(91.1)	(98.7)	(99.3)	(94.1)	(87.9)	(76.4)	(67.6)	(0.0)	(87.5)	54
Oshikoto	87.7	87.1	79.5	73.7	86.0	90.6	81.9	69.2	85.5	68.5	8.6	70.8	76
Otjozondjupa	86.1	86.4	83.5	72.4	82.9	87.4	78.0	67.9	73.2	62.9	10.2	70.3	85
Mother's education													
No education	79.7	83.9	77.5	66.4	73.0	87.7	77.9	63.3	69.5	51.3	11.0	69.0	127
Incomplete primary	88.4	92.2	86.8	81.9	83.8	94.7	91.2	79.9	80.6	65.6	4.5	77.5	210
Completed primary	95.6	95.5	88.4	83.6	92.5	96.4	92.2	87.4	82.8	72.7	2.9	75.8	89
Incompl. secondary	93.3	94.4	90.5	80.4	92.1	94.4	87.7	76.8	84.0	66.4	3.8	73.6	303
Compl. secondary+	91.9	91.9	88.9	84.2	91.5	94.3	88.4	79.9	80.8	68.8	5.4	69.1	87
Total	90.0	92.0	87.1	79.3	87.0	93.7	87.6	77.0	80.4	64.8	5.2	73.6	816

Note: Figures in parentheses are based on 25-49 unweighted cases.
¹ Polio 0 is the polio vaccination given at birth.
² Children who are fully vaccinated, i.e., those who have received BCG, measles, and three doses of DPT and polio vaccine (excluding polio vaccine given at birth).

Vaccination coverage is highest in Karas Region (83 percent) and lowest in Omaheke (46 percent) and Kunene (49 percent) Regions. Immunisation coverage is lower among children whose mothers have no education, only half of whom have received all the recommended vaccinations. At least two-thirds of children whose mothers have some education are fully immunised.

9.7 ACUTE RESPIRATORY INFECTION AND FEVER

Acute respiratory infection (ARI) is among the leading causes of morbidity and mortality among young children in Namibia. Of the acute respiratory diseases, pneumonia is the most serious for young children. Improvement in children's nutritional status is regarded as the most effective strategy for reducing the severity of acute respiratory infections, as well-nourished children can better withstand the effects of ARI and recover more quickly. Nevertheless, early diagnosis and treatment with antibiotics can prevent a large proportion of deaths from respiratory infection, especially infection that includes fever, cough, and difficult or rapid breathing.

To quantify the prevalence of ARI, mothers interviewed in the NDHS were asked if their children under age five had been ill with a cough accompanied by short rapid breathing during the two weeks before the survey. Mothers whose children had experienced these symptoms were asked if they sought advice or treatment from a health professional or at a health facility. Table 9.12 presents the percentage of children under five who were ill with a cough accompanied by fast breathing during the two weeks before the survey and the percentage of ill children who were taken to a health facility or provider.

The data show that 18 percent of children had a cough and fast breathing in the two weeks before the survey. Prevalence of ARI symptoms varies by age of the child, being highest among children age 6-23 months. Variations in ARI prevalence by child's sex and birth order are insignificant. However, rural children and especially those in Northwest Directorate have a higher prevalence of ARI symptoms than other children. ARI prevalence is also particularly high in Omusati and Ohangwena Regions. There is no uniform pattern in ARI prevalence by education of the mother except that

Table 9.12 Prevalence and treatment of acute respiratory infection

Percentage of children under five years who were ill with a cough accompanied by short, rapid breathing (symptoms of ARI) in the two weeks preceding the survey, and percentage of children with symptoms of ARI taken to a health facility or provider, by background characteristics, Namibia 2000

Background characteristic	Percentage of children with cough accompanied with ARI	Number of children	Percentage of children with symptoms of ARI taken to a health facility or provider ¹	Number of children
Child's age				
<6 months	15.8	417	61.4	66
6-11 months	26.0	401	55.0	104
12-23 months	23.9	816	57.1	195
24-35 months	17.6	713	45.5	126
36-47 months	13.7	671	48.5	92
48-59 months	11.3	768	51.4	87
Child's sex				
Male	17.1	1,908	53.6	326
Female	18.3	1,877	52.6	343
Birth order				
1	18.0	1,112	53.8	200
2-3	15.4	1,449	54.0	224
4-5	20.0	706	56.5	141
6+	20.1	519	45.3	104
Residence				
Urban	13.8	1,316	63.2	182
Rural	19.7	2,469	49.3	487
Directorate				
Northwest	24.1	1,536	49.0	371
Northeast	13.3	517	60.9	69
Central	12.8	704	43.8	90
South	13.6	1,028	66.0	140
Region				
Caprivi	9.5	203	*	19
Erongo	7.1	163	*	12
Hardap	12.1	137	(56.8)	17
Karas	12.9	121	(62.9)	16
Kavango	15.8	313	60.4	49
Khomas	15.3	641	(68.7)	98
Kunene	21.3	153	49.5	33
Ohangwena	24.7	534	43.6	132
Omaheke	7.6	129	(59.8)	10
Omusati	32.4	355	56.5	115
Oshana	18.4	321	(60.3)	59
Oshikoto	19.7	327	(36.5)	64
Otjozondjupa	11.8	388	(34.2)	46
Mother's education				
No education	17.4	524	45.5	91
Incomplete primary	21.2	966	47.9	204
Completed primary	16.8	419	42.9	71
Incompl. secondary	17.9	1,432	60.9	256
Compl. secondary+	10.5	444	(63.1)	47
Mother smokes				
Yes	15.3	417	54.6	64
No	18.0	3,366	52.9	605
Total	17.7	3,785	53.1	669

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

ARI = Acute Respiratory Infections

¹ Excludes pharmacy, shop, and traditional practitioner

children whose mothers have completed secondary school appear to be less susceptible to ARI symptoms. Surprisingly, there is little difference in ARI prevalence between children whose mothers smoke and those who do not.

The 2000 NDHS also included a question as to whether children with a cough had a blocked nose, a problem in the chest, or both. For 49 percent of the children, mothers reported that the symptoms were due to a blocked nose, while 33 percent said it was a problem in the chest, and 13 percent said it was both (data not shown).

Just over half of children who had symptoms of respiratory illness were taken to a health facility or provider. Variations in this proportion are difficult to assess due to the sometimes small numbers of ill children during the two-week reference period.

Fever symptoms are associated with malaria in many cases. Malaria is a leading cause of outpatient attendance, admissions, and deaths, especially among children under five. To quantify the prevalence of fever, mothers interviewed in the NDHS were asked if their children under age five had been ill with a fever during the two weeks before the survey. If so, the mother was asked whether the child took medicine for the fever and if so, which kind. While information on disease prevalence is highly dependent on correct reporting and proper diagnosis of symptoms, the accuracy of information on treatment practices depends on how much mothers know about the medicines that were given to their children. The aim in the 2000 NDHS was to gain a general knowledge about the management of ill children. Table 9.13 shows the proportion of children who were reported to have had a fever during the two weeks preceding the survey, as well as the proportion of ill children who received various types of treatments.

Just below 20 percent of children under five were reported to have had a fever in the two weeks prior to the survey. Fever is more prevalent among children age 6-23 months and among those who live in Karas, Kavango and Kunene Regions. Most ill children were given some sort of treatment or taken to a facility, most commonly to a government health centre or clinic. Twenty-two percent of children with a fever were given an antibiotic, while 14 percent were given chloroquine. More than one-third of children with fever were not given any treatment at all.

Table 9.13 Prevalence of fever and sources of treatment

Percentage of children under five years who were ill with a fever during the two weeks preceding the survey, and among those with fever, the percentage taken to specific sources of treatment, by background characteristics, Namibia 2000

Background characteristic	Fever and treatment											
	With fever	Number of children <5	Government hospital	Government health centre/clinic	Government mobile clinic/worker	Any private	Traditional practitioner	Other	No treatment	Given chloroquine	Given antibiotic	Number of children with fever
Child's age in months												
< 6 months	19.7	417	22.0	37.2	0.0	6.9	0.8	0.0	32.1	4.8	25.8	82
6-11 months	28.0	401	14.0	39.0	0.8	6.2	0.0	0.9	34.0	19.1	21.1	112
12-23 months	25.2	816	17.9	38.2	0.5	5.4	0.2	1.0	30.0	16.1	19.3	205
24-35 months	17.7	713	13.4	32.5	0.7	11.1	1.2	0.0	40.6	15.5	24.0	126
36-47 months	14.1	671	11.3	34.1	1.3	7.3	0.0	0.8	40.1	12.3	23.5	95
48-59 months	15.1	768	17.3	31.4	0.5	3.9	0.0	0.0	43.6	14.1	19.7	116
Sex												
Male	19.0	1,908	15.2	37.0	0.9	6.9	0.5	0.4	34.9	14.7	20.2	363
Female	19.9	1,877	16.9	34.2	0.4	6.5	0.2	0.7	37.4	14.0	23.2	373
Residence												
Urban	20.9	1,316	23.7	31.7	0.1	10.6	0.2	0.9	32.1	6.3	29.8	275
Rural	18.7	2,469	11.5	38.0	0.9	4.4	0.4	0.3	38.5	19.2	16.9	461
Directorate												
Northwest	18.2	1,536	21.0	35.2	0.4	3.3	0.0	0.0	32.2	15.3	22.4	279
Northeast	23.7	517	8.9	47.6	1.1	4.7	1.5	0.0	35.5	36.4	10.8	122
Central	17.9	704	11.2	21.3	0.5	16.7	0.0	0.7	44.2	9.3	20.2	126
South	20.2	1,028	16.6	37.8	0.6	6.2	0.3	1.4	36.9	3.3	28.1	208
Region												
Caprivi	17.1	203	(9.1)	(51.6)	(0.0)	(13.0)	(0.0)	(0.0)	(23.8)	(40.0)	(25.9)	35
Erongo	11.2	163	*	*	*	*	*	*	*	*	*	18
Hardap	17.3	137	(13.8)	(34.1)	(1.5)	(6.6)	(0.0)	(2.4)	(44.0)	(8.0)	(31.2)	24
Karas	29.9	121	5.0	32.7	1.1	19.4	1.8	4.9	34.7	3.5	32.1	36
Kavango	28.0	313	8.9	45.9	1.6	1.5	2.1	0.0	40.2	35.0	4.8	88
Khomas	19.6	641	23.1	39.7	0.0	2.0	0.0	0.0	35.3	2.5	27.0	126
Kunene	27.8	153	14.1	24.7	1.4	5.8	0.0	0.5	50.2	12.9	24.4	43
Ohangwena	14.1	534	14.0	51.0	0.0	0.0	0.0	0.0	30.7	24.9	22.0	75
Omaheke	17.4	129	1.9	39.8	2.6	8.5	0.0	3.0	41.9	2.5	24.7	22
Omusati	19.3	355	(22.3)	(28.6)	(1.8)	(4.4)	(0.0)	(0.0)	(29.2)	(15.4)	(22.8)	68
Oshana	20.6	321	(19.7)	(37.6)	(0.0)	(4.7)	(0.0)	(0.0)	(32.1)	(17.9)	(17.2)	66
Oshikoto	21.3	327	28.5	22.2	0.0	4.6	0.0	0.0	36.7	2.5	27.4	69
Otjozondjupa	16.8	388	11.6	15.0	0.0	19.0	0.0	0.0	47.7	6.2	13.5	65
Mother's education												
No education	18.2	524	15.6	39.0	1.2	4.6	0.0	0.0	42.8	16.4	17.8	95
Incomplete primary	19.5	966	9.1	43.3	0.5	2.1	1.0	0.7	39.2	22.6	20.1	188
Completed primary	21.6	419	18.6	35.1	2.0	4.4	0.0	0.5	40.9	12.1	19.9	90
Incompl. secondary	20.6	1,432	17.8	31.4	0.1	8.2	0.2	0.6	32.5	10.6	23.9	295
Compl. secondary+	15.0	444	25.3	28.8	0.6	19.0	0.0	0.3	27.4	8.3	24.4	67
Total	19.4	3,785	16.1	35.6	0.6	6.7	0.3	0.5	36.1	14.4	21.7	736

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

9.8 USE OF BEDNETS

Consistent use of insecticide-impregnated bednets can substantially reduce the transmission of malaria. In order to gauge the extent of bednet use, mothers were asked if their children under five slept under a bednet the night before the interview. They were also asked if the bednets had been treated with an insecticide, since treated bednets are more effective than untreated ones.

The data show that use of bednets is minimal in Namibia (Table 9.14). Only 7 percent of children under five slept under a bednet the night prior to the interview. Of those who slept under a bednet, only about half reported that the net had ever been treated with insecticide (data not shown). Children in the Northeast Directorate, especially those in Caprivi and Kavango Regions, are more likely than others to sleep under bednets.

Table 9.14 Use of mosquito nets

Percent distribution of children under five years by whether children slept under a mosquito net during the previous night, Namibia 2000

Background characteristic	Slept under bednet	Did not sleep under bednet	Don't know if slept under bednet/missing	Total	Number of children
Residence					
Urban	5.0	81.4	13.6	100.0	1,316
Rural	7.5	83.9	8.6	100.0	2,469
Directorate					
Northwest	5.0	83.5	11.5	100.0	1,536
Northeast	24.7	70.7	4.6	100.0	517
Central	4.4	83.8	11.8	100.0	704
South	1.6	87.9	10.4	100.0	1,028
Region					
Caprivi	34.2	60.4	5.4	100.0	203
Erongo	0.5	82.4	17.2	100.0	163
Hardap	3.1	87.7	9.3	100.0	137
Karas	1.4	91.7	6.9	100.0	121
Kavango	18.5	77.4	4.2	100.0	313
Khomas	1.4	86.2	12.4	100.0	641
Kunene	7.9	80.0	12.1	100.0	153
Ohangwena	3.3	82.7	14.1	100.0	534
Omaheke	1.2	93.5	5.3	100.0	129
Omusati	6.7	86.2	7.1	100.0	355
Oshana	6.9	79.2	14.0	100.0	321
Oshikoto	4.2	86.1	9.7	100.0	327
Otjozondjupa	4.6	85.9	9.5	100.0	388
Total	6.7	83.0	10.3	100.0	3,785

9.9 STOOL DISPOSAL

If human faeces are left uncontained, disease may spread to others by direct contact or via animal contact. Table 9.15 presents information on the disposal of the stools of children under five, by background characteristics and type of toilet facility in the household.

The data show that for 44 percent of children, the stool is contained, either by burying it in the yard, throwing it into the latrine, or having the child use the toilet or latrine. In another 18 percent of cases, diapers are used for the child, most often washable diapers. However, the stool of one-third of young children is not disposed of properly; most often, it is thrown outside the yard or dwelling.

Table 9.15 Disposal of children's stool

Percent distribution of women who had a birth in the five years preceding the survey by way in which their youngest child's fecal matter is disposed of, according to background characteristics and type of toilet facilities in households, Namibia 2000

Background characteristic	Stool contained			Stool uncontained			Use diapers					Total	Number of women
	Child always uses toilet/latrine	Thrown into toilet/latrine	Buried in yard	Thrown outside dwelling	Thrown outside yard	Washed away	Not disposed of	Dispos-able	Wash-able	Other	Missing		
Residence													
Urban	25.5	30.4	4.6	6.7	5.1	4.3	0.0	4.0	17.3	1.5	0.7	100.0	824
Rural	4.8	3.3	27.2	13.6	23.7	4.0	0.1	2.2	13.8	7.0	0.3	100.0	1,680
Directorate													
Northwest	4.0	3.1	33.6	13.0	17.8	4.0	0.2	1.0	16.0	6.9	0.4	100.0	1,024
Northeast	1.7	1.9	25.5	20.0	34.3	3.1	0.0	4.2	8.7	0.4	0.2	100.0	366
Central	18.7	24.0	9.0	5.2	17.2	5.3	0.0	1.8	10.6	7.7	0.5	100.0	463
South	24.0	24.1	2.5	8.2	8.0	3.9	0.0	5.6	19.8	3.3	0.5	100.0	650
Region													
Caprivi	0.9	0.9	27.7	5.6	28.5	2.2	0.0	10.6	22.3	0.9	0.4	100.0	144
Erongo	29.8	45.0	3.8	0.0	0.4	2.9	0.0	3.7	14.4	0.0	0.0	100.0	118
Hardap	32.2	15.3	2.0	4.1	9.1	10.8	0.0	1.7	24.0	0.8	0.0	100.0	101
Karas	33.3	14.9	0.9	5.4	3.2	0.0	0.0	2.5	37.2	2.5	0.0	100.0	91
Kavango	2.2	2.6	24.2	29.3	38.1	3.7	0.0	0.0	0.0	0.0	0.0	100.0	222
Khomas	22.0	33.1	1.0	11.2	3.9	2.0	0.0	8.1	17.4	0.7	0.5	100.0	371
Kunene	10.9	14.6	15.0	8.3	33.1	3.9	0.0	1.0	7.4	4.1	1.7	100.0	94
Ohangwena	0.1	0.4	36.9	29.2	22.0	1.8	0.0	0.0	9.2	0.4	0.0	100.0	331
Omaheke	12.7	5.9	11.0	3.2	28.8	8.2	0.0	3.1	7.0	18.5	1.6	100.0	88
Omusati	2.9	1.2	36.1	3.6	15.2	0.6	0.6	1.6	25.8	12.4	0.0	100.0	257
Oshana	3.1	7.9	24.7	6.8	24.5	5.9	0.0	2.1	13.1	10.8	1.1	100.0	207
Oshikoto	11.7	4.6	34.1	5.9	8.5	9.3	0.2	0.9	17.3	6.5	0.9	100.0	229
Otjozondjupa	16.5	17.7	9.2	6.4	19.1	6.9	0.0	1.1	10.0	12.7	0.4	100.0	251
Education													
No education	8.3	4.5	18.8	16.7	30.2	4.3	0.0	1.0	8.4	6.5	1.2	100.0	328
Incomplete primary	5.0	7.0	24.1	20.0	20.6	3.2	0.1	1.8	11.2	6.3	0.7	100.0	627
Completed primary	12.2	10.7	20.3	8.6	19.6	3.7	0.6	2.4	17.3	4.0	0.5	100.0	260
Incompl. secondary	12.9	15.3	20.0	6.8	14.7	4.5	0.0	2.5	17.9	5.4	0.0	100.0	985
Compl. secondary+	23.9	23.0	10.7	4.6	5.1	4.8	0.0	8.2	17.8	1.5	0.4	100.0	303
Toilet facilities													
None	2.6	0.1	27.8	16.3	25.0	3.6	0.1	2.3	14.3	7.4	0.5	100.0	1,455
Pit latrine	7.2	9.2	23.3	9.0	24.2	4.3	0.0	4.5	14.2	4.3	0.0	100.0	175
Improved latrine	5.8	12.0	30.2	7.4	9.7	9.2	0.0	0.0	10.0	10.2	5.4	100.0	60
Flush toilet	30.3	36.8	2.9	1.6	2.5	4.8	0.0	3.9	15.9	1.2	0.0	100.0	739
Other	19.1	15.0	2.5	22.1	13.9	2.5	0.0	0.0	24.2	0.0	0.5	100.0	61
Total	11.6	12.3	19.8	11.3	17.5	4.1	0.1	2.8	14.9	5.2	0.4	100.0	2,503

Note: Total includes 13 women with information on toilet facilities missing.

As expected, urban children, children in the South and Central Directorates, those whose mothers are better educated and those who live in households with flush toilets are more likely than other children to have their stool properly disposed of.

Another indicator of hygiene is hand-washing. In the survey, women were asked if they had washed their hands the last time they started to prepare a meal for their family. Nine in ten women said they had done so (data not shown). There were few differences by background characteristics.

9.10 PREVALENCE AND TREATMENT OF DIARRHOEA

Diarrhoea is one of the major causes of morbidity and mortality among young children in Namibia. The problem becomes more prominent in children after six months of age when children start to

crawl and eat supplementary foods. In the 2000 NDHS, mothers were asked whether their children under five had diarrhoea in the two weeks preceding the survey. If so, the mother was asked what, if anything, had been done to treat the diarrhoea. Since the prevalence of diarrhoea varies seasonally, the results pertain only to the pattern during the period September-December when the 2000 NDHS interviewing took place.

Twelve percent of children under five were reported to have had diarrhoea in two weeks before the survey (Table 9.16). Two percent of children were reported to have had bloody diarrhoea, a symptom of dysentery. Prevalence of diarrhoea has declined by almost 50 percent since 1992, from 21 to 12 percent of children under five.

Diarrhoea is notably higher among children age 6-23 months—the time when most children are weaned. It is also higher among children in the Northeast Directorate, as well as among children in Kavango Region. Children whose mothers have no education appear to be more susceptible to diarrhoea.

Treatment of diarrhoea is another issue that was studied in the 2000 NDHS in order to understand diarrhoea management by mothers of children under five. The administration of oral rehydration solution (ORS) is a simple means of countering the effects of the dehydration that accompanies diarrhoea. ORS involves preparing a solution by mixing water with commercially prepared packets of oral rehydration salts.

As shown in Table 9.17, knowledge of ORS is very widespread among Namibian women with young children (95 percent). Moreover, 31 percent of mothers said they had a sachet of ORS in the house at the time of the survey. Knowledge of ORS packets has increased from 84 percent of mothers in 1992 to 95 percent in 2000.

Background characteristic	Diarrhoea in preceding 2 weeks	Diarrhoea with blood	Number of children
Child's age			
<6 months	9.1	1.2	417
6-11 months	22.8	1.0	401
12-23 months	20.3	2.5	816
24-35 months	12.2	2.1	713
36-47 months	7.6	1.4	671
48-59 months	2.7	0.3	768
Child's sex			
Male	11.8	1.6	1,908
Female	12.1	1.4	1,877
Residence			
Urban	12.6	1.1	1,316
Rural	11.7	1.7	2,469
Directorate			
Northwest	9.7	1.3	1,536
Northeast	17.8	3.8	517
Central	11.9	1.3	704
South	12.6	0.8	1,028
Region			
Caprivi	12.6	1.7	203
Erongo	8.4	0.3	163
Hardap	17.3	1.8	137
Karas	10.8	0.0	121
Kavango	21.1	5.2	313
Khomas	12.3	0.7	641
Kunene	17.1	2.1	153
Ohangwena	10.5	0.8	534
Omaheke	10.6	0.9	129
Omusati	10.4	1.7	355
Oshana	5.6	1.2	321
Oshikoto	11.5	1.7	327
Otjozondjupa	11.3	1.3	388
Mother's education			
No education	16.7	3.7	524
Incomplete primary	12.3	1.8	966
Completed primary	11.3	1.0	419
Incompl. secondary	10.8	0.9	1,432
Compl. secondary+	10.1	0.7	444
Total	12.0	1.5	3,785

Table 9.17 Knowledge of ORS packets

Percentage of mothers with births in the five years preceding the survey who know about ORS packets for treatment of diarrhoea, and percentage who had an ORS sachet at home, by background characteristics, Namibia 2000

Background characteristic	Percentage of mothers who know about ORS packets	Has sachet in home	Number of mothers
Age			
15-19	94.4	35.2	220
20-24	94.3	32.8	725
25-29	94.4	30.8	693
30-34	95.2	28.6	611
35-49	96.0	30.1	753
Residence			
Urban	93.3	34.5	1,112
Rural	95.9	28.9	1,889
Directorate			
Northwest	97.0	25.0	1,197
Northeast	95.8	26.4	395
Central	94.0	34.7	570
South	92.3	39.2	840
Region			
Caprivi	99.6	38.7	153
Erongo	94.5	16.4	145
Hardap	88.1	28.7	114
Karas	93.9	52.2	101
Kavango	93.4	18.6	242
Khomas	92.2	40.3	526
Kunene	96.2	42.2	115
Ohangwena	97.3	30.9	370
Omaheke	95.4	32.0	99
Omusati	96.5	15.7	289
Oshana	98.3	24.0	266
Oshikoto	95.9	27.7	272
Otjozondjupa	92.9	40.5	310
Education			
No education	92.2	27.6	375
Incomplete primary	96.4	24.6	738
Completed primary	96.3	30.8	327
Incompl. secondary	95.9	34.8	1,191
Compl. secondary+	90.7	35.0	371
Total	94.9	31.0	3,002

ORS = Oral rehydration salts

Table 9.18 shows treatment practices for children who had diarrhoea in the two weeks preceding the survey. About half of ill children (51 percent) were taken to a health facility for treatment, while 61 percent were given a solution prepared from ORS packets, and 15 percent were given more than the usual amount of fluids. Altogether, two-thirds of the children with diarrhoea were given either ORS or increased fluids. Forty percent of children with diarrhoea received cereal, ontaku, mageu, or soup (ontaku is a drink mainly used by Oshiwambo speaking people prepared from millet flour and mageu is a fermented drink made of maize flour). Differences in diarrhoea treatment by background characteristics are surprisingly small and should be viewed cautiously, given the small numbers of ill children.

Table 9.18 Diarrhoea treatment

Among children under five years who had diarrhoea in the two weeks preceding the survey, the percentage taken for treatment to a health provider, the percentage who received oral rehydration therapy (ORT) (solution prepared from ORS packets or increased fluids), and the percentage given other treatments, according to selected background characteristics, Namibia 2000

Background characteristic	Percentage taken to a health facility ¹	Oral rehydration therapy			Other treatments								Number of children
		ORS packets	In-creased fluids	Given ORS or in-creased fluids	Cereal <i>ontaku</i> / <i>mageu</i> / soup	Milk/ omaere/ infant formula	Pill or syrup	Injec- tion	Intra- venous	Home remedy/ other	Missing	None	
Child's age													
<6 months	(59.7)	(53.0)	(2.3)	(53.0)	(16.6)	(36.4)	(26.9)	(1.3)	(0.8)	(9.0)	(0.0)	(23.1)	38
6-11 months	38.4	49.8	9.8	54.4	28.0	29.8	11.4	2.2	0.0	18.3	0.0	22.9	91
12-23 months	55.4	66.4	22.9	73.5	51.9	37.6	13.8	2.1	1.5	11.0	0.0	5.6	166
24-35 months	53.6	65.3	12.4	68.0	26.2	21.9	19.2	1.8	0.0	18.8	0.6	11.1	87
36-47 months	41.9	60.8	6.5	60.8	60.2	26.9	11.4	1.3	1.3	20.5	1.1	3.5	51
48-59 months	(59.7)	(66.0)	(35.6)	(80.5)	(36.8)	(28.4)	(26.1)	(9.1)	(0.0)	(4.3)	(0.0)	(7.7)	21
Child's sex													
Male	49.9	61.8	15.6	65.7	38.7	33.5	15.2	2.2	1.4	9.6	0.2	12.0	226
Female	51.5	60.3	14.9	65.8	40.2	29.0	16.3	2.2	0.1	19.5	0.2	10.9	228
Birth order													
1	59.0	61.4	15.6	65.8	47.3	26.9	18.6	2.8	0.8	8.0	0.4	14.8	126
2-3	46.9	58.3	14.7	63.2	40.0	35.0	17.8	1.9	1.6	16.9	0.3	5.1	161
4-5	47.7	71.1	20.5	77.0	33.6	34.6	12.7	3.2	0.0	15.1	0.0	10.9	104
6+	48.6	51.1	7.2	53.9	32.0	25.1	9.7	0.0	0.0	21.2	0.0	22.0	63
Residence													
Urban	53.8	66.4	21.6	74.5	38.0	42.7	24.7	4.3	1.5	15.0	0.6	6.8	166
Rural	48.9	58.0	11.6	60.7	40.3	24.7	10.5	1.0	0.3	14.4	0.0	14.2	288
Directorate													
Northwest	50.0	52.3	12.4	57.2	49.6	12.5	12.4	0.5	0.7	9.7	0.3	15.7	149
Northeast	59.8	64.4	12.2	67.3	34.8	42.3	11.4	2.9	0.0	17.7	0.0	9.0	92
Central	52.2	65.3	13.3	70.0	32.4	36.5	25.4	2.2	0.0	19.0	0.0	9.0	84
South	44.1	66.0	22.0	71.7	35.6	41.6	16.3	3.7	1.9	15.2	0.4	10.0	129
Education													
No education	46.8	68.1	7.5	68.6	27.5	25.5	13.0	0.5	0.0	21.7	0.0	14.5	87
Incomplete primary	41.2	42.7	11.5	48.4	36.6	16.9	11.8	0.6	0.0	16.4	0.0	18.2	119
Completed primary	61.2	74.6	24.6	78.2	44.1	24.6	24.8	2.8	1.4	13.4	0.0	2.0	47
Incompl. secondary	56.8	65.9	18.8	72.9	44.9	40.3	16.4	4.1	0.2	10.9	0.7	9.1	155
Compl. secondary+	(51.4)	(65.5)	(18.3)	(68.2)	(46.8)	(56.7)	(19.9)	(2.6)	(5.6)	(9.8)	(0.0)	(6.0)	45
Total	50.7	61.1	15.3	65.8	39.5	31.3	15.7	2.2	0.8	14.6	0.2	11.5	454

Note: Figures in parentheses are based on 25-49 unweighted cases. There are too few children with recent diarrhoea in the regions to show separately. *Ontaku* and *mageu* are traditional drinks made from millet and maize, respectively.

ORS = Oral rehydration salts

¹ Excludes pharmacy, shop, and traditional practitioner

The use of ORS has declined marginally, from 64 percent of ill children in 1992 to 61 percent in 2000.

In addition to asking what was done to treat children with diarrhoea, mothers were specifically asked if they gave the child more or less fluids and food than usual. Table 9.19 provides information on feeding practices among children under five who had diarrhoea in the two weeks before the survey.

The data indicate that 44 percent of children with diarrhoea were given the same amount of fluids as usual and 15 percent received more fluids than usual; 39 percent received less fluids than usual or no fluids at all. The results suggest that many mothers in Namibia engage in the dangerous practice of cur-tailing fluid intake when children have diarrhoea. Forty-eight percent of children with diarrhoea are given the same amount of food as usual or more than usual, while 44 percent are given less food than usual or no food.

Table 9.19 Feeding practices during diarrhoea

Percent distribution of children under five years who had diarrhoea in the two weeks preceding the survey, by amount of liquid offered and amount of food offered compared with normal practice, Namibia 2000

Feeding practice	Percent
Amount of liquid offered	
Same as usual	43.5
More	15.3
Somewhat less	17.3
Much less	17.7
None	4.4
Don't know/missing	1.9
Total	100.0
Amount of food offered	
Same as usual	40.6
More	7.1
Somewhat less	17.9
Much less	19.7
None	6.0
Never gave food	7.1
Don't know/missing	1.6
Total	100.0
Number of children	454

This chapter covers topics related to infant feeding (including initiation of breastfeeding, patterns and duration of breastfeeding, and introduction of complementary weaning foods), nutritional status of young children and the vitamin A supplementation programme. Height and weight measurements of children in the household who were under the age of five years were taken to determine their nutritional status.

Infant feeding has an impact on both the child and the mother. Feeding practices are important determinants of children's nutritional status and many studies have shown the beneficial effects of breastfeeding on nutritional status, health, and survival of young infants. Exclusive breastfeeding (i.e., only breast milk) is recommended during the first 4-6 months of a child's life because it limits exposure to disease agents as well as providing all of the nutrients a baby requires. Breastfeeding also has an indirect effect on the postpartum fecundity of mothers. In particular, more frequent breastfeeding is associated with longer periods of postpartum amenorrhoea, which in turn are related to longer birth intervals, and thus lower fertility levels.

10.1 INITIATION OF BREASTFEEDING

Table 10.1 shows the proportion of children born in the five years before the survey who were ever breastfed and the percentage who started breastfeeding within one hour and one day of birth. Almost all Namibian children (95 percent) are breastfed for some period of time, regardless of background characteristics of the child or the mother. The 1992 NDHS found similar high proportions (95 percent).

An important dimension related to breastfeeding is the timing of its initiation. Early initiation of breastfeeding is beneficial for both mothers and children. From the mother's perspective, early suckling stimulates the release of a hormone that helps the uterus to contract. From the child's perspective, the first breast milk (colostrum) is important, since it is rich in antibodies.

In Namibia, 81 percent of newborns are put to the breast within one hour of birth and over 93 percent are put to the breast within the first day of life. This represents a substantial increase over the levels recorded in the 1992 NDHS (52 percent within one hour and 80 percent within one day).

Children born in Caprivi, Erongo and Ohangwena Regions are more likely to be breastfed within one hour of birth. Less than 80 percent of babies born in Kunene Region receive breast milk within the first day of life. There are only minor differences by other characteristics. It is particularly encouraging to note that there is almost no difference in breastfeeding initiation rates for babies born in health facilities and those born at home. It appears that the baby-friendly hospital initiative has succeeded in encouraging early breastfeeding in health facilities.

10.2 BREASTFEEDING STATUS BY AGE

The timing of introduction of complementary foods in addition to breast milk has important implications for the child and the mother. As mentioned above, breast milk is uncontaminated and contains all the nutrients needed by children in the first few months of life. In addition, it provides some immunity to disease through the mother's antibodies. Early supplementation, especially under unhygienic conditions, can result in infection. In the NDHS, mothers were asked about the current breastfeeding

Table 10.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed the percentage who started breastfeeding within one hour and within one day of birth, by background characteristics, Namibia 2000

Background characteristic	Percentage ever breastfed	Percentage who started breastfeeding:		Number of children
		Within 1 hour of birth	Within 1 day of birth ¹	
Sex				
Male	94.7	80.2	93.0	2,016
Female	95.6	81.6	93.9	1,969
Residence				
Urban	94.1	84.3	94.5	1,372
Rural	95.7	79.1	92.9	2,613
Directorate				
Northwest	94.0	76.6	95.3	1,643
Northeast	98.4	85.9	91.7	537
Central	97.2	80.1	90.9	729
South	93.9	85.3	93.2	1,076
Region				
Caprivi	97.9	90.4	96.5	207
Erongo	95.0	92.1	96.4	167
Hardap	94.8	81.2	88.0	146
Karas	93.7	79.8	85.8	124
Kavango	98.6	83.1	88.7	330
Khomas	93.4	86.9	96.3	668
Kunene	96.2	66.6	79.0	162
Ohangwena	97.5	90.3	97.6	552
Omaheke	95.3	86.5	90.4	138
Omusati	92.6	77.7	92.2	384
Oshana	91.5	64.9	98.0	347
Oshikoto	92.4	64.6	92.4	361
Otjozondjupa	98.6	80.5	93.4	400
Education				
No education	95.4	80.2	90.1	561
Incomplete primary	94.4	80.7	92.9	447
Completed primary	95.4	79.9	93.8	1,023
Incompl. secondary	95.8	82.4	94.9	1,403
Compl. secondary+	92.0	80.9	92.9	458
Assistance at delivery				
Medically trained	94.9	81.4	94.8	3,010
Traditional midwife	94.4	80.3	95.1	247
Other	96.6	83.6	92.1	664
Place of delivery				
Health facility	94.9	81.3	94.8	2,977
Home	95.7	82.9	93.0	960
Total	95.1	80.9	93.4	3,985

Note: Table is based on all births, whether the children are living or dead at the time of interview. Total includes 24 and 40 children for whom information on assistance at delivery is "no one" or "missing" and 9 and 39 children for whom information on place of delivery is "other" or "missing," respectively.

¹ Includes children who started breastfeeding within one hour of birth.

status of all children under age five and, if the child was being breastfed, whether various types of liquid or solid foods had been given to the child “yesterday” or “last night”. Children who receive breast milk only are considered to be exclusively breastfed. Predominant breastfeeding is defined as either exclusive breastfeeding or receiving one or more of the following: plain water, water-based liquids, and juice (but no other milk).

The data shown in Table 10.2 indicate that supplementation of breast milk with other liquids begins too early in Namibia—within the first 2 months of age. Although many newborns less than two months of age are either exclusively breastfed (39 percent) or predominantly breastfed (16 percent), four in ten of these very young babies are receiving other milk. Although exclusive breastfeeding is recommended for the first 4-6 months of life, only 26 percent of children under four months old are exclusively breastfed and only 4 percent of those age 4-5 months old are exclusively breastfed. Although some of these children are receiving only plain water in addition to breast milk, many are receiving other types of milk. Almost half of children age 4-5 months are already being given mushy foods.

Despite the early supplementation, the results shown in Table 10.2 indicate that babies are breastfed for a long time. Even among children 18-19 months old, about half are still receiving breast milk.

Table 10.2 Breastfeeding status by child's age

Percent distribution of youngest children under three years living with the mother by breastfeeding status, and percent-age using a bottle with a nipple, according to child's age in months, Namibia 2000

Child's age in months	Not breast-feeding	Exclusively breastfed	Breastfeeding and:				Total	Using a bottle with a nipple ¹	Number of children
			Plain water only	Fruit juice/tea/soda/other liquids	Other milk	Solid or mushy foods			
<2	5.4	38.6	12.6	3.8	39.5	0.0	100.0	33.3	136
2-3	5.7	13.6	27.7	3.8	36.1	13.1	100.0	45.0	141
4-5	6.2	4.1	15.9	8.0	18.6	47.2	100.0	55.2	139
6-7	9.1	0.5	5.8	8.0	17.1	59.5	100.0	49.4	123
8-9	26.2	1.2	3.6	2.5	11.6	54.8	100.0	38.0	139
10-11	27.8	1.9	1.1	2.8	3.7	62.7	100.0	40.6	139
12-13	24.8	1.1	4.2	3.6	4.6	61.7	100.0	32.7	161
14-15	26.2	1.7	2.4	2.4	2.5	64.8	100.0	29.5	148
16-17	38.1	0.0	1.1	2.5	6.3	51.9	100.0	35.1	117
18-19	48.7	0.0	1.1	1.4	5.0	43.8	100.0	31.4	151
20-21	55.6	0.5	0.7	2.1	1.2	39.8	100.0	28.0	133
22-23	72.7	0.0	0.7	0.8	1.9	24.0	100.0	8.4	105
24-25	74.7	0.5	0.3	3.5	1.9	19.1	100.0	12.7	120
26-27	80.3	0.0	0.6	0.0	2.8	16.3	100.0	16.0	145
28-29	84.9	0.0	0.0	2.1	0.5	12.5	100.0	10.7	116
30-31	92.7	0.9	0.0	0.3	0.4	5.8	100.0	5.2	106
32-33	94.1	0.7	0.0	0.3	0.4	4.5	100.0	16.1	116
34-35	94.2	0.0	0.0	0.4	1.3	4.2	100.0	8.5	110
<4	5.6	25.9	20.3	3.8	37.8	6.7	100.0	39.3	278
4-5	6.2	4.1	15.9	8.0	18.6	47.2	100.0	55.2	139
6-9	18.2	0.9	4.6	5.1	14.2	57.0	100.0	43.4	262
Total	45.7	3.8	4.6	2.8	9.0	34.0	100.0	28.6	2,346

Note: Breastfeeding status refers to last 24 hours. Children classified as *breastfeeding and plain water only* receive no supplements.

¹ Based on all children under three years living with the mother

10.3 DURATION OF BREASTFEEDING

Data on the median duration and frequency of breastfeeding are presented in Table 10.3. The estimates of mean and median duration of breastfeeding are based on current status data, that is, the proportions of children born in the three years before the survey who were being breastfed at the time of the survey, as opposed to retrospective data on the length of breastfeeding of older children who are no longer breastfed.

The median duration for any breastfeeding is almost 19 months. There are large differences in breastfeeding duration by background characteristics. The median duration of any breastfeeding is 20 months in rural areas, compared with 13 months in urban areas. Half of the babies in the Northeast Directorate are breastfed until 24 months of age, while half of those in the South Directorate are weaned at 10 months of age. There is a broad range in the median duration of any breastfeeding by region. Kavango (28 months) and Caprivi Regions (23 months) have the longest median durations of breastfeeding, while Erongo and Khomas Regions have the lowest in the country (8 and 9 months, respectively). Mothers who have completed secondary school have a much lower median duration of breastfeeding than other mothers.

The early introduction of supplements is reflected in the short duration of exclusive breastfeeding (median duration of less than one month). Since only a small proportion of children were supplemented with plain water or other liquids in addition to breast milk, the median duration of predominant breastfeeding is also short (one month).

10.4 TYPES AND FREQUENCY OF SUPPLEMENTAL FOODS

Information on the types of foods given to children under three years in the 24 hours preceding the survey is shown in Table 10.4, according to their breastfeeding status. As mentioned before, babies in Namibia are given supplemental foods and liquids before the recommended ages. For example, 42 percent of breastfeeding babies under two months of age were given other milk in the day or night before the survey.

Table 10.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children under three years by selected background characteristics, Namibia 2000

Background characteristic	Median duration (months) of breastfeeding ¹			Number of children
	Any breast-feeding	Exclusive breast-feeding	Pre-dominant breast-feeding ²	
Sex of child				
Male	18.5	0.6	1.2	1,231
Female	18.8	0.6	1.5	1,228
Residence				
Urban	13.2	0.5	0.6	831
Rural	20.3	0.7	2.3	1,628
Directorate				
Northwest	19.4	0.9	3.0	1,026
Northeast	24.1	0.5	0.6	337
Central	14.7	0.4	0.7	442
South	10.4	0.6	0.7	654
Region				
Caprivi	22.7	0.4	0.4	136
Erongo	8.0	0.4	1.7	95
Hardap	12.1	0.4	0.5	84
Karas	13.0	0.4	1.0	80
Kavango	27.7	0.7	1.9	201
Khomas	9.0	0.7	0.7	403
Kunene	15.5	0.7	3.5	100
Ohangwena	21.4	2.0	3.7	331
Omaheke	17.2	0.6	2.1	88
Omusati	19.2	0.7	3.5	262
Oshana	19.0	0.4	0.5	202
Oshikoto	17.3	1.1	3.0	231
Otjozondjupa	13.5	0.4	0.5	246
Education				
No education	20.9	0.6	2.0	338
Incomplete primary	20.4	0.5	0.6	281
Completed primary	19.4	0.8	2.6	604
Incompl. secondary	18.4	0.7	1.5	889
Compl. secondary+	8.6	0.5	0.8	297
All children	18.6	0.6	1.3	2,459
Mean for all children	18.3	2.0	4.2	na

Note: Median and mean durations are based on current status.

¹ It is assumed that non-last-born children and last-born children not living with the mother are not currently breastfeeding.

² Either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice.

na = Not applicable

Table 10.4 Foods consumed by children in preceding 24 hours

Percentage of children under three years of age who consumed specific foods in the 24 hours preceding the interview, by breastfeeding status and child's age, Namibia 2000

Child's age in months	Percentage of children who received specific foods in preceding 24 hours ¹							Number of children
	Vitamins/medicine	Plain water	Other milk	Fruit juice/tea/soda	Other liquids ²	Solid or mushy food	Mean number of times child ate mushy food	
BREASTFEEDING CHILDREN								
<2	7.4	29.5	41.8	0.0	4.3	0.0	0.2	129
2-3	16.8	71.7	43.9	3.7	11.8	13.9	0.6	133
4-5	27.4	87.3	48.5	17.5	33.6	50.3	1.3	131
6-7	20.7	94.0	43.6	23.6	37.8	65.4	2.0	112
8-9	17.5	94.2	45.6	35.6	37.2	74.3	1.8	102
10-11	22.3	95.4	54.5	35.7	55.3	86.8	2.5	100
12-13	17.9	96.8	40.0	37.2	58.9	82.1	2.3	121
14-15	20.2	93.0	38.8	46.3	57.5	87.9	2.4	110
16-17	18.2	98.3	53.8	37.0	50.6	83.9	2.4	73
18-23	16.6	93.6	49.5	44.5	60.4	87.3	2.4	165
24-29	22.4	94.5	47.4	46.3	43.0	79.9	2.5	76
30-35	(17.9)	(91.8)	(53.5)	(50.9)	(43.3)	(76.2)	(2.8)	21
<4	12.2	51.0	42.9	1.9	8.1	7.1	0.4	262
4-5	27.4	87.3	48.5	17.5	33.6	50.3	1.3	131
6-9	19.2	94.1	44.6	29.3	37.5	69.7	1.9	214
Total	18.6	84.9	45.9	29.0	40.4	62.7	1.8	1,273
NONBREASTFEEDING CHILDREN								
18-23	21.8	82.2	34.6	50.6	51.3	72.7	3.8	224
24-29	10.9	76.0	21.6	42.4	45.3	66.0	2.9	304
30-35	17.8	80.5	24.0	47.3	47.8	64.9	2.8	311
Total	20.8	80.1	34.7	47.3	46.8	67.8	2.8	1,073

Note: Breastfeeding status refers to last 24 hours. Percentages may sum to more than 100 percent because child may have received more than one type of supplement. Figures in parentheses are based on 25-49 unweighted cases.
¹ Refers to the day and night preceding the interview
² Does not include plain water

Introducing solid or mushy foods by around the age of six months is recommended because by that age, breast milk by itself is no longer sufficient to sustain a child's optimal growth. It is encouraging to note that by age 6-7 months, two-thirds of breastfeeding babies were given solid or mushy food in the previous 24 hours. Nevertheless, it is disconcerting to note that some 10-15 percent of babies age 10 months and over are not being given solid or mushy foods but are surviving on breast milk and other liquids only.

Frequency of feeding is also an important variable in children's health. Studies have shown that children need to be fed more frequently than adults in order to better process the nutrients they need. Data show that in Namibia, children who are 10 months of age or older are given solid, semi-solid or soft foods 2-3 times a day. Those who are still breastfeeding are fed mushy foods about 2.5 times a day, while those who are not breastfeeding receive foods about three times a day.

10.5 MICRONUTRIENT SUPPLEMENTATION

Research has shown that adequate stores of vitamin A in the body can have an enormous effect on the ability to fight diseases and maintain good health. In the absence of sufficient intake of foods rich in vitamin A, due to poor soils and/or cultural habits, health programmes often implement mass vitamin A supplementation, especially for children six months to five years of age. Namibia recently implemented a new programme of vitamin A supplementation. In order to measure the level of coverage of the programme, mothers of children under five were asked if their children had received a vitamin A capsule supplement and if so, when they received the most recent dose. In order to clarify the type of supplementation, interviewers carried sample capsules to show mothers.

As Table 10.5 shows, 38 percent of children under five received a vitamin A supplement within the previous six months. Coverage is remarkably uniform across most background characteristics, even among children under six months of age for whom supplementation is not usually recommended. Supplementation is somewhat lower in Central Directorate and in Erongo, Kunene, Omaheke, and Otjozondjupa Regions than in other areas. Children in Caprivi Region are the most likely to have received a vitamin A supplement in the previous six months.

Table 10.5 also shows the percentage of children under five who live in households with adequately iodised salt. As mentioned in Chapter 2, among households in which interviewers were able to test the salt, two-thirds used salt with an adequate level of iodine content. The percentage of children under five living in such households is slightly lower, 57 percent. This is cause for concern, since iodine is important in the development of cognitive ability. Efforts at promoting iodised salt should be focused on Omaheke Region especially, and to a lesser extent on Kavango, Kunene, and Otjozondjupa Regions (Figure 10.1).

Since pregnancy and childbirth deplete the body's supply of vitamin A, women are encouraged to take supplements soon after birth (vitamin A supplementation during pregnancy can be toxic). To monitor postpartum supplementation coverage, women who had a birth in the five years preceding the survey were asked in the 2000 NDHS if they received a vitamin A supplement within two months after the delivery. Women with two or more live births in the period were only asked about the most recent birth.

As shown in Table 10.5, only one-third of new mothers said they had received a vitamin A supplement. Differentials in coverage are small, except that mothers in Caprivi Region are almost twice as likely to take post-partum vitamin A supplements than mothers elsewhere.

Table 10.5 Micronutrients

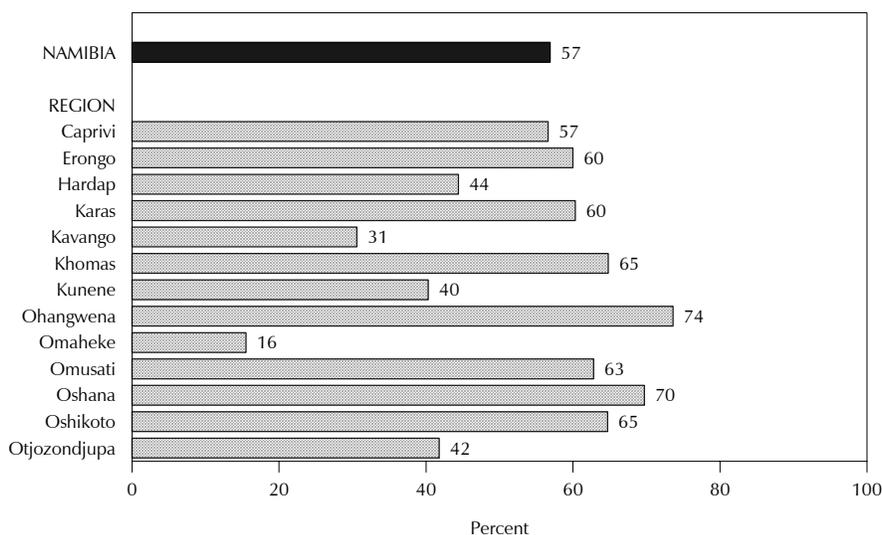
Percentage of children under five years of age who received vitamin A supplements in the previous six months and who live in households that use adequately iodised salt, and percentage of women who had a live birth in the five years preceding the survey who were given a postpartum vitamin A supplement, by background characteristics, Namibia 2000

Background characteristic	Percentage of children under 5			Percentage of women with birth in 5 years preceding survey	
	Vitamin A supplement in last 6 months	Living in households using adequately iodised salt ¹	Number of living children	Given vitamin A ²	Number of women
Age of child					
<6 months	36.0	58.2	417	33.2	431
6-11 months	38.7	53.0	401	33.3	401
12-23 months	43.2	58.2	816	34.4	815
24-35 months	37.3	57.6	713	36.1	588
36-47 months	37.1	57.6	671	31.4	408
48-59 months	35.4	55.4	768	29.9	359
Sex of child					
Male	38.8	58.0	1,908	33.4	1,533
Female	37.5	55.7	1,877	33.5	1,469
Birth order					
1	37.9	61.3	1,112	34.5	871
2-3	38.5	57.0	1,449	33.7	1,127
4-5	36.9	47.6	706	34.6	574
6+	39.1	59.6	519	29.0	430
Residence					
Urban	32.5	62.5	1,316	33.3	1,112
Rural	41.2	53.9	2,469	33.6	1,889
Directorate					
Northwest	40.9	68.4	1,536	30.3	1,197
Northeast	47.7	40.8	517	46.0	395
Central	26.5	45.7	704	31.2	570
South	37.1	55.4	1,028	33.4	840
Region					
Caprivi	56.2	56.6	203	64.0	153
Erongo	21.1	60.0	163	29.2	145
Hardap	33.9	44.4	137	35.8	114
Karas	50.7	60.3	121	34.7	101
Kavango	42.2	30.6	313	34.6	242
Khomas	37.1	64.8	641	33.4	526
Kunene	27.9	40.3	153	31.7	115
Ohangwena	36.9	73.6	534	32.2	370
Omaheke	27.9	15.5	129	29.5	99
Omusati	44.2	62.8	355	30.3	289
Oshana	37.2	69.7	321	32.1	266
Oshikoto	47.7	64.7	327	26.1	272
Otjozondjupa	28.1	41.8	388	32.0	310
Age of mother at birth					
<20	35.9	55.8	596	35.4	474
20-24	38.6	56.3	1,004	33.6	750
25-29	40.0	56.9	884	33.0	692
30-34	39.2	58.8	657	36.3	520
35+	35.8	56.7	645	29.6	565
Total	38.1	56.9	3,785	33.4	3,002

¹ Salt containing 15 parts per million of iodine or more. Refers to households in which salt was tested.

² In the first two months after delivery. For women with two or more live births in the five-year period, data refer to the most recent birth.

Figure 10.1 Percentage of Children under Age 5 Who Live in Households That Use Adequately Iodised Salt, By Region



Note: Salt containing at least 15 parts per million is considered adequately iodised salt.

NDHS 2000

10.6 NUTRITIONAL STATUS OF CHILDREN

Nutritional status is a major determinant of children’s susceptibility to diseases. Malnutrition (inadequate nutrition) is a direct result of insufficient food intake or repeated infectious diseases or a combination of both. In addition to questions about breastfeeding and weaning foods, the 2000 NDHS included an anthropometric component, in which all children under five years of age were both weighed and measured. Each interviewing team carried two scales and one measuring board. The scales were lightweight, bathroom-type scales with a digital screen designed and manufactured under the authority of UNICEF. The measuring boards were specially produced by Shorr Productions for use in survey settings. Children younger than 24 months were measured lying down on the board (recumbent length), while standing height was measured for older children.

Evaluation of nutritional status is based on the rationale that in a well-nourished population, there is a statistically predictable distribution of children of a given age with respect to height and weight. In any large population, there is variation in height and weight; this variation approximates a normal distribution. Use of a standard reference population as a point of comparison facilitates the examination of differences in the anthropometric status of subgroups in a population and of changes in nutritional status over time. One of the most commonly used reference populations, and the one used in this report, is the U.S. National Center for Health Statistics (NCHS) standard, which is recommended for use by the World Health Organisation (WHO). The use of this reference population is based on the finding that young children of all population groups have similar genetic potential for growth.

Three standard indices of physical growth that describe the nutritional status of children are presented:

- Height-for-age (stunting)
- Weight-for-height (wasting)
- Weight-for-age (underweight)

Each of these indices gives different information about growth and body composition that can be used to assess nutritional status.

Height-for-age is a measure of linear growth. A child who is below minus two standard deviations (-2 SD) from the median of the NCHS reference population in terms of height-for-age is considered short for his/her age, or stunted, a condition reflecting the cumulative effect of chronic malnutrition. If the child is below minus three standard deviations (-3 SD) from the reference median, then the child is considered to be severely stunted. A child between -2 SD and -3 SD is considered to be moderately stunted. Stunting reflects failure to receive adequate nutrition over a long period of time and may also be caused by recurrent and chronic illness. Height-for-age, therefore, represents a measure of the long-term effects of malnutrition in a population and does not vary appreciably according to the season of data collection. Stunted children are not immediately obvious in a population; a stunted three-year-old child could look like a well-fed two-year-old.

Weight-for-height measures body mass in relation to body length and describes current nutritional status. A child who is below minus two standard deviations (-2 SD) from the reference median for weight-for-height is considered to be too thin for his/her height, or wasted, a condition reflecting acute malnutrition. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or recent episodes of illness causing loss of weight and the onset of malnutrition. As with stunting, wasting is considered severe if the child is more than three standard deviations below the reference mean. Severe wasting is closely linked to an elevated risk of mortality. Prevalence of wasting may vary considerably by season.

Weight-for-age is a composite index of height-for-age and weight-for-height and, thus, does not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting). A child can be underweight for his age because he is stunted, wasted or both. Weight-for-age is a useful tool in clinical settings for continuous assessment of nutritional progress and growth. Children whose weight-for-age is below minus two standard deviations from the median of the reference population are classified as underweight. In the reference population, only 2.3 percent of children fall below minus two standard deviations (-2 SD) for each of these three indices.

In the 1992 NDHS, anthropometric measurements were restricted to children born to women interviewed with the Women's Questionnaire. However, these data do not represent all children, since they exclude children whose mothers were not in the household (either because they did not live there or because they had died), children whose mothers were not eligible for the individual interview (i.e., under age 15 or age 50 and over), and children whose mothers did not complete an individual interview. To overcome these biases—which can be considerable in Namibia, where almost one-quarter of children under five do not live with their mothers—in the 2000 NDHS, all children born in the five years prior to the survey who were listed in the Household Questionnaire were weighed and measured.

Table 10.6 shows the percentage of children who are classified as malnourished according to height-for-age, weight-for-height, and weight-for-age indices, by the child's age and selected background characteristics. The table also shows the nutritional status of children of non-interviewed mothers by whether or not the mother lives in the household. A total of 4,520 children under age five were weighed and measured. Almost 4 percent of these children had missing information on height or weight, 3 percent had implausibly high or low values for the height and weight measurements, and 2 percent had incomplete age information. The following analysis focuses on the 4,123 children under five for whom complete and plausible anthropometric data were collected.

Table 10.6 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by selected characteristics, and percentage of children of non-interviewed mothers, and all children classified as malnourished, Namibia 2000

Background characteristic	Height-for-age			Weight-for-height			Weight-for-age			Number of children
	Per-centage below -3 SD	Per-centage below -2 SD ¹	Mean Z-score (SD)	Per-centage below -3 SD	Per-centage below -2 SD ¹	Mean Z-score (SD)	Per-centage below -3 SD	Per-centage below -2 SD ¹	Mean Z-score (SD)	
Child's age in months										
<6	1.2	5.7	0.1	0.0	2.0	0.3	0.1	1.3	0.2	385
6-9	4.3	10.2	0.6	0.5	6.6	0.4	3.6	15.1	0.8	260
10-11	8.5	16.8	0.8	5.4	16.0	0.7	3.8	30.7	1.2	148
12-15	6.1	23.8	1.0	3.7	16.3	0.7	6.4	31.2	1.3	338
16-23	9.9	33.4	1.4	3.0	14.3	0.8	7.2	27.1	1.4	520
24-35	7.7	21.5	1.0	1.5	8.5	0.8	8.2	26.6	1.3	858
36-47	10.3	28.6	1.3	1.8	8.3	0.7	5.3	26.3	1.3	763
48-59	8.9	28.7	1.3	0.5	7.4	0.7	4.5	26.4	1.3	850
Sex of child										
Male	8.9	23.3	1.1	2.2	9.2	0.6	5.3	23.6	1.2	2,050
Female	6.7	23.9	1.0	1.1	9.1	0.6	5.5	24.4	1.1	2,072
Birth order²										
1	6.2	20.6	1.0	1.8	9.5	0.6	4.6	22.2	1.1	807
2-3	6.8	20.8	0.9	1.9	8.5	0.5	3.7	19.5	1.0	1,121
4-5	8.4	23.9	1.0	2.4	7.5	0.6	6.5	24.8	1.1	598
6+	8.3	28.6	1.2	2.1	10.7	0.7	6.7	30.7	1.3	464
Birth interval in months²										
First birth	6.1	20.8	1.0	1.8	9.5	0.6	4.6	22.5	1.1	812
<24 months	9.5	27.7	1.2	2.2	8.4	0.6	5.7	24.4	1.2	260
24-47 months	8.3	23.8	1.1	2.8	10.6	0.7	6.3	27.5	1.2	1,070
48+ months	6.1	21.1	0.8	1.1	6.3	0.5	3.5	17.6	0.9	847
Residence										
Urban	9.1	22.0	0.9	1.5	6.6	0.3	3.7	16.3	0.8	1,069
Rural	7.3	24.2	1.1	1.7	10.0	0.7	6.0	26.7	1.3	3,054
Directorate										
Northwest	7.1	24.4	1.2	1.8	11.2	0.8	5.8	29.2	1.4	1,946
Northeast	9.8	26.5	1.2	2.0	8.0	0.6	7.1	24.3	1.3	525
Central	4.7	15.8	0.7	0.9	6.5	0.3	3.3	14.8	0.7	722
South	10.5	26.4	1.1	1.7	7.5	0.4	5.3	20.1	1.0	929
Region										
Caprivi	6.8	19.8	0.9	2.2	7.4	0.7	3.3	18.2	1.1	205
Erongo	2.7	8.7	0.5	1.9	4.9	0.1	2.3	8.9	0.4	146
Hardap	6.0	19.1	1.1	2.1	12.6	0.7	5.2	22.2	1.3	169
Karas	2.7	15.0	0.8	0.0	5.9	0.3	1.5	13.7	0.7	122
Kavango	11.8	30.7	1.4	1.9	8.4	0.6	9.6	28.3	1.4	320
Khomas	14.7	32.3	1.1	1.5	4.8	0.2	5.6	19.1	0.9	472
Kunene	6.8	18.3	0.8	0.6	6.8	0.5	2.5	17.3	0.9	159
Ohangwena	8.7	27.5	1.3	2.7	14.8	0.9	10.1	35.6	1.5	633
Omaheke	8.7	25.6	1.0	3.0	11.1	0.6	7.2	25.7	1.1	167
Omusati	8.0	26.5	1.2	1.4	6.3	0.7	3.7	28.3	1.3	495
Oshana	5.6	18.3	0.8	1.7	13.5	0.9	4.9	22.8	1.2	404
Oshikoto	5.2	23.2	1.2	1.2	9.4	0.6	2.8	26.7	1.3	415
Otjozondjupa	4.6	17.4	0.7	0.7	6.9	0.4	3.9	15.9	0.7	417
Education³										
No education	11.7	29.4	1.2	2.7	10.7	0.8	9.8	32.8	1.4	478
Incomplete primary	7.2	26.0	1.1	2.4	10.7	0.7	6.3	27.5	1.3	838
Completed primary	11.3	26.6	1.2	1.3	8.9	0.6	3.2	25.6	1.2	327
Incompl. secondary	6.0	18.9	0.9	1.7	7.9	0.5	3.9	19.3	1.0	1,174
Compl. secondary+	4.8	14.4	0.5	0.7	5.1	0.2	1.5	10.6	0.5	373
Children of interviewed mothers										
	7.2	22.6	1.0	2.0	8.9	0.6	5.0	23.0	1.1	2,990
Children of non-interviewed mothers										
Mother in household, not eligible, or incomplete interview	13.4	22.9	1.1	0.3	7.5	0.5	6.7	24.2	1.1	201
Mother not living in household	8.6	27.1	1.2	1.0	10.3	0.7	6.5	27.0	1.3	932
Total	7.8	23.6	1.1	1.7	9.1	0.6	5.4	24.0	1.1	4,123

Note: Table is based on children who stayed in the household the night before the interview. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight..

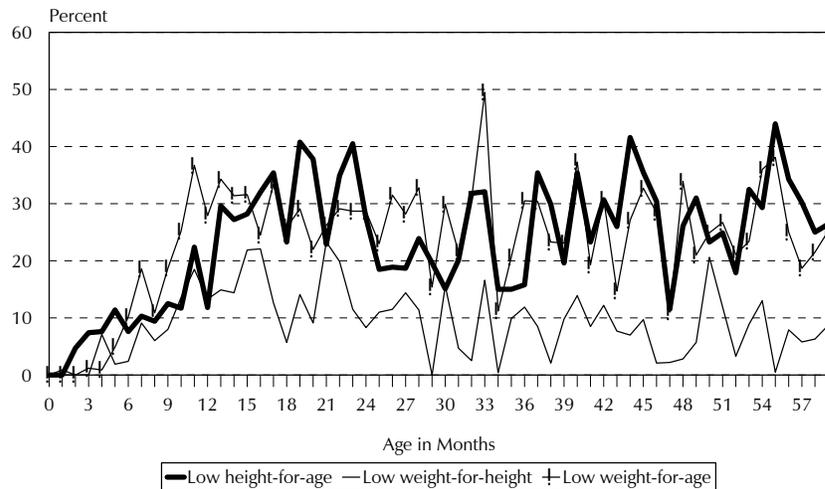
¹ Includes children who are below -3 standard deviations from the International Reference Population median

² Excludes children whose mothers were not interviewed

³ For women who are not interviewed, information is taken from the Household Questionnaire.

One-quarter (24 percent) of Namibian children under five are short for their age or stunted, while 8 percent are severely stunted (less than -3 SD). Stunting is lowest among children under six months of age, increases in the second year of life, and stays relatively high at 29 percent among children age three and four years old (Figure 10.2). Prevalence of stunting varies little by sex of the child; however, it rises with birth order. Stunting is also related to the length of the preceding birth interval; children born less than 24 months after a prior birth are more likely to be stunted (28 percent) than those born after an interval of 48 months or more (21 percent). Khomas and Kavango Regions have the highest proportion of children with stunted growth, while Erongo Region has the lowest in the country. Prevalence of stunting declines as education of the mother increases.

Figure 10.2 Percentage of Children with Low Height-for-Age, Low Weight-for-Height, and Low Weight-for-Age, by Age of Child



NDHS 2000

Nine percent of children under five are thin for their height, or wasted, and 2 percent are severely wasted. Wasting is highest for children age 10-23 months. Erongo and Khomas Regions have lower proportions of children who are wasted, while Ohangwena and Oshana Regions have the highest levels. The prevalence of wasting declines among children with better educated mothers.

Twenty-four percent of children under five are considered to be underweight (low weight-for-age) and 5 percent are severely underweight. As with the other two nutrition indicators, children under six months are least likely to be underweight, probably due to the positive effects of breastfeeding. After six months of age, the proportion of children who are underweight rises to 31 percent among those 10-15 months and remains at 26-27 percent among older children. The likelihood of being underweight varies little by sex of the child, but rises with birth order and diminishes for those born four years or more after a previous child. Children in rural areas and in Northwest Directorate are more likely to be underweight than other children. Erongo and Karas Regions have the lowest levels of underweight children, while Ohangwena Region has the highest level. The level of education of the mother is related to the nutritional status their children. The proportion of children who are underweight declines steadily as the educational attainment of the mother increases.

The data in Table 10.6 confirm that children whose mothers do not live in the same household are subject to higher levels of malnutrition than those who live with their mothers. Among children not living

with their mothers, 27 percent are stunted, 10 percent are wasted and 27 percent are underweight. This compares to 23, 9, and 23 percent of children whose mothers were interviewed.

For comparison with data from the 1992 NDHS, it is necessary to compare with children whose mothers were interviewed. This comparison shows some improvement in nutritional status of children. The proportion of children under five who are stunted has declined from 28 to 23 percent, while the proportion who are wasted has remained steady at 9 percent. The proportion underweight has declined from 26 to 23 percent of children under five.

The southern African region is the area of the world that is most affected by HIV/AIDS. Due to the historic isolation of Namibia and South Africa during the 1980s, the HIV/AIDS pandemic started later in these countries than in neighbouring Zambia, Zimbabwe and Botswana. In Namibia, the first AIDS case was diagnosed in 1986 and the following year an AIDS Advisory Committee was established. On 4th July 1990, President Nujoma launched the National AIDS Control Programme (NACP) and a Short-Term Plan of Action was implemented from 1990 to 1992. Following this, the first Medium-Term Plan (MTP-I) was launched, covering the period 1992-1998.

The crisis proportions of the HIV/AIDS pandemic is perhaps the foremost challenge facing post-independence Namibian development. As such, the National Strategic Plan on HIV/AIDS (MTP-II: 1999-2004) and the National Development Plan 2 (NDP2) are mandated by government to tackle the pandemic and its effects in a decisive, comprehensive and effective manner, whilst harnessing regional and multi-sectoral resources of the country.

HIV/AIDS has now surpassed tuberculosis and malaria to become the highest cause of reported deaths among adults and children. At the end of the year 2000, a total of 82,887 persons had been diagnosed with HIV, 14,691 of which were diagnosed in 2000. During the same year, 3,288 deaths from AIDS were reported. The long intervals between HIV infection, diagnosis of HIV infection, and death from AIDS explain the large difference between the annual number of HIV diagnoses and deaths. This also means that the impact of the HIV pandemic will increase over the coming years, when those who are already infected will develop AIDS.

The most reliable information on the magnitude of the HIV/AIDS pandemic is obtained from anonymous, unlinked sero-surveys among pregnant women who attend clinics for antenatal care. Results of the 2000 survey show that the highest HIV prevalence was observed in the urban areas of Katima Mulilo (33 percent), Windhoek (31 percent), Oshakati (28 percent), and Walvis Bay (28 percent). HIV prevalence is also high in rural sites close to main roads, such as Onandjokwe (23 percent), Engela (23 percent), Oshikuku (21 percent), Keetmanshoop (17 percent), as well as Swakopmund (23 percent). In a few rural sites and districts, HIV prevalence is still relatively low: Gobabis (9 percent), Rehoboth (9 percent), and Opuwo (7 percent). Considering the population represented by the survey population in the different regions it is estimated that about 23 percent of all pregnant women in Namibia are HIV-positive. Comparison with previous surveys shows that the HIV prevalence is still increasing in most regions.

The 2000 NDHS findings provide additional information on HIV/AIDS-related issues, which will enable an intensified and accelerated response to HIV/AIDS in Namibia. It is the first time that HIV/AIDS-related questions have been included in a DHS in Namibia.

11.1 KNOWLEDGE ABOUT HIV/AIDS PREVENTION

The first question on knowledge on HIV/AIDS was simply, "Have you ever heard of an illness called AIDS?". Awareness of AIDS is almost universal in Namibia, with 98 percent of women and over 99 percent of men saying they had heard of AIDS (data not shown). With such high levels of awareness, differences by background characteristics are very slight.

Respondents were then asked if there is anything a person can do to avoid getting AIDS and if so, what. It is very encouraging to note that large majorities of both women (81 percent) and men (87 percent) spontaneously mention condoms as a means of avoiding HIV (Table 11.1). The next most common answer given is sexual abstinence, cited by 35 percent of women and 41 percent of men. Having only one sexual partner was mentioned by 31 percent of women and 29 percent of men, while avoiding multiple partners was mentioned by 7 percent of women and 11 percent of men. Very few respondents said they did not know whether HIV/AIDS can be avoided and even fewer said they believed there is no way to avoid it. It is also notable that few respondents mention erroneous ways of protecting against HIV, such as avoiding kissing or avoiding mosquito bites.

The above results were based on spontaneous responses. However, respondents were also asked specific questions about monogamy and condom use—two of the three ways (along with abstinence) of preventing the spread of HIV/AIDS that have been identified as programmatically important. As shown in Table 11.2.1 and 11.2.2, when prompted, 86 percent of women and 92 percent of men mentioned condom use and 76 percent of women and 89 percent of men mentioned limiting sexual partners as a way to avoid infection. Almost 80 percent of women and 90 percent of men know about at least two of the three programmatically important ways to avoid HIV/AIDS.

Despite these encouraging results, 12 percent of women and 6 percent of men do not know of any of the three programmatically important ways to prevent HIV/AIDS. As expected, older respondents, those who have never had sex, and rural women and men are more likely not to know of any of the main ways of preventing the spread of AIDS. Educational efforts should focus on women in Kavango and Omusati Regions and men in Omaheke Region, where ignorance of HIV prevention is highest. On the other hand, knowledge of two or more programmatically important ways of HIV prevention is highest amongst women in Erongo Region and amongst men in Caprivi and Khomas Regions. The level of education is strongly related to knowledge about ways that HIV transmission can be prevented. Those with more education are much more likely to know at least two methods of prevention and much less likely to know of none.

Table 11.1 Knowledge of ways to avoid HIV/AIDS

Percentage of women and men who spontaneously mention ways to avoid HIV/AIDS, Namibia 2000

Ways to avoid HIV/AIDS	Women	Men
Does not know AIDS or if it can be avoided	7.9	4.0
Believes no way to avoid	4.0	2.3
Does not know specific way ¹	0.3	0.0
Abstain from sex	34.7	40.5
Use condoms	80.9	87.0
Have only one sexual partner	31.0	28.5
Avoid multiple partners	7.4	10.5
Avoid sex with prostitutes	1.0	3.3
Avoid sex with persons who have many partners	1.6	2.5
Avoid sex with homosexuals	0.2	0.3
Avoid blood transfusions	1.3	1.0
Avoid injections	0.8	0.6
Avoid sex with IV drug users	0.6	0.5
Avoid sharing razors/blades	2.2	2.6
Other including avoiding kissing/mosquito bites/traditional healer	1.8	1.6
Total	6,755	2,954

¹ Believes there is something a person can do to avoid AIDS, but cannot spontaneously mention any specific way

Table 11.2.1 Knowledge of programmatically important ways to avoid HIV/AIDS: women

Percent distribution of women by knowledge of three programmatically important ways to avoid HIV/AIDS, and percentage of women who know of three specific ways to avoid HIV/AIDS, according to background characteristics, Namibia 2000

Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS			Total	Specific ways to avoid HIV/AIDS			Number
	None ¹	One way	Two or more ways		Abstain from sexual relations	Use condoms	Limit number of sexual partners ²	
Age								
15-19	14.7	8.3	77.0	100.0	36.2	82.8	73.4	1,499
20-24	7.6	7.9	84.4	100.0	38.3	90.6	80.4	1,339
25-29	8.5	7.9	83.6	100.0	36.8	90.0	79.3	1,104
30-39	12.1	9.4	78.5	100.0	32.9	85.1	75.4	1,764
40-49	17.4	8.8	73.8	100.0	29.1	79.9	71.2	1,049
Marital status								
Married or in union	13.2	9.3	77.5	100.0	28.9	84.5	75.6	2,610
Divorced, separated, widowed	15.5	6.0	78.6	100.0	33.0	82.4	73.1	478
Never married:								
Ever had sex	8.5	8.0	83.6	100.0	38.8	89.9	79.0	2,687
Never had sex	17.4	9.2	73.4	100.0	40.1	78.9	69.8	980
Residence								
Urban	6.0	6.8	87.4	100.0	41.9	92.2	83.6	2,786
Rural	16.4	9.7	73.9	100.0	29.7	81.1	70.6	3,969
Directorate								
Northwest	13.0	8.8	78.2	100.0	40.0	84.6	73.3	2,792
Northeast	22.1	8.2	69.7	100.0	21.5	73.6	69.3	842
Central	6.1	11.7	82.1	100.0	24.3	93.1	80.6	1,231
South	10.1	6.1	83.9	100.0	39.7	87.8	79.7	1,890
Region								
Caprivi	16.2	9.2	74.6	100.0	43.2	74.2	73.3	322
Erongo	5.9	4.1	90.0	100.0	40.9	93.1	89.4	399
Hardap	14.7	1.1	84.2	100.0	20.8	85.0	83.8	292
Karas	10.8	4.0	85.2	100.0	41.2	83.4	84.9	261
Kavango	25.9	7.5	66.7	100.0	8.0	73.3	66.8	520
Khomas	7.1	7.2	85.7	100.0	48.0	91.1	79.2	1,152
Kunene	9.9	11.0	79.2	100.0	22.5	88.9	78.5	205
Ohangwena	12.7	11.9	75.4	100.0	32.1	85.5	70.6	684
Omaheke	19.6	10.0	70.4	100.0	15.8	78.5	69.6	185
Omusati	23.2	8.3	68.4	100.0	34.3	71.1	66.0	714
Oshana	7.8	5.7	86.6	100.0	45.2	91.0	81.0	789
Oshikoto	7.9	10.2	81.9	100.0	48.8	91.1	75.0	604
Otjozondjupa	5.2	16.8	78.0	100.0	14.3	94.5	75.8	627
Education								
No education	34.6	12.3	53.2	100.0	16.6	62.4	53.3	641
Incomplete primary	17.5	13.5	69.1	100.0	24.9	80.0	65.8	1,409
Completed primary	17.2	10.7	72.1	100.0	30.2	80.2	66.8	827
Incompl. secondary	6.4	6.2	87.4	100.0	39.2	91.4	83.8	2,907
Compl. secondary+	2.0	3.8	94.2	100.0	51.4	96.8	89.9	971
Total	12.0	8.5	79.4	100.0	34.7	85.7	75.9	6,755

Note: Programmatically important ways are abstaining from sex, using condoms, and limiting the number of sexual partners. Abstinence from sex is measured from a spontaneous response only, and using condoms and limiting the number of sexual partners is measured from spontaneous and probed responses.

¹ Those who have not heard of AIDS or who do not know of any programmatically important ways to avoid HIV/AIDS

² Refers to limiting number of sexual partners, and limiting sex to one partner/staying faithful to one partner

Table 11.2.2 Knowledge of programmatically important ways to avoid HIV/AIDS: men

Percent distribution of men by knowledge of three programmatically important ways to avoid HIV/AIDS, and percentage of men who know of three specific ways to avoid HIV/AIDS, according to background characteristics, Namibia 2000

Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS			Total	Specific ways to avoid HIV/AIDS			Number
	None ¹	One way	Two or more ways		Abstain from sexual relations	Use condoms	Limit number of sexual partners ²	
Age								
15-19	6.7	3.9	89.5	100.0	42.0	92.6	87.0	694
20-24	3.7	2.8	93.6	100.0	44.2	95.9	91.4	610
25-29	4.4	3.1	92.6	100.0	46.6	94.0	90.9	448
30-39	5.9	4.3	89.7	100.0	36.2	92.0	89.8	625
40-49	8.5	7.0	84.5	100.0	38.5	86.2	86.7	390
50-59	15.8	2.2	82.0	100.0	27.3	82.9	81.2	188
Marital status								
Married or in union	7.4	4.5	88.2	100.0	36.6	89.9	88.4	1,047
Divorced, separated, widowed	10.1	7.9	82.0	100.0	31.4	87.4	83.0	143
Never married:								
Ever had sex	3.8	2.5	93.8	100.0	44.0	95.2	91.7	1,471
Never had sex	14.1	7.2	78.6	100.0	41.5	84.8	77.1	293
Residence								
Urban	4.3	2.8	92.9	100.0	45.2	94.0	92.1	1,312
Rural	8.1	4.8	87.2	100.0	36.8	90.2	85.9	1,642
Directorate								
Northwest	6.4	4.9	88.7	100.0	46.5	92.3	86.6	1,047
Northeast	3.3	5.6	91.1	100.0	38.9	94.2	91.0	313
Central	6.3	3.3	90.3	100.0	30.3	91.8	90.4	615
South	7.3	2.7	90.0	100.0	41.1	90.8	89.0	980
Region								
Caprivi	1.3	2.5	96.2	100.0	69.9	97.4	95.8	114
Erongo	2.6	2.7	94.7	100.0	49.2	95.6	95.0	195
Hardap	11.4	3.0	85.6	100.0	23.2	88.0	84.8	128
Karas	8.0	3.9	88.1	100.0	36.6	88.4	89.0	123
Kavango	4.4	7.5	88.1	100.0	21.1	92.3	88.2	198
Khomas	1.9	2.2	95.9	100.0	50.6	96.1	94.4	624
Kunene	5.2	2.0	92.8	100.0	23.4	94.7	91.7	103
Ohangwena	11.4	8.9	79.6	100.0	31.8	87.8	78.2	275
Omaheke	33.7	4.4	61.9	100.0	11.3	65.4	61.8	104
Omusati	3.8	2.9	93.3	100.0	56.8	92.7	89.7	271
Oshana	2.1	4.6	93.2	100.0	68.2	97.1	90.7	251
Oshikoto	8.0	2.8	89.2	100.0	29.8	92.0	88.5	249
Otjozondjupa	9.1	4.1	86.8	100.0	20.9	88.6	87.2	317
Education								
No education	22.1	7.2	70.7	100.0	15.5	75.2	71.9	379
Incomplete primary	9.2	5.4	85.4	100.0	31.5	88.7	83.7	744
Completed primary	2.3	1.6	96.1	100.0	48.3	95.5	94.8	283
Incompl. secondary	2.1	2.6	95.2	100.0	46.2	96.8	93.3	1,115
Compl. secondary+	1.4	3.3	95.3	100.0	58.1	96.9	96.0	434
Total	6.4	3.9	89.7	100.0	40.5	91.9	88.7	2,954

Note: Programmatically important ways are abstaining from sex, using condoms, and limiting the number of sexual partners. Abstinence from sex is measured from a spontaneous response only, and using condoms and limiting the number of sexual partners is measured from spontaneous and probed responses.

¹ Those who have not heard of AIDS or who do not know of any programmatically important ways to avoid HIV/AIDS

² Refers to limiting number of sexual partners, and limiting sex to one partner/staying faithful to one partner

11.2 KNOWLEDGE OF HIV/AIDS-RELATED ISSUES

Respondents were asked a number of additional questions about their knowledge of HIV transmission and whether they personally know someone who has AIDS or had died of AIDS. As shown in Table 11.3, the vast majority of women (83 percent) and men (87 percent) are aware that a healthy-looking person can be infected with the HIV virus. About the same proportion (86 percent of women and 84 percent of men) are aware that HIV can be transmitted from a mother to her child during pregnancy or childbirth. Fewer respondents say that HIV can be transmitted through breastfeeding.

Table 11.3 Knowledge of AIDS-related issues

Percentage of women and men who give specific responses to questions on various AIDS-related issues, according to selected background characteristics, Namibia 2000

Background characteristic	Women					Men				
	Percentage who say a healthy-looking person can have the AIDS virus	Percentage who say HIV/AIDS transmitted to children		Percentage who know someone who has AIDS or died of AIDS	Number of women	Percentage who say a healthy-looking person can have the AIDS virus	Percentage who say HIV/AIDS transmitted to children		Percentage who know someone who has AIDS or died of AIDS	Number of men
		During pregnancy or delivery	During breast-feeding				During pregnancy or delivery	During breast-feeding		
Age										
15-19	79.4	83.0	66.5	47.5	1,499	84.9	84.8	67.5	49.2	694
20-24	84.8	88.8	73.0	55.1	1,339	88.5	85.8	62.9	56.8	610
25-29	86.1	88.0	71.5	56.7	1,104	90.5	84.3	60.9	54.3	448
30-39	84.3	87.4	72.8	55.0	1,764	85.7	82.0	61.8	52.9	625
40-49	79.0	84.4	69.1	56.7	1,049	86.6	81.6	59.5	48.8	390
50-59	NA	NA	NA	NA	NA	83.4	85.8	61.6	53.0	188
Marital status										
Married or in union	82.9	86.6	71.9	52.7	2,610	88.0	84.3	60.6	48.7	1,047
Divorced, separated, widowed	83.1	86.2	72.3	59.3	478	85.2	87.1	62.8	48.0	143
Never married:										
Ever had sex	84.8	88.1	73.0	57.5	2,687	88.1	85.9	65.7	58.9	1,471
Never had sex	76.7	80.9	60.1	44.5	980	77.1	72.0	57.2	36.5	293
Residence										
Urban	89.2	91.8	77.3	55.4	2,786	91.8	83.1	56.3	51.5	1,312
Rural	78.2	82.5	66.0	52.9	3,969	82.8	84.7	68.2	53.3	1,642
Directorate										
Northwest	80.2	85.7	65.3	60.5	2,792	85.1	90.2	74.0	67.6	1,047
Northeast	75.6	82.0	69.9	40.5	842	78.6	84.5	59.4	33.9	313
Central	85.6	84.7	68.7	50.5	1,231	89.1	73.2	48.4	47.4	615
South	88.0	90.3	80.1	52.4	1,890	89.8	83.8	61.4	45.6	980
Region										
Caprivi	77.9	79.5	72.3	21.7	322	84.8	72.3	16.4	8.2	114
Erongo	91.1	94.2	80.1	45.2	399	95.7	68.0	37.7	53.6	195
Hardap	88.6	92.1	75.1	50.6	292	87.1	91.2	69.1	31.9	128
Karas	90.8	90.6	74.4	62.7	261	92.3	94.5	88.1	47.6	123
Kavango	74.1	83.6	68.5	52.1	520	75.0	91.6	84.1	48.7	198
Khomas	91.0	92.6	85.5	52.6	1,152	93.0	81.9	56.0	50.8	624
Kunene	75.1	71.9	63.5	41.6	205	91.4	77.6	56.4	52.4	103
Ohangwena	79.8	83.8	59.7	55.9	684	71.7	78.5	60.4	66.1	275
Omaheke	64.4	72.4	62.2	39.5	185	70.4	74.0	52.3	28.8	104
Omusati	76.0	79.1	64.2	59.6	714	91.1	96.1	82.5	68.0	271
Oshana	79.6	88.4	64.2	58.0	789	91.7	94.2	68.6	75.9	251
Oshikoto	86.2	92.0	74.6	69.9	604	86.9	92.9	85.1	60.4	249
Otjozondjupa	85.5	82.9	63.2	56.7	627	84.3	75.0	52.3	41.9	317
Education										
No education	58.8	66.1	54.6	35.0	641	74.8	69.6	57.8	40.8	379
Incomplete primary	76.1	82.0	66.6	51.5	1,409	80.6	79.5	64.8	51.8	744
Completed primary	79.5	84.8	70.0	55.1	827	89.3	89.4	69.9	53.5	283
Incompl. secondary	88.2	90.6	74.1	57.8	2,907	90.9	87.3	61.7	54.8	1,115
Compl. secondary+	94.9	94.7	77.2	57.1	971	95.8	92.1	62.9	57.5	434
Total	82.8	86.3	70.7	53.9	6,755	86.8	84.0	62.9	52.5	2,954

NA = Not applicable

Knowledge that a healthy-looking person can be HIV-positive is higher among urban women and men than rural respondents. Knowledge that AIDS can be transmitted from mother to child is also higher among urban than rural women, however, the reverse is true for men. Among women, knowledge of these HIV/AIDS issues is highest among those in Erongo and Khomas Regions, while among men, the same is true for knowledge that a healthy-looking person can be HIV-positive. Knowledge that HIV can be passed from a mother to a child during pregnancy or delivery is highest among men in Omusati, Karas, and Oshana Regions, while knowledge of transmission through breastfeeding is highest among men in Karas and Oshikoto Regions.

Awareness of HIV/AIDS and knowledge of ways to avoid AIDS may be enhanced by a respondent's exposure to individuals who are HIV-positive or who have died from AIDS. Slightly over half of women and men report that they know someone who has HIV/AIDS or who died from the disease. This proportion is slightly lower among teenage respondents, those who have never had sex, and those in Northeast Directorate. The proportion who know someone with AIDS varies from only 22 percent of women and 8 percent of men in Caprivi Region to 70 percent of women in Oshikoto Region and 76 percent of men in Oshana Region. It is also higher among respondents with some education than among uneducated women and men.

11.3 SOCIAL ASPECTS OF HIV/AIDS PREVENTION AND MITIGATION

In the 2000 NDHS, women and men who were currently married or in union and who had heard of AIDS were asked whether they had ever discussed AIDS prevention with their spouse/partner. Table 11.4 shows that 70 percent of women and 73 percent of men have discussed ways to prevent AIDS with their spouses. Education is strongly associated with the likelihood of couples' discussing HIV/AIDS. The percentage of married respondents who say they have discussed HIV/AIDS prevention with their partners rises dramatically with education, from about half of uneducated women and men to about 85 percent of those who have completed secondary school.

Table 11.4 Discussion of HIV/AIDS with partner

Percent distribution of women and men who are currently married or living with a partner by whether they ever discussed the prevention of HIV/AIDS with their spouse/partner, according to background characteristics, Namibia 2000

Background characteristic	Women				Men			
	Ever dis-cussed	Never dis-cussed	Don't know/missing	Number of women	Ever dis-cussed	Never dis-cussed	Don't know/missing	Number of married men
Age								
15-19	59.5	36.7	3.8	74	*	*	*	14
20-24	72.2	25.1	2.7	326	82.6	12.2	5.2	76
25-29	72.5	25.3	2.2	458	81.4	14.4	4.1	131
30-39	73.3	23.7	2.9	1,045	78.9	19.4	1.7	366
40-49	63.7	33.0	3.4	707	64.6	33.5	1.9	300
50-59	NA	NA	NA	NA	64.3	33.1	2.6	160
Residence								
Urban	77.0	21.0	2.0	1,184	72.8	24.0	3.2	546
Rural	64.2	32.1	3.7	1,426	73.3	24.6	2.1	501
Directorate								
Northwest	71.1	26.6	2.3	725	73.0	25.8	1.2	211
Northeast	62.1	32.1	5.9	440	80.6	16.0	3.5	138
Central	69.0	29.3	1.7	615	70.9	27.4	1.7	280
South	74.1	23.0	2.8	830	72.1	24.2	3.7	418
Region								
Caprivi	67.0	24.0	8.9	153	(93.1)	(6.9)	(0.0)	54
Erongo	58.7	39.9	1.4	197	68.7	31.3	0.0	89
Hardap	60.4	39.1	0.5	116	79.1	20.2	0.7	54
Karas	72.2	25.6	2.1	111	74.7	23.5	1.8	58
Kavango	59.4	36.4	4.2	287	72.5	21.8	5.7	84
Khomas	82.2	15.8	1.9	500	72.2	22.7	5.2	251
Kunene	67.4	30.4	2.1	99	92.2	7.8	0.0	40
Ohangwena	59.9	37.6	2.5	182	(58.9)	(41.1)	(0.0)	62
Omaheke	52.2	37.2	10.6	103	62.0	35.8	2.2	55
Omusati	67.1	26.4	6.5	140	*	*	*	41
Oshana	79.7	19.3	0.9	237	92.2	7.8	0.0	52
Oshikoto	74.3	25.2	0.6	167	(65.8)	(29.7)	(4.5)	56
Otjozondjupa	75.8	22.4	1.7	319	66.5	30.3	3.2	151
Education								
No education	47.7	44.4	7.9	406	53.9	43.0	3.1	169
Incomplete primary	59.7	37.7	2.6	620	64.6	33.9	1.5	279
Completed primary	72.3	25.1	2.7	296	79.1	19.5	1.4	93
Incompl. secondary	79.9	18.2	1.9	860	81.7	14.5	3.8	320
Compl. secondary+	84.7	14.3	1.0	428	85.4	12.1	2.5	186
Total	70.0	27.0	2.9	2,610	73.1	24.3	2.6	1,047

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
NA = Not applicable

Tables 11.5.1 and 11.5.2 provide information about women's and men's views regarding various social aspects of HIV/AIDS. Respondents were asked: "If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?" Only about one-quarter of women and one-third of men felt that an HIV-positive person should be allowed to keep his/her status private (Figure 11.1). Differences by background characteristics are minimal except that the proportions that favour allowing privacy are higher among men in Northeast Directorate and Caprivi Region and among women in Ohangwena Region.

Table 11.5.1 Social aspects of AIDS prevention and mitigation: women

Percentage of women who have opinions on various social aspects of AIDS prevention and mitigation, according to selected background characteristics, Namibia 2000

Background characteristic	Think an HIV-positive person should be able to keep it private	Are willing to care for a relative sick with AIDS	Think an HIV-positive teacher should be allowed to continue teaching	Think that children age 12-14 should be taught about condoms	Would buy food from a shop-keeper who has HIV or AIDS	Number
Age						
15-19	25.3	87.3	65.0	78.7	40.9	1,499
20-24	26.6	93.3	72.4	83.9	46.8	1,339
25-29	26.3	91.1	70.2	85.4	50.0	1,104
30-39	25.9	91.2	67.3	81.0	46.1	1,764
40-49	28.6	90.9	60.7	72.6	41.4	1,049
Marital status						
Married or in union	25.7	88.8	64.7	80.2	46.4	2,610
Divorced, separated, widowed	29.4	87.8	56.1	79.2	40.3	478
Never married:						
Ever had sex	27.6	94.0	71.8	84.0	46.8	2,687
Never had sex	23.4	87.8	67.1	72.1	38.7	980
Residence						
Urban	23.1	93.8	72.5	86.9	53.8	2,786
Rural	28.7	88.5	63.6	75.9	38.8	3,969
Directorate						
Northwest	28.6	94.2	73.8	74.3	36.6	2,792
Northeast	27.5	77.0	59.7	77.7	49.5	842
Central	23.7	91.5	60.0	86.0	47.9	1,231
South	24.5	91.0	65.6	87.2	53.5	1,890
Region						
Caprivi	38.2	93.4	72.4	86.1	57.5	322
Erongo	25.2	94.8	80.3	81.5	55.6	399
Hardap	30.9	85.2	60.6	81.7	54.6	292
Karas	39.1	91.5	70.4	79.3	60.5	261
Kavango	20.9	66.8	51.8	72.4	44.5	520
Khomas	18.1	94.9	69.5	92.0	53.9	1,152
Kunene	16.0	84.4	44.2	88.6	35.8	205
Ohangwena	46.4	93.9	68.8	73.8	30.5	684
Omaheke	33.1	75.6	42.5	77.5	39.3	185
Omusati	19.1	91.3	67.4	67.0	19.6	714
Oshana	22.5	96.5	78.6	76.7	41.1	789
Oshikoto	27.5	95.2	80.9	80.1	57.7	604
Otjozondjupa	25.3	91.7	52.2	88.1	47.0	627
Education						
No education	25.3	78.6	39.2	69.1	28.7	641
Incomplete primary	30.9	87.0	57.4	74.8	34.0	1,409
Completed primary	30.3	90.4	59.3	80.4	40.5	827
Incompl. secondary	24.8	94.1	74.2	83.7	48.5	2,907
Compl. secondary+	22.2	94.2	85.9	86.7	65.0	971
Total	26.4	90.7	67.2	80.5	45.0	6,755

Table 11.5.2 Social aspects of AIDS prevention and mitigation: men

Percentage of men who have opinions on various social aspects of AIDS prevention and mitigation, according to selected background characteristics, Namibia 2000

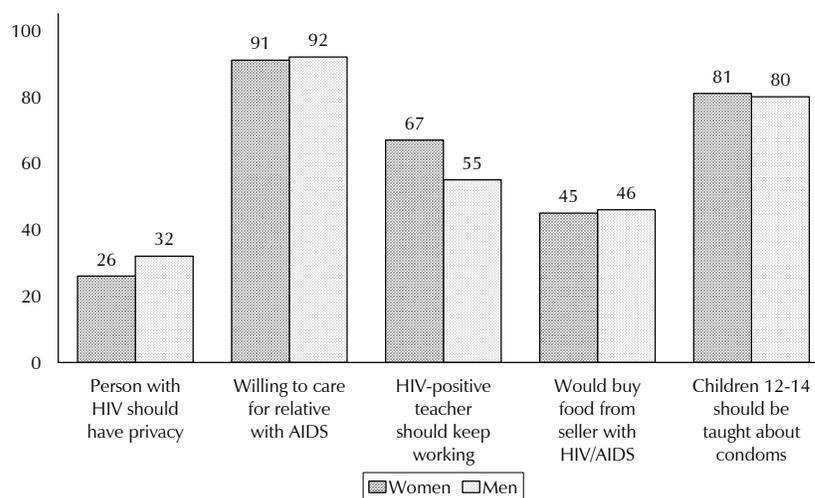
Background characteristic	Think an HIV-positive person should be able to keep it private	Are willing to care for a relative sick with AIDS	Think an HIV-positive teacher should be allowed to continue teaching	Think that children age 12-14 should be taught about condoms	Would buy food from a shop-keeper who has HIV or AIDS	Number
Age						
15-19	31.8	86.5	58.4	79.7	40.0	694
20-24	30.1	94.1	58.5	84.6	48.7	610
25-29	30.5	95.5	56.5	83.8	52.4	448
30-39	32.3	93.0	52.6	82.4	45.5	625
40-49	35.0	91.5	46.8	70.4	46.0	390
50-59	27.1	89.9	51.1	73.7	43.1	188
Marital status						
Married or in union	31.8	91.7	51.3	79.7	47.6	1,047
Divorced, separated, widowed	30.0	87.2	49.4	72.2	47.6	143
Never married:						
Ever had sex	32.1	94.0	57.6	83.6	44.5	1,471
Never had sex	28.2	82.0	57.0	70.0	45.3	293
Residence						
Urban	33.4	95.2	54.3	84.8	52.5	1,312
Rural	30.0	88.9	55.4	76.7	40.5	1,642
Directorate						
Northwest	31.2	94.6	64.1	75.3	31.5	1,047
Northeast	44.5	79.2	54.3	88.0	52.7	313
Central	30.8	93.8	50.2	82.9	51.2	615
South	28.0	91.3	48.3	81.5	55.6	980
Region						
Caprivi	63.5	94.2	72.4	94.1	72.1	114
Erongo	38.3	97.1	49.3	87.9	41.8	195
Hardap	26.8	78.9	55.8	70.1	60.4	128
Karas	30.2	95.4	56.0	82.2	45.7	123
Kavango	33.6	70.5	44.0	84.4	41.5	198
Khomas	28.7	97.9	49.0	86.4	61.0	624
Kunene	22.5	85.4	44.5	91.3	44.5	103
Ohangwena	37.0	89.2	57.2	74.2	23.0	275
Omaheke	22.7	61.7	25.9	65.4	28.9	104
Omusati	42.7	97.3	65.5	69.4	34.1	271
Oshana	22.2	96.9	73.0	78.6	42.3	251
Oshikoto	21.4	95.1	61.3	79.6	27.0	249
Otjozondjupa	29.0	94.5	52.6	77.2	59.2	317
Education						
No education	35.4	81.6	37.3	68.0	34.5	379
Incomplete primary	31.2	87.8	43.7	74.8	30.0	744
Completed primary	28.8	91.4	50.8	79.6	38.6	283
Incompl. secondary	31.7	95.3	62.0	85.3	52.5	1,115
Compl. secondary+	29.5	98.1	74.2	88.0	70.4	434
Total	31.5	91.7	54.9	80.3	45.8	2,954

Another indicator of attitudes toward HIV/AIDS is the extent to which people are willing to care for sick relatives. In Namibia, over 90 percent of women and men say they are willing to care for relatives with AIDS in their own households, a finding that should be encouraging for home-based care programmes. This proportion is slightly lower among younger respondents, those in Northeast Directorate, and those in Kavango and Omaheke Regions. The higher the level of education, the greater the likelihood that a respondent is willing to care for a relative with AIDS in their home.

Two questions relate to aspects of stigma associated with HIV/AIDS. Respondents were asked whether they thought that an HIV-positive teacher who is not sick should be allowed to continue teaching in school. About two-thirds of women and just over half of men said that such a teacher should be allowed to continue teaching. Women and men in Omaheke, Kunene and Kavango Regions are less likely to believe that an HIV-positive teacher should be allowed to continue teaching.

Respondents were also asked if they would buy food from a shopkeeper or food seller who has AIDS or is HIV-positive. On this issue, both women and men are far less open-minded. Only about 45 percent of women and men say they would buy food from a person with AIDS or infected with HIV (Tables 11.5.1 and 11.5.2 and Figure 11.1). Urban respondents are more likely than rural respondents to say they would patronise an HIV-positive food seller. Respondents in the Northwest Directorate, as well as women in Omusati Region and men in Ohangwena Region are less likely than others to buy food from an HIV-infected shopkeeper. As with most of the other indicators of HIV/AIDS stigma, this indicator is also positively related to education.

Figure 11.1 Percentage of Women and Men With Views on Various Social Aspects of AIDS



NDHS 2000

Finally, respondents were asked if they thought that children age 12-14 should be taught about using condoms to avoid AIDS. Nationally, 80 percent of respondents support the teaching of condom use to children aged 12-14 years. Support is lowest among women in Omusati Region and among men in Omaheke Region.

Women and men interviewed in the 2000 NDHS were asked if it is acceptable or unacceptable for AIDS to be discussed on the radio, on the television, and in newspapers. Table 11.6 shows that there is overwhelming agreement amongst Namibians that it is acceptable to discuss HIV/AIDS in the media. Ninety-four percent or more of both women and men say they support discussion of AIDS in all three mass media. Differentials by background characteristics are minor, with the proportions dropping below 90 percent only for women in Kavango Region, men in Ohangwena Region and for women and men with no education.

Table 11.6 Discussion of HIV/AIDS

Percentage of women and men who think discussion of HIV/AIDS in the media is acceptable, by media type and background characteristics, Namibia 2000

Background characteristic	Percentage who think discussion of HIV/AIDS is acceptable:							
	Women				Men			
	On radio	On TV	In newspaper	Number of women	On radio	On TV	In newspaper	Number of men
Age								
15-19	94.0	93.6	94.3	1,499	95.8	95.7	96.0	694
20-29	96.8	96.1	96.4	1,339	97.9	98.1	98.1	610
25-29	96.2	95.7	95.9	1,104	98.2	98.2	97.7	448
30-39	94.6	93.7	94.6	1,764	97.6	97.0	97.6	625
40-49	92.6	90.6	92.8	1,049	94.1	92.7	94.8	390
50-59	NA	NA	NA	NA	95.9	93.7	92.5	188
Marital status								
Married or in union	95.3	93.8	94.8	2,610	96.8	95.7	96.3	1,047
Divorced, separated, widowed	91.9	92.9	93.7	478	93.9	94.6	94.6	143
Never married:								
Ever had sex	96.0	95.2	95.8	2,687	98.0	97.7	97.9	1,471
Never had sex	92.1	91.5	92.8	980	91.7	92.3	92.5	293
Residence								
Urban	97.4	97.2	97.1	2,786	98.7	97.9	98.6	1,312
Rural	93.0	91.7	93.2	3,969	95.2	95.0	95.1	1,642
Directorate								
Northwest	93.9	92.7	95.2	2,792	94.8	94.1	95.0	1,047
Northeast	90.1	90.2	89.3	842	97.8	97.4	96.6	313
Central	96.9	95.2	94.7	1,231	97.2	96.8	97.1	615
South	97.0	96.8	96.8	1,890	98.3	98.0	98.2	980
Region								
Caprivi	94.4	94.7	94.0	322	97.6	97.6	95.6	114
Erongo	95.5	95.1	95.6	399	99.1	98.2	99.3	195
Hardap	95.5	94.8	94.9	292	96.7	96.5	96.7	128
Karas	97.2	96.4	96.3	261	96.5	96.9	96.0	123
Kavango	87.5	87.4	86.3	520	97.9	97.3	97.3	198
Khomas	98.1	98.2	98.1	1,152	99.7	99.4	99.7	624
Kunene	95.0	92.1	89.6	205	97.7	98.1	98.2	103
Ohangwena	93.4	93.3	95.4	684	85.8	86.1	85.8	275
Omaheke	92.7	91.8	92.1	185	93.4	93.2	93.2	104
Omusati	90.9	87.5	91.4	714	98.4	97.2	97.8	271
Oshana	93.9	92.9	96.4	789	97.4	96.0	98.7	251
Oshikoto	98.2	97.9	97.8	604	98.4	97.8	98.2	249
Otjozondjupa	98.4	96.4	95.9	627	95.8	95.5	95.5	317
Education								
No education	86.6	84.2	83.2	641	87.6	86.2	86.7	379
Incomplete primary	91.2	90.1	91.8	1,409	96.7	96.8	96.2	744
Completed primary	95.1	93.7	95.6	827	99.2	99.2	99.2	283
Incompl. secondary	97.2	96.8	97.5	2,907	98.3	98.0	98.6	1,115
Compl. secondary+	98.2	97.9	98.3	971	99.4	98.2	99.4	434
Total	94.8	94.0	94.8	6,755	96.8	96.3	96.7	2,954

NA = Not applicable

11.4 HIV TESTING

One strategy in the battle against HIV/AIDS is to encourage people to get tested for the HIV virus so that those who test positive can take precautions to reduce its spread. In order to gauge the coverage of HIV testing as well as the unmet need for testing, women and men interviewed in the 2000 NDHS were asked if they had ever been tested to see if they had the AIDS virus. Those who had been tested were asked if staff at the health facility had counselled them about the consequences of getting the test results and whether they had been told the test results. They were also asked where they had gotten the test. Those who had not been tested were asked if they would like to be tested and whether they knew of a place to go for an AIDS test.

The results show that about one-quarter of women and men have been tested for HIV (Tables 11.7.1 and 11.7.2 and Figure 11.2). There are large variations in the proportions tested. As expected, younger respondents (age 15-19) are much less likely than older respondents to have been tested for HIV. Surprisingly, 4-5 percent of respondents who say they have not yet had sexual intercourse have been tested for HIV, which may indicate some confusion about the question. Coverage is much higher in urban areas than in rural areas. It is highest in Khomas Region among women (43 percent) and in Erongo Region among men (43 percent). Very few respondents (5 percent of women and 8 percent of men) in Caprivi and Kavango Regions have been tested. Around half of respondents who completed secondary school and one-fourth of those who attended but did not complete secondary school have been tested for HIV, compared with less than one in six respondents with less education.

The results indicate that nation-wide, over three-quarters of the population have not been tested. This calls for an acceleration of testing by establishing voluntary counseling and testing (VCT) services throughout the country, focusing on the most affected regions and areas where demand is highest.

Overall, the quality of pre- and post-test counseling appears to be good. Eighty-three percent of women and 78 percent of men tested were told of the consequences of being tested, while 93 percent of women and 92 percent of men said they were informed of their test results. However, at the regional level, some room for improvement exists. For example, only 44 percent of tested men in Erongo Region were counseled about the consequences of getting an HIV test and only 64 percent of men tested in Omaheke Region were told about their test results.

The source of HIV testing generally is the public sector (about 70 percent); however in urban areas, in the Central and South Directorates and in Erongo, Karas, and Otjozondjupa Regions, a relatively larger proportion of tests were obtained in the private sector.

Table 11.7.1 HIV/AIDS testing: women

Percentage of women tested for HIV/AIDS and, among those tested, percentage who were told of consequences, percentage who were given the test results and percent distribution by source of test, according to selected background characteristics, Namibia 2000

Background characteristic	Among all women		Among those tested:						
	Percentage tested	Number of women	Percentage told of consequences	Percentage told of results	Source of test:				of women tested
					Public source	Private source	Other	Missing	
Age									
15-19	8.9	1,499	82.4	89.8	84.5	9.9	4.9	0.7	134
20-24	25.9	1,339	86.7	90.2	80.6	17.2	2.2	0.0	347
25-29	30.8	1,104	86.3	93.4	72.5	22.9	4.5	0.1	340
30-39	31.3	1,764	81.2	94.8	65.6	30.1	4.1	0.3	552
40-49	21.6	1,049	76.0	91.1	61.7	35.4	2.9	0.1	226
Marital status									
Married or in union	26.9	2,610	80.2	93.5	59.5	37.2	3.2	0.1	702
Divorced, separated, widowed	31.9	478	80.8	93.3	69.7	26.1	3.0	1.2	152
Never married:									
Ever had sex	25.7	2,687	87.4	91.9	83.1	12.8	4.1	0.0	692
Never had sex	5.4	980	64.0	86.7	79.3	14.9	5.1	0.7	53
Residence									
Urban	36.7	2,786	81.7	94.6	64.5	30.9	4.4	0.2	1,024
Rural	14.5	3,969	84.8	88.9	83.4	14.1	2.3	0.2	575
Directorate									
Northwest	17.0	2,792	87.3	92.7	86.0	11.7	1.9	0.3	475
Northeast	5.4	842	(80.9)	(93.5)	(79.5)	(20.5)	(0.0)	(0.0)	46
Central	30.9	1,231	77.7	90.3	57.7	37.2	4.8	0.2	380
South	36.9	1,890	82.7	93.7	68.2	27.3	4.4	0.1	698
Region									
Caprivi	5.4	322	*	*	*	*	*	*	18
Erongo	37.7	399	68.0	92.9	47.1	48.6	4.3	0.0	151
Hardap	29.2	292	75.2	79.1	72.5	24.3	3.3	0.0	85
Karas	30.3	261	71.6	87.2	53.3	39.8	5.9	1.1	79
Kavango	5.4	520	*	*	*	*	*	*	28
Khomas	43.4	1,152	85.9	97.3	68.9	26.5	4.6	0.0	500
Kunene	23.5	205	64.9	87.0	79.7	13.5	5.1	1.7	48
Ohangwena	14.6	684	92.5	93.8	99.1	0.9	0.0	0.0	100
Omaheke	18.4	185	80.9	91.2	81.4	16.7	1.9	0.0	34
Omusati	13.1	714	91.1	92.8	93.1	6.9	0.0	0.0	93
Oshana	21.9	789	89.3	93.2	74.9	20.7	3.6	0.9	173
Oshikoto	18.1	604	76.1	90.6	85.8	11.6	2.6	0.0	109
Otjozondjupa	28.9	627	89.1	89.0	60.7	34.1	5.2	0.0	181
Education									
No education	12.0	641	81.7	94.8	91.0	8.3	0.0	0.8	77
Incomplete primary	14.6	1,409	83.8	88.9	83.8	15.0	1.1	0.1	205
Completed primary	15.6	827	81.8	89.5	80.6	17.7	1.3	0.4	129
Incompl. secondary	23.7	2,907	85.2	93.5	76.1	20.9	3.0	0.1	690
Compl. secondary+	51.3	971	79.6	93.3	54.2	38.8	6.7	0.3	498
Total	23.7	6,755	82.8	92.6	71.3	24.8	3.6	0.2	1,599

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 11.7.2 HIV/AIDS testing: men

Percentage of men tested for HIV/AIDS and, among those tested, percentage who were told of consequences, percentage who were given the test results and percent distribution by source of test, according to selected background characteristics, Namibia 2000

Background characteristic	Among all women		Among those tested:					Number of men tested
	Percentage tested	Number of men	Percentage told of consequences	Percentage told of results	Source of test:			
					Public source	Private source	Other	
Age								
15-19	5.2	694	(76.3)	(85.0)	(65.0)	(17.3)	(17.7)	36
20-24	20.7	610	81.7	95.3	80.7	16.2	3.1	127
25-29	29.1	448	78.3	87.8	69.1	24.8	6.0	130
30-39	38.5	625	82.0	94.1	61.8	34.1	4.1	241
40-49	37.4	390	70.4	88.7	58.6	37.5	3.9	146
50-59	24.4	188	73.3	98.7	59.8	40.2	0.0	46
Marital status								
Married or in union	35.7	1,047	78.4	94.1	52.8	43.3	3.9	374
Divorced, separated, widowed	39.9	143	69.7	76.8	81.5	18.5	0.0	57
Never married:								
Ever had sex	19.1	1,471	79.8	92.1	80.2	14.6	5.3	281
Never had sex	4.4	293	*	*	*	*	*	13
Residence								
Urban	35.4	1,312	74.9	93.5	53.6	39.7	6.7	464
Rural	15.9	1,642	83.9	89.2	87.3	11.6	1.1	261
Directorate								
Northwest	15.8	1,047	87.6	92.6	90.3	8.4	1.2	165
Northeast	7.7	313	*	*	*	*	*	24
Central	34.7	615	66.5	92.7	59.6	32.8	7.6	214
South	32.9	980	80.1	91.1	54.9	40.3	4.8	322
Region								
Caprivi	7.9	114	*	*	*	*	*	9
Erongo	42.5	195	43.7	92.6	42.5	41.8	15.7	83
Hardap	20.1	128	(76.4)	(81.6)	(55.1)	(32.2)	(12.7)	26
Karas	38.7	123	79.6	90.9	58.9	38.4	2.7	48
Kavango	7.7	198	*	*	*	*	*	15
Khomas	36.9	624	82.3	94.4	52.0	43.4	4.6	230
Kunene	36.7	103	52.9	75.9	87.9	11.0	1.0	38
Ohangwena	12.5	275	*	*	*	*	*	35
Omaheke	17.6	104	58.9	64.4	81.5	17.1	1.4	18
Omusati	11.9	271	*	*	*	*	*	32
Oshana	24.7	251	90.9	97.7	82.9	13.8	3.3	62
Oshikoto	14.6	249	(86.8)	(97.9)	(87.0)	(13.0)	(0.0)	36
Otjozondjupa	29.3	317	92.3	99.6	63.2	33.7	3.1	93
Education								
No education	14.8	379	70.1	80.1	87.7	8.3	4.0	56
Incomplete primary	14.7	744	72.2	88.1	83.3	8.7	8.0	109
Completed primary	16.5	283	(82.1)	(87.7)	(83.9)	(16.1)	(0.0)	47
Incompl. secondary	25.8	1,115	81.8	92.6	68.7	27.0	4.3	287
Compl. secondary+	52.2	434	77.5	96.8	44.5	50.9	4.6	226
Total	24.6	2,954	78.1	92.0	65.8	29.6	4.7	725

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

As shown in Table 11.8 and Figure 11.2, the desire for a HIV testing is generally high, with about two-thirds of non-tested women and men saying they would like to be tested. Moreover, a large majority of respondents who have not been tested (73 percent of women and 67 percent of men) know a place they could go to get an HIV test. The highest demand for testing is found amongst women in Karas (77 percent) and Oshikoto (75 percent) and amongst men in Kunene (86 percent) and Hardap (84 percent) regions.

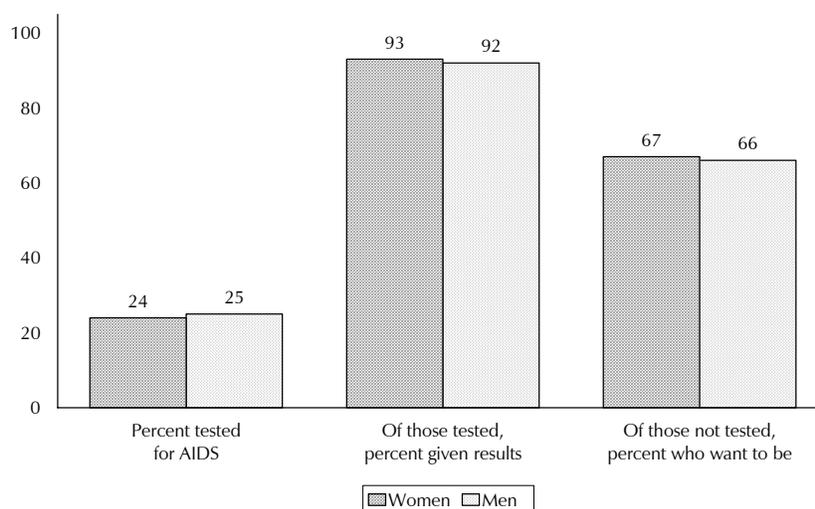
Table 11.8 Desire for HIV testing

Among women and men who have not been tested for HIV/AIDS, percent distribution by desire for testing and percentage who know of a source for testing, according to selected background characteristics, Namibia 2000

Background characteristic	Desire for HIV/AIDS test: women					Desire for HIV/AIDS test: men						
	Yes	No	Don't know/ don't know of AIDS	Total	Percent- age who know a source for AIDS testing	Number of women not tested	Yes	No	Don't know/ don't know of AIDS	Total	Percent- age who know a source for AIDS testing	Number of men not tested
Age												
15-19	70.1	23.4	6.5	100.0	72.1	1,365	67.6	28.2	4.2	100.0	57.7	658
20-29	75.2	20.9	3.9	100.0	76.0	992	74.2	23.1	2.7	100.0	75.0	484
25-29	67.9	25.9	6.2	100.0	72.4	764	68.2	26.2	5.6	100.0	78.4	317
30-39	63.8	30.6	5.6	100.0	73.4	1,212	62.9	32.2	4.9	100.0	65.6	384
40-49	54.5	37.3	8.3	100.0	68.8	822	51.0	39.7	9.3	100.0	67.8	244
50-59	NA	NA	NA	NA	NA	NA	51.5	38.0	10.6	NA	64.6	142
Marital status												
Divorced, separated, widowed	62.2	31.4	6.4	100.0	70.3	1,908	56.5	36.8	6.7	100.0	67.4	673
Never married: Ever had sex	67.3	26.4	6.4	100.0	63.1	325	73.5	19.5	7.0	100.0	67.3	86
Never had sex	72.5	23.3	4.2	100.0	77.7	1,995	72.0	25.1	2.9	100.0	70.8	1,190
	63.7	27.2	9.1	100.0	70.4	927	56.8	32.6	10.6	100.0	52.3	280
Residence												
Urban	68.3	27.2	4.5	100.0	79.7	1,762	63.7	31.3	5.0	100.0	80.3	848
Rural	66.0	27.2	6.8	100.0	69.1	3,394	66.6	28.2	5.3	100.0	59.3	1,381
Directorate												
Northwest	69.0	25.2	5.8	100.0	75.7	2,316	69.5	27.4	3.1	100.0	60.4	881
Northeast	49.3	42.5	8.1	100.0	63.3	797	42.2	45.4	12.4	100.0	69.8	288
Central	72.6	23.6	3.7	100.0	77.9	851	66.0	29.2	4.7	100.0	71.3	401
South	69.9	23.3	6.7	100.0	69.3	1,192	69.9	25.1	5.0	100.0	73.0	658
Region												
Caprivi	48.8	41.5	9.7	100.0	74.0	305	62.0	10.4	27.6	100.0	79.9	105
Erongo	70.7	25.9	3.4	100.0	87.2	248	60.0	32.5	7.4	100.0	89.9	112
Hardap	72.5	23.2	4.3	100.0	71.1	207	83.8	12.4	3.8	100.0	83.5	102
Karas	76.8	17.6	5.6	100.0	79.3	182	70.2	25.2	4.6	100.0	73.7	76
Kavango	49.7	43.2	7.1	100.0	56.6	492	30.9	65.4	3.6	100.0	64.0	183
Khomas	69.0	24.4	6.6	100.0	70.1	652	65.6	29.4	5.0	100.0	78.8	394
Kunene	74.1	20.2	5.7	100.0	58.3	157	86.2	11.4	2.4	100.0	59.8	65
Ohangwena	73.8	22.4	3.8	100.0	74.5	585	66.5	30.5	3.1	100.0	47.5	241
Omaheke	62.1	25.8	12.0	100.0	51.8	151	73.0	20.2	6.8	100.0	33.0	86
Omusati	61.2	29.0	9.8	100.0	58.7	621	64.6	32.5	2.9	100.0	54.7	239
Oshana	67.8	28.1	4.0	100.0	86.5	616	66.9	32.4	0.7	100.0	74.7	189
Oshikoto	74.6	20.3	5.1	100.0	85.2	495	80.5	13.9	5.6	100.0	68.8	212
Otjozondjupa	73.2	23.6	3.3	100.0	79.7	446	63.2	32.7	4.1	100.0	65.4	224
Education												
No education	55.4	30.8	13.8	100.0	51.2	564	52.5	39.4	8.1	100.0	45.5	323
Incomplete primary	65.0	28.1	6.9	100.0	66.3	1,204	60.2	32.6	7.2	100.0	57.0	634
Completed primary	68.5	27.2	4.3	100.0	67.3	698	77.2	19.1	3.7	100.0	62.7	236
Incompl. secondary	70.6	25.3	4.1	100.0	79.5	2,217	71.4	25.5	3.2	100.0	78.3	828
Compl. secondary+	64.7	29.3	6.0	100.0	90.6	473	64.9	31.1	4.0	100.0	94.0	208
Total	66.8	27.2	6.0	100.0	72.7	5,156	65.5	29.4	5.2	100.0	67.3	2,229

NA = Not applicable

Figure 11.2 Indicators of HIV Testing Coverage and Need



NDHS 2000

11.5 KNOWLEDGE OF SYMPTOMS OF SEXUALLY TRANSMITTED INFECTIONS

NDHS respondents were asked if they had heard about infections other than AIDS that can be transmitted sexually. Women who answered affirmatively were then asked what symptoms a woman with a sexually transmitted infection (STI) might have, while men who said yes were asked about STI symptoms that a man might have. Tables 11.9 and 11.10 show that a relatively high proportion of respondents—31 percent of women and 20 percent of men—do not know of any STI other than AIDS. Lack of knowledge about STIs other than AIDS is highest amongst women and men in Omaheke and Hardap Regions and among women with little or no education.

Amongst women, 43 percent know of two or more symptoms of a STI in a woman, while 53 percent of men know two or more symptoms in a man. The fact that knowledge of symptoms is higher among men may be due in part to the fact that many STIs are asymptomatic in women. Knowledge of symptoms is higher among urban respondents and those with some secondary schooling than among other respondents. It is lower among respondents in the Northwest Directorate.

The 2000 NDHS attempted to measure the prevalence of STIs by asking men a series of questions, since they are more likely than women to experience symptoms of STIs. Men were first asked if they had had an STI in the 12 months preceding the survey. They were then asked if they had had a penile discharge or a genital sore in the previous 12 months. If any one of the three questions was answered in the affirmative, men were then asked about types of treatment sought and whether and what was done to protect sexual partners from becoming infected.

Table 11.9 Knowledge of female signs and symptoms

Percent distribution of women by knowledge of signs and symptoms associated with sexually transmitted infections (STIs) other than AIDS in a woman, by background characteristics, Namibia 2000

Background characteristic	Knowledge of STI symptoms in a woman				Missing	Total	Number
	No knowledge of STIs other than AIDS	Does not know any STI symptoms	Knows one symptom	Knows two or more symptoms			
Age							
15-19	45.7	10.5	13.5	30.1	0.2	100.0	1,499
20-24	25.5	12.1	14.2	48.1	0.1	100.0	1,339
25-29	24.9	13.9	15.4	45.9	0.0	100.0	1,104
30-39	26.9	13.2	14.1	45.7	0.1	100.0	1,764
40-49	30.1	8.9	11.3	49.5	0.2	100.0	1,049
Marital status							
Married or in union	28.5	10.6	14.2	46.6	0.1	100.0	2,610
Divorced, separated, widowed	27.4	12.3	12.9	47.2	0.2	100.0	478
Never married:							
Ever had sex	26.5	13.6	14.0	45.8	0.1	100.0	2,687
Never had sex	51.4	10.1	12.5	25.7	0.3	100.0	980
Residence							
Urban	25.1	12.4	11.5	50.9	0.1	100.0	2,786
Rural	35.1	11.5	15.4	38.0	0.1	100.0	3,969
Directorate							
Northwest	32.7	14.2	16.5	36.5	0.1	100.0	2,792
Northeast	24.7	10.0	17.4	47.8	0.1	100.0	842
Central	30.0	10.3	8.6	51.1	0.1	100.0	1,231
South	31.9	10.2	11.5	46.3	0.1	100.0	1,890
Region							
Caprivi	13.2	8.0	19.6	59.0	0.2	100.0	322
Erongo	15.6	12.2	9.7	62.4	0.0	100.0	399
Hardap	52.1	9.1	7.6	31.1	0.0	100.0	292
Karas	32.4	13.9	12.4	40.5	0.8	100.0	261
Kavango	31.9	11.2	16.1	40.9	0.0	100.0	520
Khomas	21.8	9.6	12.5	56.1	0.0	100.0	1,152
Kunene	34.2	5.2	17.3	43.3	0.0	100.0	205
Ohangwena	28.6	14.7	16.7	40.0	0.0	100.0	684
Omaheke	61.8	11.0	9.6	17.3	0.3	100.0	185
Omusati	32.4	15.8	19.1	32.5	0.2	100.0	714
Oshana	36.9	18.7	16.0	28.3	0.1	100.0	789
Oshikoto	32.0	5.8	14.0	48.1	0.1	100.0	604
Otjozondjupa	37.7	10.7	5.0	46.4	0.1	100.0	627
Education							
No education	52.7	5.6	12.0	29.5	0.1	100.0	641
Incomplete primary	40.9	12.0	13.6	33.4	0.1	100.0	1,409
Completed primary	37.1	13.3	13.2	36.2	0.2	100.0	827
Compl. secondary	25.6	13.0	14.2	47.1	0.2	100.0	2,907
Compl. secondary+	13.2	11.1	14.3	61.5	0.0	100.0	971
Total	31.0	11.8	13.8	43.3	0.1	100.0	6,755

Overall, less than 2 percent of male respondents reported having had an STI or symptoms associated with an STI in the 12 months preceding the survey. This is most probably an underestimate of the true level of STIs. As a comparison, a similar set of questions resulted in an estimated STI prevalence level of 8 percent of men in Malawi (National Statistical Office and ORC Macro. 2001:161). In South Africa, 12 percent of men aged 15 and over reported having an STI symptom (painful urination, genital discharge or genital sore) in the three months preceding the 1998 Demographic and Health Survey (South Africa Department of Health, 1999:18). In any case, since there may be non-sampling errors with this indicator and the sampling errors are high, the data are not presented.

Table 11.10 Knowledge of male signs and symptoms

Percent distribution of men by knowledge of signs and symptoms associated with sexually transmitted infections (STIs) other than AIDS in a man, by background characteristics, Namibia 2000

Background characteristic	Knowledge of STI symptoms in a man				Missing	Total	Number
	No knowledge of STIs other than AIDS	Does not know any STI symptoms	Knows one symptom	Knows two or more symptoms			
Age							
15-19	36.1	13.6	17.4	32.8	0.1	100.0	694
20-24	15.5	14.2	19.0	51.4	0.0	100.0	610
25-29	14.1	10.9	13.4	61.6	0.0	100.0	448
30-39	13.9	11.7	11.5	62.7	0.2	100.0	625
40-49	12.6	6.4	14.3	66.5	0.1	100.0	390
50-59	20.1	6.9	15.1	57.9	0.0	100.0	188
Marital status							
Married or in union	14.4	7.7	12.9	64.9	0.2	100.0	1,047
Divorced, separated, widowed	15.4	8.6	13.3	62.8	0.0	100.0	143
Never married:							
Ever had sex	18.2	14.3	17.5	50.0	0.0	100.0	1,471
Never had sex	48.4	12.7	14.2	24.7	0.0	100.0	293
Residence							
Urban	16.2	9.7	12.6	61.4	0.1	100.0	1,312
Rural	22.5	13.0	17.6	46.9	0.0	100.0	1,642
Directorate							
Northwest	22.4	18.1	23.8	35.6	0.1	100.0	1,047
Northeast	15.6	1.4	7.7	75.3	0.0	100.0	313
Central	17.1	7.9	13.9	61.2	0.0	100.0	615
South	19.6	10.1	9.7	60.5	0.1	100.0	980
Region							
Caprivi	29.6	2.9	10.0	57.4	0.0	100.0	114
Erongo	29.8	5.3	13.5	51.4	0.0	100.0	195
Hardap	43.9	10.1	9.6	35.4	1.0	100.0	128
Karas	35.2	7.7	14.9	42.2	0.0	100.0	123
Kavango	7.6	0.5	6.4	85.6	0.0	100.0	198
Khomas	7.8	9.8	9.0	73.4	0.0	100.0	624
Kunene	11.9	18.1	22.4	47.6	0.0	100.0	103
Ohangwena	21.8	17.3	14.0	46.9	0.0	100.0	275
Omaheke	42.1	15.0	7.6	35.2	0.0	100.0	104
Omusati	22.8	11.1	17.8	48.3	0.0	100.0	271
Oshana	26.4	28.6	21.3	23.3	0.4	100.0	251
Oshikoto	18.8	15.7	44.0	21.6	0.0	100.0	249
Otjozondjupa	11.0	6.1	11.3	71.7	0.0	100.0	317
Education							
No education	27.8	14.4	11.5	46.2	0.0	100.0	379
Incomplete primary	29.8	10.8	16.3	43.1	0.1	100.0	744
Completed primary	23.1	14.6	22.2	40.2	0.0	100.0	283
Incompl. secondary	14.6	11.7	14.9	58.6	0.2	100.0	1,115
Compl. secondary+	6.2	7.8	13.7	72.3	0.0	100.0	434
Total	19.7	11.5	15.3	53.4	0.1	100.0	2,954

11.6 NUMBER OF SEXUAL PARTNERS

Given that most HIV infections in Namibia are contracted through heterosexual contact, information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of the disease. The 2000 NDHS included questions on respondents' last three sexual partners in the 12 months preceding the survey, categorised into two broad types: 1) those cohabiting with the respondent (mostly spouses) and 2) those not cohabiting with the respondent at the time of the last sexual encounter with that partner. Male respondents were also asked if they had ever paid for sex. Information

on use of condoms at last sexual encounter with each of these partner types was collected. The analysis presented here is limited to higher risk sexual activity. Based on UNAIDS guidelines for monitoring and evaluating HIV/AIDS programmes, a working definition of higher risk sex is sex outside the context of a cohabiting relationship, which means extramarital sex among married individuals and all sex for the unmarried. Although these definitions are far from ideal, evaluation of data from previous surveys indicates that a more precise formulation is impractical and produces data that are difficult to interpret.

Looking first at married respondents, Table 11.11 shows the percent distribution of married women and men by the number of sexual partners in the previous 12 months, excluding the spouse or cohabiting partner. The data show that 17 percent of married women and 20 percent of married men had sexual intercourse with at least one person other than their marital partner in the 12 months prior to the survey. Men are much more likely than women to have had two or more outside partners (5 percent of men versus less than one percent of women). Generally, younger respondents, urban respondents, women in the South Directorate and men in the Central Directorate are more likely than other respondents to have extramarital partners. Regional patterns differ for women and men. Married women in Caprivi Region are the least likely and those in Khomas and Kunene Regions are the most likely to report having extramarital partners. Married men in Omusati, Caprivi, and Hardap Regions are most likely to be faithful to their wives, while those in Kunene and Erongo Regions are most likely to report having at least one extramarital partner.

Table 11.12 shows that about half of unmarried women and 60 percent of unmarried men had sexual intercourse in the 12 months preceding the survey. Only 2 percent of unmarried women report having more than one partner during that time period, much lower than the 17 percent of unmarried men who report at least two partners. Unmarried respondents in urban areas, unmarried women in Kunene Region and unmarried men in Erongo Region are the most likely to have had sex and to have had multiple partners. Although 35-40 percent of unmarried teenagers report that they were sexually active in the 12 months prior to the survey, only a fraction of the teenage girls report having two or more partners, compared with 8 percent of teenage boys.

Men interviewed in the 2000 NDHS were asked if they had ever paid for sex and if so, when was the last time they paid for sex, and whether they used a condom the last time. Only one percent of men reported having paid for sex in the 12 months before the survey (data not shown). Two-thirds of these men said they had used a condom the most recent time they paid for sex, but since this figure is based on only 41 cases, it should be viewed with caution.

Table 11.11 Number of sexual partners of married women and men

Percent distribution of currently married women and men by number of persons with whom they had sexual intercourse in the past 12 months, excluding spouse or cohabiting partner, according to selected background characteristics, Namibia 2000

Background characteristic	Number of sexual partners excluding spouse or cohabiting partner: women					Number of sexual partners excluding spouse or cohabiting partner: men						
	0	1	2+	Don't know/missing	Total	Number of women	0	1	2+	Don't know/missing	Total	Number of men
Age												
15-19	69.8	28.6	0.7	0.8	100.0	74	*	*	*	*	*	14
20-24	75.7	22.6	1.2	0.5	100.0	326	63.8	25.2	11.0	0.0	100.0	76
25-29	75.0	24.2	0.0	0.8	100.0	458	71.1	23.0	5.7	0.2	100.0	131
30-39	83.4	15.2	0.5	0.8	100.0	1,045	78.9	15.7	4.5	1.0	100.0	366
40-49	88.1	10.3	0.3	1.3	100.0	707	85.9	8.1	3.7	2.4	100.0	300
50-59	NA	NA	NA	NA	NA	707	86.1	10.0	2.9	1.0	100.0	160
Residence												
Urban	77.4	20.4	0.7	1.6	100.0	1,184	78.0	14.1	6.1	1.9	100.0	546
Rural	85.6	13.7	0.3	0.4	100.0	1,426	82.0	14.6	2.9	0.4	100.0	501
Directorate												
Northwest	83.6	15.5	0.2	0.7	100.0	725	80.1	16.0	2.7	1.2	100.0	211
Northeast	94.0	5.3	0.2	0.6	100.0	440	93.1	5.9	1.9	0.0	100.0	138
Central	82.4	15.2	0.6	1.8	100.0	615	69.0	19.7	8.0	3.3	100.0	280
South	73.5	25.1	0.7	0.7	100.0	830	82.7	13.0	4.1	0.2	100.0	418
Region												
Caprivi	100.0	0.0	0.0	0.0	100.0	153	94.8	2.6	2.6	0.0	100.0	54
Erongo	92.5	2.5	0.0	5.0	100.0	197	59.3	19.9	12.1	8.7	100.0	89
Hardap	88.0	11.4	0.0	0.7	100.0	116	93.3	6.7	0.0	0.0	100.0	54
Karas	86.3	9.3	1.1	3.3	100.0	111	90.0	9.0	0.5	0.5	100.0	58
Kavango	90.8	8.1	0.3	0.8	100.0	287	92.0	6.5	1.5	0.0	100.0	84
Khomas	66.7	32.6	0.8	0.0	100.0	500	81.8	13.1	5.1	0.0	100.0	251
Kunene	66.5	30.8	1.4	1.3	100.0	99	64.3	22.7	11.7	1.3	100.0	40
Ohangwena	84.2	15.5	0.4	0.0	100.0	182	70.5	26.3	3.2	0.0	100.0	62
Omaheke	76.7	21.2	1.1	1.0	100.0	103	68.9	22.9	7.4	0.8	100.0	55
Omusati	73.7	26.3	0.0	0.0	100.0	140	93.8	4.3	1.9	0.0	100.0	41
Oshana	93.0	6.3	0.0	0.8	100.0	237	86.2	12.8	1.0	0.0	100.0	52
Oshikoto	77.9	19.7	0.5	1.9	100.0	167	74.9	16.2	4.4	4.5	100.0	56
Otjozondjupa	81.1	18.1	0.8	0.0	100.0	319	76.0	18.8	4.6	0.7	100.0	151
Education												
No education	80.3	17.8	1.2	0.7	100.0	406	84.1	13.1	2.6	0.1	100.0	169
Incomplete primary	80.9	18.4	0.2	0.5	100.0	620	74.3	17.1	8.4	0.2	100.0	279
Completed primary	83.9	14.6	0.5	0.9	100.0	296	86.7	10.9	2.3	0.0	100.0	93
Incompl. secondary	80.4	18.4	0.4	0.7	100.0	860	77.8	17.0	4.6	0.5	100.0	320
Compl. secondary+	86.2	11.6	0.2	2.0	100.0	428	84.5	8.4	1.6	5.5	100.0	186
Total	81.9	16.8	0.5	0.9	100.0	2,610	79.9	14.3	4.6	1.2	100.0	1,047

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
NA = Not applicable

Table 11.12 Number of sexual partners of unmarried women and men

Percent distribution of unmarried women and men by number of persons with whom they had sexual intercourse in the past 12 months, according to selected background characteristics, Namibia 2000

Background characteristic	Number of sexual partners: women					Number of sexual partners: men						
	0	1	2+	Don't know/missing	Total	Number of women	0	1	2+	Don't know/missing	Total	Number of men
Age												
15-19	64.3	34.2	1.3	0.2	100.0	1,425	59.5	32.6	7.8	0.0	100.0	680
20-24	39.6	56.9	3.3	0.1	100.0	1,013	28.6	49.3	21.8	0.4	100.0	534
25-29	36.6	59.9	3.1	0.4	100.0	647	24.5	49.9	25.6	0.0	100.0	317
30-39	43.7	53.2	2.4	0.6	100.0	719	27.8	51.0	20.4	0.8	100.0	259
40-49	63.5	35.9	0.4	0.1	100.0	341	50.4	37.6	12.0	0.0	100.0	89
50-59	NA	NA	NA	NA	NA	341	56.1	42.0	1.8	0.0	100.0	28
Marital status												
Divorced, separated, widowed	55.1	40.6	4.1	0.2	100.0	478	37.0	44.4	18.6	0.0	100.0	143
Never married:												
Ever had sex	31.3	65.6	2.6	0.4	100.0	2,687	28.8	51.4	19.6	0.3	100.0	1,471
Never had sex	100.0	0.0	0.0	0.0	100.0	980	100.0	0.0	0.0	0.0	100.0	293
Residence												
Urban	45.4	51.5	2.5	0.6	100.0	1,602	27.9	46.8	24.8	0.5	100.0	765
Rural	53.4	44.5	2.0	0.1	100.0	2,543	48.6	40.4	11.0	0.0	100.0	1,141
Directorate												
Northwest	57.7	41.1	1.1	0.1	100.0	2,066	49.6	37.3	13.0	0.2	100.0	835
Northeast	52.3	43.8	3.4	0.4	100.0	402	44.6	50.9	4.4	0.0	100.0	174
Central	37.4	57.2	4.6	0.8	100.0	616	31.4	39.4	28.8	0.4	100.0	335
South	42.6	54.5	2.5	0.3	100.0	1,061	30.5	51.0	18.3	0.2	100.0	562
Region												
Caprivi	45.2	53.3	1.5	0.0	100.0	169	57.4	42.6	0.0	0.0	100.0	60
Erongo	44.7	49.2	3.5	2.5	100.0	202	20.9	26.2	52.8	0.0	100.0	106
Hardap	53.8	43.0	3.2	0.0	100.0	176	40.9	46.9	12.2	0.0	100.0	73
Karas	53.5	43.9	1.9	0.7	100.0	150	37.9	40.3	20.2	1.6	100.0	66
Kavango	57.5	37.0	4.8	0.7	100.0	233	37.9	55.3	6.8	0.0	100.0	114
Khomas	37.8	59.5	2.4	0.3	100.0	652	25.9	55.3	18.8	0.0	100.0	374
Kunene	26.1	68.3	5.6	0.0	100.0	106	25.4	45.7	28.4	0.5	100.0	63
Ohangwena	52.2	47.2	0.5	0.0	100.0	503	32.5	52.5	15.0	0.0	100.0	214
Omaheke	37.3	59.6	2.9	0.2	100.0	82	39.9	39.4	20.7	0.0	100.0	49
Omusati	62.0	36.4	1.1	0.4	100.0	574	50.8	33.4	15.8	0.0	100.0	230
Oshana	61.8	36.7	1.5	0.0	100.0	551	36.4	49.6	13.6	0.4	100.0	199
Oshikoto	53.2	45.9	0.9	0.0	100.0	438	80.4	12.6	6.4	0.6	100.0	193
Otjozondjupa	36.5	58.6	4.9	0.0	100.0	308	40.4	45.4	13.5	0.7	100.0	166
Education												
No education	46.0	50.5	3.2	0.3	100.0	235	42.2	46.7	11.0	0.0	100.0	209
Incomplete primary	54.7	44.0	1.0	0.4	100.0	789	54.0	33.9	12.0	0.1	100.0	465
Completed primary	54.0	43.3	2.0	0.7	100.0	531	42.7	44.5	12.8	0.0	100.0	190
Incompl. secondary	50.5	47.0	2.4	0.2	100.0	2,047	37.3	44.5	17.9	0.3	100.0	795
Compl. secondary+	41.7	55.2	3.0	0.1	100.0	543	20.7	50.7	27.8	0.8	100.0	248
Total	50.3	47.2	2.2	0.3	100.0	4,145	40.3	43.0	16.5	0.2	100.0	1,907

NA = Not applicable

11.7 AWARENESS, AVAILABILITY AND USE OF MALE CONDOMS

Knowledge and availability of condoms play important roles in preventing the spread of HIV. As shown in Table 11.13, there is almost universal awareness of male condoms amongst women (98 percent) and men (100 percent). Similarly, the vast majority of respondents—76 percent of women and 88 percent of men—say they could get a male condom if they wanted. Only 11 percent of women and 8 percent of men do not know a place where they could get a condom.

Table 11.13 Knowledge and use of male condoms

Among women and men who know of HIV/AIDS and who have had sexual intercourse, percentage who know about male condoms, percentage who could get a condom themselves and percentage who do not know a source for male condoms, according to selected background characteristics, Namibia 2000

Background characteristic	Women				Men			
	Knows about condoms	Could get condoms herself	Does not know a source for condoms	Number of women	Knows about condoms	Could get condoms himself	Does not know a source for condoms	Number of men
Age								
15-19	98.4	77.1	9.0	717	99.9	88.1	10.8	447
20-24	98.4	82.8	7.7	1,201	99.7	96.7	4.0	583
25-29	98.9	83.1	8.7	1,048	100.0	96.3	2.7	439
30-39	96.9	74.8	12.3	1,700	99.6	92.1	6.4	613
40-49	96.0	61.2	18.4	1,020	98.8	71.8	13.8	385
50-59	NA	NA	NA	NA	98.3	67.1	19.6	187
Current marital status								
Married or in union	96.9	70.7	13.6	2,561	99.1	81.5	10.0	1,046
Divorced, separated, widowed	97.6	70.7	14.3	469	99.6	88.8	11.9	142
Never married, ever had sex	98.3	81.7	8.6	2,656	99.9	93.4	6.1	1,467
Residence								
Urban	99.0	84.5	5.8	2,478	99.9	92.0	4.2	1,217
Rural	96.6	69.2	15.6	3,208	99.2	85.4	11.2	1,438
Directorate								
Northwest	98.1	73.8	13.4	2,105	100.0	86.5	11.6	904
Northeast	92.6	53.3	24.8	750	97.5	77.9	12.1	277
Central	98.4	82.4	5.6	1,137	99.7	93.4	3.5	566
South	98.7	84.1	6.6	1,694	99.6	90.5	6.0	907
Region								
Caprivi	91.2	59.9	13.4	286	96.0	88.1	6.4	98
Erongo	99.7	82.5	3.0	357	100.0	95.5	0.5	178
Hardap	99.7	81.4	4.5	254	99.6	92.6	4.7	107
Karas	98.8	77.9	3.5	218	99.5	91.2	6.2	111
Kavango	93.5	49.1	31.8	465	98.3	72.3	15.2	179
Khomas	98.6	87.3	7.2	1,062	100.0	90.7	5.2	596
Kunene	98.3	82.6	8.4	195	99.7	95.6	4.9	98
Ohangwena	98.5	71.2	12.8	541	100.0	82.5	19.4	239
Omaheke	97.7	75.2	10.4	159	97.2	85.7	10.4	93
Omusati	95.4	66.9	17.4	504	100.0	83.2	12.5	238
Oshana	99.0	76.3	13.8	571	100.0	95.0	3.8	217
Oshikoto	99.5	80.7	9.4	488	100.0	86.1	10.3	211
Otjozondjupa	97.6	82.2	6.3	585	99.6	91.4	4.6	290
Education								
No education	89.2	51.0	33.9	579	98.3	75.1	19.7	345
Incomplete primary	95.8	64.4	18.3	1,193	99.4	81.1	14.6	629
Completed primary	98.4	74.2	11.5	647	99.7	89.7	7.3	241
Incompl. secondary	99.5	83.0	5.8	2,381	99.9	94.4	2.8	1,013
Compl. secondary+	100.0	89.5	2.0	886	100.0	95.2	1.3	426
Total	97.6	75.8	11.3	5,686	99.5	88.4	8.0	2,655

NA = Not applicable

Older respondents and rural respondents are less likely to know of a place to get condoms and thus, less likely to say they could get a condom if they wanted. Almost one-third of women in Kavango Region and almost one-fifth of men in Ohangwena Region say they do not know where they could get a condom. Education level is positively related to the ability to get a condom and negatively related to the lack of knowledge of a place to get condoms.

One of the important indicators measured in the 2000 NDHS is the level of use of condoms, especially with non-regular partners. Tables 11.14.1 and 11.14.2 and Figure 11.3 show the percentage of women and men who said they used a condom the last time they had sex with a spouse or cohabiting partner, with a non-cohabiting partner, and with any partner.

Table 11.14.1 Use of condoms: women

Percentage of women who have had sexual intercourse in the past year who used a condoms during last sexual intercourse with spouse or cohabiting partner, with noncohabiting partner, and with any partner, by selected background characteristics, Namibia 2000

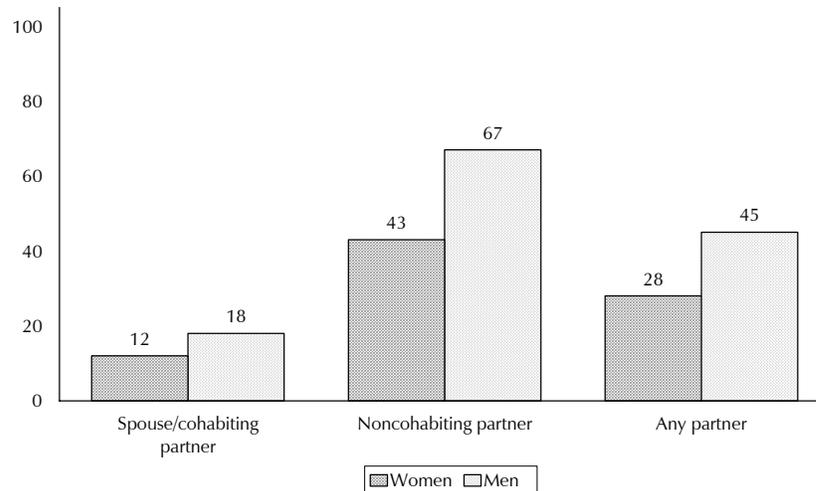
Background characteristic	Spouse or cohabiting partner		Noncohabiting partner		Any partner	
	Percent	Number	Percent	Number	Percent	Number
Age						
15-19	15.3	55	51.8	528	48.5	582
20-24	18.5	253	44.9	688	37.7	932
25-29	16.7	339	45.1	518	33.8	851
30-39	9.9	857	33.2	563	18.8	1,410
40-49	8.9	599	30.8	198	14.0	793
Current marital status						
Married or in union	11.6	2,008	21.1	450	12.9	2,438
Divorced, separated, widowed	14.6	62	38.2	213	33.1	265
Never married, ever had sex	26.1	32	48.4	1,832	48.0	1,864
Residence						
Urban	16.2	925	49.5	1,114	34.2	2,027
Rural	8.5	1,178	37.0	1,381	23.7	2,540
Directorate						
Northwest	11.6	579	40.3	985	29.7	1,562
Northeast	3.6	398	28.6	214	12.4	610
Central	19.1	510	50.8	477	34.1	972
South	11.6	616	44.3	819	29.9	1,423
Region						
Caprivi	2.1	144	29.9	92	13.0	236
Erongo	15.6	178	58.5	111	31.9	288
Hardap	8.6	104	41.2	94	23.8	197
Karas	4.9	96	34.7	80	18.3	176
Kavango	4.4	254	27.6	122	12.0	374
Khomas	16.2	338	46.6	570	35.0	900
Kunene	21.4	68	43.3	109	34.9	173
Ohangwena	6.7	161	28.9	268	20.7	427
Omaheke	3.4	78	41.2	74	20.9	150
Omusati	13.3	79	35.3	252	30.1	331
Oshana	17.1	216	60.1	226	39.1	442
Oshikoto	7.5	123	39.6	240	28.7	363
Otjozondjupa	20.8	264	50.6	256	35.0	511
Education						
No education	5.1	305	23.2	203	11.4	499
Incomplete primary	9.1	498	27.1	469	17.6	960
Completed primary	10.2	254	29.9	287	20.4	533
Incompl. secondary	15.9	681	48.9	1,170	36.6	1,844
Compl. secondary+	15.2	365	63.1	366	39.2	731
Total	11.9	2,103	42.6	2,495	28.4	4,568

Table 11.14.2 Use of condoms: men

Percentage of men who have had sexual intercourse in the past year who used a condoms during last sexual intercourse with spouse or cohabiting partner, with noncohabiting partner, and with any partner, by selected background characteristics, Namibia 2000

Background characteristic	Spouse or cohabiting partner		Noncohabiting partner		Any partner	
	Percent	Number	Percent	Number	Percent	Number
Age						
15-19	51.9	39	63.2	277	61.8	316
20-24	39.4	89	73.7	408	67.2	487
25-29	23.7	136	73.7	277	57.3	389
30-39	16.9	349	63.4	258	35.0	565
40-49	11.1	277	48.2	78	17.5	337
50-59	5.3	147	35.0	33	9.5	167
Current marital status						
Married or in union	11.4	918	56.5	196	15.6	1,015
Divorced, separated, widowed	53.7	11	56.3	90	56.4	100
Never married, ever had sex	68.6	108	70.0	1,044	70.1	1,146
Residence						
Urban	13.9	482	71.0	657	46.1	1,079
Rural	21.3	555	63.2	674	44.1	1,182
Directorate						
Northwest	28.8	277	63.4	460	51.4	711
Northeast	10.4	146	61.7	106	31.2	249
Central	22.1	246	73.7	306	49.6	499
South	9.7	368	67.4	459	40.8	802
Region						
Caprivi	9.6	56	76.7	28	29.9	81
Erongo	20.0	74	88.2	112	60.3	162
Hardap	7.7	53	61.0	47	31.5	98
Karas	2.6	53	58.2	45	28.1	97
Kavango	10.9	90	56.3	78	31.9	168
Khomas	9.8	222	69.4	321	44.2	525
Kunene	28.1	34	70.7	61	54.4	86
Ohangwena	0.5	58	55.5	162	42.1	206
Omaheke	21.3	40	69.4	46	45.4	83
Omusati	4.1	44	64.4	116	48.7	157
Oshana	25.3	58	73.9	134	61.0	185
Oshikoto	54.0	117	59.1	48	55.0	163
Otjozondjupa	21.8	137	62.8	133	41.1	251
Education						
No education	11.7	160	45.4	146	28.1	290
Incomplete primary	14.8	276	50.7	285	31.7	518
Completed primary	16.8	102	67.1	121	43.1	210
Incompl. secondary	22.6	320	73.8	565	54.6	857
Compl. secondary+	20.4	179	85.8	214	55.5	386
Total	17.9	1,037	67.0	1,331	45.0	2,261

Figure 11.3 Percentage of Women and Men Who Used a Condom at Last Sex, by Type of Partner



NDHS 2000

The data show that condom use is quite common; more than one-quarter of women and almost half of men say they used a condom the last time they had sex. It is encouraging to note that condom use is much higher in non-cohabiting sexual relationships. While only 12 percent of women and 18 percent of men say they used a condom the last time they had sex with their spouse or cohabiting partner, 43 percent of women and 67 percent of men used condoms the last time they had sex with a non-cohabiting partner. As expected, condom use is higher among younger women and men and much higher among those who are not currently in a marital union. Condom use is higher among women in Oshana, Khomas, Otjozondjupa, and Kunene Regions and among men in Oshana and Erongo Regions. Condom use increases with education. It is interesting to note that condom use with a cohabiting partner is particularly high among men in Oshikoto Region. Also, condom use with non-cohabiting partners is particularly high among women and men in Erongo and Oshana regions.

Men who had ever used condoms were asked where they usually obtain them. The data show that more than three-quarters (78 percent) of men obtain condoms from a public sector source—mostly government health centres and to a lesser extent, government hospitals (data not shown). Twelve percent say they get condoms from a private source—almost entirely from pharmacies. It would appear that condom social marketing is most successful in Kavango Region, where 28 percent of men who have used condoms usually obtain them from shops.

Men who had ever used condoms were also asked whether they had ever experienced any problems with using condoms. Eighty-four percent of men said they had not had any problems (data not shown). Nine percent reported that they had experienced condom breakages. Other than that problem, only small fractions reported that condoms are inconvenient to use, diminish pleasure, spoil the mood or are difficult to put on or take off.

11.8 MEN'S ATTITUDES TOWARDS CONDOMS AND CONTRACEPTION

Men who had ever used condoms were also asked whether they agreed or disagreed with several statements about condom use and all men were asked several statements about contraception in general. The results are shown in Table 11.15.

Table 11.15 Men's attitudes towards condoms and contraception

Percent distribution of men by whether they agree or disagree with statements about condoms (men who have ever used condoms) and contraceptives (all men), Namibia 2000

Statement	Agree	Disagree	Don't know	Total	Number
Condoms reduce a man's pleasure	34.5	58.6	6.9	100.0	1,721
A condom is inconvenient to use	24.5	73.2	2.2	100.0	1,721
A condom can be reused	3.3	95.9	0.7	100.0	1,721
A condom protects against disease	96.2	3.3	0.6	100.0	1,721
A woman has no right to tell a man to use a condom	23.5	75.0	1.4	100.0	1,721
Contraception is women's business and a man should not have to worry about it	24.3	67.7	7.9	100.0	2,954
Women who are sterilised may become promiscuous	37.9	47.8	14.4	100.0	2,954
Being sterilised for a man is the same as castration	52.3	37.3	10.3	100.0	2,954
A woman is the one who gets pregnant so she should be the one to get sterilised	46.7	46.8	6.4	100.0	2,954

The results show that only one-third of men who have used condoms think that they reduce their pleasure, while one-quarter think that they are very inconvenient to use. It is encouraging to see that only 3 percent of men who have used condoms believe that they can be re-used and that 96 percent know that condoms protect against disease. One-quarter of men agree with the statement that a woman has no right to tell a man to use a condom.

Among all men interviewed, only one in four agrees with the statement that contraception is women's business and a man should not have to worry about it. However, more than one-third of all men believe that sterilised women may become promiscuous. Half of men believe that being sterilised for a man is the same as castration and almost half believe that since a woman is the one who gets pregnant, she should be the one to get sterilised.

12.1 SMOKING

Since 1950, more than 70,000 scientific articles have left no scientific doubt that prolonged smoking is an important cause of premature mortality and disability worldwide. Each year tobacco is responsible for the deaths of some four million people. These numbers are expected to increase and tobacco will kill 10 million people a year, with 70 percent of these deaths occurring in Africa, according to the WHO. The use of smoking tobacco affects not only the person who smokes but also others who live in the same household. Women and men interviewed in the 2000 NDHS were asked if they currently smoked cigarettes or tobacco and if yes, how many cigarettes they smoked in the 24 hours preceding the interview.

As shown in Tables 12.1.1 and 12.1.2, the overwhelming majority of respondents do not smoke—90 percent of women and 72 percent of men. Most of those who do use tobacco, smoke cigarettes.

Smoking seems to increase with age for both women and men. More urban women and men smoke than rural respondents. Tobacco use is least common among respondents in Omusati, Oshana, and Oshikoto Regions, and among women in Caprivi Region. It is most common among respondents in Hardap, Karas, and Omaheke Regions. Respondents who have not had any formal education are more likely to smoke than educated women and men. It is disconcerting to note that 10 percent of breastfeeding women smoke.

Of those few women who smoke, almost 60 percent say they smoke less than six cigarettes per day, while one-third smoke 6-19 cigarettes per day (data not shown). Only 11 percent of women who smoke, smoke 20 or more cigarettes per day. Men tend to smoke more than women, with 37 percent smoking 6-19 cigarettes per day and 16 percent smoking 20 or more a day (data not shown).

Table 12.1.1 Use of smoking tobacco: women

Percentage of women who use specific tobacco products, according to selected background characteristics and maternity status, Namibia 2000

Background characteristic	Does not use tobacco	Use of tobacco			Number of women
		Cigarettes	Pipe	Other tobacco	
Age					
15-19	96.5	2.8	0.2	0.5	1,499
20-34	91.7	5.8	0.5	2.0	3,456
35-49	81.2	8.8	1.6	8.5	1,799
Residence					
Urban	87.5	10.9	0.1	1.4	2,786
Rural	91.6	2.4	1.2	4.8	3,969
Directorate					
Northwest	96.3	0.3	1.1	2.3	2,792
Northeast	92.3	0.4	0.3	7.0	842
Central	88.0	8.8	0.8	2.3	1,231
South	80.8	14.7	0.4	4.1	1,890
Region					
Caprivi	98.6	0.0	0.0	1.4	322
Erongo	84.8	14.9	0.0	0.3	399
Hardap	70.5	23.8	0.3	5.4	292
Karas	70.6	24.1	0.4	4.9	261
Kavango	88.4	0.6	0.5	10.5	520
Khomas	86.1	12.2	0.2	1.5	1,152
Kunene	87.0	4.1	4.0	4.9	205
Ohangwena	91.5	0.3	3.5	4.7	684
Omaheke	77.7	2.9	1.7	17.7	185
Omusati	98.2	0.6	0.2	0.9	714
Oshana	98.0	0.1	0.3	1.6	789
Oshikoto	97.2	0.3	0.4	2.1	604
Otjozondjupa	90.4	6.5	0.3	2.8	627
Education					
No education	77.3	4.5	4.2	14.0	641
Incomplete primary	89.1	2.4	1.4	7.1	1,409
Completed primary	91.9	5.8	0.1	2.2	827
Incompl. secondary	92.5	6.6	0.1	0.8	2,907
Compl. secondary+	90.3	9.7	0.0	0.0	971
Maternity status					
Pregnant	93.7	3.4	1.3	1.6	392
Breastfeeding	89.8	3.7	1.7	4.7	1,287
Neither	89.7	6.7	0.5	3.2	5,076
Total	89.9	5.9	0.7	3.4	6,755

Table 12.1.2 Use of smoking tobacco: men

Percentage of men who use tobacco products, according to selected background characteristics, Namibia 2000

Background characteristic	Does not use tobacco	Smokes cigars-ettes	Smokes pipe	Number of men
Age				
15-19	89.0	8.5	0.2	694
20-29	77.3	16.5	0.0	610
25-29	69.0	22.6	0.3	448
30-39	63.4	21.9	1.6	625
40-49	56.7	22.4	1.6	390
50-59	54.4	13.8	4.9	188
Residence				
Urban	68.3	28.0	0.7	1,312
Rural	74.4	8.7	1.2	1,642
Directorate				
Northwest	87.6	6.1	0.8	1,047
Northeast	74.4	14.8	1.5	313
Central	60.1	23.0	1.0	615
South	61.1	26.4	0.9	980
Region				
Caprivi	73.9	7.6	0.0	114
Erongo	68.2	30.8	0.6	195
Hardap	44.4	28.4	3.6	128
Karas	48.9	32.9	1.1	123
Kavango	74.7	18.9	2.4	198
Khomas	69.6	26.8	0.0	624
Kunene	53.9	16.9	0.0	103
Ohangwena	82.1	3.6	0.8	275
Omaheke	44.6	14.4	3.0	104
Omusati	91.9	5.2	1.2	271
Oshana	89.2	10.3	0.3	251
Oshikoto	87.4	5.7	1.0	249
Otjozondjupa	57.1	20.2	1.5	317
Education				
No education	59.7	8.9	2.3	379
Incomplete primary	73.3	11.2	1.8	744
Completed primary	74.4	15.3	0.1	283
Incompl. secondary	72.8	22.2	0.4	1,115
Compl. secondary+	74.8	23.7	0.3	434
Total	71.7	17.3	1.0	2,954

12.2 USE OF ALCOHOL

Data on alcohol use is rather limited in Namibia; studies carried out on alcohol use or abuse have concentrated on some selected areas and settings and therefore not providing a comprehensive baseline data for the country as a whole. The MOHSS commissioned a nationwide Baseline Survey on Alcohol and Drug Use and Abuse in Namibia conducted by SIAPAC with financial assistance from the Finnish Government through the Health and Social Sector Programme and the Food and Agriculture Organisation.

Table 12.2 Use of alcohol: men

Percent distribution of men by number of days in the last month they have had an alcoholic drink, and number of days they have gotten drunk, according to selected background characteristics, Namibia 2000

Background characteristic	Number of days in last month had an alcoholic drink				Number of days in last month got drunk				Total	Number
	0	1-14 days	15+ days	Missing	0	1-14 days	15+ days	Missing		
Age										
15-19	74.4	21.5	3.5	0.5	84.8	14.5	0.3	0.4	100.0	694
20-24	62.8	29.8	7.4	0.0	76.4	22.1	1.6	0.0	100.0	610
25-29	53.0	36.6	9.4	1.0	67.2	29.7	2.7	0.4	100.0	448
30-39	50.5	39.5	9.8	0.3	63.5	31.2	4.2	1.1	100.0	625
40-49	49.1	33.5	17.3	0.1	65.9	25.4	8.7	0.1	100.0	390
50-59	50.6	25.4	22.5	1.5	71.2	22.6	4.4	1.8	100.0	188
Residence										
Urban	53.4	38.7	7.3	0.6	65.3	31.0	3.2	0.5	100.0	1,312
Rural	63.2	25.1	11.4	0.3	78.3	18.1	3.0	0.5	100.0	1,642
Directorate										
Northwest	59.6	25.3	14.9	0.2	82.1	16.3	0.9	0.7	100.0	1,047
Northeast	70.8	18.5	10.0	0.8	78.5	12.7	8.8	0.0	100.0	313
Central	53.8	37.5	8.5	0.3	64.9	30.8	4.3	0.0	100.0	615
South	57.4	37.5	4.4	0.7	65.2	31.1	3.0	0.8	100.0	980
Region										
Caprivi	85.9	14.1	0.0	0.0	89.6	10.4	0.0	0.0	100.0	114
Erongo	35.4	56.6	8.0	0.0	50.9	44.5	4.6	0.0	100.0	195
Hardap	56.7	40.2	3.1	0.0	68.8	28.3	2.9	0.0	100.0	128
Karas	46.8	49.6	2.3	1.4	63.0	33.3	1.5	2.2	100.0	123
Kavango	62.1	21.0	15.8	1.2	72.2	14.0	13.8	0.0	100.0	198
Khomas	57.5	36.3	5.5	0.7	62.9	32.6	3.7	0.7	100.0	624
Kunene	68.0	28.6	2.6	0.8	81.1	17.6	1.0	0.3	100.0	103
Ohangwena	52.9	25.2	21.1	0.9	75.2	20.4	2.7	1.7	100.0	275
Omaheke	70.4	27.1	1.8	0.6	76.7	22.6	0.5	0.2	100.0	104
Omusati	70.1	16.1	13.7	0.0	89.6	10.4	0.0	0.0	100.0	271
Oshana	56.3	21.1	22.6	0.0	86.0	12.6	0.6	0.7	100.0	251
Oshikoto	59.0	39.6	1.4	0.0	77.5	22.0	0.2	0.3	100.0	249
Otjozondjupa	60.4	28.6	10.7	0.3	68.3	26.6	5.1	0.0	100.0	317
Education										
No education	59.3	24.2	15.4	1.1	69.4	25.1	4.6	0.9	100.0	379
Incomplete primary	59.9	26.4	13.3	0.3	73.7	21.3	4.8	0.1	100.0	744
Completed primary	66.1	27.8	6.1	0.0	76.1	21.7	2.2	0.0	100.0	283
Incompl. secondary	58.5	33.6	7.3	0.6	72.0	24.6	2.8	0.6	100.0	1,115
Compl. secondary+	52.8	41.2	5.9	0.1	72.3	26.5	0.4	0.9	100.0	434
Total	58.9	31.1	9.5	0.5	72.5	23.8	3.1	0.5	100.0	2,954

Excessive alcohol use is linked to morbidity and premature death. It also has been linked to other risky behaviours such as unsafe sex and drug use. Women and men interviewed in the 2000 NDHS were asked if they had ever drunk an alcohol-containing beverage and if so, in the last month, on how many days they drank alcohol. Men were also asked if they had ever gotten “drunk” and if so, how many times they had been drunk in the previous month. Table 12.2 provides data on drinking habits of men, while the first column of Table 12.3 provides data for women.

Close to 60 percent of men said they did not have an alcoholic drink during the month preceding the survey. Almost one-third of men drank 1-14 days in the preceding month, while 10 percent had a drink 15 days or more. Overall, men drink more than women; 41 percent had a drink in the preceding month, compared to only 25 percent of women (Table 12.3). For both sexes, drinking increases with age and is higher among urban than rural respondents. Among men, drinking is more common in Erongo and Karas Regions, while for women, it is higher in Khomas and Ohangwena Regions.

More than one-quarter of men said they had gotten drunk in the month before the survey. Drunkenness is higher among urban men, those in Central and South Directorates and those in Erongo Region. Frequent drunkenness is most common in Kavango Region, where 14 percent of men say they were drunk at least 15 days in the previous month.

12.3 WOMEN'S HEALTH TESTS

In an effort to gauge the extent of preventive health care, women interviewed in the 2000 NDHS were asked if they had ever had a Pap smear test for cervical cancer and if they had ever had a checkup for breast lumps.

As shown in Table 12.3, almost one-fifth of women (19 percent) said they had had a Pap smear and over one-fifth (22 percent) had ever had a breast checkup. Coverage for both these tests is higher among older women, urban women, and those living in Central Directorate. Women in Erongo and Karas Regions are more likely than other women to have had these tests, while women in Kavango and Ohangwena Regions are the least likely. There is little correlation between the coverage of Pap smears and breast checkups and the level of education, except that women who have completed secondary school are more likely to have had both tests than women with less education.

Table 12.3 Other health indicators for women

Percentage of men who have had an alcoholic drink in the month preceding the survey, the percentage of women who have ever had a Pap smear for cervical cancer and the percentage of women who have ever had a breast checkup, Namibia 2000

Background characteristic	Had an alcoholic drink in last month	Ever had a PAP smear test for cervical cancer	Ever had a breast checkup	Number of women
Age				
<20	13.5	3.2	6.8	1,499
20-34	25.4	18.8	24.1	3,456
35+	32.9	33.2	31.8	1,799
Residence				
Urban	29.4	29.7	31.4	2,786
Rural	21.5	11.8	15.9	3,969
Directorate				
Northwest	23.2	11.1	15.5	2,792
Northeast	18.8	4.9	10.9	842
Central	26.6	32.8	33.4	1,231
South	28.5	28.6	30.2	1,890
Region				
Caprivi	2.0	6.4	21.9	322
Erongo	26.1	39.7	39.8	399
Hardap	19.7	26.2	31.5	292
Karas	27.1	38.9	42.6	261
Kavango	29.1	4.0	4.2	520
Khomas	32.8	29.1	29.7	1,152
Kunene	26.7	26.7	17.0	205
Ohangwena	31.8	6.4	8.3	684
Omaheke	18.2	14.7	14.0	185
Omusati	24.1	9.0	12.8	714
Oshana	15.7	10.7	20.1	789
Oshikoto	22.0	19.2	20.8	604
Otjozondjupa	27.0	30.5	34.8	627
Education				
No education	32.4	14.0	14.5	641
Incomplete primary	28.1	13.0	16.1	1,409
Completed primary	24.1	16.3	19.3	827
Incompl. secondary	21.1	19.4	22.7	2,907
Compl. secondary+	26.3	33.3	37.8	971
Total	24.8	19.2	22.3	6,755

Access to health care is a basic indicator of the quality of life. The ability to easily avail oneself of high quality health care not only is important for cases of emergency curative care, but also is likely to increase use of preventive services. Although a wide array of health services are available through the private sector, as well as through non-governmental organisations (NGOs) in Namibia, questions about accessibility of services in the 2000 NDHS were asked only about government health care services, reflecting the fact that the survey was carried out by the MOHSS.

An important aspect of the accessibility to health care services is cost. Services that are too expensive become unavailable. In the 2000 NDHS, information was collected on the cost of in-patient, out-patient, and delivery services.

13.1 DISTANCE TO GOVERNMENT HEALTH FACILITIES

In the 2000 NDHS, household respondents were asked “What is the name of the nearest government health facility that provides health services to this community?” If the facility named was not a hospital, they were then asked for the name of the nearest government hospital. In the office, the names of these facilities were matched against the MOHSS list of government facilities. For all facilities that matched, the global positioning system (GPS) coordinates of the facility were attached to the computer record for that questionnaire. As part of the survey, field staff took the GPS coordinates for the center each of the NDHS sample points. Consequently, it was possible to match the GPS coordinates of the sample point and the nearest government health facility and nearest government hospital to calculate distances for each household interviewed. Data are not available for 6-7 percent of households either because the facility named by the household could not be matched on the government list, because the household could not name the closest facility, or because the named facility did not have a valid location in terms of GPS coordinates.

As shown in Table 13.1, only about one-quarter of Namibian households live within 10 kilometre of a government health facility. However, seven in ten households live within 20 kilometre of a government health facility. Differences between urban and rural households are surprisingly small, with almost identical proportions being within 10 kilometre of a government health facility. The majority of urban households fall in the 10-19 km. group, while rural households are more likely than urban households to fall in the 25-59 km. category.

With regard to the accessibility of government hospitals, the data reflect the relative scarcity of hospitals compared to health facilities in general. For example, while 70 percent of households are within 20 kilometre of a government health facility, only 41 percent are within 20 kilometre of a government hospital. Overall, one in six households is 100 kilometres or more from a government hospital; the figure is almost one in four rural households.

Table 13.1 Distance to government health services

Percent distribution of households by distance to nearest government health facility and nearest government hospital, according to urban-rural residence, Namibia 2000

Distance (kms)	To nearest government health facility			To nearest government hospital		
	Urban	Rural	Total	Urban	Rural	Total
< 5	4.7	2.9	3.6	12.1	3.1	6.6
5-9	21.3	22.4	21.9	13.8	3.9	7.8
10-19	55.4	38.1	44.8	46.2	14.3	26.7
20-59	5.9	22.7	16.2	9.1	37.2	26.3
60-99	0.7	5.7	3.8	0.7	13.5	8.5
100-249	1.5	2.2	1.9	1.5	8.9	6.1
>250	1.5	1.1	1.3	7.7	13.8	11.4
Other	3.3	4.3	3.9	1.2	2.0	1.7
Don't know	5.1	0.5	2.3	2.4	0.9	1.4
Missing	0.5	0.1	0.3	5.2	2.5	3.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
No.of households	2479	3913	6392	2479	3913	6392

Note: "Other" refers to households that named a facility that was not on the MOHSS list, while "missing" refers to households that named a facility that did not have valid GPS coordinates on the MOHSS list of facilities.

13.2 TIME TO GOVERNMENT HEALTH FACILITIES

Households were also asked how long it takes them to get to the nearest government health facility and hospital. Data on time to services is presented in Table 13.2. Looking at the Total column, one in five households are within 15 minutes of a government health facility; almost three in five are within one hour of a facility. Reflecting the vast and sparsely populated nature of the country, almost 10 percent of households are more than 3 hours from the nearest government health facility. Overall, the mean time to the nearest facility is 64 minutes.

As expected, hospitals are less accessible. Only one in ten households is within 15 minutes of a government hospital. The mean time to reach a government hospital is 76 minutes.

Because facilities tend to be concentrated in cities and towns, urban households live closer to facilities than rural households. For example, the mean time to the nearest government health facility is 20 minutes for urban households, compared to 90 minutes for rural households.

Table 13.2 Time to reach government health services

Percent distribution of households by time to nearest government health facility and hospital, Namibia 2000

	Nearest government facility			Nearest government hospital		
	Residence		Total	Residence		Total
	Urban	Rural		Urban	Rural	
Time to facility						
< 15 minutes	40.7	9.3	21.5	24.5	1.4	10.4
15 29 minutes	24.7	9.9	15.7	32.8	4.0	15.2
30 59 minutes	19.9	20.8	20.5	22.1	22.9	22.6
1 2 hours	6.8	44.2	29.7	8.9	50.5	34.4
3 4 hours	0.3	11.4	7.1	1.2	13.3	8.6
> 4 hours	0.0	3.1	1.9	0.2	3.9	2.4
Don't know/missing time	2.1	0.5	1.1	2.7	0.7	1.5
Don't know/missing facility	5.6	0.6	2.6	7.6	3.3	5.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Mean time	20.9	89.9	64.2	28.9	103.8	75.9
Number of households	2,290	3,867	6,157	2,224	3,756	5,980
Transport to hospital						
Car/motorcycle	14.9	14.4	14.6	17.8	25.7	22.7
Public transport (bus,taxi)	10.3	10.9	10.6	37.5	54.8	48.1
Animal/animal cart	0.3	3.2	2.1	0.2	0.7	0.5
Walking	66.5	67.1	66.9	33.4	11.3	19.9
Other	1.8	3.2	2.7	2.6	3.6	3.2
Don't know/ missing facility	5.6	0.6	2.6	7.6	3.3	5.0
Missing	0.7	0.6	0.6	0.9	0.5	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,479	3,913	6,392	2,479	3,913	6,392

13.3 TYPE OF TRANSPORT TO GOVERNMENT HEALTH FACILITIES

Households were asked what means of transport they use to get to the government facilities they named. Two in three households say they walk to the nearest government health facility, while 15 percent use a car or motorcycle and 11 percent use public transport. There is almost no difference between urban and rural households in the types of transport used to get to the nearest facility.

The distribution by transport to the nearest government hospital is quite different. Because of the greater distance of hospitals, far fewer households (20 percent) report that they would walk to the nearest government hospital and almost half say they would use public transport.

Because rural households are farther from facilities than urban households, but still report overwhelmingly that they walk, this accounts for the longer time rural households report taking.

13.4 COST OF DELIVERIES

Women who gave birth in a health facility in the five years preceding the survey were asked where they had delivered, whether they paid cash for the delivery and, if so, how much they paid in total (including examinations, tests, medicines, and staff fees). Table 13.3 shows that the overwhelming majority (93 percent) of women deliver in public health facilities, almost all in government hospitals. Only 6 percent of births take place in private hospitals and clinics.

Interestingly, the proportion of women who said they paid cash for their deliveries varies little between public and private deliveries (69 vs. 71 percent). However, those who delivered in government facilities paid far less (N\$60 on average) than those who delivered in private facilities (N\$2,249). Among those who delivered at government facilities, as expected, births in hospitals cost more (N\$61 on average) than births in health centres (N\$16) or health posts (N\$88).

Table 13.3 Cost of deliveries

Percent distribution of births in the five years preceding the survey taking place in specific types of health facilities, and of those births, the percentage for which the respondent paid cash, and the mean cost of deliveries, Namibia 2000

Health facilities	Percentage of births in facility	Percentage of births in facility that paid cash	Number of births in facility	Mean cost in facility ¹	Number of births with cost data
Public	93.3	68.5	2,786	59.8	1,886
Hospital	87.4	69.7	2,610	60.7	1,798
Health centre	2.8	67.7	83	16.2	56
Health post	3.0	34.4	88	88.3	30
Private	6.4	71.1	191	2,248.6	132
Hospital/clinic	6.4	70.9	190	2,225.3	131
Other	0.3	0.0	9	NA	0
Total	100.0	68.4	2,986	203.2	2,018

¹ Cost is in Namibian dollars. Respondents were asked for the total cost, including examinations, laboratory tests, medicines, and staff fees.
NA = Not applicable

13.5 COST OF INPATIENT AND OUTPATIENT CARE

In order to obtain information about costs of health care services, respondents who answered the Household Questionnaire for the NDHS were asked if any member of the household had spent at least one night in hospital during the 12 months preceding the survey and if so, what type of facility they stayed in, how many days they stayed there, and whether they paid cash for the stay, and if so, how much they paid in total. In addition, they were asked if any household member had visited a health facility during the two weeks preceding the survey for any reason, and if so, whether they had paid cash for the service and how much. In interpreting the data, it is important to remember that the person providing the information was not necessarily the one who received the care. It is also possible that the respondent for the household was unaware of care that was received by another household member.

Table 13.4 shows that about one-quarter of households reported that a member of the household had been hospitalised in the preceding 12 months. The same proportion reported that a household member had visited a health facility in the 2 weeks preceding the survey. There is little difference in use of health services by urban-rural residence.

Table 13.4 Use of health services

Percentage of households in which a member spent at least one night in hospital in the 12 months preceding the survey (other than for childbirth), and in which a member visited a health facility or consulted a medical practitioner in the 2 weeks preceding the survey, according to residence Namibia 2000

Timing of visit	Residence		Total
	Urban	Rural	
Member in hospital overnight in last 12 months	21.5	25.9	24.2
Member visiting health facility last 2 weeks	21.5	26.7	24.7
Number of households	2,479	3,913	6,392

Table 13.5 presents several indicators related to the costs of in-patient care. It shows that among households in which a member had been hospitalised in the 12 months preceding the survey, four in five went to a government hospital; only one in eight (13 percent) went to a private hospital. As expected, use of private facilities for in-patient care was higher in urban households than rural households. The mean length of stay in hospital was 14 days, 10 days for patients in urban areas and 15 days for patients in rural areas.

The data show that almost 90 percent of those who stayed in the hospital paid cash for their care. Among those who paid cash, the mean cost of in-patient care was N\$22 per day. However, as expected, the mean cost was considerably higher for a day at a private hospital (N\$164) than at a government hospital (N\$7). Costs also vary dramatically between urban and rural areas. Urban households with a member who stayed in a hospital overnight report paying N\$20 per day vs. only N\$3 for rural households. The discrepancy is even greater for private hospitals, with urban households paying an average of N\$435 per day, compared to only N\$19 for rural households. Since referral hospitals are more likely to be based in urban areas, part of the reason for the difference could be that people receiving in-patient care in urban areas have more complicated and expensive treatments.

Table 13.5 Cost of inpatient health facility services

For households in which a member spent at least one night in a hospital or health facility in the 12 months preceding the survey, percent distribution by type of facility, mean number of days in facility, percentage who paid cash, and mean cost per day, according to residence Namibia 2000

	Residence		Total
	Urban	Rural	
Type of facility			
Government hospital	76.0	86.0	82.6
Government health center	0.7	3.3	2.4
Government clinic	1.4	0.5	0.8
Private hospital	21.3	8.5	12.9
Other/missing	0.5	1.7	1.3
Total	100.0	100.0	100.0
Mean number of days in facility	10.3	15.3	13.6
Percentage who paid cash for hospital stay	81.3	90.4	87.2
Number of households with a member who stayed overnight in a facility in last 12 months	532	1,015	1,547
Mean cost per day at public facility	19.8	2.5	6.6
Number of households who paid cash at public facility ¹	318	795	1,114
Mean cost per day at private facility	434.7	19.3	163.9
Number of households who paid cash at private facility ¹	83	81	164
Mean cost per day for all	76.4	4.4	22.1
Total number of households who paid cash ¹	403	889	1,292

¹ Refers only to those households for which a cash amount was recorded. Cost is in Namibian dollars.

Table 13.6 Cost of outpatient health services

For households in which a member visited a health facility or consulted a medical practitioner in the 2 weeks preceding the survey, the percentage who paid cash for the treatment and the mean cost, according to residence Namibia 2000

Visited health facility/doctor	Residence		Total
	Urban	Rural	
Percentage who paid cash for treatment	85.5	89.6	88.2
Number of households who visited a facility	533	1,045	1,578
Mean cost of treatment	219.7	18.6	84.4
Number of households who paid cash ¹	452	930	1,382

¹ Refers only to those households for which a cash amount was recorded. Cost is in Namibian dollars.

Table 13.6 shows data regarding costs of out-patient care. Of the households that report that a member visited a health facility or consulted a medical practitioner in the two weeks preceding the survey, almost 90 percent said that cash was paid for the services, regardless of urban-rural residence. However, urban residents paid considerably more (N\$220) on average for out-patient services than rural residents (N\$19). Again, it is possible that urban residents are more likely than rural residents to have visited a medical specialist.

REFERENCES

Katjuanjo P, Titus S, Zauana M, and Boerma T, (1993) Namibia Demographic and Health Survey 1992. Windhoek, Namibia and Calverton, MD, USA: MOHSS and Macro International

Rutenberg N. and J. Sullivan (1991) Direct and indirect estimates of maternal mortality from the sisterhood method. In: Proceedings of the DHS World Conference, Washington D.C., August 5-7 1992, Vol. 3, pp 1669-1696. Columbia, Maryland: IRD/Macro International Inc.

Turner A. G, Magnani R. J, Shuaib M, (1996) A not quite as quick but much cleaner alternative to the Expanded Programme on Immunization (EPI) cluster survey design. *Int. J. Epidemiol*; 25: 198-203

UNAIDS (2000) Report on the global HIV/AIDS epidemic June 2000. Geneva, Switzerland.

Nationwide KAP Baseline Survey on Alcohol and Drug Use and Abuse in Namibia.

Ministry of Health and Social Services (2001) Report of the 2001 National HIV Sentinel Survey, Windhoek, Namibia.

Table A.1.1 Sample implementation: women

Distribution of households and eligible women in the NDHS sample by result of the interview and household, eligible women, and overall response rates, according to sample domain and urban rural area, Namibia 2000

Result	Region												Residence		Total	
	Caprivi	Erongo	Hardap	Karas	Khomas	Ka-vango	Kunene	Ohang-wena	Oma-heke	Omu-sati	Oshana	Oshi-koto	Otjoz-ondjupa	Urban		Rural
Selected households																
Completed (C)	91.2	90.7	90.5	90.1	89.3	99.2	99.3	95.8	94.0	93.3	95.9	97.4	89.5	91.8	94.6	93.3
Household present but no competent respondent at home (HP)	1.8	1.9	2.1	2.3	0.9	0.5	0.3	2.3	0.9	1.0	0.7	0.7	4.6	1.7	1.5	1.6
Postponed (P)	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0
Refused (R)	1.3	2.4	0.2	1.1	4.9	0.3	0.1	0.7	0.3	2.9	0.7	0.2	1.7	2.1	0.7	1.3
Household absent (HA)	4.9	2.3	5.1	4.9	1.3	0.0	0.1	1.2	4.0	1.7	0.9	1.2	1.6	2.2	2.4	2.3
Dwelling vacant/address not a dwelling (DV)	0.5	1.6	1.5	1.5	3.2	0.0	0.0	0.0	0.7	1.0	1.4	0.5	2.4	1.8	0.7	1.2
Dwelling destroyed (DD)	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.1	0.1	0.1
Other (O)	0.3	0.9	0.4	0.2	0.4	0.0	0.1	0.0	0.0	0.0	0.5	0.0	0.0	0.4	0.1	0.2
Total																
Number of households	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	388	699	525	533	531	379	697	428	695	420	437	423	694	3,008	3,841	6,849
Household response rate (HRR)¹	96.7	95.3	97.5	96.4	93.9	99.2	99.6	96.9	98.8	96.1	98.6	99.0	93.2	96.0	97.7	96.9
Eligible women																
Completed (EWC)	91.6	92.6	92.0	92.0	94.8	92.2	94.1	91.9	93.7	89.3	91.6	94.5	90.4	91.5	93.3	92.4
Not at home (EWNH)	4.1	2.7	3.4	3.6	1.2	4.2	2.4	5.5	1.7	4.0	4.0	2.3	5.1	3.8	3.0	3.4
Postponed (EWP)	0.0	0.0	0.0	0.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Refused (EWR)	0.6	2.7	1.1	2.7	2.9	1.4	1.1	1.3	0.9	1.0	1.9	1.9	1.6	2.7	0.8	1.7
Partly completed (EWPC)	0.0	0.2	0.6	0.0	0.3	0.0	0.5	0.2	0.9	0.2	0.3	0.6	0.6	0.3	0.4	0.4
Incapacitated (EWI)	0.6	0.3	0.9	0.8	0.2	0.4	1.2	0.6	1.3	1.9	1.3	0.6	1.3	0.6	1.1	0.9
Other (EWO)	3.2	1.6	2.0	0.6	0.5	1.6	0.8	0.6	1.4	3.6	0.8	0.2	0.9	1.3	1.3	1.3
Total																
Number of women	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	345	633	537	527	580	552	664	543	634	478	618	530	667	3,392	3,916	7,308
Eligible woman response rate (EWRR)²	91.6	92.6	92.0	92.0	94.8	92.2	94.1	91.9	93.7	89.3	91.6	94.5	90.4	91.5	93.3	92.4
Overall response rate (ORR)³	88.6	88.3	89.7	88.7	89.0	93.7	89.1	91.5	92.6	85.8	90.3	93.6	84.3	87.8	91.1	89.6

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, postponed, refused, dwelling not found, household absent, dwelling vacant, dwelling destroyed, and "other." The eligible woman response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed, incapacitated, and "other." The overall response rate is the product of the household and woman response rates.

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{C}{C + HP + P + R + DNF} * 100$$

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO} * 100$$

³ The overall response rate (ORR) is calculated as:

$$ORR = (HRR * EWRR) \div 100$$

Table A.1.2 Sample implementation: men

Distribution of households and eligible men in the NDHS sample by result of the interview and household, eligible women, and overall response rates, according to sample domain and urban rural area, Namibia 2000

Result	Region												Residence		Total	
	Caprivi	Erongo	Hardap	Karas	Khomas	Ka-vango	Kunene	Ohang-wena	Oma-heke	Omu-sati	Oshana	Oshi-koto	Otjoz-ondjupa	Urban		Rural
Selected households																
Completed (C)	89.9	92.3	89.3	92.1	88.3	99.1	97.1	99.4	92.3	94.5	93.9	97.5	86.3	91.0	94.4	92.9
Household present but no competent respondent at home (HP)	1.1	1.8	2.3	2.6	0.8	0.3	1.0	0.6	1.2	0.5	0.9	1.0	5.8	1.8	1.6	1.7
Postponed (P)	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.0	0.1
Refused (R)	1.6	1.8	0.4	1.1	6.4	0.0	0.5	0.0	0.3	3.5	1.4	0.0	2.9	2.6	0.7	1.6
Household absent (HA)	6.4	1.2	4.6	2.6	0.8	0.3	1.5	0.0	4.7	0.5	0.9	0.5	2.0	1.8	2.2	2.0
Dwelling vacant/address not a dwelling (DV)	0.5	0.9	2.3	1.1	3.0	0.0	0.0	0.0	1.2	1.0	1.9	1.0	2.6	1.8	0.8	1.3
Dwelling destroyed (DD)	0.0	0.3	0.4	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.1	0.1	0.1
Other (O)	0.5	1.5	0.8	0.4	0.8	0.3	0.0	0.0	0.0	0.0	0.9	0.0	0.0	0.7	0.2	0.4
Total	100.0	100.0	100.0	100.0												
Number of households	188	339	262	266	265	340	206	180	338	201	212	202	342	1,474	1,867	3,341
Household response rate (HRR)¹	97.1	96.0	97.1	96.1	92.5	99.7	98.5	99.4	98.4	96.0	97.5	99.0	90.5	95.2	97.6	96.6
Eligible men																
Completed (EMC)	69.6	86.3	77.8	79.8	94.9	82.4	87.4	64.2	88.5	80.2	82.1	83.9	87.7	80.9	85.2	83.2
Not at home (EMNH)	17.8	8.0	14.6	13.5	3.1	7.8	7.0	19.0	7.5	7.8	9.6	7.3	6.6	11.2	7.7	9.3
Postponed (EMP)	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
Refused (EMR)	2.2	3.4	2.7	5.1	1.4	2.0	0.9	0.9	0.6	5.7	2.5	3.6	2.7	3.8	1.4	2.5
Partly completed (EMPC)	0.0	0.0	0.0	0.0	0.3	2.6	0.0	0.0	0.0	1.0	0.8	0.0	0.0	0.4	0.4	0.4
Incapacitated (EMI)	0.7	0.0	1.9	1.3	0.0	2.6	1.4	0.9	1.4	3.1	2.5	1.6	0.9	0.6	2.0	1.4
Other (EMO)	9.6	1.7	3.1	0.3	0.3	2.6	3.3	15.0	2.0	2.1	2.5	3.6	2.1	2.9	3.4	3.2
Total	100.0	100.0	100.0	100.0												
Number of women	135	351	261	297	350	347	214	226	358	192	240	248	332	1,652	1,899	3,551
Eligible man response rate (EMRR)²	69.6	86.3	77.8	79.8	94.9	82.4	87.4	64.2	88.5	80.2	82.1	83.9	87.7	80.9	85.2	83.2
Overall response rate (ORR)³	67.6	82.9	75.5	76.7	87.7	82.2	86.1	63.8	87.2	77.0	80.1	83.0	79.3	77.1	83.1	80.3

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, postponed, refused, dwelling not found, household absent, dwelling vacant, dwelling destroyed, and "other." The eligible man response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed, incapacitated, and "other." The overall response rate is the product of the household and man response rates.

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{C}{C + HP + P + R + DNF} * 100$$

² Using the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

$$\frac{EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO} * 100$$

³ The overall response rate (ORR) is calculated as:

$$ORR = (HRR * EMRR) \div 100$$

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2000 Namibia Demographic and Health Survey to minimise this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2000 NDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

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

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2000 NDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2000 NDHS is the ISSA Sampling Error Module. This module used the Taylor linearisation method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearisation method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1}{x^2} \sum_{h=1}^H \left[\frac{(1-f_h)m_h}{m_h-1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - r \cdot x_{hi}, \text{ and } z_h = y_h - r \cdot x_h$$

where h represents the stratum which varies from 1 to H ,
 m_h is the total number of clusters selected in the h^{th} stratum,
 y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
 x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and
 f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2000 NDHS, there were 260 non-empty clusters. Hence, 260 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = k r - (k - 1) r_{(i)}$$

where r is the estimate computed from the full sample of 260 clusters,
 $r_{(i)}$ is the estimate computed from the reduced sample of 259 clusters (i^{th} cluster excluded), and
 k is the total number of clusters.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the NDHS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole, urban and rural area separately, and for each region and group of regions. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.21 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 2SE$), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to child-bearing. Sampling errors for fertility and childhood mortality rates are presented only for the whole country, urban and rural areas, and for groups of regions (Northwest, Northeast, Central and South).

The confidence interval (e.g., as calculated for *Children ever born to women aged 15-49*) can be interpreted as follows: the overall average from the national sample is 2.148 and its standard error is 0.037. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the

sample estimate, i.e., $2.148 \pm 2 \times 0.037$. There is a high probability (95 percent) that the *true* average number of children ever born to all women aged 15 to 49 is between 2.074 and 2.221.

Sampling errors are analysed for the national woman sample and for two separate groups of estimates: (1) means and proportions, and (2) complex demographic rates. The relative standard errors (SE/R) for the means and proportions range between 0.4 percent and 76.5 percent with an average of 8.6 percent; the highest relative standard errors are for estimates of very low values (e.g., *Women currently using withdrawal*). If estimates of very low values (less than 10 percent) were removed, then the average would drop to 3.2 percent. So in general, the relative standard errors for most estimates for the country as a whole is small, except for estimates of very small proportions. The relative standard error for the total fertility rate is small, 3.5 percent. However, for the mortality rates, the average relative standard error is much higher, 12.7 percent.

There are differentials in the relative standard error for the estimates of sub-populations. For example, for the variable *Currently married*, the relative standard errors as a percent of the estimated mean for the whole country, and for Ohangwena Region and the Northwestern Directorate are 2.9 percent, 15.1 percent, and 6 percent, respectively.

For the total sample, the value of the design effect (DEFT), averaged over all variables, is 1.57 which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.57 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Namibia 2000

Variable	Estimate	Base population
WOMEN		
Urban residence	Proportion	All women 15-49
No education	Proportion	All women 15-49
Secondary education or higher	Proportion	All women 15-49
Never married (in union)	Proportion	All women 15-49
Currently married (in union)	Proportion	All women 15-49
Had first sexual intercourse before 18	Proportion	Women 20-49
Children ever born	Mean	All women 15-49
Children ever born to women over 40	Mean	Women age 40-49
Children surviving	Mean	All women 15-49
Knowing any contraceptive method	Proportion	Currently married women 15-49
Knowing any modern contraceptive method	Proportion	Currently married women 15-49
Ever used any contraceptive method	Proportion	Currently married women 15-49
Currently using any method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using IUD	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using condom	Proportion	Currently married women 15-49
Currently using female sterilisation	Proportion	Currently married women 15-49
Currently using male sterilisation	Proportion	Currently married women 15-49
Currently using periodic abstinence	Proportion	Currently married women 15-49
Currently using withdrawal	Proportion	Currently married women 15-49
Using public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women 15-49
Want to delay at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	All women 15-49
Mothers received tetanus injection	Proportion	Births in last year
Mothers received medical care at birth	Proportion	Births in last 5 years
Had diarrhoea in the last 2 weeks	Proportion	Children under 5
Treated with ORS packets	Proportion	Children under 5 with diarrhoea in last 2 weeks
Consulted medical personnel	Proportion	Children under 5 with diarrhoea in last 2 weeks
Having health card, seen	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Fully immunised	Proportion	Children 12-23 months
Weight-for-height (< -2 SD)	Proportion	Children under 5 who were measured
Height-for-age (< -2 SD)	Proportion	Children under 5 who were measured
Weight-for-age (< -2 SD)	Proportion	Children under 5 who were measured
Total fertility rate (3 years)	Rate	Women-years of exposure to childbearing
Neonatal mortality rate (10 years) ¹	Rate	Number of births
Postneonatal mortality rate (10 years) ¹	Rate	Number of births
Infant mortality rate (10 years) ¹	Rate	Number of births
Child mortality rate (10 years) ¹	Rate	Number of births
Under-five mortality rate (10 years)	Rate	Number of births
MEN		
Urban residence	Proportion	All men 15-59
No education	Proportion	All men 15-59
With secondary education or higher	Proportion	All men 15-59
Never married (in union)	Proportion	All men 15-59
Currently married (in union)	Proportion	All men 15-59
Want no more children	Proportion	Currently married men 15-59
Want to delay at least 2 years	Proportion	Currently married men 15-59
Ideal number of children	Mean	All men 15-59

¹ Five years for national

Table B.2 Sampling errors: National sample, Namibia 2000

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.412	0.019	6755	6755	3.095	0.045	0.375	0.450
No education	0.095	0.008	6755	6755	2.201	0.083	0.079	0.111
Secondary education or higher	0.574	0.013	6755	6755	2.108	0.022	0.549	0.599
Never married (in union)	0.543	0.011	6755	6755	1.824	0.020	0.521	0.565
Currently married (in union)	0.386	0.011	6755	6755	1.893	0.029	0.364	0.409
Had first sexual intercourse before 18	0.367	0.011	5325	5256	1.639	0.029	0.346	0.389
Children ever born	2.148	0.037	6755	6755	1.294	0.017	2.074	2.221
Children ever born to women over 40	5.045	0.121	1101	1049	1.491	0.024	4.803	5.287
Children surviving	1.998	0.034	6755	6755	1.300	0.017	1.929	2.066
Knowing any contraceptive method	0.978	0.004	2827	2610	1.476	0.004	0.970	0.986
Knowing any modern contraceptive method	0.978	0.004	2827	2610	1.469	0.004	0.969	0.986
Ever used any contraceptive method	0.732	0.015	2827	2610	1.762	0.020	0.703	0.761
Currently using any method	0.437	0.016	2827	2610	1.747	0.037	0.405	0.470
Currently using a modern method	0.426	0.016	2827	2610	1.766	0.039	0.394	0.459
Currently using pill	0.082	0.007	2827	2610	1.394	0.087	0.068	0.097
Currently using IUD	0.012	0.003	2827	2610	1.584	0.276	0.005	0.018
Currently using injectables	0.187	0.011	2827	2610	1.550	0.061	0.164	0.210
Currently using condom	0.052	0.005	2827	2610	1.259	0.101	0.042	0.063
Currently using female sterilisation	0.085	0.007	2827	2610	1.303	0.081	0.071	0.098
Currently using male sterilisation	0.008	0.003	2827	2610	2.052	0.444	0.001	0.014
Currently using periodic abstinence	0.002	0.001	2827	2610	1.337	0.598	0.000	0.004
Currently using withdrawal	0.001	0.001	2827	2610	1.051	0.765	0.000	0.002
Using public sector source	0.842	0.014	2761	2505	2.036	0.017	0.814	0.871
Want no more children	0.488	0.016	2827	2610	1.667	0.032	0.457	0.520
Want to delay at least 2 years	0.162	0.009	2827	2610	1.285	0.055	0.144	0.180
Ideal number of children	3.339	0.055	6464	6476	1.932	0.016	3.229	3.448
Mothers received tetanus injection	0.461	0.024	886	874	1.406	0.051	0.413	0.508
Mothers received medical care at birth	0.585	0.015	3989	3985	1.927	0.025	0.556	0.615
Had diarrhoea in the last 2 weeks	0.120	0.007	3784	3785	1.259	0.057	0.106	0.134
Treated with ORS packets	0.611	0.031	479	454	1.284	0.050	0.550	0.672
Consulted medical personnel	0.507	0.032	479	454	1.331	0.064	0.442	0.572
Having health card, seen	0.736	0.022	808	816	1.430	0.030	0.692	0.781
Received BCG vaccination	0.900	0.012	808	816	1.178	0.014	0.875	0.925
Received DPT vaccination (3 doses)	0.793	0.021	808	816	1.470	0.026	0.751	0.835
Received polio vaccination (3 doses)	0.770	0.021	808	816	1.446	0.028	0.727	0.812
Received measles vaccination	0.804	0.019	808	816	1.329	0.023	0.767	0.841
Fully immunised	0.648	0.022	808	816	1.340	0.035	0.603	0.693
Weight-for-height (< -2 SD)	0.091	0.006	3938	4123	1.329	0.068	0.079	0.104
Height-for-age (< -2 SD)	0.236	0.011	3938	4123	1.557	0.047	0.214	0.258
Weight-for-age (< -2 SD)	0.240	0.012	3938	4123	1.658	0.049	0.217	0.263
Total fertility rate (5 years)	4.183	0.147	NA	18856	1.708	0.035	3.890	4.476
Neonatal mortality rate (5 years)	19.876	3.054	4075	3968	1.397	0.154	13.767	25.984
Postneonatal mortality rate (5 years)	18.210	2.481	4031	3756	1.178	0.136	13.249	23.172
Infant mortality rate (5 years)	38.086	4.126	4031	3756	1.368	0.108	29.835	46.337
Child mortality rate (5 years)	25.100	3.571	4265	3580	1.491	0.142	17.957	32.243
Under-five mortality rate (5 years)	62.231	5.867	4031	3580	1.542	0.094	50.496	73.965
MEN								
Urban residence	0.444	0.022	2954	2954	2.385	0.049	0.400	0.488
No education	0.128	0.012	2954	2954	1.911	0.092	0.105	0.152
With secondary education or higher	0.524	0.016	2954	2954	1.751	0.031	0.492	0.557
Never married (in union)	0.597	0.018	2954	2954	2.010	0.030	0.561	0.633
Currently married (in union)	0.354	0.017	2954	2954	1.959	0.049	0.320	0.389
Want no more children	0.994	0.003	1184	1047	1.424	0.003	0.988	1.000
Want to delay at least 2 years	0.994	0.003	1184	1047	1.389	0.003	0.987	1.000
Ideal number of children	0.637	0.019	1184	1047	1.355	0.030	0.600	0.675
Wanting no more children	0.377	0.018	1184	1047	1.284	0.048	0.340	0.413
Delay at least two years	0.159	0.016	1184	1047	1.475	0.099	0.128	0.190
Ideal number of family size	4.308	0.139	2696	2716	1.860	0.032	4.030	4.585

NA = Not applicable

Table B.3 Sampling errors: Urban sample, Namibia 2000

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	3102	2786	NA	0.000	1.000	1.000
No education	0.046	0.008	3102	2786	2.248	0.184	0.029	0.063
Secondary education or higher	0.731	0.019	3102	2786	2.441	0.027	0.692	0.770
Never married (in union)	0.495	0.014	3102	2786	1.551	0.028	0.467	0.523
Currently married (in union)	0.425	0.014	3102	2786	1.605	0.034	0.397	0.454
Had first sexual intercourse before 18	0.361	0.016	2530	2311	1.662	0.044	0.329	0.392
Children ever born	1.931	0.053	3102	2786	1.499	0.027	1.825	2.036
Children ever born to women over 40	3.999	0.109	509	431	1.097	0.027	3.780	4.218
Children surviving	1.817	0.047	3102	2786	1.442	0.026	1.722	1.911
Knowing any contraceptive method	0.992	0.004	1339	1184	1.451	0.004	0.985	0.999
Knowing any modern contraceptive method	0.992	0.004	1339	1184	1.451	0.004	0.985	0.999
Ever used any contraceptive method	0.836	0.021	1339	1184	2.096	0.025	0.794	0.879
Currently using any method	0.539	0.028	1339	1184	2.024	0.051	0.484	0.594
Currently using a modern method	0.534	0.028	1339	1184	2.023	0.052	0.479	0.589
Currently using pill	0.093	0.009	1339	1184	1.156	0.099	0.074	0.111
Currently using IUD	0.021	0.007	1339	1184	1.750	0.329	0.007	0.034
Currently using injectables	0.217	0.020	1339	1184	1.732	0.090	0.178	0.256
Currently using condom	0.066	0.009	1339	1184	1.280	0.132	0.049	0.083
Currently using female sterilisation	0.122	0.012	1339	1184	1.333	0.098	0.098	0.146
Currently using male sterilisation	0.014	0.007	1339	1184	2.217	0.514	0.000	0.028
Currently using periodic abstinence	0.002	0.002	1339	1184	1.340	0.760	0.000	0.006
Currently using withdrawal	0.001	0.001	1339	1184	1.069	0.761	0.000	0.004
Using public sector source	0.802	0.024	1485	1312	2.295	0.030	0.754	0.849
Want no more children	0.495	0.026	1339	1184	1.877	0.052	0.443	0.546
Want to delay at least 2 years	0.140	0.012	1339	1184	1.219	0.083	0.117	0.163
Ideal number of children	2.882	0.088	3001	2700	2.535	0.030	2.706	3.058
Mothers received tetanus injection	0.504	0.039	324	260	1.339	0.078	0.425	0.583
Mothers received medical care at birth	0.761	0.023	1509	1372	2.201	0.031	0.715	0.808
Had diarrhoea in the last 2 weeks	0.126	0.011	1439	1316	1.281	0.088	0.104	0.148
Treated with ORS packets	0.664	0.052	183	166	1.464	0.079	0.560	0.769
Consulted medical personnel	0.538	0.060	183	166	1.611	0.111	0.418	0.657
Having health card, seen	0.682	0.040	295	277	1.513	0.059	0.602	0.763
Received BCG vaccination	0.955	0.017	295	277	1.458	0.018	0.921	0.990
Received DPT vaccination (3 doses)	0.853	0.034	295	277	1.648	0.039	0.786	0.920
Received polio vaccination (3 doses)	0.805	0.033	295	277	1.443	0.041	0.739	0.871
Received measles vaccination	0.843	0.028	295	277	1.355	0.034	0.786	0.899
Fully immunised	0.695	0.033	295	277	1.241	0.047	0.630	0.761
Weight-for-height (< -2 SD)	0.066	0.009	1235	1069	1.170	0.130	0.049	0.084
Height-for-age (< -2 SD)	0.220	0.017	1235	1069	1.338	0.077	0.186	0.254
Weight-for-age (< -2 SD)	0.163	0.018	1235	1069	1.562	0.109	0.127	0.198
Total fertility rate (5 years)	3.058	0.157	NA	7928	1.748	0.051	2.744	3.372
Neonatal mortality rate (10 years)	12.661	2.789	3090	2737	1.386	0.220	7.084	18.238
Postneonatal mortality rate (10 years)	17.417	3.507	3090	2681	1.490	0.201	10.402	24.431
Infant mortality rate (10 years)	30.078	5.429	3090	2681	1.767	0.181	19.219	40.936
Child mortality rate (10 years)	20.049	4.494	3133	2375	1.795	0.224	11.061	29.037
Under-five mortality rate (10 years)	49.524	8.440	3090	2375	2.162	0.170	32.643	66.404
MEN								
Urban residence	1.000	0.000	1337	1312	NA	0.000	1.000	1.000
No education	0.084	0.012	1337	1312	1.539	0.139	0.061	0.108
With education	0.672	0.022	1337	1312	1.706	0.033	0.628	0.715
Never married	0.524	0.024	1337	1312	1.737	0.045	0.476	0.571
Currently married	0.416	0.022	1337	1312	1.597	0.052	0.373	0.460
Knows at least one method	0.999	0.001	580	546	0.791	0.001	0.997	1.001
Know any modern method	0.998	0.001	580	546	0.739	0.001	0.996	1.001
Ever used any method	0.738	0.024	580	546	1.314	0.033	0.690	0.786
Wanting no more children	0.408	0.024	580	546	1.195	0.060	0.359	0.457
Delay at least two years	0.140	0.017	580	546	1.171	0.121	0.106	0.174
Ideal number of family size	3.962	0.205	1247	1226	1.910	0.052	3.552	4.373

NA = Not applicable

Table B.4 Sampling errors: Rural sample, Namibia 2000

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.000	0.000	3653	3969	NA	NA	0.000	0.000
No education	0.129	0.012	3653	3969	2.164	0.093	0.105	0.153
Secondary education or higher	0.464	0.014	3653	3969	1.744	0.031	0.435	0.493
Never married (in union)	0.577	0.016	3653	3969	1.950	0.028	0.545	0.609
Currently married (in union)	0.359	0.016	3653	3969	2.036	0.045	0.327	0.392
Had first sexual intercourse before 18	0.373	0.015	2795	2945	1.620	0.040	0.343	0.403
Children ever born	2.300	0.049	3653	3969	1.165	0.021	2.202	2.398
Children ever born to women over 40	5.775	0.170	592	617	1.518	0.029	5.435	6.116
Children surviving	2.125	0.047	3653	3969	1.214	0.022	2.030	2.220
Knowing any contraceptive method	0.966	0.007	1488	1426	1.521	0.007	0.952	0.980
Knowing any modern contraceptive method	0.966	0.007	1488	1426	1.512	0.007	0.951	0.980
Ever used any contraceptive method	0.645	0.022	1488	1426	1.784	0.034	0.601	0.689
Currently using any method	0.353	0.020	1488	1426	1.574	0.055	0.314	0.392
Currently using a modern method	0.337	0.020	1488	1426	1.600	0.058	0.298	0.376
Currently using pill	0.074	0.011	1488	1426	1.585	0.145	0.053	0.096
Currently using IUD	0.004	0.002	1488	1426	0.936	0.387	0.001	0.007
Currently using injectables	0.162	0.013	1488	1426	1.411	0.083	0.135	0.189
Currently using condom	0.041	0.006	1488	1426	1.220	0.154	0.028	0.053
Currently using female sterilisation	0.054	0.008	1488	1426	1.293	0.141	0.039	0.069
Currently using male sterilisation	0.002	0.001	1488	1426	1.102	0.589	0.000	0.005
Currently using periodic abstinence	0.001	0.001	1488	1426	1.361	0.974	0.000	0.004
Currently using withdrawal	0.000	0.000	1488	1426	NA	NA	0.000	0.000
Using public sector source	0.887	0.015	1276	1193	1.733	0.017	0.856	0.918
Want no more children	0.483	0.019	1488	1426	1.495	0.040	0.445	0.522
Want to delay at least 2 years	0.180	0.013	1488	1426	1.311	0.073	0.154	0.206
Ideal number of children	3.665	0.068	3463	3777	1.612	0.018	3.530	3.801
Mothers received tetanus injection	0.443	0.029	562	614	1.406	0.066	0.384	0.501
Mothers received medical care at birth	0.493	0.018	2480	2613	1.803	0.036	0.457	0.529
Had diarrhoea in the last 2 weeks	0.117	0.009	2345	2469	1.218	0.074	0.099	0.134
Treated with ORS packets	0.580	0.036	296	288	1.141	0.063	0.507	0.653
Consulted medical personnel	0.489	0.038	296	288	1.159	0.077	0.414	0.564
Having health card, seen	0.764	0.026	513	539	1.352	0.034	0.712	0.816
Received BCG vaccination	0.872	0.017	513	539	1.136	0.020	0.838	0.906
Received DPT vaccination (3 doses)	0.763	0.027	513	539	1.430	0.036	0.708	0.817
Received polio vaccination (3 doses)	0.752	0.028	513	539	1.443	0.037	0.695	0.808
Received measles vaccination	0.784	0.025	513	539	1.333	0.032	0.734	0.833
Fully immunised	0.624	0.030	513	539	1.380	0.048	0.563	0.684
Weight-for-height (< -2 SD)	0.100	0.008	2703	3054	1.336	0.078	0.084	0.116
Height-for-age (< -2 SD)	0.242	0.014	2703	3054	1.575	0.056	0.215	0.269
Weight-for-age (< -2 SD)	0.267	0.015	2703	3054	1.668	0.055	0.238	0.296
Total fertility rate (5 years)	5.061	0.182	NA	10928	1.414	0.036	4.696	5.425
Neonatal mortality rate (10 years)	27.678	4.060	4800	4955	1.715	0.147	19.557	35.798
Postneonatal mortality rate (10 years)	17.454	2.206	4715	4664	1.157	0.126	13.042	21.866
Infant mortality rate (10 years)	45.132	4.536	4715	4664	1.501	0.101	36.059	54.205
Child mortality rate (10 years)	22.007	2.755	4518	3988	1.262	0.125	16.498	27.516
Under-five mortality rate (10 years)	66.145	5.064	4518	3988	1.370	0.077	56.017	76.273
MEN								
Urban residence	0.000	0.000	1617	1642	NA	NA	0.000	0.000
No education	0.163	0.019	1617	1642	2.039	0.115	0.126	0.201
With secondary education or higher	0.407	0.022	1617	1642	1.778	0.053	0.363	0.450
Never married (in union)	0.655	0.026	1617	1642	2.192	0.040	0.604	0.707
Currently married (in union)	0.305	0.025	1617	1642	2.164	0.081	0.255	0.354
Want no more children	0.989	0.006	604	501	1.498	0.006	0.976	1.002
Want to delay at least 2 years	0.989	0.006	604	501	1.498	0.006	0.976	1.002
Ideal number of children	0.528	0.028	604	501	1.369	0.053	0.472	0.583
Wanting no more children	0.343	0.026	604	501	1.364	0.077	0.290	0.395
Delay at least two years	0.179	0.027	604	501	1.730	0.151	0.125	0.233
Ideal number of family size	4.592	0.182	1449	1489	1.770	0.040	4.228	4.956

NA = Not applicable

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Namibia 2000

Age	Males		Females		Age	Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	476	3.1	458	2.7	37	141	0.9	205	1.2
1	444	2.9	480	2.8	38	135	0.9	184	1.1
2	449	3.0	467	2.7	39	113	0.7	163	1.0
3	431	2.8	402	2.4	40	134	0.9	189	1.1
4	449	3.0	477	2.8	41	125	0.8	136	0.8
5	401	2.6	450	2.6	42	112	0.7	153	0.9
6	489	3.2	539	3.2	43	82	0.5	135	0.8
7	447	2.9	473	2.8	44	90	0.6	89	0.5
8	493	3.2	528	3.1	45	118	0.8	109	0.6
9	441	2.9	457	2.7	46	98	0.6	92	0.5
10	504	3.3	550	3.2	47	69	0.5	100	0.6
11	384	2.5	381	2.2	48	80	0.5	95	0.6
12	456	3.0	462	2.7	49	84	0.6	73	0.4
13	425	2.8	458	2.7	50	99	0.7	207	1.2
14	398	2.6	470	2.8	51	61	0.4	126	0.7
15	338	2.2	341	2.0	52	92	0.6	113	0.7
16	343	2.3	344	2.0	53	58	0.4	91	0.5
17	333	2.2	368	2.2	54	53	0.4	88	0.5
18	372	2.4	360	2.1	55	80	0.5	95	0.6
19	315	2.1	289	1.7	56	66	0.4	87	0.5
20	357	2.4	308	1.8	57	48	0.3	51	0.3
21	289	1.9	320	1.9	58	65	0.4	73	0.4
22	281	1.9	305	1.8	59	53	0.3	65	0.4
23	245	1.6	267	1.6	60	107	0.7	143	0.8
24	205	1.3	305	1.8	61	66	0.4	92	0.5
25	285	1.9	278	1.6	62	55	0.4	75	0.4
26	221	1.5	220	1.3	63	62	0.4	55	0.3
27	227	1.5	246	1.4	64	46	0.3	51	0.3
28	202	1.3	270	1.6	65	49	0.3	56	0.3
29	205	1.3	257	1.5	66	41	0.3	57	0.3
30	258	1.7	234	1.4	67	37	0.2	50	0.3
31	153	1.0	238	1.4	68	59	0.4	80	0.5
32	186	1.2	219	1.3	69	27	0.2	23	0.1
33	106	0.7	219	1.3	70+	478	3.2	704	4.1
34	174	1.1	173	1.0	Don't know/ missing	57	0.4	49	0.3
35	137	0.9	148	0.9					
36	125	0.8	159	0.9					
					Total	15,184	100.0	17,081	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2 Age distribution of eligible and interviewed women

Percent distribution of the de facto household population of women age 10-54, and of interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted) by five-year age groups, Namibia 2000

Age group	Household population of women age 10-54		Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Percent	Number	Percent	
10-14	2,321	NA	NA	NA	NA
15-19	1,702	22.4	1,566	22.3	92.1
20-24	1,505	19.8	1,377	19.6	91.5
25-29	1,272	16.8	1,177	16.8	92.5
30-34	1,082	14.3	1,030	14.7	95.2
35-39	859	11.3	795	11.3	92.5
40-44	702	9.3	636	9.1	90.6
45-49	469	6.2	437	6.2	93.1
50-54	626	NA	NA	NA	NA
10-49	7,592	NA	7,018	NA	92.4

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before interview. Weights for both household population of women and interviewed women are household weights. Age is based on that reported in the household schedule.

NA = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Namibia 2000

Subject	Reference group	Percentage missing information	Number of cases
Birth date	Births in the past 15 years		
Month only		2.0	10,600
Month and year		0.4	10,600
Age at death	Deceased children born in the past 15 years	0.6	612
Age/date at first union ¹	Ever-married women age 15-49	3.0	3,088
Women's education	All women age 15-49	0.4	6,755
Anthropometry	Living children age 0-59 months		
Height		4.2	4,601
Weight		4.0	4,601
Height or weight		4.5	4,601
Diarrhoea in past 2 weeks	Living children age 0-59 months	10.5	3,785

¹ Both year and age missing

Table C.4 Births by calendar years

Distribution of births by calendar years for living (L), dead (D), and total (T) children, according to reporting completeness, sex ratio at birth, and ratio of births by calendar year, Namibia 2000

Calendar year	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar ratio ³			Male			Female		
	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T
	2000	722	29	752	100.0	100.0	100.0	97.1	81.1	96.5	NA	NA	NA	356	13	369	366	16
1999	837	30	867	99.9	100.0	99.9	105.9	147.3	107.1	117.4	73.4	115.0	431	18	448	407	12	419
1998	704	52	757	99.1	96.7	98.9	90.2	199.5	95.1	93.5	156.5	96.2	334	35	369	370	17	388
1997	668	37	705	99.2	98.4	99.2	128.2	138.5	128.7	90.5	76.0	89.6	376	21	397	293	15	308
1996	774	45	818	98.4	92.4	98.1	92.1	76.1	91.1	116.8	123.4	117.2	371	19	390	403	25	428
1995	656	36	692	98.6	90.7	98.2	96.5	82.1	95.7	84.8	66.1	83.6	322	16	338	334	20	353
1994	773	63	836	98.6	93.3	98.2	95.1	134.5	97.6	115.0	145.7	116.8	377	36	413	396	27	423
1993	689	51	740	97.2	86.8	96.5	112.0	194.5	116.2	88.1	107.0	89.2	364	34	397	325	17	342
1992	790	32	822	98.1	94.2	98.0	84.4	107.3	85.2	124.5	68.1	120.6	362	17	378	428	16	444
1991	580	44	623	97.7	94.3	97.5	94.8	86.0	94.1	NA	NA	NA	282	20	302	298	23	321
1996-2000	3,706	193	3,899	99.3	97.0	99.2	101.5	123.0	102.5	NA	NA	NA	1,867	106	1,973	1,839	87	1,926
1991-1995	3,487	226	3,713	98.1	91.8	97.7	95.8	119.5	97.1	NA	NA	NA	1,706	123	1,829	1,781	103	1,884
1986-1990	2,744	190	2,934	97.3	88.5	96.7	89.3	108.7	90.5	NA	NA	NA	1,295	99	1,394	1,450	91	1,541
81-85	1,861	197	2,057	95.7	89.3	95.0	103.4	105.4	103.5	NA	NA	NA	946	101	1,046	915	96	1,011
<1981	1,697	208	1,904	95.8	88.4	95.0	110.9	138.5	113.6	NA	NA	NA	892	121	1,013	805	87	892
All	13,495	1,013	14,508	97.6	91.0	97.2	98.8	118.7	100.0	NA	NA	NA	6,706	550	7,255	6,789	463	7,252

NA = Not applicable

¹ Both year and month of birth given

² $(B_m/B_f)*100$, where B_m and B_f are the numbers of male and female births, respectively

³ $[2B_x/(B_{x-1} + B_{x+1})]*100$, where B_x is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods preceding the survey (unweighted), Namibia 2000

Age at death (days)	Number of years preceding survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	29	48	30	23	130
1	20	12	6	8	46
2	3	5	7	4	18
3	5	3	6	3	16
4	1	6	2	5	13
5	0	2	0	3	6
6	2	1	1	2	6
7	10	7	8	13	38
9	0	1	0	0	1
10	0	1	0	0	1
14	6	2	1	4	12
18	2	0	0	0	2
20	0	0	3	0	3
24	1	0	0	0	1
30	0	2	0	0	2
31+	0	0	1	1	1
Percent early neonatal ¹	76.5	86.2	81.9	73.4	79.9
Total 0-30	78	89	62	65	295

¹ 0-6 days/0-30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at ages under one month, for five-year periods preceding the survey (weighted), Namibia 2000

Age at death (months)	Number of years preceding survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 ^a	79	92	64	65	300
1	14	11	3	7	35
2	10	8	6	11	34
3	5	10	4	6	26
4	13	8	10	5	36
5	3	3	2	1	9
6	4	6	5	7	23
7	2	1	4	6	14
8	3	1	3	0	7
9	3	5	1	2	11
10	4	3	0	1	8
11	5	1	0	0	7
12	5	5	6	8	24
13	2	0	1	0	4
14	1	4	1	0	6
15	0	0	2	1	3
16	1	0	3	0	4
17	2	0	0	2	3
18	0	2	1	0	3
20	0	0	0	2	2
21	2	1	0	0	2
22	0	0	1	0	1
24+	1	0	0	0	2
Missing	0	0	0	1	2
1 year	4	18	12	11	45
Percent neonatal ¹	54.2	61.5	62.8	58.5	59.0
Total 0-11	146	149	102	112	508

^a Includes deaths under 1 month reported in days

¹ Under 1 month/under 1 year

Table C.7 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Namibia 2000

Background characteristic	Modern method						Traditional method					Total	Number of women				
	Using any modern method	Using any method	Pill	IUD	Injectables	Female condom	Male condom	Female sterilisation	Male sterilisation	Using any traditional method	Periodic abstinence			Withdrawal	Other methods	Not using a method	
Residence																	
Urban	53.9	53.4	9.3	2.1	21.7	0.2	6.6	12.2	1.4	0.5	0.2	0.1	0.1	46.1	100.0	1,184	
Rural	35.3	33.7	7.4	0.4	16.2	0.0	4.1	5.4	0.2	1.6	0.1	0.0	1.5	64.7	100.0	1,426	
Directorate																	
Northwest	26.3	26.2	4.3	1.1	8.9	0.0	8.0	4.0	0.0	0.1	0.0	0.1	0.0	73.7	100.0	725	
Northeast	40.7	36.4	8.8	0.3	25.1	0.0	0.3	1.9	0.3	4.3	0.4	0.0	3.9	59.3	100.0	440	
Central	58.5	57.2	14.0	1.0	21.4	0.0	8.0	10.3	2.4	1.3	0.4	0.0	0.9	41.5	100.0	615	
South	49.7	49.5	7.2	1.8	21.9	0.3	3.3	14.5	0.6	0.2	0.0	0.1	0.0	50.3	100.0	830	
Region																	
Caprivi	38.5	38.5	14.0	0.0	24.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	61.5	100.0	153	
Erongo	66.4	65.1	14.0	2.7	23.4	0.0	6.9	15.1	3.0	1.3	1.3	0.0	0.0	33.6	100.0	197	
Hardap	52.8	52.6	12.9	0.5	19.3	0.0	1.8	17.8	0.2	0.2	0.2	0.0	0.0	47.2	100.0	116	
Karas	61.5	61.5	9.2	0.5	21.1	0.0	1.9	26.4	2.5	0.0	0.0	0.0	0.0	38.5	100.0	111	
Kavango	42.0	35.3	6.0	0.5	25.4	0.0	0.5	3.0	0.0	6.6	0.7	0.0	6.0	58.0	100.0	287	
Khomas	47.1	46.8	5.6	2.5	22.8	0.5	3.8	11.3	0.3	0.2	0.0	0.2	0.0	52.9	100.0	500	
Kunene	43.0	43.0	10.7	0.2	16.5	0.0	8.9	6.6	0.0	0.0	0.0	0.0	0.0	57.0	100.0	99	
Ohangwena	12.4	12.4	2.5	0.6	4.7	0.0	3.9	0.6	0.0	0.0	0.0	0.0	0.0	87.6	100.0	182	
Omaheke	45.9	45.9	6.3	1.1	21.1	0.0	4.0	13.5	0.0	0.0	0.0	0.0	0.0	54.1	100.0	103	
Omusati	16.7	16.7	3.1	1.2	7.8	0.0	1.2	3.5	0.0	0.0	0.0	0.0	0.0	83.3	100.0	140	
Oshana	30.2	30.0	4.2	1.6	6.5	0.0	15.8	1.9	0.0	0.2	0.0	0.2	0.0	69.8	100.0	237	
Oshikoto	44.1	44.1	7.2	0.7	18.0	0.0	7.1	11.1	0.0	0.0	0.0	0.0	0.0	55.9	100.0	167	
Otjozondjupa	58.5	56.8	15.0	0.2	21.7	0.1	8.5	8.5	2.8	1.7	0.0	0.0	1.7	41.5	100.0	319	
Education																	
No education	27.8	27.4	5.6	0.0	12.1	0.0	3.0	6.7	0.0	0.4	0.0	0.0	0.4	72.2	100.0	406	
Incompl. pri.	29.3	27.4	4.3	0.4	14.3	0.0	3.6	4.8	0.1	1.9	0.3	0.1	1.5	70.7	100.0	620	
Compl. pri.	42.4	41.2	6.8	0.6	19.9	0.1	2.9	10.9	0.0	1.1	0.0	0.0	1.1	57.6	100.0	296	
Incompl. sec.	52.1	50.8	10.3	0.6	25.4	0.3	5.6	8.1	0.6	1.2	0.1	0.1	1.0	47.9	100.0	860	
Compl. sec. +	64.0	63.6	13.4	4.8	17.0	0.0	10.5	14.6	3.3	0.4	0.4	0.0	0.0	36.0	100.0	428	
Number of living children																	
0	24.7	24.7	6.8	0.0	7.9	0.0	8.5	1.5	0.0	0.0	0.0	0.0	0.0	75.3	100.0	216	
1	47.4	46.6	10.3	0.5	24.2	0.6	10.4	0.4	0.3	0.7	0.0	0.0	0.7	52.6	100.0	408	
2	47.4	46.4	9.4	2.7	21.5	0.0	5.0	6.2	1.7	1.0	0.1	0.0	0.8	52.6	100.0	534	
3	51.0	49.9	8.3	1.7	19.5	0.0	3.3	15.9	1.2	1.1	0.1	0.4	0.6	49.0	100.0	478	
4+	40.9	39.3	7.0	0.6	16.9	0.0	3.4	11.0	0.4	1.6	0.3	0.0	1.2	59.1	100.0	975	
Total	43.7	42.6	8.2	1.2	18.7	0.1	5.2	8.5	0.8	1.1	0.2	0.1	0.9	56.3	100.0	2,610	

SURVEY PERSONNEL

Appendix *D*

Survey Director
Norbert Forster

Project Technical Coordinator
Maazuu Zauana

Head of Processing
Christa Schier

Assistant Project Coordinator
Sandra Owoses

Trainers

Maazuu Zauana
Puumue Katjiuanjo

Sandra Owoses
Florian Amulungu

Anne Cross
Arlinda Zhuzhuni

Field Managers

Maazuu Zauana
Freddy Koujo
Alfons Mosimane

Sandra Owoses
Gert van Rooy
George Eiseb

Arlinda Zhuzhuni
Erik Afrikaner

ANALYSIS WORKSHOP PARTICIPANTS

Norbert Forster
Maazuu Zauana
Sandra Owoses
Wilham Akwaake
Victoria Kambuta
Ben Tjivambi
Andy Anderson
Anna Scheepers
Asser Ngula
Faris Kambowe
Meriam Muye
Marja Anttila
Gert van Rooy
N.K. Stuurmann

Puumue Katjiuanjo
Abner Xoagub
Paulina Nghipandulwa
Johan van Wyk
Angelina Shitaleni
Rosina Palmer
Vaino Tauya
Christina Beukes
Ebong Akpabio
Ingenezia Nkunga
Zengani Chirwa
Saparov Quita
Rhadidiatov Mbaye
M. Ihalainen

Derosi Kambinda
Helma Haipinge
Pohamba Kaino
Julia Ulamba
Lydia Huisen
Ursula Aspara
Campell Katito
Johnson Musomi
Immy Nieboer
Pavel Tachezy
Arimo Vallasto
David Cownie
Anne Cross
S.W. Imasiku

DATA ANALYSIS AND REPORT WRITING-CORE GROUP

Flavian Magari
Johan Van Wyk
Maazuu Zauana
Johnson Musomi
Abner Xhoagub

Puumue Katjiuanjo
Marja Anttila
Sandra Owoses
Norbert Forster
Campell Katito

FIELDWORK PERSONNEL

Hardap Region Team 1

Enumerators
Christa Bock
Mariah Katjito
Catherine Strauss
Patrick Bock

Supervisor
Roslin Oarum

Editor
Elizabeth Snyders

Driver
Raphael Africa

Enumerators Lynette Schwartbooy Erykah Naobes Ingrid Kinda Ronnie Garoeb	Hardap Region Team 2 Supervisor Piet Adams Editor Juliana Mouton	Driver Ambrosuis Beukes
Enumerators Magreth Ockhuize Levinia Nanus Grace Teek Dennis Gowaseb	Karas Region Team 1 Supervisor Jacob Kruger Editor Diana Dausab	Driver Herman Camm
Enumerators Edwina Garises Lizzie Jacobs Veronika Naukushu Erastus Eshumba	Karas Region Team 2 Supervisor David Doeseb Editor Erica Meyer	Driver Berendt de Klerk
Enumerators Ciefriedine Tjeriko Cynthia Kamboua Cynthia Afrikaner Elvis Kavari	Kunene Region Team 1 Supervisor Eben Bock Editor Pujo Mbaumba	Driver Gerson Kavari
Enumerators Caroline Rooinasie Caroline Tjikuzu-Kapitango Toini Dulla Elton Khoeseb	Kunene Region Team 2 Supervisor Mesag Katjingisiua Editor Eugene Tsaes	Driver Sem Ganeb
Enumerators Rudolphine Tjeriko Mariam Hipangelwa Golda Kamboua Brian Tjiramba	Otjozundjupa Region Team 1 Supervisor Frans Rukoko Editor Jacky Gaweses	Driver Erastus Samukuta
Enumerators Kaikuramenua Matundu Berlinda Bock Asnath Mbai Stephanus Joseph	Otjozundjupa Region Team 2 Supervisor Batholomews Kauahuma Editor Willemina Awases	Driver Wilfried Frances

Enumerators Johanna Hofeni Beatha Amunime Elizabeth Dumeni Naftali Endjala	Omusati Region Team 1 Supervisor Martha Shongolo Editor Naem Bauleth	Driver Kristof Kanelombe
Enumerators Merciana Hashiti Epifania Kaundjwa Nombulelo Ipinge Oscar Kanime	Omusati Region Team 2 Supervisor Gideon Matti Editor Asser Ngula	Driver Josefat Frans
Enumerators Miquette van Wyk Agnes Amupolo Theresia Bock John Afrikaner	Erongo Region Supervisor Hilma Axakhoes Editor Vicky Clarke	Driver Willy Hoaleb
Enumerators Ellen Mbeha Winnie Kamwi Frieda Sibungo Dorothy Wanunyima Castro Samunzala	Caprivi Region Supervisor Chris Simataa Editor Victoria Haingura	Driver Musukubili Mbindawina
Enumerators Camilia Mogotsi Diva Tjiramba Jacqueline Urkhos Peter Tjitjo	Omaheke Region Supervisor Sheila Uaaka Editor Elsie Kazongoma	Driver Fredrick Puturi
Enumerators Antonia Ngangate Foibe Nauyoma Annah Hakusembe Daniel Munongo	Kavango Region Supervisor Willem Kambonda Editor Victoria Haingura	Driver Benard Hamupembe
Enumerators Victoria Mulunga Mansweta Mwanyangapo Ehergardis Anghuwo Paulus Uuyuni	Ohangwena Region Team 1 Supervisor Lisias Munageni Editor Loide Ambuga	Driver Laban Hango

Ohangwena Region Team 2**Enumerators**

Fiina Akawa
Justina Anghuwo
Wilika Iiyambo
Moses Kasihakumwa

Supervisor

Linca Naago

Editor

Nestor Uugwanga

Driver

Martin Johannes

Oshikoto Region Team 1**Enumerators**

Victoria Niilenge
Rachel Ndalungile
Magdalena Afrikaner
Ringo Witbeen

Supervisor

Elton Imene

Editor

Taimy Shilongo

Driver

Paul Modise

Oshikoto Region Team 2**Enumerators**

Willemina Makaya
Tanny Shililifa
Edwina Kalimbo
Pinehas Shaninga

Supervisor

Asteria Andjamba

Editor

Willem Akwaake

Driver

Ferdinand Lukas

Oshana Region Team**Enumerators**

Abia Hameva
Rachel Joel
Veronica Aluvilu
Linea Hameva
Jerobeam Nampila

Supervisor

Luise Amwele

Editor

Salmi Iimbondhi

Driver

Abraham Nuule

Khomas Region Team**Enumerators**

Miriam Afrikaner
Patricia Tjaronda
Elna Simon
Anna Sageus
Ignatius Uushini
Engelbertus Byl

Supervisor

John Bosco Katjiua

Editor

Veronica Awases

Driver

Sebulon Kazapua

DATA PROCESSING STAFF**Office editing**

Julien van Wyk
Estelle van Wyk
Joey Platt

Benedicta Mosimane
Jeftha Ndinoshiho
Damon Dawn

Data coders

Annelie Pick
Isaaks Moses
Louise Fotolela

Data Supervisors

Johana Shapaka
Martha Naanda

Data Editors

Sandra Owoses
Vicky Clarke

Data Entry

Sakeus Shipanga
Lydia Huises
Godhardt Kuaere
Sylvia Koujo
Kennedy Kaurivi

Tangee Kamho
Elizabeth Hill
Constance Mazeingo
Angelina Shitaleni

Lucille Siebert
Selma Nangula
Shivute Paulina
Hennie Vyff

Vida De Voss
Gabriel Klein
Obert Mutabani
Joyce Majova

ORC MACRO STAFF

Anne Cross, Country Manager
Mamadou Thiam, Sampling Specialist
Alfredo Aliaga, Sampling Specialist
Arlinda Zhuzhuni, Pretest and Fieldwork Monitor
Jeanne Cushing, Data Processing Specialist
Sushil Kumar, Technical Reviewer
Sidney Moore, Editor
Kaye Mitchell, Document Production Specialist

MINISTRY OF HEALTH AND SOCIAL SERVICES AND CENTRAL BUREAU OF STATISTICS
 DEMOGRAPHIC AND HEALTH SURVEY 2000

9 September 2000

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
NAME AND CODE OF REGION * _____	<input type="text"/>
NAME OF VILLAGE/TOWN/CITY _____	<input type="text"/>
DHS CLUSTER NUMBER.....	<input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/>
NAME OF HOUSEHOLD HEAD _____	<input type="text"/>
IS HOUSEHOLD SELECTED FOR MAN'S SURVEY (YES=1; NO=2).....	<input type="checkbox"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT.CODE RESULT
INTERVIEWER'S NAME	_____	_____	_____	<input type="text"/>
RESULT**	_____	_____	_____	<input type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
	_____	_____		<input type="text"/>
**RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/> TOTAL ELIGIBLE MEN 15-59 <input type="text"/> LINE NO. OF RESP. TO HOUSEHOLD QUEST. <input type="text"/>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/>	NAME _____ <input type="text"/>	<input type="text"/>	<input type="text"/>
DATE _____	DATE _____	<input type="text"/>	<input type="text"/>

Region codes: CAPRIVI=01; ERONGO=02; HARDAP=03; KARAS=04; KHOMAS=05; KUNENE=06; OHANGWENA=07; KAVANGO=08; OMAHEKE=09; OMUSATI=10; OSHANA=11; OSHIKOTO=12; OTJOZONDJUPA=13.

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	
			M F	YES NO	YES NO	IN YEARS				
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10	

* CODES FOR Q.3
 RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT

07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 10 = OTHER RELATIVE
 11 = ADOPTED/FOSTER/STEPCHILD
 12 = NOT RELATED
 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION									
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS							
	(10)	(11)	(12)	(13)	(14)	(15)		(16)	(17)	(18)		(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PRE-SCHOOL (KINDERGARTEN, DAY CARE)
1 = PRIMARY
2 = SECONDARY
3 = HIGHER/UNIV.
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6		CIRCLE LINE NUMBER OF ALL MEN AGE 15-59		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)			
			M F	YES NO	YES NO	IN YEARS						
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	11			
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12			
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13			
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14			
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15			
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16			
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17			
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18			
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19			
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20			

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD. IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PRE-SCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER/UNIV.
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION									
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS							
Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER		Has (NAME) ever attended school or pre-school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed?***	Is (NAME) currently attending school? ¹	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and grade [is/was] (NAME) attending? ¹	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and grade did (NAME) attend?				
	(10)	(11)	(12)	(13)	(14)	(15)		(16)	(17)	(18)		(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL	GRADE	YES NO	YES NO	LEVEL	GRADE	YES NO	LEVEL	GRADE
11	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
12	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
13	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
14	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
15	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
16	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
17	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
18	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
19	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
20	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
21	During the rainy season, what is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING11 PIPED INTO YARD OR PLOT12 PUBLIC TAP13 UNPROTECTED SOURCE UNPROTECTED DUG WELL21 UNPROTECTED SPRING22 PROTECTED WELL OR BOREHOLE BOREHOLE WITH PUMP31 PROTECTED DUG WELL.....32 SURFACE WATER PROTECED SPRING.....41 RIVER/STREAM/POND/LAKE42 RAINWATER51 TANKER TRUCK.....61 BOTTLED WATER.....71 OTHER _____ 96 (SPECIFY)	→ 23 → 23 → 23 → 23																		
22	How long does it take you to go there, get water, and come back (during the rainy season)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																			
23	During the dry season, what is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING11 PIPED INTO YARD OR PLOT12 PUBLIC TAP13 UNPROTECTED SOURCE UNPROTECTED DUG WELL21 UNPROTECTED SPRING22 PROTECTED WELL OR BOREHOLE BOREHOLE WITH PUMP31 PROTECTED DUG WELL.....32 SURFACE WATER PROTECED SPRING.....41 RIVER/STREAM/POND/LAKE42 RAINWATER51 TANKER TRUCK.....61 BOTTLED WATER.....71 OTHER _____ 96 (SPECIFY)	→ 25 → 25 → 25 → 25																		
24	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																			
25	What kind of toilet facility do most members of your household use?	FLUSH TO SEWAGE SYSTEM OR SEPTIC TANK11 POUR FLUSH LATRINE(WATER SEAL)12 TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE22 BUCKET23 NO FACILITY/BUSH/FIELD31 OTHER _____ 96 (SPECIFY)	→ 27																		
26	Do you share this toilet with other households?	YES1 NO2																			
27	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	
	YES	NO																			
ELECTRICITY	1	2																			
RADIO	1	2																			
TELEVISION	1	2																			
TELEPHONE	1	2																			
REFRIGERATOR	1	2																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
39	How long does it take you to get from here to (HEALTH FACILITY NAME)? (RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE)	MINUTES.....1 <input type="text"/> <input type="text"/> <input type="text"/> HOURS.....2 <input type="text" value="0"/> <input type="text"/> <input type="text"/>	
40	CHECK 37: IS THE NEAREST FACILITY A HOSPITAL? NO, NOT A HOSPITAL <input type="checkbox"/> YES, A HOSPITAL <input type="checkbox"/>		→44
41	What is the name of the nearest government hospital that provides health services to this community? _____ (NAME)	FOR OFFICE USE..... <input type="text"/> <input type="text"/> <input type="text"/> GPS <input type="text"/> <input type="text"/> DOES NOT KNOW.....998	→ 44
42	How do you get from here to (NAME OF HOSPITAL)?	CAR/MOTORCYCLE1 PUBLIC TRANSPORT (BUS, TAXI).....2 ANIMAL/ANIMAL CART3 WALKING4 OTHER _____ 6 (SPECIFY)	
43	How long does it take you to get from here to (NAME OF HOSPITAL)? (RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE)	MINUTES.....1 <input type="text"/> <input type="text"/> <input type="text"/> HOURS.....2 <input type="text" value="0"/> <input type="text"/> <input type="text"/>	
44	In the last 12 months, has anyone in this household stayed overnight in a hospital or other health facility other than to deliver a baby?	YES.....1 NO2 DOES NOT KNOW.....8	→ 49 → 49
45	How many days did that person stay in hospital? IF MORE THAN ONE PERSON, ASK ABOUT THE MOST RECENT.	DAYS IN HOSPITAL <input type="text"/> <input type="text"/>	
46	What type of health facility did he or she stay in?	GOVERNMENT HOSPITAL11 GOVERNMENT HEALTH CENTRE12 GOVERNMENT CLINIC13 PRIVATE HOSPITAL.....21 TRADITIONAL HEALING CENTRE35 OTHER _____ 96 (SPECIFY)	
47	Did you or a family member pay for this stay in the hospital, either in cash or in goods or gifts?	CASH.....1 GOODS/SERVICES2 PAID NOTHING/FREE3 DOES NOT KNOW.....8	→ 49 → 49 → 49
48	Altogether how much was paid for the hospital care: including examinations, laboratory tests, medicines, meals, and staff fees?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
49	In the last 2 weeks, has anyone in this household visited a health facility or consulted a doctor or nurse or traditional healer for any reason? INCLUDE VISITS FOR CHILDREN.	YES.....1 NO2 DOES NOT KNOW.....8	→ 52 → 52
50	Did you or another family member pay for this visit or consultation, either in cash or in goods or gifts?	CASH.....1 GOODS/SERVICES2 PAID NOTHING/FREE3 DOES NOT KNOW.....8	→ 52 → 52 → 52
51	Altogether how much was paid for this health care: including examinations, laboratory tests, medicines, and staff fees?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

HEIGHT AND WEIGHT MEASUREMENT

CHECK COLUMN (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER AGE 6.

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1995 OR LATER			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					
(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)
			DAY MON. YEAR			LYINGSTAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

MINISTRY OF HEALTH AND SOCIAL SERVICES AND CENTRAL BUREAU OF STATISTICS
DEMOGRAPHIC AND HEALTH SURVEY 2000

10 September 2000

WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
NAME AND CODE OF REGION * _____	<input type="text"/>
NAME OF VILLAGE/TOWN/CITY _____	<input type="text"/>
DHS CLUSTER NUMBER.....	<input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/>
NAME OF HOUSEHOLD HEAD _____	<input type="text"/>
NAME AND LINE NUMBER OF WOMAN _____	<input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT.CODE RESULT
INTERVIEWER'S NAME	_____	_____	_____	<input type="text"/>
RESULT**	_____	_____	_____	<input type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
	_____	_____		<input type="text"/>
** RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				

LANGUAGE	
LANGUAGE OF QUESTIONNAIRE: <u>ENGLISH</u>	<input type="text"/>
LANGUAGE OF INTERVIEW *** _____	<input type="text"/>
HOME LANGUAGE OF RESPONDENT*** _____	<input type="text"/>
WAS A TRANSLATOR USED? (YES=1, NO=2).....	<input type="text"/>
*** LANGUAGE CODES: 1 AFRIKAANS 3 ENGLISH 5 KWANGALI 7 OSHIWAMBO 2 DAMARA/NAMA 4 HERERO 6 LOZI 8 OTHER	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	<input type="text"/>	<input type="text"/>
DATE _____	DATE _____	<input type="text"/>	<input type="text"/>

* Region codes: CAPRIVI=01; ERONGO=02; HARDAP=03; KARAS=04; KHOMAS=05; KUNENE=06; OHANGWENA=07; KAVANGO=08; OMAHEKE=09; OMUSATI=10; OSHANA=11; OSHIKOTO=12; OTJOZONDJUPA=13.

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Services. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR96	↳105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES.....1 NO2	→111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY1 SECONDARY2 HIGHER3	
109	What is the highest grade you completed?	GRADE <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→112
111	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT.	CANNOT READ AT ALL.....1 ABLE TO READ ONLY PARTS OF SENTENCE.....2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE.....4	→113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
113	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
114	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
115	What is your religion?	ROMAN CATHOLIC1 PROTESTANT.....2 NO RELIGION3 OTHER _____ 6 (SPECIFY)	
116	What is the main language spoken in your home?	AFRIKAANS01 DAMARA/NAMA02 ENGLISH03 HERERO04 KWANGALI.....05 LOZI.....06 OSHIWAMBO.....07 SAN08 TSWANA09 OTHER _____ 96 (SPECIFY)	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO2	→206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1230 421 1337 472"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME..... <table border="1" data-bbox="1230 472 1337 524"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... <table border="1" data-bbox="1230 667 1337 719"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE... <table border="1" data-bbox="1230 719 1337 770"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... <table border="1" data-bbox="1230 981 1337 1032"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD..... <table border="1" data-bbox="1230 1032 1337 1084"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL..... <table border="1" data-bbox="1230 1149 1337 1200"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING...1 MULT..2	BOY..1 GIRL..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	
02	SING...1 MULT..2	BOY..1 GIRL..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
03	SING...1 MULT..2	BOY..1 GIRL..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
04	SING...1 MULT..2	BOY..1 GIRL..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
05	SING...1 MULT..2	BOY..1 GIRL..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
06	SING...1 MULT..2	BOY..1 GIRL..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
07	SING...1 MULT..2	BOY..1 GIRL..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2
08	SING...1 MULT..2	BOY..1 GIRL..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES.....1 NO.....2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
09	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES.....1 NO.....2
10	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES.....1 NO.....2
11	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES.....1 NO.....2
12	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES.....1 NO.....2
13	SING...1 MULT...2	BOY...1 GIRL...2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES.....1 NO.....2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES.....1 NO.....2	<input type="text"/>
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>		
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1995 OR LATER. IF NONE, RECORD '0'.	<input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES.....1 NO2 UNSURE.....8	↳229
227	How many months pregnant are you? IF LESS THAN 1 MONTH, RECORD "00".	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO2	→233
230	When did the last such pregnancy end?	MONTH..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	How many months pregnant were you when the last such pregnancy ended? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/>	
233	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
234	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES.....1 NO2 DON'T KNOW.....8	↳301
235	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS1 DURING HER PERIOD2 RIGHT AFTER HER PERIOD HAS ENDED3 HALF WAY BETWEEN PERIODS4 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNISED, AND CODE 2 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?	
01	FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILISATION Men can have an operation to avoid having any more children.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2
05	INJECTIONS Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2
06	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2
07	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2
08	DIAPHRAGM /FOAM/JELLY Women can place a sponge, suppository, diaphragm, jelly or cream in their vagina before intercourse.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2
09	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2
11	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 <input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 <input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE 'YES' (NEVER USED) <input type="checkbox"/> AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/>		→306

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→323
305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
307	CHECK 302 (01): WOMAN NOT STERILISED <input type="checkbox"/> WOMAN STERILISED <input type="checkbox"/>		→310A
308	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→323
309	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→323
310	Which method are you using?	FEMALE STERILISATION A MALE STERILISATION B PILL C IUD D INJECTIONS E CONDOM G FEMALE CONDOM H DIAPHRAGM/FOAM/JELLY I RHYTHM/PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	1 →311 →313A
310A	CIRCLE 'A' FOR FEMALE STERILISATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.		
311	Where did the sterilisation take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 310, ASK 313-316 ABOUT FEMALE STERILISATION ONLY.	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTRE/CLINIC 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR'S OFFICE 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
312	CHECK 310: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'B' CIRCLED <input type="checkbox"/> Before your sterilisation operation, were you told that you would not be able to have any (more) children because of the operation? Before the sterilisation operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	<p>CHECK 318:</p> <p>CODE '1' CIRCLED <input type="checkbox"/> CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p style="text-align: center;">You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 311 OR 316).</p> <p>At that time, were you told about other methods of family planning that you could use? At that time, were you told about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	
321	<p>CHECK 310/310A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN 1 METHOD CIRCLED IN Q. 310/310A, CIRCLE THE HIGHEST METHOD ON THE LIST IN Q. 321.</p>	<p>FEMALE STERILISATION 01</p> <p>MALE STERILISATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTIONS 05</p> <p>CONDOM 06</p> <p>FEMALE CONDOM 07</p> <p>DIAPHRAGM/FOAM/JELLY 08</p> <p>RHYTHM, PERIODIC ABSTINENCE ... 09</p> <p>WITHDRAWAL 10</p> <p>OTHER 96</p>	<p>→401</p> <p>→401</p> <p>→401</p> <p>→401</p> <p>→401</p>
322	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTRE/CLINIC 12</p> <p>PHC CLINIC (MOBILE)..... 13</p> <p>COMMUNITY HEALTH WORKER..... 14</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH/SCHOOL 32</p> <p>FRIEND/RELATIVE 33</p> <p>TRADITIONAL BIRTH ATTENDANT . 34</p> <p>TRADITIONAL HEALER 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→401</p>
323	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→401</p>
324	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other places?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTRE/CLINIC B</p> <p>PHC CLINIC (MOBILE)..... C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>OTHER PRIVATE MEDICAL _____ I</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP J</p> <p>CHURCH/SCHOOL K</p> <p>FRIEND/RELATIVE L</p> <p>TRADITIONAL BIRTH ATTENDANT .. M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER _____ O</p> <p>(SPECIFY)</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1995 OR LATER <input type="checkbox"/> NO BIRTHS IN 1995 OR LATER <input type="checkbox"/>	→475	
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM 212 AND 216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN.....1 (SKIP TO 407)← LATER.....2 NOT AT ALL.....3 (SKIP TO 407)←	THEN.....1 (SKIP TO 414)← LATER.....2 NOT AT ALL.....3 (SKIP TO 414)←
406	How much longer would you like to have waited?	MONTHS..... 1 <input type="text"/> YEARS..... 2 <input type="text"/> DON'T KNOW.....998	MONTHS..... 1 <input type="text"/> YEARS..... 2 <input type="text"/> DON'T KNOW.....998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR..... A NURSE/MIDWIFE..... B OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... D OTHER..... X (SPECIFY) NO ONE..... Y (SKIP TO 414)←	
407A	Were you given an antenatal card for this pregnancy?	YES.....1 NO.....2 DOES NOT KNOW.....8	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS..... <input type="text"/> DON'T KNOW.....98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/> DON'T KNOW.....98	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> (SKIP TO 412) MORE THAN ONCE OR DK <input type="checkbox"/>	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
411	How many months pregnant were you the last time you received antenatal care?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
412	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 414) ← <input type="text"/> DON'T KNOW 8	
413	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8	
414	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
415	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 417) ← <input type="text"/> DON'T KNOW 8	YES 1 NO 2 (SKIP TO 417) ← <input type="text"/> DON'T KNOW 8
416	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
417	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y
418	Where did you give birth to (NAME)?	HOME YOUR HOME 11 (SKIP TO 421) ← <input type="text"/> OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH CLINIC 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 421) ← <input type="text"/>	HOME YOUR HOME 11 (SKIP TO 421) ← <input type="text"/> OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH CLINIC 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 421) ← <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
419	Did you pay anything for the delivery, either in cash or in goods or gifts?	CASH 1 GOODS/SERVICES..... 2 (SKIP TO 421) ← PAID NOTHING/FREE..... 3	
420	Altogether how much did you pay for the delivery: including examinations, laboratory tests, medicines, and staff fees?	COST .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
421	In the 4-6 weeks after the birth, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2
422	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	DOCTOR..... 1 NURSE/MIDWIFE 2 TRADITIONAL BIRTH ATTENDNT.. 3 OTHER _____ 6 (SPECIFY)	
423	Where did this first check take place?	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT.HEALTH CNTR/CLINIC.. 22 PHC CLINIC (MOBILE)..... 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
424	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2 DOES NOT KNOW/UNSURE 8	
425	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 427) ← NO 2 (SKIP TO 428) ←	
426	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 430) ←
427	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98
428	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT OR UNSURE <input type="checkbox"/> (SKIP TO 430) ←	
429	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 431) ←	
430	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98
431	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 436) ←	YES 1 NO 2 (SKIP TO 436) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
432	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS1 <input type="text"/> <input type="text"/> DAYS2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS1 <input type="text"/> <input type="text"/> DAYS2 <input type="text"/> <input type="text"/>
433	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 435) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 435) ←
434	Are you still breastfeeding (NAME)?	YES1 (SKIP TO 438) ← NO2	YES1 (SKIP TO 438) ← NO2
435	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98
436	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 437) (SKIP TO 438)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 437) (SKIP TO 438)
437	You said that (NAME) died. Did he/she die at home or in a hospital or clinic? FOR ANY KIND OF HEALTH FACILITY, CIRCLE CODE '2'.	AT HOME 1 AT HOSPITAL/CLINIC 2 ON WAY TO HOSPITAL/CLINIC 3 DON'T KNOW 8 ALL GO BACK TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 442	AT HOME 1 AT HOSPITAL/CLINIC 2 ON WAY TO HOSPITAL/CLINIC 3 DON'T KNOW 8 ALL GO BACK TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 442
438	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
439	Now I would like to ask you about the types of foods and liquids (NAME) was given yesterday. At any time yesterday or last night, was he/she given any of the following: Vitamins, minerals, or medicine? Plain water? Tinned, powdered, fresh milk or infant formula? Fruit juice, tea, soda? Any other liquids? Solid or semi-solid (mushy) food?	YES NO DK VITAMINS, MEDICINE 1 2 8 PLAIN WATER 1 2 8 MILK 1 2 8 FRUIT JUICE, TEA, SODA 1 2 8 OTHER LIQUIDS 1 2 8 MUSHY FOOD 1 2 8	YES NO DK VITAMINS, MEDICINE 1 2 8 PLAIN WATER 1 2 8 MILK 1 2 8 FRUIT JUICE, TEA, SODA . 1 2 8 OTHER LIQUIDS 1 2 8 MUSHY FOOD 1 2 8
440	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
441		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 442.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 442.

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
449	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448) _____ (SKIP TO 452) ← NO 2 (SKIP TO 452) ← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448) _____ (SKIP TO 452) ← NO 2 (SKIP TO 452) ← DON'T KNOW 8
450	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 453A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 453A) ← DON'T KNOW 8
451	Please tell me if (NAME) received any of the following vaccinations:		
451A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 451E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 451E) ← DON'T KNOW 8
451C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
451D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
451E	DPT vaccination, that is, an injection given in the thigh, usually at the same time as polio drops?	YES 1 NO 2 (SKIP TO 451G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 451G) ← DON'T KNOW 8
451F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
451G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunisation day campaign?	YES 1 NO 2 (SKIP TO 453A) ← NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 453A) ← DOES NOT KNOW 8 (SKIP TO 453A) ←	YES 1 NO 2 (SKIP TO 453A) ← NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 453A) ← DOES NOT KNOW 8 (SKIP TO 453A) ←
453	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL MENTIONED.	JULY 2000 (SECOND ROUND) A JUNE 2000 (FIRST ROUND) B JUNE 1999 (SECOND ROUND) C APRIL 1999 (FIRST ROUND) D	JULY 2000 (SECOND ROUND) A JUNE 2000 (FIRST ROUND) B JUNE 1999 (SECOND ROUND) C APRIL 1999 (FIRST ROUND) D
453A	Does (NAME) have a birth certificate? IF YES: may I see it please?	YES, SEEN 1 (SKIP TO 454) ← YES, NOT SEEN 2 NO 3 DON'T KNOW 8	YES, SEEN 1 (SKIP TO 454) ← YES, NOT SEEN 2 NO 3 DON'T KNOW 8
453B	Has (NAME)'s birth been registered?	YES 1 (SKIP TO 454) ← NO 2 DON'T KNOW 8 (SKIP TO 453D) ←	YES 1 (SKIP TO 454) ← NO 2 DON'T KNOW 8 (SKIP TO 453D) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
453C	Why is (NAME)'s birth not registered?	COSTS TOO MUCH..... 1 MUST TRAVEL TOO FAR 2 DID NOT KNOW IT SHOULD BE... 3 LATE, DIDN'T WANT TO PAY FINE 4 DOES NOT KNOW WHERE TO GO TO REGISTER..... 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	COSTS TOO MUCH..... 1 MUST TRAVEL TOO FAR..... 2 DID NOT KNOW IT SHOULD BE... 3 LATE, DIDN'T WANT TO PAY FINE 4 DOES NOT KNOW WHERE TO GO TO REGISTER..... 5 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8
453D	Do you know a place where you can get your child birth registered?	YES 1 NO 2	YES..... 1 NO 2
454	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW..... 8
455	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 457)←----- DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 457)←----- DON'T KNOW..... 8
456	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW..... 8
456A	Were the symptoms due to a problem in the chest or a blocked nose?	BLOCKED NOSE 1 PROBLEM IN CHEST 2 BOTH..... 3 OTHER 6 DON'T KNOW 8	BLOCKED NOSE 1 PROBLEM IN CHEST 2 BOTH..... 3 OTHER 6 DON'T KNOW..... 8
457	CHECK 454 AND 455: FEVER OR COUGH?	'YES' IN 454 OR "NO/DK" 455 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> ↓ (SKIP TO 463) </div> </div>	'YES' IN 454 OR "NO/DK" 455 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> ↓ (SKIP TO 463) </div> </div>
458	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 460)←-----	YES..... 1 NO 2 (SKIP TO 460)←-----
459	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT.HEALTH CNTR/CLINIC ...B PHC CLINIC (MOBILE)C COMMUN. HEALTH WORKER...D OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACYH PRIVATE DOCTOR.....I OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER.....N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT.HEALTH CNTR/CLINIC....B PHC CLINIC (MOBILE) C COMMUN.HEALTH WORKER... D OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR.....I OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N OTHER _____ X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
460	CHECK 454: HAD FEVER?	'YES' IN 454 <input type="checkbox"/> ↓ 'NO'/'DK' IN 454 <input type="checkbox"/> ↓ (SKIP TO 463)	'YES' IN 454 <input type="checkbox"/> ↓ 'NO'/'DK' IN 454 <input type="checkbox"/> ↓ (SKIP TO 463)
461	Did (NAME) take any medicine for the fever?	YES 1 NO 2 (SKIP TO 463) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463) ← DON'T KNOW 8
462	What medicine did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE MEDICINE IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	CHLOROQUINE A ANTIBIOTIC B PANADOL C IBUPROFEN/ACETAMINOPHEN ... D OTHER _____ X (SPECIFY) DON'T KNOW Z	CHLOROQUINE A ANTIBIOTIC B PANADOL C IBUPROFEN/ACETAMINOPHEN .. D OTHER _____ X (SPECIFY) DON'T KNOW Z
463	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 470A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 470A) ← DON'T KNOW 8
463A	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
464	Now I would like to know how much (NAME) was offered to drink during the diarrhoea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
465	When (NAME) had diarrhoea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
466	Was he/she given any of the following:	YES NO DK	YES NO DK
a	A fluid made from a special sachet called ORS?	FLUID FROM ORS SCHT . 1 2 8	FLUID FROM ORS PKT 1 2 8
b	Cereal, <i>ontaku</i> , <i>mageu</i> , or soup?	CEREAL/SOUP 1 2 8	CEREAL/SOUP 1 2 8
c	Milk, <i>omaere</i> , or infant formula?	MILK, FORMULA 1 2 8	MILK, FORMULA 1 2 8
467	Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 469) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469) ← DON'T KNOW 8
468	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
469	Did you seek advice or treatment for the diarrhoea?	YES 1 NO 2 (SKIP TO 470A) ←	YES 1 NO 2 (SKIP TO 470A) ←

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
472	CHECK 444, ALL COLUMNS: NUMBER OF <u>LIVING</u> CHILDREN BORN IN 1995 OR LATER ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→475																												
473	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility? Any others? DO NOT READ CODES. DO NOT SUGGEST ANSWERS. RECORD ALL MENTIONED.	CHILD ALWAYS USES TOILET01 THROW IN THE TOILET/LATRINE02 THROW OUTSIDE THE DWELLING03 THROW OUTSIDE THE YARD04 BURY IN THE YARD05 RINSE AWAY06 USE DISPOSABLE DIAPERS07 USE WASHABLE DIAPERS08 NOT DISPOSED OF09 OTHER _____ 96 (SPECIFY)																													
473A	Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms should cause you to take your child to a health facility right away? Any others? DO NOT READ CODES. DO NOT SUGGEST ANSWERS. RECORD ALL MENTIONED.	UNABLE TO DRINK OR BREASTFEED A CHILD BECOMES SICKER B CHILD DEVELOPS FEVER C CHILD HAS FAST BREATHING D CHILD HAS DIFFICULT BREATHING E CHILD HAS BLOOD IN STOOL F CHILD IS DRINKING POORLY G OTHER _____ Y (SPECIFY) OTHER _____ Z (SPECIFY)																													
474	CHECK 466a, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→475A																												
475	Have you ever heard of a special product called ORS you can get for the treatment of diarrhoea?	YES1 NO2	→476																												
475A	Do you have a sachet of ORS in your house now?	YES1 NO2																													
476	Did you sleep under a bednet last night?	YES1 NO2																													
477	Now I would like to ask you some questions about medical care for you yourself. Many things can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem, a small problem, or no problem for you? Not knowing where to go. Getting permission to go. Getting money needed for treatment. Not having a health facility nearby. Difficulty getting transport. Concern that the clinic staff are not helpful or kind.	<table border="1"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>SMALL PROBLEM</th> <th>NO PROBLEM</th> </tr> </thead> <tbody> <tr> <td>Not knowing where to go.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Getting permission to go.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Not having a health facility nearby.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Difficulty getting transport.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Concern that the clinic staff are not helpful or kind.</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		BIG PROBLEM	SMALL PROBLEM	NO PROBLEM	Not knowing where to go.	1	2	3	Getting permission to go.	1	2	3	Getting money needed for treatment.	1	2	3	Not having a health facility nearby.	1	2	3	Difficulty getting transport.	1	2	3	Concern that the clinic staff are not helpful or kind.	1	2	3	
	BIG PROBLEM	SMALL PROBLEM	NO PROBLEM																												
Not knowing where to go.	1	2	3																												
Getting permission to go.	1	2	3																												
Getting money needed for treatment.	1	2	3																												
Not having a health facility nearby.	1	2	3																												
Difficulty getting transport.	1	2	3																												
Concern that the clinic staff are not helpful or kind.	1	2	3																												
478	The last time you prepared a meal for your family, before starting, did you wash your hands?	YES1 NO2 NEVER PREPARED MEAL3																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
479	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke?	YES, CIGARETTES1 YES, PIPE2 YES, OTHER TOBACCO3 NO4	→481 →481 →482
480	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
481	How old were you when you first started smoking?	AGE <input type="text"/>	
482	Have you ever drunk an alcohol-containing beverage?	YES1 NO2	→484
483	In the last month, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS <input type="text"/> NONE/NEVER95	
484	Have you ever had a "Pap" smear to test for cervical cancer? PROBE: When a doctor or nurse takes a swab in your vagina and sends the slide to the laboratory for analysis?	YES1 NO2 DOES NOT KNOW/NOT SURE8	
485	Has a doctor or nurse ever felt your breasts to check for lumps that might be breast cancer?	YES1 NO2 DOES NOT KNOW/NOT SURE8	
486	CHECK 215: 1 OR MORE BIRTHS IN 1999 OR LATER <input type="checkbox"/> NO BIRTHS IN 1999 OR LATER <input type="checkbox"/>		→501
487	Do you have a card or other document with your own immunizations listed? IF YES: may I see it please?	YES, CARD SEEN1 YES, CARD NOT SEEN2 NO3 DOES NOT KNOW8	
487A	When you were pregnant with your last child, did you receive any injection to prevent him or her from getting convulsions after birth, that is an anti-tetanus injection in the top of your arm or shoulder?	YES1 NO2 DOES NOT KNOW8	→487C →487C
487B	How many doses of tetanus toxoid did you receive during your last pregnancy?	DOSES DURING LAST PREG. <input type="text"/> DOES NOT KNOW8	
487C	Did you receive any tetanus toxoid injection at any time <u>after</u> your last pregnancy?	YES1 NO2 DOES NOT KNOW8	→487E →487E
487D	How many doses of tetanus toxoid did you receive <u>after</u> your last pregnancy?	DOSES AFTER LAST PREG <input type="text"/> DOES NOT KNOW8	
487E	Did you receive any tetanus toxoid injection at any time <u>before</u> your last pregnancy, including during a previous pregnancy or between pregnancies?	YES1 NO2 DOES NOT KNOW8	→487G →487G
487F	How many doses of tetanus toxoid did you receive <u>before</u> your last pregnancy?	DOSES BEFORE <input type="text"/> DOES NOT KNOW8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
487G	When did you receive the most recent dose of tetanus toxoid? THIS REFERS TO THE MOST RECENT DOSE, WHETHER IT WAS DURING, AFTER OR BEFORE HER LAST PREGNANCY.	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	 →501
487H	How many years ago did you receive the most recent dose?	YEARS AGO <input type="text"/> <input type="text"/>	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED WITH CERTIFICATE..... 1 YES, MARRIED BY CUSTOM 2 YES, LIVING WITH A MAN..... 3 NO, NOT IN UNION 4	}→504
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED WITH CERTIFICATE..... 1 YES, FORMERLY MARRIED BY CUSTOM..... 2 YES, LIVED WITH A MAN 3 NO..... 4	→508 →511
503	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	}→508
504	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER..... 1 STAYING ELSEWHERE 2	
505	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO..... <input type="text"/> <input type="text"/>	
506	Does your husband/partner have any other wives besides yourself?	YES 1 NO 2 DOES NOT KNOW 8	→508 →508
507	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
508	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
509	CHECK 508: MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH..... 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→511
510	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>	
511	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER..... 00 AGE IN YEARS..... <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER .. 96	→521
512	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO..... 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→521
513	The last time you had sexual intercourse, was a condom used?	YES 1 NO..... 2	→513B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
513A	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD..... 02 TRUSTED PARTNER 03 PARTNER TESTED NEGATIVE/NO RISK..... 04 RESPONDENT DOESN'T LIKE..... 05 PARTNER REFUSED/OBJECTED..... 06 PARTNER DRUNK/ON DRUGS..... 07 WANTED TO GET PREGNANT 08 OTHER _____ 96 (SPECIFY)	→514								
513B	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/HES HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY)									
514	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER..... 01 MAN IS BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE..... 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→516								
515	For how long have you had a sexual relationship with this man?	DAYS 1 <table border="1" data-bbox="1268 1102 1374 1294"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS 2 MONTHS..... 3 YEARS 4									
516	Have you had sex with any other man in the last 12 months?	YES 1 NO 2	→521								
517	The last time you had sexual intercourse with another man, was a condom used?	YES 1 NO 2	→517B								
517A	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD..... 02 TRUSTED PARTNER 03 PARTNER TESTED NEGATIVE/NO RISK..... 04 RESPONDENT DOESN'T LIKE..... 05 PARTNER REFUSED/OBJECTED..... 06 PARTNER DRUNK/ON DRUGS..... 07 WANTED TO GET PREGNANT 08 OTHER _____ 96 (SPECIFY)	→518								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
517B	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/HE HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY)									
518	What is your relationship to this other man? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER 01 MAN IS BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→519A								
519	For how long have you had a sexual relationship with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 MONTHS 3 YEARS 4									
519A	Other than these two men, have you had sexual intercourse with anyone else in the last 12 months?	YES 1 NO 2	→521								
519B	The last time you had sexual intercourse with this other man, was a condom used?	YES 1 NO 2	→519D								
519C	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD 02 TRUSTED PARTNER 03 PARTNER TESTED NEGATIVE/NO RISK 04 RESPONDENT DOESN'T LIKE 05 PARTNER REFUSED/OBJECTED 06 PARTNER DRUNK/ON DRUGS 07 WANTED TO GET PREGNANT 08 OTHER _____ 96 (SPECIFY)	→519E								
519D	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/HE HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY)									
519E	What is your relationship to this other man? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER 01 MAN IS BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→520								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
519F	For how long have you had a sexual relationship with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	
520	In total, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	
521	Do you know of a place where one can get condoms?	YES 1 NO..... 2	→524																
522	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER/CLINIC B PHC CLINIC (MOBILE)..... C COMMUN.HEALTH WORKER D OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY..... H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP M CHURCH N FRIENDS/RELATIVES O TRAD'L BIRTH ATTENDANT P TRADITIONAL HEALER..... Q OTHER _____ X (SPECIFY)																	
523	If you wanted to, could you yourself get a condom?	YES 1 NO..... 2 DON'T KNOW/UNSURE 8																	
524	In the last few months have you heard about condoms: On the radio? On the television? In a newspaper or magazine?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2					
	YES	NO																	
RADIO	1	2																	
TELEVISION	1	2																	
NEWSPAPER OR MAGAZINE	1	2																	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 310/310A: NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/>		→613
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD..... 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT..... 3 UNDECIDED/DON'T KNOW: AND PREGNANT 4 NOT PREGNANT OR UNSURE..... 5	→604 →613 →610 →608
603	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS1 <input type="text"/> YEARS.....2 <input type="text"/> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT ... 994 AFTER MARRIAGE..... 995 OTHER _____ 996 (SPECIFY) DON'T KNOW..... 998	→609 →613 →609
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→610
605	CHECK 309: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→608
606	CHECK 603: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p style="text-align: center;"> WANTS <input type="checkbox"/> WANTS NO (MORE) <input type="checkbox"/> A/ANOTHER CHILD CHILDREN </p> <p> You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why? You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why? </p> <p>RECORD ALL MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p> NOT HAVING SEX.....A INFREQUENT SEX.....B MENOPAUSAL/HYSTERECTOMY.....C INFERTILED POSTPARTUM AMENORRHEICE BREASTFEEDINGF FATALISTICG </p> <p>OPPOSITION TO USE</p> <p> RESPONDENT OPPOSED.....I HUSBAND/PARTNER OPPOSED.....J OTHERS OPPOSED.....K RELIGIOUS PROHIBITION.....L </p> <p>LACK OF KNOWLEDGE</p> <p> KNOWS NO METHODM KNOWS NO SOURCEN </p> <p>METHOD-RELATED REASONS</p> <p> HEALTH CONCERNS.....O FEAR OF SIDE EFFECTSP LACK OF ACCESS/TOO FARQ COST TOO MUCH.....R INCONVENIENT TO USE.....S INTERFERES WITH BODY'S NORMAL PROCESSES.....T </p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW.....Z</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p> BIG PROBLEM.....1 SMALL PROBLEM2 NO PROBLEM.....3 SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX4 </p>	
609	<p>CHECK 310: USING A METHOD?</p> <p style="text-align: center;"> NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY <input type="checkbox"/> ASKED CURRENTLY USING </p>		→613
610	<p>Do you think you will use a method to delay or avoid pregnancy at any time in the future?</p>	<p> YES.....1 NO2 DON'T KNOW.....8 </p>	→612
611	<p>Which method would you prefer to use?</p>	<p> FEMALE STERILISATION01 MALE STERILISATION02 PILL03 IUD04 INJECTIONS05 CONDOM06 FEMALE CONDOM.....07 DIAPHRAGM, FOAM, JELLY.....08 RHYTHM, PERIODIC ABSTINENCE09 WITHDRAWAL10 </p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE98</p>	→613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX22 MENOPAUSAL/HYSTERECTOMY.....23 INFERRTILE24 WANTS AS MANY CHILDREN AS POSSIBLE26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD41 KNOWS NO SOURCE42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS52 LACK OF ACCESS/TOO FAR53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
613	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→615
614	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
615	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE1 DISAPPROVE2 DON'T KNOW/UNSURE3	
616	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO2	→618
617	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNERA MOTHERB FATHERC SISTER(S).....D BROTHER(S)E DAUGHTER.....F SONG MOTHER-IN-LAWH FRIENDS/NEIGHBORSI OTHER _____ X (SPECIFY)	
618	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→622

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
619	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES..... 1 DISAPPROVES..... 2 DON'T KNOW..... 8																					
620	How often have you talked to your husband/partner about family planning in the past year?	NEVER..... 1 ONCE OR TWICE..... 2 MORE OFTEN..... 3																					
621	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER..... 1 MORE CHILDREN..... 2 FEWER CHILDREN..... 3 DON'T KNOW..... 8																					
622	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She is tired or not in the mood? She has recently given birth? She knows her husband has sex with other women? She knows her husband has a sexually transmitted disease?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>TIRED/MOOD.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RECENT BIRTH.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WOMEN.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>HAS DISEASE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	TIRED/MOOD.....	1	2	8	RECENT BIRTH.....	1	2	8	OTHER WOMEN.....	1	2	8	HAS DISEASE.....	1	2	8	
	YES	NO	DK																				
TIRED/MOOD.....	1	2	8																				
RECENT BIRTH.....	1	2	8																				
OTHER WOMEN.....	1	2	8																				
HAS DISEASE.....	1	2	8																				
623	Sometimes a woman falls pregnant when she does not want to. Have you ever fallen pregnant when you didn't want to?	YES..... 1 NO..... 2	→701																				
624	How long ago did this happen to you? 'IF LESS THAN 1 YEAR, RECORD '00'	YEARS AGO..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
625	When that happened to you, did you feel like doing something about it?	YES..... 1 NO..... 2																					
626	Did you do something to end the pregnancy?	YES..... 1 NO..... 2																					

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>		<p>→703</p> <p>→707</p>
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES1 NO2	→706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY1 SECONDARY2 HIGHER3 DON'T KNOW8	→706
705	What was the highest (grade/form/year) he completed at that level?	GRADE <input type="text"/> DON'T KNOW98	
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<input type="text"/> <input type="text"/> <input type="text"/>	
707	Aside from your own housework, are you currently working?	YES1 NO2	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES1 NO2	→710
709	Have you done any work in the last 12 months?	YES1 NO2	→801
710	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
711	<p>CHECK 710:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND1 FAMILY LAND2 RENTED LAND3 SOMEONE ELSE'S LAND4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER1 FOR SOMEONE ELSE2 SELF-EMPLOYED3	
714	Do you usually work at home or away from home?	HOME1 AWAY2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR2 ONCE IN A WHILE.....3	
716	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY.....1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4	↳801
717	Who mainly decides how the money you earn will be used?	RESPONDENT1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/PARTNER JOINTLY3 SOMEONE ELSE4 RESPONDENT AND SOMEONE ELSE JOINTLY5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE1 LESS THAN HALF2 ABOUT HALF3 MORE THAN HALF4 ALL5 NONE, HER INCOME IS ALL SAVED.....6	

SECTION 8. AIDS AND OTHER SEXUALLY-TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES.....1 NO2	→815
801A	Where have you heard about AIDS? RECORD ALL MENTIONED.	RADIO A TELEVISION..... B NEWSPAPERS/MAGAZINES C DOCTOR, NURSE, HEALTH STAFF D FRIENDS/RELATIVES E OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO2 DON'T KNOW.....8	↓808
803	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES..... L SEEK PROTECTION FROM TRADITIONAL HEALER..... M AVOID SHARING RAZORS, BLADES N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES.....1 NO2 DON'T KNOW.....8	
805	Can a person get the AIDS virus from mosquito bites?	YES.....1 NO2 DON'T KNOW.....8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES.....1 NO2 DON'T KNOW.....8	
807	Can people protect themselves from getting the AIDS virus by not sharing food with a person who has AIDS?	YES.....1 NO2 DON'T KNOW.....8	
808	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO2 DON'T KNOW.....8	
809	Can the virus that causes AIDS be transmitted from a mother to a child?	YES.....1 NO2 DON'T KNOW.....8	↓810A
810	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted... During pregnancy? During delivery? During breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY 1 2 8 DURING BREASTFEEDING 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810A	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL1 MODERATE2 GREAT3 NO RISK AT ALL4 DON'T KNOW8	1 → 810C → 810D
810B	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	NOT HAVING SEX THESE DAYS A USE CONDOMS B HAS ONLY 1 PARTNER C HAS LIMITED NUMBER OF PARTNERS D OTHER _____ E (SPECIFY) DON'T KNOW X	→ 810D
810C	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	DO NOT USE CONDOMS A MULTIPLE PARTNERS B PARTNER HAS MANY PARTNERS C HAD TRANSFUSION/INJECTIONS D OTHER _____ E (SPECIFY) DON'T KNOW X	
810D	Since you have heard of AIDS have you changed your behaviour?	YES1 NO2 DON'T KNOW8	1 → 810F
810E	How have you changed your behaviour since you heard about AIDS? Any other ways? RECORD ALL MENTIONED.	STOPPED HAVING SEX A STARTED USING CONDOMS B STAYED WITH ONLY 1 PARTNER C REDUCED NUMBER OF PARTNERS D STOPPED SEX WITH PROSTITUTES E OTHER _____ F (SPECIFY) DON'T KNOW X	
810F	If a teacher has the AIDS virus but is not sick, should he or she be allowed to continue teaching in school?	YES1 NO2 DON'T KNOW8	
810G	If you knew that a shopkeeper or food seller had AIDS or the virus that causes it, would you buy food from him or her?	YES1 NO2 DON'T KNOW8	
811	CHECK 501: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT CURRENTLY MARRIED/ NOT LIVING WITH A MAN <input type="checkbox"/>		→ 812A
812	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES1 NO2	
812A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? In newspapers?	ACCEP- NOT TABLE- ACCEP- TABLE TABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS 1 2	
813	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE1 AVAILABLE TO COMMUNITY2 DK/NOT SURE8	
814	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES1 NO2 DK/NOT SURE/DEPENDS8	
814A	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES1 NO2 DK/NOT SURE/DEPENDS8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814B	We are interested to know how much demand there is in your community for HIV testing and counselling. I do not want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES.....1 NO2	→814E
814C	When you went to get tested, did the staff at the health facility talk to you about the consequences of getting the results?	YES.....1 NO2	
814D	I do not want you to tell me the results of the test, but have you been told the results?	YES.....1 NO2	→814H →814H
814E	Would you want to be tested for the AIDS virus?	YES.....1 NO2 DON'T KNOW/UNSURE8	
814F	Do you know a place where you could go to get an AIDS test?	YES.....1 NO2	→814I
814G	Where can you go for the test?	PUBLIC SECTOR GOVERNMENT HOSPITAL11 GOVT. HEALTH CENTER/CLINIC12	
814H	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC21 PHARMACY.....22 PRIVATE DOCTOR23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE BLOOD TRANSFUSION SERVICE ...31 OTHER _____ 96 (SPECIFY)	
814I	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES.....1 NO2	→815
814J	How well do (did) you know this person? IF MORE THAN 1 PERSON, ASK ABOUT THE CLOSEST PERSON.	CLOSE RELATIVE (PARENT, SIBLING) ..1 CLOSE FRIEND2 DISTANT RELATIVE (COUSIN, UNCLE) .3 ACQUAINTANCE/COLLEAGUE4	
815	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES.....1 NO2	→901
816	If a woman has a sexually transmitted disease, what symptoms might she have? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE..... C BURNING PAIN ON URINATION..... D REDNESS/INFLAMMATION IN GENITAL AREA..... E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J INABILITY TO GIVE BIRTH K NO SYMPTOMS..... L OTHER _____ X (SPECIFY) DON'T KNOW..... Z	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/>						
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→914
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____	
905	Is (NAME) male or female?	MALE1 FEMALE.....2	MALE..... 1 FEMALE..... 2	MALE1 FEMALE.....2	MALE 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE 1 FEMALE..... 2	
906	Is (NAME) still alive?	YES.....1 NO.....2 ↳GO TO 908 DK.....8 ↳GO TO [2]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [3]	YES.....1 NO.....2 ↳GO TO 908 DK.....8 ↳GO TO [4]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [5]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [6]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [7]	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]	
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>						
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]	
910	Was (NAME) pregnant when she died?	YES.....1 GO TO 913← NO.....2	YES..... 1 GO TO 913← NO..... 2	YES.....1 GO TO 913← NO.....2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	
911	Did (NAME) die during childbirth?	YES.....1 GO TO 913← NO.....2	YES..... 1 GO TO 913← NO..... 2	YES.....1 GO TO 913← NO.....2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2	YES..... 1 NO..... 2	YES.....1 NO.....2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>						

IF NO MORE BROTHERS OR SISTERS, GO TO 914							
904	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____
905	Is (NAME) male or female?	MALE1 FEMALE.....2	MALE1 FEMALE 2	MALE1 FEMALE2	MALE 1 FEMALE..... 2	MALE 1 FEMALE 2	MALE 1 FEMALE..... 2
906	Is (NAME) still alive?	YES1 NO.....2 ↳GO TO 908 DK8 ↳GO TO [8]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [9]	YES1 NO2 ↳GO TO 908 DK8 ↳GO TO [10]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [11]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [12]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [13]
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
910	Was (NAME) pregnant when she died?	YES1 GO TO 913↙ NO2	YES 1 GO TO 913↙ NO 2	YES1 GO TO 913↙ NO2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2
911	Did (NAME) die during childbirth?	YES1 GO TO 913↙ NO2	YES 1 GO TO 913↙ NO 2	YES1 GO TO 913↙ NO2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES1 NO2	YES 1 NO 2	YES1 NO2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 914							
914	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

SENTENCES FOR LITERACY TEST (Q. 111)

NOTE: These should be translated into all the languages that respondents might be literate in.

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.

MINISTRY OF HEALTH AND SOCIAL SERVICES AND CENTRAL BUREAU OF STATISTICS
 DEMOGRAPHIC AND HEALTH SURVEY 2000

10 September 2000

MAN'S QUESTIONNAIRE

IDENTIFICATION				
NAME AND CODE OF REGION * _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			
NAME OF VILLAGE/TOWN/CITY _____				
DHS CLUSTER NUMBER.....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
HOUSEHOLD NUMBER.....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
NAME OF HOUSEHOLD HEAD _____				
NAME AND LINE NUMBER OF MAN _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			

INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; float: right;"></table> MONTH <table border="1" style="width: 20px; height: 20px; float: right;"></table> YEAR <table border="1" style="width: 20px; height: 20px; float: right;"> <tr> <td style="width: 10px;">2</td> <td style="width: 10px;">0</td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> </tr> </table> INT.CODE <table border="1" style="width: 20px; height: 20px; float: right;"></table> RESULT <table border="1" style="width: 20px; height: 20px; float: right;"></table>	2	0		
2	0							
INTERVIEWER'S NAME	_____	_____	_____					
RESULT**								
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="width: 20px; height: 20px; float: right;"></table>				
TIME	_____	_____						
** RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)								

LANGUAGE			
LANGUAGE OF QUESTIONNAIRE: <u>ENGLISH</u>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">3</td> </tr> </table>		3
	3		
LANGUAGE OF INTERVIEW *** _____			
HOME LANGUAGE OF RESPONDENT*** _____			
WAS A TRANSLATOR USED? (YES=1, NO=2).....			
*** LANGUAGE CODES: 1 AFRIKAANS 3 ENGLISH 5 KWANGALI 7 OSHIWAMBO 2 DAMARA/NAMA 4 HERERO 6 LOZI 8 OTHER			

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="width: 20px; height: 20px; float: right;"></table>	NAME _____ <table border="1" style="width: 20px; height: 20px; float: right;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
DATE _____	DATE _____ <table border="1" style="width: 20px; height: 20px; float: right;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

* Region codes: CAPRIVI=01; ERONGO=02; HARDAP=03; KARAS=04; KHOMAS=05; KUNENE=06; OHANGWENA=07; KAVANGO=08; OMAHEKE=09; OMUSATI=10; OSHANA=11; OSHIKOTO=12; OTJOZONDJUPA=13.

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Services. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR MINUTES.....	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS..... ALWAYS.....95 VISITOR96	↳105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
105	In what month and year were you born?	MONTH..... DON'T KNOW MONTH98 YEAR..... DON'T KNOW YEAR.....9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
107	Have you ever attended school?	YES.....1 NO2	→111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY1 SECONDARY2 HIGHER.....3	
109	What is the highest grade you completed at that level?	GRADE.....	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→112
111	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT.	CANNOT READ AT ALL.....1 ABLE TO READ ONLY PARTS OF SENTENCE.....2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE.....4	→113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
113	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
114	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	What is your religion?	ROMAN CATHOLIC 1 PROTESTANT 2 NO RELIGION 3 OTHER _____ 6 (SPECIFY)	
116	What is the main language spoken in your home?	AFRIKAANS 01 DAMARA/NAMA 02 ENGLISH 03 HERERO 04 KWANGALI 05 LOZI 06 OSHIWAMBO 07 SAN 08 TSWANA 09 OTHER _____ 96 (SPECIFY)	
117	Are you currently working?	YES 1 NO 2	→120
118	Have you done any work in the last 12 months?	YES 1 NO 2	→120
119	What have you been doing most of the time during the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 INACTIVE 3 COULD NOT WORK/HANDICAPPED 4 OTHER _____ 6 (SPECIFY)	} →127
120	What is your occupation, that is, what kind of work do you mainly do?	<input type="checkbox"/> <input type="checkbox"/> _____ _____ _____	
121	CHECK 120: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→123
122	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
123	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
124	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4	<input type="checkbox"/> → 127
126	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE1 LESS THAN HALF2 ABOUT HALF3 MORE THAN HALF4 ALL5 NONE, HER INCOME IS ALL SAVED.6	
127	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you fathered any children?	YES1 NO2	→ 301
128	In total, how many living children do you have that you have fathered?	TOTAL LIVING CHILDREN <input type="text"/>	
129	Have any of your children died? In total, how many children have you fathered that have died?	NUMBER THAT DIED <input type="text"/>	

THERE IS NO SECTION 2.

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNISED, AND CODE 2 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	Have you ever used (METHOD)?
01	FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	
02	MALE STERILISATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES..... 1 NO 2
03	PILL Women can take a pill every day to stop them from becoming pregnant	YES 1 NO 2 ↘	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↘	
05	INJECTIONS Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↘	
06	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	YES..... 1 NO 2
07	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↘	
08	DIAPHRAGM /FOAM/JELLY Women can place a sponge, suppository, diaphragm, jelly or cream in their vagina before intercourse.	YES 1 NO 2 ↘	
09	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↘	YES..... 1 NO 2 DOES NOT KNOW 8
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	YES..... 1 NO 2
11	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ↘	
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 ↘	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 301 (06) AND 302 (06): HAS HEARD OF AND USED CONDOMS <input type="checkbox"/> HAS HEARD OF CONDOMS BUT HAS NEVER USED THEM <input type="checkbox"/> HAS NOT HEARD OF CONDOMS <input type="checkbox"/>		→310 →311
304	Now I would like to talk to you about condoms.. How old were you when you used a condom for the first time?	AGE AT FIRST USE <input type="text"/> DOES NOT REMEMBER..... 98	
305	Why did you use a condom that first time? Any other reason? CIRCLE ALL MENTIONED.	TO AVOID PREGNANCY A TO AVOID GETTING HIV/AIDS B TO AVOID GETTING AN STD C TO AVOID INFECTING PARTNER..... D OTHER _____ X (SPECIFY)	
306	Now when you have sex, do you use a condom every time, sometimes, or not at all?	EVERY TIME..... 1 SOMETIMES..... 2 NOT AT ALL..... 3 NOT HAVING SEX..... 4	→308 ↘308
307	When do you use a condom? RECORD ALL MENTIONED.	ON PARTNER'S FERTILE DAYS A DURING PARTNER'S MENSTRUATIONB B ONLY WITH A STRANGER C ONLY WITH A SEX WORKER..... D WITH ANYONE OTHER THAN REGULAR PARTNER/WIFE E OTHER _____ X (SPECIFY)	
308	Have you ever experienced any problems with using condoms? IF YES: What problems? RECORD ALL MENTIONED.	TOO EXPENSIVE A EMBARRASSING TO BUY B DIFFICULT TO DISPOSE OF C DIFFICULT TO PUT ON/TAKE OFF D SPOILS THE MOOD E REDUCES PLEASURE..... F PARTNER/WIFE DOES NOT LIKE..... G PARTNER/WIFE GOT PREGNANT H INCONVENIENT TO USE/MESSY I CONDOM BROKE J OTHER _____ X (SPECIFY) NO PROBLEM Y	
309	Where do you usually obtain condoms? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTRE/CLINIC 12 PHC CLINIC (MOBILE)..... 13 COMMUNITY HEALTH WORKER..... 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH/SCHOOL 32 FRIEND/RELATIVE 33 TRAD.BIRTH ATTENDANT 34 TRADITIONAL HEALER 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	I am going to read you some statements about condoms. Please tell me if you agree or disagree with each statement:		
		AGR DIS DK	
	a) Condoms reduce a man's pleasure.	REDUCE PLEASURE 1 2 8	
	b) A condom is very inconvenient to use.	INCONVENIENT..... 1 2 8	
	c) A condom can be re-used.	CAN BE RE-USED 1 2 8	
	d) A condom protects against disease.	PROTECTS AGAINST DIS ... 1 2 8	
	e) A woman has no right to tell a man to use a condom.	WOMAN HAS NO RIGHT..... 1 2 8	
311	I am going to read you some statements about contraception. Please tell me if you agree or disagree with each statement:		
		AGR DIS DK	
	a) Contraception is women's business and a man should not have to worry about it.	MAN SHOULDN'T WORRY .. 1 2 8	
	b) Women who are sterilised may become promiscuous.	PROMISCUOUS..... 1 2 8	
	c) Being sterilised for a man is the same as castration.	CASTRATION..... 1 2 8	
	d) A woman is the one who gets pregnant so she should be the one to get sterilised.	WOMAN SHOULD..... 1 2 8	
312	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke?	YES, CIGARETTES 1 YES, PIPE 2 YES, OTHER TOBACCO 3 NO 4	→314 →314 →315
313	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
314	How old were you when you first started smoking?	AGE <input type="text"/> <input type="text"/>	
315	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→501
316	In the last month, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE/NEVER.....95	→501
317	Have you ever gotten 'drunk' from drinking an alcohol-containing beverage?	YES 1 NO 2	→501
318	In the last month, how many times did you get 'drunk'?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE/NEVER.....95	

THERE IS NO SECTION 4.

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED WITH CERTIFICATE.....1 YES, MARRIED BY CUSTOM2 YES, LIVING WITH A WOMAN.....3 NO, NOT IN UNION4	}→504
502	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED WITH CERTIFICATE.....1 YES, FORMERLY MARRIED BY CUSTOM.....2 YES, LIVED WITH A WOMAN3 NO4	→507 →508
503	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED1 DIVORCED2 SEPARATED3	}→507
504	Do you have only one wife/woman, or do you have more than one woman with whom you are living as if married?	ONE WIFE1 TWO OR MORE WIVES2	→506
505	How many wives or women are you living with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
506	RECORD THE NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR ALL HIS WIVES AND LIVE-IN PARTNERS. IF ANY ARE NOT LISTED IN THE HOUSEHOLD, RECORD '00'. THE NUMBER OF LINES FILLED SHOULD EQUAL THE NUMBER OF WIVES/LIVE-IN PARTNERS HE TOLD YOU ABOUT IN 504/505.	NAME _____ LINE NO..... <input type="text"/> <input type="text"/> NAME _____ LINE NO..... <input type="text"/> <input type="text"/> NAME _____ LINE NO..... <input type="text"/> <input type="text"/> NAME _____ LINE NO..... <input type="text"/> <input type="text"/>	
507	How old were you when you first started living with a woman?	AGE..... <input type="text"/> <input type="text"/>	
508	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER.....00 AGE IN YEARS..... <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER96	→518
509	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO4 <input type="text"/> <input type="text"/>	→518
510	The last time you had sexual intercourse, did you use a condom?	YES1 NO2	→510E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510A	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD..... 02 TRUSTED PARTNER..... 03 PARTNER TESTED NEGATIVE/NO RISK..... 04 RESPONDENT DOESN'T LIKE..... 05 PARTNER REFUSED/OBJECTED..... 06 PARTNER DRUNK/ON DRUGS..... 07 WANTED WOMAN TO GET PREGNANT..... 08 OTHER _____ 96 (SPECIFY)	→511
510B	Did you or your partner use something to avoid a pregnancy?	YES..... 1 NO..... 2 DOES NOT KNOW/UNSURE..... 3	→510D →511
510C	What method did you or she use on that occasion?	FEMALE STERILISATION..... 01 MALE STERILISATION..... 02 PILL..... 03 IUD..... 04 INJECTIONS..... 05 FEMALE CONDOM..... 07 DIAPHRAGM/FOAM/JELLY..... 08 RHYTHM/PERIODIC ABSTINENCE..... 09 WITHDRAWAL..... 10 OTHER _____ 96 (SPECIFY)	→511
510D	What is the main reason you did not use a method to avoid pregnancy?	FERTILITY-RELATED REASONS CASUAL SEX PARTNER..... 11 WOMAN IS MENOPAUSAL, HAD HYSTERECTOMY..... 23 COUPLE UNABLE TO HAVE KIDS..... 24 PARTNER WAS PREGNANT..... 25 PARTNER RECENTLY DELIVERED AND NOT YET MENSTRUATING... 26 PARTNER WAS BREASTFEEDING... 27 WANTED HER TO GET PREGNANT . 28 OPPOSITION TO USE RESPONDENT OPPOSED..... 31 WIFE/PARTNER OPPOSED..... 32 OTHERS OPPOSED..... 33 RELIGIOUS PROHIBITION..... 34 LACK OF KNOWLEDGE KNOWS NO METHOD..... 41 KNOWS NO SOURCE..... 42 METHOD-RELATED REASONS HEALTH CONCERNS..... 51 FEAR OF SIDE EFFECTS..... 52 LACK OF ACCESS/TOO FAR..... 53 COST TOO MUCH..... 54 INCONVENIENT TO USE..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES..... 56 OTHER _____ 96 (SPECIFY) DOES NOT KNOW..... 98	→511

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
510E	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY..... 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY..... 3 DID NOT TRUST PARTNER/SHE HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY)									
511	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCEE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	WIFE/LIVE-IN PARTNER 01 WOMAN IS GIRLFRIEND/FIANCEE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→513								
512	For how long have you had a sexual relationship with this woman?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 MONTHS..... 3 YEARS 4									
513	Have you had sex with any other woman in the last 12 months?	YES 1 NO 2	→517A								
514	The last time you had sex with another woman, did you use a condom?	YES 1 NO 2	→514E								
514A	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD 02 TRUSTED PARTNER 03 PARTNER TESTED NEGATIVE/NO RISK 04 RESPONDENT DOESN'T LIKE 05 PARTNER REFUSED/OBJECTED 06 PARTNER DRUNK/ON DRUGS 07 WANTED WOMAN TO GET PREGNANT 08 OTHER _____ 96 (SPECIFY)	→515								
514B	Did you or your partner use something to avoid a pregnancy?	YES 1 NO 2 DOES NOT KNOW/UNSURE 3	→514D →515								
514C	What method did you or she use on that occasion?	FEMALE STERILISATION 01 MALE STERILISATION 02 PILL 03 IUD 04 INJECTIONS 05 FEMALE CONDOM 07 DIAPHRAGM/FOAM/JELLY 08 RHYTHM/PERIODIC ABSTINENCE..... 09 WITHDRAWAL..... 10 OTHER _____ 96 (SPECIFY)	→515								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
514D	What is the main reason you did not use a method to avoid pregnancy?	FERTILITY-RELATED REASONS CASUAL SEX PARTNER 11 WOMAN IS MENOPAUSAL, HAD HYSTERECTOMY..... 23 COUPLE UNABLE TO HAVE KIDS.... 24 PARTNER WAS PREGNANT..... 25 PARTNER RECENTLY DELIVERED AND NOT YET MENSTRUATING ... 26 PARTNER WAS BREASTFEEDING ... 27 WANTED HER TO GET PREGNANT . 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE..... 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS..... 52 LACK OF ACCESS/TOO FAR..... 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DOES NOT KNOW 98	→515								
514E	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY..... 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY..... 3 DID NOT TRUST PARTNER/SHE HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY)									
515	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCEE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	WIFE/LIVE-IN PARTNER 01 WOMAN IS GIRLFRIEND/FIANCEE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→515B								
515A	For how long have you had a sexual relationship with this woman?	DAYS 1 <table border="1" data-bbox="1217 1648 1323 1693"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1217 1697 1323 1742"><tr><td></td><td></td></tr></table> MONTHS..... 3 <table border="1" data-bbox="1217 1747 1323 1792"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1217 1796 1323 1841"><tr><td></td><td></td></tr></table>									
515B	Other than these two women, have you had sexual intercourse with anyone else in the last 12 months?	YES 1 NO 2	→517A								
516	The last time you had sex with this third woman, did you use a condom?	YES 1 NO 2	→516E								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516A	What is the main reason you did <u>not</u> use a condom on that occasion?	NOT AVAILABLE/COST TOO MUCH... 01 USED A FAMILY PLAN. METHOD..... 02 TRUSTED PARTNER 03 PARTNER TESTED NEGATIVE/NO RISK..... 04 RESPONDENT DOESN'T LIKE..... 05 PARTNER REFUSED/OBJECTED..... 06 PARTNER DRUNK/ON DRUGS..... 07 WANTED WOMAN TO GET PREGNANT 08 OTHER _____ 96 (SPECIFY)	→516F
516B	Did you or your partner use something to avoid a pregnancy?	YES 1 NO 2 DOES NOT KNOW/UNSURE 3	→516D →516F
516C	What method did you or she use on that occasion?	FEMALE STERILISATION..... 01 MALE STERILISATION 02 PILL 03 IUD 04 INJECTIONS 05 FEMALE CONDOM 07 DIAPHRAGM/FOAM/JELLY..... 08 RHYTHM/PERIODIC ABSTINENCE.... 09 WITHDRAWAL..... 10 OTHER _____ 96 (SPECIFY)	→516F
516D	What is the main reason you did not use a method to avoid pregnancy?	FERTILITY-RELATED REASONS CASUAL SEX PARTNER 11 WOMAN IS MENOPAUSAL, HAD HYSTERECTOMY..... 23 COUPLE UNABLE TO HAVE KIDS.... 24 PARTNER WAS PREGNANT..... 25 PARTNER RECENTLY DELIVERED AND NOT YET MENSTRUATING ... 26 PARTNER WAS BREASTFEEDING ... 27 WANTED HER TO GET PREGNANT . 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE..... 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS..... 52 LACK OF ACCESS/TOO FAR..... 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DOES NOT KNOW 98	→516F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
516E	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY..... 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY..... 3 DID NOT TRUST PARTNER/SHE HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY)									
516F	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCEE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	WIFE/LIVE-IN PARTNER 01 WOMAN IS GIRLFRIEND/FIANCEE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→517								
516G	For how long have you had a sexual relationship with this woman?	DAYS 1 <table border="1" data-bbox="1219 779 1326 831"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1219 831 1326 882"><tr><td></td><td></td></tr></table> MONTHS..... 3 <table border="1" data-bbox="1219 882 1326 934"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1219 934 1326 985"><tr><td></td><td></td></tr></table>									
517	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS <table border="1" data-bbox="1219 1025 1326 1077"><tr><td></td><td></td></tr></table>									
517A	Have you ever paid for sex?	YES 1 NO 2	→517D								
517B	How long ago was the last time you paid for sex?	DAYS AGO..... 1 <table border="1" data-bbox="1219 1196 1326 1247"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1219 1247 1326 1299"><tr><td></td><td></td></tr></table> MONTHS AGO..... 3 <table border="1" data-bbox="1219 1299 1326 1350"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1219 1350 1326 1402"><tr><td></td><td></td></tr></table>									
517C	The last time you paid for sex, did you use a condom?	YES 1 NO 2									
517D	CHECK 309: SOURCE NOT CIRCLED <input type="checkbox"/> SOURCE CIRCLED <input type="checkbox"/>		→521								
518	Do you know of a place where one can get condoms?	YES..... 1 NO 2	→520								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
519	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVT. HEALTH CENTER/CLINIC..... B</p> <p>PHC CLINIC (MOBILE)..... C</p> <p>COMMUN.HEALTH WORKER D</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY..... H</p> <p>PRIVATE DOCTOR I</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH..... N</p> <p>FRIENDS/RELATIVES..... O</p> <p>TRAD'L BIRTH ATTENDANT P</p> <p>TRADITIONAL HEALER Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>													
520	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													
521	<p>In the last few months have you heard about condoms:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION.....	1	2	NEWSPAPER OR MAGAZINE.....	1	2	
	YES	NO													
RADIO	1	2													
TELEVISION.....	1	2													
NEWSPAPER OR MAGAZINE.....	1	2													

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
601	Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 UNDECIDED/DON'T KNOW 8	→603 →603								
602	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> SOON/NOW 993 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998									
603	CHECK 510, 510B, 514, 514B, 516, 516B: 'NO/BLANK' IN ANY OF THE QUESTIONS <input type="checkbox"/> 'YES' IN ANY OF THE QUESTIONS <input type="checkbox"/>		→607								
604	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→606								
605	Which method would you prefer to use?	FEMALE STERILISATION 01 MALE STERILISATION 02 PILL 03 IUD 04 INJECTIONS 05 CONDOM 06 FEMALE CONDOM 07 DIAPHRAGM, FOAM, JELLY 08 RHYTHM, PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER _____ 96 (SPECIFY) UNSURE 98	→607								
606	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 WIFE/PARTNER MENOPAUSAL HAD HYSTERECTOMY 23 COUPLE UNABLE TO HAVE KIDS 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 128:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	→609
608	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	
609	<p>Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?</p>	<p>APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3</p>	
610	<p>In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?</p>	<p>YES 1 NO 2</p>	→612
611	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>WIFE/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I</p> <p>OTHER _____ X (SPECIFY)</p>	
612	<p>CHECK 501:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/></p>		→616
613	<p>Now I want to ask you about your wife's/partner's views on family planning.</p> <p>Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?</p> <p>IF MORE THAN ONE WIFE, ASK ABOUT THE FIRST LISTED IN Q.506.</p>	<p>APPROVES 1 DISAPPROVES 2 DON'T KNOW 8</p>	
614	<p>How often have you talked to your wife/partner about family planning in the past year?</p>	<p>NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3</p>	
615	<p>Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?</p>	<p>SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8</p>	
616	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p>	<p>YES NO DK</p> <p>NEGLECTS CHILDREN 1 2 8</p> <p>ARGUES WITH HIM 1 2 8</p> <p>REFUSES SEX 1 2 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
617	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>She is tired or not in the mood?</p> <p>She has recently given birth?</p> <p>She knows her husband has sex with other women?</p> <p>She knows her husband has a sexually transmitted disease?</p>	<p style="text-align: right;">YES NO DK</p> <p>TIRED/MOOD..... 1 2 8</p> <p>RECENT BIRTH 1 2 8</p> <p>OTHER WOMEN 1 2 8</p> <p>HAS DISEASE..... 1 2 8</p>	
618	<p>Do you think that if a wife refuses to have sex with her husband when he wants her to, he has the right to:</p> <p>Get angry and yell at her?</p> <p>Refuse to give her money or other means of financial support?</p> <p>Force her to have sex with him even if she doesn't want to?</p> <p>Have sex with another woman?</p>	<p style="text-align: right;">YES NO DK</p> <p>GET ANGRY AND YELL 1 2 8</p> <p>REFUSE TO SUPPORT..... 1 2 8</p> <p>FORCE HER TO HAVE SEX. 1 2 8</p> <p>HAVE ANOTHER WOMAN ... 1 2 8</p>	

THERE IS NO SECTION 7.

SECTION 8. AIDS AND OTHER SEXUALLY-TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→815
801A	Where have you heard about AIDS? RECORD ALL MENTIONED.	RADIO..... A TELEVISION..... B NEWSPAPERS/MAGAZINES C DOCTOR, NURSE, HEALTH STAFF D FRIENDS/RELATIVES E OTHER _____ W (SPECIFY) DON'T KNOW..... X	
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DON'T KNOW..... 8	↳808
803	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES..... L SEEK PROTECTION FROM TRADITIONAL HEALER..... M AVOID SHARING RAZORS, BLADES N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES.....1 NO.....2 DON'T KNOW..... 8	
805	Can a person get the AIDS virus from mosquito bites?	YES.....1 NO.....2 DON'T KNOW..... 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES.....1 NO.....2 DON'T KNOW..... 8	
807	Can people protect themselves from getting the AIDS virus by not sharing food with a person who has AIDS?	YES.....1 NO.....2 DON'T KNOW..... 8	
808	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DON'T KNOW..... 8	
809	Can the virus that causes AIDS be transmitted from a mother to a child?	YES.....1 NO.....2 DON'T KNOW..... 8	↳810A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted... During pregnancy? During delivery? During breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY 1 2 8 DURING BREASTFEEDING 1 2 8	
810A	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 DON'T KNOW 8	↳810C →810D
810B	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	NOT HAVING SEX THESE DAYS A USE CONDOMS B HAS ONLY 1 PARTNER C HAS LIMITED NUMBER OF PARTNERS D OTHER _____ E (SPECIFY) DON'T KNOW X	↳810D
810C	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	DO NOT USE CONDOMS A MULTIPLE PARTNERS B PARTNER HAS MANY PARTNERS C HAD TRANSFUSION/INJECTIONS D OTHER _____ E (SPECIFY) DON'T KNOW X	
810D	Since you have heard of AIDS have you changed your behaviour?	YES 1 NO 2 DON'T KNOW 8	↳810F
810E	How have you changed your behaviour since you heard about AIDS? Any other ways? RECORD ALL MENTIONED.	STOPPED HAVING SEX A STARTED USING CONDOMS B STAYED WITH ONLY 1 PARTNER C REDUCED NUMBER OF PARTNERS D STOPPED SEX WITH PROSTITUTES E OTHER _____ F (SPECIFY) DON'T KNOW X	
810F	If a teacher has the AIDS virus but is not sick, should he or she be allowed to continue teaching in school?	YES 1 NO 2 DON'T KNOW 8	
810G	If you knew that a shopkeeper or food seller had AIDS or the virus that causes it, would you buy food from him or her?	YES 1 NO 2 DON'T KNOW 8	
811	CHECK 501: CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> NOT CURRENTLY MARRIED/ NOT LIVING WITH A WOMAN <input type="checkbox"/>		→812A
812	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/the woman you are living with)?	YES 1 NO 2	
812A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? In newspapers?	ACCEP- NOT TABLE ACCEP- TABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS 1 2	
813	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES.....1 NO.....2 DK/NOT SURE/DEPENDS..... 8	
814A	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES.....1 NO.....2 DK/NOT SURE/DEPENDS..... 8	
814B	We are interested to know how much demand there is in your community for HIV testing and counselling. I do not want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES.....1 NO..... 2	→814E
814C	When you went to get tested, did the staff at the health facility talk to you about the consequences of getting the results?	YES.....1 NO..... 2	
814D	I do not want you to tell me the results of the test, but have you been told the results?	YES.....1 NO..... 2	→814H →814H
814E	Would you want to be tested for the AIDS virus?	YES.....1 NO.....2 DON'T KNOW/UNSURE..... 8	
814F	Do you know a place where you could go to get an AIDS test?	YES.....1 NO..... 2	→814I
814G	Where can you go for the test?	PUBLIC SECTOR GOVERNMENT HOSPITAL11 GOVT. HEALTH CENTRE12	
814H	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE BLOOD TRANSFUSION SERVICE....31 OTHER _____ 96 (SPECIFY)	
814I	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES.....1 NO..... 2	→815
814J	How well do (did) you know this person? IF MORE THAN 1 PERSON, ASK ABOUT THE CLOSEST PERSON.	CLOSE RELATIVE (PARENT, SIBLING) ..1 CLOSE FRIEND2 DISTANT RELATIVE (COUSIN, UNCLE)..3 ACQUAINTANCE/COLLEAGUE 4	
815	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES.....1 NO..... 2	→827

		MINUTES.....	
--	--	--------------	--

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

SENTENCES FOR LITERACY TEST (Q. 111)

NOTE: These should be translated into all the languages that respondents might be literate in.

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.