Suriname Multiple Indicator Cluster Survey 2000

MICS 2000

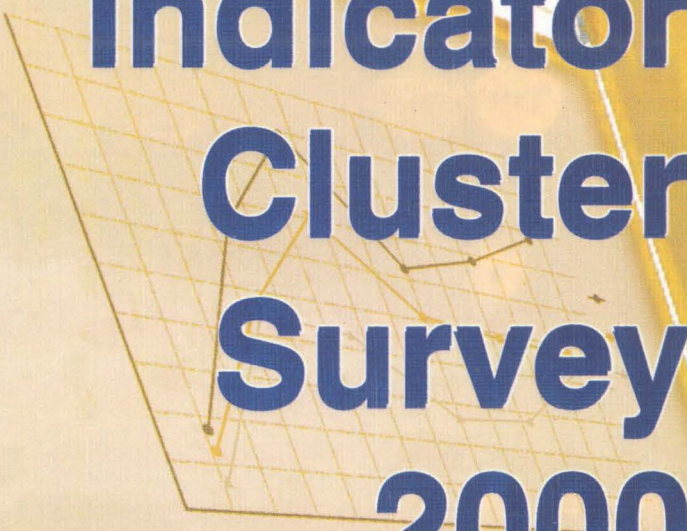

Figure 5: Percentage of under[illegible] children who are undernourished, Suriname, 1999-2000

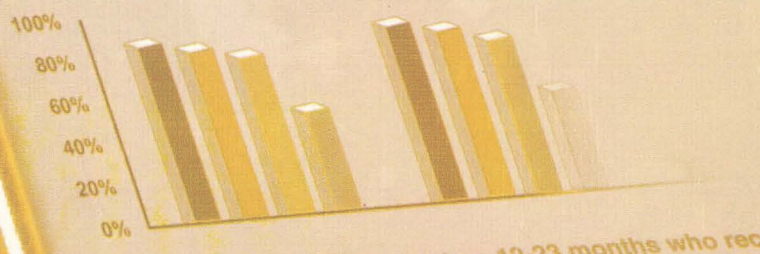

Figure 7: Percentage of children 12-23 months who received immunizations by age 12 months, Suriname, 1999-2000

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Government of Suriname

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Foreword and Acknowledgements

This report presents the final results of the Suriname Multiple Indicator Cluster Survey (Suriname MICS 2000). The implementation structure of Suriname MICS 2000 is comprised of a National Steering Committee, a Technical Committee and a MICS Coordinator.

The contribution of the members of the National Steering Committee, consisting of representatives of the following institutions, is gratefully acknowledged:
The Ministry of Social Affairs and Housing; the Ministry of Planning and Development Cooperation; the Ministry of Labour; the Ministry of Health; the Ministry of Education; the Medical Mission; the Regional Health Services (RGD); the Bureau of Public Health; the University of Suriname; the General Bureau of Statistics; PAHO; UNIFEM and UNDP.

The Technical Committee was instrumental in all the stages of the survey. We thank its members: Sonja Caffé Ph.D MPH, Drs. Marthelise Eersel MSPH, Drs. Ingrid Krishnadath MPH, Drs. Iwan Sno M.Sc, M.Eng Adrianus Vlugman and Drs. Heidi Wirjosentono.

A special word of thanks goes to the Medical Mission and its staff for specific support in implementing the MICS in the interior.

The success of the survey is due to the efforts of many individuals and institutions. We would like to especially mention the following persons: Tessa Wardlaw, Edilberto Loaiza, Roeland Monasch of UNICEF/New York; Samuel Bickles of UNICEF/TACRO; Marashetty Seenappa, Ndolamb Ngokwey, Elaine King of UNICEF/Barbados; Peter Chege, Sonja Caffé, Patrick De Milt and Orgine Renfurm of UNICEF Office Paramaribo; Alfredo Aliaga, Trevor Croft, Nicholas Hill, Ladys Ortiz of Macro International Inc. and Ann Blanc, Hasan Momin and Michel Sankara.

We owe a significant debt of gratitude to the fieldworkers, data-entry personnel, and administrative staff, underlining the exceptional contribution of Drs. Eartha Groenfelt. It goes without saying that without them there would have been no survey.

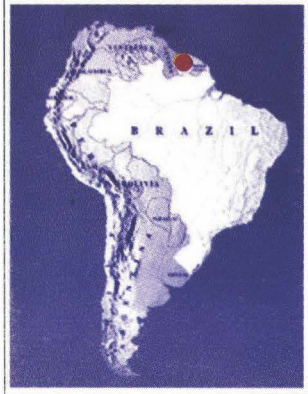
Finally, we are grateful to all the respondents for spending their valuable time to participate in the survey.

Dr. Jack Menke (MICS Coordinator)
March 2000

SURINAME

1. Paramaribo
2. Wanica
3. Para
4. Brokopondo
5. Commewijne
6. Saramacca
7. Coronie
8. Nickerie
9. Marowijne
10. Sipaliwini

South America



Executive Summary

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

The survey results show remarkable differences between the interior - that is mainly populated by maroons and indigenous people - on the one hand, and the urban and rural region on the other hand. Compared to the urban and rural region, the interior stands out by its unfavorable position on most of the indicators.

Infant and Under-Five Mortality

- Distortions in the MICS data on deaths among children preclude obtaining estimates of very recent mortality rates. An estimation based on the MICS data for the infant mortality rate is 29 per 1000 and for the under-five mortality rate 37 per 1000 around 1998 (preliminary Q-five estimations).

Education

- Approximately 78 percent of children of primary school age in Suriname are attending primary school. School attendance in the interior is significantly lower than in the rest of the country at 61.2 percent. At the national level, there is virtually no difference between male and female primary school attendance.
- Almost 84 percent of children who enter the first grade of primary school eventually reach grade five.
- The vast majority (86.2 percent) of the population over age 15 years is literate. The percentage literate declines from 91.7 percent among those aged 15-24 to 62.8 percent among the population aged 65 and older.

Water and Sanitation

- Approximately 73 percent of the population has access to safe drinking water - 92.6 percent in urban areas and 66.6 percent in rural areas. The situation in the interior is considerably worse than in other regions; only 20 percent of the population in this region gets its drinking water from a safe source.
- Eighty eight percent of the population of Suriname is living in households with sanitary means of excreta disposal. There are vast differences between the urban or rural regions with over 98 percent and the interior by 30.5 percent having sanitary means of excreta disposal.

Child Malnutrition

- Slightly over 13 percent of children under age five in Suriname are underweight or too thin for their age, and 2.1 percent are severely underweight. Approximately 10 percent of children are stunted or too short for their age and 6.5 percent are wasted or too thin for their height.
- Children whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with less education.

Breastfeeding

- Almost 13 percent of children aged under four months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 24.5 percent of children are receiving breast milk and solid or semi-solid foods. By age 20-23 months, only 11.1 percent are continuing to breastfeed.

Low Birth Weight

- Slightly over 11 percent of infants are estimated to weigh less than 2500 grams at birth. This percentage is somewhat higher than the average for the Latin America and Caribbean region (9 percent).

Immunization Coverage

- Approximately 89 percent of children aged 12-23 months received the first dose of DPT. The percentage declines for subsequent doses of DPT to 84.4 percent for the second dose, and 79.1 percent for the third dose.
- Similarly, 87.8 percent of children received Polio 1 by age 12 months and this declines to 78.5 percent by the third dose.
- The coverage for measles vaccine is lower than for the other vaccines at 60.2 percent.
- Slightly over half of children had all eight recommended vaccinations in the first 12 months of life.
- Male and female children are vaccinated at roughly the same rate.
- Vaccination coverage is highest among children whose mothers have secondary or higher education.

Diarrhea

- Eighty one percent of children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).
- Only 24.2 percent of children with diarrhea received increased fluids and continued eating as recommended.

Acute Respiratory Infection

- Slightly over 4 percent of under five children had an acute respiratory infection in the two weeks prior to the survey. Approximately 58 percent of these children were taken to an appropriate health provider.

IMCI Initiative

- Among under five children who were reported to have had diarrhea or some other illness in the two weeks preceding the MICS, 15.3 percent received increased fluids and continued eating as recommended under the IMCI programme.
- Nineteen percent of mothers know at least two of the signs that a child should be taken immediately to a health facility.

Malaria

- In the interior of Suriname with the highest level of malaria risk, 72.2 percent of under five children slept under a bednet the night prior to the survey interview. However, only about five percent of the bednets used are impregnated with insecticide.

HIV/AIDS

- Approximately 36 percent of women aged 12-49 know all three of the main ways to prevent HIV transmission - having only one uninfected sex partner, using a condom every time, and abstaining from sex.
- Slightly over 35 percent of women correctly identified three misconceptions about HIV transmission - that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected.
- Fifty six percent of women of reproductive age in Suriname know a place to get tested for AIDS and about 10 percent have been tested.

The percentage of women who have sufficient knowledge of HIV transmission and the percentage who know where to get tested for HIV increases dramatically with the level of education.

Contraception

- Current use of contraception was reported by 42.1 percent of married or in union women. The most popular method is the pill, which is used by one in four married women followed by female sterilization, which accounts for 9.3 percent of married women.

Prenatal Care

- Virtually all women in Suriname receive some type of prenatal care and 90.6 percent receive antenatal care from skilled personnel (doctor, nurse, midwife).

Assistance at Delivery

- A doctor, nurse, or midwife delivered about 85 percent of births occurring in the year prior to the MICS survey. This percentage is highest in the districts of Commewijne and Wanica at respectively 100 and 98.8 percent and lowest in the district of Brokopondo at 42.3 percent.

Birth Registration

- The births of 94.9 percent of children under five years in Suriname have been registered. This percentage is highest in the districts of Coronie and Para at respectively 100 and 99 percent and lowest in the district of Nickerie at 82.7 percent. There are no significant variations in birth registration across sex, age, or education.

Orphanhood and Living Arrangements of Children

- Overall, 62.2 percent of children aged 0-14 are living with both parents. Children who are not living with a biological parent comprise 7.8 percent and children who have one or both parents dead amount to 3.5 percent of all children aged 0-14.
- The situation of children in the interior differs from that of other children. In the interior, less than half of children live with both parents. Slightly over 34 percent live with their mother only although their father is alive and a relatively large proportion (10.4 percent) are living with neither parent.

Summary Indicators

World Summit for Children Indicators		
Under-five mortality rate	Probability of dying before reaching age five	37 per 1000
Infant mortality rate	Probability of dying before reaching age one	29 per 1000
Underweight prevalence	Proportion of under-fives who are too thin for their age	13.3 percent
Stunting prevalence	Proportion of under-fives who are too short for their age	9.9 percent
Wasting prevalence	Proportion of under fives who are too thin for their height	6.5 percent
Use of safe drinking water	Proportion of population who use a safe drinking water source	72.6 percent
Use of sanitary means of excreta disposal	Proportion of population who use a sanitary means of excreta disposal	88.0 percent
Children reaching grade five	Proportion of children entering first grade of primary school who eventually reach grade five	83.8 percent
Net primary school attendance rate	Proportion of children of primary school age attending primary school	77.5 percent
Literacy rate	Proportion of population aged 15+ years who are able to read a letter or newspaper	86.2 percent
Antenatal care	Proportion of women aged 12-49 attended at least once during pregnancy by skilled personnel	90.6 percent
Contraceptive prevalence	Proportion of married or in union women aged 12-49 who are using a contraceptive method	42.1 percent
Childbirth care	Proportion of births attended by skilled health personnel	84.5 percent
Birth weight below 2.5 kg.	Proportion of live births that weigh below 2500 grams	11.4 percent
Exclusive breastfeeding rate	Proportion of infants aged less than 4 months who are exclusively breastfed	12.8 percent
Timely complementary feeding rate	Proportion of infants aged 6-9 months who are receiving breast milk and complementary food	24.5 percent
Continued breastfeeding rate	Proportion of children aged 12-15 months and 20-23 months who are breastfeeding	42.9 percent (12-15) 11.1 percent (20-23)
DPT immunization coverage	Proportion of children immunized against diptheria, pertussis and tetanus by age one	79.1 percent
Measles immunization coverage	Proportion of children immunized against measles by age one	60.2 percent
Polio immunization coverage	Proportion of children immunized against polio by age one	78.5 percent
ORT use	Proportion of under-five children who had diarrhea in the last 2 weeks who were treated with oral rehydration salts or an appropriate household solution	81.0 percent
Home management of diarrhea	Proportion of under-five children who had diarrhea in the last 2 weeks and received increased fluids and continued feeding during the episode	24.2 percent
Care seeking for acute respiratory infections	Proportion of under-five children who had ARI in the last 2 weeks and were taken to an appropriate health provider	57.8 percent
Preschool development	Proportion of children aged 36-59 months who are attending some form of organized early childhood education program	36.9 percent

Indicators for Monitoring Children's Rights		
Birth registration	Proportion of under-five children whose births are reported registered	94.9 percent
Children's living arrangements	Proportion of children aged 0-14 years in households not living with a biological parent	7.8 percent
Orphans in household	Proportion of children aged 0-14 years who are orphans living in households	0.2 percent (both parents) 3.5 percent (one parent)
	Indicators for Monitoring IMCI and Malaria	
Home management of illness	Proportion of under-five children reported ill during the last 2 weeks who received increased fluids and continued feeding	15.3 percent
Care seeking knowledge	Proportion of caretakers of under-five children who know at least 2 signs for seeking care immediately	19.0 percent
Bednets	Proportion of under-five children who sleep under an insecticide impregnated bednet	4.6 percent (high risk areas only)
	Indicators for Monitoring HIV/AIDS	
Knowledge of preventing HIV/AIDS	Proportion of women who correctly state the 3 main ways of avoiding HIV infection	35.6 percent
Knowledge of misconceptions of HIV/AIDS	Proportion of women who correctly identify 3 misconceptions about HIV/AIDS	35.3 percent
Knowledge of mother to child transmission	Proportion of women who correctly identify means of transmission of HIV from mother to child	31.3 percent
Attitude to people with HIV/AIDS	Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS	49.3 percent
Women who know where to be tested for HIV	Proportion of women who know where to get a HIV test	56.1 percent
Women who have been tested for HIV	Proportion of women who have been tested for HIV	10.3 percent

I. Introduction

In 1989 the Convention on the Rights of the Child was unanimously adopted by the General Assembly of the United Nations. This convention sets universal legal standards for the protection of children against neglect, abuse and exploitation and for promotion of basic rights for survival, development and full participation in social, cultural, and other aspects of community life.

In September 1990 the largest gathering of world leaders in history assembled at the United Nations to attend the World Summit for Children. The World Summit adopted a Declaration and Plan of Action to reach a set of goals for children in the 1990s with regard to survival, development, protection and participation.

The Plan of Action urged for concerted national action and international cooperation to strive for the achievement of the goals by the year 2000 and for the establishment of mechanisms to monitor and measure progress towards the goals. In 1995 countries were called to prepare mid-decade progress reports. In order to assist countries to implement mid-decade assessments, UNICEF and other collaboration UN agencies developed MICS - Multiple Indicator Cluster Survey- as a tool and supported several countries to implement MICS. Based on experiences and lessons learnt, MICS was improved and adjusted for end-decade assessments.

Suriname participated at the highest level in the World Summit for Children and in 1993 Suriname ratified the Convention on the Rights of the Child. In order to adequately fulfill the end-decade reporting responsibilities, the Government of Suriname decided in 1999 to undertake a MICS with UNICEF support. A National Steering Committee was formed to achieve a broad-based government and non-government input and support for the survey implementation and reporting, in order to foster community ownership for the final survey report. The MICS Steering Committee consists of representatives of relevant government and non-government agencies. A Technical Committee was also formed to give technical support to the MICS Coordinator to prepare and implement a survey of high quality. The TC members are experts, covering all the technical aspects of the MICS. The Ministry of Social Affairs and Housing coordinated the data entry. The preparation of the survey and the fieldwork were implemented with the institutional support and facilities of the Foundation for Information and Development (SWI). UNICEF provided most of the funding.

This report presents the final results on the principal topics covered in the survey and on a subset of indicators.

I.1 Geography, Population and Economy

Geography

Suriname is located in the northern coast of South America. It is bordered in the north by the Atlantic Ocean, in the south by Brazil, in the east by French Guyana and in the west by Guyana. The country covers an area of 163,820 square kilometers. Topographically there is a subdivision of the country into the coastal lowlands, the savanna and the highlands in the south with its tropical rain forest. Suriname is divided into 10 districts, the main administrative division. These districts are subdivided into 62 'ressorten'. The capital city is Paramaribo, located in the northern coastal area.

Population

According to official sources the population was estimated 422,000 as of december in 1997 (based on the last census that was held in 1980), while unofficial sources estimate the population at 460,000 in 1999. More than 80 percent of the population lives in the coastal lowland bordering the Atlantic Ocean. The population density of 2.5 is among the lowest in South America. There are vast differences in population density in the country. About 70 percent of the population lives in the mainly urban districts of Paramaribo and Wanica, which occupy only 0.4 percent of the total land area (General Bureau of Statistics 1997). The Sipaliwini district is situated in the interior, a southern region with a vast rain forest. This district occupies 80 percent of the land area with a density of only 0.2 inhabitants per square kilometer.

The population is multi-ethnic with 16 ethno-linguistic groups. The major groups in the urban and rural areas are Hindustani, Creoles, and Javanese. The population in the interior consists predominantly of maroons and indigenous people with a variety of ethno-linguistic groups.

Economy

Suriname has a small open economy. Since the 1980s the economy experienced several adjustment shocks due to external and internal developments: the decline in the bauxite mining and processing sector (the mainstay of the economy) in the 1980s; the suspension of Dutch development aid in the 1980s; and the implementation of structural adjustment policies in the 1990s.

Economic policies in the 1988-1996 period were strongly influenced by Holland, the most important financial donor of Suriname. The implementation of a structural adjustment program became a pre-requisite to restore the flow of Dutch development aid, which was suspended from 1982-1987. Against the background of an increasing government budget deficit, a growing shortage in foreign exchange within the formal economy and a massive devaluation of the Surinamese currency, a structural adjustment program (SAP) was implemented in 1993. After a short period of further deterioration of the macroeconomic situation from 1993-1995, a period of monetary stabilization was reached in 1996. From 1997-2000 the parallel exchange rate increased enormously with a peak of 2,100 Surinamese guilders for 1 US dollar in July 2000.

After a short revival of GDP growth in 1995-1997, the growth decreased to 0.7 percent in 1998 in the context of a worsening macroeconomic and monetary environment which affected the standard of living negatively until today. By 2000, bauxite mining and processing is still the pillar of the economy while the public sector still maintains its position as the most important sector in terms of formal employment and contribution to GDP.

Unemployment data in Suriname pertain only to the Districts of Paramaribo and Wanica. Unemployment (ILO definition, both sexes combined) in the nineties reached a high of 17.2 percent in 1992 and a low of 8.4 percent in 1995. For 1999 the estimate was 14 percent.

As regards income inequality it should be noted that, using Consumption Expenditure as a proxy for Income, since it is well-known that income data are unreliable most of the time, the situation has worsened over a 30-years span. While in the 1968/1969 Household Budget Survey a Gini-coefficient of 0.2522 was obtained, the figure for the 1999/2000 survey turned out 0.4552 (General Bureau of Statistics, January 2001).

I.2 Survey Objectives

The 2000 Suriname Multiple Indicator Cluster Survey (Suriname MICS 2000) has as its primary objectives:

- To provide internationally comparable up-to-date information for assessing the situation of children and women in Suriname at the end of the decade;

- To furnish data needed as input to the National Plan of Suriname on children;

- To contribute to the improvement of data and monitoring systems in Suriname and to technical expertise in the design, implementation, and analysis of such systems.

II. Survey Methodology

II.1 Survey Organization and Personnel

Suriname MICS 2000 was a national survey carried out under supervision of the Ministry of Social Affairs and Housing of the Republic of Suriname with institutional and academic support of the Foundation for Information and Development (SWI). The Medical Mission in Suriname provided logistical assistance. The UNICEF and Macro International Inc. (USA) provided technical assistance. The UNICEF and UNDP provided financial assistance.

In September 1999 an implementation structure was developed comprising a MICS Steering Committee, a Technical Committee and a MICS Coordinator. The main function of the MICS Steering Committee was to achieve a broad-based government and non-government input in, and support for the survey implementation and reporting, in order to foster community ownership for the final survey report. The MICS Steering Committee consisted of representatives of relevant government and non-government agencies.

A Technical Committee (TC) was installed to give technical support to the MICS Coordinator to prepare and implement a survey of high quality. Various drafts of a MICS implementation Plan were designed and were discussed at length with the Technical Committee, consultants, and the Steering Committee. This resulted in 4 adjustments of the implementation plan. Finally, a MICS implementation plan for Suriname was produced, dated November 16, 1999.

Human resource recruitment and training were considered critical to enable a smooth implementation and high quality of the survey. To this end the following categories of personnel were recruited and trained:

- full-time and part-time support personnel (survey sampling, logistics, administrative support);
- listing and mapping personnel;
- field workers (supervisors, interviewers, editors and drivers)
- data-entry typists

Most of the listers and fieldworkers were students of the Medical, Social and Technical Faculty of the University of Suriname.

II.2 Sample Design

The sample for the Suriname MICS 2000 was designed to provide estimates of health indicators at several levels. The sample was stratified into three strata: urban, rural, and interior. The urban and rural strata are comprised of districts located in the coastal area while the interior is comprised of districts in the rain forest populated mainly by maroons (descendants of escaped slaves) and indigenous people. The sampling frame was composed of 449 'stemburo's' (the smallest administrative divisions used in national elections).

The sample was selected in two stages. At the first stage, 123 'stemburo's (clusters) were selected with probability proportional to size (Table II.1). Within the 123 selected clusters, 4,671 households were identified by drawing a systematic sample. It is important to stress that the procedure to identify and select households in the urban and rural strata differs from the procedure used in most clusters of the interior stratum. In all 108 urban and rural clusters as well as in 4 interior clusters (2 in district of Para and 2 in district of Marowijne) dwellings were selected prior to the identification of households.

In the remaining 11 clusters of the Brokopondo and Sipaliwini districts in the interior, female persons on an up to date patient's lists with female representatives of family units of the Medical Mission were selected prior to the identification of households, rather than dwellings (Appendix A: Table 1).

Table II.1 Suriname by strata and clusters

Stratum	Type of settlements	Number of clusters
Paramaribo	Urban	56
Wanica	Urban	10
Nickerie	Urban	4
Wanica	Rural	12
Nickerie	Rural	7
Coronie	Rural	2
Saramacca	Rural	3
Commewijne	Rural	7
Marowijne	Rural	4
Para	Rural	3
Marowijne	Interior	2
Para	Interior	2
Brokopondo	Interior	2
Sipaliwini	Interior	9
Total	**14**	**123**

The household is operationally defined as one or more persons who live and sleep at least 4 days per week on the address selected and using collectively basic facilities and needs. This definition was applied in all districts. However as a consequence of the different selection procedure applied in all 11 clusters in two interior districts (Brokopondo and Sipaliwini) the operational definition of households might differ slightly from the 108 clusters in the urban and rural districts together with the 4 interior clusters in the Para and Marowijne districts, due to a different sampling frame used.

In the sample design the overall sample size was determined based on the UNICEF recommendation for the minimum number of cases to estimate vaccine coverage for children age 12-23 months as follows. For selection in the sample of 1 targeted child (assuming children age 12-23 months are 2.5 percent of the total household population) 40 individuals must be drawn in the sample (100/2.5=40). With an expected mean household size of 5 this results in 8 households (40/5=8). To include 512 targeted children in the sample, the number of households to be selected is 512 x 8 = 4,096. Allowing for possible non-response of 8 percent this results in a preliminary sample size of 4,452 households.

The actual sample of 4,397 dwellings was drawn from the listings in 8 urban and rural districts and from the patient's list of the Medical Mission in 2 interior districts. In this sample of dwellings 4,692 households were identified. The attained sample of households (households with a complete interview) was 4,293 and the number of targeted children (12-23 months) completed was 376. This is lower than the expected 512 in the sample design with 4,096 expected households. The lower number is among others due to:

i) a lower proportion of targeted children (12-23 months) found in the actual household population than the assumption of 2.5% made in the sample design;

ii) a lower mean of 4 household members found in the actual household population than the assumption of 5 made in the sample design.

Because of differences between the estimated and actually sampled households in the three strata, the actual sample is not self-weighting at the national level. For analyzing and reporting national level results, the sampling fractions and weights (1/sampling fraction) are calculated for the three strata in table II.2 (see details in Appendix A: Table 2).

Table II.2 Strata by sampling fractions and weights

Strata	Sampling fraction	Weight
Urban	0.139119	7.188091
Rural	0.142170	7.033833
Interior	0.086461	11.565908

II.3 Listing and Mapping

The listing of dwellings in the 123 sampled clusters was implemented from October to November 1999. Unlike the previous MICS procedures, to make rough listing sketches and to sample directly at the second stage (households), the listing and mapping of dwellings was implemented prior to the interviewing. This was done in108 clusters of 8 districts in the urban and rural areas. In the 15 remaining clusters of two districts in the interior (Brokopondo and Sipaliwini), lists of patients of the Medical Mission were used for sampling households.

After having selected the clusters, the location of these areas was examined by using available maps. In most cases one had to start from scratch. Instructions were given to listers to draw a map and to make a list of dwellings, containing one line of information for each dwelling. Since in rural and tribal areas house numbers were seldom available, listers were instructed to look for identifying information, like type and color of house. Landmarks (waterpower, shop, milestones, and bridges) were drawn on the maps in order to facilitate the identification of sampled dwellings in the interviewing stage. The listed dwellings and their description were registered per cluster in a database.

Following the listing, manual mapping was performed based on the raw material of the listed clusters. The mapping was executed according to procedures in academic literature (Kish 1965) and guidelines from Demographic Health Survey (DHS). Finally, the database of listed dwellings with the map of each corresponding cluster was compared to guarantee quality.

II.4 Questionnaires

In addition to a household questionnaire, questionnaires were administered in each household for women aged 12-49 and children under age five. The questionnaires are based on the MICS model questionnaire excluding the child labor, salt iodization, tetanus toxoid, and vitamin A modules. A few questions on household expenditure and income were added to estimate income poverty. From the MICS model English version, the questionnaires were adapted and translated into two languages: Dutch and Sranan (Suriname's lingua franca). The questionnaires were pretested during November 1999. Based on the results of the pretest, modifications were made to the wording and translation of the questionnaires.

II.5 Fieldwork and Processing

A total of 65 interviewers were recruited from areas where they would eventually conduct the fieldwork. The field staff was initially trained in November 1999 with additional training in December. The field workers for the interior were health assistants in the Medical Mission who were trained in January 2000. In the urban and rural areas, 5 teams collected the data. Each team consisted of 3-5 interviewers, one field editor and a supervisor/driver. In the interior, 4 small teams of 1-2 interviewers did interviewing. Fieldwork in the interior was supervised by the MICS Coordinator with support of a member of the Technical Committee who works in health management in the interior. The fieldwork began in November 1999 and concluded in April 2000.

A total of 10 data entry typists were recruited and trained in a three-day training course using the software program Epi-Info. Data were entered on 5 microcomputers. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Data processing began in February 2000 and finished in April 2000.

II.6 Strengths and Weaknesses

One of the strengths of Suriname MICS was the broad-based government and non-government input in and support achieved for the survey implementation, in order to foster community ownership for the final survey report. To this end a MICS Steering Committee consisting of representatives of relevant government and non-government agencies was involved successfully from the start.

The human resources involved in the preparation and implementation in most areas contributed to the quality and the implementation slightly longer than the time schedule, except the data-entry and processing. The project had the advantage of a well-trained staff in training and planning of the fieldwork, a Technical Committee with professional and specific skills, and the availability during the day and evening of core staff and administrative personnel.
The quality of the human resources and expertise was reflected particularly in listing and mapping, which was executed as a separate and professional activity prior to the interviewing. Further, the high level of formal education, the quality and high morale of the fieldworkers, field supervisors and editors contributed to both quality and response rates of data collection.

One of the weaknesses relates to the financial planning and budgeting, which is mainly due to the drastic changes of the parallel exchange rate for the US dollar, resulting in about 30-500 percent higher costs for some core activities, such as car renting. The bureaucratic procedures for purchasing equipment caused some delay in the project implementation. Delay in listing activities was due to poor contribution of official government institutions to make relevant data available in order to identify borders of clusters easily. Most problems were with data-entry. The accuracy of some of the data-entry typist was below the required norms, which caused serious delays and problems in data cleaning, data processing and producing the final data.

III. Sample Characteristics and Data Quality

III.1 Sample Coverage and Response Rates

In a sample of 4,397 dwellings, 4,692 households were selected of which 4,585 were found to be occupied (Table III.1). Of these 4,585 households, 4,293 were successfully interviewed for a household response rate of 93.6 percent. In the interviewed households, 5,055 eligible women (age 12-49) were identified. Of these, 4,555 were successfully interviewed, yielding a response rate of 90.1 percent. In addition, 1,961 children under age 5 were listed in the household questionnaire. Of these, questionnaires were completed for 1,885 for a response rate of 96.1 percent.

Table III.1 Number of households and women, and response rates, Suriname, 1999-2000 (unweighted)

	Stratum			Total
	Urban	Rural	Interior	
Sampled households	2600	1579	513	4692
Occupied households	2541	1554	490	4585
Completed households	2313	1495	485	4293
Household response rate	**91.0**	**96.2**	**99.0**	**93.6**
Eligible women	2698	1813	544	5055
Interviewed women	2392	1640	523	4555
Women response rate	**88.7**	**90.5**	**96.1**	**90.1**
Children under 5	929	658	374	1961
Interviewed children under 5	889	633	363	1885
Child response rate	**95.7**	**96.2**	**97.1**	**96.1**

Of the three units (households, women and children) women have the lowest response rate. This is mainly due to working women who were not at home during the first and second interviewers' contact. From the point of view of the country stratification, the interior has the highest and the urban strata the lowest response rate for each of the three research units.

Analysis of the non-response at the household level shows that the largest non-response category is 'not at home' by 4.2 percent of all the households found. In the urban strata the proportion is highest by 5.7 percent and in the interior the proportion is lowest by 0.4 percent. There is a fairly low overall percentage of 2.2 percent refusals, which is also lowest for the interior by 0.6 percent and highest for the urban strata by 3.2 percent. Appendix A: Table 2 contains a detailed overview of the non-response categories.

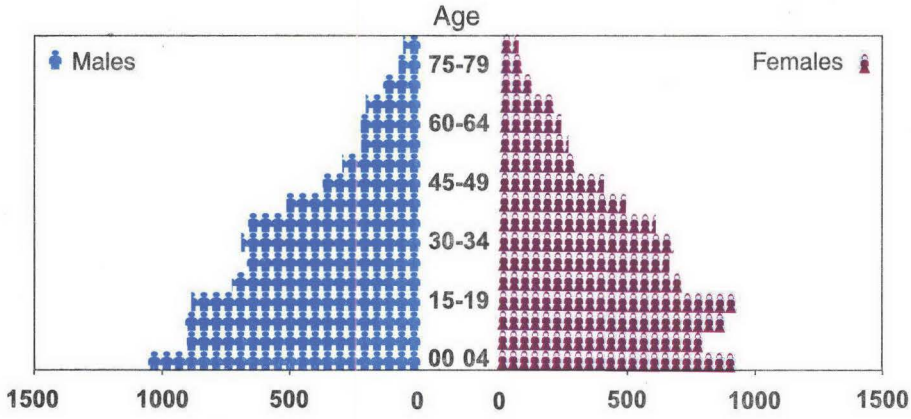
III.2 Demographic Analysis

Fertility, Mortality and Migration are the only determinants of the size and (age-sex) composition of a population. In sample surveys most attention is given to Fertility and Mortality, especially given the extensive indirect methods of estimating fertility and mortality. This section starts with an analysis of age reporting and then moves on with some minor attention to fertility. Mortality, especially infant and under-five mortality, are not treated here, as they are separately being treated in chapter IV.

Age reporting

Age is the most important variable in the study of many demographic phenomena. Age reporting is subject to many errors, inter alia age heaping (also called digit preference), age shifting, reporting of extreme old age and failure to report age. The 4,293 households responding in the MICS survey yielded 17,071 persons of which 8,566 males and 8,505 females, of which there were 185 cases with age missing or unknown. The slight male excess is in line with estimates of the General Bureau of Statistics (GBS, 1999), reporting that as of 1991 the number of males surpassed the number of females, due to the migration pattern between 1980 and 1997, which generally exhibits an excess of female outmigration. Below we present the Population Pyramid for quinquennial MICS data (Figure 1).

Figure 1: Population Pyramid, Suriname, 1999-2000

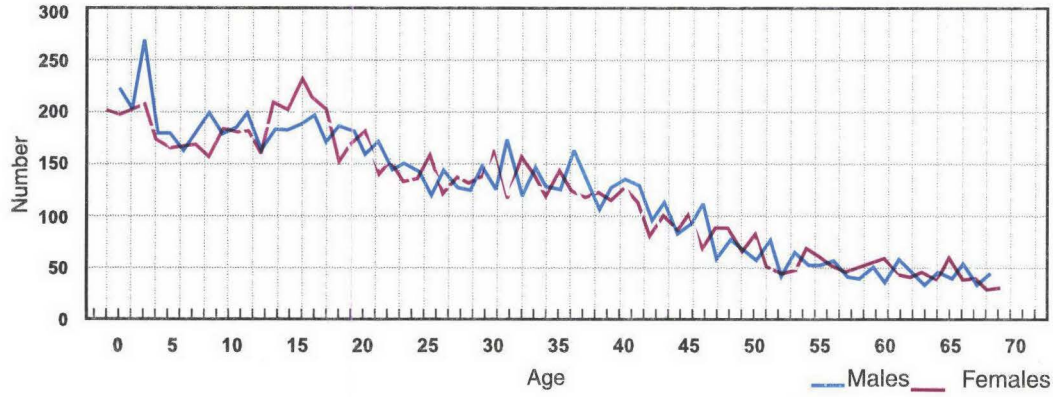


The structure of the quinqennial MICS data, as depicted in the Population Pyramid looks very similar to the 1995 GBS estimates as depicted in the 1995 pyramid produced by GBS. Some omnibus Chi Square tests could not lead us to rejecting the null hypothesis of similar distributions.

Looking at the single-years-of-age data, it is clear that there are instances of age heaping, particularly there seems to be a preference for ages ending in 0 (Figure 2). One should realize that the Brass procedures for estimating fertility and child mortality rely heavily on parity, number of deceased children and recent fertility reported by younger women and hence is vulnerable to gross errors in age reporting among females aged 15-29.

The single-years-of-age data was subjected to Whipple's test and Myers' Blended test. The former yielded a score of 117.8, which qualifies as "Approximate", while the latter indeed showed a preference for digits 0 and 5. The grouped data was subjected to the UN's Age-sex test, which resulted in a score of 35.4, which qualifies as inaccurate or fairly unreliable. However, if the sample size is taken into consideration and the necessary adjustments are made, the results qualify as reasonably reliable.

Figure 2: Single year age distribution of the household population by sex, Suriname, 1999-2000



Fertility

For estimating fertility using MICS data the Brass P/F procedure was used. This resulted in an adjusted total fertility rate (TFR) of 3.3, which is much higher than could be expected, based on the fact that for 1980, 1985, 1990 and 1995, the TFR in Suriname was estimated to be 3.6, 3.4, 2.6 and 2.4 respectively. This series clearly exhibits a downward trend! A Proximate Determinants decomposition (Bongaarts variant) in which the index of contraception was adjusted (because MICS 2000 measured a prevalence of 42.1 percent, compared to the earlier estimate of 49.3 percent) and estimates of all other relevant indexes were kept constant, yielded a TFR of 3.0, which is close to the MICS estimate. It could be that all other relevant indexes need to be adjusted, thus it should be noted that further investigation (most likely utilizing all relevant MICS 2000 data) is certainly warranted.

Missing data

As a basic check on the quality of the survey data, the percentage of cases missing information on selected questions is shown in Table 3. Fewer than one percent of household members have missing information on their level of education but three percent are missing data on the year of education. Among female respondents, 0.3 percent did not report a complete birth date (i.e., month and year). These low levels of missing data suggest that there were not significant problems with the questions or the fieldwork.

The data on weight and height are the most likely among the selected information to be missing. Approximately five percent of children are missing this information, which may be the result of the child not being present, refusal, or some other reason. By international standards, this percentage is relatively low in comparison to other surveys in which anthropometric measurements are taken (Sommerfelt and Boerma, 1996).

III.3 Characteristics of the Household Population

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

The principal observation unit in the survey is the household. Slightly more than half (53.9 percent) of the households are urban, one third (34.8 percent) are rural and 11.3 percent are in the interior (unweighted data). There are differences in the number of household members in the three strata: the rural stratum has a mean of 4.12 which is highest, the mean for the urban stratum is 3.91 and the interior stratum has the lowest mean by 3.87. Further analysis of the interior shows great differences between Brokopondo with a mean of 4.37 and the Sipaliwini district with a mean of 3.64 only. In the latter district 16 percent of the households consists of one person, while in the Brokopondo district 9.8 percent are one-person households.

Table 4 presents the percent distribution of households by background characteristics. Most of the households contain between two and five persons.

Table 5 shows the characteristics of female respondents. Women age 15-19 comprise the greatest percentage of the sample at 18.6 percent . This percentage declines steadily across age groups until age 45-49 where it is 8 percent. This pattern is typical of countries in the Caribbean. Slightly over 61 percent of women in the sample have ever had a birth. The majority of women have had at least some secondary education. Only 8.1 percent have had no education.

Table 6 shows the characteristics of children under age 5. Almost 53 percent of the children are male and 47.4 percent are female. There are disproportionately more children in the interior than in the other two strata in comparison to the distribution of households by strata. This is presumably due to higher fertility in the interior. Approximately 15 percent of mothers of children under age 5 have no education, a percentage that is two times greater than the overall percentage of women.

Socio-economic characteristics of households

To assess the socio-economic situation of the households three indicators are used: the number of rooms, the floor material of the house and the household income, expenditures and food consumption. The number of rooms are highest in the urban strata where the mean is 4.64, for the rural strata this is 4.41 and for the interior the mean is 2.11. It is not justified to compare the interior with the rural or urban area as in housing situation is quite different in the interior. Here, traditionally most families live in huts, with sleeping facilities separated in space from cooking and recreation facilities.

The floor material in the urban stratum is by far the most favorable in terms of luxury, as 22 percent of the households have tiles or parquet, as against approximately 8 percent in the rural stratum and only 1 percent in the interior. On the other hand, 'sand, dirt or straw' has the highest relative frequency in the interior (25.5 percent), in the rural stratum there is approximately 1 percent and in the urban stratum there is none.

The total household expenditures are highest for the urban and lowest for the interior strata. The mean monthly expenditures are approximately SRG 244,000 in the urban stratum, SRG 200,000 in the rural stratum and SRG 73,000 in the interior. Food expenditures show more or less the same ranking pattern.

To assess the proportion of households below the poverty line the income poverty ratio was calculated (Menke 1998). Poverty is lowest in the urban stratum with approximately 52 percent of the households living below the poverty line. For the rural stratum this is 61 percent and for the interior the proportion below the poverty line is 91 percent. One should be cautious with comparisons between the interior and the urban or rural strata, as this poverty assessment is based on an uni-dimensional index with income and the price of a basic food basket as the principal dimension. However, in the interior many communities depend on subsistence farming for food intake, rather than earning exclusively a money income. Therefore, the income poverty measure could overestimate the proportion of households in the interior that live below the poverty line.

IV. Results

A. Infant and Under-Five Mortality

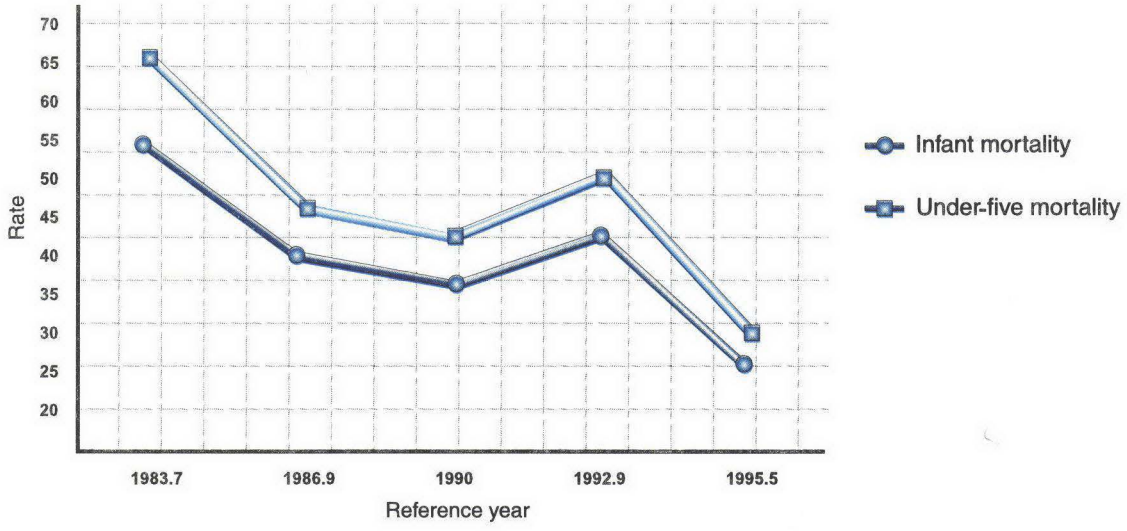
Child mortality

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

The data used for mortality estimation are shown in Table 7. The mean number of children ever born rises from 0.16 among 15-19 year olds to 4.18 among 45-49 year olds as expected. However, the proportion of children dead has an irregular pattern. In particular, the proportion of children dead among women aged 25-29 is low and the proportions among younger women appear to be too high. This pattern may be affected by the age heaping noted in Figure 1. If some women in their twenties underreported their ages but reported the births and deaths of their children correctly then the deaths would effectively be moved downward toward age 15. In addition, an examination of sex ratios at birth (not shown) suggests that the births of boys may have been underreported among women age 15 to19 for whom the sex ratio of births is 5 but the ratios are in the plausible range of 1.03 to 1.08 for the remaining age groups.

Mortality estimates were obtained using the United Nations QFIVE program. Because no previous estimates of infant and child mortality for Suriname were available, the North model life table was selected as most appropriate. Estimates of infant and under five mortality for several reference years are plotted in Figure 3. The estimate for reference year 1995 based on the reports of women aged 25-29 is clearly too low while the estimates based on the reports of women aged 20-24 and 15-19 for more recent years are clearly too high and, in any case, use of estimates based on the two youngest age groups is not usually recommended. Plausible estimates for the most recent years thus cannot be obtained from these data. The estimates for 1996 (precisely 1995.6) appear to be the most recent figures that can be used with some confidence although they may be slight overestimates of mortality given the downward trend evident in the three previous estimates. Therefore the use of more in-depth analysis is required for more recent estimates.

Figure 3: Estimates of infant and under-five mortality based on indirect estimation, Suriname



B. Education

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

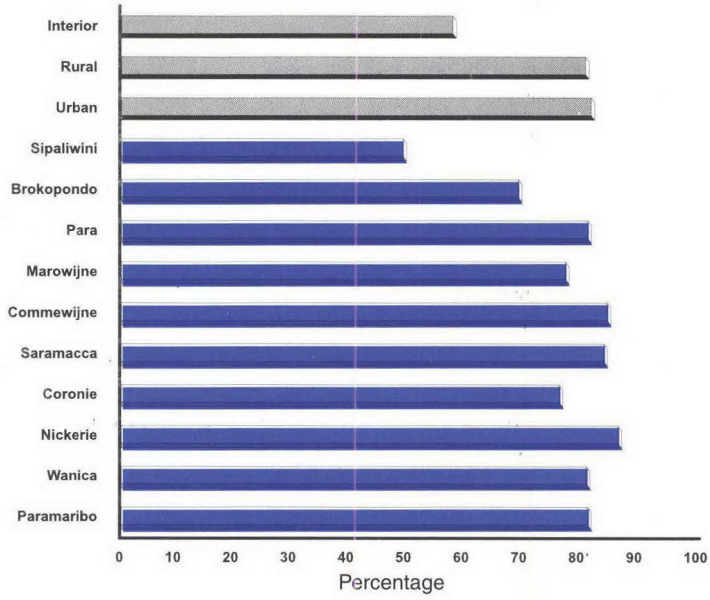
Early childhood education

Almost 37 percent of children aged 36-59 months are attending an organized early childhood education programme, such as kindergarten or community childcare with organized learning activities (Table 9). Approximately equal percentages of girls and boys are attending these programme. There are large variations according to region ranging from 4.3 percent of children in the interior to 51.6 percent in the urban. Slightly more than half of the children are from the urban areas, 40.8 percent from the rural areas and 4.3 percent from the interior. Relatively few children attend at age three (36-47 months) while the majority of children attend at age four (48-59 months). Finally the education of the mother is strongly related to the likelihood that a child will attend an early childhood education programme. The percentage of children attending increases from 12.8 percent to 49.2 percent as the mother's education increases from none to secondary or higher education.

Basic education

Overall, almost 78 percent of children is attending primary school (Table 10). In the urban areas, 81.6 percent of children attend school while in rural areas 81.9 percent attend. School attendance in the interior is significantly lower at 61.2 percent (Figure 4). There is virtually no difference between male and female primary school attendance.

Figure 4: Percentage of children of primary school age attending primary school, Suriname, 1999-2000



Almost 84 percent of children who enter the first grade of primary school eventually reach grade 5 (Table 11). The disadvantage of children in the interior is also demonstrated in Table 11. Only 84.8 percent of children in the interior entering grade 1 reach grade 2 compared to 100 percent of children in the urban areas and 96.6 percent in the rural areas. In subsequent grades, except for grade 2 reaching grade 3, the percentage of children continuing schooling remains lower in the interior than in other areas although the differences are not as great. Overall, only 64.5 percent of children in the interior who enter grade 1 reach grade 5 in comparison to 92.8 percent of those in urban areas and 82.5 percent in rural areas.

Literacy

Overall literacy of the population aged 15 years and older is 86.2 percent. This figure is based on an indicator that measures an elementary form of literacy in terms of *the ability to read a newspaper easily*. Overall literacy in the interior is far lower by 51.1 percent. Female literacy is lower than male. The overall literacy percentage declines steadily across age groups until age 65+ where it is 62.8 percent (Table 12).

C. Water and Sanitation

Use of drinking water

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

Over half of the population uses drinking water that is piped into their dwelling and about 19 percent used water piped into their yard or plot. Rainwater collection and rivers and streams are also important sources of drinking water.

The source of drinking water for the population varies strongly by region (Table 13). In the urban areas, about 91 percent of the population uses drinking water that is piped into their dwelling or into their yard or plot. In the rural areas, 65 percent used piped water, while in contrast, only 18 percent of those residing in the interior have access to piped water. In the rural areas the second most important source of drinking water is rainwater collection. In the interior some 60 percent of the people use river or stream water (an unsafe source) and most of the remainder collect rainwater.

The population using *safe drinking water* sources are those who use any of the following types of supply; piped water, public tap, borehole/tubewell, protected well, protected spring. Overall, about 73 percent of the population has access to safe drinking water - 92.6 percent in urban areas and 66.6 percent in rural areas. The situation in the interior is considerably worse than in other regions; only 20 percent of the population in this region gets its drinking water from a safe source.

Use of sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrheal diseases and polio. *Sanitary means of excreta disposal* include: flush toilets connected to sewage systems or septic tanks, other flush toilets, improved pit latrines, and traditional pit latrines. Eighty eight percent of the population in Suriname is living in households with sanitary means of excreta disposal (Table 14). This percentage is 99.1 in urban areas and 98.3 percent in rural areas. Residents of the interior are much less likely, only 30.5 percent, than others to use sanitary means of excreta disposal. Most of this population, about 68 percent, have no access to sanitary facilities and uses rivers, bush and or fields. In contrast, the most common facilities in other areas of the country are flush toilets with connection to a septic tank.

D. Child Malnutrition

Nutritional status

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

In a well-nourished population, there is a standard distribution of height and weight for children under age five. Undernourishment in a population can be gauged by comparing children to this standard distribution. The standard or reference population used here is the NCHS standard, which is recommended for use by the World Health Organization.

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

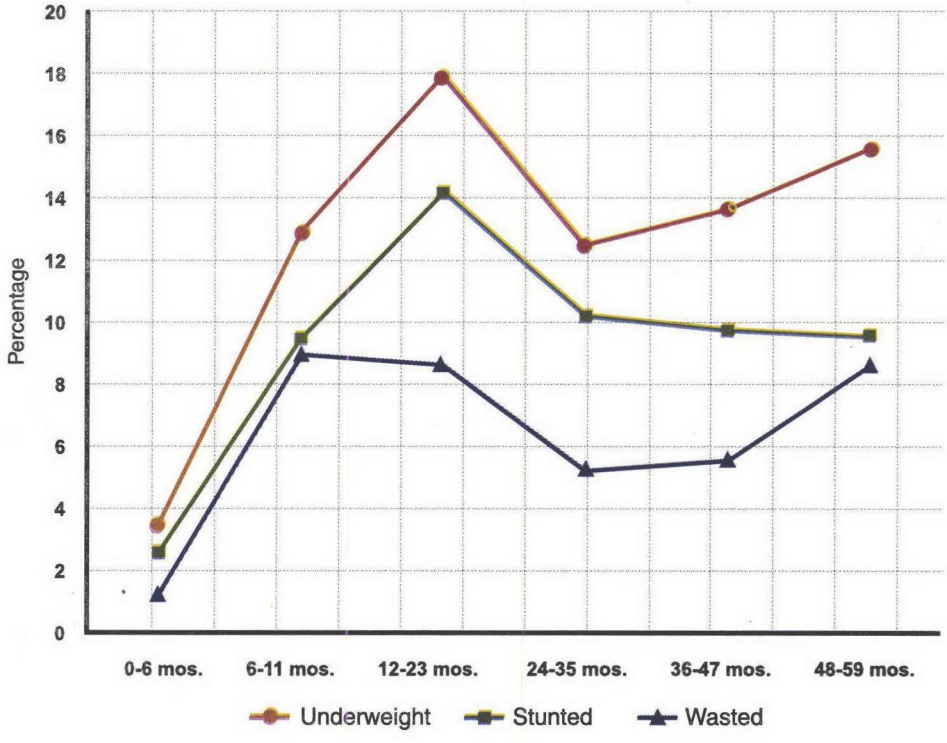
Height for age is a measure of linear growth. Children whose height for age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted*. Stunting is a reflection of chronic malnutrition. Those whose height for age is more than three standard deviations below the median are classified as *severely stunted*.

Finally, children whose weight for height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted* while those who fall more than three standard deviations below the median are *severely wasted*. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

Slightly over 13 percent of children under age five in Suriname are underweight and 2.1 percent are classified as severely underweight (Table 15). About one in ten children are stunted or too short for their age and 6.5 percent are wasted or too thin for their height.

Stunting occurs more frequently in the interior (18.4 percent), and wasting more often in the rural areas (7.7 percent). These differences could be explained by the geographical distribution of the different ethnic groups in Suriname. People of Asian descent, who tend to be slimmer, live more in the rural areas, whereas people from Maroon and indigenous descent who tend to be shorter than average, live in the interior. Those whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with less education. The age pattern shows that a higher percentage of children aged 12-23 months are undernourished in comparison to children who are younger and older (Figure 5). This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment. Boys appear to be slightly more likely to be underweight, stunted, and wasted than girls.

Figure 5: Percentage of under-five children who are undernourished, Suriname, 1999-2000



Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon, and there are often pressures to switch to infant formula, which can contribute to growth faltering and micro-nutrient malnutrition and is unsafe if clean water is not readily available.

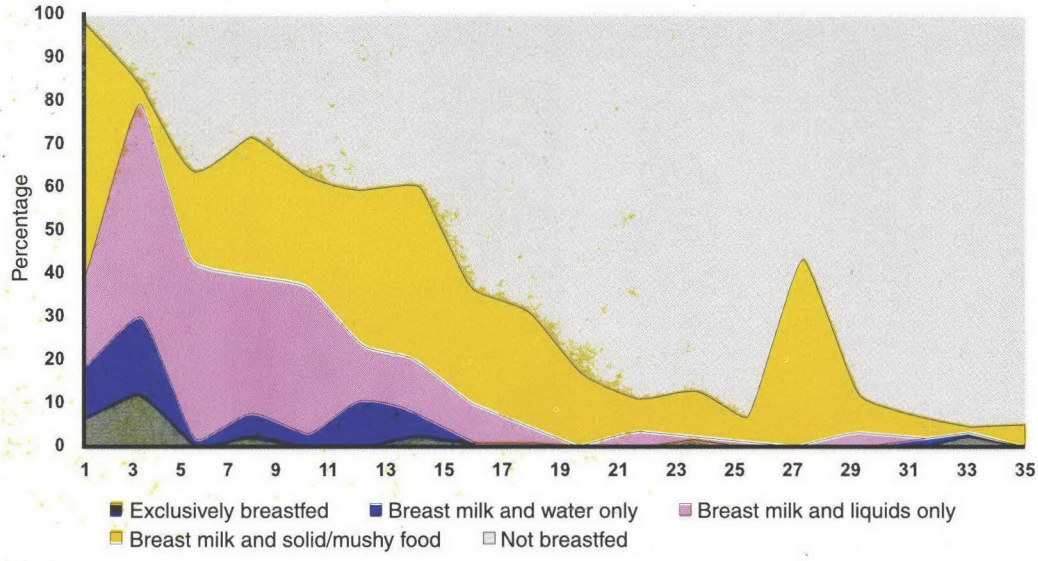
UNICEF recommends that:

- children be exclusively breastfed for about the first six months of life
- breastfeeding should be complemented with appropriate foods from the age of around six months
- children continue to be breastfed for two or more years.

In Table 16, breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview. *Exclusive breastfeeding* refers to children who receive only breast milk and vitamins, mineral supplements, or medicine. *Complementary feeding* refers to children who receive breast milk and solid or semi-solid food.

Approximately 13 percent of children aged 0-3 months are exclusively breastfed. At age 6-9 months, 24.5 percent of children are receiving breast milk and solid foods. By age 12-15 months, 42.9 percent of children are still being breastfed and by age 20-23 months, 11.1 percent are still breastfed (Figure 6).

Figure 6: Percent distribution of children by breastfeeding status, Suriname, 1999-2000



Low birth weight

Infants who weigh less than 2500 grams (2.5 kg.) at birth are categorized as low birth weight babies. Since many infants are not weighed at birth and those who are weighed may be a biased sample of all births, reported birth weight cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's **size** at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's **weight** or the weight as recorded on a health card if the child was weighed at birth. Slightly over 77 percent of births in the Suriname MICS were weighed at birth.

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

In Suriname, approximately 11.4 percent of infants are estimated to weigh less than 2500 grams at birth (Table 20). This percentage is somewhat higher than the average (9 percent) for the Latin America and Caribbean region (UNICEF, 2000). The prevalence of low birth weight births varies across the districts from 5.5 percent to 17 percent. In the urban and rural areas however it does not vary much. The percent of low birth in the interior again is somewhat lower than the other two areas. No variation was noted due to seem difference in mother's education.

The fact that Suriname is a country with a population of large cultural and ethnic variety, thus not homogeneous, is probably of influence in this method of estimation. We clearly see an overestimation of low birth weight in 2 districts, Coronie and Commewijne, where 100 percent of the children were weighed. The method gave an overestimation of respectively 5.5 percent in Coronie and 17 percent in Commewijne.

E. Child Health

Immunization coverage

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diptheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months.

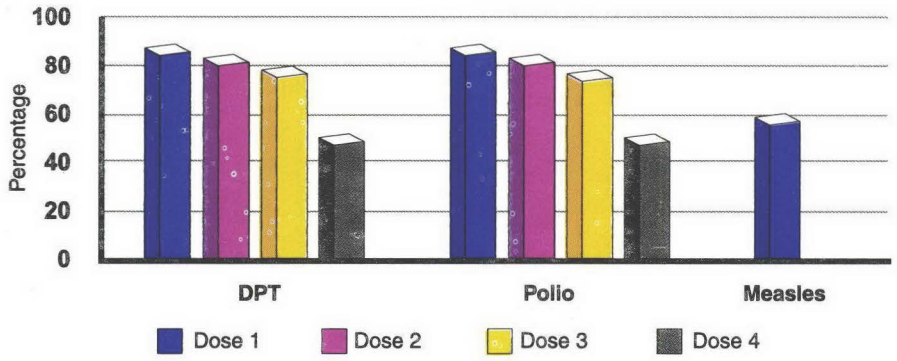
In Suriname, it is recommended that children be given the first doses of DPT and Polio at three months of age, the second doses at four months of age and the third doses at five months of age. The fourth doses are boosters that are given at 18 months. Measles vaccination is recommended at 12 months. Vaccinations against tuberculosis (BCG) are not given in Suriname. By the age of 12 months, children should receive three doses of DPT and Polio, and the measles vaccine.

In MICS Suriname 2000, mothers were asked to provide vaccination cards for children under the age of five. Vaccination information was copied by the interviewer from the cards onto the MICS questionnaire. Overall, 85 percent of children have health cards (Table 22).
If the child did not have a card, the mother was asked several questions about whether or not the child had received each of the vaccinations and, for DPT and Polio, how many times.
Table 22 shows the percentages of children age 12 to 23 months that received each of the vaccinations according to either the vaccination card or the mother's report.

Slightly over half of children aged 12 to 23 months are fully vaccinated (i.e., have received three doses of DPT and polio, and one dose of measles).
The percentage fully vaccinated is greatest in urban areas (57.7 percent), somewhat lower in rural areas (53 percent), and lowest in the interior (50 percent). Vaccination coverage also varies by the education of the mother. Only 41 percent of children of mothers with no education are fully vaccinated compared to 48 percent of those whose mothers have primary schooling and 61.2 percent of those whose mothers have secondary or higher education.

Approximately 89 percent of children age 12-23 have received the first dose of DPT. This percentage declines for subsequent doses to 84.4 percent for the second dose, 79.1 percent for the third dose and 52.4 percent for the fourth dose. Similarly, 87.8 percent of children received Polio 1 and this declines to 51.8 percent by the fourth dose. The coverage for measles vaccine is lower than for the other vaccines at 60.2 percent.

Figure 7: Percentage of children 12-23 months who received immunizations by age 12 months, Suriname, 1999-2000



Diarrhea

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

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank. Overall, 14.8 percent of under five children had diarrhea in the two weeks preceding the survey (Table 23).

Diarrhea prevalence was significantly higher in the interior at 25.6 percent than in other regions. The peak of diarrhea prevalence occurs in the weaning period, among children age 6-23 months.

Table 23 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. One in four children received breast milk while they had diarrhea. Children under age 12 months are especially likely to have received breast milk. About 26 percent of children received gruel and 35.5 percent received ORS. Children of mothers with secondary education appear to be less likely than other children to receive ORS and breast milk, but more likely to receive gruel. Approximately six in ten children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).

Slightly less than one third of under five children with diarrhea drank more than usual while 65.1 percent drank the same or less (Table 24). About 71 percent ate somewhat less, the same, or more than usual while 24.5 percent ate much less than usual or none. Overall, only 24.2 percent of children with diarrhea received increased fluids and continued eating as recommended.

Acute respiratory infection

Acute lower respiratory infections, particularly pneumonia, are one of the leading causes of child deaths in Suriname. In the MICS questionnaire, children with acute respiratory infection are defined as those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose, or whose mother did not know the source of the problem. Slightly over 4 percent of under five children had an acute respiratory infection in the two weeks prior to the survey according to these criteria (Table 25). Of these, 35.4 percent were taken to a doctor for treatment, and 18.9 percent were taken to a nurse or health assistant. About 5 percent were taken to a specialist and 5 percent to a family member, friend, or neighbor. Fewer than five percent were taken to any other type of health provider. Overall, almost 58 percent of children with ARI were taken to an appropriate health provider (i.e., doctor, specialist, nurse/health assistant, hospital).

IMCI initiative

The Integrated Management of Childhood Illnesses (IMCI) is a programme developed by UNICEF and WHO that combines strategies for control and treatment of five major killers of children - acute lower respiratory tract infections, diarrheal dehydration, measles, malaria, and malnutrition. The programme focuses on the improvement of case management skills by health workers, improvement of the health system, and improvement of family and community practices in the prevention and early management of childhood illnesses. Appropriate home management of illness is one component of IMCI. The approach teaches mothers that appropriate home management of diarrhea or any other illness requires giving more fluids and continuing to feed sick children as they are normally fed.

Table 26 presents information on the drinking and eating behavior of sick children. Almost half of children were reported to have had diarrhea or some other illness in the two weeks preceding the survey. Of these, 20.5 percent drank more liquids during the illness and 75.2 percent continued eating (i.e., ate somewhat less, the same, or more). Overall, only 15.3 percent of ill children received increased fluids and continued eating as recommended under the IMCI programme.

Promoting knowledge among caretakers about when it is appropriate to seek care for ill children is another important component of the IMCI programme. In the Suriname MICS, mothers or caretakers of children were asked to name all of the symptoms that would cause them to take a child to a health facility right away.
The most common response, given by 74.5 percent of mothers, was that they would take their child to a health facility right away if he/she developed a fever (Table 27). About 14 percent said that the child becoming sicker would cause them to take the child to a health facility and 12.6 percent mentioned difficulty breathing. Between 4.8 and 8 percent of mothers cited an inability to breastfeed, fast breathing, blood in stools, and drinking poorly as reasons for taking a child to a health facility right away.

Among the districts, mothers in the Sipaliwini and, to a lesser extent, in Saramacca are more likely than mothers in other districts to know the signs for seeking care immediately. Overall, almost 41 percent of mothers in the Sipaliwini know at least two signs for seeking care compared to 25 percent in the Saramacca, 24.4 percent in Nickerie, and 17.8 percent or less in the remaining districts. These regional differences are also reflected in the urban-rural, interior and educational differentials. Mothers from the interior and those with no education were more likely to mention at least two signs for seeking care than other mothers.

Malaria

Malaria is a leading cause of death of children under age five in Suriname. It also contributes to anemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide, can dramatically reduce malaria mortality rates among children. In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended antimalarial tablets. Children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility. Also, children recovering from malaria should be given extra liquids and food and should continue breastfeeding.

The MICS questionnaire incorporates questions on the use of bednets among children. In the Suriname MICS, these questions were only asked in the interior since these are considered the areas of highest malaria risk. Slightly over 72 percent of under five children slept under a bednet the night prior to the survey interview (Table 28). This percentage declines steadily with age. The vast majority of infants under 6 months of age (91.1 percent) sleep under a bednet compared to 68.6 percent of children aged 12-23 months and 61.7 percent of children aged 48-59 months. Most of the bednets are not treated with insecticide, however. Overall, only about five percent of the bednets used are impregnated with insecticide.

F. HIV/AIDS

AIDS knowledge

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of accurate knowledge of how AIDS is transmitted and how to prevent transmission. Among women aged 12-49 in Suriname, 92.6 percent have ever heard of AIDS (Table 30). This percentage is very high in urban areas (96.2 percent) and somewhat lower in rural areas (92 percent). The interior has the lowest percentage (82 percent).

Women in the MICS were read several statements about means of HIV/AIDS transmission and asked to state whether they believed the statements were true. Approximately 60 percent believe that having only one uninfected sex partner can prevent HIV transmission. Slightly over 58 percent believe that using a condom every time one has sex can prevent HIV transmission and 43.3 percent agreed that abstaining from sex prevents HIV transmission. Overall, almost 36 percent knew all three ways and 66.8 percent were aware of at least one of the means of preventing transmission.

Accurate knowledge of the means of HIV/AIDS transmission is substantially less among women in the interior than among other women. Also, education is a very important factor in AIDS knowledge. The percentage who know all three means of preventing transmission is more than seven times greater among women with secondary or more education compared to women with no education. Differences across age groups are not particularly large; the percentage of women who know all three means ranges from 32.9 percent among 20-24 year olds to 40.6 percent among 35-39 year olds.

Approximately 56 percent of women correctly stated that AIDS can not be transmitted by supernatural means whereas 47.1 percent stated that AIDS can't be spread by mosquito bites (Table 31). Almost seven in ten women correctly believe that a healthy looking person can be infected (69.1 percent). Women in the interior are more likely to believe misconceptions about AIDS transmission than other women. Women in the urban region are most likely to recognize all three misconceptions. Still, only a little less than half (46.1 percent) of these women correctly identified all three misconceptions.

Slightly over 72 percent of women in Suriname know that AIDS can be transmitted from mother to child (Table 32). When asked specifically about the mechanisms through which mother to child transmission can take place, 67.4 percent said that transmission during pregnancy was possible, 48.5 percent said that transmission at delivery was possible, and only 44.1 percent agreed that AIDS can be transmitted through breast milk. Slightly less than one in three women knew all three modes of transmission (31.3 percent). This percentage does not vary much across background categories.

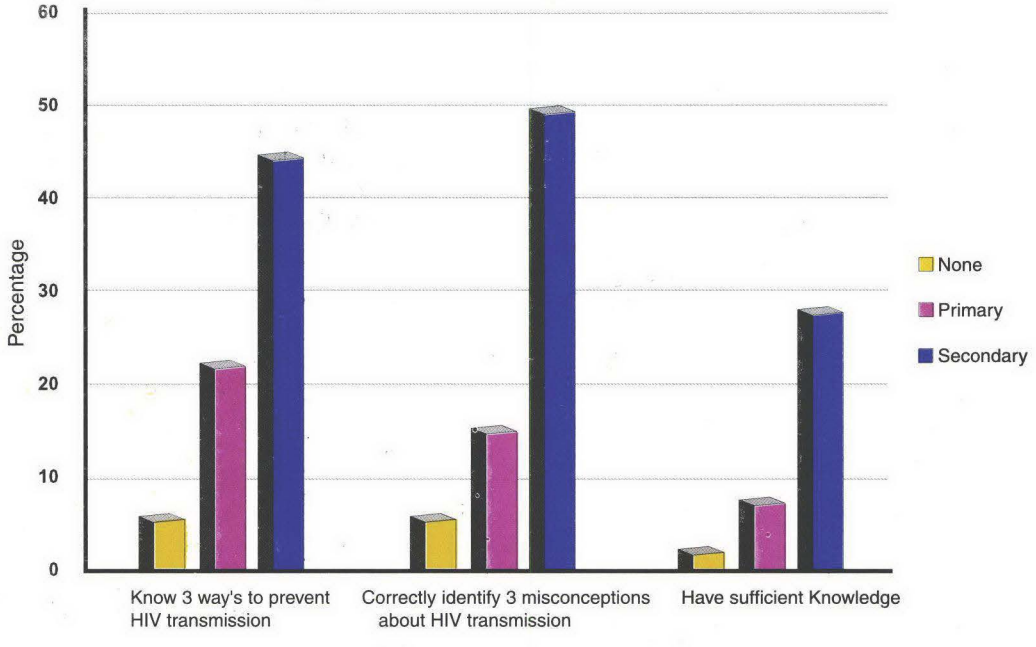
The MICS survey also attempted to measure discriminatory attitudes towards people living with HIV/AIDS. To this end, respondents were asked whether they agreed with two questions. The first asked whether a teacher who has the AIDS virus but is not sick should be allowed to continue teaching in school. The second question asked whether the respondent would buy food from a shopkeeper or food seller who the respondent knew to be infected with AIDS. The results are presented in Table 33.

Almost half of the respondents believe that a teacher with HIV/AIDS should not be allowed to work. This percentage is highest in the urban region at 58.7 percent and lowest in the interior at 25.8 percent. Urban women and those with secondary or higher education are more likely to express this discriminatory attitude than rural women and those with no or primary education. About 14 percent of women would not buy food from a person infected with AIDS. Interestingly, this measure shows a different regional pattern than the first question. Women in the interior are the most likely and women in the urban region are the second most likely to express a discriminatory attitude on this question. Overall, 49.3 percent of women agree with at least one of the discriminatory statements.

Table 34 summarizes information from two previous tables on AIDS knowledge (Tables 30 and 31). The second column shows the percentage of women who know all three means of preventing HIV transmission - having one faithful uninfected partner, using a condom every time, and abstaining from sex. About 36 percent of women know all three ways. The third column of the table shows the percentage of women who correctly identified all three misconceptions about HIV transmission - that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected. Slightly over 35 percent of women correctly identified these misconceptions. Finally, the fourth column of the table shows the percentage of women who have 'sufficient knowledge' of HIV/AIDS transmission. These are women who know all three ways of preventing HIV transmission and correctly identified all three misconceptions. Only 20.2 percent of women aged 12-49 fall into this category.

Knowledge of HIV/AIDS transmission varies dramatically by level of education (Figure 8). Women with secondary or higher education are almost eight times more likely to know all three ways to prevent transmission than women with no education. They are also about eight times more likely to correctly identify all three misconceptions about AIDS and about 15 times more likely to have sufficient knowledge of HIV/AIDS transmission

Figure 8: Percentage of women aged 12-49 who have sufficient knowledge of HIV/AIDS transmission, Suriname, 1999-2000



AIDS testing

Voluntary testing for AIDS, accompanied by counseling, allows those infected to seek health care and to prevent the infection of others. Testing is particularly important for pregnant women who can then take steps to prevent infecting their babies. The indicators shown in Table 35 are designed to monitor whether women are aware of places to get tested for HIV/AIDS, the extent to which they have been tested, and the extent to which those tested have been told the result of the test. In some places, a relatively large proportion of people who are tested do not return to get their results due to fear of having the disease, fear that their privacy will be violated, or other reasons.

Fifty six percent of women of reproductive age in Suriname know a place to get tested for AIDS. Women living in the urban region are most likely to know a place, followed by those in the rural region and the interior, respectively. Only 18.6 percent of women with no education know of a place to get tested compared to 39 percent of women with primary school education and 70.3 percent of women with secondary or higher education.

About 10 percent of women have been tested for AIDS. Again, this percentage is highest in urban region at 12 percent, lowest in the interior at 7.6 percent and 8.7 percent in the rural region. The vast majority of women who have been tested were told the result, however, there is some variation across regions, age groups, and education levels. Among the regions, women in the interior are least likely to have been told their result. Adolescent women (age 15-19) are the least likely of any age group to have been tested and least likely to know the result. Finally, women with no education are less likely than women with more education to be tested and least likely to have been told the result of the test.

G. Reproductive Health

Contraception

Current use of contraception was reported by 42.1 percent of married or in union women (Table 36). The most popular method is the pill which is used by one in four married women in Suriname. The next most popular method is female sterilization, which accounts for 9.3 percent of married women. Between two and three percent of women reported use of the IUD, injectables, and the condom. Fewer than one percent use periodic abstinence, withdrawal, male sterilization, vaginal methods, or the lactational amenorrhea method (LAM).

Contraceptive prevalence is highest in the urban region at 51.2 percent and in the rural region at 45.1 percent. In the interior, contraceptive use is rare; only 7.1 percent of married women reported using any method. Adolescents are far less likely to use contraception than older women. Only 23.4 percent of married or in union women aged 15-19 currently use a method of contraception compared to 39.9 percent of 20-24 year olds and 44.5 percent of older women.

Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 8.9 percent among those with no education to 32.6 percent among women with primary education, and to 52.7 percent among women with secondary or higher education. In addition to differences in prevalence, the method mix varies by education. About half of contraceptive users with no or primary education use the pill and 12.6 percent are sterilized. In contrast, 32.1 percent of contraceptive users with secondary or higher education use the pill and 10.3 percent are sterilized.

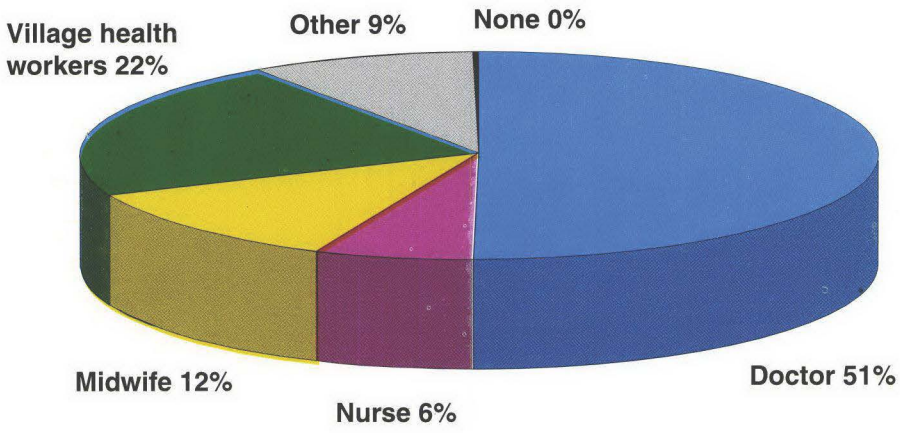
Prenatal care

Quality prenatal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, including pre-eclampsia, anemia, and sexually transmitted diseases. Antenatal care also provides opportunities for women to learn the danger signs of pregnancy and delivery, to be immunized against tetanus, to learn about infant care, and be treated for existing conditions, such as malaria and anemia.

Female respondents who had had a birth in the year prior to the Suriname MICS were asked whether they had received antenatal care for the birth and, if so, what type of person provided the care. If the woman saw more than one type of provider, all were recorded in the questionnaire. Table 38 presents the percent distribution of women with a birth in the year prior to the MICS by the type of personnel who delivered antenatal care. If more than one provider was mentioned by the respondent, she is categorized as having seen the most skilled person she mentioned.

Virtually all women in Suriname receive some type of prenatal care and 90.6 percent receive antenatal care from skilled personnel (doctor, nurse, midwife, village health worker). A little over half of women with a birth in the year prior to the survey received antenatal care from a doctor, 21.7 percent from a village health worker, 6.3 percent from a nurse, and 12.2 percent from a midwife (Figure 9). Note that village health workers are only used for prenatal care in Brokopondo and Sipaliwini where almost all women received care from them. In the other regions, doctors are most likely to provide prenatal care.

Figure 9: Percent distribution of women with a birth in the last year by type of personnel delivering antenatal care, Suriname, 1999-2000



Assistance at delivery

The provision of delivery assistance by trained attendants can greatly improve outcomes for mothers and children by the use of technically appropriate procedures, and accurate and speedy diagnosis and treatment of complications. Skilled assistance at delivery is defined as assistance provided by a doctor, nurse, or midwife. About 85 percent of births occurring in the year prior to the MICS survey were delivered by skilled personnel (Table 39). This percentage is highest in Commewijne at 100 percent and lowest in Brokopondo at 42.3 percent. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled person.

More than one in three of the births in the year prior to the MICS survey were delivered with assistance by a midwife. Doctors assisted with the delivery of 24 percent of births and nurses assisted with 9.3 percent. Village health workers delivered about 13.6 percent of births, but these births occurred only among women in the ditricts of Sipaliwini and Brokopondo where the type of personnel providing delivery assistance is noticeably different from the other regions.

H. Child Rights

Birth registration

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The births of 94.9 percent of children under five years in Suriname have been registered (Table 40). This percentage is highest in the districts of Coronie and Para at respectively 100 and 99 percent and lowest in the district of Nickerie at 82.7 percent. There are no significant variations in birth registration across sex, age, or education. Among those whose births are not registered, cost, travel distance, and lack of knowledge do not appear to be the main reasons.

Orphanhood and living arrangements of children

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

In Suriname, 62.2 percent of children aged 0-14 are living with both parents (Table 41). A substantial percentage - 22.5 percent - are living with their mother only although their father is alive. About 7 percent are living with neither parent although both parents are alive. Children who are not living with a biological parent comprise 7.8 percent and children who have one or both parents dead amount to 3.5 percent of all children aged 0-14. Older children are more likely to live away without their biological parents than younger children. While only 3.5 percent of children under age five are not living with a biological parent, 10.8 percent of children aged 10-14 do so.

The situation of children in the interior differs from that of other children in Suriname. In the interior, less than half of children live with both parents. Slightly over 34 percent live with their mother only but their father is alive and a relatively large proportion (10.4 percent) are living with neither parent. This pattern is most likely due to labor migration of men and, to some extent women, from the interior to other regions and neighboring countries.

Appendix A: Sample Design

Table 1: Listed dwellings per cluster, stratum, district and ressort **

STRATUM	DISTRICT	RESSORT	CLUSTER nr	CLUSTER name	Dwellings listed per cluster	Dwellings listed per district
Urban	Paramaribo	Blauwgrond	**3**	St.Helenaschool I Louis Goveiastr.	230	
Urban	Paramaribo	Blauwgrond	**6**	Openbare school Clevia Pisangrodjostr II	394	
Urban	Paramaribo	Blauwgrond	**10**	Jongens internaat I Hk.Gemini-/ Mercuriusstr.	400	
Urban	Paramaribo	Blauwgrond	**13**	O.S. Tourtonne 3 Max Woiskiestr II	298	
Urban	Paramaribo	Blauwgrond	**17**	Nene Creche Hk. Johannes Vermeer/ Joz.Israelstr.	244	
Urban	Paramaribo	Blauwgrond	**20**	O.S. Blauwgrond 4 Const. Vredestr	234	
Urban	Paramaribo	Munderbuiten	**24**	Piaralalschool Hk.Nw.Charlesburgweg/Boontjediefstr	270	
Urban	Paramaribo	Munderbuiten	**28**	Swami Wir Jajandschool Denemarkenstr.1	264	
Urban	Paramaribo	Munderbuiten	**33**	St.Clemensschool 3 Karamatalistraat	307	
Urban	Paramaribo	Munderbuiten	**37**	O.S. Munderbuiten 2 Munderweg	233	
Urban	Paramaribo	Centrum	**41**	Oranjeschool Gravensstr.	394	
Urban	Paramaribo	Centrum	**45**	O.S.Petunia links 2 Residastr/Gladiolenstr	262	
Urban	Paramaribo	Centrum	**49**	A.Burgosschool Wanicastraat 156	164	
Urban	Paramaribo	Centrum	**52**	Danszaal Halden Hk.Rust en Vrede/Kopstr.	168	
Urban	Paramaribo	Centrum	**56**	Jeugdcentrum I Dr. S. Redmondstr 5-7	206	
Urban	Paramaribo	Centrum	**60**	Kong Ming Tong Sang Domineestr 35	142	
Urban	Paramaribo	Centrum	**64**	Maria Hartmanschool 2 Zonnebloemstr 35-41	332	
Urban	Paramaribo	Centrum	**69**	Shri Vishnuschool Vergeet Mij Nietstr.	201	
Urban	Paramaribo	Beekhuizen	**72**	E.T.O. Corantijnstr 72	284	
Urban	Paramaribo	Beekhuizen	**76**	O.S. Beekhuizen Gronfolostr	210	
Urban	Paramaribo	Beekhuizen	**81**	Leeuwinschool I Fisherweg Djoemoeweg	251	
Urban	Paramaribo	Beekhuizen	**85**	Letitiaschool 2 Awaradam 14	177	
Urban	Paramaribo	Rainville	**89**	Dennertschool I Archillesstr 4-6	311	
Urban	Paramaribo	Rainville	**93**	Petrus Donderschool Hk.Hofstede Crull'l./Wilhelminastr.	203	
Urban	Paramaribo	Rainville	**97**	N.G.V.B. Koninginnestr 1-3	231	
Urban	Paramaribo	Rainville	**102**	Christelijke school Gravenstr 134	381	
Urban	Paramaribo	Rainville	**106**	Christelijk Pedagogisch Instituut 2 Nengrekopoestr	299	
Urban	Paramaribo	Rainville	**110**	J.T.H. Wenzelschool 2 Rattan Oemrawsinghstr 1	195	
Urban	Paramaribo	Rainville	**114**	Dennertschool I Archillesstr 4-6	217	
Urban	Paramaribo	Latour	**118**	Dep.Berreaschool Hk.Tapai/Pokopawstr	166	
Urban	Paramaribo	Latour	**122**	Mulo Latour 1 Mastklimmenstr	191	
Urban	Paramaribo	Latour	**127**	O.S. Majosteeg 2- Majosteeg 3	176	
Urban	Paramaribo	Latour	**131**	St.Herman Jozefschool 2 a/d Franklynweg	111	
Urban	Paramaribo	Latour	**136**	Kamtaschool Hk. Rust en Werk 2/ Latourweg	100	
Urban	Paramaribo	Latour	**140**	P.D.T. Ramadharschool 3 Hk. Bakki-Agenorisaweg	233	
Urban	Paramaribo	Livorno	**141**	Bereaschool Grensweg	265	
Urban	Paramaribo	Livorno	**147**	O.S. Livorno 1 Botromankiweg/P.Tewarieweg	263	
Urban	Paramaribo	Pontbuiten	**154**	Stichting Koela 2 Frederikshoopweg 98	160	
Urban	Paramaribo	Pontbuiten	**158**	Taborschool 2 Nw. Zorgweg 52	191	
Urban	Paramaribo	Pontbuiten	**163**	O.S. WintiWai 1 Bronkolonkostr.	288	
Urban	Paramaribo	Tammenga	**167**	O.S. Mottonshoop 2-2 Keskesmakastr	304	
Urban	Paramaribo	Tammenga	**171**	O.S. Tammenga 1 Asidonhopostr 4-8	257	
Urban	Paramaribo	Tammenga	**175**	O.S. Leysweg 2 Leysweg 103	208	
Urban	Paramaribo	Flora	**179**	L.Simonschool Gemenelandsweg 207	263	
Urban	Paramaribo	Flora	**183**	L.B.G.O. Balona Emielaan 94	276	
Urban	Paramaribo	Flora	**187**	Huize Ashiana Lala Rookhweg 91	112	

STRATUM	DISTRICT	RESSORT	CLUSTER nr	CLUSTER name	Dwellings listed per cluster	Dwellings listed per district
Urban	Paramaribo	Flora	**191**	Openbareschool Flora 3-2 Lantanastr	201	
Urban	Paramaribo	Flora	**195**	Openbareschool Flora 1-1 Raca Racastr	145	
Urban	Paramaribo	Weg naar Zee	**198**	Recreatiezaal Saerie Okrodam 45	307	
Urban	Paramaribo	Weg naar Zee	**202**	Wim Bosverschuurschool Ulo 1 Boulangerstr.	210	
Urban	Paramaribo	Weg naar Zee	**206**	Maha Rishi Dajanandschool 1 Canadastr	220	
Urban	Paramaribo	Welgelegen	**209**	Shri Govindschool Matauliweg 1 no 31	221	
Urban	Paramaribo	Welgelegen	**213**	O.S. Welgelegen 1-3 Welgelegenstr. 50	203	
Urban	Paramaribo	Welgelegen	**217**	Bejaardentehuis Majella Majella 1	107	
Urban	Paramaribo	Welgelegen	**222**	A.B.O. Gebouw 2 Hk. Joh. Mungrastr/Kernkampweg	235	
Urban	Paramaribo	Welgelegen	**226**	O.S. Mottenshoop 1 Hendrikstr 229	153	**13068**
Rural	Wanica	Houttuin	**231**	O.S. Tout Lui Faut Maartin Luther Kingweg 169	314	
Rural	Wanica	Houttuin	**233**	O.S. Pierpontweg II Pierpontweg 29	310	
Urban	Wanica	Nieuwe Grond	**238**	St. Wilhelmusschool Hk. Rahimal/ Indira Ghandiweg	268	
Urban	Wanica	Nieuwe Grond	**241**	Saraswatieschool Groot Blijdenshoop 4	224	
Urban	Wanica	Nieuwe Grond	**245**	Rahanschool Indira Ghandiweg 509	372	
Urban	Wanica	Nieuwe Grond	**248**	Shrimansingschool 1 Indira Ghandiweg 206	284	
Urban	Wanica	Nieuwe Grond	**252**	O.S. Helena Christina II Helena Christinaweg 10	270	
Urban	Wanica	Lelydorp	**255**	E. Pacellischool II 1e zijstr van Drimmelenweg	222	
Urban	Wanica	Lelydorp	**258**	O.S. Javaweg Javaweg pc.No.15	260	
Urban	Wanica	Lelydorp	**262**	O.S. Sumatraweg 48	283	
Urban	Wanica	Lelydorp	**264**	O.S. Mijnzorgweg Mijnzorgweg pc.No.2	327	
Urban	Wanica	Lelydorp	**267**	Johannes Vrolijkschool Lelydorp	272	
Rural	Wanica	Kwatta	**270**	Cabelschool 2 a/d Kwattaweg 746	488	
Rural	Wanica	Kwatta	**273**	O.S. a/h Garnizoenspad-1 Garnizoenspad pc.No.341	289	
Rural	Wanica	Domburg	**275**	O.S. Domburg I Domburg	253	
Rural	Wanica	Domburg	**277**	O.S. Boxel Boxel	317	
Rural	Wanica	Saramacca polder	**280**	O.S. Muloschool I Leiding 11	324	
Rural	Wanica	Saramacca polder	**283**	O.S. Leiding 8A Leiding 8A	331	
Rural	Wanica	Koewarasan	**287**	O.S. Bomapolder serie 15 Li Welgedacht A weg	369	
Rural	Wanica	Koewarasan	**290**	O.S. Santodorp 1 Charlottenburgweg	272	
Rural	Wanica	Koewarasan	**293**	O.S. Santopolder s-5 I Esperanceweg	206	
Rural	Wanica	Koewarasan	**296**	O.S. Koewarasan s-B II Koewarasan s-B1	205	**6460**
Rural	Nickerie	Wageningen	**298**	O.S. II Wageningen	325	
Rural	Nickerie	Groot Henar	**300**	O.S. Groot Henar	458	
Rural	Nickerie	Oost polders	**302**	O.S. te Paradise	307	
Rural	Nickerie	Oost polders	**306**	O.S. Hamptoncourtpolder	313	
Urban	Nickerie	Nw Nickerie	**308**	C.C.N. Vormingscentrum van Pettenpolder II	319	
Urban	Nickerie	Nw Nickerie	**310**	O.S. Remo Waterloostr	419	
Urban	Nickerie	Nw Nickerie	**312**	Courtgebouw Gouverneurstr	373	
Urban	Nickerie	Nw Nickerie	**315**	C.C.N. Vormingscentrum van Pettenpolder I	312	
Rural	Nickerie	West polders	**318**	Kartinischool Cassaveweg 12	317	
Rural	Nickerie	West polders	**321**	St.Michaelschool Rambaran Misreweg	171	
Rural	Nickerie	West polders	**324**	Maria Gorettischool Vuurtorenweg	151	**3465**
Rural	Coronie	Welgelegen	**327**	Gerhardtschool te Hamilton	225	
Rural	Coronie	Totness	**329**	Tata Colinschool te Soemberedjo	241	**466**
Rural	Saramacca	Tijgerkreek	**331**	O.S. Sidoredjo I a/d Saramaccaweg	351	
Rural	Saramacca	Groningen	**337**	Recreatiezaal I Sidodadi a/d Saramaccaweg	170	
Rural	Saramacca	Jarikaba	**340**	O.S. Uitkijk a/d Sluisweg 1	377	**898**

STRATUM	DISTRICT	RESSORT	CLUSTER nr	CLUSTER name	Dwellings listed per cluster	Dwellings listed per district
Rural	Commewijne	Nw Amsterdam	**351**	O.S. te Nw. Amsterdam	151	
Rural	Commewijne	Bakkie	**356**	O.S. te Bakki	56	
Rural	Commewijne	Meerzorg	**358**	O.S. te Meerzorg 1-1	291	
Rural	Commewijne	Meerzorg	**360**	O.S. te Meerzorg II-2	278	
Rural	Commewijne	Alkmaar	**365**	O.S. te Marienburg	160	
Rural	Commewijne	Alkmaar	**369**	O.S. te Alkmaar	225	
Rural	Commewijne	Tamanredjo	**373**	O.S. te De Hulp	140	**1301**
Interior	Marowijne	Galibi	**381**	R.K. school te Galibi	129	
Rural	Marowijne	Moengo	**382**	Recreatiezaal Moengo	367	
Rural	Marowijne	Moengo	**384**	H.L.Waaldijkschool te Moengo	438	
Rural	Marowijne	Moengo	**387**	School te Abadoekondre	305	
Interior	Marowijne	Wanhatti	**389**	Internaat te Tamarin	54	
Rural	Marowijne	Patamacca	**390**	Gemeenschapshuis te Ovia Olo	132	**1425**
Rural	Para	Noord Para	**394**	St. Ferdinandschool Copieweg 1	293	
Rural	Para	Noord Para	**396**	St.Bernhardschool Bernharddorp	236	
Rural	Para	Oost Para	**400**	G.L.O.Einaarschool Paranam	240	
Interior	Para	Zuid Para	**404**	G.L.O. school E.B.G. Bersaba	226	
Interior	Para	Carolina	**407**	Recreatiezaal Pierre Kondre	69	**1064**
Interior	Brokopondo*	Sarakreek	**413**	O.S. Sarakreek	367	
Interior	Brokopondo*	Centrum	**415**	O.S. Brokopondo Centrum	747	**1114**
Interior	Sipaliwini*	Tapanahoni	**419**	Ampomatapoe	332	
Interior	Sipaliwini*	Tapanahoni	**424**	Manlobi	637	
Interior	Sipaliwini*	Tapanahoni	**427**	Drietabbetje	898	
Interior	Sipaliwini*	Boven Suriname	**431**	Abenaston	924	
Interior	Sipaliwini*	Boven Suriname	**434**	Pikienslee	582	
Interior	Sipaliwini*	Boven Suriname	**436**	Masai kriki	356	
Interior	Sipaliwini*	Boven Suriname	**440**	Botopasi	219	
Interior	Sipaliwini*	Bov. Saramacca	**443**	Poesoegroenoe	154	
Interior	Sipaliwini*	Bov. Saramacca	**448**	Kwamalasemoetoe	274	**4376**
	TOTAL NUMBER		**123**		**33637**	

* * Data in this table constitute the final sampling frame for drawing the sample for the MICS in Suriname
* For these districts in the interior the patient's list of the Medical Mission was used as a sampling frame

Table 2: Response rates and final weights

COUNTRY		SAMPLE			
Stratum	Area	Sampling fraction	Design weight	Number of clusters completed in the stratum	Number of clusters selected in the stratum
V1	HI6	V2	V3	V4	V5
URBAN	**1**	0.13912	7.188091	70	70
RURAL	**2**	0.14217	7.033833	38	38
INTERIOR	**3**	0.08646	11.565908	15	15
TOTAL				**123**	**123**

Table 2: Response rates and final weights (continued)

HOUSEHOLDS											
Number of households with a complete interview in the stratum (HI10=1)	Number of households with a refusal in the stratum (HI10=2)	Number of households not at home in the stratum (HI10=3)	Number of households not found or destroyed in the stratum (HI10=4)	Number of households with an other result in the stratum (HI10=5)	Number of households with in the stratum (HI10=6)	Total number of households selected in the stratum	Number of households found in the stratum (HI10= 1+2+3)	Raw household weight	Weighted number of households with a complete interview in the stratum	**Normalized household weight**	Weighted number of households with a complete interview in the stratum
V6	V7	V8	V9	V10	V10A	V11	V12	V13	V14	**HHWEIGHT**	V15
2313	82	146	4	54	1	2600	2542	7.899752	18272.13	**0.971985**	2248.20
1495	14	45	1	21	3	1579	1557	7.325537	10951.68	**0.901334**	1347.49
485	3	2	0	23	0	513	490	11.685144	5667.30	**1.437740**	697.30
4293	**99**	**193**	**5**	**98**		**4692**	**4589**		**34891.10**		**4293.00**

WOMEN						CHILDREN					
Number of eligible women in the stratum (HI11)	Number of eligible women with a complete interview in the stratum (HI12)	Raw woman's weight	Weighted number of women with a complete interview in the stratum	**Normalized woman's weight**	Weighted number of women with a complete interview in the stratum	Number of eligible children in the stratum (HI13)	Number of eligible children with a complete interview in the stratum (HI14)	Raw children's weight	Weighted number of children with a complete interview in the stratum	**Normalized children's weight**	Weighted number of children with a complete interview in the stratum
V16	V17	V18	V19	**WMWEIGHT**	V20	V21	V22	V23	V24	**CHWEIGHT**	V25
2698	2392	1.096328	2622.42	**0.991091**	2370.69	929	889	1.015719	902.97	**0.941421**	836.92
1813	1640	0.996414	1634.12	**0.900767**	1477.26	658	633	0.936932	593.08	**0.868397**	549.70
544	523	1.495469	782.13	**1.351918**	707.05	374	363	1.481308	537.71	**1.372952**	498.38
5055	**4555**		**5038.67**		**4555.00**	**1961**	**1885**		**2033.77**		**1885.00**

Appendix B: List of Personnel Involved in the Suriname MICS

Categorie Personnel	Type Personnel		Number
1.Administrative staff			7
2.Fieldworkers	·Interviewers		65
	·Supervisors		11
	·Editors	Field editor	7
		Office editor	7
	·Drivers		7
	·Listing		23
	·Mapping		6
3.Data-entry typists			10

Suriname Multiple
ndicator Cluster Survey 2000

MICS QUESTIONNAIRE SURINAME

ALGEMENE VRAGENLIJST

District:_____
Clusternr:_____
Huishoudnr:_____

Enqueteursnr:_____

13 december 1999

ENQUETEUR: GEEF EEN KORTE INTRODUCTIE OVER HET ONDERZOEK

HUISHOUD INFORMATIE

1. Clusternummer: ____ ____ ____	**2. Huishoudnummer:** _____ ----- ____
3. Datum interview: __ __/__ __/__ __ __ __	**4. Enqueteursnummer:** ___ ____ ___
4a. Adres:	
4b. Aantal huishoudens binnen woning:	
5. Voornaam hoofd van het huishouden:	
6. Stratum: Urbaan.....1 Ruraal .....2 Binnenland.....3	**7. District:** Paramaribo.....1 Wanica.....2 Nickerie..... .... 3 Coronie..... 4 Saramacca.....5 Commewijne.....6 Marowijne..... .7 Para.....8 Brokopondo.....9 Sipaliwini..... 10
8. Materiaal van de vloer van het huis: Tegels.....1 Planken/cement..... ...2 Zand/riet/papaja..... ...3 Parketvloer .....4 Ander materiaal nl_____ _____..5	**9. Hoeveel kamers zijn er in het huis? (afgeronde kamers waarin men woont, voorkamer meegerekend)** *Een kamer met 2 functies en zonder scheidsmuur , is 1 kamer* _____ kamers
9a. Hoeveel heeft u de afgelopen maand uitgegeven aan voeding? Sf.....	
9b. Hoe groot waren uw totale huishouduitgaven de afgelopen maand? (dus voeding en alle andere benodigdheden) Sf	
9c. Hoe groot is het totale (schoon ontvangen) huishoudinkomen ongeveer per maand? Sf.....	

10. Resultaat van het interview: Afgerond..... 1 Weigering.....2 Niet thuis.....3	Huis onvindbaar/vernietigd.....4 Overig namelijk.....5 Gedeeltelijk afgerond.....6
11. Aantal vrouwen van 12 - 49 jaar in het huishouden: ____ ____ ____	**12. Aantal afgeronde interviews vrouwen:** ____ ____ ____
12a. Aantal vrouwen bevallen van levendgeboren kinderen in het afgelopen jaar:_____ _____ _____	**12b. Aantal afgeronde interviews van bevallen vrouwen in het afgelopen jaar:** ____ _____ _____
12c. Aantal doodgeboren babies in het afgelopen jaar in dit huishouden: ___ _____ _____	
13. Aantal kinderen jonger dan 5 jaar: ____ ____ ____	**14. Aantal afgeronde interviews kinderen:** ____ ____ ____
Niet bestemd voor de enqueteur ! **15. Data invoer door:** _____ _____ _____	
Notities enqueteur/supervisor: Gebruik onderstaande ruimte voor notities (terugbellen, onvolledig ingevulde vragenlijsten, aantal bezoeken bij not-at-homes etc.)	

CLUSTERNR: _____ **HUISHOUDNR:**_____---_____

HUISHOUDLISTING

Kunt U mij vertellen hoe het hoofd van dit huishouden heet, en daarna de namen noemen van alle andere mensen die tot dit huishouden behoren*. *Schrijf alle namen op beginnend met het hoofd, dan de andere volwassenen gevolgd door de kinderen. Vraag daarna:* **Zijn er nog anderen die tot dit huishouden behoren en nu niet thuis zijn?**
Vul dan de lijst verder in en vraag dan de toepasselijke vragen, zoals in de handleiding is aangegeven. Indien u niet genoeg ruimte heeft om te schrijven, ga dan verder op een extra bladzijde.
Kruis het hokje op deze regel aan als u een extra bladzijde gebruikt.

				Modules					*Verzorgers van kinderen* ***onder de 15 jaar***			
				Als E1 2-49 jr	**Als E 12-49 jr**	**Kind < 5 jr**	Personen van **15 jaar en ouder**	Personen van **12 jaar en ouder**				
1	**2**	**3**	**4**	**5**	**5a**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
Per-soon nr:	**Voornaam**	**Is (naam) mannelijk of** vrouwelijk van geslacht? 1=man 2=vrouw	**Hoe oud is (naam)** geworden op zijn/haar laatste verjaardag? Schrijf het aantal jaren op. 99=weet niet	**Omcirkel het nummer** als dit van toepassing is	**Bent u in het afgelopen jaar** bevallen van een levend kind? 1=ja 2=nee	**Wie is de moeder of** verzorger van dit kind? Schrijf Nr. op	**Kan hij /zij de krant met** gemak of met moeite of helemaal niet lezen? 1=makkelijk 2=moeilijk 3= niet 9=WN	**Wat is de burgerlijke staat van (naam)?** 1 = gehuwd/ concubinaat 2=weduwe 3=bij wet gescheiden 4=afloop van concubinaat 5=nooit gehuwd	**Is (naam) zijn/haar** natuur-lijke moeder nog in leven? 1=ja 2=nee 9=WN	**Indien JA:** woont zij in dit huis-houden? 1=ja 2=nee 9=WN	**Is (naam) zijn/haar** natuurlijke vader nog in leven? 1=ja 2=nee 9=WN	**Indien JA:** woont hij in dit huishouden? 1=ja 2=nee 9=WN
Nr	Voornaam	M V	Leeftijd	E is 12-49 jr	J N	Moeder						
01		1 2	_____	01	1 2	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2 9	1 2 9	1 2 9
02		1 2	_____	02	1 2	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2 9	1 2 9	1 2 9
03		1 2	_____	03	1 2	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2 9	1 2 9	1 2 9
04		1 2	_____	04	1 2	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2 9	1 2 9	1 2 9
05		1 2	_____	05	1 2	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2 9	1 2 9	1 2 9
06		1 2	_____	06	1 2	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2 9	1 2 9	1 2 9
07		1 2	_____	07	1 2	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2 9	1 2 9	1 2 9
08		1 2	_____	08	1 2	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2 9	1 2 9	1 2 9
09		1 2	_____	09	1 2	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2 9	1 2 9	1 2 9
10		1 2	_____	10	1 2	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2 9	1 2 9	1 2 9

Indien er meer kinderen hier wonen, al zijn ze geen deel van het gezin en zijn ze zonder hun ouders in huis, voeg ze dan erbij. *Definitie van 1 huishouden: één of meerdere personen die minstens 4 dagen in de week op het adres wonen en slapen, met gezamenlijke voorzieningen voor basisbehoeften.

CLUSTERNR: _____ **HUISHOUDNR:** _____---____

ONDERWIJS MODULE

Stel vraag 15 en 16 over personen van 5 jaar en ouder Stel vraag 17 t/m 22 over kinderen van 5 jaar t/m 17 jaar

14. **Persoon nr**	**15.** **Heeft (naam) ooit de school bezocht?** 1 ja ➤Vrg. 16 2 nee ➤ volgende persoon onderwijs 9 weet niet➤ volgende persoon	**16.** **Wat is de hoogst genoten opleiding van (naam)?** 1 Kleuterschool 2 lagere school 3 VOJ (MULO, LBGO, LTS) 4 VOS (HAVO, VWO, IMEO, NATIN) 5 HBO/Universitair 9 weet niet **Welke is de hoogste klas die (naam) heeft afgerond?**	**17.** **Zit (naam) op dit moment op school?** 1 ja ➤Vrg 19 2 nee 3 de school staakt *Omcirkel 3 als de school staakt*	**18.** **Is (naam) dit schooljaar ooit naar school geweest?** 1 ja 2 nee ➤ Vrg 21 9 WN ➤ Vrg. 21	**19.** **Hoeveel dagen is (naam) naar school geweest vanaf afgelopen *(dag van de week)?***	**20.** **Op welke opleiding in en welke klas zat/zit (naam)?** Opleiding: 1 kleuterschool 2 lagere school 3 VOJ (MULO, LBGO, LTS) 4 VOS (HAVO, VWO, IMEO, NATIN) 5 HBO/universitair onderwijs 9 weet niet klas: 99 = weet niet	**21.** **Ging (naam) vorig jaar naar school?** 1 ja 2 nee ➤ volgende persoon 9 WN ➤ volgende persoon	**22.** Op welke opleiding en in welke klas zat (naam) vorig jaar? Opleiding: 1 kleuterschool 2 lagere school 3 VOJ (MULO, LBGO, LTS) 4 VOS (HAVO, VWO, IMEO, NATIN) 5 HBO/universitair onderwijs 9 weet niet Klas: 99 = weet niet

Persoon	Ja	Nee	WN	Nivo	Klas	Ja	Nee	Staking	Ja	Nee	WN	Dagen	Nivo	Klas	Ja	Nee	WN	Nivo	Klas
01	1	2	9	1 2 3 4 5 9		1	2	3	1	2	9		1 2 3 4 5 9		1	2	9	1 2 3 4 5 9	
02	1	2	9	1 2 3 4 5 9		1	2	3	1	2	9		1 2 3 4 5 9		1	2	9	1 2 3 4 5 9	
03	1	2	9	1 2 3 4 5 9		1	2	3	1	2	9		1 2 3 4 5 9		1	2	9	1 2 3 4 5 9	
04	1	2	9	1 2 3 4 5 9		1	2	3	1	2	9		1 2 3 4 5 9		1	2	9	1 2 3 4 5 9	
05	1	2	9	1 2 3 4 5 9		1	2	3	1	2	9		1 2 3 4 5 9		1	2	9	1 2 3 4 5 9	
06	1	2	9	1 2 3 4 5 9		1	2	3	1	2	9		1 2 3 4 5 9		1	2	9	1 2 3 4 5 9	
07	1	2	9	1 2 3 4 5 9		1	2	3	1	2	9		1 2 3 4 5 9		1	2	9	1 2 3 4 5 9	
08	1	2	9	1 2 3 4 5 9		1	2	3	1	2	9		1 2 3 4 5 9		1	2	9	1 2 3 4 5 9	
09	1	2	9	1 2 3 4 5 9		1	2	3	1	2	9		1 2 3 4 5 9		1	2	9	1 2 3 4 5 9	
10	1	2	9	1 2 3 4 5 9		1	2	3	1	2	9		1 2 3 4 5 9		1	2	9	1 2 3 4 5 9	

Voor elke vrouw van 12-49 jaar moet de naam en het persoonsnummer bovenaan de pagina van de vrouwenvragenlijst geschreven worden. Voor elk kind onder de 5 jaar, moet de naam en het persoonsnummer en de naam en persoonsnummer van zijn/haar moeder of verzorger bovenaan elke pagina in de kindervragenlijst geschreven worden. Voor elke vrouw van 12-49 jaar en voor elk kind in het huishouden wordt een aparte vrouwen- of kindervragenlijst gebruikt

CLUSTERNR: _____ HUISHOUDNR:_____

GEHANDICAPTEN MODULE

Stel deze vragen aan ouders/verzorgers alle kinderen in de leeftijd van ***2 tot en met 9 jaar*** *die wonen in het huishouden. Vraag:* **Ik wil weten of er kinderen in dit huishouden zijn die een van de gezondheidsproblemen hebben, die ik ga opnoemen.** *Als het antwoord op een vraag 'ja' is, omcirkel het persoonsnummer van dat kind in de juiste ruimte. Indien u niet genoeg ruimte heeft om te schrijven, ga dan verder op een extra bladzijde.*

Kruis het hokje op deze regel aan als je een extra bladzijde gebruikt ☐

Voor ouders/verzorgers van kinderen in de leeftijd 2 t/m 9 jaar

2	3	4	5	6	7	8	9	10	11 A (VOOR KIND VAN 3-9 JAAR OUD)	11B (VOOR KIND VAN 2 JAAR)	12
Per-soon-nr:	**Heeft (naam) in vergelijking met andere kinderen, een grote achterstand bij het zitten, staan en lopen?** 1 = ja 2 = nee 9 =WN	**Kan (naam) in vergelijking met andere kinderen overdag of 's avonds met moeite zien?** 1 = ja 2 = nee 9 =WN	**Heeft (naam) problemen met zijn/haar gehoor? (het kind heeft een gehoor-apparaat, hoort slecht of is helemaal doof)** 1 = ja 2 = nee 9=WN	**Wanneer u (naam) zegt om iets te doen, begrijpt hij/zij wat u bedoelt?** 1 = ja 2 = nee 9 =WN	**Heeft (naam) problemen met lopen of met het bewegen van zijn/haar armen, of heeft het kind stijve armen en benen?** 1 = ja 2 = nee 9 =WN	**Krijgt (naam) soms stuipen, wordt hij/zij stijf of raakt hij/zij soms bewusteloos?** 1 = ja 2 = nee 9 = WN	**Kan (naam) dezelfde dingen doen als andere kinderen van zijn-/haar leeftijd?** 1 = ja 2 = nee 9 = WN	**Kan (naam) praten (dus verstaan-bare woorden uitspreken)?** 1 = ja 2 = nee 9 = WN	**Praat (naam) anders dan normaal (dus moeilijk verstaanbaar** voor andere **mensen dan de directe familieleden)?** 1 = ja 2 = nee 9 = WN	**Kan (naam) ten minste 1 woord uitspreken?** 1 = ja 2 = nee 9 = WN	**Schijnt (naam) in vergelijking met ander kinderen van dezelfde leeftijd langzaam, suf of achterlijk?** 1 = ja 2 = nee 9 = WN
Nr											
01	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
02	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
03	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
04	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
05	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
06	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
07	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
08	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
09	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
10	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9

CLUSTERNR: _____ **HUISHOUDNR:** _____--___

WATER EN HYGIENE MODULE

Deze module is bestemd voor elk huishouden dat geinterviewd wordt. Als er meer dan een antwoord gegeven wordt, kruis aan wat het meest gebruikt wordt door het huishouden.

1. Wat is de belangrijkste bron van drinkwater voor personen van dit huishouden? *Indien er meerdere bronnen worden genoemd, vraag welke het meest gebruikt wordt*	Binnenkraan (aansluiting in huis) ..... 01 Erfkraan (aansluiting op het erf) ..... 02 Openbare kraan (niet op het erf) ..... 03 Bron (put) of boorput met pomp ..... 04 Beschermde bron (put) ..... 05 Beschermde boorput ..... 06 Gebotteld water (in een fles) ..... 07 Regenwater ..... 08 Onbeschermde bron ..... 09 Onbeschermde boor ..... 10 Kreek of rivier ..... 11 Watertruck, waterverkoper ..... 12 Doorgesneden pijp ..... 13 Anders, nl ..... 14 Geen antwoord of WN 99	
1a. Hoe ver is uw drinkwater verwijderd van uw huis? *Indien de watervoorziening in huis of op het erf is, omcirkel 888*	Aantal meters..... _____ Water in het huis of op het erf ..... 888 WN 999	
2. Hoe lang duurt het om water te halen en terug te komen naar huis? *Indien de watervoorziening in huis of op het erf is, omcirkel 888*	Aantal minuten — — — Water in het huis of op het erf ..... 888 WN 999	
3. Welke toilet voorziening gebruikt uw Huishouden het meest?	WC met waterspoeling en septic tank ..... 1 Plee (privaat) ..... 2 Geventileerde plee ..... 3 Plee met spoeling (zonder septic tank) ..... 4 Rivier ..... 5 Open put of gat in de grond ..... 6 Anders (vb emmer) nl ..... 7 Geen voorziening, bos, veld 8	8 ➔ Vrg.5
4. Waar staat het toilet of de plee?	In huis ..... 1 Op het erf ..... 2 Openbaar (niet in huis en niet op erf) ..... 3 WN 9	
Indien er babies of peuters in het huishouden zijn: **5. Wat gebeurt er met de ontlasting van het jongste kind in de leeftijd 0 t/m 3 jaar?** *Indien er geen babies of peuters in het huishouden zijn, omcirkel 8*	Kinderen gebruiken altijd toilet of WC ..... 1 Wordt gegooid in toilet of latrine ..... 2 Wordt bij het huisvuil gedaan (luiers) ..... 3 Wordt gegooid op het erf ..... 4 Wordt begraven op het erf ..... 5 Wordt niet weggegooid, blijft op de grond ..... 6 Anders, nl. ..... 7 Geen babies/peuters in het huishouden 8	
5a. Hoe wordt het huisvuil verwijderd?	Huisvuil wordt op het erf verbrand ..... 1 Huisvuil wordt opgehaald door vuilophaaldienst ..... 2 Huisvuil wordt op het erf begraven ..... 3 Huisvuil wordt op het erf gegooid ..... 4 Anders nl _____ 5	

GA NAAR DE VOLGENDE MODULE ➔

MICS QUESTIONNAIRE SURINAME

VROUWENVRAGENLIJST

District:_____
Clusternr:_____
Huishoudnr:_____
*Vrouwnr:*_____

Enqueteursnr:_____

13 december 1999

CLUSTER NR: _____ **HUISHOUD NR:** _____--_____ **VROUW NR:** _____

KINDER STERFTE MODULE		
Deze module is bestemd voor alle vrouwen van 12 tot en met 49 jaar in het huishouden. Alle vragen hebben alleen betrekking op LEVEND-GEBOREN kinderen.. Volg de instructies op van de interview training (zie interview instructies).		
Nu volgen wat vragen over alle bevallingen die u heeft gehad. **1. Bent u ooit bevallen?** *Indien "Neen" doorvragen:* Ik bedoel bent u bevallen van een kind dat ademde of huilde of waaraan je kon zien dat het leefde - ook al leefde het een paar minuten of uren?	Ja 1 Neen 2	2 ➔ Ga naar ANTICONCEPTIE MODULE
2a. Op welke datum bent u bevallen van uw eerste kind? *Dus: ook als het kind niet meer leeft, of ook als het kind van een andere man dan uw huidige partner is.* *Deze vraag stellen indien geboortedatum niet bekend is:*	Datum van eerste bevalling Dag/Maand/Jaar __ __/__ __/__ __ __ __ WN datum van 1ste bevalling ...99999999	➔ Vrg. 3 WN ➔ Vrg. 2b
2b. Hoeveel jaar geleden beviel u voor het eerst van een kind?	Aantal volledige jaren sinds de eerste Bevalling ____ ____	
3. Wonen er zonen of dochters van wie u bent bevallen Momenteel met u?	Ja 1 Neen 2	2 ➔ Vrg.5
4. Hoeveel zonen wonen met u? **Hoeveel dochters wonen met u?**	Zoons die thuis wonen……..……__ __ Dochters die thuis wonen……..……__ __	
5. Zijn er kinderen van wie u bevallen bent, die niet met u wonen?	Ja 1 Neen 2	2 ➔ Vrg. 7
6. Hoeveel zonen wonen niet met u? **Hoeveel dochters wonen niet met u?**	Zoons die elders wonen……..……__ __ Dochters die elders wonen……..……__ __	
7. Bent u ooit bevallen van een kind dat in leven was, maar na enkele uren/ dagen/jaren is gestorven?	Ja 1 Neen 2	2 ➔ Vrg.9
8. Hoeveel zonen zijn gestorven? **Hoeveel dochters zijn gestorven?**	Overleden zonen……..……__ __ Overleden dochters……..……__ __	
8a. Hoe oud was het kind toen hij/zij stierf?	Kind 1……_____ jaar Kind 2……_____ jaar Kind 3……_____ jaar Kind 4……_____ jaar Kind 5……_____ jaar	
9. *Tel de antwoorden van vraag Q. 4, 6, en 8 op voor het totaal aantal kinderen*	Totaal……..……__ __	
10. Om er zeker van te zijn dat ik de juiste antwoorden heb: **U bent gedurende uw hele leven dus in totaal van _____ kinderen bevallen. Klopt dit?** ☐ Ja ➔ *GA NAAR VRAAG 11* ☐ NEEN ➔ *CONTROLEER DE ANTWOORDEN, PLEEG CORRECTIES EN GA DAARNA NAAR VRAAG 11*		
11. Wanneer bent u voor het laatst bevallen (ook al is dat kind intussen gestorven)?	Datum van de laatste bevalling Dag/Maand/Jaar __ __/__ __/__ __ __ __	
Is de vrouw in het afgelopen jaar voor het laatst bevallen (dus maxtmaal een jaar voor de datum van het interview)? ☐ *Ja, ze is bevallen van een levend geboren kind in het afgelopen jaar.* ➔ *GA NAAR **GEZONDHEIDSMODULE VOOR MOEDERS EN PASGEBORENEN*** ☐ *Neen, geen bevalling of levend geboren kind in het afgelopen jaar.* ➔ *GA NAAR **ANTICONCEPTIE MODULE***		

CLUSTER NR: _____ **HUISHOUDNR:** _____---____ **VROUWNR:** _____

GEZONDHEIDSMODULE VOOR MOEDERS EN PASGEBORENEN		
Deze module is voor elke vrouw die in het jaar voor datum van interview een levendgeboren kind heeft gebaard.		
1a. Heeft u na uw laatste bevalling tabletten voor bloedarmoede (lage sali/anaemie) gehad?	Ja ..... 1 Nee ..... 2 Weet niet 9	
2. Bent u bij een hulpverlener geweest voor zwangerschapszorg of controle?	Ja ..... 1 Nee 2	➤ Vrg. 2a ➤ Vrg. 3
2a. Indien ja: Bij wie bent u geweest? **En bij nog iemand anders?** *Ga nauwkeurig na bij hoeveel verschillende hulpverleners de vrouw is geweest en kruis alles aan)* *Noteer bij 'ander' letterlijk wat de vrouw zegt*	**Gezondheidswerkers:** Arts ..... 1 Vroedvrouw ..... 2 Verpleegster ..... 3 Gezondheidswerker binnenland (gezondheidsassistent) ..... 4 **Andere hulpverlener:** Traditionele vroedvrouw ..... 5 Ander namelijk ..... 6 Bij niemand 0	
3. Wie heeft u geassisteerd bij uw laatste bevalling? **Nog iemand anders?** *Ga nauwkeurig na hoeveel verschillende hulpverleners de vrouw assisteerden en kruis alles aan* *Noteer bij 'ander' letterlijk wat de vrouw zegt*	**Gezondheidswerkers:** Arts ..... 1 Vroedvrouw ..... 2 Verpleegster ..... 3 Gezondheidswerker binnenland (gezondheidsassistent) ..... 4 **Andere hulpverlener:** Traditionele vroedvrouw ..... 5 Ander namelijk ..... 6 Bij niemand 0	
4. Hoe groot was uw laatste kind bij de geboorte ?	Erg groot ..... 1 Groter dan normaal ..... 2 Normale grootte ..... 3 Kleiner dan normaal ..... 4 Erg klein ..... 5 Weet het niet 9	
5. Is (naam) gewogen bij de geboorte?	Ja ..... 1 Nee ..... 2 Weet niet 9	1 ➤ Vrg. 6 2 ➤ Volgende module 9 ➤ Volgende module
6. Hoeveel woog (naam)? *Lees dit van een document als mogelijk*	Van document ..... 1 Uit het hoofd ..... 2 Weet niet 99999	gram__,__ __ __ gram__,__ __ __

CLUSTER NR. _____ **HUISHOUDNR.** _____--____ **VROUW NR.** _____

ANTICONCEPTIE MODULE

Stel deze vragen aan alle vrouwen in de vruchtbare ***leeftijd 12 - 49 jaar***

Nu zal ik enkele vragen stellen over anticonceptie. Dit zijn methoden om zwangerschap uit te stellen of te voorkomen.

1. Bent u momenteel	Getrouwd ..... 1 Samenwonend met partner ..... 2 Vaste relatie, apart wonend ..... 3 Bij wet gescheiden ..... 4 Alleenstaande moeder ..... 5 Alleenstaand zonder kinderen ..... 6 Anders nl ..... 7 Ongehuwd, thuis wonend ..... 8 Geen antwoord 9	
3a. Mensen gebruiken verschillende manieren/methoden om zwangerschap te voorkomen of uit te stellen. Kent u manieren/methoden om zwangerschap te voorkomen?	Ja ..... 1 Nee 2	2 ➔ Vrg. 2
3b. Welke manieren /methoden kent u? *Enqueteur: Niets opnoemen!* *Alleen omcirkelen wat de respondent zelf noemt*	Sterilisatie van de vrouw ..... 01 Sterilisatie van de man ..... 02 De Pil ..... 03 Spiraaltje ..... 04 Prikpil ..... 05 Hormoon implants ..... 06 Condoom ..... 07 Vrouwen condoom ..... 08 Diafragma (pessarium) ..... 09 Schuimtabletten/zaaddodend middel/pasta ..... 10 Borstvoeding ..... 11 Periodieke onthouding/kalender/fluoronderzoek ..... 12 Terugtrekken ..... 13 Anders, nl ..... 14 Weet niet 99	
2. Bent u nu zwanger?	Ja ..... 1 Nee ..... 2 Niet zeker, of WN 9	1 ➔ Vrg. 2a 2 ➔ Vrg. 3 9 ➔ Vrg. 3
2a. Had u geprobeerd deze zwangerschap te voorkomen?	Ja ..... 1 Nee 2	1, 2 ➔ Volgende module
3. Doet u of uw partner momenteel iets om zwangerschap uit te stellen of te voorkomen?	Ja ..... 1 Nee 2	1 ➔ Vrg. 4 2 ➔ Volgende module
4. Wat doet u of uw partner om zwangerschap uit te stellen of te voorkomen? *Niet doorvragen, alleen omcirkelen wat genoemd wordt*	Sterilisatie van de vrouw ..... 01 Sterilisatie van de man ..... 02 De Pil ..... 03 Spiraaltje ..... 04 Prikpil ..... 05 Hormoon implants ..... 06 Condoom ..... 07 Vrouwen condoom ..... 08 Diafragma (pessarium) ..... 09 Schuimtabletten/zaaddodend middel/pasta ..... 10 Borstvoeding ..... 11 Periodieke onthouding/kalender/fluoronderzoek ..... 12 Terugtrekken ..... 13 Anders, nl ..... 14 Weet niet 99	

GA NAAR DE VOLGENDE MODULE ➔

CLUSTER NR. _____ HUISHOUDNR. _____--____ VROUW NR. _____

HIV-AIDS MODULE		
Stel deze vragen aan alle vrouwen in de leeftijd **12 - 49 jaar**. *Zie interviewers instructies voor meer informatie over deze vragen*		
Deze vragen gaan over uw kennis over HIV en AIDS, en zijn dus niet om te weten of u AIDS heeft.		
1. Heeft u ooit gehoord van HIV of van de ziekte AIDS?	Ja ..... 1 Nee 2	2 ➤ Vrg. 18
2. Kan men iets doen om geen HIV te Krijgen, het virus dat AIDS veroorzaakt? **Ik zal nu een aantal dingen voorlezen over HIV en AIDS. Antwoordt ja als u denkt dat het waar is, nee als u denkt dat het niet waar is, of weet niet als u niet zeker weet.**	Ja ..... 1 Nee ..... 2 WN 9	2 ➤ Vrg .8 9 ➤ Vrg.8
3. Mensen kunnen zichzelf beschermen tegen het HIV virus door maar een onbesmette partner te hebben die ook geen andere partners heeft	Ja ..... 1 Nee ..... 2 WN 9	
4. Iemand kan besmet raken met het HIV virus door bovennatuurlijke oorzaken	Ja ..... 1 Nee ..... 2 WN 9	
5. Mensen kunnen zichzelf beschermen tegen het HIV virus door elke keer als ze sex hebben een condoom te gebruiken op de juiste wijze	Ja ..... 1 Nee ..... 2 WN 9	
6. Iemand kan het HIV virus krijgen van een muskietenbeet	Ja ..... 1 Nee ..... 2 WN 9	
7. Mensen kunnen zichzelf beschermen tegen het HIV virus door helemaal geen sex te hebben	Ja ..... 1 Nee ..... 2 WN 9	
8. Is het mogelijk dat iemand die er gezond uitziet het HIV virus heeft?	Ja ..... 1 Nee ..... 2 WN 9	
9. Kan een moeder het HIV virus aan haar kind overdragen?	Ja ..... 1 Nee ..... 2 WN 9	➤ Vrg. 13 ➤ Vrg. 13
10. Kan een moeder het HIV virus aan haar kind overdragen tijdens de zwangerschap?	Ja ..... 1 Nee ..... 2 WN 9	
11. Kan een moeder het HIV virus aan haar kind overdragen tijdens de bevalling?	Ja ..... 1 Nee ..... 2 WN 9	
12. Kan een moeder het HIV virus aan haar kind geven door borstvoeding?	Ja ..... 1 Nee ..... 2 WN 9	

HIV-AIDS MODULE		
13. Als een onderwijzer het HIV virus heeft maar niet ziek is, mag die persoon dan blijven les geven op school?	Ja ..... 1 Nee ..... 2 WN 9	
14. Als u wist dat een winkelier of iemand die eten verkoopt AIDS of het HIV virus heeft, zou u dan eten kopen bij die persoon?	Ja ..... 1 Nee ..... 2 WN 9	
15. We zouden graag willen weten hoeveel behoefte er in de gemeenschap is aan testen en begeleiding. Ik wil de uitslag niet weten, maar bent u ooit getest om te zien als u het HIV virus heeft?	Ja ..... 1 Nee ..... 2 WN 9	 2 ➤ Vrg. 17 9 ➤ Vrg. 17
16. Ik wil de uitslag niet weten, maar heeft men u toen de uitslag van de test gegeven?	Ja ..... 1 Nee 2	
17. Kent u op dit moment een plaats waar u zou kunnen gaan om zo een HIV of AIDS test te doen?	Ja ..... 1 Nee 2	
18. Is de vrouw verzorger van kinderen jonger dan vijf jaar? ☐ Ja ➤ *Ga naar de questionnaire voor kinderen jonger dan 5 jr. en vul een formulier in voor elk kind waarvan deze respondent de verzorger is* ☐ Nee ➤ *Vervolg met vraag 19*		
19. Wonen er meer vrouwen van 12 tot en met 49 jaar in dit huishouden? ☐ Ja ➤ *Beëindig het interview met deze vrouw, bedank de respondent voor haar medewerking, en ga verder met de volgende vrouw die in aanmerking komt voor deze module* ☐ Nee ➤ *Beëindig het interview met deze vrouw en bedank de respondent voor haar medewerking. Verzamel alle questionnaires van vrouwen in dit huishouden en noteer het aantal vrouwen-interviews op de huishoudvragenlijst*		

MICS QUESTIONNAIRE SURINAME

KINDERVRAGENLIJST

District:_____
Clusternr:_____
Huishoudnr:_____
*Kindnr:*_____

Enqueteursnr:_____

13 december 1999

CLUSTERNR. _____ **HUISHOUDNR.** _____ **VERZORGER NR.** _____ **KINDNR.** _____

GEBOORTE AANGIFTE EN VROEGE ONTWIKKELING		
1. Naam van het kind	Naam _____ _____ _____	
2. Leeftijd van het kind *Copieer van VR. 4 van Huishoud listing forumlier*	Leeftijd (in volledige jaren)	
3. Ik wil u enkele vragen stellen over de gezondheid van elk kind onder de 5 jaar, die nu met u woont. Nu volgen er vragen over (naam). **In welke maand en jaar is (naam) geboren?** *Doorvragen:* **Wat is zijn/haar verjaardag?** *Indien de moeder de juiste geboorte datum kent, vul ook de dag in; anders, vul 99 in voor dag.*	Geboorte datum _ _/_ _/_ _ _ _ _	
4. Is (naam) geregistreerd in een familieboekje of een geboorteakte? **Zou ik het mogen zien?** *Als geboorte akte wordt getoond, verifieer de opgegeven geboorte datum.Als er geen geboorte akte wordt getoond, probeer de datum te verifieren dmv een ander document (o.a. huwelijks-akte, dokterskaart, enz.).Verander opgegeven leeftijd, indien nodig.*	Ja, gezien.....1 Ja, niet gezien.....2 Nee.....3 Weet niet.....9	1 ➤ Vrg.8
Indien er geen familieboekje of geboorte akte wordt getoond, vraag: **5. Is (naam) na de geboorte aangegeven?**	Ja.....1 Nee.....2 Weet niet waar aangifte te doen.....9	1 ➤ Vrg.8 9 ➤ Vrg.7
6. Waarom is *(naam)* geboorte niet aangegeven?	Kost teveel.....1 Moet te ver reizen.....2 Wist niet dat het aangegeven moest worden.....3 Te laat, en wilde geen boete betalen.....4 Weet niet waar aan te geven.....5 Anders nl.....6 Weet niet.....9	
7. Weet u hoe u de geboorte van uw kind moet aangeven?	Ja.....1 Nee.....2 Weet niet.....9	
Indien een kind 3 jaar of ouder is, vraag: **8. Bezoekt (naam) een particuliere of overheidscreche, peuterschool of kleuterschool?**	Ja.....1 Nee.....2 Weet niet.....9	 2 ➤ Volgende module 9 ➤ Volgende module
9. Binnen de afgelopen zeven dagen, hoeveel uren heeft (naam) een creche, peuterschool of kleuterschool in totaal bezocht?	Aantal uren ....._ _	

CLUSTERNR. _____ **HUISHOUDNR.** _____-- ____ **VERZORGERNR.** _____ **KINDNR.** _____

BORSTVOEDINGSMODULE

Deze vragen zijn bestemd voor verzorgers van kinderen onder 5 jaar

1. Heeft (naam) ooit borstvoeding gekregen?	Ja.....1 Nee.....2 WN (weet niet).....9				2 ➔ Vrg. 4 9 ➔ Vrg. 4
1a. Hoeveel maanden heeft u <u>uitsluitend</u> borstvoeding gegeven?	Aantal maanden ___ ___ ___				
2. Krijgt *(naam)* nog steeds borstvoeding?	Ja.....1 Nee.....2 WN (weet niet).....9				2 ➔ Vrg. 4 9 ➔ Vrg. 4
3. Heeft u één van de volgende producten de afgelopen 24 uur aan *(naam)* gegeven? *Lees elk product luidop en noteer het antwoord van elk apart alvorens de volgende op te lezen*		J	N	WN	
3a. Vitamine, mineralen, of medicijn?	a. Vitamine, mineralen,Medicijn	1	2	9	
3b. Gewoon water?	b. Gewoon water	1	2	9	
3c. Stroop of vruchtensap of thee?	c. Stroop of vruchtensap of Thee	1	2	9	
3d. Diosol (ORS)?	d. Diosol (ORS)	1	2	9	
3e. Poedermelk, verse melk, of babyvoeding uit blik?	e. Poedermelk, verse melk, Of babyvoeding uit blik	1	2	9	
3f. Andere drank nl	f. Andere drank	1	2	9	
3g. Vast voedsel of puree?	g. Vast voedsel of puree	1	2	9	
4. Sinds deze tijd gisteren, heeft (naam) iets gedronken uit een fles met een tuit of speen?	Ja.....1 Nee.....2 WN.....9				

GA NAAR DE VOLGENDE MODUL ➔

CLUSTERNR_____ HUISHOUDNR_____--____ VERZORGERNR_____KINDNR_____

MODULE CARE OF ILLNESS		
Deze vragen zijn bestemd voor verzorgers van kinderen onder 5 jaar		
1. Heeft (naam) diarree gehad in de afgelopen twee weken? (Diarree is 3 of meer malen per dag papperig, waterig of bloederig ontlasten).	Ja.....1 Nee.....2 Weet niet.....9	1 ➤ Vrg. 3
2. Heeft *(naam)* in de afgelopen twee weken een andere ziekte of aandoening, bijvoorbeeld koorts of hoesten, gehad ?	Ja.....1 Nee.....2 Weet niet.....9	1 ➤ Vrg. 2a 2 ➤ Vrg. 11 9 ➤ Vrg. 11
2a. Indien ja, welke andere ziekte of aandoening heeft *(naam)* gehad?	....	➤ Vrg. 4
3. Tijdens de laatste diarree episode, heeft *(naam)* één van de volgende zaken gedronken?	J N WN	
3A. Borstvoeding	A. Borstvoeding 1 2 9	
3B. Pap met melk	B. Pap met melk 1 2 9	
3D. Diosol (ORS)	D. Diosol (ORS) 1 2 9	
3J. Pap zonder melk	J. Pap zonder melk 1 2 9	
3K. Cocoswater	K. Cocoswater 1 2 9	
3L. Rijstwater	L. Rijstwater 1 2 9	
3M. Huismiddel nl_____	M.Huismiddel 1 2 9	
4. Dronk *(naam)* tijdens de ziekte veel minder dan normaal, ongeveer hetzelfde als gewoonlijk, of meer dan normaal?	Veel minder of niets.....1 Ongeveer hetzelfde.....2 Meer.....3 Weet niet.....9	
5. At *(naam)* tijdens de ziekte veel minder dan normaal, ongeveer hetzelfde als gewoonlijk, of meer dan normaal? ***Indien respondent 'minder' zegt, vraag door :*** **At *(naam)* iets minder of veel minder dan normaal?**	Niets.....1 Veel minder.....2 Iets minder.....3 Hetzelfde.....4 Meer.....5 Weet niet.....9	
Stel de vragen 5a en 5b alleen indien het kind in de afgelopen twee weken diarree heeft gehad (Vrg.1 = 'Ja'). Anders ga naar vraag 6.		
5a. Bent u voor de diarree advies (of behandeling) gaan zoeken buitenshuis?	Ja.....1 Nee.....2 Onbekend.....9	 2 ➤ Vrg. 6 9 ➤ Vrg. 6
5b. Waar ging u voor behandeling of advies? **(MEER KEUZEMOGELIJKHEDEN)**	Familielid, kennis,buur.....1 Arts.....2 Drogist/apotheek.....3 Specialist.....4 Verpleegkundige (gezondheids-assistent).....5 EHBO.....6 Ziekenhuis.....7 Elders nl _____ 8	
6. Heeft *(naam)* in de laatste 2 weken last gehad van hoest?	Ja.....1 Nee.....2 Onbekend.....9	 2 ➤ Vrg. 11 9 ➤ Vrg. 11
7. Had *(naam)* de laatste 2 weken last bij het ademhalen?	Ja.....1 Nee.....2 Onbekend.....9	 2 ➤ Vrg. 11 9 ➤ Vrg. 11

MODULE CARE OF ILLNESS		
8. Had *(naam)* de laatste 2 weken last van verstopte neus of slijm op de borst?	Verstopte neus ..... 1 Slijm op de borst ..... 2 Allebei ..... 3 Anders nl ..... 4 Onbekend 9	1 ➤ Vrg. 11 2 ➤ Vrg. 9 3 ➤ Vrg. 9 4 ➤ Vrg. 11 9 ➤ Vrg. 9
9. Heeft u voor deze klacht(en) <u>buitenshuis</u> advies of behandeling gezocht?	Ja ..... 1 Nee ..... 2 Onbekend 9	 2 ➤ Vrg. 11 9 ➤ Vrg. 11
10. Waar ging u voor behandeling of advies? *(MEER KEUZEMOGELIJKHEDEN)*	Familielid, kennis,buur ..... 1 Arts ..... 2 Drogist/apotheek ..... 3 Specialist ..... 4 Verpleegkundige (gezondheids-assistent) ... 5 EHBO ..... 6 Ziekenhuis ..... 7 Elders nl 8	
11. Soms zijn kinderen ernstig ziek en moeten ze direct naar de poli (arts, verpleegster of gezondheidsassistent) worden gebracht. Bij wat voor klachten zou u uw kind direct naar een poli brengen? *(MEER KEUZEMOGELIJKHEDEN)* ***Enqueteur:noem de antwoordmogelijkheden niet op! Omcirkel alle symptomen die de respondent opsomt.***	Het kind kan niet drinken of zuigen a an de borst ..... 01 Het kind wordt zieker ..... 02 Het kind krijgt koorts ..... 03 Het kind ademt (te) snel ..... 04 Het kind kan met moeite ademhalen ..... 05 Het kind heeft bloed in de ontlasting ..... 06 Het kind drinkt weinig ..... 07 Anders nl ..... 08 Anders nl ..... 09 Anders nl ..... 10 Het kind heeft diarree ..... 11 Het kind moet braken 12	

CLUSTERNR_____ **HUISHOUDNR**_____--____ **VERZORGERNR**_____ **KINDNR**_____

MODULE MALARIA *(ALLEEN VOOR HET BINNENLAND)*		
Deze vragen zijn bestemd voor ***verzorgers van kinderen onder 5 jaar***		
8. Heeft (naam) gisteren onder een klamboe geslapen?	Ja ..... 1 Nee ..... 2 Weet niet 9	1 ➤ Vrg. 9 2 ➤ Volgende module 9 ➤ Volgende module
9. Was deze klamboe gewassen met een middel tegen muskieten?	Ja ..... 1 Nee ..... 2 Weet niet 9	1 ➤ Vrg. 10 2 ➤ Volgende module 9 ➤ Volgende module
10. Hoe lang geleden was de klamboe gewassen met het middel?	_____Maand(en) geleden Weet niet 99	

CLUSTER NR_____ **HUISHOUDNR**_____---____ **VERZORGERNR**_____ **KINDNR**_____

IMMUNISATIE MODULE		
Als het kind een vaccinatie boekje (of kaart) heeft vraag er dan naar en vul daarmee vraag 4 met de datum in. Heeft het kind geen vaccinatie boekje vul dan vraag 4 met ja/ nee in.		
0. Is *(naam)* gevaccineerd?	Ja.....1 Nee.....2 Weet niet.....9	→ Vrg. 1 → Stop → Stop
1. Heeft u zijn/haar vaccinatie boekje bij de hand? ***Indien Ja:*** **Mag ik het boekje zien?**	Ja, gezien.....1 Ja, niet gezien.....2 Nee.....3	 → Vrg. 7 → Vrg. 7
Schrijf de vaccinatie gegevens over. Indien er geen documentatie van het vaccin is maar de respondent aangeeft dat deze is gegeven vul dan 44 in bij dag	Doc(datum)	
	Dag / Mnd / Jaar	
3a. Polio1		
3b. Polio2		
3c. Polio3		
3d. Polio4		
4a. DKT1		
4b. DKT2		
4c. DKT3		
4d. DKT4		
5. Mazelen/MMR		
6. Heeft *(naam)* behalve de eerder genoemde vaccinaties ook andere vaccinaties gehad - inclusief vaccinaties tijdens een vaccinatie campagne? ***Schrijf 'Ja' alleen indien de respondent Polio, DKT, Mazelen en/of MMR noemt. Ga daarna naar vraag 14a***	Ja.....1 *(Vraag naar vaccinaties en vul dan '66' in bij corresponderende dag kolom in Vrg. 3a t/m 5)* Nee.....2 Weet niet.....9	 → Vrg.14a → Vrg.14a
7. Heeft *(naam)* ooit vaccinaties gehad om hem/haar te beschermen tegen ziektes, inclusief vaccinaties tijdens een vaccinatie campagne?	Ja.....1 Nee.....2 Weet niet.....9	 → Vrg.14a → Vrg.14a
9. Heeft *(naam)* ooit vaccinatie druppels in de mond gehad om hem/haar te beschermen tegen polio?	Ja.....1 Nee.....2 Weet niet.....9	 → Vrg.12 → Vrg.12
11. Hoe vaak heeft hij/zij de druppels gehad?	Aantal keren ____ ____	
12. Heeft *(naam)* ooit een spuitje om te voorkomen dat hij/zij klem(tetanus), kinkhoest en difterie zou krijgen?	Ja.....1 Nee.....2 Weet niet.....9	 → Vrg.14 → Vrg.14
13. Hoe vaak heeft hij/zij zo een spuitje gehad?	Aantal keren ____ ____	
14. Heeft *(naam)* ooit een spuitje in de arm gehad toen hij/zij 9 maanden oud of ouder was om mazelen te voorkomen?	Ja.....1 Nee.....2 Weet niet.....9	
14a. Heeft *(naam)* een prikje tegen tuberculose gehad? Dat is een prikje waar een lidteken van achterblijft, meestal op je linkerschouder.	Ja.....1 Nee.....2 Weet niet.....9	
15. Is *(naam)* gevaccineerd tijdens één van de volgende campagnes?	Ja / Nee / Weet niet	
A. (maart-aug 1998) mazelen-MMR	Campagne A. 1 2 9	
B. (december 1997) mazelen	Campagne B. 1 2 9	
C. (1999) mazelen - MMR	Campagne C. 1 2 9	

CLUSTER NR_____ **HUISHOUDNR**_____---___ **VERZORGERNR**_____ **KINDNR:** _____

ANTHROPOMETRIE MODULE *(VOOR ALLE KINDEREN ONDER 5 JAAR)*		
Weeg en meet elk kind tussen o en 5 jaar. Noteer het gewicht en de lengte.		
2. Gewicht van het kind.	Kilogram (kg)..... ___ ___ . ___	
3. Lengte van het kind *Kruis aan:* ☐ *Het kind is onder 2 jaar ➔ meet het kind liggend* ☐ *Het kind is 2 tot 5 jaar. ➔ meet het kind staand*	Lengte in cm **Liggend**..... **1)** ___ ___ ___ . ___ Lengte in cm **Staand**..... **2)** ___ ___ ___ . ___	
4. Gemeten door (enqueteurnr van interviewer)	Enqueteurnr ___ ___ ___	
5. Resultaat van anthropometrie	Gemeten en gewogen..... 1 Niet thuis..... 2 Weigering ..... 3 Anders namelijk ——————— 4	
6. Is er een ander kind in het huishouden tussen 0 en 5 jaar, dat gemeten en gewogen moet worden? ☐ *Ja.➔ Noteer de lengte en het gewicht van elk kind* ☐ *Nee➔Beëindig het interview met dit huishouden. Bedank alle participanten voor hun medewerking. Zet alle vragenlijsten van dit huishouden bij elkaar en controleer dat het huishoudnummer en de volgnummers op elke pagina geschreven zijn. Noteer op het Huishoud Informatie blad het aantal afgeronde vrouwen- en kinder-interviews.*		

Appendix D: Tables

Multiple Indicator Cluster Survey

Table 1: Number of households and women, and response rates, Suriname, 1999-2000

	Stratum			Total
	Urban	Rural	Interior	
Sampled households	2600	1579	513	4692
Found households	2541	1554	490	4585
Completed households	2313	1495	485	4293
Household response rate	**91.0**	**96.2**	**99.0**	**93.6**
Eligible women	2698	1813	544	5055
Interviewed women	2392	1640	523	4555
Women response rate	**88.7**	**90.5**	**96.1**	**90.1**
Children under 5	929	658	374	1961
Interviewed children under 5	889	633	363	1885
Child response rate	**95.7**	**96.2**	**97.1**	**96.1**

Table 2: Single year age distribution of household population by sex, Suriname, 1999-2000

		Sex			
		Male		Female	
		Number	Percent	Number	Percent
Age	0	232	2.7	201	2.3
	1	208	2.4	198	2.3
	2	272	3.2	195	2.3
	3	178	2.1	201	2.4
	4	179	2.1	170	2.0
	5	161	1.9	159	1.9
	6	183	2.2	165	1.9
	7	207	2.4	164	1.9
	8	177	2.1	147	1.7
	9	182	2.1	177	2.1
	10	195	2.3	176	2.1
	11	158	1.9	176	2.1
	12	178	2.1	152	1.8
	13	182	2.1	202	2.4
	14	186	2.2	194	2.3
	15	189	2.2	224	2.6
	16	162	1.9	2.8	2.4
	17	181	2.1	190	2.2
	18	173	2.0	141	1.6
	19	153	1.8	164	1.9
	20	162	1.9	178	2.1
	21	135	1.6	137	1.6
	22	141	1.7	149	1.7
	23	136	1.6	130	1.5
	24	113	1.3	129	1.5
	25	136	1.6	152	1.8
	26	119	1.4	115	1.4
	27	119	1.4	131	1.5
	28	139	1.6	128	1.5
	29	117	1.4	135	1.6
	30	163	1.9	158	1.9
	31	112	1.3	113	1.3
	32	141	1.7	151	1.8
	33	120	1.4	139	1.6
	34	117	1.4	112	1.3
	35	159	1.9	136	1.6
	36	123	1.5	120	1.4
	37	101	1.2	115	1.3
	38	119	1.4	119	1.4
	39	128	1.5	114	1.3
	40	124	1.5	122	1.4

		Sex			
		Male		Female	
		Number	Percent	Number	Percent
Age	41	89	1.0	106	1.2
	42	106	4.2	77	.9
	43	79	.9	96	1.1
	44	86	1.0	86	1.0
	45	104	1.2	103	1.2
	46	55	.6	.68	.8
	47	75	.9	88	1.0
	48	64	.8	89	1.0
	49	53	.6	66	.8
	50	75	.9	82	1.0
	51	40	.5	51	.6
	52	59	.7	44	.5
	53	51	.6	47	.6
	54	49	.6	70	.8
	55	53	.6	62	.7
	56	39	.5	53	.6
	57	37	.4	47	.5
	58	48	.6	53	.6
	59	33	.4	57	.7
	60	57	.7	60	.7
	61	42	.5	48	.6
	62	33	.4	44	.5
	63	43	.5	50	.6
	64	37	.4	42	.5
	65	52	.6	62	.7
	66	30	.4	41	.5
	67	43	.5	44	.5
	68	33	.4	35	.4
	69	35	.4	38	.4
	70+	258	3.0	297	3.5
	Missing/ DK	181	2.1	49	.6
Total		**8491**	**100.0**	**8542**	**100.0**

Table 3: Percentage of cases missing information for selected questions, Suriname, 1999-2000

	Percent missing	Number
Level of education	.6	13468
Year of education	3.2	13467

Table 3: Percentage of cases missing information for selected questions, Suriname, 1999-2000

	Percent missing	Number
Ever been tested for HIV	.9	4221

Table 3: Percentage of cases missing information for selected questions, Suriname, 1999-2000

	Percent missing	Number
Complete birth date	.3	1885
Diarrhea in last 2 weeks	1.3	1885
Weight	4.6	1885
Height	4.6	1885

Table 4: Percent distribution of household by background characteristics, Suriname, 1999-2000

		Percent missing	Number	Unweighted
District	Paramaribo	38.9	1669	1717
	Wanica	20.6	884	950
	Nickerie	10.6	457	491
	Coronie	1.5	66	73
	Saramacca	2.6	114	126
	Commewijne	3.6	153	170
	Marowijne	4.3	187	191
	Para	3.7	160	155
	Brokopondo	3.1	132	92
	Sipaliwini	11.0	471	328
Stratum	Urban	52.4	2249	2313
	Rural	31.4	1347	1495
	Interior	16.2	697	485
Number or HH members	1	10.4	445	435
	2-3	34.6	1484	1475
	4-5	35.0	1504	1522
	6-7	13.6	585	593
	8-9	4.6	196	194
	10+	1.8	78	74
Total		**100.0**	**4293**	**4293**

Table 4: Percent distribution of household by background characteristics, Suriname, 1999-2000

	Percent	Number	Unweighted
At least one child age < 15	63.7	4293	4293
At least one child age < 5	37.9	4293	4293
At least one woman age 12-49	79.3	4293	4293

Table 5: Percent distribution of women 12-49 by background characteristics, Suriname, 1999-2000

		Percent	Number	Unweighted
District	Paramaribo	37.6	1715	1730
	Wanica	22.6	1028	1096
	Nickerie	11.4	518	554
	Coronie	1.3	60	67
	Saramacca	2.6	117	130
	Commewijne	3.3	150	167
	Marowijne	4.1	185	194
	Para	3.7	167	162
	Brokopondo	3.4	153	113
	Sipaliwini	10.1	462	342
Stratum	Urban	52.1	2371	2392
	Rural	32.4	1477	1640
	Interior	15.5	707	523
Age	12-14	10.5	478	477
	15-19	18.6	845	846
	20-24	14.4	654	647
	25-29	13.2	603	604
	30-34	13.5	614	616
	35-39	12.2	554	555
	40-44	9.8	444	450
	45-49	8.0	363	360
Marital status	Currently married	58.5	2666	2669
	Not currently married	41.5	1889	1886
Ever given birth	Yes	61.3	2794	2776
	No	38.7	1761	1779
Woman's education level	None	8.1	371	301
	Primary	30.7	1399	1369
	Secondary +	59.9	2728	2827
	Missing/DK	1.3	58	58
Total		**100.0**	**4555**	**4555**

Table 6: Percent distribution of children under 5 by background characteristics, Suriname, 1999-2000

		Percent	Number	Unweighted
Sex	Male	52.6	992	994
	Female	47.4	893	891
District	Paramaribo	33.1	623	662
	Wanica	18.1	342	381
	Nickerie	9.4	177	198
	Coronie	1.7	32	37
	Saramacca	2.2	42	48
	Commewijne	2.1	40	46
	Marowijne	4.9	92	98
	Para	4.6	86	87
	Brokopondo	6.6	124	90
	Sipaliwini	17.3	327	238
Stratum	Urban	44.4	837	889
	Rural	29.2	550	633
	Interior	26.4	498	363
Age	< 6 months	12.3	231	224
	6-11 months	8.6	163	162
	12-23 months	20.0	376	369
	24-35 months	22.8	430	435
	36-47 months	18.8	354	361
	48-59 months	17.5	329	332
Mother's education level	None	14.9	281	229
	Primary	29.1	549	521
	Secondary +	54.8	10.4	1113
	Missing/DK	1.2	22	22
Total		**100.0**	**1885**	**1885**

Table 7: Mean number of children ever born (CEB) and proportion dead by mother's age, Suriname, 1999-2000

		Mean number of CEB	Proportion dead	Number of women
Age	12-14	.008	.333	478
	15-19	.179	.052	845
	20-24	1.007	.063	654
	25-29	1.832	.037	603
	30-34	2.655	.057	614
	35-39	3.316	.048	554
	40-44	3.826	.056	444
	45-49	4.321	.084	363
Total		**1.899**	**.058**	**4555**

Table 7w: Sex ratio at birth by mother's age, Suriname, 1999-2000

		Total number of boys	Total number of girls	Sex ratio at birth
Age	12-14	1	3	.50
	15-19	79	72	1.09
	20-24	340	319	1.06
	25-29	577	528	1.09
	30-34	844	786	1.07
	35-39	938	898	1.04
	40-44	867	832	1.04
	45-49	804	763	1.05

Table 9: Percent of children aged 36-59 months who are attending some form of organized early childhood education programme, Suriname, 1999-2000

		Attending programme	Number of children
Sex	Male	38.3	338
	Female	35.6	345
District	Paramaribo	53.6	223
	Wanica	42.5	126
	Nickerie	46.0	76
	Coronie	47.6	18
	Saramacca	47.1	15
	Commewijne	40.0	17
	Marowijne	27.5	33
	Para	31.7	35
	Brokopondo	.0	41
	Sipaliwini	1.4	99
Stratum	Urban	51.6	296
	Rural	40.8	227
	Interior	4.3	161
Age	36-47 months	14.1	354
	48-59 months	61.4	329
Mother's education level	None	12.8	96
	Primary	26.5	210
	Secondary +	49.2	373
	Missing/DK	17.7	5
Total		**36.9**	**684**

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Table 10: Percentage of children of primary school age attending primary school, Suriname, 1999-2000

		Sex				Total	
		Male Attending primary school		Female Attending primary school		Attending	Number
		Attending	Number	Attending	Number		
District	Paramaribo	80.9	472	80.9	427	80.9	899
	Wanica	80.9	309	86.4	280	83.5	590
	Nickerie	86.2	134	78.9	141	82.4	275
	Coronie	76.0	23	70.8	22	73.5	44
	Saramacca	83.8	33	84.6	35	84.2	68
	Commewijne	84.3	46	93.0	39	88.3	85
	Marowijne	77.1	87	80.9	76	78.9	164
	Para	81.0	75	81.0	58	81.0	132
	Brokopondo	69.2	56	82.2	65	76.25	121
	Sipaliwini	49.3	204	54.5	174	51.7	378
Stratum	Urban	81.6	661	81.7	589	81.6	1250
	Rural	80.7	476	83.3	452	81.9	928
	Interior	57.8	303	64.9	275	61.2	578
Age	5	1.8	161	6.2	159	4.0	320
	6	76.6	183	80.3	165	78.4	348
	7	87.5	207	89.3	164	88.3	370
	8	92.2	177	94.6	147	93.3	324
	9	89.4	182	95.0	177	92.2	359
	10	91.1	195	94.7	176	92.8	372
	11	90.4	158	90.5	176	90.5	334
	12	72.4	178	75.0	152	73.6	330
Total		**76.3**	**1440**	**78.7**	**1316**	**77.5**	**2756**

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Table 11: Percentage of children entering first grade of primary school who eventually reach grade 5, Suriname, 1999-2000

		Percent grade 1 reaching grade 2	Percent grade 2 reaching grade 3	Percent grade 3 reaching grade 4	Percent grade 4 reaching grade 5	Percent grade 5 reaching grade 6
Sex	Male	94.0	97.5	97.2	92.9	82.7
	Female	97.9	97.1	98.2	91.3	85.2
District	Paramaribo	100.0	99.1	98.5	94.9	92.6
	Wanica	98.7	98.9	98.3	96.0	92.1
	Nickerie	97.0	94.6	100.0	82.1	75.4
	Coronie	100.0	100.0	88.9	100.0	88.9
	Saramacca	100.0	100.0	100.0	100.0	100.0
	Commewijne	100.0	100.0	100.0	90.0	90.0
	Marowijne	90.7	84.7	100.0	89.2	68.5
	Para	100.0	100.0	100.0	100.0	100.0
	Brokopondo	86.7	100.0	100.0	92.3	80.0
	Sipaliwini	81.5	92.9	85.0	71.4	45.9
Stratum	Urban	100.0	99.3	98.9	94.4	92.8
	Rural	96.6	95.3	98.2	91.3	82.5
	Interior	84.8	96.2	91.9	86.1	64.5
Total	**1.00**	**95.8**	**97.3**	**97.6**	**92.1**	**83.8**

World Summit for Children Goal => Number 6

Table 12: Percentage of the population aged 15 years and older that is literate, Suriname, 1999-2000

		Sex						Total		
		Male			Female			Literate	Not known	Number
		Literate	Not known	Number	Literate	Not known	Number			
District	Paramaribo	95.2	.6	2262	93.2	.6	2271	94.2	.6	4533
	Wanica	91.8	1.0	1291	88.7	.2	1245	90.3	.6	2536
	Nickerie	85.9	4.5	689	85.9	3.9	639	85.9	4.2	1328
	Coronie	93.4	3.3	82	87.3	2.5	71	90.6	2.9	153
	Saramacca	79.9	11.2	152	73.8	9.1	148	76.9	10.2	300
	Commewijne	94.3	.4	236	84.5	.0	215	89.6	.2	451
	Marowijne	85.8	1.1	238	74.6	1.7	246	80.1	1.4	485
	Para	93.4	.8	215	90.1	.4	211	91.8	.6	426
	Brokopondo	70.0	12.5	57	54.1	2.5	175	58.0	4.9	233
	Sipaliwini	50.0	14.4	210	33.4	9.7	594	37.7	10.9	804
Stratum	Urban	94.1	1.0	3126	91.8	.8	3081	92.9	.9	6207
	Rural	89.0	2.6	1910	84.9	1.9	1846	87.0	2.3	3755
	Interior	65.9	9.4	397	44.4	7.1	890	51.1	7.8	1287
Age	15-24	92.2	3.1	1543	91.3	.9	1651	91.7	1.9	3194
	25-34	94.5	1.5	1280	89.6	1.4	1335	92.0	1.4	2615
	35-44	93.6	1.4	1113	85.8	1.8	1091	89.7	1.6	2204
	45-54	89.5	1.2	625	75.4	3.2	708	82.0	2.3	1333
	55-64	80.5	2.8	422	65.7	4.5	515	72.4	3.7	937
	65+	73.1	4.1	450	53.8	4.6	516	62.8	4.4	966
Total		**90.2**	**2.2**	**5433**	**82.3**	**2.1**	**5816**	**86.2**	**2.1**	**11249**

World Summit for Children Goal => Number 7

Table 13: Percentage of the population using improved drinking water sources, Suriname, 1999-2000

		Main source of water															Total	Total with safe drinking water	Number of persons
		Piped into dwelling	Piped into yard or plot	Public tap	Tubewell/ borehole with pump	Protected spring	Protected dug well	Bottled water	Rainwater collection	Unprotected spring	Unprotected dug well	River or stream	Tanker truck vendor	Cut official pipe	Other	Missing/ DK			
District	Paramaribo		14.0	.7	.0	.1	.0	.1	4.3	.0	.0	.0	.0	.0	.5	.4	100.0	94.7	6388
	Wanica	44.6	24.6	.5	1.4	1.7	.4	.0	21.8	.3	.0	.0	.0	2.1	2.5	.2	100.0	73.1	3681
	Nickerie	49.9	31.8	.6	.0	.0	.0	.2	3.7	.0	.0	.7	1.3	8.5	1.9	1.4	100.0	82.5	1887
	Coronie	43.1	41.2	.4	.0	.0	.0	.0	12.0	.0	.0	.0	.0	.0	3.4	.0	100.0	84.6	241
	Saramacca	52.0	29.0	.4	1.3	.0	.8	.8	11.3	.0	1.5	1.5	.0	1.5	.0	.0	100.0	84.3	432
	Commewijne	16.9	7.4	.0	.0	2.1	.0	.0	70.3	1.5	.0	.0	.0	1.8	.0	.0	100.0	26.4	598
	Marowijne	42.1	20.9	.0	2.1	2.0	.0	.8	9.4	2.6	.0	18.3	.0	.0	1.9	.0	100.0	67.9	828
	Para	33.2	36.7	4.2	3.4	4.3	.7	.0	10.3	2.5	.0	1.7	.0	1.3	1.7	.1	100.0	82.4	685
	Brokopondo	.0	9.0	8.2	.0	.0	.0	.0	5.0	.0	.0	77.9	.0	.0	.0	.0	100.0	17.2	578
	Sipaliwini	.0	6.9	.0	.0	.0	.0	.0	26.6	.0	.7	65.5	.0	.0	.0	.4	100.0	6.9	1715
Stratum	Urban	74.5	16.1	.5	.6	.7	.2	.1	5.5	.2	.0	.0	.1	.1	1.1	.5	100.0	92.6	8783
	Rural	37.1	27.4	.6	.2	1.0	.1	.2	23.4	.5	.1	2.5	.3	4.6	1.5	.4	100.0	66.6	5549
	Interior	3.2	12.1	2.7	1.4	.5	.0	.0	18.3	.8	.4	59.8	.0	.0	.4	.3	100.0	20.0	2701
Total		**51.0**	**19.1**	**.9**	**.6**	**.7**	**.1**	**.1**	**13.4**	**.4**	**.1**	**10.3**	**.1**	**1.6**	**1.1**	**.4**	**100.0**	**72.6**	**17033**

World Summit for Children Goal => Number 4

Table 14: Percentage of the population using sanitary means of excreta disposal, Suriname, 1999-2000

		Type of toilet facility									Total	Total with sanitary means of excreta disposal	Number of persons
		Flush to sewage system/ septic tank	Pour flush latrine	Improved pit latrine	Traditional pit latrine	River	Open pit	Other	No facilities/ bush/field	Missing			
District	Paramaribo	87.6	11.4	.2	.0	.0	.0	.5	.0	.4	100.0	99.2	6388
	Wanica	73.8	25.6	.0	.2	.0	.1	.1	.1	.0	100.0	99.6	3681
	Nickerie	77.0	18.7	.0	1.4	.0	.9	.8	.2	1.0	100.0	97.2	1887
	Coronie	53.2	46.8	.0	.0	.0	.0	.0	.0	.0	100.0	100.0	241
	Saramacca	53.0	37.6	9.2	.0	.0	.0	.0	.2	.0	100.0	99.8	432
	Commewijne	58.3	37.5	1.7	1.2	.0	.6	.8	.0	.0	100.0	98.6	598
	Marowijne	45.3	46.5	.0	1.3	.0	4.2	2.4	.3	.0	100.0	93.1	828
	Para	46.2	52.5	.0	.4	.0	.0	.0	.8	.1	100.0	99.1	685
	Brokopondo	1.0	5.5	.0	.0	.0	.0	.0	93.5	.0	100.0	6.5	578
	Sipaliwini	.8	21.5	.0	.8	38.1	1.4	.0	36.6	.8	100.0	23.1	1715
Stratum	Urban	84.3	14.6	.1	.0	.0	.0	.5	.0	.4	100.0	99.1	8783
	Rural	65.6	30.9	.9	.9	.0	.8	.5	.3	.1	100.0	98.3	5549
	Interior	5.0	24.9	.0	.6	24.2	1.4	.1	43.4	.5	100.0	30.5	2701
Total		**65.6**	**21.5**	**.3**	**.4**	**3.8**	**.5**	**.4**	**7.0**	**.3**	**100.0**	**88.0**	**17033**

World Summit for Children Goal => Number 5

Table 15: Percentage of the under-five children who are severly or moderately undernourished, Suriname, 1999-2000

		Weight for age: -2 SD	Weight for age: -3 SD	Height for age: -2 SD	Height for age: -3 SD	Weight for height: -2 SD	Weight for height: -3 SD	Number of children
Sex	Male	14.3	2.7	11.8	3.0	7.3	1.5	907
	Female	12.3	1.5	7.7	2.3	5.6	1.5	809
District	Paramaribo	10.8	2.0	6.0	1.5	6.5	1.5	576
	Wanica	16.5	1.9	8.5	2.5	9.5	2.4	324
	Nickerie	10.3	.0	6.2	.6	7.4	.6	146
	Coronie	2.9	.0	.0	.0	2.9	.0	30
	Saramacca	22.0	4.9	9.8	7.3	17.1	.0	36
	Commewijne	20.0	4.4	6.7	.0	6.7	2.2	39
	Marowijne	3.0	.0	7.0	.0	.0	.0	86
	Para	3.2	.0	6.3	1.1	.0	.0	82
	Brokopondo	21.4	6.0	21.4	11.9	4.8	.0	115
	Sipaliwini	18.5	2.9	20.0	3.9	5.9	2.4	281
Stratum	Urban	10.7	1.5	6.3	1.3	6.5	1.2	767
	Rural	13.8	1.9	8.0	2.0	7.7	1.7	510
	Interior	17.5	3.4	18.4	5.6	5.0	1.6	439
Age	< 6 months	3.5	1.1	2.6	.7	1.3	.4	210
	6-11 months	12.9	3.7	9.5	2.9	9.0	4.4	144
	12-23 months	17.9	2.6	14.2	4.7	8.7	1.0	353
	24-35 months	12.5	1.8	10.2	2.4	5.3	.7	385
	36-47 months	13.7	1.6	9.8	2.7	5.6	1.7	326
	48-59 months	15.6	2.4	9.6	1.8	8.7	2.0	297
Mother's education level	None	16.9	4.0	17.8	5.7	4.3	2.0	254
	Primary	16.3	2.3	14.0	2.8	6.3	1.3	488
	Secondary +	10.9	1.4	5.6	1.8	7.0	1.3	955
	Missing/DK	15.6	4.4	16.0	.0	13.5	4.4	20
Total		**13.3**	**2.1**	**9.9**	**2.7**	**6.5**	**1.5**	**1716**

World Summit for Children Goal => Number 3,9,26

Table 15a: Percentage of under-five children with missing height or weight, Suriname, 1999-2000

		Missing height or weight	Number of children
Sex	Male	4.5	992
	Female	5.9	893
District	Paramaribo	5.3	623
	Wanica	4.7	342
	Nickerie	15.3	177
	Coronie	0	32
	Saramacca	10.4	42
	Commewijne	2.2	40
	Marowijne	1.9	92
	Para	1.6	86
	Brokopondo	.0	124
	Sipaliwini	3.8	327
Stratum	Urban	6.5	837
	Rural	5.2	550
	Interior	2.8	498
Age	< 6 months	3.2	231
	6-11 months	6.7	163
	12-23 months	3.3	376
	24-35 months	6.3	430
	36-47 months	5.8	354
	48-59 months	5.6	329
Mother's education level	None	2.6	281
	Primary	4.4	549
	Secondary +	6.2	1034
	Missing/DK	8.3	22
Total		**5.1**	**1885**

World Summit for Children Goal => Number 3,9,26

Table 16: Percent of living children by breastfeeding status, Suriname, 1999-2000

		Exclusive breastfeeding		Complementary feeding rate		Continued breastfeeding rate		Continued breastfeeding rate	
		Children 0-3 months	Number of children	Children 6-9 months	Number of children	Children 12-15 months	Number of children	Children 20-23 months	Number of children
Sex	Male	15.4	84	19.2	61	43.7	65	9.1	52
	Female	9.9	73	30.8	52	42.2	78	13.2	52
District	Paramaribo	8.6	55	20.0	33	38.1	40	16.7	34
	Wanica	18.8	24	38.2	19	16.1	28	5.0	19
	Nickerie	27.2	10	37.4	7	33.2	14	43.0	6
	Coronie	.0	1	50.0	2	.	.0	.0	2
	Saramacca	.0	4	40.0	4	33.3	3	33.3	3
	Commewijne	.0	2	.0	3	25.0	3	.0	2
	Marowijne	.0	9	37.5	7	45.4	8	.0	3
	Para	.0	2	26.4	7	46.2	7	.0	3
	Brokopondo	7.1	19	.0	4	50.0	8	.0	14
	Sipaliwini	21.7	32	15.8	26	75.0	33	7.7	18
Stratum	Urban	12.3	69	25.0	45	31.7	59	17.0	44
	Rural	9.5	36	34.1	36	26.8	36	9.4	28
	Interior	15.8	52	13.0	32	68.6	48	4.3	32
Mother's education level	None	14.0	29	16.9	13	55.1	22	9.2	25
	Primary	20.0	53	18.9	29	57.4	43	7.0	27
	Secondary +	7.3	75	28.6	66	31.3	75	14.4	51
	Missing/DK	.	0	21.8	4	33.3	3	.0	1
Total		**12.8**	**157**	**24.5**	**112**	**42.9**	**143**	**11.1**	**104**

World Summit for Children Goal => Number 16

Table 16w: Percent distribution of children by breastfeeding status, Suriname, 1999-2000

		Breastfeeding status					Total	
		Not breastfeeding	Exclusively breastfed	Breast milk and water only	Breast milk and liquids only	Breast milk and solid/mushy food	Total	Number of children
Age	0-1	6.6	15.7	29.3	46.9	1.4	100.0	61
	2-3	17.4	12.0	17.7	48.8	4.0	100.0	88
	4-5	32.8	.0	12.3	36.6	18.3	100.0	71
	6-7	31.4	2.3	6.1	34.5	25.7	100.0	59
	8-9	37.3	.0	2.9	33.9	26.0	100.0	47
	10-11	40.7	.0	10.5	13.4	35.5	100.0	48
	12-13	39.9	2.5	5.0	12.5	40.1	100.0	55
	14-15	63.7	1.1	.0	9.3	25.9	100.0	78
	16-17	69.1	1.3	.0	3.7	26.0	100.0	75
	18-19	82.9	.0	.0	.0	17.1	100.0	48
	20-21	88.9	.0	.0	3.2	7.9	100.0	29
	22-23	87.3	1.4	.0	1.3	9.9	100.0	65
	24-25	93.6	.0	.0	1.2	5.2	100.0	79
	26-27	93.0	.0	.0	.0	7.0	100.0	73
	28-29	88.0	.0	.0	2.8	9.2	100.0	67
	30-31	92.0	.0	1.9	.0	6.1	100.0	74
	32-33	95.5	2.7	.0	.0	1.7	100.0	50
	34-35	95.2	.0	.0	.0	4.8	100.0	58

Exclusively breastfed includes vitamin, mineral supplements and medicine

Table 20: Percentage of live births in the last 12 months that weighed below 2500 grams at birth, Suriname, 1999-2000

		Percent of live births below 2500 grams	Percent of live births weighed at birth	Number of live births
District	Paramaribo	12.3	86.0	142
	Wanica	12.5	86.0	73
	Nickerie	9.0	91.0	30
	Coronie	6.5	100.0	5
	Saramacca	11.2	64.3	13
	Commewijne	17.0	100.0	9
	Marowijne	16.1	62.5	18
	Para	11.8	67.7	14
	Brokopondo	7.2	46.2	35
	Sipaliwini	10.1	67.2	91
Stratum	Urban	11.7	87.4	188
	Rural	12.5	80.8	108
	Interior	9.9	60.2	132
Woman's education level	None	11.7	60.9	59
	Primary	10.7	67.2	139
	Secondary+	11.8	87.6	223
	Missing/DK	5.6	87.8	7
Total		**11.4**	**77.3**	**429**

World Summit for Children Goal=> Number 12

Working table for table 20

		Number of weighed births	Number of weighed births below 2500 grams	Proportion of live births below 2500 grams	Total number of births	Estimated percent of live births below 2500 grams
Size of Child	Very Large	7.8	.9	.11	6.7	1.0
	Larger than average	47.0	1.9	.04	54.7	2.2
	Average	229.0	13.3	.06	287.9	16.8
	Smaller than average	38.4	17.0	.44	50.5	22.4
	Very small	5.8	4.8	.83	7.7	6.3
	Missing	3.6	.0	.00	16.8	.0
	Don't know	.0	.0	.00	2.7	.0

Table 20a: Birth weight and size at birth, Suriname, 1999-2000

		Birth weight				Size of Child						Total	Number
		<2500	2500+	DK/Missing	Not weighted at birth	Very large	Larger than average	Average	Smaller than average	Very small	Don't know		
District	Paramaribo	9.8	76.2	14.0	.0	4.2	13.3	64.3	10.5	3.5	4.2	100.0	142
	Wanica	15.3	71.9	11.5	1.2	3.8	11.3	66.0	15.2	1.2	2.5	100.0	73
	Nickerie	12.7	78.3	6.0	3.0	.0	15.4	72.3	9.3	.0	3.0	100.0	30
	Coronie	.0	100.0	.0	.0	.0	20.	80.	.0	.0	.0	100.0	5
	Saramacca	14.3	50.0	28.6	7.1	.0	7.1	78.6	14.3	.0	.0	100.0	13
	Commewijne	10.0	90.0	.0	.0	.0	20.0	60.0	10.0	10.0	.0	100.0	9
	Marowijne	.0	62.5	25.0	12.5	.0	15.0	62.5	17.5	5.0	.0	100.0	18
	Para	6.5	61.3	16.1	16.1	.0	12.9	71.0	16.1	.0	.0	100.0	14
	Brokopondo	7.7	38.5	7.7	46.2	.0	7.7	88.5	3.8	.0	.0	10.0	35
	Sipaliwini	3.0	64.2	20.9	11.9	.0	13.4	61.2	13.4	.0	11.9	100.0	91
Stratum	Urban	11.1	76.3	12.6	.0	3.7	11.6	68.4	10.5	2.6	3.2	100.0	188
	Rural	10.8	70.8	14.2	4.2	1.7	16.7	63.3	13.3	2.5	2.5	100.0	108
	Interior	4.1	56.1	17.3	22.4	.0	11.2	68.4	12.2	.0	8.2	100.0	132
Woman's education level	None	6.8	54.0	12.5	26.6	.0	12.3	64.1	16.7	.0	5.8	100.0	59
	Primary	4.8	62.4	20.8	12.0	1.4	12.3	68.2	12.5	.7	4.9	100.0	139
	Secondary+	11.6	76.5	11.2	.8	3.0	13.1	66.6	10.4	3.0	3.9	100.0	223
	Missing/DK	18.3	69.5	12.2	.0	.0	12.2	87.8	.0	.0	.0	100.0	7
Total		8.8	68.7	14.5	8.0	2.0	12.8	67.1	11.8	1.8	4.5	100.0	429

Monitoring Children's Rights Indicator

Table 21: Percentage of children 12-23 months immunized against childhood diseases at any time before the survey, Suriname, 1999-2000

DPT1	Vaccination Card	83.7
	Mother's Report	5.1
	Not vaccinated	11.2
DPT2	Vaccination Card	81.2
	Mother's Report	3.3
	Not vaccinated	15.6
DPT3	Vaccination Card	75.8
	Mother's Report	3.3
	Not vaccinated	20.9
DPT4	Vaccination Card	50.7
	Mother's Report	1.7
	Not vaccinated	47.6
Polio 1	Vaccination Card	84.0
	Mother's Report	3.8
	Not vaccinated	12.2
Polio 2	Vaccination Card	81.2
	Mother's Report	3.8
	Not vaccinated	15.0
Polio 3	Vaccination Card	75.8
	Mother's Report	2.7
	Not vaccinated	21.5
Polio 4	Vaccination Card	50.2
	Mother's Report	1.6
	Not vaccinated	48.2
Measles	Vaccination Card	55.5
	Mother's Report	4.6
	Not vaccinated	39.8
All vaccinations	Vaccination Card	52.9
	Mother's Report	1.2
	Doesn't have all vaccinations	45.9
No vaccinations	Vaccination Card	1.1
	Mother's Report	3.3
	Has some vaccinations	95.7
Total	Number of children	**376.1**

World Summit for Children Goal => Number 22

Table 21a: Percentage of children 12-23 months immunized against childhood diseases before the first birthday, for children who had a complete date on their vaccination card,Suriname, 1999-2000

DPT1	98.8
DPT2	97.1
DPT3	96.3
DPT4	43.9
Polio 1	98.8
Polio 2	97.1
Polio 3	96.3
Polio 4	43.4
Measles	36.3
All vaccinations	15.6
No vaccinations	.0

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Table 22: Percentage of children age 12-23 months currently vaccinated against childhood diseases, Suriname, 1999-2000

		DPT 1	DPT 2	DPT 3	DPT 4	Polio 1	Polio 2	Polio 3	Polio 4	Measles	All	None	% with health card	Number of children
Sex	Male	89.4	82.8	77.8	54.9	87.7	83.3	77.0	54.2	57.1	51.0	3.3	86.2	189
	Female	88.3	86.1	80.4	49.9	87.8	86.6	80.0	49.5	63.2	57.2	5.4	83.9	187
District	Paramaribo	88.0	82.9	80.3	62.4	87.2	85.5	81.2	62.4	63.2	57.3	3.4	82.1	110
	Wanica	93.9	89.1	85.6	64.0	90.3	88.0	84.5	65.2	59.1	53.0	.0	87.8	75
	Nickerie	90.7	94.0	90.7	71.9	94.0	94.0	90.7	88.6	62.8	62.8	.0	94.0	29
	Coronie	100.0	100.0	100.0	60.0	100.0	100.0	100.0	60.0	80.0	80.0	.0	100.0	4
	Saramacca	100.0	100.0	100.0	55.6	100.0	100.0	100.0	55.6	55.6	55.6	.0	100.0	8
	Commewijne	100.0	100.0	100.0	77.8	100.0	100.0	100.0	77.8	55.6	55.6	.0	100.0	8
	Marowijne	71.1	71.1	71.1	49.0	71.1	71.1	71.1	49.0	49.0	49.0	24.1	8037	18
	Para	64.0	64.0	56.6	41.9	64.0	64.0	52.0	37.2	39.9	27.9	.0	54.7	19
	Brokopondo	90.5	81.0	76.2	38.1	90.5	81.0	76.2	38.1	81.0	71.4	9.5	90.5	29
	Sipaliwini	91.1	83.9	69.6	25.0	89.3	83.9	67.9	23.2	55.4	46.4	7.1	85.7	77
Stratum	Urban	89.3	85.1	82.7	64.3	88.7	87.5	83.9	64.3	63.1	57.7	2.4	83.9	158
	Rural	88.7	87.0	84.3	62.6	87.0	85.2	81.7	61.7	56.5	53.0	4.3	87.0	100
	Interior	88.4	81.4	69.8	27.9	87.2	81.4	68.6	26.7	59.3	50.0	7.0	84.9	118
Woman's education level	None	84.7	75.9	61.1	27.5	79.9	73.9	59.1	25.5	53.2	41.0	9.3	79.9	68
	Primary	84.3	81.6	76.5	41.6	85.2	83.0	76.5	40.7	51.9	48.0	6.0	82.5	104
	Secondary+	92.8	88.8	86.5	65.6	91.9	89.8	86.1	65.7	66.5	61.2	1.4	87.7	197
	Missing/DK	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	72.7	72.7	13.6	100.0	6
Total		**88.8**	**84.4**	**79.1**	**52.4**	**87.8**	**85.0**	**78.5**	**51.8**	**60.2**	**54.1**	**4.3**	**85.**	**376**

Table 23: Percentage of under-five children with diarrhea in the last two weeks and treatment with ORS or ORT, Suriname, 1999-2000

		Had diarrhea in last 2 weeks	Number of children under 5	Breast milk	Gruel	ORS	Gruel without milk	Coconut water	Rice water	Homemade cure	Any recommended treatment	No treatment	Number of children with diarrhea
													1.00
Sex	Male	14.3	992	21.5	28.5	35.4	14.5	11.7	7.4	26.5	81.0	19.0	1.42
	Female	15.4	893	30.0	22.8	35.5	10.3	9.3	5.1	28.5	81.1	18.9	137
District	Paramaribo	11.8	623	23.1	37.2	34.6	19.2	9.0	11.5	28.2	82.1	17.9	73
	Wanica	11.8	342	15.6	26.5	31.3	24.7	13.1	8.8	22.0	80.1	19.9	40
	Nickerie	7.5	177	39.3	39.9	20.2	26.8	6.6	.0	13.1	73.2	26.8	13
	Coronie	16.2	32	16.7	.0	33.3	16.7	33.3	.0	50.0	100.0	0	5
	Saramacca	6.2	42	33.3	.0	.0	.0	.0	.0	.0	66.7	33.3	3
	Commewijne	4.3	40	50.0	50.0	.0	.0	.0	.0	50.0	100.0	.0	2
	Marowijne	20.1	92	36.3	40.2	23.4	33.6	35.6	9.4	41.0	85.9	14.1	19
	Para	13.2	86	7.7	36.3	.0	.0	.0	7.7	84.7	100.0	.0	11
	Brokopondo	36.7	124	18.2	9.1	54.5	.0	9.1	3.0	15.2	81.8	18.2	45
	Sipaliwini	20.6	327	36.7	16.3	40.8	.0	6.1	2.0	26.5	75.5	24.5	67
Stratum	Urban	11.2	837	21.0	34.0	35.0	22.0	8.0	10.0	25.0	82.0	18.0	94
	Rural	10.4	550	25.8	33.3	24.2	19.7	21.2	9.1	25.8	80.3	19.7	57
	Interior	25.6	498	29.0	16.1	40.9	2.2	7.5	2.2	30.1	80.6	19.4	128
Age	< 6 months	14.4	231	53.3	31.2	27.5	14.8	4.1	.0	13.5	72.7	27.3	33
	6-11 months	24.4	163	59.8	54.0	38.0	16.3	2.2	2.4	20.8	95.4	4.6	40
	12-23 months	21.6	376	27.3	27.9	39.7	15.9	16.2	9.0	25.4	81.4	18.6	81
	24-35 months	13.8	430	8.4	16.1	31.6	13.3	11.3	6.2	31.6	80.9	19.1	59
	36-47 months	10.1	354	6.2	18.9	28.0	7.2	15.1	7.4	43.1	75.8	24.2	36
	48-59 months	9.1	329	2.9	3.2	46.4	.0	5.8	9.2	30.6	76.7	23.3	30
Woman's education level	None	23.0	281	26.9	13.5	41.3	2.9	14.1	1.5	21.3	81.5	18.5	64
	Primary	18.6	549	30.1	24.8	37.0	13.7	7.8	7.2	24.8	79.0	21.0	102
	Secondary+	10.5	1034	20.8	33.1	29.8	17.4	11.3	7.6	33.5	82.0	18.0	108
	Missing/DK	118.7	22	23.2	44.7	57.1	.0	.0	21.4	33.9	100.0	.0	4
Total		**14.8**	**1885**	**25.7**	**25.7**	**35.5**	**12.4**	**10.5**	**6.2**	**27.5**	**81.0**	**19.0**	**279**

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Table 24: Percentage of under-five children with diarrhea in the last two weeks who took increased fluids and continued to feed during the episode, Suriname, 1999-2000

		Had diarrhea in last 2 weeks	Number of children under 5	Drinking during diarrhea			Total	Eating during diarrhea			Total	Received increased fluids and continued eating	Number of children with diarrhea
				More	Same /Less	Missing/ DK		somewhat less/same/ more	Much less/none	Missing/ Dk			
													1.00
Sex	Male	14.3	992	30.8	66.3	2.9	100.0	75.5	21.6	2.9	100.0	23.6	142
	Female	15.4	893	31.9	63.9	4.3	100.0	66.7	27.4	5.9	100.0	24.8	137
District	Paramaribo	11.8	623	44.9	53.8	1.3	100.0	66.7	32.1	1.3	100.0	33.3	73
	Wanica	11.8	342	27.2	66.2	6.6	100.0	64.4	29.0	6.6	100.0	17.9	40
	Nickerie	7.5	177	6.6	86.9	6.6	100.0	86.9	6.6	6.6	100.0	6.6	13
	Coronie	16.2	32	16.7	83.3	.0	100.0	100.0	.0	.0	100.0	16.7	5
	Saramacca	6.2	42	33.3	66.7	.0	100.0	100.0	.0	.0	100.0	33.3	3
	Commewijne	4.3	40	50.0	50.0	.0	100.0	50.0	50.0	.0	100.0	50.0	2
	Marowijne	20.1	92	41.0	59.0	.0	100.0	57.0	43.0	0.	100.0	21.5	19
	Para	13.2	86	56.0	44.0	.0	100.0	68.1	24.2	7.7	100.0	31.9	11
	Brokopondo	36.7	124	24.2	69.7	6.1	100.0	75.8	18.2	6.1	100.0	24.2	45
	Sipaliwini	20.6	327	22.4	73.5	4.1	100.0	75.5	18.4	6.1	100.0	20.4	67
Stratum	Urban	11.2	837	43.0	55.0	2.0	100.0	67.0	31.0	2.0	100.0	30.0	94
	Rural	10.4	550	19.7	75.8	4.5	100.0	71.2	22.7	6.1	100.0	18.2	57
	Interior	25.6	498	28.0	67.7	4.3	100.0	74.2	20.4	5.4	100.0	22.6	128
Age	< 6 months	14.4	231	16.8	69.4	13.8	100.0	71.2	8.3	20.5	100.0	14.0	33
	6-11 months	24.4	163	21.0	76.8	2.2	100.0	72.4	25.4	2.2	100.0	18.6	40
	12-23 months	21.6	376	27.7	68.9	3.4	100.0	75.1	23.2	1.7	100.0	25.4	81
	24-35 months	13.8	430	45.5	54.5	.0	100.0	78.2	21.8	.0	100.0	32.2	59
	36-47 months	10.1	354	36.0	61.4	2.6	100.0	58.3	39.0	2.6	100.0	21.9	36
	48-59 months	9.1	329	37.1	59.9	2.9	100.0	60.0	32.5	7.5	100.0	26.2	30
Woman's	None	23.0	281	29.8	70.2	.0	100.0	69.5	27.0	3.5	100.0	26.9	64
education	Primary	18.6	549	26.5	68.6	5.0	100.0	77.4	16.4	6.3	100.0	24.2	102
level	Secondary+	10.5	1034	38.0	57.5	4.5	100.0	66.9	29.8	3.3	100.0	23.4	108
	Missing/DK	18.7	22	.0	100.0	.0	100.0	55.3	44.7	.0	100.0	.0	4
Total		**14.8**	**1885**	**31.3**	**65.1**	**3.6**	**100.0**	**71.2**	**24.5**	**4.4**	**100.0**	**24.2**	**279**

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Table 25: Percentage of under-five children with acute respiratory infection in the last two weeks and treatment by health providers, Suriname, 1999-2000

		Had acute respiratory infection	Number of children under 5	Private physician	Medical specialist	Village health worker	Emergency room	Hospital	Family friend or neighbour	Pharmacy	Other care	Other	Any appropriate provider	Number of children with ARI
														1.00
Sex	Male	4.7	992	31.1	5.9	20.8	.0	1.9	3.8	.0	5.9	9.7	55.9	46
	Female	3.8	893	41.3	2.8	16.3	.0	.0	6.8	.0	.0	6.8	60.4	34
District	Paramaribo	3.6	623	29.2	12.5	.0	.0	.0	4.2	.0	8.3	12.5	41.7	23
	Wanica	5.8	342	68.0	4.4	.0	.0	4.4	4.4	.0	.0	4.4	68.0	20
	Nickerie	1.0	177	100.0	.0	.0	.0	.0	.0	.0	.0	.0	100.0	2
	Coronie	5.4	32	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2
	Saramacca	.0	42	.	.	.	.	.	.	.	.	.	.	0
	Commewijne	4.3	40	100.0	.0	.0	.0	.0	.0	.0	.0	.0	100.0	2
	Marowijne	6.2	92	45.6	.0	.0	.0	.0	.0	.0	15.2	15.2	45.6	6
	Para	4.0	86	25.0	.0	.0	.0	.0	25.0	.0	.0	25.0	25.0	3
	Brokopondo	4.4	124	.0	.0	50.	.0	.0	25.0	.0	.0	25.0	50.0	5
	Sipaliwini	25.5	327	7.7	.0	69.2	.0	.0	.0	.0	.0	.0	76.9	18
Stratum	Urban	3.7	837	39.4	9.1	.0	.0	.0	3.0	.0	6.1	9.1	48.5	31
	Rural	4.4	550	6037	3.6	.0	.0	3.6	7.1	.0	3.6	10.7	60.7	24
	Interior	5.0	498	5.6	.0	61.1	.0	.0	5.6	.0	.0	5.6	66.7	25
Age	< 6 months	2.3	231	32.5	16.2	25.7	.0	16.2	.0	.0	.0	.0	58.1	5
	6-11 months	4.0	163	42.2	.0	.0	.0	.0	.0	.0	.0	.0	42.2	7
	12-23 months	4.6	376	44.4	5.4	15.9	.0	.0	.0	.0	5.4	5.4	65.7	17
	24-35 months	5.6	430	41.3	.0	28.6	.0	.0	7.5	.0	3.6	11.1	69.9	24
	36-47 months	4.0	354	18.9	6.6	.0	.0	.0	9.7	.0	.0	9.7	25.5	14
	48-59 months	3.9	329	28.4	7.4	32.3	.0	.0	6.8	.0	7.4	14.2	68.2	13
Woman's education level	None	6.2	28.1	18.6	.0	54.9	.0	.0	.0	.0	.0	.0	73.5	17
	Primary	3.5	549	23.2	.0	28.3	.0	.0	7.1	.0	.0	7.1	51.5	19
	Secondary+	4.2	1034	47.7	8.5	.0	.0	2.0	6.2	.0	6.4	12.6	54.3	43
	Missing/DK	.0	22	.	.	.	.	.	.	.	.	.	.	0
Total		**4.2**	**1885**	**35.4**	**4.6**	**18.9**	**.0**	**1.1**	**5.1**	**.0**	**3.4**	**8.5**	**57.8**	**80**

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Table 26: Percentage of children 0-59 months of age reported ill during the last two weeks received increased fluids and continued feeding, Suriname, 1999-2000

		Reported illness in last two weeks	Number of children under 5	Drinking during illness			Total	Eating during illness			Total	Received increased fluids and continued eating	Number of sick children
				More	Same/Less	Missing / DK		somewhat less/same/ more	Much less/ none	Missing/ DK			
													1.00
Sex	Male	46.4	992	18.9	79.4	1.8	100.0	75.2	22.6	2.2	100.0	14.2	461
	Female	47.3	893	22.2	75.2	2.6	100.0	75.1	21.2	3.7	100.0	16.5	422
District	Paramaribo	41.1	623	25.4	73.5	1.1	100.0	80.9	17.3	1.8	100.0	19.5	256
	Wanica	46.8	342	16.9	81.4	1.7	100.0	73.6	24.2	2.2	100.0	12.3	160
	Nickerie	36.4	177	15.2	82.1	2.7	100.0	82.1	15.2	2.7	100.0	13.9	65
	Coronie	51.4	32	31.6	68.4	.0	100.0	73.7	26.3	.0	100.0	10.5	16
	Saramacca	35.4	42	5.9	76.5	17.6	100.0	70.6	11.8	17.6	100.0	5.9	15
	Commewijne	37.0	40	29.4	64.7	5.9	100.0	76.5	23.5	.0	100.0	17.6	15
	Marowijne	53.8	92	38.4	69.6	.0	100.0	62.6	37.4	.0	100.0	17.8	50
	Para	46.2	86	33.8	66.2	.0	100.0	77.8	17.8	4.4	100.0	26.9	40
	Brokopondo	77.8	124	17.1	78.6	4.3	100.0	74.3	18.6	7.1	100.0	12.9	96
	Sipaliwini	52.1	327	13.7	83.9	2.4	100.0	69.4	28.2	2.4	100.0	11.3	170
Stratum	Urban	41.2	837	23.8	75.1	1.1	100.0	79.2	19.1	1.6	100.0	18.0	345
	Rural	45.2	550	18.2	79.0	2.8	100.0	74.8	21.7	3.5	100.0	13.3	248
	Interior	58.1	498	18.5	78.7	2.8	100.0	70.6	25.6	3.8	100.0	13.7	290
Age	< 6 months	41.5	231	7.8	86.5	5.7	100.0	75.4	13.2	11.4	100.0	6.8	96
	6-11 months	51.1	163	13.3	84.6	2.1	100.0	73.4	21.8	4.8	100.0	12.2	83
	12-23 months	57.4	376	17.2	80.7	2.1	100.0	74.2	23.9	1.9	100.0	14.8	216
	24-35 months	46.5	430	27.8	71.0	1.1	100.0	77.7	21.6	.7	100.0	20.9	200
	36-47 months	40.7	354	25.0	74.4	.7	100.0	71.4	28.0	.7	100.0	14.6	144
	48-59 months	43.7	329	23.2	74.0	2.8	100.0	77.8	19.4	2.8	100.0	16.2	144
Woman's education level	None	55.0	281	21.5	77.6	.9	100.0	69.0	29.6	1.5	100.0	16.0	154
	Primary	47.9	549	17.4	80.2	2.4	100.0	73.9	21.7	4.4	100.0	14.1	263
	Secondary+	43.9	1034	22.4	75.1	2.5	100.0	78.2	19.2	2.6	100.0	16.2	453
	Missing/DK	.56.3	22	.0	10.0	.0	100.0	66.3	33.7	.0	100.0	.0	12
Total		**46.8**	**1885**	**20.5**	**77.4**	**2.1**	**100.0**	**75.2**	**22.0**	**2.9**	**100.0**	**15.3**	**883**

Table 27: Percentage of caretakers of children 0-59 months who know at least 2 signs for seeking care immediately, Suriname, 1999-2000

		Not able to drink/breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Knows at least two signs	Number of caretakers
District	Paramaribo	.0	8.9	68.6	.9	6.9	1.1	.6	10.6	623
	Wanica	.3	15.1	69.5	2.6	8.2	4.4	3.9	17.8	342
	Nickerie	10.8	18.3	73.6	15.3	19.3	13.8	14.8	24.4	177
	Coronie	.0	8.1	75.7	.0	5.4	.0	.0	5.4	32
	Saramacca	16.7	14.6	75.0	14.6	18.7	10.4	8.3	25.0	42
	Commewijne	.0	23.9	69.6	2.2	4.3	.0	2.2	13.0	40
	Marowijne	1.9	7.5	66.2	3.0	4.3	2.4	.0	8.1	92
	Para	.0	5.2	60.5	3.0	6.6	.0	.0	9.8	86
	Brokopondo	.0	10.0	95.6	8.9	1.1	.0	.0	17.8	124
	Sipaliwini	18.9	26.5	90.3	26.5	33.6	20.6	18.9	40.8	327
Stratum	Urban	.3	10.3	69.6	1.3	6.3	1.5	1.2	11.6	837
	Rural	4.7	14.5	69.2	7.3	13.0	7.1	6.8	18.3	550
	Interior	12.4	20.4	88.7	20.1	22.9	13.8	12.4	32.2	498
Mother's education level	None	8.1	21.1	88.2	13.5	19.7	8.8	9.1	29.6	281
	Primary	8.4	16.7	75.7	13.3	17.1	10.8	9.0	21.9	549
	Secondary +	1.9	11.1	70.4	3.7	8.4	3.3	3.1	14.8	1034
	Missing/DK	10.3	10.3	63.3	10.3	10.3	10.3	10.3	10.3	22
Total		**4.8**	**14.2**	**74.5**	**8.0**	**12.6**	**6.4**	**5.8**	**19.0**	**1885**

Table 28: Percentage of children 0-59 months of age who slept under an insecticide-impregnated bednet during the previous night, Suriname, 1999-2000

		Slept under a bednet			Number of children	Bednet treated		Children who slept under a bednet
		Yes	No	DK/missing		Yes	No	
Sex	Male	71.4	22.8	5.8	259	3.7	96.3	185
	Female	73.0	20.1	6.9	239	5.5	94.5	174
District	Marowijne	100.0	.0	.0	19	21.4	78.6	19
	Para	.0	.0	100.0	29	.0	.0	0
	Brokopondo	68.9	31.1	.0	124	.0	100.0	85
	Sipaliwini	78.2	21.0	.8	327	4.8	95.2	255
Stratum	Interior	72.2	21.5	6.3	498	4.6	95.4	360
Age	< 6 months	91.1	7.1	1.8	77	5.9	94.1	70
	6-11 months	81.8	15.2	3.0	45	3.7	96.3	37
	12-23 months	68.6	23.3	8.1	118	8.5	91.5	81
	24-35 months	71.8	22.5	5.6	97	2.0	98.0	70
	36-47 months	64.9	24.6	10.5	78	5.4	94.6	51
	48-59 months	61.7	31.7	6.7	82	.0	100.0	51
Total		**72.2**	**21.5**	**6.3**	**498**	**4.6**	**95.4**	**360**

Table 30: Percentage of women aged 12-49 who know the main ways of preventing HIV transmission, Suriname, 1999-2000

		Heard of AIDS	Have only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex	Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
									1.00
District	Paramaribo	97.0	74.2	74.7	53.2	45.8	81.7	18.3	1715
	Wanica	92.7	62.5	62.6	44.9	36.5	71.1	28.9	1028
	Nickerie	91.1	52.0	44.3	38.4	27.4	59.2	40.8	518
	Coronie	98.5	67.2	61.2	47.8	41.8	71.6	28.4	60
	Saramacca	88.5	39.2	33.8	25.4	17.7	46.9	53.1	117
	Commewijne	95.2	72.5	67.1	52.7	43.1	76.6	23.4	150
	Marowijne	89.3	51.7	52.7	40.7	33.2	58.5	41.5	185
	Para	95.1	62.2	60.0	40.3	35.4	67.0	33.0	167
	Brokopondo	94.7	22.1	21.2	18.6	14.2	25.7	74.3	153
	Sipaliwini	77.2	24.3	21.3	19.6	14.3	28.4	71.6	462
Stratum	Urban	96.2	71.9	71.4	51.6	43.9	79.5	20.5	2371
	Rural	92.0	56.2	53.7	40.5	31.5	63.7	36.3	1477
	Interior	82.0	26.8	24.7	21.4	16.4	30.6	69.4	707
Age	12-14	82.5	43.9	43.1	37.4	28.5	50.0	50.0	478
	15-19	92.7	57.4	55.5	42.2	33.2	64.9	35.1	845
	20-24	94.6	59.3	61.4	41.8	32.9	69.7	30.3	654
	25-29	95.0	65.0	62.3	45.0	38.6	70.8	29.2	603
	30-34	95.9	66.9	62.9	46.6	40.1	72.0	28.0	614
	35-39	94.3	65.1	64.2	46.8	40.6	72.0	28.0	554
	40-44	93.3	64.6	61.4	46.1	37.3	71.4	28.6	444
	45-49	89.7	53.0	53.4	39.3	33.0	59.0	41.0	363
Woman's education level	None	79.4	16.0	13.3	9.9	6.0	19.6	80.4	371
	Primary	85.8	38.7	37.2	30.0	22.4	45.4	54.6	1399
	Secondary +	98.0	76.8	75.6	54.8	46.4	84.4	15.6	2728
	Missing/DK	91.1	51.1	47.7	39.6	34.6	54.3	45.7	58
Total		**92.6**	**59.8**	**58.4**	**43.3**	**35.6**	**66.8**	**33.2**	**4555**

Monitoring HIV/AIDS Indicator

Table 31: Percentage of women aged 12-49 who correctly identify misconceptions about HIV/AIDS, Suriname, 1999-2000

		Heard of AIDS	AIDS can't be transmitted by supernatural means	AIDS can't be transmitted by mosquito bites	A healthy looking person can be infected	Knows all three misconceptions	Knows at least one misconception	Doesn't correctly identify any misconception	Number of women
									1.00
District	Paramaribo	97.0	69.4	61.7	80.9	49.6	89.8	10.2	1715
	Wanica	92.7	58.9	47.7	70.3	34.3	81.7	18.3	1028
	Nickerie	91.1	45.7	36.5	65.4	26.5	75.2	24.8	518
	Coronie	98.5	61.2	50.7	68.7	38.8	80.6	19.4	60
	Saramacca	88.5	49.2	34.6	58.5	23.8	73.1	26.9	117
	Commewijne	95.2	61.1	49.7	68.3	29.9	86.2	13.8	150
	Marowijne	89.3	41.0	41.2	56.3	23.7	70.0	30.0	185
	Para	95.1	54.1	45.7	67.0	29.7	80.5	19.5	167
	Brokopondo	94.7	26.5	20.4	43.4	11.5	55.8	44.2	153
	Sipaliwini	77.2	25.1	16.7	44.4	13.2	50.9	49.1	462
Stratum	Urban	96.2	66.7	58.4	78.6	46.1	88.0	12.0	2371
	Rural	92.0	52.1	42.2	64.9	28.5	77.9	22.1	1477
	Interior	82.0	26.8	19.5	45.9	13.2	53.9	46.1	707
Age	12-14	82.5	38.3	36.2	50.4	18.5	64.8	35.2	478
	15-19	92.7	55.0	44.7	68.0	30.9	80.8	19.2	845
	20-24	94.6	58.5	47.6	72.9	37.5	82.3	17.7	654
	25-29	95.0	61.0	53.5	74.0	41.9	82.5	17.5	603
	30-34	95.9	61.8	51.6	73.0	40.6	83.7	16.3	614
	35-39	94.3	61.1	52.2	72.0	42.1	81.3	18.7	554
	40-44	93.3	54.8	47.0	73.0	37.0	80.9	19.1	444
	45-49	89.7	50.0	40.1	65.6	31.5	73.3	26.7	363
Woman's education level	None	79.4	15.7	9.5	36.8	6.5	44.4	55.6	371
	Primary	85.8	33.6	27.3	51.5	15.7	63.1	36.9	1399
	Secondary +	98.0	72.8	62.6	82.8	49.5	92.7	7.3	2728
	Missing/DK	91.1	45.7	33.4	59.0	23.9	74.4	25.6	58
Total		**92.6**	**55.8**	**47.1**	**69.1**	**35.3**	**79.4**	**20.6**	**4555**

Monitoring HIV/AIDS Indicator

Table 32: Percentage of women aged 12-49 who correctly identify means of HIV transmission from mother to child, Suriname, 1999-2000

		Know AIDS can be transmitted from mother to child	Transmission during pregnancy possible	Transmission at delivery possible	Transmission through breastmilk possible	Knows all three	Did not know any specific way	Number women
								1.00
District	Paramaribo	84.4	78.7	55.3	45.6	32.1	17.6	1715
	Wanica	73.4	68.5	48.2	44.5	30.3	28.2	1028
	Nickerie	67.1	61.0	43.0	45.4	30.5	35.8	518
	Coronie	83.6	71.6	56.7	59.7	43.3	22.4	60
	Saramacca	66.2	63.8	49.2	37.7	32.3	36.2	117
	Commewijne	78.4	76.0	50.9	48.5	34.1	21.6	150
	Marowijne	69.3	64.1	48.3	48.0	33.4	32.4	185
	Para	71.6	69.2	52.2	46.8	37.0	28.4	167
	Brokopondo	46.9	39.8	31.9	35.4	25.7	56.6	153
	Sipaliwini	39.2	37.4	31.9	34.2	28.1	61.1	462
Stratum	Urban	82.0	76.0	53.5	45.9	31.6	20.2	2371
	Rural	71.0	66.7	48.2	45.9	33.1	30.5	1477
	Interior	42.8	39.8	32.1	34.2	26.6	58.3	707
Age	12-14	53.2	47.0	31.5	34.4	21.7	49.2	478
	15-19	70.2	64.5	43.9	44.7	30.5	32.2	845
	20-24	75.2	69.7	49.1	46.2	31.7	25.7	654
	25-29	77.2	72.4	53.8	42.4	31.0	24.4	603
	30-34	78.7	74.3	54.9	47.1	34.6	22.9	614
	35-39	76.7	71.2	54.8	45.1	34.4	25.3	554
	40-44	76.0	72.0	51.6	48.7	35.2	25.8	444
	45-49	67.6	65.2	47.1	41.9	30.9	34.0	363
Woman's education level	None	42.7	39.7	33.8	36.6	30.2	58.3	371
	Primary	54.4	50.1	38.0	38.9	28.5	47.6	1399
	Secondary +	85.5	79.9	55.8	47.5	32.8	16.2	2728
	Missing/DK	74.4	71.0	48.3	52.8	38.4	29.0	58
Total		**72.4**	**67.4**	**48.5**	**44.1**	**31.3**	**29.4**	**4555**

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Table 33: Percentage of women aged 12-49 who express a discriminatory attitude towards people with HIV/AIDS, Suriname, 1999-2000

		Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with neither discriminatory statement	Number of women
						1.00
District	Paramaribo	62.0	15.0	63.2	36.8	1715
	Wanica	46.6	11.3	48.0	52.0	1028
	Nickerie	37.3	10.3	38.8	61.2	518
	Coronie	35.8	11.9	37.3	62.7	60
	Saramacca	47.7	20.0	51.5	48.5	117
	Commewijne	42.5	17.4	44.3	55.7	150
	Marowijne	31.5	9.5	32.0	68.0	185
	Para	49.5	8.9	50.5	49.5	167
	Brokopondo	16.8	6.2	18.6	81.4	153
	Sipaliwini	26.3	25.4	32.2	67.8	462
Stratum	Urban	58.7	14.0	59.9	40.1	2371
	Rural	40.1	12.0	41.7	58.3	1477
	Interior	25.8	19.1	30.0	70.0	707
Age	12-14	33.9	11.4	36.5	63.5	478
	15-19	48.1	19.1	50.7	49.3	845
	20-24	49.7	14.9	51.5	48.5	654
	25-29	50.2	13.0	52.3	47.7	603
	30-34	51.0	13.3	51.8	48.2	614
	35-39	50.1	12.5	51.5	48.5	554
	40-44	49.5	14.2	50.7	49.3	444
	45-49	43.4	10.6	45.4	54.6	363
Woman's education level	None	21.9	16.8	26.5	73.5	371
	Primary	25.7	9.5	27.5	72.5	1399
	Secondary +	62.5	16.3	64.0	36.0	2728
	Missing/DK	35.4	6.5	35.4	64.6	58
Total		47.5	14.1	49.3	50.7	4555

Monitoring HIV/AIDS Indicator

Table 34: Percentage of women aged 12-49 who have sufficient knowledge of HIV/AIDS transmission, Suriname, 1999-2000

		Heard of AIDS	Know 3 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have sufficient knowledge	Number of women
						1.00
District	Paramaribo	97.0	45.8	49.6	28.9	1715
	Wanica	92.7	36.5	34.3	19.9	1028
	Nickerie	91.1	27.4	26.5	14.6	518
	Coronie	98.5	41.8	38.8	22.4	60
	Saramacca	88.5	17.7	23.8	7.7	117
	Commewijne	95.2	43.1	29.9	17.4	150
	Marowijne	89.3	33.2	23.7	14.9	185
	Para	95.1	35.4	29.7	14.1	167
	Brokopondo	94.7	14.2	11.5	4.4	153
	Sipaliwini	77.2	14.3	13.2	7.9	462
Stratum	Urban	96.2	43.9	46.1	27.0	2371
	Rural	92.0	31.5	28.5	15.2	1477
	Interior	82.0	16.4	13.2	7.8	707
Age	12-14	82.5	28.5	18.5	11.0	478
	15-19	92.7	33.2	30.9	16.1	845
	20-24	94.6	32.9	37.5	18.8	654
	25-29	95.0	38.6	41.9	25.3	603
	30-34	95.9	40.1	40.6	23.4	614
	35-39	94.3	40.6	42.1	25.9	554
	40-44	93.3	37.3	37.0	21.8	444
	45-49	89.7	33.0	31.5	19.5	363
Woman's education level	None	79.4	6.0	6.5	1.9	371
	Primary	85.8	22.4	15.7	9.2	1399
	Secondary +	98.0	46.4	49.5	28.3	2728
	Missing/DK	91.1	34.6	23.9	16.5	58
Total		**92.6**	**35.6**	**35.3**	**20.2**	**4555**

Monitoring HIV/AIDS Indicator

Table 35: Percentage of women aged 12-49 who know where to get an AIDS test and who have been tested, Suriname, 1999-2000

		Know a place to get tested	Have been tested	If tested, have been told result	Number of women
					1.00
District	Paramaribo	69.3	13.0	87.1	1715
	Wanica	59.4	9.6	89.1	1028
	Nickerie	44.8	8.6	80.7	518
	Coronie	49.3	10.4	57.1	60
	Saramacca	36.9	3.8	60.0	117
	Commewijne	56.9	4.2	57.1	150
	Marowijne	46.8	11.0	95.6	185
	Para	55.4	11.9	81.8	167
	Brokopondo	32.7	5.3	83.3	153
	Sipaliwini	30.1	7.9	66.7	462
Stratum	Urban	66.4	12.0	87.8	2371
	Rural	51.0	8.7	82.5	1477
	Interior	32.3	7.6	70.0	707
Age	12-14	32.7	.8	47.6	478
	15-19	53.8	3.4	65.1	845
	20-24	64.7	11.9	87.5	654
	25-29	62.6	14.9	88.2	603
	30-34	59.6	16.3	88.8	614
	35-39	57.7	13.2	80.1	554
	40-44	60.4	12.0	75.0	444
	45-49	52.9	11.5	95.3	363
Woman's education level	None	18.6	6.9	75.4	371
	Primary	39.0	8.5	80.1	1399
	Secondary +	70.3	11.6	86.6	2728
	Missing/DK	42.7	12.1	85.9	58
Total		**56.1**	**10.3**	**84.3**	**4555**

Monitoring HIV/AIDS Indicator

Table 36: Percentage of married or in union women aged 12-49 who are using (or whose partner is using) a contraceptive method, Suriname, 1999-2000

		Current method												Total	Any modern method	Any traditional method	Any method	Number of currently married women
		No method	Female sterilization	Male sterilization	Pill	IUD	Injections	Condom	Diaphragm /foam/jelly	LAM	Periodic abstinence	Withdrawal	Other					1.00
District	Paramaribo	47.7	10.8	.2	29.8	2.3	3.3	4.7	.0	.2	.4	.2	.3	100.0	51.1	1.2	52.3	931
	Wanica	55.9	14.0	.0	22.8	1.7	2.1	1.5	.0	.0	.9	.7	.3	100.0	42.1	1.9	44.1	613
	Nickerie	47.4	6.3	.0	35.7	1.1	5.2	2.2	.0	.0	.6	.8	.6	100.0	50.6	2.0	52.6	342
	Coronie	61.0	4.9	.0	29.3	2.4	.0	2.4	.0	.0	.0	.0	.0	100.0	39.0	.0	39.0	37
	Saramacca	49.4	16.9	.0	27.0	1.1	3.4	1.1	.0	.0	.0	.0	1.1	100.0	49.4	1.1	50.6	80
	Commewijne	50.9	12.3	.0	30.2	2.8	.0	.9	.0	.0	.9	.0	1.9	100.0	46.2	2.8	49.1	95
	Marowijne	72.9	5.8	.0	17.9	.0	.8	.8	.8	.0	.8	.0	.0	100.0	26.2	.8	27.1	108
	Para	60.4	7.1	.0	20.3	4.1	3.0	3.0	.0	.0	.0	1.0	1.0	100.0	37.6	2.0	39.6	89
	Brokopondo	100.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	100.0	.0	.0	.0	84
	Sipaliwini	92.9	.0	.0	5.2	.0	.5	.0	.0	.0	.5	.5	.5	100.0	5.7	1.4	7.1	287
Stratum	Urban	48.8	10.9	.1	29.4	2.2	3.3	3.9	.0	.1	.4	.3	.4	100.0	49.8	1.3	51.2	1335
	Rural	54.9	11.2	.0	26.2	1.4	2.6	1.7	.1	.0	.8	.7	.5	100.0	43.1	2.0	45.1	910
	Interior	92.9	.0	.0	5.1	.6	.3	.0	.0	.0	.3	.3	.3	100.0	6.1	1.0	7.1	420
Age	12-14	76.1	.0	.0	16.8	.0	.0	7.1	.0	.0	.0	.0	.0	100.0	23.9	.0	23.9	14
	15-19	76.6	.0	.0	18.2	.5	.5	1.9	.0	.0	.5	.9	.9	100.0	21.1	2.3	23.4	196
	20-24	60.1	.2	.0	33.7	.7	1.6	2.1	.0	.2	.4	.5	.5	100.0	38.3	1.6	39.9	415
	25-49	55.5	12.1	.1	23.3	2.0	3.0	2.6	.0	.0	.6	.4	.4	100.0	43.1	1.4	44.5	2041
Woman's education level	None	91.1	3.2	.0	4.9	.4	.3	.0	.0	.0	.0	.0	.0	100.0	8.9	.0	8.9	262
	Primary	67.4	9.4	.0	16.2	.8	3.4	1.3	.0	.0	.3	.6	.5	100.0	31.1	1.5	32.6	801
	Secondary +	47.3	10.2	.1	32.1	2.3	2.5	3.6	.1	.1	.8	.4	.4	100.0	51.0	1.7	52.7	1559
	Missing/DK	58.2	8.8	.0	22.0	.0	4.5	2.3	.0	.0	.0	.0	4.1	100.0	37.7	4.1	41.8	44
Total		**57.9**	**9.3**	**.1**	**24.5**	**1.7**	**2.6**	**2.5**	**.0**	**.1**	**.5**	**.4**	**.4**	**100.0**	**40.6**	**1.5**	**42.1**	**2666**

World Summit for Children Goal => Number 10

Table 38: Percent distribution of women aged 12-49 with a birth in the last year by type of personnel delivering antenatal care, Suriname, 1999-2000

		Person delivering antenatal care							Total	Any skilled personnel	Number of women
		.00	Doctor	Midwife	Nurse	Village health worker	Other/ missing	No antenatal care received			1.00
District	Paramaribo	10.5	75.5	9.1	2.8	.7	.7	.7	100.0	88.1	142
	Wanica	4.9	72.6	19.8	2.7	.0	.0	.0	100.0	95.1	73
	Nickerie	12.3	37.7	21.7	13.0	.0	15.4	.0	100.0	72.3	30
	Coronie	.0	100.0	.0	.0	.0	.0	.0	100.0	100.0	5
	Saramacca	7.1	78.6	14.3	.0	.0	.0	.0	100.0	92.9	13
	Commewijne	20.0	60.0	10.0	10.0	.0	.0	.0	100.0	80.0	9
	Marowijne	20.0	45.0	25.0	10.0	.0	.0	.0	100.0	80.0	18
	Para	9.7	51.6	22.6	16.1	.0	.0	.0	100.0	90.3	14
	Brokopondo	.0	.0	15.4	3.8	80.8	.0	.0	100.0	100.0	35
	Sipaliwini	4.5	10.4	3.0	11.9	70.1	.0	.0	100.0	95.5	91
Stratum	Urban	8.4	71.1	13.7	4.7	.5	1.1	.5	100.0	90.0	188
	Rural	9.2	67.5	15.8	4.2	.0	3.3	.0	100.0	87.5	108
	Interior	6.1	7.1	7.1	10.2	69.4	.0	.0	100.0	93.9	132
Woman's education level	None	.0	13.4	8.7	10.0	66.2	1.7	.0	100.0	98.3	59
	Primary	9.0	34.9	11.4	9.6	33.8	1.3	.0	100.0	89.7	139
	Secondary +	9.6	70.2	13.6	3.0	1.8	1.2	.4	100.0	88.7	223
	Missing/DK	.0	39.0	12.2	12.2	36.6	.0	.0	100.0	100.0	7
Total		**7.9**	**50.4**	**12.2**	**6.3**	**21.7**	**1.3**	**.2**	**100.0**	**90.6**	**429**

World Summit for Children Goals => Numbers 9, 11

Table 39: Percent distribution of women aged 12-49 with a birth in the last year by type of personnel assisting at delivery, Suriname, 1999-2000

		Person assisting at delivery							Total	Any skilled personnel	Number of women
		Doctor	Midwife	Nurse	Village health worker	Traditional birth attendant	Other/ missing	No assistance received			1.00
District	Paramaribo	32.2	48.3	11.2	.0	.0	7.0	1.4	100.0	91.6	142
	Wanica	30.4	55.6	12.8	.0	.0	1.2	.0	100.0	98.8	73
	Nickerie	34.6	30.7	13.0	.0	.0	21.7	.0	100.0	78.3	30
	Coronie	60.0	20.0	.0	.0	.0	.0	20.0	100.0	80.0	5
	Saramacca	14.3	64.3	7.1	.0	7.1	7.1	.0	100.0	85.7	13
	Commewijne	30.0	60.0	10.0	.0	.0	.0	.0	100.0	100.0	9
	Marowijne	30.0	40.0	5.0	.0	5.0	20.0	.0	100.0	75.0	18
	Para	19.4	54.8	19.4	.0	.0	6.5	.0	100.0	93.5	14
	Brokopondo	7.7	11.5	.0	23.1	57.7	.0	.0	100.0	42.3	35
	Sipaliwini	7.5	10.4	6.0	55.2	14.9	6.0	.0	100.0	79.1	91
Stratum	Urban	31.1	49.5	12.1	.0	.0	6.3	1.1	100.0	92.6	188
	Rural	32.5	49.2	8.3	.0	1.7	7.5	.8	100.0	90.0	108
	Interior	7.1	11.2	6.1	43.9	25.5	6.1	.0	100.0	68.4	132
Woman's education level	None	11.7	14.8	1.7	36.5	29.7	4.0	1.7	100.0	64.7	59
	Primary	18.6	28.6	13.2	22.4	10.7	6.6	.0	100.0	82.7	139
	Secondary +	31.5	48.8	8.8	1.8	.8	7.5	.8	100.0	90.9	223
	Missing/DK	.0	51.2	12.2	18.3	18.3	.0	.0	100.0	81.7	7
Total		**24.0**	**37.6**	**9.3**	**13.6**	**8.3**	**6.6**	**.7**	**100.0**	**84.5**	**429**

World Summit for Children Goal => Numbers 11

Table 40: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Suriname, 1999-2000

		Registration status									Total	Number of children
		Birth registered	DK if birth registered	Costs too much	Must travel too far	Didn't know it should be registered	Doesn't know where to register	Other	Reason DK or Missing	9.00		1.00
Sex	Male	94.4	3.8	.1	.3	.1	.1	.6	.5	.1	100.0	992
	Female	95.4	3.4	.0	.1	.2	.1	.3	.5	.0	100.0	893
District	Paramaribo	95.5	2.4	.2	.2	.3	.2	.6	.8	.0	100.0	623
	Wanica	95.0	2.9	.0	.6	.0	.3	1.1	.0	.3	100.0	342
	Nickerie	82.7	16.2	.0	.0	.0	.0	.0	1.0	.0	100.0	177
	Coronie	100.0	.0	.0	.0	.0	.0	.0	.0	.0	100.0	32
	Saramacca	91.7	6.2	.0	.0	2.1	.0	.0	.0	.0	100.0	42
	Commewijne	97.8	2.2	.0	.0	.0	.0	.0	.0	.0	100.0	40
	Marowijne	94.7	2.4	.0	.9	.0	.0	1.9	.0	.0	100.0	92
	Para	99.0	1.0	.0	.0	.0	.0	.0	.0	.0	100.0	86
	Brokopondo	97.8	2.2	.0	.0	.0	.0	.0	.0	.0	100.0	124
	Sipaliwini	97.5	1.7	.0	.0	.0	.0	.0	.8	.0	100.0	327
Stratum	Urban	93.9	3.8	.1	.3	.2	.2	.7	.7	.0	100.0	837
	Rural	93.8	4.9	.0	.2	.2	.0	.6	.2	.2	100.0	550
	Interior	97.5	1.9	.0	.0	.0	.0	.0	.6	.0	100.0	498
Age	< 6 months	91.7	4.1	.0	.8	.0	.0	2.0	1.4	.0	100.0	231
	6-11 months	97.2	1.7	.0	.0	.0	.0	.5	.6	.0	100.0	163
	12-23 months	95.9	2.4	.0	.3	.3	.0	.7	.3	.2	100.0	376
	24-35 months	94.2	5.0	.2	.0	.2	.0	.2	.2	.0	100.0	430
	36-47 months	94.1	4.0	.0	.3	.2	.5	.0	.9	.0	100.0	354
	48-59 months	96.4	3.6	.0	.0	.0	.0	.0	.0	.0	100.0	329
Mother's education level	None	93.9	2.4	.0	.3	.7	.7	.7	1.3	.0	100.0	281
	Primary	93.4	4.9	.2	.5	.2	.0	.6	.2	.0	100.0	549
	Secondary +	95.8	3.4	.0	.0	.0	.0	.3	.4	.1	100.0	1034
	Missing/DK	95.7	.0	.0	.0	.0	.0	4.3	.0	.0	100.0	22
Total		**94.9**	**3.6**	**.0**	**.2**	**.1**	**.1**	**.5**	**.5**	**.0**	**100.0**	**1885**

Monitoring Children's Rights Indicator

Table 41: Percentage of children 0-14 years of age in households not living with a biological parent, Suriname, 1999-2000

		Living arrangement										Total	Not living with a biological parent	One or both parents dead	Number of children
		Living with both parents	Living with neither: only father alive	Living with neither: only mother alive	Living with neither: both are alive	Living with neither: both are dead	Living with mother only: father alive	Living with mother only: father dead	Living with father only: mother alive	Living with father only: mother dead	Impossible to determine				
Sex	Male	63.0	.6	.2	6.4	.2	21.5	2.2	2.1	.2	3.7	100.0	7.4	3.4	2877
	Female	61.3	.7	.6	6.7	.2	23.5	2.0	1.3	.3	3.4	100.0	8.2	3.7	2677
District	Paramaribo	61.4	.7	.4	5.5	.1	24.9	2.5	2.2	.4	1.9	100.0	6.6	4.1	1835
	Wanica	74.9	.4	.2	4.1	.2	14.3	2.7	1.7	.1	1.4	100.0	4.8	3.5	1127
	Nickerie	71.0	.3	.2	5.7	.5	9.9	.5	2.6	.7	8.6	100.0	6.7	2.2	555
	Coronie	70.1	.0	.0	8.2	2.1	8.2	3.1	.0	.0	8.2	100.0	10.3	5.2	87
	Saramacca	72.7	2.1	.0	4.9	.0	7.7	2.8	.0	.0	9.8	100.0	7.0	4.9	129
	Commewijne	70.6	.6	.0	6.7	.0	17.2	1.2	3.1	.6	.0	100.0	7.4	2.5	147
	Marowijne	57.1	.6	.0	10.4	.0	23.8	2.1	2.4	.0	3.6	100.0	11.0	2.7	318
	Para	59.7	.7	.6	6.8	.4	23.6	3.2	1.7	.4	3.1	100.0	8.4	5.2	257
	Brokopondo	64.6	.5	.5	2.6	.5	27.7	1.5	.0	.0	2.1	100.0	4.1	3.1	280
	Sipaliwini	38.1	.7	1.1	13.0	.0	38.8	1.2	.5	.0	6.5	100.0	14.8	3.0	818
Stratum	Urban	64.2	.7	.3	5.4	.2	21.5	2.6	2.1	.4	2.7	100.0	6.5	4.1	2540
	Rural	71.0	.6	.2	5.5	.2	15.5	1.8	1.8	.3	3.2	100.0	6.4	3.0	1762
	Interior	45.6	.6	.9	10.4	.1	34.3	1.5	.8	.0	5.7	100.0	12.1	3.1	1252
Age	0-4 years	66.7	.2	.3	3.9	.0	23.7	.9	1.1	.1	3.0	100.0	4.5	1.5	2034
	5-9 years	62.1	.7	.2	7.6	.1	23.3	2.3	1.3	.1	2.5	100.0	8.5	3.2	1721
	10-14 years	57.0	1.1	.7	8.6	.4	20.4	3.3	2.8	.6	5.1	100.0	10.8	6.1	1799
Total		**62.2**	**.6**	**.4**	**6.6**	**.2**	**22.5**	**2.1**	**1.7**	**.3**	**3.5**	**100.0**	**7.8**	**3.5**	**5554**

Appendix E: List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
BCG	Vaccine Against Tuberculosis
CEB	Children Ever Born
DHS	Demographic Health Survey
DPT	Diptheria, Pertussis and Tetanus
GBS	General Bureau of Statistics
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IMCI	Integrated Management of Childhood Illnesses
IUD	Intrauterine Device
LAM	Lactational Amenothea Method
MICS	Multiple Indicator Cluster Survey
NCHS	National Center for Health Surveys
ORS	Oral Rehydration Salt
ORT	Oral Rehydration Therapy
PAHO	Pan American Health Organization
RGD	Regionale Gezondheidsdienst (Regional Health Services)
RHF	Recommended Home Fluid
SAP	Structural Adjustment Program
SRG	Surinamese Guilders
SWI	Stichting Wetenschappelijke Informatie (Foundation for Information and Development)
TACRO	The Americas and the Caribbean Regional Office
TC	Technical Committee
TFR	Total Fertility Rate
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USA	United States of America
WHO	World Health Organization

Appendix F: References

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