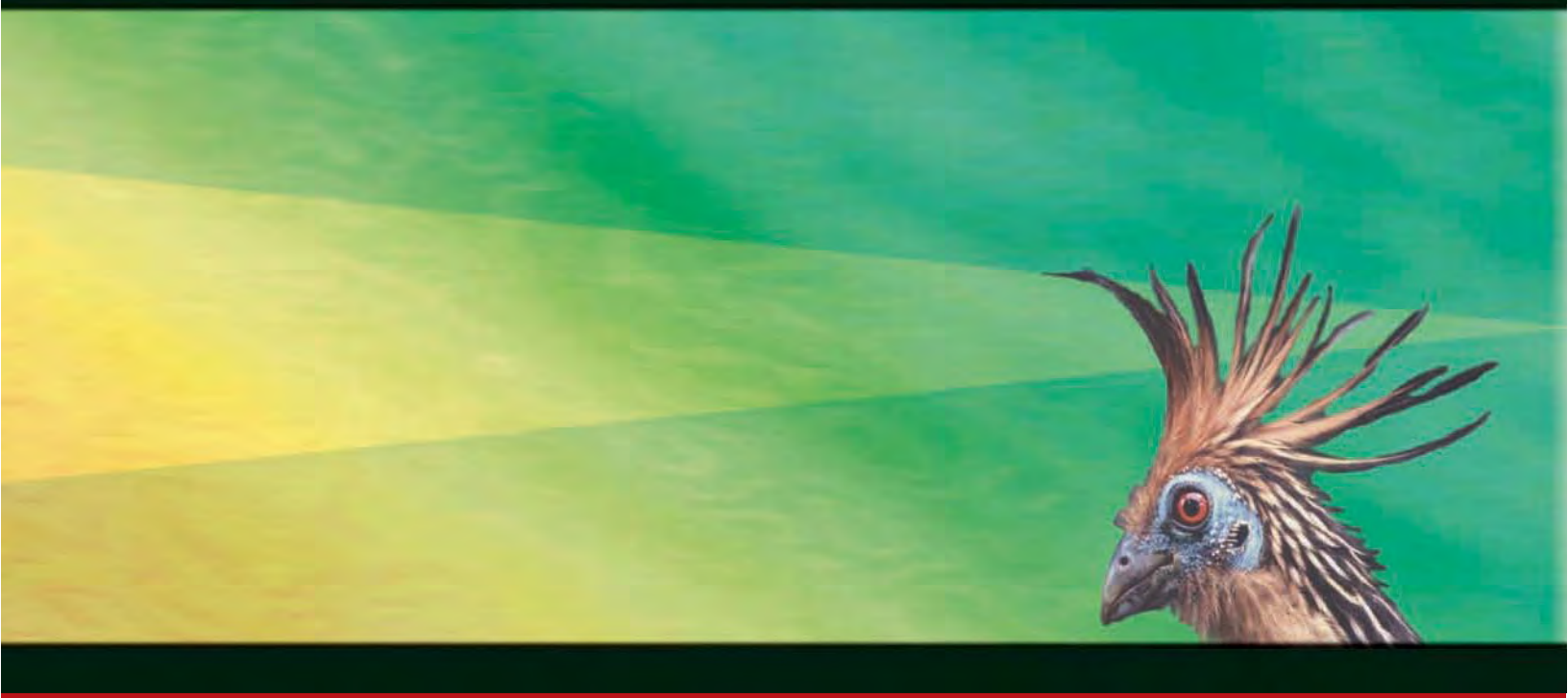
Guyana



HIV/AIDS Indicator Survey

2005

This report presents the main results of the 2005 Guyana HIV/AIDS Indicator Survey (2005 GAIS), implemented by the Ministry of Health in collaboration with the Guyana Responsible Parenthood Association (GRPA). Funds for the survey were provided by the United States Agency for International Development (USAID/Washington) and by USAID/Guyana under the MEASURE DHS program. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

The worldwide MEASURE DHS program implemented by ORC Macro is designed to assist developing countries to collect data on fertility; family planning; maternal and child health; and HIV/AIDS-related knowledge, attitudes, behavior, and prevalence. Additional information about the DHS program may be obtained from ORC Macro.

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2005

Ministry of Health
Georgetown, Guyana

Guyana Responsible Parenthood Association
Georgetown, Guyana

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FOREWORD

In 2005 the Ministry of Health (MoH) implemented the Guyana HIV/AIDS Indicator Survey (GAIS) after initial planning discussions that began in late 2004. The 2005 GAIS was undertaken as part of the national HIV/AIDS response in Guyana and the President's Emergency Plan for AIDS Relief (PEPFAR). The GAIS was designed to provide nationally representative data on the status of HIV/AIDS knowledge, attitudes, and behaviors among women and men age 15-49, as well as basic data on malaria, infant and child mortality, tuberculosis, fertility, and family planning. The survey also provides valuable and timely data to calculate baseline indicators for the Government of Guyana (GoG), the President's Emergency Plan for AIDS Relief (PEPFAR), the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, and the United Nations Children's Fund (UNICEF).

The 2005 GAIS sampled more than 3,000 households and completed interviews with 2,425 eligible women and 1,875 eligible men. All households successfully enrolled in the study were asked questions regarding the physical dwelling, ownership of various durable goods, and the usual residents of the household. In-depth individual interviews were used to collect information from women and men age 15-49 on sexual activity and practices, knowledge of HIV/AIDS, experience with HIV testing, and attitudes regarding people living with HIV/AIDS.

It is hoped that the data collected through the 2005 GAIS will inform our efforts in combating HIV and AIDS by providing us with the key statistics and strategic information needed to plan and implement appropriate programs for prevention, care, and support.

I would like to express my gratitude to the 2005 GAIS technical and managerial staff, whose efforts made this report possible.

I would also like to thank the Guyana Responsible Parenthood Association (GRPA), the agency that was contracted to conduct this survey.

Finally, I would like to thank ORC Macro for their technical assistance to the project under the MEASURE DHS program and the U.S. Agency for International Development (USAID) for their financial support.

Dr. Leslie Ramsammy
Minister of Health

ACKNOWLEDGMENTS

The 2005 Guyana HIV/AIDS Indicator Survey (2005 GAIS) was undertaken by the Ministry of Health in collaboration with the Guyana Responsible Parenthood Association (GRPA), as part of the President's Emergency Plan for AIDS Relief (PEPFAR). The 2005 GAIS was designed to provide nationally representative data in order to provide indicators for effective monitoring of national HIV/AIDS programs. The information from the 2005 GAIS will assist policymakers and program administrators to develop effective strategies to address prevention, care, and support, to improve the availability and accessibility of services and to prioritize resources in ways that will guarantee better health outcomes.

The 2005 GAIS was implemented efficiently through the collaborative efforts of many individuals and institutions. The MoH, under the leadership of Dr. Leslie Ramsammy, Minister of Health, contributed significantly to the success of the survey. I would also like to acknowledge the contribution of the various technical committees at the MoH, and the staff who individually and collectively gave comments and advice during the design and development of the questionnaires as well as during training, data processing, and the report writing.

Further, I would like to thank the U.S. Agency for International Development (USAID/Guyana and USAID/Washington) for the financial and technical support they provided to the 2005 GAIS.

This survey could not have been conducted in such timely fashion without the combined efforts of the senior staff of the Bureau of Statistics, the Pan American Health Organization (PAHO), and GRPA; and also, the interviewers and supervisors who did the fieldwork in all the regions of Guyana as well as the data entry clerks.

Technical assistance was provided by ORC Macro through the worldwide MEASURE DHS project. Its contribution throughout the design, implementation, and analysis stages of the 2005 GAIS is greatly appreciated.

Finally, we would like to express our appreciation to all of those Guyanese men and women who responded willingly and helped to facilitate the fieldwork of the survey. Without their cooperation, this project would not have been possible.

Mr. Frederick A.S. Cox
Executive Director
Guyana Responsible Parenthood Association

Dr. Shamdeo Persaud
Director Department of Disease Control
Ministry of Health

HIV/AIDS INDICATORS

President's Emergency Plan for AIDS Relief

	Women	Men	Table
Prevention			
Indicator 1 "Percentage of young people age 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission"	**52.6**	**47.3**	11.1.2
Indicator 2 "Percentage of never-married young men and women age 15-24 who have never had sex	**65.2**	**48.0**	11.4
Indicator 3 "Percentage of never-married women and men age 15-24 who had sex in the last 12 months"	**27.4**	**40.4**	11.4
Indicator 4 "Percentage of women and men age 15-49 who had sex with more than one partner in the last 12 months	**1.4**	**9.4**	10.4.1/10.4.2
Indicator 5 "Percentage of women and men age 15-49 who say they used a condom the last time they had sex with a nonmarital, noncohabiting partner, of those who have had sex with such a partner in the last 12 months"	**49.9**	**65.9**	10.4.1/10.4.2
Indicator 6 "Percentage of men reporting sex with a sex worker in the last 12 months who used a condom during last paid intercourse"	na	*	*
Indicator 8 "Average number of medical injections per person per year"	**0.9**	**1.0**	10.8
Indicator 9 "Proportion of women and men reporting that the last health care injection was given with a syringe and needle set from a new, unopened package"	**91.8**	**90.0**	10.8
Counseling and Testing			
Indicator 1 "Percentage of women and men age 15-49 who have been tested for HIV in the past 12 months and received their test results the last time they were tested"	**11.3**	**10.3**	10.5
Policy and Systems Strengthening (Capacity Building)			
Indicator 2 "Percentage of the general population with accepting attitudes toward persons living with HIV/AIDS"	**19.4**	**19.5**	9.1.1/9.1.2

UNGASS
(United Nations General Assembly Special Session)

Knowledge and Behavior			
Indicator 10 "Young people's knowledge about HIV prevention"	**52.6**	**47.3**	11.1.2
Indicator 11 "Percentage of young women and young men 15-24 who have sex before the age of 15"	**8.6**	**12.9**	11.2
Indicator 11A "Percentage of young women and young men 18-24 who have sex before the age of 18	**58.6**	**68.0**	11.2
Indicator 12 "High risk sex among young women and men in the last 12 months	**40.4**	**80.5**	11.5
Indicator 13 "Percentage of young women and men age 15-24 reporting the use of a condom the last time they had sex with a nonmarital, noncohabiting sexual partner"	**61.6**	**67.6**	11.5
Indicator 14 "Ratio of current school attendance among orphans to that among non-orphans (10-14)"	*	*	*

1

na = Not applicable
* Not enough number of cases

	Women	Men	Table

UNAIDS
(Joint United Nations Program on HIV/AIDS)

Stigma and Discrimination			
Indicator 1 "Accepting attitudes toward those living with HIV"[2]	**19.4**	**19.5**	9.1.1/9.1.2
Knowledge			
Indicator 1 "Knowledge of HIV prevention methods"	**76.2**	**80.5**	8.2
Indicator 2 "No incorrect beliefs about AIDS"	**58.2**	**50.9**	8.4.1/8.4.2
Indicator 5 "Knowledge of prevention of mother to child transmission of HIV"	**38.5**	**27.9**	8.3
Voluntary Counseling and Testing			
Indicator 1 "Population requesting an HIV test, receiving a test, and receiving test results"[3]	**26.5**	**19.5**	10.5
Mother to Child Transmission			
Indicator 1 "Pregnant women counseled and tested for HIV"	**4.9**	**na**	10.6
Sexual Negotiation and Attitudes			
Indicator 1 "Women's ability to negotiate safe sex with husband"	**97.5**	**95.9**	9.2
Sexual Behavior			
Indicator 1 "Higher-risk sex in the last year"	**21.3**	**35.1**	10.4.1/10.4.2
Indicator 2 "Condom use at higher-risk sex"	**49.9**	**65.9**	10.4.1/10.4.2
Indicator 3 "Commercial sex in last year"	*	*	*
Indicator 4 "Condom use at last commercial sex"	*	*	*
Young People's Sexual Behavior			
Indicator 2 "Young people having premarital sex in last year"	**27.4**	**40.4**	11.4
Indicator 3 "Young people using a condom during premarital sex"	**63.9**	**69.9**	11.4
Indicator 4 "Young people having multiple partners in last year"[4]	**40.4**	**80.5**	11.5
Indicator 5 "Young people using a condom at last higher-risk sex"	**61.6**	**67.6**	11.5
Indicator 6 "Condom use at first sex"	**43.2**	**54.8**	11.3
Indicator 7 "Age-mixing in sexual relationships"[5]	**8.3**	**na**	11.6
Indicator 9 "Sex among young people while they are intoxicated"	**0.1**	**0.7**	11.7
Indicator 10 "Sex with commercial sex workers among young people"	*	*	*
STI Care and Prevention			
Indicator 4 "Men and women seeking treatment for STIs"[6]	**39.4**	**24.8**	10.7.2
Health and Social Impact			
Indicator 4 "Prevalence of orphanhood"	**8.1**	**6.6**	2.8.1
Indicator 5 "Ratio of orphans to non-orphans who are in school"	*	*	*

na = Not applicable

* Not enough number of cases

[2] Includes all respondents in the denominator. The indicator refers to four attitudes: willing to care for a family member with the AIDS virus in the respondent's home; would buy fresh vegetables from shopkeeper with AIDS; say that a female teacher with the AIDS virus and who is not sick should be allowed to keep teaching; and would not want to keep secret that a family member got infected with the AIDS virus

[3] The "voluntary" component of the indicator is not measured in the GAIS

[4] The estimate presented here is based on respondents who had sexual intercourse in the last 12 months; the original UNAIDS indicator is based on all respondents

[5] Youth 15-19

[6] Percentage who sought care at a service provider with personnel trained in STI care

	Women	Men	Table
UNICEF-OVC (United Nations Children's Fund-Orphan and Vulnerable Children)			
Strengthening the Capacity of Families to Protect and Care for Children			
Core Indicator 3 "Sex before age 15"	**na**	**na**	na
Indicator A4 "Succession planning"	**41.4**	**50.3**	2.8.3
Ensuring Access to Essential Services			
Core Indicator 6 "Orphan school attendance ratio"	*	*	*
Core Indicator 7 "Birth registration"	**94.3**	**95.3**	2.8.2
Raising Awareness to Create a Supportive Environment			
Core Indicator 9 "Percentage of children who are orphans"	**8.1**	**6.6**	2.8.1
Indicator A7 "Stigma and discrimination"	**19.4**	**19.5**	9.1.1/9.1.2
Youth Guide			
Risk Factors and Protective Factors			
Indicator 9 "Knowledge of HIV prevention among young people"	**52.6**	**47.3**	11.1.2
Indicator 10 "Knowledge of a formal source of condoms among young people"	**80.3**	**91.4**	11.1.2
Determinants			
Indicator 15 "Adult support of education about condom for prevention of HIV/AIDS among young people"	**81.1**	**83.6**	9.3
Behavioral			
Indicator 16 "Sex before the age of 15"	**8.6**	**12.9**	11.2
Indicator 17 "Condom use among young people who had higher-risk sex in the past year"	**61.6**	**67.6**	11.5
Indicator 20 "Age-mixing in sexual partnerships among young women"[7]	**4.6**	**na**	11.6
Indicator 21 "Sex with commercial sex worker among young men"	*	*	*
Indicator 22 "Sex among young people while intoxicated"[8]	**0.1**	**0.7**	11.7
Indicator 23 "HIV Testing behavior among young people"	**21.9**	**15.4**	11.8
Impact			
Indicator 30 "Young people who have an STI"[9]	**1.4**	**1.2**	10.7.1

na = Not applicable
* Not enough number of cases
[7] The indicator is calculated for women age 15-24 and includes all partners (non higher-risk partners) who are 10+ older
[8] The estimate presented here partially corresponds to the original indicator which includes people under the influence of drugs
[9] Partial since the Youth Guide definition specifies: "Young people with STIs that were detected during diagnostic testing"

SUMMARY OF FINDINGS

This document contains the main results from the HIV/AIDS Indicator Survey implemented in Guyana in 2005 (2005 GAIS). The 2005 GAIS is the first household-based, comprehensive survey on HIV/AIDS to be carried out in Guyana. The 2005 GAIS was implemented by the Guyana Responsible Parenthood Association (GRPA) for the Ministry of Health (MoH). ORC Macro of Calverton, Maryland provided technical assistance to the project through its contract with the U.S. Agency for International Development (USAID) under the MEASURE DHS program. Funding to cover technical assistance by ORC Macro and for local costs was provided in their entirety by USAID/Washington and USAID/Guyana.

The 2005 GAIS is a nationally representative sample survey of women and men age 15-49 initiated by MoH with the purpose of obtaining national baseline data for indicators on knowledge/awareness, attitudes, and behavior regarding HIV/AIDS. The survey data can be effectively used to calculate valuable indicators of the President's Emergency Plan for AIDS Relief (PEPFAR), the Joint United Nations Program on HIV/AIDS (UNAIDS), the United Nations General Assembly Special Session (UNGASS), the United Nations Children Fund (UNICEF) Orphan and Vulnerable Children unit (OVC), and the World Health Organization (WHO), among others.

The overall goal of the survey was to provide program managers and policymakers involved in HIV/AIDS programs with information needed to monitor and evaluate existing programs; and to effectively plan and implement future interventions, including resource mobilization and allocation, for combating the HIV/AIDS epidemic in Guyana.

Other objectives of the 2005 GAIS include the support of dissemination and utilization of the results in planning, managing and improving family planning and health services in the country; and enhancing the survey capabilities of the institutions involved in order to facilitate the implementation of surveys of this type in the future.

The 2005 GAIS sampled over 3,000 households and completed interviews with 2,425 eligible women and 1,875 eligible men. In addition to the data on HIV/AIDS indicators, data on the characteristics of households and its members, malaria, infant and child mortality, tuberculosis, fertility, and family planning were also collected.

HIV/AIDS-Related Knowledge

Almost everybody in Guyana (about 98 percent the population) has heard of HIV/AIDS. Awareness of the modes of HIV transmission is high, with almost 75 percent of adults knowing that having only one uninfected, faithful partner can reduce the chance of contracting HIV. Knowledge of other means of avoiding HIV transmission—using condoms and limiting sex to one uninfected partner who has no other partners—is relatively high, with 76 percent of women and 81 percent of men citing both methods.

Barely half of respondents have a comprehensive knowledge of HIV/AIDS transmission and prevention methods: 50 percent of women and 45 percent of men know about condom use and limiting sex to one uninfected partner as HIV prevention methods; are aware that a healthy looking person can have the AIDS virus; and reject the two most common local misconceptions (transmission by mosquito bites and by sharing food with someone with AIDS).

Correct knowledge of mother-to-child-transmission (MTCT) i.e., that HIV can be transmitted by breastfeeding and that the risk of MTCT can be reduced by the mother taking drugs during pregnancy is relatively low (39 percent for women and 28 percent for men).

A high proportion of the population rejects misconceptions related to HIV: at least four in five adults know that a healthy-looking person may be HIV positive, and almost the same proportion know that HIV cannot be transmitted by supernatural means.

Attitudes Relating to HIV

In Guyana, adults generally have low accepting attitudes toward those living with HIV/AIDS, with only 20 percent of women and men expressing acceptance on each of the four main issues studied. However, there is widespread acceptance of the ability of a woman to negotiate safer sex with her husband either by refusing to have sex or by requesting condom use if she knows he has a sexually transmitted disease.

Attitudes toward teaching children about condom use to avoid HIV/AIDS are generally positive: 81 percent of women and 84 percent of men support teaching children age 12-14 about using a condom to avoid AIDS.

HIV/AIDS Related Behavior

Nine percent of women and 15 percent of men 20-49 had sex before they were 15. The median age at first sexual intercourse for women is 18.4 and for men 18.0.

The proportion of all women age 15-49 who report having sex with two or more partners in the 12 months preceding the survey is relatively low (1 percent), but reaches 9 percent among men. A larger proportion of men reported having high-risk sex at some time in the past 12 months (35 and 21 percent, respectively). On the other hand, half of women and 66 percent of men reported condom use the last time they had sex with a nonmarital, noncohabiting partner in the last 12 months.

Twenty-seven percent of women and 20 percent of men have ever been tested and received the results of their HIV test. Around 1 in 10 women and men age 15-49 have been tested for HIV and received test results in the last 12 months.

Youth and HIV/AIDS

Fifty-three percent of young women and 47 percent of young men have a comprehensive knowledge about HIV/AIDS: they know that use of condom during every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus; they know that a healthy-looking person can have the AIDS virus; and they reject the two most common local misconceptions (transmission by mosquito bites and by sharing food with someone with AIDS). On the other hand, eight in ten young women and nine in ten young men know a place where a person can get condoms.

Among youth 15-24, 9 percent of women and 13 percent of men had sex by age 15. The percentage of respondents having sex before age 18—calculated for those age 18-24—increase rapidly to 59 percent for women and 68 percent for men.

Four in five young women (43 percent) and over half of young men (55 percent) used condoms during their first sexual encounter. Respondents age 15-19 were more likely to report condom use the first time they ever had sexual intercourse than those age 20-24 (51 and 39 percent for women, respectively; and 68 and 46 percent for men, respectively).

Among sexually active youths, 40 percent of women and 81 percent of men engaged in higher-risk sexual activity in the 12 months preceding the survey. Among respondents who engaged in higher-risk sex in the 12 months preceding the survey, young men were slightly more likely to use condoms than young women (68 and 62 percent, respectively).

The probability of engaging in higher-risk sex increases with increasing education level among youths, substantially more so for women (from 19 to 72 percent) than for men (from 66 to 97 percent).

Malaria and Tuberculosis

Eighty-four percent of all households possess at least one mosquito net of any type. Mosquito net ownership is higher in rural areas (87 percent) than in urban areas (78 percent). However, ownership of insecticide treated nets (ITNs) is much lower, with only 5 percent of all households having at least one ITN.

Eighty-five percent of pregnant women age 15-49 slept under a mosquito net the night before the survey, compared with 72 percent of all women.

Regarding tuberculosis (TB), roughly three-quarters of men and women (79 percent of women and 74 percent of men) have heard of it. Knowledge of TB among women and men increases by age, by education, and by wealth quintile. However, close to half of women and men who have heard of TB do not know how the disease is transmitted.

Fertility

The findings indicate that childbearing begins relatively late in Guyana. The median age at first birth for women in Guyana is almost 21 years, and it seems to have changed little in the last 20 years. The median age at first birth increases with increasing education, from 20.2 years for women with just primary education to 24.5 to women with more than secondary education.

If fertility were to remain constant in Guyana, women would bear, on average, 2.6 children by the end of their reproductive span. Fertility is close to replacement level in urban areas (2.4 children per woman) and higher in the rural areas (2.8 children per woman). This is mostly the result of higher fertility for women under 30 years of age.

The total fertility rate (TFR) for women in households in the poorest quintile is also very high (4.6 children), twice the level of fertility for women in the highest quintile (2.3 children).

Over time, substantial reductions in the levels of fertility are observed in all age groups. The reduction seems particularly important in the last five years, but additional analysis and evaluation of the birth histories is required for a better assesment. Overall, the gap implied from comparison of the TFRs and the mean number of children ever born to women age 40-49 indicates that fertility has changed substantially in almost all population groups.

Overall, only 4 percent of women are currently pregnant. Among the poorest and less educated women, 6 percent are currently pregnant. The highest percentage of pregnant women is observed not in the rural areas but the urban areas outside Georgetown.

At the time of the survey, 11 percent of young women age 15-19 were already mothers and almost 3 percent were pregnant with their first child.

Family Planning

About one-third of married women (35 percent) are currently using a contraceptive method, basically a modern method. The most commonly used methods are the pill (12 percent), the Intrauterine Device or IUD (8 percent), and condoms (6 percent). Only 3 percent of women reported using female sterilization.

The level of contraceptive use increases rapidly with the level of education, the wealth quintile, and the number of living children. Among women with more higher education, the contraceptive use reaches 43 percent.

The prevalence of contraceptive use is similar in urban and rural areas although the method mix is slightly different: rural women are more likely to use the pill and the IUD (13 and 9 percent, respectively), while urban women are more likely to use the pill and the condom (11 and 8 percent, respectively). On the other hand, the condom is the preferred method by the most educated women and those living in the wealthiest households.

Infant and Child Mortality

The mortality rate during the first year of life—the infant mortality rate—is relatively low in Guyana, 44 children per 1,000 births. Most of these deaths occur during the neonatal period (the first month of life). The mortality rate after the first year of life (child mortality) is also very low and, as a result, only about 50 out of 1,000 births die during the first five years of life (under-five mortality).

Infant mortality is higher in urban than in rural areas and children in the wealthiest quintile are about three times as likely to die during the first year of life as children in poor households. This may be due to better reporting of deaths by more educated women and requires further investigation.

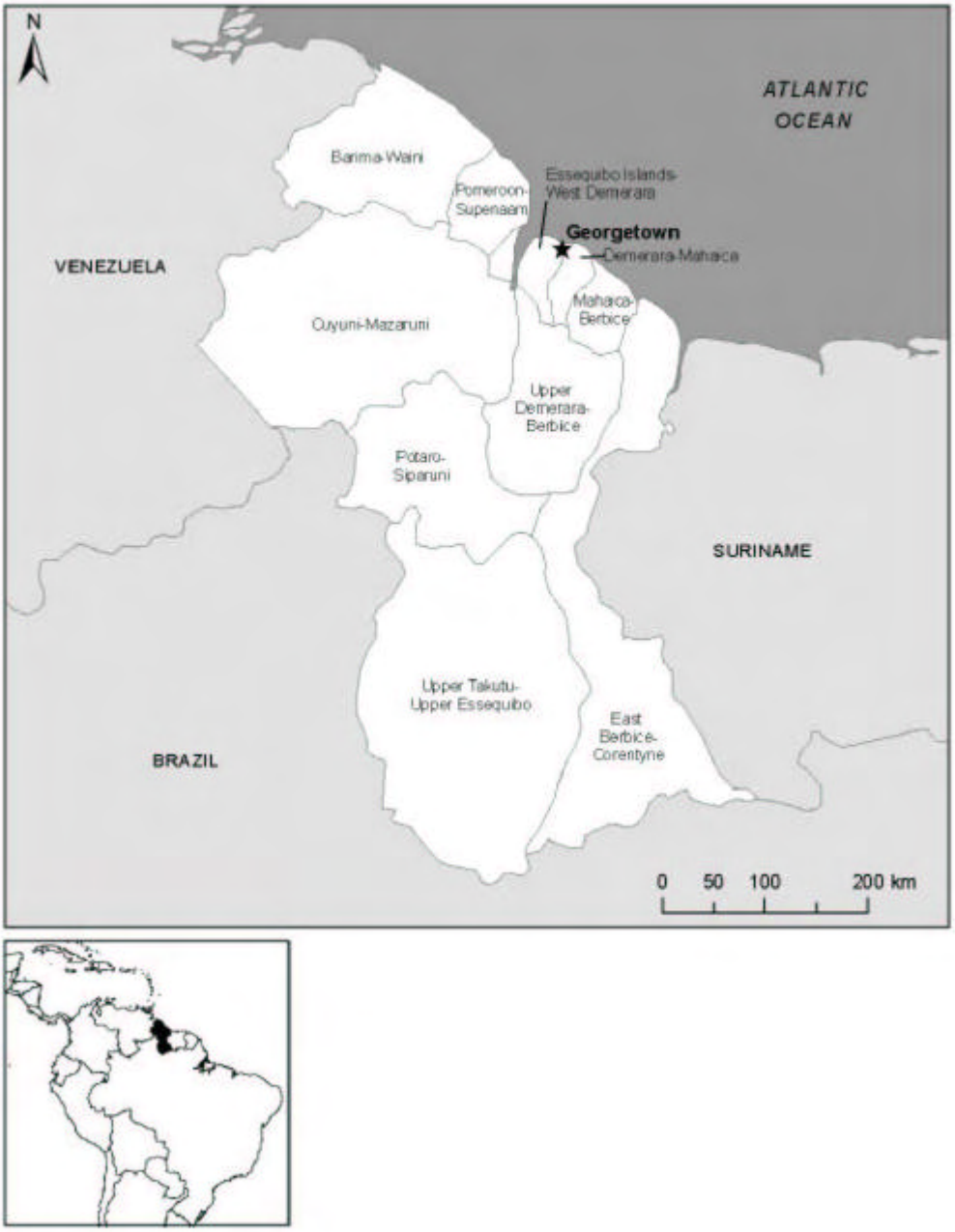
Children born to the oldest mothers have higher mortality rates than do children born to mothers age 20-39 years, and high parity children also have higher neonatal mortality than children of birth orders 2-6. Birth intervals are clearly associated with higher mortality both during and after infancy, supporting the importance of child spacing for child survival.

Half the children in Guyana (52 percent) are in so-called avoidable high-risk categories, although mostly in single high-risk categories because they were born of birth order 4 or higher (15 percent); with a short birth interval (less than 24 months, 11 percent); or because their mothers were very young (less than 18 years, 8 percent) or old (34 years or older, 3 percent).

ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
AIS	HIV/AIDS Indicator Survey
ARI	Acute respiratory infection
BUCEN	United States Census Bureau
CBR	Crude birth rate
CH&PA	Central Housing and Planning Authority
CIDA	Canadian International Development Agency
CSPro	Census and Survey Processing
DEFT	Design effect
DHS	Demographic and Health Surveys
DOTS	Directly observed treatment short-course
DK	Don't know
ED	Enumeration district
EPI	Expanded Programme on Immunization
FBO	Faith-based organization
GAHEF	Guyana Agency for Health Science Education, Environment and Food Policy
GAIS	Guyana HIV/AIDS Indicator Survey
GAR	Gross attendance ratio
GFATM	Global Fund to Fight AIDS, TB, and Malaria
GFR	General fertility rate
GoG	Government of Guyana
GPI	Gender parity index
GRPA	Guyana Responsible Parenthood Association
Guyana HIV/AIDS SPA	Guyana HIV/AIDS Service Provision Assessment Survey
HIV	Human immunodeficiency virus
IDB	Inter-American Development Bank
IPT	Intermittent preventive treatment
ITNs	Insecticide treated nets
IUD	Intrauterine device
JMP	Joint Monitoring Program for Water and Sanitation
LAM	Lactational Amenorrhea Method
LPG	Liquified petroleum gas
MEASURE	Monitoring and Evaluation to ASsess and Use REsults
MOH	Ministry of Health
MOLG	Ministry of Local Government
MTCT	Mother-to-child transmission
na	Not applicable
NAP	National AIDS Program
NAPS	National AIDS Program Secretariat
NAR	Net attendance ratio
NGO	Nongovernmental organization
ORC	Opinion Research Corporation
OVC	Orphan and Vulnerable Children
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
PSU	Primary sampling unit
RBM	Roll Back Malaria
SD	Standard deviation
SE	Standard error
SMAM	Singulate mean age at marriage
SPA	Service Provision Assessment
SSEE	Secondary School Entrance Examination
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TB	Tuberculosis
TFR	Total fertility rate
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VIP	Ventilated, improved pit latrine
WHO	World Health Organization

MAP OF GUYANA



INTRODUCTION 1

1.1 THE 2005 GUYANA AIDS INDICATOR SURVEY

This document contains the main results from the HIV/AIDS Indicator Survey implemented in Guyana in 2005 (2005 GAIS). The 2005 GAIS is the first household-based, comprehensive survey on HIV/AIDS to be carried out in Guyana. The 2005 GAIS was implemented by the Guyana Responsible Parenthood Association (GRPA) for the Ministry of Health (MoH). ORC Macro of Calverton, Maryland provided technical assistance to the project through its contract with the U.S. Agency for International Development (USAID) under the MEASURE DHS program. Funding to cover technical assistance by ORC Macro and for local costs was provided in their entirety by USAID/Washington and USAID/Guyana.

Objectives

The 2005 GAIS is a nationally representative sample survey of women and men age 15-49 initiated by the MoH with the purpose of obtaining national baseline data for HIV/AIDs indicators for the country and basic data on family planning, fertility, mortality, malaria, and tuberculosis. Other objectives of the 2005 GAIS include the support of dissemination and utilization of the results in planning, managing and improving family planning and health services in the country, and enhancing the survey capabilities of the institutions involved in order to facilitate the implementation of surveys of this type in the future.

The survey obtained information on knowledge/awareness, attitudes, and behavior regarding HIV/AIDS. The overall goal of the survey was to provide program managers and policymakers involved in HIV/AIDS programs with information needed to monitor and evaluate existing programs and to effectively plan and implement future interventions, including resource mobilization and allocation, for combating the HIV/AIDS epidemic in Guyana.

More specifically, the objectives of the 2005 GAIS were the following:

- Assess levels in knowledge about HIV/AIDS, attitudes toward those infected with the disease, and sexual behavioral practices;
- Gauge the extent to which these indicators vary by characteristics of the individual such as age, sex, residence, education, marital status and poverty status.

The survey data can be effectively used to calculate valuable indicators President's Emergency Plan for AIDS Relief (PEPFAR), the Joint United Nations Program on HIV/AIDS (UNAIDS), the United Nations General Assembly Special Session (UNGASS), the United Nations Children Fund (UNICEF) Orphan and Vulnerable Children unit (OVC), and the World Health Organization (WHO), among others.

Contents of the Report

Chapter 1 is introductory and, in addition to the objectives of the 2005 GAIS, it includes a brief summary of the survey procedures, sample design, and number of interviews and response rates. The chapter also includes a description of the country and its population history, selected health and demographic characteristics, the HIV/AIDS epidemic in the country, and a description of the health system.

Chapter 2 describes the background characteristics of the household population, and their dwelling conditions.

Chapter 3 contains tables describing the basic characteristics of eligible respondents including educational level, work status, and type of occupation.

Chapter 4 describes the current and past fertility of the population and includes a table on trends in fertility. The chapter also presents information on the beginning of a woman's childbearing, with tabulations on age at first birth and current teenage fertility behavior.

Chapter 5 includes one of the main determinants of fertility, use of family planning. The basic tables with the results on current use of specific methods by age and background characteristics are included here. On the other hand, factors other than contraception that regulate the level of fertility like marriage patterns and sexual activity are included in Chapter 3.

Chapter 6 describes the current and past levels of infant and child mortality, as well as differentials in mortality by demographic and background characteristics. The chapter also includes information on the extra risk of infant and child mortality incurred by certain reproductive behaviors.

Chapter 7 describes the availability and use of preventive measures for malaria among women and children, as well as access to early diagnosis and prompt treatment. This chapter also describes knowledge about tuberculosis (TB), its mode of transmission, diagnosis, and treatment among men and women.

Chapters 8-11 cover the results of the core information collected by the GAIS: HIV/AIDS-related knowledge (Chapter 8), attitudes relating to HIV/AIDS (Chapter 9), HIV/AIDS-related behavior (Chapter 10), and youth and HIV/AIDS (Chapter 11).

1.2 ORGANIZATION OF THE 2005 GAIS

A brief summary of the survey, the procedures undertaken to ensure data quality, and a discussion of response rates are given here. Details of the sample design are presented in Appendix A.

Sample Design

The 2005 GAIS is a nationally representative sample of the population residing in private households in the country. A total of 3,055 households were randomly selected and all women and men age 15-49 were eligible for interviews. Administratively, Guyana is divided into ten Regions, while each Region is divided into Districts, and each District is divided into Administrative Posts. In 2000 the National Statistical Office designed a master sample in collaboration with the U.S. Bureau of Census using the 1997 household and population census. A geographical updating of each primary sampling unit (PSU) included in the master sample was done in 2000, supported in part by USAID.

The survey for the 2005 GAIS utilized a two-stage sample design. The master sample of clusters and its last geographical updating served as the sample frame for the selection of 120 clusters (Enumeration Districts or EDs) for the 2005 GAIS. An equal number of clusters (60) was allocated to the urban and rural population in order to be able to produce survey estimates for each domain.

Within each urban-rural area, the number of clusters in each of the ten regions was allocated proportional to their total population. As a result, in urban areas most of the clusters were located in Georgetown and its suburbs (Region 4). In the rural area, Regions 3, 4, and 6 accounted for half of the clusters. Prior to fieldwork, the Bureau of Statistics, Government of Guyana, worked on re-mapping and updating the listings for the 60 urban EDs included in the sample for the 2005 GAIS. For the 60 rural EDs, the 2002 Census maps and listings were used.

In the second stage, 25 households were selected by systematic random sampling from the full updated list of households for each of the selected EDs for a total of 3,055 households. All women and men age 15-49 who were either permanent residents of the households in the GAIS sample or visitors present in the household on the night before the survey were eligible to be interviewed in the survey.

Since in Guyana around 70 percent of the population reside in rural areas, a proportional allocation by urban-rural would have resulted in the selection of only 35 clusters in the urban area and 85 in the rural area (instead of 60 for each domain). As a result of the non-proportional allocation of the number of EDs for the urban-rural domains, the household sample for the 2005 GAIS is not a self-weighted sample. Table 1.1 shows the distribution of the weighted and unweighted number of individual interviews. The unweighted number corresponds to the number of actual interviews. Weights were calculated to ensure that the distribution of respondents (weighted percent and weighted number) reflects the actual representation at the national level. In other words, the 1,197 women actually interviewed in urban areas represent 741 overall (31 percent of the total); and the 1,228 women interviewed in rural areas actually represent 1,684 (69 percent of the total).

Details of the sample design are presented in Appendix A. The sampling errors for the main indicators are presented in Appendix B for each of the five domains (total, urban, Georgetown urban, other urban, and rural).

Table 1.1 Weighted and unweighted distribution of respondents

Weighted percent distribution, and weighted and unweighted number of respondents age 15-49 by residence, Guyana 2005

	Women			**Men**		
Residence	Weighted percentage	Weighted number	Unweighted number	Weighted percentage	Weighted number	Unweighted number
Urban	30.6	741	1,197	28.5	534	882
Georgetown urban	*18.9*	*458*	*718*	*17.5*	*328*	*522*
Other urban	*11.7*	*283*	*479*	*11.0*	*206*	*360*
Rural	69.4	1,684	1,228	71.5	1,341	993
Total	100.0	2,425	2,425	100.0	1,875	1,875

Note: Unweighted numbers refer to the number of interviews actually completed.

Questionnaires

Two types of questionnaires were used in the survey, namely: the Household Questionnaire and the Individual Questionnaire (see Appendix E). The contents of these questionnaires were based on model questionnaires developed by the MEASURE DHS program. In consultation with USAID/Guyana, MoH, GRPA, and other government agencies and local organizations, the model questionnaires were modified to reflect issues relevant to HIV/AIDS in Guyana. The questionnaires were finalized around mid-May.

The Household Questionnaire was used to list all the usual members and visitors in the selected households. For each person listed, information was collected on sex, age, education, and relationship to the head of the household. An important purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview.

The Household Questionnaire also collected non-income proxy indicators about the household's dwelling unit, such as the source of water; type of toilet facilities; materials used for the floor, roof and walls of the house; and ownership of various durable goods and land. As part of the Malaria Module, questions were included on ownership and use of mosquito bednets.

The Individual Questionnaire was used to collect information from women and men age 15-49 years and covered the following topics:

- Background characteristics (age, education, media exposure, employment, etc.)
- Reproductive history (number of births and—for women—a birth history, birth registration, current pregnancy, and current family planning use)
- Marriage and sexual activity
- Husband's background
- Knowledge about HIV/AIDS and exposure to specific HIV-related mass media programs
- Attitudes toward people living with HIV/AIDS
- Knowledge and experience with HIV testing
- Knowledge and symptoms of other sexually transmitted infections (STIs)
- The malaria module and questions on tuberculosis

Training and Fieldwork

Training for interviewers and supervisors began May 16 and was completed on May 31, 2005. The field practice for the trainees served as a pretest of the questionnaires. Eight teams consisting of four interviewers and one supervisor were selected for the fieldwork—40 persons in all. The remaining trainees were reserved for data processing.

After completion of the training, the survey questionnaires and manuals were revised and printed, and GRPA finalized arrangements for transport and other logistics. Fieldwork commenced on June 17 and was completed in early September 2005.

Data processing

The processing of the GAIS questionnaires began in mid-July 2005, shortly after the beginning of fieldwork and during the first visit of the ORC Macro data processing specialist. Questionnaires for completed clusters (enumeration districts) were periodically submitted to GRPA offices in Georgetown, where they were edited by data processing personnel who had been trained specifically for this task. The concurrent processing of the data—standard for surveys participating in the DHS program—allowed GRPA to produce field-check tables to monitor response rates and other variables, and advise field teams of any problems that were detected during data entry. All data were entered twice, allowing 100 percent verification. Data processing, including data entry, data editing, and tabulations, was done using CSPro, a program developed by ORC Macro, the U.S. Bureau of Census, and SERPRO for processing surveys and censuses. The data entry and editing of the questionnaires was completed during a second visit by the ORC Macro specialist in mid-September. At this time, a clean data set was produced and basic tables with the basic HIV/AIDS indicators were run. The tables included in the current report were completed by the end of November 2005.

1.3 NUMBER OF INTERVIEWS AND RESPONSE RATES

The number of households selected, occupied, and interviewed; the number of eligible respondents (women and men) interviewed; and response rates for the whole country are shown in Table 1.2. A more detailed percent distribution of interviews by specific reasons for non-response is presented in Appendix A.

- From a total of 3,055 households in the sample, 2,800 were occupied. Among these households, interviews were completed in 2,608, for a response rate of 93 percent.
- A total of 2,776 eligible women were identified and interviews were completed with 2,425 of these women, yielding a response rate of 87 percent.
- Out of 2,441 eligible men identified in the 3,055 households in the sample, only 1,875 were successfully interviewed, yielding a response rate of 77 percent.
- All the response rates are lower for the urban sample than they are for the rural, particularly for men (69 percent in Georgetown urban).

- The primary reason for non-response among both eligible men and women was the failure to find individuals at home despite repeated visits to the household (see Table A.2 for the detailed reasons for non-response). The substantially lower response rate for men reflects the more frequent and longer absences of men from the household, principally related to their employment and lifestyle.

Table 1.2 Response rates and number of households and respondents selected and interviewed

Response rates, number of households and respondents selected, number of interviews, and response rates, according to residence, Guyana 2005

	Urban				
Result	Total	*Georgetown urban*	*Other urban*	Rural	Total
Household response rate[1]	**90.9**	**88.2**	**96.0**	**95.5**	**93.1**
Households selected	1,531	1,005	526	1,524	3,055
Households occupied	1,430	929	501	1,370	2,800
Households interviewed	1,300	819	481	1,308	2,608
Eligible women response rate[2]	**85.4**	**81.4**	**92.1**	**89.4**	**87.4**
Number of eligible women	1,402	882	520	1,374	2,776
Number of eligible women interviewed	1,197	718	479	1,228	2,425
Eligible men response rate[2]	**75.1**	**68.9**	**86.5**	**78.4**	**76.8**
Number of eligible men	1,174	758	416	1,267	2,441
Number of eligible men interviewed	882	522	360	993	1,875

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

1.4 GUYANA: GEOGRAPHY AND DEMOGRAPHY[10]

Background

Guyana, the only English-speaking country in South America, is located in the northeastern shoulder of the continent. The country has an area of approximately 215,000 square kilometers and is divided into ten administrative regions. Guyana is one of the poorest countries in the world, ranking 107 in the 2005 Human Development Index Report (UNDP, 2005). According to the 1999 Guyana Survey of Living Conditions, 36 percent of the population were living in absolute poverty (US$1.40 per day), 78 percent of them living in rural interior areas (UNDP, 1999).

According to the 2002 Guyana Population and Housing Census, Guyana has a population of 751,223 inhabitants; the majority of whom reside in the coastal area (Bureau of Statistics, 2005). The 2002 Population and Housing census also showed that from 1980 to 1990, there was negative population growth in Guyanese and that emigration remains a significant factor in the Guyana demographic profile. Guyana is still in an expansive phase of demographic transition, but there are signs of an aging population. There has been a decline in the proportion of the population aged 0-4 and 5-9 years (which may indicate fertility decline, and/or migration of young children, or high child mortality), and an slight increase in the population 65 years of age from 3.9 percent in 1980 to 4.3 percent in 2002. Approximately 36 percent of the population is under age 15 and about 7 percent is over 60 years. The estimated rate of population growth for 2004 was 0.61 percent and the total fertility rate was estimated at 2.1 (USAID, 2004).

[10] Section 1.4 is partially based on the Guyana 2004 HIV/AIDS SPA report (MOH, GRPA, and ORC Macro, 2005)

HIV/AIDS Epidemics in Guyana

The first case of AIDS in Guyana was diagnosed in 1987. The reported incidence of AIDS is estimated to have increased from 1.3/100,000 population in 1987 to 58/100,000 population in 2001 (Persaud, 2001). By the end of 2003, the estimated prevalence of HIV-infection was 2.5 percent (range: 0.8 to 7.7 percent) among adults (UNAIDS/WHO, 2004). The prevalence of HIV in Guyana is estimated to be the fourth highest in the Caribbean. AIDS has become a leading cause of death among the 25-44 age group and a second cause of death overall (PAHO/WHO, 2003).

Guyana is considered to have a generalized HIV epidemic and HIV infection is no longer confined to high-risk groups. The main mode of transmission is reported to be related to heterosexual activity, accounting for more than 80 percent of all AIDS cases. The rate of HIV/AIDS is increasing faster among women than among men, especially within the 15-24 age group (Persaud, 2001). The highest HIV prevalence was reported among female sex workers tested in Georgetown (45 percent in 1997), followed by patients attending clinics for sexually transmitted diseases (STD). In 2002, 18 percent of male STD clinic patients and 12 percent of female STD clinic patients tested in Georgetown were HIV positive. This is an increase of about a 40 percent among men and more than 70 percent among women since 1992-1993 when 13 percent of men and 7 percent of women tested positive (Persaud, 2001). HIV prevalence among pregnant women tested in antenatal clinics ranged from 4 to 7 percent between 1992 and 1997 and 0 to 12 percent in 2002/2003 (Persaud, 2001).

The incidence of HIV/AIDS in Guyana varies by region with the highest found in the densely populated coastal urban settings. Approximately 80 percent of HIV/AIDS cases in the country were reported in Region 4. The estimated number of AIDS deaths in 2003 was 1,100 (ranging from 500 to 2,600) (UNAIDS/WHO, 2004). There are more than 4,000 orphans estimated in Guyana, who have lost one or both parents to AIDS (Ministry of Labor, Human Services and Social Security and UNICEF, 2004).

Ministry of Health HIV/AIDS Program

In 1987, to address the HIV/AIDS epidemic in the country, the government of Guyana, through the MoH, established the National AIDS Program (NAP) to coordinate efforts to control the epidemic. The stated objectives of the NAPS were to:

- Prevention and control of transmission of STDs and HIV infections
- Reducing morbidity and mortality from STD/HIV infections
- Promoting sexual health
- Reducing the social and economic impact of HIV/AIDS.

From 1992 to 1997, NAP implemented the Guyana's Medium Term Plan. In 1999, the Parliament approved an HIV/AIDS policy paper and a Strategic Plan was developed for the period 1999-2002. In 1989 a multi-sectoral National AIDS Committee (NAC) was created to advise MoH on issues related to the prevention and control of HIV/AIDS in Guyana. A Presidential Commission on HIV/AIDS was established to coordinate national efforts in 2004.

The government of Guyana is currently implementing a National Strategic Plan for HIV/AIDS (2002-2006) seeking to 1) reduce the risk of and vulnerability to infection through prevention and control of the transmission of STIs, 2) promote sexual health, and 3) save, prolong, and improve the quality of life of persons living with STIs/HIV/AIDS.

The national program includes the following elements:

- Increasing awareness through information, education, and communication
- Condom social marketing for high-risk groups
- Voluntary counseling and testing services
- Programs targeting youth
- Syndromic management of sexually transmitted infections
- Treatment of opportunistic infections
- Blood safety and tuberculosis control

There are multiple HIV/AIDS projects and activities in Guyana being funded and implemented by international agencies and donors. These include projects to increase public awareness of HIV/AIDS, to strengthen the surveillance and information systems, and to expand HIV/AIDS and related services. Key participants in developing and funding HIV/AIDS initiatives include the Canadian International Development Agency (CIDA), USAID), WHO, PAHO, UNAIDS, the Inter-American Development Bank (IDB), and the Global Fund to Fight AIDS, TB, and Malaria (GFATM).

HOUSING AND HOUSEHOLD POPULATION CHARACTERISTICS 2

2.1 KEY FINDINGS

- Most Guyananese live in dwellings with two or three sleeping rooms (38 and 40 percent, respectively).
- Seventy-eight percent of Guyana's households have electricity, with little difference between urban and rural households (82 and 76 percent, respectively).
- The majority of households have access to clean water sources (44 percent from piped water, and 16 percent from bottled water), while 24 percent rely on rainwater.
- The most commonly owned items are televisions (79 percent) and radios (73 percent).

2.2 INTRODUCTION

A household was defined as a person or group of persons living together and sharing a common source of food. Information on the characteristics of the households, the population living in households, and the individual respondents included in the survey is essential for the interpretation of survey findings and provides a rough measure of the representativeness of the sample of households and respondents. Chapter 2 presents some basic information in two sections: housing characteristics (water supply, sanitation, electricity, etc.) and possessions (durable goods and other assets); and characteristics of the household population (age and sex structure, literacy and education, living arrangements and orphanhood). The characteristics of the survey respondents (women and men age 15-49) are detailed in Chapter 3.

2.3 HOUSING CHARACTERISTICS

In order to assess the socioeconomic conditions under which the population lives, respondents were asked to give specific information about their household environment. Housing characteristics like the type of water, sanitation facilities, and floor material—among other things—are important determinants of the health status of household members and particularly of children. The seriousness of major childhood diseases such as diarrhea can be reduced by proper hygienic and sanitation practices.

Basic Characteristics

Table 2.1 depicts basic housing characteristics by residence: flooring material, main wall material, main roof material; and number of rooms used for sleeping. Access to electricity, the household energy source, and cooking fuel is detailed in Table 2.2 by residence and summarized in Figure 2.1.

- The most commonly used flooring materials are parquet and polished wood (34 percent of households) and wood planks (29 percent). The predominant materials used for constructing walls in Guyanese dwellings are wood planks and shingles (three out of five dwellings), with cement being the next most popular (one in ten households). Almost all households (about four in five) use metal sheeting for roofing.
- Most Guyanese live in dwellings with two or three rooms for sleeping (38 and 40 percent, respectively). The number of bedrooms does not vary importantly by place of residence.

Table 2.1 Housing characteristics

Percent distribution of households by housing characteristics, according to residence; and percent distribution of the de jure population by housing characteristics, Guyana 2005

Characteristic	Urban Total	Urban *Georgetown urban*	Urban *Other urban*	Rural	Total	De jure population[1]
Flooring material						
Earth, sand	0.3	0.1	0.6	2.9	2.1	3.3
Dung	0.0	0.0	0.0	0.1	0.1	0.1
Wood planks	22.5	21.6	24.2	32.0	29.2	29.2
Palm, bamboo	0.1	0.2	0.0	0.3	0.2	0.3
Parquet, polished wood	37.9	39.0	35.9	34.4	35.4	34.2
Vinyl, linoleum	12.9	12.5	13.7	8.1	9.5	9.4
Ceramic tiles	2.2	2.7	1.3	1.6	1.8	1.6
Cement	16.5	15.0	19.1	16.3	16.4	16.8
Carpet	7.5	8.8	5.2	4.2	5.2	5.1
Missing	0.0	0.0	0.0	0.2	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Main wall material						
No walls	0.5	0.7	0.2	1.0	0.9	1.2
Cane/palm/trunks	0.0	0.0	0.0	0.1	0.1	0.2
Dirt	0.0	0.0	0.0	0.7	0.5	0.8
Bamboo with mud	0.0	0.0	0.0	0.1	0.1	0.1
Stone with mud	0.0	0.0	0.0	0.1	0.0	0.1
Uncovered adobe	0.0	0.0	0.0	0.4	0.3	0.4
Plywood	7.7	7.9	7.3	7.4	7.5	7.0
Reused wood	8.4	9.1	7.1	7.4	7.7	7.7
Cement	12.9	15.5	8.1	10.0	10.8	11.0
Stone with lime/cement	0.3	0.3	0.2	0.1	0.1	0.2
Bricks	0.1	0.1	0.2	0.3	0.2	0.3
Cement blocks	13.2	12.4	14.8	7.5	9.2	9.7
Wood planks/shingles	56.6	53.9	61.4	63.8	61.6	60.0
Other	0.1	0.0	0.2	1.0	0.7	1.3
Missing	0.3	0.1	0.5	0.2	0.2	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Main roof material						
Thatch/palm leaf	0.2	0.0	0.4	4.0	2.8	4.4
Palm/bamboo	0.0	0.0	0.0	0.1	0.1	0.1
Wood planks	0.9	1.5	0.0	0.6	0.7	0.5
Metal	88.2	85.5	93.3	84.0	85.3	84.6
Wood	6.3	8.1	2.8	4.4	4.9	4.2
Calamine/cement/fiber	0.8	1.2	0.0	0.9	0.9	0.7
Cement	0.9	0.7	1.2	0.1	0.3	0.3
Roofing shingles	2.7	2.9	2.3	5.3	4.5	4.7
Other	0.0	0.0	0.0	0.6	0.4	0.3
Missing	0.1	0.1	0.0	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Sleeping rooms						
No rooms	0.5	0.5	0.4	1.1	0.9	1.0
One room	22.1	21.8	22.5	25.7	24.6	19.5
Two room	39.5	40.9	37.0	39.4	39.4	38.4
Three or more	35.9	34.8	38.0	32.3	33.4	39.6
Missing	2.0	1.9	2.1	1.4	1.6	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	785	508	278	1,823	2,608	10,819

[1]Household members i.e., usual residents

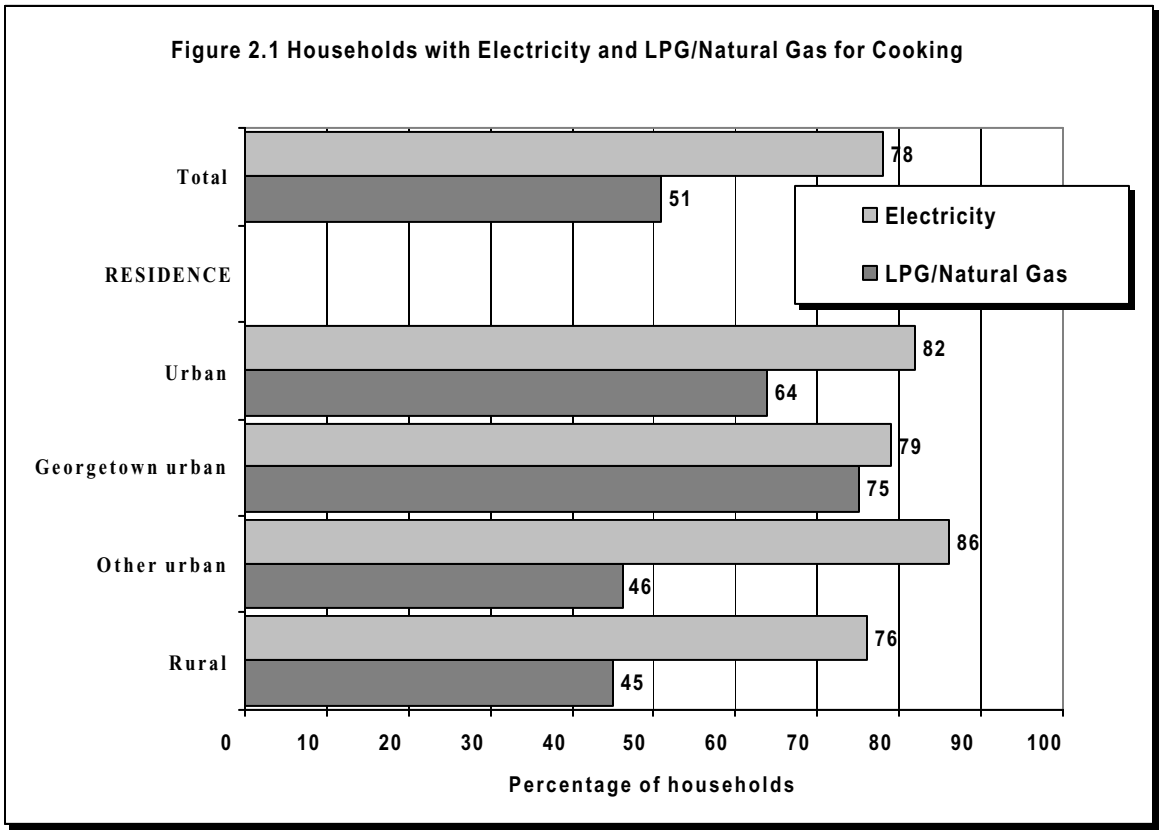
- As many as 78 percent of Guyanese households have electricity, with little difference between urban and rural households (82 and 76 percent, respectively). In Georgetown, 79 percent of urban households have electricity, compared with 86 percent in other urban areas.
- Half of households use liquified petroleum gas (LPG)/natural gas for cooking fuel and 37 percent rely on kerosene.
- In rural areas, 82 percent of households cook inside the house, 6 percent in a separate building and 11 percent outdoors. As expected, in the urban areas almost all households (96 percent) cook in the house.

Table 2.2 Household energy source

Percentage of households with electricity and percent distribution of households by type of cooking fuel and place for cooking, according to residence; percentage of de jure population with electricity and percent distribution by type of cooking fuel and place for cooking, Guyana 2005

	Urban					
Energy source	Total	*Georgetown urban*	*Other urban*	Rural	Total	De jure population[1]
Electricity	81.6	79.1	86.0	75.7	77.5	75.0
Type of cooking fuel						
Electricity	3.6	0.4	9.4	0.2	1.2	0.9
Liquid petroleum gas (LPG)/ natural gas	64.3	74.6	45.5	45.2	50.9	50.0
Biogas	0.0	0.0	0.0	0.2	0.1	0.1
Kerosene	29.9	24.2	40.4	41.3	37.9	36.9
Coal/lignite	0.2	0.0	0.4	0.2	0.2	0.3
Charcoal	0.0	0.0	0.0	0.4	0.3	0.2
Firewood/straw	1.4	0.2	3.5	12.1	8.8	11.4
Other	0.6	0.6	0.8	0.5	0.5	0.2
Missing	0.0	0.0	0.0	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking						
In the house	95.9	98.2	91.8	82.3	86.4	84.3
In a separate building	1.2	0.7	2.2	6.3	4.7	6.2
Outdoors	2.5	0.7	5.8	11.1	8.5	9.3
Other	0.3	0.3	0.2	0.3	0.3	0.1
Missing	0.1	0.2	0.0	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	785	508	278	1,823	2,608	10,819
Type of fire/stove among households using solid fuel[2]						
Closed stove with chimney	52.6	54.1	51.1	39.6	42.2	40.9
Open fire with chimney/hood	4.2	7.0	1.4	1.8	2.3	2.0
Open stove/fireside with chimney/hood	0.8	0.3	1.3	2.7	2.3	2.3
Open stove/fireside without chimney or hood	40.3	35.3	45.3	55.0	52.0	54.1
Other	0.9	1.1	0.8	0.6	0.7	0.1
Missing	1.1	2.2	0.0	0.4	0.5	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number using solid fuel	252	127	125	993	1,246	5,295

[1]Household members i.e., usual residents
[2]Includes coal/lignite, charcoal, firewood/straw, and other



Drinking Water and Sanitation Facilities

Information on source of drinking water is presented in Table 2.3.1 by residence. The source of drinking water is an indicator of whether it is suitable for drinking. Sources that are considered likely to be of suitable quality are listed under "Improved source," and sources that may not be of suitable quality are listed under "Non-improved source." The categorization into improved and non-improved sources is proposed by WHO, UNICEF, and the Joint Monitoring Program for Water and Sanitation (JMP).[11]

Information is also provided on the time to obtain drinking water, the age and sex of the person who usually collects the drinking water, and the treatment given to water used for drinking. Since water may be treated in several ways by a household, water treatment is given as the percentages of households using the treatment method and the percentage of the de jure population (usual residents) living in those households, rather than a distribution.

The proportion of households and the proportion of the de jure population having access to hygienic sanitation facilities are shown in Table 2.3.2 by residence and summarized in Figure 2.2. The type of garbage disposal is also shown in Table 2.3.2. Hygienic status is determined by the type of facility used and whether or not it is a shared facility. A household's toilet/latrine facility is classified as hygienic if it is used only by household members (i.e., not shared) and the type of facility effectively separates human waste from human contact. The types of facilities that are most likely to accomplish this are flush or pour flush into a piped sewer system; flush to a septic tank or to a pit latrine; ventilated, improved pit (VIP) latrine; pit latrine with a slab; and a composting toilet. A household's sanitation facility is classified as unhygienic if it is shared with other households or if it does not effectively separate human waste from human contact.[12]

[11] (WHO, UNICEF, and JMP, 2004).

[12] Response categories are detailed in (WHO, UNICEF, and JMP, 2004).

Table 2.3.1 Household drinking water

Percent distribution of households by source, time to collect, and person who usually collects drinking water, according to residence; the percent distribution of the de jure population by source, time to collect, and person who usually collects drinking water; the percentage of households by treatment of drinking water, according to residence; and the percentage of the de jure population by treatment of drinking water, Guyana 2005

Characteristic	Urban			Rural	Total	De jure population[1]
	Total	*Georgetown urban*	*Other urban*			
Source of drinking water						
Improved source						
Piped into dwelling	26.4	20.2	37.8	25.7	25.9	25.3
Piped into yard/plot	16.8	9.7	29.6	19.5	18.7	18.9
Public tap/standpipe	1.9	1.4	2.7	1.5	1.6	1.5
Tube well or borehole	0.0	0.0	0.0	0.2	0.2	0.1
Protected well	0.1	0.0	0.2	2.7	1.9	2.2
Protected spring	0.4	0.0	1.0	0.5	0.4	0.8
Rainwater	16.4	14.5	19.7	27.2	23.9	23.7
Purified water	9.4	14.2	0.6	2.9	4.9	5.2
Bottled water	28.2	39.6	7.4	13.0	17.6	15.7
Non-improved source						
Unprotected well	0.2	0.2	0.3	1.6	1.2	1.5
Unprotected spring	0.2	0.0	0.7	1.1	0.9	1.1
Surface water	0.1	0.1	0.0	3.6	2.5	3.7
Cart with small tank	0.0	0.0	0.0	0.2	0.1	0.1
Other	0.0	0.0	0.0	0.2	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)						
Water on premises	97.4	98.3	95.8	91.1	93.0	90.8
Less than 30 minutes	2.3	1.4	3.8	7.9	6.2	8.2
30 minutes or longer	0.2	0.1	0.3	0.7	0.6	0.8
Don't know/missing	0.1	0.2	0.0	0.3	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Person who usually collects drinking water						
Adult female 15+	0.9	0.6	1.2	3.3	2.6	3.6
Adult male 15+	1.1	0.6	1.9	3.7	2.9	3.3
Female child under age 15	0.0	0.0	0.0	0.4	0.3	0.5
Male child under age 15	0.5	0.3	1.0	0.7	0.6	1.0
Other	0.0	0.0	0.0	0.7	0.5	0.7
Water on premises	97.4	98.3	95.8	91.1	93.0	90.8
Missing	0.1	0.2	0.0	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking						
Boiled	14.5	13.2	16.7	10.2	11.5	11.8
Bleach/chlorine added	39.3	44.4	30.1	40.2	40.0	41.3
Strained trhough cloth	0.4	0.2	0.6	0.9	0.8	0.6
Ceramic, sand or other filter	0.6	0.7	0.5	1.4	1.2	1.1
Solar disinfection	0.0	0.0	0.0	0.2	0.1	0.1
Other	2.6	0.9	5.7	3.3	3.1	2.6
No treatment	45.2	42.4	50.3	47.1	46.5	45.7
Don't know/missing	0.1	0.1	0.0	0.1	0.1	0.0
Number	785	508	278	1,823	2,608	10,819

[1]Household members i.e., usual residents

- Although the majority of Guyanese households have access to clean water sources (44 percent from piped water and 16 percent from bottled water), 24 percent rely on rainwater. Households in urban and rural areas are equally likely to have access to piped water (two in five households).
- Ninety-one percent of Guyanese households have drinking water on premises and most of the rest within less than 30 minutes.
- With regard to sanitation facilities, 43 percent of households use septic tank toilets, 30 percent use a pit latrine with slab, and 12 percent use a ventilated improved pit latrine. Only about 1 percent of households in Guyana have no sanitation facilities.

Figure 2.2 Households with Piped Drinking Water and Sanitation Facility with Flush to Septic Tank, by Residence

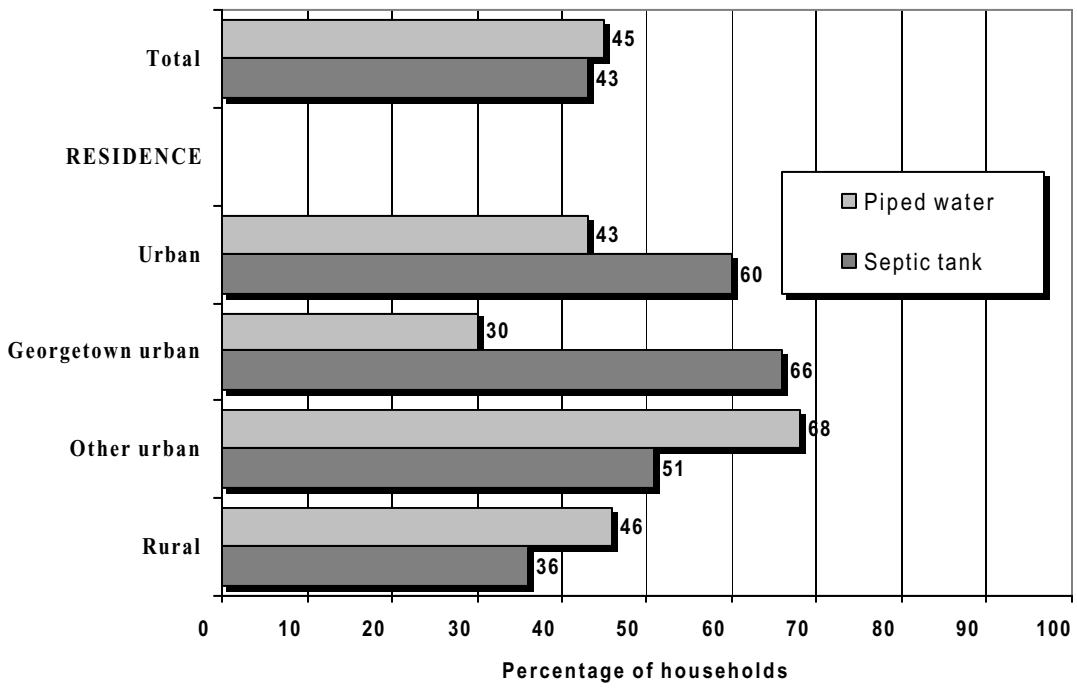


Table 2.3.2 Household sanitation facility and garbage disposal

Percent distribution of households by type of sanitation facility and percentage by type of garbage disposal, according to residence; and percent distribution of the de jure population by type of sanitation facility and percentage by type of garbage disposal, Guyana 2005

Characteristic	Urban			Rural	Total	De jure population[1]
	Total	*Georgetown urban*	*Other urban*			
Sanitation facility						
Improved, not shared facility						
Flush to piper sewer	9.1	13.6	1.0	1.1	3.5	3.3
Flush to septic tank	60.4	65.6	51.0	35.9	43.3	41.6
Flush to pit latrine	0.6	0.3	1.3	0.6	0.6	0.6
Flush to elsewhere	0.3	0.4	0.0	0.0	0.1	0.1
Flush don't know where	0.1	0.2	0.0	0.0	0.0	0.0
Ventilated improved pit latrine	6.9	4.3	11.5	13.9	11.8	12.1
Pit latrine with slab	17.1	11.7	26.9	35.8	30.2	31.0
Composting toilet	0.3	0.4	0.0	1.2	0.9	0.9
Non-improved facility						
Pit latrine without slab	3.3	1.5	6.7	8.6	7.0	7.1
No facility/bush/field	0.6	0.7	0.2	0.7	0.6	0.8
Hanging toilet/ hanging letrine	1.1	1.0	1.3	1.9	1.7	2.2
Other	0.1	0.1	0.0	0.3	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Garbage disposal						
Collection by public service	56.8	76.3	21.3	8.7	23.2	22.1
Burying	3.7	2.5	6.0	7.7	6.5	6.3
Burning	36.2	19.7	66.5	58.7	51.9	53.2
Dumping in canal	1.7	0.7	3.6	2.0	1.9	2.1
Dumping on waste land	2.9	0.6	7.1	5.1	4.5	5.1
Other	0.1	0.0	0.4	0.2	0.2	0.2
Number	785	508	278	1,823	2,608	10,819

[1]Household members i.e., usual residents

2.4 Household Possessions

The possession of durable consumer goods is a useful indicator of household socioeconomic level, and particular goods have particular benefits. In the 2005 GAIS, respondents were asked about ownership of particular household goods (radio and television as indicators of access to media and exposure to innovative ideas; telephone as indicator of social interaction; and refrigerator, to assess food storage). Information on modes of transportation (bicycle, motorcycle, car) as an indicator of access to services away from the local area was also collected. Availability of this and other items included in the household questionnaire is shown in Table 2.4.

- Nationally, the most commonly owned items among those investigated are televisions (79 percent of households) and radios (73 percent), with mobile phones, refrigerators and bicycles being the next most popular items (55 to 60 percent). Less than half of Guyanese households (43 percent) own a land-line telephone, and only 16 percent own a car or a truck.
- In urban areas, household possesions are around 10 percentage points higher than for rural households for almost all of the items with the exception of means of transportation.

Table 2.4 Household possessions

Percentage of households possessing various household effects and means of transportation, by residence; and percentage of de jure population possessing various household effects and means of transportation, Guyana 2005

Possession	Urban Total	Urban *Georgetown urban*	Urban *Other urban*	Rural	Total	De jure population[1]
Household effects						
Radio	81.7	82.2	80.8	68.8	72.7	72.5
Television	86.6	87.8	84.3	75.7	78.9	78.5
Mobile phone	66.0	67.9	62.5	50.4	55.1	57.5
Non-mobile telephone	59.5	63.3	52.5	38.7	45.0	42.8
Refrigerator	67.1	66.9	67.5	56.4	59.6	58.5
Means of transportation						
Bicycle	51.4	43.9	65.1	55.4	54.2	59.1
Motorcycle	11.2	12.9	8.2	5.8	7.4	7.6
Car/truck	18.7	19.8	16.6	14.7	15.9	15.6
Boat with motor	0.6	0.4	1.1	3.6	2.7	3.1
Ownership of agricultural land	7.8	5.1	12.7	24.2	19.3	21.9
Ownership of farm animals[2]	12.9	7.3	23.2	29.8	24.7	29.3
Ownership of bank account	74.2	73.5	75.7	55.3	61.0	60.4
Number	785	508	278	1,823	2,608	10,819

[1]Household members i.e., usual residents
[2]Cattle, cows, bulls, horses, donkeys, goats, sheep or chickens

The Wealth Index

In addition to standard background characteristics, most of the results in this report are shown by wealth quintiles, an indicator of the economic status of households. Although surveys under the DHS program do not collect data on consumption or income, they do collect detailed information on dwelling and household characteristics and access to a variety of consumer goods and services, and assets are used as a measure of socioeconomic status. The wealth index is a recently developed measure that has been tested in a number of countries in relation to inequities in household income, use of health services, and health outcomes. The resulting wealth index is an indicator of the level of wealth that is consistent with expenditure and income measures. The wealth index was constructed using household asset data and principal component analysis.

Asset information was collected in the 2005 GAIS Household Questionnaire and covers information on household ownership of a number of consumer items ranging from a television to a bicycle or car, as well as dwelling characteristics such as source of drinking water, type of sanitation facilities, and type of material used in flooring (see Tables 2.2 through 2.4).

Each asset was assigned a weight (factor score) generated through principal component analysis, and the resulting asset scores were standardized in relation to a standard normal distribution with a mean of zero and standard deviation of one. Each household was then assigned a score for each asset, and the scores were summed for each household; individuals were ranked according to the total score of the household in which they resided. The total population in the households included in the sample was then divided into quintiles from one (lowest) to five (highest).[13]

[13]For a detailed description of procedures, scope and limitations see (D. R. Gwatkin, et al, 2000)

The distribution of household by quintiles of the Wealth Index is presented in Table 2.5, according to residence. These distributions indicate the degree to which wealth is evenly (or unevenly) distributed by geographic areas.

- Six in ten households in urban areas compared with only three in ten in rural areas are in the two highest quintiles of the wealth index. As a result, households in rural areas are three times as likely as those in urban areas to be in the poorest quintile (25 percent versus 8 percent).
- Forty-three percent of the households in the urban area of Georgetown are in the wealthiest quintile, compared with only 13 percent in rural areas.

Table 2.5 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, according to residence, Guyana 2005

Residence	Wealth quintile					Total	Number of de jure population [1]
	Lowest	Second	Middle	Fourth	Highest		
Urban	7.9	13.4	17.9	24.7	36.1	100.0	3,186
Georgetown urban	*6.2*	*11.2*	*16.7*	*22.9*	*43.0*	*100.0*	*2,014*
Other urban	*10.7*	*17.3*	*20.0*	*27.7*	*24.2*	*100.0*	*1,172*
Rural	25.0	22.9	20.8	18.1	13.2	100.0	7,633
Total	20.0	20.1	20.0	20.1	19.9	100.0	10,819

[1]Household members i.e., usual residents

2.5 CHARACTERISTICS OF THE POPULATION

The 2005 GAIS collected information on all usual residents and visitors who spent the previous night in the household using the following introduction: "Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household."

Age-Sex Structure

The age distribution of the de facto household population (usual residents and visitors who spent the night preceding the survey in the household) in the 2005 GAIS is shown in Table 2.6 by five-year age groups according to sex and urban-rural residence. The population pyramid in Figure 2.3 shows the participation of each group in the total population (both sexes combined), as opposed to the distribution by sex shown in Table 2.6.

The population age structure indicates the past history of the population and also its future course. It is also a device to test the quality of the data collected in regard to age reporting. In a high fertility country, the age structure shows large percentages in the first age group (under 5 years) of each sex. The percentages decline progressively as age increases. Usually, the number of males is higher than that of females in the first few five-year age groups and the reverse pattern is observed at older ages.

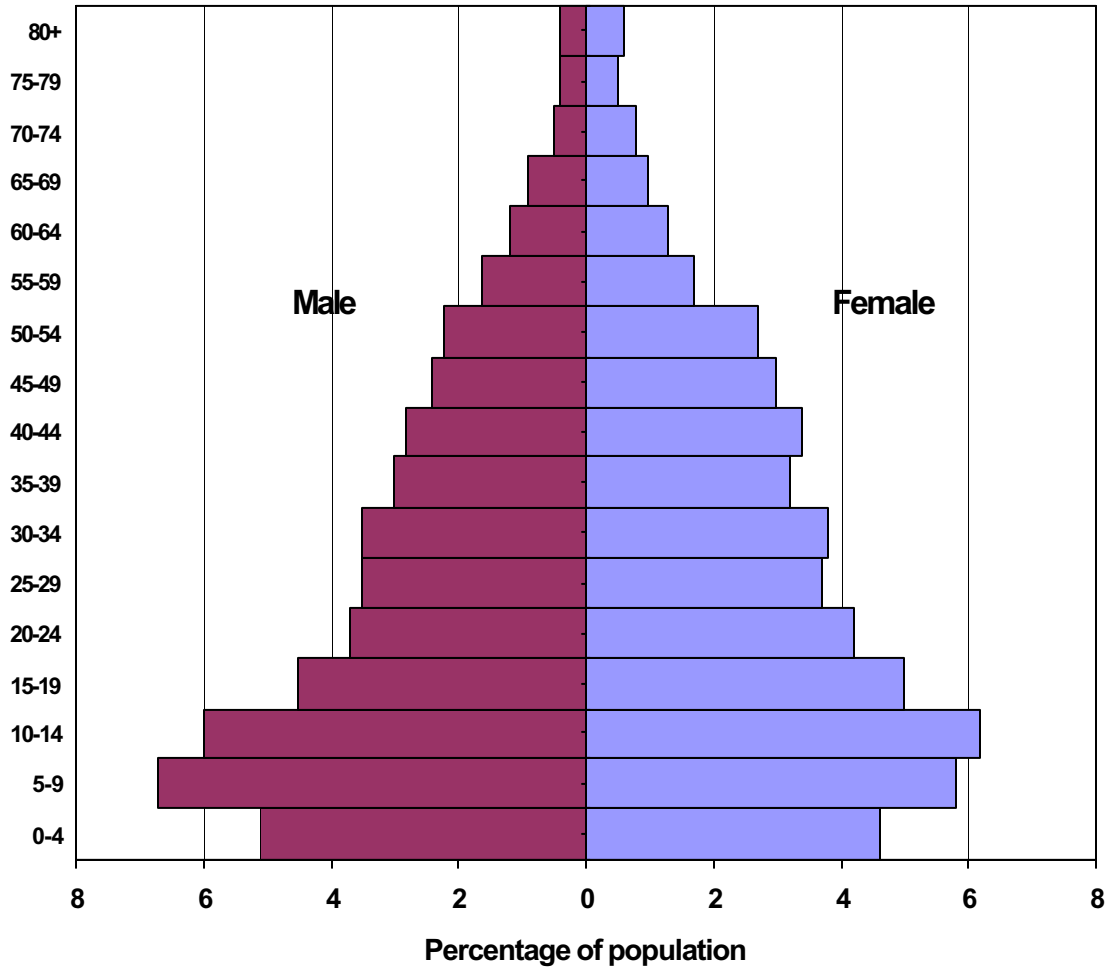
- Guyana has a larger proportion of its population in the younger age groups than in the older age groups. One third (35 percent) of the population is under age 15 and half (54 percent) age 15 to 64.
- With only about half of the population in the economically productive age range (15-64), a substantial burden is placed on them to support older and younger household members.

Table 2.6 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age group, according to sex and residence, Guyana 2005

	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	10.4	7.5	8.9	10.6	9.4	10.0	10.6	8.9	9.7
5-9	12.7	11.2	11.9	14.3	11.2	12.7	13.8	11.2	12.5
10-14	12.7	10.9	11.8	12.3	12.7	12.5	12.4	12.1	12.3
15-19	10.0	9.6	9.8	8.8	9.7	9.3	9.2	9.7	9.4
20-24	8.7	8.2	8.4	7.1	8.2	7.7	7.6	8.2	7.9
25-29	6.9	7.8	7.4	7.4	6.9	7.1	7.2	7.2	7.2
30-34	7.7	7.6	7.6	7.0	7.3	7.2	7.2	7.4	7.3
35-39	5.9	6.6	6.2	6.4	6.0	6.2	6.3	6.2	6.2
40-44	5.0	6.7	5.9	6.1	6.5	6.3	5.8	6.5	6.2
45-49	4.3	5.5	4.9	5.3	5.9	5.6	5.0	5.8	5.4
50-54	4.6	5.8	5.3	4.6	4.9	4.7	4.6	5.2	4.9
55-59	3.5	3.9	3.7	3.2	3.2	3.2	3.3	3.4	3.3
60-64	2.8	2.8	2.8	2.5	2.5	2.5	2.6	2.6	2.6
65-69	2.1	1.8	2.0	1.8	1.9	1.9	1.9	1.9	1.9
70-74	0.9	1.3	1.1	1.1	1.6	1.3	1.0	1.5	1.3
75-79	0.7	1.3	1.0	0.9	0.8	0.8	0.8	0.9	0.9
80 +	0.9	1.4	1.2	0.7	1.2	0.9	0.7	1.2	1.0
Don't know/missing	0.2	0.2	0.2	0.0	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,454	1,633	3,087	3,665	3,784	7,450	5,120	5,417	10,537

Figure 2.3 Population Pyramid



Household Composition

The size and composition of the household usually affects the allocation of financial and other resources available to household members. In cases where women are heads of household, it is usually found that financial resources are limited. Similarly, the size and compostion of the household affects the well-being of its members. Where the size of the household is large, crowding can lead to health problems.

Table 2.7 presents the percent distribution of households by sex of head of the household and number of residents, according to urban-rural residence. The percentage of households with female as head is presented in Figure 2.4 by residence. Table 2.7 also presents the mean number of members of the households and the percentage of households with orphans and foster children under 18.

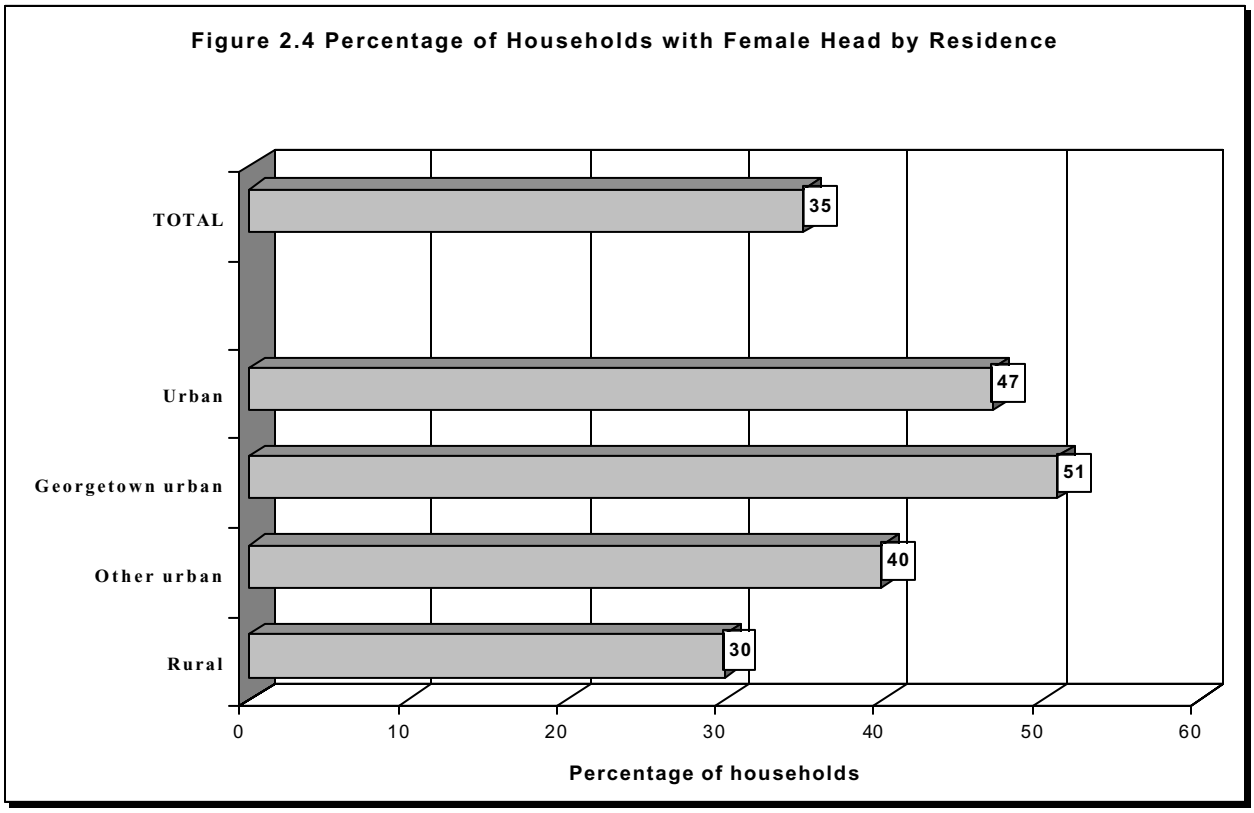
- Women head one-third of Guyanese households (35 percent). Households with a female head are more common in the urban areas and reach 51 percent in Georgetown urban. The average household size is 4.1 persons, with an equal average number of members in urban and rural areas.
- Almost four in five households (78 percent) have five or fewer members and one in ten is a single-person household.
- There are no important urban and rural differences in the household composition with an exception of a 3 percentage point difference in the proportion of single-member households and 2 percentage point difference in the proportions of households with two and three members.

Table 2.7 Household composition

Percentage of households with female head, percent distribution of households by number of usual members, mean number of usual members, and percentage of households with orphans and foster children under 18, by residence, Guyana 2005

	Urban				
Characteristic	Total	*Georgetown urban*	*Other urban*	Rural	Total
Female head of household	46.9	50.6	40.3	30.2	35.2
Number of usual members					
1	12.0	13.0	10.2	8.7	9.7
2	14.7	15.0	14.0	16.2	15.8
3	18.2	18.0	18.7	16.2	16.8
4	17.4	18.0	16.3	18.7	18.3
5	16.2	16.3	16.1	16.7	16.6
6	8.7	7.8	10.3	10.1	9.7
7	6.1	5.4	7.5	5.2	5.5
8	2.5	2.8	2.0	2.9	2.8
9+	4.2	3.8	4.8	4.9	4.7
Total	100.0	100.0	100.0	100.0	100.0
Mean size of household	4.1	4.0	4.2	4.2	4.1
Percentage of households with orphans and foster children under 18					
Foster children[1]	14.9	13.5	17.4	14.6	14.7
Double orphans	1.5	1.3	2.0	1.1	1.2
Single orphans	8.6	8.4	9.0	7.1	7.6
Total	100.0	100.0	100.0	100.0	100.0
Number of households	785	508	278	1,823	2,608

Note: Table is based on de jure members i.e., usual residents.
[1]Foster children are those under 18 living in households with neither their mother nor their father present



Fosterhood and Orphanhood

Table 2.8.1 shows information relevant to children's living arrangements and orphanhood for children under 18 years of age. Table 2.8.1 also includes the percentage of children not living with either parent (foster children) and the percentage with one or both parents dead, since this is sometimes used to assess the orphanhood situation. No distinction is made between long-term and short-term fostering.

- One in ten Guyanese households take care of foster children and 7 percent of children under 18 have lost at least one natural parent. On the other hand, fosterhood increases with the wealth index of the household while orphanhood decreases.
- Sixty percent of children under age 18 are living with both parents, 25 percent live with their mothers but not their fathers; 3 percent live with their fathers but not their mothers; and 11 percent live with neither of their natural parents.
- The proportion of children living with both parents decreases with age. That is, younger children are more likely than older children to live with both natural parents. While there are no differences by residence, children in households with a higher wealth index are almost twice as likely not to live with either parent than children in the poorest households (11 and 6 percent, respectively).

Table 2.8.1 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents; the percentage of children not living with a biological parent; and the percentage of children with one or both parents dead, according to background characteristics, Guyana 2005

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent				Missing information on father/ mother	Total	Number of children	Percentage not living with either parent	Percentage with one or both parents dead[1]
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead					
Age														
0-14 months														
<2	70.2	23.4	1.3	0.9	0.3	3.5	0.0	0.0	0.0	0.4	100.0	374	3.5	1.6
2- 4	67.6	21.8	1.7	1.8	0.3	4.9	0.5	0.0	0.5	0.9	100.0	632	5.9	3.0
5-9	62.8	19.4	3.7	1.9	0.4	8.1	0.6	1.0	0.7	1.4	100.0	1,329	10.4	6.4
10-14	56.0	20.8	4.8	3.6	0.6	8.1	1.7	1.0	1.5	1.9	100.0	1,326	12.3	9.6
15-17 months	47.6	22.8	6.7	2.3	0.3	11.3	1.6	1.8	1.7	3.8	100.0	662	16.4	12.1
Sex														
Male	61.1	20.1	3.6	2.4	0.6	8.1	0.7	0.9	0.8	1.7	100.0	2,214	10.5	6.6
Female	58.3	22.1	4.5	2.3	0.2	7.3	1.4	0.8	1.2	1.8	100.0	2,110	10.7	8.1
Wealth quintile														
Lowest	63.8	19.7	4.4	2.9	0.4	5.6	0.9	0.6	0.5	1.2	100.0	1,107	7.6	6.8
Second	61.2	19.9	4.9	1.9	0.2	6.0	1.4	1.7	0.9	1.8	100.0	931	10.0	9.1
Middle	53.3	26.1	5.4	2.3	0.7	7.4	0.9	0.6	1.4	1.9	100.0	832	10.3	9.0
Fourth	59.5	19.0	2.9	2.4	0.4	10.1	1.3	0.8	1.6	2.1	100.0	775	13.8	7.0
Highest	59.2	21.1	1.7	2.1	0.4	11.3	0.6	0.6	0.8	2.1	100.0	679	13.3	4.1
Residence														
Urban	46.7	31.8	4.0	2.9	0.7	8.2	1.3	0.7	1.3	2.4	100.0	1,218	11.5	8.0
Georgetown urban	*41.3*	*36.9*	*3.9*	*3.0*	*0.5*	*7.6*	*1.5*	*0.7*	*1.3*	*3.2*	*100.0*	*723*	*11.1*	*7.9*
Other urban	*54.5*	*24.4*	*4.0*	*2.7*	*0.9*	*9.0*	*1.0*	*0.8*	*1.3*	*1.3*	*100.0*	*495*	*12.1*	*8.0*
Rural	64.8	16.9	4.0	2.1	0.3	7.5	0.9	0.9	0.9	1.5	100.0	3,106	10.2	7.0
Total	59.7	21.1	4.0	2.4	0.4	7.7	1.0	0.9	1.0	1.8	100.0	4,324	10.6	7.3

[1]The total corresponds to UNICEF-OVC *Raising Awareness to Create a Supportive Environment* Core Indicator 9 "Percentage of children who are orphans." The figure for the age group 0-14 corresponds to UNAIDS *Health and Social Impact* Indicator 4 "Prevalence of orphanhood among children under 15."

Birth Registration

The registration of births is the inscription of the facts of the birth into an official log kept at the registrar's office. A birth certificate is issued at the time of registration or later as proof of the registration of the birth. Table 2.8.2 gives the percentage of children under five years of age whose births are officially registered and the percentage who had a birth certificate at the time of the survey. Not all children who are registered may have a birth certificate since some certificates may have been lost or were never issued. However, all children with a certificate have been registered.

- As many as 78 percent of children under five had a birth certificate at the time of survey. Children in urban areas are slightly more likely than children in rural areas to have a birth certificate (83 and 75 percent, respectively).
- The likelihood of having a birth certificate is 20 percentage points lower for children in the poorest wealth quintile compared with households in the highest wealth quintile (68 versus 88 percent).
- Almost all Guyanese children under five have been registered with the civil authority (95 percent). There are no important variations by background characteristics.

Table 2.8.2 Birth registration of children under five

Percentage of de jure children under five years of age whose births are registered with the civil authorities, according to background characteristics, Guyana 2005

Background characteristic	Percentage of children whose births are registered: Had a birth certificate[1]	Didn't have a birth certificate	Total registered	Number of children
Age				
0-1	66.5	29.0	95.6	374
2-4	84.0	10.3	94.4	632
Sex				
Male	77.6	17.7	95.3	530
Female	77.4	16.8	94.3	476
Wealth quintile				
Lowest	68.0	24.7	92.7	289
Second	76.3	15.4	91.7	219
Middle	77.8	18.7	96.5	178
Fourth	84.9	12.9	97.8	147
Highest	88.4	9.7	98.1	173
Residence				
Urban	83.2	12.7	95.9	272
Georgetown urban	*84.7*	*13.3*	*98.0*	*165*
Other urban	*81.0*	*11.7*	*92.8*	*108*
Rural	75.4	19.0	94.4	734
Total	77.5	17.3	94.8	1,006

[1]Corresponds to UNICEF-OVC *Ensuring Access to Essential Services* Core Indicator 7 "Birth registration"

Succession Planning

Orphaned siblings are more likely to be separated from each other if their parents are unable to make succession plans. Respondents in the 2005 GAIS were asked whether they were the primary caregiver of any children i.e., the person primarily responsible for the child, including responsibility for decisionmaking on behalf of the child. Table 2.8.3 shows the percentage of respondents (both women and men) who are primary caregivers for children under 18 years, and among them, the percentage who made arrangements for someone to take care of these children in the event that they fall sick or are unable to take care of them, by background characteristics.

- Almost half of women and men (two in five) who are primary caregivers for the children under the age of 18 have made succession arrangements for someone to take care of these children in the case the caregivers fall chronically sick or pass away.
- Respondents' education and wealth status and the likelihood of them having succession plans are strongly related: women and men with higher education and those in households with a highest wealth index are 10 to 20 percent more likely to have made succession arrangements for children under 18.

Table 2.8.3 Succession planning

Percentage of de facto women and men age 15-49 who are primary caregivers for children under 18 years and, among them, percentage who made arrangements for someone to take care of these children in the event that they fall sick or are unable to take care of them, by selected background characteristics, Guyana 2005

	Primary caregivers		Succession arrangements	
Background characteristic	Percentage of women and men who are primary caregivers	Number of all women and men age 15-49	Percentage of caregivers who have made succession arrangements[1]	Number of primary caregivers
Age				
15-19	6.0	847	46.0	51
20-29	39.0	1,247	47.1	486
30-39	55.8	1,189	42.7	663
40-49	47.4	1,017	42.5	482
Sex				
Women	49.0	2,425	41.4	1,188
Men	26.4	1,875	50.3	494
Education				
No education	48.0	54	34.2	26
Primary	47.8	894	36.0	428
Secondary	37.7	3,001	46.3	1,131
More than secondary	28.0	350	54.2	98
Wealth quintile				
Lowest	48.5	708	40.6	344
Second	41.3	874	42.6	361
Middle	38.0	889	40.0	337
Fourth	36.5	924	45.9	337
Highest	33.5	906	51.8	304
Residence				
Urban	38.0	1,275	49.7	485
Georgetown urban	*35.2*	*787*	*51.8*	*277*
Other urban	*42.6*	*488*	*46.8*	*208*
Rural	39.6	3,025	41.7	1,198
Total	39.1	4,300	44.0	1,683

Note: Table is based on de facto household members, persons who slept in household the night preceding the interview.
[1]Corresponds to UNICEF-OVC *Strengthening the Capacity of Families to Protect and Care for Children* Indicator A4 "Succession planning"

Educational Attainment

The educational level of household members is perhaps their most important characteristic. Many phenomena such as reproductive behavior, use of contraception, health of children, and proper hygienic habits are related to the education of household members. Tables 2.9.1 and 2.9.2 classify for each sex the household members by level of education, according to age group, wealth quintile and residence. The tables also include the median number of years of schooling for each characteristic.

The school system in Guyana starts with the nursery school, available to children for two years, beginning at age four. Children begin primary school at age six. Primary school has six grades: Preparatory A and B and Standards I through IV. Entry into secondary education is based on students' performance in a placement examination, the Secondary School Entrance Examination (SSEE) administered to 11-year-old students. For those students who scored poorly on the SSEE, a continuation of primary education for three to four years is also available in the so-called senior department of the primary schools, which were also known as all-age schools or "primary-tops." Students who complete primary school or all-age school are eligible to continue in secondary school.

There are three kinds of secondary schools to which students who had taken the SSEE can be admitted: the general secondary school, the multilateral school, and the community high school. General secondary schools currently have a five-year program, with Forms I through VI, (Form VI being the equivalent of the senior year of high school in the United States). At the end of the secondary program, students can take the Secondary Schools Proficiency Examination for entry into trade school, or examinations at the General Certificate of Education (GCE) Advanced Level or Caribbean Examination Council examinations for university admission. The multilateral schools, established in 1974, provide five years of education for students age 10-18. The multilateral schools end at the Form V level. A third type of secondary school is the community high school, open to students over 12 years of age, where the program includes on-the-job training. Students who complete a full secondary education may enroll in university.

- There is no drastic gap in educational attainment between males and females. Over two-thirds of the population have completed primary or higher. Only 3-4 percent of females and males have never attended school and about one in four people have only some primary.
- The median number of years of schooling is slightly higher for men: 9.2 years compared with 8.6 for women. The median is two years higher among both urban males and females compared with their rural counterparts.

Table 2.9.1 Educational attainment of the household population: Male

Percent distribution of the de facto male household population age 6 and over by highest level of schooling attended or completed, and median number of years completed, according to background characteristics, Guyana 2005

Background characteristic	Highest level of schooling: No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Don't know/ missing	Total	Number of men	Median number of years of schooling[3]
Age										
6-9	12.9	85.9	0.2	0.4	0.0	0.0	0.6	100.0	574	1.4
10-14	1.1	36.0	21.3	41.2	0.0	0.0	0.4	100.0	635	5.6
15-19	0.4	4.7	5.0	62.5	20.6	6.8	0.1	100.0	470	11.1
20-24	0.0	7.9	4.4	39.1	33.4	14.6	0.5	100.0	387	12.0
25-29	2.6	13.3	10.4	41.4	20.6	8.7	3.1	100.0	371	10.9
30-34	2.5	14.3	11.0	47.4	17.5	5.5	1.8	100.0	367	11.0
35-39	2.4	17.1	13.4	43.3	13.7	7.9	2.1	100.0	321	9.9
40-44	2.4	16.8	14.7	41.5	12.8	9.1	2.8	100.0	295	10.0
45-49	2.7	20.2	10.3	35.6	19.9	7.7	3.6	100.0	256	10.6
50-54	1.3	17.3	20.6	31.6	14.0	10.4	4.8	100.0	236	9.4
55-59	4.3	19.3	26.9	26.5	11.5	10.4	1.1	100.0	168	7.5
60-64	4.7	24.3	35.4	18.2	5.2	5.9	6.2	100.0	131	5.8
65+	6.2	28.5	35.8	12.4	5.3	4.7	7.1	100.0	231	5.4
Wealth quintile										
Lowest	5.4	36.5	14.8	35.7	4.0	1.4	2.2	100.0	842	5.5
Second	4.1	31.5	17.6	37.0	6.0	1.4	2.4	100.0	887	5.8
Middle	3.6	27.9	13.1	38.9	12.6	2.2	1.7	100.0	910	8.6
Fourth	3.2	23.6	11.3	34.9	17.3	7.5	2.2	100.0	925	9.5
Highest	1.2	16.5	9.9	28.9	23.7	18.1	1.7	100.0	882	11.3
Residence										
Urban	1.9	20.9	11.9	33.7	19.3	9.8	2.5	100.0	1,270	10.2
Georgetown urban	*1.6*	*18.8*	*10.9*	*33.7*	*20.5*	*11.8*	*2.6*	*100.0*	*809*	*10.7*
Other urban	*2.6*	*24.5*	*13.7*	*33.6*	*17.2*	*6.1*	*2.3*	*100.0*	*461*	*9.4*
Rural	4.1	29.5	13.9	35.7	10.3	4.7	1.9	100.0	3,176	8.0
Total	3.5	27.1	13.3	35.1	12.8	6.2	2.1	100.0	4,446	8.6

Note: The distribution for five cases with missing data for age is not shown.
[1]Completed 6th grade at the primary level
[2]Completed 5th grade at the secondary level
[3]The median number of years of education is the midpoint of the distribution of the population by number of years of education

- The most extreme variation in educational attainment among household members is evident across wealth quintiles for both women and men. About 18 percent of women and men from the wealthiest households have never been to school or have just attended some primary school, compared with 42 percent of men and 39 percent of women from the poorest households, respectively.

Table 2.9.2 Educational attainment of the household population: Female

Percent distribution of the de facto female household populations age 6 and over by highest level of education attended or completed and median number of years completed, according to background characteristics, Guyana 2005

Background characteristic	Highest level of schooling						Don't know/ missing	Total	Number of women	Median number of years of schooling[3]
	No education	Some primary	Completed primary[1]	Some secon-dary	Completed secondary[2]	More than secon-dary				
Age										
6-9	11.4	87.5	0.0	0.3	0.0	0.0	0.8	100.0	483	1.4
10-14	0.5	36.2	20.7	41.7	0.9	0.0	0.0	100.0	657	5.7
15-19	1.1	3.1	1.9	56.2	29.6	7.6	0.4	100.0	523	11.5
20-24	1.8	7.1	4.5	35.7	35.5	14.3	1.0	100.0	446	12.0
25-29	1.7	9.2	6.5	45.2	26.2	10.6	0.5	100.0	389	11.3
30-34	1.9	10.0	8.6	51.9	20.6	6.2	0.8	100.0	402	10.9
35-39	2.7	13.4	11.6	42.9	20.6	6.1	2.6	100.0	335	10.5
40-44	1.3	14.4	18.7	45.1	14.8	4.2	1.5	100.0	354	10.2
45-49	1.0	20.9	15.2	39.5	14.3	7.7	1.3	100.0	313	9.5
50-54	1.6	22.0	21.4	27.1	17.1	7.8	3.1	100.0	281	8.5
55-59	3.0	24.5	28.7	24.1	12.3	3.9	3.6	100.0	184	5.9
60-64	5.2	28.2	37.7	15.1	7.2	2.0	4.6	100.0	141	5.5
65+	11.0	32.6	30.0	12.1	6.0	3.0	5.3	100.0	302	5.2
Wealth quintile										
Lowest	5.8	32.7	15.0	37.8	5.9	1.3	1.4	100.0	822	5.8
Second	3.2	29.8	14.7	36.9	11.0	2.3	2.1	100.0	963	8.0
Middle	2.9	26.7	12.2	40.4	14.1	2.7	1.0	100.0	978	8.9
Fourth	3.1	20.4	14.0	34.0	20.0	6.7	1.9	100.0	1,008	9.9
Highest	1.5	16.2	10.6	30.2	26.5	13.7	1.3	100.0	1,042	11.3
Residence										
Urban	1.9	18.9	12.5	33.8	21.7	9.3	1.9	100.0	1,475	10.5
Georgetown urban	*1.7*	*17.5*	*12.0*	*34.4*	*21.6*	*10.5*	*2.2*	*100.0*	*951*	*10.7*
Other urban	*2.3*	*21.5*	*13.3*	*32.7*	*21.8*	*7.2*	*1.2*	*100.0*	*524*	*10.1*
Rural	3.8	27.3	13.5	36.6	13.5	3.9	1.4	100.0	3,339	8.5
Total	3.2	24.7	13.2	35.7	16.0	5.6	1.5	100.0	4,814	9.2

Note: The distribution for six cases with missing data for age is not shown.
[1]Completed 6th grade at the primary level
[2]Completed 5th grade at the secondary level
[3]The median number of years of education is the midpoint of the distribution of the population by number of years of education

School Attendance

Table 2.10 provides net and gross attendance ratios by school level, sex, and residence. The net attendance ratio (NAR) is an indicator of participation in schooling among the population of official school age, while the gross attendance ratio (GAR) is an indicator of participation in schooling among those of any age between 5 and 24 years. The difference between the ratios indicates the incidence of overage and underage attendance. Children are considered to be attending school currently if they attended at any point during the current school year. Detailed school attendances ratios by age and sex are depicted in Figure 2.5

The gender parity index (GPI) for the GAR is also included in Table 2.10. The index, calculated as the ratio of the female to the male GAR at the primary and secondary levels, indicates the magnitude of the gender gap in attendance ratios. If there is no gender difference, the GPI will be equal to one, whereas the wider the disparity in favor of males, the closer the GPI will be to 0. If the gender gap favors females, the GPI will exceed one.

- Almost 9 in 10 of the primary-school-age children (age 6-11) in Guyana attend primary school; females are as likely as males to attend primary school.
- While the urban-rural difference in the NAR is negligible for primary school, there is a 9 percentage point difference in the NAR for secondary school (76 for urban areas and 67 for rural areas). Although there is no variation in the net attendance ratios for primary school according to the wealth index, secondary school-age children from the wealthiest households are more likely to attend school than those in the least wealthy households (87 and 68 percent, respectively).
- An important proportion of primary school students fall outside the official age range for primary schooling: whereas the primary school NAR is 91, the GAR is 101, indicating that for every 91 students age 6-11, there are 10 primary school students who are either younger than age 6 or older than age 11. In secondary school, for every 74 students age 12-17, there are 17 who are either younger than age 12 or older than age 17.
- The gross atendance ratios at the primary level are not very different by sex, indicating near gender parity (the Gender Parity Index is 1.01). At the secondary level, the female GAR (96) exceeds the male GAR (87), resulting in a Gender Parity Index of 1.10.
- As shown of Figure 2.5, greater proportions of female than male youth attend school at most ages. Attendance rates peak around ages 10 and 11, and are relatively similar (close to 100 percent) between 6-12 years.

Table 2.10 School attendance ratios

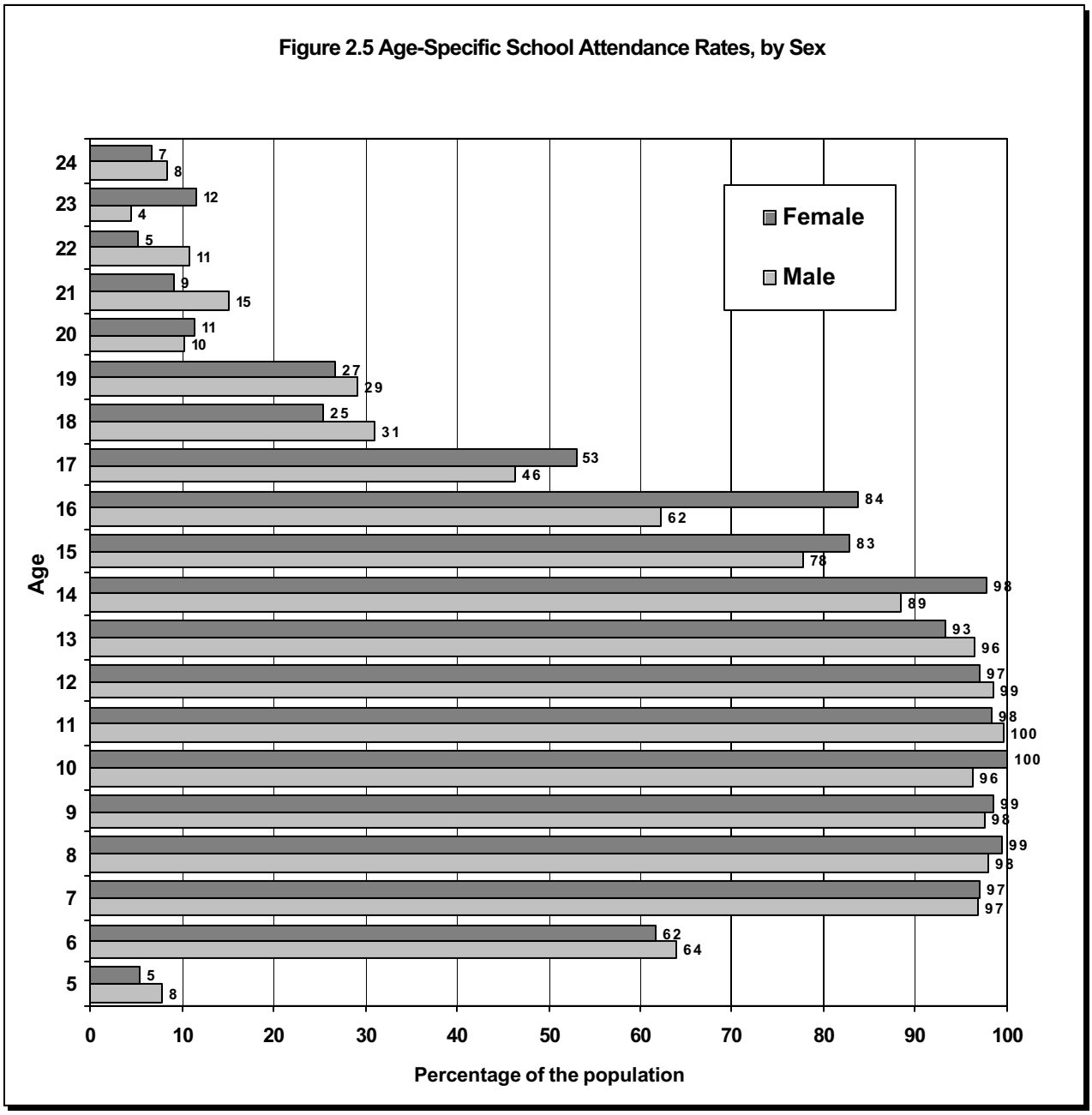
Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de jure household population by sex and grade, according to background characteristics, Guyana 2005

Background characteristic	Net attendance ratio[1]			Gross attendance ratio[2]			Gender parity index[3]
	Male	Female	Total	Male	Female	Total	
PRIMARY SCHOOL							
Wealth quintile							
Lowest	86.3	88.5	87.3	97.2	99.4	98.2	1.02
Second	92.7	94.0	93.3	105.2	105.7	105.4	1.00
Middle	91.3	95.7	93.4	101.6	106.8	104.1	1.05
Fourth	89.4	88.0	88.7	96.9	96.6	96.7	1.00
Highest	92.9	89.1	91.0	101.6	94.5	98.0	0.93
Residence							
Urban	91.2	92.8	92.0	101.1	97.3	99.2	0.96
Georgetown urban	*91.6*	*93.0*	*92.4*	*102.1*	*98.7*	*100.3*	*0.97*
Rest urban	*90.6*	*92.5*	*91.5*	*99.8*	*95.3*	*97.6*	*0.96*
Rural	89.7	90.4	90.1	100.0	102.6	101.2	1.03
Total	90.1	91.2	90.6	100.3	101.0	100.6	1.01
SECONDARY SCHOOL							
Wealth quintile							
Lowest	62.6	72.7	67.6	73.8	79.9	76.9	1.08
Second	57.3	70.1	63.8	65.5	89.6	77.7	1.37
Middle	76.0	75.2	75.6	98.2	96.2	97.2	0.98
Fourth	76.8	83.3	79.9	94.6	102.5	98.4	1.08
Highest	80.5	91.4	86.9	113.6	112.4	112.9	0.99
Residence							
Urban	75.6	87.1	81.2	96.1	104.2	100.0	1.08
Georgetown urban	*77.3*	*85.2*	*81.2*	*101.5*	*100.0*	*100.8*	*0.98*
Rest urban	*73.2*	*90.4*	*81.1*	*88.1*	*111.4*	*98.7*	*1.27*
Rural	67.4	74.8	71.2	83.3	92.2	87.8	1.11
Total	69.9	78.1	74.0	87.1	95.5	91.3	1.10

[1]The net attendance ratio (NAR) for primary school is the percentage of the primary-school-age (6-11 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary school-age (12-17 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

[2]The gross attendance ratio (GAR) for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

[3]The gender parity index (GPI) for primary school is the ratio of the primary school GAR for females to the GAR for males. The GPI for secondary school is the ratio of the secondary school GAR for females to the GAR for males.



Repetition and Dropout Rates

Grade repetition and dropout rates for primary school grades, shown in Table 2.11, describe the flow of students through the school system. In countries with an automatic promotion policy, where students are nearly always promoted to the next grade at the end of the school year, repetition rates may approach zero. Repetition and dropout rates often vary across grades, indicating points in the school system where students are not regularly promoted to the next grade or they decide to drop out of school.

- There are few repeaters in primary school: the highest repetition rate is in grade 1, with 5 percent of students repeating. Although the repetition rate is 3 percent for grade 6, in the remaining classes it is around 1 percent.
- Students in rural areas are more likely than urban students to repeat school years at all levels, except grade 5.
- Dropout rates for grades 1 through 5 are extremely low in Guyana and they are not shown. For grade 6, the dropout rate is 2 percent. Females are slightly more likely to drop out in grade 6 than their male classmates (2 and 1 percent, respectively).

Table 2.11 Primary school grade repetition and dropout rates

Repetition rates for the de jure household population who attended primary school in the previous school year, by school grade, and dropout rates for grade 6, according to selected background characteristics, Guyana 2005

Background characteristic	Repetition rate by school grade						Dropout rate for grade 6
	1	2	3	4	5	6	
Sex							
Male	5.4	0.9	0.0	0.4	0.4	4.7	1.4
Female	4.5	0.0	2.7	1.2	2.5	1.7	2.2
Wealth quintile							
Lowest	3.2	0.0	0.0	0.0	0.0	0.0	1.3
Second	7.8	2.4	0.0	2.5	1.9	(3.1)	(3.4)
Middle	3.3	0.0	3.2	0.0	3.1	(0.0)	(0.0)
Fourth	4.8	0.0	3.9	1.2	0.9	3.6	3.3
Highest	6.6	0.0	0.0	0.0	1.7	(13.1)	(0.0)
Residence							
Urban	1.5	0.0	0.0	0.7	2.1	1.0	1.1
Georgetown urban	*1.5*	*0.0*	*0.0*	*0.0*	*1.3*	*1.9*	*2.1*
Other urban	*1.5*	*0.0*	*0.0*	*1.7*	*3.5*	*0.0*	*0.0*
Rural	5.9	0.7	1.9	0.8	1.3	4.2	2.1
Total	4.9	0.5	1.3	0.8	1.5	3.3	1.8

Note: The repetition rate is the percentage of students in a given grade that are repeating that grade. The dropout rate for grade 6 is the percentage of students in grade 6 in the previous school year who are not attending school. Figures in parentheses are based on 25-49 unweighted cases.

BACKGROUND CHARACTERISTICS OF RESPONDENTS 3

3.1 KEY FINDINGS

- Almost one in ten respondents age 15-49 (8 percent of women and 10 percent of men) has completed primary school. Only 1 percent of women and 2 percent of men have no education.
- Only 6 percent of women and 5 percent of men reported not being exposed to any type of mass media (newspaper, television, radio) at least once a week.
- The level of current employment (having done work in the past seven days) for women stands at 41 percent and for men at 81 percent.
- A third of women age 15-49 have never married, 40 percent are formally married, 20 percent are living together, and 11 percent are divorced, separated, or widowed. A greater proportion of men than women (42 and 31 percent, respectively) have never married.

3.2 INTRODUCTION

This chapter provides a brief description of some demographic and socioeconomic characteristics of the survey respondents, specifically age, sex, residence, education, economic status, employment, and marital status. Examination of these characteristics not only helps to gauge the accuracy of the survey data, but also provides a look at trends in these characteristics over time. Most importantly, it provides a basis for the analysis of the way these characteristics are related to the other issues investigated in the survey, such as knowledge, attitudes, behavior, and prevalence relating to HIV/AIDS.

3.3 GENERAL CHARACTERISTICS OF SURVEY RESPONDENTS

A description of the basic characteristics of the women (2,425) and men (1,875) interviewed in the 2005 GAIS is essential as background for interpreting findings presented later in the report. Table 3.1 provides the percent distribution of respondents by age, marital status, urban-rural residence, and level of education. Information on both the weighted and unweighted numbers is included.

Regarding age, respondents were asked two questions in the individual interview to assess their age: "In what month and year were you born?" and "How old were you at your last birthday?" Interviewers were trained in probing techniques for situations in which respondents did not know their age or date of birth; and as a last resort, interviewers were instructed to record their best estimate of the respondent's age.

- The size of the age groups for both sexes decreases with increasing age, reflecting, in part, the young age structure of the population of Guyana. About two in five women and men are currently married, and an additional one in five women and men are in "informal" unions. The proportion never- married stands at only 31 percent among all women compared with 42 percent of men. The difference can be attributed to the older age at first marriage among males compared with females. Eleven percent of women and 7 percent of men are divorced, separated, or widowed.
- The regional distribution of population shows no marked differences between sexes, with roughly 30 percent of women and men reported to be living in urban areas, of which two-thirds live in Georgetown. Approximately 70 percent of the nationally representative sample, for either sex, lives in rural areas.

Table 3.1 Background characteristics of respondents

Percent distribution of women and men age 15-49 by background characteristics, Guyana 2005

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15-19	18.8	456	455	20.8	391	400
20-24	15.9	386	381	14.3	268	275
25-29	13.8	335	349	13.8	259	264
30-34	15.1	367	371	15.4	289	285
35-39	11.7	283	282	13.3	250	240
40-44	13.7	333	323	11.9	224	215
45-49	11.0	266	264	10.4	195	196
Marital status						
Never married	31.1	755	804	41.6	779	815
Married	39.4	955	894	34.2	640	614
Living together	18.9	458	455	17.4	326	313
Divorced/ separated	8.5	207	228	6.5	122	126
Widowed	2.1	50	44	0.4	7	7
Pregnancy status						
Currently pregnant	4.2	103	102	na	na	na
No or unsure	95.8	2,322	2,323	na	na	na
Number of living children						
0	31.6	767	778	47.0	881	902
1-2	34.4	835	841	28.6	536	517
3-4	23.7	575	557	17.9	335	328
5+	10.2	248	249	6.5	123	128
Ethnicity						
African	25.6	620	741	25.2	472	563
Indian	48.4	1,174	986	52.1	976	829
Amerindian	7.6	183	184	7.6	142	145
Portuguese	0.1	2	3	0.2	4	5
Chinese	0.2	4	3	0.2	3	3
Mixed	18.1	438	505	14.8	278	330
Other/missing	0.2	4	3	0.0	0	0
Employment[1]						
Currently working	40.0	971	1,029	80.9	1,517	1,508
Not currently employed	5.8	140	159	5.8	108	104
Not employed last 12 months	54.1	1,312	1,236	13.2	248	262
Missing	0.1	2	1	0.1	1	1
Education						
No education	1.0	25	22	1.6	29	26
Primary	20.1	487	423	21.7	407	355
Secondary	71.0	1,721	1,757	68.3	1,280	1,314
Higher	7.9	192	223	8.5	159	180
Wealth quintile						
Lowest	15.6	377	356	17.6	331	307
Second	20.0	485	432	20.7	389	345
Middle	21.0	508	464	20.3	381	356
Fourth	21.7	526	555	21.2	398	415
Highest	21.8	529	618	20.1	377	452
Residence						
Urban	30.6	741	1,197	28.5	534	882
Georgetown urban	*18.9*	*458*	*718*	*17.5*	*328*	*522*
Other urban	*11.7*	*283*	*479*	*11.0*	*206*	*360*
Rural	69.4	1,684	1,228	71.5	1,341	993
Total	100.0	2,425	2,425	100.0	1,875	1,875

Note: Unweighted numbers refer to the number of interviews actually completed. Education categories refer to the highest level of education attended, whether or not that level was completed.
na = Not applicable
[1]"Currently employed" is defined as having done work in the past seven days. See Tables 3.4.1 and 3.4.2.

- About one-fifth of all respondents have completed primary education only. As many as 7 in 10 respondents (71 percent of women and 68 percent of men) have attained some secondary education. Consistent with other characteristics, practically equal proportion of women and men (8 and 9 percent, respectively) have higher education.
- As expected, the population is evenly distributed among wealth quintiles (20-22 percent), with a slightly lower percentage of women and men (16 and 18 percent, respectively) associated with the lowest wealth quintile.
- Only two in five women were working at the time of the survey, as compared with four in five men. An additional 54 percent of women had not been employed within the 12 months preceding the survey, versus only 13 percent of men.
- About a quarter of respondents fall into the African ethnic group, one-half into Indian, and 8 percent of the respondents reported that they are Amerindian. Additionally, as many as 18 percent of women and 15 percent of men said they are of mixed ethnicity.

3.4 EDUCATIONAL ATTAINMENT OF RESPONDENTS

Tables 3.2.1 and 3.2.2 show the distribution of women and men by education, according to selected characteristics, to clarify the relationship between the explanatory or background variables used in later tabulations. Of particular importance are possible differences in the educational composition of respondents from different age groups, and urban-rural backgrounds. Figure 3.1 summarizes the sex differentials in educational attainment by place of residence and the wealth index.

- Only 1 percent of women and 2 percent of men have never attended school. Respondents in rural areas or in households in the lowest wealth quintile are twice as likely as those in urban areas or in the highest quintile not to have attended school.
- Eight percent of women and 9 percent of men have more than secondary education. Respondents in urban areas are more than twice as likely to have more than secondary education than respondents in rural areas where only 6 percent of women and men have more than secondary education.
- Almost one-third of women (31 percent) have secondary education or higher compared with 28 percent of men. The urban-rural differential is wider for men than for women: only 21 percent of rural men have secondary education or higher compared with 44 percent in urban areas. The figures for women are 26 and 43 percent, respectively.
- Respondents in the higher wealth quintiles are much more likely to be educated than respondents in the lower wealth quintiles. The percentage of respondents with completed secondary or more than secondary increases rapidly for higher quintiles. For women, the percentage with secondary education or higher increases from 12 percent in the lowest wealth quintile to 53 percent in the highest quintile. For men, the increase is more dramatic, from 10 to 58 percent.
- Among men currently working, only 7 percent had more than secondary education, compared with 11 percent of those who were not employed and 14 percent of men who had not been employed for the 12 months before the survey. Among women, the pattern is reversed: 12 percent of those who were working at the time of the survey had completed higher education (14 percent among those who were not currently employed) compared with only 4 percent among those who had not been employed in the preceding 12 months.
- The median years of schooling, indicating the number of years spent in school by half the population, is 12.1 for women and 11.8 for men. The indicator shows no important variations, although respondents in the highest quintiles have up to two more years of schooling.

Figure 3.1 Respondents with Secondary Education or Higher, by Residence and Wealth Quintile

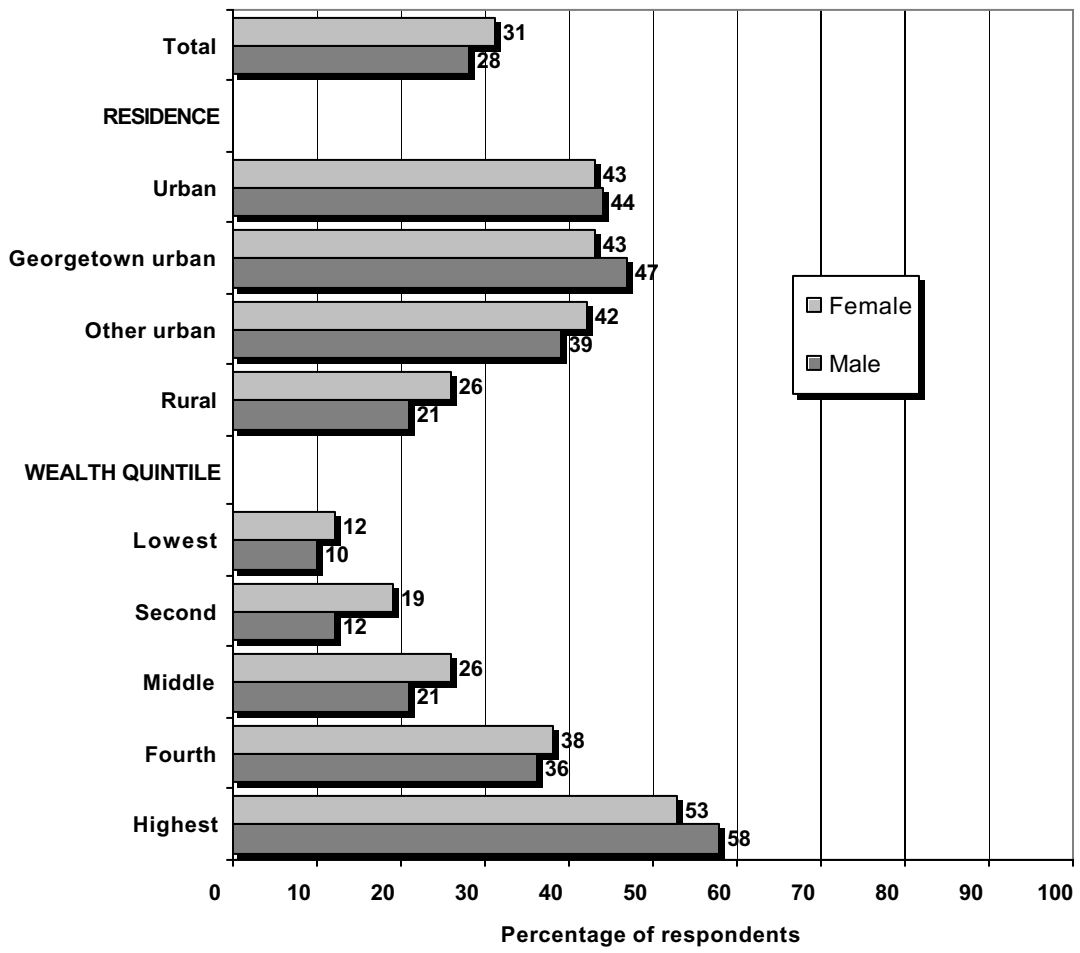


Table 3.2.1 Educational attainment of respondents: Women

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median number of years completed, according to background characteristics, Guyana 2005

Background characteristic	Highest level of schooling: No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Total	Number of women	Median years of schooling[3]
Age									
15-19	0.3	2.6	1.7	54.2	34.4	6.9	100.0	456	12.6
20-24	0.4	8.9	5.2	38.1	33.8	13.5	100.0	386	12.9
25-29	1.6	10.8	6.5	47.8	24.1	9.3	100.0	335	12.2
30-34	1.3	14.5	7.6	53.1	16.2	7.3	100.0	367	11.6
35-39	2.2	14.5	12.4	47.3	17.4	6.2	100.0	283	11.4
40-44	0.6	17.1	16.5	47.8	14.4	3.7	100.0	333	11.1
45-49	1.5	22.8	9.7	45.0	13.3	7.8	100.0	266	10.8
15-24	0.4	5.5	3.3	46.8	34.1	9.9	100.0	842	12.7
Employment[4]									
Currently working	1.1	9.6	7.5	41.6	28.4	11.9	100.0	971	12.5
Not currently employed	0.0	6.5	6.0	51.2	22.2	14.1	100.0	140	12.3
Not employed last 12 months	1.1	14.5	8.5	52.3	19.3	4.3	100.0	1,312	11.6
Wealth quintile									
Lowest	3.1	14.8	12.0	57.9	10.7	1.6	100.0	377	10.9
Second	1.7	14.9	10.0	54.6	16.1	2.7	100.0	485	11.3
Middle	0.2	16.5	8.1	48.7	22.3	4.1	100.0	508	11.9
Fourth	0.7	9.8	7.0	44.5	27.8	10.2	100.0	526	12.4
Highest	0.0	5.8	4.0	37.3	34.3	18.5	100.0	529	13.1
Residence									
Urban	0.5	6.4	4.6	45.9	29.4	13.1	100.0	741	12.7
Georgetown urban	*0.7*	*5.9*	*4.0*	*46.6*	*28.3*	*14.5*	*100.0*	*458*	*12.7*
Other urban	*0.2*	*7.3*	*5.7*	*44.8*	*31.3*	*10.8*	*100.0*	*283*	*12.6*
Rural	1.3	14.6	9.4	48.8	20.3	5.6	100.0	1,684	11.7
Total	1.0	12.1	8.0	47.9	23.1	7.9	100.0	2,425	12.1

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Information on employment is not available for two cases.

[1] Completed 6 grades at the primary level

[2] Completed 5 grades at the secondary level

[3] The median is the midpoint of the distribution of the population by number of years of education

[4] "Currently employed" is defined as having done work in the past seven days. See Table 3.4.1.

Table 3.2.2 Educational attainment of respondents: Men

Percent distribution of men age 15-49 by highest level of schooling attended or completed, and median number of years completed, according to background characteristics, Guyana 2005

Background characteristic	Highest level of schooling						Total	Number of men	Median years of schooling[3]
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary			
Age									
15-19	0.3	3.4	3.2	63.9	23.0	6.2	100.0	391	12.1
20-24	0.0	5.6	5.5	42.3	29.8	16.7	100.0	268	12.8
25-29	2.8	12.9	10.6	46.8	19.1	7.8	100.0	259	11.8
30-34	2.7	14.3	11.7	51.5	14.5	5.4	100.0	289	11.6
35-39	2.1	16.5	16.0	44.9	15.3	5.2	100.0	250	10.7
40-44	2.4	13.2	15.6	47.0	12.1	9.8	100.0	224	11.1
45-49	1.4	22.5	13.0	36.8	16.7	9.6	100.0	195	10.9
15-24	0.2	4.3	4.2	55.1	25.8	10.5	100.0	658	12.4
Employment[4]									
Currently working	1.7	12.7	11.2	47.6	19.4	7.3	100.0	1,517	11.7
Not currently employed	1.5	12.9	7.8	48.3	18.4	11.2	100.0	108	11.9
Not employed last 12 months	0.6	4.4	4.3	58.5	18.0	14.1	100.0	248	12.3
Wealth quintile									
Lowest	2.1	19.2	11.0	57.9	8.2	1.6	100.0	331	10.9
Second	2.8	13.2	19.0	52.9	10.2	1.8	100.0	389	10.5
Middle	2.5	11.2	9.0	56.3	18.0	3.0	100.0	381	11.7
Fourth	0.6	9.2	6.7	48.1	24.7	10.8	100.0	398	12.3
Highest	0.0	6.3	4.7	31.5	33.1	24.4	100.0	377	13.2
Residence									
Urban	0.8	6.1	4.5	44.6	30.2	13.7	100.0	534	12.7
Georgetown urban	*0.4*	*5.1*	*4.3*	*43.1*	*29.9*	*17.2*	*100.0*	*328*	*12.9*
Other urban	*1.5*	*7.8*	*4.9*	*47.1*	*30.7*	*8.1*	*100.0*	*206*	*12.5*
Rural	1.9	13.8	12.3	51.0	14.7	6.4	100.0	1,341	11.4
Total	1.6	11.6	10.1	49.2	19.1	8.5	100.0	1,875	11.8

[1] Completed 6 grades at the primary level
[2] Completed 5 grades at the secondary level
[3] The median is the midpoint of the distribution of the population by number of years of education
[4] "Currently employed" is defined as having done work in the past seven days. See Table 3.4.2.

3.5 EXPOSURE AND ACCESS TO MASS MEDIA

Respondents were asked in the 2005 GAIS how frequently they read a newspaper or watch television, and how frequently they listen to a radio. This information is important to program planners seeking to reach women and men with family planning and health messages through the media. The percentage of respondents who reported being exposed to mass media at least once a week are presented in Tables 3.3.1 and 3.3.2, by background characteristics.

Table 3.3.1 Exposure to mass media: Women

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Guyana 2005

	Type of mass media exposure					
Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	**All** three media	**No** mass media	Number of women
Age						
15-19	74.1	89.1	62.2	45.2	4.2	456
20-24	70.6	80.6	63.7	44.2	7.2	386
25-29	67.5	82.5	61.4	41.4	5.2	335
30-34	63.4	81.7	55.8	34.8	5.0	367
35-39	72.0	76.8	62.6	41.4	6.0	283
40-44	72.9	85.1	57.0	42.3	4.3	333
45-49	65.3	81.5	58.3	37.0	7.6	266
15-24	72.5	85.2	62.9	44.7	5.6	842
Employment[1]						
Currently working	74.0	79.9	62.0	45.7	7.2	971
Not currently employed	77.0	87.8	56.4	43.8	5.0	140
Not employed last 12 months	65.5	84.5	59.3	37.5	4.4	1,312
Education						
No education	*	*	*	*	*	25
Primary	52.0	78.7	53.2	27.7	9.2	487
Secondary	74.1	83.4	62.3	44.2	4.6	1,721
Higher	83.0	91.9	64.4	53.5	1.0	192
Wealth quintile						
Lowest	42.6	33.4	45.5	14.2	28.6	377
Second	61.7	82.8	58.7	30.9	2.4	485
Middle	71.8	91.3	63.3	44.4	1.4	508
Fourth	77.7	95.1	64.6	49.9	0.7	526
Highest	86.0	98.1	65.0	58.3	0.6	529
Residence						
Urban	77.4	91.5	68.8	52.2	1.6	741
Georgetown urban	*79.2*	*92.0*	*73.5*	*57.7*	*1.9*	*458*
Other urban	*74.4*	*90.6*	*61.2*	*43.3*	*1.1*	*283*
Rural	66.2	79.1	56.5	36.4	7.3	1,684
Total	69.6	82.9	60.3	41.2	5.5	2,425

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Information on employment is not available for two cases.

[1]"Currently employed" is defined as having done work in the past seven days. See Table 3.4.1.

- Only 6 percent of women and 5 percent of men are not exposed to any type of media. Moreover, 83 percent of women and 86 percent of men watch television, the most common type of mass media in Guyana, at least once a week. Seventy percent of women read a newspaper and 60 percent listen to the radio at least once a week. The rates for men are 64 and 67 percent, respectively. Slightly less than half of women and men (two in five) have exposure to all three media types.
- As expected, women and men living in urban areas are more likely than those living in rural areas to be exposed to mass media. Half of urban women are exposed to all forms of media as are 60 percent of urban men. For rural dwellers, the figures are almost two in five women and men. The main media source accessed by urban respondents is television (more then 90 percent), with radio being the least popular media. Additionally, the likelihood of having exposure to any mass media is strongly correlated with the person's education and wealth status.

Table 3.3.2 Exposure to mass media: Men

Percentage of men age 15-49 who are exposed to specific media on a weekly basis by background characteristics, Guyana 2005

	Type of mass media exposure					
Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	**All** three media	**No** mass media	Number of men
Age						
15-19	67.0	89.0	65.1	49.1	5.7	391
20-24	68.0	91.9	72.4	50.3	3.3	268
25-29	59.6	84.7	61.9	35.8	5.1	259
30-34	53.0	83.3	67.3	38.4	4.8	289
35-39	56.3	83.1	70.7	41.5	6.3	250
40-44	75.0	76.6	67.9	46.0	5.2	224
45-49	73.2	87.8	63.7	45.6	2.4	195
15-24	67.4	90.2	68.1	49.6	4.7	659
Employment[1]						
Currently employed	62.7	84.8	67.3	42.5	4.5	1,517
Not currently employed	60.6	93.8	69.9	48.1	2.1	108
Not employed last 12 months	74.2	86.4	63.5	51.2	7.7	248
Education						
No education	(10.1)	(71.2)	(50.2)	(10.1)	(18.7)	29
Primary	44.2	79.1	64.4	29.1	8.3	407
Secondary	68.2	86.7	67.2	46.6	3.8	1,280
Higher	92.3	95.3	75.1	67.9	1.1	159
Wealth quintile						
Lowest	38.3	44.4	57.8	17.4	22.2	331
Second	53.6	87.4	67.5	35.5	3.0	389
Middle	65.5	94.8	67.9	47.4	0.8	381
Fourth	73.9	97.2	66.2	51.8	0.5	398
Highest	85.9	98.0	74.5	64.7	0.0	377
Residence						
Urban	76.7	93.4	75.5	58.6	1.0	534
Georgetown urban	*81.4*	*92.8*	*78.6*	*64.0*	*0.9*	*328*
Other urban	*69.2*	*94.3*	*70.4*	*50.0*	*1.2*	*206*
Rural	59.1	82.4	63.6	38.2	6.3	1,341
Total	64.1	85.5	67.0	44.0	4.8	1,875

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1]"Currently employed" is defined as having done work in the past seven days. See Table 3.4.2.

3.6 EMPLOYMENT STATUS AND TYPE OF OCCUPATION

Like education, employment can also be a source of empowerment for women, especially if it puts them in control of income. The measurement of women's employment, however, is difficult. The difficulty arises largely because some of the work that women do, especially work on family farms, family businesses or in the informal sector is often not perceived by women themselves as employment, and hence not reported as such. To avoid underestimating women's employment, respondents were asked a number of questions to elicit their current employment status and continuity in the 12 months before the survey. Employed women are those who say that they are currently working and those who worked at any time during the 12 months before the survey.

Additional information was also obtained on the type of work respondents were doing, whether they worked continuously throughout the year, and who they worked for. Those who had not worked were asked what they had been doing for most of the time over the previous year. Men were also asked about employment. Tables 3.4.1 and 3.4.2 show the percent distribution of respondents by employment status, according to background characteristics. Tables 3.5.1 and 3.5.2 present the distribution of currently employed respondents by type of occupation, according to background characteristics. The employment status of respondents is summarized in Figure 3.2 by residence and education.

- The level of current employment for women stands at 40 percent, with an additional 6 percent who worked in the 12 months preceding the survey, putting the level of employment at 46 percent. Corresponding proportions for men are twice as high: 81 percent are currently employed, with 6 percent who worked in the last 12 months, putting the level of employment at 87 percent.
- The proportions currently or recently employed are lowest in the age group 15-19 for both sexes, with an important larger range for men. The low participation rates of 27 percent for women and 52 percent for men age 15-19 are not surprising: while a similar proportion of women and men (one in ten) are students at secondary and higher learning institutions, as many as 40 percent of women were busy with housework and child care in the preceding 12 months, compared with 1 percent for men.
- There are no important variations in employment by residence. Women with the most education and those in the highest wealth quintile are most likely to be currently employed, whereas the reverse is observed for men.
- One-third of women and 31 percent of men reported unskilled occupations. The next most common type of occupation is sales and services for women (28 percent) and craft and jobs related to trades for men (25 percent). Legislation, professional and technical occupations engage 16 percent of women. On the other hand, 13 percent of men are engaged in skilled agriculture and fishing industry.
- Analysis by age does not suggest an important variation by occupational categories, with few exceptions. In the legislative, professional, and technical occupations, as well as skilled agricultural and fish work for men, the proportions increase with age; while the proportion of men engaged in craft and related trades decreases with age. For women, the proportion of those engaged in clerical work decreases with age, while the proportion of women in craft and other related trades increase with age.
- As expected, women and men with at least some secondary education are most likely to be employed in a professional, technical, or managerial job. There is no great effect of residence on the type of occupation.

Table 3.4.1 Employment status: Women

Percent distribution of women age 15-49 by employment status or (if not employed) main activity during 12 months preceding the survey, according to background characteristics, Guyana 2005

Background characteristic	Employed in last 12 months		Not employed in the last 12 months					Total	Number of women
	Currently employed[1]	Not currently employed	Was going to school, studying	Looking for work	Housework/ child care	Other	Missing		
Age									
15-19	21.0	5.7	46.3	7.2	18.7	1.1	0.0	100.0	456
20-24	37.7	9.2	8.0	3.1	41.2	0.7	0.0	100.0	386
25-29	43.6	5.3	1.7	0.8	47.1	0.7	0.8	100.0	335
30-34	43.8	4.9	0.7	0.7	49.5	0.4	0.0	100.0	367
35-39	53.4	5.2	0.2	1.5	39.2	0.4	0.0	100.0	283
40-44	45.8	4.8	0.0	0.6	47.6	1.2	0.0	100.0	333
45-49	44.9	4.6	0.0	1.3	46.5	2.7	0.0	100.0	266
15-24	28.7	7.3	28.7	5.3	29.0	0.9	0.0	100.0	842
Marital status									
Never married	38.1	6.1	32.1	6.2	15.5	1.7	0.2	100.0	755
Currently married	37.1	4.9	0.5	0.8	56.0	0.5	0.1	100.0	1,414
Formerly married	61.6	9.8	0.2	0.6	26.5	1.3	0.0	100.0	256
Number of living children									
0	34.6	6.4	31.3	6.1	19.5	1.8	0.4	100.0	767
1-2	40.1	5.4	1.2	1.2	51.2	0.9	0.0	100.0	835
3-4	43.0	5.4	0.1	0.6	50.7	0.2	0.0	100.0	575
5+	49.6	6.3	0.0	0.2	43.4	0.5	0.0	100.0	248
Education									
No education	*	*	*	*	*	*	*	*	25
Primary	34.0	3.6	0.2	1.1	60.7	0.4	0.0	100.0	487
Secondary	39.5	6.0	12.6	2.7	38.1	1.1	0.2	100.0	1,721
Higher	60.2	10.3	17.3	3.9	7.0	1.3	0.0	100.0	192
Wealth quintile									
Lowest	44.6	5.8	6.7	1.9	39.4	1.6	0.0	100.0	377
Second	33.0	5.3	11.5	2.5	46.8	0.7	0.3	100.0	485
Middle	34.8	3.8	8.6	4.2	47.8	0.7	0.0	100.0	508
Fourth	37.8	5.9	11.3	2.3	41.5	1.2	0.0	100.0	526
Highest	50.5	8.0	12.6	1.3	26.5	0.9	0.2	100.0	529
Residence									
Urban	47.1	7.7	11.9	2.0	29.8	1.5	0.0	100.0	741
Georgetown urban	*51.2*	*9.2*	*13.1*	*1.9*	*22.8*	*1.9*	*0.0*	*100.0*	*458*
Other urban	*40.4*	*5.4*	*10.0*	*2.3*	*41.2*	*0.8*	*0.0*	*100.0*	*283*
Rural	36.9	4.9	9.7	2.7	44.9	0.8	0.2	100.0	1,684
Total	40.0	5.8	10.3	2.5	40.3	1.0	0.1	100.0	2,425

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced/separated/widowed. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table 3.4.2 Employment status: Men

Percent distribution of men age 15-49 by employment status or (if not employed) main activity during 12 months preceding the survey, according to background characteristics, Guyana 2005

Background characteristic	Employed in last 12 months: Currently employed[1]	Employed in last 12 months: Not currently employed	Not employed in the last 12 months: Was going to school, studying	Not employed in the last 12 months: Looking for work	Not employed in the last 12 months: Housework/ child care	Not employed in the last 12 months: Other	Total	Number of men
Age								
15-19	45.2	6.5	40.1	5.8	1.8	0.6	100.0	391
20-24	84.8	5.2	6.0	2.3	0.4	1.2	100.0	268
25-29	90.7	6.4	0.5	1.5	0.2	0.6	100.0	259
30-34	92.9	4.9	0.5	0.8	0.5	0.5	100.0	289
35-39	91.8	4.2	0.0	0.8	1.4	1.8	100.0	250
40-44	92.2	6.4	0.0	0.0	0.6	0.8	100.0	224
45-49	89.5	6.7	0.0	1.1	0.0	2.7	100.0	195
15-24	61.3	6.0	26.2	4.4	1.2	0.9	100.0	658
Marital status								
Never married	63.8	6.3	22.5	4.3	1.5	1.6	100.0	779
Currently married	94.7	4.2	0.0	0.3	0.2	0.6	100.0	967
Formerly married	81.4	14.3	0.0	1.8	1.1	1.4	100.0	129
Number of living children								
0	67.1	6.7	19.5	3.8	1.5	1.4	100.0	881
1-2	92.1	4.9	0.6	1.1	0.0	1.2	100.0	536
3-4	95.0	4.4	0.0	0.0	0.6	0.0	100.0	335
5+	92.5	6.4	0.0	0.0	0.0	1.1	100.0	123
Education								
No education	(89.5)	(5.4)	(0.0)	(0.0)	(5.1)	(0.0)	(100.0)	29
Primary	89.2	5.5	0.3	3.0	0.7	1.4	100.0	407
Secondary	79.4	5.6	11.1	1.9	0.8	1.1	100.0	1,280
Higher	70.3	7.6	20.3	1.8	0.0	0.0	100.0	159
Wealth quintile								
Lowest	82.7	5.5	6.3	2.9	1.5	1.2	100.0	331
Second	81.5	7.2	5.6	3.4	0.9	1.5	100.0	389
Middle	85.8	3.6	8.6	1.2	0.3	0.4	100.0	381
Fourth	77.8	7.0	12.3	1.2	0.7	1.0	100.0	398
Highest	77.2	5.3	13.6	1.9	0.7	1.3	100.0	377
Residence								
Urban	78.4	5.2	12.4	2.4	0.8	0.7	100.0	534
Georgetown urban	*75.5*	*6.6*	*14.3*	*2.3*	*0.6*	*0.7*	*100.0*	*328*
Other urban	*83.1*	*2.9*	*9.3*	*2.6*	*1.2*	*0.8*	*100.0*	*206*
Rural	81.9	6.0	8.1	1.9	0.8	1.2	100.0	1,341
Total	80.9	5.8	9.4	2.1	0.8	1.1	100.0	1,875

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced/separated/widowed. Figures in parentheses are based on 25-49 unweighted cases.

[1] "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table 3.5.1 Occupation: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Guyana 2005

Background characteristic	Legislation/ professional/ technical	Clerical	Sales and services	Skilled agriculture/ fish worker	Craft/ related trades	Plant/ machine operators/ assemblers	Elementary occupations	Don't know/ missing	Total	Number of women
Age										
15-19	16.9	26.3	28.3	3.6	1.5	0.0	18.1	5.3	100.0	122
20-24	23.9	14.8	32.5	4.7	2.6	1.4	16.3	3.8	100.0	181
25-29	19.4	15.4	23.9	4.6	2.6	0.3	32.4	1.4	100.0	164
30-34	14.0	8.4	23.2	8.1	3.7	0.7	39.5	2.4	100.0	178
35-39	12.1	11.0	26.2	3.9	1.7	0.7	43.3	1.0	100.0	166
40-44	9.1	5.0	31.5	4.3	6.4	0.0	40.2	3.6	100.0	168
45-49	14.1	2.7	27.0	7.9	5.8	0.0	39.5	2.9	100.0	132
15-24	21.1	19.4	30.8	4.2	2.2	0.9	17.0	4.4	100.0	303
Marital status										
Never married	25.9	17.6	30.4	1.8	1.2	0.9	18.3	3.8	100.0	334
Currently married	13.3	8.8	23.8	7.7	4.7	0.4	39.0	2.3	100.0	594
Formerly married	4.9	9.8	34.6	3.9	3.6	0.0	40.4	2.7	100.0	183
Number of living children										
0	27.4	20.5	28.1	2.3	1.6	0.2	16.0	3.9	100.0	315
1-2	14.8	11.2	30.0	2.3	4.9	1.0	33.0	3.0	100.0	380
3-4	9.6	7.5	23.9	9.3	3.7	0.4	43.7	1.9	100.0	278
5+	4.2	1.1	26.8	12.3	3.7	0.0	50.1	1.8	100.0	139
Education										
No education	*	*	*	*	*	*	*	*	*	11
Primary	2.2	1.3	20.6	9.3	3.0	1.9	59.8	1.8	100.0	183
Secondary	12.9	12.9	31.3	5.0	3.9	0.3	31.1	2.7	100.0	782
Higher	51.8	19.3	16.1	0.0	1.9	0.0	5.8	5.1	100.0	135
Wealth quintile										
Lowest	6.0	2.3	16.9	16.5	5.8	0.0	51.2	1.2	100.0	190
Second	11.0	4.7	31.5	6.9	2.6	0.8	41.3	1.1	100.0	185
Middle	12.0	10.9	28.3	2.1	2.3	0.8	42.9	0.8	100.0	196
Fourth	19.8	18.4	28.3	3.4	2.2	0.7	23.1	4.0	100.0	230
Highest	23.9	16.9	30.6	0.8	4.3	0.3	17.9	5.2	100.0	310
Residence										
Urban	16.2	14.2	30.3	1.1	3.2	1.0	30.7	3.2	100.0	406
Georgetown urban	*14.8*	*16.8*	*29.6*	*0.7*	*3.7*	*1.3*	*29.0*	*4.3*	*100.0*	*277*
Other urban	*19.2*	*8.8*	*31.8*	*2.1*	*2.2*	*0.4*	*34.5*	*1.1*	*100.0*	*129*
Rural	15.5	10.1	26.0	7.7	3.7	0.2	34.3	2.6	100.0	705
Total	15.7	11.6	27.5	5.3	3.5	0.5	33.0	2.8	100.0	1,111

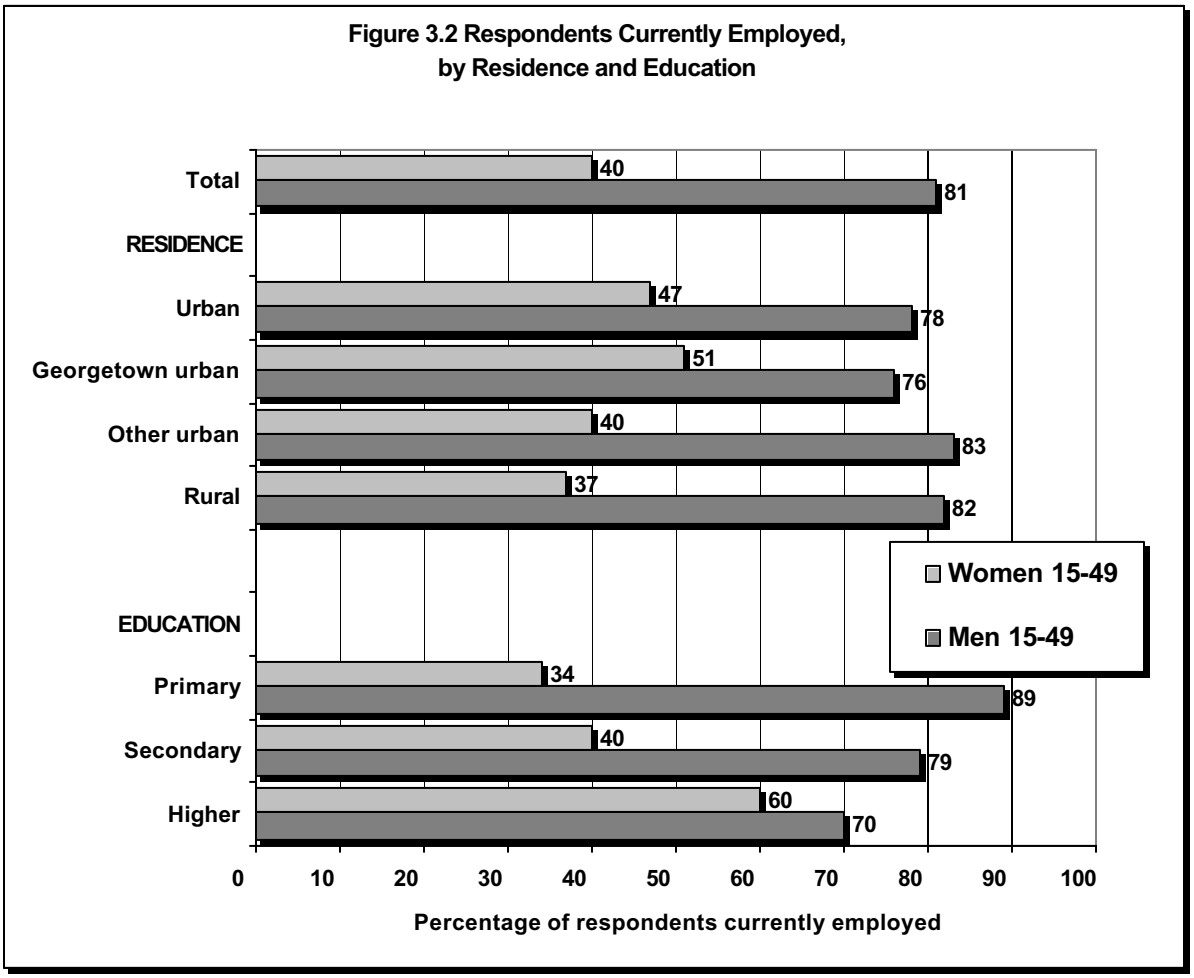
Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced/separated/widowed. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 3.5.2 Occupation: Men

Percent distribution of men age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Guyana 2005

Background characteristic	Legislation/ professional/ technical	Clerical	Sales and services	Skilled agriculture/ fish worker	Craft/ related trades	Plant/ machine operators/ assemblers	Elementary occupations	Don't know/ missing	Total	Number of men
Age										
15-19	3.4	5.3	8.2	11.3	28.1	5.6	33.4	4.7	100.0	202
20-24	8.4	6.7	11.8	10.9	29.8	7.1	21.4	4.0	100.0	241
25-29	7.3	2.2	9.5	12.3	25.5	10.9	31.1	1.3	100.0	252
30-34	5.5	1.6	5.0	13.6	29.3	11.2	30.9	2.8	100.0	283
35-39	4.5	1.8	8.7	11.2	19.5	10.6	39.9	3.7	100.0	240
40-44	7.6	1.1	10.8	12.5	19.9	14.3	31.1	2.6	100.0	221
45-49	6.7	2.0	17.7	16.2	20.2	9.1	26.3	1.8	100.0	187
15-24	6.1	6.1	10.1	11.0	29.0	6.4	26.9	4.3	100.0	443
Marital status										
Never married	7.9	5.1	8.6	11.8	29.3	5.9	26.8	4.6	100.0	546
Currently married	5.8	1.7	10.2	12.4	23.0	12.1	32.3	2.4	100.0	955
Formerly married	1.7	2.8	13.2	16.7	19.5	10.8	35.0	0.4	100.0	124
Education										
No education	(0.0)	(0.0)	(6.9)	(10.4)	(18.3)	(7.3)	(57.0)	(0.0)	(100.0)	28
Primary	1.3	1.2	6.3	20.9	24.2	9.4	35.4	1.3	100.0	385
Secondary	5.5	2.7	10.7	10.6	25.3	10.6	31.1	3.5	100.0	1,089
Higher	29.5	11.3	14.8	3.4	24.6	6.3	5.7	4.5	100.0	123
Wealth quintile										
Lowest	1.7	0.5	4.0	28.2	20.9	2.7	41.1	0.8	100.0	292
Second	2.7	1.5	3.8	15.7	28.8	8.5	38.0	1.0	100.0	345
Middle	6.2	2.6	10.9	8.2	26.3	10.6	33.7	1.4	100.0	340
Fourth	6.6	4.6	11.8	5.6	26.3	14.5	26.1	4.6	100.0	338
Highest	13.9	5.4	19.0	6.4	21.2	12.6	14.2	7.2	100.0	311
Residence										
Urban	10.4	4.9	14.5	2.4	26.8	11.7	23.1	6.1	100.0	447
Georgetown urban	*13.1*	*5.7*	*16.2*	*1.0*	*24.3*	*13.3*	*18.9*	*7.5*	*100.0*	*270*
Other urban	*6.3*	*3.7*	*11.9*	*4.6*	*30.8*	*9.2*	*29.4*	*4.1*	*100.0*	*177*
Rural	4.6	2.2	8.2	16.3	24.1	9.3	33.5	1.8	100.0	1,179
Total	6.2	2.9	9.9	12.5	24.9	9.9	30.7	3.0	100.0	1,625

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced/separated/widowed. Figures in parentheses are based on 25-49 unweighted cases.



3.7 CURRENT MARITAL STATUS

Marriage is an important factor of exposure for women and men to sexual intercourse, which in turn is the leading mechanism for HIV infection in most countries. Marriage is also an indicator of exposure of women to the risk of pregnancy, and is therefore important for the understanding of fertility. Populations in which age at marriage is low also tend to experience early childbearing and high fertility; hence the motivation to examine trends in age at marriage. More direct measures of the beginning of exposure to pregnancy and the level of exposure—age at first sexual intercourse and the frequency of intercourse—are discussed later.

Current marital status of respondents at the time of the survey is shown in Table 3.6 by age. The term "married" refers to legal or formal marriage, while "living together" refers to informal unions. In subsequent tables, these two categories are combined and referred to collectively as "currently married" or "currently in union." Women who are widowed, divorced, and not living together (separated), make up the remainder of the "ever-married," "ever in union," or "formerly in union" category.

- One-third of women age 15-49 have never married, 40 percent are formally married, 20 percent are living together, and 11 percent are divorced, separated, or widowed.
- Marriage occurs relatively early in Guyana, and about three in every ten women age 20-24 are currently married. Seventeen percent of women age 40 and over have never married. The proportion separated and divorced is highest among women age 40 and over, and generally increases with age.

- A greater proportion of men (42 percent) than women (31 percent) have never married. One third of men (34 percent) are married, 17 percent are living together, and another 7 percent are divorced, separated, or widowed.
- Men tend to marry at older ages than women. While half of women age 25-29 are married, one third of men are married in the same age group.

Table 3.6 Current marital status

Percent distribution of women and men age 15-49 by current marital status, according to age, Guyana 2005

Age	Marital status							Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed	Total	
WOMEN								
15-19	85.4	6.9	6.3	0.3	1.1	0.0	100.0	456
20-24	41.1	28.6	23.8	0.0	5.8	0.8	100.0	386
25-29	19.0	47.0	23.7	0.4	9.1	0.8	100.0	335
30-34	15.9	48.7	25.3	1.0	8.4	0.6	100.0	367
35-39	11.6	55.1	19.8	1.6	9.3	2.5	100.0	283
40-44	10.2	54.6	21.2	1.9	9.6	2.4	100.0	333
45-49	6.7	52.5	14.8	5.2	10.7	10.0	100.0	266
Total	31.1	39.4	18.9	1.3	7.2	2.1	100.0	2,425
MEN								
15-19	98.0	0.4	1.4	0.0	0.3	0.0	100.0	391
20-24	73.3	10.7	12.2	0.0	3.8	0.0	100.0	268
25-29	37.6	32.0	22.0	0.6	7.4	0.5	100.0	259
30-34	17.9	46.7	26.0	0.9	8.5	0.0	100.0	289
35-39	10.9	56.4	25.2	0.2	7.3	0.0	100.0	250
40-44	6.2	59.9	23.5	1.3	8.5	0.6	100.0	224
45-49	5.3	60.3	20.8	0.8	10.8	2.1	100.0	195
Total	41.6	34.2	17.4	0.5	6.0	0.4	100.0	1,875

3.8 AGE AT FIRST MARRIAGE

Whether or not the start of marriage coincides with the initiation of sexual intercourse, and thus, the beginning of exposure to the risk of pregnancy, first marriage is an important social and demographic indicator and, in most societies, represents the point in a woman's life at which childbearing first becomes welcome. Age at first marriage is also associated with the spread of HIV infection, since individuals who marry at early ages, on average, will have a longer period of exposure to sexual activity and therefore exposure to the risk of infection with HIV and other sexually transmitted infections.

Cohort trends in age at marriage can be described by comparing the cumulative distribution for successive age groups, as shown in Table 3.7. For each cohort the accumulated percentages stop at the lower-age boundary of the cohort to avoid censoring problems. For instance, for the cohort currently age 20-24, accumulation should stop with the percentage married by exact age 20. In drawing conclusions concerning trends, the data for the oldest cohorts should be interpreted cautiously since respondents may not recall marriage dates or ages with accuracy, particularly where informal unions are common.[14]

[14] Another, and often more reliable, way of estimating trends is by comparison of percentages ever married for five-year age groups with similar data from earlier censuses and surveys. The singulate mean age at marriage (SMAM) can also be calculated from various sources and compared over time. Possible definitional inconsistencies between data sets should be considered when making such comparisons.

As a measure of central tendency, the median age at first union should be used. The median here is defined as the age by which half of the cohort of women or men has become married. The median is preferred over the mean as a measure of central tendency, because, unlike the mean, it can be estimated for all cohorts where at least half of the respondents are ever married at the time of survey.

Since the national picture presented in Table 3.7 masks subgroup trends and differentials, the medians are presented in Table 3.8.1 for women and in Table 3.8.2 for men, by residence and education, according to age.

- The median age at marriage among women age 20-49 is 20.6. By age 20, almost half (46 percent) of women age 25-49 were married and by age 25 the proportion married increases to 70 percent.
- Men tend to marry at a later age than women. The median age at marriage among men age 20-49 is 25.4, five years later than women. About half of men (53 percent) are married by age 25 compared with almost four in five (75 percent) women.
- Rural women marry about two years earlier than urban women (19.9 and 22.2 years, respectively), but there is a minor difference for men.
- Education has a marked impact on the age at marriage for women. Women age 25-49 with primary school marry five years earlier than women with higher education (19.5 and 24.9 years, respectively).
- Women in the highest wealth quintile tend to marry three years later than their counterparts in the lowest wealth quintile; for men, the difference is only 1 year between the lowest and the fourth quintile.

Table 3.7 Age at first marriage

Percentage of women and men age 15-49 who were first married by specific exact ages, and median age at first marriage, according to current age, Guyana 2005

Current age	Percentage of respondents that were first married by exact age: 15	18	20	22	25	Percentage never married	Number of respondents	Median age at first marriage[1]
WOMEN								
15-19	2.7	na	na	na	na	85.4	456	a
20-24	6.5	28.2	44.7	na	na	41.1	386	20.7
25-29	7.3	30.7	49.8	63.7	75.1	19.0	335	20.0
30-34	5.0	27.1	49.4	62.1	71.6	15.9	367	20.1
35-39	5.7	30.0	48.5	57.8	67.3	11.6	283	20.3
40-44	3.4	20.6	38.3	55.4	67.2	10.2	333	21.2
45-49	3.5	26.4	44.2	59.8	70.0	6.7	266	20.9
20-49	5.3	27.2	45.9	na	na	18.6	1,969	20.6
25-49	5.0	26.9	46.1	59.9	70.4	13.1	1,583	20.5
MEN								
15-19	0.0	na	na	na	na	98.0	391	a
20-24	0.4	5.7	11.9	na	na	73.3	268	a
25-29	1.4	6.3	15.4	27.8	46.8	37.6	259	25.5
30-34	0.9	8.9	19.5	35.4	57.9	17.9	289	24.1
35-39	1.3	6.7	15.1	27.9	50.6	10.9	250	24.9
40-44	0.7	4.7	15.2	31.7	52.2	6.2	224	24.6
45-49	0.0	4.9	14.9	35.4	55.1	5.3	195	24.0
20-49	0.8	6.3	15.4	na	na	26.7	1,484	25.4
25-49	0.9	6.5	16.2	31.5	52.5	16.5	1,217	24.6

na = Not applicable due to censoring
a = Omitted because less than 50 percent of the respondents married for the first time before reaching the beginning of the age group
[1]The median is the midpoint of the distribution of respondents by exact age at first marriage

Table 3.8.1 Median age at first marriage: Women

Median age at first marriage among women 25-49, by current age and background characteristics, Guyana 2005

Background characteristic	Current age 25-29	30-34	35-39	40-44	45-49	Women age 25-49
Education						
No education	*	*	*	*	*	*
Primary	18.9	19.0	18.9	20.8	19.8	19.5
Secondary	19.8	20.3	21.3	21.2	21.2	20.7
Higher	a	a	*	*	*	24.9
Wealth quintile						
Lowest	18.7	19.0	(19.9)	(20.7)	(19.7)	19.4
Second	17.7	18.8	19.7	21.2	(20.9)	19.5
Middle	19.0	20.2	19.4	20.9	20.1	20.2
Fourth	21.4	19.9	21.2	21.4	21.3	21.0
Highest	23.2	23.0	22.1	22.6	21.4	22.6
Residence						
Urban	21.9	23.0	23.4	21.7	22.0	22.1
Georgetown urban	*22.5*	*23.7*	*23.2*	*22.7*	*23.1*	*22.9*
Other urban	*(20.8)*	*(22.0)*	*(24.0)*	*(21.1)*	*(19.6)*	*21.0*
Rural	19.6	19.5	19.5	21.0	20.3	19.9
Total	20.0	20.1	20.3	21.2	20.9	20.5

Note: The median is the midpoint of the distribution of respondents by exact age at first marriage. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the women married for the first time before the beginning of the age group

Table 3.8.2 Median age at first marriage: Men

Median age at first marriage among men 30-49, by current age and background characteristics, Guyana 2005

Background characteristic	Current age 30-34	35-39	40-44	45-49	Men age 30-49
Education					
No education	*	*	*	*	(23.4)
Primary	22.6	25.0	24.8	24.0	24.3
Secondary	24.2	24.7	24.1	24.5	24.6
Higher	*	*	*	*	a
Wealth quintile					
Lowest	24.5	22.8	(23.9)	*	23.7
Second	23.8	24.0	(24.4)	(25.1)	23.9
Middle	24.6	25.3	24.0	(23.5)	24.9
Fourth	22.9	(24.9)	(25.3)	(25.2)	24.7
Highest	25.1	(27.4)	(24.4)	(23.9)	a
Residence					
Urban	23.9	26.0	24.9	23.9	25.0
Georgetown urban	*23.7*	*(27.4)*	*(25.0)*	*(25.5)*	*a*
Other urban	*(24.4)*	*(24.4)*	*	*(23.3)*	*24.4*
Rural	24.1	24.9	24.5	24.1	24.5
Total	24.1	24.9	24.6	24.0	24.6

Note: The median is the midpoint of the distribution of respondents by exact age at first marriage. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the men married for the first time before the beginning of the age group

FERTILITY 4

4.1 KEY FINDINGS

- Childbearing begins relatively late in Guyana. The median age at first birth for women in Guyana is almost 21 years and it seems to have changed little in the last 20 years. The median age at first birth increases with increasing education, from 20.2 years for women with just primary education to 24.5 to women with more than secondary education.
- If fertility were to remain constant in Guyana, women would bear, on average, 2.6 children by the end of their reproductive span. Fertility is close to replacement level in urban areas (2.4 children per woman) and higher in the rural areas (2.8 children per woman). This is mostly the result of higher fertility for women under 30 years of age.
- Over time, substantial reductions in the levels of fertility are observed in all age groups. The reduction seems particularly notable in the last five years, but additional analysis and evaluation of the birth histories is required for a better assessment. Overall, the gap implied from comparison of the total fertility rates(TFRs) and the mean number of children ever born to women age 40-49 indicates that fertility has declined substantially in almost all sectors of the population.
- Only 4 percent of women are currently pregnant. Among the poorest and less educated women, 6 percent are currently pregnant.
- At the time of the survey, 11 percent of young women 15-19 were already mothers and an additional 3 percent were pregnant with their first child.

4.2 INTRODUCTION

The fertility measures presented in this chapter are based on the reported reproductive histories of women age 15-49 interviewed in the 2005 GAIS. Each woman was asked the number of sons and daughters living with her, the number living elsewhere, and the number who had died. She was then asked for a history of all her births, including the month and year each child was born, the name, and the sex; if the child was deceased, she was asked the age at death, and if the child was alive, she was asked the current age and whether he/she was living with the mother. On the basis of this information, measures of completed fertility—number of children ever born to women age 40-49—and current fertility (age-specific rates) are examined. These measures are also analyzed in connection with various background characteristics.

Other tables included show the children ever born by the woman's current age and by her age at marriage; and the distribution of birth intervals. The chapter concludes with the analysis of information on the age of the woman at the time of her first birth (as an indicator of the beginning of the woman's reproductive life) and on teenage pregnancy and motherhood.

4.3 CURRENT FERTILITY

The current level of fertility is of great importance due to its direct relevance to population policies and programs. The age-specific and cumulative fertility rates for the five-year period preceding the survey (approximately the period 2001-2005) are presented in Table 4.1 by place of residence. The age-specific urban-rural differentials are illustrated in Figure 4.1.

Age-specific fertility rates. Although it is customary to calculate fertility rates for the three years preceding the survey in order to provide the most current information, given the small sample size for the GAIS, five-year rates are presented in order to reduce sampling errors. The numerators of the age-specific fertility rates in Table 4.1 are calculated by isolating live births that occurred within 60 months preceding the survey (determined from the date of interview and date of birth of the child) and classifying them by the age—in five-year age groups—of the mother at the time of birth (determined from the date of birth of the mother). The denominators of the rates are the number of woman-years lived in each of the specified five-year age groups during the 1-60 months preceding the survey.

Total fertility rate (TFR). The TFR summarizes the current level of fertility. The TFR is calculated as the sum of the age-specific fertility rates multiplied by five (since each age group covers five years of age). The TFR represents the average number of children a woman would have at the end of her reproductive period if she were to follow the currently prevalent age-specific fertility rates.

General fertility rate (GFR). The numerator for the GFR is the total number of births in the period, including births to women under 15 and women 45-49. However, the denominator is the number of woman-years lived between the ages of 15 and 44 during the period.

Crude birth rate (CBR). The crude birth rate is defined as the annual average number of births per 1,000 of the whole population. The number of births is calculated by summing the product of the age-specific rates multiplied by the proportion of women in the specific age group out of the total de facto population, male and female, listed in the households included in the sample. The denominator is the total number of person-years lived by women during the five years preceding the survey.

- If fertility were to remain constant in Guyana, women would bear, on average, 2.6 children by the end of their reproductive span.
- Fertility is close to replacement level in urban areas (2.4 children per woman) and higher in the rural areas (2.8 children per woman). This is mostly the result of higher fertility for women under 30 years of age.

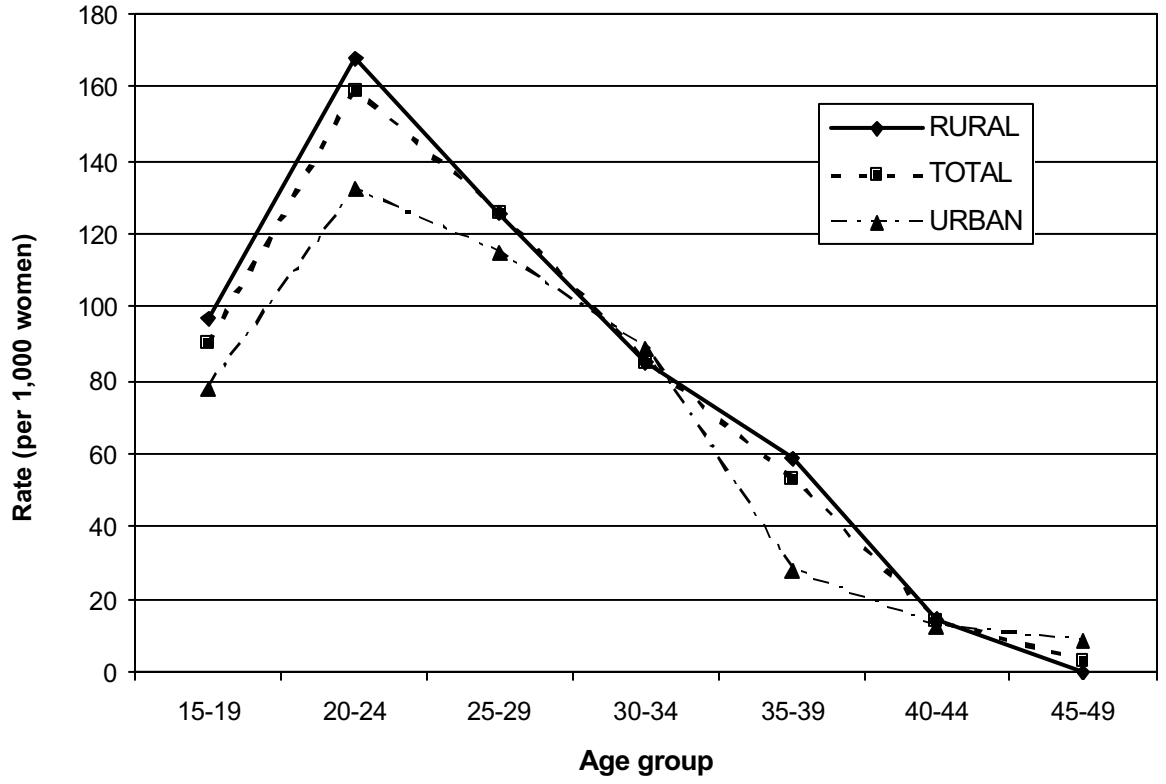
Table 4.1 Current fertility

Age-specific and cumulative fertility rates, the general fertility rate, and the crude birth rate for the five years preceding the survey, by residence, Guyana 2005

	Urban				
Age	Total	*Georgetown urban*	*Other*	Rural	Total
15-19	75	78	71	97	90
20-24	138	132	149	168	159
25-29	124	115	141	126	126
30-34	85	89	78	85	85
35-39	36	28	48	59	53
40-44	12	13	10	15	14
45-49	9	9	10	0	3
TFR	2.4	2.3	2.5	2.8	2.6
GFR	84	83	86	94	91
CBR	20.3	20.3	20.2	21.7	21.3

Note: Rates are for the period 1-36 months preceding the survey. Rates for age group 45-49 may be slightly biased due to truncation.
TFR: Total fertility rate for ages 15-49, expressed per woman.
GFR: General fertility rate expressed per 1,000 women.
CBR: Crude birth rate expressed per 1,000 population.

Figure 4.1 Age-Specific Fertility Rates for the Three-Year Period Preceding the Survey, by Residence



4.4 FERTILITY DIFFERENTIALS

Total fertility rates and other indicators of fertility are shown in Table 4.2 by residence, education, and wealth index. The data provide a basis for inferring trends in fertility by comparing the current TFRs with the average number of children ever born to women who are currently 40-49 years of age, or completed fertility. Although this comparison can provide an indication of fertility change, such an approach is sometimes vulnerable to an understatement of parity by older women. The results by residence and education are summarized in Figure 4.2.

- The total fertility rate among women with primary education (3.4 children) exceeds the fertility rate of women with higher education (1.2 children) by over two children. The rate for women with a higher education is based on relatively few observed cases, so great confidence can not be placed in the estimated value for the TFR. Nevertheless, the estimate clearly indicates very low fertility among the higher educated.
- The total fertility rate for women in households in the poorest quintile is also very high (4.6 children), twice the level of fertility for women in the highest quintile (2.3 children).
- The gap implied from comparison of the TFRs and the mean number of children ever born to women age 40-49 indicates that fertility has changed importantly in almost all population groups.
- Only 4 percent of women are currently pregnant, 6 percent among the poorest and less educated women.

Figure 4.2 Total Fertility Rates for the Three Years Preceding the Survey, by Residence and Education

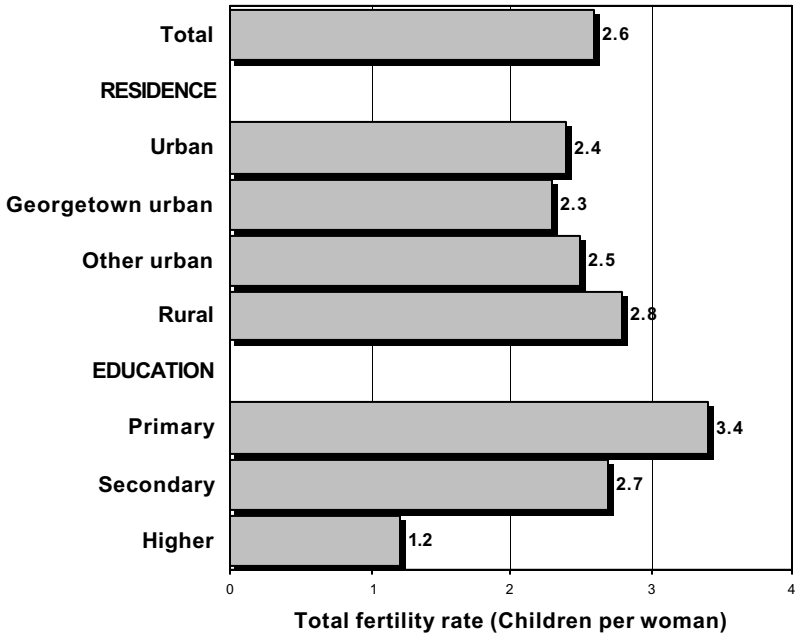


Table 4.2 Fertility by background characteristics

Total fertility rate for the five years preceding the survey, mean number of children ever born to women age 40-49, and percentage currently pregnant, by background characteristics, Guyana 2005

Background characteristic	Total fertility rate women 15-49	Mean number of children ever born to women age 40-49	Percentage currently pregnant
Education			
No education	*	2.9	5.8
Primary	3.4	3.3	5.5
Secondary	2.7	3.5	3.7
Higher	1.2	3.2	5.7
Wealth quintile			
Lowest	4.6	5.0	6.1
Second	3.0	3.8	5.0
Middle	2.1	3.1	3.0
Fourth	1.7	3.1	4.0
Highest	2.3	2.7	3.6
Residence			
Urban	2.4	3.2	3.9
Georgetown urban	*2.3*	*3.0*	*3.2*
Other urban	*2.5*	*3.5*	*5.2*
Rural	2.8	3.5	4.4
Total	2.6	3.4	4.2

Note: An asterisk indicates that a fertility rate is based on fewer than 125 person-years of exposure and has been suppressed.

4.5 FERTILITY TRENDS

Fertility trends can be analyzed in two ways. One is to compare the 2005 GAIS data with previous surveys. Fertility trends can be also estimated based on the 2005 GAIS birth histories alone. However, use of birth histories for analysis of trends places a great burden on the quality of data, which should always be interpreted with caution. The age-specific schedule of rates shown in Table 4.3 is progressively truncated as time before survey increases (the bottom diagonal of estimates, preceded by brackets). Total fertility rates can be calculated from the age-specific rates, but only by cumulating across ages unaffected by truncation.

- Over time, important reductions in the levels of age-specific fertility are observed in all age groups.
- The reduction seems particularly important in the last five years, but additional analysis and evaluation of the birth histories is required for a better assesment.

Table 4.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Guyana 2005

Mother's age at time of the birth	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
15-19	90	132	129	126
20-24	159	199	212	215
25-29	126	162	147	147
30-34	85	119	105	[106]
35-39	53	55	[68]	
40-44	14	[29]		
45-49	[3]			

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

4.6 CHILDREN EVER BORN AND LIVING

The distribution of women by number of children ever born is presented in Table 4.4 for all women and for currently married women, by age groups. The table also shows the mean number of children ever born and the mean number of living children.[1] In the 2005 GAIS questionnaire, the total number of children ever born to a respondent was ascertained by a sequence of questions designed to maximize recall. Lifetime fertility reflects the accumulation of births over the past 30 years or more, and therefore its relevance to the current situation is limited.

The results in Table 4.4 for younger women who are currently married differ from those for the sample as a whole because of the large number of unmarried women with minimal fertility. Differences at older ages, though minimal, generally reflect the impact of marital dissolution. The parity distribution for older, currently married women also provides a measure of primary infertility. Voluntary childlessness is rare in developing countries, and married women with no live births are predominantly those unable to bear children. Data from developing countries indicates that the typical level of childlessness for married women at the end of the childbearing years is between 2 and 5 percent.

- Thirty-one percent of all women (9 percent of married women) are childless. The proportion of childless women diminishes rapidly and substantially with age, from 47 percent of married women age 15-19 to 8 percent of women age 25-29 and to 4 percent of women 45-49.
- On average, married women have given birth to 3 children by their mid-thirties, almost 4 children by their mid-forties.

[1] The mean, presented with two decimal figures, can be used to indirectly estimate mortality levels and trends using special techniques. Chapter 3 in (United Nations, 1983) presents a clear and detailed account of the techniques. Because direct estimates of infant and childhood mortality can be calculated using the data from the birth history of the 2005 GAIS (Chapter 6), the indirect estimates are not presented in this report.

Table 4.4 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, and mean number of children ever born and mean number of living children, according to age group, Guyana 2005

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	88.7	10.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	456	0.13	0.12
20-24	44.4	24.9	21.9	5.1	2.6	1.2	0.0	0.0	0.0	0.0	0.0	100.0	386	1.00	0.98
25-29	20.5	18.9	27.4	20.0	7.6	4.6	0.4	0.3	0.2	0.0	0.0	100.0	335	1.94	1.87
30-34	11.3	15.7	21.8	22.1	15.3	5.8	4.0	2.3	1.2	0.3	0.2	100.0	367	2.70	2.56
35-39	10.0	13.5	19.8	22.8	12.1	11.9	5.5	1.5	2.4	0.2	0.3	100.0	283	2.97	2.74
40-44	6.8	10.0	16.2	24.3	14.3	14.2	5.1	2.3	4.5	2.5	0.0	100.0	333	3.48	3.28
45-49	6.0	8.6	23.9	27.4	10.9	11.5	3.9	1.7	1.6	2.6	1.8	100.0	266	3.30	3.03
Total	31.0	14.7	18.0	15.9	8.3	6.3	2.4	1.1	1.3	0.7	0.3	100.0	2,425	2.04	1.93
CURRENTLY MARRIED WOMEN															
15-19	47.0	43.7	9.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	60	0.62	0.59
20-24	19.6	30.2	34.3	8.9	4.9	2.2	0.0	0.0	0.0	0.0	0.0	100.0	202	1.56	1.53
25-29	7.9	15.1	34.0	25.5	10.0	6.4	0.3	0.4	0.3	0.0	0.0	100.0	237	2.39	2.31
30-34	4.7	12.6	22.6	26.8	17.6	6.7	4.5	2.9	1.3	0.4	0.0	100.0	271	3.03	2.88
35-39	7.3	12.9	21.1	24.2	13.8	11.0	5.7	1.0	2.2	0.3	0.4	100.0	212	3.04	2.78
40-44	2.5	6.1	16.5	27.5	15.7	15.4	5.6	2.4	5.8	2.5	0.0	100.0	252	3.80	3.59
45-49	3.8	7.4	21.8	31.7	12.7	10.0	4.1	2.6	1.2	3.1	1.6	100.0	179	3.42	3.19
Total	9.1	15.1	24.2	23.3	12.2	8.3	3.3	1.5	1.8	1.0	0.3	100.0	1,414	2.80	2.64

Note: Currently married includes respondents in consensual union (living together).

4.7 BIRTH INTERVALS

A birth interval is defined as the length of time between two successive births. There has been a substantial amount of research indicationg that short birth intervals, particulary of less than 24 months, are deleterious to the health of mothers and elevate the risks of death for their babies.[2] Studies have also shown that the death of a preceding birth usually lead to a shorter birth interval compared with when the previous child survives. Table 4.5 presents the percent distribution of non-first births in the five years preceding the survey, by number of months since the preceding birth, according to background characteristics. The prevalence of birth intervals of 24 months or less is presented in Figure 4.3 by residence and wealth quintile.

- In Guyana, the median length of time between two successive live births is almost three years (34 months).
- Nevertheless, a significant proportion of births (29 percent) occur with short intervals (24 months or less). The proportion of biths with these short birth interval is greater in rural (32 percent) than in urban areas (21 percent) and greater among biths in the least wealthy households (36 percent) than in the wealthiest households (26 percent).
- The median birth interval increases rapidly with the age of the mother, reaching five years among women 40-49 years.

[2] The increased mortality risk associated with short intervals is discussed in Chapter 6, section 6.3. Overall in Guyana, the infant mortality rate for births occurring after an interval of 24 months or less is twice as great as the rate for births following an interval of more than 24 months.

Table 4.5 Birth intervals

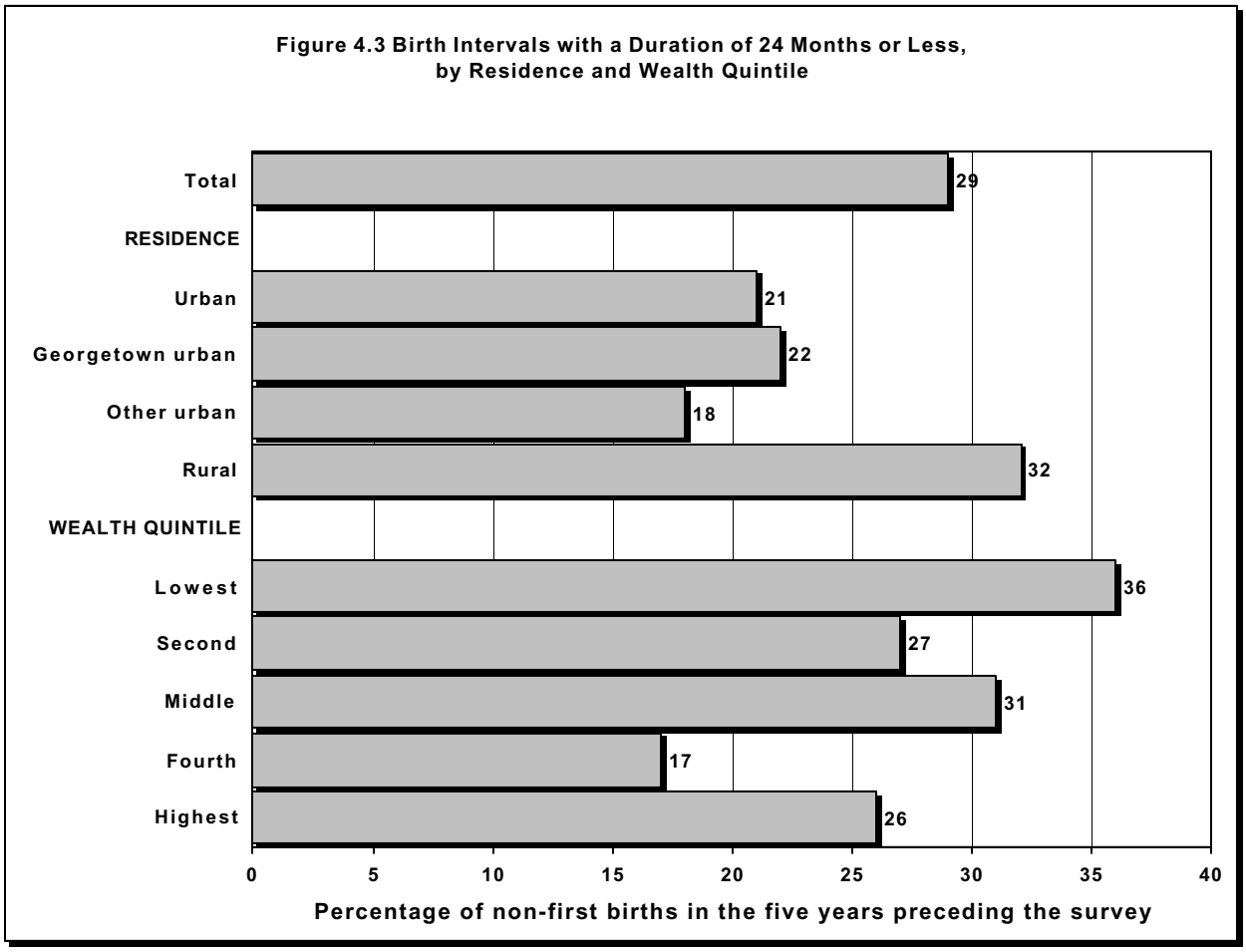
Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Guyana 2005

Background characteristic	Number of months since preceding birth					Total	Median number of months since preceding birth[1]	Number of non-first births
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	*	*	*	*	*	*	*	6
20-29	15.1	17.0	27.1	19.2	21.6	100.0	30.8	324
30-39	13.5	11.8	20.6	13.8	40.3	100.0	41.2	269
40-49	7.9	16.3	15.6	4.1	56.1	100.0	62.2	60
Birth order								
2-3	15.5	13.7	19.5	14.9	36.5	100.0	36.9	388
4-6	12.4	15.0	27.0	17.4	28.1	100.0	33.5	219
7+	12.1	24.5	34.7	11.5	17.1	100.0	27.6	52
Sex of preceding birth								
Male	14.9	16.3	23.5	14.1	31.2	100.0	32.9	366
Female	13.3	13.3	22.9	17.2	33.3	100.0	36.3	293
Survival of preceding birth								
Living	11.7	15.2	23.8	16.2	33.2	100.0	35.4	621
Dead	(55.5)	(11.3)	(14.0)	(3.8)	(15.4)	(100.0)	(16.7)	38
Education								
No education	*	*	*	*	*	*	*	12
Primary	14.2	16.5	24.6	9.7	35.1	100.0	33.2	172
Secondary	14.0	14.5	23.0	17.1	31.5	100.0	34.6	458
Higher	*	*	*	*	*	*	*	17
Wealth quintile								
Lowest	14.9	21.2	29.4	16.3	18.2	100.0	27.7	213
Second	12.6	13.9	23.1	13.3	37.1	100.0	36.2	149
Middle	10.9	20.0	13.7	15.2	40.3	100.0	42.0	103
Fourth	10.5	6.9	20.3	20.1	42.2	100.0	43.1	79
Highest	20.6	5.8	22.4	13.6	37.5	100.0	38.7	115
Residence								
Urban	11.0	9.6	26.2	14.7	38.5	100.0	39.7	177
Georgetown urban	*13.0*	*9.4*	*25.2*	*12.1*	*40.3*	*100.0*	*39.5*	*108*
Other urban	*7.8*	*9.9*	*27.9*	*18.8*	*35.5*	*100.0*	*39.8*	*68*
Rural	15.4	16.9	22.1	15.7	29.9	100.0	32.7	482
Total	14.2	15.0	23.2	15.5	32.2	100.0	33.8	659

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

a = Omitted because less than 50 percent of the respondents had a birth in the five years preceding the survey

[1]The median is the midpoint of the distribution of births by number of months since preceding birth



4.8 AGE AT FIRST BIRTH

The age at which childbearing begins has important demographic implications as well as important consequences for the mother and child. In many countries, postponement of first births, reflecting an increase in the age at marriage, has contributed greatly to overall fertility declines.

Table 4.6 shows the percentage of women who have given birth by specific exact ages, according to age at the time of the survey. Table 4.7 summarizes the median age at first birth for different age cohorts and compares the entry age into motherhood for different subgroups of the population. Medians for cohorts 15-19 and 20-24 could not be determined because half the women have not yet had a birth.

In interpreting these results and other results in this chapter, possible distortions caused by data peculiarities should be borne in mind. Findings for older women should be regarded critically. For instance, unexpectedly high ages at first birth for older cohorts may well indicate omission or misdating of early births, rather than a genuine trend.

- Twenty-one percent of women have given birth by exact age 18 and 77 percent by exact age 25. These percentages have changed little over time.
- The findings indicate that childbearing begins relatively late in Guyana. The median age at first birth for women in Guyana is almost 21 years and it seems to have changed little in the last 20 years.
- The median age at first birth increases with increasing education, from 20.2 years for women with just primary education to 24.5 for women with more than secondary education.

- There are also important differences depending on the wealth of the household. The median age at first birth is 19.5 years for women in the poorest households and 22.2 years for women in the wealthiest households.

Table 4.6 Age at first birth

Percentage of women who have given birth by specific exact ages, percentage who have never given birth, and median age at first birth, according to current age, Guyana 2005

Current age	Percentage of women who have given birth by exact age: 15	18	20	22	25	Percentage who have never given birth	Number of women	Median age at first birth[1]
15-19	0.3	na	na	na	na	88.7	456	a
20-24	2.2	21.8	38.5	na	na	44.4	386	a
25-29	1.5	22.1	44.5	61.5	75.8	20.5	335	20.7
30-34	1.0	22.3	44.0	63.9	80.1	11.3	367	20.5
35-39	2.4	20.4	47.2	62.9	73.1	10.0	283	20.4
40-44	1.0	21.9	40.3	66.6	81.2	6.8	333	20.7
45-49	2.5	19.4	39.6	55.2	75.6	6.0	266	21.2
20-49	1.7	21.4	42.3	na	na	17.7	1,969	20.8
25-49	1.6	21.3	43.2	62.3	77.4	11.2	1,583	20.7

na = Not applicable due to censoring
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group
[1]The median is the midpoint of the distribution of women by exact age at first birth

Table 4.7 Median age at first birth by background characteristics

Median age at first birth among women 25-49, by current age, according to background characteristics, Guyana 2005

Background characteristic	Current age 25-29	30-34	35-39	40-44	45-49	Women age 25-49
Education						
No education	*	*	*	*	*	*
Primary	18.8	19.4	19.8	20.7	20.3	20.2
Secondary	20.7	20.6	20.3	20.5	21.7	20.7
Higher	a	a	*	*	*	24.5
Wealth quintile						
Lowest	18.7	19.8	(18.9)	(20.9)	(20.5)	19.5
Second	18.9	20.0	20.0	19.5	(20.6)	19.8
Middle	20.2	20.0	19.9	20.9	22.1	20.7
Fourth	21.6	20.4	21.4	20.4	21.0	20.9
Highest	23.5	22.6	21.6	21.3	21.8	22.2
Residence						
Urban	21.2	21.0	21.7	20.9	21.0	21.1
Georgetown urban	21.2	21.2	21.7	21.3	21.6	21.4
Other urban	*(21.2)*	*(20.7)*	*(21.8)*	*(20.5)*	*(19.8)*	*20.8*
Rural	20.4	20.4	19.9	20.6	21.6	20.5
Total	20.7	20.5	20.4	20.7	21.2	20.7

Note: The median is the midpoint of the distribution of women by exact age at firsth birth. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the women had a birth before the beginning of the age group

4.9 TEENAGE PREGNANCY AND MOTHERHOOD

Table 4.8 shows the percentage of women age 15-19 who have begun childbearing, either because they are already mothers or because they are pregnant with their first child, by background characteristics.

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

- At the time of the survey, 11 percent of young women 15-19 were already mothers and almost 3 percent were pregnant with their first child.
- Among women 18-19 years of age, between one-fourth and one-third had already begun childbearing (i.e., were mothers or pregnant with their first child).
- No important differences are observed by place of residence, but the percentage of women who have begun childbearing decreases substantially as household wealth increases.

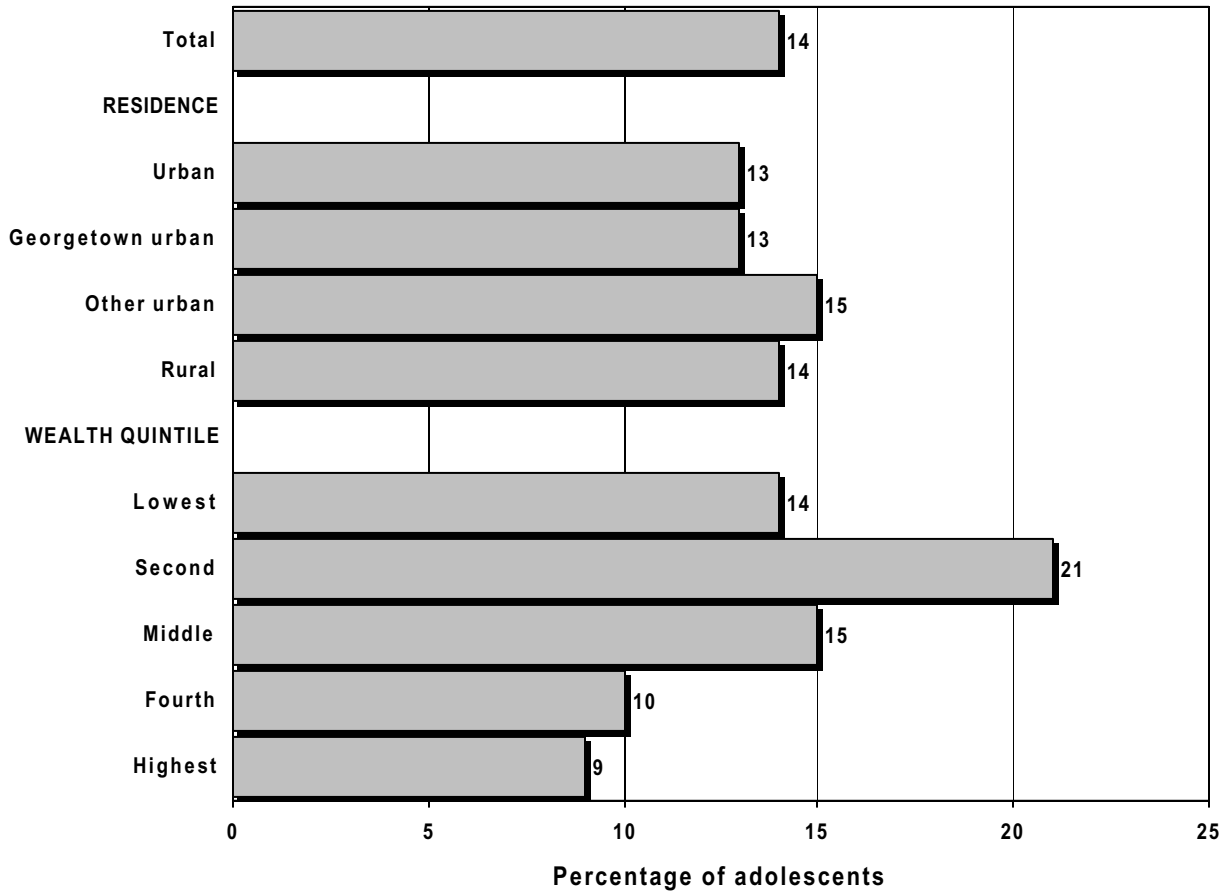
Table 4.8 Teenage pregnancy and motherhood

Percentage of women age 15-19 who are mothers or pregnant with their first child and percentage who have begun childbearing, by background characteristics, Guyana 2005

Background characteristic	Percentage who are: Mothers	Percentage who are: Pregnant with first child	Percentage who have begun child-bearing	Number of women
Age				
15	0.0	0.0	0.0	102
16	4.0	0.0	4.0	88
17	10.6	2.5	13.2	114
18	26.5	6.1	32.6	79
19	20.2	5.1	25.3	73
Education				
No education	*	*	*	1
Primary	*	*	*	19
Secondary	9.5	2.3	11.8	404
Higher	(11.0)	(4.8)	(15.8)	31
Wealth quintile				
Lowest	12.1	1.8	13.9	65
Second	16.9	3.9	20.8	97
Middle	12.2	3.1	15.4	96
Fourth	7.8	1.9	9.7	106
Highest	7.7	1.6	9.3	93
Residence				
Urban	10.4	3.0	13.3	135
Georgetown urban	*10.1*	*2.4*	*12.5*	*83*
Other urban	*10.8*	*3.9*	*14.7*	*51*
Rural	11.7	2.3	14.0	321
Total	11.3	2.5	13.8	456

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

Figure 4.4 Adolescents Who Are Mothers or Pregnant with their First Child, by Residence and Wealth Quintile



FAMILY PLANNING 5

5.1 KEY FINDINGS

- About one-third of married women (35 percent) are currently using a contraceptive method, basically a modern method. The most commonly used methods are the pill (12 percent), the IUD (8 percent), and condoms (6 percent). Only 3 percent of women reported using female sterilization.
- The level of contraceptive use tends to increase with the level of education, the wealth quintile, and the number of living children. Among women with higher education, the level of use reaches 43 percent.
- The prevalence of contraceptive use is similar in urban and rural areas although the method mix is slightly different: rural women are more likely to use the pill and the IUD (13 and 9 percent, respectively) while urban women are more likely to use the pill and the condom (11 and 8 percent, respectively).

5.2 INTRODUCTION

Detailed questions on knowledge and ever use of contraception were not included in the GAIS since the survey was focused on collecting information related to HIV/AIDS. However, a question was included about current use of contraception. Specifically, women were asked if they were currently doing something or using any method to delay or avoid getting pregnant and if so, what method they were using.

5.3 CURRENT USE OF CONTRACEPTION

The level of current use is the most widely used and valuable measure of the success of a family planning program. Furthermore, it can be used to estimate the reduction in fertility attributable to contraception. Table 5.1 presents data on the proportion of all women and currently married women who are using contraception by age, although interpretation will focus on the results for currently married women. The data for never-married women (included in the "all women" category) are probably less reliable and, in any case, the meaning of current use is unclear when sexual intercourse is sporadic, which will often be the case for single women. An inverted-U pattern of prevalence by age is expected for the currently married sample. Use is usually lower among young women (because they are in the stage of family building) and among older women (some of whom are no longer fecund) than among those at intermediate ages.

- About one-third of married women (35 percent) are currently using a contraceptive method, basically a modern method.
- The most commonly used methods are the pill (12 percent), the IUD (8 percent), and condoms (6 percent). Only 3 percent of women reported using female sterilization.

Table 5.1 Current use of contraception by age

Percentage of currently married women, sexually active unmarried women, and all women by contraceptive method currently used, according to age for currently married women, Guyana 2005

		Modern method										Traditional method					
Marital status/ age	**Using any method**	**Any modern method**	Female sterilization	Pill	IUD	Injectables	Implants	Condom	Diaphragm	Foam/ jelly	LAM	**Any traditional method**	Periodic abstinence	Withdrawal	Folk method	**Not using a method**	Number of women
Currently Married[1]	**34.6**	**33.6**	**3.0**	**12.2**	**7.6**	**3.8**	**0.1**	**6.1**	**0.3**	**0.4**	**0.1**	**1.0**	**0.7**	**0.1**	**0.1**	**65.4**	**1,414**
15-19	31.4	31.4	0.7	20.1	2.6	1.1	0.0	6.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	68.6	60
20-24	36.6	36.2	1.7	14.0	2.3	6.8	0.0	11.5	0.0	0.0	0.0	0.3	0.0	0.0	0.3	63.4	202
25-29	48.6	46.9	2.3	17.4	9.6	6.5	0.0	9.6	1.1	0.4	0.0	1.7	1.2	0.5	0.0	51.4	237
30-34	36.5	36.0	1.4	16.2	9.7	4.3	0.0	4.4	0.0	0.0	0.0	0.6	0.6	0.0	0.0	63.5	271
35-39	35.1	33.6	3.3	11.6	8.6	4.8	0.5	4.2	0.0	0.6	0.0	1.4	1.1	0.0	0.3	64.9	212
40-44	32.0	31.0	3.8	7.3	11.2	0.9	0.0	5.9	0.5	0.8	0.6	1.1	0.5	0.3	0.3	68.0	252
45-49	15.3	14.2	6.9	2.3	3.6	0.0	0.0	0.7	0.0	0.9	0.0	1.0	1.0	0.0	0.0	84.7	179
Sexually Active[2]	**36.2**	**36.2**	**0.7**	**6.9**	**4.2**	**2.3**	**0.7**	**21.2**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**63.8**	**166**
All women	**27.3**	**25.0**	**2.1**	**8.2**	**5.3**	**2.6**	**0.2**	**6.2**	**0.2**	**0.2**	**0.1**	**2.2**	**1.9**	**0.1**	**0.3**	**72.7**	**2,425**

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM= Lactional amenorrhea method
[1]Currently married includes respondents in consensual union (living together)
[2]Unmarried women who last had sexual intercourse less than one month preceding the survey. For these women, the use of any method and any modern method includes female condom (0.3 percent) which is not shown separately.

5.4 DIFFERENTIALS IN CURRENT USE

Table 5.2 allows the comparison of levels of current contraceptive use among major groups of the population: residence, education, number of living children, and the wealth index of the household. The information in Table 5.2 also permits an examination of differences in the method mix among current users in the various subgroups. The results by residence and level of education are summarized in Figure 5.1.

- The level of use increases rapidly with the level of education, the wealth quintile, and the number of living children. Among women with higher education, the level of use reaches 43 percent.
- The prevalence of contraceptive use is similar in urban and rural areas although the method mix is slightly different: rural women are more likely to use the pill and the IUD (13 and 9 percent, respectively) while urban women are more likely to use the pill and the condom (11 and 8 percent, respectively).
- The condom is the preferred method by the most educated women although the number of cases is relatively low.

Table 5.2 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Guyana 2005

Background characteristic	**Using any method**	Modern method										Traditional method				**Not using a method**	Number of women
		Any modern method	Female sterilization	Pill	IUD	Injectables	Implants	Condom	Diaphragm	Foam/jelly	LAM	**Any traditional method**	Periodic abstinence	Withdrawal	Folk method		
Number of living children																	
0	10.7	10.7	0.0	3.0	1.1	3.0	0.0	3.2	0.0	0.4	0.0	0.0	0.0	0.0	0.0	89.3	138
1-2	35.8	34.5	1.7	14.1	6.5	3.0	0.2	8.6	0.1	0.2	0.2	1.3	1.2	0.0	0.1	64.2	592
3-4	40.5	39.7	4.1	14.0	10.7	3.3	0.0	5.9	0.7	0.9	0.0	0.8	0.4	0.4	0.0	59.5	486
5+	33.4	32.2	6.1	8.6	8.0	7.9	0.0	1.6	0.0	0.0	0.0	1.2	0.5	0.0	0.7	66.6	197
Education																	
No education	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	18
Primary	28.6	28.1	3.6	11.2	6.0	2.8	0.0	3.4	0.3	0.7	0.0	0.5	0.5	0.0	0.0	71.4	387
Secondary	36.2	35.2	2.6	13.0	8.0	4.0	0.0	6.9	0.2	0.3	0.1	1.0	0.5	0.2	0.2	63.8	938
Higher	43.0	38.8	5.3	4.8	8.6	5.8	1.6	11.9	0.8	0.0	0.0	4.2	4.2	0.0	0.0	57.0	72
Wealth quintile																	
Lowest	32.1	30.5	2.4	12.4	3.0	7.8	0.0	4.8	0.0	0.0	0.0	1.6	1.3	0.0	0.3	67.9	239
Second	36.4	36.2	2.3	14.7	10.4	3.4	0.0	3.9	0.4	0.9	0.0	0.2	0.0	0.0	0.2	63.6	308
Middle	30.3	30.1	3.5	10.7	5.5	1.9	0.0	7.7	0.2	0.0	0.5	0.2	0.0	0.0	0.2	69.7	305
Fourth	36.4	35.3	3.4	11.2	9.2	2.9	0.4	7.3	0.5	0.3	0.0	1.1	1.1	0.0	0.0	63.6	285
Highest	37.7	35.8	3.2	11.8	9.1	3.7	0.0	7.0	0.2	0.8	0.0	2.0	1.3	0.7	0.0	62.3	277
Residence																	
Urban	33.9	32.2	3.6	10.6	4.6	4.1	0.3	8.3	0.4	0.4	0.0	1.8	0.7	0.5	0.6	66.1	362
Georgetown urban	*32.8*	*30.2*	*2.3*	*10.5*	*3.1*	*4.4*	*0.6*	*8.7*	*0.4*	*0.3*	*0.0*	*2.5*	*1.2*	*1.0*	*0.3*	*67.2*	*196*
Other urban	*35.3*	*34.5*	*5.2*	*10.6*	*6.3*	*3.7*	*0.0*	*7.8*	*0.4*	*0.5*	*0.0*	*0.9*	*0.0*	*0.0*	*0.9*	*64.7*	*166*
Rural	34.9	34.1	2.8	12.8	8.7	3.7	0.0	5.4	0.3	0.4	0.1	0.7	0.7	0.0	0.0	65.1	1,051
Total	34.6	33.6	3.0	12.2	7.6	3.8	0.1	6.1	0.3	0.4	0.1	1.0	0.7	0.1	0.1	65.4	1,414

Note: Currently married includes respondents in consensual union (living together). If more than one method is used, only the most effective method is considered in this tabulation. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
LAM = Lactational amenorrhea method

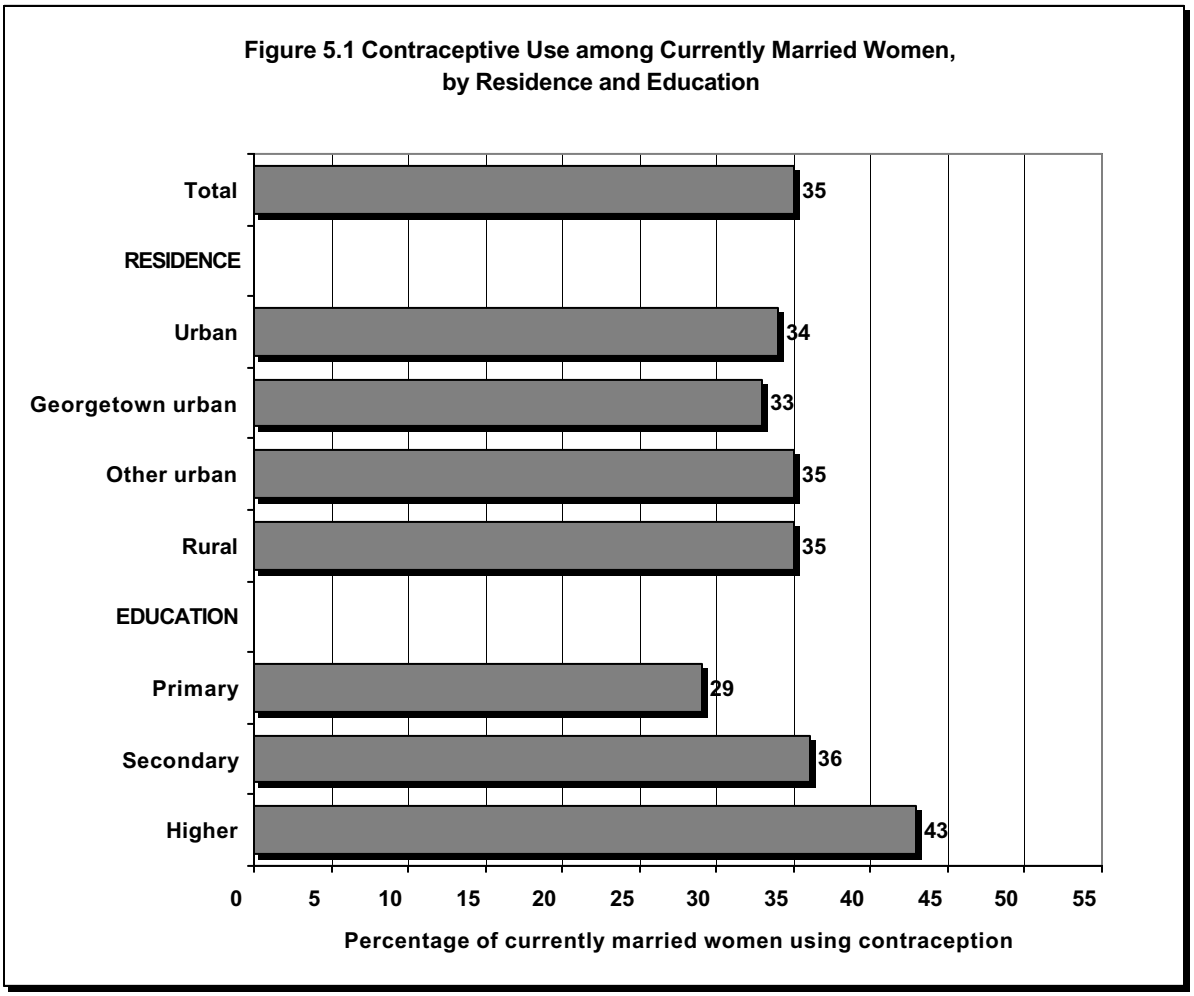


Figure 5.1 Contraceptive Use among Currently Married Women,
by Residence and Education
Total
RESIDENCE
Urban
Georgetown urban
Other urban
Rural
EDUCATION
Primary
Secondary
Higher
35
34
33
35
35
29
36
43
0
5
10
15
20
25
30
35
40
45
50
55
Percentage of currently married women using contraception

INFANT AND CHILD MORTALITY 6

6.1 KEY FINDINGS

- The mortality rate during the first year of life is relatively low in Guyana, 48 children per 1,000 births. Most of these deaths occur during the neonatal period (the first month of life). The mortality rate after the first year of life (child mortality) is also low and, as a result, 51 out of 1,000 births die during the first five years of life (under-five mortality).
- Infant mortality is higher in urban than in rural areas, and children in the wealthiest quintile are about three times as likely to die during the first year of life as children in poor households. This may be due to better reporting of deaths by more educated women and requires further investigation.
- Children born to the oldest mothers have higher mortality rates than children born to mothers age 20-39, and high parity children also have higher mortality than children of birth orders 2-6. Birth intervals of less than two years are clearly associated with higher mortality in infancy and in early childhood, supporting the importance of child spacing for child survival.
- Half the children in Guyana (52 percent) are in so-called avoidable high-risk-of-mortality categories, although mostly in single high-risk categories because they are born of high birth order (4 or higher, 15 percent); with a short birth interval (less than 24 months, 11 percent); or their mother is very young (less than 18 years, 8 percent) or old (35 years or older, 3 percent).

6.2 INTRODUCTION

This chapter presents information on levels, trends and differentials in neonatal, post-neonatal, infant, child, and maternal mortality. This information can be used for population projections and as a means of identifying those sectors of the population that are at high risk, and as such, can form the basis for informed decisions on health, as well as population, policies and programs. Information about infant, child, and maternal mortality is also necessary for economic and health planning.

The chapter concludes with an analysis of high-risk fertility behavior indicating the extent to which infants and children in Guyana have a greater probability of dying when they are born to mothers who are too young or too old, if they are born after a short birth interval, or if they are of high parity.

6.3 BACKGROUND

The 2005 GAIS collected data on the aggregate childbearing experience of respondents (i.e., the number of sons and daughters who live in the household, who live elsewhere, and who died). For female respondents, these questions were followed by a retrospective birth history in which data were obtained on sex, date of birth, survivorship status, and current age or age at death of each of the respondents' live births.

Using the conventional life-table approach, the following mortality estimates can be calculated directly from the birth history section of the questionnaire:

Neonatal mortality (NN):	the probability of dying within the first month of life;
Postneonatal mortality (PNN):	the difference between infant and neonatal mortality;
Infant mortality (${}_1q_0$):	the probability of dying before the first birthday;
Child mortality (${}_4q_1$):	the probability of dying between the first and fifth birthday;
Under-five mortality (${}_5q_0$):	the probability of dying before the fifth birthday.

The mortality estimates are the probabilities of dying between two exact ages (e.g., an infant mortality estimate is the probability of dying between birth and exact age one). A detailed description of the method for calculating the probabilities presented here is given in Rutstein (1984). Deaths and exposure in any calendar period are first tabulated for the age intervals 0, 1-2, 3-5, 6-11, 12-23, 24-35, 36-47, and 48-59 months. Then age-interval-specific probabilities of survival are calculated. Finally, probabilities of mortality for larger age segments (first month, first year, first five years, etc.) are produced by multiplying the relevant age-interval survival probabilities together and substracting the product from one. All rates are expressed per 1,000 live births, except the child mortality rate, which is expressed per 1,000 children surviving to 12 months of age.

6.4 LEVEL AND TRENDS IN INFANT AND CHILD MORTALITY

The collection of data on births and deaths by asking respondents to report their birth histories, as was done in the 2005 GAIS, is the most reliable procedure for obtaining retrospective mortality data when the data are fully and accurately collected. However, as with any data collection technique, it is suspectable to several possible types of error. First, only surviving women age 15-49 are interviewed; therefore the data do not reflect the mortality experience of the children of women who have died. This probably creates only a minor negative bias in the estimated mortality rates. A potentially more important type of error in the case of mortality estimation is the ommission of deceased children from the reported birth histories. When omission of deceased children occurs, it is typically more pronounced for time periods more distant from the survey date and for ages before children become fully intergrated into a family i.e., for the neonatal time period. Nevertheless, when event underreporting is detected for time periods more distant from the survey date, not only are those data called into question but the data for time periods closer to the survey also become suspect.[1]

Neonatal, postneonatal, infant, child and under-five mortality rates are shown in Table 6.1 for the three five-year periods preceding the survey.

- The mortality rate during the first year of life is relatively low in Guyana: 48 children per 1,000 births for the period 2000-2005. Most of these deaths occur during the neonatal period (the first month of life). However, the true value of the infant mortality rate may be 22 points higher or lower than the estimated rate of 48 deaths per 1,000 births (see Table B.4.1).
- The mortality rate after the first year of life (child mortality) is also very low and, as a result, only 51 out of 1,000 births die during the first five years of life (under-five mortality).

Table 6.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child and under-five mortality rates for five-year periods preceding the survey, Guyana 2005

Years preceding the survey	Approximate calendar year[1]	Neonatal mortality (NN)	Postneonatal mortality[2] (PNN)	**Infant mortality ($_1q_0$)**	Child mortality ($_4q_1$)	**Under-five mortality ($_5q_0$)**
0-4	2000-2005	38	10	48	4	51
5-9	1995-2000	30	11	41	6	47
10-14	1990-1995	26	9	35	8	43

[1]Because survey fieldwork was conducted from mid-June, 2005 through early September, 2005, the rates for the five-year period 2000-2005 actually apply to the calendar period from August 2000 to August 2005. Similarly for the other five-year periods.
[2] Computed as the difference between the infant and the neonatal mortality rates.

[1] There are other types of error which can impact the accuracy of mortality estimation. Misreporting of dates of birth of deceased children can bias mortality estimates for specific time periods; and misreporting the age at death can bias age-specific mortality estimates. A review of the data quality tables in Appendix C suggests that those sources of error were not significant in the 2005 GAIS and are not further considered here. An analyisis of the quality of data collected with birth histories is available in (Sullivan, et al., 1990). Examination of mortality across countries is found in (Sullivan, et al., 1994).

- Surprisingly the estimates of infant and overall under-five for earlier time periods are lower than the estimates for the most recent period. It is highly unlikely that infant mortality increased by 37 percent (from 35 to 48) during the 10-year period between the estimates. On the contrary, if international trends are any guide, it is more likely that infant and early childhood mortality actually declined during this period. Accordingly, the observed trend is probably more the result of event ommission during data collection for the earlier time periods. If that was the case, the mortality estimates for the most recent time period must be interpreted with caution and are considered minimum estimates for Guyana at the outset of the 21st century.

6.5 DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Table 6.2 presents neonatal, post-neonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey (approximately 1995-2005) by background characteristics. Mortality rates by demographic characteristics are included in Table 6.3. Figure 6.1 graphically displays infant mortality rates by place of residence and wealth quintile. The ten-year period was selected in order to include a sufficient number of cases to study differentials across population groups and lower sampling errors. However, it is useful to keep in mind that even for the ten-year period, sampling errors remain quite large. In the case of estimates for the rural areas —which had the largest number of cases in the sample— the 95 percent confidence intervals for the infant mortality estimate of 42 deaths per 1,000 births are 20 and 63 deaths per 1,000 births, indicating that, given the sample size of the 2005 GAIS, the true value of the infant mortality rate may be 22 points higher or lower than the estimated rate of 42 (see Table B.4.2).

- Infant mortality is higher in urban than in rural areas and children in the wealthiest quintile are about three times as likely to die during the first year of life as children in poor households. This may be due to better reporting of deaths by more educated women and requires further investigation.
- Children born to the oldest mothers have higher mortality rates than children born to mothers age 20-39 and high parity children also have higher neonatal mortality than children of birth orders 2-6. Short birth intervals (i.e., less than 2 years) are clearly associated with higher mortality both during and after infancy, supporting the importance of child spacing for child survival.

Table 6.2 Early childhood mortality rates by background characteristics

Neonatal, post-neonatal, infant, child, and under-five mortality rates for the ten-year period preceding the survey, by background characteristics, Guyana 2005

Background characteristic	Neonatal mortality (NN)	Post-neonatal mortality[1] (PNN)	**Infant mortality** ($_1q_0$)	Child mortality ($_4q_1$)	**Under-five mortality** ($_5q_0$)
Education					
No education	*	*	*	*	*
Primary	(54)	(11)	(65)	(4)	(68)
Secondary	27	11	38	5	43
Higher	*	*	*	*	*
Wealth quintile					
Lowest	22	13	35	5	39
Second	(31)	(8)	(39)	(12)	(50)
Middle	(21)	(10)	(31)	(4)	(34)
Fourth	19	5	24	0	24
Highest	85	16	101	2	102
Residence					
Urban	37	13	50	2	52
Georgetown urban	*36*	*16*	*53*	*1*	*54*
Other urban	*(38)*	*(9)*	*(47)*	*(3)*	*(50)*
Rural	32	9	42	6	47

Note: Rates are expressed per 1,000 births. Rates based on 250 to 499 exposed children are in parentheses. An asterisk indicates that the rate is based on fewer than 250 exposed children and has been suppressed.

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

Figure 6.1 Infant Mortality Rates for the Ten-year Period Preceding the Survey, by Residence and Wealth Quintile

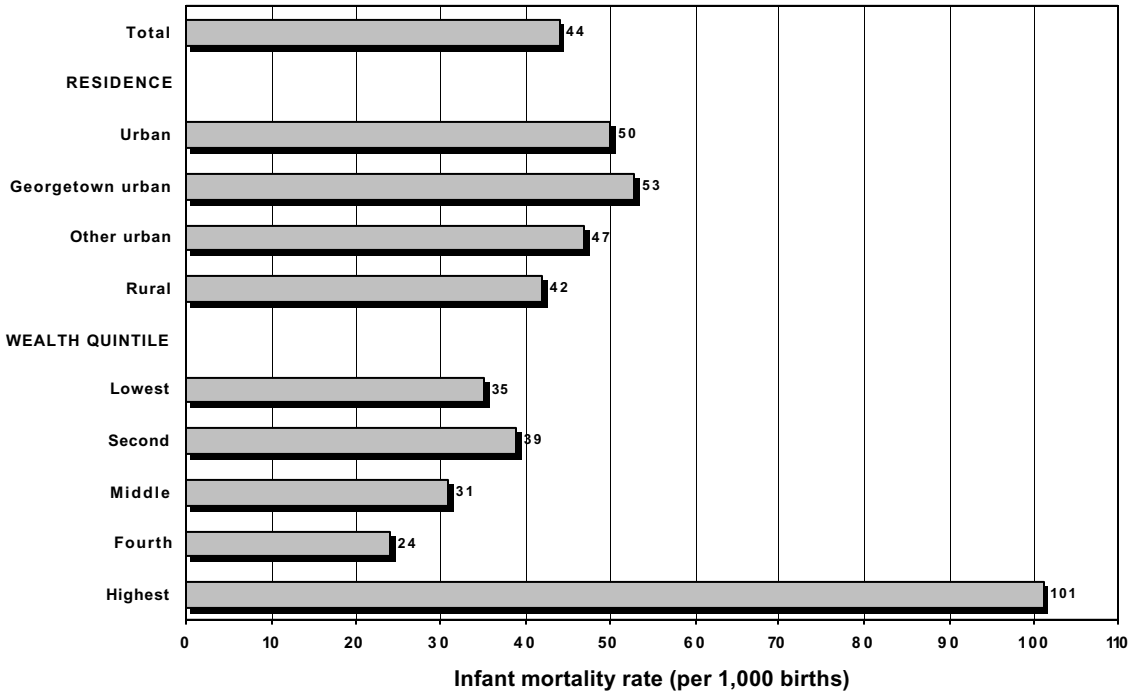


Table 6.3 Early childhood mortality rates by demographic characteristics

Neonatal, post-neonatal, infant, child, and under-five mortality rates for the ten-year period preceding the survey, by demographic characteristics, Guyana 2005

Demographic characteristic	Neonatal mortality (NN)	Post-neonatal mortality[1] (PNN)	**Infant mortality** ($_1q_0$)	Child mortality ($_4q_1$)	**Under-five mortality** ($_5q_0$)
Child's Sex					
Male	40	15	55	8	63
Female	25	5	31	2	32
Mother's age at birth					
<20	(16)	(4)	(20)	(3)	(23)
20-29	32	9	41	6	47
30-39	(48)	(15)	(63)	(4)	(67)
40-49	88	67	155	0	155
Birth order					
1	30	7	37	7	44
2-3	32	8	40	2	42
4-6	(38)	(13)	(51)	(9)	(59)
7+	47	36	83	0	83
Previous birth interval[2]					
<2 years	(64)	(6)	(70)	(10)	(80)
2 years	(16)	(18)	(33)	(1)	(34)
3 years	14	24	38	2	40
4+ years	(27)	(8)	(34)	(0)	(34)

Note: Rates are expressed per 1,000 birhts. Rates based on 250 to 499 exposed children are in parentheses. An asterisk indicates that the rate is based on fewer than 250 exposed children and has been suppressed.
[1]Computed as the difference between the infant and neonatal mortality rates
[2]Excludes first-order births

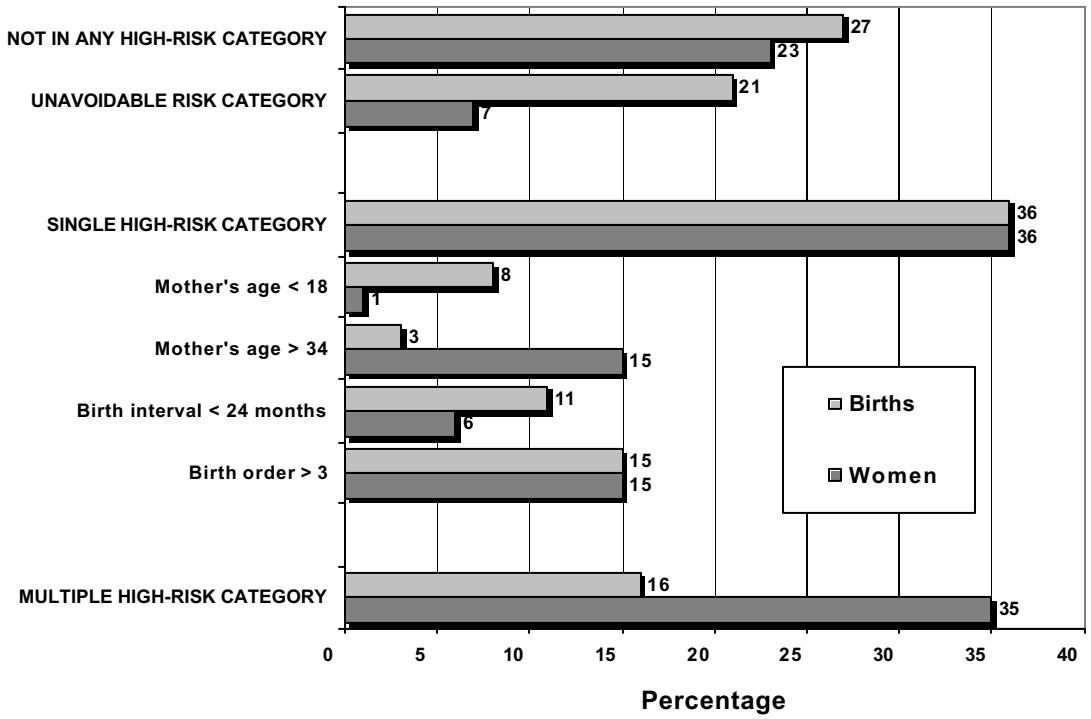
6.6 High-Risk Fertility Behavior

Children have a greater probability of dying if they are born to mothers who are too young or too old, if they are born after a short birth interval, or if they are of high parity. In this analysis, a mother is classified as "too young" if she is less than 18 years of age, and "too old" if she is 35 years of age or oder at the time of delivery. A "short birth interval" is defined by a birth occurring less than 24 months after the previous birth, and a child is of "high birth order" if the mother had previously given birth to three or more living children (i.e., if the child is of birth order 4 or higher). Children can be further cross-classified by combinations of these characteristics. First births, although often at increased risk, are not included in the high-risk category because they are not considered an avoidable risk.

Column 1 in Table 6.4 shows the percentage of children born in the five years preceding the survey who are included in specific risk categories (due to mother's age, time elapsed since previous birth, or number of previous births). In order to calculate the increase in risk attributable to fertility behavior, risk ratios were calculated first for each of the risk categories (see column 2, Table 6.4). The risk ratio is calculated as the proportion of children in the category who have died to the proportion who have died in the not-in-any-risk category (children in the not-in-any-risk category are born to mothers age 18-34, born at an interval of 24 months or more after the previous birth, and are parity 3 or less).

The final column in Table 6.4 presents the distribution of currently married women according to category of increased risk if they were to conceive at the time of the survey. Women who have been sterilized are categorized as not being in a high-risk category. In other words, a woman's current age, time elapsed since last birth, and parity are used to determine into which category her next birth would fall, if she were to conceive at the time of the survey. For example, if a woman age 37, who has five children, and had her last birth three years ago were to become pregnant, she would fall into the multiple risk category of being too old (35 or older) and at too high a parity (4 or more children). Figure 6.2 shows the distribution of women in union and children in high-risk categories.

Figure 6.2 Births in the Last Five Years and Women in Categories of High-Risk Fertility Behavior



Since women who have the potential for a high-risk birth can avoid experiencing the risk by using contraception to avoid the pregnancy (either to space or to limit the pregnancy, depending on which risk category they are in), this analysis should pose a challenge to policymakers and program managers alike—to generate the demand for family planning and to improve the availability of contraceptive methods, so that high-risk births can be avoided.

- Half the children in Guyana (52 percent) are in so-called avoidable high-risk categories, although mostly in single high-risk categories because they are born of high birth order (4 or higher, 15 percent); with a short interval (less than 24 months, 11 percent); or their mother is very young (less than 18 years of age, 8 percent) or old (35 years of age or older, 3 percent).
- Of those 52 percent, almost one-third of births (16 percent) are classified in the multiple high-risk category, mostly because the mother is 35 years or older and the birth order is high (6 percent); and because of a short birth interval (shorter than 24 months) and a high birth order (7 percent). The latter group of children is of particular concern since they are almost seven times more likely to die than children who are not in any high-risk category.
- The births in high-risk categories are associated with 71 percent of the mothers, equally divided in single high-risk and multiple high-risk categories (36 and 35 percent, respectively).

Table 6.4 High-risk fertility behavior

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio; and the percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Guyana 2005

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women[1]
	Percentage of births	Risk ratio	
Not in any high risk category	27.3	1.00	22.9[a]
Unavoidable risk category			
First order births between ages 18 and 34 years	21.0	1.38	6.6
In any avoidable high-risk category	**51.7**	**2.04**	**70.6**
Single high-risk category	*35.9*	*1.24*	*35.8*
Mother's age <18	7.5	0.87	0.5
Mother's age >34	2.6	4.96	14.9
Birth interval <24 months	11.2	1.24	5.7
Birth order >3	14.7	0.76	14.7
Multiple high-risk category	*15.8*	*3.87*	*34.7*
Age <18 & birth interval <24 months[2]	0.7	0.00	0.0
Age >34 & birth interval <24 months	0.4	6.52	0.3
Age >34 & birth order >3	6.1	1.19	29.4
Age >34 & birth interval <24 months & birth order >3	1.6	3.20	1.1
Birth interval <24 months & birth order >3	7.0	6.62	4.0
Total	100.0	na	100.0
Number of births	923	na	1,414

Note: Risk ratio is the ratio of the proportion dead of births in a specific high-risk category to the proportion dead of births *not in any high-risk category* (first row).
na = Not applicable
[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth occurred less than 15 months ago, or latest birth being of order 3 or higher.
[2] Includes the combined categories "age < 18 & birth order >3"
[a] Includes sterilized women

MALARIA AND TUBERCULOSIS 7

7.1 KEY FINDINGS

- Eighty-four percent of all households possess at least one mosquito net of any type. Mosquito net ownership is higher in rural areas (87 percent) than in urban areas (78 percent). However, ownership of insecticide treated nets (ITNs) is much lower, with only 5 percent of all households having at least one ITN.
- Eighty-five percent of pregnant women age 15-49 slept under a mosquito net the night before the survey, compared with 72 percent of all women.
- Roughly three-quarters of men and women (79 percent of women and 74 percent of men) have heard of tuberculosis (TB). Knowledge of TB among women and men increases by age, by education, and by wealth quintile.
- Close to half of women and men who have heard of TB do not know how the disease is transmitted.

7.2 INTRODUCTION

This chapter presents data that are useful for assessing the implementation of malaria control strategies; the availability and use of mosquito nets by women and children; and the prophylactic use of antimalarial drugs. Data are presented which show the percentage of households possessing mosquito nets by category (any nets and insecticide treated nets or ITNs) and the percentage of women and children who slept under a net the night before the survey.

Data are also presented showing, for women who gave birth in the two years preceding the survey, the percentage who took any antimalarial drug during pregnancy. Additionally, among children under age five, information is provided on the percentage who experienced an episode of fever in the two weeks preceding the survey, whether they were treated with antimalarial drugs, the specific drug(s) they received, and the timeliness with which they received drug treatment (the same or next day following onset of fever). Finally, for children taking drugs, the percentage for which the drugs taken were already available in the home at the onset of the fever is shown.

7.3 MALARIA

Malaria—endemic in the hinterland regions (Regions 1, 7, 8, 9, 10, and parts of 2 and 3)—continues to be a major public health concern. It is one of the leading causes of morbidity, especially among young adults and pregnant women. The Ministry of Health (MOH) estimates that over the past ten years, there have been 34,000 cases of malaria each year, representing 11 percent of outpatient cases, while severe malaria accounts for about 3 percent of inpatients. According to MOH statistics, malaria also accounts for close to 1 percent of the deaths in children under the age of five.

Since 2001, Guyana has been involved in the international efforts to control malaria under the Roll Back Malaria (RBM) initiative. The objectives of the initiative are to ensure that by the year 2005 at least 60 percent of those at risk of malaria, particularly pregnant women and children under five, have access to the most suitable and affordable combination of personal and community protective measures such as insecticide treated mosquito nets (ITNs) and prompt, effective treatment for malaria. Another objective is to ensure that at least 90 percent of all pregnant women who are at risk of malaria, especially

those in their first pregnancies, have access to preventive measures and early diagnosis and prompt treatment.

Ownership of Mosquito Nets

The ownership and use of mosquito nets, both treated and untreated, is the primary health intervention for reducing malaria transmission and morbidity in a community prone to the vector—the Anopheles mosquito. There are various types of ITNs available on the market. They include the long-lasting ones that require re-treatment after about five years and others that need to be re-treated every six months or after three washes. Table 7.1 shows the percentage of households with at least one net; the percentage with more than one mosquito net (treated or untreated); and the percentage of households that have at least one and more than one ITN. The results are presented by background characteristics.

- Eighty-four percent of all households possess at least one mosquito net of any type. Mosquito net ownership is higher in rural areas (87 percent) than in urban areas (78 percent). The average number of mosquito nets found per household is two in all residences, whether urban or rural. However, ownership of ITNs is much lower, with only 5 percent of all households having at least one ITN. Again, ownership is higher in rural (6 percent) than in urban areas (2 percent).
- A greater percentage of households in a higher wealth quintile own at least one mosquito net. However, households in the lowest wealth quintile are more likely to report owning at least one ever-treated mosquito net or at least one ITN. These findings probably reflect programmatic efforts of distribution of treated nets to rural and lower income populations.

Table 7.1 Household possession of mosquito nets

Percentage of households with at least one net, percentage with more than one net, and average number of nets per household, by type of mosquito net (any type of net, ever-treated net, and insecticide treated net), according to background characteristics, Guyana 2005

	Any type of mosquito net			Ever-treated mosquito net			Insecticide treated mosquito net (ITN)[1]			
Background characteristic	Percentage of households with at least one net	Percentage of households with more than one net	Average number of nets per household	Percentage of households with at least one net	Percentage of households with more than one net	Average number of ever treated nets per household	Percentage of households with at least one net	Percentage of households with more than one net	Average number of ITNs per household	Number of households
Wealth quintile										
Lowest	78.1	51.6	1.8	17.8	13.5	0.5	15.8	12.7	0.4	475
Second	84.8	56.5	1.7	3.9	2.5	0.1	3.0	1.9	0.1	549
Middle	85.6	66.6	2.0	4.0	2.3	0.1	3.0	1.7	0.1	516
Fourth	86.2	73.6	2.2	3.0	2.0	0.1	2.7	2.0	0.1	532
Highest	84.7	73.8	2.4	3.4	2.6	0.1	2.1	1.6	0.1	536
Residence										
Urban	77.9	59.1	1.9	3.2	1.7	0.1	2.1	1.4	0.0	785
Georgetown urban	*80.3*	*60.7*	*1.9*	*3.5*	*2.2*	*0.1*	*2.3*	*1.7*	*0.1*	*508*
Other urban	*73.4*	*56.3*	*1.8*	*2.5*	*0.8*	*0.0*	*1.8*	*0.8*	*0.0*	*278*
Rural	86.6	67.0	2.1	7.5	5.5	0.2	6.4	4.8	0.2	1,823
Total	84.0	64.6	2.0	6.2	4.4	0.2	5.1	3.8	0.1	2,608

[1]An insecticide treated net (ITN) is a factory treated net that does not require any further treatment; a pretreated net obtained within the past 12 months; or a net that has been soaked with insecticide within the past 12 months

Use of Mosquito Nets by Children

Age is an important factor in determining levels of acquired immunity to malaria. For about six months following birth, antibodies acquired from the mother during pregnancy protect children born in areas of endemic malaria. This immunity is gradually lost and children start to develop their own

immunity to malaria. The pace at which immunity is developed depends on their exposure to malaria infection, and in high malaria-endemic areas, children are thought to have attained a high level of immunity by their fifth birthday. Such children may experience episodes of malaria illness but usually do not suffer from severe, life-threatening malaria. Immunity in areas of low malaria transmission is acquired more slowly and malaria illness affects all age groups of the population.

In the 2005 GAIS, respondents to the Household Questionnaire were asked about the use of mosquito nets by all members of the household the night before the interview. Table 7.2.1 shows the protection afforded to children less than five years of age by various categories of mosquito nets. The table includes the percentage of de facto children under age five years who slept under a mosquito net the night before the survey and the percentage that slept under an ITN, by background characteristics.

Table 7.2.1 Use of mosquito nets by children

Percentage of children under five years of age who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide treated net (ITN) the night before the survey, by background characteristics, Guyana 2005

Background characteristic	Percentage who slept under any net last night	Percentage who slept under an ever-treated net last night[1]	Percentage who slept under an ITN last night[2]	Number of children
Age in months				
< 12	72.7	7.7	6.6	162
12-23	77.2	9.0	7.6	216
24-35	73.4	4.9	4.9	186
36-47	78.6	7.7	7.4	219
48-59	68.6	7.2	5.2	237
Sex				
Male	75.2	7.5	6.8	540
Female	72.8	7.2	5.9	480
Wealth quintile				
Lowest	70.8	16.4	14.7	292
Second	78.9	3.9	2.1	224
Middle	70.6	5.0	5.0	180
Fourth	76.5	0.4	0.4	147
Highest	75.2	5.1	4.2	178
Residence				
Urban	63.8	2.9	1.9	275
Georgetown urban	*63.4*	*4.1*	*2.4*	*167*
Other urban	*64.5*	*1.1*	*1.1*	*107*
Rural	77.9	9.0	8.0	746
Total	74.1	7.4	6.4	1,021

[1]An ever-treated net is a pretreated net, or a non-pretreated net which has subsequently been soaked with insecticide at any time
[2]An insecticide treated net (ITN) is a factory treated net that does not require any further treatment; or a pretreated net obtained within the past 12 months; or a net that has been soaked with insecticide within the past 12 months

- Roughly three-quarters of children under five slept under a mosquito net the night before the survey. However, only 7 percent slept under a net that had ever been treated and 6 percent slept under an ITN the previous night, probably revealing the newness of treated types of nets in the country.
- Though there is some variation in percentages, the use of mosquito nets does not appear to be particularly associated with children's age. A slightly higher percentage of male children under five slept under the different types of net, compared with female children.
- Consistent with previous findings, relatively more children under five living in households of the lowest wealth quintiles slept under an ever-treated net (16 percent) or an ITN (15 percent) than children in households in the higher wealth quintiles (4 and 5 percent, respectively).

Use of Mosquito Nets by Women

In malaria-endemic areas adults usually have acquired some degree of immunity to severe, life-threatening malaria. However, pregnancy leads to a depression of the immune system so that pregnant women, especially those in their first pregnancy, have a higher risk to malaria. Moreover, these malaria episodes may be asymptomatic and lead to malaria-induced anemia and may interfere with the mother-fetus exchange of nutrients resulting in low birth-weight births. During pregnancy women can reduce the risk of the adverse effects of malaria by sleeping under insecticide-treated mosquito nets. Table 7.2.2 presents the use of mosquito nets by all women and pregnant women. The table shows the percentage of women age 15-49 who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an Insecticide Treated Net (ITN) the night before the survey, by background characteristics.

- The proportion of women who slept under a mosquito net the night before the survey is similar to that of children under five (74 percent in Table 7.2.1). A higher percentage of pregnant women slept under a net than the percentage of all women who slept under a net (85 and 72 percent respectively).
- More rural than urban women (75 vs. 63 percent) and seemingly less educated than more educated women slept under any net, but there was no clear pattern regarding women's wealth.
- Relatively more rural and poorer women slept under a treated net than urban or wealthier women. Small numbers preclude the analysis by characteristics among pregnant women.

Table 7.2.2 Use of mosquito nets by women

Percentage of all women age 15-49 and pregnant women age 15-49 who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an Insecticide Treated Net (ITN) the night before the survey, by background characteristics, Guyana 2005

	Percentage of all women age 15-49 who:				Percentage of pregnant women age 15-49 who:			
Background characteristic	Slept under a net last night	Slept under an ever-treated net last night[1]	Slept under an ITN last night[2]	Number of women	Slept under a net last night	Slept under an ever-treated net last night[1]	Slept under an ITN last night[2]	Number of women
Education								
No education	(77.2)	(10.3)	(10.3)	30	*	*	*	3
Primary	75.7	5.0	4.6	475	*	*	*	16
Secondary	70.9	3.9	3.1	2,016	84.7	3.9	1.4	64
Higher	68.6	4.6	4.4	241	*	*	*	8
Wealth quintile								
Lowest	67.8	12.8	11.9	414	*	*	*	18
Second	73.4	3.3	2.6	534	*	*	*	22
Middle	69.4	2.3	2.0	587	*	*	*	13
Fourth	75.3	2.2	2.1	602	*	*	*	21
Highest	71.2	3.1	1.9	625	*	*	*	17
Residence								
Urban	63.1	2.1	1.5	847	(81.4)	(2.4)	(2.4)	24
Georgetown urban	*63.9*	*2.2*	*1.4*	*547*	*	*	*	*12*
Other urban	*61.5*	*1.9*	*1.7*	*300*	*	*	*	*12*
Rural	75.4	5.2	4.5	1,914	(86.8)	(4.9)	(2.5)	67
Total	71.6	4.2	3.6	2,761	85.4	4.3	2.5	91

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]An ever-treated net is a pretreated net, or a non-pretreated net which has subsequently been soaked with insecticide at any time
[2]An insecticide treated net (ITN) is a factory treated net that does not require any further treatment; a pretreated net obtained within the past 12 months; or a net that has been soaked with insecticide within the past 12 months

Knowledge about Diagnosis and Treatment for Malaria

In areas affected by malaria in Guyana, the first priorities are for prompt and efficient diagnosis, and adequate treatment. The effectiveness of case management depends to some extent on community knowledge, understanding, awareness of services, and appropriate actions taken in a timely manner. One of the reasons for high malaria mortality is late presentation of cases or the failure to seek treatment from health facilities even when they are available. Table 7.3 presents data on men and women's knowledge of malaria among people in the community and about diagnosis and availability of treatment for malaria in Guyana.

- Twenty percent of women surveyed know someone who has had malaria in the last three months. The proportion is highest among women who are younger (age 15-19), more educated, and belonging to the lowest wealth quintile (24, 25, and 30 percent, respectively). There is relatively more knowledge among men (29 percent), and differentials are also found by residence (e.g., 34 vs. 27 percent among urban and rural men, respectively), but not as pronounced (e.g., regarding education) or clear (e.g., regarding wealth) as for women.

Table 7.3 Knowledge about diagnosis and treatment for malaria

Percentage of women age 15-49 who know someone who got malaria in the last three months and percentage who know a place where a person can get diagnosis and treatment for malaria; and among these, the percentage who report specific places, by background characteristics, Guyana 2005

Background characteristic	Know someone who has malaria and where to get treatment			Knowledge of specific places for diagnosis or treatment of malaria							
	Percentage who know someone with malaria	Percentage who know where to get diagnosis or treatment	Number of respondents	Public hospital	Public health center	Other public	Private hospital	Pharmacy	Private doctor	Other	Number of respondents
WOMEN											
Age											
15-19	23.6	62.5	456	85.6	14.5	0.5	11.9	0.2	3.5	1.4	285
20-34	19.7	70.9	1,087	83.9	13.7	1.5	8.9	0.3	3.2	0.8	771
35-49	18.4	69.8	882	86.8	10.2	0.9	7.4	0.2	4.1	0.3	616
Education											
No education	*	*	25	*	*	*	*	*	*	*	12
Primary	14.8	56.2	487	85.6	9.0	1.7	5.3	0.6	3.6	0.2	274
Secondary	20.9	71.1	1,721	85.1	13.1	1.0	9.2	0.2	3.7	0.6	1,224
Higher	24.9	84.2	192	86.9	13.6	0.7	12.8	0.0	3.0	2.5	161
Wealth index											
Lowest	30.2	71.0	377	64.1	33.8	3.7	2.1	0.6	0.8	0.2	268
Second	19.5	60.2	485	92.3	9.2	0.4	7.5	0.2	1.0	0.2	292
Middle	18.1	66.7	508	90.3	6.0	0.8	7.3	0.0	5.0	0.5	339
Fourth	18.4	69.1	526	87.3	10.6	0.4	9.4	0.4	3.6	1.2	363
Highest	16.3	77.4	529	88.2	8.2	0.8	15.0	0.1	6.1	1.0	410
Region											
Urban	21.7	75.7	741	89.6	10.0	0.4	8.6	0.2	3.4	1.0	561
Georgetown urban	*22.1*	*73.5*	*458*	*94.2*	*3.3*	*0.7*	*11.9*	*0.2*	*2.8*	*1.3*	*337*
Other urban	*21.1*	*79.4*	*283*	*82.7*	*20.1*	*0.0*	*3.6*	*0.2*	*4.1*	*0.5*	*224*
Rural	19.2	65.9	1,684	83.1	13.9	1.5	9.0	0.3	3.7	0.5	1,111
Total	20.0	68.9	2,425	85.3	12.6	1.1	8.8	0.2	3.6	0.7	1,672
MEN											
Age											
15-19	25.7	58.3	391	80.1	17.8	0.3	6.9	1.2	6.0	2.0	228
20-34	31.0	69.2	816	84.7	14.5	0.9	11.0	1.3	4.9	0.6	564
35-49	27.7	73.9	669	87.5	12.9	0.4	8.1	0.7	3.8	0.0	494
Education											
No education	(14.6)	(34.3)	29	*	*	*	*	*	*	*	10
Primary	27.6	61.0	407	87.7	11.4	1.5	10.3	0.0	4.1	0.0	248
Secondary	29.1	69.5	1,280	83.6	15.8	0.4	8.2	1.5	5.1	0.7	890
Higher	30.9	86.6	159	90.3	9.8	0.2	13.9	0.5	3.4	0.8	137
Wealth index											
Lowest	33.4	70.1	331	55.3	39.6	1.3	4.0	1.5	3.0	0.0	232
Second	26.5	61.4	389	89.4	9.4	0.5	9.2	0.4	7.2	1.3	239
Middle	26.4	65.8	381	92.8	6.7	0.3	8.5	0.8	5.3	0.5	250
Fourth	27.4	67.4	398	93.7	9.9	0.5	7.8	1.0	2.7	0.0	268
Highest	30.6	78.7	377	90.2	9.6	0.6	14.8	1.5	5.2	1.2	296
Region											
Urban	33.7	75.1	534	89.1	12.3	0.9	9.3	2.4	3.9	1.0	401
Georgetown urban	*35.8*	*77.6*	*328*	*92.4*	*9.2*	*1.3*	*12.7*	*2.2*	*4.3*	*1.1*	*255*
Other urban	*30.2*	*71.2*	*206*	*83.3*	*17.7*	*0.1*	*3.3*	*2.9*	*3.0*	*0.7*	*147*
Rural	26.8	66.0	1,341	83.1	15.4	0.5	9.1	0.4	5.0	0.4	884
Total	28.7	68.6	1,875	85.0	14.5	0.6	9.1	1.1	4.7	0.6	1,286

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

- Almost 70 percent of women and men know where to go for the diagnosis or treatment of malaria, and such knowledge is higher at older ages, with higher levels of education and wealth, and for respondents who live in urban areas. An overwhelming majority of women and men (85 percent each) named a public hospital as a source for diagnosis or treatment. Only 9 percent of women and men named a private hospital as a place for diagnosis and treatment. Knowledge of places for diagnosis and treatment is generally unaffected by respondents' education or age (except for men, where younger men were less able to mention public hospitals); however, percentages were lower for respondents in the lowest wealth index or living in rural areas.

Malaria during Pregnancy

In high malaria-endemic areas, it is common health policy that pregnant women receive prophylactic Intermittent Preventive Treatment (IPT) with antimalarial drugs. However in Guyana and the rest of the Americas where unstable malaria exist, the policy has been for the use of preventive measures such as ITN and for early diagnosis and prompt treatment. It is also likely that some women are not sure of the type of drug they took during pregnancy or gave to their children.

Questions on IPT with antimalarial drugs during the last pregnancy in the last five years were included in the 2005 GAIS. However, due to the small number of cases of mothers with malaria, Table 7.4 shows the only information available from the 2005 GAIS: the percentage of women with a birth in the five years preceding the survey who took any antimalarial drug for prevention of malaria during their most recent pregnancy.

- Around 3 percent of women took any antimalarial drug during their pregnancy, only 1 percent in urban areas.
- The percentage who took any antimalarial drug is also lower for more recent births and those of a low birth order (2 or 3).

Table 7.4 Use of antimalarial drugs by women during pregnancy

Percentage of women who took any antimalarial drugs for prevention of malaria during pregnancy for the last birth in the five years preceding the survey, by background characteristics, Guyana 2005

Background characteristic	Percentage who took any antimalarial drug	Number of women
Birth order		
2-3	1.7	86
4-6	3.1	65
Timing of birth		
< 1 year ago	2.1	158
1+ year ago	3.1	184
Education		
No education	*	6
Primary	1.8	80
Secondary	2.9	234
Higher	(0.0)	22
Wealth quintile		
Lowest	3.8	97
Second	1.4	81
Middle	0.0	54
Fourth	5.0	54
Highest	2.7	55
Residence		
Urban	1.2	101
Georgetown urban	*2.0*	*61*
Other urban	*0.0*	*40*
Rural	3.2	241
Total	2.6	341

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

Prevalence and Management of Childhood Malaria

Since the major manifestation of malaria is fever, in the 2005 GAIS mothers were asked whether their children under age five had a fever in the two weeks preceding the survey. Although fever can occur all year round, malaria is more prevalent during the rainy season, and such temporal factors must be taken into account when interpreting the occurrence of fever as an indicator of malaria prevalence. If a fever was reported, the mother was asked whether treatment was sought at a health facility and whether the child was given any medication and, if so, how soon the medication was taken after the episode of illness started.

Table 7.5 shows, by background characteristics, the percentage of children under age five with fever in the two weeks preceding the survey, and among children with fever, the percentage for whom treatment was sought from a health facility or provider; the percentage who took antimalarial drugs; and the percentage who took antibiotics. Ideally, the percentage who took antimalarial drugs the same or next day and the specific types of drugs would be included in the table, but this is not possible since only 1 percent of children took antimalarial drugs.

- Approximately one-fifth of children under age five had a fever in the two weeks preceding the survey. The probability of having a fever in the two weeks preceding the survey does not differ greatly by wealth quintile or by education. However, children living in rural areas were more likely to have had a fever in the two weeks preceding the survey than children living in urban areas (23 vs. 15 percent, respectively).
- Among those children under five sick with fever, 54 percent were taken for treatment to a health facility or to a health provider. Only 1 percent of these children received antimalarial drugs, while 14 percent took antibiotic drugs. Further analysis by women's or household characteristics is not possible in this data subset due to the small number of cases.

Table 7.5 Prevalence and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey and the percentage of children with fever for whom treatment was sought from a health facility or provider, the percentage who took antimalarial drugs, and the percentage who took antibiotic drugs, by background characteristics, Guyana 2005

	Children with fever		Treatment sought/received specific treatment				
Background characteristic	Percentage with fever in the two weeks preceding the survey	Number of children	Percentage for whom treatment was sought from a health facility or provider[1]	Percentage who took antimalarial drugs	Percentage who took antimalarial drugs same day or next day	Percentage who took antibiotic drugs	Number of children with fever
Age in months							
<6	14.5	69	*	*	*	*	10
6-11	29.6	90	(61.8)	(2.1)	(2.1)	(13.5)	26
12-23	24.7	200	(60.6)	(0.0)	(0.0)	(11.1)	49
24-35	17.9	167	(38.7)	(0.0)	(0.0)	(8.3)	30
36-47	17.7	191	(51.7)	(4.0)	(0.0)	(14.8)	34
48-59	21.0	201	(54.8)	(0.0)	(0.0)	(20.4)	42
Sex							
Male	20.3	490	50.5	0.5	*	19.0	100
Female	21.5	429	57.1	1.5	*	8.0	92
Type of cooking fuel							
Electricity	*	8	*	*	*	*	1
LPG, natural gas	17.4	402	54.9	0.8	*	16.2	70
Biogas	*	3	*	*	*	*	0
Kerosene	21.7	374	52.6	1.7	*	15.0	81
Coal, lignite	*	1	*	*	*	*	0
Charcoal	*	1	*	*	*	*	1
Firewood, straw	29.8	127	56.0	0.0	*	7.3	38
Other	*	3	*	*	*	*	0
Education							
No education	26.9	13	*	*	*	*	3
Primary	23.3	212	52.3	0.0	0.0	17.5	49
Secondary	19.6	655	56.0	1.5	0.4	11.6	128
Higher	26.8	39	*	*	0.0	*	10
Wealth quintile							
Lowest	23.4	257	55.4	0.0	0.0	14.8	60
Second	21.1	205	(63.8)	(3.1)	(0.0)	(16.8)	43
Middle	20.5	150	(40.2)	(0.0)	(0.0)	(2.1)	31
Fourth	19.7	135	(52.5)	(2.0)	(2.0)	(11.6)	27
Highest	18.1	173	(50.9)	(0.0)	(0.0)	(20.6)	31
Residence							
Urban	14.9	262	(47.2)	(1.4)	(1.4)	(7.5)	39
Georgetown urban	*14.9*	*158*	*(40.0)*	*(2.3)*	*(2.3)*	*(5.3)*	*24*
Other urban	*14.8*	*104*	*(58.1)*	*(0.0)*	*(0.0)*	*(10.8)*	*15*
Rural	23.3	657	55.4	0.9	0.0	15.3	153
Total	20.9	919	53.7	1.0	0.3	13.7	192

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
LPG = Liquified petroleum gas
[1]Excludes pharmacy, shop, and traditional practitioner

7.4 ACUTE RESPIRATORY INFECTION

Acute lower respiratory tract infection (ARI), primarily pneumonia, is a common cause of illness and death in infancy and childhood. Early diagnosis and treatment with antibiotics can prevent a large proportion of these ARI/pneumonia deaths. Its prevalence was estimated in the 2005 GAIS by asking mothers if their children had experienced coughing, accompanied by short, rapid breathing, in the two weeks preceding the survey. Questions were also included on whether treatment was sought from a health facility or provider and whether the child received antibiotics.

Table 7.6 shows the percentage of children under five years who had symptoms of ARI in the two weeks preceding the survey. Due to the smal number of children with symptoms, data on treatment sought are not presented in the table.

- Eight percent of children under five had symptoms of ARI in the two weeks preceding the survey. The highest percentage of children with symptoms of ARI is found among children living in households in the lowest wealth quintile (11 percent). Conversely, the lowest percentage is found among those living in households in the highest wealth quintile (5 percent).
- There is a slight increase in the prevalence of symptoms of ARI among rural children (9 percent) compared with the urban children (6 percent). Other characteristics are not clearly associated with variation in percentages, or numbers are too small for valid comparisons.

Table 7.6 Prevalence of symptoms of ARI

Percentage of children under five who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, by background characteristics, Guyana 2005

Background characteristic	Percentage with symptoms[1]	Number of children under 5
Age in months		
<6	5.0	69
6-11	9.2	90
12-23	10.3	200
24-35	5.8	167
36-47	7.2	191
48-59	8.4	201
Sex		
Male	8.0	490
Female	7.8	429
Type of cooking fuel		
Electricity	*	8
LPG/natural gas	7.2	402
Biogas	*	3
Kerosene	7.3	374
Coal, lignite	*	1
Charcoal	*	1
Firewood, straw[2]	12.0	127
Other	*	3
Education		
No education	*	13
Primary	5.4	212
Secondary	7.9	655
Higher	(17.8)	39
Wealth quintile		
Lowest	10.7	257
Second	8.8	205
Middle	6.8	150
Fourth	6.4	135
Highest	4.9	173
Residence		
Urban	5.9	262
Georgetown urban	*7.5*	*158*
Other urban	*3.3*	*104*
Rural	8.7	657
Total	7.9	919

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
LPG = Liquified petroleum fuel
[1]Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related) is considered a proxy for pneumonia
[2]Includes grass, shrubs, crop residues

7.5 TUBERCULOSIS

Over the last ten years tuberculosis (TB) rates have increased almost three-fold in Guyana. This increase is observed mainly among young adults in the most populated regions of the country, and mirrors closely the patterns seen for HIV and AIDS. The current incidence of TB is 80 per 100,000 with more than 600 new cases seen every year. WHO estimates that about 800 new cases occur annually in Guyana.

Diagnostic and treatment services are available through the MoH TB Control Program now implementing the WHO-recommended, directly observed treatment short-course (DOTS) strategy in four of the 10 administrative regions at six treatment centers. The rate of diagnosis of TB using sputum smear microscopy is about 48 percent, with the majority of diagnoses made by x-rays and clinical features. Cure rates are above 80 percent—WHO target—in the regions where DOTS is implemented but falls well below this target in the other regions.

Knowledge among the general public about TB and its clinical manifestations delay the seeking of early treatment for the disease. Attitudes and common beliefs especially about treatment and cure leads to stigmatization, and even when correct diagnosis is made cure may not be achieved. Tables 7.7.1 and 7.7.2 present the results on overall attitudes and knowledge of TB among women and men, respectively, while Table 7.8 presents data on specific knowledge about the transmission of TB. Knowledge about diagnosis and treatment for tuberculosis is presented in Table 7.9.

- Nearly 80 percent of women have heard of tuberculosis. Knowledge of TB among women increases by age, by education, and by wealth quintile. Knowledge of TB among women living in urban areas is higher than in women living in rural areas (87 and 75 percent respectively).
- Among women with knowledge of tuberculosis, 41 percent report that TB is spread through the air (by coughing). Knowledge is lower if the woman is young (38 percent among age 15-19), has lower education (29 percent), or lives in a poorer household (35 percent) or in rural areas (36 percent).
- In addition, 43 percent of women with TB knowledge believe that TB can be cured (with small differences by age, education, and residence); and 13 percent would want a family member's TB to be kept a secret. The latter indicator—which reveals the degree of stigma attached to TB—produces some differences: almost twice as many young women age 15-19 would want to keep secret a family TB case than among the 35-49 year olds (19 and 10 percent, respectively). Contrasts are also seen between women with primary and higher education (13 vs. 7 percent), and women in the lowest versus the highest wealth quintile (14 vs. 9 percent).

Table 7.7.1 Knowledge and attitudes concerning tuberculosis: Women

Percentage of women age 15-49 who have heard of tuberculosis, and among women who have heard of TB, the percentage who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep secret that a family member has TB, by background characteristics, Guyana 2005

	Have heard of TB		Specific knowledge and attitude			
Background characteristic	Percentage	Number of women	Report that TB is spread through the air by coughing	Believe that TB can be cured	Would want a family member's TB kept secret	Number of women who have heard of TB
Age						
15-19	71.2	456	34.8	38.4	19.3	325
20-34	78.8	1,087	41.9	43.2	12.0	857
35-49	82.4	882	43.8	45.7	10.1	726
Education						
No education	*	25	3.7	*	*	14
Primary	68.2	487	29.1	34.6	12.6	332
Secondary	79.9	1,721	41.0	44.3	13.2	1,376
Higher	96.8	192	69.6	52.3	6.8	185
Wealth quintile						
Lowest	68.8	377	35.0	44.5	14.0	259
Second	72.6	485	36.9	40.0	18.9	352
Middle	77.3	508	32.7	41.6	12.1	393
Fourth	82.0	526	46.2	44.2	10.7	431
Highest	89.3	529	51.2	45.8	8.9	473
Residence						
Urban	87.0	741	51.4	47.8	12.1	645
Georgetown urban	*88.3*	*458*	*55.1*	*48.2*	*12.2*	*405*
Other urban	*85.0*	*283*	*45.2*	*47.1*	*12.0*	*240*
Rural	75.0	1,684	36.3	41.0	12.7	1,263
Total	78.7	2,425	41.4	43.3	12.5	1,908

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

- Regarding men, almost three-quarters have heard of tuberculosis. Knowledge of TB among men also increases by age, education, and wealth quintile. Knowledge of TB among men living in urban areas is also higher than among men living in rural areas.
- Among men with knowledge of TB, 44 percent report that TB is spread through the air; 40 percent believe that TB can be cured; and 13 percent would want a family member's TB to be kept a secret. As with women, there are contrasts depending on age, education, wealth, and residence of men, though less marked than with women (in particular on the stigma indicator).

Table 7.7.2 Knowledge and attitudes concerning tuberculosis: Men

Percentage of men who have heard of tuberculosis, and among men who have heard of TB, the percentage who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep secret that a family member has TB, by background characteristics, Guyana 2005

	Have heard of TB		Specific knowledge and attitude			
Background characteristic	Percentage	Number of men	Report that TB is spread through the air by coughing	Believe that TB can be cured	Would want a family member's TB kept secret	Number of men who have heard of TB
Age						
15-19	58.5	391	39.5	38.8	19.3	228
20-34	74.5	816	42.7	38.8	13.3	608
35-49	82.7	669	46.8	42.9	10.5	553
Education						
No education	(29.2)	29	*	*	*	9
Primary	69.6	407	36.5	37.1	12.0	283
Secondary	74.1	1,280	43.4	40.7	13.5	949
Higher	94.1	159	59.2	45.2	12.8	149
Wealth quintile						
Lowest	60.4	331	37.7	47.8	13.6	200
Second	67.3	389	34.6	31.0	12.0	262
Middle	71.0	381	41.9	40.8	12.6	270
Fourth	82.2	398	50.8	40.4	15.5	327
Highest	87.8	377	49.4	43.1	12.0	331
Residence						
Urban	83.9	534	52.4	43.3	10.9	448
Georgetown urban	*88.4*	*328*	*56.5*	*45.7*	*11.0*	*290*
Other urban	*76.6*	*206*	*44.8*	*39.0*	*10.6*	*158*
Rural	70.2	1,341	39.7	39.1	14.3	941
Total	74.1	1,875	43.8	40.4	13.2	1,389

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

- Close to half of women and men who have heard of TB do not know how the disease is transmitted (see Table 7.8).
- Among those who report knowing about transmission, 41 percent of women and 44 percent of men report that TB can be transmitted from person to person by air (from coughing or sneezing).
- Differences by respondents' characteristics are as expected, favoring older, more educated, wealthier and urban women and men (though typically less contrasting with men). One percent of women and men believe that TB can be transmitted from person to person by touching a person with TB, through food, by sexual contact, or from a mosquito bite.
- Close to half of women and men who have heard of TB do not know how the disease is transmitted.

Table 7.8 Specific knowledge about transmission of tuberculosis

Among women and men age 15-49 who have heard of TB, the percentages who know specific ways of transmission of TB from person to person, by background characteristics, Guyana 2005

Background characteristic	Percentage who don't know specific ways	Percentage who report that TB can be transmitted from person to person by: Air from coughing or sneezing	Sharing utensils	Touching a person with TB	Through food	Sexual contact	Mosquito bite	Other	Number of women/ men
WOMEN									
Age									
15-19	57.8	34.8	8.1	0.8	1.1	2.7	0.2	0.9	325
20-34	51.0	41.9	9.8	0.8	0.2	0.9	1.3	1.7	857
35-49	43.9	43.8	18.3	1.0	1.9	0.6	0.8	3.1	726
Education									
No education	*	*	*	*	*	*	*	*	14
Primary	63.8	29.1	8.9	0.0	0.6	0.2	1.3	0.7	332
Secondary	49.1	41.0	13.5	0.9	1.0	1.3	1.0	2.2	1,376
Higher	23.5	69.6	15.1	2.5	1.4	1.5	0.0	3.8	185
Wealth index									
Lowest	53.1	35.0	17.3	0.0	0.6	0.4	1.0	0.5	259
Second	53.3	36.9	12.3	0.3	1.4	0.6	0.5	3.1	352
Middle	59.2	32.7	10.8	0.3	1.1	1.3	1.5	2.2	393
Fourth	44.8	46.2	12.1	0.8	0.6	1.1	1.5	2.9	431
Highest	40.7	51.2	12.8	2.3	1.2	1.8	0.3	1.4	473
Residence									
Urban	39.3	51.4	14.6	1.0	0.6	1.4	0.3	3.2	645
Georgetown urban	*34.5*	*55.1*	*15.8*	*1.1*	*0.4*	*1.5*	*0.5*	*3.7*	*405*
Other urban	*47.3*	*45.2*	*12.5*	*0.7*	*0.7*	*1.1*	*0.0*	*2.2*	*240*
Rural	54.6	36.3	11.8	0.8	1.2	1.0	1.2	1.6	1,263
Total	49.4	41.4	12.8	0.9	1.0	1.1	0.9	2.1	1,908
MEN									
Age									
15-19	52.7	39.5	10.1	2.0	0.3	3.4	1.4	1.1	228
20-34	50.0	42.7	11.1	1.1	0.5	1.2	1.8	1.8	608
35-49	42.9	46.8	12.8	1.4	1.6	0.9	0.9	2.9	553
Education									
No education	*	*	*	*	*	*	*	*	9
Primary	54.6	36.5	11.8	0.0	0.8	0.5	0.9	1.9	283
Secondary	48.0	43.4	11.9	1.5	0.8	1.9	1.7	2.2	949
Higher	32.0	59.2	9.9	3.5	1.8	0.4	0.5	2.5	149
Wealth index									
Lowest	54.6	37.7	16.7	0.0	0.0	2.2	1.4	1.5	200
Second	57.9	34.6	10.2	0.9	0.9	0.7	0.7	2.1	262
Middle	46.9	41.9	11.6	1.3	0.8	1.4	2.3	3.7	270
Fourth	42.6	50.8	10.2	1.7	1.3	1.5	0.0	2.4	327
Highest	40.8	49.4	11.1	2.4	1.2	1.5	2.4	1.0	331
Residence									
Urban	39.2	52.4	12.7	1.9	0.8	2.6	1.2	1.5	448
Georgetown urban	*35.4*	*56.5*	*12.8*	*2.5*	*1.3*	*2.7*	*1.3*	*1.2*	*290*
Other urban	*46.0*	*44.8*	*12.4*	*0.9*	*0.0*	*2.4*	*1.1*	*2.2*	*158*
Rural	51.6	39.7	11.1	1.2	0.9	0.9	1.4	2.4	941
Total	47.6	43.8	11.6	1.4	0.9	1.4	1.4	2.1	1,389

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

Table 7.9 Knowledge of places for diagnosis and treatment for tuberculosis

Among men and women 15-49 who have heard of TB, the percentage who know a place where a person can get diagnosis and treatment for TB; and among them, the percentage who report specific places, by background characteristics, Guyana 2005

Background characteristic	Knowledge of a place for diagnosis/treatment		Knowledge of specific places for diagnosis or treatment							
	Percentage of men/ women	Number who have heard of TB	Public hospital	Public health center	Other public	Private hospital	Pharmacy	Private doctor	Other	Number of men/women who know a place
WOMEN										
Age										
15-19	67.2	325	95.6	6.2	1.3	10.1	0.0	2.5	0.3	218
20-34	71.8	857	92.8	6.6	0.8	7.5	0.6	1.9	0.9	615
35-49	73.8	726	95.3	5.1	1.3	6.1	0.1	2.4	0.1	536
Education										
No education	*	*	*	*	*	*	*	*	*	4
Primary	61.4	332	95.8	1.7	1.4	5.1	0.4	3.9	0.3	204
Secondary	72.5	1,376	94.2	5.8	1.0	7.5	0.2	1.8	0.5	998
Higher	87.7	185	91.9	12.1	0.9	9.7	0.9	2.2	0.8	163
Wealth index										
Lowest	65.7	259	87.1	13.5	2.5	3.2	0.0	0.8	0.0	171
Second	64.4	352	97.4	4.1	0.3	8.0	1.0	0.2	0.4	227
Middle	71.8	393	96.5	4.1	2.0	5.8	0.5	2.1	0.5	282
Fourth	71.5	431	95.0	4.9	0.4	6.7	0.0	2.4	1.0	308
Highest	80.7	473	93.1	5.9	0.8	10.5	0.2	3.8	0.3	382
Residence										
Urban	79.3	645	95.6	5.8	0.7	7.0	0.3	1.9	0.8	511
Georgetown urban	*77.4*	*405*	*95.6*	*5.2*	*1.1*	*10.1*	*0.5*	*2.3*	*1.1*	*313*
Other urban	*82.7*	*240*	*95.5*	*6.8*	*0.0*	*2.2*	*0.0*	*1.3*	*0.3*	*199*
Rural	67.9	1,263	93.4	6.0	1.3	7.6	0.3	2.4	0.3	857
Total	71.8	1,908	94.2	5.9	1.1	7.4	0.3	2.2	0.5	1,369
MEN										
Age										
15-19	60.3	228	88.3	10.8	1.5	7.2	2.2	2.0	0.8	138
20-34	65.6	608	94.2	6.6	0.4	7.5	0.5	3.9	0.4	398
35-49	68.5	553	92.7	5.9	0.4	6.0	0.6	3.0	0.4	379
Education										
No education	*	*	*	*	*	*	*	*	*	2
Primary	55.7	283	90.1	8.4	0.0	5.5	0.0	4.4	0.0	158
Secondary	66.1	949	92.9	6.7	0.7	7.2	0.8	3.2	0.4	627
Higher	86.2	149	95.5	5.6	0.5	6.8	1.8	2.1	1.2	129
Wealth index										
Lowest	61.8	200	74.5	21.8	0.0	6.0	0.0	2.1	0.0	123
Second	58.2	262	96.9	1.5	0.4	2.8	0.0	6.8	0.9	152
Middle	65.6	270	94.7	5.7	1.6	9.3	0.1	2.8	0.0	177
Fourth	65.7	327	98.0	3.4	0.3	3.1	2.0	0.8	1.0	215
Highest	74.9	331	93.2	6.8	0.3	11.3	1.1	4.1	0.2	248
Residence										
Urban	75.6	448	95.9	7.1	1.0	6.3	1.3	2.6	0.3	339
Georgetown urban	*79.4*	*290*	*96.3*	*7.5*	*1.5*	*8.2*	*1.4*	*2.9*	*0.2*	*231*
Other urban	*68.6*	*158*	*95.0*	*6.1*	*0.0*	*2.1*	*1.1*	*2.1*	*0.6*	*108*
Rural	61.3	941	90.9	6.8	0.2	7.2	0.5	3.6	0.5	577
Total	65.9	1,389	92.7	6.9	0.5	6.8	0.8	3.3	0.4	915

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

HIV/AIDS-RELATED KNOWLEDGE 8

8.1 KEY FINDINGS

- Almost everybody in Guyana (about 98 percent the population) has heard of HIV/AIDS.
- Awareness of the modes of HIV transmission is high, with almost 75 percent of adults knowing that having only one uninfected, faithful partner can reduce the chance of contracting HIV.
- Knowledge of other means of avoiding HIV transmission—using condoms and limiting sex to one uninfected partner who has no other partners—is relatively high, with 76 percent of women and 81 percent of men citing both methods.
- Correct knowledge of mother-to-child-transmission (MTCT), (i.e., that HIV can be transmitted by breastfeeding and that the risk of MTCT can be reduced by the mother taking drugs during pregnancy) is relatively low—39 percent for women and 28 percent for men.
- A high proportion of the population rejects misconceptions related to HIV: at least 4 in 5 adults know that a healthy-looking person may be HIV positive, and almost the same proportion know that HIV cannot be transmitted by supernatural means.
- Barely half of respondents have a comprehensive knowledge of HIV/AIDS transmission and prevention methods: 50 percent of women and 45 percent of men know condom use and limiting sex to one uninfected partner as HIV prevention methods; are aware that a healthy looking person can have the AIDS virus; and reject the two most common local misconceptions.

8.2 INTRODUCTION

Chapters 8 through 11 provide information on the following programmatic concerns:

- AIDS-related knowledge and attitudes
- Communication, stigma, and discrimination related to HIV/AIDS
- Recognition of STIs other than HIV/AIDS, STI self-reports, and responses to STI illness
- Experience with and attitudes toward HIV-testing
- Sexual behavior and condom use and access

Two sections of the questionnaire used in the 2005 GAIS address HIV/AIDS/STI-related issues. In section 5, questions are asked on sexual behavior, and condom use and access. Section 8 on "AIDS and other Sexually Transmitted Diseases," encompasses the remaining AIDS- and STD-related issues, including questions related to HIV/AIDS knowledge; knowledge of specific means of transmission of the virus, specifically mother-to-child transmission (MTCT). However, the section also includes a series of questions on mobility, alcohol use, and use of injections, which can be used in cross-tabulations against other risk-related behaviors.

Information on age at sexual debut, an important indicator for many reproductive health initiatives including those involving HIV/AIDS, was presented in Chapter 3 in the sections on marriage and sexual activity.

The predominant mode of HIV transmission is through heterosexual contact, which usually accounts for over 90 percent of new AIDS cases, followed in magnitude by perinatal transmission, whereby the mother passes the HIV virus to the child during pregnancy, at the time of birth, or through breastfeeding. Other modes of transmission can be through infected blood, blood products, donated organs or bone grafts and tissues. The future direction of this pandemic depends in large part on the level of knowledge of how the virus is spread and consequent changes in sexual behavior.

The information obtained from the 2005 GAIS on awareness of AIDS, knowledge of mother-to-child transmission, and rejection of misconceptions is presented in this chapter. The results provide an opportunity to assess the level of knowledge in Guyana regarding transmission of HIV. The results are useful for HIV/AIDS control programs to target those individuals and groups of individuals most in need of information. Results in this chapter are shown for both men and women 15-49 years of age and separately for the group 15-24. Chapter 10 is devoted to the sexual behavior of young respondents.

8.3 AWARENESS OF AIDS

A basic awareness of HIV/AIDS and acceptance that its transmission can be controlled or avoided is a necessary, if not sufficient, step toward the attitudinal and behavioral changes being promoted to stem the tide of the AIDS epidemic. In most countries, general awareness is very high, while belief in the possibility of avoiding HIV/AIDS is less widespread. In the GAIS, respondents were asked if they had ever heard of AIDS. The percentages of women and men 15-49 who have heard of AIDS are presented in Table 8.1 by background characteristics and in Figure 8.1 by residence and education.

- Knowledge of AIDS is almost universal in Guyana (98 percent having heard of AIDS) and it is widespread across all regions.
- Although based on a small number of cases, the lowest levels of knowledge of AIDS are found among respondents with no education (83 percent among men and 87 percent among women. The latter figure is not shown in Table 8.1).

AIDS prevention programs focus their messages and efforts on three "programmatically important ways" to avoid AIDS: abstinence (delaying sexual debut in young persons), use of condoms, and reducing the number of partners/staying faithful to one spouse or partner. The pattern of these answers indicates the relative importance of different means of HIV prevention in the population and provides information regarding which population groups have lower levels of knowledge and thus, how to target education programs.

Table 8.1 Knowledge of AIDS

Percentage of women and men 15-49 who have heard of AIDS, by background characteristics, Guyana 2005

Background characteristic	Women: Has heard of AIDS	Women: Number of women	Men: Has heard of AIDS	Men: Number of men
Age				
15-19	97.8	456	97.8	391
20-24	97.2	386	99.5	268
25-29	99.2	335	97.7	259
30-39	98.7	650	98.5	539
40-49	98.2	599	97.6	419
15-24	97.5	842	98.5	658
Marital status				
Never married	98.4	755	97.6	779
Ever had sex	*98.3*	*361*	*98.1*	*459*
Never had sex	*98.6*	*394*	*96.9*	*320*
Currently married	98.0	1,414	98.6	967
Formerly married	99.1	256	98.8	129
Education				
No education	*	25	(83.4)	29
Primary	96.5	487	96.6	407
Secondary	98.7	1,721	98.8	1,280
More than secondary	100.0	192	99.7	159
Wealth quintile				
Lowest	95.1	377	98.3	331
Second	98.4	485	96.9	389
Middle	97.7	508	98.5	381
Fourth	99.1	526	98.0	398
Highest	99.9	529	99.3	377
Residence				
Urban	99.8	741	99.2	534
Georgetown urban	*100.0*	*458*	*99.8*	*328*
Other urban	*99.4*	*283*	*98.3*	*206*
Rural	97.6	1,684	97.8	1,341
Total	98.2	2,425	98.2	1,875

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced/separated/widowed. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

The detailed results of knowledge of condom use, limiting the number of sexual partners, and abstinence as a means to prevent HIV infection are presented in Table 8.2.

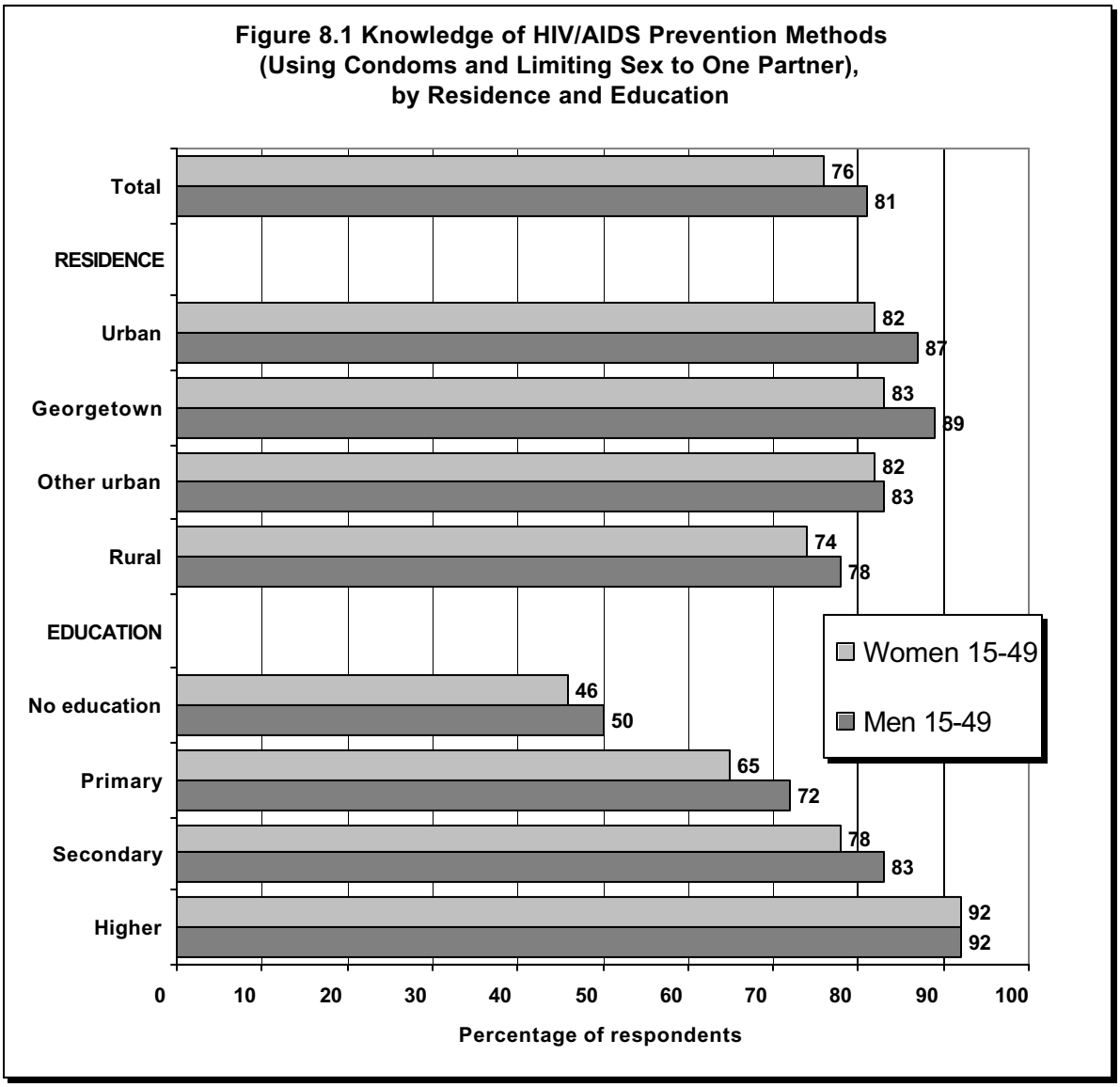
- Approximately 4 in 5 respondents (82 percent of women and 85 percent of men) know that condoms can reduce the risk of contracting the AIDS virus during sexual intercourse.
- High proportions of respondents—87 percent of women and 89 percent of men—indicate that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners.
- Knowledge of both means of avoiding HIV transmission—using condoms and limiting sex to one uninfected partner who has no other partners—is relatively high, with 76 percent of women and 81 percent of men citing both methods.
- There is not a wide differential in knowledge of prevention methods by age or marital status, but for all age groups except 15-19 men are more likely than women to know HIV prevention methods. As expected, level of knowledge of HIV prevention methods is lower among those who have never had sex.
- There are important differentials in knowledge of HIV prevention methods by level of education and wealth quintile, with a 40 percentage point difference between men with no education (50 percent) and those with secondary education (92 percent).

Table 8.2 Knowledge of HIV prevention methods

Percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having just one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse, by background characteristics, Guyana 2005

	Women					Men				
Background characteristic	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual inter-course to one uninfected partner[3]	Ab-staining from sexual intercourse	Number of women	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual inter-course to one uninfected partner[3]	Ab-staining from sexual intercourse	Number of men
Age										
15-19	80.1	86.3	73.9	89.2	456	81.8	85.7	75.6	84.9	391
20-24	83.7	88.8	79.4	86.4	386	90.8	94.2	87.3	90.2	268
25-29	85.8	86.3	78.6	88.7	335	87.6	87.5	80.6	86.8	259
30-39	79.5	86.9	74.4	86.4	650	83.9	88.3	79.5	85.1	539
40-49	82.4	86.6	76.6	88.4	599	84.1	92.1	82.2	85.9	419
15-24	81.8	87.4	76.4	87.9	842	85.4	89.2	80.4	87.1	658
Marital status										
Never married	84.1	89.5	78.8	90.5	755	84.2	86.9	78.5	87.0	779
Ever had sex	*89.9*	*91.6*	*85.7*	*91.7*	*361*	*89.2*	*92.9*	*86.4*	*90.2*	*459*
Never had sex	*78.9*	*87.6*	*72.5*	*89.5*	*394*	*77.0*	*78.3*	*67.3*	*82.4*	*320*
Currently married	79.9	85.1	73.9	86.6	1,414	84.8	90.9	81.0	86.6	967
Formerly married	85.9	89.3	81.3	85.9	256	91.6	92.3	89.4	78.4	129
Education										
No education	*	*	*	*	25	(59.9)	(64.2)	(50.1)	(67.4)	29
Primary	73.0	78.8	65.2	79.9	487	78.7	83.8	72.1	77.3	407
Secondary	83.5	88.4	78.0	89.4	1,721	86.5	90.6	82.5	88.5	1,280
More than secondary	94.2	96.8	92.0	95.8	192	93.5	97.7	92.2	94.4	159
Wealth quintile										
Lowest	71.4	77.0	64.6	78.2	377	76.7	84.4	71.1	80.9	331
Second	78.6	84.6	71.6	86.7	485	81.2	85.3	75.2	83.6	389
Middle	83.7	88.0	78.3	85.9	508	87.6	90.2	82.6	88.3	381
Fourth	84.9	89.6	79.6	93.2	526	88.1	90.9	85.5	86.8	398
Highest	87.7	92.5	83.4	91.7	529	90.2	95.3	87.0	90.8	377
Residence										
Urban	86.9	91.5	82.3	92.3	741	90.2	92.8	86.8	91.7	534
Georgetown urban	*88.0*	*91.0*	*82.5*	*92.0*	*458*	*91.7*	*95.1*	*89.0*	*92.5*	*328*
Other urban	*85.1*	*92.4*	*82.0*	*92.8*	*283*	*87.9*	*89.2*	*83.3*	*90.5*	*206*
Rural	79.7	84.9	73.5	85.7	1,684	82.9	87.9	78.0	84.0	1,341
Total	81.9	86.9	76.2	87.7	2,425	85.0	89.3	80.5	86.2	1,875

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced, separated, and widowed. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Every time they have sexual intercourse
[2] Who has no other partners
[3] Corresponds to UNAIDS *Knowledge* Indicator 1 "Knowledge of HIV prevention methods"



8.4 KNOWLEDGE OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

Increasing the level of general knowledge of transmission of the virus from mother to child and reducing the risk of transmission by use of antiretroviral drugs are critical to improving the health of HIV-infected mothers and reducing the transmission of the virus to their children during pregnancy, labor, delivery, and post-delivery.

All women and men interviewed in the 2005 GAIS were asked if the virus that causes AIDS can be transmitted from a mother to a child. If the answer was in the affirmative, they were further asked whether the virus could be transmitted during pregnancy, during delivery or during breastfeeding. They were also asked if a mother who is infected with the AIDS virus could reduce the risk of giving the virus to the baby by taking certain drugs during pregnancy. The results are presented in Table 8.3 by background characteristics. Comprehensive knowledge of MTCT, (i.e., HIV can be transmitted from mother to child by breastfeeding and the risk of MTCT can be reduced by the mother taking special drugs during pregnancy), is summarized in Figure 8.2 by residence and education.

- Although 72 percent of women know that HIV can be transmitted by breastfeeding, only 48 percent acknowledged that the risk of MTCT can be reduced by the mother taking drugs during pregnancy. The figures for men were 65 and 36 percent, respectively.
- Comprehensive knowledge of MTCT, (i.e., HIV can be transmitted by breastfeeding and the risk of MTCT can be reduced by the mother taking drugs during pregnancy), is relatively low (39 percent for women and 28 percent for men).
- While there are no large age differentials, combined knowledge of both methods increases sharply with the level of education and positioning of the household in a wealthier quintile. Respondents with more than secondary education are about twice as likely as those with primary education to have a correct knowledge of MTCT (56 and 28 percent, respectively, for women, and 42 and 22 percent, respectively, for men).

Table 8.3 Knowledge of prevention of mother-to-child transmission of HIV

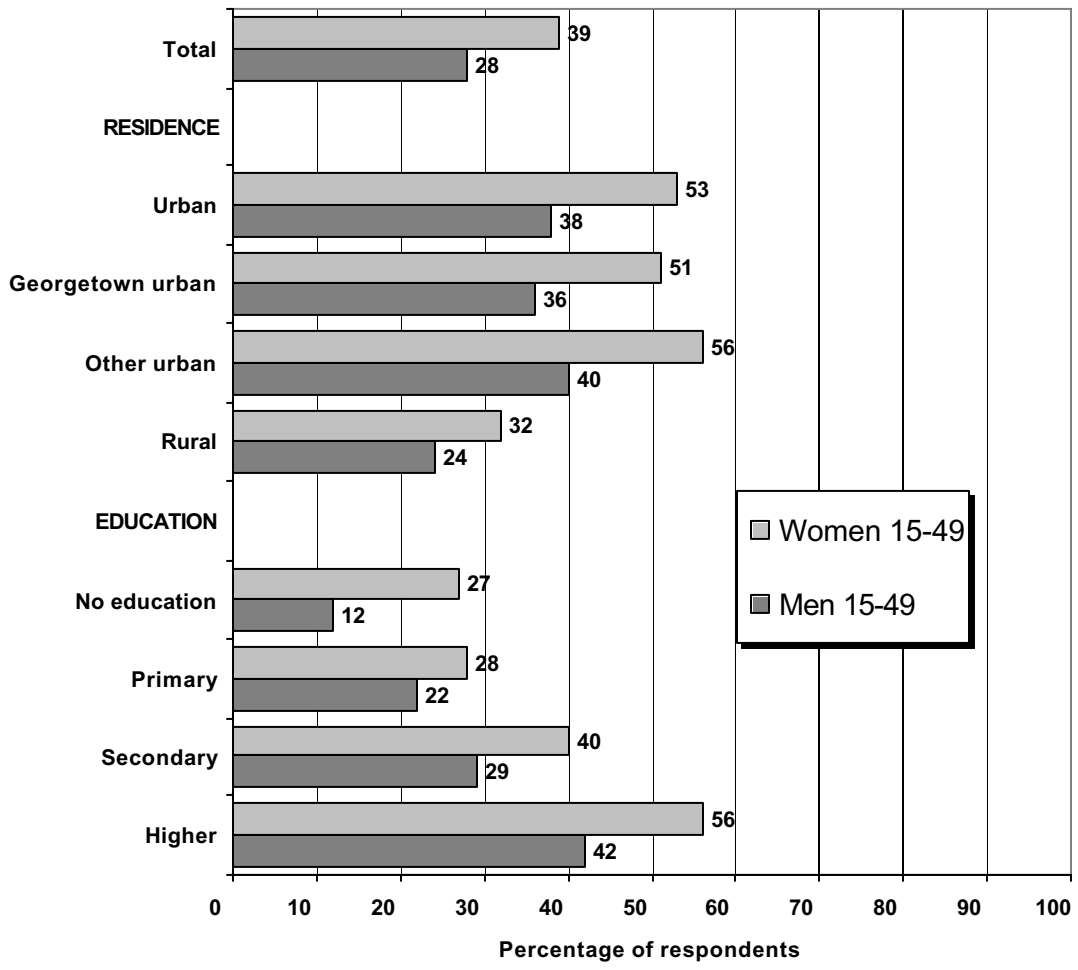
Percentage of women and men age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding, and that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking special drugs during pregnancy, by background characteristics, Guyana 2005

	Women				Men			
Background characteristic	HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy[1]	Number of women	HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy[1]	Number of men
Age								
15-19	75.5	40.5	35.8	456	61.9	29.6	24.4	391
20-24	74.7	48.7	40.7	386	68.2	38.0	29.1	268
25-29	70.2	53.5	41.7	335	63.1	33.3	25.6	259
30-39	71.4	49.4	40.4	650	65.6	37.5	29.3	539
40-49	68.3	47.0	35.3	599	66.9	41.2	29.9	419
15-24	75.1	44.3	38.0	842	64.5	33.0	26.3	658
Marital status								
Never married	74.0	48.6	39.7	755	63.6	33.6	26.8	779
Ever had sex	*77.9*	*56.3*	*47.3*	*361*	*68.9*	*37.7*	*31.5*	*459*
Never had sex	*70.4*	*41.5*	*32.7*	*394*	*56.0*	*27.7*	*20.1*	*320*
Currently married	70.2	46.0	37.3	1,414	65.0	37.2	27.5	967
Formerly married	73.6	53.3	41.7	256	75.8	43.9	37.3	129
Pregnancy status								
Currently pregnant	79.4	55.0	50.8	103	na	na	na	na
No/unsure	71.4	47.3	38.0	2,322	na	na	na	na
Education								
No education	*	*	*	25	(69.9)	(12.2)	(12.2)	29
Primary	67.1	35.7	28.3	487	57.8	28.9	21.5	407
Secondary	73.1	48.6	39.6	1,721	67.0	36.3	28.5	1,280
More than secondary	73.7	70.4	56.2	192	68.4	58.4	42.0	159
Wealth quintile								
Lowest	71.6	36.5	32.6	377	60.2	22.8	19.5	331
Second	72.7	45.0	35.7	485	64.0	31.1	27.2	389
Middle	74.4	43.1	37.0	508	70.0	37.7	29.0	381
Fourth	71.2	51.5	40.0	526	64.8	39.4	27.5	398
Highest	69.1	58.3	45.3	529	66.1	48.2	35.1	377
Residence								
Urban	79.1	61.9	52.7	741	68.5	47.6	37.5	534
Georgetown urban	*77.7*	*61.4*	*50.5*	*458*	*70.8*	*47.2*	*36.2*	*328*
Other urban	*81.2*	*62.6*	*56.3*	*283*	*64.9*	*48.2*	*39.7*	*206*
Rural	68.5	41.3	32.3	1,684	63.8	31.6	24.0	1,341
Total	71.8	47.6	38.5	2,425	65.2	36.2	27.9	1,875

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced/separated/widowed. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1]Corresponds to UNAIDS *Knowledge* Indicator 5 "Knowledge of prevention of mother-to-child transmission of HIV"

- On the other hand, men with more than secondary education are between three and four times as likely as men with no education to have a comprehensive knowledge of MTCT (42 and 12 percent, respectively).
- Important differences by place of residence are also apparent. Both women and men in urban areas are much more likely to know of MTCT than those in rural areas (53 versus 32 percent for women, and 38 versus 24 percent for men).

Figure 8.2 Comprehensive Knowledge of Prevention of Mother-to-Child Transmission of HIV, by Residence and Education



8.5 REJECTION OF MISCONCEPTIONS ABOUT AIDS TRANSMISSION

In addition to knowing about effective ways to avoid contracting HIV/AIDS, it is also useful to be able to identify incorrect beliefs about AIDS, in order to eliminate misconceptions. Common misconceptions about AIDS include the idea that HIV-infected people appear ill and the belief that the virus can be transmitted through mosquito or other insect bites, by sharing food with someone who is infected, or by witchcraft or other supernatural means. Respondents in the 2005 GAIS were asked about these four misconceptions. Table 8.4.1 details the results for women and Table 8.4.2 for men. The overall results by residence and education are summarized in Figure 8.3.

- Nine in ten Guyanese adults know that people infected with HIV do not necessarily show signs of infection. Only 70 percent of women and 61 percent of men understand that AIDS cannot be transmitted by mosquito bites. Similarly, 78 percent of women and 74 percent of men know that a person cannot become infected with the AIDS virus by sharing food with a person who has AIDS.
- When the different beliefs are considered together, as low as 58 percent of women and 51 percent of men reject the two most common misconceptions and say that a healthy-looking person can have the AIDS virus. In Guyana, the two most common local misconceptions involve transmission by mosquito bites and by sharing food with someone with AIDS.

Table 8.4.1 Misconceptions and comprehensive knowledge about AIDS: Women

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission, and the percentage with a comprehensive knowledge about AIDS, by background characteristics, Guyana 2005

Background characteristic	Percentage of women who say that: A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with someone with AIDS	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common misconceptions[1]	Percentage with a comprehensive knowledge about AIDS[2]	Number of women
Age							
15-19	86.9	72.4	86.0	82.7	61.2	50.3	456
20-24	89.8	71.5	88.3	79.5	61.6	55.3	386
25-29	90.7	68.5	89.3	83.6	58.6	48.9	335
30-39	87.8	68.9	82.6	75.1	56.9	49.3	650
40-49	87.9	67.7	86.6	74.9	55.1	48.4	599
15-24	88.2	72.0	87.0	81.2	61.3	52.6	842
Marital status							
Never married	91.3	75.5	89.6	87.3	67.7	58.8	755
Ever had sex	*94.9*	*78.5*	*90.8*	*92.1*	*74.1*	*67.8*	*361*
Never had sex	*88.1*	*72.8*	*88.4*	*82.9*	*61.9*	*50.5*	*394*
Currently married	86.0	67.0	84.1	73.7	53.9	46.0	1,414
Formerly married	92.8	66.8	86.4	77.7	54.3	47.5	256
Education							
No education	*	*	*	*	*	*	25
Primary	81.5	58.3	79.4	60.0	41.5	35.3	487
Secondary	89.6	71.3	87.3	82.2	60.6	51.9	1,721
More than secondary	98.9	87.2	94.1	95.4	83.1	76.1	192
Wealth quintile							
Lowest	78.4	59.5	74.2	64.8	42.9	34.7	377
Second	85.5	68.6	84.0	73.0	52.9	44.9	485
Middle	87.5	67.7	86.5	79.3	57.2	49.3	508
Fourth	90.7	70.5	89.8	81.5	59.8	51.6	526
Highest	96.6	78.8	92.2	88.8	73.5	65.5	529
Residence							
Urban	95.2	78.6	90.6	88.9	70.9	61.6	741
Georgetown urban	*96.3*	*78.0*	*90.8*	*91.1*	*71.8*	*62.0*	*458*
Other urban	*93.5*	*79.5*	*90.4*	*85.2*	*69.5*	*60.8*	*283*
Rural	85.4	65.7	84.1	73.7	52.7	45.2	1,684
Total	88.4	69.6	86.1	78.3	58.2	50.2	2,425

Note: Currently married includes women in consensual union (living together). Formerly married includes divorced, separated, and widowed. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]The two most common local misconceptions involve transmission by mosquito bites and by sharing food with someone with AIDS. It corresponds to UNAIDS *Knowledge* Indicator 2 "No incorrect beliefs about AIDS."
[2]Comprehensive knowledge means knowing that use of condom during every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus; knowing that a healthy-looking person can have the AIDS virus; and rejecting the two most common local misconceptions (transmission by mosquito bites and by sharing food with someone with AIDS).

Table 8.4.2 Misconceptions and comprehensive knowledge about AIDS: Men

Percentage of men age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission, and the percentage with comprehensive knowledge about AIDS, by background characteristics, Guyana 2005

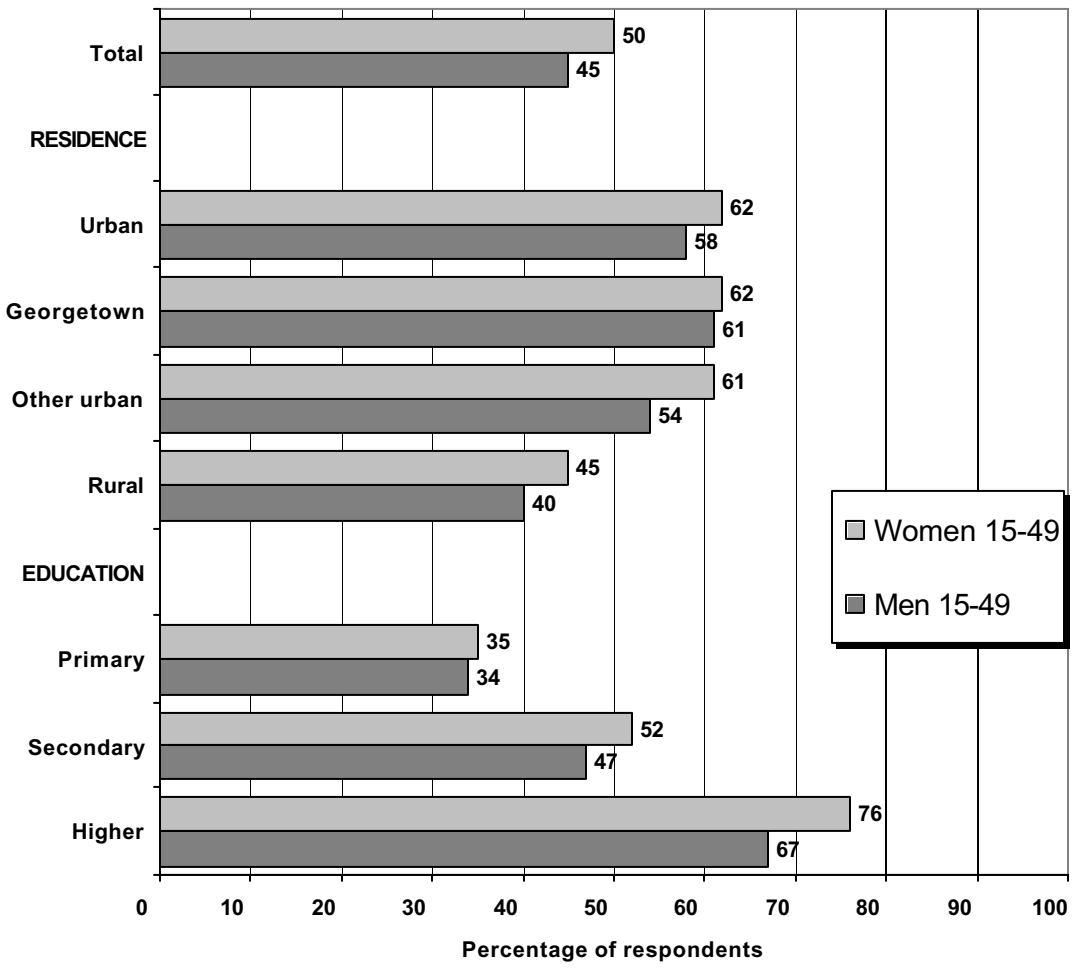
Background characteristic	Percentage of men who say that: A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with someone with AIDS	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common misconceptions[1]	Percentage with comprehensive knowledge about AIDS[2]	Number of men
Age							
15-19	86.9	62.0	83.7	74.8	50.1	42.5	391
20-24	94.5	68.1	88.5	80.3	59.8	54.3	268
25-29	87.3	61.5	85.3	70.4	49.0	43.0	259
30-39	89.7	57.9	85.2	70.6	47.9	43.8	539
40-49	91.1	59.9	85.7	76.9	50.9	45.0	419
15-24	90.0	64.5	85.7	77.0	54.0	47.3	658
Marital status							
Never married	88.6	62.8	85.3	75.3	52.7	46.3	779
Ever had sex	*91.1*	*68.2*	*87.9*	*76.9*	*57.1*	*52.4*	*459*
Never had sex	*85.2*	*55.1*	*81.6*	*73.0*	*46.3*	*37.5*	*320*
Currently married	90.4	60.5	85.8	73.1	50.2	45.0	967
Formerly married	92.3	55.7	84.3	76.4	45.3	40.4	129
Education							
No education	(69.5)	(42.6)	(59.2)	(54.6)	(25.7)	(13.5)	29
Primary	86.4	51.8	78.7	65.9	39.2	33.5	407
Secondary	90.2	62.6	86.8	75.2	52.6	47.0	1,280
More than secondary	98.6	76.5	97.0	91.3	71.2	66.7	159
Wealth quintile							
Lowest	84.8	53.4	77.6	63.2	39.8	32.1	331
Second	87.9	54.9	83.8	66.5	42.1	36.9	389
Middle	89.1	56.7	87.5	73.9	46.0	41.5	381
Fourth	91.9	70.5	86.3	81.7	63.5	58.3	398
Highest	94.5	68.9	91.2	84.3	61.2	55.3	377
Residence							
Urban	95.0	72.3	89.1	83.4	64.6	58.3	534
Georgetown urban	*96.3*	*74.8*	*91.3*	*86.6*	*67.2*	*60.8*	*328*
Other urban	*92.9*	*68.2*	*85.7*	*78.3*	*60.3*	*54.2*	*206*
Rural	87.7	56.7	84.0	70.6	45.4	40.0	1,341
Total	89.8	61.1	85.5	74.2	50.9	45.2	1,875

Note: Currently married includes men in consensual union (living together). Formerly married includes divorced/separated/widowed. Figures in parentheses are based on 25-49 unweighted cases.
[1]The two most common local misconceptions involve transmission by mosquito bites and by sharing food with someone with AIDS. It corresponds to UNAIDS *Knowledge* Indicator 2 "No incorrect beliefs about AIDS."
[2]Comprehensive knowledge means knowing that use of condom during every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus; knowing that a healthy-looking person can have the AIDS virus; and rejecting the two most common local misconceptions (transmission by mosquito bites and by sharing food with someone with AIDS).

- Barely half of respondents have a comprehensive knowledge of HIV/AIDS transmission and prevention methods: 50 percent of women and 45 percent of men know condom use and limiting sex to one uninfected partner as HIV prevention methods; are aware that a healthy looking person can have the AIDS virus; and reject the two most common local misconceptions.
- Notably, youth appear to have better comprehensive knowledge of HIV prevention and transmission methods than respondents in other age groups. Education level and wealth status are positively correlated with the likelihood of having a comprehensive knowledge of HIV prevention and transmission. Among women, for example, the percentage with comprehensive knowledge increases from 35 percent among those with primary education to 76 percent among women with secondary or higher. Among men, the percentage with comprehensive knowledge increases from 34 to 67 percent.

- The rejection of misconceptions about HIV/AIDS is much lower in rural areas as compared with urban areas. Only 53 percent of women in rural areas reject the two most common misconceptions and say that a healthy-looking person can have the AIDS virus as compared with 71 percent in the urban areas. The figures for men are 45 and 65 percent, respectively.
- Comprehensive knowledge of HIV/AIDS —knowing that use of condom during every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus; knowing that a healthy-looking person can have the AIDS virus; and rejecting the two most common local misconceptions (transmission by mosquito bites and by sharing food with someone with AIDS— is even lower: 45 percent among women in rural areas compared with 62 percent in urban areas. For men, the figures for comprehensive knowledge are 40 and 58 percent, respectively.

Figure 8.3 Comprehensive Knowledge about AIDS, by Residence and Education



ATTITUDES RELATING TO HIV/AIDS 9

9.1 KEY FINDINGS

- In Guyana, adults generally have low accepting attitudes toward those living with HIV/AIDS, with only 20 percent of women and men expressing acceptance on each of the four main issues studied.
- There is widespread acceptance of the ability of a woman to negotiate safer sex with her husband either by refusing to have sex or by requesting condom use if she knows he has a sexually transmitted disease.
- Attitudes toward teaching children about condom use to avoid HIV/AIDS are generally positive; 81 percent of women and 84 percent of men support teaching children age 12-14 about using a condom to avoid AIDS.

9.2 INTRODUCTION

This chapter attempts to give a picture of what people in Guyana feel about HIV/AIDS-related issues. Since the HIV/AIDS epidemic has emerged as a global problem with a disastrous impact on survival and human development, it also has created fear, social anxiety and feelings against humanity. HIV/AIDS-related stigma can partly be attributed to the fact that it is a sexually transmitted disease. Negative attitudes toward HIV-infected persons and AIDS patients today are widespread and have greatly hindered the overall control of the epidemic.

9.3 HIV/AIDS-RELATED STIGMA

Despite concerted global efforts to address HIV/AIDS-related stigma, in many societies people living with HIV/ AIDS are still seen as shameful, and HIV/AIDS is perceived as a problem of minority groups or as a result of personal irresponsibility. In such situations, discrimination has spread rapidly, fuelling anxiety and prejudice against those living with HIV/AIDS. Stigma has grown, marginalizing and excluding individuals, leading to societal rejection; ultimately, this attitude allows societies to excuse themselves from the responsibility of caring for and looking after those who are infected.

Stigmatization surrounding HIV/AIDS is a major obstacle to many of the programs aiming to prevent further spread of HIV and mitigate AIDS impact. In the GAIS, respondents who have heard of AIDS were asked to provide specific responses to questions on various social aspects of HIV/AIDS: whether the respondents would be willing to care for a family member with HIV at home; whether they would be willing to purchase fresh vegetables from a seller who has the AIDS virus, whether they believe a female teacher who has the AIDS virus should be permitted to continue teaching, and whether or not they would want the status of a family member with the AIDS virus to remain a secret.

The results presented in Tables 9.1.1 and 9.1.2 attempt to capture the different dimensions of stigmatization surrounding HIV/AIDS. The tables present the percentage of women and men, respectively, expressing accepting attitudes toward people with HIV, among those who have heard of HIV/AIDS, by background characteristics. Figure 9.1 summarizes the results by sex, residence, and education.

- Almost 8 in 10 respondents in Guyana would be willing to care for a relative who is sick with AIDS in their own household (78 percent). An estimated 60 percent of Guyanese women and men would not want an HIV positive status of their family member to remain a secret. Although another 60 percent of women believe that an HIV-positive teacher should be allowed to continue teaching, the figure is only 52 percent among men. Less than half of respondents would buy fresh vegetables from a shopkeeper who is infected with HIV (45 percent for women and 42 percent for men).
- A composite indicator combines all four of these attitudes. Only 19 percent of women and 20 percent of men express accepting attitudes on all four measures.

Table 9.1.1 Accepting attitudes toward those living with HIV: Women

Among women age 15-49 who have heard of AIDS, percentage expressing specific accepting attitudes toward people with HIV, by background characteristics, Guyana 2005

	Percentage of women who:					
Background characteristic	Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper with AIDS	Say that a female teacher with the AIDS virus and who is not sick should be allowed to keep teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Percentage expressing accepting attitudes on all four indicators[1]	Number of women who have heard of AIDS
Age						
15-19	84.9	50.9	62.8	44.1	15.8	446
20-24	82.5	51.0	62.8	55.5	19.0	375
25-29	74.8	51.2	61.8	60.9	22.8	332
30-39	75.7	40.3	55.0	62.0	19.4	642
40-49	73.9	36.9	60.2	67.9	20.5	588
15-24	83.8	51.0	62.8	49.3	17.3	821
Marital status						
Never married	87.7	55.6	70.3	48.0	21.4	743
Ever had sex	*88.2*	*59.7*	*74.7*	*48.9*	*23.5*	*354*
Never had sex	*87.3*	*51.9*	*66.3*	*47.2*	*19.5*	*389*
Currently married	73.0	38.6	53.8	64.2	17.7	1,385
Formerly married	76.4	45.5	62.9	61.8	23.1	254
Education						
No education	*	*	*	*	*	22
Primary	66.5	26.8	44.4	63.1	13.0	470
Secondary	79.9	47.0	61.7	58.5	20.1	1,699
More than secondary	91.5	70.2	83.8	51.4	31.7	192
Wealth quintile						
Lowest	65.5	30.7	36.7	65.3	10.2	359
Second	76.4	38.3	52.0	61.9	16.9	477
Middle	74.8	41.9	61.9	59.8	20.9	497
Fourth	83.2	52.5	65.0	57.3	22.5	521
Highest	85.5	54.8	75.8	52.6	23.5	529
Residence						
Urban	85.0	56.6	74.9	54.4	26.6	739
Georgetown urban	*87.5*	*59.1*	*78.1*	*51.0*	*26.1*	*458*
Other urban	*81.0*	*52.7*	*69.8*	*60.0*	*27.5*	*281*
Rural	74.7	39.3	53.2	61.0	16.2	1,643
Total	77.9	44.7	59.9	58.9	19.4	2,382

Note: Currently married includes women in consensual union (living together). Formerly married includes divorced, separated, or widowed. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]Corresponds to President's Emergency Plan for AIDS Relief *Policy and Systems Strengthening* Indicator 2 "Percentage of the general population with accepting attitudes toward persons living with HIV/AIDS"; UNAIDS *Stigma and Discrimination* Indicator 1 "Accepting attitudes toward those living with HIV" (for this indicator, all respondents are included in the denominator); and UNICEF-OVC *Raising Awareness to Create a Supportive Environment* Indicator A7 "Stigma and discrimination."

Table 9.1.2 Accepting attitudes toward those living with HIV: Men

Among men age 15-49 who have heard of HIV/AIDS, percentage expressing specific accepting attitudes toward people with HIV, by background characteristics, Guyana 2005

Background characteristic	Percentage of men who: Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper with AIDS	Say that a female teacher with the AIDS virus and who is not sick should be allowed to keep teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Percentage expressing accepting attitudes on all four indicators[1]	Number of men who have heard of AIDS
Age						
15-19	79.4	37.7	51.8	42.8	13.1	382
20-24	78.2	51.1	60.1	49.5	17.4	266
25-29	76.6	39.7	48.6	58.2	17.2	253
30-39	76.2	42.1	47.7	67.7	22.9	531
40-49	78.8	40.8	54.3	71.8	23.8	409
15-24	78.9	43.2	55.2	45.6	14.8	648
Marital status						
Never married	78.6	42.3	54.7	48.5	14.6	761
Ever had sex	*78.6*	*46.0*	*60.0*	*50.4*	*16.1*	*451*
Never had sex	*78.5*	*37.0*	*47.0*	*45.8*	*12.5*	*310*
Currently married	77.2	42.2	50.7	67.5	23.2	953
Formerly married	77.5	37.1	45.1	66.0	20.8	128
Education						
No education	(54.6)	(36.0)	(20.2)	(72.0)	(17.1)25	
Primary	69.8	32.9	36.0	63.2	14.2	393
Secondary	79.5	42.3	54.3	59.8	20.6	1,265
More than secondary	87.6	61.5	77.7	46.5	24.1	158
Wealth quintile						
Lowest	63.2	30.6	34.3	64.9	12.1	325
Second	76.8	34.9	39.9	56.7	15.5	377
Middle	78.6	38.7	54.8	61.9	18.2	375
Fourth	82.3	51.8	62.0	58.1	25.1	390
Highest	86.0	51.7	66.1	56.7	25.5	374
Residence						
Urban	85.4	54.5	70.8	60.8	29.8	530
Georgetown urban	*89.5*	*51.9*	*73.7*	*58.5*	*27.2*	*328*
Other urban	*78.8*	*58.8*	*66.3*	*64.5*	*34.1*	*202*
Rural	74.7	36.8	44.3	59.0	15.3	1,311
Total	77.8	41.9	51.9	59.5	19.5	1,841

Note: Currently married includes women in consensual union (living together). Formerly married includes divorced, separated, or widowed.Figures in parentheses are based on 25-49 unweighted cases.

[1]Corresponds to President's Emergency Plan for AIDS Relief *Policy and Systems Strengthening* Indicator 2 "Percentage of the general population with accepting attitudes toward persons living with HIV/AIDS"; UNAIDS *Stigma and Discrimination* Indicator 1 "Accepting attitudes toward those living with HIV" (for this indicator, all respondents are included in the denominator); and UNICEF-OVC *Raising Awareness to Create a Supportive Environment* Indicator A7 "Stigma and discrimination."

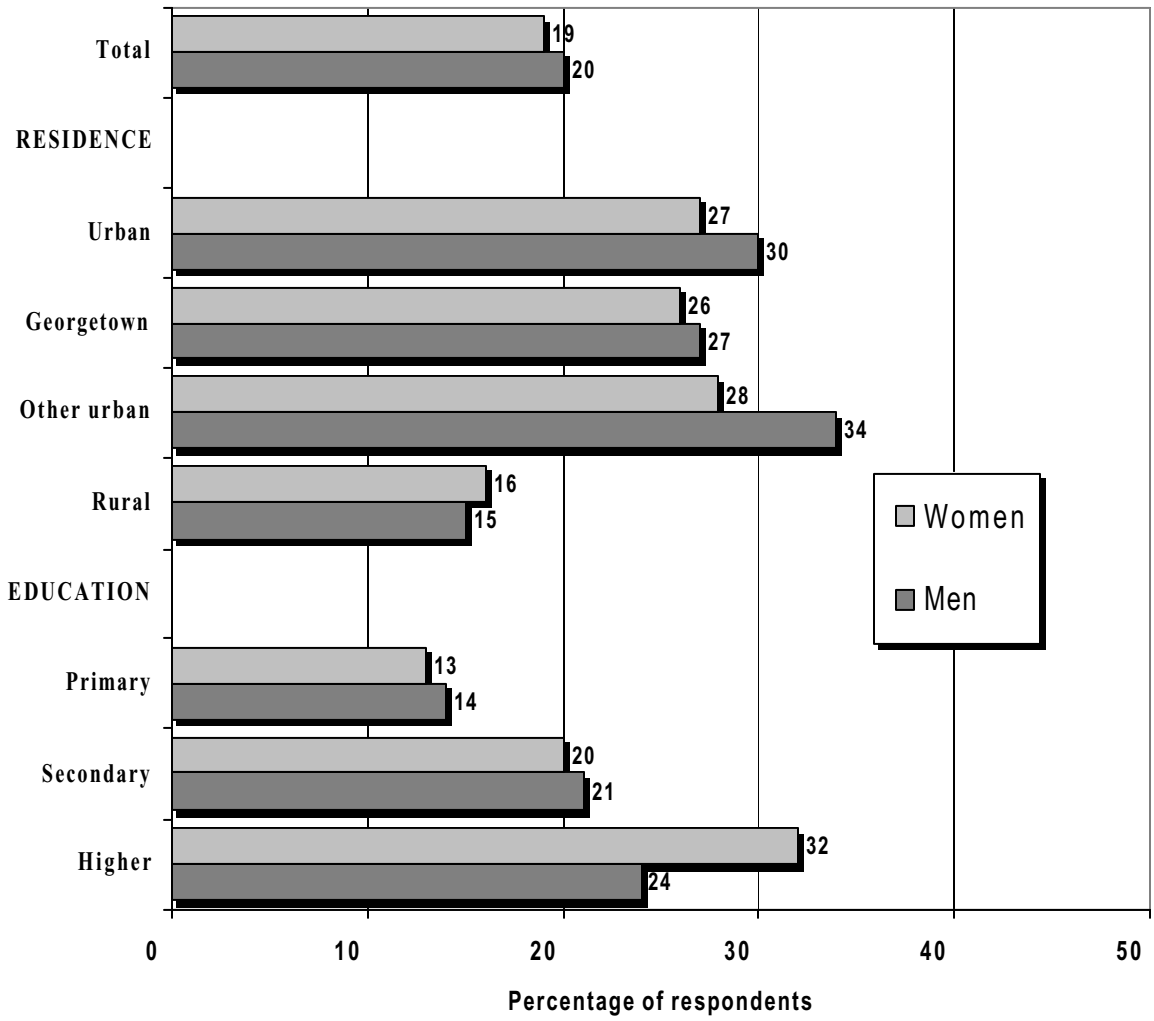
- Age, education, wealth, and residence are strongly correlated with positive attitudes toward those who are HIV-positive. Younger, urban, more educated respondents and those in higher wealth bracket are more likely to have acceptance attitude toward people who are HIV-positive as compared with the residents of rural, those who are less educated and less wealthy, and respondents older than 24 years of age. Never-married men are less accepting than currently or formerly married men, while currently married women have the least accepting attitudes toward HIV-positive individuals.

9.4 ATTITUDES TOWARD NEGOTIATING SAFER SEX

In an effort to assess the ability of women to negotiate safer sex with a spouse who has a sexually transmitted infection (STI), all respondents were asked two attitudinal questions. They were asked whether a wife is justified in refusing to have sex with her husband if she knows her husband has an STI and whether a woman in the same circumstances is justified in asking that her husband use a condom. The results are included in Table 9.2 for both women and men.

- Almost all respondents report accepting attitudes toward at least one aspect of women negotiating safer sex with their husbands: 93 percent of women and 89 percent of men feel that a wife is justified in refusing to have sexual intercourse with her husband if she knows he has a sexually transmitted disease, while 94 percent of women and 92 percent of men believe that a wife is justified in asking that they use a condom if she knows that her husband has a sexually transmitted infection.

Figure 9.1 Accepting Attitudes towards Those Living with HIV on All Four Indicators, by Residence and Education



- Ninety-eight percent of women and 96 percent of men agree that a woman may either refuse to have sexual intercourse with her husband or ask him to use a condom if she knows he has an STI.
- The higher a respondent's educational level, the more likely he or she is to say that a woman can refuse sexual intercourse or ask to use a condom. Similarly, respondents living in wealthier households are more likely than those in poorer households to support women's negotiating rights.
- Respondents in rural areas are slightly less likely than those in urban areas to accept that a wife is justified in negotiating safer sex.

Table 9.2 Attitudes toward negotiating safer sex with husband

Percentage of women and men age 15-49 who believe that, if a husband has a sexually transmitted disease (STI), his wife is justified in refusing to have sexual intercourse with him or asking that they use a condom, by background characteristics, Guyana 2005

	Women				Men			
	Woman is justified in:				Woman is justified to:			
Background characteristic	Refusing to have sexual inter-course	Asking that they use a condom	Either refusing sexual intercourse or asking to use a condom[1]	Number of women	Refusing to have sexual inter-course	Asking that they use a condom	Either refusing sexual intercourse or asking to use a condom[1]	Number of men
Age								
15-19	91.7	91.2	96.8	456	89.2	90.2	94.3	391
20-24	91.4	94.8	98.1	386	92.3	91.8	96.2	268
25-29	93.5	94.2	97.2	335	88.1	88.6	94.9	259
30-39	93.2	94.8	98.1	650	89.0	95.3	98.3	539
40-49	94.9	94.0	97.2	599	88.9	91.3	94.7	419
15-24	91.6	92.9	97.4	842	90.5	90.8	95.1	658
Marital status								
Never married	93.9	93.0	97.3	755	89.4	89.9	94.3	779
Ever had sex	*96.2*	*94.4*	*98.2*	*361*	*91.3*	*92.9*	*96.5*	*459*
Never had sex	*91.8*	*91.7*	*96.5*	*394*	*86.6*	*85.7*	*91.2*	*320*
Currently married	92.4	94.3	97.4	1,414	89.8	93.2	96.7	967
Formerly married	94.8	93.9	98.4	256	86.1	93.8	99.2	129
Education								
No education	*	*	*	25	(61.0)	(70.9)	(82.3)	29
Primary	90.8	92.2	95.4	487	87.6	92.0	95.2	407
Secondary	93.6	94.3	98.1	1,721	89.7	91.8	96.0	1,280
More than secondary	95.3	95.6	98.8	192	96.4	95.9	99.2	159
Wealth quintile								
Lowest	91.4	91.7	96.3	377	85.9	90.1	94.8	331
Second	91.2	93.0	97.0	485	86.4	89.0	93.1	389
Middle	92.2	92.8	96.4	508	90.0	93.5	96.7	381
Fourth	94.7	95.8	98.5	526	91.9	93.2	97.6	398
Highest	95.4	95.3	98.9	529	92.3	93.4	97.1	377
Residence								
Urban	96.7	96.3	99.0	741	92.2	93.2	96.9	534
Georgetown urban	*96.1*	*95.8*	*98.7*	*458*	*92.3*	*93.9*	*97.1*	*328*
Other urban	*97.7*	*97.0*	*99.6*	*283*	*92.1*	*92.0*	*96.5*	*206*
Rural	91.5	92.8	96.8	1,684	88.2	91.4	95.5	1,341
Total	93.1	93.8	97.5	2,425	89.4	91.9	95.9	1,875

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced/separated/widowed. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]Corresponds to UNAIDS *Sexual Negotiation and Attitudes* Indicator 1 "Women's ability to negotiate safer sex with husband"

9.5 ATTITUDES OF ADULTS TOWARD EDUCATING CHILDREN ON CONDOM USE

In the GAIS, respondents age 18-49 were asked how they felt about teaching children age 12-14 about using condoms. Information on attitudes of adults with regard to teaching children about using condoms to avoid HIV/AIDS is shown in Table 9.3 by background characteristics.

- Overall, 81 percent of women and 84 percent of men support educating children on condom use. It appears that women and men in older age groups are less likely to support condom education for HIV prevention. However, 87 percent of women with more than secondary education support educating children on condom use, compared with just 61 percent among women with no education.
- Women in urban areas and men in rural areas are slightly more likely to support education of condom use. The differentials by other background characteristics are minimal.

Table 9.3 Adult support of education about condom use to prevent AIDS

Percentage of women and men age 18-49 who agree that children age 12-14 years should be taught about using a condom to avoid AIDS, by background characteristics, Guyana 2005

Background characteristic	Women 18-49		Men 18-49	
	Percentage who agree[1]	Number of women	Percentage who agree[1]	Number of men
Age				
18-19	84.9	152	87.8	135
20-24	84.4	386	90.9	268
25-29	86.3	335	81.0	259
30-39	80.5	650	80.7	539
40-49	75.7	599	83.1	419
18-24	84.5	538	89.9	403
Marital status				
Never married	83.6	474	85.4	524
Ever had sex	*86.2*	*310*	*86.7*	*393*
Never had sex	*78.7*	*164*	*81.6*	*131*
Currently married	79.6	1,395	82.0	967
Formerly married	84.3	253	88.6	129
Education				
No education	*	24	(68.8)	29
Primary	73.5	477	80.5	391
Secondary	83.2	1,437	85.4	1,047
More than secondary	86.9	184	82.3	153
Wealth quintile				
Lowest	75.4	325	83.0	281
Second	81.4	419	81.7	331
Middle	83.4	448	84.3	327
Fourth	81.8	461	83.0	345
Highest	81.7	468	86.1	337
Residence				
Urban	83.0	656	81.2	457
Georgetown urban	*84.3*	*405*	*80.6*	*281*
Other urban	*80.8*	*252*	*82.1*	*176*
Rural	80.2	1,465	84.6	1,162
Total	81.1	2,121	83.6	1,619

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced, separated, or widowed. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]Corresponds to Youth Guide *Determinants* Indicator 15 "Adult support of education about condom use for prevention of HIV/AIDS among young people"

9.6 ABSTINENCE AND FAITHFULNESS

In addition to educating youth about condom use as an HIV prevention method, the primary focus of HIV/AIDS prevention programs has been promoting abstinence in unmarried respondents and faithfulness to one partner in married couples. Behavior-change programs have concentrated on development of skills in unmarried individuals for practicing abstinence and adoption of social and community norms that support delaying sex until marriage. For individuals in long-term sexual partnerships, the programs concentrate on delivering messages on the importance of being faithful in reducing the transmission of HIV, elimination of casual sex and multiple sexual partnerships, development of skills for sustaining marital fidelity, along with adoption of social and community norms supportive of norms supportive of marital fidelity and partner reduction using strategies that respect and respond to local customs and norms.

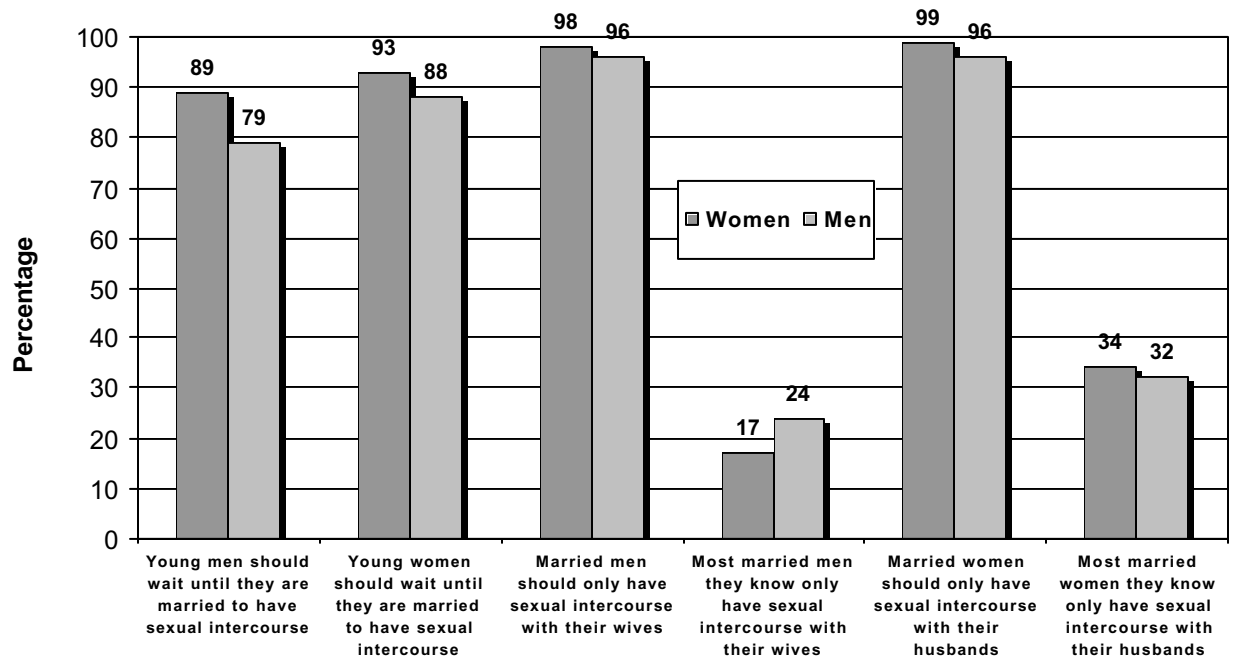
Respondents were asked in the 2005 GAIS several questions on abstinence and faithfulness. The following questions were asked separately for young men and young women:

> Do you believe that young men (women) should wait until they are married to have sexual intercourse?
>
> Do you think that most young men (women) you know wait until they are married to have sexual intercourse?
>
> Do you believe that men (women) who are not married and are having sex should only have sex with one partner?
>
> Do you think that most men (women) you know who are not married and are having sex, have sex with only one partner?
>
> Do you believe that married men (women) should only have sex with their wives (husbands)?
>
> Do you think that most married men you know have sex only with their wives?

Figure 9.2 illustrates the degree to which perceptions and beliefs about abstinence and faithfulness have reached the population, and the perceptions of the extent to which these virtues are being practiced by women and men.

- Eighty-nine percent of women and 79 percent of men believe that young men should wait until they are married to have sexual intercourse. The belief regarding the behavior of young women is somewhat higher (93 percent of women and 88 percent of men).
- Almost all respondents believe that both married men and married women should only have sex with their partners. However, about one-third of respondents perceive that most married women they know only have sex with their husbands. The perception regarding married men is even lower, particularly from female respondents: only 17 percent believe that most married men they know only have sex with their wives, compared with 24 percent of male respondents.

Figure 9.2 Perceptions and Beliefs about Abstinence and Faithfulness



HIV/AIDS-RELATED BEHAVIOR 10

10.1 KEY FINDINGS

- Nine percent of women and 15 percent of men 20-49 had sex before they were 15. The median age at first sexual intercourse for women is 18.4 and for men 18.0.
- The proportion of all women age 15-49 who report having sex with two or more partners in the 12 months preceding the survey is relatively low (1 percent), but reaches 9 percent among men than women.
- A larger proportion of men than women reported having high-risk sex at some time in the past 12 months (35 and 21 percent, respectively).
- Half of women and 66 percent of men reported condom use the last time they had sex with a nonmarital, noncohabiting partner in the last 12 months.
- Twenty-seven percent of women and 20 percent of men have ever been tested for HIV and received the results of their HIV test.
- Around 1 in 10 women and men age 15-49 have been tested for HIV and received test results in the last 12 months.

10.2 INTRODUCTION

This chapter explores the prevalence of behaviors that relate to and influence the HIV/AIDS epidemic and other related infections. Discussed are issues such as age at sexual debut, multiple sexual partners, and sex with commercial sex workers, all of which are related to higher risk of contracting and spreading HIV and other sexually transmitted infections. The chapter also examines higher-risk sexual behaviors and the prevalence of sexually transmitted infections among women and men age 15-49. Also analyzed is information on the prevalence of voluntary counseling and testing for HIV. Finally, information on the practice of female and male circumcision and the use of injections and blood transfusions is examined.

10.3 AGE AT FIRST SEXUAL INTERCOURSE

While age at first marriage is commonly used as a proxy for exposure to intercourse, the two events do not coincide exactly. Women may engage in sexual relations prior to marriage, especially if they are postponing the age at which they marry. The 2005 GAIS asked women to state the age at which they first had sexual intercourse. The information on age at first sexual intercourse in Table 10.1 parallels the information on age at first marriage in Table 3.7. The median age at first sexual intercourse by background characteristics is included in Table 10.2 and summarized in Figure 10.1 by residence and education.

- Among young adults 15-19, about two-thirds of them have never had intercourse.
- Nine percent of women age 25-49 had sex before age 15, while almost half (44 percent) had first sex by their 18th birthday. Although there is not a clear trend over time, it seems as if younger women are more likely to have their first sexual encounter at an earlier age than older women.
- Among men, 15 percent of those age 20-49 had sex before age 15 and 51 percent before age 18, with no clear trend across the age cohorts.
- The median age at first sexual intercourse is 18.4 years for women and 18.0 years for men.

Table 10.1 Age at first sexual intercourse

Percentage of women and men age 15-49 who had first sexual intercourse by specified exact ages, percentage who never had intercourse, and median age at first intercourse, according to current age, Guyana 2005

Current age	Percentage of women/men who had first sexual intercourse by exact age: 15	18	20	22	25	Percentage who never had intercourse	Number of respondents	Median age at first intercourse[1]
WOMEN								
15-19	7.5	na	na	na	na	63.1	456	a
20-24	9.9	43.9	66.3	na	na	18.0	386	18.4
25-29	11.7	50.8	73.8	83.8	89.9	4.3	335	17.9
30-34	8.6	39.5	69.0	81.0	87.8	2.5	367	18.5
35-39	6.4	42.7	66.3	79.7	86.2	0.7	283	18.5
40-44	8.3	40.7	64.5	76.3	83.9	2.1	333	18.7
45-49	7.4	43.9	64.8	77.7	88.9	1.8	266	18.6
20-49	8.9	43.5	67.6	na	na	5.4	1,969	18.4
25-49	8.6	43.5	67.9	79.8	87.3	2.3	1,583	18.4
MEN								
15-19	11.1	na	na	na	na	61.2	391	a
20-24	15.6	52.2	74.7	na	na	14.5	268	17.8
25-29	14.6	46.8	63.4	76.0	86.1	9.7	259	18.3
30-34	13.5	51.2	74.2	84.3	90.2	3.5	289	17.9
35-39	19.2	55.4	70.8	81.3	88.5	1.7	250	17.4
40-44	12.4	47.1	70.8	81.7	91.8	0.6	224	18.2
45-49	11.9	50.8	71.0	83.6	90.3	0.7	195	17.9
20-49	14.7	50.6	70.9	na	na	5.5	1,484	18.0
25-49	14.5	50.3	70.1	81.3	89.3	3.5	1,217	18.0

na = Not applicable due to censoring
a = Omitted because less than 50 percent of the respondents married for the first time before reaching the beginning of the age group
[1]The median is the midpoint of the distribution of respondents by age at first sexual intercourse

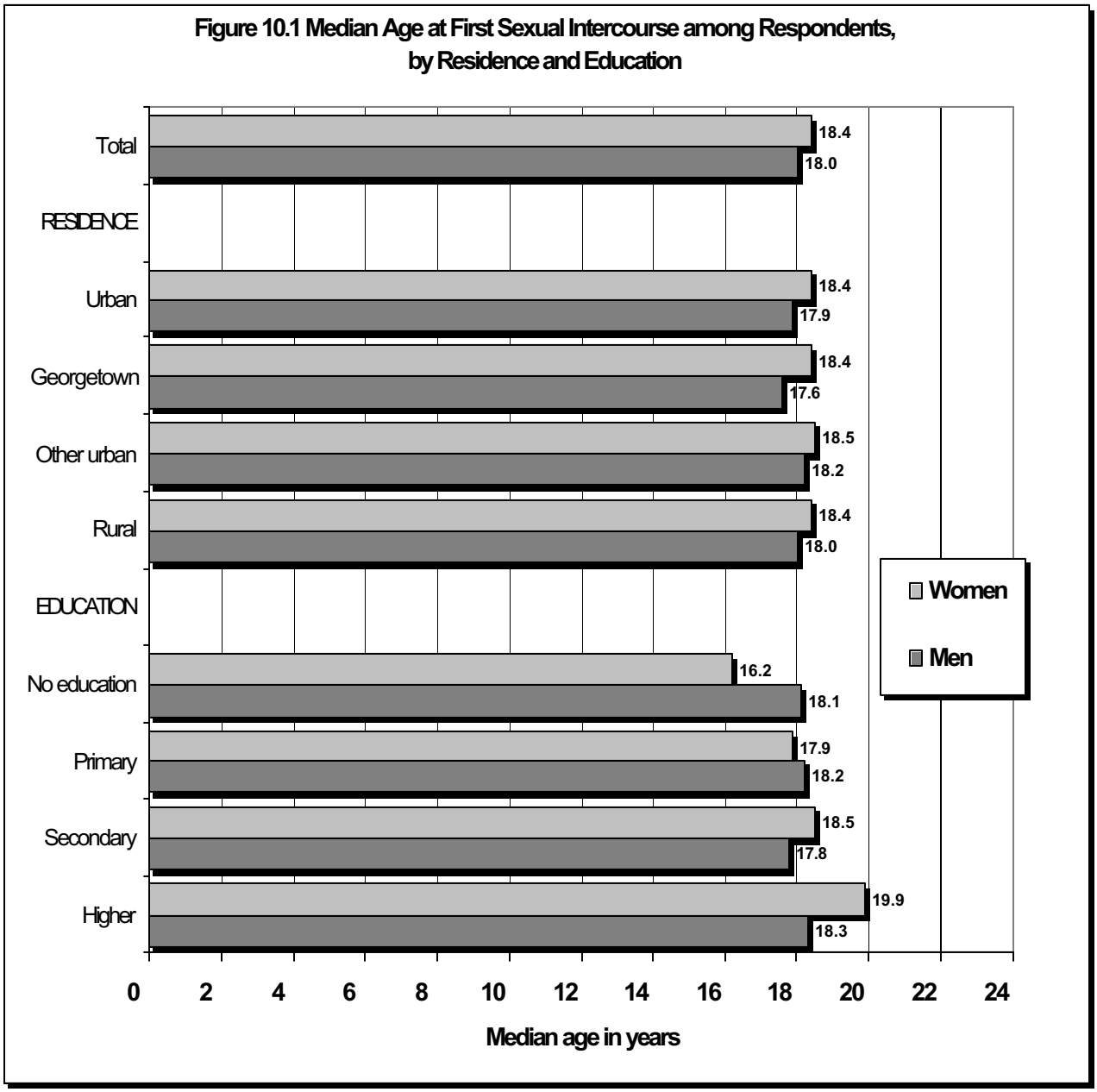
- With regard to education, women with at least some secondary education begin sexual activity at least two years later than those with no education. It also seems as if there has been a reduction in age at first sexual intercourse over time for women with no education. Poor women tend to initiate sexual activity about two years earlier than those who live in wealthy households.
- The data for men show a similar pattern to women, with almost no differences in the timing of first sexual activity between those in the rural and the urban areas. However, there seems to be a slight decrease in age at first sexual intercourse in urban areas. As for women, the median age at first sex among men increases with the level of education and wealth status, but only slightly.

Table 10.2 Median age at first sexual intercourse

Median age at first sexual intercourse among women and men age 20-49 years, by current age and background characteristics, Guyana 2005

Background characteristic	Current age						Respondents age
	20-24	25-29	30-34	35-39	40-44	45-49	20-49
WOMEN							
Education							
No education	*	*	*	*	*	*	*
Primary	16.8	16.6	17.3	18.4	18.6	17.9	17.9
Secondary	18.4	18.0	18.6	18.5	18.7	18.8	18.5
Higher	a	(20.4)	(20.6)	*	*	*	19.9[1]
Wealth quintile							
Lowest	16.8	16.3	17.7	(17.1)	(18.4)	(17.1)	16.9
Second	18.1	17.2	18.4	18.5	18.1	(18.5)	18.2
Middle	19.2	18.0	18.3	17.7	18.9	19.2	18.5
Fourth	19.4	19.0	18.6	19.0	18.4	18.3	18.7
Highest	18.9	18.9	19.5	19.8	19.2	19.8	19.3
Residence							
Urban	18.5	18.0	18.5	18.6	18.5	18.7	18.4
Georgetown urban	*18.4*	*17.7*	*18.3*	*18.7*	*18.6*	*19.2*	*18.4*
Other urban	*(18.6)*	*(18.5)*	*(18.7)*	*(18.4)*	*(18.4)*	*(18.1)*	*18.5*
Rural	18.4	17.9	18.5	18.4	18.7	18.5	18.4
Total	18.4	17.9	18.5	18.5	18.7	18.6	18.4
MEN							
Education							
No education	a	*	*	*	*	*	(18.1)
Primary	(18.1)	19.0	18.0	17.7	18.5	17.7	18.2
Secondary	17.7	18.2	17.9	17.1	18.0	18.0	17.8
Higher	(18.3)	*	*	*	*	*	18.3
Wealth quintile							
Lowest	(17.5)	16.6	16.6	17.4	(18.4)	*	17.1
Second	(17.9)	19.0	17.9	(17.0)	(17.6)	(17.7)	17.9
Middle	(17.9)	18.9	18.3	17.2	18.3	(17.9)	18.2
Fourth	17.9	18.9	(18.2)	18.0	(17.7)	(19.5)	18.2
Highest	18.0	18.3	17.8	(17.3)	(19.0)	(17.9)	18.1
Residence							
Urban	17.9	17.0	18.3	17.8	17.5	18.4	17.9
Georgetown urban	*17.8*	*(16.8)*	*18.1*	*(17.8)*	*(17.2)*	*(17.7)*	*17.6*
Other urban	*(18.1)*	*(17.7)*	*(18.5)*	*(17.7)*	*	*(19.2)*	*18.2*
Rural	17.8	18.7	17.8	17.3	18.4	17.8	18.0
Total	17.8	18.3	17.9	17.4	18.2	17.9	18.0

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the respondents had intercourse for the first time before the beginning of the age group
[1]Age group 25-49



10.4 RECENT SEXUAL ACTIVITY

In the absence of protection, the probability of infection is related to the frequency of intercourse. Thus, information on sexual activity can be used to refine measures of exposure to contracting HIV or STIs. But not all women and men who have ever had intercourse are currently sexually active. Respondents are considered to be sexually active if they had intercourse at least once in the four weeks prior to the survey. Women who are not sexually active may be abstaining in the period following a birth (postpartum abstaining, the main reason women in a union may not be sexually active), or may be abstaining for various other reasons (spousal separation, illness, etc.). Tables 10.3.1 and 10.3.2 present data on the timing of last sexual intercourse, by selected background and demographic characteristics.

- A similar proportion of women and men (16 and 17 percent, respectively) had never had sex.
- Fifty-six percent of women and 61 percent of men reported that they had sex within the last four weeks preceding the survey. On the other hand, 16 percent of women and 12 percent of men had sexual intercourse in the year preceding the survey.
- Both young women and men age 15-19 were less likely than respondents in other age groups to be sexually active in the last four weeks, because a large proportion of them never had sexual intercourse (63 percent of women and 61 percent of men).

Table 10.3.1 Recent sexual activity: Women

Percent distribution of women by timing of last sexual intercourse, according to background characteristics, Guyana 2005

Background characteristic	Timing of last sexual intercourse: Within the last four weeks	Within one year[1]	One or more years ago	Missing	Never had sexual intercourse	Total	Number of women
Age							
15-19	19.8	12.4	4.1	0.6	63.1	100.0	456
20-24	57.0	18.0	5.5	1.5	18.0	100.0	386
25-29	67.9	18.6	7.2	2.0	4.3	100.0	335
30-34	70.1	17.6	8.1	1.7	2.5	100.0	367
35-39	71.1	15.3	12.5	0.4	0.7	100.0	283
40-44	64.8	14.7	15.3	3.1	2.1	100.0	333
45-49	56.0	15.9	25.3	1.0	1.8	100.0	266
15-24	36.9	15.0	4.7	1.0	42.4	100.0	842
Marital status							
Never married	14.7	16.7	13.6	2.8	52.2	100.0	755
Currently married	84.5	12.2	2.7	0.6	0.0	100.0	1,414
Formerly married	21.3	34.8	41.4	2.4	0.0	100.0	256
Marital duration[2]							
Married only once							
0-4 years	82.3	16.2	1.2	0.3	0.0	100.0	242
5-9 years	88.3	9.8	1.1	0.7	0.0	100.0	260
10-14 years	86.5	11.9	1.5	0.0	0.0	100.0	221
15-19 years	85.6	10.6	3.3	0.5	0.0	100.0	163
20-24 years	80.9	10.5	7.1	1.5	0.0	100.0	150
25+ years	84.3	11.1	4.6	0.0	0.0	100.0	140
Married more than once	82.5	13.7	2.8	1.0	0.0	100.0	238
Current contraceptive method							
Female sterilization	77.4	11.2	11.4	0.0	0.0	100.0	51
Pill	84.9	14.1	0.7	0.3	0.0	100.0	199
IUD	79.8	12.6	5.7	1.9	0.0	100.0	127
Condom	77.7	20.6	1.2	0.5	0.0	100.0	150
Periodic abstinence	9.5	30.2	20.1	1.6	38.6	100.0	46
Other method	74.4	14.6	4.4	2.2	4.4	100.0	88
No method	49.0	15.9	12.3	1.7	21.1	100.0	1,763
Education							
No education	*	*	*	*	*	*	25
Primary	70.8	14.5	8.5	2.2	3.9	100.0	487
Secondary	53.7	15.4	10.3	1.1	19.5	100.0	1,721
Higher	40.4	24.0	12.8	2.6	20.2	100.0	192
Wealth quintile							
Lowest	57.4	18.8	10.6	1.6	11.6	100.0	377
Second	59.9	16.2	6.5	1.5	15.9	100.0	485
Middle	57.2	13.7	11.5	1.1	16.4	100.0	508
Fourth	52.2	16.4	11.8	1.9	17.7	100.0	526
Highest	54.5	15.5	10.4	1.3	18.4	100.0	529
Residence							
Urban	50.3	21.1	12.9	1.8	13.8	100.0	741
Georgetown urban	*47.1*	*23.2*	*13.8*	*2.0*	*13.9*	*100.0*	*458*
Other urban	*55.6*	*17.6*	*11.5*	*1.7*	*13.7*	*100.0*	*283*
Rural	58.6	13.7	9.0	1.3	17.3	100.0	1,684
Total	56.1	16.0	10.2	1.5	16.3	100.0	2,425

Note: Currently married includes women in consensual union (living together). Formerly married includes divorced, separated, or widowed. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1]Excludes women who had sexual intercourse within the last four weeks

[2]Excludes women who are not currently married

Table 10.3.2 Recent sexual activity: Men

Percent distribution of men by timing of last sexual intercourse, according to background characteristics, Guyana 2005

Background characteristic	Timing of last sexual intercourse: Within the last four weeks	Within one year[1]	One or more years ago	Missing	Never had sexual intercourse	Total	Number of men
Age							
15-19	12.9	17.0	7.8	1.0	61.2	100.0	391
20-24	51.8	21.0	11.4	1.4	14.5	100.0	268
25-29	65.6	15.3	8.1	1.4	9.7	100.0	259
30-34	82.4	7.1	5.4	1.6	3.5	100.0	289
35-39	82.7	7.3	5.9	2.3	1.7	100.0	250
40-44	87.0	4.5	6.1	1.7	0.6	100.0	224
45-49	77.4	10.7	8.4	2.7	0.7	100.0	195
15-24	28.7	18.6	9.3	1.2	42.2	100.0	659
Marital status							
Never married	24.7	20.2	12.7	1.4	41.1	100.0	779
Currently married	93.0	4.5	0.8	1.8	0.0	100.0	967
Formerly married	45.3	24.7	27.9	2.1	0.0	100.0	129
Marital duration[2]							
Married only once							
0-4 years	93.4	3.9	1.9	0.8	0.0	100.0	165
5-9 years	92.9	3.7	0.0	3.4	0.0	100.0	181
10-14 years	92.9	5.3	0.8	1.0	0.0	100.0	185
15-19 years	90.0	7.5	0.8	1.6	0.0	100.0	121
20-24 years	98.1	0.7	0.0	1.2	0.0	100.0	92
25+ years	84.6	5.3	3.6	6.5	0.0	100.0	57
Married more than once	94.9	4.5	0.0	0.5	0.0	100.0	166
Education							
No education	(71.1)	(9.5)	(7.6)	(0.0)	(11.9)	(100.0)	29
Primary	72.8	9.9	6.7	2.5	8.0	100.0	407
Secondary	57.6	12.7	7.9	1.3	20.4	100.0	1,280
Higher	59.6	17.0	7.0	2.0	14.4	100.0	159
Wealth quintile							
Lowest	60.4	11.8	11.7	1.5	14.7	100.0	331
Second	60.0	12.1	6.1	1.7	20.2	100.0	389
Middle	65.7	9.2	6.8	1.0	17.3	100.0	381
Fourth	59.2	13.0	7.1	2.3	18.5	100.0	398
Highest	61.3	15.7	7.0	1.7	14.3	100.0	377
Residence							
Urban	58.3	13.8	8.9	2.2	16.7	100.0	534
Georgetown urban	*54.7*	*15.4*	*10.1*	*1.5*	*18.4*	*100.0*	*328*
Other urban	*64.1*	*11.4*	*7.1*	*3.5*	*13.9*	*100.0*	*206*
Rural	62.5	11.8	7.1	1.4	17.2	100.0	1,341
Total	61.3	12.4	7.6	1.6	17.1	100.0	1,875

Note: Currently married includes women in consensual union (living together). Formerly married includes divorced, separated, or widowed. Figures in parentheses are based on 25-49 unweighted cases.
[1]Excludes men who had sexual intercourse within the last four weeks
[2]Excludes men who are not currently married

- A large proportion of married and cohabiting respondents (85 percent of women and 93 percent of men) report being sexually active in the last four weeks. There is little difference on recent sexual activity by marital duration or the wealth index of the household.
- Sexual activity is higher for women with primary school education as compared with those with secondary or higher education. For men, recent sexual activity seems to decline with increasing education.
- For both women and men, recent sexual activity is higher in rural areas as compared with urban areas as a whole.

10.5 MULTIPLE SEXUAL PARTNERS AND HIGHER-RISK SEX

In the context of HIV/AIDS prevention, sexual activity is broadly classified as high-risk or low risk. Higher-risk or "non-regular" sex is a particular focus of programmatic interventions. Reduction in the number of partners, along with delay of sexual debut and faithful monogamy are key goals of most AIDS prevention programs. Tables 10.4.1 and 10.4.2 present the percentages of sexually active respondents who had sex with more than one partner in the 12 months preceding the survey. For respondents in union, the percentages include any noncohabiting partners.

Engaging in sexual intercourse with someone other than a spouse or a partner with whom one is living is considered high-risk sexual activity in terms of transmitting an STI. If a person does have sex with a nonmarital, noncohabiting partner, the risk of contracting HIV can be reduced by using condoms. Monitoring condom use at the population level is key to monitoring and evaluating HIV/AIDS programs. Among women, high-risk sex—as defined here—is not socially sanctioned in most settings and may be underreported. As such, the sample size for calculation of condom use among women may be small in some analysis categories.

Tables 10.4.1 and 10.4.2 also show the percentage of respondents who had sex with a partner other than with whom they are married or living, among all women and men who reported having sex at some time in the 12 months preceding the survey. Those who had engaged in sex with a nonmarital, noncohabiting partner were then asked whether they used a condom the last time they engaged in sex with such a partner. Higher-risk intercourse in the last 12 months and use of condoms at last sexual intercourse with a noncohabiting partner is summarized in Figures 10.2 and 10.3, both for women and men, by residence and education.

- A larger proportion of men than women reported having had more than one sexual partner (9 percent for men and only 1 percent for women) and high-risk sex (35 and 21 percent, respectively) at some time in the past 12 months. Thirteen percent of ever-married men report having had sex with a nonmarital, noncohabiting partner in the past 12 months and 6 percent had more than one sexual partner, compared with 9 and 1 percent for women, respectively.
- Sexual behavior differs by residence, with larger differences for women compared with men. More than twice as many women in urban areas than those in rural areas reported having had sex with a nonmarital, noncohabiting partner (35 percent compared with 15 percent), while only 2 percent in urban and 1 percent in rural areas had more than one sexual partner at the same time period. For men, the difference by residence in prevalence of higher-risk is not as dramatic (45 percent for urban and 31 percent for rural). At the same time, 12 percent of men in urban areas and 8 percent in rural areas report multiple sexual partners in the last year.
- Better-educated and economically well-off women and men are more likely to engage in higher-risk sexual behaviors than their counterparts in other sociodemographic groups.
- Half of women and 66 percent of men reported using a condom the last time they had sexual intercourse with a nonmarital, noncohabiting partner in the last 12 months. While six in ten ever-married men compared with seven in ten never-married men reported condom use, ever-married women are even less likely than those never-married to report condom use at last higher-risk intercourse in the last 12 months (almost four in ten compared with six in ten, respectively).
- Men reported larger mean number of lifetime sexual partners than women (six versus two). Although both women and men with higher levels of education are more likely to have multiple partners and higher-risk sex in the last 12 months than those with lower levels, the mean number of sexual partners in lifetime varies little by education. There is no important difference in the mean number of lifetime sexual partners among ever-married and never-married women and men.

Table 10.4.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Women

Among women age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the last 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and the mean number of sexual partners during their lifetime for women who ever had sexual intercourse, by background characteristics, Guyana 2005

	Multiple sexual partners and higher-risk intercourse in the past 12 months			Condom use at last higher-risk intercourse in the past12 months		Mean number of sexual partners in lifetime	
Background characteristic	Percentage who had 2+ partners in the past 12 months[1]	Percentage who had higher-risk intercourse in the past 12 months[2]	Number of women who had sexual intercourse	Percentage who reported condom use at last higher-risk intercourse[3]	Number of women who had higher-risk intercourse	Mean number	Number of women who ever had intercourse
Age							
15-19	7.2	58.9	147	67.9	87	1.6	168
20-24	2.4	31.0	290	55.5	90	1.9	316
25-29	1.2	20.9	290	41.5	61	1.9	320
30-34	0.6	13.7	322	49.4	(44)	2.1	358
35-39	0.4	14.7	245	40.6	(36)	2.0	281
40-44	0.2	10.5	266	31.0	(28)	2.1	324
45-49	0.0	14.4	191	25.8	(27)	2.0	261
15-24	4.0	40.4	436	61.6	176	1.8	484
Marital status							
Never married	4.1	98.7	237	58.8	234	2.2	359
Currently married	0.7	1.7	1,369	39.0	23	1.8	1,414
Formerly married	4.2	80.4	144	34.3	116	2.8	256
Education							
No education	*	*	19	*	1	*	24
Primary	0.0	8.7	417	42.9	(36)	1.8	467
Secondary	1.9	23.3	1,191	50.6	277	2.0	1,386
More than secondary	1.9	46.7	123	50.7	58	2.3	153
Wealth quintile							
Lowest	1.7	19.1	288	56.3	55	2.2	333
Second	0.7	16.4	369	42.8	61	2.0	408
Middle	0.9	17.4	362	46.4	63	1.8	423
Fourth	1.9	23.6	361	46.1	85	1.8	433
Highest	2.0	29.4	370	55.8	109	2.0	432
Residence							
Urban	2.3	35.3	529	51.3	187	2.5	639
Georgetown urban	*3.0*	*43.7*	*322*	*51.6*	*141*	*2.8*	*395*
Other urban	*1.3*	*22.1*	*207*	*50.6*	*46*	*2.1*	*244*
Rural	1.0	15.2	1,221	48.5	186	1.7	1,391
Total	1.4	21.3	1,750	49.9	373	2.0	2,029

Note: Currently married includes women in consensual union (living together). Formerly married includes divorced, separated, or widowed. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1]Corresponds to the President's Emergency Plan for AIDS Relief *Prevention* Indicator 4 "Percentage of women and men age 15-49 who had sex with more than one partner in the last 12 months"

[2]Sexual intercourse with a partner who was neither a spouse nor who lived with the respondent. It corresponds to UNAIDS *Sexual Behavior* Indicator 1 "Higher-risk sex in the last year."

[3]Corresponds to President's Emergency Plan for AIDS Relief *Prevention* Indicator 5 "Percentage of women and men age 15-49 who say they used a condom the last time they had sex with a nonmarital, noncohabiting partner, of those who have had sex with such a partner in the last 12 months"

Table 10.4.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Men

Among men age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months; and among those having higher-risk intercourse in the last 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and the mean number of sexual partners during their lifetime for men who ever had sexual intercourse, by background characteristics, Guyana 2005

	Multiple sexual partners and higher-risk intercourse in the past 12 months			Condom use at last higher-risk intercourse in the past12 months		Mean number of sexual partners in lifetime	
Background characteristic	Percentage who had 2+ partners in the past 12 months[1]	Percentage who had higher-risk intercourse in the past 12 months[2]	Number of men who had sexual intercourse	Percentage who reported condom use at last higher-risk intercourse[3]	Number of men who had higher-risk intercourse	Mean number	Number of men who ever had intercourse
Age							
15-19	17.5	95.5	117	74.6	112	3.5	152
20-24	20.4	71.4	195	62.0	139	5.3	229
25-29	11.2	40.5	210	69.5	85	5.9	234
30-34	6.7	23.4	259	56.0	60	5.6	279
35-39	4.0	13.9	225	67.5	(31)	6.7	246
40-44	6.1	14.6	206	62.5	(30)	7.9	222
45-49	4.2	16.1	172	63.3	(28)	6.3	193
15-24	19.3	80.5	312	67.6	251	4.6	381
Marital status							
Never married	18.8	99.4	349	69.4	347	5.4	459
Currently married	4.8	6.1	944	51.9	57	5.8	967
Formerly married	21.2	89.6	90	60.9	81	9.7	129
Education							
No education	*	*	24	*	3	*	26
Primary	4.8	22.2	337	50.3	75	5.4	374
Secondary	10.3	37.8	902	68.1	341	6.3	1,019
More than secondary	17.3	55.0	121	73.4	67	5.6	136
Wealth quintile							
Lowest	7.1	31.9	239	57.8	76	6.0	282
Second	5.0	26.9	282	60.5	76	6.0	310
Middle	10.1	33.9	285	64.1	97	6.0	315
Fourth	9.7	36.9	288	67.6	106	5.9	325
Highest	14.5	45.0	290	73.8	131	6.1	323
Residence							
Urban	12.2	44.6	386	69.6	172	6.7	445
Georgetown urban	*14.3*	*49.8*	*230*	*71.6*	*115*	*7.5*	*268*
Other urban	*9.1*	*36.9*	*156*	*65.6*	*58*	*5.4*	*177*
Rural	8.3	31.4	998	63.9	313	5.7	1,110
Total	9.4	35.1	1,384	65.9	486	6.0	1,555

Note: Currently married includes women in consensual union (living together). Formerly married includes divorced, separated, or widowed. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1]Corresponds to the President's Emergency Plan for AIDS Relief *Prevention* Indicator 4 "Percentage of women and men age 15-49 who had sex with more than one partner in the last 12 months"

[2]Sexual intercourse with a partner who was neither a spouse nor who lived with the respondent. It corresponds to UNAIDS *Sexual Behavior* Indicator 1 "Higher-risk sex in the last year."

[3]Corresponds to President's Emergency Plan for AIDS Relief *Prevention* Indicator 5 "Percentage of women and men age 15-49 who say they used a condom the last time they had sex with a nonmarital, noncohabiting partner, of those who have had sex with such a partner in the last 12 months"

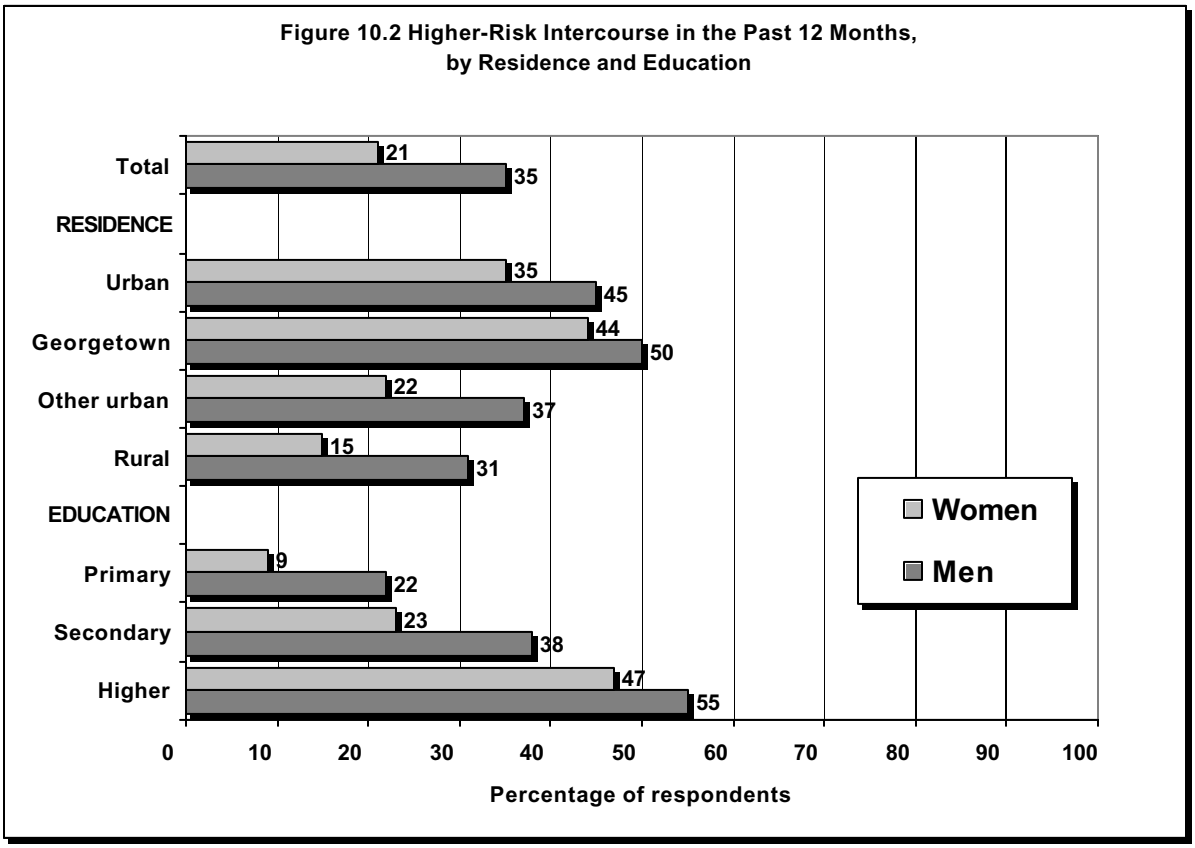


Figure 10.2 Higher-Risk Intercourse in the Past 12 Months,
by Residence and Education
Total
RESIDENCE
Urban
Georgetown
Other urban
Rural
EDUCATION
Primary
Secondary
Higher
21
35
35
45
44
50
22
37
15
31
9
22
23
38
47
55
Women
Men
0
10
20
30
40
50
60
70
80
90
100
Percentage of respondents

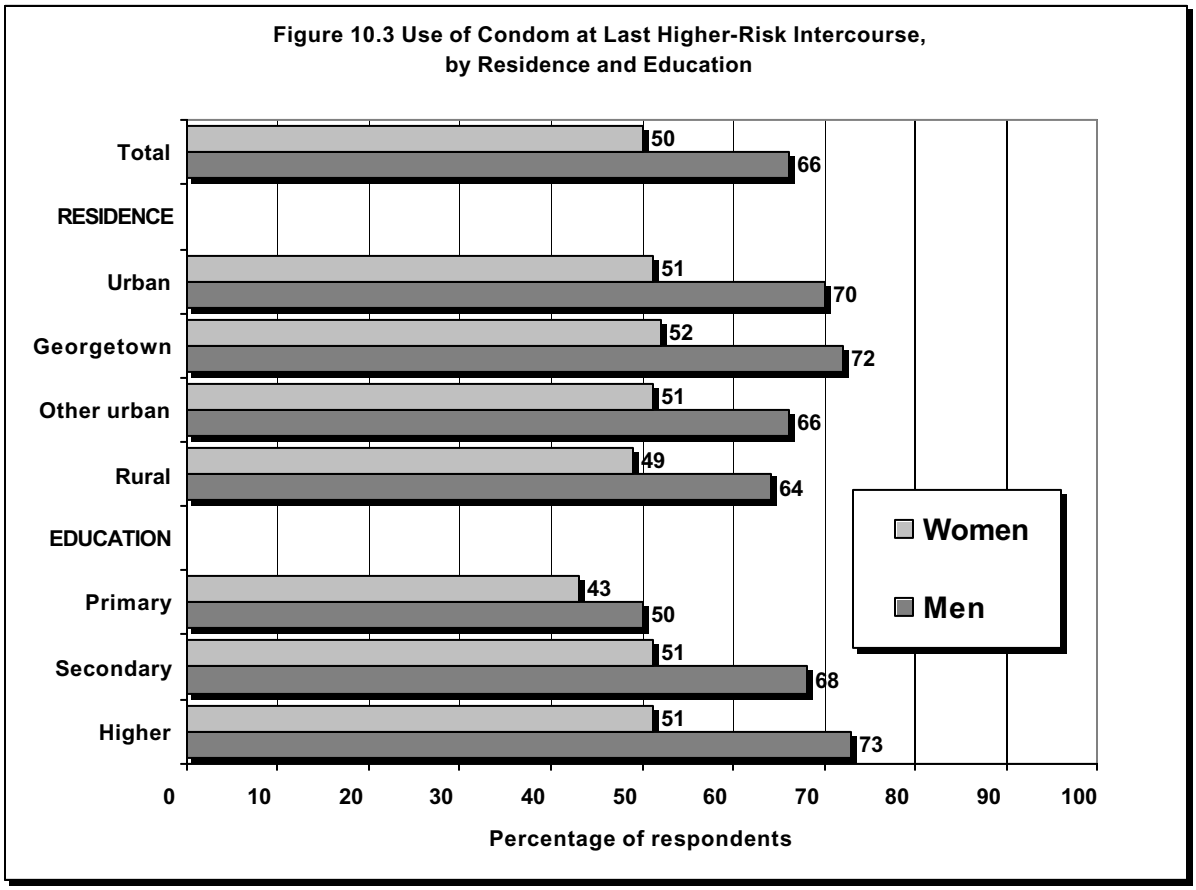


Figure 10.3 Use of Condom at Last Higher-Risk Intercourse,
by Residence and Education
Total
RESIDENCE
Urban
Georgetown
Other urban
Rural
EDUCATION
Primary
Secondary
Higher
50
66
51
70
52
72
51
66
49
64
43
50
51
68
51
73
Women
Men
0
10
20
30
40
50
60
70
80
90
100
Percentage of respondents

10.6 SEX WITH PROSTITUTES

As presented above, higher-risk sex is defined as having sex with a nonmarital, noncohabiting partner. This includes sex with commercial sex workers (i.e., prostitutes). Sex with prostitutes is particularly risky because they have many partners and are thus more likely to have sexually transmitted infections. Since the percentage of men reporting sex with a prostitute in the last 12 months was only 1 percent and didn't vary by background characteristics, the detailed results are not shown in a table.

10.7 VOLUNTARY HIV TESTING AND COUNSELING

Knowledge of one's HIV status can empower individuals to take precautions to protect against either acquiring or transmitting the disease. Deliberate efforts need to be made to educate people about the importance of getting tested for HIV so as to know one's status. Consequently, Guyana has established a number of voluntary counseling and testing (VCT) sites across the country and encourages their use by the general population.

The percentage of women who have ever been tested may increase over time, since women who become pregnant do have an opportunity to receive counseling when they attend antenatal clinics, and after counseling, if they consent, they have an opportunity for testing and knowing their status.

In the 2005 GAIS, respondents were asked whether they had ever been tested for HIV and whether they had received the results of the test. Those tested were also asked if they had received their test results the last time they were tested for HIV in the past 12 months. The results are shown in Table 10.5 by background characteristics and summarized in Figure 10.4 by education and residence.

- Twenty-seven percent of women and 20 percent of men have ever been tested and received the results of their HIV test. The highest percentage of those who have ever tested is concentrated among respondents 20–29 years of age. Similar to many other indicators, HIV testing appears to be an urban phenomenon, specifically in Georgetown, and among the most educated and wealthy individuals; this is the case more so for men than women.
- The differentials by residence, education, and socioeconomic status in the percentage who have been tested and received their results in the last 12 months are substantial and they are similar for women and men. These differences should be an important consideration for programmatic purposes.

Table 10.5 Coverage of prior HIV testing

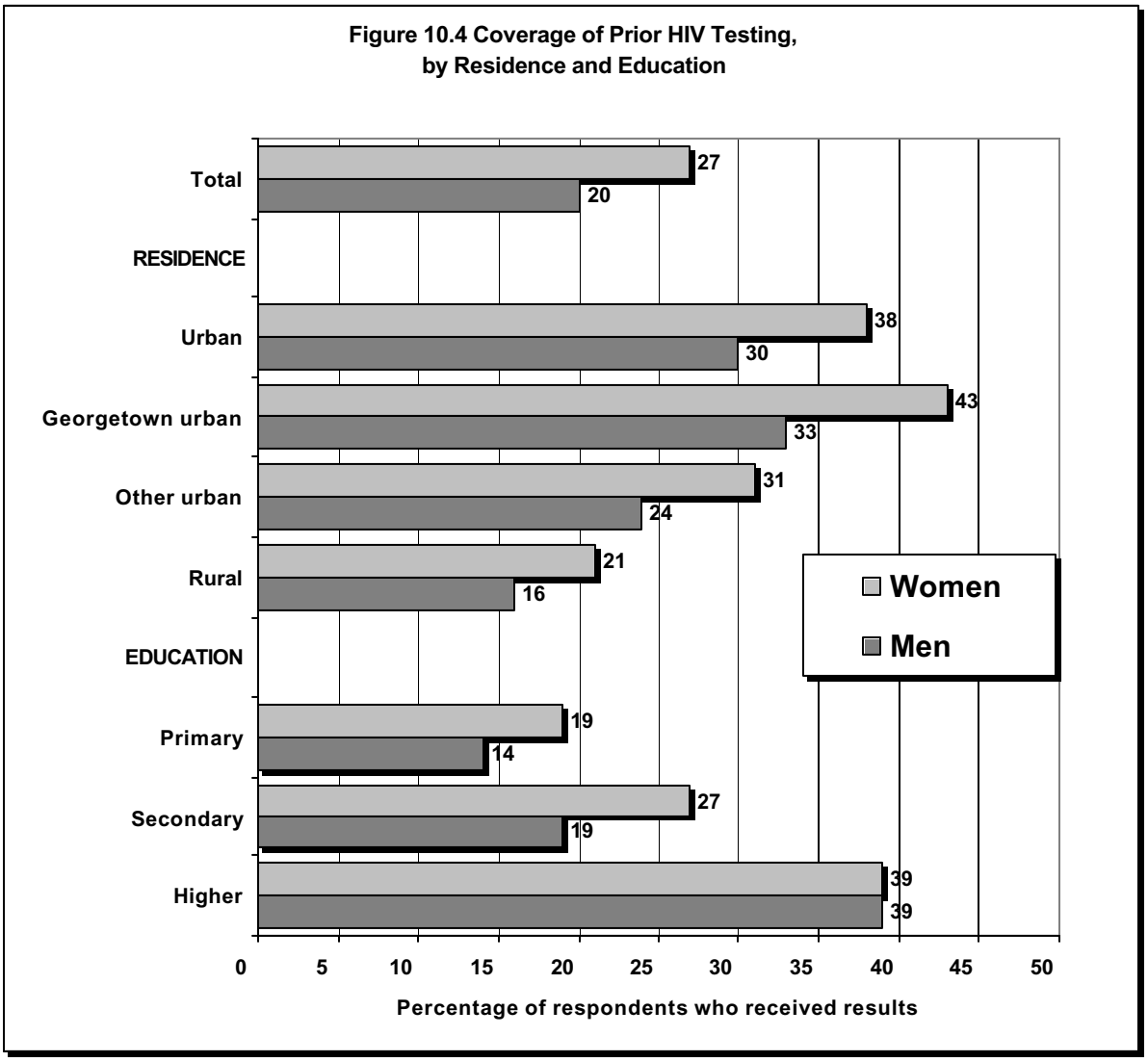
Percent distribution of women and men age 15-49 by testing status and by whether they received the results of the test; and percentage of women and men age 15-49 who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Guyana 2005

	Women						Men					
	Percent distribution of women by testing status				Percentage who received results from last HIV test taken in the past 12 months[2]	Number of women	Percent distribution of men by testing status				Percentage who received results from last HIV test taken in the past 12 months[2]	Number of men
	Ever tested		Never tested/ DK/ missing	Total			Ever tested		Never tested/ DK missing	Total		
Background characteristic	Received results[1]	No results					Received results[1]	No results				
Age												
15-19	14.6	1.4	84.0	100.0	9.0	456	5.4	1.1	93.5	100.0	4.2	391
20-24	36.8	3.3	59.9	100.0	17.8	386	26.8	2.1	71.1	100.0	16.0	268
25-29	36.9	2.9	60.2	100.0	14.9	335	25.6	2.7	71.7	100.0	16.5	259
30-39	30.0	1.6	68.4	100.0	11.2	650	23.0	1.7	75.3	100.0	11.4	539
40-49	19.4	2.3	78.4	100.0	6.9	599	19.9	1.0	79.1	100.0	7.0	419
15-24	24.8	2.3	73.0	100.0	13.0	842	14.1	1.5	84.4	100.0	9.0	658
Marital status												
Never married	19.5	1.3	79.2	100.0	9.7	755	14.8	1.6	83.6	100.0	8.9	779
Ever had sex	*35.4*	*1.7*	*63.0*	*100.0*	*16.9*	*361*	*22.5*	*2.2*	*75.3*	*100.0*	*13.7*	*459*
Never had sex	*5.0*	*1.0*	*94.0*	*100.0*	*3.1*	*394*	*3.6*	*0.8*	*95.6*	*100.0*	*2.0*	*320*
Currently married	28.3	2.5	69.2	100.0	11.6	1,414	22.2	1.6	76.2	100.0	11.6	967
Formerly married	37.4	2.9	59.8	100.0	14.2	256	28.1	2.1	69.8	100.0	8.8	129
Education												
No education	*	*	*	*	*	25	(13.2)	(0.0)	(86.8)	(100.0)	(10.7)	29
Primary	18.9	2.3	78.8	100.0	5.9	487	13.9	1.4	84.8	100.0	7.4	407
Secondary	27.2	2.2	70.6	100.0	12.2	1,721	19.1	1.7	79.2	100.0	9.9	1,280
More than secondary	39.4	2.3	58.3	100.0	16.7	192	38.9	1.7	59.4	100.0	20.6	159
Wealth quintile												
Lowest	23.0	2.5	74.4	100.0	9.7	377	13.1	0.9	86.0	100.0	5.1	331
Second	25.5	2.8	71.7	100.0	8.5	485	15.5	1.1	83.4	100.0	9.2	389
Middle	23.4	1.7	74.9	100.0	10.5	508	15.3	1.3	83.4	100.0	8.2	381
Fourth	26.1	2.6	71.3	100.0	11.3	526	23.2	2.7	74.1	100.0	11.9	398
Highest	33.3	1.4	65.3	100.0	15.7	529	29.6	2.0	68.4	100.0	16.3	377
Residence												
Urban	38.3	3.0	58.8	100.0	16.3	741	29.5	2.0	68.5	100.0	15.1	534
Georgetown urban	*43.0*	*3.5*	*53.5*	*100.0*	*17.4*	*458*	*32.9*	*1.7*	*65.3*	*100.0*	*15.6*	*328*
Other urban	*30.7*	*2.1*	*67.2*	*100.0*	*14.7*	*283*	*24.2*	*2.4*	*73.5*	*100.0*	*14.4*	*206*
Rural	21.3	1.9	76.8	100.0	9.1	1,684	15.5	1.5	83.0	100.0	8.3	1,341
Total	26.5	2.2	71.3	100.0	11.3	2,425	19.5	1.6	78.9	100.0	10.3	1,875

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced, separated, or widowed. Figures in parentheses are based on 25-49 unweighted cases.

[1]Partially corresponds to UNAIDS *Voluntary Counseling and Testing* Indicator 1 "Population requesting an HIV test, receiving a test and receiving test results." The "voluntary" component of the indicator is not included in the table.

[2]Corresponds to the President's Emergency Plan for AIDS Relief *Counseling and Testing* Indicator 1 "Percentage of women and men age 15-49 who have been tested for HIV in the past 12 months and received their test results the last time they were tested"



In order to reduce the likelihood of HIV-positive women passing the virus along to their children during pregnancy, during delivery, or through breastfeeding, it is necessary to encourage pregnant women to be tested so as to know their status. Table 10.6 shows, for women who gave birth in the two years preceding the survey, the percentage who received HIV counseling during antenatal care for their most recent birth, and the percentage who accepted an offer of HIV testing, whether or not they received their test results, by background characteristics.

- Among women who delivered a baby in the two years preceding the survey, half were counseled about HIV/AIDS, but only 6 percent had an HIV test and received results.
- Overall, only 5 percent of women received HIV counseling, accepted an offer for an HIV test, and received their results.
- The likelihood of receiving HIV/AIDS counseling during an antenatal care visit rises steadily with increasing education and wealth quintile, and is higher in urban than rural areas (69 and 44 percent, respectively).
- A similar pattern is true for receiving counseling, testing, and results combined, particularly by wealth quintiles with the proportion increasing from 1 percent to 15 percent between the lowest and the highest quintile.
- Twice as many urban women are being counseled, tested, and given their HIV status than rural women (8 and 4 percent, respectively).

Table 10.6 Pregnant women counseled and tested for HIV

Among all women 15-49 who gave birth in the two years preceding the survey, the percentage who received HIV counseling during antenatal care for their most recent birth, and the percentage who accepted an offer of HIV testing by whether they received their test results, according to background characteristics, Guyana 2005

Background characteristic	Percentage who received HIV counseling during antenatal care[1]	Percentage who were offered and accepted an HIV test during antenatal care and who[2]:		Percentage who were counseled, were offered and who accepted an HIV test, and who received results[2,3]	Number of women who gave birth in the last two years[4]
		Received results	Did not receive results		
Age					
15-19	(59.8)	(2.4)	(1.0)	(2.4)	44
20-24	50.4	3.1	0.0	3.1	118
25-29	48.3	8.2	0.0	6.6	82
30-39	51.8	8.7	0.0	7.9	82
40-49	*	*	*	*	15
15-24	53.0	2.9	0.3	2.9	162
Marital status					
Never married	(60.9)	(5.2)	(1.2)	(3.3)	39
Currently married	50.7	5.3	0.0	4.8	282
Formerly married	*	*	*	*	20
Education					
No education	*	*	*	*	6
Primary	37.3	2.7	0.0	2.7	80
Secondary	58.1	4.0	0.2	3.7	234
More than secondary	*	*	*	*	22
Wealth quintile					
Lowest	40.8	1.1	0.0	1.1	97
Second	51.8	4.4	0.0	2.8	81
Middle	57.6	4.2	0.8	4.2	54
Fourth	56.0	6.0	0.0	4.7	54
Highest	59.8	15.4	0.0	15.4	55
Residence					
Urban	68.6	8.8	0.5	8.1	101
Georgetown urban	*66.1*	*9.4*	*0.8*	*8.3*	*61*
Other urban	*72.3*	*7.8*	*0.0*	*7.8*	*40*
Rural	44.4	4.1	0.0	3.6	241
Total	51.5	5.5	0.1	4.9	341

Note: Currently married includes women in consensual union (living together). Formerly married includes divorced, separated, or widowed. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1]In this context, "counseled" means that someone talked with the respondent about all three of the following topics: 1) babies getting the AIDS virus from their mother, 2) preventing the virus, and 3) getting tested for the virus

[2]Only women who were offered the test are included here. Women who were either required or asked for the test are excluded from the numerator of this measure.

[3]Corresponds to UNAIDS *Mother to Child Transmission* Indicator 1 "Pregnant women counseled and tested for HIV"

[4]Includes women who did not receive antenatal care for their last birth in the past two years

10.8 PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS

The prevalence of sexually transmitted infections is positively related with that of HIV. It is believed that if STIs are not treated immediately, one's chances of becoming infected with HIV during unprotected sex with an HIV-positive partner increase. All 2005 GAIS respondents who had ever had sex were asked whether they had an STI in the past 12 months. They were also asked whether they had experienced any abnormal genital discharge or a genital sore or ulcer in the past 12 months. These data are likely to underestimate the true prevalence of STIs for a number of reasons. For example, if symptoms are not obvious or prolonged, they may not be recognized as an STI. Furthermore, even if a respondent knows that she or he has an STI, the respondent may be reluctant to report it, because of embarrassment or presumed stigma associated with such infections. The results are presented in Table 10.7.1 by selected background characteristics.

Table 10.7.1 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

Among women and men age 15-49 who ever had sexual intercourse, the percentage reporting having an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Guyana 2005

	Women					Men				
Background characteristic	Percentage with an STI[1]	Percentage with bad smelling/ abnormal genital discharge	Percentage with genital sore/ulcer	Percentage with STI/ discharge/ genital sore/ ulcer	Number of women who ever had sexual intercourse	Percentage with an STI[1]	Percentage with bad smelling/ abnormal genital discharge	Percentage with genital sore/ulcer	Percentage with STI/ discharge/ genital sore/ ulcer	Number of men who ever had sexual intercourse
Age										
15-19	2.0	4.3	0.9	5.2	168	0.5	1.5	0.3	2.3	152
20-24	1.5	1.6	1.4	2.9	316	0.9	1.2	0.7	2.4	229
25-29	2.0	2.6	0.9	4.6	320	0.3	2.4	1.5	4.1	234
30-39	1.1	2.4	0.4	3.4	639	2.4	3.4	0.5	4.6	525
40-49	1.1	1.8	1.0	3.4	587	0.9	2.5	0.6	3.6	416
15-24	1.7	2.5	1.2	3.7	484	0.7	1.3	0.5	2.4	381
Marital status										
Never married	1.8	3.2	0.6	4.2	361	1.2	2.4	1.0	4.0	459
Currently married	0.9	2.2	0.8	3.2	1,414	1.2	2.5	0.4	3.6	967
Formerly married	3.3	1.2	1.5	5.4	256	2.0	2.7	1.3	3.7	129
Education										
No education	*	*	*	*	24	*	*	*	*	26
Primary	0.6	1.0	0.6	1.7	468	0.9	3.2	0.4	4.5	374
Secondary	1.6	2.3	0.8	3.9	1,386	1.4	2.4	0.8	3.5	1,019
More than secondary	1.4	5.5	0.9	6.4	153	1.6	0.6	0.9	2.7	136
Wealth quintile										
Lowest	0.8	2.9	1.5	4.0	333	1.1	1.9	0.5	3.2	282
Second	1.6	2.2	0.8	3.2	408	0.8	1.2	0.6	2.1	310
Middle	1.1	1.1	0.5	2.4	425	1.3	3.9	0.4	4.7	315
Fourth	0.8	2.3	0.5	3.2	433	1.0	3.2	1.1	4.3	325
Highest	2.4	2.9	1.1	5.5	432	2.0	2.1	0.7	4.1	323
Residence										
Urban	1.9	2.7	0.5	4.0	639	2.9	2.7	1.4	5.2	445
Georgetown urban	*2.2*	*3.4*	*0.5*	*4.9*	*395*	*2.2*	*2.0*	*0.9*	*3.7*	*268*
Other urban	*1.3*	*1.6*	*0.4*	*2.7*	*244*	*3.9*	*3.7*	*2.2*	*7.5*	*177*
Rural	1.1	2.1	1.0	3.5	1,392	0.6	2.4	0.4	3.1	1,110
Total	1.4	2.3	0.8	3.7	2,031	1.2	2.5	0.7	3.7	1,555

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced, separated, or widowed. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]For youth 15-24, partially corresponds to Youth Guide *Impact* Indicator 30 "Young people who have an STI." The Youth Guide definition specifies: "Young people with STIs that were detected during diagnostic testing."

- Only 1 percent of Guyanese women and men who have ever had sexual intercourse reported having an STI in the past 12 months. Two percent of women and 3 percent of men reported having had an abnormal genital discharge, and 1 percent reported having had a genital sore or ulcer in the 12 months preceding the survey. In total, 4 percent of women and men reported having either an STI, an abnormal discharge, or a genital sore.
- Differentials by sociodemographic characteristics in the proportion who report having an STI or a symptom of an STI are not consistent. Men in younger age groups and in rural areas have lower rates of STIs and STI symptoms reported, while for women the pattern is not as straightforward. Formerly married women are more likely than others to report STIs or symptoms, while for men there is no difference by marital status.

It is important for people experiencing symptoms of STIs to be able not only to recognize them but also to seek appropriate treatment. If respondents reported an STI or an STI symptom (i.e., discharge or sore or ulcer) in the past 12 months, they were asked questions on their actions in response to the illness or symptom.

- Over 5 in 10 women but only 3 in 10 men sought care for the STIs and/or symptoms of STIs (54 and 29 percent, respectively).
- Hospitals, both government and private, and private doctors are the main sources for treatment for both men and women (16 percent of women and 12 percent of men).
- Women also thought treatment for STIs or symptoms from pharmacies (12 percent) and family planning clinics (3 percent).

Table 10.7.2 Women and men seeking treatment for STIs

Among women and men reporting STI or symptoms of an STI in the last 12 months, percentage who sought care by source of advice or treatment, Guyana 2005

Source of advice or treatment	Women	Men
Government hospital	15.7	11.7
Government health center	7.1	1.7
Family planning clinic	3.0	0.0
Private hospital/doctor	15.7	11.2
Pharmacy	11.7	4.7
Other private medical	0.0	1.1
Other	4.5	2.5
Advice or treatment	53.8	29.1
Source with personnel trained in STI care[1]	39.4	24.8
Number with STI and/or symptoms of STI	74	58

Note: Symptoms of an STI are an abnormal genital discharge, a genital sore, or a genital ulcer.
[1]Corresponds to UNAIDS *STI Care and Prevention* Indicator 4 "Men and women seeking treatment for STIs."

10.9 PREVALENCE OF INJECTIONS

An important indicator related to the risks of HIV transmission for people getting injections from health workers is the extent to which syringes and needles are not taken from unopened packages. In the 2005 GAIS, respondents were asked about medical injections in the last 12 months, the number of medical injections and for those who received medical injections, whether the health worker took the syringe and needle for the last injection from a newly opened package. The results are detailed in Table 10.8.

- In all categories the average number of injections received in the last 12 months is almost at the same level for women and men. Men are a little more likely than women to report receiving injections, especially men 20-29 years of age.
- There are no drastic sociodemographic differences in the proportion of injections given by a syringe from an opened package. Overall, about 9 in 10 injections were administered safely. Less educated and less wealthy rural respondents are slightly less likely than others to report receiving an injection from a newly opened package. This is the case especially for men.

Table 10.8 Prevalence of medical injections

Percentage of women and men age 15-49 who received at least one medical injection in the last 12 months, the average number of medical injections per person in the last 12 months, and among those who received a medical injection, the percentage of last medical injections for which the syringe and needle were taken from a new, unopened package, Guyana 2005

	Women					Men				
Background characteristic	Percentage who received a medical injection in the last 12 months	Average number of medical injections per person in the last 12 months[1]	Number of women	For last injection, syringe and needle taken from a new, unopened package[2]	Number of women who received a medical injection in the past 12 months	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the last 12 months[1]	Number of men	For last injection, syringe and needle taken from a new, unopened package[2]	Number of men who received a medical injection in the past 12 months
Age										
15-19	21.1	0.6	456	91.7	96	19.9	0.4	391	90.9	78
20-24	27.9	0.8	386	89.1	108	30.1	1.2	268	85.5	81
25-29	25.7	0.8	335	89.8	86	29.5	1.1	259	93.0	76
30-39	24.1	1.2	650	93.2	157	25.7	0.9	539	93.3	138
40-49	23.5	1.0	599	93.8	141	27.9	1.3	419	86.7	117
15-24	24.2	0.7	842	90.3	204	24.0	0.8	658	88.1	158
Marital status										
Never married	22.6	0.7	755	89.5	171	22.4	0.6	779	90.2	174
Ever had sex	*27.0*	*0.9*	*361*	*89.9*	*97*	*27.1*	*0.7*	*459*	*89.9*	*124*
Never had sex	*18.6*	*0.4*	*394*	*89.0*	*73*	*15.6*	*0.4*	*320*	*90.9*	*50*
Currently married	24.0	1.0	1,414	92.7	339	28.1	1.2	967	88.5	272
Formerly married	30.3	1.0	256	93.1	78	33.6	1.4	129	98.7	(43)
Education										
No education	*	*	25	*	7	(17.3)	(0.2)	29	*	5
Primary	17.3	1.0	487	90.0	84	22.6	0.8	407	83.3	92
Secondary	25.1	0.9	1,721	92.2	432	27.2	1.0	1,280	91.5	349
More than secondary	33.2	1.1	192	90.6	64	27.8	0.9	159	97.5	(44)
Wealth quintile										
Lowest	23.0	0.7	377	89.3	87	26.5	0.7	331	87.8	88
Second	22.8	0.8	485	87.5	111	23.5	0.9	389	82.9	91
Middle	21.4	0.8	508	93.3	109	25.6	0.6	381	89.5	97
Fourth	26.3	1.1	526	96.0	138	27.5	1.8	398	91.5	110
Highest	27.0	1.1	529	91.6	143	27.5	0.7	377	96.9	104
Residence										
Urban	25.9	1.0	741	95.1	192	28.7	0.9	534	93.4	153
Georgetown urban	*24.1*	*0.9*	*458*	*96.5*	*111*	*28.3*	*0.8*	*328*	*94.9*	*93*
Other urban	*28.6*	*1.1*	*283*	*93.1*	*81*	*29.3*	*1.0*	*206*	*91.1*	*60*
Rural	23.5	0.9	1,684	90.3	396	25.1	1.0	1,341	88.4	337
Total	24.2	0.9	2,425	91.8	588	26.1	1.0	1,875	90.0	490

Note: Currently married includes women in consensual union (living together). Formerly married includes divorced, separated, or widowed. Medical injections are those given by a doctor, nurse, pharmacist, dentist or any other health worker. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1]Corresponds to the President's Emergency Plan for AIDS Relief *Prevention* Indicator 8 "Average number of medical injections per person per year"

[2]Corresponds to the President's Emergency Plan for AIDS Relief *Prevention* Indicator 9 "Proportion of women and men reporting that the last health care injection was given with a syringe and needle set from a new, unopened package"

YOUTH AND HIV/AIDS 11

11.1 KEY FINDINGS

- Fifty-three percent of young women and 47 percent of young men have a comprehensive knowledge about HIV/AIDS.
- Eight in ten young women and nine in ten young men know a place where a person can get condoms.
- Among youth 15-24, 9 percent of women and 13 percent of men had sex by age 15. The percentage of respondents having sex before age 18—calculated for those age 18-24—increase rapidly to 59 percent for women and 68 percent for men.
- Four in five young women (43 percent) and over half of young men (55 percent) used condoms during their first sexual encounter.
- Among sexually active youths age 15-24 years, 40 percent of women and 81 percent of men engaged in higher-risk sexual activity in the 12 months preceding the survey. Among respondents who engaged in higher-risk sex in the 12 months preceding the survey, young men were slightly more likely to use condoms than young women (68 and 62 percent, respectively).
- The probability of engaging in higher-risk sex increases with increasing education level among youths, substantially more so for women (from 19 percent to 72 percent) than for men (from 66 to 97 percent).

11.2 INTRODUCTION

Promoting change in sexual behavior is a key feature of many HIV/AIDS prevention programs. Those who are not yet sexually active or those who have recently made their sexual debut are thought to be accepting of programs focusing on behavior change. Therefore, this chapter focuses on the knowledge of HIV prevention and transmission of young women and men age 15-24 and the sexual behaviors that affect their risk of exposure to HIV. Youths age15-24 are of particular interest given the fact that HIV is mainly transmitted through sexual contact. The period between initiation of sexual activity and marriage is often a time of sexual experimentation, but it may also involve risky behaviors. Issues such as abstinence, age at sexual debut, age differences between partners, and condom use are covered in this chapter. Knowledge of sources of condoms among youth also be analyzed in this chapter, as condom use has played an important role in the prevention of HIV/AIDS and other sexually transmitted infections, as well as unwanted pregnancies for young women.

11.3 HIV/AIDS-RELATED KNOWLEDGE AMONG YOUTH

Knowledge of the means of transmission of HIV is crucial in enabling people to protect themselves. Avoiding HIV is especially important for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviors. Young respondents in the 2005 GAIS were asked the same set of questions as older respondents (see Chapter 8): whether people can reduce their chances of getting the AIDS virus by having sex with only one uninfected, faithful partner and by using condoms consistently; and whether a healthy-looking person can have the AIDS virus. Respondents were also asked about misconceptions regarding the transmission of HIV. The results are presented in Table 11.1.1.

- Knowledge that using condoms and limiting sex to one uninfected partner who has no other partners can reduce chances of getting the AIDS virus is relatively high, with 76 percent of women and 80 percent of men citing both methods.
- There are substantial differentials in knowledge of HIV prevention methods by level of education of respondents: 54 percent of women and 73 percent of men with primary education agree that people can protect themselves by consistent use of condoms and having one, uninfected partner, compared with 93 percent of women and 95 percent of men with more than secondary.
- Seventy-one percent of young female respondents and 67 percent of males reject the two most common misconceptions (transmission by mosquito bites and by sharing food with someone with AIDS) and know a healthy-looking person can have the AIDS virus. This level of knowledge among youths is much higher than knowledge among all respondents age 15-49 (58 and 51 percent, respectively; see Tables 8.4.1 and 8.4.2).

Table 11.1.1 Knowledge and beliefs about AIDS among youth

Percentage of young women and men 15-24 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse and by having sex with only one faithful, uninfected partner; percentage who know that a healthy-looking person can have the AIDS virus; and percentage who correctly reject the two most common local misconceptions about AIDS transmission, by background characteristics, Guyana 2005

	Women age 15-24				Men age 15-24			
Background characteristic	Say that consistent use of condoms and having just one uninfected, faithful partner can reduce chances of getting the AIDS virus	Say that a healthy-looking person can have the AIDS virus	Say that a healthy-looking person can have the AIDS virus and reject the two most common local misconceptions	Number of women	Say that consistent use of condoms and having just one uninfected, faithful partner can reduce chances of getting the AIDS virus	Say that a healthy-looking person can have the AIDS virus	Say that a healthy-looking person can have the AIDS virus and reject the two most common local misconceptions	Number of men
Age								
15-19	73.9	86.9	70.5	456	75.6	86.9	63.6	391
15-17	*70.1*	*86.5*	*68.9*	*304*	*70.9*	*84.3*	*61.0*	*256*
18-19	*81.5*	*87.6*	*73.9*	*152*	*84.6*	*91.8*	*68.3*	*135*
20-24	79.4	89.8	71.8	386	87.3	94.5	71.7	268
20-22	*77.7*	*90.5*	*72.5*	*222*	*86.4*	*94.6*	*76.2*	*155*
23-24	*81.7*	*89.0*	*70.9*	*164*	*88.5*	*94.5*	*65.6*	*113*
Marital status								
Never married	77.2	89.2	76.7	548	79.2	89.5	67.2	579
Ever had sex	*86.3*	*92.5*	*81.2*	*191*	*87.4*	*92.6*	*70.2*	*301*
Never had sex	*72.4*	*87.4*	*74.3*	*357*	*70.4*	*86.2*	*64.0*	*278*
Ever married	75.0	86.4	60.8	294	88.7	93.4	64.3	79
Education								
No education	*	*	*	3	*	*	*	1
Primary	53.6	76.7	46.5	74	73.3	88.8	55.0	56
Secondary	77.3	88.1	72.0	682	79.2	89.0	64.9	532
More than secondary	92.5	100.0	87.0	83	94.5	98.4	91.8	69
Wealth quintile								
Lowest	64.8	77.4	53.7	132	71.5	87.4	56.3	110
Second	71.3	84.5	59.7	176	71.3	90.6	60.9	129
Middle	81.3	85.7	74.6	170	83.5	85.6	58.1	122
Fourth	80.2	92.7	77.3	184	85.8	91.6	77.4	153
Highest	81.6	97.6	85.4	180	86.9	93.5	76.5	144
Residence								
Urban	83.3	96.0	81.3	248	86.3	96.1	80.8	209
Georgetown urban	*84.9*	*97.4*	*82.2*	*157*	*89.3*	*97.6*	*84.9*	*136*
Other urban	*80.6*	*93.6*	*79.7*	*91*	*80.7*	*93.3*	*73.0*	*73*
Rural	73.6	85.0	66.9	594	77.6	87.2	60.4	449
Total	76.4	88.2	71.1	842	80.4	90.0	66.9	658

Note: The two most common local misconceptions involve transmission by mosquito bites and by sharing food with someone with AIDS (see Tables 8.4.1 and 8.4.2). An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 11.1.2 includes a summary indicator from the previous table (i.e., comprehensive knowledge of AIDS and knowledge of a source of condoms)—see also Figure 11.1. The 2005 GAIS asked respondents whether or not they know of a place to obtain condoms, other than their family or friends. Condom use among young people plays an important role in the prevention of transmission of HIV and other sexually transmitted infections, as well as unwanted pregnancies. Youths are often at a higher risk of contracting sexually transmitted infections, as they are more likely to have shorter relationships with more partners before marriage. Knowledge of a place to get condoms is a necessary precursor to use of condoms. Nevertheless, since condom use is often viewed with stigma, some respondents may have underreported knowledge of a condom source.

Table 11.1.2 Comprehensive knowledge about AIDS and of a source for condoms among youth

Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage with knowledge of a source of condoms, by background characteristics, Guyana 2005

	Women age 15-24			Men age 15-24		
Background characteristic	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a condom source[2]	Number of women	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a condom source[2]	Number of men
Age						
15-19	50.3	77.4	456	42.5	87.6	391
15-17	*44.7*	*74.2*	*304*	*37.5*	*84.2*	*256*
18-19	*61.3*	*83.8*	*152*	*52.0*	*94.1*	*135*
20-24	55.3	83.7	386	54.3	96.9	268
20-22	*51.4*	*81.1*	*222*	*51.0*	*96.6*	*155*
23-24	*60.6*	*87.3*	*164*	*58.8*	*97.2*	*113*
Marital status						
Never married	57.3	80.6	548	47.8	90.3	579
Ever had sex	*68.2*	*90.0*	*191*	*54.2*	*96.3*	*301*
Never had sex	*51.5*	*75.6*	*357*	*40.9*	*83.8*	*278*
Ever married	43.8	79.8	294	43.6	99.4	79
Education						
No education	*	*	3	*	*	1
Primary	26.5	61.8	74	33.4	87.1	56
Secondary	52.7	80.6	681	45.7	91.1	532
More than secondary	77.0	93.8	83	70.7	97.5	69
Wealth quintile						
Lowest	41.0	71.1	132	33.7	83.5	110
Second	42.9	74.7	176	39.3	88.9	129
Middle	56.0	80.2	170	39.4	88.8	122
Fourth	54.4	83.3	184	61.3	97.7	153
Highest	65.4	89.7	180	56.6	95.2	144
Residence						
Urban	67.4	85.7	248	61.4	94.8	209
Georgetown urban	*68.6*	*84.9*	*157*	*64.2*	*95.9*	*136*
Other urban	*65.4*	*87.3*	*91*	*56.0*	*92.8*	*73*
Rural	46.4	78.1	594	40.7	89.8	449
Total	52.6	80.3	842	47.3	91.4	658

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

[1]Comprehensive knowledge means knowing that use of condom and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus; knowing that a healthy-looking person can have the AIDS virus; and rejecting the two most common local misconceptions (transmission by mosquito bites and by sharing food with someone with AIDS). The components of comprehensive knowledge are presented in Tables 8.3, 8.4.1, and 8.4.2. The total for the column corresponds to the following indicators: the President's Emergency Plan for AIDS Relief *Prevention* Indicator 1 "Percentage of young people age 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission"; Youth Guide *Risk Factors and Preventive Factors* Indicator 9 "Knowledge of HIV prevention among young people;" and UNGASS *Knowledge and Behavior* Indicator 10 "Young people's knowledge about HIV prevention."

[2]Corresponds to Youth Guide *Risk Factors and Preventive Factors* Indicator 10 "Knowledge of a formal source of condoms among young people." For this table, the following categories are not considered sources for condoms: friends, family members, and home.

- About half of young respondents (53 percent of women and 47 percent of men) have a comprehensive knowledge of AIDS, (i.e., know that people can reduce their chances of getting the AID virus by having sex with only one uninfected, faithful partner and by using condoms consistently; know that a healthy-looking person can have the AIDS virus; and know that HIV cannot be transmitted by mosquito bites or by supernatural means).
- The level of comprehensive knowledge substantially increases with age, education, and wealth status; and is much higher among urban than rural youths. For example, comprehensive knowledge among young respondents with more than secondary education is twice as high as among those with primary education (77 and 27 percent, respectively, among women; and 71 and 33 percent, respectively, among men).
- General knowledge of formal condom sources is higher among young men than young women (91 and 80 percent, respectively). Consistent with trends in other indicators, knowledge of condom source is higher among more educated, urban youths and those in the highest wealth quintile. The difference in knowledge of source by education is the most drastic, especially for young women. Sixty-two percent of women with primary education know a source, compared with 94 percent of women with more than secondary education. The comparable figures for men are 87 and 98 percent, respectively).

11.4 FIRST SEXUAL EXPERIENCE

Age at first sexual intercourse is of particular interest given the fact that HIV is mainly transmitted through heterosexual contact. The 2005 GAIS gathered information on the timing of the first sexual intercourse for both men and women. The percentage of young women and men who had sexual intercourse before reaching age 15 and age 18 is given in Table 11.2. Because some of those who are age 15-19 are under age 18 and may still initiate sex before reaching age 18, the proportions of youths who had sexual intercourse before age 18 can only be shown for respondents age 20-24. The results by residence and education are summarized in Figure 11.2.

- Among youth age 15-24, 9 percent of women and 13 percent of men had sex by age 15. The percentage of respondents having sex before age 18—calculated for those age 18-24—increase rapidly to 59 percent for women and 68 percent for men.
- The proportion of young women who had sex before ages 15 and 18 is higher among those who have ever been married than among those who have never been married; the relationship is not as strong for young men who had sex before the age 15, and is the reverse for those who had sex before the age 18.
- Level of education and economic status according to the wealth index are strongly related to age at first sex for women and to a lesser degree for men.

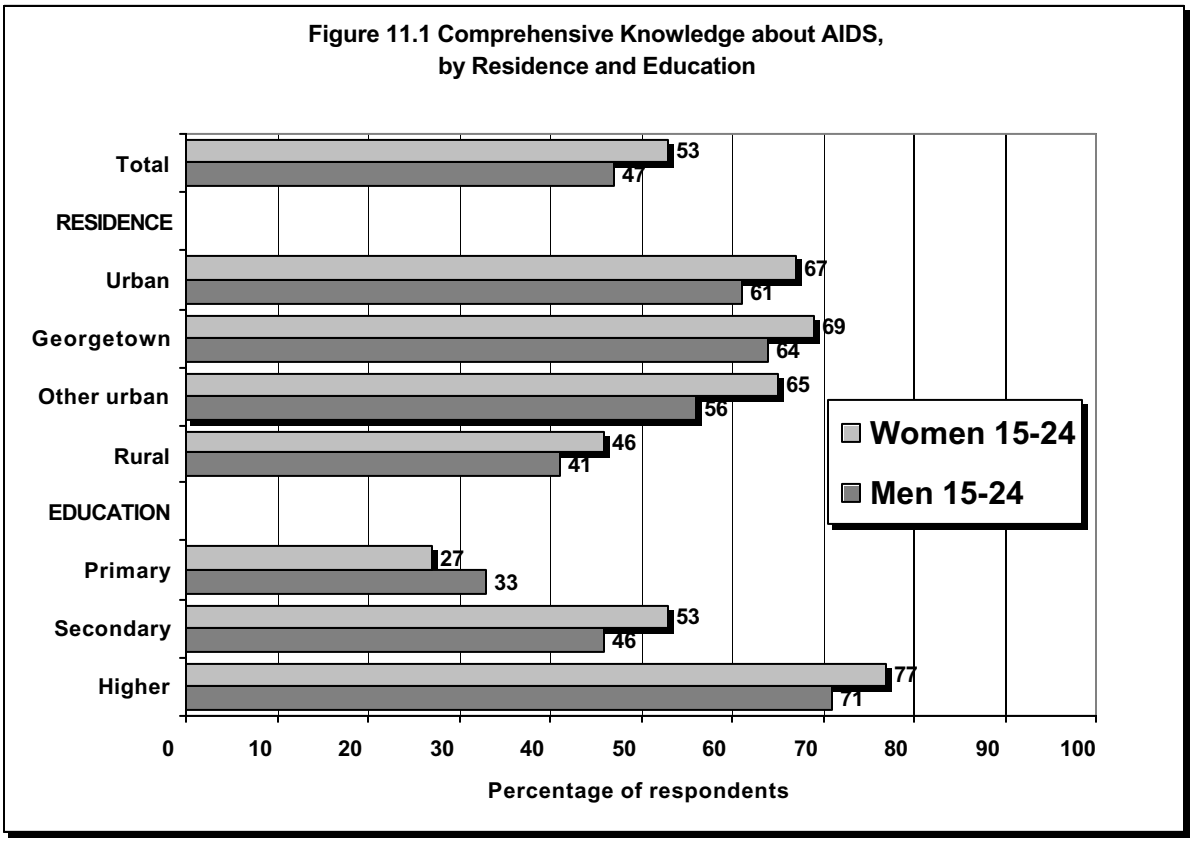


Figure 11.1 Comprehensive Knowledge about AIDS, by Residence and Education
Total
RESIDENCE
Urban
Georgetown
Other urban
Rural
EDUCATION
Primary
Secondary
Higher
53
47
67
61
69
64
65
56
46
41
27
33
53
46
77
71
Women 15-24
Men 15-24
0
10
20
30
40
50
60
70
80
90
100
Percentage of respondents

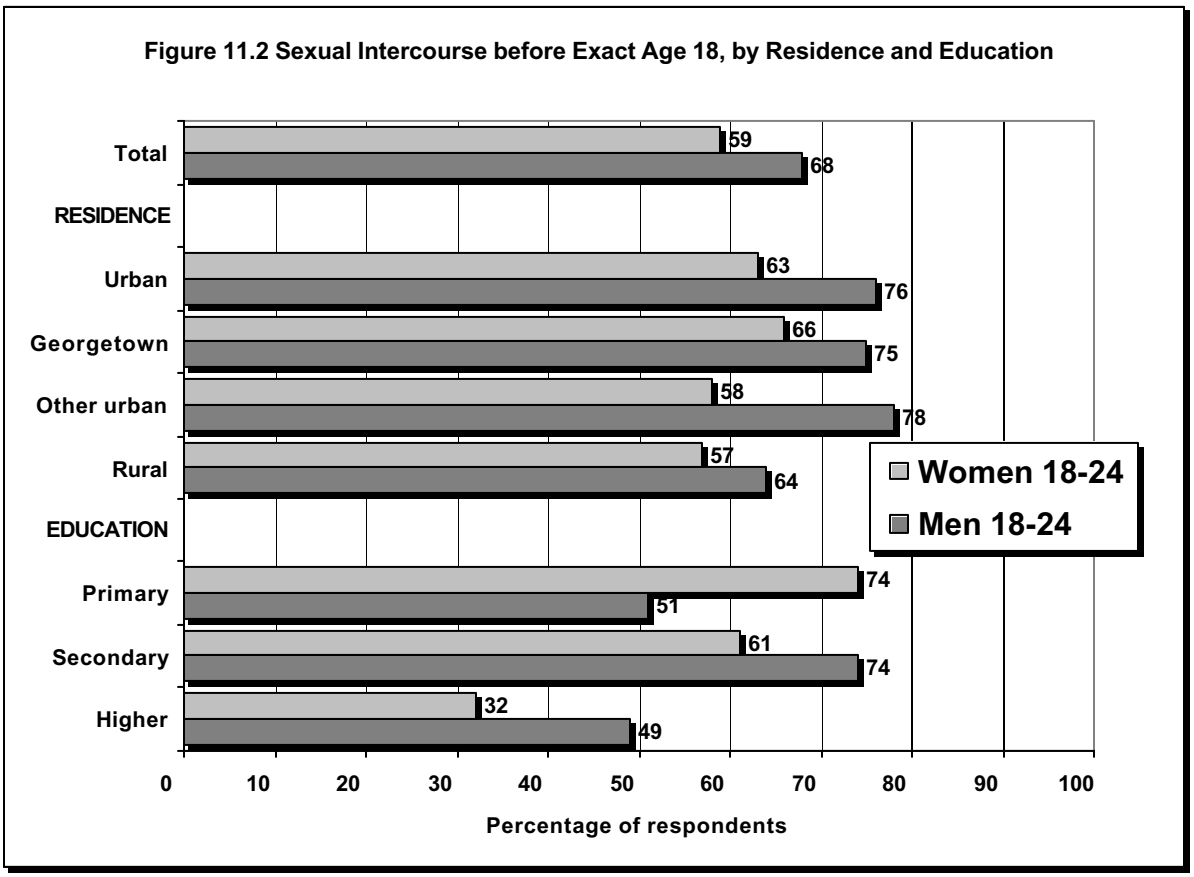


Figure 11.2 Sexual Intercourse before Exact Age 18, by Residence and Education
Total
RESIDENCE
Urban
Georgetown
Other urban
Rural
EDUCATION
Primary
Secondary
Higher
59
68
63
76
66
75
58
78
57
64
74
51
61
74
32
49
Women 18-24
Men 18-24
0
10
20
30
40
50
60
70
80
90
100
Percentage of respondents

Table 11.2 Age at first sexual intercourse among young women and men by background characteristics

Percentage of young women and men age 15-24 who had sexual intercourse by exact ages 15 and 18, by background characteristics, Guyana 2005

Background characteristic	Women age 15-24		Women age 18-24		Men age 15-24		Men age 18-24	
	Percentage who had sexual intercourse before exact age 15[1]	Number of women	Percentage who had sexual intercourse before exact age 18[2]	Number of women	Percentage who had sexual intercourse before exact age 15[1]	Number of men	Percentage who had sexual intercourse before exact age 18[2]	Number of men
Age								
15-19	7.5	456	na	na	11.1	391	na	na
15-17	*7.8*	*304*	*na*	*na*	*9.9*	*256*	*na*	*na*
18-19	*7.1*	*152*	*47.7*	*152*	*13.3*	*135*	*50.1*	*135*
20-24	9.9	386	43.9	386	15.6	268	52.2	268
20-22	*9.4*	*222*	*42.5*	*222*	*13.9*	*155*	*49.8*	*155*
23-24	*10.6*	*164*	*45.7*	*164*	*18.0*	*113*	*55.5*	*113*
Marital status								
Never married	4.6	548	45.3	267	12.6	579	71.7	323
Ever married	16.2	294	71.6	271	15.2	79	52.9	79
Knows condom source[3]								
Yes	8.4	682	57.4	456	13.8	603	68.7	388
No	9.6	160	64.9	82	2.9	55	*	15
Education								
No education	*	3	*	2	*	1	*	1
Primary	16.3	74	74.4	64	11.9	56	51.0	(40)
Secondary	8.4	681	61.0	397	12.8	532	74.1	299
More than secondary	3.1	83	31.5	76	15.0	69	49.4	64
Wealth quintile								
Lowest	17.0	132	88.5	79	15.0	110	91.7	60
Second	8.4	176	63.8	111	8.9	129	59.1	72
Middle	10.5	170	54.7	110	15.6	122	74.9	68
Fourth	5.3	184	45.6	119	10.6	153	54.1	100
Highest	4.4	180	50.4	119	15.3	144	69.5	104
Residence								
Urban	8.2	248	62.7	164	14.8	209	75.7	132
Georgetown urban	*9.0*	*157*	*65.7*	*103*	*15.0*	*136*	*74.5*	*89*
Other urban	*6.7*	*91*	*57.5*	*60*	*14.4*	*73*	*78.0*	*43*
Rural	8.8	594	56.8	374	12.1	449	64.3	271
Total 15-24	8.6	842	58.6	538	12.9	658	68.0	403

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1]Corresponds to the Youth Guide *Behavioral* Indicator 16 "Sex before the age of 15" and to UNGASS *Knowledge and Behavior* Indicator 11 "Percentage of young women and young men 15-24 who have sex before the age of 15"
[2]Corresponds to UNGASS *Knowledge and Behavior* Indicator 11A "Percentage of young women and young men 18-24 who have sex before the age of 18"
[3]For this table, the following categories are not considered sources for condoms: friends, family members, and home

11.5 CONDOM USE AT FIRST SEX

Along with postponement of first sexual intercourse, early and consistent condom use is a means of preventing youths from becoming infected with HIV. In order to assess the extent of condom use from the beginning of sexual exposure, respondents age 15-24 were asked whether they had used condoms the first time they had sex. The results are shown in Table 11.3 by background characteristics.

- Four in five young women (43 percent) and over a half of young men (55 percent) used condoms during their first sexual encounter. Respondents age 15-19 were more likely to report condom use the first time they ever had sexual intercourse than those age 20-24 (51 and 39 percent for women, respectively; and 68 and 46 percent for men, respectively).
- As expected, young women and men with higher levels of education, in a highest wealth quintile, and in urban areas tend to use condoms at first sexual activity more than their counterparts in other groups.
- Almost twice as many women who know a condom source actually reported condom use at their first sex compared with those unaware of condom source (47 and 26 percent, respectively). For men, the difference is not as drastic (55 and 46 percent, respectively).

Table 11.3 Condom use at first sexual intercourse among youth

Among women and men age 15-24 who have ever had sexual intercourse, the percentage who used a condom the first time they had sexual intercourse, by background characteristics, Guyana 2005

	Women age 15-24		Men age 15-24	
Background characteristic	Percentage who used a condom at first sexual intercourse[1]	Number of women who have ever had sexual intercourse	Percentage who used a condom at first sexual intercourse[1]	Number of men who have ever had sexual intercourse
Age				
15-19	51.0	168	68.3	152
15-17	*66.1*	*73*	*73.7*	*67*
18-19	*39.4*	*95*	*64.0*	*85*
20-24	39.1	316	45.9	229
20-22	*42.1*	*172*	*56.5*	*124*
23-24	*35.5*	*145*	*33.3*	*105*
Marital status				
Never married	64.8	191	59.8	301
Ever married	29.2	294	35.8	79
Knows condom source [2]				
Yes	46.5	406	55.2	369
No	26.2	78	*	12
Education				
No education	*	2	*	1
Primary	32.4	63	28.5	36
Secondary	44.2	369	56.1	294
More than secondary	50.8	52	66.4	51
Wealth quintile				
Lowest	37.9	89	44.8	66
Second	30.9	106	44.3	64
Middle	45.7	92	57.5	67
Fourth	46.8	99	62.8	87
Highest	55.5	98	59.6	96
Residence				
Urban	61.9	153	65.7	130
Georgetown urban	*69.9*	*99*	*70.3*	*84*
Other urban	*47.4*	*54*	*57.2*	*46*
Rural	34.6	331	49.1	250
Total 15-24	43.2	484	54.8	381

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]Corresponds to UNAIDS *Young People's Sexual Behavior* Indicator 6 "Condom use at first sex"
[2]For this table, the following categories are not considered sources for condoms: friends, family members, and home

11.6 PREMARITAL SEX

The period between first sexual intercourse and marriage is often a time of sexual experimentation. Unfortunately, in the era of HIV/AIDS, it can also be a risky time. Information is shown in Table 11.4 on the percentage of never-married young women and men age 15-24 years who have not yet engaged in sex, as well as the percentage who had sex in the 12 months preceding the survey and the percentage who used condoms during their most recent sex.

- Although two-thirds of women age 15-24 (65 percent) and almost half the men (48 percent), reported that they have never had sex, the proportions drop rapidly with increasing age.
- Abstinence among unmarried women 15-24 is much higher in rural areas than in urban areas (71 versus 53 percent, respectively). For men, the figures are 52 versus 41 percent, respectively. There is no strong relationship between premarital abstinence and education or wealth.

Table 11.4 Premarital sexual intercourse in the past year and condom use during premarital sexual intercourse among youth

Among never-married women and men age 15-24, percentage who have never had sexual intercourse, percentage who had sexual intercourse in the past 12 months, and, among those who had premarital sexual intercourse in the past 12 months, percentage who used a condom at last sexual intercourse, by background characteristics, Guyana 2005

	Never-married women age 15-24					Never-married men age 15-24				
Background characteristic	Percentage who have never had sexual intercourse[1]	Percentage who had sexual intercourse in the past 12 months[2]	Number of never-married women	Percentage who used a condom at last sexual intercourse[3]	Number of women who had sexual intercourse in the past 12 months	Percentage who have never had sexual intercourse[1]	Percentage who had sexual intercourse in the past 12 months[2]	Number of never-married men	Percentage who used a condom at last sexual intercourse[3]	Number of men who had sexual intercourse in the past 12 months
Age										
15-19	73.8	20.7	390	70.0	81	62.5	28.5	383	75.8	109
15-17	*81.9*	*13.5*	*281*	*82.4*	*38*	*74.0*	*20.1*	*256*	*84.6*	*51*
18-19	*52.8*	*39.4*	*108*	*59.1*	*43*	*39.3*	*45.4*	*127*	*68.0*	*58*
20-24	43.9	43.9	159	56.7	70	19.7	63.7	196	64.7	125
20-22	*46.6*	*40.4*	*107*	*54.2*	*43*	*25.9*	*62.4*	*120*	*72.8*	*75*
23-24	*38.2*	*51.1*	*51*	*60.9*	*26*	*10.0*	*65.6*	*76*	*52.5*	*50*
Knows condom source[4]										
Yes	61.1	31.6	442	64.5	139	44.5	43.3	523	70.6	227
No	82.1	10.0	106	*	11	80.0	13.3	56	*	7
Education										
No education	*	*	2	*	1	*	*	1	*	1
Primary	*	*	23	*	9	(48.2)	(43.3)	42	*	18
Secondary	68.8	24.5	454	68.1	111	50.9	37.2	469	71.0	175
More than secondary	46.0	42.7	69	(52.6)	29	27.4	60.8	67	(76.3)	41
Wealth quintile										
Lowest	57.8	29.6	73	(86.4)	22	45.7	38.7	95	(56.9)	37
Second	70.7	25.7	99	(51.2)	25	57.8	31.7	113	(67.5)	36
Middle	72.4	21.0	107	(54.6)	23	53.5	38.1	103	(74.4)	39
Fourth	61.9	29.6	138	56.1	41	48.3	41.3	137	70.9	57
Highest	62.7	30.4	131	72.9	40	36.4	50.0	131	74.9	65
Residence										
Urban	53.1	40.4	179	65.0	72	40.8	45.3	192	73.7	87
Georgetown urban	*49.8*	*42.8*	*117*	*66.8*	*50*	*41.3*	*45.5*	*126*	*76.5*	*57*
Other urban	*59.3*	*36.0*	*62*	*61.1*	*(22)*	*40.0*	*45.0*	*66*	*68.2*	*30*
Rural	71.0	21.1	369	62.7	78	51.5	38.0	387	67.6	147
Total 15-24	65.2	27.4	548	63.9	150	48.0	40.4	579	69.9	234

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

[1]Corresponds to the President's Emergency Plan for AIDS Relief *Prevention* Indicator 2 "Percentage of never-married young men and women age 15-24 who have never had sex"

[2]Correspond to the President's Emergency Plan for AIDS Relief *Prevention* Indicator 3 "Percentage of never-married women and men age 15-24 who had sex in the last 12 months" and to UNAIDS *Young People's Sexual Behavior* Indicator 2 "Young people having premarital sex in last year"

[3]Correspond to UNAIDS *Young People's Sexual Behavior* Indicator 3 "Young people using a condom during premarital sex"

[4]For this table, the following categories are not considered sources for condoms: friends, family members, and home

11.7 HIGHER-RISK SEX AND CONDOM USE AMONG YOUTH

The most common means of transmission of HIV is through unprotected sex with an infected person. To prevent HIV/AIDS transmission, it is therefore important to practice safer sex, primarily through the recommended "ABC" method (abstinence, being faithful to one uninfected partner, and condom use). Table 11.5 and Figure 11.3 show the proportion of young people who engage in higher-risk sex and the extent to which they used condoms in higher-risk sexual encounters. In this context, higher-risk sex refers to sex with nonmarital, noncohabiting partners. By definition, all sexually active women and men who are not married engage in higher-risk sexual intercourse.

- There are significant differences in prevalence of high-risk sex and condom use by various background characteristics, mostly for women. Women in the highest educational and wealth brackets, and in urban areas, are up to three times more likely than other women to engage in risky sexual behavior; for men the differences are not as large.
- Surprisingly, the probability of engaging in higher-risk sex increases with increasing education level, substantially more so for women (from 19 percent to 72 percent) than for men (from 66 to 97 percent).

Figure 11.3 Higher-Risk Sexual Intercourse in the Past 12 Months among Youths, by Residence and Education

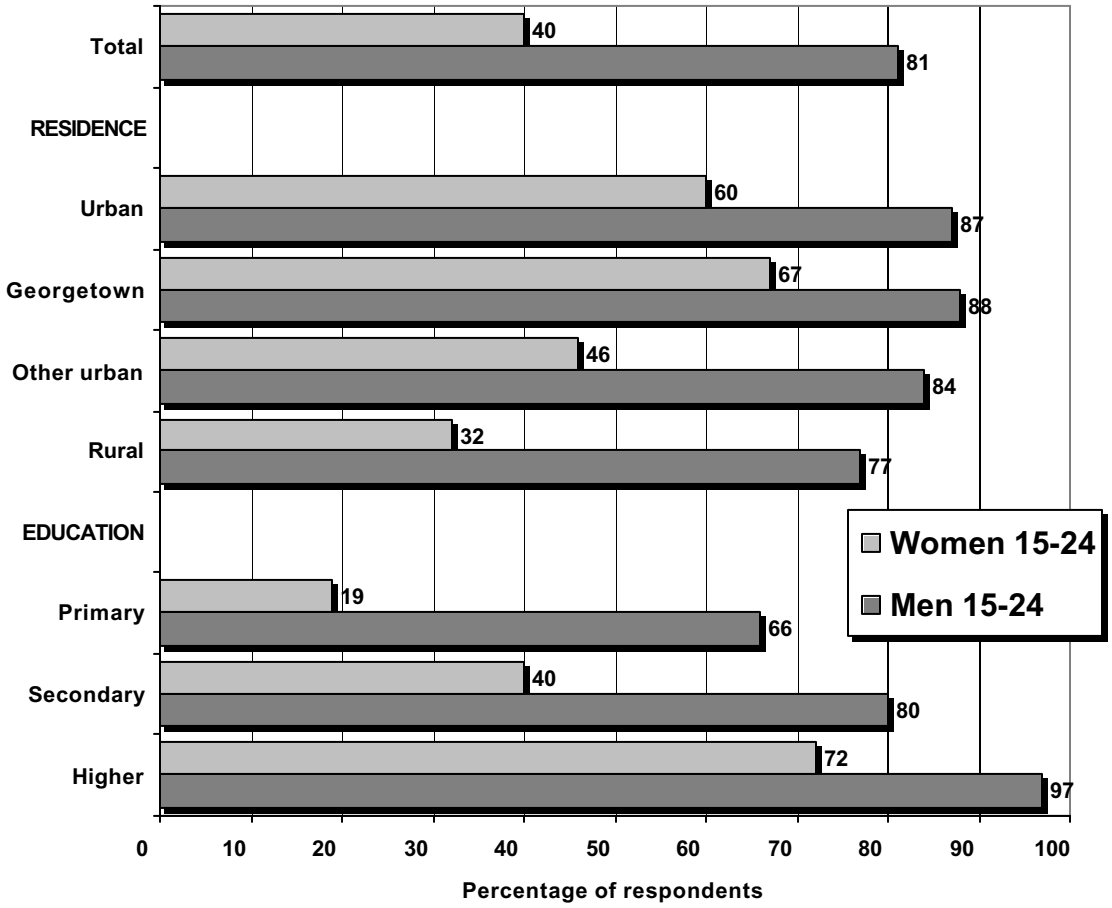


Table 11.5 Higher-risk sexual intercourse among youth and condom use at last higher-risk intercourse in the past 12 months

Among young women and men age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Guyana 2005

	Women age 15-24				Men age 15-24			
Background characteristic	Percentage who had higher-risk intercourse in the past 12 months[1]	Number of women who had sexual intercourse in the past 12 months	Percentage who reported using a condom at last higher-risk intercourse[2]	Number of women who had higher-risk intercourse in the past 12 months	Percentage who had higher-risk intercourse in the past 12 months[1]	Number of men who had sexual intercourse in the past 12 months	Percentage who reported using a condom at last higher-risk intercourse[2]	Number of men who had higher-risk intercourse in the past 12 months
Age								
15-19	58.9	147	67.9	87	95.5	117	74.6	112
15-17	*67.1*	*60*	*82.0*	*40*	*100.0*	*51*	*84.6*	*51*
18-19	*53.2*	*87*	*55.6*	*46*	*92.0*	*66*	*66.0*	*60*
20-24	31.0	290	55.5	90	71.4	195	62.0	139
20-22	*36.0*	*152*	*54.6*	*55*	*78.5*	*110*	*69.6*	*86*
23-24	*25.4*	*137*	*57.0*	*35*	*62.3*	*85*	*49.5*	*53*
Marital status								
Never married	99.0	150	64.5	149	100.0	234	69.9	234
Ever married	9.7	286	(46.3)	28	21.8	78	*	17
Know condom source[3]								
Yes	44.4	368	63.1	163	80.0	304	68.3	243
No	19.4	69	*	13	*	8	*	8
Education								
No education	*	2	*	1	*	1	*	1
Primary	19.0	60	43.0	11	(65.5)	32	*	21
Secondary	40.2	333	65.1	134	79.6	236	68.9	188
More than secondary	(71.9)	42	(52.3)	31	(96.5)	43	(76.6)	41
Wealth quintile								
Lowest	32.0	78	*	25	(77.4)	52	(57.6)	40
Second	37.3	101	(41.6)	38	(69.2)	52	(67.5)	36
Middle	34.7	85	(58.1)	29	79.9	57	(67.4)	45
Fourth	49.1	85	57.3	42	83.8	73	69.2	61
Highest	48.4	88	72.9	42	87.3	79	72.1	69
Residence								
Urban	59.5	138	63.1	82	86.6	104	73.4	90
Georgetown urban	*67.1*	*88*	*63.3*	*59*	*87.8*	*68*	*75.8*	*59*
Other urban	*46.2*	*50*	*(62.4)*	*23*	*84.4*	*36*	*68.8*	*30*
Rural	31.5	298	60.3	94	77.4	208	64.3	161
Total 15-24	40.4	436	61.6	176	80.5	312	67.6	251

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

[1]Sexual intercourse with a partner who was neither a spouse nor lived with the respondent. It corresponds to UNGASS *Knowledge and Behavior* Indicator 12 "High-risk sex among young women and men in the last 12 months" and partially to UNAIDS *Young People's Sexual Behavior* Indicator 4 "Young people having multiple partners in last year." The UNAIDS indicator is based on all young men and women 15-24, not just those who had sexual intercourse in the last 12 months.

[2]Corresponds to UNGASS *Knowledge and Behavior* Indicator 13 "Young people's condom use with non-regular partners in the last 12 months" and to the Youth Guide *Behavioral* Indicator 17 "Condom use among young people who had higher-risk sex in the past year." It also partially corresponds to the UNAIDS *Young People's Sexual Behavior* Indicator 5 "Young people using a condom at last higher-risk sex." The UNAIDS indicator is based on all young men and women 15-24, not just those who had higher-risk intercourse in the past 12 months.

[3]For this table, the following categories are not considered sources for condoms: friends, family members, and home

11.8 AGE DIFFERENCES BETWEEN SEXUAL PARTNERS

Age-mixing in sexual relationships is a major factor in the spread of HIV/AIDS. If a younger, uninfected partner has sex with an older, infected partner, this can introduce the virus into a younger, uninfected cohort. When there is a wide gap in age between partners, it can sometimes lead to an imbalance in decisionmaking and pressure on the younger partner. Age gaps also tend to increase marital instability. This is especially true among young people, many of whom are still immature and impressionable.

In order to measure the extent of young women having sexual relationships with older men, in the 2005 GAIS women age 15-19 who had sex in the 12 months preceding the survey were asked for the ages of their sexual partners. If they did not know the ages of their partners, they were asked if their partners were older or younger and, if older, whether there was an age difference of 10 or more years. Table 11.6 shows the percentage of teenage women who had a partner 10 or more years their senior.

- Only 8 percent of women age 15 to 19 reported high-risk sex with a man 10 or more years older than themselves in the last 12 months.
- A larger proportion of women age 15-17 (10 percent) compared with women in the 18-19 age group (7 percent) reported having sexual encounters with men more than 10 years their senior.
- There is no clear relationship between education and the wealth index with the likelihood of engaging in age-mixing in sexual partnerships.
- However, women in rural areas appear to be almost twice as likely as urban women to engage in this type of sexual partnerships. Differences by other background characteristics are small, especially since the number of cases is also small.

Table 11.6 Age mixing in sexual relationships

Percentage of women age 15-19 who had higher-risk sexual intercourse in the last 12 months with a man who was 10 or more years older, by background characteristics, Guyana 2005

Background characteristic	Percentage of women who had higher-risk intercourse with a man 10+ years older[1]	Number of women who had higher-risk intercourse in the past 12 months
Age		
15-17	(9.8)	40
18-19	7.0	46
Marital status		
Never married	4.4	79
Ever married	*	7
Knows condom source[2]		
Yes	9.1	78
No	*	8
Education		
Primary	*	3
Secondary	10.1	71
More than secondary	*	13
Wealth quintile		
Lowest	*	16
Second	*	17
Middle	*	14
Fourth	(8.9)	19
Highest	(6.3)	21
Residence		
Urban	5.7	39
Georgetown urban	*(8.0)*	*28*
Other urban	*	*11*
Rural	(10.5)	47
Total 15-19	8.3	87
Total 15-24[3]	4.6	436

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent. It corresponds to UNAIDS *Young People's Sexual Behavior* Indicator 7 "Age-mixing in sexual relationships."
[2]For this table, the following categories are not considered sources for condoms: friends, family members, and home
[3]Corresponds to the Youth Guide *Behavioral* Indicator 20 "Age-mixing in sexual partnerships among young women." This indicator is calculated for women 15-24 and includes all partners (higher-risk and non higher-risk partners) who are older by 10 or more years.

11.9 ALCOHOL USE DURING SEX

Research has shown that alcohol use reduces inhibitions and increases risky behavior. Alcohol use in conjunction with sex is associated with a lower prevalence of safe-sex precautions, such as condom use. In the 2005 GAIS, respondents were asked if they or their partner drank alcohol the last time they had sex. The question was asked for up to three partners in the past 12 months. Table 11.7 shows the results by background characteristics.

- The overall prevalence of sex under the influence of alcohol is about 1 percent among women and men age 15-24.
- Women and men age 15-19 were two times more likely to report drunkenness during sexual intercourse than those in the 20-24 age group.
- Women and men with some secondary education were less likely to report engaging in risky sexual behavior than their peers with lower levels of education.
- Among those who had sexual intercourse while being drunk in the last 12 months, young women and men with knowledge of where to get condoms were a little more likely to engage in sex while influenced by alcohol.

Table 11.7 Drunkenness during sexual intercourse among youth

Percentage of young women and young men age 15-24 who had sexual intercourse in the past 12 months while being drunk, and percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk, by background characteristics, Guyana 2005

	Women 15-24			Men 15-24		
Background characteristic	Percentage who had sexual intercourse in the past 12 months when drunk[1]	Percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk	Number of women	Percentage who had sexual intercourse in the past 12 months when drunk[1]	Percentage who had sexual intercourse in the past 12 months when drunk or with partner who was drunk	Number of men
Age						
15-19	0.2	1.0	456	0.0	0.6	391
15-17	*0.0*	*0.8*	*304*	*0.0*	*0.3*	*256*
18-19	*0.5*	*1.4*	*152*	*0.0*	*1.3*	*135*
20-24	0.0	1.8	386	1.8	2.0	268
20-22	*0.0*	*2.4*	*222*	*0.8*	*1.2*	*155*
23-24	*0.0*	*0.9*	*164*	*3.0*	*3.0*	*113*
Marital status						
Never married	0.1	1.2	548	0.5	1.0	579
Ever married	0.0	1.7	294	2.5	2.5	79
Know condom source[2]						
Yes	0.0	1.6	682	0.8	1.3	603
No	0.4	0.4	160	0.0	0.0	55
Education						
No education	*	*	3	*	*	1
Primary	0.0	4.7	74	2.7	2.7	56
Secondary	0.1	1.1	681	0.6	1.2	532
More than secondary	0.0	0.5	83	0.0	0.0	69
Wealth quintile						
Lowest	0.0	0.8	132	0.0	0.0	110
Second	0.0	2.5	176	2.2	2.2	129
Middle	0.0	0.7	170	1.2	2.8	122
Fourth	0.4	0.9	184	0.0	0.0	153
Highest	0.0	1.7	180	0.4	1.1	144
Residence						
Urban	0.3	1.5	248	0.9	1.7	209
Georgetown urban	0.4	1.3	157	0.7	1.5	136
Other urban	0.0	1.8	91	1.1	2.0	73
Rural	0.0	1.3	594	0.6	0.9	449
Total 15-24	0.1	1.4	842	0.7	1.2	658

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]Partially corresponds to Youth Guide *Behavioral* Indicator 22 "Sex among young people while intoxicated" since people under the influence of drugs are not included in the calculation for this table. It also corresponds to UNAIDS *Young People's Sexual Behavior* Indicator 9 "Sex among young people while they are intoxicated."
[2]For this table, the following categories are not considered sources for condoms: friends, family members, and home

11.10 HIV TESTING AMONG YOUTH

Young people may feel that there are barriers to accessing and using many services and facilities, particularly for sensitive concerns relating to sexual health, including sexually transmitted infections, such as HIV/AIDS. Table 11.8 assesses the degree of reach of HIV testing services among sexually active young people and their awareness of their HIV status.

- Overall, a slightly larger proportion of sexually active women (22 percent) than men (15 percent) reported having an HIV test with test results in the 12 months preceding the survey.
- The relationship between HIV testing and background characteristics is less straightforward than for other indicators, especially for young women. The age differentials are not as significant among young women (22 percent for women 15-19 and 20-24), as they are among men (10 percent for men age 15-19, and 19 percent for men age 20-24).
- Overall, more educated, wealthy urban dwellers are more likely to have an HIV test in the last 12 months with known results, than young sexually active respondents in other sociodemographic groups.

Table 11.8 Recent HIV tests among youth

Among young women and young men age 15-24 who had sexual intercourse in the past 12 months, the percentage who had an HIV test in the past 12 months and received the results of the test, by background characteristics, Guyana 2005

	Women 15-24		Men 15-24	
Background characteristic	Percentage who had been tested and received results in the past 12 months[1]	Number of women who had sexual intercourse in the past 12 months	Percentage who had been tested and received results in the past 12 months[1]	Number of men who had sexual intercourse in the past 12 months
Age				
15-19	22.0	147	9.9	117
15-17	*25.1*	*60*	*12.6*	*51*
18-19	*19.9*	*87*	*7.8*	*66*
20-24	21.8	290	18.7	195
20-22	*28.1*	*152*	*17.5*	*110*
23-24	*14.8*	*137*	*20.1*	*85*
Marital status				
Never married	20.9	150	14.3	234
Ever married	22.3	286	18.6	78
Knows condom source [2]				
Yes	23.5	368	15.6	304
No	13.1	69	*	6
Education				
No education	*	2	*	1
Primary	13.7	60	(19.6)	32
Secondary	23.7	333	13.6	236
More than secondary	(19.3)	42	(22.2)	43
Wealth quintile				
Lowest	18.5	78	(12.4)	52
Second	16.2	101	(12.5)	52
Middle	26.0	85	17.6	57
Fourth	24.3	85	13.8	73
Highest	25.0	88	19.1	79
Residence				
Urban	23.9	138	18.2	104
Georgetown urban	*20.5*	*88*	*21.5*	*68*
Other urban	*29.9*	*50*	*12.0*	*36*
Rural	20.9	298	14.0	208
Total 15-24	21.9	436	15.4	312

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

[1]Corresponds to Youth Guide *Behavioral* Indicator 23 "HIV Testing behavior among young people"

[2]For this table, the following categories are not considered sources for condoms: friends, family members, and home

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SAMPLE DESIGN APPENDIX A

A.1 OBJECTIVES OF THE SAMPLE DESIGN

The primary objective of the 2005 GAIS is to provide estimates with acceptable precision for important population characteristics such as HIV/AIDS related knowledge, attitudes, and behavior. The population to be covered by the 2005 GAIS was defined as the universe of all women and men age 15-49 in Guyana.

The major domains to be distinguished in the tabulation of important characteristics for the eligible population are:

- Guyana as a whole
- The urban area and the rural area each as a separate major domain
- Georgetown and the remainder urban areas.

A.2 SAMPLE FRAME

Administratively, Guyana is divided into 10 major regions. For census purposes, each region is further subdivided in enumeration districts (EDs). Each ED is classified as either urban or rural. There is a list of EDs that contains the number of households and population for each ED from the 2002 census. The list of EDs is grouped by administrative units as townships. The available demarcated cartographic material for each ED from the last census makes an adequate sample frame for the 2005 GAIS.

A.3 SAMPLE CHARACTERISTICS

The sampling design had two stages with enumeration districts (EDs) as the primary sampling units (PSUs) and households as the secondary sampling units (SSUs). The standard design for the GAIS called for the selection of 120 EDs. Twenty-five households were selected by systematic random sampling from a full list of households from each of the selected enumeration districts for a total of 3,000 households. All women and men 15-49 years of age in the sample households were eligible to be interviewed with the individual questionnaire.

The database for the recently completed 2002 Census was used as a sampling frame to select the sampling units. In the census frame, EDs are grouped by urban-rural location within the ten administrative regions and they are also ordered in each administrative unit in serpentine fashion. Therefore, this stratification and ordering will be also reflected in the 2005 GAIS sample.

A.4 SAMPLE ALLOCATION

Based on response rates from other surveys in Guyana, around 3,000 interviews of women and somewhat fewer of men expected to be completed in the 3,000 households selected. Table A.1 shows the 2002 Census distribution by region according to urban-rural residence and the number of clusters allocated.

Table A.1 Allocation of clusters by region and residence

Population distribution by province and urban-rural residence, and number of enumeration districts (EDs) allocated per region, Guyana 2005

Region	Township	Population	Percentage	Enumeration districts (EDs)
Urban		**215,812**	**100.0**	**60**
Region 2	Anna Regina	12,426	5.8	3
Region 4	Georgetown City	34,179	15.8	10
	Georgetown Suburbs	103,151	47.8	29
Region 6	New Amsterdan	17,646	8.2	5
	Rose Hall &Corriverton	18,838	8.8	5
Region 10	Linden	29,572	13.7	8
Rural		**526,229**	**100.0**	**60**
Region 1		23,204	4.4	3
Region 2		35,985	6.8	4
Region 3		101,920	19.4	11
Region 4		171,729	32.6	20
Region 5		52,321	9.9	6
Region 6		86,365	16.4	10
Region 7		15,935	3.0	2
Region 8		9,211	1.8	1
Region 9		19,365	3.7	2
Region 10		10,194	1.9	1

Several allocation schemes were considered for the sample of clusters for each urban-rural domain. One option was to allocate clusters to urban and rural areas proportionally to the population in the area. According to the census, the urban population represents only 29 percent of the population of the country. In this case, around 35 clusters out of the 120 would have been allocated to the urban area. Options to obtain the best allocation by region were also examined. It should be emphasized that optimality is not guaranteed at the regional level but the power for analysis is increased in the urban area of Georgetown by departing from proportionality. Upon further analysis of the different options, the selection of an equal number of clusters in each major domain (60 urban and 60 rural) was recommended for the 2005 GAIS. As a result of the nonproportional allocation of the number of EDs for the urban-rural and regional domains, the household sample for the 2005 GAIS is not a self-weighted sample.

A.5 SAMPLE SELECTION

The 2005 GAIS sample of households was selected using a stratified two-stage cluster design consisting of 120 clusters. The first stage-units (primary sampling units or PSUs) are the enumeration areas used for the 2002 Population and Housing Census. The number of EDs (clusters) in each domain area was calculated dividing its total allocated number of households by the sample take (25 households for selection per ED). In each major domain, clusters are selected systematically with probability proportional to size. The selection is done using the following formula:

$$P_{1i} = (b\, m_i \;/\; S\, m_i)$$

where

b: number of EDs in the 2005 GAIS in a given major domain,

m_i: measure of size of i-th ED

$S\ m_i$: total measure of size for the corresponding domain.

In each selected ED, a household listing operation was carried out prior to fieldwork, and households were selected to achieve a fixed sample take per cluster. However, since the 2005 GAIS sample is unbalanced among region areas, it requires a final weighting adjustment procedure to provide estimates for the entire country.

For the i-th cluster in a given area combination (location by residence), if "c" is the fixed number of households selected out of the total households (L_i) found in the 2005 listing process, then the household probability in the selected i-th cluster can be expressed as

$$P_{2i} = (c / L_i)$$

The final households overall probability in the i-th cluster could be calculated as

$$f_i = P_{1i} * P_{2i}$$

and the sampling design weight for the i-th cluster is given as

$$1/ f_i = 1 / (P_{1i} * P_{2i})$$

A.6 RESPONSE RATES

The number of households selected, occupied, and interviewed, the number of eligible respondents (women and men) interviewed, and response rates by residence and according to the result of the interviews are shown in Table A.2.

Table A.2 Sample implementation

Percent distribution of households and eligible women and men in the sample by result of the interview; and household, eligible women, and overall response rates, according to residence, Guyana 2005

	Urban				
Result	Total	Georgetown	Other	Rural	Total
Selected households					
Completed (C)	84.9	81.5	91.4	85.8	85.4
Household present but no competent respondent at home (HP)	5.7	7.3	2.9	2.4	4.1
Postponed (P)	0.1	0.1	0.0	0.1	0.1
Refused (R)	2.6	3.5	1.0	1.2	1.9
Dwelling not found (DNF)	0.1	0.1	0.0	0.3	0.2
Household absent (HA)	2.3	2.3	2.3	4.1	3.2
Dwelling vacant/address not a dwelling (DV)	3.1	3.6	2.1	5.4	4.3
Dwelling destroyed (DD)	1.1	1.6	0.2	0.5	0.8
Other (O)	0.1	0.1	0.2	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,531	1,005	526	1,524	3,055
Household response rate (HRR)[1]	90.9	88.2	96.0	95.5	93.1
Eligible women					
Completed (EWC)	85.4	81.4	92.1	89.4	87.4
Not at home (EWNH)	9.8	12.2	5.8	7.4	8.6
Postponed (EWP)	0.1	0.1	0.0	0.1	0.1
Refused (EWR)	3.3	4.5	1.2	1.7	2.5
Partly completed (EWPC)	0.4	0.5	0.2	0.4	0.4
Incapacitated (EWI)	0.9	0.9	0.8	0.7	0.8
Other (EWO)	0.2	0.3	0.0	0.3	0.3
Total	100.0	100.0	100.0	100.0	100.0
Number of women	1,402	882	520	1,374	2,776
Women response rate (EWRR)[2]	85.4	81.4	92.1	89.4	87.4
Women overall response rate (WORR)[3]	77.6	71.8	88.4	85.3	81.4
Eligible men					
Completed (EMC)	75.1	68.9	86.5	78.4	76.8
Not at home (EMNH)	20.3	25.3	11.1	17.2	18.7
Postponed (EMP)	0.1	0.1	0.0	0.1	0.1
Refused (EMR)	2.9	3.7	1.4	2.8	2.8
Partly completed (EMPC)	0.3	0.3	0.2	0.3	0.3
Incapacitated (EMI)	1.1	1.5	0.5	1.1	1.1
Other (EMO)	0.3	0.3	0.2	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0
Number of men	1,174	758	416	1,267	2,441
Men response rate (EMRR)	75.1	68.9	86.5	78.4	76.8
Men overall response rate (MORR)	68.3	60.7	83.1	74.8	71.5

[1]Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 \times C}{C + HP + R + DNF}$$

[2]The eligible women response rate (EWRR) is equivalent to the percentage of interviews completed (EWC). Similarly, the response rate for men (EMRR) is EMC.

[3]The women overall response rate (WORR) is calculated as:

$$WORR = HRR * EWRR/100$$

MORR is calculated similarly for men.

ESTIMATES OF SAMPLING ERRORS APPENDIX B

Estimates derived from a sample survey are affected by two types of errors: 1) non-sampling errors, and 2) sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2005 Guyana HIV/AIDS Indicator Survey (2005 GAIS) to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2005 GAIS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

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

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2005 GAIS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use a more complex formula. The computer software used to calculate sampling errors for the 2005 GAIS is the sampling error module in ISSA (Integrated System for Survey Analysis). This module uses the Taylor linearization method of variance estimation for survey estimates that are means or proportions. Another approach, the Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^{H} \left[\frac{m_h}{m_{h-1}} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi} \text{, and } z_h = y_h - rx_h$$

where h represents the stratum which varies from *1* to H,
m_h is the total number of clusters selected in the hth stratum,
y_{hi} is the sum of the weighted values of variable y in the ith cluster in the hth stratum,
x_{hi} is the sum of the weighted number of cases in the ith cluster in the hth stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulas. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2005 GAIS, there were 120 non-empty clusters. Hence, 120 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1) r_{(i)}$$

where r is the estimate computed from the full sample of 120 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 119 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, the design effect (DEFT) for each estimate is also calculated. The design effect is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. Relative errors and confidence limits for the estimates are also computed.

Sampling errors for the 2005 GAIS are calculated for selected variables considered to be of primary interest for the women's and men's samples. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for Georgetown and the other urban areas. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2.1 to B.2.5 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for the selected variables but fertility and mortality rates which are included in Tables B.3 and B.4, respectively. The sampling errors for mortality rates are presented for the ten-year period preceding the survey. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

The confidence interval (e.g., as calculated for children ever born to women aged 40-49) can be interpreted as follows: the overall average from the national sample is 6.104 and its standard error is 0.078. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate (i.e., 6.104 ± 2×0.078). There is a high probability (95 percent) that the true average number of children ever born to all women aged 40 to 49 is between 5.948 and 6.261.

Table B.1 List of selected variables for sampling errors, Guyana 2005

Variable	Estimate	Base population
WOMEN		
Urban residence	Proportion	All women
No education	Proportion	All women
Secondary education or higher	Proportion	All women
Never married	Proportion	All women
Currently married/in union	Proportion	All women
Married before age 20	Proportion	All women
Currently pregnant	Proportion	All women
Children ever born	Mean	All women
Children surviving	Mean	All women
Children ever born to women age 40-49	Mean	Women age 40-49
Currently using any contraceptive method	Proportion	Currently married women
Currently using a modern method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using IUD	Proportion	Currently married women
Currently using condom	Proportion	Currently married women
Currently using female sterilization	Proportion	Currently married women
Has heard of HIV/AIDS	Proportion	All women
Knows about limiting partners	Proportion	All women
Comprehensive knowledge on HIV/AIDS[1]	Proportion	All women
Accepting attitudes toward people with HIV[2]	Proportion	All women who have heard of HIV/AIDS
Had sex before age 18	Proportion	All women 20-49
Sexually active in past 12 months	Proportion	Never-married women
Had two or more sexual partners in past 12 months	Proportion	All women who had sex in the past 12 months
Had higher-risk sex in the past 12 months[3]	Proportion	All women who had sex in the past 12 months
Condom use at last higher-risk sex (all)	Proportion	All women 15-49 who had higher-risk sex in the past 12 months
Had medical injection in past 12 months	Proportion	All women
Had HIV test and received results in past 12 months	Proportion	All women
Abstinence among youth (never had sex)	Proportion	All women 15-24 who never had intercourse
Condom use at last higher-risk sex (youth)	Proportion	All women 15-24 who had higher-risk sex in the past 12 months
Fertility	Rate	Births to all women in the 5 years preceding the survey[4]
Neonatal mortality	Rate	Births in 10 years preceding the survey
Post-neonatal mortality	Rate	Births in 10 years preceding the survey
Infant mortality	Rate	Births in 10 years preceding the survey
Child mortality	Rate	Births in 10 years preceding the survey
Under-five mortality	Rate	Births in 10 years preceding the survey
MEN		
Urban residence	Proportion	All men
No education	Proportion	All men
With secondary education or higher	Proportion	All men
Never married (in union)	Proportion	All men
Currently married (in union)	Proportion	All men
Has heard of HIV/AIDS	Proportion	All men
Knows about limiting partners	Proportion	All men
Comprehensive knowledge on HIV/AIDS[1]	Proportion	All men
Accepting attitudes toward people with HIV[2]	Proportion	All men who have heard of HIV/AIDS
Had sex before age 18	Proportion	All men 20-49
Sexually active in past 12 months	Proportion	Never-married men
Had two or more sexual partners in past 12 months	Proportion	All men who had sex in the past 12 months
Had higher-risk sex in the past 12 months[3]	Proportion	All men who had sex in the past 12 months
Condom use at last higher-risk sex (all)	Proportion	All men 15-49 who had higher-risk sex in the past 12 months
Had medical injection in past 12 months	Proportion	All men
Had HIV test and received results in past 12 months	Proportion	All men
Abstinence among youth (never had sex)	Proportion	All men 15-24 who never had intercourse
Condom use at last higher-risk sex (youth)	Proportion	All men 15-24 who had higher-risk sex in the past 12 months

[1]Comprehensive knowledge means knowing that use of condom during every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus; knowing that a healthy-looking person can have the AIDS virus; and rejecting the two most common local misconceptions (transmission by mosquito bites and by sharing food with someone with AIDS).
[2]Four accepting attitudes: willing to care for a family member with the AIDS virus in the respondent's home; would buy fresh vegetables from shopkeeper with AIDS; say that a female teacher with the AIDS virus and who is not sick should be allowed to keep teaching; and would not want to keep secret that a family member got infected with the AIDS virus.
[3]Sexual intercourse with a partner who was neither a spouse nor who lived with the respondent.
[4]Births occurring 1-59 months before interview

Table B.2.1 Sampling errors for the national sample, Guyana 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals: Value-2SE (R-2SE)	Confidence intervals: Value+2SE (R+2SE)
WOMEN								
Urban residence	0.306	0.012	2,425	2,425	1.301	0.040	0.281	0.330
No education	0.010	0.002	2,425	2,425	1.201	0.239	0.005	0.015
Secondary education or higher	0.789	0.015	2,425	2,425	1.759	0.018	0.760	0.818
Never married	0.311	0.011	2,425	2,425	1.221	0.037	0.288	0.334
Currently married/in union	0.583	0.013	2,425	2,425	1.298	0.022	0.557	0.609
Married before age 20	0.459	0.017	1,970	1,969	1.484	0.036	0.425	0.492
Currently pregnant	0.042	0.004	2,425	2,425	0.946	0.091	0.035	0.050
Children ever born	2.043	0.048	2,425	2,425	1.176	0.024	1.947	2.140
Children surviving	1.927	0.044	2,425	2,425	1.141	0.023	1.839	2.015
Children ever born to women age 40-49	3.398	0.110	587	599	1.256	0.032	3.178	3.618
Currently using any contraceptive method	0.346	0.016	1,349	1,414	1.237	0.046	0.314	0.378
Currently using a modern method	0.336	0.016	1,349	1,414	1.255	0.048	0.304	0.369
Currently using pill	0.122	0.010	1,349	1,414	1.124	0.082	0.102	0.142
Currently using IUD	0.076	0.008	1,349	1,414	1.160	0.110	0.060	0.093
Currently using condom	0.061	0.007	1,349	1,414	1.052	0.112	0.048	0.075
Currently using female sterilization	0.030	0.005	1,349	1,414	1.180	0.183	0.019	0.041
Has heard of HIV/AIDS	0.982	0.005	2,425	2,425	1.723	0.005	0.973	0.992
Knows about limiting partners	0.049	0.005	2,425	2,425	1.089	0.098	0.039	0.058
Comprehensive knowledge on HIV/AIDS	0.502	0.017	2,425	2,425	1.635	0.033	0.469	0.535
Accepting attitudes toward people with HIV	0.194	0.011	2,389	2,382	1.316	0.055	0.173	0.215
Had sex before age 18	0.435	0.014	1,970	1,969	1.284	0.033	0.407	0.464
Sexually active in last 12 months	0.274	0.025	563	548	1.335	0.092	0.224	0.324
Had two or more sexual partners in last 12 months	0.014	0.003	1,746	1,750	1.072	0.214	0.008	0.020
Had high-risk sex last 12 months	0.213	0.018	1,746	1,750	1.800	0.083	0.178	0.248
Condom use at last high-risk sex	0.499	0.027	443	373	1.126	0.054	0.446	0.553
Had medical injection in past 12 months	0.244	0.012	2,423	2,423	1.396	0.050	0.220	0.268
Had HIV test and received results in past 12 months	0.113	0.007	2,425	2,425	1.160	0.066	0.098	0.128
Abstinence among youth 15-24 (never had sex)	0.652	0.031	563	548	1.534	0.047	0.590	0.713
Condom use at last high-risk sex for youth 15-24	0.616	0.037	204	176	1.084	0.060	0.542	0.690
MEN								
Urban residence	0.285	0.015	1,875	1,875	1.391	0.051	0.256	0.314
No education	0.016	0.004	1,875	1,875	1.341	0.245	0.008	0.023
With secondary education or higher	0.767	0.016	1,875	1,875	1.658	0.021	0.735	0.800
Never married (in union)	0.416	0.012	1,875	1,875	1.088	0.030	0.391	0.440
Currently married (in union)	0.516	0.013	1,875	1,875	1.086	0.024	0.490	0.541
Has heard of HIV/AIDS	0.982	0.004	1,875	1,875	1.222	0.004	0.974	0.989
Knows about limiting partners	0.074	0.010	1,875	1,875	1.576	0.129	0.055	0.093
Comprehensive knowledge on HIV/AIDS	0.452	0.015	1,875	1,875	1.295	0.033	0.422	0.482
Accepting attitudes toward people with HIV	0.195	0.010	1,846	1,841	1.126	0.053	0.174	0.216
Had sex before age 18	0.506	0.015	1,475	1,484	1.185	0.030	0.476	0.537
Sexually active in last 12 months	0.404	0.026	601	579	1.275	0.063	0.353	0.455
Had two or more sexual partners in last 12 months	0.093	0.008	1,379	1,384	1.022	0.086	0.077	0.109
Had high-risk sex last 12 months	0.351	0.014	1,379	1,384	1.086	0.040	0.323	0.379
Condom use at last high-risk sex	0.659	0.022	522	486	1.045	0.033	0.616	0.703
Had medical injection in past 12 months	0.262	0.011	1,875	1,875	1.055	0.041	0.241	0.284
Had HIV test and received results in past 12 months	0.103	0.008	1,875	1,875	1.121	0.077	0.087	0.118
Abstinence among youth 15-24 (never had sex)	0.480	0.025	601	579	1.235	0.052	0.429	0.530
Condom use at last high-risk sex for youth 15-24	0.676	0.034	265	251	1.172	0.050	0.608	0.743

Table B.2.2 Sampling errors for the urban sample, Guyana 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals: Value-2SE (R-2SE)	Confidence intervals: Value+2SE (R+2SE)
WOMEN								
No education	0.005	0.002	1,197	741	0.991	0.402	0.001	0.009
Secondary education or higher	0.884	0.014	1,197	741	1.497	0.016	0.856	0.912
Never married	0.377	0.017	1,197	741	1.218	0.045	0.343	0.411
Currently married/in union	0.489	0.019	1,197	741	1.283	0.038	0.452	0.526
Married before age 20	0.355	0.020	977	606	1.332	0.057	0.315	0.396
Currently pregnant	0.039	0.006	1,197	741	1.062	0.152	0.027	0.051
Children ever born	1.863	0.063	1,197	741	1.107	0.034	1.737	1.988
Children surviving	1.723	0.059	1,197	741	1.115	0.034	1.605	1.840
Children ever born to women age 40-49	3.176	0.161	286	177	1.314	0.051	2.854	3.498
Currently using any contraceptive method	0.339	0.022	582	362	1.142	0.066	0.295	0.384
Currently using a modern method	0.322	0.021	582	362	1.085	0.065	0.280	0.364
Currently using pill	0.106	0.016	582	362	1.226	0.148	0.074	0.137
Currently using IUD	0.046	0.009	582	362	1.086	0.206	0.027	0.065
Currently using condom	0.083	0.011	582	362	0.943	0.130	0.061	0.104
Currently using female sterilization	0.036	0.008	582	362	1.074	0.230	0.019	0.053
Has heard of HIV/AIDS	0.998	0.001	1,197	741	0.806	0.001	0.995	1.000
Knows about limiting partners	0.047	0.009	1,197	741	1.416	0.185	0.029	0.064
Comprehensive knowledge on HIV/AIDS	0.616	0.019	1,197	741	1.340	0.031	0.578	0.654
Accepting attitudes toward people with HIV	0.266	0.015	1,194	739	1.188	0.057	0.236	0.297
Had sex before age 18	0.430	0.019	977	606	1.193	0.044	0.392	0.468
Sexually active in last 12 months	0.404	0.035	289	179	1.219	0.087	0.334	0.475
Had two or more sexual partners in last 12 months	0.023	0.005	855	529	0.951	0.212	0.013	0.033
Had high-risk sex last 12 months	0.353	0.021	855	529	1.310	0.061	0.310	0.395
Condom use at last high-risk sex	0.513	0.037	306	187	1.277	0.071	0.440	0.586
Had medical injection in past 12 months	0.261	0.014	1,197	741	1.117	0.054	0.233	0.290
Had HIV test and received results in past 12 months	0.163	0.012	1,197	741	1.134	0.074	0.139	0.188
Abstinence among youth 15-24 (never had sex)	0.531	0.036	289	179	1.222	0.068	0.459	0.603
Condom use at last high-risk sex for youth 15-24	0.631	0.041	133	82	0.982	0.065	0.548	0.713
MEN								
No education	0.008	0.002	882	534	0.718	0.265	0.004	0.013
With secondary education or higher	0.885	0.015	882	534	1.438	0.017	0.855	0.916
Never married (in union)	0.488	0.017	882	534	1.032	0.036	0.453	0.522
Currently married (in union)	0.447	0.018	882	534	1.054	0.039	0.412	0.482
Has heard of HIV/AIDS	0.992	0.004	882	534	1.206	0.004	0.985	0.999
Knows about limiting partners	0.069	0.013	882	534	1.523	0.188	0.043	0.095
Comprehensive knowledge on HIV/AIDS	0.583	0.015	882	534	0.893	0.025	0.553	0.612
Accepting attitudes toward people with HIV	0.298	0.017	875	530	1.118	0.058	0.264	0.333
Had sex before age 18	0.514	0.027	683	414	1.431	0.053	0.459	0.569
Sexually active in last 12 months	0.453	0.036	311	192	1.256	0.078	0.382	0.525
Had two or more sexual partners in last 12 months	0.122	0.013	639	386	0.990	0.105	0.096	0.147
Had high-risk sex last 12 months	0.446	0.024	639	386	1.198	0.053	0.399	0.493
Condom use at last high-risk sex	0.696	0.031	288	172	1.149	0.045	0.633	0.758
Had medical injection in past 12 months	0.287	0.020	882	534	1.294	0.069	0.248	0.327
Had HIV test and received results in past 12 months	0.151	0.014	882	534	1.165	0.093	0.123	0.179
Abstinence among youth 15-24 (never had sex)	0.408	0.037	311	192	1.321	0.090	0.335	0.482
Condom use at last high-risk sex for youth 15-24	0.734	0.039	144	90	1.054	0.053	0.657	0.812

Table B.2.3 Sampling errors for the sample for Georgetown urban, Guyana 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals: Value-2SE (R-2SE)	Confidence intervals: Value+2SE (R+2SE)
WOMEN								
No education	0.007	0.003	718	458	0.979	0.433	0.001	0.013
Secondary education or higher	0.894	0.018	718	458	1.593	0.021	0.857	0.930
Never married	0.413	0.024	718	458	1.319	0.059	0.365	0.462
Currently married/in union	0.428	0.026	718	458	1.430	0.062	0.375	0.481
Married before age 20	0.307	0.020	584	375	1.053	0.065	0.267	0.348
Currently pregnant	0.032	0.007	718	458	1.137	0.235	0.017	0.046
Children ever born	1.731	0.082	718	458	1.174	0.048	1.566	1.896
Children surviving	1.589	0.074	718	458	1.147	0.047	1.440	1.738
Children ever born to women age 40-49	2.975	0.228	161	104	1.367	0.077	2.519	3.432
Currently using any contraceptive method	0.328	0.029	303	196	1.070	0.088	0.270	0.385
Currently using a modern method	0.302	0.028	303	196	1.072	0.094	0.246	0.359
Currently using pill	0.105	0.026	303	196	1.459	0.245	0.054	0.157
Currently using IUD	0.031	0.011	303	196	1.124	0.362	0.009	0.053
Currently using condom	0.087	0.013	303	196	0.823	0.154	0.060	0.114
Currently using female sterilization	0.023	0.010	303	196	1.119	0.422	0.004	0.042
Has heard of HIV/AIDS	1.000	0.000	718	458	na	0.000	1.000	1.000
Knows about limiting partners	0.057	0.012	718	458	1.414	0.214	0.033	0.082
Comprehensive knowledge on HIV/AIDS	0.620	0.024	718	458	1.326	0.039	0.572	0.669
Accepting attitudes toward people with HIV	0.261	0.020	718	458	1.237	0.078	0.220	0.302
Had sex before age 18	0.445	0.024	584	375	1.179	0.055	0.397	0.494
Sexually active in last 12 months	0.428	0.041	186	117	1.134	0.096	0.345	0.510
Had two or more sexual partners in last 12 months	0.030	0.007	505	322	0.978	0.249	0.015	0.045
Had high-risk sex last 12 months	0.437	0.033	505	322	1.503	0.076	0.371	0.503
Condom use at last high-risk sex	0.516	0.045	225	141	1.339	0.087	0.426	0.605
Had medical injection in past 12 months	0.243	0.018	718	458	1.095	0.072	0.208	0.278
Had HIV test and received results in past 12 months	0.174	0.016	718	458	1.142	0.093	0.141	0.206
Abstinence among youth 15-24 (never had sex)	0.498	0.043	186	117	1.168	0.086	0.413	0.584
Condom use at last high-risk sex for youth 15-24	0.633	0.050	93	59	0.993	0.079	0.534	0.733
MEN								
No education	0.004	0.002	522	328	0.705	0.472	0.000	0.008
With secondary education or higher	0.902	0.020	522	328	1.530	0.022	0.862	0.942
Never married (in union)	0.525	0.022	522	328	0.983	0.041	0.482	0.568
Currently married (in union)	0.396	0.024	522	328	1.128	0.061	0.348	0.445
Has heard of HIV/AIDS	0.998	0.002	522	328	1.042	0.002	0.993	1.000
Knows about limiting partners	0.080	0.019	522	328	1.581	0.234	0.043	0.118
Comprehensive knowledge on HIV/AIDS	0.608	0.017	522	328	0.776	0.027	0.575	0.641
Accepting attitudes toward people with HIV	0.272	0.022	521	328	1.132	0.081	0.228	0.316
Had sex before age 18	0.549	0.035	394	248	1.379	0.063	0.480	0.618
Sexually active in last 12 months	0.455	0.041	196	126	1.152	0.090	0.373	0.538
Had two or more sexual partners in last 12 months	0.143	0.018	365	230	0.997	0.128	0.106	0.179
Had high-risk sex last 12 months	0.498	0.036	365	230	1.365	0.072	0.427	0.570
Condom use at last high-risk sex	0.716	0.035	183	115	1.034	0.048	0.646	0.785
Had medical injection in past 12 months	0.283	0.023	522	328	1.157	0.081	0.237	0.328
Had HIV test and received results in past 12 months	0.156	0.020	522	328	1.263	0.129	0.115	0.196
Abstinence among youth 15-24 (never had sex)	0.413	0.040	196	126	1.145	0.098	0.332	0.494
Condom use at last high-risk sex for youth 15-24	0.758	0.047	93	59	1.047	0.062	0.665	0.852

na = Not applicable

Table B.2.4 Sampling errors for the sample for Other urban, Guyana 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals: Value-2SE (R-2SE)	Confidence intervals: Value+2SE (R+2SE)
WOMEN								
No education	0.002	0.002	479	283	0.931	1.000	0.000	0.005
Secondary education or higher	0.868	0.022	479	283	1.392	0.025	0.825	0.911
Never married	0.317	0.024	479	283	1.125	0.075	0.269	0.365
Currently married/in union	0.589	0.027	479	283	1.203	0.046	0.534	0.643
Married before age 20	0.433	0.044	393	231	1.746	0.101	0.346	0.521
Currently pregnant	0.052	0.010	479	283	0.999	0.196	0.031	0.072
Children ever born	2.077	0.096	479	283	1.020	0.046	1.884	2.270
Children surviving	1.940	0.096	479	283	1.094	0.049	1.748	2.132
Children ever born to women age 40-49	3.462	0.200	125	73	1.128	0.058	3.063	3.861
Currently using any contraceptive method	0.353	0.035	279	166	1.230	0.100	0.283	0.424
Currently using a modern method	0.345	0.032	279	166	1.110	0.092	0.281	0.408
Currently using pill	0.106	0.015	279	166	0.838	0.146	0.075	0.137
Currently using IUD	0.063	0.016	279	166	1.109	0.256	0.031	0.095
Currently using condom	0.078	0.018	279	166	1.090	0.225	0.043	0.113
Currently using female sterilization	0.052	0.014	279	166	1.018	0.261	0.025	0.079
Has heard of HIV/AIDS	0.994	0.003	479	283	0.819	0.003	0.988	1.000
Knows about limiting partners	0.029	0.009	479	283	1.213	0.321	0.010	0.048
Comprehensive knowledge on HIV/AIDS	0.608	0.031	479	283	1.372	0.050	0.547	0.670
Accepting attitudes toward people with HIV	0.275	0.022	476	281	1.082	0.081	0.231	0.319
Had sex before age 18	0.405	0.031	393	231	1.233	0.076	0.344	0.466
Sexually active in last 12 months	0.360	0.066	103	62	1.398	0.185	0.227	0.492
Had two or more sexual partners in last 12 months	0.013	0.005	350	207	0.911	0.432	0.002	0.023
Had high-risk sex last 12 months	0.221	0.025	350	207	1.113	0.112	0.172	0.270
Condom use at last high-risk sex	0.506	0.056	81	46	1.001	0.110	0.394	0.618
Had medical injection in past 12 months	0.291	0.022	479	283	1.069	0.076	0.246	0.335
Had HIV test and received results in past 12 months	0.147	0.018	479	283	1.131	0.125	0.110	0.183
Abstinence among youth 15-24 (never had sex)	0.593	0.067	103	62	1.374	0.113	0.459	0.726
Condom use at last high-risk sex for youth 15-24	0.624	0.072	40	23	0.925	0.115	0.480	0.767
MEN								
No education	0.015	0.005	360	206	0.784	0.340	0.005	0.025
With secondary education or higher	0.859	0.025	360	206	1.384	0.030	0.808	0.910
Never married (in union)	0.428	0.029	360	206	1.099	0.067	0.371	0.486
Currently married (in union)	0.528	0.026	360	206	0.992	0.050	0.475	0.580
Has heard of HIV/AIDS	0.983	0.009	360	206	1.304	0.009	0.966	1.000
Knows about limiting partners	0.052	0.016	360	206	1.357	0.306	0.020	0.084
Comprehensive knowledge on HIV/AIDS	0.542	0.030	360	206	1.125	0.055	0.483	0.601
Accepting attitudes toward people with HIV	0.341	0.028	354	202	1.124	0.083	0.285	0.398
Had sex before age 18	0.461	0.042	289	166	1.440	0.092	0.377	0.546
Sexually active in last 12 months	0.450	0.067	115	66	1.441	0.149	0.315	0.584
Had two or more sexual partners in last 12 months	0.091	0.016	274	156	0.912	0.174	0.059	0.123
Had high-risk sex last 12 months	0.369	0.024	274	156	0.826	0.065	0.321	0.418
Condom use at last high-risk sex	0.656	0.063	105	58	1.345	0.096	0.530	0.781
Had medical injection in past 12 months	0.295	0.036	360	206	1.481	0.121	0.224	0.366
Had HIV test and received results in past 12 months	0.144	0.018	360	206	0.960	0.123	0.108	0.180
Abstinence among youth 15-24 (never had sex)	0.400	0.074	115	66	1.623	0.186	0.251	0.549
Condom use at last high-risk sex for youth 15-24	0.688	0.071	51	30	1.091	0.104	0.545	0.831

Table B.2.5 Sampling errors for the rural sample, Guyana 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals: Value-2SE (R-2SE)	Confidence intervals: Value+2SE (R+2SE)
WOMEN								
No education	0.013	0.003	1,228	1,684	1.076	0.272	0.006	0.019
Secondary education or higher	0.747	0.020	1,228	1,684	1.609	0.027	0.707	0.787
Never married	0.283	0.015	1,228	1,684	1.167	0.053	0.253	0.313
Currently married/in union	0.624	0.017	1,228	1,684	1.245	0.028	0.590	0.659
Married before age 20	0.504	0.022	993	1 363	1.417	0.045	0.459	0.549
Currently pregnant	0.044	0.005	1,228	1,684	0.842	0.112	0.034	0.054
Children ever born	2.123	0.064	1,228	1,684	1.103	0.030	1.995	2.251
Children surviving	2.017	0.058	1,228	1,684	1.058	0.029	1.900	2.134
Children ever born to women age 40-49	3.491	0.141	301	422	1.142	0.040	3.210	3.772
Currently using any contraceptive method	0.349	0.020	767	1,051	1.168	0.058	0.308	0.389
Currently using a modern method	0.341	0.020	767	1, 051	1.195	0.060	0.300	0.382
Currently using pill	0.128	0.012	767	1,051	1.022	0.097	0.103	0.152
Currently using IUD	0.087	0.011	767	1,051	1.063	0.125	0.065	0.109
Currently using condom	0.054	0.009	767	1,051	1.043	0.157	0.037	0.071
Currently using female sterilization	0.028	0.007	767	1,051	1.143	0.245	0.014	0.041
Has heard of HIV/AIDS	0.976	0.007	1,228	1,684	1.522	0.007	0.962	0.989
Knows about limiting partners	0.050	0.006	1,228	1,684	0.922	0.115	0.038	0.061
Comprehensive knowledge on HIV/AIDS	0.452	0.023	1,228	1,684	1.585	0.050	0.406	0.497
Accepting attitudes toward people with HIV	0.162	0.014	1,195	1,643	1.297	0.085	0.134	0.189
Had sex before age 18	0.438	0.019	993	1,363	1.204	0.043	0.400	0.476
Sexually active in last 12 months	0.211	0.032	274	369	1.317	0.154	0.146	0.276
Had two or more sexual partners in last 12 months	0.010	0.004	891	1,221	1.130	0.370	0.003	0.018
Had high-risk sex last 12 months	0.152	0.024	891	1,221	2.029	0.160	0.103	0.201
Condom use at last high-risk sex	0.485	0.040	137	186	0.937	0.083	0.405	0.566
Had medical injection in past 12 months	0.236	0.016	1,226	1,682	1.346	0.069	0.204	0.269
Had HIV test and received results in past 12 months	0.091	0.009	1,228	1,684	1.131	0.102	0.072	0.109
Abstinence among youth 15-24 (never had sex)	0.710	0.042	274	369	1.529	0.059	0.626	0.794
Condom use at last high-risk sex for youth 15-24	0.603	0.060	71	94	1.028	0.100	0.483	0.724
MEN								
No education	0.019	0.005	993	1,341	1.224	0.282	0.008	0.029
With secondary education or higher	0.720	0.021	993	1,341	1.451	0.029	0.679	0.762
Never married (in union)	0.387	0.016	993	1,341	1.024	0.041	0.355	0.419
Currently married (in union)	0.543	0.016	993	1,341	1.029	0.030	0.510	0.575
Has heard of HIV/AIDS	0.978	0.005	993	1,341	1.083	0.005	0.968	0.988
Knows about limiting partners	0.075	0.012	993	1,341	1.462	0.163	0.051	0.100
Comprehensive knowledge on HIV/AIDS	0.400	0.019	993	1,341	1.226	0.048	0.362	0.438
Accepting attitudes toward people with HIV	0.153	0.012	971	1,311	1.028	0.078	0.129	0.177
Had sex before age 18	0.503	0.019	792	1,071	1.047	0.037	0.466	0.541
Sexually active in last 12 months	0.380	0.034	290	387	1.192	0.090	0.312	0.448
Had two or more sexual partners in last 12 months	0.081	0.010	740	998	0.980	0.121	0.062	0.101
Had high-risk sex last 12 months	0.314	0.017	740	998	0.993	0.054	0.280	0.348
Condom use at last high-risk sex	0.639	0.029	234	313	0.926	0.046	0.581	0.697
Had medical injection in past 12 months	0.252	0.013	993	1,341	0.923	0.050	0.227	0.278
Had HIV test and received results in past 12 months	0.083	0.009	993	1,341	1.057	0.111	0.065	0.102
Abstinence among youth 15-24 (never had sex)	0.643	0.048	121	161	1.095	0.074	0.547	0.739
Condom use at last high-risk sex for youth 15-24	0.515	0.033	290	387	1.129	0.064	0.449	0.582

Table B.3 Sampling errors for fertility rates for the three-year period before the survey, Guyana 2005

Residence	Value (R)	Standard error (SE)	Weighted number of cases (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals Value-2SE (R-2SE)	Value+2SE (R+2SE)
Urban	**2.134**	**0.140**	**14,741**	**0.984**	**0.065**	**1.855**	**2.414**
Georgetown urban	2.061	0.173	9,062	0.941	0.084	1.714	2.408
Other urban	2.284	0.242	5,678	1.065	0.106	1.801	2.767
Rural	**2.656**	**0.227**	**33,097**	**1.365**	**0.086**	**2.202**	**3.110**
Total	**2.494**	**0.162**	**47,838**	**1.431**	**0.065**	**2.171**	**2.817**

Note: The weighted number of cases refers to women-years of exposure in the three-year period, roughly three times the number of women.

Table B.4.1 Sampling errors for mortality rates for the five-year period preceding the survey, Guyana 2005

Mortality rate	Value (R)	Standard error (SE)	Unweighted number of cases (N)	Weighted number of cases (W)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals Value-2SE (R-2SE)	Value+2SE (R+2SE)
Neonatal	37.725	10.714	946	937	1.159	0.284	16.298	59.152
Post-neonatal	10.023	3.625	948	938	1.024	0.362	2.774	17.273
Infant	47.749	11.344	948	938	1.132	0.238	25.061	70.437
Child	2.892	2.041	946	937	1.204	0.706	0.000	6.974
Under-five	50.503	11.521	948	938	1.126	0.228	27.461	73.545

Note: Neonatal mortality the probability of dying within the first month of life; post-neonatal mortality is the difference between infant and neonatal mortality; infant mortality is the probability of dying before the first birthday; child mortality is the probability of dying between the first and fifth birthday; and under-five mortality is the probability of dying before the fifth birthday.

Table B.4.2 Sampling errors for mortality rates for the ten-year period preceding the survey, Guyana 2005

Mortality rate/residence	Value (R)	Standard error (SE)	Unweighted number of cases (N)	Weighted number of cases (W)	Design effect (DEFT)	Relative error (SE/R)	Confidence intervals Value-2SE (R-2SE)	Value+2SE (R+2SE)
NEONATAL[1]								
Urban	**36.832**	**945**	**586**	**1.140**	**7.288**	**0.198**	**22.255**	**51.409**
Georgetown urban	36.278	533	340	1.251	10.791	0.297	14.697	57.859
Other urban	37.595	412	246	0.995	9.431	0.251	18.733	56.457
Rural	**32.243**	**1,149**	**1,492**	**1.124**	**10.249**	**0.318**	**11.745**	**52.742**
POST-NEONATAL								
Urban	**13.366**	**946**	**587**	**1.037**	**4.347**	**0.325**	**4.673**	**22.059**
Georgetown urban	16.400	534	341	1.046	6.760	0.412	2.880	29.919
Other urban	9.159	412	246	0.955	4.349	0.475	0.460	17.857
Rural	**9.363**	**1,149**	**1,492**	**1.052**	**3.507**	**0.375**	**2.349**	**16.378**
INFANT								
Urban	**50.198**	**946**	**587**	**1.222**	**9.969**	**0.199**	**30.260**	**70.136**
Georgetown urban	52.678	534	341	1.354	15.160	0.288	22.358	82.997
Other urban	46.754	412	246	1.008	11.912	0.255	22.930	70.578
Rural	**41.607**	**1,149**	**1492**	**1.083**	**10.556**	**0.254**	**20.494**	**62.720**
CHILD								
Urban	**2.028**	**946**	**587**	**1.082**	**1.363**	**0.672**	**0.697**	**4.753**
Georgetown urban	1.076	533	340	NaN	1.081	1.004	1.086	3.238
Other urban	3.316	413	247	1.116	2.901	0.875	2.487	9.118
Rural	**6.079**	**1,149**	**1,492**	**1.197**	**2.707**	**0.445**	**0.665**	**11.494**
UNDER-FIVE								
Urban	**52.124**	**947**	**588**	**1.203**	**9.909**	**0.190**	**32.307**	**71.942**
Georgetown urban	53.697	534	341	1.354	15.240	0.284	23.217	84.177
Other urban	49.915	413	247	0.953	11.442	0.229	27.031	72.798
Rural	**47.433**	**1,149**	**1,492**	**1.061**	**10.632**	**0.224**	**26.169**	**68.697**

Note: Neonatal mortality the probability of dying within the first month of life; post-neonatal mortality is the difference between infant and neonatal mortality; infant mortality is the probability of dying before the first birthday; child mortality is the probability of dying between the first and fifth birthday; and under-five mortality is the probability of dying before the fifth birthday.

DATA QUALITY TABLES APPENDIX C

The following tables are included in this appendix to examine the quality of some of the data collected in the 2005 GAIS.

- Table C.1 contains the single-year age distribution of the de facto household population by sex. The purpose of Table C.1 is to examine the age structure obtained in the 2005 GAIS for evidence of heaping, especially ages ending in 0 and 5, and to examine the age limits of eligibility for interview, comparing women with men.

- Tables C.2.1 and C.2.2 contain the age distribution of the eligible respondents. The purpose of these tables is to detect both displacement of respondents out of the eligible age range and differential response rates by age.

- Table C.3 on completeness of reporting of basic indicators. The purpose of this table is to examine the amount of missing information for certain key indicators. High levels of missing data may indicate that the non-missing data are biased or of poor quality.

- Table C.4 shows the distribution of births by calendar years. The purpose of Table C.4 is to examine the impact of omission of births in the five years preceding the survey and the transfer of births across calendar year boundaries. If large amounts of omission are suspected, then care should be used in interpreting current fertility and mortality levels and trends. Both omission and transference are indicative of poor fieldwork and the quality of the data from other parts of the questionnaire may be affected.

- Table C.5 contains information on the reporting of age at death in days and Table C.6 on the reporting of age at death in months. The purposes of these tables are to examine the possible omission of neonatal and early neonatal deaths and to examine the effects of heaping of age at death.

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Guyana 2005

	Female		Male			Female		Male	
Age	Number	Percent-age	Number	Percent-age	**Age**	Number	Percent-age	Number	Percent-age
0	76	1.4	87	1.7	37	55	1.0	70	1.4
1	99	1.8	117	2.3	38	82	1.5	72	1.4
2	95	1.8	91	1.8	39	71	1.3	58	1.1
3	103	1.9	116	2.3	40	65	1.2	65	1.3
4	108	2.0	129	2.5	41	60	1.1	51	1.0
5	123	2.3	133	2.6	42	84	1.5	65	1.3
6	119	2.2	157	3.1	43	70	1.3	67	1.3
7	133	2.5	120	2.3	44	75	1.4	47	0.9
8	122	2.2	148	2.9	45	67	1.2	63	1.2
9	109	2.0	149	2.9	46	62	1.1	43	0.8
10	147	2.7	148	2.9	47	61	1.1	59	1.2
11	155	2.9	131	2.5	48	69	1.3	34	0.7
12	127	2.4	131	2.6	49	54	1.0	56	1.1
13	95	1.7	114	2.2	50	75	1.4	47	0.9
14	134	2.5	112	2.2	51	38	0.7	39	0.8
15	107	2.0	87	1.7	52	64	1.2	56	1.1
16	113	2.1	112	2.2	53	62	1.2	52	1.0
17	122	2.3	92	1.8	54	42	0.8	41	0.8
18	92	1.7	87	1.7	55	35	0.6	36	0.7
19	89	1.6	92	1.8	56	51	0.9	37	0.7
20	93	1.7	92	1.8	57	33	0.6	38	0.7
21	83	1.5	62	1.2	58	43	0.8	27	0.5
22	71	1.3	65	1.3	59	22	0.4	29	0.6
23	106	1.9	84	1.6	60	28	0.5	33	0.6
24	93	1.7	85	1.7	61	20	0.4	21	0.4
25	99	1.8	91	1.8	62	22	0.4	22	0.4
26	68	1.3	61	1.2	63	34	0.6	29	0.6
27	65	1.2	83	1.6	64	37	0.7	26	0.5
28	83	1.5	70	1.4	65	32	0.6	27	0.5
29	74	1.4	66	1.3	66	14	0.3	20	0.4
30	72	1.3	91	1.8	67	19	0.4	18	0.4
31	72	1.3	68	1.3	68	21	0.4	16	0.3
32	93	1.7	79	1.5	69	16	0.3	16	0.3
33	91	1.7	55	1.1	70+	200	3.7	134	2.6
34	73	1.3	73	1.4	DK/missing	5	0.1	4	0.1
35	73	1.4	74	1.4					
36	54	1.0	48	0.9	Total	5,417	100.0	5,120	100.0

Table C.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54 and interviewed women age 15-49; and percent distribution and percentage of eligible women who were interviewed (weighted), by age, Guyana 2005

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percentage	
10-14	657	na	na	na
15-19	523	454	18.7	86.8
20-24	446	390	16.1	87.4
25-29	389	339	14.0	87.3
30-34	402	366	15.1	91.1
25-39	335	287	11.8	85.6
40-44	354	321	13.2	90.7
45-49	313	269	11.1	86.1
50-54	281	na	na	na
15-49	2,761	2,426	100.0	87.9

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.
na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-54 and interviewed men age 15-49; and percent distribution and percentage of eligible men who were interviewed (weighted), by age, Guyana 2005

Age group	Household population of men age 10-54	Interviewed men age 15-49		Percentage of eligible men interviewed
		Number	Percentage	
10-14	635	na	na	na
15-19	470	390	20.5	83.0
20-24	387	279	14.7	72.2
25-29	371	266	14.0	71.7
30-34	367	284	14.9	77.4
25-39	321	256	13.4	79.5
40-44	295	223	11.7	75.6
45-49	256	203	10.7	79.5
50-54	236	na	na	na
15-49	2,467	1,901	100.0	77.1

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before interview. Weights for both household population of men and interviewed men are household weights. Age is based on the household schedule.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions, Guyana 2005

Subject	Reference group	Percentage of reference group with missing information	Number of cases
Birth Date	Last 15 years		
Month only		1.1	3,076
Month and year		0.2	3,076
Age at death	Last 15 years	0.0	145
Age/date at first union[1]	Ever-married respondents	1.0	2,766
Respondent's education	All respondents	0.1	4,300
Diarrhea in last 2 weeks	Living children age 0-59 months	2.4	9,400

[1]Both year and age missing

Table C.4 Births by calendar year

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio, by calendar year, according to survival status (weighted), Guyana 2005

	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
Year	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2005	81	4	86	100.0	100.0	100.0	123.4	504.3	131.0	na	na	na
2004	173	10	184	100.0	85.6	99.2	116.1	196.5	119.5	na	na	na
2003	177	8	185	99.4	100.0	99.4	102.2	60.1	100.0	105.0	71.3	103.0
2002	164	11	175	100.0	86.1	99.1	116.9	182.2	120.1	92.6	114.8	93.7
2001	178	11	189	99.3	79.8	98.1	118.1	131.6	118.8	88.3	152.2	90.6
2000	238	4	242	98.7	62.2	98.1	98.8	198.4	99.9	127.5	34.3	122.0
1999	195	12	207	98.5	82.5	97.6	137.6	338.4	144.1	81.3	193.2	84.1
1998	243	8	252	99.5	82.1	99.0	108.7	219.6	111.1	118.3	60.5	114.6
1997	216	16	232	99.5	92.4	99.0	94.3	306.1	101.5	96.9	170.2	99.8
1996	202	10	212	99.6	87.2	99.0	132.1	764.6	140.6	89.0	80.5	88.5
2001-2005	773	45	818	99.7	88.1	99.1	114.1	151.9	115.8	na	na	na
1996-2000	1,094	51	1,145	99.2	84.9	98.5	111.8	328.0	116.7	na	na	na
1991-1995	983	46	1,029	99.7	81.8	98.9	104.7	170.4	106.9	na	na	na
1986-1990	789	49	838	98.8	80.1	97.7	95.4	90.4	95.1	na	na	na
< 1986	1,034	91	1,125	99.7	91.6	99.1	117.0	100.1	115.5	na	na	na
All	4,673	282	4,955	99.4	86.3	98.7	108.8	138.9	110.3	na	na	na

na = Not applicable
[1]Both year and month of birth given
[2]$(B_m/B_f)*100$, where B_m and B_f are the numbers of male and female births, respectively
[3]$[2B_x/(B_{x-1}+B_{x+1})]*100$, where B_x is the number births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five year periods of birth preceding the survey (weighted), Guyana 2005

Age at death (days)	Number of years preceding the survey				Total 0-19 years
	0-4	5-9	10-14	15-19	
<1	5	9	4	11	27
1	13	13	17	4	47
2	4	4	0	0	9
3	5	3	0	1	9
4	3	2	0	0	5
5	0	1	3	0	4
6	0	0	0	0	0
7	0	0	0	1	1
8	0	0	0	0	0
9	0	0	0	1	1
10	0	0	0	1	1
11	1	0	0	0	1
12	0	0	0	1	1
13	0	0	1	0	1
14	4	1	1	0	5
15-20	0	0	0	0	0
21	0	2	1	0	3
22-30	0	0	0	0	0
Total 0-30 days	35	34	26	21	117
Percentage early neonatal[1]	86.0	92.4	89.3	78.8	87.3

[1] 0-6 days/0-30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey (weighted), Guyana 2005

Age at death (months)	Number of years preceding the survey				Total 0-19 years
	0-4	5-9	10-14	15-19	
< 1 month[1]	35	34	26	21	117
1	2	2	0	0	5
2	0	1	0	3	5
3	1	2	1	2	6
4	0	0	2	0	2
5	0	2	0	0	2
6	5	3	2	3	13
7	1	2	1	2	5
8	0	0	2	2	4
9	0	0	1	4	5
10	0	1	0	1	2
11	0	0	0	2	2
12	0	0	0	1	1
13	0	0	0	0	0
14	0	0	1	0	1
15	1	0	0	0	1
16	0	0	0	1	1
17	0	0	0	0	0
18	0	1	0	0	1
19-22	0	0	0	0	0
23	0	2	0	0	2
1 Year	0	0	1	1	2
Total 0-11 months	44	47	36	40	167
Percentage neonatal [2]	80.4	73.3	73.9	52.2	70.2

[1] <1 includes deaths under one month reported in days

[2] Percent neonatal = under one month/under one year

SURVEY PERSONNEL APPENDIX D

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QUESTIONNAIRES Appendix E

GUYANA AIDS INDICATORS SURVEY (GAIS)
HOUSEHOLD QUESTIONNAIRE

6-Jun-05

MINISTRY OF HEALTH, GOVERNMENT OF GUYANA
GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . .

HOUSEHOLD NUMBER . . . . . .

REGION . . . . . .

URBAN/RURAL (URBAN=1, RURAL=2) . . . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR 2005
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE

LANGUAGE CODES: 1=ENGLISH, 2=OTHER

LANGUAGE OF INTERVIEW _____

LANGUAGE OF RESPONDENT _____

WAS A TRANSLATOR USED? (1=YES; 2=NO) . . . . . .

SUPERVISOR	OFFICE EDITOR	KEYED BY DATA ENTRY CLERK
NAME _____		
DATE _____		

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**	**(9)**
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL **WOMEN** AGE **15-49**	CIRCLE LINE NUMBER OF ALL **MEN** AGE **15-49**
			M F	**YES NO**	**YES NO**	**IN YEARS**		
01			1 2	1 2	1 2		01	01
02			1 2	1 2	1 2		02	02
03			1 2	1 2	1 2		03	03
04			1 2	1 2	1 2		04	04
05			1 2	1 2	1 2		05	05
06			1 2	1 2	1 2		06	06
07			1 2	1 2	1 2		07	07
08			1 2	1 2	1 2		08	08
09			1 2	1 2	1 2		09	09

* CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION						BIRTH REGIS-TRATION
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest year (NAME) completed at that level?***	Did (NAME) attend school at any time during the (2004 - 2005) school year?	During this/that school year, what level and year [is/was] (NAME) attending?***	Did (NAME) attend school at any time during the previous school year, that is, (2003 - 2004)	During that school year, what level and year did (NAME) attend?***	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been regis-tered with the civil authority? ****
	Y N DK		Y N DK		YES NO	LEVEL YEAR	YES NO	LEVEL YEAR	YES NO	LEVEL YEAR	C R N DK
01	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
02	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
03	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
04	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
05	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
06	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
07	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
08	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
09	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8

**Qs. 11 AND 13
RECORD '00' IF PARENT NOT LISTED IN THE HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 17 AND 19
EDUCATION LEVEL:
0 = NURSERY
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

YEARS OF EDUCATION:
00 = LESS THAN 1 YEAR COMPLETED (FOR Q. 15 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 17 AND 19.)
98 = DON'T KNOW

****CODES FOR Q.20
1 = CERTIFICATE (C)
2 = REGISTRATION (R)
3 = NEITHER (N)
8 = DON'T KNOW (DK)

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**	**(9)**
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL **WOMEN** AGE **15-49**	CIRCLE LINE NUMBER OF ALL **MEN** AGE **15-49**
			M F	**YES NO**	**YES NO**	**IN YEARS**		
10			1 2	1 2	1 2		10	10
11			1 2	1 2	1 2		11	11
12			1 2	1 2	1 2		12	12
13			1 2	1 2	1 2		13	13
14			1 2	1 2	1 2		14	14
15			1 2	1 2	1 2		15	15
16			1 2	1 2	1 2		16	16
17			1 2	1 2	1 2		17	17
18			1 2	1 2	1 2		18	18
19			1 2	1 2	1 2		19	19

*CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/ STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

**Qs.11 AND 13 RECORD '00' IF PARENT NOT LISTED IN THE HOUSEHOLD SCHEDULE.

***CODES FOR Qs.15, 17, AND 19
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW
YEARS OF EDUCATION:
00 = LESS THAN 1 YEAR COMPLETED (FOR Q. 15 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 17 AND 19.)
98 = DON'T KNOW

****CODES FOR Q.20
1 = CERTIFICATE (C)
2 = REGISTRATION (R)
3 = NEITHER (N)
8 = DON'T KNOW (DK)

LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION						BIRTH REGIS-TRATION
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest year (NAME) completed at that level?***	Did (NAME) attend school at any time during the (2004 - 2005) school year?	During this/that school year, what level and year [is/was] (NAME) attending?***	Did (NAME) attend school at any time during the previous school year, that is, (2003 - 2004)	During that school year, what level and year did (NAME) attend?***	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been regis-tered with the civil authority? ****
	Y N DK		Y N DK		YES NO	LEVEL YEAR	YES NO	LEVEL YEAR	YES NO	LEVEL YEAR	C R N DK
10	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
11	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
12	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
13	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
14	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
15	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
16	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
17	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
18	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8
19	1 2 8 GO TO 12		1 2 8 GO TO 14		1 2 NEXT LINE		1 2 GO TO 18		1 2 NEXT LINE		1 2 3 8

TICK HERE IF CONTINUATION SHEET USED . . . . ☐

Just to make sure that I have a complete household listing:

1) Are there any other persons such as small children or infants that we have not listed? . . . . . YES ☐ → ENTER EACH IN TABLE NO ☐

2) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? . . . . . YES ☐ → ENTER EACH IN TABLE NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? . . . . . YES ☐ → ENTER EACH IN TABLE NO ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PUBLIC TAP/STANDPIPE . . . . . 13 TUBE WELL OR BOREHOLE . . . . . 21 DUG WELL PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 BOTTLED WATER . . . . . 91 PURIFIED WATER . . . . . 92 OTHER _____ 96 (SPECIFY)	11, 12 → 26 13, 21, 31, 32, 41, 42 → 23 51 → 26 61, 71, 81 → 23 96 → 23
22	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PUBLIC TAP/STANDPIPE . . . . . 13 TUBE WELL OR BOREHOLE . . . . . 21 DUG WELL PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 PURIFIED WATER . . . . . 92 OTHER _____ 96 (SPECIFY)	11, 12 → 26 51 → 26 92 → 28
23	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	1, 2 → 26
24	How long does it take to go there, get water, and come back?	MINUTES . . . . . [ ][ ][ ] ON PREMISES . . . . . 996 DON'T KNOW 998	996 → 26
25	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN . . . . . 1 ADULT MAN . . . . . 2 FEMALE CHILD UNDER 15 YEARS OLD . . . . . 3 MALE CHILD UNDER 15 YEARS OLD . . . . . 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
26	Do you treat your water in any way to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 28
27	What do you usually do to the water to make it safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
28	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . 14 FLUSH, DON'T KNOW WHERE . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) . . . . . 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT . . . . . 23 COMPOSTING TOILET . . . . . 31 BUCKET TOILET . . . . . 41 HANGING TOILET/HANGING LATRINE . . . . . 51 NO FACILITY/BUSH/FIELD . . . . . 61 OTHER _____ 96 (SPECIFY)	→ 31
29	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 31
30	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . 95 DON'T KNOW 98	
30A	How does your household usually dispose of its' garbage or rubbish?	COLLECTION BY PUBLIC SERVICE. . A BURYING THE GARBAGE . . . . . B BURNING THE GARABAGE . . . . . C DUMPING IN CANAL/RIVER . . . . . D DUMPING ON WASTE LAND . . . . . E OTHER _____ X (SPECIFY)	
31	Does your household have: A bed? A vanity? A wall divider? Lamp candles/lantern? A land-line telephone? A cell phone? Electricity? A radio? A television? A VHS player? A fan? An air-conditioner? A computer? A microwave oven? A refrigerator? A washing machine?	YES NO BED . . . . . 1 2 VANITY . . . . . 1 2 WALL DIVIDER . . . . . 1 2 LAMP CANDLES/LANTERN . . 1 2 LAND-LINE TELEPHONE . . 1 2 CELL PHONE . . . . . 1 2 ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 VHS PLAYER . . . . . 1 2 FAN . . . . . 1 2 AIR-CONDITIONER . . . . . 1 2 COMPUTER . . . . . 1 2 MICROWAVE OVEN . . . . . 1 2 REFRIGERATOR . . . . . 1 2 WASHING MACHINE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
32	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . . 01 LPG . . . . . 02 NATURAL GAS . . . . . 03 BIOGAS . . . . . 04 KEROSENE . . . . . 05 COAL, LIGNITE . . . . . 06 CHARCOAL . . . . . 07 WOOD . . . . . 08 STRAW/SHRUBS/GRASS . . . . . 09 AGRICULTURAL CROP . . . . . 10 OTHER _____ 96 (SPECIFY)	→ 34
33	In this household, is food cooked on an open fire, on an open stove/ fireside, or on a closed stove?	OPEN FIRE . . . . . 1 OPEN STOVE/ FIRESIDE . . . . . 2 CLOSED STOVE . . . . . 3 OTHER _____ 6 (SPECIFY)	→ 34
33A	Does the fire/stove have a chimney or a hood?	YES . . . . . 1 NO 2	
34	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE . . . . . 1 IN A SEPARATE BUILDING . . . . . 2 OUTDOORS . . . . . 3 OTHER _____ 6 (SPECIFY)	→ 36
35	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	
36	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND . . . . . 11 DUNG . . . . . 12 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 PALM/BAMBOO . . . . . 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 VINYL OR ASPHALT STRIPS . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	
37	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF . . . . . 11 THATCH/PALM LEAF . . . . . 12 RUDIMENTARY ROOFING PALM/BAMBOO . . . . . 22 WOOD PLANKS . . . . . 23 FINISHED ROOFING METAL . . . . . 31 WOOD . . . . . 32 CALAMINE/CEMENT FIBER . . . 33 CERAMIC TILES . . . . . 34 CEMENT . . . . . 35 ROOFING SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
38	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 DIRT . . . . . 13 RUDIMENTARY WALLS BAMBOO WITH MUD . . . . . 21 STONE WITH MUD . . . . . 22 UNCOVERED ADOBE . . . . . 23 PLYWOOD . . . . . 24 CARTON . . . . . 25 REUSED WOOD . . . . . 26 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 COVERED ADOBE . . . . . 35 WOOD PLANKS/SHINGLES . . . 36 OTHER _____ 96 (SPECIFY)	
39	TYPE OF WINDOWS. RECORD OBSERVATION.	YES NO ANY WINDOWS . . . . . 1 2 WINDOWS WITH GLASS . . . 1 2 WINDOWS WITH SCREENS . 1 2 WINDOWS WITH CURTAINS OR SHUTTERS . . . . . 1 2 WOODEN WINDOWS 1 2	
40	How many rooms in this household are used for sleeping?	ROOMS . . . . . [ ][ ]	
41	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car, truck, mini-van? A boat with a motor? A boat without a motor?	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK/MINIVAN . . . . . 1 2 BOAT WITH MOTOR . . . . . 1 2 BOAT WITHOUT MOTOR 1 2	
42	Does any member of this household own any land that can be used for agriculture?	YES . . . . . 1 NO . . . . . 2 → 44	
43	How many acres of agricultural land do members of this household own? IF UNKNOWN, ENTER '98'. IF LESS THAN 1 ACRE, ENTER '00'.	ACRES . . . . . [ ][ ]	
44	Does this household own any livestock, herds, or farm animals?	YES . . . . . 1 NO . . . . . 2 → 46	
45	How many of the following animals does this household own? Cows or bulls? Horses, donkeys, or mules? Goats? Sheep? Chickens, ducks, turkeys and other poultry? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	COWS/BULLS . . . . . [ ][ ] HORSES/DONKEYS/MULES . [ ][ ] GOATS . . . . . [ ][ ] SHEEP . . . . . [ ][ ] POULTRY . . . . . [ ][ ]	
46	Does any member of this household have a bank account?	YES . . . . . 1 NO 2	

46A	Does your household use metal or plastic screens on windows to keep mosquitos out?	YES ..... 1 NO 2
50	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2 → IND. INTERVIEW
51	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'	NUMBER OF NETS ..... [ ]

		NET #1	NET # 2	NET #3
52	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD.	OBSERVED ..... 1 NOT OBSERVED 2	OBSERVED ..... 1 NOT OBSERVED 2	OBSERVED ..... 1 NOT OBSERVED 2
53	How many months ago did your household obtain the mosquito net (NUMBER)? IF LESS THAN ONE MONTH, RECORD '00'. IF 37 MONTHS OR MORE, CIRCLE CODE '95'.	MONTHS AGO ..... [ ][ ] MORE THAN **3** YEARS AGO… ..... 95 DON'T KNOW/NOT SURE 98	MONTHS AGO ..... [ ][ ] MORE THAN **3** YEARS AGO… ..... 95 DON'T KNOW/NOT SURE 98	MONTHS AGO ..... [ ][ ] MORE THAN **3** YEARS AGO… ..... 95 DON'T KNOW/NOT SURE 98
55	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES ..... 1 NO ..... 2 NOT SURE 8	YES ..... 1 NO ..... 2 NOT SURE 8	YES ..... 1 NO ..... 2 NOT SURE 8
56	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES ..... 1 NO ..... 2 **(SKIP TO 58)** NOT SURE 8	YES ..... 1 NO ..... 2 **(SKIP TO 58)** NOT SURE 8	YES ..... 1 NO ..... 2 **(SKIP TO 58)** NOT SURE 8
57	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'. IF 25 MONTHS OR MORE, CIRCLE CODE '95'.	MONTHS AGO ..... [ ][ ] MORE THAN **2** YEARS AGO ..... 95 DON'T KNOW/NOT SURE 98	MONTHS AGO ..... [ ][ ] MORE THAN **2** YEARS AGO ..... 95 DON'T KNOW/NOT SURE 98	MONTHS AGO ..... [ ][ ] MORE THAN **2** YEARS AGO ..... 95 DON'T KNOW/NOT SURE 98
58	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 **(SKIP TO 60)** NOT SURE 8	YES ..... 1 NO ..... 2 **(SKIP TO 60)** NOT SURE 8	YES ..... 1 NO ..... 2 **(SKIP TO 60)** NOT SURE 8
59	Who slept under this mosquito net last night? RECORD THE RESPECTIVE NAME(S) AND LINE NUMBER(S)	**NAME**_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ]	**NAME**_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ]	**NAME**_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ]
60		GO BACK TO **53** FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS	GO BACK TO **53** FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS	GO BACK TO **53** FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS

NET #4	NET #5	NET #6	NET #7
OBSERVED ..... 1 NOT OBSERVED 2	OBSERVED ..... 1 NOT OBSERVED 2	OBSERVED ..... 1 NOT OBSERVED 2	OBSERVED ..... 1 NOT OBSERVED 2
MONTHS AGO ..... [ ][ ] MORE THAN **3** YEARS AGO… ..... 95 DON'T KNOW/NOT SURE ..... #	MONTHS AGO ..... [ ][ ] MORE THAN **3** YEARS AGO… ..... 95 DON'T KNOW/NOT SURE 98	MONTHS AGO ..... [ ][ ] MORE THAN **3** YEARS AGO… ..... 95 DON'T KNOW/NOT SURE 98	MONTHS AGO ..... [ ][ ] MORE THAN **3** YEARS AGO… ..... 95 DON'T KNOW/NOT SURE 98
YES ..... 1 NO ..... 2 NOT SURE 8	YES ..... 1 NO ..... 2 NOT SURE 8	YES ..... 1 NO ..... 2 NOT SURE 8	YES ..... 1 NO ..... 2 NOT SURE 8
YES ..... 1 NO ..... 2 **(SKIP TO 58)** NOT SURE 8	YES ..... 1 NO ..... 2 **(SKIP TO 58)** NOT SURE 8	YES ..... 1 NO ..... 2 **(SKIP TO 58)** NOT SURE 8	YES ..... 1 NO ..... 2 **(SKIP TO 58)** NOT SURE 8
MONTHS AGO ..... [ ][ ] MORE THAN **2** YEARS AGO ..... 95 DON'T KNOW/NOT SURE ..... #	MONTHS AGO ..... [ ][ ] MORE THAN **2** YEARS AGO ..... 95 DON'T KNOW/NOT SURE 98	MONTHS AGO ..... [ ][ ] MORE THAN **2** YEARS AGO ..... 95 DON'T KNOW/NOT SURE 98	MONTHS AGO ..... [ ][ ] MORE THAN **2** YEARS AGO ..... 95 DON'T KNOW/NOT SURE 98
YES ..... 1 NO ..... 2 **(SKIP TO 60)** NOT SURE 8	YES ..... 1 NO ..... 2 **(SKIP TO 60)** NOT SURE 8	YES ..... 1 NO ..... 2 **(SKIP TO 60)** NOT SURE 8	YES ..... 1 NO ..... 2 **(SKIP TO 60)** NOT SURE 8
NAME_____ LINE NUMBER [ ][ ] NAME_____ LINE NUMBER [ ][ ] NAME_____ LINE NUMBER [ ][ ] NAME_____ LINE NUMBER [ ][ ]	**NAME**_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ]	**NAME**_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ]	**NAME**_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ] NAME_____ LINE NUMBER ..... [ ][ ]
GO BACK TO **53** FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS	GO BACK TO **53** FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS	GO BACK TO **53** FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS	CONTINUE WITH THE INDIVIDUAL INTERVIEW

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: DATE:

0 5

GUYANA AIDS INDICATOR SURVEY
INDIVIDUAL QUESTIONNAIRE

6-Jun-05

MINISTRY OF HEALTH, GOVERNMENT OF GUYANA
GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . .

HOUSEHOLD NUMBER . . . . . .

REGION . . . . . .

URBAN/RURAL (URBAN=1, RURAL=2) . . . . . .

NAME AND LINE NUMBER OF RESPONDENT _____

SEX OF RESPONDENT (MALE = 1 FEMALE = 2)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR 2005
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

LANGUAGE

LANGUAGE CODES: 1=ENGLISH, 2=OTHER

LANGUAGE OF INTERVIEW _____

LANGUAGE OF RESPONDENT _____

WAS A TRANSLATOR USED? (1=YES; 2=NO) . . . . . .

SUPERVISOR	OFFICE EDITOR	KEYED BY DATA ENTRY CLERK
NAME _____		
DATE _____		

SECTION 1 - RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Guyana Responsible Parenthood Association, Ministry of Health. We are conducting a national health survey. We would very much appreciate your participation in this survey. I would like to ask you about some important health issues. This information will help the government to plan health services. The survey usually takes around 20 minutes to complete.

Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
102	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 107
105	What is the highest level of school you attended: nursery, primary, secondary, or higher?	NURSERY . . . . . 1 PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER 4	
106	What is the highest year you have completed at that level? RECORD '00' IF LESS THAN ONE GRADE COMPLETED AT THAT LEVEL.	YEAR . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL . . . . . 4 CANNOT READ 8	
108	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
109	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
110	FEMALE ☐ MALE ☐		→ 113
111	Aside from your own housework, have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 116
112	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . . 1 NO 2	→ 116 → 115
113	Have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 116
114	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation or any other such reason?	YES . . . . . 1 NO 2	→ 116
115	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 117
116	What is your occupation, that is, what kind of work do you mainly do? INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	_____ _____ _____ ☐☐	→ 118
117	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING . . . . . 01 LOOKING FOR WORK . . . . . 02 RETIRED . . . . . 03 TOO ILL TO WORK . . . . . 04 HANDICAPPED, CANNOT WORK . . . 05 HOUSEWORK/CHILD CARE . . . . . 06 OTHER _____ 96 (SPECIFY)	
118	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS . . . . . 95 VISITOR 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . . [ ][ ] NONE 00	→ 121
120	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . . 1 NO 2	
121	What is your religion?	CHRISTIAN . . . . . 1 HINDU . . . . . 2 MUSLIM . . . . . 3 OTHER _____ 6 SPECIFY	
122	Which ethnic group do you belong to?	AFRICAN . . . . . 01 INDIAN . . . . . 02 AMERINDIAN . . . . . 03 PORTUGUESE . . . . . 04 CHINESE . . . . . 05 MIXED . . . . . 06 OTHER _____ 96 SPECIFY	

SECTION 2 - REPRODUCTION

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
201	MALE ☐ Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	FEMALE ☐ Now I would like to ask about all the births you have had during your lifetime. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters whom you have fathered who are now living with you?	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.		SONS AT HOME . . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	MALE ☐ Do you have any sons or daughters whom you have fathered who are alive but do not live with you?	FEMALE ☐ Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.		SONS ELSEWHERE . . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	MALE ☐ Have you ever fathered a boy or girl who was born alive but later died? Any baby who cried or showed signs of life but did not survive?	FEMALE ☐ Have you ever given birth to a boy or girl who was born alive but later died? Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.		BOYS DEAD . . . . . ☐☐ GIRLS DEAD . . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.		TOTAL . . . . . ☐☐	
209	Just to make sure that I have this right: you have fathered in TOTAL _____ children during your life. Is that correct?	Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?		
	YES ☐	NO ☐ → PROBE AND CORRECT 201-208		
210	MALE ☐			→ 215
	FEMALE ☐			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
211	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐		→ 214
212	Now I would like to ask you about the last live birth you gave, whether the child is still alive or not. In what month and year did you give your last birth?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 214
213	About how many years ago was your last birth?	YEARS AGO . . . . . ☐☐	
214	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	
215	Are you the primary care giver for any children?	YES . . . . . 1 NO 2	→ 217A
216	Are any of these children for whom you are the primary caregiver under the age of 18?	YES . . . . . 1 NO 2	→ 217A
217	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	
217A	MALE ☐ FEMALE ☐		→ 355A
218	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 220
219	Which method are you using? PROBE: Any other place? RECORD ALL SOURCES MENTIONED.	FEMALE STERILISATION . . . . . A MALE STERILISATION . . . . . B PILL . . . . . C IUD/COIL . . . . . D INJECTIONS . . . . . E IMPLANTS . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J LACTATIONAL AMENORRHEA METHOD (LAM) . . . . . K PERIODIC ABSTINENCE/RHYTHM . L WITHDRAWAL . . . . . M OTHER _____ X (SPECIFY)	
220	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐		→ 301

221 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 222. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

222 What name was given to your (first/next) baby? (NAME)	223 Were any of these births multiple?	224 Is (NAME) a boy or a girl?	225 In what month and year was (NAME) born? PROBE: What is his/her birthday?	226 Is (NAME) still alive?	227 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	228 Is (NAME) living with you?	229 RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	230 How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	231 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2

222 What name was given to your next baby? (NAME)	223 Were any of these births twins?	224 Is (NAME) a boy or a girl?	225 In what month and year was (NAME) born? PROBE: What is his/her birthday?	226 Is (NAME) still alive?	227 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	228 IF ALIVE: Is (NAME) living with you?	229 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	230 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	231 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . 1 NO . . . 2 → 230	AGE IN YEARS [ ][ ]	YES . . . 1 NO 2	LINE NUMBER [ ][ ] → (GO TO 231)	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]	YES . . . . 1 NO 2

232	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . . 1 NO 2

233 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME [ ] → NUMBERS ARE DIFFERENT [ ] → (PROBE AND RECONCILE)

CHECK:

FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.	[ ]
FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.	[ ]
FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.	[ ]
FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.	[ ]

234 CHECK **225 A**ND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER. IF NONE, RECORD '0'. [ ]

SECTION 3. MALARIA AND TUBERCULOSIS

301	CHECK 234: ONE OR MORE BIRTHS IN 2000 OR LATER ☐	NO BIRTHS IN 2000 OR LATER ☐ → 355A		
302	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
303		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	LINE NUMBER FROM 229	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐
	NAME FROM 222	NAME _____	NAME _____	NAME _____
307	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	**HEALTH PROFESSIONAL** DOCTOR . . . . . A NURSE/MIDWIFE B AUXILIARY MIDWIFE . . . . . C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . D COMM. HEALTH WORKER . . . E OTHER _____ X (SPECIFY) **NO ONE** . . . . . Y (SKIP TO 321)		
308	Where did you receive antenatal care for this pregnancy? CIRCLE ALL MENTIONED. IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	**HOME** YOUR HOME . . . A OTHER HOME . . . B **PUBLIC SECTOR** GOVT. HOSPITAL C GOVT. HEALTH CENTER . . . . . D GOVT. HEALTH POST . . . . . E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . G OTHER PRIVATE MED. _____ H (SPECIFY) HOSPITAL/CLINIC ABROAD . . . . . I OTHER _____ X (SPECIFY)		
321	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 330) DON'T KNOW 8		
322	What drugs did you take? RECORD ALL MENTIONED.	SP/FANSIDAR . . . . . A CHLOROQUINE . . . B MEFLOQUINE . . . . . C QUININE . . . . . D OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
323	CHECK 322: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED ☐ CODE A' NOT CIRCLED ☐ (SKIP TO 330)		
324	How many times did you take SP/Fansidar during this pregnancy?	TIMES . . . . . ☐☐		
325	CHECK 307: ANTENATAL CARE FROM A HEALTH PROFESSIONAL RECEIVED DURING THIS PREGNANCY?	CODES A' TO 'C', CIRCLED ☐ CODES A' TO 'C', NOT CIRCLED ☐ (SKIP TO 330)		
326	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility, during a visit to a health facility outside of the country or from some other source?	ANTENATAL VISI .... 1 ANOTHER FAC.VIS.... 2 FACILITY ABROAD.... 3 OTHER _____ 6 (SPECIFY)		
330	CHECK 226:	LIVING ☐ DEAD ☐ (CONTINUE WITH NEXT BIRTH; OR IF NO MORE BIRTHS, GO TO 355A)	LIVING ☐ DEAD ☐ (CONTINUE WITH NEXT BIRTH; OR IF NO MORE BIRTHS, GO TO 355A)	LIVING ☐ DEAD ☐ (GO TO 303 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRHTS GO TO 355A)
331	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
332	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 334) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 334) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 334) DON'T KNOW 8
333	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
333A	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 335)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 335)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 335)
334	CHECK 331: HAD FEVER?	YES ☐ NO OR DK ☐ (CONTINUE WITH NEXT BIRTH; OR IF NO MORE BIRTHS, GO TO 355A)	YES ☐ NO OR DK ☐ (CONTINUE WITH NEXT BIRTH; OR IF NO MORE BIRTHS, GO TO 355A)	YES ☐ NO OR DK ☐ (GO TO 303 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRHTS GO TO 355A)
335	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 337)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 337)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 337)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
336	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED. PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY **PRIVATE MEDICAL SECTOR** PVT HOSPITAL/ CLINIC . . . . . G PHARMACY . . . H PVT DOCTOR . . . I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY) **OTHER SOURCE** SHOP . . . . . M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL . A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY **PRIVATE MEDICAL SECTOR** PVT HOSPITAL/ CLINIC . . . . . G PHARMACY . . . H PVT DOCTOR . . . I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY) **OTHER SOURCE** SHOP . . . . . M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL . A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY **PRIVATE MEDICAL SECTOR** PVT HOSPITAL/ CLINIC . . . . . G PHARMACY . . . H PVT DOCTOR . . . I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY) **OTHER SOURCE** SHOP . . . . . M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)
337	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8
338	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 330 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 355A) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 330 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 355A) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 330 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS GO TO 355A) DON'T KNOW 8
342	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . B MEFLOQUINE . . . C QUININE . . . . . D ARTEMETHER . . . . E ARTINATE . . . . . F COMBINATION WITH COARTEM G OTHER ANTI-MALARIAL . . . H **ANTIBIOTIC** AMOXICILLIN . . . . I SEPTRIN . . . . . J ERYTHROMYCIN . K OTHER ANTI-BIOTIC . . . . . L OTHER DRUGS ASPIRIN . . . . . M PANADOL . . . N IBUPROFEN . . . O PARACETAMOL . . P OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . B MEFLOQUINE . . . C QUININE . . . . . D ARTEMETHER . . . . E ARTINATE . . . . . F COMBINATION WITH COARTEM. G OTHER ANTI-MALARIAL . . . H **ANTIBIOTIC** AMOXICILLIN . . . . I SEPTRIN . . . . . J ERYTHROMYCIN . K OTHER ANTI-BIOTIC . . . . . L OTHER DRUGS ASPIRIN . . . . . M PANADOL . . . N IBUPROFEN . . . O PARACETAMOL . . P OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . B MEFLOQUINE . . . C QUININE . . . . . D ARTEMETHER . . . . E ARTINATE . . . . . F COMBINATION WITH COARTEM. G OTHER ANTI-MALARIAL . . . H **ANTIBIOTIC** AMOXICILLIN . . . . I SEPTRIN . . . . . J ERYTHROMYCIN . K OTHER ANTI-BIOTIC . . . . . L OTHER DRUGS ASPIRIN . . . . . M PANADOL . . . N IBUPROFEN . . . O PARACETAMOL . . P OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
342A	CHECK **342**: ANY CODE A-H CIRCLED?	YES ☐ NO ☐ (GO BACK TO 330 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 355A)	YES ☐ NO ☐ (GO BACK TO 330 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 355A)	YES ☐ NO ☐ (GO BACK TO 330 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 355A)
342B	CHECK **342**: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 342F)	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 342F)	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 342F)
342C	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8
342D	For how many days did (NAME) take the SP/Fansidar? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8
342E	Did you have the SP/Fansidar at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE, MENTIONED, ASK: Where did you get the SP/Fansidar first?	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8
342F	CHECK **342**: CHLOROQUINE ('B') GIVEN	CODE "B" CIRCLED ☐ CODE "B" NOT CIRCLED ☐ (SKIP TO 342J)	CODE "B" CIRCLED ☐ CODE "B" NOT CIRCLED ☐ (SKIP TO 342J)	CODE "A" CIRCLED ☐ CODE "B" NOT CIRCLED ☐ (SKIP TO 342J)
342G	How long after the fever started did (NAME) first take Chloroquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8
342H	For how many days did (NAME) take the Chloroquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8
342I	Did you have the Chloroquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE, MENTIONED, ASK: Where did you get the Chloroquine first?	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
342J	CHECK **342**: MEFLOQUINE ('C') GIVEN	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO 342N)	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO 342N)	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO 342N)
342K	How long after the fever started did (NAME) first take Mefloquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8
342L	For how many days did (NAME) take the Mefloquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8
342M	Did you have the mefloquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE, MENTIONED, ASK: Where did you get the Mefloquine first?	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8
342N	CHECK **342**: QUININE ('D') GIVEN	CODE "D" CIRCLED ☐ CODE "D" NOT CIRCLED ☐ (SKIP TO 342R)	CODE "D" CIRCLED ☐ CODE "D" NOT CIRCLED ☐ (SKIP TO 342R)	CODE "D" CIRCLED ☐ CODE "D" NOT CIRCLED ☐ (SKIP TO 342R)
342O	How long after the fever started did (NAME) first take Quinine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8
342P	For how many days did (NAME) take Quinine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8
342Q	Did you have the Quinine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE, MENTIONED, ASK: Where did you get the Quinine first?	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
342R	CHECK **342**: ARTEMETHER ('E') OR ARTINATE ('F') GIVEN	CODES "E" OR "F" CIRCLED ☐ CODES "E" OR "F" NOT CIRCLED ☐ (SKIP TO 342V)	CODES "E" OR "F" CIRCLED ☐ CODES "E" OR "F" NOT CIRCLED ☐ (SKIP TO 342V)	CODES "E" OR "F" CIRCLED ☐ CODES "E" OR "F" NOT CIRCLED ☐ (SKIP TO 342V)
342S	How long after the fever started did (NAME) first take Artemether/Artinate?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8
342T	For how many days did (NAME) take the Artemether/ Artinate? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8
342U	Did you have the Artemether/ Artinate at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE, MENTIONED, ASK: Where did you get the artemether/artinate first?	AT HOME . . . . . 1 SOMEWHERE ELSE. . .2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE. . . 2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE. . . 2 DON'T KNOW 8
342V	CHECK **342**: COMBINATION WITH COARTEM ('G') GIVEN	CODE "G" CIRCLED ☐ CODE "G" NOT CIRCLED ☐ (SKIP TO 355)	CODE "G" CIRCLED ☐ CODE "G" NOT CIRCLED ☐ (SKIP TO 355)	CODE "G" CIRCLED ☐ CODE "G" NOT CIRCLED ☐ (SKIP TO 355)
342W	How long after the fever started did (NAME) first take combination with Coartem?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER THE FEVER . . . . . 2 THREE DAYS AFTER THE FEVER . . . . . 3 FOUR DAYS AFTER THE FEVER . . . . . 4 DON'T KNOW 8
342X	For how many days did (NAME) take the combination with Coartem? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8	DAYS . . . . . ☐ DON'T KNOW 8
342Y	Did you have the combination with Coartem at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE, MENTIONED, ASK: Where did you get the combination with Coartem first?	AT HOME . . . . . 1 SOMEWHERE ELSE. . .2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE. . . 2 DON'T KNOW 8	AT HOME . . . . . 1 SOMEWHERE ELSE. . . 2 DON'T KNOW 8
355		GO BACK TO 330 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 355A.	GO BACK TO 330 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 355A.	GO TO 330 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 355A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
355A	Do you personally know someone who has got Malaria in the last three months?	YES . . . . . 1 NO 2	
355B	Do you know a place where a person can get diagnosis and treatment for Malaria?	YES . . . . . 1 NO 2	→ 362
355C	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B MOBILE CLINIC . . . . . C COMMUNITY HEALTH WORKER . . . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H MOBILE CLINIC . . . . . I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE TRADITIONAL PRACTITIONER . . K OTHER _____ X (SPECIFY)	
362	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 401
363	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
363A	Have you been given any information about tuberculosis by a health worker?	YES . . . . . 1 NO 2	
363B	Do you know a place where a person can get diagnosis and treatment for TB?	YES . . . . . 1 NO 2	→ 364
363C	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B MOBILE CLINIC . . . . . C COMMUNITY HEALTH WORKER . . . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H MOBILE CLINIC . . . . . I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE TRADITIONAL PRACTITIONER . . K OTHER _____ X (SPECIFY)	
364	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
365	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

SECTION 4 - MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
401	MALE ☐ Are you currently married or living together with a woman as if married?	FEMALE ☐ Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A MAN/WOMAN . 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married?	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN/WOMAN . 2 NO 3	→ 420
403	What is your marital status now: are you widowed, divorced, or separated?	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 410
404	Is your wife/partner living with you now or is she staying elsewhere?	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER . . . . . 1 STAYING ELSEWHERE 2	
405	Do you have more than one wife or do you have more than one woman with whom you are living as if married?	Besides yourself, does your husband/partner have other wives or does he live with other women as if married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 407
406	Altogether, how many wives do you have or other partners do you live with now as if married?	Including yourself, how many wives or other partners does your husband live with now as if married?	NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . ☐☐ DON'T KNOW 98	
407	MALE ☐ CHECK 405: IF ONE WIFE/PARTNER: Please tell me the name of your wife (the woman you are living with as if married). IF MORE THAN ONE WIFE/PARTNER: Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).	FEMALE ☐ Please tell me the name of your husband (the man you are living together with as if married).	NAME / LINE NUMBER / **408** How old was your wife/husband/partner on his/her last birthday? AGE _____ ☐☐ ☐☐ _____ ☐☐ ☐☐ _____ ☐☐ ☐☐ _____ ☐☐ ☐☐	

RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR SPOUSE(S) AND LIVE-IN PARTNER(S).
IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.

ASK 408 FOR EACH PERSON.

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
409	CHECK 407. MALE: ONE WIFE ☐	FEMALE ☐	MALE: MORE THAN ONE WIFE ☐	→ 412
410	MALE ☐ Have you been married or lived with a woman only once or more than once?	FEMALE ☐ Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	→ 412
411	MALE ☐ In what month and year did you start living with your wife/partner?	FEMALE ☐ In what month and year did you start living with your husband/partner?	MONTH . . . . . ☐☐ DON'T KNOW MONTH 98	
412	Now I would like to ask about when you started living with a woman as if married for the very first time. In what month and year was that?	Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 414
413	How old were you when you first started living with her?	How old were you when you first started living with him?	AGE . . . . . ☐☐	
414	FEMALE ☐		MALE ☐	→ 420
415	CHECK 403: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED OR NOT WIDOWED ☐		WIDOWED ☐	→ 418
416	CHECK 410: MARRIED/ LIVED WITH A MAN MORE THAN ONCE ☐		MARRIED/ LIVED WITH A MAN ONLY ONCE ☐	→ 420
417	How did your previous marriage or union end?		DEATH/WIDOWHOOD . . . . . 1 DIVORCE . . . . . 2 SEPARATION 3	→ 420
418	Who did most of your late husband's property go to?		RESPONDENT . . . . . 1 OTHER WIFE . . . . . 2 SPOUSE'S CHILDREN . . . . . 3 SPOUSE'S FAMILY . . . . . 4 OTHER _____ 5 (SPECIFY) NO PROPERTY 6	→ 420
419	Did you receive any of your late husband's assets or valuables?		YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
421	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEX. INTERCOURSE. . . . .00 AGE IN YEARS . . . . . [ ][ ] FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/WIFE/PARTNER. . . . . 95 REFUSED TO ANSWER 98	 → 423 → 423 → 454
422	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 454
423	CHECK 103: RESPONDENT'S CURRENT AGE 15-24 YEARS OLD [ ] ↓ 25-49 YEARS OLD [ ]		→ 428
424	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
425	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . . [ ][ ] DON'T KNOW 98	→ 428
426	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . . 1 YOUNGER . . . . . 2 ABOUT THE SAME AGE . . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 428
427	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
428	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ]	→ 430 → 447

		LAST SEXUAL PARTNER	NEXT-TO-LAST SEXUAL PARTNER	SECOND-FROM-LAST SEXUAL PARTNER
429	When was the last time you had sexual intercourse with this person?		DAYS . 1 WEEKS 2 MONTHS 3	DAYS . 1 WEEKS 2 MONTHS 3
430	The last time you had sexual intercourse with (this/ second/ third) person, was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 432)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 432)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 432)
431	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
432	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND/WIFE . . . . . 01 (SKIP TO **438**) LIVE-IN PARTNER . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____96 (SPECIFY)	HUSBAND/WIFE . . . . . 01 (SKIP TO **438**) LIVE-IN PARTNER . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____96 (SPECIFY)	HUSBAND/WIFE . . . . . 01 (SKIP TO **438**) LIVE-IN PARTNER . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____96 (SPECIFY)
433	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3
434	CHECK 103: RESPONDENT'S AGE	WOMAN 15-24 MAN 15-49/ WOMAN 25-49 (SKIP TO 438)	WOMAN 15-24 MAN 15-49/ WOMAN 25-49 (SKIP TO 438)	WOMAN 15-24 MAN 15-49/ WOMAN 25-49 (SKIP TO 438)
435	How old is this person?	AGE OF PARTNER (SKIP TO 438) DON'T KNOW 98	AGE OF PARTNER (SKIP TO 438) DON'T KNOW 98	AGE OF PARTNER (SKIP TO 438) DON'T KNOW 98
436	Is this person older than you, younger than you, or about the same age?	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 438)	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 438)	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 438)
437	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3

		LAST SEXUAL PARTNER	NEXT-TO-LAST SEXUAL PARTNER	SECOND-FROM-LAST SEXUAL PARTNER
438	The last time you had sexual intercourse with this last (next-to-last/second-to-last) person, did you or this person drink alcohol or take any drugs?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 440)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 440)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 441)
439	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
439A	Did you or your partner take a drug or drugs at that time? IF YES: Who took drugs?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
440	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 429 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 442)	YES . . . . . 1 (GO BACK TO 429 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 442)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS . . . . . [ ][ ] DON'T KNOW 98	
442	MALE [ ] FEMALE [ ]		→ 447
443	CHECK 432: NO PARTNERS WERE COMMERCIAL SEX WORKERS [ ] AT LEAST ONE PARTNER WAS A COMMERCIAL SEX WORKER [ ]		→ 447
444	In the last 12 months, did you pay anyone in exchange for sex?	YES . . . . . 1 NO 2	→ 447
445	The last time you paid someone in exchange for sex, was a condom used?	YES . . . . . 1 NO 2	→ 447
446	Did you use a condom during every sexual intercourse every time you paid someone in exchange for sex in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DK 8	
447	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	
454	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 501
455	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C MOBILE CLINIC . . . . . D COMMUNITY HEALTH WORKER . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I MOBILE CLINIC . . . . . J OTHER PRIVATE MEDICAL _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET . . . . . L CONDOM VENDING MACHINE . . . . . M GAS STATION . . . . . N NGO . . . . . O FRIENDS/RELATIVES . . . . . P OTHER _____ X (SPECIFY)	

SECTION 5 - HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 545
502	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
503	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
504	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
505	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
506	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
507	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
508	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 510
509	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX . . . . . A USE CONDOMS . . . . . B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER . . . C LIMIT NUMBER OF SEXUAL PARTNERS . . . . . D AVOID SEX WITH PROSTITUTES . . . E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS . . . . . F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS . . . . . H AVOID BLOOD TRANSFUSIONS . . . . . I AVOID INJECTIONS . . . . . J AVOID SHARING RAZORS/BLADES . K AVOID KISSING . . . . . L AVOID MOSQUITO BITES . . . . . M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . . . N OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
510	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
512	CHECK 511: AT LEAST ONE 'YES' ☐ OTHER ☐		514
513	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
514	Have you heard about special anteretorviral drugs that people infected with the AIDS virus can get from a doctor or a nurse?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
515	FEMALE ☐ MALE ☐		525
516	CHECK 225: NO BIRTHS ☐ LAST BIRTH SINCE JANUARY 2003 ☐ LAST BIRTH BEFORE JANUARY 2003 ☐		525 525
517	Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy?	YES . . . . . 1 NO 2	525
518	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . 1 2 8 TESTED FOR AIDS . 1 2 8	
519	I don't want to know the results, but were you tested for the AIDS virus during any of your antenatal care visits?	YES . . . . . 1 NO 2	525
520	Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
521	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
522	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 VCT CENTER . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 MOBILE CLINIC . . . . . 15 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 VCT CENTER . . . . . 22 MOBILE CLINIC . . . . . 24 LAB . . . . . 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) NGO . . . . . 30 OTHER _____ 96 (SPECIFY)	
523	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	526

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
524	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	→ 532
525	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 530
526	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	
527	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
528	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
529	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 VCT CENTER . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 MOBILE CLINIC . . . . . 15 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 VCT CENTER . . . . . 22 MOBILE CLINIC . . . . . 24 LAB . . . . . 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) NGO . . . . . 30 OTHER _____ 96 (SPECIFY)	→ 532
530	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 532
531	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B VCT CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D MOBILE CLINIC . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . G VCT CENTER . . . . . H MOBILE CLINIC . . . . . I LAB . . . . . J OTHER PRIVATE MEDICAL _____ K (SPECIFY) NGO . . . . . L OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
532	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
533	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
534	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
535	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
535A	In your opinion, if a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
536	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DK ANYONE WITH AIDS 8	→ 541
537	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . . 1 NO 2	
538	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . . 1 NO 2	
539	CHECK 536, 537, 538: OTHER ☐ ↓ AT LEAST ONE 'YES' ☐		→ 541
540	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES . . . . . 1 NO 2	
541	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
542	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
543	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
544	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
545	Do you believe that young men should wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
546	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
547	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
548	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
549	Do you believe that married men should only have sex with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
550	Do you think that most married men you know have sex only with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
551	Do you believe that young women should wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
552	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
553	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
554	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
555	Do you believe that married women should only have sex with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
556	Do you think that most married women you know have sex only with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

SECTION 6 - OTHER REPRODUCTIVE HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	MALE ☐ → Some men are circumcised. Are you circumcised? FEMALE ☐ → 602	YES . . . . . 1 NO 2	
602	CHECK 501: ☐ HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? ☐ NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
603	CHECK 421: 00' OR '98' HAS HAD SEXUAL INTERCOURSE ☐ → HAS NOT HAD SEXUAL INTERCOURSE ☐ → 611		
604	CHECK 602: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS HEARD ABOUT INFECTIONS TRANSMITTED THROUGH SEXUAL CONTACT ☐ → NO ☐ → 606		
605	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
606	MALE ☐ → Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis? FEMALE ☐ → Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
607	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis? Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
608	CHECK 605, 606, AND 607: HAS HAD AN INFECTION (ANY 'YES') ☐ → HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐ → 611		
609	The last time you had (PROBLEM FROM 605/606/607), did you seek any kind of advice or treatment?	YES . . . . . 1 NO . . . . . 2 → 611	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B STAND-ALONE VCT CENTER . . . C FAMILY PLANNING CLINIC . . . . . D MOBILE CLINIC . . . . . E FIELDWORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . H STAND-ALONE VCT CENTER . . . I PHARMACY . . . . . J MOBILE CLINIC . . . . . K FIELDWORKER . . . . . L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N OTHER _____ X (SPECIFY)	
611	Now I would like to ask you some questions about any injections you have had in the last twelve months. Have you had an injection for any reason in the last twelve months? IF YES: How many injections did you have? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 615
612	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 615
613	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 MOBILE CLINIC . . . . . 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 DENTIST . . . . . 22 PHARMACY . . . . . 23 NURSE/HEALTH WORKER PRIVATE OFFICE/HOME . . . . . 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME . . . . . 31 OTHER _____ 96 (SPECIFY)	
614	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DK 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
616	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
617	CHECK 401: FEMALE, CURRENTLY MARRIED/ LIVING WITH A PARTNER ☐ ↓	FEMALE, NOT IN UNION ☐ → 620 MALE ☐ → 620	
618	Can you say 'No' to your husband/partner if you do not want to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DEPENDS/UNSURE 8	
619	Could you ask your husband/partner to use a condom if you wanted him to?	YES . . . . . 1 NO . . . . . 2 DEPENDS/UNSURE 8	
620	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: DATE: