SM2015-Belize

Baseline Community Survey

Data Quality Report

February 2014

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TABLES AND FIGURES

This Data Quality Report on the SM2015-Belize Baseline Community Survey was produced in agreement with the Inter-American Development Bank (IDB). All analyses and report writing were performed by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. This report is meant as a descriptive analysis to explore the most significant aspects of the information gathered for Salud Mesoamérica 2015. Its purpose is to ensure that collected data is of the highest possible quality.

About IHME

IHME monitors global health conditions and health systems and evaluates interventions, initiatives, and reforms. Our vision is that better health information will lead to more knowledgeable decision-making and higher achievements in health. To that end, we strive to build the needed base of objective evidence about what does and does not improve health conditions and health systems performance. IHME provides high-quality and timely information on health, enabling policymakers, researchers, donors, practitioners, local decision-makers, and others to better allocate limited resources to achieve optimal results.

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CHAPTER 1: INTRODUCTION

This chapter provides a general overview of the objectives, design, and implementation of the SM2015-Belize Baseline Community Survey.

1.1 Objectives

The Salud Mesoamérica 2015 Initiative (SM2015) is an innovative public-private partnership that seeks to reduce health equity gaps in Mesoamerica faced by those living in extreme poverty.

The principal objective of the SM2015-Belize Baseline Community Survey was to collect baseline data on household characteristics and numerous reproductive health, maternal and neonatal health, immunization, and nutrition indicators related to the strategic areas of the Initiative in Belize.

1.2 Design

1.2.1 Sample selection

In this community survey, we aimed to collect information on 350 families. Following the methodology proposed for the Lot Quality Assurance Sampling (LQAS), it was determined that a sample size of 350 would be sufficient to establish baseline levels of relevant maternal and child health indicators that could then be compared with values in follow-up surveys using LQAS. The primary administrative units in Belize are districts. IDB identified 3 districts (Corazal, Orange Walk and Cayo) in which to conduct the baseline SM2015 Community Survey for the Initiative on the basis of their high concentration of residents in the country's lowest wealth quintile.

For efficiency, we chose to interview 175 families approached in markets and town centers, and 175 families in their homes. This would allow us to capture information on some variables for which information from documents like the immunization card may be required. LQAS does not require a probabilistic sampling. Instead, interviewers were asked to find half of the families in public places like markets, where members of the general population of women of the community would attend. The other half of the sample was collected by asking people to answer the interview questions directly in homes in the locality. Potential communities for interview were identified based on their proximity to health facilities that serve the SM2015 regions of Cayo, Corozal and Orange Walk Districts. All facilities meeting these criteria were identified using a referral network outlined by the Ministry of Health. The sampling frame contained 40 total facilities, representing three levels: ambulatory, basic, and complete. We selected a random sample of these facilities using a computer-generated random number sequence, stratified by district and facility level. One hospital in Belize City was selected because it is a key referral facility for residents of Cayo, Corozal and Orange Walk. The sampling frame and facilities selected are summarized in Table 1.2.1.

Table 1.2.1 Sample frame

	Sampling frame			Selected facilities		
	Ambulatory	Basic	Complete	Ambulatory	Basic	Complete
Belize City	0	0	1	0	0	1
Cayo District	7	5	1	3	2	1
Corozal District	10	2	0	3	2	0
Orange Walk District	13	0	1	3	0	1

We aimed to interview 23 families residing in each of the localities where the 16 selected health facilities were located. Half of the 16 localities were randomly assigned to interview a convenience sample of families in public space such as markets and town centers, and half were randomly assigned to interview a convenience sample of households. The sample for the SM2015-Belize Community Survey is designed to provide estimates of the coverage of key health interventions and indicators among the lowest wealth quintile of the population. Ultimately, we collected data on 355 women and 311 children.

1.2.2 Instruments for data collection

The baseline SM2015 Community Survey was used to generate a rapid assessment of current coverage rates of health interventions in the strategic areas of the Initiative (reproductive, maternal and neonatal health, immunization, and nutrition). Standardized questionnaires as well as surveys of health facilities and data from the health information systems were used to provide the information needed to establish the baseline.

The content of the questionnaire was developed to measure the coverage of key health interventions and indicators, and many items were adapted from existing Demographic and Health Surveys (DHS). The questionnaires were initially developed in English, and then translated to Spanish to be used among the Spanish-speaking population if required. To best reflect the issues most relevant to the region under study and the local language, the Spanish-language questionnaires were revised following input from key stakeholders and at the conclusion of the pilot study (described below). The revised Spanish-language surveys were then back-translated to English.

The SM2015-Belize Community Survey was conducted using a computer-assisted personal interview (CAPI). CAPI is programmed using DataStat Illume and installed into computer netbooks, which are used by the surveyors at all times of the interview. CAPI supports skip patterns, inter-question-answer consistency, and data-entry ranges. The aim of introducing CAPI to the field is to reduce survey time by prompting only relevant questions, to maintain a logical answering pattern across different questions, and to decrease data-entry errors. The use of CAPI also allows instantaneous data transfer via a secure link to IHME. Data can be continuously monitored, and modifications to the instrument can be updated remotely.

The questionnaire captures the number of eligible women aged 15-49 years and children aged 0-59 months that are living in the household. All women of reproductive age (15-49 years) were asked questions on the following topics: background characteristics (including marital status), birth history; antenatal, delivery, and postpartum care; fertility preferences; and knowledge and use of family planning methods (including barriers to use). Those with children aged 0-5 years were asked detailed questions in reference to each child born in the past five years on topics such as birth spacing, antenatal care, labor and delivery, postpartum care, breastfeeding and infant feeding practices, and immunization and supplementation history.

1.2.3 Training of data collectors

A total of 11 nurses were recruited and trained to serve as supervisors or interviewers. All field staff were required to have formal education through high school and exhibited sufficient literacy and speaking abilities in the language of the survey, as well as basic arithmetic skills.

A three-day training and pilot exercise was undertaken in March 2013 in Belize City, Belize. The first day was devoted to classroom training for all field staff, including application of questionnaires. The final two days were devoted to field training and pilot testing. Staff from University of Belize, the agency in charge of data collection in Belize, also participated in the training. A pilot

test of the LQAS questionnaire took place in a Belize public market, followed by a discussion and debrief.

During the classroom training sessions, supervisors and interviewers were briefed on the Salud Mesoamérica 2015 Initiative (SM2015) and the specific survey instruments developed for the Initiative. Supervisors and interviewers then received training on survey implementation using electronic devices (including the use of the CAPI and interviewing skills), and fieldwork procedures (including map reading for locating selected households), reviewed the content of the household questionnaires in close detail, and received basic instruction on the principles of, and strategies for, data quality monitoring, team communication, and problem-solving. LQAS teams engaged in role-playing scenarios to practice administering the initial census survey and the full household questionnaire. Trainers and supervisors provided feedback on the practice interviews. Specific issues noted during observation of the practice interviews were discussed with the whole group.

Field training and pilot sessions were initiated on the second day in a public market in Belize City. This field practice provided the interviewers with an opportunity to become aware of any issues with the survey that they did not previously understand. The field training sessions also provided an opportunity to conduct cognitive testing of the survey among target respondents. At the end of each day, the trainers and trainees reviewed the questionnaires and discussed any problems that arose. Minor revisions to the questionnaires were implemented based on feedback from the field training sessions.

All field staff were observed by the trainers in order to fully assess their ability to administer the questionnaires.

1.2.4 Data collection

The SM2015-Belize Baseline Community Survey was carried out between April 18, 2013, and May 3, 2013, in each of the randomly-selected segments. Five data collection teams, consisting of two interviewers each, were deployed to conduct the SM2015 Community Survey. Supervisors were responsible for reviewing all questionnaires for quality and consistency prior to departing each segment. There were two supervisors overseeing the SM2015 Community Survey.

The research protocol was approved by the Internal Review Board of the University of Washington. All data collection instruments and procedures were approved by the Ministry of Health of Belize.

1.2.5 Data entry and data analysis

Information collected by the survey was monitored by both field supervisors and analysts at IHME to ensure data quality and adherence to survey protocols. Data files were uploaded to a secure FTP site where they could be accessed by the data analysis team at IHME. After data were received, data were rigorously reviewed for quality with regard to consistency, clarity, and completeness. Prompt evaluation of data quality allowed for clarification from data collectors regarding inadequacies and irregularities, and rapid correction of procedural errors.

1.2.6 Final sample description

Table 1.2.6 shows the total number of completed interviews with women of reproductive age, and the total number of interviews with caretakers of children aged 0-59 months, by district. Due to the nature of this convenience sampling survey (not requiring a probabilistic sampling), response rates cannot be calculated.

Table 1.2.6 Number of eligible women and number of eligible children by district

Questionnaire type	Belize City	Cayo District	Corozal District	Orange Walk
No. of eligible women interviewed	24	147	117	67
Among caregivers that were interviewed, no. of eligible children	20	145	105	41

CHAPTER 2: GENERAL CHARACTERISTICS OF RESPONDENTS

This chapter summarizes the demographic characteristics, socioeconomic status, and information on family size of women of reproductive age (15-49 years) participating in the SM2015-Belize Baseline Community Survey.

2.1 Demographic Characteristics

2.1.1 Age and marital status

The age distribution of the women of reproductive age residing in the surveyed households in Belize is shown in Table 2.1.1 by five-year age groups. Fifty-eight percent of all women participating in the baseline SM2015 Community Survey were younger than 30 years of age, 29% were between the ages of 30 and 39, and 13% were between the ages of 40 and 49. Nine women did not report an age, but confirmed that they were between ages 15-49 years. While the majority of women reported being married (44%) or partnered (34%), 10% indicated they were never married.

Table 2.1.1 Demographic characteristics of respondents

Percent distribution of the household population by age and marital status			
Background characteristic	**N**	**%**	**SE**
Age			
15-19 years	38	11	1.7
20-24 years	73	21.1	2.2
25-29 years	88	25.4	2.3
30-34 years	57	16.5	2
35-39 years	44	12.7	1.8
40-44 years	30	8.7	1.5
45-49 years	16	4.6	1.1
Missing	9		
Total	355	100	
Marital status			
Never married	34	9.8	1.6
Married	152	43.9	2.7
Partner/Common Law/Open Union	117	33.8	2.5
Divorced	5	1.4	0.6
Separated	20	5.8	1.3
Widowed	3	0.9	0.5
Other	15	4.3	1.1
DK/DTR	3		
Missing	6		
Total	355	100	

2.1.2 Residence

District of interview locations are summarized in Table 2.1.2 below. The highest numbers of women were surveyed from Cayo District.

Table 2.1.2 Province and district of residence of respondents

District	No. of women
Belize City	24
Cayo District	147
Corozal District	117
Orange Walk	67

2.2 Socioeconomic status

2.2.1 Educational attainment

The highest level of education achieved for most women interviewed (46%) was primary school (Table 2.2.1). Another 38% reached secondary school, and 16% had university education.

Table 2.2.1 Educational attainment

Percentage of women aged 15-49 by highest attained education level			
Education characteristic	**N**	**%**	**SE**
Highest level of education			
Primary	155	45.9	2.7
Secondary	127	37.6	2.6
University	55	16.3	2
Literacy course	1	0.3	0.3
DK/DTR	8		
Missing	9		
Total	355	100	

2.2 Household income

As summarized in Table 2.2.1, women reported their monthly household income to be within nine income ranges. One-third of women reported a monthly income less than 600 BZD. Approximately 40% reported incomes in the range of 601 to 1,000 BZD. The remaining approximately one-third of women reported incomes more than 1,000 BZD.

Table 2.2.1 Household monthly income

Percentage of women aged 15-49 by self-reported household monthly income			
Income	**N**	**%**	**SE**
<600 BZD	116	33.1	2.5
601 - 1,000 BZD	135	38.6	2.6
1,001 - 2,000 BZD	48	13.7	1.8
2,001 - 3,000 BZD	19	5.4	1.2
3,001 - 5,000 BZD	11	3.1	0.9
5,001 - 7,000 BZD	8	2.3	0.8
7,001 - 10,000 BZD	9	2.6	0.8
10,001 - 13,000 BZD	1	0.3	0.3
>13,000 BZD	3	0.9	0.5
DK/DTR	0		
Missing	5		
Total	355	100	

2.3 Family size

Women were asked their number of biological children under age 5 years. Results are presented in Table 2.3.1. Two-thirds of women have biological children between ages 0-59 months, and among these women, 83% have one child and 15% have two children in that age group.

Table 2.3.1 Parity and number of children

Percentage of women aged 15-49 by number of children aged 0-59 months			
Parity characteristic	**N**	**%**	**SE**
Any children aged 0-59 months			
Yes	241	68.7	2.5
No	110	31.3	2.5
DK/DTR	0		
Missing	4		
Total	355	100	
Number of children aged 0-59 months, among women with any children aged 0-59 months			
1 child	200	83	2.4
2 children	36	14.9	2.3
3+ children	5	2.1	0.9
DK/DTR	0		
Missing	0		
Total	241	100	

In addition, women were asked if they take care of other children under age 5 years, such as grandchildren or adopted children. Results are presented in Table 2.3.2. Thirteen percent of women said they took care of children in this age group. Among these, most women care for one child (87%).

Table 2.3.2 Caretaking of other children

Percentage of women aged 15-49 by number of children aged 0-59 months			
Parity characteristic	**N**	**%**	**SE**
Any children aged 0-59 months			
Yes	46	13.1	1.8
No	305	86.9	1.8
DK/DTR	0		
Missing	4		
Total	355	100	
Number of children aged 0-59 months, among women with any children aged 0-59 months			
1 child	40	87	5
2 children	5	10.9	4.6
3+ children	1	2.2	2.2
DK/DTR	0		
Missing	0		
Total	46	100	

CHAPTER 3: FAMILY PLANNING

This chapter summarizes key indicators related to the access to, need for, and use of family planning methods among women of reproductive age (15-49 years) participating in the SM2015-Belize Baseline Community Survey. These questions were asked of women who reported being married or partnered.

3.1 Current use of family planning methods

The level of current use of contraceptive methods is one of the indicators most frequently used to assess the success of family planning program activities. It is also widely used as a determinant of fertility. Table 3.1a displays the percentage of all women using at least one family planning method, as well as the percentage of women reporting use of more than one family planning method at the time of the interview. Sixty-nine percent of all married or partnered survey respondents reported current use of at least one family planning method. A similar proportion of women in need of contraceptives are using any method.

Table 3.1a Current use of family planning methods

Percentage of all currently married or partnered women aged 15-49 using family planning methods			
Characteristic or method	**N**	**%**	**SE**
Current use of any method			
Yes	185	69.3	2.8
No	82	30.7	2.8
DK/DTR	0		
Missing	2		
Total	269	100	
Current use of any method, among women in need of contraceptives			
Yes	172	71.1	2.9
No	70	28.9	2.9
DK/DTR	0		
Missing	0		
Total	242	100	
Current use of more than one method			
Yes	11	4.1	1.2
No	258	95.9	1.2
DK/DTR	0		
Missing	0		
Total	269	100	
Number of methods the respondent is currently using			
0 methods	84	31.2	2.8
1 method	174	64.7	2.9
2 methods	9	3.3	1.1
3 or more methods	2	0.7	0.5
DK/DTR	0		
Missing	0		
Total	269	100	

Table 3.1b displays the percentage of all women using specific family planning methods. The methods most commonly in use are injectables (21%) and contraceptive pills (20%).

Table 3.1b Current use of family planning methods, by type of method

Percentage of all currently married or partnered women aged 15-49 using specified family planning methods											
Method	**N**	**%**	**SE**	**Method**	**N**	**%**	**SE**	**Method**	**N**	**%**	**SE**
Female sterilization				Condom				Rhythm method			
Yes	35	13.3	2.1	Yes	23	8.7	1.7	Yes	13	4.9	1.3
No	229	86.7	2.1	No	242	91.3	1.7	No	253	95.1	1.3
DK/DTR	3			DK/DTR	2			DK/DTR	1		
Missing	2			Missing	2			Missing	2		
Total	269	100		Total	269	100		Total	269	100	
Male sterilization				Female condom				Withdrawal method			
Yes	0	0		Yes	1	0.4	0.4	Yes	11	4.2	1.2
No	265	100		No	261	99.6	0.4	No	254	95.8	1.2
DK/DTR	2			DK/DTR	5			DK/DTR	2		
Missing	2			Missing	2			Missing	2		
Total	269	100		Total	269	100		Total	269	100	
IUD				Diaphragm				Emergency contraception			
Yes	4	1.5	0.8	Yes	0	0		Yes	1	0.4	0.4
No	260	98.5	0.8	No	265	100		No	265	99.6	0.4
DK/DTR	3			DK/DTR	2			DK/DTR	1		
Missing	2			Missing	2			Missing	2		
Total	269	100		Total	269	100		Total	269	100	
Injectables				Sponge, spermicide				Other modern method			
Yes	55	20.8	2.5	Yes	0	0		Yes	0	0	
No	209	79.2	2.5	No	265	100		No	265	100	
DK/DTR	3			DK/DTR	2			DK/DTR	2		
Missing	2			Missing	2			Missing	2		
Total	269	100		Total	269	100		Total	269	100	
Implants				Lactational amenorrhea method				Other traditional method			
Yes	1	0.4	0.4	Yes	1	0.4	0.4	Yes	0	0	
No	266	99.6	0.4	No	265	99.6	0.4	No	266	100	
DK/DTR	0			DK/DTR	1			DK/DTR	1		
Missing	2			Missing	2			Missing	2		
Total	269	100		Total	269	100		Total	269	100	
Pill											
Yes	53	20	2.5								
No	212	80	2.5								
DK/DTR	2										
Missing	2										
Total	269	100									

Women considered "in need" of family planning methods are those who did not report the following characteristics: does not have sexual relations, virgin, menopausal, hysterectomy, pregnant, or wants to become pregnant. Table 3.1c shows the uptake of modern family planning methods among all women (62%), and among women considered "in need" of contraception (64%).

Table 3.1c Current use of modern family planning methods

Percentage of all currently married or partnered women aged 15-49 using modern methods of family planning			
Characteristic	**N**	**%**	**SE**
Among all women			
Yes	165	61.8	3
No	102	38.2	3
DK/DTR	0		
Missing	2		
Total	269	100	
Among women in need of contraceptives			
Yes	154	63.6	3.1
No	88	36.4	3.1
DK/DTR	0		
Missing	0		
Total	242	100	

3.2 Non-use of family planning methods

Non-use of family planning methods is a major concern for family planning program managers.

3.2.1 Prevalence

The prevalence of interruption and non-use of family planning methods is summarized in Table 3.2.1. Of women participating in this survey, 91% are considered "in need" of contraception (i.e., they did not report any of the following: does not have sexual relations, virgin, menopausal, hysterectomy, pregnant, or wants to become pregnant). Among these women in need, 36% reported not using any modern methods at the time of the interview.

Table 3.2.1 Non-use of family planning methods

Percentage of women with interruptions last year in the use of contraception, percentage not using contraception, and percentage in need of contraception			
Characteristic	**N**	**%**	**SE**
Currently in need of contraceptives (does not report any of the following: sexual relations, virgin, menopausal, hysterectomy, pregnant, or wants to become pregnant)			
Yes	242	90.6	1.8
No	25	9.4	1.8
DK/DTR	0		
Missing	2		
Total	269	100	
Not currently using any modern method			
Yes	102	38.2	3
No	165	61.8	3
DK/DTR	0		
Missing	2		
Total	269	100	
Unmet need: Not currently using any modern method, among women "in need" of contraceptives			
Yes	88	36.4	3.1
No	154	63.6	3.1
DK/DTR	0		
Missing	0		
Total	242	100	

3.2.2 Reasons

Women who interrupted use of family planning methods in the year preceding the interview, and those who indicated they were not using any methods on the day of the interview were asked to identify reasons for interruption and/or non-use from a list of 30 different options (Tables 3.2.2a-b). The most commonly cited reasons for non-use at the time of the interview were concern about side effects and a reason other than those provided.

Table 3.2.2a Reasons for interruption and non-use of family planning methods

Percent distribution of women who are not using family planning methods by reason for non-use							
Reason	**N**	**%**	**SE**	**Reason**	**N**	**%**	**SE**
Unmarried				Did not have a menstrual period since last birth			
Yes	0	0		Yes	0	0	
No	17	100		No	17	100	
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Married				Was breastfeeding			
Yes	1	5.9	5.7	Yes	3	17.6	9.2
No	16	94.1	5.7	No	14	82.4	9.2
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Does not have sexual relations				Goes against religion			
Yes	2	11.8	7.8	Yes	0	0	
No	15	88.2	7.8	No	17	100	
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Virgin				Respondent is opposed to use			
Yes	0	0		Yes	1	5.9	5.7
No	17	100		No	16	94.1	5.7
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Has sexual relations infrequently				Husband/partner is opposed to use			
Yes	1	5.9	5.7	Yes	0	0	
No	16	94.1	5.7	No	17	100	
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Menopausal				Others are opposed to use			
Yes	0	0		Yes	0	0	
No	17	100		No	17	100	
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Hysterectomy/surgery on the uterus				Knows no method			
Yes	0	0		Yes	1	5.9	5.7
No	17	100		No	16	94.1	5.7
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Cannot become pregnant				Knows no source for getting method			
Yes	0	0		Yes	0	0	
No	17	100		No	17	100	
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	

Table 3.2.2b Reasons for interruption and non-use of family planning methods

Percent distribution of women who are not using family planning methods by reason for non-use							
Reason	**N**	**%**	**SE**	**Reason**	**N**	**%**	**SE**
Concerned about side effects				No trust in health facility staff			
Yes	5	29.4	11.1	Yes	0	0	
No	12	70.6	11.1	No	17	100	
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Facility is too far				Uncomfortable to use			
Yes	1	5.9	5.7	Yes	2	11.8	7.8
No	16	94.1	5.7	No	15	88.2	7.8
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Could not find transportation to a facility				Interferes with normal body processes			
Yes	0	0		Yes	2	11.8	7.8
No	17	100		No	15	88.2	7.8
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Could not afford transportation				Affects health/does not like them			
Yes	0	0		Yes	1	5.9	5.7
No	17	100		No	16	94.1	5.7
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Costs too much				Was pregnant			
Yes	0	0		Yes	0	0	
No	17	100		No	17	100	
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Preferred method is not available				Wanted to become pregnant			
Yes	0	0		Yes	2	11.8	7.8
No	17	100		No	15	88.2	7.8
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
No method is available				Other			
Yes	1	5.9	5.7	Yes	3	17.6	9.2
No	16	94.1	5.7	No	14	82.4	9.2
DK/DTR	0			DK/DTR	0		
Missing	62			Missing	62		
Total	79	100		Total	79	100	
Health facility has staff that are hard to deal with							
Yes	0	0					
No	17	100					
DK/DTR	0						
Missing	62						
Total	79	100					

CHAPTER 4: MATERNAL HEALTH CARE

This chapter summarizes key indicators pertaining to antenatal care, delivery care, and postpartum care for the most recent birth in the last two years as reported by women of reproductive age (15-49 years) participating in the SM2015-Belize Baseline Community Survey.

4.1 Antenatal care

To reduce recall bias, data pertaining to antenatal care are summarized for a woman's most recent birth in the last two years.

4.1.1 Antenatal care coverage

Early and regular checkups by trained medical providers are very important in assessing the physical status of women during pregnancy. These visits provide an opportunity to intervene in a timely manner if any problems are detected. The Community Questionnaire captured information from women on overall coverage of antenatal care. To obtain information on source of antenatal care, interviewers recorded whether care was sought with a doctor or nurse.

The percentage of women with a birth in the last two years who attended at least one antenatal care visit for the most recent birth is presented in Table 4.1.1a. Among women with a child under the age of 2 years, 98% attended at least one antenatal care visit and 98% attended at least one with a doctor or professional nurse.

Table 4.1.1a Antenatal care coverage for the most recent birth in the last two years

Percentage of women with a birth in the last two years who attended at least one antenatal care visit for the most recent birth			
Characteristic	**N**	**%**	**SE**
Attended at least one antenatal care visit			
Yes	118	97.5	1.4
No	3	2.5	1.4
DK/DTR	0		
Missing	0		
Total	121	100	
Attended at least one antenatal care visit with doctor or professional nurse			
Yes	117	97.5	1.4
No	3	2.5	1.4
DK/DTR	1		
Missing	0		
Total	121	100	

4.1.2 Frequency of antenatal care visits

Antenatal care can be more effective in avoiding adverse pregnancy outcomes when it is sought early in the pregnancy and continues to delivery. Under normal circumstances, the World Health Organization recommends that pregnant women have at least four antenatal care visits to provide sufficient care. The frequency of antenatal care visits is summarized in Table 4.1.2. The table also includes the percentage of women with four or more visits with at least one with a skilled attendant.

Ninety-three percent of women reported having four or more antenatal care visits during their most recent pregnancy in the last two years. Nearly half of women reported having seven or more antenatal care visits during their most recent pregnancy. Eighty-three percent of women had four visits and reported seeing a skilled attendant.

Table 4.1.2 Frequency of antenatal care visits

Percent distribution of women with a birth in the last two years by number of antenatal care visits for the most recent birth and percentage of women with four or more visits with at least one with a professional			
Characteristic	**N**	**%**	**SE**
Number of antenatal care visits			
None	3	2.5	1.4
1-3 visits	5	4.1	1.8
4-6 visits	16	13.2	3.1
7-9 visits	42	34.7	4.3
10+ visits	55	45.5	4.5
DK/DTR	0		
Missing	0		
Total	121	100	
Attended at least four antenatal care visits			
Yes	113	93.4	2.3
No	8	6.6	2.3
DK/DTR	0		
Missing	0		
Total	121	100	
Attended at least four antenatal care visits with doctor or professional nurse			
Yes	100	82.6	3.4
No	21	17.4	3.4
DK/DTR	0		
Missing	0		
Total	121	100	

4.2 Delivery care

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications, infections, and even death for the mother and newborn baby. Characteristics of the delivery, including place of delivery and assistance at delivery were captured for all children born in the five years preceding the survey. To reduce recall bias, only data from the most recent delivery within the last two years are summarized.

4.2.1 Place of delivery

The location of the most recent birth is shown in Table 4.2.1. The majority of births occurred in a public (88%) or private (6%) hospital, and nearly all births (99%) were in a health facility.

Table 4.2.1 Place of delivery

Percent distribution of women with a birth in the last two years by location of most recent birth			
Characteristic	**N**	**%**	**SE**
Delivery location for most recent birth			
Respondent's house	1	0.8	0.8
Another person's house	0	0	
Public hospital	107	88.4	2.9
Public health unit	1	0.8	0.8
Public health center/clinic	0	0	
Public mobile clinic	0	0	
Other public health facility	0	0	
Private hospital	7	5.8	2.1
Private health center/clinic	4	3.3	1.6
Private office	0	0	
Private mobile clinic	0	0	
Other private health facility	1	0.8	0.8
Pharmacy	0	0	
Community health worker	0	0	
Traditional healer	0	0	
Other	0	0	
DK/DTR	0		
Missing	0		
Total	121	100	
In-hospital delivery			
Yes	114	94.2	2.1
No	7	5.8	2.1
DK/DTR	0		
Missing	0		
Total	121	100	
In-facility delivery			
Yes	120	99.2	0.8
No	1	0.8	0.8
DK/DTR	0		
Missing	0		
Total	121	100	

4.2.2 Assistance at delivery

The assistance a woman receives during childbirth has important health consequences for both mother and child. For women who delivered in the last two years, the percentage by type of delivery attendant is detailed in Table 4.2.2a. Among these women, several categories of personnel may have been in attendance. As can be seen in Table 4.2.2a, most deliveries were accompanied by a medical doctor (65%) or professional nurse (93%). The next most common attendants were auxiliary nurses (45%), midwives (23%) and relatives (20%).

Approximately 20% of women delivered with one attendant, another third with two attendants, and another 45% with three or more attendants (Table 4.2.2b). No women delivered without attendants. For women's most recent live birth in the past two years, 95% of deliveries had a skilled attendant present in a health facility and 90% delivered with a skilled attendant in a hospital (Table 4.2.2c).

Table 4.2.2a Assistance at delivery: type of attendants

For women's most recent birth in the past two years, percentage by type of delivery attendants							
Characteristic	**N**	**%**	**SE**	**Characteristic**	**N**	**%**	**SE**
Medical doctor				Community health worker			
Yes	78	64.5	4.4	Yes	5	4.4	1.9
No	43	35.5	4.4	No	109	95.6	1.9
DK/DTR	0			DK/DTR	7		
Missing	0			Missing	0		
Total	121	100		Total	121	100	
Professional nurse				Pharmacist			
Yes	110	93.2	2.3	Yes	13	11.2	2.9
No	8	6.8	2.3	No	103	88.8	2.9
DK/DTR	3			DK/DTR	5		
Missing	0			Missing	0		
Total	121	100		Total	121	100	
Auxiliary nurse				Traditional healer			
Yes	51	44.7	4.7	Yes	1	0.9	0.9
No	63	55.3	4.7	No	113	99.1	0.9
DK/DTR	7			DK/DTR	7		
Missing	0			Missing	0		
Total	121	100		Total	121	100	
Laboratory technician				Relative			
Yes	17	14.7	3.3	Yes	24	20.3	3.7
No	99	85.3	3.3	No	94	79.7	3.7
DK/DTR	5			DK/DTR	3		
Missing	0			Missing	0		
Total	121	100		Total	121	100	
Midwife/Comadrona				Other			
Yes	26	22.8	3.9	Yes	7	6.3	2.3
No	88	77.2	3.9	No	104	93.7	2.3
DK/DTR	7			DK/DTR	10		
Missing	0			Missing	0		
Total	121	100		Total	121	100	

Table 4.2.2b Assistance at delivery: number of attendants

For women's most recent live birth in the past two years, the number of attendants during delivery and the presence of skilled attendants			
Characteristic	**N**	**%**	**SE**
Delivered alone			
Yes	0	0	
No	121	100	
DK/DTR	0		
Missing	0		
Total	121	100	
Number of categories of personnel in attendance at delivery			
None	0	0	
One	25	20.7	3.7
Two	42	34.7	4.3
Three	28	23.1	3.8
Four or more	26	21.5	3.7
DK/DTR	0		
Missing	0		
Total	121	100	
Delivery with a skilled birth attendant			
Yes	116	95.9	1.8
No	5	4.1	1.8
DK/DTR	0		
Missing	0		
Total	121	100	

Table 4.2.2c Assistance at delivery: in-facility delivery with skilled birth attendant

For women's most recent live birth in the past two years, the presence of skilled attendants at delivery in a health facility or hospital, among women who reported attending antenatal care for that birth			
Characteristic	**N**	**%**	**SE**
In-facility delivery with a skilled birth attendant			
Yes	115	95	2
No	6	5	2
DK/DTR	0		
Missing	0		
Total	121	100	
In-hospital delivery with a skilled birth attendant			
Yes	109	90.1	2.7
No	12	9.9	2.7
DK/DTR	0		
Missing	0		
Total	121	100	

CHAPTER 5: CHILD HEALTH

This chapter summarizes the health status of children aged 0-59 months whose mothers participated in the SM2015-Belize Baseline Community Survey. All data summarized in this chapter are based on the caregiver's report.

5.1 Demographic characteristics

The age and sex distribution of the children aged 0-59 months whose caregivers completed the Community Survey in Belize is shown in Table 5.1 by six- or 12-month age groups. Twenty percent of these children were under 1 year of age at the time of the interview.

Table 5.1 Age and sex of children

Percent distribution of the children aged 0-59 months in the SM2015 baseline survey		
	N	**%**
Age, in months		
0-5 months	33	10.6
6-11 months	27	8.7
12-23 months	67	21.5
24-35 months	52	16.7
36-47 months	66	21.2
48-59 months	63	20.3
Missing	3	1
Total	311	100

5.2 Diarrhea

Dehydration caused by severe diarrhea is a major cause of morbidity and mortality among children. Exposure to diarrheal disease-causing agents is frequently a result of use of contaminated water and unhygienic practices related to food preparation and disposal of feces. The prevalence of diarrhea was estimated by asking caregivers whether their children aged 0-59 months had had diarrhea in the two weeks preceding the interview. If the child had had diarrhea, the mother was asked about what was done to treat the diarrhea and feeding practices during the diarrheal episode.

5.2.1 Prevalence

Table 5.2.1 shows the proportion of children aged 0-59 months with diarrhea in the two weeks preceding the interview, as reported by their caregivers (13%).

Table 5.2.1 Prevalence of diarrhea

Percent distribution of children aged 0-59 months, as reported by their mothers			
Characteristic	**N**	**%**	**SE**
Child had diarrhea in the last two weeks			
Yes	41	13.3	1.9
No	268	86.7	1.9
DK/NR	2		
Missing	0		
Total	311	100	

5.2.2 Utilization of treatments for diarrhea

A simple and effective response to dehydration caused by diarrhea is a prompt increase in the child's fluid intake through some form of oral rehydration therapy. Oral rehydration therapy may include the use of a solution prepared from commercially produced packets of powdered oral re-hydration salts, commercially-produced bottled oral serums, or homemade fluids usually prepared from sugar, salt and water. Other treatments may be administered as well. As shown in Table 5.2.2a, nearly all cases of diarrhea (87%) were given some form of treatment. Powdered oral serums were the most common form oral rehydration therapy (56%).

Table 5.2.2a Utilization of treatments for diarrhea

Percent distribution of children aged 0-59 months who had diarrhea in the last two weeks, as reported by their mother			
Treatment given	**N**	**%**	**SE**
Any treatment given			
Yes	34	87.2	5.4
No	5	12.8	5.4
DK/NR	2		
Missing	0		
Total	41	100	
Powdered oral serum			
Yes	22	56.4	7.9
No	17	43.6	7.9
DK/NR	2		
Missing	0		
Total	41	100	
Bottled oral serum			
Yes	14	36.8	7.8
No	24	63.2	7.8
DK/NR	3		
Missing	0		
Total	41	100	
Homemade fluid recommended by health authorities			
Yes	4	10.3	4.9
No	35	89.7	4.9
DK/NR	2		
Missing	0		
Total	41	100	
Antibiotic pill			
Yes	2	5	3.4
No	38	95	3.4
DK/NR	1		
Missing	0		
Total	41	100	

Table 5.2.2a continued

Treatment given	N	%	SE
Antidiarrheal pill			
Yes	1	2.5	2.5
No	39	97.5	2.5
DK/NR	1		
Missing	0		
Total	41	100	
Zinc pill			
Yes	0	0	
No	38	100	
DK/NR	3		
Missing	0		
Total	41	100	
Other type of pill			
Yes	1	2.6	2.5
No	38	97.4	2.5
DK/NR	2		
Missing	0		
Total	41	100	
Unknown pill			
Yes	0	0	
No	39	100	
DK/NR	2		
Missing	0		
Total	41	100	
Antibiotic injection			
Yes	4	10.3	4.9
No	35	89.7	4.9
DK/NR	2		
Missing	0		
Total	41	100	

Table 5.2.2a continued

Treatment given	N	%	SE
Non-antibiotic injection			
Yes	2	5.1	3.5
No	37	94.9	3.5
DK/NR	2		
Missing	0		
Total	41	100	
Unknown injection			
Yes	2	5.1	3.5
No	37	94.9	3.5
DK/NR	2		
Missing	0		
Total	41	100	
Intravenous therapy			
Yes	1	2.6	2.5
No	38	97.4	2.5
DK/NR	2		
Missing	0		
Total	41	100	
Home remedy/herbal medicine			
Yes	5	12.8	5.4
No	34	87.2	5.4
DK/NR	2		
Missing	0		
Total	41	100	
Antibiotic syrup			
Yes	13	33.3	7.5
No	26	66.7	7.5
DK/NR	2		
Missing	0		
Total	41	100	
Antidiarrheal syrup			
Yes	10	25.6	7
No	29	74.4	7
DK/NR	2		
Missing	0		
Total	41	100	

Table 5.2.2a continued

Treatment given	N	%	SE
Zinc syrup			
Yes	1	2.8	2.7
No	35	97.2	2.7
DK/NR	5		
Missing	0		
Total	41	100	
Other syrup			
Yes	4	10.3	4.9
No	35	89.7	4.9
DK/NR	2		
Missing	0		
Total	41	100	
Unknown syrup			
Yes	1	2.7	2.7
No	36	97.3	2.7
DK/NR	4		
Missing	0		
Total	41	100	

The use of oral rehydration solution with zinc was given to less than 3% of the children with diarrhea (Table 5.2.2b).

Table 5.2.2b Utilization of oral rehydration solution and zinc for diarrhea

Percent distribution of children aged 0-59 months who had diarrhea in the last two weeks, as reported by their mothers			
Treatment given	**N**	**%**	**SE**
Oral rehydration solution and zinc, among all children with diarrhea			
Yes	1	2.4	2.4
No	40	97.6	2.4
DK/NR	0		
Missing	0		
Total	41	100	
Oral rehydration solution and zinc, among those given any treatment			
Yes	1	2.8	2.7
No	35	97.2	2.7
DK/NR	0		
Missing	5		
Total	41	100	

5.3 Immunization against common childhood illnesses

Information on immunization coverage was collected for all children aged 0-59 months whose mothers were participating in the survey at a household location. The mother's report and review of vaccination card (if present) were used to determine coverage. A vaccination card was available for review and was observed for 73 children (approximately 45%); a total of 67 children (approximately 40%) had a vaccine card that was not observed. In Table 5.3a, coverage estimates based on recall are summarized for the sample, and coverage estimates based on vaccination card data are summarized among the subset with a vaccination card available for review at the time of the interview.

Table 5.3a Immunization against common childhood illnesses

Percent distribution of children aged 0-59 months, as reported by their mothers

	Recall			Vaccination card		
Immunization	**N**	**%**	**SE**	**N**	**%**	**SE**
BCG vaccine (tuberculosis), among children 3-59 months						
None recalled/recorded	2	1.5	1.1	0	0	
1 dose	124	93.2	2.2	61	96.8	2.2
2+ doses	7	5.3	1.9	2	3.2	2.2
DK/NR, missing	26			1		
Total	159	100		64	100	
Polio vaccine, among children 6-59 months						
None recalled/recorded	5	4.2	1.9	0	0	
1 dose	15	12.7	3.1	2	3.4	2.4
2 doses	19	16.1	3.4	7	11.9	4.2
3+ doses	79	66.9	4.3	50	84.7	4.7
DK/NR, missing	34			3		
Total	152	100		62	100	
Pentavalent vaccine, among children 6-59 months						
None recalled/recorded	16	14.4	3.3	0	0	
1 dose	17	15.3	3.4	2	4.1	2.8
2 doses	15	13.5	3.2	6	12.2	4.7
3+ doses	63	56.8	4.7	41	83.7	5.3
DK/NR, missing	41			13		
Total	152	100		62	100	
DPT vaccine, among children 6-59 months						
None recalled/recorded	15	14.4	3.4	0	0	
1 dose	17	16.3	3.6	3	6.1	3.4
2 doses	12	11.5	3.1	4	8.2	3.9
3+ doses	60	57.7	4.8	42	85.7	5
DK/NR, missing	48			13		
Total	152	100		62	100	
Measles, mumps, and rubella (MMR) vaccine, among children 24-59 months						
None recalled/recorded	7	8.5	3.1	0	0	
1 dose	19	23.2	4.7	6	16.7	6.2
2+ doses	56	68.3	5.1	30	83.3	6.2
DK/NR, missing	24			3		
Total	106	100		39	100	

The coverage of two key vaccine indicators was calculated according to age groups (Table 7.4b). Based on maternal recall, 93% of children aged 12-23 months had received at least one dose of the measles, mumps, and rubella (MMR) vaccine. Among children in this age group with a vaccine card available for review, coverage of this indicator was 59%. When vaccine card data were supplemented by maternal recall, estimated coverage of one dose of MMR vaccine was 100% among children aged 12-23 months.

Based on maternal recall, 55% of children aged 24-59 months were classified as fully immunized. Among the subset with a vaccine card available for review, full immunization coverage in this age group was 21%. When vaccine card data were supplemented by maternal recall, 73% of children 24-59 months old were estimated to be "fully" immunized for age. Rates of complete vaccination for age are similar when including all children 0-59 months. When considering only mothers' recall, 54% of children are fully immunized for age. Card-based coverage is 27%, and when combined with recall-based information, the estimate of full vaccination for age among children 0-59 months is 73%.

Table 5.3b Immunization against common childhood illnesses, according to age group

Percent distribution of children, as reported by their mothers									
	Recall			Vaccination card			Vaccination card plus recall		
Immunization	**N**	**%**	**SE**	**N**	**%**	**SE**	**N**	**%**	**SE**
Measles, mumps, and rubella (MMR) vaccine, at least 1 dose among children 12-23 months									
Yes	25	92.6	5	17	58.6	9.1	25	100	
No	2	7.4	5	12	41.4	9.1	0	0	
DK/NR, missing	4			2			6		
Total	31	100		31	100		31	100	
Fully immunized[a], among children 24-59 months									
Yes	34	54.8	6.3	19	20.9	4.3	38	73.1	6.2
No	28	45.2	6.3	72	79.1	4.3	14	26.9	6.2
DK/NR, missing	43			14			53		
Total	105	100		105	100		105	100	
Fully immunized[a], among children 0-59 months									
Yes	56	54.4	4.9	38	27	3.7	62	72.9	4.8
No	47	45.6	4.9	103	73	3.7	23	27.1	4.8
DK/NR, missing	67			29			85		
Total	170	100		170	100		170	100	

[a]Full immunization for age is defined as follows: >2-3 months (Polio x1, Penta x1, DPT x1); >3-4 months (Polio x1, Penta x1, DPT x1, BCG x1); >4-6 months (Polio x2, Penta x2, DPT x2, BCG x1); >6-12 months (Polio x3, Penta x3, DPT x3, BCG x1); >12-24 months (Polio x3, Penta x3, DPT x3, BCG x1, MMR x1); >24 months (Polio x3, Penta x3, DPT x3, BCG x1, MMR x2)

5.4 Deworming treatment

Administration of deworming treatment every six months has been shown to reduce the prevalence of anemia in children. Forty-three percent of children aged 12-59 months had received at least two doses of deworming treatment in the year preceding the interview (Table 5.4).

Table 5.4 Deworming treatment

Percent distribution of children, as reported by their mothers			
Treatment given	**N**	**%**	**SE**
Deworming treatment given at least two times in the last 12 months, among children aged 12-59 months			
Yes	99	42.9	3.3
No	132	57.1	3.3
DK/NR	17		
Missing	0		
Total	248	100	

CHAPTER 6: INFANT AND YOUNG CHILDREN FEEDING PRACTICES

This chapter summarizes the feeding practices of infants and children aged 0-59 months whose caregivers participated in the SM2015-Belize Baseline Community Survey. All data summarized in this chapter are based on the caregiver's report.

6.1 Breastfeeding

6.1.1 Early initiation of breastfeeding

Early initiation of breastfeeding is defined as the percentage of children born in the 24 months prior to the survey (<24 months old) who were put to the breast within one hour of birth. Table 6.1 shows that 70% of children are breastfed within one hour after birth.

6.1.2 Exclusive breastfeeding

Exclusive breastfeeding is defined as the percentage of infants born in the six months prior to the survey who received only breast milk during the previous day. This information is obtained through a 24-hour dietary recall that asks the mother if the child consumed breast milk, other foods, or other drinks in the past day or night. Table 6.1 shows that 33% of children are exclusively breastfed.

Table 6.1 Breastfeeding

Percentage of children			
Characteristic	**N**	**%**	**SE**
Early initiation of breastfeeding (among children <24 months)			
Yes	84	70	4.2
No	36	30	4.2
Missing, DK/NR	3		
Total	123	100	
Exclusive breastfeeding (among children 0-5 months)			
Yes	11	33.3	8.2
No	22	66.7	8.2
Missing, DK/NR	0		
Total	33	100	

6.2 Micronutrient supplementation

Interviewers showed the woman being interviewed a card with packets of micronutrients and asked how many packets their child has consumed in the last six months. Table 6.2 shows that 14% of children 6-23 months of age received packets of micronutrients in the last six months.

Table 6.2 Micronutrient supplements

Percentage of children who received the supplement			
Type of supplement	**N**	**%**	**SE**
Packets of micronutrients in the last six months (among children aged 6-23 months)			
0 times	69	86.3	3.9
1-10 times	11	13.8	3.9
11-20 times	0	0	
21-30 times	0	0	
31-40 times	0	0	
41-50 times	0	0	
51-59 times	0	0	
60+ times	0	0	
DK/NR	14		
Missing	0		
Total	94	100	

APPENDIX A. SM2015 INDICATORS

Table A.1 SM2015 indicators among the full sample, SM2015-Belize Baseline Survey, 2013

SM2015 indicators			
Indicator	**N**	**%**	**SE**
Women of reproductive age (15-49) who did not wish to become pregnant and who were not using/not have access to family planning methods during the last year	242	36.4	3.1
Proportion of mothers with a child aged 0-23 months who can recognize 3 out of 5 signs of danger	116	31.9	4.3
Percentage of infants aged 0-5 months who were fed exclusively with breast milk the previous day	33	33.3	8.2
Proportion of mothers who gave their children (0-59 months) ORS and zinc supplements during the last episode of diarrhea in the last 2 weeks	41	2.4	2.4
Percentage of children aged 6-23 months who consumed 60 sachets of micronutrients in the last 6 months	94	0	
Women of reproductive age (15-49) currently using (or whose partner is using) a modern method of family planning.	242	63.6	3.1
Women of reproductive age (15-49) who received at least 4 prenatal visits in their most recent pregnancy by skilled personnel in the last two years	121	82.6	3.4
Women of reproductive age (15-49) whose most recent birth was attended by a skilled attendant in an institutional setting in the last two years	121	99.2	0.8
Children 0-59 months identified as having received full vaccination for age	85	72.9	4.8
Children born in the last 24 months who were put to breast within the first hour after birth	120	70	4.2

Table A.2 SM2015 indicators based on 19 respondents selected randomly for each indicator, SM2015-Belize Baseline Survey, 2013

SM2015 indicators	
Indicator	**%**
Women of reproductive age (15-49) who did not wish to become pregnant and who were not using/not have access to family planning methods during the last year	47.4%
Proportion of mothers with a child aged 0-23 months who can recognize 3 out of 5 signs of danger	15.8%
Percentage of infants aged 0-5 months who were fed exclusively with breast milk the previous day	43.1%
Proportion of mothers who gave their children (0-59 months) ORS and zinc supplements during the last episode of diarrhea in the last 2 weeks	5.3%
Percentage of children aged 6-23 months who consumed 60 sachets of micronutrients in the last 6 months	0.0%
Women of reproductive age (15-49) currently using (or whose partner is using) a modern method of family planning.	68.4%
Women of reproductive age (15-49) who received at least 4 prenatal visits in their most recent pregnancy by skilled personnel in the last two years	84.2%
Women of reproductive age (15-49) whose most recent birth was attended by a skilled attendant in an institutional setting in the last two years	94.7%
Children 0-59 months identified as having received full vaccination for age	84.2%
Children born in the last 24 months who were put to breast within the first hour after birth	63.2%