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Demographic and Health Survey

2007

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the Secretariat of the Pacific Community,
and Macro International Inc.

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PREFACE

The 2007 Tuvalu Demographic and Health Survey was one of four pilot demographic and health surveys conducted in the Pacific under the Asian Development Bank and the Secretariat of the Pacific Community Regional Demographic and Health Survey Pilot Project. The primary objective of this survey was to provide up-to-date information for policy-makers, planners, researchers and programme managers, for use in planning, implementing, monitoring and evaluating population and health programmes within the country. The survey was intended to provide key estimates of Tuvalu's demographic and health situation.

The findings of the 2007 Tuvalu Demographic and Health Survey are very important in measuring the achievements of family planning and other health programmes. To ensure better understanding and use of these data, the results of this survey should be widely disseminated at different planning levels. Different dissemination techniques will be used to reach different segments of society.

The Tuvalu Central Statistics Division would like to acknowledge the efforts of a number of organisations and individuals who contributed immensely to the success of the survey. The Government Statistician chaired the Steering Committee, which offered guidance on the implementation of the survey; Dr Stephen Kaimoko Homasi, Director of Health; Mrs Katalina Taloka, Director of Education; Mrs Saini Simona, Director of Women; Mr Letasi Iulai, Director of Planning and Budget; Mrs Emily Kopke, Coordinator for Tuvalu Family Health Association; and Mr Niuatui Niuatui, DHS Project Manager. .

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The 2007 Tuvalu Demographic and Health Survey is the result of earnest effort put forth by different individuals and organisations. The survey was conducted under the Asian Development Bank/ Secretariat of the Pacific Community Regional Demographic and Health Survey Pilot Project where technical assistance was provided by Macro International Inc and SPC. The survey was implemented by the Central Statistics Division in coordination with the Department of Health.

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SUMMARY OF FINDINGS

The 2007 Tuvalu Demographic and Health Survey (2007 TDHS) is a nationally representative survey of 851 women aged 15–49 and 558 men aged 15 and over. The 2007 TDHS is the first for the country and one of four such studies conducted in the Pacific as part of the Asian Development Bank and Secretariat of the Pacific Community Pacific Demographic and Health Survey Pilot Project. The primary purpose of the 2007 TDHS was to furnish policy-makers and planners with detailed information on fertility, family planning, infant and child mortality, maternal and child health and nutrition, and knowledge of HIV and AIDS and other sexually transmitted infections.

FERTILITY

Survey results indicate that Tuvalu's total fertility rate (TFR) is 3.9 births per woman. The TFR in Funafuti (4.2 births per woman) is much higher than in the outer islands (3.7 births per woman).

Education and wealth have a marked effect on fertility, with less educated mothers having more children (on average) than women with more than a secondary level education, and women in the lowest wealth quintile households having more children than women in the highest wealth quintile households.

Childbearing starts early and is nearly universal. Women in Tuvalu have an average of 1.7 children by the time they are in their late 20s and more than three children by the time they reach 50 years.

Initiation of childbearing in Tuvalu has changed little over time, although it seems that there is a slight increase in age at first birth in recent years. The median age at first birth in Tuvalu is 23.5 years for women aged 25–29, the youngest cohort for whom a median age can be estimated. The findings further show that women in the highest wealth quintile, women who live in Funafuti, and women who have more than a secondary education tend to have their first child at a later age than do other women. Women with a higher education begin having children at least two years later (25) than those with less education (23).

Marriage patterns are an important determinant of fertility levels in a population.

Age at first marriage for women does not appear to be increasing in Tuvalu. The median age at first marriage declined from 23 years among women aged 40–44 to 21.5 years among women aged 25–29. Women in Tuvalu tend to initiate sexual intercourse about the same time they enter marriage, as evidenced by the median age at first intercourse among women aged 20–49 of 21.7 years compared with the median age at first marriage of 22.1 years. Similarly, age at first sexual intercourse among women in Tuvalu does not show any increases. For example, the percentages of women who had sexual intercourse by exact age 18 is 13% among younger cohorts of women compared to only 7% among older women in the 45–49 age group.

Men, in contrast, tend to marry several years later than women and initiate sexual activity several years before marriage. The median age at first marriage among men aged 20–49 is 27.2 years, while the median age at first intercourse is 17.8 years. Age at first sex for men has increased very slowly over the years.

One out of three births in Tuvalu (32%) occur at least 24 months after the birth of the previous sibling, while 27% occur within 36 months. The overall median birth interval is 31 months. Birth intervals vary by place of residence: women in Funafuti have shorter intervals between births (28 months) than women in the outer islands (35 months).

FAMILY PLANNING

Overall, knowledge of family planning is very high in Tuvalu with 96% of all women and 98% of all men aged 15–49 having heard of at least one method of contraception. The Pill, injectables, condoms and female sterilisation are the most widely known modern methods among women and men.

About 64% of currently married women have ever used a family planning method at least once in their lifetime. Modern methods commonly ever used for family planning by married women are injectables, the Pill, and intrauterine device, with the rhythm method being the most commonly used traditional method.

Modern methods are more widely used than traditional methods, with 56% of currently married women using a modern method and 31% using a traditional method. The most popular modern method is the Pill. About one out of three (30%) currently married women currently use any method of contraception at the time of the survey. About 31% of married women in Funafuti and 31% of women in the outer islands currently use contraception.

The majority of currently married women (97%) obtain injectable contraceptives from public medical sources, while 75% applied sterilization at a public sector or government hospital, and only 25% did sterilized overseas.

Overall, 24% of currently married women have an unmet need for family planning services, 12% have a need for spacing births, and 12% have a need for limiting births. If all currently married women who want to space or limit the number of children they have were to use family planning, the contraceptive prevalence rate in Tuvalu would increase from 31% to 55%. Currently, only 31% of the demand for family planning is being met.

MATERNAL HEALTH

Ninety-seven percent of women who had a live birth in the five years preceding the survey received antenatal care from a skilled health professional for their last birth. About seven out of ten women (67%) made four or more antenatal care visits during their entire pregnancy. The median duration of pregnancy for the first antenatal visit is 5.2 months, indicating that women in Tuvalu start antenatal care at a relatively late stage in pregnancy.

Among women who received antenatal care, over half (51%) reported that they were informed about how to recognise signs of problems during pregnancy. Weight measurements were taken for nearly 100% of women and blood pressure measurements were taken for 99% of women. Urine and blood samples were taken from 98% and 97% of women, respectively. Only 24% of women received two or more tetanus toxoid injections during their last pregnancy. An estimated 32% of births were reported to be protected against neonatal tetanus because of previous immunisations the mother had received.

Over nine in ten births occur in a health facility. Overall, 97% of births were delivered with the assistance of a trained health professional — a doctor, nurse, midwife, medical assistant, or clinical officer — while only 1% were delivered by a traditional birth attendant. About 0.9% of births were attended by other people while 0.2% of births were delivered without any type of assistance at all.

Postpartum care is not high in Tuvalu. About 33% of women who had a live birth in the five years preceding the survey received no postnatal care at all, and 51% of received postnatal care within the critical first two days after delivery. About 66% of women received their first postnatal care from a trained health professional while about 1% were cared for by some other birth attendant.

The most commonly cited problems in accessing health care in Tuvalu were a lack of drugs, no care provider and no female care provider available.

CHILD HEALTH

About 51% of children aged 18–29 months were fully vaccinated at the time of the survey. About 84% had received the BCG vaccination, and 74% had been vaccinated against measles. Because DPT and polio vaccines are often administered at the same time, their coverage rates are expected to be similar. A small difference in coverage of DPT and polio is, in part, the result of not enough stocks of the vaccines.

Over 77% of children received the first doses of DPT and 79% received the first doses of polio. However, fewer numbers of children received their third doses, with 62% receiving a third dose of DPT and 60% receiving a third dose of polio.

The occurrence of diarrhoea varies by age of the child. Young children aged 12–23 months are more prone to diarrhoea than children in other age groups. Diarrhoea prevalence is more common among female children, and among children who live in households with a non-improved toilet facility. Children in Funafuti are more likely to get diarrhoea than children in outer islands. There is no clear pattern of diarrhoea prevalence with mother's education due to small numbers of cases. Children in the lowest and fourth wealthiest

households are more likely to have diarrhoea than children in other wealth quintile households.

Nearly one out of two (48%) children with diarrhoea were treated with some kind of oral rehydration therapy or increased fluids. More than four in ten children (44%) were treated with oral rehydration salts prepared from an oral rehydration salts packet, 6% percent were given recommended home fluids, and 7% were given increased fluids.

ORPHANHOOD

Over three in ten households in Tuvalu Islands included one or more children who stayed with neither their natural father nor their natural mother. A higher percentage of households with foster children were found in Funafuti (37%) than in the outer islands (35%). Only one in ten households in Tuvalu has orphans. More households have single orphans (8%) than double orphans (1%). No major variations exist between the outer islands and Funafuti regarding households with orphans.

In Tuvalu, nearly six out of ten (55%) children aged less than 18 years live with both parents, while 18% live with their mother but not with their father even though the father is alive somewhere. Male children living in Funafuti are more likely to be found living with their mothers than children in the outer islands.

About 20% of children in Tuvalu do not live with either biological parent. These children are likely to be between the ages of 2–4 and 10–17 living in the outer islands and Funafuti, and living in the lower, middle and highest wealth quintile households. There is very little variation by sex.

Overall, over one-fifth (23%) of children do not live with their biological parents, which is likely to increase as the age of the child increases and more likely to occur in Funafuti. The parents of about 6% of these children are dead.

BREASTFEEDING & NUTRITION

Breastfeeding is nearly universal in Tuvalu Islands, with 91% of children born in the five years preceding the survey having been breastfed at some time. There is very little difference in whether children were ever breastfed by most background characteristics.

The proportions of children being breastfed are likely to be higher among mothers in second lower wealth quintile households compared with mothers in wealthier households.

The median duration of breastfeeding is 11.3 months, while the median duration for exclusive breastfeeding is 1.5 months, and the median duration for predominant breastfeeding is 3.6 months. In contrast, the mean duration is longer with overall mean duration of breastfeeding at 15.4 months, while the mean duration for exclusive breastfeeding is 3.2 months and the mean duration for predominant breastfeeding is 4.8 months. There is little difference in the duration of breastfeeding by sex of the child. Children in the outer islands are breastfed for a slightly longer time (12 months) than children in Funafuti (8 months). Mother's with a secondary and higher education breastfeed their children for less time than mothers with less education.

Between the ages of 6 and 23 months, children consume food made from grains more often than any other food group. More than 54% of breastfed children and 85% of non-breastfed children in this age group consumed food made from grains in the day and night preceding the interview. The next most commonly consumed food group is meat, fish, poultry and eggs. Around 45% of breastfed children and 80% of non-breastfed children ate food from this group. The third commonly consumed food group is food rich in vitamin A, consumed by 41% of breastfed children and 70% of non-breastfed children.

About 86% of children aged 6–23 months who live with their mother received breast milk, other milk or milk products during the 24-hour period before the survey; 62% had a minimally diverse diet (i.e. they had been fed foods from the minimum number of food groups, depending on their age and breastfeeding status), and about 43% had been fed the minimum number of times appropriate for their age. In summary, only 33% of children aged 6–23 months in Tuvalu met the minimum standard with respect to all three World Health Organization Infant and Young Child Feeding practices

About 87% of young children aged 6–35 months who live with their mother consumed vitamin A-rich foods in the 24-hour period before the survey. Consumption of foods rich

in vitamin A is much higher for non-breastfed children (96%) than for breastfed children (78%).

The staple diet of mothers of young children consists of foods rich in protein (87%), food made from grains (84%) and food rich in vitamin A (70%). Almost two in five women (39%) consume food made from roots and tubers, whereas 29% of women consume other fruits and vegetables. Among mothers aged 15–49 with a child under age 3 years living with them, about 42% drink milk while 74% drink tea and coffee, and 86% drink other liquids.

Observations made during the 2007 TDHS on thinness and wastage among children aged 0–5 years for whom wasting was observed for selected parts of their bodies show that about 2% children of these children have low weight-for-age, and 0.3% are severely underweight. Underweight children are more common among children aged 36–47 months, children whose mothers have less education or only a primary education, and children living in the lowest wealth quintile households.

About 10% of children aged 0–5 years were stunted (i.e. low height-for-age). Stunting is more common among children aged 9–17 months, children in the outer islands, children whose mothers have no education or only a primary education and, surprisingly, children living in the highest wealth quintile households. Only 3.3% of children aged 0–5 years were reported to be wasted (i.e. have low weight-for-height).

HIV, AIDS AND STIS

Knowledge about AIDS is almost universal among the adult Tuvalu population. A very high proportion of women and men have heard of the disease, although men have a more comprehensive knowledge about AIDS (99%) than women (97%). The results also show that the level of knowledge is quite high for both women and men of different ages and marital status, place of residence, education level and household wealth quintile.

Men and women were specifically asked if it is possible to reduce the risk of acquiring HIV by consistently using condoms, limiting sexual intercourse to one uninfected partner who has no other sex partners, and abstaining from sexual intercourse. The results show that 82% of women and 91% of men agree that using a

condom at every sexual intercourse can reduce the risk of getting AIDS, while 90% of women and 93% of men agree that limiting sexual intercourse to one uninfected partner is a way to avoid contracting HIV and AIDS.

Generally, most women and men are aware that the chances of getting HIV through these specified prevention methods can be prevented by limiting sex to one uninfected partner (90% women, 93% men), abstaining from sex (87% women, 93% men), and using condoms (83% women, 91% men).

About 69% of women and 93% of men know that a healthy-looking person can have the AIDS virus. Knowledge that people cannot get AIDS by mosquito bites is lower among women (71%) than among men (75%). On the other hand, knowledge that people cannot get AIDS by supernatural means is higher for men (91%) than for women (78%).

About 38% of women and 60% of men have a comprehensive knowledge about HIV and AIDS. Women in Funafuti are more likely to have a comprehensive knowledge about HIV and AIDS (44%) than women in the outer islands (32%). Women who are married or in a living together arrangement, women who have more than a secondary education, and those who live in the highest wealth quintile households are the most likely to have a comprehensive knowledge about HIV than other women. Comprehensive knowledge is more common among men in Funafuti who are single but ever had sex, those with a higher education and those in higher wealth quintile households.

About 82% of women and 70% of men know that HIV can be transmitted from a mother to her child by breastfeeding. A low proportion of women and men (both 30%) know that HIV can be transmitted through breastfeeding and that the risk of transmission can be reduced by special drugs. About the same proportion of women and men (34% and 38%, respectively) aged 15–49 know that there are special drugs that a doctor or nurse can give to a pregnant woman infected with the AIDS virus to reduce the risk of transmitting the virus to the baby.

Less women than men expressed positive attitudes and opinions toward family members with AIDS. For example, 64% of women and 72% of men reported that they would not want to keep it a secret that a

family member has AIDS while only 81% of women and 86% of men are willing to care for an HIV-infected family member. About 57% of women and 67% of men reported that they would buy vegetables from a shopkeeper who has AIDS.

More than 80% of women and 90% of men in the 15–49 age group agree that a wife is justified in refusing to have sexual intercourse with her husband if she knows that he has a sexually transmitted disease. Almost the same proportion of women and men also agree that a wife is justified in refusing sexual intercourse or asking her husband to use a condom.

WOMEN'S EMPOWERMENT

Data from the 2007 TDHS show that 57% of currently married women and 93% of currently married men were employed at some time in the year prior to the DHS. About 85% of these women and 71% of these men are likely to be paid in cash. Men are more likely to work but not receive payment (23%) than women (4%). Similarly, women are more likely to be paid in-cash and in-kind than men, with 9% of women paid in-cash and in-kind as compared with about 1% of men.

Overall, 33% of women mainly decide by themselves how their earnings are to be spent. More than one in two women (52%) report that they make the decision jointly with their husband or partner, while 13% report that the decision is mainly made by their husband.

About 35% of women make decisions regarding daily household purchases on their own, and 24% report that they make decisions about major household purchases by themselves. About 37% of married women independently decide on their own health care while about 45% of women report that this decision is made jointly with their husband or partner.

About 72% of men think that mainly the wife should make decisions about purchases of daily household needs while only 25% think that this decision should be made jointly by a wife and her husband or partner. About 65% of men think that a joint decision is required to purchase major household items compared with only 7% of men who think that this decision should be left entirely to the wife.

Over 20% of men think that wives should decide for themselves how they should spend their earnings while 63% percent of men think that this should be a joint decision between husbands and wives.

Data show that most women find that wife beating is justified in certain circumstances. About 70% agree that at least one of the reasons asked about during the 2007 TDHS is sufficient justification for a wife to be beaten. This indicates that women in Tuvalu generally accept violence as part of male–female relationships, which is not surprising because traditional norms teach women to accept, tolerate and even rationalise battery.

Men were also asked about their opinions on the justification of wife beating under certain circumstances. More than seven in ten men agree that wife beating is justified for at least one of the specified reasons. This is slightly higher than the percentage of women who agreed with at least one of the reasons (73% for men compared with 70% for women).

Interestingly, the DHS data also show that over eight in ten women (81%) and men (84%) believe that a woman has the right to refuse sex with her husband for all of the specified reasons.

MORTALITY

The infant mortality rate (IMR) for the most recent period (i.e. 0–4 years, reflecting roughly 2003–2007), is 31 deaths per 1,000 live births. This means that three in every 100 babies born in Tuvalu do not live to their first birthday. Of those who survive to their first birthday, 5 out of 1,000, die before reaching their fifth birthday. The overall under-5 mortality is 36 deaths per 1,000 live births, which implies that about four in every 100 Tuvaluan babies do not survive to their fifth birthday.

The first month of life is associated with the highest risk to survival. The neonatal mortality rate is 29 deaths per 1,000 live births, implying that nearly three out of every 100 infant deaths occur during the first month of life. As childhood mortality declines, post-neonatal mortality usually declines faster than neonatal mortality because neonatal mortality is frequently caused by biological factors that are not easily addressed by primary care

interventions. In Tuvalu, post-neonatal mortality is 2 deaths per 1,000 births.

The IMR in the outer islands during the 10 years preceding the 2007 DHS was 30 deaths per 1,000 births, as opposed to 26 in Funafuti. While the level of neonatal and infant mortality was lower in Funafuti than in the outer islands, it was higher for post neonatal and child mortality. As a result, the under-5 mortality was higher in Funafuti than in the outer islands.

Mother's education is strongly associated with status of child survival. Children born to a mother with a secondary or higher education have by far the lowest rates for all types of childhood mortality while the opposite is true for mothers with a lower education. The IMR estimated for mothers with less than a secondary education was 40 deaths per 1,000, while for those with a secondary education the IMR was 29 deaths per 1,000. This pattern is similar to the neonatal and under-five mortality. The neonatal mortality was 33 deaths per 1,000 births for women with less

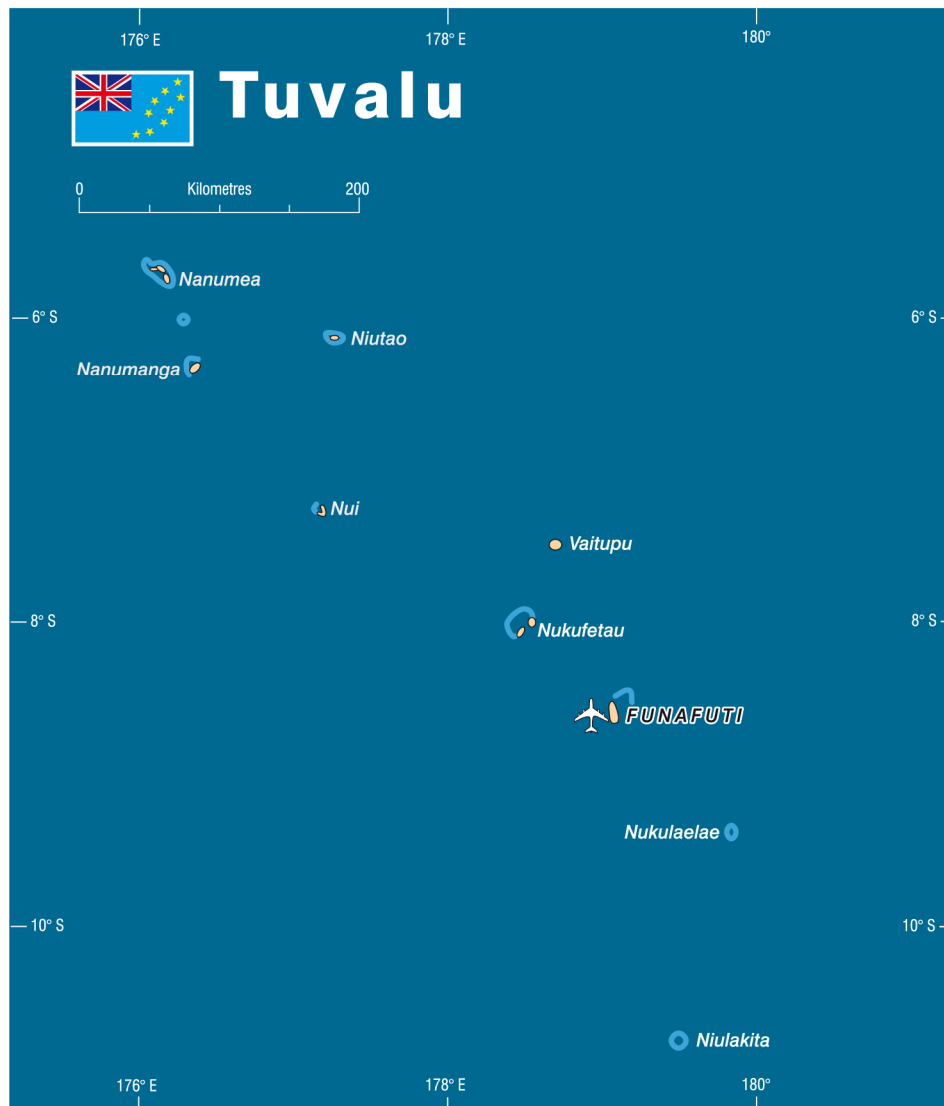
than secondary while only 21 deaths per 1,000 for women with secondary education.

The 2007 TDHS also examined the relative importance of maternal fertility patterns associated with the increased risk of mortality. Generally, infants and children have a greater probability of dying if they are born to mothers who are too old or too young, or if they are born after a short birth interval, or if they are of high birth order. Only 22% of births in Tuvalu were not in any high-risk category. An additional 26% of births are first-order births to mothers aged 18–34, which is considered an unavoidable risk category. The remaining 52% of births are in at least one of the specified avoidable high-risk categories. About 29% of births are in only one of the high-risk categories (mostly birth order <24 months (13%), and birth orders >3 is 12%) while 23 % of births are in multiple high-risk categories implying these births are born from mothers aged > 34 years, with birth interval <24 and with more than 3 births.

DEMOGRAPHIC AND HEALTH SURVEY INDICATORS REQUIRED BY INTERNATIONAL AGENCIES

Indicator	National	Differentials	
		Urban	Rural
Millennium Development Goal (MDG) /United Nations Population Fund (UNFPA)			
Net enrolment ratio in primary education (overall net attendance ratio)	98.1	97.5	98.7
Net enrolment ratio in primary education (net attendance ratio — males)	97.3	95.9	98.4
Net enrolment ratio in primary education (net attendance ratio — females)	99.1	99.3	98.9
Literacy rate of women aged 15–49	97.1	97.6	96.6
Literacy rate of men aged 15–49	92.7	96.9	93.2
Literacy rate of women aged 15–24	99.3	-	-
Literacy rate of men aged 15–24	97.9	-	-
Ratio of literate women to men aged 15–24	1.01	-	-
Ratio of literate women to men aged 15–49	1.04	1.00	1.03
Under-5 mortality rate (0–9 years before the DHS)	33	34	32
Infant mortality rate (0–9 years before the DHS)	28	26	30
Percent of 18–29 month-old children fully immunised (BCG, measles, etc.)	51	46	57
Percent of births attended to by skilled health personnel	98	98	98
Contraceptive prevalence rate (currently married women)	31	31	31
Percent of population cooking with solid fuels	18	2	35
Percent of population with sustainable access to an improved water source, Funafuti and outer islands	98	99	97
Percent of population with access to improved sanitation, Funafuti and outer islands	81	83	78

MAP



CHAPTER 1 INTRODUCTION

1.1 HISTORY, GEOGRAPHY AND ECONOMY

1.1.1 History

Ancestors of modern-day Tuvaluans most likely came from Samoa by way of Tokelau, while others came from Tonga and Uvea (Wallis Island). These early settlers to Tuvalu were all Polynesians, with the exception of Nui Island, which was later settled by Micronesians. According to linguistic evidence, Tuvalu was first settled 2,000 years ago, although traditional stories and genealogies go back only 300 years. Tuvalu's history is passed down from generation to generation through legends, chants and the traditional song and dance of Tuvalu, the *fatele*.

The first European sighting of Tuvalu was in 1568 by Alvaro de Mendaña de Neira from Spain. It wasn't until the late 1700s, however, that the next European explorers reached the area. By the early 1800s, whalers and other seafarers were traversing the Pacific although stops at Tuvalu were infrequent because of the difficulties of landing ships on the atolls. However, during the mid-1800s, the islands were raided by slave raiders, called 'blackbirders', who forcibly recruited plantation workers for South America, Fiji, Hawaii, Tahiti, and Australia. Tuvalu was one of the hardest-hit of the Pacific Islands with over 400 people taken from Funafuti and Nukulaelae, none of whom returned.

In 1892 the islands became part of the British protectorate known as the Ellice Islands, which was later incorporated into the Gilbert and Ellice Islands Colony in 1916. Between 1943 and 1945, Tuvalu was used as an operations base for Allied forces battling the Japanese in the Pacific. Thousands of marines were stationed there.

In 1974, ethnic differences within the colony between the Polynesians (Ellice Islanders) and Micronesians (Gilbert Islanders) resulted in the Polynesians voting to secede from the colony. The following year the Ellice Islands became the separate British colony of Tuvalu. Tuvalu became an Independent Constitutional monarchy and the 38th (special) member of the Commonwealth on 1 October 1978. In 2000, Tuvalu became a full member of the Commonwealth and the 189th member of the United Nations.

1.1.2 Geography

Tuvalu is a 580 km-long chain of nine coral islands lying between latitudes 5°S and 11°S, just west of the International Date Line. Tuvalu's total land area is 26 km², which is relatively evenly distributed across the nine atolls. Six out of the nine atolls have lagoons that are open to the ocean; these are Nanumea, Nui, Vaitupu, Nukufetau, Funafuti and Nukulaelae. Nanumaga and Niutao have landlocked lagoons while Niulakita has no lagoon at all. All of Tuvalu's islands are low-lying, the highest being only 4 m or 5 m above sea level. As a result, Tuvalu is at great risk of becoming one of the first nations to succumb to the effects of climate change and sea level rise. Tuvalu's limited land area is generally of low quality with poor fertility and thus is unsuitable for agriculture.

1.1.3 Economy

According to a report by the United Nations Development Programme (UNDP 2006), Tuvalu's economy is 'small, fragmented and highly vulnerable to external economic influences'. As a result, Tuvalu is heavy dependent on outside development assistance. The economy is unusual in that a substantial amount of both government revenues and private incomes are generated from overseas. Government revenues come primarily from the Tuvalu Trust Fund, the Internet domain name of 'dot TV', and fishing license fees paid for by foreign fishing vessels, while family incomes are derived mainly from remittances from overseas seafarers.

Between 1996 and 2002, GDP averaged 6% per year (UNDP 2006). Recent economic performances are largely because of the 11% average annual increase in the government's

contribution to GDP. The government is the largest sector in the economy and the largest employer. This has increased government's share of GDP from 24% in 1996 to 30% in 2002. The private sector domestic economy is small and accounts for only about 31% of GDP in 2002, down from around 44% in 1996 (UNDP 2006).

The subsistence sector steadily declined between 1996 and 2002. The declining level of subsistence production indicates broader economic trends, including the growing importance of cash to meet daily needs, and the steady decline of outer island populations (excluding Funafuti and Vaitupu). With this is an associated shift in the population structure of the outer islands, where the economically active population (aged 15–54) supports an increasing dependent population of young and old people (UNDP 2006).

Remittances from seafarers (and other less formal remittances) make a significant contribution to Tuvalu's economy in general, and to individual families in particular. In 2002, over one-third of households received income from remittances (UNDP 2006).

1.2 POPULATION GROWTH

Population censuses have been carried out in Tuvalu since 1921, mostly at 10-year intervals. Table 1.1 provides a summary of the basic demographic indicators available for Tuvalu from the census data for 1921–2002. Tuvalu's population has increased three times since 1921, from around 3,000 in 1921 to over 9,000 in 1991. The population grew rapidly between 1931 and 1979 (reaching a growth rate of 3.8% in 1979), but the population growth rate subsequently slowed to 1.7% in 1991 and to 0.5% in 2002.

Table 1.1: Basic demographic indicators, selected demographic indicators, Tuvalu 1921–2002

	1921	1931	1947	1963	1968	1973	1979	1991	2002
Total population	3457	3994	4487	5444	5782	5887	7349	9043	9561
Intercensal growth rate (in %)	-	0.2	0.7	1.3	1.1	0.3	3.8	1.7	0.5
Density (population/sq km)	133	154	173	209	222	226	283	348	373
Percent urban	-	-	-	-	-	-	29	43	42
Life expectancy									
Male	-	-	-	-	-	-	-	64	62
Female	-	-	-	-	-	-	-	70	65
Total	-	-	-	-	-	-	59	67	64

- Equals to unknown (not available)

Source: SPC Statistical Bulletin

Tuvalu's population density has increased significantly from 133 people/km² in 1921 to 373 people/km² in 2002. Life expectancy declined by about three years between 1991 and 2002. Female life expectancy (65 years) in 2002 was higher than male life expectancy (62 years).

1.3 SURVEY OBJECTIVES

The principal objective of the 2007 Tuvalu Demographic and Health Survey (2007 TDHS) was to provide current and reliable data on fertility and family planning behaviour, child mortality, adult and maternal mortality, children's nutritional status, use of maternal and child health services, and knowledge of HIV and AIDS. Specific survey objectives were to:

- collect data at the national level, which will allow the calculation of key demographic rates;
- analyse the direct and indirect factors that determine the level and trends of fertility;

- measure the level of contraceptive knowledge and practice among women and men by method, place of residence, and region;
- collect high-quality data on family health, including immunisation coverage among children, prevalence and treatment of diarrhoea and other diseases among children under 5 years, and maternity care indicators (including antenatal visits, assistance at delivery, and postnatal care);
- collect data on infant and child mortality;
- obtain data on child feeding practices, including breastfeeding, and collect 'observation' information to use in assessing the nutritional status of women and children;
- collect data on knowledge and attitudes of women and men about sexually transmitted infections, HIV and AIDS and evaluate patterns of recent behaviour regarding condom use; and
- collect data on support to mentally ill persons and information on the incidence of suicide.

This information is essential for informed policy decisions, planning, monitoring, and evaluating programmes on health in general and reproductive health in particular, at both the national level and in urban Funafuti and the rural outer islands. A long-term objective of the survey is to strengthen the technical capacity of government organisations to plan, conduct, process, and analyse data from complex national population and health surveys. Moreover, the 2007 TDHS provides national, rural and urban estimates on population and health that are comparable to data collected in similar surveys in other Pacific DHS pilot countries and other developing countries.

1.4 SURVEY ORGANISATION

The 2007 TDHS was carried out under the Asian Development Bank (ADB)/Secretariat of the Pacific Community (SPC) Pacific Regional Pilot DHS Project, and was executed by the Tuvalu Central Statistics Office in collaboration with the Ministry of Health (MOH). Macro International Inc. provided technical assistance through its MEASURE DHS project. The survey was funded by ADB.

A steering committee was formed to be responsible for coordination, oversight, advice, and decision-making on all major aspects of the survey. The steering committee comprised representatives from various ministries and key stakeholders, including MOH and Central Statistics Division (CSD). A technical advisory committee and technical subcommittee were also formed.

1.4.1 Sample design

The 2007 TDHS used a two-stage stratified, random sample design. The strata were the eight islands comprising Tuvalu, excluding the smallest island of Niulakatia (which comprises only 0.4% of the population). For the purposes of this DHS, Funafuti is considered to be an urban area, while all other islands are considered to be rural. The sample design required a minimum sample size of 545 households: 225 households in Funafuti and 320 in the outer islands, with an assumed response rate of close to 100%.

The sampling frame for the TDHS consisted of a list of all households residing in the country, including foreigners. The original list, created in 2005, was updated in December 2006 for Funafuti, while an update for the outer islands was done later by the rural development staff on each island. Households were listed in an orderly fashion from one end of the island to the other with village names. Foreigners residing in Funafuti for less than one year and non-resident staff of consular offices in Funafuti were excluded from the list.

The number of sample households in Funafuti was fixed, while the number in the outer islands was adjustable, depending on the shipping schedule and the expected workload of the survey teams. The sample allocation is given below:

Funafuti	- 225
Nanumea	- 40–70
Nanumaga	- 40–70
Niutao	- 40–70
Nui	- 60–110
Vaitupu	- 40–70
Nukufetau	- 60–110
Nukulaelae	- 40–70

For Funafuti, systematic random sampling was employed to select sample households. For the seven outer islands, systematic random sampling was initially used to draw the allocated number of sample households, and simple random sampling was used to draw the additional sample households. The additional list of households was intended to be covered while the team was waiting for the ship to arrive.

All women aged 15–49 who slept in the sampled households on the night prior to the interview date were eligible for to be interviewed for the women's questionnaire, as well as for anthropometric measurements (i.e. weight, height, waist and hip circumference), blood pressure and haemoglobin measurements. Half of the sampled households were sub-selected for the male survey using systematic random sampling. All men aged 15 years and over in sub-selected households were eligible to be interviewed for the men's questionnaire, and for anthropometric and haemoglobin measurements, and blood pressure. All children aged 0–5 years were eligible for anthropometric measurements, and those age 6d months to 5 years were also eligible for anaemia testing.

1.4.2 Questionnaires

Tuvalu's Central Statistics Division initiated the organisation of the DHS Steering Committee, which was responsible for identifying data needs and providing guidance in conducting the survey. The DHS Steering Committee reviewed the DHS Pacific core questionnaires, which were based on model questionnaires developed by the MEASURE DHS program at Macro International. Separate meetings were organised by CSD with the Departments of Women, Education and Health to discuss relevant sections of the DHS questionnaires. Finally, the Steering Committee reviewed the Tuvalu DHS draft questionnaires, which reflected the changes resulting from the various consultative meetings, as well as the Tuvaluan translations that were done by MOH staff.

Three questionnaires — a household questionnaire, a women's questionnaire and a men's questionnaire — were used in the survey. The household questionnaire was used to list all the usual members and visitors in the selected households. Some basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. The main purpose of the household questionnaire was to identify women and men who were eligible for the individual interview. The household questionnaire also collected information on characteristics of 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. In addition, this questionnaire was also used to record the results of anthropometric and other biomarker measurements for women and children.

The women's questionnaire was used to collect information from all women aged 15–49 on:

- background characteristics (education, residential history, media exposure, etc.);
- reproductive history and child mortality;
- knowledge and use of family planning methods;
- fertility preferences;

- antenatal and delivery care;
- breastfeeding and infant feeding practices;
- vaccinations and childhood illnesses;
- marriage and sexual activity;
- women's work and husband's background characteristics;
- infant and child feeding practices;
- awareness and behaviour about AIDS and other sexually transmitted infections (STIs); and
- domestic violence.

The men's questionnaire collected similar information, but was shorter because it did not contain questions on reproductive history, contraceptive calendar, maternal and child health, nutrition, and domestic violence.

All three questionnaires were pretested. The pretest team included two CSD staff and six interviewers — three men and three women — who were expected to become team supervisors and field editors during the main enumeration. In addition, three nurses and/or health technicians were trained to accurately and reliably record the various measurements. Pretest training, including practice interviews in the field, was undertaken from 15–28 May 2007 for pretest interviewers as well as for nurses and/or health technicians who joined the field practice for two days.

Pretest training for the interviewers consisted of classroom lectures, demonstration interviews, front-of-class interviews, mock interviews, quizzes and tests, and field practice. Instructional materials included the household questionnaire, the women's questionnaire, the men's questionnaire, the four DHS control forms, and various PowerPoint presentations. A blackboard, an electronic projector and a laptop computer were also used during the pretest training. The pretest resulted in revision of some translations and some skip and filter instructions.

1.4.3 Training

CSD staff recruited field staff in several ways. Announcements were made through the radio and print media. CSD also prepared publicity materials to inform residents about the importance of the upcoming TDHS, to assure them of the confidentiality of the information collected, and to seek their support and cooperation. The publicity material was also released through the Tuvalu Media Corporation. Applicants were assessed through a written test designed by CSD for the TDHS and further screened through panel interviewing by CSD and other representatives of the Ministry of Finance.

The three-week training for the main enumeration took place 4–23 June 2007. Trainees consisted of the six proposed team supervisors and field editors who participated in the pretest and 13 new trainees. Two nurses and one reserve nurse also joined the first week of interviewer training where three half-days were devoted to measurements. The nurses also joined the teams in the field practice. The same training techniques, materials and equipment were used as in the pretest.

1.4.4 Fieldwork

Two teams were used to collect data, with each team comprising one supervisor, one field editor, four female interviewers, two male interviewers, and one nurse/health technician. One senior CSD staff who was designated as DHS manager also acted as field coordinator. Data collection started on 25 June 2007 in Funafuti. On 21 July, one team left for the outer islands. Data collection continued until 18 October 2007.

1.4.5 Data processing

Completed questionnaires were returned periodically from the field to the CSD office in Vaiaku, Funafuti. Training on the computer package, CSPro, and on setting up the data processing system

was held from 16 July to 3 August 2007. Training was conducted for CSD staff and data encoders by a data processing specialist at SPC.

Data processing began on 23 July and was completed on 15 December 2007. The data processing staff consisted of one supervisor from CSD, one questionnaire administrator/coding clerks, and three data entry operators. Data were entered using the CSPro computer package. All data were entered twice (100% verification). The concurrent processing of data was a distinct advantage for data quality, since TDHS staff were able to advise field teams of errors detected during data entry.

Final editing was undertaken in the last week of February 2008 by CSD staff with technical assistance from data processing specialists from both SPC and Macro. Because the selected sample size was extremely small, secondary editing was finished within one day. Other answers of selected questions were recoded and a final raw formatted data set was produced. After finalising the data sets and including sampling weights, a program was developed to run preliminary tables. Recoding raw format data into a standard recode format was also started at this time and a meeting with several stakeholders was held, in which all the preliminary tables were explained and discussed.

1.5 RESULTS OF SURVEY INTERVIEWS

1.5.1 Response rates

Table 1 shows response rates for the 2007 TDHS. In total, 767 households were selected in the sample, of which 740 were found occupied at the time of the fieldwork. The shortfall is largely due to vacant dwellings or addresses that were not households. Of the existing households, 739 were successfully interviewed, yielding a household response rate of almost 100%.

Table 1.2: Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Tuvalu 2007

Result	Residence		Total
	Funafuti	Outer islands	
Household interviews			
Households selected	229	538	767
Households occupied	222	518	740
Households interviewed	222	517	739
Household response rate ¹	100.0	99.8	99.9
Interviews with women aged 15–49			
Number of eligible women	402	490	892
Number of eligible women interviewed	381	470	851
Eligible women response rate ²	94.8	95.9	95.4
Interviews with men aged 15+			
Number of eligible men	263	337	600
Number of eligible men interviewed	242	316	558
Eligible men response rate	92.0	93.8	93.0

¹ Households interviewed/households occupied.

² Respondents interviewed/eligible respondents.

From the households interviewed, 892 eligible women aged 15–49 were identified, of whom 851 were successfully interviewed, yielding a response rate of 95%. With regard to men, 600 eligible men aged 15 and over were identified, of whom 558 were successfully interviewed, yielding a response rate of 93%. Response rates for women and men are very slightly lower in Funafuti than in the outer islands. The principal reason for non-response among eligible women and men was refusal to be interviewed and the respondent's being incapacitated (e.g. ill, deaf, mentally unfit).

CHAPTER 2 HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

In the following chapters, a number of demographic and health-related topics (e.g. respondent characteristics, fertility, contraceptive behaviour, infant and child mortality) are viewed across different population subgroups. One focus of this chapter is to describe the environment in which survey respondents live. This description shows general characteristics of the population such as age-sex structure, education, household arrangements (e.g. headship, size) and housing facilities (e.g. sources of water supply, sanitation facilities, dwelling characteristics and household possessions). A distinction is made between urban Funafuti and the rural outer islands where many of these indicators usually differ.

Besides providing a background for better understanding many of the social and demographic phenomena discussed in the following chapters, this general description is useful for assessing the level of economic and social development of the population.

2.1 HOUSEHOLD POPULATION BY AGE AND SEX

The 2007 TDHS included a household questionnaire that was used to elicit information on the socioeconomic characteristics of usual residents and visitors who had spent the previous night in the selected households. Table 2.1 shows the reported distribution of the household population in five-year age groups, by sex and place of residence. The data show that there are equal numbers of men (2,082) and women (2,082), with both sexes constituting 50% of the population. The sex composition of the population does not show significant variation by place of residence; in fact, the proportions were the same at 51% for men and 49% for women.

Table 2.1: Household population by age, sex, and residence

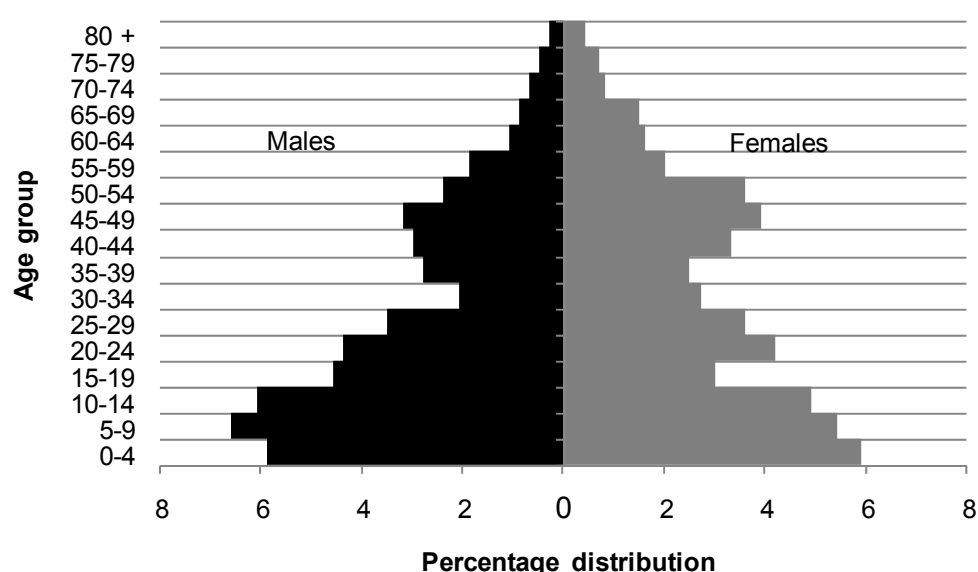
Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Tuvalu 2007

Age	Funafuti ¹			Outer islands			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	12.4	12.7	12.5	11.2	10.9	11.1	11.8	11.8	11.8
5–9	13.0	10.9	12.0	13.4	10.7	12.0	13.2	10.8	12.0
10–14	9.7	9.6	9.6	14.8	10.2	12.4	12.1	9.9	11.0
15–19	10.3	7.9	9.1	7.9	4.1	6.0	9.1	6.0	7.6
20–24	10.5	10.8	10.6	6.8	5.8	6.3	8.8	8.3	8.5
25–29	9.2	8.2	8.7	4.8	6.0	5.4	7.1	7.1	7.1
30–34	4.6	5.8	5.2	3.6	4.9	4.3	4.1	5.4	4.8
35–39	5.9	5.3	5.6	5.1	4.9	5.0	5.5	5.1	5.3
40–44	5.0	5.7	5.3	7.3	7.3	7.3	6.1	6.5	6.3
45–49	6.3	8.4	7.3	6.5	7.1	6.8	6.4	7.8	7.1
50–54	4.3	5.3	4.8	5.3	9.2	7.3	4.8	7.2	6.0
55–59	3.8	2.9	3.4	3.6	5.2	4.4	3.7	4.0	3.9
60–64	1.7	2.3	2.0	2.7	4.0	3.3	2.2	3.1	2.7
65–69	0.9	2.3	1.6	2.9	3.8	3.4	1.8	3.1	2.5
70–74	1.1	1.2	1.1	1.8	2.0	1.9	1.4	1.6	1.5
75–79	0.9	0.3	0.6	1.1	2.4	1.8	1.0	1.3	1.2
80+	0.4	0.4	0.4	0.8	1.3	1.1	0.6	0.8	0.7
Don't know/ missing	0.1	0.0	0.1	0.2	0.1	0.1	0.2	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,092	1,042	2,135	990	1,039	2,029	2,082	2,082	4,164

¹For this report, Funafuti is considered to be only an urban area.

The table further depicts Tuvalu as having a young population, with a large proportion of the population being in the younger age groups. The population under age 20 constitutes 42% of the total population. The older age groups are very small in comparison, as can be seen in the population pyramid in Figure 2.1. In general, the population pyramid reflects a broad-base pattern, characteristic of Tuvalu with about half of its population being young. This type of age structure has a built-in momentum for the growth of the country's population. When the young population eventually reaches reproductive age, the result will be a high population growth rate for some years to come. Figure 2.1 also reflects a rapid decrease in the population in the middle age groups; this is due to people moving out of the country for employment.

Figure 2.1: Percentage distribution of de facto household population by age and sex, Tuvalu 2007



2.2 HOUSEHOLD COMPOSITION

Table 2.2 presents the headship and composition of households in Tuvalu. About 3 in 10 households are headed by women while more than 7 in 10 households are headed by men. The proportion of female-headed households is slightly lower in Funafuti than in the outer islands (22% and 28%, respectively).

About 1 in every 15 households has 1–2 members. One or two member households are more likely to be found in the outer islands (19.1%) than in Funafuti (7.7%). Excluding households with seven and eight people, the outer islands have consistently higher percentages of households with three to six people than Funafuti. In Funafuti, about 31% of households have nine or more members compared with 6% in the outer islands, indicating the need for housing in Funafuti and the need for the outer islands to limit people moving to Funafuti. Table 2.2 also shows that the mean household size is 5.6 people. This is slightly lower than 6, which was the number recorded from the 2002 Population and Housing Census (Central Statistics Division 2002). The mean household size is larger in Funafuti (7.1 people) than in the outer islands (4.6 people).

2.3 FOSTERHOOD AND ORPHANHOOD

In Tuvalu, a person younger than age 18 years is defined as a child. Information on fosterhood and orphanhood of children is presented in Table 2.2. About 4 in 10 Tuvaluan households included

one or more children who were staying with neither their natural father nor their natural mother. There was a higher percentage of households with foster children in Funafuti (37.4%) than in the outer islands (35.6%). Almost 1 in 10 Tuvaluan households has orphans. There are more households with single² orphans (8%) than with double orphans (1%). There are no major variations between the outer islands and Funafuti regarding households with orphans.

Table 2.2: Household composition

Percent distribution of households by sex of head of household and by household size; mean size of household, and percentage of households with orphans and foster children under age 18 years, according to residence, Tuvalu 2007

Characteristic	Residence		Total
	Funafuti	Outer islands	
Household headship			
Male	77.9	71.9	74.3
Female	22.1	28.1	25.7
Total	100.0	100.0	100.0
Number of usual members			
1	1.4	7.3	4.9
2	6.3	11.8	9.6
3	5.4	17.3	12.5
4	10.8	17.2	14.6
5	12.2	14.7	13.7
6	10.8	11.1	11.0
7	9.9	7.9	8.7
8	12.6	6.3	8.9
9+	30.6	6.4	16.2
Total	100.0	100.0	100.0
Mean size of households	7.1	4.6	5.6
Percentage of households with orphans and foster children under age 18 years			
Foster children ¹	37.4	35.6	36.3
Double orphans	0.9	1.5	1.3
Single orphans	9.9	6.8	8.1
Foster and/or orphan children	40.5	39.1	39.7
Number of households	300	439	739

Note: Table is based on *de jure* household members (i.e. usual residents).

¹ Foster children are those under age 18 years living in households with neither their mother nor their father present.

The distribution of *de jure* children under age 18 years by living arrangements and survival status of parents and related information is presented in Table 2.3. About 6 out of 10 (55%) Tuvaluan children younger than age 18 years live with both parents; 17% live with their mother and not with their father even though the father is alive somewhere. Female children aged 0–9 years living in the outer islands are more likely to be found living with their mothers than those in Funafuti. Children living with their mothers are almost equally distributed in all lower wealth quintiles. In contrast, those children aged younger than 18 years living with their fathers account for 1.6%. These children are likely to be aged 15–17 years, live in Funafuti, and come from the middle to the highest household wealth quintiles. There is very little difference in the number of boys and girls in this living arrangement.

² A single orphan is a child who only has one parent, which could be a mother or a father.

Table 2.3: Children's living arrangements and orphanhood

Percent distribution of *de jure* children under age 18 years by living arrangement and survival status of parents, percentage of children not living with a biological parent, and percentage of children with one or both parents dead, according to background characteristics, Tuvalu 2007

Background characteristic	Living with both parents	Living with mother but not with father		Living with father but not with mother		Not living with either parent					Total	Percentage not living with a biological parent	Percentage with one or both parents dead	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead	Missing information on father or mother				
Age														
0–4	56.2	22.9	1.0	1.5	0.0	17.1	0.8	0.0	0.3	0.3	100.0	18.1	2.0	492
.. <td>54.8</td> <td>28.1</td> <td>1.3</td> <td>1.9</td> <td>0.0</td> <td>12.2</td> <td>1.3</td> <td>0.0</td> <td>0.0</td> <td>0.4</td> <td>100.0</td> <td>13.4</td> <td>2.6</td> <td>211</td>	54.8	28.1	1.3	1.9	0.0	12.2	1.3	0.0	0.0	0.4	100.0	13.4	2.6	211
..2–4	57.1	19.0	0.7	1.2	0.0	20.9	0.4	0.0	0.5	0.2	100.0	21.7	1.6	280
5–9	59.4	15.0	1.9	1.4	0.2	19.7	0.7	0.3	1.0	0.4	100.0	21.6	4.0	499
10–14	54.7	14.3	3.6	1.9	1.2	21.1	1.2	0.6	0.5	0.9	100.0	23.4	7.1	458
15–17	38.9	8.5	8.4	1.4	1.3	30.2	2.6	3.5	2.2	3.1	100.0	38.4	17.9	157
Sex														
Male	55.6	15.4	3.0	1.8	0.6	20.5	0.6	0.5	0.9	1.1	100.0	22.4	5.6	863
Female	54.5	17.9	2.4	1.3	0.4	20.2	1.6	0.7	0.6	0.4	100.0	23.0	5.7	742
Residence														
Funafuti	56.7	18.5	2.5	2.0	0.3	17.0	1.2	0.8	0.7	0.3	100.0	19.7	5.5	818
Outer islands	53.4	14.6	3.0	1.1	0.7	23.8	0.9	0.4	0.8	1.2	100.0	25.9	5.8	787
Wealth quintile														
Lowest	55.1	14.1	2.4	1.6	0.9	24.5	0.4	0.2	0.3	0.4	100.0	25.4	4.2	325
Second	59.6	14.3	3.7	2.0	0.4	16.7	0.6	0.9	1.1	0.7	100.0	19.3	6.8	325
Middle	52.7	18.1	2.3	0.4	0.4	23.4	1.1	0.4	1.0	0.2	100.0	25.9	5.1	339
Fourth	54.4	18.6	3.0	1.3	0.9	15.7	2.6	0.7	1.3	1.7	100.0	20.2	8.3	318
Highest	53.5	18.0	2.3	2.7	0.0	21.2	0.5	0.9	0.0	0.9	100.0	22.6	3.6	297
Total <15	56.8	17.5	2.1	1.6	0.4	19.3	0.9	0.3	0.6	0.5	100.0	21.0	4.3	1,448
Total <18	55.1	16.6	2.7	1.6	0.5	20.3	1.0	0.6	0.7	0.8	100.0	22.7	5.6	1,605

Note: Table is based on *de jure* members (i.e. usual residents).

Table 2.3 also shows that Tuvaluan children aged younger than 18 years not living with either parent constitute less than one-quarter (20.3 %) of all children. These are likely to be between the ages of 2 and 17 years and live in the outer islands and in lowest to middle wealth quintile households. There is very little variation by sex.

Overall, 22.7% of children do not live with biological parents; this figure is likely to increase as the age of the child increases and is likely to be more common in the outer islands. The variation by wealth quintile ranges from 19% to 26%. Either one or both of the parents of about 6% of these Tuvaluan children are dead.

2.4 HOUSING CHARACTERISTICS

Increased access to safe drinking water results in improved health outcomes in the form of reduced cases of water-borne diseases such as dysentery and cholera. Information was collected in the 2007 TDHS about certain characteristics of household drinking water, including source of drinking water, time taken to collect water, the person who usually collects the water, water treatment prior to drinking, and type of sanitation facility.

Table 2.4 shows that 98% of households use improved water sources³. In both Funafuti and the outer islands, almost all households (98% and 97%, respectively) have access to an improved water source. Piped water into the dwelling/yard/plot (97%) is by far the most common source of water to all households. Only a minimal number of households (1.1%) have access to tube well or borehole and 0.4% *reportedly use bottled water as a source for cooking and washing*. These results complement those of the 2002 Population and Housing Census.

Regarding the amount taken to collect water, findings show minor urban and rural differences. In Funafuti, 1.8% of households take less than 30 minutes to obtain drinking water, compared with 2.1% of outer island households. On the other hand, most households in Funafuti (1.4%) take more than 30 minutes to make a round trip to and from the drinking water source compared with only 0.5% in the outer islands.

The 2007 TDHS findings show that most of the burden of fetching drinking water rests on men over age 15. Women usually collect water in only 0.5% of households. Both Funafuti and the outer islands have the same (0.5%) of women involved in collecting water for their households. Tuvaluan children (girls and boys under age 15 years) are less likely to fetch water (less than 1% of households). It should be noted that households could report more than one person who usually collects water. There is no significant difference in the time it takes for men to collect water in Funafuti (1.4%) and in the outer islands (1.2%) because most households have water on the premises.

Water from an improved source can be contaminated at collection, during transportation, and during storage. Information was collected on whether or not water was treated prior to drinking. The majority of households (94%) use an appropriate treatment method on their drinking water while only 6% of Tuvaluan households use no treatment. The most commonly reported method of treatment is boiling. Nine in every ten households boil water prior to drinking. This method is practiced by almost equal numbers of households in both Funafuti (94%) and the outer islands (93%).

³ Improved water sources include piped water, public tap, tube well or borehole, protected dug well, and rainwater. The definition of improved water sources used in Tuvalu differs from the international definition used in this report in that it excludes rainwater.

Table 2.4: Household source of drinking water

Percent distribution of households and de jure population by source, time to collect, and person who usually collects drinking water; and percentage of households and the de jure by treatment of drinking water, according to residence, Tuvalu 2007

Characteristic	Households			Population		
	Funafuti	Outer islands	Total	Funafuti	Outer islands	Total
Source of drinking water						
Improved source	98.2	97.2	97.6	98.6	97.2	97.9
Piped water into dwelling/yard/plot	96.4	96.6	96.5	96.9	96.8	96.9
Tube well or borehole	1.8	0.6	1.1	1.7	0.5	1.1
Bottled water, non-improved source for cooking/washing ¹	0.0	0.6	0.4	0.0	0.5	0.3
Other sources	0.0	0.2	0.1	0.0	0.2	0.1
Missing	1.8	2.0	1.9	1.4	2.1	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using any improved source of drinking water	98.2	97.2	97.6	98.6	97.2	97.9
Time to obtain drinking water (round trip)						
Water on premises	96.8	97.4	97.2	97.6	97.7	97.7
Less than 30 minutes	1.8	2.1	2.0	1.5	2.0	1.7
30 minutes or longer	1.4	0.5	0.9	0.9	0.3	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Person who usually collects drinking water						
Adult females aged 15+	0.5	0.5	0.5	0.3	0.5	0.4
Adult males aged 15+	1.4	1.2	1.3	1.1	1.3	1.2
Female child under age 15	0.9	0.0	0.4	0.6	0.0	0.3
Male child under age 15	0.5	0.5	0.5	0.3	0.3	0.3
Other	0.0	0.3	0.2	0.0	0.2	0.1
Water on premises	96.8	97.4	97.2	97.6	97.7	97.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking²						
Boiled	94.1	93.0	93.4	93.8	93.2	93.5
Bleach/chlorine added	0.5	0.0	0.2	0.6	0.0	0.3
Strained through cloth	2.3	0.0	0.9	1.9	0.0	1.0
Ceramic, sand or other filter	3.6	1.4	2.3	3.4	1.4	2.4
Other	0.5	0.0	0.2	0.6	0.0	0.3
No treatment	5.0	6.6	5.9	5.3	6.5	5.9
Percentage using an appropriate treatment method ³	95.0	93.4	94.1	94.7	93.5	94.1
Number	300	439	739	2,124	2,032	4,156

¹ Because the quality of bottled water is not known, households using bottled water for drinking are classified as using an improved or non-improved source according to their water source for cooking and washing.

² Respondents may report multiple treatment methods so the sum of treatment may exceed 100%.

³ Appropriate water treatment methods include boiling, bleaching, straining, filtering, and solar disinfecting.

Poor sanitation coupled with unsafe water sources increases the risk of water-borne diseases and illnesses due to poor hygiene. This has contributed immensely to Tuvalu's disease burden. Households without proper toilet facilities are more exposed to the risk of diseases such as dysentery, diarrhoea, and typhoid fever than those with improved sanitation facilities. Table 2.5 shows that about 8 in 10 households use improved toilet or latrine facilities compared with about 2 in 10 households that use non-improved toilet or latrine facilities. About 69% of households have improved toilet facilities that flush or pour to a piped sewer system, with most of these (80%) being in Funafuti. About 11% of households have flush or pour flush facilities that flow to a septic tank, and these are more likely to be in the outer islands (15%). Overall, only 5.1% of households

in Tuvalu have no toilet facilities of any kind. This problem is more common in the outer islands, where about 7% of the households have no toilet facilities, than in Funafuti, where only 2% of households have no toilet facilities. The 2007 TDHS results show a tremendous decrease in the number of households with no toilet facilities compared with what was reported in the 2002 Population and Housing Census (5.1% in Funafuti, 13% in the outer islands).

Table 2.5: Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Tuvalu 2007

Type of toilet/latrine facility	Households			Population		
	Funafuti	Outer islands	Total	Funafuti	Outer islands	Total
Improved, not shared facility						
Flush/pour flush to piped sewer system	80.2	61.6	69.1	80.6	63.0	72.0
Flush/pour flush to septic tank	4.1	15.1	10.6	3.8	15.0	9.2
Flush/pour flush to pit latrine	0.0	0.1	0.1	0.0	0.0	0.0
Composting toilet	0.0	0.1	0.1	0.0	0.1	0.1
Non-improved facility						
Any facility shared with other households	8.6	5.2	6.5	9.2	4.4	6.8
Pit latrine without slab/open pit	3.2	9.2	6.7	2.7	8.8	5.7
Bucket	1.4	0.5	0.9	1.1	0.6	0.9
No facility/bush/field	1.8	7.4	5.1	1.5	7.3	4.3
Other	0.9	0.8	0.8	1.1	0.8	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	300	439	739	2,124	2,032	4,156

Table 2.6 provides information relating to other dwelling characteristics, such as whether or not the household has electricity, the main construction materials used for the floor, the number of rooms used for sleeping, the type of power or fuel used for cooking, and the location where food is cooked.

About 97% of Tuvaluan households have access to electricity. This result is similar but at a higher level than what was found in the 2002 Population and Housing Census. Access to electricity is almost universal in Tuvalu with 99% of households in Funafuti and 95% in the outer islands. Findings further show that only 3.3% of households do not have access to electricity, of which 5% are in the outer islands. The type of floor material used in a dwelling may be viewed as an indicator of the quality of housing (a wealth dimension) as well as an indicator of health risk. Some floor materials, such as earth and sand, pose a health problem because they can act as breeding grounds for pests and may be a source of dust. They are also more difficult to keep clean.

Overall, over 8 out of every 10 Tuvaluan households (85%) have floors made of the following materials: parquet or polished wood, ceramic tiles or cement. In general, these materials are almost equally used by urban households, whereas outer island households are more likely to use cement as a floor material. On the other hand, 8% of outer island households have earth or sand floors compared with 0% in Funafuti.

The number of rooms used for sleeping is an indication of the extent of crowding in households. Crowding in one sleeping room increases the risks of infection by diseases. In Tuvalu, a room for sleeping used by more than two people is considered to be overcrowded. Overall, almost half of all households (43%) use only one room for sleeping. Households in the outer islands are more likely (59%) to use only one room for sleeping, compared with households in Funafuti (20%). Households in Funafuti are more likely to use two or more rooms for sleeping than households in the outer islands.

Smoke from solid fuels used for cooking — such as charcoal, wood, and other biomass fuels — is a major cause of respiratory infections. The type of fuel used for cooking, the location where food is cooked, and the type of stove used are all related to indoor air quality and the degree to which

household members are exposed to the risk of respiratory infections and other diseases. Half of all Tuvaluan households cook in the same house that they live and sleep in, over one-third (39%) of households use a separate building, while about one in ten household (9%) cook outdoors. Outer islands households are more likely to cook in a separate building (49%) or outdoors, while households in Funafuti are more likely to cook inside the same house (71%).

Cooking fuel affects air quality for household members. Clean fuel is generally not affordable and most households resort to using solid fuels that emit a lot of smoke. As a result, household members are likely to be exposed to air pollution. Reducing the proportion of the population that relies on solid fuels is a Millennium Development Goal (MDG). In Tuvalu, the proportion of households using solid fuel for cooking is 21%.

Table 2.6: Household characteristics

Percent distribution of households and de jure population by housing characteristics and percentage using solid fuel for cooking; and among those using solid fuels, percent distribution by type of fire/stove, according to residence, Tuvalu 2007

Housing characteristic	Households			Population		
	Funafuti	Outer islands	Total	Funafuti	Outer islands	Total
Electricity						
Yes	98.6	95.3	96.7	99.1	96.6	97.9
No	1.4	4.7	3.3	0.9	3.4	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Earth, sand	0.0	7.8	4.6	0.0	7.8	3.8
Wood/planks	9.5	2.3	5.2	7.9	2.0	5.0
Palm/bamboo	0.0	1.3	0.8	0.0	1.4	0.7
Parquet or polished wood	14.0	1.8	6.7	13.9	1.5	7.9
Vinyl or asphalt strips	0.0	0.6	0.4	0.0	0.9	0.4
Ceramic tiles	10.8	3.9	6.7	9.5	4.5	7.1
Cement	60.8	79.7	72.0	64.7	79.3	71.9
Carpet	0.9	0.7	0.8	0.3	0.9	0.6
Other	4.1	1.8	2.7	3.6	1.6	2.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping						
One	19.8	59.0	43.1	16.5	55.0	35.3
Two	34.2	28.1	30.6	30.3	31.0	30.7
Three or more	45.9	12.7	26.2	53.2	14.0	34.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking						
In the house	71.2	37.6	51.2	69.3	36.6	53.3
In a separate building	23.4	49.3	38.8	25.4	51.4	38.1
Outdoors	5.0	12.1	9.2	5.2	11.3	8.2
Missing	0.5	1.0	0.8	0.1	0.8	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel						
Electricity	0.9	0.5	0.7	0.8	0.6	0.7
LPG	44.1	11.8	25.0	43.5	12.9	28.6
Kerosene	52.7	52.7	52.7	54.0	51.2	52.6
Wood	0.5	22.7	13.7	0.3	23.3	11.5
Coconut parts	1.4	11.7	7.5	1.3	11.9	6.5
No food cooked in household	0.5	0.5	0.5	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking ¹	1.8	34.4	21.2	1.6	35.2	18.0
Number of households/population	300	439	739	2,124	2,032	4,156

Table 2.6 (continued)

Housing characteristic	Households			Population		
	Funafuti	Outer islands	Total	Funafuti	Outer islands	Total
Type of fire/stove among households using solid fuel¹						
Closed stove with chimney	*	1.3	1.2	(0.0)	1.7	1.7
Open fire/stove with chimney	*	7.5	7.3	(0.0)	7.6	7.3
Open fire/stove with hood	*	14.1	13.6	(0.0)	15.3	14.6
Open fire/stove without chimney or hood	*	77.1	77.9	(100.0)	75.3	76.4
Total		100.0	100.0	(100.0)	100.0	100.0
Number of households/ population using solid fuel ¹	5	151	157	34	715	749

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed (meaning results not shown). Figures in parentheses are based on 25–49 cases.

LPG = liquid petroleum gas/natural gas/biogas

¹ Includes wood and coconut parts.

Table 2.6 shows that kerosene is by far the most commonly used fuel for cooking (used by 53% of households), while LPG is used by 25% of households. Wood is used by 13.7% of households, electricity is used by 0.7% and coconut parts 7.5%.

Chimneys help reduce the exposure of household members to smoke from cooking fires. The 2007 TDHS results show that 78% of households use open fires or stoves without chimneys for cooking, which wastes energy and exposes household members to harmful smoke.

2.5 HOUSEHOLD ASSETS

The 2007 TDHS collected information on household ownership of selected assets, which are believed to be strongly associated with poverty levels. Some of these assets can be used to measure household welfare (when combined with other indicators) to generate a wealth index. Information was collected on household ownership of radios and televisions as a measure of access to mass media; telephones (both mobile and non-mobile) as an indicator of access to an efficient means of communication; refrigerators as an indication of the capacity for hygienic food storage; and means of transportation (bicycle, motorcycle, boat with or without a motor, private car or truck) as a measure of the level of access to public services and markets as well as exposure to developments in other areas. In addition, ownership of agricultural land shows a household's access to means of production.

Table 2.7 shows that almost 80% of Tuvaluan households own a radio, with no major variation between Funafuti (81%) and the outer islands (78%). Overall, 13% of all households own a television set and, as expected, households in Funafuti (26%) are more likely to own a television set than households in the outer islands (4.5%). About 27% of households own a mobile telephone while 28% own a non-mobile telephone; almost all of these telephones are likely to be owned by urban households. Regarding transport, 61% of households own bicycles and these are more likely to be found in the outer islands households (75%) than in Funafuti (39%). Meanwhile, 23% of Funafuti households own cars or trucks compared with 2% of outer islands households. Similarly, 24% of Funafuti households own boats with a motor compared with 23% of outer island households. Similarly, 70% of outer island households own fishing gear compared with 60% of Funafuti households, and about 70% of outer island households own fishing gear compared with 60% of Funafuti households.

Over three-quarters of all households (78%) own agricultural land, with outer island households constituting 96% of this and Funafuti households 51%. As expected, outer island households are more likely than Funafuti households to own land, agricultural or farm equipment, and livestock. The use of land for commercial purposes is less common (28%) in all Tuvaluan households.

Table 2.7: Household durable goods

Percentage of households and de jure population possessing various household effects, means of transportation, agricultural land and livestock or farm animals by residence, Tuvalu 2007

Possession	Households			Population		
	Funafuti	Outer islands	Total	Funafuti	Outer islands	Total
Household effects						
Radio	80.6	77.7	78.9	80.5	80.3	80.4
Television	26.1	4.5	13.3	23.9	5.2	14.7
Mobile telephone	64.4	1.5	27.1	67.7	2.2	35.7
Non-mobile telephone	53.2	10.9	28.1	54.0	11.6	33.2
Refrigerator	59.9	28.8	41.5	57.0	29.1	43.3
Deep freezer	58.1	54.2	55.8	63.1	59.2	61.2
Gas stove	70.3	32.9	48.1	71.5	34.2	53.3
Kerosene stove	88.3	88.2	88.2	91.6	88.3	90.0
Microwave oven	8.6	3.3	5.5	6.6	3.6	5.2
Electric jug/kettle	51.4	32.8	40.3	52.6	36.7	44.9
Rice cooker	35.6	19.1	25.8	34.0	19.9	27.1
Blender	21.6	11.5	15.6	20.9	12.9	17.0
Sewing machine	61.7	65.1	63.7	63.5	67.4	65.4
CD/cassette player	63.1	53.4	57.3	63.1	58.1	60.7
Video or DVD player	78.8	61.3	68.4	82.0	65.3	73.8
Electric water pump	44.6	9.0	23.5	43.1	9.8	26.8
Washing machine	78.8	61.6	68.6	79.6	65.5	72.7
Computer	33.3	6.4	17.3	34.1	7.8	21.2
Electric fan	82.0	60.0	68.9	84.5	62.9	74.0
Air conditioner	5.9	0.9	2.9	4.5	1.1	2.8
Bed	84.7	68.6	75.2	84.9	70.0	77.6
Table	89.6	76.9	82.0	90.2	79.8	85.1
Chair	82.4	66.4	72.9	81.4	67.5	74.6
Sofa	32.0	15.6	22.2	30.6	15.5	23.2
Food safe	73.4	92.9	85.0	78.9	94.0	86.3
Cupboard	54.1	22.4	35.3	56.0	23.0	39.8
Clock	59.9	37.4	46.5	59.6	38.3	49.2
Generator	2.7	2.4	2.6	2.9	2.7	2.8
Solar power	2.7	15.5	10.3	3.4	15.6	9.4
Hand cart	28.8	38.0	34.3	33.0	38.4	35.7
Fishing gear	60.4	70.4	66.3	66.6	73.4	69.9
Means of transport						
Bicycle	39.2	75.2	60.6	44.4	78.2	60.9
Motorcycle/scooter	64.0	54.1	58.1	65.9	58.0	62.0
Car/truck	23.4	2.1	10.7	26.5	2.2	14.7
Boat with a motor	24.3	22.6	23.3	25.7	22.6	24.2
Boat	22.5	21.2	21.7	24.8	22.0	23.5
Canoe	12.6	22.4	18.5	15.6	25.1	20.3
Ownership of residential land	61.7	98.5	83.5	67.3	98.8	82.7
Ownership of commercial land	26.6	28.3	27.6	26.9	29.2	28.0
Ownership of agricultural land	50.5	96.3	77.7	55.3	97.2	75.8
Number	300	439	739	2,124	2,032	4,156

2.6 WEALTH QUINTILES

The 2007 TDHS did not collect information on household income or consumption. However, information on household assets was used to create an index representing the wealth of the households interviewed. The wealth index is a proxy for the household's long-term standard of living. The household assets used to calculate the wealth index include consumer items such as refrigerators, televisions and cars; dwelling characteristics such as floor material; type of drinking water source; toilet facilities; and other characteristics that are related to wealth status.

To construct the wealth index, each household asset for which information was collected is assigned a weight or factor score generated through principal components analysis⁴. The resulting asset scores are standardised in relation to a standard normal distribution with a mean of zero and a standard deviation of one.

Each household is assigned a standardised score for each asset, where the score differs depending on whether or not the household owns that asset (or, in the case of sleeping arrangements, the number of people per room). These scores are summed by household, and individuals are ranked according to the total score of the household in which they reside. The sample is then divided into population quintiles (i.e. five groups with the same number of individuals in each). The 20% of the population with the lowest total asset scores become the individuals in the lowest wealth quintile, the next 20% become the members of the second wealth quintile, and so forth. At the national level, approximately 20% of the household population is in each wealth quintile.

In other words, the wealth index measures the standard of living of a household relative to other households in Tuvalu. The wealth quintile of a household does not indicate whether or not the household lives in poverty according to international definitions of poverty. Rather, it indicates that an individual living in a household in the second wealth quintile has a better socioeconomic status than someone in the lowest wealth quintile and a worse socioeconomic status than someone in the middle wealth quintile.

In defining wealth quintiles, a single asset index is developed on the basis of data from the entire country sample and used in all the tabulations presented. Separate asset indices are not prepared for outer island and Funafuti population groups on the basis of rural or urban data, respectively.

Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health or population indicator. Thus, for example, the quintile rates for infant mortality refer to the infant mortality rates per 1,000 live births among all people in the population quintile concerned, as distinct from quintiles of live births or newly born infants, who constitute the only members of the population at risk of mortality during infancy.

The assets index has been found to be highly comparable with both poverty rates and GDP per capita for India, and against expenditure data from household surveys in Nepal, Pakistan and Indonesia (Filmer and Pritchett 1998) and Guatemala (Rutstein 1999).

Table 2.8: Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini coefficient according to residence and region, Tuvalu 2007

Residence/region	Wealth quintile					Total	Number of population
	Lowest	Second	Middle	Fourth	Highest		
Residence							
Funafuti	4.8	10.9	20.9	26.9	36.5	100.0	2,124
Outer islands	35.9	29.5	19.0	12.7	2.9	100.0	2,032
Total	20.0	20.0	20.0	20.0	20.0	100.0	4,156

⁴ An analysis that identifies patterns in data and expresses data in such a way as to highlight their similarities and differences.

Table 2.8 shows the distribution of the *de jure* household population into five wealth levels (quintiles) based on the wealth index by residence. These distributions indicate the degree to which wealth is evenly (or unevenly) distributed by geographic areas. The findings indicate that wealth is concentrated in Funafuti, which is not surprising because it is Tuvalu's capital and has all the characteristics of an urban area. About 37% of Funafuti's population is in the highest wealth quintile, compared with 3% of the population in the outer islands. About 63% of Funafuti's population is in the top two (i.e. fourth and highest) wealth quintiles, whereas about 65% of people from the outer islands are likely to be in the second and lowest household wealth quintiles. These results further confirm other findings that show that poverty is more concentrated in Tuvalu's outer islands than in Funafuti.

2.7 BIRTH REGISTRATION

It is a human right for a child to know who its parents are and to have a nationality through registration. The registration system in Tuvalu is adequate but needs considerable quality control checks to improve recording and maintenance. Coverage is good on some atolls but in others more efforts are necessary to improve the capture of vital demographic processes. The registration of births is being undertaken on all atolls countrywide. Apart from being the first legal acknowledgment of a child's existence, the registration of births is fundamental to the realisation of a number of rights and practical needs, including but not limited to, the provision of access to health care and the provision of access to immunisation. Birth registration in a well- established and functioning system ensures that the country has an up-to-date and reliable database for planning. This is as useful for national-level planning as it is for local government agencies that are responsible for maintaining education, health and other social services for the community.

Table 2.9 shows that half (50%) of Tuvaluan children are registered. There is a significant difference in the proportion of children registered in Funafuti than those registered in the outer islands (60% for Funafuti, 38% for the outer islands). Similarly, birth registration within the household wealth quintiles, is higher in the fourth and highest quintiles compared with the lower wealth quintiles.

Table 2.9: Birth registration of children under age 5 years

Percentage of de jure children under age 5 years whose births are registered with the civil authorities, according to background characteristics, Tuvalu 2007

Background characteristic	Percentage of children whose births are registered			Number of children
	Had a birth certificate	Did not have a birth certificate	Total registered	
Age				
<2	6.2	47.3	53.5	211
2-4	3.6	43.5	47.1	280
Sex				
Male	3.1	46.1	49.2	248
Female	6.4	44.2	50.6	244
Residence				
Funafuti	3.0	56.6	59.6	268
Outer islands	6.8	31.5	38.2	224
Wealth quintile				
Lowest	4.6	34.4	38.9	89
Second	5.5	37.3	42.9	100
Middle	3.8	34.2	38.0	112
Fourth	4.7	55.0	59.6	86
Highest	5.2	65.4	70.6	104
Total	4.7	45.1	49.9	492

2.8 EDUCATIONAL LEVEL OF HOUSEHOLD POPULATION

Education affects many aspects of life, including individual demographic and health behaviour. Studies have shown that educational level is strongly associated with contraceptive use, fertility, and the general health status, morbidity, and mortality of children. In each household, for all persons aged 5 years or older, data were collected on the highest level of education attained and the highest grade completed at that level. Table 2.10 shows the distribution of female household members and Table 2.11 shows the distribution of male household members aged 6 years and older by the highest level of education attained and the median number of years of education completed, according to background characteristics.

As shown in Tables 2.10 and 2.11, the vast majority of Tuvaluans have attended school, although many did not complete primary school (about 39% for females and 35% for males). The proportion of those who have never attended school was approximately the same for females and males (about 3%). Gender gaps in educational attainment are narrow in all categories. In general, males aged 40 and older are less likely to have no education than females aged 40 and older. In contrast, the proportion of individuals aged 6–39 with no education is similar for males and females.

Overall, levels of educational attainment are higher in Funafuti than in the outer islands, especially for some secondary, completed secondary, and more than secondary. Below these levels, attainment is higher in the outer islands than in Funafuti. Similarly, the median number of years of schooling is higher in Funafuti than in the outer islands.

Table 2.10: Educational attainment of the female household population

Percent distribution of the de facto female household population aged 6 and over by highest level of schooling attended or completed, and median grade completed, according to background characteristics, Tuvalu 2007

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Total	Number	Median years completed
Age										
6–9	13.1	86.9	0.0	0.0	0.0	0.0	0.0	100.0	190	1.4
10–14	0.9	84.8	8.6	4.6	0.0	0.0	1.0	100.0	206	5.5
15–19	0.5	4.3	10.7	60.0	19.1	5.4	0.0	100.0	126	10.0
20–24	0.8	2.3	7.5	46.4	25.3	17.7	0.0	100.0	173	10.7
25–29	1.1	1.5	1.4	47.5	18.5	30.0	0.0	100.0	148	11.1
30–34	0.0	5.0	26.1	29.8	17.0	22.0	0.0	100.0	112	10.5
35–39	2.8	10.9	40.1	23.2	8.3	14.7	0.0	100.0	106	7.9
40–44	2.5	14.8	43.1	22.8	8.6	8.2	0.0	100.0	136	7.8
45–49	2.3	20.5	46.2	15.4	6.3	9.4	0.0	100.0	161	7.6
50–54	6.4	45.2	29.5	10.9	4.5	3.6	0.0	100.0	151	6.4
55–59	3.2	60.9	21.9	8.1	0.0	5.9	0.0	100.0	84	5.7
60–64	0.9	68.4	21.2	1.3	4.1	4.1	0.0	100.0	65	5.6
65+	5.1	78.2	12.9	3.4	0.0	0.4	0.0	100.0	143	5.2
Residence										
Funafuti	2.4	33.6	14.4	23.9	13.0	12.6	0.0	100.0	892	7.9
Outer islands	4.3	43.7	23.9	18.1	4.2	5.5	0.3	100.0	909	7.1
Wealth quintile										
Lowest	3.9	50.4	25.7	13.5	3.9	2.6	0.0	100.0	378	6.2
Second	2.6	39.9	25.0	23.0	5.6	3.6	0.2	100.0	360	7.3
Middle	4.3	36.4	20.3	22.0	9.4	7.4	0.2	100.0	326	7.5
Fourth	3.9	35.1	16.2	25.5	9.8	9.1	0.4	100.0	353	7.6
Highest	2.3	31.4	9.2	21.4	14.1	21.6	0.0	100.0	384	9.5
Total	3.4	38.7	19.2	21.0	8.6	9.0	0.2	100.0	1,801	7.4

¹ Completed 8th grade at the primary level.

² Completed 4th grade at the secondary level.

In Tuvalu, as a result of free and compulsory education up to the primary level there is little variation among the different levels of educational attainment. The likelihood of completing a secondary and 'more than secondary' level of education increases as the household wealth quintile increases. For example, among females, a combined 10% of those from the two poorest households would have completed secondary education while 14% of females from the wealthiest households have completed secondary education. Similar differences by wealth are also large among males, where 7% of males from the two poorest households have completed secondary education compared with 12% of males from the wealthiest households.

The likelihood of reaching 'more than secondary' level of education is much greater among the wealthiest Tuvaluans than those from poorer households. About 26% of males from the wealthiest households have 'more than secondary' level of education compared with 6% of males from the two lowest wealth quintiles. A similar pattern is observed for women, with 22% of females from the wealthiest households and a combined 6% of those from the lowest two less wealthy households having attained 'more than secondary level of education'.

Table 2.11: Educational attainment of the male household population

Percent distribution of the de facto male household population aged 6 and over by the highest level of schooling attended or completed, and median grade completed, according to background characteristics, Tuvalu 2007

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Total	Number	Median years completed
Age										
6–9	10.7	88.2	0.0	0.0	0.0	0.0	1.2	100.0	233	1.4
10–14	0.5	82.7	11.4	4.9	0.0	0.0	0.5	100.0	252	5.7
15–19	1.4	3.7	16.1	59.3	16.1	3.3	0.0	100.0	191	9.5
20–24	1.8	1.5	7.4	61.8	15.8	11.6	0.0	100.0	183	9.8
25–29	1.8	2.3	4.8	56.2	11.6	23.2	0.0	100.0	148	10.0
30–34	0.0	5.9	36.0	25.0	9.6	22.6	1.0	100.0	86	8.9
35–39	1.2	9.4	32.0	23.8	9.9	22.7	1.2	100.0	115	9.4
40–44	4.3	12.6	53.6	15.8	6.5	7.3	0.0	100.0	126	7.6
45–49	1.0	23.4	35.6	19.3	3.5	17.1	0.0	100.0	133	7.7
50–54	2.2	34.5	25.3	25.2	2.2	10.7	0.0	100.0	100	7.5
55–59	0.0	39.0	25.9	15.8	2.8	16.6	0.0	100.0	78	7.4
60–64	1.3	41.9	29.1	10.7	4.6	12.5	0.0	100.0	45	7.2
65+	6.0	51.5	18.1	13.3	4.8	6.3	0.0	100.0	100	5.7
Residence										
Funafuti	3.0	29.9	13.2	29.6	9.7	14.1	0.4	100.0	931	8.4
Outer islands	2.7	40.2	25.2	22.7	3.5	5.1	0.6	100.0	862	7.3
Wealth quintile										
Lowest	2.9	46.4	24.3	20.4	2.9	3.2	0.0	100.0	352	7.0
Second	3.4	36.8	25.3	26.5	4.2	3.1	0.8	100.0	348	7.4
Middle	4.4	36.3	19.7	26.6	4.8	7.0	1.1	100.0	371	7.4
Fourth	3.0	30.2	15.6	30.5	10.1	10.0	0.7	100.0	383	8.1
Highest	0.6	24.7	9.8	27.2	11.6	26.2	0.0	100.0	339	9.8
Total	2.9	34.9	19.0	26.3	6.7	9.7	0.5	100.0	1,794	7.6

¹ Completed 8th grade at the primary level.

² Completed 4th grade at the secondary level.

2.8.1 PRIMARY SCHOOL ATTENDANCE RATIOS

Tuvalu uses an 8-4-4 formal education system, which means eight years of primary school, four years of secondary school, and four years of post secondary/university/tertiary schooling. The official age ranges for these levels are 6–13 years, 14–17 years, and 18–24 years, respectively.

The net attendance ratio (NAR) for primary level is the percentage of the primary school-aged population (ages 6–13) that is attending primary school. Overall, the primary school NAR is 98% in Tuvalu (see Table 2.12). In Funafuti, 96% of children aged 6–13 attend primary school compared with 99% of children from the outer islands. There is virtually little difference in the primary NAR by sex (99% for females, 97% for males).

Table 2.12: School attendance ratios

The net attendance ratio (NAR) and gross attendance ratio (GAR) for the de facto household population by sex and level of schooling; and the gender parity index (GPI), according to background characteristics, Tuvalu 2007

Background characteristic	Net attendance ratio ¹				Gross attendance ratio ²			
	Male	Female	Total	GPI	Male	Female	Total	GPI ³
Primary School								
Residence								
Funafuti	95.9	99.3	97.5	1.03	100.7	100.0	100.4	0.99
Outer islands	98.4	98.9	98.7	1.01	107.2	105.0	106.3	0.98
Wealth quintile								
Lowest	98.8	99.3	99.0	1.01	108.8	104.8	107.0	0.96
Second	95.8	100.0	97.6	1.04	102.0	106.8	104.0	1.05
Middle	100.0	98.0	99.2	0.98	102.5	99.5	101.3	0.97
Fourth	92.6	97.9	94.8	1.06	100.2	101.1	100.6	1.01
Highest	100.0	100.0	100.0	1.00	110.6	100.0	104.2	0.90
Total	97.3	99.1	98.1	1.02	104.2	102.5	103.5	0.98
Secondary School								
Residence								
Funafuti	43.4	53.7	47.9	1.24	69.8	92.7	79.8	1.33
Outer islands	24.7	37.5	29.9	1.52	29.9	37.5	33.0	1.26
Wealth quintile								
Lowest	13.2	16.0	14.3	1.21	20.8	16.0	18.8	0.77
Second	12.1	28.8	20.3	2.38	24.2	28.8	26.5	1.19
Middle	44.6	43.2	44.1	0.97	51.0	64.9	56.1	1.27
Fourth	45.1	69.5	55.6	1.54	56.4	104.2	77.0	1.85
Highest	50.0	64.3	55.6	1.29	90.9	114.3	100.0	1.26
Total	34.7	46.7	39.8	1.35	51.2	69.0	58.7	1.35

¹ The NAR for primary school is the percentage of the primary school age population (aged 6–13) that is attending primary school. The NAR for secondary school is the percentage of the secondary school aged population (aged 14–17) that is attending secondary school. By definition the NAR cannot exceed 100%.

² The 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%.

³ The GPI for primary school is the ratio of the primary school NAR (GAR) for females to the NAR (GAR) for males. The GPI for secondary school is the ratio of the secondary school NAR (GAR) for females to the NAR (GAR) for males.

There is very little variation in the NAR by wealth quintiles. The NAR is lowest among school-age children in the fourth wealth quintile households (95 %) and the highest NAR is observed for children in the highest wealth quintile (100%). The NAR for children for all other wealth quintiles falls between 98% and 99%. Given that primary education is free and compulsory it is not surprising that the NAR does not increase with increasing wealth quintiles (i.e. from the poorest to wealthiest households).

The gross attendance ratio (GAR) measures attendance irrespective of the official age at each level. The GAR for primary school is the total number of primary school students (aged 6–24) expressed as a percentage of the official primary school-age population (aged 6–13). A major contributing factor to high GAR is children starting primary school later than the recommended age of 6 years. Overall, the primary school GAR is 104, with the highest GAR found in the lowest wealth quintile (107), followed by 106 in the outer islands. There are no notable differences by sex.

The gender parity index (GPI) is a measure of the ratio of females to males attending school, regardless of age. For primary school NAR, the GPI is 1.02, indicating that the number of female and male students is almost the same, with females slightly outnumbering males. The GPI for primary school GAR is 0.98, indicating that the number of female and male students is almost the same, with males slightly outnumbering females. There is, however, not much variation in the GPI for the primary school GAR by background characteristics, although the ratios are below the national average for the lowest, middle, through to the highest wealth quintiles.

2.8.2. Secondary school attendance ratios

The concept of the NAR at the secondary level is similar to that at the primary level, being the percentage of the secondary school-age population (aged 14–17) that is attending secondary school. Overall, only 40 out of 100 children who are of secondary school age attend secondary school. The secondary NAR for males is 35% and the NAR for females is 47%.

The secondary school NAR is better in Funafuti than in the outer islands (48% versus 30%). This pattern is the same for boys and girls. As regards wealth quintile, the secondary school NAR rises with wealth from about 14% in the lowest wealth quintile to 56% in the wealthiest quintiles. This finding suggests that poverty and factors related to poverty play an important role in whether children are sent to secondary school, given that there are fees for attending secondary school in Tuvalu.

The secondary GAR is 59 for the nation as a whole, and is substantially higher in Funafuti than in the outer island (80% compared with 33%). This same pattern is observed for males and females. Similar to the NAR, the secondary GAR increases sharply as wealth increases, and is 100 among youth in the wealthiest households and only 19 among youth in the poorest households.

The GPI for the secondary school GAR is 1.35, indicating that, among students of all ages, for every five male students in secondary school there are six to seven female students. This ratio is higher than the GPI for the primary school GAR (0.98), and there is little variation by background characteristics. Male students are outnumbered by female students in both Funafuti and the outer islands, and in all wealth quintiles, except the lowest where female students are outnumbered by male students. The GPI for the secondary school GAR is especially low in the lowest wealth quintile households, indicating an extreme gender gap in favour of males. Perfect gender balance in secondary school GAR is not observed or noticeable.

Table 2.13: Grade repetition and dropout rates

Repetition and dropout rates for the de facto household population aged 5–24 who attended primary school in the previous school year by school grade, according to background characteristics, Tuvalu 2007

Background characteristic	School grade				
	2	3	6	7	8
Repetition Rate ¹					
Sex					
Male	5.2	0.0	3.0	0.0	56.1
Female	0.0	2.2	0.0	2.4	39.8
Residence					
Funafuti	4.2	2.2	0.0	2.3	18.7
Outer islands	2.0	0.0	2.8	0.0	64.3
Wealth quintile					
Lowest	0.0	0.0	0.0	0.0	84.3
Second	5.2	0.0	0.0	0.0	62.8
Middle	0.0	0.0	8.2	0.0	30.8
Fourth	9.7	0.0	0.0	4.6	15.4
Highest	0.0	5.5	0.0	0.0	40.0
Total	3.2	1.2	1.6	1.1	49.9

Table 2.13 (continued)

Background characteristic	School grade				
	2	3	6	7	8
Dropout Rate²					
Sex					
Male	1.4	0.0	0.0	0.0	11.9
Female	0.0	0.0	0.0	0.0	8.4
Residence					
Funafuti	0.0	0.0	0.0	0.0	6.2
Outer islands	2.0	0.0	0.0	0.0	12.5
Wealth quintile					
Lowest	4.2	0.0	0.0	0.0	8.8
Second	0.0	0.0	0.0	0.0	18.9
Middle	0.0	0.0	0.0	0.0	13.8
Fourth	0.0	0.0	0.0	0.0	0.0
Highest	0.0	0.0	0.0	0.0	20.0
Total	0.9	0.0	0.0	0.0	10.5

¹ The repetition rate is the percentage of students in a given grade in the previous school year who repeat that grade in the current school year.

² The dropout rate is the percentage of students in a given grade in the previous school year who do not attend school.

By asking about the grade that children were attending during the previous school year, it is possible to calculate dropout rates and repetition rates. Table 2.13 indicates that repetition rates are high in Grade 2 (3%), which may be related to a teacher's decision to ensure a more uniform preparedness before promoting children to Grade 3. Repetition rates for grades 1, 4 and 5 are missing because of low numbers, and no one repeated those grades (i.e. repetition rate equals 0). The repetition rate of Grade 8 for the outer islands is high (64%) compared with Funafuti (19%). It is possible that students who repeat a grade have nowhere else to go and so must wait for a place in secondary school. It may also be an interpretation problem with the questionnaire.

The second part of Table 2.13 shows dropout rates for the de facto household population aged 5–24 who attended primary school. About 1% of children drop out of school after having attended Grade 1 compared with a dropout rate of 11% for Grade 8. Notable is that the dropout rate at Grade 8 is higher for boys than for girls, and the repetition rate at Grade 8 is similarly higher for boys (12%) than for girls (8%); that is, boys are more likely than girls to repeat Grade 8. Children from the outer islands are more likely to drop out at Grade 8 than children in Funafuti. Findings further suggest that children from the wealthiest households are more likely to dropout at Grade 8 than children from lower wealth quintile households.

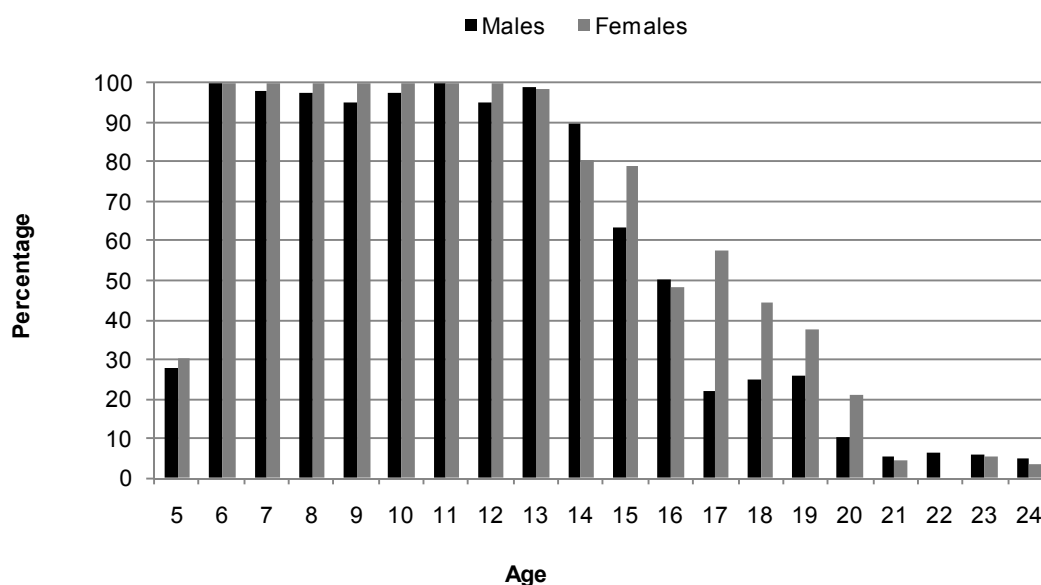
2.8.3 Age-specific attendance rates

Figure 2.2 presents information on school attendance among youth aged 5–24, by age, and includes students who attended primary school, secondary school, or higher education during the 2007 school year.

By age 6–12, the vast majority of children in Tuvalu attend primary school (over 90%), with females more likely to attend primary school than males. Attendance rates range from 95–100 %. Starting at age 14, attendance rates decline noticeably for all children. For instance, the attendance rate among 18-year olds is 25% among males and 44% among females. By age 21, only 5% of males and 4% of females attend school.

Figure 2.2 also shows that approximately one-third (29%) of children aged 5 attend school. It should be noted that children aged 5 at the time the household was interviewed may still be in pre-school and have not yet entered primary education. It is therefore expected that not all 5 year-olds attend school. However, all children aged 6 and 7 should have attended primary school during the 2007 school year as a result of compulsory education in Tuvalu

Figure 2.2: Tuvalu age-specific school attendance rates of the *de facto* population aged 5–24 years



2.9 KEY RESULTS

The following are the major findings identified in this chapter and are based on the characteristics of the household population and housing of the survey respondents.

- Results of the 2007 TDHS show that Tuvalu's population is made up of slightly equal number of women and men. Regarding the total population structure, an estimated of 42% are less than age 20, and less than 3% are aged 70 and older. This indicates a young population structure and a very low life expectancy.
- Seven out of ten households in Tuvalu are headed by men. About one in five households have more than nine people who are usual members, indicating overcrowding in these households. The average household size is six.
- About one in five children under the age of 18 are not living with a biological parent, 17% live with their mother only (even though the father is alive), and both parents of about 1% of children under age 18 years are dead.
- The median number of years for completing an education in Nauru is the same for both females and males (seven years). Even though primary education is free in Tuvalu, only 19% of both females and males completed a primary education level (eight years). Secondary education on the other hand, is achieved by 9% of all females and 7% of all males. The low number completing a secondary education can be attributed to limited opportunities and costs of a secondary education.
- The NAR for primary level education is the percentage of primary school-age children (aged 6–12) attending primary school. This measure also applies to secondary level education. The NAR is higher for primary (98%) school than for secondary school (40%), implying there are less secondary-age children attending secondary education.
- Age-specific attendance rates among youth aged 5–24 show that there is a high rate of attendance, ranging from 90–100%, among males and females aged 7–14. Starting at age 7, attendance rates slightly decline for male children and dramatically decline for female children at age 15.

- About 97% of households reported using an improved source of drinking water. About 6% reported not using any appropriate treatment method for their drinking water. One in every five households reported using a non-improved facility.
- Almost all households (97%) had electricity, about three-quarters of all households had cement flooring (72%), 43% had one room for sleeping, 39% used a separate building for cooking, 21% used solid fuel for cooking, and 77% cooked on an open fire or stove without a chimney.
- Of the total households surveyed, 79% had a radio, 58% owned a motorcycle and 78% owned agricultural land.
- About 37% of Funafuti's population is in the highest wealth quintile compared with only 3% in the outer islands.
- Half of the children (50%) under age 5 years are reported to be officially registered with the civil authorities. Registration took place mostly when children were less than 2 years of age (53%).

CHAPTER 3 CHARACTERISTICS OF RESPONDENTS

This chapter provides a demographic and socioeconomic profile of respondents interviewed in the 2007 TDHS. Such background information is essential to the interpretation of findings and for understanding the results presented later in this report. Basic characteristics collected include age, marital status, place of usual residence, island of residence, education, wealth, religion and ethnicity. Exposure to mass media and literacy status were examined, and detailed information was collected on employment status, occupation and earnings. In addition, the survey also collected data on knowledge and attitudes concerning tuberculosis and the use of tobacco.

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

The background characteristics of respondents of both men and women between the ages of 15 and 49 (inclusive) are shown in Table 3.1. In the 2007 TDHS, 850 women and 428 men in this age group were interviewed. This table provides background information that can be used for interpreting survey findings.

The population distribution of women and men by age reflects economic and health effects. Men have a better chance of finding overseas employment than women, but tend to have lower life expectancy than women. Opportunity to work as seafarers on German and other foreign-flagged vessels are only available to men. The age group with the highest percentage of women interviewed is 20–24 with 17.1% and for men the age group is 15–19 at 21.3%. The age group with the lowest percentage of women and men interviewed is between 30 and 39 with 11.1–11.4% for women and 8.9–9.7% for men. This scenario is seen in both the 1991 and 2002 Housing and Population Census, and is explained by both the out-migration of youth to Australia, New Zealand and Fiji because of overseas employment and by the absence of overseas seafarers.

The majority of surveyed respondents (70.3% women, 52.5% men) are either married or living together. The proportion not currently married varies by gender. Two out of ten surveyed women say they are not married compared with five out of ten men. On the other hand, women are twice as likely to be divorced or separated (4.4%) than men (2.1%).

Place of residence is regarded as the key fundamental information for planning and policy purposes in Tuvalu. Place of residence determines access to governmental and non-governmental organisation services and exposure to information pertaining to reproductive health and other aspects of life. The 2007 TDHS reveals an almost equal proportion of the population lives in both Funafuti (urban) and the outer islands (rural). Nearly 57% of male respondents are in Funafuti compared with 47% in the outer islands. The situation is different for women, where about 49% are in Funafuti and 51% are in the outer islands.

Table 3.1: Background characteristics of respondents*Percent distribution of women and men aged 15–49 by selected background characteristics, Tuvalu 2007*

Background characteristic	Women			Men		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age						
15–19	13.1	111	109	21.3	91	90
20–24	17.1	145	148	17.2	74	74
25–29	15.8	134	128	14.6	62	58
30–34	11.4	97	99	8.9	38	36
35–39	11.1	94	98	9.7	41	41
40–44	15.2	129	126	13.7	59	58
45–49	16.4	140	143	14.7	63	62
Marital status						
Never married	22.6	193	189	45.3	194	192
Married	70.3	598	594	52.2	223	215
Living together	0.0	0	0	0.3	1	2
Divorced/separated	4.4	37	43	2.1	9	9
Widowed	2.7	23	25	0.2	1	1
Residence						
Funafuti	48.6	414	381	52.6	225	192
Outer islands	51.4	437	470	47.4	203	227
Region						
Nanumea	7.0	59	86	6.5	28	44
Nanumaga	6.4	54	52	6.4	27	25
Niutao	7.0	59	94	6.7	29	42
Nui	5.6	48	79	4.9	21	38
Vaitupu	19.3	164	78	18.3	78	47
Nukufetau	6.2	53	81	4.7	20	31
Funafuti	48.6	414	381	52.6	225	192
Education						
Less than secondary	33.1	282	307	33.0	141	144
Secondary	51.3	437	422	52.2	223	220
More than secondary	15.6	132	122	14.7	63	55
Wealth quintile						
Lowest	17.9	152	198	17.7	75	93
Second	21.0	179	196	22.0	94	103
Middle	19.8	169	150	20.7	89	83
Fourth	20.4	173	145	17.2	74	60
Highest	20.9	177	162	22.4	96	80
Religion						
Ekalesia Kerisiano	86.8	738	742	90.0	385	380
Seventh Day Adventist	2.3	19	19	1.6	7	6
Jehovah's witness	1.5	13	11	0.3	1	1
Bahai	2.3	20	21	2.5	11	11
Brethren	3.3	28	26	1.6	7	6
Roman Catholic	1.3	11	11	1.0	4	4
Other	2.5	22	21	3.0	13	11
Ethnicity						
Tuvaluan	92.3	786	777	93.5	400	394
Part Tuvaluan	4.3	36	43	4.9	21	19
I-Kiribati	2.0	17	19	0.3	1	1
Other	1.4	12	12	1.1	5	4
Don't know	0.0	0	0	0.1	1	1
Total 15–49	100.0	851	851	100.0	428	419
50+	na	na	na	na	130	139
Total men aged 15+	na	na	na	na	558	558

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
na = not applicable

For the outer islands, the majority of respondents are from Vaitupu where 18.9% of all respondents usually live. Next highest is Niutao where 6.88% of all respondents live. Tuvaluans are predominantly Christians with low numbers of Bahai and Brethren.

The majority of respondents have some formal schooling. About 67% of all respondents have completed either a secondary or tertiary education. This is an increase of 11% — from 57% in the 2002 Housing and Population Census — and a 17% increase from 49% in the 2004/2005 Household Income and Expenditure Survey (2004/2005 HIES) for the same age group (15–49).⁵ Overall, there is an increase in the number of people completing secondary and tertiary studies in the 15–49 age group. In the 2002 Population and Housing Census, 54% of women in the 15–45 age group had completed secondary school. In the 2007 TDHS, 51% of women in the same age group completed secondary school, which is a decrease of 3%. However, when comparing results of the 2007 TDHS to the 2004/2005 HIES, there is an increase of 2% — from 49% in the HIES to 51% in the 2007 TDHS — completing secondary school in the 15–49 age group. Because both surveys have standard errors (sample and non-sample) compared with the 2002 Housing and Population Census with none, and because both surveys have the same sample coverage of the population (~30%), it is conclusive that the percentage of women completing secondary school is increasing. A slightly higher percentage of men have completed secondary school (52%) than women (51%).

3.2 EDUCATION ATTAINMENT

Tables 3.2 and 3.3 present a detailed distribution of educational attainment according to background characteristics. The general pattern evident in Table 3.2 indicates a decrease in the proportion of women who have completed 4th grade from the youngest to the oldest cohorts. Women in the 15–19 age group are an exception mainly because of the small sample in this age cohort. More women have access to a secondary education in recent years. Urban (Funafuti) women are more educated than rural (outer islands) women. About 18.4% of Funafuti women in the 15–49 age group have completed 4th grade in secondary school compared with only 8.7% of women from the outer islands. The median grade completed by women in the 15–49 age group is higher in Funafuti than in the outer islands.

Educational attainment rises dramatically with wealth quintile. Nearly 15% of all women in the 15–49 age group and in the lowest wealth quintile have completed primary school, while only 4.9% of women in the same age group and in the highest quintile have completed primary school. The percentage of women who have completed more than a secondary level education increases from 7.6% in the lowest quintile to 35% in the highest quintile. The pattern of variation in educational attainment (by province and wealth quintile) among men is similar to that of women.

⁵ Data analysed using the 2002 Housing and Population Census and 2004/2005 HIES from ‘raw data’.

Table 3.2: Educational attainment — Women

Percent distribution of women aged 15–49 by highest level of schooling attended or completed, and median grade completed, according to background characteristics, Tuvalu 2007

Background characteristic	Highest level of schooling						Total	Median years completed	Number of women
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Age									
15–24	0.2	1.8	7.9	54.8	22.3	12.9	100.0	10.2	257
..15–19	0.0	2.6	9.9	63.0	17.5	7.0	100.0	10.0	111
..20–24	0.4	1.2	6.4	48.5	26.0	17.5	100.0	10.8	145
25–29	0.0	1.3	1.4	51.2	15.0	31.1	100.0	10.9	134
30–34	0.0	3.8	29.5	32.4	15.3	19.1	100.0	10.3	97
35–39	0.7	12.5	37.9	28.2	5.3	15.5	100.0	8.0	94
40–44	0.0	13.8	44.5	26.0	7.6	8.2	100.0	7.8	129
45–49	0.0	20.2	49.2	15.8	5.1	9.8	100.0	7.6	140
Residence									
Funafuti	0.0	7.1	17.1	37.8	18.4	19.7	100.0	10.5	414
Outer islands	0.3	8.8	32.5	38.1	8.7	11.6	100.0	9.2	437
Wealth quintile									
Lowest	0.0	14.9	39.8	30.2	7.6	7.6	100.0	7.9	152
Second	0.7	9.4	30.4	42.2	11.8	5.6	100.0	9.2	179
Middle	0.0	5.1	27.6	41.2	15.1	11.0	100.0	9.7	169
Fourth	0.0	6.3	20.4	42.4	13.4	17.4	100.0	10.0	173
Highest	0.0	4.9	8.8	33.0	18.4	35.0	100.0	11.5	177
Total	0.1	8.0	25.0	37.9	13.4	15.6	100.0	9.7	851

¹ Completed 8th grade at the primary level.

² Completed 4th grade at the secondary level.

Table 3.3: Educational attainment — Men

Percent distribution of men aged 15–49 by highest level of schooling attended or completed, and median grade completed, according to background characteristics, Tuvalu 2007

Background characteristic	Highest level of schooling						Total	Median years completed	Number of men
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Age									
15–24	0.0	0.0	10.2	67.7	15.4	6.8	100.0	9.8	164
..15–19	0.0	0.0	14.4	63.1	19.3	3.3	100.0	9.7	91
..20–24	0.0	0.0	4.9	73.4	10.5	11.2	100.0	9.8	74
25–29	0.0	1.0	3.3	57.9	6.7	31.2	100.0	9.9	62
30–34	(0.0)	(0.0)	(48.1)	(26.3)	(3.1)	(22.6)	(100.0)	(8.6)	38
35–39	(0.0)	(24.3)	(31.9)	(11.5)	(18.1)	(14.2)	(100.0)	(7.8)	41
40–44	2.0	10.3	63.6	16.3	0.0	7.8	100.0	7.6	59
45–49	0.0	33.8	23.2	17.9	3.7	21.3	100.0	7.7	63
Residence									
Funafuti	0.5	6.3	13.5	46.4	13.0	20.3	100.0	9.8	225
Outer islands	0.0	11.8	35.4	38.8	5.5	8.6	100.0	8.4	203
Wealth quintile									
Lowest	0.0	17.1	33.9	39.1	3.2	6.7	100.0	7.9	75
Second	0.0	8.6	29.9	46.3	9.1	6.1	100.0	9.1	94
Middle	1.3	13.3	33.0	39.2	5.4	7.7	100.0	8.3	89
Fourth	0.0	3.2	14.7	44.2	14.3	23.6	100.0	10.0	74
Highest	0.0	3.0	8.6	44.4	14.7	29.3	100.0	10.9	96
Total men aged 15–49	0.3	8.9	23.9	42.8	9.5	14.7	100.0	9.4	428
50+	0.0	44.8	23.1	18.8	1.4	12.0	100.0	7.2	130
Total men aged 15+	0.2	17.3	23.7	37.2	7.6	14.1	100.0	9.1	558

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

¹ Completed 8th grade at the primary level.

² Completed 4th grade at the secondary level.

3.3 LITERACY ACHIEVEMENT

Table 3.4 shows that nine in out of ten Tuvaluan women in the 15–49 age group are literate. Literacy is associated with access to education. In general, younger age groups are more likely to be literate than older groups. Illiteracy decreases from 4.6% for women in the 45–49 age group to 1.0% in the 15–19 age group. However, illiteracy is higher in the 40–44 age group than in the surrounding age cohorts. As seen in Table 3.4, these women are less likely to have attended school than the age cohorts before and after them. About 3% of outer islands women in the 15–49 age group are illiterate whereas only 1.6% of Funafuti women are illiterate. Illiteracy decreases with women's wealth status with 5.6% of women in the lowest quintile being illiterate compare with 0.6% of women in the highest quintile.

Table 3.5 shows that a similar proportion of men are literate (95%). Very few men (4%) cannot read at all when tested during the survey, which is common among men in the outer islands and those in the lowest wealth quintile.

Table 3.4: Literacy — Women

Percent distribution of women aged 15–49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Tuvalu 2007

Background characteristic	Secondary school or higher	No schooling or primary school					Total	Percentage literate ¹	Number of women
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	Blind/visually impaired	Missing			
Age									
15–19	87.5	8.4	3.2	1.0	0.0	0.0	100.0	99.0	111
20–24	92.0	5.5	2.1	0.5	0.0	0.0	100.0	99.5	145
25–29	97.3	1.8	0.5	0.5	0.0	0.0	100.0	99.5	134
30–34	66.8	12.8	18.7	1.7	0.0	0.0	100.0	98.3	97
35–39	49.0	25.8	22.2	3.0	0.0	0.0	100.0	97.0	94
40–44	41.7	27.7	24.3	4.7	0.8	0.8	100.0	93.7	129
45–49	30.7	32.6	29.8	4.6	0.0	2.3	100.0	93.1	140
Residence									
Funafuti	75.9	15.5	6.3	1.6	0.3	0.5	100.0	97.6	414
Outer islands	58.4	16.8	21.3	2.9	0.0	0.5	100.0	96.6	437
Wealth quintile									
Lowest	45.3	21.5	27.0	5.6	0.0	0.7	100.0	93.7	152
Second	59.5	19.2	17.4	3.9	0.0	0.0	100.0	96.1	179
Middle	67.3	19.7	11.3	0.4	0.0	1.2	100.0	98.4	169
Fourth	73.2	13.2	11.5	1.4	0.6	0.0	100.0	98.0	173
Highest	86.3	8.1	4.4	0.6	0.0	0.6	100.0	98.8	177
Total	66.9	16.2	14.0	2.3	0.1	0.5	100.0	97.1	851

¹ Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence.

Table 3.5: Literacy — Men

Percent distribution of men aged 15–49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Tuvalu 2007

Background characteristic	Secondary school or higher	No schooling or primary school					Total	Percentage literate ¹	Number of men
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	Blind/visually impaired	Missing			
Age									
15–19	85.6	2.0	9.8	2.6	0.0	0.0	100.0	97.4	91
20–24	95.1	1.6	1.7	1.7	0.0	0.0	100.0	98.3	74
25–29	95.7	2.2	1.0	1.1	0.0	0.0	100.0	98.9	62
30–34	(51.9)	(35.5)	(9.5)	(3.1)	(0.0)	(0.0)	(100.0)	(96.9)	38
35–39	(43.8)	(30.3)	(18.6)	(4.5)	(2.8)	(0.0)	(100.0)	(92.7)	41
40–44	24.1	51.6	20.2	4.1	0.0	0.0	100.0	95.9	59
45–49	43.0	22.1	19.1	14.7	1.1	0.0	100.0	84.2	63
Residence									
Funafuti	79.7	14.6	2.6	2.6	0.5	0.0	100.0	96.9	225
Outer islands	52.9	20.6	19.7	6.5	0.3	0.0	100.0	93.2	203
Wealth quintile									
Lowest	49.0	15.4	22.5	11.5	1.6	0.0	100.0	87.0	75
Second	61.5	18.5	15.1	4.2	0.7	0.0	100.0	95.1	94
Middle	52.3	29.8	12.0	5.8	0.0	0.0	100.0	94.2	89
Fourth	82.1	14.0	3.8	0.0	0.0	0.0	100.0	100.0	74
Highest	88.5	9.1	1.2	1.2	0.0	0.0	100.0	98.8	96
Total men aged 15–49	67.0	17.4	10.7	4.4	0.4	0.0	100.0	95.1	428
50+	32.1	23.1	29.4	7.2	5.0	3.1	100.0	84.7	130
Total men aged 15+	58.8	18.8	15.1	5.1	1.5	0.7	100.0	92.7	558

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

¹ Refers to men who attended secondary school or higher and men who can read a whole sentence or part of a sentence.

3.4 ACCESS TO MEDIA

The 2007 TDHS collected information on the exposure of respondents to both broadcast and print media. This information is important because it provides an indication of the exposure of women and men to mass media that can be used to disseminate family planning, health and other information. Access to media is relatively high for women in the 15–49 age group, especially radio. Nearly 88% of women in the 15–49 age group listen to radio at least once a week. Nearly 43% of women read a newspaper once a week, and it is assumed that these newspapers are mostly foreign language newspapers because Tuvalu does not have its own newspaper. Television is the media least used by women in the 15–49 age group, and 21% of women use at least all three media types at least once a week.

Table 3.6: Exposure to mass media — Women

Percentage of women aged 15–49 who are exposed to specific media on a weekly basis, by background characteristics, Tuvalu 2007

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 at least once a week	No media at least once a week	Number
Age						
15–19	46.6	45.9	87.3	22.7	4.6	111
20–24	44.2	43.3	84.4	26.0	10.2	145
25–29	52.2	43.5	87.6	28.9	7.5	134
30–34	51.7	30.0	92.0	22.5	6.9	97
35–39	38.9	28.2	86.0	16.6	11.7	94
40–44	38.1	28.0	91.7	18.0	5.8	129
45–49	30.7	23.4	86.9	11.4	10.6	140
Residence						
Funafuti	52.0	40.7	86.6	24.9	6.6	414
Outer islands	34.3	29.4	89.0	17.2	9.8	437
Education						
Less than secondary	24.4	24.8	84.7	12.6	13.1	282
Secondary	44.4	35.0	88.2	18.8	6.9	437
More than secondary	77.5	56.1	93.3	45.8	2.6	132
Wealth quintile						
Lowest	22.4	17.0	78.7	9.7	17.9	152
Second	37.0	23.3	84.5	16.8	10.6	179
Middle	45.6	29.7	92.1	16.3	4.9	169
Fourth	49.5	46.0	92.9	25.7	3.4	173
Highest	57.6	56.1	90.2	34.6	5.5	177
Total	42.9	34.9	87.9	21.0	8.2	851

There is no strong trend in access to the three media types by age. The youngest group of women (aged 15–19) is most likely to access each form of media, particularly television and radio. However, women in older age groups are not necessarily the least likely group to access media. Women in the 45–49 age group are least likely (11.4%) to use any form of media, and to read a newspaper at least once a week (30.7%) or watch television (23.4%).

Residence, on the other hand, is associated with clear differences in media exposure. Women on Funafuti have better access to television and newspapers (but not radio) than women in the outer islands. Due to lower literacy levels and availability of newspapers, outer islands women are much less likely to read a newspaper (34.3%) than Funafuti women (52.0%).

Media exposure increases with both educational level and wealth quintile. For example, 58% of women read a newspaper at least once a week in the highest wealth quintile compare with 24% in the lowest wealth quintile. About 63% of women with more than a secondary education watch television once a week compared with 48% of women with less than a secondary education. A comparison between Tables 3.6 and 3.7 indicate that women are somewhat more likely than men to not have access media once a week (8.2% women, 7.3% men). This difference is explained by men having greater access to television than

women (52% men, 35% women). There has been an increase in the number of people gaining access to television since the introduction of SKY Pacific into Tuvalu in 2006.

Table 3.7: Exposure to mass media — Men

Percentage of men aged 15–49 who are exposed to specific media on a weekly basis, by background characteristics, Tuvalu 2007

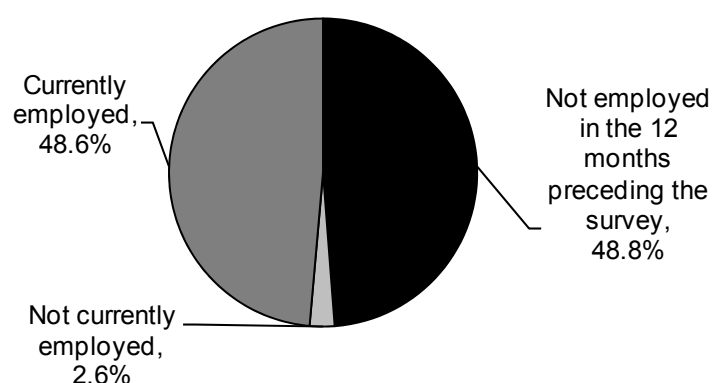
Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number
Age						
15–19	30.3	63.9	83.7	21.7	11.1	91
20–24	47.8	48.1	90.4	31.3	8.0	74
25–29	54.1	58.5	89.6	34.3	4.8	62
30–34	(59.8)	(62.1)	(92.1)	(27.5)	(3.1)	38
35–39	(52.1)	(49.8)	(86.2)	(38.0)	(8.3)	41
40–44	52.9	46.0	87.0	31.3	8.2	59
45–49	43.7	46.6	81.9	25.2	9.6	63
Residence						
Funafuti	59.9	58.9	83.9	39.1	9.4	225
Outer islands	31.8	48.4	90.3	18.1	6.5	203
Education						
Less than secondary	35.9	47.6	85.9	21.2	9.2	141
Secondary	42.6	55.3	87.5	28.2	9.0	223
More than secondary	84.3	63.2	87.0	50.1	1.9	63
Wealth quintile						
Lowest	16.7	48.2	89.5	10.6	8.2	75
Second	35.8	49.5	84.4	21.7	11.9	94
Middle	49.9	49.3	88.1	28.8	7.2	89
Fourth	67.8	64.9	89.5	48.1	4.8	74
Highest	61.2	58.5	84.1	36.7	7.4	96
Total men aged 15–49	46.6	53.9	86.9	29.1	8.0	428
50+	41.7	44.3	91.4	26.5	5.1	130
Total men aged 15+	45.4	51.7	87.9	28.5	7.3	558

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

3.5 EMPLOYMENT

In 2007 TDHS, respondents were asked a number of questions regarding their employment status, including whether they did any work in the seven days preceding the survey, and if not, whether they had work in the 12 months before the survey. The results for women and men are presented in Tables 3.8 and 3.9.

Figure 3.1: Women's employment status in the 12 months preceding the survey



At the time of the survey, 48% of women were currently employed and an additional 3% were not employed but had worked sometime during the preceding 12 months (Fig. 3.1). About 63% of women in the 25–29 age group are currently employed. Women who are divorced, separated or widowed are more likely to be employed than any other women. Women on Funafuti are more likely to be employed (59%) than women from the outer islands (40%).

Women with more than a secondary education and those in the highest wealth quintile are least likely to have worked in the 12 months preceding the survey.

The proportion of men who are currently employed is higher than that of women (75% men, 49% women). About 17% of men from the outer islands were employed in the 12 months preceding the survey (17%) compared with 12% of men in Funafuti. The case is different for women, however. About 59% of women from the outer islands were employed in the 12 months preceding compared with 37% of women in Funafuti

Table 3.8: Employment status — Women

Percent distribution of women aged 15–49 by employment status, according to background characteristics, Tuvalu 2007

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of women
	Currently employed ¹	Not currently employed			
Age					
15–19	15.9	0.0	84.1	100.0	111
20–24	46.4	3.7	49.8	100.0	145
25–29	63.0	4.0	33.0	100.0	134
30–34	57.7	4.1	38.2	100.0	97
35–39	53.3	2.3	44.4	100.0	94
40–44	53.3	1.6	45.1	100.0	129
45–49	50.2	2.3	47.4	100.0	140
Marital status					
Never married	31.9	1.7	66.4	100.0	193
Married or living together	53.5	3.2	43.4	100.0	598
Divorced/separated/widowed	56.0	0.0	44.0	100.0	60
Number of living children					
0	36.8	3.6	59.6	100.0	289
1–2	58.1	2.7	39.2	100.0	235
3–4	53.2	1.5	45.4	100.0	223
5+	51.4	2.1	46.5	100.0	105
Residence					
Funafuti	58.5	4.2	37.3	100.0	414
Outer islands	39.5	1.1	59.4	100.0	437
Education					
Less than secondary	40.7	1.2	58.1	100.0	282
Secondary	45.1	3.9	51.1	100.0	437
More than secondary	78.1	1.6	20.3	100.0	132
Wealth quintile					
Lowest	40.5	0.5	59.1	100.0	152
Second	41.7	0.6	57.7	100.0	179
Middle	49.8	5.7	44.5	100.0	169
Fourth	45.8	3.8	50.5	100.0	173
Highest	65.0	2.4	32.6	100.0	177

¹ 'Currently employed' is defined as having done work in the past seven days, and includes people 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 3.9: Employment status — Men

Percent distribution of men aged 15–49 by employment status, according to background characteristics, Tuvalu 2007

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of men
	Currently employed ¹	Not currently employed			
Age					
15–19	57.1	11.3	31.6	100.0	91
20–24	70.3	8.5	21.1	100.0	74
25–29	83.1	9.3	7.6	100.0	62
30–34	(84.7)	(12.3)	(3.1)	(100.0)	38
35–39	(92.5)	(5.8)	(1.6)	(100.0)	41
40–44	79.3	11.5	9.2	100.0	59
45–49	82.7	8.0	9.3	100.0	63
Marital status					
Never married	68.0	9.2	22.7	100.0	194
Married or living together	82.9	10.4	6.7	100.0	224
Divorced/separated/widowed	*	*	*	*	9
Number of living children					
0	68.9	10.6	20.5	100.0	224
1–2	82.8	7.9	9.3	100.0	85
3–4	87.9	7.2	4.9	100.0	72
5+	(77.6)	(12.3)	(10.1)	(100.0)	46
Residence					
Funafuti	75.5	7.8	16.7	100.0	225
Outer islands	76.2	11.7	12.1	100.0	203
Education					
Less than secondary	81.0	8.2	10.8	100.0	141
Secondary	67.6	12.5	19.9	100.0	223
More than secondary	93.5	2.7	3.7	100.0	63
Wealth quintile					
Lowest	71.6	10.5	17.8	100.0	75
Second	69.0	11.4	19.7	100.0	94
Middle	83.0	9.5	7.5	100.0	89
Fourth	78.4	8.9	12.7	100.0	74
Highest	77.3	8.0	14.7	100.0	96
Total men aged 15–49	75.8	9.6	14.5	100.0	428
50+	74.0	8.2	17.8	100.0	130
Total men aged 15+	75.4	9.3	15.3	100.0	558

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

¹ 'Currently employed' is defined as having done work in the past seven days, and includes people 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.

3.6 OCCUPATION

Respondents who were currently employed or had worked in the 12 months preceding the survey were asked to specify their occupation. Tables 3.10 and 3.11 show data on occupation of employed women and men. Most employed women are in professional/technical/managerial sector where over one-quarter (30%) of women in the 15–49 age group are employed. This is not the case for men, however, who are mostly employed men in the agriculture sector (37%). The next most common occupation sector for employed women is clerical, where one-sixth of women are employed. For men, the next most common occupation is professional/technical/managerial at 18%. About 12% of employed women in the 15–49 age group are in unskilled manual labour sector at 1.5%. About 4% of employed women in the 15–49 age group are in the agricultural sector.

Residence has a significant impact on occupation type. Women and men are likely to be involved in agricultural activities in the outer islands. Those with less education and in the lower wealth quintiles are more likely to work in agriculture activities.

Table 3.10: Occupation — Women

Percent distribution of women aged 15–49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Tuvalu 2007

Background characteristic	Professional/technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of women
Age										
15–19	*	*	*	*	*	*	*	*	*	18
20–24	21.5	29.9	25.7	0.0	7.4	10.8	0.0	4.6	100.0	73
25–29	42.4	36.8	7.2	0.0	6.7	5.6	1.4	0.0	100.0	90
30–34	40.9	27.5	6.4	0.0	12.9	9.1	2.2	1.0	100.0	60
35–39	36.1	7.4	8.3	4.1	14.4	21.1	8.6	0.0	100.0	52
40–44	24.8	15.9	24.2	1.5	12.9	16.4	4.4	0.0	100.0	71
45–49	20.3	6.7	18.4	3.0	22.9	20.2	8.5	0.0	100.0	74
Marital status										
Never married	30.3	23.7	18.8	1.7	5.3	16.6	2.7	1.0	100.0	65
Married or living together	32.0	21.8	14.7	1.0	12.8	12.4	4.3	1.0	100.0	339
Divorced/separate d/ widowed	(13.6)	(11.5)	(17.9)	(6.4)	(19.3)	(27.5)	(3.7)	(0.0)	(100.0)	34
Number of living children										
0	33.3	32.9	14.1	0.9	7.7	9.0	1.5	0.6	100.0	117
1–2	29.9	22.6	20.2	0.0	9.3	13.4	2.8	1.9	100.0	143
3–4	33.5	10.4	13.5	2.7	13.5	18.7	7.7	0.0	100.0	122
5+	18.7	17.4	11.1	3.9	26.1	17.4	4.3	1.1	100.0	56
Residence										
Funafuti	25.5	25.1	17.6	2.5	9.2	17.6	2.5	0.0	100.0	260
Outer islands	37.4	15.8	12.5	0.0	16.6	9.3	6.2	2.2	100.0	178
Education										
Less than secondary	6.7	6.2	22.3	2.8	25.1	30.7	6.3	0.0	100.0	118
Secondary	21.5	31.1	18.6	1.0	10.1	11.6	4.4	1.5	100.0	214
More than secondary	74.7	18.4	1.7	1.0	2.0	1.0	0.6	0.6	100.0	106
Wealth quintile										
Lowest	32.8	5.3	11.1	0.0	22.6	21.9	6.3	0.0	100.0	62
Second	24.7	11.9	17.7	0.0	25.9	13.7	2.6	3.6	100.0	76
Middle	23.5	27.7	18.5	1.2	8.3	13.3	7.6	0.0	100.0	94
Fourth	26.1	26.1	15.1	3.8	8.7	14.7	4.0	1.5	100.0	86
Highest	41.0	27.2	14.5	1.8	3.6	10.9	0.9	0.0	100.0	120
Total	30.4	21.3	15.5	1.5	12.2	14.2	4.0	0.9	100.0	437

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

Table 3.11: Occupation — Men

Percent distribution of men aged 15–49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Tuvalu 2007

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of men
Age										
15–19	0.0	0.0	0.0	21.4	17.1	7.5	52.1	1.9	100.0	62
20–24	6.1	5.2	6.1	14.2	22.3	4.0	40.1	2.0	100.0	58
25–29	23.5	3.1	0.0	11.3	25.2	9.3	27.6	0.0	100.0	58
30–34	(24.6)	(0.0)	(1.7)	(19.0)	(29.5)	(4.9)	(20.3)	(0.0)	(100.0)	37
35–39	(24.9)	(5.8)	(7.0)	(5.7)	(27.0)	(1.7)	(28.0)	(0.0)	(100.0)	41
40–44	7.8	0.0	2.1	9.9	28.1	2.5	49.7	0.0	100.0	53
45–49	30.3	2.2	6.2	12.4	15.4	7.4	26.1	0.0	100.0	57
Marital status										
Never married	5.5	1.2	2.3	14.9	22.0	5.9	46.6	1.6	100.0	150
Married or living together	23.6	2.9	3.5	13.1	23.4	5.5	28.0	0.0	100.0	209
Divorced/separated/ widowed	*	*	*	*	*	*	*	*	*	6
Number of living children										
0	8.1	2.7	2.0	15.1	21.7	5.6	43.4	1.3	100.0	178
1–2	22.9	3.3	3.7	10.7	29.5	7.1	22.8	0.0	100.0	78
3–4	23.0	1.6	1.9	11.6	20.1	3.4	38.4	0.0	100.0	69
5+	(23.2)	(0.0)	(9.6)	(15.8)	(20.1)	(6.2)	(25.2)	(0.0)	(100.0)	41
Residence										
Funafuti	18.8	1.9	2.5	12.5	30.0	8.8	24.4	1.3	100.0	188
Outer islands	12.6	2.8	3.9	14.7	15.4	2.2	48.3	0.0	100.0	178
Education										
Less than secondary	6.4	1.4	4.1	13.3	29.0	5.4	40.4	0.0	100.0	126
Secondary	5.7	2.5	2.9	16.4	22.8	6.9	41.4	1.3	100.0	179
More than secondary	64.8	3.9	1.9	5.8	10.4	1.9	11.3	0.0	100.0	61
Wealth quintile										
Lowest	16.2	2.8	0.0	6.9	26.0	7.3	40.7	0.0	100.0	62
Second	8.0	1.7	4.6	13.4	23.5	5.5	43.3	0.0	100.0	76
Middle	5.8	2.4	5.7	16.6	28.7	7.1	33.7	0.0	100.0	82
Fourth	17.2	0.0	1.8	12.8	25.5	7.3	35.5	0.0	100.0	64
Highest	31.5	4.3	2.9	16.4	12.1	1.4	28.5	2.9	100.0	82
Total men aged 15–49	15.8	2.3	3.2	13.6	22.9	5.6	36.0	0.6	100.0	366
50+	25.1	0.0	4.3	9.7	20.4	2.2	38.3	0.0	100.0	107
Total men aged 15+	17.9	1.8	3.4	12.7	22.3	4.8	36.6	0.5	100.0	473

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

3.7 EARNINGS, EMPLOYERS AND CONTINUITY OF EMPLOYMENT

Table 3.12 shows the percent distribution of employed women by type of earnings and employment characteristics. Results for agricultural work or not discussed because there were less than 25 respondents in this category. Almost all employed women are doing non-agricultural work, and nearly all of these (85%) are paid by cash and are employed by non-family members (68%). More than 68% of employed women continue to work through the year doing non-agricultural work.

Table 3.12: Type of employment — Women

Percent distribution of women aged 15–49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or non-agricultural), Tuvalu 2007

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	*	84.9	83.3
Cash and in-kind	*	9.3	9.4
In-kind only	*	2.1	2.4
Not paid	*	3.8	4.5
Missing	*	0.0	0.5
Total	*	100.0	100.0
Type of employer			
Employed by family member	*	9.4	10.4
Employed by non-family member	*	67.8	65.1
Self-employed	*	22.2	23.6
Missing	*	0.5	1.0
Total		100.0	100.0
Continuity of employment			
All year	*	68.7	67.2
Seasonal	*	20.3	21.0
Occasional	*	10.5	10.9
Missing	*	0.5	1.0
Total	*	100.0	100.0
Number of women employed during the last 12 months	18	416	437

Note: Total includes four women with missing information on type of employment who are not shown separately. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

3.8 HEALTH INSURANCE COVERAGE

The 2007 TDHS asked respondents if they were covered by a specific type of health insurance. In Tuvalu there are a limited number of companies offering such services. In general, the government of Tuvalu prefers not to have health insurance for two reasons: 1) All medical service are free within the country. If medical treatment is not available within Tuvalu, then a patient can go to either Fiji or New Zealand for treatment, where medical costs are funded by the government of either New Zealand or Tuvalu (there is, therefore, no incentive for residents to have health insurance); 2) Only a limited number of companies in Tuvalu offer health insurance services and because people cannot access these services because of their location (particularly true in the outer islands). Two main institutions offered some form of health insurance: Colonial and the Tuvalu National Provident Fund. About 92% of both men and women do not have health insurance. About 4% of women and 6% of men in the 15–49 age group have privately purchased commercial health insurance. Other employer-based insurance is the next common type of health insurance for men and women in the 15–49 age group. Social security type is the least common health insurance.

Table 3.13: Health insurance coverage — Women

Percentage of women aged 15–49 with specific types of health insurance coverage, according to background characteristics, Tuvalu 2007

Background characteristic	Social security	Other employer based insurance	Privately purchased commercial insurance	Other	None	Number of women
Age						
15–19	0.0	0.0	2.0	0.0	98.0	111
20–24	0.4	1.5	6.4	0.0	91.6	145
25–29	3.9	5.8	1.8	0.8	89.2	134
30–34	1.8	2.2	3.1	2.2	90.6	97
35–39	0.0	1.4	0.7	0.0	97.9	94
40–44	0.8	1.6	3.4	0.8	93.3	129
45–49	2.0	0.8	8.6	0.0	88.6	140
Residence						
Funafuti	1.3	2.4	4.5	1.0	90.8	414
Outer islands	1.4	1.6	3.6	0.0	93.9	437
Education						
Less than secondary	0.8	1.6	3.6	0.0	93.9	282
Secondary	0.9	1.8	3.8	0.0	94.0	437
More than secondary	4.1	3.2	5.3	3.3	84.1	132
Wealth quintile						
Lowest	0.7	0.9	3.5	0.0	94.9	152
Second	0.7	2.5	5.3	0.0	91.4	179
Middle	2.5	2.5	3.0	0.6	92.6	169
Fourth	1.6	1.3	2.8	0.0	94.4	173
Highest	1.2	2.4	5.3	1.8	89.2	177
Total	1.4	2.0	4.0	0.5	92.4	851

Table 3.14: Health insurance coverage — Men

Percentage of men aged 15–49 with specific types of health insurance coverage, according to background characteristics, Tuvalu 2007

Background characteristic	Social security	Other employer based insurance	Privately purchased commercial insurance	None	Number of men
Age					
15–19	2.6	0.0	2.6	97.4	91
20–24	0.0	3.2	6.4	93.6	74
25–29	3.8	7.5	17.7	78.6	62
30–34	(0.0)	(0.0)	(3.1)	(96.9)	38
35–39	(0.0)	(0.0)	(11.3)	(88.7)	41
40–44	2.0	0.0	1.1	96.9	59
45–49	1.9	1.0	7.5	91.5	63
Residence					
Funafuti	3.1	3.1	12.0	86.5	225
Outer islands	0.0	0.3	1.1	98.6	203
Education					
Less than secondary	1.7	0.0	0.8	98.3	141
Secondary	1.0	2.9	5.2	93.9	223
More than secondary	3.7	1.9	26.0	72.2	63

Table 3.14 (continued)

Background characteristic	Social security	Other employer based insurance	Privately purchased commercial insurance	None	Number of men
Wealth quintile					
Lowest	1.6	0.0	0.9	97.6	75
Second	2.5	1.2	5.5	94.5	94
Middle	1.3	0.7	1.3	98.0	89
Fourth	0.0	3.2	12.7	87.3	74
Highest	2.5	3.7	13.5	84.1	96
Total men aged 15–49	1.6	1.8	6.8	92.2	428
50+	0.9	2.3	4.4	94.3	130
Total men aged 15+	1.5	1.9	6.3	92.7	558

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

3.9 KNOWLEDGE AND ATTITUDES CONCERNING TUBERCULOSIS

Tuberculosis (TB) is a leading cause of death in the world and a major health concern in the developing world. TB is caused the bacteria *Mycobacterium tuberculosis* whose transmission is mainly airborne through droplets that are coughed or sneezed by infected people. The infection primarily concentrates in the lungs but in some cases it can be transmitted to other parts of the body. The very young, the very old and people with a suppressed immune system are especially prone to contracting the disease when exposed to it. The 2007 TDHS collected information on men's and women's level of TB awareness. Specifically, they were asked whether they have heard of the disease, how it spreads from one person to another, whether it can be cured, and whether they would want to keep it secret that a family member had TB. This information is useful in designing programmes to combat and limit the spread of this disease.

Tables 3.15 and 3.16 show the percentage of women and men who have heard of TB, and of those who have heard it, their knowledge and attitudes concerning TB, according to background characteristics. Knowledge of TB is almost universal among women (96%) and men (95%) in Tuvalu. There is very little variation in awareness by background characteristics, although knowledge of women who have heard of TB increases somewhat with educational attainment. For example, 95% of women with less than a secondary education have heard of TB compared with 98% with a secondary education or higher.

Three out of five women (61%) who have heard of TB reported that it spreads through the air by coughing or sneezing. Knowledge of how TB is spread differs among age groups and wealth quintiles. Women in the 15–19 age group and women in the second lowest quintile are the least aware of how TB is spread.

More women from the outer islands have heard of TB (98%) than women on Funafuti (93%). However, more women on Funafuti (70%) than in the outer islands (53%) correctly answered that TB is spread through the air by coughing.

Wanting to keep a family member's illness secret is a sign of stigma against people with TB. The 2007 TDHS revealed that 17% of all women in the 15–49 age group would keep it secret that a family member has TB. Younger women and women living in Funafuti are slightly more likely to want to keep the illness a secret.

Table 3.15: Knowledge and attitude concerning tuberculosis — Women

Percentage of women aged 15–49 who have heard of tuberculosis (TB), 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 it secret that a family member has TB, by background characteristics, Tuvalu 2007

Background characteristic	Among all women:		Among women who have heard of TB:			
	Percentage who have heard of TB	Number	Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would want a family member's TB kept secret	Number of women
Age						
15–19	91.4	111	51.2	79.1	31.4	102
20–24	97.0	145	62.7	87.3	21.0	141
25–29	97.9	134	68.9	90.3	19.0	131
30–34	93.7	97	57.3	83.8	12.2	91
35–39	95.5	94	59.3	87.3	14.0	90
40–44	94.9	129	62.3	95.7	11.3	123
45–49	96.9	140	59.1	92.5	10.4	136
Residence						
Funafuti	92.9	414	69.5	90.4	18.1	385
Outer islands	98.0	437	52.7	86.8	16.0	428
Education						
Less than secondary	94.6	282	53.0	86.9	14.7	266
Secondary	95.3	437	61.6	87.9	20.8	416
More than secondary	98.4	132	73.0	93.5	9.3	130
Wealth quintile						
Lowest	97.1	152	57.4	85.4	17.3	148
Second	94.5	179	48.7	81.9	15.1	169
Middle	94.9	169	69.4	91.3	14.2	160
Fourth	96.9	173	59.2	92.1	20.6	168
Highest	94.5	177	68.6	91.6	17.5	168
Total	95.5	851	60.6	88.5	17.0	813

Table 3.16: Knowledge and attitude concerning tuberculosis — Men

Percentage of men aged 15–49 who have heard of tuberculosis (TB), 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 it secret that a family member has TB, by background characteristics, Tuvalu 2007

Background characteristic	Among all men:		Among respondents who have heard of TB:			
	Percentage who have heard of TB	Number	Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would want a family member's TB kept secret	Number of men
Age						
15–19	92.9	91	52.9	81.7	15.1	84
20–24	91.4	74	50.5	83.6	10.1	67
25–29	95.2	62	57.6	96.1	10.9	59
30–34	(95.3)	38	(67.2)	(97.0)	(7.9)	36
35–39	(100.0)	41	(64.2)	(97.2)	(4.4)	41
40–44	98.1	59	44.7	95.7	6.4	58
45–49	98.1	63	62.2	95.2	0.0	62
Residence						
Funafuti	94.3	225	55.8	91.7	10.5	212
Outer islands	96.6	203	55.9	90.3	6.2	196

Table 3.16 (continued)

Background characteristic	Among all men:		Among respondents who have heard of TB:			Number of men
	Percentage who have heard of TB	Number	Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would want a family member's TB kept secret	
Education						
Less than secondary	98.0	141	57.0	92.7	6.1	138
Secondary	93.9	223	52.4	88.0	11.8	210
More than secondary	94.5	63	65.3	98.0	1.8	60
Wealth quintile						
Lowest	94.6	75	50.9	90.6	10.3	71
Second	94.4	94	51.1	90.1	6.3	89
Middle	96.1	89	56.3	93.5	5.1	85
Fourth	96.8	74	57.8	92.1	12.4	71
Highest	95.1	96	62.3	89.2	9.0	91
Total men aged 15–49	95.4	428	55.9	91.0	8.4	408
50+	96.8	130	52.8	94.3	1.4	126
Total men aged 15+	95.7	558	55.1	91.8	6.8	534

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

3.10 TOBACCO USE

Smoking and other uses of tobacco affect women's and men's health, and may adversely affect children's health, especially in terms of vulnerability to respiratory illnesses. In addition, tobacco use during pregnancy increases the risk of having a small baby or low birth weight baby. Women and men interviewed in the 2007 TDHS were asked about their smoking habits. Tables 3.17 and 3.18 show the percentage of women who use various types of tobacco and the percent distribution of cigarettes smoked in the preceding 24 hours, according to background characteristics.

Overall, about 72% of women and 42% of men do not use tobacco. About 24% of women and 55% of men smoke cigarettes. Among pregnant women, 22% use some form of tobacco and most of these women smoke cigarettes (20%). Tobacco use varies greatly by background characteristics. Older women and men are much more likely to use tobacco than younger ones. About 30% of women in the 45–49 age group smoke other tobacco (most probably 'sului'⁶) compared with 12% in the 15–19 age group.

Women and men with little education and those in lower wealth quintiles are more likely to use tobacco. About 32% of women in the outer islands smoke some form of tobacco compared with 25% on Funafuti. About 64% of men in the outer islands smoke tobacco compared with 53% on Funafuti. Women with less than a secondary education are more likely to smoke tobacco (65%) compared with women with a secondary and tertiary level education. Similarly, men with less than a secondary education are more likely to smoke tobacco (35%) compared to men with more than a secondary education.

⁶ A local traditionally made 'cigarette'.

Table 3.17: Tobacco use — Women

Percentage of women aged 15–49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics and maternity status, Tuvalu 2007

Background characteristic	Uses tobacco					Number of cigarettes in the last 24 hours						Number of cigarette smokers
	Cigarettes	Pipe	Other tobacco	Do not use tobacco	Number of women	1–2	3–5	6–9	10+	Do not know/missing	Total	
Age												
15–19	25.5	0.0	11.5	73.4	111	(61.3)	(29.7)	(4.3)	(4.7)	(0.0)	(100.0)	28
20–24	24.8	1.4	14.6	73.6	145	(36.0)	(40.1)	(9.0)	(14.9)	(0.0)	(100.0)	36
25–29	12.6	0.0	7.1	86.0	134	*	*	*	*	*	*	17
30–34	18.0	1.1	18.4	76.9	97	*	*	*	*	*	*	17
35–39	27.6	1.2	21.9	61.8	94	*	*	*	*	*	*	26
40–44	27.8	3.3	23.4	67.5	129	(58.1)	(20.6)	(12.5)	(8.9)	(0.0)	(100.0)	36
45–49	31.2	1.2	29.7	61.7	140	(28.5)	(28.4)	(17.9)	(25.2)	(0.0)	(100.0)	44
Residence												
Funafuti	23.4	1.3	10.0	75.1	414	25.8	39.3	15.7	19.1	0.0	100.0	97
Outer islands	24.6	1.1	25.7	68.5	437	62.4	20.1	4.1	12.9	0.6	100.0	108
Education												
Less than secondary	26.3	2.5	26.3	65.0	282	44.4	34.0	10.8	10.0	0.8	100.0	74
Secondary	24.9	0.7	16.7	72.6	437	46.1	25.9	8.1	19.9	0.0	100.0	109
More than secondary	16.4	0.0	5.1	83.1	132	*	*	*	*	*	*	22
Maternity status												
Pregnant	19.9	0.0	16.8	78.9	51	*	*	*	*	*	*	10
Breastfeeding (not pregnant)	15.9	0.0	12.6	80.8	123	56.7	25.5	3.3	14.5	0.0	100.0	19
Neither	25.8	1.5	19.2	69.5	677	44.3	28.8	10.8	15.7	0.3	100.0	175
Wealth quintile												
Lowest	21.6	0.4	28.2	68.8	152	(47.4)	(29.2)	(7.6)	(15.8)	(0.0)	(100.0)	33
Second	22.7	1.2	23.9	70.7	179	(42.8)	(38.4)	(4.2)	(14.6)	(0.0)	(100.0)	41
Middle	32.4	1.3	21.3	65.2	169	(46.1)	(26.8)	(7.1)	(18.9)	(1.1)	(100.0)	55
Fourth	25.1	1.2	13.4	73.5	173	(54.6)	(22.9)	(12.5)	(10.0)	(0.0)	(100.0)	43
Highest	18.4	1.8	5.0	79.7	177	(31.6)	(29.9)	(18.6)	(19.9)	(0.0)	(100.0)	33
Total	24.0	1.2	18.1	71.7	851	45.1	29.2	9.6	15.8	0.3	100.0	204

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

Table 3.18: Tobacco use — Men

Percentage of men aged 15–49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics, Tuvalu 2007

Background characteristic	Uses tobacco					Number of cigarettes in the last 24 hours							Number of cigarette smokers
	Cigarettes	Pipe	Other tobacco	Do not use tobacco	Number of men	0	1–2	3–5	6–9	10+	Do not know/missing	Total	
Age													
15–19	47.2	0.0	46.0	51.4	91	(4.6)	(17.1)	(27.0)	(11.3)	(37.4)	(2.6)	(100.0)	43
20–24	55.8	1.5	53.2	42.7	74	(6.9)	(12.8)	(31.5)	(19.8)	(29.1)	(0.0)	(100.0)	41
25–29	51.7	0.0	47.0	46.3	62	(0.0)	(12.3)	(21.8)	(9.4)	(56.5)	(0.0)	(100.0)	32
30–34	(50.6)	(0.0)	(48.8)	(45.1)	38	*	*	*	*	*	*	*	19
35–39	(65.9)	(0.0)	(57.4)	(34.1)	41	(2.0)	(14.2)	(26.2)	(12.8)	(44.8)	(0.0)	(100.0)	27
40–44	60.5	0.0	62.3	32.8	59	(12.5)	(20.1)	(5.2)	(8.5)	(53.6)	(0.0)	(100.0)	35
45–49	61.4	0.0	56.1	35.6	63	(13.5)	(6.5)	(35.6)	(7.4)	(37.1)	(0.0)	(100.0)	38
Residence													
Funafuti	52.6	0.0	44.3	47.4	225	1.0	9.9	24.8	11.9	52.5	0.0	100.0	118
Outer islands	58.3	0.5	61.5	36.1	203	11.7	17.5	25.0	10.5	34.3	0.9	100.0	118
Education													
Less than secondary	60.3	0.0	62.8	34.7	141	10.9	13.9	23.8	7.7	43.7	0.0	100.0	85
Secondary	56.4	0.5	52.7	41.8	223	4.5	14.6	24.6	14.0	41.4	0.9	100.0	126
More than secondary	40.3	0.0	28.4	59.7	63	*	*	*	*	*	*	*	25
Wealth quintile													
Lowest	57.4	0.0	58.5	40.8	75	5.4	15.2	18.9	12.5	45.5	2.5	100.0	43
Second	60.8	1.2	59.3	36.2	94	10.1	15.2	32.2	7.4	35.1	0.0	100.0	57
Middle	60.9	0.0	66.7	31.2	89	(7.5)	(20.6)	(13.7)	(6.4)	(51.8)	(0.0)	(100.0)	54
Fourth	55.1	0.0	48.0	44.9	74	(4.1)	(6.1)	(25.5)	(15.6)	(48.6)	(0.0)	(100.0)	41
Highest	43.3	0.0	31.1	56.7	96	(2.8)	(8.5)	(35.1)	(17.0)	(36.6)	(0.0)	(100.0)	41
Total men aged 15–49	55.3	0.3	52.4	42.1	428	6.3	13.7	24.9	11.2	43.4	0.5	100.0	237
50+	53.6	0.0	56.8	39.2	130	14.9	24.0	19.8	10.9	30.4	0.0	100.0	70
Total men aged 15+	54.9	0.2	53.4	41.4	558	8.3	16.1	23.7	11.1	40.5	0.4	100.0	306

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

3.11 KEY RESULTS

This section provides a summary of key issues regarding men and women in the reproductive age group of 15–49, and identifies issues that enhance women’s empowerment.

1. According to the 2007 TDHS, there are about twice as many women as men (850 women and 428 men) in Tuvalu. This pattern reflects the fact that more men are working overseas as seafarers. More than 70% of women are reported to be married compared with 52% of men.
2. The proportion of both women and men in Tuvalu are evenly distributed across different wealth quintiles. The most common church in Tuvalu is the Ekalesia Kerisiano. More than 80% of women and men claim to be Tuvaluans.
3. Very few women and men have no education. One in every four (about 25%) women and 24% of men have completed a primary level of education. There is a decline in the proportion of both women and men having completed secondary education and almost the same proportion of women and men (16% women, 15% men) have completed higher than secondary. More women and men are reported to have some secondary education.
4. Access to media is relatively high for women in the 15–49 age group, especially radio. Nearly 88% of women in the 15–49 age group listen to radio at least once a week, and about 43% reading a newspaper once a week.
5. More women (49%) than men (15%) reported not being employed in the 12 months preceding the survey. These women are more likely to be in the lowest wealth quintile with and have limited (secondary or primary) education. Women are more likely to hold professional/technical /managerial and clerical jobs than are men. The majority of women work for cash only in non-agricultural work, are employed by non-family members, and are more likely to work throughout the year.
6. The majority of women and men do not have health insurance, reflecting the fact that health insurance services are limited in the country. However less than 10% of women and men have privately purchased commercial health insurance.
7. Knowledge of TB is almost universal among women and men in Tuvalu (96% and 95%, respectively). There is very little variation in awareness by background characteristics, although the number of women who have heard of TB increases somewhat with educational attainment. Cigarette smoking is twice as high among men (55%) than among women (24%).

CHAPTER 4 FERTILITY

The 2007 TDHS collected information on current, past and cumulative fertility. Drawing on birth history information collected in the survey, this chapter describes current fertility and differentials in fertility by background characteristics, and trends in fertility, which permits an examination of changes in age-specific fertility rates by specific time periods going back 20 years before the survey.

This chapter also presents information on the cumulative fertility of female respondents. Cumulative fertility tables are derived from a sequence of questions about the number of sons and daughters that a woman has had who are living in the household, who are living elsewhere, and who have died. The information on cumulative fertility is presented in terms of the mean number of children ever born and the mean number of surviving children to women classified by five-year age groups.

The chapter also presents information on birth intervals for births in the five years preceding the survey, age at first birth for five-year age groups of women, and information on teenage pregnancy and motherhood by single year of age for youngest survey respondents (i.e. women aged 15–19). These data are important because they indicate the beginning of a woman's reproductive life.

4.1 DEFINITIONS, METHODOLOGY AND ASSESSMENT OF DATA QUALITY

Fertility measures or indicators presented in this chapter are defined as follows.

Age specific fertility rate (ASFR): The number of births per women for each specific age group. The ASFR is calculated by taking the total number of births of women for each age group over that total number of women in that same age group.

Total fertility rate (TFR): The average number of children that would be born to a woman by the time she ended childbearing if she were to pass through all her childbearing years conforming to the age-specific fertility rate of a given year.

General fertility rate (GFR): The number of live births per 1,000 women aged 15–49 in a given year.

Crude birth rate (CBR): The total number of births per 1,000 population.

Fertility information is collected using the women's questionnaire, which contains questions regarding the birth history of every eligible woman aged 15–49. The birth history captures the total number of all living and dead children a woman has given birth to, children's date of birth, current age (if alive) and age at death (if dead), and whether the children are living with the mother or not. Although birth history tries to capture all births, the data obtained might be subject to various types of errors such as:

- under-reporting of births, particularly the omission of children living elsewhere and those births that died very young (at birth or several hours after births), which could result in underestimation of births;
- misreporting of date of birth, and/or age, in particular, the tendency in rounding off dates of birth or ages which could result in under- or over-estimation of fertility at certain ages and/or certain periods of time; and
- selective bias — the questions were posed only to women who survived, and assumed that the fertility level for women who died prior to the survey differed from that of survivors; the fertility level obtained from the survey, therefore, might be slightly biased.

Other types of errors could be:

- very young women (teenagers) did not state the birth of their child;
- unmarried women did not state the birth of their child;
- women whose child died shortly after birth did not state the birth of the child;
- women did not state the birth of a child from different father than their present husband;
- women who had multiple births (either twins or triplets), or had two births during the 12-month period before the census, only recorded one birth;
- women temporarily absent from their permanent household were counted, but their fertility status was not recorded, and/or wrongly assumed to be zero;
- older women (who already had many children) did not remember the exact date of birth of their last child;
- inclusion of adopted or foster children as own biological children; and
- errors during data recording and/or processing

4.2 CURRENT FERTILITY

The current fertility level is the most important topic in this chapter because of its direct relevance to population policies and programmes. Table 4.1 shows estimates of current fertility levels for Tuvalu as a whole, and for Funafuti and the outer islands. To reduce sampling errors and avoid any possible problems of displacement of births for a period of five to six years before the survey, a three-year TFR is computed to provide the most recent estimates of current fertility levels.⁷

The TFR is 3.9, which means that Tuvaluan women have, on average, 3.9 children by the end of their reproductive period, assuming that fertility levels remain constant at the level observed in the three-year period before the survey. The 2002 Tuvalu population census reported a TFR of 3.7 for the period 2000–2003.

The TFR in Funafuti (4.2) is considerably higher than the rate observed in the rural outer islands (3.7). The ASFR in Table 4.1 and Figure 4.1 show higher rates of childbearing in the 20–24 and 30–39 age groups in Funafuti than in the outer islands. This pattern is associated with a low median age at first marriage and a low median age at first intercourse among women and men in the outer islands compared with urban Funafuti. Also, young women are more likely to enter a marital union than men. However, caution is recommended when interpreting these fertility rates because the number of women interviewed in the 2007 TDHS is small (i.e. based on less than 1,000 women in the reproductive age group).

⁷ Numerators of the ASFR are calculated by summing the number of live births that occurred in the period 1–36 months preceding the survey (determined by the date of interview and the 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 by the mother's date of birth). The denominators of the rates are the number of woman-years lived in each of the specified five-year groups during the 1–36 months preceding the survey.

Table 4.1: Current fertility

Age-specific fertility rate and total fertility rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Tuvalu 2007

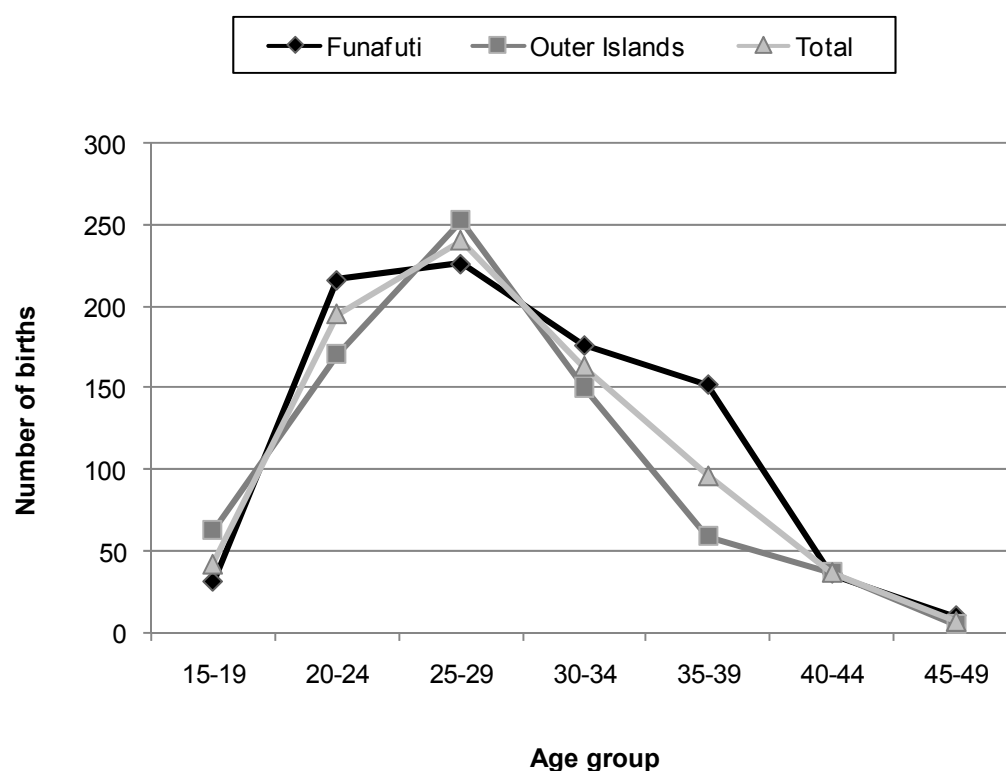
Age group	Residence		Total
	Funafuti	Outer islands	
15–19	31	62	42
20–24	216	170	195
25–29	226	252	240
30–34	176	150	163
35–39	152	59	96
40–44	36	37	37
45–49	10	5	7
TFR (15–49)	4.2	3.7	3.9
GFR	135	117	126
CBR	32.0	21.0	26.2

Notes: Age-specific fertility rates are per 1,000 women. Rates for the 45–49 age group may be slightly biased due to truncation. Rates are for the period 1–36 months prior to interview.

TFR = total fertility rate 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 by residence

4.3 FERTILITY BY BACKGROUND CHARACTERISTICS

Fertility varies by a woman's place of residence, educational attainment, and other background characteristics. Table 4.2 shows several indicators of fertility, mainly the TFR, the mean number of births to women aged 40–49, and the percentage of currently pregnant women. The mean number of births to women aged 40–49 is an indicator of cumulative fertility, and reflects the fertility performance of older women who are nearing the end of their reproductive period. If fertility remains stable over time, two fertility measures — TFR and children ever born — tend to be very similar. Although this approach may be biased because of understatement of parity reported by older women, a comparison of completed fertility among women aged 40–49 with the TFR provides an indication of fertility change. The percentage of pregnant women provides a useful additional measure of current fertility, although it is recognised that it may not capture all pregnancies in an early stage.

The TFR is estimated to be 3.9, the percentage of women aged 15–49 who are currently pregnant is about 6%, and the mean number of children ever born to women aged 40–49 is estimated to be about 3.4.

As noted earlier, urban fertility is higher than rural fertility. However, there is a higher percentage of women aged 15–49 in the outer islands who were pregnant during the survey. There was a difference of 0.5 children in the mean number of children ever born to women aged 40–49 between women residing in urban Funafuti (3.7) and the outer islands (3.2).

Results of the 2007 TDHS show that women with a higher education have a lower fertility rate (2.8) than women with less than a secondary education (3.5). On the other hand, the percentage of women aged 15–49 who are currently pregnant increases with education level. For example, about 2.5% of women with less than a secondary education are pregnant compared with 11.6% who have more than a secondary education. Completed fertility declines with higher education levels. While women with less than a secondary education had a mean number of 3.4 children, women with more than a secondary education had only a mean number of 2.5 children.

Women in the second and third wealth quintiles showed higher fertility levels (4.3 and 5.5 children, respectively) than women in all other wealth quintiles. Women in the highest wealth quintile had the lowest number of children (2.8).

Table 4.2: Fertility by background characteristics

Total fertility rate for the three years preceding the survey, the percentage of women aged 15–49 currently pregnant, and mean number of children ever born to women aged 40–49, by background characteristics, Tuvalu 2007

Background characteristic	Total fertility rate	Percentage women aged 15–49 currently pregnant	Mean number of children ever born to women aged 40–49
Residence			
Funafuti	4.2	5.2	3.7
Outer islands	3.7	6.6	3.2
Education			
Less than secondary	3.5	2.5	3.4
Secondary	4.3	6.5	3.7
More than secondary	2.8	11.6	2.5
Wealth quintile			
Lowest	3.6	7.0	3.3
Second	4.3	6.6	3.3
Middle	5.5	7.2	3.5
Fourth	3.3	4.5	3.5
Highest	2.8	4.7	3.4
Total	3.9	6.0	3.4

Note: Total fertility rates are for the period 1–36 months prior to interview.

4.4 FERTILITY TRENDS

Age-specific fertility rates (ASFRs) obtained from the 2007 TDHS reflect recent changes in fertility trends. Fertility trends and patterns are an indication of the availability, use and effectiveness of methods of fertility control in the country such as family planning (reproductive health) programmes. Fertility decline is also an indicator of a woman's empowerment and decision-making in controlling her fertility.

Fertility trends can be established using retrospective data from a single survey such as the 2007 TDHS. Women's birth history is the main source of data in producing fertility trends. The two main components of producing fertility trends (women's age at birth with the number of children ever born) are recorded for each woman in their respective birth history. Tables 4.3 and 4.4 show trends in the ASFR by five-year periods, by mother's age at the time of the survey. In interpreting the results, it is important to keep in mind some limitations in data capturing (see list of errors shown on first page of this chapter).

Table 4.3: Trends in age-specific fertility rates

Age-specific fertility rates for the five-year period preceding the survey, by mother's age at the time of the birth, Tuvalu 2007

Mother's age at birth	Number of years preceding survey			
	0–4	5–9	10–14	15–19
15–19	44	37	34	62
20–24	202	210	199	156
25–29	215	198	201	190
30–34	149	166	167	[140]
35–39	92	115	[150]	
40–44	36	[33]		
45–49	[6]			

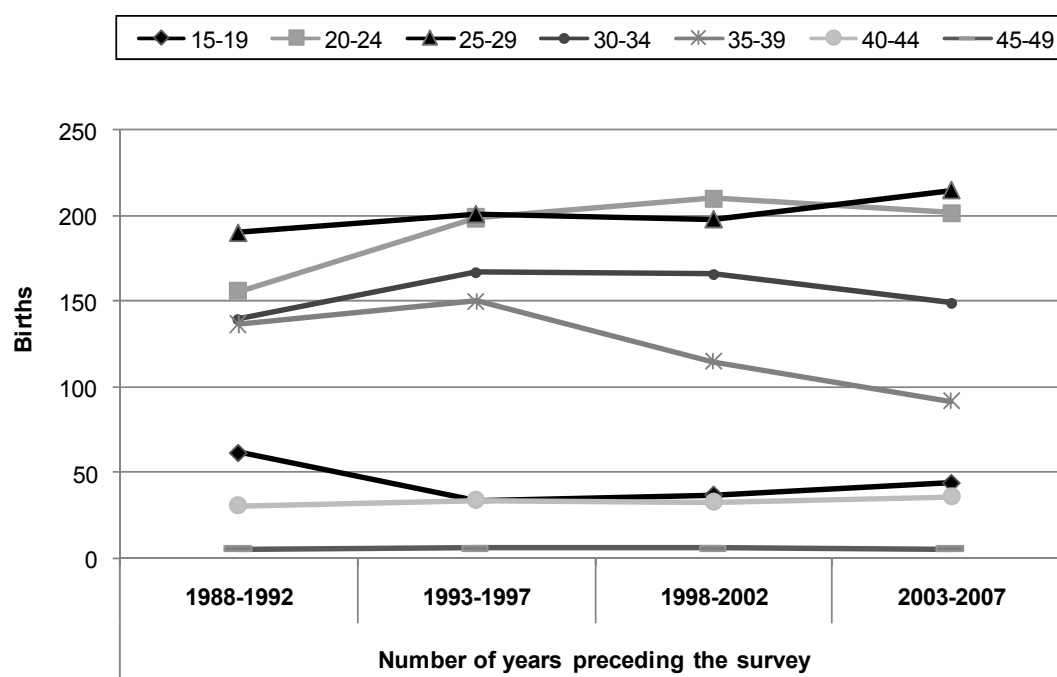
Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview.

Table 4.4: Calculation of period total fertility from truncated maternity-history data (see Table 4.3)

Mother's age at birth	Number of years preceding the survey			
	0–4	5–9	10–14	15–19
	44	37	34	62
20–24	202	210	199	156
25–29	215	198	201	190
30–34	149	166	167	[140]
35–39	92	115	[150]	137
40–44	36	[33]	34	31
45–49	[6]	6	6	6
TFR	3.72	3.83	3.96	3.61

Table 4.4 shows the estimated TFR based on the truncated maternity history data displayed in Table 4.3. While fertility levels with a TFR of 3.6 seem to have been lower 15–19 years ago compared with recent estimates of 3.7, there generally seems to have been a slight decreasing trend during the 15 years prior to the survey.

Figure 4.2: Trends in age-specific fertility rates



Tables 4.3 and 4.4 and Figure 4.2 show the different fertility trends for each age group during the 20 years prior the survey (1988–2007). For example, fertility levels of women aged 15–19 were highest between 1988 and 1992, decreasing to almost half of this between 1993 and 1997 before increasing again. In the 20–24 age group, fertility trends initially showed a slightly increasing trend between 1988 and 1992, then declining to its current level. However, in conjunction with the overall little change of Tuvalu’s fertility level during the last 20 years, the age pattern of fertility also shows little change.

Fertility trends in Tuvalu during the past 20 years show very little improvement, implying that fertility control measures have not been successfully implemented. This is supported by the very low rate of contraception use (at about 31%) by currently married women using any method to control their fertility. Further discussion is found in the family planning chapter of this report.

4.5 CHILDREN EVER BORN AND LIVING

The number of children ever born and living is presented, both for all women and for currently married women. From the 2007 TDHS questionnaire, the total number of children ever born (lifetime fertility) has been determined by a sequence of questions designed to maximise recall. Experience suggests that, even among high fertility and illiterate populations, omissions of births can be kept to a low level, except perhaps for the oldest women in the sample.

Lifetime fertility information is useful in examining the momentum of childbearing in a population and for estimating the proportion of childless women in a population. The age-specific mean number of children ever born provides fertility level comparisons between different age groups in a population.

Table 4.5 shows the percent distribution of all women and currently married women by the number of children ever born, mean number of children ever born, and the mean number of living children, according to age group. Among all women, about one out of three do not have children. Childlessness among older women aged 40–44 and 45–49 was 9.7% and 13.2%, respectively. About 18% of all married women did not have children.

Figure 4.3: Children ever born for all women and currently married women

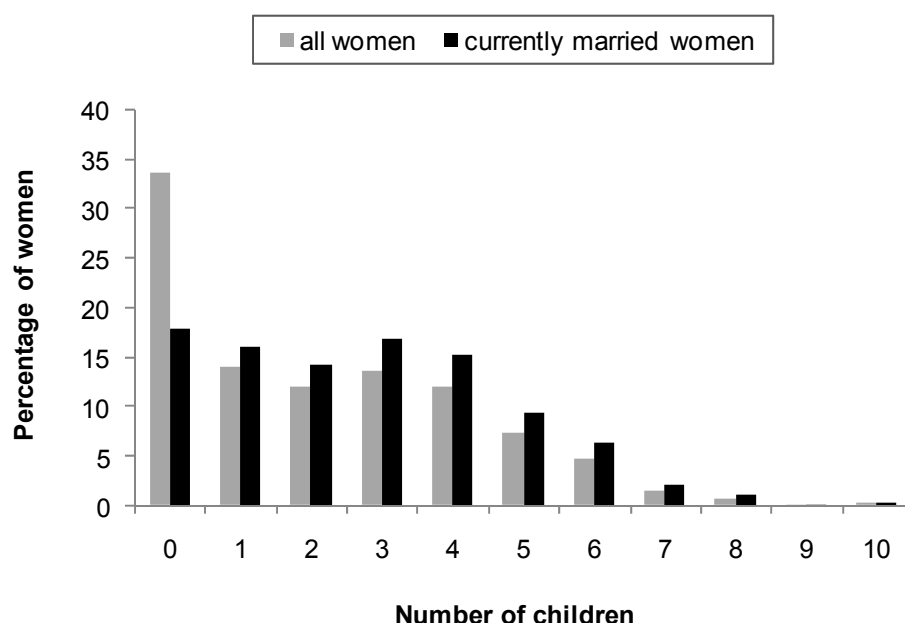


Figure 4.3 clearly shows that fertility levels of married women are higher than that of unmarried women because the percentage of women with children (by number of children) is higher than that of all women. Furthermore, Table 4.4, in the column labelled ‘Mean number of children ever born’, shows higher numbers of children ever born to married women compared with all women for every age group. Overall, the mean number of children ever born was 2.13 children for all women and 2.73 for currently married women.

The proportion of all women as well as currently married women with children aged 15–19 is very low. This could be partly due to the high proportion of these young women still in school. Also, the law sets the minimum legal age at first marriage at 18 years.

Among currently married women, data show that after having had three children at age 35–39, the average number of children does not increase significantly for older women, indicating that women currently prefer having about three to four children.

Table 4.5: Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, mean number of children ever born, and mean number of living children, according to age group, Tuvalu 2007

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of children living
	0	1	2	3	4	5	6	7	8	9	10+				
All Women															
15–19	93.2	5.7	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	111	0.08	0.08
20–24	58.5	26.0	8.9	6.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	145	0.64	0.63
25–29	28.5	20.1	20.2	20.2	8.4	2.6	0.0	0.0	0.0	0.0	0.0	100.0	134	1.68	1.61
30–34	15.5	12.4	18.0	18.6	17.5	11.5	5.9	0.6	0.0	0.0	0.0	100.0	97	2.72	2.67
35–39	14.3	11.7	11.5	11.3	20.3	15.4	12.5	2.3	0.0	0.0	0.7	100.0	94	3.27	3.14
40–44	9.7	10.1	12.0	15.3	20.3	13.3	9.6	5.0	3.8	0.0	0.8	100.0	129	3.59	3.35
45–49	13.2	8.8	12.2	21.8	19.6	11.3	7.5	2.8	1.6	0.8	0.5	100.0	140	3.22	3.02
Total	33.6	14.0	12.0	13.6	11.9	7.3	4.7	1.5	0.8	0.1	0.3	100.0	851	2.13	2.03
Currently Married Women															
15–19	38.8	46.6	14.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	9	0.76	0.76
20–24	39.1	38.0	12.1	10.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	78	0.94	0.93
25–29	25.5	20.4	23.1	18.7	10.0	2.2	0.0	0.0	0.0	0.0	0.0	100.0	112	1.74	1.68
30–34	15.4	12.8	17.7	18.3	16.0	12.6	6.5	0.7	0.0	0.0	0.0	100.0	89	2.74	2.69
35–39	14.0	9.6	12.2	11.9	21.3	14.7	12.8	2.6	0.0	0.0	0.8	100.0	84	3.34	3.19
40–44	6.0	9.3	9.1	16.4	22.1	14.7	11.2	5.8	4.4	0.0	1.0	100.0	111	3.92	3.66
45–49	10.4	7.7	11.2	23.0	20.3	12.5	8.1	3.4	1.9	0.9	0.6	100.0	116	3.45	3.22
Total	17.8	16.0	14.3	16.8	15.3	9.5	6.4	2.2	1.2	0.2	0.4	100.0	598	2.73	2.60

4.6 BIRTH INTERVALS

A birth interval is defined as the length of time between two live births. The study of birth intervals is important in understanding the health status of young children. Research has shown that short birth intervals are closely associated with poor health of children, especially during infancy. Children born too close to a previous birth, especially if the interval between the births is less than two years, are at increased risk of health problems and dying at an early age. Longer birth intervals on the other hand contribute to the improved health status of both mother and child. The length of birth intervals also influences the overall level of fertility in a country because close birth intervals enable couples to have more children during their reproductive years

The study of birth intervals is done using two measures: the median birth interval and the proportion of non-first births that occur within an interval of 24 months or more after the previous birth. Table 4.6 presents the distribution of second and higher-order births in the five years preceding the survey by the number of months since the previous birth, according to background characteristics. The table also presents the median number of months since the preceding birth.

Generally, the median length of birth interval is estimated to be 31 months. The results show that about one out of three births (32.3%) occur within an interval of less than 24 months after the previous births, 27% of births occur 24–35 months after the previous birth, and 17% occur 36–47 months after the previous birth. Younger mothers have shorter birth intervals than older mothers: on average 25 months for mothers aged 20–29 compared with 48 months for mothers aged 40–49.

Birth intervals increase with birth order. In addition, birth intervals are shorter when the previous birth was a female child, a possible indication of a preference for male children in Tuvalu. Birth intervals do not vary with the survival of births.

Mothers residing in Funafuti are more likely to have short birth intervals than women from the outer islands. For instance, the birth interval for women in Funafuti is 27.6 months compared with 35.2 months for rural women.

A similar pattern is observed among when examining mothers' educational background and wealth status. Mothers with a less education have longer birth intervals than mothers with more education. Similarly, mothers in the lower wealth quintiles have longer birth intervals than mothers living in higher wealth quintiles.

Table 4.6: 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, Tuvalu 2007

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7–17	18–23	24–35	36–47	48–59	60+			
Age									
15–19	*	*	*	*	*	*	*	1	13.0
20–29	25.4	21.1	30.2	14.2	6.4	2.6	100.0	130	24.7
30–39	7.2	18.5	29.0	16.5	9.4	19.3	100.0	143	33.4
40–49	1.4	8.5	12.8	26.7	15.2	35.3	100.0	46	48.2
Birth order									
2–3	18.9	18.3	27.3	14.0	7.8	13.7	100.0	161	28.3
4–6	9.8	17.2	27.9	18.5	10.7	16.0	100.0	145	33.2
7+	*	*	*	*	*	*	*	14	36.5
Sex of preceding birth									
Male	13.1	17.4	25.0	19.1	6.7	18.6	100.0	168	32.9
Female	15.3	18.8	29.4	14.6	11.5	10.3	100.0	151	28.6
Survival of preceding birth									
Living	13.6	18.5	26.9	17.1	8.8	15.1	100.0	311	30.6
Dead	*	*	*	*	*	*	*	8	30.0
Residence									
Funafuti	17.0	24.1	25.5	16.3	5.7	11.3	100.0	153	27.6
Outer islands	11.5	12.5	28.5	17.6	12.0	17.8	100.0	166	35.2
Education									
Less than secondary	7.1	10.5	22.1	23.7	9.2	27.3	100.0	90	38.7
Secondary	18.1	20.3	27.2	13.4	9.7	11.4	100.0	181	28.5
More than secondary	(12.6)	(23.8)	(36.1)	(18.0)	(5.9)	(3.6)	(100.0)	48	28.7
Wealth quintile									
Lowest	10.4	14.4	22.3	20.4	10.9	21.6	100.0	57	36.5
Second	14.4	14.6	22.6	20.1	12.5	15.8	100.0	73	35.4
Middle	13.4	11.3	36.6	16.5	9.4	12.8	100.0	84	30.8
Fourth	(13.5)	(26.3)	(27.9)	(8.3)	(2.2)	(21.9)	(100.0)	50	25.9
Highest	19.6	29.6	22.8	17.8	7.9	2.4	100.0	55	24.2
Total	14.2	18.1	27.1	17.0	9.0	14.7	100.0	320	30.6

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

4.7 AGE AT FIRST BIRTH

The onset of childbearing is an important demographic indicator. In many countries, postponing a first birth, which reflects a rise in age at marriage, has made a significant contribution to the overall fertility decline. The proportion of women who become mothers before age 20 also is a measure of the magnitude of adolescent fertility, which is often regarded as a health and social problem in many countries.

Table 4.7: Age at first birth

Percentage of women aged 15–49 who gave birth by exact ages, percentage who have never given birth, and median age at first birth, according to current age, Tuvalu 2007

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15–19	0.0	na	na	na	na	93.2	111	a
20–24	0.0	3.2	16.6	na	na	58.5	145	a
25–29	0.0	2.3	18.2	38.5	62.5	28.5	134	23.5
30–34	1.1	6.4	19.7	42.0	71.6	15.5	97	22.5
35–39	0.0	3.2	24.8	44.1	66.1	14.3	94	22.6
40–44	0.8	4.8	16.1	39.9	64.7	9.7	129	23.0
45–49	0.0	4.7	12.4	28.9	58.0	13.2	140	24.3
20–49	0.3	4.0	17.5	na	na	24.7	740	23.5
25–49	0.4	4.2	17.7	38.0	64.0	16.4	594	23.1

na = not applicable

a = omitted because less than 50% of women had a birth before reaching the beginning of the age group

Table 4.7 presents the percentage of women aged 15–49 who gave birth by exact ages, the percentage who have never given birth, and the median age at first birth, according to current ages of women. Overall, the median age of women at first birth is 23.1. About 21.8% of women gave birth at or before age 20, and one in every four women reported that they have never given birth.

The results indicate a possible slight declining trend in the median age at first birth for women aged 15–49 in Tuvalu. For example, the median age for older women is 24.3 while the median age for younger mothers is 23.5.

4.8 MEDIAN AGE AT FIRST BIRTH

Postponing the first birth contributes to overall fertility reduction. Table 4.8 presents the median age at first birth for different cohorts and compares age at entry into parenthood for different subgroups of the population.

Table 4.8: Median age at first birth

Median age at first birth among women aged 20–49 (25–49), according to background characteristics, Tuvalu 2007

Background characteristic	Current age					Women aged
	25–29	30–34	35–39	40–44	45–49	25–49
Residence						
Funafuti	23.1	23.1	22.8	22.3	23.3	23.0
Outer islands	24.1	22.0	22.4	23.2	24.9	23.3
Education						
Less than secondary	a	22.3	21.8	23.1	24.1	23.0
Secondary	23.1	22.1	22.7	22.5	24.0	22.6
More than secondary	23.8	24.7	25.4	28.9	27.2	24.9
Wealth quintile						
Lowest	21.5	22.2	22.5	23.1	25.2	23.1
Second	22.7	21.4	20.2	22.0	25.1	22.1
Middle	23.4	22.3	24.8	23.0	23.1	23.4
Fourth	24.2	22.4	23.8	26.3	23.6	23.5
Highest	23.0	23.7	22.4	23.6	23.6	23.4
Total	23.5	22.5	22.6	23.0	24.3	23.1

a = omitted because less than 50% of women had a birth before reaching the beginning of the age group

The median age at first birth among women aged 20–49 years is shown at 23.1, meaning that half of these women have their first birth by age 23.1. The median age at first birth by urban-rural residence shows no significant differences. However, women with a higher education are likely to have a higher median age at first birth (24.9) compared with women with less education, and women from higher wealth quintile households also show a slightly higher age at first birth than women in lower wealth quintiles.

4.9 TEENAGE PREGNANCY AND MOTHERHOOD

Teenage pregnancy is often regarded as a health concern because of its association with higher morbidity and mortality for both mother and child. Childbearing during the teenage years often has adverse social consequences, particularly on female educational attainment because women who become mothers in their teens are more likely to curtail education.

Table 4.9 presents the percentage of women aged 15–19 who have had a live birth or who are pregnant with their first child. The percentage of those who have begun childbearing is also presented. The percentage of women who have begun childbearing is the sum of the percentage that have had a live birth and the percentage who are pregnant with the first child.

An estimated 8% of women aged 15–19 had begun childbearing during the time of the survey. Nearly 7% had a live birth and 1.1% stated that they were pregnant with their first child during the time of the survey.

Table 4.9: Teenage pregnancy and motherhood

Percentage of women aged 15–19 who have had a live birth or who are pregnant with their first child, and the percentage who have begun childbearing, Tuvalu 2007

	Percentage who:			Number of women
	Have had a live birth	Are pregnant with first child	have begun childbearing	
Total	6.8	1.1	8.0	111

4.10 KEY FINDINGS

This section summarises the key findings relating to fertility levels and patterns, and other fertility factors in Tuvalu.

According to the 2007 TDHS, Tuvalu has a total fertility rate (TFR) of 3.9 children per woman, a slight increase from 3.7 children from the 2002 Housing and Population Census results.

The TFR is higher in Funafuti (4.2) than in the outer islands (3.7). The age pattern of fertility rates reflects higher rates of childbearing in the outer islands in the youngest age group and at the 25–29 age group.

Fertility by women's socioeconomic background shows that higher fertility rates are more common among women with less education and women from lower wealth quintile households. For example, the estimated TFR for women with more than a secondary education is 2.8 children per woman and is 3.5 for women with less than a secondary education.

Postponements of first births has made a large contribution to the overall fertility decline. Women who defer having a child at a later age, reflecting a rise in age at marriage. It is noted from the 2007 TDHS, that there is a slight declining trend in the median age at first birth for women aged 25–49 in Tuvalu. For example, the median age at first birth for older women aged 45–49 is 24.3 compared with 23.4 for younger women aged 25–29. The results confirm that women with a higher level of education are more likely to have their first child later than women with a lower level of education.

Measures of fertility patterns and trends are important for monitoring the effectiveness of family planning and reproductive health programmes in the country. The 2007 TDHS results show that there was no significant change in fertility level during the last 20 years, implying that fertility control programmes might have been introduced but were not effective during this period. This is supported by further findings of low contraceptive prevalence rates (31%), which is discussed further in the family planning chapter of this report.

CHAPTER 5 FAMILY PLANNING

Contraceptive use, knowledge, attitudes and behaviour are examined in this chapter. Although the focus is on women, some results from the men's survey are also discussed because men play an important role in realising reproduction goals. Data on inter-spousal communication and husband's knowledge about a wife's contraceptive use are also presented. The results presented in this chapter include contraceptive prevalence — an important indicator for program managers in assessing the extent to which family planning services are reaching users — and how effective the methods being adopted are. One important indicator resulting from this survey is the percentage of currently married women aged 15–49 who are currently using any method of contraception. Studying contraception prevalence is necessary because contraception plays an important role in determining fertility levels and trends within a country.

5.1 KNOWLEDGE OF CONTRACEPTION

One major objective of the 2007 TDHS was to assess the level of knowledge of contraceptive methods among Tuvaluan women and men. Individuals who have adequate information about available methods of contraception are better able to develop a rational approach to planning their families. Information on knowledge of contraception was collected during the survey by asking female and male respondents to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent had heard of it. For this report, contraceptive methods are grouped into two types: modern methods, which include female sterilisation, male sterilisation, the Pill, intrauterine device (IUD), injectables, implants and male condom⁸; and traditional methods, which include rhythm method (periodic abstinence), withdrawal and various folk methods. The questionnaire was designed so as to record any other methods, including folk methods, named spontaneously by the respondent.

Knowledge of contraception methods is presented in Table 5.1 for all Tuvaluan women and men within the 15–49 age group who are currently married or who are sexually active and unmarried. A sexually active person is defined as someone who has been sexually active within the month prior to the survey. According to the 2007 TDHS, over nine in ten women (96%) and men (98%) have knowledge of any contraceptive methods, whether modern or traditional. The results show that there is almost universal knowledge of any method of contraception by women and men. Nearly 100% of currently married women and men say that they are aware of any method of contraception. Similarly, there is universal knowledge among unmarried and sexually active men of any method of contraception.

Table 5.1 also shows the results of respondents' knowledge of modern contraception. Levels of knowledge and distribution are the same as reported above for all methods (i.e. about the same for all currently married or unmarried women and men). Furthermore, about eight in ten women (78%) and men (82%) know about traditional methods.

The least known modern methods are lactational amenorrhea (LAM) and emergency contraception (known by less than 20% of both women and men), and the least known traditional method is folk method (known by only 11% of women and 1% of men).

To effectively use LAM as a contraceptive method, a woman should: 1) be exclusively or predominantly breastfeeding; 2) be less than 6 months postpartum; 3) be postpartum amenorrhoeic; and 4) use another contraceptive method when any of the previous criteria do not apply. LAM was reported to be one of the least known methods for all groups of married and unmarried women and men, with unmarried men having the least knowledge (less than 1%).

⁸ Female condom information was not collected in the survey.

Knowledge about modern and traditional contraceptive methods varies, although both women and men are likely to know more about modern contraceptive methods than traditional methods. However, knowledge varies by both women's and men's marital status. For example, unmarried men are aware of only five contraceptive methods while married women know about eight methods.

Table 5.1: Knowledge of contraceptive methods

Percentage of all respondents, currently married respondents and sexually active unmarried respondents aged 15–49 who know any contraceptive method, by specific method, Tuvalu 2007

Method	Women			Men		
	All women	Currently married women	Sexually active unmarried women ¹	All men	Currently married men	Sexually active unmarried men ¹
Any method	96.0	99.0	*	98.4	99.3	100.0
Any modern method	95.8	98.6	*	97.9	98.2	100.0
Female sterilisation	60.8	70.6	*	52.2	65.4	55.6
Male sterilisation	44.3	53.2	*	30.3	40.9	23.3
Pill	87.2	93.3	*	63.6	75.3	64.8
Intrauterine device (IUD)	68.4	80.2	*	39.7	55.0	21.8
Injectables	87.5	95.4	*	61.9	74.7	61.5
Implants	71.3	80.4	*	28.3	40.2	21.0
Male condom	88.0	91.2	*	97.2	97.0	100.0
Female condom	59.3	62.4	*	56.5	59.1	53.7
Lactational amenorrhea (LAM)	17.3	19.9	*	6.6	9.2	0.0
Emergency contraception	18.9	21.9	*	9.6	12.3	6.2
Any traditional method	77.8	89.6	*	82.0	89.8	93.5
Rhythm	72.5	84.3	*	61.3	78.6	66.2
Withdrawal	55.0	66.2	*	70.6	72.8	88.5
Folk method	10.8	12.7	*	1.1	0.5	0.0
Mean number of methods known by respondents aged 15–49	7.4	8.3	*	5.8	6.8	5.6
Number of respondents	851	598	12	428	224	57
Mean number of methods known by respondents 15+	na	na	na	5.9	6.8	5.6
Number of respondents	na	na	na	558	333	60

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

¹ Had last sexual intercourse within 30 days preceding the survey.

na = not applicable

5.2 KNOWLEDGE OF CONTRACEPTIVE METHODS BY BACKGROUND CHARACTERISTICS

Table 5.2 presents the level of knowledge about contraceptive methods for currently married women and men aged 15–49 who have heard of at least one contraceptive method or who have heard of at least one modern method, by their background characteristics. Modern family planning methods are the most important to examine because of their relevance to fertility planning and reproductive health. The analysis is restricted to currently married women and men in order to allow comparison between different age groups within the same category.

Table 5.2: Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and currently married men aged 15–49 who have heard of at least one contraceptive method and who have heard of at least one modern method by background characteristics, Tuvalu 2007

Background characteristic	Women			Men		
	Heard of any method	Heard of any modern method ¹	Number of women	Heard of any method	Heard of any modern method ¹	Number of men
Age						
15–19	*	*	9	*	*	2
20–24	98.6	97.2	78	*	*	15
25–29	97.5	97.5	112	(100.0)	100.0	40
30–34	98.8	97.6	89	*	*	24
35–39	99.2	99.2	84	(100.0)	(100.0)	35
40–44	100.0	100.0	111	(96.7)	(96.7)	50
45–49	99.5	99.5	116	100.0	100.0	58
Residence						
Funafuti	98.4	97.6	277	100.0	98.9	103
Outer islands	99.4	99.4	321	98.6	97.7	121
Education						
Less than secondary	99.4	99.4	220	100.0	98.9	104
Secondary	98.6	97.8	277	97.8	96.2	75
More than secondary	98.9	98.9	101	(100.0)	(100.0)	46
Wealth quintile						
Lowest	98.7	98.7	105	100.0	100.0	47
Second	99.5	99.5	119	100.0	97.8	50
Middle	100.0	100.0	137	100.0	100.0	56
Fourth	99.1	98.2	122	(94.9)	(94.9)	32
Highest	97.2	96.2	115	(100.0)	(97.0)	40
Total aged 15–49	99.0	98.6	598	99.3	98.2	224
50+	na	na	na	98.9	97.3	109
Total men 15+	na	na	na	99.1	97.9	333

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

¹ Female sterilisation, male sterilisation, the Pill, intrauterine device (IUD), injectables, implants, male condom, female condom, diaphragm, foam or jelly, lactational amenorrhea method (LAM), and emergency contraception.

Table 5.2 shows that knowledge by background characteristics is consistent among both women and men.

5.3 EVER USE OF CONTRACEPTION

All women and men who were interviewed in the 2007 TDHS and who were aware of at least one family planning method were asked whether they had ever used that method. Men were only asked about ever-use of male methods, such as male sterilisation, male condoms, rhythm method, and withdrawal. Table 5.3 shows the percentage of all women and currently married women who

have ever used specific methods of family planning, by age. Table 5.4 shows comparable information for men, including sexually active unmarried men.

About 64% of currently married women have ever used a contraceptive method, 56% have used a modern method, and 31% have used a traditional method. The modern methods most commonly used by married women are injectables (41%) and the Pill (29%). Ever-use of other methods does not exceed 10%. The most common traditional methods used by married women are rhythm (23%) and withdrawal (11%).

Among married men, the majority (89%) have used some sort of contraceptive method, 50% have used a modern method, while about 76% have used a traditional method in their lifetime (Table 5.4). Half of married men (50%) aged 15–49 have used male condoms, and an even higher proportion (63%) have used the rhythm method. Less than half of married men (46%) have used withdrawal. These figures are substantially higher than the proportion of married women who have used these methods.

Ever-use of any method is highest among sexually active unmarried men, 90% of whom have used some method at some time. Sexually active unmarried men are much more likely to have used male condoms (75%) and withdrawal (71%).

Table 5.3: Ever use of contraception — Women

Percentage of all women, currently married women, and sexually active unmarried women aged 15–49 who have ever used any contraceptive method by method, according to age, Tuvalu 2007

Age	Any method	Any modern method	Modern methods										Any traditional method	Traditional methods			Number of women
			Female sterilisation	Male sterilisation	Pill	IUD	Injectables	Implants	Male condom	Female condom	LAM	Emergency contraception		Rhythm	Withdrawal	Folk method	
All Women																	
15–19	5.3	4.7	0.0	0.0	1.0	0.0	1.6	0.0	3.1	0.0	0.0	0.0	3.1	0.6	2.0	0.6	111
20–24	31.3	22.0	0.0	0.0	7.7	0.0	13.7	0.7	9.4	1.4	0.7	0.0	19.4	13.8	4.8	3.7	145
25–29	55.6	46.3	0.0	0.0	18.9	3.2	34.0	3.7	7.2	0.8	0.0	0.0	24.2	16.0	12.4	3.4	134
30–34	62.9	52.6	2.2	0.0	27.6	2.2	38.2	14.7	9.3	0.0	6.1	0.0	34.7	23.2	14.1	10.8	97
35–39	65.1	61.7	12.6	0.0	31.1	10.0	45.7	4.6	5.3	1.2	3.4	1.2	25.2	19.0	8.5	8.2	94
40–44	68.7	65.1	16.1	0.0	33.7	13.6	48.4	5.3	8.4	2.1	3.0	0.0	34.4	28.6	10.3	10.2	129
45–49	65.9	61.1	13.9	0.8	36.6	19.4	47.2	4.0	9.0	1.2	0.8	0.8	30.2	20.2	8.5	8.2	140
Total	50.4	44.4	6.4	0.1	22.1	7.1	32.4	4.4	7.6	1.0	1.8	0.3	24.5	17.4	8.5	6.3	851
Currently Married Women																	
15–19	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	9
20–24	48.8	33.0	0.0	0.0	12.1	0.0	20.3	0.0	13.2	2.7	1.4	0.0	31.9	24.2	7.5	4.2	78
25–29	59.5	51.2	0.0	0.0	22.0	3.8	38.1	4.4	5.8	1.0	0.0	0.0	24.1	16.3	11.9	2.1	112
30–34	62.8	51.6	1.2	0.0	28.7	2.4	37.8	16.1	10.2	0.0	6.7	0.0	36.0	23.4	15.4	11.8	89
35–39	66.6	62.8	14.2	0.0	29.6	9.9	46.0	2.6	5.9	1.3	3.8	1.3	26.8	20.6	8.0	9.2	84
40–44	75.3	71.6	17.8	0.0	35.9	15.9	53.1	6.2	9.8	2.5	3.5	0.0	39.0	32.9	12.1	11.3	111
45–49	68.4	64.4	15.7	0.0	39.6	20.7	49.7	4.8	10.0	1.5	0.9	0.9	31.7	22.6	9.3	6.9	116
Total	63.8	56.4	8.5	0.0	28.6	9.4	41.4	5.7	9.1	1.5	2.5	0.4	31.2	23.0	10.7	7.5	598

LAM = lactational amenorrhea method

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. The panel for 'Sexually Active Unmarried Women' has been deleted due to small number of cases (N=12).

Table 5.4: Ever use of contraception — Men

Percentage of all men, currently married men, and sexually active unmarried men aged 15–49 who have ever used any contraceptive method by method, according to age, Tuvalu 2007

Age	Any method	Any modern method	Modern method		Any traditional method	Traditional method		Number of men
			Male sterilisation	Male condom		Rhythm	Withdrawal	
All Men								
15–19	53.5	39.3	0.0	39.3	41.0	16.1	39.7	91
20–24	76.3	67.7	0.0	67.7	49.2	24.9	46.7	74
25–29	86.0	65.8	1.9	65.8	73.0	55.8	52.6	62
30–34	(79.0)	(50.4)	(0.0)	(50.4)	(66.5)	(51.3)	(48.0)	38
35–39	(91.5)	(55.4)	(0.0)	(55.4)	(82.0)	(70.5)	(47.6)	41
40–44	86.0	49.5	0.0	49.5	75.3	59.9	45.6	59
45–49	85.7	33.6	0.0	33.6	75.4	61.4	39.9	63
Total 15–49	77.3	51.2	0.3	51.2	63.1	44.4	45.1	428
50+	69.9	29.0	3.0	26.5	65.8	50.6	35.4	130
Total men 15+	75.6	46.0	0.9	45.4	63.7	45.9	42.8	558
Currently Married Men								
15–19	*	*	*	*	*	*	*	2
20–24	*	*	*	*	*	*	*	15
25–29	(91.6)	(64.8)	(2.9)	(64.8)	(77.3)	(64.0)	(49.8)	40
30–34	*	*	*	*	*	*	*	24
35–39	(93.4)	(55.0)	(0.0)	(55.0)	(85.4)	(77.2)	(45.2)	35
40–44	(86.1)	(46.0)	(0.0)	(46.0)	(77.1)	(61.6)	(45.9)	50
45–49	85.6	34.5	0.0	34.5	76.5	64.1	40.6	58
Total aged 15–49	88.6	50.4	0.5	50.4	76.4	62.5	46.0	224
50+	71.9	27.4	2.1	25.8	70.2	53.7	38.6	109
Total men 15+	83.1	42.9	1.0	42.4	74.4	59.6	43.6	333
Sexually Active Unmarried Men ¹								
Total men 15+	90.3	74.7	0.0	74.7	73.3	39.1	70.5	60

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

¹ Men who had sexual intercourse within 30 days preceding the survey.

5.4 CURRENT USE OF CONTRACEPTION BY AGE

All women and currently married women were asked about the current use of family planning methods to delay or avoid pregnancy. The level of current use is the most widely used and valuable measure of a family planning programme's success. Furthermore, it can be used to estimate the reduction in fertility attributable to contraception. The results are presented in Figure 5.1 and Table 5.5.

As seen in Table 5.5, the contraceptive prevalence rate (i.e. the percentage of currently married women aged 15–49 who are using any method of family planning) is 31%. About 22% of married women use a modern method, while 8% use a traditional method.

By far the most commonly used modern methods among currently married women are female sterilisation (used by 9% of women) and injectables (used by 8% of women). The next most commonly used methods are the Pill and implants (each used by 2% of women). The IUD and condoms are the least used methods by currently married women.

Use of any modern contraceptive method generally rises with age (Fig. 5.1), for both all women and currently married women. The proportion of currently married women using any type of modern method rises from about 21% of married women aged 20–24 to almost 40% of married women aged 40–44, declining to 28% for women aged 45–49. The most popular methods used by women in their 20s and early 30s are injectables and the Pill. Older women are increasingly likely to be sterilised.

Figure 5.1: Percent distribution of current use of contraception by age for all women and currently married women

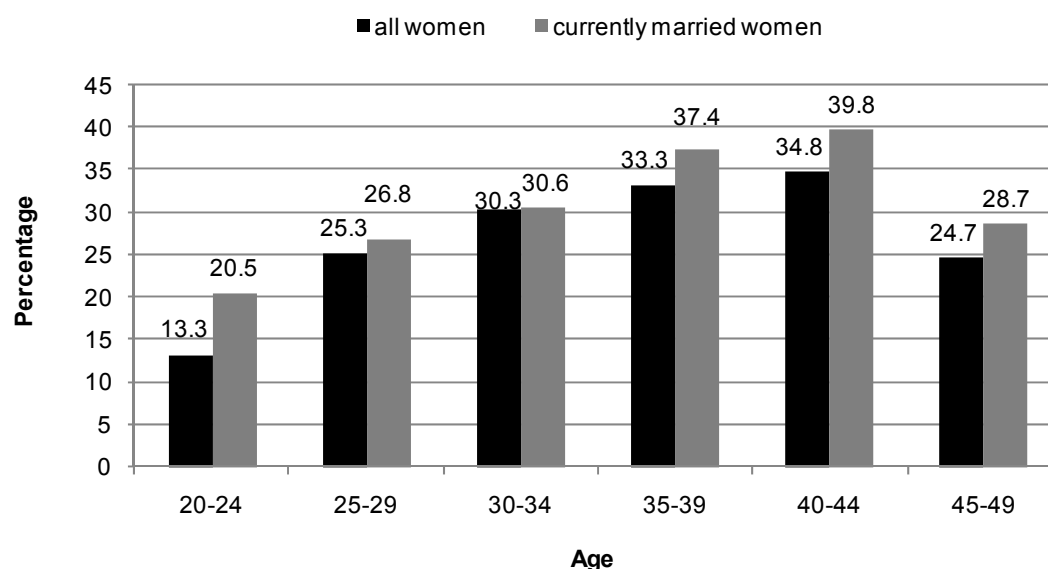


Table 5.5: Current use of contraception by age

Percent distribution of all women, currently married women, and sexually active unmarried women aged 15–49 by contraceptive method currently used, according to age, Tuvalu 2007

Age	Any method	Any modern method	Modern method						Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilisation	Pill	IUD	Injectables	Implants	Male condom		Rhythm	Withdrawal	Folk method			
All Women															
15–19	2.7	2.7	0.0	0.0	0.0	1.6	0.0	1.1	0.0	0.0	0.0	0.0	97.3	100.0	111
20–24	13.3	7.7	0.0	0.0	0.0	4.7	0.7	2.2	5.6	4.8	0.0	0.7	86.7	100.0	145
25–29	25.3	18.8	0.0	3.8	0.8	12.1	2.1	0.0	6.5	4.9	0.8	0.8	74.7	100.0	134
30–34	30.3	20.0	2.2	1.7	1.1	10.9	4.0	0.0	10.3	7.5	1.1	1.8	69.7	100.0	97
35–39	33.3	27.7	12.6	3.7	3.5	7.9	0.0	0.0	5.5	3.0	0.0	2.6	66.7	100.0	94
40–44	34.8	26.7	16.1	2.3	0.8	5.0	1.6	0.8	8.2	4.9	3.3	0.0	65.2	100.0	129
45–49	24.7	19.7	13.9	0.0	0.8	5.0	0.0	0.0	5.0	3.7	0.8	0.5	75.3	100.0	140
Total	23.1	17.3	6.4	1.6	0.9	6.6	1.2	0.7	5.8	4.1	0.9	0.8	76.9	100.0	851
Currently Married Women															
15–19	*	*	*	*	*	*	*	*	*	*	*	*	*	*	9
20–24	20.5	10.2	0.0	0.0	0.0	7.4	0.0	2.8	10.4	9.0	0.0	1.4	79.5	100.0	78
25–29	26.8	20.0	0.0	4.6	1.0	11.9	2.5	0.0	6.8	5.9	0.9	0.0	73.2	100.0	112
30–34	30.6	19.4	1.2	1.9	1.2	10.6	4.4	0.0	11.3	8.1	1.2	1.9	69.4	100.0	89
35–39	37.4	31.2	14.2	4.2	3.9	8.9	0.0	0.0	6.2	3.4	0.0	2.9	62.6	100.0	84
40–44	39.8	30.2	17.8	2.7	1.0	5.8	1.9	1.0	9.5	5.7	3.8	0.0	60.2	100.0	111
45–49	28.7	22.7	15.7	0.0	0.9	6.0	0.0	0.0	6.0	4.5	0.9	0.6	71.3	100.0	116
Total	30.5	22.4	8.5	2.2	1.3	8.4	1.5	0.5	8.1	5.9	1.2	1.0	69.5	100.0	598

LAM = lactational amenorrhea method

Note: 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 cases and has been suppressed. The panel for 'Sexually Active Unmarried Women' has been deleted due to small number of cases (N=12).

5.5 CURRENT USE OF CONTRACEPTION BY BACKGROUND CHARACTERISTICS

Table 5.6 allows a comparison of levels of current contraceptive use among major population groups in Tuvalu, and permits an examination of the mix of contraceptive methods used by various population subgroups. The results assist in identifying major population groups who have poor access to family planning services.

As shown in Table 5.6 and Figure 5.2, some married women are more likely to use contraception than others. Married women with less education are more likely to use modern contraception than those with a secondary and higher education. Use of any modern methods is the same for women in Funafuti and the outer islands. Use of any modern methods increases with increasing number of children for currently married women aged 15–49. There is not much difference in the current use of contraception among currently married women in different wealth quintiles.

Figure 5.2: Current use of contraception by background characteristics

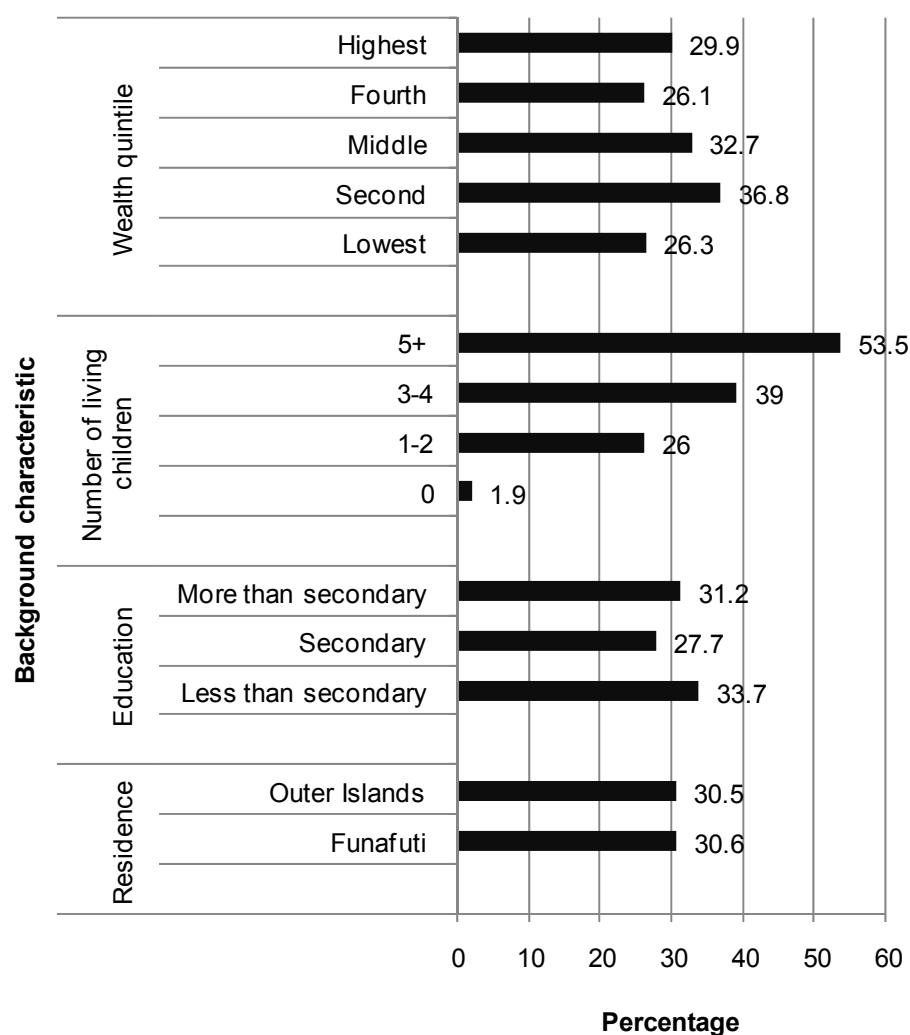


Table 5.6: Current use of contraception by background characteristics

Percent distribution of currently married women aged 15–49 by contraceptive method currently used, according to background characteristics, Tuvalu 2007

Background characteristic	Any method	Any modern method	Modern method						Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilisation	Pill	IUD	Injectables	Implants	Male condom		Rhythm	Withdrawal	Folk method			
Residence															
Funafuti	30.6	23.5	9.8	1.6	2.7	7.5	0.8	1.2	7.1	5.1	0.8	1.2	69.4	100.0	277
Outer islands	30.5	21.4	7.4	2.8	0.0	9.2	2.1	0.0	9.0	6.6	1.6	0.8	69.5	100.0	321
Education															
Less than secondary	33.7	27.0	14.1	2.5	1.0	7.9	1.4	0.0	6.7	4.8	0.5	1.4	66.3	100.0	220
Secondary	27.7	18.9	3.4	2.9	0.4	10.0	1.4	0.8	8.9	6.3	1.9	0.6	72.3	100.0	277
More than secondary	31.2	22.2	10.2	0.0	4.3	4.9	1.8	1.1	9.0	6.9	1.0	1.1	68.8	100.0	101
Number of living children															
0	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.9	1.9	0.0	0.0	98.1	100.0	108
1–2	26.0	16.2	5.3	0.7	1.1	6.9	1.1	1.1	9.8	8.4	0.5	0.9	74.0	100.0	191
3–4	39.0	30.5	12.1	2.1	1.6	12.4	2.3	0.0	8.4	5.3	1.6	1.5	61.0	100.0	199
5+	53.5	42.6	16.7	8.0	2.2	12.4	2.1	1.1	10.9	6.6	3.2	1.1	46.5	100.0	99
Wealth quintile															
Lowest	26.3	19.7	6.3	2.5	0.0	9.8	1.0	0.0	6.6	4.7	0.0	1.9	73.7	100.0	105
Second	36.8	27.7	9.8	4.8	0.0	9.3	2.9	0.9	9.1	5.6	2.6	0.9	63.2	100.0	119
Middle	32.7	22.4	9.7	2.4	0.8	8.7	0.8	0.0	10.3	7.2	2.3	0.8	67.3	100.0	137
Fourth	26.1	18.4	8.6	1.5	0.0	6.7	1.7	0.0	7.7	5.4	0.9	1.4	73.9	100.0	122
Highest	29.9	23.7	7.6	0.0	5.7	7.5	0.9	1.9	6.2	6.2	0.0	0.0	70.1	100.0	115
Total	30.5	22.4	8.5	2.2	1.3	8.4	1.5	0.5	8.1	5.9	1.2	1.0	69.5	100.0	598

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

LAM = lactational amenorrhea method

IUD = intrauterine device

5.6 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

All women aged 15–49 who use any type of contraception were asked about the number of children they had at their first use of contraception. The question is important for determining the beginning of a woman's contraceptive history and is useful for distinguishing whether women whose first use a method was for spacing or for limiting fertility. The results are shown in Table 5.7 and Figure 5.3.

Almost half (49.6%) of all women aged 15–49 reported that they never used any method at all. More than one quarter (27.5%) of women first used a contraceptive method by the time they had one child, while only 4% first used any method after having three children (Fig. 5.3).

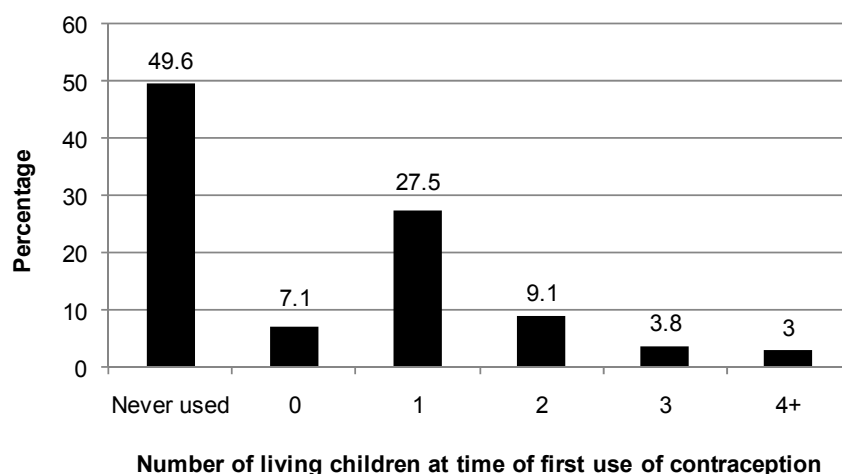
The results also indicate that Tuvaluan women adopt family planning methods when they have fewer children (i.e. one or two children). Almost half (47%) of all younger women aged 20–29 first used a contraceptive method when they already had one child. This obviously indicates that these young women are using family planning for birth spacing. However, 40% of older women aged 45–49 first used a contraceptive method when they already had one child implying that these older women are adopting family planning for birth limiting.

Table 5.7: Number of children at first use of contraception

Percent distribution of women aged 15–49 by number of living children at the time of first use of contraception, according to current age, Tuvalu 2007

Current age	Never used	Number of living children at time of first use of contraception					Total	Number of women
		0	1	2	3	4+		
15–19	94.7	3.1	2.2	0	0	0	100	111
20–24	68.7	9.9	15.8	5	0.5	0	100	145
25–29	44.4	8.9	31.7	10.6	2.8	1.6	100	134
30–34	37.1	6.1	31	12.5	9.8	3.5	100	97
35–39	34.9	4.1	33.6	14.2	5.7	7.5	100	94
40–44	31.3	5.4	37.3	12.6	8.9	4.5	100	129
45–49	34.1	9.7	40	10	1.2	5	100	140
Total	49.6	7.1	27.5	9.1	3.8	3	100	851

Figure 5.3: Percent distribution of women aged 15–49 by number of living children at the time of first use of contraception



5.7 KNOWLEDGE OF FERTILE PERIOD

Successful use of the rhythm method depends in part on understanding when, during the ovulatory cycle, a woman is most likely to conceive. In the 2007 TDHS, women were asked, ‘From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?’ If the answer was ‘yes’, women were further asked whether that time was just before her period begins, during her period, right after her period has ended, or halfway between two periods. Table 5.8 provides the results for all women, as well as for women who report that they are currently using the rhythm method and those who are not.

Among nonusers of the rhythm method, less than one in five (17%) understand that a woman is most likely to conceive halfway between her menstrual periods. A little more than half (57%) wrongly believe that the fertile period is right after a woman’s period has ended, while 15% of women say they do not know when the fertile period falls, and only 7% believe that there is no specific fertile time.

Users of the rhythm method are more likely than to know that the fertile time in a woman’s menstrual cycle is halfway between periods (30%) than nonusers of the rhythm method (17%). Rhythm method users are also more likely to wrongly believe that the fertile period is right after a woman’s period has ended.

Table 5.8: Knowledge of fertile period

Percent distribution of women aged 15–49 by knowledge of the fertile period during the ovulatory cycle, according to current use of the rhythm method, Tuvalu 2007

Perceived fertile period	Users of rhythm method	Nonusers of rhythm method	All women
Just before her menstrual period begins	(0.0)	1.8	1.7
During her menstrual period	(0.0)	2.1	2.0
Right after her menstrual period has ended	(67.0)	57.0	57.4
Halfway between two menstrual periods	(29.9)	16.7	17.2
Other	(0.0)	0.3	0.3
No specific time	(0.0)	7.1	6.8
Don’t know	(3.1)	14.7	14.2
Missing	(0.0)	0.3	0.3
Total	100.0	100.0	100.0
Number of women	35	816	851

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

5.8 TIMING OF STERILISATION

All sterilised women aged 15–49 were asked how old they were when they were sterilised. This question was asked in order to determine whether age at time of sterilisation is declining. Table 5.9 presents the percent distribution of sterilised women aged 15–49 by age at time of sterilisation and median age at sterilisation, according to the number of years since the operation.

The authors of this report emphasise caution when interpreting these results because they are based on a very small number of cases. More than half of women (57%) in the 25–34 age group have been sterilised, 30% in the 35–39 age group have been sterilised, while very few women in the older age groups have been sterilised. The findings also show that few young women aged less than 25 at the time of the operation are sterilised. The median age at sterilisation is increasing, from 29 in the past 10 years to 36 in less than 2 years since the operation took place.

Table 5.9: Timing of sterilisation

Percent distribution of sterilized women aged 15–49 by age at the time of sterilisation and median age at sterilisation, according to the number of years since the operation, Tuvalu 2007

Years since operation	Age at time of sterilisation						Total	Number of women	Median age ¹
	<25	25–29	30–34	35–39	40–44	45–49			
<2	0.0	0.0	23.9	62.2	0.0	13.9	100.0	5	35.8
2–3	0.0	27.5	0.0	0.0	45.0	27.5	100.0	4	a
4–5	0.0	0.0	15.7	84.3	0.0	0.0	100.0	4	37.1
6–7	0.0	0.0	22.2	55.3	22.5	0.0	100.0	8	38.1
8–9	0.0	27.7	36.1	36.1	0.0	0.0	100.0	15	32.3
10+	7.3	52.0	37.4	3.2	0.0	0.0	100.0	19	29.3
Total	2.5	27.9	29.5	30.4	6.5	3.2	100.0	54	a

a = not calculated due to censoring

¹ Median age at sterilisation is calculated only for women sterilised before age 40 at less than 40 years of age to avoid problems of censoring: women over 40 are excluded as they are likely to be exposed to menopause.

5.9 SOURCE OF MODERN CONTRACEPTIVE METHODS

Information on where women obtain their contraceptives is useful for family planning programme managers and implementers. Women who reported using a modern contraceptive method at the time of the 2007 TDHS were asked where they obtained the method the last time they acquired it. Because some women may not know in which category the source they use falls (e.g. government or private health centre or clinic), interviewers were instructed to note the full name of the source or facility. Supervisors and field editors were told to verify that the name and source type were consistent, asking informants in the enumeration areas for the names of local family planning outlets if necessary. This practice was designed to improve the accuracy of source reporting.

Table 5.10 presents the major sources of modern contraceptive methods for all users aged 15–49 by different methods used. Generally, the results show that Tuvaluan women are more likely to obtain their contraceptive supply from a public sector source than a private sector source. Over 8 in 10 users (86%) obtain their contraceptives from public sector sources, while less than 3% of users obtain their modern contraceptives from private sources. The same proportion of users (10%) report that they obtain their modern methods from other sources and from overseas.

Table 5.10: Source of modern contraception methods

Percent distribution of users of modern contraceptive methods aged 15–49 by most recent source of method, according to method, Tuvalu 2007

Source	Female sterilisation	Injectables	Total ¹
Public sector	75.3	96.9	86.0
Government hospital	75.3	61.2	68.5
Government health centre	0.0	35.7	17.5
Private medical clinic	0.0	0.0	2.2
Private hospital, clinic	0.0	0.0	2.2
Other source	24.7	3.1	10.3
Friend/relative	0.0	1.9	0.7
Overseas	24.7	1.2	9.6
Other	0.0	0.0	1.5
Total	100.0	100.0	100.0
Number of women	54	56	147

¹ Total includes other modern methods but excludes lactational amenorrhea method (LAM).

5.10 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning services is the extent to which non-users of contraception will use family planning in the future, which provides information for forecasting future needs for contraceptive methods and services. The future intention of women to use contraceptive methods also indicates the level of their future birth control, which is related to fertility level. Thus, in the survey, women who were not currently using a method of contraception were asked about their intention to use family planning in the future. The results are presented in Table 5.11 and Figure 5.4.

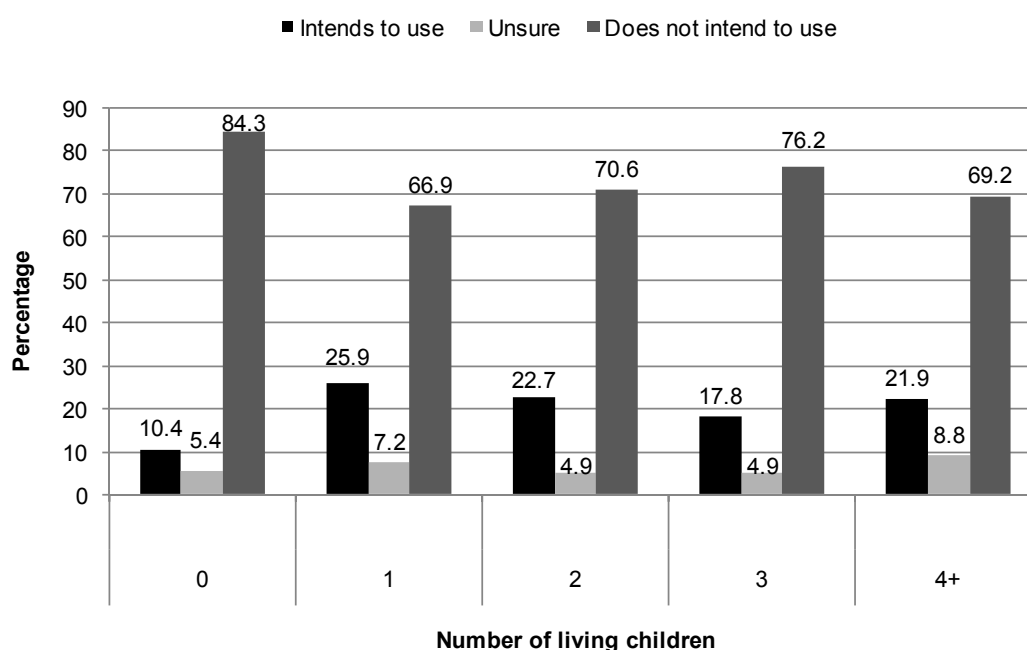
Table 5.11: Future use of contraception

Percent distribution of currently married women aged 15–49 who are not using a contraceptive method by intention to use in the future, according to number of living children, Tuvalu 2007

Intention to use in the future	Number of living children ¹					Total
	0	1	2	3	4+	
Intends to use	10.4	25.9	22.7	17.8	21.9	19.5
Unsure	5.4	7.2	4.9	4.9	8.8	6.5
Does not intend to use	84.3	66.9	70.6	76.2	69.2	73.6
Missing	0.0	0.0	1.7	1.1	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	96	79	63	65	113	416

¹ Includes current pregnancy.

Figure 5.4: Percentage of currently married women aged 15–49 who are not using a contraceptive method by intention to use in future, according to the number of living children



About three out of four women (74%) in this category state that they do not intend to use any contraceptive methods in the future, while one in five women (20%) intend to use some method. Figure 5.4 shows no clear relationship between the future use of contraception with the number of living children the women are having during the time of the survey. For example, almost one in seven women with four or more living children report that they do not intend to use any contraception in the future. The proportion of non-users who intend to use any method in the future by the number of living children maintain a constant trend with the increasing the number of living children.

5.11 REASONS FOR NOT INTENDING TO USE CONTRACEPTION IN THE FUTURE

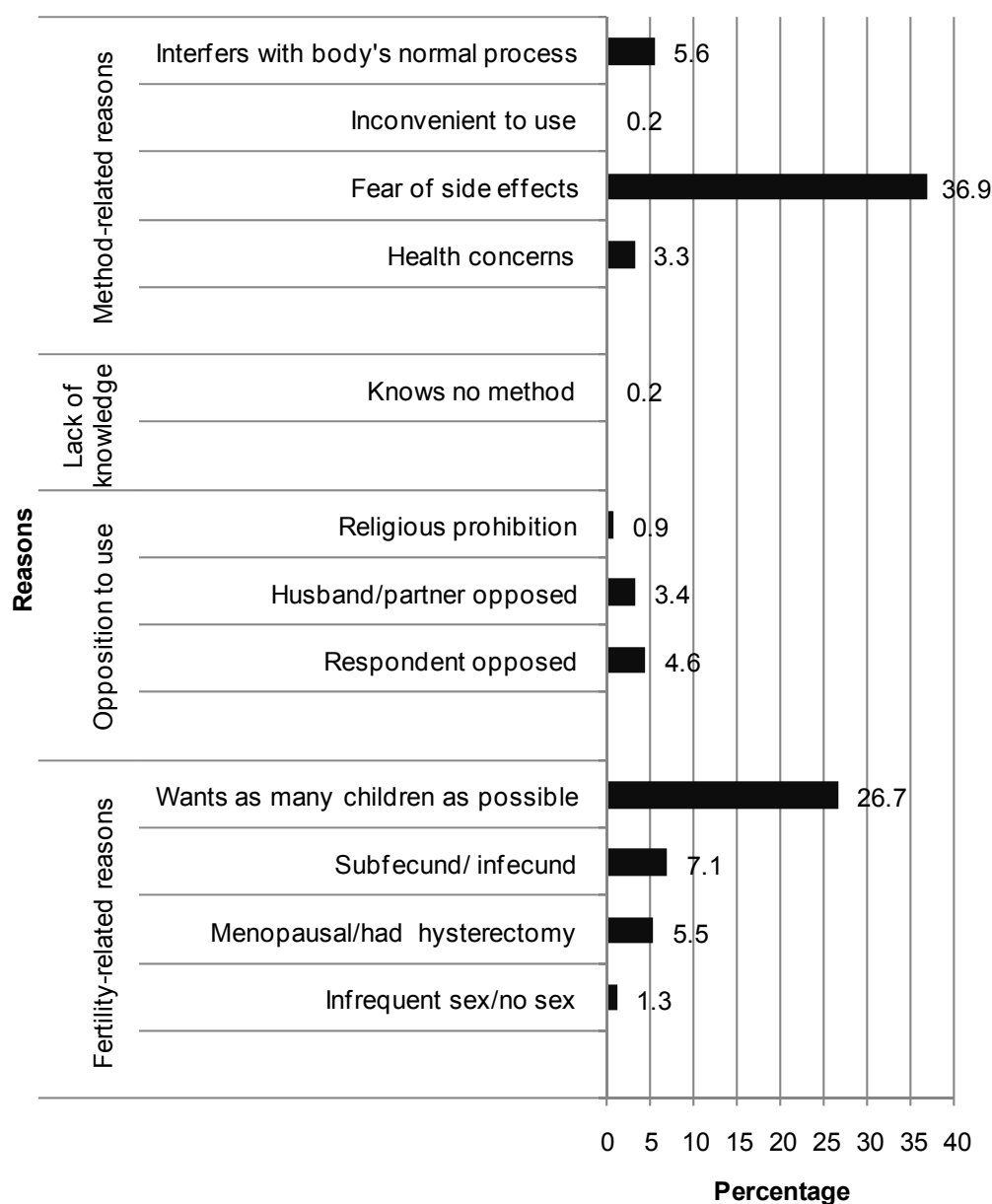
Figure 5.5 presents information about the reasons women do not intend to use contraception in the future, as reported by currently married non-users. These reasons are categorised into four major groups: fertility-related reasons, opposition to using any methods, lack of knowledge of any methods, and method-related reasons. Method-related (46%), fertility-related (40.6%), and opposition to use (9%) were the most often stated reasons. The most common reasons for women not intending to use contraception are a fear of side-effects (37%), and a desire to have as many children as possible (27%).

Table 5.12: Reason for not intending to use contraception in the future

Percent distribution of currently married women aged 15–49 who are not using contraception and who do not intend to use it in the future by main reason for not intending to use, Tuvalu 2007

Reason	Percent distribution
Fertility-related reasons	
Infrequent sex/no sex	1.3
Menopausal/had hysterectomy	5.5
Subfecund/ infecund	7.1
Wants as many children as possible	26.7
Opposition to use	
Respondent opposed	4.6
Husband/partner opposed	3.4
Religious prohibition	0.9
Lack of knowledge	
Knows no method	0.2
Method-related reasons	
Health concerns	3.3
Fear of side-effects	36.9
Inconvenient to use	0.2
Interferes with body's normal process	5.6
Other	2.1
Don't know	2.2
Total	100.0
Number of women	306

Figure 5.5: Reason for not intending to use contraception in the future

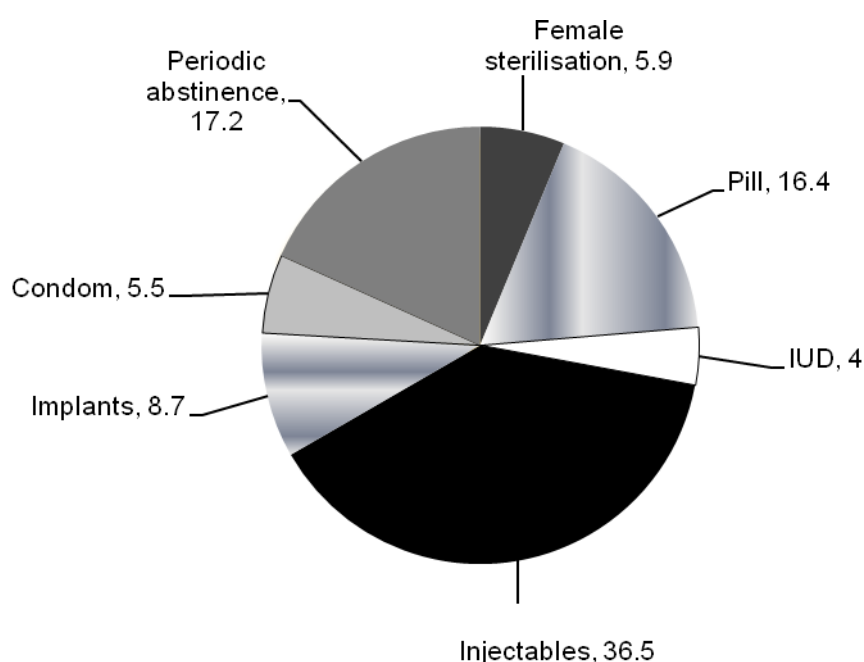


5.12 PREFERRED METHOD OF CONTRACEPTION FOR FUTURE USE

The analysis of preferred method of future contraception focuses on currently married women who are non-users but who intend to use contraception in the future. Women in this category were asked about the preferred contraceptive methods they would use in the future. Figure 5.6 shows the results.

Injectables are the most popular method that this group of women tends to use in the future, accounting for about 40% of women. The second most likely methods to be used in the future are periodic abstinence and the Pill, accounting for 17% and 16%, respectively. About 9% of women prefer implants while both condoms and female sterilisation are the least preferred methods women mentioned. About 2% of women are still unsure about which method to use in the future. These women are not included in the chart.

Figure 5.6: Preferred method of contraception for future use



5.13 EXPOSURE TO FAMILY PLANNING MESSAGES

Information on public exposure to a particular type of media allows policy-makers to use the most effective media for targeting specific population groups. To assess the effectiveness of such media in disseminating family planning information, all respondents in the 2007 TDHS were asked whether they had heard or read about family planning in the previous few months on the radio or television, in a newspaper or magazine, or in a video or film.

Table 5.13 and Figure 5.7 show that a majority of respondents have been exposed to a family planning message through the media. Radio is by far the most common media source, with 92% of women and 84% of men saying that they had heard a message on the radio. The next most common forms of media for family planning messages are newspapers and magazines, cited by 33% of women and 32% of men. About 11% of women and 18% of men said that they had seen a family planning message on television in the previous few months before the survey. Overall, women are considerably more likely to have seen a family planning message than men.

Figure 5.7: Exposure to family planning messages

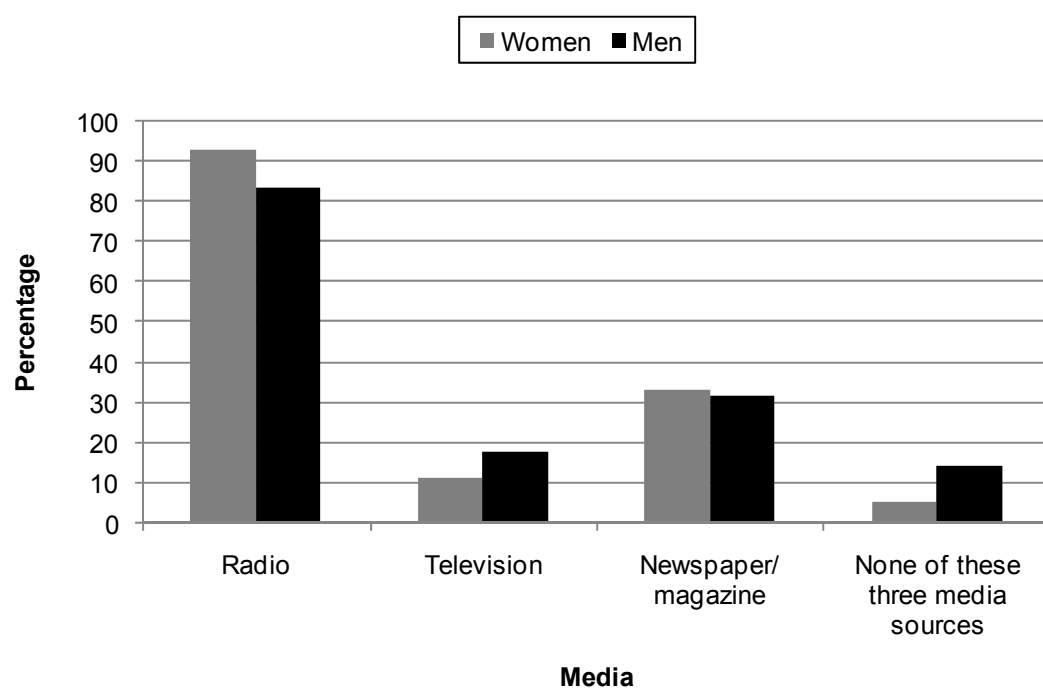


Table 5.13: Exposure to family planning messages

Percentage of women and men aged 15–49 who heard or saw a family planning message on the radio or television or in a newspaper in the past few months, according to background characteristics, Tuvalu 2007

Background characteristic	Women					Men				
	Radio	Television	Newspaper/ magazine	None of these three media sources	Number of women	Radio	Television	Newspaper/ magazine	None of these three media sources	Number of men
Age										
15–19	86.2	11.3	34.8	10.9	111	80.5	6.5	13.4	18.2	91
20–24	91.4	15.3	31.9	5.5	145	79.9	21.8	27.4	20.1	74
25–29	94.2	14.2	43.3	4.2	134	81.1	22.2	37.3	17.1	62
30–34	97.1	11.9	42.8	2.9	97	(88.1)	(21.6)	(41.4)	(8.8)	38
35–39	92.0	6.7	28.3	6.8	94	(86.3)	(8.5)	(36.3)	(13.7)	41
40–44	94.2	10.4	25.2	4.9	129	92.7	22.5	43.4	7.3	59
45–49	95.2	7.6	29.0	2.4	140	81.6	25.8	39.2	9.4	63
Residence										
Funafuti	89.5	18.9	42.5	7.1	414	85.4	24.0	41.1	12.0	225
Outer islands	96.2	4.0	24.8	3.5	437	81.5	11.4	21.6	16.9	203
Education										
Less than secondary	94.3	5.9	18.1	5.0	282	83.9	15.6	25.6	13.7	141
Secondary	92.5	11.2	33.8	5.1	437	83.1	14.6	28.3	15.8	223
More than secondary	91.6	23.1	64.8	6.3	132	84.2	35.2	58.8	10.2	63
Wealth quintile										
Lowest	95.1	2.4	17.8	4.5	152	79.7	11.7	16.3	18.1	75
Second	91.7	6.7	21.7	5.9	179	78.4	8.6	24.6	20.4	94
Middle	96.8	6.8	34.1	2.5	169	90.6	19.0	28.3	7.6	89
Fourth	90.7	11.3	42.7	6.4	173	85.7	21.1	44.0	11.1	74
Highest	90.8	27.7	48.9	6.7	177	83.6	28.8	45.3	14.0	96
Total aged 15–49	92.9	11.3	33.4	5.3	851	83.6	18.0	31.9	14.3	428
50+	na	na	na	na	na	88.3	20.1	27.0	10.4	130
Total men 15+	na	na	na	na	na	84.7	18.5	30.7	13.4	558

na = not applicable

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

5.14 CONTACT OF NON-USERS WITH FAMILY PLANNING PROVIDERS

In the 2007 TDHS, women who were not using any family planning method were asked whether they had been visited by a health worker who talked with them about family planning in the 12 months preceding the survey. This information is especially useful for determining whether non-users of family planning are being reached by family planning outreach programmes. Non-users were also asked if they had visited a health facility in the preceding 12 months for any reason other than family planning, and if so, whether any health worker at the facility spoke to them about family planning. These questions can assess the level of so-called ‘missed opportunities’ to inform women about contraception.

The results shown in Table 5.14 indicate that only 8% of non-users are being reached by fieldworkers to discuss family planning issues. Moreover, only 15% of non-users visited a health facility and were spoken to about family planning. Altogether, 80% of non-users were not contacted about family planning through either of these two mechanisms in the 12 months preceding the survey.

Differences in contact with non-users by background characteristics show some variations. For example, young women aged 15–24 and women in the 40–49 age groups are less likely than other women to be reached by field workers to discuss family planning issues. Women in Funafuti who do not use any family planning method, as well as women with less education and those in the fourth and highest wealth quintiles are the most likely people to miss out on family planning information.

Table 5.14: Contact of non-users with family planning providers

Among women aged 15–49 who are not using contraception, the percentage who, during the last 12 months, were visited by a fieldworker who discussed family planning; the percentage who visited a health facility and discussed family planning; the percentage who visited a health facility but did not discuss family planning; and the percentage who neither discussed family planning with a fieldworker nor at a health facility, by background characteristics, Tuvalu 2007

Background characteristic	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the 12 months preceding the survey and who:		Percentage of women who neither discussed family planning with fieldworker nor at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15–19	7.2	3.0	31.9	90.8	108
20–24	2.4	14.2	41.6	84.7	126
25–29	17.4	23.2	53.5	70.8	100
30–34	9.9	26.2	46.2	70.3	68
35–39	11.6	23.2	41.6	71.3	63
40–44	11.5	12.0	42.5	82.3	84
45–49	5.4	10.0	52.8	85.7	105
Residence					
Funafuti	6.4	14.5	41.6	81.8	322
Outer islands	11.1	15.2	46.8	79.6	333
Education					
Less than secondary	7.9	14.6	43.5	82.1	204
Secondary	8.6	15.2	41.2	80.1	350
More than secondary	11.3	14.4	56.4	79.7	100
Wealth quintile					
Lowest	11.3	14.3	46.9	79.6	122
Second	10.1	14.9	38.9	80.6	127
Middle	10.4	22.5	41.9	73.6	124
Fourth	4.1	10.3	48.2	86.5	140
Highest	8.6	13.2	44.7	82.1	141
Total	8.8	14.9	44.2	80.7	654

5.15 HUSBAND'S OR PARTNER'S KNOWLEDGE OF WOMEN'S USE OF CONTRACEPTION

Use of family planning methods is facilitated when couples discuss and agree on the issue. To determine the extent to which women use contraception without telling their partners, the 2007 TDHS asked married women whether their husband or partner knew that they were using a family planning method.

Table 5.15 shows that the majority of women (85%) say that their husband knows they are using contraception. Differences by background characteristics are not large, with nearly universal knowledge by husbands/partners.

Table 5.15: Husband/partner's knowledge of women's use of contraception

Among currently married women aged 15–49 who are using a contraceptive method, the percent distribution by whether women report that their husband/partner knows about their use, according to background characteristics, Tuvalu 2007

Background characteristic	Knows ¹	Does not know	Unsure whether knows/missing	Total	Number of women
Residence					
Funafuti	85.9	7.7	6.4	100.0	85
Outer islands	84.7	13.1	2.1	100.0	98
Education					
Less than secondary	83.9	13.3	2.8	100.0	74
Secondary	84.8	12.3	2.8	100.0	77
More than secondary	(89.7)	(0.0)	(10.3)	(100.0)	32
Wealth quintile					
Lowest	(83.7)	(16.3)	(0.0)	(100.0)	28
Second	(83.8)	(11.4)	(4.8)	(100.0)	44
Middle	(95.2)	(4.8)	(0.0)	(100.0)	45
Fourth	(76.0)	(17.2)	(6.8)	(100.0)	32
Highest	(84.1)	(6.4)	(9.5)	(100.0)	34
Total	(85.3)	(10.6)	(4.1)	(100.0)	183

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

¹Includes women who report use of male sterilisation, male condoms or withdrawal.

5.16 KEY RESULTS

Contraception prevalence is one determinant of fertility level in any population. The study of contraception prevalence is most important because of the role of contraception in determining fertility levels and trends. The following are key results from this chapter.

- Knowledge of contraceptive methods is almost universal for both women and men in Tuvalu.
- This knowledge has not translated into current use because the results show that slightly more than 2 in 10 woman and 3 in 10 currently married woman use any method of contraception.
- Out of the 8 in 10 woman and 7 in 10 currently married woman who do not use any contraception, about 2 in 10 intend to use it in the future, while 1 in 10 are not sure, and the remainder (6 out of 10 women) do not intend to use any in the future.
- There are two main reasons why these women are not currently using any method of contraception: a fear of side effects (stated by about 3 in 10 women) and a desire to have as many children as possible (stated by about 3 in 10 women).

CHAPTER 6 OTHER PROXIMATE DETERMINANTS OF FERTILITY

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

6.1 CURRENT MARITAL STATUS

Marriage is a primary indication of the regular exposure of women to the risk of pregnancy and is, therefore, important for understanding fertility. Populations in which age at first marriage is low tend to have early childbearing and high fertility.

Table 6.1 presents the percent distribution of women and men by marital status, according to age. The term 'married' refers to legal or formal marriage, while 'living together' designates an informal union in which a man and a woman live together, even if a formal civil or religious ceremony has not occurred. In later tables that do not list 'living together' as a separate category, these women are included in the 'currently married' group. Respondents who are currently married, widowed, divorced, or separated are referred to as 'ever married'.

Table 6.1: Current marital status

Percent distribution of women and men aged 15–49 by current marital status, according to age, Tuvalu 2007

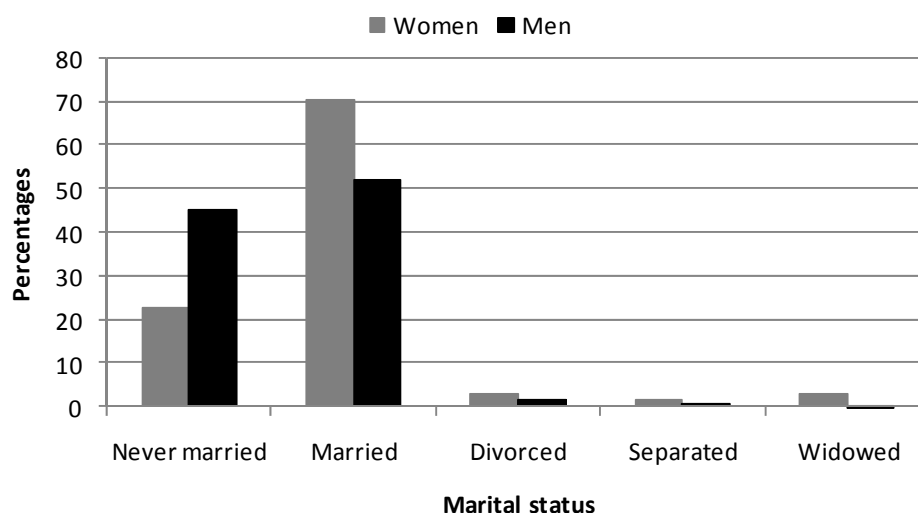
	Marital status						Percentage of respondents currently in union	Number of respondents
Age	Never married	Married	Divorced	Separated	Widowed	Total		
Women								
15–19	89.0	8.0	1.5	1.5	0.0	100.0	8.0	111
20–24	40.4	53.9	3.2	2.1	0.4	100.0	53.9	145
25–29	11.6	83.7	2.6	1.6	0.5	100.0	83.7	134
30–34	2.4	91.6	2.5	0.0	3.5	100.0	91.6	97
35–39	3.6	88.9	2.0	1.4	4.1	100.0	88.9	94
40–44	5.5	85.6	3.0	2.2	3.8	100.0	85.6	129
45–49	4.7	82.6	4.5	1.2	7.0	100.0	82.6	140
Total 15–49	22.6	70.3	2.9	1.5	2.7	100.0	70.3	851
Men								
15–19	96.7	2.0	0.0	1.3	0.0	100.0	2.0	91
20–24	79.2	20.0	0.0	0.7	0.0	100.0	20.0	74
25–29	33.7	64.5	0.0	1.9	0.0	100.0	64.5	62
30–34	(36.6)	(63.4)	(0.0)	(0.0)	(0.0)	(100.0)	(63.4)	38
35–39	(8.5)	(85.6)	(5.9)	(0.0)	(0.0)	(100.0)	(85.6)	41
40–44	10.8	86.1	3.1	0.0	0.0	100.0	86.1	59
45–49	4.6	89.6	2.7	0.0	1.1	100.0	91.7	63
Total 15–49	45.3	52.2	1.4	0.7	0.2	100.0	52.5	428
50+	7.1	82.9	2.7	0.0	6.8	100.0	83.4	130
Total men 15+	36.4	59.3	1.7	0.5	1.7	100.0	59.7	558

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

In total, a higher proportion of women are married (70.3%) than men (52.2%) (Table 6.1 and Fig. 6.1). Current marital status displays a similar trend for both sexes according to age groups (15–49). Only a small percentage of women and men are found to be married at a younger age and the percentage increases as they get older. Women are more likely than men to be in a divorced,

separated and widowed status (Fig. 6.1). The higher percentage of widowed women indicates early death of Tuvaluan men.

Figure 6.1: Percent distribution of women and men aged 15–49 by current marital status



6.1.1 Age at first marriage

Marriage is generally associated with fertility because it is correlated with an exposed risk of pregnancy. The duration of exposure to the risk of pregnancy depends primarily on the age at which women first marry. On average, women who marry early have their first child early and give birth to more children, thereby contributing to higher fertility rates. Table 6.2 shows the percentage of women and men aged 15–49 who were first married by specific exact ages and median age at first marriage, according to current age.

When looking at the proportion of never married, these figures depict a different pattern for both sexes at age at first marriage. Overall, 89% of women aged 15–19 have yet not married, while more than 50% of women aged 20–29 are reported to be married. The proportion of women never married declines sharply with increasing age. For example, only 2% of women in the 30–34 age group have never married.

On the other hand, the majority of men (97%) did not marry at younger ages (i.e. 15–19), and 34% of men aged 30–34 were still not married. The results show that men marry at older ages than women, which is expressed in a median age at first marriage of 27.2 for men and 22.1 for women.

Looking at the exact age at first marriage for women, one in ten women aged 25–49 were married at the exact age of 18, and almost half of these women were married at exact age 22, and about three in four women married by age 25 (Table 6.2). Data imply that younger women tend to marry later, as reflected in the increasing proportion of younger women married at exact ages 22 and 25.

Table 6.2: Age at first marriage

Percentage of women and men aged 15–49 who were first married by specific exact ages and median age at first marriage, according to current age, Tuvalu 2007

Current age	Percentage first married by exact age:					Percentage never married	Number	Median age at first marriage
	15	18	20	22	25			
Women								
15–19	0.0	Na	na	na	na	89.0	111	(12.7)
20–24	0.0	9.9	34.0	na	na	40.4	145	a
25–29	0.0	9.6	30.4	55.4	84.8	11.6	134	21.5
30–34	0.0	16.9	31.3	55.9	81.6	2.4	97	21.6
35–39	0.0	14.9	34.3	49.8	68.4	3.6	94	22.0
40–44	0.8	11.4	24.1	46.9	65.7	5.5	129	22.3
45–49	0.0	5.8	19.3	38.0	66.2	4.7	140	23.0
20–49	0.1	10.9	28.5	na	na	12.7	740	22.1
25–49	0.2	11.1	27.2	48.7	73.2	5.9	594	22.1
Men								
15–19	0.0	Na	na	na	na	96.7	91	(14.0)
20–24	0.0	0.0	6.6	na	na	79.2	74	(10.7)
25–29	0.0	0.0	4.6	30.0	51.3	33.7	62	24.8
30–34	0.0	3.1	15.0	19.8	36.3	36.6	38	26.7
35–39	0.0	2.8	8.5	14.2	37.0	8.5	41	28.5
40–44	0.0	0.0	7.1	19.4	40.7	10.8	59	26.0
45–49	0.0	0.0	1.9	16.1	55.8	4.6	63	23.9
20–49	0.0	0.7	6.7	19.5	40.2	31.5	337	27.2
25–49	0.0	0.9	6.7	20.3	45.6	18.1	263	25.8

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner. Figures in parentheses are based on 25–49 cases.

na = not applicable due to censoring

a = omitted because less than 50% of women married for the first time before reaching the beginning of the age group

6.1.2 Median age at first marriage — Women

Table 6.3 shows the median age at first marriage among women aged 25–49 by five-year age groups, according to background characteristics. The median age at first marriage among women aged 25–49 is 22.1. In terms of residence, in total, women from the outer islands have a lower median age of 21.8 at first marriage than women from Funafuti at 22.4. Women with a lower level of education tend to have a lower median age at first marriage than women with a higher level of education. The age at first marriage for women in the lowest and second lowest wealth quintiles are lower than for women in higher wealth quintiles.

Table 6.3: Median age at first marriage — Women

Median age at first marriage among women by five-year age groups, and aged 25–49, according to background characteristics, Tuvalu 2007

Background characteristic	Current age					Women aged
	25–29	30–34	35–39	40–44	45–49	25–49
Residence						
Funafuti	21.8	22.2	23.5	22.8	23.0	22.4
Outer islands	21.1	21.1	20.8	22.2	23.1	21.8
Education						
Less than secondary	17.9	21.1	21.2	22.7	22.7	22.1
Secondary	21.0	21.3	23.0	21.7	24.3	21.7
More than secondary	22.7	22.9	24.1	28.7	24.1	23.2
Wealth quintile						
Lowest	19.8	21.3	21.4	22.6	24.4	22.0
Second	21.9	20.1	18.8	20.5	24.1	20.6
Middle	21.1	20.9	25.3	22.2	22.5	22.2
Fourth	22.1	21.5	21.9	24.2	23.5	22.4
Highest	21.8	23.0	21.7	28.1	22.6	22.5
Total	21.5	21.6	22.0	22.3	23.0	22.1

Note: The age at first marriage is defined as the age at which the respondent began living with her first spouse/partner.

6.2 AGE AT FIRST SEXUAL INTERCOURSE

While age at first marriage is often used as a proxy for first exposure to intercourse, the two events do not necessarily occur at the same time. Women and men sometimes engage in sexual relations before marriage. In the 2007 TDHS, women and men were asked how old they were when they first had sexual intercourse.

Table 6.4 shows the percentage of women and men aged 15–49 who had their first experience of sexual intercourse by specific exact ages, the percentage who never had intercourse, and the median age at first intercourse, according to current age. The data show a notably different trend for the two sexes. Unlike the pattern in age at first marriage, which showed that women married at a younger age than men, males engage in sexual activities about four years earlier than females. The median age at first sexual intercourse was 17.8 for men and 21.7 for women.

These data confirm that men engage in sexual intercourse earlier than women and that they have sexual intercourse long before marriage. For instance, about 20% of men in the 20–49 age group had their first sexual intercourse by exact age 15. Because of their earlier exposure to sexual behaviours, men are more likely to be exposed to sexually transmitted diseases including HIV and AIDS.

Table 6.4: Age at first sexual intercourse

Percentage of women and men aged 15–49 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to current age, Tuvalu 2007

Percentage who had first sexual intercourse by exact age:						Percentage who never had intercourse	Number of respondents	Median age at first intercourse
Current age	15	18	20	22	25			
Women								
15–19	2.1	na	na	na	na	84.8	111	(12.3)
20–24	1.4	12.9	37.2	na	na	32.8	145	a
25–29	0.0	9.6	32.8	59.4	80.3	6.4	134	21.4
30–34	1.1	18.3	34.2	63.7	84.5	0.7	97	21.1
35–39	0.7	14.9	35.2	49.6	71.6	1.2	94	22.0
40–44	0.8	10.9	24.9	53.7	69.9	3.7	129	21.6
45–49	0.0	6.8	22.4	47.2	68.9	3.0	140	22.3
20–49	0.7	11.8	30.8	53.2	70.4	9.1	740	21.7
25–49	0.5	11.5	29.3	na	na	3.3	594	a
15–24	1.7	na	na	na	na	55.4	257	(6.4)
Men								
15–19	18.9	na	na	na	na	39.9	91	a
20–24	9.6	45.7	67.3	na	na	19.9	74	18.4
25–29	21.1	48.3	68.1	86.0	91.6	1.9	62	18.1
30–34	27.1	65.5	73.3	85.4	89.7	3.1	38	17.1
35–39	20.7	54.6	71.8	78.7	81.3	0.0	41	17.5
40–44	20.5	54.9	73.1	77.0	83.8	0.0	59	17.5
45–49	23.1	52.1	67.7	78.8	88.2	0.0	63	17.6
20–49	19.5	52.3	69.8	80.1	85.3	5.0	337	17.8
25–49	22.2	54.1	70.4	na	na	0.9	263	17.5
15–24	14.7	na	na	na	na	31.0	164	18.0
20+	20.5	51.7	68.4	na	na	3.8	467	17.8
25+	22.5	52.9	68.6	77.5	82.5	0.8	394	17.7

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

na = not applicable due to censoring

a = omitted because less than 50% of the respondents had intercourse for the first time before reaching the beginning of the age group

6.3 MEDIAN AGE AT FIRST INTERCOURSE — WOMEN AND MEN

Differentials in age at first sex by background characteristics are shown in Tables 6.5 (for women) and 6.6 (for men).

Table 6.5: Median age at first intercourse — Women

Median age at first sexual intercourse among women by five-year age groups, age and aged 25–49, according to background characteristics, Tuvalu 2007

Background characteristic	Current age					Women aged
	25–29	30–34	35–39	40–44	45–49	25–49
Residence						
Funafuti	21.7	21.4	22.6	21.2	22.2	21.8
Outer islands	20.8	20.8	21.2	21.8	22.4	21.5
Education						
Less than secondary	17.9	21.0	20.9	21.4	22.1	21.5
Secondary	20.7	20.9	22.7	21.2	22.0	21.1
More than secondary	22.7	22.4	23.6	27.7	24.1	23.1
Wealth quintile						
Lowest	19.5	20.2	21.7	23.6	23.0	21.8
Second	20.2	19.4	18.8	20.4	21.5	20.2
Middle	21.1	22.2	24.2	22.5	21.4	22.1
Fourth	20.9	20.9	21.8	23.1	22.8	21.7
Highest	22.3	21.8	21.7	22.4	22.4	22.1
Total	21.4	21.1	22.0	21.6	22.3	21.6

When we look at the median age at first intercourse for women by residence, women living in the outer islands have a lower median age compared with women on Funafuti. The data by educational background show a lower median age at first intercourse for those who did not attend secondary school and those who reached secondary school compared than those with a higher education. Data by wealth quintile does not show a clear correlation between age at first intercourse and level of wealth.

The data show that the age at first intercourse for men from the outer islands is lower (17.1) than for men from Funafuti (18.1).

Data by educational characteristics show that those who have reached a secondary or higher education have a lower median age at first intercourse than those who with a lower level of education.

The 2007 TDHS data do not show a clear correlation between wealth status and age at first intercourse for men.

Table 6.6: Median age at first intercourse — Men

Median age at first sexual intercourse among men by five-year age groups, aged 20–54[59] and age 25–54[59], according to background characteristics, Tuvalu 2007

Background characteristic	Current age							Men aged 20+	Men aged 25+
	20–24	25–29	30–34	35–39	40–44	45–49	50+		
Residence									
Funafuti	18.5	18.8	17.0	18.3	18.0	16.8	18.4	18.1	18.1
Outer islands	18.2	15.6	17.4	16.8	17.4	19.3	17.3	17.4	17.1
Education									
Less than secondary	13.7	17.0	18.3	18.0	18.2	18.4	18.0	18.1	18.1
Secondary	18.4	18.3	15.7	16.0	16.7	17.2	18.3	17.8	17.2
More than secondary	19.0	15.6	17.6	18.5	12.5	17.3	17.7	17.2	17.2
Wealth quintile									
Lowest	18.3	16.9	18.0	17.4	18.8	22.0	17.9	18.2	18.1
Second	18.2	18.0	14.0	18.2	18.3	16.6	18.2	18.0	17.8
Middle	18.2	17.5	16.7	20.6	17.4	16.8	17.0	17.4	17.2
Fourth	17.5	20.1	17.4	16.5	15.7	15.6	18.0	17.5	17.5
Highest	19.6	16.8	15.8	16.5	14.5	19.7	19.8	18.5	17.8
Total	18.4	18.1	17.1	17.5	17.5	17.6	18.0	17.8	17.7

6.4 RECENT SEXUAL ACTIVITY

In the absence of contraception, the probability of pregnancy is related to the frequency of intercourse. Thus, information on sexual activity can be used to refine measures of exposure to pregnancy. Table 6.7 and 6.8 show the percent distribution of women and men aged 15–49 by timing of last sexual intercourse, according to background characteristics.

6.4.1 Recent sexual activity — Women

Overall, 48% of women reported to be sexually active in the four weeks prior to the survey. More than half of all women, except for those in the 15–24 age group, had sexual intercourse in the four weeks prior to the survey. About 67% of women living in a marital type relationship (i.e. married or living together) were sexually active in the four weeks prior to the survey. In contrast, only 4% of never-married women had intercourse in the previous four weeks.

Prolonged marital duration seems to have a slightly positive effect on the proportion of women who recently had sexual intercourse, and the proportion of women who had recent intercourse living in the outer islands (56.5%) was much higher than in Funafuti (39.6%).

Furthermore, women with less than a secondary level education were more likely to have had recent intercourse than women with a higher level of education, while women living in a higher wealth quintile household were less likely to have had recent intercourse than those in lower wealth quintile households (Fig. 6.7).

Table 6.7: Recent sexual activity — Women*Percent distribution of women aged 15–49 by timing of last sexual intercourse, according to background characteristics, Tuvalu 2007*

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of women
	Within the last four weeks	Within one year ¹	One or more years	Missing			
Age							
15–19	9.1	1.6	3.5	1.0	84.8	100.0	111
20–24	33.4	21.9	10.4	1.5	32.8	100.0	145
25–29	62.2	21.9	8.7	0.8	6.4	100.0	134
30–34	58.3	28.9	9.2	2.9	0.7	100.0	97
35–39	53.2	29.8	12.4	3.4	1.2	100.0	94
40–44	63.6	18.9	13.8	0.0	3.7	100.0	129
45–49	57.2	16.8	20.5	2.5	3.0	100.0	140
Marital status							
Never married	4.0	4.9	7.3	0.0	83.8	100.0	193
Married or living together	66.7	25.3	5.9	2.1	0.0	100.0	598
Divorced/separated/widowed	6.8	10.4	81.1	1.8	0.0	100.0	60
Marital duration²							
0–4 years	63.8	27.5	4.7	4.0	0.0	100.0	125
5–9 years	64.1	29.6	6.4	0.0	0.0	100.0	104
10–14 years	64.7	22.5	9.3	3.5	0.0	100.0	91
15–19 years	65.1	27.3	6.8	0.7	0.0	100.0	84
20–24 years	74.2	21.4	1.9	2.5	0.0	100.0	88
25+ years	(61.2)	(27.8)	(10.9)	(0.0)	(0.0)	(100.0)	40
Married more than once	74.7	19.3	3.3	2.7	0.0	100.0	65
Residence							
Funafuti	39.6	23.9	11.8	2.4	22.3	100.0	414
Outer islands	56.5	15.6	11.2	0.9	15.8	100.0	437
Education							
Less than secondary	58.5	16.0	15.3	1.5	8.8	100.0	282
Secondary	42.4	20.1	11.0	0.7	25.9	100.0	437
More than secondary	46.2	25.9	5.2	4.9	17.8	100.0	132

Table 6.7 (continued)

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of women
	Within the last four weeks	Within one year ¹	One or more years	Missing			
Wealth quintile							
Lowest	53.7	13.5	15.7	1.6	15.5	100.0	152
Second	53.6	13.8	13.2	0.3	19.0	100.0	179
Middle	57.7	21.9	8.3	0.0	12.1	100.0	169
Fourth	43.8	24.8	9.0	1.8	20.6	100.0	173
Highest	33.7	23.5	11.6	4.3	26.9	100.0	177
Total	48.3	19.6	11.5	1.6	19.0	100.0	851

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

¹ Excludes women who had sexual intercourse within the four weeks prior to the survey.

² Excludes women who are not currently married

Figure 6.2: Percentage distribution of women aged 15-49 by timing of last sexual intercourse by education, Tuvalu 2007

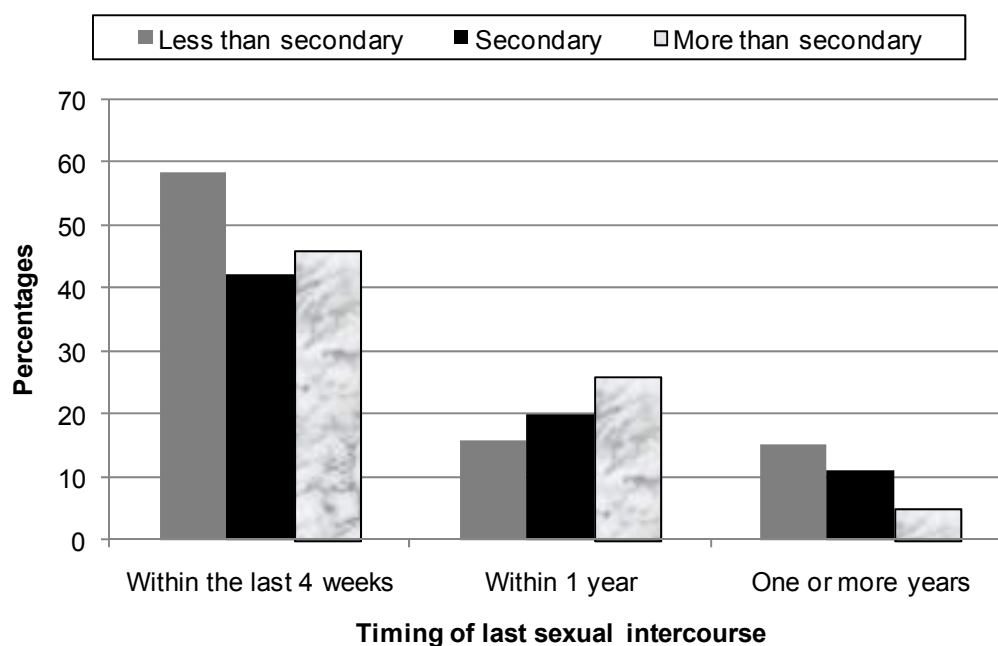
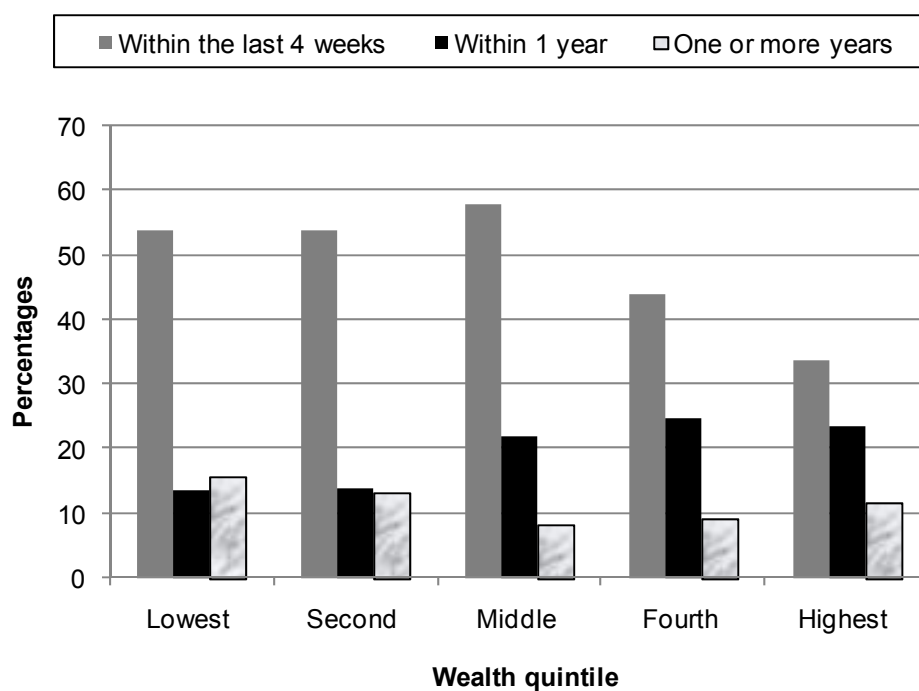


Figure 6.3: Percentage of women aged 15-49 by timing of last sexual intercourse by wealth, Tuvalu 2007



6.4.2 Recent sexual activity — Men

Recent sexual activity for men is similar to that of women. About 50% of all men aged 15 years and older had sexual intercourse in four weeks prior to the survey. Of these 71% were married men and 29% were never-married men.

The number of men who had sexual intercourse in the four weeks prior to the survey varied greatly by place of residence, with 38% for Funafuti men and 65% for men from the outer islands.

Data by education level shows that men with a secondary education are less sexually active than men with a lower or tertiary education.

Data by wealth background shows that a higher percentage of men from lower wealth quintile households had sexual intercourse in four weeks preceding the survey than men from higher wealth quintile households.

Table 6.8: Recent sexual activity — Men*Percent distribution of men aged 15–49 by timing of last sexual intercourse, according to background characteristics, Tuvalu 2007*

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of men
	Within the last four weeks	Within one year ¹	One or more years	Missing			
Age							
15–19	24.7	17.0	13.7	4.6	39.9	100.0	91
20–24	43.2	16.8	15.0	5.0	19.9	100.0	74
25–29	57.5	14.2	13.1	13.2	1.9	100.0	62
30–34	(57.6)	(10.5)	(12.1)	(16.8)	(3.1)	(100.0)	38
35–39	(66.2)	(17.0)	(6.8)	(10.0)	(0.0)	(100.0)	41
40–44	63.3	11.2	8.0	17.5	0.0	100.0	59
45–49	63.9	15.7	6.2	14.2	0.0	100.0	63
Marital status							
Never married	28.6	20.4	18.9	4.6	27.5	100.0	194
Married or living together	71.3	10.9	1.6	16.2	0.0	100.0	224
Divorced/separated/widowed	*	*	*	*	*	*	9
Marital duration²							
0–4 years	(62.8)	(5.8)	(4.2)	(27.2)	(0.0)	(100.0)	41
5–9 years	(60.7)	(16.8)	(3.4)	(19.2)	(0.0)	(100.0)	35
10–14 years	*	*	*	*	*	*	16
15–19 years	(57.8)	(19.1)	(2.4)	(20.7)	(0.0)	(100.0)	29
20–24 years	(62.0)	(7.5)	(0.0)	(30.5)	(0.0)	(100.0)	29
25+ years	*	*	*	*	*	*	9
Married more than once	(89.2)	(9.8)	(0.0)	(1.0)	(0.0)	(100.0)	65
Residence							
Funafuti	38.0	21.4	14.1	12.5	14.1	100.0	225
Outer islands	64.7	8.0	7.9	8.7	10.7	100.0	203
Education							
Less than secondary	60.1	11.2	9.3	13.0	6.3	100.0	141
Secondary	41.3	18.2	13.4	9.2	18.0	100.0	223
More than secondary	62.8	12.2	7.5	11.0	6.6	100.0	63

Table 6.8 (continued)

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of men
	Within the last four weeks	Within one year ¹	One or more years	Missing			
Wealth quintile							
Lowest	52.6	10.2	12.6	11.2	13.5	100.0	75
Second	59.6	12.4	9.2	10.7	8.1	100.0	94
Middle	59.9	11.7	5.7	14.1	8.5	100.0	89
Fourth	41.4	14.3	23.6	8.9	11.8	100.0	74
Highest	39.0	25.0	7.4	8.6	20.1	100.0	96
Total 15–49	50.7	15.0	11.2	10.7	12.5	100.0	428
50+	47.9	20.6	19.9	11.1	0.5	100.0	130
Total men 15+	50.0	16.3	13.2	10.8	9.7	100.0	558

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

¹ Excludes men who had sexual intercourse within the four weeks prior to the survey.

² Excludes men who are not currently married.

6.5 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea refers to the interval between childbirth and the return of menstruation. The length and intensity of breastfeeding influences the duration of amenorrhoea, which offers protection from pregnancy. Postpartum abstinence refers to the period between childbirth and the time when a woman resumes sexual activity. Delaying the resumption of sexual relations can also prolong protection. Women are considered to be insusceptible to pregnancy if they are not exposed to the risk of conception, either because their menstrual period has not resumed since a birth, or because they are abstaining from intercourse after childbirth. Table 6.9 shows the percent of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining and insusceptible, by number of months since birth, and median and mean durations. The estimates shown in Table 6.9 are based on current status data: they refer to the woman's situation at the time of the survey. The number of cases is too small to be presented by months since birth.

Table 6.9: Postpartum amenorrhoea, abstinence and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining and insusceptible, by number of months since birth, and median and mean durations, Tuvalu 2007

	Percentage of births for which the mother is:			Number of births
	Amenorrheic	Abstaining	Insusceptible ¹	
Total	10.1	27.5	32.2	275
Median	0.7	4.6	8.6	na
Mean	4.1	9.9	11.7	na

Note: Estimates are based on status at the time of the survey.

na = not applicable

¹ Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth.

Overall, 10% of women who gave birth in the three years preceding the survey are amenorrheic, 28% are abstaining and 32% are insusceptible. The results indicate a lower percentage of women experience postpartum amenorrhoea than they do abstinence or insusceptibility. Women are amenorrheic for a median of less than one month (0.7) and abstain for about five months after giving birth. The duration of insusceptibility was on average 8.6 months

Table 6.10: Median duration of amenorrhoea, postpartum abstinence and postpartum insusceptibility

Median number of months of postpartum amenorrhoea, postpartum abstinence and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Tuvalu 2007

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility ¹
Mother's age			
15–29	0.8	6.5	10.4
30–49	0.6	2.2	3.1
Residence			
Funafuti	0.8	4.1	8.5
Outer islands	0.6	5.0	5.6
Education			
Less than secondary	1.4	2.0	2.2
Secondary	0.6	5.3	10.7
More than secondary	0.8	7.8	7.8

Table 6.10 (continued)

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility ¹
Wealth quintile			
Lowest	0.4	3.8	4.9
Second	0.4	3.8	7.6
Middle	3.3	9.6	12.7
Fourth	0.8	4.5	4.6
Highest	0.8	3.9	3.9
Total	0.7	4.6	8.6

Note: Medians are based on the status at the time of the survey (current status).

¹ Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth.

6.6 MEDIAN DURATION OF AMENORRHOEA, POSTPARTUM ABSTINENCE AND POSTPARTUM INSUSCEPTIBILITY

Data from the 2007 TDHS show that postpartum amenorrhoea and abstinence according to mother's age is slightly lower among older women aged 30–49 than younger women aged 15–29.

Data on educational attainment show that those with a higher education level are more likely to abstain from sexual activities after childbirth than women with less than a secondary education.

The wealth background of women shows that those in the middle wealth quintile have a higher median number of months of amenorrhoea and insusceptibility, and abstain longer than women in the other wealth quintiles.

6.7 MENOPAUSE

Another factor influencing the risk of pregnancy is menopause. In the context of available survey data, women are considered menopausal if they are neither pregnant nor postpartum amenorrheic, but have not had a menstrual period in the six months preceding the survey. Table 6.11 shows the percentage of women aged 30–49 who are menopausal by age.

Table 6.11 and Figure 6.4 show that there are women who have premature menopause and also early menopause, and show that some women do not experience menopause until after the age of 45.

Table 6.11: Menopause

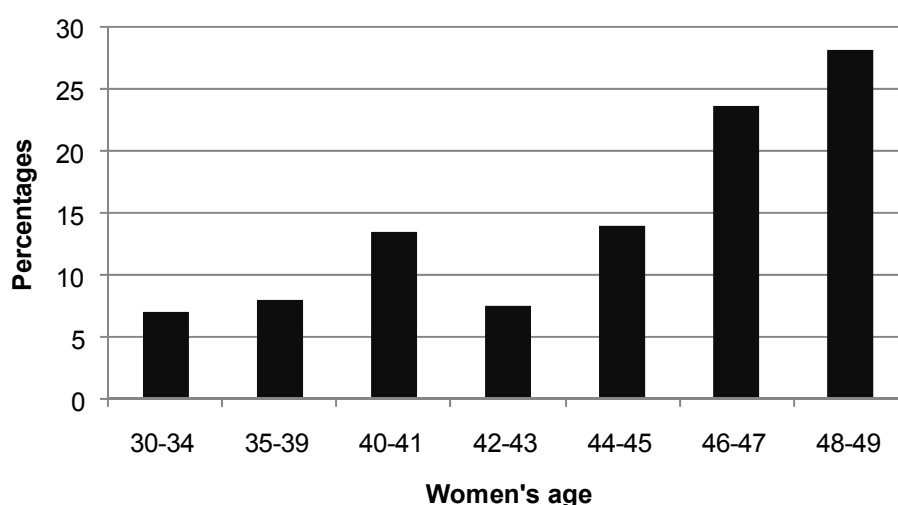
Percentage of women aged 30–49 who are menopausal by age, Tuvalu 2007

Age	Percentage menopausal ¹	Number of women
30–34	7.1	97
35–39	8.1	94
40–41	13.6	53
42–43	(7.6)	42
44–45	14.1	75
46–47	23.7	59
48–49	(28.3)	41
Total	13.2	460

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

¹ Percentage of all women who are not pregnant and not postpartum amenorrheic and whose last menstrual period occurred six or more months before the survey.

Figure 6.4: Percentage of women aged 30–49 who are menopausal by age



6.8 KEY RESULTS

A considerably higher proportion of women aged 15–49 are married (70.3%) than men aged 15–49 (52.2%).

Men marry approximately five years later than women. The median age at first marriage for men aged 20–49 is 27.2, and is 22.1 for women aged 20–49.

Both women and men engage in sexual activities (sexual intercourse) before getting married. The median age at first sexual intercourse for men aged 20–49 is 17.8 and is 21.7 for women aged 20–49.

Marital status has a considerably different impact on sexual activity for males and females. While only a small proportion of never-married women had sexual intercourse in the four weeks prior to the survey, about 29% of never-married men were sexually active in the same period. Furthermore, men and women from the outer islands were more sexually active than those living in Funafuti.

The median duration of postpartum amenorrhoea is 0.7 months, and is 4.6 months for abstinence and 8.6 months for insusceptibility.

Education level seems to have a more pronounced impact on the behaviour of women than on men. Women with a higher education level tend to marry and engage in sexual activities later than those with a lower education level. Furthermore, women with a higher education level seem to have less frequent sexual intercourse, which might be the result of their greater self confidence and empowerment.

CHAPTER 7 FERTILITY PREFERENCES

This chapter addresses three questions that allow an assessment of the need for contraception.

- Does the respondent want more children?
- If so, how long would she prefer to wait before the next child?
- If she could start afresh, how many children in all would she want?

Two further issues are examined: 1) To what extent do unwanted or mistimed pregnancies occur? 2) How would preventing such pregnancies affect fertility rates? Bearing in mind that the underlying rationale of most family planning programmes is to give couples the freedom and ability to bear the number of children they want, and to achieve the spacing of births they prefer, the relevance of this chapter is obvious.

The 2007 TDHS included questions to ascertain fertility preferences. Women who were either not pregnant or unsure about their status were asked: ‘Would you like to have (a/another) child or would you prefer not to have any (more) children?’ A different question was posed for women who were pregnant at the time of the survey. Pregnant women were asked: ‘After the child you are expecting, would you like to have another child or would you prefer not to have any more children?’ The women who indicated that they wanted another child were asked how long they would like to wait before the birth of the next child. Finally, women were asked about the number of children they would like to have, as well as their sex preference, if they were to start childbearing afresh.

Given the ongoing family planning programmes that address both men and women, and that men play a vital role in the realisation of reproductive goals, the 2007 TDHS included questions that elicited information on men’s fertility preferences. Responses to questions provide a basis for classifying women and men by their fertility preferences according to selected background characteristics.

7.1 DESIRE FOR MORE CHILDREN

Data on men’s and women’s desire for more children can provide an indication of future reproductive behaviour, provided that the required family planning services are available, affordable and accessible. Table 7.1 presents the distribution of currently married women and men by their desire for more children and according to the number of living children. Only 14% of currently married women wanted another child after two or more years, 23% wanted to wait for less than two years to have another child, and 46% declared that they did not want to have any more children at all or were sterilised. About 2% of women reported not being able to have any more children because they were infecund. Figure 7.1 depicts the fertility preferences of women and men, and shows that men are more undecided (23%) than women (14%) about having another child.

Generally, the proportion of women and men who want another child decreases with the increasing number of living children. It is equally evident that the proportion of women and men aged 15–49 who want to stop childbearing increases rapidly with the increasing number of living children. For instance, 17% of the currently married women with one child indicate that they do not want more children or had been sterilized, while 81% of currently married women with six or more children indicated the same. Among women with six or more children, 8% still desire more children.

Table 7.1: Fertility preferences by number of living children

Percent distribution of currently married women and currently married men aged 15–49 by desire for children, according to number of living children, Tuvalu 2007

Desire for children	Number of living children							Total 15–49	Total men 50+	Total men 15+
	0	1	2	3	4	5	6+			
Women ¹										
Have another soon ²	73.6	30.3	17.0	10.2	6.3	2.5	1.4	22.9	na	na
Have another later ³	1.8	39.2	20.0	12.8	8.0	2.1	7.0	14.2	na	na
Have another, undecided when	3.3	0.0	2.3	1.6	0.0	0.0	0.0	1.2	na	na
Undecided	11.0	10.7	16.6	15.8	18.0	12.9	11.2	14.0	na	na
Want no more	7.2	16.1	32.6	46.3	53.1	64.4	66.3	37.2	na	na
Sterilised ⁴	0.0	1.3	9.3	10.6	13.0	18.1	14.2	8.5	na	na
Declared infecund	3.1	2.4	2.2	2.6	1.7	0.0	0.0	2.0	na	na
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	na	na
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	na	na
Number of women	98	97	94	107	100	53	50	598	na	na
Men ⁵										
Have another soon ²	58.7	26.8	17.9	9.2	3.6	9.4	0.0	16.1	2.9	13.5
Have another later ³	4.8	24.8	10.9	6.6	1.9	1.3	2.1	8.5	1.6	7.2
Have another, undecided when	9.4	1.1	3.3	1.2	0.0	0.0	0.0	1.8	0.6	1.6
Undecided	12.5	22.8	31.0	22.6	25.0	35.1	9.9	22.6	2.2	18.8
Want no more	12.0	20.7	32.6	58.3	56.8	39.3	73.0	43.3	80.6	50.6
Sterilised ⁴	0.0	3.8	4.3	2.1	12.8	14.9	15.0	7.4	12.0	8.0
Declared infecund	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing	2.7	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

na=not applicable

¹ The number of living children includes current pregnancy for women.

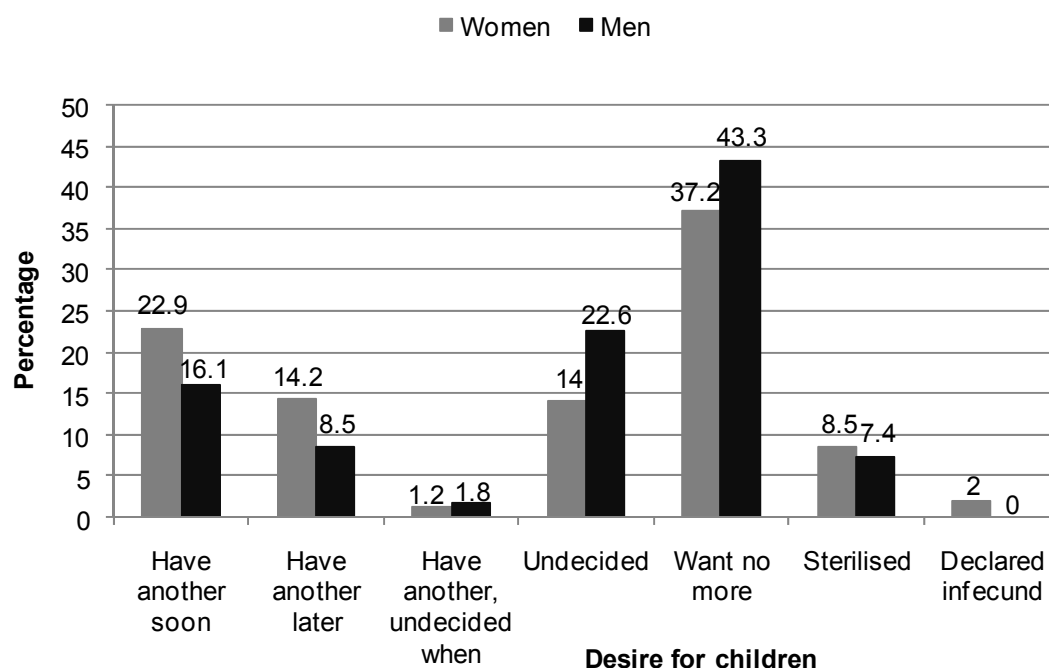
² Wants next birth within two years.

³ Wants to delay next birth for two or more years.

⁴ Includes both female and male sterilisation.

⁵ The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

Figure 7.1: Fertility preferences among currently married women and men aged 15–49



7.2 DESIRE TO LIMIT CHILDBEARING BY BACKGROUND CHARACTERISTICS

Tables 7.2 and 7.3 present the percentage of currently married women and men who want no more children, by number of living children and according to background characteristics. Overall, about one out of every two Tuvaluan women and men aged 15–49 indicate no desire for more children (45.7% women, 47.1% men). Figure 7.2 shows that, generally, the desire to stop childbearing among women and men increases from one living child onward.

Table 7.2: Desire to limit childbearing — Women

Percentage of currently married women aged 15–49 who want no more children, by number of living children, according to background characteristics, Tuvalu 2007

Background characteristic	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Residence								
Funafuti	9.5	14.6	44.1	47.5	71.8	85.7	75.0	45.1
Outer islands	5.2	20.7	40.5	63.5	61.8	78.2	86.5	46.3
Education								
No education/Primary	20.6	36.3	53.9	68.2	64.6	83.8	82.9	60.6
Secondary	2.1	10.5	43.3	42.2	68.5	78.2	74.3	37.5
More than secondary	4.8	15.4	18.0	69.1	65.1	100.0	100.0	36.1
Wealth quintile								
Lowest	5.0	26.4	31.7	70.2	73.8	67.2	70.3	48.8
Second	7.2	28.9	27.9	61.2	63.7	81.2	88.1	50.7
Middle	4.7	21.1	47.7	50.8	69.0	88.3	77.9	46.6
Fourth	7.6	14.1	44.8	55.3	55.8	89.1	86.5	41.1
Highest	11.2	4.3	51.9	46.8	69.2	100.0	85.7	41.7
Total	7.2	17.4	41.9	57.0	66.0	82.5	80.5	45.7

Note: Women who have been sterilised are considered to want no more children.

¹ The number of living children includes the current pregnancy.

Table 7.3: Desire to limit childbearing — Men

Percentage of currently married men aged 15–49 who want no more children, by number of living children, according to background characteristics, Tuvalu 2007

Background characteristic	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Residence								
Funafuti	20.0	5.0	37.5	56.3	61.5	50.0	86.7	44.3
Outer islands	12.9	28.8	43.0	63.3	56.3	76.5	85.7	49.4
Education								
No education/Primary	30.7	29.1	40.0	68.5	70.8	67.0	89.5	60.8
Secondary	7.4	10.7	44.9	70.7	47.9	66.7	65.2	36.4
More than secondary	21.1	0.0	36.9	32.1	44.8	36.9	100.0	33.4
Wealth quintile								
Lowest	28.9	56.2	29.1	60.0	53.6	60.4	60.2	53.7
Second	9.6	0.0	63.5	65.5	22.7	50.1	88.1	46.0
Middle	0.0	0.0	37.7	45.5	69.3	54.7	100.0	41.9
Fourth	32.1	0.0	0.0	100.0	70.7	100.0	100.0	53.6
Highest	22.6	19.1	40.0	40.0	57.1	100.0	75.0	42.6
Total 15–49	15.7	16.1	41.3	60.5	59.3	63.2	86.2	47.1
50+	73.3	74.6	90.5	100.0	86.5	95.4	96.9	91.7
Total men 15+	23.8	21.7	55.9	70.6	72.9	84.0	90.0	61.6

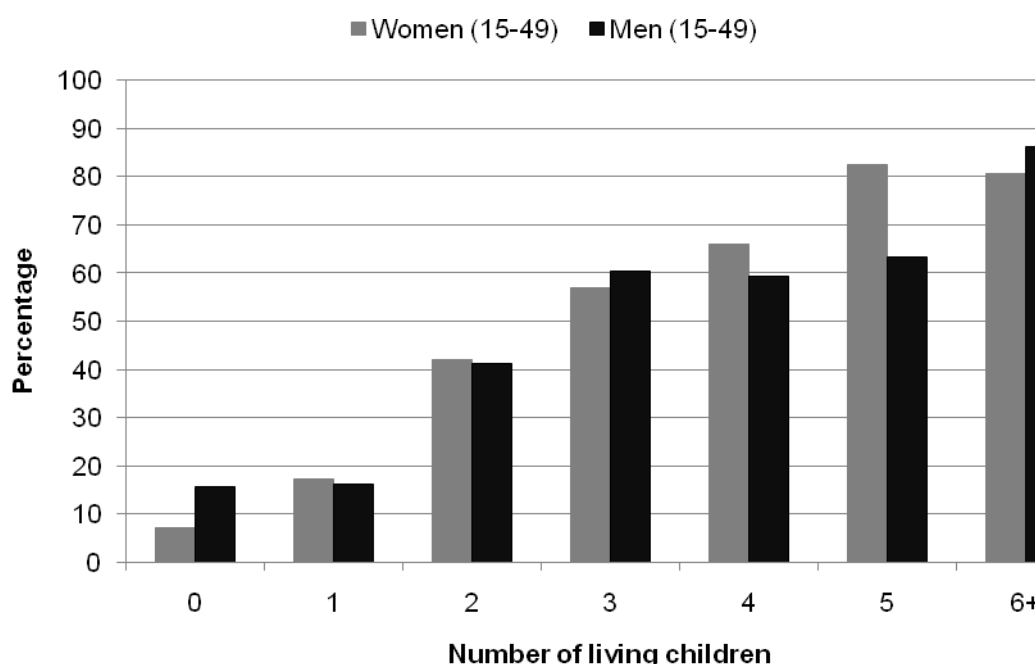
Note: Men who have been sterilised or who state that their wife has been sterilised are considered to want no more children.

¹ The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

The proportion of women in the outer islands with no desire for more children (46%) is not much different from women in Funafuti (45%). Women with no education or with only a primary education are more likely to report that they do not want more children (61%) than women who have more than a secondary education (36%). A similar pattern exists among men. Men with no education or only a primary education are more likely to report that they do not want more children (61%) compared with those with a secondary education or higher (33%). These analyses show that the higher the education level, the less desire there is to limit family size.

An analysis of women's and men's desire to limit childbirth by wealth quintile shows that, overall, there is little variation in the desire to limit childbearing with increasing wealth quintile. Although the levels are comparatively different between the sexes, with women having a higher proportion than men, there is not a strong relationship between household wealth and desire to limit childbearing.

Figure 7.2: Percentage of currently married women and men who want no more children by number of living children



7.3 NEED FOR FAMILY PLANNING SERVICES

Women who indicate that they either want no more children or want to wait for two or more years before having another child, and who are not using contraception, constitute a group that has an unmet need for family planning. Women who are currently using a family planning method are considered to have a met need for family planning. Women with an unmet need for family planning and those who are currently using contraception form the total demand for family planning.

Table 7.4 presents estimates for the unmet need, met need, and total demand for family planning services for currently married women. Overall, 24% of currently married women have an unmet need for family planning services, 12% for spacing, and 12% for limiting. Over three out of every ten (31%) married women use contraceptive methods, which constitutes a met need. The total demand for family planning is estimated at 55%, and the demand satisfied is 56%.

There are substantial differences by background characteristics in the level of unmet need for family planning and the proportion of family planning demand satisfied. Women aged 30–34 are most likely to have a higher unmet need, both for spacing and for limiting child births (31%). This is followed by 24% of women aged 40–44, which is slightly higher than the need for younger women aged 20–29. Furthermore, older women have a higher proportion of family planning needs that are met. The very high unmet need in currently married women aged 30–34 and 40–44 has important implications for planning adolescent reproductive health information and services to ensure that the needs for family planning are met.

The differentials by place of residence show that women from Funafuti and the outer island have about the same unmet need (26% and 23%, respectively). There is also very little variation by educational attainment, which indicates that Tuvalu's compulsory education policy assists in information on and accessibility to family planning services. There is little difference among wealth quintiles with regard to unmet needs for family planning services.

The met need of family planning (i.e. the level of contraceptive use) is higher for spacing among younger women and for limiting among older women. By rural and urban residence, the proportion of current users for spacing and for limiting childbearing is about the same (30.5% outer islands, 30.6% Funafuti). The met need for spacing increases consistently with educational attainment, whereas the level of current use by household wealth quintile varies.

If women aged 45–49 are excluded, the total demand for family planning services increases with age from 44% among women aged 20–24 to 64% among women aged 40–44. There were too few cases of Tuvaluan teenage-aged women who were currently married to generate meaningful data. The total demand for family planning services is higher in Funafuti (56%) than in the outer islands (54%). The demand for family planning is about the same for each education level but fluctuates with wealth from 50% in the lowest quintile to 52% in the highest wealth quintile.

The percent of demand satisfied generally increases with age from 46% among women in the 20–24 age group to 62% among women in the 40–44 age group. The level of demand satisfied is similar for both the outer islands (56.8%) and Funafuti (54.5%). There is little variation in total demand satisfied for each education level. The percent of demand satisfied by wealth quintile fluctuates, with the lowest percentage reported (50%) for the fourth quintile.

Table 7.4: Need and demand for family planning among currently married women

Percentage of currently married women aged 15–49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage for the demand for contraception that is satisfied, by background characteristics, Tuvalu 2007

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ¹			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15–19	*	*	*	*	*	*	*	*	*	*	9
20–24	18.0	5.8	23.8	17.8	2.8	20.5	35.8	8.5	44.3	46.3	78
25–29	15.1	7.1	22.2	20.3	6.5	26.8	35.4	13.6	48.9	54.7	112
30–34	19.5	11.4	30.9	10.1	20.5	30.6	29.6	31.9	61.5	49.8	89
35–39	9.9	13.8	23.7	7.7	29.8	37.4	17.6	43.5	61.2	61.2	84
40–44	8.9	15.4	24.3	3.1	36.7	39.8	12.0	52.1	64.1	62.0	111
45–49	2.9	17.2	20.2	3.0	25.8	28.7	5.9	43.0	48.9	58.8	116
Residence											
Funafuti	13.7	11.8	25.5	10.2	20.4	30.6	23.9	32.2	56.1	54.5	277
Outer islands	10.8	12.3	23.1	9.8	20.7	30.5	20.6	33.0	53.6	56.8	321
Education											
No education/Primary	7.1	13.4	20.5	4.8	28.9	33.7	11.9	42.3	54.2	62.2	220
Secondary	15.9	11.8	27.6	12.3	15.4	27.7	28.2	27.2	55.4	50.1	277
More than secondary	12.9	10.0	22.9	14.6	16.6	31.2	27.6	26.6	54.2	57.7	101
Wealth quintile											
Lowest	9.7	13.6	23.3	6.7	19.7	26.3	16.3	33.3	49.6	53.0	105
Second	11.8	10.9	22.7	11.1	25.7	36.8	23.0	36.6	59.6	61.9	119
Middle	12.9	13.4	26.2	11.5	21.2	32.7	24.4	34.5	58.9	55.5	137
Fourth	13.6	12.1	25.8	7.2	18.9	26.1	20.9	31.0	51.9	50.4	122
Highest	12.3	10.3	22.6	12.8	17.0	29.9	25.2	27.3	52.4	56.9	115
Total	12.1	12.1	24.2	10.0	20.6	30.5	22.1	32.6	54.7	55.8	598

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

¹ Unmet need for spacing includes pregnant women whose pregnancy was mistimed; amenorrheic women who are not using family planning and whose last birth was mistimed, or whose last birth was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth

Unmet need for limiting refers to pregnant women whose pregnancy was unwanted; amenorrheic women who are not using family planning, whose last child was unwanted and who do not want any more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children

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

Table 7.5 presents estimates for the unmet need, met need, and the total demand for family planning services for all women and for women who are not currently married. Overall, 17% of all women have an unmet need for family planning services, 8.6% for spacing, and 8.7% for limiting. About two out of every ten women (23%) use contraceptive methods, which constitute the met need. The total demand for family planning services for all Tuvaluan women is estimated to be 41%, and the demand satisfied is 57% (1% more than for currently married women).

The percent of demand satisfied increases with age from 40% for teenage girls (aged 15–19) to 60% for older women aged 45–49. This is greatly affected by the met demand for limiting, which increases by age from a low of 0% to 22% for women aged 45–49. The lowest percentages of demand satisfied are among young girls aged 15–19 and, women in Funafuti in the fourth wealth quintile.

Table 7.5: Need and demand for family planning for all women and for women who are not currently married

Percentage of all women and not currently married women aged 15–49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning and the percentage of the demand for contraception that is satisfied, by background characteristics, Tuvalu 2007

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
All Women											
Age											
15–19	3.1	1.0	4.1	2.7	0.0	2.7	5.9	1.0	6.9	39.9	111
20–24	9.7	3.9	13.6	11.8	1.5	13.3	21.5	5.3	26.9	49.5	145
25–29	12.6	5.9	18.6	19.9	5.4	25.3	32.5	11.4	43.9	57.7	134
30–34	17.8	10.4	28.3	9.3	21.1	30.3	27.1	31.5	58.6	51.7	97
35–39	8.8	12.2	21.1	6.8	26.4	33.3	15.7	38.7	54.3	61.2	94
40–44	7.6	14.0	21.6	2.6	32.2	34.8	10.2	46.2	56.5	61.7	129
45–49	2.4	14.2	16.7	2.4	22.2	24.7	4.9	36.5	41.3	59.7	140
Residence											
Funafuti	9.2	8.1	17.3	8.1	14.2	22.3	17.3	22.3	39.6	56.3	414
Outer islands	8.1	9.3	17.4	8.1	15.7	23.9	16.2	25.1	41.2	57.8	437
Education											
No education/Primary	5.8	10.9	16.6	4.2	23.4	27.6	10.0	34.3	44.2	62.3	282
Secondary	10.1	7.7	17.8	9.6	10.2	19.8	19.6	18.0	37.6	52.7	437
More than secondary	9.9	7.6	17.5	11.7	12.7	24.4	21.6	20.3	42.0	58.2	132
Wealth quintile											
Lowest	6.7	9.4	16.1	5.0	15.2	20.2	11.7	24.6	36.3	55.6	152
Second	7.9	7.8	15.7	11.8	17.1	28.9	19.6	25.0	44.6	64.8	179
Middle	10.8	10.8	21.6	9.3	17.1	26.5	20.2	27.9	48.1	55.0	169
Fourth	9.6	9.2	18.8	5.7	13.3	19.1	15.4	22.5	37.9	50.4	173
Highest	8.0	6.6	14.6	8.3	12.2	20.5	16.2	18.8	35.1	58.4	177
Total	8.6	8.7	17.4	8.1	15.0	23.1	16.7	23.7	40.5	57.1	851

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

¹ Unmet need for spacing includes pregnant women whose pregnancy was mistimed; amenorrheic women who are not using family planning and whose last birth was mistimed, or whose last birth was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth

Unmet need for limiting refers to pregnant women whose pregnancy was unwanted; amenorrheic women who are not using family planning, whose last child was unwanted and who do not want any more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children

² Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another

Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here

Among women who are not currently married, Table 7.6 presents estimates of their unmet need, met need, and the total demand for family planning services. Overall, only 1.1% of women not currently married have an unmet need for family planning services, which is likely to be contributed by unmet need for limiting for women aged 15–24 years who are likely to live in one of the outer islands who have less than secondary level education and are observed to be in the second quintile household wealth category. About one out of every ten currently not married Tuvaluan women (5.5%) is using contraceptive methods, which constitutes a measure of their met need. These women's total demand for family planning is estimated at about 7% (less than seven times the demand of the currently married women which was 55%), and the demand satisfied is 83%.

Table 7.6: Need and demand for family planning for women who are not currently married

Percentage of all women and not currently married women aged 15–49 with an unmet need for family planning, the percentage with a met need for family planning, the total demand for family planning and the percentage of the demand for contraception that is satisfied, by background characteristics, Tuvalu 2007

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Women Not Currently Married											
Current age											
15–19	0.7	0.0	0.7	2.3	0.0	2.3	3.0	0.0	3.0	77.3	102
20–24	0.0	1.6	1.6	4.9	0.0	4.9	4.9	1.6	6.5	75.0	67
25–29	*	*	*	*	*	*	*	*	*	*	22
30–34	*	*	*	*	*	*	*	*	*	*	8
35–39	*	*	*	*	*	*	*	*	*	*	10
40–44	*	*	*	*	*	*	*	*	*	*	19
45–49	(0.0)	(0.0)	(0.0)	(0.0)	(5.4)	(5.4)	(0.0)	(5.4)	(5.4)	(100.0)	24
Residence											
Urban	0.0	0.8	0.8	4.0	1.6	5.6	4.0	2.4	6.3	87.5	137
Rural	0.6	0.9	1.5	3.5	2.0	5.5	4.1	2.9	7.0	78.8	116
Education											
No education/Primary	1.1	1.7	2.8	1.8	3.8	5.6	2.9	5.5	8.4	66.6	61
Secondary	0.0	0.7	0.7	4.8	1.4	6.2	4.8	2.0	6.8	90.1	160
More than secondary	(0.0)	0.0	0.0	2.2	0.0	2.2	2.2	0.0	2.2	100.0	31
Wealth quintile											
Lowest	0.0	0.0	0.0	1.3	5.0	6.4	1.3	5.0	6.4	100.0	47
Second	0.0	1.7	1.7	13.0	0.0	13.0	13.0	1.7	14.7	88.2	60
Middle	(2.1)	(0.0)	(2.1)	(0.0)	(0.0)	(0.0)	(2.1)	(0.0)	(2.1)	(0.0)	32
Fourth	(0.0)	(2.1)	(2.1)	(2.1)	(0.0)	(2.1)	(2.1)	(2.1)	(4.3)	(50.0)	51
Highest	0.0	0.0	0.0	0.0	3.5	3.5	0.0	3.5	3.5	100.0	63
Total	0.3	0.8	1.1	3.8	1.8	5.5	4.0	2.6	6.7	83.3	253

Overall, between 70% and 100% of women's family planning demands are satisfied.

7.4 IDEAL NUMBER OF CHILDREN

The 2007 TDHS asked women and men about the total number of children they would like to have in their lifetime. For respondents who already had living children, the question was posed hypothetically: 'If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?' Table 7.7 presents the distribution of women and men aged 15–49 by their ideal number of children.

Table 7.7: Ideal number of children

Percent distribution of women and men aged 15–49 by their ideal number of children, and the mean ideal number of children for all respondents and for currently married respondents, according to number of living children, Tuvalu 2007

Ideal number of children	Number of living children							Total
	0	1	2	3	4	5	6+	
Women ¹								
0	9.2	8.7	12.4	13.5	14.1	15.6	13.7	11.5
1	5.7	7.4	1.9	0.0	2.6	0.0	2.0	3.6
2	35.7	33.1	19.9	4.7	6.2	16.9	10.6	22.3
3	23.8	14.3	23.6	17.5	5.8	7.0	4.6	16.9
4	12.4	20.4	34.8	46.4	39.1	17.4	29.2	26.1
5	2.8	7.3	3.5	6.4	10.9	13.7	6.6	6.1
6+	7.2	6.4	1.5	8.2	13.9	25.5	27.7	9.8
Non-numeric responses	3.1	2.4	2.5	3.3	7.4	3.9	5.5	3.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	277	122	113	120	111	55	53	851
Mean ideal number children for: ²								
All women	2.8	2.8	2.8	3.4	3.5	3.9	4.2	3.1
Number	269	119	110	116	102	53	50	820
Currently married women	3.1	2.9	2.9	3.4	3.5	3.7	(4.3)	3.3
Number	97	97	91	103	95	51	47	580
Men ³								
0	5.9	5.3	(0.0)	(11.0)	(4.4)	*	(9.1)	6.1
1	6.5	0.0	(0.0)	(2.5)	(0.0)	*	(0.0)	3.6
2	32.0	16.2	(23.3)	(3.5)	(8.7)	*	(3.6)	22.2
3	27.2	27.6	(14.4)	(25.1)	(6.4)	*	(3.6)	22.3
4	12.4	30.7	(30.9)	(26.5)	(46.1)	*	(22.0)	20.6
5	8.6	7.8	(12.5)	(13.2)	(15.6)	*	(12.4)	10.2
6+	5.1	9.0	(13.2)	(13.3)	(18.8)	*	(39.2)	11.7
Non-numeric responses	2.4	3.3	(5.6)	(5.0)	(0.0)	*	(10.2)	3.4
Total	100.0	100.0	(100.0)	(100.0)	(100.0)	*	(100.0)	100.0
Number	220	54	33	47	27	14	33	428
Mean ideal number children for: ²								
All men	3.0	3.5	(3.8)	(3.8)	(4.1)	*	(5.1)	3.5
Number	215	52	31	45	27	14	30	413
Currently married men	*	(3.5)	(3.9)	(3.8)	(4.1)	*	(5.1)	3.9
Number	28	42	28	44	27	14	30	213
Mean ideal number children for men 15+: ²								
All men	3.0	3.4	(3.7)	3.7	3.7	(4.7)	(4.7)	3.5
Number	220	57	42	59	51	35	43	526
Currently married men	(2.3)	(3.4)	(3.8)	3.7	3.7	(4.7)	(4.7)	3.8
Number	33	47	39	58	51	35	43	306

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

¹ The number of living children includes current pregnancy for women.

² Means are calculated excluding respondents who gave non-numeric responses.

³ The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

Generally, men express a desire for a slightly larger family. The mean ideal number of children among all women is 3.1 compared with 3.5 for men. The ideal family size of currently married women is 3.3 children. Currently married men aged 15–49 have a slightly higher mean ideal family size than all men in that age group (3.9 children).

Among all women aged 15–49, the ideal number of children increases from 2.8 children for women with no living children to 4.2 children for women with six or more children. A similar pattern exists among men aged 15–49, although the level is a little higher and the range is about the same; that is, 3.0 children for men with no living children and 5.1 children for men with six or more children.

The desired family size becomes below the actual number of children for those currently married women who have four or more children and currently married men who have six or more children. This is an indication that women who have had four or more children would have liked to have less and could not realise their goals, due to unwanted births.

Table 7.8: Mean ideal number of children

Mean ideal number of children for all women aged 15–49 by background characteristics, Tuvalu 2007

Background characteristic	Mean	Number of women ¹
Age		
15–19	2.3	105
20–24	3.0	142
25–29	3.3	131
30–34	3.3	94
35–39	3.6	93
40–44	3.3	125
45–49	3.1	131
Residence		
Funafuti	3.2	396
Outer islands	3.0	423
Education		
No education/Primary	3.1	270
Secondary	3.1	421
More than secondary	3.3	128
Wealth quintile		
Lowest	3.2	147
Second	3.2	174
Middle	2.9	165
Fourth	3.2	161
Highest	3.2	172
Total	3.1	820

¹ Number of women who gave a numeric response.

The mean ideal number of children among women aged 15–49 is 3.1 (Table 7.8). The average ideal number of children increases steadily within the 15–39 age group then decreases within the 40–49 age group. The mean ideal number of children is 2.3 for women aged 15–19 and is 3.1 for women aged 45–49. There is little difference by residence, although women from the outer islands are more likely to desire fewer children (3.0 children) than women from Funafuti (3.2 children).

There is very little variation in educational level although, in general, the mean ideal number of children increases with increased education. Women with no education or with only a primary education prefer 3.1 children, while those with more than a secondary education prefer 3.3 children. The desired number of children across all wealth quintiles is 3.2 children, except for the middle quintile with 2.9 children.

7.5 FERTILITY PLANNING

To measure the level of unwanted fertility, women were asked whether all of the children born in the preceding five years were wanted at the time, wanted but at a later time, or not wanted at all. For women who were pregnant at the time of the interview, this question was also asked with reference to the current pregnancy. The procedure required respondents to recall accurately their wishes at one or more points in the last five years. Care should be taken in interpreting the results because an unwanted conception may have become a cherished child, leading to the rationalisation of responses to these questions.

According to Table 7.9, 77% of the births in the five years preceding the survey were wanted at the time, 7% were wanted later (mistimed), and 15% were not wanted at the time they were conceived. This finding indicates an increase in demand for birth limiting, which is roughly consistent with the increase in unmet need for birth limiting observed in Table 7.4.

Looking at fertility planning status by birth order and age of the mother, the data shows that the proportion of births that were wanted then varies with the birth order, but no clear direction (that is, either increase or decrease with those characteristics). For example, although 84% of first births were wanted then, there were also about 72% of fourth or higher order births that were wanted at the time they occurred. Whereas, over 76% of the second and third order births were wanted at the time they occurred. On the other hand, the percentage of unwanted births changes markedly from 9% of first-order births to 21% of fourth- and higher-order births.

In addition, fertility planning status sort of increases with age of the mother as indicated in a steady increase of wanted then with age of the mother from 69.8% for the younger age group to 77.8% with older mothers. Women who are less than 20 are much more likely to report an unwanted birth in the five years before the survey than women over the age of 20. Altogether, 30% of births to teenage mothers (16% unwanted and 14% wanted later) were not wanted or were not timely.

Table 7.9: Fertility planning status

Percent distribution of births to women aged 15–49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, Tuvalu 2007

Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
Birth order						
1	84.2	7.1	8.7	0.0	100.0	137
2	76.0	9.6	14.5	0.0	100.0	97
3	78.6	5.8	13.1	2.6	100.0	85
4+	72.2	7.2	20.6	0.0	100.0	179
Mother's age at birth						
<20	(69.8)	(14.2)	(16.0)	(0.0)	(100.0)	31
20–24	85.4	5.5	9.1	0.0	100.0	168
25–29	74.0	9.9	15.2	0.8	100.0	130
30–34	76.3	8.7	13.5	1.4	100.0	75
35–39	77.8	2.1	20.1	0.0	100.0	63
40–44	(56.9)	(8.3)	(34.9)	(0.0)	(100.0)	29
45–49	*	*	*	*	*	2
Total 15–49	77.3	7.4	14.9	0.4	100.0	498
Total 15+	49.2	15.4	35.1	0.2	100.0	1,250

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

Table 7.10: Wanted fertility rates

Total wanted fertility rates and TFRs for the three years preceding the survey, by background characteristics, Tuvalu 2007

Background characteristic	Total wanted fertility rates	Total fertility rate
Residence		
Funafuti	3.3	4.2
Outer islands	2.4	3.7
Education		
No education/Primary	2.6	3.5
Secondary	2.9	4.3
More than secondary	2.4	2.8
Wealth quintile		
Lowest	2.0	3.6
Second	3.3	4.3
Middle	3.4	5.5
Fourth	2.8	3.3
Highest	2.5	2.8
Total	2.8	3.9

Note: Rates are calculated based on births to women aged 15–49 in the period 1–36 months preceding the survey. The TFRs are the same as those presented in Table 4.2.

7.6 WANTED FERTILITY RATES

Wanted fertility rates measure the potential demographic impact of avoiding unwanted births. The wanted fertility rate is calculated in the same way as the conventional TFR, except that unwanted births are excluded. A birth is considered wanted if the number of living children at the time of conception was less than the ideal number of children reported by the respondent. The gap between wanted and actual fertility shows how successful women are in achieving their reproductive intentions.

A comparison of the total wanted fertility rates and total fertility rates for the three years preceding the survey by background characteristics is presented in Table 7.10. The data reveal that if all unwanted births are eliminated, the Tuvalu's TFR would be 2.8 children per woman instead of the actual TFR of 3.9 children per woman.

There is considerable variation in the total wanted fertility rate by background characteristics. The gap between actual and wanted fertility for most of the above characteristic categories is within a range of 1.1–2.1. The lowest gap in fertility is found for women with above secondary level education (0.4 children), and for women in the highest household wealth quintile (0.3 children).

7.7 KEY FINDINGS

Unmet needs for contraception can lead to unintended pregnancies, which pose risks for both mother and child and contribute to high fertility levels. Understanding the level or size of unmet needs of contraception and the background characteristics of women with unmet needs for family planning methods can help strengthen health services and family planning programmes in targeting subgroups that are in need of such services. Woman's fertility preferences and desire for having children are likely to be achieved provided the required family planning services are available, affordable and accessible.

The results show that 24% of currently married women have an unmet need for family planning services; 12% spacing and likewise for limiting. The size of unmet needs of contraception indicates that the proportions of these currently married women are having difficulties gaining full access to family planning methods. The needs of currently married women for both birth spacing and birth limiting are not met, which can lead to unwanted and unplanned births.

The 2007 TDHS also examined women's fertility preferences, their desire to limit childbearing, ideal number of children, fertility planning and wanted fertility rates. These are indications of contraception needs, particularly to enable women to have their desired number of children. Results can assist and provide overall direction of family planning programmes and services in targeting subgroups that are in need of such services. The following are the results.

1. About 46% of currently married women and 47% of currently married men desire no more children. Results indicate that the desire of having no more children increases with the increasing number of children.
2. Results show that the mean ideal number of children for currently married women is 3.3, whereas it is 3.8 for currently married men. The results implies that both women and men are having difficulties in archiving this goal as they still continue to have more children than their ideal number.
3. About 7% of births are reported to be mistimed and most young mothers (less than 20 years of age) are having mistimed births. About 15% of births are not being planned by women aged 15–49.
4. The data show that the desired TFR is 2.8 per woman as compared with the actual TFR of 3.9 for the three years preceding the survey. This implies that if all unwanted births are eliminated, Tuvalu's actual fertility rate would be 2.8 children per woman.

CHAPTER 8 INFANT AND CHILD MORTALITY

This chapter presents estimates of levels, trends and differentials of neonatal, postneonatal, infant and childhood mortality, as well as perinatal mortality in Tuvalu. This information is important not only for examining demographic trends within the country, but also in designing and evaluating health policies and programmes. Primary and preventative health services focus on improving the quality of life of Tuvaluan people, including reducing infant and childhood mortality and reducing incidences of high-risk pregnancies. These services also aid the health ministry by identifying a category of the population, particularly babies and their mothers, who are at high risk of mortality.

8.1 DEFINITIONS, METHODOLOGY AND ASSESSMENT OF DATA QUALITY

For this report, the measures or indicators of childhood mortality are defined as follows:

Neonatal mortality: The probability of dying within the first month of life.

Infant mortality: The probability of dying between birth and the first birthday.

Postneonatal mortality: The arithmetic difference between infant and neonatal mortality.

Child mortality: The probability of dying between exact age 1 and the fifth birthday.

Under-5 mortality: The probability of dying between birth and the fifth birthday.

The data used in estimating these mortality rates were collected from the birth history section of the 2007 TDHS women's questionnaire. The section begins with questions about the respondent's childbearing experience (i.e. the number of sons and daughters who live in the household, those who live elsewhere, and those who have died). Then, for each live birth, information on the name, date of birth, sex, whether the birth was single or multiple, and survivorship status was recorded. For living children, information about their age and whether they resided with their mother was obtained. For children who had died, the respondent was asked to provide the child's age at death.

A retrospective birth history, such as that included in the 2007 TDHS is susceptible to several data collection errors:

- Only surviving women aged 15–49 were interviewed; therefore, no data are available for children of women who had died. The resulting mortality estimates will be biased if the child mortality rate of surviving and non-surviving women differs substantially.
- Another possible error in data collection is under-reporting of events (births and deaths), especially in cases where deaths occur early in infancy. If such deaths are selectively omitted, the consequence will not only be a lower infant mortality rate and neonatal mortality rate, but also a low ratio of neonatal deaths to infant deaths and early neonatal death (within one week) to neonatal deaths.
- It is believed that under-reporting of early infant deaths may increase with the length of time since the child's death (e.g. an early infant death that occurred ten years before the survey may be more likely to be omitted than an early infant death two years before the survey). Thus, an examination of these patterns over time is critical.

8.2 EARLY CHILDHOOD MORTALITY RATES: LEVELS AND TRENDS

The 2007 TDHS collected birth histories from 915 women. Early childhood mortality rates for the 15-year period preceding the survey are presented below by five-year periods in Table 8.1.

Table 8.1: Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-5 mortality rates for five-year periods preceding the survey, Tuvalu 2007

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality ¹ (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-5 mortality (5q0)
0–4	29	2	31	5	36
5–9	14	10	24	5	29
10–14	25	12	37	8	44

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

For the most recent period (i.e. zero to four years before the survey, reflecting roughly 2003–2007), the infant mortality rate was 31 deaths per 1,000 live births. This means that about 3 in every 100 babies born in Tuvalu do not live to their first birthday. Child mortality, the probability of dying between age 1 and exact age 5, was 5 deaths per 1,000 people aged 1–4. The overall under-five mortality is 36 deaths per 1,000 live births, which implies that 36 in every one thousand Tuvaluan babies do not survive to their fifth birthday.

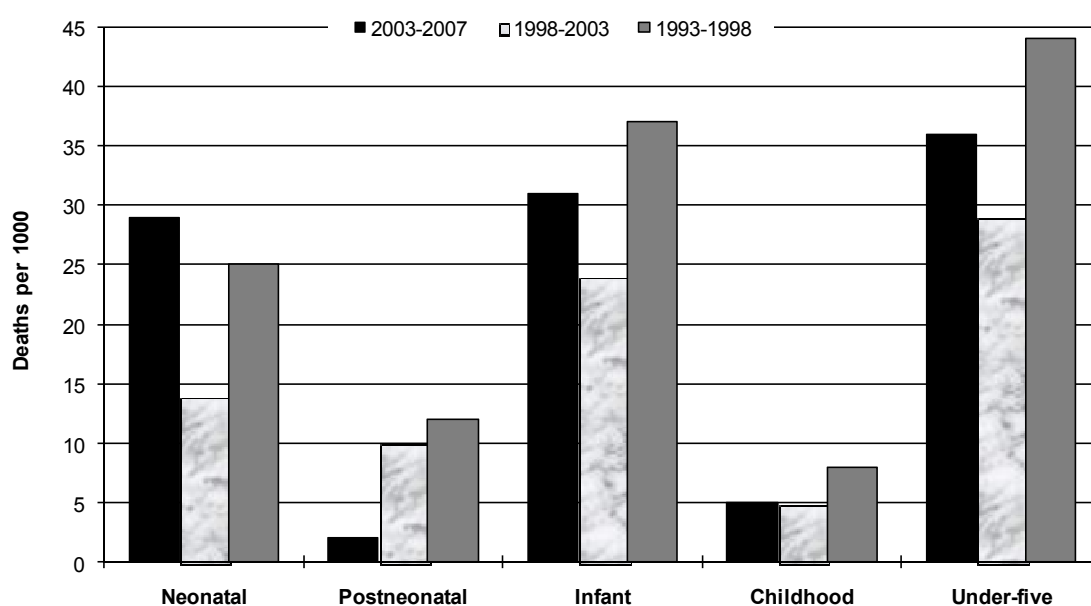
The first month of life is associated with the highest risk of survival. The neonatal mortality rate is 29 deaths per 1,000 live births, implying that nearly 3 out of every 100 infant deaths occur during the first month of life. As childhood mortality declines, postneonatal mortality usually declines faster than the neonatal mortality because neonatal mortality is frequently caused by biological factors that are not easily addressed by primary care interventions. In Tuvalu, postneonatal mortality is 2 per 1,000 births among infants during the five-year period before the survey.

Data from the 2007 TDHS shows that the situation of childhood mortality in Tuvalu worsened from 2003–2007, compared with 1998–2003. This situation is observed in postneonatal, infant, childhood and under-5 mortality. For example, the infant mortality rate increased from 24 per 1,000 live births during the period 1998–2003 to 31 per 1,000, while the rate for under-five mortality increased from 29 to 36 deaths per 1,000 births (See Fig. 8.1).

According to the 2007 TDHS, mortality estimates for the period 1998–2003 (i.e. five to nine years before the survey) decreased from high levels observed for the period 1993–1998 (ten to fourteen years before the survey). For example, there was a decrease in neonatal deaths from 25 deaths per 1,000 live births during 1993–1998 to only 14 per 1,000 during 1998–2003. There was also a decrease in post neonatal deaths from 12 deaths per 1,000 during 1993–1998 to 10 deaths during 1998–2003. The infant mortality rate decreased from 37 to 24 during the same period.

Only post neonatal mortality showed a constant decline during the 15-year period before the survey.

Figure 8.1: Mortality trends



8.3 EARLY CHILDHOOD MORTALITY BY SOCIOECONOMIC CHARACTERISTICS

Table 8.2 presents early childhood mortality rates by socioeconomic characteristics. The rates refer to the 10-year period 1998–2007.

Table 8.2: Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by background characteristic, Tuvalu 2007

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality ¹ (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-5 mortality (5q0)
Residence					
Funafuti	18	8	26	9	34
Outer islands	25	4	30	2	32
Mother's education					
Less than secondary	33	6	40	3	43
Secondary	21	8	29	9	38
Wealth quintile					
Lowest	19	11	30	0	30
Second	39	12	52	4	55
Middle	16	0	16	8	23
Fourth	33	7	40	7	47
Highest	0	0	0	8	8

¹ Computed as the difference between the infant mortality rate and the neonatal mortality rate.

As evidenced from sources such as censuses, there are differences in mortality levels between Tuvalu's urban population (Funafuti) and rural population (outer islands). While the level of neonatal and infant mortality is lower in Funafuti than in the outer islands, it is higher for postneonatal and child mortality. As a result, the under-5 mortality is higher in Funafuti than in the outer islands. For example, the infant mortality rate in Funafuti during the 10-year period before

the 2007 TDHS is 26 deaths per 1,000 births as opposed to 30 in the outer islands, and child mortality was 9 in Funafuti and only 2 in the outer islands (See Fig. 8.2).

In general, a mother's educational attainment is strongly associated with child survival. Children born to a mother with a secondary or higher education have by far the lowest rates for all types of childhood mortality, while the opposite is true for mothers with less education. Table 8.2 and Figure 8.3 confirm that as the level of a mother's education increases, the level of early-age mortality decreases. For instance, the estimated infant mortality rate of children whose mothers have less than a secondary education is 40, while the rate for those whose mothers have a secondary education is 29. A similar pattern is observed for neonatal and under-5 mortality. However, postneonatal and child mortality are higher for mothers with a secondary education than those with less education. Interestingly, the pattern of child mortality rates by education and urban-rural residence is exactly the same. A likely explanation is that a larger proportion of women living in Funafuti have a higher education than women living in the outer islands.

Figure 8.2: Child mortality rates by mother's place of residence

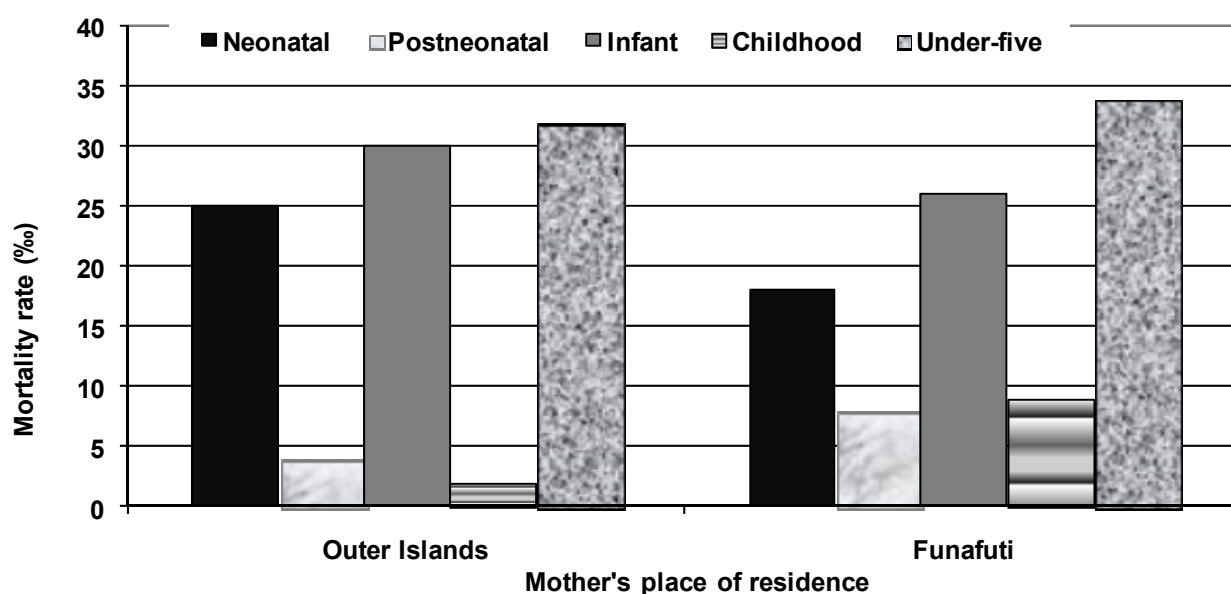
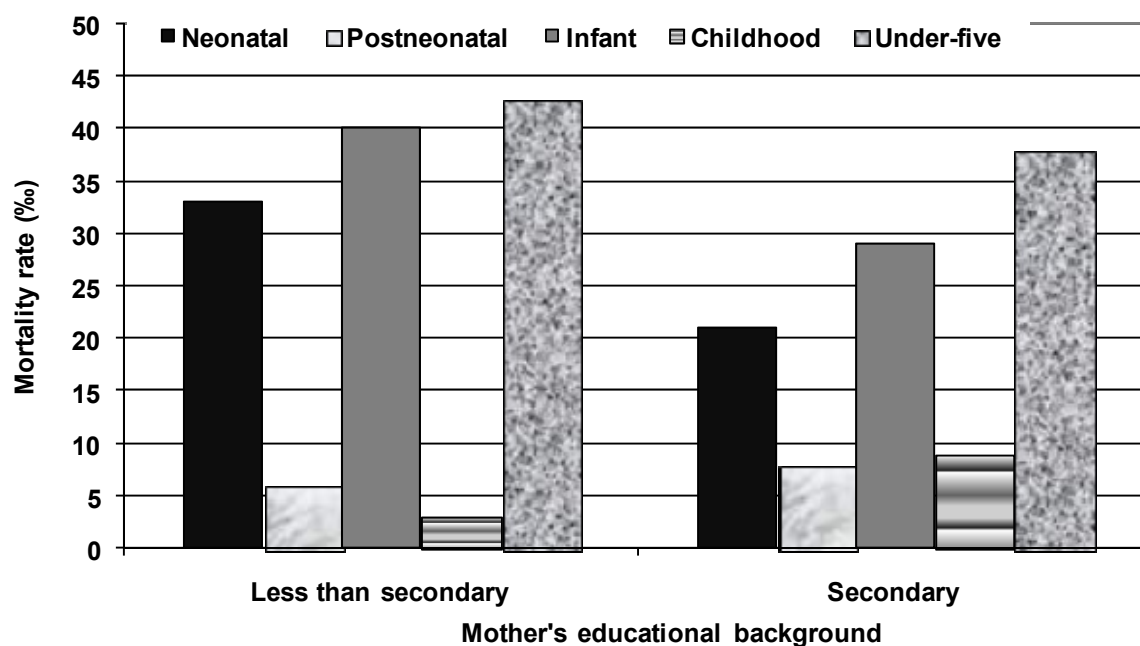
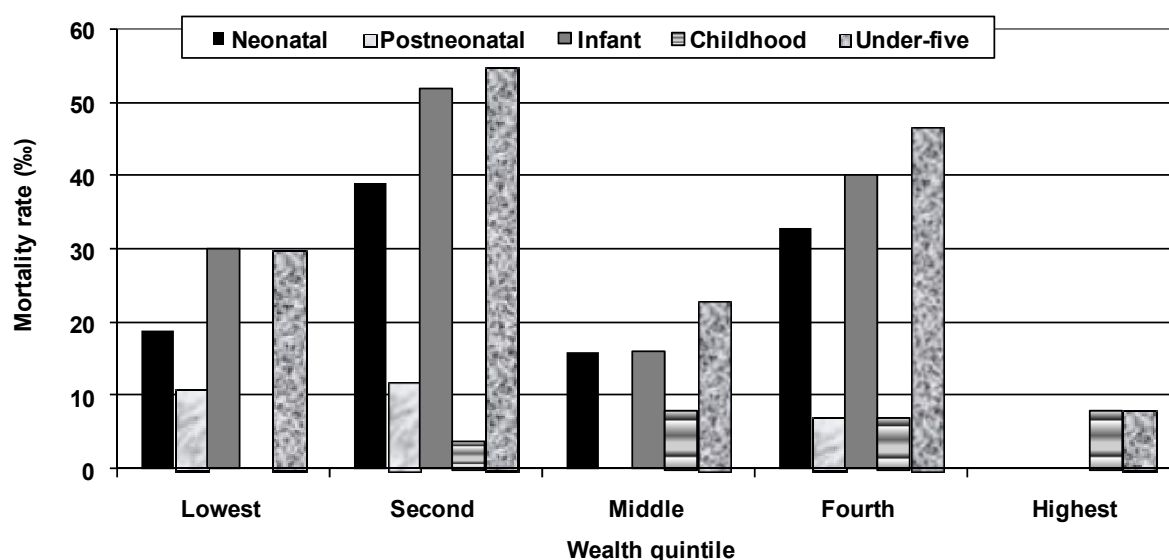


Figure 8.3: Child mortality rates by mother's educational background



In general, the wealth status of a mother is inversely associated with childhood mortality. However, this general guide is not observed in Tuvalu as shown in Table 8.2. Children in the lowest wealth quintile households have lower mortality rates than those in the second wealth quintile, while those in the middle wealth quintile households have the lowest mortality rates of all households, which is significantly lower than the fourth wealth quintile (See Fig. 8.4).

Figure 8.4: Child mortality rates by wealth quintile



8.4 EARLY CHILDHOOD MORTALITY BY DEMOGRAPHIC CHARACTERISTICS

The demographic characteristics of both mother and child have been found to play an important role in the survival probability of children. Table 8.3 presents early childhood mortality by a number of these characteristics, including the sex of child, mother's age at birth, birth order, and previous birth interval for the 10-year period before the survey.

Table 8.3: Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by demographic characteristics, Tuvalu 2007

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality ¹ (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-5 mortality (5q0)
Child's sex					
Male	25	4	29	5	33
Female	18	9	27	6	33
Mother's age at birth					
20–29	17	8	24	6	30
30–39	28	6	34	6	39
40–49	62	0	62	0	62
Birth order					
1	8	6	15	0	15
2–3	21	6	27	7	34
4–6	36	4	40	7	47
7+	0	19	19	0	19

Table 8.3 (continued)

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality ¹ (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-5 mortality (5q0)
Previous birth interval²					
<2 years	24	15	38	7	45
2 years	29	0	29	13	42
3 years	23	11	33	10	43
4+ years	27	0	27	0	27
Birth size³					
Small/very small	75	18	93	na	na
Average or larger	16	0	16	na	na
Don't Know/Missing	350	0	350	na	na

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

² Excludes first-order births.

³ Rates for the five-year period before the survey.

The estimated infant mortality rate for males (29 deaths per 1,000) is slightly higher than that for females (27 deaths per 1,000).

The results in Table 8.3 agree with the traditional hypothesis of ‘too early and too late increases child mortality’. According to the 2007 TDHS results, children born ‘too late’ (i.e. children born to mothers who are aged 40 and older) are disadvantaged compared with children born to mothers aged 20–39. Neonatal and infant mortality of children born to mothers aged older than 40 years was about twice as high as children born to younger mothers (See Fig. 8.5). Given that the sample size was too small, the hypothesis that ‘too early increases child mortality’ could not be tested.

Figure 8.5: Child mortality rates by mother's age at birth

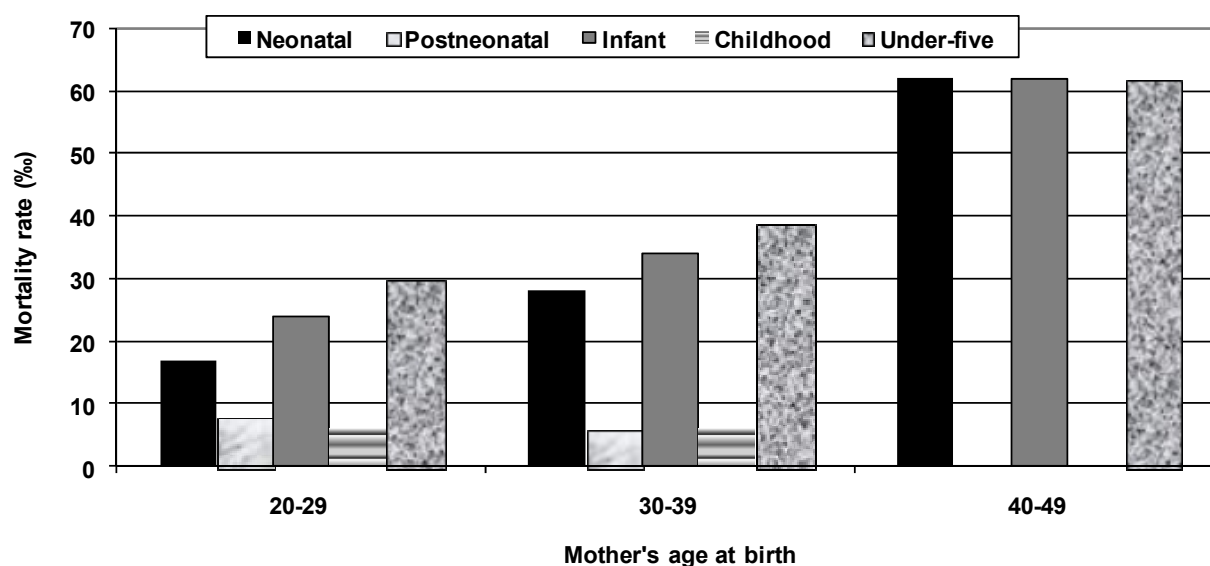
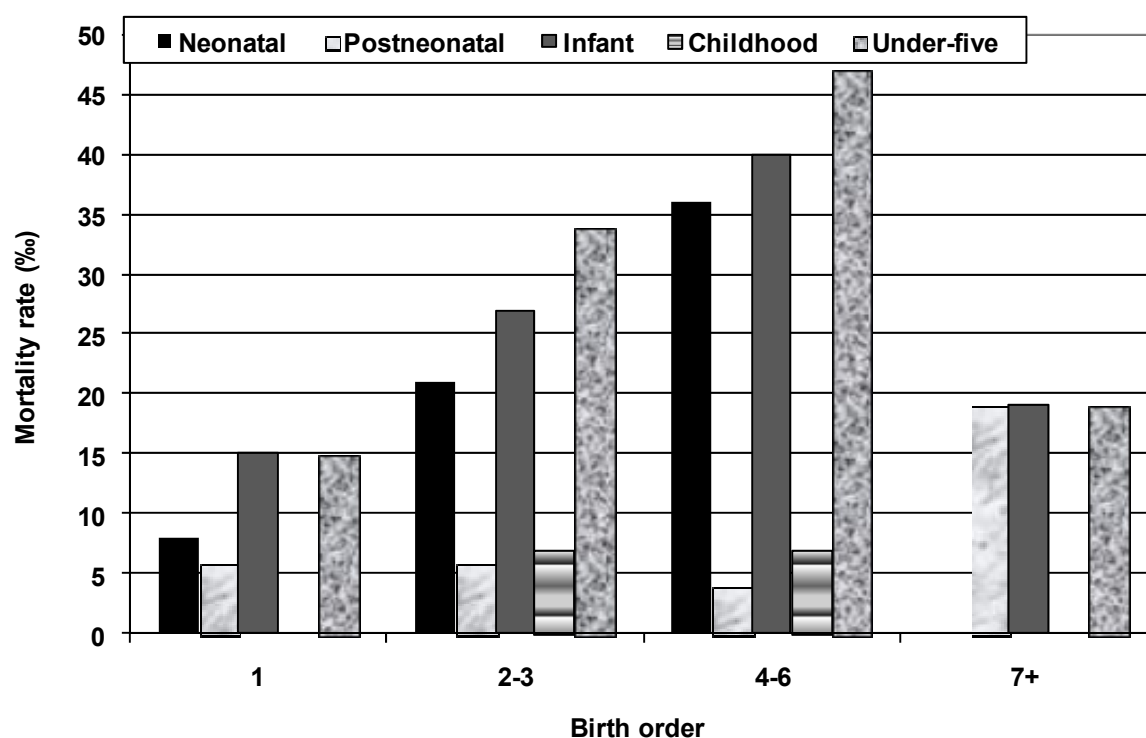


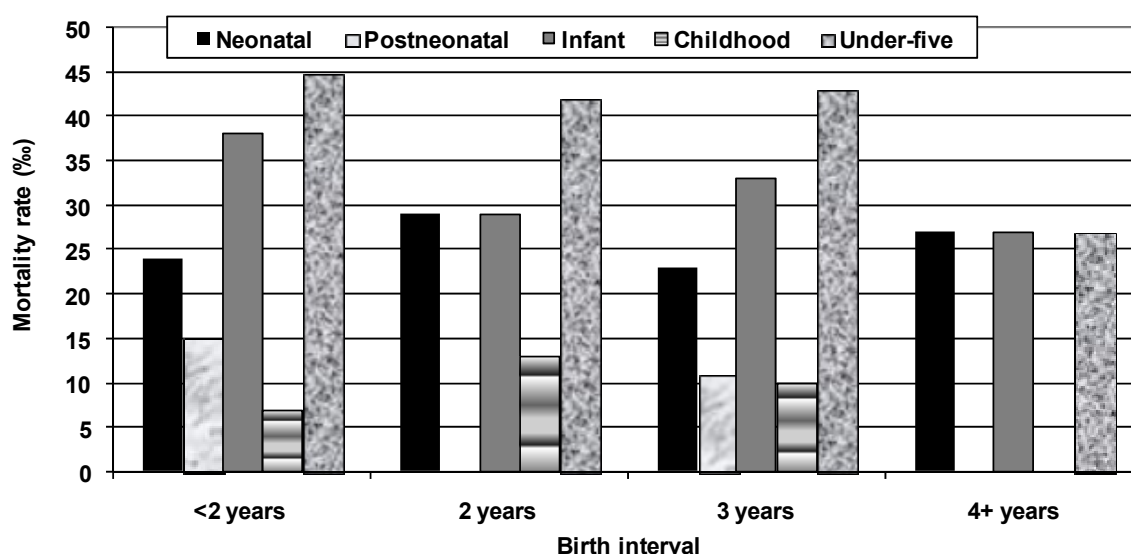
Figure 8.6: Child mortality rates by birth order



Higher birth orders are inversely associated with childhood mortality. This notion is certainly not true for Tuvalu, where child mortality levels are significantly lower for first-order births than for higher-order births (See Fig. 8.6).

Birth interval normally affects a child's risk of survival (mostly during infancy). In Tuvalu, children are at a higher risk of mortality if they are born less than two years after the previous birth (see Fig. 8.7). For example, the infant mortality rate of children born after an interval of less than 2 years is 38, which is higher than for children born after longer birth intervals. In general, however, the length of the birth interval does not show a clear correlation with the level of child mortality, although children born after a birth interval of more than four years show the lowest level of under-5 mortality (27 per 1,000).

Figure 8.7: Child mortality rates by birth interval



Data on the relationship between a child's birth weight and levels of child mortality are shown at the bottom of Table 8.3. Small and/or very small babies have a much higher risk of mortality than average or large-sized babies. The neonatal mortality rate for small and very small babies is 75 compared with only 16 for average or large-sized babies. The infant mortality rate for small and very small babies is 93 compared with 16 for larger babies.

8.5 HIGH-RISK FERTILITY BEHAVIOUR

The 2007 TDHS examined the relative importance of maternal fertility patterns associated with increased risk of mortality. Generally, infants and children have a greater probability of dying if they are: 1) born to mothers who are too old or too young, 2) born after a short birth interval, or 3) of high birth order. In analysing the effects of high-risk fertility behaviour on child survival, a mother is classified as too young if she is less than age 18, and too old if she is over age 34 at the time of birth. A short birth interval is defined as a birth occurring less than 24 months after the previous birth, and a child is of a high birth order if the mother has previously given birth to three or more children (i.e. if the child is of birth order four or higher).

Table 8.4 shows the percent distribution of births in the five-year period before the survey according to these elevated risk factors. The table also examines the relative risk of dying for children by comparing the proportion dead in each specified high-risk category with the proportion dead among children not in any high-risk category. Although first births are commonly associated with an increased risk of mortality, they are not included in any high-risk category because they are considered an unavoidable risk.

Only 22% of births in Tuvalu were not in any high-risk category. An additional 26% of births are first-order births to mothers aged 18–34, which is considered an unavoidable risk category. The remaining 52% of births are in at least one of the specified avoidable high-risk categories. About 29% of births are in only one of the high-risk categories; mostly a birth order of less than 24 months (13%), and birth orders greater than 3 (12%), while 23% are in multiple high-risk categories. Births in multiple high-risk categories are mostly found among mothers aged older than 34, and in birth order higher than 3.

The second column of Table 8.4 shows that the risk of dying for a child who falls in any avoidable high-risk category is 1.6 times that of a child not in any high-risk category.

The risk of a child dying is considerably higher to mother's aged older than 34 years, showing a risk ratio that is almost four times (3.92) higher than that of births accruing not in any high-risk category. Furthermore, the risk of dying is more than double for children born after a birth interval of less than 24 months compared with those who are not born in any high-risk category.

Table 8.4 also shows the potential for high-risk births among currently married women. A woman's current age, time elapsed since last birth, and parity are used to determine the risk categories in which any birth she conceived at the time of the survey would fall. In the final data processing, the criteria for placing women into specific risk categories are adjusted to take into account the gestation period.

One-fifth (20%) of currently married women in Tuvalu are not in any high-risk category, while over two-thirds (68%) have the potential of giving birth to a child exposed to a higher risk of mortality, and 37% of married women fall into multiple high-risk categories.

Table 8.4: High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Tuvalu 2007

Risk category	Births in the five years preceding the survey		Percentage of currently married women ¹
	Percentage of births	Risk ratio	
Not in any high risk category	21.8	1.00	20.4 ^a
Unavoidable risk category			
First order births to mothers between ages 18 and 34	26.1	0.37	12.0
Single high-risk category			
Mother's age <18	1.0	0.00	0.1
Mother's age >34	2.1	3.92	14.6
Birth interval <24 months	13.4	2.25	8.0
Birth order >3	12.3	1.51	8.4
Subtotal	28.8	1.98	31.1
Multiple high-risk category			
Age >34 & birth interval <24 months	0.0	*	0.3
Age >34 & birth order >3	13.6	1.56	26.8
Age >34 & birth interval <24 months & birth order >3	2.7	1.80	2.9
Birth interval <24 months & birth order >3	6.9	*	6.4
Subtotal	23.2	1.12	36.5
In any avoidable high-risk category	52.0	1.60	67.6
Total	100.0	na	100.0
Number of births/women	447	na	598

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

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 less than 15 months ago, or latest birth being of order 3 or higher.

^a Includes sterilised women.

8.6 KEY RESULTS

Data from the 2007 TDHS show a decrease in infant mortality from 37 deaths per 1,000 births during the period 1993–1998 to 24 deaths per 1,000 births from 1998–2003, then increasing again to 31 deaths from 2003–2007. However, this mortality level and trend is not supported by data from the vital registration system, indicating a considerably higher level of early-age mortality during the period 1997–2002 of 35. Levels and trends of early age mortality from the 2007 TDHS are based on very low numbers of respondents. Only postneonatal mortality showed a constant decline during the 15-year period before the survey

The 2007 TDHS examined the relative importance of maternal fertility patterns associated with increased risk of mortality. Generally, infants and children have a greater probability of dying if 1) they are born to mothers who are living in the outer islands, 2) mothers are older than 40, and 3) mothers have a lower educational background. In addition, mortality risks are higher if the birth interval is shorter than two years, and the size of the baby is small or very small.

In analysing the effects of high-risk fertility behaviour on child survival, a mother is classified as being too young if she is less than age 18, and too old if she is over age 34 at the time of birth. A short birth interval is defined as a birth occurring less than 24 months after the previous birth, and a child is of a high birth order if the mother had previously given birth to three or more children (i.e. if the child is of birth order four or higher). The results show that:

- only 22% of births in Tuvalu are not in any high-risk category;
- an additional 26% of births are first-order births to mothers aged 18–34, considered an unavoidable risk category;
- the remaining 52% of births in Tuvalu are in at least one of the specified avoidable high-risk categories:
 - About 29% of births are in only one of the high-risk categories; mostly birth intervals < 24 months (13%), and birth orders > 3 (12%), while 23% are in multiple high-risk categories;
 - Births in multiple high-risk categories are mostly found among mothers who are older than 34, and in birth orders higher than three.

The risk of a child dying is considerably higher if its mother is older than 34, with a risk ratio that is almost four times (3.92) higher than children who are not born in any of the high-risk categories. Furthermore, the risk of a child dying is more than double if it is born less than 24 months after the previous birth, compared with children who are not born in any of the high-risk categories.

CHAPTER 9 REPRODUCTIVE HEALTH

Reproductive health is an important part of any healthcare system and is aimed at reducing morbidity and mortality related to pregnancy, through the regular monitoring and education of pregnant women. Proper care during pregnancy and childbirth are important for both the health of the mother and her baby. This chapter includes information related to antenatal, childbirth and postpartum care.

Information on antenatal, delivery and postnatal care is of great value in identifying subgroups of women who do not use such services, and is useful in planning for improving service delivery.

The Tuvaluan government is committed to achieving the Millennium Development Goals (MDGs), and reproductive health is well recognised in the National Kakeega II Development Plan. A National Reproductive Health Policy is in draft form, and will be finalised by the end of 2009.

During the 2007 TDHS, women who had given birth in the five years preceding the survey were asked a number of questions about maternal and neonatal health care. For the last live birth in that period, mothers were asked about: 1) whether they had obtained antenatal care during their pregnancy; 2) the number of antenatal care visits or times they attended an antenatal clinic; and 3) the stage of pregnancy when they first attended antenatal care. Women were also asked whether they had received a tetanus toxoid injection while pregnant, and also about the component of care, including information given, testing, and treatments provided during this period.

Mothers were also asked about the place of delivery, the health providers who delivered the child, and whether they had a normal birth or a caesarean section.

Information obtained on postnatal care included timing of first postnatal check up and the type of provider who provided the first postnatal checkup.

Overall, 292 women aged 15–49 had at least one live birth in the five years preceding the survey. Table 9.9 provides findings on problems associated with accessing health care for all women aged 15–49 years.

9.1 ANTENATAL CARE

A major objective of antenatal care is to provide care for pregnant women, and identify and treat health problems that can occur during pregnancy and childbirth. The 2007 TDHS asked women about the source of their antenatal care and the person who provided that care for their most recent birth. If a woman received antenatal care from more than one provider, the provider with the highest qualifications was recorded.

Table 9.1 shows the reported types of health personnel who provided antenatal care by mother's age at birth, child's birth order, mother's level of education, and wealth quintile for the household. About 97% of women received antenatal care from a skilled provider. Most women sought care from a doctor, nurse or midwife. Less than 1% of women received antenatal care from a traditional birth attendant as their most qualified provider. Less than 2% of women who gave birth in the five years preceding the survey received no antenatal care.

Table 9.1: Antenatal care

Percent distribution of women aged 15–49 who had a live birth in the five years preceding the survey by antenatal care provider during pregnancy for the most recent birth and the percentage receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics, Tuvalu 2007

Background characteristic	Doctor	Nurse/ midwife	Auxiliary nurse/ midwife	Traditional birth attendant	Other	No one	Total	Percentage receiving antenatal care from a skilled provider ¹	Number of women
Mother's age at birth									
<20	*	*	*	*	*	*	*	*	14
20–34	45.6	48.1	3.6	0.5	0.5	1.6	100.0	97.4	206
35–49	50.3	40.6	6.2	1.4	0.0	1.5	100.0	97.0	72
Birth order									
1	66.9	27.8	3.9	0.0	0.0	1.5	100.0	98.5	75
2–3	34.3	57.6	4.7	1.1	0.0	2.2	100.0	96.6	97
4–5	46.5	49.3	2.9	0.0	1.3	0.0	100.0	98.7	84
6+	(44.2)	(44.4)	(5.5)	(2.9)	(0.0)	(3.0)	(100.0)	94.1	36
Residence									
Funafuti	72.9	20.3	2.3	0.8	0.8	3.0	100.0	95.5	144
Outer islands	22.4	71.0	5.9	0.7	0.0	0.0	100.0	99.3	148
Mother's education									
Less than secondary	48.8	45.3	2.9	1.5	0.0	1.5	100.0	97.0	70
Secondary	43.3	48.6	4.9	0.7	0.7	2.0	100.0	96.7	166
More than secondary	57.8	39.0	3.2	0.0	0.0	0.0	100.0	100.0	56
Wealth quintile									
Lowest	30.0	63.1	4.9	0.0	0.0	2.1	100.0	97.9	52
Second	30.3	63.2	3.2	1.6	0.0	1.7	100.0	96.7	65
Middle	55.4	39.1	3.9	0.0	0.0	1.6	100.0	98.4	68
Fourth	(56.8)	(35.3)	(3.6)	(2.2)	(0.0)	(2.2)	(100.0)	(95.7)	50
Highest	64.9	28.3	4.9	0.0	1.9	0.0	100.0	98.1	57
Total	47.4	45.9	4.1	0.7	0.4	1.5	100.0	97.4	292

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

¹ Skilled provider includes doctor, nurse, midwife, and auxiliary nurse or midwife.

The data also show that 99% of women in the outer islands received antenatal care from a skilled provider compared with 96% of women living in Funafuti.

9.2 NUMBER OF ANTENATAL CARE VISITS AND TIMING OF THE FIRST VISIT

In line with WHO guidelines, Tuvalu's Ministry of Health and medical services recommend that a woman who is having a normal pregnancy should attend four antenatal care visits, the first of which should take place during the first trimester. Table 9.2 presents information on women aged 15–49 who had a live birth in the five years preceding the survey by number of antenatal care visits for the most recent live birth, and by the timing of the first visit.

Table 9.2: Number of antenatal care visits and timing of first visit

Percent distribution of women aged 15–49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, and by the timing of the first visit, and among women receiving ANC, the median number of months pregnant at first visit, according to residence, Tuvalu 2007

Number and timing of ANC visits	Residence		Total
	Funafuti	Outer islands	
Number of ANC visits			
None	3.0	0.0	1.5
1	1.5	0.9	1.2
2–3	12.0	5.4	8.7
4+	67.7	67.0	67.3
Don't know/missing	15.8	26.7	21.3
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	3.0	0.0	1.5
<4	27.8	26.8	27.3
4–5	30.1	42.5	36.4
6–7	34.6	24.4	29.5
8+	3.8	1.7	2.7
Don't know/missing	0.8	4.5	2.7
Total	100.0	100.0	100.0
Number of women	144	148	292
Median months pregnant at first visit (for those with ANC)			
	5.4	5.1	5.2
Number of women with ANC	140	148	288

Table 9.2 further shows that only 27% of pregnant women received their first antenatal care during the first three months of pregnancy. A high proportion of pregnant women (36%) received their first antenatal care during the fourth or fifth months of pregnancy, while about 30% made their first visit during the sixth month of pregnancy or later. Only about 3% of pregnant women sought antenatal care very late during the third trimester, while about less than 2% did not receive antenatal care at any time during their pregnancy. The median number of months pregnant that women first seek antenatal care is 5.2 months, when the opportunity may have passed to diagnose problems early on, provide treatment, and prevent further complications.

9.3 QUALITY OF ANTENATAL CARE

In line with WHO guidelines and recommendations for good antenatal care, Tuvalu's Ministry of Health encourages pregnant women to receive antenatal care and recommended treatment. All healthcare workers have been trained to give pregnant mothers proper antenatal care and treatment.

Table 9.3 shows the percentage of mothers who received antenatal care by content of antenatal care and background characteristics. The results show that the majority of women received some form of antenatal care during their most recent birth. Overall, about 99% of women who had a live birth in the five years preceding the survey received some form of antenatal care for their most recent birth. About 92% of women who had a live birth in the five years preceding the survey took iron tablets or syrup during their last pregnancy, while only about 4% took drugs for intestinal parasites. Almost all women (99%) who received antenatal care for their most recent birth in the past five years, had their weight and blood pressure measured, and urine and blood samples taken during their pregnancy. Only about half of all women who received antenatal care for their most recent birth received information on recognising signs of pregnancy complications.

Table 9.3: Components of antenatal care

Among women aged 15–49 who had a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Tuvalu 2007

Background characteristic	Among women with a live birth in the last five years, the percentage who during the pregnancy of their last birth:			Among women who received antenatal care for their most recent birth in the last five years, the percentage with selected services:					
	Took iron tablets or syrup	Took intestinal parasite drugs	Number of women with a live birth in preceding five years	Informed of signs of pregnancy complications	Weighted	Blood pressure measured	Urine sample taken	Blood sample taken	Number of women with ANC for their most recent birth
Mother's age at birth									
<20	*	*	14	*	*	*	*	*	14
20–34	92.0	3.3	206	51.1	100.0	99.5	97.6	96.6	202
35–49	92.9	5.6	72	49.5	99.1	97.6	99.1	99.1	71
Birth order									
1	88.9	1.5	75	61.8	100.0	98.5	95.7	97.1	74
2–3	90.2	1.9	97	43.3	100.0	100.0	98.2	100.0	94
4–5	95.5	7.3	84	50.0	100.0	100.0	100.0	94.3	84
6+	(94.7)	(4.8)	36	(51.4)	(98.2)	(95.1)	(98.2)	(98.2)	35
Residence									
Funafuti	91.7	3.0	144	49.6	100.0	98.4	98.4	100.0	140
Outer islands	92.2	4.4	148	52.3	99.6	99.6	97.7	94.9	148
Mother's education									
Less than secondary	93.4	9.0	70	41.8	100.0	100.0	99.1	100.0	69
Secondary	91.9	1.0	166	50.4	99.6	98.9	98.3	96.6	163
More than secondary	90.4	5.1	56	64.1	100.0	98.0	96.2	96.2	56
Wealth quintile									
Lowest	88.0	5.7	52	56.7	100.0	100.0	100.0	100.0	51
Second	91.6	0.9	65	44.3	100.0	100.0	99.0	96.7	64
Middle	94.3	4.1	68	45.3	99.1	99.1	97.4	94.9	67
Fourth	(90.0)	(4.7)	50	(44.4)	(100.0)	(97.8)	(93.5)	(95.7)	49
Highest	95.1	3.8	57	65.5	100.0	98.1	100.0	100.0	57
Total	92.0	3.7	292	51.0	99.8	99.0	98.1	97.4	288

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

In summary, the results reflecting the provision of a more comprehensive antenatal care is recommended. While the rate of coverage of four or more antenatal care visit is fairly high, concerted efforts are needed to improve the timing of attendance and quality of antenatal care, especially education about the signs of pregnancy complications and provision of antihelminthic drugs.

9.4 TETANUS TOXOID IMMUNISATIONS

Neonatal tetanus is a leading cause of neonatal death in developing countries. Tetanus can be prevented through immunisation with tetanus toxoid (TT)-containing vaccines. Neonatal tetanus can be prevented by immunising women of childbearing age, and pregnant mothers with TT. This not only protects the mother but also the foetus through a transfer of tetanus antibodies. Neonatal tetanus, which is mostly fatal, is particularly common where deliveries are conducted at home, and in unhygienic environments.

If a woman has not received previous TT injections, then she should be given two TT injections during pregnancy. However, if a woman was immunised before she became pregnant, she may require one or no TT injections during pregnancy, depending on the number of injections she has ever received and the timing of the last injection. Five doses are required for a lifetime protection. The 2007 TDHS collected data on whether or not women received at least two TT injections during a pregnancy and whether or not the pregnancy was protected against neonatal tetanus. Table 9.4 show the percentage of mothers who received two or more TT injections during their pregnancy for their last live birth, and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics.

Table 9.4: Tetanus toxoid injections

Among mothers aged 15–49 with a live birth in the five years preceding the survey, the percentage who received two or more tetanus toxoid (TTI) injections during the pregnancy for the last live birth, and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Tuvalu 2007

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last birth was protected against neonatal tetanus ¹	Number of mothers
Mother's age at birth			
<20	*	*	14
20–34	24.1	30.6	206
35–49	18.5	30.5	72
Birth order			
1	37.1	40.0	75
2–3	13.9	22.4	97
4–5	21.2	32.5	84
6+	(28.7)	(40.70)	36
Residence			
Funafuti	26.3	37.6	144
Outer islands	21.3	26.7	148
Mother's education			
Less than secondary	31.6	43.2	70
Secondary	18.3	25.7	166
More than secondary	30.2	37.3	56
Wealth quintile			
Lowest	25.8	29.1	52
Second	22.8	32.3	65
Middle	25.3	37.3	68
Fourth	(17.8)	(23.4)	50
Highest	26.6	36.1	57
Total	23.8	32.1	292

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

¹ Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within three years of the last live birth), or three or more injections (the last within five years of the last birth), or four or more injections (the last within ten years of the last live birth), or five or more injections prior to the last birth.

The results show that only 24% of pregnant women received two or more TT injections during their last pregnancy. However, 32% of women had their last pregnancy protected against neonatal tetanus. Younger women and women with lower birth order are more likely to receive two TT injections during their pregnancy. The likelihood of having a pregnancy that is protected against neonatal tetanus does not appear to decline with mother's age at birth, and women who are pregnant with their first child are actually less likely to have their pregnancy protected against neonatal tetanus (40%), than women who have had two to three children (22%).

The proportion of women whose last pregnancy was protected against neonatal tetanus was higher in Funafuti (38%) than in the outer islands (27%). The likelihood of having the last pregnancy protected against neonatal tetanus increases with wealth quintiles, but is variable with educational attainment.

9.5 PLACE OF DELIVERY

Some of the factors associated with birth outcome include the place where a mother delivers a baby, the disinfection practices used there, the equipment available, and the skills and performance of those who assist the woman. Table 9.5 shows the percent distribution of live births in the five years preceding the survey by place of childbirth by background characteristics of the mother.

Table 9.5: Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, Tuvalu 2007

Background characteristic	Health facility					Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector	Home	Other	Missing			
Mother's age at birth								
<20	(96.3)	(3.7)	(0.0)	(0.0)	(0.0)	(100.0)	(100.0)	29
20–34	86.6	6.1	4.1	2.9	0.3	100.0	92.7	335
35–49	84.7	7.2	6.7	1.3	0.0	100.0	91.9	82
Birth order								
1	84.1	12.5	0.9	2.6	0.0	100.0	96.5	125
2–3	88.8	4.1	4.4	2.0	0.7	100.0	92.9	163
4–5	89.3	2.0	5.1	3.7	0.0	100.0	91.3	118
6+	(81.2)	(6.9)	(11.9)	(0.0)	(0.0)	(100.0)	(88.1)	40
Residence								
Funafuti	84.4	7.5	2.8	4.7	0.5	100.0	92.0	230
Outer islands	89.5	4.7	5.8	0.0	0.0	100.0	94.2	217
Mother's education								
Less than secondary	89.8	2.3	6.8	0.0	1.1	100.0	92.1	100
Secondary	89.6	4.7	4.4	1.2	0.0	100.0	94.4	266
More than secondary	74.3	15.4	0.8	9.4	0.0	100.0	89.8	81
Antenatal care visits¹								
None	*	*	*	*	*	*	*	4
1–3	(76.7)	(9.8)	(6.0)	(7.5)	(0.00)	(100.0)	(86.5)	29
4+	88.5	7.1	2.8	1.7	0.0	100.0	95.5	197
Don't know/missing	90.4	4.7	3.1	1.7	0.0	100.0	95.1	62
Wealth quintile								
Lowest	87.4	4.7	7.9	0.0	0.0	100.0	92.1	72
Second	90.3	2.4	5.1	1.1	1.1	100.0	92.7	99
Middle	87.7	9.3	2.1	1.0	0.0	100.0	96.9	112
Fourth	89.6	6.3	2.8	1.4	0.0	100.0	95.8	78
Highest	79.2	7.5	4.5	8.8	0.0	100.0	86.7	86
Total	86.9	6.1	4.3	2.4	0.2	100.0	93.0	447

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

¹ Includes only the most recent birth in the five years preceding the survey

Overall, the majority of women (93%) who reported having a live birth in the five years preceding the survey indicated that they had delivered in a health facility. Of these, 87% reported giving birth in a public sector facility, while only few women reported giving birth either at home or in a private sector facility. Because Tuvalu has only one public hospital and eight small health centres, women who give birth in a private facility would have given birth in another country.

Younger women are more likely than older women to give birth in a health facility. Table 9.5 also shows that women having their first child were more likely to have their child in a private sector health facility (i.e. overseas) than women having their fourth or later child. Likewise, the likelihood of giving birth in a private sector facility increases with educational attainment, but was variable across wealth quintiles.

9.6 ASSISTANCE WITH DELIVERY

Assistance during childbirth is another important variable that influences birth outcome and the health of the mother and child. This is because the knowledge, skills and performance of the birth attendant determines whether or not they can manage complications and observe hygienic practices.

Table 9.6 shows the percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, according to background characteristics of the mother.

Table 9.6: Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of birth assisted by a skilled provider and percentage delivered by caesarean section, according to background characteristics, Tuvalu 2007

Background characteristic	Person providing assistance during delivery						Total	Percentage delivered by a skilled provider ¹	Percentage delivered by C-section	Number of births
	Doctor	Nurse/midwife	Nurse aide	Traditional birth attendant	Relative/other	No one				
Mother's age at birth										
<20	(19.2)	(75.0)	(5.8)	(0.0)	(0.0)	(0.0)	(100.0)	(100.0)	(0.0)	29
20–34	17.9	74.9	5.2	1.1	1.0	0.0	100.0	97.9	7.2	335
35–49	21.4	72.8	2.9	0.8	0.8	1.3	100.0	97.1	9.4	82
Birth order										
1	26.7	66.7	5.8	0.9	0.0	0.0	100.0	99.1	11.6	125
2–3	15.0	76.4	6.4	0.4	1.8	0.0	100.0	97.9	4.6	163
4–5	15.1	79.8	2.6	1.6	0.9	0.0	100.0	97.5	4.8	118
6+	(18.1)	(76.0)	(1.6)	(1.6)	(0.0)	(2.7)	(100.0)	(95.8)	(10.1)	40
Place of delivery										
Health facility	19.5	75.1	5.0	0.2	0.3	0.0	100.0	99.6	7.6	416
Elsewhere	7.2	65.5	2.0	12.0	9.5	3.6	100.0	74.8	0.0	30
Residence										
Funafuti	24.5	68.4	4.7	0.5	1.4	0.5	100.0	97.6	9.4	230
Outer islands	12.3	81.0	4.9	1.5	0.3	0.0	100.0	98.2	4.6	217
Mother's education										
Less than secondary	22.2	72.5	2.3	1.9	1.1	0.0	100.0	97.0	8.2	100
Secondary	15.2	76.8	5.5	0.9	1.1	0.4	100.0	97.6	6.8	266
More than secondary	25.3	69.3	5.4	0.0	0.0	0.0	100.0	100.0	6.7	81
Wealth quintile										
Lowest	11.2	83.5	4.4	0.9	0.0	0.0	100.0	99.1	4.7	72
Second	16.1	72.6	8.7	1.9	0.7	0.0	100.0	97.4	5.1	99
Middle	15.9	82.0	0.6	1.6	0.0	0.0	100.0	98.4	4.1	112
Fourth	27.2	66.8	3.2	0.0	1.4	1.4	100.0	97.2	8.8	78
Highest	23.4	66.6	7.5	0.0	2.5	0.0	100.0	97.5	13.8	86
Total	18.6	74.5	4.8	1.0	0.9	0.2	100.0	97.9	7.1	447

Note: If the respondent mentioned more than one person attending the delivery, only the most qualified person is considered in this tabulation. Figures in parentheses are based on 25–49 cases.

¹ A skilled provider includes a doctor, nurse, midwife and auxiliary nurse/midwife.

Overall, 98% of deliveries were assisted by a skilled provider. Of these, the majority (75%) were assisted by a nurse or midwife, 19% were assisted by a doctor, and only 5% were assisted by a nurse aide. About 1% of deliveries were assisted by a traditional birth attendant, and less than 1% were assisted by a relative or received no assistance.

Table 9.6 also shows that women are more likely to receive assistance from a doctor during the birth of their first child (27%) than women with higher parity (15%).

The likelihood of receiving skilled assistance at birth is the same for all women, regardless of their wealth and educational attainment. This may reflect the easy access to health facilities, and the availability of skilled providers.

9.7 TIMING OF FIRST POST NATAL CHECK UP

The postpartum period, also known as the puerperium, is the six-week period following childbirth. Postnatal care is very important for the health of the mother and her baby. Postnatal checkups enable healthcare providers to detect complications and provide appropriate treatment and referral for mothers and their babies. Also during this checkup, mothers are provided with information on how to care for herself and her child, and how to recognise and respond to problems during the postpartum period.

The national guideline recommends that a mother should receive a postnatal checkup within the first hour after giving birth, daily while in hospital, and 42 days or 6 weeks after the delivery.

Table 9.7 shows the percent distribution of the mother's first postnatal check up for the last live birth by time after delivery according to background characteristics of the mother. A large proportion of women (33%) reported not having any postnatal check up after delivery. About 20% received postnatal care within four hours after delivery, 15% received postnatal care within 24 hours after delivery, 15% received postnatal care within the first two days after delivery, and 14% received postnatal care within 3 to 41 days after delivery.

Older women, women with higher parity, urban women, well-educated women, and those in the highest wealth quintiles are more likely to receive postpartum care than other women.

Table 9.7: Timing of first postnatal checkup

Among women aged 15–49 giving birth in the five years preceding the survey, the percent distribution of the mother's first postnatal checkup for the last live birth by time after delivery, according to background characteristics, Tuvalu 2007

Background characteristic	Timing after delivery of mother's first postnatal checkup					No postnatal checkup ¹	Total	Number of women
	Less than 4 hours	4–23 hours	2 days	3–41 days	Don't know/missing			
Mother's age at birth								
<20	*	*	*	*	*	*	*	14
20–34	19.3	15.7	18.3	10.7	1.6	34.4	100.0	206
35–49	23.4	10.8	9.0	25.7	0.0	31.0	100.0	72
Birth order								
1	13.6	27.1	20.6	10.3	0.8	27.5	100.0	75
2–3	23.2	15.1	13.0	10.3	3.3	35.2	100.0	97
4–5	24.2	6.2	15.2	19.0	0.0	35.6	100.0	84
6+	(17.7)	(12.5)	(12.2)	(22.3)	(0.0)	(35.3)	(100.0)	36
Residence								
Funafuti	21.1	15.0	15.0	14.3	0.8	33.8	100.0	144
Outer Islands	19.7	15.5	15.9	14.3	1.8	32.9	100.0	148
Education								
Less than secondary	22.4	12.4	11.6	21.9	0.9	30.9	100.0	70
Secondary	16.4	14.0	17.1	12.8	1.3	38.4	100.0	166
More than secondary	29.4	22.7	15.4	9.0	2.0	21.5	100.0	56

Table 9.7 (continued)

Background characteristic	Timing after delivery of mother's first postnatal checkup					No postnatal checkup ¹	Total	Number of women
	Less than 4 hours	4–23 hours	2 days	3–41 days	Don't know/missing			
Wealth quintile								
Lowest	24.0	14.2	11.1	18.3	1.2	31.2	100.0	52
Second	12.8	13.1	20.1	12.1	3.2	38.6	100.0	65
Middle	20.3	6.8	18.7	15.9	0.0	38.4	100.0	68
Fourth	(17.9)	(25.3)	(14.3)	(16.2)	(0.0)	(26.3)	(100.0)	50
Highest	27.7	20.0	11.3	9.5	1.9	29.6	100.0	57
Total	20.3	15.3	15.5	14.3	1.3	33.4	100.0	292

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

¹ Includes women who received a checkup after 41 days.

9.8 TYPE OF PROVIDER OF FIRST POSTNATAL CHECK UP

The type of provider for postpartum care was assessed in this chapter. This is important because the skills of a provider determine the ability to detect and diagnose complications during the postnatal period, and provide appropriate treatment or referral. Table 9.8 shows the percent distribution of women giving birth in the five years preceding the survey by type of provider of the mother's first postnatal health check for the last live birth according to background characteristics.

Table 9.8: Type of provider of first postnatal checkup

Among women aged 15–49 giving birth in the five years preceding the survey, the percent distribution by type of provider of the mother's first postnatal health check for the last live birth, according to background characteristics, Tuvalu 2007

Background characteristic	Type of health provider of mother's first postnatal checkup			No postnatal checkup ¹	Total	Number of women
	Doctor/ nurse/ midwife	Nurse aide/midwife	Other			
Mother's age at birth						
<20	*	*	*	*	*	14
20–34	61.1	3.4	1.1	34.4	100.0	206
35–49	64.2	4.8	0.0	31.0	100.0	72
Birth order						
1	71.0	0.0	1.5	27.5	100.0	75
2–3	58.2	5.5	1.1	35.2	100.0	97
4–5	59.1	5.4	0.0	35.6	100.0	84
6+	(63.0)	(1.7)	(0.0)	(35.3)	(100.0)	36
Residence						
Funafuti	60.9	3.8	1.5	33.8	100.0	144
Outer islands	63.7	3.4	0.0	32.9	100.0	148
Education						
Less than secondary	66.7	2.4	0.0	30.9	100.0	70
Secondary	57.7	3.3	0.7	38.4	100.0	166
More than secondary	70.7	5.9	2.0	21.5	100.0	56
Wealth quintile						
Lowest	67.6	1.2	0.0	31.2	100.0	52
Second	54.6	5.2	1.7	38.6	100.0	65
Middle	60.0	1.6	0.0	38.4	100.0	68
Fourth	(69.3)	(4.3)	(0.0)	(26.3)	(100.0)	50
Highest	62.9	5.6	1.9	29.6	100.0	57
Total	62.3	3.6	0.7	33.4	100.0	292

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

¹ Includes women who received a checkup after 41 days.

Table 9.8 shows that 62% of women received postpartum care from a doctor, nurse or midwife, while 4% received postpartum care from a nurse aide, and less than 1% received postpartum care from some other type of health provider. About 33% of women reported not having any postpartum care from any type of health provider.

Older women, women giving birth to their first child, women with a higher education, and women in the lowest wealth quintile households are the most likely to receive postpartum care from a skilled provider.

9.9 PROBLEMS IN ACCESSING HEALTH CARE

Many factors can prevent women from receiving medical advice or treatment. Information on such factors is particularly important in understanding and addressing the barriers women may face in seeking care during pregnancy and at the time of delivery.

The 2007 TDHS assessed problems encountered in accessing health care. Table 9.9 shows the percentage of women who reported having serious problems in accessing health care for themselves, by type of problems, and according to background characteristics.

Overall, 98% of women reported at least one problem accessing health care. The majority of women did not seek health care because they were concerned that no provider (93%) or drugs (97%) were available at the health facility. Nearly 72% of women were concerned that no female provider was available. An equal proportion of women did not want to go alone, or reported that the distance to the health facility was too far, or that they would have to take transport to get there (25% each). Fewer numbers of women have problems of getting money for treatment (20%), and getting permission to go for treatment (11%).

More younger women reported having problems with: 1) getting permission to go for treatment; 2) not wanting to go alone for treatment; and 3) far distance to a health facility. Also more young women than older women cited the concern that no female provider was available.

Table 9.9: Problems in accessing health care

Percentage of women aged 15–49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Tuvalu 2007

Background characteristic	Problems in accessing health care									Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no provider available	Concern no drugs available	At least one problem accessing health care	
Age										
15–19	21.1	20.9	29.5	29.0	42.4	79.7	91.8	93.9	97.4	111
20–34	13.0	17.8	24.1	22.3	22.8	69.3	92.1	95.3	98.0	376
35–49	6.5	21.9	26.1	26.4	21.3	71.6	93.8	98.1	98.8	363
Number of living children										
0	17.2	20.5	25.8	23.7	32.9	68.9	91.7	94.7	98.3	289
1–2	9.4	18.6	23.7	24.2	23.2	72.5	94.6	98.1	99.5	235
3–4	7.9	18.8	23.9	24.0	17.2	73.5	92.4	95.2	96.7	223
5+	6.0	23.6	33.3	31.7	21.5	73.7	92.6	99.0	99.0	105
Marital status										
Never married	22.4	20.8	28.0	24.5	38.3	78.6	92.1	94.3	98.5	193
Married or living together	7.6	18.7	23.8	23.9	20.0	67.8	92.8	96.7	98.1	598
Divorced/separated/widowed	12.0	28.9	36.1	36.3	28.6	88.0	95.5	99.0	100.0	60
Employed last 12 months										
Not employed	12.1	15.9	23.3	22.0	26.3	74.2	93.4	95.9	98.0	414
Employed for cash	11.0	24.7	28.1	28.1	22.8	69.8	91.6	96.4	98.4	405
Employed not for cash	(3.6)	(11.4)	(26.1)	(23.8)	(29.7)	(59.9)	(100.0)	(100.0)	(100.0)	30
Residence										
Funafuti	13.6	21.8	32.3	33.1	29.1	73.0	91.3	95.3	99.0	414
Outer islands	9.0	18.2	19.4	17.2	20.6	70.4	94.2	97.2	97.7	437
Education										
Less than secondary	11.7	27.6	33.6	31.8	24.7	77.8	96.4	99.0	99.0	282
Secondary	11.2	18.6	24.6	24.1	26.7	73.5	92.1	95.6	98.5	437
More than secondary	10.4	7.9	12.1	12.8	18.3	52.7	87.6	92.7	96.0	132

Table 9.9 (continued)

Background characteristic	Problems in accessing health care									Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no provider available	Concern no drugs available	At least one problem accessing health care	
Wealth quintile										
Lowest	12.9	23.5	30.4	29.0	23.8	84.0	96.8	100.0	100.0	152
Second	11.0	18.8	26.2	25.5	27.2	72.4	88.8	93.0	97.1	179
Middle	9.7	21.3	28.9	26.4	27.9	73.1	93.7	97.1	98.4	169
Fourth	7.9	21.3	25.2	21.7	19.1	59.7	92.7	96.9	98.2	173
Highest	14.7	15.3	18.3	22.6	25.5	70.6	92.7	95.1	98.2	177
Total	11.2	19.9	25.6	24.9	24.7	71.7	92.8	96.3	98.3	851

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

9.10 KEY RESULTS

The followings are the main findings discussed in the chapter.

1. The majority of Tuvaluan mothers (97%) received antenatal care from a skilled provider. Most of them sought care from a doctor, nurse or midwife. More mothers from the outer islands received antenatal care from a skilled provider (99%) than mothers in Funafuti (95%).
2. About 27% of mothers aged 15–49 who had a live birth in the five years preceding the survey received their first antenatal care during the first three months of pregnancy. About 30% of mothers made their visit during the sixth and seventh month of pregnancy, which was considered very late for detecting any pregnancy-related complications.
3. While the vast majority of women who attended antenatal care during their most recent pregnancy reported having received all forms of routine care (i.e. were weighed, had blood pressure measured, and urine and blood samples taken), only 51% reported being given information about identifying signs of pregnancy-related complications. This finding indicates a need to determine whether women are routinely provided this information when they make antenatal care visits.
4. About 32% of mothers indicated that their most recent birth in the five years preceding the survey was protected against neonatal tetanus. More babies in Funafuti were immunised than in the outer islands.
5. The vast majority of women (93%) who had a live birth in the five years preceding the survey indicated that they had delivered the baby in a recognised health facility. Overall, the majority (98%) reported they were assisted by a skilled health provider. Of concern is that 33% of women reported that they did not have a postnatal checkup. Further investigation would be valuable to ascertain whether some women are missing out on postnatal checkups, and if so, to determine strategies to overcome this problem.
6. Over 90% of all women who participated in the 2007 TDHS reported at least one problem with accessing health care in Tuvalu. The two most commonly raised concerns were the availability of medications (reported by 96% of respondents) and the availability of health providers (reported by 93% of respondents).

Other problems included the availability of female providers (72%), and distance to a health facility (26%), having to take transport and not wanting to go alone (25% each). These issues should be considered when developing strategies for improving women's access to health care.

CHAPTER 10 CHILD HEALTH

This chapter presents findings on several areas of importance to child health and survival, including characteristics of the neonate (birth weight and size at birth), the vaccination status of young children, and treatment practices among children suffering from three childhood diseases. The information on birth weight and birth size is important for designing and implementing programmes aimed at reducing neonatal and infant mortality.

Many early childhood deaths can be prevented by immunising children against preventable diseases, and by ensuring that children receive prompt and appropriate treatment when they become ill. Vaccination coverage information focuses on the 18–29 month age group. Overall, coverage levels at the time of the survey and by 18 months of age are shown for this age group. Additionally, the source of the vaccination (whether based on a written vaccination card or on the mother's recall) is shown. Differences in vaccination coverage between population subgroups assist in programme planning.

Information on treatment practices and contact with health services among children with the three most important childhood illnesses (i.e. acute respiratory infection, fever, and diarrhoea) help in assessing national programmes aimed at reducing the mortality impact of these illnesses. Information is provided on the prevalence of acute respiratory infection and fever, and their treatment with antibiotics. The treatment of diarrhoeal disease with oral rehydration therapy (including increased fluids) aids in assessing programmes that recommend such treatment. Because appropriate sanitary practices can help prevent and reduce the severity of diarrhoeal disease, information is also provided on the manner of disposing of children's faecal matter.

10.1 BIRTH WEIGHT

A child's birth weight or size at birth is an important indicator of their vulnerability to the risk of childhood illnesses and their chances of survival. Children whose birth weight is less than 2.5 kg, or children reported to be 'very small' or 'smaller than average' are considered to have a higher-than-average risk of early childhood death. For births in the five years preceding the survey, birth weight was recorded in the questionnaire if available from either a written record or the mother's recall. Since birth weight may not be known for many babies, the mother's estimate of the baby's size at birth was also obtained. Even though it is subjective, it can be a useful proxy for the child's weight. Table 10.1 presents information on child's weight and size at birth according to background characteristics.

Of the 447 eligible births in the five years prior the survey, almost all (97.5%) were weighed. Among these, 6.1% weighed less than 2.5 kg at birth. Lower birth weight is slightly more frequent among:

- children with older mothers aged 35–49;
- birth orders one, four and five;
- children whose mothers have a secondary level education; and
- births from mothers in second and fourth wealth quintile households.

Table 10.1 also includes information on the mother's assessment of the baby's size at birth. In the absence of birth weight, the mother's estimate of the baby's size at birth may be useful. Overall, about 3% of births are reported to be very small at the time of birth and 11% are smaller than average.

Table 10.1: Child's weight and size at birth

Percent distribution of live with a reported birth weight; percent distribution of all live births in the five years preceding the survey by mother's estimate of baby's size at birth and percentage of all births with a reported birth weight, according to background characteristics, Tuvalu 2007

Background characteristic	Percent distribution of births with a reported birth weight ¹				Percentage of all births with a reported birth weight	Percent distribution of all live births by size of child at birth					Number of births
	Less than 2.5 kg	2.5 kg or more	Total	Number of births		Very small	Smaller than average	Average or larger	Don't know/missing	Total	
Mother's age at birth											
<20	(10.4)	(89.6)	(100.0)	27	92.8	(3.7)	(19.2)	(70.0)	(7.2)	(100.0)	29
20–34	5.3	94.7	100.0	331	98.7	2.4	10.1	86.8	0.6	100.0	335
35–49	8.0	92.0	100.0	78	94.1	4.7	9.7	84.9	0.8	100.0	82
Birth order											
1	7.3	92.7	100.0	121	96.6	4.3	15.9	77.2	2.5	100.0	125
2–3	5.3	94.7	100.0	161	98.7	1.7	9.8	87.8	0.7	100.0	163
4–5	7.4	92.6	100.0	114	96.4	3.6	7.5	88.9	0.0	100.0	118
6+	(1.5)	(98.5)	(100.0)	40	98.4	(1.5)	(6.9)	(90.1)	(1.6)	(100.0)	40
Mother's smoking status											
Smokes cigarettes/tobacco	7.8	92.2	100.0	89	96.5	3.5	7.7	87.6	1.2	100.0	92
Does not smoke	5.6	94.4	100.0	346	97.7	2.8	11.4	84.7	1.1	100.0	355
Residence											
Funafuti	6.7	93.3	100.0	226	98.1	4.2	13.2	81.6	0.9	100.0	230
Outer islands	5.3	94.7	100.0	210	96.8	1.6	7.9	89.3	1.3	100.0	217
Mother's education											
Less than secondary	5.8	94.2	100.0	96	96.2	2.8	8.7	86.7	1.7	100.0	100
Secondary	6.7	93.3	100.0	259	97.2	3.1	11.6	84.1	1.2	100.0	266
More than secondary	4.3	95.7	100.0	81	100.0	2.7	9.7	87.6	0.0	100.0	81
Wealth quintile											
Lowest	4.4	95.6	100.0	72	100.0	0.8	11.6	87.6	0.0	100.0	72
Second	11.0	89.0	100.0	96	96.8	7.2	15.6	74.1	3.2	100.0	99
Middle	4.2	95.8	100.0	107	96.2	1.0	5.6	92.5	1.0	100.0	112
Fourth	7.2	92.8	100.0	75	96.5	2.8	11.9	84.5	0.8	100.0	78
Highest	3.3	96.7	100.0	85	98.7	2.5	9.5	87.9	0.0	100.0	86
Total	6.1	93.9	100.0	436	97.5	2.9	10.6	85.3	1.1	100.0	447

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

¹ Based on either a written record or the mother's recall.

10.2 VACCINATION COVERAGE BY SPECIFIC VACCINES

Universal immunisation of children against the six vaccine-preventable diseases — tuberculosis, diphtheria, whooping cough (pertussis), tetanus, polio and measles — is crucial to reducing infant and child mortality. Differences in vaccination coverage among population subgroups are useful for programme planning and targeting resources.

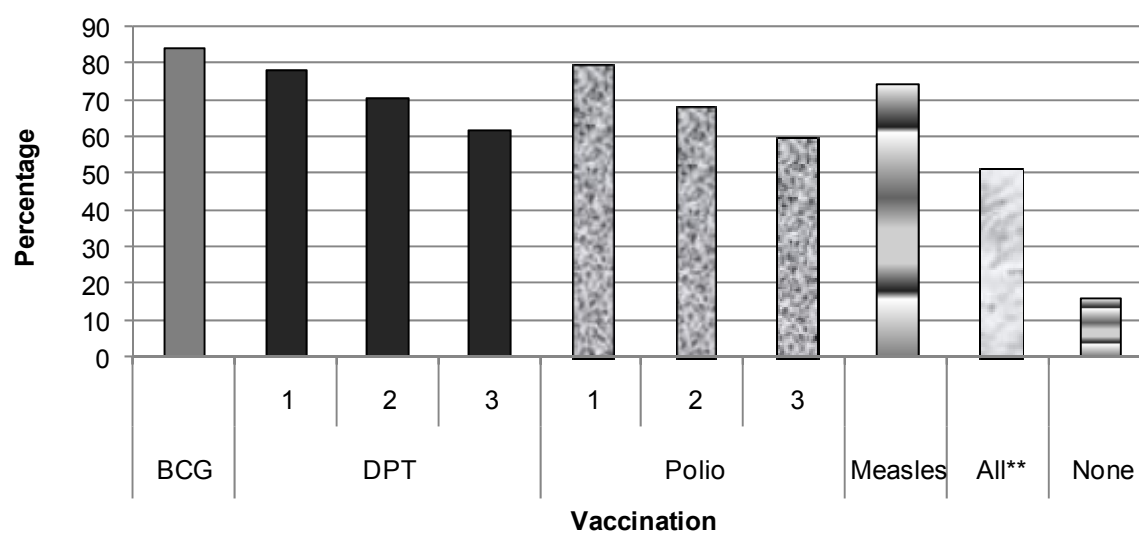
According to guidelines developed by the World Health Organization, children are considered fully immunised when they have received a BCG vaccination against tuberculosis, three doses each of DPT (diphtheria, pertussis and tetanus) and polio vaccines, and a measles vaccination by age 12 months. BCG should be given at birth or at first clinical contact, DPT and polio require three vaccinations at approximately 6, 10 and 14 weeks of age, and measles should be given at or soon after reaching 9 months of age.

The Tuvalu child vaccination schedule consists of BCG at the age of one month, DPT and polio at the age of 2, 4 and 6 months, and measles at age 1 year. DPT and polio are usually given together. The 2007 TDHS collected information on vaccination coverage for all living children born in the five years preceding the survey, either from vaccination cards shown to the interviewer or, lacking these, from mothers' recall.

Table 10.2 and Figure 10.1 show the percentage of children aged 18–29 months at the time of the survey who received the various vaccinations at any time, and by 18 months of age, respectively. Out of 80 children, more than half (54%) had no vaccination card at the time of the survey. Survey results show that 51% of all children are reported to receive all basic vaccinations. Of these, the number who receive each single vaccination of DPT and polio declines with increasing age of the child. About 74% have received a measles vaccination and 84% have had a BCG vaccination at birth. These results are lower compared with 2005 data from the Ministry of Health, which is available through the UNICEF/WHO immunisation summary⁹.

⁹ Immunisation summary: The 2007 Edition, UNICEF/WHO. A statistical reference containing data through 2005.

**Figure 10.1: Percentage of children aged 18–29 months
by specific vaccinations, Tuvalu 2007***



* Percentage of children who received the vaccine at any time before the survey

**BCG, measles, and three doses each of DPT and polio vaccine (excluding polio 0)

Table 10.2: Vaccinations by information source

Percentage of children aged 18–29 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 18 months of age, Tuvalu 2007

Source of information	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All basic vaccinations ¹	No vaccinations	Number of children
Vaccinated at any time before survey											
Vaccination card	(33.1)	(33.1)	(33.1)	(33.1)	(33.1)	(30.5)	(30.5)	(30.4)	(27.8)	(0.0)	27
Mother's report	50.8	44.6	37.1	28.5	46.5	38.1	29.6	43.7	23.4	16.1	54
Either source	83.9	77.7	70.3	61.6	79.6	68.6	60.1	74.1	51.2	16.1	80
Vaccinated by 18 months of age ²	83.9	77.7	70.3	60.2	79.6	68.6	54.5	3.5	2.7	16.1	80

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

¹ BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

² For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

10.3 VACCINATION COVERAGE BY BACKGROUND CHARACTERISTICS

Table 10.3 shows the percentage of children with a vaccination card and the percentage who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), by background characteristics. This table is important for assessing the vaccination programme's success in reaching all population subgroups.

The results show that coverage is lower for all basic vaccinations among children aged 18–29 months in Funafuti (46%) than in the outer islands (57%), and is also lower among female children (42%) than male children (59%). The percentage of children aged 18–29 months who received a measles vaccine is also lower among female children and those residing in Funafuti. The same pattern is seen with BCG vaccinations. About 33% of children aged 18–29 months had their vaccination cards seen by the interviewers of the 2007 TDHS, with a higher proportion of these children living in the outer islands.

10.4 TRENDS IN VACCINATIONS COVERAGE

One way of measuring trends in vaccination coverage is to compare coverage among children of different age. Table 10.4 shows the percentage of children who received specific vaccines during the first year of life by current age. This table illustrates changes in the vaccination programme over time and also provides information on trends in vaccination coverage over the last four years.

There has been little improvement in vaccination coverage over the last four years. For instance, only 17% of children have received all basic vaccinations, and the proportion of these fully immunised children has declined from about 50% among older children to only 4% of young children. This is due to a dramatic decline in the proportion of children who received a measles vaccine, from 81% among children aged 48–59 months to only 5% for children aged 12–23 months.

However, there is also some improvement in the proportion of children with no vaccination. The trend shows a declining proportion of children who have had no vaccinations, from 16% among older children to 10% for younger ones. The percentage of children with a vaccination card also increased over this period.

Table 10.3: Vaccinations by background characteristics

Percentage of children aged 18–29 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and the percentage with a vaccination card, by background characteristics, Tuvalu 2007

Background characteristic	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All basic vaccinations ¹	No vaccinations	Percentage with a vaccination card seen	Number of children
Sex												
Male	(85.1)	(77.6)	(72.4)	(63.3)	(85.1)	(74.9)	(66.8)	(80.00)	(59.3)	(14.9)	(34.4)	43
Female	(82.5)	(78.0)	(67.8)	(59.7)	(73.4)	(61.6)	(52.6)	(67.5)	(42.2)	(17.5)	(31.7)	38
Residence												
Funafuti	(80.5)	(73.2)	(65.9)	(56.1)	(75.6)	(63.4)	(58.5)	(65.9)	(46.3)	(19.5)	(22.0)	45
Outer islands	(88.1)	(83.4)	(75.8)	(68.4)	(84.5)	(75.0)	(62.1)	(84.4)	(57.3)	(11.9)	(47.0)	36
Total	83.9	77.7	70.3	61.6	79.6	68.6	60.1	74.1	51.2	16.1	33.1	80

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

¹ BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Table 10.4: Vaccinations in first year of life

Percentage of children aged 12–59 months at the time of the survey who received specific vaccines by 18 months of age, and the percentage with a vaccination card, by current age of child, Tuvalu 2007

Age in months	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All basic vaccinations ¹	No vaccinations	Percentage with a vaccination card seen	Number of children
12–23	90.0	85.3	80.0	65.9	85.9	78.4	64.0	4.8	3.6	10.0	39.8	84
24–35	87.9	80.2	74.2	59.9	85.9	76.8	58.8	20.7	16.4	12.1	25.1	89
36–47	80.0	74.5	68.7	56.7	76.0	68.4	54.9	64.1	43.0	19.3	13.0	84
48–59	83.3	76.5	69.7	59.4	80.1	69.5	52.7	81.0	49.7	15.8	5.9	75
Total	85.9	79.7	73.7	60.5	82.6	73.9	57.1	24.2	17.3	13.7	21.4	332

Note: Information was obtained from the vaccination card or if there was no written record, from the mother. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.

¹ BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

10.5 ACUTE RESPIRATORY INFECTION

Acute respiratory infection (ARI) is among the leading causes of childhood morbidity and mortality throughout the world. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. In Tuvalu, ARI prevalence is estimated by asking mothers whether any of their children under age 5 have been ill in the two weeks preceding the survey, with a cough accompanied by short, rapid breathing that was chest-related. This syndrome is considered to be a proxy for pneumonia. It should be noted that morbidity data are based on the mother's perception without validation by medical personnel.

Table 10.5 shows that 3% of children under age 5 are reported to have had ARI symptoms in the two weeks preceding the survey. The prevalence of ARI varies by age of the child. Children aged 12–23 months are more likely to show symptoms of ARI (5%) than other age groups. Symptoms of ARI are more common among children:

- under age 5;
- whose mothers smoke cigarettes or tobacco;
- living in a household with electricity or gas as main cooking source;
- living in Funafuti; and
- living in the lower and middle wealth quintile households.

Table 10.5: Prevalence and treatment of symptoms of acute respiratory infection

Among children under age 5, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, according to background characteristics, Tuvalu 2007

Background characteristic	Among children under age 5	
	Percentage with symptoms of ARI ¹	Number of children
Age in months		
<6	1.9	59
6–11	(4.1)	42
12–23	4.7	84
24–35	2.0	89
36–47	2.1	84
48–59	2.3	75
Sex		
Male	2.8	224
Female	2.7	208
Mother's smoking status		
Smokes cigarettes/tobacco	3.2	87
Does not smoke	2.6	345
Cooking fuel		
Electricity or gas	5.0	112
Kerosene	1.8	255
Wood/straw ²	2.7	65
Residence		
Funafuti	3.4	224
Outer islands	2.1	208
Mother's education		
Less than secondary	2.3	93
Secondary	3.0	258
More than secondary	2.7	81

Table 10.5 (Continued)

Wealth quintile		
Lowest	3.5	70
Second	1.9	93
Middle	3.6	108
Fourth	2.3	74
Highest	2.5	86
Total	2.8	432

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

¹ Symptoms of ARI (cough accompanied by short, rapid breathing that was chest-related) is considered a proxy for pneumonia.

² Includes grass, shrubs, crop residues.

10.6 FEVER

Table 10.6 shows the percentage of children under 5 who had fever in the two weeks preceding the survey, and among children who had a fever, the percentage of children for whom treatment was sought from a health facility or provider and the percentage who took antibiotic drugs. Fever contributes to high level of malnutrition and high mortality.

One in every five children under age 5 is reported to have had fever in the two weeks preceding the survey. Among these, about four out of five sought advice or treatment from a health facility, and 54% took antibiotic drugs.

Table 10.6: Prevalence and treatment of fever

Among children under age 5, the percentage who had a fever in the two weeks preceding the survey; and among children with fever, the percentage of children for whom treatment was sought from a health facility or provider, the percentage who took antimalarial drugs and the percentage who took antibiotic drugs, Tuvalu 2007

Background characteristic	Among children under age 5:		Children under age 5 with fever:		
	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider ¹	Percentage who took antibiotic drugs	Number of children
Total	21.1	432	78.7	54.4	91

¹ Excludes pharmacy, shop, and traditional practitioner.

10.7 PREVALENCE OF DIARRHOEA

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children, although the condition can be easily treated with oral rehydration therapy (ORT). Exposure to diarrhoea-causing pathogens is often caused by the use of contaminated water and by unhygienic practices in food preparation and disposal of excreta. In interpreting the findings of the 2007 TDHS, it should be remembered that diarrhoea prevalence in Tuvalu varies seasonally. Diarrhoea with blood in the stools is indicative of specific enteric diseases and needs to be treated somewhat differently than diarrhoea without blood.

Table 10.7 shows the percentage of children under age 5 who had diarrhoea in the two weeks preceding the survey by background characteristics. About 10% of children under age 5 are reported to have diarrhoea in the two weeks before the survey, and only two of these had diarrhoea with blood. Diarrhoea is most common among children aged 12–23 months. Young female children are more likely to have diarrhoea than young male children. Almost all children live in households with an improved source of drinking water, thus this variable can't be analysed.

Diarrhoea is more common among children:

- under age 5 living in households with poor toilet facilities,
- residing in Funafuti,
- whose mother has a secondary level or higher education,
- who live in the lowest or second lowest wealth quintiles.

Table 10.7: Prevalence of diarrhoea

Percentage of children under age five who had diarrhoea in the two weeks preceding the survey, by background characteristics, Tuvalu 2007

Background characteristic	Diarrhoea in the two weeks preceding the survey		
	All diarrhoea	Diarrhoea with blood	Number of children
Age in months			
<6	5.9	0.0	59
6–11	(16.3)	(0.0)	42
12–23	14.3	0.0	84
24–35	8.7	0.8	89
36–47	9.4	0.0	84
48–59	5.3	1.4	75
Sex			
Male	7.0	0.8	224
Female	12.5	0.0	208
Source of drinking water¹			
Improved	10.0	0.4	420
Not improved	*	*	3
Other/missing	*	*	10
Toilet facility²			
Improved, not shared	8.7	0.5	345
Non-improved or shared	13.5	0.0	87
Residence			
Funafuti	11.7	0.5	224
Outer islands	7.6	0.3	208
Mother's education			
Less than secondary	6.3	1.2	93
Secondary	10.7	0.3	258
More than secondary	10.2	0.0	81
Wealth quintile			
Lowest	9.7	1.0	70
Second	14.5	0.0	93
Middle	8.2	0.0	108
Fourth	8.2	1.5	74
Highest	7.5	0.0	86
Total	9.7	0.4	432

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

¹ See Table 2.7 for definition of categories.

² See Table 2.8 for definition of categories.

10.8 DIARRHOEA TREATMENT

Mothers of children with diarrhoea were asked whether they sought advice or treatment from any source and if so, which sources (i.e. public, private or other, including traditional). As part of treatment for diarrhoea, mothers were asked whether the children received fluids made from a packet of oral rehydration salts (ORS), a pre-packaged ORS liquid, or liquids made from ingredients typically available at home according to directions recommended by the government. Respondents were also asked to list any other treatment given for diarrhoea in order to allow an estimation of the proportion of children who received appropriate treatment, as well as treatments that may be inappropriate (e.g. antibiotics, ant motility drugs, injections) (Table 10.8).

Out of 42 children under age 5 who had diarrhoea in the two weeks preceding the survey, the mothers of about 60% of these children sought advice or treatment from a health facility while 26% of these children were not treated at all. About 44% were treated with ORS packets or pre-packaged liquid and 48% received either ORS or recommended home fluids. The survey results also show that about 6% of children with diarrhoea were given antibiotics.

10.9 FEEDING PRACTICES DURING DIARRHOEA

Mothers are encouraged to continue normal feeding of children with diarrhoea and to increase their amount of fluids. These practices help to reduce dehydration and minimise adverse consequences of diarrhoea on the child's nutritional status. Mothers were asked whether they gave the child less, the same amount, or more fluids and food than usual when their child had diarrhoea. It is recommended that children should be given more liquids to drink during diarrhoea and food should not be reduced.

Table 10.9 shows the percent distribution of children under 5 who had diarrhoea in the two weeks preceding the survey by feeding practices. About one in every two children (48%) under age 5 with diarrhoea continued feeding, were treated with ORT, and/or fed with increased fluids. Only 7% were given increased fluids and continued feeding during the diarrhoea episode. The majority of children under age 5 with diarrhoea in the preceding two weeks were fed with the same amount of liquids and food (80%) as before they had diarrhoea (76%). The results show that few children with diarrhoea are given more liquids (7%) and foods (2%) during diarrhoea.

Table 10.8: Diarrhoea treatment

Among children under age 5 who had diarrhoea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage who were given other treatments, Tuvalu 2007

Background characteristic	Percentage of children with diarrhoea for whom advice or treatment was sought from a health facility or provider ¹	Oral rehydration therapy (ORT)					Other treatments			
		ORS packets or pre-packaged liquid	Recommended home fluids (RHF)	Either ORS or RHF	Increased fluids	ORT or increased fluids	Antibiotic drugs	Home remedy/ other	No treatment	Number of children
Total	(59.5)	(43.5)	(5.7)	(47.7)	(6.6)	(47.7)	(5.6)	(23.8)	(26.1)	42

Note: ORT includes a solution prepared from oral rehydration salt (ORS), pre-packaged ORS packet, and recommended home fluids (RHF)

¹ Excludes pharmacy, shop and traditional practitioner.

Table 10.9: Feeding practices during a diarrhoea episode

Percent distribution of children under age 5 who had diarrhoea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhoea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhoea, Tuvalu 2007

Background characteristic	Amount of liquids offered					Amount of food offered						Percentage given increased fluids and continued feeding ^{1,2}	Percentage who continued feeding and were given ORT and/or increased fluids ³	Number of children with diarrhoea
	More	Same as usual	Somewhat less	Much less	Total	More	Same as usual	Somewhat less	Never gave food	Don't know/ missing	Total			
Total	(6.6)	(80.0)	(10.8)	(2.6)	(100.0)	(1.5)	(75.9)	(18.5)	(1.5)	(2.6)	(100.0)	(6.6)	(47.7)	42

¹ Equivalent to the UNICEF/WHO indicator 'Home management of diarrhoea'. MICS Indicator 34.

² Continued feeding practices includes children who were given more, same as usual, or somewhat less food during the diarrhoea episode.

³ Equivalent to UNICEF MICS Indicator 35.

10.10 KNOWLEDGE OF ORS PACKETS OR PRE-PACKAGED LIQUIDS

A simple and effective response to dehydration caused by diarrhoea is a prompt increase in the child's fluid intake through some form of ORT. This may include the use of a solution prepared from packets of ORS. To ascertain how widespread the knowledge of ORS treatment is in Tuvalu, respondents were asked whether they know about ORS packets.

Table 10.10 shows the percentage of mothers aged 15–49 who gave birth in the five years prior to the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhoea by background characteristics. The results show a high level of knowledge about ORS among these mothers. Mothers with knowledge of ORS account for 85%, and mothers with knowledge about ORS is higher in the outer islands (93%) than in Funafuti (77%).

Knowledge of ORS varies by mother's educational background; increasing from 81% for mothers with a lower education to 86% for mothers with a secondary education, and 89% percent for mothers with a tertiary education. There is no clear relationship between mothers' knowledge of ORS and wealth quintile.

Table 10.10: Knowledge of ORS packets or pre-packaged liquids

Percentage of mothers aged 15–49 who gave birth in the five years preceding the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhoea by background characteristics, Tuvalu 2007

Background characteristic	Percentage of women who know about ORS packets or ORS pre-packaged liquids	Number of women
Age		
15–19	*	8
20–24	83.3	60
25–34	87.4	140
35–49	84.9	84
Residence		
Funafuti	77.4	144
Outer islands	92.5	148
Education		
Less than secondary	81.0	70
Secondary	85.6	166
More than secondary	88.5	56
Wealth quintile		
Lowest	85.9	52
Second	86.2	65
Middle	79.0	68
Fourth	(87.0)	50
Highest	88.6	57
Total	85.1	292

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

ORS = oral rehydration salts

10.11 DISPOSAL OF CHILDREN'S STOOLS

Appropriate sanitation practices are linked with a decrease in diarrhoea risk. Mothers were asked where they dispose of their children's stools. Table 10.11 shows the percentage of children under age 5 who live with their mother by the manner in which the child's most recent stools were disposed of, and the percentage of children whose stools are disposed of safely, according to background characteristics.

The stools of about 35% of children under age 5 are left uncontained. Of these, about 25% are disposed of into the garbage, 6% are placed or rinsed into a drain, ditch or the sea, and 4% are rinsed away. About 63% of children's stools are reported to be safely and hygienically disposed of. Of these, 24% are rinsed or washed into a toilet or latrine and 10% are buried. About 29% of children use a toilet or latrine. The stools of nearly 50% of children aged 12–23 months are also thrown into the garbage.

There is no clear association between a mother's educational attainment and the way in which she disposes of her children's stools. This may be due to the very small number of cases in each educational category. By place of residence, the stools of children living in the outer islands are more likely to be safely disposed of (77%) than those of children living in Funafuti (49%).

Table 10.11: Disposal of children's stools

Percent distribution of youngest children under age 5 living with the mother by the manner in which the child's most recent stools were disposed of, and the percentage of children whose stools are disposed of safely, according to background characteristics, Tuvalu 2007

Background characteristic	Manner of disposal of children's stools								Total	Percentage of children whose stools are disposed of safely	Number of mothers
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain/ditch or sea	Thrown into garbage	Rinsed away	Other	Missing			
Age in months											
<6	2.4	29.8	12.4	6.8	44.2	0.0	3.2	1.2	100.0	44.6	54
6–11	(18.9)	(23.6)	(18.8)	(19.2)	(19.6)	(0.0)	(0.0)	(0.0)	(100.0)	(61.2)	35
12–23	13.9	19.3	13.0	2.5	49.0	1.3	1.1	0.0	100.0	46.2	55
24–35	47.6	18.3	6.7	2.6	6.3	16.4	0.0	2.1	100.0	72.6	52
36–47	(63.7)	(22.8)	(1.8)	(5.3)	(3.2)	(0.0)	(3.2)	(0.0)	(100.0)	(88.3)	34
48–59	(54.3)	(40.6)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(5.1)	(100.0)	(94.9)	21
Toilet facility											
Improved, not shared ¹	30.3	25.3	8.3	4.9	24.7	3.9	1.1	1.4	100.0	63.9	205
Non-improved or shared	24.1	19.4	16.4	10.4	24.9	2.4	2.4	0.0	100.0	59.9	46
Residence											
Funafuti	21.1	24.6	3.5	1.8	43.0	2.6	1.8	1.8	100.0	49.1	124
Outer islands	37.0	23.9	15.9	10.0	7.0	4.7	1.0	0.5	100.0	76.9	127
Education											
Less than secondary	36.1	28.1	7.1	5.3	16.9	5.5	1.1	0.0	100.0	71.3	58
Secondary	22.3	24.7	12.2	5.5	27.9	4.3	2.0	1.2	100.0	59.2	141
More than secondary	(40.0)	(18.6)	(6.1)	(8.0)	(25.2)	(0.0)	(0.0)	(2.1)	(100.0)	(64.7)	52
Wealth quintile											
Lowest	32.0	28.2	16.0	10.3	13.5	0.0	0.0	0.0	100.0	76.3	45
Second	24.3	24.9	13.2	8.9	13.5	10.9	3.1	1.1	100.0	62.5	55
Middle	24.8	23.3	16.3	7.4	28.2	0.0	0.0	0.0	100.0	64.4	55
Fourth	(35.6)	21.0	2.4	2.9	32.0	4.7	1.3	0.0	100.0	59.0	46
Highest	(30.7)	23.9	0.0	0.0	36.9	2.1	2.2	4.3	100.0	54.5	50
Total	29.2	24.2	9.8	5.9	24.7	3.7	1.4	1.1	100.0	63.2	251

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

¹ Non-shared facilities include flush or pour flush into a piped sewer system/septic tank/pit latrine; ventilated, improved pit latrine; pit latrine with a slab; or a composting toilet.

10.12 KEY RESULTS

Overall, out of 447 children born in the five-year period preceding the survey, almost all (97.5%) had been weighed, with 6.1% weighing less than 2.5 kg at birth. Low birth weight is common among children whose mothers are older (aged 35–49), children whose mothers have a lower educational background and, more interestingly, among children residing in Funafuti.

Universal immunisation of children against the six vaccine-preventable diseases — tuberculosis, diphtheria, whooping cough (pertussis), tetanus, polio and measles — is crucial to reducing infant and child mortality. Out of 80 children aged 18–29 months at the time of the survey, one in two of these received all of the basic vaccinations, about three in four (74%) received measles and the majority (84%) had BCG vaccination at births. The proportion of these children receiving each single vaccination of DPT and polio declined. Vaccination coverage showed a low level of all basic vaccination coverage among children aged 18–29 months in Funafuti and among female children.

Measuring trends in vaccination coverage among children in different age groups is critical in determining the success of vaccinations programmes over time. According to the 2007 TDHS, there has been little improvement in vaccination coverage over the last four years. Data show that only 17% of children aged 12–59 months (out of 332 children) have been fully immunised, and the proportion of these has declined from about 50% for children aged 48–59 months to only 4% for younger children aged 12–23 months.

Data also show that among children under age 5, about 3% had symptoms of ARI in the two weeks preceding the survey. Symptoms of ARI are more likely to be common among children: 1) whose mothers smoke cigarettes and use tobacco, 2) who live in households with electricity or gas as the main cooking fuel, and 3) who live in lower and middle wealth quintile households. About one in five children under age 5 had a fever in the two weeks preceding the survey.

Out of 432 children under age 5, about 10% had diarrhoea in the two weeks before the survey. Diarrhoea is more common among young children aged 12–23 months and among children under age 5 living in households with poor toilet facilities. About 60% of children with diarrhoea received advice or treatment from the health facility, while 26% received no treatment at all. About 48% of those with diarrhoea continued feeding, and were treated with ORT and given increased fluids. The results also show a high level of knowledge of ORS (85%) among mothers aged 15–49 who had given birth in the five years preceding the survey.

Appropriate sanitation practices are linked with a decrease in diarrhoea risk. Results of the 2007 TDHS show that about 35% of children under age 5 who live with their mothers and whose stools are left uncontained (i.e. are disposed of into the garbage, are placed or rinsed into a drain, ditch or the sea). The stools of about 63% of these children were disposed of safely and hygienically.

CHAPTER 11 NUTRITIONAL STATUS OF CHILDREN AND ADULTS

This chapter discusses the nutritional status of children and women. Data are presented on: infant and young child feeding practices, including breastfeeding and feeding with solid and/or semisolid foods; anthropometric assessments of nutritional status; diversity of foods consumed, including micronutrient intake; and vitamin A deficiency in women and in children under age 5. The prevalence of anaemia in women, children and men is also presented.

Adequate nutrition is important for good health and development, and the period from birth to age 2 is critical. Unfortunately, this period is often marked by faltering growth, micronutrient deficiencies, and common childhood illnesses such as diarrhoea and acute respiratory infection (ARI). Optimal feeding practices include early initiation of breastfeeding, exclusive breastfeeding during the first six months of life, continued breastfeeding up to age 2, the timely introduction of complementary foods at age 6 months, frequency of feeding solid and/or semisolid foods, and the diversity of food groups fed to children aged 6–23 months. A summary indicator is included, which describes the quality of infant and young child (aged 6–23 months) feeding practices. This indicator is referred to as infant and young child feeding, or IYCF.

A woman's nutritional status has important implications for her health as well as the health of her children. Malnutrition in women results in reduced productivity, increased susceptibility to infections, slow recovery from illnesses, and heightened risks of adverse pregnancy outcomes. For example, a woman who has a poor nutritional status, as indicated by a low body mass index (BMI), short stature, anaemia, or other micronutrient deficiencies has a greater risk of: 1) obstructed labour; 2) having a baby with low birth weight; 3) producing lower quality breast milk; 4) mortality due to postpartum haemorrhage; and v) morbidity of both herself and her baby.

11.1 NUTRITIONAL STATUS OF CHILDREN

Malnutrition places children at increased risk of morbidity and mortality, and has been shown to be related to impaired mental development. Anthropometry provides one of the most important indicators of children's nutritional status. Height and weight measurements were obtained for children born in the five years preceding the survey. Height and weight data are used to compute three summary indices of nutritional status — height-for-age, weight-for-height and weight-for-age. These three indices are expressed as standardised scores (z-scores) or standard deviation (SD) units from the median, for the international reference population that was recently developed by the World Health Organization (WHO 2006). Children who are more than 2 SD units below the reference median are regarded as undernourished, while those who are more than 3 SD units below the reference median are considered severely undernourished.

Children whose height-for-age is less than 2 SD from the median of the reference population are considered to be stunted or short for their age. Stunting results from not receiving adequate nutrition over an extended period, and is affected by recurrent or chronic illness. Children whose weight-for-height is less than 2 SD from the median of the reference population are considered to be wasted (or thin). Wasting represents the failure to receive adequate nutrition in the period immediately before the survey and is typically the result of a recent illness, especially diarrhoea, or a rapid deterioration in food supplies.

Children whose weight-for-age is less than 2 SD from the median of the reference population are considered to be underweight. The measure reflects the effects of both acute and chronic malnutrition.

Table 11.1 shows three different indicators used to assess the nutritional status of children in Tuvalu — height-for-age, weight-for-height and weight-for-age. Outcomes for each of these indicators have been compared with an international reference population defined by the US National Center for Health Statistics and accepted by the US Centers for Disease Control and the World Health Organization (WHO). The level of malnourishment is estimated by the percentage

of children who are 2 (or more) SD below the median values for the international reference population.

The prevalence range used by WHO to categorise the public health significance of different measures of undernutrition (i.e. less than 2 SD) are outlined below.

	Height for age (stunted)	Weight for height (wasted)	Weight for age (underweight)
Low	<20	<5	<10
Medium	20–29	5–9	10–19
High	30–39	10–14	20–29
Very high	40+	15+	30+

Overall, 13.3% of children aged age 5 years had a height-for-age measure that was -2 to -3 SD below the median height-for-age value of the reference population. Of these, three-quarters of children had height-for-age measures 2 SD below the median score and the remaining quarter were 3 SD below the median. Using the WHO guide, this finding represents a low prevalence of stunting within the population of children under age 5 five years in Tuvalu.

In total, 4.2% of children aged less than 5 years had a weight-for-height measure 2 to 3 SD below the median value for the reference population. Of these, 78% had a height-for-age measure that was 2 SD below the median score, and the remaining 22% had a measure 3 SD below the median. Using the WHO guide, this finding represents a low prevalence of wasting within children under age 5 years in Tuvalu.

One in sixteen children (6.3%) under age 5 years also had a weight-for-height measure 2 SD above the median score for the reference population, suggesting a low prevalence of overweight and obesity in this age group.

In total, 1.9% of children under age 5 years had a weight-for-age measure 2 to 3 SD below the median value for the reference population. Of these, 84% had height-for-age measures that were 2 SD below the median score, and the remaining 16% had a measure 3 SD below the median. Using the WHO guide, this finding shows a low prevalence of underweight children aged less than 5 years in Tuvalu.

A summary of prevalence estimates for stunting, wasting, underweight and overweight are illustrated in Figure 11.1.

No definite trends were observed with regard to other background characteristics, with small numbers of people in some groups making statistics potentially unreliable.

Figure 11.1: Nutritional status of children under age 5 years, Tuvalu 2007

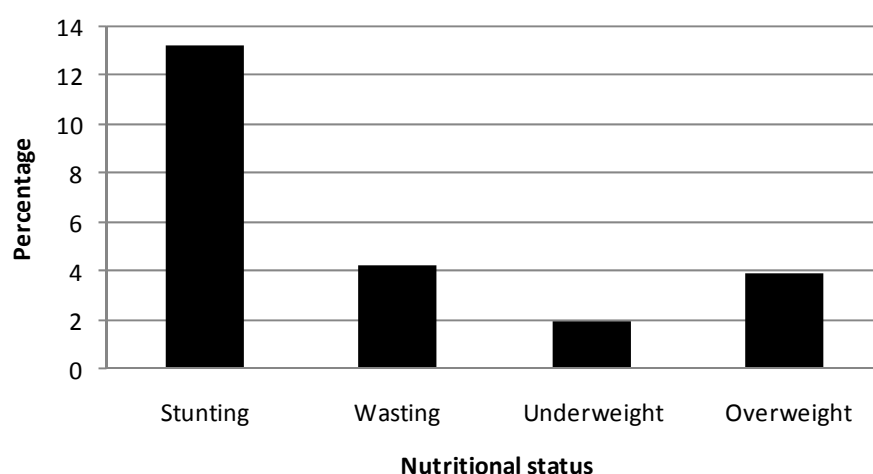


Table 11.1: Nutritional status of children

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Tuvalu 2007

Background characteristic	Height-for-age			Weight-for-height				Weight-for-age				Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage above +2 SD	Mean Z-score (SD)	
Age in months												
<6	(4.9)	(6.8)	(0.9)	(7.4)	(15.9)	(11.8)	(0.0)	(0.0)	(1.3)	(11.7)	(0.5)	55
6–8	*	*	*	*	*	*	*	*	*	*	*	16
9–11	(9.8)	(22.1)	(0.8)	(0.0)	(2.6)	(14.8)	(0.7)	(0.0)	(2.6)	2.5	0.0	28
12–17	(3.9)	(22.8)	(0.6)	(0.0)	(0.0)	(6.1)	(0.1)	(0.0)	(0.0)	(4.3)	(0.2)	39
18–23	(3.1)	(8.4)	(0.5)	(0.0)	(0.0)	(6.9)	(0.5)	(0.0)	(1.6)	(0.0)	(0.1)	38
24–35	0.0	3.7	0.3	0.0	0.8	3.7	0.2	0.0	0.8	2.9	0.0	93
36–47	3.0	9.4	0.4	0.0	3.0	2.3	0.2	1.5	3.0	1.5	0.1	89
48–59	3.7	11.3	0.5	0.0	1.8	5.6	0.3	0.0	1.8	4.5	0.0	73
Sex												
Male	2.8	9.9	0.2	0.6	4.4	7.4	0.2	0.3	1.9	3.9	0.0	216
Female	3.8	10.1	0.3	1.3	2.2	5.2	0.3	0.3	1.2	3.9	0.1	215
Birth interval in months²												
First birth ³	1.3	6.5	0.1	1.3	5.9	3.9	0.2	1.3	2.6	4.0	0.1	102
<24	4.9	11.1	0.2	0.0	1.9	5.9	0.3	0.0	1.0	4.0	0.1	73
24–47	3.1	12.9	0.2	2.5	5.6	6.9	0.1	0.0	1.9	3.1	0.1	109
48+	6.2	10.2	0.4	0.0	1.4	5.2	0.3	0.0	2.6	7.9	0.0	52
Size at birth²												
Very small	*	*	*	*	*	*	*	*	*	*	*	11
Small	(2.9)	(9.6)	(0.7)	(0.0)	(1.8)	(3.3)	(0.0)	(1.5)	(4.8)	(3.3)	(0.4)	40
Average or larger	3.2	9.7	0.1	1.4	4.8	5.6	0.2	0.3	1.7	4.7	0.1	282
Mother's interview status												
Interviewed	3.4	10.1	(0.2)	1.2	4.2	5.5	0.2	0.4	2.0	4.3	0.0	336
Not interviewed but in household	*	*	*	*	*	*	*	*	*	*	*	10
Not interviewed, and not in the household ⁴	1.6	9.2	0.4	0.0	0.0	8.6	0.5	0.0	0.0	2.8	0.1	84

Table 11.1 (continued)

Background characteristic	Height-for-age			Weight-for-height				Weight-for-age				Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage above +2 SD	Mean Z-score (SD)	
Residence												
Funafuti	3.6	9.6	0.1	1.8	4.8	6.0	0.2	0.0	1.2	4.2	0.1	226
Outer islands	3.0	10.5	0.4	0.0	1.7	6.6	0.3	0.6	2.0	3.6	0.0	205
Mother's education⁵												
Less than secondary	4.2	10.7	0.5	1.8	6.2	1.8	0.2	0.8	3.4	0.0	0.4	75
Secondary	3.7	10.3	0.2	1.4	3.2	7.6	0.2	0.4	1.1	5.1	0.1	191
More than secondary	*	*	*	*	*	*	*	*	*	*	*	9
Wealth quintile												
Lowest	1.4	7.6	0.4	0.0	4.0	5.0	0.3	0.0	0.7	4.2	0.0	83
Second	3.7	10.5	0.6	0.0	2.2	7.9	0.1	0.6	1.4	1.5	0.2	94
Middle	2.1	8.0	0.2	1.4	2.1	6.7	0.2	0.7	2.2	5.9	0.0	100
Fourth	3.2	11.7	0.1	2.1	8.5	3.2	0.1	0.0	4.3	3.2	0.0	63
Highest	6.0	12.9	0.2	1.5	1.5	7.5	0.5	0.0	0.0	4.5	0.5	90
Total	3.3	10.0	(0.3)	0.9	3.3	6.3	0.3	0.3	1.6	3.9	0.0	430

Note: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight.

¹ Includes children who are below -3 SD from the International Reference Population median.

² Excludes children whose mothers were not interviewed.

³ First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

⁴ Includes children whose mothers are deceased.

⁵ For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

11.2 INITIAL BREASTFEEDING OF CHILDREN

Early initiation of breastfeeding is encouraged for several reasons. Mothers benefit from early suckling because it stimulates breast milk production and facilitates the release of oxytocin, which helps contract the uterus and reduces postpartum blood loss. The first breast milk contains colostrum, which is highly nutritious and has antibodies that protect newborn babies from diseases. Early initiation of breastfeeding also fosters bonding between mother and child.

Table 11.2 shows the reported prevalence of ever breastfed for children born in the five years preceding the survey. Information on the timing of initial breastfeeding and the prevalence of prelacteal feeding is also shown for last-born children who were born in the five years preceding the survey and had ever breastfed. Prelacteal feeding has been defined as giving any fluid other than breast milk in the first three days of life.

Over nine in ten children born in five years preceding the 2007 TDHS had ever been breastfed. This finding remains fairly consistent across all six background characteristics.

Of the 447 children who were born in the five years preceding the survey, 273 (61%) were last-born children who had ever been breastfed. Of these, only 40% began feeding in either the first hour or day of birth. An additional 43% of children had received a prelacteal feed in the first three days following birth.

The prevalence of breastfeeding in both the first hour and first day following birth increases with mother's education level. The prevalence of breastfeeding within one hour of birth ranged from nearly 12% for mothers with less than a secondary education to nearly 19% for mothers with more than a secondary education. The prevalence of breastfeeding within one day of birth ranged from about 20% for mothers with less than a secondary education to 32% for mothers with more than a secondary education.

Table 11.2: Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and for the last children born in the five years preceding the survey ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth, and the percentage who received a prelacteal feed, by background characteristics, Tuvalu 2007

Background characteristic	Breastfeeding among children born in the five years preceding the survey		Among last-born children ever breastfed			
	Percentage ever breastfed	Number of children born in five years preceding survey	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Percentage who received a prelacteal feed ²	Number of last-born children ever breastfed
Sex						
Male	91.9	233	15.0	24.4	42.1	142
Female	90.3	214	14.9	26.4	44.1	131
Residence						
Funafuti	91.0	230	16.0	30.4	44.0	136
Outer islands	91.2	217	14.0	20.3	42.1	137
Mother's education						
Less than secondary	88.5	100	11.8	20.3	41.5	63
Secondary	94.2	266	15.0	25.2	41.6	160
More than secondary	84.1	81	18.6	32.0	49.4	50
Assistance at delivery						
Health professional ³	91.2	438	14.7	25.2	43.1	270
Traditional birth attendant	*	*	*	*	*	1
Other	*	*	*	*	*	1
No one	*	*	*	*	*	1
Place of delivery						
Health facility	91.0	416	12.8	23.4	41.9	257
At home	*	*	*	*	*	*
Other	*	*	*	*	*	*
Wealth quintile						
Lowest	92.7	72	19.0	27.3	41.4	49
Second	97.2	99	9.1	18.3	50.3	64
Middle	86.6	112	16.0	26.4	39.4	61
Fourth	86.9	78	(6.5)	(14.1)	(34.0)	43
Highest	92.5	86	23.7	39.5	46.9	55
Total	91.1	447	15.0	25.3	43.0	273

Note: Table is based on births in the last five years whether the children are living or dead at the time of interview. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

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

² Children given something other than breast milk during the first three days of life.

³ Doctor, nurse or midwife, or auxiliary midwife.

11.3 BREASTFEEDING STATUS BY AGE

Table 11.3 shows the breastfeeding status and consumption of other liquids and foods in the 24 hours preceding the survey of youngest children under age 3 years who were living with their mother.

Exclusive breastfeeding was reported for 57% of babies aged up to age 3 months, decreasing to one-third of babies (35%) aged up to 5 months, and only (13.5%) for children aged 6–9 months.

Most children up to age 5 months (85%) received breast milk as a component of their diet in the 24 hours preceding the survey, as did three-quarters (77%) of children aged 6–9 months, and half of children (53%) aged 12–23 months.

Complementary foods were given in the 24 hours preceding the survey to one in six (16.2%) children aged up to 5 months, and nearly 40% of children aged 6–9 months. Only half (51%) of children aged 12–23 months received complementary foods in the 24 hours preceding the survey.

Nearly two in five breastfed children aged 12–23 months were also taking fluids from a bottle with a nipple.

Table 11.3: Breastfeeding status by age

Percent distribution of youngest children under age 3 years (who are living with their mother) by breastfeeding status and the percentage who are currently breastfeeding; and the percentage of all children under age 3 years using a bottle with a nipple, according to age in months, Tuvalu 2007

Age in months	Breastfeeding and consuming						Total	Percentage currently breastfeeding	Number of youngest child under three years	Percentage using a bottle with a nipple ¹	Number of children
	Not breast-feeding	Exclusively breastfed	Plain water only	Non-milk liquids/juice	Other milk	Complementary foods					
0–3	(9.3)	(57.1)	(7.7)	(2.0)	(20.4)	(3.5)	(100.0)	(90.7)	31	(26.9)	34
0–5	15.1	34.7	16.2	6.3	11.5	16.2	100.0	84.9	54	42.3	59
6–9	(22.7)	(13.5)	(0.0)	(10.6)	(13.5)	(39.6)	(100.0)	(77.3)	24	(60.0)	25
12–15	*	*	*	*	*	*	*	*	21	(68.1)	25
12–23	47.3	1.9	0.0	0.0	0.0	50.8	100.0	52.7	55	42.3	84
20–23	*	*	*	*	*	*	*	*	12	(25.2)	26

Note: Breastfeeding status refers to a '24-hour' period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100%. Thus children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

¹ Based on all children under age 3 years.

11.4 MEDIAN DURATION AND FREQUENCY OF BREASTFEEDING

Table 11.4 shows the median duration and frequency of breastfeeding for children born in the three years preceding the survey. Estimates of median and mean durations of breastfeeding are based on current status data; that is, the proportion of children born in the three years preceding the survey who were breastfed at the time of the survey.

Overall, the median reported duration of any breastfeeding for children born in the three years preceding the survey was 11.3 months. The median duration of exclusive breastfeeding was only 1.5 months, although the median duration of either exclusively breastfeeding or receiving breast milk and plain water (predominantly breastfeeding) was 3.6 months. These findings were similar for both sexes, although the median duration of any breastfeeding and predominantly breastfeeding was higher for children in the outer islands than for children in Funafuti. Mothers with less education are more likely to breastfeed their children longer than mother's with a higher education.

WHO and UNICEF recommended exclusive breastfeeding for the first 6 months and continued breastfeeding for at least 24 months. The mean duration of any breastfeeding was 15.4 months for children born in the three years preceding the survey, while the mean duration for exclusive breastfeeding was 3.2 months.

Four-fifths (79.3%) of children aged less than 6 months received six or more breast feedings in the 24 hours prior to the survey. The average number of daytime feedings was four, and the average number of night-time feedings was 3.6.

Table 11.4: Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under 6 months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, Tuvalu 2007

Background characteristic	Median duration (in months) of breastfeeding among children born in the preceding three years ¹			Frequency of breastfeeding among children under age 6 months ²			
	Any breastfeeding	Exclusive breast-feeding	Predominant breastfeeding ³	Percentage breastfed 6+ times in last 24 hours	Mean number of daytime feedings	Mean number of night-time feedings	Number of children
Sex							
Male	11.3	1.5	3.5	73.3	3.8	3.6	26
Female	11.1	1.4	3.8	86.8	4.3	3.6	21
Residence							
Funafuti	7.8	1.3	2.0	84.6	4.0	3.7	28
Outer islands	12.0	1.7	5.5	71.7	4.0	3.4	19
Mother's education							
Less than secondary	10.7	0.6	0.6	85.1	3.5	2.8	7
Secondary	11.5	1.6	3.7	77.1	4.0	3.7	35
More than secondary	4.8	0.8	0.8	87.0	4.8	4.2	5
Wealth quintile							
Lowest	12.2	2.2	7.4	67.9	3.9	3.4	7
Second	7.7	2.0	3.5	81.0	4.2	3.8	11
Middle	10.9	0.7	0.7	76.0	3.7	3.2	13
Fourth	0.8	0.4	0.4	100.0	3.8	3.2	5
Highest	12.5	1.9	6.5	80.0	4.4	4.2	11
Total	11.3	1.5	3.6	79.3	4.0	3.6	48

Note: Median and mean durations are based on current status. Includes children living and deceased at the time of the survey.

na = not applicable

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

² Excludes children without a valid answer on the number of times breastfed.

³ Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only.

11.5 FOOD AND LIQUIDS CONSUMED BY CHILDREN

UNICEF and WHO recommend introducing solid food to infants around the age of 6 months because by that age breast milk alone is no longer sufficient to maintain a child's optimal growth. In the transition to eating the family diet, children from the age of 6 months should be fed small quantities of solid and semisolid food throughout the day. During this transition period (ages 6–23 months), the prevalence of malnutrition increases substantially in many countries because of increased infections and poor feeding practices.

Table 11.5 shows the foods and liquids consumed by children aged less than 3 years in the 24-hour period before the survey, by their breastfeeding status.

While the best way to determine the nutritional adequacy of the diet is to undertake a comprehensive nutrition survey, using standard tools such as a comprehensive 24-hour diet recall tool¹⁰, the 2007 TDHS does provide some useful information on the range of foods recently consumed by young children.

Liquids

About 17% of all breastfeeding children under age 3 years who are living with their mothers are reported to consume infant formula, about two in five (37%) of these children consume other milk while almost half (49.6%) of them consume other liquids.

The results show that all non-breastfed children are more likely to consume all other types of liquids than breastfed children. The most common liquids consumed is 'other liquids'.

Solid or semisolid foods

Food made from grains is reported to be the most common food consumed by breastfed children (54%) and non-breastfed children (85%). This is followed by protein-rich foods such as meat, fish, poultry and eggs, which account for 45% of breastfeeding children and 80% of non-breastfed children. Fruits and vegetables rich in vitamin A are consumed by 41% of breastfed children and 70% of non-breastfed children. Other commonly consumed foods include other fruits and vegetables, other food made from roots and tubers, and cheese, yogurt and other milk products. The same proportion of breastfed and non-breastfed children (3% each) consume food made from legumes and nuts.

Less than 20% of breastfed children and less than 40% of non-breastfed children consume foods made with oil, fat and sugar and as well as sugary foods.

¹⁰ Briony T. 2001. Manual of Dietetic Practice (p 30–37). The British Dietetic Association. Oxford, UK: Blackwell Science

Table 11.5: Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under age 3 years who are living with the mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status, Tuvalu 2007

Age in months	Liquids			Solid or semisolid foods								Any solid or semi-solid food				Food made with oil, fat and butter		Sugary foods		Number of children	
	Infant formula	Other milk ¹	Other liquids ²	Fortified baby foods	Food made from grains ³	Fruits and vegetables rich in vitamin A ⁴	Other fruits and vegetables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product										
Breastfed Children																					
Total	16.8	36.6	49.6	14.1	54.3	40.5	14.7	15.0	2.8	44.5	5.6	59.6	14.9	19.2	117						
Non-breastfed Children																					
Total	29.1	64.2	83.7	12.7	85.3	69.9	24.1	29.0	2.8	79.8	2.8	91.0	34.3	35.5	79						

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and last night).

¹ Other milk includes fresh, tinned and powdered cow's milk or other animal milk.

² Does not include plain water.

³ Includes fortified baby food.

⁴ Includes pumpkin, squash, carrots, sweet potatoes, breadfruit, green leafy vegetables, banana and papayas.

11.6 INFANT AND YOUNG CHILD FEEDING PRACTICES

To ensure that nutritional requirements are met, it is recommended that children begin semisolid or solid foods from age 6 months. For breastfed children aged 6–8 months, it is recommended that solid foods are introduced two to three times daily, increasing to three to four times per day between ages 9 and 24 months with one to two snacks offered as required¹¹.

For non-breastfed children, four to five solid or semi-solid foods per day are recommended for children aged 6–24 months with one to two snacks offered as required¹².

To ensure that dietary requirements are met, it is advised that a protein-rich animal product such as meat, poultry, fish or eggs are consumed daily. It is also recommended that vitamin-A rich fruits and vegetables are included daily and that the diet contains adequate fat.

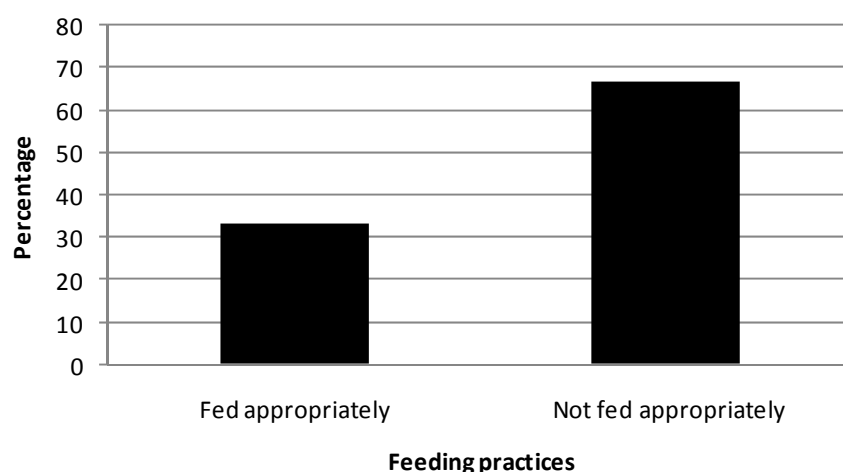
Foods from at least three food groups are recommended daily for breastfed children and at least four different food groups for non-breastfed children.

Table 11.6 shows the proportions of children that were fed according to these recommendations by breastfeeding status, sex and area of residence. Because of the small number of children aged 6–23 months, discussion is limited to general findings for all children aged 6–23 months.

Overall, 86% of children received breast milk or milk products in the 24 hours preceding the survey. Less than two-thirds of children received the recommended three or four different food groups, and less than half of all children surveyed were fed the minimum recommended number of times per day.

In total, only one-third of children met all three of recommended feeding practices (i.e. breast milk or milk products, at least three or four different food groups, and the recommended number of meals and snacks per day). These findings are presented in Figure 2.

Figure 11.2: Prevalence of appropriate feeding practices children aged 6–23 months, Tuvalu DHS 2007



¹¹ PAHO/WHO. 2003. Guiding Principles for Complementary Feeding of the Breastfed Child. Washington, D.C./Geneva, Switzerland: PAHO/WHO 2003.

¹² Guiding Principles for Feeding Nonbreastfed Children 6 to 24 Months of Age, Geneva, Switzerland: WHO 2005.

Table 11.6: Infant and young child feeding practices

Percentage of youngest children aged 6–23 months living with their mother who are fed according to three infant and young child feeding (IYCF) feeding practices based upon number of food groups and times they are fed during the day or night preceding the survey by breastfeeding status and selected background characteristics, Tuvalu 2007

Background characteristic	Among breastfed children aged 6–23 months, percentage fed:				Among non-breastfed children aged 6–23 months, percentage fed:					Among all children aged 6–23 months, percentage fed:				
	3+ food groups ¹	Minimum times or more ²	Both 3+ food groups and minimum times or more	Number of breastfed children aged 5–23 months	Milk or milk products ³	4+ food groups	4+ times or more	With 3 IYCF practices ⁴	Number of non-breastfed children aged 6–23 months	Breast-milk or milk products ³	3+ or 4+ food groups ⁵	Minimum times or more ⁶	With all 3 IYCF practices	Number of all children aged 6–23 months
Sex														
Male	(65.5)	(51.5)	(47.2)	25	*	*	*	*	19	(84.7)	(56.4)	(38.1)	(30.8)	44
Female	(67.3)	(55.3)	(43.8)	28	*	*	*	*	17	86.8	66.6	47.3	35.5	46
Residence														
Funafuti	*	*	*	21	*	*	*	*	(20)	(83.8)	(64.9)	(40.5)	(27.0)	40
Outer islands	(68.6)	(47.5)	(47.5)	33	*	*	*	*	17	87.4	58.9	44.6	38.3	50
Total	66.5	53.5	45.4	53	(64.9)	(54.4)	(27.0)	(15.3)	36	85.8	61.6	42.8	33.2	90

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

¹ Food groups: a) infant formula, milk other than breast milk, cheese or yogurt or other milk products; b) foods made from grains, roots, and tubers, including porridge, fortified baby food from grains; c) vitamin A-rich fruits and vegetables (and red palm oil); d) other fruits and vegetables; e) eggs; f) meat, poultry, fish, and shellfish (and organ meats); g) legumes and nuts; h) foods made with oil, fat, butter.

² At least twice a day for breastfed infants aged 6–8 months and at least three times a day for breastfed children aged 9–23 months.

³ Includes commercial infant formula, fresh, tinned and powdered animal milk, and cheese, yogurt and other milk products.

⁴ Non-breastfed children aged 6–23 months are considered to be fed with a minimum standard of three IYCF practices if they receive other milk or milk products and are fed at least the minimum number of times per day with at least the minimum number of food groups.

⁵ 3+ food groups for breastfed children and 4+ food groups for non-breastfed children.

⁶ Fed solid or semi-solid food at least twice a day for infants aged 6–8 months, 3+ times for other breastfed children, and 4+ times for non-breastfed children.

11.7 PREVALENCE OF ANAEMIA IN CHILDREN

Iron deficiency anaemia is one of the most prevalent nutritional deficiencies in the world, and young children, as well as pregnant and postpartum women are the most susceptible because of the high iron demands during infant growth and pregnancy. Iron is one of the main components of haemoglobin and iron deficiency is estimated to be responsible for half of all anaemia globally.

Anaemia can be a serious problem for children because it can impair cognitive development, stunt growth and increase morbidity from infectious diseases.

The prevalence range proposed by WHO to categorise public health significance of anaemia are:

Classification	Public health significance	Prevalence range
Normal	(Acceptable)	<5.0%
Medium	(Poor)	5.0–19.9%
High	(Serious)	20.0–39.9%
Very high	(Critical)	40.0% or more

(Source: Iron Deficiency Anemia. Assessment, Prevention, and Control, A guide for programme managers WHO 2001)

Table 11.7 shows the prevalence of anaemia in children aged 6–59 months, by background characteristics. Haemoglobin levels were obtained using a HemoCue instrument. Children aged less than 6 months are not included because they have higher haemoglobin levels at birth and just after birth, and including them could distort the prevalence of anaemia.

Table 11.7 shows that nearly one-third of young children aged 6–59 months were found to have mild anaemia (32%) and over one-quarter (29%) were classified as having moderate anaemia. A very small proportion of children (0.6%) were found to have severe anaemia.

It is difficult to interpret age trends because only a very small number of children less than 59 months were tested. However, there is a trend towards a decreased prevalence of moderate anaemia with increasing age. Similar proportions of male and female children were found to have mild and moderate anaemia.

A lower proportion of children from the outer islands (23.5%) have moderate anaemia than those from Funafuti (33.8%). However, 1.2% of children from the outer islands have severe anaemia.

No definite trends were observed for other background characteristics.

Table 11.7: Prevalence of anaemia in children

Percentage of children aged 6–59 months classified as having anaemia, by background characteristics, Tuvalu 2007

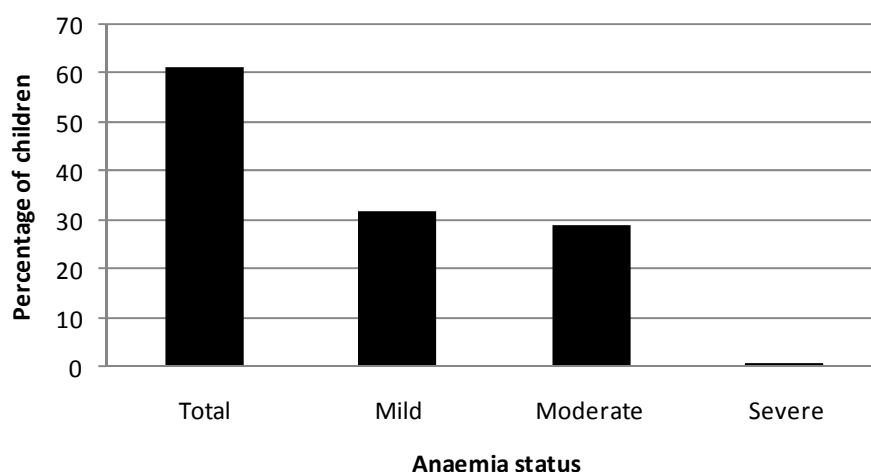
Background characteristic	Anaemia status by haemoglobin level			Any anaemia (<11.0 g/dl)	Number of children
	Mild (10.0–10.9 g/dl)	Moderate (7.0–9.9 g/dl)	Severe (below 7.0 g/dl)		
Age in months					
6–8	*	*	*	*	14
9–11	(31.6)	(45.4)	(0.0)	(77.0)	28
12–17	(39.9)	(47.1)	(0.0)	(87.0)	48
18–23	(37.2)	(32.4)	(0.0)	(69.6)	40
24–35	31.6	25.7	1.0	58.3	99
36–47	24.8	21.9	1.5	48.2	90
48–59	32.4	17.8	0.0	50.3	76
Sex					
Male	32.0	29.4	0.0	61.4	197
Female	31.7	28.2	1.2	61.1	199
Mother's interview status					
Interviewed	32.3	29.2	0.8	62.3	296
Not interviewed but in household	*	*	*	*	9
Not interviewed, and not in the household ¹	29.4	28.9	0.0	58.3	91
Residence					
Funafuti	29.8	33.8	0.0	63.6	204
Outer islands	34.0	23.5	1.2	58.7	191
Mother's education ²					
Less than secondary	38.2	27.1	2.2	67.5	72
Secondary	29.9	29.9	0.4	60.3	163
More than secondary	*	*	*	*	5
Wealth quintile					
Lowest	31.7	22.4	2.2	56.3	79
Second	40.4	16.3	0.7	57.4	82
Middle	31.1	37.2	0.0	68.3	92
Fourth	26.9	45.9	0.0	72.8	63
Highest	27.9	24.9	0.0	52.8	80
Total	31.8	28.8	0.6	61.2	396

Note: Table is based on children who slept in the household the night before the interview. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using formulas in CDC, 1998. Haemoglobin in grams per decilitre (g/dl). An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

¹ Includes children whose mothers are deceased.

² For women who are not interviewed, information is taken from the household questionnaire. Excludes children whose mothers are not listed in the household questionnaire.

Figure 11.3: Prevalence of anaemia in children aged 6–59 months, Tuvalu DHS 2007



11.8 MICRONUTRIENT INTAKE AMONG CHILDREN

Vitamin A is required for maintaining a healthy immune system and the body's epithelial tissue. Severe vitamin A deficiency (VAD) can cause eye damage (xerophthalmia) potentially resulting in blindness, increasing the severity of infections, and causing slow recovery from illness. Globally, VAD is the leading cause of childhood blindness. Children who have VAD have reduced immunity and are less likely to recuperate from common childhood illnesses, such as diarrhoea, ARI and measles.

VAD is common in dry environments where fresh fruits and vegetables are not readily available. Children can obtain vitamin A from foods such as breast milk, liver, eggs, fish, butter, red palm oil, mangos, papayas, carrots, pumpkins, and dark green leafy vegetables and fortified foods. Because vitamin A is a fat-soluble vitamin, it is necessary to consume oil or fat in order for it to be absorbed into the body. The liver can store an adequate amount of the vitamin for four to six months. Periodic dosing (every six months) with vitamin A supplements is a rapid, low-cost method of ensuring that children at risk do not develop VAD¹³.

Dietary deficiency of iodine constitutes a major, global, public health concern. A lack of sufficient iodine is known to impair growth and development, cause goitre, cretinism (a severe form of neurological defect), spontaneous abortion, premature birth, infertility, stillbirth, and increased child mortality. Iodine deficiency disorder (IDD) is the single most common cause of preventable mental retardation and brain damage in the world. Because iodine cannot be stored for long periods by the body, tiny amounts are needed regularly. Where soil and, therefore, crops and grazing animals do not provide sufficient dietary iodine to the population, and where seafood is not regularly consumed, food fortification has proven to be a highly successful and sustainable intervention. Fortifying salt with iodine is the most common method of preventing IDD. Fortified salt that contains 15 parts per million of iodine is considered adequate for preventing IDD. When vulnerable populations do not have access to fortified foods such as iodised salt, a short-term solution is supplementation with capsules containing iodised oil¹⁴.

Table 11.8 shows the consumption of micronutrients in the 24-hour period before the survey for children aged 6–35 months. Due to the small number of children in subgroups, differences in outcomes for background characteristics are often difficult to interpret.

¹³ Beaton GH, Martorell R, L'Abbé, et al. Effectiveness of vitamin A supplementation in the control of young child morbidity and mortality in developing countries. UN, ACC/SCN State-of-the-art Series, Nutrition policy Discussion Paper No. 13, 1993.

¹⁴ 2009 International Council for the Control of Iodine Deficiency Disorders, www.iccid.org

Overall, approximately 87% of children aged 6–24 months consumed vitamin A-rich foods in the 24 hours preceding the survey. Similar proportions of males and females were found to have consumed vitamin A-rich foods. A higher proportion of non-breastfed children (96%) were found to have consumed vitamin A-rich foods than breastfed children (78%).

Over three-quarters (78%) of children aged 6–24 months were found to have consumed foods rich in iron in the 24 hours preceding the survey. This finding was almost identical for adult men (78%) and women (78%). No other definite trends are shown with respect to background characteristics.

Iron supplementation was given to 1 in 12 (8%) of children in the seven days preceding the survey. Iron supplementation was slightly more common among male children (10.4%) than female children (5.5%). There is a trend towards higher use of iron supplementation for children from lower wealth quintile households than those from higher wealth quintile households.

Approximately 1 in 11 children (9%) were given deworming medication in the six months preceding the survey. This finding was more common for non-breastfed children (11.3%) than breastfed children (2.9%).

Just over one-third of all Tuvaluan children (37.5%) were living in households with adequately iodised salt; of these, 52% were in Funafuti and 22% were from the outer islands.

Table 11.8: Micronutrient intake among children

Among youngest children aged 6–35 months who are living with their mother, the percentage who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey, and among all children aged 6–59 months, the percentage who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the last seven days, and who were given deworming medication in the six months preceding the survey, and among all children aged 6–59 months who live in households that were tested for iodised salt, the percentage who live in households with adequately iodised salt, by background characteristics, Tuvalu 2007

Background characteristic	Among youngest children aged 6–35 months living with the mother			Among all children aged 6–59 months			Among children aged 6–59 months living in households tested for iodised salt	
	Percentage who consumed vitamin A-rich foods in last 24 hours ¹	Percentage who consumed iron-rich foods in last 24 hours ²	Number of children	Percentage given iron supplements in last 7 days	Percentage given deworming medication in last 6 months ³	Number of children	Percentage living in households with adequately iodised salt ⁴	Number of children
Age in months								
6–8	*	*	13	*	*	13	*	13
9–11	*	*	22	(0.0)	(0.0)	29	(37.5)	27
12–17	(93.6)	(85.2)	33	(6.7)	(3.0)	44	(45.8)	44
18–23	*	*	22	(15.5)	(2.7)	40	(43.6)	38
24–35	93.8	86.3	52	8.4	12.9	89	38.3	86
36–47	na	na	na	10.6	9.5	84	37.0	81
48–59	na	na	na	4.6	15.3	75	32.1	72
Sex								
Male	86.1	78.5	70	10.4	10.1	193	34.1	187
Female	88.3	78.2	71	5.5	7.7	181	41.2	173
Breastfeeding status								
Breastfeeding	78.3	70.5	71	11.6	2.9	79	39.5	75
Not breastfeeding	96.0	85.7	69	7.2	11.3	273	36.5	264
Missing	*	*	2	*	*	21	*	21
Residence								
Funafuti	87.9	77.6	63	8.1	7.5	188	51.8	185
Outer islands	86.6	78.9	78	8.0	10.3	185	22.5	175
Mother's education								
Less than secondary	(80.6)	(74.9)	31	9.8	9.8	83	44.3	74
Secondary	88.8	82.8	80	9.2	9.7	215	32.7	210
More than secondary	(89.7)	(70.0)	31	2.9	5.7	76	44.3	76

Table 11.8 (continued)

Background characteristic	Among youngest children aged 6–35 months living with the mother			Among all children aged 6–59 months			Among children aged 6–59 months living in households tested for iodised salt	
	Percentage who consumed vitamin A-rich foods in last 24 hours ¹	Percentage who consumed iron-rich foods in last 24 hours ²	Number of children	Percentage given iron supplements in last 7 days	Percentage given deworming medication in last 6 months ³	Number of children	Percentage living in households with adequately iodised salt ⁴	Number of children
Mother's age at birth								
15–19	*	*	5	(4.9)	(4.9)	26	(48.1)	25
20–29	87.9	78.9	86	5.8	10.1	228	31.7	224
30–39	(85.6)	(78.5)	42	12.7	9.1	98	48.5	91
40–49	*	*	9	*	*	20	*	20
Wealth quintile								
Lowest	*	*	24	14.1	6.4	62	26.7	60
Second	(91.7)	(91.7)	34	11.5	12.1	81	33.1	76
Middle	(87.6)	(76.4)	34	8.3	13.4	92	34.8	86
Fourth	(79.5)	(75.2)	29	1.7	4.4	65	40.4	65
Highest	*	*	21	4.4	5.9	73	51.7	73
Total	87.2	78.3	141	8.0	8.9	373	37.5	360

Note: Information on vitamin A and iron supplements and deworming medication is based on the mother's recall. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

na = not applicable

¹ Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A, and red palm oil (if data are collected).

² Includes meat, (including organ meat).

³ Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.

⁴ Salt containing 15 parts per million of iodine or more. Excludes children in households in which salt was not tested.

11.9 PRESENCE OF IODISED SALT IN HOUSEHOLD

Table 11.9 shows the prevalence of households with salt, and shows the level of iodine in salt (in parts per million) for those households that were tested.

The majority of households (96%) were found to have salt and this finding did not differ by area of residence or by wealth quintile.

After testing, only one-third (34%) of households were found to have salt with the recommended iodine content. More than half of households (56%) had salt without any iodine, and a further 9.5% had salt with less than the recommended iodine content. Differences in iodine content were apparent by area of residence. A higher proportion of households in Funafuti (50%) were found to have salt with adequate iodine than households in the outer islands (24%). Conversely, a higher proportion of households in the outer islands had salt without added iodine (67%) than households in Funafuti (40%).

Among households the prevalence of adequately iodised salt increases with wealth quintile.

Table 11.9: Presence of iodised salt in household

Among all households, the percentage tested for iodine content and the percentage of households with no salt; and among households with salt tested, the percent distribution by level of iodine in salt (parts per million, ppm), according to background characteristics, Tuvalu 2007

Background characteristic	Among all households, the percentage:		Number of households	Among households with tested salt, the percent distribution by iodine content of salt			Total	Number of households
	With salt tested	With no salt		None (0 ppm)	Inadequate (<15 ppm)	Adequate (15+ ppm)		
Residence								
Funafuti	95.0	5.0	300	39.8	10.4	49.8	100.0	285
Outer islands	96.6	3.4	439	67.1	8.9	24.0	100.0	424
Wealth quintile								
Lowest	95.0	5.0	183	72.2	5.3	22.4	100.0	174
Second	95.1	4.9	166	63.0	11.0	26.0	100.0	158
Middle	97.7	2.3	141	54.4	11.3	34.3	100.0	137
Fourth	96.7	3.3	122	45.6	11.0	43.5	100.0	118
Highest	95.8	4.2	128	36.7	9.9	53.4	100.0	123
Total	95.9	4.1	739	56.1	9.5	34.4	100.0	709

11.10 NUTRITIONAL STATUS OF WOMEN AND MEN

Anthropometric data on height and weight were collected for women aged 15–49 and men aged 15 years and over. In this report, two indicators of nutritional status (based on these data) are presented: the percentage of women and men with very short stature (less than 145 cm) and body mass index (BMI).

BMI is used to measure thinness or obesity. BMI is defined as weight in kilograms divided by height squared in meters (kg/m^2). A cutoff point of 18.5 is used to define thinness or acute undernutrition, and a BMI of 25.0 or above usually indicates overweight or obesity. The height of a woman is associated with her past socioeconomic status and nutrition during childhood and adolescence. Low pre-pregnancy BMI and short stature are risk factors for poor birth outcomes and obstetric complications. In developing countries, maternal underweight is the leading risk factor for preventable death and diseases (WHO 2002).

11.10.1 Nutritional status of women

Table 11.10.1 shows the percentages of women less than 145 cm tall, mean BMI, and weight distribution of women by age group, residence, education and wealth quintile.

A very small proportion of women (0.4%) measured less than 145 cm, and these women were aged 40–49. Average BMI increases with age from 26.1 for women aged 15–19 to 36.3 for women aged 40–49.

Overall, only one in nine women (11%) were classified as having a normal BMI (i.e. between 18.5 and 24.9). The proportions decreased with age group from 44% for women aged 15–19 years to 2% for women aged 40–49 years.

Nearly 9 in 10 women were classified as being overweight or obese, with one-fifth (20%) classified as overweight, and nearly two-thirds as obese (67%). The prevalence of obesity increased substantially from 20% for women aged 15–19 to 86% for women aged 30–39. Figure 4 shows the proportions of overweight and obese women by age group.

Only a minor proportion of women were subsequently classified as mildly thin (0.5%) or moderately or severely thin (0.2%).

Figure 11.4: Prevalence of overweight and obesity by age group for women, Tuvalu DHS 2007

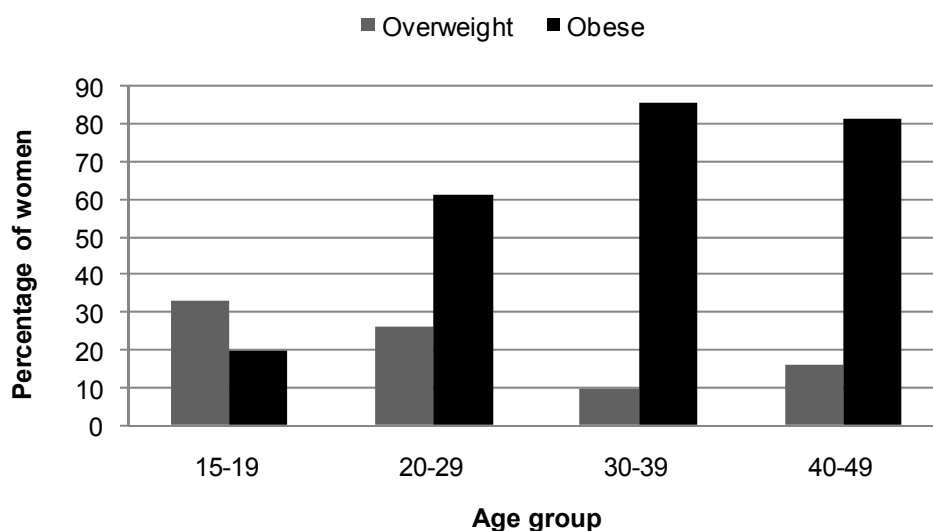


Table 11.10.1: Nutritional status of women

Among women aged 15–49, the percentage with height under 145 cm, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Tuvalu 2007

Background characteristic	Height		BMI ¹								Number of women
	Percentage under 145 cm	Number of women	Mean BMI	18.5–24.9 (Total normal)	<18.5 (Total thin)	17.0–18.4 (Mildly thin)	<17.0 (Moderate-ly and severely thin)	≥25.0 Total overweight/obese	25.0–29.9 (Overweight)	≥30.0 (Obese)	
Age											
15–19	0.0	108	26.1	44.3	2.7	2.0	0.6	53.1	33.1	19.9	106
20–29	0.0	270	32.5	11.5	0.7	0.3	0.5	87.7	26.3	61.4	234
30–39	0.0	187	35.7	4.7	0.0	0.0	0.0	95.3	9.8	85.5	165
40–49	1.2	257	36.3	1.9	0.4	0.4	0.0	97.7	16.2	81.5	254
Residence											
Funafuti	0.3	393	33.3	12.0	1.2	0.9	0.3	86.8	19.5	67.4	363
Outer islands	0.5	429	33.8	10.9	0.3	0.2	0.2	88.8	21.0	67.8	396
Education											
Less than secondary	1.2	271	35.3	6.6	0.4	0.0	0.4	93.0	17.9	75.0	262
Secondary	0.0	423	32.3	15.1	1.0	0.9	0.2	83.9	22.6	61.4	383
More than secondary	0.0	129	33.6	10.1	0.6	0.6	0.0	89.4	18.0	71.4	114
Wealth quintile											
Lowest	0.0	150	33.3	10.1	0.5	0.0	0.5	89.4	24.0	65.3	138
Second	0.0	174	33.5	13.8	0.0	0.0	0.0	86.2	24.3	61.9	159
Middle	1.3	163	34.7	8.9	0.4	0.4	0.0	90.7	15.4	75.2	149
Fourth	0.7	167	33.6	11.4	0.7	0.7	0.0	87.9	16.9	71.0	156
Highest	0.0	169	32.5	12.5	2.1	1.4	0.7	85.4	20.8	64.6	156
Total	0.4	822	33.5	11.4	0.7	0.5	0.2	87.9	20.3	67.6	758

Note: BMI is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

¹ Excludes pregnant women and women with a birth in the preceding two months.

11.10.2 Nutritional status of men

Table 11.10.2 shows mean BMI and weight distributions for men by age group, residence, education and wealth quintile.

Among men aged 15 and over, the mean BMI is 30.3, 23% of men were in the normal range, and nearly 1% were considered thin and mildly thin. Over three-quarters of men were classified as overweight or obese (77%), with a higher proportion classified as obese (46%) and (32%).

Average BMI increased with age group from 25.6 for men aged 15–19 to 33.4 for men aged 30–39. The prevalence of men with a normal BMI decreased from 47.8% for men aged 15–19 to 9.1% for men aged 30–39 years.

While the prevalence of overweight men was similar for all four age groups, the prevalence of obesity increased with age from 18% for men aged 15–19 years to 65% for those aged 30–39. Figure 5 shows the proportions of overweight and obese men by age group.

There were no definite trends for the prevalence of overweight or obesity and area of residence, level of education or wealth quintile.

Figure 11.5: Prevalence of overweight and obese men by age group, Tuvalu DHS 2007

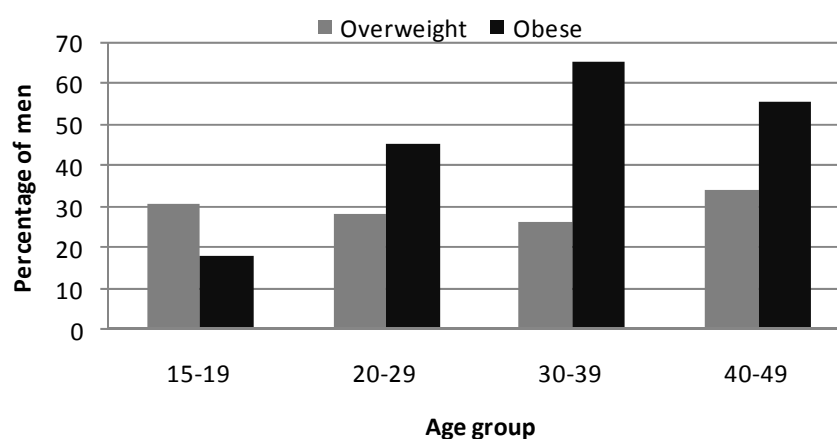


Table 11.10.2: Nutritional status of men

Among men aged 15–49, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Tuvalu 2007

Background characteristic	BMI							Number of men
	Mean BMI	18.5–24.9 (Total normal)	<18.5 (Total thin)	17.0–18.4 (Mildly thin)	≥25.0 (Total over-weight or obese)	25.0–29.9 (Over-weight)	≥30.0 (Obese)	
Age								
15–19	25.6	47.8	3.9	3.9	48.3	30.5	17.7	78
20–29	30.1	27.3	0.0	0.0	72.7	27.9	44.9	124
30–39	33.4	9.1	0.0	0.0	90.9	25.8	65.1	77
40–49	31.6	10.8	0.0	0.0	89.2	33.6	55.5	118
Residence								
Funafuti	30.6	22.3	0.6	0.6	77.1	29.7	47.4	205
Outer islands	30.0	23.6	1.0	1.0	75.4	29.7	45.7	192
Education								
Less than secondary	31.4	15.4	0.5	0.5	84.1	30.1	54.0	135
Secondary	29.0	30.7	1.2	1.2	68.1	30.5	37.6	204
More than secondary	32.6	13.1	0.0	0.0	86.9	25.9	61.1	58
Wealth quintile								
Lowest	29.0	32.6	3.3	3.3	64.1	21.8	42.4	75
Second	29.8	20.4	0.0	0.0	79.6	36.9	42.8	87
Middle	31.5	15.2	0.8	0.8	84.0	29.7	54.3	84
Fourth	29.8	28.2	0.0	0.0	71.8	26.2	45.6	64
Highest	31.2	20.6	0.0	0.0	79.4	31.9	47.5	87
Total 15–49	30.3	22.9	0.8	0.8	76.3	29.7	46.6	398
50+	29.9	19.4	0.0	0.0	80.6	37.9	42.7	118
Total men 15+	30.2	22.1	0.6	0.6	77.3	31.6	45.7	515

Note: BMI is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

11.11 FOODS CONSUMED BY MOTHERS IN THE 24 HOURS PRECEDING THE SURVEY

Adequate maternal nutrition is important for the health and reproductive outcomes of mothers and the survival and development of their children. A review of studies on the nutritional status of women in developing countries shows that, on average, women consume only two-thirds of the recommended daily intake of energy¹⁵. Because of women's childbearing and nurturing roles, their pre- and postnatal health and nutritional status are important determinants of the survival and development of the foetus and newborn child, in addition to their own health, productivity and well-being.

Table 11.11 presents the diversity of food groups consumed by mothers who gave birth in the three years preceding the survey, which provides important information on maternal eating patterns.

Liquids

Among mothers with children under age 3 years living with them, about 42% consumed milk, 74% drank tea or coffee, while the majority (86%) consumed other liquids during the day or night preceding the interview. Mothers living in Funafuti, those in the highest wealth quintile households, and those with higher education levels were more likely to drink milk than other mothers. Tea, coffee and other liquids were the most common drink for mothers in the outer islands

¹⁵ McGuire J. and Popkin B.M. 1989. Beating the zero-sum game: women and nutrition in the third world. Part I. Food and Nutrition Bulletin (11):38–63.

Solid and semisolid foods

Protein-rich food and foods made from grains were the most commonly consumed foods among Tuvaluan mothers in the 24 hours preceding the survey, with 87% of mothers consuming protein-rich food and 84% consuming foods made from grain. Almost seven out of ten mothers (69.5%) consumed vitamin A-rich foods, 39% consumed foods made from roots and tubers, while about three out of ten mothers consumed fruits and vegetables. Few mothers consumed foods made from legumes, cheese or yogurt. Mothers from the outer islands were more likely to consume protein-rich and vitamin A-rich foods.

Table 11.11: Foods consumed by mothers in the day or night preceding the interview

Among mothers aged 15–49 with a child under age 3 years living with them, the percentage who consumed specific types of foods in the day or night preceding the interview, by background characteristics, Tuvalu 2007

Background characteristic	Liquids			Solid or semisolid foods										Number of women
	Milk	Tea/coffee	Other liquids	Foods made from grains	Foods made from roots/tubers	Foods made from legumes	Meat/ fish/ shellfish/ poultry/ eggs	Cheese/ yogurt	Vitamin A-rich fruits/ vegetables ¹	Other fruits/ vegetables	Other solid or semi-solid food	Foods made with oil/ fat/ butter	Sugary foods	
Age														
15–19	*	*	*	*	*	*	*	*	*	*	*	*	*	6
20–29	39.6	74.4	84.4	87.0	33.7	6.5	85.2	7.8	69.8	29.6	53.2	43.7	33.6	105
30–39	45.3	71.7	87.7	81.3	40.4	9.9	89.9	6.6	71.0	35.2	71.3	51.9	27.6	66
40–49	*	*	*	*	*	*	*	*	*	*	*	*	*	18
Residence														
Funafuti	42.7	68.5	84.3	87.6	32.6	12.4	83.1	11.2	65.2	43.8	67.4	56.2	43.8	97
Outer islands	41.4	80.1	88.1	80.3	44.3	3.2	91.1	2.8	73.8	14.4	54.3	39.2	22.1	99
Education														
Less than secondary	(35.6)	(82.3)	(90.2)	(74.8)	(37.1)	(10.8)	(86.6)	(5.2)	(70.0)	(19.6)	(68.9)	(44.7)	(29.0)	42
Secondary	41.6	74.6	86.1	88.2	40.9	6.2	88.9	8.7	69.0	28.1	58.1	44.9	29.6	119
More than secondary	(50.9)	(64.3)	(82.2)	(80.4)	(32.2)	(9.2)	(82.0)	(3.1)	(71.0)	(42.6)	(60.0)	(59.9)	(48.0)	36
Wealth quintile														
Lowest	(30.4)	(78.5)	(94.4)	(85.6)	(50.1)	(3.9)	(83.0)	(0.0)	(61.2)	(8.8)	(39.7)	(32.1)	(32.6)	32
Second	(33.3)	(79.2)	(87.6)	(89.9)	(27.4)	(3.8)	(95.0)	(6.9)	(71.3)	(18.8)	(58.4)	(38.4)	(17.2)	46
Middle	(39.5)	(65.7)	(87.5)	(83.9)	(30.6)	(8.2)	(89.5)	(8.2)	(65.9)	(34.4)	(75.8)	(56.1)	(30.9)	48
Fourth	(48.6)	(79.2)	(86.8)	(69.6)	(52.5)	(7.5)	(83.9)	(5.8)	(77.9)	(30.8)	(56.1)	(42.9)	(34.9)	37
Highest	(61.2)	(71.0)	(74.3)	(90.3)	(38.7)	(16.2)	(80.6)	(12.9)	(70.9)	(51.8)	(67.6)	(67.6)	(54.8)	34
Total	42.0	74.4	86.2	83.9	38.5	7.7	87.2	7.0	69.5	28.9	60.8	47.6	32.8	196

Note: Foods consumed in the '24-hour' period before the survey. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

¹ Includes pumpkin, squash, carrots, sweet potatoes, breadfruit, green leafy vegetables, banana and papayas.

11.12 PREVALENCE OF ANAEMIA AMONG WOMEN AND MEN

Anaemia may be an underlying cause of maternal mortality, spontaneous abortion, premature birth and low birth weight. Anaemia in developing countries is mainly due to the inadequate absorption of dietary iron, and the resulting iron deficiency leads to reduced production of haemoglobin and anaemia. In pregnant women, folate deficiency also plays a role in causing anaemia but to a lesser extent than iron deficiency. Iron deficiency anaemia is more common in young children and in women of reproductive age, especially pregnant and breastfeeding mothers. These population subgroups are more susceptible to anaemia because of their increased iron needs due to growth, pregnancy and lactation. Women of reproductive age also have increased iron losses from menstrual blood flow.

11.12.1 Anaemia among women

Table 11.12.1 presents anaemia prevalence among women aged 15–49 (based on haemoglobin levels), according to selected background characteristics. Unadjusted values of haemoglobin were obtained using a HemoCue instrument. Given that haemoglobin requirements differ substantially depending on altitude and smoking status, an adjustment was made before classifying women by anaemia level.

One in five women (20%) aged 15–49 were found to have mild anaemia, 1 in 20 women were classified as having moderate anaemia, and a very small proportion (0.8%) had severe anaemia. Figure 6 illustrates the proportions of women by anaemia status.

The prevalence of mild anaemia decreased with age from 36% for women aged 15–19 years to 14.1% for women aged 40–49 years. Conversely the prevalence of moderate anaemia increased marginally from 3% for women aged 15–19 years to 6% for those aged 40–49 years.

The prevalence of mild anaemia also decreased with the number of children born, suggesting that this finding is influenced by women's age.

A higher proportion of women from Funafuti were found to have mild anaemia (28%) than women from the outer islands (12%). Moderate anaemia was slightly more common among women from Funafuti (6.3%) than women from the outer islands (3.5%).

The prevalence of both mild and moderate anaemia increases with increasing wealth quintile. Dietary inhibitors of iron absorption include polyphenols and phytates (plant components in tea, coffee and vegetables) and calcium. Drinking black tea with meals has been shown to affect iron absorption.

Figure 11.6: Prevalence of anaemia in women, Tuvalu DHS 2007

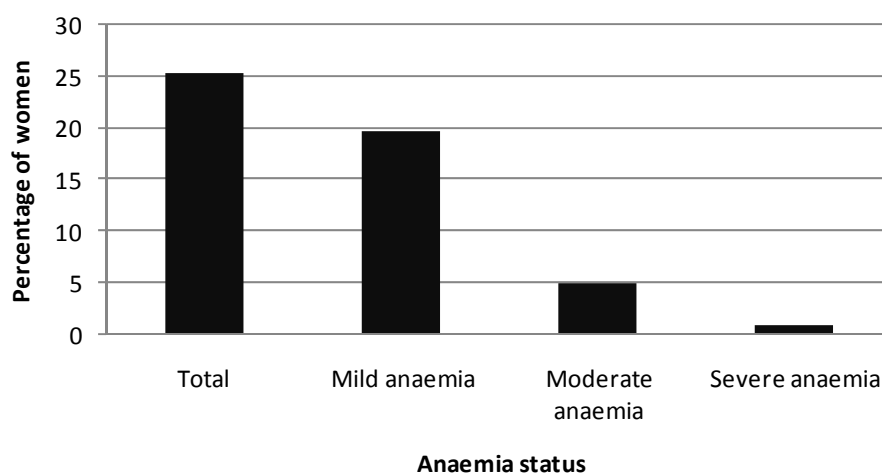


Table 11.12.1: Prevalence of anaemia in women*Percentage of women aged 15–49 with anaemia, by background characteristics, Tuvalu 2007*

Background characteristic	Anaemia status by haemoglobin level			Any anaemia	Number of women
	Mild anaemia	Moderate anaemia	Severe anaemia		
Age					
15–19	36.0	3.0	0.0	39.0	107
20–29	19.8	4.1	1.8	25.7	269
30–39	17.8	5.6	0.4	23.8	188
40–49	14.1	6.0	0.3	20.3	258
Number of children ever born					
0	22.4	2.8	0.8	25.9	278
1	24.8	4.3	1.8	30.8	116
2–3	18.3	5.4	0.6	24.4	211
4–5	15.0	8.7	0.4	24.1	153
6+	14.3	4.3	0.0	18.6	64
Maternity status					
Pregnant	15.2	13.6	0.0	28.8	49
Breastfeeding	21.7	2.9	0.5	25.1	120
Neither	19.6	4.6	0.8	25.1	654
Using IUD					
Yes	*	*	*	*	8
No	19.5	4.9	0.8	25.1	815
Smoking status					
Smokes cigarettes/tobacco	16.5	4.4	0.9	21.8	232
Does not smoke	20.9	5.1	0.7	26.7	592
Residence					
Funafuti	28.0	6.3	0.0	34.3	395
Outer islands	12.0	3.5	1.4	16.9	428
Education					
Less than secondary	14.2	4.6	0.7	19.5	272
Secondary	23.8	5.1	1.0	29.9	421
More than secondary	17.6	5.0	0.0	22.6	130
Wealth quintile					
Lowest	15.5	2.4	0.4	18.3	150
Second	18.1	4.0	0.8	22.8	171
Middle	14.5	5.3	1.3	21.1	163
Fourth	21.6	7.4	1.3	30.3	168
Highest	28.0	5.1	0.0	33.0	171

Note: Prevalence is adjusted for altitude and for smoking status if known using formulas in CDC 1998. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

11.12.2 Prevalence of anaemia in men

Table 11.12.2 presents the anaemia prevalence among men aged 15–49, based on haemoglobin levels, according to selected background characteristics. Unadjusted values of haemoglobin were obtained using a HemoCue instrument. Adjustment was made for altitude and smoking status, before classifying men by anaemia level.

Anaemia prevalence is low among men aged 15–49, with all cases occurring in men aged 15–19 years (4.4%). All men aged 15–19 who were diagnosed with mild anaemia were residing in Funafuti. One in sixteen (6%) men aged 50 years and older were found to have mild anaemia and a further 1% were diagnosed with moderate anaemia.

Table 11.12.2: Prevalence of anaemia in men

Percentage of men aged 15–49 with anaemia, by background characteristics, Tuvalu 2007

Background characteristic	Anaemia status by haemoglobin level		Any anaemia	Number of men
	Mild anaemia	Moderate anaemia		
Age				
15–19	4.4	0.0	4.4	79
20–29	0.0	0.0	0.0	127
30–39	0.0	0.0	0.0	77
40–49	0.0	0.0	0.0	118
Smoking status				
Smokes cigarettes/tobacco	0.5	0.0	0.5	232
Does not smoke	1.4	0.0	1.4	170
Residence				
Funafuti	1.7	0.0	1.7	209
Outer islands	0.0	0.0	0.0	192
Education				
Less than secondary	0.9	0.0	0.9	137
Secondary	1.1	0.0	1.1	206
More than secondary	0.0	0.0	0.0	58
Wealth quintile				
Lowest	1.6	0.0	1.6	75
Second	0.0	0.0	0.0	87
Middle	0.0	0.0	0.0	84
Fourth	1.8	0.0	1.8	65
Highest	1.3	0.0	1.3	90
Total 15–49	0.9	0.0	0.9	401
50+	6.0	1.0	6.9	120
Total men 15+	2.1	0.2	2.3	521

Note: Prevalence is adjusted for altitude and for smoking status if known using formulas in CDC 1998.

11.13 MICRONUTRIENT INTAKE AMONG MOTHERS

Breastfed children benefit from their mothers taking micronutrient supplements, especially vitamin A. Night blindness is an indicator of severe VAD, which pregnant women are especially prone to. In the 2007 TDHS, women are asked if they had had difficulty with their vision during daylight and if they also had suffered from night blindness during their last pregnancy. The percentage of women with adjusted night blindness is the percentage of women who only suffer from vision difficulties at night. This underestimates the occurrence of night blindness in women who also have daytime vision problems. VAD can be prevented through high dosages (200,000 IU) of vitamin A in the first six to eight weeks after delivery (when women are considered not at risk of being pregnant). A high dosage of vitamin A should not be given to pregnant women due to possible adverse effects (i.e. birth defects).

Anaemia is a key health status indicator for maternal nutrition. An estimated one-fifth of perinatal mortality and one-tenth of maternal mortality are attributable to iron deficiency anaemia. Anaemia also results in an increased risk of premature delivery and low birth weight. Iron deficiency, a major cause of anaemia, is one of the top 10 risk factors in developing countries for 'lost years of healthy life'¹⁶. Information on anaemia prevalence can be useful for developing health intervention programmes that are designed to prevent and control anaemia (e.g. iron supplementation and fortification programmes). Women who take iron supplements during pregnancy protect themselves and their infant.

Table 11.13 shows that a high proportion (94%) of women with children under age 3 years consumed vitamin A-rich foods in the 24 hours preceding the survey. This finding did not differ substantially by background characteristics.

Nearly 9 in 10 (87%) women with a child under age 3 years consumed iron-rich foods in the 24 hours preceding the survey. A higher proportion of women residing in the outer islands (91%) consumed iron rich-foods in the 24 hours preceding the survey than women from Funafuti (83%).

Approximately 1 in 20 women (5.6%) with a child born in the five years preceding the survey reported that they had night blindness during their last pregnancy. This prevalence was reduced to 2.8% after adjusting for daytime vision problems. After this adjustment, no women from Funafuti were considered to have experienced night blindness, while 5.6% of women from the outer islands did.

Nearly half of all women who had a child in the five years prior to the survey did not provide information on the length of time they took dietary iron supplements. A further 8% did not take iron supplements during their last pregnancy. About 20% of women took iron supplements for less than 60 days, 5% for 60–89 days, and 22% for more than 90 days.

A small proportion of women (4%) took a deworming medication during their last pregnancy.

Over one-third of women with a child born in the five years preceding the survey were living in a household with adequately iodised salt. The prevalence of women from households with adequately iodised salt was higher in Funafuti (52%) than in the outer islands (23%). Prevalence also increased with relative wealth, from 27% for women from the lowest wealth quintile households to 54% for women from households in the highest wealth quintile.

¹⁶ World Health Report 2001.

Table 11.13: Micronutrient intake among mothers

Among women aged 15–49 with a child under age 3 years living with her, the percentages who consumed vitamin A-rich and iron-rich foods in the 24 hours preceding the survey; among women aged 15–49 with a child born in the last five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child; among mothers aged 15–49 who during the pregnancy of the last child born in the five years prior to the survey, the percentage who suffered from night blindness, the percentage who took iron tablets or syrup for specific numbers of days, and the percentage who took deworming medication; and among women aged 15–49 with a child born in the last five years, who live in households that were tested for iodised salt, the percentage who live in households with adequately iodised salt, by background characteristics, Tuvalu 2007

Background characteristic	Among women with a child born in the last five years												Among women with a child born in the last five years, who live in households that were tested for iodised salt	
	Among women with a child under three years living with her			Percentage who suffered night blindness during pregnancy of last birth		Number of days women took iron tablets or syrup during pregnancy of last birth					Percentage of women who took deworming medication during pregnancy of last birth ³	Number of women	Percentage living in households with adequately iodised salt ⁴	
	Percentage consumed vitamin A-rich foods ¹	Percentage consumed iron-rich foods	Number of women	Night blindness reported	Night blindness adjusted ²	None	<60	60–89	90+	Don't know/missing			Percentage living in households with adequately iodised salt ⁴	Number of women
Age														
15–19	*	*	6	*	*	*	*	*	*	*	*	8	*	5
20–29	93.7	85.2	105	3.2	0.4	8.0	25.6	5.3	20.5	40.6	1.6	144	37.3	141
30–39	95.1	89.9	66	5.3	3.5	5.6	11.8	5.1	22.9	54.5	7.4	98	40.1	95
40–49	*	*	18	(15.6)	(10.0)	(12.1)	(11.7)	(2.6)	(31.5)	(42.2)	(3.0)	42	(32.6)	42
Residence														
Funafuti	92.1	83.1	97	3.0	0.0	8.3	25.6	9.0	24.1	33.1	3.0	144	51.9	140
Outer islands	95.5	91.1	99	8.2	5.6	7.4	15.0	0.5	20.7	56.4	4.4	148	22.9	144
Education														
Less than secondary	(92.2)	(86.6)	42	5.5	3.0	6.6	15.1	5.6	30.8	41.9	9.0	70	38.1	67
Secondary	95.3	88.9	119	5.5	2.4	7.8	21.6	4.6	19.0	47.1	1.0	166	33.6	162
More than secondary	(91.2)	(82.0)	36	6.2	3.8	9.6	22.6	3.9	21.8	42.1	5.1	56	46.7	56
Wealth quintile														
Lowest	(92.4)	(83.0)	32	7.7	5.3	12.0	14.6	3.4	23.6	46.4	5.7	52	27.4	51
Second	(97.7)	(95.0)	46	4.3	3.2	7.5	18.9	3.3	25.6	44.6	0.9	65	34.1	61
Middle	(95.4)	(89.5)	48	1.9	1.0	5.7	18.4	6.4	25.6	43.8	4.1	68	33.4	66
Fourth	(88.5)	(83.9)	37	(13.3)	(5.5)	(10.0)	(18.6)	(2.2)	(14.3)	(54.9)	(4.7)	50	(37.2)	50
Highest	(93.5)	(80.6)	34	3.0	0.0	4.9	30.4	7.6	20.8	36.3	3.8	57	54.0	56
Total	93.9	87.2	196	5.6	2.8	7.8	20.2	4.7	22.4	44.9	3.7	292	37.2	284

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

¹ Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A, and red palm oil [if data are collected].

² Women who reported night blindness but did not report difficulty with vision during the day.

³ Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.

⁴ Salt containing 15 parts per million of iodine or more. Excludes women in households where salt was not tested.

11.14 KEY RESULTS

Below are the main findings on the nutritional status of men, women and children from the 2007 TDHS. These findings were based on their anthropometric status, infant and child feeding practices, micronutrient intakes (of women and children), food consumption patterns (of mothers) and the consequences of inadequate nutrition.

1. Nearly 2% of children are underweight. Children from the outer islands are more likely to be underweight than those from Funafuti.
2. The majority of children (91%) born in the five years preceding the survey were ever breastfed. Less than one in five children born in the five years preceding the survey started breastfeeding within one hour after birth while more than one in four were breastfed within one day of birth.
3. Among breastfed children aged 6–23 months, 33% met the minimum IYCF requirements, which recommend the timely introduction of solid and/or semisolid foods from age 6 months.
4. More than half (61%) the number of children aged 6–59 months were identified as being anaemic. Anaemia is common among children: 1) aged 9–17 months, 2) whose mother attained only a primary education, and iii) living in the outer islands.
5. Over three-quarters (77%) of men were classified as being overweight or obese. The prevalence of overweight was similar for all age groups while the prevalence of obesity increased with age.
6. More women were classified as being overweight or obese (88%) than men (77%). More than half the number of women aged 15–19 were already overweight or obese. The prevalence of overweight and obese increases with age.
7. One in four women have some form of anaemia (25%). The prevalence of mild anaemia decreases with age.
8. Nearly 9 in 10 women with a child under age 3 years consumed iron-rich foods in the 24 hours preceding the survey. A higher proportion of women residing in the outer islands (91%) consumed iron-rich foods in the 24 hours preceding the survey than did women from Funafuti (83%).

CHAPTER 12 HIV AND AIDS RELATED KNOWLEDGE, ATTITUDES AND BEHAVIOURS

Acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV) that depresses the immune system, making the body susceptible to opportunistic infections that ultimately result in death. The predominant type of HIV transmission is through heterosexual contact, followed in magnitude by prenatal transmission, in which the mother passes the virus to the child during pregnancy, delivery or breastfeeding. Other modes of transmission include infected blood products and unsafe injections. Male-to-male sex accounts for over one-quarter of all infections in the Pacific (excluding Papua New Guinea), and injecting drug use is a greater cause of HIV transmission than blood products¹⁷.

In the Pacific Islands region, HIV remains a major public health challenge. In 2006, an estimated 7,100 people acquired HIV, bringing the total for the region to 81,000. Also in 2006, an estimated 4,000 people died of HIV-related illnesses; three-quarters of all people living with HIV in the region live in Papua New Guinea. Adult national HIV prevalence was estimated at around 1.8% in 2005, and could be as high as 3.5% among young men in urban areas. None of the other Pacific Island countries has reported more than 300 HIV cases since 1985, but risk factors associated with HIV are prevalent in the region¹⁸.

Despite its isolation and remoteness, Tuvalu has not been spared from the effects of HIV. In 1995, the islands recorded their first case of HIV, and since then there have been 10 cases to date, one of the highest rates of HIV per capita in the Pacific. Out of the 10 cases, 8 people are still alive and 2 people have died of HIV-related illnesses. Seafarers, youth and women are among those identified as the most vulnerable in the community¹⁹.

To respond to these challenges, Tuvalu's Ministry of Health, in partnership with non-governmental organisations, formed the national coordinating body now known as the Tuvalu National AIDS Committee (TUNAC). Taking a multi-sectoral approach, TUNAC combines the efforts of key government departments, non-governmental organisations, community-based organisations and civil society to work towards halting the spread of HIV and sexually transmitted infections (STIs) in Tuvalu. This committee, under the guidance of the Tuvalu's National Strategic Plan, coordinates all HIV- and STI-related activities in the country.

In December 2008, Tuvalu's Ministry of Health and TUNAC launched the second National Strategic Plan which operates from 2009–2013, and focuses on achieving an enabling environment, treatment, care and support, prevention, and improving programme management.

This chapter presents information on the level of awareness of HIV and AIDS, knowledge of HIV transmission and prevention, attitudes toward people living with HIV and AIDS, and appropriate sexual behaviour for the general adult Tuvaluan population aged 15–49 (for men, findings for those over age 50 are also included). Coverage of HIV testing, self-reported prevalence of STIs and related symptoms, and the prevalence of medical injections using a sterile syringe is also included. The chapter then focuses on HIV and AIDS knowledge and patterns of sexual activity among young people aged 15–24, because young adults are considered to be a high-risk group and subsequently an important target group for HIV prevention efforts. The final section of the chapter focuses on perceptions of abstinence and faithfulness.

Overall, 851 women and 428 men aged 15–49 participated in this component of the 2007 TDHS. An additional 130 men aged 50 and older also participated. However, it should be noted that components of this chapter do not include all participants, and are restricted on the basis of sexual behaviour and other factors.

¹⁷ WHO Website. www.who.int/topics/hiv_aids/en/

¹⁸ Buchanan-Aruwafu. H, Integrated Picture: HIV Risk and Vulnerability in the Pacific. February 2007.

¹⁹ WHO 2006

The findings presented in the tables are reported in association with background characteristics including age group, marital status, education and wealth quintile. All percentages presented in the tables have been weighted to be proportional to the age and sex structure of the Tuvaluan adult population.

No statistical tests have been performed for the data presented; therefore, comparisons between population subgroups should not be considered to represent statistically significant differences. No comments or comparisons have been made for population subgroups with sample sizes of less than 50 respondents.

12.1 KNOWLEDGE OF HIV AND AIDS

The 2007 TDHS collected information on knowledge of and behaviour related to HIV and AIDS. All eligible respondents were provided with some brief information about HIV and AIDS and asked whether they had heard of HIV or the illness known as AIDS prior to the interview.

Table 12.1 shows the proportions of women and men who reported that they had heard of HIV or AIDS by age group, marital status, education level and wealth quintile.

Overall, 97% of women and 99% of men aged 15–49 had heard of HIV and AIDS. Among men, there was a trend of increasing awareness with increasing age. Awareness was highest for women aged 20–24 (99%) and universal among men aged 25–49.

For men, knowledge of AIDS was universal among those who were married compared with those who were never married and never had sex (97%). This trend was not seen among women.

There were no findings on the differences in knowledge among women who live in Funafuti and those in the outer islands, although women who had more than a secondary education (99%) were more knowledgeable about AIDS than those who had less than a secondary education (95%).

Awareness of AIDS was above 95% for both men and women in all wealth quintiles.

Table 12.1: Knowledge of AIDS

Percentage of women and men aged 15–49 who have heard of AIDS, by background characteristics, Tuvalu 2007

Background characteristic	Women		Men	
	Have heard of AIDS	Number of women	Have heard of AIDS	Number of men
Age				
15–24	98.1	257	97.6	164
..15–19	96.5	111	98.1	91
..20–24	99.3	145	96.9	74
25–29	97.9	134	100.0	62
30–39	97.4	191	100.0	79
40–49	96.0	269	100.0	121
Marital status				
Never married	97.4	193	97.9	194
..Ever had sex	(96.5)	31	98.3	141
..Never had sex	97.6	161	96.9	53
Married/Living together	97.4	598	100.0	224
Divorced/Separated/Widowed	94.7	60	*	9
Residence				
Funafuti	96.3	414	99.0	225
Outer islands	98.1	437	99.2	203
Education				
Less than secondary	95.4	282	100.0	141
Secondary	97.8	437	98.2	223
More than secondary	99.2	132	100.0	63
Wealth quintile				
Lowest	96.2	152	99.3	75
Second	99.4	179	97.6	94
Middle	95.2	169	100.0	89
Fourth	96.9	173	100.0	74
Highest	98.2	177	98.8	96
Total 15–49	97.2	851	99.1	428
50+	na	na	94.5	130
Total men 15+	na	na	98.0	558

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.
na = not applicable

12.2 KNOWLEDGE OF HIV PREVENTION METHODS

Respondents who had heard of HIV or AIDS, were asked three prompted questions on how to reduce the risk of acquiring HIV: 1) using a condom correctly every time a person has sexual intercourse; 2) having one mutually monogamous sex partner who is not infected with HIV; and 3) abstaining from sexual intercourse. Table 12.2 shows the proportions of women and men who correctly responded to each of these questions, by background characteristics. The table also shows the proportions of women and men who acknowledged that both using condoms *and* limiting sexual intercourse to one uninfected partner can reduce the risk of getting HIV. These proportions are presented as whole population estimates, so people who had not heard of HIV were included in the denominators of the proportions (i.e. were considered to have incorrectly answered these questions).

About 79% of women know that using condoms consistently, and limiting sexual intercourse to one uninfected partner can reduce the risk of acquiring HIV, while the corresponding proportion of men is 88%. More than 87% of women and 93% of men agree that abstaining from sexual intercourse can also reduce the risk of acquiring HIV.

Interestingly, knowledge of HIV prevention methods is generally higher among residents from the outer islands than from Funafuti. Knowledge of ways to prevent HIV tends to be highest among men aged 25–29; among women, however, patterns by age are less clear. Among women and men, knowledge of ways to prevent HIV shows no association with marital status, educational background or living conditions.

Table 12.2: Knowledge of HIV prevention methods

Percentage of women and men aged 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 one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse, by background characteristics, Tuvalu 2007

Background characteristic	Women					Men				
	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Abstaining from sexual intercourse	Number of women	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Abstaining from sexual intercourse	Number of men
Age										
15–24	79.0	89.0	73.2	83.9	257	88.4	87.0	81.7	92.2	164
..15–19	70.4	82.6	62.4	77.2	111	86.6	84.7	78.8	89.7	91
..20–24	85.6	93.9	81.5	89.0	145	90.6	89.9	85.2	95.3	74
25–29	88.9	95.5	86.5	90.2	134	93.6	100.0	93.6	98.1	62
30–39	84.3	90.1	80.8	91.4	191	91.9	96.2	89.6	91.8	79
40–49	80.2	88.9	78.4	86.1	269	93.5	96.4	92.6	91.3	121
Marital status										
Never married	76.5	86.3	69.7	83.6	193	89.1	88.9	83.5	92.7	194
..Ever had sex	(85.6)	(89.1)	(80.1)	(89.7)	31	93.6	90.4	87.4	93.2	141
..Never had sex	74.8	85.7	67.7	82.4	161	77.3	85.0	72.9	91.5	53
Married/Living together	83.7	91.5	80.9	88.3	598	92.7	96.8	91.4	92.7	224
Divorced/Separated/Widowed	84.7	90.1	84.7	88.9	60	*	*	*	*	9
Residence										
Funafuti	79.8	88.2	75.1	86.6	414	89.1	90.6	83.9	90.6	225
Outer islands	84.4	92.2	82.0	87.9	437	93.7	96.2	92.5	95.1	203
Education										
Less than secondary	79.7	88.0	77.0	86.0	282	93.7	94.9	92.4	95.4	141
Secondary	84.1	91.8	80.7	87.8	437	91.1	91.4	86.1	92.1	223
More than secondary	80.9	89.8	75.3	88.4	132	86.3	96.3	84.5	88.9	63

Table 12.2 (continued)

Background characteristic	Women					Men				
	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Abstaining from sexual intercourse	Number of women	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Abstaining from sexual intercourse	Number of men
Wealth quintile										
Lowest	89.1	91.4	86.3	90.4	152	91.2	94.2	88.7	89.8	75
Second	82.2	91.3	79.3	86.6	179	90.8	93.9	89.6	90.7	94
Middle	81.5	90.8	78.8	87.7	169	98.1	94.2	94.2	96.0	89
Fourth	79.0	85.6	72.4	86.8	173	91.4	96.2	87.5	94.6	74
Highest	79.9	92.0	77.4	85.4	177	85.3	89.0	80.4	92.6	96
Total 15–49	82.1	90.2	78.6	87.3	851	91.3	93.3	88.0	92.7	428
50+	na	na	Na	na	na	89.5	89.5	84.6	88.6	130
Total men 15+	na	na	na	na	na	90.9	92.4	87.2	91.8	558

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

na = not applicable.

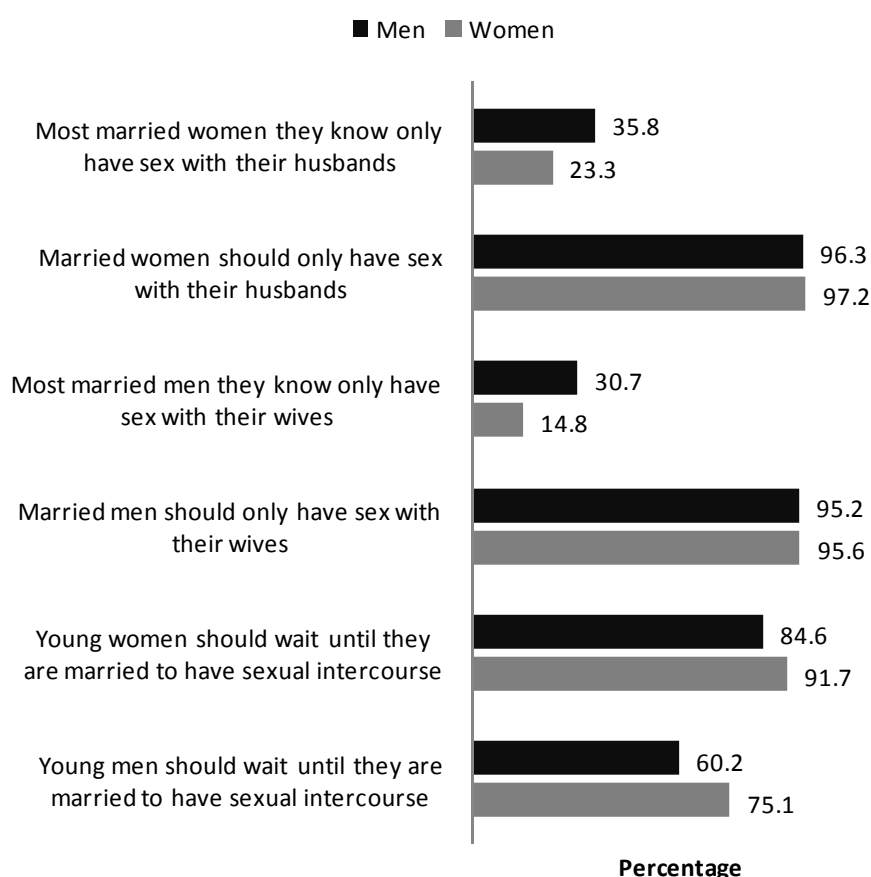
¹ Using condoms every time they have sexual intercourse.

² Partner who has no other partners.

Figure 12.1 shows the proportion of all women and men aged 15–49 and their perceptions and beliefs about abstinence and faithfulness. The majority of both women and men believe that married women and men should only have sex with their husband and wife. More women than men believe that young people should wait until they are married to have sex.

Also, while the majority of people believe that married women and men should only have sex with their husbands and wives, in practice a much smaller number are actually doing that: 36% of men and 23% of women responded that most married women they know only have sex with their husbands, while 31% of men and 15% of women responded that most married men they know only have sex with their wives.

Figure 12.1: Percentage of women and men aged 15–49 and their perception and beliefs about abstinence and faithfulness



12.3 REJECTION OF MISCONCEPTIONS ABOUT HIV AND AIDS

In addition to knowing about effective ways of avoiding HIV, it is also useful to be able to identify incorrect beliefs about HIV and AIDS in order to eliminate misconceptions. Common misconceptions about HIV and AIDS include the idea that all HIV-infected people always appear ill and that the virus can be transmitted by 1) mosquito or other insect bites; 2) sharing food with someone who is infected; or 3) witchcraft or other supernatural means. Other misconceptions include the belief that the virus cannot be transmitted through anal or oral sex and that a person cannot be infected by being exposed to open wounds or sores. Respondents were asked about these misconceptions, and the findings are presented in Tables 12.3 and 12.4.

About the same proportion of women (83%) and men (86%) know that a person cannot become infected by sharing food with a person who has HIV. More men (92%) than women (67%) know that a healthy-looking person can be infected with HIV, and know that HIV cannot be transmitted

by supernatural means (91% men, 78% women). Almost the same proportion of women and men (71% women, 75% men) know that HIV cannot be transmitted by mosquito bites.

Tables 12.3 and 12.4 also present the proportion of respondents who reject common misconceptions about HIV and AIDS. Specifically, they show that 44% of women and 66% of men know that a healthy-looking person can be infected with HIV, that HIV cannot be transmitted by mosquito bites, and that HIV cannot be transmitted by sharing food or utensils with an infected person.

Rejection of misconceptions regarding HIV and AIDS is higher among respondents in Funafuti, among single men who ever had sex, and among women who are married or in a living together arrangement. Educational attainment and increasing wealth quintile are positively associated with rejection of misconceptions.

12.4 COMPREHENSIVE KNOWLEDGE OF HIV AND AIDS

An indicator of comprehensive knowledge about HIV and AIDS combines several individual indicators previously discussed. It is the percentage of respondents aged 15–49 who say that: 1) people can reduce their chances of getting HIV by using a condom every time they have sex; 2) people can reduce their chances of getting HIV by having sex with just one partner who is not infected and who has no other partners; 3) people cannot get HIV from mosquito bites; 4) people cannot get HIV from sharing food with a person is infected with HIV; and 5) that a healthy-looking person can have HIV. The results are presented in Tables 12.3 for women and 12.4 for men.

Overall, comprehensive knowledge about HIV and AIDS is much higher among men (60%) than women (38%). The people who are the least knowledgeable about HIV and AIDS are young women aged 15–19, women who are in a divorced, separated or widowed marital status, and women living in the outer islands. On the other hand, older men, married men and men living in the outer islands are also the least knowledgeable about HIV and AIDS.

Table 12.3: Comprehensive knowledge about HIV and AIDS — Women

Percentage of women aged 15–49 who say that a healthy-looking person can have HIV and who, in response to prompted questions, correctly reject local misconceptions about HIV transmission or prevention, and the percentage with a comprehensive knowledge about HIV and AIDS by background characteristics, Tuvalu 2007

Background characteristic	Percentage of women who say that				Percentage who say that a healthy looking person can have HIV and who reject the two most common local misconceptions ¹	Percentage with a comprehensive knowledge about HIV and AIDS ²	Number of women
	A healthy-looking person can have HIV	HIV cannot be transmitted by mosquito bites	HIV cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has HIV			
Age							
15–24	69.4	73.7	78.3	83.9	46.3	39.4	257
..15–19	63.8	67.2	78.2	76.5	39.6	31.1	111
..20–24	73.6	78.7	78.4	89.6	51.5	45.7	145
25–29	78.8	77.8	79.9	88.5	56.0	50.0	134
30–39	68.3	72.4	79.4	87.0	42.3	35.3	191
40–49	62.8	63.1	76.5	75.5	37.6	33.3	269
Marital status							
Never married	69.5	69.4	74.9	81.1	41.8	34.4	193
..Ever had sex	(66.0)	(62.2)	(80.4)	(80.2)	(37.2)	(35.3)	31
..Never had sex	70.2	70.8	73.8	81.3	42.7	34.2	161
Married/Living together	70.0	71.4	80.5	84.2	46.2	40.5	598
Divorced/Separated/Widowed	51.1	68.4	66.3	72.5	31.3	27.8	60
Residence							
Funafuti	73.5	76.4	79.0	84.3	50.7	44.4	414
Outer islands	63.9	65.4	77.5	81.2	38.1	32.4	437
Education							
Less than secondary	61.0	60.1	71.2	73.7	30.8	25.3	282
Secondary	69.7	73.1	80.2	85.2	46.7	42.8	437
More than secondary	81.0	85.6	86.8	93.3	64.4	50.3	132
Wealth quintile							
Lowest	62.3	56.3	71.3	79.9	29.8	26.0	152
Second	64.5	63.6	74.2	78.0	35.5	31.3	179
Middle	67.6	73.4	78.0	83.3	44.4	41.1	169
Fourth	73.6	74.1	84.5	82.2	51.1	42.0	173
Highest	73.9	84.4	82.5	89.6	58.3	49.2	177
Total 15–49	68.5	70.7	78.2	82.7	44.2	38.2	851

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

¹ Two most common local misconceptions: 'A healthy-looking person can have HIV' and 'HIV cannot be transmitted by mosquito bites'.

² Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention.

Table 12.4: Comprehensive knowledge about HIV and AIDS — Men

Percentage of men aged 15–49 who say that a healthy-looking person can have HIV and who, in response to prompted questions, correctly reject local misconceptions about HIV transmission or prevention, and the percentage with a comprehensive knowledge about HIV and AIDS by background characteristics, Tuvalu 2007

Background characteristic	Percentage of men who say that				Percentage who say that a healthy looking person can have HIV and who reject the two most common local misconceptions ¹	Percentage with a comprehensive knowledge about HIV and AIDS ²	Number of men
	A healthy-looking person can have HIV	HIV cannot be transmitted by mosquito bites	HIV cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has HIV			
Age							
15–24	89.9	77.7	90.6	87.1	68.5	60.7	164
..15–19	90.7	75.3	91.7	84.4	66.2	57.2	91
..20–24	88.9	80.7	89.2	90.5	71.3	65.0	74
25–29	95.5	77.5	90.8	90.6	70.3	67.6	62
30–39	94.5	80.1	91.2	90.0	72.0	63.0	79
40–49	92.1	65.6	90.6	80.2	57.4	54.5	121
Marital status							
Never married	91.1	78.1	91.1	86.3	68.9	61.9	194
..Ever had sex	92.4	81.4	90.1	89.3	70.8	65.3	141
..Never had sex	87.7	69.7	93.5	78.4	63.9	52.9	53
Married/Living together	92.8	72.2	90.3	86.3	64.4	59.2	224
Divorced/Separated/Widowed	*	*	*	*	*	*	9
Residence							
Funafuti	93.2	78.6	92.7	87.5	70.8	61.5	225
Outer islands	91.1	70.3	88.5	84.8	61.2	59.2	203
Education							
Less than secondary	91.0	63.9	87.7	80.4	54.7	52.6	141
Secondary	92.6	78.5	91.8	89.4	70.5	64.4	223
More than secondary	93.6	85.4	93.6	88.1	77.2	63.6	63
Wealth quintile							
Lowest	88.4	65.1	88.8	86.3	57.1	53.9	75
Second	89.4	72.2	81.0	84.5	58.8	55.0	94
Middle	94.7	71.7	100.0	79.9	67.2	65.8	89
Fourth	100.0	81.4	93.0	89.1	74.4	65.8	74
Highest	89.7	82.3	91.4	91.4	73.8	61.5	96
Total 15–49	92.2	74.7	90.7	86.2	66.3	60.4	428
50+	90.8	65.1	77.4	79.6	53.1	51.7	130
Total men 15+	91.9	72.5	87.6	84.7	63.2	58.4	558

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

¹ Two most common local misconceptions: 'A healthy-looking person can have HIV' and 'HIV cannot be transmitted by mosquito bites'.

² Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention.

12.5 KNOWLEDGE OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

It is important for adults to know that HIV can be transmitted from mother to child, and that drugs are available that can reduce the risk of mother-to-child transmission. The 2007 TDHS assessed respondents' knowledge about whether women who have HIV can pass the virus on to their babies during pregnancy, childbirth or breastfeeding, and that mother-to-child transmission can be prevented through anti-retroviral therapy and by avoiding breastfeeding.

Survey respondents were first asked if HIV can be transmitted from a mother to her child. Those who acknowledged this were then asked whether the virus could be transmitted during pregnancy, during delivery, and/or during breastfeeding. Respondents were also asked if there are any special drugs that a doctor or nurse can give to a pregnant woman who is infected with HIV in order to reduce the risk of transmission to the baby.

Table 12.5 shows the proportions of women and men who know that HIV can be transmitted by breastfeeding and that a mother can reduce the risk of transmitting HIV to her baby by taking special drugs during pregnancy, by age group, marital status, education level and wealth quintile.

About 82% of women are knowledgeable about HIV transmission by breastfeeding compared with 70% of men. When asked if the risk of mother-to-child transmission can be reduced by mothers taking special drugs during pregnancy, only 34% of women and 38% of men answered correctly. However, when combining the two questions on HIV transmission by breastfeeding and the risk of mother-to-child transmission reduction by mother taking special drugs during pregnancy, the numbers were even lower at 30% each for women and men. Those in the 15–24 age group were less knowledgeable than those in the 25–49 age group.

Individuals who are married are more knowledgeable about preventing mother-to-child transmission than those who have never married; however, divorcees and those separated and widowed reported very low knowledge (17.8%). Women who were pregnant at the time of the survey had the same amount of knowledge of mother-to-child transmission as women who were not pregnant.

Respondents living in Funafuti had the same level of knowledge about mother-to-child transmission as those living in the outer islands, and this level increases with increasing education level.

Table 12.5: Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women and men 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 mother taking special drugs during pregnancy, by background characteristics, Tuvalu 2007

Background characteristic	Women				Men			
	Percentage who know that:				Percentage who know that:			
	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	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	Number of men
Age								
15–24	78.8	31.6	26.7	257	66.1	30.5	25.0	164
..15–19	71.3	31.3	26.4	111	64.2	31.2	24.5	91
..20–24	84.5	31.9	27.0	145	68.5	29.6	25.6	74
25–29	87.4	39.1	37.5	134	76.3	42.7	36.0	62
30–39	83.6	39.7	35.4	191	73.7	49.8	39.0	79
40–49	80.1	28.0	26.4	269	68.9	37.7	28.8	121
Marital status								
Never married	77.7	34.8	30.3	193	67.6	32.4	25.4	194
..Ever had sex	(78.2)	(30.6)	(27.1)	31	73.3	33.0	26.6	141
..Never had sex	77.7	35.6	30.9	161	52.8	31.0	22.0	53
Married/Living together	83.8	34.5	31.5	598	72.4	42.9	35.0	224
Divorced/Separated/Widowed	72.8	18.9	17.8	60	*	*	*	9
Currently pregnant								
Pregnant	84.7	43.2	36.9	51	na	na	na	0
Not pregnant or not sure	81.4	32.8	29.9	800	na	na	na	0
Residence								
Funafuti	79.8	40.4	34.9	414	72.9	40.1	32.8	225
Outer islands	83.4	26.9	25.9	437	66.4	35.4	27.5	203
Education								
Less than secondary	80.7	23.8	22.5	282	67.7	32.4	25.4	141
Secondary	82.0	33.6	30.0	437	70.4	37.2	30.2	223
More than secondary	82.6	53.5	47.8	132	72.3	52.5	41.6	63

Table 12.5 (continued)

Background characteristic	Women Percentage who know that:				Men Percentage who know that:			
	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	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	Number of men
Wealth quintile								
Lowest	81.4	28.8	26.7	152	48.8	30.6	15.1	75
Second	80.6	28.6	27.7	179	67.0	37.8	31.5	94
Middle	83.9	33.4	29.5	169	77.0	43.4	38.6	89
Fourth	83.8	34.7	31.2	173	79.4	34.1	26.1	74
Highest	78.7	41.2	35.7	177	75.0	41.6	36.7	96
Total 15–49	81.6	33.5	30.3	851	69.8	37.9	30.3	428
50+	na	na	na	na	68.7	34.8	28.9	130
Total men 15+	na	na	na	na	69.5	37.2	30.0	558

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.
na = not applicable

12.6 STIGMA ASSOCIATED WITH AIDS AND ATTITUDES TOWARD HIV AND AIDS

Respondents who had ever heard of HIV and AIDS were asked four questions to measure attitudes toward people living with HIV and AIDS: 1) willingness to care for a family member with HIV in the respondent's home; 2) willingness to buy vegetables from a shopkeeper who has HIV; 3) opinion of whether a female teacher with HIV, but who is not sick, should be allowed to continue teaching; and 4) preference for keeping it secret that a family member is infected with HIV.

Table 12.6 shows the proportions of women with accepting attitudes toward each of the four questions, and for all four questions by age group, marital status, education level and wealth quintile.

Accepting attitudes were highest for the indicators 1) willingness to care for a family member with HIV (81%); 2) not wanting to keep it a secret that a family member has HIV (64%); and 3) a female teacher with HIV should be able to continue teaching (64%). Accepting attitudes were lowest for the indicator buying fresh vegetables from a shop keeper with HIV (57%). The combined percentage of accepting attitudes for all four indicators was 31% for women aged 15–49.

More women who are married or in a living together arrangement (82%) are willing to care for a family member with HIV than women who have never married (78%). Women's attitudes towards those living with HIV are no different in the outer islands than in Funafuti. However, educated women with more than a secondary education are more accepting with regard to all four indicators (43%) than women who have less than a secondary education (29%).

Table 12.7 shows the proportions of men with accepting attitudes toward the four questions and for all four questions by age group, marital status, education level and wealth quintile.

Accepting attitudes of men towards those living with HIV are highest for the indicators willing to care for a family member (86%) and not wanting to keep it a secret that a family member has HIV (72%). Accepting attitudes are lowest for the indicators willing to buy fresh vegetables from a shop keeper with HIV (67%) and a female teacher with HIV should be able to continue teaching (66%).

The combined percentage expressing accepting attitudes toward all four indicators was 31% for all men aged 15–49.

The majority of men who are married or in a living together arrangement (88%) are more willing to care for a family member with HIV than those who have never married (85%). A very high proportion of married men (80.3%) would not want to keep it a secret that a family member was infected with HIV compared with men who have never married (62%). Men's attitudes toward those living with HIV are no different in the outer islands than in Funafuti. However, educated men with more than a secondary education are more accepting toward all four indicators (43%) than men who have less than a secondary education (24%).

Table 12.6: Accepting attitudes toward those living with HIV and AIDS — Women

Among women aged 15–49 who have heard of HIV and AIDS, the percentage expressing specific accepting attitudes toward people with HIV and AIDS, by background characteristics, Tuvalu 2007

Background characteristic	Percentage of respondents who:				Percentage expressing acceptance attitudes on all four indicators	Number of respondents who have heard of HIV and AIDS
	Are willing to care for a family member with HIV in the respondent's home	Would buy fresh vegetables from shopkeeper who has HIV	Say that a female teacher with HIV and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with HIV		
Age						
15–24	78.6	57.5	63.4	57.2	23.6	252
..15–19	77.9	50.5	54.7	49.6	13.8	107
..20–24	79.2	62.6	69.8	62.9	31.0	144
25–29	83.6	65.6	72.8	62.7	37.2	131
30–39	82.1	53.6	62.1	71.5	35.0	186
40–49	79.9	54.3	61.9	66.5	30.6	258
Marital status						
Never married	77.6	54.5	61.5	57.0	22.2	188
..Ever had sex	(72.4)	(49.0)	(56.3)	(63.2)	(28.6)	30
..Never had sex	78.6	55.6	62.5	55.8	20.9	158
Married/Living together	81.7	57.9	65.3	65.3	32.3	583
Divorced/Separated/ Widowed	79.2	54.1	60.4	76.6	39.8	57
Residence						
Funafuti	79.3	62.1	68.4	60.8	32.4	399
Outer islands	81.8	52.0	60.1	67.4	28.7	429
Education						
Less than secondary	77.6	46.9	53.8	72.0	29.0	269
Secondary	79.6	57.9	66.9	60.0	27.3	427
More than secondary	90.1	73.8	76.2	62.0	43.9	131
Wealth quintile						
Lowest	80.4	52.6	58.3	73.6	33.5	146
Second	74.7	53.3	59.6	66.2	29.1	178
Middle	85.1	60.2	69.4	58.9	30.4	161
Fourth	79.4	52.6	66.0	63.1	27.1	168
Highest	83.8	65.2	67.0	60.2	32.7	174
Total 15–49	80.6	56.9	64.1	64.2	30.5	827

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

Table 12.7: Accepting attitudes toward those living with HIV and AIDS — Men

Among men aged 15–49 who have heard of HIV and AIDS, the percentage expressing specific accepting attitudes toward people with HIV and AIDS, by background characteristics, Tuvalu 2007

Background characteristic	Percentage of respondents who:				Percentage expressing acceptance attitudes on all four indicators	Number of respondents who have heard of HIV and AIDS
	Are willing to care for a family member with HIV in the respondent's home	Would buy fresh vegetables from shopkeeper who has HIV	Say that a female teacher with HIV and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with HIV		
Age						
15–24	85.9	70.2	66.0	63.7	29.2	161
..15–19	81.2	66.1	66.6	56.9	19.8	89
..20–24	91.8	75.3	65.2	72.3	40.9	71
25–29	90.6	69.9	72.0	72.7	39.7	62
30–39	85.3	70.3	74.6	83.7	38.7	79
40–49	84.3	59.6	56.8	75.3	22.5	121
Marital status						
Never married	84.7	68.4	64.7	61.7	25.9	190
..Ever had sex	87.1	73.5	65.2	66.2	29.3	138
..Never had sex	78.3	54.7	63.3	49.8	16.7	52
Married/Living together	87.9	66.5	67.3	80.3	34.4	224
Divorced/Separated/Widowed	*	*	*	*	*	9
Residence						
Funafuti	82.1	66.8	64.2	62.1	26.3	223
Outer islands	90.4	67.5	67.7	83.2	35.4	201
Education						
Less than secondary	83.6	55.9	58.3	80.0	24.0	141
Secondary	86.3	69.1	68.9	68.1	31.4	219
More than secondary	90.7	85.2	72.2	68.4	42.6	63
Wealth quintile						
Lowest	83.1	58.3	57.3	83.0	26.3	75
Second	92.1	74.8	65.0	75.3	37.4	92
Middle	86.7	58.3	67.8	70.6	25.0	89
Fourth	88.2	74.8	75.5	62.8	33.1	74
Highest	80.2	69.0	64.2	69.0	30.8	95
Total 15–49	86.0	67.1	65.9	72.1	30.6	424
50+	83.1	62.8	70.6	87.3	37.3	123
Total men 15+	85.4	66.2	66.9	75.5	32.1	547

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

12.7 ATTITUDES TOWARD NEGOTIATING SAFER SEX

Monitoring attitudes toward safer sex practices is important for evaluating initiatives to reduce unsafe practices. Table 12.8 shows the proportions of women and men who agreed that if a husband has an STI, his wife is justified in refusing to have sexual intercourse with him, by age group, marital status, education level and wealth quintile.

Overall, almost nine in ten women (88%) and almost all men (95%) agreed that a wife is justified in refusing to have sexual intercourse with her husband if he has an STI.

Lower proportions of women aged 15–24 believe that a wife is justified in refusing to have sex with her husband if he has an STI, than women aged 25–49.

Lower proportions of people who have never been married agree that a wife is justified in refusing to have sex with her husband if he has an STI than women who have ever been married.

For women, those with more than a secondary education are more likely to agree that a wife is justified in refusing to have sex with her husband (92.3%) than women with only a secondary education (86.6%). Men with higher education are less likely to agree that a wife is justified in refusing to have sex with her husband, or requesting that he use a condom, if the husband has an STI.

Table 12.8: Attitudes toward negotiating safer sexual relations with husband

Percentage of women and men aged 15–49 who believe that, if a husband has a sexually transmitted disease, his wife is justified in refusing to have sexual intercourse with him or asking that they use a condom, by background characteristics, Tuvalu 2007

Background characteristic	Women			Men		
	Refusing to have sexual intercourse	Refusing sexual intercourse or asking that they use a condom	Number of women	Refusing to have sexual intercourse	Refusing sexual intercourse or asking that they use a condom	Number of men
Age						
15–24	82.2	82.2	257	95.7	95.7	164
..15–19	72.5	72.5	111	96.7	96.7	91
..20–24	89.7	89.7	145	94.4	94.4	74
25–29	90.6	90.6	134	92.5	92.5	62
30–39	91.8	91.8	191	95.6	95.6	79
40–49	89.9	89.9	269	94.3	94.3	121
Marital status						
Never married	80.8	80.8	193	93.7	93.7	194
..Ever had sex	(89.6)	(89.6)	31	91.7	91.7	141
..Never had sex	79.1	79.1	161	98.8	98.8	53
Married/Living together	90.3	90.3	598	95.6	95.6	224
Divorced/Separated/ Widowed	89.6	89.6	60	*	*	9
Residence						
Funafuti	88.5	88.5	414	92.2	92.2	225
Outer islands	87.8	87.8	437	97.7	97.7	203
Education						
Less than secondary	88.5	88.5	282	95.9	95.9	141
Secondary	86.6	86.6	437	96.8	96.8	223
More than secondary	92.3	92.3	132	85.1	85.1	63
Total 15–49	88.1	88.1	851	94.8	94.8	428
50+	na	na	na	96.3	96.3	130
Total men 15+	na	na	na	95.2	95.2	558

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.
na = not applicable

12.8 SEXUAL BEHAVIOUR

This section analyses data on sexual behaviour related to the spread of HIV and other STIs, and includes parameters such as the number of sex partners, sex with non-marital and non-cohabitating partners, and payment or receipt of money for sex. This section also includes respondents' reports of STI symptoms, efforts to seek treatment for STIs, and the extent of voluntary counselling and testing for HIV.

12.8.1 Multiple sexual partners and higher-risk sexual intercourse — Women

Sexual behaviour that places people at greater risk of acquiring HIV and other STIs includes unprotected vaginal and anal sex with two or more partners²⁰. Higher-risk sex involves having sex with a person who is neither a spouse nor a cohabiting partner. In order to assess indicators of multiple sex partners and higher-risk sex, the 2007 TDHS included questions that asked both women and men aged 15–49 who had sexual intercourse in the 12 months preceding the survey about the number of partners they had and about whether a condom was used or not.

Table 12.9 shows the percentage of women aged 15–49 who had sexual intercourse in the 12 months preceding the survey, the percentage who had intercourse with more than one partner, the percentage who had higher-risk intercourse in the 12 months preceding the survey, and the mean number of sexual partners during her lifetime, by background characteristics.

Among women aged 15–49 who had sexual intercourse in the 12 months preceding the survey, only 1% had intercourse with more than one partner and about 4% had higher-risk sex in the same period. The mean number of sexual partners among women aged 15–49 who ever had sexual intercourse was 1.4.

More women in Funafuti have more than two partners than women in the outer islands. A similar trend is shown for women who have higher-risk sex.

12.8.2 Multiple sexual partners and higher-risk sexual intercourse — Men

Among men, more than 4% had sex with two or more partners in the 12 months preceding the survey (Table 12.10). More than one in five men had higher-risk sex in the 12 months preceding the survey. Out of 58 men aged 15–49 who had higher-risk sex, about 45% reported using a condom.

Men from Funafuti were more likely to have more than two partners and were more likely to have higher-risk sex in the 12 months preceding the survey than men from the outer islands.

²⁰ World Health Organization 2006. Second Generation Surveys of HIV, other STIs and risk behaviours in six Pacific Island countries (2004–2005).

Table 12.9: Multiple sexual partners and higher-risk sexual intercourse in the 12 months preceding the survey — Women

Among women aged 15–49 who had sexual intercourse in the 12 months preceding the survey, the percentage who had intercourse with more than one partner, the percentage who had higher-risk sex, and the mean number of sexual partners during their lifetime for women who ever had sexual intercourse, by background characteristics, Tuvalu 2007

Background characteristic	Among respondents who had sexual intercourse in the 12 months preceding the survey			Among respondents who ever had sexual intercourse	
	Percentage who had 2+ partners in 12 months preceding survey	Percentage who had higher-risk intercourse in 12 months preceding survey ¹	Number of women	Mean number of sexual partners in lifetime	Number
Age					
15–24	2.6	14.0	92	1.4	113
..15–19	*	*	12	*	17
..20–24	1.4	10.9	80	1.3	97
25–29	1.9	5.9	113	1.3	124
30–39	0.4	0.4	163	1.4	183
40–49	0.5	1.1	210	1.4	257
Marital status					
Never married	14.0	87.3	17	(1.6)	31
Married or living together	0.1	0.1	551	1.3	589
Divorced/Separated/Widowed	*	*	10	2.1	58
Residence					
Funafuti	1.2	4.5	263	1.4	317
Outer islands	0.9	3.3	315	1.4	361
Education					
Less than secondary	1.1	1.7	210	1.5	254
Secondary	1.0	5.5	273	1.4	322
More than secondary	1.1	4.1	95	1.3	102
Wealth quintile					
Lowest	0.0	5.7	102	1.4	125
Second	2.3	6.4	121	1.5	144
Middle	1.3	2.1	134	1.4	148
Fourth	1.4	3.3	119	1.4	134
Highest	0.0	2.1	102	1.3	127
Total 15–49	1.1	3.9	578	1.4	678

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

¹ Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent.

Table 12.10: Multiple sexual partners and higher-risk sexual intercourse in the past 12 months — Men

Among men aged 15–49 who had sexual intercourse in the 12 months preceding the survey, the percentage who had intercourse with more than one partner, the percentage who had higher-risk sex; and among those having higher-risk sex, the percentage who used a condom at last higher-risk sex; and the mean number of sexual partners during their lifetime, by background characteristics, Tuvalu 2007

Background characteristic	Among respondents who had sexual intercourse in 12 months preceding survey:			Among respondents who had higher risk intercourse in 12 months preceding survey:		Among respondents who ever had sexual intercourse	
	Percentage who had 2+ partners in 12 months preceding survey	Percentage who had higher-risk intercourse in 12 months preceding survey ¹	Number	Percentage who reported using a condom at last higher-risk intercourse	Number	Mean number of sexual partners in lifetime	Number
Age							
15–24	16.0	48.9	82			4.5	96
..15–19	(14.1)	(55.4)	38			(3.6)	48
..20–24	(17.6)	(43.4)	44			(5.3)	49
25–29	(2.6)	(17.4)	45			(9.8)	39
30–39	1.0	9.8	60			(7.3)	42
40–49	0.0	3.9	94			10.3	76
Marital status							
Never married	14.5	58.6	95			5.7	117
Married or living together	0.6	0.6	184			9.3	131
Divorced/Separated/Widowed	*	*	1			*	6
Residence							
Funafuti	8.8	28.1	134			8.1	121
Outer islands	2.2	13.6	147			7.0	133
Education							
Less than secondary	0.6	9.2	101			9.5	85
Secondary	9.9	33.7	133			5.7	136
More than secondary	(2.5)	(7.4)	47			(9.8)	32
Wealth quintile							
Lowest	3.8	12.9	47			6.5	46
Second	3.8	17.7	68			6.7	68
Middle	0.0	19.6	64			8.1	56
Fourth	(11.4)	(20.0)	41			(9.7)	38
Highest	9.6	30.6	61			(7.1)	46
Total 15–49	5.3	20.5	281	44.6	58	7.5	254
50+	0.0	5.9	89	*	5	10.2	84
Total men 15+	4.0	17.0	370	44.5	63	8.2	338

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

¹ Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent.

12.8.3 Payment for sexual intercourse

Sex workers are at a higher risk of acquiring HIV because of their increased number of sexual partners, including non-regular partners, and their increased frequency of sexual intercourse. Men who have sexual intercourse with sex workers are at higher risk of acquiring HIV if they do not use condoms²¹. Table 12.11 presents the percentage of men aged 15 and over who paid for sex in the 12-month period preceding the survey.

Table 12.11: Payment for sexual intercourse and condom use at last paid sexual intercourse

Percentage of men aged 15–49 reporting payment for sexual intercourse in the 12 months preceding the survey by background characteristics, Tuvalu 2007

Background characteristic	Payment for sexual intercourse in the 12 months preceding the survey	
	Percentage who paid for sexual intercourse	Number of men
Age		
15–24	1.8	164
..15–19	0.0	91
..20–24	4.1	74
25–29	1.9	62
30–39	0.0	79
40–49	0.0	121
Marital status		
Never married	2.1	194
Married or living together	0.0	224
Divorced/Separated/Widowed	*	9
Residence		
Funafuti	1.6	225
Outer islands	0.3	203
Education		
Less than secondary	0.0	141
Secondary	1.9	223
More than secondary	0.0	63
Wealth quintile		
Lowest	0.0	75
Second	0.7	94
Middle	1.3	89
Fourth	0.0	74
Highest	2.5	96
Total 15–49	1.0	428
50+	0.0	130
Total men 15+	0.7	558

Payment for sexual intercourse is common among men in the 20–24 age group, among single men, men living in Funafuti and among men in the highest wealth quintile.

²¹ UNAIDS/07.12E/JC1318E. Monitoring the Declaration of Commitment on HIV and AIDS: Guidelines on construction of core indicators: 2008 reporting.

12.8.4 Coverage of HIV testing

People's knowledge of their HIV status is considered a key motivating factor for behaviour change and a critical link to care, treatment and support services for infected individuals. Tuvalu's HIV and AIDS programme has been increasing coverage of HIV counselling and testing services based on a multiple programme approach. Tables 12.12 and 12.13 show the percentage of women and men who know where to get an HIV test, the percent distribution of women and men by testing status and whether they received the results of the last test, the percentage of both women and men ever tested for HIV, and the percentage who received their results the last time they were tested (in the 12 months preceding the survey).

The majority of women (89%) and men (93%) know where to go for HIV testing. About 10% of women and 26% of men have ever been tested and received results. Very few women (2%) and men (4%) had ever been tested for HIV but never received their results. Even though the majority of women and men knew where to go for HIV testing, the results show that about 88% of women and 71% of men have never been tested for HIV. There was a low prevalence of current HIV testing for both women (3%) and men (13%) who received their results in the 12 months preceding the survey (Tables 12.12 and 12.13).

HIV testing was more common among 1) women and men in the 25–39 age group; 2) women and men who are married or in a living together arrangement; 3) single men who had ever had sex; and 4) women and men living in Funafuti. Higher education and increasing wealth quintile were positively associated with knowledge of where to get HIV testing.

Those who have never had an HIV test are more likely to be women and men from the outer islands, women and men with less education, and those living in the lowest and second lowest wealth quintiles.

The prevalence of HIV testing is more common among women and men in Funafuti than those from the outer islands. Higher education and increasing wealth quintiles were positively associated with the increasing proportion of women who received their HIV results from the last test taken in the 12 months preceding the survey.

Table 12.12: Coverage of prior HIV testing — Women

Percentage of women aged 15–49 who know where to get an HIV test, the percent distribution of women aged 15–49 by testing status and by whether they received the results of the last test, the percentage of women ever tested, and the percentage of women aged 15–49 who received their test results the last time they were tested for HIV in the 12 months preceding the survey, according to background characteristics, Tuvalu 2007

Background characteristic	Percent distribution of women/men by testing status and by whether they received the results of the last test					Percentage ever tested	Percentage who received results from last HIV test taken in the 12 months preceding the survey	Number of women
	Percentage who know where to get an HIV test	Ever tested and received results	Ever tested did not receive results	Never tested ¹	Total			
Age								
15–24	89.8	7.0	3.7	89.3	100.0	10.7	3.5	257
..15–19	83.7	3.5	1.2	95.3	100.0	4.7	2.5	111
..20–24	94.5	9.7	5.6	84.6	100.0	15.4	4.2	145
25–29	91.6	14.3	3.5	82.2	100.0	17.8	7.7	134
30–39	91.6	12.3	1.1	86.6	100.0	13.4	2.8	191
40–49	85.6	7.7	1.5	90.9	100.0	9.1	1.5	269
Marital status								
Never married	87.0	5.5	2.0	92.4	100.0	7.6	2.3	193
..Ever had sex	(87.6)	(7.6)	(7.0)	(85.4)	(100.0)	(14.6)	(0.0)	31
..Never had sex	86.9	5.1	1.1	93.8	100.0	6.2	2.7	161
Married/Living together	90.4	11.3	2.3	86.4	100.0	13.6	3.7	598
Divorced/Separated/Widowed	83.5	5.4	4.7	89.9	100.0	10.1	3.6	60
Residence								
Funafuti	89.0	15.2	3.1	81.6	100.0	18.4	5.8	414
Outer islands	89.4	4.2	1.6	94.1	100.0	5.9	1.1	437
Education								
Less than secondary	85.5	5.3	1.8	92.8	100.0	7.2	2.0	282
Secondary	89.2	6.3	2.3	91.4	100.0	8.6	2.5	437
More than secondary	96.8	29.3	3.7	67.0	100.0	33.0	9.0	132
Wealth quintile								
Lowest	86.3	4.4	2.1	93.5	100.0	6.5	0.8	152
Second	91.1	2.8	0.3	96.8	100.0	3.2	1.0	179
Middle	87.5	13.3	3.6	83.1	100.0	16.9	2.9	169
Fourth	87.8	9.7	2.8	87.4	100.0	12.6	4.4	173
Highest	92.7	17.1	3.1	79.8	100.0	20.2	7.3	177
Total 15–49	89.2	9.6	2.4	88.1	100.0	11.9	3.4	851

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

¹ Includes 'don't know/missing'.

Table 12.13: Coverage of prior HIV testing — Men

Percentage of men aged 15–49 who know where to get an HIV test, the percent distribution of men aged 15–49 by testing status and by whether they received the results of the last test, the percentage of men ever tested, and the percentage of men aged 15–49 who received their test results the last time they were tested for HIV in the 12 months preceding the survey, according to background characteristics, Tuvalu 2007

Background characteristic	Percent distribution of women/men by testing status and by whether they received the results of the last test					Percentage ever tested	Percentage who received results from last HIV test taken in 12 months preceding the survey	Number of men
	Percentage who know where to get an HIV test	Ever tested and received results	Ever tested did not receive results	Never tested ¹	Total			
Age								
15–24	86.5	11.4	2.9	85.7	100.0	14.3	8.1	164
..15–19	87.2	4.4	0.0	95.6	100.0	4.4	3.1	91
..20–24	85.7	20.1	6.4	73.6	100.0	26.4	14.4	74
25–29	99.0	42.7	3.8	53.6	100.0	46.4	23.1	62
30–39	98.6	39.0	7.2	53.8	100.0	46.2	19.1	79
40–49	93.6	27.4	3.0	69.6	100.0	30.4	10.6	121
Marital status								
Never married	87.9	18.9	3.0	78.1	100.0	21.9	11.9	194
..Ever had sex	89.3	23.5	1.7	74.8	100.0	25.2	13.9	141
..Never had sex	84.2	6.6	6.6	86.8	100.0	13.2	6.6	53
Married/Living together	96.6	31.3	4.4	64.3	100.0	35.7	14.3	224
Divorced/Separated/Widowed	*	*	*	*	*	*	*	9
Residence								
Funafuti	93.2	32.3	4.7	63.0	100.0	37.0	18.8	225
Outer islands	91.9	18.3	2.9	78.9	100.0	21.1	6.7	203
Education								
Less than secondary	93.3	20.7	4.9	74.4	100.0	25.6	9.6	141
Secondary	90.5	22.2	3.2	74.6	100.0	25.4	11.4	223
More than secondary	98.1	48.8	3.7	47.5	100.0	52.5	26.8	63
Wealth quintile								
Lowest	89.3	11.0	2.3	86.7	100.0	13.3	3.9	75
Second	91.1	13.7	2.6	83.7	100.0	16.3	7.8	94
Middle	93.9	36.7	3.2	60.1	100.0	39.9	16.4	89
Fourth	95.2	38.6	4.8	56.7	100.0	43.3	24.5	74
Highest	93.4	28.7	6.1	65.2	100.0	34.8	13.5	96
Total 15–49	92.6	25.6	3.8	70.5	100.0	29.5	13.1	428
50+	87.8	15.9	2.3	81.8	100.0	18.2	10.4	130
Total men 15+	91.5	23.4	3.5	73.1	100.0	26.9	12.4	558

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

¹Includes 'don't know/missing'.

12.8.5 HIV testing during antenatal care

As part of antenatal care and programmes for preventing mother-to-child transmission of HIV and AIDS, Tuvalu's health policy encourages counselling for women about HIV during their antenatal care and offers a test. Women aged 15–49 who gave birth in the two years preceding the survey were asked whether they received HIV counselling during antenatal care for their most recent birth, whether they were tested for HIV, and whether they received the results. Table 12.14 shows the percentage of women aged 15–49 who gave birth in the two years preceding the survey who were offered and accepted an HIV testing during antenatal care.

More than one in five pregnant women (22%) received HIV counselling during their antenatal care, of which only 10% received their results and very few (3%) did not receive any results at all. An estimated 7% received all three services: HIV counselling, HIV testing and test results (Table 12.14).

Women in Funafuti were more likely to receive HIV counselling, testing and receive test results than women in the outer islands.

Table 12.14: Pregnant women counselled and tested for HIV

Among all women aged 15–49 who gave birth in the two years preceding the survey, the percentage who received HIV counselling 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, Tuvalu 2007

Background characteristic	Percentage who received HIV counselling during antenatal care ¹	Percentage who were offered and accepted an HIV test during antenatal care and ²		Percentage who were counselled, were offered and accepted an HIV test, and who received results ²	Number of women who gave birth in the two years preceding survey ³
		Received results	Did not receive results		
Age					
15–24	32.5	8.8	6.2	6.7	52
..15–19	*	*	*	*	7
..20–24	(34.2)	(7.7)	(7.1)	(7.7)	46
25–29	(19.1)	(11.7)	(3.4)	(7.6)	51
30–39	17.5	9.2	0.0	7.2	54
40–49	*	*	*	*	13
Residence					
Funafuti	28.0	11.0	4.9	8.5	89
Outer islands	15.8	7.9	0.8	5.3	81
Education					
Less than secondary	(17.8)	(7.3)	(0.0)	(7.3)	32
Secondary	20.0	5.9	3.4	4.0	114
More than secondary	(37.8)	(28.7)	(4.4)	(20.3)	25
Total 15–49	22.2	9.5	2.9	7.0	170

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

¹ In this context, 'counselled' means that someone talked with the respondent about all three of the following topics: 1) mother-to-child transmission of HIV, 2) HIV prevention, and 3) getting tested for HIV.

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 Denominator for percentages includes women who did not receive antenatal care for their last birth in the two years preceding the survey.

12.9 MALE CIRCUMCISION

Given that the risk of HIV and AIDS transmission is higher among men who are not circumcised, the 2007 TDHS asked men about their circumcision status²². This question is important for assessing the risk in which AIDS can be acquired or transmitted in Tuvalu. Table 12.15 presents the percentage of men who are circumcised.

Overall, three in four men have been circumcised. By background characteristics, the proportion of men who are circumcised is more than 90%.

Table 12.15: Male circumcision

Percentage of men aged 15–49 who report having been circumcised, by background characteristics, Tuvalu 2007

Background characteristic	Percentage circumcised	Number of men
Age		
15–24	100.0	164
..15–19	100.0	91
..20–24	100.0	74
25–29	100.0	62
30–39	97.2	79
40–49	98.6	121
Residence		
Funafuti	100.0	225
Outer islands	98.1	203
Ethnicity		
Tuvaluan	99.0	400
Part Tuvaluan	*	21
I-Kiribati	*	1
Other	*	5
Don't know	*	1
Education		
Less than secondary	97.3	141
Secondary	100.0	223
More than secondary	100.0	63
Total 15–49	99.1	428
50+	0.0	130
Total men 15+	76.0	558

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

²² <http://www.cdc.gov/hiv/resources/factsheets/PDF/circumcision.pdf>

12.10 PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS

STIs are closely associated with HIV because they increase the likelihood of contracting HIV and share similar risk factors. In the 2007 TDHS, all respondents who ever had sex were asked if they had had an STI or symptoms of an STI (including bad-smelling or abnormal genital discharge and genital sore or ulcer) in the 12 months preceding the survey. The results are presented in Table 12.16.

Less than 1% of women and about 2.0% of men reported that they had an STI or symptoms of an STI in the 12 months preceding the survey. Women and men aged 15–24 have the highest likelihood of reporting symptoms of an STI. Never-married women and women with less education are less likely to report symptoms of an STI. Men in the outer islands are more likely to report symptoms of an STI than men in Funafuti, whereas there is no meaningful difference between women and place of residence.

Respondents who reported having an STI or symptoms of an STI in the 12 months preceding the survey were asked if they sought treatment. As shown in Figure 12.2, out of the 21 women and 8 men reporting an STI or symptoms of an STI, 46% of women and 63% of men sought treatment from a public or private health facility. Another 21% of women sought treatment from a shop or pharmacy, or other source, while none of the men sought treatment. Almost the same proportion of women and men (38% women, 37% men) did not seek treatment or advice from any source.

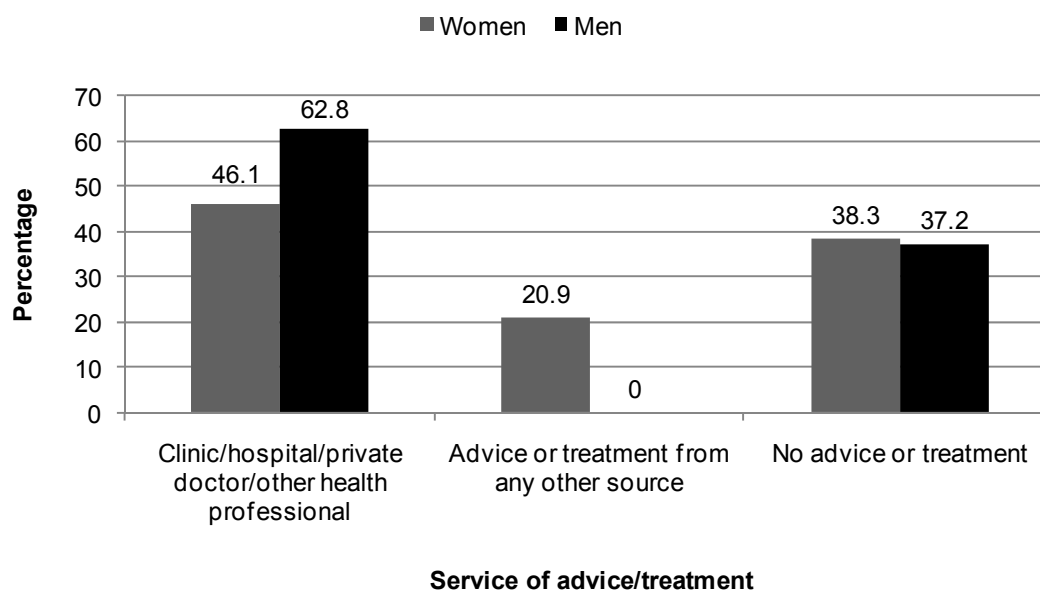
Table 12.16: Self-reported prevalence of sexually transmitted infections and symptoms

Among women and men aged 15–49 who ever had sexual intercourse, the percentage reporting having an sexually transmitted infection (STI) and/or symptoms of an STI in the 12 months preceding the survey, by background characteristics, Tuvalu 2007

Background characteristic	Women					Men				
	STI	Bad smelling/ abnormal genital discharge	Genital sore/ulcer	STI/genital discharge/sore or ulcer	Number of women who ever had sexual intercourse	STI	Bad smelling/ abnormal genital discharge	Genital sore/ulcer	STI/genital discharge/sore or ulcer	Number of men who ever had sexual intercourse
Age										
15–24	2.5	3.0	1.8	7.3	115	3.2	2.2	0.6	3.2	114
..15–19	*	*	*	*	17	3.4	3.4	1.2	3.4	55
..20–24	2.2	1.8	2.2	6.1	98	3.1	1.1	0.0	3.1	59
25–29	0.0	0.0	0.0	0.0	126	2.7	2.7	2.7	2.7	61
30–39	0.0	3.4	0.0	3.4	189	2.9	2.9	0.0	2.9	78
40–49	0.0	0.8	1.5	2.3	260	0.0	0.0	0.0	0.0	121
Marital status										
Never married	(0.0)	(3.5)	(0.0)	(3.5)	31	2.6	1.8	0.5	2.6	141
Married or living together	0.5	1.7	1.0	3.2	598	1.5	1.5	0.7	1.5	224
Divorced/Separated/Widowed	0.0	1.0	0.0	1.0	60	*	*	*	*	9
Male circumcision										
Circumcised	na	na	na	na	na	2.1	1.7	0.6	2.1	371
Not circumcised	na	na	na	na	na	*	*	*	*	2
Residence										
Funafuti	0.7	2.4	1.0	4.1	322	1.2	0.6	0.0	1.2	193
Outer islands	0.2	1.2	0.7	2.1	368	2.9	2.9	1.3	2.9	181
Education										
Less than secondary	0.0	1.1	0.7	1.7	257	2.6	1.7	0.0	2.6	132
Secondary	0.5	2.5	0.3	3.4	324	1.4	1.4	0.4	1.4	183
More than secondary	1.0	1.0	2.9	4.9	109	2.8	2.8	2.8	2.8	59
Total 15–49	0.4	1.7	0.9	3.0	690	2.0	1.7	0.6	2.0	374
50+	na	na	na	na	na	0.4	0.0	0.0	0.4	130
Total men 15+	na	na	na	na	na	1.6	1.3	0.5	1.6	504

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.
na = not applicable

Figure 12.2: Percentage of women and men aged 15–49 reporting an STI or symptoms of an STI in the 12 months preceding the survey who sought advice or treatment



12.11 PREVALENCE OF MEDICAL INJECTIONS

Non-sterile injections can pose a risk of infection with HIV and other diseases. To measure the potential risk of transmission of HIV associated with medical injections, respondents in the 2007 TDHS were asked if they had received an injection in the 12 months preceding the survey, and if so, the number of injections. Those who had received injections were further asked if the syringe and needle were taken from a new, previously unopened pack. Table 12.17 shows that 25% of women and 34% of men reported receiving an injection in the past 12 months.

The average number of injections was almost the same for both woman and man (0.8 and 1). The vast majority of respondents reported that the syringe and needle used for their last injection was taken from a previously unopened pack (96% of women and 92% of men).

Table 12.17: Prevalence of medical injections

Percentage of women and men aged 15–49 who received at least one medical injection in the 12 months preceding the survey, the average number of medical injections per person in the 12 months preceding the survey, 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, by background characteristics, Tuvalu 2007

Background characteristic	Women					Men				
	Percentage who received a medical injection in the 12 months preceding survey	Average number of medical injections per person in the 12 months preceding survey	Number of women	For last injection, syringe and needle taken from a new, unopened package	Number of respondents receiving medical injections in the 12 months preceding survey	Percentage who received a medical injection in the 12 months preceding survey	Average number of medical injections per person in the 12 months preceding survey	Number of men	For last injection, syringe and needle taken from a new, unopened package	Number of respondents receiving medical injections in the 12 months preceding survey
Age										
15–24	27.2	1.0	257	99.1	70	39.0	0.9	164	93.5	64
..15–19	22.2	0.5	111	(100.0)	25	38.7	0.8	91	(93.5)	35
..20–24	31.0	1.4	145	(98.7)	45	39.2	1.1	74	(93.6)	29
25–29	26.1	0.6	134	(97.0)	35	36.9	1.4	62	*	23
30–39	29.9	1.0	191	94.5	57	25.4	1.2	79	*	20
40–49	17.4	0.5	269	92.5	47	32.3	0.9	121	(90.0)	39
Residence										
Funafuti	25.7	1.0	414	98.0	106	34.4	1.3	225	95.5	77
Outer islands	23.4	0.5	437	94.0	102	34.1	0.7	203	88.5	69
Education										
Less than secondary	24.4	0.8	282	94.9	69	36.5	1.2	141	(85.8)	51
Secondary	26.4	0.9	437	96.8	115	37.1	1.1	223	95.0	83
More than secondary	18.6	0.5	132	(95.6)	25	19.4	0.4	63	*	12
Wealth quintile										
Lowest	25.0	0.6	152	95.5	38	31.7	1.8	75	*	24
Second	30.5	0.7	179	93.8	55	34.7	0.7	94	(89.6)	33
Middle	25.7	0.7	169	(97.6)	43	39.0	0.9	89	(89.6)	35
Fourth	19.7	0.6	173	(100.0)	34	37.2	1.4	74	*	27
Highest	21.8	1.2	177	(94.4)	39	29.2	0.7	96	*	28
Total 15–49	24.5	0.8	851	96.0	209	34.3	1.0	428	92.2	147
Total men 15+	na	na	na	na	na	34.5	1.3	558	92.0	192

Note: Medical injections are those given by a doctor, nurse, pharmacist, dentist or other health worker. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.
na = not applicable

Respondents who had had an injection in the 12 months preceding the survey were asked where they obtained their last injection. The information is summarised in Figure 12.3. The majority of women (94%) and men (85%) aged 15–49 received a medical injection from a public sector or from either the government hospital or government health centre. All men reported receiving medical injections from the government hospital compared with 75% of women. The other remaining women (16%) received medical injections from another government health centre. Very few women (1%) and men (9%) received medical injections from a private medical facility, including a private hospital, clinic, doctor or other private medical services (Figure 12.3).

Figure 12.3: Percentage of women and men aged 15–49 reporting an STI or symptoms of an STI who receive medical injection in the 12 months preceding the survey by type of facility

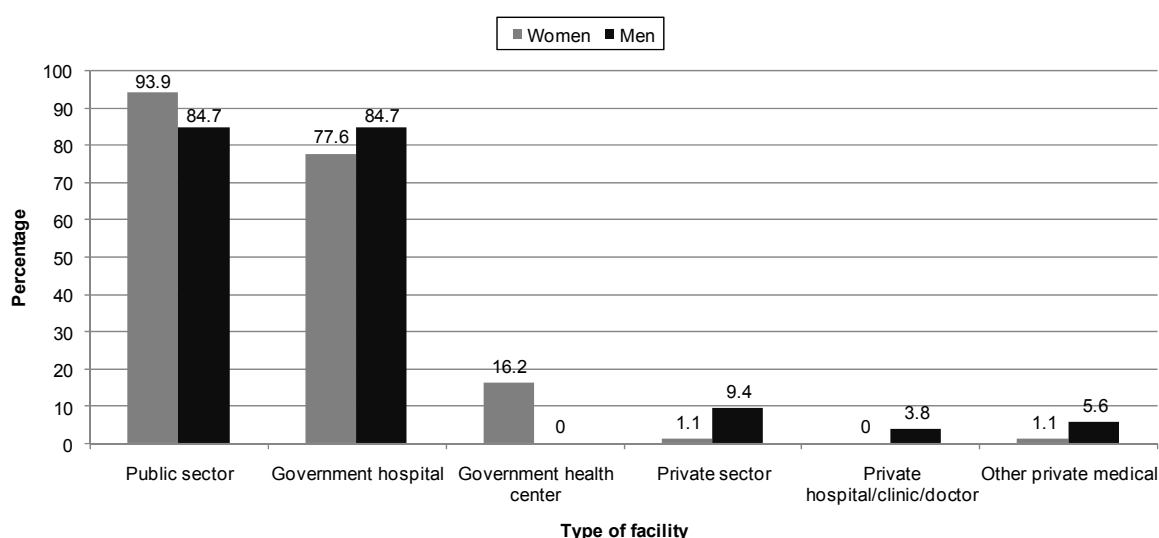
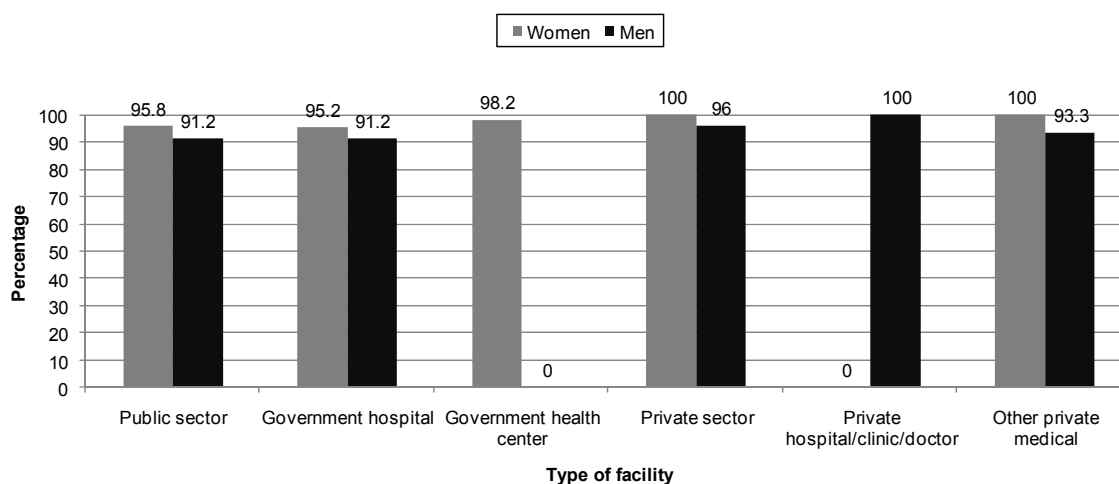


Figure 12.4 shows that injections from both public sector and government hospital are highly likely to be given using a needle and syringe from a new, previously unopened package.

Figure 12.4: Percentage of women and men whose last injection was given with a syringe and needle taken from a new unopened package according to type of facility



12.12 HIV AND AIDS KNOWLEDGE AND SEXUAL BEHAVIOUR AMONG YOUTH

This section addresses HIV- and AIDS-related knowledge and sexual behaviour among youth aged 15–24. Special attention is paid to this group because it accounts for half of all new HIV infections worldwide (Ross et al. 2006). In addition to knowledge of HIV transmission, data are presented on age at first sex, condom use, age differences between sexual partners, sex related to alcohol use and voluntary counselling and testing for HIV.

12.12.1 HIV-related knowledge and knowledge of condom source among youth

Young respondents were asked the same set of questions on facts and beliefs about HIV transmission as other respondents. Information on the overall level of knowledge of major methods of avoiding HIV and rejection of major misconceptions were shown in Tables 12.2, 12.3, and 12.4. In general, the results indicate that young adults are as likely as older adults to have knowledge of HIV prevention and to reject common misconceptions about HIV transmission.

Table 12.18 shows the level of the composite indicator, ‘comprehensive knowledge,’ among young people by background characteristics. About 39% of young women and 61% of young men have a comprehensive knowledge of HIV and AIDS. The young women most likely to have a comprehensive knowledge are those who have ever married and those who live in the outer islands. Comprehensive knowledge of HIV and AIDS among young men was almost the same for those living in Funafuti as in the outer islands.

Table 12.18 also shows that the majority of young women (91%) and young men (93%) have knowledge of where to get condoms. The most knowledgeable are young women who have ever married and those living in Funafuti. Young men who have never married but have ever had sex and those young men living in the outer islands are the most knowledgeable about where to get condoms.

Table 12.18: Comprehensive knowledge about AIDS and of a source of condoms among youth

Percentage of young women and young men aged 15–24 with comprehensive knowledge about HIV and AIDS and the percentage with knowledge of a source of condoms, by background characteristics, Tuvalu 2007

Background characteristic	Women			Men		
	Percentage with comprehensive knowledge of HIV and AIDS ¹	Percentage who know a condom source ²	Number of women	Percentage with comprehensive knowledge of HIV and AIDS ¹	Percentage who know a condom source ²	Number of men
Age						
15–19	31.1	85.9	111	57.2	92.2	91
..15–17	28.3	78.1	61	(58.8)	(89.8)	41
..18–19	34.4	95.4	50	55.9	94.1	50
20–24	45.7	94.2	145	65.0	93.8	74
..20–22	46.8	95.0	79	58.8	92.0	50
..23–24	44.4	93.3	67	(77.7)	(97.7)	24
Marital status						
Never married	37.5	88.0	158	60.6	92.0	146
..Ever had sex	*	*	16	65.9	93.7	95
..Never had sex	36.6	86.7	142	50.7	88.8	51
Ever married	42.3	94.8	99	*	*	18
Residence						
Funafuti	38.0	92.0	149	60.0	91.8	100
Outer islands	41.3	88.8	108	61.7	94.7	65
Education						
Less than secondary	(18.7)	(78.0)	26	*	*	17
Secondary	41.3	92.4	198	60.7	93.2	137
More than secondary	(43.7)	(89.7)	33	*	*	11

Table 12.18 (continued)

Background characteristic	Women			Men		
	Percentage with comprehensive knowledge of HIV and AIDS ¹	Percentage who know a condom source ²	Number of women	Percentage with comprehensive knowledge of HIV and AIDS ¹	Percentage who know a condom source ²	Number of men
Wealth quintile						
Lowest	33.5	96.7	38	(55.3)	(89.2)	22
Second	33.8	83.4	62	(53.4)	(86.0)	41
Middle	(51.6)	(100.0)	38	*	*	21
Fourth	(41.6)	(87.1)	55	(67.0)	(96.3)	31
Highest	39.1	91.5	64	(66.5)	(95.2)	49
Total	39.4	90.6	257	60.7	92.9	164

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

¹ Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention. The components of comprehensive knowledge are presented in Tables 12.2, 12.3, and 12.4.

² For this table, the following responses are not considered sources for condoms: friends, family members and home.

12.12.2 Age at first sexual intercourse among youth

Age at first sexual intercourse marks the time at which most individuals first risk exposure to HIV and other STIs and also expose themselves to unplanned pregnancy leading to early childbirth. Table 12.19 shows the percentage of young women and men who had sexual intercourse before reaching age 12, age 15 and age 18, by background characteristics.

About 2% of young women and 14% of young men in the 15–24 age group first had sex before they were age 15. About 13% of young women and 52% of young men had sex before they turned age 18. Among women, 2% of those aged 15–19 had sex before age 15, compared with 1% of women aged 20–24. Among men, the same pattern prevails, with 19% of those aged 15–19 having sex before age 15 compared with 10% of those aged 20–24. Ever-married women aged 15–24 are more likely to initiate sexual activity before age 15 than those women who have never married.

Early sexual initiation varies by place of residence. While women in the outer islands are more likely than women in Funafuti to initiate sex before age 15 and age 18, the opposite is true for men who initiate sex before age 15. For young women, having sex at early ages is negatively correlated with educational attainment. For example, among women aged 15–24 with more than a secondary education, only 3% had sex before age 18, compared with 15% of those with only a secondary education.

Table 12.19: Age at first sexual intercourse among youth

Percentage of young women and young men aged 15–24 who had sexual intercourse before age 15, and the percentage of young women and young men aged 18–24 who had sexual intercourse before age 18, by background characteristics, Tuvalu 2007

Background characteristic	Women				Men			
	Percentage who had sexual intercourse before age 15	Number of women (15–24)	Percentage who had sexual intercourse before age 18	Number of women (18–24)	Percentage who had sexual intercourse before age 15	Number of men (15–24)	Percentage who had sexual intercourse before age 18	Number of men (18–24)
Age								
15–19	2.1	111	na	na	18.9	91	na	na
..15–17	1.0	61	na	na	(24.2)	41	na	na
..18–19	3.4	50	14.1	50	14.5	50	60.5	50
20–24	1.4	145	12.9	145	9.6	74	45.7	74
..20–22	2.7	79	14.7	79	(9.5)	50	(46.1)	50
..23–24	0.0	67	10.8	67	(9.8)	24	(44.8)	24
Marital status								
Never married	0.4	158	1.1	99	15.1	146	54.0	106
Ever married	3.9	99	25.7	97	*	18	*	17
Knows condom source¹								
Yes	1.9	232	13.7	185	14.7	153	51.5	116
No	*	24	*	11	*	12	*	8
Residence								
Funafuti	0.7	149	10.2	117	15.3	100	51.5	80
Outer islands	3.1	108	17.8	79	13.8	65	52.1	44
Education								
Less than secondary	(4.3)	26	*	13	*	17	*	5
Secondary	1.7	198	14.5	152	12.5	137	51.4	107
More than secondary	(0.0)	33	(3.4)	31	*	11	*	11
Wealth quintile								
Lowest	4.5	38	(30.0)	28	(16.6)	22	*	14
Second	1.0	62	13.8	48	(13.9)	41	56.7	34
Middle	(5.6)	38	(17.2)	29	*	21	*	14
Fourth	(0.0)	55	(6.9)	41	(14.9)	31	*	23
Highest	0.0	64	(6.4)	51	(12.0)	49	44.7	39
Total	1.7	257	13.2	196	14.7	164	51.7	124

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

na = not available

¹ For this table, the following responses are not considered a source for condoms: friends, family members and home.

12.12.3 Condom use at first sexual intercourse among youth

HIV prevention programmes advocate consistent use of condoms in order to reduce the risk of sexual transmission of HIV among sexually active young adults. Young adults who use condoms at first sex are more likely to continue using condoms later in life. Condom use at first sex serves as an indicator of reduced risk of exposure at the beginning of sexual activity.

Table 12.20 shows the percentage of young women and young men aged 15–24 who have ever had sexual intercourse and the percentage who used a condom the first time they had sexual intercourse.

Table 12.20: Condom use at first sexual intercourse among youth

Among young women and young men aged 15–24 who have ever had sexual intercourse, the percentage who used a condom the first time they had sexual intercourse, by background characteristics, Tuvalu 2007

Background characteristic	Women		Men	
	Percentage who used a condom at first sexual intercourse	Number of women who have ever had sexual intercourse	Percentage who used a condom at first sexual intercourse	Number of men who have ever had sexual intercourse
Age				
15–19	6.4	*	19.9	55
..15–17	0.0	*	*	19
..18–19	8.2	*	(20.2)	36
20–24	1.1	98	21.9	59
..20–22	(2.3)	46	(23.0)	41
..23–24	0.0	51	*	18
Marital status				
Never married	*	16	22.5	95
Ever married	1.1	99	*	18
Knows condom source¹				
Yes	2.0	109	21.5	108
No	*	5	*	6
Residence				
Funafuti	3.5	62	28.3	70
Outer islands	0.0	53	9.0	43
Education				
Less than secondary	*	9	*	9
Secondary	1.2	90	20.4	96
More than secondary	*	16	*	8
Wealth quintile				
Lowest	5.7	19	*	12
Second	3.2	34	(10.9)	34
Middle	*	21	*	13
Fourth	*	22	*	24
Highest	*	20	(30.3)	31
Total	1.9	115	21.0	114

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

¹ For this table, the following responses are not considered a source for condoms: friends, family members and home.

Among young adults aged 15–24 who have ever had sex, 2% of females and 21% of males used a condom the first time they had sex (Table 12.20). Females aged 15–19 are more likely to have used a condom at first sex than those aged 20–24 while the opposite pattern is apparent among males. Males aged 20–24 are less likely than all other age groups to have used a condom at first sex. Young adults in Funafuti are more likely to use a condom at first sex than those in the outer islands.

12.12.4 Premarital sex

Table 12.21 shows the percentage of never-married young adults who have never had sex in the 12 months preceding the survey, and among those, the percentage who used a condom at last sex.

Among never-married young adults, 90% of never-married women aged 15–24 have never had sex, compared with 35% of never-married men. The percentage of never-married young adults who have never had sex drops substantially from the 15–19 age group to the 20–24 age group (Table 12.21). The percentage of those who had sex in the 12 months preceding the survey was much higher among young adult men (48%) than among young adult women (7%). About 34% of young adult men used a condom at last sexual intercourse. Primary abstinence is slightly more common among those in the outer islands.

Table 12.21: Premarital sexual intercourse and condom use among youth

Among never-married women and men aged 15–24, the percentage who have never had sexual intercourse; the percentage who had sexual intercourse in the 12 months preceding the survey; and among men who had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Tuvalu 2007

Background characteristic	Never-married women aged 15–24			Never-married men aged 15–24				
	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the 12 months preceding the survey	Number of never married women	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the 12 months preceding the survey	Number of never married men	Percentage who used condom at last sexual intercourse	Number of men
Age								
15–19	95.4	3.5	99	41.3	43.2	88		
..15–17	97.7	2.3	58	(55.6)	31.0	40		
..18–19	(92.0)	(5.4)	41	29.5	53.3	48		
20–24	81.2	12.9	59	25.1	54.8	58		
..20–22	(80.6)	(16.1)	40	(21.2)	56.4	42		
..23–24	*	*	19	*	*	17		
Knows condom source¹								
Yes	88.7	8.0	139	33.6	49.3	135		
No	*	*	19	*	*	12		
Residence								
Funafuti	87.9	8.8	99	32.5	45.5	90		
Outer islands	93.8	4.0	59	38.7	51.7	56		
Education								
Less than secondary	*	*	18	*	*	16		
Secondary	89.6	7.7	121	33.5	49.4	120		
More than secondary	*	*	19	*	*	10		
Wealth quintile								
Lowest	(84.4)	(9.7)	22	(48.1)	(37.4)	21		
Second	(85.1)	(8.4)	33	(24.1)	(57.0)	32		
Middle	*	*	19	*	*	18		
Fourth	(91.1)	(8.9)	37	(24.9)	(46.4)	30		
Highest	(95.3)	(2.3)	47	(39.6)	(50.1)	45		
Total	90.1	7.0	158	34.8	47.8	146	33.8	70

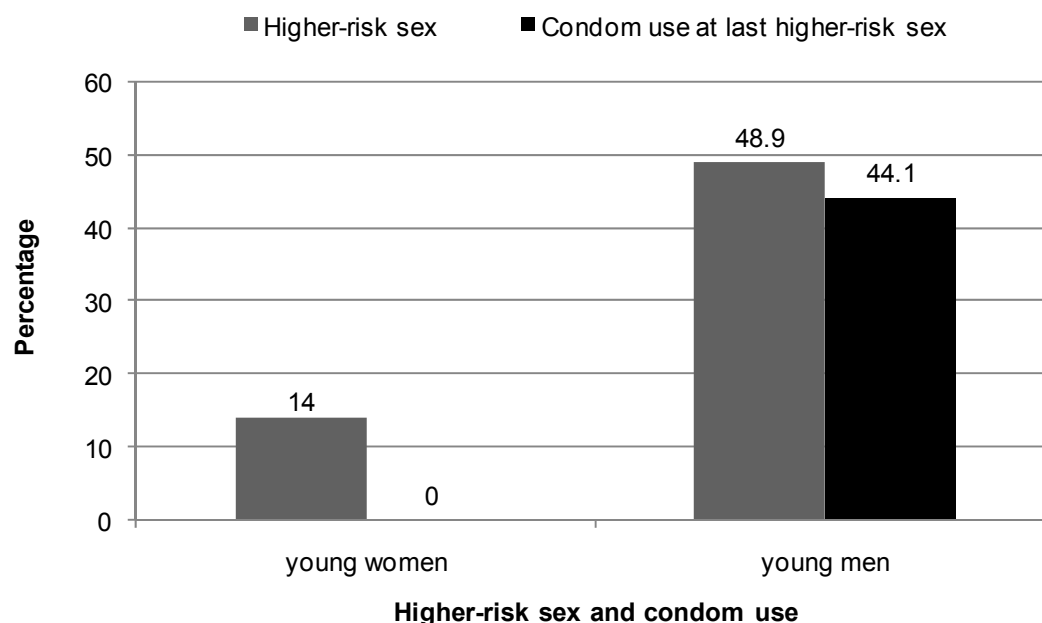
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

¹ For this table, the following responses are not considered a source for condoms: friends, family members and home.

12.12.5 Higher-risk sex and condom use at last higher-risk sex among youth

Figure 12.5 shows the percentage of young men and women aged 15–24 who had higher-risk sex in the 12 months preceding the survey, and those who used a condom at last higher-risk sex.

Figure 12.5: Percentage of young adults who had higher-risk sex in the 12 months preceding the survey, and those who used a condom at last higher-risk sex



About half of all young men aged 15–24 (49%) had higher-risk sex in the 12 months preceding the survey compared with only 14% of young women in the same age category. Among young men having higher-risk sex, 44% used a condom at the last higher-risk sex while none of the young women used condom at their last higher-risk sex.

12.12.6 Sexual intercourse among young adults while under the influence of alcohol

Engaging in sex under the influence of alcohol can impair judgment, compromise power relations, and increase risky sexual behaviour. Respondents who had sex in the 12 months prior to the survey were asked whether they or any of their partners drank alcohol the last time they had sex with that partner, and whether they or their partner was drunk. Table 12.22 shows the percentage of young women and young men aged 15–24 who had sexual intercourse while drunk in the 12 months preceding the survey, and the percentage who had sexual intercourse in the 12 months preceding the survey when drunk or with a partner who was drunk, by background characteristics.

Table 12.22: Sexual intercourse among youth while under the influence of alcohol

Among all young women and young men aged 15–24, the percentage who had sexual intercourse in the 12 months preceding the survey while being drunk and percentage who had sexual with a partner who was drunk, by background characteristics, Tuvalu 2007

Background characteristic	Women			Men		
	Percentage who had sexual intercourse when drunk in the 12 months preceding the survey	Percentage who had sexual intercourse with a partner who was drunk in the 12 months preceding the survey	Number of women	Percentage who had sexual intercourse when drunk in the 12 months preceding the survey	Percentage who had sexual intercourse with a partner who was drunk in the 12 months preceding the survey	Number of men
Age						
15–19	0.0	2.1	111	11.9	11.9	91
..15–17	0.0	1.0	61	(8.6)	(8.6)	41
..18–19	0.0	3.4	50	14.6	14.6	50
20–24	2.2	8.5	145	26.6	27.5	74
..20–22	4.1	9.0	79	(29.4)	(30.8)	50
..23–24	0.0	7.8	67	(20.7)	(20.7)	24
Marital status						
Never married	1.3	3.1	158	20.0	20.0	146
Ever married	1.1	9.8	99	*	*	18
Knows condom source¹						
Yes	0.9	5.5	232	19.1	19.6	153
No	*	*	24	*	*	12
Residence						
Funafuti	1.5	5.8	149	21.2	21.2	100
Outer islands	1.0	5.5	108	14.3	15.4	65
Education						
Less than secondary	(0.0)	(0.0)	26	*	*	17
Secondary	1.1	6.9	198	19.2	19.7	137
More than secondary	(3.3)	(3.3)	33	*	*	11
Wealth quintile						
Lowest	2.8	7.9	38	(13.7)	(13.7)	22
Second	0.0	9.0	62	(12.2)	(12.2)	41
Middle	(0.0)	(1.7)	38	*	*	21
Fourth	(2.0)	(5.9)	55	(14.9)	(14.9)	31
Highest	1.7	3.4	64	(29.7)	(29.7)	49
Total 15–24	1.3	5.7	257	18.5	18.9	164

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

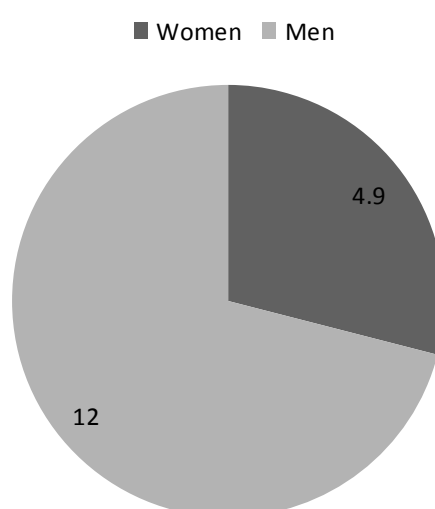
¹ For this table, the following responses are not considered a source for condoms: friends, family members and home

As shown in Table 12.22, more than 1% of women and about 19% of men aged 15–24 reported that they or their partners were drunk the last time they had sex in the 12 months preceding the survey. Having sex under the influence of alcohol is more common among females in Funafuti than among women in the outer islands. Women and men aged 20–22 are more likely to be drunk during sex.

12.12.7 HIV tests among youth

Figure 12.6 shows the percentage of young women and young men aged 15–24 who have been tested for HIV and received the results in the 12 months preceding the survey. As shown in Figure 12.6, more young men (12%) have been tested and received their results than young women (5%).

Figure 12.6: Percentage of young women and young men aged 15–24 who have been tested for HIV and received results in the 12 months preceding the survey.



12.13 KEY RESULTS

Knowledge about HIV and AIDS is nearly universal among Tuvaluan adults. A very high proportion of women (99%) and men (97%) have heard of the disease, although, men are more knowledgeable about it than women. The level of knowledge is quite high for both women and men at different ages and marital status, place of residence, education levels and household wealth quintiles.

Men and women were specifically asked if it is possible to reduce the risk of acquiring HIV through consistently using condoms, limiting sexual intercourse to one uninfected partner, and abstaining from sexual intercourse. About 82% of women and 91% of men agree that using a condom at every sexual intercourse can reduce the risk of getting HIV, while 90% of women and 93% of men agree that limiting sexual intercourse to one uninfected partner is a way to avoid contracting HIV. Generally, most women (87%) and men (93%) know that abstaining from sex and using condoms are other ways to avoid contracting HIV (known by 79% women, 93% men).

About 67% of women and 92% of men know that a healthy-looking person can have HIV. Knowledge that people cannot get HIV by mosquito bites is higher among men (75%) than women (71%), and knowledge that people cannot get HIV by supernatural means is higher for men (91%) than for women (78%).

Women in Funafuti are more likely to have a comprehensive knowledge about HIV and AIDS (44%) than women in the outer islands (32%). Women who are married or living together with a spouse or partner, who have more than a secondary education, and who live in the wealthiest

quintile households are more likely to have a comprehensive knowledge about HIV and AIDS than other women. Comprehensive knowledge is more common among men in Funafuti, men who have never married but have had sex, men who have more than a secondary education, and men who live in higher wealth quintile households.

About 82% of women and 70% of men know that HIV can be transmitted from a mother to her child by breastfeeding. A low proportion of women and men (each 30%) know that HIV can be transmitted through breastfeeding and that the risk of transmission can be reduced by special drugs. About 34% of women and 38% of men know that there are special drugs that a doctor or nurse can give to an HIV-infected pregnant woman to reduce the risk of transmitting the virus to the baby.

Less women than men expressed positive attitudes and opinions about a family member with HIV. For example, 64% of women and 72% of men would not want to keep it a secret that a family member has HIV while only 81% of women and 86% of men are willing to care for an HIV-infected family member. Meanwhile, only 57% of women and 67% of men reported that they would buy vegetables from a shopkeeper who has HIV.

More men (95%) than women (88%) in the 15–49 age group agree that a wife is justified in refusing to have sexual intercourse with her husband if she knows that he has an STI. The same proportion of women and men also agree that a wife is justified in refusing sexual intercourse or asking her husband to use a condom.

About 2% of young women and 14% of young men in the 15–24 age group had their first sexual intercourse before age 15. About 13% of young women and 52% of young men had sex before they turned age 18. Women in the outer islands are more likely to initiate sex earlier than women in Funafuti, while the opposite pattern is true for men. Women with less education tend to initiate sex much earlier than women with more education.

Out of the 21 women and 8 men reporting an STI or symptoms of an STI in the 12 months preceding the survey, 46% of women and 63% of men sought treatment from a public or private health facility. Another 21% of women sought treatment from a shop or pharmacy, or other source, while none of the men sought treatment. Almost the same proportion of women (38%) and men (37%) did not seek treatment or advice from any source.

About half the number of young men aged 15–24 (49%) had higher-risk sex in the 12 months preceding the survey compared with only 14% of young women in the same category. Among young men having higher-risk sex, 44% used a condom at the last higher-risk sex while none of the young women used a condom at their last higher-risk sex.

About 19% of men aged 15–24 reported that they or their partners were drunk the last time they had sex with any partner in the 12 months preceding the survey. Having sex under the influence of alcohol is more common among females in Funafuti than among those in the outer islands. Women and men aged 20–22 are more likely to be drunk during sex.

CHAPTER 13 WOMEN'S EMPOWERMENT AND DEMOGRAPHIC HEALTH OUTCOMES

13.1 INTRODUCTION

The study of women's empowerment has raised considerable concerns and issues because of its association with other demographic and health outcomes. The 2007 TDHS women's questionnaire collected data on the general background characteristics of women (e.g. age, education, wealth and employment status) as well as data more specific to women's empowerment. This chapter examines women's empowerment through types of earnings, the magnitude of a woman's earnings relative to those of her husband or partner, and control over the use of her own earnings and those of her husband or partner.

The women's questionnaire also collected data on women's participation in household decision-making, on the circumstances under which they feel they are justified in refusing to have sexual intercourse with their husband or partner, and their attitudes towards wife beating. For this report, two separate indices of empowerment were developed based on the number of household decisions in which the respondent participates and her opinion on the number of reasons that justify wife beating. The ranking of women on these two indices is then related to selected demographic and health outcomes, including contraceptive use, ideal family size and unmet need for contraception, and the receipt of healthcare services during pregnancy, childbirth and the postnatal period.

13.2 EMPLOYMENT AND FORMS OF EARNINGS

As with education, employment can be a source of empowerment for both women and men. It may be particularly empowering for women if it puts them in control of income. Currently married respondents were asked whether they were employed at the time of the survey and if not, whether they were employed in the 12 months preceding the survey. Table 13.1 shows the distribution of currently married women and men aged 15–49 who were employed in the 12 months preceding the survey by type of earnings and age group. Only 57% of currently married women and almost 93% of currently married men were employed at some time in the year prior to the 2007 TDHS.

More women than men in the 25–34 age group are employed. The low employment rate at young ages is expected because part of the labour force in those ages are students at secondary and higher learning institutions who are therefore not available for work.

For those who are working, most women and men are likely to be paid in cash (85% women, 71% men). Men are more likely to do any type of work without any payment (23%) than women (4%). In contrast, women are more likely to be paid in cash and in-kind (9%) than men (1%).

Table 13.1: Employment and cash earnings of currently married women and men

Percentage of currently married women and men aged 15–49 who were employed at any time in the 12 months preceding the survey, and the percent distribution of currently married women and men employed in the 12 months preceding the survey by type of earnings, and according to age group, Tuvalu 2007

Age	Currently married respondents:		Percent distribution of currently married respondents employed in the 12 months preceding the survey, by type of earnings				Total	Number of women
	Percentage employed	Number of women	Cash only	Cash and in-kind	In-kind only	Not paid		
Women								
15–19	*	9	*	*	*	*	*	2
20–24	57.4	78	(82.6)	(2.4)	(2.4)	(7.9)	(100.0)	45
25–29	65.5	112	93.3	4.3	0.0	2.4	100.0	74
30–34	62.3	89	90.7	5.1	1.2	3.1	100.0	55
35–39	53.1	84	(87.3)	(4.9)	(3.9)	(3.9)	(100.0)	44
40–44	54.8	111	75.8	22.1	0.0	2.1	100.0	61
45–49	50.5	116	81.2	14.1	1.9	2.8	100.0	58
Total 15–49	56.6	598	85.0	9.3	1.3	3.7	100.0	339
Men								
15–19	*	2	*	*	*	*	*	2
20–24	*	15	*	*	*	*	*	12
25–29	(92.8)	40	(75.3)	(0.0)	(0.0)	(24.7)	(100.0)	37
30–34	*	24	*	*	*	*	*	24
35–39	(100.0)	35	(64.7)	(3.3)	(3.3)	(28.7)	100.0	35
40–44	(92.8)	50	(65.1)	(1.5)	(7.1)	(26.4)	100.0	47
45–49	89.8	58	81.1	2.3	5.8	10.9	100.0	52
Total 15–49	93.3	224	70.6	1.4	4.7	23.2	100.0	209
50+	84.2	109	56.4	2.8	0.0	40.8	100.0	91
Total men 15+	90.4	333	66.3	1.8	3.3	28.6	100.0	301

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

13.2.1 Control and relative magnitude of women's earnings

Currently married and employed women who earn cash for their work were asked about the relative magnitude of their earnings in comparison to their husband's or partner's earnings. In addition, they were asked who the main decision-maker is with regard to the use of their earnings. This information may provide some insight into women's empowerment in the family, and the extent of their control over household decision-making. It is expected that employment and earnings are more likely to empower women if women themselves control their own earnings and perceive their earnings as significant relative to those of their husband or partner. The 2007 TDHS only asked about cash earnings of married women.

Table 13.2 shows women's control over their own earnings, and their perception of the magnitude of their earnings relative to those of their husband or partner. Overall, about three in ten women (33%) decide by themselves how their earnings should be spent. More than half of all women (52%) make this decision jointly with their husband or partner, while 13% report that the decision is mainly made by their husband or partner.

Younger women are more independent than older women with regard to making their own decisions about how their cash earnings are spent. Similarly, women in Funafuti are more likely to make their own decisions (36%) than women in the outer islands (29%). Joint decisions are more frequent in the outer islands (60%) than in Funafuti (47%) and are more likely to involve older women than younger women.

The proportion of women who independently decide how to use their earnings generally increases with education, while less educated women, and women from poor households, are more likely to be involved in joint household decision. An interesting situation is observed with regard to parity and decision-making on use earnings. Women with a low parity are more independent in making

their own decisions than women with higher parities who are more dependent on their husbands to decide how her earnings should be used. Joint decision-making among couples increases with parity.

Over 60% of working women reported that their earnings were less than those of their husband or partner, and 24% reported that their earnings were more than those of their husband or partner. Few women had the same earnings as their husband or partner (5%) or reported that their husband or partner did not bring in any money (8%).

The proportion of women who earn as much or more than their husband or partner significantly increases with education. About 40% of women with more than a secondary education earn as much or more than their husband or partner, compared with 29% with a secondary education, and only 16% with less than a secondary education. About the same proportion of women living in Funafuti and the outer islands earn less than their husband or partner.

Table 13.2: Control over women's cash earnings and relative magnitude of women's earnings — Women

Percent distribution of currently married women aged 15–49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how a wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, Tuvalu 2007

Background characteristic	Person who decides how the wife's cash earnings are used					Women's cash earnings compared with husband's cash earnings						Total	Number of women
	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	More	Less	About the same	Husband/partner has no earnings	Don't know/ Missing		
Age													
15–19	*	*	*	*	*	*	*	*	*	*	*	*	1
20–24	(43.0)	(36.7)	(17.4)	(0.0)	(2.8)	(100.0)	(15.7)	(65.4)	(2.8)	(7.5)	(8.5)	(100.0)	38
25–29	36.8	49.4	12.3	1.5	0.0	100.0	33.8	51.6	6.2	3.0	5.3	100.0	72
30–34	21.8	70.0	6.2	0.0	2.1	100.0	19.9	70.4	4.5	3.2	2.1	100.0	53
35–39	(38.9)	(46.1)	(14.9)	(0.0)	(0.0)	(100.0)	(23.7)	(59.9)	(5.3)	(11.1)	(0.0)	(100.0)	41
40–44	22.2	65.2	12.6	0.0	0.0	100.0	24.5	53.9	6.6	11.9	3.0	100.0	59
45–49	41.6	41.1	15.4	0.0	2.0	100.0	18.7	66.7	2.0	10.6	2.0	100.0	56
Number of living children													
0	51.0	40.3	8.7	0.0	0.0	100.0	22.7	63.1	6.5	2.9	4.8	100.0	59
1–2	29.8	52.0	16.3	0.0	2.0	100.0	25.0	59.8	4.1	6.3	4.8	100.0	111
3–4	33.5	54.7	9.6	1.1	1.1	100.0	23.0	56.8	6.0	11.4	2.8	100.0	100
5+	(20.1)	(62.3)	(17.6)	(0.0)	(0.0)	(100.0)	(23.1)	(67.2)	(1.4)	(8.2)	(0.0)	(100.0)	49
Residence													
Funafuti	36.4	47.2	14.2	0.6	1.7	100.0	25.0	61.4	5.1	4.5	4.0	100.0	191
Outer islands	28.9	59.9	11.2	0.0	0.0	100.0	21.6	59.4	4.2	12.1	2.7	100.0	128
Education													
Less than secondary	33.5	54.4	10.8	0.0	1.3	100.0	14.2	66.2	1.3	15.0	3.4	100.0	85
Secondary	35.3	51.8	12.2	0.0	0.8	100.0	25.2	64.1	3.6	4.8	2.3	100.0	145
More than secondary	30.2	51.1	16.3	1.2	1.2	100.0	30.1	49.5	9.8	5.0	5.5	100.0	89
Wealth quintile													
Lowest	22.4	59.5	18.1	0.0	0.0	100.0	22.8	49.6	8.7	18.9	0.0	100.0	42
Second	37.9	57.8	4.3	0.0	0.0	100.0	21.0	69.4	0.0	8.3	1.3	100.0	48
Middle	42.1	49.2	8.7	0.0	0.0	100.0	28.6	57.4	0.9	9.2	3.9	100.0	72
Fourth	23.6	59.4	13.8	1.6	1.6	100.0	26.7	61.6	4.9	3.6	3.2	100.0	67
Highest	36.4	43.1	18.0	0.0	2.4	100.0	19.2	62.8	8.3	3.6	6.0	100.0	90
Total	33.4	52.3	13.0	0.3	1.0	100.0	23.6	60.6	4.7	7.6	3.5	100.0	320

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

13.2.2 Control over men's cash earnings

Table 13.3 shows men's and women's perceptions about who decides how men's cash earnings are spent.

There are large discrepancies between men's and women's perceptions of how a husband's cash earnings are spent. Although one in five men and women perceive men to be the main decision-makers, almost 60% of women and just under 40% of men perceive decision-making to be a joint process, and 22% of women and 33% of men perceive women to be the main decision-makers.

Table 13.3: Control over men's cash earnings

Percent distribution of currently married men aged 15–49 who receive cash earnings and of currently married women aged 15–49 whose husband receives cash earnings, by person who decides how men's cash earnings are used, according to background characteristics, Tuvalu 2007

Background characteristic	Women						Men						
	Person who decides how husband's cash earnings are used					Number of women	Person who decides how husband's cash earnings are used						Number of men
	Mainly wife	Husband and wife jointly	Mainly husband	Other	Total		Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	
Age													
15–19	*	*	*	*	*	1	*	*	*	*	*	*	1
20–24	(38.4)	(41.5)	(20.1)	(0.0)	(100.0)	35	*	*	*	*	*	*	8
25–29	21.2	55.0	22.2	1.6	100.0	69	(29.7)	38.9	29.0	2.4	0.0	100.0	28
30–34	20.7	64.5	14.8	0.0	100.0	51	*	*	*	*	*	*	16
35–39	(20.1)	(63.1)	(16.8)	(0.0)	(100.0)	36	*	*	*	*	*	*	24
40–44	(23.4)	(65.8)	(10.7)	(0.0)	(100.0)	52	(42.1)	36.5	17.6	0.0	3.8	100.0	31
45–49	(13.1)	(58.8)	(28.1)	(0.0)	(100.0)	50	(27.7)	48.7	18.1	0.0	2.7	97.3	43
Number of living children													
0	35.8	45.2	19.0	0.0	100.0	57	*	*	*	*	*	*	25
1–2	27.3	49.3	23.4	0.0	100.0	103	(26.6)	(43.1)	(25.0)	(2.9)	(2.5)	(100.0)	48
3–4	13.2	72.5	13.1	1.2	100.0	89	(44.2)	(26.1)	(24.8)	(0.0)	(0.0)	(95.0)	47
5+	(10.0)	(68.3)	(21.6)	(0.0)	(100.0)	45	(25.0)	(52.4)	(15.1)	(0.0)	(7.5)	(100.0)	31
Residence													
Funafuti	22.8	55.1	21.6	0.6	100.0	181	38.9	26.4	25.0	0.0	6.9	97.2	84
Outer island	20.8	63.9	15.2	0.0	100.0	113	25.9	53.3	17.7	3.1	0.0	100.0	67
Education													
Less than secondary	14.6	72.0	13.4	0.0	100.0	73	31.3	40.4	21.6	1.1	1.9	96.2	62
Secondary	27.5	53.9	18.6	0.0	100.0	137	33.8	35.7	21.0	2.7	6.9	100.0	51
More than secondary	19.5	54.4	24.9	1.3	100.0	85	(35.5)	(38.3)	(23.2)	(0.0)	(3.1)	(100.0)	38

Table 13.3 (continued)

Background characteristic	Women						Men						
	Person who decides how husband's cash earnings are used						Person who decides how husband's cash earnings are used						
	Mainly wife	Husband and wife jointly	Mainly husband	Other	Total	Number of women	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number of men
Wealth quintile													
Lowest	(25.7)	(61.7)	(12.5)	(0.0)	(100.0)	34	(41.1)	(37.2)	(13.0)	(2.0)	(3.4)	(96.6)	34
Second	(24.5)	(65.5)	(10.0)	(0.0)	(100.0)	44	(24.4)	(37.6)	(35.4)	(2.5)	(0.0)	(100.0)	27
Middle	19.3	59.7	21.0	0.0	100.0	64	(24.0)	(46.6)	(25.8)	(0.0)	(0.0)	(96.4)	32
Fourth	26.7	54.1	17.5	1.7	100.0	65	*	*	*	*	*	*	22
Highest	17.8	56.0	26.2	0.0	100.0	87	(36.9)	(36.3)	(13.4)	(0.0)	(13.4)	(100.0)	35
Total 15–49	22.0	58.5	19.1	0.4	100.0	294	33.2	38.3	21.8	1.4	3.9	98.4	151
50+	na	na	na	na	na	na	16.1	67.6	11.1	0.0	3.1	97.8	54
Total men 15+	na	na	na	na	na	na	28.7	46.0	19.0	1.0	3.7	98.3	205

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.
na = not applicable

13.3 WOMEN'S CONTROL OVER THEIR OWN EARNINGS AND OVER THOSE OF THEIR HUSBANDS

The 2007 TDHS included questions that addressed women's control over their own earnings and also those of their husbands. This information may help provide further insight into women's direct empowerment within the family and their indirect empowerment within the community.

Over two in five women (44%) are more likely to decide mainly for themselves how their cash earnings are used if their husband or partner has no earnings or did not work in the preceding 12 months (see Table 13.4). The same proportion of women (44%) also reported to make joint decisions with husband or partner. Women are more likely to make joint decisions with their husband or partner about the use of their earnings if they earn more than their husband or partner.

Meanwhile, almost the same proportion of women and men make joint decisions about the use of wife's and husband's cash earnings regardless of who earns more than the other. About 50% of women who did not work in the 12 months preceding the survey reported that they jointly decided with their husband or partner on how to use his cash earnings.

Table 13.3: Women's control over her own earnings and over those of her husband

Percent distributions of currently married women age 15–49 with cash earnings in the 12 months preceding the survey by person who decides how the woman's cash earnings are used and of currently married women aged 15–49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between woman's and husband's cash earnings, Tuvalu 2007

Women's earnings relative to husband's earnings	Person who decides how the wife's cash earnings are used:						Number of women	Person who decides how husband's cash earnings are used:						Number of women
	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total		Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	
More than husband/partner	28.3	60.0	11.6	0.0		100.0	76	22.0	60.3	17.7	0.0		100.0	74
Less than husband/partner	35.9	49.5	14.0	0.6		100.0	194	21.9	57.3	20.3	0.6		100.0	194
Same as husband partner	*	*	*	*		*	15	*	*	*	*		*	15
Husband/ partner has no cash earnings/did not work	(44.3)	(43.9)	(11.8)	(0.0)		(100.0)	24	na	na	na	na		na	na
Woman has no cash earnings	na	Na	na	na		na	na	*	*	*	*		*	19
Woman did not work in 12 months preceding survey	na	Na	na	na		na	na	27.1	49.5	19.7	1.6		100.0	239
Don't know/ Missing	*	*	*	*		*	11	*	*	*	*		*	11
Total ¹	33.4	52.3	13.0	0.3		100.0	320	24.2	54.7	19.4	0.9		100.0	552

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

na = not applicable

¹ Excludes cases where a woman or her husband or partner has no earnings and includes cases where a woman does not know whether she earned more or less than her husband or partner

13.4 WOMEN'S EMPOWERMENT

The Tuvaluan government emphasises gender and gender mainstreaming in all of its policies. The overall direction of the national gender policy is to mainstream gender concerns in the national development process in order to improve the social, legal, civic, political, economic and cultural conditions of Tuvaluan people, especially women.

In addition to educational attainment, employment status and control over earnings, some direct measures of women's autonomy and status were recorded. Specifically, questions were asked about women's participation in household decision-making, their acceptance of wife beating, and their opinions about the conditions under which a wife should be able to deny her husband sex. Such information provides insights into a woman's control over her environment and her attitudes toward gender roles, both of which are relevant to understanding demographic pattern of the country and health behaviour of women in a country.

The first measure — women's participation in decision-making — requires little explanation because the ability to make decisions about one's own life is of obvious importance to women's empowerment. The other two measures derive from the notion that gender equality is essential to empowerment. Responses that indicate that wife beating is justified reflect a low status of women, and signify an acceptance of norms that give men the right to use force against women, which is a violation of women's human rights. Similarly, beliefs about whether and when a woman can refuse to have sex with her husband reflect issues of gender equality regarding sexual rights. Besides yielding an important measure of empowerment, information about women's attitudes toward sexual rights is useful for improving and monitoring reproductive health programmes that depend on women's willingness and ability to control their own sexual lives.

13.4.1 Women's participation in decision-making

To assess women's decision-making autonomy, the 2007 TDHS sought information on women's participation in four different types of household decisions: 1) the respondent's own health care; 2) major household purchases; 3) household purchases for daily needs; and 4) visiting her family or relatives. Women are considered to participate in a decision if they alone, or jointly with their husband or partner, have the final say in that decision.

Table 13.5 shows that currently married women in Tuvalu do not often make decisions on their own, and that the person (or persons) who makes household decisions depends on what is being decided. While 35% of women say that they make decisions about daily household purchases on their own, only 24% say that they make decisions about major household purchases by themselves. Less than four in ten (37%) married women independently make decisions about their own health care. Some women reported that their husbands or partners are more likely to make independent decisions. About 20% of women reported that their husband or partner makes decisions about large household purchases by themselves while nearly one in five (16%) women reported that their husband or partner makes decisions about their health care. Women are most likely to report that they make decisions about visits to their family or relatives jointly with their husband or partner (41%). Women are also likely to report that all four decisions are made jointly with their husband or partner.

Table 13.5: Women's participation in decision making

Percent distribution of currently married women by person who usually makes decisions about four kinds of issues, Tuvalu 2007

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Missing	Total	Number of women
Own health care	37.3	44.9	16.0	1.1	0.6	0.1	100.0	598
Major household purchases	23.9	44.1	17.3	12.6	2.0	0.1	100.0	598
Purchases of daily household needs	34.6	36.3	14.8	12.2	2.0	0.1	100.0	598
Visits to her family or relatives	36.4	41.1	21.7	0.1	0.6	0.1	100.0	598

The 2007 TDHS survey also asked currently married men about who they think should have a greater say in making decisions about five different issues: 1) major household purchases; 2) household purchases for daily needs; 3) visits to wife's family or relatives; 4) what to do with the money the wife earns; and 5) how many children to have. Table 13.6 presents the percent distribution of currently married men aged 15–49 by the person that they think should have a greater say in making decisions about five kinds of issues.

Table 13.6 indicates that 28% of men think that mainly husbands should make decisions about major household purchases. About 14% think that mainly husbands should make decisions about visits to the wife's family or relatives whereas 63% think that it should be a joint decision. Almost three-quarters (72%) of men think that mainly wives should make decisions about purchasing daily household needs whereas 25% think that it should be a joint decision. Only 10% of currently married men believe that the number of children to have should be decided mainly by the husband, while almost nine in ten men (87%) say that it should be a joint decision between a husband and wife.

Table 13.6: Women's participation in decision-making according to men

Percent distribution of currently-married men aged 15–49 by person who they think should have a greater say in making decisions about five kinds of issues, Tuvalu 2007

Decision	Wife	Wife and husband equally	Husband	Don't know/depends	Total	Number of men
Major household purchases	6.9	64.8	27.8	0.5	100.0	224
Purchases of daily household needs	72.2	24.7	2.6	0.5	100.0	224
Visits to wife's family or relatives	13.9	62.5	22.6	1.0	100.0	224
What to do with the money wife earns	23.4	63.4	12.2	1.0	100.0	224
How many children to have	2.1	87.0	10.1	0.8	100.0	224

Table 13.7 shows how women's participation in decision-making varies by background characteristics. Although 60% of currently married women participate in making all four types of decisions, 12% have no say in any of the four.

Table 13.7: Women's participation in decision-making by background characteristics*Percentage of currently married women aged 15–49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Tuvalu 2007*

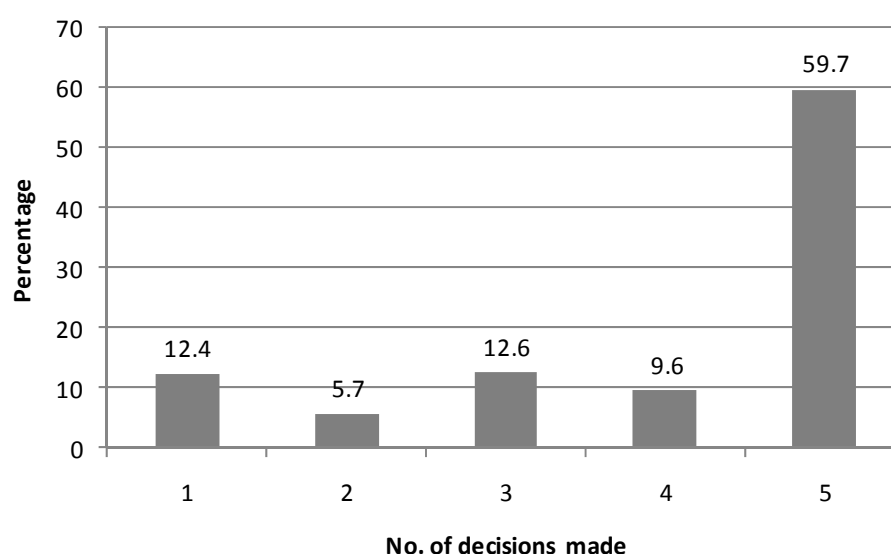
Background characteristic	Specific decisions				Percentage who participate in all four decisions	Percentage who participate in none of the four decisions	Number of women
	Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives			
Age							
15–19	*	*	*	*	*	*	9
20–24	79.9	50.5	53.3	82.9	44.0	9.2	78
25–29	84.0	62.9	65.8	77.1	56.5	12.2	112
30–34	83.8	71.9	79.7	78.1	61.3	8.8	89
35–39	85.0	65.5	69.6	71.3	56.5	13.7	84
40–44	80.6	75.4	77.2	74.4	65.3	15.5	111
45–49	80.5	77.5	77.8	80.7	70.3	14.0	116
Employment (last 12 months)							
Not employed	77.9	59.1	61.3	72.0	52.4	17.8	259
Employed for cash	85.5	76.4	79.8	82.0	66.6	7.9	320
Employed not for cash	*	*	*	*	*	*	17
Number of living children							
0	89.8	62.8	63.8	84.3	54.6	4.7	108
1–2	80.9	65.1	69.4	78.2	57.6	11.6	191
3–4	81.3	71.6	74.6	76.8	63.6	14.6	199
5+	78.1	71.5	73.9	70.0	61.6	18.0	99
Residence							
Funafuti	85.5	67.5	72.2	80.8	59.2	9.8	277
Outer islands	79.4	68.4	69.7	74.7	60.1	14.6	321
Education							
Less than secondary	81.3	72.0	74.6	76.4	63.9	14.0	220
Secondary	81.7	62.1	65.2	76.7	53.5	11.9	277
More than secondary	85.6	75.2	78.0	82.3	67.6	10.2	101
Wealth quintile							
Lowest	86.7	75.1	77.6	79.0	64.9	7.0	105
Second	77.3	67.2	67.6	75.9	54.9	14.6	119
Middle	80.9	67.4	70.1	72.3	57.7	15.3	137
Fourth	81.2	61.5	69.2	80.3	57.2	11.8	122
Highest	85.8	69.7	70.7	81.1	65.0	12.3	115
Total	82.2	67.9	70.9	77.5	59.7	12.4	598

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

Women's participation in all four decisions generally increases with age, from 44% among women aged 20–24 to 70% among those aged 45–49. Women who are not employed are less likely than other women to participate in making household decisions. Almost 67% of employed women participate in making all decisions regarding the household, compared with just over half (52%) of unemployed women. This implies that wage or salaried employment is associated with an increase in women's decision-making power. Similarly, education increases women's decision-making power, with about 68% of women who have more than a secondary education participating in all four decisions, compared with 64% of those with less than a secondary education, and 54% of those with a secondary education. The percent of women who have a say in all four areas of decision-making are almost the same between those who reside in Funafuti (59%) and those who reside in the outer islands (60%). However, women in the outer islands are 50% more likely to not participate in any of the four decisions than women in Funafuti (15% compared with 10%). Women in the highest and lowest wealth quintile households are equally likely to participate in all four types of decisions (65%), whereas those in the three middle wealth quintiles are somewhat less likely (55–58%) to do so.

Figure 13.1 gives the percentage of currently married women according to the number of decisions in which they participate, either alone or in conjunction with their husbands or partners. The total number of decisions refers to the sum of decisions made alone plus the number of decisions made jointly with the husband. The total number of decisions made is an indication of the strength of women's empowerment. The percentage of women who participate in decision-making decreases from about 60% who participate in all five decisions to about 6% who participate in only two of the five decisions, increasing again to more than 12% who participate in only one and in three of the five decisions.

Figure 13.1: Number of decision in which women participate



13.4.2 Men's attitude toward their wife's participation in decision-making

Table 13.8 shows the percentage of currently married men who believe that a wife should make decisions alone or jointly with her husband on five different issues: 1) major household purchases; 2) household purchases for daily needs; 3) visits to wife's family or relatives; 4) what to do with the money the wife earns; and 5) the number of children to have.

Table 13.8: Men's attitude toward their wife's participation in decision making

Percentage of currently-married men aged 15–49 who think a wife should have a greater or equal say with her husband about five specific kinds of decisions, by background characteristics, Tuvalu 2007

Background characteristic	Specific decision about:					All five decisions	None of the five decisions	Number of men
	Major household purchases	Purchases for daily household needs	Visits to her family or relatives	What to do with the money the wife earns	How many children to have			
Age								
15–19	*	*	*	*	*	*	*	2
20–24	*	*	*	*	*	*	*	15
25–29	(62.4)	(98.3)	(76.5)	(81.0)	(81.3)	(45.1)	(1.7)	40
30–34	*	*	*	*	*	*	*	24
35–39	(72.5)	(96.7)	(74.1)	(78.4)	(87.0)	(52.9)	(0.0)	35
40–44	(85.5)	(96.4)	(81.5)	(92.8)	(95.1)	(63.5)	(1.3)	50
45–49	75.3	96.1	75.4	93.1	89.0	57.8	3.9	58
Employment (12 months preceding survey)								
Not employed	*	*	*	*	*	*	*	15
Employed for cash	66.9	96.4	75.6	87.8	86.9	50.0	1.2	151
Employed not for cash	89.4	100.0	78.8	90.2	97.1	66.3	0.0	58
Number of living children								
0	(66.5)	(96.5)	(84.4)	(92.5)	(82.8)	(51.3)	(0.0)	34
1–2	72.2	96.0	65.7	83.6	87.0	45.8	2.4	73
3–4	71.5	95.9	75.0	80.6	87.2	52.2	2.5	72
5+	(75.2)	(100.0)	(89.8)	(97.4)	(100.0)	(68.5)	(0.0)	46
Residence								
Funafuti	67.0	95.5	85.2	85.2	86.4	52.3	1.1	103
Outer islands	75.7	98.0	68.9	88.1	91.4	54.2	2.0	121
Education								
Less than secondary	74.7	97.7	70.6	85.9	90.9	53.0	2.3	104
Secondary	67.2	98.4	76.2	85.4	86.9	47.6	0.0	75
More than secondary	(72.3)	(92.3)	(90.0)	(91.2)	(88.6)	(63.4)	(2.6)	46
Wealth quintile								
Lowest	74.6	97.2	65.6	90.4	83.4	54.5	2.8	47
Second	69.7	97.8	65.3	81.4	82.9	43.7	2.2	50
Middle	68.2	100.0	76.2	82.1	89.5	47.6	0.0	56
Fourth	(67.5)	(92.8)	(96.4)	(92.8)	(100.0)	(63.9)	(0.0)	32
Highest	(79.3)	(94.1)	(86.9)	(91.1)	(94.1)	(63.3)	(3.0)	40
Total 15–49	71.7	96.8	76.4	86.8	89.1	53.3	1.6	224
50+	69.7	95.7	91.1	93.9	90.0	62.6	1.1	109
Total men 15+	71.1	96.5	81.2	89.1	89.4	56.3	1.4	333

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

The results show that over half of the men aged 15–49 (53%) are of the opinion that a wife should have a greater or equal say with her husband about all five specified decisions. Only 1% of men believe that a wife should not participate in any of the specified decisions. Only 1% of men from Funafuti and 2% of men from the outer islands feel that women should not have a say in any of the specified decisions.

About 97% of men aged 15 and over think that decisions about purchases for daily household needs should be made by a wife alone or jointly with her husband or partner; 89% think that decisions about how to use the money that a wife earns should be made by the wife alone or jointly with her husband or partner; 81% think that decisions about visits to the wife's family or relatives should be made by the wife alone or jointly with her husband or partner; 89% think that decisions about how many children to have should be made by the wife alone or jointly with her husband or partner; and 71% think that decisions about major household purchases should be made by the wife alone or jointly with her husband or partner.

Men with a higher level of education are more likely to state that wives should be involved in household decision-making. Men who are employed, or who live in the outer islands, or who are from the wealthiest quintile households are more likely to think that a wife alone or with her husband or partner should participate in all five specified decisions.

13.4.3 Attitudes toward wife beating

Violence against women has serious consequences for their mental and physical well-being, including their reproductive and sexual health (WHO 1999). One of the most common forms of violence against women worldwide is physical abuse by a husband or partner (Heise et al. 1999).

The 2007 TDHS gathered information on women's attitudes toward wife beating, which is a proxy for women's perception of their status. Women who believe that a husband is justified in hitting or beating his wife for any specified reason may believe themselves to have a low status, both absolutely and relative to men. Such a perception acts as a barrier to accessing health care for themselves and their children, affects their attitude toward contraceptive use, and impacts their general well-being. Women were asked whether a husband is justified in beating his wife under a series of circumstances: 1) if the wife burns the food; 2) argues with him; 3) goes out without telling him; 4) neglects the children; and 5) refuses sexual relations. Table 13.9 summarises women's attitudes toward wife beating in these five specific circumstances.

Most women find wife beating justified in certain circumstances. For example, 70% of women agree that at least one of the five reasons is sufficient justification for wife beating. This indicates that Tuvaluan women generally accept violence as part of male–female relationships, which is not surprising because traditional norms teach women to accept, tolerate and even rationalise battery.

The most widely accepted reasons for wife beating are: neglecting the children (66%), going out without informing the husband or partner (42%), and arguing with the husband or partner (28%). About 21% of women feel that burning the food is also a justification for wife beating, as is denying a husband sex (18%).

Acceptance of wife beating for at least one of the specified reasons is generally lower among: 1) women in the outer islands; 2) women with more than a secondary education; 3) women who are not married and women who are married; and 4) women who have more than five children.

Table 13.9: Attitude toward wife beating — Women*Percentage of all women aged 15–49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Tuvalu 2007*

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15–19	25.6	29.0	40.7	66.3	13.4	69.0	111
20–24	25.4	31.0	49.5	72.9	19.7	76.3	145
25–29	10.9	22.6	32.5	70.7	11.0	72.8	134
30–34	17.3	21.3	32.1	62.2	15.4	65.0	97
35–39	30.9	28.9	50.4	68.4	19.9	70.9	94
40–44	19.4	28.0	46.1	61.2	18.4	68.4	129
45–49	22.3	30.1	41.0	60.5	26.3	65.8	140
Employment (12 months preceding survey)							
Not employed	19.5	27.0	42.7	63.5	15.4	68.7	414
Employed for cash	22.9	27.5	40.4	67.8	19.7	70.4	405
Employed not for cash	(27.9)	(36.4)	(53.7)	(84.3)	(30.3)	(87.9)	30
Marital status							
Never married	27.5	30.5	45.4	68.0	15.4	69.9	193
Married or living together	19.1	25.5	39.2	65.2	17.0	69.6	598
Divorced/separated/widowed	24.4	37.6	57.5	70.0	34.9	74.8	60
Number of living children							
0	22.0	26.5	40.7	67.2	14.4	69.0	289
1–2	20.6	27.3	42.2	68.3	18.0	73.0	235
3–4	20.0	27.3	43.9	65.4	20.1	70.5	223
5+	24.5	31.0	40.1	60.1	22.9	64.9	105
Residence							
Funafuti	27.3	35.7	46.5	70.3	18.9	75.6	414
Outer islands	15.8	19.7	37.6	62.2	17.0	64.7	437
Education							
Less than secondary	26.7	33.3	49.3	65.1	28.0	69.9	282
Secondary	19.8	26.2	42.2	67.1	15.9	71.0	437
More than secondary	15.3	19.3	25.2	65.2	3.2	66.9	132

Table 13.9 (continued)

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Wealth quintile							
Lowest	24.9	28.1	49.7	69.0	24.8	71.4	152
Second	24.1	23.8	44.8	64.5	17.8	68.1	179
Middle	18.3	24.7	39.1	64.3	17.0	67.9	169
Fourth	16.2	29.0	34.3	61.7	18.0	64.6	173
Highest	23.6	31.8	42.4	71.4	12.9	77.9	177
Total	21.4	27.5	41.9	66.1	17.9	70.0	851

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

Men were also asked about their opinions on the justification of wife beating under certain circumstances. As shown in Table 13.10, more than seven in ten men (73%) agree that wife beating is justified for at least one of the specified reasons. It is interesting to note that this is about the same as the percentage of women who agreed with at least one of the reasons. The results also show similar proportions of men and women justifying reasons for wife beating.

The most likely groups of men to agree with at least one of the specified reasons for wife beating include: 1) younger men, those who are employed but not for cash; 2) men who are not married; 3) men with one and two children; 4) men living in Funafuti; 5) men who have no education or only a primary level education; and 6) men in the lowest wealth quintile households. Men with more than a secondary education (35%) are the least likely to accept wife beating. A higher educational attainment tends to decrease the chances that a man will agree with any of the reasons for wife beating.

Table 13.10: Attitude toward wife beating — Men*Percentage of all men aged 15–49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Tuvalu 2007*

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of men
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15–19	29.5	25.1	41.7	71.2	23.0	83.1	91
20–24	23.0	35.9	40.2	66.0	22.3	73.3	74
25–29	15.8	29.9	38.8	59.7	11.3	69.9	62
30–34	(26.1)	(33.4)	(30.3)	(39.5)	(18.0)	(69.6)	38
35–39	(19.8)	(13.9)	(35.5)	(62.2)	(11.0)	(62.2)	41
40–44	20.8	28.5	37.3	62.2	16.7	72.7	59
45–49	17.4	24.3	44.6	70.6	14.8	71.6	63
Employment (12 months preceding survey)							
Not employed	24.7	35.8	37.1	55.0	20.1	69.6	62
Employed for cash	20.1	27.9	33.1	58.5	16.5	67.7	229
Employed not for cash	24.4	23.6	50.4	76.0	17.9	83.9	137
Marital status							
Never married	23.5	26.3	38.0	67.3	19.8	78.6	194
Married or living together	19.9	27.7	39.3	59.9	15.2	67.8	224
Divorced/separated/widowed	*	*	*	*	*	*	9
Number of living children							
0	23.1	25.2	37.3	65.7	19.2	75.8	224
1–2	25.5	38.1	45.7	61.6	16.2	76.2	85
3–4	16.7	23.6	36.0	60.2	16.1	66.4	72
5+	(20.0)	(26.6)	(41.8)	(62.5)	(13.8)	(65.3)	46
Residence							
Funafuti	23.4	26.0	34.4	61.5	14.1	71.9	225
Outer Islands	20.8	29.5	44.6	66.0	21.3	74.6	203
Education							
Less than secondary	26.7	30.4	44.6	67.2	20.9	76.9	141
Secondary	23.3	30.2	42.3	67.1	19.8	76.1	223
More than secondary	8.1	12.7	16.2	43.2	1.7	54.1	63

Table 13.10 (continued)

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of men
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Wealth quintile							
Lowest	21.1	34.0	46.7	68.7	23.3	74.8	75
Second	27.9	28.8	38.3	68.3	17.7	73.0	94
Middle	21.8	28.7	42.1	61.1	17.1	73.5	89
Fourth	14.9	14.7	38.5	62.8	9.9	71.4	74
Highest	23.3	30.6	32.2	57.9	18.9	73.1	96
Total 15-49	22.2	27.7	39.2	63.6	17.5	73.1	428
50+	17.8	20.3	27.8	51.4	7.2	59.5	130
Total men 15+	21.1	26.0	36.6	60.8	15.1	69.9	558

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

13.4.4 Attitudes toward refusing sexual intercourse with a husband

This section discusses women's attitudes toward refusing to have sexual intercourse with their husband. Women's control over their ability to decide on when and who to have sex with has important implications for their health and the health of their children.

The 2007 TDHS included questions about whether a woman is justified in refusing to have sexual relations with her husband if she: 1) knows the husband has an STI; 2) knows the husband has intercourse with other women; and 3) is tired or not in the mood. These three issues have been addressed because they are related to women's rights and health.

Table 13.11 shows the percentage of women who believe that a wife is justified in refusing to have sex with her husband under specific circumstances. About 81% of women agree that a wife is justified in refusing to have sex with her husband for all of the specified reasons. Of these, 94% believe that a wife is justified in refusing to have sex if she is tired and 91% believe that a wife is justified in refusing to have sex if she knows her husband has sexual relations with other women. An estimated 88% of women believe that a wife is justified in refusing to have sex if her husband has an STI. Very few women disagree with any of the specified reasons.

Young women, women who are unemployed, single women and women with no children are the least likely to agree that a wife is justified in refusing to have sex with her husband for any reason.

Table 13.11 also shows the percentage of men who believe that a wife is justified in refusing to have sex with her husband under these same specific circumstances. The same proportions of men and women agree on all specific circumstances, except that men are more likely to agree that a wife is justified in refusing to have sex with the husband when she knows that he has an STI.

The least likely group of men to agree with all of the reasons for a wife refusing to have sex with her husband include single men, men with no children, men who live in Funafuti, men with a higher education and men living in the highest wealth quintile households.

Table 13.11: Attitudes toward refusing sexual intercourse with husband — Women

Percentage of all women aged 15–49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Tuvalu 2007

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of women
	Knows husband has an STI	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15–19	72.5	90.5	82.3	63.7	6.0	111
20–24	89.7	93.7	89.5	81.5	1.2	145
25–29	90.6	93.4	92.2	82.1	1.3	134
30–34	87.3	94.9	93.2	81.9	2.2	97
35–39	96.5	96.4	95.8	91.7	0.0	94
40–44	90.1	95.7	93.1	84.4	1.0	129
45–49	89.7	92.7	88.6	80.9	3.5	140
Employment (12 months preceding survey)						
Not employed	86.3	93.1	89.6	78.9	2.8	414
Employed for cash	90.2	94.4	91.6	82.7	1.6	405
Employed not for cash	(84.9)	(95.7)	(86.9)	(79.2)	(2.2)	30
Marital status						
Never married	80.8	88.4	85.5	69.2	3.5	193
Married or living together	90.3	96.3	92.3	84.8	1.7	598
Divorced/separated/widowed	89.6	86.7	88.9	78.4	2.9	60
Number of living children						
0	84.7	91.6	86.8	74.7	2.6	289
1–2	91.3	93.8	90.5	82.2	1.7	235
3–4	89.2	96.4	93.5	85.4	2.2	223
5+	88.1	94.5	94.3	84.4	2.4	105
Residence						
Funafuti	88.5	92.7	90.0	79.8	2.4	414
Outer islands	87.8	94.9	90.9	81.7	2.0	437

Table 13.11 (continued)

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of women
	Knows husband has an STI	Knows husband has intercourse with other women	Is tired or not in the mood			
Education						
Less than secondary	88.5	94.5	89.3	81.5	2.6	282
Secondary	86.6	93.5	89.9	78.7	1.9	437
More than secondary	92.3	93.4	95.0	86.1	2.1	132
Wealth quintile						
Lowest	90.4	93.5	89.7	84.2	3.2	152
Second	86.1	93.6	91.5	79.7	2.8	179
Middle	88.9	95.2	93.9	82.9	1.4	169
Fourth	85.8	94.7	86.5	79.1	2.5	173
Highest	89.7	92.0	90.8	78.7	1.2	177
Total	88.1	93.8	90.5	80.8	2.2	851

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

Table 13.12: Attitudes toward refusing sexual intercourse with husband — Men

Percentage of all men aged 15–49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Tuvalu 2007

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of men
	Knows husband has an STI	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15–19	96.7	96.1	88.6	84.1	0.0	91
20–24	94.4	94.2	90.2	83.0	0.0	74
25–29	92.5	94.4	85.8	78.3	1.9	62
30–34	(93.9)	(95.3)	(81.7)	(72.5)	(0.0)	38
35–39	(97.2)	(94.5)	(88.5)	(85.7)	(0.0)	41
40–44	96.1	96.8	93.4	89.5	0.0	59
45–49	92.6	95.3	96.3	89.7	1.9	63
Employment (12 months preceding survey)						
Not employed	93.3	96.2	91.3	82.8	0.0	62
Employed for cash	94.9	93.5	87.2	82.3	1.0	229
Employed not for cash	95.4	97.8	92.8	86.5	0.0	137
Marital status						
Never married	93.7	94.8	87.6	79.5	0.0	194
Married or living together	95.6	95.5	91.2	87.0	1.0	224
Divorced/separated/widowed	*	*	*	*	*	9
Number of living children						
0	94.5	94.7	88.8	81.2	0.0	224
1–2	95.9	96.5	89.9	87.1	1.4	85
3–4	95.1	92.8	90.2	84.5	1.6	72
5+	(93.7)	(100.0)	(92.5)	(88.7)	(0.0)	46
Residence						
Funafuti	92.2	93.2	86.5	77.6	1.0	225
Outer islands	97.7	97.5	93.1	90.5	0.0	203
Education						
Less than secondary	95.9	96.6	92.0	87.1	0.0	141
Secondary	96.8	95.7	88.3	83.3	0.0	223
More than secondary	85.1	90.7	89.0	77.8	3.7	63

Table 13.12 (continued)

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of men
	Knows husband has an STI	Knows husband has intercourse with other women	Is tired or not in the mood			
Wealth quintile						
Lowest	98.3	99.2	93.5	91.8	0.0	75
Second	96.9	95.5	89.8	86.7	0.0	94
Middle	95.5	91.9	92.8	83.6	1.3	89
Fourth	95.2	96.8	85.7	80.9	0.0	74
Highest	89.0	93.9	86.5	76.7	1.2	96
Total 15–49	94.8	95.3	89.6	83.7	0.5	428
50+	96.3	97.7	88.3	86.0	0.5	130
Total men 15+	95.2	95.8	89.3	84.3	0.5	558

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

The following findings examine men's attitudes toward a husband's rights to certain behaviours when the wife refuses to have sex with him.

Table 13.13 shows the percentage of men who believe that a husband has a right to certain behaviours when his wife refuses to have sex with him. These behaviours include: 1) getting angry and reprimanding her; 2) refusing her financial support; 3) forcing her to have sex; and 4) having sex with another woman. The results show that only 2% of men agree that a man may engage in all four of these actions if his wife refuses him sex, while 39% do not agree with any of these actions.

About 52% of men aged 15–49 believe that a husband has the right to get angry and reprimand his wife if she refuses to have sex with him. Nearly equal proportions of men (less than 16%) believe they have the right to: 1) force their wife to have sex; 2) refuse their wife financial support; and 3) have sex with another woman if their wife refuses to have sex..

Single men and men living in Funafuti are the least likely to agree that a husband has a right to certain behaviours when his wife refuses to have sex with him. However, education and wealth quintile show a negative correlation against all of the specified behaviours.

Table 13.13: Men's attitude about a husband's rights when his wife refuses to have sexual intercourse

Percentage of men aged 15–49 who consider that a husband has the right to certain behaviours when a woman refuses to have sex with him when he wants her to, by background characteristics, Tuvalu 2007

Background characteristic	When a woman refuses to have sex with her husband, he has the right to:				Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of men
	Get angry and reprimand her	Refuse her financial support	Use force to have sex	Have sex with another woman			
Age							
15–19	48.9	25.9	14.3	22.1	3.6	36.4	91
20–24	49.2	20.1	30.4	20.3	4.0	37.8	74
25–29	55.5	15.0	14.0	14.7	0.0	39.7	62
30–34	(48.1)	(7.8)	(4.5)	(21.2)	(0.0)	(36.7)	38
35–39	(60.5)	(12.5)	(8.2)	(3.2)	(0.0)	(39.5)	41
40–44	49.9	10.2	8.8	13.2	2.0	43.5	59
45–49	57.1	20.0	11.1	10.4	3.7	39.9	63
Employment (in the 12 months preceding the survey)							
Not employed	27.9	21.0	13.8	17.8	4.8	58.2	62
Employed for cash	45.9	15.4	15.3	12.9	1.7	45.8	229
Employed not for cash	74.1	19.1	13.1	19.9	2.2	18.6	137
Marital status							
Never married	50.1	23.2	21.5	20.4	3.1	36.5	194
Married or living together	54.9	11.5	8.5	12.0	1.3	40.5	224
Divorced/separated/widowed	*	*	*	*	*	*	9
Number of living children							
0	50.0	21.5	18.9	20.0	3.0	37.3	224
1–2	59.1	13.6	8.6	11.1	1.4	38.0	85
3–4	52.3	12.3	7.4	9.5	0.9	44.5	72
5+	(50.9)	(12.7)	(14.0)	(14.4)	(2.6)	(39.7)	46
Residence							
Funafuti	41.7	20.3	14.6	14.1	1.6	47.4	225
Outer islands	64.1	14.2	14.1	17.8	3.1	29.5	203

Table 13.13 (continued)

Background characteristic	When a woman refuses to have sex with her husband, he has the right to:					Percentage who agree with none of the specified reasons	Number of men
	Get angry and reprimand her	Refuse her financial support	Use force to have sex	Have sex with another woman	Percentage who agree with all of the specified reasons		
Education							
Less than secondary	58.2	16.6	15.4	15.8	3.4	34.3	141
Secondary	52.1	21.5	15.9	16.8	2.2	38.8	223
More than secondary	39.9	4.6	6.4	12.6	0.0	49.9	63
Wealth quintile							
Lowest	44.3	14.3	13.0	16.4	1.7	44.8	75
Second	61.7	14.9	19.3	18.6	2.1	30.4	94
Middle	58.0	16.0	11.8	11.9	4.0	37.3	89
Fourth	47.5	18.1	13.6	14.3	0.9	41.3	74
Highest	47.9	23.1	13.5	17.7	2.5	42.3	96
Total 15–49	52.3	17.4	14.3	15.8	2.3	38.9	428
50+	56.0	10.6	12.9	12.8	3.7	38.7	130
Total men 15+	53.2	15.8	14.0	15.1	2.6	38.9	558

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

13.4.5 Indicators of women's empowerment

Two sets of empowerment indicators — women's participation in making household decisions and women's attitudes toward wife beating — can be summarised into two separate indices. The first index shows the number of decisions (see Table 13.5 for the list of decisions) in which women participate alone or jointly with their husband or partner. This index ranges in value from 0 to 4 and is positively related to women's empowerment, and reflects the degree of decision-making control that women have in areas that affect their lives and environments.

The second index, which ranges in value from 0 to 5, is the total number of reasons (see Table 13.6 for the list of reasons) for which the respondent feels that a husband is justified in beating his wife. A lower score on this indicator is interpreted as reflecting a greater sense of equality and self esteem.

Table 13.14 shows how these three indicators relate to each other. In general, the expectation is that women who participate in making household decisions are also more likely to make decisions for their individual needs.

Table 13.14: Indicators of women's empowerment

Percentage of women aged 15–49 who participate in all decision-making, the percentage who disagree with all the specified reasons for justifying wife beating, and the percentage who agree with all the specified reasons for refusing sexual intercourse with husband, by value on each of the indicators of women's empowerment, Tuvalu 2007

Empowerment indicator	Currently married women				
	Percentage who participate in all decision making	Number of women	Percentage who disagree with all the reasons justifying wife beating	Percentage who agree with all the reasons for refusing sexual intercourse with husband	Number of women
Number of decisions in which women participate¹					
0	Na	na	68.8	74.0	74
1–2	Na	na	22.4	80.5	109
3–4	Na	na	25.7	87.8	415
Number of reasons for which wife-beating is justified²					
0	41.9	182	na	80.3	255
1–2	67.1	243	na	81.9	332
3–4	66.7	134	na	79.1	204
5	(72.2)	39	na	83.0	60
Number of reasons given for refusing to have sexual intercourse with husband³					
0	*	10	56.7	na	na
1–2	53.6	81	27.5	na	na
3	61.0	507	29.8	na	na

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

na = not applicable

¹Restricted to currently married women. See Table 13.5 for the list of decisions.

² See Table 13.9 for the list of reasons.

³ See Table 13.11 for the list of reasons.

The relationships between these indices are not as expected. Greater involvement in decision-making is not associated with disapproval of wife beating. Surprisingly, women who do not participate in decision-making are more likely to disagree with all of the specified reasons for wife beating (69%) as compared with women who participate in making three to four of the specified decisions (26%). Only 42% of women who totally disagree with wife beating participate in all types of decision-making. Increasing proportions of women who participate in making one to three reasons for wife beating refuse to have sexual intercourse with the husband. More than half the number of women (57%) with no reasons given for refusing to have sexual intercourse with husband disagree with all of the reasons for wife beating.

13.5 CURRENT USE OF CONTRACEPTION BY WOMEN'S EMPOWERMENT STATUS

A woman's ability to control her fertility and use of contraceptive methods depends on her decision and joint decision with the husband or partner. A woman's status and sense of empowerment have strong implications for women's ability to make decisions on issues that affect their lives. Women who have less control of other aspects of their life are less likely to have strong control over their fertility and have less choice in applying contraceptive methods without the husband's knowledge and cooperation.

Table 13.15 shows the relationship of each of the two indicators of women's empowerment with current use of contraceptive methods by currently married women aged 15–49. It is evident from the data that women who participate in more household decisions are more likely to use any method of contraception or any modern method of contraception compared to other women. Regarding the number of reasons for which wife beating is perceived as justified, women with more acceptance of wife beating are more likely to use a method of contraception. Women with increasing number of reasons given for refusal to have sexual intercourse showed a declining proportions of contraceptive methods used.

Table 13.15: Current use of contraception by women's status*Percent distribution of currently married women aged 15–49 by current contraceptive method, according to selected indicators of women's status, Tuvalu 2007*

Empowerment indicator	Any method	Any modern method	Modern methods			Any traditional method	Not currently using	Total	Number of women
			Female sterilisation	Temporary modern female methods ¹	Male condom				
Number of decisions in which women participate ²									
0	31.5	30.6	9.3	21.3	0.0	0.9	68.5	100.0	74
1–2	24.0	17.9	3.9	14.0	0.0	6.1	76.0	100.0	109
3–4	32.1	22.1	9.6	11.8	0.8	9.9	67.9	100.0	415
Number of reasons for which wife-beating is justified ³									
0	23.2	16.6	7.2	8.8	0.6	6.6	76.8	100.0	182
1–2	34.4	25.9	6.2	19.3	0.4	8.4	65.6	100.0	243
3–4	31.1	22.1	10.5	10.8	0.8	9.0	68.9	100.0	134
5	(38.9)	(28.8)	(22.6)	(6.2)	(0.0)	(10.1)	(61.1)	(100.0)	39
Number of reasons given for refusing to have sexual intercourse with husband ⁴									
0	*	*	*	*	*	*	*	*	10
1–2	31.1	27.8	8.6	17.8	1.3	3.4	68.9	100.0	81
3	30.8	22.0	8.7	12.9	0.4	8.8	69.2	100.0	507
Total	30.5	22.4	8.5	13.4	0.5	8.1	69.5	100.0	598

Note: 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 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

¹ Includes the pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly and lactational amenorrhea method.

² See Table 13.5 for the list of decisions.

³ See Table 13.9 for the list of reasons.

⁴ See Table 13.11 for the list of reasons.

13.6 IDEAL FAMILY SIZE AND UNMET NEED FOR FAMILY PLANNING

Women's status and empowerment strongly influence their decisions about issues affecting their well-being. Many studies have proven that these indicators (women's status and empowerment) are important factors for controlling and reducing women's fertility through two main pathways: 1) the desire to reduce family size as more women become more empowered; and 2) empowerment increases women's ability to control her ideal family size through the use of family planning methods.

As women become more empowered to negotiate decisions regarding their fertility, they have more control over contraceptive use and thus their chances of becoming pregnant and giving birth. Table 13.16 shows how women's ideal family size and their unmet need for family planning vary by the two indicators of women's empowerment.

Table 13.16: Women's empowerment and ideal number of children and unmet need for family planning

Mean ideal number of children for women aged 15–49, and the percentage of currently married women aged 15–49 with an unmet need for family planning, by indicators of women's empowerment, Tuvalu 2007

Empowerment indicator	Mean ideal number of children ¹	Number of women	Percentage of currently married women with an unmet need for family planning ²			Number of currently married women
			For spacing	For limiting	Total	
Number of decisions in which women participate ³						
0	1.5	74	21.3	3.7	25.1	74
1–2	3.2	107	10.6	8.3	18.8	109
3–4	3.7	399	10.9	14.6	25.5	415
Number of reasons for which wife-beating is justified ⁴						
0	2.8	248	20.9	8.8	29.7	182
1–2	3.3	320	9.6	11.6	21.3	243
3–4	3.1	196	7.5	17.8	25.2	134
5	(3.4)	56	2.8	10.7	13.5	39
Number of reasons given for refusing to have sexual intercourse with husband ⁵						
0	*	19	*	*	*	10
1–2	2.9	142	6.9	10.3	17.2	81
3	3.2	659	12.8	12.2	25.0	507
Total	3.1	820	12.1	12.1	24.2	598

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

¹ Mean excludes respondents who gave non-numeric responses.

² See Table 7.3 for the definition of unmet need for family planning.

³ Restricted to currently married women. See Table 13.5 for the list of decisions.

⁴ See Table 13.9 for the list of reasons.

⁵ See Table 13.11 for the list of reasons.

Table 13.16 shows that findings on the relationship between empowerment indicators and fertility issues are mixed. The data indicate that women with no decision-making power have the lowest mean ideal number as compared with women with more decision making power. Although women who participate in making three to four of the specified decisions have the same unmet need as women who do not participate in any of the specified decisions. Women who do not agree with any of the justifications for wife beating have the lowest mean ideal number of children (2.8) and also have the largest unmet need for family planning. Furthermore, for women who participate in three of the specified reasons for wife beating have the largest unmet need for family planning.

13.7 WOMEN'S STATUS AND REPRODUCTIVE HEALTH CARE

Table 13.17 examines whether women's use of antenatal, delivery, and postnatal care services from health workers varies by women's level of empowerment as measured by the two indicators of empowerment. In societies where health care is widespread, women's empowerment may not affect their access to reproductive health services; in other societies, however, increased empowerment of women is likely to increase their ability to seek out and use health services to better meet their own reproductive health goals, including the goal of safe motherhood.

Table 13.17 indicates that none of the two indicators of empowerment are strongly associated with antenatal care, although the high coverage of antenatal care in Tuvalu may reduce the importance of women's empowerment in receiving this service. However, the likelihood of a woman receiving assistance from a skilled provider after childbirth is low, particularly among women who do not participate in the decision-making process, and among women who indicate there are no reasons for which wife-beating is justified. There is no clear relationship between antenatal care and the number of reasons given for when a woman is justified in refusing to have sex with her husband.

Table 13.17: Reproductive health care by women's empowerment

Percentage of women aged 15–49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Tuvalu 2007

Empowerment indicator	Received antenatal care from health personnel	Received delivery assistance from health personnel	Received postnatal care from health personnel within the first two days since delivery ¹	Number of women with a child born in the last five years
Number of decisions in which women participate²				
0	(100.0)	(100.0)	(12.4)	38
1–2	95.4	98.6	58.6	47
3–4	97.6	98.6	57.8	176
Number of reasons for which wife-beating is justified³				
0	95.4	98.6	31.4	93
1–2	100.0	99.4	65.0	119
3–4	96.6	98.3	52.2	65
5	*	*	*	16
Number of reasons given for refusing to have sexual intercourse with husband⁴				
0	*	*	*	6
1–2	(92.2)	(100.00)	(44.9)	42
3	98.2	98.7	52.0	244
Total	97.4	99.0	50.7	292

Note: 'Health personnel' includes doctor, nurse, midwife, or auxiliary nurse or auxiliary midwife. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

¹ Includes deliveries in a health facility and not in a health facility.

² Restricted to currently married women. See Table 13.5 for the list of decisions.

³ See Table 13.9 for the list of reasons.

⁴ See Table 13.11 for the list of reasons.

13.8 KEY RESULTS

The following are the main findings of the 2007 TDHS women's questionnaire.

- There is still significant gender disparity in the employment participation rates of men and women in Tuvalu, with more men employed than women. However, more women receive payment in cash while more men receive no payment for any work.
- Women are more likely to make joint decisions with their husband or partner about the use of their earnings. Over two in five women are more likely to decide for themselves how their cash earnings are used if their husband or partner has no earnings or did not work in the 12 months preceding the survey.
- Most household decisions are made jointly by the husband and wife, although between 15% and 22% of women do not participate in certain household decisions.
- The majority of women (70%) and men (73%) agree with at least one justification for a husband beating his wife. Such findings are of concern because they indicate that the subordinate status of women within the marital relationship is generally accepted.
- Community education and advocacy should promote an understanding that violence against women is not justifiable under any circumstances. In order to promote this ideal, laws also need to be changed.
- The majority of women have a relatively high level of sexual autonomy, however a number of women also believe that they cannot refuse sex with their husband under certain circumstances.
- More than 2% of men aged 15–49 believe that a husband has the right to force his wife to have sex if she refuses him. This is of concern because marital rape is never justified, and this is an area where education efforts should be targeted.
- Men with no education are more likely to believe that violence is justified, and more likely to support men's right to beat their wives if they refuse to have sex. Younger men are also more likely to justify partner violence against women than older men, perhaps indicating a conservative revival among younger generations. Both of these findings need to be examined in greater detail because they challenge our expectations. They highlight the importance of including gender equality and women's rights in the educational programmes of boys in particular.
- The three indicators of women's empowerment are found relate to each other. A higher level of empowerment or sense of entitlement or control in one area relates to a higher level of empowerment in another. This is important because it indicates that if we can affect change in one area of women's empowerment, this change can have additional effects in other areas of women's lives.
- Women who do not participate in any household decisions are less likely to use contraception than women who do. In particular, women who do not participate in household decisions are much less likely to use condoms as a contraceptive method and instead use modern female methods that do not depend on their husband's or partner's cooperation. This has significant implications for women's reproductive health and, in particular, the transmission of STIs. Women's empowerment within the home should therefore be promoted in programmes that target reproductive health.
- Older women, women who are employed and women who are more educated are more likely to have higher indicators of empowerment such as participating in household decisions.
- Policies should focus on improving women's livelihoods, increasing women's education and providing educational and advocacy programmes in rural areas where patriarchal ideologies appear to be stronger.

CHAPTER 14 DOMESTIC VIOLENCE

14.1 INTRODUCTION

In recent years there has been increasing concern about violence against women in general and domestic violence in particular, both in developed and developing countries. Not only has domestic violence against women been acknowledged worldwide as a violation of women's basic human rights, but an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence (UN General Assembly 1991; Heise et al. 1994, 1998; Jejeebhoy 1998). Gender-based violence occurs across all socioeconomic and cultural backgrounds, and in many societies in the Pacific, including Tuvalu, women are socialised to accept, tolerate and even rationalise domestic violence and to remain silent about such experiences (Zimmerman 1994). Violence of any kind has a serious impact on a country's economy, and because women bear the brunt of domestic violence, they bear the health and psychological burdens as well. Victims of domestic violence are abused inside of what should be the most secure environment — their own home.

Worldwide, women experience many forms of violence to a greater extent than men. Violence against women is often referred to as gender-based violence. Gender is the term used to denote the social characteristics assigned to men and women. These characteristics interact with other factors such as age, religion, nationality, ethnicity and social background. Gender-based violence is therefore violence targeted at women or girls on the basis of their subordinate status in society (Heise et al. 1995).

The World Health Organization defines violence as 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation' (Krug et al. 2002). Violence can be self-directed, such as suicidal behaviour; interpersonal, such as family or intimate partner violence or violence between individuals who are not related; or collective, including violence by states or organised groups of people. Furthermore, the nature of violent acts may be physical, sexual, emotional, or may involve neglect or deprivation.

The 2007 TDHS included a set of questions that focused on specific aspects of violence within this broad realm. The questions addressed women's and men's experience of interpersonal violence, including acts of physical, sexual and emotional violence. Information was collected on both domestic violence (also known as spousal violence or intimate partner violence) and violence by other family members or unrelated individuals. Specifically, this chapter presents the prevalence of women and men who have ever experienced interpersonal violence (physical violence since the age of 15 and lifetime experience of sexual violence), and the prevalence of women and men who have experienced intimate partner violence ever, in the 12 months preceding the survey. In addition, detailed information is presented on intimate partner violence, including physical consequences of violence and when partner violence began.

14.2 MEASUREMENT OF VIOLENCE

Collecting valid, reliable and ethical data on intimate partner violence poses particular challenges because:

- perceptions of what constitutes violence or abuse varies across cultures and individuals;
- a 'culture of silence' surrounds domestic violence that can affect reporting; and
- the topic's sensitivity. The safety of respondents and interviewers when asking about domestic violence in a familial setting, and the protection of women who disclose violence, both raise specific ethical concerns.

Responses to these challenges are described below.

14.2.1 The use of valid measures of violence

The 2007 TDHS measured the use of violence by spouses and other household members. Accordingly, information was obtained from ever-married women on violence by spouses and others, and from never-married women on violence by anyone, including boyfriends.

International research on violence shows that intimate partner violence is one of the most common forms of violence against women. As a result, the 2007 TDHS measured spousal/partner violence in more detail than violence by other perpetrators by using a greatly shortened and modified Conflict Tactics Scale (Straus 1990). Specifically, spousal violence was measured using the following set of questions for women.

(Does/did) your (last) husband/partner ever do any of the following things to you?

- a) Slap you?
- b) Twist your arm or pull your hair?
- c) Push you, shake you, or throw something at you?
- d) Punch you with his fist or with something that could hurt you?
- e) Kick you, drag you or beat you up?
- f) Try to choke you or burn you on purpose?
- g) Threaten or attack you with a knife, gun, or any other weapon?
- h) Physically force you to have sexual intercourse with him even when you did not want to?
- i) Force you to perform any sexual acts you did not want to?

In cases when the answer was 'yes', women were asked about the frequency of the act in the 12 months preceding the survey. A 'yes' answer to one or more of the items from 'a' to 'g' above constituted evidence of physical violence, while a 'yes' answer to items 'h' or 'i' constituted evidence of sexual violence. The question about experiencing the act in the 12 months preceding the survey tells us about current experiences of violence verses ever experiencing violence. This is an important point as current experiences of violence is an important indicator for 'severity' of the problem, and a good indicator for effectiveness of interventions (as it will change more rapidly than ever experienced).

This approach of asking about specific acts, in order to measure different forms of violence, has the advantage of not being affected by different understandings of what constitutes a summary term such as violence. By including a wide range of acts, this approach has the additional advantage of giving the respondent multiple opportunities to disclose any experience of violence.

Emotional violence among ever-married women was measured in a similar way, using the following set of questions.

(Does/did) your (last) husband ever:

- a) Say or do something to humiliate you in front of others?
- b) Threaten to hurt or harm you or someone close to you?
- c) Insult you or make you feel bad about yourself?

In addition to these questions, which were only asked of ever-married women, all women were asked about physical violence from people other than the current or most recent spouse/partner with the question: 'From the time you were 15 years old, has anyone [other than your (current/last) husband] hit, slapped, kicked, or done anything else to hurt you physically?' Respondents who answered 'yes' were asked who had done this to them and the frequency of such violence during the 12 months preceding the survey.

All women were also asked: ‘At any time in your life, as a child or as an adult, has any one ever forced you in any way to have sexual intercourse or perform any other sexual acts?’ Respondents who answered ‘yes’ were then asked questions about the age at which this first happened and the person who committed the act.

Although this approach to questioning is generally considered to be optimal, the possibility of under-reporting of violence, particularly sexual violence, cannot be entirely ruled out in any survey.

14.2.2 Ethical considerations

Three specific protections were built into the questionnaire, in accordance with the World Health Organization’s ethical and safety recommendations for research on domestic violence (WHO 2001):

- Only one eligible person in each household was administered questions on violence. In households with more than one eligible woman, the respondent to participate was randomly selected through a specially designed simple selection procedure (based on the ‘Kish Grid’) which was built into the Household Questionnaire. Interviewing only one person in each household provides assurance to the selected respondent that other respondents in the household will not talk about the types of questions the selected respondent was asked.
- Informed consent was obtained from the respondent for the survey at the start of the individual interview. In addition, at the start of the violence section, respondents were read an additional statement informing them that the proceeding questions could be sensitive and reassuring them of the confidentiality of their responses.
- Questions about violence were asked only if privacy could be obtained. If privacy could not be obtained, the interviewer was instructed to skip the questions, thank the respondent, and end the interview. If a translator was needed to conduct the interview in order to maintain privacy, respondents were not asked questions about violence.

14.2.3 Special training for implementing the domestic violence module

Complete privacy was also essential for ensuring the security of the respondent and the interviewer. Asking about or reporting violence, especially in households where the perpetrator may be present at the time of the interview, carries the risk of further violence. Accordingly, interviewers were provided specific training for implementing the set of questions on violence to enable field staff to collect violence data in a secure, confidential and ethical manner.

Although most women who are interviewed do not necessarily ask for help, some abused women may ask the interviewer for assistance. To prepare for this possibility, interviewers were trained to instruct respondents that they could seek help from the police, probation and social welfare officer. These officers are responsible for handling social welfare matters, including the welfare of children and families.

14.3 EXPERIENCE OF VIOLENCE BY WOMEN AGED 15–49 AND MEN AGED 15–54

This section discusses women's experience of violence by any individual, and begins by examining experiences of physical violence since age 15 and physical violence during pregnancy, and continues by presenting data on lifetime experience of sexual violence. Background characteristics associated with increased risk of violence are also discussed.

14.3.1 Physical violence since age 15

Table 14.1 and Figure 14.1 show the distribution of women who have experienced physical violence since age 15, ever and in the 12 months preceding the survey, by background characteristics. Out of the total 501 women interviewed, about 37% have ever experienced physical violence any time since the age of 15, while nearly 25% reported having experienced physical violence in the 12 months preceding the survey. About 1% of women have frequently experienced physical violence, while 23% have experienced violence sometime in the 12 months preceding the survey.

The proportion of women who have experienced physical violence is highest among women aged 20–29. Moreover, women aged 25–29 are most likely to report having experienced physical violence often or sometimes in the 12 months preceding the survey (35%). Although there is very little difference between employed and unemployed women with regard to their experience of physical violence, women who are unemployed are slightly more likely to report having experienced physical violence since age 15. Employed women are more likely to experience physical violence (25%) often in the 12 months preceding the survey than women who are unemployed compared to (23%).

Women who are married or in a living together arrangement are slightly less likely to have ever experienced physical violence (37%) than women who are currently divorced, widowed or separated (38%). The pattern for recent violence suggests that women with partners are more likely to experience violence currently (22%) than women who are currently divorced, widowed or separated in the past 12 months (25%). The number of children that women have is also related to their experience of physical violence. Women with no or few children are more likely to experience physical violence since age 15 and in the past 12 months than women with more children.

Table 14.1: Experience of physical violence

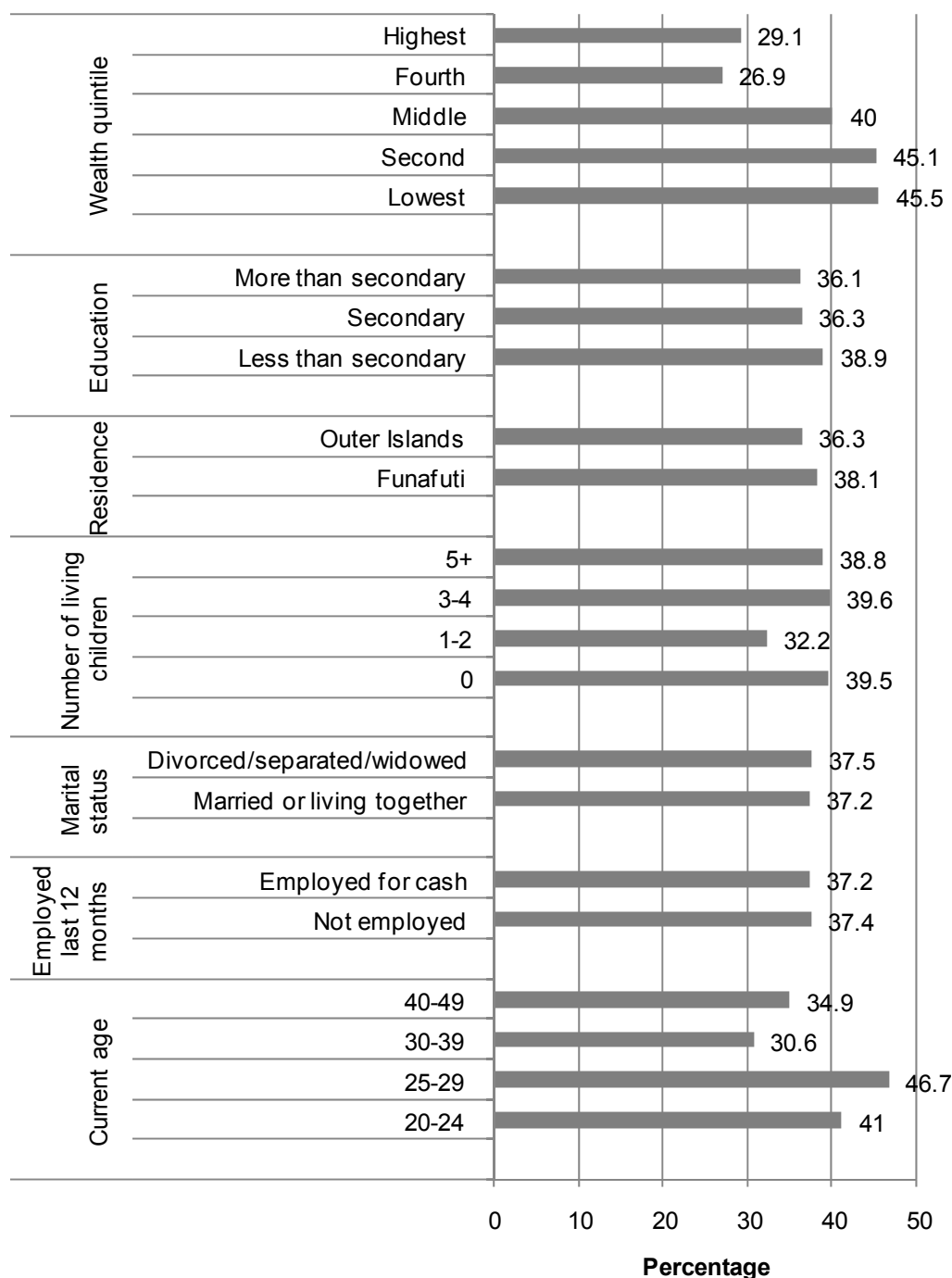
Percentage of women aged 15–49 who have ever experienced physical violence since age 15 and the percentage who have experienced physical violence in the 12 months preceding the survey, by background characteristics Tuvalu 2007

	Percentage who have experienced physical violence since age 15				Number of women
	In the 12 months preceding the survey				
	Ever ¹	Often	Sometimes	Often or sometimes	
Current age					
15–19	*	*	*	*	8
20–24	41.0	2.2	31.6	33.8	65
25–29	46.7	0.0	34.9	34.9	93
30–39	30.6	1.0	16.4	17.4	144
40–49	34.9	2.1	17.5	19.5	190
Employed in 12 months preceding the survey					
Unemployed	37.4	1.6	21.8	23.3	197
Employed for cash	37.2	1.2	24.1	25.3	303
Marital status					
Married or living together	37.2	1.1	23.5	24.6	473
Divorced/separated/widowed	(37.5)	(5.8)	(16.1)	(21.9)	28
Number of living children					
0	39.5	1.2	29.4	30.6	82
1–2	32.2	0.0	23.0	23.0	151
3–4	39.6	2.0	22.3	24.3	185
5+	38.8	2.5	19.0	21.5	83
Residence					
Funafuti	38.1	0.7	27.1	27.8	256
Outer islands	36.3	2.0	19.0	21.0	245
Education					
Less than secondary	38.9	0.3	18.8	19.1	182
Secondary	36.3	2.2	27.1	29.4	220
More than secondary	36.1	1.4	22.2	23.6	99
Wealth quintile					
Lowest	45.5	1.1	27.8	28.9	96
Second	45.1	2.6	27.3	29.8	99
Middle	40.0	2.2	22.9	25.1	103
Fourth	26.9	0.0	15.2	15.2	93
Highest	29.1	0.9	22.3	23.1	110
Total	37.2	1.4	23.1	24.5	501

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

¹ Includes in the 12-month period preceding the survey.

Figure 14.1: Percentage of women aged 15–49 who have ever experienced physical violence since age 15



Physical violence is higher among women in Funafuti (38%) than among women in the outer islands (36%). Women in Funafuti are also more likely to have experienced physical violence in the 12 months preceding the survey, and are more likely to have experienced it often during that time.

Women with less than a secondary education are slightly more likely to have experienced physical violence than women with a secondary education or more than a secondary education. Although women with a secondary education and those with more than a secondary education are equally likely to have ever experienced physical violence, women with a secondary education are much

more likely to have experienced physical violence (29%) in the 12 months preceding the survey than women with more than a secondary education (24%). Women with more than a secondary education and women with less than a secondary education are also less likely to have experienced physical violence in the 12 months preceding the 2007 TDHS (24% and 19%, respectively). There is no clear pattern by wealth quintile of women ever experiencing physical violence; however, Table 14.1 indicates that women in the highest and fourth highest wealth quintiles are less likely to experience physical violence in the 12 months preceding the survey than women in other wealth quintiles.

Among women who have ever experienced physical violence and among women who have experienced sexual violence, Table 14.2 shows the percentages who had reported specific people who committed the violence. Because respondents could have experienced violence at the hands of several people, the percentages do not add up to 100. Among women who have experienced physical violence since age 15, 90% reported that a current husband or partner committed physical violence against them, while 8% reported that they experienced violence by a sister or brother. Other perpetrators commonly reported by women are other relatives (5%), former husbands/partners and ‘others’ (4.5% each).

Table 14.2: People committing physical violence

Among women aged 15–49 who have experienced physical violence since age 15, the percentage who reported specific people who committed the violence, according to the respondent's marital status, Tuvalu 2007

Person	Marital status		Total
	Currently married	Formerly married	
Current husband/partner	89.7	na	84.6
Former husband/partner	4.5	*	9.4
Father/ stepfather	4.1	*	4.4
Mother/ stepmother	1.9	*	2.6
Sister/brother	7.9	*	8.9
Other relative	4.7	*	4.4
Police/ soldier	0.5	*	0.5
Other	4.5	*	4.2
Number of women	176	11	187

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.
na = not applicable

14.3.2. Physical violence during pregnancy

Women who have ever been pregnant were asked about their experience of physical violence during pregnancy. The findings presented in Table 14.3 indicate that overall, 8% of Tuvaluan women experience physical violence while pregnant. Results by background characteristics reveal that younger women are more likely to experience violence during pregnancy than older women. For example, 15% of women aged 25–29 had experienced violence during pregnancy compared with 3% of women aged 30–39. In contrast, 16% of women who have ever been pregnant and have no children had experienced violence compared with 5% among women who have five or more children.

There appears to be a greater difference by marital status, although married women or those in living-together arrangement are less likely to experience physical violence during pregnancy (7%) than those who are divorced, separated or widowed (16%). About 9% of women from the outer islands experienced physical violence while pregnant compared with 7% of women in Funafuti. Relatively higher levels of physical violence during pregnancy are also found among women in the middle to the lowest wealth quintiles. Women with less than a secondary education and those with a secondary education are more likely to experience physical violence during pregnancy than women who have more than a secondary education.

Table 14.3: Violence during pregnancy

Among women aged 15–49 who have ever been pregnant, the percentage who have ever experienced physical violence during pregnancy, by background characteristics, Tuvalu 2007

	Percentage who have ever experienced physical violence during pregnancy	Number of women who have ever been pregnant
Current age		
15–19	*	6
20–24	(12.8)	51
25–29	15.0	82
30–39	2.8	133
40–49	6.3	181
Marital status		
Married or living together	7.4	429
Divorced/separated/widowed	(15.7)	24
Number of living children		
0	(15.9)	35
1–2	7.5	151
3–4	7.7	185
5+	5.4	83
Residence		
Funafuti	6.9	232
Outer islands	8.8	221
Education		
Less than secondary	6.3	171
Secondary	10.4	196
More than secondary	5.1	87
Wealth quintile		
Lowest	12.0	86
Second	5.9	91
Middle	12.6	97
Fourth	2.3	81
Highest	5.8	97
Total	7.8	454

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

14.3.3 Lifetime sexual violence

The 2007 TDHS investigated women's experiences of sexual violence, and included a question on whether the respondent's first sexual intercourse was forced against her will. Table 14.4 shows that women aged 15–24 are more likely to report that their first sexual intercourse was forced against their will than women from other age groups. These women are also more likely to have experienced a forced sexual encounter before first marriage or first cohabitation (17%) than at the time of first marriage or first cohabitation (13%).

Table 14.4: Force at sexual initiation

Percentage of women aged 15–49 who have ever had sexual intercourse who say that their first experience of sexual intercourse was forced against their will, by age at first sexual intercourse and whether the first sexual intercourse was at the time of first marriage or before, Tuvalu 2007

	Percentage whose first sexual intercourse was forced against their will	Number of women who have ever had sex
Age at first sexual intercourse		
<15	*	5
15–19	14.3	176
20–24	14.2	228
25–29	6.6	44
30–49	*	14
Missing	(7.8)	31
First sexual intercourse was:		
At the time of first marriage/first cohabitation	13.0	352
Before first marriage/first cohabitation ¹	16.5	116
Missing	(7.8)	31
Total	13.4	499

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

¹ Includes never married women.

The 2007 TDHS also included two sets of questions on sexual violence. Sexual violence limits women's ability to practice safer sex and to protect themselves from STIs and unwanted pregnancies (WHO 1999). The first set of questions asked ever-married respondents only about sexual violence committed by their current spouse (if they were currently married) and their most recent spouse (if they were currently divorced, separated or widowed). The second set of questions asked all respondents whether they had ever, as a child or as an adult, experienced sexual violence. Sexual violence in this context includes being forced to have sexual intercourse or perform any other sexual acts against one's will. Tables 14.5 and 14.6 present the results on experiencing any sexual violence. Results on sexual violence by a spouse or intimate partner are explored in detail later in section 14.4.4.

Table 14.5: Experience of sexual violence

Percentage of women aged 15–49 who have ever experienced sexual violence, by background characteristics, Tuvalu 2007

	Percentage who have ever experienced sexual violence ¹	Number of women
Current age		
15–19	*	8
20–24	20.1	65
25–29	18.5	93
30–39	21.0	144
40–49	22.7	190
Employed in 12 months preceding survey		
Not employed	19.9	197
Employed for cash	22.1	303
Marital status		
Married or living together	20.6	473
Divorced/separated/widowed	(31.2)	28
Residence		
Funafuti	21.2	256
Outer islands	21.2	245
Education		
Less than secondary	21.1	182
Secondary	22.7	220
More than secondary	18.1	99
Wealth quintile		
Lowest	17.8	96
Second	31.1	99
Middle	19.5	103
Fourth	16.8	93
Highest	20.5	110
Total	21.2	501

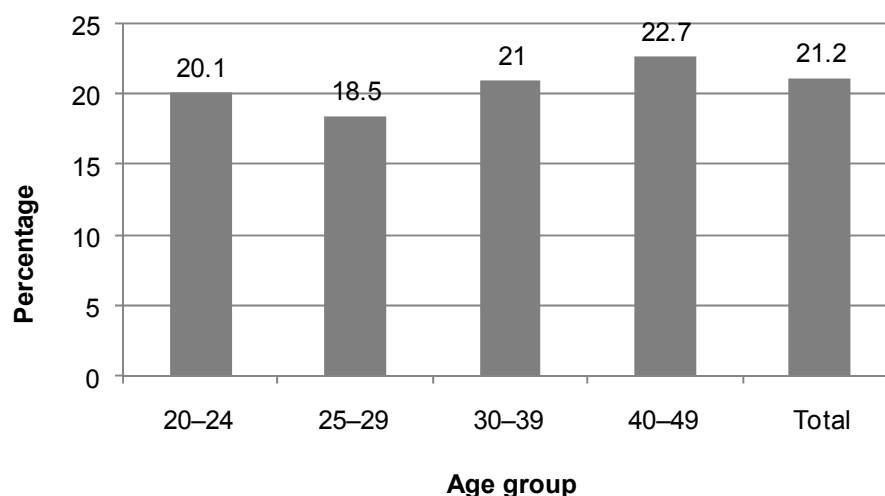
Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

Figures in parentheses are based on 25–49 cases.

¹ Including those whose sexual initiation was forced against their will.

As shown in Table 14.5, about one in five women (21%) have ever experienced sexual violence. Women in the 40–49 age group are more likely to have experienced sexual violence than women from other age groups (Fig. 14.2). Women who are employed and those who are divorced, separated or widowed are more likely than other women to have experienced sexual violence. The likelihood of experiencing sexual violence decreases with a woman's educational attainment, and is higher among women in the second wealth quintile than among women in the highest wealth quintile, followed by women in the middle wealth quintile. Women who are employed and women from the highest wealth quintile are not protected from sexual violence.

Figure 14.2: Percentage of women aged 15–49 who have ever experienced sexual violence by age group



14.3.4 Physical or sexual violence

Table 14.6 shows the percentages of respondents who have received different combinations of physical and sexual violence, by current age during the time of the survey. Overall, 25% of women aged 15–49 have experienced physical violence only, while 9% have experienced sexual violence only. Over one in ten women (12%) have experienced both physical and sexual violence, and nearly five in ten women (47%) have experienced either physical or sexual violence. The likelihood of having experienced either physical or sexual violence decreases with age, from nearly 100% among women aged 15–19 to 40% among women aged 30–39. The authors of this report emphasise caution when interpreting the results of some of the age groups due to the very small number of cases.

Table 14.6: Experience of different forms of violence

Percentage of women aged 15–49 who have experienced different forms of violence by current age, Tuvalu 2007

	Physical violence only	Sexual violence only ¹	Physical and sexual violence ¹	Physical or sexual violence ¹	Number of women
Age					
15–19	69.5	30.5	0.0	100.0	8
..15–17	100.0	0.0	0.0	100.0	1
..18–19	63.1	36.9	0.0	100.0	7
20–24	32.4	11.5	8.6	52.5	65
25–29	36.4	8.1	10.3	54.9	93
30–39	18.6	9.0	12.0	39.6	144
40–49	20.7	8.5	14.2	43.4	190
Total	25.4	9.3	11.9	46.6	501

¹ Including those whose sexual initiation was forced against their will

14.4 SPOUSAL/INTIMATE PARTNER VIOLENCE

This section is devoted to violence perpetrated by intimate partners who are married to the respondent, or who live with the respondent as if married. Since spousal or intimate partner violence is the most common form of violence against women aged 15–49, the 2007 TDHS collected detailed information on the different types of violence experienced (i.e. physical, sexual and emotional). Currently married women were asked about violence perpetrated by their current husband, and formerly married women were asked about violence perpetrated by their most recent husband.

14.4.1 Degree of marital control exercised by husband

Tuvaluan women were asked six specific acts of control exercised by their husbands or partners. The results are summarised in Table 14.7, which shows the percentage of ever-married women aged 15–49 whose husband or partner ever demonstrated specific types of controlling behaviours, by background characteristics of respondents.

Four in ten women (40%) said that their husbands or partners always insist on knowing where they are at all times. Nearly three in ten women (29%) reported that their husband or partner is jealous or angry if they talk to other men, and just under 16% of women said they are not permitted to meet their female friends. Less than one in five respondents (13%) said that they are frequently accused of being unfaithful while one in ten respondents (10%) said that their husbands did not trust them with money.

Overall, 18% of respondents said that their husband or partner displays three or more of the specific behaviours described in Table 14.7 compared with 48% who said that their husbands or partners do not display any of the specific controlling behaviours listed. The results vary little by age, although younger women aged 20–24 are more likely to experience more of the specified controlling behaviours than women in younger age groups. Employed women are slightly less likely to experience three or more of the specific controlling behaviours (17%) than unemployed women (19%). And women with no living children are more likely to experience three or more of the specific controlling behaviours than women of other parities.

Three in ten divorced, separated or widowed women (31%) are likely to experience any three or more of the controlling behaviours while women who have been married for five to nine years experience 25% of three or more specific controlling behaviours. There is no specific pattern by marital duration, although those women who are currently married and those married for 10 or more years are less likely to experience three or more of the controlling behaviours listed in Table 14.7

Table 14.7: Degree of marital control exercised by husbands*Percentage of ever-married women aged 15–49 whose husband/partner ever demonstrates specific types of controlling behaviours, according to background characteristics, Tuvalu 2007*

	Percentage of women whose husband:								Number of women
	Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Does not trust her with any money	Displays 3 or more of the specific behaviours	Displays none of the specific behaviours	
Current age									
15–19	*	*	*	*	*	*	*	*	8
20–24	46.6	6.9	30.4	13.8	56.2	14.4	26.1	26.7	65
25–29	24.9	17.4	12.5	4.8	52.4	6.0	16.7	42.8	93
30–39	25.8	11.7	14.5	8.8	30.0	10.1	16.5	55.7	144
40–49	26.9	14.1	11.9	7.3	34.7	10.6	15.5	52.7	190
Employed in 12 months preceding survey									
Not employed	31.3	13.6	15.7	8.5	38.4	8.3	19.3	51.2	197
Employed for cash	28.0	13.0	16.1	8.0	41.6	11.8	17.0	45.0	303
Number of living children									
0	38.4	16.1	28.2	9.9	56.2	9.6	26.3	31.7	82
1–2	25.5	8.8	11.5	7.3	39.2	13.1	14.2	49.0	151
3–4	27.2	16.4	14.9	7.9	33.6	10.3	17.7	51.6	185
5+	31.4	11.2	14.0	8.9	41.3	6.7	16.4	51.5	83
Marital status and duration									
Currently married woman	28.5	12.8	15.3	7.6	39.9	9.8	17.0	47.6	473
..Married only once	29.3	10.8	15.2	7.3	39.9	9.0	17.4	48.9	410
....0–4 years	40.2	8.4	22.3	8.6	50.7	15.1	21.5	31.0	94
....5–9 years	30.3	20.9	17.6	9.4	45.0	9.0	24.8	44.2	88
....10+ years	24.5	7.9	11.2	6.0	33.5	6.4	12.8	58.2	228
..Married more than once	23.3	25.5	16.0	9.5	39.8	15.5	14.8	39.0	63
Divorced/separated/widowed	(40.6)	(20.4)	(26.5)	(18.3)	(46.1)	(20.0)	(31.2)	(45.9)	28
Residence									
Funafuti	24.5	12.5	15.4	6.6	41.4	12.5	16.1	44.3	256
Outer islands	34.1	14.0	16.4	9.9	39.1	8.3	19.6	50.9	245

Table 14.7 (continued)

	Percentage of women whose husband:								Number of women
	Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Does not trust her with any money	Displays 3 or more of the specific behaviours	Displays none of the specific behaviours	
Education									
Less than secondary	27.6	14.0	11.6	8.8	40.1	6.9	14.7	49.5	182
Secondary	31.8	12.4	22.2	10.3	39.9	11.1	20.6	46.8	220
More than secondary	26.7	13.4	9.9	2.5	41.4	15.5	17.4	45.5	99
Wealth quintile									
Lowest	33.3	17.4	18.7	14.7	42.0	9.8	20.4	48.3	96
Second	41.8	15.3	18.2	12.5	43.6	10.5	23.5	43.7	99
Middle	22.5	8.4	20.0	8.2	36.7	10.0	17.1	51.8	103
Fourth	22.3	11.9	6.6	1.6	37.0	8.6	9.4	51.7	93
Highest	26.5	13.2	15.4	4.3	41.9	12.8	18.3	42.7	110
Total	29.2	13.2	15.9	8.2	40.3	10.4	17.8	47.5	501

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

Women in the outer islands are more likely to experience three or more controlling behaviours from their husband or partner (20%) than women in Funafuti (16%). However, more women in Funafuti are not trusted with money by their husbands (13%) than women in the outer islands (8%). The proportion of women who reported three or more controlling behaviours by their husband or partner is 21% for women with a secondary education and 17% for those with more than a secondary education, and 15% for those with less than a secondary education. It appears that women in the lower wealth quintiles are more likely to experience controlling behaviours by a husband or partner (20%) than women in wealthier households (18%).

14.4.2 Physical, sexual or emotional violence

Respondents were asked about seven specific acts of physical violence, three questions about sexual violence and three about emotional violence. The acts of physical and sexual violence are listed in Table 14.8. The results show that 33% of women have experienced physical violence at the hands of their husband or partner, 10% have experienced sexual violence, and 28% have experienced emotional violence. Overall, more than one-third of ever-married women (41%) have experienced any kind of violence (physical, sexual or emotional) by a husband or other intimate partner.

Among the physical acts of violence, slapping was the most commonly reported act, experienced by 27% of women, while 17% of women have been pushed, shaken, or had something thrown at them by their husband or partner. About 5% of women were forced to have sex by their husband or partner when they did not want to, and 18% were insulted or made to feel bad about themselves.

Table 14.8: Forms of spousal violence

Percentage of ever-married women aged 15–49 who have experienced various forms of violence ever or in the 12 months preceding the survey, committed by their husband/partner, Tuvalu 2007

	In 12 months preceding survey ¹			
	Ever	Often	Sometimes	Often or sometimes
Physical violence				
Any	33.3	1.4	22.4	23.8
..Pushed her, shook her, or threw something at her	16.8	1.0	11.6	12.6
..Slapped her	27.1	1.1	17.5	18.6
..Twisted her arm or pulled her hair	10.1	0.9	6.9	7.8
..Punched her with his fist or with something that could hurt her	16.0	0.8	10.3	11.1
..Kicked her, dragged her, or beat her up	11.0	0.9	6.4	7.3
..Tried to choke her or burn her on purpose	1.9	0.0	0.9	0.9
..Threatened her or attacked her with a knife, gun, or any other weapon	5.0	0.0	4.1	4.1
Sexual violence				
Any	10.0	0.2	4.9	5.1
..Physically forced her to have sexual intercourse with him even when she did not want to	4.7	0.2	3.8	4.0
..Forced her to perform any sexual acts she did not want to	5.0	0.2	4.1	4.3
..Sexual initiation was with current or most recent husband and was forced	4.7	-	-	-
Emotional violence				
Any	28.1	2.9	20.3	23.1
..Said or did something to humiliate her in front of others	15.6	1.3	11.3	12.7
..Threatened to hurt or harm her or someone close to her	15.1	1.0	10.5	11.5
..Insulted her or made her feel bad about herself	17.9	1.5	14.6	16.2
Any form of physical and/or sexual violence	36.8	1.4	23.7	25.0
Any form of physical and sexual violence	6.5	0.9	4.5	5.4
Any form of emotional, physical and/or sexual violence	41.1	3.3	28.3	31.6
Any form of emotional, physical and sexual violence	4.9	1.7	3.2	4.9
Number of ever married women	501	486	486	486

¹ Excludes widows.

Table 14.9 shows the experience of ever-married women with different types of violence by background characteristics. Among ever-married women, an increase in age reduces their chances of experiencing emotional, physical and sexual violence at the hands of their husband or other intimate partner (e.g. 49% of women aged 15–29 to 35% of women aged 40–49). Women who are employed are less likely to have experienced emotional, physical and sexual violence at the hands of their husband or other intimate partner than unemployed women, while those who are unemployed are more likely to experience each type of violence. As parity increases, women are less likely to experience emotional, physical or sexual violence at the hands of their husband or other intimate partner. For example, one-third (35%) of women with one to two living children experienced emotional, physical or sexual violence at the hands of their husband or other intimate partner compared with almost half of women with zero parity.

There is a strong relationship between marital status and experience of violence. Women who have been married more than once are more likely to have experienced each type of violence. This finding suggests that experience of violence may increase the likelihood that marital relationships will end. Currently married women in their first marriage are less likely than currently married women who have married more than once to experience physical and sexual violence by their husbands (40% compared with 46%). Among women who have been married only once, there is no clear pattern with regard to the likelihood of them having experienced each type of violence; however, women in their first four years of marriage are more likely to experience all kinds of abuse than women who have been married for longer.

Table 14.9: Spousal violence by background characteristics

Percentage of ever-married women aged 15–49 by whether they have ever experienced emotional, physical or sexual violence committed by their husband/partner, according to background characteristics, Tuvalu 2007

	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical or sexual violence	Number of women
Current age						
15–19	*	*	*	*	*	8
20–24	27.9	39.5	7.5	47.0	48.5	65
25–29	34.5	43.1	5.5	43.1	49.8	93
30–39	26.7	29.2	13.1	33.6	38.7	144
40–49	24.1	28.3	11.2	31.7	34.8	190
Employed in 12 months preceding survey						
Not employed	28.8	32.7	10.5	36.9	42.0	197
Employed for cash	27.7	33.8	9.7	36.9	40.7	303
Number of living children						
0	36.0	39.5	7.6	44.0	49.6	82
1–2	21.4	28.1	7.0	31.9	34.5	151
3–4	30.1	32.8	11.8	35.9	41.2	185
5+	27.6	37.6	13.7	40.5	44.4	83
Marital status and duration						
Currently married woman	27.7	33.3	9.4	36.9	41.1	473
...Married only once	26.3	31.5	9.4	35.6	40.3	410
....0–4 years	28.7	37.0	6.3	42.2	47.1	94
....5–9 years	34.0	34.0	6.9	34.0	43.3	88
....10+ years	22.4	28.2	11.7	33.5	36.3	228
...Married more than once	37.0	44.9	9.3	44.9	46.4	63
Divorced/separated/widowed	(33.6)	(33.8)	(20.3)	(35.7)	(40.9)	28
Residence						
Funafuti	28.2	33.7	9.2	35.9	41.0	256
Outer islands	27.9	32.9	10.9	37.8	41.2	245

Table 14.9 (continued)

	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical or sexual violence	Number of women
Education						
Less than secondary	28.7	32.0	12.7	37.5	41.8	182
Secondary	29.5	33.5	10.4	37.0	41.8	220
More than secondary	23.6	35.2	3.9	35.2	38.0	99
Wealth quintile						
Lowest	36.1	42.2	11.0	47.0	50.8	96
Second	32.5	42.6	19.5	46.7	52.8	99
Middle	27.9	30.0	8.6	35.0	36.4	103
Fourth	22.0	25.9	3.0	25.9	30.9	93
Highest	22.3	26.5	7.7	30.0	35.1	110
Respondent's father beat her mother						
Yes	41.5	51.9	14.1	56.1	60.6	53
No	26.5	28.8	9.0	32.2	36.7	395
Don't Know	26.2	48.4	13.2	52.1	54.3	52
Total	28.1	33.3	10.0	36.8	41.1	501

Note: Women not currently married were asked questions about the behaviour of their most recent husband or partner using the past tense. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

The results show that women experience violence regardless of their place of residence or educational background.

Table 14.9 shows that as household wealth increases, the level of violence against women decreases. For instance, women in the highest wealth quintile are least likely to experience emotional, physical or sexual violence at the hands of their husband or other intimate partner compared with women in lower wealth quintiles.

Respondents who had witnessed or experienced their father beating their mother are more likely to experience emotional, physical or sexual violence at the hands of their own husband or other intimate partner (61%) than respondents who did not (37%).

14.4.3 Frequency of spousal abuse

Table 14.10 shows the percent distribution of ever-married women who reported emotional violence and who reported physical or sexual violence by current or most recent spouse in the 12 months preceding the survey, and the frequency with which violence was experienced, according to selected background characteristics. About 80% of women who have ever experienced emotional violence by their current or most recent husband experienced such violence in the 12 months preceding the survey, and 10% experienced emotional violence often. Similarly, 71% of women who have ever experienced physical or sexual violence by their current or most recent husband have experienced such violence in the 12 months preceding the survey, and 4% have experienced such violence often.

Unemployed women are more likely to have experienced spousal emotional, or physical or sexual violence ‘often’ in the 12 months preceding the survey than women who are employed for cash, who are likely to experience such violence ‘sometimes’.

The likelihood of experiencing spousal emotional, or physical or sexual violence ‘often’ in the 12 months preceding the survey increases with increasing parity (i.e. increasing number of living children).

Among women who have ever experienced spousal emotional, physical or sexual violence, those who have been married for up to nine years are more likely to have experienced such violence in the 12 months preceding the survey. As can be expected, the frequency of violence in the 12 months preceding the survey among women who reported ever experiencing the violence is

higher for currently married women than for women who are separated or divorced. However, currently married women who have been married more than once are less likely than currently married women in their first marriage to have experienced such violence, and have experienced it 'sometimes'.

Differences by residence shows that women who have ever experienced spousal emotional, physical or sexual violence are more likely to have experienced such violence in the 12 months preceding the survey, and to have experienced it more often if they live in the outer islands than in Funafuti.

Women who with a secondary level education are more likely than women with less than a secondary education to have experienced spousal violence in the 12 months preceding the survey and to experience it often.

Table 14.10: Frequency of spousal violence among those who report violence

Percent distribution of ever-married women aged 15–49 (excluding widows) who have ever suffered emotional violence by their husband or partner by frequency of violence in the 12 months preceding the survey, and the percent distribution of those who have ever suffered physical or sexual violence committed by their husband or partner by frequency of violence in the 12 months preceding the survey, according to background characteristics, Tuvalu Islands 2007

Characteristics	Frequency of emotional violence in the 12 months preceding survey				Number of women	Frequency of physical or sexual violence in the 12 months preceding survey				Number of women
	Often	Sometimes	Not at all	Total		Often	Sometimes	Not at all	Total	
Age										
Current age										
15–19	*	*	*	*	6	*	*	*	*	5
20–24	*	*	*	*	18	(5.0)	(79.2)	(15.9)	(100.0)	29
25–29	(9.4)	(80.9)	(9.7)	(100.0)	32	(0.0)	(73.8)	(26.2)	(100.0)	40
30–39	(5.1)	(79.3)	(15.7)	(100.0)	38	(3.2)	(58.9)	(37.9)	(100.0)	44
40–49	(10.4)	(59.4)	(30.2)	(100.0)	45	7.5	58.2	34.3	100.0	52
Employed last 12 months										
Not employed	11.9	65.4	22.6	100.0	56	4.9	63.6	31.5	100.0	62
Employed	8.7	73.5	17.7	100.0	83	3.5	68.8	27.8	100.0	108
Number of living children										
0	(10.3)	(77.0)	(12.7)	(100.0)	30	(2.7)	(77.2)	(20.1)	(100.0)	36
1–2	(3.0)	(83.2)	(13.8)	(100.0)	31	(0.0)	(74.5)	(25.5)	(100.0)	41
3–4	13.4	61.3	25.2	100.0	55	6.1	64.0	29.9	100.0	62
5+	*	*	*	*	23	(6.6)	(50.7)	(42.7)	(100.0)	31
Marital status and duration										
Currently married woman	8.7	70.9	20.5	100.0	131	3.2	67.7	29.1	100.0	163
..Married only once	9.2	68.3	22.5	100.0	108	2.6	65.8	31.6	100.0	135
....0–4 years	(12.4)	(68.5)	(19.1)	(100.0)	27	(1.3)	(80.2)	(18.6)	(100.0)	39
....5–9 years	(10.1)	(75.2)	(14.7)	(100.0)	30	(3.1)	(79.5)	(17.3)	(100.0)	30
....10+ years	6.9	64.2	28.9	100.0	51	3.1	51.2	45.6	100.0	66
..Married more than once	*	*	*	*	23	*	*	*	*	28
Divorced/separated	*	*	*	*	8	*	*	*	*	7
Residence										
Funafuti	9.1	79.2	11.7	100.0	72	2.1	77.1	20.8	100.0	90
Outer islands	11.0	60.5	28.4	100.0	66	6.1	55.5	38.4	100.0	80

Table 14.10 (continued)

Characteristics	Frequency of emotional violence in the 12 months preceding survey				Number of women	Frequency of physical or sexual violence in the 12 months preceding survey				Number of women
	Often	Sometimes	Not at all	Total		Often	Sometimes	Not at all	Total	
Education										
Less than secondary	5.7	64.5	29.8	100.0	51	0.9	54.4	44.7	100.0	56
Secondary	10.2	77.7	12.2	100.0	65	6.1	78.4	15.5	100.0	80
More than secondary	*	*	*	*	23	(4.1)	(60.4)	(35.5)	(100.0)	35
Wealth quintile										
Lowest	(7.4)	(69.4)	(23.2)	(100.0)	33	(2.7)	(61.9)	(35.5)	(100.0)	38
Second	(10.4)	(64.2)	(25.4)	(100.0)	32	(6.1)	(64.0)	(29.9)	(100.0)	42
Middle		*	*	*	29	*	*	*	*	33
Fourth		*	*	*	21	*	*	*	*	24
Highest		*	*	*	24	*	*	*	*	33
Total		70.3	19.7	100.0	139	4.0	66.9	29.1	100.0	171

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

14.4.4 Spousal violence by husband's characteristics

Table 14.11 shows the percentage of ever-married women aged 15–49 who have ever suffered emotional, physical or sexual violence committed by their husband or partner, according to his characteristics, marital characteristics, and women's empowerment indicators. Among women who experienced such violence, those whose husband or partner have no education or only a primary education are more likely to experience emotional, physical or sexual violence than those whose husband or partner have a secondary or higher education.

A husband's alcohol consumption and, particularly, how often he gets drunk are associated with spousal violence. Interestingly, women who report that their husband never drinks are as likely to experience each type of spousal violence as women who report that their husband drinks. Spouses who report that their husband gets drunk often are more likely to experience each type of violence than women who report that their husband gets drunk sometimes. For example, 72% of women who report that their husband gets drunk very often have experienced emotional, physical or sexual violence, compared with 46% of those who say that their husband gets drunk sometimes, 38% whose say that their husband drinks but never gets drunk, and 27% who say that their husband does not drink.

Table 14.11 also shows that spousal age differences are also associated with violence. For example, women who are older or who are 10 years younger than their husband or partner are more likely to experience emotional, physical or sexual violence than women who are the same age as their husband or who are one to nine years younger than their husband or partner. Women whose husband or partner is better educated are less likely to experience all three types of violence (i.e. physical, sexual or emotional) than women who are better educated than their husband or spouse.

Marital control behaviours displayed by a husband or partner (as listed in Table 14.7) appear to be strongly associated with spousal violence. Table 14.11 shows that as the number of marital control behaviours displayed by a husband or partner increases, the proportion of women who experience emotional, physical or sexual violence also increases.

Table 14.11: Spousal violence by husband's characteristics and empowerment indicators

Percentage of ever-married women aged 15–49 who have ever suffered emotional, physical or sexual violence committed by their husband or partner, according to husband's characteristics, marital characteristics, and women's empowerment indicators, Tuvalu 2007

Characteristic	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical or sexual violence	Number of women
Husband's/partner's education						
No education/Primary	30.2	32.3	13.4	37.8	41.0	179
Secondary+	25.8	33.1	7.6	35.5	40.7	282
DK/missing	(36.0)	(40.9)	(12.6)	(43.8)	(46.5)	38
Husband's/partner's alcohol consumption						
Does not drink	15.0	17.3	6.9	23.0	27.0	189
Drinks/never gets drunk	(19.7)	(38.3)	(3.9)	(38.3)	(38.3)	29
Gets drunk sometimes	31.5	37.3	11.7	40.3	45.9	231
Gets drunk very often	64.7	70.4	17.3	70.4	72.2	52
Spousal age difference¹						
Wife older	35.1	41.5	12.9	43.1	49.5	107
Wife is same age	*	*	*	*	*	27
Wife is 1–4 years younger	25.5	32.6	7.1	36.0	39.9	145
Wife is 5–9 years younger	18.9	27.6	8.2	31.7	33.1	106
Wife is 10+ years younger	36.3	38.0	10.8	42.5	49.6	85

Table 14.11 (continued)

Characteristic	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical or sexual violence	Number of women
Spousal education difference						
Husband better educated	23.8	26.7	7.7	31.2	36.0	137
Wife better educated	32.2	39.4	8.9	42.2	46.3	173
Both equally educated	24.7	29.5	11.5	33.6	37.6	134
Neither educated	*	*	*	*	*	1
Don't Know/missing	33.9	39.8	15.4	41.7	46.0	57
Number of marital control behaviors displayed by husband/partner						
0	8.3	15.4	2.3	16.9	17.7	238
1–2	32.6	39.2	10.2	43.8	51.1	174
3–4	68.9	62.6	21.8	71.2	80.2	70
5–6	*	*	*	*	*	19
Number of decisions in which women participate						
0	7.4	7.4	2.1	7.4	7.4	54
1–2	40.4	38.7	10.5	39.5	48.7	74
3–4	28.2	36.1	10.3	40.9	44.7	345
Number of reasons given for refusing to have sexual intercourse with husband						
0	*	*	*	*	*	8
1–2	23.9	21.7	8.2	25.6	34.0	70
3	29.0	35.4	10.3	38.8	42.5	424
Number of reasons for which wife-beating is justified						
0	27.9	36.8	8.4	38.6	40.7	143
1–2	31.6	32.3	10.5	38.7	45.7	200
3–4	23.8	31.0	9.7	32.8	36.0	123
5	(23.5)	(32.7)	(14.8)	(32.7)	(34.1)	35
Total	28.1	33.3	10.0	36.8	41.1	501

Note: Women not currently married were asked questions about the behaviour of their most recent husband or partner using the past tense. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25–49 cases.

¹ Currently married women.

Women's participation in household or family decision-making probably does not have a strong association with their emotional, physical or sexual violence experienced at the hands of their husband or partner. Table 14.11 shows some variation within each violence category, although overall, there is little variation in the three categories of violence (emotional, physical or sexual) as the number of decisions that women participate in increases.

There is some relationship between the reasons that wife beating is justified and the emotional, physical or sexual violence women experience at the hands of their husband or partner. As Table 14.11 shows, in general, as the number of reasons for which wife beating is justified decreases, the proportion of women who experience violence at the hands of their husband or partner decreases.

Table 14.12: Onset of marital violence

Percent distribution of ever-married women by number of years between marriage and first experience of physical or sexual violence by their husband/partner, if ever, according to marital status and duration, Tuvalu 2007

	Years between marriage ¹ and first experience of violence							Total	Number of women	
	Experienced no violence	Before marriage ¹	<1 year	1–2 years	3–5 years	6–9 years	10+ years			
Marital status and duration										
Currently married	63.1	1.3	13.0	11.8	7.0	2.3	1.4	0.0	100.0	473
..Married only once	64.4	1.5	13.0	10.5	6.3	2.7	1.6	0.0	100.0	410
....< 3 years	59.2	1.7	28.1	10.9	na	na	na	0.0	100.0	58
....3–5 years	58.8	6.6	14.6	18.4	na	na	na	0.0	100.0	64
....6–9 years	67.3	0.0	6.1	10.7	9.4	na	na	0.0	100.0	61
....10+ years	66.5	0.5	10.6	8.2	8.4	3.1	na	0.0	100.0	228
Married more than once	55.1	0.0	13.1	20.3	11.5	0.0	0.0	0.0	100.0	63
Divorced/separated/widowed	(64.3)	(1.9)	(5.8)	(10.2)	(9.0)	(1.7)	(1.9)	(5.2)	(100.0)	28
Total	63.2	1.4	12.6	11.7	7.1	2.3	1.4	0.3	100.0	501

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

na = not applicable

¹ For couples who are not married but are living together as if married, the time of marriage refers to the time when the respondent first started living together with her partner.

Table 14.12 shows the percent distribution of ever-married women by the number of years between marriage and first experience of physical or sexual violence by their husband or partner (if ever), according to marital status and duration. Table 14.12 also shows that overall, 35% of ever-married women experience physical or sexual violence by their husband or partner, of which 13% experience such violence in the first year of marriage, while 12% experience it over one to two years after their marriage. This violence decreases after three to ten years of marriage. About 1% of ever-married women experience physical or sexual violence before marriage.

14.4.5 Physical consequences of spousal violence

In the 2007 TDHS, women who had ever experienced spousal physical or sexual violence were asked about the physical consequences of the violence. Specifically, they were asked if, as a consequence of what their spouses did to them, they ever had any of three different sets of injuries: 1) cuts, bruises or aches; 2) burns, eye injuries, sprains or dislocations; and 3) deep wounds, broken bones, broken teeth or any other serious injury.

Table 14.13 shows the percentage of ever-married women who reported any spousal physical or sexual violence by different types of physical consequences according to the type of violence ever experienced.

About 75% of women have experienced sexual violence by their current or most recent husband or partner, 47% have experienced physical violence, and 45% have experienced both physical or sexual violence. For each type of violence, women were most likely to report having experienced cuts, bruises or aches, followed by eye injuries, sprains, dislocations or burns. Women were least likely to report having suffered the most severe injuries; nevertheless, more than one in ten women (ranging between 1% and 12%) who have ever experienced physical or sexual violence by their husband or partner reported suffering deep wounds, broken bones, broken teeth or other serious injuries.

Table 14.13: Injuries to women due to spousal violence

Percentage of ever-married women aged 15–49 who have experienced specific types of spousal violence by types of injuries resulting from what their husband or partner did to them, according to the type of violence and whether they have experienced the violence ever and in the 12 months preceding the survey, Tuvalu 2007

	Percentage of women who have had:				Number of ever married women
	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of these injuries	
Experienced physical violence					
Ever ¹	43.7	18.2	3.2	47.3	167
In 12 months preceding survey ²	47.3	21.3	4.1	51.1	116
Experienced sexual violence					
Ever ¹	(70.3)	(42.7)	(12.0)	(75.0)	30
In 12 months preceding survey ²	*	*	*	*	25
Experienced physical or sexual violence					
Ever ¹	42.1	17.5	3.1	45.5	173
In 12 months preceding survey ²	45.0	20.2	3.9	48.6	122

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

¹ Includes in the 12-month period prior to the survey.

² Excludes widows.

14.4.6 Self-report of violence initiated by the respondent

The 2007 TDHS also asked women about violence they themselves initiated against their spouse or other intimate partner. Specifically, women were asked, 'Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband or partner at times when he was not already beating or physically hurting you?' Women who answered yes to this question were asked about the frequency of such violence in the 12 months preceding the survey.

Table 14.14 shows the percentage of ever-married women who have ever initiated violence against their current or most recent husband, and the percentage of all ever-married women (excluding widows) who say that they have initiated spousal violence in the 12 months preceding the survey. Overall, 10% of ever-married women report that they have ever initiated physical violence against their current or most recent husband, while 6% say they have committed such violence in the 12 months preceding the survey.

Table 14.14: Violence by women against their spouse

Percentage of ever-married women aged 15–49 who have committed physical violence against their husband or partner when he was not already beating or physically hurting them ever in the 12 months preceding the survey, according to women's own experience of spousal violence and their own and husband's/partner's characteristics, Tuvalu 2007

Characteristics	Percentage who have committed physical violence against their current or most recent husband/partner			
	Ever	Number of women	In 12 months preceding survey ¹	Number of women ¹
Woman's experience of spousal physical violence				
Ever	20.2	166	12.6	164
..In 12 months preceding survey	22.4	116	17.5	115
..Not in 12 months preceding survey/ widow/ missing	14.8	50	1.1	49
Never	4.5	335	3.2	322
Current age				
15–19	*	8	*	8
20–24	15.5	65	9.1	65
25–29	8.5	93	6.4	93
30–39	9.3	144	6.5	140
40–49	8.4	190	4.9	179
Employed in 12 months preceding survey				
Unemployed	9.7	197	6.9	191
Employed for cash	9.7	303	6.0	294
Number of living children				
0	16.6	82	11.6	81
1–2	7.0	151	4.5	144
3–4	8.6	185	5.3	178
5+	10.1	83	6.5	83
Residence				
Funafuti	10.6	256	7.8	252
Outer islands	8.7	245	4.7	235
Marital status and duration				
Currently married woman	9.9	473	6.5	473
..Married only once	10.2	410	7.1	410
....0–4 years	12.2	94	8.8	94
....5–9 years	13.3	88	11.3	88
....10+ years	8.2	228	4.7	228
..Married more than once	7.5	63	3.0	63
Divorced/separated/widowed	*	*	*	14

Table 14.14 (continued)

Characteristics	Percentage who have committed physical violence against their current or most recent husband/partner			
	Ever	Number of women	In 12 months preceding survey ¹	Number of women ¹
Education				
Less than secondary	6.2	182	4.8	172
Secondary	9.6	220	6.3	218
More than secondary	16.3	99	9.2	97
Husband's/partner's education				
No education/Primary	9.0	179	4.6	170
Secondary+	11.3	282	8.0	281
Don't Know/missing	(1.4)	(38)	(1.5)	35
Husband's/partner's alcohol consumption				
Does not drink	5.1	189	4.3	182
Drinks/never gets drunk	6.4	29	0.0	29
Gets drunk sometimes	10.4	231	7.2	226
Gets drunk very often	(24.5)	(52)	(13.6)	49
Spousal age difference²				
Wife older	11.4	107	8.5	107
Wife is same age	*	*	*	27
Wife is 1–4 years younger	9.3	145	5.3	145
Wife is 5–9 years younger	12.1	106	7.8	106
Wife is 10+ years younger	7.4	85	4.7	85
Spousal education difference				
Husband better educated	9.0	137	4.9	133
Wife better educated	15.3	173	9.6	169
Both equally educated	4.8	134	3.6	132
Neither educated	*	*	*	1
Don't Know/missing	5.9	57	6.4	52
Wealth quintile				
Lowest	8.4	96	6.7	87
Second	11.8	99	9.2	98
Middle	9.7	103	4.6	102
Fourth	4.6	93	3.1	91
Highest	13.2	110	7.8	108
Total	9.7	501	6.3	486

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

¹ Excludes widows.

² Currently married widows.

In comparing the statistics in Tables 14.14, it is important to note that: 1) because of the survey's commitment to protect respondents, interviewers did not collect violence data from couples. Only one person per household was administered the questions regarding violence, so it is not possible to compare an individual woman's report with that of her husband's experience; 2) the less thorough manner in which respondents were asked about the spousal physical violence they initiated compared with the violence they received (one question versus seven) is expected to result in a lower figure; 3) under-reporting by respondents of violence they initiated could also be an issue in which respondents not reporting the correct information.

Differences among women who initiated physical violence against their current or most recent husband are generally small. Women who reported ever experiencing physical violence at the hands of their husband are more likely (20%) to report having initiated violence against their husband than women who never experienced physical violence by their husband (5%). The women most likely to report initiating physical violence against their husband vary and there is no clear trend.

14.5 SEEKING HELP

All respondents who have ever experienced physical or sexual violence by any person were asked a series of questions about whether and from whom they sought help to try to end the violence. Table 14.15 shows that 51% of women who experienced violence sought help, 18% never told anyone, and 20% who told someone. Women who experienced physical violence only, or both physical and sexual violence, are most likely to seek help than those who experienced sexual violence only. In other words, those women who experienced sexual violence only are least likely to seek help or tell someone. The number of respondents who seek help generally increases with age and with number of living children. Unemployed women are least likely to tell anyone if they experience violence.

Women who are divorced, separated or widowed and have ever experienced physical or sexual violence, are less likely than currently married women to seek help. Currently married women who have been married more than once are less likely (95) than currently married women in their first marriage (20%) to seek help.

About 58% of women in Funafuti seek help, compared with 44% of women in the outer islands. However, more women in the outer islands never told anyone about the violence they experience (22%) as compared to only 15% in Funafuti. Women with less than a secondary education are more likely not to seek help when they experience violence compared with women with higher levels of education. Unemployed women are more likely to seek help compared to employed women. There is no clear pattern between a woman's wealth status and the likelihood of her seeking help if she experiences violence; however, women in the highest, middle and second wealth quintiles are more likely than women in other wealth quintiles to not tell anyone when they experience violence.

Table 14.15: Help seeking to stop violence

Percent distribution of women aged 15–49 who have ever experienced physical or sexual violence by whether they have told anyone about the violence and whether they have ever sought help from any source to and the violence according to type of violence and background characteristics, Tuvalu 2007

Type of violence/characteristic	Never told anyone	Percentage who told someone	Have sought help from any source	Missing/DK	Total	Number of women
Type of violence						
Physical only	20.0	23.2	54.2	2.6	100.0	127
Sexual only	(9.0)	(7.2)	(35.2)	(48.6)	(100.0)	47
Both physical and sexual	21.6	22.8	55.7	0.0	100.0	59
Current age						
15–19	*	*	*	*	*	8
20–24	(21.4)	(16.4)	(54.0)	(8.2)	100.0	34
25–29	(15.5)	(21.8)	(52.8)	(10.0)	(100.0)	51
30–39	26.9	26.5	36.4	(10.3)	(100.0)	57
40–49	13.2	14.7	57.1	15.0	100.0	82
Employed in 12 months preceding survey						
Not employed	22.4	18.2	46.1	13.3	100.0	89
Employed for cash	15.6	20.9	53.6	9.9	100.0	145
Number of living children						
0	(15.2)	(22.9)	(58.5)	(3.4)	(100.0)	43
1–2	8.4	17.7	53.6	20.3	100.0	69
3–4	28.0	15.2	47.9	9.0	100.0	85
5+	(17.5)	(31.5)	(42.8)	(8.2)	(100.0)	36

Table 14.15 (continued)

Type of violence/characteristic	Never told anyone	Percentage who told someone	Have sought help from any source	Missing/DK	Total	Number of women
Marital status and duration						
Currently married woman	17.8	20.4	50.5	11.4	100.0	220
..Married only once	19.6	22.7	46.8	10.9	100.0	182
....0–4 years	(15.3)	(19.7)	(53.7)	(11.3)	(100.0)	51
....5–9 years	(28.6)	(22.1)	(38.6)	(10.7)	(100.0)	37
....10+ years	18.5	24.7	46.1	10.7	100.0	94
..Married more than once	(8.9)	(8.9)	(68.7)	(13.6)	(100.0)	37
Divorced/separated/widowed	*	*	*	*	*	14
Residence						
Funafuti	14.6	20.3	57.7	7.3	100.0	116
Outer islands	21.7	19.4	43.9	15.0	100.0	118
Education						
Less than secondary	22.4	16.2	46.8	14.5	100.0	85
Secondary	15.5	21.1	53.2	10.2	100.0	103
More than secondary	(16.5)	(23.9)	(52.5)	(7.1)	(100.0)	46
Wealth quintile						
Lowest	19.7	21.1	44.8	14.4	100.0	52
Second	20.2	18.6	50.9	10.3	100.0	54
Middle	(29.3)	(11.8)	(53.2)	(5.7)	(100.0)	50
Fourth	(6.0)	(26.7)	(45.9)	(21.4)	(100.0)	35
Highest	(10.9)	(23.9)	(58.7)	(6.5)	(100.0)	43
Total	18.2	19.9	50.7	11.2	100.0	233

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

Table 14.18 shows who women seek help from when they experience, by type of violence. Among all women who seek help, 65% seek help from their own family, 16% seek help from a friend or neighbour, and 15% seek help from their in-laws.

Table 14.16: Sources from where help was sought

Percentage of women aged 15–49 who have ever experienced physical or sexual violence and sought help according to source from which help was sought, by type of violence experienced, Tuvalu 2007

	Type of violence		Total
	Any physical	Any sexual	
Percentage who sought help from:			
Own family	65.0	(50.0)	61.1
In-laws	14.9	(8.5)	13.7
Friend/ neighbour	16.2	(23.4)	20.3
Religious leader	3.1	(3.3)	2.6
Police	5.9	(4.80)	5.0
Other	11.7	(19.3)	11.8
Number of women	102	50	118

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

14.6 KEY RESULTS

This section highlights the main findings discussed in the chapter regarding current and lifetime physical and sexual violence experienced by Tuvaluan women aged 15–49 and among pregnant women. The results show that about 37% of women have experienced physical violence since age 15, and 25% have experienced violence in the 12 months preceding the survey. Women in Funafuti, women with little education and women in the lowest and second wealth quintile households are the most likely to have ever experienced violence.

- Among women aged 15–49 who have ever been pregnant, nearly one in ten (8%) reported having ever experienced physical violence during pregnancy. Violence during pregnancy is more common among women in the outer islands, women with only a primary and secondary education, and women living in lower and third wealth quintile households.
- A little more than one in five women (21%) aged 15–49 who have ever had sexual intercourse have ever experienced sexual violence; women who are employed for cash, women with less than a secondary education, and women in the second wealth quintile are more likely to have experienced sexual violence.
- More than half the number of women (56%) who have ever experienced both physical and sexual violence sought help from any source. About 23% told someone about the violence they experienced while nearly the same proportion of women (22%) never told anyone about either the physical and sexual violence they experienced.
- Among all women who sought help, over six in ten were likely to have sought help from their own family, 16% sought help from a friend or neighbour, and 15% sought help from their in-laws.

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APPENDIX A SAMPLE IMPLEMENTATION

Table A.1: Sample implementation – Women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban-rural residence and region, Tuvalu 2007

Result	Residence		Region							Total
	Funafuti	Outer Islands	Nanumea	Nanumaga	Niutao	Nui	Vaitupu	Nukufetau	Funafuti	
Selected households										
Completed (C)	96.9	96.1	92.2	100.0	90.3	100.0	96.7	100.0	96.9	96.3
Refused (R)	0.0	0.2	0.0	0.0	0.0	0.0	1.1	0.0	0.0	0.1
Dwelling vacant/address not a dwelling (DV)	3.1	3.7	7.8	0.0	9.7	0.0	2.2	0.0	3.1	3.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	229	538	102	60	103	100	90	83	229	767
Household response rate (HRR) ¹	100.0	99.8	100.0	100.0	100.0	100.0	98.9	100.0	100.0	99.9
Eligible women										
Completed (EWC)	94.8	95.9	95.6	96.3	94.9	96.3	94.0	98.8	94.8	95.4
Not at home (EWNH)	0.2	0.2	0.0	0.0	0.0	1.2	0.0	0.0	0.2	0.2
Refused (EWR)	3.7	1.0	0.0	0.0	0.0	1.2	3.6	1.2	3.7	2.2
Partly completed (EWPC)	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1
Incapacitated (EWI)	1.0	2.4	4.4	1.9	4.0	1.2	2.4	0.0	1.0	1.8
Other (EWO)	0.0	0.4	0.0	1.9	1.0	0.0	0.0	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	402	490	90	54	99	82	83	82	402	892
Eligible women response rate (EWRR) ²	94.8	95.9	95.6	96.3	94.9	96.3	94.0	98.8	94.8	95.4
Overall response rate (ORR) ³	94.8	95.7	95.6	96.3	94.9	96.3	92.9	98.8	94.8	95.3

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

$$\frac{100 * C}{C + HP + P + R + DNF}$$

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

³ The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

Table A.2: Sample implementation – Men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban-rural residence and region, Tuvalu 2007

Result	Residence					Region				Total
	Funafuti	Outer Islands	Nanumea	Nanumaga	Niutao	Nui	Vaitupu	Nukufetau	Funafuti	
Selected households										
Completed (C)	96.5	97.0	94.1	100.0	92.5	100.0	97.8	100.0	96.5	96.9
Refused (R)	0.0	0.4	0.0	0.0	0.0	0.0	2.2	0.0	0.0	0.3
Dwelling vacant/address not a dwelling (DV)	3.5	2.6	5.9	0.0	7.5	0.0	0.0	0.0	3.5	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	115	271	51	30	53	50	45	42	115	386
Household response rate (HRR) ¹	100.0	99.6	100.0	100.0	100.0	100.0	97.8	100.0	100.0	99.7
Eligible men										
Completed (EMC)	92.0	93.8	96.7	96.8	88.9	92.8	92.4	97.9	92.0	93.0
Not at home (EMNH)	1.1	0.3	0.0	0.0	0.0	1.4	0.0	0.0	1.1	0.7
Refused (EMR)	3.0	2.4	1.7	0.0	3.2	1.4	6.1	0.0	3.0	2.7
Incapacitated (EMI)	3.4	3.6	1.7	3.2	7.9	4.3	1.5	2.1	3.4	3.5
Other (EMO)	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	263	337	60	31	63	69	66	48	263	600
Eligible men response rate (EMRR) ²	92.0	93.8	96.7	96.8	88.9	92.8	92.4	97.9	92.0	93.0
Overall response rate (ORR) ³	92.0	93.4	96.7	96.8	88.9	92.8	90.4	97.9	92.0	92.8

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

$$\frac{100 * C}{C + HP + P + R + DNF}$$

C + HP + P + R + DNF

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

EWC + EWNH + EWP + EWR + EWPC + EWI + EWO

³ The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR / 100$$

APPENDIX B DATA QUALITY TABLES

Table B.1: Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Tuvalu 2007

Age	Women		Men	
	Number	Percent	Number	Percent
0	65	3.1	57	2.8
1	41	2.0	50	2.4
2	54	2.6	49	2.4
3	50	2.4	46	2.2
4	37	1.8	45	2.2
5	35	1.7	42	2.0
6	51	2.5	50	2.4
7	40	1.9	63	3.0
8	57	2.7	62	3.0
9	42	2.0	58	2.8
10	45	2.1	56	2.7
11	49	2.4	46	2.2
12	44	2.1	54	2.6
13	37	1.8	49	2.4
14	31	1.5	47	2.3
15	13	0.6	20	1.0
16	28	1.3	30	1.4
17	25	1.2	37	1.8
18	26	1.2	57	2.7
19	34	1.6	47	2.3
20	38	1.8	40	1.9
21	31	1.5	37	1.8
22	25	1.2	43	2.0
23	49	2.3	36	1.7
24	29	1.4	27	1.3
25	46	2.2	47	2.2
26	29	1.4	25	1.2
27	28	1.4	27	1.3
28	29	1.4	26	1.2
29	16	0.8	22	1.1
30	22	1.0	14	0.7
31	23	1.1	17	0.8
32	26	1.2	22	1.1
33	28	1.3	19	0.9
34	13	0.6	13	0.6
35	14	0.7	28	1.3
36	19	0.9	22	1.1
37	21	1.0	21	1.0
38	29	1.4	16	0.8
39	23	1.1	29	1.4
40	28	1.4	24	1.1
41	30	1.4	22	1.1
42	26	1.3	27	1.3
43	20	1.0	34	1.6
44	31	1.5	19	0.9
45	45	2.2	26	1.2
46	42	2.0	20	0.9
47	23	1.1	34	1.6
48	34	1.6	28	1.3
49	17	0.8	26	1.2
50	28	1.3	16	0.8

Table B.1 (continued)

Age	Women		Men	
	Number	Percent	Number	Percent
51	23	1.1	18	0.9
52	36	1.7	23	1.1
53	31	1.5	22	1.0
54	33	1.6	21	1.0
55	16	0.8	14	0.7
56	26	1.2	18	0.9
57	14	0.7	20	1.0
58	10	0.5	14	0.7
59	17	0.8	12	0.6
60	15	0.7	8	0.4
61	13	0.6	12	0.6
62	12	0.6	12	0.6
63	12	0.6	5	0.3
64	14	0.7	8	0.4
65	9	0.4	8	0.4
66	11	0.6	6	0.3
67	20	1.0	11	0.5
68	10	0.5	5	0.2
69	14	0.7	9	0.4
70+	79	3.8	62	3.0
Don't know/missing	1	0.0	3	0.2
Total	2,082	100.0	2,082	100.0

Table B.2.1: Age distribution of eligible and interviewed women

De facto household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age groups, Tuvalu 2007

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percent of women
		Number	Percent	
10-14	206	na	na	na
15-19	126	123	13.4	97.9
20-24	173	162	17.7	93.8
25-29	148	144	15.7	97.1
30-34	112	103	11.2	91.6
25-39	106	103	11.3	97.2
40-44	136	129	14.1	94.8
45-49	161	152	16.6	94.2
50-54	151	na	na	na
15-49	962	915	100.0	95.2

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the 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 B.2.2: Age distribution of eligible and interviewed men

De facto household population of men aged 10-64, interviewed men aged 15-59 and percent of eligible men who were interviewed (weighted), Tuvalu 2007

Age group	Household population of men age 10-64	Interviewed men age 15-59		Percentage of eligible men interviewed
		Number	Percent	
10-14	135	na	na	na
15-19	100	98	16.1	97.9
20-24	92	85	14.1	92.5
25-29	75	72	11.9	96.3
30-34	46	39	6.4	84.4
25-39	48	47	7.7	97.0
40-44	63	58	9.5	91.6
45-49	70	66	10.9	94.4
50-54	58	55	9.1	94.9
55-59	37	36	5.9	96.2
60-64	26	na	na	na
15-59	590	607	95.9	102.8

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the 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 B.3: Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Tuvalu 2007

Subject	Percentage with missing information	Number of cases
Month Only (births in last 15 years)	0.53	1,249
Month and Year (births in last 15 years)	0.22	1,249
Age at Death (deceased children born in the last 15 years)	0.00	43
Age/date at first union (ever married women) ¹	0.51	658
Age/date at first union (ever married men)	0.00	355
Respondent's education (all women)	0.13	851
Respondent's education (all men)	0.00	558
Diarrhea in last 2 weeks (living children 0-59)	14.32	432
Height (living children 0-59 from Household Questionnaire)	3.80	496
Weight (living children 0-59 from Household Questionnaire)	3.95	496
Height or weight (living children 0-59 from Household Questionnaire)	4.07	496
Anemia (living children 6-59 months from Household Questionnaire)	6.38	423
Anemia (all women from the Household Questionnaire)	7.26	962
Anemia (all men from the Household Questionnaire)	10.85	645

¹ Both year and age missing

Table B.4: Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Tuvalu 2007

Calendar year ¹	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar year ratio ³		
	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2007	69	0	69	100.0	-	100.0	111.0	-	111.0	na	na	na
2006	84	2	87	100.0	100.0	100.0	116.7	0.0	110.0	na	na	na
2005	85	2	87	100.0	100.0	100.0	96.2	-	101.8	99.6	117.4	100.0
2004	86	2	87	100.0	100.0	100.0	93.3	0.0	89.8	102.9	35.6	99.2
2003	82	7	89	100.0	100.0	100.0	83.6	1,048.3	97.1	110.3	322.5	116.6
2002	63	3	65	100.0	100.0	100.0	186.4	0.0	165.4	78.8	60.4	77.8
2001	77	2	79	98.7	100.0	98.7	90.1	-	94.8	101.3	80.2	100.7
2000	90	2	92	98.8	66.7	98.1	118.4	200.0	119.7	111.7	100.6	111.4
1999	84	2	86	100.0	100.0	100.0	181.6	100.0	178.7	91.6	137.7	92.4
1998	93	1	94	99.3	100.0	99.3	100.5	-	102.8	116.0	19.3	109.6
2007-2003	405	14	419	100.0	100.0	100.0	99.1	190.7	101.2	na	na	na
2002-1998	407	10	417	99.3	93.1	99.2	126.1	120.7	125.9	na	na	na
1997-1993	375	18	394	98.9	91.1	98.5	118.3	93.5	117.0	na	na	na
1992-1988	281	22	303	100.0	100.0	100.0	140.1	132.9	139.5	na	na	na
< 1988	258	23	281	99.2	100.0	99.3	89.4	313.5	98.1	na	na	na
All	1,727	87	1,813	99.5	97.3	99.4	113.5	157.6	115.2	na	na	na

NA = Not applicable

¹ Both year and month of birth given

² $(B_m/B_f) \times 100$, where B_m and B_f are the numbers of male and female births, respectively

³ $[2B_x / (B_{x-1} + B_{x+1})] \times 100$, where B_x is the number of births in calendar year x

Table B.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), Tuvalu 2007

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	4	1	3	4	12
1	5	3	2	2	12
2	0	0	0	1	1
3	0	1	1	0	2
5	1	0	1	0	2
7	0	0	1	0	1
10	1	0	0	1	1
11	1	0	0	0	1
13	0	0	0	1	1
15	0	0	0	1	1
21	0	0	0	1	1
28	1	0	0	0	1
Total 0-30	12	6	8	10	36
Percent early neonatal ¹	80.3	100.0	92.3	70.2	83.4

¹ ≤ 6 days / ≤ 30 days

Table B.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, Tuvalu 2007

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 ^a	12	6	8	10	36
1	1	0	1	1	3
4	0	0	2	0	2
5	0	2	1	0	2
6	0	0	1	0	1
7	0	0	1	0	1
8	0	0	1	0	1
9	0	0	0	1	1
10	0	0	0	1	1
11	0	0	0	1	1
15	0	0	0	1	1
23	0	0	1	0	1
1 Year	0	1	1	2	4
Total 0-11	13	7	14	13	48
Percent neonatal ¹	91.7	76.6	58.1	75.2	74.8

^a Includes deaths under one month reported in days

¹ Under one month / under one year

APPENDIX C LIST OF PEOPLE INVOLVED IN THE DHS

Name	Title
Letasi Luli	Steering Committee member
Michael Noa	Steering Committee member
Miliama Simeona	Steering Committee member
Dr Stephen Homasi	Steering Committee member
Milikini Natano	Steering Committee member
Taufala Nia	Steering Committee member
Melali Taape	Steering Committee member
Lupe Tavita	Steering Committee member
David Manuella	Steering Committee member
Niutui Niutui	Tuvalu DHS Project Manager
Semu Malona	Tuvalu Government Statistician
Dr Elizabeth Go	Macro Consultant
Han Ridders	Macro Consultant
Graeme Brown	Former Manager, Statistics & Demography Programme, SPC
Dr Gerald Haberkorn	Manager, Statistics & Demography Programme, SPC
Arthur Jorai	SPC, Population and Development Specialist
Leilua Taulealo	SPC, Data Processing Officer
Kaobari Matikarai	SPC, DHS Technical Officer
Kathryn Coucher	SPC, Public Health
Toakai Puapua	Supervisor
Sami Neemia	Supervisor
Tulua Teo	Nurse
Taotao Homasi	Nurse
Lakena Amuia	Field Editor
Taupule Elisaia	Field Editor
Lila Fousaga	Enumerator
Folasaga Tealofi	Enumerator
Dawn Taupili	Enumerator
Eseta Vitale	Enumerator
Tauinise Kitiseni	Enumerator
Ilau Malo	Enumerator
Tanei Simeona	Enumerator
Siolilo Faleni	Enumerator
Semi Tafia	Enumerator
Teaunu Lopati	Enumerator
Akesa Aligi	Enumerator
Mase Tumua	Office Clerk
Petsy Lotoala	Data editing supervisor
Toakai Puapua	Data editing supervisor
Lila Fousaga	Data operator
Tutasi Kitiona	Data operator
Teaunu Lopati	Data operator
Lindsay Thoma	Data operator

APPENDIX D TUVALU DHS QUESTIONNAIRE



2007 DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD QUESTIONNAIRE

29 May 2007

GOVERNMENT OF TUVALU
CENTRAL STATISTICS DIVISION

IDENTIFICATION

NAME OF ISLAND _____

NAME OF VILLAGE _____

NAME OF HOUSEHOLD HEAD _____

HOUSEHOLD NUMBER

TOWN/RURAL
(FUNAFUTI=1, OTHER=2)

HOUSEHOLD SUB-SELECTED FOR MALE SURVEY? 1 YES 2 NO

INTERVIEWER VISITS

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

***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 OF INTERVIEW 1 ENGLISH 2 TUVALUAN 3 NUI 4 OTHER _____

LANGUAGE OF RESPONDENT 1 ENGLISH 2 TUVALUAN 3 NUI 4 OTHER _____

TRANSLATOR USED? 1 YES 2 NO

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

Introduction and Consent

Hello. My name is _____ and I am working with the Central Statistics Division. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

Talofa. Toku igoa ko _____ kae ko au e galue tasi mo te Matagaluega o Fuainumela. Matou e galue ki luga i mea kola e pokotia i ei te ola lei i luga i tou atufenua. E fialia lasi matou ki tou kau fakatasi mai ki te savea tenei. Te leva o tou taimi e fakamaumau ki te savea e nofo ki te sefulu ki te sefulima minute.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

Nisi tulaga o te savea, a matou ka fesili ki a koe e uiga ki te otou kaiga. A tali katoa ka tausi fakalei kae tapu ma fakaasi ki sose tino aka. Tou kau ki te savea e i luga e iloa i tau filifiliga. Kafai e oko taua ki fesili kola e se fialia koe o tali, ko fai mai ne koe, ke olo taua ki te sua fesili, io me mafai fua ne koe o fakagata taku faipatiga i sose taimi. Te fakatau ke kau fakatasi koe ki te savea tenei ona ko ou manatu e taaua kii iloa.

At this time, do you want to ask me anything about the survey *I te vaitimi nei, e isi ne au fesili e fia fai mai e uiga mo te savea tenei?*

May I begin the interview now?

E mafai ne au o kamata te fakafesiliga nei?

Signature of interviewer: _____ Date: _____

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
							MARITAL STATUS			
	<p>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.</p> <p><i>Fakamolemole fai mai aka a igoa o tino e nofo saale i te otou kaiga mo otou maloo kola ne nofo i konei i te po anafi, kamata mai i te matai o te kaiga?</i></p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p><i>Se a te va o (IGOA) ki te matai o te kaiga?</i></p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p> <p>A (IGOA) se tagata io me se fafine?</p>	<p>Does (NAME) usually live here?</p> <p>A (IGOA) e nofo saale i konei?</p>	<p>Did (NAME) stay here last night?</p> <p>A (IGOA) ne nofo i konei i te po ko teka?</p>	<p>How old is (NAME) on his/her last birthday?</p> <p><i>Ko fia nei a tausaga o (IGOA)?</i></p>	<p>What is (NAME'S) current marital status?</p> <p><i>Se a nei te tulaga o (IGOA) fakatauavaga?</i></p> <p>1=MARRIED OR LIVING TOGETHER 2=DIVORCED/SEPARATED 3=WIDOWED 4=NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15 OR OVER</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 1 2		01	01	01
02			1 2	1 2	1 2	1 2		02	02	02
03			1 2	1 2	1 2	1 2		03	03	03
04			1 2	1 2	1 2	1 2		04	04	04
05			1 2	1 2	1 2	1 2		05	05	05
06			1 2	1 2	1 2	1 2		06	06	06
07			1 2	1 2	1 2	1 2		07	07	07
08			1 2	1 2	1 2	1 2		08	08	08
09			1 2	1 2	1 2	1 2		09	09	09
10			1 2	1 2	1 2	1 2		10	10	10

(2A) Ke toe fakapatonu aka me e sao e iloa a taku fakasologa i te otou kaiga. E mata e koi isi ne nisi tino aka pela mo ne tamaliki foliki io me ne pepe ne seki fakamau ne taua?

2B) E mata koi isi ne nisi tino aka kola se ne tino o te kaiga o koutou pela mo tino galue a koutou, ne tino e nofo ia koutou io me ne taugasoa o koutou kola e maasani o nofo ia koutou?

2C) E mata e isi ne otou maloo, ne tino ne aasi atu tua pela ne nofo koutou, io me sose tino aka tela ne nofo i konei i te po ko teka, kae ne seki fakamau ki lalo?

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
							MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN	CIRCLE LINE NUMBER OF ALL MEN	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	<p>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.</p> <p><i>Fakamolemole fai mai aka a igoa o tino e nofo saale i te otou kaiga mo otou maloo kola ne nofo i konei i te po anafi, kamata mai i te matai o te kaiga?</i></p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p><i>Se a te va o (IGOA) ki te matai o te kaiga?</i></p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p> <p><i>A (IGOA) se tagata io me se fafine?</i></p>	<p>Does (NAME) usually live here?</p> <p><i>A (IGOA) e nofo saale i konei?</i></p>	<p>Did (NAME) stay here last night?</p> <p><i>A (IGOA) ne nofo i konei i te po ko teka?</i></p>	<p>How old is (NAME) on his/her last birthday?</p> <p><i>Ko fia nei a tausaga o (IGOA)?</i></p>	<p>What is (NAME)'s current marital status?</p> <p><i>Se a nei te tulaga o (IGOA) fakatauavaga?</i></p> <p>1=MARRIED OR LIVING TOGETHER 2=DIVORCED/SEPARATED 3=WIDOWED 4=NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN</p> <p>AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN</p> <p>AGE 15 OR OVER</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?

YES ☐ ADD TO TABLE NO ☐

(2B) 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 ☐ ADD TO TABLE NO ☐

(2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ☐ ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|----------------------------------|-----------------------------|
| 01=HEAD | 08=BROTHER OR SISTER |
| 02=WIFE OR HUSBAND | 09=NIECE/NEPHEW BY BLOOD |
| 03=SON OR DAUGHTER | 10=NIECE/NEPHEW BY MARRIAGE |
| 04=SON-IN-LAW OR DAUGHTER-IN-LAW | 11=OTHER RELATIVE |
| 05=GRANDCHILD | 12=ADOPTED/FOSTER/STEPCHILD |
| 06=PARENT | 13=NOT RELATED |
| 07=PARENT-IN-LAW | 98=DON'T KNOW |

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION
	<p>Is (NAME)'s natural mother alive?</p> <p><i>A te matua tonu o (IGOA) koi ola?</i></p>	<p>Does (NAME)'s natural mother usually live in this household or was she a guest last night?</p> <p><i>A te matua tonu o (IGOA) e masani o nofo i te kaiga tenei io me a ia se maloo i konei i te po ko teka?</i></p> <p>IF YES: What is her name?</p> <p><i>Ko oi a tena igoa?</i></p> <p>RECORD MOTHER'S LINE NO.</p> <p>IF NO, RECORD '00'.</p>	<p>Is (NAME)'s natural father alive?</p> <p><i>A te tamana tonu o (IGOA) koi ola?</i></p>	<p>Does (NAME)'s natural father usually live in this household or was he a guest last night?</p> <p><i>A te tamana tonu o (IGOA) e masani o nofo i te kaiga tenei io me a ia se maloo i konei i te po ko teka?</i></p> <p>IF YES: What is his name?</p> <p><i>Ko oi a tena igoa?</i></p> <p>RECORD FATHER'S LINE NO.</p> <p>IF NO, RECORD '00'.</p>	<p>Has (NAME) ever attended school?</p> <p><i>A (IGOA) kai akoga aka loa?</i></p> <p>IF NO AND LAST MEMBER: SKIP TO Q.101.</p>	<p>What is the highest level of school (NAME) has attended?</p> <p><i>Se a e iloa te levolo maluga o te akoga a (IGOA) ne oko ki ei?</i></p> <p>What is the highest year (NAME) completed at that level?</p> <p><i>Se a e iloa te tausaga maluga a (IGOA) ne oti i ei i te levolo tena?</i></p> <p>SEE CODES BELOW.</p>	<p>Did (NAME) attend school at any time during the 2007 school year?</p> <p><i>A (IGOA) kai fano o akoga i se taimi o te tausaga faka-akoga o te 2007?</i></p>	<p>During this school year, what level and year is (NAME) attending?</p> <p><i>I te tausaga akoga tenei se a te levolo mo te tausaga a (IGOA) ne ulu atu o akoga?</i></p> <p>SEE CODES BELOW.</p>	<p>Did (NAME) attend school at any time during the previous school year, that is, 2006?</p> <p><i>A (IGOA) ne fano o akoga i se taimi o te tausaga ko teka, tela ko te 2006?</i></p>	<p>During that school year, what level and year did (NAME) attend?</p> <p><i>I te tausaga akoga tena, te levolo mo te tausaga ne ulu atu i ei a (IGOA) o akoga?</i></p> <p>SEE CODES BELOW.</p>	<p>Does (NAME) have a birth certificate?</p> <p><i>A (IGOA) e isi se na pepa asofanau?</i></p> <p>IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?</p> <p><i>E mata ne fakamau tena fanauga i te ofisa fakamau asofanau?</i></p> <p>1 = YES, SEEN 2 = YES, NOT SEEN 3 = REGISTERED 4 = NEITHER 8 = DON'T KNOW</p>
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01	Y N DK 1 2 8 ↓ GOTO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GOTO 16	<input type="text"/>	Y N 1 2 ↓ GOTO 101	<input type="text"/>	Y N 1 2 ↓ GOTO 20	<input type="text"/>	Y N 1 2 ↓ GOTO 101	<input type="text"/>	<input type="text"/>
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CODES FOR Qs. 17, 19, AND 21: EDUCATION

LEVEL	YEAR
0 = PRE-SCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 19 AND 21)
2 = SECONDARY	98 = DON'T KNOW
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	<p>What is the main source of drinking water for members of your household?</p> <p><i>Se a eiloa te koga masani e maua mai i ei a vai inu a te otou kaiga?</i></p>	<p>CISTERN/TANK PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12</p> <p>CISTERN/TANK OWNED BY COMMUNITY 21 OWNED BY NEIGHBOURS 22</p> <p>DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32</p> <p>TANKER TRUCK 41 BOTTLED WATER 51</p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	<p>What is the main source of water used by your household for other purposes such as cooking and handwashing?</p> <p><i>E maua mai i fea a vai masani e fakaaoga ne te otou kaiga mo kuuaka kae fulu a lima?</i></p>	<p>CISTERN/TANK PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12</p> <p>CISTERN/TANK OWNED BY COMMUNITY 21 OWNED BY NEIGHBOURS 22</p> <p>DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32</p> <p>TANKER TRUCK 41 BOTTLED WATER 51</p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 106</p>
103	<p>Where is that water source located?</p> <p><i>E tu i fea te koga e maua i ei te vai tena?</i></p>	<p>IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3</p>	<p>→ 106</p>
104	<p>How long does it take to go there, get water, and come back?</p> <p><i>E fia te leva ma fano koe ki te koga tena o asu mai a vai kae e toe foki mai?</i></p>	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DONT KNOW 998</p>	
105	<p>Who usually goes to this source to fetch the water for your household?</p> <p><i>Ko oi eiloa e fano saale o asu mai a vai ma te otou kaiga?</i></p>	<p>ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4</p> <p>OTHER 6 (SPECIFY)</p>	
106	<p>Do you do anything to the water to make it safer to drink?</p> <p><i>E isi ne au mea e fai ki te vai ke mafai ei o lei ma inu?</i></p>	<p>YES 1 NO 2 DONT KNOW 8</p>	<p>→ 108</p>
107	<p>What do you usually do to make the water safer to drink?</p> <p><i>Ne a au mea e fai saale ki te vai ke lei i te inu?</i></p> <p>Anything else? <i>E isi aka foki?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>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</p> <p>OTHER X (SPECIFY)</p> <p>DONT KNOW Z</p>	

108	What kind of toilet facility do members of your household usually use? <i>Ne a vaega fale foliki e fakaaoga saale ne te otou kaiga?</i>	FLUSH OR POUR FLUSH TOILET FLUSH TO SEPTIC TANK f1 FLUSH TO PIT LATRINE f2 FLUSH TO SOMEWHERE ELSE f3 FLUSH, DON'T KNOW WHERE ... f4 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 NO FACILITY/BUSH/BEACH 51 OTHER 96 (SPECIFY)	→ 111																																																																																													
109	Do you share this toilet facility with other households? <i>Koutou e fakaaoga tasi te fale foliki tenei mo nisi kaiga aka?</i>	YES 1 NO 2	→ 111																																																																																													
110	How many households use this toilet facility? <i>E fia kaiga e fakaaoga ne latou te fale foliki tenei?</i>	NO. OF HOUSEHOLDS IF LESS THAN 10 0 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																																																																														
111	Does your household have: Electricity? <i>Iti?</i> A radio? <i>Letio?</i> A television? <i>Televisi?</i> A mobile telephone? <i>Mobile telefoni?</i> A landline telephone? <i>Telefoni piki?</i> A refrigerator? <i>Aisa tuu?</i> A deep freezer? <i>Aisa moe?</i> A gas stove <i>Aogaumu keesi?</i> A kerosene stove? <i>Aogaumu kalasini?</i> A microwave oven? <i>Aogaumu microwave?</i> An electric jug or kettle? <i>Tipoti iti?</i> A rice cooker? <i>Mea fakatuu laisi iti?</i> A blender? <i>Masini palutasi kae fakamalu meake?</i> A sewing machine? <i>Masini suisui?</i> A CD/cassette player? <i>Mea fakatagitagi VCD/DVD/kaseti?</i> A video or DVD player? <i>Mea pei vitio io DVD?</i> A water pump? <i>Paamu vai?</i> A washing machine? <i>Masini taa gatu?</i> A computer? <i>Kompiuta?</i> An electric fan? <i>Ili iti?</i> An air conditioner? <i>Masini fakamoko?</i> A bed? <i>Moega?</i> A table? <i>Taipola?</i> A chair? <i>Nofoaga?</i> A sofa? <i>Nofoaga malulu?</i> A food safe? <i>Sefe meakai?</i> A cupboard? <i>Sefe tuu?</i> A clock or wall clock? <i>Itulaa fale?</i> A generator? <i>Masini fakaola te iti?</i> A solar power? <i>Masini ola mai i te la?</i>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr> <tr><td>RADIO</td><td>1</td><td>2</td></tr> <tr><td>TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>NON-MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>REFRIGERATOR</td><td>1</td><td>2</td></tr> <tr><td>DEEP FREEZER</td><td>1</td><td>2</td></tr> <tr><td>GAS STOVE</td><td>1</td><td>2</td></tr> <tr><td>KEROSENE STOVE</td><td>1</td><td>2</td></tr> <tr><td>MICROWAVE OVEN</td><td>1</td><td>2</td></tr> <tr><td>ELECTRIC JUG/KETTLE</td><td>1</td><td>2</td></tr> <tr><td>RICE COOKER</td><td>1</td><td>2</td></tr> <tr><td>BLENDER</td><td>1</td><td>2</td></tr> <tr><td>SEWING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>CD/CASSETTE PLAYER</td><td>1</td><td>2</td></tr> <tr><td>VIDEO OR DVD PLAYER</td><td>1</td><td>2</td></tr> <tr><td>ELECTRIC WATER PUMP</td><td>1</td><td>2</td></tr> <tr><td>WASHING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>DESK/LAP TOP</td><td>1</td><td>2</td></tr> <tr><td>ELECTRIC FAN</td><td>1</td><td>2</td></tr> <tr><td>AIR CONDITIONER</td><td>1</td><td>2</td></tr> <tr><td>BED</td><td>1</td><td>2</td></tr> <tr><td>TABLE</td><td>1</td><td>2</td></tr> <tr><td>CHAIR</td><td>1</td><td>2</td></tr> <tr><td>SOFA</td><td>1</td><td>2</td></tr> <tr><td>FOOD SAFE</td><td>1</td><td>2</td></tr> <tr><td>CUPBOARD</td><td>1</td><td>2</td></tr> <tr><td>CLOCK OR WALL CLOCK</td><td>1</td><td>2</td></tr> <tr><td>GENERATOR</td><td>1</td><td>2</td></tr> <tr><td>SOLAR POWER</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE	1	2	REFRIGERATOR	1	2	DEEP FREEZER	1	2	GAS STOVE	1	2	KEROSENE STOVE	1	2	MICROWAVE OVEN	1	2	ELECTRIC JUG/KETTLE	1	2	RICE COOKER	1	2	BLENDER	1	2	SEWING MACHINE	1	2	CD/CASSETTE PLAYER	1	2	VIDEO OR DVD PLAYER	1	2	ELECTRIC WATER PUMP	1	2	WASHING MACHINE	1	2	DESK/LAP TOP	1	2	ELECTRIC FAN	1	2	AIR CONDITIONER	1	2	BED	1	2	TABLE	1	2	CHAIR	1	2	SOFA	1	2	FOOD SAFE	1	2	CUPBOARD	1	2	CLOCK OR WALL CLOCK	1	2	GENERATOR	1	2	SOLAR POWER	1	2	
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AIR CONDITIONER	1	2																																																																																														
BED	1	2																																																																																														
TABLE	1	2																																																																																														
CHAIR	1	2																																																																																														
SOFA	1	2																																																																																														
FOOD SAFE	1	2																																																																																														
CUPBOARD	1	2																																																																																														
CLOCK OR WALL CLOCK	1	2																																																																																														
GENERATOR	1	2																																																																																														
SOLAR POWER	1	2																																																																																														

112	<p>What type of fuel does your household mainly use for cooking?</p> <p><i>Se a te vaega "fiuolo" e fakaoga saale ne te otou kaiga mo tunu a meakai?</i></p>	<p>ELECTRICITY 01</p> <p>GAS 02</p> <p>KEROSENE 03</p> <p>WOOD 04</p> <p>COCONUT PARTS 05</p> <p>NO FOOD COOKED IN HOUSEHOLD 95</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	<p>→ 115</p> <p>→ 117</p>
113	<p>In this household, is food cooked on an open fire, an open stove or a closed stove?</p> <p><i>I te otou kaiga, a meakai e kuuka i te afi tela e tafu, io me i te aogaumu e tuku fakasau ki tua io me i te aogaumu e pono?</i></p> <p>PROBE FOR TYPE.</p>	<p>OPEN FIRE 1</p> <p>OPEN STOVE 2</p> <p>CLOSED STOVE WITH CHIMNEY 3</p> <p>OTHER 6</p> <p>(SPECIFY) _____</p>	<p>→ 115</p>
114	<p>Does this (fire/stove) have a chimney, a hood, or neither of these?</p> <p><i>A te afi/aogaumu e isi se na alaasu, se pono o ia io me e sea</i></p>	<p>CHIMNEY 1</p> <p>HOOD 2</p> <p>NEITHER 3</p>	
115	<p>Is the cooking usually done in the house, in a separate building, or outdoors?</p> <p><i>A kuuka e fai saale i loto i te fale, i te sua fale, io me i tua?</i></p>	<p>IN THE HOUSE 1</p> <p>IN A SEPARATE BUILDING 2</p> <p>OUTDOORS 3</p> <p>OTHER 6</p> <p>(SPECIFY) _____</p>	<p>→ 117</p>
116	<p>Do you have a separate room which is used as a kitchen?</p> <p><i>E isi se potu fakatea e masani o fakaaoga pela me se umukuuka?</i></p>	<p>YES 1</p> <p>NO 2</p>	
117	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>GRAVEL/SAND 11</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>COCONUT MIDRIBS 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED</p> <p>WOOD 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC TILES 33</p> <p>CEMENT 34</p> <p>CARPET 35</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	
118	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING</p> <p>NO ROOF 11</p> <p>LOCAL THATCH 12</p> <p>RUDIMENTARY ROOFING</p> <p>WOOD PLANKS 21</p> <p>FINISHED ROOFING</p> <p>METAL 31</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	

119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 COCONUT MIDRIBS 12 RUDIMENTARY WALLS PLYWOOD 21 CARDBOARD 22 REUSED WOOD 23 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 CEMENT BLOCKS 33 WOOD PLANKS/SHINGLES 34 OTHER 96 (SPECIFY)																															
120	How many rooms in this household are used for sleeping? <i>E fia a potu i te fale tenei e fakaaoga mo moe?</i>	ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																															
121	Does any member of this household own this house? <i>E isi se tino i te kaiga tenei e o ia te fale tenei?</i>	YES 1 NO 2																															
122	Does any member of this household own any (other) house? <i>E isi se tino i te kaiga tenei e isi ne nisi fale aka o ia?</i>	YES 1 NO 2																															
123	Does any member of this household own: <i>E isi se tino i te kaiga tenei e isi sena:</i> A watch? <i>Itula taulima?</i> A bicycle? <i>Pasika?</i> A motorcycle or motor scooter? <i>Pasika iti io me se sikuta?</i> A car or truck? <i>Motoka io me se tulaki?</i> A hand cart? <i>Henika?</i> A boat? <i>Pooti?</i> An Outboat motor? <i>Moto mo faika?</i> A canoe? <i>Paopao/vaka?</i> A fishing gear? <i>Mea faika?</i>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAND CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>CANOE</td> <td>1</td> <td>2</td> </tr> <tr> <td>FISHING GEAR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK	1	2	HAND CART	1	2	BOAT	1	2	MOTOR	1	2	CANOE	1	2	FISHING GEAR	1	2	
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MOTOR	1	2																															
CANOE	1	2																															
FISHING GEAR	1	2																															
124	Does any member of this household own any: <i>E isi se tino i te kaiga tenei e isi ne ana:</i> a: residential land? <i>laukele mo nofo?</i> b: agricultural land? <i>laukele mo toki lakau?</i> c. commercial land? <i>laukele mo fakapisinisi?</i>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RESIDENTIAL LAND</td> <td>1</td> <td>2</td> </tr> <tr> <td>AGRICULTURAL LAND</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMERCIAL LAND</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RESIDENTIAL LAND	1	2	AGRICULTURAL LAND	1	2	COMMERCIAL LAND	1	2																			
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RESIDENTIAL LAND	1	2																															
AGRICULTURAL LAND	1	2																															
COMMERCIAL LAND	1	2																															
125	Does this household own any livestock or poultry? <i>E mata te otou kaiga e isi ne otoutou manu fagai mo 'kai'?</i>	YES 1 NO 2	→ 127																														
126	How many of the following animals does this household own? <i>E fia a manu fagai a te otou kaiga?</i> IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Pigs <i>Puaka</i> Ducks <i>Taki</i> Chickens? <i>Moa</i>	PIGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DUCKS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> CHICKENS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																															
127	Does any member of this household have a bank account? <i>E mata e isi se tino i te kaiga tenei e isi sena akauni i te pakihi?</i>	YES 1 NO 2																															
128	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM AND ABOVE 3 NO SALT IN HIH 4 SALT NOT TESTED 6 (SPECIFY REASON)																															

SAMPLE SELECTION FOR THE DOMESTIC VIOLENCE: RANDOMLY SELECT ONE EVER-MARRIED ELIGIBLE WOMAN PER SAMPLE HOUSEHOLD.

129	<p>CHECK COLUMNS 8 AND 9 OF THE HOUSEHOLD SCHEDULE</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ANY EVER-MARRIED ELIGIBLE WOMAN</p> <input type="checkbox"/> <p>SELECT AT RANDOM 1 OUT OF _____</p> <div style="display: flex; justify-content: space-around;"> <p>SUB-SAMPLE FOR DOMESTIC VIOLENCE</p> <p>NOT SUB-SAMPLE FOR DOMESTIC VIOLENCE</p> </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="text-align: center;"> <p>ONLY NEVER-MARRIED ELIGIBLE WOMAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO ELIGIBLE WOMAN</p> <input type="checkbox"/> </div> </div> <p style="text-align: center;">INTERVIEW WITH SECTIONS 1-10 ONLY OF WOMAN'S QUESTIONNAIRE</p>	
130	<p>COPY LINE NUMBER IN COLUMN 9 OF HOUSEHOLD SCHEDULE</p>	<p>LINE NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p>

WEIGHT, HEIGHT/LENGTH AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 AND 2. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	What is (NAME'S) birth date? <i>Ko oi te asofanau o (IGOA)?</i> IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2002 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/>
206	HEIGHT/LENGTH IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT/LENGTH MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 214)	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 214)	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 214)
212	RECORD HEMOGLOBIN LEVEL. HERE AND IN THE ANEMIA PAMPHLET.	G/DL ... <input type="text"/> <input type="text"/> <input type="text"/>	G/DL ... <input type="text"/> <input type="text"/> <input type="text"/>	G/DL ... <input type="text"/> <input type="text"/> <input type="text"/>
213	FOR INFANTS LESS THAN 1 YEAR OLD: PRICKED IN FINGER OR HEEL?	FINGER 1 HEEL 2	FINGER 1 HEEL 2	FINGER 1 HEEL 2
214	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
215		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 216.		
CONSENT STATEMENT FOR ANEMIA FOR CHILDREN				
As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.				
We request that all children born in 2002 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.				
The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.				
Do you have any questions?				
You can say yes to the test, or you can say no. It is up to you to decide.				
Will you allow (NAME(S) OF CHILD(REN)) to participate in the anemia test?				

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____
203	What is (NAME'S) birth date? <i>Ne fanau a (IGOA) ana fea?</i> IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2002 OR LATER	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216)
202	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/>	KG. ... <input type="text"/>	KG. ... <input type="text"/>
206	HEIGHT/LENGTH IN CENTIMETERS	CM. <input type="text"/>	CM. <input type="text"/>	CM. <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT/LENGTH MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/>	LINE NUMBER ... <input type="text"/>	LINE NUMBER ... <input type="text"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 214)	GRANTED 1 (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 214)	GRANTED 1 (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 214)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL . . <input type="text"/>	G/DL . . <input type="text"/>	G/DL . . <input type="text"/>
213	FOR INFANTS LESS THAN 1 YEAR OLD: PRICKED IN FINGER OR HEEL?	FINGER 1 HEEL 2	FINGER 1 HEEL 2	FINGER 1 HEEL 2
214	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
215		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 216. GO TO 216.		
TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE. <input type="checkbox"/>				
<p align="center">TE TALIAGA MO TAMALIKI OGE-TOTO</p> <p><i>Se vaega o te savea tenei, ko matou ke sili ki tino katoa i Tuvalu ke kau mai ki te iloilooga o te oge-toto. Te oge-toto se masaki fakamataku kii, ki te ola lei kae e masani o pogai mai i te se paleni o meakai, masaki pisi, io me ko masaki tutumau. Te savea tenei ka fesoasoani ki te malo i te faitaga o polokalame mo puipui kae fakalei te masaki ko te oge-toto.</i></p> <p><i>Matou e fakamolemole ki tamaliki katoa kola ne fanau i te 2002 io me mai i tua ifo ke kau mai ki te vaega tenei o te savea tela ko te iloilooga o te oge-toto. Te manakoga la ko te mea ke puke nai matuluga o toto mai te maikao. A mea faigaluega konei mo puke a toto e maa kae e seai fakalavelave ki ei. Ne seki fakaaga aka eiloo a mea konei kae ka ave o pei mafai ko oti se iloilooga.</i></p> <p><i>Te toto ka tofo eiloo nei ki te oge-toto, kae ka fakailoa atu nei foki eiloo te ikuga o te iloilooga. Te ikuga la tenei e tapu ma fakaasi ki soso tino a Ea, e isi ne au fesili?</i></p> <p><i>E mafai eiloo ne koe o fai mai e talia ke fai te tofoga, io me ke se fai. E pule loa koe i tau ikuga.</i></p> <p><i>E mata e talia ne koe a (IGOA O TAMALIKI) ke kau ki te tofoga o te oge-toto?</i></p>				

BLOOD PRESSURE, WAIST, HIP, WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

216	<p>CHECK COLUMN 9 AND COLUMN 2. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 217. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME FOR THE BLOOD PRESSURE MEASUREMENT MUST BE RECORDED IN 219, WAIST AND HIP MEASUREMENT IN 222, WEIGHT AND HEIGHT IN 225, AND ANEMIA TEST PROCEDURE IN 232 FOR EACH ELIGIBLE WOMAN.</p>			
		WOMAN 1	WOMAN 2	WOMAN 3
217	<p>LINE NUMBER (COLUMN 9)</p> <p>NAME (COLUMN 2)</p>	<p>LINE NUMBER</p> <p>NAME</p>	<p>LINE NUMBER</p> <p>NAME</p>	<p>LINE NUMBER</p> <p>NAME</p>
218	<p>BLOOD PRESSURE IN MMHG</p>	<p>SYSTOLIC</p> <p>DIASTOLIC</p>	<p>SYSTOLIC</p> <p>DIASTOLIC</p>	<p>SYSTOLIC</p> <p>DIASTOLIC</p>
219	<p>RESULT OF BLOOD PRESSURE MEASUREMENT</p>	<p>MEASURED</p> <p>NOT PRESENT</p> <p>REFUSED</p> <p>OTHER</p>	<p>MEASURED</p> <p>NOT PRESENT</p> <p>REFUSED</p> <p>OTHER</p>	<p>MEASURED</p> <p>NOT PRESENT</p> <p>REFUSED</p> <p>OTHER</p>
220	<p>WAIST CIRCUMF. IN CENTIMETERS</p>	<p>CM.</p>	<p>CM.</p>	<p>CM.</p>
221	<p>HIP CIRCUMFER. IN CENTIMETERS</p>	<p>CM.</p>	<p>CM.</p>	<p>CM.</p>
222	<p>RESULT OF WAIST AND HIP CIRCUMFERENCE MEASUREMENT</p>	<p>MEASURED</p> <p>NOT PRESENT</p> <p>REFUSED</p> <p>OTHER</p>	<p>MEASURED</p> <p>NOT PRESENT</p> <p>REFUSED</p> <p>OTHER</p>	<p>MEASURED</p> <p>NOT PRESENT</p> <p>REFUSED</p> <p>OTHER</p>
223	<p>WEIGHT IN KILOGRAMS</p>	<p>KG.</p>	<p>KG.</p>	<p>KG.</p>
224	<p>HEIGHT IN CENTIMETERS</p>	<p>CM.</p>	<p>CM.</p>	<p>CM.</p>
225	<p>RESULT OF WEIGHT AND HEIGHT MEASUREMENT</p>	<p>MEASURED</p> <p>NOT PRESENT</p> <p>REFUSED</p> <p>OTHER</p>	<p>MEASURED</p> <p>NOT PRESENT</p> <p>REFUSED</p> <p>OTHER</p>	<p>MEASURED</p> <p>NOT PRESENT</p> <p>REFUSED</p> <p>OTHER</p>
226	<p>AGE: CHECK COLUMN 7.</p>	<p>15-17 YEARS</p> <p>18-49 YEARS</p> <p>(GO TO 229)</p>	<p>15-17 YEARS</p> <p>18-49 YEARS</p> <p>(GO TO 229)</p>	<p>15-17 YEARS</p> <p>18-49 YEARS</p> <p>(GO TO 229)</p>
227	<p>MARITAL STATUS: CHECK COLUMN 8.</p>	<p>CODE 4 (NEVER IN UNION)</p> <p>OTHER</p> <p>(GO TO 229)</p>	<p>CODE 4 (NEVER IN UNION)</p> <p>OTHER</p> <p>(GO TO 229)</p>	<p>CODE 4 (NEVER IN UNION)</p> <p>OTHER</p> <p>(GO TO 229)</p>
228	<p>RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONS- SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT</p>
229	<p>READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 228 BEFORE ASKING RESPON- DENT'S CONSENT.</p>	<p>GRANTED</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED</p> <p>RESPONDENT REFUSED</p> <p>(SIGN)</p> <p>(IF REFUSED, GO TO 232).</p>	<p>GRANTED</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED</p> <p>RESPONDENT REFUSED</p> <p>(SIGN)</p> <p>(IF REFUSED, GO TO 232).</p>	<p>GRANTED</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED</p> <p>RESPONDENT REFUSED</p> <p>(SIGN)</p> <p>(IF REFUSED, GO TO 232).</p>

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
230	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
231	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>
232	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
<p align="center">CONSENT STATEMENT FOR ANEMIA TEST</p> <p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 229 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 228) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 229 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>				
<p align="center">TETALIAGA MO TE TOFOGA O TE OGE-TOTO</p> <p><i>Se vaega o te savea tenei, ko matou ke sili ki tino katoa i Tuvalu ke kau mai ki te tofoga o te oge-toto. Te oge-toto se masaki fakamataku kii, ki te ola lei kae e masani o pogai mai i te se paleni o meakai, masaki pisi, io me ko masaki tutumau. Te savea tenei ka fesoasoani ki te malo i te faitega o polokalame mo puipui kae fakalei te masaki ko te oge-toto.</i></p> <p><i>Mo te sukesukega/iilooga o te oge-toto, e manakogina ne nai motiga a toto mai te maikao. A mea faigaluega konei mo puke a toto e maa kae e seai ne fakalavelave ki ei. Ne seki fakaaoga aka eilooa a mea konei kae ka ave o pei mafai ko oti se sukesukega/iilooga.</i></p> <p><i>Te toto ka iiloilo nei ki te oge-toto, kae ka fakailoa atu nei foki eilooa te ikuga o te iiloilooga. Te ikuga la tenei e tapu ma fakaasi ki sose tino aka.</i></p> <p><i>Ea, e isi ne au fesili?</i></p> <p><i>E mafai eilooa ne koe o fai mai e talia ke fai te iiloilooga, io me ke se fai. E pule eilooa koe i tau ikuga.</i></p> <p><i>E mata e talia ne koe a (IGOA O TALAVOU) ke kau ki te iiloilooga o te oge-toto?</i></p>				

BLOOD PRESSURE, WAIST, HIP, WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15 OR OVER				
233	<p>CHECK COLUMN 10 AND COLUMN 2. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 234. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME FOR THE BLOOD PRESSURE MEASUREMENT MUST BE RECORDED IN 236, WAIST AND HIP MEASUREMENTS IN 239, THE WEIGHT AND HEIGHT IN 242, AND ANEMIA TEST PROCEDURE IN 248 FOR EACH ELIGIBLE MAN.</p>			
		MAN 1	MAN 2	MAN 3
234	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/> NAME <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/> NAME <input type="text"/>
235	BLOOD PRESSURE IN MMHG	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>
236	RESULT OF BLOOD PRESSURE MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
237	WAIST CIRCUMF. IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
238	HIP CIRCUMFER. IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
239	RESULT OF WAIST AND HIP CIRCUMFERENCE MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
240	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
241	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
242	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
243	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18+ YEARS 2 (GO TO 246) ↩	15-17 YEARS 1 18+ YEARS 2 (GO TO 246) ↩	15-17 YEARS 1 18+ YEARS 2 (GO TO 246) ↩
244	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 246) ↩	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 246) ↩	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 246) ↩
245	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
246	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 245 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) (IF REFUSED, GO TO 248).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) (IF REFUSED, GO TO 248).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) (IF REFUSED, GO TO 248).

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME	NAME	NAME
247	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>
248	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
<p align="center">CONSENT STATEMENT FOR ANEMIA TEST</p> <p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 246 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF HE REFUSES.</p> <p>FOR NEVER-IN-UNION MEN AGE 16-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 245) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 246 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>				
<p align="center">TE TALIAGA MO TE TOFOGA O TE OGE-TOTO</p> <p><i>Se vaega o te savea tenei, ko matou ke sili ki tino katoa i Tuvalu ke kau mai ki te tofoga o te oge-toto. Te oge-toto se masaki fakamataku kii, ki te ola lei kae e masani o pogai mai i te se paleni o meakai, masaki pisi, io me ko masaki tutumau. Te savea tenei ka fesoasoani ki te malo i te faitega o polokalame mo puipui kae fakalei te masaki ko te oge-toto.</i></p> <p><i>Mo te sukesukega/iloilooga o te oge-toto, e manakogina ne nai motiga a toto mai te maikao. A mea faigaluega konei mo puke a toto e maa kae e seai ne fakalavelave ki ei. Ne seki fakaaoaga aka eilola a mea konei kae ka ave o pei mafai ko oti se sukesukega/iloilooga.</i></p> <p><i>Te toto ka iloilo nei ki te oge-toto, kae ka fakailoa atu nei foki eilola te ikuga o te iloilooga. Te ikuga la tenei e tapu ma fakaasi ki sose tino aka.</i></p> <p><i>Ea, e isi ne au fesili?</i></p> <p><i>E mafai eilola ne koe o fai mai e talia ke fai te iloilooga, io me ke se fai. E pule eilola koe i tau ikuga.</i></p> <p><i>E mata e talia ne koe a (IGOA O TALAVOU) ke kau ki te iloilooga o te oge-toto?</i></p>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____



2007 DEMOGRAPHIC AND HEALTH SURVEYS
WOMAN'S QUESTIONNAIRE

29 May 2007

GOVERNMENT OF TUVALU
CENTRAL STATISTICS DIVISION

IDENTIFICATION				
NAME OF ISLAND _____	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
NAME OF VILLAGE _____				
NAME OF HOUSEHOLD HEAD _____				
HOUSEHOLD NUMBER _____				
TOWN/RURAL _____ (FUNA FUTI=1, OTHER=2)				
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> MONTH <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> YEAR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> INT. NUMBER <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> RESULT <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
<p>*RESULT CODES:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">1 COMPLETED</div> <div style="width: 50%;">4 REFUSED</div> <div style="width: 50%;">2 NOT AT HOME</div> <div style="width: 50%;">5 PARTLY COMPLETED</div> <div style="width: 50%;">7 OTHER _____</div> <div style="width: 50%;">3 POSTPONED</div> <div style="width: 50%;">6 INCAPACITATED</div> </div> <div style="text-align: right; margin-top: 5px;">(SPECIFY)</div>				
LANGUAGE OF INTERVIEW 1 ENGLISH 2 TUVALUAN 3 NUI 4 OTHER _____ LANGUAGE OF RESPONDENT 1 ENGLISH 2 TUVALUAN 3 NUI 4 OTHER _____ TRANSLATOR USED? 1 YES 2 NO (SPECIFY)				
<div style="text-align: center;">SUPERVISOR</div> NAME _____ <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> DATE _____		<div style="text-align: center;">FIELD EDITOR</div> NAME _____ <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> DATE _____		<div style="text-align: center;">OFFICE EDITOR</div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
<div style="text-align: center;">KEYED BY</div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>				

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Statistics Division. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Talofa. Toku igoa ko _____ kae ko au e galue tasi mo te Matagaluega o Fuainumela. Matou e galue i te faiga o te savea o te atufenua tela ka fakafesiligina a fafine (mo tagata) e uiga ki vaega pokotiaga o te ola lei. E fiafia lasi matou ki tou kau fakatasi mai ki te savea tenei. Te leva o tou taimi e fakamaumau ki te savea e nofo ki te luasefulu minute. Au mea kona e fakaasi mai ka gata fua a taua kae e tapu ma fakaasi ki nisi tino aka.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

Te kaufakatasi mai o koe ki te savea e pule e iloa koe. Kafai e oko taua ki se fesili e se manako koe o tali, ko fakailoa mai ke olo taua ki te sua fesili., io me e mafai e iloa ne koe o fakagata te fakafesiliga i sose taimi. Te fakatau ke kau fakatasi koe ki te savea tenei ona ko ou manatu e taaua kii loa.

At this time, do you want to ask me anything about the survey? *I te vaitimi nei, e isi ne au fesili e fia fai mai e uiga mo te savea tenei?*
May I begin the interview now? *E mafai ne au o na kamata te fakafesiliga nei?*

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 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	How long have you been living continuously in (NAME OF ISLAND/ CURRENT PLACE OF RESIDENCE)? <i>Ko fia nei te leva o tou nofo tumau i (IGOA O TE FENUA)</i> IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ALWAYS 95 VISITOR 96	<div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> → 108
103	Just before you moved here, did you live in Funafuti or in the Outer Island or overseas? <i>Koe ne nofo i fea muamua koi tuai o vau koe ki konei, i Funafuti io me i niisi fenua aka o Tuvalu io me i tua atu o Tuvalu.</i> IF OVERSEAS, ASK IF IN OTHER PACIFIC ISLANDS.	FUNAFUTI 1 OUTER ISLANDS 2 OTHER PACIFIC ISLANDS 3 OTHER COUNTRIES 4	
104	CHECK 102: LESS THAN 1 YEAR <input type="checkbox"/> 1 YEAR OR MORE <input type="checkbox"/>		→ 106
105	Where were you living 1 year ago? <i>I te tausaga ko teka, koe ne nofo i fea?</i>	FUNAFUTI 1 OUTER ISLANDS 2 OTHER PACIFIC ISLANDS 3 OTHER COUNTRIES 4	
106	CHECK 102: LESS THAN 5 YEARS <input type="checkbox"/> 5 YEARS OR MORE <input type="checkbox"/>		→ 108
107	Where were you living 5 years ago? <i>Koe ne nofo i fea i te 5 tausaga ko teka atu nei?</i>	FUNAFUTI 1 OUTER ISLANDS 2 OTHER PACIFIC ISLANDS 3 OTHER COUNTRIES 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	In what month and year were you born? <i>Ko oi te masina mo te tausaga ne fanau i ei koe?</i>	MONTH <input type="text"/> <input type="text"/> DONT KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR 9998	
109	How old were you at your last birthday? <i>Ko fia ou tausaga i tou aso fanau fakamuli nei?</i> COMPARE AND CORRECT 108 AND/OR 109 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
110	Have you ever attended school? <i>Koe kai akoga aka eiloa?</i>	YES 1 NO 2	→ 114
111	What is the highest level of school you attended: primary, secondary, or higher? <i>Se a te levolo eiloa maluga ne oko ki ei au akoakoga: lasaga muamua, lasaga lua, io me se akoga maluga atu?</i>	PRE-SCHOOL 0 PRIMARY 1 SECONDARY 2 VOCATIONAL 3 HIGHER 4 OLD MISSION 5	
112	What is the highest year you completed at that level? <i>Se a te tausaga maluga ne oti ei koe i te levolo tena?</i>	YEAR <input type="text"/> <input type="text"/>	
113	CHECK 111: PRE-SCHOOL OR PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 118
114	Now I would like you to read this sentence to me. <i>Faitau mai aka a te fuaiupu tenei.</i> SHOW CARD IN ENGLISH TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? <i>E mata e mafai ne koe o faitau mai se vaega o te fuaiupu tenei?</i>	CANNOT READ AT ALL IN ENGLISH .. 1 ABLE TO READ ONLY PARTS OF SENTENCE IN ENGLISH 2 ABLE TO READ WHOLE SENTENCE .. 3 BLIND/VISUALLY IMPAIRED 5	→ 116
115	SHOW CARD IN TUVALUAN TO RESPONDENT. FOR INTERVIEW IN NUI ISLAND, SHOW CARD IN NUI TO RESPONDENT IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? <i>E mata e mafai o faitau mai ne koe se vaega o te fuaiupu tenei?</i>	CANNOT READ AT ALL IN TUVALUA .. 1 ABLE TO READ ONLY PARTS OF SENTENCE IN TUVALUAN 2 ABLE TO READ WHOLE SENTENCE .. 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
116	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? <i>Koe kai kau aka eiloa i se polokalame akoga ki te faitau mo te tusitusi (se aofia i ei tau akoga i te lasaga muamua)?</i>	YES 1 NO 2	
117	CHECK 114 and 115: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED IN 114 OR 115 CODE '1' CIRCLED IN 114 AND 115 OR CODE '5' CIRCLED IN 114		→ 119
118	Do you read a new spaper or magazine almost every day, at least once a w eek, less than once a w eek or not at all? <i>A koe nei kai faitau aka eiloa ki se niusipepa io me se mekesini, pela i aso katoa, fakatasi io me e silia atu i te vaiaso, io me e se silia atu mo te fakatasi i te vaiaso, io me e seki faitau eiloa?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? <i>A koe e fakalogologo saale ki te letio i aso katoa, fakatasi io me e silia atu i te vaiaso, io me e se silia atu mo te fakatasi i te vaiaso, io me e se fakalogologo eilola?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
120	Do you watch television almost every day, at least once a week, less than once a week or not at all? <i>A koe e onoono saale ki te televise i aso katoa, fakatasi io me e silia atu i te vaiaso, io me e se silia atu mo te fakatasi i te vaiaso, io me e se fakalogologo eilola?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121	Other than for watching videos, do you use computer almost every day, at least once a week, less than once a week or not at all? <i>A koe e masani o fakaaoga te kompiuta i aso katoa, fakatasi io me e silia atu i te vaiaso, io me e se silia atu mo te fakatasi i te vaiaso, io me e se fakaaoga loa? E se aofia te onoono ki vitio.</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
122	What is your religion? <i>Se a tou/tau talitonuga/lotu?</i>	EKALESIA KELISIANO TUVALU 11 SEVENTH DAY ADVENTIST 12 JEHOVA'S WITNESS 13 BAHAI 14 BRETHREN 15 ROMAN CATHOLIC 16 OTHER 96 (SPECIFY) REFUSED TO ANSWER 97 DON'T KNOW 98	
123	Do you consider yourself a Tuvaluan, part Tuvaluan, an I-Kiribati, or what? <i>A koe se tino Tuvalu, se afa Tuvalu, se Kilipati, io me se tino a?</i>	TUVALUAN 1 PART TUVALUAN 2 I-KIRIBATI 3 OTHER 6 (SPECIFY) DON'T KNOW 8	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth? <i>Nei ka fesili atu e uiga mo au tama katoa ne fa'nau i 'tou olaga. Koe kai fanau aka eiloa?</i>	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you? <i>E mata e isi ne au tama tagata io me ne tama fafine ne fanau kae e nofo nei mo koe?</i>	YES 1 NO 2	→ 204								
203	How many sons live with you? <i>E toko fia au tama tagata e nofo mo koe?</i> And how many daughters live with you? <i>E toko fia au tama fafine e nofo mo koe?</i> IF NONE, RECORD '00'.	SONS LIVING WITH HER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS LIVING WITH HER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? <i>E mata e isi ne au tama tagata io me ne tama fafine ne fanau e ola nei kae e se nofo mo koe?</i>	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? <i>E tokofia au tama tagata e ola nei kae e se nofo tasi mo koe?</i> And how many daughters are alive but do not live with you? <i>E tokofia au tama fafine e ola nei kae e se nofo tasi mo koe?</i> IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? <i>Kai isi aka eiloa sau tama tagata io me se fafine ne fanau mai e oi kae ne mate fakamuli ifo?</i> IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? <i>So se tama ne tagi io me ne matea atu e ola kae ne iku eiloa ki te mate?</i>	YES 1 NO 2	→ 208								
207	How many boys have died? <i>E tokofia a tagata ne mate?</i> And how many girls have died? <i>E tokofia a fafine ne mate?</i> IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <i>Ke fakapatonu mai aka ne koe, te aofaki katoa o au tama ne fanau e _____. E sao tena?</i> YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

<p>211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. <i>Nei ka fakamau a igoa katoa o au tama ne fa'nau, tiga eiloa me koi ola io me ikai, kamata mai i tau tama eiloa muamua.</i></p> <p>RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).</p>									
<p>212</p> <p>What name was given to your (first/next) baby? <i>Ko oi la te igoa o tau tama (muamua/ tafa atu)?</i></p> <p>(NAME)</p>	<p>213</p> <p>Were any of these births twins? <i>I tau fanauga tena ne masaga?</i></p>	<p>214</p> <p>Is (NAME) a boy or a girl? <i>A (IGOA) i ei a (IGOA)? se tagata io me e se fafine?</i></p>	<p>215</p> <p>In what month and year was (NAME) born? <i>Ko oi te masina mo te tausaga ne fanau i ei a (IGOA)?</i></p> <p>PROBE: What is his/her birthday? <i>Ko oi a tena aso fanau?</i></p>	<p>216</p> <p>Is (NAME) still alive? <i>A (IGOA) koi ola?</i></p>	<p>217 IF ALIVE:</p> <p>How old was (NAME) at his/her last birthday? <i>Ko fia a tausaga o (IGOA) i tena aso fanau taluai?</i></p> <p>RECORD AGE IN COMPLETED YEARS.</p>	<p>218 IF ALIVE:</p> <p>Is (NAME) living with you? <i>A (IGOA) e 'nofo nei mo koe?</i></p>	<p>219 IF ALIVE:</p> <p>RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).</p>	<p>220 IF DEAD:</p> <p>How old was (NAME) when he/she died? <i>Ko fia a tausaga o (IGOA) i tena matega?</i></p> <p>IF '1YR', PROBE: How many months old was (NAME)? <i>Ko fia a masina o (IGOA) i te matua kae mate?</i></p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p>	<p>221</p> <p>Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? <i>E isi ne au tama ne ola i tau fanauga i te vaa o (IGOA) O TE TAMALIKI MAIMUA) mo (IGOA)?</i></p>
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS... 1 MONTH: 2 YEARS... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 22)	DAYS... 1 MONTH: 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 22)	DAYS... 1 MONTH: 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 22)	DAYS... 1 MONTH: 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 22)	DAYS... 1 MONTH: 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 22)	DAYS... 1 MONTH: 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? <i>Ko oi la te igoa o tau tama (muamua/ tafa atu)?</i> (NAME)	Were any of these births twins? <i>I tau fanauga tena ne masaga?</i>	Is (NAME) a boy or a girl? <i>A (IGOA) se tagata io me e se fafine?</i>	In what month and year was (NAME) born? <i>Ko oi te masina mo te tausaga ne fanau i ei a (IGOA)?</i> PROBE: What is his/her birthday? <i>Ko oi a tena aso fanau?</i>	Is (NAME) still alive? <i>A (IGOA) koi ola?</i>	How old was (NAME) at his/her last birthday? <i>Ko fia a tausaga o (IGOA) i tena aso fanau taluai?</i> RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you? <i>A (IGOA) e 'nofo nei mo koe?</i>	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? <i>Ko fia a tausaga o (IGOA) i tena matega?</i> IF '1YR', PROBE: How many months old was (NAME)? <i>Ko fia a masina o (IGOA) i te matua kae mate?</i> RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? <i>E isi ne au tama ne ola i tau fanauga i te vaa o (IGOA O TE TAMALIKI MAIMUA) mo (IGOA)?</i>
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <div>220</div>	YES... 1 NO... 2 <div>220</div>	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTH: 2 YEARS: 3	YES... 1 ADD <input type="text"/> BIRTH NO... 2 NEXT <input type="text"/> BIRTH
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <div>220</div>	YES... 1 NO... 2 <div>220</div>	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTH: 2 YEARS: 3	YES... 1 ADD <input type="text"/> BIRTH NO... 2 NEXT <input type="text"/> BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <div>220</div>	YES... 1 NO... 2 <div>220</div>	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTH: 2 YEARS: 3	YES... 1 ADD <input type="text"/> BIRTH NO... 2 NEXT <input type="text"/> BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <div>220</div>	YES... 1 NO... 2 <div>220</div>	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTH: 2 YEARS: 3	YES... 1 ADD <input type="text"/> BIRTH NO... 2 NEXT <input type="text"/> BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <div>220</div>	YES... 1 NO... 2 <div>220</div>	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTH: 2 YEARS: 3	YES... 1 ADD <input type="text"/> BIRTH NO... 2 NEXT <input type="text"/> BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <div>220</div>	YES... 1 NO... 2 <div>220</div>	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTH: 2 YEARS: 3	YES... 1 ADD <input type="text"/> BIRTH NO... 2 NEXT <input type="text"/> BIRTH

222	<p>Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.</p> <p><i>Kai isi aka eiloa ne nisi tama aka a koe ne 'fanau kae e ola talu te fanaumaiga o (IGOA O TE TOE TAMALIK)?</i></p>	<p>YES 1</p> <p>NO 2</p>
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2002: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>	
224	<p>CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2002 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
225	FOR EACH BIRTH SINCE JANUARY 2002, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)								
226	Are you pregnant now ? <i>A koe nei e faitama?</i>	YES 1 NO 2 UNSURE 8	→ 229						
227	How many months pregnant are you? <i>Ko fia nei ou masina i tau faitamaga?</i> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to have any (more) children at all? <i>I te taimi ne faitamai ei koe, a koe ne manako eiloa ke faitama i te taimi <u>tena</u>, io me a koe ne manako ke faitama <u>maitua</u> ifo, io me a koe ko se toe manako eiloa ke maua a nisi tamaliki aka?</i>	THEN 1 LATER 2 NOT AT ALL 3							
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? <i>Kai isi aka eiloa se taimi i tau faitamaga ne iku ki te too o te pepe, fakatoo te pepe io me ne fanau mai te pepe kae ko mate?</i>	YES 1 NO 2	→ 237						
230	When did the last such pregnancy end? <i>Anafea ne tupu i ei te toe mea/fakalavelave tena kia koe?</i>	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							
231	CHECK 230: LAST PREGNANCY ENDED IN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> JAN. 2002 OR LATER LAST PREGNANCY ENDED BEFORE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> JAN. 2002				→ 237				
232	How many months pregnant were you when the last such pregnancy ended? <i>Ko fia la i ei ou masina faitama i te taimi tena ne gata i ei a tau faitamaga?</i> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
233	Since January 2002, have you had any other pregnancies that did not result in a live birth? <i>Mai ia lanuali 2002, e isi ne nisi faitamaga aka o koe kola ne seki iku ki te ola o te pepe?</i>	YES 1 NO 2	→ 235						
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2002. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.								
235	Did you have any miscarriages, abortions or stillbirths that ended before 2002? <i>Kai isi aka eiloa sau tama ne too, ne fakatoo io mene fanau mai kae ko mate mai mua o te 2002?</i>	YES 1 NO 2	→ 237						
236	When did the last such pregnancy that terminated before 2002 end? <i>Anafea la a te taimi tena o tou toe faitamaga pena mai mua o te 2002?</i>	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							




237	<p>When did your last menstrual period start?</p> <p><i>A tou toe masakiga fakafafine ne kamata anafea?</i></p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994</p> <p>BEFORE PREGNANT WITH LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	
238	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?</p> <p><i>Mai i te vasia o taimi i masakiga fakafafine o te fafine, e mata e isi ne aso kola te fafine e mafai kii eiloo o faitama manafai e moe fakatauavaga?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	<p>→ 301</p>
239	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p> <p><i>E mata te taimi tena e mai mua a ia e masaki fakafafine, te taimi ko masaki ei fakafafine, te taimi maitua ko gata te masakiga fakafafine, io me ko te kogaloto o te vasia o taimi e masaki ei fakafafine?</i></p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DONT KNOW 8</p>	



SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. <i>I te taimi nei ka faipati taua ki vaega fuafuaga o kaiga kola e mafai ne te tauavaga o fakaaoga.</i></p> <p>Which ways or methods have you heard about? <i>Nea a vaega auala a e iloa ne koe?</i></p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? <i>A koe ko oti ne logo i te (AUALA)</i></p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>	<p>302 Have you ever used (METHOD)? <i>Kai fakaaoga aka e iloa ne koe</i></p>
301	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children. <i>SAIGA O KA U O TE FAFINE: A fafine e mafai o tipi ke sai o lotou kau ko te mea ke se toe faitama.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
302	<p>MALE STERILIZATION Men can have an operation to avoid having any more children. <i>SAIGA O KA U O TE TAGATA: A tagata e mafai o tipi ke sai o lotou kau ko te mea ke se toe isi ne ana tama.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
303	<p>PILL Women can take a pill every day to avoid becoming pregnant. <i>FUAGA FUA FUA: A fafine e mafai o inu fuaga i aso katoa ko te mea ke se faitama.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
304	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse. <i>IUD: E fakaaoga se lapa tela e faulu ki te moegatama o te fafine ke moaa e faitama.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
305	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. <i>SUKI FUA FUA: A fafine e mafai o fakaaoga te suki fuafua ke moaa e faitama a latou i se masina e tasi io me e silia atu.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
306	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. <i>IMPLANTS: A fafine e mafai o fakapiki ne potu fiti foliki ne te neesi io me se tokita tela la ko se mafai ei o faitama ki se tausaga io me e silia atu.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
307	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse. <i>LAPA: A tagata e mafai o faulu o lotou tootoga ki loto i se lapa puipui mai mua o moe fakatauavaga.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
308	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. <i>LAPA: A fafine e mafai o faulu se lapa puipui ki o lotou tootoga mai mua o moe fakatauavaga.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
309	<p>LACTATIONAL AMENORRHEA METHOD (LAM)</p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
10	<p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. <i>TAUASO: Te fuafua tenei e fakaaoga i ei te lauga o aso kola e lei i te moe fakatauavaga kae e se mafai foki te fafine o faitama i ei.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax. <i>VELO TATA: A tagata e mafai o tata tena tootoga koi tuai o pii a ia.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
12	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy. <i>FUA FUA GA FAFUA SE: A fafine e mafai o folo se vaega fuaga mai tua ko oti ne moe fakatauavaga mo te tagata i soso taimi i loto i te 5 o aso ke se faitama.</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy? <i>E isi ne nisi fuafuaga aka e iloa ne koe kola e fakaaoga ne tagata mo fafine ke puipui mai i te faitama?</i></p>	<p>YES 1 NO 2</p> <p style="text-align: center;">↓</p> <p>YES 1 NO 2</p> <p style="text-align: center;">↓</p> <p>YES 1 NO 2</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302: <div style="display: flex; justify-content: space-around;"> <div> NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> </div> <div> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> </div> </div>		→ 307
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant? <i>E mata ko oti ne fakaaoga io me ne taumafai koe o fakaaoga a nisi auala aka ko te mea ke fakatalave io me ke moaa e faitama?</i>	YES 1 NO 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? <i>Nea la a auala kona ne fakaaoga ne koe?</i> CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. <i>Nei ka fesili atu e uiga mo te taimi e iloa muamua ne fakaaoga ne koe a auala kona ke moaa a koe e faitama.</i> How many living children did you have at that time, if any? <i>E tokofia la au tama i te taimi tena e ola, mafai e isi?</i> IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): <div style="display: flex; justify-content: space-around;"> <div> WOMAN NOT STERILIZED <input type="checkbox"/> </div> <div> WOMAN STERILIZED <input type="checkbox"/> </div> </div>		→ 311A
309	CHECK 226: <div style="display: flex; justify-content: space-around;"> <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div> </div>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant? <i>E fakaaoga nei ne koe a auala fufua io me e isi ne au mea aka e fai ke moaa a koe e faitama io me ke fakatalave te faitama?</i>	YES 1 NO 2	→ 322
311	Which method are you using? <i>Ne a la a vaega auala kona?</i> CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311. <div style="display: flex; justify-content: space-around;"> <div> YES (USING PILL) <input type="checkbox"/> </div> <div> NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div> May I see the package of pills you are using? <i>Ke onoono aka au i te paaketi fuaga fuafua tela e fakaaoga ne koe?</i> </div> <div> May I see the package of condoms you are using? <i>Ke onoono aka au i te paaketi lapa puipui tela e fakaaoga ne koe?</i> </div> </div> RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN 1 BRAND NAME (SPECIFY) PACKAGE NOT SEEN 2	→ 314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>Do you know the brand name of the (pills/condoms) you are using? <i>E iloa la ne koe te igoa o te vaega (fuaga/lapa) tena e fakaaoga ne koe?</i></p> <p>RECORD NAME OF BRAND.</p>	<p>BRAND NAME <input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY)</p> <p>DONT KNOW 98</p>	
314	<p>How many (pill cycles/condoms) did you get the last time? <i>E fia la te aofaki o (fuaga/lapa puipui) ne maua ne koe taluai?</i></p>	<p>NUMBER OF PILL CYCLES/CONDOMS .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DONT KNOW 998</p>	
315	<p>The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had? <i>I te taimi taluai ne maua ei ne koe (AUALA MALUGA 311), e fia la te 'togi o ia katoa, te 'togi o te vaega fuafuafuga fakatasi mo te fesoasoani ki te fakamainga o te fuafuaga tena?</i></p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 995</p> <p>DONT KNOW 998</p>	→ 319A
316	<p>In what facility did the sterilization take place? <i>Ne fai la i fea te tiipiga?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 1</p> <p>GOVT. HEALTH CENTER 2</p> <p>FAMILY PLANNING CLINIC 3</p> <p>PRIVATE MEDICAL SECTOR</p> <p>TUFHA HEALTH CLINIC 4</p> <p>OVERSEAS 5</p> <p>DONT KNOW 8</p>	
317	<p>CHECK 311/311A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? <i>Mai mua o tau tiipiga, ne fakamatala atu me ka se toe mafai ne koe o toe maua ne au tamaliki ona ko te tiipiga?</i></p> </div> <div style="text-align: center;"> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation? <i>Mai mua o tiipi a tau avaga/soa, ne fakamatala atu me ka se toe mafai ne ia o toe maua ne ana tamaliki ona ko te tiipiga?</i></p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
318	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had? <i>E fia la te aofaki katoa ne 'togi ne koe (tau avaga/soa) mo te tiipiga, fakatasi mo te fesoasoani ki te fakamainaga kia koe (tau avaga/soa)?</i></p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 995</p> <p>DONT KNOW 998</p>	
319	<p>In what month and year was the sterilization performed? <i>Ko oi te masina mo te tausaga ne fai ei te tiipiga?</i></p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
319A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping? <i>Ko oi te masina mo te tausaga ne fakaaoga ne koe (AUALA FUAFUA NEI) kae ne seki fakagata?</i></p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping? <i>Ko pefea te leva nei ne fakaaoga ne koe (AUALA FUAFUAGA) kae ne seki fakagata?</i></p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
320	<p>CHECK 319/319A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	<p>CHECK 319/319A:</p> <p>YEAR IS 2002 OR LATER  YEAR IS 2001 OR EARLIER </p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2002.</p> <p>THEN SKIP TO  331</p>		
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p><i>Nei ka fesili atu e uiga mo taimi kola ne fakaaoga ne koe io me ko tau avaga/soa a auala fuafua ko te mea ke moaa a koe e faitama i nai tausaga ko teka.</i></p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2002.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? <i>Ko te taimi fea fakamuli nei ne fakaaoga ne koe se vaega fuafua? Se a la te igoa o te auala tena?</i> * When did you start using that method? How long after the birth of (NAME)? <i>Ne fakaaoga anafea ne koe te auala fuafua tena? E pefea la te leva maitua o te fanauga o (IGOA)?</i> * How long did you use the method then? <i>Ko pefea la te leva ne fakaaoga ne koe te auala fuafua tena?</i> 		
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00 → 333</p> <p>FEMALE STERILIZATION 01 → 326</p> <p>MALE STERILIZATION 02 → 335</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD ... 11 → 324A</p> <p>RHYTHM METHOD 12 → 324A</p> <p>WITHDRAWAL 13 → 335</p> <p>OTHER METHOD 96 → 335</p>	
324	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p> <p><i>Ne maua ne koe i fea te (AUALA NEI) tena ko fakaaoga ei ne koe?</i></p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>TUFHA HEALTH CLINIC 21</p> <p>PEER TRAINER 22</p>	
324A	<p>Where did you learn how to use the rhythm/lactational amenorhea method?</p> <p><i>Ne iloa ne koe i fea o fakaaoga te auala ko te rythm/lactational?</i></p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>OTHER SOURCE</p> <p>HOTEL/NIGHT CLUB 31</p> <p>FRIEND/RELATIVE 32</p> <p>OVERSEAS 41</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
325	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07 → 332</p> <p>FEMALE CONDOM 08 → 329</p> <p>DIAPHRAGM 09 → 329</p> <p>FOAM/JELLY 10 → 329</p> <p>LACTATIONAL AMEN. METHOD ... 11 → 335</p> <p>RHYTHM METHOD 12 → 335</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	<p>You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?</p> <p><i>Ne maua ne koe te (AUALA NEI 323) mai (KOGA O AUALA 316 IO 324)) i (PO O TE MASINA 319/319A).</i></p> <p><i>I te taimi la tena, e mata ne fakamatala atu me ka isi ne fakalavelave o te fuafuaga tena?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 328
327	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p> <p><i>Kai fakamatala atu kia koe ne se tino galue i te ola lei io me ko te matagaluega o fuafuaga o kaiga i pokotiaga io me ne fakalavelave kola e mafai o maua ne koe i te auala fuafua tena?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 329
328	<p>Were you told what to do if you experienced side effects or problems?</p> <p><i>Ne fakamatala atu la kia koe me e se a tau mea e tau o fai mafai ko maua ne koe a pokotiaga io me ko fakalavelave kona?</i></p>	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 326:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <div style="display: flex;"> <div style="flex: 1;"> <p>At that time, were you told about other methods of family planning that you could use?</p> <p><i>I te taimi tena, ne fakailoa atu me e isi foki ne nisi auala fuafua aka e mafai ne koe o fakaaoga?</i></p> </div> <div style="flex: 1;"> <p>When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?</p> <p><i>I te mauaga ne koe te (AUALA NEI 323) mai (KOGA O (AUALA 316 IO 324), e mata ne fakailoa atu me e isi foki ne nisi auala fuafuaga aka e mafai ne koe o fakaaoga?</i></p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 331
330	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p> <p><i>Kai fakamatala atu kia koe ne se tino galue i te ola lei io me i te fuafuaga o kaiga me e isi foki ne auala aka o te fuafuaga o kaiga kola e mafai ne koe o fakaaoga?</i></p>	<p>YES 1</p> <p>NO 2</p>	
331	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 335</p> <p>→ 335</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where did you obtain (CURRENT METHOD) the last time? <i>Ne maua ne koe i fea te (AUALA NEI) taluai?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>TUFHA HEALTH CLINIC 21</p> <p>PEER TRAINER 22</p> <p>OTHER SOURCE</p> <p>HOTEL/NIGHT CLUB 31</p> <p>FRIEND/RELATIVE 32</p> <p>OVERSEAS 41</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning? <i>E iloa ne koe se koga e maua i ei a auala o fuafuaga o kaiga?</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 335</p>
334	<p>Where is that? <i>I fea la te koga tena?</i></p> <p>Any other place? <i>E isi ne nisi koga aka?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>TUFHA HEALTH CLINIC D</p> <p>PEER TRAINER E</p> <p>OTHER SOURCE</p> <p>HOTEL/NIGHT CLUB F</p> <p>FRIEND/RELATIVE G</p> <p>OVERSEAS H</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a peer trainer who talked to you about family planning? <i>I te 12 masina ko teka, kai isi aka e iloa se "peer trainer" i mea tau te fuafuaga o kaiga ne aasi atu kae sautala koulua e uiga mo te fuafuaga o kaiga? - ("Peer Trainer" ko tino kola ko isi se na atamai i te mataupu ke fakaakoga ne ia koe)</i></p>	<p>YES 1</p> <p>NO 2</p>	
336	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)? <i>I te 12 masina ko teka, a koe ne fano aasi ki te fakaimasaki ke talavai koe (io me ko au tamaliki)?</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
337	<p>Did any staff member at the health facility speak to you about family planning methods? <i>E isi se tino galue i te fakaimasaki ne faipati atu kia koe e uiga mo auala o fuafuaga o kaiga?</i></p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 224:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS IN 2002 OR LATER</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO BIRTHS IN 2002 OR LATER</p> <input type="checkbox"/> </div> </div> <p style="text-align: right;">→ 547</p>								
402	<p>CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 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).</p> <p>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.)</p> <p><i>Nei ka fesili atu e uiga mo te olalei o au tamaliki kola ne 'fanau i te lima tausaga ko 'teka. (Tua ka sautala mo latou taki tokotasi)</i></p>								
403	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">LINE NUMBER FROM 212</th> <th style="width: 25%;">LAST BIRTH</th> <th style="width: 25%;">NEXT-TO-LAST BIRTH</th> <th style="width: 25%;">SECOND-FROM-LAST BIRTH</th> </tr> </thead> <tbody> <tr> <td></td> <td>LINE NO. <input style="width: 40px;" type="text"/></td> <td>LINE NO. <input style="width: 40px;" type="text"/></td> <td>LINE NO. <input style="width: 40px;" type="text"/></td> </tr> </tbody> </table>	LINE NUMBER FROM 212	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH		LINE NO. <input style="width: 40px;" type="text"/>	LINE NO. <input style="width: 40px;" type="text"/>	LINE NO. <input style="width: 40px;" type="text"/>
LINE NUMBER FROM 212	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH						
	LINE NO. <input style="width: 40px;" type="text"/>	LINE NO. <input style="width: 40px;" type="text"/>	LINE NO. <input style="width: 40px;" type="text"/>						
404	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">FROM 212 AND 216</th> <th style="width: 25%;">NAME(S) _____</th> <th style="width: 25%;">NAME(S) _____</th> <th style="width: 25%;">NAME(S) _____</th> </tr> </thead> <tbody> <tr> <td></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> </tr> </tbody> </table>	FROM 212 AND 216	NAME(S) _____	NAME(S) _____	NAME(S) _____		LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
FROM 212 AND 216	NAME(S) _____	NAME(S) _____	NAME(S) _____						
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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____															
409	How many months pregnant were you when you first received antenatal care for this pregnancy? <i>Ko fia a masina o tau faitamaga tenei kae ko aasi a koe muamua eiloa?</i>	MONTHS ... <input type="text"/> <input type="text"/> DONT KNOW 98																	
410	How many times did you receive antenatal care during this pregnancy? <i>E fakafia taimi ne aasi ei koe i tau faitamaga tenei?</i>	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DONT KNOW 98																	
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? <i>I aasiga o tau faitamaga tenei, e mata e isi ne mea penei ne fai kia koe fakatasi io me e silia atu?</i> Were you weighed? <i>Ne fua a tou mafa?</i> Was your blood pressure measured? <i>Ne fua a tou toto?</i> Did you give a urine sample? <i>Ne aasi a ou mimi?</i> Did you give a blood sample? <i>Ne aasi a tou toto?</i>	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>WEIGHT ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD ...</td> <td>1</td> <td>2</td> </tr> </table>				YES	NO	WEIGHT ...	1	2	BP	1	2	URINE	1	2	BLOOD ...	1	2
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412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications? <i>I (so se) aasiga o tau faitamaga, e mata ne fakamatala atu a fakailoga o fakalavelave o te faitama?</i>	YES 1 NO 2 (SKIP TO 414) ← DONT KNOW 8																	
413	Were you told where to go if you had any of these complications? <i>Ne fakailoa atu kia koe a koga kola e tau o fano koe ki ei mafai e isi ne fakalavelave pena?</i>	YES 1 NO 2 DONT KNOW 8																	
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? <i>I tau faitamaga tenei, a koe ne suki a tou lima ko te mea ke puipui a tau pepe mai te masaki ko te fakaii kauvae, te la ko te pole mai tua o te fanauga?</i>	YES 1 NO 2 (SKIP TO 417) ← DONT KNOW 8																	
415	During this pregnancy, how many times did you get this tetanus injection? <i>I tau faitamaga tenei, e fakafia a taimi ne suki ei koe ki te suki o te fakaii kauvae?</i>	TIMES <input type="text"/> DONT KNOW ... 8																	
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> (SKIP TO 421) ↓ OTHER <input type="checkbox"/> ↓																	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby? <i>I so se taimi mai mua o tau faitamaga tenei, e mata a koe kai suki aka eiloa ki te suki o te fakaii kauvae), ko te mea ke puipui koe io me ko tau isi pepe aka?</i>	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection? <i>Mai mua o tau faitamaga tenei, e mata ne fakafia a tau sukiga ki te suki o te fakaii kauvae</i> IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy? <i>Ko oi te masina mo te tausaga ne fai ei tau toe sukiga eiloa mo te suki o te fakaii kauvae mai mua o tau faitamaga tenei?</i>	MONTH <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998		
420	How many years ago did you receive that tetanus injection? <i>Ko fia a tausaga ko teka ne fai te sukiga tena ki te suki o te fakaii kauvae?</i>	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets? <i>I tau faitamaga tenei, e isi ne au fuaga faitama ne tuku atu io me ne togi"</i> SHOW IRON TABLETS.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets? <i>I te taimi katoa tenei ne faitama ei koe, e fia a aso ne inu ei ou fuaga?</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		
423	During this pregnancy, did you take any drug for intestinal worms? <i>I tau faitamaga tenei, e isi ne au vailakau ne inu mo te anufe?</i>	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you have difficulty with your vision during daylight? <i>I tau faitamaga tenei, e mata e faigata tau lavea i te ao?</i>	YES 1 NO 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
425	During this pregnancy, did you suffer from night blindness? <i>I tau faitamaga tenei, e mata e pokotia koe i te se kite fakalei ite po?</i>	YES 1 NO 2 DONT KNOW 8		
426	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? <i>I te fanauga a (IGOA), e too lasi, e lasi, e lei, mai lalo o te lei, io me ko too foliki?</i>	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DONT KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DONT KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DONT KNOW 8
427	Was (NAME) weighed at birth? <i>A (IGOA) ne fua i tena fanauga?</i>	YES 1 NO 2 (SKIP TO 429) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DONT KNOW 8
428	How much did (NAME) weigh? <i>E fia la tena mafa?</i> RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> DONT KNOW . 99.98	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> DONT KNOW . 99.98	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> DONT KNOW . 99.98
429	Who assisted with the delivery of (NAME)? <i>Ko oi ne fesoasoani ki te fakafanauga o (IGOA)?</i> Anyone else? <i>E isi se tino aka?</i> PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B NURSE AIDE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B NURSE AIDE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B NURSE AIDE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE Y
430	Where did you give birth to (NAME)? HOME <i>A koe ne fanau i fea ia (IGOA)?</i> PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	HOME YOUR HOME ... 11 (SKIP TO 437) ← OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 OVERSEAS HOME 31 (SKIP TO 437) ← HEALTH FACILITY 32 OTHER _____ 96 (SPECIFY) (SKIP TO 437) ←	HOME YOUR HOME ... 11 (SKIP TO 438) ← OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 OVERSEAS HOME 31 (SKIP TO 438) ← HEALTH FACILITY 32 OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←	HOME YOUR HOME ... 11 (SKIP TO 438) ← OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 OVERSEAS HOME 31 (SKIP TO 438) ← HEALTH FACILITY 32 OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
431	How long after (NAME) was delivered did you stay there? <i>I te otiga ne fanau a (IGOA) e pefea te leva ne nofo ei koe i kona?</i> IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998													HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998													HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998												
432	Was (NAME) delivered by caesarean section? <i>A (IGOA) ne fakafanau mai ite sisa (tipi)?</i>	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																				
433	Before you were discharged after (NAME) was born, did any health care provider check on your health? <i>Mai mua koulua o tala ki tua i te otiga ne fanau a (IGOA), e mata e isi se tino galue mote olalei (fakaimasaki, TuFHA) ne aasi ne ia a tou olalei?</i>	YES 1 NO 2 (SKIP TO 436) ←	YES 1 (SKIP TO 448) ← NO 2	YES 1 (SKIP TO 448) ← NO 2																																				
434	How long after delivery did the first check take place? <i>E pefea te leva i te otiga ne fanau a (IGOA) kae fai a tau aasiga eiloa muamua?</i> IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998																																						
435	Who checked on your health at that time? <i>Ko oi ia ne fai ne ia a te aasiga o tou olalei i te taimi tena?</i> PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 1 NURSE/MIDWIFE 2 NURSE AIDE 3 OTHER PERSON TRADITIONAL BIRTH ATTENDANT ... 4 OTHER 6 (SPECIFY) _____ (SKIP TO 447) ←																																						
436	After you were discharged, did any health care provider or a traditional birth attendant check on your health? <i>Mai tua o tau talaaga, e isi se tino galue i te olalei io me se tufuga fakafanau (faka-tatou) ne aasi ne ia a tou ola lei?</i>	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 447) ←	YES 1 (SKIP TO 448) ← NO 2	YES 1 (SKIP TO 448) ← NO 2																																				
437	Why didn't you deliver in a health facility? <i>Kai a ne seki fanau ei koe i te fakaimasaki?</i> PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH ... A FACILITY NOT OPEN ... B TOO FAR/ NO TRANSPORTATION ... C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY ... E HUSBAND/FAMILY DID NOT ALLOW ... F NOT NECESSARY ... G NOT CUSTOMARY ... H OTHER _____ (SPECIFY) X																																						

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438	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health? <i>I te otiga ne fanau a (IGOA), e isi se tino galue i te olalei io me se tufuga fakafanau (faka-tatou) ne aasi ne ia a tou olalei?</i>	YES 1 NO 2 (SKIP TO 443) ←	YES 1 NO 2	YES 1 NO 2												
439	How long after delivery did the first check take place? <i>E pefea te leva mai i tua o te fanauaga kae fai te aasiga eilola muamua?</i> IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF MORE THAN 2 MONTHS, PROBE AND CORRECT 438.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DONT KNOW ... 998														
440	Who checked on your health at that time? <i>Ko oi ia ne aasi ne ia a tou olalei i te taimi tena?</i> PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 1 NURSE/MIDWIFE 2 NURSE AIDE ... 3 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 4 OTHER _____ 6 (SPECIFY)														
441	Where did this first check take place? <i>Ne fai i fea te aasiga eilola muamua tenei?</i> PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	HOME YOUR HOME ... 1 OTHER HOME ... 2 PUBLIC SECTOR GOVT. HOSPITAL 3 GOVT. HEALTH CENTER 4 OVERSEAS 5 OTHER _____ 6 (SPECIFY)														
442	CHECK 436:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 447)														
443	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health? <i>I te lua o masina mai i tua o te fanauga o (IGOA), e isi se tino galue i te olalei io me se tufuga fakafanau (faka-tatou) ne aasi ki te olalei o ia?</i>	YES 1 NO 2 (SKIP TO 447) ← DONT KNOW 8														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
444	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place? <i>E fia a itula, aso io me ne vaiaaso mai i tua o te fanauga o (IGOA) kae fai ei te aasiga eiloa muamua?</i></p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH ... 1 <input type="text"/> <input type="text"/></p> <p>DAYS AFTER BIRTH ... 2 <input type="text"/> <input type="text"/></p> <p>WKS AFTER BIRTH ... 3 <input type="text"/> <input type="text"/></p> <p>DONT KNOW ... 998</p>			
445	<p>Who checked on (NAME)'s health at that time? <i>Ko oi la ne aasi ne ia te olalei o (IGOA) i te taimi tena?</i></p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 1 NURSE/MIDWIFE 2 NURSE AIDE ... 3 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 4</p> <p>OTHER _____ 6 (SPECIFY)</p>			
446	<p>Where did this first check of (NAME) take place? <i>Ne fai i fea te aasiga tena eiloa muamua o (IGOA)?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p>	<p>HOME YOUR HOME ... 1 OTHER HOME ... 2</p> <p>PUBLIC SECTOR GOV.T. HOSPITAL 3 GOV.T. HEALTH CENTER 4</p> <p>OVERSEAS 5 OTHER _____ 6 (SPECIFY)</p>			
447	<p>Has your menstrual period returned since the birth of (NAME)? <i>A tou masaki fakafine ko foki atu talu te fanauga o (IGOA)?</i></p>	<p>YES 1 (SKIP TO 449) ←</p> <p>NO 2 (SKIP TO 450) ←</p>			
448	<p>Did your period return between the birth of (NAME) and your next pregnancy? <i>A tou masaki fakafine ne foki atu i te vaa o te fanauga o (IGOA) mo te sua faitamaga mai i tua?</i></p>	<p>YES 1 NO 2 (SKIP TO 452) ←</p>			<p>YES 1 NO 2 (SKIP TO 452) ←</p>
449	<p>For how many months after the birth of (NAME) did you <u>not</u> have a period? <i>E fia a masina mai i tua o te fanauga o (IGOA) ne seki masaki ei koe?</i></p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>			<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>
450	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREG-NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 452) ↓</p>			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
451	Have you begun to have sexual intercourse again since the birth of (NAME)? <i>A koe nei ko kamata o moe fakatauvava talu te fanauga o (IGOA)?</i>	YES 1 NO 2 (SKIP TO 453) ←				
452	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse? <i>E fia a masina mai i tua i te fanauga o (IGOA) ne <u>seki</u> moe fakatauvava eiloa a koe?</i>	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98			MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
453	Did you ever breastfeed (NAME)? <i>Kai fauu aka eiloa a (IGOA)?</i>	YES 1 NO 2 (SKIP TO 460) ←			YES 1 NO 2 (SKIP TO 460) ←	YES 1 NO 2 (SKIP TO 460) ←
454	How long after birth did you first put (NAME) to the breast? <i>E fia te leva mai i tua o te fanauga kae ko fauu a (IGOA) eiloa muamua?</i> IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>				
455	In the first three days after delivery, was (NAME) given anything to drink other than breast milk? <i>I aso e tolu muamua mai i tua o tena fanauga, a (IGOA) ne fainu ki nisi mea aka i tafa o te sua uu?</i>	YES 1 NO 2 (SKIP TO 457) ←				
456	What was (NAME) given to drink? <i>Se a la te mea ne tuku kia (IGOA) ke inu?</i> Anything else? <i>E isi aka?</i> RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G OTHER _____ X (SPECIFY)				
457	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 459) ←				
458	Are you still breastfeeding (NAME)? <i>A (IGOA) koi fauu eiloa?</i>	YES 1 (SKIP TO 461) ← NO 2				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
459	For how many months did you breastfeed (NAME)? <i>E fia masina ne fauu ei ne koe a (IGOA)?</i>	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DONT KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DONT KNOW ... 98
460	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 463)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 463)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 463)
461	How many times did you breastfeed last night betw een sunset and sunrise? <i>E fakafia taimi ne fauu ne koe i te po ko teka mai i te tooga o te laa ki ki te saega o te laa.</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
462	How many times did you breastfeed yesterday during the daylight hours? <i>E fakafia a taimi ne fauu ei koe anafi i te ao?</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
463	Did (NAME) drink anything from a bottle w ith a nipple yesterday or last night? <i>A (IGOA) kai inu aka eiloa mai i te fagu te la e faka-matasusu i te aso anafi io me ko te po ko teka?</i>	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
464		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 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).																								
502	LAST BIRTH LINE NUMBER FROM 212 LINE NUMBER <input type="text"/> <input type="text"/>			NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>			SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>																		
503	FROM 212 AND 216 NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 544)			NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 544)			NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 544)																		
504	Do you have a card where (NAMES) vaccinations are written down? <i>E isi se card (pepa) te la e fakamau ei a suki fagata o (IGOA)?</i> IF YES: May I see it please? <i>Fakamolemole ke onoono aka au i ei?</i>			YES, SEEN 1 (SKIP TO 506) ← 2 YES, NOT SEEN 2 (SKIP TO 508) ← 3 NO CARD 3			YES, SEEN 1 (SKIP TO 506) ← 2 YES, NOT SEEN 2 (SKIP TO 508) ← 3 NO CARD 3			YES, SEEN 1 (SKIP TO 506) ← 2 YES, NOT SEEN 2 (SKIP TO 508) ← 3 NO CARD 3															
505	Did you ever have a vaccination card for (NAME)? <i>E mata ne isi eiloa se card (pepa) suki fagata o (IGOA)?</i>			YES 1 (SKIP TO 508) ← 2 NO 2			YES 1 (SKIP TO 508) ← 2 NO 2			YES 1 (SKIP TO 508) ← 2 NO 2															
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.																								
	LAST BIRTH DAY MONTH YEAR			NEXT-TO-LAST BIRTH DAY MONTH YEAR			SECOND-FROM-LAST BIRTH DAY MONTH YEAR																		
	BCG 1 (AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	HEP B1 (AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	DTP 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	OPV 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	HEP B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	DTP 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	OPV 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	DTP 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	OPV 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	HEP B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	MR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MR1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MR1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	MR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	DTP 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
506A	CHECK 506:	BCG TO DPT 4 ALL RECORDED <input type="checkbox"/> (GO TO 510)				OTHER <input type="checkbox"/>				BCG TO DPT 4 ALL RECORDED <input type="checkbox"/> (GO TO 510)				OTHER <input type="checkbox"/>				BCG TO DPT 4 ALL RECORDED <input type="checkbox"/> (GO TO 510)				OTHER <input type="checkbox"/>			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in the national immunization day campaign? <i>E mata a (IGOA) e isi ne ana suki fagata ne fai kae ne seki fakamau i loto i te pepa tenei, e aofia ei a suki fagata kola ne fai i te aso fakamanatu o puipuiga?</i></p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, HEP B 1-3, DTP 1-4, OPV 1-3 AND MR VACCINES.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) →</p> <p>(SKIP TO 510) ←</p> <p>NO 2 (SKIP TO 510) ←</p> <p>DONT KNOW 8</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) →</p> <p>(SKIP TO 510) ←</p> <p>NO 2 (SKIP TO 510) ←</p> <p>DONT KNOW 8</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) →</p> <p>(SKIP TO 510) ←</p> <p>NO 2 (SKIP TO 510) ←</p> <p>DONT KNOW 8</p>
508	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign? <i>E mata a (IGOA) ne suki fagata ko te mea ke puipui a ia mai masaki, e aofia ei a suki fagata ne fai i te aso fakamanatu o puipuiga?</i></p>	<p>YES 1</p> <p>NO 2 (SKIP TO 511) ←</p> <p>DONT KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 511) ←</p> <p>DONT KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 511) ←</p> <p>DONT KNOW 8</p>
509	<p>Please tell me if (NAME) received any of the following vaccinations: <i>Fakamolemole fakailoa mai aka me ia (IGOA) ne suki fagata i mea konei:</i></p>			
509A	<p>A BCG vaccination against tuberculosis, that is, an injection in the arm that usually causes a scar? <i>Te suki ki te TB, e suki i te lima kae e masani o isi sena failoga?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>
509B	<p>Hepatitis B vaccine, that is, an injection given in the thigh or arm, to prevent him/her from getting liver diseases? <i>Vailakau o te faapoopoo/sega (Hepatitis B), e suki i i te kauaga io me ko te lima, ke puipui a ia mai masaki o te ate?</i></p>	<p>YES 1</p> <p>NO 2 (SKIP TO 509E) ←</p> <p>DONT KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 509E) ←</p> <p>DONT KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 509E) ←</p> <p>DONT KNOW 8</p>
509C	<p>Was the first Hepatitis B vaccine received at birth or later? <i>A te vailakau o te faapoopoo/sega (Hepatitis B) ne ave e iloa muamua i te fanauga io me mai i tua ifo?</i></p>	<p>AT BIRTH 1</p> <p>LATER 2</p>	<p>AT BIRTH 1</p> <p>LATER 2</p>	<p>AT BIRTH 1</p> <p>LATER 2</p>
509D	<p>How many times was a Hepatitis B vaccination received? <i>E fakafia a taimi ne ave ei te vailakau o te faapoopoo/sega (Hepatitis B)?</i></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
509E	Polio vaccine, that is, drops in the mouth? <i>Vailakau o te polio, e tulu i te gutu?</i>	YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8
509F	Was the first polio vaccine received six weeks after birth or later? <i>A te vailakau o te polio ne ave i te ono vaiaso maitua o tena fanauga io me ne mai i tua ifo?</i>	6 WEEKS ... 1 LATER 2	6 WEEKS ... 1 LATER 2	6 WEEKS ... 1 LATER 2
509G	How many times was the polio vaccine received? <i>E fakafia a taimi ne ave i ei te vailakau o te polio?</i>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509H	A DTP vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? <i>A te fagata ko te DTP, tela e suki i te kauaga io me ko gutumuli, i nisi taimi ko ave tasi mo te vailakau o te polio?</i>	YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8
509I	How many times was a DTP vaccination received? <i>E fakafia a taimi ne ave ei te fagata ko te DTP?</i>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509J	A measles injection or an MR injection - that is, a shot in the arm at the age of 12 and 18 months - to prevent him/her from getting measles? <i>A te suki o te misela io me ko te suki MR, e suki i te lima mo tausaga o te 12 mo te 18 masina - ke puipui a ia mai i te misela?</i>	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510	Were any of the vaccinations (NAME) received during the last two years given as part of the 2005 Rubella immunization campaign? <i>E isi ne fagata o (IGOA) ne ave i te lua o tausaga ko teka pela me se vaega o te puipuiga ki te "Rubella" o te 2005?</i>	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8
511	In the last seven days, did (NAME) take iron syrup like this? <i>I te fitu o aso ko teka, e mata a (IGOA) ne inu i vailakau penei ko te "iron syrup"?</i> SHOW SAMPLE OF IRON SYRUP.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
512	Has (NAME) taken any drug for intestinal worms in the last six months? <i>A (IGOA) kai inu aka eiloa i vailakau mo te manu ko te anufe i te ono masina ko teka?</i>	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
513	Has (NAME) had diarrhea in the last 2 weeks? <i>A (IGOA) kai sana aka eiloa i te 2 vaiaso ko teka?</i>	YES 1 NO 2 (SKIP TO 526) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 526) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 526) ← DONT KNOW 8
514	Was there any blood in the stools? <i>E isi la ne toto i ana fekau?</i>	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
515	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk) <i>Nei ko fia iloa ne au me e pefea te uke o meainu ne ave kia (IGOA) ke inu i te taimi ne sana ei (aofia foki a vaiuu)</i> Was he/she given less than usual to drink, about the same amount, or more than usual to drink? <i>E mata a meainu ne ave ki ei e mutana ifo i te masani, e pau mo te masani, io me e silia atu mo te masani?</i> IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? <i>E mata ne tai mutana ana meainu e pela mo te masani io me ko too mutana eiloa?</i>	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8
516	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? <i>I te sanaga a (IGOA), e mata ana meakai ne ave ki ei e mutana ifo i te masani, e pau mo te masani, e uke atu i te masani, io me e seai ne meakai ne ave?</i> IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? <i>E mata e tai mutana ana meakai ne ave pela mo te masani io me ko too mutana eiloa?</i>	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW 8
517	Did you seek advice or treatment for the diarrhea from any source? <i>A koe ne sala tofagiti io me se talavai mo te sana mai i se koga?</i>	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
518	<p>Where did you seek advice or treatment? <i>A koe ne sala togafiti io me se talavai ki fea?</i></p> <p>Anyw here else? <i>E isi se koga aka?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B</p> <p>OTHER SOURCE TRADITIONAL HEALER C</p> <p>OVERSEAS D</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B</p> <p>OTHER SOURCE TRADITIONAL HEALER C</p> <p>OVERSEAS D</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B</p> <p>OTHER SOURCE TRADITIONAL HEALER C</p> <p>OVERSEAS D</p> <p>OTHER _____ X (SPECIFY)</p>
519	CHECK 518:	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 521) ←</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 521) ←</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 521) ←</p>
520	<p>Where did you first seek advice or treatment? <i>A koe ne sala togafiti io me se talavai ki fea e iloa muamua?</i></p> <p>USE LETTER CODE FROM 518.</p>	FIRST PLACE ... []	FIRST PLACE ... []	FIRST PLACE ... []
521	<p>How many days after the diarrhea began did you first seek advice or treatment for (NAME)? <i>E fia la a aso mai i tua o te sanaga kae ko sala togafiti io me e se talavai mo (IGOA)?</i></p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS [][]	DAYS [][]	DAYS [][]
522	<p>Does (NAME) still have diarrhea? <i>A (IGOA) koi sana e iloa nei?</i></p>	<p>YES 1 NO 2 DONT KNOW 8</p>	<p>YES 1 NO 2 DONT KNOW 8</p>	<p>YES 1 NO 2 DONT KNOW 8</p>
523	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea: <i>A ia ne fai ke inu ki mea konei i te taimi ne kamata ei o sana:</i></p> <p>a) A fluid made from a special packet called ORS or <i>Se vai-fainu ne ne aumai i loto i paaketi e igoa ki te ORS?</i> The hospital-recommended:</p> <p>b) homemade salt and sugar solution? <i>se vai-fainu ne faite i te fale ki masima mo suka?</i></p> <p>c) coconut juice? <i>sua o te niu (pi)?</i></p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p> <p>COCONUT 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p> <p>COCONUT 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p> <p>COCONUT 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
524	Was anything (else) given to treat the diarrhea? <i>E isi ne mea aka ne ave mo foo te sana?</i>	YES 1 NO 2 (SKIP TO 526) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 526) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 526) ← DON'T KNOW 8
525	What (else) was given to treat the diarrhea? <i>Ne a la a mea kona ne ave ke foo te sana?</i> Anything else? <i>E isi aka?</i> RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY / HERBAL MEDICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY / HERBAL MEDICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY / HERBAL MEDICINE I OTHER _____ X (SPECIFY)
526	Has (NAME) been ill with a fever at any time in the last 2 weeks? <i>A (IGOA) kai poko aka ne te vela i so se taimi i te 2 vaiaso ko teka?</i>	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks? <i>A (IGOA) kai talatale aka eiloa i so se taimi o te 2 vaiaso ko teka?</i>	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? <i>I te masakiga a (IGOA) i te tale, e mata a tena manava e pote atu i te masani kae toetoe, manava fakavave io me e faigata a tena manava?</i>	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? <i>E mata te vave io me ko te faigata o te manava e pogai mai i masaki o te fatafata io me ko isu fua e pono io me e sali?</i>	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
530	CHECK 526: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 544)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 544)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, TO 544)
531	<p>Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p><i>Nei ko fia iloa ne au me e pefea te uke o meainu ne ave kia (IGOA) e aofia ei a vaiuu i te taimi ne poka ei ne te vela/taletale. E mata e mutana ifo i te masani o inu, e pau mo te masani, io me e silia atu mo masani?</i></p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? <i>E mata ne ave ki ei e mutana atu i meainu masani io me ko too mutana e iloa?</i></p>	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8
532	<p>When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p><i>A (IGOA) i te pokoga (vela/taletale), a meakai ne ave ki ei e mutana ifo i te masani, e pau mo te masani, e uke atu i te masani, io me e seki fagai?</i></p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? <i>E mata a meakai ne ave ki ei e mutana atu i te masani, io me e too mutana e iloa?</i></p>	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW 8
533	<p>Did you seek advice or treatment for the illness from any source?</p> <p><i>A koe ne sala togafiti io me se talavai mai i se koga?</i></p>	YES 1 NO 2 (SKIP TO 538) ←	YES 1 NO 2 (SKIP TO 538) ←	YES 1 NO 2 (SKIP TO 538) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment? <i>Ne sala koe ki fea mo se togafiti io me se talavai?</i></p> <p>Anyw here else? <i>E isi aka?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B</p> <p>OTHER SOURCE TRADITIONAL HEALER C</p> <p>OVERSEAS D</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B</p> <p>OTHER SOURCE TRADITIONAL HEALER C</p> <p>OVERSEAS D</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B</p> <p>OTHER SOURCE TRADITIONAL HEALER C</p> <p>OVERSEAS D</p> <p>OTHER _____ X (SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>
536	<p>Where did you first seek advice or treatment? <i>A koe ne sala togafiti io me se talavai ki fea e iloa muamua?</i></p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>
537	<p>How many days after the illness began did you first seek advice or treatment for (NAME)? <i>E mata e fia a aso mai tua o te masakiga kae ko sala togafiti io me talavai mo (IGOA)?</i></p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
538	<p>Is (NAME) still sick with a (fever/cough)? <i>A (IGOA) koi masaki nei e iloa i te (vela/taletale)?</i></p>	<p>FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DONT KNOW 8</p>	<p>FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DONT KNOW 8</p>	<p>FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DONT KNOW 8</p>
539	<p>At any time during the illness, did (NAME) take any drugs for the illness? <i>I so se taimi o te masakiga, a (IGOA) ne fakaaga a vailakau mo tena masaki?</i></p>	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 544) DONT KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 544) DONT KNOW 8</p>	<p>YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 544) DONT KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
540	<p>What drugs did (NAME) take? <i>Ne a vailakau ne fakaaoga ne (IGOA)?</i></p> <p>Any other drugs? <i>E isi aka ne nisi vailakau?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B</p> <p>OTHER DRUGS PARACETAMOL/ PANADOL ... C</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW Z</p>	<p>ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B</p> <p>OTHER DRUGS PARACETAMOL/ PANADOL ... C</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW Z</p>	<p>ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B</p> <p>OTHER DRUGS PARACETAMOL/ PANADOL ... C</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW Z</p>
541	CHECK 540: CODE A CIRCLED?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 544)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 544)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 544)</p>
542	<p>Did you already have the antibiotic pill/syrup at home when the child became ill? <i>E isi eiloa ne vailakau (antibiotic pill/syrup) i te otou fale i te masakiga a te tamaliki?</i></p>	<p>YES 1 NO 2 DONT KNOW 8</p>	<p>YES 1 NO 2 DONT KNOW 8</p>	<p>YES 1 NO 2 DONT KNOW 8</p>
543		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 544.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 544.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 544.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
544	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2002 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		547
545	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools? <i>I te taimi fakamuli a (IGOA O TAMALI KI EILOA FOLIKI) ne tiko, ne ave pefea keatea a ana fekau?</i>	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY)	
546	CHECK 523(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		548
547	Have you ever heard of a special product called ORS or vai masima you can get for the treatment of diarrhea? <i>A koe kai logo i te vai-sana e igoa ki te ORS tela e talavai ki ei te sana?</i>	YES 1 NO 2	
548	CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2004 OR LATER AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILDREN BORN IN 2004 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 549) (NAME)		601
549	Now I would like to ask you about liquids or foods (NAME FROM 548) had yesterday during the day or at night. <i>Nei ka fesili atu e uiga ki meakai mo meainu a (IGOA MAI 548) ne fakaaoga anafi i te ao io me ko te po.</i> Did (NAME FROM 548) (drink/eat): <i>A (IGOA MAI 548) (inu/kai):</i> Plain water? Vai samu Commercially produced infant formula such as SMA, S-26? <i>Susu mo pepe pela mo te SMA, S-26?</i> Any commercially fortified baby food or cereal like Cerelac, Gerber, etc? <i>Meakai a pepe kola e maua i te sitoa pela mo Cerelac, Gerber?</i> Any (other) porridge or gruel? <i>Mo nisi meakai aka pela mo te porridge io me ko te gruel?</i>	YES NO DK PLAIN WATER 1 2 8 FORMULA 1 2 8 BABY CEREAL 1 2 8 OTHER PORRIDGE/GRUEL.. 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
551	<p>CHECK 549 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 550 CATEGORIES e THROUGH t FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> <p>NOT A SINGLE "YES" <input type="checkbox"/></p>		601
552	<p>How many times did (NAME FROM 548) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p><i>E fakafia a taimi a (IGOA MAI 548) ne kai ki meakai pakeke, tai pakeke, io me e malulu i te aso anafi i te ao io me ko te po?</i></p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married? <i>A koe nei e avaga io me e nofo fakatasi mo se tagata pela mee avaga?</i>	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married? <i>A koe kai avaga aka eiloa io me ne nofo fakatasi mo se tagata pela mee avaga (fakapouliuli)?</i>	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 609
603	What is your marital status now: are you widowed, divorced, or separated? <i>I tou tulaga nei a koe: ko mate tau avaga, ko matala tau avaga, io me ko mavae koe?</i>	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 606
604	Is your husband/partner living with you now or is he staying elsewhere? <i>A tou avaga/soa e nofo fakatasi nei koulua io me e nofo fakatea?</i>	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
606	Have you been married or lived with a man only once or more than once? <i>A koe kai avaga aka eiloa io me ne nofo fakatasi mo se tagata i se taimi e tasi io me e silia atu?</i>	ONLY ONCE 1 MORE THAN ONCE 2	
607	CHECK 606: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓ In what month and year did you start living with your husband/partner? <i>Ko oi te masina mo te tausaga ne kamata ei koe o nofo fakatasi mo tau avaga/soa?</i> </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓ Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? <i>Nei ka fesili atu e uiga mo te nofoga fakatasi a koe mo tau avaga/soa e iloa muamua. Ko oi la a te masina mo te tausaga?</i> </div> </div>	MONTH <input type="text"/> <input type="text"/> DONT KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR 9998	→ 609
608	How old were you when you first started living with him? <i>Ko fia ou tausaga i te taimi muamua ne nofo fakatasi i ei koulua?</i>	AGE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
609	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
610	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p><i>Nei ka fesili e uiga mo te olaga moe fakatauavaga ko te mea ke maua se mainaga lei atu i nai mea taaua o te olaga.</i></p> <p>FOR NEVER MARRIED, FIRST ASK: Have you ever had sexual intercourse? IF YES: <i>A koe kai moe aka eiloa fakatauavaga?</i></p> <p>How old were you when you had sexual intercourse for the very first time? <i>E mata ko fia i ei ou tausaga i te taimi tena eiloa muamua ne moe ei koe fakatauavaga?</i></p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	<p>→ 613</p> <p>→ 613</p>
611	CHECK 109: AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/>		→ 633
612	<p>Do you intend to wait until you get married to have sexual intercourse for the first time?</p> <p><i>E mata a koe manako o fakatali eiloa ke fai tau avaga ko moe ei koe fakatauavaga mo te taimi muamua?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	→ 633
613	CHECK 109: AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/>		→ 618
614	<p>The <u>first</u> time you had sexual intercourse, was a condom used?</p> <p><i>I te taimi <u>muamua</u> eiloa ne moe koe fakatauavaga, ne fakaoga te lapa puipui?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DONT REMEMBER 8</p>	
615	<p>How old was the person you first had sexual intercourse with?</p> <p><i>Ko fia ia i ei a tausaga o te tino tena ne moe fakatauavaga mo koe?</i></p>	<p>AGE OF PARTNER <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>	→ 618
616	<p>Was this person older than you, younger than you, or about the same age as you?</p> <p><i>E mata a te tino tena e matua atu kia koe, foliki ifo kia koe, io e pau a lua tausaga?</i></p>	<p>OLDER 1</p> <p>YOUNGER 2</p> <p>ABOUT THE SAME AGE 3</p> <p>DONT KNOW/DONT REMEMBER 8</p>	→ 618
617	<p>Would you say this person was ten or more years older than you or less than ten years older than you?</p> <p><i>E mata a te matua o te tino tena e silia atu i te sefulu tausaga ia koe io me e mai lalo o te sefulu tausaga tena matua ia koe?</i></p>	<p>TEN OR MORE YEARS OLDER ... 1</p> <p>LESS THAN TEN YEARS OLDER ... 2</p> <p>OLDER, UNSURE HOW MUCH ... 3</p>	
618	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p><i>E mata anafea ko tau <u>toe</u> moega eiloa fakatauavaga?</i></p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p>	→ 632

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																																						
618A	<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p><i>Nei ka fakafesili atu ne fesili e uiga mo tou olaga moe fakatauavaga fakamuli nei. Ke toe fakapatonu atu me i au tali ki fesili e gata fua ia taua kae ka se fakailoa ki nisi tino. Kafai e oko taua ki se fesili tela e se manako a koe o tali, ko fakailoa mai ko te mea ke olo taua ki te sua fesili.</i></p>																																																									
619	<p>When was the last time you had sexual intercourse with this person?</p> <p><i>Anafea e iloa ko tau toe moega fakatauavaga mo te tino tenei?</i></p>		<p>DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																			<p>DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																																				
620	<p>The last time you had sexual intercourse (with this second/third person), was a condom used?</p> <p><i>Ne fakaaoga la te lapa puipui i tau moega fakatauavaga tena fakamuli e iloa (mo te tokolua/tokotolu) o tino?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 622) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 622) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 622) ←</p>																																																						
621	<p>Did you use a condom every time you had sexual intercourse with this person in the last 12 months?</p> <p><i>E mata ne fakaaoga te lapa puipui i taimi katoa ne moe ei koulua fakatauavaga i te 12 masina ko teka atu?</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>																																																						
622	<p>What was your relationship to this (second/third) person with whom you had sexual intercourse?</p> <p><i>Se a te vaa o koe ki te (tokolua/tokotolu) tino tena ne moe koulua fakatauavaga?</i></p> <p>IF BOYFRIEND: Were you living together as if married? <i>Koulua ne nofo fakatasi pela me ko oti ne avaga?</i></p> <p>IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.</p>	<p>HUSBAND 1</p> <p>(SKIP TO 628) ←</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>PROSTITUTE 5</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	<p>HUSBAND 1</p> <p>(SKIP TO 628) ←</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>PROSTITUTE 5</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	<p>HUSBAND 1</p> <p>(SKIP TO 628) ←</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>PROSTITUTE 5</p> <p>OTHER 6</p> <p>(SPECIFY)</p>																																																						
623	<p>For how long (have you had/did you have) a sexual relationship with this person?</p> <p><i>E mata e fia te leva o te masaniga i te moe fakatauavaga o koulua (tokolua/tokotolu)?</i></p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.</p>	<p>DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																			<p>DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																			<p>DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																		
624	CHECK 109:	<p>AGE 15-24 AGE 25-49 <table border="1"><tr><td></td><td></td></tr></table></p> <p>(SKIP TO 628) ←</p>			<p>AGE 15-24 AGE 25-49 <table border="1"><tr><td></td><td></td></tr></table></p> <p>(SKIP TO 628) ←</p>			<p>AGE 15-24 AGE 25-49 <table border="1"><tr><td></td><td></td></tr></table></p> <p>(SKIP TO 628) ←</p>																																																		

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
625	How old is this person? <i>Ko fia la a tausaga o ia tena?</i>	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 628) DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 628) DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 628) DON'T KNOW 98
626	Is this person older than you, younger than you, or about the same age? <i>A te tino tena e matua atu, foliki ifo, io me pau o lua tausaga?</i>	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 628)	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 628)	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 628)
627	Would you say this person is ten or more years older than you or less than ten years older than you? <i>E mata te matua o te tino tena e silia atu i te sefulu tausaga ia koe, io me e mai lalo i te sefulu tausaga ia koe?</i>	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
628	The last time you had sexual intercourse with this person, did you or this person drink alcohol? <i>I te lua toe moega fakatauvaga mo te tino tenei, a koe io me ko te tino tenei ne inu kamagii?</i>	YES 1 NO 2 (SKIP TO 630)	YES 1 NO 2 (SKIP TO 630)	YES 1 NO 2 (SKIP TO 631)
629	Were you or your partner drunk at that time? <i>I te taimi tena, a koe io mee ko tou soa e vale?</i> IF YES: Who was drunk? <i>Ko oi la ne vale?</i>	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
630	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months? <i>I tafa o (tino tenei/tokolua o laua), a koe foki ne moe fakatauvaga mo nisi tino aka i te 12 masina ko teka atu?</i>	YES 1 (GO BACK TO 619 IN NEXT COLUMN) NO 2 (SKIP TO 632)	YES 1 (GO BACK TO 619 IN NEXT COLUMN) NO 2 (SKIP TO 632)	
631	In total, with how many different people have you had sexual intercourse in the last 12 months? <i>E fia te aofaki katoa o tino valevale ne moe fakatauvaga mo koe i te 12 masina ko teka atu?</i> 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 ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p><i>E fia te aofaki katoa o tino valevale ne moe fakatauavaga mo koe i tou olaga?</i></p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>	
633	<p>Do you know of a place where a person can get condoms?</p> <p><i>E mata e iloa ne koe se koga e mafai o maua a lapa puipui?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 701
634	<p>Where is that? <i>I fea te koga tena?</i></p> <p>Any other place? <i>E isi ne nisi koga aka?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>TUFHA HEALTH CLINIC D</p> <p>PEER TRAINOR E</p> <p>OTHER SOURCE</p> <p>HOTEL/NIGHT CLUB F</p> <p>FRIEND/RELATIVE G</p> <p>OVERSEAS H</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
635	<p>If you wanted to, could you yourself get a condom?</p> <p><i>Moi fai ne manako koe ki se lapa, e mata e maua tau lapa puipui?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW/UNSURE 8</p>	
636	<p>Do you know of a place where a person can get female condoms?</p> <p><i>E mata e iloa ne koe se koga e maua i ei a lapa puipui fafine?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 701
637	<p>Where is that? <i>I fea te koga tena?</i></p> <p>Any other place? <i>E isi ne nisi koga aka?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>TUFHA HEALTH CLINIC D</p> <p>PEER TRAINOR E</p> <p>OTHER SOURCE</p> <p>HOTEL/NIGHT CLUB F</p> <p>FRIEND/RELATIVE G</p> <p>OVERSEAS H</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
638	<p>If you wanted to, could you yourself get a female condom?</p> <p><i>Moi fai ne manako koe ki se lapa fafine, e mata e maua tau lapa puipui?</i></p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED		→ 713
702	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? <i>E isi ne nai fesili mo aso mai mua nei.</i> <i>A koe e manako ke maua sau (tama/sua tama), io me ko koe ko se toe manako ke toe isi ne au tama?</i> Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? <i>E isi ne nai fesili mo aso mai mua nei.</i> <i>Kafai ko oti a koe ne fanau i tau tama nei, e mata a koe koi manako ke toe maua tau sua tama aka, io me ko koe ko se toe manako ke isi ne au tama?</i>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	→ 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE How long would you like to wait from now before the birth of (a/another) child? <i>E mata e fia te leva e manako koe o faitali ke maua te sua tama?</i> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>Kafai ko oti ne fanau a tau tama nei, e mata e fia te leva e manako koe o faitali ke maua te sua tama?</i>	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DONT KNOW 998	→ 708 → 713 → 708
704	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY <input type="checkbox"/> ASKED CURRENTLY USING USING		→ 713
706	CHECK 703: NOT <input type="checkbox"/> 24 OR MORE MONTHS <input type="checkbox"/> 00-23 MONTHS <input type="checkbox"/> ASKED OR 02 OR MORE YEARS OR 00-01 YEAR		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. <i>A koe ne fai mai me ko se manako koe ke isi sau tama mo aso pili mai mua nei, kae e tela la a koe e se fakaaoga a auala fuafua ke moaa a koe e faitama.</i></p> <p>Can you tell me why you are not using a method? <i>E mafai ne koe o fai mai aka me e kaia e se fakaaoga i ei ne koe a auala fuafua?</i></p> <p>Any other reason? <i>E isi ne pogai aka?</i></p> <p>RECORD ALL REASONS MENTIONED.</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. <i>A koe ne fai mai me ko se manako koe ke toe isi sau tama, kae tela la e se fakaaoga foki ne koe a auala fuafua ke moaa a koe e faitama.</i></p> <p>Can you tell me why you are not using a method? <i>E mafai ne koe o fai mai aka me e kaia e se fakaaoga i ei ne koe a auala fuafua?</i></p> <p>Any other reason? <i>E isi ne pogai aka?</i></p> </div> </div>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>YES, CURRENTLY USING <input type="checkbox"/></p> <p>→ 713</p> </div> </div>		
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future? <i>E mata ka fakaaoga ne koe a auala fuafua ke fakatalave io me ke moaa a koe e faitama i aso mai mua nei?</i></p>	<p>YES 1</p> <p>NO 2 → 711</p> <p>DON'T KNOW 8 → 713</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? <i>Moi ne mafai ne koe o filifili te Mafai e kilo aka koe ki tua i te taimi tela ne seki ai i ei ne au tama. Moi ne mafai ne koe o filifili te aofaki o au tama, e mata e tokofia o au tama e manako koe ki ei i tou olaga?</i></p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 715</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 → 715 (SPECIFY)</p>	
714	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter? <i>E mata se tokofia o latou ne tagata, tokofia fafine, io me se tokofia moi fai e pau fua?</i></p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	
715	<p>In the last few months have you: <i>I nai masina ko teka atu, e mata a koe:</i></p> <p>Heard about family planning on the radio? <i>Ne logo i fakasalalauga i te letio o te fuafuaga o kaiga?</i></p> <p>Seen about family planning on the television? <i>Ne matea i loto i te televise a fuafuaga o kaiga?</i></p> <p>Read about family planning in a new spaper or magazine? <i>Ne faitau i nusipepea io me ko mekesini a fuafuaga o kaiga?</i></p>	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER OR MAGAZINE ... 1 2</p>	
716	<p>Have you heard about the following family planning messages: <i>A koe ne logo i fekau konei e uiga mo te fuafuaga o kaiga?</i></p> <p>Healthy Mother, Healthy Baby? <i>Matua Malosi, Pepe Malosi</i></p> <p>Plan your Family by choice, Not by chance? <i>Palani a te kaiga ki tau filifiliga, kae e se fakapasalagina?</i></p> <p>A Baby, Having a Baby? <i>Te pepe, ko maua te pepe?</i></p>	<p>YES NO</p> <p>HEALTHY MOTHER 1 2</p> <p>PLAN YOUR FAMILY 1 2</p> <p>A BABY HAVING A BABY 1 2</p>	
717	<p>CHECK 601:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/></p>		→ 801
718	<p>CHECK 311/311A:</p> <p>CODE B, G, OR M CIRCLED <input type="checkbox"/></p> <p>NO CODE CIRCLED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		→ 722

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	Does your husband/partner know that you are using a method of family planning? <i>E mata e iloa ne tau avaga/soa me e fakaaoga ne koe a auala fuafua?</i>	YES 1 NO 2 DON'T KNOW 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? <i>E mata te fakaaoga ne koe a auala fuafua se ikuga e iloa a koe, se ikuga e iloa a tau avaga, io me se ikuga a koulua ne fai fakatasi?</i>	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
721	CHECK 311/311A: NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED ↓ → 801		
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want? <i>E mata te aofaki o tamaliki e manako ki ei a tau avaga/soa e pau mo tou manakoga, io me e manako ke tokouke atu io me e mai i lalo i te aofaki tela manako koe ki ei?</i>	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> → 803 → 807 </div>	
802	How old was your husband/partner on his last birthday? <i>Ko fia a tausaga o tau avaga i tena aso fanau taluai?</i>	AGE IN COMPLETED YEARS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>	
803	Did your (last) husband/partner ever attend school? <i>A tau (toe) avaga/soa kai akoga aka eiloa?</i>	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher? <i>Se a ia te levolo maluga ne oko ki ei tena akoga: lasaga muamua, lasaga lua, io me e maluga atu?</i>	PRE-SCHOOL 0 PRIMARY 1 SECONDARY 2 VOCATIONAL 3 HIGHER 4 OLD MISSION SCHOOL 5 DONT KNOW 8	→ 806
805	What was the highest year he completed at that level? <i>Se a te tausaga maluga ne oti i ei a ia te levolo tena?</i>	YEAR <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> DONT KNOW 98	
806	CHECK 801: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;"> <p>What is your husband's/ partner's occupation? That is, what kind of work does he mainly do? <i>Se a te galuega a tau avaga/soa? Pela mo te veaga galuega e fai ne ia?</i></p> </div> <div style="width: 45%;"> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do? <i>Se a te galuega a tau (taluai) avaga/soa? Pela mo te vaega galuega e fai ne ia?</i></p> </div> </div>	<input style="width: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; border: 1px solid black;" type="text"/>	
807	Aside from your own housework, have you done any work in the last seven days? <i>I tafa o au galuega i te fale, e mata e isi ne au galuega aka ne fai i te fitu o aso ko teka atu?</i>	YES 1 NO 2	→ 811
808	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? <i>E iloa ne koe me e isi ne fafine e galue tela la ko maua ei a olotou sene io me ne nisi vaega peofuga aka. Nisi o latou e fakatau mea, fai pisinisi 'foliki io me e galue i manafa o te kaiga io me ko pisinisi a te kaiga. I te fitu o aso ko teka, e mata a koe ne aofia i mea konei io me ne nisi galuega aka?</i>	YES 1 NO 2	→ 811
809	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, maternity leave or any other such reason? <i>Tiga eiloa me seki galue koe i te fitu o aso ko teka, e mata e isi eiloa sau galuega kae a koe ne seki galue ona me i te koe e malolo, masaki io me ona ko nisi pogai aka?</i>	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months? <i>A koe ne galue i te 12 masina ko teka atu?</i>	YES 1 NO 2	→ 818

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	<p>What is your occupation, that is, what kind of work do you mainly do?</p> <p><i>Se a nei tau galuega, pela me nea a vaega galuega e masani o fai ne koe?</i></p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>	
812	<p>CHECK 811:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		814
813	<p>Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?</p> <p><i>A koe e galue i luga i ou manafa io me ne manafa o te kaiga, io me ne manafa liisi mai nisi tino, io me ne manafa o nisi tino?</i></p>	<p>OWN LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>SOMEONE ELSE'S LAND 4</p>	
814	<p>Do you do this work for a member of your family, for someone else, or are you self-employed?</p> <p><i>A koe e galue mo se tino o tou kaiga, io me se tino aka fakatea, io me ko koe e galue mo koe e iloa totino?</i></p>	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	
815	<p>Do you usually work at home or away from home?</p> <p><i>A koe e masani o galue i te fale io me e se koga aka?</i></p>	<p>HOME 1</p> <p>AWAY 2</p>	
816	<p>Do you usually work throughout the year, or do you work seasonally, or only once in a while?</p> <p><i>A koe e galue i te tausaga katoa, io me e isi e iloa ne taimi, io me seasea e iloa?</i></p>	<p>THROUGHOUT THE YEAR 1</p> <p>SEASONALLY/PART OF THE YEAR 2</p> <p>ONCE IN A WHILE 3</p>	
817	<p>Are you paid in cash or kind for this work or are you not paid at all?</p> <p><i>A koe e togi ki tupe, io me se vaega a togi io me e se togi e iloa?</i></p>	<p>CASH ONLY 1</p> <p>CASH AND KIND 2</p> <p>IN KIND ONLY 3</p> <p>NOT PAID 4</p>	
818	<p>CHECK 601:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/></p>		827
819	<p>CHECK 817:</p> <p>CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/></p>		822
820	<p>Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly?</p> <p><i>Ko oi e pule i te fakaaoga o te tupe tela e maua ne koe: ko koe, tau avaga/soa, io me koe koe mo tau avaga/soa fakatasi?</i></p>	<p>RESPONDENT 1</p> <p>HUSBAND/PARTNER 2</p> <p>RESPONDENT AND HUSBAND/PARTNER JOINTLY 3</p> <p>OTHER 6</p> <p>(SPECIFY) _____</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	<p>Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?</p> <p><i>E mata a tou peofuga e maua e lasi atu i te peofuga o tau avaga/soa, e foliki ifo, io me e pau?</i></p>	<p>MORE THAN HIM 1</p> <p>LESS THAN HIM 2</p> <p>ABOUT THE SAME 3</p> <p>HUSBAND/PARTNER DOESNT BRING IN ANY MONEY 4</p> <p>DONT KNOW 8</p>	→ 823
822	<p>Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?</p> <p><i>Ko oi e pule i te fakaaoga o te peofuga o tau avaga/soa: ko koe, tau avaga/soa, io me ko koe mo tau avaga/soa fakatasi?</i></p>	<p>RESPONDENT 1</p> <p>HUSBAND/PARTNER 2</p> <p>RESPONDENT AND HUSBAND/PARTNER JOINTLY 3</p> <p>HUSBAND/PARTNER HAS NO EARNINGS 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	
823	<p>Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?</p> <p><i>Ko oi e masani saale o fai a tonu e uiga mo te ola lei o koe: ko koe, tau avaga/soa, ko koe mo tau avaga/soa fakatasi, io me se tino aka?</i></p>	<p>RESPONDENT = 1</p> <p>HUSBAND/PARTNER = 2</p> <p>RESPONDENT & HUSBAND/PARTNER JOINTLY = 3</p> <p>SOMEONE ELSE = 4</p> <p>OTHER = 6</p> <p>1 2 3 4 6</p>	
824	<p>Who usually makes decisions about making major household purchases?</p> <p><i>Ko oi e masani saale o fai a tonu i te togiga o mea a te kaiga lasi?</i></p>	<p>1 2 3 4 6</p>	
825	<p>Who usually makes decisions about making purchases for daily household needs?</p> <p><i>Ko oi e masani saale o fai a tonu i te togiga o mea a te kaiga i aso takitasi?</i></p>	<p>1 2 3 4 6</p>	
826	<p>Who usually makes decisions about visits to your family or relatives?</p> <p><i>Ko oi e masani saale o fai a tonu e uiga ki aasiga ki ou kaiga?</i></p>	<p>1 2 3 4 6</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div> <div> PRES./ LISTEN. </div> <div> PRES./ NOT LISTEN. </div> <div> NOT PRES. </div> </div> CHILDREN < 10 ... 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3	
828	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p><i>I nisi taimi a te tagata e mafai o kaitaua ki tena avaga i ana mea e fai. Se a tau fakatau, e mata e tau mo te tagata o taa tena avaga i tulaga konei:</i></p> <p>If she goes out without telling him? <i>Manafai te matua e fano ki se koga kae e se fakailoa kia ia?</i></p> <p>If she neglects the children? <i>Manafai te matua e tuku tiakina ne ia tamaliki?</i></p> <p>If she argues with him? <i>Manafai te matua e fakakinau mo ia?</i></p> <p>If she refuses to have sex with him?</p> <p>If she burns the food? <i>Manafai e 'mala a meakai ne kuka ne te matua?</i></p> <p>If she comes home late from work or community function? <i>Manafai te matua e 'to tuai mai i te galuega io me mai se faigamea a te fakapotopotoga?</i></p>	<div> YES NO DK </div> GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8 COMES HOME LATE .. 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
901	<p>Now I would like to talk about something else.</p> <p>HIV is a virus (infection) that can be passed from person to person. If people catch HIV they can become ill. This illness is called AIDS.</p> <p>Prior to this interview, have you ever heard of HIV or the disease called AIDS?</p> <p><i>Nei ka fakasaga atu taua ki nisi fesili. Te HIV (valesi/manu fakamafua mai ne ia te Selamete) tela e mafai o pisi mai se tino ki te sua tino. Kafai a tino e maua ne te HIV ko te mea e iloa ko masaki. Te masaki tenei e igoa ki te Selamete.</i></p> <p><i>Mai mua o te ta sautalaga tenei, a koe kai logo aka e iloa i te HIV io me ko te masaki e igoa ki te Selamete?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 943												
902	<p>CHECK Q. 114 and 115:</p> <p>CODE '2', '3', or '4' CIRCLED IN IN 114 OR 115 <input type="checkbox"/></p> <p>OR NO ANSWER ↓</p> <p>CODE '1' CIRCLED IN 114 AND 115 <input type="checkbox"/></p> <p>OR CODE '5' CIRCLED IN 114</p>		→ 904												
903	<p>The following is a list of sources of information on prevention of getting HIV, the virus that causes AIDS. Have you ever</p> <p><i>Ka fakasolo atu a koga e maua ei a tala o te puipuiga mai te HIV, te vailesi tela mafua mai ei te Selamete. Koe kai</i></p> <p>a. Read messages about HIV or AIDS in new spapers or magazines?</p> <p><i>Faitau i tala o te HIV io me ko te Selamete i loto i nuisipepa io me i mekesini?</i></p> <p>b. Seen leaflets, brochures, or booklets on HIV or AIDS?</p> <p><i>Matea i tusitusiga i lau o pepa, io me ne tusi o te HIV io me ko te Selamete?</i></p> <p>c. Gotten information on HIV or AIDS from the internet?</p> <p><i>Maua a tala o te HIV io me ko te Selamete mai i te internet?</i></p>	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>NEWSPAPER/MAGAZINE .</td><td>1</td><td>2</td></tr><tr><td>LEAFLETS/BOOKLETS ...</td><td>1</td><td>2</td></tr><tr><td>INTERNET</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	NEWSPAPER/MAGAZINE .	1	2	LEAFLETS/BOOKLETS ...	1	2	INTERNET	1	2	
	YES	NO													
NEWSPAPER/MAGAZINE .	1	2													
LEAFLETS/BOOKLETS ...	1	2													
INTERNET	1	2													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
904	<p>READ INTRODUCTORY STATEMENT ONLY IF Q903 WAS NOT ASKED:</p> <p>The following is a list of sources of information on prevention of getting HIV, the virus that causes AIDS.</p> <p><i>Ka fakasolo atu a i goa o koga kola e maua i ei a tala o te pui puiga mai te HIV, te vailesi tela e mafua mai ei te Selamete.</i></p>			
	<p>Have you ever <i>Koe kai</i></p> <p>a. Seen messages about HIV or AIDS on billboards, signs or posters? <i>Matea a tala o te HIV io me ko te Selamete i fakapulaga e fakapiki i luga i pui?</i></p>	<p>SIGNS/POSTERS</p>	<p>YES NO</p> <p>1 2</p>	
	<p>b. Seen messages about HIV or AIDS on TV? <i>Matea a tala o te HIV io me ko te Selamete i te televise?</i></p>	<p>TV</p>	<p>1 2</p>	
	<p>c. Heard messages about HIV or AIDS on radio? <i>Logo i tala o te HIV io me ko te Selamete i te letio?</i></p>	<p>RADIO</p>	<p>1 2</p>	
	<p>d. Seen the "Mr Right Guy" film or CD? <i>Matea te ata o "Mr Right Guy" i te tamunei io me se CD?</i></p>	<p>"MR RIGHT GUY"</p>	<p>1 2</p>	
	<p>e. Seen the "One Night Stand" film or CD? <i>Matea te ata o "One Night Stand" i te tamunei io me se CD?</i></p>	<p>"ONE NIGHT STAND"</p>	<p>1 2</p>	
	<p>f. Attended a community event about HIV or AIDS? <i>Kaufakatasi ki se faiga a mea a te fakapotopotoga mo te HIV io me ko te Selamete?</i></p>	<p>COMMUNITY EVENT</p>	<p>1 2</p>	
	<p>g. Received information about AIDS or HIV, the virus that causes AIDS, from an outreach work, that is someone who came to your community and talked about HIV or AIDS? <i>Maua a tala o te Selamete io me ko te HIV, te vailesi tela e mafua ei te Selamete, mai se tino talai, te tino tela ne vau ki te otou fakapotopotoga kae faipati ki te HIV io me ko te Selamete?</i></p>	<p>OUTREACH WORKER</p>	<p>1 2</p>	
	<p>h. Participated in an HIV or AIDS peer education program? <i>Kaufakatasi atu ki se polokalame akoakoga mo te HIV io me ko te Selamete?</i></p>	<p>PEER EDUCATION</p>	<p>YES NO</p> <p>1 2</p>	
	<p>i. Participated in another type of HIV or AIDS education program such as a workshop or school program? <i>Kaufakatasi atu ki te sua vaega polokalame akoakoga o te HIV io me ko te Selamete pela mo workshop io me ne polokalame e iloa a te akoga?</i></p>	<p>OTHER EDUCATION</p>	<p>1 2</p>	
	<p>j. Discussed AIDS OR HIV, the virus that causes AIDS, with other persons such as friend, family members, or work colleagues? <i>Sautala i te Selamete io me ko te HIV, te vailesi tela e mafua ei te Selamete, mo nisi tino aka pela mo taugasoa, kau kaiga, io me ko tino kola e galue tasi mo koe?</i></p>	<p>FAMILY/FRIENDS</p>	<p>1 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
905	Can people reduce their chance of getting HIV, the virus that causes AIDS, by having just one, uninfected, faithful sex partner? <i>E mata e maua o fakafoliki te mafai o te tino o pokotia ne te HIV, te vailesi tela e mafua ei te Selamete, manafai e tokotasi tena soa moe fakatauavaga tela e alofa fakamaoni (faithful) kae e se pokotia foki?</i>	YES 1 NO 2 DON'T KNOW 8	
906	Can people get HIV from mosquito bites? <i>E mata e maua a tino o piisi i te HIV mafai e uu ne namu?</i>	YES 1 NO 2 DON'T KNOW 8	
907	Can people reduce their chance of getting HIV by using a condom every time they have sex? <i>E mata e maua o fakafoliki te mafai o tino o pokotia ne te HIV, mana fakaaoga te lapa i taimi katoa e moe ei fakatauavaga?</i>	YES 1 NO 2 DON'T KNOW 8	
908	Can people get HIV by sharing food with a person who has HIV or AIDS? <i>E mata e maua a tino o piisi i te HIV mafai e kai fakatasi mo te tino tela e pokotia i te HIV io me ko te Selamete?</i>	YES 1 NO 2 DON'T KNOW 8	
909	Can people reduce their chance of getting HIV by not having sexual intercourse at all? <i>E mata e maua o fakafoliki te mafai o te tino o pokotia ne te HIV, manafai e se toe moe fakatauavaga?</i>	YES 1 NO 2 DON'T KNOW 8	
910	Can people get HIV from the saliva of someone who has HIV or AIDS? <i>E mata e maua a tino o piisi i te HIV i suavale o te tino tela e pokotia i te HIV io me ko te Selamete?</i>	YES 1 NO 2 DON'T KNOW 8	
911	Can people get HIV by having injections with a needle or syringe that has already been used by someone else? <i>E mata e maua a tino o piisi i te HIV mafai e suki ki te niila io me ko te suki tela ko oti ne fakaaoga ki te sua tino aka?</i>	YES 1 NO 2 DON'T KNOW 8	
912	Can only gay men get HIV? <i>E mata ko tagata fua kola e fiafai e iloa ki tagata e mafai o maua ne te HIV?</i>	YES 1 NO 2 DON'T KNOW 8	
913	Can people get HIV because of witchcraft or other supernatural means? <i>E mata e maua ne tino te HIV ona me ne fakavailakau io me ko nisi faifaiga aka fakaaoga?</i>	YES 1 NO 2 DON'T KNOW 8	
914	Is it possible for a healthy-looking person to have HIV? <i>E mata e mafai se tino tela e foliga pela me olalei e maua ne te HIV?</i>	YES 1 NO 2 DON'T KNOW 8	
915	Can HIV, the virus that causes AIDS, be transmitted from a mother to her baby: <i>E mata te HIV, te vailesi tela e mafua ei te Selamete, o piisi mai te matua ki tena pepe:</i> During pregnancy? <i>I te taimi e faitama i ei?</i> During delivery? <i>I te taimi e fanau i ei?</i> By breastfeeding? <i>Mafai e fauu?</i>	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916	CHECK 915: AT LEAST <input type="checkbox"/> ONE 'YES' <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 918
917	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby? <i>E mata e isi ne vaega vailakau kola e mafai o tuku ne te tokita io me ko te neesi ki te fafine e pokotia ne te HIV ko te mea ke fakafoliki i ei te mafai o pokotia tena pepe?</i>	YES 1 NO 2 DON'T KNOW 8	
918	Have you heard about special antiretroviral drugs that people infected with HIV can get from a doctor or a nurse to help them live longer? <i>A koe kai logo aka e iloa i vailakau e fakapatino mo tino pokotia ne te HIV kola e mafai o maua mai se tokita io me se neesi ko te mea ke mafai o tai ola leva atu latou?</i>	YES 1 NO 2 DON'T KNOW 8	
	LAST BIRTH SINCE JANUARY 2004 <input type="checkbox"/>	LAST BIRTH BEFORE JANUARY 2004 <input type="checkbox"/>	→ 929 → 929
920	CHECK 407 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/>	NO ANTENATAL CARE <input type="checkbox"/>	→ 929
921	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
922	During any of the antenatal visits for your last birth, did anyone talk to you about: <i>I au aasiga ki te fakaimasaki mo tau toe fanauga, e mata e isi se tino ne sautala atu kia koe e uiga mo:</i> Babies getting HIV from their mother? <i>A pepe e maua ne te HIV mai i olotou matua?</i> Things that you can do to prevent getting HIV? <i>A mea e mafai ne koe o fai ke puihui mai i te HIV?</i> Getting tested for the HIV? <i>Ke aasi mo te HIV?</i>	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . 1 2 8 TESTED FOR AIDS . 1 2 8	
923	Were you offered a test for HIV as part of your antenatal care? <i>E mata ne fai atu ke aasi a koe i te HIV pela me se vaega o te aasiga o fafine faitama?</i>	YES 1 NO 2	
924	I don't want to know the results, but were you tested for the HIV as part of your antenatal care? <i>Au e se fia logo i te ikuuga o tau iloilooga, kae e mata ne aasi e iloa koe i te HIV pela me se vaega o te aasiga o fafine faitama?</i>	YES 1 NO 2	→ 929
925	I don't want to know the results, but did you get the results of the test? <i>Au e se fia logo i te ikuuga, kae e mata ne maua e iloa a ikuuga o te iloilooga tena?</i>	YES 1 NO 2	
926	Where was the test done? <i>Ne fai la i fea te iloilooga tena?</i>	PUBLIC SECTOR GOVERNMENT HOSPITAL 1 OVERSEAS 2 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
927	Have you been tested for HIV since that time you were tested during your pregnancy? <i>E mata a koe kai aasi aka mo te HIV talu i te taimi ne iloilo ei koe i tau faitamaga?</i>	YES 1 NO 2	→ 930
928	When was the last time you were tested for HIV? <i>Anahea ko te toe taimi eiloa ne iloilo koe ki te HIV?</i>	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	→ 936
929	I don't want to know the results, but have you ever been tested to see if you have HIV? <i>Au e se fia iloa a te ikuga, a koe kai aasi aka eiloa me e maua a koe ne te HIV?</i>	YES 1 NO 2	→ 934
930	When was the last time you were tested? <i>Ne fai anahea tau iloilooga fakamuli eiloa?</i>	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
931	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? <i>I te taimi tena ne fai ei tau iloilooga fakamuli eiloa, ko koe eiloa ne manako ke iloilo, io me ne fai atu kae ne talia ne koe, io me se mea eiloa ko 'tau o fai?</i>	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
932	I don't want to know the results, but did you get the results of the test? <i>Au e se fia logo i te ikuga, kae ne maua la ne koe te ikuga?</i>	YES 1 NO 2	
933	Where was the test done? <i>Ne fai i fea tau iloilooga tena?</i> PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 1 OVERSEAS 2 OTHER 6 (SPECIFY)	→ 936
934	Do you know of a place where people can go to get tested for HIV? <i>E iloa ne koe se koga tela a tino e mafai o olo ke iloilo ki te HIV?</i>	YES 1 NO 2	→ 936
935	Where is that? <i>I fea te koga tena?</i> Any other place? <i>E mata e isi ne niisi koga aka?</i> PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B PRIVATE MEDICAL SECTOR TUFHA HEALTH CLINIC C OVERSEAS D OTHER X (SPECIFY)	
936	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? <i>E mata e togi ne koe a vesiapolo mai se tino fakatau moi fai ne iloa ne koe i te tino tena e maua ne te HIV?</i>	YES 1 NO 2 DON'T KNOW 8	
937	Would you share a meal with a person if you knew that this person had HIV? <i>E mata e kai fakatasi koe mo se tino moi fai ne iloa ne koe i te tino tena e maua ne te HIV?</i>	YES 1 NO 2 DON'T KNOW 8	
938	If a member of your family got infected with HIV, would you want it to remain a secret or not? <i>Kafai se tino o te otou kaiga ko pokotia i te HIV, e mata e manako koe ke funa mai i nisi tino io me ikai?</i>	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
939	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household? <i>Kafai se tino o te otou kaiga ko masaki i te Selemete, e mata e talia ke tausi ne koe a ia tena i loto i tou kaiga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
940	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school? <i>Se a tau fakatau manafai se faiakoga fafine e maua ne te HIV kae e se masaki ia, e mata e tau ke fai eiloa tena galuega i te akoga?</i>	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
941	Should the names of all persons with HIV be displayed in a public place for everyone to see? <i>E mata e tau a igoa o tino katoa kola e pokotia ne te HIV ke fakapaa i luga ko te mea ke matea katoa ne tino?</i>	YES 1 NO 2 DON'T KNOW 8	
942	Should all persons with HIV live apart from the general community? <i>E mata e tau a tino katoa e maua ne te HIV o nofo fakatea mai tino o te fakai?</i>	YES 1 NO 2 DON'T KNOW 8	
943	Should it be a criminal offence to knowingly pass HIV onto someone else? <i>E mata e tau ke fai pela mese sala ite tulafono kite te tino tela e iloa ne ia i ia e maua ne te HIV kae fakapiisi ne ia ki te sua tino?</i>	YES 1 NO 2 DON'T KNOW 8	
944	Should all new comers to Tuvalu be required to take a test for HIV? <i>E mata e tau ko tino fou katoa ki Tuvalu ke iloilo ki te HIV?</i>	YES 1 NO 2 DON'T KNOW 8	
945	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have HIV? <i>I te 12 masina ko teka atu, e mata e isi se tino e iloa lei ne koe, ne seki mafai ne ia o maua se fesoasoani mai te matagaluega o te ola lei ona fua ko ia e maua io me tukutaumate me maua ne te HIV?</i>	YES 1 NO 2 DK ANY ONE WITH HIV 3	→ 950
946	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 has or is suspected to have HIV? <i>I te 12 masina ko teka atu nei, e mata e isi se tino e iloa lei ne koe, ne seki talia ke kaufakatasi ki faiga mea, te lotu, io me ko mea a te fakapopotogona ona fua ko ia e maua io me tukutaumate me e maua ne te HIV?</i>	YES 1 NO 2	
947	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have HIV? <i>I te 12 masina ko teka atu, e mata e isi se tino e iloa lei ne koe, ne pati maseigina io me ne fakaitaitigina ona fua ko ia e maua io me tukutaumate me e maua ne te HIV?</i>	YES 1 NO 2	
948	CHECK 945, 946, AND 947: NOT A SINGLE <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 950
949	Do you personally know someone who has or is suspected to have HIV or AIDS? <i>E mata e isi se tino e iloa lei ne koe tela e tukutaumate io me maua ne te HIV io me ko te Selemete?</i>	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
950	Do you agree or disagree with the following statement: People with HIV or AIDS should be ashamed of themselves. <i>Fai mai me e talia io me e se talia ne koe te fakamatalaga tenei: A tino e maua ne te HIV io me ko te Selamete e 'tau o maa.</i>	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
951	Do you agree or disagree with the following statement: People with HIV or AIDS should be blamed for bringing the disease into the community. <i>Fai mai me e talia io me e se talia ne koe te fakamatalaga tenei: A tino e maua ne te HIV io me ko te Selemete e 'tau o loosi ki ei te aumaiga ki loto te masaki ki te fakapotopotoga.</i>	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
952	CHECK Q. 901. HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? <i>Itafa o te Selamete, a koe kai logo i nisi masaki aka kola e piisi i te moe fakatauavaga?</i> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact? <i>A koe kai logo i masaki kola e mafai o piisi i te moe fakatauavaga?</i>	YES 1 NO 2	
953	CHECK 610: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 961		
954	CHECK 952: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → 956		
955	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? <i>Nei ka sili atu ne fesili e uiga mo tou ola lei i te 12 masina ko teka atu? I te 12 o masina ko teka, kai maua ne koe se masaki tela ne mafua mai te moe fakatauavaga?</i>	YES 1 NO 2 DON'T KNOW 8	
956	Sometimes women experience a bad smelling abnormal genital discharge. <i>Inisi taimi a fafine e maua ne latou se sua tela e manogi masei kae e sali mai i otoutu totooga.</i> During the last 12 months, have you had a bad smelling abnormal genital discharge? <i>I te 12 masina ko teka, e mata kai maua ne koe se sua tela e manogi masei kae e sali mai i tou totooga?</i>	YES 1 NO 2 DON'T KNOW 8	
957	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer? <i>Inisi taimi a fafine ko foga/pala/mafole a otoutu totooga? E mata kai isi aka eiloa sou foga/palaga/mafolega peni i tou totooga?</i>	YES 1 NO 2 DON'T KNOW 8	
958	CHECK 955, 956, AND 957: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 961		
959	The last time you had (PROBLEM FROM 955/956/957), did you seek any kind of advice or treatment? <i>I te taimi tela ne maua ei ne koe te fakalavelave tenei, a koe ne sala togafiti io me ne talavai?</i>	YES 1 NO 2 → 961	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
960	<p>Where did you go? <i>A koe ne fano ki fea?</i></p> <p>Any other place? <i>E isi ne niisi koga aka?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL FACILITY, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOV.T. HOSPITAL A</p> <p>PRIVATE MEDICAL SECTOR TUFHA HEALTH CLINIC B</p> <p>OTHER SOURCE TRADITIONAL HEALER C FRIEND/RELATIVE D</p> <p>OVERSEAS E</p> <p>OTHER _____ X (SPECIFY)</p>	
961	<p>Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p> <p><i>A te tau avaga e se mafai o fakaloto malie faeloa i mea katoa. Kafai te fafine e iloa ne ia me i tena avaga e maua ne se masaki piisi i te moe fakatauavaga, e mata e tonu te fafine manafai e ita mana moe fakatauavaga mo tena avaga?</i></p>	<p>YES 1 NO 2 DONT KNOW 8</p>	
962	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p> <p><i>E mata e tonu te fafine o ita ma moe fakatauavaga mo tena avaga mafai a te fafine e fiita io me e se manako e iloa?</i></p>	<p>YES 1 NO 2 DONT KNOW 8</p>	
963	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p> <p><i>E mata e tonu te fafine o ita ma moe fakatauavaga mo tena avaga mafai a te fafine e iloa ne ia me i tena avaga ne moe fakatauavaga mo niisi fafine aka?</i></p>	<p>YES 1 NO 2 DONT KNOW 8</p>	
964	<p>Do you believe that young men should wait until they are married to have sexual intercourse?</p> <p><i>E mata a koe e talitonu me i tamaliki tagata e 'tau o faitali ke fai muamua olotou avaga ko mafai i ei o moe fakatauavaga?</i></p>	<p>YES 1 NO 2 DK/NOT SURE/DEPENDS 8</p>	
965	<p>Do you think that most young men you know wait until they are married to have sexual intercourse?</p> <p><i>Se a tau fakatau i te tokoukega o tamaliki tagata kola e iloa ne koe, e mata e faitali e iloa ke fai olotou avaga ko moe ei fakatauavaga?</i></p>	<p>YES 1 NO 2 DK/NOT SURE/DEPENDS 8</p>	
966	<p>Do you believe that men who are not married and are having sex should only have sex with one partner?</p> <p><i>E mata a koe e talitonu me i tagata kola e seki avaga kae ko moe saale fakatauavaga, e 'tau o moe fakatauavaga mo se fafine fua e tokotasi?</i></p>	<p>YES 1 NO 2 DK/NOT SURE/DEPENDS 8</p>	
967	<p>Do you think that most men you know who are not married and are having sex, have sex with only one partner?</p> <p><i>Se a tau fakatau i te tokoukega o tagata kola e iloa ne koe kae seki avaga kae ko moe fakatauavaga saale, e mata e moe fua fakatauavaga mo se fafine e tokotasi?</i></p>	<p>YES 1 NO 2 DK/NOT SURE/DEPENDS 8</p>	
968	<p>Do you believe that married men should only have sex with their wives?</p> <p><i>E mata a koe e talitonu me i tagata avaga e 'tau e iloa o moe fakatauavaga mo olotou avaga?</i></p>	<p>YES 1 NO 2 DK/NOT SURE/DEPENDS 8</p>	
969	<p>Do you think that most married men you know have sex only with their wives?</p> <p><i>Se a tau fakatau i te tokoukega o tagata avaga kola e iloa ne koe, e mata e moe fua fakatauavaga mo olotou avaga?</i></p>	<p>YES 1 NO 2 DK/NOT SURE/DEPENDS 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
970	Do you believe that young women should wait until they are married to have sexual intercourse? <i>E mata a koe e talitonu me i tamaliki fafine e tau o faitali ke fai muamua olotou avaga ko mafai ei o moe fakatauvaga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
971	Do you think that most young women you know wait until they are married to have sexual intercourse? <i>Se a tau fakatau i te tokoukega o tamaliki fafine kola e iloa ne koe, e mata e faitali iloa ke fai olotou avaga ko moe ei fakatauvaga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
972	Do you believe that women who are not married and are having sex should only have sex with one partner? <i>E mata a koe e talitonu me i fafine kola e seki avaga kae ko moe saale fakatauvaga, e tau o moe fakatauvaga fua mo se tagata e tokotasi?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
973	Do you think that most women you know who are not married and are having sex have sex with only one partner? <i>Se a tau fakatau i te tokoukega o fafine kola e iloa ne koe kae seki avaga kae ko moe saale fakatauvaga, e mata e moe fua fakatauvaga mo se tagata e tokotasi?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
974	Do you believe that married women should only have sex with their husbands? <i>E mata a koe e talitonu me i fafine avaga e tau iloa o moe fua fakatauvaga mo olotou avaga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
975	Do you think that most married women you know have sex only with their husbands? <i>Se a tau fakatau i te tokoukega o fafine avaga kola e iloa ne koe, e mata e moe fua fakatauvaga mo olotou avaga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
1001	Have you ever heard of an illness called tuberculosis or TB? <i>Koe kai logo aka e iloa i te masaki e igoa ki te TB?</i>	YES 1 NO 2	→ 1008																											
1002	CHECK Q. 114 and 115: CODE '2', '3', or '4' CIRCLED IN <input type="checkbox"/> 114 OR 115 OR NO ANSWER ↓ CODE '1' CIRCLED IN 114 & 115 <input type="checkbox"/> OR CODE '5' CIRCLED IN 114		→ 1004																											
1003	The following is a list of sources of information on tuberculosis or TB. Have you ever done any of the following? a. Read messages about TB in new spapers or magazines? <i>Ne faitau i tala o te TB i nusipepa io me i mekesini?</i> b. Seen leaflets, brochures, or booklets on TB? <i>Ne matea i tusituisiga i lau o pepa, io me ne tusi o te TB?</i> c. Gotten information on TB from the internet? <i>Ne maua a tala o te TB mai te internet?</i>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>NEWSPAPER/MAGAZINE</td><td>1</td><td>2</td></tr> <tr> <td>LEAFLETS/BOOKLETS</td><td>1</td><td>2</td></tr> <tr> <td>INTERNET</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	NEWSPAPER/MAGAZINE	1	2	LEAFLETS/BOOKLETS	1	2	INTERNET	1	2																
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NEWSPAPER/MAGAZINE	1	2																												
LEAFLETS/BOOKLETS	1	2																												
INTERNET	1	2																												
1004	READ INTRODUCTORY STATEMENT ONLY IF Q1003 WAS NOT ASKED: The following is a list of sources of information on tuberculosis or TB. Have you ever done any of the following? <i>Ka fakasolo atu a koga e maua ei a tala o te TB. Kai fai aka loa ne koe se mea penei?</i> a. Seen messages about TB on billboards, signs or posters? <i>Ne matea a tala o te TB e fakapiki i luga i pui?</i> b. Seen messages about TB on TV? <i>Ne matea a tala o te TB i te televise?</i> c. Heard messages about TB on the radio? <i>Ne logo i tala o te TB mai i te letio?</i> d. Participated in an TB peer education program? <i>Ne kaufakatasi atu ki se polokalame akoakoga a te kautama mo te TB?</i> e. Participated in another type of TB education program such as a workshop or school program? <i>Ne kaufakatasi atu ki te sua vaega polokalame akoakoga o te o te TB pela mo workshop io me ne polokalame a te akoga?</i> f. Attended a community event about TB such as the women community workshop on World TB Day? <i>Ne kaufakatasi ki se faigamea a te fakapotopoga e uiga mo te TB pela mo workshop a fafine i te Aso o te Lalolagi mo TB?</i> g. Received information about TB from an outreach work, that is someone who came to your community and talked about TB? <i>Ne maua a tala o te TB mai se tino talai, te tino tela ne vau ki te otou fakapotopotoga kae faipati ki te TB?</i> h. Discussed TB with other persons such as friends, family members, or work colleagues? <i>Ne sautala i te TB mo nisi tino aka pela mo taugasoa, kau kaiga, io me ko tino kola e galue tasi mo koe?</i>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>SIGNS/POSTERS</td><td>1</td><td>2</td></tr> <tr> <td>TV</td><td>1</td><td>2</td></tr> <tr> <td>RADIO</td><td>1</td><td>2</td></tr> <tr> <td>PEER EDUCATION</td><td>1</td><td>2</td></tr> <tr> <td>OTHER EDUCATION</td><td>1</td><td>2</td></tr> <tr> <td>COMMUNITY EVENT</td><td>1</td><td>2</td></tr> <tr> <td>OUTREACH WORKER</td><td>1</td><td>2</td></tr> <tr> <td>FAMILY/FRIENDS</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	SIGNS/POSTERS	1	2	TV	1	2	RADIO	1	2	PEER EDUCATION	1	2	OTHER EDUCATION	1	2	COMMUNITY EVENT	1	2	OUTREACH WORKER	1	2	FAMILY/FRIENDS	1	2	
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1005	How does tuberculosis spread from one person to another? <i>E pisi pefea te TB mai te tino ki te sua tino?</i> PROBE: Any other ways? <i>E isi ne niisi auala aka?</i> RECORD ALL MENTIONED.	<p>THROUGH THE AIR WHEN</p> <p>COUGHING OR SNEEZING A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON</p> <p>WITH TB C</p> <p>THROUGH FOOD D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>THROUGH SALIVA G</p> <p>THROUGH SMOKING H</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1006	Can tuberculosis be cured? <i>E mata te TB e mafai o fakalei?</i>	YES 1 NO 2 DONT KNOW 8	
1007	If a member of your family got tuberculosis, would you want it to remain a secret or not? <i>Kafai se tino o te otou kaiga ko pokotia i te TB, e mata e manako koe ke se fakaasi io me ikai?</i>	YES, REMAIN A SECRET 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
1008	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? <i>Nei ka sili atu ne fesili e uiga mo tou ola lei. I te 12 o masina ko teka, kai suki aka eiloa koe?</i> IF YES: How many injections have you had? <i>E fakafia la ou sukiga?</i> 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 . <input type="text"/> <input type="text"/> NONE 00 → 1012	
1009	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? <i>I ou sukiga konei, e fakafia ne fai ne te tokita, te neesi, tino palu paluvaialakau, tokita o nifo, io me sose tino galue i te fakaimasaki?</i> 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 . <input type="text"/> <input type="text"/> NONE 00 → 1012	
1010	The last time you had an injection given to you by a health worker, where did you go to get the injection? <i>I tau toe sukiga eiloa ne te tino galue o te ola lei, a koe ne fano ki fea ke suki a koe?</i>	PUBLIC SECTOR GOVERNMENT HOSPITAL 1 GOVT. HEALTH CENTER 2 OVERSEAS 3 OTHER 6 (SPECIFY)	
1011	Did the person who gave you that injection take the syringe and needle from a new, unopened package? <i>E mata te tino tela ne fai ne ia a tou sukiga ne tapale ne ia te suki mo te niila mai loto i se paaketi suki seki 'tala kae fou?</i>	YES 1 NO 2 DONT KNOW 8	
1012	Do you currently smoke cigarettes? <i>A koe e pusi sikaleti i te vaitimi nei?</i>	YES 1 NO 2 → 1014	
1013	In the last 24 hours, how many cigarettes did you smoke? <i>I te 24 itula ko teka atu nei, e mata ko fia au sikaleti ko oti ne pusi CIGARETTES</i> <input type="text"/> <input type="text"/>	
1014	Do you currently smoke or use any other type of tobacco? <i>A koe nei e pusi io me fakaaoga a niisi vaega a paka?</i>	YES 1 NO 2 → 1016	
1015	What (other) type of tobacco do you currently smoke or use? <i>Ne a vaega paka e fakaaoga ne koe mo pusi?</i> RECORD ALL MENTIONED.	PIPE A SULUI B OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																											
1016	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p><i>E uke kii a vaega pogai kola ka fai mo fakalavelave ki fafine i te mauaga o se fesoasoani mai te fakaimasaki io me ne talavaiga mo latou. Kafai a koe e masaki kae ne manako koe ki se fesoasoani mai te fakaimasaki io me ne talavaiga, e mata a mea konei ne fakalavelave lasi io me ikai?</i></p> <p>Getting permission to go? <i>Ke maua te saolotoga ke fano?</i></p> <p>Getting money needed for treatment? <i>Ke maua ne sene mo togi a vailakau?</i></p> <p>The distance to the health facility? <i>Te 'mao ki te fakaimasaki?</i></p> <p>Having to take transport? <i>Te 'salaga se mea mo fano?</i></p> <p>Not wanting to go alone? <i>E se manako o fano tokotasi?</i></p> <p>Concern that there may not be a female health provider? <i>E manavase mafai e seai se fafine galue mo te olalei?</i></p> <p>Concern that there may not be any health provider? <i>E manavasee mafai e seai ne tino galue mo te olalei?</i></p> <p>Concern that there may be no drugs available? <i>E manavase mafai e seai ne vailakau e toka?</i></p>	<table><tr><td></td><td>BIG PROB- LEM</td><td>NOT A BIG PROB- LEM</td></tr><tr><td>PERMISSION TO GO</td><td>1</td><td>2</td></tr><tr><td>GETTING MONEY</td><td>1</td><td>2</td></tr><tr><td>DISTANCE</td><td>1</td><td>2</td></tr><tr><td>TAKING TRANSPORT</td><td>1</td><td>2</td></tr><tr><td>GO ALONE</td><td>1</td><td>2</td></tr><tr><td>NO FEMALE PROVIDER</td><td>1</td><td>2</td></tr><tr><td>NO PROVIDER</td><td>1</td><td>2</td></tr><tr><td>NO DRUGS</td><td>1</td><td>2</td></tr></table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO	1	2	GETTING MONEY	1	2	DISTANCE	1	2	TAKING TRANSPORT	1	2	GO ALONE	1	2	NO FEMALE PROVIDER	1	2	NO PROVIDER	1	2	NO DRUGS	1	2		
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1017	<p>Are you covered by any health insurance? <i>E mata koe e too/kau/puipui kite tupe fakaleoleo(insurance) mo te olalei?</i></p>	<table><tr><td>YES</td><td>1</td></tr><tr><td>NO</td><td>2</td></tr></table>	YES	1	NO	2	1019																								
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NO	2																														
1018	<p>What type of health insurance? <i>Se a la te vaega tupe fakaleoleo o te olalei tena?</i></p> <p>RECORD ALL MENTIONED.</p>	<table><tr><td>HEALTH INSURANCE THROUGH EMPLOYER</td><td>A</td></tr><tr><td>SOCIAL SECURITY</td><td>B</td></tr><tr><td>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE.</td><td>C</td></tr><tr><td>OTHER</td><td>X</td></tr><tr><td colspan="2">(SPECIFY)</td></tr></table>	HEALTH INSURANCE THROUGH EMPLOYER	A	SOCIAL SECURITY	B	OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE.	C	OTHER	X	(SPECIFY)																				
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1019	<p>Now I would like to ask you about alcohol and drug use. Remember that your responses are completely anonymous and confidential and will not be released to anyone. During the last 12 months, how often did you have drinks containing alcohol, such as beer, wine, liquor, spirits, homebrew, toddy, yeast? Would you say?</p> <p><i>Nei ka fakafesili atu ne fesili e uiga mo te fakaaogaga o kamagii mo vailakau malos. Ke masaua la ne koe me i au tali e se mafai o iloa ne nisi tino kae e tapu foki ma fakaasi ki sose tino. I te 12 masina ko teka atu nei, e mata e fakafia ne inu saale koe i kamagii pela mo piia, uaina, fagu malos, sipiliti, mea palu, kao, isi? E mata e pefea</i></p> <table><tr><td>a. Never</td><td><i>Ne seki inu aka e iloa?</i></td><td>NEVER</td><td>0</td></tr><tr><td>b. 2 per Monthly or less?</td><td><i>Fakalua io me muu tana ifo i te masina</i></td><td>< 2 PER MONTH</td><td>1</td></tr><tr><td>c. 2 to 4 times a month?</td><td><i>2 ki te 4 taimi i te masina?</i></td><td>2-4 PER MONTH</td><td>2</td></tr><tr><td>d. 2 to 3 times a week?</td><td><i>2 ki te 3 taimi i te vaiaso?</i></td><td>2-3 PER WEEK</td><td>3</td></tr><tr><td>e. 4 or more times a week?</td><td><i>4 io me silia atu i te vaiaso?</i></td><td>4+ PER WEEK</td><td>4</td></tr><tr><td>f. No answer / refused</td><td><i>E seai se tali / e ita</i></td><td>NO ANSWER/REFUSED</td><td>7</td></tr><tr><td>g. Don't know</td><td><i>E se iloa</i></td><td>DONT KNOW</td><td>8</td></tr></table>	a. Never	<i>Ne seki inu aka e iloa?</i>	NEVER	0	b. 2 per Monthly or less?	<i>Fakalua io me muu tana ifo i te masina</i>	< 2 PER MONTH	1	c. 2 to 4 times a month?	<i>2 ki te 4 taimi i te masina?</i>	2-4 PER MONTH	2	d. 2 to 3 times a week?	<i>2 ki te 3 taimi i te vaiaso?</i>	2-3 PER WEEK	3	e. 4 or more times a week?	<i>4 io me silia atu i te vaiaso?</i>	4+ PER WEEK	4	f. No answer / refused	<i>E seai se tali / e ita</i>	NO ANSWER/REFUSED	7	g. Don't know	<i>E se iloa</i>	DONT KNOW	8		1022
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1020	<p>During the last 12 months, how many standard drinks containing alcohol did you have on a typical day when drinking? A standard drink is a can of beer, a glass of wine, a shot of liquor, 1 ipu kao, etc.?</p> <p><i>I te 12 masina ko teka atu nei, e mata ne fia au "standard drinks" o kamagi ne inu pela i se aso masani? A te "standard drink" ko te kaapa pia, se kilasi uaina, se nipu fagu malosi, se ipu kao, ...</i></p> <p>a. 1 or 2? a. 1 io me 2? b. 3 or 4? b. 3 io me 4? c. 5 or 6? c. 5 io me 6? d. 7, 8 or 9? d. 7, 8 io me 9? e. 10 to 19? e. 10 ki te 19? f. 20 or more? f. 20 io me e silia atu? g. No answer / refused g. Seai se tali/ Se fiafia o tali h. Don't know h. Se iloa</p>	<p>NUMBER OF STANDARD DRINKS</p> <p>1 OR 2 1 3 OR 4 2 5 OR 6 3 7, 8 OR 9 4 10 TO 19 5 20 OR MORE 6 NO ANSWER/REFUSED 7 DONT KNOW 8</p>																																																									
1021	<p>During the last 12 months, how often did you have five or more standard drinks at one time?</p> <p>A standard drink is a can of beer, a glass of wine, a shot of liquor, 1 upi kao, etc.</p> <p><i>I te 12 masina ko teka atu nei, e mata e fakafia ne lima io me ne silia atu au "standard drinks" i se inuga a koe?</i></p> <p><i>A te "standard drink" ko te kaapa pia, se kilasi uaina, se nipu fagu malosi, se ipu kao, ...</i></p> <p>a. Never? E se katoa b. Less than monthly? E se katoa i te masina c. Monthly? I masina d. Weekly? I vaiaso e. Daily or almost daily? I aso io me tai katoa i te aso f. No answer / refused Seai se tali / E ita g. Don't know E se iloa</p>	<p>NEVER 0 LESS THAN MONTHLY 1 MONTHLY 2 WEEKLY 3 DAILY OR ALMOST DAILY 4 NO ANSWER/REFUSED 7 DONT KNOW 8</p>																																																									
1022	<p>Next I would like to ask you about use of the following items.</p> <p><i>Nei ka fesili atu ki te fakaaogaga o mea konei.</i></p> <p>Have you ever tried...?</p> <p>IF YES, ASK:</p> <p>Did you use it in the last 30 days?</p> <p><i>Ne fakaaoga ne koe i te 30 aso ko teka atu?</i></p> <p>a. Betel nut? b. Kava? c. Marijuana/Cannibis d. Ecstasy/Eccies? e. Inhalants including gas? f. Speed/Base/Other amphetamines? g. Ice/Crystal meth? h. Cocaine/Crack/Freebasing? i. Heroin? j. LSD/Acid/Hallucinogens? k. Steroids (non-medical use)? l. Viagra/Cialis/Sex enhancers?</p>	<table border="1"> <thead> <tr> <th>NEVER TRIED</th><th>EVER TRIED</th><th>USED IN LAST 30 DAYS</th><th>NO ANSWER, REFUSED</th></tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> </tbody> </table>	NEVER TRIED	EVER TRIED	USED IN LAST 30 DAYS	NO ANSWER, REFUSED	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	
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1023	<p>Some people have tried injecting drugs using a syringe. In the last 12 months, have you injected drugs (not including injections for medical reasons or treatment of an illness)?</p> <p><i>E isi ne tino ko oti ne fakaaoga a vaialakau malosi ki te suki.</i></p> <p><i>I te 12 masina ko teka atu, e mata ko oti foki koe ne suki ki vaialakau malosi penei (e se lau a sukiga o te fakaimasaki)?</i></p>	<p>YES 1 NO 2 NO ANSWER, REFUSED 7</p>																																																									
1024	RECORD THE TIME	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																																																									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS

P PREGNANCIES

T TERMINATIONS

0 NO METHOD

1 FEMALE STERILIZATION

2 MALE STERILIZATION

3 PILL

4 IUD

5 INJECTABLES

6 IMPLANTS

7 CONDOM

8 FEMALE CONDOM

9 DIAPHRAGM

J FOAM OR JELLY

K LACTATIONAL AMENORRHEA METHOD

L RHYTHM METHOD

M WITHDRAWAL

X OTHER

(SPECIFY)

2	DEC	01		
1	NOV	02		
0	OCT	03		
9	SEP	04		
2	08 AUG	05		2
0	07 JUL	06		0
0	06 JUN	07		0
7	05 MAY	08		7
	04 APR	09		
	03 MAR	10		
	02 FEB	11		
	01 JAN	12		
2	DEC	13		
1	NOV	14		
0	OCT	15		
9	SEP	16		
2	08 AUG	17		2
0	07 JUL	18		0
0	06 JUN	19		0
6	05 MAY	20		6
	04 APR	21		
	03 MAR	22		
	02 FEB	23		
	01 JAN	24		
2	DEC	25		
1	NOV	26		
0	OCT	27		
9	SEP	28		
2	08 AUG	29		2
0	07 JUL	30		0
0	06 JUN	31		0
5	05 MAY	32		5
	04 APR	33		
	03 MAR	34		
	02 FEB	35		
	01 JAN	36		
2	DEC	37		
1	NOV	38		
0	OCT	39		
9	SEP	40		
2	08 AUG	41		2
0	07 JUL	42		0
0	06 JUN	43		0
4	05 MAY	44		4
	04 APR	45		
	03 MAR	46		
	02 FEB	47		
	01 JAN	48		
2	DEC	49		
1	NOV	50		
0	OCT	51		
9	SEP	52		
2	08 AUG	53		2
0	07 JUL	54		0
0	06 JUN	55		0
3	05 MAY	56		3
	04 APR	57		
	03 MAR	58		
	02 FEB	59		
	01 JAN	60		
2	DEC	61		
1	NOV	62		
0	OCT	63		
9	SEP	64		
2	08 AUG	65		2
0	07 JUL	66		0
0	06 JUN	67		0
2	05 MAY	68		2
	04 APR	69		
	03 MAR	70		
	02 FEB	71		
	01 JAN	72		



GOVERNMENT OF TUVALU
CENTRAL STATISTICS DIVISION

391

SECTION 11. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1101	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1</p> <p>PRIVACY NOT POSSIBLE 2</p>		1133																												
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these are very personal. However, your answers are crucial for helping to understand the condition of women in Tuvalu. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p> <p><i>Nei ka fesili atu e uiga mo nisi feitu aka taaua o te olaga ki se fafine. E iloa ne au me ka isi ne nai fesili konei ka faigata kii kia koe o tali. E ui ei, a tali a koe e taaua kii e iloa ona me ka fesoasoni ki te fakamainaga o tulaga o fafine i Tuvalu. A e takutonu atu kia koe me i tali a koe e gata fua ia a taua, e tapu ma fakaasi ki so se tino kae ka se mafai foki ne nisi tino o iloa me i fesili konei ne 'sili atu kia koe.</i></p>																														
1102	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/LIVED WITH A MAN <input type="checkbox"/></p> <p>(READ IN PAST TENSE)</p>																														
1103	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?</p> <p><i>Muamua, ka fesili atu ki nai tulaga kola e mafai o 'tupu ki nai fafine. Fakamolemole ko fakailoa mai aka me i mea konei e pokotia i ei koe i te vaa o koe ki tau (toe) avaga/soa?</i></p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? <i>E/Ne masalosalo io me e ita mafai e/ne faipati koe ki nisi tagata?</i></p> <p>b) He frequently (accuses/accused) you of being unfaithful? <i>E/Ne masani o taku fakamasei ne ia koe me e se fakamaoni?</i></p> <p>c) He (does/did) not permit you to meet your female friends? <i>E/Ne se talia ne ia koe ke fetau mo ou taugasoa fa'fine?</i></p> <p>d) He (tries/tried) to limit your contact with your family? <i>E/Ne taumafai o fakamutana a sokoga o koe ki ou kaaiga?</i></p> <p>e) He (insists/insisted) on knowing where you (are/were) at all times? <i>E/Ne finau ke iloa ne ia a koga e/ne nofo i ei a koe i taimi katoa?</i></p> <p>f) He (does/did) not trust you with any money? <i>E/Ne se talitonu i sene ma nofo mo koe?</i></p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MONEY</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	MONEY	1	2	8	
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1104	<p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.</p> <p><i>Nei mafai e talia ne koe, ke toe 'sili atu a nisi fesili e uiga ki te vaa o koe ki tau (toe) avaga/soa. Kafai a taua e oko ki fesili kola e se manako a ki tau (toe) avaga/soa. Kae ka se mafai foki ne nisi tino o iloa me i fesili konei ne 'sili atu kia koe.</i></p> <p>A (Does/did) your (last) husband/partner ever: <i>A tau (toe) avaga/soa kai:</i></p>	<p>CHECK 604: ASK ONLY IF RESPONDENT IS NOT A WIDOW</p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all? <i>E mata ne fakafia o tupu saale te mea tenei i te 12 masina ko teka: e soko e iloa, seasea e iloa, seki tupu e iloa?</i></p> <table border="1"> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others? <i>faipati io me ne fai se na mea ke masiasi a koe i mua o nisi tino aka?</i></td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) threaten to hurt or harm you or someone close to you? <i>fakamatutaku ke taa ne ia koe io me se tino aka tela e masani kia koe?</i></td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) insult you or make you feel bad about yourself? <i>pati masei atu io me ne fai ne ia a koe ke maa?</i></td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a) say or do something to humiliate you in front of others? <i>faipati io me ne fai se na mea ke masiasi a koe i mua o nisi tino aka?</i>	1	2	3	b) threaten to hurt or harm you or someone close to you? <i>fakamatutaku ke taa ne ia koe io me se tino aka tela e masani kia koe?</i>	1	2	3	c) insult you or make you feel bad about yourself? <i>pati masei atu io me ne fai ne ia a koe ke maa?</i>	1	2	3													
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105	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you: <i>E/Ne mata a tau (toe) avaga/soa kai fai ne ana mea penei ki a koe:</i></p>	<p>B</p> <div style="border: 1px solid black; padding: 2px;"> CHECK 604: ASK ONLY IF RESPONDENT IS NOT A WIDOW </div> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all? <i>E mata ne fakafia o tupu saale te mea tenei i te 12 masina ko teka: e soko eiloa, seasea eiloa, seki tupu eiloa?</i></p> <table border="1"> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you? <i>tule koe, luti/nuti koe, io me ne pei ne ia koe ki se mea?</i></td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> <tr> <td>b) slap you? <i>laupaapaa koe?</i></td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> <tr> <td>c) twist your arm or pull your hair? <i>mio tou lima io me ne 'futi i ou lauulu?</i></td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> <tr> <td>d) punch you with his fist or with something that could hurt you? <i>fusu koe ki tena lima io me se mea aka tela e mafai o 'pakia i ei koe?</i></td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> <tr> <td>e) kick you, drag you or beat you up? <i>tapa koe, toso koe io me taa koe?</i></td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose? <i>ne taumafai o fakasaitia tou manava io me ne fai ke 'paku koe?</i></td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or any other weapon? <i>ne fakamatakutaku io me ne ta koe ki te naifi, fana io me se isi mea tau aka?</i></td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him even when you did not want to? <i>puke malo ne ia koe ke moe fakatauavaga mo ia tiga eiloa ne seki manako koe ki ei?</i></td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> <tr> <td>i) force you to perform any sexual acts you did not want to? <i>fai malo ne ia koe ke fai a nisi taaga aka o te moe fakatauavaga kola e se manako koe o fai?</i></td><td>YES 1 → NO 2 ↓</td><td>1 2</td><td>3</td></tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a) push you, shake you, or throw something at you? <i>tule koe, luti/nuti koe, io me ne pei ne ia koe ki se mea?</i>	YES 1 → NO 2 ↓	1 2	3	b) slap you? <i>laupaapaa koe?</i>	YES 1 → NO 2 ↓	1 2	3	c) twist your arm or pull your hair? <i>mio tou lima io me ne 'futi i ou lauulu?</i>	YES 1 → NO 2 ↓	1 2	3	d) punch you with his fist or with something that could hurt you? <i>fusu koe ki tena lima io me se mea aka tela e mafai o 'pakia i ei koe?</i>	YES 1 → NO 2 ↓	1 2	3	e) kick you, drag you or beat you up? <i>tapa koe, toso koe io me taa koe?</i>	YES 1 → NO 2 ↓	1 2	3	f) try to choke you or burn you on purpose? <i>ne taumafai o fakasaitia tou manava io me ne fai ke 'paku koe?</i>	YES 1 → NO 2 ↓	1 2	3	g) threaten or attack you with a knife, gun, or any other weapon? <i>ne fakamatakutaku io me ne ta koe ki te naifi, fana io me se isi mea tau aka?</i>	YES 1 → NO 2 ↓	1 2	3	h) physically force you to have sexual intercourse with him even when you did not want to? <i>puke malo ne ia koe ke moe fakatauavaga mo ia tiga eiloa ne seki manako koe ki ei?</i>	YES 1 → NO 2 ↓	1 2	3	i) force you to perform any sexual acts you did not want to? <i>fai malo ne ia koe ke fai a nisi taaga aka o te moe fakatauavaga kola e se manako koe o fai?</i>	YES 1 → NO 2 ↓	1 2	3	
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107	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen? <i>E mata ko fia te leva i tau avagaga muamua (io me ko nofo tasi) mo tau (toe) avaga/soa, kae ko tupu (te mea tenei/a mea konei) muamua eiloa</i></p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																									
108	<p>Did the following ever happen as a result of what your (last) husband/partner did to you: <i>E mata a failoga konei ne mafua mai i mea a tau (toe) avaga/soa ne fai kia koe:</i></p>	<p>a) You had cuts, bruises or aches? <i>E isi ne ou pakiaga, mea fakauliuli io me ne mea mae?</i></p> <p>YES 1 NO 2</p> <p>b) You had eye injuries, sprains, dislocations, or burns? <i>Ou mata ne pakia, makuiga, sekega, io me ne pakuga?</i></p> <p>YES 1 NO 2</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury? <i>E isi ne ou mea pala lasi, ivi fati, nifo fati, io me ne pakiaga kola e tai masei atu?</i></p> <p>YES 1 NO 2</p>																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he <i>A koe kai pago, laupaapaa, tapa, io me ne fai ne nisi mea aka ke pakia a tau (toe) avaga/soa i taimi kola a ia ko se taa ne ia a koe?</i>	YES 1 NO 2	→ 1112
1110	CHECK 603: RESPONDENT IS <input type="checkbox"/> NOT A WIDOW RESPONDENT IS <input type="checkbox"/> A WIDOW		→ 1112
1111	In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all? <i>I te 12 masina ko teka, e mata e fai saale ne koe a mea konei ki tau (toe) avaga/soa: e fai saale, seasea eiloa, io me e se fai eiloa?</i>	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1112	Does (did) your husband/partner drink alcohol? <i>A tau avaga/soa e/ne inu kamagii?</i>	YES 1 NO 2	→ 1114
1113	How often does (did) he get drunk: often, only sometimes, or never? <i>E mata e pefea a tena konaa saale: e fai saale, seasea eiloa, io me e se inu?</i>	OFTEN 1 SOMETIMES 2 NEVER 3	
1114	From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically? <i>Mai i te taimi tela koe ko 15 i ei ou tausaga, kai isi aka eiloa se tino i tafa o tau (nei/toe) avaga/soa ne pago, laupapa, tapa, io me ne fai ne ia se mea aka tela ke pakia ei koe?</i>	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1117
1115	Who has hurt you in this way? <i>Ko oi la te tino ne fai ne ia ke pakia a koe penei?</i> Anyone else? <i>E isi se tino aka?</i> RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E FORMER HUSBAND/PARTNER F CURRENT BOYFRIEND G FORMER BOYFRIEND H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L EMPLOYER/SOMEONE AT WORK M POLICE/SOLDIER N OTHER X (SPECIFY)	
1116	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all? <i>I te 12 masina ko teka, e mata ko fakafia a koe ne pago, laupaapaa, tapa, io me ne pakia i tino kona (i te tino tena): e fai saale, seasea eiloa, se ki ai eiloa?</i>	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1117	CHECK 201, 226, AND 229: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 229) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1120

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1118	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant? <i>Kai isi aka eiloa se tino ne pago, laupaapaa, tapa, io me ne fai ne ia a nisi faiga aka ke pakia koe kae koi faitama i ei a koe?</i>	YES 1 NO 2	→ 1120
1119	Who has done any of these things to physically hurt you while you were pregnant? <i>Ko oi ia a ia tela ne fai ne ia a mea konei ke pakia koe kae koi faitama i ei a koe?</i> Anyone else? <i>E isi aka foki?</i> RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M POLICE/SOLDIER O OTHER X (SPECIFY) _____	
1120	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will? <i>I te taimi eiloa muamua ne 'moe i ei fakatauavaga a koe, e mata te mea tena ne manako eiloa koe ki ei, io me se mea ne fai malo atu kia koe?</i>	WANTED TO 1 FORCED TO 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1121	In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will? <i>I te 12 masina ko teka, e mata e isi se tino aka i tafa o tau (nei/toe) avaga/soa ne fai malo ne ia koe ke moe fakatauavaga mo ia?</i>	YES 1 NO 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1122	CHECK 1120 AND 1121: 1120 = '1' OR '3' <input type="checkbox"/> OTHER <input type="checkbox"/> AND 1121 = '2' OR '3' <input type="checkbox"/>		→ 1125
1123	CHECK 1105(h) and 1105(i): 1105(h) IS NOT '1' <input type="checkbox"/> OTHER <input type="checkbox"/> AND 1105(i) IS NOT '1' <input type="checkbox"/>		→ 1127
1124	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts? <i>I se taimi i tou olaga, pela me se tamaliki io me se tino matua, e mata ko isi se tino ne fai malo ne ia koe i sose auala ke moe fakatauavaga mo ia io me ke fai a nisi taga aka o te moe fakatauavaga?</i>	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1127
1125	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts? <i>Ko fia a ou tausaga i te taimi eiloa muamua ne fai malo atu ke moe fakatauavaga io me ke fai a nisi taga aka o te moe fakatauavaga?</i>	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1126	Who was the person who was forcing you at that time? <i>Ko oi ia te tino tena ne fai malo ne ia koe i te taimi tena?</i>	CURRENT HUSBAND/PARTNER . . . 01 FORMER HUSBAND/PARTNER . . . 02 CURRENT/FORMER BOY FRIEND . . . 03 FATHER 04 STEP FATHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE . . . 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK . . . 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ . 96 (SPECIFY)	
1127	CHECK 1105A (a-i), 1114, 1118, 1121 AND 1124: AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' 'YES'		1131
1128	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again? <i>Kae mafauafau aka ki mea ne tupu kia a koe e pela mo nisi mea aka ne sautala taua ki ei, e mata a koe ne taumafai o sala se fesoasoani ke fakagata a latou kona (io me ko ia tena) ke e moaa e toe fai se mea penei kia koe?</i>	YES 1 NO 2	1130
1129	From whom have you sought help? <i>Ko oi ia ne fano koe kiei mose fesoasoani?</i> Anyone else? <i>E isi se tino aka?</i> RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND/PARTNER'S FAMILY B CURRENT/LAST/LATE HUSBAND/PARTNER C CURRENT/FORMER BOY FRIEND . . . D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL . . . H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION . . K OTHER _____ X (SPECIFY)	1131
1130	Have you ever told any one else about this? <i>Ne fakailoa ia ne koe ki se isi tino aka?</i>	YES 1 NO 2	
1131	As far as you know, did your father ever beat your mother? <i>I tau mea e iloa, e mata a tou tamana e kai taa aka e iloa ne ia a tou matua?</i>	YES 1 NO 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1132	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table> <tr> <td></td> <td>YES ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3
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OTHER MALE ADULT	1	2	3															
FEMALE ADULT	1	2	3															
1133	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE <hr/> <hr/> <hr/> <hr/>																	
1134	RECORD THE TIME.	<table> <tr> <td>HOUR</td> <td><div><div></div><div></div></div></td> </tr> <tr> <td>MINUTES</td> <td><div><div></div><div></div></div></td> </tr> </table>	HOUR	<div><div></div><div></div></div>	MINUTES	<div><div></div><div></div></div>												
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2007 DEMOGRAPHIC AND HEALTH SURVEYS
MAN'S QUESTIONNAIRE

29 MAY 2007

GOVERNMENT OF TUVALU
CENTRAL STATISTICS DIVISION

IDENTIFICATION				
NAME OF ISLAND _____ NAME OF VILLAGE _____ NAME OF HOUSEHOLD HEAD _____ HOUSEHOLD NUMBER TOWN/RURAL (FUNAFUTI=1, OTHER=2) NAME AND LINE NUMBER OF MAN _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME RESULT*	 	 	 	DAY MONTH YEAR INT. NUMBER RESULT
NEXT VISIT: DATE TIME	 	 		TOTAL NUMBER OF VISITS
<p>*RESULT CODES:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">1 COMPLETED</div> <div style="width: 50%;">4 REFUSED</div> <div style="width: 50%;">2 NOT AT HOME</div> <div style="width: 50%;">5 PARTLY COMPLETED</div> <div style="width: 50%;">7 OTHER _____</div> <div style="width: 50%;">3 POSTPONED</div> <div style="width: 50%;">6 INCAPACITATED</div> </div> <div style="text-align: right;">(SPECIFY)</div>				
LANGUAGE OF INTERVIEW 1 ENGLISH 2 TUVALUAN 3 NUI 4 OTHER _____ LANGUAGE OF RESPONDENT 1 ENGLISH 2 TUVALUAN 3 NUI 4 OTHER _____ TRANSLATOR USED? 1 YES 2 NO (SPECIFY)				
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR 	KEYED BY

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Statistics Division. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Talofa. Toku igoa ko _____ kae ko au e galue tasi mo te Matagaluega o Fuainumela. Matou e galue i te faiga o te savea o te atufenua tela ka fakafesiligina a fafine (mo tagata) e uiga ki vaega pokotiaga o te olalei. E fiafia lasi matou ki tou kau fakatasi mai ki te savea tenei. Te leva o tou taimi e fakamaumau ki te savea e nofo ki te luasefulu minute. Au mea kona e fakaasi mai ka gata fua a taua kae e tapu ma fakaasi ki nisi tino aka.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

Te kaufakatasi mai o koe ki te savea e pule e iloa koe. Kafai e oko taua ki se fesili e se manako koe o tali, ko fakailoa mai ke olo taua ki te sua fesili., io me e mafai e iloa ne koe o fakagata te fakafesiliga i sose taimi. Te fakatau ke kau fakatasi koe ki te savea tenei ona ko ou manatu e taaua kii loa.

At this time, do you want to ask me anything about the survey? *I te vaitimi nei, e isi ne au fesili e fia fai mai e uiga mo te savea tenei?*
May I begin the interview now? *E mafai ne au o na kamata te fakafesiliga nei?*

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 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
102	How long have you been living continuously in (NAME OF ISLAND/ CURRENT PLACE OF RESIDENCE)? <i>Ko fia nei te leva o tou nofo tumau i (IGOA O TE FENUA)</i> IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> ALWAYS 95 VISITOR 96	108
103	Just before you moved here, did you live in Funafuti or in the Outer Island or overseas? <i>Koe ne nofo i fea muamua koi tuai o vau koe ki konei, i Funafuti io me i niisi fenua aka o Tuvalu io me i tua atu o Tuvalu.</i> IF OVERSEAS, ASK IF IN OTHER PACIFIC ISLANDS.	FUNAFUTI 1 OUTER ISLANDS 2 OTHER PACIFIC ISLANDS 3 OTHER COUNTRIES 4	
104	CHECK 102: LESS THAN 1 YEAR <input type="checkbox"/> 1 YEAR OR MORE <input type="checkbox"/>		106
105	Where were you living 1 year ago? <i>I te tausaga ko teka, koe ne nofo i fea?</i>	FUNAFUTI 1 OUTER ISLANDS 2 OTHER PACIFIC ISLANDS 3 OTHER COUNTRIES 4	
106	CHECK 102: LESS THAN 5 YEARS <input type="checkbox"/> 5 YEARS OR MORE <input type="checkbox"/>		108
107	Where were you living 5 years ago? <i>Koe ne nofo i fea i te 5 tausaga ko teka atu nei?</i>	FUNAFUTI 1 OUTER ISLANDS 2 OTHER PACIFIC ISLANDS 3 OTHER COUNTRIES 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	In what month and year were you born? <i>Ko oi te masina mo te tausaga ne fanau ei koe?</i>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
109	How old were you at your last birthday? <i>Ko fia ou tausaga i tou aso fanau fakamuli nei?</i> COMPARE AND CORRECT 108 AND/OR 109 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
110	Have you ever attended school? <i>Koe kai akoga aka eilola?</i>	YES 1 NO 2	→ 114
111	What is the highest level of school you attended: primary, secondary, or higher? <i>Se a te levolo eilola maluga ne oko ki ei au akoakoga: lasaga muamua, lasaga lua, io me se akoga maluga atu?</i>	PRE-SCHOOL 0 PRIMARY 1 SECONDARY 2 VOCATIONAL 3 HIGHER 4 OLD MISSION 5	
112	What is the highest year you completed at that level? <i>Se a te tausaga maluga ne oti ei koe i te levolo tena?</i>	YEAR <input type="text"/> <input type="text"/>	
113	CHECK 111: PRE-SCHOOL OR PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 118
114	Now I would like you to read this sentence to me. <i>Faitau mai aka a te fuaiupu tenei.</i> SHOW CARD IN ENGLISH TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? <i>E mata e mafai ne koe o faitau mai se vaega o te fuaiupu tenei?</i>	CANNOT READ AT ALL IN ENGLISH ... 1 ABLE TO READ ONLY PARTS OF SENTENCE IN ENGLISH 2 ABLE TO READ WHOLE SENTENCE ... 3 BLIND/VISUALLY IMPAIRED 5	→ 116
115	SHOW CARD IN TUVALUAN TO RESPONDENT. FOR INTERVIEW IN NUI ISLAND, SHOW CARD IN NUI TO RESPONDENT IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? <i>E mata e mafai o faitau mai ne koe se vaega o te fuaiupu tenei?</i>	CANNOT READ AT ALL IN TUVALUA ... 1 ABLE TO READ ONLY PARTS OF SENTENCE IN TUVALUAN 2 ABLE TO READ WHOLE SENTENCE ... 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
116	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? <i>Koe kai kau aka eilola i se polokalame akoga ki te faitau mo te tusitusi (se aofia i ei tau akoga i te lasaga muamua)?</i>	YES 1 NO 2	
117	CHECK 114 and 115: CODE '2', '3' OR '4' CIRCLED IN 114 OR 115 <input type="checkbox"/> CODE '1' CIRCLED IN 114 AND 115 OR CODE '5' CIRCLED IN 114 <input type="checkbox"/>		→ 119

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? <i>A koe kai faitau aka eiloa ki se niusi pepa io me se mekesini, pela i aso katoa, fakatasi io me e silia atu i te vaiaso, io me e se silia atu mo te fakatasi i te vaiaso, io me e seki faitau eiloa?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? <i>A koe e fakalogologo saale ki te letio i aso katoa, fakatasi io me e silia atu i te vaiaso, io me e se silia atu mo te fakatasi i te vaiaso io me e se fakalogologo eiloa?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
120	Do you watch television almost every day, at least once a week, less than once a week or not at all? <i>A koe e onoono saale ki te televise i aso katoa, fakatasi io me e silia atu i te vaiaso, io me e se silia atu mo te fakatasi i te vaiaso io me e se fakalogologo eiloa?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121	Other than for watching videos, do you use computer almost every day, at least once a week, less than once a week or not at all? <i>A koe e masani o fakaaoga te kompiuta i aso katoa, fakatasi io me e silia atu i te vaiaso, io me e se silia atu mo te fakatasi i te vaiaso io me e se fakaaoga eiloa? (E se aofia te onoono ki vitio).</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
122	What is your religion? <i>Se a tou/tau tali tonuga/lotu?</i>	EKALESIA KELISIANO TUVALU 1 SEVENTH DAY ADVENTIST 2 JEHOVA'S WITNESS 3 BAHAI 4 BRETHREN 5 ROMAN CATHOLIC 6 OTHER 96 (SPECIFY) REFUSED TO ANSWER 97 DONT KNOW 98	
123	Do you consider yourself a Tuvaluan, part Tuvaluan, an I-Kiribati, or what? <i>A koe se tino Tuvalu, se afa Tuvalu, se Kilipati, io me se tino a?</i>	TUVALUAN 1 PART TUVALUAN 2 I-KIRIBATI 3 OTHER 6 (SPECIFY) DONT KNOW 8	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	<p>Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name.</p> <p>Have you ever fathered any children with any woman?</p> <p><i>I te taimi nei ka fesili atu au e uiga mo au tamaliki ne fai i tou olaga.</i></p> <p><i>E fia iloa ne au a tamaliki tonu a koe, tiga i ei mafai e seai sau pule i a latou io me e se fakaaoga ne latou a tou igoa fakaoti.</i></p> <p><i>E isi ne au tama ne fai mo sose fafine?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	<p>→ 206</p>								
202	<p>Do you have any sons or daughters that you have fathered who are now living with you?</p> <p><i>E mata e isi ne au tama tagata io me ne fafine ne fai i (tau avaga/ au avaga / nisi fafine) koi ola kae e nofo fakatasi mo koe?</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 204</p>								
203	<p>How many sons live with you?</p> <p><i>E toko fia au tama tagata e nofo fakatasi mo koe?</i></p> <p>And how many daughters live with you?</p> <p><i>E toko fia au tama fafine e nofo fakatasi mo koe?</i></p> <p>IF NONE, RECORD '00'.</p>	<p>SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									
204	<p>Do you have any sons or daughters that you have fathered who are alive but do not live with you?</p> <p><i>E mata e isi ne au tama tagata io me ne fafine ne fai (tau avaga/ au avaga / nisi fafine) koi ola kae e se nofo fakatasi mo koe?</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 206</p>								
205	<p>How many sons are alive but do not live with you?</p> <p><i>E tokofia au tama tagata e ola nei kae e se nofo fakatasi mo koe?</i></p> <p>And how many daughters are alive but do not live with you?</p> <p><i>E tokofia au tama fafine e ola nei kae e se nofo tasi mo koe?</i></p> <p>IF NONE, RECORD '00'.</p>	<p>SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									
206	<p>Have you ever fathered a son or a daughter who was born alive but later died?</p> <p><i>Kai isi aka e iloa sau tama tagata io me se fafine ne fanau mai e ola kae ne mate fakamuli ifo?</i></p> <p>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?</p> <p><i>Sose pepe ne tagi io me matea atu e ola kae ne iku e iloa ki te mate?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	<p>→ 208</p>								
207	<p>How many boys have died?</p> <p><i>E tokofia a tama tagata ne mate?</i></p> <p>And how many girls have died?</p> <p><i>E tokofia a tama fafine ne mate?</i></p> <p>IF NONE, RECORD '00'.</p>	<p>BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.</p> <p>IF NONE, RECORD '00'.</p>	<p>TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p>									
209	<p>CHECK 208:</p> <p>HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> →</p> <p>HAS HAD ONLY ONE CHILD <input type="checkbox"/> →</p> <p>HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →</p>		<p>→ 212</p> <p>→ 301</p>								
210	<p>Did all of the children you have fathered have the same biological mother?</p> <p><i>I au tamaliki katoa ne fai, e tokotasi e iloa te olotou matua?</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 212</p>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
211	In all, how many women have you fathered children with? <i>E fia te aofaki o fafine katoa ne fai ei au tama?</i>	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born? <i>Ko fia ou tausaga i te fanauga o tau tama muamua?</i>	AGE IN YEARS <input type="text"/> <input type="text"/>	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>		301
214	How many years old is your (youngest) child? <i>Ko fia nei a tausaga o tau tamaliki eiloa (foliki)?</i>	AGE IN YEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS <input type="checkbox"/> OTHER <input type="checkbox"/>		301
216	What is the name of your (youngest) child? <i>Ko oi te igoa o tau tama (foliki) eiloa?</i> WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups? <i>I te faitamaga a te matua o (IGOA) ia (IGOA), e mata a ia ne aasi i aasiga o fafine faitama i te fakaimasaki?</i>	YES 1 NO 2 DON'T KNOW 3	219
218	Were you ever present during any of those antenatal check-ups? <i>A koe kai nofo aka eiloa i aasiga kona a fafine faitama i te fakaimasaki?</i>	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility? <i>A (IGOA) ne fanau i te fakaimasaki lasi io me ko te fakaimasaki foliki?</i>	HOSPITAL/HEALTH FACILITY 1 OTHER 2	221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility? <i>Se a te pogai seki fanau ei te matua o (IGOA) i te fakaimasaki lasi io me ko te fakaimasaki foliki?</i>	COST TOO MUCH 01 FACILITY CLOSED 02 TOO FAR/NO TRANSPORTATION 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 HE DID NOT THINK IT WAS NECESSARY 08 FAMILY DID NOT THINK IT WAS NECESSARY 09 OTHER 96 (SPECIFY) DON'T KNOW 98	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all? <i>Kafai e sana se tamaliki, e mata e fia te aofaki o meainu e tau o ave ki ei: ke silia atu mo te masani, ke pau mo te masani, ke foliki ifo i te masani io me e se fainu eiloa?</i>	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. <i>I te taimi nei ka faipati taua ki vaega fuafuaga o kaiga kola e mafai ne te tauavaga o fakaaoga. Kai fakaaoga aka loa ne koe</i></p> <p>Which ways or methods have you heard about? <i>Ne a vaega auala e iloa ne koe?</i></p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? <i>A koe ko oti ne logo i te (AUALA)?</i></p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 10, AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p>	302 Have you ever used (METHOD)?	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children. <i>SAIGA O KAU O TE TAGATA: A fafine e mafai o tipi ke sai olotou kau ko te mea ke se toe faitama.</i></p>	<p>YES 1 NO 2</p>	
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children. <i>SAIGA O KAU O TE TAGATA: A tagata e mafai o tipi ke sai olotou kau ko te mea ke se toe isi ne ana tama.</i></p>	<p>YES 1 NO 2</p>	<p>Have you ever had an operation to avoid having any more children? <i>A koe kai tipi aka loa ke moa e toe isi ne tama?</i></p> <p>YES 1 NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant. <i>FUAGA FUAFUA: A fafine e mafai o inu fuaga i aso katoa ko te mea ke se faitama.</i></p>	<p>YES 1 NO 2</p>	
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse. <i>IUD: E fakaaoga se lapa tela e faulu ki te moegatama o te fafine ke moaa e faitama.</i></p>	<p>YES 1 NO 2</p>	
05	<p>INJECTABLES Women can have an injection by a health their upper provider that stops them from becoming pregnant for one or more months. <i>SUKI FUAFUA: A fafine e mafai o fakaaoga te suki fuafua ke moaa e faitama a latou i se masina e tasi io me e silia atu.</i></p>	<p>YES 1 NO 2</p>	
06	<p>IMPLANTS Women can have several small rods placed in arm by a doctor or nurse which can prevent pregnancy for one or more years. <i>IMPLANTS: A fafine e mafai o fakapiki ne potu fiti foliki ne te neesi io me se tokita tela la ko se mafai ei o faitama ki se tausaga io me e silia atu.</i></p>	<p>YES 1 NO 2</p>	
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse. <i>LAPA: A tagata e mafai o faulu olotou koga-tapu ki loto i se lapa mai mua o moe fakatauavaga.</i></p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. <i>LAPA: A fafine e mafai o faulu se lapa puipui ki o loto u to o toga mai mua o moe fakatauavaga.</i></p>	<p>YES 1 NO 2</p>	
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM)</p>	<p>YES 1 NO 2</p>	
10	<p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. <i>TAU O ASO: Te fuafua tenei e fakaaoga i ei te lauga o aso kola e lei i te moe fakatauavaga kae e se mafai foki te fafine o faitama i ei.</i></p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax <i>VELO TATA: A tagata e mafai o tata olotou koga-tapu koi tuai o pii a ia.</i></p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>

12	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy. <i>FUAFUAGA FAFUASEI: A fafine e mafai o folo se vaega fuaga mai tua ko oti ne moe mo te tagata i sose taimi i loto i te 5 o aso ke se faitama.</i>	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? <i>E isi ne nisi fuafuaga aka e iloa ne koe kola e fakaaoga ne tagata mo fafine ke puipui mai i te faitama?</i>	YES 1 (SPECIFY) _____ (SPECIFY) _____ NO 2	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months have you heard about family planning: <i>I nai masina ko teka atu, a koe ne logo i fuafuaga o kaiga:</i> On the radio? <i>I te letio?</i> On the television? <i>I te televise?</i> In a newspaper or magazine? <i>I te nusipepa io me ko te mekesini?</i>	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2	
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional? <i>I nai masina ko teka atu, kai sautala aka e iloa koe mo se tino galue i te olalei e uiga mo te fuafuaga o kaiga?</i>	YES 1 NO 2	
305	Now I would like to ask you about a woman's risk of pregnancy. <i>I te taimi nei, ke faipati taua ki te mafai o te fafine o faitama.</i> From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations? <i>Mata e isi ne aso i te vasia o taimi kola e masaki i ei te fafine fakafafine, e mafai o faitama i ei te fafine mafai e moe fakatauvaga?</i>	YES 1 NO 2 DONT KNOW 8	→ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? <i>E mata te taimi tenei e mai mua o masaki fakafafine, te taimi ko masaki ei fakafafine, mai tua ifo o te masaki fakafafine io me pela i te kogaloto o te va o taimi o tena masaki fakafafine?</i>	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) _____ DONT KNOW 8	
307	Do you think that a woman who is breastfeeding her baby can become pregnant? <i>E mata te fafine tela e fauu tena tama e mafai o faitama?</i>	YES 1 NO 2 DEPENDS 3 DONT KNOW 8	
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. <i>Nei ka faitau atu ne au nai fakamatalaga e uiga mo te fuafuaga. Fakamolemole ko fakailoa mai la me e talia ne koe io me ikai a mea konei.</i> a) Contraception is women's business and a man should not have to worry about it. <i>Te fuafuaga se mea e iloa mo fafine ka ko te tagata e se tau o saga ki ei.</i> b) Women who use contraception may become promiscuous. <i>A fafine kola e fuafua e mafai o fina-tagata.</i>	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8	
309	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 313
310	Do you know of a place where a person can get condoms? <i>E mata e iloa ne koe se koga e mafai o maua a lapa puipui?</i>	YES 1 NO 2	→ 313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>Where is that? <i>I fea te koga tena?</i></p> <p>Any other place? <i>E isi ne nisi koga aka?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>TUFHA HEALTH CLINIC D</p> <p>PEER TRAINER E</p> <p>OTHER SOURCE</p> <p>HOTEL/NIGHT CLUB F</p> <p>FRIEND/RELATIVE G</p> <p>OVERSEAS H</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
312	<p>If you wanted to, could you yourself get a condom?</p> <p><i>Moi fai ne manako koe ki ei, e mata e maua a tau lapa fuafua?</i></p>	<p>YES 1</p> <p>NO 2</p>	
313	<p>CHECK 301 (08) KNOWS FEMALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 401
314	<p>Do you know of a place where a person can get female condoms?</p> <p><i>E mata e iloa ne koe se koga e maua i ei a lapa puipui mo fafine?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 401
315	<p>Where is that? <i>I fea te koga tena?</i></p> <p>Any other place? <i>E isi ne nisi koga aka?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>TUFHA HEALTH CLINIC D</p> <p>PEER TRAINER E</p> <p>OTHER SOURCE</p> <p>HOTEL/NIGHT CLUB F</p> <p>FRIEND/RELATIVE G</p> <p>OVERSEAS H</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
316	<p>If you wanted to, could you yourself get a female condom?</p> <p><i>Moi fai ne manako koe ki ei, e mata e maua tau lapa puipui mo fafine?</i></p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married? <i>A koe nei e avaga io me e nofo fakatasi mo se fafine pela me ko oti ne avaga?</i>	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married? <i>A koe kai avaga aka eiloa io me ne nofo fakatasi mo se fafine pela me ko oti ne avaga?</i>	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 410
403	What is your marital status now : are you widowed, divorced, or separated? <i>I tou tulaga nei a koe: ko mate tau avaga, ko matala tau avaga, io me ko mavae koe?</i>	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 407
404	Is your wife/partner living with you now or is she staying elsewhere? <i>A tau avaga/soa e nofo nei mo koe io me e nofo i se isi koga?</i>	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
405	RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NUMBER <input type="text"/> <input type="text"/>	
406	How old was (NAME in Q405) at her last birthday? <i>Ko fia a tausaga o (IGOA Q405) i tena asofanau fakamuli nei?</i>	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
407	Have you been married or lived with a woman only once or more than once? <i>A koe kai avaga aka eiloa io me ne nofo fakatasi mo se fafine i se taimi e tasi io me e silia atu?</i>	ONLY ONCE 1 MORE THAN ONCE 2	→ 408A
408	In what month and year did you start living with your wife (partner)? <i>Ko oi te masina mo te tausaga ne kamata o nofo fakatasi i ei a koe mo tau avaga (soa)?</i>	MONTH <input type="text"/> <input type="text"/> DONT KNOW MONTH 98	
408A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner? <i>Nei ka fakafesili atu e uiga mo tau avaga/soa eiloa muamua? Ko oi te masina mo te tausaga ne kamata o nofo fakatasi ei a koe mo tau avaga (soa)?</i>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR 9998	→ 410
409	How old were you when you first started living with her? <i>E mata ko fia i ei ou tausaga kae ko nofo koulua fakatasi eiloa muamua?</i>	AGE <input type="text"/> <input type="text"/>	
410	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
411	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. <i>Nei ka fakafesili atu e uiga mo mea tau te 'moe fakatauavaga ko te mea ke maua se mainaga lei atu i nai mea taaua o te olaga.</i> FOR NEVER MARRIED, FIRST ASK: Have you ever had sexual intercourse? IF YES: <i>A koe kai 'moe aka eiloa fakatauavaga?</i> How old were you when you had sexual intercourse for the very first time? <i>E mata ko fia i ei ou tausaga i te taimi tena eiloa muamua ne 'moe ei koe fakatauavaga?</i>	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 414 → 414

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	CHECK 109: AGE 15-24 <input type="checkbox"/> AGE 25 OR OVER <input type="checkbox"/>		→ 501
413	Do you intend to wait until you get married to have sexual intercourse for the first time? <i>E mata a koe e fakatali ke fai tau avaga ko fai i ei ke moe koe fakatauavaga mo te taimi muamua eilola?</i>	YES 1 NO 2 DONT KNOW/UNSURE 8	→ 501
414	CHECK 109: AGE 15-24 <input type="checkbox"/> AGE 25 OR OVER <input type="checkbox"/>		→ 416
415	The <u>first</u> time you had sexual intercourse, was a condom used? <i>Ne fakaaoga ne koe te lapa puipui i tou taimi eilola muamua ne 'moe i ei koe fakatauavaga?</i>	YES 1 NO 2 DONT KNOW/DONT REMEMBER 8	
416	When was the <u>last</u> time you had sexual intercourse? <i>Anafea ko tau <u>toe</u> moega eilola fakatauavaga?</i> IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ 432

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																				
417	<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p><i>Nei ka fakafesili atu ne fesili e uiga mo mea tau te 'moe fakatauavaga o koe fakamuli nei. Ke toe fakapatonu atu me i au tali ki fesili e gata fua ia taua kae ka se fakailoa ki te sua tino. Kafai e oko taua ki se fesili e se manako koe o tali, ko fakailoa mai ko te mea ke olo taua ki te sua fesili.</i></p>																																							
418	<p>When was the last time you had sexual intercourse with this person?</p> <p><i>Anafea e iloa ko tau toe moega fakatauavaga mo te tino tenei?</i></p>		<p>DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>													<p>DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																								
419	<p>The last time you had sexual intercourse (with this second/third person), was a condom used?</p> <p><i>Ne fakaaoga la te lapa puipui i tau moega tena fakamuli e iloa (mo te tokolua/tokotolu) o tino?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 421) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 421) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 421) ←</p>																																				
420	<p>Was a condom used every time you had sexual intercourse with this person in the last 12 months?</p> <p><i>E mata ne fakaaoga te lapa puipui i taimi katoa ne moe ei koulua fakatauavaga i te 12 masina ko teka atu nei?</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>																																				
421	<p>What was your relationship to this (second/third) person with whom you had sexual intercourse?</p> <p><i>Se a te va o koe ki te (tokolua/tokotolu) tino tena ne moe koulua fakatauavaga?</i></p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p><i>Koulua ne nofo fakatasi pela me ko oti ne avaga?</i></p> <p>IF YES, CIRCLE '02'. IF NO, CIRCLE '03'.</p>	<p>WIFE 1</p> <p>(SKIP TO 423) ←</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>PROSTITUTE 5</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	<p>WIFE 1</p> <p>(SKIP TO 423) ←</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>PROSTITUTE 5</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	<p>WIFE 1</p> <p>(SKIP TO 423) ←</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>PROSTITUTE 5</p> <p>OTHER 6</p> <p>(SPECIFY)</p>																																				
422	<p>For how long (have you had/did you have) a sexual relationship with this (second/third) person?</p> <p><i>E mata ko fia te leva o te masaniga o te 'moe fakatauavaga a koulua (tokolua/ tokotolu)?</i></p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.</p>	<p>DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>													<p>DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>													<p>DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>												
423	<p>The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?</p> <p><i>I te lua toe moega fakatauavaga (tokolua/tokotolu), a koe io me ko te tino tenei ne inu kamagii?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 425) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 425) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 426) ←</p>																																				

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER		
424	<p>Were you or your partner drunk at that time?</p> <p><i>I te taimi tena, ko koe io me ko tou soa e vale?</i></p> <p>IF YES: Who was drunk?</p> <p><i>Ko oi la ne vale?</i></p>	<p>RESPONDENT ONLY 1</p> <p>PARTNER ONLY ... 2</p> <p>RESPONDENT AND PARTNER BOTH . 3</p> <p>NEITHER 4</p>	<p>RESPONDENT ONLY 1</p> <p>PARTNER ONLY ... 2</p> <p>RESPONDENT AND PARTNER BOTH . 3</p> <p>NEITHER 4</p>	<p>RESPONDENT ONLY 1</p> <p>PARTNER ONLY ... 2</p> <p>RESPONDENT AND PARTNER BOTH . 3</p> <p>NEITHER 4</p>		
425	<p>Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?</p> <p><i>I tafa o (tino tenei/tokolua o laua), a koe foki ne moe fakatauavaga mo nisi tino aka i te 12 masina ko teka?</i></p>	<p>YES 1</p> <p>(GO BACK TO 418 ↩ IN NEXT COLUMN)</p> <p>NO 2</p> <p>(SKIP TO 427) ↩</p>	<p>YES 1</p> <p>(GO BACK TO 418 ↩ IN NEXT COLUMN)</p> <p>NO 2</p> <p>(SKIP TO 427) ↩</p>			
426	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p><i>E fia te aofaki katoa o tino valevale ne moe fakatauavaga mo koe i te 12 masina ko teka?</i></p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>			<p>NUMBER OF PARTNERS LAST 12 MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 98</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	CHECK 421 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 429
428	CHECK 421 AND 419 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 431 → 432
429	In the last 12 months, did you pay anyone in exchange for having sexual intercourse? <i>E mata ne togi ne koe se tino ke moe fakatauavaga koulua i te 12 ko teka?</i>	YES 1 NO 2	→ 432
430	The last time you paid someone in exchange for having sexual intercourse, was a condom used? <i>I toe taimi ne togi ne koe se tino ke moe fakatauavaga koulua, ne fakaaoga te lapa puipui?</i>	YES 1 NO 2	→ 432
431	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months? <i>A te lapa puipui ne fakaaoga saale i taimi katoa ne moe ei fakatauavaga koe mo se tino tela ne togi ne koe, i te 12 masina ko 'teka?</i>	YES 1 NO 2 DK 8	
432	In total, with how many different people have you had sexual intercourse in your lifetime? <i>E fia te aofaki katoa o tino valevale ne moe fakatauavaga mo koe i tou olaga?</i> IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
433	CHECK 419, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NO CONDOM USED OR NOT ASKED <input type="checkbox"/>		→ 439
434	You told me that a condom was used the last time you had sex. May I see the package of condoms you were using at that time? <i>A koe ne fai mai me ne fakaaoga ne koe te lapa puipui i te toe taimi ne moe ei koe fakatauavaga. Ko aumai aka te paaketi lapa puipui tela ne fakaaoga ne koe?</i> RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN 1 BRAND NAME <input type="text"/> <input type="text"/> (SPECIFY) DOES NOT HAVE/NOT SEEN 2	→ 436
435	Do you know the brand name of the condom used at that time? <i>E iloa ne koe me sea te vaega lapa puipui ne fakaaoga ne koe i te taimi tena?</i> RECORD NAME OF BRAND.	BRAND NAME <input type="text"/> <input type="text"/> (SPECIFY) DON'T KNOW 98	
436	How many condoms did you get the last time? <i>E mata e fia te aofaki o lapa puipui ne maua ne koe i te taimi tena?</i>	NUMBER OF CONDOMS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?</p> <p><i>Te toe taimi ne maua ei au lapa puipui, e fia te togi o ia, fakatasi mo niisi togi aka pela mo te feasoasoani ki te fakaaogaga o lapa puipui?</i></p>	<div style="display: flex; align-items: center;"> <div style="flex: 1;">COST</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> <p>FREE 995</p> <p>DONT KNOW 998</p>	
438	<p>From where did you obtain the condom the last time?</p> <p><i>Ne maua ia i fea au lapa puipui fakamuli nei?</i></p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>TUFHA HEALTH CLINIC 21</p> <p>PEER TRAINER 22</p> <p>OTHER SOURCE</p> <p>HOTEL/NIGHT CLUB 31</p> <p>FRIEND/RELATIVE 32</p> <p>OVERSEAS 41</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>	
439	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		→ 501
440	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p> <p><i>Te toe taimi ne moe ei koe fakatauavaga, e mata ne fakaaoga ne koe io me ko tou soa ne nisi auala fuafua aka (i tafa o lapa puipui) ko te mea ke puipui mai i te faitama?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	→ 501
441	<p>What method did you or your partner use?</p> <p><i>Se a te uala fuafua ne fakaaoga ne koe io me ko tou soa?</i></p> <p>PROBE:</p> <p>Did you use any other method to prevent pregnancy?</p> <p><i>E mata ne fakaaoga ne koe a nisi auala fuafuaga aka ke puipui mai i te faitama?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>PILL B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>FEMALE CONDOM F</p> <p>DIAPHRAGM G</p> <p>FOAM/JELLY H</p> <p>RHYTHM METHOD I</p> <p>WITHDRAWAL J</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: IN UNION (CODE 1 OR 2) <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 506
502	CHECK 302: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 506
503	Is your wife (partner) currently pregnant? <i>E mata a tau avaga (soa) e faitama nei?</i>	YES 1 NO 2 DONT KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DONT KNOW <input type="checkbox"/> WIFE/PARTNER PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? <i>E isi ne nai aku fesili mo aso mai mua nei.</i> <i>A koe e manako ke maua sau (tama/sua tama), io me ko lava au tama?</i> Now I have some questions about the future. After the child(ren) you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children? <i>E isi ne nai aku fesili mo aso mai mua nei.</i> <i>Kafai ko oti ne fanau te lua tama tenei, e mata koi manako koe ke maua te sua tama, io me ko lava au tama?</i>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE INFECUND 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DONT KNOW 8	→ 506
505	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DONT KNOW <input type="checkbox"/> WIFE/PARTNER PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? <i>E mata e fia te leva e manako koe o faitali ke maua te sua tama?</i> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>Kafai ko oti ne fanau tau tama nei, e mata e fia te leva e manako koe o faitali ke maua te sua tama?</i>	MONTHS 1 YEARS 2 SOON/NOW 993 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DONT KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	<p>CHECK 208:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>Mafai e kilo aka koe ki tua i te taimi tela ne seki ai i ei ne au tama. Moi ne mafai ne koe o filifili te aofaki o au tama, e mata se se tokofia o au tama e manako koe ki ei i tou olaga?</i></p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
507	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p> <p><i>E mata se tokofia o latou ne tagata, tokofia fafine, io me se tokofia moi fai e pau fua?</i></p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days? <i>E isi ne au galuega ne fai i te fitu o aso ko teka atu?</i>	YES 1 NO 2	→ 604
602	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? <i>Tiga eiloa me ne seki galue koe i te fitu o aso ko teka, e mata e isi eiloa sau galuega kae ko koe ne seki galue ona me i te koe e malolo, e masaki io me ona ko nisi pogai aka?</i>	YES 1 NO 2	→ 604
603	Have you done any work in the last 12 months? <i>A koe ne galue i te 12 masina ko teka atu?</i>	YES 1 NO 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do? <i>Se a tau galuega, pela me ne a eiloa a vaega galuega e masani o fai ne koe?</i>	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px;"></div>	
605	CHECK 604: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>WORKS IN AGRICULTURE <input type="checkbox"/></div> <div>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></div> </div>		→ 607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land? <i>A koe e galue i luga i ou manafa io me ne manafa o te kaiga, io me ne manafa liisi mai nisi tino, io me ne manafa o nisi tino?</i>	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
607	Do you do this work for a member of your family, for someone else, or are you self-employed? <i>A koe e galue mo se tino o tou kaiga, io me se tino aka fakatea, io me ko koe e galue mo koe eiloa totino?</i>	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while? <i>A koe e galue i te tausaga katoa, io me e isi eiloa ne taimi, io me seasea eiloa?</i>	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
609	Are you paid in cash or kind for this work or are you not paid at all? <i>A koe e togi ki tupe, io me se vaega a togi io me e se togi eiloa?</i>	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
610	CHECK 607: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>HAS WIFE/PARTNER <input type="checkbox"/></div> <div>QUESTION NOT ASKED <input type="checkbox"/></div> </div>		→ 613
611	CHECK 609: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE 1 OR 2 CIRCLED <input type="checkbox"/></div> <div>OTHER <input type="checkbox"/></div> </div>		→ 613
612	Who decides how the money you earn will be used: mainly you, mainly your (wife/partner), or you and (wife/partner) jointly? <i>Ko oi e pule i au tupe e maua: ko koe eiloa, tou (avaga/soa), io me ko koe mo tou (avaga/soa) fakatasi?</i>	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 OTHER 6 <div style="text-align: center; border-top: 1px solid black; width: 100px; margin: 0 auto;">SPECIFY</div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
613	<p>In a couple, w ho do you think should have the greater say in each of the follow ing decisions: the husband, the wife or both equally: <i>I te vasia o se tauavaga, ko oi i tau fakatau e tau o lasi tena pule i te faiga o tonu: te tagata, te fafine io me ko laua fakatasi:</i></p> <p>a) making large household purchases? <i>togiga o mea-lasi a te kaiga?</i></p> <p>b) making small daily household purchases? <i>togiga o mea-foliki i aso takitasi a te kaiga?</i></p> <p>c) deciding w hen to visit the wife's family or relatives? <i>fakaikuga ke olo o aasi a matua io me ko kaiga o te fafine?</i></p> <p>d) deciding w hat to do with the money she earns for her w ork? <i>fakaikuga me fakaaoga pefea a te peofuga o te fafine?</i></p> <p>e) deciding how many children to have? <i>fakaikuga me tau o tokofa a tamaliki?</i></p>	HUS- BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	
		a) 1	2	3	8	
		b) 1	2	3	8	
		c) 1	2	3	8	
		d) 1	2	3	8	
		e) 1	2	3	8	
614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them. <i>Ka faitau atu ne fakamatalaga e uiga mo te faitama. Fakamolemole ko fakailoa mai la me e talia io me e se talia ne koe.</i></p> <p>a) Childbearing is a w oman's concern and there is no need for the father to get involved. <i>Te fanafanau e se aofia te i ei te tagata, ko te fafine e iloa ia ia te fakasoasoaga.</i></p> <p>b) It is crucial for the mother's and child's health that a w oman have assistance from a doctor or nurse at delivery. <i>E fakataua te fesoasoani mai te tokita io me ko te neesi mo te olalei o te matua mo tena tama i te taimi e fanau i ei.</i></p>	DIS- AGREE AGREE DK				
		CHILDBEARING WOMAN'S CONCERN..	1	2	8	
		DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8	
615	<p>Sometimes a husband is annoyed or angered by things that his w ife does. In your opinion, is a husband justified in hitting or beating his w ife in the follow ing situations: <i>I nisi taimi a te tagata e mafai o kaitaua ki tena avaga i ana mea e fai. I tau fakatau, e mata e tau mo te tagata o taa tena avaga i tulaga konei:</i></p> <p>If she goes out w ithout telling him? <i>Manafai te matua e fano ki se koga kae e se fakailoa kia ia?</i></p> <p>If she neglects the children? <i>Manafai te matua e tuku tiakina ne ia tamaliki?</i></p> <p>If she argues w ith him? <i>Manafai te matua e fakakinau mo ia?</i></p> <p>If she refuses to have sex w ith him? <i>Manafai te matua e ita mana moe fakatauavaga mo ia?</i></p> <p>If she burns the food? <i>Manafai e 'mala a meakai ne kuuka ne te matua?</i></p> <p>If she comes home late from w ork or community function? <i>Manafai te matua e 'to tuai mai i te galuega io me mai se faigamea a te fakapotopotoga?</i></p>	YES NO DK				
		GOES OUT	1	2	8	
		NEGL. CHILDREN ...	1	2	8	
		ARGUES	1	2	8	
		REFUSES SEX	1	2	8	
		BURNS FOOD	1	2	8	
		COMES HOME LATE..	1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p><i>E mata e isi se saolotoga o te tagata o fai a mea konei, manafai e se talia ne tena avaga ke moe laua fakatauavaga ...</i></p> <p>a) Get angry and reprimand her? <i>Kaitaua kae polopoloaki tena avaga?</i></p> <p>b) Refuse to give her money or other means of support? <i>Se talia o tuku ki te fafine ne sene io me ne nisi fesoasoani aka?</i></p> <p>c) Use force and have sex with her even if she doesn't want to' c) <i>Fai malo ke moe fakatauavaga tiga loa e se manako ki ei te fafine?</i></p> <p>d) Go ahead and have sex with another woman? <i>Fano fua o moe fakatauavaga mo te sua fafine aka?</i></p>	YES	NO	DON'T KNOW/ DEPENDS	
	a)	1	2	8	
	b)	1	2	8	
	c)	1	2	8	
	d)	1	2	8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
701	<p>Now I would like to talk about something else. HIV is a virus (infection) that can be passed from person to person. If people catch HIV they can become ill. This illness is called AIDS.</p> <p><i>Nei ka fakasaga atu taua ki nisi fesili. Te HIV (vailesi/manu fakamafua mai ne ia te Selamete) tela e mafai o pisi mai se tino ki te sua tino. Kafai a tino e maua ne te HIV ko te mea e iloa ko masaki. Te masaki tenei e igoa ki te Selamete.</i></p> <p>Prior to this interview, have you ever heard of HIV or the disease called AIDS?</p> <p><i>Mai mua o te ta sautalaga tenei, a koe kai logo aka e iloa i te HIV io me ko te masaki e igoa ki te Selamete?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 743																					
702	<p>CHECK Q. 114 and 115:</p> <p>CODE '2', '3', or '4' CIRCLED IN <input type="checkbox"/> IN 114 OR 115 OR NO ANSWER</p> <p>CODE '1' CIRCLED IN 114 AND 115 <input type="checkbox"/> OR CODE '5' CIRCLED IN 114</p>		→ 704																					
703	<p>The following is a list of sources of information on prevention of getting HIV, the virus that causes AIDS. Have you ever</p> <p><i>Ka fakasolo atu a koga e maua ei a tala o te puipuiga mai te HIV, te vailesi tela mafua mai ei te Selamete. Koe kai</i></p> <p>a. Read messages about HIV or AIDS in newspapers or magazines?</p> <p><i>Faitau i tala o te HIV io me ko te Selamete i loto i nuisipepa io me i mekesini?</i></p> <p>b. Seen leaflets, brochures, or booklets on HIV or AIDS?</p> <p><i>Matea i tusitusiga i lau o pepa, io me ne tusi o te HIV io me ko te Selamete?</i></p> <p>c. Gotten information on HIV or AIDS from the internet?</p> <p><i>Maua a tala o te HIV io me ko te Selamete mai te internet?</i></p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>NEWSPAPER/MAGAZINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS/BOOKLETS</td> <td>1</td> <td>2</td> </tr> <tr> <td>INTERNET</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	NEWSPAPER/MAGAZINE	1	2	LEAFLETS/BOOKLETS	1	2	INTERNET	1	2										
	YES	NO																						
NEWSPAPER/MAGAZINE	1	2																						
LEAFLETS/BOOKLETS	1	2																						
INTERNET	1	2																						
704	<p>READ INTRODUCTORY STATEMENT ONLY IF Q703 WAS NOT ASKED:</p> <p>The following is a list of sources of information on prevention of getting HIV, the virus that causes AIDS.</p> <p><i>Ka fakasolo atu a igoa o koga kola e maua ei a tala o te puipuiga mai te HIV, te vailesi tela e mafua mai ei te Selamete.</i></p> <p>Have you ever</p> <p><i>Koe kai</i></p> <p>a. Seen messages about HIV or AIDS on billboards, signs or posters?</p> <p><i>Matea a tala o te HIV io me ko te Selamete i fakapulaga e fakapiki i luga i pui?</i></p> <p>b. Seen messages about HIV or AIDS on TV?</p> <p><i>Matea a tala o te HIV io me ko te Selamete i te televise?</i></p> <p>c. Heard messages about HIV or AIDS on radio?</p> <p><i>Logo i tala o te HIV io me ko te Selamete i te letio?</i></p> <p>d. Seen the "Mr Right Guy" film or CD?</p> <p><i>Matea te ata o "Mr Right Guy" i te tamunei io me se CD?</i></p> <p>e. Seen the "One Night Stand" film or CD?</p> <p><i>Matea te ata o "One Night Stand" i te tamunei io me se CD?</i></p> <p>f. Attended a community event about HIV or AIDS?</p> <p><i>Kaufakatasi ki se faiga a mea a te fakapotopotoga mo te HIV io me ko te Selamete?</i></p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>SIGNS/POSTERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>TV</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>"MR RIGHT GUY"</td> <td>1</td> <td>2</td> </tr> <tr> <td>"ONE NIGHT STAND"</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY EVENT</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	SIGNS/POSTERS	1	2	TV	1	2	RADIO	1	2	"MR RIGHT GUY"	1	2	"ONE NIGHT STAND"	1	2	COMMUNITY EVENT	1	2	
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"ONE NIGHT STAND"	1	2																						
COMMUNITY EVENT	1	2																						

		YES	NO
704	g. Received information about AIDS or HIV, the virus that causes AIDS, from an outreach worker, that is someone who came to your community and talked about HIV or AIDS? <i>Maua a tala o te Selamete io me ko te HIV, te vailesi tela e mafua ei te Selamete, mai se tino talai, te tino tela ne vau ki te otou fakapopotopoga kae faipati ki te HIV io me ko te Selamete?</i>	OUTREACH WORKER 1	2
	h. Participated in an HIV or AIDS peer education program? <i>Kaufakatasi atu ki se polokalame akoakoga a te kautama mo te HIV io me ko te Selamete?</i>	PEER EDUCATION 1	2
	i. Participated in another type of HIV or AIDS education program such as a workshop or school program? <i>Kaufakatasi atu ki te sua vaega polokalame akoakoga o te HIV io me ko te Selamete pela mo workshop io me ne polokalame loa a te akoga?</i>	OTHER EDUCATION 1	2
	j. Discussed AIDS OR HIV, the virus that causes AIDS, with other persons such as friend, family members, or work colleagues? <i>Sautala i te Selamete io me ko te HIV, te vailesi tela e mafua ei te Selamete, mo nisi tino aka pela mo taugasoa, kau kaiga, io me ko tino kola e galue tasi mo koe?</i>	FAMILY/FRIENDS 1	2
705	Can people reduce their chance of getting HIV, the virus that causes AIDS, by having just one, uninfected, faithful sex partner? <i>E mata e maua o fakafoliki te mafai o te tino o pokotia ne te HIV, te vailesi tela e mafua ei te Selamete, manafai e tokotasi tena soa moe fakatauavaga tela e alofa fakamaoni (faithful) kae e se pokotia foki?</i>	YES	1
		NO	2
		DONT KNOW	8
706	Can people get HIV from mosquito bites? <i>E mata e maua a tino o piisi i te HIV mafai e uu ne namu?</i>	YES	1
		NO	2
		DONT KNOW	8
707	Can people reduce their chance of getting HIV by using a condom every time they have sex? <i>E mata e maua o fakafoliki te mafai o tino o pokotia ne te HIV, mana fakaaoga te lapa i taimi katoa e moe ei fakatauavaga?</i>	YES	1
		NO	2
		DONT KNOW	8
708	Can people get HIV by sharing food with a person who has HIV or AIDS? <i>E mata e maua a tino o piisi i te HIV mafai e kai fakatasi mo te tino tela e pokotia i te HIV io me ko te Selamete?</i>	YES	1
		NO	2
		DONT KNOW	8
709	Can people reduce their chance of getting HIV by not having sexual intercourse at all? <i>E mata e maua o fakafoliki te mafai o te tino o pokotia ne te HIV manafai e se toe moe fakatauavaga?</i>	YES	1
		NO	2
		DONT KNOW	8
710	Can people get HIV from the saliva of someone who has HIV or AIDS? <i>E mata e maua a tino o piisi i te HIV i suavale o te tino tela e pokotia i te HIV io me ko te Selamete?</i>	YES	1
		NO	2
		DONT KNOW	8
711	Can people get HIV by having injections with a needle or syringe that has already been used by someone else? <i>E mata e maua a tino o piisi i te HIV mafai e suki ki te niila io me ko te suki tela ko oti ne fakaaoga ki te sua tino aka?</i>	YES	1
		NO	2
		DONT KNOW	8
712	Can only gay men get HIV? <i>E mata ko tagata fua ko la e fiafai e iloa ki tagata e mafai o maua ne te HIV?</i>	YES	1
		NO	2
		DONT KNOW	8
713	Can people get HIV because of witchcraft or other supernatural means? <i>E mata e maua ne tino te HIV ona me ne fakavailakau io me ko nisi faifaiga aka fakaatua?</i>	YES	1
		NO	2
		DONT KNOW	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Is it possible for a healthy-looking person to have HIV? <i>E mata e mafai se tino tela e 'foliga pela me olalei e maua ne te HIV?</i>	YES 1 NO 2 DONT KNOW 8	
715	Can HIV, the virus that causes AIDS, be transmitted from a mother to her baby: <i>E mata te HIV, te vailesi tela e mafua ei te Selamete, o piisi mai te matua ki tena pepe:</i> During pregnancy? <i>I te taimi e faitama i ei?</i> During delivery? <i>I te taimi e fanau i ei?</i> By breastfeeding? <i>Mafai e fauu?</i>	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
716	CHECK 715: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/>		718
717	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby? <i>E mata e isi ne vaega vailakau fakapatinogina kola e mafai o tuku ne te tokita io me ko te neesi ki te fafine e pokotia ne te HIV ko te mea ke fakafoliki i ei te mafai o pokotia tena pepe?</i>	YES 1 NO 2 DONT KNOW 8	
718	Have you heard about special antiretroviral drugs that people infected with HIV can get from a doctor or a nurse to help them live longer? <i>A koe kai logo aka eilola i vailakau e fakapatino mo tino pokotia ne te HIV kola e mafai o maua mai se tokita io me se neesi ko te mea ke mafai o tai ola leva atu latou?</i>	YES 1 NO 2 DONT KNOW 8	
719	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
720	I don't want to know the results, but have you ever been tested to see if you have HIV? <i>E se fia iloa ne au a te ikuga, ka ko koe kai iloilo aka eilola me e maua koe ne te HIV?</i>	YES 1 NO 2	725
721	When was the last time you were tested? <i>Ne fai i anafea te iloiloga o koe fakamuli eilola?</i>	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
722	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? <i>I te taimi tena ne fai ei a tou iloiloga fakamuli, ko koe eilola ne manako ke iloilo, io me se mea ne fai atu kae ne talia ne koe, io me se mea eilola ko tau o fai?</i>	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
723	I don't want to know the results, but did you get the results of the test? <i>Au e se fia logo i te ikuga, kae ne maua la ne koe a te ikuga o tou iloiloga?</i>	YES 1 NO 2	
724	Where was the test done? <i>Ne fai i fea te iloiloga tena?</i> PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 1 OVERSEAS 2 OTHER 6 (SPECIFY)	727

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
725	Do you know of a place where people can go to get tested for HIV? YES 1 <i>E iloa ne koe se koga tela a tino e mafai o olo ki ei ke iloilo ki te HI</i> NO 2		→ 727
726	Where is that? <i>I fea te koga tena?</i> Any other place? <i>E mata e isi ne niisi koga aka?</i> PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B PRIVATE MEDICAL SECTOR TUFHA HEALTH CLINIC C OVERSEAS D OTHER X (SPECIFY)	
727	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? <i>E mata e togi ne koe a vesiapolo mai se tino fakatau moi fai e iloa ne koe i te tino tena e maua ne te HIV?</i>	YES 1 NO 2 DON'T KNOW 8	
728	Would you share a meal with a person if you knew that this person had HIV? <i>E mata e kai fakatasi koe mo se tino moi fai ne iloa ne koe i te tino tena e maua ne te HIV?</i>	YES 1 NO 2 DON'T KNOW 8	
729	If a member of your family got infected with HIV, would you want it to remain a secret or not? <i>Kafai se tino o te otou kaiga ko pokotia i te HIV, e mata e manako koe ke funa mai i nisi tino io me ikai?</i>	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
730	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household? <i>Kafai se tino o te otou kaiga ko masaki i te Selamete, e mata e talia ke tausii ne koe a ia tena i loto i tou kaiga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
731	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school? <i>Sea tau fakatau manafai se faiakoga fafine e maua ne te HIV kae e se masaki la, e mata e tau ke fai loa tena galuega i te akoga?</i>	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
732	Should the names of all persons with HIV be displayed in a public place for everyone to see? <i>E mata e tau a igoa o tino katoa kola e pokotia ne te HIV ke fakapaa i luga ko te mea ke matea katoa ne tino?</i>	YES 1 NO 2 DON'T KNOW 8	
733	Should all persons with HIV live apart from the general community? <i>E mata e tau a tino katoa e maua ne te HIV ke nofo fakatea mai tino o te fakai?</i>	YES 1 NO 2 DON'T KNOW 8	
734	Should it be a criminal offence to knowingly pass HIV onto someone else? <i>E mata e tau ke fai se tulafono ke fakasala a te tino tela e iloa ne ia i a ia e maua ne te HIV kae fakapiisi ne ia ki te sua tino?</i>	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
735	Should all new comers to Tuvalu be required to take a test for HIV? <i>E mata e tau ko tino fou katoa ki Tuvalu ke aasi ki te HIV?</i>	YES 1 NO 2 DONT KNOW 8	
736	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have HIV? <i>I te 12 masina ko teka atu, e mata e isi se tino e iloa lei ne koe, ne seki mafai ne ia o maua se fesoasoani mai te matagaluega o te ola lei ona fua ko ia e maua ne te HIV io me tukutaumate me maua ne te HIV?</i>	YES 1 NO 2 DK ANYONE WITH HIV 3	→ 741
737	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 has or is suspected to have HIV? <i>I te 12 masina ko teka atu, e mata e isi se tino e iloa lei ne koe, ne seki talia ke kaufakatasi ki faigamea, te lotu, io me ko mea a te fakapotopotoga ona fua ko ia ko maua io me e tukutaumate me e maua ne te HIV?</i>	YES 1 NO 2	
738	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have HIV? <i>I te 12 masina ko teka atu nei, e mata e isi se tino e iloa lei ne koe, ne pati maseigina io me ne fakaitaitigina ona fua ko ia e maua io me tukutaumate me e maua ne te HIV?</i>	YES 1 NO 2	
739	CHECK 736, 737, AND 738: NOT A SINGLE <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> → 741		
740	Do you personally know someone who has or is suspected to have HIV or AIDS? <i>E mata e isi se tino e iloa lei ne koe tela e tukutaumate io me maua ne te HIV io me ko te Selamete?</i>	YES 1 NO 2	
741	Do you agree or disagree with the following statement: People with HIV or AIDS should be ashamed of themselves. <i>Fai mai me e talia io me e se talia ne koe te fakamatalaga tenei: A tino e maua ne te HIV io me ko te Selamete e tau o maa.</i>	AGREE 1 DISAGREE 2 DONT KNOW/NO OPINION 8	
742	Do you agree or disagree with the following statement: People with HIV or AIDS should be blamed for bringing the disease into the community. <i>Fai mai me e talia io me e se talia ne koe te fakamatalaga tenei: A tino e maua ne te HIV io me ko te Selamete e tau o loosi ki ei te aumaiga o te masaki ki loto i te fakapotopotoga.</i>	AGREE 1 DISAGREE 2 DONT KNOW/NO OPINION 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
743	<p>CHECK Q. 701.</p> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? <i>I tafa o te Selamete, a koe e logo i nisi masaki aka kola e piisi i te moe fakatauavaga?</i></p> <p>Have you heard about infections that can be transmitted through sexual contact? <i>A koe e logo i masaki kola e mafai o piisi i te moe fakatauavaga?</i></p>	<p>YES 1</p> <p>NO 2</p>	
744	<p>CHECK 411:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 752
745	<p>CHECK 743: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		→ 747
746	<p>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? <i>Nei ka sili atu ne fesili e uiga mo tou olalei i te 12 masina ko teka atu? I te 12 o masina ko teka, kai maua ne koe se masaki tela ne mafua mai te moe fakatauavaga?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
747	<p>Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis? <i>Nisi taimi a tagata e masani o isi ne sua e aumai ki tua i olotou totoga. I te 12 masina ko teka atu, ne isi ne sua ne mai ki tua mai i tou totoga?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
748	<p>Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis? <i>Nisi taimi a tagata e maua me latou a mea pala/foge/mafolega i tafa olotou totoga. I te 12 masina ko teka atu nei, kai maua aka loa se mea pala i tafa/foge/mafolega o tou totoga?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
749	<p>CHECK 746, 747, AND 748:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 752
750	<p>The last time you had (PROBLEM FROM 746/747/748), did you seek any kind of advice or treatment? <i>I te taimi tela ne maua ne koe te fakalavelave tenei, a koe ne fano o sala se fesoasoani io me se talavaiga?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 752

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
751	<p>Where did you go? <i>A koe ne fano ki fea?</i></p> <p>Any other place? <i>E isi ne niisi koga aka?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL FACILITY, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>PRIVATE MEDICAL SECTOR</p> <p>TUFHA HEALTH CLINIC B</p> <p>OTHER SOURCE</p> <p>TRADITIONAL HEALER C</p> <p>FRIEND/RELATIVE D</p> <p>OVERSEAS E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
752	<p>Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p> <p><i>A te tau avaga e se mafai o faka'oto malie faeloa i mea katoa. Kafai te fafine e iloa ne ia me i tena avaga e maua ne se masaki piisi i te moe fakatauavaga, e mata e tonu te fafine manafai e ita mana moe fakatauavaga mo tena avaga?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
753	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p> <p><i>E mata e tonu te fafine o ita ma moe fakatauavaga mo tena avaga mafai a te fafine e fiita io me e se manako e iloa?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
754	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p> <p><i>E mata e tonu te fafine o ita ma moe fakatauavaga mo tena avaga mafai a te fafine e iloa ne ia me i tena avaga ne moe fakatauavaga mo niisi fafine aka?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
755	<p>Do you believe that young men should wait until they are married to have sexual intercourse?</p> <p><i>E mata a koe e talitonu me i tamaliki tagata e tau o faitali ke fai mua olotou avaga ko mafai ei o moe fakatauavaga?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
756	<p>Do you think that most young men you know wait until they are married to have sexual intercourse?</p> <p><i>Se a tau fakatau i te tokoukega o tamaliki tagata kola e iloa ne koe, e mata e faitali e iloa ke fai olotou avaga ko moe ei fakatauavaga?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
757	<p>Do you believe that men who are not married and are having sex should only have sex with one partner?</p> <p><i>E mata a koe e talitonu me i tagata kola e seki avaga kae ko moe saale fakatauavaga, e tau o moe fakatauavaga mo se fafine fua tokotasi?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
758	<p>Do you think that most men you know who are not married and are having sex, have sex with only one partner?</p> <p><i>Se a tau fakatau i te tokoukega o tagata kola e iloa ne koe kae seki avaga kae ko moe saale fakatauavaga, e mata e moe fua fakatauavaga mo se fafine tokotasi?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
759	Do you believe that married men should only have sex with their wives? <i>E mata a koe e talitonu me i tagata avaga e tau e iloa o moe fakatauavaga mo olotou avaga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
760	Do you think that most married men you know have sex only with their wives? <i>Se a tau fakatau i te tokoukega o tagata avaga kola e iloa ne koe, e mata e moe fakatauavaga fua mo olotou avaga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
761	Do you believe that young women should wait until they are married to have sexual intercourse? <i>E mata a koe e talitonu me i tamaliki fafine e tau o faitali ke fai mua olotou avaga ko mafai i ei o moe fakatauavaga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
762	Do you think that most young women you know wait until they are married to have sexual intercourse? <i>Se a tau fakatau i te tokoukega o tamaliki fafine kola e iloa ne koe, e mata e faitali e iloa ke fai olotou avaga ko moe ei fakatauavaga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
763	Do you believe that women who are not married and are having sex should only have sex with one partner? <i>E mata a koe e talitonu me i fafine kola e seki avaga kae ko moe saale fakatauavaga, e tau o moe fakatauavaga mo se tagata fua tokotasi?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
764	Do you think that most women you know who are not married and are having sex have sex with only one partner? <i>Se a tau fakatau i te tokoukega o fafine kola e iloa ne koe kae seki avaga kae ko moe saale fakatauavaga, e mata e moe fakatauavaga fua mose tagata tokotasi?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
765	Do you believe that married women should only have sex with their husbands? <i>E mata a koe e talitonu me i fafine avaga, e tau e iloa o moe fakatauavaga mo olotou avaga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
766	Do you think that most married women you know have sex only with their husbands? <i>Se a tau fakatau i te tokoukega o fafine avaga kola e iloa ne koe, e mata e moe fua fakatauavaga mo olotou avaga?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
801	Have you ever heard of an illness called tuberculosis or TB? <i>Koe kai logo aka loa i te masaki e igoa ki te TB?</i>	YES 1 NO 2	→ 808																											
802	CHECK Q. 114 and 115: CODE '2', '3', or '4' CIRCLED IN <input type="checkbox"/> 114 OR 115 OR NO ANSWER ↓ CODE '1' CIRCLED IN 114 & 115 <input type="checkbox"/> OR CODE '5' CIRCLED IN 114		→ 804																											
803	The follow ing is a list of sources of information on tuberculosis or TB. Have you ever done any of the follow ing? <i>Ka fakasolo atu a koga e maua ei a tala o te TB. Kai fai aka loa ne koe se mea penei?</i>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a. Read messages about TB in new spapers or magazines? <i>Ne faitau i tala o te TB i te nusipepa io me i te mekesini?</i></td><td>NEWSPAPER/MAGAZINE . 1</td><td>2</td></tr> <tr> <td>b. Seen leaflets, brochures, or booklets on TB? <i>Ne matea i tusituisiga i lau o pepa, io me ne tusi o te TB?</i></td><td>LEAFLETS/BOOKLETS ... 1</td><td>2</td></tr> <tr> <td>c. Gotten information on TB from the internet? <i>Ne maua a tala o te TB mai i te internet?</i></td><td>INTERNET 1</td><td>2</td></tr> </tbody> </table>		YES	NO	a. Read messages about TB in new spapers or magazines? <i>Ne faitau i tala o te TB i te nusipepa io me i te mekesini?</i>	NEWSPAPER/MAGAZINE . 1	2	b. Seen leaflets, brochures, or booklets on TB? <i>Ne matea i tusituisiga i lau o pepa, io me ne tusi o te TB?</i>	LEAFLETS/BOOKLETS ... 1	2	c. Gotten information on TB from the internet? <i>Ne maua a tala o te TB mai i te internet?</i>	INTERNET 1	2																
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804	READ INTRODUCTORY STATEMENT ONLY IF Q803 WAS NOT ASKED: The follow ing is a list of sources of information on tuberculosis or TB. Have you ever done any of the follow ing? <i>Ka fakasolo atu a koga e maua ei a tala o te TB. Kai fai aka loa ne koe se mea penei?</i>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a. Seen messages about TB on billboards, signs or posters? <i>Ne matea a tala o te TB e fakapiki i luga i pui?</i></td><td>SIGNS/POSTERS 1</td><td>2</td></tr> <tr> <td>b. Seen messages about TB on TV? <i>Ne matea a tala o te TB i te televise?</i></td><td>TV 1</td><td>2</td></tr> <tr> <td>c. Heard messages about TB on the radio? <i>Ne logo i tala o te TB mai i te letio?</i></td><td>RADIO 1</td><td>2</td></tr> <tr> <td>d. Participated in an TB peer education program? <i>Ne kaufakatasi atu ki se polokalame akoakoga a te kautama mo te TB?</i></td><td>PEER EDUCATION 1</td><td>2</td></tr> <tr> <td>e. Participated in another type of TB education program such as a w okshop or school program? <i>Ne kaufakatasi atu ki te sua vaega polokalame akoakoga o te o te TB pela mo workshop io me ne polokalame loa a te akoga?</i></td><td>OTHER EDUCATION 1</td><td>2</td></tr> <tr> <td>f. Attended a community event about TB such as the w omen community workshop on World TB Day? <i>Ne kaufakatasi ki se faigamea a te fakapotopoga e uiga mo te TB pela mo workshop a fafine i te Aso o te Lalolagi mo TB?</i></td><td>COMMUNITY EVENT 1</td><td>2</td></tr> <tr> <td>g. Received information about TB from an outreach w ork, that is someone w ho came to your community and talked about TB? <i>Ne maua a tala o te TB mai se tino talai, te tino tela ne vau ki te otou fakapotopotoga kae faipati ki te TB?</i></td><td>OUTREACH WORKER ... 1</td><td>2</td></tr> <tr> <td>h. Discussed TB with other persons such as friends, family members, or w ork colleagues? <i>Ne sautala i te TB mo nisi tino aka pela mo taugasoa, kau kaiga, io me ko tino kola e galue tasi mo koe?</i></td><td>FAMILY/FRIENDS 1</td><td>2</td></tr> </tbody> </table>		YES	NO	a. Seen messages about TB on billboards, signs or posters? <i>Ne matea a tala o te TB e fakapiki i luga i pui?</i>	SIGNS/POSTERS 1	2	b. Seen messages about TB on TV? <i>Ne matea a tala o te TB i te televise?</i>	TV 1	2	c. Heard messages about TB on the radio? <i>Ne logo i tala o te TB mai i te letio?</i>	RADIO 1	2	d. Participated in an TB peer education program? <i>Ne kaufakatasi atu ki se polokalame akoakoga a te kautama mo te TB?</i>	PEER EDUCATION 1	2	e. Participated in another type of TB education program such as a w okshop or school program? <i>Ne kaufakatasi atu ki te sua vaega polokalame akoakoga o te o te TB pela mo workshop io me ne polokalame loa a te akoga?</i>	OTHER EDUCATION 1	2	f. Attended a community event about TB such as the w omen community workshop on World TB Day? <i>Ne kaufakatasi ki se faigamea a te fakapotopoga e uiga mo te TB pela mo workshop a fafine i te Aso o te Lalolagi mo TB?</i>	COMMUNITY EVENT 1	2	g. Received information about TB from an outreach w ork, that is someone w ho came to your community and talked about TB? <i>Ne maua a tala o te TB mai se tino talai, te tino tela ne vau ki te otou fakapotopotoga kae faipati ki te TB?</i>	OUTREACH WORKER ... 1	2	h. Discussed TB with other persons such as friends, family members, or w ork colleagues? <i>Ne sautala i te TB mo nisi tino aka pela mo taugasoa, kau kaiga, io me ko tino kola e galue tasi mo koe?</i>	FAMILY/FRIENDS 1	2	
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805	<p>How does tuberculosis spread from one person to another? <i>E pisi pefea te TB mai te tino ki te sua tino?</i></p> <p>PROBE: Any other ways? <i>E isi ne niisi auala aka?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>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 THROUGH SALIVA G THROUGH SMOKING H</p> <p>OTHER X (SPECIFY)</p> <p>DONT KNOW Z</p>	
806	<p>Can tuberculosis be cured? <i>E mata te TB e mafai o fakalei?</i></p>	<p>YES 1 NO 2 DONT KNOW 8</p>	
807	<p>If a member of your family got tuberculosis, would you want it to remain a secret or not? <i>Kafai se tino o te otou kaiga ko pokotia i te TB, e mata e manako koe ke se fakaasi io me ikai?</i></p>	<p>YES, REMAIN A SECRET 1 NO 2 DONT KNOW/NOT SURE/ DEPENDS 8</p>	
808	<p>Some men are circumcised. Are you circumcised? <i>A niisi tagata ko oti ne pilitome. A koe ko oti ne pilitome?</i></p>	<p>YES 1 NO 2 REFUSED TO ANSWER 5</p>	
809	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? <i>Nei ka sili atu ne fesili e uiga mo tou ola lei. I te 12 o masina ko teka, kai suki aka loa koe?</i></p> <p>IF YES: How many injections have you had? <i>E fakafia la ou sukiga?</i></p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00 → 813</p>	
810	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? <i>I ou sukiga konei, e fakafia ne fai ne te tokita, te neesi, tino palu paluvaialakau, tokita o nifo, io me sose tino galue i te fakaimasaki?</i></p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00 → 813</p>	

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811	The last time you had an injection given to you by a health worker, where did you go to get the injection? <i>I tau toe sukiga loa ne te tino galue o te ola lei, a koe ne fano ki fea ke suki koe?</i>	PUBLIC SECTOR GOVERNMENT HOSPITAL 1 GOVT. HEALTH CENTER 2 OVERSEAS 3 OTHER 6 (SPECIFY)	
812	Did the person who gave you that injection take the syringe and needle from a new, unopened package? <i>E mata te tino tela ne fai ne ia tou sukiga, ne tapale ne ia te suki mo te niila mai loto i se paaketi suki seki tala kae fou?</i>	YES 1 NO 2 DONT KNOW 8	
813	Do you currently smoke cigarettes? <i>A koe e pusi sikaleti i te vaiitimi nei?</i>	YES 1 NO 2	→ 815
814	In the last 24 hours, how many cigarettes did you smoke? <i>I te 24 itula ko teka atu nei, e mata ko fia au sikaleti ko oti ne pusi</i>	CIGARETTES <input type="text"/>	
815	Do you currently smoke or use any other type of tobacco? <i>A koe nei e pusi io me falaaga a niisi vaega a paka?</i>	YES 1 NO 2	→ 817
816	What (other) type of tobacco do you currently smoke or use? <i>Ne a vaega paka e fakaaoga ne koe mo pusi?</i> RECORD ALL MENTIONED.	PIPE A SULUI B OTHER X (SPECIFY)	
817	Are you covered by any health insurance? <i>E mata koe e too/kau/puipui kite tupe fakaleoleo (insurance) mo te olalei?</i>	YES 1 NO 2	→ 819
818	What type of health insurance? <i>Se a la te vaega tupe fakaleoleo o te olalei tena?</i> RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER A SOCIAL SECURITY B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE C OTHER X (SPECIFY)	
819	Now I would like to ask you about alcohol and drug use. Remember that your responses are completely anonymous and confidential and will not be released to anyone. During the last 12 months, how often did you have drinks containing alcohol, such as beer, wine, liquor, spirits, homebrew, toddy, yeast? Would you say <i>Nei ka fakafesili atu ne fesili e uiga mo te fakaaogaga o kamagii mo vailakau malos. Ke masaua la ne koe me i au tali e se mafai o iloa ne nisi tino kae e tapu foki ma fakaasi ki sose tino. I te 12 masina ko teka atu nei, e mata e fakafia ne inu saale koe i kamagii pela mo piia, uaina, fagu malos, sipiliti, mea palu, kao, isi? E mata e pefea</i> a. Never? <i>Ne seki inu aka e iloa?</i> b. Monthly or less? <i>Fakalua io me mai lalo i te masina?</i> c. 2 to 4 times a month? <i>2 ki te 4 taimi i te masina?</i> d. 2 to 3 times a week? <i>2 ki te 3 taimi i te vaiaso?</i> e. 4 or more times a week? <i>4 io me silia atu i te vaiaso?</i> f. No answer / refused <i>E seai se tali / e ita</i> g. Don't know <i>E se iloa</i>	NEVER 0 < 2 PER MONTH 1 2-4 PER MONTH 2 2-3 PER WEEK 3 4+ PER WEEK 4 NO ANSWER/REFUSED 7 DONT KNOW 8	→ 822

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																	
820	<p>During the last 12 months, how many standard drinks containing alcohol did you have on a typical day when drinking? A standard drink is a can of beer, a glass of wine, a shot of liquor, 1 ipu kao, etc.?</p> <p><i>I te 12 masina ko teka atu nei, e mata e fia au "standard drinks" o kamagii ne inu pela i se aso masani? A te "standard drink" ko te kaapa pia, se kilasi uaina, se nipu fagu malosi, se ipu kao, ...</i></p>	<p>NUMBER OF STANDARD DRINKS</p> <table> <tr><td>1 OR 2</td><td>1</td></tr> <tr><td>3 OR 4</td><td>2</td></tr> <tr><td>5 OR 6</td><td>3</td></tr> <tr><td>7, 8 OR 9</td><td>4</td></tr> <tr><td>10 TO 19</td><td>5</td></tr> <tr><td>20 OR MORE</td><td>6</td></tr> <tr><td>NO ANSWER/REFUSED</td><td>7</td></tr> <tr><td>DONT KNOW</td><td>8</td></tr> </table>	1 OR 2	1	3 OR 4	2	5 OR 6	3	7, 8 OR 9	4	10 TO 19	5	20 OR MORE	6	NO ANSWER/REFUSED	7	DONT KNOW	8																																																		
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821	<p>During the last 12 months, how often did you have five or more standard drinks at one time?</p> <p>A standard drink is a can of beer, a glass of wine, a shot of liquor, 1 upi kao, etc.</p> <p><i>I te 12 masina ko teka atu nei, e mata e fakafia ne lima io me silia atu au "standard drinks" i se inuga a koe?</i></p> <p><i>A te "standard drink" ko te kaapa pia, se kilasi uaina, se nipu fagu malosi, se ipu kao, ...</i></p>	<table> <tr><td>NEVER</td><td>0</td></tr> <tr><td>LESS THAN MONTHLY</td><td>1</td></tr> <tr><td>MONTHLY</td><td>2</td></tr> <tr><td>WEEKLY</td><td>3</td></tr> <tr><td>DAILY OR ALMOST DAILY</td><td>4</td></tr> <tr><td>NO ANSWER/REFUSED</td><td>7</td></tr> <tr><td>DONT KNOW</td><td>8</td></tr> </table>	NEVER	0	LESS THAN MONTHLY	1	MONTHLY	2	WEEKLY	3	DAILY OR ALMOST DAILY	4	NO ANSWER/REFUSED	7	DONT KNOW	8																																																				
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822	<p>Next I would like to ask you about use of the following items.</p> <p><i>Nei ka fesili atu ki te fakaaogaga o mea konei.</i></p> <p>Have you <u>ever</u> tried...?</p> <p>IF YES, ASK:</p> <p>Did you use it in the last 30 days?</p> <p><i>Ne fakaaoga ne koe i te 30 aso ko teka atu?</i></p>	<table> <thead> <tr> <th></th> <th>NEVER TRIED</th> <th>EVER TRIED</th> <th>USED IN LAST 30 DAYS</th> <th>NO ANSWER, REFUSED</th> </tr> </thead> <tbody> <tr><td>a. Betel nut?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>b. Kava?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>c. Marijuana/Cannibis</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>d. Ecstasy/Eccies?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>e. Inhalants including gas?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>f. Speed/Base/Other amphetamines?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>g. Ice/Crystal meth?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>h. Cocaine/Crack/Freebasing?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>i. Heroin?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>j. LSD/Acid/Hallucinogens?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>k. Steroids (non-medical use)?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>l. Viagra/Cialis/Sex enhancers?</td><td>1</td><td>2</td><td>3</td><td>7</td></tr> </tbody> </table>		NEVER TRIED	EVER TRIED	USED IN LAST 30 DAYS	NO ANSWER, REFUSED	a. Betel nut?	1	2	3	7	b. Kava?	1	2	3	7	c. Marijuana/Cannibis	1	2	3	7	d. Ecstasy/Eccies?	1	2	3	7	e. Inhalants including gas?	1	2	3	7	f. Speed/Base/Other amphetamines?	1	2	3	7	g. Ice/Crystal meth?	1	2	3	7	h. Cocaine/Crack/Freebasing?	1	2	3	7	i. Heroin?	1	2	3	7	j. LSD/Acid/Hallucinogens?	1	2	3	7	k. Steroids (non-medical use)?	1	2	3	7	l. Viagra/Cialis/Sex enhancers?	1	2	3	7	
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823	<p>Some people have tried injecting drugs using a syringe. In the last 12 months, have you injected drugs (not including injections for medical reasons or treatment of an illness)?</p> <p><i>E isi ne tino ko oti ne fakaaoga a vaialakau malosi ki te suki.</i></p> <p><i>I te 12 masina ko teka atu, e mata ko oti foki koe ne suki ki vaialakau malosi penei (e se lau a sukiga o te fakaimasaki)?</i></p>	<table> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> <tr><td>NO ANSWER, REFUSED</td><td>8</td></tr> </table>	YES	1	NO	2	NO ANSWER, REFUSED	8																																																												
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____