

Belize

Multiple Indicator Cluster Survey 2006

KEY FINDINGS



Monitoring the situation of children and women



Government of
Belize



Statistical
Institute of Belize



United Nations
Children's Fund



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About Belize MICS 2005-2006

Multiple Indicator Cluster Surveys (MICS) is an international household survey initiative developed by UNICEF to assist countries in filling data gaps for monitoring human development in general, and the situation of children and women in particular.

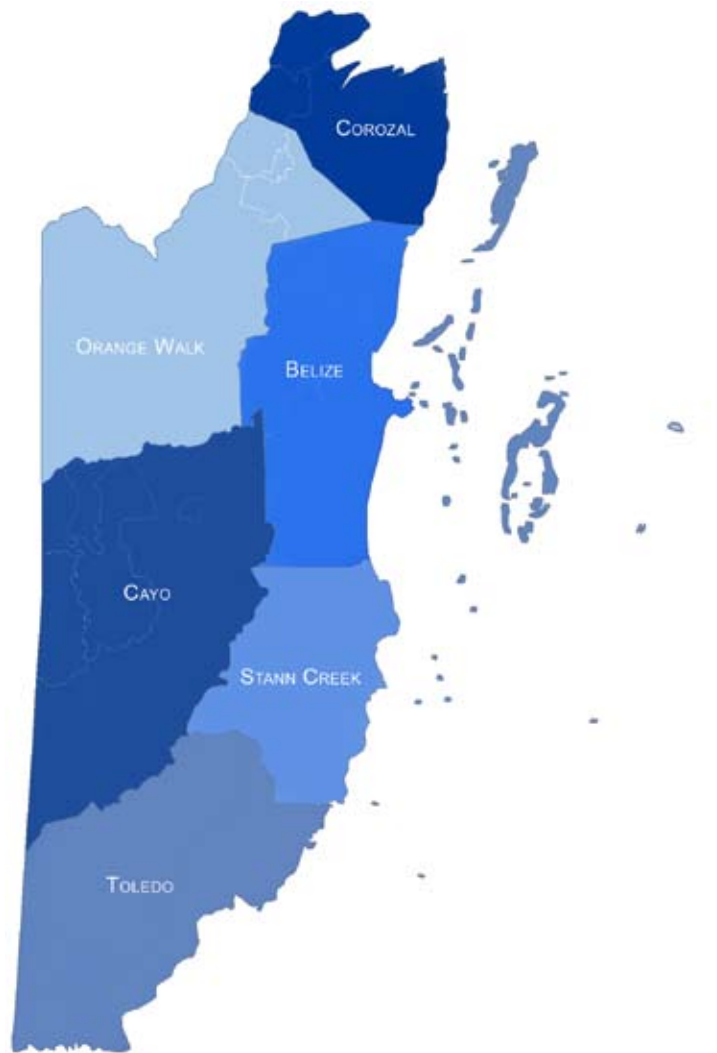
MICS Belize was designed to provide statistically sound and internationally comparable data for monitoring the situation of women and children in Belize. Among the social indicators used in the MICS Belize are those required for monitoring the goals and targets of the Millennium Declaration, the World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV and AIDS and the African Summit on Malaria. MICS was conducted in Belize for the first time.

What information is included in MICS Belize 2006?

The household questionnaire gathered information on the main characteristics of all household members with respect to relationship to the head of household, sex, age, orphanhood of children, residence of parents of children younger than 18 years and level of education attained as well as structural characteristics of dwellings, access to electricity, water and sanitation facilities and the availability of consumer goods in the household. The survey also included questions on child discipline and disability.

The women questionnaire collected information on women's literacy, education and employment, child survival, administration of tetanus toxoid, maternal and newborn health, contraception, sexual behavior and HIV and AIDS knowledge and domestic violence.

On the children questionnaire modules were included on education, birth registration, early learning, vitamin A supplementation, breastfeeding, care of illness, immunization and anthropometry, as well as on child development.



Contact Information

This report summarizes the findings published in MICS Belize Country Report 2006, carried out by Central Statistical Office in partnership with UNICEF.

The full MICS report is available at:
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Additional information on MICS and results from other countries that have implemented the survey programme are available at www.childinfo.org.

Contents

About Belize MICS 2005-2006.....	3
What information is included in MICS Belize 2006?	3
Contact Information.....	4
Sample Coverage and Characteristics of Households and Respondents.....	7
Sample Coverage	7
Characteristics of Households and Respondents	7
Child Mortality.....	8
Nutrition.....	9
Breastfeeding.....	10
Vitamin A Supplements	10
Low Birth Weight.....	10
Child Health.....	11
Immunization.....	11
Tetanus Toxoid	11
Oral Rehydration Treatment (ORT).....	12
Solid Fuel Use.....	12
Care Seeking and Antibiotic Treatment of Pneumonia	12
Environment	13
Water and Sanitation.....	13
Reproductive Health.....	14
Antenatal Care	14
Assistance at Delivery.....	14
Contraception.....	15
Child Development	15
Education	16
Pre-school Attendance and School Readiness	16
Primary and Secondary School Participation.....	17
Adult Literacy	17
Child Protection.....	18
Child Discipline	18
Domestic Violence	18
Child Disability	19
Birth Registration	19
HIV and AIDS, Sexual Behaviour, and Orphaned Children.....	20
Knowledge of HIV Transmission and Condom Use	20
Sexual Behaviour Related to HIV Transmission	21
Orphaned Children.....	21
Key Indicators.....	22
Millenium Development Goals	23

Sample Coverage and Characteristics of Households and Respondents

Sample Coverage

Of the 2,400 households selected for the sample, 2,068 were found to be occupied. Of these, 1,832 were successfully interviewed for a household response rate of 88.6 per cent. In the interviewed households, 1,828 women (age 15-49) were identified. Of these, 1,675 were successfully interviewed, yielding a response rate of 91.6 per cent. In addition, 835 children under age five were listed in the household questionnaire. Questionnaires were completed for 796 of these children, which corresponds to a response rate of 95.3 per cent.



Characteristics of Households and Respondents

The survey estimated average household size stood at 4.2.

The distribution of households by area of residence showed that 53.7 per cent of the households were located in urban areas and 46.3 per cent were located in rural areas. The Belize District had the highest per centage of households (35.0 %), distantly followed by 19.3 per cent in the Cayo District. Most of the households (61.0 %) had between two and five members, and were headed by males (73.4 %). Regarding language, English combined with Creole was spoken by 42.3 per cent of the household narrowly followed by Spanish which was spoken by approximately 40 per cent. The remaining 17.9 per cent was constituted by households which spoke mainly Garifuna, Maya, German, Chinese, Taiwanese, or an Indian language.

Women aged 15-19 comprise the greatest per centage of the sample at 21 per cent. This per centage declines steadily across age groups until age 45-49 where it is 8.8 per cent. With regard to motherhood status, 68.7 per cent had given birth. Less than half (45.7 %) of the women have gone beyond primary level education. With regard to sex, 49.7 per cent of the children under the age of 5 were male and 50.3 per cent were female. Per centages of children under-5 in each specified one-year age group are similar, indicating a fairly

steady birth rate over time. More than two thirds (65.0 %) of mothers of children age 5 had not moved beyond primary level or had no education. A larger per centage of children (66.9 %) than women (56.5) are located in the poorer 60-per cent wealth index category. In addition, Spanish speaking households had the highest share of children under 5 followed by 32.2 per cent in English or Creole-speaking households.

Child Mortality

Identifying groups of children with the highest risk of dying enables policy makers and programme planners to better channel the efforts to improve child survival and lower the exposure of infants and young children to risk.

Millennium Development Goal

Reduce child mortality.

Reduce by two thirds, between 1990 and 2015 the under-five mortality rate.

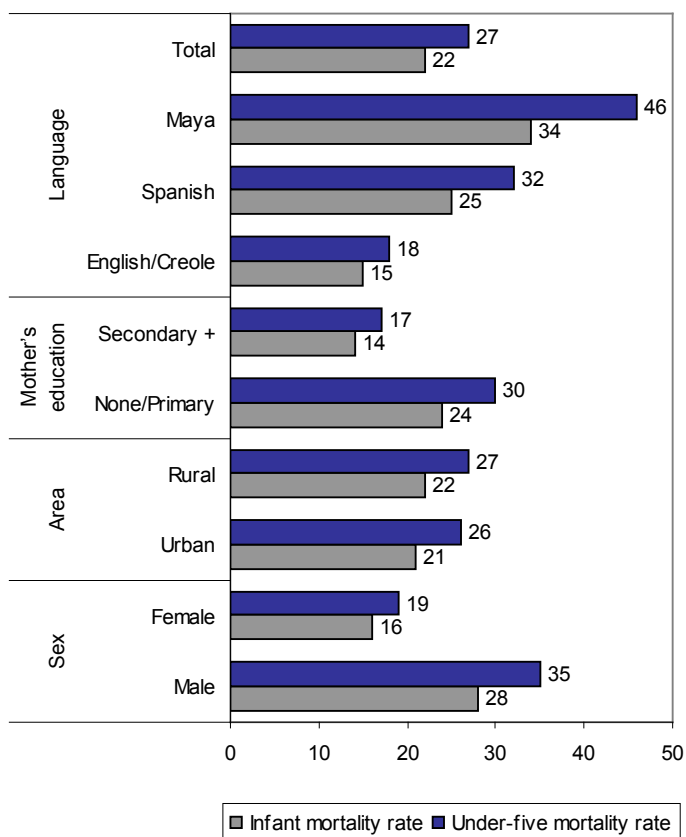
Indicators available in MICS3:

- Under-five mortality rate
- Infant mortality rate
- Proportion of 1-year old children immunized against measles (see section on Child Health).

The current infant mortality rate is estimated at 22 per thousand live births, whereas the under-5 mortality rate (U5MR) is 27 per thousand live births. There are major variations between the probabilities of dying between males and females. For males the survey shows a rate of 28, compared to a rate of 16 for females in infant mortality, and rates of 35 and 19 respectively in the under-5 mortality.

Both infant and under-5 mortality rates are slightly lower in the urban areas (21 and 26), while the figures for the rural areas stood at 22 and 27 respectively. Unlike area of residence, differences in mortality rates in terms of educational level and language of the mother are significant.

Infant and under-five mortality rates, Belize, 2006



Nutrition

Children's nutritional status is a reflection of their overall health. When children are not exposed to repeated illnesses, are well cared for and have access to an adequate food supply—varied enough and rich in micronutrients, such as vitamin A—they have better chances to reach their growth potential.

Millennium Development Goal

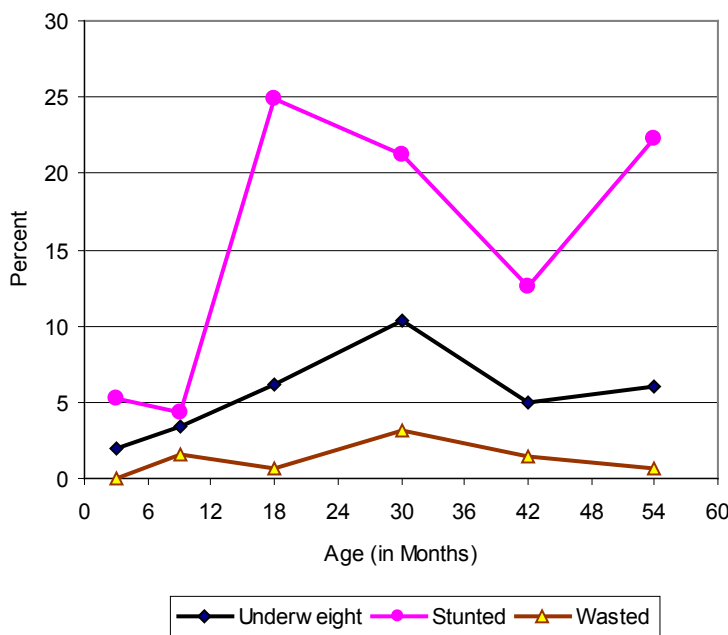
Eradicate extreme poverty and hunger.

Reduce by half between 1990 and 2015 the proportion of people who suffer from hunger.

Indicators available in MICS3:

-Prevalence of underweight children under five years of age

Percentage of children under-5 who are undernourished, Belize, 2006



Age pattern shows that a higher percentage of children aged 24-35 months are underweight (10.3%) and wasted (3.1%), in comparison to children who are younger or older. The highest proportion of stunted children are found between the ages 12-23 months (24.9%).

In Belize, 6.1 per cent of children under-five are moderately underweight and 0.7 per cent are classified as severely underweight. Approximately 18 per cent of children are stunted or too short for their age and more than two per cent are wasted or too thin for their height.

Children residing in rural areas (7.9% and 23%) are more likely to be underweight and stunted than other children (3.8 % and 10.9 %). Also, growth retardation is more

apparent in children of Maya descent (approximately 50 %). Unsurprisingly, the per centage of overweight children is slightly higher in the urban areas (11.6 %) than in the rural areas (9.2 %). Those children whose mothers have secondary or higher education (3.7 % and 9.4 %) are less likely to be underweight and stunted compared to children of mothers with primary or no education (7.1 % and 21.6 %).

Breastfeeding

Although it is recommended that breastfeeding be initiated within one hour of birth, a little over half of the women (50.6 %) in Belize started breastfeeding their infants within one hour of birth. This proportion augments to 78.1 per cent for breastfeeding within one day of birth.

Exclusive breastfeeding is not fully practiced in Belize. Just above ten per cent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 44 per cent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 41.6 per cent of children are still being breastfed and by age 20-23 months, 26.8 per cent are still breastfed.



Vitamin A Supplements

Within the six months prior to the MICS, 23.8 per cent of children aged 6-59 months received a high dose Vitamin A supplement. Approximately 12 per cent did not receive the supplement in the last 6 months but did receive one prior to that time. Twenty-one per cent of children received a Vitamin A supplement at some time in the past but their mother/caretaker was unable to specify when. When analysed by districts, Belize (14.5 %) had the lowest proportion of children 6-59 months who reportedly never received Vitamin A supplementation while Toledo (71.9 %) had the highest proportion. With respect to residential area, children in urban areas are more likely to receive Vitamin A supplement than children in rural areas.

The mother's level of education is also related to the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months increases from 20.3 per cent among children whose mothers have primary or no education to 30.9 per cent for those whose mothers have secondary or higher education. Vitamin A coverage in the last six months is relatively low for children in Maya - speaking households (8.9 %), compared to the national rate of 23.8 per cent.

Low Birth Weight

Weight at birth is a good indicator, not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psycho-social development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children.

In Belize, approximately eight per cent of children who were weighed had a birth weight of less than 2,500 grams at birth. From a high of 10 per cent in the Belize District to a low of 5.8 per cent in the Corozal District.

Child Health

Immunization coverage for the six major vaccine-preventable diseases, along with early diagnostics and treatment, can prevent a high proportion of childhood deaths.

Immunization

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 18 months.

In Belize, 90.2 per cent of children aged 18-29 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 89 per cent. The per centage declines for subsequent doses of DPT; 84.5 per cent for the second dose, and 74.6 per cent for the third dose. Similarly, 88.3 per cent of children received Polio 1 by age 12 months, and this declines to 68.6 per cent by the third dose.

Since children usually receive the measles vaccine soon after their first birthday, 18 months was used when calculating the measles immunization rate, furnishing a value of 81.9 per cent after eighteen months and 85 per cent at any time before the survey. Of children aged 18-29 months, 65.8 per cent had received all eight recommended vaccinations before the survey and 56.3 before their first birthday.

Tetanus Toxoid

One of the MDGs is to reduce by three-quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. Prevention of maternal and neonatal tetanus is to ensure all pregnant women receive at least two doses of tetanus toxoid vaccine.

Overall, 58.3 per cent of the women in Belize received vaccines against tetanus during pregnancy, with 46.6 per cent receiving at least two doses during their last pregnancy. The highest proportion of women who are protected against tetanus is in Belize District (75.1 %) and the lowest in Toledo, where only 29.5 per cent are protected.

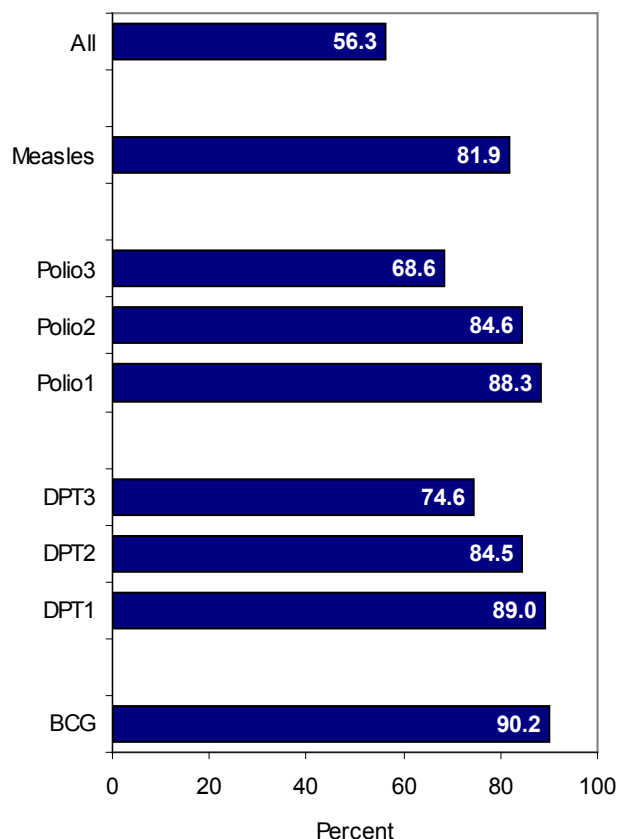
Millennium Development Goal

Combat HIV/AIDS, malaria and other diseases. Halt and begin to reverse the incidence of malaria and other major diseases.

Indicators available in MICS3:

- Proportion of population using solid fuels
- Proportion of 1-year old children immunized against measles

Percentage of children aged 18-29 months who received the recommended vaccinations by 12 months (18 months for measles), Belize, 2006



Oral Rehydration Treatment (ORT)

Diarrhoea is the second leading cause of death among children under five years of age. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths.

Of children under five, who had diarrhoea in the two weeks preceding the survey, 60.6 per cent received ORT with oral rehydration solution (ORS) - about 27 per cent received fluids from ORS packets, 25.8 per cent received pre-packaged ORS fluids, and 33 per cent received recommended home-made fluids.

Solid Fuel Use

The use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking. Overall, less than 14 per cent of all households in Belize are using solid fuels for cooking. This figure contrasts significantly with the global average.

Generally, higher rates of solid fuel use exist in regions with higher level of poverty. This is substantiated by the fact that in Toledo, more than half of the households (53.3 %) are utilizing wood for cooking and only 44.1 per cent are using butane gas. The district with the lowest per centage is Belize with only 1.6 per cent of the households using wood for cooking.

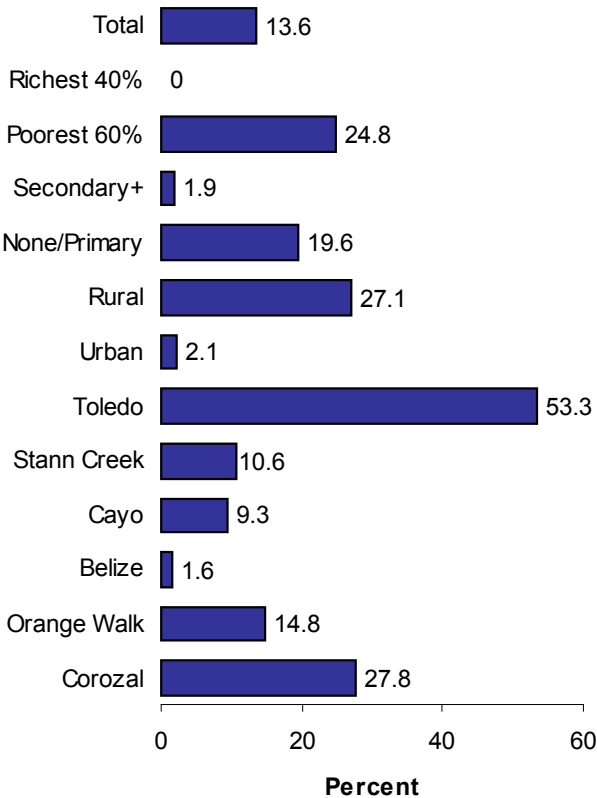
As expected, the use of solid fuels is very low in urban areas (2.1 %), but relatively high in rural areas, where more than a quarter of the households (27.1 %) are using solid fuels. Differentials with respect to household wealth and the educational level of the household head are also significant. The major difference in the use of solid fuels occurs between the poorer three quintiles and richer two quintiles with 24.8 per cent and 0.0 per cent respectively. Butane gas is the fuel used by most Belizean households (81.5 %), while the use of charcoal and biogas is almost non-existent.

Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children, and the use of antibiotics in under-5s with suspected pneumonia is a key intervention.

The results of the survey showed that 5.4 per cent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 70.9 per cent were taken to an appropriate medical provider. In Belize, an estimated 43.9 per cent of under-5s children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey.

Percentage of Households Using Solid Fuels for Cooking, Belize 2006



Environment

Improving access to water, hygiene and sanitation is a crucial element in the reduction of under-five mortality and morbidity, particularly in poor urban areas.

Water and Sanitation

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health.

Overall, 96.5 per cent of the population is using an improved source of drinking water – 99.2 per cent in urban areas and 94.0 per cent in rural areas. The urban-rural disparity is greatest in the use of bottled water – 49.8 and 15.2 per cent respectively. The main source of drinking water in Belize is bottled water which is consumed by 32 per cent of the population followed by water piped into dwelling (23.1 %). The district where most of the population drink bottled water is Belize (53 %) and the least in Toledo (5.5 %). The usage of rain-water and bottled water for drinking is very significant in Orange Walk and Corozal.

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio.

In Belize, improved sanitation coverage is 93.7 per cent. Whilst 80.9 per cent of the urban households have access to a toilet either linked to a sewer system or to a septic tank, only 33.1 per cent of the rural households use this type of sanitation facility. Approximately 63 per cent of the rural population continue to use pit latrines or less sanitary facilities. The population in Toledo are less likely to use improved sanitation facilities (81.7 %) than people in other districts. Additionally, 16.5 per cent of the households in Toledo have no sanitary facilities and use the bush or field to dispose of excreta.

Millennium Development Goal

Ensure environmental sustainability.

Reduce by half the proportion of people without access to safe drinking water and basic sanitation by 2015.

Indicators available in MICS3

- Proportion of population with sustainable access to an improved water source, urban and rural
- Proportion of population with access to improved sanitation, urban and rural

Improved Water Source: Percentage of the population using improved drinking water sources (including household water connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection and bottled water - if a secondary source is also improved).

Improved Sanitation: Percentage of the population using improved sanitation facilities (including flush to piped sewer system, flush to septic tank, flush/pour flush to pit, flush/pour flush to elsewhere).



Reproductive Health

Healthy children need healthy mothers. Complications during pregnancy and at childbirth are a leading cause of death and disability among women of reproductive ages in developing countries.

Antenatal Care

The World Health Organization (WHO) recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care.

Coverage of antenatal care (by a doctor, nurse, or midwife) is quite high in Belize with 98.1 per cent of women receiving antenatal care at least once during the pregnancy. Antenatal care was provided mainly by medical doctors (45.9 %) and nurses or midwives (46.6 %). Only 1.9 per cent of the pregnant women did not receive ANC during pregnancy.

Assistance at Delivery

Three-quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency.

Assistance at delivery by professional health personnel is high in Belize as nearly 96 per cent of women who gave birth during the two years preceding the MICS survey were assisted by skilled personnel. This percentage is higher in the urban areas at 99.3 per cent and lower in the rural areas at 92.8 per cent.

98.8 per cent of mothers in Belize District and 96.9 per cent in Cayo District gave birth in a health facility, compared to about half of mothers in the Toledo district (52.4 %). Doctors assisted with the delivery of 46 per cent of births. The majority of deliveries in Belize, Corozal and Orange Walk were assisted by a medical doctor, whereas a nurse or midwife assisted in most of the deliveries in Cayo, Stann Creek and Toledo. Overall less than one per cent had traditional birth attendants at delivery. The work of nurses or midwives is very important in rural areas, with 54.3 per cent of deliveries being assisted by them.

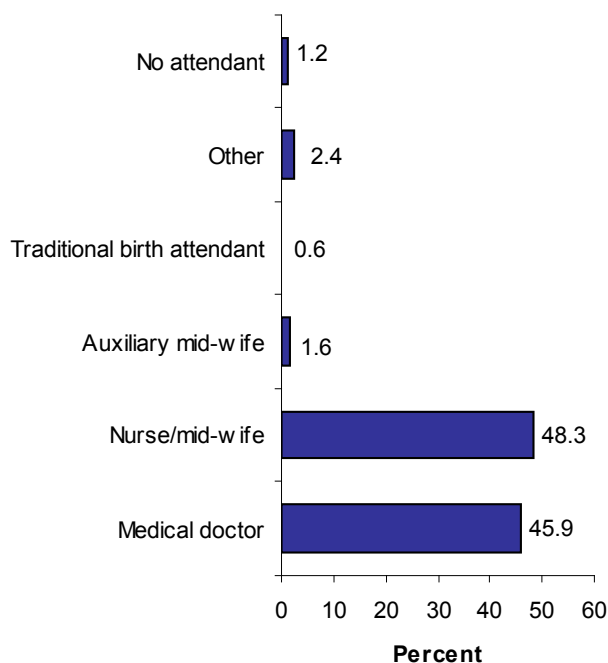
Millennium Development Goal

Improve maternal health. Reduce the maternal mortality ratio by three quarters by 2015.

Indicators available in MICS3:

- Proportion of births attended by skilled health personnel
- Contraceptive prevalence rate (used to monitor the goal “Combat HIV/AIDS, Malaria and other Diseases”)

Percent distribution of women aged 15-49 with a birth in two years preceding the survey by type of care at delivery Belize, 2006



Child Development

A period of rapid brain development occurs in the first 3-4 years of life, and the quality of home care is the major determinant of the child's development during this period. In this context, adult activities with children, presence of books in the home for the child, and the conditions of care are important indicators of quality of home care.

For 85.3 per cent of children under-five, an adult household member engaged in at least four activities that promote learning and school readiness during the 3 days preceding the survey. The average number of activities that adults engaged with children was 5.1. A larger proportion of fathers with secondary or higher education (74.8 %) engaged in activities with children than fathers with primary or no education (59.1 %). The district with the largest proportion of adults engaging in learning and school readiness activities with children was Stann Creek (94.8 %) and the district with the smallest is Toledo at 69.3 per cent.

The per centage of children living in households where at least 3 non-children's books are present is 71.4, however, only 56.7 per cent have 3 or more children's books. Both the median number of non-children's books and the median number of children's books are low (10 and 4 books). Furthermore, just one in four children 0 - 59 months had 3 or more toys in their homes, while 5.7 per cent had none.

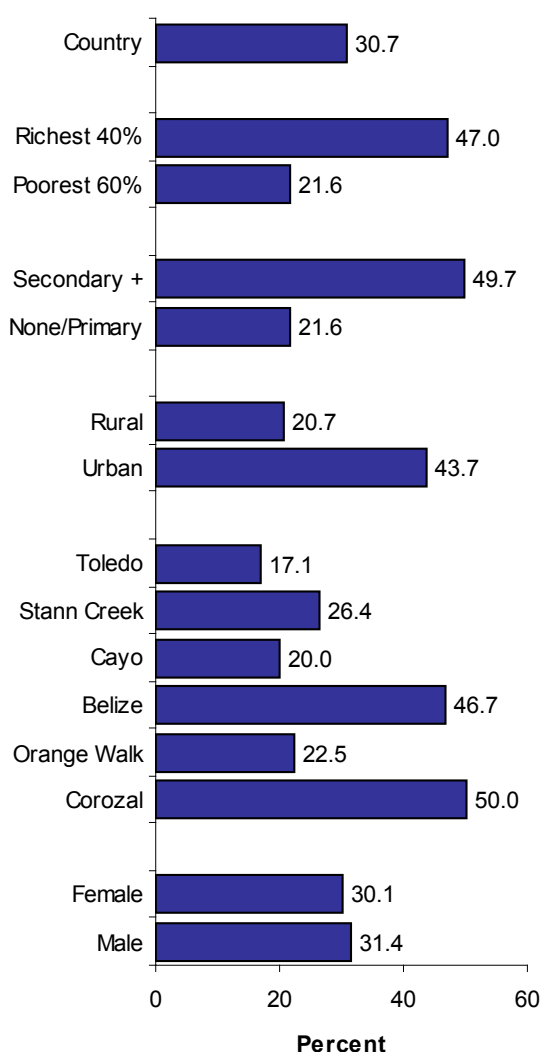
Survey results show that only 2.9 per cent of children 0 - 9 months were left in the care of other children and 2.7 per cent were left alone during the week preceding the interview. Combining the two indicators, it is calculated that 4 per cent of children were left with inadequate care.

Education

Education is a fundamental right for all children, girls and boys. Education can put women on the path to economic and social empowerment. Educated women tend to marry later, have fewer children and are more likely to understand what they must do to protect themselves and their families against various odds.

Pre-school Attendance and School Readiness

Percentage of children aged 36-59 months who are attending some form of organised early childhood education program, Belize, 2006



Millennium Development Goal

Achieve universal primary education

Eliminate gender disparity in primary and secondary education by 2005. Ensure that all boys and girls complete a full course of primary schooling by 2015.

Promote gender equality and empower women

Eliminate gender disparity at all levels of education by 2015 and empower women.

Indicators available in MICS3:

- Net enrolment ratio in primary education
- Proportion of pupils starting grade 1 who reach grade 5
- Primary completion rate
- Ratio of girls to boys in primary, secondary and tertiary education

Attendance to pre-school education in an organized learning or child education program is important for the readiness of children to school.

In Belize, less than one third of children aged 36-59 months are attending an organized early childhood education programme, such as kindergarten or community childcare with organized learning activities. Urban-rural and regional differentials are significant – the figure is 43.7 per cent in urban areas, compared to 20.7 per cent in rural areas. Among children aged 36-59 months, attendance to pre-school is most prevalent in Corozal (50.0 %) and Belize (46.7 %), and least in Toledo where only 17.1 per cent attend pre-school. Approximately equal per centages of girls and boys attend such programs. Differentials by education of mother and by socio-economic status are significant.

As a result, only 32.8 per cent of children who are currently age 5 and attending the first grade of primary school were attending pre-school the previous year.

Primary and Secondary School Participation

Of children who are of primary school entry age (age 5) in Belize, 71 per cent are attending grade 1.

The net primary school attendance rate is high for both males and females (95.2 %), nevertheless, one in every twenty girls and one in every twenty boys do not attend primary school. At the district level, Orange Walk (91.5 %) and Stann Creek (92.5 %) have the lowest net attendance rates and Toledo the highest (97.5 %). Net attendance is significantly higher for females in Orange Walk and significantly lower in Toledo.

More dramatic than in primary school where 4.8 per cent of the children are not attending school at all, is the fact that merely 58.7 per cent of the children of secondary school age are attending secondary school. Of the remaining 41.3 per cent, 14.9 per cent are still attending primary school and the remaining 26.4 per cent are out of school.

When the age of children are examined, we find that only 11.8 per cent of children aged 13 are still in primary school. Major differences in net secondary school attendance are found among districts, and between urban and rural areas. Children of secondary school age, whose mothers have at least a secondary education or are in the richer two quintiles, are more likely to be attending secondary school than those whose mothers have not gone beyond primary or belong to the poorer three quintiles.

Of all children starting grade one, the majority of them (98.7

%) will eventually reach grade 5. Notice that this number includes children that repeat grades and that eventually move up to reach grade five.

At the time of the survey, only 70.4 per cent of the children of primary completion age were attending the last grade of primary school. This value should be distinguished from the gross primary completion ratio which includes children of any age attending the final grade. Similar rates are observed for both boys and girls in net primary school completion rates, however, they differ significantly in the transition rate to secondary education. Children in urban areas and children whose mothers have higher education levels complete primary school earlier than children in rural areas or whose mothers have lower levels of education. Fortunately, more than nine of every ten children (92.9 %) who completed successfully primary school were attending first year of secondary school at the time of the survey.

Gender parity for primary school is close to 1.00, indicating no difference in the attendance of girls and boys to primary school. Unlike primary education, the gender gap in secondary education, on the other hand, is little pronounced in favour of girls (1.03) indicating no discrimination or exclusion of girls on the basis of gender.

Adult Literacy

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women.

Approximately 90 per cent of women between 15-24 years nationwide are literate. There are no major variations by residential area or language. However, there are important

differences in terms of age and socio-economic status of women. The proportion of women in the age-group 15-19 who are literate is higher (92.7 %) than that of women in the age-group 20-24 (85.3 %). Similarly, a lower per centage of literacy is found among women in the poorer three quintiles compared to the richer two quintiles..

Child Protection

Protecting children from violence, exploitation and abuse is essential to guarantee that their rights to survival, growth and development are met.

Child Discipline

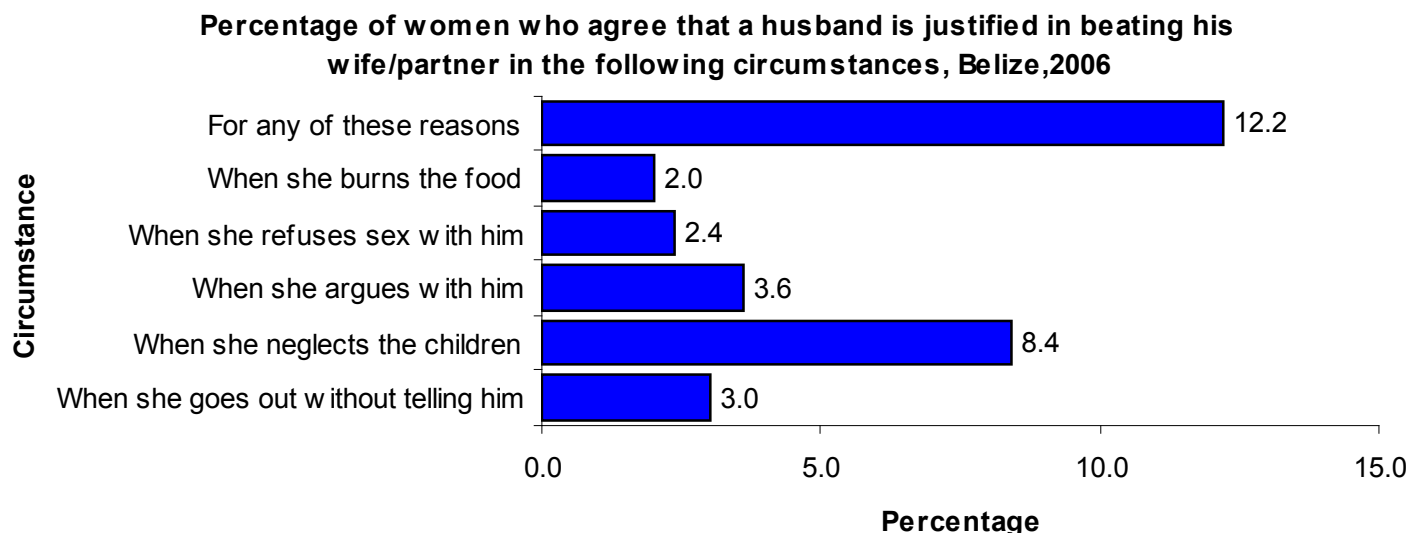
As stated in A World Fit for Children, “children must be protected against any acts of violence ...” and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In the Belize MICS survey, mothers/caretakers of children age 2-14 years were asked a series of questions on the ways parents tend to use to discipline their children when they misbehave.

In Belize, 67.7 per cent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members. 25.3 per cent of mothers/caretakers believed that children should be physically punished; however, only 6.6 per cent of children were reportedly subjected to severe physical punishment. It is very interesting that differentials with respect to most of the background variables were relatively minimal.

Domestic Violence

A number of questions were asked of women age 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners for a variety of scenarios. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women who agree with the statements indicating that husbands/partners are justified to beat their wives/partners under the situations described, in reality tend to be abused by their own husbands/partners.

The per centage of women who justify physical violence under any of the circumstances is 12.2 per cent; the situation with the highest justification being when they neglect the children (8.4 %). The rates of justification vary by district, economic status, education and language of women. Whereas 34.2 per cent of the women in Toledo justify physical violence in any of the situations, only 6.2 per cent do so in Belize District. Likewise, it is 17.0 per cent and 5.9 per cent among the poorer three and richer two quintiles respectively.



Child Disability

More than a quarter (26.3 %) of children aged 2-9 years were reported to have at least one disability, with the highest proportion (50.9 %) living in Toledo and the lowest in Belize (17.1 %). Noticeably, there is a high percentage of children aged 3-9 years whose speech is not normal (28.2 %), with the highest prevalence in Cayo (45.1 %) and lowest in Stann Creek (7.7 %). Among two-year-old children who could not name at least one object, the proportion of children living in rural areas almost doubles that of their counterparts in urban areas. Differences by most other background characteristics are minor.

Birth Registration

The Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity.

The births of 94.4 per cent of children, under five years of age, in Belize have been registered. The districts which show higher registration percentages are Cayo and Corozal where around 98 out of every hundred children were registered. On the other hand, Stann Creek shows the highest percentage for non-registration (12.4 %); “must travel too far” is clearly the main reason for non-registration here (48.1 %). Rural children are to some extent less likely to be registered than their urban counterparts; 91.8 and 96.5 per cent respectively, but this appears to be due primarily to long distances of rural communities to the nearest registration centre. Among those whose births are not registered, cost, and travel distance seem to be the main reasons.



HIV and AIDS, Sexual Behaviour, and Orphaned Children

Children who lack access to sanitation, health care and good nutrition are particularly vulnerable to HIV and AIDS, malaria, measles, polio and tuberculosis.

Knowledge of HIV Transmission and Condom Use

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission.

About half (49.7 %) of the women who have heard of AIDS know of all three main ways of preventing HIV transmission. When asked, 73.1 per cent of women knew that transmission of HIV and AIDS could be prevented by having one faithful uninfected sex partner; 71 per cent knew that using a condom every time they have sex could prevent HIV and AIDS transmission; and 70.1 per cent knew that abstaining from sex could prevent HIV and AIDS transmission. While 89.9 per cent of women know at least one way, one out of every ten women do not know any of the three ways.

Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some appear to be universal (for example that sharing food can transmit HIV or mosquito bites can transmit HIV).

Of the interviewed women, 53.8 per cent reject the two most common misconceptions and know that a healthy-looking person can be infected. Approximately 85 per cent of women know that HIV cannot be transmitted by supernatural means, and 68.4 per cent of women know that HIV cannot be transmitted by mosquito bites, while 84.5 per cent of women know that a healthy-looking person can be infected. Women in Toledo are more likely to believe misconceptions about AIDS transmission than women in other districts. For instance, less than half (43.9 %) of the women in Toledo know that HIV cannot be transmitted by mosquito bites, likewise only 60.4 per cent know that a healthy-looking person can be infected.

A key indicator used to measure countries' responses to the HIV epidemic is the proportion of young people 15-24 years who know two methods of preventing HIV and AIDS, reject two misconceptions, and know that a healthy looking person can have HIV.

Millennium Development Goal

Combat HIV/AIDS, malaria and other diseases

By 2015 halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases.

Indicators available in MICS3:

- Condom use at last high-risk sex
- Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
- Contraceptive prevalence rate (see section on Reproductive Health)

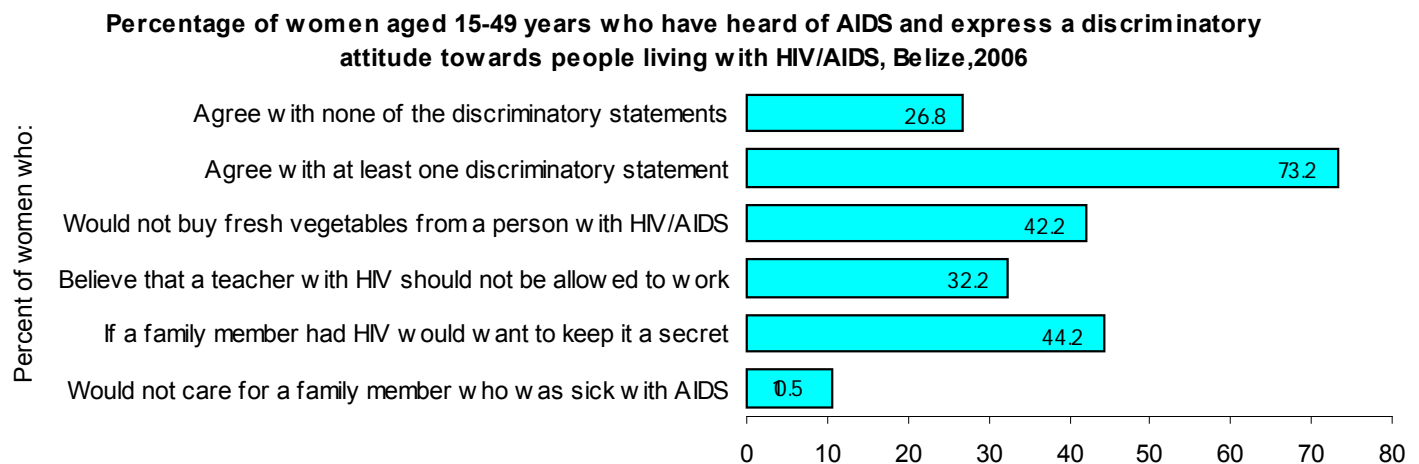
Just 39.7 per cent of young women have comprehensive knowledge about HIV transmission; a level comparable to all other age-groups. Levels of education, area of residence and socio-economic status are again highly associated with knowledge of HIV.

Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. Overall, 91.6 per cent of women know that HIV can be transmitted from mother to child. The per centage of women who know all three ways of mother-to-child transmission is 59.7 per cent, while 5 per cent of women did not know of any specific way. When asked specifically about the means through which mother to child transmission can take place, 86.8 per cent knew that AIDS can be transmitted during pregnancy, 69.6 per cent said that transmission at delivery was possible, and 76.5 per cent agreed that AIDS can be transmitted through breast milk.

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: 1) would care for family member sick with AIDS; 2) would buy fresh vegetables from a vendor who was HIV positive; 3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and 4) would not want to keep HIV status of a family member a secret.

Close to three-fourths (73.2 %) of women 15-49 years who have heard of AIDS agree with at least one of the discriminatory statements. Around 44 per cent would want to keep the HIV status of a family member a secret, 32.2 per cent thought that an HIV positive teacher should not be allowed to work and 42.2 per cent would not buy fresh

vegetables from a person with HIV and AIDS. Overall people having HIV and AIDS are less discriminated and are cared for more in Belize District than in other districts. Approximately 29 per cent of women in Toledo would not care for a family member who is sick with AIDS.



Orphaned Children

Children who are orphaned may be at increased risk of neglect or exploitation if the parents are not available to assist them. Monitoring the variations in different outcomes for orphaned children and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs.

Overall, 68.3 per cent of children aged 0-17 years are living with both parents. A significant percentage of children (18.2 %) are living with their mother only, even though their father is alive. This percentage is higher in urban areas at 24.7 per cent, compared to rural areas at 12.9 per cent. Children who have one or both parents dead totalled 5.1 per cent of all children aged 0-17 years. Approximately 7 per cent of children are living with neither parent even though both parents are alive.

One of the measures developed for the assessment of the status of orphaned children relative to their peers looks at the school attendance of children 10-14 who have lost both parents (double orphans) versus children whose parents are alive (and who live with at least one of these parents).

Less than one per cent of children aged 10-14 years in Belize have lost both parents. School attendance is 62.1 per cent among double orphans and 93.6 per cent among children who have not lost a parent and who live with at least one parent. This would suggest that double orphans are disadvantaged compared to the non-orphaned children in terms of school attendance.

Key Indicators

INFORMATION ON HOUSEHOLDS		National	Residence		Sub-national level					
			Urban	Rural	Corozal	Orange Walk	Belize	Cayo	Stann Creek	Toledo
Prevalence of orphans - children under age 18 with at least 1 dead parent (%)		5.1	7.3	3.3	3.4	4.4	8.6	3.0	5.6	4.2
Households using improved drinking water sources (%)		96.5	99.2	94.0	96.0	91.9	99.5	97.4	95.3	94.9
Households using improved sanitation facilities (%)		93.7	96.1	91.4	93.4	99.3	97.5	89.8	94.9	81.7
INFORMATION ON CHILDREN										
Children aged 0-59 months whose births are registered (%)		94.4	91.8	96.5	97.8	95.1	91.0	98.4	87.6	94.7
Children reaching grade 5 (%)		98.7	98.5	99.1	95.6	100.0	100.0	95.9	100.0	100.0
Children aged 6-59 months who received a vitamin A supplement in the previous 6 months (%)		23.8	29.5	18.9	14.9	22.3	37.4	22.0	26.4	8.7
Children aged 0-5 months only breastfed (%)		10.2	15.5	6.9	n/a	n/a	n/a	n/a	n/a	n/a
Children aged 12-23 months receiving measles vaccine before age 1 (%)		85.0	90.9	78.7	n/a	n/a	n/a	n/a	n/a	n/a
Children who are underweight (%)		6.1	3.8	7.9	2.9	5.7	6.2	6.6	3.2	11.2
Children with diarrhea receiving ORT (%)		60.6	57.3	63.5	n/a	n/a	n/a	n/a	n/a	n/a
Infant mortality rate (per 1,000 live births)		22	21	22	n/a	n/a	n/a	n/a	n/a	n/a
Under-five mortality rate (per 1,000 live births)		27	26	27	n/a	n/a	n/a	n/a	n/a	n/a
INFORMATION ON WOMEN										
Women aged 15-24 who can read (%)		89.4	90.7	87.8	86.4	85.3	92.4	89.7	88.5	91.6
Mothers aged 15-49 receiving at least 2 doses of tetanus toxoid vaccine (%)		46.6	51.0	43.1	52.5	50.1	60.3	41.8	39.0	22.7
Women aged 15-49 receiving antenatal care (%)		98.1	97.8	98.4	100.0	97.6	98.8	100.0	96.9	93.1
Women aged 15-49 receiving assistance at delivery (%)		95.8	99.3	92.8	100.0	100.0	98.8	100.0	93.9	75.5
Comprehensive knowledge about HIV prevention among women aged 15-24 (%)		37.3	46.7	27.2	28.0	31.8	52.0	27.6	50.0	19.3

Millenium Development Goals

Goal	Indicator	Value		
		Male	Female	Total
Eradicate extreme poverty and hunger	Prevalence of underweight children under age 5 (%)	6.1	5.3	6.8
Achieve universal primary education	Net enrollment ratio in primary education (%)	95.2	95.2	95.2
Promote gender equality and empower women	Ratio of girls to boys in primary education	95.5	95.4	1.00
	Ratio of girls to boys in secondary education	57.8	59.7	1.03
Reduce child mortality	Under-five mortality rate (deaths per 1,000 live births)	35.0	19.0	27.0
	Infant mortality rate (deaths per 1,000 live births)	28.0	16.0	22.0
	Proportion of 1 year-old children immunized against measles (%)	89.3	79.8	85.0
Improve maternal health	Proportion of births attended by skilled health personnel (%)	n/a	n/a	95.8
Combat HIV and AIDS, Malaria and other diseases	Per centage of women age 15-24 with comprehensive correct knowledge of HIV and AIDS			39.7
Ensure environmental sustainability	Proportion of the population with sustainable access to an improved water source (%)	n/a	n/a	96.5
	Proportion of the population with access to improved sanitation (%)			93.7

