

**Maldives
Demographic
and Health
Survey
2009**

**Preliminary
Report**

**Ministry of Health and Family
Malé, Maldives**

**ICF Macro
Calverton, Maryland, USA**

The 2009 Maldives Demographic and Health Survey (MDHS) was implemented by the Ministry of Health and Family (MOHF) from January 2009 through October 2009. ICF Macro, an ICF International Company, provided technical assistance to the project.

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March 2010

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Health Research Section
Decision Support Division
Ministry of Health and Family

I. INTRODUCTION

Maldives's first Demographic and Health Survey (MDHS) was carried out by the Ministry of Health and Family. The survey was funded by the government of Maldives, United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), and the World Health Organisation (WHO). Technical assistance was provided by ICF Macro.

Data collection was conducted from January 2009 through October 2009 from a nationally representative sample of 7,515 households. All ever-married women age 15-49 in these households were eligible to be interviewed. In half of the households selected for the ever-married sample of women, all ever-married men age 15-64 were eligible to be interviewed and never-married women and never-married men age 15-24 were also eligible to be interviewed.

The 2009 MDHS is designed to provide data to monitor the population and health situation in Maldives. Specifically, the MDHS collected information on fertility levels, marriage, sexual activity, fertility preferences, knowledge and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood mortality, maternal and child health, and awareness and behaviour regarding AIDS and other sexually transmitted infections. Additional features of the MDHS include the collection of information at the household level on domains of physical disability among those age 5 and older, developmental disability among young children, support for early learning, children's work, questions related to the tsunami of 2004, health expenditures, and care and support for physical activities of adults age 65 and older. Additional features of the MDHS include collection of information at the individual level on blood pressure, diabetes, heart attack and stroke.

The purpose of this report is to highlight some of the preliminary findings from the 2009 MDHS. A comprehensive analysis and presentation of detailed findings will be published in the final report. The figures in this preliminary report are not expected to differ markedly from the findings presented in the more detailed final report; however, the results presented here should be considered provisional and subject to modification.

II. SURVEY IMPLEMENTATION

A. Sample Design

The population of the Republic of Maldives is distributed on 195 inhabited islands (among the total of 202 inhabited islands, 7 islands have no residents [MPHC 2006]). Each inhabited island is an administrative unit with an island office that handles the island-based affairs. The islands are regrouped to form atolls, a higher level administrative unit with an atoll office and an atoll chief. There are 20 atolls in total in the Republic. The atolls are regrouped to form six geographic regions according to their location. The capital city Malé and the two surrounding islands Villingili and Hulhumale are considered a separate region for purposes of the survey, and contain one-third of the total population of the country. In Maldives, there is no urban rural designation for residential households within an atoll. All residential households in the 20 atolls outside of Malé are considered rural; all residential households in Malé are considered urban.

The 2009 Maldives Demographic and Health Survey is based on a probability sample of 7,515 households. The sample was designed to produce representative data on households, women, and children for the country as a whole, urban and rural areas, for the six geographical regions and for each of the atolls of the country. The male and youth surveys were designed to produce representative results for the country as whole, for the urban and rural areas and for each of the six geographical regions.

The 2006 Maldives Population and Housing Census (MPHC 2006) provided the sampling frame for the 2009 MDHS. The MDHS sample was a stratified multistage sample selected in two stages from the census frame. In the first stage, 270 census blocks were selected using a systematic selection with probability proportional to the number of residential households residing in the block. Stratification is achieved by treating each of the 21 atolls as a sampling stratum. Samples were selected independently in each stratum according to an appropriate allocation.

In the second stage of sampling, residential households were selected in each of the selected census blocks. Household selection involved an equal probability systematic selection of a fixed number of households: 28 households per block. Households were selected from the household listings created in the census, but in order to allow all households an opportunity to be included in the sample, listings were sent to island offices for updating prior to making household selections for the MDHS.

All ever-married women age 15-49 in the total sample of MDHS households, who were either usual residents of the household or visitors present in the household on the night before the survey, were eligible to be interviewed. In half of the households selected for the ever-married sample of women, all ever-married men age 15-64, who were either usual residents of the household or visitors present in the household on the night before the survey, were eligible to be interviewed. In the same half of households selected for the ever-married sample of men, never-married women and never-married men age 15-24, who were either usual residents of the household or visitors present in the household on the night before the survey, were also eligible to be interviewed. The MDHS was for the most part limited to Maldivian citizens; non-Maldivians were included in the survey only if they were the spouse, son, or daughter of a Maldivian.

B. Questionnaires

Four questionnaires were used for the 2009 MDHS: the Household Questionnaire, the Women's Questionnaire, the Men's Questionnaire, and the Youth Questionnaire. The contents of the Household, Women's, and Men's questionnaires were based on model questionnaires developed by the MEASURE

DHS programme. The DHS model questionnaires were modified to reflect concerns pertinent to the Maldives in the areas of population, women and children's health, family planning, and others. Questionnaires were translated from English into Dhivehi.

The Household Questionnaire was used to list all the usual members and visitors in the selected households and to identify women and men who were eligible for the individual interview. Basic information was collected on the characteristics of each person listed, including their age, sex, education, and relationship to the head of the household. The Household Questionnaire was also designed to collect information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, water shortage, materials used for the floor and roof of the house, and ownership of various durable goods. In addition, height and weight measurements of ever-married women age 15-49 and children age 6 to 59 months were recorded in the Household Questionnaire to assess their nutritional status.

Topics added to the Household Questionnaire to reflect issues relevant in the Maldives include domains of physical disability among those age 5 and older, developmental disability among young children, support for early learning, children's work, the tsunami of 2004, health expenditures, and care and support for physical activities of adults age 65 and older.

The Women's Questionnaire was used to collect information from ever-married women age 15-49. These women were asked questions on the following topics:

- background characteristics (education, media exposure, etc.);
- reproductive history;
- 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;
- woman's work and husband's background characteristics;
- infant and child feeding practices;
- childhood mortality;
- awareness and behaviour about AIDS and other sexually transmitted infections (STIs); and
- knowledge of blood pressure, diabetes, heart attack, and stroke.

The Men's Questionnaire was administered to all men age 15-64 living in every second household in the MDHS sample. The Men's Questionnaire collected much of the same information found in the Women's Questionnaire, but was shorter because it did not contain questions on reproduction, maternal and child health, and nutrition.

The Youth Questionnaire was administered to all never-married women and men age 15-24 living in every second household in the MDHS sample (the same one-half selected for the Men's survey). The Youth Questionnaire focuses on priorities of the Ministry of Health and Family that pertain to young adults: reproductive health, knowledge and attitudes of HIV/AIDS, sexual activity, and tobacco, alcohol, and drug use.

A pretest was conducted in April-May, 2008. The pretest team consisted of two consultants from ICF Macro and eight staff from the MOHF. The pretest provided the opportunity to review questionnaire content and language, logistics, equipment needs, and general protocols for the survey. Lessons learned

from the pretest were used to finalize the survey instruments and logistical arrangements. The pretest also served as a training of trainers for the upcoming main survey.

C. Training

The four week training course for field staff was conducted in December 2008. The training team consisted of one consultant from ICF Macro and staff from the MOHF. A total of 58 trainees participated. Trainees were recruited on the basis of their education, prior experience as interviewers or supervisors in other surveys, interest and ability to travel to other islands, other related experience, and their performance during the selection interview.

All participants were trained on interviewing techniques and the contents of the MDHS questionnaires. Participants were also trained to conduct anthropometric measurements. The training was conducted following the standard DHS training procedures, including class presentations, mock interviews, written tests, and field practice.

After the start of the field work in January, two additional trainings were conducted in response to field staff dropouts occurring during data collection. An additional 21 recruits were trained for three weeks in February 2009, and another 20 recruits were trained in April 2009. In all, a total of 91 field staff were trained for the survey.

D. Fieldwork

Data collection took place over a period of 10 months, from January 2009 to October 2009.

Field teams usually consisted of 8 members: 4 female interviewers, 2 male interviewers, 1 field editor, and 1 supervisor. Team composition varied somewhat over time, but each team maintained at least 2 female interviewers and 1 male interviewer at all times. Fieldwork launched with six teams being disbursed to six regions of the survey. Over time, one team was dismantled and dispersed among other teams suffering staffing shortfalls. High turnover among field staff resulted in extending the duration of field work well beyond the time that was originally planned.

All data collection was conducted in Dhivehi.

E. Data Processing

All programs for processing the MDHS data were prepared using the Census and Survey Processing System (CSPRO). Data entry was conducted at the Ministry of Health and Family in Malé. About nine data entry operators worked at any one time to enter and check the data; a total of 20 different data entry operators worked on data entry and processing through the data entry period.

Following completion of all fieldwork, additional data processing was performed to aggregate all data, complete secondary data editing and date imputation, compute sampling weights, and prepare the data files for analysis. This phase of the survey was completed in November 2009.

III. SURVEY FINDINGS

A. Response Rates

Table 1 shows response rates for the 2009 MDHS. A total of 7,515 households were selected in the sample, of which 7,137 were found to be occupied at the time of data collection. The difference between the number of households selected and the number occupied usually occurs because some structures are found to be vacant or non-existent. The number of occupied households successfully interviewed was 6,443, yielding a household response rate of 90 percent.

Table 1. Results of the household and individual interviews			
Number of households, number of interviews, and response rates, according to residence (unweighted), Maldives 2009			
Result	Residence		
	Urban (Malé)	Rural	Total
Household interviews			
Households selected	1,202	6,313	7,515
Households occupied	1,132	6,005	7,137
Households interviewed	944	5,499	6,443
Household response rate ¹	83.4	91.6	90.3
Individual interviews:			
ever-married women 15-49			
Number of eligible women	1,320	7,042	8,362
Number of eligible women interviewed	1,041	6,090	7,131
Eligible woman response rate ²	78.9	86.5	85.3
Individual interviews:			
ever-married men 15-64			
Number of eligible men	579	2,645	3,224
Number of eligible men interviewed	274	1,453	1,727
Eligible man response rate ²	47.3	54.9	53.6
Individual interviews:			
never-married female youth 15-24			
Number of eligible female youth	333	1,191	1,524
Number of eligible female youth interviewed	260	953	1,213
Eligible female youth response rate ²	78.1	80.0	79.6
Individual interviews:			
never-married male youth 15-24			
Number of eligible male youth	349	1,332	1,681
Number of eligible male youth interviewed	210	817	1,027
Eligible male youth response rate ²	60.2	61.3	61.1

¹ Household interviewed/household occupied
² Respondents interviewed/eligible respondents

In the households interviewed in the survey, a total of 8,362 ever-married women were identified as eligible for the individual interview; interviews were completed with 7,131 women, yielding a female response rate of 85 percent. In the one-half sub-sample of MDHS households, a total of 3,224 ever-married men age 15-64 were identified as eligible for the individual interview; interviews were completed with 1,727 men, yielding a male response rate of 54 percent. In the same subsample of households, a total of 3,205 never-married women and men age 15-24 (youth) were identified as eligible for individual interview; interviews were completed with 2,240 youth, yielding a youth response rate of 70 percent. The response rate was higher for female youth (80 percent) than male youth (61 percent).

The urban household response rate of 83 percent is lower than the 92 percent response rate among rural households. The same is true for individual interviews with ever-married respondents; response rates are somewhat lower among urban women (79 percent) and men (47 percent) than among their rural counterparts (87 percent and 55 percent, respectively). The difference in response rates between urban and rural youth is negligible.

B. Calculation of the Wealth Index

In addition to standard background characteristics, some of the results in this report are shown by wealth quintiles, an indicator of the economic status of households. The MDHS did not collect data on consumption or income, but the information collected on dwelling and household characteristics, consumer goods, and assets are used as a measure of socio-economic status. The resulting wealth index is an indicator of the level of wealth that is consistent with expenditure and income measures.

Each household asset for which information is collected is assigned a weight or factor score generated through principal components analysis. The resulting asset scores are standardized in relation to a standard normal distribution with a mean of zero and a standard deviation of one.

These standardized scores are then used to create the break points that define wealth quintiles. Each household is assigned a standardized score for each asset, where the score differs depending on whether or not the household owned 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. At the national level, approximately 20 percent of the household population is in each wealth quintile (see Table 2).

A single asset index is developed on the basis of data from the entire country sample and used in all the tabulations presented. The reader should keep in mind that 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. 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.

C. Characteristics of Respondents

The distributions of ever-married women age 15-49 and ever-married men age 15-64 by background characteristics are shown in Table 2. The largest five-year age group among women is 25-29 (22 percent), and the largest five-year age group among men is 30-34 and 35-39 (16 percent each). The vast majority of the ever-married survey population is currently married; nine in ten women (91 percent) and nearly all men (95 percent) are currently married.

Thirty-three percent of the ever-married female MDHS respondents and thirty-seven percent of the ever-married male MDHS respondents live in Malé. The remaining two-thirds of respondents are distributed across the five other regions of the Maldives. After Malé, the most populated region is the South (17 percent of women and 15 percent of men); the least populated region is the Central region (9 percent of women and men).

Overall, a higher percentage of ever-married women have been to school (77 percent) than have ever-married men (68 percent); higher school attendance of women is seen at both the primary and secondary levels. Thirty-five percent of women and 30 percent of men have attended primary school (without having gone on for secondary school), and 36 percent of women and 29 percent of men have attended secondary school (without having gone on beyond secondary). Six percent of men and five percent of women have pursued education beyond secondary school.

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15-19	1.7	119	129	0.2	3	5
20-24	17.8	1,268	1,381	6.6	115	132
25-29	21.6	1,539	1,528	14.8	255	248
30-34	18.0	1,287	1,184	16.0	276	271
35-39	16.6	1,185	1,169	15.7	272	251
40-44	14.2	1,013	1,004	14.1	243	236
45-49	10.1	721	736	12.9	224	225
50-54	na	na	na	8.8	153	173
55-59	na	na	na	6.4	110	103
60-64	na	na	na	4.4	77	83
Marital status						
Married	91.2	6,500	6,558	94.6	1,634	1,645
Divorced/separated	7.7	549	492	4.8	83	70
Widowed	1.2	82	81	0.6	10	12
Residence						
Urban (Malé)	33.2	2,368	1,041	37.2	642	274
Rural	66.8	4,763	6,090	62.8	1,085	1,453
Region						
Malé	33.2	2,368	1,041	37.2	642	274
North	15.0	1,067	960	13.9	240	213
North Central	14.5	1,038	1,259	14.0	241	292
Central	8.6	615	1,290	8.7	151	311
South Central	12.0	853	1,543	11.2	193	376
South	16.7	1,190	1,038	15.1	261	261
Atoll						
Malé	33.2	2,368	1,041	na	na	na
Haa Alif	4.6	327	307	na	na	na
Haa Dhaal	6.2	440	315	na	na	na
Shaviyani	4.2	300	338	na	na	na
Noonu	4.0	286	325	na	na	na
Raa	4.7	334	341	na	na	na
Baa	3.3	233	321	na	na	na
Lhaviyani	2.6	184	272	na	na	na
Kaafu	3.6	255	359	na	na	na
Alif Alif	2.0	139	311	na	na	na
Alif Dhaal	2.8	197	384	na	na	na
Vaavu	0.3	25	236	na	na	na
Meemu	1.8	128	316	na	na	na
Faafu	1.4	100	337	na	na	na
Dhaalu	1.7	118	291	na	na	na
Thaa	3.0	211	293	na	na	na
Lhaamu	4.2	296	306	na	na	na
Gaaf Alif	2.8	198	284	na	na	na
Gaaf Dhaal	3.7	266	192	na	na	na
Gnaviyani	3.0	217	262	na	na	na
Seenu	7.1	509	300	na	na	na
Education						
No education	23.4	1,668	1,941	32.0	552	646
Primary	34.6	2,464	2,503	29.9	516	534
Secondary	36.2	2,584	2,384	29.3	506	428
More than secondary	4.7	333	216	6.4	110	68
Certificate	1.1	81	87	2.5	43	51

Continued .

Table 2. *Continued*

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Wealth index quintile						
Poorest	18.2	1,300	1,578	15.9	275	351
Poorer	19.6	1,396	1,850	17.4	300	413
Middle	20.9	1,488	1,931	21.0	363	489
Richer	20.3	1,447	1,112	20.4	352	284
Richest	21.0	1,499	660	25.3	437	190
Total	100.0	7,131	7,131	100.0	1,727	1,727

Note: Education categories refer to the highest level of formal education attended, whether or not that level was completed. Certificate refers to having attended a short training course, usually of less than one year duration.
na = Not applicable

The distributions of never-married women and men age 15-24 by background characteristics are shown in Table 3. Sixteen year-olds are the largest group among never-married women (17 percent) and men (19 percent); the proportion at each age thereafter declines with increasing age as people marry. Four in ten youth live in Malé.

Table 3. Background characteristics of respondents: Youth

Percent distribution of never-married women age 15-24 and never-married men age 15-24 by sex and background characteristics, Maldives 2009

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15	12.7	154	160	10.6	108	116
16	16.8	203	225	18.7	192	195
17	16.4	198	193	13.5	139	145
18	14.6	177	182	15.8	162	147
19	12.5	151	149	10.3	106	115
20	8.5	103	95	9.7	100	91
21	8.2	99	93	7.9	82	80
22	5.5	66	59	6.9	71	70
23	3.3	40	38	3.7	38	41
24	1.7	21	19	2.9	29	27
Residence						
Urban (Malé)	41.9	508	260	42.2	433	210
Rural	58.1	705	953	57.8	594	817
Region						
Malé	41.9	508	260	42.2	433	210
North	15.5	188	172	12.3	126	100
North Central	12.0	145	185	13.0	133	187
Central	7.1	86	185	8.4	86	185
South Central	9.8	119	239	11.0	113	215
South	13.8	167	172	13.3	136	130
Education						
No education	0.4	5	6	0.2	2	4
Primary	3.7	45	60	9.6	99	122
Secondary	89.0	1,080	1,088	87.4	897	875
More than secondary	5.6	68	47	2.1	21	18
Certificate	1.3	15	12	0.7	8	8
Wealth index quintile						
Poorest	17.5	213	278	16.4	169	197
Poorer	17.4	211	298	16.8	173	254
Middle	16.5	200	263	17.7	181	248
Richer	26.1	316	233	27.0	278	210
Richest	22.5	273	141	22.0	226	118
Total	100.0	1,213	1,213	100.0	1,027	1,027

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

Nearly nine in ten youth have attended secondary school. Six percent of female youth and two percent of male youth have gone on to attend more than secondary school.

D. Fertility

Fertility data were collected in the 2009 MDHS by asking each of the ever-married female respondents for a history of her births. Information was obtained on each birth, including the month and year of the birth. These data are used to calculate the most widely used measures of current fertility—the total fertility rate (TFR) and its component age-specific fertility rates (ASFR)¹.

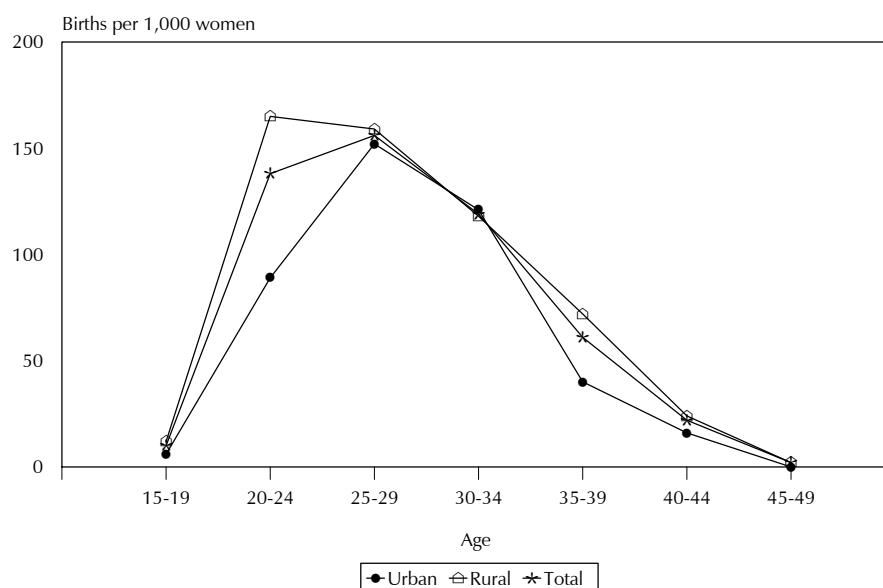
Table 4 shows a TFR of 2.5 children per woman for the three-year period preceding the 2009 MDHS, approximately from the beginning of 2007 to the end of 2009. If fertility were to remain constant at the levels observed in the three-year period, a Maldivian woman who is at the beginning of her childbearing years would give birth to 2.5 children by the end of her childbearing years. The survey results indicate that the crude birth rate is 25 births per 1,000 population.

The TFR among rural women (2.8 births) is higher than among urban women (2.1 births). Figure 1 shows that fertility is highest among rural women at age 20-24 and peaks later among urban women at age 25-29. Fertility declines with age somewhat more rapidly among urban women than among rural women, although the greatest absolute urban-rural difference in ASFRs (76 births per 1,000 women) is among women age 20-24.

Age group	Residence		Total
	Urban (Malé)	Rural	
15-19	6	12	10
20-24	89	165	138
25-29	152	159	156
30-34	121	118	119
35-39	40	72	61
40-44	16	24	22
45-49	0	2	2
TFR	2.1	2.8	2.5
GFR	68.0	88.0	82.0
CBR	22.9	25.5	24.7

¹ Although information on fertility was obtained only for ever-married women, data from the household interviews on the age structure of the population of never-married women was used to calculate the all-women rates. This procedure assumes that women who have never been married have had no children.

Figure 1 Age-Specific Fertility Rates by Urban-Rural Residence



MDHS 2009

E. Family Planning

The 2009 MDHS collected information on knowledge and use of contraception. To obtain these data, respondents were first asked to name all of the methods that they had heard about. For methods not mentioned spontaneously, a description of the method was read and the respondents were asked if they had ever heard of the method. For each method named or recognized, respondents were asked if they had ever used the method. Finally, women were asked if they (or their partner) were currently using a method. For analytical purposes, contraceptive methods are grouped into two categories: modern and traditional methods. Modern methods include female sterilization, male sterilization, the pill, IUD, injectables, implants, and male condom. Traditional methods include periodic abstinence or rhythm, withdrawal, and folk methods.

Table 5 shows the level of use of contraception by method among currently married women age 15-49 and differentials across subgroups of women. About one-third of currently married women (35 percent) are currently using some method of contraception, 27 percent use a modern method and 8 percent use traditional methods. The most commonly used modern methods are female sterilization (10 percent) and male condom (9 percent). The pill is used by 5 percent of married women. Users of traditional methods are split almost equally between periodic abstinence (3 percent) and withdrawal (4 percent).

In much of the world, contraceptive prevalence rises with increasing education and increasing wealth and is higher among urban women than among rural women. Women in the Maldives demonstrate contraceptive use behaviour that is quite different from these commonly occurring patterns. Contraceptive prevalence in the Maldives decreases with increasing education with use of modern methods declining from 36 percent among women with no education to 21 percent among women with more than secondary education. Most of the differential is due to the higher reliance on female sterilization among women with no education. Interestingly, while pill use declines with increasing education, male condom use increases with increasing education. Unlike many other countries, the differences in contraceptive prevalence by wealth status or urban-rural residence also are not substantial.

Table 5—Continued

Background characteristic	Modern method						Traditional method						Number of women			
	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Periodic abstinence	Withdrawal		Folk method	Not currently using	Total
Education																
No education	43.6	36.2	21.5	1.3	5.8	0.6	1.0	0.2	5.7	7.4	3.7	3.7	0.1	56.4	100.0	1,488
Primary	36.9	29.2	12.0	0.5	5.5	0.8	1.5	0.6	8.4	7.6	4.5	3.1	0.0	63.1	100.0	2,216
Secondary	27.3	19.6	2.3	0.0	3.5	1.0	1.0	0.5	11.2	7.7	4.2	3.4	0.2	72.7	100.0	2,409
More than secondary	32.7	21.2	1.7	0.0	2.1	0.8	0.5	0.7	15.4	11.5	5.8	5.7	0.0	67.3	100.0	316
Certificate	42.6	39.1	10.3	0.0	2.4	0.0	5.8	1.2	19.4	3.4	3.4	0.0	0.0	57.4	100.0	72
Living children																
0	12.9	7.5	0.0	0.0	0.7	0.0	0.0	0.0	6.8	5.4	3.3	2.1	0.0	87.1	100.0	946
1-2	29.2	20.5	1.6	0.1	3.9	0.9	1.2	0.7	12.2	8.6	4.3	4.2	0.2	70.8	100.0	2,908
3-4	44.4	35.8	15.8	0.6	8.0	1.5	1.7	0.4	7.7	8.6	5.0	3.6	0.0	55.6	100.0	1,486
5+	54.2	47.8	32.0	1.6	5.4	0.6	1.6	0.4	6.2	6.3	3.8	2.4	0.1	45.8	100.0	1,160
Wealth index quintile																
Poorest	36.9	29.1	10.7	0.4	7.1	0.4	2.5	0.1	7.9	7.8	4.9	2.8	0.0	63.1	100.0	1,167
Poorer	35.4	27.0	9.3	0.7	6.6	0.5	1.2	0.1	8.7	8.4	5.7	2.6	0.1	64.6	100.0	1,278
Middle	34.3	27.4	10.5	0.3	5.3	0.7	1.2	0.5	8.8	7.0	4.2	2.8	0.0	65.7	100.0	1,363
Richer	33.4	25.6	10.9	0.5	3.0	0.8	0.8	0.4	9.2	7.8	3.5	4.2	0.0	66.6	100.0	1,311
Richest	33.9	26.0	9.0	0.4	1.7	1.7	0.6	1.2	11.5	7.9	3.0	4.6	0.3	66.1	100.0	1,381
Total	34.7	27.0	10.1	0.5	4.6	0.8	1.2	0.5	9.3	7.8	4.2	3.4	0.1	65.3	100.0	6,500

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

Contraceptive use is lowest in the South region (28 percent) and highest in Central region (42 percent). The contraceptive use level is below 25 percent in Gnaviyani, Gaaf Alif, and Thaa atolls and exceeds 40 percent in eight atolls (Haa Alif, Haa Dhaal, Noonu, Kaafu, Alif Dhaal, Meemu, Fafu, and Gaaf Dhaal).

Contraceptive use rises rapidly with age, reaching a peak of 45 percent among women age 40-44. Younger women are more likely to use non-permanent methods to space births, such as male condoms, while older women tend to use permanent methods such as female sterilization. Contraceptive use also rises with the number of living children a woman has. While more than half of women with five or more children are using contraception, the corresponding figure for women with no children is only 13 percent.

F. Fertility Preferences

MDHS respondents were asked whether they want another child and, if so, when they would like to have the next child. The answers to these questions allow an estimation of the potential demand for family planning services either to space or limit births.

Table 6 and Figure 2 present the fertility preferences of currently married women. Forty-three percent of married women want to have a child at some time in the future; 18 percent of married women want a child within two years time, 22 percent want a child sometime beyond two years in the future, and 4 percent want a child but are unsure about the desired timing of that birth. Overall, 48 percent of married women do not want any more children, including 11 percent who are sterilized. Seven percent of women are uncertain about their fertility desires.

Not surprisingly, Table 6 shows that fertility preferences are closely related to the number of children a woman already has. Three in four married women without any children would like to have a child soon (within two years time). Fertility preferences change rapidly after the first child. Only 23 percent of women with one child want to have another child soon. The proportion of women who want no more children or are sterilized rises from 10 percent among women with one child to 47 percent among women with two living children and to 85 percent among women with four living children.

Table 6. Fertility preferences by number of living children

Percent distribution of currently married women age 15-49 by desire for children, according to number of living children, Maldives 2009

Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Have another soon ²	75.4	22.9	11.2	4.2	3.5	1.7	0.1	17.8
Have another later ³	16.5	50.6	21.7	10.7	2.4	2.2	0.3	21.5
Have another, undecided when	5.6	8.1	4.0	2.9	1.0	0.5	0.1	4.1
Undecided	1.0	7.2	14.2	9.9	5.7	1.2	0.9	7.1
Want no more	0.5	10.2	43.8	57.3	65.1	67.1	57.2	37.2
Sterilized ⁴	0.0	0.2	3.4	13.3	20.0	24.5	38.6	10.5
Declare infecund	0.8	0.2	1.1	0.8	1.0	1.5	1.7	0.9
Missing	0.1	0.6	0.6	0.9	1.4	1.3	1.0	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	730	1,683	1,371	954	591	443	728	6,500

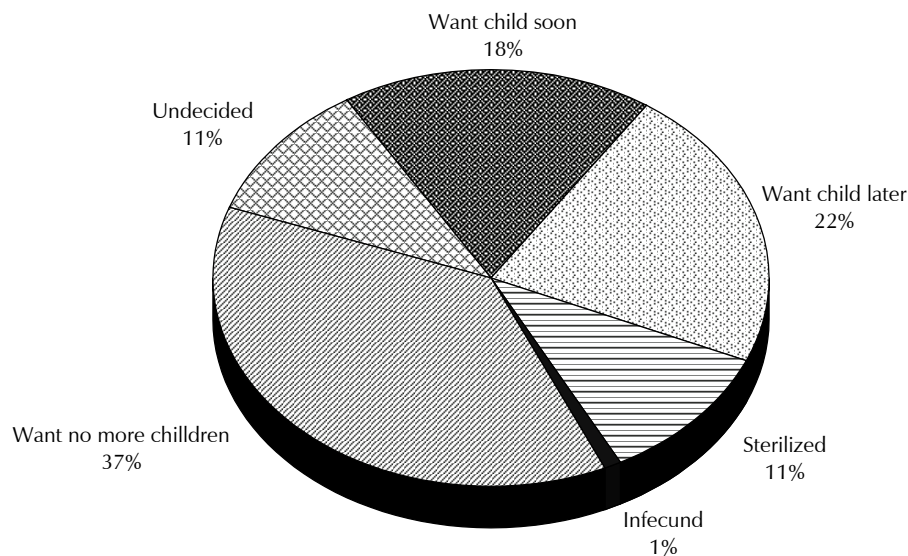
¹ Includes current pregnancy

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years

⁴ Includes both male and female sterilization

Figure 2 Fertility Preferences among Currently Married Women Age 15-49



MDHS 2009

G. Maternity Care

Proper care during pregnancy and delivery are important for the health of both the mother and the infant. In the 2009 MDHS, women who had given birth in the five years preceding the survey were asked a number of questions about maternal and child health care. For the last live birth in that period, mothers were asked whether they had obtained antenatal care during the pregnancy and who they saw for the service, and whether they had received tetanus injections either during or before the pregnancy to prevent neonatal tetanus. For each birth, the mothers were also asked where they delivered the baby and what type of assistance they received at the time of delivery. Table 7 presents the information on these key maternity care indicators.

Antenatal Care

Antenatal care from a trained provider is important to monitor the pregnancy and reduce risks for the mother and infant during pregnancy and at delivery. In the Maldives, practically all women (99 percent) who had a live birth in the five years preceding the survey reported seeing a health professional at least once for antenatal care for the most recent birth. Coverage is high among all women, regardless of background characteristics, as shown in Table 7.

Tetanus Toxoid

Tetanus toxoid injections given during pregnancy or at other times in a woman's life are important to prevent neonatal tetanus; neonatal tetanus is a major cause of early infant death in many countries, often because of failure to observe hygienic procedures during delivery. Table 7 shows that 81 percent of last births were protected against neonatal tetanus. While coverage exceeds 75 percent across nearly all background characteristics shown in the table, protection against neonatal tetanus rises with both increasing education and increasing wealth index of the mother. Coverage levels range from 76 percent in the central region to 86 percent in the South. Coverage is lowest in the Baa and Thaa atolls, although

considerable caution should be exercised in interpreting the atoll-level patterns given the comparatively small number of births in most atolls.

Delivery Care

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause the death or serious illness of the mother and/or the infant. Table 7 shows that nearly all births in the Maldives (95 percent) are delivered by a health professional. Similarly, almost all deliveries (95 percent) take place in health facilities. Differentials in delivery care are not large across background characteristics of the mother.

Table 7. Maternal care indicators						
Percentage of women age 15-49 who had a live birth in the five years preceding the survey who received antenatal care from a health professional for the last live birth and whose last live birth was protected against neonatal tetanus, and among all live births in the five years before the survey, percentage delivered by a health professional and percentage delivered in a health facility, by background characteristics, Maldives 2009						
Background characteristic	Percentage with antenatal care from a health professional ¹	Percentage whose last live birth was protected against neonatal tetanus ²	Number of women	Percentage delivered by a health professional ¹	Percentage delivered in a health facility	Number of births
Age at birth						
<20	100.0	77.6	111	92.5	92.3	165
20-34	99.5	81.7	2,682	95.9	95.9	3,148
35+	98.3	77.1	397	92.9	90.8	423
Residence						
Urban (Malé)	99.6	83.5	964	99.2	97.9	1,123
Rural	99.2	79.9	2,227	93.7	94.0	2,613
Region						
Malé	99.6	83.5	964	99.2	97.9	1,123
North	99.1	78.0	489	92.4	94.3	578
North Central	98.4	78.5	466	89.7	90.3	539
Central	99.2	75.6	293	90.1	91.8	343
South Central	99.4	78.7	390	97.6	97.8	453
South	99.8	85.6	589	97.3	95.2	700
Atoll						
Malé	99.6	83.5	964	99.2	97.9	1,123
Haa Alif	97.7	71.8	132	92.6	94.7	160
Haa Dhaal	99.5	86.6	210	90.3	94.0	253
Shaviyani	100.0	71.4	147	95.4	94.3	165
Noonu	99.3	84.3	133	90.0	91.2	151
Raa	97.3	82.7	153	84.4	86.8	174
Baa	97.8	62.6	107	93.3	89.8	124
Lhaviyani	100.0	82.6	73	94.3	96.0	89
Kaafu	98.7	74.3	114	87.7	92.3	130
Alif Alif	99.4	85.4	70	83.3	83.0	84
Alif Dhaal	99.5	69.2	98	97.0	96.9	116
Vaavu	100.0	86.4	11	95.1	97.6	12
Meemu	100.0	94.9	58	100.0	100.0	66
Faafu	97.7	92.3	51	94.5	96.0	61
Dhaalu	100.0	84.7	53	95.6	95.2	62
Thaa	98.7	66.4	98	97.4	98.0	111
Lhaamu	100.0	72.9	129	98.8	98.3	153
Gaaf Alif	100.0	78.7	107	94.6	95.2	131
Gaaf Dhaal	100.0	85.4	122	99.1	95.5	148
Gnaviyani	99.0	72.2	98	99.2	98.3	108
Seenu	100.0	93.5	263	96.9	94.0	314

Continued .

Table 7—Continued

Background characteristic	Percentage with antenatal care from a health professional ¹	Percentage whose last live birth was protected against neonatal tetanus ²	Number of women	Percentage delivered by a health professional ¹	Percentage delivered in a health facility	Number of births
Education						
No education	97.3	77.8	396	86.1	86.8	449
Primary	99.1	76.0	1,143	93.2	94.2	1,368
Secondary	100.0	84.5	1,456	99.1	98.1	1,703
More than secondary Certificate	100.0 (100.0)	94.3 (79.2)	156 39	99.4 98.8	95.2 98.8	173 43
Wealth index quintile						
Poorest	98.6	76.3	595	90.0	90.5	709
Poorer	99.0	79.7	677	93.4	93.6	802
Middle	99.4	81.8	677	95.6	96.3	783
Richer	100.0	81.7	643	98.9	98.2	756
Richest	99.6	85.5	599	99.3	97.2	686
Total	99.3	81.0	3,190	95.4	95.1	3,736

Note: Figures in parentheses are based on 25-49 unweighted cases
¹ Doctor, nurse, midwife, or auxiliary midwife
² Includes mothers with two injections during the pregnancy of the last live birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last live 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 live birth

H. Child Health

Vaccination of Children

According to the World Health Organization, a child is considered fully vaccinated if he or she has received a BCG vaccination to prevent tuberculosis, three doses of DPT to prevent diphtheria, pertussis, and tetanus, at least three doses of polio vaccine, and one dose of measles vaccine. The information on vaccination coverage was obtained for all children under five years.

In this survey, data were collected from the child's vaccination card as well as the mother's verbal report. All mothers were asked to show the interviewer the vaccination card or the child health book used for the child's immunization. If the vaccination card or child health book was available, the interviewer copied the dates of each immunization received into the questionnaire instrument. If no vaccination card or child health book was available, the interviewer proceeded to ask the mother if the child had received BCG, polio, and measles vaccines, and how many doses were received.

Table 8 presents information on vaccination coverage for children age 12-23 months, who should be fully vaccinated against the nine preventable childhood diseases. The results are based on the combined sources including the vaccination cards and child health books, and information reported by mother. Mothers were able to show vaccination cards to the interviewers for as many as 89 percent of children.

Table 8. Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card seen, by background characteristics, Maldives 2009

Background characteristic	BCG	DPT			Polio ¹				Measles	All ²	No vaccinations	Percentage with a vaccination card	Number of children
		1	2	3	0	1	2	3					
Sex													
Male	99.9	98.9	98.4	97.9	99.9	98.9	98.9	97.0	94.9	93.4	0.1	88.4	413
Female	98.8	98.7	98.7	97.9	98.4	98.5	98.4	97.1	94.2	92.3	1.2	89.7	409
Residence													
Urban (Malé)	100.0	99.2	99.2	98.2	100.0	99.2	99.2	95.7	93.5	91.4	0.0	85.2	243
Rural	99.1	98.7	98.3	97.7	98.8	98.5	98.4	97.6	95.0	93.5	0.9	90.6	579
Region													
Malé	100.0	99.2	99.2	98.2	100.0	99.2	99.2	95.7	93.5	91.4	0.0	85.2	243
North	99.0	99.0	99.0	98.4	98.4	99.0	99.0	99.0	94.0	94.0	1.0	97.8	145
North Central	100.0	100.0	100.0	100.0	100.0	99.3	99.3	99.3	96.2	95.5	0.0	96.1	105
Central	98.6	97.5	96.8	94.3	97.9	97.5	96.9	92.3	92.5	87.8	1.4	88.2	82
South Central	99.0	99.0	99.0	99.0	98.7	99.0	99.0	98.1	96.1	95.2	1.0	90.0	104
South	98.8	97.7	96.5	96.5	98.8	97.5	97.5	97.5	95.7	93.4	1.2	81.0	142
Atoll													
Malé	100.0	99.2	99.2	98.2	100.0	99.2	99.2	95.7	93.5	91.4	0.0	85.2	243
Haa Alif	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	(100.0)	35
Haa Dhaal	(97.9)	(97.9)	(97.9)	(97.9)	(97.9)	(97.9)	(97.9)	(97.9)	(89.5)	(89.5)	(2.1)	(97.9)	66
Shaviyani	(100.0)	(100.0)	(100.0)	(97.8)	(97.9)	(100.0)	(100.0)	(100.0)	(95.8)	(95.8)	(0.0)	(96.0)	44
Noonu	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	(100.0)	31
Raa	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(93.6)	(93.6)	(0.0)	(93.3)	30
Baa	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(96.6)	(96.6)	(0.0)	(100.0)	23
Lhaviyani	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(96.6)	(96.6)	(96.6)	(94.0)	(90.5)	(0.0)	(90.2)	21
Kaafu	(97.7)	(97.7)	(97.7)	(97.7)	(97.7)	(97.7)	(97.7)	(97.7)	(94.8)	(94.8)	(2.3)	(97.7)	30
Alif Alif	(97.7)	(93.1)	(93.1)	(93.1)	(95.5)	(93.1)	(93.1)	(93.1)	(90.9)	(90.9)	(2.3)	(86.3)	20
Alif Dhaal	100.0	100.0	98.0	91.0	100.0	100.0	98.2	85.5	90.9	78.0	0.0	81.8	30
Vaavu	(100.0)	(100.0)	(100.0)	(100.0)	(95.7)	(100.0)	(100.0)	(100.0)	(95.7)	(95.7)	(0.0)	(68.8)	3
Meemu	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(97.0)	(97.0)	(0.0)	(91.3)	14
Faafu	(100.0)	(100.0)	(100.0)	(100.0)	(97.2)	(100.0)	(100.0)	(100.0)	(94.5)	(94.5)	(0.0)	(89.1)	11
Dhaal	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(98.1)	(98.1)	(0.0)	(83.0)	14
Thaa	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(96.7)	(96.7)	(0.0)	(93.4)	23
Lhaamu	(97.4)	(97.4)	(97.4)	(97.4)	(97.4)	(97.4)	(97.4)	(95.2)	(95.2)	(92.9)	(2.6)	(90.3)	42
Gaaf Alif	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	(76.1)	26
Gaaf Dhaal	*	*	*	*	*	*	*	*	*	*	*	*	26
Gnaviyani	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(0.0)	(88.8)	22
Seenu	(97.4)	(95.3)	(92.6)	(92.6)	(97.4)	(94.8)	(94.8)	(94.8)	(92.9)	(88.1)	(2.6)	(85.0)	68
Mother's education													
No education	98.4	98.4	98.4	97.8	98.4	98.4	98.4	94.1	89.5	89.0	1.6	85.9	94
Primary	100.0	100.0	100.0	99.2	99.7	99.7	99.7	98.8	95.7	94.6	0.0	90.5	246
Secondary	99.1	98.4	97.8	97.2	98.9	98.0	97.9	97.5	94.8	93.4	0.9	89.5	424
More than secondary Certificate	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	(88.9)	(94.5)	(88.9)	(0.0)	(86.4)	49
	*	*	*	*	*	*	*	*	*	*	*	*	10
Wealth index quintile													
Poorest	99.3	99.0	98.6	97.7	99.3	99.0	99.0	97.7	96.0	94.7	0.7	91.5	154
Poorer	99.6	99.6	99.6	99.3	99.1	99.6	99.6	98.6	97.4	96.4	0.4	93.4	173
Middle	99.7	98.6	97.6	96.9	99.2	98.5	98.2	97.5	93.5	91.0	0.3	89.3	170
Richer	98.1	98.1	98.1	98.1	98.1	97.6	97.6	94.1	92.1	89.9	1.9	85.8	164
Richest	100.0	98.7	98.7	97.3	100.0	98.7	98.7	97.0	93.7	92.2	0.0	84.9	161
Total	99.4	98.8	98.5	97.9	99.1	98.7	98.6	97.0	94.5	92.9	0.6	89.0	822

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

¹ Polio 0 is the polio vaccination given at birth.

² BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

Vaccination coverage is high; 93 percent of children age 12-23 months have received the BCG vaccination, all three doses of DPT, all three doses of polio, and the measles vaccine. Less than 1 percent of children are reported as having never received any vaccines. Regarding coverage of specific vaccines, virtually all children have received the BCG vaccination, the first dose of DPT, the first dose of polio, and 95 percent have received the measles vaccine. There is a negligible decline in the DPT and polio vaccination from 99 percent for the first dose to 98 and 97 percent for the third dose of DPT and polio, reflecting a small dropout rate of less than 2 percent. The dropout rate represents the proportion of children who receive the first dose of a vaccine but do not go on to receive the third dose.

Vaccination coverage does not vary much across background characteristics.

Treatment of Childhood Illnesses

Acute respiratory illness, fever and dehydration from severe diarrhoea are major causes of childhood morbidity and mortality. Prompt medical attention for children experiencing the symptoms of these illnesses is, therefore, crucial in increasing child well-being and reducing child deaths. To obtain information on how childhood illnesses are treated, mothers were asked (for each child under five years) whether in the two weeks before the survey the child experienced a cough that was accompanied by short, rapid breathing or difficult breathing due to a problem in the chest (symptoms of acute respiratory infection (ARI)), fever, and diarrhoea. Mothers were further asked whether advice or treatment was sought for the sick child.

Less than 1 percent of children were reported to be sick with ARI symptoms, 4 percent had diarrhoea, and 29 percent suffered from fever (data not shown). The number of children suffering from ARI symptoms is too small for any analysis of treatment patterns, and the small number of children ill with diarrhoea allows for an examination of differentials in treatment patterns by very few background characteristics. Therefore, Table 9 presents information on treatment patterns by background characteristics only for the children with fever. Overall, treatment was sought from a health facility or health provider for every eight in ten children who experienced fever in the two weeks before the survey. Treatment was sought for a similar proportion of the children with diarrhoea (84 percent); and 63 percent of children who had diarrhoea received oral rehydration therapy, whether as a solution prepared from ORS packets or a home-prepared solution (data on diarrhoea not shown in Table 9).

Table 9 Treatment for fever

Among children under five years who were sick with fever in the two weeks preceding the survey, percentage for whom treatment was sought from a health facility or provider, by background characteristics, Maldives 2009

Background characteristic	Children with fever	
	Percentage for whom treatment was sought from a health facility/provider ¹	Number with fever
Age in months		
<6	79.9	88
6-11	86.2	152
12-23	84.5	277
24-35	87.1	184
36-47	83.3	193
48-59	83.5	165
Sex		
Male	82.6	538
Female	86.3	522
Residence		
Urban (Malé)	85.1	319
Rural	84.2	740
Region		
Malé	85.1	319
North	86.0	177
North Central	80.6	166
Central	88.2	104
South Central	86.0	121
South	82.1	173
Atoll		
Malé	85.1	319
Haa Alif	87.5	59
Haa Dhaal	82.7	69
Shaviyani	88.9	48
Noonu	(80.2)	39
Raa	72.5	59
Baa	(83.2)	31
Lhaviyani	92.0	36
Kaafu	85.4	45
Alif Alif	88.5	32
Alif Dhaal	(94.0)	25
Vaavu	*	2
Meemu	82.2	25
Faafu	88.8	21
Dhaalu	(85.3)	14
Thaa	*	17
Lhaamu	(86.1)	43
Gaaf Alif	(69.2)	28
Gaaf Dhaal	*	27
Gnaviyani	(77.1)	36
Seenu	(86.2)	82
Mother's education		
No education	78.1	129
Primary	82.1	404
Secondary	87.4	474
More than secondary	(97.0)	41
Certificate	*	11
Wealth index quintile		
Poorest	79.7	209
Poorer	87.4	237
Middle	84.2	215
Richer	85.3	211
Richest	85.3	188
Total	84.4	1,060

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

¹ Excludes pharmacy, shop, and traditional practitioner

I. Nutrition

Breastfeeding and Supplementation

Breastfeeding enhances the early bonding and socialization experience between a mother and her infant. In addition, breast milk is uncontaminated and contains all the nutrients needed by children in the first six months of life. Children who are exclusively breastfed receive *only* breast milk. Exclusive breastfeeding is recommended during the first 6 months of a child's life because it reduces the child's exposure to disease agents and provides all the nutrients a baby requires. Table 10 describes the infant feeding practices of Maldivian mothers.

Most babies are breastfed during the first six months of life; ninety-six percent of children under six months of age were being breastfed at the time of the survey and nine in ten babies age 6-9 months were being breastfed. A significant proportion of babies continue to be breastfed beyond the first year of life; more than three-quarters of babies age 12-15 months were being breastfed at the time of the survey and nearly seven in ten babies were still being breastfed at 20-23 months of age.

Exclusive breastfeeding, however, is less common, and supplementary feeding begins early. Only 48 percent of babies under 6 months of age are exclusively breastfed; 24 percent are receiving other milk, and 11 percent have started taking complementary foods. By age 6 to 9 months, most breastfeeding babies are receiving complementary foods in addition to breast milk (82 percent). Results in Table 10 also show that bottle feeding is used by a significant proportion of mothers. Three in ten babies under six months of age were fed using a bottle with a nipple within the 24 hours before the survey, and nearly half of babies (48 percent) age 6-9 months had done so.

Table 10. Breastfeeding status by age

Among youngest children under three years living with their mother, percent distribution by breastfeeding status and the percentage currently breastfeeding; and among all children under three years, percentage using a bottle with a nipple, according to age in months, Maldives 2009

Age in months	Percent distribution of youngest children under three living with their mother by breastfeeding status		Breastfeeding and consuming:				Percentage currently breast-feeding	Number of youngest children under three years	Percentage using a bottle with a nipple ¹	Number of all children under three years	
	Not breast-feeding	Exclusively breastfed	Plain water only	Non-milk liquids/juice	Other milk	Complementary food					Total
0-1	1.4	68.9	2.0	4.3	22.0	1.4	100.0	98.6	77	12.5	77
2-3	2.1	59.8	10.0	3.7	22.1	2.4	100.0	97.9	163	23.7	166
4-5	7.0	25.5	9.9	5.3	27.8	24.5	100.0	93.0	161	44.4	164
6-8	9.3	3.0	3.5	1.2	1.5	81.6	100.0	90.7	225	47.2	227
9-11	12.8	0.0	0.5	0.0	0.4	86.3	100.0	87.2	213	44.5	214
12-17	22.0	0.0	0.0	0.1	0.1	77.8	100.0	78.0	378	41.3	387
18-23	32.4	0.0	0.2	0.0	0.0	67.4	100.0	67.6	414	35.8	436
24-35	58.1	0.1	0.0	0.0	0.0	41.8	100.0	41.9	593	33.5	686
0-3	1.8	62.7	7.5	3.9	22.1	2.1	100.0	98.2	240	20.2	242
0-5	3.9	47.8	8.4	4.4	24.4	11.1	100.0	96.1	401	30.0	406
6-9	11.0	2.2	2.7	0.9	1.4	81.8	100.0	89.0	298	47.5	301
12-15	22.7	0.0	0.0	0.0	0.1	77.2	100.0	77.3	249	41.6	254
12-23	27.5	0.0	0.1	0.1	0.0	72.4	100.0	72.5	792	38.4	822
20-23	31.6	0.0	0.3	0.0	0.0	68.0	100.0	68.4	267	33.7	286

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 percent. Any children who get complementary food are classified in that category as long as they are breastfeeding as well. A breastfeeding child who receives other milk but not complementary foods is classified in the Other Milk category. Children who receive breast milk and non-milk liquids and who do not receive other milk and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water.

¹ Based on all children under three years

Nutritional Status of Children

Adequate nutrition is critical to child development. Lack of nutrition places children at increased risk of sickness and death and has also been shown to be related to impaired mental development. Anthropometry provides one of the most important indicators of children's nutritional status. In the 2009 MDHS, height and weight measurements were obtained for all children born in the five years preceding the survey (Table 11). The 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 standard deviation units from the median for the international reference population recommended by the World Health Organization (WHO, 2006). Children who fall more than two standard deviations (-2 SD) below the reference median are regarded as undernourished, while those who fall more than three standard deviations (-3 SD) below the reference median are considered severely undernourished. Table 11 shows the nutritional status of children less than five years of age by selected background characteristics.

Height-for-age

A child who is below -2 SD from the median of the WHO reference population in terms of height-for-age is considered stunted or short for his/her age. Stunting is an indicator of linear growth retardation. It reflects failure to receive adequate nutrition over a long period of time and is also affected by recurrent and chronic illness. The height-for-age index, therefore, provides a measure of the long-term effects of malnutrition in a population and is not sensitive to recent, short-term changes in dietary intake.

At the national level, one in five children under the age of five is stunted (19 percent). Six percent of children are severely stunted.

Regionally, North Central region has the highest percent of children who are stunted (23 percent), while Malé and North regions have the lowest (16 percent). The percent of children who are stunted declines with increasing education of the mother, from 25 percent of the children of mothers with no education to 16 percent of the children of mothers with the highest education. A higher percentage of children are stunted among those whose mothers were not interviewed than among children whose mothers were interviewed.

Weight-for-height

The weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children whose weight-for-height is below minus two standard deviations (-2 SD) from the WHO Child Growth Standards reference population median are considered to be wasted, i.e., too thin for their height. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition.

Overall, as Table 11 shows, one in ten children is wasted (11 percent). Three percent of children are severely wasted. Comparing across regions, North Central region has the highest percent of children who are wasted (15 percent) and Malé has the lowest (7 percent). As is the case with stunting, the percent of children who are wasted declines with increasing education of the mother, from 15 percent of the children of mothers with no education being wasted, to 8 percent of the children of mothers with the highest education.

Table 11. Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Maldives 2009

Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	
Age in months							
<6	7.8	14.8	6.0	15.5	3.9	17.2	222
6-8	8.6	18.5	4.7	8.9	2.7	9.7	156
9-11	9.6	24.4	4.1	13.8	4.5	19.1	156
12-17	7.5	21.9	1.8	6.6	1.3	13.8	269
18-23	8.0	25.1	1.5	6.7	0.6	14.1	261
24-35	6.6	19.4	2.4	10.0	4.8	21.2	472
36-47	5.2	18.1	2.2	10.9	4.1	19.1	499
48-59	3.4	14.2	1.2	12.5	3.0	17.3	477
Sex							
Male	7.9	20.3	2.6	10.7	3.2	17.6	1,266
Female	4.9	17.4	2.4	10.6	3.3	17.0	1,246
Residence							
Urban (Malé)	6.2	15.7	0.8	7.2	1.1	10.9	721
Rural	6.5	20.1	3.2	12.0	4.2	19.9	1,792
Region							
Malé	6.2	15.7	0.8	7.2	1.1	10.9	721
North	4.0	15.7	2.3	11.8	2.7	18.4	387
North Central	7.9	22.7	3.4	14.5	5.7	24.4	543
Central	8.5	20.9	5.7	14.1	4.8	18.0	235
South Central	7.7	20.9	2.6	10.2	3.7	19.9	280
South	4.7	19.9	2.8	8.4	3.4	15.9	346
Atoll							
Malé	6.2	15.7	0.8	7.2	1.1	10.9	721
Haa Alif	1.7	10.7	3.5	14.5	2.6	16.2	130
Haa Dhaal	3.9	18.9	1.0	9.6	3.0	20.1	145
Shaviyani	6.6	17.5	2.6	11.4	2.5	18.8	111
Noonu	9.2	25.2	5.3	16.2	7.2	22.0	161
Raa	12.6	27.3	4.3	15.5	8.4	33.8	181
Baa	3.9	19.9	1.3	11.5	3.2	21.7	127
Lhaviyani	0.0	11.2	1.0	13.3	0.0	10.9	74
Kaafu	11.0	25.8	7.4	16.0	6.5	22.9	127
Alif Alif	9.3	19.4	2.7	7.4	1.3	9.1	30
Alif Dhaal	4.0	12.1	3.2	13.2	3.3	12.2	65
Vaavu	4.9	20.1	8.9	16.1	4.9	20.3	13
Meemu	7.2	26.0	1.2	11.7	2.7	26.1	31
Faafu	5.9	16.0	2.2	8.1	1.3	15.5	26
Dhaalu	6.2	17.7	3.0	13.5	3.0	20.3	27
Thaa	7.9	21.9	4.1	13.2	6.1	20.1	75
Lhaamu	8.4	20.7	2.0	7.6	3.2	19.0	121
Gaaf Alif	9.8	24.2	1.1	10.2	5.6	18.1	63
Gaaf Dhaal	6.7	20.4	1.6	10.3	4.8	13.2	78
Gnaviyani	2.3	17.7	4.7	10.8	0.0	13.1	65
Seenu	2.3	18.7	3.3	5.3	3.1	17.7	139
Education²							
No education	8.9	24.9	2.3	14.8	5.2	27.1	321
Primary	6.1	20.2	3.0	12.2	4.5	20.6	868
Secondary	6.1	16.6	2.5	8.9	2.2	12.7	1,078
More than secondary	4.9	16.3	1.9	7.8	1.2	15.6	173
Certificate	*	*	*	*	*	*	25
Wealth index quintile							
Poorest	7.4	21.9	2.8	12.7	4.8	24.3	508
Poorer	7.3	23.1	3.8	11.4	5.0	19.0	533
Middle	4.9	17.6	3.3	12.8	3.7	19.3	519
Richer	6.7	15.4	0.9	7.1	1.6	12.5	477
Richest	5.6	15.7	1.6	8.7	0.9	10.5	475

Continued .

Table 11—Continued

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Maldives 2009

Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	
Mother's status							
Mother interviewed	5.7	18.1	2.4	10.9	3.2	17.1	2,282
Mother not interviewed, but in household	14.1	25.8	4.1	7.8	4.5	21.1	202
Mother not interviewed, not in household ³	(3.2)	(27.6)	(0.0)	(6.5)	(3.2)	(6.5)	27
Total	6.4	18.9	2.5	10.6	3.3	17.3	2,513

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 adopted in 2006. The indices in this table are NOT comparable to those based on the previously used NCHS/CDC/WHO standards. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Figures in parentheses are based on fewer than 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes children who are below -3 standard deviations (SD) from the International Reference Population median

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

³ Includes children whose mothers are deceased

Weight-for-age

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both short-term and chronic malnutrition. Children whose weight-for-age is below minus two standard deviations from the WHO reference population median are classified as underweight. Children whose weight-for-age is below minus three standard deviations (-3 SD) are considered severely underweight.

Reflecting the effects of both chronic and short-term malnutrition, 17 percent of children under age five are underweight for their age. The highest proportion of underweight children is seen in North Central region.

J. Infant and Child Mortality

Information on infant and child mortality is useful in identifying segments of the population where children are at high risk so that programmes can be designed to increase their chances of survival. Childhood mortality rates are also basic indicators of a country's socio-economic level and quality of life. Data on the deaths of children were collected from women in the birth history section of the Women's Questionnaire and are used for direct calculations of the following mortality rates among children under age five:

- Neonatal mortality: the probability of dying within the first month of life;
- Postneonatal mortality: the difference between infant and neonatal mortality;
- Infant mortality: the probability of dying before the first birthday;
- Child mortality: the probability of dying between the first and fifth birthday;
- Under-five mortality: the probability of dying between birth and the fifth birthday;

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to 12 months of age.

Infant and under-five mortality rates from the 2009 MDHS are presented in Table 12. Under-five mortality was 17 deaths per 1,000 live births for the five-year period preceding the survey (circa 2005-2009), implying that about one in every 60 children born in the Maldives during that period died before reaching their fifth birthday. The infant mortality rate during the five-year period was 14 deaths per 1,000, and the neonatal rate was 10 deaths per 1,000. Thus, more than 80 percent of child deaths during 2005-2009 took place during the first year of the child's life, and seven in ten of those infant deaths occurred during the neonatal period, i.e., within the first month of life.

The trend in early childhood mortality since the mid-1990s can be examined by looking at changes in the mortality rates over the three successive five-year periods prior to the survey. The results indicate that mortality among young children has declined significantly in the 15 years prior to the survey. For example, under-five mortality during the 2005-2009 period is less than half the level estimated for the period just 5 to 9 years before the survey (38 deaths per 1,000).

Years preceding the survey	Approximate calendar year	Neonatal mortality (NN)	Postneonatal mortality ¹ (PNN)	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
0-4	2005-2009	10	4	14	3	17
5-9	2000-2004	23	9	32	6	38
10-14	1995-1999	25	11	35	9	44

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

K. HIV/AIDS Awareness among Ever-Married Respondents

The 2009 MDHS included a series of questions that addressed respondents' knowledge about AIDS and their awareness of modes of transmission of the human immunodeficiency virus (HIV) that causes AIDS and of behaviours that can prevent the spread of HIV.

HIV/AIDS Awareness

Awareness of AIDS is nearly universal among women (97 percent) and men (98 percent) age 15-49 in the Maldives. At least 95 percent of respondents have heard of AIDS in nearly all subgroups shown in Table 13.

Table 13. Knowledge of AIDS

Percentage of ever-married women age 15-49 and ever-married men age 15-49 who have heard of AIDS, by background characteristics, Maldives 2009

Background characteristic	Women		Men	
	Has heard of AIDS	Number	Has heard of AIDS	Number
Age				
15-24	96.7	1,387	97.8	117
15-19	98.2	119	*	3
20-24	96.6	1,268	97.7	115
25-29	97.6	1,539	99.7	255
30-39	97.5	2,471	98.7	548
40-49	95.4	1,734	96.2	467
Marital status				
Married or living together	97.0	6,500	98.2	1,312
Divorced/separated/widowed	95.3	631	95.2	75
Residence				
Urban (Malé)	97.5	2,368	97.7	527
Rural	96.6	4,763	98.2	860
Region				
Malé	97.5	2,368	97.7	527
North	95.0	1,067	97.4	178
North Central	97.8	1,038	98.6	196
Central	97.7	615	99.0	125
South Central	97.0	853	98.4	156
South	96.0	1,190	97.7	205
Atoll				
Malé	97.5	2,368	na	na
Haa Alif	92.9	327	na	na
Haa Dhaal	95.9	440	na	na
Shaviyani	95.9	300	na	na
Noonu	99.1	286	na	na
Raa	98.0	334	na	na
Baa	96.3	233	na	na
Lhaviyani	97.5	184	na	na
Kaafu	97.9	255	na	na
Alif Alif	96.1	139	na	na
Alif Dhaal	98.9	197	na	na
Vaavu	95.6	25	na	na
Meemu	99.0	128	na	na
Faafu	97.8	100	na	na
Dhaalu	98.7	118	na	na
Thaa	99.3	211	na	na
Lhaamu	93.4	296	na	na
Gaaf Alif	93.8	198	na	na
Gaaf Dhaal	95.7	266	na	na
Gnaviyani	96.5	217	na	na
Seenu	96.7	509	na	na
Education				
No education	94.1	1,668	95.6	311
Primary	96.5	2,464	97.7	470
Secondary	98.5	2,584	99.3	470
More than secondary	100.0	333	100.0	101
Certificate	100.0	81	(100.0)	35

Continued .

Table 13—Continued

Background characteristic	Women		Men	
	Has heard of AIDS	Number	Has heard of AIDS	Number
Wealth index quintile				
Poorest	95.3	1,300	96.3	206
Poorer	96.4	1,396	98.7	235
Middle	97.1	1,488	97.8	298
Richer	97.0	1,447	98.8	282
Richest	98.3	1,499	98.0	366
Total 15-49	96.9	7,131	98.0	1,388
Men 50-64	na	na	91.6	339
Total 15-64	na	na	96.7	1,727

na = Not applicable
 Note: Figures in parentheses are based on fewer than 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Methods of HIV Prevention

AIDS prevention programmes focus their messages and efforts on three important aspects of behaviour: condom use, staying faithful to one partner, and delaying first sexual intercourse in young persons (i.e., abstinence). Table 14 shows the percentage of women and men who, in response to prompted questions, agreed that specific actions would help an individual to avoid AIDS.

Using condoms (79 percent) and abstaining from sex (80 percent) were each recognized by eight in ten women age 15-49 as ways of avoiding HIV. Limiting sex to one partner who is not HIV positive was recognized by 9 in 10 women (92 percent) as a way to avoid HIV. Seventy-six percent of women recognize both using condoms and limiting sex to one partner who is not HIV positive as ways to prevent transmission of HIV.

Men age 15-49 were somewhat more likely than women to recognize both condom use (87 percent) and abstaining from sexual intercourse (86 percent) as ways to prevent HIV transmission. On the other hand, they were somewhat less likely than women to recognize that a person may avoid HIV by limiting sex to one partner who is not HIV positive; 84 percent of men agreed that this was a way to avoid HIV infection. The proportion of men (75 percent) recognized both using condoms and limiting sex to one partner who is not HIV positive as methods for preventing HIV transmission was virtually identical to the rate among women.

Overall, differentials in the levels of knowledge of the various modes of prevention are not large. Among both women and men, the largest differentials tend to be observed between knowledge of prevention methods and education. For example, 85 percent of women with more than secondary education say that the risk of HIV transmission can be reduced by using condoms and limiting sex to one partner who is not HIV positive, compared with only 69 percent of women with no education. However, the educational differentials are not uniform, with no clear pattern observed among either women or men with regard to knowledge of abstaining as a prevention method.

Table 14. Knowledge of HIV prevention methods

Percentage of ever-married women and ever-married men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having one uninfected sex partner who has no other partners, and by abstaining from sexual intercourse, by background characteristics, Maldives 2009

Background characteristic	Women					Male				
	Percentage who say HIV can be prevented by				Number	Percentage who say HIV can be prevented by				Number
	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		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	
Age										
15-24	75.5	91.6	72.5	76.2	1,387	89.8	84.5	78.8	79.1	117
15-19	59.7	90.8	57.1	75.0	119	*	*	*	*	3
20-24	77.0	91.7	74.0	76.3	1,268	89.5	84.4	78.6	78.9	115
25-29	82.3	91.5	77.9	79.3	1,539	88.8	85.9	75.8	88.4	255
30-39	82.2	93.3	79.4	82.8	2,471	87.4	83.3	74.7	85.9	548
40-49	75.2	90.0	71.7	80.4	1,734	83.7	84.9	74.9	85.6	467
Marital status										
Married or living together	79.2	91.9	75.7	80.2	6,500	86.8	84.3	75.2	86.1	1,312
Divorced/separated/widowed	80.2	90.5	77.4	80.3	631	84.1	86.9	77.3	78.7	75
Region										
Malé	82.4	92.9	79.4	77.5	2,368	89.0	82.2	74.6	85.8	527
North	74.8	90.9	72.7	81.7	1,067	83.3	78.7	70.5	82.7	178
North Central	73.1	93.9	70.7	79.8	1,038	83.2	94.2	80.5	87.8	196
Central	81.9	91.0	76.8	82.1	615	88.1	85.3	77.3	86.7	125
South Central	79.4	89.1	73.1	81.4	853	87.2	90.3	80.9	87.2	156
South	80.8	90.7	77.7	82.6	1,190	85.3	80.9	70.7	84.2	205
Residence										
Urban (Malé)	82.4	92.9	79.4	77.5	2,368	89.0	82.2	74.6	85.8	527
Rural	77.7	91.2	74.1	81.5	4,763	85.1	85.8	75.7	85.6	860
Atoll										
Malé	82.4	92.9	79.4	77.5	2,368	na	na	na	na	na
Haa Alif	70.7	90.8	69.9	81.0	327	na	na	na	na	na
Haa Dhaal	78.4	90.7	75.6	81.4	440	na	na	na	na	na
Shaviyani	74.0	91.3	71.6	82.9	300	na	na	na	na	na
Noonu	67.2	96.6	65.6	81.9	286	na	na	na	na	na
Raa	72.7	94.5	70.1	76.5	334	na	na	na	na	na
Baa	74.0	91.2	70.8	79.9	233	na	na	na	na	na
Lhaviyani	82.1	92.3	79.7	82.5	184	na	na	na	na	na
Kaafu	78.7	93.5	75.8	82.6	255	na	na	na	na	na
Alif Alif	79.3	88.9	74.5	83.2	139	na	na	na	na	na
Alif Dhaal	88.5	88.9	80.2	80.9	197	na	na	na	na	na
Vaavu	76.2	92.7	73.3	79.1	25	na	na	na	na	na
Meemu	80.8	95.5	77.9	81.0	128	na	na	na	na	na
Faafu	76.2	93.1	71.8	81.2	100	na	na	na	na	na
Dhaalu	79.7	92.1	75.0	82.7	118	na	na	na	na	na
Thaa	81.8	82.3	67.5	86.7	211	na	na	na	na	na
Lhaamu	78.0	88.6	74.7	77.4	296	na	na	na	na	na
Gaaf Alif	83.1	88.9	78.8	85.0	198	na	na	na	na	na
Gaaf Dhaal	86.0	93.2	84.6	86.3	266	na	na	na	na	na
Gnaviyani	81.9	92.5	79.9	86.8	217	na	na	na	na	na
Seenu	76.7	89.4	72.7	77.9	509	na	na	na	na	na
Education										
No education	72.7	87.8	68.7	78.8	1,668	81.1	84.9	73.4	84.9	311
Primary	79.8	91.3	76.2	80.9	2,464	86.8	80.8	72.7	85.8	470
Secondary	81.4	93.9	78.3	80.3	2,584	88.5	86.6	77.5	85.8	470
More than secondary	88.2	96.5	85.3	80.3	333	91.0	91.0	82.0	84.2	101
Certificate	93.4	100.0	93.4	81.9	81	(95.8)	(81.0)	(78.2)	(94.1)	35

Continued .

Table 14—Continued

Background characteristic	Women					Male				
	Percentage who say HIV can be prevented by					Percentage who say HIV can be prevented by				
	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	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
Wealth index quintile										
Poorest	74.5	89.1	70.4	79.1	1,300	85.4	85.4	77.1	90.0	206
Poorer	77.4	91.3	73.9	81.3	1,396	84.6	84.6	73.9	84.9	235
Middle	79.0	92.2	75.5	83.2	1,488	85.9	85.9	76.4	81.9	298
Richer	79.1	92.2	76.5	79.4	1,447	86.7	86.7	75.4	89.6	282
Richest	85.5	93.7	82.2	77.8	1,499	89.1	89.1	74.2	83.9	366
Total 15-49	79.3	91.8	75.9	80.2	7,131	86.6	84.4	75.3	85.7	1,388
Men 50-64	na	na	na	na	na	72.6	79.0	62.7	80.2	339
Total 15-64	na	na	na	na	na	83.9	83.4	72.8	84.6	1,727

na = Not applicable

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

¹ Using condoms every time they have sexual intercourse² Partner who has no other partners

L. HIV/AIDS Awareness among Youth

In the 2009 MDHS, never married women and men age 15-24 were also asked a series of questions that addressed their knowledge about AIDS and their awareness of modes of transmission of the human immunodeficiency virus (HIV) that causes AIDS and of behaviours that can prevent the spread of HIV.

HIV/AIDS Awareness

Table 15 shows that 96 percent of never-married women and men age 15-24 in Maldives are aware of AIDS.

Table 15. Knowledge of AIDS

Percentage of never married women age 15-24 and never-married men age 15-24 by sex who have heard of AIDS, by background characteristics, Maldives 2009

Background characteristic	Women		Men	
	Has heard of AIDS	Number	Has heard of AIDS	Number
Age				
15-24	95.7	1,213	96.1	1,027
15-19	95.1	883	95.0	707
20-24	97.2	330	98.5	320
Marital status				
Never married	95.7	1,213	96.1	1,027
Ever had sex	(100.0)	43	98.6	101
Never had sex	95.5	1,170	95.8	926
Residence				
Urban (Malé)	99.6	508	99.3	433
Rural	92.8	705	93.7	594
Region				
Malé	99.6	508	99.3	433
North	86.1	188	88.7	126
North Central	96.2	145	97.0	133
Central	94.3	86	95.4	86
South Central	94.5	119	98.4	113
South	95.4	167	90.1	136
Atoll				
Malé	99.6	508	na	na
Haa Alif	(89.2)	48	na	na
Haa Dhaal	82.0	84	na	na
Shaviyani	89.5	56	na	na
Noonu	(100.0)	26	na	na
Raa	96.5	62	na	na
Baa	(95.6)	31	na	na
Lhaviyani	(92.3)	26	na	na
Kaafu	89.8	41	na	na
Alif Alif	(100.0)	16	na	na
Alif Dhaal	98.2	27	na	na
Vaavu	(88.6)	3	na	na
Meemu	100.0	19	na	na
Faafu	98.3	17	na	na
Dhaalu	(98.2)	14	na	na
Thaa	(100.0)	31	na	na
Lhaamu	(83.8)	37	na	na
Gaaf Alif	89.8	35	na	na
Gaaf Dhaal	(100.0)	37	na	na
Gnaviyani	(100.0)	28	na	na
Seenu	(93.7)	66	na	na
Education				
No education	*	5	*	2
Primary	83.3	45	88.7	99
Secondary	96.1	1,080	96.7	897
More than secondary	(100.0)	68	*	21
Certificate	*	15	*	8
Wealth index quintile				
Poorest	89.6	213	91.3	169
Poorer	93.2	211	94.8	173
Middle	93.3	200	93.8	181
Richer	99.0	316	98.0	278
Richest	100.0	273	100.0	226
Total 15-24	95.7	1,213	96.1	1,027

Note: Figures in parentheses are based on fewer than 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

Methods of HIV Prevention

Table 16 shows the percentage of never-married women and men age 15-24 who, in response to prompted questions, agreed that specific actions would help a person avoid AIDS.

Of the three prevention methods, young women most often recognized limiting sex to one partner who is not HIV positive (78 percent) as a means of preventing HIV transmission, followed closely by abstinence (73 percent). Only 59 percent of never-married 15-24 year-old women reported knowing that condoms can prevent the transmission of HIV, and only around half recognized both condom use and limiting sex to one uninfected partner as ways to prevent AIDS.

Overall, about three-quarters of never-married men age 15-24 recognized each of the three prevention methods. Only six in ten never-married young men (62 percent) recognized both condoms and limiting to one partner who is not HIV positive as ways to prevent transmission.

Knowledge of prevention methods is somewhat higher among youth age 20-24 than among youth age 15-19, among both women and men. Both women and men age 15-24 were more knowledgeable about ways to prevent HIV transmission if they had ever had sex than if they were not yet sexually active.

Table 16. Knowledge of HIV prevention methods

Percentage of never married women and never married men age 15-24 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having one uninfected sex partner who has no other partners, and by abstaining from sexual intercourse, by background characteristics, Maldives 2009

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	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
Age										
15-24	58.9	78.0	50.9	73.2	1,213	75.8	77.0	62.3	78.3	1,027
15-19	55.2	76.5	47.1	71.6	883	71.7	72.8	56.6	75.3	707
20-24	68.8	81.9	61.2	77.6	330	85.0	86.2	74.8	84.7	320
Marital status										
Never married	58.9	78.0	50.9	73.2	1,213	75.8	77.0	62.3	78.3	1,027
Ever had sex	(77.2)	(85.7)	(68.0)	(84.6)	43	89.5	83.9	75.3	85.5	101
Never had sex	58.2	77.7	50.3	72.8	1,170	74.3	76.2	60.9	77.5	926
Residence										
Urban (Malé)	65.9	77.4	53.4	75.7	508	87.8	79.7	71.5	84.0	433
Rural	53.9	78.4	49.1	71.4	705	67.1	75.0	55.6	74.1	594
Region										
Malé	65.9	77.4	53.4	75.7	508	87.8	79.7	71.5	84.0	433
North	50.8	72.4	46.5	68.5	188	61.0	75.6	53.7	70.1	126
North Central	52.7	83.0	49.9	68.9	145	71.4	78.9	61.4	72.7	133
Central	52.6	77.1	45.6	73.1	86	72.4	72.5	54.8	73.6	86
South Central	51.9	76.5	46.3	79.0	119	72.1	81.7	64.7	78.8	113
South	60.3	83.4	55.3	70.4	167	61.0	66.6	44.8	75.5	136

Continued .

Table 16—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	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
Atoll										
Malé	65.9	77.4	53.4	75.7	508	na	na	na	na	na
Haa Alif	(48.2)	(76.5)	(46.4)	(70.2)	48	na	na	na	na	na
Haa Dhaal	52.4	66.6	46.1	66.9	84	na	na	na	na	na
Shaviyani	50.7	77.5	47.4	69.5	56	na	na	na	na	na
Noonu	(44.5)	(90.0)	(44.5)	(67.0)	26	na	na	na	na	na
Raa	51.6	85.1	51.0	61.6	62	na	na	na	na	na
Baa	(51.3)	(81.8)	(49.3)	(83.5)	31	na	na	na	na	na
Lhaviyani	(65.1)	(72.8)	(53.0)	(70.6)	26	na	na	na	na	na
Kaafu	46.8	76.8	41.3	65.4	41	na	na	na	na	na
Alif Alif	(65.4)	(69.0)	(50.4)	(87.6)	16	na	na	na	na	na
Alif Dhaal	55.7	82.9	50.6	77.1	27	na	na	na	na	na
Vaavu	(38.1)	(69.2)	(31.3)	(66.6)	3	na	na	na	na	na
Meemu	43.0	75.3	37.1	82.8	19	na	na	na	na	na
Faafu	35.9	80.1	32.6	86.9	17	na	na	na	na	na
Dhaalu	(47.8)	(88.3)	(46.0)	(79.6)	14	na	na	na	na	na
Thaa	(61.6)	(86.8)	(57.1)	(87.3)	31	na	na	na	na	na
Lhaamu	(57.4)	(62.2)	(48.3)	(66.3)	37	na	na	na	na	na
Gaaf Alif	52.7	66.9	45.7	67.7	35	na	na	na	na	na
Gaaf Dhaal	(66.2)	(85.6)	(58.9)	(74.5)	37	na	na	na	na	na
Gnaviyani	(54.2)	(93.3)	(54.2)	(82.4)	28	na	na	na	na	na
Seenu	(63.6)	(86.6)	(58.9)	(64.5)	66	na	na	na	na	na
Education										
No education	*	*	*	*	5	*	*	*	*	2
Primary	49.2	61.5	34.7	61.2	45	63.9	68.4	49.6	71.6	99
Secondary	57.8	78.8	50.6	73.0	1,080	76.5	77.5	62.9	78.3	897
More than secondary	(86.6)	(82.3)	(68.9)	(84.2)	68	*	*	*	*	21
Certificate	*	*	*	*	15	*	*	*	*	8
Wealth index quintile										
Poorest	49.3	74.8	43.8	69.8	213	56.7	71.7	45.2	68.5	169
Poorer	54.6	77.7	49.1	76.6	211	69.9	76.9	59.6	74.6	173
Middle	51.0	78.9	47.8	66.6	200	69.9	75.9	58.9	79.7	181
Richer	62.6	77.0	52.5	67.8	316	85.8	76.4	67.7	79.7	278
Richest	71.2	81.2	58.2	84.4	273	87.0	82.5	73.2	85.4	226
Total 15-24	58.9	78.0	50.9	73.2	1,213	75.8	77.0	62.3	78.3	1,027

Note: Figures in parentheses are based on fewer than 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
¹ Using condoms every time they have sexual intercourse
² Partner who has no other partners

M. Disability

Each respondent to the household questionnaire was asked to report on the ability of household members to function within six domains. The domains enquired about are those recommended by the Washington Group on Disability Statistics (Washington Group on Disability Statistics, 2006) and include: vision, hearing, communicating, remembering, mobility and self-care. Respondents were asked to report for each household member age 5 years and older whether the person is able to perform the function with no difficulty, only with some difficulty, with a lot of difficulty, or cannot perform the function at all. Table 17 presents the percentage of households members reported to have either some difficulty or a lot of difficulty functioning within each of the six domains. It also presents the percentage of household

members reported as not being able to perform the function at all. In addition, the table presents the percentage of household members reported to have some difficulty functioning within at least one of the domains, the percentage having a lot of difficulty functioning within at least one of the domains, and the percentage who could not perform at all in at least one of the six domains. Each of these disability measures is presented for the entire household population age 5 years and older, as well as separately for household members age 5-14 years, 15-49 years, and 50 years and older.

Looking at all household members age 5 years and older, one in three household members were reported to have at least some degree of disability; 22 percent had some difficulty in functioning in at least one of the domains, 10 percent had a lot of difficulty in at least one of the domains, and 1 percent could not function at all in at least one of the six domains. The domains in which functional impairments were most common were vision and mobility. Thirteen percent of household members age five years and older were reported to have some difficulty and 5 percent had a lot of difficulty with their vision. Less than one percent was reported as unable to see at all. Seven percent of household members age five years and older had some difficulty with mobility, 4 percent a lot of difficulty with mobility, and one percent were not able to move at all.

The proportion of household members reported to have at least some functional impairment rose with age, from 20 percent among household members age 5-14 to 85 percent among household members age 50 and older. Twenty-nine percent of household members age 50 and older were reported to have a lot of difficulty functioning within at least one of the domains compared to 5 percent of household members age 5-14 and 6 percent age 15-49. Four percent of household members age 50 and older could not function at all in at least one of the domains compared to less than one percent of household members in each of the other age groups. The domains in which household members age 50 and older had the greatest problems in functioning were vision and mobility, followed by remembering.

Table 17. Disability

Percentage of de-facto household members age 5 and above with a disability, by specific age groups, Maldives 2009

	Level of functioning		
	Some difficulty	Lot of difficulty	Cannot do at all
All household members age 5 and above			
Function domain			
Vision	13.2	4.7	0.2
Hearing	4.0	1.5	0.2
Communicating	2.5	1.1	0.5
Remembering	6.4	2.3	0.4
Mobility	7.4	4.0	0.6
Self-care	1.6	1.1	0.6
Prevalence of at least one function being reported at the specified level of functioning	22.0	9.6	1.3
Number of household members	35,691	35,691	35,691
Household members age 5-14			
Function domain			
Vision	6.9	2.1	0.1
Hearing	2.1	0.7	0.2
Communicating	3.3	1.2	0.4
Remembering	4.8	2.0	0.4
Mobility	1.3	0.7	0.2
Self-care	0.8	0.6	0.4
Prevalence of at least one function being reported at the specified level of functioning	13.9	5.0	0.7
Number of household members	8,269	8,269	8,269
Household members age 15-49			
Function domain			
Vision	10.8	3.3	0.1
Hearing	2.9	1.0	0.2
Communicating	1.6	0.8	0.4
Remembering	4.4	1.3	0.3
Mobility	4.1	1.7	0.2
Self-care	0.7	0.4	0.2
Prevalence of at least one function being reported at the specified level of functioning	17.6	6.4	0.8
Number of household members	21,917	21,917	21,917
Household members age 50+			
Function domain			
Vision	31.9	14.5	0.7
Hearing	11.5	4.6	0.4
Communicating	4.7	2.1	0.6
Remembering	16.8	6.6	0.9
Mobility	29.9	18.1	2.6
Self-care	6.6	4.3	2.2
Prevalence of at least one function being reported at the specified level of functioning	51.3	29.3	4.2
Number of household members	5,504	5,504	5,504

N. Care and Support for Older Adults

Overall, as Table 18 shows, five percent of the household population is age 65 and older and 26 percent of households include a household member that is age 65 or older. Malé has the smallest percentage of households with an older household member (16 percent), while 37 percent of households in the South include a household member age 65 or older.

Table 18. Households with older adult population

Percent distribution of household population by specific age groups and the percentage of households with a usual member (de jure) age 65 or older, Maldives 2009

Region	Age				Total	Number of usual members of a household (de jure members)	Percentage of households with a usual member age 65 or older	Number of households
	0-14	15-64	65+	Don't know/missing				
Malé	25.7	71.3	2.8	0.2	100.0	12,994	15.9	1,994
North	33.3	61.1	5.4	0.1	100.0	6,302	25.9	1,032
North Central	33.4	60.4	6.0	0.2	100.0	5,970	28.2	1,008
Central	32.1	63.3	4.6	0.1	100.0	3,515	26.5	480
South Central	32.6	60.9	6.4	0.0	100.0	4,698	30.0	780
South	34.0	57.9	7.6	0.5	100.0	6,963	37.2	1,150
Total	30.8	63.9	5.1	0.2	100.0	40,443	25.7	6,443

To gauge the level of care and support that is provided by households for older adults, each respondent to the household questionnaire was asked to report on the care and support the older members (age 65 and older) of their household require in five areas of physical activity. Respondents were asked to report whether the older household members required assistance with the following physical activities: personal care such as bathing, dressing, eating; medical care such as giving medications, changing dressings; household activities such as cooking, laundry, cleaning; going outside the house; to be watched over so as not to hurt themselves or others. The findings are presented in Table 19. Overall, about 4 in 10 older adults need assistance with medical care, whether it is taking medications, changing dressings, or other medical requirements. About one in four older adults requires help with personal care and a similar proportion needs assistance with general household tasks. One in five older adults must be assisted when they leave their home, and a similar proportion needs to be watched over for safety reasons.

Table 19. Care and support of physical activities for older adults

Percentage of de-facto household members age 65 and older requiring care and support for specific physical activities, Maldives 2009

Region	Physical activities for which adults age 65 and older require care and support					Total number of household members age 65 and older
	Personal care	Medical care	Household activities	To go outside	Watched over for safety	
Malé	22.0	39.2	20.8	28.6	17.4	382
North	27.4	46.4	24.7	20.4	18.6	338
North Central	21.8	33.0	20.3	16.8	19.7	343
Central	25.4	41.4	23.8	18.7	14.8	157
South Central	28.2	43.8	27.7	19.7	15.1	294
South	29.1	42.1	33.5	24.3	32.5	519
Total	25.8	40.9	25.8	22.1	21.3	2,033

To further assess the overall extent of care and support required by older adults, Table 20 presents the percentage of older adults who require assistance with one or more needs, two or more needs, three or more needs, four or more needs, or help with all five needs reported on. Overall, five percent of the population age 65 and older needs assistance with all five needs that were asked about, while 43 percent do not require assistance with any of the five activities.

Region	In how many areas of physical activity care and support is needed by household members age 65 and older						Total number of household members age 65 and older
	Require no support	One or more	Two or more	Three or more	Four or more	All five ¹	
Malé	42.9	57.1	34.3	20.7	12.5	3.5	382
North	38.1	61.9	37.7	22.6	10.4	5.0	338
North Central	55.2	44.8	31.4	20.1	12.0	3.2	343
Central	44.6	55.4	30.8	21.2	13.1	3.6	157
South Central	44.2	55.8	37.0	21.9	13.5	6.3	294
South	35.1	64.9	42.7	30.9	15.5	7.5	519
Total	42.5	57.5	36.6	23.7	13.0	5.1	2,033

¹ Personal care, medical care, household activities, to go outside, watched over for safety.

O. Health Expenditures

The MDHS included a health expenditure module to determine how much money households paid for all their health care related expenditures. Households were asked to report on expenditures for health insurance premiums, hospital stays in the previous year, and for all health care related costs incurred in the previous month, including: visits to health care providers, laboratory tests, other medical tests, prescription drugs, non-prescription drugs, and finally, travel and accommodation costs associated with obtaining care on other islands.

Prior to asking specific expenditure questions, households were asked to report on the frequency of the related health activity and some of the results are presented in Table 21. Each household was asked whether any member of the household was covered by a health welfare or assistance plan at any time in the preceding year. Table 21 shows that nearly 3 in 10 households have at least one household member who was covered by a health welfare or assistance plan in the previous year. As many as 4 in 10 households in Malé had a member so covered. Coverage with a health welfare or assistance plan is more common as the wealth level of the household rises. Among the poorest households, fewer than one in five has a member who had coverage, while 4 in ten of the wealthiest households had a member who had coverage.

Households were also asked to report whether any household member had been hospitalized in the previous year; fifty-five percent of households had a household member who had a hospital stay in the previous year. Households were also asked to report whether any household member had visited a health care provider in the month prior to the survey; as many as six in ten households had a member who visited a health care provider within the one month prior to the survey.

Table 21 Health insurance coverage and utilization of inpatient and outpatient services

Percentage of households with at least one household member who was covered by a health welfare plan or assistance, was hospitalized during the year before the survey, or visited a health provider during the past month, Maldives 2009

Background characteristic	Percentage of households with at least one member who:			Number of households
	Was covered by a health welfare plan/ assistance	Had a hospital stay last year	Visited a health provider during the last month	
Residence				
Urban (Malé)	40.2	42.9	59.8	1,994
Rural	23.2	60.3	61.8	4,449
Region				
Malé	40.2	42.9	59.8	1,994
North	22.9	61.2	62.1	1,032
North Central	21.0	58.7	62.0	1,008
Central	35.6	60.9	62.7	480
South Central	16.9	59.7	62.5	780
South	24.6	60.8	60.4	1,150
Atoll				
Malé	40.2	42.9	59.8	1,994
Haa Alif	25.7	57.9	66.3	332
Haa Dhaal	21.2	60.1	57.1	429
Shaviyani	22.3	67.1	65.0	270
Noonu	21.6	59.1	60.1	254
Raa	22.4	59.4	56.7	343
Baa	20.9	60.1	74.1	230
Lhaviyani	17.6	55.1	59.4	181
Kaafu	32.8	54.6	53.5	201
Alif Alif	33.8	67.4	73.6	116
Alif Dhaal	40.8	66.6	68.8	141
Vaavu	36.6	47.6	49.6	21
Meemu	28.1	56.1	67.6	118
Faafu	31.8	67.2	70.1	83
Dhaalu	17.1	63.1	60.3	103
Thaa	12.3	59.5	52.2	209
Lhaamu	10.9	57.9	66.9	267
Gaaf Alif	22.4	61.4	60.4	200
Gaaf Dhaal	29.1	68.5	66.3	304
Gnaviyani	17.9	50.3	50.7	200
Seenu	25.6	60.1	60.7	447
Education of the head of the household				
No education	25.9	58.4	62.6	3,731
Primary	24.4	51.0	61.1	1,293
Secondary	42.7	46.9	57.1	829
More than secondary	42.6	44.7	51.8	211
Certificate	55.0	59.3	65.8	80
Missing	21.7	56.5	60.3	299
Wealth index quintile				
Poorest	17.5	56.5	60.9	1,523
Poorer	21.4	62.5	63.4	1,269
Middle	27.9	62.2	60.6	1,257
Richer	37.0	51.4	62.3	1,232
Richest	42.2	40.3	58.5	1,162
Total	28.5	54.9	61.2	6,443

Results of the specific expenditure questions are not included in this Preliminary Report because as can be seen in Table 22, a high percentage of household respondents reported that they did not know all the expenditure questions they were asked. Table 22 shows what percentage of households had a household member who experienced a health care service, but did not know the answer to the question on how much the service cost. For example, 38 percent of households had a member of the household admitted to a hospital in the previous year, but did not know how much the household was charged for the hospital stay

(excluding costs covered by a health welfare or assistance plan). Similarly, thirty-two percent of households reported having a member of the household obtain laboratory tests, but did not know how much the household was charged for the laboratory tests (excluding costs covered by a health welfare or assistance plan). Due to the rather high percentage of “Don’t know” responses or missing data on costs, the cost data are not included in this report.

Background characteristic	Percentage “don't know” and missing on cost					
	Hospital stay	Provider visit	Laboratory fees	Other medical test	Prescription drugs	Non-prescription drugs
Residence						
Urban (Malé)	47.2	33.1	44.4	45.8	45.6	35.6
Rural	35.1	18.4	25.3	36.6	25.4	17.5
Region						
Malé	47.2	33.1	44.4	45.8	45.6	35.6
North	32.2	10.7	19.8	31.0	22.5	17.9
North Central	30.4	11.1	22.8	34.9	21.5	11.6
Central	43.4	30.1	40.8	50.7	33.7	31.6
South Central	36.7	25.4	29.3	37.4	24.9	20.1
South	37.0	22.1	22.9	33.8	28.5	14.0
Atoll						
Malé	47.2	33.1	44.4	45.8	45.6	35.6
Haa Alif	20.2	7.9	11.3	(14.8)	13.2	(12.1)
Haa Dhaal	35.7	10.5	20.8	(32.1)	22.5	(13.8)
Shaviyani	39.9	14.6	27.9	(49.0)	33.2	(27.4)
Noonu	32.6	10.8	19.5	(31.8)	23.3	*
Raa	33.0	8.0	26.4	38.5	25.1	*
Baa	31.0	11.9	29.3	(35.3)	17.7	6.9
Lhaviyani	20.7	15.5	10.7	(30.1)	18.5	(22.4)
Kaafu	34.0	26.7	34.5	(53.3)	24.6	(31.5)
Alif Alif	46.7	19.3	38.5	54.5	32.6	(27.9)
Alif Dhaal	53.3	45.4	49.9	48.7	47.2	33.7
Vaavu	29.9	11.6	27.1	(26.0)	16.4	*
Meemu	35.4	12.5	29.4	33.4	22.1	*
Faafu	21.9	11.1	19.5	(33.9)	13.9	*
Dhaalu	38.6	24.6	(26.6)	(49.6)	26.6	*
Thaa	35.0	26.9	33.3	(44.9)	20.1	*
Lhaamu	43.3	35.1	30.3	32.2	31.9	(25.5)
Gaaf Alif	49.1	27.4	24.8	41.1	32.0	(27.8)
Gaaf Dhaal	38.5	15.5	23.3	(28.4)	34.6	(11.4)
Gnaviyani	30.9	24.1	25.9	(38.5)	29.7	(13.2)
Seenu	32.5	23.8	20.9	(32.4)	22.2	*
Education of the head of the household						
No education	36.9	21.5	29.8	41.2	30.3	25.5
Primary	36.7	21.4	27.8	32.1	26.6	22.7
Secondary	43.5	27.6	38.5	40.8	38.5	31.6
More than secondary	(33.2)	22.5	(29.7)	*	(35.8)	*
Certificate	43.0	16.9	(27.1)	*	23.0	*
Missing	45.7	35.5	52.3	68.1	47.7	(25.9)
Wealth index quintile						
Poorest	38.5	18.2	29.1	36.3	27.6	14.8
Poorer	37.4	17.2	22.2	33.8	25.8	19.6
Middle	31.8	20.6	25.0	39.9	22.0	20.3
Richer	37.9	27.9	37.1	44.7	42.4	29.9
Richest	48.6	32.7	44.7	44.0	41.5	35.1
Total	38.0	22.8	31.6	40.1	31.3	25.2
Number	3,537	3,941	2,175	1,182	3,702	876

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

P. Tsunami

Nearly one in ten households reported having a household member who had been displaced as a result of the tsunami (see Table 23). Table 24 indicates that among those households that have a household member who was displaced by the tsunami, 14 percent have a household member who is still living in temporary shelter. About half are living in their own house that has been reconstructed or repaired, while 16 percent are living in a new house.

Table 23. Tsunami displacement

Percentage of households who have a household member who was displaced because of the tsunami, and whether or not they were displaced to another island, Maldives 2009

Region	Displaced to where:			Percentage of households who have a household member who was displaced	Number of households
	Displaced on the same island	Displaced to another island	Not determined		
Malé	1.1	0.5	0.0	1.5	1,994
North	5.3	0.1	0.1	5.5	1,032
North Central	7.6	2.7	0.2	10.5	1,008
Central	13.3	5.1	0.7	19.1	480
South Central	18.5	6.7	0.0	25.2	780
South	7.5	0.7	0.4	8.5	1,150
Total	6.9	1.9	0.2	9.0	6,443

Table 24. Current location of tsunami displaced

For those households who have a household member who was displaced because of the tsunami, the distribution of where those displaced members live now, Maldives 2009

Region	Where displaced members live now:						Total	Number of households
	Temporary shelter	Old damaged house	Own renovated/ repaired house	Reconstructed new house	Living with host family	Not determined		
Malé	*	*	*	*	*	*	100.0	31
North	19.1	3.9	53.0	6.3	17.7	0.0	100.0	57
North Central	7.5	10.8	43.4	30.5	6.0	1.7	100.0	106
Central	6.8	9.4	64.1	8.8	10.4	0.6	100.0	92
South Central	17.6	10.2	48.8	16.1	7.3	0.0	100.0	197
South	12.2	6.0	52.2	7.8	15.3	6.5	100.0	98
Total	13.8	8.3	49.1	16.3	10.1	2.4	100.0	580

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

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