

SM2015-EL SALVADOR

Baseline Household Census and Survey

Data Quality Report

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

About IHME

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

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CHAPTER 1: INTRODUCTION

This chapter provides a general overview of the objectives, design, and implementation of the SM2015-El Salvador Baseline Household Census and the SM2015-El Salvador Baseline Household Survey.

1.1 Objectives

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

The principal objective of the SM2015-El Salvador Baseline Household Survey was to collect baseline data on household characteristics, household expenditures, and numerous reproductive health, maternal and neonatal health, immunization, and nutrition indicators (including physical measurements) related to the strategic areas of the Initiative in El Salvador (Figure 1.1).



Figure 1.1 Map of Mesoamerica with El Salvador highlighted

1.2 Design

1.2.1 Sample selection

The sample for the SM2015-El Salvador Baseline Household Survey was designed to provide estimates of the coverage of key health interventions and indicators among the lowest wealth quintile of the population.

The primary administrative units in El Salvador are departments and municipalities. El Salvador is comprised of 14 departments and 262 municipalities. IDB identified 14 municipalities in which to conduct the baseline SM2015 Household Survey for the Initiative on the basis of their high concentration of residents in the country's lowest wealth quintile (Figure 1.2.1). From these 14 municipalities, a random sample of 3,800 households was selected with representative probabilit-

ity to provide an expected sample of 3,400 women aged 15-49 years and 3,200 children aged 0-59 months. A detailed description of the sampling procedure can be found in Appendix A.

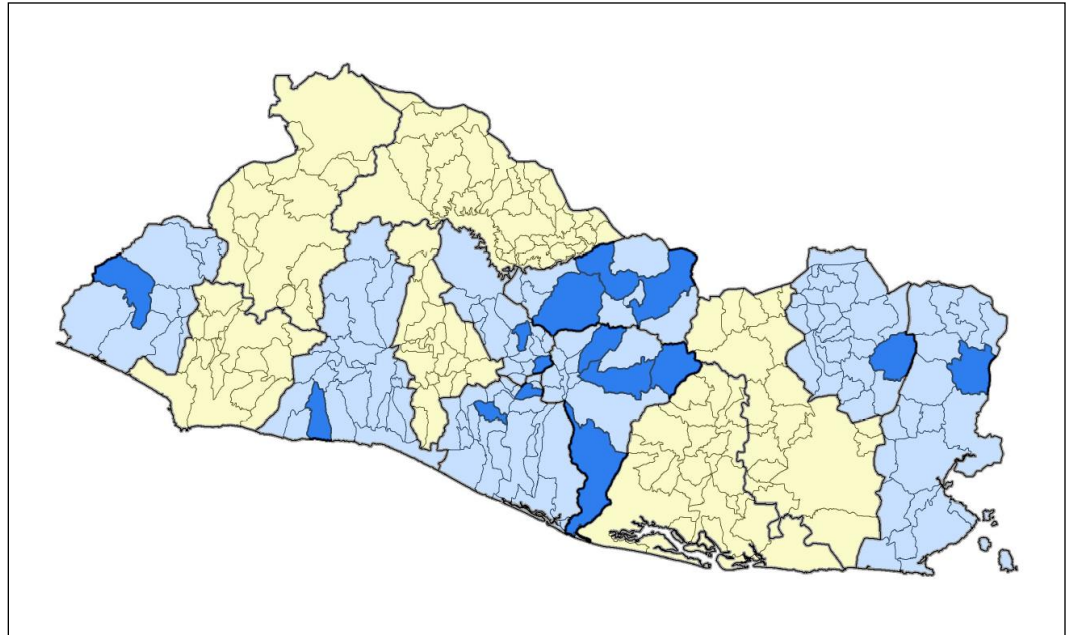


Figure 1.2.1 Map of El Salvador with targeted departments and municipalities highlighted

Briefly, the 14 targeted municipalities were divided into 523 segments. From this list, a representative sample of 136 segments was selected. Segments were randomly selected with probability proportional to size, where size was represented by the number of occupied households within the segment, as captured on the 2007 El Salvador Census. In addition, a set of alternate segments was selected using identical methodology, to be surveyed in the event that any of the 136 selected segments could not be surveyed and needed to be replaced for any reason (e.g., security concerns or high proportion of absent households). Indeed, security concerns hindered survey implementation in each of the eight randomly selected segments in the department of Cuscatlán. In one instance, a segment in the municipality of Monte San Juan was replaced completely with an alternate segment from the municipality of Ilobasco (in the department of Cabañas). The other seven randomly selected segments in the department of Cuscatlán were prematurely abandoned before adequate samples could be obtained. The samples from each of these segments were supplemented by households from two additional alternate segments (one from Chiltiupan, La Libertad, and the other from El Sauce, La Unión). The total number of segments represented in the final dataset is 138; the total number of segments including the one that was abandoned in entirety is 139 (Table 1.2.1).

Table 1.2.1 Number of segments, by municipality

Department	Municipality	No. of Randomly Selected Segments
Ahuachapán	Tacuba	18
Cabañas	Ilobasco	32
	Sensuntepeque	25
Cuscatlán	Monte San Juan	7 ^a
	San Cristóbal	1
La Libertad	Chiltiupan	8
La Paz	San Antonio Masahuat	1
	Santa Maria Ostuma	6
La Unión	El Sauce	4
Morazán	Sociedad	7
	Apastepeque	7
San Vicente	San Esteban Catarina	5
	San Ildefonso	4
	Tecoluca	14

^a One of the seven randomly selected segments in Monte San Juan was skipped in entirety due to security concerns.

Immediately prior to the SM2015-El Salvador Baseline Household Survey, the SM2015-El Salvador Baseline Household Census was conducted in order to identify eligible women and children for the survey. The SM2015-El Salvador Baseline Household Census was carried out in each of the randomly selected segments. Using demographic data collected during the household listing exercise, households were then systematically selected for participation in the survey (i.e., if age-eligible women and children were listed as residents). All women aged 15-49 years who were residents of the household were eligible to be interviewed, and all children aged 0-59 months who were residents of the household were eligible for the physical measurement module. A schematic diagram of the survey implementation is shown in Figure 1.2.2.

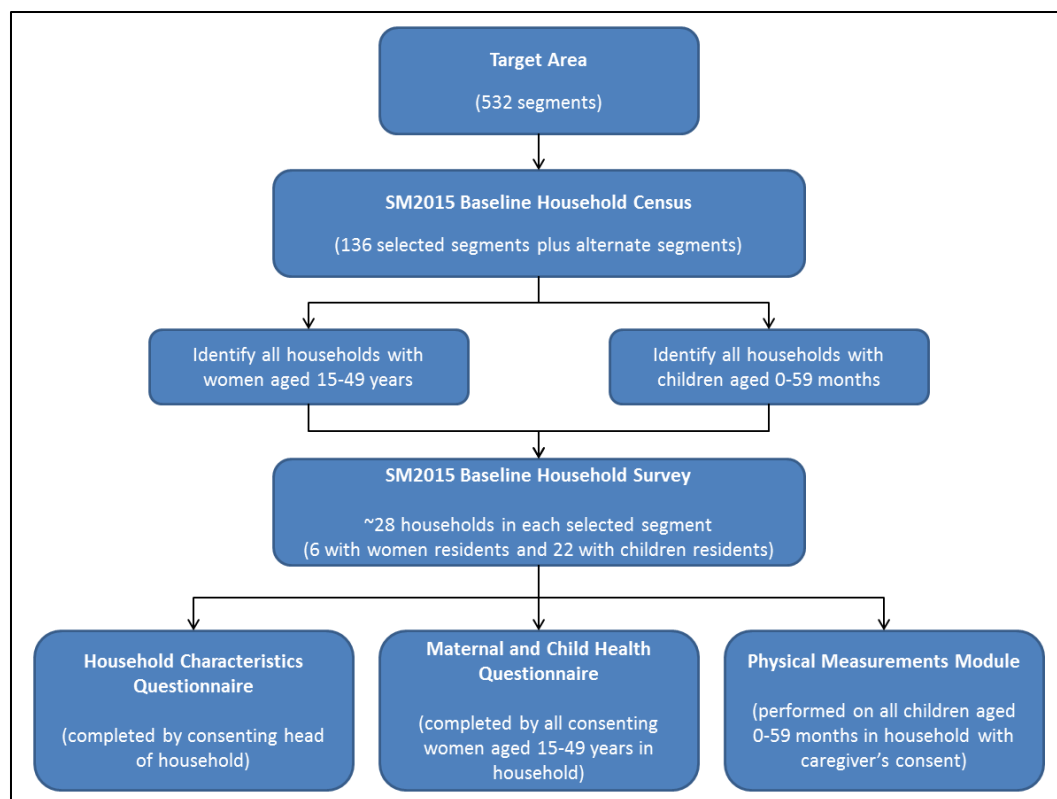


Figure 1.2.2 Schematic diagram of SM2015 survey implementation

Additional details pertaining to eligibility and selection for the survey are summarized in Appendix A.

1.2.2 Instruments for data collection

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

There were three components to the SM2015-El Salvador Baseline Household Survey (in addition to the SM2015 Household Census): the Household Characteristics Questionnaire, the Maternal and Child Health Questionnaire, and the Physical Measurements Module.

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

The SM2015 Household Census was used to capture the age and sex distribution of all of the usual members of all of the households in the selected segments. Basic information including re-

lationship to the head of the household and marital status was also collected. Children aged 0-59 months who had one or more parents residing in the same household were linked to their mother and/or father by way of unique household member identification codes. The census was completed using pen and paper and entered into an electronic data entry program by a team of data entry personnel, usually within one week of completion.

As previously mentioned, data from the SM2015 Household Census were then used to systematically select households for the detailed interviews and the physical measurements module (Figure 1.2.2). Selected households were revisited typically within one month of the census, and these questionnaires were completed during this visit.

The Household Characteristics Questionnaire collected information on the source of water; type of toilet facilities; exposure to secondhand smoke; ownership of various assets including durable goods, agricultural land, and livestock; and household expenses and sources of health care financing.

The Maternal and Child Health Questionnaire was used to collect information from all women of reproductive age (15-49 years). These women were asked questions on the following topics: background characteristics (including education, occupation, and exposure to media); access to health care; current health status; recent history of illness and associated medical expenses; birth history (including relevant questions about pregnancies that ended in miscarriage, stillbirth, or abortion); antenatal, delivery, and postpartum care; fertility preferences; knowledge and use of family planning methods (including barriers to use); exposure to health system interventions; and satisfaction with community health workers. Those with children aged 0-5 years were asked detailed questions in reference to each child born in the past five years on topics such as birth spacing; antenatal care; labor and delivery; postpartum care; breastfeeding and infant feeding practices; child's current health status; recent history of illness including diarrhea, fever, and acute upper respiratory infection, and associated medical expenses; child's exposure to health system interventions; and immunization and supplementation history.

The Physical Measurements Module captured weight, height/length, and hemoglobin levels of children aged 0-59 months. Portable scales and stadiometers were used for the anthropometric measurements, and hemoglobin levels were assessed in the field using a portable HemoCue™ machine. Medically trained personnel (i.e., professional nurses) performed all assessments.

All questionnaires were completed using pen and paper, and the data were entered electronically by a team of data entry personnel in batches.

1.2.3 Training of data collectors

Approximately 45 people were recruited and trained to serve as supervisors, male and female interviewers, data entry personnel, and reserves for the household census and survey. All field staff were required to have formal education through high school and exhibit sufficient literacy and speaking abilities in the language of the survey, as well as basic arithmetic skills. Data entry personnel had experience with key-punch data entry.

An eight-day training exercise was undertaken in March 2011. The first two days were spent briefing and training the supervisors. The next three days were devoted to classroom training for all field staff. The final three days were devoted to field training. Staff from UNIMER and invited experts from IHME led the training, which was conducted mainly in Spanish and included a variety of lectures, presentations, demonstrations, and role-playing exercises. Nutrition experts from

IDB led the training sessions on height and weight measurements and hemoglobin testing for the professional nurses who were hired to perform the physical assessments of children. These personnel were trained to perform standardized anthropometric and hemoglobin measurements using established techniques.

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

Field training sessions were initiated on day six of the training period. Household teams and anthropometry teams spent three days in the field collecting data. This field practice provided the interviewers with an opportunity to become aware of any issues with the survey that they did not previously understand. The field training sessions also provided an opportunity to conduct cognitive testing of the survey among target respondents. At the end of each day, the trainers and trainees reviewed the questionnaires and discussed any problems that arose. Minor revisions to the questionnaires were implemented based on feedback from the field training sessions.

All field staff were evaluated on survey concepts and procedures by means of short, periodic quizzes and tests following completion of the classroom training sessions and field training sessions. In addition to these evaluations, all field staff were observed by the trainers in order to fully assess their ability to administer the questionnaires.

1.2.4 Data collection

The SM2015-El Salvador Baseline Household Census, which captured basic demographic characteristics of all usual household occupants, was carried out between March 1, 2011, and June 20, 2011, in each of the randomly selected segments. For quality assurance, the data collected during the SM2015 Baseline Census were compared to data from the 2007 Census on an ongoing basis. When fewer than 60% of expected households were captured on the SM2015 Baseline Census, or when more than 5% of households were classified as “absent,” field staff were instructed to return to segments and attempt to capture missing households. In most cases, households considered occupied on the 2007 Census but not captured on the SM2015 Baseline Census were unoccupied because former residents had relocated for work.

Data collection for the SM2015-El Salvador Baseline Household Survey began on March 27, 2011, and was completed on July 8, 2011. To assure completeness of the sample, field staff were instructed to return to selected households up to three times (on different days, and at different times during the day) in an attempt to complete the Household Characteristics Questionnaire, the Maternal and Child Health Questionnaire, and the Physical Measurements Module.

Fifteen data collection teams, consisting of a total of three interviewers (male and female) were deployed to conduct the SM2015 Household Census. Eleven data collection teams were used to conduct the SM2015 Household Survey, each consisting of four female interviewers. Supervisors

were responsible for reviewing all questionnaires for quality and consistency prior to departing each segment. Eight supervisors oversaw the SM2015 Household Census, and five supervisors oversaw the SM2015 Household Survey.

1.2.5 Data entry and data analysis

Data entry began shortly after the fieldwork commenced and was completed within one week of the end of data collection. Completed household questionnaires were returned periodically from the field to the central headquarters, where they were entered in batch by experienced data entry personnel with training for this task. Data were entered using the computer software package Excel. All data were entered twice.

Data files were then uploaded to a secure FTP site where they could be accessed by the data analysis team at IHME. All analyses were performed by IHME using STATA Version 11.2 (StataCorp, College Station, Texas), incorporating survey weights developed by IHME and robust standard errors to account for intra-class correlation within clusters (segments).

1.2.6 Final sample description

Table 1.2.6 shows the total number of completed interviews with heads of households and women of reproductive age, and the total number of physical measurements of children aged 0-59 months performed, with corresponding response rates, by municipality. Response rates were calculated using the following formula: $(\text{[# complete]} \div \text{[# eligible participants]})$. High non-response may affect the reliability of the estimates.

According to the 2007 Census, there were a total of 15,045 occupied households in the selected segments. The SM2015 household listing exercise found 16,178 households that were occupied. Of the 16,178 occupied households, 14,230 completed the SM2015 Household Census, yielding a response rate of 88.0% for this portion of the survey.

Based on information collected during the SM2015 Household Census, a subset of households were visited for individual interviews. A total of 3,935 households were visited for the individual interviews. Of these, a total of 3,625 Household Characteristics Questionnaires were completed with heads of households, yielding a household response rate of 92.1%.

Using the household roster completed as part of the SM2015 Household Survey, 5,221 women of reproductive age (15-49 years) were identified from the sub-sample of interviewed households as eligible for the Maternal and Child Health Questionnaire. Of these, 4,730 successfully completed the questionnaire (90.6%). The household roster completed as part of the SM2015 Household Survey was also used to identify 3,836 children aged 0-59 months as eligible for the Physical Measurements Module among the interviewed households; 3,328 of these children were measured (86.8%).

Among those households that were occupied but did not complete the SM2015 Household Census, the vast majority of the non-response was due to household members being absent (74.9%) or refusing to do the interview (24.6%).

Table 1.2.6 Number of households, number of eligible women, number of eligible children, and response rates by municipality

Questionnaire type	Municipality													Overall	
	Tacuba	Ilobasco	Sensuntepeque	Monte San Juan	San Cristóbal	Chilitiupan	San Antonio Masahuat	Santa María Ostuma	El Sauce	Sociedad	Apastepeque	San Esteban Catarina	San Ildefonso		Tecoluca
Household Census															
No. of households	2,321	4,764	3,109	1,171	148	1,026	157	715	426	904	1,034	641	489	1,522	18,427
No. of households occupied	2,111	4,157	2,690	1,082	140	920	138	610	341	743	908	554	452	1,332	16,178
No. of households censused ^a	1,917	3,561	2,282	910	119	814	131	546	310	695	840	493	413	1,199	14,230
Response rate ^b , %	90.8%	85.7%	84.8%	84.1%	85.0%	88.5%	94.9%	89.5%	90.9%	93.5%	92.5%	89.0%	91.4%	90.0%	88.0%
Household Characteristics Questionnaire															
No. of households visited	538	910	696	167	32	213	31	181	104	192	208	155	116	392	3,935
No. of households interviewed ^a	477	863	640	143	27	202	27	168	98	188	186	136	108	362	3,625
Response rate ^b , %	88.7%	94.8%	92.0%	85.6%	84.4%	94.8%	87.1%	92.8%	94.2%	97.9%	89.4%	87.7%	93.1%	92.3%	92.1%
Maternal and Child Health Questionnaire															
No. of eligible women ^c	706	1,305	984	205	39	278	42	231	128	242	241	191	139	490	5,221
No. of eligible women interviewed ^a	632	1,166	881	191	36	251	37	208	117	225	229	178	133	446	4,730
Response rate ^b , %	89.5%	89.3%	89.5%	93.2%	92.3%	90.3%	88.1%	90.0%	91.4%	93.0%	95.0%	93.2%	95.7%	91.0%	90.6%
Physical Measurements Module															
No. of eligible children ^d	527	974	701	170	28	214	28	151	88	194	190	132	100	339	3,836
No. of eligible children measured	486	843	597	122	26	178	27	139	77	160	158	113	88	314	3,328
Response rate ^b , %	92.2%	86.6%	85.2%	71.8%	92.9%	83.2%	96.4%	92.1%	87.5%	82.5%	83.2%	85.6%	88.0%	92.6%	86.8%

^a Includes only units with completed interviews.

^b Number of completes out of total number of eligible units (i.e., occupied households or age-eligible women and children).

^c Women aged 15-49 years who reside in the interviewed households, based on the household roster completed as part of Household Characteristics Questionnaire.

^d Children aged 0-59 months who reside in the interviewed households, based on the household roster completed as part of Household Characteristics Questionnaire.

CHAPTER 2: CHARACTERISTICS OF HOUSEHOLDS

This chapter provides a descriptive summary of the basic demographic, socioeconomic, and environmental characteristics of the households sampled for the SM2015-El Salvador Baseline Household Survey.

2.1 Characteristics of non-participating households

Data on selected households that were absent or declined to participate in the SM2015 Household Survey are drawn from the SM2015 Household Census. Three hundred ten (7.9%) of the 3,935 households that were visited did not complete the SM2015 Household Survey. This non-response varies by municipality, from a low of 2.1% non-response in Sociedad to a high of 15.6% non-response in San Cristóbal. Those households that did not complete the SM2015 Household Survey are hereafter referred to as “replaced” households because they were replaced by other households in the segment, when possible. In 72 instances, households could not be replaced because there were no other households with age-eligible residents in the segment that could be substituted as replacements.

Replaced households consisted of one to 16 members (median five members). 65.1% of these households were headed by a man, and the remaining 34.9% were headed by a woman. Nearly all replaced households (96.3%) had a woman of reproductive age as a usual member, and 56.5% of households had a child under the age of 5 as a usual member.

2.2 Characteristics of participating households

A total of 3,625 households in El Salvador completed the household characteristics questionnaire. The remainder of this chapter is dedicated to a summary of the basic demographic, socioeconomic, and environmental characteristics of the households completing the household characteristics questionnaire.

2.3 Household Composition

2.3.1 Age and sex composition

The distribution of the de facto household population in the surveyed households in El Salvador is shown in Table 2.3.1 by five-year age groups and by sex. A larger proportion of El Salvador's population is in the younger age groups than in the older age groups. Table 2.3.1 indicates that just under half (44.0%) of the population is under age 15, slightly more than half (52.8%) of the population is in the economically productive age range (15-64), and the remaining 3.2% is age 65 and above.

Table 2.3.1 Household composition: age and sex

Percent distribution of the de facto household population by five-year age groups and sex, based on the household roster completed as part of the SM2015 Household Survey, El Salvador, 2011

Age, years	Male		Female		Total ^a	
	N	%	N	%	N	%
0-4	1,951	21.1%	1,885	18.2%	3,836	19.6%
5-9	1,167	12.6%	1,173	11.4%	2,340	12.0%
10-14	1,259	13.6%	1,165	11.3%	2,424	12.4%
15-19	969	10.5%	1,166	11.3%	2,135	10.9%
20-24	851	9.2%	1,233	11.9%	2,084	10.7%
25-29	597	6.5%	846	8.2%	1,443	7.4%
30-34	572	6.2%	722	7.0%	1,294	6.6%
35-39	455	4.9%	561	5.4%	1,016	5.2%
40-44	354	3.8%	388	3.8%	742	3.8%
45-49	291	3.2%	305	3.0%	596	3.0%
50-54	189	2.0%	222	2.1%	411	2.1%
55-59	136	1.5%	208	2.0%	344	1.8%
60-64	123	1.3%	143	1.4%	266	1.4%
65-69	100	1.1%	99	1.0%	199	1.0%
70-74	77	0.8%	84	0.8%	161	0.8%
75-79	68	0.7%	66	0.6%	134	0.7%
80 +	71	0.8%	63	0.6%	134	0.7%
Total	9,230	100.0%	10,329	100.0%	19,559	100.0%

^a Four individuals were excluded from this table because no age was reported.

2.3.2 Housing composition

Table 2.3.2 shows that males are the head of the household in nearly 70% of surveyed households in El Salvador, with females as the head of household in the remaining 30%. There were two households that did not list anyone on the household roster as the head of the household. The large majority of households (71.4%) have three to six members, with another 10.8% of households having nine or more members.

Table 2.3.2 Household composition			
Percent distribution of households by sex of head of household and by household size, El Salvador, 2011			
Household characteristic	N	%	SE
Sex of head of household			
Male	2,514	69.4%	0.8%
Female	1,109	30.6%	0.8%
DK/NR	0		
Missing	2		
Total	3,625	100.0%	
Number of usual members			
1	4	0.1%	0.1%
2	88	2.4%	0.3%
3	708	19.5%	0.7%
4	752	20.8%	0.7%
5	640	17.7%	0.6%
6	487	13.4%	0.6%
7	321	8.9%	0.5%
8	231	6.4%	0.4%
9+	391	10.8%	0.5%
DK/NR	0		
Missing	3		
Total	3,625	100.0%	

2.4 Drinking water access and treatment

2.4.1 Sanitation facilities and waste disposal

A household's source of drinking water is an important determinant of the health status of household members. Contaminated drinking water can spread waterborne diseases, such as diarrhea or dysentery. Piped water, protected wells, and protected springs are expected to be relatively free of these diseases, whereas other sources like unprotected wells, rainwater, or surface water are more likely to carry disease-causing agents. Table 2.4.1 indicates that the majority of surveyed households (73.2%) use piped water, and one-quarter (25.2%) of households have to go outside their home or yard to a water source.

Table 2.4.1 also includes information about sanitation facilities. Half of surveyed households (49.6%) use a latrine or pit toilet, and less than a quarter (23.2%) of households use a modern flush toilet. One-tenth (10.2%) of households report having no sanitation facilities at all and using the bushes or fields.

Table 2.4.1 Household characteristics: water and sanitation

Percent distribution of households, El Salvador, 2011

Household characteristic	N	Weighted %	Weighted SE
Source of drinking water			
Pipes	1,246	34.3%	1.9%
Pipes that lead to the house	1,076	29.7%	1.8%
Pipes that lead to the patio/yard	336	9.2%	1.0%
Public pump	138	3.8%	0.8%
Tube or drilled well	112	3.1%	0.6%
Protected dug well	236	6.6%	1.1%
Unprotected dug well	105	2.9%	0.7%
Protected spring	111	3.2%	0.5%
Unprotected spring	97	2.8%	0.5%
Rainwater	2	0.1%	
Water tank truck	25	0.7%	0.4%
Car with a small tank	3	0.1%	
Surface water	7	0.2%	0.1%
Bottled water	3	0.1%	
Other	121	3.4%	0.4%
Missing	7		
Total	3,625	100.0%	
Location of water source			
In own house/home	1,483	41.0%	2.1%
In own patio/yard	1,224	33.8%	1.7%
Elsewhere	903	25.2%	2.1%
Missing	15		
Total	3,625	100.0%	
Sanitation facility			
Flush toilet	833	23.2%	2.3%
Toilet with water poured from gourds	143	4.0%	0.5%
Latrine/pit toilet	1,808	49.6%	2.2%
Dry toilet	467	13.0%	1.6%
No toilet, bushes, field	363	10.2%	1.3%
Other	3	0.1%	
DK/NR	2		
Missing	6		
Total	3,625	100.0%	

2.4.2 Fuel and number of dwellings

The two most commonly reported cooking fuel sources used in households are gas tanks (48.1%) and wood (50.3%). Among those households with non-missing responses as to what cooking fuel sources they use, 43.4% report normally cooking food in the house, 33.5% normally cook food in a separate room, and 23.1% normally cook food outside the house.

Table 2.4.2 Household characteristics: fuel and number of dwellings			
Percent distribution of households, El Salvador, 2011			
Household characteristic	N	Weighted %	Weighted SE
Cooking fuel source			
Electricity	22	0.6%	0.2%
Gas tank	1,742	48.1%	2.4%
Coal	30	0.8%	0.2%
Wood	1,822	50.3%	2.4%
Straw/twigs/grass	6	0.2%	0.1%
Agricultural crops	0	0.0%	
No food is cooked at home	0	0.0%	
Other	0	0.0%	
DK/NR	0		
Missing	3		
Total	3,625	100.0%	
Location for cooking food, among those who reported a cooking fuel source			
In the house	1,566	43.4%	1.5%
In a separate building	1,224	33.5%	1.3%
Outside	830	23.1%	1.2%
Other	1	0.0%	
DK/NR	1		
Missing	0		
Total	3,622	100.0%	
Separate kitchen			
Yes	2,148	59.3%	1.2%
No	1,469	40.7%	1.2%
DK/NR	3		
Missing	5		
Total	3,625	100.0%	

2.5 Household Expenditures

2.5.1 Total expenditures by type

Households were surveyed about the amount the family unit living in the household spent over the last month. Table 2.5.1a shows the monthly expenditures per person living in the household. All data are presented in US dollars. Two-thirds of households (68.6%) spent under \$40 per person over the last month. The mean expenditure per person was \$36, and the median expenditure per person was \$27.

After reporting total household expenditures, households were then asked how much was spent on specific categories (e.g., food, housing, education, and medical care) over the last four weeks. Table 2.5.1b shows the expenditures on each category as a percentage of total household expenditures. For example, if a household spent \$100 in the last month and reported spending \$20 on food, then that household would have spent 20% of their total household expenditures on food, and would therefore fall into the 10%-24% category.

Table 2.5.1b shows that 82.9% of households spend more than half of their monthly expenditures on food. However, the majority of households spend \$0 on education (80.5% of households), \$0 on medical care (74.7%), \$0 on social security (96.8%), \$0 on private insurance (99.2%), and \$0 on other expenses for access to health care (such as transportation, housing, or childcare services needed to get health care) (89.9% of households).

Table 2.5.1a Total household expenditures per person			
Percent distribution of households by monthly total expenditures per person, El Salvador, 2011			
Household expenditures (US\$)	N	Weighted %	Weighted SE
Total expenditures per person			
0-19	1,094	30.8%	1.7%
20-39	1,344	37.8%	1.0%
40-59	566	16.0%	0.8%
60-79	299	8.4%	0.6%
80-99	81	2.3%	0.3%
100+	172	4.8%	0.6%
DK/NR	60		
Missing	9		
Total	3,625	100.0%	
Total expenditures per person, weighted mean (weighted SD)	36	(1)	
Total expenditures per person, weighted median (weighted IQR)	27	(17,45)	

Table 2.5.1b Household expenditures by type

Percent distribution of households by monthly expenditures by type as a percentage of reported total household expenditures, El Salvador, 2011

Expenditure type	N	Weighted %	Weighted SE	Expenditure type	N	Weighted %	Weighted SE
Food				Housing, gas, electricity, water, telephone			
0%	6	0.2%	0.1%	0%	294	8.3%	0.9%
0.1-9%	35	1.0%	0.2%	0.1-9%	1,014	28.4%	1.2%
10-24%	117	3.3%	0.4%	10-24%	1,443	40.5%	1.1%
25-49%	453	12.7%	0.9%	25-49%	652	18.4%	1.1%
50-74%	1,182	33.4%	1.2%	50-74%	115	3.2%	0.4%
75-89%	1,062	30.0%	1.1%	75-89%	18	0.5%	0.1%
90+%	693	19.5%	1.3%	90+%	20	0.6%	0.1%
DK/NR	62			DK/NR	54		
Missing	15			Missing	15		
Total	3,625	100.0%		Total	3,625	100.0%	
Tuition and school supplies				Expenses paid for medical care			
0%	2,855	80.5%	1.1%	0%	2,651	74.7%	1.2%
0.1-9%	296	8.3%	0.6%	0.1-9%	244	6.9%	0.5%
10-24%	261	7.4%	0.6%	10-24%	341	9.7%	0.6%
25-49%	96	2.7%	0.3%	25-49%	226	6.4%	0.5%
50-74%	32	0.9%	0.2%	50-74%	55	1.6%	0.3%
75-89%	1	0.0%		75-89%	11	0.3%	0.1%
90+%	6	0.2%	0.1%	90+%	16	0.5%	0.1%
DK/NR	55			DK/NR	57		
Missing	23			Missing	24		
Total	3,625	100.0%		Total	3,625	100.0%	
Social security				Private insurance			
0%	3,420	96.8%	0.4%	0%	3,517	99.2%	0.1%
0.1-9%	73	2.1%	0.3%	0.1-9%	20	0.6%	0.1%
10-24%	31	0.9%	0.2%	10-24%	4	0.1%	0.1%
25-49%	10	0.3%	0.1%	25-49%	2	0.1%	
50-74%	0	0.0%		50-74%	0	0.0%	
75-89%	0	0.0%		75-89%	0	0.0%	

90+%	0	0.0%		90+%	2	0.1%	
DK/NR	69			DK/NR	58		
Missing	22			Missing	22		
Total	3,625	100.0%		Total	3,625	100.0%	
Other expenses for access to health care				Other			
0%	3,192	89.9%	0.9%	0%	3,377	95.8%	0.5%
0.1-9%	281	8.0%	0.8%	0.1-9%	71	2.0%	0.3%
10-24%	46	1.3%	0.2%	10-24%	53	1.5%	0.2%
25-49%	19	0.5%	0.1%	25-49%	22	0.6%	0.2%
50-74%	8	0.2%	0.1%	50-74%	5	0.1%	0.1%
75-89%	1	0.0%		75-89%	0	0.0%	
90+%	3	0.1%		90+%	0	0.0%	
DK/NR	52			DK/NR	51		
Missing	23			Missing	46		
Total	3,625	100.0%		Total	3,625	100.0%	

2.5.2 Health expenditures

Of the 3,625 total households in the survey, 909 (25.1%) reported having health expenditures in the last four weeks, and 906 of those households reported the amount paid for health expenses. Among these 906 households, health expenditures over the last four weeks ranged from a minimum of \$1 to a maximum of \$2,000. The weighted median expenditure was \$30, and the weighted mean was \$54, which was inflated by a few households that paid very high medical expenses. Overall, 90% of households with health expenditures reported paying \$100 or less.

Table 2.5.2 shows the expenditures on each category of medical care as a percentage of total household medical expenditures. Drugs and medicine represents the largest percentage of total medical spending for many households. Roughly half of all households with medical expenditures (50.4%) report spending 90% or more of their medical expenditures on drugs or medicine. Only 18.7% of households with medical expenditures spent no money on drugs or medicine.

Table 2.5.2 Household medical expenditures by type

Percent distribution of households by monthly medical expenditures by type as a percentage of reported total household medical expenditures, El Salvador, 2011

Expenditure type	N	Weighted %	Weighted SE	Expenditure type	N	Weighted %	Weighted SE
Care that required an overnight stay				Other costs for an overnight stay			
0%	787	94.8%	0.9%	0%	683	83.2%	1.9%
0.1-9%	0	0.0%		0.1-9%	46	5.5%	1.0%
10-24%	5	0.6%	0.3%	10-24%	35	4.3%	0.7%
25-49%	9	1.1%	0.3%	25-49%	24	3.0%	0.6%
50-74%	6	0.7%	0.3%	50-74%	12	1.4%	0.4%
75-89%	0	0.0%		75-89%	2	0.2%	0.2%
90+%	23	2.8%	0.7%	90+%	19	2.4%	0.5%
DK/NR	4			DK/NR	4		
Missing	75			Missing	84		
Total	909	100.0%		Total	909	100.0%	
Care that did not require an overnight stay				Care provided by traditional healers			
0%	605	73.9%	2.0%	0%	810	98.9%	0.3%
0.1-9%	37	4.6%	0.9%	0.1-9%	1	0.1%	0.1%
10-24%	51	6.3%	1.1%	10-24%	3	0.4%	0.2%
25-49%	54	6.6%	0.9%	25-49%	2	0.2%	0.2%
50-74%	14	1.7%	0.4%	50-74%	3	0.4%	0.2%
75-89%	3	0.4%	0.2%	75-89%	0	0.0%	
90+%	54	6.6%	1.1%	90+%	0	0.0%	
DK/NR	4			DK/NR	3		
Missing	87			Missing	87		
Total	909	100.0%		Total	909	100.0%	
Dentists				Drugs or medicine			
0%	790	96.6%	0.7%	0%	157	18.7%	1.8%
0.1-9%	0	0.0%		0.1-9%	11	1.5%	0.5%
10-24%	2	0.2%	0.2%	10-24%	28	3.4%	0.6%
25-49%	4	0.5%	0.2%	25-49%	76	9.3%	0.9%
50-74%	6	0.7%	0.3%	50-74%	89	11.0%	1.2%
75-89%	2	0.3%	0.2%	75-89%	47	5.8%	0.8%

90+%	15	1.7%	0.5%	90+%	411	50.4%	2.0%
DK/NR	3			DK/NR	4		
Missing	87			Missing	86		
Total	909	100.0%		Total	909	100.0%	
Health products (e.g., prescription glasses)				Diagnostic and lab tests (e.g., x-rays)			
0%	794	97.2%	0.6%	0%	646	79.1%	1.5%
0.1-9%	2	0.2%	0.2%	0.1-9%	17	2.0%	0.5%
10-24%	0	0.0%		10-24%	40	4.8%	0.7%
25-49%	4	0.5%	0.3%	25-49%	32	3.9%	0.6%
50-74%	2	0.2%	0.2%	50-74%	10	1.3%	0.4%
75-89%	1	0.1%	0.1%	75-89%	9	1.1%	0.3%
90+%	14	1.7%	0.5%	90+%	64	7.7%	1.2%
DK/NR	3			DK/NR	3		
Missing	89			Missing	88		
Total	909	100.0%		Total	909	100.0%	
Any other health care products or services							
0%	775	95.4%	0.8%				
0.1-9%	4	0.5%	0.3%				
10-24%	9	1.1%	0.3%				
25-49%	12	1.5%	0.4%				
50-74%	4	0.5%	0.2%				
75-89%	1	0.1%	0.1%				
90+%	8	1.0%	0.3%				
DK/NR	3						
Missing	93						
Total	909	100.0%					

2.5.3 Source of health expenditure financing

Of the 3,625 total households in the survey, 642 (17.7%) reported that members of the household went to a hospital and stayed overnight at least once during the last 12 months. Of those 642 households with overnight stays, 547 reported a non-zero amount paid for all of the expenses associated with the overnight stays. Among these 547 households, the amount paid for overnight stays over the last 12 months ranged from a minimum of \$1 to a maximum of \$6,000. The weighted median amount paid was \$30, and the weighted mean was \$125, which was inflated by a few households that paid very high expenses. Overall, 90% of households with expenditures for overnight stays reported paying \$250 or less.

Table 2.5.3 shows the source of financing for medical expenditures as a percentage of the total household medical expenditures for overnight hospital stays. Almost all households (94.7%) use current income to fund a portion of the household's medical expenditures, with 79.5% of households using current income to fund 90% or more of the total medical expenses. Only one household in the survey sold property in order to finance medical expenses, and fewer than 5% of households financed medical expenses through health insurance, items sold, or other alternative sources.

Table 2.5.3 Household medical expenditures by source of financing

Percent distribution of households by source of medical expenditures as a percentage of reported total household medical expenditures for overnight hospital stays in the last 12 months, among those households with overnight hospital stays, El Salvador, 2011

Financing source	N	Weighted %	Weighted SE	Financing source	N	Weighted %	Weighted SE
Any of the household member's current income				Savings (e.g., bank account)			
0%	25	5.3%	1.2%	0%	298	80.0%	2.6%
0.1-9%	1	0.2%	0.2%	0.1-9%	1	0.3%	0.3%
10-24%	8	1.7%	0.6%	10-24%	5	1.3%	0.6%
25-49%	22	4.4%	0.9%	25-49%	18	4.7%	1.1%
50-74%	38	7.9%	1.3%	50-74%	26	6.9%	1.4%
75-89%	5	1.0%	0.5%	75-89%	4	1.1%	0.5%
90+%	385	79.5%	2.2%	90+%	22	5.7%	1.2%
DK/NR	60			DK/NR	53		
Missing	98			Missing	215		
Total	642	100.0%		Total	642	100.0%	
Health insurance plan payment or reimbursement				Items sold (e.g., furniture, animals, or jewelry)			
0%	344	96.5%	1.3%	0%	351	96.9%	1.1%
0.1-9%	0	0.0%		0.1-9%	1	0.3%	0.3%
10-24%	2	0.6%	0.4%	10-24%	2	0.6%	0.4%
25-49%	2	0.5%	0.4%	25-49%	2	0.5%	0.4%
50-74%	1	0.3%	0.3%	50-74%	3	0.9%	0.5%
75-89%	1	0.3%	0.3%	75-89%	0	0.0%	
90+%	7	1.9%	0.8%	90+%	3	0.8%	0.5%
DK/NR	54			DK/NR	53		
Missing	231			Missing	227		
Total	642	100.0%		Total	642	100.0%	
Property sold				Relatives or friends who do not belong to the household			
0%	356	99.7%	0.3%	0%	348	93.7%	1.4%
0.1-9%	0	0.0%		0.1-9%	0	0.0%	
10-24%	0	0.0%		10-24%	0	0.0%	
25-49%	0	0.0%		25-49%	5	1.3%	0.6%
50-74%	1	0.3%	0.3%	50-74%	2	0.5%	0.4%
75-89%	0	0.0%		75-89%	0	0.0%	
90+%	0	0.0%		90+%	16	4.5%	1.1%

DK/NR	53			DK/NR	53		
Missing	232			Missing	218		
Total	642	100.0%		Total	642	100.0%	
Money loaned from someone who is not a friend of the family				Another source			
0%	342	88.3%	2.4%	0%	351	96.9%	1.0%
0.1-9%	0	0.0%		0.1-9%	1	0.3%	0.3%
10-24%	0	0.0%		10-24%	0	0.0%	
25-49%	5	1.2%	0.5%	25-49%	1	0.3%	0.3%
50-74%	6	1.6%	0.8%	50-74%	1	0.3%	0.3%
75-89%	5	1.2%	0.6%	75-89%	0	0.0%	
90+%	29	7.6%	1.8%	90+%	8	2.3%	0.8%
DK/NR	54			DK/NR	59		
Missing	201			Missing	221		
Total	642	100.0%		Total	642	100.0%	

2.6 Proximity to health services

Survey respondents were asked for the name of the health care facility they usually go to and how long it takes them to get there. This question is an important indicator of access to health services, and as can be seen in Table 2.6, there is a wide distribution in reported travel time.

Table 2.6 Proximity to health services

Percent distribution of households by reported time it takes to get to the household's usual health care facility, El Salvador, 2011

	N	Weighted %	Weighted SE
Time to health care facility			
<15 minutes	557	18.9%	1.7%
15 to <30 minutes	755	25.7%	1.6%
30 to <45 minutes	710	24.0%	1.4%
45 to <60 minutes	112	3.8%	0.4%
60+ minutes	809	27.6%	2.4%
DK/NR	14		
Missing	668		
Total	3,625	100.0%	

2.7 Availability of assets

2.7.1 Household wealth

The availability of durable consumer goods is a good indicator of a household's socioeconomic status. Table 2.7.1 shows the availability of selected consumer goods by household. The large majority of households (85.9%) have electricity, and the most commonly owned items are cell phones (83.4%), televisions (78.4%), and radios (75.4%).

Table 2.7.1 Household characteristics: availability of assets							
Percent distribution of households, El Salvador, 2011							
Asset	N	Weighted %	Weighted SE	Asset	N	Weighted %	Weighted SE
Electricity				Radio			
Yes	3,114	85.9%	1.3%	Yes	2,726	75.4%	1.1%
No	508	14.1%	1.3%	No	895	24.6%	1.1%
DK/NR	0			DK/NR	1		
Missing	3			Missing	3		
Total	3,625	100.0%		Total	3,625	100.0%	
Television				Cell phone			
Yes	2,843	78.4%	1.5%	Yes	3,024	83.4%	1.0%
No	778	21.6%	1.5%	No	597	16.6%	1.0%
DK/NR	1			DK/NR	1		
Missing	3			Missing	3		
Total	3,625	100.0%		Total	3,625	100.0%	
Telephone (land line)				Refrigerator			
Yes	593	16.5%	1.4%	Yes	1,725	47.8%	1.9%
No	3,028	83.5%	1.4%	No	1,896	52.2%	1.9%
DK/NR	1			DK/NR	1		
Missing	3			Missing	3		
Total	3,625	100.0%		Total	3,625	100.0%	
Wristwatch				Bicycle			
Yes	1,224	33.8%	1.4%	Yes	1,174	32.4%	1.4%
No	2,392	66.2%	1.4%	No	2,443	67.6%	1.4%
DK/NR	6			DK/NR	4		
Missing	3			Missing	4		
Total	3,625	100.0%		Total	3,625	100.0%	

Motorcycle				Animal-driven cart			
Yes	121	3.4%	0.4%	Yes	62	1.7%	0.2%
No	3,494	96.6%	0.4%	No	3,554	98.3%	0.2%
DK/NR	5			DK/NR	5		
Missing	5			Missing	4		
Total	3,625	100.0%		Total	3,625	100.0%	
Car				Truck			
Yes	328	9.1%	0.8%	Yes	104	2.8%	0.3%
No	3,288	90.9%	0.8%	No	3,511	97.2%	0.3%
DK/NR	5			DK/NR	5		
Missing	4			Missing	5		
Total	3,625	100.0%		Total	3,625	100.0%	
Agricultural land				Livestock, farm animals, domestic fowl			
Yes	852	23.5%	1.4%	Yes	1,586	43.9%	2.0%
No	2,766	76.5%	1.4%	No	2,027	56.1%	2.0%
DK/NR	2			DK/NR	4		
Missing	5			Missing	8		
Total	3,625	100.0%		Total	3,625	100.0%	
Bank account							
Yes	332	9.3%	0.8%				
No	3,262	90.7%	0.8%				
DK/NR	18						
Missing	13						
Total	3,625	100.0%					

CHAPTER 3: GENERAL CHARACTERISTICS OF RESPONDENTS

This chapter summarizes the demographic characteristics, socioeconomic status, and health status of women of reproductive age (15-49 years) participating in the SM2015-El Salvador Baseline Household Survey.

3.1 Demographic characteristics

3.1.1 Age, marital status, relation to head of household

The age distribution of the de facto population of women of reproductive age residing in the surveyed households in El Salvador is shown in Table 3.1.1 by five-year age groups. Over 60% of all women participating in the baseline SM2015 Household Survey were younger than 30 years of age, 25.8% were between the ages of 30 and 39, and the remaining 13.8% were between the ages of 40 and 49. While the majority of women reported being married (27.8%) or partnered (31.6%), 30.0% indicated they were never married. Approximately 43% of women reported being the spouse/partner of the head of the sampled household, 29.3% reported being the biological daughter of the head of the household, and 15.2% reported being the head of the household.

Table 3.1.1 Demographic characteristics of respondents			
Percent distribution of women, El Salvador, 2011			
Characteristic	N	%	SE
Age			
15-19 years	997	21.1%	0.6%
20-24 years	1,095	23.2%	0.6%
25-29 years	768	16.2%	0.5%
30-34 years	690	14.6%	0.5%
35-39 years	529	11.2%	0.5%
40-44 years	360	7.6%	0.4%
45-49 years	291	6.2%	0.3%
Total	4,730	100.0%	
Marital status			
Never married	1,393	30.0%	0.7%
Married	1,289	27.8%	0.7%
Partner/common law	1,468	31.6%	0.7%
Divorced	12	0.3%	0.1%
Separated	431	9.3%	0.4%
Widowed	45	1.0%	0.1%
Other	2	0.0%	
DK/NR	0		
Missing	90		
Total	4,730	100.0%	
Respondent's relationship to head of household			
Head of the household	715	15.2%	0.5%
Spouse	1,122	23.8%	0.6%
Biological child	1,382	29.3%	0.7%
Adopted/step-child	38	0.8%	0.1%
Grandchild	170	3.6%	0.3%
Niece/nephew	38	0.8%	0.1%
Mother/father	6	0.1%	0.1%
Sister/brother	56	1.2%	0.2%
Daughter-in-law/son-in-law	200	4.2%	0.3%
Sister-in-law/brother-in-law	18	0.4%	0.1%
Grandparent	0	0.0%	
Mother-in-law/father-in-law	4	0.1%	
Other relative	17	0.4%	0.1%
Non-relative	21	0.4%	0.1%
Life partner	921	19.5%	0.6%
Other	5	0.1%	
DK/NR	0		
Missing	17		
Total	4,730	100.0%	

3.1.2 Residence

Department and municipality of residence are summarized in Table 3.1.2 below. The original sampling scheme dictated that segments would be selected with probability proportional to size. More than 1,000 women were surveyed from the municipality of Ilobasco, in the department of Cabañas. In contrast, just 36 women were surveyed from the municipality of San Cristóbal, in the department of Cuscatlán.

Table 3.1.2 Department and municipality of residence of respondents			
Percent distribution of women, El Salvador, 2011			
Area of residence	N	%	SE
Department of residence			
Ahuachapán	632	13.4%	0.5%
Cabañas	2,047	43.3%	0.7%
Cuscatlán	227	4.8%	0.3%
La Libertad	251	5.3%	0.3%
La Paz	245	5.2%	0.3%
La Unión	117	2.5%	0.2%
Morazán	225	4.8%	0.3%
San Vicente	986	20.8%	0.6%
Total	4,730	100.0%	
Municipality of residence			
Tacuba	632	13.4%	0.5%
Ilobasco	1,166	24.7%	0.6%
Sensuntepeque	881	18.6%	0.6%
Monte San Juan	191	4.0%	0.3%
San Cristóbal	36	0.8%	0.1%
Chiltiupan	251	5.3%	0.3%
San Antonio Masahuat	37	0.8%	0.1%
Santa Maria Ostuma	208	4.4%	0.3%
El Sauce	117	2.5%	0.2%
Sociedad	225	4.8%	0.3%
Apastepeque	229	4.8%	0.3%
San Esteban Catarina	178	3.8%	0.3%
San Ildefonso	133	2.8%	0.2%
Tecoluca	446	9.4%	0.4%
Total	4,730	100.0%	

3.2 Educational attainment and literacy

Nearly 90% of survey participants had attended school (Table 3.2). For more than half of these women (56.5%), the highest level of education completed was elementary. Literacy was assessed by asking respondents to read from a card the following sentence: “La salud del niño es muy importante para su desarrollo en la vida.” Nearly 80% of women surveyed were able to read the whole sentence.

Table 3.2 Educational attainment and literacy			
Percent distribution of women, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Education			
Attended school	4,238	89.7%	0.7%
Did not attend school	452	9.6%	0.7%
Completed literacy course	31	0.7%	0.2%
DK/NR	1	0.0%	
Missing	8		
Total	4,730	100.0%	
Highest level of education			
Elementary	2,390	56.5%	1.7%
Secondary	1,561	36.5%	1.3%
University	271	6.8%	0.8%
Literacy course	10	0.2%	0.1%
DK/NR	6		
Missing	0		
Total	4,238	100.0%	
Literacy			
Cannot read at all	542	11.5%	0.7%
Able to read parts of sentence	424	9.0%	0.6%
Able to read whole sentence	3,744	79.4%	1.1%
Blind or visually impaired	4	0.1%	
DK/NR	12		
Missing	4		
Total	4,730	100.0%	

3.3 Employment

As summarized in Table 3.3, the vast majority of respondents were homemakers (75.7%). Of the 531 women who reported being employed and working at the time of the interview, most (74.5%) identified “employee” as their occupational role.

Table 3.3 Employment			
Percent distribution of women, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Employment status			
Employed and working	531	11.3%	0.8%
Employed but not working	27	0.6%	0.1%
Student	558	12.1%	0.6%
Homemaker	3,580	75.7%	1.1%
Retired	3	0.1%	
Unable to work due to disability	11	0.2%	0.1%
DK/NR	10		
Missing	10		
Total	4,730	100.0%	
Occupational role			
Employee	387	74.5%	2.4%
Employer	2	0.3%	0.2%
Owner	68	13.1%	1.8%
Self-employed	59	11.6%	1.8%
Unpaid worker (intern)	2	0.5%	0.5%
DK/NR	11		
Missing	2		
Total	531	100.0%	

3.4 Exposure to mass media

Respondents were asked about their exposure to several common types of mass media: newspapers, radio, and television. As displayed in Table 3.4, below, among women who demonstrated full or partial literacy, 40.4% had weekly exposure to newspapers. Almost 70% of all women had weekly exposure to radio, and 75.8% had weekly exposure to television.

Table 3.4 Exposure to mass media			
Percent distribution of women, El Salvador, 2011			
Type of mass media	N	Weighted %	Weighted SE
Newspapers^a			
≥1 time per week	1,671	40.4%	1.4%
< 1 time per week	936	22.4%	1.0%
Never	1,543	37.1%	1.4%
DK/NR	10		
Missing	8		
Total	4,168	100.0%	
Radio			
≥1 time per week	3,210	68.2%	1.1%
< 1 time per week	716	15.1%	0.8%
Never	791	16.8%	0.8%
DK/NR	7		
Missing	6		
Total	4,730	100.0%	
Television			
≥1 time per week	3,562	75.8%	1.4%
< 1 time per week	545	11.3%	0.7%
Never	617	12.8%	1.1%
DK/NR	2		
Missing	4		
Total	4,730	100.0%	
Exposed to all three forms of media at least once per week^a			
Yes	1,181	28.7%	1.3%
No	2,975	71.3%	1.3%
DK/NR	6		
Missing	6		
Total	4,168	100.0%	
Exposed to any form of media at least once per week			
Yes	1,411	30.1%	1.2%
No	3,317	69.9%	1.2%
DK/NR	1		
Missing	1		
Total	4,730	100.0%	

^a Among women who are fully or partially literate.

3.5 Health status

3.5.1 Current health status

Table 3.5.1 shows the self-rated current health status of all women participating in the survey. Nearly two-thirds of all women considered their health to be “good,” “very good,” or “excellent.” Approximately 6% reported “poor” health on the day of the interview. When asked to evaluate their current health status relative to the past year, 52.7% reported that their health was “about the same.” While 36.3% reported that their health had improved, 10.9% reported worse health on the day of the interview, compared to last year. Eighty-five percent could “easily” perform their daily activities (e.g., work, housework, and child care). Nearly 15% of women reported at least some degree of difficulty performing these tasks that was related to their health status.

Table 3.5.1 Current health status

Percent distribution of women, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Self-rated current health			
Excellent	854	18.1%	1.3%
Very good	923	20.0%	1.1%
Good	1,310	27.7%	1.0%
Fair	1,365	28.5%	1.0%
Poor	274	5.6%	0.4%
DK/NR	2		
Missing	2		
Total	4,730	100.0%	
Current health relative to health last year			
Better	1,704	36.3%	1.3%
Worse	524	10.9%	0.6%
About the same	2,492	52.7%	1.1%
DK/NR	3		
Missing	7		
Total	4,730	100.0%	
Ability to perform daily activities			
Easily	3,998	85.0%	0.9%
With some difficulty	648	13.4%	0.8%
With much difficulty	63	1.4%	0.2%
Unable to do	10	0.2%	0.1%
DK/NR	4		
Missing	7		
Total	4,730	100.0%	

3.5.2 Recent illness

Women were asked a series of questions about any illnesses or health problems they might have had in the two weeks preceding the interview. Approximately 30% of women reported being sick during that time (Table 3.5.2). Of the 1,419 women who reported a recent illness, headache (24.8%), cough/chest infection (14.2%), fever (7.3%), and abdominal pain (5.9%) were the most commonly elicited specific complaints.

Table 3.5.2 Recent illness			
Percent distribution of women, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Respondent was sick recently (in the last two weeks)			
Yes	1,419	30.0%	1.1%
No	3,290	70.0%	1.1%
DK/NR	2		
Missing	19		
Total	4,730	100.0%	
Recent illness			
Headache	349	24.8%	1.4%
Cough/chest infection	199	14.2%	1.1%
Fever	106	7.3%	0.8%
Abdominal pain	82	5.9%	0.7%
Hypertension	35	2.4%	0.4%
Diarrhea without blood	32	2.2%	0.4%
Gynecologic problems	28	1.9%	0.3%
Toothache	21	1.5%	0.4%
Skin rash/infection	13	0.9%	0.2%
Diabetes	12	0.8%	0.2%
Malaria	11	0.8%	0.3%
Bronchitis	12	0.8%	0.2%
Diarrhea with vomiting	10	0.7%	0.2%
Vomiting	9	0.6%	0.2%
Obstetric problems	9	0.6%	0.2%
Asthma	8	0.5%	0.2%
Eye/ear infection	7	0.5%	0.2%
Diarrhea with blood	5	0.3%	0.1%
Anemia	5	0.3%	0.1%
Pneumonia	3	0.2%	0.1%
Tuberculosis	2	0.1%	0.1%
Jaundice	1	0.1%	0.1%
Stroke/paralysis in the lower limbs	1	0.1%	0.1%
HIV/AIDS	0	0.0%	
Paralysis in the upper limbs	0	0.0%	
Other	453	32.5%	1.6%
DK/NR	6		
Missing	0		
Total	1,419	100.0%	

3.5.3 Days of work lost due to illness

Of the 531 women who reported being employed, fewer than 10% missed any days of work in the two weeks preceding the interview due to illness (Table 3.5.3).

Table 3.5.3 Days of work lost due to illness

Percent distribution of working women, El Salvador, 2011

	N	Weighted %	Weighted SE
Number of days of work missed due to illness in the last two weeks			
0 days	454	90.9%	1.2%
1 day	16	3.0%	0.8%
2 days	11	2.3%	0.8%
3 days	8	1.4%	0.5%
4 days	1	0.2%	0.2%
5 days	3	0.5%	0.3%
6 days	1	0.2%	0.2%
7 days	4	0.7%	0.3%
8 days	4	0.7%	0.4%
9 days	0	0.0%	
10 days	0	0.0%	
11 days	0	0.0%	
12 days	0	0.0%	
13 days	0	0.0%	
14 days	1	0.2%	0.2%
DK/NR	18		
Missing	10		
Total	531	100.0%	

3.6 Access to health services

3.6.1 Proximity to health care facilities

Table 3.6.1 displays the responses to several survey questions that were used to assess proximity to health care facilities. Respondents were asked to estimate proximity to health care facilities in terms of distance (kilometers) and travel time. Not surprisingly, respondents typically had more difficulty estimating distance to health care facilities. As shown in the table below, “Don’t know” responses to the distance questions were exceedingly common.

Not counting the 1,079 women who were unable to estimate the distance to the closest health facility, 72.1% of women reported living within five kilometers of a health facility. Approximately half of the sample indicated that it took less than 30 minutes to reach this facility by the usual means of transportation. Over 20% estimated the travel time from their household to the closest health facility to be an hour or more.

Of the 1,419 women who reported being sick during the two weeks preceding the interview, 638 attended a health care facility for evaluation and/or treatment (Table 3.6.2). While most (61.6%) of these women traveled between one and five kilometers for care, 37.2% estimated that it took an hour or more to reach the facility.

Among women whose most recent birth the last two years was in a facility, nearly half (43.9%) spent an hour or more in transit.

Of the 1,520 children aged 0-59 months who were sick during the two weeks preceding the interview, 896 were taken to a health care facility for evaluation and/or treatment (Table 8.1.3). Most (66.3%) attended a facility that was located between one and five kilometers from their home. Approximately 25% traveled an hour or more to reach the facility.

It is interesting to note that although 22.4% of respondents who could estimate the distance to the closest health care facility indicated that this distance was less than one kilometer, all of the facilities that were attended by women who were recently ill, all of the facilities attended for in-facility delivery, and all of the facilities that were visited for a child’s illness were at least one kilometer away. Despite the fact that many women live in very close proximity to a health care facility, they chose to attend more distant facilities when they are in need of care.

Lastly, as reported previously in Chapter 2, the head of the household was asked to estimate the proximity to the health care facility that he/she “usually” attends, in terms of travel time. These data are presented in the table below for the sake of comparison.

Table 3.6.1 Proximity to health care facilities

Percent distribution of women, El Salvador, 2011

	N	Weighted %	Weighted SE
Proximity to health care facility closest to household, distance			
<1 km	792	22.4%	2.2%
1 to <5 km	1,760	49.7%	2.3%
5 to <10 km	633	17.9%	1.9%
≥10 km	356	10.1%	1.5%
DK/NR	1,079		
Missing	110		
Total	4,730	100.0%	
Proximity to health care facility closest to household, travel time			
<15 min	1,057	22.5%	1.9%
15 to <30 min	1,291	27.9%	1.5%
30 to <45 min	1,136	23.8%	1.3%
45 to <60 min	183	3.8%	0.4%
≥60 min	1,024	22.0%	2.3%
DK/NR	29		
Missing	10		
Total	4,730	100.0%	
Proximity to health care facility attended for respondent's recent illness, distance			
<1 km	0	0.0%	
1 to <5 km	270	61.6%	3.3%
5 to <10 km	88	19.5%	2.3%
≥10 km	82	18.9%	2.5%
DK/NR	147		
Missing	51		
Total	638	100.0%	
Proximity to health care facility attended for respondent's recent illness, travel time			
<15 min	86	14.2%	1.9%
15 to <30 min	132	23.2%	2.4%
30 to <45 min	117	20.0%	2.1%
45 to <60 min	31	5.3%	1.1%
≥60 min	219	37.2%	2.8%
DK/NR	25		
Missing	28		
Total	638	100.0%	
Proximity to health care facility attended for respondent's most recent delivery (in the last two years), distance			
<1 km	0	0.0%	
1 to <5 km	217	32.4%	3.2%
5 to <10 km	114	15.8%	1.9%
≥10 km	370	51.8%	3.2%
DK/NR	433		
Missing	33		
Total	1,167	100.0%	
Proximity to health care facility attended for respondent's most recent delivery (in the last two years), travel time			
<15 min	97	8.4%	1.2%

15 to <30 min	194	17.3%	1.5%
30 to <45 min	301	25.6%	1.5%
45 to <60 min	62	4.8%	0.7%
≥60 min	508	43.9%	2.3%
DK/NR	3		
Missing	2		
Total	1,167	100.0%	
Proximity to health care facility attended for child's recent illness, distance			
<1 km	0	0.0%	
1 to <5 km	404	66.3%	3.1%
5 to <10 km	111	19.5%	2.5%
≥10 km	86	14.2%	2.4%
DK/NR	189		
Missing	106		
Total	896	100.0%	
Proximity to health care facility attended for child's recent illness, travel time			
<15 min	157	18.5%	1.9%
15 to <30 min	236	27.6%	2.1%
30 to <45 min	200	24.8%	2.0%
45 to <60 min	24	2.9%	0.6%
≥60 min	210	26.2%	2.5%
DK/NR	1		
Missing	68		
Total	896	100.0%	
Proximity to health care facility head of household usually attends, travel time^a			
<15 min	557	18.9%	1.7%
15 to <30 min	755	25.7%	1.6%
30 to <45 min	710	24.0%	1.4%
45 to <60 min	112	3.8%	0.4%
≥60 min	809	27.6%	2.4%
DK/NR	14		
Missing	668		
Total	3,625	100.0%	

^a This question was asked of heads of households, as part of the Household Characteristics Questionnaire.

3.6.2 Utilization of health services

Table 3.6.2 summarizes data regarding the utilization of health services among the 1,419 women who reported an illness in the two weeks preceding the interview. As previously mentioned, 638 (45.0%) of these women sought care at a health care facility. Approximately half of all women who sought care did so within one day of the onset of symptoms. Most of these women attended a public health unit (60.3%); some attended a public hospital (16.7%). Approximately 85% of women who decided to seek care for their illness reported that they were responsible for making this decision for themselves. Only 22 women were hospitalized for their recent illness (3.7% of those who sought care). Medical doctors (94.9%) and nurses (55.7%) were the most frequently attended health care professionals.

Table 3.6.2 Utilization of health services

Percent distribution of women who reported being sick in the last two weeks, El Salvador, 2011

Utilization of Health Services	N	Weighted %	Weighted SE
Sought care for recent illness			
Yes	638	45.0%	1.5%
No	778	55.0%	1.5%
DK/NR	0		
Missing	3		
Total	1,419	100.0%	
Timing of care-seeking after onset of illness			
Within 24 hours	140	22.6%	1.9%
Next day	191	31.6%	2.2%
Same week	203	33.3%	2.5%
Within 2 weeks	79	12.5%	1.5%
DK/NR	21		
Missing	4		
Total	638	100.0%	
Type of medical facility where care was sought			
Public hospital	104	16.7%	1.5%
Public health unit	385	60.3%	2.3%
Community health center/clinic	32	5.1%	1.1%
Public mobile clinic	2	0.3%	0.2%
Other public health facility	20	3.0%	0.7%
Private hospital	2	0.3%	0.2%
Private health center/clinic	23	3.6%	0.7%
Private office	33	5.2%	0.9%
Private mobile clinic	1	0.1%	0.1%
Other private health facility	9	1.8%	0.7%
Pharmacy	4	0.6%	0.3%
Community health worker	10	1.4%	0.5%
Traditional healer	0	0.0%	
Other	10	1.6%	0.6%
DK/NR	0		
Missing	3		
Total	638	100.0%	
Person who decided that the respondent should attend this facility			
Self	517	85.2%	1.5%
Partner	41	6.5%	1.0%
Parent	36	5.7%	1.1%
Parent-in-law	0	0.0%	
Other relative	10	1.6%	0.5%
Friend/neighbor	2	0.3%	0.2%
Community health worker	2	0.3%	0.2%
Other	2	0.3%	0.2%
DK/NR	0		
Missing	28		
Total	638	100.0%	
Respondent was hospitalized for recent illness			
Yes	22	3.7%	0.8%

No	598	96.3%	0.8%
DK/NR	0		
Missing	18		
Total	638	100.0%	
If hospitalized, location of hospital used for recent illness			
Same town	5	26.4%	10.0%
Same municipality	11	49.1%	11.0%
Same department	3	12.4%	7.1%
Other department	3	12.2%	7.0%
DK/NR	0		
Missing	0		
Total	22	100.0%	
Type of personnel providing care			
Medical doctor			
Yes	591	94.9%	0.9%
No	31	5.1%	0.9%
DK/NR	0		
Missing	16		
Total	638	100.0%	
Nurse			
Yes	335	55.7%	2.6%
No	265	44.3%	2.6%
DK/NR	1		
Missing	37		
Total	638	100.0%	
Pharmacist			
Yes	85	14.2%	1.5%
No	508	85.8%	1.5%
DK/NR	1		
Missing	44		
Total	638	100.0%	
Pharmacy assistant			
Yes	55	8.8%	1.4%
No	536	91.2%	1.4%
DK/NR	1		
Missing	46		
Total	638	100.0%	
Community health worker			
Yes	11	1.8%	0.6%
No	580	98.2%	0.6%
DK/NR	1		
Missing	46		
Total	638	100.0%	
Other personnel			
Yes	8	1.2%	0.4%
No	582	98.8%	0.4%
DK/NR	2		
Missing	46		
Total	638	100.0%	

3.6.3 Utilization of medications

The vast majority (85.2%) of women who reported a recent illness indicated that they had taken medication for their illness. Table 3.6.3 displays the types of medications that were used. Women were specifically asked about acetaminophen, ibuprofen, aspirin, and oral rehydration therapy. Of these, acetaminophen was the most commonly used medication, used by 48.4% of women who were sick.

Table 3.6.3 Utilization of medications			
Percent distribution of women who reported being sick in the last two weeks, El Salvador, 2011			
Medications used	N	Weighted %	Weighted SE
Any medication			
Yes	1,194	85.2%	1.0%
No	214	14.8%	1.0%
DK/NR	0		
Missing	11		
Total	1,419	100.0%	
Acetaminophen			
Yes	680	48.4%	1.5%
No	729	51.6%	1.5%
DK/NR	0		
Missing	10		
Total	1,419	100.0%	
Ibuprofen			
Yes	322	23.7%	1.4%
No	1,078	76.3%	1.4%
DK/NR	1		
Missing	18		
Total	1,419	100.0%	
Aspirin			
Yes	145	10.2%	1.0%
No	1,254	89.8%	1.0%
DK/NR	1		
Missing	19		
Total	1,419	100.0%	
Oral rehydration therapy			
Yes	20	1.4%	0.3%
No	1,376	98.6%	0.3%
DK/NR	1		
Missing	22		
Total	1,419	100.0%	
Other medication			
Yes	704	50.6%	1.8%
No	697	49.4%	1.8%
DK/NR	4		
Missing	14		
Total	1,419	100.0%	

3.6.4 Health care expenditures

The cost of health care may be an important barrier to access. Data on various categories of health-related expenditures are summarized in Table 3.6.4a and Table 3.6.4b. Most women who were sick reported no expenditures related to doctor's appointments, hospitalization, or laboratory work. Approximately one-half of all women who were sick reported expenditures on medications, and more than one-quarter reported expenditures on transportation related to their illness. Data are presented in US dollars.

Table 3.6.4a Health care expenditures			
Percent distribution of women who reported being sick in the last two weeks, El Salvador, 2011			
Type of expense incurred	N	Weighted %	Weighted SE
Doctor's appointment			
Yes	95	7.4%	0.9%
No	1,181	92.6%	0.9%
DK/NR	0		
Missing	143		
Total	1,419	100.0%	
Hospitalization			
Yes	13	0.9%	0.3%
No	1,256	99.1%	0.3%
DK/NR	0		
Missing	150		
Total	1,419	100.0%	
Laboratory work			
Yes	52	4.1%	0.6%
No	1,223	95.9%	0.6%
DK/NR	0		
Missing	144		
Total	1,419	100.0%	
Medications			
Yes	648	48.7%	1.5%
No	677	51.3%	1.5%
DK/NR	0		
Missing	94		
Total	1,419	100.0%	
Transportation			
Yes	360	27.7%	1.6%
No	940	72.3%	1.6%
DK/NR	0		
Missing	119		
Total	1,419	100.0%	

Table 3.6.4b Health care expenditures, amount spent

Percent distribution of women who reported being sick in the last two weeks, El Salvador, 2011

Type of expense incurred, US\$	N	Weighted %	Weighted SE
Doctor's appointment			
\$0	1,181	92.6%	0.9%
\$0.10 - \$19.99	72	5.7%	0.8%
\$20.00 - \$39.99	16	1.1%	0.3%
\$40.00 - \$59.99	3	0.2%	0.1%
\$60.00 - \$79.99	2	0.1%	0.1%
\$80.00 - \$99.99	1	0.1%	0.1%
\$100.00+	1	0.1%	0.1%
DK/NR	0		
Missing	143		
Total	1,419	100.0%	
Hospitalization			
\$0	1,256	99.1%	0.3%
\$0.10 - \$19.99	11	0.8%	0.3%
\$20.00 - \$39.99	1	0.1%	0.1%
\$40.00 - \$59.99	1	0.1%	0.1%
\$60.00 - \$79.99	0	0.0%	
\$80.00 - \$99.99	0	0.0%	
\$100.00+	0	0.0%	
DK/NR	0		
Missing	150		
Total	1,419	100.0%	
Laboratory work			
\$0	1,223	95.9%	0.6%
\$0.10 - \$19.99	36	2.9%	0.5%
\$20.00 - \$39.99	11	0.8%	0.3%
\$40.00 - \$59.99	2	0.2%	0.1%
\$60.00 - \$79.99	1	0.1%	0.1%
\$80.00 - \$99.99	0	0.0%	
\$100.00+	2	0.1%	0.1%
DK/NR	0		
Missing	144		
Total	1,419	100.0%	
Medications			
\$0	677	51.3%	1.5%
\$0.10 - \$19.99	540	40.6%	1.5%
\$20.00 - \$39.99	71	5.2%	0.6%
\$40.00 - \$59.99	21	1.7%	0.4%
\$60.00 - \$79.99	5	0.4%	0.2%
\$80.00 - \$99.99	2	0.1%	0.1%
\$100.00+	9	0.7%	0.2%
DK/NR	0		
Missing	94		
Total	1,419	100.0%	

Transportation			
\$0	940	72.3%	1.6%
\$0.10 - \$19.99	339	26.1%	1.6%
\$20.00 - \$39.99	9	0.6%	0.2%
\$40.00 - \$59.99	5	0.4%	0.2%
\$60.00 - \$79.99	3	0.3%	0.2%
\$80.00 - \$99.99	0	0.0%	
\$100.00+	4	0.3%	0.1%
DK/NR	0		
Missing	119		
Total	1,419	100.0%	

3.6.5 Health care financing

Excluding any money spent on medications, 60.1% of women who were recently sick had no expenditures related to their illness (Table 3.6.5). The majority of those who did report health-related expenditures (typically for medications) said they paid out of pocket.

Table 3.6.5 Health care financing

Percent distribution of women who reported being sick in the last two weeks, El Salvador, 2011

Type of expense incurred	N	Weighted %	Weighted SE
Source of financing for health care ^a			
Employer paid all	55	4.2%	0.7%
Employer paid some	4	0.4%	0.3%
Insurance paid all	15	1.1%	0.3%
Insurance paid some	0	0.0%	
Paid out of pocket	412	30.2%	1.8%
Didn't pay	821	60.1%	1.8%
Other	56	3.9%	0.6%
DK/NR	53		
Missing	3		
Total	1,419	100.0%	
Source of financing for medications ^b			
Employer paid all	49	7.9%	1.5%
Employer paid some	2	0.7%	0.7%
Insurance paid all	2	0.4%	0.3%
Insurance paid some	1	0.2%	0.2%
Paid out of pocket	508	79.8%	2.1%
Didn't pay	58	8.8%	1.3%
Other	15	2.2%	0.6%
DK/NR	3		
Missing	11		
Total	649	100.0%	

^a Excluding medications.

^b Among women who used any medications.

3.6.6 Insurance coverage

Only 7.9% of women reported being covered by any type of health insurance (Table 3.6.6).

Table 3.6.6 Insurance coverage			
Percent distribution of women, El Salvador, 2011			
	N	Weighted %	Weighted SE
Insurance coverage			
Yes	363	7.9%	0.7%
No	4,344	92.1%	0.7%
DK/NR	12		
Missing	11		
Total	4,730	100.0%	

3.6.7 Other barriers to health care access

There are many other barriers to accessing health care. Women were presented with 12 specific factors that might have prevented themselves or their family from receiving health care when it was needed. Table 3.6.7a summarizes the responses to this section. The most commonly cited factor influencing health care access is the belief that the facility they would have attended did not have enough medication (38.5%). Despite the fact that most women live within five kilometers of a health facility (Table 3.6.1), and that health care in El Salvador is largely free of charge, perceived distance to the facility and cost of care are important barriers to access (30.1% and 26.3%, respectively). Difficulties with facility staff was the next most-often cited factor (21.6%).

Table 3.6.7a Other barriers to health care utilization			
Percent distribution of women, El Salvador, 2011			
Perceived barrier	N	Weighted %	Weighted SE
Facility does not have enough medication			
Yes	1,709	38.5%	1.7%
No	2,738	61.5%	1.7%
DK/NR	279		
Missing	4		
Total	4,730	100.0%	
Facility is too far away			
Yes	1,335	30.1%	2.0%
No	3,116	69.9%	2.0%
DK/NR	279		
Missing	0		
Total	4,730	100.0%	
Care is too expensive			
Yes	1,167	26.3%	1.5%
No	3,284	73.7%	1.5%
DK/NR	279		
Missing	0		
Total	4,730	100.0%	

Facility staff are hard to deal with			
Yes	956	21.6%	1.2%
No	3,495	78.4%	1.2%
DK/NR	279		
Missing	0		
Total	4,730	100.0%	
Facility is poorly equipped			
Yes	795	18.0%	1.3%
No	3,656	82.0%	1.3%
DK/NR	279		
Missing	0		
Total	4,730	100.0%	
Cannot get transportation			
Yes	721	16.1%	1.5%
No	3,729	83.9%	1.5%
DK/NR	279		
Missing	1		
Total	4,730	100.0%	
Too busy with work or children			
Yes	427	9.6%	0.8%
No	4,024	90.4%	0.8%
DK/NR	279		
Missing	0		
Total	4,730	100.0%	
Structure of the facility is poor			
Yes	393	8.8%	0.8%
No	4,058	91.2%	0.8%
DK/NR	279		
Missing	0		
Total	4,730	100.0%	
Facility staff are not knowledgeable			
Yes	345	7.7%	0.7%
No	4,106	92.3%	0.7%
DK/NR	279		
Missing	0		
Total	4,730	100.0%	
Do not trust facility staff			
Yes	328	7.3%	0.6%
No	4,123	92.7%	0.6%
DK/NR	279		
Missing	0		
Total	4,730	100.0%	
Do not want to go alone			
Yes	137	3.0%	0.4%
No	4,314	97.0%	0.4%
DK/NR	279		
Missing	0		
Total	4,730	100.0%	
Cannot get permission to go			
Yes	81	1.8%	0.2%
No	4,370	98.2%	0.2%

DK/NR	279		
Missing	0		
Total	4,730	100.0%	
Other reason			
Yes	523	11.7%	1.0%
No	3,928	88.3%	1.0%
DK/NR	279		
Missing	0		
Total	4,730	100.0%	

Table 3.6.7b presents these data among the 778 women who reported being sick in the two weeks preceding the interview but did not seek care.

Table 3.6.7b Other barriers to health care utilization			
Percent distribution of women who reported being sick in the last two weeks but did not seek care, El Salvador, 2011			
Perceived barrier	N	Weighted %	Weighted SE
Facility does not have enough medication			
Yes	318	43.7%	2.6%
No	426	56.3%	2.6%
DK/NR	33		
Missing	1		
Total	778	100.0%	
Facility is too far away			
Yes	258	34.9%	2.7%
No	487	65.1%	2.7%
DK/NR	33		
Missing	0		
Total	778	100.0%	
Care is too expensive			
Yes	207	28.1%	2.3%
No	538	71.9%	2.3%
DK/NR	33		
Missing	0		
Total	778	100.0%	
Facility staff are hard to deal with			
Yes	195	26.3%	2.1%
No	550	73.7%	2.1%
DK/NR	33		
Missing	0		
Total	778	100.0%	
Facility is poorly equipped			
Yes	143	19.3%	2.0%
No	602	80.7%	2.0%
DK/NR	33		
Missing	0		
Total	778	100.0%	
Cannot get transportation			
Yes	161	21.6%	2.3%

No	584	78.4%	2.3%
DK/NR	33		
Missing	0		
Total	778	100.0%	
<i>Too busy with work or children</i>			
Yes	110	13.8%	1.6%
No	635	86.2%	1.6%
DK/NR	33		
Missing	0		
Total	778	100.0%	
<i>Structure of the facility is poor</i>			
Yes	63	8.8%	1.4%
No	682	91.2%	1.4%
DK/NR	33		
Missing	0		
Total	778	100.0%	
<i>Facility staff are not knowledgeable</i>			
Yes	73	10.2%	1.4%
No	672	89.8%	1.4%
DK/NR	33		
Missing	0		
Total	778	100.0%	
<i>Do not trust facility staff</i>			
Yes	73	9.9%	1.1%
No	672	90.1%	1.1%
DK/NR	33		
Missing	0		
Total	778	100.0%	
<i>Do not want to go alone</i>			
Yes	42	5.4%	1.0%
No	703	94.6%	1.0%
DK/NR	33		
Missing	0		
Total	778	100.0%	
<i>Cannot get permission to go</i>			
Yes	20	2.5%	0.6%
No	725	97.5%	0.6%
DK/NR	33		
Missing	0		
Total	778	100.0%	
<i>Other reason</i>			
Yes	91	11.9%	1.4%
No	654	88.1%	1.4%
DK/NR	33		
Missing	0		
Total	778	100.0%	

CHAPTER 4: FERTILITY

This chapter summarizes several indicators related to fertility based on self-reported data from women of reproductive age (15-49 years) participating in the SM2015-El Salvador Baseline Household Survey. Fertility rates derived from the IHME-generated time series for El Salvador are also included at the end of this chapter.

4.1 Birth intervals

4.1.1 Intervals between births

Intervals between births (defined as the number of months between successive births) were calculated using the reported ages of all live births. Reported intervals of less than nine months were reclassified as missing. Mean birth intervals were then calculated by averaging the derived birth intervals for each woman. Table 4.1.1 displays the distribution of birth intervals, stratified by number of live births.

Table 4.1.1 Intervals between births

Percent distribution of women with more than one child, El Salvador, 2011

Mean birth intervals ^a	N	Weighted %	Weighted SE
Among all women with more than 1 child			
9-11 months	4	0.2%	0.1%
12-23 months	230	9.2%	0.6%
24-35 months	692	28.1%	1.2%
36-47 months	610	24.2%	1.0%
48-59 months	374	14.6%	0.7%
≥60 months	602	23.7%	1.2%
Missing	34		
Total	2,546	100.0%	
Among women with 2 children			
9-11 months	3	0.5%	0.3%
12-23 months	95	11.7%	1.1%
24-35 months	152	18.4%	1.5%
36-47 months	157	18.6%	1.4%
48-59 months	119	14.1%	1.2%
≥60 months	312	36.9%	1.7%
Missing	29		
Total	867	100.0%	
Among women with 3-4 children			
9-11 months	1	0.1%	0.1%
12-23 months	79	8.0%	0.9%
24-35 months	213	22.0%	1.4%
36-47 months	229	23.4%	1.4%
48-59 months	183	18.4%	1.4%
≥60 months	264	28.1%	1.6%
Missing	4		
Total	973	100.0%	
Among women with 5 or more children			

9-11 months	0	0.0%	
12-23 months	56	8.0%	1.0%
24-35 months	327	46.6%	2.1%
36-47 months	224	31.3%	2.0%
48-59 months	72	10.3%	1.3%
≥60 months	26	3.7%	0.7%
Missing	1		
Total	706	100.0%	

^a Mean birth intervals are calculated by averaging the derived birth intervals (≥ 9 months) between all the births reported during the household survey. Reported intervals of less than 9 months were reclassified as missing.

4.2 Fertility preferences

4.2.1 Desire for more children

Desire for more children was captured in several places on the Maternal and Child Health Questionnaire. With respect to each live birth in the last five years and with respect to the current pregnancy (among 170 women who reported being pregnant on the day of the interview), women were asked to report whether or not they wanted to become pregnant at that time. Lastly, all women participating in the survey were asked if they wanted more children in the future. Responses to these questions are summarized in Table 4.2.1. With respect to the most recent pregnancy in the last two years, nearly 30% of parous women reported that they did not want to become pregnant (4.1%) or would have preferred to wait longer before becoming pregnant (24.7%). The prevalence of these preferences was slightly higher when women were asked to think about their current pregnancy: 7.9% of these women did not want to become pregnant and 30.7% would have preferred to wait longer before becoming pregnant. More than 40% of all survey respondents indicated that they did not want to have any (more) children in the future.

Table 4.2.1 Desire for more children

Percent distribution of women, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Respondent desired most recent pregnancy in the last two years ^a			
Yes	960	71.3%	1.4%
No, wanted to wait	328	24.7%	1.4%
No, did not want (more) children	54	4.1%	0.6%
DK/NR	8		
Missing	36		
Total	1,386	100.0%	
Respondent desires current pregnancy ^b			
Yes	102	61.4%	3.9%
No, wanted to wait	51	30.7%	3.6%
No, did not want (more) children	13	7.9%	2.1%
DK/NR	1		
Missing	3		
Total	170	100.0%	
Respondent desires more children ^c			
Yes	2,675	58.3%	1.1%
No	1,912	41.7%	1.1%
DK/NR	122		
Missing	21		
Total	4,730	100.0%	

^a Among women with a pregnancy in the two years preceding the interview

^b Among women pregnant at time of the interview

^c After current pregnancy, if respondent is pregnant at time of the interview

4.2.2 Ideal number of children

Women were asked to identify the exact number of children they would have, in total, if the choice was up to them. They were then asked to identify the ideal number of boy children, and the ideal number of girl children, if they had any preferences with respect to sex of children. These data are summarized in Table 4.2.2. Briefly, over 70% of women reported that the ideal number of children was between two and four.

Table 4.2.2 Ideal number of children			
Percent distribution of women, El Salvador, 2011			
	N	Weighted %	Weighted SE
Ideal number of children			
None	17	0.4%	0.1%
1	329	7.4%	0.5%
2	1,332	29.9%	0.9%
3	1,260	28.0%	0.7%
4	625	13.5%	0.6%
5	326	7.2%	0.5%
6	232	5.3%	0.4%
7	113	2.6%	0.3%
8	82	1.8%	0.2%
9	36	0.8%	0.1%
10 or more	134	3.1%	0.4%
DK/NR	216		
Missing	28		
Total	4,730	100.0%	
Ideal number of male children			
None	389	8.9%	0.5%
1	1,489	33.8%	1.0%
2	882	19.5%	0.7%
3	304	7.0%	0.5%
4	127	2.9%	0.3%
5 or more	122	2.8%	0.3%
No number specified	1,123	25.2%	1.4%
DK/NR	52		
Missing	242		
Total	4,730	100.0%	
Ideal number of female children			
None	302	6.7%	0.5%
1	1,499	33.6%	1.0%
2	957	21.2%	0.8%
3	293	6.8%	0.4%
4	146	3.5%	0.3%
5 or more	123	3.1%	0.3%
No number specified	1,123	25.1%	1.4%
DK/NR	45		
Missing	242		
Total	4,730	100.0%	

4.2.3 Ideal birth interval

Women who indicated that they would have preferred to wait before becoming pregnant with their most recent birth in the last five years were asked to report how long they would have wanted to wait. The preferred birth intervals were calculated by adding the desired length of time mothers would have preferred to wait to the actual birth interval. Table 4.2.3 displays the distribution of ideal birth intervals for the most recent birth in the last five years, stratified by the total number of live births reported by the mother.

Table 4.2.3 Ideal interval for most recent birth			
Percent distribution of women with more than one child, El Salvador, 2011			
Ideal birth intervals^a	N	Weighted %	Weighted SE
Among all women with more than 1 child			
9-11 months	7	0.4%	0.2%
12-23 months	131	7.3%	0.6%
24-35 months	226	12.3%	1.0%
36-47 months	236	12.9%	0.8%
48-59 months	216	11.8%	0.8%
≥60 months	857	47.5%	1.5%
Did not want to have another child	134	7.8%	0.7%
Missing	726		
Total	2,533	100.0%	
Among women with 2 children			
9-11 months	2	0.4%	0.3%
12-23 months	45	7.0%	1.0%
24-35 months	85	12.2%	1.3%
36-47 months	111	16.1%	1.6%
48-59 months	84	12.4%	1.2%
≥60 months	341	50.0%	1.9%
Did not want to have another child	13	1.8%	0.5%
Missing	182		
Total	863	100.0%	
Among women with 3-4 children			
9-11 months	3	0.4%	0.2%
12-23 months	43	6.6%	1.0%
24-35 months	77	11.8%	1.4%
36-47 months	64	9.6%	1.2%
48-59 months	83	12.3%	1.4%
≥60 months	342	52.8%	2.1%
Did not want to have another child	40	6.5%	1.1%
Missing	315		
Total	967	100.0%	
Among women with 5 or more children			
9-11 months	2	0.4%	0.3%
12-23 months	43	8.7%	1.2%
24-35 months	64	13.1%	1.7%
36-47 months	61	12.8%	1.7%

48-59 months	49	10.3%	1.5%
≥60 months	174	37.3%	2.6%
Did not want to have another child	81	17.4%	2.1%
Missing	229		
Total	703	100.0%	

^a Ideal birth intervals are calculated from the derived preferred birth intervals (≥9 months) for the most recent birth reported during the household survey. Reported intervals of less than 9 months were reclassified as missing.

4.3 Age at first birth

4.3.1 Teenage pregnancy and motherhood

Nearly 80% of respondents had ever given birth (Table 4.3.1). Of these, approximately 60% were between 13 and 19 years old when their first child was born. Only 10% of women were 25 years old or older when their first child was born.

Table 4.3.1 Teenage pregnancy and motherhood

Percent distribution of women, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Ever gave birth			
Yes	3,757	78.9%	0.7%
No	969	21.1%	0.7%
DK/NR	1		
Missing	3		
Total	4,730	100.0%	
Age at first birth			
13-19 years	2,243	60.0%	1.1%
20-24 years	1,123	30.1%	0.9%
25-29 years	272	7.1%	0.5%
30-34 years	74	2.0%	0.3%
35-39 years	25	0.6%	0.1%
40-44 years	5	0.1%	0.1%
45-49 years	0	0.0%	
DK/NR	0		
Missing	15		
Total	3,757	100.0%	

4.4 Stillbirth, miscarriage, and abortion

Approximately 10% of women reported a history of stillbirth, miscarriage, and/or abortion (Table 4.4.1). Most of these women had experienced only one such event.

Table 4.4.1 Stillbirth, miscarriage, and abortion			
Percent distribution of women, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Ever had a stillbirth, miscarriage, or abortion			
Yes	491	10.5%	0.5%
No	4,222	89.5%	0.5%
DK/NR	3		
Missing	14		
Total	4,730	100.0%	
Number of stillbirths, miscarriages, and/or abortions			
None	4,222	89.5%	0.5%
1	418	8.9%	0.5%
2	67	1.5%	0.2%
3 or more	6	0.1%	0.0%
DK/NR	3		
Missing	14		
Total	4,730	100.0%	

4.5 Fertility rates

The fertility rates summarized below were derived from the IHME-generated time series for El Salvador.

4.5.1 Age-specific fertility rates

Age-specific fertility rates (ASFR) are calculated for each five-year age group from 15-19 to 45-49, presented as an annual rate. Births to women at ages less than 15 years or greater than 49 at the time of the birth are not included. Table 4.5.1 summarizes the age-specific fertility rates in El Salvador for the five years preceding the survey.

Table 4.5.1 Age-specific fertility rates					
Number of births per 1,000 women, based on IHME-generated time series, El Salvador, 2007-2011					
Age group, years	Year				
	2007	2008	2009	2010	2011
15-19	84.46	82.70	81.35	80.02	78.71
20-24	131.71	128.90	126.96	125.05	123.17
25-29	119.59	117.60	115.82	114.07	112.35
30-34	77.21	75.80	74.61	73.44	72.29
35-39	46.83	45.80	45.05	44.31	43.58
40-44	16.39	15.90	15.62	15.34	15.07
45-49	3.20	3.10	3.04	2.99	2.93

4.5.2 Adolescent fertility rate

The adolescent fertility rate is simply the number of births to women aged 15-19 years in a single year per 1,000 women in that age group. Table 4.5.2 displays the adolescent fertility rates in El Salvador for the five years preceding the survey.

Table 4.5.2 Adolescent fertility rate					
Number of births to women aged 15-19 years per 1,000 women in that age group, based on IHME-generated time series, El Salvador, 2007-2011					
	Year				
	2007	2008	2009	2010	2011
Adolescent fertility rate	84.46	82.70	81.35	80.02	78.71

4.5.3 Total fertility rate

The total fertility rate (TFR) is an age-period fertility rate for a synthetic cohort of women surviving from birth through the end of their reproductive period. It measures the average number of births a group of women would have by the time they reach age 50 if they were to give birth at the current age-specific fertility rates (for women aged 15-49) and survive to age 50. The TFR is expressed as the average number of births per woman, and is a better indicator of population fertility because it does not depend on the age structure of the population. However, since this indicator is based on a synthetic cohort of women, it does not necessarily reflect the average number of children women currently aged 15-49 will have, since fertility rates may change in the future. Table 4.5.3 displays the total fertility rates in El Salvador for the five years preceding the survey.

Table 4.5.3 Total fertility rate					
Average number of births per woman, based on IHME-generated time series, El Salvador, 2007-2011					
	Year				
	2007	2008	2009	2010	2011
Total fertility rate	2.40	2.35	2.31	2.28	2.24

CHAPTER 5: FAMILY PLANNING

This chapter summarizes key indicators related to the knowledge of, access to, need for, and use of family planning methods among women of reproductive age (15-49 years) participating in the SM2015-El Salvador Baseline Household Survey.

5.1 Knowledge of family planning methods

Acquiring knowledge about family planning methods is an important step toward gaining access to and then using a suitable contraceptive method in a timely and effective manner. Information on knowledge of contraception was collected by asking women if they had ever heard of 16 different types of family planning methods, including 12 modern methods (female sterilization, male sterilization, IUD, injectables, implants, oral contraceptive pill, male condom, female condom, diaphragm, sponge, spermicide, emergency contraception, and any “other” modern method) and four traditional methods (lactational amenorrhea method, rhythm method, withdrawal method, and any “other” traditional method). Table 5.1.1 summarizes the number of methods of which respondents had knowledge. The vast majority (96.7%) of respondents reported knowing about at least one family planning method. Eighty-four percent of respondents were aware of at least four different methods for family planning.

Table 5.1.1 Knowledge of family planning methods

Percent distribution of women, El Salvador, 2011

	N	Weighted %	Weighted SE
Knowledge of any methods			
Yes	4,578	96.7%	0.4%
No	150	3.3%	0.4%
DK/NR	0		
Missing	2		
Total	4,730	100.0%	
Knowledge of more than one method			
Yes	4,478	94.6%	0.6%
No	250	5.4%	0.6%
DK/NR	0		
Missing	2		
Total	4,730	100.0%	
Number of methods of which respondent has knowledge			
None	150	3.3%	0.4%
1 method	100	2.1%	0.2%
2 methods	176	3.8%	0.4%
3 methods	329	6.9%	0.5%
4 methods	601	12.9%	0.6%
5 methods	648	13.7%	0.6%
6 methods	590	12.5%	0.5%
7 methods	491	10.3%	0.5%
8 methods	434	9.2%	0.5%
9 methods	322	6.8%	0.5%
10 methods	212	4.4%	0.4%
11 methods	205	4.3%	0.4%
12 methods	136	2.9%	0.3%

13 methods	100	2.1%	0.3%
14 methods	138	2.9%	0.3%
15 methods	21	0.5%	0.1%
16 methods	75	1.6%	0.3%
DK/NR	0		
Missing	2		
Total	4,730	100.0%	

Table 5.1.2 displays the specific methods of which respondents had knowledge. Over 80% of respondents reported knowing about injectables (93.1%), condoms (88.2%), the pill (87.7%), and female sterilization (83.2%).

Table 5.1.2 Knowledge of family planning methods, by type of method

Percent distribution of women, El Salvador, 2011

Type of method	N	Weighted %	Weighted SE
Female sterilization			
Yes	3,937	83.2%	1.0%
No	791	16.8%	1.0%
DK/NR	0		
Missing	2		
Total	4,730	100.0%	
Male sterilization			
Yes	2,129	45.1%	1.4%
No	2,598	54.9%	1.4%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
IUD			
Yes	2,202	46.3%	1.5%
No	2,525	53.7%	1.5%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Injectables			
Yes	4,405	93.1%	0.6%
No	322	6.9%	0.6%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Implants			
Yes	1,308	27.5%	1.1%
No	3,419	72.5%	1.1%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Pill			

Yes	4,157	87.7%	0.8%
No	570	12.3%	0.8%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Condom			
Yes	4,165	88.2%	0.9%
No	562	11.8%	0.9%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Female condom			
Yes	2,074	43.5%	1.4%
No	2,653	56.5%	1.4%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Diaphragm			
Yes	664	13.9%	0.8%
No	4,063	86.1%	0.8%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Sponge, spermicide			
Yes	444	9.4%	0.7%
No	4,283	90.6%	0.7%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Lactational amenorrhea method			
Yes	1,291	26.7%	1.3%
No	3,436	73.3%	1.3%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Rhythm method			
Yes	1,914	40.4%	1.6%
No	2,813	59.6%	1.6%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Withdrawal method			
Yes	1,432	30.0%	1.4%
No	3,295	70.0%	1.4%
DK/NR	1		
Missing	2		
Total	4,730	100.0%	
Emergency contraception			
Yes	807	16.9%	0.9%
No	3,919	83.1%	0.9%

DK/NR	1		
Missing	3		
Total	4,730	100.0%	
Other modern method			
Yes	136	2.9%	0.3%
No	4,574	97.1%	0.3%
DK/NR	5		
Missing	15		
Total	4,730	100.0%	
Other traditional method			
Yes	119	2.5%	0.3%
No	4,587	97.5%	0.3%
DK/NR	5		
Missing	19		
Total	4,730	100.0%	

5.2 Knowledge of the fertile period

The successful use of family planning methods depends on an understanding of when during the menstrual cycle a woman is most likely to conceive. This is especially true for traditional methods such as the rhythm method (i.e., periodic abstinence), and the withdrawal method. To assess knowledge of the fertile period, women were asked if there were certain days when a woman is more likely to become pregnant, and when during the menstrual cycle those days occurred. Responses to these questions are summarized in Table 5.2. Only 70.3% of women indicated that there were certain days when a woman is more likely to become pregnant, and of these women, only 20.8% identified the correct timing of the fertile period (halfway through her menstrual cycle).

Table 5.2 Knowledge of the fertile period

Percent distribution of women, El Salvador, 2011

	N	Weighted %	Weighted SE
<i>Are there certain days when a woman is more likely to become pregnant?</i>			
Yes	3,265	70.3%	1.3%
No	1,374	29.7%	1.3%
DK/NR	62		
Missing	29		
Total	4,730	100.0%	
<i>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</i>			
Just before her period begins	589	19.3%	1.0%
During her period	187	6.1%	0.6%
Right after her period has ended	1,619	53.3%	1.3%
Halfway between two periods	625	20.8%	1.1%
Other	18	0.6%	0.1%
DK/NR	215		
Missing	12		
Total	3,265	100.0%	

5.3 Use of family planning methods

5.3.1 Current use

The level of current use of contraceptive methods is one of the indicators most frequently used to assess the success of family planning program activities. It is also widely used as a determinant of fertility. Women who said they had heard of a family planning method were then asked if they were currently using that method. Table 5.3.1a displays the percentage of all women using at least one family planning method, as well as the percentage of women reporting use of more than one family planning method at the time of the interview. Nearly 40% of all survey respondents reported current use of at least one family planning method.

Table 5.3.1a Current use of family planning methods

Percent distribution of women, El Salvador, 2011

	N	Weighted %	Weighted SE
Current use of any methods			
Yes	1,887	38.8%	1.2%
No	2,843	61.2%	1.2%
DK/NR	0		
Missing	0		
Total	4,730	100.0%	
Current use of any methods, among women "in need" of contraceptives^a			
Yes	1,823	56.6%	1.6%
No	1,334	43.4%	1.6%
DK/NR	0		
Missing	0		
Total	3,157	100.0%	
Current use of more than one method			
Yes	28	0.6%	0.1%
No	4,702	99.4%	0.1%
DK/NR	0		
Missing	0		
Total	4,730	100.0%	
Number of methods respondent is currently using			
None	2,843	61.2%	1.2%
1 method	1,859	38.2%	1.2%
2 methods	28	0.6%	0.1%
3 methods	0	0.0%	
4 methods	0	0.0%	
5 methods	0	0.0%	
6 methods	0	0.0%	
7 methods	0	0.0%	
8 methods	0	0.0%	
9 methods	0	0.0%	
10 methods	0	0.0%	
11 methods	0	0.0%	

12 methods	0	0.0%
13 methods	0	0.0%
14 methods	0	0.0%
15 methods	0	0.0%
16 methods	0	0.0%
DK/NR	0	
Missing	0	
Total	4,730	100.0%

^a Among women who do not report any of the following: does not have sexual relations, virgin, menopausal, hysterectomy, pregnant, or wants to become pregnant.

Table 5.3.1b displays the percentage of all women using specific family planning methods. The methods most commonly in use are injectables (19.9%) and female sterilization (12.0%).

Table 5.3.1b Current use of family planning methods, by type of method			
Percent distribution of women, El Salvador, 2011			
Type of method	N	Weighted %	Weighted SE
Female sterilization			
Yes	573	12.0%	0.7%
No	4,155	88.0%	0.7%
DK/NR	0		
Missing	2		
Total	4,730	100.0%	
Male sterilization			
Yes	1	0.0%	
No	4,726	100.0%	
DK/NR	0		
Missing	3		
Total	4,730	100.0%	
IUD			
Yes	38	0.8%	0.1%
No	4,689	99.2%	0.1%
DK/NR	0		
Missing	3		
Total	4,730	100.0%	
Injectables			
Yes	983	19.9%	0.8%
No	3,744	80.1%	0.8%
DK/NR	0		
Missing	3		
Total	4,730	100.0%	
Implants			
Yes	10	0.2%	0.1%
No	4,717	99.8%	0.1%
DK/NR	0		
Missing	3		
Total	4,730	100.0%	
Pill			

Yes	104	2.2%	0.2%
No	4,623	97.8%	0.2%
DK/NR	0		
Missing	3		
Total	4,730	100.0%	
Condom			
Yes	79	1.7%	0.2%
No	4,648	98.3%	0.2%
DK/NR	0		
Missing	3		
Total	4,730	100.0%	
Female condom			
Yes	1	0.0%	
No	4,726	100.0%	
DK/NR	0		
Missing	3		
Total	4,730	100.0%	
Diaphragm			
Yes	0	0.0%	
No	4,727	100.0%	
DK/NR	0		
Missing	3		
Total	4,730	100.0%	
Sponge, spermicide			
Yes	0	0.0%	
No	4,727	100.0%	
DK/NR	0		
Missing	3		
Total	4,730	100.0%	
Lactational amenorrhea method			
Yes	19	0.4%	0.1%
No	4,706	99.6%	0.1%
DK/NR	0		
Missing	5		
Total	4,730	100.0%	
Rhythm method			
Yes	67	1.3%	0.2%
No	4,659	98.7%	0.2%
DK/NR	0		
Missing	4		
Total	4,730	100.0%	
Withdrawal method			
Yes	38	0.8%	0.1%
No	4,689	99.2%	0.1%
DK/NR	0		
Missing	3		
Total	4,730	100.0%	
Emergency contraception			
Yes	1	0.0%	
No	4,725	100.0%	
DK/NR	0		
Missing	4		

Total	4,730	100.0%
Other modern method		
Yes	1	0.0%
No	4,709	100.0%
DK/NR	0	
Missing	20	
Total	4,730	100.0%
Other traditional method		
Yes	0	0.0%
No	4,706	100.0%
DK/NR	0	
Missing	24	
Total	4,730	100.0%

Women considered “in need” of family planning methods are those who did not report the following characteristics: does not have sexual relations, virgin, menopausal, hysterectomy, pregnant, or wants to become pregnant. Table 5.3.1c shows the uptake of modern family planning methods among all women (36.6%), and among women considered “in need” of contraception (53.5%).

Table 5.3.1c Current use of modern family planning methods

Percent distribution of women, El Salvador, 2011

	N	Weighted %	Weighted SE
Current use of any modern methods, among all women^a			
Yes	1,776	36.6%	1.2%
No	2,941	63.4%	1.2%
DK/NR	0		
Missing	13		
Total	4,730	100.0%	
Current use of any modern methods, among women “in need” of contraception^{a, b}			
Yes	1,716	53.5%	1.6%
No	1,432	46.5%	1.6%
DK/NR	0		
Missing	9		
Total	3,157	100.0%	

^a Modern methods include female sterilization, male sterilization, IUD, injectables, implants, oral contraceptive pill, male condom, female condom, diaphragm, sponge, spermicide, emergency contraception, and any “other” modern method.

^b Among women who do not report any of the following: does not have sexual relations, virgin, menopausal, hysterectomy, pregnant, or wants to become pregnant.

5.3.2 Pill brands

Women currently using the pill for contraception were asked to report the brand name of the product currently in use, summarized in Tale 5.3.2. The most common brands in use are Microgynon (40.2%) and Lo-Femenal (29.2%).

Table 5.3.2 Pill brands			
Percent distribution of women currently using oral contraceptives, El Salvador, 2011			
	N	Weighted %	Weighted SE
Brand name			
Cerazette (desogestrel)	2	1.9%	1.3%
Gianvi (drospirenone/ethinyl estradiol)	1	1.2%	1.2%
Lo-Femenal (ethinyl estradiol/norgestrel)	28	29.2%	5.0%
Microgynon (ethinyl estradiol/levonorgestrel)	36	40.2%	5.8%
Perla (ethinyl estradiol/norgestrel)	9	8.7%	2.9%
Vermagest (levonorgestrel)	1	1.1%	1.1%
Yasmin (drospirenone/ethinyl estradiol)	3	3.0%	1.7%
Other	14	14.7%	3.6%
DK/NR	3		
Missing	7		
Total	104	100.0%	

5.3.3 Condom brands

Similarly, women currently using condoms for contraception were asked to report the brand name of the product currently in use, summarized in Table 5.3.3. Vive condoms were used by 75.4% of condom users reporting a brand name. Many condom users could not provide a specific brand name.

Table 5.3.3 Condom brands			
Percent distribution of women currently using condoms, El Salvador, 2011			
	N	Weighted %	Weighted SE
Brand name			
Adventure	1	1.6%	1.7%
Amor	1	2.3%	2.4%
Durex	1	1.8%	1.8%
Gobon	1	1.8%	1.7%
Perla	1	1.9%	1.9%
Vive	36	75.4%	6.4%
Other	7	15.1%	5.5%
DK/NR	19		
Missing	12		
Total	79	100.0%	

5.4 Sources of family planning methods

Information on where women obtain contraceptive methods is important for family planning program managers. The places where the currently used family planning methods were acquired (both initially, and most recently, if applicable) are summarized in Table 5.4.1 (modern methods, excluding sterilization), Table 5.4.2 (sterilization), and Table 5.4.3 (traditional methods).

The public sector is the source most commonly reported by users of most modern family planning methods, including female sterilization. Pharmacies are important sources for the pill and male condoms. Women report learning about traditional methods in the public sector, from friends or relatives, or at church.

5.4.1 Modern methods

Table 5.4.1 Source of family planning methods - modern methods						
Percent distribution of women currently using each type of method, El Salvador, 2011						
Location where current method was obtained	<i>Initially</i>			<i>Most recently</i>		
	N	Weighted %	Weighted SE	N	Weighted %	Weighted SE
IUD						
Public hospital	10	27.7%	8.5%	9	26.4%	8.6%
Public health unit	17	47.7%	9.0%	17	54.9%	9.3%
Community health center/clinic	0	0.0%		0	0.0%	
Public family planning clinic	1	2.7%	2.6%	1	2.8%	2.8%
Other public health facility	2	9.3%	6.8%	1	2.5%	2.5%
Private hospital	1	2.6%	2.6%	1	2.7%	2.7%
Private medical center	0	0.0%		0	0.0%	
Private medical ward	1	2.7%	2.7%	1	2.8%	2.8%
Private family planning clinic	1	2.4%	2.4%	1	2.5%	2.5%
Salvadoran Demographic Association	0	0.0%		0	0.0%	
Private mobile clinic	0	0.0%		0	0.0%	
Other private health facility	0	0.0%		0	0.0%	
Pharmacy	1	2.4%	2.4%	2	5.3%	3.6%
Shop	0	0.0%		0	0.0%	
Market	0	0.0%		0	0.0%	
Church	0	0.0%		0	0.0%	
Friend/relative	0	0.0%		0	0.0%	
Community health worker	1	2.6%	2.6%	0	0.0%	
Other	0	0.0%		0	0.0%	
DK/NR	0			0		
Missing	3			5		
Total	38	100.0%		38	100.0%	
Injectables						
Public hospital	75	7.5%	1.0%	55	5.8%	0.9%
Public health unit	617	64.9%	2.1%	535	59.0%	2.4%
Community health center/clinic	19	1.9%	0.6%	21	2.2%	0.6%

Public family planning clinic	7	0.7%	0.3%	5	0.5%	0.3%
Other public health facility	14	1.5%	0.4%	10	1.2%	0.4%
Private hospital	6	0.6%	0.3%	6	0.7%	0.3%
Private medical center	2	0.2%	0.1%	1	0.1%	0.1%
Private medical ward	0	0.0%		0	0.0%	
Private family planning clinic	7	0.7%	0.2%	5	0.5%	0.2%
Salvadoran Demographic Association	0	0.0%		0	0.0%	
Private mobile clinic	1	0.1%	0.1%	0	0.0%	
Other private health facility	2	0.2%	0.1%	3	0.3%	0.2%
Pharmacy	33	3.7%	0.8%	34	4.0%	0.9%
Shop	1	0.1%	0.1%	1	0.1%	0.1%
Market	0	0.0%		0	0.0%	
Church	0	0.0%		0	0.0%	
Friend/relative	3	0.4%	0.2%	8	0.9%	0.4%
Community health worker	168	17.2%	2.1%	222	23.9%	2.6%
Other	4	0.5%	0.2%	5	0.6%	0.3%
DK/NR	0			0		
Missing	24			72		
Total	983	100.0%		983	100.0%	
Implants						
Public hospital	1	11.8%	11.9%	1	11.8%	11.9%
Public health unit	4	49.7%	19.0%	4	49.7%	19.0%
Community health center/clinic	0	0.0%		0	0.0%	
Public family planning clinic	0	0.0%		0	0.0%	
Other public health facility	0	0.0%		0	0.0%	
Private hospital	1	14.4%	14.1%	1	14.4%	14.1%
Private medical center	0	0.0%		0	0.0%	
Private medical ward	0	0.0%		0	0.0%	
Private family planning clinic	0	0.0%		0	0.0%	
Salvadoran Demographic Association	0	0.0%		0	0.0%	
Private mobile clinic	0	0.0%		0	0.0%	
Other private health facility	0	0.0%		0	0.0%	
Pharmacy	0	0.0%		0	0.0%	
Shop	0	0.0%		0	0.0%	
Market	0	0.0%		0	0.0%	

Church	0	0.0%		0	0.0%	
Friend/relative	0	0.0%		0	0.0%	
Community health worker	2	24.1%	16.0%	2	24.1%	16.0%
Other	0	0.0%		0	0.0%	
DK/NR	0			0		
Missing	2			2		
Total	10	100.0%		10	100.0%	
Pill						
Public hospital	4	3.6%	1.8%	3	2.8%	1.6%
Public health unit	54	54.2%	6.0%	45	47.7%	5.8%
Community health center/clinic	3	2.7%	1.6%	3	2.8%	1.6%
Public family planning clinic	0	0.0%		0	0.0%	
Other public health facility	4	4.1%	2.8%	7	7.1%	3.2%
Private hospital	0	0.0%		0	0.0%	
Private medical center	1	0.9%	0.9%	0	0.0%	
Private medical ward	1	1.0%	1.0%	1	1.1%	1.0%
Private family planning clinic	1	0.9%	0.9%	1	0.9%	0.9%
Salvadoran Demographic Association	0	0.0%		0	0.0%	
Private mobile clinic	0	0.0%		0	0.0%	
Other private health facility	0	0.0%		0	0.0%	
Pharmacy	13	12.7%	3.5%	11	10.5%	2.9%
Shop	0	0.0%		0	0.0%	
Market	0	0.0%		1	1.6%	1.6%
Church	0	0.0%		0	0.0%	0.0%
Friend/relative	2	2.0%	1.4%	4	4.0%	2.0%
Community health worker	15	16.0%	4.1%	20	20.5%	4.1%
Other	2	1.8%	1.2%	1	0.9%	0.9%
DK/NR	1			2		
Missing	3			5		
Total	104	100.0%		104	100.0%	
Condom						
Public hospital	4	5.0%	2.5%	2	2.5%	1.7%
Public health unit	32	45.5%	5.9%	26	38.1%	6.0%
Community health center/clinic	0	0.0%		1	1.1%	1.1%
Public family planning clinic	0	0.0%		0	0.0%	

Other public health facility	1	1.1%	1.1%	1	1.2%	1.2%
Private hospital	0	0.0%		0	0.0%	
Private medical center	1	1.3%	1.3%	1	1.3%	1.3%
Private medical ward	0	0.0%		0	0.0%	
Private family planning clinic	0	0.0%		0	0.0%	
Salvadoran Demographic Association	0	0.0%		0	0.0%	
Private mobile clinic	0	0.0%		0	0.0%	
Other private health facility	0	0.0%		0	0.0%	
Pharmacy	21	26.7%	5.3%	21	27.9%	5.5%
Shop	0	0.0%		0	0.0%	
Market	0	0.0%		0	0.0%	
Church	0	0.0%		0	0.0%	
Friend/relative	3	3.6%	2.1%	2	2.6%	1.8%
Community health worker	9	12.1%	4.4%	12	16.8%	4.6%
Other	4	4.7%	2.3%	5	8.6%	5.1%
DK/NR	0			0		
Missing	4			8		
Total	79	100.0%		79	100.0%	
Female condom						
Public hospital	0	0.0%		0	0.0%	
Public health unit	0	0.0%		0	0.0%	
Community health center/clinic	0	0.0%		0	0.0%	
Public family planning clinic	0	0.0%		0	0.0%	
Other public health facility	0	0.0%		0	0.0%	
Private hospital	0	0.0%		0	0.0%	
Private medical center	0	0.0%		0	0.0%	
Private medical ward	0	0.0%		0	0.0%	
Private family planning clinic	0	0.0%		0	0.0%	
Salvadoran Demographic Association	0	0.0%		0	0.0%	
Private mobile clinic	0	0.0%		0	0.0%	
Other private health facility	0	0.0%		0	0.0%	
Pharmacy	0	0.0%		0	0.0%	
Shop	0	0.0%		0	0.0%	
Market	0	0.0%		0	0.0%	
Church	0	0.0%		0	0.0%	

Friend/relative	0	0.0%	0	0.0%
Community health worker	1	100.0%	1	100.0%
Other	0	0.0%	0	0.0%
DK/NR	0		0	
Missing	0		0	
Total	1	100.0%	1	100.0%
Emergency contraception				
Public hospital	0	0.0%	0	0.0%
Public health unit	0	0.0%	0	0.0%
Community health center/clinic	0	0.0%	0	0.0%
Public family planning clinic	0	0.0%	0	0.0%
Other public health facility	0	0.0%	0	0.0%
Private hospital	0	0.0%	0	0.0%
Private medical center	0	0.0%	0	0.0%
Private medical ward	0	0.0%	0	0.0%
Private family planning clinic	0	0.0%	0	0.0%
Salvadoran Demographic Association	0	0.0%	0	0.0%
Private mobile clinic	0	0.0%	0	0.0%
Other private health facility	0	0.0%	0	0.0%
Pharmacy	0	0.0%	0	0.0%
Shop	0	0.0%	0	0.0%
Market	0	0.0%	0	0.0%
Church	0	0.0%	0	0.0%
Friend/relative	0	0.0%	0	0.0%
Community health worker	0	0.0%	0	0.0%
Other	1	100.0%	1	100.0%
DK/NR	0		0	
Missing	0		0	
Total	1	100.0%	1	100.0%
Other modern method				
Public hospital	0	0.0%	0	0.0%
Public health unit	0	0.0%	0	0.0%
Community health center/clinic	0	0.0%	0	0.0%
Public family planning clinic	0	0.0%	0	0.0%
Other public health facility	0	0.0%	0	0.0%

Private hospital	0	0.0%	0	0.0%
Private medical center	0	0.0%	0	0.0%
Private medical ward	0	0.0%	0	0.0%
Private family planning clinic	0	0.0%	0	0.0%
Salvadoran Demographic Association	0	0.0%	0	0.0%
Private mobile clinic	0	0.0%	0	0.0%
Other private health facility	0	0.0%	0	0.0%
Pharmacy	0	0.0%	0	0.0%
Shop	0	0.0%	0	0.0%
Market	0	0.0%	0	0.0%
Church	1	100.0%	1	100.0%
Friend/relative	0	0.0%	0	0.0%
Community health worker	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%
DK/NR	0		0	
Missing	0		0	
Total	1	100.0%	1	100.0%

5.4.2 Sterilization

Table 5.4.2 Source of family planning methods - sterilization

Percent distribution of women currently using each type of method, El Salvador, 2011

Location where sterilization was performed	Female sterilization			Male sterilization		
	N	Weighted %	Weighted SE	N	Weighted %	Weighted SE
Public hospital	452	85.2%	1.8%	0	0.0%	
Public health unit	39	6.8%	1.2%	0	0.0%	
Community health center/clinic	1 ^a	0.2%	0.2%	0	0.0%	
Public family planning clinic	0	0.0%		0	0.0%	
Other public health facility	12	2.2%	0.7%	0	0.0%	
Private hospital	13	2.5%	0.7%	0	0.0%	
Private medical center	3	0.8%	0.6%	0	0.0%	
Private medical ward	1	0.2%	0.2%	0	0.0%	
Private family planning clinic	1	0.2%	0.2%	0	0.0%	
Salvadoran Demographic Association	2	0.4%	0.3%	1	100.0%	
Private mobile clinic	1	0.2%	0.2%	0	0.0%	
Other private health facility	0	0.0%		0	0.0%	
Pharmacy	1	0.2%	0.2%	0	0.0%	
Shop	0	0.0%		0	0.0%	
Market	0	0.0%		0	0.0%	
Church	0	0.0%		0	0.0%	
Friend/relative	0	0.0%		0	0.0%	
Community health worker	4	0.9%	0.5%	0	0.0%	
Other	1	0.2%	0.2%	0	0.0%	
DK/NR	4			0		
Missing	38			0		
Total	573	100.0%		1	100.0%	

^a Self-reported data may be subject to recall bias.

5.4.3 Traditional methods

Table 5.4.3 Source of family planning methods - traditional methods

Percent distribution of women currently using each type of method, El Salvador, 2011

Location where traditional method was learned	<i>Lactational amenorrhea</i>			<i>Rhythm method</i>			<i>Withdrawal method</i>		
	N	Weighted %	Weighted SE	N	Weighted %	Weighted SE	N	Weighted %	Weighted SE
Public hospital	1	10.8%	10.7%	1	1.8%	1.8%	0	0.0%	
Public health unit	10	56.7%	17.0%	9	16.5%	6.2%	3	13.7%	7.5%
Community health center/clinic	0	0.0%		2	3.3%	3.2%	0	0.0%	
Public family planning clinic	0	0.0%		0	0.0%		1	3.3%	3.3%
Other public health facility	0	0.0%		1	1.7%	1.7%	0	0.0%	
Private hospital	0	0.0%		0	0.0%		0	0.0%	
Private medical center	0	0.0%		2	3.4%	2.4%	1	3.5%	3.6%
Private medical ward	0	0.0%		0	0.0%		0	0.0%	
Private family planning clinic	0	0.0%		0	0.0%		0	0.0%	
Salvadoran Demographic Association	0	0.0%		0	0.0%		0	0.0%	
Private mobile clinic	0	0.0%		0	0.0%		0	0.0%	
Other private health facility	1	4.4%	4.7%	0	0.0%		0	0.0%	
Pharmacy	0	0.0%		0	0.0%		0	0.0%	
Shop	0	0.0%		0	0.0%		0	0.0%	
Market	0	0.0%		0	0.0%		0	0.0%	
Church	1	4.1%	4.4%	7	11.8%	4.5%	1	3.7%	3.7%
Friend/relative	4	19.4%	10.6%	22	37.0%	6.8%	15	58.2%	9.7%
Community health worker	0	0.0%		6	10.9%	4.3%	2	7.0%	4.8%
Other	1	4.6%	4.9%	8	13.6%	4.5%	3	10.7%	6.1%
DK/NR	0			3			0		
Missing	1			6			12		
Total	19	100.0%		67	100.0%		38	100.0%	

5.5 Non-use and interruption of use of family planning methods

Non-use and interruption of use of family planning methods are major concerns for family planning program managers.

5.5.1 Prevalence

The prevalence of interruption and non-use of family planning methods is summarized in Table 5.5.1. Two out of three women participating in this survey are considered “in need” of contraceptive (i.e., they did not report any of the following: does not have sexual relations, virgin, menopausal, hysterectomy, pregnant, or wants to become pregnant). Among these women in need, just 10.8% reported any interruption in the use of family planning methods in the previous year, and 43.4% reported not using any methods at the time of the interview.

Table 5.5.1 Interruption and non-use of family planning methods

Percent distribution of women, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Currently “in need” of contraceptives^a			
Yes	3,157	66.2%	1.0%
No	1,573	33.8%	1.0%
DK/NR	0		
Missing	0		
Total	4,730	100.0%	
Any interruption in use during the last year			
Yes	516	10.6%	0.6%
No	4,136	89.4%	0.6%
DK/NR	0		
Missing	78		
Total	4,730	100.0%	
Discontinuation rate: Any interruption in use during the last year, among women “in need” of contraceptives^a			
Yes	353	10.8%	0.6%
No	2,766	89.2%	0.6%
DK/NR	0		
Missing	38		
Total	3,157	100.0%	
Number of interruptions in use during the last year^a			
None	2,767	91.2%	0.6%
Once	195	6.1%	0.5%
2-6 times per year	66	2.1%	0.3%
7-12 times per year	13	0.4%	0.1%
>12 times per year	4	0.1%	0.1%
DK/NR	66		
Missing	46		
Total	3,157	100.0%	
Not currently using any method			
Yes	2,843	61.2%	1.2%
No	1,887	38.8%	1.2%
DK/NR	0		

Missing	0		
Total	4,730	100.0%	
Unmet need: Not currently using any method, among women "in need" of contraceptives^a			
Yes	1,334	43.4%	1.6%
No	1,823	56.6%	1.6%
DK/NR	0		
Missing	0		
Total	3,157	100.0%	

^a Among women who do not report any of the following: does not have sexual relations, virgin, menopausal, hysterectomy, pregnant, or wants to become pregnant.

5.5.2 Reasons

Women who interrupted use of family planning methods in the year preceding the interview, and those who indicated they were not using any methods on the day of the interview were asked to identify reasons for interruption and/or non-use from a list of 29 different options (Table 5.5.2). Women could select up to 29 different reasons.

The most commonly cited reasons for interruption in use were method affects respondent's health (29.9%), respondent is/was not having sex (19.3%), and respondent wanted to become pregnant (16.7%). The most commonly cited reasons for non-use at the time of the interview were respondent is not having sex (33.3%), respondent is not married (28.5%), and respondent is a virgin (20.4%).

Table 5.5.2 Reasons for interruption and non-use of family planning methods						
Percent distribution of women who interrupted use or are not using family planning methods, El Salvador, 2011						
	<i>Interruption</i>			<i>Non-use</i>		
	N	Weighted %	Weighted SE	N	Weighted %	Weighted SE
Unmarried						
Yes	61	13.4%	2.2%	739	28.5%	1.4%
No	431	86.6%	2.2%	1,873	71.5%	1.4%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Married						
Yes	25	4.7%	1.2%	139	5.3%	0.7%
No	467	95.3%	1.2%	2,473	94.7%	0.7%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Does not have sexual relations						
Yes	89	19.3%	2.2%	869	33.3%	1.5%
No	403	80.7%	2.2%	1,743	66.7%	1.5%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Virgin						
Yes	15	3.1%	1.0%	532	20.4%	0.9%
No	477	96.9%	1.0%	2,080	79.6%	0.9%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	

Has sexual relations infrequently						
Yes	16	3.1%	0.8%	133	5.4%	0.5%
No	476	96.9%	0.8%	2,479	94.6%	0.5%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Menopausal						
Yes	3	0.6%	0.3%	61	2.5%	0.4%
No	489	99.4%	0.3%	2,551	97.5%	0.4%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Hysterectomy						
Yes	4	0.8%	0.4%	29	1.0%	0.2%
No	488	99.2%	0.4%	2,583	99.0%	0.2%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Cannot become pregnant						
Yes	6	1.1%	0.6%	32	1.2%	0.2%
No	486	98.9%	0.6%	2,580	98.8%	0.2%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Did not have a menstrual period since last birth						
Yes	6	1.3%	0.5%	30	1.1%	0.2%
No	486	98.7%	0.5%	2,582	98.9%	0.2%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Was breastfeeding						
Yes	16	3.3%	0.8%	143	5.3%	0.5%
No	476	96.7%	0.8%	2,469	94.7%	0.5%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Goes against religion						
Yes	3	0.5%	0.3%	111	4.2%	0.6%
No	489	99.5%	0.3%	2,501	95.8%	0.6%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Respondent is opposed to use						
Yes	24	5.4%	1.2%	202	7.8%	1.0%
No	468	94.6%	1.2%	2,410	92.2%	1.0%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Husband/partner is opposed to use						
Yes	16	3.0%	0.7%	79	3.0%	0.5%
No	476	97.0%	0.7%	2,533	97.0%	0.5%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Others are opposed to use						
Yes	0	0.0%		24	0.9%	0.2%
No	492	100.0%		2,588	99.1%	0.2%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Knows no method						
Yes	2	0.4%	0.2%	13	0.6%	0.2%

No	490	99.6%	0.2%	2,599	99.4%	0.2%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Knows no source for getting method						
Yes	0	0.0%		11	0.5%	0.2%
No	492	100.0%		2,601	99.5%	0.2%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Concerned about side effects						
Yes	39	8.4%	1.5%	109	4.3%	0.5%
No	453	91.6%	1.5%	2,503	95.7%	0.5%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Lack of access/too far						
Yes	4	0.8%	0.5%	15	0.5%	0.1%
No	488	99.2%	0.5%	2,597	99.5%	0.1%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Too expensive						
Yes	2	0.4%	0.3%	6	0.2%	0.1%
No	490	99.6%	0.3%	2,606	99.8%	0.1%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Preferred method is not available						
Yes	2	0.3%	0.2%	2	0.1%	0.1%
No	490	99.7%	0.2%	2,610	99.9%	0.1%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
No method is available						
Yes	0	0.0%		5	0.2%	0.1%
No	492	100.0%		2,607	99.8%	0.1%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Uncomfortable to use						
Yes	18	3.8%	0.9%	72	2.7%	0.4%
No	474	96.2%	0.9%	2,540	97.3%	0.4%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Interferes with normal body processes						
Yes	32	6.7%	1.1%	102	4.1%	0.5%
No	460	93.3%	1.1%	2,510	95.9%	0.5%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Affects health of respondent/respondent does not like methods						
Yes	146	29.9%	2.2%	282	10.6%	0.7%
No	346	70.1%	2.2%	2,330	89.4%	0.7%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Pregnant						
Yes	40	7.7%	1.5%	145	5.3%	0.4%
No	452	92.3%	1.5%	2,467	94.7%	0.4%

Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Wanted to become pregnant						
Yes	86	16.7%	1.9%	84	3.0%	0.4%
No	406	83.3%	1.9%	2,528	97.0%	0.4%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	
Other reason						
Yes	58	12.2%	1.6%	139	5.3%	0.7%
No	434	87.8%	1.6%	2,473	94.7%	0.7%
Missing	24			231		
Total	516	100.0%		2,843	100.0%	

5.6 Family planning intentions and decision-making

5.6.1 Intention to use family planning methods in the future

Intention to use family planning methods in the future is an important indicator of the potential demand for family planning services. Approximately two-thirds of women participating in this survey indicated that they intend to use family planning in the future (Table 5.6.1).

Table 5.6.1 Intention to use family planning methods in the future

Percent distribution of women, El Salvador, 2011

	N	Weighted %	Weighted SE
Respondent intends to use family planning methods in the future			
Yes	3,034	66.9%	1.2%
No	1,490	33.1%	1.2%
DK/NR	162		
Missing	44		
Total	4,730	100.0%	

5.6.2 Participation in family planning decision

In this setting, most women (72.8%) report that decisions about family planning methods are jointly made by the respondent and her partner. In a minority of cases (3.9%), the decision to use family planning methods is up to the respondent's partner.

Table 5.6.2 Participation in family planning decision-making

Percent distribution of women currently using family planning methods, El Salvador, 2011

	N	Weighted %	Weighted SE
Who makes the decision to use family planning methods?			
Primarily up to respondent	402	23.0%	1.2%
Primarily up to respondent's partner	73	3.9%	0.6%
Joint decision	1,282	72.8%	1.2%
Other	4	0.2%	0.1%

DK/NR	32	
Missing	94	
Total	1,887	100.0%

5.6.3 Informed choice

With respect to use of family planning methods, “informed choice” refers to whether or not health care workers described other options for family planning methods, possible side effects associated with the method of choice, and how to respond to side effects if they occur. This information can be used to help women select an appropriate contraceptive method, and to assist users in coping with side effects (thus decreasing discontinuation rates for non-permanent methods).

Table 5.6.3a shows the percent of women currently using family planning methods who were told about other options for contraception (70.6%).

Table 5.6.3a Family planning decision-making - informed choice			
Percent distribution of women currently using family planning methods, El Salvador, 2011			
	N	Weighted %	Weighted SE
Health care worker described other options for family planning methods			
Yes	1,243	70.6%	1.5%
No	507	29.4%	1.5%
DK/NR	37		
Missing	100		
Total	1,887	100.0%	

Table 5.6.3b shows the percentage of current users of family planning methods who were informed about side effects or problems associated with the method used, and were informed what to do if side effects were experienced. Women using traditional methods and those who had been sterilized were the least likely to be informed of side effects associated with these methods. More than two-thirds of women using injectables, the most common method in use, had been informed of side effects associated with this method, and approximately 60% had been informed how to respond if side effects were experienced.

Table 5.6.3b Family planning decision-making - informed choice, by type of method						
Percent distribution of women currently using family planning methods, El Salvador, 2011						
	<i>Health care worker described possible side effects</i>			<i>Health care worker described how to respond to side effects</i>		
	N	Weighted %	Weighted SE	N	Weighted %	Weighted SE
Female sterilization						
Yes	279	50.6%	2.6%	248	45.5%	2.5%
No	268	49.4%	2.6%	299	54.5%	2.5%
DK/NR	20			20		

Missing	6			6		
Total	573	100.0%		573	100.0%	
Male sterilization						
Yes	1	100.0%		1	100.0%	
No	0	0.0%		0	0.0%	
DK/NR	0			0		
Missing	0			0		
Total	1	100.0%		1	100.0%	
IUD						
Yes	31	85.5%	5.5%	31	85.5%	5.5%
No	6	14.5%	5.5%	6	14.5%	5.5%
DK/NR	0			0		
Missing	1			1		
Total	38	100.0%		38	100.0%	
Injectables						
Yes	648	67.1%	1.9%	585	60.7%	2.0%
No	322	32.9%	1.9%	384	39.3%	2.0%
DK/NR	11			12		
Missing	2			2		
Total	983	100.0%		983	100.0%	
Implants						
Yes	5	62.1%	18.4%	3	37.2%	18.3%
No	3	37.9%	18.4%	5	62.8%	18.3%
DK/NR	0			0		
Missing	2			2		
Total	10	100.0%		10	100.0%	
Pill						
Yes	60	58.3%	4.7%	61	59.1%	5.4%
No	42	41.7%	4.7%	41	40.9%	5.4%
DK/NR	1			1		
Missing	1			1		
Total	104	100.0%		104	100.0%	
Condom						
Yes	38	48.7%	5.7%	35	44.8%	5.5%
No	38	51.3%	5.7%	41	55.2%	5.5%
DK/NR	1			1		
Missing	2			2		
Total	79	100.0%		79	100.0%	
Female condom						
Yes	1	100.0%		1	100.0%	
No	0	0.0%		0	0.0%	
DK/NR	0			0		
Missing	0			0		
Total	1	100.0%		1	100.0%	
Lactational amenorrhea method						
Yes	7	36.8%	16.6%	5	28.0%	15.6%
No	12	63.2%	16.6%	14	72.0%	15.6%
DK/NR	0			0		
Missing	0			0		
Total	19	100.0%		19	100.0%	
Rhythm method						
Yes	25	40.6%	6.6%	21	33.9%	6.7%

No	37	59.4%	6.6%	41	66.1%	6.7%
DK/NR	4			4		
Missing	1			1		
Total	67	100.0%		67	100.0%	
Withdrawal method						
Yes	12	36.2%	7.6%	10	28.6%	7.5%
No	24	63.8%	7.6%	26	71.4%	7.5%
DK/NR	2			2		
Missing	0			0		
Total	38	100.0%		38	100.0%	
Emergency contraception						
Yes	1	100.0%		0	0.0%	
No	0	0.0%		1	100.0%	
DK/NR	0			0		
Missing	0			0		
Total	1	100.0%		1	100.0%	
Other modern method						
Yes	1	100.0%		1	100.0%	
No	0	0.0%		0	0.0%	
DK/NR	0			0		
Missing	0			0		
Total	1	100.0%		1	100.0%	

5.7 Exposure to family planning information

5.7.1 Family planning messages delivered by health care providers

Respondents were asked about their exposure to family planning messages delivered by health care providers (Table 5.7.1). Approximately two-thirds of women reported being advised about family planning at the health care facility they attend. However, a substantial proportion of women (28.0%) indicated that they had not visited a health facility in the last 12 months. Therefore, only 37.7% of women were exposed to family planning messages in a health facility setting in the last year. Approximately one-third of all respondents indicated that they had been visited by a health promoter who provided information about family planning in the last 12 months. Just 16.1% of respondents who had not attended a health facility in the last 12 months were visited by a health promoter who provided information about family planning.

Table 5.7.1 Family planning messages delivered by health care providers

Percent distribution of women, El Salvador, 2011

Exposure to family planning information	N	Weighted %	Weighted SE
Have you ever been advised about family planning at the health facility you attend?			
Yes	3,024	63.5%	1.2%
No	1,694	36.5%	1.2%
DK/NR	2		
Missing	10		
Total	4,730	100.0%	
In the last 12 months, did any staff member at a health facility speak to you about family planning methods?			
Yes	1,798	37.7%	1.2%
No	1,586	34.3%	1.2%
Did not visit facility in last 12 months	1,320	28.0%	1.3%
DK/NR	3		
Missing	23		
Total	4,730	100.0%	
Among all respondents:			
In the last 12 months, did a health promoter visit you to speak to you about family planning methods?			
Yes	1,532	32.2%	1.4%
No	3,186	67.8%	1.4%
DK/NR	5		
Missing	7		
Total	4,730	100.0%	
Among respondents who had not visited a health facility seeking care for themselves or their children in the last 12 months:			
In the last 12 months, did a health promoter visit you to speak to you about family planning methods?			
Yes	216	16.1%	1.3%
No	1,121	83.9%	1.3%
DK/NR	2		
Missing	3		
Total	1,342	100.0%	

5.7.2 Family planning messages in mass media

The media can be a major source of family planning messages. Information about public exposure to messages via a particular type of media can provide policymakers with information about the most effective means of communication for target populations. To assess the reach of electronic and print family planning messaging, respondents were asked if they had seen or heard family planning messages on television, heard family planning messages on the radio, or read family planning messages in the newspaper or on posters in the last few months. The results are summarized in Table 5.7.2. Among survey participants, the most common source of family planning messages is posters (52.4%). Newspapers are the least common source (34.1%).

Table 5.7.2 Family planning messages in mass media				
Percent distribution of women exposed to family planning messages in the mass media in the last few months, El Salvador, 2011				
Type of media	N	Weighted %	Weighted SE	
Television				
Yes	2,316	49.2%	1.4%	
No	2,407	50.8%	1.4%	
DK/NR	1			
Missing	6			
Total	4,730	100.0%		
Radio				
Yes	2,172	46.1%	1.2%	
No	2,549	53.9%	1.2%	
DK/NR	1			
Missing	8			
Total	4,730	100.0%		
Newspaper				
Yes	1,600	34.1%	1.4%	
No	3,122	65.9%	1.4%	
DK/NR	1			
Missing	7			
Total	4,730	100.0%		
Poster				
Yes	2,480	52.4%	1.5%	
No	2,243	47.6%	1.5%	
DK/NR	1			
Missing	6			
Total	4,730	100.0%		

CHAPTER 6: NEONATAL, INFANT, AND CHILD MORTALITY

This chapter summarizes estimates of neonatal, infant, and child mortality within the target area for the initiative in El Salvador. The complete birth histories of women of reproductive age (15-49 years) captured in the SM2015-El Salvador Baseline Household Survey provided the requisite data necessary to calculate probability of death using direct methods: date of birth of children, their survival status, and the dates of death or ages at death of deceased children. For the sake of comparison, at the end of this chapter national-level estimates of neonatal, infant, and child mortality in El Salvador, produced by IHME, are included.

6.1 Neonatal mortality

Neonatal mortality is defined as the number of deaths during the first 28 completed days of life per 1,000 live births in a given year or period. Figure 6.1 displays the weighted point estimates and 95% confidence intervals for neonatal mortality in the target area of the initiative during all five-year periods preceding the survey for which data were reported.

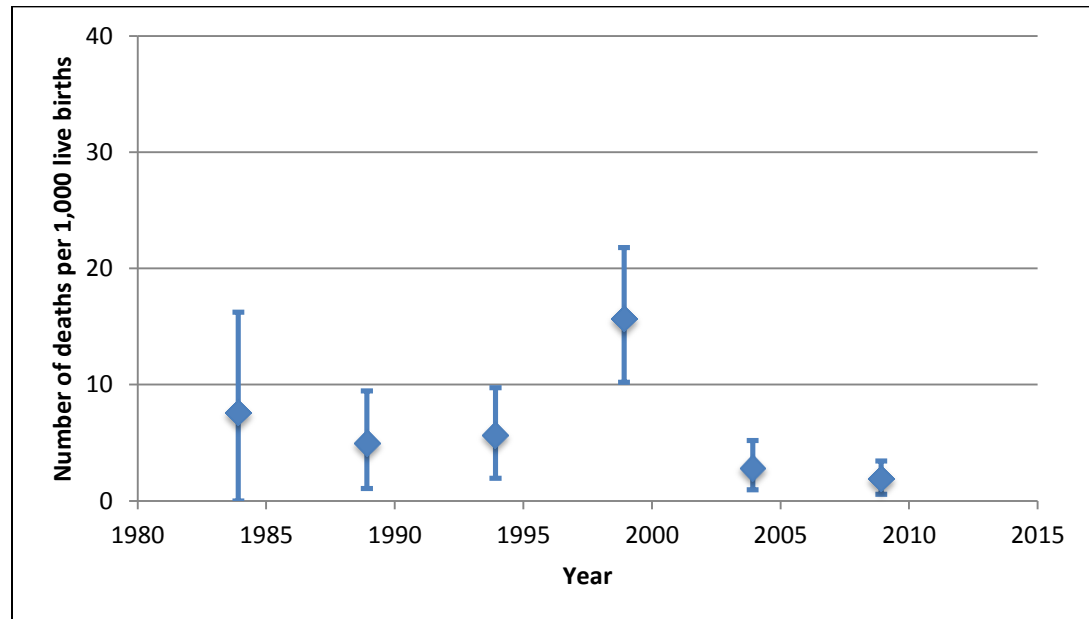


Figure 6.1 Neonatal mortality estimated from complete birth history data obtained from the SM2015-El Salvador Baseline Household Survey, 2011

6.2 Infant mortality

Infant mortality is defined as the number of deaths during the first year of life per 1,000 live births in a given year or period. Figure 6.2 displays the weighted point estimates and 95% confidence intervals for infant mortality in the target area of the initiative during all five-year periods preceding the survey for which data were reported.

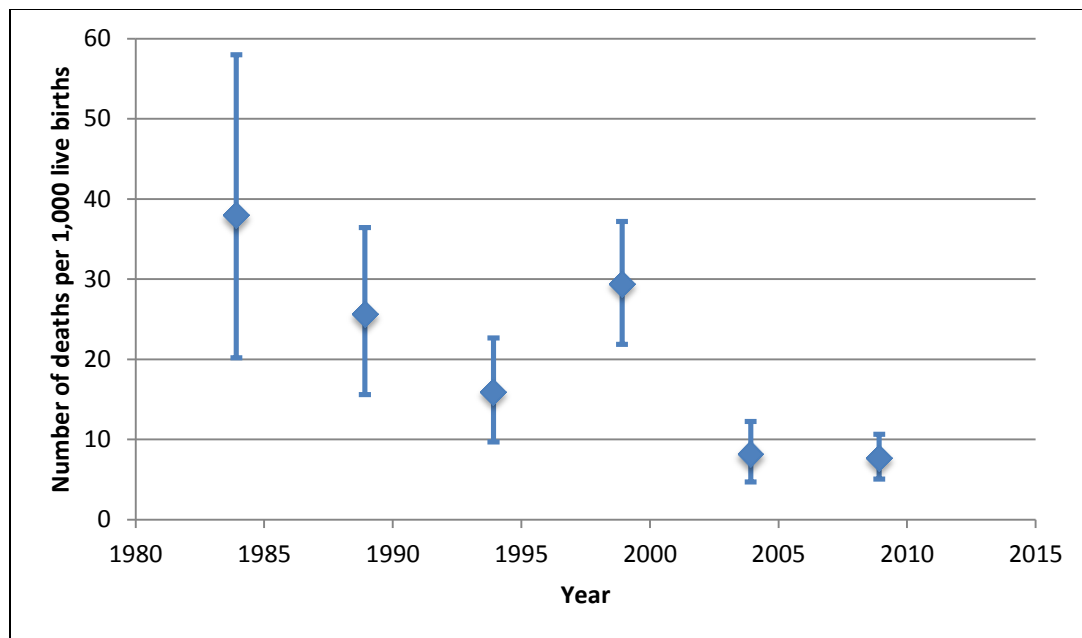


Figure 6.2 Infant mortality estimated from complete birth history data obtained from the SM2015-EI Salvador Baseline Household Survey, 2011

6.3 Mortality in children under 5 years of age

Mortality in children under five years of age is defined as the number of deaths during the first five years of life per 1,000 live births in a given year or period. Figure 6.3 displays the weighted point estimates and 95% confidence intervals for under-5 mortality in the target area of the initiative during all five-year periods preceding the survey for which data were reported.

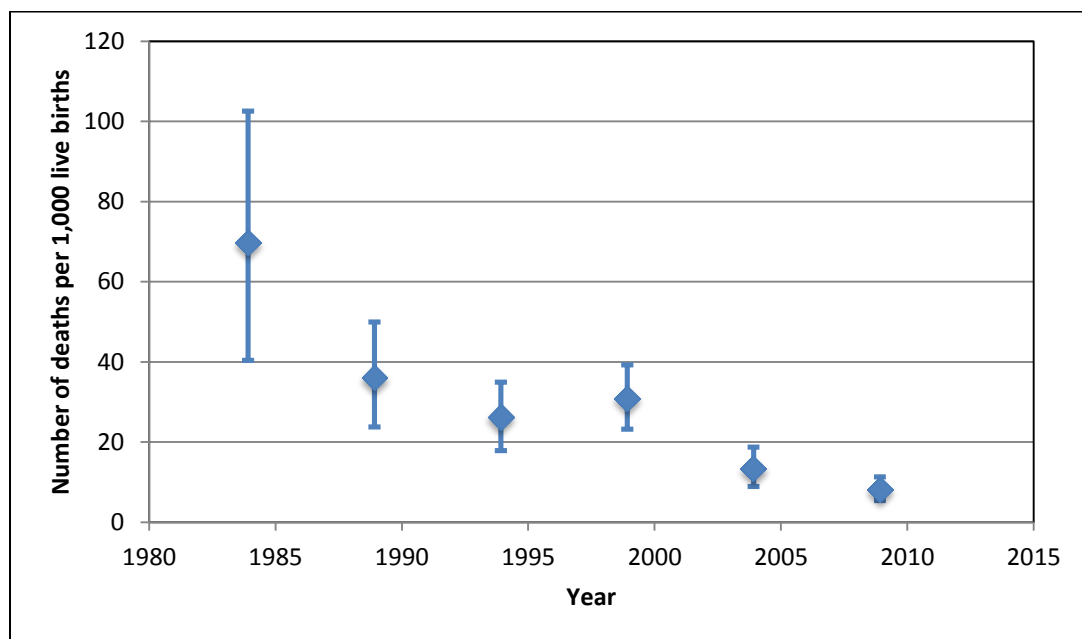


Figure 6.3 Mortality in children under 5 years of age estimated from complete birth history data obtained from the SM2015-EI Salvador Baseline Household Survey, 2011

A summary of estimates from the most recent five-year period for neonatal, infant, and under-5 mortality in the target area based on complete birth history data from the SM2015 Household Survey is shown in Table 6.3a.

Table 6.3a Mortality in children under 5 years of age in the target area of the initiative		
Based on complete birth history data from the five years preceding the interview, El Salvador, 2011		
	Deaths per 1,000 live births	95% CI
Child mortality indicator		
Neonatal mortality	1.9	(0.57-3.44)
Infant mortality	7.7	(5.05-10.66)
Under-5 mortality	8.1	(5.37-11.32)

The estimates produced from the complete birth histories displayed above are compared to the IHME-generated time series of national-level estimates in Table 6.3b.

Table 6.3b Mortality in children under 5 years of age at the national level		
Based on IHME-generated time series, El Salvador, 2007-2011		
	Deaths per 1,000 live births	95% CI
Child mortality indicator		
Neonatal mortality^a		
2007	11.88	(10.47-13.32)
2008	11.17	(9.69-12.65)
2009	10.52	(8.85-12.22)
2010	9.90	(8.10-11.95)
2011	9.28	(7.27-11.55)
Infant mortality^a		
2007	19.26	(17.47-21.09)
2008	18.04	(16.05-20.12)
2009	16.97	(14.65-19.36)
2010	16.01	(13.63-19.02)
2011	15.07	(12.48-18.49)
Under-5 mortality		
2007	23.42	(21.00-26.13)
2008	21.98	(19.32-24.87)
2009	20.71	(17.80-23.84)
2010	19.55	(16.56-23.48)
2011	18.45	(15.05-22.76)

^a Unpublished data

To calculate the IHME-generated time series for mortality in children younger than 5 years of age, data were derived from a range of sources, including vital registration systems, sample registration systems, summary birth histories in censuses and surveys, and complete birth histories. We compiled a database of measurements for 187 countries (excluding those countries with populations of less than 50,000) from 1970 to 2011.

For each country, we generated a time series of estimates of under-5 mortality by synthesizing the empirical data estimates with an analytical technique called Gaussian process regression (GPR). Details of the implementation of this technique can be found in Rajaratnam JK et al. Neonatal, postneonatal, childhood, and under-5 mortality for 187 countries, 1970–2010: a systematic analysis of progress towards Millennium Development Goal 4. *The Lancet*. 2010;375:1988-2008. A subsequent update to the 2010 publication, including updated data, methods, and new estimates from 1990 to 2011, can be found in Lozano R, Wang H, Foreman KJ, Rajaratnam JK, Naghavi M, Marcus JR, Dwyer-Lindgren L, Lofgren KT, Phillips D, Atkinson C, Lopez AD, Murray CJL. Progress towards Millennium Development Goals 4 and 5 on maternal and child mortality: an updated systematic analysis. *The Lancet*. 2011; 378:1139-1165.

Briefly, we applied Loess regression of the log of under-5 mortality in a country as a function of time and an indicator variable for measurements from vital registration data to allow for under-registration of child deaths. This predicted series was then updated by the data within each country by use of GPR. Our GPR model has better out-of-sample predictive validity than do previous methods for measuring child mortality and captures uncertainty caused by sampling and non-sampling error across data types. We computed yearly rates of change in under-5 mortality and examined rates over time for each country.

We divided the estimates of under-5 mortality generated by GPR into estimates of neonatal (the probability of death before age 1 month), postneonatal (the probability of death before age 1 year conditional on surviving to age 1 month), and childhood (the probability of death from age 1 year to age 5 years conditional on surviving to age 1 year) risks of death by use of a two-step modeling process in which we first predicted sex-specific under-5 mortality and then predicted the sex-specific neonatal, postneonatal, and childhood risks of death.

To compute aggregate numbers of deaths, we combined estimates of neonatal and postneonatal mortality to obtain an estimate of the infant mortality rate. We obtained deaths in infants younger than 1 year by applying the infant mortality rate (the probability of death from birth to age 1 year) to the number of births in the current and previous years. We used a similar method to estimate deaths in children aged between 1 year and 5 years. Deaths in children younger than 5 years were the sum of deaths in infants younger than 1 year and deaths in children aged between 1 year and 5 years.

CHAPTER 7: MATERNAL HEALTH CARE

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

7.1 Antenatal care

To reduce recall bias, data pertaining to antenatal care are summarized for a woman's most recent birth in the last two years. Nearly 80% of survey respondents indicated that they had ever given birth, and 28.9% of respondents reported giving birth to a child in the last two years who was still alive at the time of the interview (Table 7.1).

Table 7.1 Reproductive history			
Percent distribution of women, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Ever gave birth			
Yes	3,757	78.9%	0.7%
No	969	21.1%	0.7%
DK/NR	1		
Missing	3		
Total	4,730	100.0%	
Has child under 5 years of age			
Yes	2,931	60.9%	0.9%
No	1,795	39.1%	0.9%
DK/NR	0		
Missing	4		
Total	4,730	100.0%	
Has child under 2 years of age			
Yes	1,386	28.9%	0.7%
No	3,340	71.1%	0.7%
DK/NR	0		
Missing	4		
Total	4,730	100.0%	

7.1.1 Antenatal care coverage

Early and regular checkups by trained medical providers are very important in assessing the physical status of women during pregnancy. These visits provide an opportunity to intervene in a timely manner if any problems are detected. The Maternal and Child Health Questionnaire captured information from women on both overall coverage of antenatal care and the content of care received. To obtain information on source of antenatal care, interviewers recorded all persons a woman consulted for care. Timing of antenatal care was assessed by asking women how many weeks or months pregnant they were when they attended their first antenatal care visit.

Among the 1,386 women with a child under the age of 2, approximately 98% attended at least one antenatal care visit (Table 7.1.1). However, fewer than two-thirds of women had an antenatal care visit during the first trimester (first 12 weeks) with a doctor or professional nurse. Most visits occurred in the public sector.

Table 7.1.1 Antenatal care coverage for the most recent birth in the last two years

Percent distribution of women with a birth in the last two years, El Salvador, 2011

Procedure	N	Weighted %	Weighted SE
Attended at least one antenatal care visit			
Yes	1,324	98.1%	0.3%
No	27	1.9%	0.3%
DK/NR	0		
Missing	35		
Total	1,386	100.0%	
Attended at least one antenatal care visit with doctor or professional nurse			
Yes	1,305	96.7%	0.5%
No	46	3.3%	0.5%
DK/NR	0		
Missing	35		
Total	1,386	100.0%	
First trimester (first 12 weeks) antenatal care visit with doctor or professional nurse			
Yes	839	62.1%	1.5%
No	511	37.9%	1.5%
DK/NR	0		
Missing	36		
Total	1,386	100.0%	
Antenatal care providers, among women who received any antenatal care			
Medical doctor			
Yes	1,286	97.5%	0.5%
No	36	2.5%	0.5%
DK/NR	0		
Missing	2		
Total	1,324	100.0%	
Professional nurse			
Yes	780	58.9%	2.1%
No	541	41.1%	2.1%
DK/NR	1		
Missing	2		
Total	1,324	100.0%	
Auxiliary nurse			
Yes	471	35.5%	2.1%
No	850	64.5%	2.1%
DK/NR	1		
Missing	2		
Total	1,324	100.0%	
Laboratory technician			
Yes	220	16.4%	1.7%
No	1,101	83.6%	1.7%
DK/NR	1		
Missing	2		
Total	1,324	100.0%	
Midwife/comadrona			

Yes	56	3.9%	0.6%
No	1,265	96.1%	0.6%
DK/NR	1		
Missing	2		
Total	1,324	100.0%	
Community health worker			
Yes	170	12.5%	1.5%
No	1,150	87.5%	1.5%
DK/NR	1		
Missing	3		
Total	1,324	100.0%	
Pharmacy assistant			
Yes	119	8.5%	1.3%
No	1,201	91.5%	1.3%
DK/NR	1		
Missing	3		
Total	1,324	100.0%	
Traditional healer			
Yes	4	0.3%	0.1%
No	1,316	99.7%	0.1%
DK/NR	1		
Missing	3		
Total	1,324	100.0%	
Relative			
Yes	65	4.9%	0.9%
No	1,255	95.1%	0.9%
DK/NR	1		
Missing	3		
Total	1,324	100.0%	
Other personnel			
Yes	34	2.4%	0.6%
No	1,258	97.6%	0.6%
DK/NR	2		
Missing	30		
Total	1,324	100.0%	
Type of medical facility where care was sought, among women who received any antenatal care			
Public hospital	121	9.1%	1.0%
Public health unit	933	71.0%	1.4%
Community health center/clinic	62	4.5%	0.9%
Public mobile clinic	47	3.5%	0.5%
Other public health facility	22	1.6%	0.4%
Private hospital	5	0.4%	0.2%
Private health center/clinic	23	1.8%	0.4%
Private office	29	2.2%	0.5%
Other private health facility	5	0.4%	0.2%
Pharmacy	0	0.0%	
Salvadoran Institute of Social Security	43	3.1%	0.6%
Community health worker	15	1.2%	0.3%
Traditional healer	0	0.0%	
Other	17	1.2%	0.4%
DK/NR	1		

Missing	1		
Total	1,324	100.0%	
Month of gestation of first antenatal care visit, among women who received any antenatal care			
1	427	32.2%	1.4%
2	407	30.6%	1.4%
3	255	19.0%	1.0%
4	113	8.9%	0.8%
5	68	5.3%	0.6%
6	33	2.4%	0.4%
7	13	1.0%	0.3%
8	6	0.4%	0.2%
9	1	0.1%	0.1%
DK/NR	0		
Missing	1		
Total	1,324	100.0%	

7.1.2 Frequency of antenatal care visits

Antenatal care can be more effective in avoiding adverse pregnancy outcomes when it is sought early in the pregnancy and continues to delivery. Under normal circumstances, the World Health Organization recommends that pregnant women have at least four antenatal care visits to provide sufficient care. The frequency of antenatal care visits is summarized in Table 7.1.2.

Over 90% of women reported having four or more antenatal care visits during their most recent pregnancy in the last two years. Nearly 60% of women reported having seven or more antenatal care visits during their most recent pregnancy.

The content of antenatal care is as crucial as the frequency of visits. Over 80% of all women had four or more antenatal care visits, including at least one visit with a doctor or professional nurse, and with each of six defined best practices performed at least once during pregnancy (i.e., measurement of maternal weight, measurement of maternal blood pressure, measurement of fundal height, measurement of fetal heartbeat, collection of urine sample, and collection of blood sample).

Table 7.1.2 Frequency of antenatal care visits			
Percent distribution of women with a birth in the last two years, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Number of antenatal care visits			
None	27	1.9%	0.3%
1-3 visits	93	6.7%	0.8%
4-6 visits	424	32.0%	1.4%
7-9 visits	757	56.0%	1.4%
10+ visits	45	3.4%	0.5%
DK/NR	2		
Missing	38		
Total	1,386	100.0%	
Four or more antenatal care visits			

Yes	1,226	91.3%	0.8%
No	120	8.7%	0.8%
DK/NR	2		
Missing	38		
Total	1,386	100.0%	
Four or more antenatal care visits, with at least one visit with doctor or professional nurse			
Yes	1,209	90.1%	0.9%
No	137	9.9%	0.9%
DK/NR	2		
Missing	38		
Total	1,386	100.0%	
Four or more antenatal care visits, with at least one visit with doctor or professional nurse, and according to best practices ^a			
Yes	1,076	80.4%	1.2%
No	270	19.6%	1.2%
DK/NR	2		
Missing	38		
Total	1,386	100.0%	

^a Each of the following procedures was performed at least once: measured maternal weight, measured blood pressure, measured fundal height, measured fetal heartbeat, urine sample collected, and blood sample collected.

7.1.3 Content of antenatal care

The content of antenatal care is an important indicator of quality of care. The coverage of key procedures was assessed among women who received any antenatal care for a birth in the last two years (Table 7.1.3a and Table 7.1.3b). It is important to remember that the validity of these data hinge on the respondent's understanding of the question and her ability to recall events that may have occurred several years prior to the interview.

All six of the "best practice" procedures were nearly universally performed: measurement of maternal weight (99.8%), measurement of maternal blood pressure (98.8%), measurement of fundal height (97.5%), measurement of fetal heartbeat (97.8%), collection of a urine specimen (95.0%), and collection of a blood specimen (94.9%).

Table 7.1.3a Content of antenatal care visits - best practices

Percent distribution of women who received antenatal care for a birth in the last two years, El Salvador, 2011			
Procedure	N	Weighted %	Weighted SE
Measured maternal weight			
Yes	1,321	99.8%	0.1%
No	3	0.2%	0.1%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Measured maternal blood pressure			
Yes	1,308	98.8%	0.3%
No	16	1.2%	0.3%
DK/NR	0		

Missing	0		
Total	1,324	100.0%	
Measured fundal height			
Yes	1,290	97.5%	0.5%
No	33	2.5%	0.5%
DK/NR	0		
Missing	1		
Total	1,324	100.0%	
Measured fetal heartbeat			
Yes	1,294	97.8%	0.4%
No	30	2.2%	0.4%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Collected urine specimen			
Yes	1,256	95.0%	0.6%
No	68	5.0%	0.6%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Collected blood specimen			
Yes	1,256	94.9%	0.7%
No	68	5.1%	0.7%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	

Most women who received antenatal care for a birth in the last two years recalled having an ultrasound performed (88.9%). While 84.7% of women had an HIV test performed as part of their antenatal care, only 68.9% reported having a blood glucose test to check for diabetes.

Table 7.1.3b Content of antenatal care visits - other services provided

Percent distribution of women who received antenatal care for a birth in the last two years, El Salvador, 2011

Procedure	N	Weighted %	Weighted SE
Performed ultrasound			
Yes	1,179	88.9%	1.0%
No	145	11.1%	1.0%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
HIV test performed			
Yes	1,117	84.7%	1.1%
No	207	15.3%	1.1%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Blood glucose test performed			

Yes	906	68.9%	1.8%
No	416	31.1%	1.8%
DK/NR	0		
Missing	2		
Total	1,324	100.0%	

Recalled results from diagnostic tests performed as part of antenatal care are summarized in Table 7.1.3c. Among women who reported having their blood pressure measured as part of their antenatal care, 16.2% recalled being diagnosed with high blood pressure. Among those who provided a blood specimen, 16.0% recalled being diagnosed with anemia. Lastly, among those who provided a blood specimen for blood glucose testing, 1.8% recalled being diagnosed with diabetes during their most recent pregnancy.

Table 7.1.3c Content of antenatal care visits - diagnoses

Percent distribution of women who received antenatal care for a birth in the last two years, El Salvador, 2011

Diagnosis	N	Weighted %	Weighted SE
Provider diagnosed respondent with high blood pressure ^a			
Yes	213	16.2%	1.2%
No	1,095	83.8%	1.2%
DK/NR	0		
Missing	0		
Total	1,308	100.0%	
Provider diagnosed respondent with anemia ^b			
Yes	199	16.0%	1.1%
No	1,057	84.0%	1.1%
DK/NR	0		
Missing	0		
Total	1,256	100.0%	
Provider diagnosed respondent with diabetes ^c			
Yes	16	1.8%	0.5%
No	889	98.2%	0.5%
DK/NR	0		
Missing	1		
Total	906	100.0%	

^a Among women who had blood pressure measured

^b Among women who provided a blood specimen

^c Among women who provided a blood specimen for a blood glucose test

7.1.4 Coverage of tetanus toxoid vaccinations during pregnancy

Tetanus toxoid injections are given during pregnancy for the prevention of neonatal tetanus. To prevent transmission of this potentially fatal infection, all women should be vaccinated with tetanus toxoid when they become pregnant. A baby is considered protected if the mother receives two doses of tetanus toxoid during pregnancy, with the second at least two weeks before delivery. However, if a woman was vaccinated previously, she only requires one dose during the current pregnancy. Five doses are considered adequate to confer lifetime immunity. To assess the coverage of tetanus toxoid vaccination, women who reported receiving any antenatal care during their most recent pregnancy were asked if they received tetanus toxoid injections.

As shown in table 7.1.4, the coverage of tetanus toxoid vaccinations during pregnancy was nearly 96% among women who received antenatal care.

Table 7.1.4 Coverage of tetanus toxoid vaccinations during pregnancy			
Percent distribution of women who received antenatal care for a birth in the last two years, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Received tetanus vaccination during pregnancy			
Yes	1,267	95.8%	0.7%
No	57	4.2%	0.7%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Number of tetanus vaccinations received during pregnancy			
None	57	4.3%	0.7%
1	561	43.1%	1.6%
2	455	34.5%	1.4%
3	171	13.1%	1.1%
4	23	1.7%	0.4%
5	4	0.3%	0.2%
6	2	0.1%	0.1%
7	3	0.2%	0.1%
8	27	2.1%	0.4%
9	8	0.6%	0.2%
DK/NR	0		
Missing	13		
Total	1,324	100.0%	
Time since last tetanus vaccination			
Never vaccinated	481	43.3%	1.9%
<10 years ago	609	53.9%	1.9%
≥10 years ago	32	2.8%	0.5%
DK/NR	198		
Missing	4		
Total	1,324	100.0%	
Time since last tetanus vaccination ^a			
Never vaccinated	15	33.1%	8.0%
<10 years ago	29	54.3%	8.9%
≥10 years ago	6	12.6%	4.3%
DK/NR	6		
Missing	1		
Total	57	100.0%	

^a Among women who did not report receiving a tetanus vaccination during pregnancy

7.1.5 Exposure to safe pregnancy messages

Women who received antenatal care were asked about a series of topics for which they might have received counseling or advice during their pregnancy. The results are displayed in Table 7.1.5.

Table 7.1.5 Exposure to safe pregnancy messages			
Percent distribution of women who received antenatal care for a birth in the last two years, El Salvador, 2011			
Topic	N	Weighted %	Weighted SE
Counseled about pregnancy			
Yes	1,249	94.6%	0.6%
No	75	5.4%	0.6%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Told about signs to watch out for that could indicate a problem with the pregnancy			
Yes	1,245	93.7%	0.8%
No	79	6.3%	0.8%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Given information about mother-to-child transmission of HIV			
Yes	1,105	84.1%	1.1%
No	219	15.9%	1.1%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Given information about preventing HIV infection			
Yes	1,110	83.9%	1.1%
No	214	16.1%	1.1%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Given information about getting an HIV test			
Yes	1,131	85.7%	1.1%
No	193	14.3%	1.1%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Offered an HIV test			
Yes	1,124	85.0%	1.1%
No	200	15.0%	1.1%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Given information about in-facility delivery			
Yes	1,269	95.7%	0.6%
No	54	4.3%	0.6%

DK/NR	0		
Missing	1		
Total	1,324	100.0%	
Advised to deliver in a facility			
Yes	1,288	97.5%	0.4%
No	36	2.5%	0.4%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Advised to have a Caesarean section			
Yes	510	38.5%	1.6%
No	814	61.5%	1.6%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Counseled about making a transportation plan for the delivery			
Yes	931	70.6%	1.8%
No	393	29.4%	1.8%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Counseled about contraception after delivery			
Yes	1,059	79.8%	1.5%
No	264	20.2%	1.5%
DK/NR	0		
Missing	1		
Total	1,324	100.0%	
Counseled about child care			
Yes	1,272	96.0%	0.6%
No	52	4.0%	0.6%
DK/NR	0		
Missing	0		
Total	1,324	100.0%	
Given information about the proper ways to breastfeed			
Yes	1,266	93.9%	0.7%
No	84	6.1%	0.7%
DK/NR	1		
Missing	35		
Total	1,386	100.0%	

7.1.6 Incentives for antenatal care

Only 1.9% of women who received antenatal care indicated that they were given a voucher or some other form of financial aid that helped them to attend antenatal care visits (Table 7.1.6). Most of these women indicated that the amount received was between \$20.00 and \$39.99.

Table 7.1.6 Incentives for antenatal care			
Percent distribution of women who received antenatal care for a birth in the last two years, El Salvador, 2011			
	N	Weighted %	Weighted SE
Respondent was given a voucher or other form of financial aid that helped her to attend antenatal care visit(s)			
Yes	26	1.9%	0.4%
No	1,289	98.1%	0.4%
DK/NR	0		
Missing	9		
Total	1,324	100.0%	
Amount of voucher or other form of financial aid received for antenatal care visit(s)			
\$0.10 - \$19.99	6	24.9%	8.9%
\$20.00 - \$39.99	12	57.2%	12.7%
\$40.00 - \$59.99	3	12.8%	6.5%
\$60.00 - \$79.99	0	0.0%	
\$80.00 - \$99.99	0	0.0%	
\$100.00+	1	5.1%	5.2%
DK/NR	3		
Missing	1		
Total	26	100.0%	

7.2 Delivery care

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

7.2.1 Place of delivery

As shown in Table 7.2.1, the vast majority of births occurred in public hospitals (81.8%). Yet nearly 13% of women reported giving birth in their own home, or at another person's home. Deliveries in private-sector facilities were rare. Among women who delivered in a facility, approximately half indicated that they used a private vehicle for transport.

Table 7.2.1 Place of delivery

Percent distribution of women with a birth in the last two years, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Location of most recent birth			
Respondent's house	162	12.0%	1.4%
Another person's house	10	0.7%	0.2%
Public hospital	1,105	81.8%	1.4%
Public health center/clinic	7	0.5%	0.2%
Public medical ward	1	0.1%	0.1%
Other public health facility	21	1.5%	0.4%
Private hospital	24	1.9%	0.4%
Private health center/clinic	0	0.0%	
Private medical ward	3	0.2%	0.1%
Other private health facility	6	0.5%	0.2%
Other	12	0.9%	0.3%
DK/NR	0		
Missing	35		
Total	1,386	100.0%	
In-hospital delivery			
Yes	1,129	83.6%	1.5%
No	222	16.4%	1.5%
DK/NR	0		
Missing	35		
Total	1,386	100.0%	
In-facility delivery			
Yes	1,167	86.4%	1.5%
No	184	13.6%	1.5%
DK/NR	0		
Missing	35		
Total	1,386	100.0%	
Means of transportation used to get to the facility for delivery			
Ambulance	162	13.7%	1.2%
Other public vehicle	333	28.1%	1.5%
Private vehicle	581	50.3%	1.7%
On foot	88	7.8%	1.3%
DK/NR	0		
Missing	3		
Total	1,167	41.8%	

7.2.2 Assistance at delivery

The assistance a woman receives during childbirth has important health consequences for both mother and child. Very few women (approximately 1%) were alone when they gave birth in the last two years (Table 7.2.2). Among women who did not report being alone for delivery, several categories of personnel may have been in attendance. The vast majority were accompanied by a medical doctor (86.8%) and/or a professional nurse (73.2%). When these two categories of skilled attendants were considered jointly, 87.3% of births were attended by skilled personnel. The vast majority of these deliveries occurred in a hospital setting.

Table 7.2.2 Assistance at delivery

Percent distribution of women with a birth in the last two years, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Delivered alone			
Yes	16	1.1%	0.5%
No	1,335	98.9%	0.5%
DK/NR	0		
Missing	35		
Total	1,386	100.0%	
Delivery attendants, among women who did not deliver alone^a			
Medical doctor			
Yes	1,160	86.8%	1.3%
No	174	13.2%	1.3%
DK/NR	1		
Missing	35		
Total	1,370	100.0%	
Professional nurse			
Yes	972	73.2%	1.7%
No	361	26.8%	1.7%
DK/NR	1		
Missing	36		
Total	1,370	100.0%	
Auxiliary nurse			
Yes	673	49.9%	2.0%
No	658	50.1%	2.0%
DK/NR	2		
Missing	37		
Total	1,370	100.0%	
Laboratory technician			
Yes	83	6.1%	0.8%
No	1,245	93.9%	0.8%
DK/NR	1		
Missing	41		
Total	1,370	100.0%	
Midwife/comadrona			
Yes	105	8.2%	1.0%
No	1,223	91.8%	1.0%

DK/NR	1		
Missing	41		
Total	1,370	100.0%	
Community health worker			
Yes	12	0.8%	0.2%
No	1,317	99.2%	0.2%
DK/NR	1		
Missing	40		
Total	1,370	100.0%	
Pharmacy assistant			
Yes	32	2.3%	0.6%
No	1,296	97.7%	0.6%
DK/NR	1		
Missing	41		
Total	1,370	100.0%	
Traditional healer			
Yes	5	0.3%	0.2%
No	1,323	99.7%	0.2%
DK/NR	1		
Missing	41		
Total	1,370	100.0%	
Relative			
Yes	61	4.3%	0.7%
No	1,268	95.7%	0.7%
DK/NR	0		
Missing	41		
Total	1,370	100.0%	
Other personnel			
Yes	51	3.8%	0.6%
No	1,243	96.2%	0.6%
DK/NR	1		
Missing	75		
Total	1,370	100.0%	
Number of categories of personnel in attendance at delivery			
None	16	1.1%	0.5%
One	284	20.9%	1.6%
Two	428	32.6%	1.7%
Three	526	38.6%	1.7%
Four or more	97	6.9%	0.9%
DK/NR	0		
Missing	35		
Total	1,386	100.0%	
Delivery with a skilled birth attendant ^b			
Yes	1,180	87.3%	1.4%
No	170	12.7%	1.4%
DK/NR	0		
Missing	36		
Total	1,386	100.0%	
In-facility delivery with a skilled birth attendant ^b			

Yes	1,163	86.2%	1.5%
No	187	13.8%	1.5%
DK/NR	0		
Missing	36		
Total	1,386	100.0%	
In-hospital delivery with a skilled birth attendant ^b			
Yes	1,125	83.4%	1.4%
No	225	16.6%	1.4%
DK/NR	0		
Missing	36		
Total	1,386	100.0%	

^a Categories are not mutually exclusive.

^b Skilled birth attendant includes medical doctor or professional nurse (college degree).

7.2.3 Complications

Pregnancy complications are an important source of maternal and child morbidity and mortality. As previously described, the vast majority of births occurred in institutional settings. In more than half of these cases, women indicated that they attended the facility for emergency care. Very few women reported seizures prior to delivery (3.2%). Approximately three in 10 births were performed by Caesarean section, half of which were emergency deliveries. Approximately 15% of infants were transferred to an intensive care unit after delivery, and nearly 40% of women reported excessive bleeding (more than one cup over a two-day period of time).

Table 7.2.3 Complications			
Percent distribution of women with a birth in the last two years, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Reason for attending facility for delivery ^a			
Planned	568	49.0%	1.9%
Emergency	590	50.3%	1.9%
Other	9	0.7%	0.2%
DK/NR	0		
Missing	0		
Total	1,167	99.3%	
Respondent had seizures prior to delivery			
Yes	45	3.2%	0.6%
No	1,305	96.8%	0.6%
DK/NR	1		
Missing	35		
Total	1,386	100.0%	
Child was delivered by Caesarean section ^a			
Yes	354	29.8%	1.8%
No	811	70.2%	1.8%
DK/NR	1		
Missing	1		
Total	1,167	100.0%	
Reason for Caesarean section delivery ^b			
Planned	163	48.5%	2.8%

Emergency	186	51.5%	2.8%
DK/NR	1		
Missing	4		
Total	354	100.0%	
Type of delivery			
Vaginal delivery	995	74.5%	1.6%
Planned Caesarean section delivery	163	12.4%	1.1%
Emergency Caesarean section delivery	186	13.1%	1.0%
DK/NR	2		
Missing	40		
Total	1,386	100.0%	
Child entered neonatal intensive care unit after delivery			
Yes	209	15.4%	1.1%
No	1,131	84.6%	1.1%
DK/NR	3		
Missing	43		
Total	1,386	100.0%	
Respondent had excessive bleeding in the first day following the delivery			
Yes	523	39.2%	1.7%
No	825	60.8%	1.7%
DK/NR	2		
Missing	36		
Total	1,386	100.0%	

^a Among women with an in-facility delivery

^b Among women who had a Caesarean section delivery

7.2.4 Birth size and weight

Birth weight is a major determinant of infant and child health and mortality. Birth weight of less than 2.5 kilograms is considered low. For all births during the five-year period preceding the survey, mothers were asked about their perception of the child's size at birth. They were then asked to report the actual weight in kilograms if the child had been weighed after delivery. To reduce recall bias, only data from the most recent birth within the last two years are summarized below (Table 7.2.4).

Most women perceived their infant to be average in size (71.5%). With most births occurring in institutional settings, it is not surprising that over 90% of newborns were weighed at birth. Among those who were weighed, 14.5% were classified as low birth weight (<2.5 kilograms).

Table 7.2.4 Birth size and weight			
Percent distribution of women with a birth in the last two years, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Mother's estimate of size of child at birth			
Very large	62	4.8%	0.7%
Larger than average	180	13.2%	1.0%
Average	955	71.5%	1.3%
Smaller than average	102	7.4%	0.7%
Very small	43	3.2%	0.5%
DK/NR	9		
Missing	35		
Total	1,386	18.0%	
Child's weight was measured at birth			
Yes	1,238	92.0%	1.2%
No	106	8.0%	1.2%
DK/NR	7		
Missing	35		
Total	1,386	100.0%	
Child's birth weight ^a			
<2.5 kg (low birth weight)	153	14.5%	1.2%
≥2.5 kg	909	85.5%	1.2%
DK/NR	129		
Missing	47		
Total	1,238	100.0%	

^a Among those who were weighed

7.3 Postnatal care

Postnatal care is important both for the mother and the child to treat complications arising from the delivery, as well as to provide the mother with important information on how to care for herself and her child. The postnatal period is defined as the time between the delivery of the placenta and 42 days (six weeks) following the delivery. The timing of postnatal care is important. The first two days after delivery are critical, because most maternal and neonatal deaths occur during this period.

Characteristics of postnatal care, including timing, location, and personnel providing care were captured for all births in the five years preceding the survey. To reduce recall bias, only data from the most recent delivery in the last two years are summarized in the tables below.

7.3.1 Postnatal checkup for the mother

Data on postnatal care for the mother are summarized in Table 7.3.1. Only 85.6% of women recalled being checked after delivery. Of these women, most (98.8%) were checked while still in the facility (if they had an institutional birth). However, only 81.5% of women with an institutional birth who said they were checked after delivery recalled being checked every 15 minutes for the first hour post-partum.

Among women with an institutional birth, 87.4% recalled being checked prior to discharge, and only 73.6% recalled being checked after discharge.

Among all women, 81.6% reported being checked one week after delivery by a health care provider; 62.8% recalled this checkup occurring at a health care facility, and 18.8% recalled this checkup occurring at home.

Table 7.3.1 Postnatal checkup for the mother			
Percent distribution of women with a birth in the last two years, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Respondent was checked after delivery			
Yes	1,159	85.6%	1.3%
No	188	14.4%	1.3%
DK/NR	3		
Missing	36		
Total	1,386	100.0%	
Personnel who checked on respondent after delivery ^a			
Medical doctor	843	73.3%	1.8%
Professional nurse	228	19.6%	1.5%
Auxiliary nurse	34	2.8%	0.6%
Laboratory technician	0	0.0%	
Midwife/comadrona	24	2.5%	0.6%
Community health worker	11	0.9%	0.3%
Pharmacy assistant	0	0.0%	
Traditional healer	0	0.0%	
Relative	11	0.9%	0.3%
Other	1	0.1%	0.1%

DK/NR	5		
Missing	2		
Total	1,159	100.0%	
Respondent was checked after delivery while still at the facility^{a, b}			
Yes	1,052	98.8%	0.3%
No	13	1.2%	0.3%
DK/NR	0		
Missing	3		
Total	1,068	100.0%	
Respondent was checked every 15 minutes during the first hour after delivery while still at the facility^{a, b}			
Yes	862	81.5%	1.5%
No	200	18.5%	1.5%
DK/NR	5		
Missing	1		
Total	1,068	100.0%	
Respondent was checked before being discharged from the facility^b			
Yes	1,018	87.4%	1.1%
No	148	12.6%	1.1%
DK/NR	1		
Missing	0		
Total	1,167	100.0%	
Respondent was checked after being discharged from the facility^b			
Yes	850	73.6%	1.7%
No	313	26.4%	1.7%
DK/NR	3		
Missing	1		
Total	1,167	100.0%	
Respondent was checked one week after delivery, by a health care provider			
Yes, at a health care facility	834	62.8%	1.9%
Yes, at home	252	18.8%	1.6%
No	250	18.4%	1.3%
DK/NR	9		
Missing	41		
Total	1,386	100.0%	
Respondent was checked one week after delivery, by a health care provider			
Yes	1,086	81.6%	1.3%
No	250	18.4%	1.3%
DK/NR	0		
Missing	50		
Total	1,386	100.0%	

^a Among women who were checked after delivery

^b Among women with an in-facility delivery

7.3.2 Postnatal checkup for the baby

Among all deliveries, 90% of women reported that a qualified medical professional checked on their infant within 24 hours of delivery. Approximately 95% of women reported that a health care provider checked on their infant within two months of delivery. Most women indicated that a medical doctor performed this first checkup within two months of delivery. Professional nurses and community health workers were also reported, though much less frequently. Most of these checkups occurred in the public sector.

Table 7.3.2 Postnatal checkup for the neonate			
Percent distribution of women with a birth in the last two years, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Infant was checked within 24 hours of delivery by a qualified medical professional			
Yes	1,210	90.0%	1.3%
No	133	10.0%	1.3%
DK/NR	4		
Missing	39		
Total	1,386	100.0%	
Infant was checked within two months of delivery by a health care provider			
Yes	1,266	94.3%	0.7%
No	76	5.7%	0.7%
DK/NR	4		
Missing	40		
Total	1,386	100.0%	
Personnel who checked on infant within two months of delivery ^a			
Medical doctor	1,134	89.3%	1.0%
Professional nurse	100	8.3%	0.9%
Auxiliary nurse	0	0.0%	
Laboratory technician	0	0.0%	
Midwife/comadrona	3	0.2%	0.1%
Community health worker	24	2.1%	0.6%
Pharmacy assistant	1	0.1%	0.1%
Traditional healer	0	0.0%	
Relative	0	0.0%	
Other	0	0.0%	
DK/NR	4		
Missing	0		
Total	1,266	100.0%	
Location of infant's first checkup ^a			
Respondent's house	56	4.6%	0.9%
Another person's house	1	0.1%	0.1%
Public hospital	57	4.4%	0.6%
Public health center/clinic	1,036	81.6%	1.4%
Public medical ward	34	2.6%	0.7%
Other public health facility	1	0.1%	0.1%
Private hospital	27	2.1%	0.4%
Private health center/clinic	12	1.2%	0.4%
Private medical ward	2	0.2%	0.2%
Other private health facility	18	1.4%	0.3%
Other	21	1.6%	0.4%
DK/NR	0		
Missing	1		
Total	1,266	100.0%	

^a Among infants who were checked within two months of delivery.

CHAPTER 8: CHILD HEALTH

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

8.1 Health status

The age and sex distribution of the de facto population of children aged 0-59 months whose mothers resided in the surveyed households in El Salvador is shown in Table 8.1 by six- or 12-month age groups. Eighteen percent of these children were under 1 year of age at the time of the interview. The age distributions of female and male children are similar.

Table 8.1 Age and sex of children

Percent distribution of the de facto population of children aged 0-59 months, as reported by their mothers, El Salvador, 2011

	Female		Male		Total	
	N	%	N	%	N	%
Age, in months						
0-5 months	138	7.9%	158	8.7%	296	8.3%
6-11 months	168	9.7%	179	9.8%	347	9.7%
12-23 months	380	21.8%	416	22.8%	796	22.4%
24-35 months	387	22.2%	371	20.4%	758	21.3%
36-47 months	349	20.1%	354	19.4%	703	19.7%
48-59 months	318	18.3%	343	18.8%	661	18.6%
Total	1,740	100.0%	1,821	100.0%	3,561	100.0%

8.1.1 Current health status

Table 8.1.1 shows the current health status of all children aged 0-59 months, as reported by their mothers. Approximately 83% of mothers considered their children's health to be "good," "very good," or "excellent."

When asked to evaluate their children's current health status relative to the past year, 32.0% reported that their children's health was "about the same." While 43.6% reported that their children's health had improved, 5.8% reported worse health on the day of the interview, compared to last year. Over 95% could "easily" perform their daily activities (e.g., playing and going to school). Nearly 5% of mothers reported that their children had at least some degree of difficulty performing these activities that was related to their health status.

Table 8.1.1 Current health status			
Percent distribution of children aged 0-59 months, as reported by their mothers, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Current health			
Excellent	951	27.2%	1.3%
Very good	778	22.5%	1.3%
Good	1,145	33.3%	1.3%
Fair	361	10.7%	0.7%
Poor	216	6.2%	0.6%
DK/NR	5		
Missing	105		
Total	3,561	100.0%	
Current health relative to health last year			
Better	1,490	43.6%	1.1%
Worse	186	5.8%	0.5%
About the same	1,109	32.0%	1.1%
Not applicable, child is less than 12 months old	643	18.6%	0.8%
DK/NR	2		
Missing	131		
Total	3,561	81.2%	
Ability to perform daily activities			
Easily	3,264	95.0%	0.5%
With some difficulty	134	4.1%	0.4%
With much difficulty	13	0.3%	0.1%
Unable to do	20	0.5%	0.2%
DK/NR	14		
Missing	116		
Total	3,561	100.0%	

8.1.2 Recent illness

Mothers were asked a series of questions about any illnesses or health problems that their children might have had in the two weeks preceding the interview. Approximately 44% of children were reported as sick during that time (Table 8.1.2). Of the 1,520 children who were recently ill, cough/chest infection (34.8%), fever/malaria (16.7%), and diarrhea (10.8%) were the most commonly elicited specific complaints.

It is interesting to note that although the health status of these young children, as reported by their mothers (Table 8.1.1), tended to be somewhat better than the health status of women participating in the survey (Table 3.5.1), a larger proportion of children were sick immediately prior to the interview (Table 8.1.2) compared to the proportion of women who were sick (Table 3.5.2).

Table 8.1.2 Recent illness			
Percent distribution of children aged 0-59 months, as reported by their mothers, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Child was sick recently (in the last two weeks)			
Yes	1,520	44.5%	1.3%
No	1,927	55.5%	1.3%
DK/NR	1		
Missing	113		
Total	3,561	100.0%	
Recent illness			
Fever/malaria	253	16.7%	1.0%
Cough/chest infection	523	34.8%	1.8%
Tuberculosis	2	0.2%	0.1%
Asthma	4	0.3%	0.1%
Bronchitis	47	3.3%	0.5%
Pneumonia	14	0.9%	0.3%
Diarrhea without blood	165	10.8%	1.0%
Vomiting	32	1.8%	0.4%
Abdominal pain	14	0.8%	0.2%
Anemia	3	0.1%	0.1%
Skin rash/infection	31	2.1%	0.4%
Eye/ear infection	16	1.1%	0.3%
Measles	1	0.0%	
Jaundice	0	0.0%	
Headache	4	0.3%	0.1%
Stroke	0	0.0%	
Diabetes	0	0.0%	
HIV/AIDS	0	0.0%	
Paralysis	0	0.0%	
Other	406	26.9%	1.9%
DK/NR	3		
Missing	2		
Total	1,520	100.0%	

8.1.3 Utilization of health services for recent illness

Table 8.1.3 summarizes data regarding the utilization of health services among the 1,520 children who were sick in the two weeks preceding the interview. Care was sought for approximately 60% of these cases. Over 70% of children who sought care did so within one day of the onset of symptoms; 98.0% did so within one week of symptom onset. Care was typically sought at public health centers (66.9%); some attended private health centers (9.6%) and public hospitals (7.6%). Nearly 90% of mothers whose children were taken for evaluation and/or treatment reported that they were responsible for making the decision to seek care for their child. Only 31 children were hospitalized for their recent illness (3.3% of those who sought care). Medical doctors (95.5%) were the most frequently attended health care professionals.

Table 8.1.3 Utilization of health services for recent illness			
Percent distribution of children aged 0-59 months who were sick in the last two weeks, El Salvador, 2011			
Utilization of Health Services	N	Weighted %	Weighted SE
Sought care for recent illness			
Yes	896	60.1%	1.8%
No	618	39.9%	1.8%
DK/NR	0		
Missing	6		
Total	1,520	100.0%	
Timing of care-seeking after onset of illness			
Within 24 hours	349	38.1%	2.2%
Next day	287	32.5%	1.9%
Same week	239	27.4%	2.0%
Within 2 weeks	14	1.5%	0.4%
Within 3 weeks	4	0.5%	0.2%
DK/NR	1		
Missing	2		
Total	896	100,0%	
Type of medical facility where care was sought			
Public hospital	73	7.6%	1.1%
Public health center/clinic	589	66.9%	2.1%
Public medical ward	28	3.4%	0.8%
Public mobile clinic	7	0.9%	0.4%
Other public health facility	27	2.9%	0.9%
Private hospital	9	1.2%	0.4%
Private health center/clinic	86	9.6%	1.3%
Private medical ward	12	1.3%	0.5%
Private mobile clinic	2	0.2%	0.2%
Other private health facility	6	0.7%	0.3%
Pharmacy	5	0.4%	0.2%
Community health worker	20	1.7%	0.4%
Medical personnel	5	0.5%	0.3%
Traditional healer	0	0.0%	
Other	24	2.7%	0.7%
DK/NR	1		

Missing	2		
Total	896	100.0%	
Person who decided that the child should attend this facility			
Self	788	89.1%	1.3%
Partner	32	3.7%	0.7%
Parent	60	6.3%	1.1%
Parent-in-law	1	0.1%	0.1%
Other relative	3	0.4%	0.2%
Friend/neighbor	0	0.0%	
Community health worker	5	0.5%	0.2%
DK/NR	3		
Missing	4		
Total	896	100.0%	
Child was hospitalized for recent illness			
Yes	31	3.3%	0.6%
No	857	96.7%	0.6%
DK/NR	2		
Missing	6		
Total	896	100.0%	
Type of personnel providing care			
Medical doctor	810	95.5%	0.9%
Professional nurse	32	3.8%	0.8%
Auxiliary nurse	2	0.4%	0.3%
Laboratory technician	1	0.1%	0.1%
Community health worker	3	0.1%	0.1%
Drug seller	1	0.1%	0.1%
Traditional healer	0	0.0%	
Other	0	0.0%	
DK/NR	1		
Missing	46		
Total	896	100.0%	

8.2 Acute respiratory infection

Acute respiratory infection is a leading cause of morbidity and mortality among children. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths resulting from pneumonia, a common acute respiratory disease. The prevalence of acute respiratory infection was estimated by asking mothers whether their children aged 0-59 months had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the interview. If the child had had symptoms of an acute respiratory infection, the mother was asked about what was done to treat the symptoms and feeding practices during the illness.

8.2.1 Prevalence of acute respiratory infection and fever

The prevalences of cough, acute respiratory infection, and fever among children aged 0-59 months, as reported by their mothers, are displayed in Table 8.2.1. One-third of children experienced cough, nearly 20% had symptoms of an acute respiratory infection, and 22.1% had a fever in the two weeks preceding the interview.

Table 8.2.1 Prevalence of acute respiratory infection and fever

Percent distribution of children aged 0-59 months, as reported by their mothers, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Child had cough in the last two weeks			
Yes	1,146	33.6%	1.1%
No	2,299	66.4%	1.1%
DK/NR	4		
Missing	112		
Total	3,561	100.0%	
Child had cough in the last two weeks, by type			
Cough with difficulty breathing due to chest problem	248	7.4%	0.5%
Cough with difficulty breathing due to congested or runny nose	184	5.4%	0.5%
Cough with difficulty breathing due to chest problem and congested or runny nose	229	6.9%	0.6%
Cough with difficulty breathing due to other reason	2	0.1%	0.1%
Cough without difficulty breathing	469	13.6%	0.8%
No cough	2,299	66.7%	1.1%
DK/NR	4		
Missing	126		
Total	3,561	100.0%	
Child had acute respiratory infection in the last two weeks^a			
Yes	666	19.8%	0.9%
No	2,770	80.2%	0.9%
DK/NR	4		
Missing	121		
Total	3,561	100.0%	
Child had fever in the last two weeks			
Yes	759	22.1%	0.9%
No	2,692	77.9%	0.9%
DK/NR	3		
Missing	107		
Total	3,561	100.0%	

^a Acute respiratory infection is defined as mother's report of cough accompanied by short, rapid breathing.

8.2.2 Utilization of health services for acute respiratory infection

Sixty-four percent of children with symptoms of acute respiratory infection were taken somewhere for evaluation and/or treatment of their condition (Table 8.2.2). Care for these children was most often sought in the public sector, although private health centers were visited by 9.1% of these cases.

Table 8.2.2 Utilization of health services for acute respiratory infection

Percent distribution of children aged 0-59 months who had acute respiratory infection in the last two weeks, as reported by their mothers, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Sought care for acute respiratory infection			
Yes	408	64.0%	2.7%
No	243	36.0%	2.7%
DK/NR	0		
Missing	15		
Total	666	100.0%	
Type of medical facility where care was sought			
Public hospital	31	8.0%	1.5%
Public health center/clinic	268	67.5%	2.3%
Public medical ward	7	1.8%	0.8%
Public mobile clinic	5	1.3%	0.6%
Other public health facility	12	3.2%	1.0%
Private hospital	2	0.3%	0.3%
Private health center/clinic	37	9.1%	1.6%
Private medical ward	4	1.1%	0.6%
Private mobile clinic	0	0.0%	
Other private health facility	1	0.3%	0.3%
Pharmacy	4	0.5%	0.4%
Community health worker	13	3.5%	1.2%
Medical personnel	4	0.8%	0.6%
Traditional healer	0	0.0%	
Other	12	2.7%	1.1%
DK/NR	0		
Missing	8		
Total	408	100.0%	

8.2.3 Utilization of medications for acute respiratory infection

Nearly 95% of children with symptoms of acute respiratory infection were given some type of medication for their condition (Table 8.2.3a). Antibiotic pills or syrups were given to 53.8% of these cases. Acetaminophen (28.3%) and ibuprofen (20.5%) were also commonly administered.

Table 8.2.3a Utilization of medications for acute respiratory infection

Percent distribution of children aged 0-59 months who had acute respiratory infection in the last two weeks, as reported by their mothers, El Salvador, 2011

Medication given	N	Weighted %	Weighted SE
Any medication			
Yes	616	94.9%	1.1%
No	30	5.1%	1.1%
DK/NR	0		
Missing	20		
Total	666	100.0%	
Acetaminophen			
Yes	177	28.3%	2.6%
No	443	71.7%	2.6%
DK/NR	2		
Missing	44		
Total	666	100.0%	
Ibuprofen			
Yes	127	20.5%	2.2%
No	493	79.5%	2.2%
DK/NR	2		
Missing	44		
Total	666	100.0%	
Aspirin			
Yes	44	6.5%	1.2%
No	575	93.5%	1.2%
DK/NR	2		
Missing	45		
Total	666	100.0%	
Oral rehydration therapy			
Yes	76	12.3%	1.4%
No	545	87.7%	1.4%
DK/NR	2		
Missing	43		
Total	666	100.0%	
Antibiotic pill or syrup			
Yes	323	53.8%	2.6%
No	298	46.2%	2.6%
DK/NR	2		
Missing	43		
Total	666	100.0%	
Antibiotic injection			
Yes	23	3.4%	0.8%

No	597	96.6%	0.8%
DK/NR	2		
Missing	44		
Total	666	100.0%	
Other medication			
Yes	339	56.1%	2.9%
No	283	43.9%	2.9%
DK/NR	2		
Missing	42		
Total	666	100.0%	

Reasons for non-utilization of medications were solicited from mothers of children with symptoms of acute respiratory infection who were not given medications for their condition (Table 8.2.3b). Belief that the child was not sick “enough,” medication stock-outs, and concerns about side effects of medications were the most commonly reported specific reasons.

Table 8.2.3b Non-utilization of medications for acute respiratory infection

Percent distribution of children aged 0-59 months who had acute respiratory infection in the last two weeks who were not given medications, as reported by their mothers, El Salvador, 2011

	N	Weighted %	Weighted SE
Reason for not using medications			
Medications are too expensive	2	7.2%	4.6%
Medications are too far away	0	0.0%	
Too busy with work or children	2	8.2%	5.8%
Medications were not in stock	3	6.8%	4.4%
Child was not sick enough	6	23.4%	8.8%
Medications are not effective	1	3.6%	3.7%
Concerned about side effects	3	12.2%	6.3%
Did not have permission to go and get medications	1	6.6%	6.0%
Other	8	32.0%	9.9%
DK/NR	0		
Missing	4		
Total	30	100.0%	
Source of information on which this decision was based			
Previous experience	7	31.3%	10.1%
Heard from a friend	1	4.6%	4.7%
Heard in the community	1	4.3%	4.4%
Other source	13	59.8%	11.1%
DK/NR	2		
Missing	6		
Total	30	100.0%	

8.2.4 Feeding practices during acute respiratory infection

Data on feeding practices during the recent episode of acute respiratory infection are summarized in Table 8.2.4. Only 29.1% of children were given more fluids than usual. Over 35% of children were offered less fluid than usual (or none at all). Approximately 29% of children were offered the same volume of solid food as usual during their illness. Nearly 70% of children were given less than the usual amount of solid food (or none at all).

Table 8.2.4 Feeding practices during acute respiratory infection

Percent distribution of children aged 0-59 months who had acute respiratory infection in the last two weeks, as reported by their mothers, El Salvador, 2011

Amount given	N	Weighted %	Weighted SE
Volume of fluids (including breast milk) given during illness			
No fluids	9	1.4%	0.5%
Much less	79	12.3%	1.7%
Somewhat less	141	21.9%	2.0%
About the same	233	35.4%	2.3%
More	184	29.1%	2.2%
DK/NR	2		
Missing	18		
Total	666	100.0%	
Volume of solid foods given during illness			
No solids	44	6.3%	1.2%
Much less	139	22.4%	2.0%
Somewhat less	261	40.0%	2.3%
About the same	181	28.6%	2.1%
More	17	2.7%	0.7%
DK/NR	7		
Missing	17		
Total	666	100.0%	

8.2.5 Health care expenditures for illness with fever and/or cough

The cost of health care may be an important barrier to access. Mothers of children experiencing fever and/or cough in the two weeks preceding the interview were asked about the amount of money spent as a result of their child's illness. Results are summarized in Table 8.2.5a and Table 8.2.5b. Most mothers of children who were sick with fever and/or cough reported no expenditures related to doctor's appointments, hospitalization, or laboratory work. Approximately 37% of mothers reported expenditures on medications, and 29.2% reported expenditures on transportation related to their illness.

Table 8.2.5a Health care expenditures for illness with fever and/or cough

Percent distribution of children aged 0-59 months who were sick with fever and/or cough in the last two weeks, El Salvador, 2011

Type of expense incurred	N	Weighted %	Weighted SE
Doctor's appointment			
Yes	66	4.7%	0.8%
No	1,213	95.3%	0.8%
DK/NR	3		
Missing	86		
Total	1,368	100.0%	
Hospitalization			
Yes	2	0.2%	0.1%
No	1,276	99.8%	0.1%
DK/NR	3		
Missing	87		
Total	1,368	100.0%	
Laboratory work			
Yes	41	3.1%	0.5%
No	1,237	96.9%	0.5%
DK/NR	3		
Missing	87		
Total	1,368	100.0%	
Medications			
Yes	485	37.1%	1.7%
No	813	62.9%	1.7%
DK/NR	2		
Missing	68		
Total	1,368	100.0%	
Transportation			
Yes	368	29.2%	1.6%
No	923	70.8%	1.6%
DK/NR	3		
Missing	74		
Total	1,368	100.0%	

Table 8.2.5b Health care expenditures for illness with fever and/or cough, amount spent

Percent distribution of children aged 0-59 months who were sick with fever and/or cough in the last two weeks, El Salvador, 2011

Type of expense incurred	N	Weighted %	Weighted SE
Doctor's appointment			
\$0	1,214	95.1%	0.8%
\$0.10 - \$19.99	46	3.6%	0.6%
\$20.00 - \$39.99	18	1.1%	0.3%
\$40.00 - \$59.99	4	0.2%	0.1%
\$60.00 - \$79.99	0	0.0%	
\$80.00 - \$99.99	0	0.0%	
\$100.00+	1	0.1%	0.1%
DK/NR	3		
Missing	82		
Total	1,368	100.0%	
Hospitalization			
\$0	1,276	99.5%	0.2%
\$0.10 - \$19.99	4	0.3%	0.2%
\$20.00 - \$39.99	1	0.1%	0.1%
\$40.00 - \$59.99	0	0.0%	
\$60.00 - \$79.99	0	0.0%	
\$80.00 - \$99.99	0	0.0%	
\$100.00+	1	0.1%	0.1%
DK/NR	3		
Missing	83		
Total	1,368	100.0%	
Laboratory work			
\$0	1,238	96.7%	0.5%
\$0.10 - \$19.99	39	3.0%	0.5%
\$20.00 - \$39.99	4	0.4%	0.2%
\$40.00 - \$59.99	1	0.0%	
\$60.00 - \$79.99	0	0.0%	
\$80.00 - \$99.99	0	0.0%	
\$100.00+	0	0.0%	
DK/NR	3		
Missing	83		
Total	1,368	100.0%	
Medications			
\$0	837	64.8%	1.7%
\$0.10 - \$19.99	330	25.7%	1.5%
\$20.00 - \$39.99	82	6.1%	0.8%
\$40.00 - \$59.99	30	2.2%	0.5%
\$60.00 - \$79.99	5	0.4%	0.2%
\$80.00 - \$99.99	3	0.3%	0.2%
\$100.00+	7	0.5%	0.2%
DK/NR	3		

Missing	71		
Total	1,368	100.0%	
Transportation			
\$0	930	71.5%	1.6%
\$0.10 - \$19.99	340	27.1%	1.6%
\$20.00 - \$39.99	9	0.8%	0.3%
\$40.00 - \$59.99	3	0.3%	0.2%
\$60.00 - \$79.99	5	0.3%	0.2%
\$80.00 - \$99.99	0	0.0%	
\$100.00+	2	0.1%	0.1%
DK/NR	3		
Missing	76		
Total	1,368	100.0%	

8.3 Diarrhea

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

8.3.1 Prevalence

Table 8.3.1 shows the proportion of children aged 0-59 months with diarrhea in the two weeks preceding the interview, as reported by their mothers (14.5%). Only 1.9% of children had bloody diarrhea.

Table 8.3.1 Prevalence of diarrhea

Percent distribution of children aged 0-59 months, as reported by their mothers, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Child had diarrhea in the last two weeks			
Yes	490	14.5%	0.8%
No	2,955	85.5%	0.8%
DK/NR	0		
Missing	116		
Total	3,561	100.0%	
Child had diarrhea in the last two weeks, by type			
Diarrhea with blood	63	1.9%	0.2%
Diarrhea without blood	427	12.6%	0.7%
No diarrhea	2,955	85.5%	0.8%
DK/NR	6		
Missing	110		
Total	3,561	14.2%	

8.3.2 Utilization of health services for diarrhea

Nearly half of children with diarrhea were taken somewhere for evaluation and/or treatment of their condition (Table 8.3.2). Care for these children was most often sought in the public sector, although private health centers were visited by 13.2% of these cases.

Table 8.3.2 Utilization of health services for diarrhea

Percent distribution of children aged 0-59 months who had diarrhea in the last two weeks, as reported by their mothers, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Sought care for diarrhea			
Yes	229	48.8%	2.7%
No	240	51.2%	2.7%
DK/NR	0		
Missing	21		
Total	490	100.0%	
Type of medical facility where care was sought			
Public hospital	11	5.6%	1.7%
Public health center/clinic	128	59.6%	3.5%
Public medical ward	6	2.4%	1.0%
Public mobile clinic	5	2.4%	1.0%
Other public health facility	8	3.2%	1.7%
Private hospital	2	0.9%	0.7%
Private health center/clinic	32	13.2%	2.5%
Private medical ward	3	1.4%	0.8%
Private mobile clinic	0	0.0%	
Other private health facility	1	0.5%	0.5%
Pharmacy	11	3.8%	1.3%
Community health worker	4	1.5%	0.9%
Medical personnel	1	0.5%	0.5%
Traditional healer	2	0.5%	0.5%
Other	12	4.4%	1.5%
DK/NR	2		
Missing	1		
Total	229	100.0%	

8.3.3 Utilization of treatments for diarrhea

A simple and effective response to dehydration caused by diarrhea is a prompt increase in the child's fluid intake through some form of oral rehydration therapy. Oral rehydration therapy may include the use of a solution prepared from commercially produced packets of powdered oral rehydration salts, commercially produced bottled oral serums, or homemade fluids usually prepared from sugar, salt and water. Other treatments may be administered as well.

Although care was sought in only 48.8% of cases, nearly 90% of cases were given some form of treatment. Oral serums prepared from commercially available powders were the most common form oral rehydration therapy (44.8%). One-third of cases were treated with an antibiotic pill, syrup, or injection.

Table 8.3.3a Utilization of treatments for diarrhea

Percent distribution of children aged 0-59 months who had diarrhea in the last two weeks, as reported by their mothers, El Salvador, 2011

Treatment given	N	Weighted %	Weighted SE
Any treatment given			
Yes	419	88.6%	1.6%
No	50	11.4%	1.6%
DK/NR	0		
Missing	21		
Total	490	100.0%	
Powdered oral serum			
Yes	208	44.8%	2.6%
No	257	55.2%	2.6%
DK/NR	3		
Missing	22		
Total	490	100.0%	
Bottled oral serum			
Yes	107	22.4%	2.3%
No	357	77.6%	2.3%
DK/NR	3		
Missing	23		
Total	490	100.0%	
Homemade fluid recommended by health authorities			
Yes	46	9.2%	1.6%
No	416	90.8%	1.6%
DK/NR	4		
Missing	24		
Total	490	100.0%	
Antibiotic pill or syrup			
Yes	170	36.4%	2.7%
No	294	63.6%	2.7%
DK/NR	2		
Missing	24		
Total	490	100.0%	
Antidiarrheal pill or syrup			
Yes	14	2.9%	1.0%
No	447	97.1%	1.0%
DK/NR	4		
Missing	25		
Total	490	100.0%	
Zinc			
Yes	27	5.6%	1.1%
No	426	94.4%	1.1%
DK/NR	0		
Missing	37		
Total	490	100.0%	
Other type of pill or syrup			
Yes	44	9.3%	1.6%

No	418	90.7%	1.6%
DK/NR	3		
Missing	25		
Total	490	100.0%	
Unknown type of pill or syrup			
Yes	68	14.9%	2.1%
No	394	85.1%	2.1%
DK/NR	3		
Missing	25		
Total	490	100.0%	
Antibiotic injection			
Yes	15	3.6%	0.9%
No	445	96.4%	0.9%
DK/NR	3		
Missing	27		
Total	490	100.0%	
Other type of injection			
Yes	0	0.0%	
No	460	100.0%	
DK/NR	3		
Missing	27		
Total	490	100.0%	
Unknown type of injection			
Yes	1	0.0%	
No	459	100.0%	
DK/NR	3		
Missing	27		
Total	490	100.0%	
Intravenous therapy			
Yes	2	0.7%	0.5%
No	458	99.3%	0.5%
DK/NR	3		
Missing	27		
Total	490	100.0%	
Home remedy/herbal medicine			
Yes	30	6.7%	1.2%
No	430	93.3%	1.2%
DK/NR	3		
Missing	27		
Total	490	100.0%	
Other treatment			
Yes	46	10.0%	1.5%
No	412	90.0%	1.5%
DK/NR	3		
Missing	29		
Total	490	100.0%	

The combination therapy of zinc plus oral rehydration solution was rarely given to children with diarrhea (Table 8.3.3b).

Table 8.3.3b Utilization of zinc and oral rehydration solution for diarrhea

Percent distribution of children aged 0-59 months who had diarrhea in the last two weeks, as reported by their mothers, El Salvador, 2011

Treatment given	N	Weighted %	Weighted SE
Zinc plus oral rehydration solution, among all children with diarrhea			
Yes	21	4.4%	1.0%
No	435	95.6%	1.0%
DK/NR	0		
Missing	34		
Total	490	100.0%	
Zinc plus oral rehydration solution, among those given any treatment			
Yes	21	5.0%	1.1%
No	385	95.0%	1.1%
DK/NR	0		
Missing	13		
Total	419	100.0%	

8.3.4 Feeding practices during diarrhea

Mothers are encouraged to continue feeding children normally when they suffer from diarrheal diseases and to increase the fluids they are given. These practices help to prevent dehydration and minimize the adverse consequences of diarrhea on the child's nutritional status.

Data on feeding practices during the recent diarrheal episode are summarized in Table 8.3.4. Only 30.1% of children were given more fluids than usual. Over 30% of children were offered less fluid than usual (or none at all). Approximately 32% of children were offered the same volume of solid food as usual during their illness. Nearly two-thirds of children were given less than the usual amount of solid food (or none at all).

Table 8.3.4 Feeding practices during diarrhea

Percent distribution of children aged 0-59 months who had diarrhea in the last two weeks, as reported by their mothers, El Salvador, 2011

Amount given	N	Weighted %	Weighted SE
Volume of fluids (including breast milk) given during illness			
No fluids	7	1.4%	0.6%
Much less	59	13.5%	2.0%
Somewhat less	81	17.5%	2.3%
About the same	180	37.4%	2.7%
More	136	30.1%	2.6%
DK/NR	5		
Missing	22		
Total	490	100.0%	
Volume of solid foods given during illness			
No solids	24	5.3%	1.3%
Much less	98	23.0%	2.8%
Somewhat less	176	37.8%	2.8%
About the same	147	31.6%	2.7%
More	11	2.4%	0.8%
DK/NR	12		
Missing	22		
Total	490	100.0%	

8.4 Immunization against common childhood illnesses

Information on immunization coverage was collected for all children aged 0-59 months whose mothers were participating in the survey. Both mother's report and review of vaccination card (if present) were used to determine coverage. A vaccination card was available for review for 3,110 children (87.3% of the sample, unweighted). In Table 8.4a, coverage estimates based on recall are summarized for the full sample, and coverage estimates based on vaccination card data are summarized among the subset with a vaccination card available for review at the time of the interview.

Table 8.4a Immunization against common childhood illnesses

Percent distribution of children aged 0-59 months, as reported by their mothers, El Salvador, 2011

Immunization ^c	Recall			Vaccination card ^{a, b}		
	N	Weighted %	Weighted SE	N	Weighted %	Weighted SE
BCG vaccine (tuberculosis)						
None recalled/ recorded	159	4.5%	0.6%	97	3.1%	0.4%
1 dose	3,128	92.2%	0.7%	2,987	96.1%	0.5%
2+ doses	112	3.3%	0.4%	26	0.8%	0.2%
DK/NR	39			0		
Missing	123			0		
Total	3,561	100.0%		3,110	100.0%	
Oral polio vaccine						
None recalled/ recorded	305	8.9%	0.7%	169	5.3%	0.4%
1 dose	611	18.0%	1.1%	144	4.6%	0.4%
2 doses	687	20.2%	1.0%	173	5.6%	0.4%
3 doses	860	25.7%	1.0%	601	19.3%	0.9%
4 doses	792	23.6%	1.2%	1,275	42.0%	1.2%
5+ doses	118	3.5%	0.3%	748	23.1%	1.2%
DK/NR	59			0		
Missing	129			0		
Total	3,561	100.0%		3,110	100.0%	
Diphtheria, pertussis, and tetanus (DPT) vaccine ^d						
None recalled/ recorded	589	17.7%	1.0%	266	8.4%	0.5%
1 dose	1,058	31.6%	1.2%	338	11.0%	0.8%
2 doses	643	19.2%	1.0%	326	10.7%	0.7%
3 doses	683	20.8%	1.0%	985	31.0%	1.2%
4 doses	292	8.6%	0.7%	966	32.1%	1.2%
5+ doses	72	2.1%	0.3%	229	6.9%	0.5%
DK/NR	92			0		
Missing	132			0		
Total	3,561	100.0%		3,110	100.0%	
Measles, mumps, and rubella (MMR) vaccine						
None recalled/ recorded	942	28.1%	1.1%	1,162	36.9%	1.3%
1 dose	1,754	53.7%	1.3%	1,491	48.9%	1.3%
2+ doses	609	18.2%	0.9%	457	14.3%	0.7%
DK/NR	122			0		
Missing	134			0		
Total	3,561	100.0%		3,110	100.0%	
Hepatitis B virus vaccine						
None recalled/ recorded	1,688	52.1%	1.6%	3,003	96.7%	0.4%
1 dose	827	25.7%	1.3%	28	0.9%	0.2%
2 doses	253	7.9%	0.7%	26	0.9%	0.2%
3+ doses	465	14.3%	1.1%	53	1.6%	0.3%

DK/NR	187			0		
Missing	141			0		
Total	3,561	100.0%		3,110	100.0%	
Rotavirus vaccine						
None recalled/ recorded	926	27.7%	1.4%	993	31.4%	1.1%
1 dose	912	27.9%	1.2%	534	17.2%	1.0%
2+ doses	1,452	44.4%	1.4%	1,583	51.4%	1.3%
DK/NR	139			0		
Missing	132			0		
Total	3,561	100.0%		3,110	100.0%	
Pneumococcal conjugate vaccine						
None recalled/ recorded	1,914	59.2%	1.4%	2,229	72.1%	1.2%
1 dose	702	21.8%	1.2%	247	7.4%	0.6%
2 doses	329	10.5%	0.6%	212	6.6%	0.5%
3 doses	242	7.9%	0.7%	360	11.8%	0.7%
4+ doses	24	0.7%	0.2%	62	2.0%	0.3%
DK/NR	211			0		
Missing	139			0		
Total	3,561	100.0%		3,110	100.0%	
Influenza vaccine (H1N1, bird flu, swine flu)						
None recalled/ recorded	1,750	53.3%	1.6%	2,800	89.9%	0.9%
1+ doses	1,518	46.7%	1.6%	310	10.1%	0.9%
DK/NR	158			0		
Missing	135			0		
Total	3,561	100.0%		3,110	100.0%	
Influenza vaccine (seasonal)						
None recalled/ recorded	2,282	69.9%	1.6%	2,532	80.8%	1.2%
1+ doses	974	30.1%	1.6%	578	19.2%	1.2%
DK/NR	166			0		
Missing	139			0		
Total	3,561	100.0%		3,110	100.0%	

^a Among 3,110 children who had a vaccine card available for review (87.3% of the sample, un-weighted).

^b Note that some data on immunization were collected via open text notes; wherever possible, these data have been incorporated into the analysis. However, some entries such as "2a dosis" and "refuerzo" could not be assigned to a specific vaccine type. Therefore, this table may underestimate the true vaccine coverage.

^c Distributions of immunization doses presented in this table are not age-specific; data pertain to children aged 0-59 months.

^d Includes pentavalent vaccine.

The coverage of two key vaccine indicators was calculated according to age groups (Table 8.4b). Based on maternal recall, nearly 80% of children aged 12-23 months had received at least one dose of the measles, mumps, and rubella (MMR) vaccine. Among children in this age group with a vaccine card available for review, coverage of this indicator was just 66.6%. When vaccine card data were supplemented by maternal recall, estimated coverage of one dose of MMR vaccine approached 90% among children aged 12-23 months. Based on maternal recall, only 25.7% of children aged 12-59 months were classified as fully immunized. However, among the subset with a vaccine card available for review, full immunization coverage in this age group was estimated to be over 50%. When vaccine card data were supplemented by maternal recall, nearly two-thirds of children 12-59 months were estimated to be “fully” immunized for age.

Table 8.4b Immunization against common childhood illnesses, according to age groups

Percent distribution of children, as reported by their mothers, El Salvador, 2011

Immunization	Recall			Vaccination card ^{a, b}			Vaccination card ^{a, b} plus recall		
	N	Weighted %	Weighted SE	N	Weighted %	Weighted SE	N	Weighted %	Weighted SE
Measles, mumps, and rubella (MMR) vaccine, at least 1 dose among children 12-23 months									
Yes	582	78.7%	1.7%	464	66.6%	2.2%	661	86.2%	1.3%
No	156	21.3%	1.7%	238	33.4%	2.2%	110	13.8%	1.3%
DK/NR	26			0			0		
Missing	32			0			25		
Total	796	100.0%		702	100.0%		796	100.0%	
Fully immunized, among children 12-59 months^c									
Yes	639	25.7%	1.5%	1,336	53.7%	1.5%	1,850	66.1%	1.4%
No	1,889	74.3%	1.5%	1,191	46.3%	1.5%	978	33.9%	1.4%
DK/NR	293			0			2		
Missing	97			0			88		
Total	2,918	100.0%		2,527	100.0%		2,918	100.0%	
Fully immunized, among children 0-59 months^c									
Yes	953	30.9%	1.4%	1,826	59.1%	1.4%	2,394	69.7%	1.2%
No	2,178	69.1%	1.4%	1,284	40.9%	1.4%	1,060	30.3%	1.2%
DK/NR	314			0			2		
Missing	116			0			105		
Total	3,561	100.0%		3,110	100.0%		3,561	100.0%	

^a Among 3,110 children aged 0-59 months who had a vaccine card available for review (87.3% of the sample, unweighted).

^b Note that some data on immunization were collected via open text notes; wherever possible, these data have been incorporated into the analysis. However, some entries such as "2a dosis" and "refuerzo" could not be assigned to a specific vaccine type. Therefore, this table may underestimate the true vaccine coverage.

^c Full immunization for age is defined as follows: 0-2 months (BCGx1); >2-4 months (BCGx1, DPTx1, OPVx1); >4-6 months (BCGx1, DPTx2, OPVx2); >6-12 months (BCGx1, DPTx3, OPVx3); >12-59 months (BCGx1, DPTx3, OPVx3, MMRx1).

8.5 Deworming treatment

Administration of deworming treatment every six months has been shown to reduce the prevalence of anemia in children. Only 35.4% of children aged 12-59 months had received at least two doses of deworming treatment in the year preceding the interview (Table 8.5).

Table 8.5 Deworming treatment			
Percent distribution of children, as reported by their mothers, El Salvador, 2011			
Treatment given	N	Weighted %	Weighted SE
Deworming treatment given at least two times in the last 12 months, among children aged 0-59 months			
Yes	1,015	29.3%	1.2%
No	2,415	70.7%	1.2%
DK/NR	11		
Missing	120		
Total	3,561	100.0%	
Deworming treatment given at least two times in the last 12 months, among children aged 12-59 months			
Yes	1,008	35.4%	1.4%
No	1,812	64.6%	1.4%
DK/NR	10		
Missing	88		
Total	2,918	100.0%	

CHAPTER 9: INFANT AND YOUNG CHILDREN FEEDING PRACTICES

This chapter summarizes the feeding practices of infants and children aged 0-59 months whose mothers participated in the SM2015-El Salvador Baseline Household Survey. All data summarized in this chapter are based on the mother's report.

9.1 Breastfeeding

9.1.1 Early initiation of breastfeeding

Early initiation of breastfeeding is defined as the percentage of children born in the 24 months prior to the survey (<24 months old) who were put to the breast within one hour of birth. In El Salvador, 1,439 children were in the specified age range (<24 months old) and 1,371 had adequate responses to determine their breastfeeding status. Table 9.1 shows that 65.4% of children were breastfed within one hour after birth.

9.1.2 Exclusive breastfeeding

Exclusive breastfeeding is defined as the percentage of infants born in the six months prior to the survey (<183 days old) who received only breast milk during the previous day. This information was obtained through a 24-hour dietary recall that asked the mother what the child consumed during the previous day or night. In El Salvador, 338 children were in the specified age range (<183 days old), and 330 had sufficiently complete dietary recall information to determine whether they were exclusively breastfed. Table 9.1 shows that 48.3% of children were exclusively breastfed.

9.1.3 Continued breastfeeding at 1 year

Continued breastfeeding at 1 year is defined as the percentage of children ≥ 365 and <487 days old (approximately 12-15 months of age) who received breast milk during the previous day. This information was obtained through a 24-hour dietary recall that asked the mother what the child consumed during the previous day or night. In El Salvador, 176 children were in the specified age range (≥ 365 and <487 days old), and 171 had adequate responses to determine their breastfeeding status. Table 9.1 shows that 82.5% of children continued to receive breast milk at 1 year.

Table 9.1 Breastfeeding			
Percentage of children, El Salvador, 2011			
Indicator	N	Weighted %	Weighted SE
Early initiation of breastfeeding ^a			
Yes	899	65.4%	1.6%
No	472	34.6%	1.6%
Missing, DK/NR	68		
Total	1,439		
Exclusive breastfeeding ^b			
Yes	169	51.7%	3.3%
No	161	48.3%	3.3%
Missing, DK/NR	8		
Total	338		
Continued breastfeeding at 1 year ^c			
Yes	140	82.5%	3.3%
No	31	17.5%	3.3%
Missing, DK/NR	5		
Total	176		

^a Among children <24 months old.

^b Among children <183 days old (approximately 0-5 months).

^c Among children ≥365 and <487 days old (approximately 12-15 months).

9.2 Solid foods

9.2.1 Introduction of solid, semi-solid, or soft foods

The introduction of solid foods is measured as the percentage of infants (≥ 183 and < 274 days old (approximately 6-8 months of age) who received solid or semi-soft foods during the previous day. This information was obtained through a 24-hour dietary recall that asked the mother what the child consumed during the previous day or night. In El Salvador, 171 children were in the specified age range (≥ 183 and < 274 days old), and 165 had sufficiently complete dietary recall information. Table 9.2 shows that 94.6% of children consumed solid or semi-soft foods.

9.2.2 Dietary diversity

The minimum dietary diversity is measured as the percentage of children ≥ 183 and < 730 days old (approximately 6-23 months of age) who received foods from at least four food groups during the previous day. This information was obtained through a 24-hour dietary recall that asked the mother what the child consumed during the previous day or night. In El Salvador, 1,451 children were in the specified age range (≥ 183 and < 730 days old), and 1,405 had sufficiently complete dietary recall information. Table 9.2 shows that 71.8% of children achieved the minimum dietary diversity during the previous day.

9.2.3 Meal frequency

The minimum meal frequency is measured as the percentage of children ≥ 183 and < 730 days old (approximately 6-23 months of age) who received solid foods at least the minimum number of times the previous day, based on age and breastfeeding status. For breastfed children, the minimum number of times is two times for children 6-8 months of age and three times for children 9-23 months of age. For non-breastfed children, the minimum number of times is four for all children 6-23 months of age. This information was obtained through a 24-hour dietary recall that asked the mother what the child consumed during the previous day or night. In El Salvador, 1,451 children were in the specified age range (≥ 183 and < 730 days old), and 642 had sufficiently complete dietary recall information. Table 9.2 shows that 51.8% of children achieved the minimum meal frequency during the previous day.

9.2.4 Minimum acceptable diet

The minimum acceptable diet is measured for children ≥ 183 and < 730 days old (approximately 6-23 months of age). For breastfed children to meet the minimum acceptable diet they must have had at least the minimum dietary diversity and the minimum meal frequency during the previous day. For non-breastfed children to meet the minimum acceptable diet they must have had at least two milk feedings, as well as at least the minimum dietary diversity (not including milk feedings) and the minimum meal frequency during the previous day. This information was obtained through a 24-hour dietary recall that asked the mother what the child consumed during the previous day or night. In El Salvador, 1,451 children were in the specified age range (≥ 183 and < 730 days old), and 1,007 had sufficiently complete dietary recall information. Table 9.2 shows that 23.8% of children achieved the minimum acceptable diet during the previous day.

9.2.5 Consumption of iron-rich or iron-fortified foods

Consumption of iron-rich foods is measured as the percentage of children ≥ 183 and < 730 days old (approximately 6-23 months of age) who received an iron-rich food (e.g., liver, beef, or fish)

or a food that is specially designed for infants and young children, or that is fortified in the home with a product that included iron during the previous day. This information was obtained through a 24-hour dietary recall that asked the mother what the child consumed during the previous day or night. In El Salvador, 1,451 children were in the specified age range (≥ 183 and < 730 days old), and 1,405 had sufficiently complete dietary recall information. Table 9.2 shows that 78.3% of children consumed an iron-rich food during the previous day.

Table 9.2 Solid foods			
Percentage of children, El Salvador, 2011			
Dietary indicator	N	Weighted %	Weighted SE
Introduction of solid foods ^a			
Yes	156	94.6%	2.1%
No	9	5.4%	2.1%
Missing, DK/NR	6		
Total	171		
Minimum dietary diversity ^b			
Yes	1,013	71.8%	1.6%
No	392	28.2%	1.6%
Missing, DK/NR	46		
Total	1,451		
Minimum meal frequency ^b			
Yes	341	51.8%	2.5%
No	301	48.2%	2.5%
Missing, DK/NR	809		
Total	1,451		
Minimum acceptable diet ^b			
Yes	247	23.8%	1.9%
No	760	76.2%	1.9%
Missing, DK/NR	444		
Total	1,451		
Consumption of iron-rich foods ^b			
Yes	1,113	78.3%	1.3%
No	292	21.7%	1.3%
Missing, DK/NR	46		
Total	1,451		

^a Among children ≥ 183 and < 274 days old (approximately 6-8 months).

^b Among children ≥ 183 and < 730 days old (approximately 6-23 months).

9.3 Micronutrient supplementation

9.3.1 Vitamin A

Interviewers showed the woman being interviewed common types of bottles, capsules, or syrups and asked if their child had received a dose of vitamin A in the last six months. Table 9.3 shows that 84.9% of children 0-59 months of age had received a dose of vitamin A in the last six months.

9.3.2 Iron

Interviewers showed the woman being interviewed common types of bottles, powders, or syrups and asked if their child had received iron pills, powder, or syrup in the last seven days. Table 9.3 shows that 46.1% of children 0-59 months of age had received a dose of iron in the last seven days.

9.3.3 Packets of micronutrients

Interviewers showed the woman being interviewed a card with packets of micronutrient (“chispitas”) and asked how many packets their child had received in the last six months. Table 9.3 shows that a substantial majority (95.2%) of children 6-23 months of age had received zero to 10 packets of micronutrients in the last six months.

Table 9.3 Micronutrient supplements			
Percentage of children who received the supplement, El Salvador, 2011			
Type of supplement	N	Weighted %	Weighted SE
Vitamin A in the last six months^a			
Yes	2,878	84.9%	0.9%
No	531	15.1%	0.9%
DK/NR	35		
Missing	117		
Total	3,561	100.0%	
Iron in the last seven days^a			
Yes	1,591	46.1%	1.4%
No	1,854	53.9%	1.4%
DK/NR	10		
Missing	106		
Total	3,561	100.0%	
Packets of micronutrients in the last six months^b			
0-10 times	1,009	95.2%	0.8%
11-20 times	32	3.0%	0.6%
21-30 times	9	0.8%	0.3%
31-40 times	2	0.2%	0.1%
41-50 times	2	0.2%	0.1%
50+ times	5	0.6%	0.3%
DK/NR	39		
Missing	45		
Total	1,143	100.0%	

^a Among children aged 0-59 months.

^b Among children aged 6-23 months.

CHAPTER 10: NUTRITIONAL STATUS IN CHILDREN

The nutritional status of children aged 0-59 months is an important outcome measure of children's health. The SM2015-El Salvador Baseline Household Survey collected data on the nutritional status of children by measuring the height and weight of all children aged 0-59 months residing in surveyed households, using standard procedures. Hemoglobin levels of these children were also assessed in the field, using a portable HemoCue™ machine, and these data were used to estimate anemia prevalence. As described in Chapter 1, medically trained personnel, who were specifically trained to standardize the anthropometric and hemoglobin measurements, conducted the testing. This evaluation allows identification of subgroups of the child population that are at increased risk of malnutrition. The parents of anemic children (hemoglobin level <11.0 g/dL) were informed of this result in real time and were referred for treatment to the appropriate health service. Interviewers conveyed this information to the local community health workers directly when authorized by the parents to do so.

Three indicators were calculated using the weight and height data – weight-for-age, height-for-age, and weight-for-height. For this report, indicators of the children's nutritional status were calculated using growth standards published by the World Health Organization (WHO) in 2006. The growth standards were generated using data collected in the WHO Multicenter Growth Reference Study. The findings of the study, whose sample included children in six countries (Brazil, Ghana, India, Norway, Oman, and the United States), describe how children should grow under optimal conditions. As such, the WHO Child Growth Standards can be used to assess children all over the world, regardless of ethnicity, social and economic influences and feeding practices. The three indicators are expressed in standard deviation units from the median in the Multicenter Growth Reference Study.

According to the household roster data collected as part of the SM2015 Household Characteristics Questionnaire, a total of 3,836 children aged 0-59 months were eligible to be weighed, measured, and tested for anemia. In practice, 3,328 children aged 0-59 months underwent the physical measurement module. Height and weight data are presented for 98.4% (3,275) of these children; about 1.5% were not measured, and less than 0.2% had invalid values for height and weight. Hemoglobin was measured in 3,245 children (97.5%); about 1.6% were not measured, parental consent was refused for 0.7%, and less than 0.2% had other reasons (couldn't extract enough blood, other). The age and sex distribution of children participating in the physical measurement module is displayed in Table 10.

Table 10 Age and sex of children measured

Percent distribution of the de facto population of children aged 0-59 months who underwent the Physical Measurement Module, El Salvador, 2011 (unweighted data)

Age, in months	Female		Male		Total	
	N	%	N	%	N	%
Height and weight						
0-5 months	118	7.4%	122	7.3%	240	7.3%
6-11 months	161	10.1%	172	10.3%	333	10.2%
12-23 months	355	22.3%	379	22.6%	734	22.4%
24-35 months	355	22.3%	343	20.4%	698	21.3%
36-47 months	329	10.6%	325	19.4%	656	20.0%
48-59 months	277	17.4%	337	20.1%	614	18.8%
Total	1,595	100.0%	1,678	100.0%	3,275	100.0%
Anemia						
0-5 months	118	7.5%	118	7.1%	236	7.3%
6-11 months	159	10.0%	171	10.3%	330	10.2%
12-23 months	354	22.4%	375	22.6%	729	22.5%
24-35 months	349	22.1%	339	20.4%	688	21.2%
36-47 months	327	20.7%	321	19.3%	650	20.0%
48-59 months	276	17.4%	336	20.2%	612	18.9%
Total	1,583	100.0%	1,660	100.0%	3,245	100.0%

10.1 Weight-for-age

Weight-for-age is a good overall indicator of a population's general health, as it reflects the effects of both acute and chronic undernutrition. The weight-for-age indicator does not distinguish between chronic malnutrition (stunting) and acute malnutrition (wasting); a child can be underweight because of stunting, wasting, or both. Children with weight-for-age below minus two standard deviations (-2 SD) are classified as underweight. Children with weight-for-age below minus three standard deviations (-3 SD) are considered severely underweight.

10.1.1 Distribution of weight-for-age z-scores

Figure 10.1.1 shows the distribution of weight-for-age z-scores among all children aged 0-59 months whose measurements were taken. Overall, 4.2% of measured children were underweight (have low weight-for-age) and 0.5% were severely underweight.

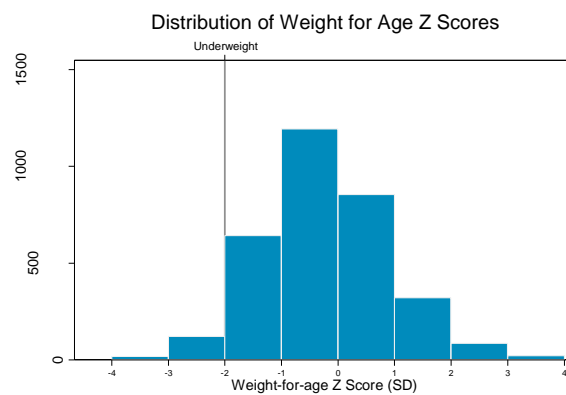


Figure 10.1.1 Distribution of weight-for-age z-scores among children aged 0-59 months

10.1.2 Prevalence of underweight

As shown in Table 10.1.2, 4.2% of children aged 0-59 months were underweight (had low weight-for-age), and 0.5% are severely underweight. The proportion of underweight children is highest (5.2%) in the age group 12-23 months and lowest (under 3%) among those under 12 months, a significant result (two-sided $P=0.0241$). Female children (4.4%) are slightly more likely to be underweight than male children (3.9%), but the difference is not statistically significant (two-sided $P=0.598$).

Characteristic	N	Weighted Weight-for-age		
		< -3 SD	< -2 SD	> 2 SD
Age in months				
0-5	240	1.1%	2.7%	12.0%
6-11	333	0.9%	2.6%	4.7%
12-23	734	0.8%	5.1%	4.7%
24-59	1,962	0.3%	4.2%	4.1%
0-59	3,269	0.5%	4.2%	4.9%
Sex				
Male	1,677	0.5%	3.9%	6.4%
Female	1,592	0.5%	4.4%	3.2%

10.2 Height-for-age

Height-for-age is an indicator of linear growth retardation and cumulative growth deficits in children. Children whose height-for-age z-score is below minus two standard deviations (-2 SD) from the median of the WHO reference population are considered short for their age (stunted), or chronically malnourished. Children who are below minus three standard deviations (-3 SD) are considered severely stunted. Stunting reflects failure to receive adequate nutrition over a long period of time and is affected by recurrent and chronic illness. Height-for-age, therefore, represents the long-term effects of malnutrition in a population and is not sensitive to recent, short-term changes in dietary intake.

10.2.1 Distribution of height-for-age z-scores

Figure 10.2.1 presents the distribution of height-for-age z-scores among all children aged 0-59 months whose measurements were taken. Overall, 14.6% of measured children are stunted, and the proportion of severely stunted children is 3.5%.

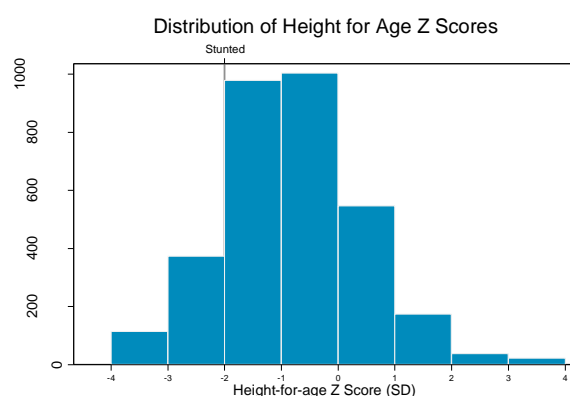


Figure 10.2.1 Distribution of height-for-age z-scores among children aged 0-59 months

10.2.2 Prevalence of stunting

Table 10.2.2 presents the prevalence of stunting in children aged 0-59 months as measured by height-for-age. Overall, 14.6% of children under age 5 are stunted, and 3.5% are severely stunted. Analysis of the indicator by age group shows that stunting was highest (18.3%) in children 12-23 months and lowest (4.2%) in children aged 0-5 months (two-sided $P < 0.001$). Severe stunting showed a similar pattern ($P = 0.001$), where the age group of children 12-23 months old had the highest proportion of severely stunted children (4.5%), while the youngest age group (0-5 months) had the lowest proportion (1.1%). A higher proportion (15.5%) of male children were stunted compared with the proportion of female children (13.7%), but the difference is not statistically significant (two-sided $P = 0.179$).

Characteristic	N	Weighted Height-for-age	
		< -3 SD	< -2 SD
Age in months			
0-5	240	1.1%	4.2%
6-11	333	1.5%	6.0%
12-23	734	4.5%	18.3%
24-59	1,962	3.8%	16.0%
0-59	3,269	3.5%	14.6%
Sex			
Male	1,677	3.7%	15.5%
Female	1,592	3.3%	13.7%

10.3 Weight-for-height

The weight-for-height indicator measures body mass in relation to body height or length and describes current nutritional status. Children with z-scores below minus two standard deviations (-2 SD) are considered thin (wasted) or acutely malnourished. 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. Children with a weight-for-height index below minus three standard deviations (-3 SD) are considered severely wasted. This weight-for-height indicator also provides data on overweight and obesity. Children more than two standard deviations (+2 SD) above the median weight-for-height are considered overweight, or obese.

10.3.1 Distribution of weight-for-height z-scores

Figure 10.3.1 shows the distribution of weight-for-height z-scores among all children aged 0-59 months whose measurements were taken. Overall, 2.4% of children were wasted and 0.7% of children were severely wasted. Overweight and obesity affect a greater proportion of children in El Salvador than wasting. In this sample representative of the poorest areas, 5.8% of children were shown to be overweight or obese (weight-for-height more than +2 SD).

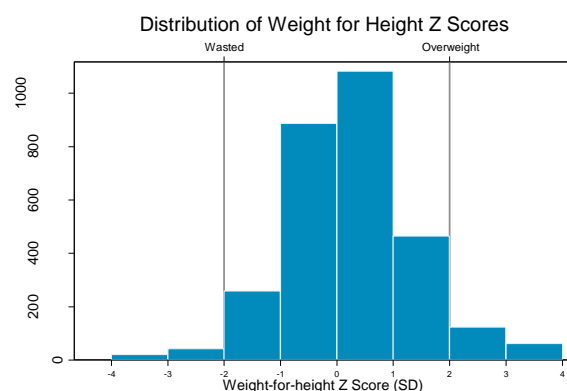


Figure 10.3.1 Distribution of weight-for-height z-scores among children aged 0-59 months

10.3.2 Prevalence of wasting

Table 10.3.2 shows the breakdown of nutritional status of children aged 0-59 months as measured by weight-for-height by age groups and sex. Overall, 2.4% of children were wasted and 0.7% of children were severely wasted. Analysis of the indicator by age group shows that wasting was highest (6.1%) in children under 6 months and lowest (1.6%) in children aged 24-59 months ($P=0.0033$). Male and female children were equally likely to be wasted (about 2.5%). Male children were slightly more likely to be severely wasted (0.8%) than females (0.5%), but the difference is not significant ($P=0.15$).

Overweight and obesity affect a greater proportion of children in El Salvador than wasting. In this sample of poorest areas of El Salvador, 5.8% of children were overweight or obese (weight-for-height more than +2 SD). Overweight/obesity among children does not appear to show a linear correlation with age ($r=0.0151$, two-sided $P=0.39$), as the prevalence of overweight in all age groups was 5%-7%. The coexistence of both growth retardation and obesity reveals the burden of malnutrition in El Salvador.

Characteristic	N	Weighted Weight-for-height		
		< -3 SD	< -2 SD	> 2 SD
Age in months				
0-5	240	2.3%	6.1%	6.9%
6-11	333	0.8%	3.7%	6.3%
12-23	734	1.0%	2.9%	5.0%
24-59	1,962	0.3%	1.6%	5.9%
0-59	3,269	0.7%	2.4%	5.8%
Sex				
Male	1,677	0.8%	2.5%	6.6%
Female	1,592	0.5%	2.4%	5.0%

10.4 Anemia

Anemia is a condition characterized by a decrease in the concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body. The reduction in oxygen available to organs and tissues when hemoglobin levels are low is responsible for most of the symptoms experienced by anemic persons. The consequences of anemia include general body weakness, frequent tiredness, and lowered resistance to disease. It is of concern in children because anemia is associated with impaired mental and motor development. Overall, morbidity and mortality risks increase for individuals suffering from anemia.

Common causes of anemia include inadequate intake of iron, folate, vitamin B12 or other nutrients. This form of anemia is commonly referred to as iron-deficiency anemia and is the most widespread form of anemia in the world. Anemia can also be the result of thalassemia, sickle cell disease, malaria, or intestinal worm infestation.

10.4.1 Distribution of hemoglobin values

Figure 10.4.1 shows the distribution of hemoglobin values (in g/dL) among children 0-59 months of age.

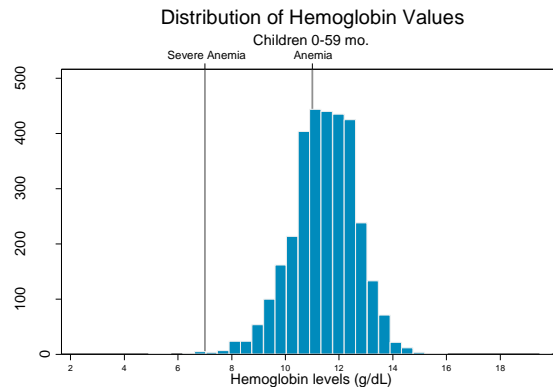


Figure 10.4.1 Distribution of hemoglobin values among children aged 0-59 months

10.4.2 Prevalence of anemia

Levels of anemia were classified as severe (<7.0 g/dL) and moderate (7.0-10.9 g/dL) based on the hemoglobin concentration in the blood. The cutoff points for anemia should be adjusted (raised) in settings where altitude is >3,000 feet above sea level, to account for lower oxygen partial pressure, a reduction in oxygen saturation of blood, and an increase in red blood cell production. Although some regions of El Salvador are mountainous and well above 3,000 feet, the majority of the population resides at lower levels (the highest elevation of a surveyed household was 1,804 feet). Thus, no correction for elevation was applied to these data.

Children whose hemoglobin levels are below 11 g/dL are considered anemic, and children who have hemoglobin levels below 7 g/dL are considered severely anemic. Table 10.2.2 indicates that three in ten children under age 5 in El Salvador were anemic. Overall, the anemia prevalence was mostly mild to moderate (30.9%), with only 0.2% of children under 5 years presenting as severely anemic. Anemia prevalence is highest among children aged 6-11 months (61.4%) compared with the other children. Almost half of all children aged 6-23 months, our targeted population for anemia intervention, were found to be anemic (46.5%). Among all children under 5 years of age, male children were slightly more likely to be anemic (32.1%) than female children (29.7%), but the difference is not statistically significant (P=0.12).

Table 10.4.2 Prevalence of anemia in children aged 0-59 months

Characteristic	N	Weighted Anemia prevalence	
		< 7 g/dL	< 11 g/dL
Age in months			
0-5	236	1.3%	57.7%
6-11	330	0.3%	61.4%
12-23	729	0.3%	39.7%
24-59	1,950	<0.1%	19.3%
0-59	3,245	0.2%	30.9%
6-23	1,059	0.3%	46.5%
Sex			
Male	1,660	0.2%	32.1%
Female	1,583	0.2%	29.7%

CHAPTER 11: EXPOSURE TO HEALTH SYSTEM INTERVENTIONS

This chapter summarizes data regarding the exposure of women to four health system interventions: community health workers, breastfeeding interventions, child nutrition interventions, and child health interventions.

11.1 Exposure to community health workers

Respondents were asked about their exposure to community health workers. Nearly 30% of women reported meeting with a community health worker in the three months preceding the interview (Table 11.1.1).

Table 11.1.1 Exposure to community health workers			
Percent distribution of women, El Salvador, 2011			
Characteristic	N	Weighted %	Weighted SE
Met with a community health worker in the last three months			
Yes	1,403	29.3%	1.7%
No	3,318	70.7%	1.7%
DK/NR	6		
Missing	3		
Total	4,730	100.0%	
Number of times respondent met with a community health worker in the last three months			
Did not meet	3,318	71.5%	1.7%
One time	404	8.6%	0.6%
Two times	400	8.4%	0.6%
Three times	344	7.4%	0.7%
Four or more times	200	4.2%	0.4%
DK/NR	24		
Missing	40		
Total	4,730	100.0%	

Services provided by community health workers are summarized in Table 11.1.2. Among women who met with a community health worker in the last three months, child vaccination was the most common service provided (84.6%). Advice about child nutrition (73.6%) and family planning (59.5%) were also frequently reported.

Table 11.1.2 Services provided by community health workers			
Percent distribution of women who met with a community health worker in the last three months, El Salvador, 2011			
Type of service	N	Weighted %	Weighted SE
Referral for prenatal care			
Yes	522	37.9%	2.3%
No	868	62.1%	2.3%
DK/NR	5		
Missing	8		
Total	1,403	100.0%	

Referral for in-facility delivery			
Yes	426	30.9%	2.1%
No	965	69.1%	2.1%
DK/NR	4		
Missing	8		
Total	1,403	100.0%	
Referral for postnatal care			
Yes	475	34.7%	2.2%
No	914	65.3%	2.2%
DK/NR	5		
Missing	9		
Total	1,403	100.0%	
Referral for voluntary counseling and testing for the prevention of HIV/syphilis transmission from mother to child			
Yes	544	39.7%	2.1%
No	847	60.3%	2.1%
DK/NR	4		
Missing	8		
Total	1,403	100.0%	
Advice about family planning and contraception			
Yes	827	59.5%	2.1%
No	566	40.5%	2.1%
DK/NR	4		
Missing	6		
Total	1,403	100.0%	
Child vaccination			
Yes	1,177	84.6%	1.3%
No	218	15.4%	1.3%
DK/NR	3		
Missing	5		
Total	1,403	100.0%	
Advice about child nutrition			
Yes	1,025	73.6%	1.6%
No	366	26.4%	1.6%
DK/NR	5		
Missing	7		
Total	1,403	100.0%	
Information, education, and communication sessions			
Yes	645	47.1%	2.2%
No	739	52.9%	2.2%
DK/NR	8		
Missing	11		
Total	1,403	100.0%	

11.2 Exposure to breastfeeding interventions

Respondents were asked about their exposure to breastfeeding interventions. Approximately one-third of women reported receiving guidance or advice about breastfeeding in the 12 months preceding the interview (Table 11.2.1).

Table 11.2.1 Exposure to breastfeeding interventions

Percent distribution of women, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Received guidance or advice about breastfeeding in the last 12 months			
Yes	1,609	33.5%	1.1%
No	3,112	66.5%	1.1%
DK/NR	3		
Missing	6		
Total	4,730	100.0%	

Two-thirds of women receiving guidance or advice about breastfeeding indicated that this occurred at a public health unit (Table 11.2.2). Community health workers (15.4%) and public hospitals (10.8%) were also commonly reported sources of breastfeeding interventions.

Table 11.2.2 Exposure to breastfeeding interventions, by source

Percent distribution of women who received guidance or advice about breastfeeding in the last 12 months, El Salvador, 2011

Where, or from whom, guidance or advice was received	N	Weighted %	Weighted SE
Respondent's house			
Yes	53	3.5%	0.6%
No	1,525	96.5%	0.6%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Another person's house			
Yes	23	1.4%	0.3%
No	1,555	98.6%	0.3%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Public hospital			
Yes	167	10.8%	0.9%
No	1,411	89.2%	0.9%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Public health unit			
Yes	1,029	64.4%	1.8%
No	549	35.6%	1.8%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Community health center/clinic			
Yes	59	3.6%	0.7%
No	1,519	96.4%	0.7%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Public mobile clinic			
Yes	3	0.3%	0.2%
No	1,575	99.7%	0.2%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Other public health facility			
Yes	31	2.0%	0.4%
No	1,547	98.0%	0.4%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Private hospital			
Yes	8	0.5%	0.2%

No	1,570	99.5%	0.2%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Private health center/clinic			
Yes	8	0.5%	0.2%
No	1,570	99.5%	0.2%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Private office			
Yes	3	0.2%	0.1%
No	1,575	99.8%	0.1%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Private mobile clinic			
Yes	3	0.2%	0.2%
No	1,575	99.8%	0.2%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Other private health facility			
Yes	8	0.5%	0.2%
No	1,570	99.5%	0.2%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Pharmacy			
Yes	0	0.0%	
No	1,578	100.0%	
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Shop			
Yes	0	0.0%	
No	1,578	100.0%	
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Market			
Yes	0	0.0%	
No	1,578	100.0%	
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Church			
Yes	0	0.0%	
No	1,578	100.0%	
DK/NR	0		
Missing	31		
Total	1,609	100.0%	

Friend/relative			
Yes	34	2.2%	0.6%
No	1,544	97.8%	0.6%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Community health worker			
Yes	241	15.4%	1.8%
No	1,337	84.6%	1.8%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Traditional healer			
Yes	0	0.0%	
No	1,578	100.0%	
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Media (including newspapers, radio, TV)			
Yes	13	0.9%	0.3%
No	1,565	99.1%	0.3%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	
Other source			
Yes	61	4.1%	0.6%
No	1,517	95.9%	0.6%
DK/NR	0		
Missing	31		
Total	1,609	100.0%	

11.3 Exposure to child nutrition interventions

Respondents were asked about their exposure to child nutrition interventions. Approximately 40% of women reported receiving guidance or advice about child nutrition in the 12 months preceding the interview (Table 11.3.1).

Table 11.3.1 Exposure to child nutrition interventions

Percent distribution of women, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Received guidance or advice about child nutrition in the last 12 months			
Yes	1,923	40.4%	1.2%
No	2,771	59.6%	1.2%
DK/NR	4		
Missing	32		
Total	4,730	100.0%	

Nearly two-thirds of women receiving guidance or advice about child nutrition indicated that this occurred at a public health unit (Table 11.3.2). Community health workers (17.6%) were another commonly reported source of child nutrition interventions.

Table 11.3.2 Exposure to child nutrition interventions, by source			
Percent distribution of women who received guidance or advice about child nutrition in the last 12 months, El Salvador, 2011			
Where, or from whom, guidance or advice was received	N	Weighted %	Weighted SE
Respondent's house			
Yes	55	2.9%	0.5%
No	1,823	97.1%	0.5%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Another person's house			
Yes	32	1.8%	0.4%
No	1,846	98.2%	0.4%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Public hospital			
Yes	91	4.9%	0.6%
No	1,787	95.1%	0.6%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Public health unit			
Yes	1,195	63.2%	1.8%
No	683	36.8%	1.8%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Community health center/clinic			
Yes	86	4.3%	0.7%
No	1,792	95.7%	0.7%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Public mobile clinic			
Yes	4	0.2%	0.1%
No	1,874	99.8%	0.1%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Other public health facility			
Yes	39	2.0%	0.4%
No	1,839	98.0%	0.4%
DK/NR	0		
Missing	45		

Total	1,923	100.0%	
Private hospital			
Yes	4	0.2%	0.1%
No	1,874	99.8%	0.1%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Private health center/clinic			
Yes	12	0.6%	0.2%
No	1,866	99.4%	0.2%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Private office			
Yes	12	0.6%	0.2%
No	1,866	99.4%	0.2%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Private mobile clinic			
Yes	5	0.3%	0.2%
No	1,873	99.7%	0.2%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Other private health facility			
Yes	8	0.5%	0.2%
No	1,870	99.5%	0.2%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Pharmacy			
Yes	0	0.0%	
No	1,878	100.0%	
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Shop			
Yes	0	0.0%	
No	1,878	100.0%	
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Market			
Yes	0	0.0%	
No	1,878	100.0%	
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Church			
Yes	3	0.1%	0.1%

No	1,875	99.9%	0.1%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Friend/relative			
Yes	23	1.2%	0.4%
No	1,855	98.8%	0.4%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Community health worker			
Yes	327	17.6%	1.8%
No	1,551	82.4%	1.8%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Traditional healer			
Yes	2	0.1%	0.1%
No	1,876	99.9%	0.1%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Media (including newspapers, radio, TV)			
Yes	8	0.4%	0.2%
No	1,870	99.6%	0.2%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	
Other source			
Yes	98	5.3%	0.6%
No	1,780	94.7%	0.6%
DK/NR	0		
Missing	45		
Total	1,923	100.0%	

11.4 Exposure to child health interventions

Respondents were asked about their exposure to child health interventions. Approximately 45% of women reported receiving guidance or advice about danger signs for children's health in the 12 months preceding the interview (Table 11.4.1).

Table 11.4.1 Exposure to child health interventions

Percent distribution of women, El Salvador, 2011

Characteristic	N	Weighted %	Weighted SE
Received guidance or advice about danger signs for children's health in the last 12 months			
Yes	2,125	44.6%	1.3%
No	2,584	55.4%	1.3%
DK/NR	4		
Missing	17		
Total	4,730	100.0%	

Nearly two-thirds of women receiving guidance or advice about danger signs for children's health indicated that this occurred at a public health unit (Table 11.4.2). Community health workers (15.3%) were another commonly reported source of child health interventions.

Table 11.4.2 Exposure to child health interventions, by source

Percent distribution of women who received guidance or advice about danger signs for children's health in the last 12 months, El Salvador, 2011

Where, or from whom, guidance or advice was received	N	Weighted %	Weighted SE
Respondent's house			
Yes	55	2.8%	0.5%
No	2,029	97.2%	0.5%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Another person's house			
Yes	29	1.5%	0.3%
No	2,055	98.5%	0.3%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Public hospital			
Yes	90	4.3%	0.5%
No	1,994	95.7%	0.5%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Public health unit			
Yes	1,321	63.0%	1.9%
No	763	37.0%	1.9%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Community health center/clinic			
Yes	63	3.0%	0.6%
No	2,021	97.0%	0.6%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Public mobile clinic			
Yes	1	0.1%	0.1%
No	2,083	99.9%	0.1%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Other public health facility			
Yes	41	2.1%	0.4%
No	2,043	97.9%	0.4%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Private hospital			
Yes	6	0.3%	0.2%
No	2,078	99.7%	0.2%

DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Private health center/clinic			
Yes	7	0.3%	0.1%
No	2,077	99.7%	0.1%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Private office			
Yes	8	0.4%	0.2%
No	2,076	99.6%	0.2%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Private mobile clinic			
Yes	3	0.1%	0.1%
No	2,081	99.9%	0.1%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Other private health facility			
Yes	6	0.3%	0.1%
No	2,078	99.7%	0.1%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Pharmacy			
Yes	1	0.0%	
No	2,083	100.0%	
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Shop			
Yes	0	0.0%	
No	2,084	100.0%	
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Market			
Yes	0	0.0%	
No	2,084	100.0%	
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Church			
Yes	2	0.1%	0.1%
No	2,082	99.9%	0.1%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	

Friend/relative			
Yes	38	1.9%	0.5%
No	2,046	98.1%	0.5%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Community health worker			
Yes	314	15.3%	1.7%
No	1,770	84.7%	1.7%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Traditional healer			
Yes	1	0.0%	
No	2,083	100.0%	
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Media (including newspapers, radio, TV)			
Yes	21	0.9%	0.3%
No	2,063	99.1%	0.3%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	
Other source			
Yes	77	3.6%	0.5%
No	2,007	96.4%	0.5%
DK/NR	3		
Missing	38		
Total	2,125	100.0%	

CHAPTER 12: SATISFACTION WITH COMMUNITY HEALTH WORKERS

Women who met with a community health worker in the three months preceding the interview were asked to assess their satisfaction with the following: knowledge and training of community health workers, number of community health workers, availability of community health workers, information provided by community health workers, respectfulness of community health workers, and example provided by community health workers. Results are displayed in Table 12.1.1.

Table 12.1.1 Satisfaction with community health workers			
Percent distribution of women who met with a community health worker in the last three months, El Salvador, 2011			
Level of satisfaction with respect to the following	N	Weighted %	Weighted SE
Knowledge and training of community health workers			
Very satisfied	114	8.2%	0.8%
Satisfied	1,013	73.1%	1.6%
Dissatisfied	104	7.8%	0.8%
Very dissatisfied	155	10.9%	1.4%
DK/NR	0		
Missing	17		
Total	1,403	100.0%	
Number of community health workers			
Very satisfied	99	7.0%	0.8%
Satisfied	896	64.8%	1.8%
Dissatisfied	249	17.6%	1.3%
Very dissatisfied	151	10.6%	1.3%
DK/NR	0		
Missing	8		
Total	1,403	100.0%	
Availability of community health workers			
Very satisfied	148	10.8%	1.0%
Satisfied	938	67.3%	1.8%
Dissatisfied	156	11.4%	1.1%
Very dissatisfied	152	10.6%	1.3%
DK/NR	0		
Missing	9		
Total	1,403	100.0%	
Information provided by community health workers			
Very satisfied	135	9.7%	1.0%
Satisfied	1,000	71.8%	1.7%
Dissatisfied	100	7.5%	0.9%
Very dissatisfied	159	11.1%	1.4%
DK/NR	0		
Missing	9		
Total	1,403	100.0%	
Respectfulness shown by community health workers			
Very satisfied	165	11.6%	1.2%
Satisfied	1,005	72.4%	1.6%
Dissatisfied	59	4.5%	0.6%

Very dissatisfied	164	11.5%	1.4%
DK/NR	0		
Missing	10		
Total	1,403	100.0%	
Example provided by community health workers			
Very satisfied	166	11.9%	1.2%
Satisfied	986	70.9%	1.8%
Dissatisfied	73	5.5%	0.7%
Very dissatisfied	168	11.7%	1.4%
DK/NR	0		
Missing	10		
Total	1,403	100.0%	

Overall, women reported high levels of satisfaction with community health workers. In fact, over 90% of these women would recommend community health workers to others (Table 12.1.2).

Table 12.1.2 Willingness to recommend community health workers

Percent distribution of women who met with a community health worker in the last three months, El Salvador, 2011

	N	Weighted %	Weighted SE
Respondent would recommend community health workers to others			
Yes	1,243	90.4%	0.9%
No	129	9.6%	0.9%
DK/NR	17		
Missing	14		
Total	1,403	100.0%	

APPENDIX A. SAMPLING DESIGN AND METHODOLOGY

A.1 Sample size and statistical power calculations

Sample size and power calculations were determined based on IDB's pre-specified plan to complete a full census of the sampled segments (described in section A.2, "Sampling Procedures," below), followed by a survey of 3,000 selected households with at least one child aged 0-59 months and 800 households with women aged 15-49 years.

Please note that the sample size and statistical power calculations described in this Appendix are for the comparison of baseline and follow-up percentages of indicators in the population. These calculations do not pertain to control group comparisons.

A.1.1 Sample sizes

We assumed that among the 3,000 households with children aged 0-59 months, there would be 2,600 women aged 15-49 years and >3,000 children aged 0-59 months. We assumed that among the 800 households with women aged 15-49 years, there would be 200 children aged 0-59 months. This assumption of four households per age-eligible child is slightly more conservative than the 3.75 households per child we calculated from the 2003 El Salvador CDC RHS survey.

These numbers – 2,600 women and 3,000 children from the households sampled for children, 800 women and 200 children from the households sampled for women – were summed to obtain our total of 3,400 women and 3,200 children in the sample. These were then divided by 1.111111 to account for non-response, and then by 1.5 to account for a design effect of that magnitude to get anticipated effective sample sizes of approximately 2,040 women and 1,920 children.

In order to achieve the desired sample size of 3,800 households, we sought to complete interviews with residents of 28 randomly selected households in each of the 136 randomly selected segments. More specifically, our goal was to survey six randomly selected households with age-eligible women as residents, and to survey 22 randomly selected households with age-eligible children as residents. To do so, listings of all households with age-eligible women or children were assembled in random order for each segment. Naturally, there was a substantial degree of overlap between houses listed on the "woman-resident" list and houses listed on the "child-resident" list. In each segment, household selection occurred in sequential order from both lists, until a total 28 households had completed interviews (six from the list of "woman-resident" households, and 22 from the list of "child-resident" households). In some cases, selected households were absent or declined to participate in the SM2015 Household Survey. These households were replaced by other households from the same segment, when alternate households with age-eligible residents existed. Because multiple interviewers worked the sample simultaneously, in a handful of instances more than 28 surveys were completed. This occurred in 11 segments, where between 29 and 31 households completed surveys.

A.1.2 Prior levels of indicators

Where possible, we used IHME's estimates of the national levels of indicator coverage in 2010, multiplied by 0.9, to obtain estimates of coverage and prevalence among the poorest 20% of the population. Where these data were not available, and for the malnutrition indicators, we used the 2008 estimates of coverage and prevalence among the poorest 20% of the population provided to us by IDB.

A.1.3 Statistical power calculation

All calculations were done using the tool at the following website:
<http://www.dssresearch.com/toolkit/spcalc/power.asp>.

They were done in the “percentages, two samples” mode with the one-tailed test option and an alpha level of 0.05 corresponding to a 95% confidence interval.

A.2 Sampling procedures

In total, 14 municipalities were identified by IDB as the “target area” for the initiative. Clusters (segments) were randomly selected from a list of all segments within the targeted municipalities, with probability proportional to size, where size was represented by the number of occupied households within the segment, based on data from the 2007 El Salvador Census. Within each randomly selected cluster, a complete household listing exercise was carried out, enabling the systematic selection of households for participation in the survey, based on household composition. All households in which women aged 15-49 years and/or children aged 0-59 months resided were eligible to be selected for the survey. Additional information about the selection of eligible households is described in Section A.1.1, “Sample sizes.”

In this section, we describe the random sampling procedures for selecting the segments from the target area that were surveyed. The sample of segments for the SM2015-El Salvador Baseline Household Survey was selected twice (hereafter designated the “primary sample” and the “modified sample”) because the scope of the project changed after the primary sample had been selected. In addition, an alternate sample was selected in the event that the survey could not be conducted in the selected segments. Below we describe the selection of the primary, modified, and alternate samples.

A.2.1 Primary sample

The primary sample of 136 clusters (segments) was randomly selected from a total of 322 segments in 10 municipalities which, based on data from the 2007 El Salvador Census, contained 32,982 occupied households altogether. As stated previously, segments were selected with probability proportional to size, as follows:

We put the segments in a random order and generated a variable representing the cumulative number of households by that segment. A random starting point “ Σ ” was drawn from a Poisson distribution whose parameter was the mean number of households per segment (102.42857). We divided the total number of households, 32,982, by the number of segments we meant to sample, 136, to obtain an interval length “ Δ ” ($242.5147 \approx 243$). The n^{th} segment in the sample (n ranging from 1 to 136) was the first segment whose cumulative number of households was greater than $\Sigma + (n - 1) * \Delta$.

A.2.2 Modified sample

After the selection of the primary sample was complete, four additional municipalities, composed of 201 clusters (segments) containing a total of 18,484 occupied households, based on data from the 2007 El Salvador Census, were added to the sampling frame. To accommodate this modification to the sampling frame, we adjusted our sample as follows:

We calculated the proportion of households in the sample (consisting of 10 original municipalities plus the four new municipalities) that were from the four new municipalities. We used this proportion to determine how many segments should be retained from the primary sample (87) and how many segments should be drawn from the four new municipalities (49) for the modified sample. We used a methodology completely analogous to the original sampling procedure to select the 87 retained segments from the original sample of 136 (using probability proportional to size). We then applied the same procedure to the 201 new segments to select 49 new segments with probability proportional to size. This process resulted in a modified sample of 136 segments for this survey.

A.2.3 Alternate sample

After selecting the 136 segments to be surveyed, a set of four or five alternate segments was selected from each of the 14 targeted municipalities that could be used in the event that selected segments in the modified sample could not be surveyed and needed to be replaced. These alternate segments were selected with equal probability within each municipality, as follows:

The segments chosen as part of the final, modified sample of 136 segments were put in a random order by municipality, and for each municipality the first four in this random order were assigned a value of 1 or 0 with equal probability. Then, for each of the targeted municipalities, all segments (sampled and non-sampled) were listed in a random order. Those segments assigned a value of 1 in the previous step had the first non-sampled segment *after* them selected as an alternate and those segments assigned a value of 0 had the first non-sampled segment *before* them selected as an alternate. Because a segment's immediate neighbor in random order was not always available for selection as an alternate (because it had already been selected for the modified sample), the algorithm for assigning alternates used an iterative procedure that selected five alternate segments within some municipalities.

During implementation of the household survey, three segments from this alternate sample were surveyed. One of these alternate segments, in its entirety, was used to replace a sampled segment that could not be surveyed at all due to security concerns. The other two alternate segments were visited in order to supplement seven segments that had to be abandoned prematurely due to security concerns, before all of the designated surveys could be completed. The 40 supplemental households from the two alternate segments were randomly allocated, proportional to need, to each of the seven prematurely abandoned segments. For the purposes of calculating survey weights (described in Appendix B, below), the segment-level selection probabilities for the original segments in the modified sample (described in section A.2.2, above) were retained, but the supplemental households from the alternate segments were added to the tally of households surveyed in each of the original segments in the modified sample. Thus, after re-allocating all of the households from the three replacement segments, our final, adjusted sample was based on 136 segments, as originally intended.

APPENDIX B. SURVEY WEIGHTS, SAMPLING ERRORS, AND DESIGN EFFECTS

B.1 Weighting methodology

As previously described, cluster sampling was performed using the segment as the primary sampling unit. After re-allocating households from the three replacement segments (as described in section A.2.3, above), there were 136 segments, as intended. Two sets of weights were generated and incorporated into the merged datasets for analyses. The first set, used in this report, were calculated as follows for households:

$$\text{Weight} = \frac{1}{p(\text{selecting Household X})} = \frac{1}{p(\text{selecting Segment X}) \times p(\text{selecting Household X in Segment X})}$$

where

$$p(\text{selecting Segment X}) = \frac{\# \text{ occupied households in Segment X in 2007}}{\# \text{ occupied households in Target Population in 2007}} \times 136 \text{ draws,}$$

and

$$p(\text{selecting Household X in Segment X}) = \frac{\# \text{ households sampled for SM2015 in Segment X}}{\# \text{ occupied households in Segment X in 2007}}.$$

Minor modifications to this formula were used to calculate weights for women and children as follows:

$$p(\text{selecting Woman X}) = \frac{p(\text{selecting Segment X}) \times p(\text{selecting Household X in Segment X})}{\text{average number of women 15 - 49 years old per household in sample}} \times p(\text{selecting Woman X in Household X})$$

where the average number of women 15-49 years old per household in the sample was 1.158327 (according to the SM2015 Household Census), and

$$p(\text{selecting Woman X in Household X}) = \frac{\# \text{ women in Household X completing the survey}}{\# \text{ women 15 - 49 years old residing in Household X from SM2015 census}},$$

and

$$p(\text{selecting Child X}) = \frac{p(\text{selecting Segment X}) \times p(\text{selecting Household X in Segment X})}{\text{average number of children 0 - 59 months old per household in sample}} \times p(\text{selecting Child X in Household X})$$

where the average number of children 0-59 months old per household in the sample was 0.469501 (according to the SM2015 Household Census), and

$$p(\text{selecting Child X in Household X}) = \frac{\# \text{ children in Household X measured for the survey}}{\# \text{ children 0 - 59 months residing in Household X from SM2015 census}}.$$

The second set of weights more fully incorporated information about the sample gleaned from the SM2015 Household Census. To do so, the following terms in the formulas above were modified slightly when calculating weights for households:

$$p(\text{selecting Household X in Segment X}) = \frac{\# \text{ households sampled for SM2015 in Segment X}}{\# \text{ occupied households with age - eligible women or children in Segment X from SM2015 census}},$$

women:

$$p(\text{selecting Household X in Segment X}) = \frac{\# \text{ households completing women's health survey for SM2015 in Segment X}}{\# \text{ occupied households with age - eligible women in Segment X from SM2015 census}}$$

and children:

$$p(\text{selecting Household X in Segment X}) = \frac{\# \text{ households completing children's measurement survey for SM2015 in Segment X}}{\# \text{ occupied households with age - eligible children in Segment X from SM2015 census}}$$

Both sets of survey weights yielded nearly identical estimates, which were very similar to the unweighted results previously reported.

B.2 Sampling errors

As described in Appendix A, a random sample of eligible households was selected from each of 136 clusters (segments) which had been randomly sampled with probability proportional to size from the entire target area of the initiative, which consisted of 532 segments. Although cluster-sampling can improve efficiency when the target population is spread out over a large area, the resultant sample consists of observations that are not completely independent of one another. The standard errors presented throughout this report account for this intra-class correlation, using Taylor-linearized variance estimation. Standard errors for key indicators being assessed as part of the SM2015 initiative are summarized in Table B, below.

B.3 Design effects for key indicators

As described above, cluster-sampling yields a sample of observations that are not completely independent of one another. The effective sample size is therefore reduced because there is less variation in the selected sample than in a simple random sample. The design effect represents the impact of cluster-sampling on the effective sample size, expressed as the ratio of the actual variance observed to the variance computed under the assumption of simple random sampling, given the sample size obtained. For a DEFF of 2.0, based on data from 4,730 women, we would conclude that the observed sample variance is twice as large as it would be if we had selected 4,730 women completely at random from the target area. In other words, under simple random sampling, we would only need half as many women (2,365) in order to produce the same results. The design effect (DEFF) is calculated as follows:

$$\text{DEFF} = 1 + \delta (n - 1), \text{ where } \delta = \text{intra-class correlation and } n = \text{average size of the cluster}$$

Design effects, therefore, increase as the intra-class correlation increases and as the size of the clusters increases. Because the intra-class correlation depends on the characteristic being assessed, the design effects vary across the range of indicators assessed in this survey.

Another measure that can be used to assess design effects is the square root of DEFF (hereafter abbreviated as DEFT), which is, naturally, less variable than DEFF. The DEFT represents the increase in the standard error (and therefore, the confidence interval) that is associated with the use of cluster sampling rather than simple random sampling for a fixed sample size. For a DEFT of 2.0, the standard error would be twice as large, and the confidence interval would be twice as wide under cluster sampling as compared to a simple random sample of the same size.

For well-designed surveys, estimates of design effects should be in the range of 1.0 to 3.0. However, depending on the characteristic being assessed, design effects may be 10.0 or larger. Design effects for key

indicators being assessed as part of the SM2015 initiative are summarized in Table B, below. As expected, design effects were minimal.

Table B. Design effects, SM2015-El Salvador Baseline Household Survey, 2011

Indicator	N	Weighted %	Weighted SE	DEFF	DEFT
Anemia, children 0-59 months	3,245	30.9	1.1	1.7	1.3
Anemia, children 6-23 months	1,059	46.5	1.7	1.3	1.1
Stunting, children 0-59 months	3,269	14.6	1.1	3.2	1.8
Use of any modern contraceptive methods among women in need of contraceptives	3,157	53.5	1.6	3.2	1.8
Unmet need for contraception: Not currently using any method, among women in need of contraceptives	3,157	43.4	1.6	3.1	1.7
Discontinuation rate: Any interruption in use of contraceptives during the last year, among women in need of contraceptives	3,157	10.8	0.6	1.2	1.1
At least one antenatal care visit with a doctor or professional nurse for the most recent pregnancy in the last two years	1,386	96.7	0.5	0.9	0.9
At least four antenatal care visits with a doctor or professional nurse for the most recent pregnancy in the last two years	1,386	90.1	0.9	1.1	1.1
At least four antenatal care visits with a doctor or professional nurse with all six "best practice" procedures performed at least once during pregnancy for the most recent pregnancy in the last two years	1,386	80.4	1.2	1.2	1.1
First trimester antenatal care with a doctor or professional nurse for the most recent pregnancy in the last two years	1,386	62.1	1.5	1.2	1.1
In-facility delivery with a doctor or professional nurse for the most recent pregnancy in the last two years	1,386	86.2	1.5	2.4	1.6
Post-partum checkup for mother by a health care provider at home or in a health facility one week after delivery for the most recent pregnancy in the last two years	1,386	81.6	1.3	1.6	1.3
Fully immunized for age based on vaccine card, children 12-59 months	2,527	53.7	1.5	2.1	1.4
Fully immunized for age based on vaccine card and mother's recall, children 12-59 months	2,918	66.1	1.4	2.0	1.4
Received one dose of MMR vaccine based on vaccine card, children 12-23 months	702	66.6	2.2	1.3	1.1
Received one dose of MMR vaccine based on vaccine card and mother's recall, children 12-23 months	796	86.2	1.3	1.0	1.0

Received two doses of deworming treatment in the last 12 months, children 12-59 months	2,918	35.4	1.4	2.0	1.4
Initiated breastfeeding within one hour of birth, children 0-23 months	1,439	65.4	1.6	1.4	1.2
Exclusive breastfeeding, children 0-182 days	338	51.7	3.3	1.2	1.1
Continued breastfeeding, children 365-486 days	176	82.5	3.3	1.1	1.1
Meets requirements for minimum meal frequency, children 183-729 days	1,451	51.8	2.5	1.4	1.2
Meets requirements for minimum dietary diversity, children 183-729 days	1,451	71.8	1.6	1.5	1.2
Meets requirements for minimum acceptable diet, children 183-729 days	1,451	23.8	1.9	1.7	1.3
Received iron supplements or iron-rich foods, children 183-729 days	1,451	78.3	1.3	1.3	1.1
Received >50 micronutrient packets in the last six months, children 6-23 months	1,143	0.6	0.2	1.1	1.1
Received zinc plus oral rehydration solution for the treatment of diarrhea in the last two weeks, children 0-59 months	490	4.4	1.0	0.9	0.9

N=Size of denominator; SE=Standard error; DEFF=Design effect; DEFT=Square root of design effect