

INFANT AND YOUNG CHILD FEEDING

**A tool for assessing national
practices, policies and programmes**

Part one

INFANT AND YOUNG CHILD FEEDING PRACTICES

AND BACKGROUND DATA

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Infant and young child feeding practices

1. Initiation of breastfeeding

Question: *What is the percentage of babies who are breastfed within an hour of birth?*

Background

Step Four of the *Ten steps to successful breastfeeding* recommends early initiation of breastfeeding (12). The Baby-friendly Hospital Initiative (BFHI) assessment tool suggests that the baby should be placed “skin-to-skin” with the mother within the first half-hour following delivery. Within the first hour, assistance with positioning and attachment should be given, or if the mother has had a caesarean section, within an hour of when she is able to respond. Often, mothers who have undergone caesarean section need extra help with breastfeeding. Otherwise, these mothers on average initiate breastfeeding much later and terminate breastfeeding sooner. Optimally, the baby should be breastfed before any routine procedure (such as bathing, weighing, umbilical cord care, administration of eye medications) is performed. Early breastfeeding enhances bonding, increases chances of breastfeeding success, and generally lengthens the duration of breastfeeding.

Possible sources of data

Use a study carried out in your country within the past five years. Ideally, it should be a study that is national in scope. If not, note the area on which it focuses. Consider using data from the *Demographic and Health Survey (DHS)* (5) when available. Refer to the “Breastfeeding initiation” table in the chapter on “Infant feeding and maternal and child nutrition”. (See the *DHS* web site at <http://www.measuredhs.com/data/indicators/>. Select survey; select indicators “Maternal & Child Nutrition”, “Initial BF”, “Started within one hour”.) The UNICEF *Multiple Indicator Cluster Survey (MICS)* (6) and the *WHO Global Data Bank on Breastfeeding and Complementary Feeding* (7) are other sources.

Data source and date

Data not available

(Indicate if year of data collection is different from year of publication):

.....

Coverage of study: national other (describe):

Guidelines for rating	
Percentage of babies breastfed within one hour of birth: %	
Percentage	Rating
0 – 29%	Poor
30 – 49%	Fair
50 – 89%	Good
90 – 100%	Very good
Rating on breastfeeding initiation:	.....

Additional information (not rated)	
Percentage of babies ever breastfed. %
Average time of initiation of breastfeeding for all breastfed babies.	.... hr(s)/ days
Percentage of babies delivered by caesarean section. %
Average time of initiation of breastfeeding for caesarean section babies.	.... hr(s)/ days
Average time of initiation of breastfeeding for babies delivered vaginally.	.... hr(s)/ days

2. Exclusive breastfeeding

Question: *What is the percentage of babies 0–6 months of age who are exclusively breastfed?*²

Background

Exclusive breastfeeding in the early months of life is correlated strongly with increased infant survival and lowered risk of illness, particularly from diarrhoeal disease (3). To achieve optimal growth, development and health, WHO recommends that infants should be exclusively breastfed for the first six months of life. This is formulated in the Conclusions and Recommendations of a WHO Expert Consultation held in March 2001, which completed a systematic review of the optimal duration of exclusive breastfeeding (13).

Possible sources of data

Use a study carried out in your country within the past five years. Ideally, it should be a study that is national in scope. If not, note the area on which it focuses. Consider using data from the *DHS* (5) when available. Refer to the “24-hour recall” question presented in the table on “Breastfeeding status” in the chapter on “Infant feeding and maternal and child nutrition”. (See the *DHS* web site at <http://www.measuredhs.com/data/indicators/>. Select survey; select indicators “Maternal & Child Nutrition”, “BF Status”, “Exclusive BF” – currently listed by two-month increments.) The *MICS* (6) and the *WHO Global Data Bank on Breastfeeding and Complementary Feeding* (7) are other sources.

If *DHS* data are used, the two-month data increments can be converted into a 0–<6 months of age rate for exclusive breastfeeding. You can either use the ‘automatic’ calculator on the next page – if you are using the electronic version of the *Tool* and have access to Microsoft Excel – or use the manual calculator provided in Annex 2. It is recognized that 24-hour recall may not capture the true breastfeeding pattern since birth. It is useful to explore whether babies have ever received anything but breast milk from birth. Unfortunately, however, reliable and valid data on these long-term patterns are not yet widely available.

Data source and date

Data not available

(Indicate if year of data collection is different from year of publication):

.....

Coverage of study: national other (describe):

Guidelines for rating	
Percentage of babies 0–<6 months of age exclusively breastfed in the last 24 hours: %	
Percentage	Rating
0 – 11%	Poor
12 – 49%	Fair
50 – 89%	Good
90 – 100%	Very good
Rating on exclusive breastfeeding:	.....

Additional information (not rated)	
Percentage of babies 0–<4 months of age exclusively breastfed in the last 24 hours %
Percentage of babies 4–<6 months of age exclusively breastfed in the last 24 hours %

² See the definition of “exclusive breastfeeding” in Annex 1, Glossary of terms.

If you are using the Microsoft Word file version of this document and also have Microsoft Excel installed, double click on the Excel table below to activate and use it to calculate the exclusive breastfeeding rate for children 0–<6 months of age. If the computer software needed is not available, the calculations can be performed manually using the calculator in Annex 2.

**Exclusive Breastfeeding Rate (EBR) Calculator
using DHS data available for two-month intervals**

Instructions: Fill in yellow shaded boxes (only) with appropriate data from the published tables to generate the EBR for children 0-<6 months.

From the published tables:

EBR, 0-1 mo		the EBR rate in percentages given for children 0-< 2 months
EBR, 2-3 mo		the EBR rate in percentages given for children 2-< 4 months
EBR, 4-5 mo		the EBR rate in percentages given for children 4-< 6 months
EBR, 0-5 mo	#DIV/0!	the calculated EBR for children 0-<6 months

From the published tables:

Number, 0-1 mo		the total number of children in the age group 0-<2 months
Number, 2-3 mo		the total number of children in the age group 2-<4 months
Number, 4-5 mo		the total number of children in the age group 4-<6 months
Number, 0-5 mo	0	the total number of children aged 0-<6 months

Generated absolute numbers:

Numbers EBF, 0-1 mo	0	children 0-<2 months who are exclusively breastfed
Numbers EBF, 2-3 mo	0	children 2-<4 months who are exclusively breastfed
Numbers EBF, 4-5 mo	0	children 4-<6 months who are exclusively breastfed
Numbers EBF, 0-5 mo	0	children 0-<6 months who are exclusively breastfed

(Adapted from EBR Calculator developed by Nadra Franklin, LINKAGES Project, 1999)

Note: 0–1 mo = 0–<2 months, etc. Results obtained using the automatic and manual calculators may be slightly different, depending on whether and how numbers are rounded off.

3. Duration of breastfeeding

Question: *What is the median duration of breastfeeding?*³

Background

The *Innocenti Declaration* (4) recommends that babies continue to be breastfed for up to two years of age or beyond. When provided along with appropriate and adequate complementary food, breast milk continues to be an important source of nutrition and fluids and immunological protection for the child after six months of age. The continued bonding between mother and child provided by breastfeeding encourages optimal psychosocial development.

Possible sources of data

Use a study carried out in your country within the past five years. Ideally, it should be a study that is national in scope. If not, note the area on which it focuses. Consider using data from the *DHS* (5) when available. Refer to the table on “Median duration and frequency of breastfeeding” in the chapter on “Infant feeding and maternal and child nutrition”. The *DHS* measures the median duration of breastfeeding among children under three years of age, based on current status. (See the *DHS* web site at <http://www.measuredhs.com/data/indicators/>. Select survey; select indicators “Maternal & Child Nutrition”, “Median duration of BF”, “Median BF duration”, “Any breastfeeding”.) The *MICS* (6) and the *WHO Global Data Bank on Breastfeeding and Complementary Feeding* (7) are other sources.

Data source and date

Data not available

(Indicate if year of data collection is different from year of publication):

.....

Coverage of study: national other (describe):

Guidelines for rating	
Median duration of breastfeeding of children under 36 months of age: months	
Median duration of breastfeeding	Rating
0 – 17 months	Poor
18 – 20 months	Fair
21 – 22 months	Good
23 – 24 months or beyond	Very good
Rating on duration of breastfeeding:	.....

³ See the definition of “median duration of breastfeeding” in Annex 1, Glossary of terms.

4. Bottle-feeding

Question: *What is the percentage of breastfed babies 0–12 months of age who are fed any food or drink (even breast milk) by bottle?⁴*

Background

Babies should be breastfed exclusively until six months (180 days) of age. If unable to feed directly from the mother's breast, the baby should be fed breast milk from a cup. (If the baby is unable to swallow, breast milk can be provided by means of an infant-feeding tube.) After six months of age, any liquids given should be fed by cup rather than by bottle. Feeding-bottles with artificial nipples and pacifiers (teats or dummies) may cause nipple confusion and infants may refuse to breastfeed after their use (14). Feeding-bottles are more difficult to keep clean than cups, and the ingestion of pathogens can lead to illness and even death (15). Pacifiers can also easily become contaminated and cause illness.

Possible sources of data

Use a study carried out in your country within the past five years. Ideally, it should be a study that is national in scope. If not, note the area on which it focuses. Consider using data from the *DHS* (5) when available. Refer to the table on "Types of food received by children in the preceding 24 hours" in the chapter on "Infant feeding and maternal and child nutrition" or the *DHS* web site at www.measuredhs.com/data/indicators/.

However, in both sources, data are only listed in two-month or three-month increments. If these sources are used, the two-month data increments can be converted into a 0–<12 month bottle-feeding rate either by using the 'automatic' calculator on the next page – if you are using the electronic version of the *Tool* and have Microsoft Excel – or by using the manual calculator provided on page 2 of Annex 1. See *DHS Comparative Study No.30* (16) for data reported for 0–<12 months. The *MICS* (6) and the *WHO Global Data Bank on Breastfeeding and Complementary Feeding* (7) are other sources.

Data source and date

Data not available

(Indicate if year of data collection is different from year of publication):

.....

Coverage of study: national other (describe):

Guidelines for rating	
Percentage of breastfed babies 0–<12 months of age who received any food or drink (even breast milk) from bottles in the last 24 hours: %	
Percentage	Rating
30 – 100%	Poor
5 – 29%	Fair
3 – 4%	Good
0 – 2%	Very good
Rating on bottle-feeding:	

Additional information (not rated)	
Percentage of non-breastfed babies 0–<12 months of age who received any food or drink from bottles in the last 24 hours %

⁴ See the definition of "bottle-feeding" in Annex 1, Glossary of terms.

If you are using the Microsoft Word file version of this document and also have Microsoft Excel installed, double click on the Excel table below to activate and use it to calculate the bottle-feeding rate for breastfeeding children 0–<12 months of age. If the computer software needed is not available, the calculations can be performed manually using the calculator in Annex 2.

From the published tables:		
BOT, 0-1 mo		the BOT rate in percentages given for BF children 0-< 2 months
BOT, 2-3 mo		the BOT rate in percentages given for BF children 2-< 4 months
BOT, 4-5 mo		the BOT rate in percentages given for BF children 4-< 6 months
BOT, 6-7 mo		the BOT rate in percentages given for BF children 6-< 8 months
BOT, 8-9 mo		the BOT rate in percentages given for BF children 8-<10 months
BOT, 10-11 mo		the BOT rate in percentages given for BF children 10-<12 months
BOT, 0-11 mo	#DIV/0!	the calculated BOT rate for BF children 0-<12 months

From the published tables:		
Number, 0-1 mo		the total number of BF children in the age group 0-<2 months
Number, 2-3 mo		the total number of BF children in the age group 2-<4 months
Number, 4-5 mo		the total number of BF children in the age group 4-<6 months
Number, 6-7 mo		the total number of BF children in the age group 6-<8 months
Number, 8-9 mo		the total number of BF children in the age group 8-<10 months
Number, 10-11 mo		the total number of BF children in the age group 10-<12 months
Number, 0-11 mo	0	the total number of BF children aged 0-<12 months

Generated absolute numbers:		
Numbers BOT, 0-1 mo	0	BF children 0-<2 months who are bottlefed
Numbers BOT, 2-3 mo	0	BF children 2-<4 months who are bottlefed
Numbers BOT, 4-5 mo	0	BF children 4-<6 months who are bottlefed
Numbers BOT, 6-7 mo	0	BF children 6-<8 months who are bottlefed
Numbers BOT, 8-9 mo	0	BF children 8-<10 months who are bottlefed
Numbers BOT, 10-11 mo	0	BF children 10-<12 months who are bottlefed
Numbers BOT, 0-11 mo	0	BF children 0-<12 months who are bottlefed

(Adapted from EBR Calculator developed by Nadra Franklin, LINKAGES Project, 1999)

Note: 0–1 mo = 0–<2 months, etc. Results obtained using the automatic and manual calculators may be slightly different, depending on whether and how numbers are rounded off.

5. Complementary feeding

Question: *What is the percentage of babies aged six through nine months who are receiving complementary foods⁵ while continuing to breastfeed?*

Background

Because babies need nutritious foods in addition to breast milk from the age of six months, WHO recommends that babies should begin receiving complementary foods at that age. Locally available and affordable foods that enrich the baby's diet with additional calories and micronutrients should be offered – soft or mashed – in small quantities, several times a day. These complementary foods should gradually increase in amount and frequency as the baby grows (see Annex 3, principles 5 and 7). Breastfeeding, on demand, should continue until the age of two years or beyond (17–21). The indicator proposed here measures the percentage of babies fed complementary foods from ages six through nine months, while continuing to breastfeed.

To gain a full understanding of whether complementary foods are introduced at the appropriate time, it is also important to know if foods are introduced too early or too late. To obtain a full picture of the timeliness of complementary feeding, additional information is requested on the percentage of babies who are not breastfed, of those who are exclusively breastfed, or who – in addition to being breastfed – are receiving plain water only, or supplements (other foods or liquids) at various ages. Feeds should also be adequate, safe and properly fed. Work is currently under way, sponsored by WHO, to identify suitable indicators for measuring these key aspects of complementary feeding. A set of guiding principles endorsed by a WHO global consultation (22) will serve to direct the development of these indicators (see Annex 3). The *WHO Global Data Bank on Breastfeeding and Complementary Feeding* will be revised to include these new indicators.

Possible sources of data

Use a study carried out in your country within the past five years. Ideally, it should be a study that is national in scope. If not, note the area on which it focuses. Some studies list data for 6–<10 months and some for 7–<10 months of age. Consider using data from the *DHS* (5) when available. Refer to the table on “Breastfeeding status” in the chapter on “Infant feeding and maternal and child nutrition” which has data for 7–<10 months of age. (See DHS web site at <http://www.measuredhs.com/data/indicators/>. Select survey; select indicators “Maternal & child nutrition”, “BF status”, “BF & supplements”, “7–9 months”.) The data requested as “additional information” are also available from the table on “BF status” from the *DHS* web site. The *MICS* (6) and the *WHO Global Data Bank on Breastfeeding and Complementary Feeding* (7) are other sources of information.

Data source and date

Data not available

(Indicate if year of data collection is different from year of publication):

.....

Coverage of study: national other (describe):

Guidelines for rating	
Percentage of breastfed babies 6–<10 or 7–<10 months of age (depending on data available) who received complementary foods in the last 24 hours: %	
Percentage	Rating
0 – 59%	Poor
60 – 79%	Fair
80 – 94%	Good
95 – 100%	Very good
Rating on timely complementary feeding:	

⁵ See the definitions of “complementary foods” and “complementary feeding” in Annex 1, Glossary of terms.

Additional information (not rated)				
Age	Not breastfed	Exclusively breastfed	Breastfed and given:	
			plain water only	supplements (other foods and/or liquids)
0 – 3 months % % % %
4 – 6 months % % % %
7 – 9 months % % % %

Background data

This section asks for information on key indicators. This information should help to provide a better understanding of the health, nutritional and socioeconomic context which both influences and is influenced by infant and young child feeding practices and programmes. Use data from your own country if the studies are methodologically sound and have been conducted recently. Many of the results are available in key international documents such as the UNDP *Human Development Report* (23), UNICEF's *State of the World's Children* (24), and the *Demographic and Health Surveys* (5) and *Multiple Indicator Cluster Surveys* (6) which have been undertaken in many countries.

The use of this section is flexible. Indicators can be added, dropped, or adapted to fit the needs of each country to provide the most useful background data for understanding the national and local context. Results may be influenced by place of residence (urban or rural, geographical differences, etc.), ethnicity, economic status, age, gender, educational level, and other factors. If feasible, it would be useful to explore these differences to determine which population groups have the greatest need.

References for generally available documents and web sites where data for specific countries can be found are listed below for each indicator under "data source and date". The data source used can be circled, highlighted or listed in the space provided.

1.	Population of country (in thousands) % urban % rural % under one year of age % under five years of age % % % %
Definition: The total number of inhabitants in the country in a given year		
Data source and date <input type="checkbox"/> Data not available UNICEF, <i>State of the World's Children</i> , 2001, Table 1 (http://www.unicef.org/sowc01/tables/ , Table 1). Macro International, <i>DHS for country; Introduction</i> , section on <i>Population</i> , (date) <i>Other sources:</i>		
2.	Infant mortality rate (IMR) (per 1000)	.....
Definition: Number of deaths of infants under one year of age in a given year divided by the total number of live births in that year multiplied by 1000.		
Data source and date <input type="checkbox"/> Data not available UNICEF, <i>State of the World's Children</i> , 2001, Table 1 (http://www.unicef.org/sowc01/tables/ , Table 1). Macro International, <i>DHS for country</i> , chapter on <i>Infant and child mortality</i> , (date) (http://www.measuredhs.com/data/indicators . Select survey; select indicators "Early childhood mortality", "Infant and child mortality", "5 yr rates", "0-4 yrs"). <i>Other sources:</i>		

3.	Low birth weight%
Definition: Percentage of infants with birth weight of less than 2500 grams.		
<p>Data source and date <input type="checkbox"/> Data not available WHO <i>Global Database on Child Growth and Malnutrition</i> (http://www.who.int/nutgrowthdb – register at no cost and look for data on your country). UNICEF, <i>State of the World’s Children</i>, 2001, Table 2 (http://www.unicef.org/sowc01/tables/, Table 2). <i>Other sources:</i></p>		
4.	Underweight (under-fives)%
Definition: Percentage of children under the age of five suffering from moderate or severe underweight (below minus two standard deviations from median weight-for-age of reference population).		
<p>Data source and date <input type="checkbox"/> Data not available WHO <i>Global Database on Child Growth and Malnutrition</i> (http://www.who.int/nutgrowthdb – register at no cost and look for data on your country). UNICEF, <i>State of the World’s Children</i>, 2001, Table 2 (http://www.unicef.org/sowc01/tables/, Table 2). Macro International, <i>DHS</i> for country, chapter on <i>Infant feeding and maternal and child nutrition</i>, (date) (http://www.measuredhs.com/indicators. Select survey; select indicators “Maternal and child nutrition”, “Nutritional status”, “Nutritional status by background characteristics”, “Weight-for-age below –2SD”). <i>Other sources:</i></p>		
5.	Wasting (under-fives) %
Definition: Percentage of children under the age of five suffering from moderate or severe wasting (below minus two standard deviations from median weight-for-height of reference population).		
<p>Data source and date <input type="checkbox"/> Data not available WHO <i>Global Database on Child Growth and Malnutrition</i> (http://www.who.int/nutgrowthdb – register at no cost and look for data on your country). UNICEF, <i>State of the World’s Children</i>, 2001, Table 2 (http://www.unicef.org/sowc01/tables/, Table 2). Macro International, <i>DHS</i> for country, chapter on <i>Infant feeding and maternal and child nutrition</i>, (date) (http://www.measuredhs.com/indicators. Select survey; select indicators “Maternal and child nutrition”, “Nutritional status”, “Nutritional status by background characteristics”, “Weight-for-height below –2SD”). <i>Other sources:</i></p>		

6.	Stunting (under-fives) %
	Definition: Percentage of children under the age of five suffering from moderate or severe stunting (below minus two standard deviations from median height-for-age of reference population).	
	<p>Data source and date <input type="checkbox"/> Data not available WHO <i>Global Database on Child Growth and Malnutrition</i> (http://www.who.int/nutgrowthdb – register at no cost and look for data on your country). UNICEF, <i>State of the World’s Children</i>, 2001, Table 2 (http://www.unicef.org/sowc01/tables/, Table 2). Macro International, <i>DHS</i> for country, chapter on <i>Infant feeding and maternal and child nutrition</i>, (date) (http://www.measuredhs.com/data/indicators. Select survey; select indicators “Maternal and child nutrition”, “Nutritional status”, “Nutritional status by background characteristics”, “Height-for-age below –2SD”). <i>Other sources:</i></p>	
7.	Prevalence of anaemia %
	Definition: Percentage of children aged six months to two years with anaemia (Hb < 11 g/L).	
	<p>Data source and date <input type="checkbox"/> Data not available Macro International, <i>DHS</i> for country, chapter on <i>Infant feeding and maternal and child nutrition</i> (date) (http://www.measuredhs.com/data/indicators. Select survey; select indicators, “Maternal and child nutrition”, “Micronutrient intake”, “Prevalence of anemia”, “Prevalence of anemia in children” (6–9 and 10–11 months-old). <i>Other sources:</i></p>	
8.	Prevalence of use of iodized salt %
	Definition: Percentage of households consuming iodized salt.	
	<p>Data source and date <input type="checkbox"/> Data not available UNICEF, WHO. <i>Ending iodine deficiency forever: A goal within our grasp.</i> (http://www.unicef.org/pubsgen/salt/). Macro International, <i>DHS</i> for country, chapter on <i>Infant feeding and maternal and child nutrition</i>, (date) (http://www.measuredhs.com/data/indicators. Select survey; select indicators “Maternal and child nutrition”, “Iodization of household salt”, “Percentage of households with no salt”. <i>Other sources:</i></p>	

9.	Prevalence of low serum retinol %
	Definition: Percentage of children aged 6–71 months with serum retinol < 0.70 µmol/L.	
	<p>Data source and date <input type="checkbox"/> Data not available National surveys. Prevalence of subclinical vitamin A deficiency is considered mild if the percentage of children with low serum retinol is ≥2 – <10%, moderate if the percentage is >10 –<20 %, and severe if >20 %.</p> <p><i>Other sources:</i></p>	
10.	Households with clean water supply %
	Definition: Percentage of households within 15 minutes of a safe water supply.	
	<p>Data source and date <input type="checkbox"/> Data not available Macro International, <i>DHS for country, World Summit for Children Indicators</i>, inside front cover, (<i>date</i>)..... (http://www.measuredhs.com/data/indicators. Select survey; select indicators “Characteristics of households”, “Housing characteristics”, “Time to water source”, “Water within 15 minutes”).</p> <p><i>Other sources:</i></p>	
11.	<p>Diarrhoeal disease rate</p> <p>0 – 5.9 months 6 – 11.9 months 12 – 23.9 months</p>	<p>..... % % %</p>
	Definition: Percentage of children of various ages who had diarrhoea (three or more loose or watery stools in a 24-hour period or any blood in the stools) in the preceding two weeks.	
	<p>Data source and date <input type="checkbox"/> Data not available Macro International, <i>DHS for country, chapter on Child health, (date)</i> (http://www.measuredhs.com/data/indicators. Select survey; select indicators “Maternal and Child Health”, “Diarrhea prevalence.”, “Diarrhea prevalence. last 2 weeks”, “Child’s age”).</p> <p><i>Other sources:</i></p>	

12.	<p>Acute respiratory infection (ARI) rate</p> <p>0 – 5.9 months % 6 – 11.9 months % 12 – 23.9 months %</p>	
<p>Definition: Percentage of children of various ages ill with coughing accompanied by short, rapid breathing in preceding two weeks.</p>		
<p>Data source and date <input type="checkbox"/> Data not available Macro International, <i>DHS</i> for country; chapter on <i>Child health</i>, (date) (http://www.measuredhs.com/data/indicators. Select survey; select indicators “Maternal and child health”, “Prevalence & treatment of ARI and fever”, “Respiratory or fever infection”, “Cough and fast breathing”, “Child’s age”). <i>Other sources:</i></p>		
13.	<p>HIV prevalence among pregnant women</p> %
<p>Definition: Percentage of HIV-positive pregnant women attending antenatal clinics = (number of pregnant women attending antenatal clinics with HIV/total number of pregnant women attending antenatal clinics) x 100.</p>		
<p>Data source and date <input type="checkbox"/> Data not available UNAIDS, <i>Report on the Global HIV/AIDS epidemic</i>, 2002 (Table of country-specific HIV/AIDS estimates and data as of end 2001) (http://www.unaids.org/epidemic_update/report_july02/english/table.pdf) <i>Other sources:</i></p>		
14.	<p>Mothers with low body mass index</p> %
<p>Definition: Percentage of mothers with a body mass index (weight in kilograms divided by height in metres squared) of less than 18.5 (kg/m²), which indicates chronic energy deficiency.</p>		
<p>Data source and date <input type="checkbox"/> Data not available Macro International, <i>DHS</i> for country, <i>World Summit for Children Indicators</i>, inside front cover, (date)..... (http://www.measuredhs.com/data/indicators. Select survey; select indicators “Maternal and child nutrition”, “Anthropometric indicators”, “Women’s body mass index”, for <i>severe, moderate, and mild</i> not for <i>less than 18.5 (kg/m²)</i>). <i>Other sources:</i></p>		

15.	Maternal mortality rate (per 100 000)	.....
	Definition: Annual number of deaths of women from pregnancy-related causes per 100 000 live births.	
	Data source and date <input type="checkbox"/> Data not available UNICEF, <i>State of the World's Children</i> , 2001, Table 7 (http://www.unicef.org/sowc01/tables/ , Table 7). <i>Other sources:</i>	
16.	Births attended by trained health personnel %
	Definition: Percentage of births attended by physicians, nurses, midwives, or primary health care workers trained in midwifery skills.	
	Data source and date <input type="checkbox"/> Data not available UNICEF, <i>State of the World's Children</i> , 2001, Table 7 (http://www.unicef.org/sowc01/tables/ , Table 7). Macro International, <i>DHS for country</i> , chapter on <i>Maternal health care</i> , (date)..... (http://www.measuredhs.com/data/indicators . Select survey; select indicators "Maternal and child health", "Assistance during delivery", "Doctor and trained nurse/midwife or other health professional", "Births in the 5 years before survey".) <i>Other sources:</i>	
17.	Births in health facility %
	Definition: Percentage of births in health (or medical) facility.	
	Data source and date <input type="checkbox"/> Data not available Macro International, <i>DHS for country</i> , <i>World Summit for Children Indicators</i> , inside front cover, or chapter on <i>Maternal and child health</i> , (date)..... (http://www.measuredhs.com/data/indicators . Select survey; select indicators "Maternal and child health", "Place of delivery", "Health facility"). <i>Other sources:</i>	

18.	Total fertility rate	.....
	Definition: The number of children that would be born per woman if she were to live to the end of her childbearing years and bear children at each age in accordance with prevailing age-specific fertility rates.	
	Data source and date <input type="checkbox"/> Data not available UNICEF, <i>State of the World's Children</i> , 2001, Table 8 (http://www.unicef.org/sowc01/tables/ , Table 8). <i>Other sources:</i>	
19.	Duration of postpartum amenorrhoea (in months)	.....
	Definition: Median duration of postpartum amenorrhoea (in months). (Postpartum amenorrhoea is the period of time following birth during which a woman's menstrual cycle has not yet resumed.)	
	Data source and date <input type="checkbox"/> Data not available Macro International, <i>DHS for country</i> , chapter on <i>Proximate determinants of fertility, (date)</i> (http://www.measuredhs.com/data/indicators/ . Select survey; select indicators "Other proximate determinants of fertility", "Postpartum amenorrhoea", "Median durations", "Amenorrhoeic"). <i>Other sources:</i>	
20.	Contraceptive prevalence %
	Definition: Percentage of women of reproductive age who are using (or whose partners are using) a modern contraceptive method at a particular point in time (often reported for women who are married or in sexual union).	
	Data source and date <input type="checkbox"/> Data not available Macro International, <i>DHS for country</i> , chapter on <i>Current use of family planning or Fertility regulation, (date)</i> (http://www.measuredhs.com/data/indicators/ . Select survey; select indicators "Family planning", "Current use of contraception", "Any modern method", "Marital status", "All"). <i>Other sources:</i>	
21.	Government expenditure allocated to health %
	Definition: Percentage of central government expenditure allocated to health (from International Monetary Fund data).	
	Data source and date <input type="checkbox"/> Data not available UNICEF, <i>State of the World's Children</i> , 2001, Table 6 (http://www.unicef.org/sowc01/tables/ , Table 6). <i>Other sources:</i>	

Summary of background data

<i>Background indicator</i>	<i>Result</i>	<i>Source and date</i>
1. Population (in thousands) % urban % rural % children under 1 year % children under 5 years % % % %	
2. IMR rate (per 1000)	...../1000	
3. Low birth weight %	
4. Underweight (under-fives) %	
5. Wasting (under-fives) %	
6. Stunting (under-fives) %	
7. Prevalence of anaemia %	
8. Prevalence of use of iodized salt %	
9. Prevalence of low serum retinol %	
10. Households with clean water supply %	
11. Diarrhoeal disease rate 0–5.9 months 6–11.9 months 12–23.9 months % % %	
12. ARI rate 0–5.9 months 6–11.9 months 12–23.9 months % % %	
13. HIV prevalence among pregnant women %	
14. Mothers with low body mass index %	
15. Maternal mortality rate (per 100 000)	...../100 000	
16. Births attended by trained health personnel %	
17. Births in health facility %	
18. Total fertility rate	.....
19. Duration of postpartum amenorrhoea	..... months	
20. Contraceptive prevalence %	
21. Government expenditure allocated to health %	