

**SOCIO-ECONOMIC DIFFERENCES
IN
HEALTH, NUTRITION, AND POPULATION**

**BRAZIL
1996**

**Davidson R. Gwatkin, Shea Rutstein, Kiersten Johnson,
Eldaw Suliman, Adam Wagstaff, and Agbessi Amouzou**

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FOREWORD

The World Bank shares the desire of its member states and client countries to ensure that the poor partake fully in the health gains that the countries achieve. To assist in this, the Bank, in cooperation with the Dutch and Swedish Governments, has sponsored the set of reports providing basic information about health inequalities within countries to which this document belongs.

The information shows clearly that disparities in both health conditions and health service use are unacceptably large. As countries and the Bank work to reduce important inequalities among regions and countries, there is a clear need for equally vigorous efforts to lessen the inequity represented by intra-country differences among socio-economic groups.

My colleagues and I hope that all concerned with equity in health will find this information useful in making the case for effective actions to improve the health of the poor, and in designing programs to achieve this crucial objective.

Joy Phumaphi
Vice President
Human Development Network
The World Bank

INTRODUCTION

This report is one in a series that provides basic information about health, nutrition, and population (hnp) inequalities within fifty-six developing countries.

The series to which the report belongs is an expanded and updated version of a set covering forty-five countries that was published in 2000. The fifty-six reports in the current series cover almost all DHS surveys undertaken during the period beginning in 1990 and ending with the date of the last survey for which data were publicly available as of June 2006.¹

The report's contents are intended to facilitate preparation of country analyses and the development of activities to benefit poor people. To this end, the report presents data about hnp status, service use, and related matters among individuals belonging to different socio-economic classes. The principal focus is on differences among groups of individuals defined in terms of the wealth or assets of the households where they reside. The source of data is the Demographic and Health Survey (DHS) program, a large, multi-country household survey project.

The figures in this and the other reports in the series draw on responses to questions about household wealth or assets included in the DHS questionnaire, which were similar for all the surveys covered. These responses served as the basis for the construction of a wealth index, which was used to rank individuals according to the index value for the household to which they belonged. The individuals were then divided into quintiles, and the mean value for each of up to approximately 120 indicators was calculated for each quintile.

The report is organized in four principal parts:

- Part one, which constitutes the report's core, consists of tables presenting quintile-specific data for each hnp indicator covered from the two most recent DHS surveys available at the time of the report's publication. In each part there are three sets of tables: the first provides quintile-specific information for the total population; the second presents data separately for quintiles of females and males; the third features quintile-specific information presented separately for rural and urban residents. Each of these sets is divided into four sections: one dealing with hnp status, the second with the use of hnp services, the third with hnp-related behavior, and the fourth with other hnp status determinants.
- Part two provides supplementary technical information designed to help readers understand the data presented in part one. This information deals with such issues as how the covered hnp indicators were defined and how the quintile-specific estimates were derived.
- Part three presents supporting tables that deal with three of the technical matters covered in part two: the size of the sample for each indicator covered; the standard error for each

¹ The average interval of approximately two years between data collection and availability means that the latest surveys covered were conducted in 2005.

quintile-specific estimate in the total population; and the items used in constructing the wealth index, along with the weight assigned to each.

An additional, fourth part consists of three annexes, for readers interested in applying the approach used in the report or in learning more about the other reports in this series. The first annex is an annotated bibliography containing further information about the technical issues concerning the approach used in the report, and about employing that approach to examine additional issues using DHS or other data sets. The second shows how the report's approach can be applied to monitor the distribution of benefits from other hnp programs, and provides a tool for doing so. The third annex is a list of all fifty-six countries for which reports are available, along with an indication of how to obtain copies of the reports dealing with them.

The authors thank the Dutch and Swedish Governments for the generous support that made production of this report possible.

PART I. BASIC TABLES

A. TOTAL POPULATION

B. FEMALE AND MALE POPULATIONS

C. RURAL AND URBAN POPULATIONS

Notes:

- Each of the three sections referred to above consists of four divisions, presenting data for: I) hnp status; II) hnp service use; III) hnp-related individual and household behavior; and IV) other, underlying determinants of hnp status.
- Full definitions of all indicators covered in the tables are provided in section A of the technical notes found in part II.
- “na” appears in the table cells when data are not available, usually because the DHS survey concerned did not collect information about the indicator(s) in question.
- Figures in the tables shown within parentheses indicate the absence of adequate observations to produce acceptably reliable values. Asterisks appear when the number of observations was too small to justify the presentation even of figures within parentheses. (For further information, see the section on “Sampling Errors” in the presentation of data and methods in part II.B.) Asterisks also will be found in columns showing statistical indices of inequality when the amount of quintile-specific information available is inadequate to permit computation of the value for the index concerned.
- Female/male tables include only indicators relevant for both sexes; those pertaining to only one sex (e.g., fertility, women’s nutritional status, antenatal care, attended deliveries) have been omitted.

Brazil
1996 - TOTAL POPULATION
Part I: HNP STATUS

Indicator	Wealth Quintiles						Low/High Ratio	Low-High Diff. (Abs. Val.)	Concentration Index	
	Low	2nd	3rd	4th	High	Avg.			Value	Standard Errors
A. Childhood illness and mortality										
Infant mortality rate	83.2	46.7	32.9	24.7	28.6	48.1	2.91	54.60	-0.2512	0.0009
Under-five mortality rate	98.9	56.0	39.2	26.7	33.3	56.7	2.97	65.60	-0.2589	0.0009
Prevalence of fever	29.6	26.4	25.2	21.2	21.6	25.6	1.37	8.00	-0.0476	0.0150
Prevalence of diarrhea	18.3	12.9	12.7	9.3	7.4	13.1	2.47	10.90	-0.1614	0.0228
Prevalence of acute respiratory infection	25.3	26.7	23.0	20.6	20.5	23.7	1.23	4.80	-0.0360	0.0153
B. Fertility										
Total fertility rate	4.8	2.7	2.1	1.9	1.7	2.5	2.82	3.10	-0.2024	0.0008
Adolescent fertility rate	176.0	109.0	70.0	57.0	28.0	86.0	6.29	148.00	-0.3136	0.0020
C. Nutritional status (%)										
<i>Children:</i>										
Moderate stunting	16.8	6.6	4.5	3.4	2.0	7.9	8.40	14.80	-0.4126	0.0327
Severe stunting	6.3	2.1	0.5	0.5	0.4	2.5	15.75	5.90	-0.5754	0.0688
Moderate underweight	10.3	4.9	2.3	1.2	2.7	5.0	3.81	7.60	-0.3805	0.0447
Severe underweight	1.2	0.2	0.5	0.7	0.3	0.6	4.00	0.90	-0.2883	0.1372
Mild anemia	na	na	na	na	na	na	na	na	na	na
Moderate anemia	na	na	na	na	na	na	na	na	na	na
Severe anemia	na	na	na	na	na	na	na	na	na	na
<i>Women:</i>										
Malnutrition	8.8	4.6	6.8	5.3	5.4	6.3	1.63	3.40	-0.1438	0.0435
Mild anemia	na	na	na	na	na	na	na	na	na	na
Moderate anemia	na	na	na	na	na	na	na	na	na	na
Severe anemia	na	na	na	na	na	na	na	na	na	na
D. Female circumcision (%)										
<i>Prevalence of circumcision:</i>										
Girls	na	na	na	na	na	na	na	na	na	na
Women	na	na	na	na	na	na	na	na	na	na
<i>Prevalence of occlusion:</i>										
Girls	*	*	*	*	*	*	*	*	*	*
Women	*	*	*	*	*	*	*	*	*	*
E. Sexually transmitted disease										
<i>Prevalence of genital discharge:</i>										
Women	0.4	0.4	0.1	0.0	0.1	0.2	4.00	0.30	-0.3152	0.1266
Men	1.6	2.1	2.5	1.7	2.0	2.0	0.80	0.40	-0.0262	0.0802
<i>Prevalence of genital ulcer:</i>										
Women	0.1	0.2	0.1	0.0	0.2	0.1	0.50	0.10	-0.1306	0.1579
Men	0.6	0.8	0.0	1.4	1.1	0.8	0.55	0.50	0.1848	0.1411

Brazil

1996 - TOTAL POPULATION

Part II: Intermediate Determinants of HNP Status - HNP SERVICE USE

Indicator	Wealth Quintiles						Low/High Ratio	Low-High Diff. (Abs. Val.)	Concentration Index	
	Low	2nd	3rd	4th	High	Avg.			Value	Standard Errors
A. Childhood immunization										
BCG coverage	83.5	93.6	97.9	97.9	97.0	92.6	0.86	13.50	0.0438	0.0064
Measles coverage	77.9	86.8	96.0	91.3	90.2	87.2	0.86	12.30	0.0490	0.0075
DPT coverage	65.6	83.9	90.4	91.3	81.9	80.8	0.80	16.30	0.0726	0.0101
Full basic coverage	56.6	74.0	84.9	83.1	73.8	72.5	0.77	17.20	0.0932	0.0123
No basic coverage	6.4	2.6	0.4	1.3	3.0	3.1	2.13	3.40	-0.4524	0.1294
Hepatitis B coverage	na	na	na	na	na	na	na	na	na	na
Yellow fever coverage	na	na	na	na	na	na	na	na	na	na
B. Treatment of childhood illnesses										
<i>Treatment of fever:</i>										
Medical treatment of fever	21.9	35.9	37.3	44.7	50.5	34.5	0.43	28.60	0.1669	0.0217
Treatment in a public facility	20.5	31.2	25.5	30.1	18.5	24.9	1.11	2.00	0.0458	0.0279
Treatment in a private facility	1.4	4.7	11.8	13.6	32.1	9.4	0.04	30.70	0.4923	0.0545
<i>Treatment of acute respiratory infection:</i>										
Medical treatment of ARI	33.4	47.4	47.6	52.6	65.1	46.1	0.51	31.70	0.1257	0.0188
Treatment in a public facility	31.1	42.4	32.0	36.8	27.0	34.4	1.15	4.10	0.0191	0.0249
Treatment in a private facility	2.2	5.0	15.6	14.8	38.1	11.6	0.06	35.90	0.4514	0.0529
<i>Treatment of diarrhea:</i>										
Use of oral rehydration therapy	73.1	73.6	76.9	74.3	(65.8)	73.4	1.11	138.90	0.0179	0.0145
Medical treatment of diarrhea	27.5	26.7	38.9	32.8	(51.8)	32.0	0.53	79.30	0.1086	0.0335
Treatment in a public facility	23.6	23.8	30.8	14.6	(25.3)	24.0	0.93	48.90	-0.0045	0.0394
Treatment in a private facility	3.8	2.9	8.1	18.3	(26.5)	7.9	0.14	30.30	0.4562	0.0899
C. Antenatal and delivery care										
<i>Antenatal care visits:</i>										
To a medically-trained person	72.2	89.1	95.0	97.9	98.1	89.0	0.74	25.90	0.0704	0.0039
To a doctor	62.8	85.4	93.1	96.8	98.1	85.3	0.64	35.30	0.1021	0.0042
To a nurse or trained midwife	9.4	3.6	1.8	1.1	0.0	3.7	na	9.40	-0.6193	0.0544
Multiple visits to a medically-trained person	64.0	82.9	91.5	95.6	96.7	84.3	0.66	32.70	0.0931	0.0043
<i>Antenatal care content:</i>										
Tetanus toxoid	58.7	63.6	62.0	53.2	54.7	58.8	1.07	4.00	-0.0055	0.0080
Prophylactic antimalarial treatment	na	na	na	na	na	na	na	na	na	na
Iron supplementation	na	na	na	na	na	na	na	na	na	na
<i>Delivery attendance:</i>										
By a medically-trained person	71.6	88.7	95.7	97.7	98.6	87.7	0.73	27.00	0.0818	0.0036
By a doctor	52.5	77.5	89.2	94.3	97.6	77.6	0.54	45.10	0.1462	0.0044
By a nurse or trained midwife	19.1	11.2	6.5	3.4	1.0	10.0	19.10	18.10	-0.3930	0.0248
In a public facility	75.9	88.3	86.6	72.2	61.3	77.9	1.24	14.60	-0.0165	0.0056
In a private facility	2.1	6.6	11.0	26.5	37.8	13.6	0.06	35.70	0.5120	0.0232
At home	20.0	3.6	0.9	0.3	0.0	7.0	na	20.00	-0.7270	0.0388
D. Contraceptive services										
<i>Contraceptive prevalence:</i>										
Women	55.8	68.9	73.6	73.8	76.8	70.3	0.73	21.00	0.0594	0.0044
Men	52.8	66.0	72.6	70.3	77.8	68.6	0.68	25.00	0.0743	0.0096

Brazil

1996 - TOTAL POPULATION

Part II: Intermediate Determinants of HNP Status - HNP SERVICE USE (Cont.)

Indicator	Wealth Quintiles						Low/High Ratio	Low-High Diff. (Abs. Val.)	Concentration Index	
	Low	2nd	3rd	4th	High	Avg.			Value	Standard Errors
D. Contraceptive services (cont.)										
<i>Source of contraception - public sector:</i>										
Women	69.0	56.3	44.8	38.6	30.9	45.7	2.23	38.10	-0.1648	0.0082
Men	63.9	56.7	44.6	39.3	28.6	44.3	2.23	35.30	-0.1493	0.0181
<i>Source of contraception - private sector:</i>										
Women	28.9	42.4	53.6	59.8	67.5	52.6	0.43	38.60	0.1496	0.0075
Men	29.9	38.7	50.4	57.6	67.1	51.2	0.45	37.20	0.1480	0.0159
E. Treatment of adult illnesses										
<i>Treatment of genital discharge, ulcer sore:</i>										
Women	52.1	60.7	67.2	70.7	77.9	66.0	0.67	25.80	0.0734	0.0075
Men	(43.9)	(54.2)	*	(38.8)	*	44.6	*	*	*	*
<i>Treatment of genital discharge, ulcer, sore in public facilities:</i>										
Women	na	na	na	na	na	na	na	na	na	na
Men	(88.5)	(50.5)	*	(66.4)	*	56.1	*	*	*	*
<i>Voluntary counseling and testing for HIV/AIDS:</i>										
Women	na	na	na	na	na	na	na	na	na	na
Men	na	na	na	na	na	na	na	na	na	na

Brazil

1996 - TOTAL POPULATION

Part III: Intermediate Determinants of HNP Status - INDIVIDUAL AND HOUSEHOLD BEHAVIOR

Indicator	Wealth Quintiles						Low/High Ratio	Low-High Diff. (Abs. Val.)	Concentration Index		
	Low	2nd	3rd	4th	High	Avg.			Value	Standard Errors	
A. Hygienic practices											
<i>Disposal of children's stools:</i>											
Sanitary disposal	na	na	na	na	na	na	na	na	na	na	na
<i>Handwashing:</i>											
Wash hands prior to preparing food	na	na	na	na	na	na	na	na	na	na	na
Handwashing facilities in household	na	na	na	na	na	na	na	na	na	na	na
B. Bednet ownership and use											
<i>Bednet ownership:</i>											
Bednet ownership	na	na	na	na	na	na	na	na	na	na	na
Treated bednet ownership	na	na	na	na	na	na	na	na	na	na	na
<i>Bednet use:</i>											
By children	na	na	na	na	na	na	na	na	na	na	na
By pregnant women	na	na	na	na	na	na	na	na	na	na	na
C. Breastfeeding											
Exclusive breastfeeding	32.7	23.3	(53.8)	(41.7)	(59.9)	40.6	0.55	92.60	0.1368	0.0413	
Timely complementary feeding	29.2	28.7	27.0	(35.9)	(37.2)	30.6	0.78	66.40	0.0559	0.0478	
Bottle-feeding	62.1	76.4	59.3	66.6	56.7	64.6	1.10	5.40	-0.0055	0.0135	
D. Micronutrient consumption											
<i>Iodized salt:</i>											
Availability of iodized salt in household	na	na	na	na	na	na	na	na	na	na	na
<i>Vitamin A:</i>											
Children	19.9	12.2	9.8	3.8	3.0	11.2	6.63	16.90	-0.2997	0.0260	
Women	na	na	na	na	na	na	na	na	na	na	
E. Tobacco and alcohol use											
<i>Tobacco:</i>											
Women	2.9	3.6	4.7	4.6	4.1	4.0	0.71	1.20	0.0486	0.0234	
Men	na	na	na	na	na	na	na	na	na	na	
<i>Alcohol:</i>											
Women	na	na	na	na	na	na	na	na	na	na	
Men	na	na	na	na	na	na	na	na	na	na	
F. Sexual practices											
<i>Non-regular sexual partnerships:</i>											
Women	10.1	13.4	15.5	15.1	18.2	14.7	0.55	8.10	0.0918	0.0126	
Men	38.9	41.8	42.9	39.1	42.0	41.0	0.93	3.10	0.0060	0.0131	
<i>Condom usage with non-regular partner:</i>											
Women	19.3	29.5	31.1	39.0	38.0	33.1	0.51	18.70	0.1169	0.0183	
Men	46.3	54.3	61.0	71.3	70.7	61.5	0.65	24.40	0.0917	0.0126	
G. Domestic violence											
Ever experienced violence	na	na	na	na	na	na	na	na	na	na	
Experienced violence in past year	na	na	na	na	na	na	na	na	na	na	

Brazil

1996 - TOTAL POPULATION

Part IV: UNDERLYING DETERMINANTS OF HNP STATUS

Indicator	Wealth Quintiles						Low/High Ratio	Low-High Diff. (Abs. Val.)	Concentration Index	
	Low	2nd	3rd	4th	High	Avg.			Value	Standard Errors
A. Education										
<i>School completion:</i>										
Women	22.5	48.8	63.4	76.6	82.8	61.3	0.27	60.30	0.1961	0.0034
Men	16.9	45.2	59.4	74.5	83.5	57.3	0.20	66.60	0.2382	0.0034
<i>School participation:</i>										
Girls	85.9	92.3	97.1	98.9	99.6	93.8	0.86	13.70	0.0350	0.0029
Boys	85.3	92.9	97.0	97.9	99.4	93.6	0.86	14.10	0.0356	0.0031
B. Exposure to mass media										
<i>Newspaper readership:</i>										
Women	24.2	44.7	58.4	68.4	77.2	56.6	0.31	53.00	0.1913	0.0040
Men	20.1	41.6	56.0	69.9	81.4	55.4	0.25	61.30	0.2337	0.0082
<i>Radio listenership:</i>										
Women	na	na	na	na	na	na	na	na	na	na
Men	63.5	66.5	71.2	69.7	69.4	68.2	0.91	5.90	0.0199	0.0079
<i>Television viewership:</i>										
Women	60.1	90.0	93.8	95.5	97.0	88.7	0.62	36.90	0.0721	0.0023
Men	63.8	90.0	96.1	96.4	98.8	89.9	0.65	35.00	0.0729	0.0047
C. Knowledge and attitudes about HIV/AIDS										
<i>Knowledge about sexual transmission of HIV/AIDS:</i>										
Women	82.6	95.3	98.1	98.1	99.1	95.3	0.83	16.50	0.0336	0.0015
Men	90.7	96.0	98.5	99.0	99.1	96.9	0.92	8.40	0.0242	0.0028
<i>Knowledge about mother-to-child transmission of HIV/AIDS:</i>										
Women	91.6	90.0	93.1	93.5	94.9	90.6	0.97	3.30	0.0342	0.0019
Men	88.1	86.0	90.3	90.3	90.2	86.2	0.98	2.10	0.0429	0.0047
<i>Attitudes toward HIV/AIDS:</i>										
Women	na	na	na	na	na	na	na	na	na	na
Men	na	na	na	na	na	na	na	na	na	na
D. Status of women										
<i>Household decisionmaking:</i>										
Can seek own health care	na	na	na	na	na	na	na	na	na	na
Can seek children's health care	na	na	na	na	na	na	na	na	na	na
Can make daily household purchases	na	na	na	na	na	na	na	na	na	na
Can make large household purchases	na	na	na	na	na	na	na	na	na	na
Can make meal-related decisions	na	na	na	na	na	na	na	na	na	na
<i>Freedom of movement:</i>										
Can travel to visit family, relatives	na	na	na	na	na	na	na	na	na	na
<i>Other decisionmaking, attitudes:</i>										
Can decide how to spend own money	57.7	72.6	71.9	76.0	78.0	72.4	0.74	20.30	0.0408	0.0043
Can decide whether to have sex	na	na	na	na	na	na	na	na	na	na
Justifies domestic violence	na	na	na	na	na	na	na	na	na	na
E. Orphanhood										
Paternal orphan prevalence	5.6	4.5	4.0	3.4	3.5	4.3	1.60	2.10	-0.0830	0.0216
Maternal orphan prevalence	1.5	1.7	1.9	1.3	1.2	1.5	1.25	0.30	-0.0122	0.0343
Double orphan prevalence	0.3	0.4	0.4	0.3	0.4	0.4	0.75	0.10	0.0001	0.0704

Brazil
1996 - FEMALE / MALE POPULATIONS

Part I: HNP STATUS

Indicator	Wealth Quintiles - Female						Wealth Quintiles - Male					
	Low	2nd	3rd	4th	High	Avg.	Low	2nd	3rd	4th	High	Avg.
A. Childhood illnesses and mortality												
Infant mortality rate	69.2	44.7	34.0	34.0	21.6	44.4	96.4	48.6	31.7	16.1	35.2	51.6
Under-five mortality rate	84.6	51.2	45.0	35.3	28.2	53.3	112.4	60.4	33.3	18.9	38.1	59.9
Prevalence of fever	31.1	24.7	23.6	20.3	19.6	25.0	28.2	28.1	26.9	21.9	23.5	26.2
Prevalence of diarrhea	19.0	12.6	12.3	7.5	8.4	13.0	17.7	13.1	13.2	10.8	6.5	13.1
Prevalence of acute respiratory infection	25.2	26.1	21.6	19.4	19.0	22.9	25.3	27.2	24.4	21.6	22.0	24.5
B. Nutritional status												
<i>Children:</i>												
Moderate stunting	16.0	5.0	4.7	3.3	1.9	7.4	17.7	8.2	4.3	3.6	2.0	8.4
Severe stunting	5.1	1.3	0.5	0.5	0.0	2.0	7.6	3.0	0.6	0.4	0.7	3.1
Moderate underweight	9.6	4.3	1.6	1.9	1.6	4.6	11.0	5.5	2.9	0.6	3.8	5.5
Severe underweight	1.6	0.4	1.0	0.5	0.0	0.8	0.8	0.0	0.0	0.9	0.5	0.5
Mild anemia	na	na	na	na	na	na	na	na	na	na	na	na
Moderate anemia	na	na	na	na	na	na	na	na	na	na	na	na
Severe anemia	na	na	na	na	na	na	na	na	na	na	na	na
C. Sexually transmitted disease												
<i>Prevalence of genital discharge:</i>												
Women	0.4	0.4	0.1	0.0	0.1	0.2	1.6	2.1	2.5	1.7	2.0	2.0
Men												
<i>Prevalence of genital ulcer:</i>												
Women	0.1	0.2	0.1	0.0	0.2	0.1	0.6	0.8	0.0	1.4	1.1	0.8
Men												

Brazil

1996 - FEMALE / MALE POPULATIONS

Part II: Intermediate Determinants of HNP Status - HNP SERVICE USE

Indicator	Wealth Quintiles - Female						Wealth Quintiles - Male					
	Low	2nd	3rd	4th	High	Avg.	Low	2nd	3rd	4th	High	Avg.
A. Childhood immunization												
BCG coverage	79.8	94.1	98.2	97.9	(97.0)	91.8	86.8	93.1	97.6	97.8	(97.0)	93.4
Measles coverage	75.7	89.4	96.0	90.3	(91.8)	87.2	80.0	84.7	96.1	92.1	(88.7)	87.1
DPT coverage	63.3	84.5	88.0	95.7	(79.3)	79.9	67.8	83.3	93.0	88.2	(84.6)	81.5
Full basic coverage	52.8	75.4	82.0	89.6	(75.2)	72.2	60.1	72.9	88.1	78.6	(72.4)	72.7
No basic coverage	8.3	1.5	0.7	0.0	(3.0)	3.3	4.6	3.4	0.0	2.2	(3.0)	2.9
Hepatitis B coverage	na	na	na	na	na	na	na	na	na	na	na	na
Yellow fever coverage	na	na	na	na	na	na	na	na	na	na	na	na
B. Treatment of childhood illnesses												
<i>Treatment of fever:</i>												
Medical treatment of fever	21.5	35.4	42.4	39.7	50.3	33.8	22.4	36.4	32.4	48.5	50.7	35.0
Treatment in a public facility	20.1	33.2	30.9	24.2	15.4	24.9	21.0	29.5	20.4	34.6	20.9	24.9
Treatment in a private facility	1.4	2.2	11.5	13.2	34.8	8.6	1.4	6.9	12.0	14.0	29.9	10.2
<i>Treatment of acute respiratory infection (ARI):</i>												
Medical treatment of ARI	33.0	44.8	51.9	46.7	(67.3)	45.2	33.8	49.7	43.7	56.9	63.2	46.8
Treatment in a public facility	31.8	41.3	29.5	34.3	(24.5)	33.2	30.5	43.4	34.4	38.7	29.0	35.4
Treatment in a private facility	1.2	3.5	22.3	10.1	(42.8)	11.7	3.3	6.3	9.2	18.2	34.2	11.4
<i>Treatment of diarrhea:</i>												
Use of oral rehydration therapy	76.7	72.9	73.7	(76.3)	*	74.1	69.3	74.3	80.1	(73.2)	*	72.7
Medical treatment of diarrhea	32.0	34.0	31.2	(39.5)	*	33.8	22.8	19.8	46.5	(29.0)	*	30.2
Treatment in a public facility	27.2	29.7	23.9	(5.3)	*	24.8	20.0	18.3	37.6	(19.8)	*	23.3
Treatment in a private facility	4.8	4.3	7.3	(34.2)	*	9.0	2.8	1.5	9.0	(9.2)	*	6.9
C. Contraceptive services												
<i>Contraceptive prevalence:</i>												
Women	55.8	68.9	73.6	73.8	76.8	70.3						
Men							52.8	66.0	72.6	70.3	77.8	68.6
<i>Source of contraception - public sector:</i>												
Women	69.0	56.3	44.8	38.6	30.9	45.7						
Men							63.9	56.7	44.6	39.3	28.6	44.3
<i>Source of contraception - private sector:</i>												
Women	28.9	42.4	53.6	59.8	67.5	52.6						
Men							29.9	38.7	50.4	57.6	67.1	51.2
D. Treatment of adult illnesses												
<i>Treatment of genital discharge, ulcer, sore:</i>												
Women	52.1	60.7	67.2	70.7	77.9	66.0						
Men							na	na	na	na	na	na
<i>Treatment of genital discharge, ulcer, sore in public facilities:</i>												
Women	na	na	na	na	na	na						
Men							na	na	na	na	na	na
<i>Voluntary counseling and testing for HIV/AIDS:</i>												
Women	na	na	na	na	na	na						
Men							na	na	na	na	na	na

Brazil

1996 - FEMALE / MALE POPULATIONS

Part III: Intermediate Determinants of HNP Status - INDIVIDUAL AND HOUSEHOLD BEHAVIOR

Indicator	Wealth Quintiles - Female						Wealth Quintiles - Male					
	Low	2nd	3rd	4th	High	Avg.	Low	2nd	3rd	4th	High	Avg.
A. Hygienic practices												
<i>Disposal of children's stools:</i>												
Sanitary disposal	na	na	na	na	na	na						
<i>Handwashing:</i>												
Wash hands prior to preparing food	na	na	na	na	na	na						
Handwashing facilities in household	na	na	na	na	na	na						
B. Bednet ownership and use												
<i>Bednet use:</i>												
By children	na	na	na	na	na	na						
C. Breastfeeding												
Exclusive breastfeeding	36.4	(23.2)	(69.7)	*	*	41.8	27.9	*	*	*	*	39.1
Timely complementary feeding	27.4	(19.0)	(26.9)	(31.2)	*	28.3	31.3	(35.4)	(27.2)	*	*	32.9
Bottle-feeding	62.7	77.3	54.1	69.7	(63.4)	65.1	61.2	75.4	66.1	(62.9)	(50.6)	64.1
D. Micronutrient consumption												
<i>Vitamin A:</i>												
Children	19.9	12.7	8.0	3.2	2.7	11.0	19.9	11.6	11.7	4.3	3.4	11.5
E. Tobacco and alcohol use												
<i>Tobacco:</i>												
Women	2.9	3.6	4.7	4.6	4.1	4.0						
Men							na	na	na	na	na	na
<i>Alcohol:</i>												
Women	na	na	na	na	na	na						
Men							na	na	na	na	na	na
F. Sexual practices												
<i>Non-regular sexual partnerships:</i>												
Women	10.1	13.4	15.5	15.1	18.2	14.7						
Men							38.9	41.8	42.9	39.1	42.0	41.0
<i>Condom usage with non-regular partner:</i>												
Women	19.3	29.5	31.1	39.0	38.0	33.1						
Men							46.3	54.3	61.0	71.3	70.7	61.5

Brazil

1996 - FEMALE / MALE POPULATIONS

Part IV: UNDERLYING DETERMINANTS OF HNP STATUS

Indicator	Wealth Quintiles - Female						Wealth Quintiles - Male					
	Low	2nd	3rd	4th	High	Avg.	Low	2nd	3rd	4th	High	Avg.
A. Education												
<i>School completion:</i>												
Women	22.5	48.8	63.4	76.6	82.8	61.3						
Men							16.9	45.2	59.4	74.5	83.5	57.3
<i>School participation:</i>												
Girls	85.9	92.3	97.1	98.9	99.6	93.8						
Boys							85.3	92.9	97.0	97.9	99.4	93.6
B. Exposure to mass media												
<i>Newspaper readership:</i>												
Women	24.2	44.7	58.4	68.4	77.2	56.6						
Men							20.1	41.6	56.0	69.9	81.4	55.4
<i>Radio listenership:</i>												
Women	na	na	na	na	na	na						
Men							63.5	66.5	71.2	69.7	69.4	68.2
<i>Television viewership:</i>												
Women	60.1	90.0	93.8	95.5	97.0	88.7						
Men							63.8	90.0	96.1	96.4	98.8	89.9
C. Knowledge and attitudes about HIV/AIDS												
<i>Knowledge about sexual transmission of HIV/AIDS:</i>												
Women	82.6	95.3	98.1	98.1	99.1	95.3						
Men							90.7	96.0	98.5	99.0	99.1	96.9
<i>Knowledge about mother-to-child transmission of HIV/AIDS:</i>												
Women	91.6	90.0	93.1	93.5	94.9	90.6						
Men							88.1	86.0	90.3	90.3	90.2	86.2
<i>Attitudes toward HIV/AIDS:</i>												
Women	na	na	na	na	na	na						
Men							na	na	na	na	na	na
D. Orphanhood												
Paternal orphan prevalence	5.6	5.1	4.4	3.6	3.9	4.7	5.6	3.8	3.5	3.2	3.2	4.0
Maternal orphan prevalence	1.3	2.0	1.9	1.6	1.1	1.6	1.7	1.4	1.9	1.1	1.2	1.5
Double orphan prevalence	0.2	0.6	0.6	0.3	0.5	0.4	0.5	0.3	0.3	0.3	0.2	0.3

Brazil

1996 - RURAL / URBAN POPULATIONS

Part I: HNP STATUS

Indicator	Wealth Quintiles - Rural						Wealth Quintiles - Urban					
	Low	2nd	3rd	4th	High	Avg.	Low	2nd	3rd	4th	High	Avg.
A. Childhood illness and mortality												
Infant mortality rate	80.8	(38.0)	*	*	*	65.3	87.0	49.1	33.2	26.1	28.8	42.4
Under-five mortality rate	97.5	46.5	*	*	*	79.4	101.1	58.5	38.4	28.2	33.6	49.1
Prevalence of fever	29.3	22.2	24.1	(29.7)	*	27.7	30.0	27.5	25.3	20.7	21.5	24.9
Prevalence of diarrhea	15.6	10.9	13.4	(17.1)	*	14.6	22.3	13.3	12.7	8.9	7.5	12.6
Prevalence of acute respiratory infection (ARI)	23.2	20.3	30.2	(17.3)	*	22.9	28.2	28.2	22.2	20.8	20.6	24.0
B. Fertility												
Total fertility rate	4.7	(2.3)	*	*	*	3.5	4.8	2.9	2.1	1.9	1.7	2.3
Adolescent fertility rate	162.0	(72.0)	*	*	*	122.0	196.0	120.0	70.0	57.0	29.0	78.1
C. Nutritional status												
<i>Children:</i>												
Moderate stunting	16.8	5.2	5.0	(11.6)	*	13.5	16.8	6.9	4.4	3.0	2.0	6.2
Severe stunting	7.1	2.5	0.0	0.0	*	5.5	5.3	2.0	0.6	0.5	0.4	1.6
Moderate underweight	9.8	6.4	2.1	0.0	*	8.3	10.9	4.5	2.3	1.2	2.7	4.0
Severe underweight	1.1	0.7	0.0	0.0	*	0.9	1.4	0.1	0.6	0.7	0.3	0.5
Mild anemia	na	na	na	na	na	na	na	na	na	na	na	na
Moderate anemia	na	na	na	na	na	na	na	na	na	na	na	na
Severe anemia	na	na	na	na	na	na	na	na	na	na	na	na
<i>Women:</i>												
Malnutrition	8.8	7.3	2.6	(8.4)	*	7.8	8.8	3.9	7.3	5.1	5.4	5.8
Mild anemia	na	na	na	na	na	na	na	na	na	na	na	na
Moderate anemia	na	na	na	na	na	na	na	na	na	na	na	na
Severe anemia	na	na	na	na	na	na	na	na	na	na	na	na
D. Female circumcision												
<i>Prevalence of circumcision:</i>												
Girls	na	na	na	na	na	na	na	na	na	na	na	na
Women	na	na	na	na	na	na	na	na	na	na	na	na
<i>Prevalence of occlusion:</i>												
Girls	*	*	*	*	*	*	*	*	*	*	*	*
Women	*	*	*	*	*	*	*	*	*	*	*	*
E. Sexually transmitted disease												
<i>Prevalence of genital discharge:</i>												
Women	0.5	0.0	0.0	0.0	*	0.3	0.3	0.5	0.1	0.0	0.1	0.2
Men	1.2	1.1	0.0	(3.7)	*	1.1	2.4	2.5	2.9	1.6	2.0	2.2
<i>Prevalence of genital ulcer:</i>												
Women	0.1	0.3	0.0	0.0	*	0.1	0.2	0.2	0.1	0.0	0.2	0.2
Men	0.6	0.7	0.0	0.0	*	0.5	0.7	0.8	0.0	1.5	1.1	0.9

Brazil

1996 - RURAL / URBAN POPULATIONS

Part II: Intermediate Determinants of HNP Status - HNP SERVICE USE

Indicator	Wealth Quintiles - Rural						Wealth Quintiles - Urban					
	Low	2nd	3rd	4th	High	Avg.	Low	2nd	3rd	4th	High	Avg.
A. Childhood immunization												
BCG coverage	79.5	(98.6)	*	*	0.0	84.2	88.9	92.7	98.1	97.8	97.0	95.1
Measles coverage	73.5	(80.1)	*	*	0.0	76.5	84.0	87.9	96.8	91.0	90.2	90.2
DPT coverage	59.2	(83.7)	*	*	0.0	66.6	74.4	83.9	89.8	91.5	81.9	84.8
Full basic coverage	49.0	(67.3)	*	*	0.0	55.2	67.1	75.1	85.7	83.0	73.8	77.5
No basic coverage	8.0	(1.4)	*	*	0.0	6.1	4.1	2.7	0.4	1.3	3.0	2.2
Hepatitis B coverage	na	na	na	na	na	na	na	na	na	na	na	na
Yellow fever coverage	na	na	na	na	na	na	na	na	na	na	na	na
B. Treatment of childhood diseases												
<i>Treatment of fever:</i>												
Medical treatment of fever	15.1	(35.4)	*	*	*	21.1	31.4	36.0	35.7	45.6	51.0	39.1
Treatment in a public facility	15.1	(32.7)	*	*	*	18.8	28.0	30.9	25.2	30.6	18.6	27.0
Treatment in a private facility	0.0	(2.6)	*	*	*	2.3	3.3	5.1	10.5	13.9	32.4	11.9
<i>Treatment of acute respiratory infection:</i>												
Medical treatment of ARI	26.5	(46.2)	*	*	0.0	33.8	41.4	47.6	46.3	51.8	65.1	49.8
Treatment in a public facility	25.7	(43.3)	*	*	0.0	29.5	37.5	42.2	31.8	37.0	27.0	35.9
Treatment in a private facility	0.8	(2.9)	*	*	0.0	4.3	3.9	5.3	14.4	13.8	38.1	13.7
<i>Treatment of diarrhea:</i>												
Use of oral rehydration therapy	65.3	(74.1)	*	*	0.0	67.1	80.8	73.5	77.7	74.8	(65.8)	75.7
Medical treatment of diarrhea	19.0	(31.0)	*	*	0.0	21.3	35.9	25.8	38.7	36.3	(51.8)	35.9
Treatment in a public facility	17.8	(31.0)	*	*	0.0	19.6	29.5	22.4	30.9	16.1	(25.3)	25.6
Treatment in a private facility	1.2	0.0	*	*	0.0	1.7	6.4	3.4	7.8	20.2	(26.5)	10.2
C. Antenatal and delivery care												
<i>Antenatal care visits:</i>												
To a medically trained person	64.7	86.8	95.0	(94.3)	*	73.3	83.1	89.7	95.0	98.1	98.1	93.5
To a doctor	56.6	84.5	93.2	(94.3)	*	67.3	71.9	85.7	93.1	96.9	98.1	90.5
To a nurse or trained midwife	8.1	2.3	1.9	0.0	*	6.0	11.2	4.0	1.8	1.1	0.0	3.0
Multiple visits to a medically trained person	56.5	82.2	93.2	(94.3)	*	66.8	74.8	83.0	91.3	95.6	96.7	89.3
<i>Antenatal care content:</i>												
Tetanus toxoid	55.5	60.2	61.5	(40.9)	*	56.5	63.5	64.6	62.0	53.9	54.5	59.5
Prophylactic antimalarial treatment	na	na	na	na	na	na	na	na	na	na	na	na
Iron supplementation	na	na	na	na	na	na	na	na	na	na	na	na
<i>Delivery attendance:</i>												
By a medically-trained person	65.8	88.6	96.2	(100.0)	*	73.3	79.8	88.7	95.7	97.6	98.6	92.3
By a doctor	46.9	79.0	91.6	(96.6)	*	57.7	60.4	77.1	89.0	94.2	97.6	84.1
By a nurse or trained midwife	18.8	9.6	4.6	(3.4)	*	15.6	19.4	11.6	6.7	3.4	1.0	8.2
In a public facility	69.9	81.5	86.1	(80.7)	*	73.4	84.4	90.0	86.6	71.7	61.6	79.4
In a private facility	1.7	10.9	10.4	(19.3)	*	4.8	2.6	5.6	11.1	26.9	37.6	16.5
At home	26.2	6.1	1.8	0.0	*	19.8	11.3	3.0	0.8	0.3	0.0	2.8
D. Contraceptive services												
<i>Contraceptive prevalence:</i>												
Women	54.5	67.3	71.4	68.4	*	61.2	57.9	69.5	74.0	74.2	76.8	72.6
Men	49.6	64.5	(68.7)	*	*	58.4	58.1	66.7	73.4	70.0	78.1	71.4
<i>Source of contraception - public sector:</i>												
Women	68.3	55.1	46.0	40.8	*	58.6	70.1	56.7	44.5	38.5	30.9	42.9
Men	67.8	52.1	(33.5)	*	*	53.2	58.3	58.8	46.6	40.0	28.5	42.2

Brazil

1996 - RURAL / URBAN POPULATIONS

Part II: Intermediate Determinants of HNP Status - HNP SERVICE USE (Cont.)

Indicator	Wealth Quintiles - Rural						Wealth Quintiles - Urban					
	Low	2nd	3rd	4th	High	Avg.	Low	2nd	3rd	4th	High	Avg.
D. Contraceptive services (cont.)												
<i>Source of contraception - private sector:</i>												
Women	29.8	43.9	53.0	56.2	*	39.8	27.4	41.8	53.8	60.0	67.5	55.5
Men	27.6	41.9	(62.6)	*	*	41.7	33.1	37.2	48.1	57.2	67.2	53.4
E. Treatment of adult illnesses												
<i>Treatment of genital discharge, ulcer, sore:</i>												
Women	47.5	61.3	66.8	*	*	55.7	58.6	60.5	67.3	70.3	77.9	68.4
Men	*	*	0.0	*	0.0	*	*	(52.2)	*	(42.7)	*	44.7
<i>Treatment of genital discharge, ulcer, sore in public facilities:</i>												
Women	na	na	na	na	na	na	na	na	na	na	na	na
Men	*	*	*	*	0.0	*	*	(48.1)	*	(66.4)	*	52.2
<i>Voluntary counseling and testing for HIV/AIDS:</i>												
Women	na	na	na	na	na	na	na	na	na	na	na	na
Men	na	na	na	na	na	na	na	na	na	na	na	na

Brazil

1996 - RURAL / URBAN POPULATIONS

Part III: Intermediate Determinants of HNP Status - INDIVIDUAL AND HOUSEHOLD BEHAVIOR

Indicator	Wealth Quintiles - Rural						Wealth Quintiles - Urban					
	Low	2nd	3rd	4th	High	Avg.	Low	2nd	3rd	4th	High	Avg.
A. Hygienic practices												
<i>Disposal of children's stools:</i>												
Sanitary disposal	na	na	na	na	na	na	na	na	na	na	na	na
<i>Handwashing:</i>												
Wash hands prior to preparing food	na	na	na	na	na	na	na	na	na	na	na	na
Handwashing facilities in household	na	na	na	na	na	na	na	na	na	na	na	na
B. Bednet ownership and use												
<i>Bednet ownership:</i>												
Bednet ownership	na	na	na	na	na	na	na	na	na	na	na	na
Treated bednet ownership	na	na	na	na	na	na	na	na	na	na	na	na
<i>Bednet use:</i>												
By children	na	na	na	na	na	na	na	na	na	na	na	na
By pregnant women	na	na	na	na	na	na	na	na	na	na	na	na
C. Breastfeeding												
Exclusive breastfeeding	35.7	*	*	*	0.0	34.5	30.1	25.6	(53.2)	(41.0)	(59.9)	42.3
Timely complementary feeding	37.1	*	*	*	0.0	35.7	19.3	26.2	29.2	(33.7)	(37.2)	28.8
Bottle-feeding	60.7	(78.0)	*	*	0.0	63.0	63.7	76.0	59.5	67.6	56.7	65.1
D. Micronutrient consumption												
<i>Iodized salt:</i>												
Availability of iodized salt in household	na	na	na	na	na	na	na	na	na	na	na	na
<i>Vitamin A:</i>												
Children	22.7	12.2	5.7	(1.2)	*	18.6	15.8	12.1	10.3	4.0	3.0	8.9
Women	na	na	na	na	na	na	na	na	na	na	na	na
E. Tobacco and alcohol use												
<i>Tobacco:</i>												
Women	2.4	3.1	4.9	5.9	*	3.1	3.6	3.8	4.7	4.6	4.1	4.2
Men	na	na	na	na	na	na	na	na	na	na	na	na
<i>Alcohol:</i>												
Women	na	na	na	na	na	na	na	na	na	na	na	na
Men	na	na	na	na	na	na	na	na	na	na	na	na
F. Sexual practices												
<i>Non-regular sexual partnerships:</i>												
Women	6.5	7.3	9.5	9.2	*	7.2	15.5	15.4	16.2	15.4	18.3	16.4
Men	na	na	na	na	na	na	na	na	na	na	na	na
<i>Condom usage with non-regular partner:</i>												
Women	18.4	(21.0)	*	*	*	25.2	19.9	30.8	30.3	38.8	38.0	33.9
Men	43.1	55.3	66.3	(62.4)	*	50.2	51.7	54.0	60.2	71.8	70.7	64.0
G. Domestic violence												
Ever experienced violence	na	na	na	na	na	na	na	na	na	na	na	na
Experienced violence in past year	na	na	na	na	na	na	na	na	na	na	na	na

Brazil

1996 - RURAL / URBAN POPULATIONS

Part IV: UNDERLYING DETERMINANTS OF HNP STATUS

Indicator	Wealth Quintiles - Rural						Wealth Quintiles - Urban					
	Low	2nd	3rd	4th	High	Avg.	Low	2nd	3rd	4th	High	Avg.
A. Education												
<i>School completion:</i>												
Women	17.3	42.4	54.5	66.1	*	32.2	30.4	50.9	64.6	77.3	82.9	67.6
Men	12.3	37.7	50.8	68.3	*	27.6	24.4	47.8	60.7	74.8	83.6	64.9
<i>School participation:</i>												
Girls	85.1	91.1	97.9	(100.0)	*	88.1	87.2	92.7	97.0	98.8	99.6	95.6
Boys	85.3	92.2	92.1	*	*	88.1	85.4	93.1	97.9	97.8	99.4	95.4
B. Exposure to mass media												
<i>Newspaper readership:</i>												
Women	19.7	40.5	48.3	60.3	*	31.9	30.9	46.0	59.7	68.9	77.3	62.0
Men	15.2	35.7	42.0	(58.4)	*	27.5	28.6	44.0	58.6	70.7	81.8	63.1
<i>Radio listenership:</i>												
Women	na	na	na	na	na	na	na	na	na	na	na	na
Men	64.4	70.1	67.3	(87.2)	*	67.8	61.9	65.1	71.9	68.5	69.4	68.3
<i>Television viewership:</i>												
Women	48.9	90.1	93.1	95.5	*	69.0	76.8	90.0	93.8	95.4	97.0	93.0
Men	54.3	89.5	98.8	(100.0)	*	73.3	80.2	90.2	95.6	96.2	98.8	94.4
C. Knowledge and attitudes about HIV/AIDS												
<i>Knowledge about sexual transmission of HIV/AIDS:</i>												
Women	78.8	94.7	97.1	96.5	*	86.7	88.2	95.5	98.2	98.2	99.1	97.2
Men	na	na	na	na	na	na	na	na	na	na	na	na
<i>Knowledge about mother-to-child transmission of HIV/AIDS:</i>												
Women	73.7	88.8	92.8	86.8	*	81.2	84.3	90.4	93.1	93.9	94.9	92.6
Men	65.4	83.4	92.6	(89.5)	*	75.9	82.6	87.1	89.9	90.4	90.1	89.0
<i>Attitudes toward HIV/AIDS:</i>												
Women	na	na	na	na	na	na	na	na	na	na	na	na
Men	na	na	na	na	na	na	na	na	na	na	na	na
D. Status of women												
<i>Household decisionmaking:</i>												
Can seek own health care	na	na	na	na	na	na	na	na	na	na	na	na
Can seek children's health care	na	na	na	na	na	na	na	na	na	na	na	na
Can make daily household purchases	na	na	na	na	na	na	na	na	na	na	na	na
Can make large household purchases	na	na	na	na	na	na	na	na	na	na	na	na
Can make meal-related decisions	na	na	na	na	na	na	na	na	na	na	na	na
<i>Freedom of movement:</i>												
Can travel to visit family, relatives	na	na	na	na	na	na	na	na	na	na	na	na
<i>Other decisionmaking, attitudes:</i>												
Can decide how to spend own money	43.3	51.4	52.7	64.3	*	48.6	78.0	79.1	74.3	76.8	78.2	77.1
Can decide whether to have sex	na	na	na	na	na	na	na	na	na	na	na	na
Justifies domestic violence	na	na	na	na	na	na	na	na	na	na	na	na
E. Orphanhood												
Paternal orphan prevalence	4.5	1.7	1.5	3.7	(8.4)	3.6	7.4	5.3	4.4	3.4	3.5	4.6
Maternal orphan prevalence	1.2	2.1	1.4	2.1	0.0	1.4	1.9	1.6	1.9	1.3	1.2	1.6
Double orphan prevalence	0.1	0.5	0.0	0.6	0.0	0.2	0.8	0.4	0.5	0.3	0.4	0.4

PART II. TECHNICAL NOTES

- A. INDICATOR DEFINITIONS**
- B. DATA AND METHODS**
- C. DISCUSSION**

INDICATOR DEFINITIONS

Part I: HNP STATUS

A. CHILDHOOD MORTALITY AND ILLNESS ²

Infant mortality rate: number of deaths to children under 12 months of age per 1,000 live births, based on experience during the ten years preceding the survey.

Under-five mortality rate: number of deaths to children under five years of age per 1,000 live births, based on experience during the ten years preceding the survey.

Prevalence of fever: percent of children who had fever, whether or not accompanied by cough or rapid breathing, in the two weeks before the survey.

Prevalence of diarrhea: percent of children who had diarrhea in the two weeks before the survey.

Prevalence of acute respiratory infection: percent of children who had a cough accompanied by rapid or difficult breathing in the two weeks before the survey.

B. FERTILITY

Total fertility rate (TFR): average number of births a woman could expect to have during her lifetime if she followed the levels of fertility currently observed at every age. The TFR is calculated as the sum of average annual age-specific fertility rates for all reproductive age groups (usually 15-49 years) in the three years before the survey.

Adolescent fertility rate: age-specific fertility rate for women 15-19 years of age. This is the average number of births among women aged 15-19 years per 1,000 women in that age group, based on births in the three years before the survey and expressed as annual averages.

² Figures for the prevalence of fever, diarrhea, and acute respiratory infection refer to percent of children under three, four, or five years of age, depending upon the country. (The specific ages covered for in particular country may be determined by consulting the full report on that country's DHS, which may be found at: www.measuredhs.com/countries.)

C. NUTRITIONAL STATUS

Children^{3, 4, 5}

Moderate stunting (height-for-age): percent of children with a height-for-age Z-score of between –2 and –3 standard deviations of the median reference standard for their age (as defined in fn. 4).

Severe stunting (height-for-age): percent of children with a height-for-age Z-score of below –3 standard deviations of the median reference standard for their age (as defined in fn. 4).

Moderate underweight (weight-for-age): percent of children with a weight-for-age Z-score of between –2 and –3 standard deviations of the median reference standard for their age (as defined in fn. 4).

Severe underweight (weight-for-age): percent of children with a weight-for-age Z-score of below –3 standard deviations of the median reference standard for their age (as defined in fn. 4).

Mild anemia: percent of children with a hemoglobin level of between 10.0g/dl and 10.9 g/dl, the World Health Organization criterion for mild anemia.

Moderate anemia: percent of children with a hemoglobin level of between 7.0g/dl and 9.9g/dl, the World Health Organization criterion for moderate anemia.

Severe anemia: percent of children with a hemoglobin level of below 7.0g/dl, the World Health Organization criterion for severe anemia.

Women^{6, 7}

Malnutrition: percent of women aged 15-49 years with a Body Mass Index (BMI) of less than 18.5, where BMI – commonly used to indicate adult nutritional status – is defined as weight in kilograms divided by the square of height in meters.

Mild anemia: percent of women aged 15-49 years with a hemoglobin level of between 10.0g/dl and 10.9g/dl for pregnant women and between 10.0g/dl and 11.9g/dl for non-pregnant women, the World Health Organization criterion for mild anemia.

Moderate anemia: percent of women aged 15-49 years with a hemoglobin level of between 7.0g/dl and 9.9g/dl, the World Health Organization criterion for moderate anemia.

Severe anemia: percent of women aged 15-49 years with a hemoglobin level of less than 7.0g/dl, the World Health Organization criterion for severe anemia.

³ All figures related to children's nutrition status refer to children under three, four, or five years of age, depending upon the country. (The specific ages covered for in particular country may be determined by consulting the full report on the DHS of the country concerned, which is available at: www.measuredhs.com/countries.)

⁴ The reference standards used for stunting and underweight are those established in the 1970s by the World Health Organization, the U.S. Centers for Disease Control, and the U.S. National Center for Health Statistics. Updated stunting and underweight figures based on the recently-released, 2006 World Health Organization reference standards are currently under preparation. When complete, they will be available at: www.worldbank.org/povertyandhealth/countrydata.

⁵ The anemia figures for children living at an altitude above 1,000 meters have been adjusted to reflect the higher level of hemoglobin required.

⁶ In some countries, the BMI is presented for all women; in others, the figure is available only for mothers of children under five years of age. The reference population for any given country can be determined by consulting the full report on the DHS for the country concerned. An electronic version of this report is located at: www.measuredhs.com/countries.

⁷ Anemia cut-off points for respondents who live at an altitude above 1,000 meters and/or who smoke have been adjusted to account for their higher hemoglobin requirements.

D. FEMALE CIRCUMCISION

Prevalence of Circumcision

Girls: percent of women aged 15-49 years with one or more daughters, at least one of whom had been circumcised.

Women: percent of women aged 15-49 years who had been circumcised.

Prevalence of Occlusion

Girls: percent of women aged 15-49 years with one or more daughters, at least one of whom had been circumcised with the vaginal area sewn closed.

Women: percent of women aged 15-49 years whose vaginal area had been sewn closed.

E. SEXUALLY TRANSMITTED DISEASES

Prevalence of Genital Discharge

Women: percent of women aged 15-49 years who had had abnormal genital discharge in the twelve months before the survey.

Men: percent of men aged 15-54 years who had had abnormal genital discharge in the twelve months before the survey.

Prevalence of Genital Ulcer or Sore

Women: percent of women aged 15-49 years who had had a genital ulcer or sore in the twelve months before the survey.

Men: percent of men aged 15-54 years who had had a genital ulcer or sore in the twelve months before the survey.

Part II: INTERMEDIATE DETERMINANTS OF HNP STATUS – HEALTH SERVICE USE

A. CHILDHOOD IMMUNIZATION ⁸

BCG coverage: percent of children who had received a dose of BCG vaccine by the time of the survey.

Measles coverage: percent of children who had received a dose of measles vaccine by the time of the survey.

DPT coverage: percent of children who had received three doses of DPT vaccine by the time of the survey.

Full basic coverage: percent of children who had received a dose of BCG vaccine, measles vaccine, and three doses of DPT and polio vaccines by the time of the survey, excluding polio vaccine given at birth.

No basic coverage: percent of children who had received no vaccination against the six early-childhood diseases (TB, measles, polio, diphtheria, pertusis, and tetanus) by the time of the survey.

Hepatitis B coverage: percent of children who had received three doses of hepatitis B vaccine by the time of the survey.

Yellow fever coverage: percent of children who had received a dose of yellow fever vaccine by the time of the survey.

B. TREATMENT OF CHILDHOOD ILLNESSES ⁹

Treatment of Fever

Medical treatment of fever: percent of children with fever, with or without cough or rapid breathing, in the two weeks before the survey who had sought medical advice for fever from any health facility or health provider, whether public or private.

Treatment in a public facility: percent of children with fever, with or without cough or rapid breathing, in the two weeks before the survey who had sought medical advice for fever from a public-sector health facility or provider (as defined in fn. 9).

Treatment in a private facility: percent of children with fever, with or without cough or rapid breathing, in the two weeks before the survey who had sought medical advice for fever from a private-sector health facility or provider (as defined in fn. 9).

⁸ Childhood immunization figures refer to rates among children 12-23 months of age in all countries except those in Latin America and the Caribbean. There, the figures refer to rates among children 18-29 months of age. All figures are based on information recorded on the child's vaccination card; or, in cases where a card was not seen by the interviewer, on the mother's report.

⁹ Figures for illness treatment in a public facility refer to treatment in government hospitals, health centers, health posts, or dispensaries; or in facilities operated by government-affiliated social securing programs. Figures for treatment in private facilities cover treatment in private hospitals or clinics, in private doctors' offices, or in facilities operated by other private medical providers (such as non-governmental organizations) as defined in the country concerned; but exclude treatment obtained in private pharmacies or shops.

Treatment of Acute Respiratory Infection (ARI)

Medical treatment of ARI: percent of children with a cough and rapid breathing in the two weeks before the survey who had been taken for treatment at any medical facility or provider, whether public or private.

Treatment in a public facility: percent of children with a cough and rapid breathing in the two weeks before the survey who had been taken for treatment at a public-sector health facility or provider (as defined in fn. 9).

Treatment in a private facility: percent of children with a cough and rapid breathing in the two weeks before the survey who had been taken for treatment at a private-sector health facility or provider (as defined in fn. 9).

Treatment of Diarrhea

Use of oral rehydration therapy: percent of children with diarrhea in the two weeks before the survey who had received oral rehydration therapy (ORT) (defined as including consumption of oral rehydration salts, other recommended home fluids, or other increased liquids).

Medical treatment of diarrhea: percent of children with diarrhea in the two weeks before the survey who had been taken for treatment at any medical facility or provider, whether public or private.

Treatment in a public facility: percent of children with diarrhea in the two weeks before the survey who had been taken for treatment at a public-sector health facility or provider (as defined in fn. 9).

Treatment in a private facility: percent of children with diarrhea in the two weeks before the survey who had been taken for treatment at a private-sector health facility or provider (as defined in fn. 9).

C. ANTENATAL AND DELIVERY CARE ¹⁰

Antenatal Care (ANC) Visits

To a medically-trained person: percent of women with one or more births in the five years before the survey who had received at least one antenatal care consultation from a medically-trained person (as defined in fn. 10) before her most recent birth.

To a doctor: percent of women with one or more births in the five years before the survey who had received at least one antenatal care consultation from a doctor before her most recent birth.

To a nurse or trained midwife: percent of women with one or more births in the five years before the survey who had received at least one antenatal care consultation from a nurse or trained midwife (as defined in fn. 10) before her most recent birth.

Multiple visits to a medically-trained person: percent of women with one or more births in the five years before the survey who had received at least three antenatal care consultations from any medically-trained provider (as defined in fn. 10) before her most recent birth.

¹⁰ When speaking of antenatal and delivery care, medically-trained persons are defined as doctors, nurses, and trained midwives. The definition excludes traditional midwives or other traditional birth attendants, whether trained or untrained.

Antenatal Care (ANC) Content

Tetanus toxoid: percent of women with one or more births in the five years before the survey who had received at least one tetanus toxoid injection during her most recent pregnancy.

Prophylactic antimalarial treatment: percent of women with one or more births in the five years before the survey who had received prophylactic treatment with any anti-malarial drug during her most recent pregnancy.

Iron supplementation: percent of women with one or more births in the five years before the survey who had taken iron tablets during her most recent pregnancy.

Delivery Attendance

By a medically-trained person: percent of births in the five years before the survey attended by a medically-trained person (as defined in fn. 10).

By a doctor: percent of births in the five years before the survey attended by a doctor.

By a nurse or trained midwife: percent of births in the five years before the survey attended to by a nurse or a trained midwife (as defined in fn. 10).

In a public facility: percent of all deliveries in the five years before the survey occurring in a public-sector health facility (as defined in fn. 9).

In a private facility: percent of all deliveries in the five years before the survey occurring in a private-sector health facility (as defined in fn. 9).

At home: percent of all deliveries in the five years before the survey occurring at home (defined as the woman's own or any other home).

D. CONTRACEPTIVE SERVICES

Contraceptive Prevalence¹¹

Women: percent of married or in-union women aged 15-49 years who used any modern means of contraception (as defined in fn. 11).

Men: percent of married or in-union men aged 15-54 years who used any modern means of contraception (as defined in fn. 11).

Source of Contraception - Public Sector

Women: percent of married women who obtained their current method of contraception from a public-sector health facility or provider (as defined in fn. 9).

Men: percent of married men who obtained their current method of contraception from a public-sector health facility or provider (as defined in fn. 9).

¹¹ Figures refer to use of modern means of contraception, defined as male/female sterilization, oral contraceptive pill, contraceptive injection, intrauterine device, male/female condom, diaphragm, cervical cap, contraceptive jelly or foam, implant, or some country-specific modern method.

Source of Contraception - Private Sector

Women: percent of married women who obtained their current method of contraception from a private-sector health facility or provider (as defined in fn. 9, except that private pharmacies and shops are included rather than excluded).

Men: percent of married women who obtained their current method of contraception from a private-sector health facility or provider (as defined in fn. 9, except that private pharmacies and shops are included rather than excluded).

E. TREATMENT OF ADULT ILLNESSES

Treatment of Genital Discharge, Ulcer, or Sore

Women: percent of women with genital discharge, ulcer, or sore who sought any medical treatment for resulting symptoms.

Men: percent of men with genital discharge, ulcer, or sore who sought any medical treatment for resulting symptoms.

Treatment of Genital Discharge, Ulcer, or Sore in a Public Facility

Women: percent of women with genital discharge, ulcer, or sore who sought treatment from a public-sector health facility or provider (as defined in fn. 9).

Men: percent of men with genital discharge, ulcer, or sore who sought treatment from a public-sector health facility or provider (as defined in fn. 9).

Voluntary Counseling and Testing for HIV/AIDS

Women: percent of women aged 15-49 years who had been tested for HIV at any time before the survey.

Men: percent of men aged 15-54 years who had been tested for HIV at any time before the survey.

Part III: INTERMEDIATE DETERMINANTS OF HNP STATUS – INDIVIDUAL AND HOUSEHOLD BEHAVIOR

A. HYGIENIC PRACTICES

Disposal of Children’s Stools

Sanitary disposal: percent of mothers with at least one child under five years of age who disposed of the stools of their youngest child in a sanitary manner (defined as dropping stool into a latrine, burying it, or using disposable diapers).

Handwashing

Wash hands prior to preparing food: percent of women aged 15-49 years preparing meals who washed hands before handling food.

Handwashing facilities in household: percent of households that had hand-washing materials or facilities, as determined by direct observation of interviewers.

B. BEDNET OWNERSHIP AND USE

Bednet Ownership

Bednet ownership: percent of households owning one or more bednets.

Treated bednet ownership: percent of households owning one or more bednets that had recently been treated with insecticides.

Bednet Use

By children: percent of households with at least one child under five years of age, some or all of whom had slept under a bednet the night before the survey.

By pregnant women: percent of currently pregnant women who had slept under a bednet the night before the survey.

C. BREASTFEEDING

Exclusive breastfeeding: percent of children 0-3 months of age who had received only breast milk in the 24 hours before the survey.

Timely complementary feeding: percent of children 6-9 months of age who had received breast milk and solid or semi-solid foods in the twenty-four hours before the survey.

Bottle-feeding: percent of children under 12 months of age who had received any food or drink from a bottle with a nipple in the twenty-four hours before the survey.

D. MICRONUTRIENT CONSUMPTION

Iodized Salt

Availability of iodized salt in household: percent of households with cooking salt testing positive for iodine/iodate at the recommended level of 15 or 25 parts per million or more (depending on the country).¹²

Vitamin A

Children: percent of children¹³ who had received at least one dose of vitamin A in the six months before the survey, as reported by the mothers.

Women: percent of women who had received a dose of vitamin A within two months of the last birth, in the five years before the survey.

E. TOBACCO AND ALCOHOL USE

Tobacco¹⁴

Women: percent of women aged 15-49 years who currently were smoking or chewing tobacco products.

Men: percent of men aged 15-54 years who currently were smoking or chewing tobacco products.

Alcohol

Women: percent of women aged 15-49 years who had gotten intoxicated due to excessive consumption of alcohol in the three months before the survey.

Men: percent of men aged 15-54 years who had gotten intoxicated due to excessive consumption of alcohol in the three months before the survey.

F. SEXUAL PRACTICES

Non-Regular Sexual Partnerships

Women: percent of women aged 15-49 years who had had sex with a non-regular partner at least once in the twelve months before the survey.

Men: percent of men aged 15-54 years who had had sex with a non-regular partner at least once in the twelve months before the survey.

¹² Which of these two levels is recommended in any particular country may be determined by consulting the full report on that country's DHS, which may be found at: www.measuredhs.com/countries.

¹³ Figures refer to children over six months of age and under three, four, or five years of age, depending upon the country. (The specific ages covered for in a particular country may be determined by consulting the full report on that country's DHS, which is available at: www.measuredhs.com/countries.)

¹⁴ Tobacco products include cigarettes, pipes, cigars, leaves, etc.

Condom Usage with Non-Regular Partner

Women: percent of women aged 15-49 years with non-regular sexual partner who had used a condom in the last sexual intercourse with such a partner in the twelve months before the survey.

Men: percent of men aged 15-54 years with non-regular sexual partner who had used a condom in the last sexual intercourse with such a partner in the twelve months before the survey.

G. DOMESTIC VIOLENCE

Ever experienced violence: percent of women aged 15-49 years who had ever been hit or beaten by current or former husband/partner.

Experienced violence in past year: percent of women aged 15-49 years who had been hit or beaten by current or former husband/partner in the twelve months before the survey.

Part IV: UNDERLYING DETERMINANTS OF HNP STATUS

A. EDUCATION

School Completion

Women: percent of women aged 15-49 years who had completed the fifth grade.

Men: percent of men aged 15-54 years who had completed the fifth grade.

School Participation

Girls: percent of girls aged 6-10 years who were attending school at the time of the survey.

Boys: percent of boys aged 6-10 years who were attending school at the time of the survey.

B. EXPOSURE TO MASS MEDIA

Newspaper Readership

Women: percent of women aged 15-49 years who read a newspaper at least once a week.

Men: percent of men aged 15-54 years who read a newspaper at least once a week.

Radio Listenership

Women: percent of women aged 15-49 years who listened to radio at least once a week.

Men: percent of men aged 15-54 years who listened to radio at least once a week.

Television Viewership

Women: percent of women aged 15-49 years who watched television at least once a week.

Men: percent of men aged 15-54 years who watched television at least once a week.

C. KNOWLEDGE AND ATTITUDES ABOUT HIV/AIDS

Knowledge about Sexual Transmission of HIV/AIDS¹⁵

Women: percent of women aged 15-49 years who knew of HIV/AIDS and of at least one of the following ways to avoid it through interruption of its sexual transmission route: abstinence; using a condom; avoiding multiple sex partners, sex with prostitutes, and unprotected homosexual sex.

Men: percent of men aged 15-54 years who knew of HIV/AIDS and of at least one of the ways to avoid HIV/AIDS referred to in the preceding definition.

¹⁵ In most countries, the survey sample included both married and unmarried individuals. Where this was the case, all respondents, regardless of marital status, were asked the question covered in this section. Where the survey covered only individuals who were or had been married, the data pertain only to individuals who had ever been married. (The marital status of people covered for in particular country is indicated in the full report on that country's DHS, which is located at: www.measuredhs.com/countries.)

Knowledge about Mother-to-Child Transmission of HIV/AIDS

Women: percent of women aged 15-49 years who knew of at least one way HIV/AIDS can be transmitted from mother to child during pregnancy, delivery, or breastfeeding.

Men: percent of men aged 15-54 years who knew of at least one way HIV/AIDS can be transmitted from mother to child during pregnancy, delivery, or breastfeeding.

Attitudes toward HIV/AIDS

Women: percent of women aged 15-49 years who believed that people with HIV/AIDS should be allowed to continue working or that HIV test results should remain confidential.

Men: percent of men aged 15-54 years who believed that people with HIV/AIDS should be allowed to continue working or that HIV test results should remain confidential.

D. STATUS OF WOMEN

Household Decisionmaking

Can seek own health care: percent of women age 15-49 years who could decide by themselves to seek their own health care.

Can seek children's health care: percent of women aged 15-49 years, whose children live with them, who could decide by themselves to seek health care for their children.

Can make daily household purchases: percent of women aged 15-49 years who could decide by themselves or jointly with others to make daily household purchases.

Can make large household purchases: percent of women aged 15-49 years who could decide by themselves or jointly with others to make large household purchases.

Can make meal-related decisions: percent of women aged 15-49 years who could decide by themselves what food to cook daily.

Freedom of Movement

Can travel to visit family, relatives: percent of women aged 15-49 years who could decide by themselves to visit family and relatives.

Other Decisionmaking, Attitudes

Can decide how to spend own money: percent of women aged 15-49 years who work for cash who could decide by themselves on how to use the money they earn.

Can decide whether to have sex: percent of women aged 15-49 years agreeing that they can refuse to have sex with their husband for at least one of the following reasons: he has a sexually-transmitted disease; he has had sexual relations with another woman; or the woman is tired, not in mood, or recently has given birth.

Justify domestic violence: percent of women aged 15-49 years believing that a husband/male partner would be justified in beating his wife/female partner for at least one of the following reasons: he suspects her of being unfaithful; she argues with him; she goes out without telling him; she neglects the children; she burns the food; or other, country-specific reasons (for example, she shows disrespect for her in-laws or her family does not give the expected dowry).

E. ORPHANHOOD

Maternal orphan prevalence: percent of children under 15 years of age whose natural mother had died before the survey.

Paternal orphan prevalence: percent of children under 15 years of age whose natural father had died before the survey.

Double orphan prevalence: percent of children under 15 years of age both of whose natural parents had died before the survey.

DATA AND METHODS

Any assessment of the figures featured in this report requires an appreciation of how they were prepared. The first need is to understand the basic features of the data and methods employed.

A. SOURCE OF FIGURES

The figures appearing in this report are all derived from data collected under the Demographic and Health Surveys (DHS) program conducted by ORC Macro, with support from the U.S. Agency for International Development and other external assistance organizations. Large DHS household surveys have been carried out, usually at periodic intervals, in approximately seventy-five countries across Africa, Asia, Latin America, the Middle East, and the former Soviet Union.¹⁶ This series of reports covers the fifty-six of those countries that had one or more DHS surveys undertaken since 1990, for which data were publicly available as of June 2006. (Annex C is a list of the countries for which reports have been prepared.)

In each country, the DHS program has gathered information on a large number of indicators about health, nutrition, and population (hnp) status and service use; about relevant behaviors of household members; and about household characteristics like those described below. It has done this through a set of questionnaires, similar in all countries, to collect data at the individual, household, and community levels.

The data presented here draw on responses to the individual and household questionnaires. In most cases, they are based on responses from women or other family members interviewed. The principal exceptions concern nutritional status, based on anthropometric measurement; immunization, which typically relies to the extent possible on record cards maintained at the household level; and those other items where a source other than interviewer response is specifically identified.

B. MEASUREMENT OF ECONOMIC STATUS

Wealth or Asset Approach

Economic status has been expressed in terms of wealth or assets: specifically, on the basis of information about household characteristics gathered through the DHS household questionnaire. (Such information was normally provided for at least 25-30, and often many more, characteristics like the presence, availability, or use of a fan, radio receiver, or automobile; housing materials like wood or concrete flooring, tile or tin roofing, or cement block walls; superior sources of water like piped or a protected well; and other attributes related to economic status.)

¹⁶ Further information about the DHS program is available at the program's website: www.measuredhs.com.

Index Construction

A single, consolidated index of living standards¹⁷ was constructed by using principal components analysis (PCA) to generate a weight for each household item with available information. A wealth index score was calculated for each household by weighting the response with respect to each item pertaining to that household by the coefficient of the first principal component as determined by application of principal components analysis, and summing the results. The resulting household scores were standardized in relation to a standard normal distribution with a mean of zero and a standard deviation of one.

All individuals usually present in each household were assigned the household's standardized wealth index score, and all individuals in the sample population were ranked according to that score. The sample population was then divided into quintiles of individuals, with all individuals in a single household being assigned to the same quintile.

The same standardized household wealth index scores originally derived for the total population sample, as just described, were also used in preparing the disaggregated estimates for female and male members of the sample population, and for rural and urban residents. In preparing those disaggregated estimates, the entire population sample was divided into quintiles of individuals; the females and males, and the rural and urban residents in each quintile of the entire sample were then separated from one another; and the mean for each of the ten resulting subgroups (five female, five male; or five rural, five urban) was calculated.

C. CALCULATION AND PRESENTATION OF RATES

Use of Sampling Weights

Rates for all health, nutrition, and population indicators are calculated after applying the DHS sampling weights. (DHS surveys often over-sample certain small subgroups of interest – residents of a particular geographic area, for example – in order to get sample sizes large enough to produce statistically-significant results. The DHS sampling weights are used to compensate for such over-sampling in order to ensure that the results are representative of the population as a whole and not just of the DHS sample.)

Calculation of Total Population Averages

The average for the total population presented alongside the quintile-specific rates for each indicator is calculated without reference to quintile divisions. It thus equals the weighted mean of the quintile rates, with the weight assigned to each quintile rate being the proportion of the number of individuals at risk (as defined on p. 41) for the indicator concerned.

Sampling Errors

Information needed to assess the statistical significance of differences among the quintile-specific rates is presented in three ways:

- First, in all the basic tables presented in part I, rates are shown in parentheses or replaced by asterisks in cases where the standard error is likely to be unacceptably high because of small sample size. The number of observations used to determine how to present the data for the different indicators covered were as follows:

¹⁷ Such an index is usually referred to as either an “asset index” or a “wealth index.” The two expressions are used interchangeably in this report; for ease of communication, “wealth index” appears more frequently despite the inexact correspondence between the items included in the index's construction and those appearing in more conventional, financially-based definitions of wealth.

Indicator	Unit of measure	Number of observations used to determine how quintile-specific rate was presented		
		<i>Without parentheses</i>	<i>With parentheses</i>	<i>Replaced by asterisk</i>
Infant and child mortality	Number of deaths	>500	250-499	<250
Total and adolescent fertility	Number of births	>250	125-249	<125
All other indicators	Number of individuals	>50	25-49	<25

- Second, the standard error for each quintile-specific rate (except for any rate replaced by an asterisk) appearing in the total population table is provided in part III.B. (Standard errors for the quintile-specific rates presented in the female-male and rural-urban tables are not available.)

- Third, the right-hand column of the total population table provides the standard error for the concentration index, one of the measures of inequality shown, as indicated below.

D. MEASUREMENT OF INEQUALITY

Accompanying each of the indicators presented in the total population table are the values for three statistical measures of inequality:

- *Low/High Quintile Ratio*: the ratio between the rate prevailing in the lowest (poorest) population quintile and that found in the highest (least poor) quintile.

- *Low-High Quintile Difference*: the value of the lowest quintile minus the value of the highest, expressed as an absolute value.

- *Concentration Index*: twice the area in a Lorenz-type diagram between the line of equality and the concentration curve for the indicator in question, the curve being the graph of the cumulative share of the indicator against the cumulative share in the asset distribution. (The value, which can range from -1 to +1, is negative when the hnp indicator is higher among the poor (e.g., fertility), positive when it is higher among the better-off (e.g., modern contraceptive use), and zero when on balance the indicator shows no systematic relationship with wealth.)¹⁸

¹⁸ Adam Wagstaff, Pierella Paci, and Eddy van Doorslaer, "On the Measurement of Inequalities of Health," *Social Science and Medicine* 33 (1991): 545-57. (See also chapter eight in the volume by O'Donnell, van Doorslaer, Wagstaff, and Lindelow described in the annotated bibliography that constitutes annex A.)

DISCUSSION

While a basic understanding of the data and methods employed is necessary to adequately appreciate the figures appearing in this report, it is not sufficient. For the application of the approach taken involves many subtleties that also need to be understood. Among the more important are:

A. DESCRIPTIVE NATURE OF THE RELATIONSHIPS

The hnp-poverty relationships shown in this report are no more than descriptive. They should not be taken to imply any direct causal relationships, for several reasons.

One reason is the possibility that it is not wealth or asset possession *per se* that determine a person's health condition. Rather, the determining factors could be other characteristics (such as education or ethnic background) that are simultaneously associated with both asset ownership and health status.

It is also possible that the health-poverty relationships shown are driven primarily by particular items included in the index (e.g., water and sanitation). Should this be the case, improvements in health conditions among the poor might be more effectively brought about by focusing on changing those particular components of the wealth index rather than by a general effort to increase economic status as measured by the index as a whole.

B. IMPLICATIONS OF A WEALTH/ASSET APPROACH

Wealth or Assets as a Measure of Economic Status

Reliance on a wealth index to measure economic status is a rather recent development in research on economic disparities, where such status traditionally has been defined in terms of consumption or income. The principal reason for the choice of the wealth index is pragmatic rather than conceptual: the DHS surveys, which are of interest because of the plethora of hnp information that they contain, do not collect consumption or income data; but they do have detailed information on households' physical characteristics, and on the household-level presence of and access to a wide range of goods and services. While there is some disagreement about the relative merits of using such wealth/asset information or consumption data to measure economic status, several recent studies suggest that the asset-consumption relationship is quite close.¹⁹ To the extent this is the case, an index of wealth or asset possession/availability can be taken as a

¹⁹ See, for example, Deon Filmer and Lant H. Pritchett, "Estimating Wealth Effects without Expenditure – or Tears: An Application to Educational Enrollments in States of India," *Demography* 38, no. 1 (February 2001): 115-32; Shea Rutstein and Kiersten Johnson, *The DHS Wealth Index*, DHS Comparative Reports No. 6 (Calverton, Maryland, USA: ORC Macro, August 2004) esp. 10-14; Adam Wagstaff and Naoko Watanabe, "What Difference Does the Choice of SES Make in Health Inequality Measurement?" *Health Economics* 12 (2003): 885-90.

reasonably satisfactory proxy for consumption, rather than or in addition to serving as an indicator of economic status in its own right.

C. ECONOMIC STATUS AS A MEASURE OF SOCIO-ECONOMIC WELL-BEING

Like consumption or income, a wealth index defines disparities that are primarily economic. This is by no means the only way to define inter-group inequalities that are of potential concern. Other possibilities include gender, place of residence, education, ethnic background, or other factors associated with social exclusion. Thus the economic perspective provides only a partial view of the multidimensional concepts of poverty, inequality, and inequity.

By including tables on female-male and rural-urban inequalities, this report pays adequate attention to two of inequality's other important dimensions to justify the use of the term "socio-economic" rather than simply "economic" in its title. However, the centrality of tabulations based on the wealth index means that the primary focus is on the economic dimension. The justification for this lies not in the greater importance of economic considerations, but rather in the recently-improved ability to analyze and thus begin dealing with them. Until the development of the wealth/asset approach, the assessment of economic status had been based on consumption, expenditures, or income, all of which are far more difficult to measure than such other, non-economic dimensions of inequality as gender, ethnic identity, educational level, and place of residence. As a result, assessments of health inequalities by economic status had lagged well behind measurements in terms of these other dimensions, especially gender and education. The focus on inequality's economic aspect applied here represents an effort to redress this imbalance.

D. INDEX CONSTRUCTION

Choice of Items

Use of a wealth index requires decisions about which items to include in it. In the case of secondary analyses like the one featured in this report, the choice is limited to those items included in the data sets being used. But even with this constraint, there nonetheless remains considerable room for choice, given the large number of items for which information is collected by the DHS.

The decision made in preparing this report was to include all items in each DHS household questionnaire that relate to ownership of household goods; to dwelling unit construction and characteristics; and to access to services and resources like electricity, water, and sanitation facilities. Also included were other potential indicators of wealth, such as live-in domestic servants. This decision, admittedly somewhat arbitrary, has both advantages and disadvantages.

The principal advantage is practical: use of a large number of assets increases the degree of variation across household asset scores and facilitates a more regular distribution of individuals across quintiles. It also reduces the possibility of subjectivity in selecting only some of the variables for inclusion on some *a priori* basis; and it may increase a wealth index's accuracy as a proxy for consumption.

However, including all variables is far from satisfying conceptually. For example, it means failing to discriminate with respect to the items' differing natures. It is not clear, for instance, whether access to water, sanitation, electricity, or other publicly-provided resources should be included in an index that purports to measure private household wealth.

Further, many items that are candidates for inclusion in a DHS-based wealth index might be seen as directly influencing health status: water and sanitation for infant and child mortality, for example. It would be desirable to include quintile-specific estimates for such items; but to the extent that such items have large index coefficients, any estimates for those items would be suspect. Such items appear to be relatively few and of limited statistical significance in the index used here. However, for the sake of caution, quintile-specific estimates for items appearing in the index have nonetheless been excluded from the basic tables and appear only in supporting table III.C

Weighting of Items

A further decision required in construction of an index concerns the weight to attach to each of the respective items. As noted earlier, the method used in this report is principal components analysis (PCA).

Adoption of this method was based on the findings, referred to earlier, that its use resulted in outcomes that approximated reasonably well those produced by taking a consumption or expenditure approach. Further, it often provides greater discrimination in economic status than does the use of consumption/expenditures. It has also emerged as the standard approach for use in analyses of the sort presented here, so that its adoption is largely non-controversial.

Yet this choice, too, is not without an arbitrary aspect; for alternative plausible methods exist. Examples include the “inverse possession” approach, which gives more weight to items possessed by only a few and less to those possessed by many;²⁰ or, perhaps, the common practice of simply assigning the same weight to each index item.

Use of Principal Components Analysis with Dichotomous Variables

An additional issue concerns the use of a technique like PCA, developed for use with continuous variables, in the construction of an index based primarily on dichotomous variables. While legitimate in principle, any reservations in this regard are of limited practical consequence, since the considerable experimentation undertaken in preparation for the tabulations presented here indicated that any inaccuracy introduced by applying PCA to the analysis of the dichotomous values used is minimal.

Economies of Scale

Calculating the values for a household wealth index also requires a decision concerning economies of scale that exist in the households covered. The calculations presented here assume complete economies of scale. The implicit assumption is that additional members do not add to household expenses on items included in the index.

E. DEFINITION OF QUINTILES

Quintiles of Individuals

As noted earlier, the quintile-specific figures presented in this report refer to quintiles of individuals in the household population. Such quintiles need to be distinguished from quintiles of households or quintiles of only those people in the population who are “at risk”: that is, subject to the particular condition, eligible for the particular service, or capable of behaving in a

²⁰ Saul S. Morris et al., “Validity of Rapid Estimates of Household Wealth and Income for Health Surveys in Rural Africa,” *Journal of Epidemiology and Community Health* 54 (2000): 381-87.

particular way (children born alive for infant and under-five mortality, for example; or adult men and women for condom use or non-regular sexual partnerships).

The expression of findings in terms of quintiles of individuals has several implications:

- Because fertility is often higher in lower economic households than among better-off ones, the number of individuals per household will frequently be larger among the poor than among higher-income groups. In such cases, the number of households will vary systematically across quintiles of individuals, and the results expressed in terms of quintiles of households can differ significantly from those presented here.

- The proportion of individuals “at risk” with regard to a particular indicator is also likely to vary across quintiles in many cases. (For example, in cases where fertility is higher among poor people, a higher-than-average proportion of poor populations will consist of newborns at risk from infant mortality, young children subject to malnutrition, and pregnant women for whom antenatal care is relevant.) To facilitate the work of any investigators wishing to undertake calculations based on people at risk, the number of such people in each quintile of individuals is shown in part III.A.

- As previously indicated, the population average figure provided for each indicator is equivalent to the weighted sum of the quintile rates for that indicator, where the weight assigned to each quintile rate is the number of people at risk in each quintile as presented in part III.A. As a result of this weighting, the population average will usually differ from a simple mean of the population quintile estimates.

Quintiles of Males and Females, of Rural and Urban Residents

As also reported in the data and methods section, the tables on rural and urban residents and on men and women were prepared using the same asset scores as for the total population; and rural-urban residents and females-males were separated from one another only after the entire sample had been disaggregated into quintiles of individuals. This means that the figures given in the rural-urban and female-male tables refer to females-males and rural-urban residents belonging to each quintile of individuals in the total population, as distinct from quintiles of females, of males, of rural residents, or of urban residents alone.

The consequence of this distinction is particularly evident with regard to rural and urban residents. Since rural residents tend to be poorer than urban dwellers, they normally form a considerably higher proportion of individuals in the lower economic quintiles of the total population than in the higher ones. Conversely, urban residents tend to be concentrated in the higher economic groups. As a result, the number of individuals in each of the urban and rural quintiles usually varies greatly and systematically; and when this is the case, the figures presented in the rural-urban tables can differ significantly from those produced by a computation procedure that places the same number of rural and urban residents in each rural quintile or each urban quintile. (The results may also differ significantly from application of an approach featuring the separate calculation of index values for urban and for rural groups. While such separate index values may well be preferable conceptually, their calculation involves complexities that prevented their preparation for this report.)

F. COMPARISON OF QUINTILES ACROSS COUNTRIES

Reliance on population quintiles as basic presentational format for the data appearing in this report implicitly incorporates a relative concept of poverty. This differs from an absolute concept of poverty under which the population would be divided into groups of different sizes according to some absolute standard of living (such as people earning less than one dollar a day, between one and two dollars a day, and more than two dollars a day).

This means that, when comparing values of an indicator among people in a given quintile across countries, the comparison is between groups of people whose economic status can be quite different. The lowest quintile of a Latin American population, for example, will usually be considerably better-off than the lowest quintile in an African country.

G. STATISTICAL INDICATORS OF INEQUALITY

The available statistical indicators of inequality are far too numerous to permit use of more than a small proportion of them in presenting the findings featured in this report. The three indicators employed have been selected to provide a wide range of perspectives. Two are designed for ease of understanding, the third for greater technical accuracy.

The low/high quintile ratio and low-high quintile difference are the two presented for ease of understanding. The former is a relative measure, the latter an absolute measure that can produce a significantly different impression from that provided by the former.

The concentration index is provided for the benefit of technical specialists wishing greater accuracy. It measures the degree of inequality in an hnp indicator across the full wealth index distribution, rather than differences between only two of the five quintiles, and also reflects the relative size of the different asset-based divisions of the study population.

H. COMPARABILITY WITH OTHER REPORTS

Tabulations similar to those presented here can also be found in the initial series of hnp/poverty country reports, issued in 2000, and in the recent country reports issued by the DHS program. The figures presented in those reports normally resemble quite closely those appearing here for any given indicator; but there are often slight differences for one or more of several reasons. The most common is a difference in the definition of the indicator in question. (These differences are usually small and subtle. But there is one important exception: the definition of moderate malnutrition among children. In the 2000 reports, this was defined as second and third degree malnutrition taken together. Here, it is defined as second degree malnutrition alone.) Another reason, with respect to infant and child mortality, is that the figures in the DHS documents are typically based on experience during the five years before the survey in question, rather than during the ten previous years as in this report. A further frequent reason is the use of an improved computational technique.

In addition, asset-based, quintile-specific tabulations of hnp indicators have begun to appear in an increasing number of other documents. Given the basic similarity of approach, such tabulations usually produce results that are generally congruent with those shown in part I of this report. However, significant divergences have occasionally been reported; and the absence of adequately detailed information about data and methods often prevents any fully-satisfying understanding of the approaches used. As a result, occasional doubts and frequent uncertainties about approach comparability remain.

PART III. SUPPORTING TABLES

- A. SAMPLE SIZES**
- B. STANDARD ERRORS**
- C. ASSET DISTRIBUTION AND WEIGHTS**

Brazil

1996 - SAMPLE SIZES

TOTAL SAMPLE

Indicator	Wealth Quintiles					Pop. Total
	Low	2nd	3rd	4th	High	
Number of household members						
All	10,831	10,849	10,857	10,843	10,851	54,232
Urban	4,149	8,152	9,506	10,264	10,772	42,843
Rural	6,682	2,697	1,350	580	79	11,389
Female	5,352	5,442	5,626	5,544	5,617	27,581
Male	5,480	5,407	5,231	5,299	5,234	26,651

Part I: HNP STATUS

Indicator	Wealth Quintiles					Pop. Total
	Low	2nd	3rd	4th	High	
Mortality rates						
All	2,919	2,337	1,892	1,703	1,510	10,360
Urban	1,131	1,851	1,666	1,612	1,499	7,759
Rural	1,788	485	226	92	10	2,601
Female	1,424	1,125	949	816	738	5,051
Male	1,496	1,212	943	887	772	5,310
Prevalence of fever, diarrhea, acute respiratory infection						
All	1,323	1,020	835	743	669	4,588
Urban	545	818	753	703	666	3,485
Rural	777	202	82	39	3	1,103
Female	655	504	430	333	326	2,248
Male	668	516	404	410	343	2,341
Total fertility rate						
All	5,619	6,813	7,381	7,575	7,944	35,333
Urban	2,271	5,145	6,541	7,161	7,900	29,018
Rural	3,349	1,667	840	414	44	6,314
Age-specific fertility rate 15-19						
All	1,216	1,398	1,472	1,271	1,388	6,745
Urban	507	1,069	1,343	1,191	1,378	5,488
Rural	708	329	130	80	10	1,257
Children's nutritional status						
All	1,090	864	684	622	555	3,815
Urban	447	697	613	591	554	2,902
Rural	642	167	71	31	1	912
Female	548	442	347	276	276	1,889
Male	542	422	337	346	279	1,926
Children's anemia status						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Female	na	na	na	na	na	na
Male	na	na	na	na	na	na

Brazil

1996 - SAMPLE SIZES

Part I: HNP STATUS (Cont.)

Indicator	Wealth Quintiles					Pop. Total
	Low	2nd	3rd	4th	High	
Women's nutritional status						
All	685	664	571	529	502	2,951
Urban	282	528	512	503	500	2,325
Rural	402	136	58	27	3	626
Women's anemia status						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Girls' circumcision						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Women's circumcision						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Prevalence of genital discharge, ulcer, sore						
Female	1,672	1,925	2,062	2,130	2,244	10,033
Urban Female	701	1,468	1,812	2,016	2,232	8,229
Rural Female	971	456	250	113	12	1,802
Male	455	534	532	575	608	2,704
Urban Male	169	385	454	540	603	2,151
Rural Male	286	149	78	35	5	553

Brazil

1996 - SAMPLE SIZES

Part II: Intermediate Determinants of HNP Status - HNP SERVICE USE

Indicator	Wealth Quintiles					Pop. Total
	Low	2nd	3rd	4th	High	
Immunization coverage						
All	269	208	170	154	133	934
Urban	113	178	152	149	133	725
Rural	155	30	18	6	0	209
Female	128	93	90	64	66	441
Male	140	115	80	90	66	491
Treatment of fever						
All	391	270	210	157	144	1,173
Urban	164	225	191	146	143	869
Rural	228	45	20	12	1	306
Female	188	145	109	90	81	613
Male	203	125	102	67	64	561
Treatment of acute respiratory infection						
All	334	272	192	153	137	1,088
Urban	154	231	167	147	137	836
Rural	180	41	25	7	0	253
Female	165	132	93	65	62	517
Male	169	140	99	89	75	572
Treatment of diarrhea						
All	243	131	106	69	50	599
Urban	122	109	95	63	50	439
Rural	121	22	11	7	0	161
Female	124	64	53	25	27	293
Male	118	68	53	44	22	305
Antenatal and delivery care						
All	910	805	687	642	590	3,635
Urban	372	634	619	606	587	2,818
Rural	538	171	68	36	3	816
Contraceptive prevalence						
Female	1,345	1,469	1,528	1,610	1,631	7,584
Urban Female	508	1,070	1,309	1,513	1,620	6,020
Rural Female	837	399	219	97	12	1,564
Male	284	331	327	365	365	1,674
Urban Male	107	226	274	341	360	1,308
Rural Male	177	105	53	25	5	365
Contraceptive source						
Female	750	1,013	1,125	1,189	1,253	5,330
Urban Female	294	744	969	1,122	1,244	4,373
Rural Female	456	269	156	67	9	957
Male	284	331	327	365	365	1,674
Urban Male	107	226	274	341	360	1,308
Rural Male	177	105	53	25	5	365
Treatment of genital discharge, ulcer, sore						
Female	523	633	646	553	606	2,961
Urban Female	219	486	561	525	603	2,394
Rural Female	304	148	85	28	3	568
Male	na	na	na	na	na	na
Urban Male	na	na	na	na	na	na
Rural Male	na	na	na	na	na	na

Brazil

1996 - SAMPLE SIZES

Part III: Intermediate Determinants of HNP Status - INDIVIDUAL AND HOUSEHOLD BEHAVIOR

Indicator	Wealth Quintiles					Pop. Total
	Low	2nd	3rd	4th	High	
Sanitary disposal of stools						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Wash hands prior to preparing food						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Handwashing facilities in household?						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Bednet ownership						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Bednet use by children						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Bednet use by pregnant women						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Exclusive breastfeeding						
All	90	46	43	41	47	267
Urban	47	37	39	39	47	209
Rural	43	9	4	2	0	58
Female	39	17	16	23	20	115
Male	51	30	27	18	26	152
Timely complementary breastfeeding						
All	86	66	61	45	32	290
Urban	38	51	53	43	32	217
Rural	48	15	9	1	0	73
Female	40	39	26	17	22	144
Male	46	27	36	28	11	148
Bottle-feeding						
All	278	200	174	131	122	905
Urban	128	164	156	122	122	692
Rural	149	36	19	9	0	213
Female	121	98	76	59	63	417
Male	157	102	98	72	58	487

Brazil

1996 - SAMPLE SIZES

Part III: Intermediate Determinants of HNP Status - INDIVIDUAL AND HOUSEHOLD BEHAVIOR (Cont.)

Indicator	Wealth Quintiles					Pop. Total
	Low	2nd	3rd	4th	High	
Iodized salt in household						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na
Vitamin A supplementation						
All	1,180	935	757	680	601	4,153
Urban	474	750	682	644	599	3,149
Rural	706	185	76	36	3	1,006
Female	609	481	371	378	313	2,152
Male	571	454	386	302	288	2,001
Tobacco and alcohol use, casual sexual partners, condom use for casual sex						
Female	2,022	2,449	2,657	2,676	2,808	12,612
Urban Female	813	1,852	2,355	2,529	2,793	10,342
Rural Female	1,209	597	302	146	15	2,269
Male	518	582	571	619	658	2,948
Urban Male	189	417	482	577	652	2,317
Rural Male	329	165	89	42	7	632
Domestic violence						
All	na	na	na	na	na	na
Urban	na	na	na	na	na	na
Rural	na	na	na	na	na	na

Brazil

1996 - SAMPLE SIZES

Part IV: UNDERLYING DETERMINANTS OF HNP STATUS

Indicator	Wealth Quintiles					Pop. Total
	Low	2nd	3rd	4th	High	
School completion (Grade 5)						
Female	2,315	2,729	3,012	3,052	3,260	14,368
Urban female	929	2,061	2,670	2,881	3,239	11,781
Rural female	1,386	668	342	171	20	2,587
Male	2,475	2,734	2,895	2,944	2,954	14,002
Urban male	936	2,007	2,508	2,782	2,934	11,167
Rural male	1,539	727	387	162	19	2,835
School participation						
Female	795	664	548	556	441	3,004
Urban female	302	516	484	523	437	2,263
Rural female	493	148	64	33	4	741
Male	786	694	549	503	492	3,025
Urban male	293	531	464	475	486	2,250
Rural male	493	163	85	28	6	775
Mass media exposure						
Female	2,022	2,449	2,657	2,676	2,808	12,612
Urban female	813	1,852	2,355	2,529	2,793	10,342
Rural female	1,209	597	302	146	15	2,270
Male	518	582	571	619	658	2,949
Urban male	189	417	482	577	652	2,317
Rural male	329	165	89	42	7	632
Knowledge of HIV/AIDS prevention						
Female	5,106	2,449	2,657	2,676	2,808	15,696
Urban female	813	1,852	2,355	2,529	2,793	10,342
Rural female	1,209	597	302	146	15	2,269
Male	518	582	571	619	658	2,949
Urban male	189	417	482	577	652	2,317
Rural male	329	165	89	42	7	632
Household decisionmaking and justification of violence						
All	2,022	2,449	2,657	2,676	2,808	12,612
Urban	813	1,852	2,355	2,529	2,793	10,342
Rural	1,209	597	302	146	15	2,270
Orphanhood						
All	4,473	3,781	3,250	3,023	2,727	17,254
Urban	1,713	2,923	2,832	2,849	2,697	13,015
Rural	2,760	858	417	174	30	4,240
Female	2,245	1,847	1,668	1,492	1,351	8,603
Male	2,228	1,934	1,582	1,531	1,376	8,651

Brazil

1996 - STANDARD ERRORS OF QUINTILE ESTIMATES FOR TOTAL POPULATION

Part I: HNP STATUS

Indicator	Wealth Quintiles					Pop. Avg.
	Low	2nd	3rd	4th	High	
A. Childhood illness and mortality						
Infant mortality rate	5.20	4.71	4.73	4.28	6.06	2.52
Under-five mortality rate	6.11	5.22	5.27	4.39	6.44	2.82
Prevalence of fever	1.43	1.43	1.75	1.78	1.97	0.74
Prevalence of diarrhea	1.11	1.13	1.29	1.37	1.44	0.58
Prevalence of acute respiratory infection	1.47	1.64	1.65	1.85	2.10	0.79
B. Fertility						
Total fertility rate	0.17	0.11	0.09	0.11	0.10	0.06
Adolescent fertility rate	13.00	10.00	7.00	8.00	6.00	4.00
C. Nutritional status						
<i>Children:</i>						
Moderate stunting	1.05	0.85	0.84	0.88	0.74	0.48
Severe stunting	0.93	0.50	0.31	0.34	0.34	0.32
Moderate underweight	1.06	0.87	0.64	0.45	0.86	0.42
Severe underweight	0.41	0.14	0.33	0.40	0.27	0.15
Mild anemia	na	na	na	na	na	na
Moderate anemia	na	na	na	na	na	na
Severe anemia	na	na	na	na	na	na
<i>Women:</i>						
Malnutrition	1.07	0.83	1.16	1.15	1.17	0.50
Mild anemia	na	na	na	na	na	na
Moderate anemia	na	na	na	na	na	na
Severe anemia	na	na	na	na	na	na
D. Female circumcision						
<i>Prevalence of circumcision:</i>						
Girls	na	na	na	na	na	na
Women	na	na	na	na	na	na
<i>Prevalence of occlusion:</i>						
Girls	*	*	*	*	*	*
Women	*	*	*	*	*	*
E. Sexually transmitted disease						
<i>Prevalence of genital discharge:</i>						
Women	0.15	0.17	0.07	0.03	0.08	0.05
Men	0.54	0.58	0.85	0.62	0.71	0.29
<i>Prevalence of genital ulcer:</i>						
Women	0.08	0.10	0.09	0.00	0.13	0.04
Men	0.32	0.42	0.00	0.61	0.48	0.19

Brazil

1996 - STANDARD ERRORS OF QUINTILE ESTIMATES FOR TOTAL POPULATION

Part II: Intermediate Determinants of HNP Status - HNP SERVICE USE

Indicator	Wealth Quintiles					Pop. Avg.
	Low	2nd	3rd	4th	High	
A. Childhood immunization						
BCG coverage	2.36	1.53	1.01	1.49	2.02	0.91
Measles coverage	2.24	2.57	1.30	2.84	3.38	1.21
DPT coverage	3.01	2.55	2.36	2.70	4.75	1.45
Full basic coverage	3.09	3.23	3.03	3.35	5.32	1.69
No basic coverage	1.46	1.06	0.37	1.20	2.02	0.61
Hepatitis B coverage	na	na	na	na	na	na
Yellow fever coverage	na	na	na	na	na	na
B. Treatment of childhood illnesses						
<i>Treatment of fever:</i>						
Medical treatment of fever	2.38	3.09	3.75	4.60	4.91	1.54
Treatment in a public facility	2.28	3.13	3.22	4.41	4.11	1.46
Treatment in a private facility	0.55	1.51	2.54	3.24	4.74	1.03
<i>Treatment of acute respiratory infection (ARI):</i>						
Medical treatment of ARI	3.05	3.35	4.21	4.76	4.84	1.91
Treatment in a public facility	2.97	3.66	3.66	4.80	4.79	1.81
Treatment in a private facility	0.82	1.43	3.05	3.69	5.11	1.13
<i>Treatment of diarrhea:</i>						
Use of oral rehydration therapy	3.33	3.65	4.92	6.98	9.66	2.07
Medical treatment of diarrhea	3.13	3.80	4.91	7.10	10.67	2.28
Treatment in a public facility	2.75	3.79	4.62	4.87	9.83	2.00
Treatment in a private facility	1.88	1.21	2.84	6.23	7.91	1.36
C. Antenatal and delivery care						
<i>Antenatal care (ANC) visits:</i>						
To a medically trained person	1.80	1.26	0.94	0.73	0.98	0.69
To a doctor	1.93	1.32	1.03	0.86	0.69	0.78
To a nurse or trained midwife	1.18	0.67	0.55	0.53	0.00	0.41
Multiple visits to a medically trained person	1.94	1.47	1.17	1.10	0.83	0.81
<i>Antenatal care content:</i>						
Tetanus toxoid	1.88	1.91	2.10	2.29	2.59	1.07
Prophylactic antimalarial treatment	na	na	na	na	na	na
Iron supplementation	na	na	na	na	na	na
<i>Delivery attendance:</i>						
By a medically-trained person	2.01	1.25	0.72	0.57	0.59	0.81
By a doctor	2.15	1.66	1.21	1.00	0.71	1.05
By a nurse or trained midwife	1.45	1.17	0.99	0.84	0.46	0.65
In a public facility	1.94	1.22	1.49	2.12	2.55	0.94
In a private facility	0.38	0.96	1.40	2.08	2.49	0.69
At home	1.94	0.68	0.32	0.20	0.00	0.71
D. Contraceptive services						
<i>Contraceptive prevalence:</i>						
Women	1.52	1.35	1.32	1.32	1.33	0.65
Men	2.82	3.03	2.89	2.82	2.84	1.28
<i>Source of contraception - public sector:</i>						
Women	1.78	1.65	1.75	1.76	1.75	0.88
Men	4.04	3.53	3.74	3.78	3.53	1.70

Brazil

1996 - STANDARD ERRORS OF QUINTILE ESTIMATES FOR TOTAL POPULATION

Part II: Intermediate Determinants of HNP Status - HNP SERVICE USE (Cont.)

Indicator	Wealth Quintiles					Pop. Avg.
	Low	2nd	3rd	4th	High	
D. Contraceptive services (cont.)						
<i>Source of contraception - private sector:</i>						
Women	1.68	1.66	1.73	1.79	1.76	0.89
Men	3.87	3.52	3.79	3.71	3.67	1.74
E. Treatment of adult illnesses						
<i>Treatment of genital discharge, ulcer, sore:</i>						
Women	2.27	2.02	1.97	2.27	2.34	1.04
Men	6.68	10.98	*	11.13	*	4.29
<i>Treatment of genital discharge, ulcer, sore in public facilities:</i>						
Women	0.15	0.17	0.07	0.03	0.08	0.05
Men	1.08	0.87	*	1.05	*	0.45
<i>Voluntary counseling and testing for HIV/AIDS:</i>						
Women	na	na	na	na	na	na
Men	na	na	na	na	na	na

Brazil

1996 - STANDARD ERRORS OF QUINTILE ESTIMATES FOR TOTAL POPULATION

Part III: Intermediate Determinants of HNP Status - INDIVIDUAL AND HOUSEHOLD BEHAVIOR

Indicator	Wealth Quintiles					Pop. Avg.
	Low	2nd	3rd	4th	High	
A. Hygienic practices						
<i>Disposal of children's stools:</i>						
Sanitary disposal	na	na	na	na	na	na
<i>Handwashing:</i>						
Wash hands prior to preparing food	na	na	na	na	na	na
Handwashing facilities in household	na	na	na	na	na	na
B. Bednet ownership and use						
<i>Bednet ownership:</i>						
Bednet ownership	na	na	na	na	na	na
Treated bednet ownership	na	na	na	na	na	na
<i>Bednet use:</i>						
By children	na	na	na	na	na	na
By pregnant women	na	na	na	na	na	na
C. Breastfeeding						
Exclusive breastfeeding	4.71	5.98	7.49	10.29	9.25	2.91
Timely complementary feeding	4.48	6.00	6.10	7.56	10.11	2.60
Bottle-feeding	2.81	3.04	4.29	4.63	5.32	1.64
D. Micronutrient consumption						
<i>Iodized salt:</i>						
Availability of iodized salt in household	na	na	na	na	na	na
<i>Vitamin A:</i>						
Children	1.61	1.22	1.46	0.77	1.11	0.66
Women	na	na	na	na	na	na
E. Tobacco and alcohol use						
<i>Tobacco:</i>						
Women	0.37	0.44	0.48	0.52	0.51	0.22
Men	na	na	na	na	na	na
<i>Alcohol:</i>						
Women	na	na	na	na	na	na
Men	na	na	na	na	na	na
F. Sexual practices						
<i>Non-regular sexual partnerships:</i>						
Women	0.75	0.73	0.89	0.91	1.02	0.41
Men	2.04	2.13	2.32	2.21	2.58	1.08
<i>Condom usage with non-regular partner:</i>						
Women	2.62	2.57	2.49	2.99	2.61	1.24
Men	4.08	3.00	3.76	3.47	3.37	1.61
G. Domestic violence						
Ever experienced violence	na	na	na	na	na	na
Experienced violence in past year	na	na	na	na	na	na

Brazil

1996 - STANDARD ERRORS OF QUINTILE ESTIMATES FOR TOTAL POPULATION

Part IV: UNDERLYING DETERMINANTS OF HNP STATUS

Indicator	Wealth Quintiles					Pop. Avg.
	Low	2nd	3rd	4th	High	
A. Education						
<i>School completion:</i>						
Women	1.06	1.13	1.04	1.04	0.91	0.72
Men	1.00	1.32	1.21	1.20	1.04	0.82
<i>School participation:</i>						
Girls	1.33	1.05	0.92	0.53	0.32	0.51
Boys	1.41	1.05	0.89	0.73	0.45	0.53
B. Exposure to mass media						
<i>Newspaper readership:</i>						
Women	1.05	1.25	1.18	1.30	1.12	0.87
Men	1.67	2.23	2.52	1.94	2.20	1.19
<i>Radio listenership:</i>						
Women	na	na	na	na	na	na
Men	2.27	2.10	2.21	2.01	2.46	1.03
<i>Television viewership:</i>						
Women	2.10	0.69	0.57	0.55	0.43	0.60
Men	2.79	1.41	0.92	1.22	0.50	0.77
C. Knowledge and attitudes about HIV/AIDS						
<i>Knowledge about sexual transmission of HIV/AIDS:</i>						
Women	1.19	0.46	0.30	0.33	0.23	0.28
Men	1.37	1.00	0.60	0.69	0.45	0.40
<i>Knowledge about mother-to-child transmission of HIV/AIDS:</i>						
Women	0.97	0.71	0.56	0.57	0.50	0.32
Men	2.44	1.59	1.41	1.39	1.40	0.82
<i>Attitudes toward HIV/AIDS:</i>						
Women						
Men	na	na	na	na	na	na
	na	na	na	na	na	na
D. Status of women						
<i>Household decisionmaking:</i>						
Can seek own health care	na	na	na	na	na	na
Can seek children's health care	na	na	na	na	na	na
Can make daily household purchases	na	na	na	na	na	na
Can make large household purchases	na	na	na	na	na	na
Can make meal-related decisions	na	na	na	na	na	na
<i>Freedom of movement:</i>						
Can travel to visit family, relatives	na	na	na	na	na	na
<i>Other decisionmaking, attitudes:</i>						
Can decide how to spend own money	1.88	1.78	1.41	1.29	1.33	0.76
Can decide whether to have sex	na	na	na	na	na	na
Justifies domestic violence	na	na	na	na	na	na
E. Orphanhood						
Paternal orphan prevalence	0.67	0.53	0.48	0.53	0.54	0.26
Maternal orphan prevalence	0.25	0.26	0.31	0.31	0.27	0.13
Double orphan prevalence	0.10	0.11	0.12	0.11	0.13	0.05

Brazil

1996 - ASSET DISTRIBUTION AND WEIGHTS

(FACTOR SCORES)

Asset Variable	Unweighted		Wealth Quintiles						Factor Score
	Mean	Std. Deviation	Low	2nd	3rd	4th	High	Avg.	
			Percentage of Population						
Has electricity	0.925	0.264	65.3%	99.6%	99.7%	99.8%	100.0%	92.9%	0.11093
Has radio	0.855	0.352	66.8%	85.1%	92.7%	95.5%	99.2%	87.8%	0.07124
Has television	0.630	0.483	10.0%	48.4%	81.9%	95.5%	99.5%	67.1%	0.13348
Has refrigerator	0.737	0.441	16.9%	73.9%	94.2%	98.7%	100.0%	76.7%	0.13695
Has car	0.262	0.440	1.9%	9.8%	21.0%	43.9%	71.1%	29.5%	0.09409
Has a domestic worker not related to household head	0.013	0.113	0.2%	0.5%	1.2%	1.7%	3.0%	1.3%	0.01691
Works own or family's agricultural land	0.066	0.248	23.9%	7.7%	2.4%	1.3%	0.4%	7.2%	-0.05960
Uses water piped into residence for drinking	0.643	0.479	18.2%	61.3%	80.6%	87.6%	92.8%	68.1%	0.10803
Uses water piped to yard or plot for drinking	0.045	0.207	12.6%	4.4%	1.5%	0.4%	0.0%	3.8%	-0.03942
Uses water from inside well or spring for drinking	0.139	0.346	28.6%	22.0%	10.2%	4.4%	0.1%	13.1%	-0.05430
Uses water from outside well or spring for drinking	0.100	0.300	29.2%	9.4%	5.0%	2.8%	0.1%	9.3%	-0.06869
Uses water from other source for drinking	0.034	0.182	11.1%	1.9%	0.5%	0.3%	0.0%	2.8%	-0.05221
Uses bottled water for drinking	0.037	0.190	0.2%	0.8%	2.1%	4.5%	7.0%	2.9%	0.02869
Uses a latrine with sewer connection	0.336	0.472	2.5%	14.5%	39.2%	57.4%	82.1%	39.1%	0.10054
Uses a latrine connected to an open sewer	0.047	0.211	7.5%	8.0%	4.4%	2.5%	0.5%	4.6%	-0.01936
Uses a latrine connected to a river or creek	0.015	0.121	1.7%	2.7%	2.6%	1.1%	0.1%	1.6%	-0.00403
Uses a latrine connected to sewer	0.108	0.311	1.4%	8.7%	13.4%	16.7%	11.2%	10.3%	0.03091
Uses a latrine not connected to sewer	0.208	0.406	9.5%	31.9%	27.9%	17.8%	4.9%	18.4%	0.00483
Uses a pit latrine	0.154	0.361	22.9%	29.6%	11.8%	4.1%	0.9%	13.9%	-0.03676
Uses other type of latrine	0.000	0.012	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	-0.00410
Uses bush or field as latrine	0.129	0.335	54.1%	4.1%	0.5%	0.1%	0.0%	11.7%	-0.12300
Has earth, dung as principal floor material in dwelling	0.065	0.246	28.8%	2.5%	0.5%	0.2%	0.0%	6.4%	-0.09715
Has wood plank as principal floor material in dwelling	0.068	0.251	6.1%	8.2%	7.9%	6.7%	5.4%	6.8%	0.00085
Has cement as principal floor material in dwelling	0.463	0.499	60.8%	76.0%	55.5%	20.6%	1.4%	42.9%	-0.06957
Has clay tile as principal floor material in dwelling	0.268	0.443	0.4%	4.9%	22.2%	46.7%	65.8%	28.0%	0.09561
Has other type of flooring	0.008	0.088	1.6%	0.3%	0.4%	0.9%	0.6%	0.7%	-0.00809
Has cane, palm, trunks for walls	0.002	0.050	1.5%	0.0%	0.0%	0.0%	0.0%	0.3%	-0.02717
Has mud walls	0.039	0.193	17.7%	0.1%	0.0%	0.0%	0.0%	3.6%	-0.08866
Has wood planks for walls	0.032	0.177	8.5%	4.0%	1.1%	0.1%	0.0%	2.7%	-0.03521
Has alvenaria (finished) walls	0.830	0.376	60.8%	79.8%	86.1%	95.2%	99.9%	84.4%	0.08262
Has polished wood walls	0.095	0.294	11.3%	16.1%	12.8%	4.7%	0.1%	9.0%	-0.02105
Has other material for walls	0.000	0.015	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-0.00407
Has natural material as principal roof material in dwelling	0.013	0.112	7.2%	0.1%	0.1%	0.0%	0.0%	1.5%	-0.05934
Has raw wood as principal roof material in dwelling	0.005	0.068	0.8%	0.6%	0.4%	0.3%	0.0%	0.4%	-0.00810
Has tiles as principal roof material in dwelling	0.545	0.498	80.7%	78.3%	63.8%	33.3%	0.0%	51.2%	-0.09040
Has other roof material in dwelling	0.004	0.064	1.1%	0.4%	0.3%	0.5%	0.0%	0.5%	-0.00966
Has cement or concrete as principal roof material in dwelling	0.263	0.440	0.3%	2.3%	13.2%	42.8%	94.8%	30.7%	0.11322
Has a roof of zinc as principal roof material in dwelling	0.039	0.193	5.3%	5.9%	4.0%	0.9%	0.2%	3.3%	-0.01636
Has polished wood as principal roof material in dwelling	0.084	0.277	1.9%	6.6%	13.1%	19.8%	4.8%	9.3%	0.02633
Has eternit, amianto as principal roof material in dwelling	0.048	0.213	2.6%	5.7%	5.0%	2.3%	0.2%	3.1%	-0.00547
Has polished wood or parquet for floor	0.091	0.288	2.1%	7.5%	11.2%	18.9%	16.4%	11.2%	0.03554
Has carpeted for floor	0.030	0.171	0.1%	0.2%	1.7%	4.6%	9.6%	3.2%	0.03305
Number of members per sleeping room	1.881	1.148	2.6	2.4	2.1	1.9	1.6	2.1	-0.04858

PART IV. ANNEXES

- A. SOURCES OF ADDITIONAL INFORMATION**
- B. USE OF INFORMATION FROM THIS REPORT TO MONITOR THE ECONOMIC STATUS OF PEOPLE SERVED BY HNP PROGRAMS**
- C. COUNTRIES COVERED BY THE HNP-POVERTY REPORT PROJECT**

ANNEX A. SOURCES OF ADDITIONAL INFORMATION

ADDITIONAL INEQUALITY DATA

World Bank HNP/Poverty Country Report Website:

<http://www.worldbank.org/hnp/povertyandhealth/countrydata>.

This World Bank website provides the full texts and tables for all fifty-six countries covered by the HNP/Poverty Country Report Project. (A list of the countries covered appears in annex C, at the end of this report.) Also available at the site are summary tables, organized by indicator, designed to facilitate cross-country comparisons in inequality with respect to particular indicators.

DHS Country Reports: <http://www.measuredhs.com/countries>.

All DHS final country reports produced since 2003 include quintile-specific tabulations in approximately 50-100 of the reports' HNP indicator tables. The tables deal with some of the indicators covered in this volume, and with many that are not.

UNICEF Multi-Indicator Cluster Survey Website:

<http://www.childinfo.org/MICS2/natlMICSrepz/MICSnatrep.htm>.

The UNICEF Multi-Indicator Cluster Survey (MICS) project is generally similar to the DHS program, but covers a somewhat different set of countries and indicators. The "standard tables" section for each country listed at the MICS website provides wealth-based, quintile-specific information in around 40-45 of the tables related to hnp, education, and child labor. In deriving these quintile-specific estimates, the MICS investigators have employed a wealth index similar to the one used here.

World Health Organization World Health Survey Website:

<http://www.who.int/healthinfo/survey/en/index.html>.

The World Health Organization's World Health Survey (WHS) includes such issues as self-assessed adult health status; coverage of interventions against adult chronic diseases and against maternal and child health problems; household health expenditures; insurance coverage; and health system responsiveness. Approximately seventy countries – developed as well as developing – have been covered thus far. Household wealth information has been collected and used to prepare quintile-specific estimates for many of the indicators appearing in the reports on these countries.

METHODS AND RESOURCES FOR FURTHER INEQUALITY ANALYSIS

Shea Oscar Rutstein and Kiersten Johnson, *The DHS Wealth Index*, DHS Comparative Reports No. 6 (Calverton, Maryland, USA: ORC Macro, August 2004) (Available at: http://www.measuredhs.com/pubs/pub_details.cfm?ID=470&srchTp=type).

This DHS publication, by two of the co-authors of the current report, describes in detail the construction of the wealth index that underlies the data presented in the basic tables.

Deon Filmer and Lant H. Pritchett, "Estimating Wealth Effects without Expenditure Data – or Tears: An Application to Education Enrollments in States in India," *Demography* 38, no.1 (February 2001): 115-132.

This seminal piece gave birth to the wealth index procedure used in the current volume. It also includes three of the previously-cited country case studies demonstrating the close relationship between results produced using wealth and those based on consumption as an indicator of household economic status.

Owen O'Donnell, Eddy van Doorslaer, Adam Wagstaff, and Magnus Lindelow. *Quantitative Techniques for Health Equity Analysis*. Washington D.C.: The World Bank, forthcoming.

Among the topics covered in this comprehensive overview of available quantitative techniques are the measurement of living standards using a wealth index and other approaches (chapter 6) and the concentration index as a measure of inequality (chapter 8).

DHS Country Data Sets: <http://www.measuredhs.com/accesssurveys/search>.

The data sets for all DHS surveys undertaken since 2003 include two pieces of information for each household that are designed to help investigators prepare quintile-specific tabulations for any indicator. These are: 1) the household wealth score; and 2) the economic quintile to which individuals in the household belong. Any tabulation using these pieces of information will be comparable to the figures appearing here.

ANNEX B. USE OF INFORMATION FROM THIS REPORT TO MONITOR THE ECONOMIC STATUS OF PEOPLE SERVED BY HNP PROGRAMS

The wealth or asset approach employed in this report can be used to monitor the economic status of people served by health, nutrition, and population (hnp) programs in two ways. The first, simpler way is suitable for monitoring nationwide, facility-based programs. A second, fuller version can also be employed for other types of programs, such as initiatives undertaken only in some parts of a country, or activities like mass education or outreach programs that do not operate through facilities.

BASIC MONITORING OF NATIONWIDE FACILITY-BASED PROGRAMS

The economic distribution of patients in a nationwide, facility-based program (say, a network of rural health posts, antenatal care clinics, emergency obstetrical facilities, or hospitals) can be determined through an exit survey of facility patients, using the wealth questionnaire and the set of quintile cut-off points that immediately follow this text, and which have been created using the information presented in part III.C. The questionnaire can be employed to measure the economic status of any individual responding to the questions on it. The set of cut-off points can serve to compare the distribution of the respondents' economic status with that of the nationally-representative sample of people interviewed by the DHS survey on which the present report is based.

The first step is to use the questionnaire in interviewing an adequately-large sample of patients attending the facility-based services of interest. The wealth score for each patient can then be calculated by multiplying the response to each question by the item scores also provided on the questionnaire, and summing the results. After this has been done, the quintile cut-off points can be used to place each individual in the economic quintile to which (s)he belongs. The number of patients and percentage of total patients in each quintile can then be calculated.

Since each quintile defined by the cut-off points contains 20 percent of the individuals in the nationally-representative DHS sample, the patients belonging to any such quintile containing significantly more (or less) than 20 percent of the total are over- (under-) represented relative to the national population. When the percentage of patients in each of the five quintiles is viewed as a whole, the result is a frequency distribution that indicates the spread of service beneficiaries across economic classes of individuals.²¹ For example:

²¹ That is, across economic classes of all individuals in the sample population. Estimates pertaining to quintiles of only those individuals needing services require adjusting the results of the procedure described here through application of the relevant quintile-specific, sample-size figures presented in part III.A.

- A service that favors the poorest people would have substantially more than 20 percent of its patients in each of the lowest one or two economic quintiles; considerably less than 20 percent of its patients in each of the highest quintiles.
- A service that reaches all economic classes equally would draw roughly the same proportion of total patients from the lower and upper quintiles.
- A service that favors the least poor population groups would have well over 20 percent of its patients in each of the highest one or two quintiles, considerably less than 20 percent of its patients in each of the lowest quintiles.

FULLER MONITORING OF FACILITY-BASED AND OF OTHER PROGRAMS

While capable of providing far more information than currently exists about the distribution of a program's beneficiaries, the approach just described has important limitations. For example, it cannot deal with the many important types of health programs that do not deliver services primarily through facilities – mass media health education, household visits by health workers, and many social marketing initiatives, for example. It is also limited in its ability to assess programs working only with certain areas within a country: it can compare the economic status of the programs' beneficiaries with that of the national population, but not with that of the specific sub-national areas where the programs are active. Further, it focuses primarily on only one of the two important dimensions of monitoring the distribution of program beneficiaries: that is, incidence or focus – the percentage of program benefits that flow to the poor. It cannot deal nearly so well with the second dimension, which concerns coverage, or the percentage of the poor that the program reaches.

These limitations can be overcome by a modified version of the approach described above that relies on a household- rather than facility-based survey. A household survey can generate a set of data containing the full range of information needed to produce an equity assessment by collecting two types of information: first, about the household's wealth or assets, using the questions in the left-hand column of the attached questionnaire;²² and second, about the household members' use of or exposure to the services provided by the program(s) of interest. The collected data can be analyzed in either (or both) of two ways, depending on the type of information desired:

- One way would be to use only data from the household survey. The procedure would be analogous to that for a DHS survey employed in this report:
 - Asset information from the survey-generated data set would be used as the basis for the construction of a wealth index, weighting the individual items using some method like principal components analysis.
 - The individuals in the sample would be ranked in order of the index values for their households, then divided into groups like quintiles.
 - The coverage rates in each quintile for the service of interest would be calculated.

²² Or, if one is willing to forego the benefits of the second analytical approach described below, using any of several other asset questionnaires that exist. Examples include the INDEPTH health equity survey tool (available at: www.indepth-network.org/core_documents/indepthtools.htm) or the model questionnaire developed by M. Mahood Khan and David Hotchkiss of the PHR Plus project (which can be found at: www.phrplus.org).

- A second approach would be to use the weights for each item appearing on the attached questionnaire in determining the wealth of each individual, instead of calculating the weights from the new household data set. Once the individuals' wealth is determined, the individuals would be ranked, divided into quintiles, and the coverage rate in each quintile would be calculated. In the case of programs undertaken in only one region of the country, it would provide a comparison of the economic status of the people served with that of the entire country rather than of only the region where the programs are active;²³ in the case of nationwide as well as regional programs, it would permit a comparison with the other service programs covered in this report.

²³ This additional perspective could be particularly helpful in an assessment of a program seeking to reach the poor by focusing on especially backward districts. A report presenting only a finding that the program was reaching the better-off people in those districts could produce an impression that it had failed to reach its intended beneficiaries. But a comparison between the economic status of the program's beneficiaries with that of the national population might well reveal that most of the beneficiaries were poor by national standards and that the program was thus considerably more successful than otherwise thought.

Brazil
1996 - ASSET QUESTIONNAIRE

Question	Score if "Yes"	Score if "No"	Item Score
<i>1. In your household, is/are there?</i>			
Electricity	0.03167	-0.38855	_____
One or more radios	0.02938	-0.17272	_____
One or more televisions	0.10223	-0.17427	_____
One or more refrigerators	0.08191	-0.22896	_____
One or more cars	0.15800	-0.05602	_____
<i>2. Does your household have a domestic worker not related to head?</i>			
	0.14809	-0.00193	_____
<i>3. Do the members of your household work their own or family's agricultural land?</i>			
	-0.22470	0.01581	_____
<i>4. What is the principal source of drinking water for your household?</i>			
Piped water inside dwelling	0.08041	-0.14512	_____
Piped water outside dwelling	-0.18155	0.00856	_____
Well or spring inside dwelling	-0.13528	0.02179	_____
Well or spring outside dwelling	-0.20575	0.02293	_____
Bottled water	0.14536	-0.00566	_____
Other	-0.27689	0.00984	_____
<i>5. What is the principal type of toilet facility used by your household?</i>			
Connect to sewer	0.14128	-0.07154	_____
Connected to open sewer	-0.08755	0.00428	_____
Connected to a river or creek	-0.03269	0.00050	_____
Latrine connected to sewer	0.08871	-0.01077	_____
Latrine not connected to sewer	0.00943	-0.00247	_____
Pit latrine	-0.08609	0.01569	_____
Bush, field as latrine	-0.31998	0.04728	_____
Other type of latrine	-0.33390	0.00005	_____
<i>6. What is the principal material used for the floors in your household?</i>			
Earth, dung	-0.36946	0.02554	_____
Cement	-0.07488	0.06462	_____
Wood plank	0.00316	-0.00023	_____
Parquet, polished wood	0.11207	-0.01127	_____
Tile	0.15781	-0.05792	_____
Carpet	0.18756	-0.00582	_____
Other	-0.09103	0.00072	_____
<i>7. What is the principal material used for the walls of your household?</i>			
Cane, palm, trunks	-0.54439	0.00136	_____
Mud	-0.44146	0.01781	_____
Wood plank	-0.19298	0.00643	_____
Alvenaria	0.03737	-0.18265	_____
Polished wood	-0.06481	0.00684	_____
Other	-0.27072	0.00006	_____

Brazil

1996 - ASSET QUESTIONNAIRE (Cont.)

Question	Score if "Yes"	Score if "No"	Item Score
8. <i>What is the principal material used for the roof of your household?</i>			
Natural material	-0.52431	0.00672	_____
Wood plank	-0.11920	0.00055	_____
Tile	-0.08258	0.09894	_____
Cement, concrete	0.18965	-0.06759	_____
Zinc materials	-0.08155	0.00328	_____
Polished wood	0.08698	-0.00797	_____
Eternit, amianto	-0.02443	0.00122	_____
Other	-0.14975	0.00062	_____
9. <i>How many people are there for each sleeping room in your household?</i>	$\left(\frac{\# \text{ people} - 1.88}{1.45} \right) \times -0.049$		_____
Total Household Asset Score (sum of individual item scores)			_____

1996 - QUINTILE CUT-OFF POINTS

Wealth Quintile	Asset Index Value	
	Bottom Cut-Off	Top Cut-Off
Low	Low	-0.66129
Second	-0.66129	0.02018
Third	0.02018	0.51776
Fourth	0.51776	1.00965
High	1.00965	High

ANNEX C. COUNTRIES COVERED BY THE HNP - POVERTY REPORT PROJECT*

East Asia and Pacific

Cambodia	2000
Indonesia	1997, 2002-03
Philippines	1998, 2003
Vietnam	1997, 2002

Europe and Central Asia

Armenia	2000
Kazakhstan	1995, 1999
Kyrgyz Rep.	1997
Turkey	1993, 1998
Turkmenistan	2000
Uzbekistan	1996

Latin America and the Caribbean

Bolivia	1998, 2003
Brazil	1996
Colombia	1995, 2000, 2005
Dominican Rep.	1996, 2002
Guatemala	1995, 1998-99
Haiti	1994-95, 2000
Nicaragua	1997- 98, 2001
Paraguay	1990
Peru	1996, 2000

Middle East and North Africa

Egypt	1995, 2000
Jordan	1997
Morocco	1992, 2003-04
Yemen	1997

South Asia

Bangladesh	1996-97, 1999-2000, 2004
India	1992-93, 1998-99
Nepal	1996, 2001
Pakistan	1990-91

Sub-Saharan Africa

Benin	1996, 2001
Burkina Faso	1992-3, 1998-9, 2003
Cameroon	1991, 1998, 2004
Central African Rep.	1994-95
Chad	1996-97, 2004
Comoros	1996
Cote d'Ivoire	1994
Eritrea	1995
Ethiopia	2000
Gabon	2000
Ghana	1993, 1998, 2003
Guinea	1999
Kenya	1993, 1998, 2003
Madagascar	1997
Malawi	1992, 2000
Mali	1995-96, 2001
Mauritania	2000-01
Mozambique	1997, 2003
Namibia	1992, 2000
Niger	1998
Nigeria	1990, 2003
Rwanda	2000
Senegal	1997
South Africa	1998
Tanzania	1996, 1999, 2004
Togo	1998
Uganda	1995, 2000-01
Zambia	1996, 2001-02
Zimbabwe	1994, 1999

* Note: electronic versions of reports for all countries are currently available at: www.worldbank.org/povertyandhealth/countrydata. While supplies last, paper copies may be obtained at no charge by sending a request to the World Bank's health advisory service: healthpop@worldbank.org.