

# 2009 Maldives Demographic and Health Survey



The 2009 Maldives Demographic and Health Survey (MDHS) is the first DHS conducted in Maldives. The MDHS was carried out by the Ministry of Health and Family (MOHF).

ICF Macro, an ICF International company, provided technical assistance through every phase of the survey.

Funding for the MDHS was received from the government of Maldives, UNFPA, the United Nations Children's Fund (UNICEF), and the World Health Organisation (WHO).



# Objectives

The 2009 MDHS was designed to provide data to monitor the population and health situation in Maldives.

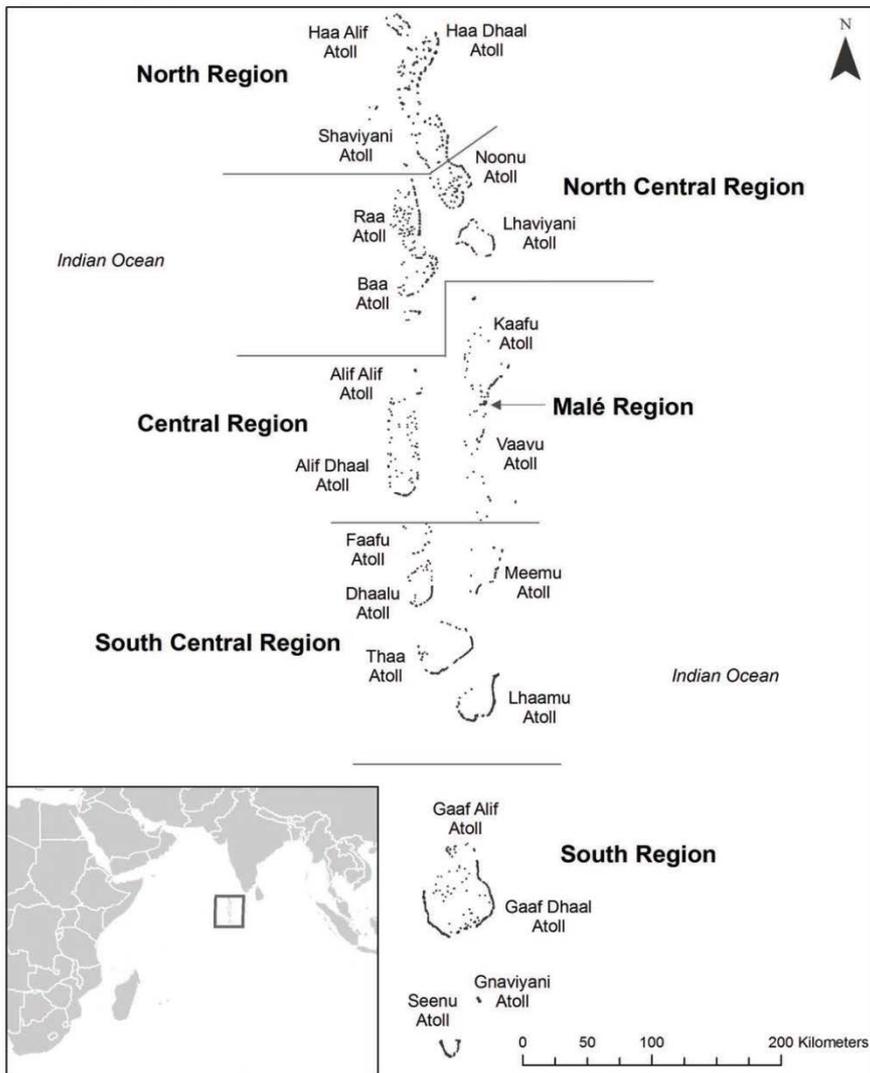
Provide data on: fertility, marital status, sexual activity, family planning awareness and use, breastfeeding practices, nutrition of women and young children, childhood mortality, maternal and child health, and awareness and behaviour regarding AIDS and other sexually transmitted infections.

Collect data on physical disability among those age 5 and older, developmental disability among young children, support for early learning, children at work, the impact of the tsunami of 2004, health expenditures, and physical activity levels of adults age 65 and older.

Assess additional features of blood pressure, diabetes, heart attack, and stroke.

# 2009 MDHS Regions & Sample Design

## MALDIVES



**Sampling frame:** The 2006 Maldives Population and Housing Census 2006

**First stage:** 270 census blocks selected

**Second stage:** systematic sampling of households from each census block selected; final sample of 6,443 households

- The MDHS sample is a nationally representative sample.
- It was designed to provide estimates for the country as a whole, for urban and rural areas, for the six geographical regions, and for key indicators for each of the atolls of the country.

**IF AGE 5 YEARS OR OLDER**

LINE NUMBER 

01

**DISABILITY**

24

Does (NAME) have any difficulty seeing (even when (he/she) is wearing glasses or contact lenses)?

1

2

IF YES:

Would you say that (he/she) can see only with some difficulty, a lot of difficulty or can (he/she) not see at all? 

No problem with seeing 1

Some difficulty 2

Lot of difficulty 3 

Not see at all 4

3

4

25

Does (NAME) have any difficulty hearing (even when (he/she) is using a hearing aid)?

1

2

IF YES:

Would you say that (he/she) can hear only with some difficulty, a lot of difficulty or can (he/she) not hear at all? 

No problem with hearing 1

Some difficulty 2

Lot of difficulty 3 

Not hear at all 4

3

4

26

Does (NAME) have any difficulty communicating (for example understanding others or others understanding (him/her)) because of a physical, mental or emotional condition?

1

2

IF YES:

Would you say that (he/she) can communicate only with some difficulty, a lot of difficulty or can (he/she) not communicate at all? 

No problem with communication 1

Some difficulty 2

Lot of difficulty 3 

Cannot communicate at all 4

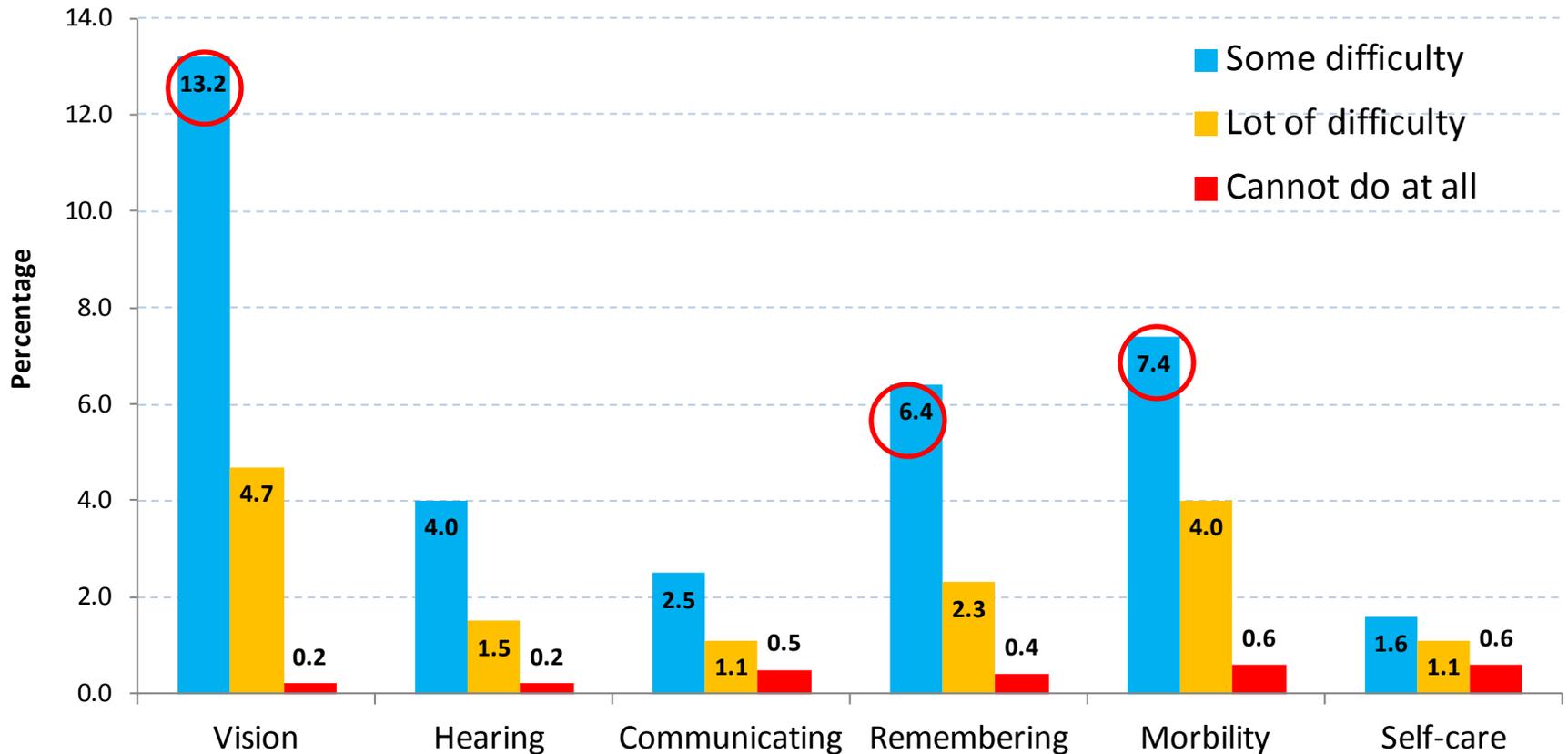
3

4

**IF AGE 5 YEARS OR OLDER**

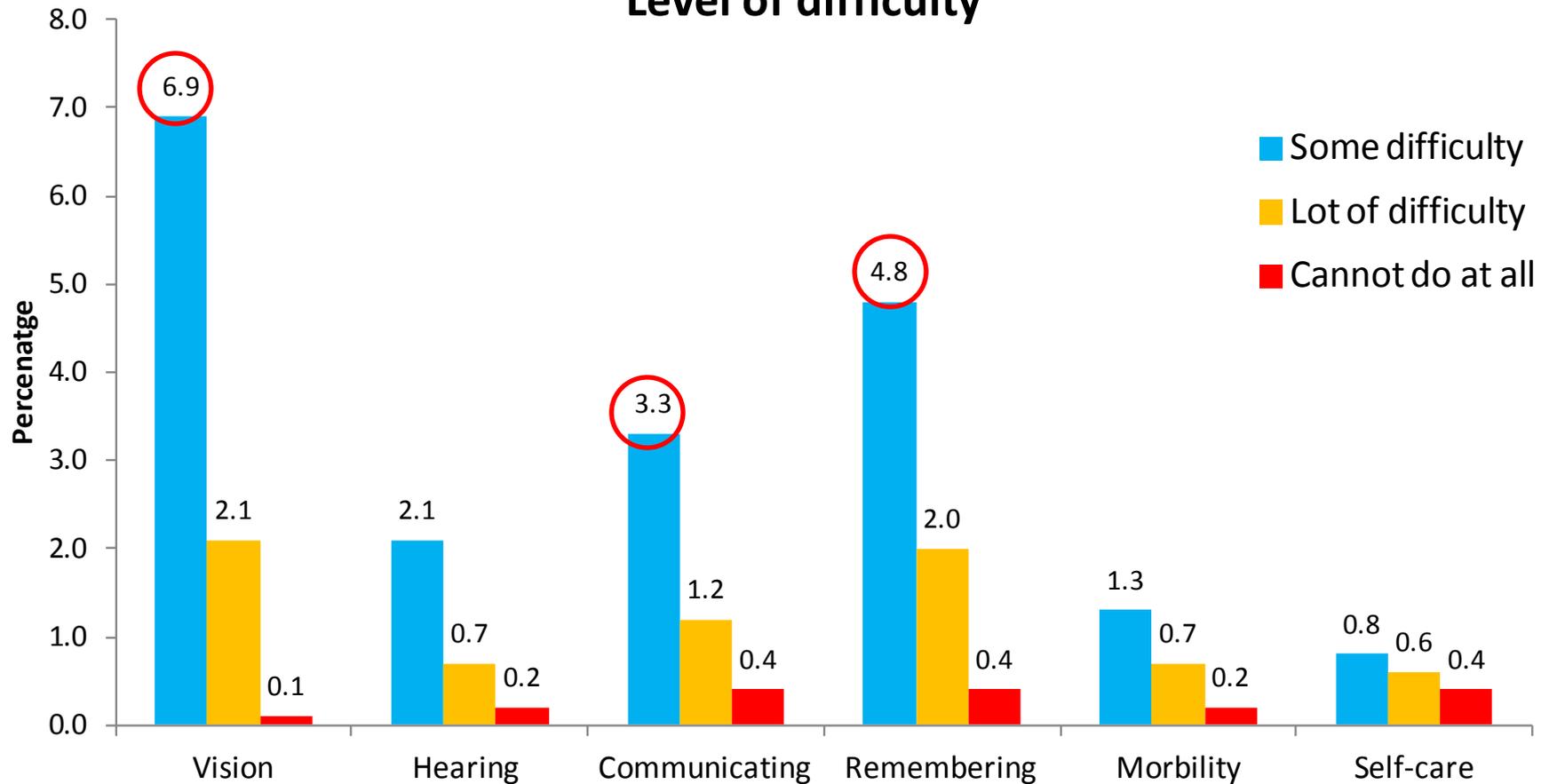
27	<p>Does (NAME) have any difficulty with remembering or concentrating?</p> <p><b>IF YES:</b></p> <p>Would you say that (he/she) can remember or concentrate only with some difficulty, a lot of difficulty or can (he/she) not remember or concentrate at all?</p> <p style="text-align: center;">→</p>	<p>1</p> <p>No problem with remembering or concentrating 1 2</p> <p>Some difficulty 2 3</p> <p>Lot of difficulty 3 3</p> <p>Cannot remember or concentrate at all 4 4</p>
28	<p>Does (NAME) have any physical condition that makes it difficult for (him/her) to walk or climbing steps?</p> <p><b>IF YES:</b></p> <p>Would you say that (he/she) can walk or climb steps only with some difficulty, a lot of difficulty or can (he/she) not walk or climb steps at all?</p> <p style="text-align: center;">→</p>	<p>1</p> <p>No problem with walking or climbing steps 1 2</p> <p>Some difficulty 2 3</p> <p>Lot of difficulty 3 3</p> <p>Cannot walk or climb steps at all 4 4</p>
29	<p>Does (NAME) have any physical condition that makes it difficult for (him/her) (with self-care such as) washing all over or dressing?</p> <p><b>IF YES:</b></p> <p>Would you say that (he/she) can wash all over or dress only with some difficulty, a lot of difficulty or can (he/she) not wash or dress at all?</p> <p style="text-align: center;">→</p>	<p>1</p> <p>No problem with washing all over or dressing 1 2</p> <p>Some difficulty 2 3</p> <p>Lot of difficulty 3 3</p> <p>Cannot wash all over or dress 4 4</p>

## Percentage of household members 5 years and above by domain with Level of difficulty



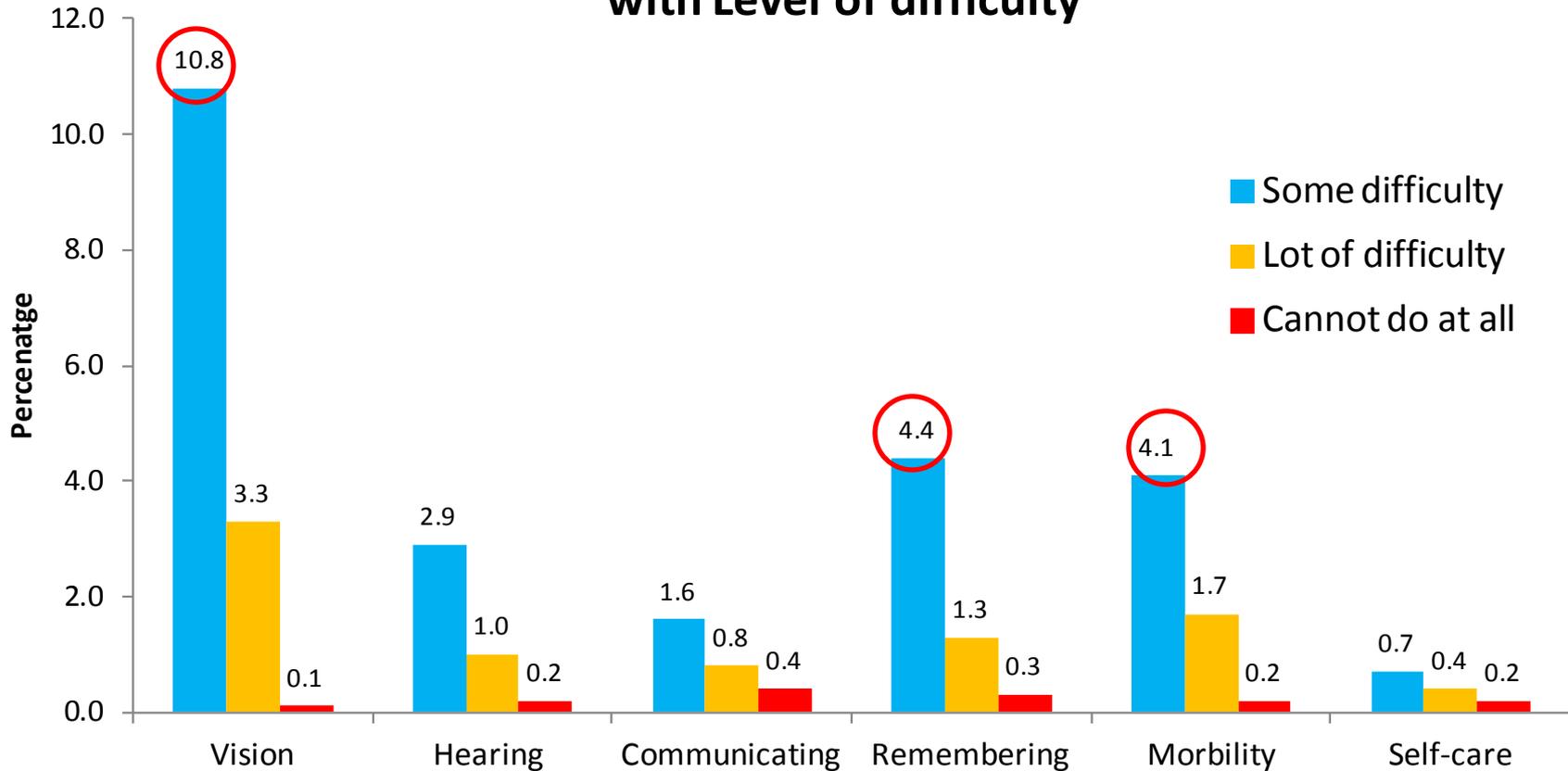
Column1	Some difficulty	Lot of difficulty	Cannot do at all
Prevelence of at least one function being reported at the specified level of functioning	22	9.6	1.3

## Percentage of household members 5-14 years by domain with Level of difficulty



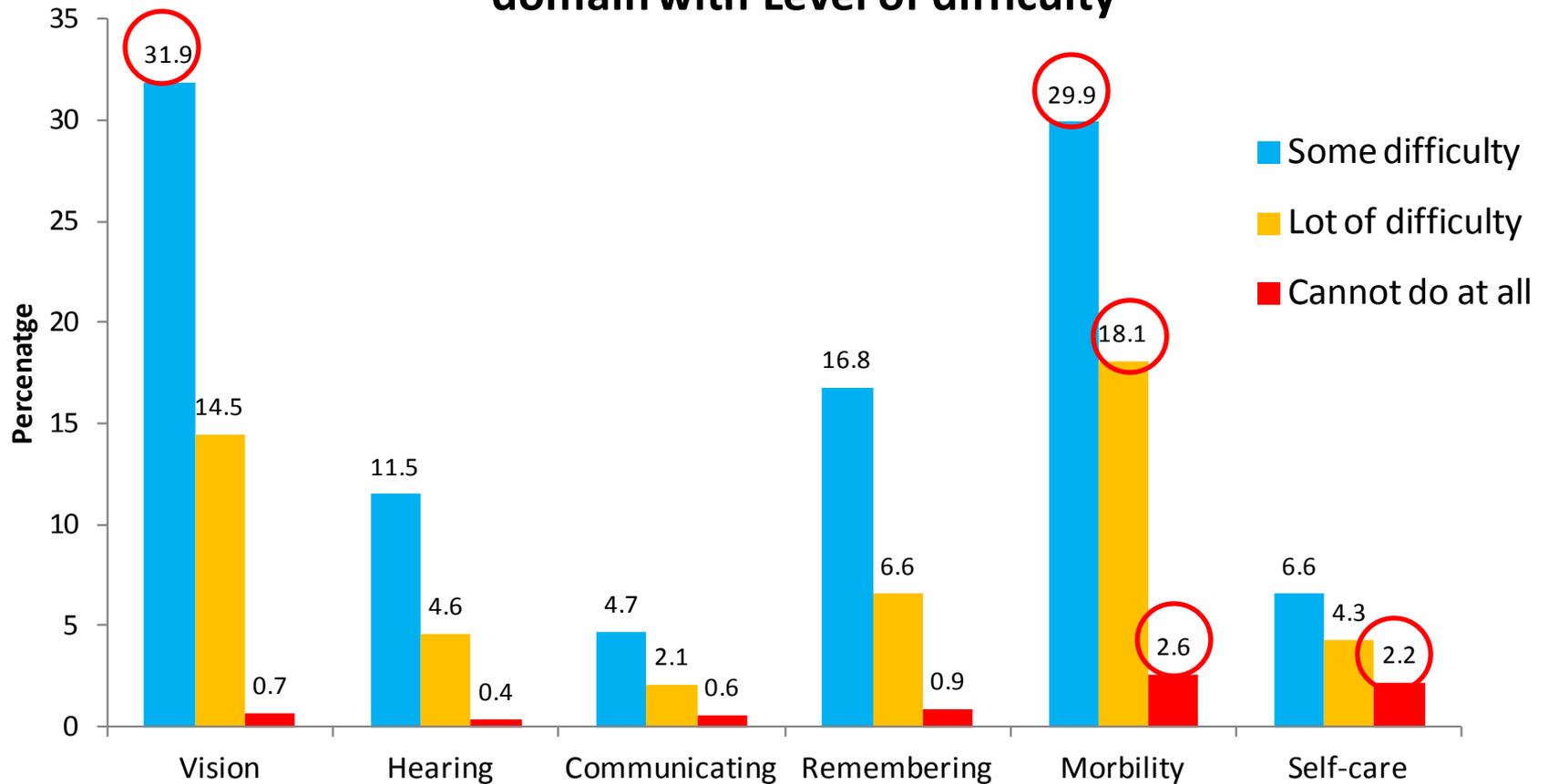
Column1	Some difficulty	Lot of difficulty	Cannot do at all
Prevelence of at least one function being reported at the specified level of functioning	13.9	5	0.7

## Percentage of household members 15-49 years by domain with Level of difficulty



Column1	Some difficulty	Lot of difficulty	Cannot do at all
Prevelence of at least one function being reported at the specified level of functioning	17.6	6.4	0.8

## Percentage of household members 50 years and above by domain with Level of difficulty



Column1	Some difficulty	Lot of difficulty	Cannot do at all
Prevalence of at least one function being reported at the specified level of functioning	51.3	29.3	4.2

LINE NUMBER



01

IF AGE  
2-14 YEARS**YOUNG CHILD DISABILITY**

The following questions relate to young children and should be asked of the child's parent or primary caretaker.

RECORD THE LINE NUMBER OF THE PERSON PROVIDING THE INFORMATION IN QUESTIONS 30-54

 
**CHILD'S CARETAKER**

30

Compared with other children, does or did (NAME) have any serious delay in sitting, standing, or walking?

YES 1  
NO 2

1  
2

31

Compared with other children, does (NAME) have difficulty seeing, either in the daytime or at night?

YES 1  
NO 2

1  
2

32

Does (NAME) appear to have difficulty hearing (uses hearing aid, hears with difficulty or is completely deaf)?

YES 1  
NO 2

1  
2

33

When you tell (NAME) to do something, does he/she seem to understand what you are saying?

YES 1  
NO 2

1  
2

34

Does (NAME) have difficulty in walking or moving his/her arms, or does he/she have weakness and/or stiffness in the arms or legs?

YES 1  
NO 2

1  
2

35

Does (NAME) sometimes have fits, become rigid, or lose consciousness?

YES 1  
NO 2

1  
2

IF AGE 2-9 YEARS

# IF AGE 2-9 YEARS

IF AGE  
2 YEARS

IF AGE  
3-9 YEARS

36	Does (NAME) learn to do things like other children of his/her age?	YES 1 NO 2		1 2
37	Does (NAME) speak at all (Can he/she make him or herself understood in words; can say any recognizable words)?	YES 1 NO 2		1 2
38	Is (NAME)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?	YES 1 NO 2		1 2
39	Can (NAME) name at least one object (for example, an animal, a toy, a cup, a spoon)?	YES 1 NO 2		1 2
40	Compared with other children of the same age, does (NAME) appear in any way mentally backward, dull or slow?	YES 1 NO 2		1 2

## **Young child disability**

Percentage of children aged 2-9 years , compared to other children, who have specific difficulties, according to type of difficulty, and the percentage of children with at least one disability, Maldives 2009

<b>Disability</b>	<b>Percent</b>
Serious delay in sitting, standing or walking	3.8
Difficulty seeing, either in the daytime or at night	3.1
Have difficulty hearing	2.9
Difficulty understanding what is being said	7.3
Difficulty in walking or moving arms	2.8
Have fits, become rigid or lose consciousness	5.5
Does not learn to do things like other children	9.7
Difficulty speaking/being understood	4.4
<b>At least one disability</b>	<b>24.8</b>
<b>Number</b>	<b>6,050</b>

Thank you