

SMI-Mexico

Household Census and Survey Data Quality Report

Second Follow-up Measurement

October 2018



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This report of the Salud Mesoamérica Initiative (SMI) Mexico household survey was produced in agreement with the Inter-American Development Bank (IDB). All analyses and writing were conducted by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington.

About IHME

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

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Acknowledgements

This measurement was funded by the Bill & Melinda Gates Foundation, the Carlos Slim Foundation, and the Spanish Agency for International Development Cooperation, through the Inter-American Development Bank. We thank all the children and families who willingly participated in the study. We thank central and local governments for the support they extended to the study teams and their facilitation of access to communities and health facilities. We extend our gratitude to UNIMER for their implementation of data collection in Mexico for this project.

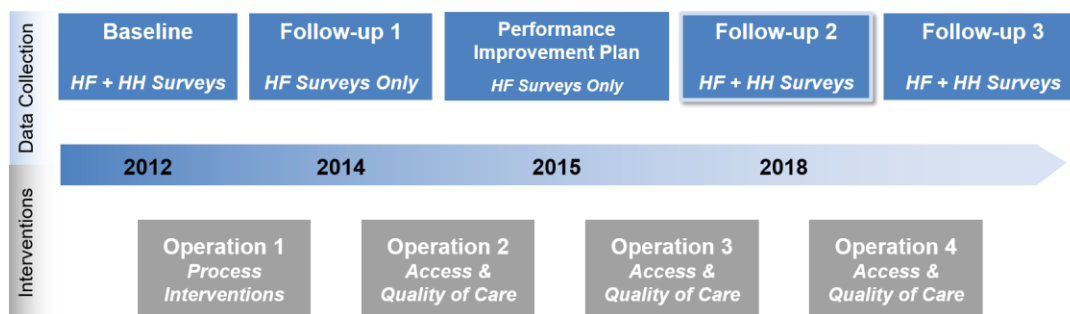
1 CHAPTER 1: INTRODUCTION

The Salud Mesoamérica Initiative (SMI) is a regional public-private partnership that brings together Mesoamerican governments, private foundations and bilateral and multilateral donors with the purpose of reducing health inequalities affecting the poorest 20% of the population in the region. Funding focuses on supply- and demand-side interventions, including evidence-based interventions, the expansion of proven and cost-effective healthcare packages, and the delivery of incentives for effective health services. One of its defining features is the application of a results-based aid (RBA) model that relies on performance measurement and enhanced transparency and accountability. The initiative focuses its resources on integrating key interventions aimed at reducing health inequalities that stem from the lack of access to quality reproductive, maternal, neonatal and child health services (including immunization and nutrition services) for the poorest quintile of the population.

1.1 Objectives

The objectives of the SMI evaluation are to assess whether countries are reaching the indicator targets set by the Initiative and to evaluate the results of specific interventions. In Mexico, baseline data were collected at households and health facilities in intervention and comparison areas (2013). The first follow-up data collection took place at health facilities in intervention areas only (2014), and this second follow-up measurement was performed at households and health facilities in intervention and comparison areas (2018). The use of health facility and household data collection methods permits the measurement of supply- and demand-side information on the Initiative. The pairing of the two types of surveys is a defining feature, designed to capture key indicators in a robust and multidimensional way. The timeline of data collection, evaluation, and interventions is shown in Figure 1.1.

Figure 1.1: SMI-Chiapas timeline



The objectives of the SMI-Mexico second follow-up household survey are to capture household characteristics, reported maternal and child health data for women 15-49 years of age and for children 0-59 months of age, and anthropometric measurements including height, weight, and hemoglobin concentration for children. Community data collection permits the measurement of changes in health status, access to health care, and satisfaction with health care, as well as an array of data points which give context to these factors.

Chapter 1 provides a general overview of the design and implementation of the SMI-Mexico second follow-up household census and SMI-Mexico second follow-up household survey and discusses the design and coverage of the study in both intervention and comparison areas. The subsequent chapters present results of the SMI-Mexico second follow-up household survey from intervention areas only. Appendix D presents results from comparison areas only, and Appendix E presents results pooled from intervention and comparison areas.

1.2 SMI household census and survey

The SMI household census is used to capture the age and sex distribution of all of the usual members of all households in selected segments. Basic information including relationship to the head of the household and marital status is also collected. Children aged 0-59 months who have one or more parent residing in the same household are linked to their mother and/or father by way of unique household member identification codes.

Data from the SMI household census are used to identify and select eligible households for the detailed interviews and the physical measurements module (Figure 1.2). The household survey is typically conducted within one month of the household census. The SMI household survey includes three components: the Household Characteristics Questionnaire, the Maternal and Child Health Questionnaire, and the Physical Measurements Module.

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

The Maternal and Child Health Questionnaire covers eligible women's background characteristics (including education, occupation, and exposure to media), access to health care, current health status, recent history of illness and associated medical expenses, fertility preferences, knowledge and use of family planning methods (including barriers to use), exposure to health system interventions, and satisfaction with community health workers. Women who have been pregnant in the last five years answer questions about birth history; antenatal, delivery, and postpartum care; birth spacing; breastfeeding; and infant feeding practices.

Caretakers of children aged 0-5 years are asked detailed questions for each child under age 5 on topics such as child's current health status, recent history of illness including diarrhea, fever, and acute upper respiratory infection and associated medical expenses, child's exposure to health system interventions, immunization, and supplementation history.

The Physical Measurements Module captures weight, height/length, and hemoglobin concentrations of children aged 0-59 months. Portable scales and height rods were used for the anthropometric measurements and hemoglobin levels were assessed in the field using a portable HemoCue™ machine. In addition, samples of capillary blood are collected using the dry blood spot (DBS) technique from children 12-23 months. Medically trained personnel (i.e., anthropometrists or professional nurses) performed all assessments.

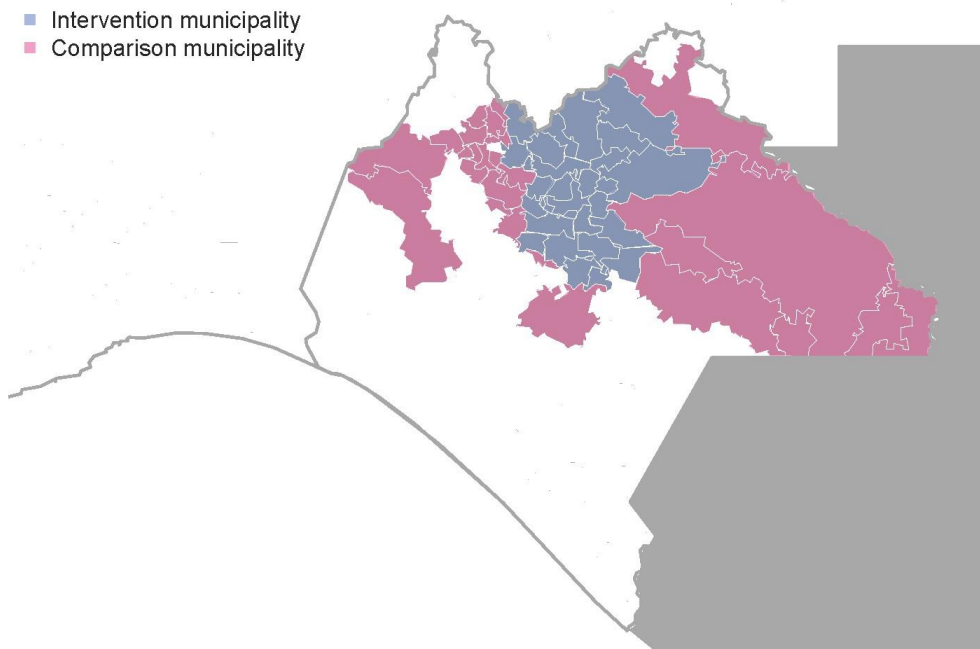
1.3 Methodology

The study design for the SMI-Mexico second follow-up household survey provides representative estimates of the coverage of key health interventions and indicators for a geographic area that approximates the lowest wealth quintile of the population of Mexico.

1.3.1 Study area

The primary administrative unit in Mexico is the state. Mexico has 31 states and the City of Mexico, and the state of Chiapas was purposefully selected for SMI-Mexico. From Chiapas, IDB identified 29 intervention municipalities in which to conduct the baseline SMI household survey for the Initiative on the basis of their high concentration of residents in the country's lowest wealth quintile, and 22 comparison municipalities with similar socioeconomic characteristics and ethnic composition (Figure 1.3). The selected municipalities fall into eight separate health jurisdictions (*jurisdicciones sanitarias*) within the state of Chiapas. From these 51 municipalities, a two-stage clustered random sample of eligible households was selected to reach the sample sizes shown in Table 1.1.

Figure 1.3: Map of Salud Mesoamérica Initiative study area



1.3.2 First-stage sample selection: census segments

The household survey uses a two-stage random sampling design in order to balance survey administration costs with the ability to make estimates representative of the population in the study area. For the

SMI-Mexico household census, the primary sampling unit (PSU) from the 2010 Mexico Population and Housing Census is the *área geostadística básica* (basic geostatistical area (AGEB)) in urban areas and the *localidad* (locality) in rural areas. A representative sample of these clusters (“segments”) was randomly selected from a sampling frame of all segments in SMI municipalities with probability proportional to size, where size is measured by the number of occupied households. Samples for intervention and comparison strata, and for baseline and follow-up rounds, were selected independently.

A set of alternate segments was selected using identical methodology, to be surveyed in the event that any of the selected segments could not be surveyed and needed to be replaced due to security concerns, community refusal of the study, or a high proportion of absent households. In Mexico in the 2018 follow-up survey, five segments in intervention areas and one segment in comparison areas were replaced due to community rejection. All segments were replaced with a randomly selected alternate segment from the same municipality. It was difficult to replace a segment in Chamula due to widespread distrust of the government and outside institutions, and an additional alternate segment had to be selected at random there. In one segment, many, but not all, of the small communities that made up the segment refused to participate in the household survey. The households in these communities were treated as individual-level refusals and replaced with randomly-selected alternate households.

In the baseline survey, 17 segments in intervention areas were replaced due to cultural, religious, or political reasons. All segments were replaced with a randomly selected alternate segment from the same municipality. Five segments were replaced after census data collection was completed, but before household data collection began, and census data from these segments is summarized in this report. Two segments in intervention areas were replaced because of a long delay between the time of census and the time of the household survey. At baseline, 186 segments were completed during the census and 181 segments were completed during the household survey.

Counts by municipality of segments where census data collection was completed successfully are shown in Figure 1.4.

Table 1.1: Number of segments per health jurisdiction and municipality in SMI area, census dataset

Intervention				Comparison			
Jurisdiction	Municipality	2013	2018	Jurisdiction	Municipality	2013	2018
OCOSINGO	CHILÓN	12	5	COMITÁN	LAS MARGARITAS	6	3
OCOSINGO	SITALÁ	1	1	OCOSINGO	ALTAMIRANO	2	1
PALENQUE	SABANILLA	3	1	OCOSINGO	OCOSINGO	10	5
PALENQUE	SALTO DE AGUA	7	3	PALENQUE	BENEMÉRITO DE LAS AMÉRICAS	1	0
PALENQUE	TILA	9	3	PALENQUE	MARQUÉS DE COMILLAS	1	1
PALENQUE	TUMBALÁ	3	2	PALENQUE	PALENQUE	8	3
PALENQUE	YAJALÓN	5	2	PICHUCALCO	BOCHIL	1	1
PICHUCALCO	AMATÁN	3	1	PICHUCALCO	CHAPULTENANGO	0	1
PICHUCALCO	EL BOSQUE	2	1	PICHUCALCO	IXTACOMITÁN	1	0
PICHUCALCO	HUITIUPÁN	3	1	PICHUCALCO	JITOTOL	1	0
PICHUCALCO	PUEBLO NUEVO SOLISTAHUACÁN	4	2	PICHUCALCO	PANTEPEC	0	1
PICHUCALCO	SAN ANDRÉS DURAZNAL	1	0	PICHUCALCO	RAYÓN	1	0
PICHUCALCO	SIMOJOVEL	5	2	PICHUCALCO	SOLOSUCHIAPA	0	1
SAN CRISTÓBAL DE LAS CASAS	ALDAMA	0	1	TUXTLA GUTIERREZ	COAPILLA	1	0
SAN CRISTÓBAL DE LAS CASAS	AMATENANGO DEL VALLE	1	0	TUXTLA GUTIERREZ	FRANCISCO LEÓN	1	0
SAN CRISTÓBAL DE LAS CASAS	CHALCHIHUITÁN	2	1	TUXTLA GUTIERREZ	IXTAPA	2	1
SAN CRISTÓBAL DE LAS CASAS	CHAMULA	10	4	TUXTLA GUTIERREZ	OCOTEPEC	1	1
SAN CRISTÓBAL DE LAS CASAS	CHANAL	1	1	TUXTLA GUTIERREZ	OCOZOCOAUTLA DE ESPINOSA	5	3
SAN CRISTÓBAL DE LAS CASAS	CHENALHÓ	4	2	TUXTLA GUTIERREZ	SAN LUCAS	1	0
SAN CRISTÓBAL DE LAS CASAS	HUIXTÁN	2	1	TUXTLA GUTIERREZ	SOYALÓ	1	0
SAN CRISTÓBAL DE LAS CASAS	LARRÁINZAR	2	1	TUXTLA GUTIERREZ	TECPATÁN	3	1
SAN CRISTÓBAL DE LAS CASAS	MITONTIC	2	0	TUXTLA GUTIERREZ	VENUSTIANO CARRANZA	4	2
SAN CRISTÓBAL DE LAS CASAS	OXCHUC	5	2				
SAN CRISTÓBAL DE LAS CASAS	PANTELHÓ	2	1				
SAN CRISTÓBAL DE LAS CASAS	SAN CRISTÓBAL DE LAS CASAS	25	11				
SAN CRISTÓBAL DE LAS CASAS	SAN JUAN CANCUC	3	1				
SAN CRISTÓBAL DE LAS CASAS	TENEJAPA	4	2				
SAN CRISTÓBAL DE LAS CASAS	TEOPISCA	5	2				
SAN CRISTÓBAL DE LAS CASAS	ZINACANTÁN	4	2				

* Baseline counts in this table reflect all 186 segments that completed census, but the household survey was conducted in only 181 segments.

1.3.3 Second-stage sample selection: households

The SMI-Mexico second follow-up household census is conducted in each of the randomly selected segments prior to the SMI-Mexico second follow-up household survey in order to identify all eligible women and children for second-stage sampling. Interviewers visit every household in the segment and create a household roster capturing the age and sex distribution of household members.

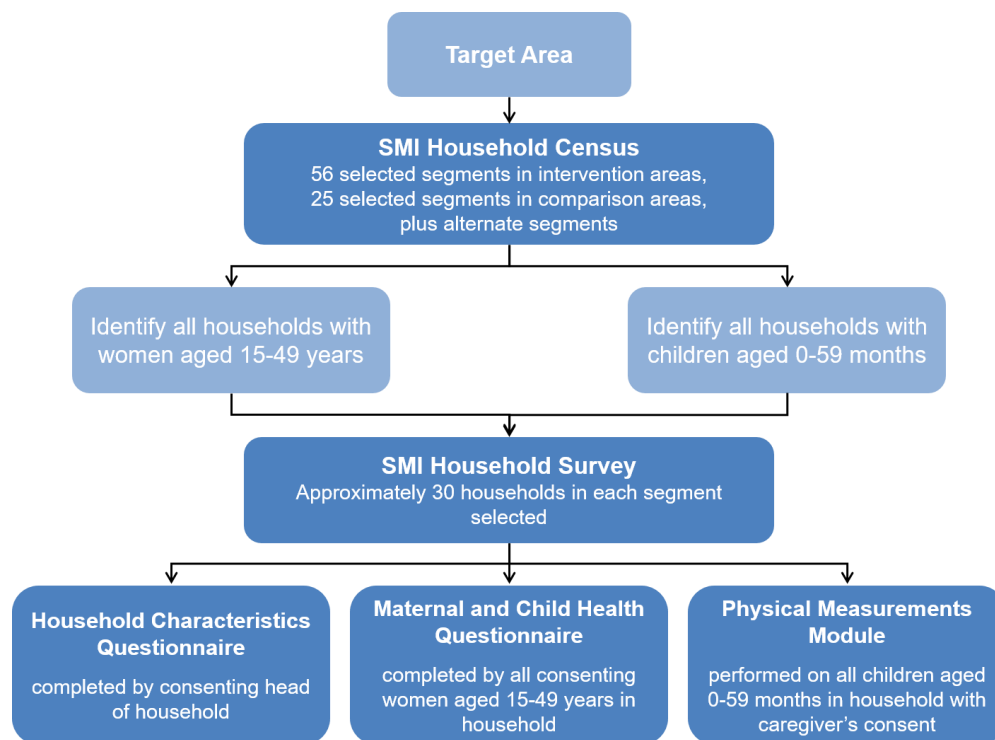
Eligible households are systematically selected from the complete census listing for participation in the SMI-Mexico Household Survey. Thirty households are selected for participation, 25 households with at least one eligible child and five households with only eligible women. In order to ensure at least 30 complete interviews per segment, 10 backup households, eight with at least one eligible child and two with only eligible women, are selected at random in case of refusals or absent households.

All women aged 15-49 years who are members of the selected household are eligible to be interviewed, and all children aged 0-59 months who are members of the selected household are eligible for the physical measurement module. Any household head or other individual knowledgeable about household characteristics and expenditures is permitted to respond to the household characteristics module, while

any primary caregiver of a child 0-59 months is eligible to inform for the child health interview module, regardless of sex or age.

A schematic diagram of the survey implementation is shown in Figure 1.5. Appendix A provides a detailed description of sampling methods.

Figure 1.5: Schematic diagram of SMI survey implementation



1.4 Survey implementation

1.4.1 Data collection instruments

Questionnaires were initially developed in English, and then translated to Spanish during the baseline measurement. To best reflect the issues most relevant to the region under study and the local language, the Spanish-language questionnaires were revised following input from key stakeholders and at the conclusion of the baseline and first follow-up pilot studies (described below). The revised Spanish-language surveys were then back-translated to English. Study areas included a substantial proportion of indigenous populations, many of them also Spanish speakers. In order to allow the participation of non-Spanish speakers in the survey, the data collection team includes interviewers proficient in Tzeltal, Chol, Tzotzil, and Tojolabal who interpret as needed as they administer the survey.

All surveys were conducted using a computer-assisted personal interview (CAPI). The CAPI was

programmed using DatStat Illume and installed onto computer netbooks. CAPI supports skip patterns, inter-question answer consistency, and data entry ranges. The aim of introducing CAPI to the field was to reduce survey time by prompting only relevant questions, maintain a logical answering pattern across different questions, decrease data entry errors, and permit rapid data verification.

1.4.2 Training and supervision of data collectors

At the baseline, a total of 43 people were trained in June 2012 to serve as supervisors and interviewers. Training sessions for the second follow-up survey were conducted in Mexico in January 2018. For household and census data collection, 45 surveyors and ten anthropometrists were trained. All surveyors underwent a week-long training, which included three days of in-classroom instruction and practice of interview application. Teams were split into their respective groups and given in-depth training and practice for each relevant component of data collection. The training included content of each survey, proper conduct of the survey, in-depth review of the instrument, and hands-on training on the CAPI software. Surveyors participated in a two-day pilot data collection exercise in communities that were not selected to be part of the SMI sample, where they applied the census and household survey. IHME held debriefing and re-training sessions with surveyors post-pilot and provided continued training during the first week of data collection in sampled communities.

1.4.3 Data collection, management, and analysis

The SMI-Mexico second follow-up household census, which captures basic demographic characteristics of all usual household occupants, was carried out between July 25, 2012 and May 15, 2013, at the baseline, and between January 30 and May 31, 2018 in in the second follow-up.

Data collection for the SMI-Mexico second follow-up household survey at the baseline began on July 28, 2012, and was completed on May 18, 2013. At the follow-up, data collection began February 23, 2018, and was completed on June 10, 2018. To assure completeness of the sample, field staff were instructed to return to selected households up to three times (on different days, and at least once on a weekend) in an attempt to complete the Household Characteristics Questionnaire, the Maternal and Child Health Questionnaire, and the Physical Measurements Module. Households that refused to participate or were absent at all three visits were substituted with randomly selected alternates.

Data collection teams, consisting of one supervisor and three to five interviewers were deployed to conduct the SMI household census and the SMI household survey. Supervisors were responsible for reviewing questionnaires for quality and consistency prior to departing to each segment. There were eight supervisors overseeing the SMI household census and SMI household survey at baseline, and two supervisors overseeing the follow-up survey.

Data were collected using computer netbooks equipped with CAPI software. Field team leaders monitored the implementation of the survey and report feedback. Data collection using CAPI allowed data to be transferred instantaneously once a survey was completed via a secure connection to IHME. IHME monitored collected data on a continuous basis and provided feedback. Suggestions, surveyor feedback, and any modifications were incorporated into the instruments and readily transmitted to the field.

Data analysis was conducted at IHME using STATA version 14 and R version 3. Performance and monitoring indicators were calculated at IHME following indicator definitions provided by IDB.

The total number of completed interviews with heads of households in the census is shown in Table 1.2, and the total number of completed interviews with heads of households in the household survey is shown in Table 1.3. The total number women of reproductive age who participated in the household survey for each department in Mexico is shown in Table 1.4, and the total number of physical measurements of children aged 0-59 months performed, with corresponding response rates by department, is shown in Table 1.5. Response rates were calculated using the following formula: ($[\# \text{ surveyed}] \div [\# \text{ selected participants}]$). High non-response may affect the reliability of the estimates.

According to the 2010 Mexico Population and Housing Census, we expected a total of 24,917 occupied households in the 81 selected segments in the second follow-up. The SMI household listing exercise found 12,846 occupied households in these segments. Of the 12,846 occupied households, 10,751 completed the SMI household census, yielding a response rate of 84% for this portion of the survey.

Based on information collected during the SMI household census, a subset of households were visited for individual interviews. A total of 2,719 households were visited for the individual interviews in intervention and comparison areas during the second follow-up. Of these, a total of 2,459 Household Characteristics Questionnaires were completed with heads of households, yielding a household response rate of 90.2% in intervention areas and 91.6% in comparison areas.

Using the household roster completed as part of the SMI household survey, 3,098 women of reproductive age (15-49 years) were identified in the intervention and comparison areas during the second follow-up from the sub-sample of interviewed households as eligible for the Maternal and Child Health Questionnaire. Of these women, 3,021 successfully completed the questionnaire (96.9% in intervention areas and 98.8% in comparison areas). The household roster completed as part of the SMI household survey was also used to identify 2,617 children aged 0-59 months as eligible for the Physical Measurements Module among the interviewed households in intervention and comparison areas during the second follow-up. 2,584 of these children participated in either the interview or measurements module (98.8% in intervention areas and 98.7% in comparison areas).

Among those households that were occupied but did not complete the SMI household census, the majority of the non-response for households and individuals was due to household members refusing the interview or being absent.

Table 1.2: Households participating in the SMI census and response rates, by health jurisdiction

	Baseline 2013					Second Follow-Up 2018				
	No. Segments	No. households	No. households eligible	No. households censused	Census response rate, %	No. Segments	No. households	No. households eligible	No. households censused	Census response rate, %
Comitán	6	930	935	777	83.1	3	557	463	441	95.2
Ocosingo	26	3856	3891	3454	88.8	12	1700	1612	1522	94.4
Palenque	39	5462	5563	5194	93.4	15	2434	2315	1859	80.3
Pichucalco	23	3238	3277	3239	98.8	11	1729	1571	1455	92.6
San Cristóbal de las Casas	73	10331	10479	9776	93.3	32	6036	5398	4300	79.7
Tuxtla Gutierrez	19	2575	2630	2584	98.3	8	1320	1237	1174	94.9
Intervention	135	18961	19192	18138	94.5	56	9636	8864	7461	84.2
Comparison	51	7431	7583	6886	90.8	25	4140	3732	3290	88.2

*Response rate calculated as the number of complete or partial interviews over total occupied households.

Overall response rate = household response rate*census response rate.

Table 1.3: Households participating in SMI household survey and response rates, by health jurisdiction

	Baseline 2013					Second Follow-Up 2018				
	No. Segments	No. households selected	No. households interviewed	Household response rate, %	Overall response rate, %	No. Segments	No. households selected	No. households interviewed	Household response rate, %	Overall response rate, %
Comitán	6	182	180	98.9	82.2	3	96	91	94.8	90.3
Ocosingo	25	798	755	94.6	84.0	12	413	364	88.1	83.2
Palenque	37	1200	1118	93.2	87.0	15	496	451	90.9	73.0
Pichucalco	22	707	664	93.9	92.8	11	356	331	93.0	86.1
San Cristóbal de las Casas	72	2210	2115	95.7	89.3	32	1101	982	89.2	71.0
Tuxtla Gutierrez	19	594	578	97.3	95.6	8	257	244	94.9	90.1
Intervention	130	4114	3867	94.0	88.8	56	1889	1703	90.2	75.9
Comparison	51	1577	1543	97.8	88.9	25	830	760	91.6	80.7

*Response rate calculated as the number of complete or partial interviews over total selected households

Table 1.4: Women participating in SMI women’s health and/or pregnancy interview, by health jurisdiction

	Baseline 2013				Second Follow-Up 2018			
	No. women eligible	No. women interviewed	Woman response rate, %	Overall response rate, %	No. women eligible	No. women interviewed	Woman response rate, %	Overall response rate, %
Comitán	261	254	97.3	80.0	116	116	100.0	90.3
Ocosingo	1010	963	95.3	80.1	454	450	99.1	82.5
Palenque	1488	1432	96.2	83.7	544	539	99.1	72.3
Pichucalco	853	837	98.1	91.1	421	420	99.8	85.9
San Cristóbal de las Casas	2990	2770	92.6	82.7	1258	1197	95.2	67.6
Tuxtla Gutierrez	772	732	94.8	90.7	305	299	98.0	88.3
Intervention	5317	5016	94.3	83.8	2149	2083	96.9	73.6
Comparison	2057	1972	95.9	85.2	949	938	98.8	79.8

*Response rate calculated as the number of complete or partial interviews over total eligible women. All children aged 0-59 months who reside in interviewed households, based on the household roster completed as part of the SMI census, are selected for the caregiver interview and physical measurements.

Table 1.5: Children participating in SMI child health interview and/or physical measurements by health jurisdiction

	Baseline 2013				Second Follow-Up 2018			
	No. children eligible	No. children participated	Child response rate, %	Overall response rate, %	No. children eligible	No. children participated	Child response rate, %	Overall response rate, %
Comitán	238	236	99.2	81.5	94	93	98.9	89.3
Ocosingo	1050	1039	99.0	83.1	438	434	99.1	82.5
Palenque	1396	1382	99.0	86.1	436	433	99.3	72.5
Pichucalco	872	866	99.3	92.2	363	363	100.0	86.1
San Cristóbal de las Casas	2352	2307	98.1	87.6	1043	1023	98.1	69.7
Tuxtla Gutierrez	654	635	97.1	92.8	243	238	97.9	88.3
Intervention	4700	4638	98.7	87.7	1856	1833	98.8	74.9
Comparison	1862	1827	98.1	87.2	761	751	98.7	79.7

*Response rate calculated as the number of complete or partial interviews over total eligible women. All women aged 15-49 years who reside in interviewed households, based on the household roster completed as part of the SMI census, are selected for the interview.

1.5 Indigeneity of participating households

Households were classified as indigenous if the head of household reported speaking tzeltal, chol, tzotzil, or tojolabal; four different indigenous languages spoken in the intervention area. In the second follow-up, 79.7% of households were indigenous in treatment areas, compared to 39.1% of households in comparison areas.

Table 1.6: Indigeneity of households, SMI household sample, weighted

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Indigeneity in treatment areas	2910	3825	76.0	3.2	1271	1699	79.7	4.3
Indigeneity in comparison areas	550	1534	39.1	5.9	288	760	39.1	8.6

1.6 Characteristics of Non-Participating Households

Data on selected households that were absent or declined to participate in the SMI Household Survey are drawn from the SMI Household Census. A total of 236 of the 2,719 households that were selected at the second follow-up did not complete the SMI Household Survey. Households that did not complete the SMI Household Survey are referred to as “replaced” households because they were substituted with alternate households selected from the same segment.

Replaced households consisted of one to 13 members (median four members). Fourteen percent of these households were headed by a man, 18.6% of households were headed by a woman, and 67.8% were identified as dual-headed.

Table 1.7: Household characteristics, nonparticipating households

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Head of household						
Dual-headed household	134	85.9	3.6	160	67.8	3.0
Single head, female	16	10.3	2.9	44	18.6	2.7
Single head, male	6	3.8	1.8	32	13.6	2.2

Dual-headed households are those where (a) two individuals were identified as “head” by the respondent or (b) both the person identified as “head” and his or her spouse or partner are household members.

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Number of usual household members	156	0	1	4	5	6	12
Second follow-up 2018							
Number of usual household members	236	0	1	3	4	5	13

1.7 Report structure

The subsequent chapters present characteristics of the surveyed SMI-Mexico sample in intervention areas only. Each table is presented for comparison areas only in Appendix D, and pooled intervention and

comparison areas in Appendix E. Most tables take one of three forms. Tabulations of select-only-one question types are similar to Table 2.2(a). The categories are mutually exclusive, so the proportions sum to 100%. Counts are shown for non-response (“Don’t know” or “Decline to respond” recorded), but these cases are always excluded from the denominator.

Tabulations of select-all-that-apply question types look like Table 2.4(a). As respondents can report more than one option, categories are not mutually exclusive, and thus proportions do not sum to 100%. The table shows affirmative cases (n) and non-missing cases (N). Non-response is the difference between non-missing cases (N) and the total sample eligible for that section of the questionnaire, indicated at the start of the chapter. Where statistics are reported for subpopulations, the size of the subpopulation is reported in the same table or the preceding table for straightforward comparison.

Tabulations of continuous variables, where respondents were requested to provide a numeric response, appear similar to Table 2.2(b) and present the range and quartiles (25th percentile, median, 75th percentile) in order to illustrate the distribution of responses across the sample. Counts of non-response are listed in the table and excluded from the count of non-missing cases (N).

2 CHAPTER 2: CHARACTERISTICS OF HOUSEHOLDS

This chapter provides a descriptive summary of the basic demographic, socioeconomic, and environmental characteristics of the households sampled for the SMI-Mexico Baseline and Second Follow-up Household Survey.

2.1 Characteristics of Participating Households

A total of 1,699 households in the Mexico second follow-up completed the household characteristics questionnaire. In the baseline, 3,826 completed the survey. The remainder of this chapter is dedicated to a summary of the basic demographic, socioeconomic, and environmental characteristics of the households completing the household characteristics questionnaire.

2.2 Age and Sex Composition, SMI Census

The unweighted distribution of the de facto household population in the surveyed households in the SMI-Mexico household census by five-year age groups and by sex is shown for baseline (Figure 2.1) and second follow-up (Figure 2.2). Mexico has a larger proportion of its population in the younger age groups than in the older age groups. Figure 2.2 indicates that in the second follow-up, just under 39% of the population in the Second Follow-up is under age 15 years, more than half (57%) of the population is in the economically productive age range (15-64), and the remaining 4% is age 65 and above.

Figure 2.1: Age and sex of census sample, unweighted percent distribution of de facto household population by five-year age groups, baseline survey

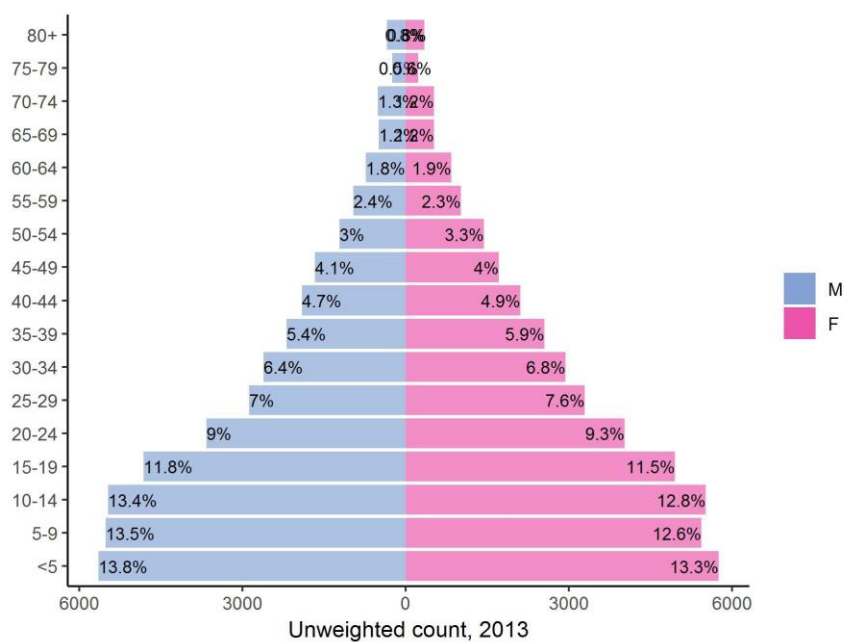
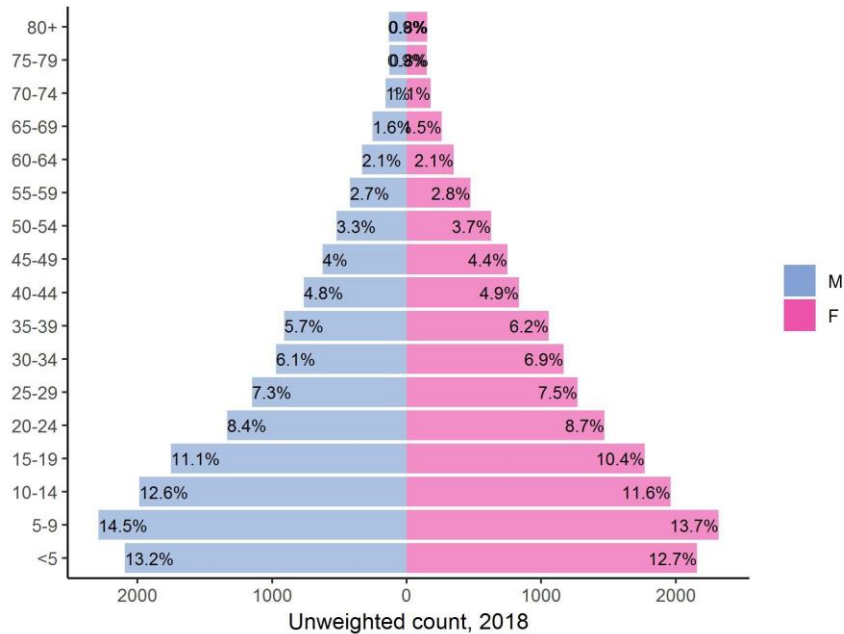


Figure 2.2: Age and sex of census sample, unweighted percent distribution of de facto household population by five-year age groups, follow-up survey



2.3 Household Characteristics, SMI Household Survey

The number of households, women and children in the sample are displayed in Table 2.1; and the percent distribution of households by head of household, number of usual members, and marital status are shown in Table 2.2.

Seventy two percent of households in Mexico identify as dual-headed in the second follow-up. Males are the head of the household in 11.9% of surveyed households in Mexico, with females as the head of household in the remaining 15.6%. The median household size in Mexico is five members, with another 15% of households having six or more members.

Table 2.1: SMI household survey sample sizes: number of total households, women 15-49 years of age, and children 0-59 months

	Baseline 2013	Second Follow-Up 2018
Households	3826	1699
Women	5016	2083
Children	4683	1835

Table 2.2: Household characteristics, SMI household sample

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Head of household						
Dual-headed household	3376	85.5	1.0	1256	72.5	1.9
Single head, female	375	12.5	1.0	226	15.6	1.6
Single head, male	74	2.0	0.3	217	11.9	0.9

Dual-headed households are those where (a) two individuals were identified as "head" by the respondent or (b) both the person identified as "head" and his or her spouse or partner are household members

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Number of usual household members	3825	0	1	4	5	7	17
Second follow-up 2018							
Number of usual household members	1699	0	1	3	5	6	16

2.4 Drinking Water Access and Treatment

2.4.1 Sanitation facilities and waste disposal

A household's source of drinking water is an important determinant of the health status of household members. Contaminated drinking water can spread waterborne diseases, such as diarrhea or dysentery. Piped water, protected wells, and protected springs are expected to be relatively free of these diseases; whereas other sources like unprotected wells, rainwater, or surface water are more likely to carry disease-causing agents.

The percent distribution of households by source of drinking water, location of water source, and information about sanitation facilities is shown in Table 2.3. The majority of surveyed households (75%) have water piped to dwelling, and 25% of households have to go outside their home or yard to a water source.

Many households (46.5%) use a pour flush toilet and 29.8% of households use a flush toilet. In the second follow-up, 0.2 percent of households report having no toilet, compared to 1.4% at baseline.

Table 2.3: Household water source and sanitation facilities

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Household water source						
Piped to dwelling	2334	60.4	2.9	1284	75.0	4.0
Water jug	134	3.6	0.9	100	6.4	2.1
Piped to yard/plot	659	16.8	2.1	109	6.3	1.5
Protected dug well	132	3.8	1.1	71	4.2	1.5
Rainwater collection	56	1.7	0.7	60	3.6	2.0
Unprotected dug well	258	6.5	1.3	37	2.5	0.7
Tubewell/borehole	50	2.0	0.6	14	0.7	0.3
Protected spring	43	0.8	0.3	7	0.4	0.2
Unprotected spring	45	1.2	0.5	6	0.3	0.2
Surface water	28	0.7	0.3	3	0.2	0.2
Public tap/standpipe	57	1.6	0.6	1	0.0	0
Tanker truck	2	0.0	0	0	0.0	0
Cart with small tank/drum	1	0.0	0	1	0.0	0
Bottled water	5	0.1	0.1	0	0.0	0
Other	20	0.7	0.3	6	0.3	0.1
Don't know	0	0	0	0	0	0
Decline to respond	0	0	0	0	0	0
Time it takes to retrieve water (min)						
Water on premises	3408	88.9	2.1	1602	94.5	1.6
Less than 30 minutes	297	8.5	1.6	73	5.0	1.5
30 minutes or longer	86	2.6	0.9	10	0.5	0.2
Don't know	31	0	0	14	0	0
Decline to respond	2	0	0	0	0	0
Sanitation facilities						
Pour flush toilet	1810	45.2	2.6	751	46.5	3.4
Flush toilet	804	21.8	2.4	582	29.8	3.6
Pit latrine	1124	30.9	3.0	348	22.6	4.0
Dry toilet	22	0.6	0.2	7	0.4	0.2
No toilet	56	1.4	0.5	5	0.2	0.1
Other	6	0.1	0.1	6	0.5	0.2
Don't know	2	0	0	0	0	0
Decline to respond	0	0	0	0	0	0

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Shared toilet/facilities	395	3760	10.4	0.9	230	1688	12.1	1.4

2.4.2 Cooking fuel sources

Cooking fuel source and the location for cooking food are included in Table 2.4. The percentage of households with a separate kitchen is also shown. The two most commonly reported cooking fuel sources

used in households during the second follow-up are wood (81.5%) and gas tank (26.7%). Among those households with non-missing responses as to what cooking fuel sources they use, 49.9% report normally cooking food in the house, 48.1% normally cook food in a separate building, and 2% normally cook food outdoors. Eighty six percent of households have a separate kitchen.

Table 2.4: Cooking fuel source and cooking location

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Wood	3116	3824	80.3	2.8	1291	1699	81.5	3.8
Gas tank	1124	3824	30.9	3.2	541	1699	26.7	4.3
Coal	283	3824	8.5	1.5	134	1699	7.5	2.0
Electricity	82	3824	2.3	0.5	24	1699	1.1	0.3
No food cooked at home	0	3824	0.0	0	1	1699	0.1	0.1
Straw/twigs/grass	9	3824	0.2	0.1	0	1699	0.0	0
Agricultural crops	0	3824	0.0	0	0	1699	0.0	0
Other	1	3824	0.0	0	2	1699	0.1	0.1

*categories not mutually exclusive (select all that apply)

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Location for cooking food, if cooking fuel source reported						
Inside house	953	25.9	2.3	901	49.9	5.1
In a separate building	2797	72.5	2.3	758	48.1	5.0
Outdoors	73	1.6	0.3	39	2.0	0.7
Other	1	0.0	0	0	0.0	0
Don't know	0	0	0	0	0	0
Decline to respond	0	0	0	0	0	0

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Separate kitchen, if cooking fuel source reported and food cooked in the home	668	952	70.9	2.5	773	901	86.1	1.7

2.4.3 Household wealth

The median number of bedrooms per household is less than two (Table 2.5). Thirty three percent of households in the second follow-up own agricultural land and 5.2% of households rent agricultural land (Table 2.6).

The availability of durable consumer goods is a good indicator of a household's socioeconomic status. Table 2.6 shows the availability of selected consumer goods by household. The large majority of

households (97.5%) have electricity, and the most commonly owned items are television (71.9%), radio (51.6%), and mobile phone (50.2%). Many households (13.1%) own a bicycle and 7.8% own a car.

Table 2.5: Number of bedrooms per household

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Number of bedrooms	3822	1	0	1	1	2	11
Second follow-up 2018							
Number of bedrooms	1698	1	0	1	2	2	7

Table 2.6: Household assets

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Household assets								
Electricity	3707	3823	97.5	0.4	1661	1699	97.5	0.6
Television	2472	3823	67.1	2.3	1272	1699	71.9	3.2
Radio	2061	3823	56.3	1.9	899	1698	51.6	3.0
Mobile phone	1544	3823	42.5	3.0	908	1699	50.2	3.5
Refrigerator	953	3822	26.8	2.3	519	1699	27.7	3.3
Watch	1263	3823	35.7	1.5	453	1699	25.9	2.5
Guitar	209	3823	5.3	0.6	120	1699	7.0	1.2
Computer	215	3822	6.3	1.0	128	1697	6.1	1.6
Landline phone	176	3822	4.8	0.7	97	1699	4.4	1.2
Transportation assets								
Bicycle	649	3823	18.6	1.8	264	1699	13.1	2.2
Car	309	3823	9.5	0.9	142	1699	7.8	1.4
Motorcycle/scooter	82	3823	2.7	0.5	61	1699	2.7	0.7
Truck	35	3823	1.2	0.4	10	1698	0.8	0.3
Animal cart	3	3823	0.1	0	2	1699	0.1	0.1
Agricultural assets: Livestock ownership								
Chickens	2355	3823	61.0	2.4	991	1698	62.5	3.6
Pigs	217	3823	5.6	1.0	168	1699	12.1	2.4
Sheep or goats	226	3823	6.5	1.7	77	1699	5.7	2.4
Horses, donkeys, or mules	146	3822	3.8	0.8	69	1699	5.2	1.2
Bull or milk cow	53	3823	1.5	0.5	24	1699	1.8	0.7
Cattle	648	3822	17.1	1.4	17	1698	1.3	0.5

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Agricultural assets: Own or rent agricultural land						
No agricultural land	1924	52.3	2.9	1095	61.0	3.7
Owns agricultural land	1624	41.5	2.6	503	33.0	3.5
Rents agricultural land	210	5.0	0.7	87	5.2	0.9
Shared/community-held land	65	1.2	0.2	10	0.8	0.4
Don't know	0	0	0	2	0	0
Decline to respond	0	0	0	2	0	0

2.5 Household expenditure

2.5.1 Total expenditures by type

Households are surveyed about the amount of money spent over the last month. After reporting total household expenditures, households are then asked how much was spent on specific categories (e.g., food, housing, education, and medical care) over the last four weeks. Table 2.7 shows the itemized monthly expenditure per person living in the household summarized by expenditure quintile. All data are presented in current Peso (\$), with no adjustment for inflation. Itemized expenditure information was sufficiently complete to report for 1,613 households at the second follow-up. The lowest quintile in the study area spent less than \$162 per person over the last month in the second follow-up.

Table 2.8 shows the budget share, defined as the weighted average expenditure on each category across a quintile divided by the weighted average total itemized household expenditure in the same quintile. Table 2.8 shows that the poorest 20% of households in the study area spend 62.5% of their monthly expenditure on food, on average. In comparison, the wealthiest households spend 55.1% on food. The poorest households spent 4.2% of their expenditure on medical care, while the wealthiest spent 11.1%.

Table 2.7: Total itemized per- capita expenditure quintiles, current Mexican Peso

	N	DK/DTR	p20	p40	p60	p80
Baseline 2013						
Per capita monthly household expenditure	3631	4	143	247	417	715
Second follow-up 2018						
Per capita monthly household expenditure	1613	0	162	305	538	919

* Not adjusted for inflation

Table 2.8: Itemized household expenditure by total household budget share

	Bottom quintile	2nd quintile	3rd quintile	4th quintile	Top quintile
Baseline 2013					
Food	68.8	68.0	63.8	58.8	45.5
Alcoholic beverages and tobacco	1.2	1.7	1.5	1.4	1.4
Education expenses	5.5	3.9	3.7	3.7	4.1
Furniture and domestic appliances	0.4	0.3	0.3	0.7	0.9
Recreation	0.2	0.1	0.2	0.3	0.8
Housing and utilities	8.0	7.0	6.3	9.7	11.2
Clothing and shoes	8.9	11.6	12.6	10.6	12.9
Transportation	3.5	3.8	4.7	5.5	8.2
Communication	1.0	1.2	1.5	2.4	3.1
Out-of-pocket medical expenses	2.4	2.3	5.4	6.8	11.0
Social security premiums	0.0	0.0	0.0	0.1	0.2
Private insurance premiums	0.0	0.0	0.1	0.0	0.3
Other costs to access health care	0.0	0.0	0.0	0.1	0.4
Second Follow-Up 2018					
Food	62.5	67.4	63.3	60.2	55.1
Alcoholic beverages and tobacco	0.7	1.2	0.4	0.7	1.0
Education expenses	5.6	4.3	3.6	2.9	3.2
Furniture and domestic appliances	0.2	0.2	0.3	0.3	1.1
Recreation	0.0	0.0	0.0	0.2	0.5
Housing and utilities	13.8	7.4	6.2	9.2	10.6
Clothing and shoes	8.2	9.9	13.7	11.9	8.2
Transportation	3.4	3.3	4.3	3.7	6.4
Communication	1.3	1.3	1.5	1.7	2.3
Out-of-pocket medical expenses	4.2	4.9	6.0	8.9	11.1
Social security premiums	0.0	0.0	0.0	0.0	0.0
Private insurance premiums	0.0	0.0	0.5	0.0	0.1
Other costs to access health care	0.0	0.1	0.1	0.4	0.3

2.5.2 Health expenditures

Of the 1,613 households with expenditure data at the second follow-up, 529 reported having health expenditures in the last four weeks. Table 2.9 shows health expenditure by type among households reporting non-zero out-of-pocket health expenditure. Very few households had spending in each category.

Table 2.9: Out-of-pocket medical expenditures by type, last four weeks, current Mexican Peso

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Care that required overnight stay in hospital/clinic	908	1	0	0	0	0	34000
Medications prescribed by health personnel	909	0	0	0	100	450	30000
Dentists	909	0	0	0	0	0	10000
Other health care products or services	908	1	0	0	0	0	5500
Other costs associated with overnight stay in hospital/clinic	908	1	0	0	0	0	5000
Care by traditional/alternative healers/birth attendants	909	0	0	0	0	0	5000
Care or non-prescription medications from pharmacist	909	0	0	0	0	50	3500
Health products (glasses, hearing aids, prosthetics, etc.)	909	0	0	0	0	0	3000
Diagnostic and laboratory tests, X-rays, blood tests	908	1	0	0	0	0	3000
Care by health professionals not requiring overnight stay	907	2	0	0	0	0	1500
Second Follow-Up 2018							
Care that required overnight stay in hospital/clinic	529	0	0	0	0	0	6000
Medications prescribed by health personnel	527	2	0	0	0	335.3	25000
Dentists	529	0	0	0	0	0	6000
Other health care products or services	528	1	0	0	0	0	400
Other costs associated with overnight stay in hospital/clinic	528	1	0	0	0	0	5000
Care by traditional/alternative healers/birth attendants	528	1	0	0	0	0	1000
Care or non-prescription medications from pharmacist	528	1	0	0	0	150	2509
Health products (glasses, hearing aids, prosthetics, etc.)	528	1	0	0	0	0	5000
Diagnostic and laboratory tests, X-rays, blood tests	528	1	0	0	0	0	6000
Care by health professionals not requiring overnight stay	529	0	0	0	0	0	20000

* Not adjusted for inflation

2.5.3 Source of health expenditure financing

Of the 1,613 households with expenditure data at the second follow-up, 80 reported that members of the household went to a hospital and stayed overnight at least once during the last 12 months and paid for expenses associated with the overnight stays. The maximum paid for a hospital stay was \$6,000.

Table 2.10 shows the source and amount of financing for medical expenditures for overnight hospital stays. No single funding source was used by more than about 25% of households with hospital stays.

Table 2.10: Health care financing by source, last 12 months, current Mexican Peso

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Loan from a source other than family or friends	202	1	0	0	0	327.6	70000
Any household member's current income	198	5	0	0	0	319.3	30000
Savings	202	1	0	0	0	179.3	25000
Property sold	203	0	0	0	0	0	20000
Other source	203	0	0	0	0	0	20000
Money from relatives or friends outside the household	202	1	0	0	0	0	10000
Items sold	203	0	0	0	0	0	9000
Political donations or grants	203	0	0	0	0	0	7000
Reducing other household spending	203	0	0	0	0	0	2000
Conditional cash transfer programs	203	0	0	0	0	0	980
Health insurance plan payment/reimbursement	203	0	0	0	0	0	350
Remittances from family or friends abroad	203	0	0	0	0	0	0
Second Follow-Up 2018							
Loan from a source other than family or friends	80	0	0	0	0	1097.2	15000
Any household member's current income	78	2	0	0	0	991.9	10500
Savings	79	1	0	0	0	1329	32000
Property sold	79	1	0	0	0	0	15000
Other source	79	1	0	0	0	0	5000
Money from relatives or friends outside the household	79	1	0	0	0	872.1	40000
Items sold	79	1	0	0	0	0	15000
Political donations or grants	79	1	0	0	0	0	10000
Reducing other household spending	77	3	0	0	0	0	10000
Conditional cash transfer programs	79	1	0	0	0	0	5000
Health insurance plan payment/reimbursement	78	2	0	0	0	0	500
Remittances from family or friends abroad	79	1	0	0	0	0	6000

* Not adjusted for inflation

3 CHAPTER 3: GENERAL CHARACTERISTICS OF RESPONDENTS

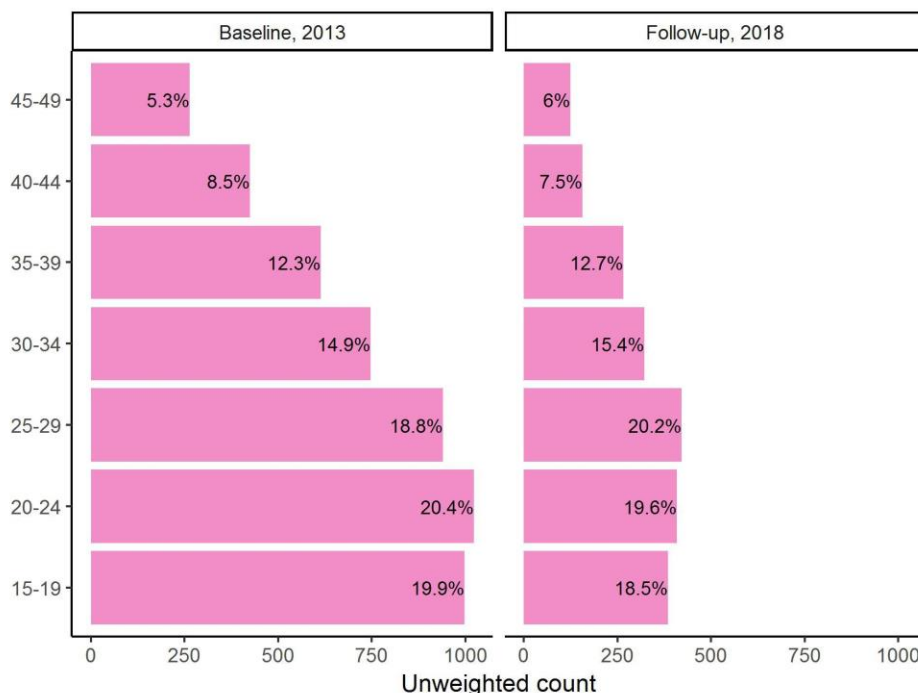
This chapter summarizes the demographic characteristics, socioeconomic status, and health status of women of reproductive age (15-49 years) participating in the SMI-Mexico second follow-up household survey. At the baseline, 4,993 woman’s health interviews were completed, and 25 pregnancy interviews were completed despite the woman not having completed the woman’s health questionnaire. At the second follow-up, 2,078 woman’s health interviews were completed, and 5 additional pregnancy interviews were completed.

3.1 Demographic Characteristics

3.1.1 Age, marital status, relation to head of household

The age distribution of the de facto population of women of reproductive age participating in the women’s health or pregnancy interviews in Mexico is shown in Figure 3.1 by five-year age groups. About 59% of all women participating in the second follow-up SMI-Mexico household survey were younger than 30 years of age, 29% were between the ages of 30 and 39, and 12% were between the ages of 40 and 49. While 27% of women reported being married and 48% being partnered, 17% indicated they were never married. Nine percent of women were reported at the SMI-Mexico census to be the head of household, 26.7% to be the spouse of the head of the household, and 22.9% to be the biological child of the head of the household.

Figure 3.1: Age of respondents, unweighted



* One woman who participated in the baseline interview was excluded because she was unable to provide her age or an estimate of her age.

Table 3.1: Demographic characteristics of respondents

	Baseline 2013		Second Follow-Up 2018	
	n	%	n	%
Marital status				
Single	1113	22.2	440	21.1
Married	1319	26.3	544	26.1
Civil union/partnered	2234	44.5	918	44.1
Divorced	14	0.3	9	0.4
Separated	267	5.3	146	7.0
Widowed	62	1.2	25	1.2
NA	2	0.0	0	0.0
Other	3	0.1	0	0.0
Don't know	1	0.0	0	0.0
Decline to respond	1	0.0	1	0.0
Respondent's relationship to head of household				
Head of household	280	5.6	184	8.8
Spouse	1251	24.9	556	26.7
Biological child	1225	24.4	477	22.9
Adopted or stepchild	17	0.3	6	0.3
Grandchild	33	0.7	7	0.3
Niece/nephew	15	0.3	2	0.1
Parent	9	0.2	3	0.1
Sibling	33	0.7	18	0.9
Daughter-in-law/son-in-law	270	5.4	63	3.0
Sister-in-law/brother-in-law	17	0.3	3	0.1
Grandparent	1	0.0	0	0.0
Mother-in-law/father-in-law	3	0.1	0	0.0
Other relative	2	0.0	2	0.1
Unrelated person	8	0.2	3	0.1
Partner	1828	36.4	755	36.2
NA	17	0.3	1	0.0
Other	7	0.1	3	0.1
Don't know	0	0.0	0	0.0
Decline to respond	0	0.0	0	0.0

*At baseline, marital status is reported by the respondent in the Census. In the second follow-up, marital status is reported by the woman at the start of the Household Survey

* "NA" represents women who were missed in the census and added individually into the household survey, so relationship to the head of household was not registered.

3.2 Education Attainment and Literacy

Eighty three percent of second follow-up survey participants had some formal education (Table 3.2). For 42.2% of these women, the highest level of education completed was primary schooling. Literacy was assessed by asking respondents to read from a card the following sentence: "La salud del niño es muy

importante para su desarrollo en la vida.” Out of the women surveyed in the second follow-up, 63.9% were able to read the whole sentence and 19.6% could not read the sentence at all.

Table 3.2: Education attainment and literacy

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Ever attended school	3975	4993	78.3	1.5	1791	2078	83.4	2.0
Attended literacy course	574	4991	10.9	1.1	156	2073	8.9	1.1

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Educational attainment and literacy						
Primary	2152	55.0	2.3	713	42.2	3.1
Secondary	1061	26.0	1.2	553	29.8	2.0
High school	584	14.2	1.3	388	22.6	2.1
University	173	4.8	0.8	135	5.5	1.4
Don't know	3	-	-	2	-	-
Decline to respond	2	-	-	0	-	-
Literacy						
Cannot read at all	1094	23.0	1.5	328	19.6	2.2
Can read parts	916	19.1	1.1	336	16.2	1.5
Can read entire sentence	2945	57.8	2.0	1395	63.9	3.0
Visually impaired	5	0.1	0.0	4	0.3	0.2
Don't know	31	-	-	14	-	-
Decline to respond	2	-	-	1	-	-

3.3 Employment

As summarized in Table 3.3, the vast majority of respondents in the second follow-up were homemakers (72.6%). Of the 177 women who reported being employed and working at the time of the interview, most (89.6%) identified “employee” as their occupational role.

Table 3.3: Employment

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Employment status						
Homemaker	4056	78.2	1.6	1599	72.6	2.4
Student	351	8.8	0.8	171	11.2	1.3
Employed/paid for work	436	9.7	1.1	177	8.0	1.3
Self-employed	0	0.0	-	99	6.7	1.2
Employed by a family member without pay	108	2.6	0.5	13	1.0	0.4
Unable to work due to disability	9	0.2	0.1	5	0.3	0.2
Employed, but did not work in last week	10	0.4	0.1	3	0.1	0.1
Retired	5	0.1	0.0	2	0.1	0.1
Don't know	17	-	-	8	-	-
Decline to respond	1	-	-	1	-	-
Occupational role, among women employed and being paid for work						
Employee	383	86.9	2.6	164	89.6	3.6
Independent contractor	24	5.5	1.4	7	7.3	3.4
Employer	3	0.7	0.5	4	2.3	1.4
Proprietor	26	6.8	1.9	2	0.8	0.5
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

* Self-employed option was not included in the baseline survey

3.4 Exposure to Mass Media

Respondents were asked about their exposure to newspapers, radio, and television. As displayed in Table 3.4, among women who demonstrated full or partial literacy in the second follow-up, 22.2% had weekly exposure to newspapers. Thirty seven percent of all women had weekly exposure to radio, and 51.5% had weekly exposure to television.

Table 3.4: Exposure to mass media

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Newspapers, among literate women						
At least once a week	1007	28.5	1.8	379	22.2	2.1
Less than once a week	806	20.2	1.3	397	24.5	2.1
Never	2032	51.3	2.2	945	53.3	2.6
Don't know	12	-	-	10	-	-
Decline to respond	0	-	-	0	-	-
Not applicable	4	-	-	0	-	-
Radio						
At least once a week	2167	47.1	2.0	775	36.6	2.7
Less than once a week	841	17.5	1.2	424	21.0	2.0
Never	1831	35.4	1.9	849	42.4	3.0
Don't know	13	-	-	4	-	-
Decline to respond	0	-	-	0	-	-
Not applicable	141	-	-	26	-	-
Television						
At least once a week	2785	60.2	2.3	1078	51.5	2.9
Less than once a week	682	13.4	1.0	465	22.0	2.2
Never	1391	26.4	2.1	516	26.5	3.2
Don't know	7	-	-	3	-	-
Decline to respond	0	-	-	0	-	-
Not applicable	128	-	-	16	-	-

3.5 Access to Health Services

3.5.1 Proximity to health care facilities

Table 3.5 - Table 3.7 display the responses to several survey questions that were used to assess access to health care facilities. Respondents were asked to estimate proximity to health care facilities in terms of distance (kilometers) and travel time. Not surprisingly, respondents typically had more difficulty estimating distance to health care facilities. As shown in the tables below, "Don't know" responses to the distance questions were exceedingly common.

Excluding the 158 women who were unable to estimate the distance to the closest health facility in the second follow-up, 75% of women reported living 3 kilometers or less from a health facility (Table 3.5). Three-quarters of the sample indicated that it took less than 30 minutes to reach this facility by the usual means of transportation. One-quarter estimated the travel time from their household to the closest health facility to be 30 minutes or more.

Women were also asked for the travel distance and time to their usual health facility, if they had a usual health facility. Excluding the 163 women who did not know the distance to the facility in the second follow-up, three-quarters of the women reported traveling up to 3 kilometers, and three-quarters of the women could travel to the closest facility in less than 30 minutes (Table 3.6).

Of the 1,075 women who reported a recent health facility visit for themselves or for family members in the second follow-up, three-quarters traveled less than 3 kilometers for care. Twenty-five percent of women traveled 3 to 360 kilometers for care. Half of women traveled for less than 15 minutes, and one-quarter spent 30 minutes or more traveling for care. The longest travel time reported for a recent illness was approximately 7 hours.

Table 3.5: Proximity to health care facilities: nearest health facility

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	4626	367	0	1	1	4	120
Travel time, min	4601	95	1	10	20	30	2700
Second Follow-Up 2018							
Distance, km	1920	158	0	0.5	1	3	700
Travel time, min	1927	53	1	8	15	30	2100

Table 3.6: Proximity to health care facilities: usual health facility

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	4378	368	0	1	1	4	600
Travel time, min	4632	90	1	10	20	30	2700
Second Follow-Up 2018							
Distance, km	1823	163	0	0.5	1	3	700
Travel time, min	1834	62	1	10	15	30	1800

Table 3.7: Proximity to health care facilities: health facility for recent illness

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	2744	200	0	1	2	5	600
Travel time, min	2887	28	1	10	20	30	5400
Second Follow-Up 2018							
Distance, km	989	61	0	0.5	1	3	360
Travel time, min	997	5	1	10	15	30	420

3.6 Health Status

3.6.1 Current health status

Table 3.8 shows the self-rated current health status of all women participating in the survey. When asked to evaluate their current health status relative to the past year, 67.8% reported that their health was “about the same” in the second follow-up. While 27.9% reported that their health had improved, 4.3% reported worse health on the day of the interview, compared to last year. Eighty percent could “easily” perform their daily activities (e.g., work, housework, and childcare). About 20% of women reported at least some degree of difficulty performing these tasks that was related to their health status.

Table 3.8: Current health status

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Current health relative to last year						
Better	1685	33.4	1.7	576	27.9	2.5
Worse	386	8.0	0.7	81	4.3	0.7
About the same	2910	58.6	1.7	1416	67.8	2.5
Don't know	11	-	-	5	-	-
Decline to respond	1	-	-	0	-	-
Ability to perform daily activities						
Easily	4099	82.1	1.3	1665	80.2	1.6
With some difficulty	802	16.0	1.2	382	18.5	1.6
With much difficulty	77	1.7	0.3	26	1.2	0.3
Unable to do	8	0.2	0.1	4	0.1	0.1
Don't know	6	-	-	1	-	-
Decline to respond	1	-	-	0	-	-

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Days in the last month that physical health was not good						
No days	3597	71.2	1.4	1629	78.4	1.8
1 to 3 days	541	11.4	0.8	180	9.0	1.0
4 to 7 days	827	17.4	1.1	259	12.7	1.3
7 to 29 days	0	0.0	-	0	0.0	-
All month	0	0.0	-	0	0.0	-
Don't know	26	-	-	10	-	-
Decline to respond	2	-	-	0	-	-
Days in the last month that mental health was not good						
No days	3709	73.4	1.6	1696	82.6	1.9
1 to 3 days	512	10.3	0.8	164	8.2	1.1
4 to 7 days	738	16.3	1.2	204	9.3	1.3
7 to 29 days	0	0.0	-	0	0.0	-
All month	0	0.0	-	0	0.0	-
Don't know	31	-	-	14	-	-
Decline to respond	3	-	-	0	-	-

3.6.2 Recent illness

Women were asked a series of questions about any illnesses or health problems they had in the two weeks preceding the interview. Out of the women in the second follow-up, 16.9% reported being sick during that time (Table 3.9). Of the 320 women who reported a recent illness, cough (25.2%), headache (17.9%), abdominal pain (10.8), and fever (10.1%) were the most commonly elicited specific complaints. Twenty nine percent of women specified a different health problem not listed in the questionnaire.

Table 3.9: Recent illness (in the last two weeks)

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Respondent was sick during the past two weeks	786	4992	16.2	0.9	320	2076	16.9	1.4

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of illness, among those sick in the past two weeks						
Cough	118	13.6	1.7	77	25.2	3.4
Headache	170	23.2	2.3	55	17.9	2.6
Abdominal pain	81	11.3	1.8	28	10.8	2.1
Fever	116	14.5	1.8	35	10.1	2.3
Diabetes	4	1.1	0.7	3	1.7	1.1
Vomiting	5	0.5	0.3	3	1.5	1.2
Hypertension	2	0.2	0.2	2	0.8	0.7
Swelling in legs, ankles, or feet	0	0.0	-	2	0.8	0.6
Asthma	3	0.4	0.2	1	0.5	0.5
Diarrhea without blood	9	1.6	0.6	3	0.3	0.2
Diarrhea with vomiting	4	0.3	0.1	2	0.2	0.2
Skin rash/infection	5	0.5	0.2	1	0.2	0.2
Eye/ear infection	5	0.6	0.3	1	0.2	0.2
Toothache	11	2.0	0.9	1	0.2	0.2
Stroke	1	0.1	0.1	1	0.2	0.2
Gynecologic problem	19	1.6	0.4	1	0.1	0.1
Chest infection	0	0.0	-	1	0.1	0.1
Malaria	0	0.0	-	0	0.0	-
Tuberculosis	0	0.0	-	0	0.0	-
Bronchitis	3	0.3	0.2	0	0.0	-
Pneumonia	1	0.1	0.1	0	0.0	-
Diarrhea with blood	0	0.0	-	0	0.0	-
Anemia	3	0.2	0.1	0	0.0	-
Measles	0	0.0	-	0	0.0	-
Jaundice	0	0.0	-	0	0.0	-
HIV/AIDS	0	0.0	-	0	0.0	-
Paralysis	1	0.1	0.1	0	0.0	-
Obstetric problem	4	0.9	0.6	0	0.0	-
Blood in urine	0	0.0	-	0	0.0	-
Other	217	27.2	2.2	101	29.0	3.9
Don't know	4	-	-	2	-	-
Decline to respond	0	-	-	0	-	-

Options for "Swelling in legs, ankles, or feet", "Blood in urine", and "Chest infection" were available only in the follow-up survey. In the baseline, "Chest infection" was included within the "Cough" answer choice.

3.6.3 Utilization of health services

Table 3.10 summarizes data regarding the utilization of health services among the 320 women who reported an illness in the two weeks preceding the second follow-up interview. One hundred twenty one (37.6%) of these women sought care at a health care facility. Many of these women attended a Public health center/clinic health unit (40.7%); another 18.3% attended a Pharmacy clinic. Only two women were hospitalized for their recent illness (2.4% of those who sought care).

Table 3.10: Utilization of health services for illness in the last two weeks

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for recent illness	352	786	45.1	2.9	121	320	37.6	3.7
Admitted to hospital for care*	23	341	6.5	1.7	2	116	2.4	1.9

* Among women who sought care at a public or private hospital, health center/clinic, mobile clinic, or other health facility; public health unit; private office; or pharmacy

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of facility where care was sought						
Public health center/clinic	172	47.2	4.7	48	40.7	6.1
Pharmacy	29	8.9	2.3	20	18.3	4.9
Public health unit	38	11.0	2.4	14	11.3	4.0
Private doctor's office	32	9.1	2.5	14	10.1	3.7
Public hospital	43	12.5	3.1	14	9.1	3.4
Private hospital	6	1.9	1.1	2	4.2	2.9
Private health center/clinic	6	1.2	0.5	4	3.7	2.7
Traditional healer	1	0.3	0.3	2	0.8	0.6
Other private health facility	1	0.4	0.4	1	0.7	0.7
Community health worker	4	2.4	2.1	1	0.5	0.5
Public mobile clinic	13	3.0	1.3	0	0.0	-
Other public health facility	1	0.2	0.2	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other	6	2.0	1.3	1	0.5	0.5
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

3.6.4 Insurance coverage

Less than 86% of women reported being covered by any type of health insurance in the second follow-up (Table 3.11).

Table 3.11: Insurance coverage

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Seguro Popular	3923	77.6	1.5	1707	82.2	1.9
No insurance	910	18.8	1.5	278	14.2	1.6
IMSS	64	1.4	0.3	47	1.6	0.5
ISSSTE	63	1.6	0.4	29	1.4	0.5
Army/Navy/PEMEX	3	0.1	0.0	5	0.2	0.2
Private insurance	8	0.3	0.2	2	0.1	0.1
Other	12	0.3	0.1	6	0.3	0.1
Don't know	9	-	-	2	-	-
Decline to respond	1	-	-	2	-	-

3.6.5 Other barriers to health care access

There are many other barriers to accessing health care. Women who reported that they sometimes or never sought care when they felt sick were asked what reasons prevented them from receiving health care when it was needed. Interviewers were instructed to ask in an open-ended manner for all applicable reasons, and to mark the appropriate response options in the questionnaire based on the woman's response. Table 3.12 summarizes the responses to this section. The most commonly cited factors influencing health care access in the second follow-up were the preference for treatment at home (37.9%) and the belief that the health center does not have sufficient medicines (29%). Thirty eight percent of women did not believe they were ill enough to seek treatment. Access and quality of care were also important barriers: 11.4% of women said the health center was too far away, 2.5% said care was too expensive, and 11.7% said the health center personnel were too difficult to deal with.

Table 3.12: Other barriers to health care utilization, women 15-49 years of age who were sick in the last two weeks but did not seek care

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Not sick enough to seek treatment	151	429	33.1	4.1	68	193	37.9	4.6
Health center does not have sufficient medicines	57	429	12.3	2.5	54	193	29.0	4.2
Treated self at home	127	429	28.9	3.6	45	193	26.8	4.9
It is difficult to deal with health center personnel	18	429	3.3	1.0	19	193	11.7	2.9
Health center is too far away	44	429	12.3	3.0	21	193	11.4	3.4
Health center is not well-equipped	16	429	4.2	1.8	17	193	8.8	2.9
Health center infrastructure is poor	17	429	3.9	1.6	13	193	6.3	2.5
Too busy with work, children, or other commitments	26	429	6.9	1.8	8	193	4.9	2.2
Could not afford transportation	10	429	1.9	0.7	9	193	4.0	1.5
Tried, but no staff was at the center	11	429	1.6	0.5	6	193	3.6	1.9
Was previously mistreated	5	429	0.9	0.4	6	193	2.8	1.4
Could not find transportation	3	429	0.5	0.3	8	193	2.7	1.4
Care is too expensive	48	429	14.0	2.9	7	193	2.5	1.0
Health center personnel not knowledgeable	3	429	0.9	0.6	4	193	2.3	1.7
Religious or cultural beliefs	9	429	2.1	0.9	5	193	2.3	1.3
Did not want to go alone	9	429	1.4	0.5	3	193	1.6	1.1
Tried, but was refused care	8	429	2.7	1.7	2	193	1.4	1.3
Do not trust the personnel	10	429	3.4	1.6	7	193	1.3	0.5
Could not get permission to go to the doctor	1	429	0.3	0.3	1	193	0.1	0.1
Did not know where to go	1	429	0.3	0.3	0	193	0.0	-
Other	64	429	15.8	2.9	38	193	15.8	4.0

*categories not mutually exclusive (select all that apply)

4 CHAPTER 4: EXPOSURE TO HEALTH SYSTEM INTERVENTIONS

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

4.1 Exposure to Community Health Workers

Respondents were asked about their exposure to community health workers. Seven percent of women reported meeting with a community health worker in the month preceding the second follow-up interview (Table 4.1). Six percent met only once, and 1.6% met two or more times.

Table 4.1: Exposure to community health workers, women 15-49 years

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Did not meet	4163	86.3	1.3	1888	92.7	1.4
One time	712	12.2	1.2	124	5.7	1.0
Two times	69	1.2	0.3	25	1.0	0.5
Three times	9	0.2	0.1	10	0.5	0.2
Four or more times	14	0.2	0.1	4	0.1	0.1
Don't know	23	-	-	19	-	-
Decline to respond	0	-	-	2	-	-

Referral and advice services provided by community health workers are summarized in Table 4.2. Among women who met with a community health worker in the last month during the second follow-up, family planning methods or counseling was the most common service provided (73.2%). Advice about vaccination for children (62.4%) and child nutrition counseling (49.8%) was also frequently reported.

Table 4.2: Services provided by community health workers, women 15-49 years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Family planning methods or counseling	480	815	59.0	4.0	128	168	73.2	4.1
Vaccination for children	493	814	59.9	3.5	113	170	62.4	5.8
Child nutrition counseling	481	814	55.6	3.6	87	169	49.8	5.8
Referral for antenatal care	245	813	29.3	3.7	69	168	37.9	5.0
Referral for voluntary HIV/syphilis counseling and testing*	219	808	25.9	3.2	46	167	29.7	5.0
Referral for postnatal care	205	811	25.3	3.4	50	165	26.9	5.6
Referral for in-facility delivery	179	808	21.8	3.1	44	166	25.0	5.4
Information, education, and communication sessions (IEC)	228	805	25.4	2.5	41	165	24.4	4.5

* For the prevention of HIV/syphilis transmission from mother to child

	Second Follow-Up 2018			
	n	N	%	SE
Provided deworming treatments	91	169	55.2	7.1
Provided diarrhea treatment with ORS and zinc	80	169	47.1	5.8
Provided micronutrients	68	164	44.0	7.1
Other	22	167	15.3	3.4

Questions about these topics were not asked at baseline. They were added to the second follow-up survey to track exposure to SMI interventions.

4.2 Satisfaction with Community Health Workers

Women who met with a community health worker in the month preceding the interview were asked to assess their satisfaction with the following: number of visits, information provided by community health workers, and respectfulness of community health workers. Results are displayed in Table 4.3.

Table 4.3: Satisfaction with community health workers, women 15-49 years of age who met with community health workers in the last month

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Satisfaction with number visits from community health workers						
Very dissatisfied	33	4.1	1.0	14	7.1	2.3
Dissatisfied	74	10.1	1.7	7	4.5	2.0
Satisfied	659	79.5	2.3	139	86.5	2.5
Very satisfied	47	6.2	1.6	5	1.9	0.8
Don't know	4	-	-	11	-	-
Decline to respond	0	-	-	0	-	-
Satisfaction of knowledge and training of community health workers						
Very dissatisfied	34	4.3	1.0	14	7.1	2.3
Dissatisfied	68	9.7	1.7	8	5.0	2.0
Satisfied	654	80.0	2.2	137	85.1	2.9
Very satisfied	56	6.0	1.4	5	2.8	1.7
Don't know	5	-	-	12	-	-
Decline to respond	0	-	-	0	-	-
Satisfaction with information provided by community health workers						
Very dissatisfied	34	4.3	1.0	14	7.1	2.3
Dissatisfied	66	8.6	1.5	9	5.3	2.0
Satisfied	663	81.7	2.1	139	86.5	2.5
Very satisfied	49	5.4	1.3	3	1.1	0.6
Don't know	5	-	-	11	-	-
Decline to respond	0	-	-	0	-	-
Satisfaction with respectfulness shown by community health workers						
Very dissatisfied	32	4.1	1.0	14	7.2	2.3
Dissatisfied	80	9.9	1.5	8	5.1	2.0
Satisfied	649	80.3	2.1	137	85.6	2.2
Very satisfied	51	5.7	1.4	4	2.1	1.2
Don't know	5	-	-	13	-	-
Decline to respond	0	-	-	0	-	-

4.3 Counseling provided in health facilities

Respondents who had visited a health facility in the last 12 months (922 women at the second follow-up) were asked whether they were given counseling about certain topics by health center personnel. Approximately 30.1% of women in the second follow-up reported receiving guidance or advice about breastfeeding in the 12 months preceding the interview (Table 4.4). Approximately 34.1% of women in the second follow-up reported receiving guidance or advice about child nutrition in the 12 months preceding the interview (Table 4.4). Approximately 34% of women in the second follow-up reported receiving guidance or advice about danger signs for children's health in the 12 months preceding the interview (Table 4.4).

Table 4.4: Exposure to breastfeeding, child nutrition, and child health interventions, women 15-49 years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Breastfeeding	818	2333	33.0	1.9	308	905	30.1	3.0
Child nutrition	1031	2334	41.5	1.9	355	911	34.1	2.8
Danger signs for children's health	832	2323	33.7	1.8	342	899	34.0	2.6

4.4 Counseling provided in health facilities to women with children

In the follow-up survey, respondents who had visited a health facility in the last 12 months and who had children (802 women at the second follow-up) were asked whether they were given counseling about certain topics by health center personnel.

Table 4.5: Counseling provided in health facilities to women with children

	Second Follow-Up 2018			
	n	N	%	SE
Deworming	300	787	38.5	3.3
Diarrhea treatment with ORS and zinc	297	783	37.1	3.5
Micronutrients	191	777	24.6	2.9

* Questions about these topics were not asked at baseline. They were added to the second follow-up survey to track exposure to SMI interventions.

5 CHAPTER 5: FAMILY PLANNING

This chapter summarizes key indicators related to the knowledge of, access to, need for, and use of family planning methods among women of reproductive age (15-49 years) participating in the SMI-Mexico second follow-up household survey.

Family planning questions were asked only to women of reproductive age who were married or partnered. During the SMI-Mexico baseline household survey, family planning questions were asked to women whose marital status was reported as “married” or “partnered” by the SMI-Mexico household census respondent. During the second follow-up, the family planning section was instead conditioned on a question about marital status asked to the respondent herself at the start of the woman’s health interview. This captured participants who had a change in marital status between the census and household survey and participants whose marital status was incorrectly recorded in the census. At the baseline, 3,538 women qualified for the family planning questions, and at the second follow-up, 1,457 women qualified.

5.1 Knowledge of the Fertile Period

The successful use of family planning methods depends on an understanding of when during the menstrual cycle a woman is most likely to conceive. This is especially true for traditional methods such as the rhythm method (i.e., periodic abstinence) and the withdrawal method. To assess knowledge of the fertile period, women were asked if there are certain days when a woman is more likely to become pregnant, and when during the menstrual cycle those days occur. Responses to these questions are summarized in Table 5.1. In the second follow-up, 55.7% of women indicated that there were certain days when a woman is more likely to become pregnant, and of these women, only 27.5% identified the correct timing of the fertile period (halfway between two periods).

Table 5.1: Knowledge of the fertile period, women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Knowledge of the fertile period	1235	2593	45.8	2.7	531	922	55.7	3.8

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Knowledge of timing of fertile period, among women who know of fertile period						
Just before period	177	14.6	2.1	77	14.8	2.3
During period	42	3.9	0.8	25	4.6	1.4
Just after period	635	54.3	2.9	255	53.0	3.3
Halfway between periods	313	26.0	2.7	125	27.5	3.7
Other	8	1.2	0.7	1	0.1	0.1
Don't know	58	-	-	44	-	-
Decline to respond	2	-	-	4	-	-

5.2 Use of Family Planning Methods

5.2.1 Current use

The coverage of contraceptive methods is one of the indicators most frequently used to assess the success of family planning program activities. It is also widely used as a determinant of fertility. Women who said they had heard of a family planning method were asked if they were currently using that method. Table 5.2 displays the percentage of all women using at least one family planning method, as well as the percentage of women reporting use of more than one family planning method at the time of the interview. Forty percent of all survey respondents in the second follow-up reported current use of at least one family planning method.

Women considered “in need” of family planning methods are those who are married or partnered, excluding those who report the following characteristics: does not have sexual relations, virgin, menopausal, infertile, hysterectomy, pregnant, or wants to become pregnant. Even women not considered “in need” of contraception may use a method. Table 5.3 shows the uptake of modern family planning methods among all married and partnered women (39.5%), and among women considered “in need” of contraception (48.3%).

Table 5.2: Current use of family planning methods, women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Currently in need of contraception	2706	3538	75.2	1.3	1177	1451	78.7	1.3
Current use of any method, among married or partnered women	1506	3538	42.4	2.1	612	1451	39.5	3.1

Table 5.3: Current use of modern family planning methods, women 15-49 years of age who are married or partnered and in need of contraception

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Current use of any method, among women in need of contraception	1424	2706	53.3	2.3	592	1177	48.3	3.7
Current use of modern method, among women in need of contraception	1290	2706	48.8	2.2	574	1177	47.0	3.6

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Number of methods the respondent is currently using						
Not using any family planning methods	1302	47.8	2.3	589	51.9	3.7
Using 1 family planning method	1383	51.3	2.2	585	48.0	3.7
Using 2 family planning methods	17	0.7	0.3	2	0.1	0.1
Not using any family planning methods	1	0.0	-	0	0.0	-
Using 1 family planning method	2	0.1	0.1	1	0.0	-
Using 2 family planning methods	1	0.0	-	0	0.0	-

Table 5.4 displays the percentage of all women using specific family planning methods. The methods most commonly in use during the second follow-up are female sterilizations (18.8%) and injectable (8.9%).

Table 5.4: Current use of family planning methods, by type of method, for women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Female sterilization	532	3530	17.5	1.4	223	1443	18.8	2.0
Injectable	447	3530	11.1	0.9	158	1443	8.9	1.3
Implant	73	3528	1.5	0.3	123	1443	5.3	0.6
Male condom	115	3530	3.5	0.6	32	1442	2.6	0.7
Intrauterine device (IUD)	127	3529	3.0	0.4	41	1442	2.2	0.5
Oral contraceptive	41	3530	1.3	0.3	14	1443	0.8	0.3
Withdrawal	54	3527	1.6	0.4	9	1443	0.7	0.3
Lactational amenorrhea	33	3528	0.7	0.2	6	1442	0.3	0.1
Male sterilization	4	3529	0.2	0.1	2	1443	0.1	-
Rhythm	66	3528	1.7	0.3	3	1443	0.1	0.1
Other traditional method	14	3529	0.3	0.1	2	1443	0.1	0.1
Female condom	0	3529	0.0	-	0	1443	0.0	-
Diaphragm	0	3529	0.0	-	0	1443	0.0	-
Sponge	0	3529	0.0	-	0	1443	0.0	-
Emergency contraception (Plan B)	0	3529	0.0	-	0	1443	0.0	-
Other modern method	3	3529	0.1	-	0	1442	0.0	-

* categories not mutually exclusive (select all that apply)

5.3 Sources of Family Planning Methods

Information on where women obtain contraceptive methods is important for family planning program managers. The places where the currently-used family planning methods were acquired are summarized in Table 5.5.

The public sector is the source most commonly reported by users of most modern family planning methods, including female sterilization. Pharmacies are important sources for injectables, the pill, and male condoms. Women report learning about traditional methods in the public sector, from friends or relatives, or at church (Table 5.6).

Table 5.5: Source of modern family planning methods, women 15-49 years of age who are married or partnered

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Injectable						
Public health center/clinic	245	54.7	4.4	120	82.1	3.8
Public hospital	25	5.1	1.3	11	5.5	2.4
Public health unit	55	12.8	2.8	10	4.6	2.0
Pharmacy	52	10.7	1.9	9	3.4	1.3
Private doctor's office	2	0.3	0.2	3	1.3	0.9
Public mobile clinic	28	6.3	2.1	2	1.0	1.0
Community health worker	29	7.5	3.4	1	0.8	0.7
Private health center/clinic	0	0.0	-	1	0.5	0.5
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	1	0.2	0.2	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	1	0.2	0.2	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	2	0.3	0.2	0	0.0	-
Other	7	2.0	1.1	1	0.7	0.8
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Female sterilization						
Public hospital	336	62.8	3.5	128	57.0	5.4
Public health center/clinic	143	28.2	3.2	60	26.1	4.4
Public health unit	20	3.2	1.0	16	10.6	4.0
Private hospital	14	3.2	1.0	6	1.5	0.9
Private health center/clinic	6	1.2	0.6	5	1.2	0.6
Other private health facility	1	0.1	0.1	2	1.1	0.9
Private doctor's office	4	0.3	0.2	2	0.9	0.6
Public mobile clinic	1	0.1	0.1	0	0.0	-
Other public health facility	1	0.2	0.1	0	0.0	-
Private mobile clinic	1	0.1	0.1	0	0.0	-

(continued)

	n	%	SE	n	%	SE
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	5	0.6	0.3	4	1.6	1.0
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Oral contraceptive						
Public health center/clinic	19	29.8	9.8	7	45.7	14.4
Pharmacy	6	28.4	13.9	4	38.8	20.0
Public health unit	4	11.9	7.3	2	12.1	9.2
Private health center/clinic	1	1.9	1.9	1	3.4	3.6
Public hospital	6	8.8	4.3	0	0.0	-
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	1	4.0	4.0	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	1	1.0	1.0	0	0.0	-
Community health worker	2	3.3	2.4	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	1	11.0	10.2	0	0.0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Intrauterine device (IUD)						
Public health center/clinic	66	46.6	6.5	23	67.4	8.0
Public hospital	33	32.2	7.8	10	21.1	7.0
Private doctor's office	6	6.0	2.5	2	3.7	2.9
Public health unit	15	10.3	3.9	2	3.5	2.6
Private hospital	1	0.4	0.4	2	2.1	1.4
Private health center/clinic	1	1.0	1.0	1	1.2	1.1
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	1	0.7	0.6	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	1	0.6	0.6	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	1	0.5	0.5	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	2	1.8	1.3	1	1.0	1.0

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	n	%	SE	n	%	SE
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Implant						
Public health center/clinic	38	50.2	7.5	79	67.2	5.0
Public hospital	20	25.9	6.7	27	21.4	4.0
Public health unit	6	7.5	3.6	12	7.6	2.2
Public mobile clinic	0	0.0	-	3	2.2	1.7
Private doctor's office	0	0.0	-	1	0.4	0.4
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	2	1.8	1.2	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	2	9.5	7.9	0	0.0	-
Community health worker	4	3.7	3.5	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	1	1.5	1.5	1	1.3	1.3
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Male condom						
Pharmacy	73	68.7	5.2	25	78.0	9.9
Public health center/clinic	27	17.4	3.9	6	20.9	10.0
Store	1	0.8	0.8	1	1.1	1.1
Public hospital	6	4.3	2.0	0	0.0	-
Public health unit	3	5.9	4.4	0	0.0	-
Public mobile clinic	1	0.9	0.9	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	1	0.5	0.5	0	0.0	-
Other	2	1.7	1.2	0	0.0	-
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Male sterilization						
Public health center/clinic	2	52.4	31.1	2	100.0	0.0
Public hospital	1	47.6	31.1	0	0.0	-
Public health unit	0	0.0	-	0	0.0	-
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-

(continued)

	n	%	SE	n	%	SE
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	0	0.0	-	0	0.0	-
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

*One woman at baseline who used emergency contraception (Plan B) selected "Other" and one woman at follow-up who used female condoms selected "Other".

*Diaphragm was omitted from table because no women reported receiving it in baseline or follow-up.

Table 5.6: Source of knowledge about traditional family planning methods, women 15-49 years of age who are married or partnered

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Lactational amenorrhea						
Public health center/clinic	10	24.9	8.9	2	84.3	16.4
Public hospital	0	0.0	-	0	0.0	-
Public health unit	1	4.0	4.0	0	0.0	-
Public mobile clinic	1	4.0	3.5	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	3	10.4	5.3	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	1	4.0	3.5	0	0.0	-
Friend/parent	11	37.1	9.7	0	0.0	-
Other	5	15.6	5.9	1	15.7	16.4
Don't know	1	-	-	3	-	-
Decline to respond	0	-	-	0	-	-
Rhythm						
Public health center/clinic	9	24.7	9.6	2	64.4	28.8
Friend/parent	32	42.2	8.2	1	35.6	28.8
Public hospital	4	6.9	3.5	0	0.0	-
Public health unit	4	5.1	2.6	0	0.0	-
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	2	3.1	2.4	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	1	1.3	1.3	0	0.0	-
Other	13	16.7	5.0	0	0.0	-
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Withdrawal						
Public health center/clinic	6	8.2	3.4	2	44.8	24.5
Friend/parent	24	52.7	11.6	2	12.1	9.0
Public health unit	1	2.5	2.6	1	4.1	4.4
Public hospital	3	5.5	3.0	0	0.0	-

Public mobile clinic	1	1.6	1.6	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	1	5.1	4.7	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	1	0.8	0.8	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	2	4.7	3.2	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Other	12	18.9	7.0	4	39.0	21.2
Don't know	3	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

5.4 Non-Use and Interruption of Use of Family Planning Methods

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

5.4.1 Prevalence of interruption

The prevalence of interruption and non-use of family planning methods is summarized in Table 5.7. Of women participating in the second follow-up survey, 78.7% are considered “in need” of contraception (i.e., they did not report any of the following: does not have sexual relations, virgin, menopausal, infertile, hysterectomy, pregnant, or wants to become pregnant). Among these women in need, 2.3% reported any interruption in the use of family planning methods in the previous year.

Table 5.7: Interruption and non-use of family planning methods, among women 15-49 years of age who are married or partnered and in need of contraception

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Discontinuation rate*	68	2706	2.2	0.4	32	1177	2.3	0.6

* any interruption in use during the last year, among women in need of contraception

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Number of interruptions in use during the last year						
none	2638	97.8	0.4	1145	97.7	0.6
once	67	2.2	0.4	31	2.2	0.6
2-6 times per year	1	0.0	-	1	0.1	0.1
7-12 times per year	0	0.0	-	0	0.0	-
>12 times per year	0	0.0	-	0	0.0	-

5.4.2 *Reasons for non-use*

Women who indicated they were not using any method on the day of the interview, were asked to specify all reasons why they did not use a method. The interviewer matched responses provided by the respondent to a list of reasons in the questionnaire (Table 5.8). The most commonly cited reasons for non-use at the time of the second follow-up interview were, do not like to use contraception (39.1%), respondent is trying to become pregnant (9.3%), and respondent is using contraception interferes with normal body processes (8.3%).

Table 5.8: Reasons for non-use of family planning methods, women 15-49 years of age who are married or partnered and not currently using family planning methods

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Do not like to use contraception	727	2006	32.8	2.5	316	798	39.1	3.9
Trying to become pregnant	160	2006	8.1	1.1	73	798	9.3	1.5
Using contraception interferes with normal body processes	248	2006	12.4	1.7	69	798	8.3	2.0
Using contraception is uncomfortable	245	2006	11.9	1.3	67	798	7.4	1.8
Knows no method	163	2006	8.3	1.0	49	798	6.8	1.7
Not sexually active	154	2006	7.4	1.2	37	798	5.2	1.5
Married	488	2006	25.2	2.0	36	798	3.8	1.4
Concerned about side effects	256	2006	12.8	1.4	35	798	3.8	1.2
Currently pregnant	196	2006	8.8	0.8	28	798	3.5	0.9
Breastfeeding	147	2006	5.7	0.6	38	798	3.4	0.5
Infrequently sexually active	107	2006	6.5	1.0	23	798	3.3	0.8
Menopausal	62	2006	4.6	0.9	11	798	2.5	0.9
Knows no source for methods	53	2006	3.5	0.8	17	798	2.3	0.8
Infertile	65	2006	4.5	0.9	8	798	1.7	0.9
No menstrual period since giving birth	74	2006	3.2	0.4	11	798	0.9	0.3
Against religious beliefs	117	2006	5.7	1.0	5	798	0.9	0.5
Opposed to use	303	2006	14.0	1.4	8	798	0.8	0.3
No method was available	14	2006	1.0	0.6	5	798	0.8	0.4
Unmarried	33	2006	2.0	0.5	3	798	0.6	0.4
Spouse or partner opposed to use	186	2006	9.2	1.0	5	798	0.5	0.3
The health facility is too far away	14	2006	0.6	0.2	2	798	0.4	0.3
Preferred method was not available	22	2006	1.1	0.5	5	798	0.4	0.2
Have undergone hysterectomy	30	2006	1.8	0.5	4	798	0.3	0.2
Others opposed to use	17	2006	0.6	0.2	2	798	0.2	0.1
The method is too expensive	23	2006	0.8	0.2	2	798	0.2	0.1
Mistrust health center staff	36	2006	2.4	0.8	2	798	0.2	0.1
Could not find transportation to a health facility	10	2006	0.9	0.5	1	798	0.1	0.1
Virgin	8	2006	0.5	0.2	0	798	0.0	-
Could not afford transportation	15	2006	1.1	0.5	0	798	0.0	-
Health facility staff difficult to deal with	12	2006	0.8	0.3	0	798	0.0	-
Other	74	2006	3.4	0.6	59	798	6.7	1.3

* "Using contraception affects health" was an option offered in the second follow-up, but was not available at baseline.

147 women selected this as a reason for not using family planning at the second follow-up.

* categories not mutually exclusive (select all that apply)

5.5 Family Planning Intentions and Decision-Making

5.5.1 Participation in family planning decision

In this setting in the second follow-up, 93.5% of women report that decisions about family planning methods are jointly made by the respondent and her partner. In only 2.9% of cases, the decision to use family planning methods is up to the respondent's partner alone.

Table 5.9: Participation in family planning decision-making, women 15-49 years of age who are married or partnered and are currently using family planning methods

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Joint decision	1664	88.8	1.2	772	93.5	1.2
Mostly the respondent	109	6.0	0.8	35	3.3	0.7
Mostly respondent's spouse/partner	81	4.5	0.8	25	2.9	1.0
Others	13	0.6	0.2	2	0.2	0.1
Not applicable - not partnered	3	0.2	0.1	1	0.1	0.1
Don't know	11	-	-	9	-	-
Decline to respond	3	-	-	0	-	-

5.5.2 Informed choice

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

Table 5.10 shows the percent of women currently using family planning methods who were told about other options for contraception (60.9% of women in the second follow-up).

Table 5.10: Family planning decision-making, informed choice, women 15-49 years of age who are married or partnered and who are currently using family planning methods

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Informed about other family planning options by a doctor, nurse, or community health worker	1275	1879	64.5	2.2	484	838	60.9	2.3

5.6 Exposure to Family Planning Information

5.6.1 Family planning messages delivered by health care providers

Respondents were asked about their exposure to family planning messages delivered by health care providers (Table 5.11). Out of the women in the second follow-up who went a health care facility in the past 12 months, 68.3% reported being advised about family planning while at the health care facility. Eighteen percent of all respondents indicated that they had been visited by a health promoter who provided information about family planning in the last 12 months. Just 10.8% of respondents who had

not attended a health facility in the last 12 months were visited by a health promoter who provided information about family planning.

Table 5.11: Family planning messages delivered by health care providers in the last 12 months, women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Discussion about family planning methods with staff member at a health facility	1217	1781	66.6	2.2	442	636	68.3	2.8
Discussion about family planning methods during health promoter visit	869	3528	22.8	1.7	256	1444	17.7	1.8
Visit by promotor, among women who had not visited a health facility	208	1733	10.6	1.4	74	800	10.8	2.2

5.7 Age at First Birth

5.7.1 Age at first birth

Out of respondents in the second follow-up, 66.5 percent had ever given birth (Table 5.12). Of these women, the median age of the women when their first child was born was 19 years old. Only a quarter of women were 21 years old or older when their first child was born. Five percent of women reported a history of stillbirth, miscarriage, and/or abortion.

Table 5.12: Parity and age at first birth, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Ever given birth	3877	4993	69.8	1.2	1632	2076	66.5	1.6
Ever had a stillbirth, miscarriage, or abortion	297	4988	5.5	0.5	121	2071	5.0	0.7

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Age at first birth, among parous women	3773	0	11	17	19	21	43
Second follow-up 2018							
Age at first birth, among parous women	1599	0	12	17	19	21	42

6 CHAPTER 6: MATERNAL HEALTH CARE

This chapter summarizes key indicators pertaining to antenatal care, delivery care, and postpartum care for the most recent live birth in the last two years as reported by women of reproductive age (15-49 years) participating in the SMI-Mexico second follow-up household survey. Participating women were interviewed about all live births in the last five years, but to reduce the impact of recall bias, results reported here are for each woman's most recent birth in the last two years. At the baseline, 2,077 women were interviewed about at least one birth in the last two years. At the second follow-up, 705 women were interviewed about births in the last two years.

6.1 Antenatal Care

To reduce recall bias, data pertaining to antenatal care are summarized for a woman's most recent birth in the last two years.

6.1.1 *Antenatal care coverage*

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

The percentage of women with a birth in the last two years who attended at least one antenatal care visit for the most recent birth, and the percent distribution of timing of care among those who received any antenatal care are presented in Table 6.1. Definition of "most recent birth" changed between baseline and second follow-up. The type of facility where antenatal care was sought is detailed in Table 6.2.

Among women with a child under the age of 2 in the second follow-up, 88.8% attended at least one antenatal care visit and 76.3% of women had at least one antenatal care visit with a doctor or professional nurse. At the second follow-up, 30.1% of women had an antenatal care visit during the first trimester (first 12 weeks) with a doctor or professional nurse, compared to 26.5% at the baseline. The median age of gestation at the first antenatal care visit during the second follow-up was 3 months.

Table 6.1: Antenatal care coverage for the most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Attended at least one antenatal care visit	1927	2071	92.4	0.9	637	704	88.8	3.4
Attended at least one antenatal care visit with doctor or professional nurse	1474	2071	68.6	2.2	561	705	76.3	4.0
Antenatal care visit with doctor or professional nurse in the first trimester (12 weeks)	571	2045	26.5	1.7	243	698	30.1	3.1

* Definition of most recent birth changed between baseline and second follow-up

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Month of gestation of first ANC visit	1901	24	0.2	2	3	4	9
Second follow-up 2018							
Month of gestation of first ANC visit	631	6	0.2	2	3	4	9

Regarding the type of facility where antenatal care was usually sought during the second follow-up (Table 6.2), most women who attended antenatal care for their most recent delivery in the last two years sought care in a Public health center/clinic (61.7%) or Public hospital (10.6%). Only 8.9% of women sought antenatal care in a public health unit.

Table 6.2: Usual antenatal care location, women 15-49 years of age who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Public health center/clinic	935	46.9	2.6	395	61.7	4.6
Public hospital	139	6.3	0.9	62	10.6	3.2
Public health unit	232	12.6	1.9	55	8.9	1.9
Private doctor's office	42	1.8	0.4	32	3.4	0.9
Public mobile clinic	56	3.2	1.0	6	0.8	0.4
Private hospital	11	0.5	0.2	3	0.6	0.3
Pharmacy	6	0.3	0.1	2	0.4	0.3
Private health center/clinic	17	0.8	0.2	3	0.3	0.2
Community health worker	68	3.5	0.7	1	0.2	0.2
Traditional healer	50	3.0	0.6	1	0.2	0.2
Other private health facility	0	0.0	-	1	0.1	0.1
Other public health facility	5	0.3	0.1	0	0.0	-
Private mobile clinic	2	0.1	0.1	0	0.0	-
Other	359	20.7	2.0	72	12.8	2.3
Don't know	4	-	-	3	-	-
Decline to respond	1	-	-	1	-	-

6.1.2 Frequency of antenatal care visits

Antenatal care can be more effective in avoiding adverse pregnancy outcomes when it is sought early in the pregnancy and continues until delivery. According to the national norm in Mexico, it is recommended that women receive a minimum of four antenatal care visits. The frequency of antenatal care visits is summarized in Table 6.3. Table 6.4 shows the percentage of women with four or more visits with skilled providers and according to best practices.

In the second follow-up, 74.3% of women reported having four or more antenatal care visits during their most recent pregnancy in the last two years. Thirty one percent of women reported having seven or more antenatal care visits during their most recent pregnancy.

The content of antenatal care is as crucial as the frequency of visits. As shown in Table 6.4, 4.8 percent of all women in the second follow-up survey had four or more antenatal care visits with a doctor or professional nurse, and with each of 10 defined best practices performed at least once during pregnancy (measurement of blood type, test for anemia, test for syphilis, test for HIV, test of blood glucose, test for proteinuria, measurement of maternal blood pressure, measurement of maternal weight, measurement of fundal height, and measurement of fetal heartbeat).

Table 6.3: Frequency of antenatal care visits for the most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
None	144	7.8	0.9	67	11.4	3.4
1-3 visits	296	15.8	1.1	88	14.3	1.9
4-6 visits	819	40.4	1.7	292	42.9	2.6
7-9 visits	666	31.6	1.8	222	28.9	2.8
10+ visits	90	4.4	0.6	22	2.5	0.7
Don't know	53	-	-	13	-	-
Decline to respond	2	-	-	0	-	-

Table 6.4: Frequency of antenatal care visits with skilled provider for the most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
At least four antenatal care visits with doctor or professional nurse	1122	2016	52.8	2.3	457	691	61.8	4.5
At least four antenatal care visits with doctor or professional nurse according to best practices*	82	2016	3.1	0.6	46	691	4.8	1.1

*measuring blood type, anemia, syphilis, HIV, glucose, proteinuria, blood pressure, weight, fundal height, fetal heartbeat

6.1.3 Content of antenatal care

The content of antenatal care is an important indicator of quality of care. The coverage of key procedures was assessed among women who received any antenatal care for a birth in the last two years (Table 6.5 and Table 6.6). It is important to remember that the validity of these data hinge on the respondent's understanding of the question and her ability to recall events that may have occurred several years prior to the interview.

There was variation in performance of the 10 "best practice" procedures during the second follow-up: measured maternal weight (84.3%), measured maternal blood pressure (82.8%), measured fetal heartbeat (78.9%), tested for proteinuria (75.1%), measured blood type (73.7%), tested for anemia (71.3%), measured fundal height (68.5%), measured blood glucose (60.5%), tested for syphilis (31%), and tested for HIV (18.1%). Women were unfamiliar with several tests, as evidenced by the high number of missing responses for proteinuria and syphilis in particular.

Table 6.5: Content of antenatal care visits - best practices, among women 15-49 years who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Measured maternal weight	1456	1916	73.3	2.3	550	637	84.3	2.8
Measured maternal blood pressure	1358	1878	69.4	2.4	539	634	82.8	3.0
Measured fetal heartbeat	1142	1917	57.2	2.3	510	630	78.9	3.2
Tested for proteinuria	500	669	70.6	2.5	269	341	75.1	2.9
Measured blood type	578	798	71.1	2.1	298	390	73.7	3.3
Tested for anemia	512	779	63.0	2.6	295	399	71.3	2.8
Measured fundal height	1118	1908	55.9	2.3	441	625	68.5	4.4
Measured blood glucose	383	786	46.5	2.6	244	390	60.5	3.0
Tested for syphilis	214	761	23.5	2.3	130	365	31.0	3.4
Tested for HIV	224	1867	10.9	1.4	129	587	18.1	3.0

Most women in the second follow-up had a collected blood specimen (66.3%) and a performed an ultrasound (64.6%) collected during their antenatal care visits for the most recent birth during the past two years.

Table 6.6: Content of antenatal care visits - other services provided, among women 15-49 years who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Collected blood specimen	856	1909	43.0	2.4	440	630	66.3	3.9
Performed an ultrasound	820	1922	40.4	2.4	440	636	64.6	3.8
Tested for diabetes	246	376	63.4	3.2	150	240	61.8	4.0
Collected urine specimen	738	1899	36.1	2.5	392	635	57.4	3.7
Offered an HIV test	241	1869	11.6	1.4	142	594	19.6	3.1

6.1.4 Coverage of tetanus toxoid vaccinations during pregnancy

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

As shown in Table 6.7, the coverage of sufficient tetanus toxoid vaccination during pregnancy was 44.6% among women who received antenatal care during the second follow-up. Twenty eight percent of women received one vaccination during the pregnancy and 36.2% received two or more. Among women with antenatal care, 45.7% had never been vaccinated before and 18.1% had received a vaccine in the last 10 years. Among women who were not vaccinated during prenatal care visits, 25.9% had never been vaccinated.

Table 6.7: Coverage of tetanus toxoid vaccinations during pregnancy, among women 15-49 years who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Two or more injections during pregnancy	607	40.2	2.2	156	36.2	3.6
One injection during pregnancy, one <10 years before	136	8.9	1.0	41	8.4	1.4
One injection during pregnancy, none <10 years before	184	12.5	1.2	78	19.8	2.4
No injections during pregnancy, one or more <10 years before	154	11.1	1.3	42	9.7	1.7
No injections during pregnancy nor during the 10 years prior	346	27.3	2.6	98	25.9	3.7
Don't know	494	-	-	222	-	-
Decline to respond	6	-	-	0	-	-

6.1.5 Exposure to safe pregnancy messages

Women who received antenatal care were asked about a series of topics for which they might have received counseling or advice during their pregnancy. Table 6.8 shows the percentage of women in the second follow-up who were exposed to the following messages: counseled about pregnancy (79%); counseled about danger signs during pregnancy (61.2%); advised to deliver in a facility (60.2%); given information about in-facility delivery (56%); counseled about nutrition during pregnancy (53.2%); counseled about breastfeeding (53.1%); counseled about childcare (50.6%).

Exposure to safe pregnancy practices increased from baseline to second follow-up for all counseling categories. In the second follow-up, 35.9% of women were counseled about contraception after delivery compared to 34.4% at baseline. 22.2% of women in the second follow-up, compared to 19.6% at baseline, were advised to have a Cesarean section. Compared to 5.1% of women at baseline, 10.5% of women in the second follow-up were counseled about making a transportation plan for delivery.

Table 6.8: Exposure to safe pregnancy practices, women 15-49 years of age who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Counseled about pregnancy	1346	1906	68.3	2.1	513	632	79.0	2.7
Counseled about danger signs during pregnancy	917	1896	46.4	2.3	401	620	61.2	3.7
Advised to deliver in a facility	833	1911	42.8	2.3	401	630	60.2	3.6
Given information about in-facility delivery	785	1912	39.9	2.3	368	626	56.0	3.7
Counseled about nutrition during pregnancy	847	1903	42.9	2.1	349	618	53.2	3.8
Counseled about breastfeeding	883	1910	44.8	2.6	357	629	53.1	4.2
Counseled about childcare	787	1911	39.8	2.4	332	629	50.6	3.7
Counseled about contraception after delivery	685	1910	34.4	2.3	255	625	35.9	3.5
Advised to have a Cesarean section	418	1911	19.6	1.6	175	629	22.2	2.8
Counseled about making a transportation plan for delivery	114	1907	5.1	0.8	85	629	10.5	2.1

6.2 Delivery Care

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

6.2.1 Place of delivery

The location of the most recent birth and the means of transportation used to get to the facility are shown in Table 6.9. The majority of births occurred in own homes (57.6%) and public hospitals (26.9%). Yet 58.4% of women reported giving birth at home or at another person's home. Deliveries in private-sector facilities were rare (2.3%). Among women who delivered in a facility, 51.4% indicated that they used a private vehicle for transport (Table 6.10).

Table 6.9: Place of delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Own home	1206	62.5	2.9	354	57.6	4.9
Public hospital	564	23.1	2.0	215	26.9	3.8
Public health center/clinic	204	10.0	1.3	100	11.7	2.6
Private hospital	25	1.1	0.3	17	1.7	0.5
Other house	48	2.2	0.4	6	0.8	0.3
Other private health facility	1	0.0	-	2	0.4	0.3
Private health center/clinic	18	0.7	0.2	2	0.2	0.1
Other public health facility	2	0.1	0.1	1	0.1	0.1
Public health ward	0	0.0	-	0	0.0	-
Private medical ward	1	0.0	-	0	0.0	-
Other	7	0.3	0.1	6	0.7	0.3
Don't know	1	-	-	1	-	-
Decline to respond	0	-	-	1	-	-

Table 6.10: Transportation to place of delivery for most recent birth in the last two years, among women 15-49 years of age who delivered in a facility

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Private vehicle	391	814	47.5	2.8	169	337	51.4	3.8
Other public transit	315	814	40.7	2.9	140	337	39.2	3.7
Ambulance	89	814	9.7	1.3	28	337	9.5	2.3
On foot	40	814	4.4	0.9	15	337	4.0	1.4

*categories not mutually exclusive (select all that apply)

Women were asked about the proximity to the health facility used to deliver. Of the 337 women from the second follow-up who delivered in a facility, 265 were able to estimate the distance to the facility (Table 6.11). The median number of women reported travelling less than 20 km. Fifty percent of women traveled more than one hours to the facility to deliver.

Table 6.11: Proximity to health care facilities: health facility for delivery

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	653	162	0	2	8	30	100
Travel time, min	793	22	1	20	45	120	2700
Second follow-up 2018							
Distance, km	265	72	0	4	20	50	100
Travel time, min	322	9	1	30	60	120	2400

6.2.2 Assistance at delivery

The assistance a woman receives during childbirth has important health consequences for both mother and child. For women who did not deliver alone in the last two years (99.4% of all births in the second follow-up), the percentage by type of delivery attendant is detailed in Table 6.12. Among women who did not report being alone for delivery, several categories of personnel may have been in attendance. As can be seen in Table 6.12, most in-facility deliveries during the second follow-up were accompanied by a midwife/comadrona (49.2%) and/or a medical doctor (41.7%). For 29.1% of the deliveries an professional nurse was in attendance. For 9.3%, an auxiliary nurse was in attendance.

Table 6.12: Types of attendants: assistance at delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Midwife/comadrona	1191	2070	61.6	2.7	304	703	49.2	4.6
Medical doctor	819	2076	35.3	2.7	344	705	41.7	4.8
Professional nurse	538	2062	22.6	2.2	243	696	29.1	3.8
Auxiliary nurse	194	2048	8.3	1.1	80	680	9.3	1.8
Relative	342	2071	17.7	1.5	53	704	7.3	1.4
Laboratory technician	41	2069	1.9	0.4	19	698	2.0	0.8
Community health worker	12	2069	0.6	0.2	4	702	0.5	0.3
Pharmacist	5	2068	0.3	0.2	3	702	0.4	0.2
Traditional healer	17	2071	0.7	0.3	0	703	0.0	-
Other	45	2069	2.0	0.4	12	702	1.9	0.7

Sixty four percent of women in the second follow-up delivered with one attendant, 24.2% with two attendants, and 9.2% with three attendants (Table 6.13). For women's most recent live birth in the past two years, 50.5% of deliveries had a skilled attendant present and 40.5% delivered with a skilled attendant in a health facility (Table 6.14).

Table 6.13: Number of attendants: assistance at delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
None	12	0.5	0.2	4	0.6	0.3
One	1204	60.1	2.1	413	64.0	3.6
Two	641	30.4	1.7	190	24.2	2.2
Three	177	7.2	1.0	78	9.2	1.6
Four or more	43	1.8	0.4	20	2.1	0.7
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

Table 6.14: In-facility delivery with skilled birth attendant: assistance at delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Delivery with a skilled birth attendant	833	2076	35.8	2.8	400	705	50.5	4.5
Delivery with a skilled birth attendant in any health facility	808	2075	34.7	2.8	334	703	40.5	4.8

6.2.3 Complications

Pregnancy complications are an important source of maternal and child morbidity and mortality. The type of delivery (vaginal or Caesarian section) among women with births in the last two years is detailed in Table 6.15 along with the percentage of planned in-facility deliveries. Table 6.16 displays the percentage of women with specific complications.

In the second follow-up, 72% of women indicated that they attended the facility for emergency care during their most recent birth in the last two years. Few women reported seizures prior to delivery (2%). Approximately 4.1% of infants were transferred to an intensive care unit after delivery, and 9% of women reported excessive bleeding after delivery (more than 1 cup over a two-day period of time).

Table 6.15: Mode of delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Mode of delivery						
Vaginal	1814	89.1	1.2	587	86.8	2.0
Emergency c-section	197	8.5	1.0	89	10.3	1.6
Planned c-section	63	2.4	0.4	27	2.9	0.7
Don't know	2	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Reason for seeking delivery care, among in-facility births						
Because of emergency	592	73.2	2.3	236	72.0	3.4
According to birth plan	214	26.1	2.2	94	27.2	3.3
Other reason	5	0.6	0.3	3	0.8	0.6
Don't know	4	-	-	3	-	-
Decline to respond	0	-	-	1	-	-

Table 6.16: Delivery complications for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Respondent experienced excessive bleeding in the first day after delivery	471	2044	22.9	1.5	71	702	9.0	1.6
Child entered neonatal intensive care unit after delivery	73	2071	3.5	0.6	34	705	4.1	0.8
Respondent experienced seizures prior to delivery	93	2074	4.2	0.6	16	699	2.0	0.7

6.2.4 Birth size and weight

Birth weight is a major determinant of infant and child health and mortality. Birth weight of less than 2.5 kilograms is considered low. For all births during the five-year period preceding the survey, mothers were asked about their perception of the child's size at birth: very large, larger than average, smaller than average, or very small. They were then asked to report the actual weight in kilograms if the child had been weighed after delivery. To reduce recall bias, only data from the most recent birth within the last two years are summarized below (Table 6.17).

In the second follow-up, many women perceived their infant to be average in size (80.6%). With most births occurring in institutional settings, it is not surprising that 54.6% of newborns were weighed at birth. Among those who were weighed, 8.9% weighed less than 2.5 kilograms according to the mother's recall (low birth weight).

Table 6.17: Birth size and weight for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Very large	114	5.7	0.9	9	1.4	0.5
Larger than average	216	10.2	0.9	52	7.7	1.1
Average	1433	68.8	1.7	512	80.6	1.7
Smaller than average	207	10.6	0.9	46	7.5	1.5
Very small	88	4.7	0.7	17	2.8	0.7
Don't know	19	-	-	69	-	-
Decline to respond	0	-	-	0	-	-

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Child was weighed at birth	1065	2032	48.3	3.0	410	690	54.6	4.6
Low birth weight (<2.5kg), among those weighed	95	979	9.6	1.2	31	353	8.9	1.9

6.3 Early initiation of breastfeeding

Coverage of early initiation of breastfeeding is defined as the percentage of women who had a live birth in the past two years and put the child to the breast with one hour of birth. Table 6.18 shows that 78.4% of women initiated breastfeeding within one hour of birth.

Table 6.18: Early initiation of breastfeeding for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Early initiation of breastfeeding	1473	2057	71.4	1.8	541	696	78.4	2.1

6.4 Postnatal Care

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

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

6.4.1 Postnatal checkup for the mother

Data on postnatal care for the mother are summarized in this section. Table 6.19 shows the percentage of women with a birth in the last two years who were checked at any time after delivery and within one week after delivery; and percentage by timing of the check for women with an in-facility delivery.

Only 50.6% of women recalled being checked after delivery during the second follow-up, and 26.9% reported being checked one week after delivery by a health care provider. Only 75.8% of women with an institutional birth recalled being checked every 15 minutes for the first hour post-partum.

Table 6.20 shows the percent distribution of women who were checked at any time after delivery by type of personnel. Among women with postnatal care visits in the second follow-up, most received care from a doctor (56.7%) or professional nurse (21.6%).

Table 6.19: Postnatal checkup for the mother for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any checkup after delivery	1003	2070	49.2	1.8	364	705	50.6	3.0
Checked every 15 minutes during the first hour after delivery, among in-facility births	341	494	70.6	2.6	148	196	75.8	3.1
Checked within a week after delivery by a skilled provider	567	2070	26.2	1.7	202	705	26.9	3.2

Table 6.20: Provider of care at first postnatal checkup for the mother, most recent live birth in the past two years, among women who attended at least one postnatal care visit

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Doctor	616	58.4	3.0	211	56.7	4.4
Professional nurse	117	12.3	1.5	84	21.6	2.5
Midwife/comadrona	234	26.2	2.8	48	16.5	4.2
Auxiliary nurse	19	1.7	0.4	6	1.6	0.6
Professional midwife	0	0.0	-	5	1.3	0.6
Community health worker	9	0.7	0.3	3	1.0	0.7
Relative	3	0.3	0.1	2	0.5	0.4
Laboratory technician	0	0.0	-	0	0.0	-
Pharmacy assistant	1	0.1	0.1	0	0.0	-
Traditional healer	2	0.1	0.1	0	0.0	-
Other	1	0.1	0.1	3	0.9	0.5
Don't know	1	-	-	2	-	-
Decline to respond	0	-	-	0	-	-

* Professional midwife was not an option at baseline

6.4.2 Postnatal checkup for the infant

The results regarding postnatal care for the neonate are shown in Table 6.21: percentage of women with a birth in the last two years whose infants were checked after delivery; percentage of infants who were checked by skilled personnel within 24 hours of delivery; and percentage of infants who were checked by skilled personnel (doctor or professional nurse; professional midwife was asked at the second follow-up, but was not accepted as skilled) within one week of delivery.

Approximately 55% of women in the second follow-up reported that their infant was checked at any time after delivery. Among all deliveries, 12% of women reported that a qualified medical professional checked on their infant within 24 hours of delivery. Table 6.22 shows the attendants for neonatal postnatal care. Most women indicated that a doctor performed a checkup (63.7%). Professional nurse and midwife/comadrona were also reported, though much less frequently.

Table 6.21: Postnatal checkup for neonate for woman's most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any checkup after delivery	1255	2070	59.6	1.9	418	704	55.0	4.4
Checked within 24 hours after delivery by a skilled provider	360	1998	15.9	1.7	99	670	12.0	1.9
Checked within a week after delivery by a skilled provider	683	1998	32.5	2.1	243	670	32.1	3.3

Table 6.22: Provider of care at first postnatal checkup for the infant, woman's most recent live birth in the past two years, among women whose child attended at least one postnatal care visit

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Doctor	921	72.4	2.5	272	63.7	2.8
Professional nurse	191	16.3	2.0	130	31.9	2.4
Midwife/comadrona	96	8.4	1.7	5	1.9	1.2
Professional midwife	0	0.0	-	3	0.6	0.5
Auxiliary nurse	24	1.8	0.4	2	0.5	0.4
Community health worker	12	0.8	0.3	1	0.3	0.3
Relative	0	0.0	-	1	0.3	0.3
Laboratory technician	0	0.0	-	0	0.0	-
Pharmacy assistant	1	0.1	0.1	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Other	4	0.2	0.1	3	0.8	0.5
Don't know	6	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

* Professional midwife was not an option at baseline

6.5 Vouchers, Incentives, and Maternal Waiting Homes

To increase use of their services, some facilities and waiting homes offer vouchers and incentives to women to attend care. Table 6.23 and Table 6.24 display the percentage of women in the second follow-up who gave birth the past two years and received a voucher at a health facility. None of the women in the second follow-up received a voucher or financial assistance for delivery at a health facility and 0.4% received a voucher or financial assistance for postpartum or postnatal care at a health facility.

Table 6.23: Voucher incentives for delivery care-seeking for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Received a voucher or other form of financial assistance to deliver at a health facility	32	805	3.2	1.1	0	337	0	-

Table 6.25: Voucher incentives for postpartum or postnatal care-seeking for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
No voucher	789	97.9	0.9	335	99.6	0.4
Yes, for infant's care	1	0.1	0.1	1	0.4	0.4
Yes, for woman's care	0	0.0	-	0	0.0	-
Yes, for both woman and infant	21	2.1	0.9	0	0.0	-
Don't know	3	-	-	1	-	-
Decline to respond	1	-	-	0	-	-

Some facilities that attend deliveries have a **casa materna** or maternal waiting home nearby to provide women who live far away a place to stay while they await delivery or while they recover and prepare to travel home with their infant. Table 6.26 displays how women have commonly used maternal waiting homes during their most recent pregnancy in the past two years. 0.3% of women in the second follow-up report using a maternal waiting home before giving birth and 55.9% of these women report receiving counseling while staying at a maternal waiting home. On average, women stayed at a maternal waiting home for less than one day and spent \$0.

Table 6.26: Use of maternal waiting homes for most recent live birth in the past two years, women 15-49 years of age

	Second Follow-Up 2018			
	n	N	%	SE
Used a maternal waiting home before giving birth	3	704	0.3	0.2
Among women who used maternal waiting homes				
Received counseling on health and parenting topics while at waiting home	2	3	55.9	35.2

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Second Follow-Up 2018							
Days spent in maternal home	3	0	0	0	0.2	1.5	6
Out-of-pocket cost to use maternal home, Mexican Peso	3	0	0	0	0	0	0

7 Chapter 7: CHILD HEALTH

This chapter summarizes the health status of children aged 0-59 months whose caregivers participated in the SMI-Mexico Second Follow-up Household Survey. All data summarized in this chapter are based on the caregiver's report.

7.1 Health status

The age and sex distribution of the de facto population of children aged 0-59 months participating in the caregiver interview module or the anthropometric measures in Mexico at the second follow-up is shown in Figure 7.2 by six- or 12-month age groups.

Nineteen percent of children surveyed at baseline and 20% of children surveyed at the second follow-up were under 1 year old at the time of the interview. The age distributions of female and male children are similar.

Figure 7.1: Age and sex of children aged 0-59 months in child health survey or anthropometric measures of the de facto population by six- to twelve-month age groups, baseline survey unweighted

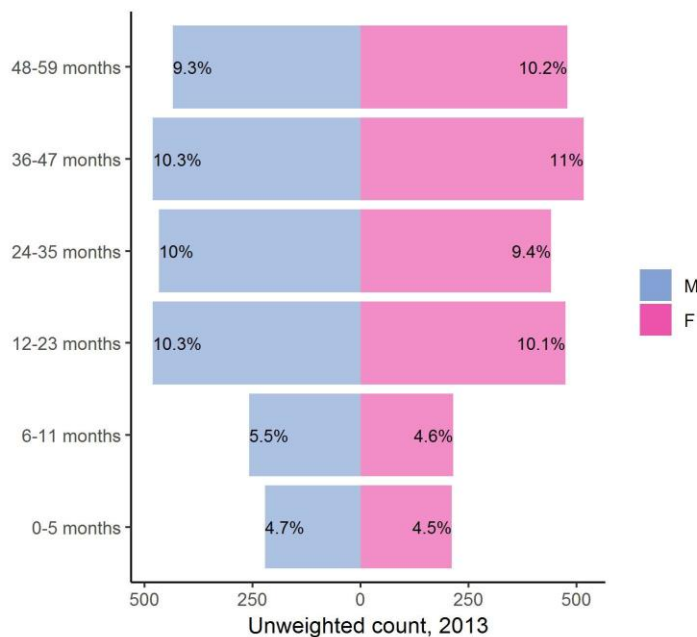
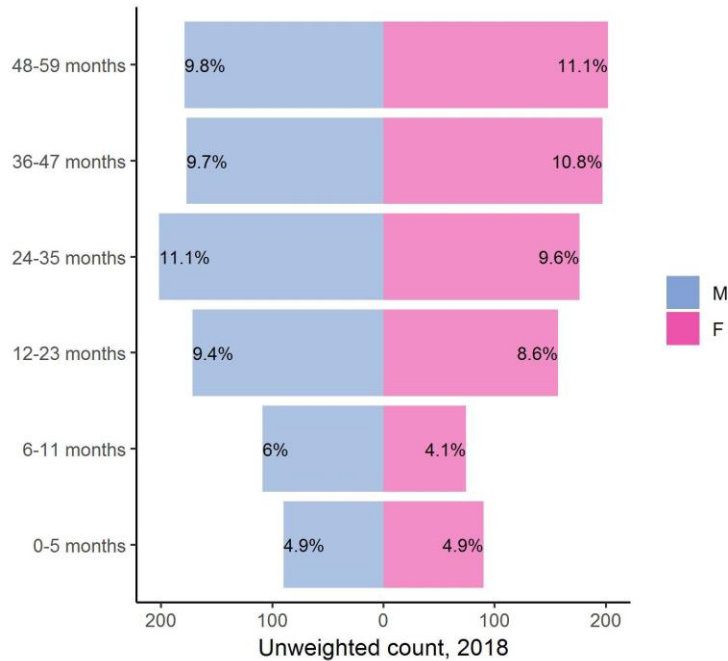


Figure 7.2: Age and sex of children aged 0-59 months in child health survey or anthropometric measures of the de facto population by six- to twelve-month age groups, follow-up survey unweighted



* The age in months of four children under 5 years of age was not collect in the second follow-up. These children are not included in this figure.

7.1.1 Current health status

Table 7.1 shows the current health status of all children aged 0-59 months, as reported by their caregivers. The table includes the caregiver’s evaluation of current health relative to health the previous year and the percentage of children who can easily perform daily activities. In the second follow-up, approximately 83.7% of children’s health was considered by their caregiver to be “good,” “very good,” or “excellent,” compared to 82.5% at baseline.

Relative to the past year, caregivers in the second follow-up evaluation reported that 70.5% of children’s health was “about the same” in the second follow-up. While 27.4% of children’s health had improved, 2.1% of children experienced reportedly worse health on the day of the interview, compared to last year. Ninety two percent of children could “easily” perform their daily activities (e.g., playing and going to school) according to their caregivers. Seven percent of children had some degree of difficulty performing these activities, 0.9% of children had a significant degree of difficulty performing these activities, and 0.1% of children were unable to complete daily activities, according to their caregivers.

Table 7.1: Current health status, among children aged 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Current health status						
Excellent	685	13.5	1.2	244	12.0	1.7
Very good	640	15.0	0.9	231	12.7	1.2
Good	2488	54.0	1.6	1039	59.0	2.4
Fair	719	15.9	0.9	292	15.1	1.2
Poor	52	1.5	0.3	22	1.2	0.3
Don't know	2	-	-	0	-	-
Decline to respond	1	-	-	0	-	-
Health status relative to a year ago						
Better	1601	43.3	1.8	444	27.4	2.5
Worse	106	3.0	0.3	27	2.1	0.5
About the same	1867	53.7	1.8	955	70.5	2.4
Don't know	4	-	-	0	-	-
Decline to respond	1	-	-	1	-	-
Ability to perform daily activities						
Easily	4210	91.6	0.8	1679	92.2	0.9
With some difficulty	230	5.9	0.6	124	6.8	0.8
With much difficulty	24	0.5	0.1	16	0.9	0.2
Unable to do	84	1.9	0.5	2	0.1	0.1
Don't know	38	-	-	7	-	-
Decline to respond	1	-	-	0	-	-

7.1.2 Recent illness

Caregivers were asked a series of questions about any illnesses or health problems that their children had in the two weeks preceding the interview. In the second follow-up survey, approximately 24% of children were reported as sick during that time (Table 7.2). Of the 461 children who were recently ill, cough (37.8%), fever (30.8%), and diarrhea without blood (13.4%) were the most commonly specified complaints.

Table 7.2: Recent illness, among children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Child was sick in the last two weeks	1245	4582	27	1.1	461	1827	24.5	1.6

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Recent illness among children ill in the last 2 weeks						
Cough	427	35.0	1.7	167	37.8	2.9
Fever	432	32.8	1.9	132	30.8	2.1
Diarrhea without blood	165	13.3	1.2	63	13.4	1.9
Abdominal pain	5	0.4	0.2	9	2.1	0.8
Diarrhea with blood	14	0.9	0.2	5	1.2	0.5
Skin rash/infection	6	0.4	0.1	5	1.0	0.5
Vomiting	18	1.4	0.4	5	0.9	0.4
Eye/ear infection	4	0.2	0.1	5	0.9	0.4
Headache	7	0.8	0.4	1	0.3	0.3
Difficulty urinating	0	0.0	-	1	0.3	0.3
Asthma	1	0.2	0.2	1	0.2	0.2
Pneumonia	2	0.3	0.2	1	0.1	0.1
Anemia	3	0.4	0.3	1	0.1	0.1
Malaria	1	0.1	0.1	0	0.0	-
Tuberculosis	0	0.0	-	0	0.0	-
Bronchitis	2	0.1	0.1	0	0.0	-
Measles	2	0.1	0.1	0	0.0	-
Jaundice	0	0.0	-	0	0.0	-
Stroke	0	0.0	-	0	0.0	-
Diabetes	0	0.0	-	0	0.0	-
HIV/AIDS	0	0.0	-	0	0.0	-
Paralysis	1	0.1	0.1	0	0.0	-
Chest infection	0	0.0	-	0	0.0	-
Blood in urine	0	0.0	-	0	0.0	-
Swelling in legs, ankles, or feet	0	0.0	-	0	0.0	-
Other	154	13.7	1.5	65	11.1	2.0
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

Options for "Swelling in legs, ankles, or feet", "Blood in urine", and "Chest infection" were available only in the follow-up survey. In the baseline, "Chest infection" was included within the "Cough" answer choice.

7.1.3 Utilization of health services for recent illness

Table 7.3 summarizes data regarding the utilization of health services among the 461 children who were sick in the two weeks preceding the interview. The table shows the percentage of children 0-59 months who were sick in the last two weeks for whom care was sought for recent illness and among these, the percent distribution by type of medical facility where care was sought and whether the child was hospitalized.

In the second follow-up survey, care was sought for 65.8% of these cases. Care was typically sought at Public health center/clinic (38.6%) or Pharmacy (28.5%) facilities; some attended private doctor's offices (11%). Only eight children were hospitalized for their recent illness.

Table 7.3: Utilization of health services for recent illness in the last two weeks, among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for recent illness	724	1245	56.2	2.4	303	461	65.8	2.4
Child was hospitalized for recent illness	8	310	4.6	1.8	8	141	5.0	1.7

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of medical facility where care was sought						
Public health center/clinic	298	39.4	3.0	114	38.6	4.5
Pharmacy	174	25.2	2.5	76	28.5	3.6
Private doctor's office	66	8.0	1.6	44	11.0	2.6
Public health unit	50	7.3	1.5	30	9.3	2.2
Public hospital	43	6.6	1.5	19	6.5	1.7
Traditional healer	7	2.1	1.1	2	0.9	0.6
Private hospital	5	0.9	0.6	3	0.7	0.4
Private health center/clinic	11	1.3	0.5	1	0.2	0.2
Other private health facility	1	0.0	-	1	0.1	0.1
Public mobile clinic	20	2.7	1.2	0	0.0	-
Other public health facility	2	0.2	0.2	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Community health worker	18	2.2	0.8	0	0.0	-
Other	29	3.9	1.0	10	4.0	1.4
Don't know	0	-	-	3	-	-
Decline to respond	0	-	-	0	-	-

7.2 Acute respiratory infection

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

7.2.1 Prevalence of acute respiratory infection and fever

The prevalence of cough, suspected acute respiratory infection, and fever among children aged 0-59 months, as reported by their caregivers, is displayed in Table 7.4. In the second follow-up, 24% of children experienced cough, 9.9% had symptoms of an acute respiratory infection, and 17.5% had a fever in the two weeks preceding the interview.

Table 7.4: Prevalence of suspected acute respiratory infection and fever in the last two weeks, among children 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Child had cough in the last two weeks, by type						
No cough	3438	75.2	1.1	1394	76.1	1.8
Cough without difficulty breathing	635	14.3	0.9	259	14.0	1.3
With difficulty breathing due to congested/runny nose	272	6.0	0.6	92	5.1	0.9
With difficulty breathing due to chest problem and congested/runny nose	128	2.6	0.3	45	2.5	0.5
With difficulty breathing due to chest problem	94	1.9	0.2	38	2.3	0.4
With difficulty breathing due to other reason	1	0.0	-	0	0.0	-
Don't know	16	-	-	0	-	-
Decline to respond	3	-	-	0	-	-

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Symptoms of acute respiratory infection in the last two weeks	502	4575	10.7	0.7	175	1828	9.9	1.2
Fever in last two weeks	830	4577	17.6	0.9	322	1827	17.5	1.3

7.2.2 Utilization of health services for suspected acute respiratory infection

Fifty seven percent of children with symptoms of acute respiratory infection were taken for evaluation and/or treatment of their condition at the second follow-up (Table 7.5).

Table 7.5: Utilization of health services for suspected acute respiratory infection in the last two weeks, among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for suspected acute respiratory infection	745	1377	51.7	2.2	310	532	57.1	2.9

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of medical facility where care was sought						
Public health center/clinic	313	41.1	3.0	138	45.2	4.6
Pharmacy	184	25.6	2.4	81	28.0	3.6
Private doctor's office	72	8.5	1.4	40	10.2	2.0
Public health unit	52	7.6	1.5	21	6.4	1.8
Public hospital	32	3.9	1.1	16	5.4	2.1
Traditional healer	7	1.9	1.1	1	0.4	0.4
Private hospital	4	0.9	0.6	1	0.3	0.3
Private health center/clinic	12	1.5	0.6	2	0.3	0.3
Public mobile clinic	20	2.7	1.1	0	0.0	-
Other public health facility	2	0.2	0.2	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	1	0.0	-	0	0.0	-
Community health worker	23	2.7	0.8	0	0.0	-
Other	23	3.4	1.0	9	3.8	1.5
Don't know	0	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

7.2.3 Utilization of medications for suspected acute respiratory infection

Seventy four percent of children with symptoms of acute respiratory infection were given some type of medication for their condition during the second follow-up (Table 7.6). Forty four percent of children were administered antibiotic syrups for a suspected acute respiratory infection. Acetaminophen (50.4%) and ibuprofen (6.7%) were also commonly administered. Nineteen percent of children received a treatment other than those listed.

Table 7.6: Utilization of medications for suspected acute respiratory infection in the last two weeks, among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any treatment	1001	1378	71.6	2.1	401	531	74.5	2.4
Antibiotic injection	80	988	7.7	1.1	21	381	5.0	1.2
Antibiotic pill	150	990	14.6	1.6	27	381	7.2	2.0
Antibiotic syrup	661	987	65.5	2.2	175	381	43.7	3.4
Aspirin	81	987	8.3	1.3	4	381	1.6	0.9
Acetaminophen	74	980	6.1	1.2	190	386	50.4	2.8
Ibuprofen	46	978	4.2	0.7	29	377	6.7	1.5
Oral rehydration therapy	28	988	3.8	0.9	17	381	3.6	1.2
Other	148	986	16.7	1.8	75	385	19.4	2.4

7.2.4 Feeding practices during suspected acute respiratory infection

Data on feeding practices during the recent episode of suspected acute respiratory infection are summarized in Table 7.7. The table shows the volume of fluids and the volume of solids given during the illness. At the second follow-up, only 5.4% of children were given more fluids than usual. In total, 52% of children were offered less fluid than usual (or none at all). Thirty eight percent of children were offered the same volume of solid food as usual during their illness. Approximately 62% of children were given less than the usual amount of solid food (or none at all).

Table 7.7: Feeding practices during suspected acute respiratory infection in the last two weeks, among children 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Volume of fluids (including breastmilk) given during illness						
No fluids	16	2.2	0.7	10	1.8	0.6
Much less	213	15.1	1.3	69	13.7	1.5
Somewhat less	490	34.3	1.7	193	36.6	2.7
About the same	499	37.4	1.8	225	42.6	2.5
More	157	10.9	1.3	33	5.4	1.1
Don't know	2	-	-	2	-	-
Decline to respond	1	-	-	0	-	-
Volume of solid foods given during illness						
No solids	24	1.6	0.4	16	2.7	1.2
Much less	201	14.6	1.3	70	14.1	1.7
Somewhat less	657	46.4	1.8	238	44.8	2.7
About the same	456	34.8	1.8	202	37.6	2.5
More	37	2.5	0.5	4	0.7	0.4
Don't know	3	-	-	2	-	-
Decline to respond	0	-	-	0	-	-

7.3 Diarrhea

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

7.3.1 Prevalence

Table 7.8 shows the proportion of children aged 0-59 months with diarrhea in the two weeks preceding the interview, as reported by their caregivers (11.9% at the second follow-up). One percent of children

had bloody diarrhea.

Table 7.8: Prevalence of diarrhea in the last two weeks, among children aged 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
No diarrhea	4037	88.5	0.7	1593	88.1	1.4
Diarrhea without blood	474	10.6	0.7	211	11.2	1.3
Diarrhea with blood	40	0.8	0.1	14	0.7	0.2
Don't know	33	-	-	10	-	-
Decline to respond	3	-	-	0	-	-

7.3.2 Utilization of health services for diarrhea

Nearly half of children with diarrhea were taken for evaluation and/or treatment of their condition (Table 7.9). Care for these children was often sought in the public sector, although private health centers were visited by 11% of these cases at the second follow-up.

Table 7.9: Utilization of health services for diarrhea in the last two weeks, among children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for diarrhea	284	514	54.3	3.1	138	225	60.9	2.9

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of medical facility where care was sought						
Pharmacy	78	26.9	3.3	40	32.4	5.2
Public health center/clinic	110	39.1	3.4	37	27.3	5.8
Public health unit	17	6.1	1.9	17	12.0	3.6
Private doctor's office	22	7.9	2.2	21	11.3	2.9
Public hospital	16	6.8	2.3	9	5.9	2.0
Traditional healer	3	1.0	0.6	2	2.2	1.5
Community health worker	9	2.5	1.2	2	1.8	1.1
Private hospital	2	0.5	0.4	1	0.5	0.5
Other private health facility	1	0.1	0.1	1	0.3	0.3
Public mobile clinic	7	2.5	1.3	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private health center/clinic	5	1.7	1.1	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other	14	4.8	1.2	7	6.3	1.9
Don't know	0	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

7.3.3 Utilization of treatments for diarrhea

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

Although care was sought in only 60.9% of diarrhea cases, 82.9% of cases were given some form of treatment at the second follow-up. Fluid made with powdered oral rehydration salts was the most common form oral rehydration therapy (38.4%). Six percent of cases were treated with zinc syrup or pills. Eighteen percent of cases were treated with an antibiotic pill.

Table 7.10: Utilization of treatments for diarrhea during the last two weeks, among children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any treatment	399	511	77.0	2.8	190	224	82.9	2.8
Fluids								
Fluid made with powdered oral rehydration salts	185	512	34.5	2.8	96	224	38.4	4.2
Bottled oral rehydration serum	99	512	19.8	2.6	75	224	29.4	4.2
Homemade fluid recommended by health authorities	31	512	6.4	1.6	19	222	8.3	2.2
Medications								
Antibiotic pill	89	508	17.0	2.2	40	213	18.3	3.0
Antidiarrheal pill	47	509	9.8	1.9	18	212	7.6	1.9
Zinc pill	2	509	0.8	0.7	4	211	2.3	1.1
Other type of pill	8	509	1.3	0.4	4	211	1.4	0.7
Unknown pill	15	509	2.6	0.8	5	211	2.7	1.1
Antibiotic injection	36	510	8.0	1.6	9	212	3.9	1.7
Non-antibiotic injection	6	510	1.6	0.8	2	212	0.7	0.5
Unknown injection	1	510	0.3	0.3	1	212	0.4	0.4
Intravenous therapy	4	510	0.6	0.3	1	212	0.3	0.3
Home remedy/herbal medicine	75	510	15.3	1.8	30	213	15.4	3.4
Antibiotic syrup	94	509	18.4	2.4	56	214	24.7	2.9
Antidiarrheal syrup	67	508	11.7	1.9	13	212	5.0	1.7
Zinc syrup	4	508	0.6	0.3	9	212	3.7	1.3
Other syrup	16	508	2.8	0.8	3	212	1.1	0.6
Unknown syrup	11	511	2.6	0.9	6	212	2.6	1.2
Other treatment	33	509	7.0	1.4	29	215	12.9	2.5

7.3.4 Feeding practices during diarrhea

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

Data on feeding practices during the recent diarrheal episode are summarized in Table 7.11. The table shows the volume of fluids and the volume of solids given during the illness. Only 6.5% of children were given more fluids than usual in the second follow-up survey. Approximately 50% of children were offered less fluid than usual (or none at all). Forty percent of children were offered the same volume of solid food as usual during their illness. Approximately 58% of children were given less than the usual amount of solid food (or none at all).

Table 7.11: Feeding practices among children aged 0-59 months who had diarrhea in the last two weeks

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Volume of fluids (including breastmilk) given during illness						
No fluids	3	0.5	0.4	7	2.7	1.1
Much less	88	17.4	2.2	33	14.6	2.5
Somewhat less	194	34.7	2.7	69	32.4	2.9
About the same	148	31.5	3.1	96	43.8	3.3
More	81	16.0	2.1	19	6.5	1.9
Don't know	0	-	-	1	-	-
Decline to respond	0	-	-	0	-	-
Volume of solid foods given during illness						
No solids	20	4.1	1.1	14	5.4	1.5
Much less	83	15.2	2.0	37	15.7	2.7
Somewhat less	262	48.9	2.8	83	36.5	3.7
About the same	131	29.0	2.7	86	40.4	3.7
More	17	2.7	0.8	5	2.1	0.9
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

7.4 Immunization against common childhood illnesses

Information on immunization coverage was collected for all children aged 0-59 months whose caregivers participated in the survey. Both caregiver's report and review of vaccination card (if available) were used to determine coverage. A vaccination card was available for review for 1,451 children at the second follow-up (79.4% of the sample, unweighted). In Table 7.12, coverage is estimated by vaccine type to include all children with full compliance for age as specified in the national immunization scheme at the time of the survey, according to either an affirmative response from the caregiver that the immunization was received, or a mark that the immunization was received on the vaccination card (for children with a vaccination card available for review at the time of the interview). Children too young to have received a specific vaccine are counted as covered in order to maintain a comparable all-ages sample across vaccine types.

Table 7.12: Immunization against common childhood illnesses, children aged 0-59 months, according to caretaker recall and vaccination card

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
BCG vaccine (tuberculosis)	4071	4219	96.1	0.5	1574	1640	95.3	1.2
Hepatitis B vaccine	3490	4225	82.4	1.5	933	1628	56.2	2.5
Pentavalent acellular vaccine (DPT, IPV, Hib)	3321	4248	77.5	1.6	836	1647	49.8	3.3
Rotavirus vaccine	3011	4226	70.1	1.7	1221	1628	73.7	3.1
Pneumococcal conjugate vaccine	2870	4219	66.5	2.2	1118	1607	68.7	3.2
Measles, mumps, and rubella (MMR) vaccine	3374	4316	78.1	1.7	1450	1664	86.5	1.7
Diphtheria, tetanus, and pertussis (DPT) vaccine	2271	4360	52.7	1.7	753	1689	44.9	1.8

In Table 7.13, coverage estimates based on recall are summarized for the full sample, and coverage estimates based on vaccination card data are summarized among the subset with a vaccination card available for review. When considering only caregivers' recall, only 12.7% of children aged 0-59 months were fully immunized for age at the second follow-up survey, reflecting many "Don't know" or "Decline" responses that call into question the reliability and validity of the caregiver recall data. Caregivers were able to definitively answer the entire vaccine recall section for only 662 children at the second follow-up. Immunization coverage for children 0-59 months based only upon the vaccine card is 32.4%, and when combined with recall-based information, the estimate of full vaccination for age among children 0-59 months is 25%.

Table 7.13: Full immunization compliance for age, children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
According to recall + card	1673	4137	39.4	2.3	517	1550	32.4	3.0
According to vaccine card	1388	4541	28.6	2.0	476	1822	25.0	2.6
According to caregiver's recall	573	2178	24.9	1.9	93	662	12.7	2.0

7.5 Deworming treatment

Administration of deworming treatment every six months has been shown to reduce the prevalence of anemia in children. Only 22.3% of children aged 12-59 months received at least two doses of deworming treatment in the year preceding the second follow-up interview (Table 7.14).

Table 7.14: Deworming treatment among children aged 12-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
No deworming	1649	46.7	1.6	685	49.2	2.7
One dose	976	28.2	1.2	414	28.6	2.2
Two or more doses	905	25.1	1.2	325	22.3	2.2
Don't know	45	-	-	3	-	-
Decline to respond	3	-	-	0	-	-

8 Chapter 8: INFANT AND YOUNG CHILDREN FEEDING PRACTICES

This chapter summarizes the feeding practices of infants and children aged 0-59 months whose caregivers participated in the SMI-Mexico Household Survey. All data summarized in this chapter are based on the caregiver's report.

8.1 Breastfeeding

8.1.1 Exclusive breastfeeding

Coverage of exclusive breastfeeding is defined as the percentage of infants born in the six months prior to the survey who received only breast milk during the previous day. This information is obtained through a 24-hour dietary recall in which the caregiver indicates what the child consumed during the previous day and night. In Mexico during the second follow-up, the sample includes 184 children who are under 6 months of age, and 113 of those children have sufficiently complete dietary recall information to determine whether they are exclusively breastfed. Table 8.1 shows that 65.7% of children under 6 months of age are exclusively breastfed.

8.1.2 Continued breastfeeding at 1 year

Coverage of continued breastfeeding at 1 year is defined as the percentage of children 12-15 months old who received breast milk during the previous day according to caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 99 children who are between 12 and 15 months of age, and 83 of those children have adequate responses to determine their breastfeeding status. Table 8.1 shows that 81.8% of children continue to receive breast milk at 1 year.

Table 8.1: Breastfeeding among children

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Exclusive breastfeeding among children <6 months	242	419	58.9	3.4	113	183	65.7	3.8
Continued breastfeeding at one year among children 12-15 months	267	340	80.2	3.0	83	99	81.8	5.6

8.2 Acceptable diet

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

Coverage of appropriate introduction of solid foods is measured as the percentage of infants 6-8 months of age who received solid or semi-soft foods during the previous day according to caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 100 children who are 6-8 months of age, and

66 of those children have sufficiently complete dietary recall information. Table 8.2 shows that 63.5% of children consumed solid or semi-soft foods.

8.2.2 Dietary diversity

Coverage of minimum dietary diversity is measured as the percentage of children 6-23 months of age who received foods from at least four food groups during the previous day according to caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 513 children who are 6-23 months of age, and 171 of those children have sufficiently complete dietary recall information to determine dietary diversity. Table 8.2 shows that 30.6% of children achieved the minimum dietary diversity during the previous day.

8.2.3 Meal frequency

Coverage of minimum meal frequency is measured as the percentage of children 6-23 months of age who received solid foods at least the minimum number of times the previous day, based on age and breastfeeding status. For breastfed children, the minimum is two times for children 6-8 months of age and three times for children 9-23 months of age. For non-breastfed children, the minimum number is four times for all children 6-23 months of age. This information is obtained through caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 513 children who are 6-23 months of age, and 169 of those children have sufficiently complete dietary recall information to determine meal frequency. Table 8.2 shows that 38.6% of children achieved the minimum meal frequency during the previous day.

8.2.4 Minimum acceptable diet

Coverage of minimum acceptable diet is measured for children 6-23 months of age. For breastfed children to meet the minimum acceptable diet they must have had at least the minimum dietary diversity and the minimum meal frequency during the previous day. For non-breastfed children to meet the minimum acceptable diet they must have had at least two milk feedings, as well as at least the minimum dietary diversity (not including milk feedings) and the minimum meal frequency during the previous day. This information is obtained through caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 513 children who are 6-23 months of age, and 70 of those children have sufficiently complete dietary recall information to determine minimum acceptable diet. Table 8.2 shows that 12.4% of children achieved the minimum acceptable diet during the previous day.

8.2.5 Consumption of iron-rich or iron-fortified foods

Consumption of iron-rich foods is measured as the percentage of children 6-23 months of age who receive an iron-rich food (e.g., liver, beef, or fish), an iron supplement, or a fortified food that is specially designed for infants and young children, or a food fortified in the home with a product that included iron during the previous day. This information is obtained through caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 513 children who are 6-23 months of age and 174 of those children have

sufficiently complete dietary recall information to determine iron consumption. Table 8.2 shows that 30.5% of children consumed an iron-rich food during the previous day.

Table 8.2: Acceptable diet among children 6-23 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Introduction of solid foods among children 6-8 months	181	236	76.3	3.4	66	100	63.5	5.2
Minimum meal frequency among children 6-23 months	524	1248	40.8	2.0	169	418	38.6	3.5
Minimum dietary diversity among children 6-23 months	428	1401	32.1	2.0	171	513	30.6	3.0
Consumption of iron-rich foods among children 6-23 months	503	1401	35.6	1.9	174	513	30.5	2.7
Minimum acceptable diet among children 6-23 months	205	1393	14.8	1.6	70	502	12.4	1.8

8.3 Micronutrient supplementation

8.3.1 Vitamin A

Interviewers asked the caregiver if their child received a dose of vitamin A in the last six months. Table 8.3 shows that of the 1,826 sampled children 0-59 months of age in the second follow-up, 18.3% received a dose of vitamin A in the last six months.

8.3.2 Iron

Interviewers showed the caregiver photos of common types of bottles, powders, or syrups and asked if their child received iron pills, powder, or syrup in the last day. Table 8.3 shows that of the 1,826 children 0-59 months of age in the second follow-up sample, 4.8% received a dose of iron in the last day.

Table 8.3: Vitamin A and Iron consumption among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Vitamin A in the last six months	727	4485	15.0	1.2	338	1732	18.3	1.7
Iron supplement the previous day	228	4561	4.7	0.4	105	1814	4.8	0.6

8.3.3 Packets of micronutrients

Interviewers showed the caregiver a card with packets of micronutrients (chispitas) and asked how many packets their child received from a health facility and consumed in the last six months. Children are intended to take 60 consecutive daily doses of micronutrient powder in each of three rounds, beginning

at age 6, 12, and 18 months, with an adequate consumption considered to be 50 packets. Table 8.4 shows that among children 6-23 months of age sampled in the second follow-up, 77.4% received no packets of micronutrients from a health facility in the last six months.

Table 8.4: Micronutrient powders among children 6-23 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Received any micronutrient packets from health facility in the last six months	235	1386	17.1	1.6	109	498	22.6	3.3
Consumed any micronutrient packets	184	1348	14.1	1.5	84	474	18.5	3.0
Consumed adequate dose (>=50 packets) of micronutrient powders	32	1348	2.7	0.6	14	474	2.4	1.0

* Identical questions were asked in baseline and second follow-up surveys, but the second follow-up interview included photos of the micronutrient products. The baseline survey predated the intervention, so it is possible that questions about receipt and consumption were interpreted by caregivers to include different types of micronutrient supplements at baseline.

9 CHAPTER 9: NUTRITIONAL STATUS IN CHILDREN

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

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

A total of 1,828 children aged 0-59 months participated in the SMI-Mexico second follow-up. In practice, 1,572 of these children underwent the physical measurement module. Height and weight data are presented for 1,564 of these children (99.5%, unweighted). One thousand four hundred fourteen children 6-59 months of age were eligible for the anemia test. Hemoglobin was measured in 1,381 children (97.7%, unweighted, of children 6-59 months of age). Parental consent was refused for 33 children. The age and sex distribution of children participating in the physical measurement module in second follow-up is displayed in Figure 9.2 and Figure 9.4.

Figure 9.1: Height and weight measured: Age and sex of sample, unweighted percent distribution of the de facto population, baseline survey

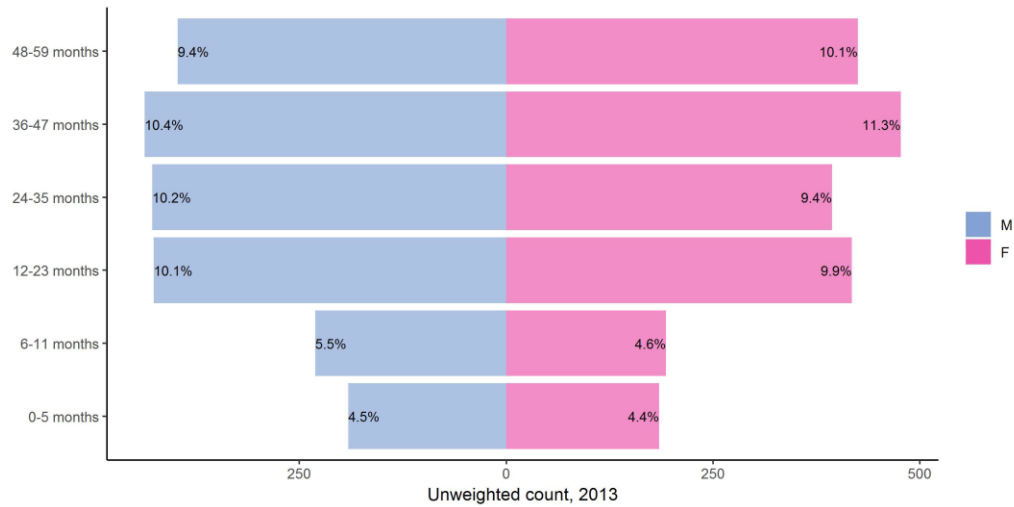


Figure 9.2: Height and weight measured: Age and sex of sample, unweighted percent distribution of the de facto population, follow-up survey

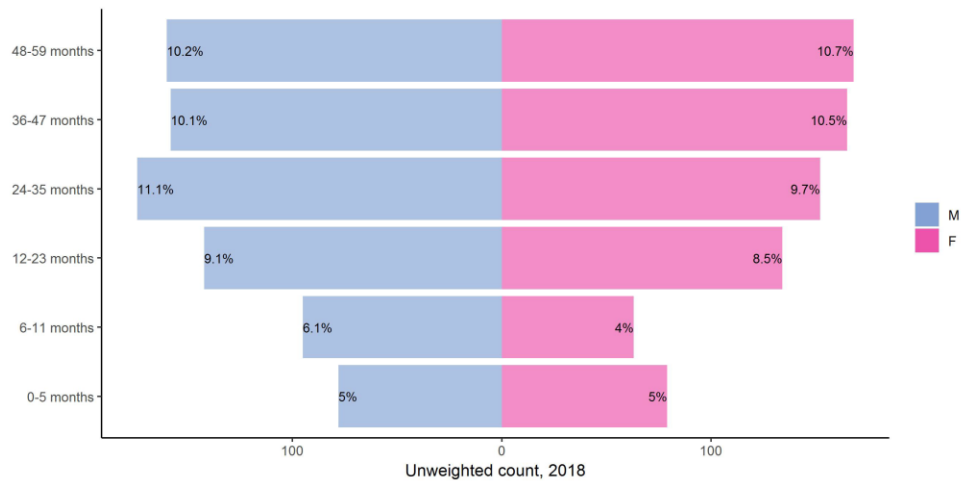


Figure 9.3: Hemoglobin measured: Age and sex of sample, unweighted percent distribution of the de facto population, baseline survey

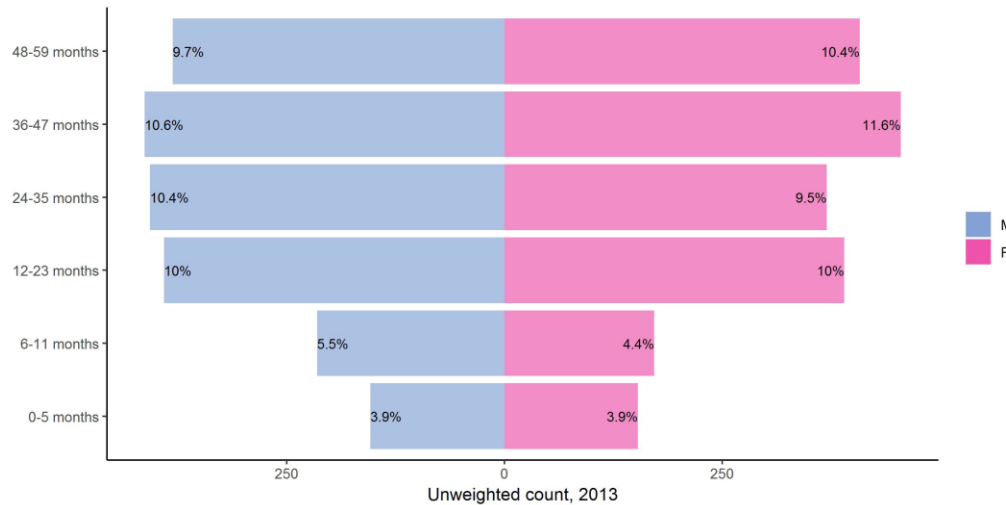
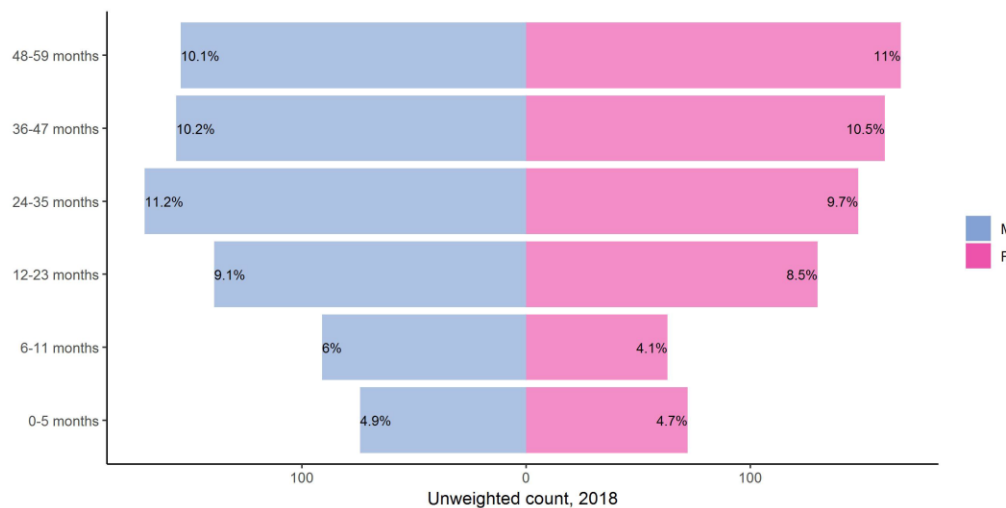


Figure 9.4: Hemoglobin measured: Age and sex of sample, unweighted percent distribution of the de facto population, follow-up survey



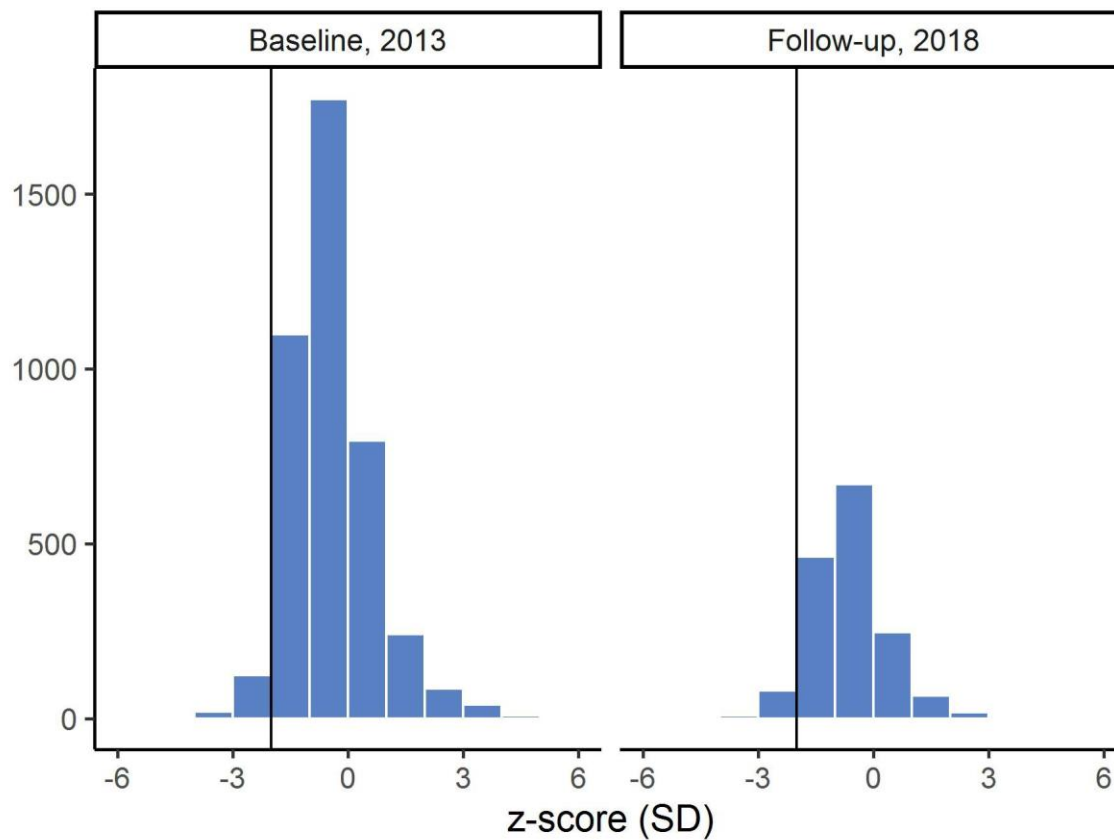
9.1 Weight-for-Age

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

9.1.1 Unweighted distribution of weight-for-age z-scores

Figure 9.5 shows the distribution of weight-for-age z-scores among all children aged 0-59 months whose measurements were taken. The vertical black lines in the figure denote minus two standard deviations – children to the left of the line are classified as underweight.

Figure 9.5: Distribution of weight-for-age z-scores among children 0-59 months, unweighted



9.1.2 Prevalence of underweight

As shown in Table 9.1, 13.4% of children aged 0-59 months in the second follow-up are underweight (have low weight-for-age) and 3% are severely underweight. The proportion of underweight children is highest (13.9%) in the age groups 24 to 59 months and lowest (5.2%) among those under 6 months. Female children (12.3%) are less likely to be underweight than male children (13.9%).

Table 9.1: Prevalence of underweight in children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of underweight in children 0-59 months, by sex and age (< -2 SD)								
Male	204	2110	9.8	1.0	99	803	13.9	2.1
Female	177	2092	9.0	0.8	89	757	12.3	1.1
0-5 months	13	375	3.1	0.9	8	157	5.2	1.9
6-11 months	32	424	8.1	1.5	21	156	15.4	3.2
12-23 months	71	844	8.6	1.3	38	276	15.6	2.2
24-59 months	265	2559	10.8	1.0	125	975	13.9	1.8
0-59 months	379	4200	9.4	0.8	192	1564	13.4	1.3
6-23 months	103	1268	8.4	1.1	59	432	15.5	2.1
Prevalence of severe underweight in children 0-59 months, by sex and age (< -3 SD)								
Male	51	2110	2.5	0.5	23	803	3.1	0.8
Female	27	2092	1.2	0.2	17	757	2.3	0.6
0-5 months	5	375	1.0	0.4	4	157	2.4	1.5
6-11 months	6	424	1.3	0.5	8	156	5.9	2.0
12-23 months	17	844	2.1	0.6	6	276	2.1	0.9
24-59 months	50	2559	1.9	0.3	26	975	2.9	0.7
0-59 months	76	4200	1.8	0.3	44	1564	3.0	0.5
6-23 months	23	1268	1.8	0.5	14	432	3.5	0.9
Prevalence of high weight for age in children 0-59 months, by sex and age (> 2 SD)								
Male	66	2110	2.6	0.4	12	803	1.4	0.4
Female	57	2092	2.4	0.4	10	757	1.1	0.4
0-5 months	70	375	16.1	2.2	14	157	8.8	2.5
6-11 months	17	424	3.5	1.0	3	156	1.5	0.9
12-23 months	15	844	1.3	0.4	0	276	0.0	-
24-59 months	21	2559	0.8	0.2	5	975	0.3	0.1
0-59 months	123	4200	2.5	0.3	22	1564	1.2	0.3
6-23 months	32	1268	2.0	0.4	3	432	0.5	0.3

9.2 Height-for-Age

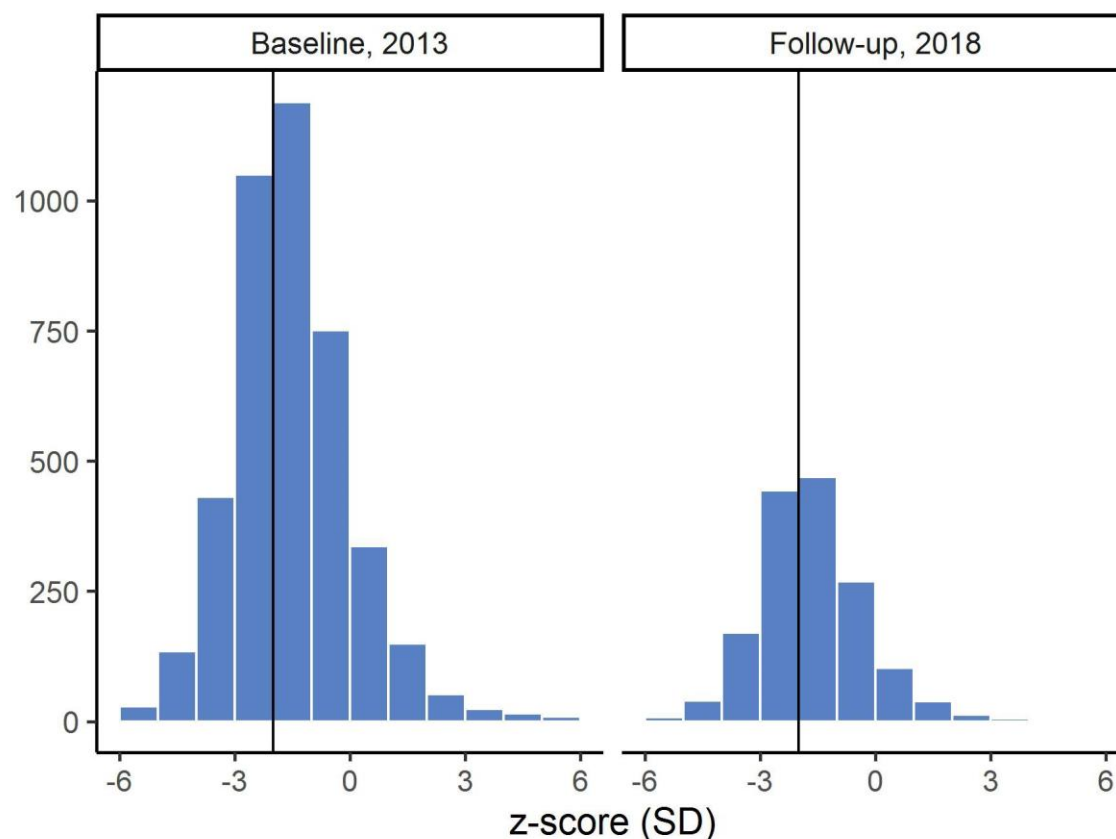
Height-for-age is an indicator of linear growth retardation and cumulative growth deficits in children. Children whose height-for-age z-score is below minus two standard deviations (-2 SD) from the median of the WHO reference population are considered short for their age (stunted) or chronically malnourished.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

9.2.1 Distribution of height-for-age z-scores

Figure 9.6 presents the distribution of height-for-age z-scores among all children aged 0-59 months whose measurements were taken. The vertical black lines in the figure denotes minus two standard deviations

– children to the left of the line are classified as stunted.

Figure 9.6: Distribution of height-for-age z-scores among children 0-59 months, unweighted



9.2.2 Prevalence of stunting

Table 9.2 presents the prevalence of stunting in children aged 0-59 months as measured by height-for-age. In the second follow-up, 46.3% of children under age 5 are stunted and 16.4% are severely stunted. Analysis of the indicator by age group shows that stunting is highest (54.6%) in children 24-59 months and lowest (7.5%) in children aged 0-5 months. Children 12-23 months old have the highest proportion of severely stunted children (16.4%) while the youngest age group (0-5 months) has the lowest proportion (2.9%). A higher proportion (45.6%) of male children is stunted compared with the proportion of female children (46.7%).

Table 9.2: Prevalence of stunting in children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of stunting in children 0-59 months, by sex and age (< -2 SD)								
Male	845	2109	41.7	2.0	332	807	45.6	3.0
Female	819	2092	41.6	2.0	333	761	46.7	2.5
0-5 months	35	375	10.0	1.8	11	158	7.5	2.0
6-11 months	95	424	25.7	3.1	42	159	29.5	4.2
12-23 months	310	844	38.9	2.4	128	276	49.4	3.4
24-59 months	1224	2558	49.6	2.2	488	979	54.6	2.9
0-59 months	1662	4199	41.6	1.8	669	1572	46.3	2.3
6-23 months	405	1268	34.5	2.0	170	435	42.3	3.2
Prevalence of severe stunting in children 0-59 months, by sex and age (< -3 SD)								
Male	321	2109	16.0	1.4	110	807	16.1	1.9
Female	297	2092	15.3	1.5	111	761	16.2	1.8
0-5 months	11	375	2.5	0.8	5	158	2.9	1.6
6-11 months	36	424	9.9	2.7	16	159	11.3	2.7
12-23 months	113	844	14.6	1.6	40	276	16.4	2.5
24-59 months	458	2558	18.8	1.7	164	979	19.5	2.3
0-59 months	616	4199	15.6	1.2	225	1572	16.4	1.6
6-23 months	149	1268	13.0	1.4	56	435	14.5	1.9

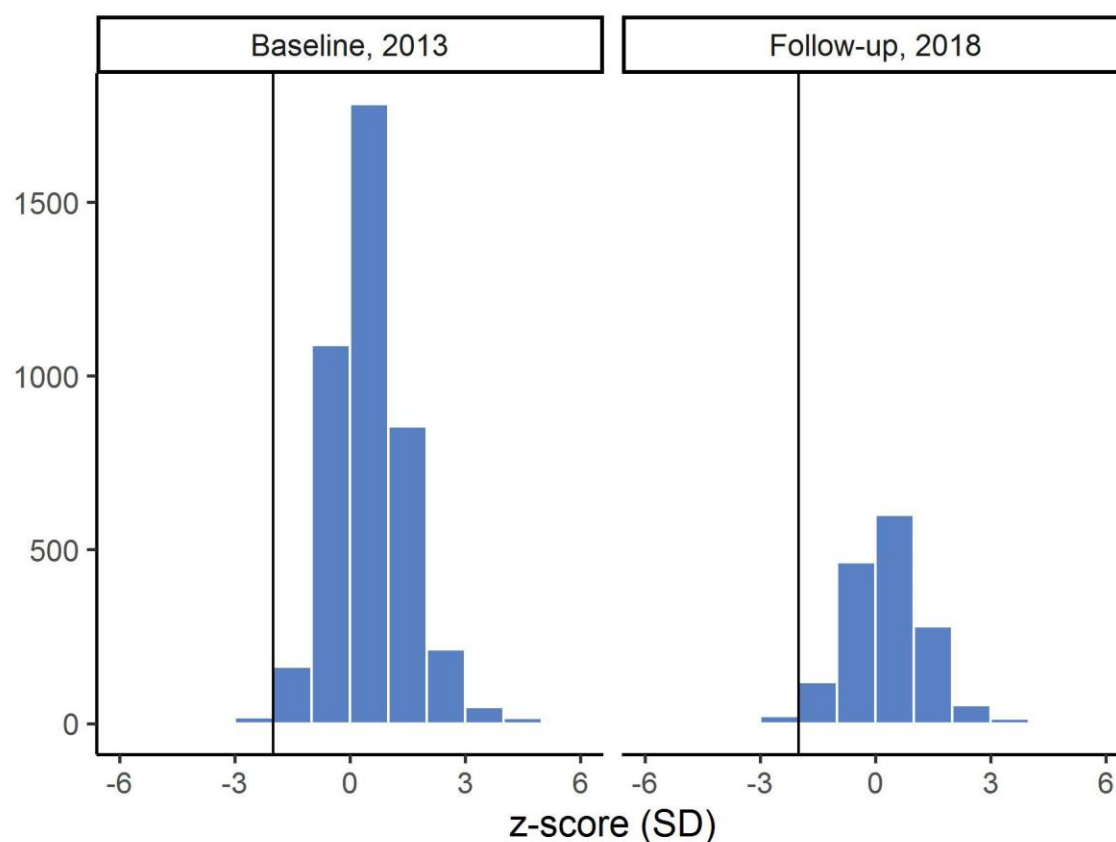
9.3 Weight-for-Height

The weight-for-height indicator measures body mass in relation to body height or length and describes current nutritional status. Children with z-scores below minus two standard deviations (-2 SD) are considered thin (wasted) or acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Children with a weight-for-height index below minus three standard deviations (-3 SD) are considered severely wasted. This weight-for-height indicator also provides data on over-weight and obesity. Children more than two standard deviations (+2 SD) above the median weight-for-height are considered overweight or obese.

9.3.1 Distribution of weight-for-height z-scores

Figure 9.7 shows the distribution of weight-for-height z-scores among all children aged 0-59 months whose measurements were taken. The vertical black lines in the figure denote minus two standard deviations – children to the left of the line are classified as wasted.

Figure 9.7: Distribution of weight-for-height z-scores among children 0-59 months, unweighted



9.4 Prevalence of Wasting

Table 9.3 shows the breakdown of nutritional status of children aged 0-59 months as measured by weight-for-height by age groups and sex. In the second follow-up, 2.7% of children are wasted and 0.9% of children are severely wasted. Analysis of the indicator by age group shows that wasting is highest (3.9%) in children 12-23 months old and lowest (4.5%) in children aged 6-11 months. Male children are more likely to be wasted than female children (3.2% to 2.2%). Male children are slightly more likely to be severely wasted (1.2%) than females (0.6%).

Overweight and obesity affect a greater proportion of children in SMI areas Mexico than wasting. In this sample, 4.5% of children are overweight or obese (weight-for-height more than +2 SD). The coexistence of both growth retardation and obesity reveals the burden of malnutrition in Mexico.

Table 9.3: Prevalence of wasting in children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of wasting in children 0-59 months, by sex and age (< -2 SD)								
Male	23	2108	1.2	0.3	26	807	3.2	0.7
Female	9	2090	0.3	0.1	19	760	2.2	0.6
0-5 months	5	375	0.9	0.4	7	156	4.5	2.2
6-11 months	7	424	1.5	0.6	7	158	4.5	2.2
12-23 months	7	844	0.7	0.3	12	276	3.9	1.2
24-59 months	13	2555	0.6	0.2	19	977	1.8	0.4
0-59 months	32	4196	0.8	0.2	45	1567	2.7	0.5
6-23 months	14	1268	1.0	0.3	19	434	4.1	1.0
Prevalence of severe wasting in children 0-59 months, by sex and age (< -3 SD)								
Male	5	2108	0.3	0.2	10	807	1.2	0.4
Female	3	2090	0.1	0.1	5	760	0.6	0.3
0-5 months	1	375	0.2	0.2	3	156	2.0	1.5
6-11 months	2	424	0.5	0.4	3	158	2.3	1.9
12-23 months	2	844	0.2	0.1	2	276	0.5	0.4
24-59 months	3	2555	0.2	0.1	7	977	0.6	0.2
0-59 months	8	4196	0.2	0.1	15	1567	0.9	0.3
6-23 months	4	1268	0.3	0.2	5	434	1.2	0.7
Prevalence of overweight in children 0-59 months, by sex and age (> 2 SD)								
Male	131	2108	5.9	0.6	34	807	4.2	0.9
Female	102	2090	4.4	0.5	37	760	4.7	0.9
0-5 months	56	375	15.9	2.1	22	156	15.6	3.2
6-11 months	33	424	7.5	1.6	8	158	5.4	2.2
12-23 months	35	844	3.5	0.7	6	276	1.9	0.8
24-59 months	109	2555	3.8	0.4	35	977	3.2	0.7
0-59 months	233	4196	5.2	0.4	71	1567	4.5	0.7
6-23 months	68	1268	4.8	0.7	14	434	3.1	0.9

9.5 Anemia

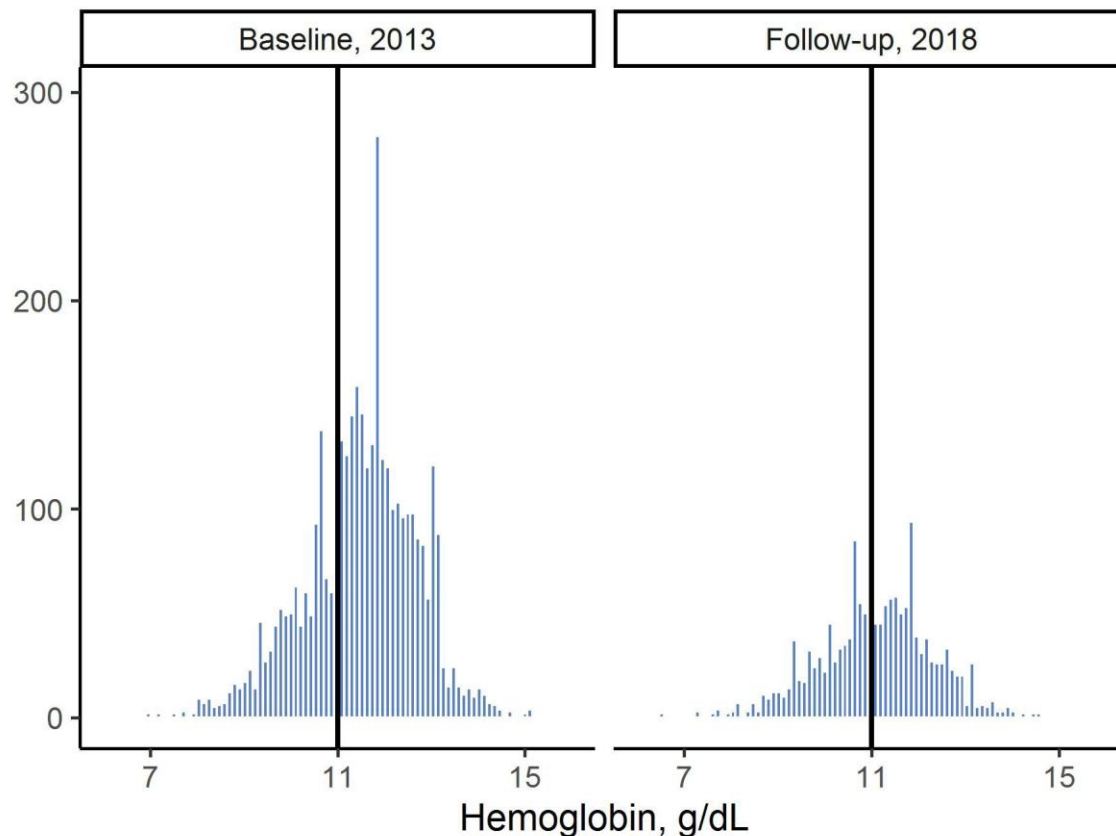
Anemia is a condition characterized by low concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body. The reduction in oxygen available to organs and tissues when hemoglobin levels are low is responsible for most of the symptoms experienced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

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

9.5.1 Distribution of hemoglobin values

Figure 9.8 shows the distribution of hemoglobin values (in g/dL) among children 0-59 months of age. The vertical black lines in the figure denote a hemoglobin concentration of 11.0 g/dL – children to the left of the line are classified as anemic.

Figure 9.8: Distribution of altitude-adjusted hemoglobin values among children 0-59 months, unweighted



9.5.2 Prevalence of anemia

Levels of anemia were classified as severe (<7.0 g/dL) and any (<11.0 g/dL) based on the hemoglobin concentration in the blood. The cutpoints for anemia are adjusted (raised) in settings where altitude is more than 1,000 meters above sea level, to account for lower oxygen partial pressure, a reduction in oxygen saturation of blood, and an increase in red blood cell production. Although some regions of Mexico are mountainous and well above 1,000 meters, the majority of the population resides at lower levels. The highest elevation of a surveyed household at the second follow-up was 2,519 meters above sea level; 69.2% of children (unweighted) lived above 1,000 meters. Correction for elevation was applied to anemia diagnosis where data collectors measured altitude over 1,000m (using a handheld GPS device).

Children whose hemoglobin levels are below 11 g/dL are considered anemic, and children who have hemoglobin levels below 7 g/dL are considered severely anemic. Table 9.4 indicates that 44.2% of children under age 5 in Mexico are anemic. Overall, the anemia prevalence is mostly mild to moderate (43.6%), with only 0.6% of children under 5 years presenting as severely anemic. Anemia prevalence is highest among children aged 0-5 months (62%) compared with the other children. More than 61% of all children aged 6-23 months, our targeted population for anemia intervention, were found to be anemic.

Table 9.4: Prevalence of anemia, children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of anemia in children 0-59 months, by sex and age								
Male	557	1962	28.5	1.7	360	784	46.3	2.2
Female	502	1949	27.1	1.8	300	740	41.6	2.6
0-5 months	141	307	45.8	3.7	90	147	62.0	4.9
6-11 months	215	387	56.0	3.3	121	155	78.6	4.2
12-23 months	235	781	30.3	2.4	133	269	51.2	3.7
24-59 months	468	2436	20.5	1.5	319	957	33.8	2.4
0-59 months	1057	3909	27.8	1.5	663	1528	44.2	2.2
6-23 months	450	1168	38.7	2.2	254	424	61.0	2.8
Prevalence of severe anemia in children 0-59 months, by sex and age								
Male	2	1962	0.1	0.1	4	784	0.5	0.2
Female	3	1949	0.3	0.2	5	740	0.7	0.3
0-5 months	1	307	0.3	0.3	1	147	0.7	0.8
6-11 months	0	387	0.0	-	3	155	1.9	1.1
12-23 months	3	781	0.7	0.5	1	269	0.3	0.3
24-59 months	1	2436	0.0	-	4	957	0.4	0.2
0-59 months	5	3909	0.2	0.1	9	1528	0.6	0.2
6-23 months	3	1168	0.4	0.3	4	424	0.9	0.4

9.6 Dried blood spot testing for measles antibodies

The following section includes children who were age-eligible for the dried blood spot test either at the census or at the time of physical measurements. Four hundred fifty one children at baseline and 236 children at the second follow-up were age-eligible for the dried blood spot test and had a conclusive blood test result were included in this summary. At the second follow-up, 41 children had inconclusive test results.

Vaccines can expire and lose potency or become ineffective due to temperature fluctuations prior to administration. To verify that measles vaccinations were transported and stored to maintain potency, children who could receive the measles vaccine were tested for measles antibodies – which should be present after vaccination. With parental consent, dried blood spot (DBS) samples were collected for children aged 12-23 months, which were tested for the presence of antibodies against measles. The standard laboratory conversion algorithm for Enzyme-Linked Immunosorbent Assay (ELISA) was applied to determine measles antibody rates. The results are presented in Table 9.5, showing 80.4% of children 12-23 months in the second follow-up received an effective measles immunization.

Table 9.5: Vaccination against measles according to dried blood spot analysis, children aged 12-23 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Positive for measles antibodies in DBS sample	451	716	61.2	2.4	190	236	80.4	3.6

APPENDIX A. SAMPLING DESIGN AND METHODOLOGY

A.1 Sample Size

Sample sizes were determined based on IDB's pre-specified plan for the second follow-up measurement to complete a full census of sampled segments (described in section A.2 "Sampling Procedures," below), followed by a survey of 1,699 selected eligible households in intervention areas, and 760 selected eligible households in comparison areas. Households were eligible if they had at least one child aged 0-59 months or one woman aged 15-49 years.

In order to achieve the desired sample size of 1,163 households in intervention areas and 750 households in comparison areas, we sought to complete interviews with residents of 30 randomly selected households in each of the 56 randomly selected segments in intervention areas (25 in comparison areas). More specifically, we drew a sample of 30 randomly selected households with age-eligible women and/or children as residents, and then drew a backup sample of 10 households from the remaining households with eligible participants in the segment. In some cases, selected households were absent or declined to participate in the SMI-Mexico Household Survey. These households were replaced in order by households from the backup sample for the same segment. In each selected household, all eligible women and children were selected to participate in the study. Informed consent was sought from each respondent to the household questionnaire and women's health interview, and from the guardian of each child participating in physical measurements. Occasionally, one or more eligible participants refused the interview despite other household members participating, or a survey was refused in course, resulting in a partially complete household result. Because multiple interviewers worked the sample simultaneously, in a handful of instances more than 30 surveys were completed. In the second follow-up, counts of complete households by segment range from 24 to 31 households. Thirty-two segments with fewer than 30 complete households had one to eight partially complete households, and eleven segments with 30 complete households have additional partially complete households. Data from partially complete households are used wherever individual modules are sufficiently complete.

A.2 Sampling Procedures

IDB identified 54 intervention municipalities in which to conduct the SMI household survey for the Initiative on the basis of their high concentration of residents in the country's lowest wealth quintile, and 33 comparison municipalities with similar socioeconomic characteristics and ethnic composition. From these 87 municipalities, a two-stage clustered random sample of eligible households was selected.

In this section, we describe the random sampling procedures for selecting the segments from the target area, and the households within the segment. An alternative sample was also selected in the event that the survey could not be conducted in the selected segments. Below we describe the selection of the primary and alternate samples.

A.2.1 Cluster sampling

Cluster sample sizes were determined based on the total estimated household sample size divided by a fixed cluster size “ μ ” of 30 households per segment. The primary sample at the second follow-up of 56 intervention and 25 comparison clusters (segments) was randomly selected from a total of 3,453 intervention localities (rural) or *áreas geoestadísticas básicas* (AGEB) (urban) in 54 municipalities and 4,710 comparison localities and AGEB in 33 municipalities which, based on data from the 2010 Mexico Population and Housing Census, contained 217,374 and 181,041 occupied households, respectively. As stated previously, segments were selected in each study arm with probability proportional to size and with replacement, as follows:

Size was represented by the number of occupied households within the segment, based on data from the 2010 Mexico Population and Housing Census. We generated a variable for the cumulative number of households in each of the intervention and comparison sampling frames. We divided the cumulative total by the number of segments we meant to sample to obtain an interval length “ Δ .” A random starting point “ Σ ” was drawn from a uniform distribution between 1 and the interval length Δ . The n^{th} segment in the sample was the first segment whose cumulative number of households was greater than $\Sigma + (n - 1) * \Delta$.

After selecting the 81 total segments to be surveyed, a set of 30 alternate segments in intervention areas and 10 alternate segments in comparison areas were randomly selected with probability proportional to size. These segments could be used in the event that any of the selected segments could not be surveyed and needed to be replaced due to security concerns, community rejection of the study, or a high proportion of absent households. In Mexico in the 2018 follow-up survey, five segments in intervention areas and one segment in comparison areas were replaced because the community refused to participate. Each was replaced with a randomly selected alternate segment from the same municipality. In one case of replacement, an additional alternate segment had to be randomly selected with probability proportional to size from Chamula Municipality because replacement with the previously selected alternate segments in Chamula was not possible. In one segment, additional alternate households were randomly selected after many, but not all, of the small communities that made up the segment refused to participate in the household survey. Selected households in the communities that refused were accounted for in response rates in the same manner as individual refusals.

In the baseline survey, 17 segments were replaced with a randomly selected alternate segment from the same municipality, 15 because of refusal and two because of logistical considerations. Seven segments in intervention areas and five in comparison areas refused participation in the SMI household census. Four segments in intervention areas refused participation after census data collection was completed, but before household data collection began. Two segments in intervention areas were replaced because of a long delay between the time of census and the time of the household survey.

A.2.2 Household sampling

Within each randomly selected cluster, a complete household listing exercise was carried out, enabling the systematic selection of households for participation in the survey, based on household composition. All households in which women aged 15–49 years and/or children aged 0–59 months resided were eligible to be selected for the survey. Eligible households were sorted according to a random variable. The first 25

households with eligible children were selected for participation. The first five households with eligible women only were selected to complete the sample of 30 households. Ten additional households were identified as an alternate sample, eight with eligible children and two with eligible women only. These alternate households were substituted in order for selected households that were absent throughout the data collection or refused participation in the study.

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

B.1 Weighting Methodology

Survey weights reflect the three-stage cluster sampling design of the study. The primary sampling unit is referred to as the “segment.” The segment is censused, and 30 households with eligible participants selected at random. Within selected households, all women 15-49 years of age and all children 0-59 months of age are selected for participation in the survey. Design weights for households, women and children were generated according to the inverse probability of selection of the unit and incorporated into the merged datasets for analyses. The weights were calculated as follows for households:

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

where

$$p(\text{selecting Segment } X) = \frac{\# \text{ occupied households in Segment } X \text{ in 2010 Population Census}}{\text{Total } \# \text{ occupied households in target municipalities in 2010 Population Census}} * \# \text{ draws}$$

and the number of draws corresponds to the number of segments in the corresponding study arm (56 for intervention areas and 25 for comparison areas at the second follow-up), and the total number of occupied households in target municipalities in the 2010 Mexico Population and Housing Census corresponds to 217,374 in intervention areas and 181,041 in comparison areas, and

if the household includes children under 5 according to the SMI-Mexico census:

$$p(\text{selecting household } Y \text{ in segment } X) = \frac{\# \text{ households with age-eligible children interviewed for SMI in segment } X}{\# \text{ occupied households with age-eligible children in Segment } X \text{ from SMI census}}$$

or if the household does not include children under 5 according to the SMI-Mexico census:

$$p(\text{selecting household } Y \text{ in segment } X) = \frac{\# \text{ households with eligible women but no eligible children interviewed for SMI in segment } X}{\# \text{ occupied households with age-eligible women but no children in Segment } X \text{ from SMI census}}$$

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

$$p(\text{selecting woman } Z) = \frac{p(\text{selecting Segment } X) * p(\text{selecting Household } Y \text{ in Segment } X)}{\text{average number of women 15-49 years old per household in SMI census}} * p(\text{selecting Woman } Z \text{ in household } Y)$$

where the average number of women 15-49 years old per household in the sample was 1.11 in intervention areas and 1.05 in comparison areas (according to the SMI-Mexico Household Census), and if the household includes children under 5 according to the SMI-Mexico census:

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

or if the household does not include children under 5 according to the SMI-Mexico census:

$$p(\text{selecting Household } Y \text{ in Segment } X) = \frac{\# \text{ households with eligible women but not children completing women's health survey for SMI in Segment } X}{\# \text{ occupied households with age-eligible women but not children in Segment } X \text{ from SMI census}},$$

and

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

and

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

where the average number of children 0-59 months old per household in the sample was 0.57 in intervention areas and 0.41 in comparison areas (according to the SMI-Mexico Household Census), and

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

and

$$p(\text{selecting Child } W \text{ in Household } Y) = \frac{\# \text{ children in Household } Y \text{ completing the survey}}{\# \text{ children 0-59 months residing in Household } Y \text{ from SMI census}}.$$

The weights yielded results which were similar to the unweighted results.

B.2 Sampling Errors

As described in Appendix A, a random sample of eligible households was selected from each of 56 clusters (segments) in intervention areas and 25 clusters in comparison areas which had been randomly sampled with probability proportional to size from the target intervention and comparison areas of the initiative. Although cluster sampling can improve efficiency when the target population is spread out over a large area, the resultant sample consists of observations that are not completely independent of one another. The standard errors presented throughout this report and in Appendix C account for this intra-class correlation, using Taylor-linearized variance estimation.

APPENDIX C. SMI HOUSEHOLD INDICATORS

Table C.1: Performance of payment indicators, SMI-Mexico Second Follow-up Survey

Indicator	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
2020 Women (age 15-49) who did not wish to become pregnant and who were not using/not have access to family planning methods (temporary and permanent)	1416	2706	51.2	2.2	603	1177	53.0	3.6
4010 Women (age 15-49) delivered in hospital/health center with skilled attendant in their most recent pregnancy in the last two years	808	2075	34.7	2.8	334	703	40.5	4.8
4030 Women (age 15-49) who received postpartum care within 7 days with skilled personnel (doctor, nurse, or pro. midwife) in their most recent pregnancy in the last two years*	567	2070	26.2	1.7	202	705	26.9	3.2
5025 Children 12-23 months who received MMR vaccine according to card	479	929	48.9	2.9	169	329	49.8	4.4
5060 Children 0-59 months who received ORS in the last episode of diarrhea in the past two weeks	257	512	48.9	3.2	139	224	57.6	4.7

**Includes all children who were 12-23 months at the time of census or when the dried blood spot test was collected.

*The baseline calculation for indicator 4030 only includes doctor and professional nurse as skilled personnel, because professional midwife was not asked.

Table C.2: Performance of monitoring indicators, SMI-Mexico Follow-up Survey

Indicator	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
6110 Out-of-pocket health expenditure was 10% or more of total itemized household expenditure reported in the last month	618	3823	15.3	1.0	347	1699	19.4	1.4
6110 Out-of-pocket health expenditure was 25% or more of total itemized household expenditure reported in the last month	276	3823	6.9	0.6	153	1699	8.5	1.1
6110 Out-of-pocket health expenditure was 40% or more of total itemized household expenditure reported in the last month	134	3823	3.6	0.5	71	1699	3.9	0.8
1080 Women aged 15-49 with a live birth in the last year	862	4993	12.9	0.7	350	2078	10.5	0.8
1090 Women aged 15-19 with a live birth in the last year	145	995	10.2	1.1	55	383	7.9	1.3
2010 Women (age 15-49) currently using (or whose partner is using) a modern method of family planning	1290	2706	48.8	2.2	574	1177	47.0	3.6
2030 Women (age 15-49) who report having stopped using a method of family planning during the previous year	68	1470	4.2	0.8	32	643	4.3	1.1
4110 Women (age 15-49) with a birth in the last two years who can recognize at least 5 danger signs in newborns	365	1722	19.8	1.6	179	654	27.1	2.5
6010 Women 15-49 who report having any illness in the past two weeks	786	4992	16.2	0.9	320	2076	16.9	1.4
6020 Women (age 15-49) who report having any illness in the past two weeks but did not seek health care	434	786	54.9	2.9	199	320	62.4	3.7
6050 Women (age 15-49) who used a health facility in the last 2 weeks	916	4989	17.2	1.0	344	2078	14.6	1.3
6130 Women who reported satisfaction with health care services at their most recent visit to a health facility	2318	2643	87.2	1.1	880	975	92.5	1.3
6140 Women who reported satisfaction with cleanliness of the facility at their most recent visit to a health facility	1585	2632	60.7	2.0	503	984	52.8	3.1
6150 Women who reported satisfaction with competence of the medical personnel at their most recent visit to a health facility	2398	2579	93.0	0.8	928	967	96.9	0.6
6160 Women who reported they were treated with respect at their most recent visit to a health facility	1663	2650	62.4	1.8	471	990	49.5	2.5

(continued)

Indicator	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
3010 Women (age 15-49) who received at least one antenatal care visit by skilled personnel (doctor or nurse) in their most recent pregnancy in the last two years	1474	2071	68.6	2.2	561	705	76.3	4.0
3020 Women (age 15-49) who received at least four antenatal care visits by skilled personnel (doctor or nurse) in their most recent pregnancy in the last two years	1122	2016	52.8	2.3	457	691	61.8	4.5
4015 Women (age 15-49) delivered in hospital/health center in their most recent pregnancy in the last two years	815	2076	35.0	2.8	337	703	41.0	4.8
4020 Women (age 15-49) who received postpartum care by skilled personnel (doctor or nurse) within the first 48 hours in their most recent pregnancy in the last two years	405	2070	17.4	1.5	124	705	15.6	2.4
4035 Women (age 15-49) who received postpartum care by skilled personnel (doctor or nurse) between 7 and 42 days after delivery in their most recent pregnancy in the last two years	240	2070	12.1	1.2	118	705	15.2	2.0
4040 Women (age 15-49) who received postpartum care by skilled personnel (doctor or nurse) within 24 hours after delivery, a second check before 7 days, and a third check between 7 and 42 days after delivery in their most recent pregnancy in the last two years	9	2070	0.4	0.2	1	705	0.1	0.1
4100 Infants receiving neonatal care by skilled personnel (doctor or nurse) in a health facility within 48 hours of birth in the last two years	483	2321	18.6	1.8	119	705	13.8	2.0
4101 Infants receiving neonatal care by skilled personnel (doctor or nurse) in a health facility within 24 hours of birth in the last two years	404	2321	15.2	1.6	101	705	11.6	1.8
4102 Infants receiving neonatal care by skilled personnel (doctor or nurse) in a health facility within 7 days of birth in the last two years	756	2321	30.8	2.0	247	705	30.9	3.2
5050 Children born in the last two years who were breastfed within one hour after birth	1702	2386	71.4	1.9	568	731	78.3	2.0
4145 Children (0-59 months) with pneumonia symptoms who received antibiotics	145	222	63.3	3.9	39	83	44.7	6.8
5020 Children (0-59 months) fully vaccinated for age, according to vaccine card and recall	1673	4137	39.4	2.3	517	1550	32.4	3.0
5030 Children 12-59 months who received 2 doses of deworming in the last year	905	3530	25.1	1.2	325	1424	22.3	2.2
5040 Children 0-5 months who were exclusively breastfed on the previous day	242	419	58.9	3.4	113	183	65.7	3.8
5075 Children 6-23 months who consumed at least 60 packets of micronutrients (complete dose) in the last 6 months	30	1348	2.6	0.6	14	474	2.4	1.0
5080 Children 12-15 months who were breastfed on the previous day	267	340	80.2	3.0	83	99	81.8	5.6
5090 Children 6-8 months who received solid or semi-solid food on the previous day	181	236	76.3	3.4	66	100	63.5	5.2
5100 Children 6-23 months who received foods from 4 or more food groups during the previous day	428	1401	32.1	2.0	171	513	30.6	3.0
5110 Children 6-23 months breastfed or complimentary feeding who received solid, semi-solid, or soft foods the minimum number of times or more during the previous day	524	1248	40.8	2.0	169	418	38.6	3.5
5120 Children 6-23 months who received the minimum acceptable diet (apart from breastmilk) during the previous day	205	1393	14.8	1.6	70	502	12.4	1.8
5130 Children 6-23 months who received iron-rich or iron-fortified foods during the previous day	503	1401	35.6	1.9	174	513	30.5	2.7
6030 Children (0-59 months) who had any illness in the past two weeks, according to report of mother or caregiver	1245	4582	27.0	1.1	461	1827	24.5	1.6
6040 Children (0-59 months) who had any illness in the past two weeks but did not seek health care, according to report of mother or caregiver	5	1210	0.6	0.3	2	448	0.3	0.2

Indicator	Baseline 2013			Second Follow-Up 2018		
	N	mean	SE	N	mean	SE
6090 Average out-of-pocket household itemized health expenditure for the last month (Mexican Peso)	3814	261.6	107.5	1695	215.8	42.6
6100 Average household itemized expenditure for the last month (Mexican Peso)	3823	2466.0	221.3	1699	2564.3	220.8
6080 Average travel time to nearest health facility (min)	4601	39.3	3.3	1927	27.5	5.0
6085 Average distance to nearest health facility (km)	4626	3.6	0.4	1920	5.0	1.1
6120 Average wait time at most recent visit to a health facility (min)	2628	82.3	6.2	944	84.2	7.9
6082 Average travel time to delivery location for most recent birth in the last two years (min)	793	159.3	17.6	322	147.2	24.1

APPENDIX D. COMPARISON AREAS

D1. CHAPTER 1

D1.1 Report structure

The chapters in the main body of the report present characteristics of the surveyed SMI-Mexico sample in intervention areas only. Each table is presented for comparison areas only in Appendix D, and pooled intervention and comparison areas in Appendix E. Most tables take one of three types. Tabulations of select-only-one question types are mutually exclusive, so the proportions sum to 100%. Counts are shown for non-response (“Don’t know” or “Decline to respond” recorded), but these cases are always excluded from the denominator.

Tabulations of select-all-that-apply question types do not have mutually-exclusive categories, as respondents can report more than one option, and thus proportions do not sum to 100%. The table shows affirmative cases (n) and non-missing cases (N). Non-response is the difference between non-missing cases (N) and the total sample eligible for that section of the questionnaire, indicated at the start of the chapter. Where statistics are reported for subpopulations, the size of the subpopulation is reported in the same table or the preceding table for straightforward comparison.

Tabulations of continuous variables, where respondents were requested to provide a numeric response, present the range and quartiles (25th percentile, median, 75th percentile) in order to illustrate the distribution of responses across the sample. Counts of non-response are listed in the table and excluded from the count of non-missing cases (N).

D2. CHAPTER 2: CHARACTERISTICS OF HOUSEHOLDS

This chapter provides a descriptive summary of the basic demographic, socioeconomic, and environmental characteristics of the households sampled for the SMI-Mexico Baseline and Second Follow-up Household Survey.

D2.1 Characteristics of Participating Households

A total of 760 households in the Mexico second follow-up completed the household characteristics questionnaire. In the baseline, 1,536 completed the survey. The remainder of this chapter is dedicated to a summary of the basic demographic, socioeconomic, and environmental characteristics of the households completing the household characteristics questionnaire.

D2.2 Age and Sex Composition, SMI Census

The unweighted distribution of the de facto household population in the surveyed households in the SMI-Mexico household census by five-year age groups and by sex is shown for baseline (Figure D2.1) and second follow-up (Figure D2.2). Mexico has a larger proportion of its population in the younger age groups than in the older age groups. Figure D2.2 indicates that in the second follow-up, just under 33% of the population in the Second Follow-up is under age 15 years, more than half (61%) of the population is in the economically productive age range (15-64), and the remaining 6% is age 65 and above.

Figure D2.1: Age and sex of census sample, unweighted percent distribution of de facto household population by five-year age groups, baseline survey

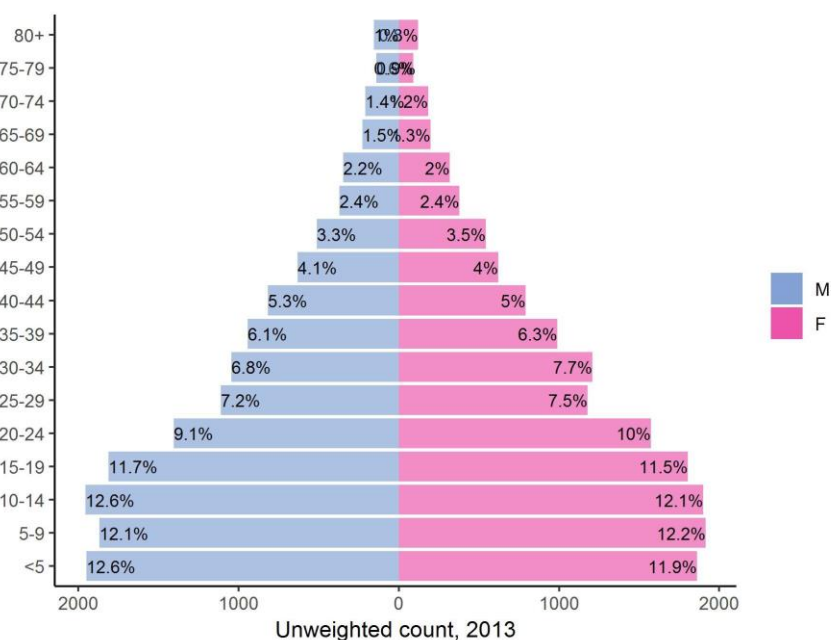
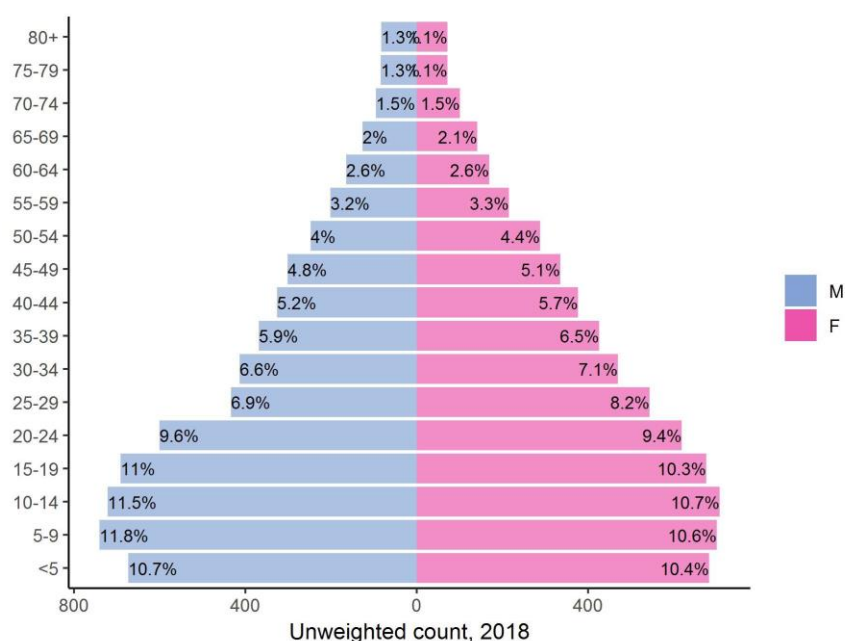


Figure D2.2: Age and sex of census sample, unweighted percent distribution of de facto household population by five-year age groups, follow-up survey



D2.3 Household Characteristics, SMI Household Survey

The number of households, women and children in the sample are displayed in Table D2.1; and the percent distribution of households by head of household, number of usual members, and marital status are shown in Table D2.2.

Seventy percent of households in Mexico identify as dual-headed in the second follow-up. Males are the head of the household in 12.6% of surveyed households in Mexico, with females as the head of household in the remaining 17.2%. The median household size in Mexico is four members, with another 15% of households having five or more members.

Table D2.1: SMI household survey sample sizes: number of total households, women 15-49 years of age, and children 0-59 months

	Baseline 2013	Second Follow-Up 2018
Households	1536	760
Women	1972	938
Children	1838	754

Table D2.2: Household characteristics, SMI household sample

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Head of household						
Dual-headed household	1371	86.5	1.7	557	70.2	3.1
Single head, female	126	10.6	1.5	115	17.2	2.3
Single head, male	37	2.9	0.6	88	12.6	2.0

Dual-headed households are those where (a) two individuals were identified as "head" by the respondent or (b) both the person identified as "head" and his or her spouse or partner are household members

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Number of usual household members	1534	0	1	4	5	6	17
Second follow-up 2018							
Number of usual household members	760	0	1	3	4	5	13

D2.4 Drinking Water Access and Treatment

D2.4.1 Sanitation facilities and waste disposal

A household's source of drinking water is an important determinant of the health status of household members. Contaminated drinking water can spread waterborne diseases, such as diarrhea or dysentery. Piped water, protected wells, and protected springs are expected to be relatively free of these diseases; whereas other sources like unprotected wells, rainwater, or surface water are more likely to carry disease-causing agents.

The percent distribution of households by source of drinking water, location of water source, and information about sanitation facilities is shown in Table D2.3. The majority of surveyed households (84.8%) have water piped to dwelling, and 15.2% of households have to go outside their home or yard to a water source.

Many households (56.6%) use a pour flush toilet and 23.8% of households use a flush toilet. In the second follow-up, 0.5 percent of households report having no toilet, compared to 1.7% at baseline.

Table D2.3: Household water source and sanitation facilities

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Household water source						
Piped to dwelling	1056	69.5	4.4	631	84.8	2.8
Piped to yard/plot	110	6.9	2.0	80	9.2	2.2
Water jug	142	7.6	2.1	17	2.0	1.0
Tubewell/borehole	22	1.4	0.8	11	1.5	0.7
Protected dug well	59	4.3	1.3	11	1.5	0.7
Unprotected dug well	54	4.2	1.7	3	0.4	0.3
Public tap/standpipe	21	1.2	0.7	1	0.1	0.1
Protected spring	4	0.2	0.1	1	0.1	0.1
Unprotected spring	22	1.3	0.7	1	0.1	0.1
Rainwater collection	3	0.2	0.2	1	0.1	0.1
Tanker truck	4	0.4	0.3	0	0.0	-
Cart with small tank/drum	2	0.1	0.1	0	0.0	-
Surface water	7	0.4	0.2	0	0.0	-
Bottled water	0	0.0	-	0	0.0	-
Other	30	2.2	1.3	3	0.2	0.1
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Time it takes to retrieve water (min)						
Water on premises	1367	88.9	3.8	737	97.0	1.3
Less than 30 minutes	132	9.5	3.5	16	2.3	1.0
30 minutes or longer	24	1.6	0.8	5	0.8	0.5
Don't know	13	-	-	1	-	-
Decline to respond	0	-	-	1	-	-
Sanitation facilities						
Pour flush toilet	823	54.5	4.3	436	56.6	4.7
Flush toilet	384	22.1	3.6	189	23.8	5.3
Pit latrine	289	20.7	4.5	122	18.8	4.8
No toilet	25	1.7	1.0	10	0.5	0.4
Dry toilet	15	1.1	0.5	0	0.0	-
Other	0	0.0	-	3	0.2	0.2
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Shared toilet/facilities	186	1511	9.4	1.2	134	747	16.9	2.5

D2.4.2 Cooking fuel sources

Cooking fuel source and the location for cooking food are included in Table D2.4. The percentage of households with a separate kitchen is also shown. The two most commonly reported cooking fuel sources

used in households during the second follow-up are wood (78.4%) and gas tank (37.6%). Among those households with non-missing responses as to what cooking fuel sources they use, 56.9% report normally cooking food in the house, 37.3% normally cook food inside house, and 5.8% normally cook food outdoors. Seventy percent of households have a separate kitchen.

Table D2.4: Cooking fuel source and cooking location

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Wood	1109	1536	73.7	4.1	582	760	78.4	4.9
Gas tank	751	1536	46.8	5.5	311	760	37.6	7.1
Coal	52	1536	3.1	0.9	17	760	2.2	0.8
Electricity	12	1536	0.6	0.2	10	760	1.8	0.6
Straw/twigs/grass	4	1536	0.2	0.1	0	760	0.0	-
Agricultural crops	1	1536	0.1	0.1	0	760	0.0	-
No food cooked at home	1	1536	0.0	-	0	760	0.0	-
Other	0	1536	0.0	-	0	760	0.0	-

*categories not mutually exclusive (select all that apply)

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Location for cooking food, if cooking fuel source reported						
In a separate building	920	61.2	4.1	425	56.9	5.1
Inside house	552	35.3	4.0	288	37.3	4.6
Outdoors	63	3.5	0.8	46	5.8	1.4
Other	0	0.0	-	1	0.0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Separate kitchen, if cooking fuel source reported and food cooked in the home	362	552	70.3	3.6	206	287	70.5	4.2

D2.4.3 Household wealth

The median number of bedrooms per household is less than two (Table D2.5). Twenty one percent of households in the second follow-up own agricultural land and 9.4% of households rent agricultural land (Table D2.6).

The availability of durable consumer goods is a good indicator of a household's socioeconomic status. Table D2.6 shows the availability of selected consumer goods by household. The large majority of

households (98.8%) have electricity, and the most commonly owned items are television (82.2%), mobile phone (55.7%), and refrigerator (49.3%). Many households (17.9%) own a bicycle and 9% own a car.

Table D2.5: Number of bedrooms per household

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Number of bedrooms	1536	0	0	1	1	2	6
Second follow-up 2018							
Number of bedrooms	760	0	0	1	2	2	6

Table D2.6: Household assets

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Household assets								
Electricity	1508	1536	97.5	0.7	744	759	98.8	0.5
Television	1179	1536	75.9	3.5	625	759	82.2	2.0
Mobile phone	704	1536	44.9	5.3	436	758	55.7	5.7
Refrigerator	692	1536	45.5	4.2	377	759	49.3	5.9
Radio	856	1536	56.9	2.7	303	759	39.9	3.9
Watch	422	1536	27.5	1.7	122	760	17.3	2.3
Guitar	90	1536	6.1	0.8	47	760	7.3	1.4
Landline phone	60	1536	4.2	1.0	47	759	6.8	1.6
Computer	133	1536	8.1	1.7	50	758	6.2	2.0
Transportation assets								
Bicycle	329	1536	21.8	2.6	142	760	17.9	2.9
Car	146	1536	8.9	1.4	68	760	9.0	2.1
Motorcycle/scooter	46	1536	2.8	0.6	63	760	7.5	2.2
Truck	21	1536	1.3	0.6	4	760	0.6	0.4
Animal cart	0	1536	0.0	-	2	760	0.2	0.2
Agricultural assets: Livestock ownership								
Chickens	746	1536	51.2	3.8	402	760	57.3	5.5
Horses, donkeys, or mules	162	1536	11.0	2.2	69	760	11.3	3.9
Pigs	111	1536	7.6	2.0	67	760	8.9	3.7
Cattle	231	1536	16.1	2.4	26	760	3.8	1.0
Sheep or goats	13	1536	0.7	0.3	15	760	3.0	1.0
Bull or milk cow	63	1535	4.1	1.0	9	759	1.7	0.7

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Agricultural assets: Own or rent agricultural land						
No agricultural land	918	58.2	4.7	525	67.7	5.0
Owens agricultural land	482	33.5	3.9	145	21.1	4.5
Rents agricultural land	96	5.8	1.1	72	9.4	2.3
Shared/community-held land	39	2.5	0.7	16	1.8	0.6
Don't know	0	-	-	1	-	-
Decline to respond	1	-	-	1	-	-

D2.5 Household expenditure

D2.5.1 Total expenditures by type

Households are surveyed about the amount of money spent over the last month. After reporting total household expenditures, households are then asked how much was spent on specific categories (e.g., food, housing, education, and medical care) over the last four weeks. Table D2.7 shows the itemized monthly expenditure per person living in the household summarized by expenditure quintile. All data are presented in current Peso (\$), with no adjustment for inflation. Itemized expenditure information was sufficiently complete to report for 726 households at the second follow-up. The lowest quintile in the study area spent less than \$253 per person over the last month in the second follow-up.

Table D2.8 shows the budget share, defined as the weighted average expenditure on each category across a quintile divided by the weighted average total itemized household expenditure in the same quintile. Table D2.8 shows that the poorest 20% of households in the study area spend 68.4% of their monthly expenditure on food, on average. In comparison, the wealthiest households spend 48.9% on food. The poorest households spent 2% of their expenditure on medical care, while the wealthiest spent 13.1%.

Table D2.7: Total itemized per- capita expenditure quintiles, current Mexican Peso

	N	DK/DTR	p20	p40	p60	p80
Baseline 2013						
Per capita monthly household expenditure	1411	4	191	332	507	809
Second follow-up 2018						
Per capita monthly household expenditure	726	0	253	430	695	1091

* Not adjusted for inflation

Table D2.8: Itemized household expenditure by total household budget share

	Bottom quintile	2nd quintile	3rd quintile	4th quintile	Top quintile
Baseline 2013					
Food	70.7	69.2	63.4	64.2	46.7
Alcoholic beverages and tobacco	1.2	1.6	1.7	1.4	2.3
Education expenses	4.7	3.5	4.2	4.0	4.4
Furniture and domestic appliances	0.3	0.4	0.4	0.5	1.2
Recreation	0.0	0.1	0.2	0.1	0.4
Housing and utilities	9.4	8.7	8.8	9.2	11.3
Clothing and shoes	8.5	8.5	12.3	8.8	11.1
Transportation	2.8	3.6	2.9	3.3	5.8
Communication	1.1	1.1	1.3	1.8	2.7
Out-of-pocket medical expenses	1.4	3.3	4.8	6.6	12.9
Social security premiums	0.0	0.0	0.0	0.0	0.3
Private insurance premiums	0.0	0.1	0.0	0.1	0.6
Other costs to access health care	0.0	0.1	0.1	0.1	0.3
Second Follow-Up 2018					
Food	68.4	69.6	66.9	60.0	48.9
Alcoholic beverages and tobacco	1.3	1.6	0.4	0.3	1.0
Education expenses	4.4	2.6	3.1	2.2	6.2
Furniture and domestic appliances	0.0	0.0	0.4	0.4	1.1
Recreation	0.0	0.5	0.1	0.1	0.2
Housing and utilities	11.2	10.1	9.0	10.9	10.5
Clothing and shoes	4.7	7.2	7.3	9.3	7.9
Transportation	6.3	3.3	5.1	5.4	7.1
Communication	1.5	1.5	2.0	1.7	2.4
Out-of-pocket medical expenses	2.0	3.4	5.3	9.3	13.1
Social security premiums	0.0	0.0	0.1	0.2	0.8
Private insurance premiums	0.0	0.0	0.1	0.0	0.0
Other costs to access health care	0.0	0.2	0.1	0.2	0.6

D2.5.2 Health expenditures

Of the 726 households with expenditure data at the second follow-up, 246 reported having health expenditures in the last four weeks. Table D2.9 shows health expenditure by type among households reporting non-zero out-of-pocket health expenditure. Very few households had spending in each category.

Table D2.9: Out-of-pocket medical expenditures by type, last four weeks, current Mexican Peso

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Care that required overnight stay in hospital/clinic	390	0	0	0	0	0	27000
Medications prescribed by health personnel	389	1	0	0	200	500	7000
Care by health professionals not requiring overnight stay	390	0	0	0	0	0	5000
Diagnostic and laboratory tests, X-rays, blood tests	390	0	0	0	0	0	5000
Other costs associated with overnight stay in hospital/clinic	390	0	0	0	0	0	4000
Other health care products or services	390	0	0	0	0	0	1400
Dentists	390	0	0	0	0	0	1200
Care or non-prescription medications from pharmacist	390	0	0	0	0	0	1200
Care by traditional/alternative healers/birth attendants	390	0	0	0	0	0	550
Health products (glasses, hearing aids, prosthetics, etc.)	390	0	0	0	0	0	200
Second Follow-Up 2018							
Care that required overnight stay in hospital/clinic	246	0	0	0	0	0	9000
Medications prescribed by health personnel	245	1	0	0	50	350	4000
Care by health professionals not requiring overnight stay	246	0	0	0	0	0	20000
Diagnostic and laboratory tests, X-rays, blood tests	246	0	0	0	0	0	6000
Other costs associated with overnight stay in hospital/clinic	246	0	0	0	0	0	7000
Other health care products or services	246	0	0	0	0	0	2000
Dentists	246	0	0	0	0	0	2000
Care or non-prescription medications from pharmacist	246	0	0	0	0	150	3000
Care by traditional/alternative healers/birth attendants	246	0	0	0	0	0	1000
Health products (glasses, hearing aids, prosthetics, etc.)	246	0	0	0	0	0	2800

* Not adjusted for inflation

D2.5.3 Source of health expenditure financing

Of the 726 households with expenditure data at the second follow-up, 56 reported that members of the household went to a hospital and stayed overnight at least once during the last 12 months and paid for expenses associated with the overnight stays. The maximum paid for a hospital stay was \$9,000.

Table D2.10 shows the source and amount of financing for medical expenditures for overnight hospital stays. No single funding source was used by more than about 25% of households with hospital stays.

Table D2.10: Health care financing by source, last 12 months, current Mexican Peso

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Savings	109	0	0	0	0	0	3e+05
Loan from a source other than family or friends	109	0	0	0	0	1000	3e+05
Items sold	109	0	0	0	0	0	50000
Money from relatives or friends outside the household	109	0	0	0	0	0	20000
Property sold	109	0	0	0	0	0	15000
Any household member's current income	108	1	0	0	0	437.9	7500
Other source	109	0	0	0	0	0	5000
Conditional cash transfer programs	109	0	0	0	0	0	3500
Reducing other household spending	109	0	0	0	0	0	3000
Health insurance plan payment/reimbursement	109	0	0	0	0	0	200
Remittances from family or friends abroad	109	0	0	0	0	0	100
Political donations or grants	109	0	0	0	0	0	0
Second Follow-Up 2018							
Savings	56	0	0	0	0	0	15000
Loan from a source other than family or friends	56	0	0	0	0	1390.7	150000
Items sold	56	0	0	0	0	0	5000
Money from relatives or friends outside the household	56	0	0	0	0	0	3000
Property sold	56	0	0	0	0	0	12000
Any household member's current income	56	0	0	0	0	622.6	150000
Other source	56	0	0	0	0	0	30000
Conditional cash transfer programs	56	0	0	0	0	0	950
Reducing other household spending	56	0	0	0	0	0	1500
Health insurance plan payment/reimbursement	56	0	0	0	0	0	0
Remittances from family or friends abroad	56	0	0	0	0	0	7000
Political donations or grants	56	0	0	0	0	0	0

* Not adjusted for inflation

D3. CHAPTER 3: GENERAL CHARACTERISTICS OF RESPONDENTS

This chapter summarizes the demographic characteristics, socioeconomic status, and health status of women of reproductive age (15-49 years) participating in the SMI-Mexico second follow-up household survey. At the baseline, 1,953 woman's health interviews were completed, and 22 pregnancy interviews were completed despite the woman not having completed the woman's health questionnaire. At the second follow-up, 938 woman's health interviews were completed, and 0 additional pregnancy interviews were completed.

D3.1 Demographic Characteristics

D3.1.1 Age, marital status, relation to head of household

The age distribution of the de facto population of women of reproductive age participating in the women's health or pregnancy interviews in Mexico is shown in Figure D3.1 by five-year age groups. About 63% of all women participating in the second follow-up SMI-Mexico household survey were younger than 30 years of age, 24% were between the ages of 30 and 39, and 13% were between the ages of 40 and 49. While 36% of women reported being married and 38% being partnered, 17% indicated they were never married. Eleven percent of women were reported at the SMI-Mexico census to be the head of household, 32.2% to be the spouse of the head of the household, and 22.9% to be the biological child of the head of the household.

Figure D3.1: Age of respondents, unweighted



* One woman who participated in the baseline interview was excluded because she was unable to provide her age or an estimate of her age.

Table D3.1: Demographic characteristics of respondents

	Baseline 2013		Second Follow-Up 2018	
	n	%	n	%
Marital status				
Single	368	18.7	186	19.8
Married	766	38.8	330	35.2
Civil union/partnered	701	35.5	340	36.2
Divorced	5	0.3	8	0.9
Separated	114	5.8	66	7.0
Widowed	13	0.7	8	0.9
Other	4	0.2	0	0.0
Don't know	1	0.1	0	0.0
Decline to respond	0	0.0	0	0.0
Respondent's relationship to head of household				
Head of household	97	4.9	100	10.7
Spouse	724	36.7	302	32.2
Biological child	438	22.2	215	22.9
Adopted or stepchild	7	0.4	6	0.6
Grandchild	19	1.0	6	0.6
Niece/nephew	6	0.3	2	0.2
Parent	3	0.2	1	0.1
Sibling	17	0.9	8	0.9
Daughter-in-law/son-in-law	126	6.4	40	4.3
Sister-in-law/brother-in-law	5	0.3	0	0.0
Grandparent	0	0.0	0	0.0
Mother-in-law/father-in-law	3	0.2	0	0.0
Other relative	2	0.1	1	0.1
Unrelated person	8	0.4	3	0.3
Partner	506	25.7	254	27.1
NA	6	0.3	0	0.0
Other	5	0.3	0	0.0
Don't know	0	0.0	0	0.0
Decline to respond	0	0.0	0	0.0

*At baseline, marital status is reported by the respondent in the Census. In the second follow-up, marital status is reported by the woman at the start of the Household Survey

* "NA" represents women who were missed in the census and added individually into the household survey, so relationship to the head of household was not registered.

D3.2 Education Attainment and Literacy

Ninety percent of second follow-up survey participants had some formal education (Table D3.2). For 32.8% of these women, the highest level of education completed was primary schooling. Literacy was assessed by asking respondents to read from a card the following sentence: "La salud del niño es muy importante para su desarrollo en la vida." Out of the women surveyed in the second follow-up, 78.4% were able to read the whole sentence and 9.9% could not read the sentence at all.

Table D3.2: Education attainment and literacy

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Ever attended school	1737	1953	88.2	1.3	861	938	90.3	2.1
Attended literacy course	170	1951	9.5	1.6	88	938	10.4	2.1

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Educational attainment and literacy						
Primary	801	45.4	3.3	262	32.8	3.7
Secondary	487	27.8	1.6	320	35.9	3.5
High school	351	20.9	2.3	221	24.9	2.7
University	97	5.9	1.3	56	6.4	1.3
Don't know	1	-	-	2	-	-
Decline to respond	0	-	-	0	-	-
Literacy						
Cannot read at all	240	13.1	1.7	80	9.9	1.8
Can read parts	336	18.1	2.0	108	11.7	1.5
Can read entire sentence	1365	68.5	2.8	743	78.4	2.7
Visually impaired	3	0.3	0.2	0	0.0	-
Don't know	9	-	-	7	-	-
Decline to respond	0	-	-	0	-	-

D3.3 Employment

As summarized in Table D3.3, the vast majority of respondents in the second follow-up were homemakers (71.1%). Of the 85 women who reported being employed and working at the time of the interview, most (100%) identified “employee” as their occupational role.

Table D3.3: Employment

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Employment status						
Homemaker	1555	75.5	2.7	735	71.1	3.2
Employed/paid for work	223	13.2	2.2	85	13.0	2.4
Student	138	8.8	1.3	78	10.8	1.3
Self-employed	0	0.0	-	27	3.7	1.0
Employed by a family member without pay	20	1.7	0.7	5	0.6	0.3
Employed, but did not work in last week	10	0.5	0.3	2	0.4	0.3
Unable to work due to disability	3	0.1	0.1	2	0.4	0.3
Retired	1	0.0	-	0	0.0	-
Don't know	3	-	-	4	-	-
Decline to respond	0	-	-	0	-	-
Occupational role, among women employed and being paid for work						
Employee	205	91.8	2.8	85	100.0	0.0
Employer	1	0.3	0.3	0	0.0	-
Proprietor	7	2.8	1.3	0	0.0	-
Independent contractor	10	5.1	2.1	0	0.0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

* Self-employed option was not included in the baseline survey

D3.4 Exposure to Mass Media

Respondents were asked about their exposure to newspapers, radio, and television. As displayed in Table D3.4, among women who demonstrated full or partial literacy in the second follow-up, 33.4% had weekly exposure to newspapers. Thirty eight percent of all women had weekly exposure to radio, and 70.6% had weekly exposure to television.

Table D3.4: Exposure to mass media

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Newspapers, among literate women						
At least once a week	609	37.3	2.5	267	33.4	3.4
Less than once a week	397	22.2	1.6	169	20.4	2.5
Never	685	40.6	2.3	413	46.2	3.1
Don't know	6	-	-	2	-	-
Decline to respond	0	-	-	0	-	-
Not applicable	4	-	-	0	-	-
Radio						
At least once a week	867	46.1	2.6	348	37.7	3.8
Less than once a week	360	18.8	1.3	144	15.1	2.2
Never	683	35.1	2.5	440	47.2	4.0
Don't know	2	-	-	4	-	-
Decline to respond	0	-	-	0	-	-
Not applicable	41	-	-	2	-	-
Television						
At least once a week	1358	70.1	3.4	695	70.6	4.1
Less than once a week	216	12.0	1.4	116	14.9	3.2
Never	347	17.9	3.1	127	14.5	2.4
Don't know	2	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Not applicable	30	-	-	0	-	-

D3.5 Access to Health Services

D3.5.1 Proximity to health care facilities

Table D3.5 - Table 3.7 display the responses to several survey questions that were used to assess access to health care facilities. Respondents were asked to estimate proximity to health care facilities in terms of distance (kilometers) and travel time. Not surprisingly, respondents typically had more difficulty estimating distance to health care facilities. As shown in the tables below, "Don't know" responses to the distance questions were exceedingly common.

Excluding the 45 women who were unable to estimate the distance to the closest health facility in the second follow-up, 75% of women reported living 3.5 kilometers or less from a health facility (Table D3.5). Three-quarters of the sample indicated that it took less than 20 minutes to reach this facility by the usual means of transportation. One-quarter estimated the travel time from their household to the closest health facility to be 20 minutes or more.

Women were also asked for the travel distance and time to their usual health facility, if they had a usual health facility. Excluding the 59 women who did not know the distance to the facility in the second follow-up, three-quarters of the women reported traveling up to 5 kilometers, and three-quarters of the women could travel to the closest facility in less than 20 minutes (Table D3.6).

Of the 474 women who reported a recent health facility visit for themselves or for family members in the second follow-up, three-quarters traveled less than 5 kilometers for care. Twenty-five percent of women traveled 5 to 500 kilometers for care. Half of women traveled for less than 15 minutes, and one-quarter spent 30 minutes or more traveling for care. The longest travel time reported for a recent illness was approximately 8 hours.

Table D3.5: Proximity to health care facilities: nearest health facility

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	1758	195	0	1	1	3	600
Travel time, min	1828	27	1	10	15	30	1800
Second Follow-Up 2018							
Distance, km	893	45	0	0.5	1	3.5	500
Travel time, min	870	7	1	10	15	20	1800

Table D3.6: Proximity to health care facilities: usual health facility

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	1676	189	0	1	1	4	904
Travel time, min	1843	14	1	10	15	30	2700
Second Follow-Up 2018							
Distance, km	861	59	0	0.5	1	5	500
Travel time, min	853	21	1	10	15	20	1800

Table D3.7: Proximity to health care facilities: health facility for recent illness

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	1116	105	0	1	1	4	200
Travel time, min	1187	3	1	10	15	30	1800
Second Follow-Up 2018							
Distance, km	434	31	0	0.5	1	5	500
Travel time, min	445	2	1	10	15	30	480

D3.6 Health Status

D3.6.1 Current health status

Table D3.8 shows the self-rated current health status of all women participating in the survey. When asked to evaluate their current health status relative to the past year, 52% reported that their health was “about the same” in the second follow-up. While 39.2% reported that their health had improved, 8.8% reported worse health on the day of the interview, compared to last year. Seventy seven percent could “easily” perform their daily activities (e.g., work, housework, and childcare). About 23% of women reported at least some degree of difficulty performing these tasks that was related to their health status.

Table D3.8: Current health status

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Current health relative to last year						
Better	700	35.5	2.4	345	39.2	3.0
Worse	202	10.1	1.2	75	8.8	1.3
About the same	1044	54.3	2.4	517	52.0	2.8
Don't know	7	-	-	1	-	-
Decline to respond	0	-	-	0	-	-
Ability to perform daily activities						
Easily	1532	78.8	1.7	734	76.8	3.3
With some difficulty	362	18.7	1.5	189	21.7	3.4
With much difficulty	52	2.4	0.5	13	1.2	0.4
Unable to do	2	0.1	0.0	1	0.3	0.3
Don't know	5	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Days in the last month that physical health was not good						
No days	1302	66.0	2.5	658	70.4	2.8
1 to 3 days	245	13.0	1.3	93	9.7	1.7
4 to 7 days	399	21.0	1.8	181	19.9	2.3
7 to 29 days	0	0.0	-	0	0.0	-
All month	0	0.0	-	0	0.0	-
Don't know	7	-	-	6	-	-
Decline to respond	0	-	-	0	-	-
Days in the last month that mental health was not good						
No days	1347	67.4	2.4	732	79.6	2.6
1 to 3 days	207	12.2	1.3	66	7.4	1.5
4 to 7 days	392	20.4	2.0	129	13.0	1.9
7 to 29 days	0	0.0	-	0	0.0	-
All month	0	0.0	-	0	0.0	-
Don't know	7	-	-	11	-	-
Decline to respond	0	-	-	0	-	-

D3.6.2 Recent illness

Women were asked a series of questions about any illnesses or health problems they had in the two weeks preceding the interview. Out of the women in the second follow-up, 14.3% reported being sick during that time (Table D3.9). Of the 146 women who reported a recent illness, headache (23.8%), fever (19.4%), cough (14), and toothache (2.3%) were the most commonly elicited specific complaints. Twenty nine percent of women specified a different health problem not listed in the questionnaire.

Table D3.9: Recent illness (in the last two weeks)

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Respondent was sick during the past two weeks	339	1953	19.4	1.9	146	938	14.3	2.3

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of illness, among those sick in the past two weeks						
Headache	80	23.5	3.2	32	23.8	6.8
Fever	37	9.8	2.3	24	19.4	4.6
Cough	55	16.8	3.0	22	14.0	6.2
Toothache	3	1.7	1.3	1	2.3	2.1
Diarrhea with blood	0	0.0	-	1	2.2	2.2
Abdominal pain	26	6.3	1.4	4	1.4	0.6
Hypertension	1	0.2	0.2	3	1.3	0.8
Vomiting	2	0.3	0.3	1	1.1	1.1
Diabetes	1	0.2	0.2	3	0.9	0.5
Diarrhea without blood	7	1.2	0.5	2	0.7	0.5
Skin rash/infection	2	1.2	0.9	2	0.7	0.5
Gynecologic problem	10	1.9	0.8	2	0.7	0.5
Eye/ear infection	1	1.1	1.1	2	0.6	0.5
Obstetric problem	1	0.3	0.3	1	0.5	0.5
Chest infection	0	0.0	-	1	0.5	0.5
Diarrhea with vomiting	1	0.4	0.3	1	0.4	0.4
Blood in urine	0	0.0	-	1	0.4	0.4
Asthma	2	1.3	1.1	1	0.2	0.2
Malaria	0	0.0	-	0	0.0	-
Tuberculosis	0	0.0	-	0	0.0	-
Bronchitis	0	0.0	-	0	0.0	-
Pneumonia	1	1.1	1.1	0	0.0	-
Anemia	2	1.3	1.2	0	0.0	-
Measles	1	0.2	0.2	0	0.0	-
Jaundice	0	0.0	-	0	0.0	-
Stroke	0	0.0	-	0	0.0	-
HIV/AIDS	0	0.0	-	0	0.0	-
Paralysis	0	0.0	-	0	0.0	-
Swelling in legs, ankles, or feet	0	0.0	-	0	0.0	-
Other	104	31.2	3.4	42	29.1	6.8
Don't know	2	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

Options for "Swelling in legs, ankles, or feet", "Blood in urine", and "Chest infection" were available only in the follow-up survey. In the baseline, "Chest infection" was included within the "Cough" answer choice.

D3.6.3 Utilization of health services

Table D3.10 summarizes data regarding the utilization of health services among the 146 women who reported an illness in the two weeks preceding the second follow-up interview. Seventy (48.3%) of these women sought care at a health care facility. Many of these women attended a Public health center/clinic health unit (54.6%); another 18.5% attended a Public hospital clinic. Only eight women were hospitalized for their recent illness (12% of those who sought care).

Table D3.10: Utilization of health services for illness in the last two weeks

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for recent illness	172	339	47.1	3.6	70	146	48.3	5.7
Admitted to hospital for care*	9	168	3.2	1.1	8	70	12.0	7.3

* Among women who sought care at a public or private hospital, health center/clinic, mobile clinic, or other health facility; public health unit; private office; or pharmacy

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of facility where care was sought						
Public health center/clinic	70	43.8	7.7	33	54.6	9.1
Public hospital	25	15.1	3.7	17	18.5	6.4
Private doctor's office	26	12.5	3.7	12	12.8	7.3
Other public health facility	1	0.4	0.4	1	5.7	5.0
Pharmacy	13	10.2	3.5	3	5.5	4.7
Public health unit	20	11.2	3.8	2	1.9	1.5
Private health center/clinic	4	1.5	0.8	2	1.0	0.7
Public mobile clinic	7	2.9	1.8	0	0.0	-
Private hospital	3	1.2	0.6	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Community health worker	1	0.5	0.5	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Other	2	0.7	0.5	0	0.0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

D3.6.4 Insurance coverage

Less than 87% of women reported being covered by any type of health insurance in the second follow-up (Table D3.11).

Table D3.11: Insurance coverage

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Seguro Popular	1512	76.8	2.3	774	80.7	2.4
No insurance	345	18.1	2.1	109	13.2	1.9
IMSS	54	2.9	0.9	43	4.1	1.2
ISSSTE	28	1.7	0.7	8	1.6	0.7
Army/Navy/PEMEX	3	0.1	0.1	1	0.1	0.1
Private insurance	1	0.0	-	0	0.0	-
Other	7	0.4	0.2	2	0.3	0.2
Don't know	3	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

D3.6.5 Other barriers to health care access

There are many other barriers to accessing health care. Women who reported that they sometimes or never sought care when they felt sick were asked what reasons prevented them from receiving health care when it was needed. Interviewers were instructed to ask in an open-ended manner for all applicable reasons, and to mark the appropriate response options in the questionnaire based on the woman's response. Table D3.12 summarizes the responses to this section. The most commonly cited factors influencing health care access in the second follow-up were the preference for treatment at home (59.6%) and the belief that the care is too expensive (6.7%). Sixty percent of women did not believe they were ill enough to seek treatment. Access and quality of care were also important barriers: 1.9% of women said the health center was too far away, 6.7% said care was too expensive, and 3.3% said the health center personnel were too difficult to deal with.

Table D3.12: Other barriers to health care utilization, women 15-49 years of age who were sick in the last two weeks but did not seek care

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Not sick enough to seek treatment	60	165	39.5	7.0	39	76	59.6	9.0
Care is too expensive	13	165	10.3	4.2	4	76	6.7	5.2
Health center does not have sufficient medicines	23	165	12.9	3.4	10	76	6.7	2.4
It is difficult to deal with health center personnel	9	165	5.3	2.3	2	76	3.3	2.9
Too busy with work, children, or other commitments	8	165	5.0	1.9	5	76	3.3	2.0
Treated self at home	53	165	30.0	5.6	6	76	3.1	1.4
Health center is too far away	10	165	4.2	2.0	2	76	1.9	1.2
Was previously mistreated	2	165	1.0	0.7	2	76	1.0	0.7
Tried, but no staff was at the center	3	165	2.1	1.7	1	76	1.0	1.1
Health center is not well-equipped	8	165	3.4	1.1	1	76	0.7	0.7
Do not trust the personnel	3	165	3.1	2.2	1	76	0.4	0.4
Could not find transportation	1	165	0.2	0.2	0	76	0.0	-
Could not afford transportation	4	165	2.0	1.3	0	76	0.0	-
Did not know where to go	2	165	0.7	0.5	0	76	0.0	-
Health center infrastructure is poor	9	165	2.8	0.9	0	76	0.0	-
Health center personnel not knowledgeable	2	165	0.7	0.6	0	76	0.0	-
Tried, but was refused care	4	165	1.8	0.9	0	76	0.0	-
Could not get permission to go to the doctor	0	165	0.0	-	0	76	0.0	-
Did not want to go alone	4	165	4.5	2.4	0	76	0.0	-
Religious or cultural beliefs	1	165	0.5	0.5	0	76	0.0	-
Other	24	165	16.3	4.3	16	76	25.9	7.6

*categories not mutually exclusive (select all that apply)

D4. CHAPTER 4: EXPOSURE TO HEALTH SYSTEM INTERVENTIONS

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

D4.1 Exposure to Community Health Workers

Respondents were asked about their exposure to community health workers. Seven percent of women reported meeting with a community health worker in the month preceding the second follow-up interview (Table D4.1). Six percent met only once, and 1.4% met two or more times.

Table D4.1: Exposure to community health workers, women 15-49 years

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Did not meet	1759	90.4	1.4	862	93.1	1.1
One time	168	8.6	1.3	54	5.5	1.0
Two times	12	0.6	0.3	10	0.9	0.6
Three times	3	0.1	0.1	2	0.4	0.3
Four or more times	3	0.3	0.2	2	0.1	0.1
Don't know	8	-	-	5	-	-
Decline to respond	0	-	-	1	-	-

Referral and advice services provided by community health workers are summarized in Table D4.2. Among women who met with a community health worker in the last month during the second follow-up, vaccination for children was the most common service provided (61.3%). Advice about family planning methods or counseling (53.7%) and child nutrition counseling (52.6%) was also frequently reported.

Table D4.2: Services provided by community health workers, women 15-49 years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Vaccination for children	103	187	58.1	6.2	48	66	61.3	11.2
Family planning methods or counseling	98	187	58.1	6.4	40	66	53.7	8.2
Child nutrition counseling	112	187	60.4	5.8	38	66	52.6	8.5
Referral for antenatal care	52	187	28.1	4.6	25	65	36.7	8.2
Information, education, and communication sessions (IEC)	44	187	25.8	5.3	26	66	35.6	6.2
Referral for in-facility delivery	32	186	16.9	4.5	24	65	34.7	7.6
Referral for postnatal care	39	186	26.1	5.4	24	66	33.9	8.3
Referral for voluntary HIV/syphilis counseling and testing*	34	186	15.9	3.3	22	66	33.0	6.7

* For the prevention of HIV/syphilis transmission from mother to child

	Second Follow-Up 2018			
	n	N	%	SE
Provided diarrhea treatment with ORS and zinc	33	66	46.3	9.8
Provided deworming treatments	36	66	45.8	9.9
Provided micronutrients	32	66	42.3	7.8
Other	18	65	33.6	8.3

Questions about these topics were not asked at baseline. They were added to the second follow-up survey to track exposure to SMI interventions.

D4.2 Satisfaction with Community Health Workers

Women who met with a community health worker in the month preceding the interview were asked to assess their satisfaction with the following: number of visits, information provided by community health workers, and respectfulness of community health workers. Results are displayed in Table D4.3.

Table D4.3: Satisfaction with community health workers, women 15-49 years of age who met with community health workers in the last month

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Satisfaction with number visits from community health workers						
Very dissatisfied	11	7.3	2.9	12	23.9	7.6
Dissatisfied	9	2.9	1.5	7	7.8	3.2
Satisfied	158	84.1	3.2	45	65.4	7.3
Very satisfied	14	5.7	1.8	2	2.8	2.0
Don't know	2	-	-	7	-	-
Decline to respond	0	-	-	0	-	-
Satisfaction of knowledge and training of community health workers						
Very dissatisfied	11	7.3	2.9	10	17.6	6.4
Dissatisfied	7	4.0	2.3	7	7.4	2.6
Satisfied	165	82.5	4.0	48	72.2	6.3
Very satisfied	9	6.2	2.7	2	2.7	1.8
Don't know	2	-	-	6	-	-
Decline to respond	0	-	-	0	-	-
Satisfaction with information provided by community health workers						
Very dissatisfied	10	6.8	2.9	11	22.4	7.5
Dissatisfied	7	4.0	2.3	6	9.6	5.2
Satisfied	169	86.1	3.6	50	66.7	7.9
Very satisfied	6	3.1	1.6	1	1.3	1.3
Don't know	2	-	-	5	-	-
Decline to respond	0	-	-	0	-	-
Satisfaction with respectfulness shown by community health workers						
Very dissatisfied	11	7.3	2.9	10	21.9	8.1
Dissatisfied	9	4.7	2.3	7	7.3	2.8
Satisfied	159	82.2	4.3	48	69.5	7.4
Very satisfied	10	5.8	2.5	1	1.3	1.3
Don't know	5	-	-	6	-	-
Decline to respond	0	-	-	1	-	-

D4.3 Counseling provided in health facilities

Respondents who had visited a health facility in the last 12 months (303 women at the second follow-up) were asked whether they were given counseling about certain topics by health center personnel. Approximately 25.5% of women in the second follow-up reported receiving guidance or advice about breastfeeding in the 12 months preceding the interview (Table D4.4). Approximately 26.4% of women in the second follow-up reported receiving guidance or advice about child nutrition in the 12 months preceding the interview (Table D4.4). Approximately 23.4% of women in the second follow-up reported receiving guidance or advice about danger signs for children's health in the 12 months preceding the interview (Table D4.4).

Table D4.4: Exposure to breastfeeding, child nutrition, and child health interventions, women 15-49 years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Breastfeeding	329	838	34.1	2.8	101	295	25.5	3.6
Child nutrition	366	837	39.8	3.0	104	295	26.4	3.6
Danger signs for children's health	338	836	39.1	3.4	82	294	23.4	3.8

D4.4 Counseling provided in health facilities to women with children

In the follow-up survey, respondents who had visited a health facility in the last 12 months and who had children (270 women at the second follow-up) were asked whether they were given counseling about certain topics by health center personnel.

Table D4.5: Counseling provided in health facilities to women with children

	Second Follow-Up 2018			
	n	N	%	SE
Deworming	98	260	43.1	4.1
Diarrhea treatment with ORS and zinc	89	262	33.9	3.9
Micronutrients	59	260	20.1	4.5

* Questions about these topics were not asked at baseline. They were added to the second follow-up survey to track exposure to SMI interventions.

D5. CHAPTER 5: FAMILY PLANNING

This chapter summarizes key indicators related to the knowledge of, access to, need for, and use of family planning methods among women of reproductive age (15-49 years) participating in the SMI-Mexico second follow-up household survey.

Family planning questions were asked only to women of reproductive age who were married or partnered. During the SMI-Mexico baseline household survey, family planning questions were asked to women whose marital status was reported as “married” or “partnered” by the SMI-Mexico household census respondent. During the second follow-up, the family planning section was instead conditioned on a question about marital status asked to the respondent herself at the start of the woman’s health interview. This captured participants who had a change in marital status between the census and household survey and participants whose marital status was incorrectly recorded in the census. At the baseline, 1,452 women qualified for the family planning questions, and at the second follow-up, 669 women qualified.

D5.1 Knowledge of the Fertile Period

The successful use of family planning methods depends on an understanding of when during the menstrual cycle a woman is most likely to conceive. This is especially true for traditional methods such as the rhythm method (i.e., periodic abstinence) and the withdrawal method. To assess knowledge of the fertile period, women were asked if there are certain days when a woman is more likely to become pregnant, and when during the menstrual cycle those days occur. Responses to these questions are summarized in Table D5.1. In the second follow-up, 60.7% of women indicated that there were certain days when a woman is more likely to become pregnant, and of these women, only 20.4% identified the correct timing of the fertile period (halfway between two periods).

Table D5.1: Knowledge of the fertile period, women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Knowledge of the fertile period	695	1208	54.2	4.6	329	510	60.7	4.9

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Knowledge of timing of fertile period, among women who know of fertile period						
Just before period	80	12.1	2.3	66	21.0	3.6
During period	18	3.1	1.0	16	5.7	2.3
Just after period	378	55.5	3.4	154	52.9	4.7
Halfway between periods	182	28.3	3.0	66	20.4	4.3
Other	4	1.0	0.7	0	0.0	-
Don't know	33	-	-	27	-	-
Decline to respond	0	-	-	0	-	-

D5.2 Use of Family Planning Methods

D5.2.1 Current use

The coverage of contraceptive methods is one of the indicators most frequently used to assess the success of family planning program activities. It is also widely used as a determinant of fertility. Women who said they had heard of a family planning method were asked if they were currently using that method. Table D5.2 displays the percentage of all women using at least one family planning method, as well as the percentage of women reporting use of more than one family planning method at the time of the interview. Forty-eight percent of all survey respondents in the second follow-up reported current use of at least one family planning method.

Women considered “in need” of family planning methods are those who are married or partnered, excluding those who report the following characteristics: does not have sexual relations, virgin, menopausal, infertile, hysterectomy, pregnant, or wants to become pregnant. Even women not considered “in need” of contraception may use a method. Table D5.3 shows the uptake of modern family planning methods among all married and partnered women (47.5%), and among women considered “in need” of contraception (57.3%).

Table D5.2: Current use of family planning methods, women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Currently in need of contraception	1113	1452	76.0	1.6	547	668	80.4	2.3
Current use of any method, among married or partnered women	811	1452	54.5	3.0	338	668	47.5	4.2

Table D5.3: Current use of modern family planning methods, women 15-49 years of age who are married or partnered and in need of contraception

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Current use of any method, among women in need of contraception	758	1113	67.2	3.0	323	547	57.3	4.8
Current use of modern method, among women in need of contraception	698	1113	63.1	3.1	316	547	56.0	4.6

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Number of methods the respondent is currently using						
Not using any family planning methods	362	33.5	2.9	225	42.7	4.8
Using 1 family planning method	737	65.4	2.9	316	55.8	4.6
Using 2 family planning methods	13	1.0	0.4	5	1.3	0.8
Not using any family planning methods	1	0.0	-	1	0.2	0.2
Using 1 family planning method	0	0.0	-	0	0.0	-
Using 2 family planning methods	0	0.0	-	0	0.0	-

Table D5.4 displays the percentage of all women using specific family planning methods. The methods most commonly in use during the second follow-up are female sterilizations (24.8%) and injectable (7.7%).

Table D5.4: Current use of family planning methods, by type of method, for women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Female sterilization	320	1445	24.6	2.3	134	661	24.8	3.2
Injectable	153	1445	9.3	1.2	70	661	7.7	1.7
Implant	51	1444	3.2	1.1	65	660	6.3	1.1
Intrauterine device (IUD)	86	1444	5.7	1.0	33	661	4.0	1.1
Male condom	87	1446	5.4	1.2	26	660	3.6	1.1
Oral contraceptive	25	1445	1.2	0.3	7	661	1.6	0.8
Rhythm	37	1445	2.0	0.5	5	661	0.9	0.4
Withdrawal	32	1445	1.8	0.5	3	661	0.3	0.2
Lactational amenorrhea	16	1444	1.0	0.3	2	660	0.2	0.1
Other modern method	1	1445	0.0	-	1	660	0.1	0.1
Male sterilization	4	1445	0.5	0.3	0	661	0.0	-
Female condom	1	1445	0.0	-	0	661	0.0	-
Diaphragm	0	1444	0.0	-	0	660	0.0	-
Sponge	0	1445	0.0	-	0	659	0.0	-
Emergency contraception (Plan B)	0	1445	0.0	-	0	661	0.0	-
Other traditional method	3	1445	0.1	0.1	0	661	0.0	-

* categories not mutually exclusive (select all that apply)

D5.3 Sources of Family Planning Methods

Information on where women obtain contraceptive methods is important for family planning program managers. The places where the currently-used family planning methods were acquired are summarized in Table D5.5.

The public sector is the source most commonly reported by users of most modern family planning methods, including female sterilization. Pharmacies are important sources for injectables, the pill, and male condoms. Women report learning about traditional methods in the public sector, from friends or relatives, or at church (Table D5.6).

Table D5.5: Source of modern family planning methods, women 15-49 years of age who are married or partnered

	Baseline 2013			Second Follow-Up 2018			SE
	n	%	SE	n	%	SE	
Injectable							
Public health center/clinic	83	56.3	7.8	39	50.2	7.4	
Pharmacy	22	10.2	2.7	13	21.6	8.9	
Public hospital	18	12.1	4.7	12	20.9	7.6	
Public health unit	18	14.1	5.0	4	5.7	3.1	
Private doctor's office	1	0.4	0.4	1	0.8	0.8	
Public mobile clinic	5	3.3	2.0	0	0.0	-	
Other public health facility	0	0.0	-	0	0.0	-	
Private hospital	0	0.0	-	0	0.0	-	
Private health center/clinic	0	0.0	-	0	0.0	-	
Private mobile clinic	0	0.0	-	0	0.0	-	
Other private health facility	0	0.0	-	0	0.0	-	
Community health worker	2	1.3	0.9	0	0.0	-	
Traditional healer	1	0.6	0.6	0	0.0	-	
Store	0	0.0	-	0	0.0	-	
Market	0	0.0	-	0	0.0	-	
Church	0	0.0	-	0	0.0	-	
Friend/parent	0	0.0	-	0	0.0	-	
Other	3	1.6	0.9	1	0.7	0.7	
Don't know	0	-	-	0	-	-	
Decline to respond	0	-	-	0	-	-	
Female sterilization							
Public hospital	219	68.9	6.0	92	69.1	8.0	
Public health center/clinic	76	24.4	5.4	28	22.5	7.3	
Public health unit	10	2.7	1.2	5	3.2	2.1	
Private doctor's office	2	0.4	0.3	3	3.2	2.3	
Private hospital	1	0.2	0.2	4	1.6	0.8	
Private mobile clinic	0	0.0	-	1	0.4	0.4	
Public mobile clinic	0	0.0	-	0	0.0	-	
Other public health facility	0	0.0	-	0	0.0	-	
Private health center/clinic	5	0.9	0.6	0	0.0	-	
Other private health facility	1	1.2	1.1	0	0.0	-	

(continued)

	n	%	SE	n	%	SE
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	6	1.3	0.5	0	0.0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	1	-	-
Oral contraceptive						
Public health center/clinic	8	37.7	11.4	2	58.5	26.3
Public hospital	2	7.4	5.2	1	22.2	19.1
Private doctor's office	0	0.0	-	2	12.5	10.7
Pharmacy	13	45.3	11.4	2	6.8	5.9
Public health unit	1	4.4	4.2	0	0.0	-
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	1	5.3	5.2	0	0.0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Intrauterine device (IUD)						
Public hospital	41	39.8	8.1	17	47.9	14.2
Public health center/clinic	32	41.7	7.8	13	42.7	14.5
Public health unit	9	11.2	4.2	2	7.3	4.8
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	1	0.9	0.9	0	0.0	-
Private health center/clinic	1	0.1	0.1	0	0.0	-
Private doctor's office	2	6.4	5.5	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	0	0.0	-	1	2.2	2.3

(continued)

	n	%	SE	n	%	SE
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Implant						
Public health center/clinic	26	56.5	7.2	37	57.5	5.6
Public hospital	20	33.9	6.0	14	23.3	6.4
Public health unit	4	7.9	5.1	8	10.4	4.5
Public mobile clinic	0	0.0	-	1	2.3	2.1
Other public health facility	0	0.0	-	1	2.3	2.1
Community health worker	0	0.0	-	1	1.0	1.1
Private doctor's office	0	0.0	-	1	0.9	0.9
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	1	1.7	1.8	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	0	0.0	-	2	2.3	1.6
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Male condom						
Pharmacy	44	49.5	8.8	15	72.6	12.3
Public health center/clinic	22	17.7	5.5	8	22.1	10.6
Public health unit	8	9.0	4.4	1	2.0	2.1
Store	1	1.0	0.9	1	1.8	1.9
Public hospital	7	14.7	10.5	1	1.5	1.6
Public mobile clinic	1	0.9	0.9	0	0.0	-
Other public health facility	1	5.0	4.6	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	2	1.6	1.1	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	1	0.7	0.7	0	0.0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Male sterilization						
Public hospital	3	41.6	28.4	0	0.0	-
Public health unit	0	0.0	-	0	0.0	-
Public health center/clinic	1	58.4	28.4	0	0.0	-
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-

(continued)

	n	%	SE	n	%	SE
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	0	0.0	-	0	0.0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

*One woman at baseline who used emergency contraception (Plan B) selected "Other" and one woman at follow-up who used female condoms selected "Other".

*Diaphragm was omitted from table because no women reported receiving it in baseline or follow-up.

Table D5.6: Source of knowledge about traditional family planning methods, women 15-49 years of age who are married or partnered {-}

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Lactational amenorrhea						
Public hospital	3	15.3	9.3	0	0.0	-
Public health unit	2	14.8	12.3	0	0.0	-
Public health center/clinic	3	24.1	12.5	0	0.0	-
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	1	7.8	7.1	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	4	23.7	8.7	0	0.0	-
Other	2	14.2	9.1	1	100.0	0.0
Don't know	1	-	-	1	-	-
Decline to respond	0	-	-	0	-	-
Rhythm						
Church	2	7.2	5.1	1	30.0	25.2
Pharmacy	0	0.0	-	2	20.3	16.3
Public hospital	3	7.6	5.8	0	0.0	-
Public health unit	5	11.9	6.3	0	0.0	-
Public health center/clinic	8	35.7	15.4	0	0.0	-
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Community health worker	1	3.8	3.7	0	0.0	-
Traditional healer	1	2.5	2.5	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Friend/parent	8	17.0	6.8	0	0.0	-
Other	7	14.3	6.5	2	49.7	27.0
Don't know	1	-	-	0	-	-
Decline to respond	1	-	-	0	-	-
Withdrawal						
Public health center/clinic	9	21.4	12.6	1	33.6	15.9
Friend/parent	9	24.0	10.0	1	33.6	15.9
Public hospital	6	31.0	18.2	0	0.0	-
Public health unit	1	3.0	3.1	0	0.0	-

Public mobile clinic	1	4.0	3.9	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	2	6.1	4.4	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Other	3	10.6	6.6	1	32.8	31.8
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

D5.4 Non-Use and Interruption of Use of Family Planning Methods

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

D5.4.1 Prevalence of interruption

The prevalence of interruption and non-use of family planning methods is summarized in Table D5.7. Of women participating in the second follow-up survey, 80.4% are considered "in need" of contraception (i.e., they did not report any of the following: does not have sexual relations, virgin, menopausal, infertile, hysterectomy, pregnant, or wants to become pregnant). Among these women in need, 1.8% reported any interruption in the use of family planning methods in the previous year.

Table D5.7: Interruption and non-use of family planning methods, among women 15-49 years of age who are married or partnered and in need of contraception

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Discontinuation rate*	33	1113	2.1	0.4	13	547	1.8	0.5

* any interruption in use during the last year, among women in need of contraception

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Number of interruptions in use during the last year						
none	1080	97.9	0.4	534	98.2	0.5
once	32	2.1	0.4	11	1.5	0.4
2-6 times per year	1	0.1	0.1	2	0.2	0.1
7-12 times per year	0	0.0	-	0	0.0	-
>12 times per year	0	0.0	-	0	0.0	-

D5.4.2 Reasons for non-use

Women who indicated they were not using any method on the day of the interview, were asked to specify all reasons why they did not use a method. The interviewer matched responses provided by the respondent to a list of reasons in the questionnaire (Table D5.8). The most commonly cited reasons for non-use at the time of the second follow-up interview were, do not like to use contraception (28.2%), respondent is trying to become pregnant (14.3%), and respondent is using contraception is uncomfortable (7.4%).

Table D5.8: Reasons for non-use of family planning methods, women 15-49 years of age who are married or partnered and not currently using family planning methods

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Do not like to use contraception	220	644	33.1	3.6	90	302	28.2	4.9
Trying to become pregnant	78	644	11.4	1.5	35	302	14.3	3.0
Using contraception is uncomfortable	81	644	12.2	1.8	22	302	7.4	2.4
Married	125	644	19.8	3.3	20	302	7.2	2.7
Concerned about side effects	94	644	15.2	2.4	22	302	7.2	2.7
Not sexually active	58	644	7.9	1.3	19	302	5.7	1.5
Knows no method	31	644	5.3	1.4	16	302	3.8	1.4
No menstrual period since giving birth	27	644	3.6	1.0	4	302	3.6	2.3
Using contraception interferes with normal body processes	80	644	12.1	2.1	16	302	3.2	0.8
Menopausal	15	644	2.0	0.7	7	302	3.1	1.7
Infertile	31	644	7.5	1.9	5	302	2.9	1.7
Infrequently sexually active	42	644	5.5	1.1	8	302	2.8	1.3
Breastfeeding	51	644	6.9	1.4	13	302	2.4	0.7
Spouse or partner opposed to use	44	645	6.3	1.5	6	302	2.3	1.2
Currently pregnant	78	644	9.8	1.1	10	302	2.2	0.8
Opposed to use	71	644	11.1	2.2	3	302	1.7	1.1
Mistrust health center staff	20	644	2.4	0.8	3	302	0.9	0.6
Unmarried	19	644	3.4	1.0	4	302	0.8	0.6
Preferred method was not available	9	644	1.0	0.4	3	302	0.5	0.3
No method was available	6	644	0.7	0.4	1	302	0.3	0.3
Health facility staff difficult to deal with	7	644	0.8	0.4	1	302	0.3	0.3
The method is too expensive	4	644	0.5	0.2	1	302	0.2	0.2
Have undergone hysterectomy	13	644	1.9	0.9	1	302	0.1	0.1
Virgin	2	644	0.2	0.1	0	302	0.0	-
Against religious beliefs	23	644	3.1	1.4	0	302	0.0	-
Others opposed to use	7	644	0.8	0.3	0	302	0.0	-
Knows no source for methods	18	644	2.8	1.2	0	302	0.0	-
The health facility is too far away	3	644	0.4	0.2	0	302	0.0	-
Could not find transportation to a health facility	1	644	0.1	0.1	0	302	0.0	-
Could not afford transportation	2	644	0.2	0.2	0	302	0.0	-
Other	37	644	6.2	1.5	26	302	8.9	3.1

* "Using contraception affects health" was an option offered in the second follow-up, but was not available at baseline.

37 women selected this as a reason for not using family planning at the second follow-up.

* categories not mutually exclusive (select all that apply)

D5.5 Family Planning Intentions and Decision-Making

D5.5.1 Participation in family planning decision

In this setting in the second follow-up, 89.7% of women report that decisions about family planning methods are jointly made by the respondent and her partner. In only 4.8% of cases, the decision to use family planning methods is up to the respondent's partner alone.

Table D5.9: Participation in family planning decision-making, women 15-49 years of age who are married or partnered and are currently using family planning methods

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Joint decision	888	89.2	1.7	389	89.7	2.5
Mostly the respondent	76	7.4	1.3	26	5.3	2.4
Mostly respondent's spouse/partner	34	2.5	0.7	19	4.8	1.5
Others	4	0.7	0.5	2	0.2	0.2
Not applicable - not partnered	2	0.2	0.1	0	0.0	-
Don't know	3	-	-	5	-	-
Decline to respond	0	-	-	0	-	-

D5.5.2 Informed choice

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

Table D5.10 shows the percent of women currently using family planning methods who were told about other options for contraception (55.9% of women in the second follow-up).

Table D5.10: Family planning decision-making, informed choice, women 15-49 years of age who are married or partnered and who are currently using family planning methods

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Informed about other family planning options by a doctor, nurse, or community health worker	616	1003	63	4.2	240	440	55.9	4.7

D5.6 Exposure to Family Planning Information

D5.6.1 Family planning messages delivered by health care providers

Respondents were asked about their exposure to family planning messages delivered by health care providers (Table D5.11). Out of the women in the second follow-up who went a health care facility in the past 12 months, 62.2% reported being advised about family planning while at the health care facility. Ten percent of all respondents indicated that they had been visited by a health promoter who provided information about family planning in the last 12 months. Just 6.6% of respondents who had not attended

a health facility in the last 12 months were visited by a health promoter who provided information about family planning.

Table D5.11: Family planning messages delivered by health care providers in the last 12 months, women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Discussion about family planning methods with staff member at a health facility	462	641	70.8	3.0	164	243	62.2	4.4
Discussion about family planning methods during health promoter visit	273	1446	19.3	2.4	81	666	10.4	1.7
Visit by promotor, among women who had not visited a health facility	70	804	9.1	1.7	25	421	6.6	1.9

D5.7 Age at First Birth

D5.7.1 Age at first birth

Out of respondents in the second follow-up, 65.7 percent had ever given birth (Table D5.12). Of these women, the median age of the women when their first child was born was 19 years old. Only a quarter of women were 21 years old or older when their first child was born. Five percent of women reported a history of stillbirth, miscarriage, and/or abortion.

Table D5.12: Parity and age at first birth, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Ever given birth	1589	1953	73.1	1.9	747	937	65.7	2.5
Ever had a stillbirth, miscarriage, or abortion	158	1952	6.8	0.8	63	937	5.4	1.0

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Age at first birth, among parous women	1573	0	10	17	18	21	66
Second follow-up 2018							
Age at first birth, among parous women	737	0	12	17	19	21	181

D6. CHAPTER 6: MATERNAL HEALTH CARE

This chapter summarizes key indicators pertaining to antenatal care, delivery care, and postpartum care for the most recent live birth in the last two years as reported by women of reproductive age (15-49 years) participating in the SMI-Mexico second follow-up household survey. Participating women were interviewed about all live births in the last five years, but to reduce the impact of recall bias, results reported here are for each woman's most recent birth in the last two years. At the baseline, 844 women were interviewed about at least one birth in the last two years. At the second follow-up, 318 women were interviewed about births in the last two years.

D6.1 Antenatal Care

To reduce recall bias, data pertaining to antenatal care are summarized for a woman's most recent birth in the last two years.

D6.1.1 Antenatal care coverage

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

The percentage of women with a birth in the last two years who attended at least one antenatal care visit for the most recent birth, and the percent distribution of timing of care among those who received any antenatal care are presented in Table D6.1. Definition of "most recent birth" changed between baseline and second follow-up. The type of facility where antenatal care was sought is detailed in Table D6.2.

Among women with a child under the age of 2 in the second follow-up, 91.5% attended at least one antenatal care visit and 83% of women had at least one antenatal care visit with a doctor or professional nurse. At the second follow-up, 36.9% of women had an antenatal care visit during the first trimester (first 12 weeks) with a doctor or professional nurse, compared to 38.2% at the baseline. The median age of gestation at the first antenatal care visit during the second follow-up was 3 months.

Table D6.1: Antenatal care coverage for the most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Attended at least one antenatal care visit	786	840	92.9	1.8	294	318	91.5	2.8
Attended at least one antenatal care visit with doctor or professional nurse	697	840	80.4	2.9	266	318	83.0	4.2
Antenatal care visit with doctor or professional nurse in the first trimester (12 weeks)	350	838	38.2	3.6	120	315	36.9	4.5

* Definition of most recent birth changed between baseline and second follow-up

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Month of gestation of first ANC visit	784	2	0.2	2	3	3	9
Second follow-up 2018							
Month of gestation of first ANC visit	291	3	0.2	2	3	3	9

Regarding the type of facility where antenatal care was usually sought during the second follow-up (Table D6.2), most women who attended antenatal care for their most recent delivery in the last two years sought care in a Public health center/clinic (50.1%) or Public hospital (23.4%). Only 8.4% of women sought antenatal care in a public health unit.

Table D6.2: Usual antenatal care location, women 15-49 years of age who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Public health center/clinic	350	45.4	4.7	144	50.1	6.2
Public hospital	194	20.9	4.5	65	23.4	5.1
Public health unit	89	12.6	2.8	24	8.4	2.0
Private doctor's office	24	2.3	0.7	19	5.1	1.3
Traditional healer	3	0.5	0.4	4	1.8	0.8
Private health center/clinic	3	0.3	0.2	6	1.2	0.8
Other public health facility	2	0.2	0.2	3	1.1	0.6
Public mobile clinic	7	1.0	0.5	1	0.5	0.5
Other private health facility	2	0.2	0.2	2	0.5	0.3
Private hospital	3	0.3	0.2	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	19	3.1	1.4	0	0.0	-
Other	89	13.2	2.1	25	7.9	3.3
Don't know	1	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

D6.1.2 Frequency of antenatal care visits

Antenatal care can be more effective in avoiding adverse pregnancy outcomes when it is sought early in the pregnancy and continues until delivery. According to the national norm in Mexico, it is recommended that women receive a minimum of four antenatal care visits. The frequency of antenatal care visits is summarized in Table D6.3. Table D6.4 shows the percentage of women with four or more visits with skilled providers and according to best practices.

In the second follow-up, 82% of women reported having four or more antenatal care visits during their most recent pregnancy in the last two years. Forty eight percent of women reported having seven or more antenatal care visits during their most recent pregnancy.

The content of antenatal care is as crucial as the frequency of visits. As shown in Table D6.4, 7.9 percent of all women in the second follow-up survey had four or more antenatal care visits with a doctor or professional nurse, and with each of 10 defined best practices performed at least once during pregnancy (measurement of blood type, test for anemia, test for syphilis, test for HIV, test of blood glucose, test for proteinuria, measurement of maternal blood pressure, measurement of maternal weight, measurement of fundal height, and measurement of fetal heartbeat).

Table D6.3: Frequency of antenatal care visits for the most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
None	54	7.2	1.8	24	8.7	2.8
1-3 visits	74	9.7	1.7	29	9.4	1.9
4-6 visits	265	33.7	2.9	117	34.5	3.0
7-9 visits	373	42.3	2.9	109	34.3	3.6
10+ visits	60	7.0	1.5	34	13.2	2.7
Don't know	13	-	-	5	-	-
Decline to respond	0	-	-	0	-	-

Table D6.4: Frequency of antenatal care visits with skilled provider for the most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
At least four antenatal care visits with doctor or professional nurse	588	827	67.4	3.7	225	313	70.9	5.2
At least four antenatal care visits with doctor or professional nurse according to best practices*	88	827	9.2	1.6	27	313	7.9	1.6

*measuring blood type, anemia, syphilis, HIV, glucose, proteinuria, blood pressure, weight, fundal height, fetal heartbeat

D6.1.3 Content of antenatal care

The content of antenatal care is an important indicator of quality of care. The coverage of key procedures was assessed among women who received any antenatal care for a birth in the last two years (Table D6.5 and Table D6.6). It is important to remember that the validity of these data hinge on the respondent's understanding of the question and her ability to recall events that may have occurred several years prior to the interview.

There was variation in performance of the 10 "best practice" procedures during the second follow-up: measured maternal weight (87.3%), measured fetal heartbeat (86.3%), measured maternal blood pressure (84.1%), measured blood type (77.1%), tested for proteinuria (75.6%), tested for anemia (75.6%), measured fundal height (69.7%), measured blood glucose (55.7%), tested for syphilis (36.1%), and tested for HIV (23.2%). Women were unfamiliar with several tests, as evidenced by the high number of missing responses for proteinuria and syphilis in particular.

Table D6.5: Content of antenatal care visits - best practices, among women 15-49 years who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Measured maternal weight	703	782	87.6	2.3	254	293	87.3	3.6
Measured fetal heartbeat	586	771	73.2	3.1	252	293	86.3	3.7
Measured maternal blood pressure	691	782	85.8	2.6	245	293	84.1	3.6
Measured blood type	370	517	69.6	2.6	147	193	77.1	3.9
Tested for proteinuria	401	512	76.4	3.0	142	185	75.6	3.9
Tested for anemia	381	520	71.1	3.1	149	196	75.6	2.7
Measured fundal height	580	768	71.9	2.9	204	286	69.7	4.7
Measured blood glucose	289	520	53.9	3.0	109	194	55.7	4.2
Tested for syphilis	183	509	34.4	3.0	70	190	36.1	5.4
Tested for HIV	220	768	24.8	3.3	72	279	23.2	3.5

Most women in the second follow-up had a performed an ultrasound (84.4%) and a collected blood specimen (73.8%) collected during their antenatal care visits for the most recent birth during the past two years.

Table D6.6: Content of antenatal care visits - other services provided, among women 15-49 years who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Performed an ultrasound	491	772	57.8	4.2	242	293	84.4	3.6
Collected blood specimen	543	782	63.8	4.4	210	290	73.8	4.4
Collected urine specimen	538	781	63.3	4.4	206	294	71.3	4.5
Tested for diabetes	194	287	67.6	3.5	58	109	57.3	4.8
Offered an HIV test	224	767	25.2	3.4	84	279	27.8	3.8

D6.1.4 Coverage of tetanus toxoid vaccinations during pregnancy

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

As shown in Table D6.7, the coverage of sufficient tetanus toxoid vaccination during pregnancy was 60.3% among women who received antenatal care during the second follow-up. Twenty seven percent of women received one vaccination during the pregnancy and 50.3% received two or more. Among women with antenatal care, 32.9% had never been vaccinated before and 16.8% had received a vaccine in the last 10 years. Among women who were not vaccinated during prenatal care visits, 15.7% had never been vaccinated.

Table D6.7: Coverage of tetanus toxoid vaccinations during pregnancy, among women 15-49 years who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Two or more injections during pregnancy	359	52.9	2.9	81	50.3	4.2
One injection during pregnancy, one <10 years before	79	12.4	1.7	18	10.0	3.1
One injection during pregnancy, none <10 years before	85	14.6	2.8	30	17.2	3.1
No injections during pregnancy, one or more <10 years before	47	8.7	1.7	10	6.8	2.5
No injections during pregnancy nor during the 10 years prior	60	11.5	3.0	30	15.7	3.2
Don't know	149	-	-	125	-	-
Decline to respond	7	-	-	0	-	-

D6.1.5 Exposure to safe pregnancy messages

Women who received antenatal care were asked about a series of topics for which they might have received counseling or advice during their pregnancy. Table D6.8 shows the percentage of women in the second follow-up who were exposed to the following messages: counseled about pregnancy (77.9%); counseled about danger signs during pregnancy (68.9%); given information about in-facility delivery (67.2%); advised to deliver in a facility (67%); counseled about nutrition during pregnancy (60.7%); counseled about breastfeeding (54.3%); counseled about contraception after delivery (49.4%).

Exposure to safe pregnancy practices increased from baseline to second follow-up for all counseling categories. In the second follow-up, 47.3% of women were counseled about childcare compared to 53.4% at baseline. 39.1% of women in the second follow-up, compared to 38.6% at baseline, were advised to have a Cesarean section. Compared to 9.6% of women at baseline, 15.8% of women in the second follow-up were counseled about making a transportation plan for delivery.

Table D6.8: Exposure to safe pregnancy practices, women 15-49 years of age who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Counseled about pregnancy	653	781	81.7	2.0	235	294	77.9	3.6
Counseled about danger signs during pregnancy	504	769	61.7	4.0	199	292	68.9	3.7
Given information about in-facility delivery	469	772	56.6	3.9	193	293	67.2	4.0
Advised to deliver in a facility	482	774	58.4	4.1	198	293	67.0	4.5
Counseled about nutrition during pregnancy	469	770	56.9	4.0	173	291	60.7	3.0
Counseled about breastfeeding	479	773	58.3	4.1	152	291	54.3	3.2
Counseled about contraception after delivery	440	773	53.5	3.8	139	291	49.4	4.4
Counseled about childcare	430	773	53.4	3.8	134	291	47.3	3.2
Advised to have a Cesarean section	322	774	38.6	3.3	114	293	39.1	4.2
Counseled about making a transportation plan for delivery	83	771	9.6	1.6	48	293	15.8	2.7

D6.2 Delivery Care

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

D6.2.1 *Place of delivery*

The location of the most recent birth and the means of transportation used to get to the facility are shown in Table D6.9. The majority of births occurred in public hospitals (56.4%) and own homes (24.6%). Yet 27.7% of women reported giving birth at home or at another person's home. Deliveries in private-sector facilities were rare (2.6%). Among women who delivered in a facility, 51.9% indicated that they used a private vehicle for transport (Table D6.10).

Table D6.9: Place of delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Public hospital	426	46.8	4.8	187	56.4	7.0
Own home	245	35.4	5.2	66	24.6	7.2
Public health center/clinic	109	10.9	2.0	44	12.6	4.0
Other house	30	3.4	0.8	10	3.1	1.2
Private health center/clinic	3	0.3	0.3	5	1.5	0.7
Private hospital	13	1.5	0.5	4	1.1	0.6
Public health ward	0	0.0	-	0	0.0	-
Other public health facility	4	0.2	0.1	0	0.0	-
Private medical ward	0	0.0	-	0	0.0	-
Other private health facility	3	0.3	0.2	0	0.0	-
Other	10	1.1	0.4	2	0.8	0.5
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

Table D6.10: Transportation to place of delivery for most recent birth in the last two years, among women 15-49 years of age who delivered in a facility

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Private vehicle	268	558	50.5	5.0	120	237	51.9	4.0
Other public transit	202	558	33.7	4.1	101	237	43.4	4.4
On foot	56	558	9.3	2.5	15	237	4.4	1.6
Ambulance	51	558	9.7	1.7	4	237	1.7	0.8

*categories not mutually exclusive (select all that apply)

Women were asked about the proximity to the health facility used to deliver. Of the 240 women from the second follow-up who delivered in a facility, 209 were able to estimate the distance to the facility (Table D6.11). The median number of women reported travelling less than 25 km. Fifty percent of women traveled more than one hours to the facility to deliver.

Table D6.11: Proximity to health care facilities: health facility for delivery

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	467	91	0.1	2	6	40	100
Travel time, min	545	13	2	20	60	120	2700
Second follow-up 2018							
Distance, km	209	31	0	4	25	45.6	100
Travel time, min	234	4	2	20	60	60	3600

D6.2.2 Assistance at delivery

The assistance a woman receives during childbirth has important health consequences for both mother and child. For women who did not deliver alone in the last two years (96.5% of all births in the second follow-up), the percentage by type of delivery attendant is detailed in Table D6.12. Among women who did not report being alone for delivery, several categories of personnel may have been in attendance. As can be seen in Table D6.12, most in-facility deliveries during the second follow-up were accompanied by a medical doctor (71.3%) and/or a professional nurse (57%). For 25% of the deliveries an midwife/comadrona was in attendance. For 12.6%, an auxiliary nurse was in attendance. For 12.6%, an auxiliary nurse was in attendance.

Table D6.12: Types of attendants: assistance at delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Medical doctor	556	843	59.9	5.4	239	318	71.3	7.5
Professional nurse	405	828	41.9	5.0	189	311	57.0	6.9
Midwife/comadrona	257	840	35.8	4.8	70	307	25.0	5.6
Auxiliary nurse	160	827	17.2	2.5	44	298	12.6	2.4
Relative	67	840	8.0	1.3	24	313	8.5	3.4
Laboratory technician	27	836	2.6	0.7	10	296	3.0	1.5
Pharmacist	6	840	0.6	0.3	5	307	1.6	0.9
Community health worker	8	840	0.9	0.4	0	303	0.0	-
Traditional healer	27	840	4.0	1.4	0	310	0.0	-
Other	21	840	2.1	0.6	0	313	0.0	-

Thirty one percent of women in the second follow-up delivered with one attendant, 49.3% with two attendants, and 13% with three attendants (Table D6.13). For women's most recent live birth in the past two years, 75.9% of deliveries had a skilled attendant present and 70.8% delivered with a skilled attendant in a health facility (Table D6.14).

Table D6.13: Number of attendants: assistance at delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
None	9	1.2	0.5	7	3.5	2.6
One	367	50.1	4.6	96	31.2	5.0
Two	301	31.1	3.0	157	49.3	4.2
Three	132	14.2	2.2	47	13.0	2.1
Four or more	35	3.4	0.9	11	3.0	1.2
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

Table D6.14: In-facility delivery with skilled birth attendant: assistance at delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Delivery with a skilled birth attendant	564	842	60.7	5.5	252	318	75.9	7.5
Delivery with a skilled birth attendant in any health facility	554	841	59.7	5.4	238	318	70.8	7.7

D6.2.3 Complications

Pregnancy complications are an important source of maternal and child morbidity and mortality. The type of delivery (vaginal or Caesarian section) among women with births in the last two years is detailed in Table D6.15 along with the percentage of planned in-facility deliveries. Table D6.16 displays the percentage of women with specific complications.

In the second follow-up, 69.7% of women indicated that they attended the facility for emergency care during their most recent birth in the last two years. Few women reported seizures prior to delivery (7.4%). Approximately 3.8% of infants were transferred to an intensive care unit after delivery, and 20.9% of women reported excessive bleeding after delivery (more than 1 cup over a two-day period of time).

Table D6.15: Mode of delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Mode of delivery						
Vaginal	653	79.7	2.1	233	76.4	4.1
Emergency c-section	143	15.6	1.7	61	17.2	2.9
Planned c-section	46	4.7	0.7	24	6.4	1.7
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Reason for seeking delivery care, among in-facility births						
Because of emergency	383	70.3	2.4	167	69.7	3.6
According to birth plan	166	28.3	2.3	69	28.7	3.8
Other reason	8	1.3	0.5	3	1.5	0.9
Don't know	1	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

Table D6.16: Delivery complications for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Respondent experienced excessive bleeding in the first day after delivery	223	834	26.0	2.5	66	317	20.9	3.3
Respondent experienced seizures prior to delivery	45	842	5.0	1.0	19	318	7.4	2.2
Child entered neonatal intensive care unit after delivery	46	843	4.9	0.8	14	317	3.8	1.1

D6.2.4 Birth size and weight

Birth weight is a major determinant of infant and child health and mortality. Birth weight of less than 2.5 kilograms is considered low. For all births during the five-year period preceding the survey, mothers were asked about their perception of the child's size at birth: very large, larger than average, smaller than average, or very small. They were then asked to report the actual weight in kilograms if the child had been weighed after delivery. To reduce recall bias, only data from the most recent birth within the last two years are summarized below (Table D6.17).

In the second follow-up, many women perceived their infant to be average in size (83.4%). With most births occurring in institutional settings, it is not surprising that 73.6% of newborns were weighed at birth. Among those who were weighed, 12.5% weighed less than 2.5 kilograms according to the mother's recall (low birth weight).

Table D6.17: Birth size and weight for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Very large	33	3.8	0.8	7	2.0	0.8
Larger than average	92	10.1	1.5	20	6.0	1.6
Average	602	72.3	2.2	257	83.4	2.9
Smaller than average	79	9.5	1.5	18	5.9	1.4
Very small	34	4.3	0.9	10	2.7	0.9
Don't know	4	-	-	6	-	-
Decline to respond	0	-	-	0	-	-

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Child was weighed at birth	642	829	72.9	4.6	241	314	73.6	5.8
Low birth weight (<2.5kg), among those weighed	56	617	8.9	2.0	27	231	12.5	2.0

D6.3 Early initiation of breastfeeding

Coverage of early initiation of breastfeeding is defined as the percentage of women who had a live birth in the past two years and put the child to the breast with one hour of birth. Table D6.18 shows that 74.9% of women initiated breastfeeding within one hour of birth.

Table D6.18: Early initiation of breastfeeding for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Early initiation of breastfeeding	610	837	71.8	2.6	220	301	74.9	2.8

D6.4 Postnatal Care

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

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

D6.4.1 Postnatal checkup for the mother

Data on postnatal care for the mother are summarized in this section. Table D6.19 shows the percentage of women with a birth in the last two years who were checked at any time after delivery and within one week after delivery; and percentage by timing of the check for women with an in-facility delivery.

Only 57.4% of women recalled being checked after delivery during the second follow-up, and 40.1% reported being checked one week after delivery by a health care provider. Only 63.2% of women with an institutional birth recalled being checked every 15 minutes for the first hour post-partum.

Table D6.20 shows the percent distribution of women who were checked at any time after delivery by type of personnel. Among women with postnatal care visits in the second follow-up, most received care from a doctor (69.4%) or professional nurse (22.5%).

Table D6.19: Postnatal checkup for the mother for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any checkup after delivery	421	841	47.6	4.0	181	317	57.4	4.7
Checked every 15 minutes during the first hour after delivery, among in-facility births	184	314	59.4	4.7	91	152	63.2	5.1
Checked within a week after delivery by a skilled provider	298	841	33.7	3.6	126	317	40.1	3.3

Table D6.20: Provider of care at first postnatal checkup for the mother, most recent live birth in the past two years, among women who attended at least one postnatal care visit

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Doctor	329	77.5	3.1	126	69.4	5.0
Professional nurse	46	11.0	1.8	41	22.5	4.7
Midwife/comadrona	33	9.0	2.6	9	5.3	2.3
Professional midwife	0	0.0	-	2	1.0	0.7
Auxiliary nurse	8	1.7	0.8	1	0.7	0.7
Laboratory technician	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Pharmacy assistant	0	0.0	-	0	0.0	-
Traditional healer	1	0.4	0.4	0	0.0	-
Relative	0	0.0	-	0	0.0	-
Other	3	0.4	0.3	2	1.1	0.8
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

* Professional midwife was not an option at baseline

D6.4.2 Postnatal checkup for the infant

The results regarding postnatal care for the neonate are shown in Table D6.21: percentage of women with a birth in the last two years whose infants were checked after delivery; percentage of infants who were checked by skilled personnel within 24 hours of delivery; and percentage of infants who were checked by skilled personnel (doctor or professional nurse; professional midwife was asked at the second follow-up, but was not accepted as skilled) within one week of delivery.

Approximately 56.7% of women in the second follow-up reported that their infant was checked at any time after delivery. Among all deliveries, 25.1% of women reported that a qualified medical professional checked on their infant within 24 hours of delivery. Table D6.22 shows the attendants for neonatal postnatal care. Most women indicated that a doctor performed a checkup (77%). Professional nurse and professional midwife were also reported, though much less frequently.

Table D6.21: Postnatal checkup for neonate for woman's most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any checkup after delivery	555	837	64.4	3.9	177	316	56.7	4.0
Checked within 24 hours after delivery by a skilled provider	206	792	24.2	4.1	76	302	25.1	4.2
Checked within a week after delivery by a skilled provider	344	792	41.8	3.7	126	302	43.5	3.9

Table D6.22: Provider of care at first postnatal checkup for the infant, woman's most recent live birth in the past two years, among women whose child attended at least one postnatal care visit

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Doctor	427	76.4	3.0	137	77.0	4.5
Professional nurse	85	16.5	2.2	34	20.7	4.6
Professional midwife	0	0.0	-	2	1.0	0.7
Midwife/comadrona	12	2.2	0.7	2	0.8	0.6
Auxiliary nurse	18	3.0	1.1	1	0.4	0.5
Laboratory technician	1	0.3	0.4	0	0.0	-
Community health worker	5	1.0	1.0	0	0.0	-
Pharmacy assistant	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Relative	0	0.0	-	0	0.0	-
Other	3	0.6	0.3	0	0.0	-
Don't know	4	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

* Professional midwife was not an option at baseline

D6.5 Vouchers, Incentives, and Maternal Waiting Homes

To increase use of their services, some facilities and waiting homes offer vouchers and incentives to women to attend care. Table D6.23 and Table D6.24 display the percentage of women in the second follow-up who gave birth the past two years and received a voucher at a health facility. None of the women in the second follow-up received a voucher or financial assistance for delivery at a health facility and 0% received a voucher or financial assistance for postpartum or postnatal care at a health facility.

Table D6.23: Voucher incentives for delivery care-seeking for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Received a voucher or other form of financial assistance to deliver at a health facility	20	553	3.5	1.1	0	240	0	-

Table D6.25: Voucher incentives for postpartum or postnatal care-seeking for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
No voucher	555	99.6	0.2	240	100	0
Yes, for woman's care	1	0.1	0.1	0	0	-
Yes, for infant's care	0	0.0	-	0	0	-
Yes, for both woman and infant	2	0.2	0.2	0	0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

Some facilities that attend deliveries have a **casa materna** or maternal waiting home nearby to provide women who live far away a place to stay while they await delivery or while they recover and prepare to travel home with their infant. Table D6.26 displays how women have commonly used maternal waiting homes during their most recent pregnancy in the past two years. 3.7% of women in the second follow-up report using a maternal waiting home before giving birth and 22% of these women report receiving counseling while staying at a maternal waiting home. On average, women stayed at a maternal waiting home for less than one day and spent \$0.

Table D6.26: Use of maternal waiting homes for most recent live birth in the past two years, women 15-49 years of age

	Second Follow-Up 2018			
	n	N	%	SE
Used a maternal waiting home before giving birth	12	317	3.7	1.5
Among women who used maternal waiting homes				
Received counseling on health and parenting topics while at waiting home	3	11	22.0	10.0

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Second Follow-Up 2018							
Days spent in maternal home	11	0	0	1	1	1.6	15
Out-of-pocket cost to use maternal home, Mexican Peso	11	1	0	0	0	0	1

D7. Chapter 7: CHILD HEALTH

This chapter summarizes the health status of children aged 0-59 months whose caregivers participated in the SMI-Mexico Second Follow-up Household Survey. All data summarized in this chapter are based on the caregiver's report.

D7.1 Health status

The age and sex distribution of the de facto population of children aged 0-59 months participating in the caregiver interview module or the anthropometric measures in Mexico at the second follow-up is shown in Figure D7.2 by six- or 12-month age groups.

Twenty percent of children surveyed at baseline and 21% of children surveyed at the second follow-up were under 1 year old at the time of the interview. The age distributions of female and male children are similar.

Figure D7.1: Age and sex of children aged 0-59 months in child health survey or anthropometric measures of the de facto population by six- to twelve-month age groups, baseline survey unweighted

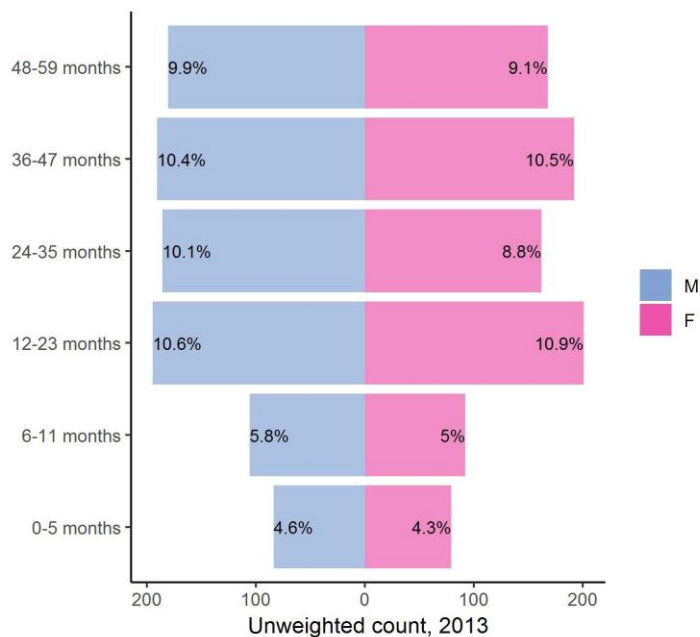
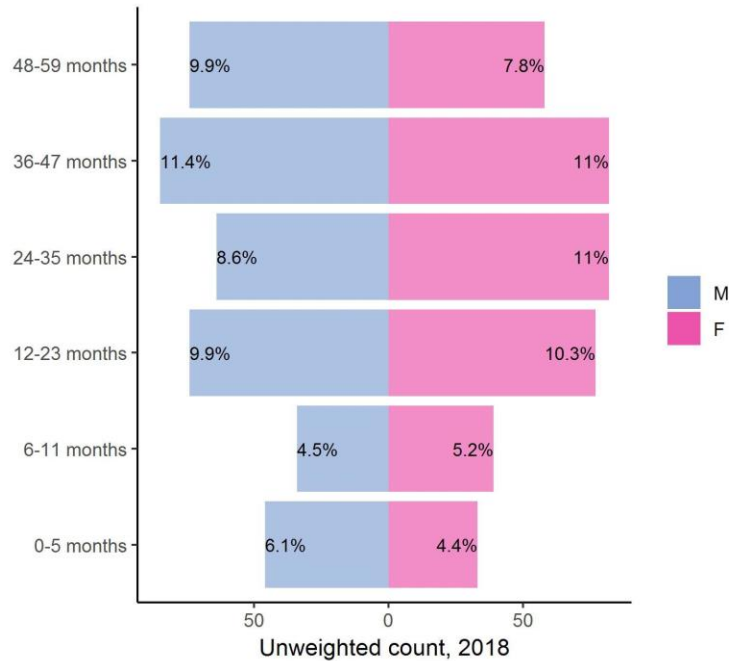


Figure D7.2: Age and sex of children aged 0-59 months in child health survey or anthropometric measures of the de facto population by six- to twelve-month age groups, follow-up survey unweighted



* The age in months of four children under 5 years of age was not collect in the second follow-up. These children are not included in this figure.

D7.1.1 Current health status

Table D7.1 shows the current health status of all children aged 0-59 months, as reported by their caregivers. The table includes the caregiver’s evaluation of current health relative to health the previous year and the percentage of children who can easily perform daily activities. In the second follow-up, approximately 80.1% of children’s health was considered by their caregiver to be “good,” “very good,” or “excellent,” compared to 80.8% at baseline.

Relative to the past year, caregivers in the second follow-up evaluation reported that 51.8% of children’s health was “about the same” in the second follow-up. While 45.7% of children’s health had improved, 2.5% of children experienced reportedly worse health on the day of the interview, compared to last year. Ninety two percent of children could “easily” perform their daily activities (e.g., playing and going to school) according to their caregivers. Six percent of children had some degree of difficulty performing these activities, 0.7% of children had a significant degree of difficulty performing these activities, and 0.3% of children were unable to complete daily activities, according to their caregivers.

Table D7.1: Current health status, among children aged 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Current health status						
Excellent	213	12.0	1.6	146	18.5	2.7
Very good	289	15.8	1.0	129	17.9	1.8
Good	948	53.0	2.0	320	43.7	3.6
Fair	334	17.6	1.2	139	17.7	2.9
Poor	33	1.7	0.3	16	2.2	0.6
Don't know	2	-	-	0	-	-
Decline to respond	2	-	-	0	-	-
Health status relative to a year ago						
Better	731	51.8	2.7	264	45.7	3.8
Worse	57	3.8	0.6	15	2.5	0.8
About the same	619	44.4	2.5	300	51.8	3.6
Don't know	2	-	-	0	-	-
Decline to respond	2	-	-	0	-	-
Ability to perform daily activities						
Easily	1672	92.7	1.0	691	92.4	1.0
With some difficulty	100	5.5	0.7	46	6.5	0.9
With much difficulty	11	0.6	0.2	5	0.7	0.3
Unable to do	20	1.3	0.6	3	0.3	0.2
Don't know	16	-	-	5	-	-
Decline to respond	2	-	-	0	-	-

D7.1.2 Recent illness

Caregivers were asked a series of questions about any illnesses or health problems that their children had in the two weeks preceding the interview. In the second follow-up survey, approximately 25% of children were reported as sick during that time (Table D7.2). Of the 197 children who were recently ill, fever (31.1%), cough (28%), and diarrhea without blood (13%) were the most commonly specified complaints.

Table D7.2: Recent illness, among children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Child was sick in the last two weeks	535	1818	28.8	2.1	197	750	25.3	2.5

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Recent illness among children ill in the last 2 weeks						
Fever	161	31.2	2.9	57	31.1	5.0
Cough	228	41.8	3.1	59	28.0	2.8
Diarrhea without blood	46	9.0	1.5	26	13.0	2.1
Vomiting	6	1.2	0.5	5	2.5	1.0
Abdominal pain	3	0.8	0.4	4	2.3	1.2
Diarrhea with blood	6	1.3	0.5	3	2.0	1.0
Eye/ear infection	3	0.7	0.4	2	1.1	0.8
Headache	3	0.5	0.3	1	0.8	0.8
Bronchitis	8	1.5	0.6	1	0.5	0.5
Pneumonia	1	0.2	0.2	1	0.3	0.3
Skin rash/infection	6	0.8	0.5	1	0.3	0.3
Malaria	0	0.0	-	0	0.0	-
Tuberculosis	0	0.0	-	0	0.0	-
Asthma	2	0.4	0.3	0	0.0	-
Anemia	0	0.0	-	0	0.0	-
Measles	0	0.0	-	0	0.0	-
Jaundice	0	0.0	-	0	0.0	-
Stroke	0	0.0	-	0	0.0	-
Diabetes	0	0.0	-	0	0.0	-
HIV/AIDS	0	0.0	-	0	0.0	-
Paralysis	0	0.0	-	0	0.0	-
Chest infection	0	0.0	-	0	0.0	-
Blood in urine	0	0.0	-	0	0.0	-
Difficulty urinating	0	0.0	-	0	0.0	-
Swelling in legs, ankles, or feet	0	0.0	-	0	0.0	-
Other	61	10.6	1.9	36	18.1	3.0
Don't know	1	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

Options for "Swelling in legs, ankles, or feet", "Blood in urine", and "Chest infection" were available only in the follow-up survey. In the baseline, "Chest infection" was included within the "Cough" answer choice.

D7.1.3 Utilization of health services for recent illness

Table D7.3 summarizes data regarding the utilization of health services among the 197 children who were sick in the two weeks preceding the interview. The table shows the percentage of children 0-59 months who were sick in the last two weeks for whom care was sought for recent illness and among these, the percent distribution by type of medical facility where care was sought and whether the child was hospitalized.

In the second follow-up survey, care was sought for 66.5% of these cases. Care was typically sought at Public health center/clinic (39%) or Public hospital (16.7%) facilities; some attended private doctor's offices (15.8%). Only five children were hospitalized for their recent illness.

Table D7.3: Utilization of health services for recent illness in the last two weeks, among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for recent illness	333	535	60.7	3.2	129	197	66.5	4.1
Child was hospitalized for recent illness	5	135	2.7	1.5	5	69	7.5	2.8

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of medical facility where care was sought						
Public health center/clinic	120	38.3	5.4	44	39.0	7.6
Public hospital	41	10.2	2.6	24	16.7	4.6
Private doctor's office	47	12.0	2.4	25	15.8	4.1
Pharmacy	58	17.5	3.0	16	12.2	2.9
Public health unit	34	12.0	3.3	10	7.4	2.4
Other public health facility	2	0.6	0.6	3	3.2	2.3
Traditional healer	1	0.5	0.5	1	1.4	1.3
Private health center/clinic	6	1.4	0.9	1	0.8	0.8
Other private health facility	0	0.0	-	1	0.7	0.7
Private mobile clinic	0	0.0	-	1	0.6	0.6
Public mobile clinic	4	1.2	0.9	0	0.0	-
Private hospital	5	1.4	0.6	0	0.0	-
Community health worker	2	0.7	0.5	0	0.0	-
Other	13	4.3	1.5	3	2.2	1.4
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

D7.2 Acute respiratory infection

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

D7.2.1 Prevalence of acute respiratory infection and fever

The prevalence of cough, suspected acute respiratory infection, and fever among children aged 0-59 months, as reported by their caregivers, is displayed in Table D7.4. In the second follow-up, 24% of children experienced cough, 11.4% had symptoms of an acute respiratory infection, and 19.4% had a fever in the two weeks preceding the interview.

Table D7.4: Prevalence of suspected acute respiratory infection and fever in the last two weeks, among children 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Child had cough in the last two weeks, by type						
No cough	1291	72.2	1.9	567	76.3	2.2
Cough without difficulty breathing	273	14.7	1.1	95	12.6	1.5
With difficulty breathing due to congested/runny nose	113	5.9	0.7	44	6.2	1.1
With difficulty breathing due to chest problem and congested/runny nose	77	4.2	0.9	21	2.5	0.7
With difficulty breathing due to chest problem	55	3.1	0.4	19	2.4	0.6
With difficulty breathing due to other reason	1	0.0	-	0	0.0	-
Don't know	9	-	-	4	-	-
Decline to respond	2	-	-	0	-	-

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Symptoms of acute respiratory infection in the last two weeks	247	1811	13.2	1.4	86	748	11.4	1.3
Fever in last two weeks	317	1815	17.8	1.4	143	749	19.4	1.6

D7.2.2 Utilization of health services for suspected acute respiratory infection

Fifty eight percent of children with symptoms of acute respiratory infection were taken for evaluation and/or treatment of their condition at the second follow-up (Table D7.5).

Table D7.5: Utilization of health services for suspected acute respiratory infection in the last two weeks, among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for suspected acute respiratory infection	342	587	56.1	2.8	132	231	57.7	5.3

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of medical facility where care was sought						
Public health center/clinic	128	39.8	5.2	46	38.1	6.6
Pharmacy	58	16.9	3.4	24	16.2	4.0
Private doctor's office	52	12.1	2.3	22	13.7	3.5
Public hospital	37	9.6	2.5	18	13.5	4.0
Public health unit	34	12.1	3.8	7	4.9	2.1
Other public health facility	3	0.9	0.6	4	4.6	4.3
Traditional healer	1	0.5	0.5	2	2.7	2.5
Other private health facility	0	0.0	-	2	1.1	0.8
Private health center/clinic	6	1.3	0.7	1	0.4	0.4
Public mobile clinic	4	1.2	0.9	0	0.0	-
Private hospital	4	1.1	0.6	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Community health worker	2	0.7	0.5	0	0.0	-
Other	12	3.9	1.5	6	4.9	3.1
Don't know	0	-	-	0	-	-
Decline to respond	1	-	-	0	-	-

D7.2.3 Utilization of medications for suspected acute respiratory infection

Seventy seven percent of children with symptoms of acute respiratory infection were given some type of medication for their condition during the second follow-up (Table D7.6). Fifty eight percent of children were administered antibiotic syrups for a suspected acute respiratory infection. Acetaminophen (43.4%) and ibuprofen (15.9%) were also commonly administered. Fourteen percent of children received a treatment other than those listed.

Table D7.6: Utilization of medications for suspected acute respiratory infection in the last two weeks, among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any treatment	437	588	72.8	2.7	177	231	77.2	2.8
Antibiotic injection	32	435	8.1	1.8	10	173	5.6	1.9
Antibiotic pill	43	435	10.8	2.0	17	173	11.6	3.1
Antibiotic syrup	334	436	74.8	3.2	99	174	58.0	6.1
Aspirin	18	434	3.8	1.1	1	173	1.0	1.0
Acetaminophen	28	435	5.8	1.6	75	173	43.4	4.5
Ibuprofen	20	435	4.7	1.2	29	171	15.9	3.2
Oral rehydration therapy	22	435	4.6	1.4	9	173	3.9	1.9
Other	63	435	14.7	2.9	27	174	13.9	3.2

D7.2.4 Feeding practices during suspected acute respiratory infection

Data on feeding practices during the recent episode of suspected acute respiratory infection are summarized in Table D7.7. The table shows the volume of fluids and the volume of solids given during the illness. At the second follow-up, only 7.7% of children were given more fluids than usual. In total, 43% of children were offered less fluid than usual (or none at all). Thirty eight percent of children were offered the same volume of solid food as usual during their illness. Approximately 60% of children were given less than the usual amount of solid food (or none at all).

Table D7.7: Feeding practices during suspected acute respiratory infection in the last two weeks, among children 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Volume of fluids (including breastmilk) given during illness						
No fluids	5	1.0	0.4	9	3.7	1.5
Much less	65	11.4	1.7	41	17.4	2.2
Somewhat less	184	32.4	2.9	53	22.0	2.9
About the same	225	36.9	3.0	109	49.2	3.5
More	108	18.3	2.8	18	7.7	1.9
Don't know	3	-	-	1	-	-
Decline to respond	0	-	-	0	-	-
Volume of solid foods given during illness						
No solids	14	2.6	1.1	7	3.7	1.7
Much less	65	11.7	1.4	46	18.5	2.6
Somewhat less	254	44.9	2.8	86	37.6	3.2
About the same	213	33.8	3.1	86	37.5	3.1
More	40	7.0	2.0	5	2.7	1.5
Don't know	4	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

D7.3 Diarrhea

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

D7.3.1 Prevalence

Table D7.8 shows the proportion of children aged 0-59 months with diarrhea in the two weeks preceding the interview, as reported by their caregivers (10% at the second follow-up). One percent of children had

bloody diarrhea.

Table D7.8: Prevalence of diarrhea in the last two weeks, among children aged 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
No diarrhea	1614	88.7	0.9	672	90.0	1.4
Diarrhea without blood	190	10.5	0.9	69	9.3	1.5
Diarrhea with blood	13	0.7	0.2	6	0.7	0.3
Don't know	2	-	-	3	-	-
Decline to respond	2	-	-	0	-	-

D7.3.2 Utilization of health services for diarrhea

Nearly half of children with diarrhea were taken for evaluation and/or treatment of their condition (Table D7.9). Care for these children was often sought in the public sector, although private health centers were visited by 17% of these cases at the second follow-up.

Table D7.9: Utilization of health services for diarrhea in the last two weeks, among children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for diarrhea	97	203	47.2	3.9	47	75	62.3	4.4

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of medical facility where care was sought						
Public health center/clinic	27	29.0	6.5	15	35.4	7.8
Private doctor's office	13	14.8	4.7	10	17.0	6.5
Public hospital	14	8.8	4.0	8	15.7	4.5
Public health unit	13	15.0	5.7	5	11.6	4.1
Other public health facility	0	0.0	-	2	5.3	3.2
Public mobile clinic	1	1.3	1.4	1	3.3	2.9
Pharmacy	22	24.9	4.9	1	3.2	3.3
Private health center/clinic	3	2.3	1.3	1	2.1	2.1
Other private health facility	0	0.0	-	1	1.8	1.9
Private hospital	2	1.7	1.2	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Other	2	2.2	1.5	3	4.7	2.8
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

D7.3.3 Utilization of treatments for diarrhea

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

Although care was sought in only 62.3% of diarrhea cases, 85.3% of cases were given some form of treatment at the second follow-up. Fluid made with powdered oral rehydration salts was the most common form oral rehydration therapy (44.8%). Sixteen percent of cases were treated with zinc syrup or pills. Twenty five percent of cases were treated with an antibiotic pill.

Table D7.10: Utilization of treatments for diarrhea during the last two weeks, among children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any treatment	152	202	73.8	4.7	65	75	85.3	4.6
Fluids								
Fluid made with powdered oral rehydration salts	79	202	37.3	3.8	32	75	44.8	9.0
Bottled oral rehydration serum	55	201	24.1	4.4	23	75	30.3	5.3
Homemade fluid recommended by health authorities	13	201	5.9	1.8	12	75	18.0	4.4
Medications								
Antibiotic pill	36	201	19.0	5.1	19	71	25.1	5.0
Antidiarrheal pill	14	201	7.4	2.1	7	71	11.9	4.9
Zinc pill	6	201	2.4	1.4	8	71	14.4	6.2
Other type of pill	7	201	4.6	1.8	1	71	1.0	1.0
Unknown pill	5	201	3.2	1.6	0	71	0.0	-
Antibiotic injection	6	201	2.6	1.0	0	72	0.0	-
Non-antibiotic injection	1	201	0.4	0.5	0	72	0.0	-
Unknown injection	2	201	1.1	0.8	0	72	0.0	-
Intravenous therapy	1	200	0.3	0.3	1	72	0.7	0.7
Home remedy/herbal medicine	27	201	13.1	3.0	12	72	15.2	4.0
Antibiotic syrup	53	201	24.0	3.0	20	70	25.2	5.1
Antidiarrheal syrup	21	201	11.0	2.8	10	72	14.0	5.1
Zinc syrup	1	201	0.4	0.4	1	72	1.8	1.9
Other syrup	8	200	3.9	1.5	4	71	5.2	2.8
Unknown syrup	3	201	1.3	0.8	4	73	5.4	2.7
Other treatment	13	201	6.6	2.3	9	72	12.3	3.8

D7.3.4 Feeding practices during diarrhea

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

Data on feeding practices during the recent diarrheal episode are summarized in Table D7.11. The table shows the volume of fluids and the volume of solids given during the illness. Only 16.6% of children were given more fluids than usual in the second follow-up survey. Approximately 53% of children were offered less fluid than usual (or none at all). Thirty eight percent of children were offered the same volume of solid food as usual during their illness. Approximately 56% of children were given less than the usual amount of solid food (or none at all).

Table D7.11: Feeding practices among children aged 0-59 months who had diarrhea in the last two weeks

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Volume of fluids (including breastmilk) given during illness						
No fluids	2	0.8	0.7	3	5.3	4.2
Much less	33	15.5	2.8	17	22.7	6.3
Somewhat less	63	30.4	4.1	18	25.1	6.9
About the same	61	32.3	4.0	24	30.4	4.5
More	44	20.9	3.5	12	16.6	6.3
Don't know	0	-	-	1	-	-
Decline to respond	0	-	-	0	-	-
Volume of solid foods given during illness						
No solids	12	7.4	2.8	3	5.6	2.9
Much less	37	17.3	2.5	13	18.9	6.3
Somewhat less	80	40.0	3.8	26	31.7	6.4
About the same	57	28.2	3.4	30	38.5	4.5
More	16	7.1	2.1	3	5.3	2.5
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

D7.4 Immunization against common childhood illnesses

Information on immunization coverage was collected for all children aged 0-59 months whose caregivers participated in the survey. Both caregiver's report and review of vaccination card (if available) were used to determine coverage. A vaccination card was available for review for 614 children at the second follow-up (81.9% of the sample, unweighted). In Table D7.12, coverage is estimated by vaccine type to include all children with full compliance for age as specified in the national immunization scheme at the time of the survey, according to either an affirmative response from the caregiver that the immunization was received, or a mark that the immunization was received on the vaccination card (for children with a vaccination card available for review at the time of the interview). Children too young to have received a specific vaccine are counted as covered in order to maintain a comparable all-ages sample across vaccine types.

Table D7.12: Immunization against common childhood illnesses, children aged 0-59 months, according to caretaker recall and vaccination card

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
BCG vaccine (tuberculosis)	1645	1680	97.8	0.5	657	686	95.8	0.8
Hepatitis B vaccine	1422	1681	84.1	2.0	364	683	52.1	3.9
Pentavalent acellular vaccine (DPT, IPV, Hib)	1350	1686	80.4	1.7	419	684	60.0	3.7
Rotavirus vaccine	1247	1678	73.5	2.3	491	682	73.3	2.8
Pneumococcal conjugate vaccine	1100	1679	64.3	3.2	460	678	68.0	4.4
Measles, mumps, and rubella (MMR) vaccine	1400	1709	81.2	2.6	573	698	83.0	2.4
Diphtheria, tetanus, and pertussis (DPT) vaccine	869	1726	49.3	2.2	357	704	50.2	2.0

In Table D7.13, coverage estimates based on recall are summarized for the full sample, and coverage estimates based on vaccination card data are summarized among the subset with a vaccination card available for review. When considering only caregivers' recall, only 14.9% of children aged 0-59 months were fully immunized for age at the second follow-up survey, reflecting many "Don't know" or "Decline" responses that call into question the reliability and validity of the caregiver recall data. Caregivers were able to definitively answer the entire vaccine recall section for only 318 children at the second follow-up. Immunization coverage for children 0-59 months based only upon the vaccine card is 31.3%, and when combined with recall-based information, the estimate of full vaccination for age among children 0-59 months is 26.3%.

Table D7.13: Full immunization compliance for age, children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
According to recall + card	729	1658	42.2	3.2	215	666	31.3	3.8
According to vaccine card	562	1805	29.5	3.1	200	747	26.3	3.4
According to caregiver's recall	284	1043	27.7	3.1	50	318	14.9	3.0

D7.5 Deworming treatment

Administration of deworming treatment every six months has been shown to reduce the prevalence of anemia in children. Only 28.8% of children aged 12-59 months received at least two doses of deworming treatment in the year preceding the second follow-up interview (Table D7.14).

Table D7.14: Deworming treatment among children aged 12-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
No deworming	728	51.6	3.3	252	43.3	3.0
One dose	312	21.8	2.0	165	27.9	2.1
Two or more doses	363	26.6	2.5	157	28.8	2.6
Don't know	5	-	-	4	-	-
Decline to respond	2	-	-	0	-	-

D8. Chapter 8: INFANT AND YOUNG CHILDREN FEEDING PRACTICES

This chapter summarizes the feeding practices of infants and children aged 0-59 months whose caregivers participated in the SMI-Mexico Household Survey. All data summarized in this chapter are based on the caregiver's report.

D8.1 Breastfeeding

D8.1.1 Exclusive breastfeeding

Coverage of exclusive breastfeeding is defined as the percentage of infants born in the six months prior to the survey who received only breast milk during the previous day. This information is obtained through a 24-hour dietary recall in which the caregiver indicates what the child consumed during the previous day and night. In Mexico during the second follow-up, the sample includes 81 children who are under 6 months of age, and 37 of those children have sufficiently complete dietary recall information to determine whether they are exclusively breastfed. Table D8.1 shows that 50.1% of children under 6 months of age are exclusively breastfed.

D8.1.2 Continued breastfeeding at 1 year

Coverage of continued breastfeeding at 1 year is defined as the percentage of children 12-15 months old who received breast milk during the previous day according to caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 46 children who are between 12 and 15 months of age, and 37 of those children have adequate responses to determine their breastfeeding status. Table D8.1 shows that 81.9% of children continue to receive breast milk at 1 year.

Table D8.1: Breastfeeding among children

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Exclusive breastfeeding among children <6 months	75	161	48.4	4.8	37	81	50.1	8.1
Continued breastfeeding at one year among children 12-15 months	105	152	69.3	4.3	37	46	81.9	6.0

D8.2 Acceptable diet

D8.2.1 Introduction of solid, semi-solid, or soft foods

Coverage of appropriate introduction of solid foods is measured as the percentage of infants 6-8 months of age who received solid or semi-soft foods during the previous day according to caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 36 children who are 6-8 months of age, and

25 of those children have sufficiently complete dietary recall information. Table D8.2 shows that 68.5% of children consumed solid or semi-soft foods.

D8.2.2 ***Dietary diversity***

Coverage of minimum dietary diversity is measured as the percentage of children 6-23 months of age who received foods from at least four food groups during the previous day according to caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 226 children who are 6-23 months of age, and 102 of those children have sufficiently complete dietary recall information to determine dietary diversity. Table D8.2 shows that 46.2% of children achieved the minimum dietary diversity during the previous day.

D8.2.3 ***Meal frequency***

Coverage of minimum meal frequency is measured as the percentage of children 6-23 months of age who received solid foods at least the minimum number of times the previous day, based on age and breastfeeding status. For breastfed children, the minimum is two times for children 6-8 months of age and three times for children 9-23 months of age. For non-breastfed children, the minimum number is four times for all children 6-23 months of age. This information is obtained through caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 226 children who are 6-23 months of age, and 47 of those children have sufficiently complete dietary recall information to determine meal frequency. Table D8.2 shows that 29.6% of children achieved the minimum meal frequency during the previous day.

D8.2.4 ***Minimum acceptable diet***

Coverage of minimum acceptable diet is measured for children 6-23 months of age. For breastfed children to meet the minimum acceptable diet they must have had at least the minimum dietary diversity and the minimum meal frequency during the previous day. For non-breastfed children to meet the minimum acceptable diet they must have had at least two milk feedings, as well as at least the minimum dietary diversity (not including milk feedings) and the minimum meal frequency during the previous day. This information is obtained through caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 226 children who are 6-23 months of age, and 21 of those children have sufficiently complete dietary recall information to determine minimum acceptable diet. Table D8.2 shows that 9.5% of children achieved the minimum acceptable diet during the previous day.

D8.2.5 ***Consumption of iron-rich or iron-fortified foods***

Consumption of iron-rich foods is measured as the percentage of children 6-23 months of age who receive an iron-rich food (e.g., liver, beef, or fish), an iron supplement, or a fortified food that is specially designed for infants and young children, or a food fortified in the home with a product that included iron during the previous day. This information is obtained through caregiver's dietary recall. In Mexico during the

second follow-up, the sample includes 226 children who are 6-23 months of age and 90 of those children have sufficiently complete dietary recall information to determine iron consumption. Table D8.2 shows that 40.8% of children consumed an iron-rich food during the previous day.

Table D8.2: Acceptable diet among children 6-23 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Introduction of solid foods among children 6-8 months	86	111	77.4	4.2	25	36	68.5	8.8
Minimum dietary diversity among children 6-23 months	176	587	27.8	3.3	102	226	46.2	4.6
Consumption of iron-rich foods among children 6-23 months	231	587	36.6	2.9	90	226	40.8	3.3
Minimum meal frequency among children 6-23 months	227	541	43.3	2.8	47	149	29.6	4.5
Minimum acceptable diet among children 6-23 months	79	582	13.1	1.9	21	207	9.5	2.2

15.3 Micronutrient supplementation

15.3.1 Vitamin A

Interviewers asked the caregiver if their child received a dose of vitamin A in the last six months. Table D8.3 shows that of the 748 sampled children 0-59 months of age in the second follow-up, 24.8% received a dose of vitamin A in the last six months.

15.3.2 Iron

Interviewers showed the caregiver photos of common types of bottles, powders, or syrups and asked if their child received iron pills, powder, or syrup in the last day. Table D8.3 shows that of the 748 children 0-59 months of age in the second follow-up sample, 8.8% received a dose of iron in the last day.

Table D8.3: Vitamin A and Iron consumption among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Vitamin A in the last six months	349	1805	18.7	1.8	188	725	24.8	2.8
Iron supplement the previous day	147	1809	7.2	1.1	63	740	8.8	1.5

15.3.3 Packets of micronutrients

Interviewers showed the caregiver a card with packets of micronutrients (chispitas) and asked how many packets their child received from a health facility and consumed in the last six months. Children are

intended to take 60 consecutive daily doses of micronutrient powder in each of three rounds, beginning at age 6, 12, and 18 months, with an adequate consumption considered to be 50 packets. Table D8.4 shows that among children 6-23 months of age sampled in the second follow-up, 86.6% received no packets of micronutrients from a health facility in the last six months.

Table D8.4: Micronutrient powders among children 6-23 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Received any micronutrient packets from health facility in the last six months	70	581	13.2	2.3	25	212	13.4	4.9
Consumed any micronutrient packets	65	579	12.2	2.1	20	207	11.9	5.1
Consumed adequate dose (\geq 50 packets) of micronutrient powders	13	579	2.6	0.7	8	207	5.0	2.7

* Identical questions were asked in baseline and second follow-up surveys, but the second follow-up interview included photos of the micronutrient products. The baseline survey predated the intervention, so it is possible that questions about receipt and consumption were interpreted by caregivers to include different types of micronutrient supplements at baseline.

D9. CHAPTER 9: NUTRITIONAL STATUS IN CHILDREN

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

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

A total of 750 children aged 0-59 months participated in the SMI-Mexico second follow-up. In practice, 578 of these children underwent the physical measurement module. Height and weight data are presented for 577 of these children (99.8%, unweighted). Five hundred twenty one children 6-59 months of age were eligible for the anemia test. Hemoglobin was measured in 520 children (99.8%, unweighted, of children 6-59 months of age). Parental consent was refused for 1 children. The age and sex distribution of children participating in the physical measurement module in second follow-up is displayed in Figure D9.2 and Figure D9.4.

Figure D9.1: Height and weight measured: Age and sex of sample, unweighted percent distribution of the de facto population, baseline survey

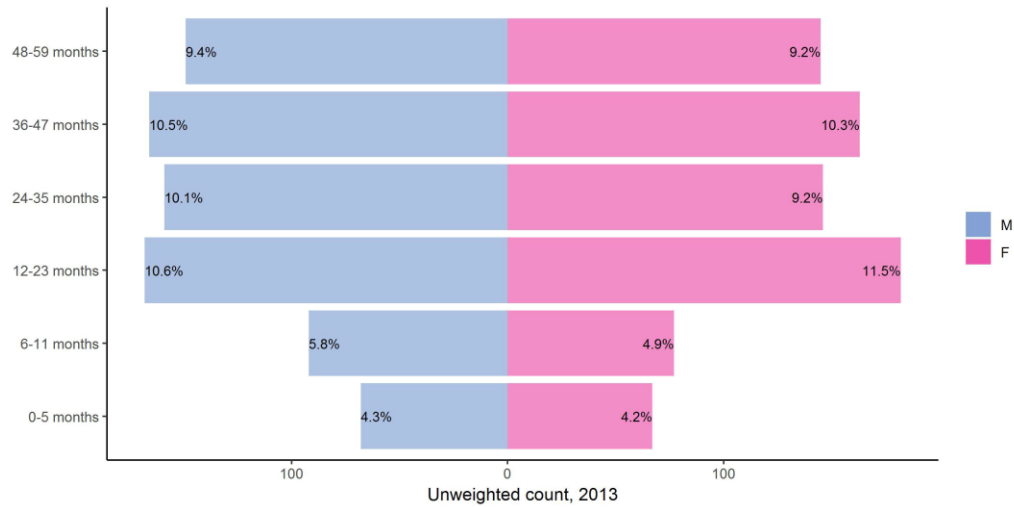


Figure D9.2: Height and weight measured: Age and sex of sample, unweighted percent distribution of the de facto population, follow-up survey

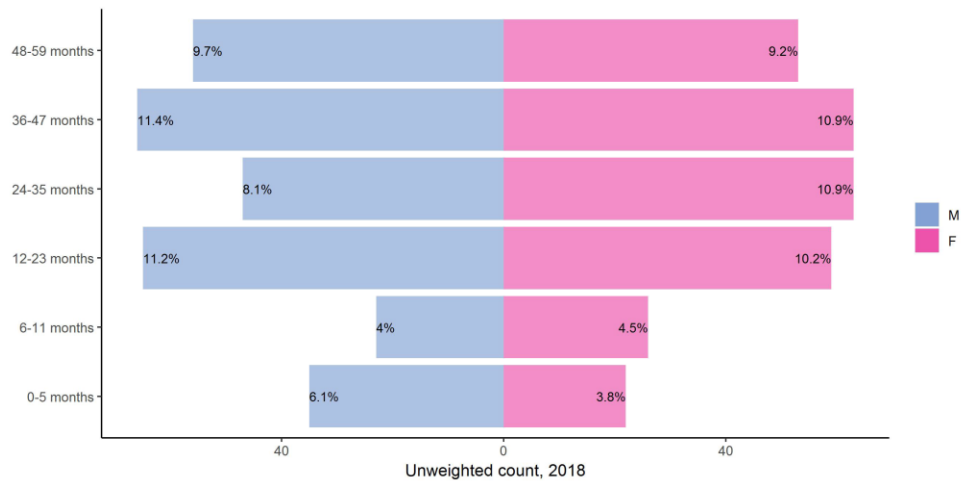


Figure D9.3: Hemoglobin measured: Age and sex of sample, unweighted percent distribution of the de facto population, baseline survey

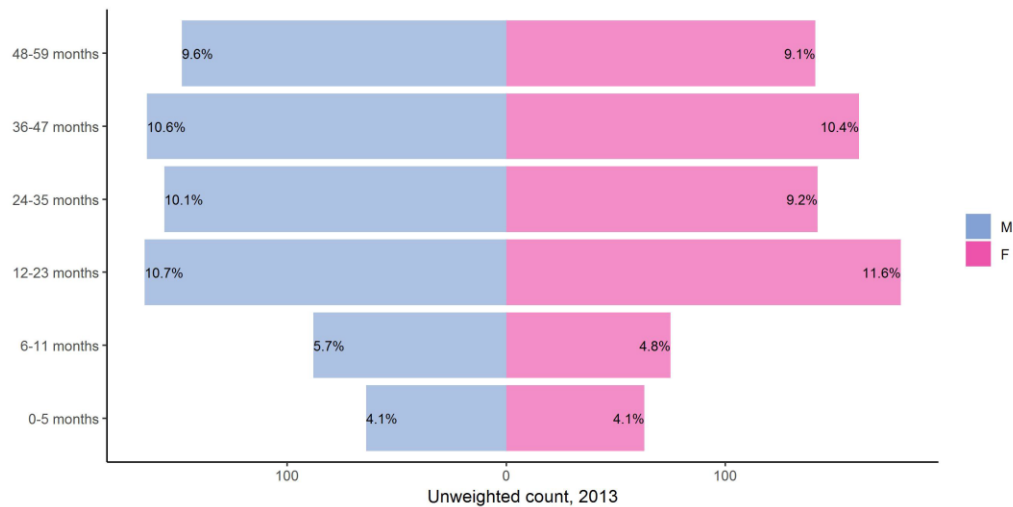
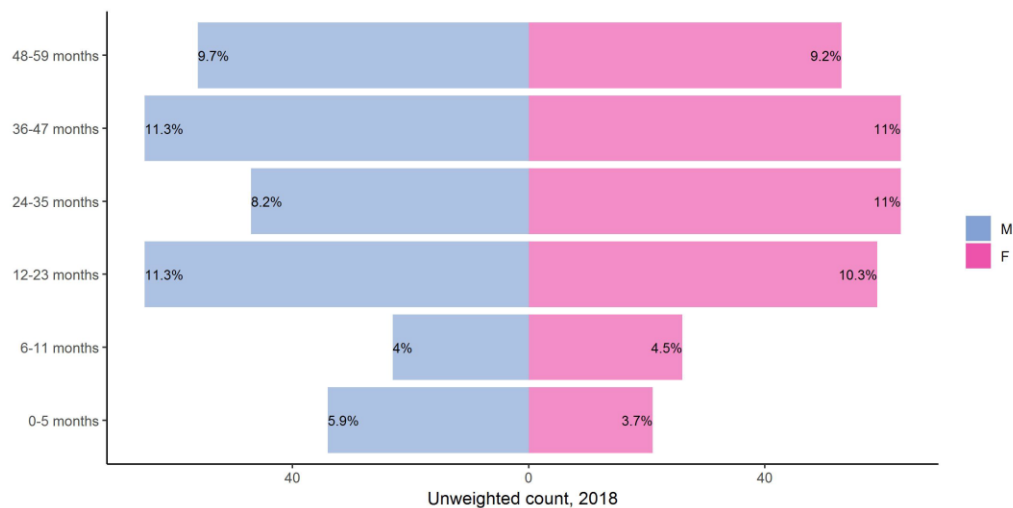


Figure D9.4: Hemoglobin measured: Age and sex of sample, unweighted percent distribution of the de facto population, follow-up survey



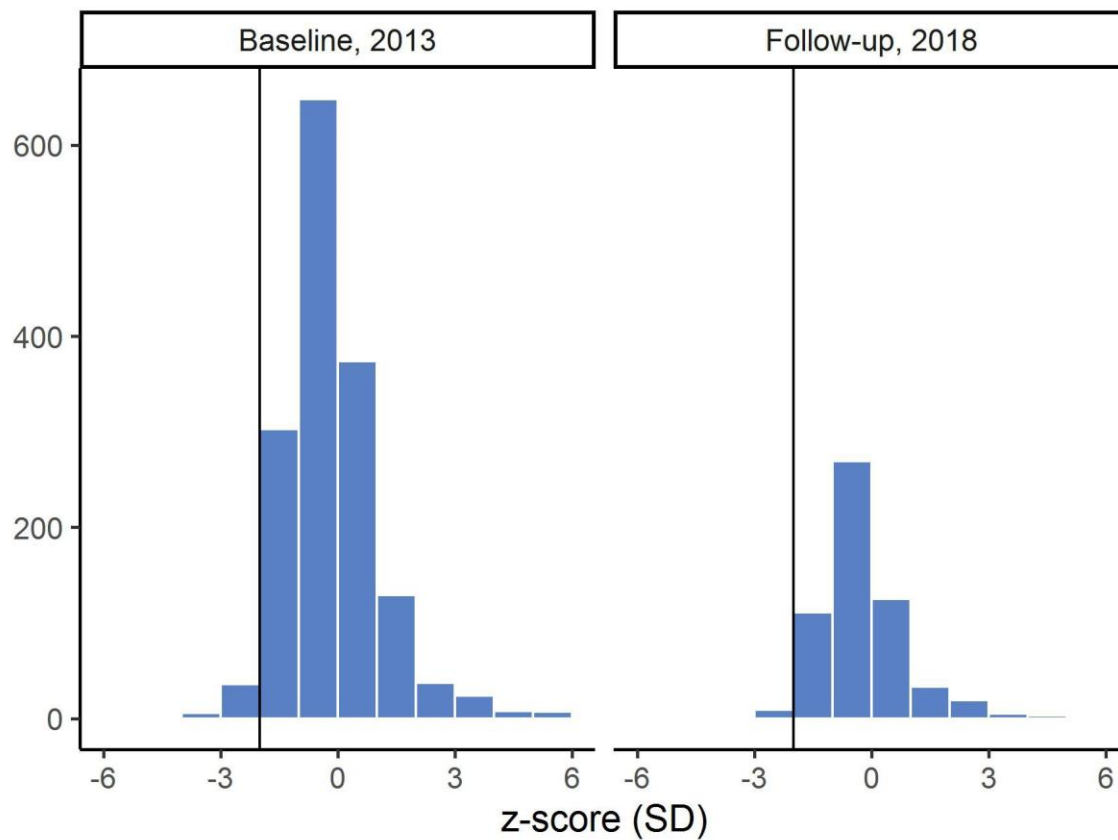
D9.1 Weight-for-Age

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

D9.1.1 Unweighted distribution of weight-for-age z-scores

Figure D9.5 shows the distribution of weight-for-age z-scores among all children aged 0-59 months whose measurements were taken. The vertical black lines in the figure denote minus two standard deviations – children to the left of the line are classified as underweight.

Figure D9.5: Distribution of weight-for-age z-scores among children 0-59 months, unweighted



D9.1.2 Prevalence of underweight

As shown in Table D9.1, 6.2% of children aged 0-59 months in the second follow-up are underweight (have low weight-for-age) and 0.9% are severely underweight. The proportion of underweight children is highest (6.2%) in the age groups 24 to 59 months and lowest (2.3%) among those under 6 months. Female children (5.1%) are less likely to be underweight than male children (7.2%).

Table D9.1: Prevalence of underweight in children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of underweight in children 0-59 months, by sex and age (< -2 SD)								
Male	66	797	8.7	1.5	18	292	7.2	1.4
Female	47	780	6.7	1.1	13	286	5.1	1.7
0-5 months	0	135	0.0	-	1	57	2.3	2.3
6-11 months	6	169	3.6	1.6	0	49	0.0	-
12-23 months	26	350	7.9	1.7	11	124	10.3	2.7
24-59 months	81	923	9.6	1.5	19	348	6.2	1.6
0-59 months	113	1577	7.7	1.1	31	578	6.2	1.1
6-23 months	32	519	6.5	1.4	11	173	7.4	1.9
Prevalence of severe underweight in children 0-59 months, by sex and age (< -3 SD)								
Male	13	797	1.7	0.6	3	292	1.5	0.8
Female	11	780	1.4	0.5	1	286	0.2	0.2
0-5 months	0	135	0.0	-	1	57	2.3	2.3
6-11 months	3	169	1.6	0.9	0	49	0.0	-
12-23 months	8	350	2.3	0.9	2	124	2.6	1.7
24-59 months	13	923	1.5	0.4	1	348	0.2	0.2
0-59 months	24	1577	1.6	0.3	4	578	0.9	0.4
6-23 months	11	519	2.1	0.7	2	173	1.9	1.2
Prevalence of high weight for age in children 0-59 months, by sex and age (> 2 SD)								
Male	33	797	4.0	0.7	12	292	4.0	1.0
Female	37	780	4.5	0.8	13	286	3.8	1.2
0-5 months	37	135	25.6	4.2	13	57	21.9	5.1
6-11 months	6	169	3.9	1.7	2	49	3.4	2.4
12-23 months	6	350	1.6	0.7	3	124	2.6	1.5
24-59 months	21	923	2.0	0.5	7	348	1.6	0.7
0-59 months	70	1577	4.2	0.5	25	578	3.9	0.8
6-23 months	12	519	2.4	0.7	5	173	2.8	1.2

D9.2 Height-for-Age

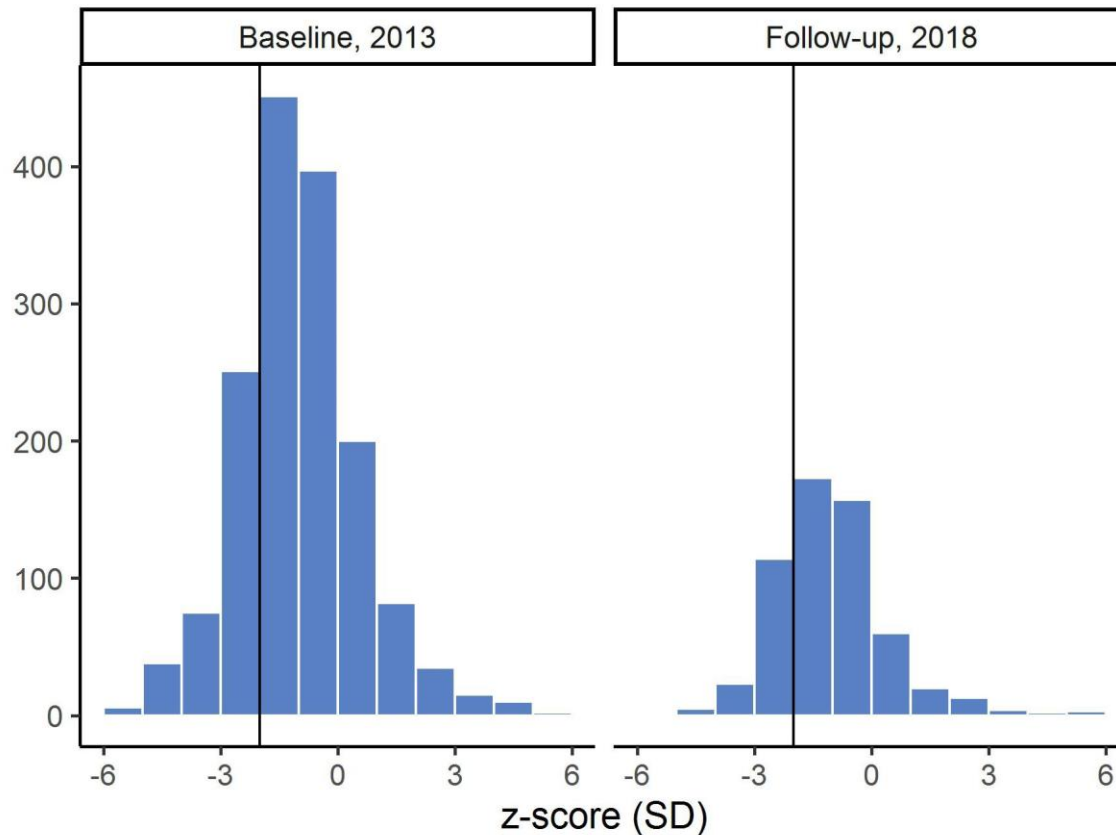
Height-for-age is an indicator of linear growth retardation and cumulative growth deficits in children. Children whose height-for-age z-score is below minus two standard deviations (-2 SD) from the median of the WHO reference population are considered short for their age (stunted) or chronically malnourished.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

D9.2.1 Distribution of height-for-age z-scores

Figure D9.6 presents the distribution of height-for-age z-scores among all children aged 0-59 months whose measurements were taken. The vertical black lines in the figure denotes minus two standard

deviations – children to the left of the line are classified as stunted.

Figure D9.6: Distribution of height-for-age z-scores among children 0-59 months, unweighted



D9.2.2 Prevalence of stunting

Table D9.2 presents the prevalence of stunting in children aged 0-59 months as measured by height-for-age. In the second follow-up, 27.7% of children under age 5 are stunted and 7% are severely stunted. Analysis of the indicator by age group shows that stunting is highest (32.1%) in children 24-59 months and lowest (6.8%) in children aged 0-5 months. Children 12-23 months old have the highest proportion of severely stunted children (6.1%) while the youngest age group (0-5 months) has the lowest proportion (5.5%). A higher proportion (29.4%) of male children is stunted compared with the proportion of female children (25.8%).

Table D9.2: Prevalence of stunting in children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of stunting in children 0-59 months, by sex and age (< -2 SD)								
Male	198	798	27.4	3.2	75	291	29.4	4.2
Female	181	779	26.0	2.9	66	286	25.8	4.3
0-5 months	3	135	2.7	1.5	3	57	6.8	3.7
6-11 months	15	168	9.8	2.5	5	49	8.8	3.8
12-23 months	75	350	23.2	3.3	36	124	31.9	6.5
24-59 months	286	924	34.7	3.8	97	347	32.1	4.8
0-59 months	379	1577	26.7	2.9	141	577	27.7	3.9
6-23 months	90	518	18.9	2.7	41	173	25.4	4.8
Prevalence of severe stunting in children 0-59 months, by sex and age (< -3 SD)								
Male	69	798	9.7	2.1	18	291	8.0	2.6
Female	61	779	8.8	1.6	13	286	5.9	1.9
0-5 months	1	135	1.0	1.0	2	57	5.5	3.5
6-11 months	2	168	1.2	0.9	0	49	0.0	-
12-23 months	20	350	6.6	1.6	6	124	6.1	2.1
24-59 months	107	924	13.0	2.5	23	347	8.5	2.9
0-59 months	130	1577	9.3	1.7	31	577	7.0	2.1
6-23 months	22	518	4.8	1.2	6	173	4.4	1.5

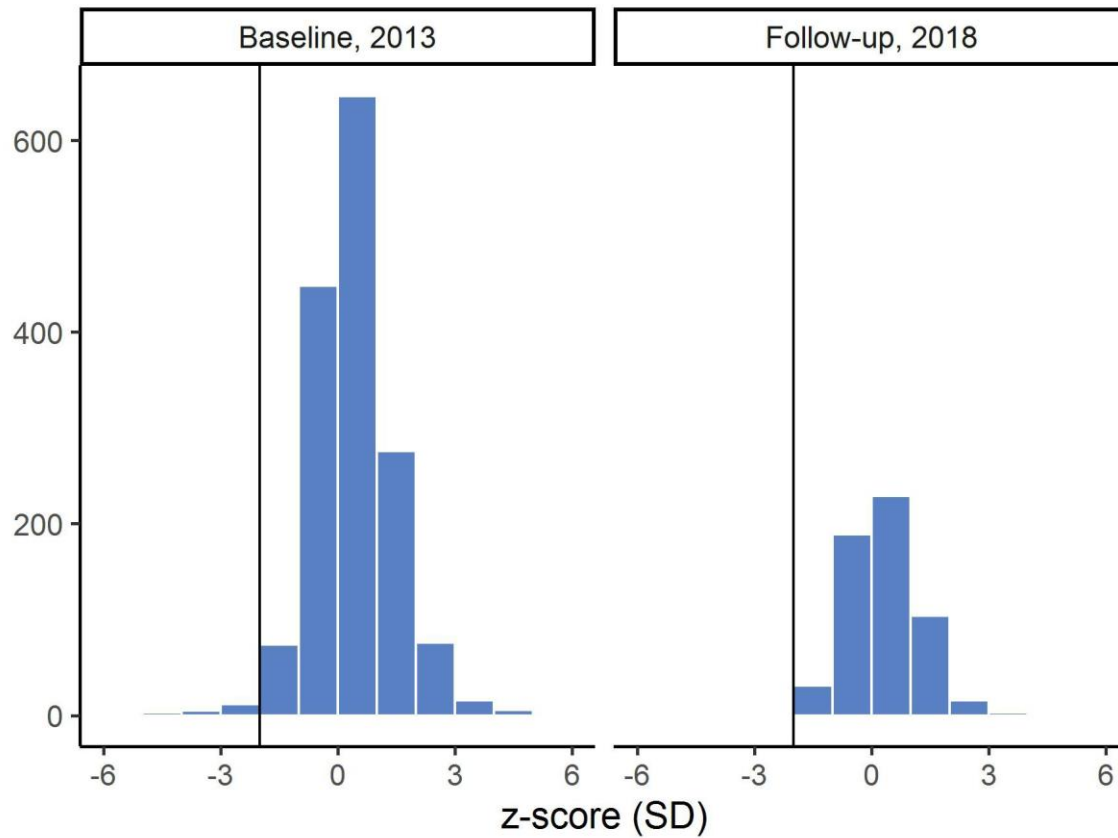
D9.3 Weight-for-Height

The weight-for-height indicator measures body mass in relation to body height or length and describes current nutritional status. Children with z-scores below minus two standard deviations (-2 SD) are considered thin (wasted) or acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Children with a weight-for-height index below minus three standard deviations (-3 SD) are considered severely wasted. This weight-for-height indicator also provides data on over-weight and obesity. Children more than two standard deviations (+2 SD) above the median weight-for-height are considered overweight or obese.

D9.3.1 Distribution of weight-for-height z-scores

Figure D9.7 shows the distribution of weight-for-height z-scores among all children aged 0-59 months whose measurements were taken. The vertical black lines in the figure denote minus two standard deviations – children to the left of the line are classified as wasted.

Figure D9.7: Distribution of weight-for-height z-scores among children 0-59 months, unweighted



D9.4 Prevalence of Wasting

Table D9.3 shows the breakdown of nutritional status of children aged 0-59 months as measured by weight-for-height by age groups and sex. In the second follow-up, 0.9% of children are wasted and 0.4% of children are severely wasted. Analysis of the indicator by age group shows that wasting is highest (1.2%) in children 12-23 months old and lowest (0%) in children aged 6-11 months. Male children are more likely to be wasted than female children (0.7% to 1.1%). Male children are slightly more likely to be severely wasted (0.5%) than females (0.2%).

Overweight and obesity affect a greater proportion of children in SMI areas Mexico than wasting. In this sample, 2.5% of children are overweight or obese (weight-for-height more than +2 SD). The coexistence of both growth retardation and obesity reveals the burden of malnutrition in Mexico.

Table D9.3: Prevalence of wasting in children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of wasting in children 0-59 months, by sex and age (< -2 SD)								
Male	22	797	3.0	0.8	2	291	0.7	0.5
Female	7	776	0.8	0.4	4	286	1.1	0.6
0-5 months	2	135	1.6	1.1	2	57	2.9	2.1
6-11 months	5	168	3.3	1.5	0	49	0.0	-
12-23 months	14	350	4.2	1.2	1	124	1.2	1.2
24-59 months	8	920	0.9	0.4	3	347	0.6	0.4
0-59 months	29	1573	1.9	0.4	6	577	0.9	0.4
6-23 months	19	518	3.9	0.9	1	173	0.9	0.8
Prevalence of severe wasting in children 0-59 months, by sex and age (< -3 SD)								
Male	8	797	1.2	0.4	1	291	0.5	0.5
Female	2	776	0.3	0.2	1	286	0.2	0.2
0-5 months	1	135	0.9	0.8	0	57	0.0	-
6-11 months	2	168	1.1	0.8	0	49	0.0	-
12-23 months	7	350	2.4	1.1	1	124	1.2	1.2
24-59 months	0	920	0.0	-	1	347	0.2	0.2
0-59 months	10	1573	0.7	0.3	2	577	0.4	0.3
6-23 months	9	518	2.0	0.8	1	173	0.9	0.8
Prevalence of overweight in children 0-59 months, by sex and age (> 2 SD)								
Male	57	797	7.3	1.1	8	291	2.6	0.8
Female	40	776	4.3	0.8	9	286	2.4	0.8
0-5 months	15	135	11.6	2.9	2	57	2.9	2.0
6-11 months	10	168	5.4	2.1	1	49	3.0	2.9
12-23 months	11	350	2.9	0.8	2	124	1.5	1.0
24-59 months	61	920	6.1	0.9	12	347	2.7	0.8
0-59 months	97	1573	5.8	0.7	17	577	2.5	0.5
6-23 months	21	518	3.7	0.8	3	173	1.9	1.1

D9.5 Anemia

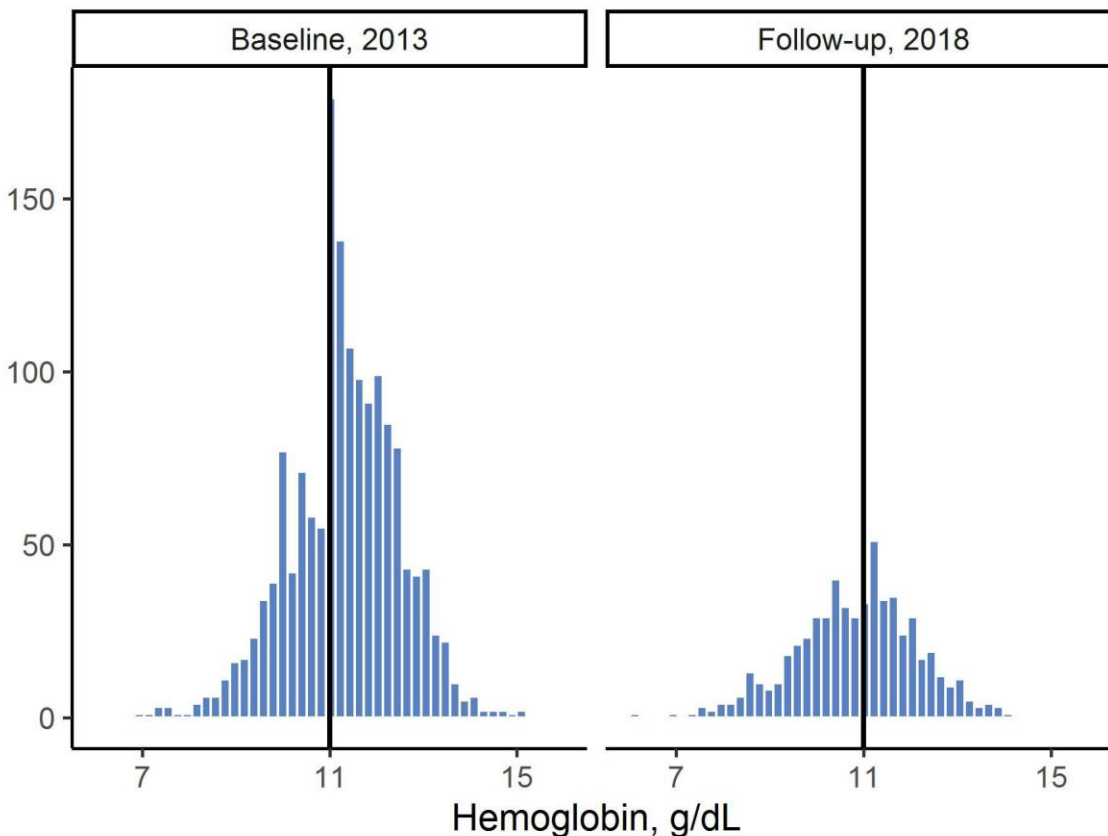
Anemia is a condition characterized by low concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body. The reduction in oxygen available to organs and tissues when hemoglobin levels are low is responsible for most of the symptoms experienced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

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

D9.5.1 Distribution of hemoglobin values

Figure D9.8 shows the distribution of hemoglobin values (in g/dL) among children 0-59 months of age. The vertical black lines in the figure denote a hemoglobin concentration of 11.0 g/dL – children to the left of the line are classified as anemic.

Figure D9.8: Distribution of altitude-adjusted hemoglobin values among children 0-59 months, unweighted



D9.5.2 Prevalence of anemia

Levels of anemia were classified as severe (<7.0 g/dL) and any (<11.0 g/dL) based on the hemoglobin concentration in the blood. The cutpoints for anemia are adjusted (raised) in settings where altitude is more than 1,000 meters above sea level, to account for lower oxygen partial pressure, a reduction in oxygen saturation of blood, and an increase in red blood cell production. Although some regions of Mexico are mountainous and well above 1,000 meters, the majority of the population resides at lower levels. The highest elevation of a surveyed household at the second follow-up was 1,645 meters above sea level; 41.9% of children (unweighted) lived above 1,000 meters. Correction for elevation was applied to anemia diagnosis where data collectors measured altitude over 1,000m (using a handheld GPS device).

Children whose hemoglobin levels are below 11 g/dL are considered anemic, and children who have hemoglobin levels below 7 g/dL are considered severely anemic. Table D9.4 indicates that 50.9% of children under age 5 in Mexico are anemic. Overall, the anemia prevalence is mostly mild to moderate (50.7%), with only 0.2% of children under 5 years presenting as severely anemic. Anemia prevalence is highest among children aged 0-5 months (72.8%) compared with the other children. More than 58.9% of all children aged 6-23 months, our targeted population for anemia intervention, were found to be anemic.

Table D9.4: Prevalence of anemia, children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of anemia in children 0-59 months, by sex and age								
Male	244	785	33.0	3.2	143	290	50.4	4.3
Female	233	762	31.5	3.1	141	285	51.5	5.5
0-5 months	62	127	49.4	6.2	39	55	72.8	7.3
6-11 months	92	163	57.0	4.4	27	49	57.6	7.7
12-23 months	119	345	36.8	3.9	74	124	59.5	5.8
24-59 months	204	912	23.7	2.9	144	347	43.7	4.6
0-59 months	477	1547	32.2	3.0	284	575	50.9	4.5
6-23 months	211	508	43.2	3.6	101	173	58.9	5.6
Prevalence of severe anemia in children 0-59 months, by sex and age								
Male	0	785	0.0	-	1	290	0.3	0.3
Female	0	762	0.0	-	0	285	0.0	-
0-5 months	0	127	0.0	-	0	55	0.0	-
6-11 months	0	163	0.0	-	0	49	0.0	-
12-23 months	0	345	0.0	-	0	124	0.0	-
24-59 months	0	912	0.0	-	1	347	0.3	0.3
0-59 months	0	1547	0.0	-	1	575	0.2	0.2
6-23 months	0	508	0.0	-	0	173	0.0	-

D9.6 Dried blood spot testing for measles antibodies

The following section includes children who were age-eligible for the dried blood spot test either at the census or at the time of physical measurements. Two hundred twelve children at baseline and 94 children at the second follow-up were age-eligible for the dried blood spot test and had a conclusive blood test result were included in this summary. At the second follow-up, 41 children had inconclusive test results.

Vaccines can expire and lose potency or become ineffective due to temperature fluctuations prior to administration. To verify that measles vaccinations were transported and stored to maintain potency, children who could receive the measles vaccine were tested for measles antibodies – which should be present after vaccination. With parental consent, dried blood spot (DBS) samples were collected for children aged 12-23 months, which were tested for the presence of antibodies against measles. The standard laboratory conversion algorithm for Enzyme-Linked Immunosorbent Assay (ELISA) was applied to determine measles antibody rates. The results are presented in Table D9.5, showing 69.4% of children 12-23 months in the second follow-up received an effective measles immunization.

Table D9.5: Vaccination against measles according to dried blood spot analysis, children aged 12-23 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Positive for measles antibodies in DBS sample	212	302	72.1	3.9	66	94	69.4	7

D10. CHAPTER 10: SMI HOUSEHOLD INDICATORS

Table D10.1: Performance of payment indicators, SMI-Mexico Second Follow-up Survey

Indicator	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
2020 Women (age 15-49) who did not wish to become pregnant and who were not using/not have access to family planning methods (temporary and permanent)	415	1113	36.9	3.1	231	547	44.0	4.6
4010 Women (age 15-49) delivered in hospital/health center with skilled attendant in their most recent pregnancy in the last two years	554	841	59.7	5.4	238	318	70.8	7.7
4030 Women (age 15-49) who received postpartum care within 7 days with skilled personnel (doctor, nurse, or pro. midwife) in their most recent pregnancy in the last two years*	298	841	33.7	3.6	126	317	40.1	3.3
5025 Children 12-23 months who received MMR vaccine according to card	196	390	48.8	4.6	60	152	41.3	4.8
5060 Children 0-59 months who received ORS in the last episode of diarrhea in the past two weeks	115	202	53.4	4.9	46	75	62.6	8.0

**Includes all children who were 12-23 months at the time of census or when the dried blood spot test was collected.

*The baseline calculation for indicator 4030 only includes doctor and professional nurse as skilled personnel, because professional midwife was not asked.

Table D10.2: Performance of monitoring indicators, SMI-Mexico Follow-up Survey

Indicator	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
6110 Out-of-pocket health expenditure was 10% or more of total itemized household expenditure reported in the last month	288	1534	18.3	1.7	169	760	20.7	2.6
6110 Out-of-pocket health expenditure was 25% or more of total itemized household expenditure reported in the last month	116	1534	8.3	1.3	65	760	7.1	1.0
6110 Out-of-pocket health expenditure was 40% or more of total itemized household expenditure reported in the last month	56	1534	4.5	1.0	34	760	3.3	0.6
1080 Women aged 15-49 with a live birth in the last year	376	1953	14.2	1.3	148	938	8.7	0.8
1090 Women aged 15-19 with a live birth in the last year	67	355	12.0	1.9	30	147	11.2	2.4
2010 Women (age 15-49) currently using (or whose partner is using) a modern method of family planning	698	1113	63.1	3.1	316	547	56.0	4.6
2030 Women (age 15-49) who report having stopped using a method of family planning during the previous year	33	761	3.2	0.5	13	335	3.0	0.8
4110 Women (age 15-49) with a birth in the last two years who can recognize at least 5 danger signs in newborns	116	690	15.4	2.8	87	287	29.5	4.3
6010 Women 15-49 who report having any illness in the past two weeks	339	1953	19.4	1.9	146	938	14.3	2.3
6020 Women (age 15-49) who report having any illness in the past two weeks but did not seek health care	167	339	52.9	3.6	76	146	51.7	5.7
6050 Women (age 15-49) who used a health facility in the last 2 weeks	376	1951	18.3	1.7	129	938	11.6	2.2
6130 Women who reported satisfaction with health care services at their most recent visit to a health facility	957	1142	82.7	2.6	362	434	87.9	2.2
6140 Women who reported satisfaction with cleanliness of the facility at their most recent visit to a health facility	645	1135	56.3	2.8	234	435	55.3	3.9
6150 Women who reported satisfaction with competence of the medical personnel at their most recent visit to a health facility	1024	1124	89.9	1.5	399	425	95.8	1.0
6160 Women who reported they were treated with respect at their most recent visit to a health facility	688	1143	58.3	3.1	221	435	54.8	2.7

(continued)

Indicator	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
3010 Women (age 15-49) who received at least one antenatal care visit by skilled personnel (doctor or nurse) in their most recent pregnancy in the last two years	697	840	80.4	2.9	266	318	83.0	4.2
3020 Women (age 15-49) who received at least four antenatal care visits by skilled personnel (doctor or nurse) in their most recent pregnancy in the last two years	588	827	67.4	3.7	225	313	70.9	5.2
4015 Women (age 15-49) delivered in hospital/health center in their most recent pregnancy in the last two years	558	843	60.0	5.4	240	318	71.6	7.6
4020 Women (age 15-49) who received postpartum care by skilled personnel (doctor or nurse) within the first 48 hours in their most recent pregnancy in the last two years	237	841	26.4	3.6	97	317	30.4	3.9
4035 Women (age 15-49) who received postpartum care by skilled personnel (doctor or nurse) between 7 and 42 days after delivery in their most recent pregnancy in the last two years	137	841	14.8	2.4	48	317	15.4	3.9
4040 Women (age 15-49) who received postpartum care by skilled personnel (doctor or nurse) within 24 hours after delivery, a second check before 7 days, and a third check between 7 and 42 days after delivery in their most recent pregnancy in the last two years	5	841	0.4	0.3	1	317	0.3	0.3
4100 Infants receiving neonatal care by skilled personnel (doctor or nurse) in a health facility within 48 hours of birth in the last two years	277	877	29.6	4.3	85	315	27.0	4.2
4101 Infants receiving neonatal care by skilled personnel (doctor or nurse) in a health facility within 24 hours of birth in the last two years	219	877	23.2	4.1	79	315	24.9	4.2
4102 Infants receiving neonatal care by skilled personnel (doctor or nurse) in a health facility within 7 days of birth in the last two years	373	877	41.1	3.8	130	315	43.1	3.9
5050 Children born in the last two years who were breastfed within one hour after birth	678	925	72.7	2.4	231	315	75.1	2.7
4145 Children (0-59 months) with pneumonia symptoms who received antibiotics	102	132	76.3	4.3	25	40	62.5	8.3
5020 Children (0-59 months) fully vaccinated for age, according to vaccine card and recall	729	1658	42.2	3.2	215	666	31.3	3.8
5030 Children 12-59 months who received 2 doses of deworming in the last year	363	1403	26.6	2.5	157	574	28.8	2.6
5040 Children 0-5 months who were exclusively breastfed on the previous day	75	161	48.4	4.8	37	81	50.1	8.1
5075 Children 6-23 months who consumed at least 60 packets of micronutrients (complete dose) in the last 6 months	11	579	2.3	0.7	8	207	5.0	2.7
5080 Children 12-15 months who were breastfed on the previous day	105	152	69.3	4.3	37	46	81.9	6.0
5090 Children 6-8 months who received solid or semi-solid food on the previous day	86	111	77.4	4.2	25	36	68.5	8.8
5100 Children 6-23 months who received foods from 4 or more food groups during the previous day	176	587	27.8	3.3	102	226	46.2	4.6
5110 Children 6-23 months breastfed or complimentary feeding who received solid, semi-solid, or soft foods the minimum number of times or more during the previous day	227	541	43.3	2.8	47	149	29.6	4.5
5120 Children 6-23 months who received the minimum acceptable diet (apart from breastmilk) during the previous day	79	582	13.1	1.9	21	207	9.5	2.2
5130 Children 6-23 months who received iron-rich or iron-fortified foods during the previous day	231	587	36.6	2.9	90	226	40.8	3.3
6030 Children (0-59 months) who had any illness in the past two weeks, according to report of mother or caregiver	535	1818	28.8	2.1	197	750	25.3	2.5
6040 Children (0-59 months) who had any illness in the past two weeks but did not seek health care, according to report of mother or caregiver	3	513	0.6	0.4	2	195	1.3	0.9

Indicator	Baseline 2013			Second Follow-Up 2018		
	N	mean	SE	N	mean	SE
6090 Average out-of-pocket household itemized health expenditure for the last month (Mexican Peso)	1527	179.2	46.6	754	293.4	62.9
6100 Average household itemized expenditure for the last month (Mexican Peso)	1534	2564.3	169.2	760	2837.2	214.0
6080 Average travel time to nearest health facility (min)	1828	28.4	3.9	870	24.7	7.3
6085 Average distance to nearest health facility (km)	1758	4.3	0.9	893	10.9	4.8
6120 Average wait time at most recent visit to a health facility (min)	1123	118.5	17.7	422	77.7	11.0
6082 Average travel time to delivery location for most recent birth in the last two years (min)	545	187.1	23.6	234	144.0	37.1

APPENDIX E. INTERVENTION AND COMPARISON AREAS

E1 CHAPTER 1

E1.1 Report structure

The chapters in the main body of the report present characteristics of the surveyed SMI-Mexico sample in intervention areas only. Each table is presented for comparison areas only in Appendix D, and pooled intervention and comparison areas in Appendix E. Most tables take one of three types. Tabulations of select-only-one question types are mutually exclusive, so the proportions sum to 100%. Counts are shown for non-response (“Don’t know” or “Decline to respond” recorded), but these cases are always excluded from the denominator.

Tabulations of select-all-that-apply question types do not have mutually-exclusive categories, as respondents can report more than one option, and thus proportions do not sum to 100%. The table shows affirmative cases (n) and non-missing cases (N). Non-response is the difference between non-missing cases (N) and the total sample eligible for that section of the questionnaire, indicated at the start of the chapter. Where statistics are reported for subpopulations, the size of the subpopulation is reported in the same table or the preceding table for straightforward comparison.

Tabulations of continuous variables, where respondents were requested to provide a numeric response, present the range and quartiles (25th percentile, median, 75th percentile) in order to illustrate the distribution of responses across the sample. Counts of non-response are listed in the table and excluded from the count of non-missing cases (N).

E2 CHAPTER 2: CHARACTERISTICS OF HOUSEHOLDS

This chapter provides a descriptive summary of the basic demographic, socioeconomic, and environmental characteristics of the households sampled for the SMI-Mexico Baseline and Second Follow-up Household Survey.

E2.1 Characteristics of Participating Households

A total of 2,459 households in the Mexico second follow-up completed the household characteristics questionnaire. In the baseline, 5,362 completed the survey. The remainder of this chapter is dedicated to a summary of the basic demographic, socioeconomic, and environmental characteristics of the households completing the household characteristics questionnaire.

E2.2 Age and Sex Composition, SMI Census

The unweighted distribution of the de facto household population in the surveyed households in the SMI-Mexico household census by five-year age groups and by sex is shown for baseline (Figure E2.1) and second follow-up (Figure E2.2). Mexico has a larger proportion of its population in the younger age groups than in the older age groups. Figure E2.2 indicates that in the second follow-up, just under 37% of the population in the Second Follow-up is under age 15 years, more than half (58%) of the population is in the economically productive age range (15-64), and the remaining 5% is age 65 and above.

Figure E2.1: Age and sex of census sample, unweighted percent distribution of de facto household population by five-year age groups, baseline survey

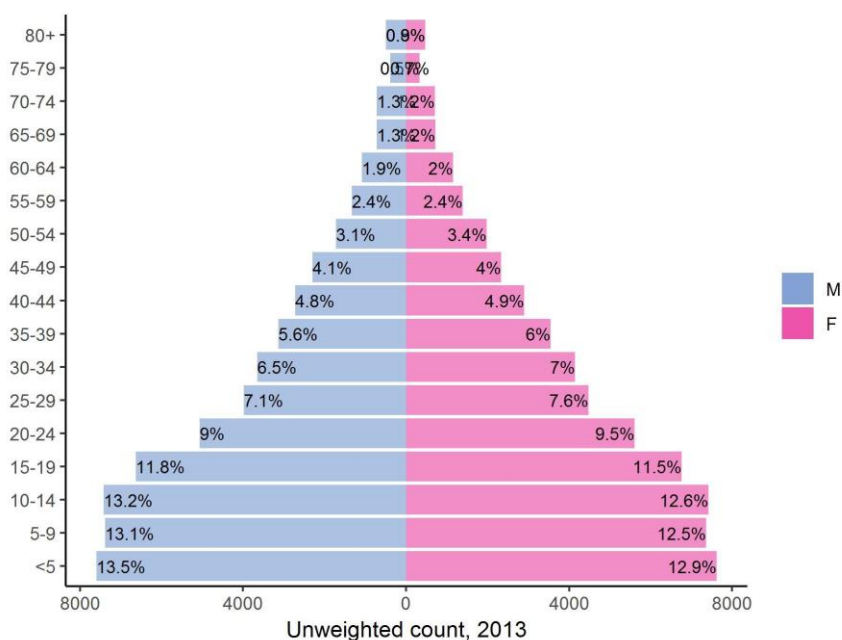
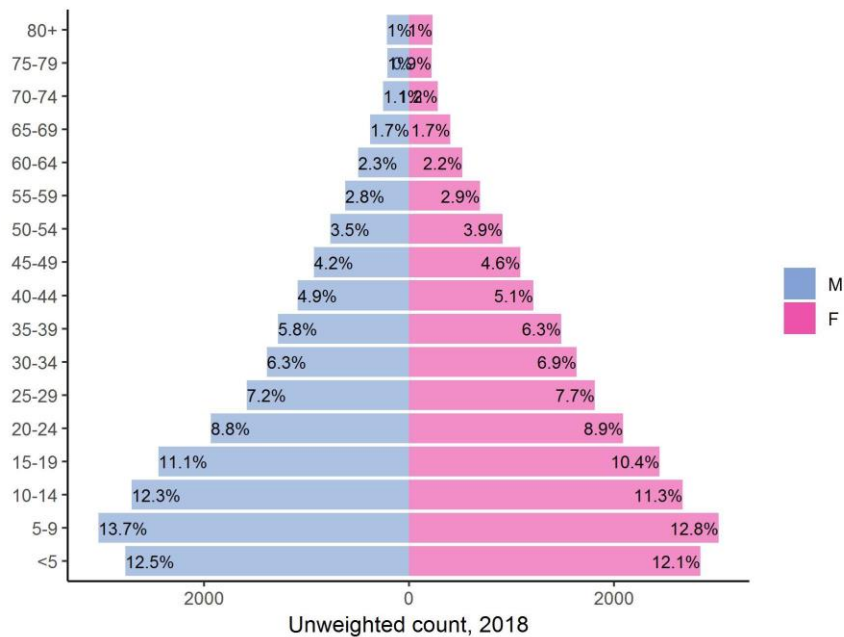


Figure E2.2: Age and sex of census sample, unweighted percent distribution of de facto household population by five-year age groups, follow-up survey



E2.3 Household Characteristics, SMI Household Survey

The number of households, women and children in the sample are displayed in Table E2.1; and the percent distribution of households by head of household, number of usual members, and marital status are shown in Table E2.2.

Seventy two percent of households in Mexico identify as dual-headed in the second follow-up. Males are the head of the household in 12.2% of surveyed households in Mexico, with females as the head of household in the remaining 16.2%. The median household size in Mexico is four members, with another 15% of households having six or more members.

Table E2.1: SMI household survey sample sizes: number of total households, women 15-49 years of age, and children 0-59 months

	Baseline 2013	Second Follow-Up 2018
Households	5362	2459
Women	6988	3021
Children	6521	2589

Table E2.2: Household characteristics, SMI household sample

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Head of household						
Dual-headed household	4747	85.9	0.9	1813	71.6	1.7
Single head, female	501	11.7	0.9	341	16.2	1.3
Single head, male	111	2.4	0.3	305	12.2	1.0

Dual-headed households are those where (a) two individuals were identified as "head" by the respondent or (b) both the person identified as "head" and his or her spouse or partner are household members

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Number of usual household members	5359	0	1	4	5	7	17
Second follow-up 2018							
Number of usual household members	2459	0	1	3	4	6	16

E2.4 Drinking Water Access and Treatment

E2.4.1 Sanitation facilities and waste disposal

A household's source of drinking water is an important determinant of the health status of household members. Contaminated drinking water can spread waterborne diseases, such as diarrhea or dysentery. Piped water, protected wells, and protected springs are expected to be relatively free of these diseases; whereas other sources like unprotected wells, rainwater, or surface water are more likely to carry disease-causing agents.

The percent distribution of households by source of drinking water, location of water source, and information about sanitation facilities is shown in Table E2.3. The majority of surveyed households (78.9%) have water piped to dwelling, and 21.1% of households have to go outside their home or yard to a water source.

Many households (50.5%) use a pour flush toilet and 27.4% of households use a flush toilet. In the second follow-up, 0.3 percent of households report having no toilet, compared to 1.5% at baseline.

Table E2.3: Household water source and sanitation facilities

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Household water source						
Piped to dwelling	3390	64.1	2.5	1915	78.9	2.7
Piped to yard/plot	769	12.8	1.5	189	7.5	1.3
Water jug	276	5.3	1.0	117	4.6	1.3
Protected dug well	191	4.0	0.8	82	3.1	0.9
Rainwater collection	59	1.1	0.4	61	2.2	1.2
Unprotected dug well	312	5.5	1.0	40	1.7	0.4
Tubewell/borehole	72	1.7	0.5	25	1.0	0.3
Protected spring	47	0.5	0.2	8	0.3	0.1
Unprotected spring	67	1.2	0.4	7	0.2	0.1
Public tap/standpipe	78	1.5	0.4	2	0.1	0.1
Surface water	35	0.6	0.2	3	0.1	0.1
Tanker truck	6	0.2	0.1	0	0.0	-
Cart with small tank/drum	3	0.1	0.0	1	0.0	-
Bottled water	5	0.1	0.0	0	0.0	-
Other	50	1.3	0.6	9	0.3	0.1
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Time it takes to retrieve water (min)						
Water on premises	4775	88.9	2.0	2339	95.5	1.1
Less than 30 minutes	429	8.9	1.7	89	3.9	1.0
30 minutes or longer	110	2.2	0.6	15	0.6	0.2
Don't know	44	-	-	15	-	-
Decline to respond	2	-	-	1	-	-
Sanitation facilities						
Pour flush toilet	2633	49.0	2.4	1187	50.5	2.8
Flush toilet	1188	21.9	2.1	771	27.4	3.0
Pit latrine	1413	26.7	2.6	470	21.1	3.1
Dry toilet	37	0.8	0.3	7	0.3	0.1
No toilet	81	1.5	0.5	15	0.3	0.2
Other	6	0.1	0.0	9	0.4	0.2
Don't know	2	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Shared toilet/facilities	581	5271	10	0.8	364	2435	14	1.3

E2.4.2 Cooking fuel sources

Cooking fuel source and the location for cooking food are included in Table E2.4. The percentage of households with a separate kitchen is also shown. The two most commonly reported cooking fuel sources

used in households during the second follow-up are wood (80.3%) and gas tank (31.1%). Among those households with non-missing responses as to what cooking fuel sources they use, 51.6% report normally cooking food in the house, 44.9% normally cook food inside house, and 3.5% normally cook food outdoors. Eighty one percent of households have a separate kitchen.

Table E2.4: Cooking fuel source and cooking location

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Wood	4225	5360	77.6	2.4	1873	2459	80.3	3.0
Gas tank	1875	5360	37.4	3.0	852	2459	31.1	3.8
Coal	335	5360	6.3	0.9	151	2459	5.4	1.2
Electricity	94	5360	1.6	0.3	34	2459	1.4	0.3
No food cooked at home	1	5360	0.0	-	1	2459	0.1	0.1
Straw/twigs/grass	13	5360	0.2	0.1	0	2459	0.0	-
Agricultural crops	1	5360	0.0	-	0	2459	0.0	-
Other	1	5360	0.0	-	2	2459	0.0	-

*categories not mutually exclusive (select all that apply)

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Location for cooking food, if cooking fuel source reported						
In a separate building	3717	67.9	2.2	1183	51.6	3.7
Inside house	1505	29.7	2.1	1189	44.9	3.6
Outdoors	136	2.4	0.4	85	3.5	0.7
Other	1	0.0	-	1	0.0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Separate kitchen, if cooking fuel source reported and food cooked in the home	1030	1504	70.6	2.2	979	1188	81	2

E2.4.3 Household wealth

The median number of bedrooms per household is less than two (Table E2.5). Twenty eight percent of households in the second follow-up own agricultural land and 6.9% of households rent agricultural land (Table E2.6).

The availability of durable consumer goods is a good indicator of a household's socioeconomic status. Table E2.6 shows the availability of selected consumer goods by household. The large majority of

households (98%) have electricity, and the most commonly owned items are television (76%), mobile phone (52.4%), and radio (47%). Many households (15%) own a bicycle and 8.3% own a car.

Table E2.5: Number of bedrooms per household

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Number of bedrooms	5358	1	0	1	1	2	11
Second follow-up 2018							
Number of bedrooms	2458	1	0	1	2	2	7

Table E2.6: Household assets

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Household assets								
Electricity	5215	5359	97.5	0.4	2405	2458	98.0	0.4
Television	3651	5359	70.7	2.0	1897	2458	76.0	2.1
Mobile phone	2248	5359	43.5	2.8	1344	2457	52.4	3.1
Radio	2917	5359	56.5	1.6	1202	2457	47.0	2.4
Refrigerator	1645	5358	34.4	2.2	896	2458	36.3	3.1
Watch	1685	5359	32.3	1.1	575	2459	22.5	1.8
Guitar	299	5359	5.6	0.5	167	2459	7.1	0.9
Computer	348	5358	7.0	0.9	178	2455	6.2	1.2
Landline phone	236	5358	4.6	0.6	144	2458	5.4	1.0
Transportation assets								
Bicycle	978	5359	19.9	1.5	406	2459	15.0	1.8
Car	455	5359	9.2	0.8	210	2459	8.3	1.2
Motorcycle/scooter	128	5359	2.7	0.4	124	2459	4.6	1.0
Truck	56	5359	1.2	0.3	14	2458	0.7	0.3
Animal cart	3	5359	0.0	-	4	2459	0.2	0.1
Agricultural assets: Livestock ownership								
Chickens	3101	5359	57.0	2.1	1393	2458	60.4	3.1
Pigs	328	5359	6.4	1.0	235	2459	10.8	2.0
Horses, donkeys, or mules	308	5358	6.7	1.0	138	2459	7.6	1.7
Sheep or goats	239	5359	4.1	1.0	92	2459	4.6	1.5
Cattle	879	5358	16.7	1.3	43	2458	2.3	0.5
Bull or milk cow	116	5358	2.6	0.5	33	2458	1.8	0.5

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Agricultural assets: Own or rent agricultural land						
No agricultural land	2842	54.8	2.5	1620	63.6	3.0
Owns agricultural land	2106	38.2	2.2	648	28.3	2.8
Rents agricultural land	306	5.3	0.6	159	6.9	1.1
Shared/community-held land	104	1.7	0.3	26	1.2	0.3
Don't know	0	-	-	3	-	-
Decline to respond	1	-	-	3	-	-

E2.5 Household expenditure

E2.5.1 Total expenditures by type

Households are surveyed about the amount of money spent over the last month. After reporting total household expenditures, households are then asked how much was spent on specific categories (e.g., food, housing, education, and medical care) over the last four weeks. Table E2.7 shows the itemized monthly expenditure per person living in the household summarized by expenditure quintile. All data are presented in current Peso (\$), with no adjustment for inflation. Itemized expenditure information was sufficiently complete to report for 2,339 households at the second follow-up. The lowest quintile in the study area spent less than \$190 per person over the last month in the second follow-up.

Table E2.8 shows the budget share, defined as the weighted average expenditure on each category across a quintile divided by the weighted average total itemized household expenditure in the same quintile. Table E2.8 shows that the poorest 20% of households in the study area spend 64.6% of their monthly expenditure on food, on average. In comparison, the wealthiest households spend 52.6% on food. The poorest households spent 3.1% of their expenditure on medical care, while the wealthiest spent 12%.

Table E2.7: Total itemized per- capita expenditure quintiles, current Mexican Peso

	N	DK/DTR	p20	p40	p60	p80
Baseline 2013						
Per capita monthly household expenditure	5042	8	161	279	451	751
Second follow-up 2018						
Per capita monthly household expenditure	2339	0	190	353	592	989

* Not adjusted for inflation

Table E2.8: Itemized household expenditure by total household budget share

	Bottom quintile	2nd quintile	3rd quintile	4th quintile	Top quintile
Baseline 2013					
Food	69.0	68.5	64.1	60.5	46.2
Alcoholic beverages and tobacco	1.1	1.7	1.7	1.5	1.7
Education expenses	5.4	3.6	3.8	4.0	4.2
Furniture and domestic appliances	0.4	0.3	0.3	0.6	1.0
Recreation	0.1	0.1	0.1	0.2	0.6
Housing and utilities	8.9	7.0	7.8	9.6	11.2
Clothing and shoes	8.8	11.3	11.3	10.1	12.1
Transportation	3.3	3.5	4.3	4.6	7.1
Communication	1.0	1.0	1.7	2.1	2.9
Out-of-pocket medical expenses	1.9	2.8	4.6	6.7	12.0
Social security premiums	0.0	0.0	0.0	0.0	0.3
Private insurance premiums	0.0	0.0	0.0	0.0	0.4
Other costs to access health care	0.0	0.0	0.1	0.1	0.4
Second Follow-Up 2018					
Food	64.6	67.4	65.2	60.8	52.6
Alcoholic beverages and tobacco	1.0	1.4	0.5	0.6	1.0
Education expenses	6.2	3.1	3.0	2.9	4.3
Furniture and domestic appliances	0.1	0.2	0.3	0.4	1.1
Recreation	0.0	0.1	0.2	0.1	0.4
Housing and utilities	11.4	7.5	8.7	9.5	10.7
Clothing and shoes	8.8	9.4	10.7	10.1	8.1
Transportation	3.7	4.1	3.9	5.0	6.6
Communication	1.0	1.6	1.7	1.6	2.4
Out-of-pocket medical expenses	3.1	5.1	5.3	8.6	12.0
Social security premiums	0.0	0.0	0.0	0.0	0.4
Private insurance premiums	0.0	0.0	0.3	0.0	0.1
Other costs to access health care	0.0	0.1	0.1	0.3	0.4

E2.5.2 Health expenditures

Of the 2,339 households with expenditure data at the second follow-up, 775 reported having health expenditures in the last four weeks. Table E2.9 shows health expenditure by type among households reporting non-zero out-of-pocket health expenditure. Very few households had spending in each category.

Table E2.9: Out-of-pocket medical expenditures by type, last four weeks, current Mexican Peso

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Care that required overnight stay in hospital/clinic	1298	1	0	0	0	0	340000
Medications prescribed by health personnel	1298	1	0	0	170	500	30000
Dentists	1299	0	0	0	0	0	10000
Other health care products or services	1298	1	0	0	0	0	5500
Other costs associated with overnight stay in hospital/clinic	1298	1	0	0	0	0	5000
Care by health professionals not requiring overnight stay	1297	2	0	0	0	0	5000
Care by traditional/alternative healers/birth attendants	1299	0	0	0	0	0	5000
Diagnostic and laboratory tests, X-rays, blood tests	1298	1	0	0	0	0	5000
Care or non-prescription medications from pharmacist	1299	0	0	0	0	6.1	3500
Health products (glasses, hearing aids, prosthetics, etc.)	1299	0	0	0	0	0	3000
Second Follow-Up 2018							
Care that required overnight stay in hospital/clinic	775	0	0	0	0	0	9000
Medications prescribed by health personnel	772	3	0	0	0	350	25000
Dentists	775	0	0	0	0	0	6000
Other health care products or services	774	1	0	0	0	0	2000
Other costs associated with overnight stay in hospital/clinic	774	1	0	0	0	0	7000
Care by health professionals not requiring overnight stay	775	0	0	0	0	0	20000
Care by traditional/alternative healers/birth attendants	774	1	0	0	0	0	1000
Diagnostic and laboratory tests, X-rays, blood tests	774	1	0	0	0	0	6000
Care or non-prescription medications from pharmacist	774	1	0	0	0	150	3000
Health products (glasses, hearing aids, prosthetics, etc.)	774	1	0	0	0	0	5000

* Not adjusted for inflation

E2.5.3 Source of health expenditure financing

Of the 2,339 households with expenditure data at the second follow-up, 135 reported that members of the household went to a hospital and stayed overnight at least once during the last 12 months and paid for expenses associated with the overnight stays. The maximum paid for a hospital stay was \$9,000.

Table E2.10 shows the source and amount of financing for medical expenditures for overnight hospital stays. No single funding source was used by more than about 25% of households with hospital stays.

Table E2.10: Health care financing by source, last 12 months, current Mexican Peso

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Savings	311	1	0	0	0	19.7	3e+05
Loan from a source other than family or friends	311	1	0	0	0	500	3e+05
Items sold	312	0	0	0	0	0	50000
Any household member's current income	306	6	0	0	0	400	30000
Property sold	312	0	0	0	0	0	20000
Money from relatives or friends outside the household	311	1	0	0	0	0	20000
Other source	312	0	0	0	0	0	20000
Political donations or grants	312	0	0	0	0	0	7000
Conditional cash transfer programs	312	0	0	0	0	0	3500
Reducing other household spending	312	0	0	0	0	0	3000
Health insurance plan payment/reimbursement	312	0	0	0	0	0	350
Remittances from family or friends abroad	312	0	0	0	0	0	100
Second Follow-Up 2018							
Savings	135	1	0	0	0	0	32000
Loan from a source other than family or friends	136	0	0	0	0	1500	150000
Items sold	135	1	0	0	0	0	15000
Any household member's current income	134	2	0	0	0	738.7	150000
Property sold	135	1	0	0	0	0	15000
Money from relatives or friends outside the household	135	1	0	0	0	0	40000
Other source	135	1	0	0	0	0	30000
Political donations or grants	135	1	0	0	0	0	10000
Conditional cash transfer programs	135	1	0	0	0	0	5000
Reducing other household spending	133	3	0	0	0	0	10000
Health insurance plan payment/reimbursement	134	2	0	0	0	0	500
Remittances from family or friends abroad	135	1	0	0	0	0	7000

* Not adjusted for inflation

E3 CHAPTER 3: GENERAL CHARACTERISTICS OF RESPONDENTS

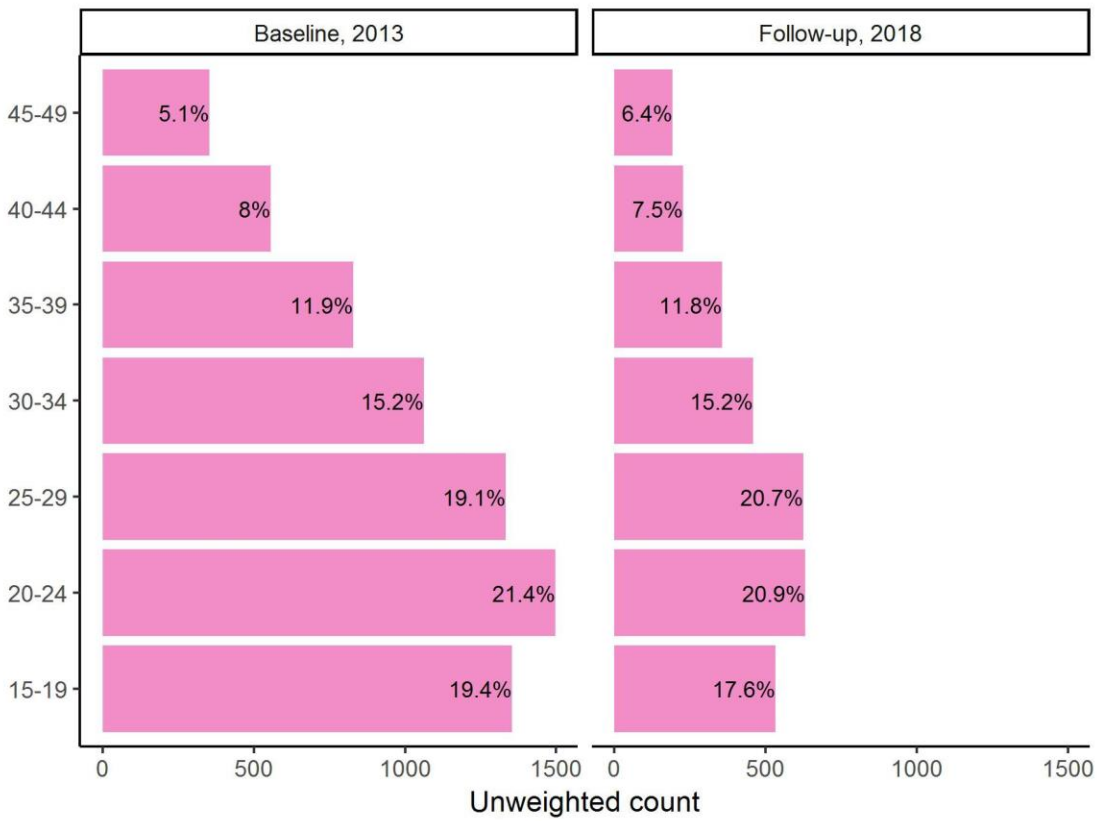
This chapter summarizes the demographic characteristics, socioeconomic status, and health status of women of reproductive age (15-49 years) participating in the SMI-Mexico second follow-up household survey. At the baseline, 6,946 woman's health interviews were completed, and 47 pregnancy interviews were completed despite the woman not having completed the woman's health questionnaire. At the second follow-up, 3,016 woman's health interviews were completed, and 5 additional pregnancy interviews were completed.

E3.1 Demographic Characteristics

E3.1.1 Age, marital status, relation to head of household

The age distribution of the de facto population of women of reproductive age participating in the women's health or pregnancy interviews in Mexico is shown in Figure E3.1 by five-year age groups. About 60% of all women participating in the second follow-up SMI-Mexico household survey were younger than 30 years of age, 28% were between the ages of 30 and 39, and 12% were between the ages of 40 and 49. While 30% of women reported being married and 45% being partnered, 17% indicated they were never married. Nine percent of women were reported at the SMI-Mexico census to be the head of household, 28.4% to be the spouse of the head of the household, and 22.9% to be the biological child of the head of the household.

Figure E3.1: Age of respondents, unweighted



* One woman who participated in the baseline interview was excluded because she was unable to provide her age or an estimate of her age.

Table E3.1: Demographic characteristics of respondents

	Baseline 2013		Second Follow-Up 2018	
	n	%	n	%
Marital status				
Single	1481	21.2	626	20.7
Married	2085	29.8	874	28.9
Civil union/partnered	2935	42.0	1258	41.6
Divorced	19	0.3	17	0.6
Separated	381	5.5	212	7.0
Widowed	75	1.1	33	1.1
NA	2	0.0	0	0.0
Other	7	0.1	0	0.0
Don't know	2	0.0	0	0.0
Decline to respond	1	0.0	1	0.0
Respondent's relationship to head of household				
Head of household	377	5.4	284	9.4
Spouse	1975	28.3	858	28.4
Biological child	1663	23.8	692	22.9
Adopted or stepchild	24	0.3	12	0.4
Grandchild	52	0.7	13	0.4
Niece/nephew	21	0.3	4	0.1
Parent	12	0.2	4	0.1
Sibling	50	0.7	26	0.9
Daughter-in-law/son-in-law	396	5.7	103	3.4
Sister-in-law/brother-in-law	22	0.3	3	0.1
Grandparent	1	0.0	0	0.0
Mother-in-law/father-in-law	6	0.1	0	0.0
Other relative	4	0.1	3	0.1
Unrelated person	16	0.2	6	0.2
Partner	2334	33.4	1009	33.4
NA	23	0.3	1	0.0
Other	12	0.2	3	0.1
Don't know	0	0.0	0	0.0
Decline to respond	0	0.0	0	0.0

*At baseline, marital status is reported by the respondent in the Census. In the second follow-up, marital status is reported by the woman at the start of the Household Survey

* "NA" represents women who were missed in the census and added individually into the household survey, so relationship to the head of household was not registered.

E3.2 Education Attainment and Literacy

Eighty six percent of second follow-up survey participants had some formal education (Table E3.2). For 38.2% of these women, the highest level of education completed was primary schooling. Literacy was assessed by asking respondents to read from a card the following sentence: "La salud del niño es muy

importante para su desarrollo en la vida.” Out of the women surveyed in the second follow-up, 69.8% were able to read the whole sentence and 15.6% could not read the sentence at all.

Table E3.2: Education attainment and literacy

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Ever attended school	5712	6946	82.1	1.1	2652	3016	86.2	1.5
Attended literacy course	744	6942	10.4	0.9	244	3011	9.5	1.1

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Educational attainment and literacy						
Primary	2953	51.0	1.9	975	38.2	2.4
Secondary	1548	26.8	1.0	873	32.4	1.8
High school	935	17.0	1.2	609	23.6	1.7
University	270	5.3	0.7	191	5.9	1.0
Don't know	4	-	-	4	-	-
Decline to respond	2	-	-	0	-	-
Literacy						
Cannot read at all	1334	19.1	1.2	408	15.6	1.5
Can read parts	1252	18.7	1.1	444	14.4	1.1
Can read entire sentence	4310	62.0	1.7	2138	69.8	2.1
Visually impaired	8	0.2	0.1	4	0.2	0.1
Don't know	40	-	-	21	-	-
Decline to respond	2	-	-	1	-	-

E3.3 Employment

As summarized in Table E3.3, the vast majority of respondents in the second follow-up were homemakers (72%). Of the 262 women who reported being employed and working at the time of the interview, most (95.1%) identified “employee” as their occupational role.

Table E3.3: Employment

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Employment status						
Homemaker	5611	77.2	1.5	2334	72.0	1.9
Student	489	8.8	0.7	249	11.0	1.0
Employed/paid for work	659	11.1	1.1	262	10.1	1.3
Self-employed	0	0.0	-	126	5.5	0.8
Employed by a family member without pay	128	2.3	0.4	18	0.8	0.3
Unable to work due to disability	12	0.2	0.1	7	0.4	0.2
Employed, but did not work in last week	20	0.4	0.1	5	0.2	0.1
Retired	6	0.1	0.0	2	0.1	0.1
Don't know	20	-	-	12	-	-
Decline to respond	1	-	-	1	-	-
Occupational role, among women employed and being paid for work						
Employee	588	89.2	1.9	249	95.1	1.8
Independent contractor	34	5.3	1.2	7	3.5	1.7
Employer	4	0.5	0.3	4	1.1	0.7
Proprietor	33	5.0	1.2	2	0.4	0.3
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

* Self-employed option was not included in the baseline survey

E3.4 Exposure to Mass Media

Respondents were asked about their exposure to newspapers, radio, and television. As displayed in Table E3.4, among women who demonstrated full or partial literacy in the second follow-up, 27.1% had weekly exposure to newspapers. Thirty seven percent of all women had weekly exposure to radio, and 59.3% had weekly exposure to television.

Table E3.4: Exposure to mass media

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Newspapers, among literate women						
At least once a week	1616	32.2	1.5	646	27.1	1.9
Less than once a week	1203	21.0	1.0	566	22.7	1.6
Never	2717	46.8	1.6	1358	50.2	2.0
Don't know	18	-	-	12	-	-
Decline to respond	0	-	-	0	-	-
Not applicable	8	-	-	0	-	-
Radio						
At least once a week	3034	46.7	1.6	1123	37.0	2.2
Less than once a week	1201	18.0	0.9	568	18.6	1.5
Never	2514	35.3	1.5	1289	44.4	2.4
Don't know	15	-	-	8	-	-
Decline to respond	0	-	-	0	-	-
Not applicable	182	-	-	28	-	-
Television						
At least once a week	4143	64.1	1.9	1773	59.3	2.4
Less than once a week	898	12.9	0.8	581	19.1	1.8
Never	1738	23.1	1.8	643	21.6	2.1
Don't know	9	-	-	3	-	-
Decline to respond	0	-	-	0	-	-
Not applicable	158	-	-	16	-	-

E3.5 Access to Health Services

E3.5.1 Proximity to health care facilities

Table E3.5 - Table 3.7 display the responses to several survey questions that were used to assess access to health care facilities. Respondents were asked to estimate proximity to health care facilities in terms of distance (kilometers) and travel time. Not surprisingly, respondents typically had more difficulty estimating distance to health care facilities. As shown in the tables below, “Don’t know” responses to the distance questions were exceedingly common.

Excluding the 203 women who were unable to estimate the distance to the closest health facility in the second follow-up, 75% of women reported living 3 kilometers or less from a health facility (Table E3.5). Three-quarters of the sample indicated that it took less than 20 minutes to reach this facility by the usual means of transportation. One-quarter estimated the travel time from their household to the closest health facility to be 20 minutes or more.

Women were also asked for the travel distance and time to their usual health facility, if they had a usual health facility. Excluding the 222 women who did not know the distance to the facility in the second follow-up, three-quarters of the women reported traveling up to 4 kilometers, and three-quarters of the women could travel to the closest facility in less than 30 minutes (Table E3.6).

Of the 1,549 women who reported a recent health facility visit for themselves or for family members in the second follow-up, three-quarters traveled less than 4 kilometers for care. Twenty-five percent of women traveled 4 to 500 kilometers for care. Half of women traveled for less than 15 minutes, and one-quarter spent 30 minutes or more traveling for care. The longest travel time reported for a recent illness was approximately 8 hours.

Table E3.5: Proximity to health care facilities: nearest health facility

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	6384	562	0	1	1	3	600
Travel time, min	6429	122	1	10	20	30	2700
Second Follow-Up 2018							
Distance, km	2813	203	0	0.5	1	3	700
Travel time, min	2797	60	1	8	15	20	2100

Table E3.6: Proximity to health care facilities: usual health facility

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	6054	557	0	1	1	4	904
Travel time, min	6475	104	1	10	20	30	2700
Second Follow-Up 2018							
Distance, km	2684	222	0	0.5	1	4	700
Travel time, min	2687	83	1	10	15	30	1800

Table E3.7: Proximity to health care facilities: health facility for recent illness

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	3860	305	0	1	1	5	600
Travel time, min	4074	31	1	10	20	30	5400
Second Follow-Up 2018							
Distance, km	1423	92	0	0.5	1	4	500
Travel time, min	1442	7	1	10	15	30	480

E3.6 Health Status

E3.6.1 Current health status

Table E3.8 shows the self-rated current health status of all women participating in the survey. When asked to evaluate their current health status relative to the past year, 61.4% reported that their health was “about the same” in the second follow-up. While 32.5% reported that their health had improved, 6.1% reported worse health on the day of the interview, compared to last year. Seventy nine percent could “easily” perform their daily activities (e.g., work, housework, and childcare). About 21% of women reported at least some degree of difficulty performing these tasks that was related to their health status.

Table E3.8: Current health status

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Current health relative to last year						
Better	2385	34.2	1.4	921	32.5	1.9
Worse	588	8.8	0.6	156	6.1	0.7
About the same	3954	57.0	1.4	1933	61.4	1.9
Don't know	18	-	-	6	-	-
Decline to respond	1	-	-	0	-	-
Ability to perform daily activities						
Easily	5631	80.8	1.1	2399	78.8	1.7
With some difficulty	1164	17.0	0.9	571	19.8	1.7
With much difficulty	129	2.0	0.3	39	1.2	0.2
Unable to do	10	0.2	0.1	5	0.2	0.1
Don't know	11	-	-	2	-	-
Decline to respond	1	-	-	0	-	-

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Days in the last month that physical health was not good						
No days	4899	69.2	1.3	2287	75.1	1.6
1 to 3 days	786	12.0	0.7	273	9.3	0.9
4 to 7 days	1226	18.8	1.0	440	15.6	1.2
7 to 29 days	0	0.0	-	0	0.0	-
All month	0	0.0	-	0	0.0	-
Don't know	33	-	-	16	-	-
Decline to respond	2	-	-	0	-	-
Days in the last month that mental health was not good						
No days	5056	71.1	1.4	2428	81.4	1.6
1 to 3 days	719	11.1	0.7	230	7.8	0.9
4 to 7 days	1130	17.9	1.1	333	10.8	1.1
7 to 29 days	0	0.0	-	0	0.0	-
All month	0	0.0	-	0	0.0	-
Don't know	38	-	-	25	-	-
Decline to respond	3	-	-	0	-	-

E3.6.2 Recent illness

Women were asked a series of questions about any illnesses or health problems they had in the two weeks preceding the interview. Out of the women in the second follow-up, 15.8% reported being sick during that time (Table E3.9). Of the 466 women who reported a recent illness, cough (21.1%), headache (20%), fever (13.5), and abdominal pain (7.3%) were the most commonly elicited specific complaints. Twenty nine percent of women specified a different health problem not listed in the questionnaire.

Table E3.9: Recent illness (in the last two weeks)

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Respondent was sick during the past two weeks	1125	6945	17.4	0.9	466	3014	15.8	1.3

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of illness, among those sick in the past two weeks						
Cough	173	15.0	1.6	99	21.1	3.1
Headache	250	23.3	1.9	87	20.0	3.0
Fever	153	12.5	1.5	59	13.5	2.3
Abdominal pain	107	9.1	1.2	32	7.3	1.4
Vomiting	7	0.4	0.2	4	1.4	0.8
Diabetes	5	0.7	0.4	6	1.4	0.7
Toothache	14	1.9	0.8	2	1.0	0.8
Hypertension	3	0.2	0.1	5	1.0	0.5
Diarrhea with blood	0	0.0	-	1	0.8	0.8
Swelling in legs, ankles, or feet	0	0.0	-	2	0.5	0.4
Asthma	5	0.8	0.5	2	0.4	0.3
Diarrhea without blood	16	1.4	0.4	5	0.4	0.2
Skin rash/infection	7	0.8	0.4	3	0.4	0.2
Diarrhea with vomiting	5	0.3	0.2	3	0.3	0.2
Eye/ear infection	6	0.8	0.5	3	0.3	0.2
Gynecologic problem	29	1.7	0.4	3	0.3	0.2
Chest infection	0	0.0	-	2	0.3	0.2
Obstetric problem	5	0.6	0.3	1	0.2	0.2
Stroke	1	0.1	0.1	1	0.1	0.1
Blood in urine	0	0.0	-	1	0.1	0.1
Malaria	0	0.0	-	0	0.0	-
Tuberculosis	0	0.0	-	0	0.0	-
Bronchitis	3	0.2	0.1	0	0.0	-
Pneumonia	2	0.5	0.5	0	0.0	-
Anemia	5	0.7	0.5	0	0.0	-
Measles	1	0.1	0.1	0	0.0	-
Jaundice	0	0.0	-	0	0.0	-
HIV/AIDS	0	0.0	-	0	0.0	-
Paralysis	1	0.0	-	0	0.0	-
Other	321	28.9	1.9	143	29.1	3.5
Don't know	6	-	-	2	-	-
Decline to respond	0	-	-	0	-	-

Options for "Swelling in legs, ankles, or feet", "Blood in urine", and "Chest infection" were available only in the follow-up survey. In the baseline, "Chest infection" was included within the "Cough" answer choice.

E3.6.3 Utilization of health services

Table E3.10 summarizes data regarding the utilization of health services among the 466 women who reported an illness in the two weeks preceding the second follow-up interview. One hundred ninety one (41.5%) of these women sought care at a health care facility. Many of these women attended a Public health center/clinic health unit (46.6%); another 13.1% attended a Public hospital clinic. Only ten women were hospitalized for their recent illness (6.5% of those who sought care).

Table E3.10: Utilization of health services for illness in the last two weeks

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for recent illness	524	1125	46	2.3	191	466	41.5	3.3
Admitted to hospital for care*	32	509	5	1.1	10	186	6.5	3.3

* Among women who sought care at a public or private hospital, health center/clinic, mobile clinic, or other health facility; public health unit; private office; or pharmacy

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of facility where care was sought						
Public health center/clinic	242	45.7	4.3	81	46.6	5.5
Public hospital	68	13.6	2.4	31	13.1	3.3
Pharmacy	42	9.5	2.0	23	12.8	3.7
Private doctor's office	58	10.6	2.1	26	11.3	3.8
Public health unit	58	11.1	2.2	16	7.3	2.5
Private health center/clinic	10	1.3	0.4	6	2.6	1.6
Other public health facility	2	0.3	0.2	1	2.4	2.3
Private hospital	9	1.6	0.7	2	2.4	1.7
Traditional healer	1	0.2	0.2	2	0.5	0.4
Other private health facility	1	0.2	0.2	1	0.4	0.4
Community health worker	5	1.6	1.2	1	0.3	0.3
Public mobile clinic	20	3.0	1.1	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other	8	1.4	0.8	1	0.3	0.3
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

E3.6.4 Insurance coverage

Less than 86% of women reported being covered by any type of health insurance in the second follow-up (Table E3.11).

Table E3.11: Insurance coverage

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Seguro Popular	5435	77.3	1.3	2481	81.6	1.5
No insurance	1255	18.5	1.2	387	13.8	1.2
IMSS	118	2.0	0.4	90	2.6	0.6
ISSSTE	91	1.6	0.4	37	1.5	0.4
Army/Navy/PEMEX	6	0.1	0.0	6	0.2	0.1
Private insurance	9	0.2	0.1	2	0.1	0.1
Other	19	0.3	0.1	8	0.3	0.1
Don't know	12	-	-	3	-	-
Decline to respond	1	-	-	2	-	-

E3.6.5 Other barriers to health care access

There are many other barriers to accessing health care. Women who reported that they sometimes or never sought care when they felt sick were asked what reasons prevented them from receiving health care when it was needed. Interviewers were instructed to ask in an open-ended manner for all applicable reasons, and to mark the appropriate response options in the questionnaire based on the woman's response. Table E3.12 summarizes the responses to this section. The most commonly cited factors influencing health care access in the second follow-up were the preference for treatment at home (45.1%) and the belief that the health center does not have sufficient medicines (21.7%). Forty five percent of women did not believe they were ill enough to seek treatment. Access and quality of care were also important barriers: 8.3% of women said the health center was too far away, 3.9% said care was too expensive, and 8.9% said the health center personnel were too difficult to deal with.

Table E3.12: Other barriers to health care utilization, women 15-49 years of age who were sick in the last two weeks but did not seek care

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Not sick enough to seek treatment	211	594	35.7	3.8	107	269	45.1	4.6
Health center does not have sufficient medicines	80	594	12.5	2.0	64	269	21.7	3.2
Treated self at home	180	594	29.3	3.1	51	269	19.0	3.5
It is difficult to deal with health center personnel	27	594	4.1	1.1	21	269	8.9	2.2
Health center is too far away	54	594	8.9	2.0	23	269	8.3	2.4
Health center is not well-equipped	24	594	3.9	1.1	18	269	6.2	2.0
Too busy with work, children, or other commitments	34	594	6.1	1.3	13	269	4.4	1.6
Health center infrastructure is poor	26	594	3.5	1.0	13	269	4.2	1.7
Care is too expensive	61	594	12.5	2.4	11	269	3.9	1.9
Tried, but no staff was at the center	14	594	1.8	0.8	7	269	2.8	1.3
Could not afford transportation	14	594	1.9	0.7	9	269	2.7	1.0
Was previously mistreated	7	594	0.9	0.4	8	269	2.2	1.0
Could not find transportation	4	594	0.4	0.2	8	269	1.8	0.9
Health center personnel not knowledgeable	5	594	0.9	0.4	4	269	1.5	1.1
Religious or cultural beliefs	10	594	1.4	0.5	5	269	1.5	0.9
Did not want to go alone	13	594	2.7	1.1	3	269	1.1	0.8
Do not trust the personnel	13	594	3.3	1.3	8	269	1.0	0.4
Tried, but was refused care	12	594	2.3	1.1	2	269	1.0	0.9
Could not get permission to go to the doctor	1	594	0.2	0.2	1	269	0.1	0.1
Did not know where to go	3	594	0.5	0.3	0	269	0.0	-
Other	88	594	16.0	2.5	54	269	19.1	3.7

*categories not mutually exclusive (select all that apply)

E4 CHAPTER 4: EXPOSURE TO HEALTH SYSTEM INTERVENTIONS

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

E4.1 Exposure to Community Health Workers

Respondents were asked about their exposure to community health workers. Seven percent of women reported meeting with a community health worker in the month preceding the second follow-up interview (Table E4.1). Six percent met only once, and 1.5% met two or more times.

Table E4.1: Exposure to community health workers, women 15-49 years

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Did not meet	5922	87.9	0.9	2750	92.9	0.9
One time	880	10.8	0.9	178	5.6	0.7
Two times	81	0.9	0.2	35	0.9	0.4
Three times	12	0.1	0.1	12	0.5	0.2
Four or more times	17	0.3	0.1	6	0.1	0.1
Don't know	31	-	-	24	-	-
Decline to respond	0	-	-	3	-	-

Referral and advice services provided by community health workers are summarized in Table E4.2. Among women who met with a community health worker in the last month during the second follow-up, family planning methods or counseling was the most common service provided (65.7%). Advice about vaccination for children (62%) and child nutrition counseling (50.8%) was also frequently reported.

Table E4.2: Services provided by community health workers, women 15-49 years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Family planning methods or counseling	578	1002	58.7	3.4	168	234	65.7	4.3
Vaccination for children	596	1001	59.3	3.1	161	236	62.0	5.6
Child nutrition counseling	593	1001	57.1	3.1	125	235	50.8	4.8
Referral for antenatal care	297	1000	28.9	2.9	94	233	37.4	4.4
Referral for voluntary HIV/syphilis counseling and testing*	253	994	22.9	2.5	68	233	31.0	4.0
Referral for postnatal care	244	997	25.5	2.9	74	231	29.6	4.7
Referral for in-facility delivery	211	994	20.3	2.6	68	231	28.7	4.4
Information, education, and communication sessions (IEC)	272	992	25.5	2.4	67	231	28.7	3.6

* For the prevention of HIV/syphilis transmission from mother to child

	Second Follow-Up 2018			
	n	N	%	SE
Provided deworming treatments	127	235	51.6	5.9
Provided diarrhea treatment with ORS and zinc	113	235	46.8	5.2
Provided micronutrients	100	230	43.4	5.3
Other	40	232	22.3	3.9

Questions about these topics were not asked at baseline. They were added to the second follow-up survey to track exposure to SMI interventions.

E4.2 Satisfaction with Community Health Workers

Women who met with a community health worker in the month preceding the interview were asked to assess their satisfaction with the following: number of visits, information provided by community health workers, and respectfulness of community health workers. Results are displayed in Table E4.3.

Table E4.3: Satisfaction with community health workers, women 15-49 years of age who met with community health workers in the last month

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Satisfaction with number visits from community health workers						
Very dissatisfied	44	5.1	1.2	26	13.5	3.5
Dissatisfied	83	7.9	1.3	14	5.8	1.7
Satisfied	817	80.9	1.9	184	78.5	3.4
Very satisfied	61	6.1	1.2	7	2.3	0.9
Don't know	6	-	-	18	-	-
Decline to respond	0	-	-	0	-	-
Satisfaction of knowledge and training of community health workers						
Very dissatisfied	45	5.2	1.2	24	11.0	3.0
Dissatisfied	75	7.9	1.3	15	5.9	1.6
Satisfied	819	80.8	2.0	185	80.3	3.1
Very satisfied	65	6.1	1.3	7	2.8	1.2
Don't know	7	-	-	18	-	-
Decline to respond	0	-	-	0	-	-
Satisfaction with information provided by community health workers						
Very dissatisfied	44	5.1	1.2	25	13.0	3.5
Dissatisfied	73	7.2	1.2	15	6.9	2.3
Satisfied	832	83.0	1.8	189	78.9	3.6
Very satisfied	55	4.7	1.0	4	1.2	0.6
Don't know	7	-	-	16	-	-
Decline to respond	0	-	-	0	-	-
Satisfaction with respectfulness shown by community health workers						
Very dissatisfied	43	5.0	1.1	24	12.9	3.6
Dissatisfied	89	8.4	1.2	15	6.0	1.6
Satisfied	808	80.8	2.0	185	79.4	3.3
Very satisfied	61	5.8	1.2	5	1.8	0.9
Don't know	10	-	-	19	-	-
Decline to respond	0	-	-	1	-	-

E4.3 Counseling provided in health facilities

Respondents who had visited a health facility in the last 12 months (1,225 women at the second follow-up) were asked whether they were given counseling about certain topics by health center personnel. Approximately 28.7% of women in the second follow-up reported receiving guidance or advice about breastfeeding in the 12 months preceding the interview (Table E4.4). Approximately 31.8% of women in the second follow-up reported receiving guidance or advice about child nutrition in the 12 months preceding the interview (Table E4.4). Approximately 30.8% of women in the second follow-up reported receiving guidance or advice about danger signs for children's health in the 12 months preceding the interview (Table E4.4).

Table E4.4: Exposure to breastfeeding, child nutrition, and child health interventions, women 15-49 years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Breastfeeding	1147	3171	33.4	1.6	409	1200	28.7	2.3
Child nutrition	1397	3171	40.9	1.6	459	1206	31.8	2.2
Danger signs for children's health	1170	3159	35.7	1.7	424	1193	30.8	2.1

E4.4 Counseling provided in health facilities to women with children

In the follow-up survey, respondents who had visited a health facility in the last 12 months and who had children (1,072 women at the second follow-up) were asked whether they were given counseling about certain topics by health center personnel.

Table E4.5: Counseling provided in health facilities to women with children

	Second Follow-Up 2018			
	n	N	%	SE
Deworming	398	1047	39.9	2.6
Diarrhea treatment with ORS and zinc	386	1045	36.2	2.7
Micronutrients	250	1037	23.2	2.4

* Questions about these topics were not asked at baseline. They were added to the second follow-up survey to track exposure to SMI interventions.

E5 CHAPTER 5: FAMILY PLANNING

This chapter summarizes key indicators related to the knowledge of, access to, need for, and use of family planning methods among women of reproductive age (15-49 years) participating in the SMI-Mexico second follow-up household survey.

Family planning questions were asked only to women of reproductive age who were married or partnered. During the SMI-Mexico baseline household survey, family planning questions were asked to women whose marital status was reported as “married” or “partnered” by the SMI-Mexico household census respondent. During the second follow-up, the family planning section was instead conditioned on a question about marital status asked to the respondent herself at the start of the woman’s health interview. This captured participants who had a change in marital status between the census and household survey and participants whose marital status was incorrectly recorded in the census. At the baseline, 4,990 women qualified for the family planning questions, and at the second follow-up, 2,126 women qualified.

E5.1 Knowledge of the Fertile Period

The successful use of family planning methods depends on an understanding of when during the menstrual cycle a woman is most likely to conceive. This is especially true for traditional methods such as the rhythm method (i.e., periodic abstinence) and the withdrawal method. To assess knowledge of the fertile period, women were asked if there are certain days when a woman is more likely to become pregnant, and when during the menstrual cycle those days occur. Responses to these questions are summarized in Table E5.1. In the second follow-up, 57.9% of women indicated that there were certain days when a woman is more likely to become pregnant, and of these women, only 24.1% identified the correct timing of the fertile period (halfway between two periods).

Table E5.1: Knowledge of the fertile period, women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Knowledge of the fertile period	1930	3801	49.4	2.5	860	1432	57.9	3

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Knowledge of timing of fertile period, among women who know of fertile period						
Just before period	257	13.4	1.5	143	17.8	2.1
During period	60	3.5	0.6	41	5.1	1.3
Just after period	1013	54.9	2.2	409	52.9	2.8
Halfway between periods	495	27.0	2.0	191	24.1	2.9
Other	12	1.1	0.5	1	0.0	-
Don't know	91	-	-	71	-	-
Decline to respond	2	-	-	4	-	-

E5.2 Use of Family Planning Methods

E5.2.1 Current use

The coverage of contraceptive methods is one of the indicators most frequently used to assess the success of family planning program activities. It is also widely used as a determinant of fertility. Women who said they had heard of a family planning method were asked if they were currently using that method. Table E5.2 displays the percentage of all women using at least one family planning method, as well as the percentage of women reporting use of more than one family planning method at the time of the interview. Forty-three percent of all survey respondents in the second follow-up reported current use of at least one family planning method.

Women considered “in need” of family planning methods are those who are married or partnered, excluding those who report the following characteristics: does not have sexual relations, virgin, menopausal, infertile, hysterectomy, pregnant, or wants to become pregnant. Even women not considered “in need” of contraception may use a method. Table E5.3 shows the uptake of modern family planning methods among all married and partnered women (42.7%), and among women considered “in need” of contraception (52%).

Table E5.2: Current use of family planning methods, women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Currently in need of contraception	3819	4990	75.5	1.0	1724	2119	79.4	1.2
Current use of any method, among married or partnered women	2317	4990	47.3	1.7	950	2119	42.7	2.5

Table E5.3: Current use of modern family planning methods, women 15-49 years of age who are married or partnered and in need of contraception

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Current use of any method, among women in need of contraception	2182	3819	58.9	1.9	915	1724	52.0	3.0
Current use of modern method, among women in need of contraception	1988	3819	54.5	1.8	890	1724	50.7	2.9

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Number of methods the respondent is currently using						
Not using any family planning methods	1664	42.0	1.8	814	48.1	3.0
Using 1 family planning method	2120	57.0	1.8	901	51.2	2.9
Using 2 family planning methods	30	0.8	0.2	7	0.6	0.3
Not using any family planning methods	2	0.0	-	1	0.1	0.1
Using 1 family planning method	2	0.1	0.0	1	0.0	-
Using 2 family planning methods	1	0.0	-	0	0.0	-

Table E5.4 displays the percentage of all women using specific family planning methods. The methods most commonly in use during the second follow-up are female sterilizations (21.2%) and injectable (8.4%).

Table E5.4: Current use of family planning methods, by type of method, for women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Female sterilization	852	4975	20.3	1.2	357	2104	21.2	1.8
Injectable	600	4975	10.4	0.7	228	2104	8.4	1.0
Implant	124	4972	2.2	0.5	188	2103	5.7	0.6
Intrauterine device (IUD)	213	4973	4.0	0.5	74	2103	3.0	0.5
Male condom	202	4976	4.3	0.6	58	2102	3.0	0.6
Oral contraceptive	66	4975	1.2	0.2	21	2104	1.1	0.4
Withdrawal	86	4972	1.7	0.3	12	2104	0.5	0.2
Rhythm	103	4973	1.8	0.3	8	2104	0.4	0.2
Lactational amenorrhea	49	4972	0.8	0.2	8	2102	0.2	0.1
Other traditional method	17	4974	0.2	0.1	2	2104	0.1	-
Male sterilization	8	4974	0.3	0.1	2	2104	0.0	-
Female condom	1	4974	0.0	-	0	2104	0.0	-
Diaphragm	0	4973	0.0	-	0	2103	0.0	-
Sponge	0	4974	0.0	-	0	2102	0.0	-
Emergency contraception (Plan B)	0	4974	0.0	-	0	2104	0.0	-
Other modern method	4	4974	0.1	-	1	2102	0.0	-

* categories not mutually exclusive (select all that apply)

E5.3 Sources of Family Planning Methods

Information on where women obtain contraceptive methods is important for family planning program managers. The places where the currently-used family planning methods were acquired are summarized in Table E5.5.

The public sector is the source most commonly reported by users of most modern family planning methods, including female sterilization. Pharmacies are important sources for injectables, the pill, and male condoms. Women report learning about traditional methods in the public sector, from friends or relatives, or at church (Table E5.6).

Table E5.5: Source of modern family planning methods, women 15-49 years of age who are married or partnered

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Injectable						
Public health center/clinic	328	55.3	4.0	159	70.2	4.4
Public hospital	43	7.6	1.9	23	11.2	3.8
Pharmacy	74	10.5	1.6	22	10.2	3.4
Public health unit	73	13.3	2.5	14	5.0	1.7
Private doctor's office	3	0.3	0.2	4	1.2	0.6
Public mobile clinic	33	5.2	1.6	2	0.6	0.6
Community health worker	31	5.3	2.3	1	0.5	0.5
Private health center/clinic	0	0.0	-	1	0.3	0.3
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	1	0.1	0.1	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Traditional healer	1	0.2	0.2	0	0.0	-
Store	1	0.1	0.1	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	2	0.2	0.1	0	0.0	-
Other	10	1.8	0.8	2	0.7	0.6
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Female sterilization						
Public hospital	555	65.8	3.4	220	62.8	4.8
Public health center/clinic	219	26.4	3.1	88	24.4	4.1
Public health unit	30	3.0	0.8	21	7.1	2.4
Private doctor's office	6	0.4	0.2	5	2.0	1.1
Private hospital	15	1.8	0.5	10	1.5	0.6
Private health center/clinic	11	1.0	0.4	5	0.6	0.3
Other private health facility	2	0.6	0.6	2	0.6	0.5
Private mobile clinic	1	0.0	-	1	0.2	0.2
Public mobile clinic	1	0.1	0.1	0	0.0	-
Other public health facility	1	0.1	0.1	0	0.0	-

(continued)

	n	%	SE	n	%	SE
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	11	1.0	0.3	4	0.9	0.5
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	1	-	-
Oral contraceptive						
Public health center/clinic	27	32.8	7.7	9	53.2	17.0
Pharmacy	19	34.7	9.4	6	20.2	10.1
Public hospital	8	8.2	3.3	1	12.9	11.7
Private doctor's office	0	0.0	-	2	7.3	5.7
Public health unit	5	9.1	4.8	2	5.0	4.7
Private health center/clinic	1	1.2	1.2	1	1.4	1.5
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	1	2.5	2.5	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	1	0.6	0.6	0	0.0	-
Community health worker	2	2.1	1.5	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	2	8.9	6.7	0	0.0	-
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Intrauterine device (IUD)						
Public health center/clinic	98	43.9	5.1	36	53.7	9.2
Public hospital	74	36.4	5.6	27	35.9	9.0
Public health unit	24	10.8	2.9	4	5.6	2.9
Private doctor's office	8	6.2	3.3	2	1.7	1.3
Private hospital	2	0.7	0.5	2	0.9	0.6
Private health center/clinic	2	0.5	0.4	1	0.5	0.5
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	1	0.3	0.3	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	1	0.3	0.3	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	1	0.2	0.2	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	2	0.8	0.6	2	1.6	1.3

(continued)

	n	%	SE	n	%	SE
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Implant						
Public health center/clinic	64	53.9	5.5	116	62.9	3.8
Public hospital	40	30.6	4.6	41	22.3	3.6
Public health unit	10	7.8	3.3	20	8.9	2.3
Public mobile clinic	0	0.0	-	4	2.2	1.4
Other public health facility	0	0.0	-	1	1.0	1.0
Private doctor's office	0	0.0	-	2	0.6	0.5
Community health worker	4	1.5	1.5	1	0.5	0.5
Private hospital	2	0.7	0.5	0	0.0	-
Private health center/clinic	1	1.0	1.0	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	2	3.9	3.5	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	1	0.6	0.6	3	1.7	1.0
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Male condom						
Pharmacy	117	58.9	5.3	40	75.4	7.6
Public health center/clinic	49	17.5	3.4	14	21.5	7.2
Store	2	0.9	0.6	2	1.4	1.0
Public health unit	11	7.5	3.1	1	0.9	1.0
Public hospital	13	9.6	5.6	1	0.7	0.7
Public mobile clinic	2	0.9	0.6	0	0.0	-
Other public health facility	1	2.5	2.4	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	2	0.8	0.6	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	1	0.3	0.3	0	0.0	-
Other	3	1.2	0.7	0	0.0	-
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-
Male sterilization						
Public health center/clinic	3	56.1	21.8	2	100.0	0.0
Public hospital	4	43.9	21.8	0	0.0	-
Public health unit	0	0.0	-	0	0.0	-
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-

(continued)

	n	%	SE	n	%	SE
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	0	0.0	-	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Friend/parent	0	0.0	-	0	0.0	-
Other	0	0.0	-	0	0.0	-
Don't know	1	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

*One woman at baseline who used emergency contraception (Plan B) selected "Other" and one woman at follow-up who used female condoms selected "Other".

*Diaphragm was omitted from table because no women reported receiving it in baseline or follow-up.

Table E5.6: Source of knowledge about traditional family planning methods, women 15-49 years of age who are married or partnered

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Lactational amenorrhea						
Public health center/clinic	13	24.5	7.6	2	51.4	27.1
Public hospital	3	7.5	4.3	0	0.0	-
Public health unit	3	9.3	6.8	0	0.0	-
Public mobile clinic	1	2.0	1.9	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	0	0.0	-	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	4	9.1	4.4	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	1	2.0	1.9	0	0.0	-
Friend/parent	15	30.6	6.6	0	0.0	-
Other	7	15.0	5.4	2	48.6	27.1
Don't know	2	-	-	4	-	-
Decline to respond	0	-	-	0	-	-
Rhythm						
Church	3	3.9	2.3	1	24.8	21.2
Pharmacy	0	0.0	-	2	16.8	13.1
Public health center/clinic	17	29.4	8.8	2	11.2	8.7
Friend/parent	40	31.4	5.9	1	6.2	6.4
Public hospital	7	7.2	3.2	0	0.0	-
Public health unit	9	8.0	3.0	0	0.0	-
Public mobile clinic	0	0.0	-	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	0	0.0	-	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	2	1.8	1.4	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Community health worker	1	1.6	1.6	0	0.0	-
Traditional healer	1	1.1	1.1	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Other	20	15.7	4.0	2	41.0	23.7
Don't know	2	-	-	0	-	-
Decline to respond	1	-	-	0	-	-
Withdrawal						
Public health center/clinic	15	13.9	5.9	3	42.4	19.9
Friend/parent	33	40.3	9.1	3	16.6	9.3
Public health unit	2	2.7	2.0	1	3.3	3.4
Public hospital	9	16.5	9.3	0	0.0	-

Public mobile clinic	2	2.6	1.9	0	0.0	-
Other public health facility	0	0.0	-	0	0.0	-
Private hospital	1	2.9	2.8	0	0.0	-
Private health center/clinic	0	0.0	-	0	0.0	-
Private doctor's office	1	0.4	0.4	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Other private health facility	0	0.0	-	0	0.0	-
Pharmacy	0	0.0	-	0	0.0	-
Community health worker	4	5.3	2.6	0	0.0	-
Traditional healer	0	0.0	-	0	0.0	-
Store	0	0.0	-	0	0.0	-
Market	0	0.0	-	0	0.0	-
Church	0	0.0	-	0	0.0	-
Other	15	15.3	5.0	5	37.7	18.0
Don't know	4	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

E5.4 Non-Use and Interruption of Use of Family Planning Methods

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

E5.4.1 Prevalence of interruption

The prevalence of interruption and non-use of family planning methods is summarized in Table E5.7. Of women participating in the second follow-up survey, 79.4% are considered “in need” of contraception (i.e., they did not report any of the following: does not have sexual relations, virgin, menopausal, infertile, hysterectomy, pregnant, or wants to become pregnant). Among these women in need, 2.1% reported any interruption in the use of family planning methods in the previous year.

Table E5.7: Interruption and non-use of family planning methods, among women 15-49 years of age who are married or partnered and in need of contraception

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Discontinuation rate*	101	3819	2.2	0.3	45	1724	2.1	0.4

* any interruption in use during the last year, among women in need of contraception

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Number of interruptions in use during the last year						
none	3718	97.8	0.3	1679	97.9	0.4
once	99	2.1	0.3	42	1.9	0.4
2-6 times per year	2	0.0	-	3	0.1	0.1
7-12 times per year	0	0.0	-	0	0.0	-
>12 times per year	0	0.0	-	0	0.0	-

E5.4.2 Reasons for non-use

Women who indicated they were not using any method on the day of the interview, were asked to specify all reasons why they did not use a method. The interviewer matched responses provided by the respondent to a list of reasons in the questionnaire (Table E5.8). The most commonly cited reasons for non-use at the time of the second follow-up interview were, do not like to use contraception (35.1%), respondent is trying to become pregnant (11.1%), and respondent is using contraception is uncomfortable (7.4%).

Table E5.8: Reasons for non-use of family planning methods, women 15-49 years of age who are married or partnered and not currently using family planning methods

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Do not like to use contraception	947	2650	32.9	2.0	406	1100	35.1	3.1
Trying to become pregnant	238	2650	9.2	0.9	108	1100	11.1	1.5
Using contraception is uncomfortable	326	2650	12.0	1.1	89	1100	7.4	1.5
Using contraception interferes with normal body processes	328	2650	12.3	1.3	85	1100	6.4	1.3
Knows no method	194	2650	7.2	0.8	65	1100	5.7	1.2
Not sexually active	212	2650	7.6	0.9	56	1100	5.4	1.1
Married	613	2650	23.3	1.8	56	1100	5.1	1.3
Concerned about side effects	350	2650	13.6	1.2	57	1100	5.0	1.3
Infrequently sexually active	149	2650	6.1	0.7	31	1100	3.1	0.7
Currently pregnant	274	2650	9.2	0.7	38	1100	3.1	0.7
Breastfeeding	198	2650	6.2	0.6	51	1100	3.0	0.4
Menopausal	77	2650	3.7	0.7	18	1100	2.7	0.8
Infertile	96	2650	5.5	0.9	13	1100	2.1	0.8
No menstrual period since giving birth	101	2650	3.3	0.5	15	1100	1.9	0.9
Knows no source for methods	71	2650	3.3	0.7	17	1100	1.4	0.5
Opposed to use	374	2650	13.0	1.2	11	1100	1.1	0.4
Spouse or partner opposed to use	230	2651	8.2	0.9	11	1100	1.1	0.5
Unmarried	52	2650	2.5	0.5	7	1100	0.7	0.4
Against religious beliefs	140	2650	4.8	0.8	5	1100	0.6	0.3
No method was available	20	2650	0.9	0.4	6	1100	0.6	0.3
Preferred method was not available	31	2650	1.1	0.3	8	1100	0.5	0.2
Mistrust health center staff	56	2650	2.4	0.6	5	1100	0.5	0.2
The health facility is too far away	17	2650	0.5	0.1	2	1100	0.3	0.2
Have undergone hysterectomy	43	2650	1.8	0.5	5	1100	0.2	0.1
The method is too expensive	27	2650	0.7	0.2	3	1100	0.2	0.1
Others opposed to use	24	2650	0.7	0.1	2	1100	0.1	0.1
Could not find transportation to a health facility	11	2650	0.6	0.3	1	1100	0.1	0.1
Health facility staff difficult to deal with	19	2650	0.8	0.3	1	1100	0.1	0.1
Virgin	10	2650	0.4	0.2	0	1100	0.0	-
Could not afford transportation	17	2650	0.8	0.4	0	1100	0.0	-
Other	111	2650	4.4	0.6	85	1100	7.5	1.4

* "Using contraception affects health" was an option offered in the second follow-up, but was not available at baseline.

184 women selected this as a reason for not using family planning at the second follow-up.

* categories not mutually exclusive (select all that apply)

E1.1 Family Planning Intentions and Decision-Making

E1.1.1 Participation in family planning decision

In this setting in the second follow-up, 91.8% of women report that decisions about family planning methods are jointly made by the respondent and her partner. In only 3.7% of cases, the decision to use family planning methods is up to the respondent's partner alone.

Table E5.9: Participation in family planning decision-making, women 15-49 years of age who are married or partnered and are currently using family planning methods

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Joint decision	2552	89.0	1.0	1161	91.8	1.3
Mostly the respondent	185	6.6	0.7	61	4.2	1.1
Mostly respondent's spouse/partner	115	3.6	0.5	44	3.7	0.9
Others	17	0.6	0.2	4	0.2	0.1
Not applicable - not partnered	5	0.2	0.1	1	0.1	0.1
Don't know	14	-	-	14	-	-
Decline to respond	3	-	-	0	-	-

E1.1.2 Informed choice

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

Table E5.10 shows the percent of women currently using family planning methods who were told about other options for contraception (58.7% of women in the second follow-up).

Table E5.10: Family planning decision-making, informed choice, women 15-49 years of age who are married or partnered and who are currently using family planning methods

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Informed about other family planning options by a doctor, nurse, or community health worker	1891	2882	63.8	2.2	724	1278	58.7	2.5

E1.2 Exposure to Family Planning Information

E1.2.1 Family planning messages delivered by health care providers

Respondents were asked about their exposure to family planning messages delivered by health care providers (Table E5.11). Out of the women in the second follow-up who went a health care facility in the past 12 months, 66.1% reported being advised about family planning while at the health care facility. Fifteen percent of all respondents indicated that they had been visited by a health promoter who provided information about family planning in the last 12 months. Just 9% of respondents who had not attended

a health facility in the last 12 months were visited by a health promoter who provided information about family planning.

Table E5.11: Family planning messages delivered by health care providers in the last 12 months, women 15-49 years of age who are married or partnered

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Discussion about family planning methods with staff member at a health facility	1679	2422	68.1	1.8	606	879	66.1	2.4
Discussion about family planning methods during health promoter visit	1142	4974	21.4	1.4	337	2110	14.7	1.3
Visit by promotor, among women who had not visited a health facility	278	2537	10.0	1.1	99	1221	9.0	1.5

E1.3 Age at First Birth

E1.3.1 Age at first birth

Out of respondents in the second follow-up, 66.2 percent had ever given birth (Table E5.12). Of these women, the median age of the women when their first child was born was 19 years old. Only a quarter of women were 21 years old or older when their first child was born. Five percent of women reported a history of stillbirth, miscarriage, and/or abortion.

Table E5.12: Parity and age at first birth, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Ever given birth	5466	6946	71.1	1.0	2379	3013	66.2	1.4
Ever had a stillbirth, miscarriage, or abortion	455	6940	6.0	0.4	184	3008	5.1	0.6

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Age at first birth, among parous women	5346	0	10	17	18	21	66
Second follow-up 2018							
Age at first birth, among parous women	2336	0	12	17	19	21	181

E6 CHAPTER 6: MATERNAL HEALTH CARE

This chapter summarizes key indicators pertaining to antenatal care, delivery care, and postpartum care for the most recent live birth in the last two years as reported by women of reproductive age (15-49 years) participating in the SMI-Mexico second follow-up household survey. Participating women were interviewed about all live births in the last five years, but to reduce the impact of recall bias, results reported here are for each woman's most recent birth in the last two years. At the baseline, 6,395 women were interviewed about at least one birth in the last two years. At the second follow-up, 2,537 women were interviewed about births in the last two years.

E6.1 Antenatal Care

To reduce recall bias, data pertaining to antenatal care are summarized for a woman's most recent birth in the last two years.

E6.1.1 Antenatal care coverage

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

The percentage of women with a birth in the last two years who attended at least one antenatal care visit for the most recent birth, and the percent distribution of timing of care among those who received any antenatal care are presented in Table E6.1. Definition of "most recent birth" changed between baseline and second follow-up. The type of facility where antenatal care was sought is detailed in Table E6.2.

Among women with a child under the age of 2 in the second follow-up, 89.6% attended at least one antenatal care visit and 78.8% of women had at least one antenatal care visit with a doctor or professional nurse. At the second follow-up, 34.2% of women had an antenatal care visit during the first trimester (first 12 weeks) with a doctor or professional nurse, compared to 30.6% at the baseline. The median age of gestation at the first antenatal care visit during the second follow-up was 3 months.

Table E6.1: Antenatal care coverage for the most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Attended at least one antenatal care visit	5896	6370	92.1	0.8	2298	2535	89.6	1.9
Attended at least one antenatal care visit with doctor or professional nurse	4626	6370	71.4	1.7	2050	2536	78.8	2.7
Antenatal care visit with doctor or professional nurse in the first trimester (12 weeks)	1977	6285	30.6	1.5	914	2494	34.2	2.3

* Definition of most recent birth changed between baseline and second follow-up

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Month of gestation of first ANC visit	5811	81	0.2	2	3	4	9
Second follow-up 2018							
Month of gestation of first ANC visit	2257	38	0.2	2	3	4	9

Regarding the type of facility where antenatal care was usually sought during the second follow-up (Table E6.2), most women who attended antenatal care for their most recent delivery in the last two years sought care in a Public health center/clinic (59.2%) or Public hospital (13.8%). Only 9.2% of women sought antenatal care in a public health unit.

Table E6.2: Usual antenatal care location, women 15-49 years of age who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Public health center/clinic	2786	46.3	2.2	1348	59.2	3.3
Public hospital	648	10.9	1.5	295	13.8	2.3
Public health unit	690	12.2	1.5	215	9.2	1.2
Private doctor's office	124	1.8	0.2	116	3.7	0.6
Public mobile clinic	146	2.5	0.7	18	0.7	0.4
Private health center/clinic	47	0.7	0.2	20	0.6	0.2
Traditional healer	129	2.2	0.4	10	0.6	0.2
Private hospital	22	0.3	0.1	14	0.5	0.2
Other public health facility	9	0.1	0.1	5	0.3	0.2
Other private health facility	3	0.1	0.1	6	0.2	0.1
Community health worker	180	3.0	0.6	5	0.2	0.1
Private mobile clinic	3	0.0	-	2	0.1	0.0
Pharmacy	12	0.2	0.1	3	0.1	0.1
Other	1077	19.6	1.4	223	10.7	1.7
Don't know	14	-	-	16	-	-
Decline to respond	5	-	-	2	-	-

E6.1.2 Frequency of antenatal care visits

Antenatal care can be more effective in avoiding adverse pregnancy outcomes when it is sought early in the pregnancy and continues until delivery. According to the national norm in Mexico, it is recommended that women receive a minimum of four antenatal care visits. The frequency of antenatal care visits is summarized in Table E6.3. Table E6.4 shows the percentage of women with four or more visits with skilled providers and according to best practices.

In the second follow-up, 77.4% of women reported having four or more antenatal care visits during their most recent pregnancy in the last two years. Thirty eight percent of women reported having seven or more antenatal care visits during their most recent pregnancy.

The content of antenatal care is as crucial as the frequency of visits. As shown in Table E6.4, 6.5 percent of all women in the second follow-up survey had four or more antenatal care visits with a doctor or professional nurse, and with each of 10 defined best practices performed at least once during pregnancy (measurement of blood type, test for anemia, test for syphilis, test for HIV, test of blood glucose, test for proteinuria, measurement of maternal blood pressure, measurement of maternal weight, measurement of fundal height, and measurement of fetal heartbeat).

Table E6.3: Frequency of antenatal care visits for the most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
None	474	8.1	0.8	237	10.7	1.9
1-3 visits	767	12.7	0.8	280	11.9	1.2
4-6 visits	2359	37.9	1.4	976	39.1	1.8
7-9 visits	2253	35.7	1.4	857	32.9	2.0
10+ visits	332	5.5	0.6	122	5.4	0.9
Don't know	174	-	-	56	-	-
Decline to respond	3	-	-	3	-	-

Table E6.4: Frequency of antenatal care visits with skilled provider for the most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
At least four antenatal care visits with doctor or professional nurse	3637	6193	57.5	1.9	1715	2476	66.5	3.1
At least four antenatal care visits with doctor or professional nurse according to best practices*	364	6193	5.6	0.7	204	2476	6.5	0.9

*measuring blood type, anemia, syphilis, HIV, glucose, proteinuria, blood pressure, weight, fundal height, fetal heartbeat

E6.1.3 Content of antenatal care

The content of antenatal care is an important indicator of quality of care. The coverage of key procedures was assessed among women who received any antenatal care for a birth in the last two years (Table E6.5 and Table E6.6). It is important to remember that the validity of these data hinge on the respondent's understanding of the question and her ability to recall events that may have occurred several years prior to the interview.

There was variation in performance of the 10 "best practice" procedures during the second follow-up: measured maternal weight (86.4%), measured maternal blood pressure (84%), measured fetal heartbeat (80.1%), tested for proteinuria (77%), measured blood type (76.7%), tested for anemia (74.5%), measured fundal height (70.8%), measured blood glucose (60.8%), tested for syphilis (33.2%), and tested for HIV (20.5%). Women were unfamiliar with several tests, as evidenced by the high number of missing responses for proteinuria and syphilis in particular.

Table E6.5: Content of antenatal care visits - best practices, among women 15-49 years who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Measured maternal weight	4614	5863	77.4	1.6	2006	2291	86.4	1.9
Measured maternal blood pressure	4397	5791	74.7	1.6	1955	2286	84.0	2.1
Measured fetal heartbeat	3544	5844	59.8	1.7	1852	2274	80.1	2.2
Tested for proteinuria	1823	2389	74.8	1.5	1031	1298	77.0	2.1
Measured blood type	1925	2655	71.1	1.4	1123	1445	76.7	1.8
Tested for anemia	1788	2612	67.6	1.8	1109	1464	74.5	1.9
Measured fundal height	3603	5821	60.5	1.8	1632	2250	70.8	2.7
Measured blood glucose	1398	2629	52.4	1.8	909	1438	60.8	2.0
Tested for syphilis	805	2560	29.7	1.8	495	1333	33.2	2.5
Tested for HIV	863	5731	14.8	1.3	516	2126	20.5	2.2

Most women in the second follow-up had a performed an ultrasound (70.4%) and a collected blood specimen (68%) collected during their antenatal care visits for the most recent birth during the past two years.

Table E6.6: Content of antenatal care visits - other services provided, among women 15-49 years who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Performed an ultrasound	2617	5853	43.7	2.0	1667	2293	70.4	2.6
Collected blood specimen	2819	5844	47.5	2.0	1589	2262	68.0	2.6
Collected urine specimen	2573	5825	43.7	2.0	1471	2278	62.0	3.0
Tested for diabetes	921	1379	66.7	2.0	535	896	58.7	2.2
Offered an HIV test	921	5740	15.6	1.3	571	2137	22.7	2.3

E6.1.4 Coverage of tetanus toxoid vaccinations during pregnancy

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

As shown in Table E6.7, the coverage of sufficient tetanus toxoid vaccination during pregnancy was 52.4% among women who received antenatal care during the second follow-up. Twenty eight percent of women received one vaccination during the pregnancy and 42.4% received two or more. Among women with antenatal care, 37.4% had never been vaccinated before and 20.2% had received a vaccine in the last 10 years. Among women who were not vaccinated during prenatal care visits, 19.1% had never been vaccinated.

Table E6.7: Coverage of tetanus toxoid vaccinations during pregnancy, among women 15-49 years who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Two or more injections during pregnancy	2164	47.3	1.6	590	42.4	2.4
One injection during pregnancy, one <10 years before	393	8.7	0.7	164	10.0	1.3
One injection during pregnancy, none <10 years before	551	12.9	1.2	248	18.3	1.5
No injections during pregnancy, one or more <10 years before	445	10.2	0.9	147	10.2	1.2
No injections during pregnancy nor during the 10 years prior	877	21.0	1.8	258	19.1	2.1
Don't know	1443	-	-	891	-	-
Decline to respond	22	-	-	0	-	-

E6.1.5 Exposure to safe pregnancy messages

Women who received antenatal care were asked about a series of topics for which they might have received counseling or advice during their pregnancy. Table E6.8 shows the percentage of women in the second follow-up who were exposed to the following messages: counseled about pregnancy (80.6%); advised to deliver in a facility (65.3%); counseled about danger signs during pregnancy (62.9%); given information about in-facility delivery (61.1%); counseled about nutrition during pregnancy (57.4%); counseled about breastfeeding (55.8%); counseled about childcare (54.4%).

Exposure to safe pregnancy practices increased from baseline to second follow-up for all counseling categories. In the second follow-up, 43.9% of women were counseled about contraception after delivery compared to 40.9% at baseline. 29.5% of women in the second follow-up, compared to 26.3% at baseline, were advised to have a Cesarean section. Compared to 7% of women at baseline, 12.9% of women in the second follow-up were counseled about making a transportation plan for delivery.

Table E6.8: Exposure to safe pregnancy practices, women 15-49 years of age who attended at least one antenatal care visit for most recent birth in the last two years

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Counseled about pregnancy	4281	5848	72.4	1.5	1875	2281	80.6	1.8
Advised to deliver in a facility	2784	5835	47.1	2.1	1528	2268	65.3	2.6
Counseled about danger signs during pregnancy	3017	5792	51.0	2.0	1465	2245	62.9	2.6
Given information about in-facility delivery	2652	5826	44.9	2.0	1418	2258	61.1	2.4
Counseled about nutrition during pregnancy	2868	5806	48.4	2.0	1317	2229	57.4	2.5
Counseled about breastfeeding	2968	5829	50.0	2.2	1330	2264	55.8	2.8
Counseled about childcare	2714	5830	45.9	2.1	1284	2259	54.4	2.5
Counseled about contraception after delivery	2407	5831	40.9	1.9	1059	2258	43.9	2.6
Advised to have a Cesarean section	1548	5831	26.3	1.5	732	2265	29.5	2.4
Counseled about making a transportation plan for delivery	427	5822	7.0	0.6	343	2263	12.9	1.5

E6.2 Delivery Care

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

E6.2.1 Place of delivery

The location of the most recent birth and the means of transportation used to get to the facility are shown in Table E6.9. The majority of births occurred in own homes (46.9%) and public hospitals (36.7%). Yet 49.4% of women reported giving birth at home or at another person's home. Deliveries in private-sector facilities were rare (2.1%). Among women who delivered in a facility, 52.4% indicated that they used a private vehicle for transport (Table E6.10).

Table E6.9: Place of delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Own home	3404	55.2	2.5	1073	46.9	4.1
Public hospital	1928	29.1	2.1	966	36.7	3.5
Public health center/clinic	708	10.6	1.0	348	11.2	1.8
Other house	158	2.6	0.3	55	2.5	0.7
Private hospital	71	1.0	0.2	52	1.5	0.3
Private health center/clinic	54	0.7	0.1	18	0.5	0.2
Other private health facility	8	0.1	0.0	3	0.1	0.1
Public health ward	0	0.0	-	0	0.0	-
Other public health facility	13	0.2	0.1	1	0.0	-
Private medical ward	1	0.0	-	1	0.0	-
Other	41	0.6	0.1	16	0.7	0.2
Don't know	4	-	-	2	-	-
Decline to respond	4	-	-	2	-	-

Table E6.10: Transportation to place of delivery for most recent birth in the last two years, among women 15-49 years of age who delivered in a facility

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Private vehicle	1324	2778	48.9	2.7	720	1384	52.4	2.5
Other public transit	1037	2778	36.9	2.3	535	1384	38.6	2.5
Ambulance	281	2778	9.3	0.9	91	1384	6.8	1.1
On foot	221	2778	7.8	1.3	80	1384	5.3	1.1

*categories not mutually exclusive (select all that apply)

Women were asked about the proximity to the health facility used to deliver. Of the 1389 women from the second follow-up who delivered in a facility, 1150 were able to estimate the distance to the facility (Table E6.11). The median number of women reported travelling less than 23 km. Fifty percent of women traveled more than one hours to the facility to deliver.

Table E6.11: Proximity to health care facilities: health facility for delivery

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Baseline 2013							
Distance, km	2237	546	0	2	10	40	100
Travel time, min	2696	87	1	20	60	120	2700
Second follow-up 2018							
Distance, km	1150	239	0	3	23	45	100
Travel time, min	1353	20	1	30	60	120	3600

E6.2.2 Assistance at delivery

The assistance a woman receives during childbirth has important health consequences for both mother and child. For women who did not deliver alone in the last two years (98.8% of all births in the second follow-up), the percentage by type of delivery attendant is detailed in Table E6.12. Among women who did not report being alone for delivery, several categories of personnel may have been in attendance. As can be seen in Table E6.12, most in-facility deliveries during the second follow-up were accompanied by a medical doctor (50.1%) and/or a midwife/comadrona (40.5%). For 37.4% of the deliveries an professional nurse was in attendance. For 11.1%, an auxiliary nurse was in attendance. For 11.1%, an auxiliary nurse was in attendance.

Table E6.12: Types of attendants: assistance at delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Medical doctor	2794	6386	41.7	2.5	1395	2534	50.1	4.1
Midwife/comadrona	3379	6362	54.4	2.3	924	2514	40.5	3.7
Professional nurse	1966	6323	29.1	2.1	1014	2499	37.4	3.4
Auxiliary nurse	761	6265	11.4	1.1	316	2437	11.1	1.6
Relative	972	6363	15.0	1.1	181	2521	7.6	1.2
Laboratory technician	144	6342	2.1	0.3	69	2476	2.4	0.6
Community health worker	36	6356	0.6	0.1	25	2498	0.8	0.2
Pharmacist	18	6354	0.3	0.1	15	2505	0.6	0.3
Traditional healer	106	6361	2.3	0.7	1	2517	0.0	-
Other	146	6360	2.0	0.3	30	2517	1.1	0.3

Fifty five percent of women in the second follow-up delivered with one attendant, 31.1% with two attendants, and 10.2% with three attendants (Table E6.13). For women's most recent live birth in the past two years, 59.3% of deliveries had a skilled attendant present and 49.7% delivered with a skilled attendant in a health facility (Table E6.14).

Table E6.13: Number of attendants: assistance at delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
None	48	0.8	0.2	21	1.2	0.6
One	3437	56.0	2.1	1338	54.9	2.9
Two	2072	31.1	1.4	803	31.1	1.9
Three	689	10.1	1.0	298	10.2	1.3
Four or more	148	2.1	0.3	77	2.7	0.6
Don't know	0	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

Table E6.14: In-facility delivery with skilled birth attendant: assistance at delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Delivery with a skilled birth attendant	2837	6384	42.4	2.5	1603	2533	59.3	3.9
Delivery with a skilled birth attendant in any health facility	2758	6381	41.3	2.5	1380	2530	49.7	4.2

E6.2.3 Complications

Pregnancy complications are an important source of maternal and child morbidity and mortality. The type of delivery (vaginal or Caesarian section) among women with births in the last two years is detailed in Table E6.15 along with the percentage of planned in-facility deliveries. Table E6.16 displays the percentage of women with specific complications.

In the second follow-up, 69.3% of women indicated that they attended the facility for emergency care during their most recent birth in the last two years. Few women reported seizures prior to delivery (3.5%). Approximately 3.6% of infants were transferred to an intensive care unit after delivery, and 12.1% of women reported excessive bleeding after delivery (more than 1 cup over a two-day period of time).

Table E6.15: Mode of delivery for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Mode of delivery						
Vaginal	5504	87.1	1.0	2035	82.7	1.8
Emergency c-section	634	9.3	0.7	352	12.6	1.3
Planned c-section	241	3.6	0.4	145	4.7	0.7
Don't know	6	-	-	1	-	-
Decline to respond	1	-	-	0	-	-
Reason for seeking delivery care, among in-facility births						
Because of emergency	1968	71.6	1.3	937	69.3	2.0
According to birth plan	769	27.2	1.3	431	30.1	2.1
Other reason	32	1.1	0.2	9	0.7	0.2
Don't know	14	-	-	11	-	-
Decline to respond	0	-	-	1	-	-

Table E6.16: Delivery complications for most recent birth in the last two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Respondent experienced excessive bleeding in the first day after delivery	1510	6299	24.1	1.2	319	2530	12.1	1.3
Child entered neonatal intensive care unit after delivery	226	6375	3.4	0.3	101	2529	3.6	0.5
Respondent experienced seizures prior to delivery	275	6367	4.1	0.4	77	2520	3.5	0.6

E6.2.4 Birth size and weight

Birth weight is a major determinant of infant and child health and mortality. Birth weight of less than 2.5 kilograms is considered low. For all births during the five-year period preceding the survey, mothers were asked about their perception of the child's size at birth: very large, larger than average, smaller than average, or very small. They were then asked to report the actual weight in kilograms if the child had been weighed after delivery. To reduce recall bias, only data from the most recent birth within the last two years are summarized below (Table E6.17).

In the second follow-up, many women perceived their infant to be average in size (79.7%). With most births occurring in institutional settings, it is not surprising that 62% of newborns were weighed at birth. Among those who were weighed, 11.5% weighed less than 2.5 kilograms according to the mother's recall (low birth weight).

Table E6.17: Birth size and weight for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Very large	273	4.3	0.5	54	2.2	0.5
Larger than average	701	10.6	0.6	192	8.1	0.6
Average	4493	71.4	1.1	1874	79.7	1.5
Smaller than average	604	9.5	0.7	161	7.0	0.8
Very small	252	4.2	0.4	72	3.0	0.4
Don't know	64	-	-	183	-	-
Decline to respond	6	-	-	1	-	-

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Child was weighed at birth	3510	6272	54.5	2.4	1616	2475	62.0	3.2
Low birth weight (<2.5kg), among those weighed	324	3208	9.7	0.7	154	1400	11.5	1.2

E6.3 Early initiation of breastfeeding

Coverage of early initiation of breastfeeding is defined as the percentage of women who had a live birth in the past two years and put the child to the breast with one hour of birth. Table E6.18 shows that 77.3% of women initiated breastfeeding within one hour of birth.

Table E6.18: Early initiation of breastfeeding for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Early initiation of breastfeeding	4526	6317	71.5	1.4	1893	2473	77.3	1.2

E6.4 Postnatal Care

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

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

E6.4.1 Postnatal checkup for the mother

Data on postnatal care for the mother are summarized in this section. Table E6.19 shows the percentage of women with a birth in the last two years who were checked at any time after delivery and within one week after delivery; and percentage by timing of the check for women with an in-facility delivery.

Only 52.7% of women recalled being checked after delivery during the second follow-up, and 32.4% reported being checked one week after delivery by a health care provider. Only 69.2% of women with an institutional birth recalled being checked every 15 minutes for the first hour post-partum.

Table E6.20 shows the percent distribution of women who were checked at any time after delivery by type of personnel. Among women with postnatal care visits in the second follow-up, most received care from a doctor (65%) or professional nurse (20.5%).

Table E6.19: Postnatal checkup for the mother for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any checkup after delivery	3076	6353	48.3	1.8	1345	2531	52.7	2.4
Checked every 15 minutes during the first hour after delivery, among in-facility births	1057	1630	64.5	2.1	574	831	69.2	2.8
Checked within a week after delivery by a skilled provider	1744	6353	27.3	1.7	822	2531	32.4	2.1

Table E6.20: Provider of care at first postnatal checkup for the mother, most recent live birth in the past two years, among women who attended at least one postnatal care visit

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Doctor	1974	63.7	2.3	872	65.0	2.5
Professional nurse	326	11.3	1.0	287	20.5	1.6
Midwife/comadrona	656	21.4	2.1	132	11.1	2.1
Professional midwife	0	0.0	-	15	1.1	0.3
Auxiliary nurse	76	2.4	0.5	13	0.9	0.2
Community health worker	18	0.5	0.2	5	0.4	0.2
Relative	5	0.1	0.1	5	0.4	0.2
Laboratory technician	0	0.0	-	0	0.0	-
Pharmacy assistant	1	0.0	-	1	0.0	-
Traditional healer	9	0.5	0.3	0	0.0	-
Other	5	0.1	0.1	10	0.6	0.2
Don't know	5	-	-	4	-	-
Decline to respond	1	-	-	1	-	-

* Professional midwife was not an option at baseline

E6.4.2 Postnatal checkup for the infant

The results regarding postnatal care for the neonate are shown in Table E6.21: percentage of women with a birth in the last two years whose infants were checked after delivery; percentage of infants who were checked by skilled personnel within 24 hours of delivery; and percentage of infants who were checked by skilled personnel (doctor or professional nurse; professional midwife was asked at the second follow-up, but was not accepted as skilled) within one week of delivery.

Approximately 58.1% of women in the second follow-up reported that their infant was checked at any time after delivery. Among all deliveries, 16.6% of women reported that a qualified medical professional checked on their infant within 24 hours of delivery. Table E6.22 shows the attendants for neonatal postnatal care. Most women indicated that a doctor performed a checkup (70.7%). Professional nurse and midwife/comadrona were also reported, though much less frequently.

Table E6.21: Postnatal checkup for neonate for woman's most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any checkup after delivery	3991	6351	62.1	1.8	1504	2516	58.1	2.8
Checked within 24 hours after delivery by a skilled provider	1150	6128	17.7	1.8	431	2416	16.6	1.8
Checked within a week after delivery by a skilled provider	2156	6128	34.5	1.9	942	2416	37.7	2.4

Table E6.22: Provider of care at first postnatal checkup for the infant, woman's most recent live birth in the past two years, among women whose child attended at least one postnatal care visit

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Doctor	2897	72.2	2.0	1054	70.7	2.1
Professional nurse	611	16.5	1.6	377	25.0	1.9
Midwife/comadrona	291	7.1	1.2	17	1.4	0.7
Auxiliary nurse	115	2.7	0.4	14	0.9	0.2
Professional midwife	0	0.0	-	11	0.8	0.3
Laboratory technician	2	0.1	0.1	1	0.1	0.1
Community health worker	42	1.0	0.4	2	0.1	0.1
Relative	0	0.0	-	2	0.1	0.1
Pharmacy assistant	1	0.0	-	1	0.0	-
Traditional healer	4	0.2	0.1	0	0.0	-
Other	11	0.3	0.1	14	0.7	0.2
Don't know	17	-	-	11	-	-
Decline to respond	0	-	-	0	-	-

* Professional midwife was not an option at baseline

E6.5 Vouchers, Incentives, and Maternal Waiting Homes

To increase use of their services, some facilities and waiting homes offer vouchers and incentives to women to attend care. Table E6.23 and Table E6.24 display the percentage of women in the second follow-up who gave birth the past two years and received a voucher at a health facility. None of the women in the second follow-up received a voucher or financial assistance for delivery at a health facility and 0.7% received a voucher or financial assistance for postpartum or postnatal care at a health facility.

Table E6.23: Voucher incentives for delivery care-seeking for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Received a voucher or other form of financial assistance to deliver at a health facility	86	2761	2.8	0.7	1	1386	0.1	0.1

Table E6.25: Voucher incentives for postpartum or postnatal care-seeking for most recent live birth in the past two years, women 15-49 years of age

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
No voucher	2740	99.1	0.3	1382	99.3	0.4
Yes, for infant's care	3	0.1	0.0	2	0.4	0.3
Yes, for woman's care	1	0.0	-	3	0.3	0.2
Yes, for both woman and infant	33	0.8	0.3	0	0.0	-
Don't know	4	-	-	2	-	-
Decline to respond	1	-	-	0	-	-

Some facilities that attend deliveries have a **casa materna** or maternal waiting home nearby to provide women who live far away a place to stay while they await delivery or while they recover and prepare to travel home with their infant. Table E6.26 displays how women have commonly used maternal waiting homes during their most recent pregnancy in the past two years. 1.3% of women in the second follow-up report using a maternal waiting home before giving birth and 32% of these women report receiving counseling while staying at a maternal waiting home. On average, women stayed at a maternal waiting home for less than one day and spent \$0.

Table E6.26: Use of maternal waiting homes for most recent live birth in the past two years, women 15-49 years of age

	Second Follow-Up 2018			
	n	N	%	SE
Used a maternal waiting home before giving birth	30	2528	1.3	0.6
Among women who used maternal waiting homes				
Received counseling on health and parenting topics while at waiting home	11	29	32.0	8.2

	N	DK/DTR	Min	25th Percentile	Median	75th Percentile	Max
Second Follow-Up 2018							
Days spent in maternal home	28	0	0	1	1	2	60
Out-of-pocket cost to use maternal home, Mexican Peso	29	1	0	0	0	0	1

E7 Chapter 7: CHILD HEALTH

This chapter summarizes the health status of children aged 0-59 months whose caregivers participated in the SMI-Mexico Second Follow-up Household Survey. All data summarized in this chapter are based on the caregiver's report.

E7.1 Health status

The age and sex distribution of the de facto population of children aged 0-59 months participating in the caregiver interview module or the anthropometric measures in Mexico at the second follow-up is shown in Figure E7.2 by six- or 12-month age groups.

Nineteen percent of children surveyed at baseline and 20% of children surveyed at the second follow-up were under 1 year old at the time of the interview. The age distributions of female and male children are similar.

Figure E7.1: Age and sex of children aged 0-59 months in child health survey or anthropometric measures of the de facto population by six- to twelve-month age groups, baseline survey unweighted

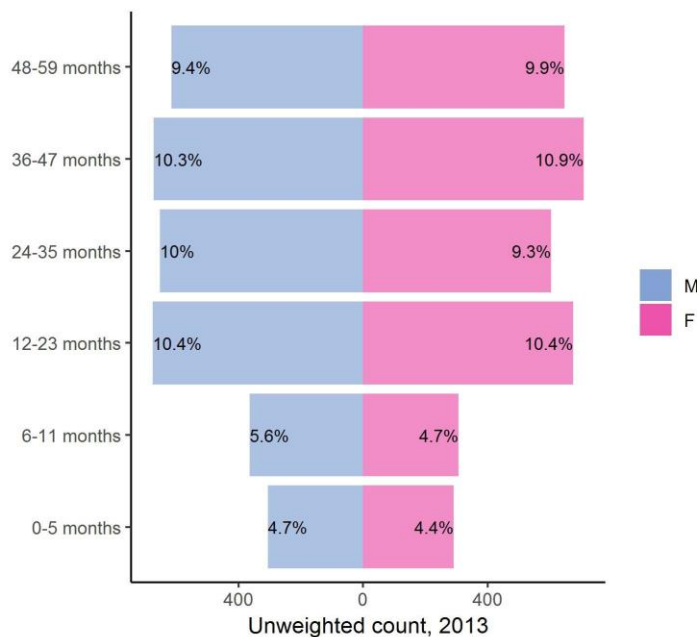
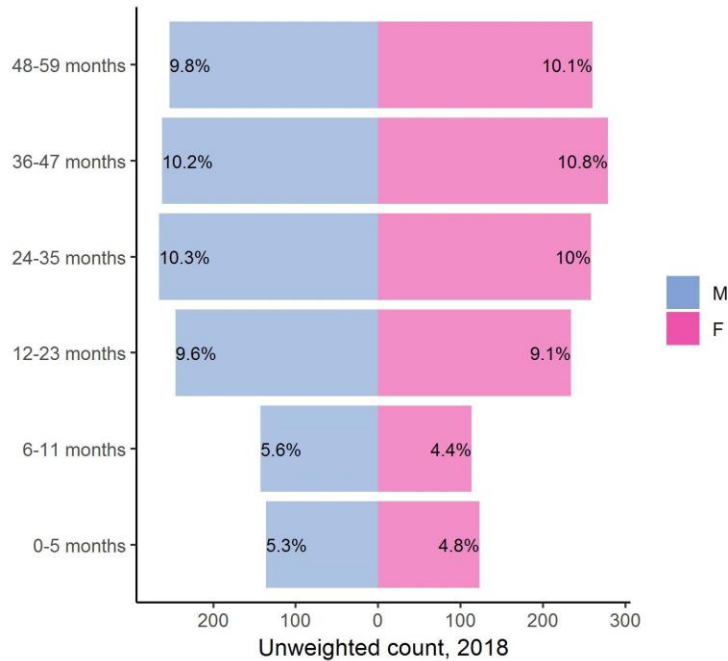


Figure E7.2: Age and sex of children aged 0-59 months in child health survey or anthropometric measures of the de facto population by six- to twelve-month age groups, follow-up survey unweighted



* The age in months of four children under 5 years of age was not collected in the second follow-up. These children are not included in this figure.

E7.1.1 Current health status

Table E7.1 shows the current health status of all children aged 0-59 months, as reported by their caregivers. The table includes the caregiver's evaluation of current health relative to health the previous year and the percentage of children who can easily perform daily activities. In the second follow-up, approximately 82.7% of children's health was considered by their caregiver to be "good," "very good," or "excellent," compared to 82% at baseline.

Relative to the past year, caregivers in the second follow-up evaluation reported that 64.9% of children's health was "about the same" in the second follow-up. While 32.9% of children's health had improved, 2.2% of children experienced reportedly worse health on the day of the interview, compared to last year. Ninety two percent of children could "easily" perform their daily activities (e.g., playing and going to school) according to their caregivers. Seven percent of children had some degree of difficulty performing these activities, 0.8% of children had a significant degree of difficulty performing these activities, and 0.2% of children were unable to complete daily activities, according to their caregivers.

Table E7.1: Current health status, among children aged 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Current health status						
Excellent	898	13.0	1.0	390	13.9	1.5
Very good	929	15.3	0.7	360	14.3	1.0
Good	3436	53.7	1.2	1359	54.5	2.0
Fair	1053	16.5	0.7	431	15.9	1.2
Poor	85	1.6	0.2	38	1.5	0.3
Don't know	4	-	-	0	-	-
Decline to respond	3	-	-	0	-	-
Health status relative to a year ago						
Better	2332	46.2	1.5	708	32.9	2.2
Worse	163	3.3	0.3	42	2.2	0.4
About the same	2486	50.5	1.5	1255	64.9	2.2
Don't know	6	-	-	0	-	-
Decline to respond	3	-	-	1	-	-
Ability to perform daily activities						
Easily	5882	92.0	0.6	2370	92.3	0.7
With some difficulty	330	5.8	0.5	170	6.8	0.6
With much difficulty	35	0.5	0.1	21	0.8	0.2
Unable to do	104	1.7	0.4	5	0.2	0.1
Don't know	54	-	-	12	-	-
Decline to respond	3	-	-	0	-	-

E7.1.2 Recent illness

Caregivers were asked a series of questions about any illnesses or health problems that their children had in the two weeks preceding the interview. In the second follow-up survey, approximately 25% of children were reported as sick during that time (Table E7.2). Of the 658 children who were recently ill, cough (34.8%), fever (30.9%), and diarrhea without blood (13.3%) were the most commonly specified complaints.

Table E7.2: Recent illness, among children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Child was sick in the last two weeks	1780	6400	27.6	1	658	2577	24.7	1.4

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Recent illness among children ill in the last 2 weeks						
Cough	655	37.4	1.6	226	34.8	2.3
Fever	593	32.2	1.6	189	30.9	2.1
Diarrhea without blood	211	11.8	1.0	89	13.3	1.5
Abdominal pain	8	0.5	0.2	13	2.1	0.7
Diarrhea with blood	20	1.0	0.2	8	1.4	0.5
Vomiting	24	1.3	0.3	10	1.4	0.4
Eye/ear infection	7	0.4	0.2	7	0.9	0.4
Skin rash/infection	12	0.5	0.2	6	0.8	0.3
Headache	10	0.7	0.3	2	0.5	0.3
Pneumonia	3	0.2	0.1	2	0.2	0.1
Difficulty urinating	0	0.0	-	1	0.2	0.2
Asthma	3	0.3	0.2	1	0.1	0.1
Bronchitis	10	0.6	0.2	1	0.1	0.1
Anemia	3	0.3	0.2	1	0.1	0.1
Malaria	1	0.0	-	0	0.0	-
Tuberculosis	0	0.0	-	0	0.0	-
Measles	2	0.1	0.0	0	0.0	-
Jaundice	0	0.0	-	0	0.0	-
Stroke	0	0.0	-	0	0.0	-
Diabetes	0	0.0	-	0	0.0	-
HIV/AIDS	0	0.0	-	0	0.0	-
Paralysis	1	0.1	0.1	0	0.0	-
Chest infection	0	0.0	-	0	0.0	-
Blood in urine	0	0.0	-	0	0.0	-
Swelling in legs, ankles, or feet	0	0.0	-	0	0.0	-
Other	215	12.6	1.2	101	13.2	1.7
Don't know	2	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

Options for "Swelling in legs, ankles, or feet", "Blood in urine", and "Chest infection" were available only in the follow-up survey. In the baseline, "Chest infection" was included within the "Cough" answer choice.

E7.1.3 Utilization of health services for recent illness

Table E7.3 summarizes data regarding the utilization of health services among the 658 children who were sick in the two weeks preceding the interview. The table shows the percentage of children 0-59 months who were sick in the last two weeks for whom care was sought for recent illness and among these, the percent distribution by type of medical facility where care was sought and whether the child was hospitalized.

In the second follow-up survey, care was sought for 66% of these cases. Care was typically sought at Public health center/clinic (38.7%) or Pharmacy (23.5%) facilities; some attended private doctor's offices (12.5%). Only thirteen children were hospitalized for their recent illness.

Table E7.3: Utilization of health services for recent illness in the last two weeks, among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for recent illness	1057	1780	57.8	1.9	432	658	66.0	2.1
Child was hospitalized for recent illness	13	445	3.9	1.3	13	210	5.9	1.5

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of medical facility where care was sought						
Public health center/clinic	418	39.0	2.8	158	38.7	3.9
Pharmacy	232	22.3	2.0	92	23.5	2.8
Private doctor's office	113	9.5	1.3	69	12.5	2.2
Public hospital	84	8.0	1.4	43	9.7	1.9
Public health unit	84	9.1	1.6	40	8.7	1.7
Traditional healer	8	1.5	0.7	3	1.1	0.6
Other public health facility	4	0.4	0.2	3	1.0	0.8
Private hospital	10	1.1	0.5	3	0.5	0.3
Private health center/clinic	17	1.4	0.5	2	0.4	0.3
Other private health facility	1	0.0	-	2	0.3	0.2
Private mobile clinic	0	0.0	-	1	0.2	0.2
Public mobile clinic	24	2.2	0.9	0	0.0	-
Community health worker	20	1.6	0.5	0	0.0	-
Other	42	4.1	0.8	13	3.5	1.0
Don't know	0	-	-	3	-	-
Decline to respond	0	-	-	0	-	-

E7.2 Acute respiratory infection

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

E7.2.1 Prevalence of acute respiratory infection and fever

The prevalence of cough, suspected acute respiratory infection, and fever among children aged 0-59 months, as reported by their caregivers, is displayed in Table E7.4. In the second follow-up, 24% of children experienced cough, 10.3% had symptoms of an acute respiratory infection, and 18% had a fever in the two weeks preceding the interview.

Table E7.4: Prevalence of suspected acute respiratory infection and fever in the last two weeks, among children 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Child had cough in the last two weeks, by type						
No cough	4729	74.1	1.0	1961	76.2	1.4
Cough without difficulty breathing	908	14.4	0.7	354	13.6	1.0
With difficulty breathing due to congested/runny nose	385	6.0	0.4	136	5.4	0.7
With difficulty breathing due to chest problem and congested/runny nose	205	3.1	0.4	66	2.5	0.4
With difficulty breathing due to chest problem	149	2.3	0.2	57	2.3	0.3
With difficulty breathing due to other reason	2	0.0	-	0	0.0	-
Don't know	25	-	-	4	-	-
Decline to respond	5	-	-	0	-	-

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Symptoms of acute respiratory infection in the last two weeks	749	6386	11.5	0.7	261	2576	10.3	0.9
Fever in last two weeks	1147	6392	17.7	0.8	465	2576	18.0	1.1

E7.2.2 Utilization of health services for suspected acute respiratory infection

Fifty seven percent of children with symptoms of acute respiratory infection were taken for evaluation and/or treatment of their condition at the second follow-up (Table E7.5).

Table E7.5: Utilization of health services for suspected acute respiratory infection in the last two weeks, among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for suspected acute respiratory infection	1087	1964	53.3	1.8	442	763	57.3	2.6

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of medical facility where care was sought						
Public health center/clinic	441	40.6	2.7	184	43.0	3.8
Pharmacy	242	22.3	2.0	105	24.3	2.8
Private doctor's office	124	9.9	1.2	62	11.3	1.8
Public hospital	69	6.0	1.1	34	7.9	1.9
Public health unit	86	9.3	1.7	28	5.9	1.4
Other public health facility	5	0.5	0.3	4	1.4	1.4
Traditional healer	8	1.4	0.7	3	1.1	0.9
Private health center/clinic	18	1.4	0.5	3	0.4	0.2
Other private health facility	1	0.0	-	2	0.3	0.2
Private hospital	8	0.9	0.4	1	0.2	0.2
Public mobile clinic	24	2.2	0.8	0	0.0	-
Private mobile clinic	0	0.0	-	0	0.0	-
Community health worker	25	1.9	0.5	0	0.0	-
Other	35	3.6	0.8	15	4.2	1.4
Don't know	0	-	-	1	-	-
Decline to respond	1	-	-	0	-	-

E7.2.3 Utilization of medications for suspected acute respiratory infection

Seventy five percent of children with symptoms of acute respiratory infection were given some type of medication for their condition during the second follow-up (Table E7.6). Forty eight percent of children were administered antibiotic syrups for a suspected acute respiratory infection. Acetaminophen (48.2%) and ibuprofen (9.7%) were also commonly administered. Eighteen percent of children received a treatment other than those listed.

Table E7.6: Utilization of medications for suspected acute respiratory infection in the last two weeks, among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any treatment	1438	1966	72.0	1.6	578	762	75.3	1.9
Antibiotic injection	112	1423	7.8	0.9	31	554	5.2	1.0
Antibiotic pill	193	1425	13.2	1.2	44	554	8.6	1.7
Antibiotic syrup	995	1423	68.9	1.8	274	555	48.3	3.1
Aspirin	99	1421	6.7	0.9	5	554	1.4	0.7
Acetaminophen	102	1415	6.0	0.9	265	559	48.2	2.4
Ibuprofen	66	1413	4.4	0.6	58	548	9.7	1.5
Oral rehydration therapy	50	1423	4.1	0.7	26	554	3.7	1.0
Other	211	1421	16.0	1.6	102	559	17.6	2.0

E7.2.4 Feeding practices during suspected acute respiratory infection

Data on feeding practices during the recent episode of suspected acute respiratory infection are summarized in Table E7.7. The table shows the volume of fluids and the volume of solids given during the illness. At the second follow-up, only 6.1% of children were given more fluids than usual. In total, 49% of children were offered less fluid than usual (or none at all). Thirty eight percent of children were offered the same volume of solid food as usual during their illness. Approximately 61% of children were given less than the usual amount of solid food (or none at all).

Table E7.7: Feeding practices during suspected acute respiratory infection in the last two weeks, among children 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Volume of fluids (including breastmilk) given during illness						
No fluids	21	1.8	0.5	19	2.4	0.6
Much less	278	13.8	1.0	110	14.8	1.2
Somewhat less	674	33.6	1.5	246	32.1	2.2
About the same	724	37.2	1.6	334	44.6	2.1
More	265	13.6	1.3	51	6.1	1.0
Don't know	5	-	-	3	-	-
Decline to respond	1	-	-	0	-	-
Volume of solid foods given during illness						
No solids	38	2.0	0.5	23	3.0	1.0
Much less	266	13.6	1.0	116	15.4	1.4
Somewhat less	911	45.9	1.5	324	42.6	2.1
About the same	669	34.5	1.6	288	37.6	2.0
More	77	4.1	0.8	9	1.3	0.6
Don't know	7	-	-	3	-	-
Decline to respond	0	-	-	0	-	-

E7.3 Diarrhea

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

E7.3.1 Prevalence

Table E7.8 shows the proportion of children aged 0-59 months with diarrhea in the two weeks preceding the interview, as reported by their caregivers (11.3% at the second follow-up). One percent of children

had bloody diarrhea.

Table E7.8: Prevalence of diarrhea in the last two weeks, among children aged 0-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
No diarrhea	5651	88.6	0.5	2265	88.7	1.0
Diarrhea without blood	664	10.6	0.5	280	10.6	1.0
Diarrhea with blood	53	0.8	0.1	20	0.7	0.2
Don't know	35	-	-	13	-	-
Decline to respond	5	-	-	0	-	-

E7.3.2 Utilization of health services for diarrhea

Nearly half of children with diarrhea were taken for evaluation and/or treatment of their condition (Table E7.9). Care for these children was often sought in the public sector, although private health centers were visited by 13% of these cases at the second follow-up.

Table E7.9: Utilization of health services for diarrhea in the last two weeks, among children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Sought care for diarrhea	381	717	51.8	2.5	185	300	61.3	2.5

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Type of medical facility where care was sought						
Public health center/clinic	137	35.9	3.2	52	29.5	4.9
Pharmacy	100	26.3	2.7	41	24.5	4.4
Private doctor's office	35	10.1	2.1	31	12.9	2.7
Public health unit	30	8.9	2.3	22	11.9	2.9
Public hospital	30	7.5	2.0	17	8.5	1.9
Traditional healer	3	0.7	0.4	2	1.6	1.1
Other public health facility	0	0.0	-	2	1.4	1.0
Community health worker	9	1.7	0.8	2	1.3	0.9
Public mobile clinic	8	2.2	1.0	1	0.9	0.9
Other private health facility	1	0.1	0.1	2	0.7	0.6
Private health center/clinic	8	1.9	0.9	1	0.6	0.6
Private hospital	4	0.9	0.5	1	0.3	0.3
Private mobile clinic	0	0.0	-	0	0.0	-
Other	16	4.0	1.0	10	5.9	1.6
Don't know	0	-	-	1	-	-
Decline to respond	0	-	-	0	-	-

E7.3.3 Utilization of treatments for diarrhea

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

Although care was sought in only 61.3% of diarrhea cases, 83.5% of cases were given some form of treatment at the second follow-up. Fluid made with powdered oral rehydration salts was the most common form oral rehydration therapy (40.1%). Nine percent of cases were treated with zinc syrup or pills. Twenty percent of cases were treated with an antibiotic pill.

Table E7.10: Utilization of treatments for diarrhea during the last two weeks, among children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Any treatment	551	713	75.9	2.5	255	299	83.5	2.4
Fluids								
Fluid made with powdered oral rehydration salts	264	714	35.5	2.3	128	299	40.1	3.9
Bottled oral rehydration serum	154	713	21.3	2.2	98	299	29.6	3.4
Homemade fluid recommended by health authorities	44	713	6.2	1.2	31	297	10.9	2.1
Medications								
Antibiotic pill	125	709	17.7	2.3	59	284	20.1	2.6
Antidiarrheal pill	61	710	9.0	1.5	25	283	8.8	2.0
Zinc pill	8	710	1.4	0.7	12	282	5.5	2.1
Other type of pill	15	710	2.5	0.7	5	282	1.3	0.6
Unknown pill	20	710	2.8	0.7	5	282	2.0	0.8
Antibiotic injection	42	711	6.1	1.1	9	284	2.8	1.3
Non-antibiotic injection	7	711	1.2	0.6	2	284	0.5	0.4
Unknown injection	3	711	0.6	0.3	1	284	0.3	0.3
Intravenous therapy	5	710	0.5	0.2	2	284	0.4	0.3
Home remedy/herbal medicine	102	711	14.6	1.6	42	285	15.3	2.7
Antibiotic syrup	147	710	20.4	1.9	76	284	24.8	2.5
Antidiarrheal syrup	88	709	11.5	1.6	23	284	7.4	2.0
Zinc syrup	5	709	0.6	0.3	10	284	3.2	1.1
Other syrup	24	708	3.2	0.8	7	283	2.1	0.8
Unknown syrup	14	712	2.2	0.7	10	285	3.4	1.1
Other treatment	46	710	6.9	1.2	38	287	12.8	2.1

E7.3.4 Feeding practices during diarrhea

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

Data on feeding practices during the recent diarrheal episode are summarized in Table E7.11. The table shows the volume of fluids and the volume of solids given during the illness. Only 9.1% of children were given more fluids than usual in the second follow-up survey. Approximately 51% of children were offered less fluid than usual (or none at all). Forty percent of children were offered the same volume of solid food as usual during their illness. Approximately 57% of children were given less than the usual amount of solid food (or none at all).

Table E7.11: Feeding practices among children aged 0-59 months who had diarrhea in the last two weeks

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
Volume of fluids (including breastmilk) given during illness						
No fluids	5	0.6	0.3	10	3.4	1.4
Much less	121	16.8	1.7	50	16.7	2.5
Somewhat less	257	33.2	2.3	87	30.5	2.8
About the same	209	31.8	2.4	120	40.3	2.8
More	125	17.7	1.8	31	9.1	2.2
Don't know	0	-	-	2	-	-
Decline to respond	0	-	-	0	-	-
Volume of solid foods given during illness						
No solids	32	5.3	1.2	17	5.4	1.3
Much less	120	15.9	1.6	50	16.5	2.6
Somewhat less	342	45.8	2.2	109	35.2	3.2
About the same	188	28.8	2.1	116	39.9	3.0
More	33	4.2	0.9	8	2.9	1.0
Don't know	2	-	-	0	-	-
Decline to respond	0	-	-	0	-	-

E7.4 Immunization against common childhood illnesses

Information on immunization coverage was collected for all children aged 0-59 months whose caregivers participated in the survey. Both caregiver's report and review of vaccination card (if available) were used to determine coverage. A vaccination card was available for review for 2,065 children at the second follow-up (80.1% of the sample, unweighted). In Table E7.12, coverage is estimated by vaccine type to include all children with full compliance for age as specified in the national immunization scheme at the time of the survey, according to either an affirmative response from the caregiver that the immunization was received, or a mark that the immunization was received on the vaccination card (for children with a vaccination card available for review at the time of the interview). Children too young to have received a specific vaccine are counted as covered in order to maintain a comparable all-ages sample across vaccine types.

Table E7.12: Immunization against common childhood illnesses, children aged 0-59 months, according to caretaker recall and vaccination card

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
BCG vaccine (tuberculosis)	5716	5899	96.7	0.4	2231	2326	95.4	0.8
Hepatitis B vaccine	4912	5906	83.0	1.2	1297	2311	54.9	2.1
Pentavalent acellular vaccine (DPT, IPV, Hib)	4671	5934	78.5	1.2	1255	2331	52.9	2.6
Rotavirus vaccine	4258	5904	71.2	1.4	1712	2310	73.6	2.3
Pneumococcal conjugate vaccine	3970	5898	65.7	1.8	1578	2285	68.5	2.6
Measles, mumps, and rubella (MMR) vaccine	4774	6025	79.2	1.4	2023	2362	85.4	1.4
Diphtheria, tetanus, and pertussis (DPT) vaccine	3140	6086	51.5	1.4	1110	2393	46.5	1.4

In Table E7.13, coverage estimates based on recall are summarized for the full sample, and coverage estimates based on vaccination card data are summarized among the subset with a vaccination card available for review. When considering only caregivers' recall, only 13.5% of children aged 0-59 months were fully immunized for age at the second follow-up survey, reflecting many "Don't know" or "Decline" responses that call into question the reliability and validity of the caregiver recall data. Caregivers were able to definitively answer the entire vaccine recall section for only 980 children at the second follow-up. Immunization coverage for children 0-59 months based only upon the vaccine card is 32%, and when combined with recall-based information, the estimate of full vaccination for age among children 0-59 months is 25.4%.

Table E7.13: Full immunization compliance for age, children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
According to recall + card	2402	5795	40.4	1.8	732	2216	32.0	2.4
According to vaccine card	1950	6346	28.9	1.7	676	2569	25.4	2.1
According to caregiver's recall	857	3221	26.0	1.7	143	980	13.5	1.7

E7.5 Deworming treatment

Administration of deworming treatment every six months has been shown to reduce the prevalence of anemia in children. Only 24.2% of children aged 12-59 months received at least two doses of deworming treatment in the year preceding the second follow-up interview (Table E7.14).

Table E7.14: Deworming treatment among children aged 12-59 months

	Baseline 2013			Second Follow-Up 2018		
	n	%	SE	n	%	SE
No deworming	2377	48.4	1.5	937	47.4	2.2
One dose	1288	26.0	1.1	579	28.4	1.7
Two or more doses	1268	25.6	1.2	482	24.2	1.8
Don't know	50	-	-	7	-	-
Decline to respond	5	-	-	0	-	-

E8 Chapter 8: INFANT AND YOUNG CHILDREN FEEDING PRACTICES

This chapter summarizes the feeding practices of infants and children aged 0-59 months whose caregivers participated in the SMI-Mexico Household Survey. All data summarized in this chapter are based on the caregiver's report.

E8.1 Breastfeeding

E8.1.1 Exclusive breastfeeding

Coverage of exclusive breastfeeding is defined as the percentage of infants born in the six months prior to the survey who received only breast milk during the previous day. This information is obtained through a 24-hour dietary recall in which the caregiver indicates what the child consumed during the previous day and night. In Mexico during the second follow-up, the sample includes 265 children who are under 6 months of age, and 150 of those children have sufficiently complete dietary recall information to determine whether they are exclusively breastfed. Table E8.1 shows that 61% of children under 6 months of age are exclusively breastfed.

E8.1.2 Continued breastfeeding at 1 year

Coverage of continued breastfeeding at 1 year is defined as the percentage of children 12-15 months old who received breast milk during the previous day according to caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 145 children who are between 12 and 15 months of age, and 120 of those children have adequate responses to determine their breastfeeding status. Table E8.1 shows that 81.8% of children continue to receive breast milk at 1 year.

Table E8.1: Breastfeeding among children

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Exclusive breastfeeding among children <6 months	317	580	55.2	2.8	150	264	61.0	3.7
Continued breastfeeding at one year among children 12-15 months	372	492	75.9	2.5	120	145	81.8	4.3

E8.2 Acceptable diet

E8.2.1 Introduction of solid, semi-solid, or soft foods

Coverage of appropriate introduction of solid foods is measured as the percentage of infants 6-8 months of age who received solid or semi-soft foods during the previous day according to caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 136 children who are 6-8 months of age, and

91 of those children have sufficiently complete dietary recall information. Table E8.2 shows that 64.9% of children consumed solid or semi-soft foods.

E8.2.2 Dietary diversity

Coverage of minimum dietary diversity is measured as the percentage of children 6-23 months of age who received foods from at least four food groups during the previous day according to caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 739 children who are 6-23 months of age, and 273 of those children have sufficiently complete dietary recall information to determine dietary diversity. Table E8.2 shows that 35.4% of children achieved the minimum dietary diversity during the previous day.

E8.2.3 Meal frequency

Coverage of minimum meal frequency is measured as the percentage of children 6-23 months of age who received solid foods at least the minimum number of times the previous day, based on age and breastfeeding status. For breastfed children, the minimum is two times for children 6-8 months of age and three times for children 9-23 months of age. For non-breastfed children, the minimum number is four times for all children 6-23 months of age. This information is obtained through caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 739 children who are 6-23 months of age, and 216 of those children have sufficiently complete dietary recall information to determine meal frequency. Table E8.2 shows that 36.1% of children achieved the minimum meal frequency during the previous day.

E8.2.4 Minimum acceptable diet

Coverage of minimum acceptable diet is measured for children 6-23 months of age. For breastfed children to meet the minimum acceptable diet they must have had at least the minimum dietary diversity and the minimum meal frequency during the previous day. For non-breastfed children to meet the minimum acceptable diet they must have had at least two milk feedings, as well as at least the minimum dietary diversity (not including milk feedings) and the minimum meal frequency during the previous day. This information is obtained through caregiver's dietary recall. In Mexico during the second follow-up, the sample includes 739 children who are 6-23 months of age, and 91 of those children have sufficiently complete dietary recall information to determine minimum acceptable diet. Table E8.2 shows that 11.5% of children achieved the minimum acceptable diet during the previous day.

E8.2.5 Consumption of iron-rich or iron-fortified foods

Consumption of iron-rich foods is measured as the percentage of children 6-23 months of age who receive an iron-rich food (e.g., liver, beef, or fish), an iron supplement, or a fortified food that is specially designed for infants and young children, or a food fortified in the home with a product that included iron during the previous day. This information is obtained through caregiver's dietary recall. In Mexico during the second

follow-up, the sample includes 739 children who are 6-23 months of age and 264 of those children have sufficiently complete dietary recall information to determine iron consumption. Table E8.2 shows that 33.7% of children consumed an iron-rich food during the previous day.

Table E8.2: Acceptable diet among children 6-23 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Introduction of solid foods among children 6-8 months	267	347	76.7	2.7	91	136	64.9	4.4
Minimum meal frequency among children 6-23 months	751	1789	41.7	1.6	216	567	36.1	2.8
Minimum dietary diversity among children 6-23 months	604	1988	30.5	1.8	273	739	35.4	2.7
Consumption of iron-rich foods among children 6-23 months	734	1988	36.0	1.6	264	739	33.7	2.3
Minimum acceptable diet among children 6-23 months	284	1975	14.2	1.2	91	709	11.5	1.4

E1.1 Micronutrient supplementation

E1.1.1 Vitamin A

Interviewers asked the caregiver if their child received a dose of vitamin A in the last six months. Table E8.3 shows that of the 2,574 sampled children 0-59 months of age in the second follow-up, 20.3% received a dose of vitamin A in the last six months.

E1.1.2 Iron

Interviewers showed the caregiver photos of common types of bottles, powders, or syrups and asked if their child received iron pills, powder, or syrup in the last day. Table E8.3 shows that of the 2,574 children 0-59 months of age in the second follow-up sample, 6% received a dose of iron in the last day.

Table E8.3: Vitamin A and Iron consumption among children 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Vitamin A in the last six months	1076	6290	16.3	1.0	526	2457	20.3	1.4
Iron supplement the previous day	375	6370	5.6	0.5	168	2554	6.0	0.6

E1.1.3 Packets of micronutrients

Interviewers showed the caregiver a card with packets of micronutrients (chispitas) and asked how many packets their child received from a health facility and consumed in the last six months. Children are

intended to take 60 consecutive daily doses of micronutrient powder in each of three rounds, beginning at age 6, 12, and 18 months, with an adequate consumption considered to be 50 packets. Table E8.4 shows that among children 6-23 months of age sampled in the second follow-up, 80.2% received no packets of micronutrients from a health facility in the last six months.

Table E8.4: Micronutrient powders among children 6-23 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Received any micronutrient packets from health facility in the last six months	305	1967	15.7	1.3	134	710	19.8	2.7
Consumed any micronutrient packets	249	1927	13.4	1.2	104	681	16.5	2.6
Consumed adequate dose (≥ 50 packets) of micronutrient powders	45	1927	2.6	0.4	22	681	3.2	1.1

* Identical questions were asked in baseline and second follow-up surveys, but the second follow-up interview included photos of the micronutrient products. The baseline survey predated the intervention, so it is possible that questions about receipt and consumption were interpreted by caregivers to include different types of micronutrient supplements at baseline.

E9 CHAPTER 9: NUTRITIONAL STATUS IN CHILDREN

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

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

A total of 2,578 children aged 0-59 months participated in the SMI-Mexico second follow-up. In practice, 2,150 of these children underwent the physical measurement module. Height and weight data are presented for 2,141 of these children (99.6%, unweighted). One thousand nine hundred thirty five children 6-59 months of age were eligible for the anemia test. Hemoglobin was measured in 1,901 children (98.2%, unweighted, of children 6-59 months of age). Parental consent was refused for 34 children. The age and sex distribution of children participating in the physical measurement module in second follow-up is displayed in Figure E9.2 and Figure E9.4.

Figure E9.1: Height and weight measured: Age and sex of sample, unweighted percent distribution of the de facto population, baseline survey

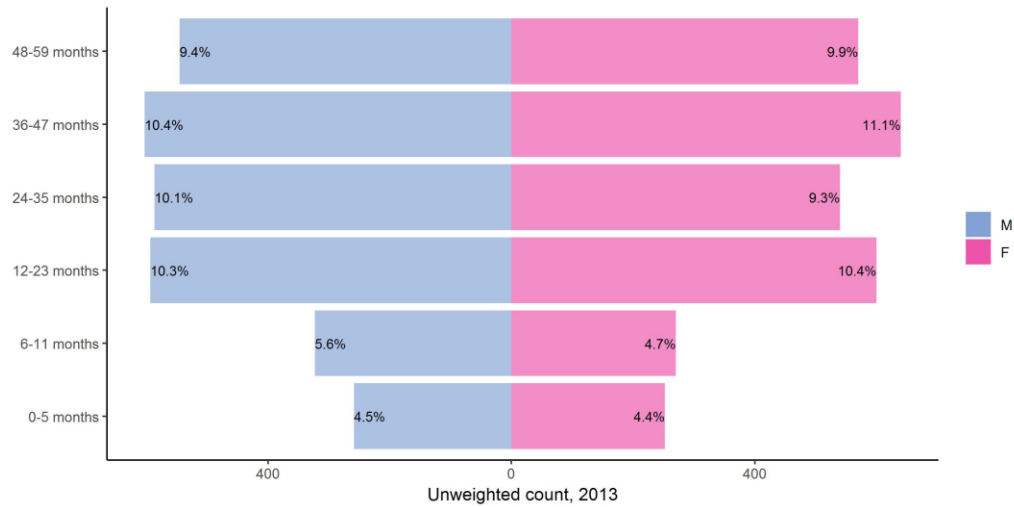


Figure E9.2: Height and weight measured: Age and sex of sample, unweighted percent distribution of the de facto population, follow-up survey

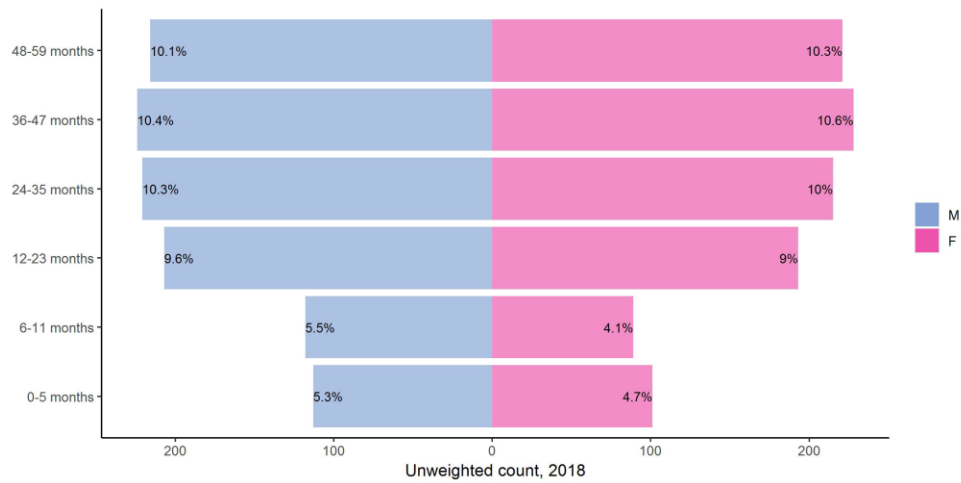


Figure E9.3: Hemoglobin measured: Age and sex of sample, unweighted percent distribution of the de facto population, baseline survey

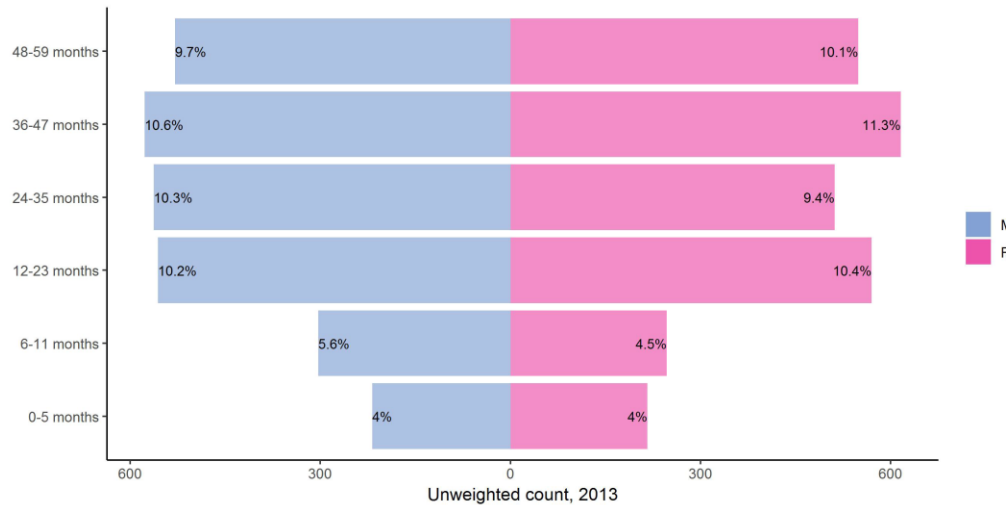
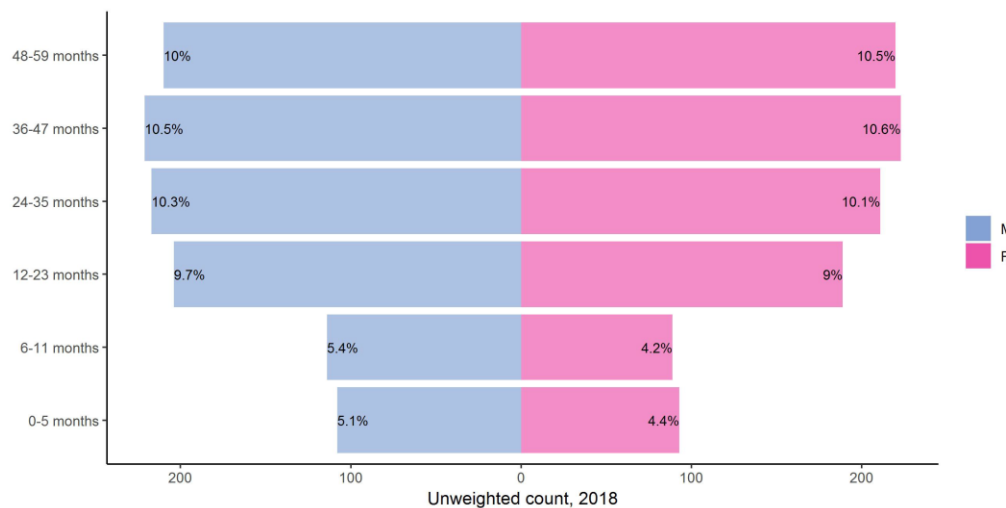


Figure E9.4: Hemoglobin measured: Age and sex of sample, unweighted percent distribution of the de facto population, follow-up survey



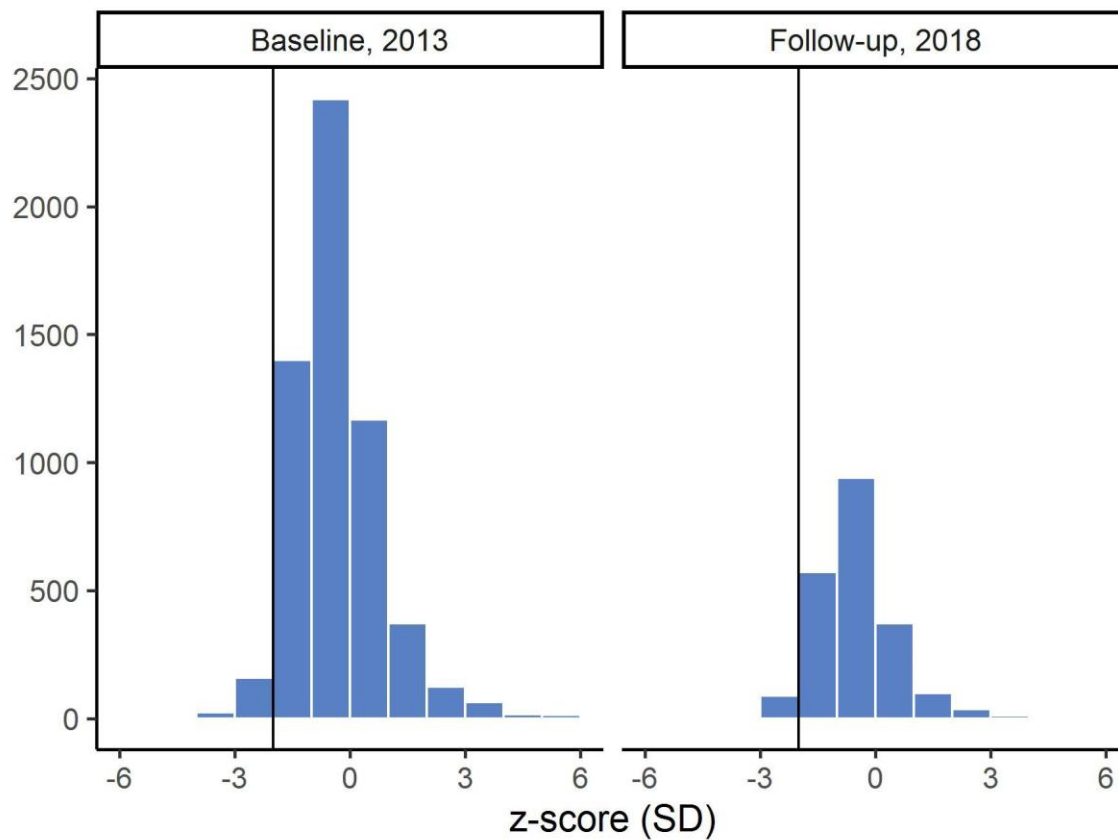
E9.1 Weight-for-Age

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

E9.1.1 Unweighted distribution of weight-for-age z-scores

Figure E9.5 shows the distribution of weight-for-age z-scores among all children aged 0-59 months whose measurements were taken. The vertical black lines in the figure denote minus two standard deviations – children to the left of the line are classified as underweight.

Figure E9.5: Distribution of weight-for-age z-scores among children 0-59 months, unweighted



E9.1.2 Prevalence of underweight

As shown in Table E9.1, 11.4% of children aged 0-59 months in the second follow-up are underweight (have low weight-for-age) and 2.4% are severely underweight. The proportion of underweight children is highest (11.8%) in the age groups 24 to 59 months and lowest (4.4%) among those under 6 months. Female children (10.3%) are less likely to be underweight than male children (12.1%).

Table E9.1: Prevalence of underweight in children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of underweight in children 0-59 months, by sex and age (< -2 SD)								
Male	270	2907	9.5	0.8	117	1095	12.1	1.6
Female	224	2872	8.2	0.7	102	1043	10.3	0.9
0-5 months	13	510	2.1	0.6	9	214	4.4	1.5
6-11 months	38	593	6.6	1.2	21	205	11.6	2.5
12-23 months	97	1194	8.4	1.1	49	400	13.9	1.8
24-59 months	346	3482	10.4	0.8	144	1323	11.8	1.4
0-59 months	492	5777	8.8	0.6	223	2142	11.4	1.0
6-23 months	135	1787	7.8	0.8	70	605	13.2	1.6
Prevalence of severe underweight in children 0-59 months, by sex and age (< -3 SD)								
Male	64	2907	2.2	0.4	26	1095	2.7	0.6
Female	38	2872	1.3	0.2	18	1043	1.7	0.4
0-5 months	5	510	0.6	0.3	5	214	2.4	1.3
6-11 months	9	593	1.4	0.5	8	205	4.5	1.5
12-23 months	25	1194	2.2	0.5	8	400	2.3	0.8
24-59 months	63	3482	1.8	0.3	27	1323	2.2	0.5
0-59 months	100	5777	1.7	0.2	48	2142	2.4	0.4
6-23 months	34	1787	1.9	0.4	16	605	3.0	0.8
Prevalence of high weight for age in children 0-59 months, by sex and age (> 2 SD)								
Male	99	2907	3.0	0.4	24	1095	2.1	0.4
Female	94	2872	3.1	0.4	23	1043	1.9	0.4
0-5 months	107	510	19.3	2.0	27	214	12.2	2.4
6-11 months	23	593	3.6	0.9	5	205	2.0	0.9
12-23 months	21	1194	1.4	0.4	3	400	0.8	0.5
24-59 months	42	3482	1.2	0.2	12	1323	0.7	0.2
0-59 months	193	5777	3.1	0.3	47	2142	2.0	0.3
6-23 months	44	1787	2.1	0.4	8	605	1.2	0.4

E9.2 Height-for-Age

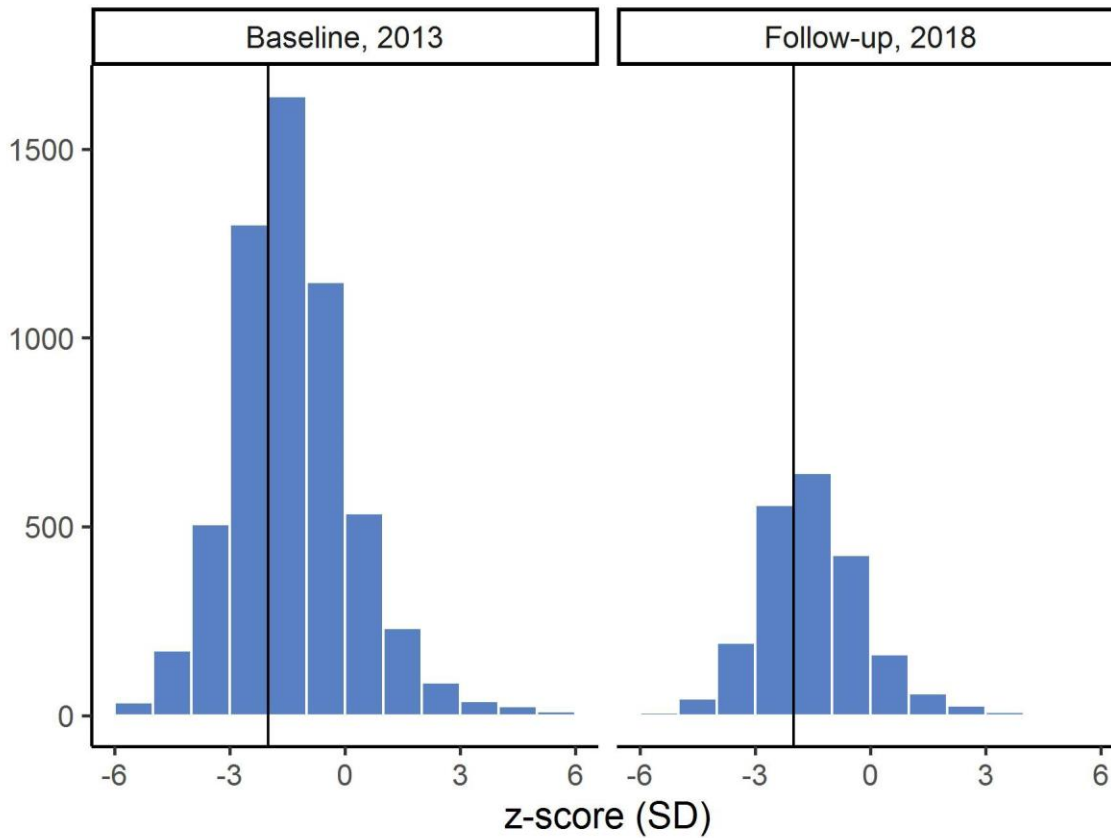
Height-for-age is an indicator of linear growth retardation and cumulative growth deficits in children. Children whose height-for-age z-score is below minus two standard deviations (-2 SD) from the median of the WHO reference population are considered short for their age (stunted) or chronically malnourished.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

E9.2.1 Distribution of height-for-age z-scores

Figure E9.6 presents the distribution of height-for-age z-scores among all children aged 0-59 months whose measurements were taken. The vertical black lines in the figure denotes minus two standard

deviations – children to the left of the line are classified as stunted.

Figure E9.6: Distribution of height-for-age z-scores among children 0-59 months, unweighted



E9.2.2 Prevalence of stunting

Table E9.2 presents the prevalence of stunting in children aged 0-59 months as measured by height-for-age. In the second follow-up, 41.2% of children under age 5 are stunted and 13.8% are severely stunted. Analysis of the indicator by age group shows that stunting is highest (48.5%) in children 24-59 months and lowest (7.3%) in children aged 0-5 months. Children 12-23 months old have the highest proportion of severely stunted children (13.2%) while the youngest age group (0-5 months) has the lowest proportion (3.6%). A higher proportion (41.2%) of male children is stunted compared with the proportion of female children (40.9%).

Table E9.2: Prevalence of stunting in children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of stunting in children 0-59 months, by sex and age (< -2 SD)								
Male	1043	2907	36.9	1.7	407	1098	41.2	2.5
Female	1000	2871	36.4	1.7	399	1047	40.9	2.2
0-5 months	38	510	7.5	1.3	14	215	7.3	1.8
6-11 months	110	592	20.1	2.3	47	208	24.5	3.4
12-23 months	385	1194	33.3	1.9	164	400	44.0	3.1
24-59 months	1510	3482	44.8	1.9	585	1326	48.5	2.5
0-59 months	2041	5776	36.6	1.5	810	2149	41.2	2.0
6-23 months	495	1786	29.0	1.6	211	608	37.4	2.7
Prevalence of severe stunting in children 0-59 months, by sex and age (< -3 SD)								
Male	390	2907	13.9	1.2	128	1098	13.9	1.6
Female	358	2871	13.1	1.1	124	1047	13.3	1.4
0-5 months	12	510	2.0	0.6	7	215	3.6	1.5
6-11 months	38	592	6.9	1.8	16	208	8.5	2.1
12-23 months	133	1194	11.7	1.2	46	400	13.2	1.9
24-59 months	565	3482	16.9	1.4	187	1326	16.5	1.9
0-59 months	746	5776	13.5	1.0	256	2149	13.8	1.3
6-23 months	171	1786	10.1	1.0	62	608	11.6	1.5

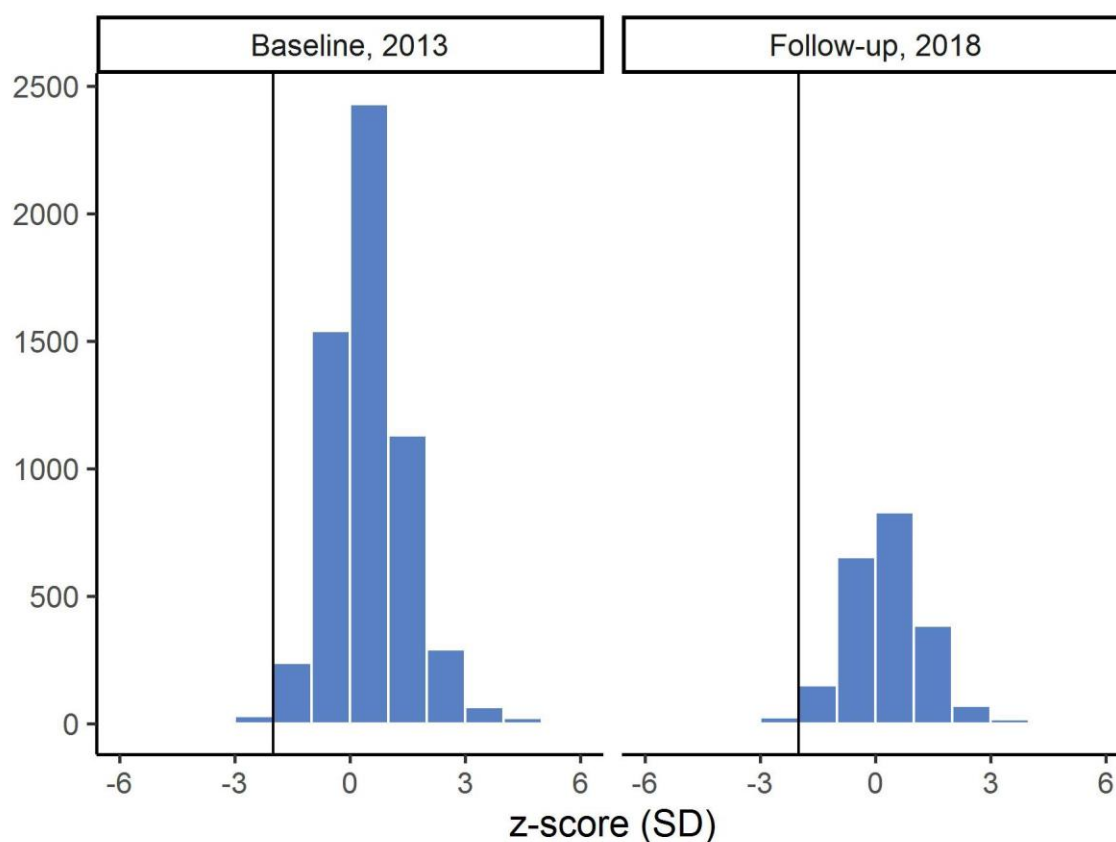
E9.3 Weight-for-Height

The weight-for-height indicator measures body mass in relation to body height or length and describes current nutritional status. Children with z-scores below minus two standard deviations (-2 SD) are considered thin (wasted) or acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Children with a weight-for-height index below minus three standard deviations (-3 SD) are considered severely wasted. This weight-for-height indicator also provides data on over-weight and obesity. Children more than two standard deviations (+2 SD) above the median weight-for-height are considered overweight or obese.

E9.3.1 Distribution of weight-for-height z-scores

Figure E9.7 shows the distribution of weight-for-height z-scores among all children aged 0-59 months whose measurements were taken. The vertical black lines in the figure denote minus two standard deviations – children to the left of the line are classified as wasted.

Figure E9.7: Distribution of weight-for-height z-scores among children 0-59 months, unweighted



E9.4 Prevalence of Wasting

Table E9.3 shows the breakdown of nutritional status of children aged 0-59 months as measured by weight-for-height by age groups and sex. In the second follow-up, 2.2% of children are wasted and 0.8% of children are severely wasted. Analysis of the indicator by age group shows that wasting is highest (3.1%) in children 12-23 months old and lowest (3.4%) in children aged 6-11 months. Male children are more likely to be wasted than female children (2.5% to 1.9%). Male children are slightly more likely to be severely wasted (1%) than females (0.5%).

Overweight and obesity affect a greater proportion of children in SMI areas Mexico than wasting. In this sample, 3.9% of children are overweight or obese (weight-for-height more than +2 SD). The coexistence of both growth retardation and obesity reveals the burden of malnutrition in Mexico.

Table E9.3: Prevalence of wasting in children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of wasting in children 0-59 months, by sex and age (< -2 SD)								
Male	45	2905	1.8	0.3	28	1098	2.5	0.5
Female	16	2866	0.5	0.1	23	1046	1.9	0.4
0-5 months	7	510	1.2	0.5	9	213	4.1	1.7
6-11 months	12	592	2.2	0.6	7	207	3.4	1.6
12-23 months	21	1194	2.0	0.5	13	400	3.1	0.9
24-59 months	21	3475	0.7	0.2	22	1324	1.5	0.3
0-59 months	61	5769	1.2	0.2	51	2144	2.2	0.4
6-23 months	33	1786	2.0	0.4	20	607	3.2	0.8
Prevalence of severe wasting in children 0-59 months, by sex and age (< -3 SD)								
Male	13	2905	0.6	0.2	11	1098	1.0	0.3
Female	5	2866	0.2	0.1	6	1046	0.5	0.2
0-5 months	2	510	0.4	0.3	3	213	1.5	1.1
6-11 months	4	592	0.7	0.4	3	207	1.8	1.4
12-23 months	9	1194	1.0	0.4	3	400	0.7	0.5
24-59 months	3	3475	0.1	0.1	8	1324	0.5	0.2
0-59 months	18	5769	0.4	0.1	17	2144	0.8	0.2
6-23 months	13	1786	0.9	0.3	6	607	1.1	0.5
Prevalence of overweight in children 0-59 months, by sex and age (> 2 SD)								
Male	188	2905	6.4	0.5	42	1098	3.8	0.7
Female	142	2866	4.3	0.4	46	1046	4.1	0.7
0-5 months	71	510	14.4	1.7	24	213	12.3	2.4
6-11 months	43	592	6.8	1.3	9	207	4.8	1.8
12-23 months	46	1194	3.3	0.5	8	400	1.8	0.6
24-59 months	170	3475	4.5	0.4	47	1324	3.1	0.5
0-59 months	330	5769	5.4	0.4	88	2144	3.9	0.6
6-23 months	89	1786	4.4	0.5	17	607	2.8	0.7

E9.5 Anemia

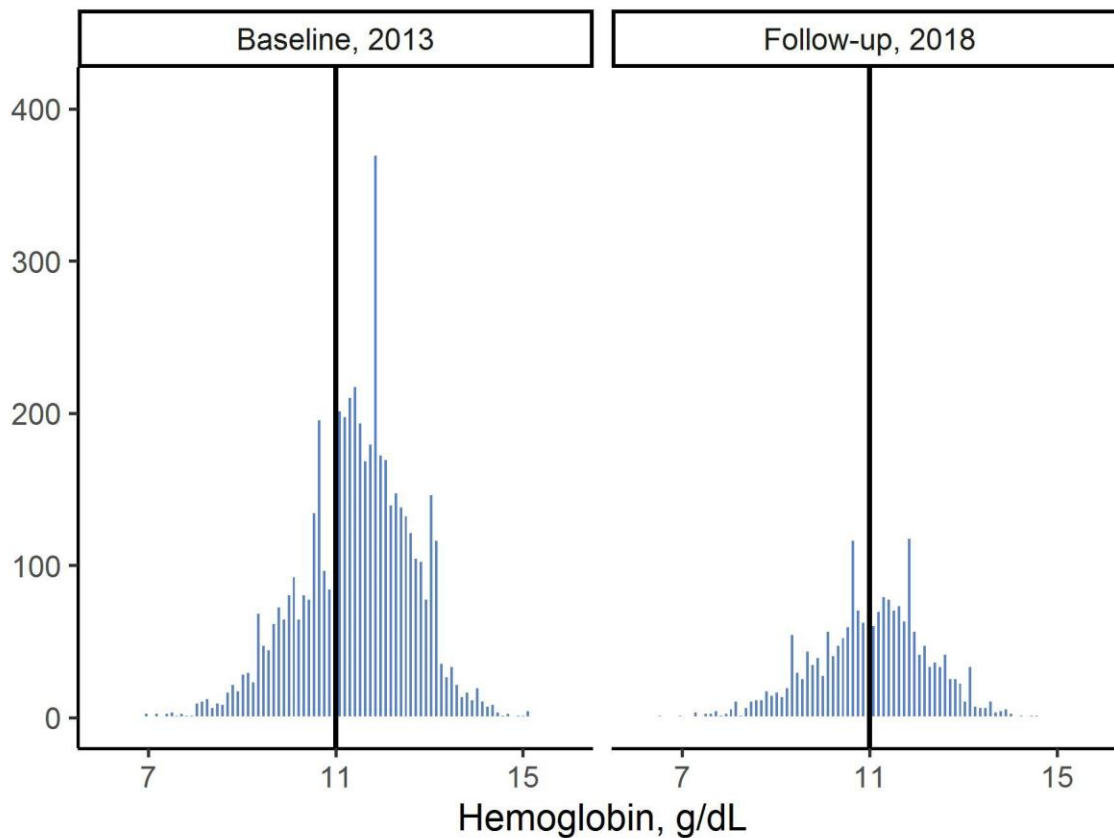
Anemia is a condition characterized by low concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body. The reduction in oxygen available to organs and tissues when hemoglobin levels are low is responsible for most of the symptoms experienced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

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

E9.5.1 Distribution of hemoglobin values

Figure E9.8 shows the distribution of hemoglobin values (in g/dL) among children 0-59 months of age. The vertical black lines in the figure denote a hemoglobin concentration of 11.0 g/dL – children to the left of the line are classified as anemic.

Figure E9.8: Distribution of altitude-adjusted hemoglobin values among children 0-59 months, unweighted



E9.5.2 Prevalence of anemia

Levels of anemia were classified as severe (<7.0 g/dL) and any (<11.0 g/dL) based on the hemoglobin concentration in the blood. The cutpoints for anemia are adjusted (raised) in settings where altitude is more than 1,000 meters above sea level, to account for lower oxygen partial pressure, a reduction in oxygen saturation of blood, and an increase in red blood cell production. Although some regions of Mexico are mountainous and well above 1,000 meters, the majority of the population resides at lower levels. The highest elevation of a surveyed household at the second follow-up was 2,519 meters above sea level; 61.9% of children (unweighted) lived above 1,000 meters. Correction for elevation was applied to anemia diagnosis where data collectors measured altitude over 1,000m (using a handheld GPS device).

Children whose hemoglobin levels are below 11 g/dL are considered anemic, and children who have hemoglobin levels below 7 g/dL are considered severely anemic. Table E9.4 indicates that 46.1% of children under age 5 in Mexico are anemic. Overall, the anemia prevalence is mostly mild to moderate (45.6%), with only 0.5% of children under 5 years presenting as severely anemic. Anemia prevalence is highest among children aged 0-5 months (64.9%) compared with the other children. More than 60.4% of all children aged 6-23 months, our targeted population for anemia intervention, were found to be anemic.

Table E9.4: Prevalence of anemia, children aged 0-59 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Prevalence of anemia in children 0-59 months, by sex and age								
Male	801	2747	30.0	1.6	503	1074	47.4	2.0
Female	735	2711	28.6	1.6	441	1025	44.4	2.5
0-5 months	203	434	47.2	3.3	129	202	64.9	4.2
6-11 months	307	550	56.4	2.6	148	204	73.5	3.8
12-23 months	354	1126	32.7	2.1	207	393	53.8	3.1
24-59 months	672	3348	21.5	1.4	463	1304	36.5	2.2
0-59 months	1534	5456	29.3	1.4	947	2103	46.1	2.0
6-23 months	661	1676	40.4	1.9	355	597	60.4	2.6
Prevalence of severe anemia in children 0-59 months, by sex and age								
Male	2	2747	0.1	-	5	1074	0.4	0.2
Female	3	2711	0.2	0.1	5	1025	0.5	0.2
0-5 months	1	434	0.2	0.2	1	202	0.6	0.6
6-11 months	0	550	0.0	-	3	204	1.4	0.8
12-23 months	3	1126	0.4	0.3	1	393	0.2	0.2
24-59 months	1	3348	0.0	-	5	1304	0.4	0.2
0-59 months	5	5456	0.1	0.1	10	2103	0.5	0.2
6-23 months	3	1676	0.3	0.2	4	597	0.6	0.3

E9.6 Dried blood spot testing for measles antibodies

The following section includes children who were age-eligible for the dried blood spot test either at the census or at the time of physical measurements. Six hundred sixty three children at baseline and 330 children at the second follow-up were age-eligible for the dried blood spot test and had a conclusive blood test result were included in this summary. At the second follow-up, 41 children had inconclusive test results.

Vaccines can expire and lose potency or become ineffective due to temperature fluctuations prior to administration. To verify that measles vaccinations were transported and stored to maintain potency, children who could receive the measles vaccine were tested for measles antibodies – which should be present after vaccination. With parental consent, dried blood spot (DBS) samples were collected for children aged 12-23 months, which were tested for the presence of antibodies against measles. The standard laboratory conversion algorithm for Enzyme-Linked Immunosorbent Assay (ELISA) was applied to determine measles antibody rates. The results are presented in Table E9.5, showing 77.3% of children 12-23 months in the second follow-up received an effective measles immunization.

Table E9.5: Vaccination against measles according to dried blood spot analysis, children aged 12-23 months

	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
Positive for measles antibodies in DBS sample	663	1018	65.2	2.2	256	330	77.3	3.2

E10 CHAPTER 10: SMI HOUSEHOLD INDICATORS

Table E10.1: Performance of payment indicators, SMI-Mexico Second Follow-up Survey

Indicator	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
2020 Women (age 15-49) who did not wish to become pregnant and who were not using/not have access to family planning methods (temporary and permanent)	1831	3819	45.5	1.8	834	1724	49.3	2.9
4010 Women (age 15-49) delivered in hospital/health center with skilled attendant in their most recent pregnancy in the last two years	1362	2916	44.6	2.7	572	1021	52.0	4.3
4030 Women (age 15-49) who received postpartum care within 7 days with skilled personnel (doctor, nurse, or pro. midwife) in their most recent pregnancy in the last two years*	865	2911	29.2	1.7	328	1022	31.9	2.4
5025 Children 12-23 months who received MMR vaccine according to card	675	1319	48.8	2.5	229	481	47.1	3.3
5060 Children 0-59 months who received ORS in the last episode of diarrhea in the past two weeks	372	714	50.5	2.7	185	299	58.9	4.1

**Includes all children who were 12-23 months at the time of census or when the dried blood spot test was collected.

*The baseline calculation for indicator 4030 only includes doctor and professional nurse as skilled personnel, because professional midwife was not asked.

Table E10.2: Performance of monitoring indicators, SMI-Mexico Follow-up Survey

Indicator	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
6110 Out-of-pocket health expenditure was 10% or more of total itemized household expenditure reported in the last month	906	5357	16.5	0.9	516	2459	19.9	1.3
6110 Out-of-pocket health expenditure was 25% or more of total itemized household expenditure reported in the last month	392	5357	7.5	0.6	218	2459	8.0	0.8
6110 Out-of-pocket health expenditure was 40% or more of total itemized household expenditure reported in the last month	190	5357	4.0	0.5	105	2459	3.6	0.5
1080 Women aged 15-49 with a live birth in the last year	1238	6946	13.4	0.6	498	3016	9.7	0.6
1090 Women aged 15-19 with a live birth in the last year	212	1350	10.8	1.0	85	530	9.1	1.2
2010 Women (age 15-49) currently using (or whose partner is using) a modern method of family planning	1988	3819	54.5	1.8	890	1724	50.7	2.9
2030 Women (age 15-49) who report having stopped using a method of family planning during the previous year	101	2231	3.7	0.5	45	978	3.7	0.7
4110 Women (age 15-49) with a birth in the last two years who can recognize at least 5 danger signs in newborns	481	2412	18.0	1.5	266	941	28.0	2.2
6010 Women 15-49 who report having any illness in the past two weeks	1125	6945	17.4	0.9	466	3014	15.8	1.3
6020 Women (age 15-49) who report having any illness in the past two weeks but did not seek health care	601	1125	54.0	2.3	275	466	58.5	3.3
6050 Women (age 15-49) who used a health facility in the last 2 weeks	1292	6940	17.6	0.9	473	3016	13.4	1.2
6130 Women who reported satisfaction with health care services at their most recent visit to a health facility	3275	3785	85.3	1.3	1242	1409	90.7	1.1
6140 Women who reported satisfaction with cleanliness of the facility at their most recent visit to a health facility	2230	3767	58.8	1.7	737	1419	53.8	2.4
6150 Women who reported satisfaction with competence of the medical personnel at their most recent visit to a health facility	3422	3703	91.7	0.8	1327	1392	96.5	0.6
6160 Women who reported they were treated with respect at their most recent visit to a health facility	2351	3793	60.7	1.6	692	1425	51.5	1.8

(continued)

Indicator	Baseline 2013				Second Follow-Up 2018			
	n	N	%	SE	n	N	%	SE
3010 Women (age 15-49) who received at least one antenatal care visit by skilled personnel (doctor or nurse) in their most recent pregnancy in the last two years	2171	2911	73.3	1.8	827	1023	78.8	3.0
3020 Women (age 15-49) who received at least four antenatal care visits by skilled personnel (doctor or nurse) in their most recent pregnancy in the last two years	1710	2843	58.7	2.0	682	1004	65.2	3.5
4015 Women (age 15-49) delivered in hospital/health center in their most recent pregnancy in the last two years	1373	2919	44.9	2.7	577	1021	52.5	4.2
4020 Women (age 15-49) who received postpartum care by skilled personnel (doctor or nurse) within the first 48 hours in their most recent pregnancy in the last two years	642	2911	21.0	1.7	221	1022	21.2	2.1
4035 Women (age 15-49) who received postpartum care by skilled personnel (doctor or nurse) between 7 and 42 days after delivery in their most recent pregnancy in the last two years	377	2911	13.2	1.2	166	1022	15.3	1.9
4040 Women (age 15-49) who received postpartum care by skilled personnel (doctor or nurse) within 24 hours after delivery, a second check before 7 days, and a third check between 7 and 42 days after delivery in their most recent pregnancy in the last two years	14	2911	0.4	0.2	2	1022	0.1	0.1
4100 Infants receiving neonatal care by skilled personnel (doctor or nurse) in a health facility within 48 hours of birth in the last two years	760	3198	22.8	2.0	204	1020	18.7	2.1
4101 Infants receiving neonatal care by skilled personnel (doctor or nurse) in a health facility within 24 hours of birth in the last two years	623	3198	18.3	1.9	180	1020	16.6	2.0
4102 Infants receiving neonatal care by skilled personnel (doctor or nurse) in a health facility within 7 days of birth in the last two years	1129	3198	34.7	1.9	377	1020	35.5	2.6
5050 Children born in the last two years who were breastfed within one hour after birth	2380	3311	71.9	1.5	799	1046	77.1	1.6
4145 Children (0-59 months) with pneumonia symptoms who received antibiotics	247	354	69.3	3.0	64	123	50.1	5.5
5020 Children (0-59 months) fully vaccinated for age, according to vaccine card and recall	2402	5795	40.4	1.8	732	2216	32.0	2.4
5030 Children 12-59 months who received 2 doses of deworming in the last year	1268	4933	25.6	1.2	482	1998	24.2	1.8
5040 Children 0-5 months who were exclusively breastfed on the previous day	317	580	55.2	2.8	150	264	61.0	3.7
5075 Children 6-23 months who consumed at least 60 packets of micronutrients (complete dose) in the last 6 months	41	1927	2.4	0.4	22	681	3.2	1.1
5080 Children 12-15 months who were breastfed on the previous day	372	492	75.9	2.5	120	145	81.8	4.3
5090 Children 6-8 months who received solid or semi-solid food on the previous day	267	347	76.7	2.7	91	136	64.9	4.4
5100 Children 6-23 months who received foods from 4 or more food groups during the previous day	604	1988	30.5	1.8	273	739	35.4	2.7
5110 Children 6-23 months breastfed or complimentary feeding who received solid, semi-solid, or soft foods the minimum number of times or more during the previous day	751	1789	41.7	1.6	216	567	36.1	2.8
5120 Children 6-23 months who received the minimum acceptable diet (apart from breastmilk) during the previous day	284	1975	14.2	1.2	91	709	11.5	1.4
5130 Children 6-23 months who received iron-rich or iron-fortified foods during the previous day	734	1988	36.0	1.6	264	739	33.7	2.3
6030 Children (0-59 months) who had any illness in the past two weeks, according to report of mother or caregiver	1780	6400	27.6	1.0	658	2577	24.7	1.4
6040 Children (0-59 months) who had any illness in the past two weeks but did not seek health care, according to report of mother or caregiver	8	1723	0.6	0.2	4	643	0.6	0.3

Indicator	Baseline 2013			Second Follow-Up 2018		
	N	mean	SE	N	mean	SE
6090 Average out-of-pocket household itemized health expenditure for the last month (Mexican Peso)	5341	228.0	66.4	2449	246.6	35.9
6100 Average household itemized expenditure for the last month (Mexican Peso)	5357	2506.3	148.0	2459	2673.1	158.2
6080 Average travel time to nearest health facility (min)	6429	35.1	2.5	2797	26.4	4.2
6085 Average distance to nearest health facility (km)	6384	3.9	0.4	2813	7.5	2.1
6120 Average wait time at most recent visit to a health facility (min)	3751	97.3	8.2	1366	81.7	6.5
6082 Average travel time to delivery location for most recent birth in the last two years (min)	1338	174.0	15.0	556	145.5	22.5