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LEAGUE OF ARAB STATES
Social Sector

THE REPUBLIC OF YEMEN
Ministry of Health and Population
and
Central Statistical Organization

YEMEN FAMILY HEALTH SURVEY

PRINCIPAL REPORT

2005



Pan Arab Project for Family Health PAPFAM

- The League of Arab States is executing the Pan Arab Project for Family Health (PAPFAM) in Arab Countries. The project is supported by AGFUND, UNFPA, OPEC Fund, WHO, IOMS, IPPF, UNICEF and ESCWA.
- The planning, implementation and follow-up of the project are monitored by the Higher Steering Committee chaired by H.R.H Prince Talal Ben Abdul Aziz with the membership of the Secretary General of the League of Arab States, the Heads of Executive Boards of AGFUND and UNFPA, the Regional Directors of IPPF, OPEC Fund, UNICEF and WHO, the President of IOMS, the Executive Secretary of ESCWA, the Heads of Executive Boards of the Arab Councils of Health, Social Affairs and Information Ministers, the Executive Director of the Health Ministers of the Gulf Cooperation Council and other concerned Agencies.
- The main objective of the project is to provide detailed information on the health, social and environmental status of the family and their underlying determinants. Such information will be used as a basis for reliable database on Arab Family Health, which will help in identifying problems and accordingly priority areas for health policy and program interventions. The main activity of PAPFAM is carrying out the Arab Family Health Surveys, including some specialized studies on youth, maternal mortality, FGC, ageing, women status, men's role in reproductive health and nutritional status of mothers and children.
- Furthermore, PAPFAM aims to widely disseminate its findings and methodologies through a set of technical documents, reports and other relevant media; including the development of an Arab Information Network. PAPFAM will organize a number of research and training workshops, at both national and regional levels, aiming at upgrading national capabilities involved in the areas related to health data collection, management, analysis, dissemination and utilization.

CONTENTS

	Page
CHAPTER 1 INTRODUCTION	1
1.1 Geographic Characteristics	1
1.2 Historical Review	3
1.3 Population Characteristics	4
1.4 Socioeconomic Conditions	5
1.5 Organization of the Report	6
CHAPTER 2 SURVEY DESIGN AND IMPLEMENTATION	7
2.1 Survey Objectives	7
2.2 Survey Activities	7
2.3 Work Plan	9
2.4 Pretest	9
2.5 Sample design	9
2.6 Data Collection and Processing	10
CHAPTER 3 MAIN CHARACTERISTICS OF HOUSEHOLDS	12
3.1 Household Size and Composition	12
3.2 Age – sex Structure	12
3.3 Marital status of Population of 15-years of Age and Older	14
3.4 Educational Level	14
3.5 School-attendance	15
3.6 Working Status	16
3.7 Housing Characteristics	17
3.8 Garbage Disposal	20
3.9 Possession of Durable Goods	21
CHAPTER 4 BACKGROUND CHARACTERISTICS OF FEMALE RESPONDENTS	22
4.1 General Characteristics	22
4.2 Characteristics of Married Women in Comparison with Husbands' Characteristics	23
4.3 Exposure to Mass Media	24
4.4 Work Status	25
CHAPTER 5 PREVALENCE OF POPULATION SUFFERING FROM CHRONIC DISEASES, DIABILITY AND SMOKING	29
5.1 Chronic Diseases	29
5.2 Disability	32
5.3 Smoking	36
5.4 Chewing El-Kat	37
5.5 El-Shaman	38

5.3 Smoking:

Tobacco contains a toxic material harming different systems of the body and contributes in killing more than four million persons around the world and more than two thirds of these deaths occur in the developing countries. It is predicted to increase to ten million deaths in the year 2020 and more than 70% of them in the developing countries. The majority of these deaths are due to cancer and chronic obstructive pneumonosis and vascular and cardiac diseases, especially among males aged 35 years or more. The average of the international prevalence of smoking is 47% for males and 12% for females.

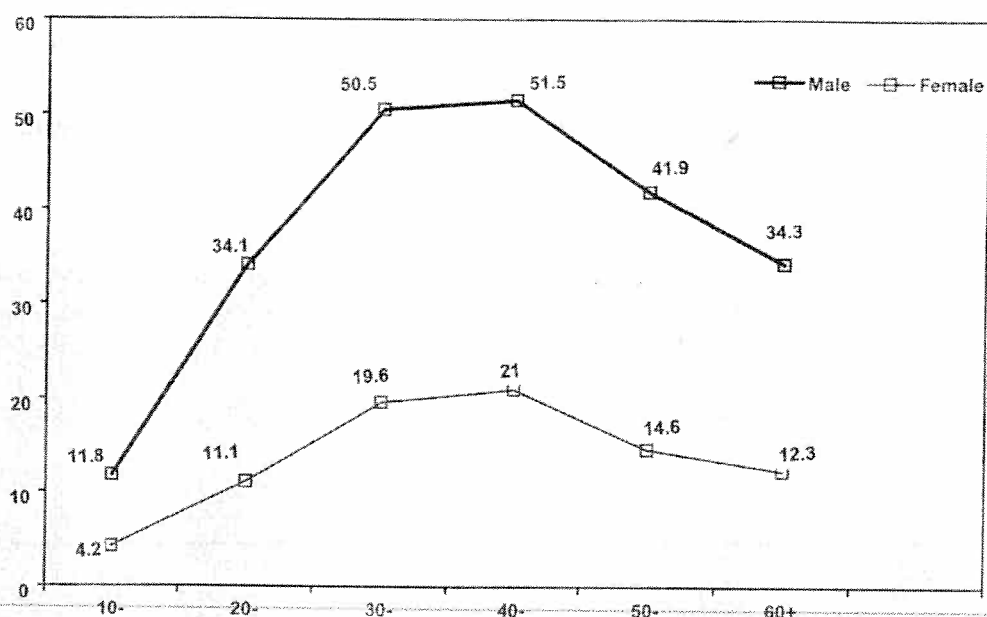
As shown in Table 5.11, smokers accounted for 19 percent while those who ceased smoking (previous smokers) accounted for 4.2 percent. Variation according to sex was very obvious; the percentage of current male smokers is 27 compared with 10 percent among females. Results indicate that there are slight variations between urban and rural areas.

Table 5.11 Percent distribution of population aged 10 years and older by smoking status, place of residence and sex

Smoking status	Place of residence		Sex		Total
	Urban	Rural	Male	Female	
Current smokers	19.4	18.8	27.4	10.3	18.9
Previous smokers	3.5	4.4	5.4	3.0	4.2
Non smokers	76.5	76.2	66.6	86.2	76.3
Don't know/NS	0.6	0.6	0.6	0.5	0.5
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According to the age groups, the prevalence of smoking increases gradually with age, then starting to decrease after age 45 as shown in figure 5.3.

Figure 5.3 Percentages of smokers according to the age and sex



5.4 Chewing EI-Kat

The survey question was extended to some smoking customs related to chewing and storing EI-Kat and its frequencies; daily, weekly or sometimes. This is considered as one of the customs that has a negative economic and health effect.

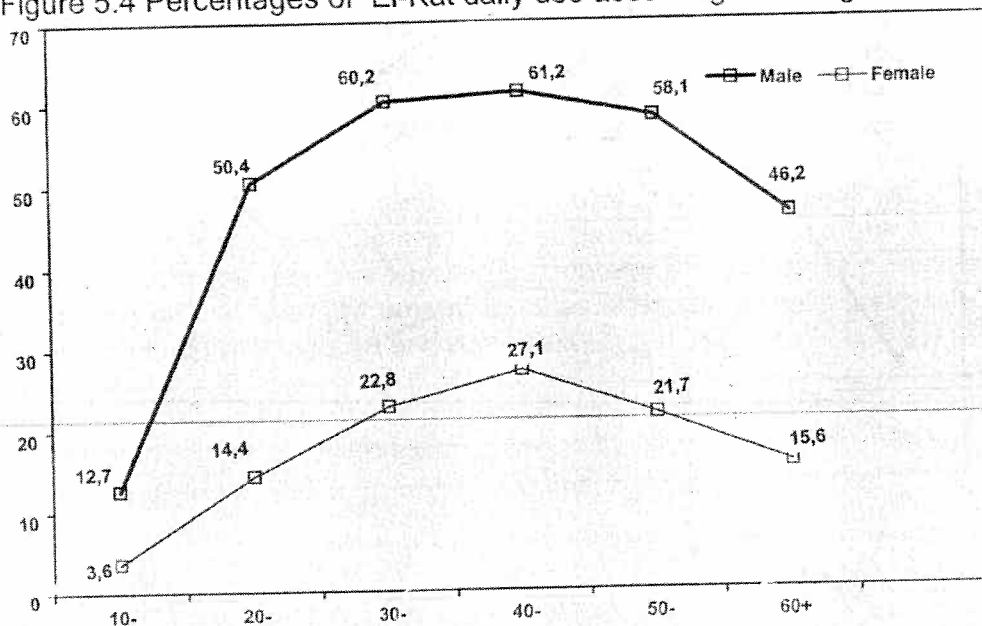
Table 5.12 Percentages of population (10 years +) chewing (storing) EI-Kat and its frequencies by place of residence and sex

Chewing EI-Kat	Place of residence		Sex		Total
	Urban	Rural	Male	Female	
Daily	21.1	27.1	38.0	13.1	25.7
Weekly	5.9	3.1	5.0	2.6	3.8
Sometimes	10.3	12.5	12.6	11.3	12.0
Previous use	2.1	2.5	2.5	2.1	2.3
Never use	60.0	54.3	41.4	70.3	55.7
Don't know/NS	0.6	0.5	0.5	0.5	0.5
Number	15030	46568	31094	30504	61598

Table 5.12 indicates that overall, 41.5 percent of the population age 10 years and older are using EI-Kat in addition to 2.3 percent who reported that they stopped using it. More than 25 percent of EI-Kat users chew it daily and this percent increases in rural areas compared with urban areas.

Figure 5.4 presents the age pattern of daily use of EI-Kat by sex and age. It is noted that chewing EI-Kat increases gradually with age till age group 40-49 then starts to decrease for both sexes.

Figure 5.4 Percentages of EI-Kat daily use according to the age and sex



5.5 EI-Shama (Drugs)

Use of EI-Shama has negative health, social and economical effects, because it leads to a kind of addiction with its effect on the individual and the society.

Table 5.13 indicates that overall, 11 percent of the population age 10 and older are using of EI-Shama and this percent increases in rural areas compared with urban areas and among females compared with males.

Table 5.13 Percentages of population according to use of EI-Shama by place of residence and sex

EI-Shama	Place of residence		Sex		Total
	Urban	Rural	Male	Female	
Currently using	5.2	12.5	15.1	6.2	10.7
Previous use	0.5	0.8	1.0	0.5	0.8
Never use	93.7	86.1	83.3	92.7	88.0
Don't know/NS	0.6	0.6	0.6	0.5	0.6
Number	15030	46568	31094	30504	61598

Figure 5.5 presents the age pattern for current use of EI-Shama by sex and age, which indicates that percentages of current use increase as the age increases. This is true for both sexes.

Figure 5.5 Percentages of current use of EI-Shama according to the age and sex

