The Family Planning Manager

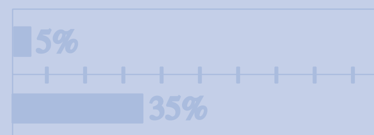
National Indicators
Women of Reproductive Age Using Modern Methods

National Indicators
Maternal Mortality Ratio (per 100,000)

Guide to National and Local Reproductive Health Indicators

Local Indicators
New Acceptors Being Served by the Clinic

Local Indicators
Postpartum Women Coming for Postpartum Care



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"Using National and Local Data to Guide Reproductive
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Guide to National and Local Reproductive Health Indicators

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To effectively manage reproductive health programs, managers should use indicators to set objectives, help identify problem areas, and monitor progress in their reproductive health services. This supplement to *The Family Planning Manager*, "Using National and Local Data to Guide Reproductive Health Programs," is designed to serve as a reference that you, as a manager, can use to understand and explain to your staff the meaning of a number of commonly-used reproductive health indicators. It can also be used to help you and your staff select national and local indicators that you will track in your program. This guide is divided into two main sections:

- **Using the reproductive health indicators table.** This section presents a table of sample reproductive health indicators and explains the meaning of each national- and local-level indicator listed. In addition, for each local-level indicator, suggestions are offered for how to interpret and use the data to make program improvements.
- **Calculating reproductive health indicators.** This section explains how each major national-level indicator is calculated and offers comments on how to calculate local-level indicators.

Using the Reproductive Health Indicators Table

The table "Sample Reproductive Health Indicators" presents sample national and local reproductive health indicators for six reproductive health areas: family planning, maternal health, infant health, infant nutrition, adolescent health, and RTI/STD/HIV services. A column titled "What does it mean for reproductive health?"gives the context in which each indicator is commonly interpreted. National-level indicators can give you valuable information about the national program status, and local indicators can be used to assess how well your program is doing and indicate what you need to do to improve performance. Therefore, for the local indicators, a column titled "How can I use the data?" is also provided, which suggests some reasons why data for the indicator may be high or low and offers some possible program improvements to help your reproductive health program achieve an impact on the health of your local area's population.

Sample Reproductive Health Indicators

Family Planning—National Level

Indicator	What does it mean for reproductive health?
Contraceptive prevalence rate (CPR)	Contraceptive prevalence refers to women of reproductive age (usually 15-49 years) who are currently using a contraceptive method. This indicator helps managers explore method mix and the effectiveness of information, education, and communication (IEC) messages. In some countries, this indicator gives a better idea of women's interest in contracepting when it is limited to married women and women in union, since other women in these countries might be less sexually active. It may be calculated for only modern methods (oral contraceptives, barrier methods, IUDs, injectables, implants, sterilization, condoms, and natural family planning), or it may also include traditional methods. CPR can also be computed for each individual type of modern method.
Age-specific fertility rates (ASFRs)	These annual rates of births to women of reproductive age (usually 15-49), divided into five-year age intervals, measure fertility very precisely and are useful in defining fertility trends in different age groups. They are particularly helpful in assessing the impact of family planning programs on younger age groups who tend to have higher fertility, older age of marriage, and more educational opportunities.
Total fertility rate (TFR)	This rate reflects the average number of children who would be born to a woman during her childbearing years if current age-specific birth rates remained constant during the woman's lifetime. It summarizes the level of fertility in a country and is useful for monitoring long-term decline in fertility.
Percentage approving of family planning	This indicator is a percentage of survey respondents of both genders who say they approve of the use of contraception for spacing births or preventing pregnancy, or approve of family planning information in mass media. Sometimes the respondents are further classified by background characteristics. It identifies how receptive the target population is to family planning and is particularly useful in countries where the CPR is relatively low and family planning programs are in early stages of development. If CPR is low and the approval rate is high, there is likely to be significant unmet need.
Percentage desiring a child within two years	This is the percentage of respondents who respond that they would like to have a child, and if so, within two years. Respondents may be classified by gender, limited to women, or limited to women in union, and may be further classified by number of living children, age of respondent, place of residence, or education. The measure informs a program manager of reproductive intentions of different groups, women's interest in limiting the number of children in their family, and potential discrepancies between partners in desire for more children. It gives important insight into the degree of unmet need for contraception.
Percentage of unmet need for family planning	This is the percentage of women who are not using contraception out of all women who have a need for contraception because they do not desire any children within two or more years. If data are available, the denominator may be further refined to exclude infertile women, women who are currently pregnant, and amenorrheic women who intended a pregnancy or were using contraception. This indicator is based on a woman's desire not to have a child soon. In many countries this is determined from responses to a question asked only of women in union. Data for this indicator generally provide strong support for reaching demographic goals by meeting individual women's and couples' needs with broader, more accessible reproductive health services of higher quality.

Sample Reproductive Health Indicators		
Family Planning—Local Level		
Indicator	**What does it mean for reproductive health?**	**How can I use the data?**
Percentage of new acceptors	This percentage of men and women of reproductive age in the population who are new acceptors is used in family planning clinics to see if the program is achieving its objectives and to assess how well clinics are reaching new clients with services over time. A low percentage could indicate that 1) potential clients are unaware of services, 2) clinic location or hours are inconvenient, 3) prices are too high, 4) potential clients have heard about a lack of privacy, 5) rumors and misinformation are keeping potential clients away, or 6) family planning services in the area have met client demand. High numbers of new acceptors that increase your overall number of clients raise the possibility that service quality may decline and continuing users may be lost.	If your clinic has a low percentage of new acceptors, you need to ask further questions to identify the main causes and then implement appropriate changes, such as 1) outreach, 2) a more convenient schedule, 3) sliding fee scale or special payment plans for poorer clients, 4) private areas for exams and counseling, 5) IEC, or 6) changes that enable your clinic to fill a market niche not filled by others. You can then use this indicator to monitor the effects of the changes you have implemented. For high numbers, you should monitor whether service quality is being maintained and whether continuing users are declining (or dropouts are increasing).
Percentage of continuing users (Percentage of dropouts)	The percentage of clients who are continuing users is used in family planning clinics to assess whether clients find clinic services acceptable. Low percentages of continuing users (or high percentages of dropouts) could indicate service problems that discourage clients from continuing their use of contraceptives (such as stockouts or inadequate counseling and follow up) or the availability of contraceptive supplies elsewhere.	If your percentage of continuing users is low compared with your new acceptors, you need to determine whether client dissatisfaction with services or more attractive services and supplies of contraceptives elsewhere are drawing your clients away and, if so, the causes of these. You can then use this indicator to monitor whether the service improvements you make result in an increase in continuing users.
Contraceptive method mix	This measure shows the percentage of different types of contraceptives selected by clients and thus reflects the preference of clients against the range of methods offered. Method mix should include short-term methods, long-acting methods, referrals for permanent methods, and any methods offered through clinic-affiliated CBD programs. This indicator needs to be compared with the diversity of clients' stages of reproductive life and clients' risk of exposure to STDs and HIV to determine the appropriateness of the mix. This indicator can be used to see if there is a relationship between IUD selection or condom selection and risk of STDs and HIV.	If your method mix represents a narrow range of contraceptives, but your clientele is diverse, or if the mix is inappropriate for the needs of your clients, then investigate whether these problems are due to provider bias, insufficient training, or shortages in supplies. Find out also if clients' misconceptions about certain methods that would be suitable for them are causing them to not select those methods. Determine method mix objectives, adopt actions to help broaden or reconfigure a method mix, and use this indicator to monitor the effect of these actions.

Sample Reproductive Health Indicators

Maternal Health—National Level

Indicator	What does it mean for reproductive health?
Maternal mortality ratio	This measures the proportion of women dying as a result of complications of pregnancy, childbirth, or during the 42-day period after the termination of a pregnancy, to the total number of live births in a given year. It indicates the risk of women dying from complications of pregnancy or childbirth. While sometimes difficult to quantify, it raises questions about access to and adequacy of prenatal, delivery, and postpartum and post-abortion care, as well as maternal socio-economic status.
Maternal morbidity ratios by cause	Ratios of new cases of unhealthy maternal conditions reported during a given time interval to the number of live births help managers focus on such disorders as anemia, vaginal bleeding, and other obstetrical or gynecological problems. Analyzing the pattern for all maternal diseases and unhealthy conditions will reveal the most common causes of maternal morbidity and suggest needs for special clinical training and essential drugs.
Percentage of women receiving prenatal care at least once by trained personnel	The estimated percentage of pregnant women who have had at least one prenatal visit with trained personnel is a quick, useful measure of maternal health when it is difficult to obtain data for maternal mortality and morbidity. If prenatal services are well used, a manager may instead use indicators which identify the frequency of prenatal visits: percentage of women having at least three prenatal visits, and percentage of women having at least one prenatal visit in the first trimester.

Maternal Health—Local Level

Indicator	What does it mean for reproductive health?	How can I use the data?
Percentage of pregnant women *receiving* iron and multi-vitamins/ Percentage of pregnant women *taking* iron and multi-vitamins	These percentages can indicate that fetuses are not receiving the nutrients they need to develop normally. When taken by pregnant women, iron and multivitamin tablets ensure the fetus is getting a healthy supply of minerals and vitamins. Most countries have policies regarding the number of tablets of these minerals and vitamins that pregnant women should take. Even when policies are followed, some women avoid them because of such side effects as gastric irritation, constipation, and black stools caused by iron.	You can monitor the implementation of program policies concerning the number of tablets staff should be dispensing at prenatal visits. Your staff should also determine whether clients are actually taking these supplements by asking prenatal women questions during their visits or during exit interviews about the medications they take. By asking about reasons for not taking these medications, staff will learn the information they need to offer appropriate nutritional counseling.
Access to emergency obstetric care	This indicates with a yes or no whether emergency obstetric care for treating women with obstructed labor, postpartum or post-abortion hemorrhaging, or sepsis is within reach of local transport within a reasonable time.	If no emergency care is in reach of your client population, you can work with other health facilities and leaders of government and women's groups to develop closer services and/or direct transportation.

Sample Reproductive Health Indicators

Maternal Health—Local Level *(continued)*

Indicator	What does it mean for reproductive health?	How can I use the data?
Percentage of postpartum women coming for postpartum care	This percentage helps to measure the quality of a safe motherhood program. There should be a high percentage of postpartum women (whether they have delivered in a hospital or at home) who come to a clinic six weeks after delivery to receive critical follow up at this vulnerable time in their and their infants' lives to assess post-partum recovery and receive counseling on infant care and family planning.	If your clinic's percentage is low, you need to find out whether it is due to poor access, client disinterest, or lack of understanding about the importance of postpartum care. This information will help you develop postpartum care that is accessible and valued by mothers, that provides support for infant care, and that offers opportunities to discuss family planning options.

Sample Reproductive Health Indicators

Infant Health—National Level

Indicator	What does it mean for reproductive health?
Percentage of infants fully immunized with DPT vaccine	This is the percentage of infants who, at their first birthday, have received their third diphtheria, pertussis, and tetanus (DPT) immunization. The indicator is usually available for countries and local areas through the Expanded Programme on Immunization (EPI). It is a commonly used and easily obtainable indicator for measuring the effectiveness of infant health services.
Infant mortality rate (IMR)	The rate of death of infants during the first year of life accounts for about two-thirds of all deaths in children under five years of age in developing countries; the majority of these deaths occur in the first four to five months. The IMR summarizes infants' chances of surviving the first year of life. A high IMR suggests a lack of prenatal and postpartum care, breastfeeding, sanitary conditions, spacing of children, income, and mother's education.
Percentage of low birth weight infants	The percentage of reported live births that are under 2,500 grams reflects the overall health status of mothers and the availability, accessibility, and quality of prenatal and obstetric care. It helps managers predict infants' ability to adapt and develop normally. Sometimes the percentage of *very* low birth weight infants (under 1,500 grams) is used instead as a more specific predictor of problems.
Median length of birth intervals	The median interval of less than 24 months between successive births indicates that many women are not spacing their births and are most likely not using contraception, are using an ineffective method, or are using a method ineffectively. Close intervals can adversely affect the health of mothers, older children, or infants.

Sample Reproductive Health Indicators

Infant Health—Local Level

Indicator	What does it mean for reproductive health?	How can I use the data?
Percentage of pregnant women seen who are immunized against tetanus	This percentage reflects the degree of compliance with the current WHO definition of full protection against neonatal tetanus: two doses of tetanus toxoid for a woman at her first pregnancy, and depending on the number of years between pregnancies, one or two doses during subsequent pregnancies. A low percentage of women seen in the clinic who are immunized means a substantial number of infants of non-immunized women are at risk of dying from neonatal tetanus soon after delivery and that prenatal health services are insufficient.	If your percentage is low, you need to collect data to determine whether women are not coming for prenatal care (even though they may be coming for other services), whether staff are not giving tetanus immunizations, or whether tetanus vaccination supplies are inadequate. Then you can use this indicator to set phased objectives over time and address the main causes of low vaccination percentages so that you will be able to provide pregnant clients with this vaccination.
Percentages of women returning for a postpartum visit who are counseled on: • **family planning** • **infant nutrition** • **child immunizations** • **infant diarrhea** • **early signs of pneumonia**	A percentage of women who have received each type of counseling should be calculated to monitor whether mothers are being instructed on how to space children and limit family size, when to bring a child for immunizations, how to recognize and treat diarrhea, and how to recognize early pneumonia and bring the infant for treatment, all critical factors for protecting the health of infants and mothers. This counseling should be done at the six-week postpartum visit. Low percentages indicate that the health of infants may be at risk of dying from major causes of infant death.	If not in place, simple standards need to be developed for appropriate counseling in the areas of postpartum family planning, immunizations, and the treatment of infant diarrhea and pneumonia. Once standards have been developed, you will need to make sure that staff understand the importance of this counseling for the health of mothers and infants, that they receive necessary training in and time to do postpartum counseling, that objectives and a system for providing comprehensive counseling are established, and that the counseling given is periodically monitored during or after postpartum visits.
Percentage of infants brought into clinic who are fully immunized	Percentages less than 90% mean that immunization programs lack sufficient immunization coverage of infants. According to WHO protocols, by 12 months an infant should have received a BCG vaccination, three doses of diphtheria, pertussis, and tetanus (DPT) vaccine, three doses of polio vaccine, and a measles vaccination.	If percentages are low, you need to monitor coverage and timely immunization of infants. If other managers are responsible for child survival or maternal and child health programs, your role will be limited to supporting their efforts by providing data and assisting in coordinating necessary services.

Sample Reproductive Health Indicators

Infant Nutrition—National Level

Indicator	What does it mean for reproductive health?
Percentage of infants severely underweight	This is the percentage of infants who are less than 65% of the median weight for their age. This indicator can warn about inadequate breastfeeding, maternal nutrition, other infant feeding practices, household budgets, or crop yields.

Infant Nutrition—Local Level

Indicator	What does it mean for reproductive health?	How can I use the data?
Percentage of infants brought to the clinic who are exclusively breastfed for at least 4 months	A low measure of infants who are exclusively breastfed (given breast milk and water only with no solid food up to at least four months of age) can indicate that infants may be receiving a diet that lacks nutrition and that may undermine their health. Very young children receiving solids can develop gastrointestinal problems or infections and can also choke on large pieces of food. Data for this indicator can be gathered during four-month well-baby visits or during routine immunization campaigns. Interpretation should consider the frequency of severe maternal malnutrition and the risk of perinatal HIV transmission, since both may sometimes be considered contraindications for breastfeeding.	You need to allow enough time during the four-month well-baby visit for staff to ask mothers if they are exclusively breastfeeding, to find out why not, to check whether they have a sufficient diet to breastfeed, to counsel those who have not been breastfeeding about their infant's diet, and to counsel those who have been about the transition to solid food around six months of age. If mothers are severely malnourished, they will need free supplements that they can feed their infants. Data gathered during the six-month visit about reasons for not breastfeeding can help improve the counseling about infant nutrition that mothers receive right after delivery and at the postpartum visit.

Sample Reproductive Health Indicators

Adolescent Health—National Level

Indicator	What does it mean for reproductive health?
Percentage of adolescents who have begun childbearing	Often available through Demographic Health Surveys, the percentage of girls 15–19 (or school age) who are mothers or pregnant with their first child can predict negative consequences for young mothers: complications during delivery, increased risk of unsafe abortion, not finishing school, fewer job opportunities, and sometimes social disapproval if not married. A high percentage can suggest a need to do special outreach to adolescents and gather information for designing special programs to serve adolescent needs for social interaction and for family life education, as well as provide family planning, nutrition counseling, and health care. To give a truer estimate, this percentage can be refined to include adolescents who have had spontaneous abortions, stillbirths, and children who have died. It needs to be considered with maternal mortality for adolescent girls.
Female secondary (primary) school enrollment percentage	A high percentage of girls who are enrolled in secondary (primary) school out of all girls of secondary (primary) school age usually correlates with lower fertility and adolescent mortality rates. Policymakers and donors use this measure to consider raising the age of legal marriage or providing girls with alternatives to early marriage.

Adolescent Health—Local Level

Indicator	What does it mean for reproductive health?	How can I use the data?
Number and percentage of adolescents served in a youth program	Counting the number of adolescents participating in a new youth program can be useful for tracking the level of interest and potential impact of the program over time. Providing special services to adolescents is very important but can be difficult to achieve. Youths are frequently at high risk for unintended pregnancies, septic abortions, and sexually transmitted diseases, including HIV. They also need good nutrition especially if childbearing begins at a very early age. Successful youth programs often involve young adults and adolescents as peer counselors who share their experiences with youth. It is important to analyze numbers served by sex of participants to know how well the program reaches both males and females.	A program that serves high numbers of adolescents has access to a large adolescent audience for education about sexually responsible behavior. You can compare the number served with the total number of adolescents in your community or district to determine what percentage of youths your program is reaching and to design IEC and peer outreach strategies.
Percentage of adolescents who have begun childbearing	This local indicator is the same as the national indicator but for your local area.	You need to find out the causes for early childbearing and identify what adolescent health services are provided through schools and other health facilities to identify how you can contribute toward reducing this problem.

Sample Reproductive Health Indicators	
RTI/STD/HIV Services—National Level	
Indicator	**What does it mean for reproductive health?**
STD prevalence rates	The rate of people who have been diagnosed with a specific sexually transmitted disease (STD) or syndrome at a given point in time is measured through some combination of sentinel surveillance (a system for providers to report specific events to one registry), marriage testing, and/or an effective screening program for men and women in different settings to reach specific populations. Common STDs include syphilis, genital ulcer disease, gonorrhea, chlamydia, and other infections that cause urethritis or vaginal discharge. The detection of an STD is made through laboratory analysis or syndromic diagnosis. High rates indicate high risk behavior related to the number and type of sexual partners or number of sexual encounters in a given period of time and non-use of condoms and suggest that screening and counseling would be cost-effective. They also suggest the need for risk assessment and the probable effectiveness of both syndromic management and counseling for condom use.
HIV/AIDS prevalence rate	The rate of people infected with HIV at a given point in time is generally measured through a sentinel surveillance system and will alert managers to the importance of preventive IEC and condom use. Managers should seek assistance in forecasting numbers of patients likely to need medical support at later stages of illness and plan for resources.
Nonsexually transmitted RTI prevalence rates	The rates of women suffering from a nonsexually transmitted reproductive tract infection (RTI) at a given point in time reflect infections caused by the growth of organisms in the genital tract, including bacterial vaginosis and vulvo-vaginal candidiasis; and infections from procedures (iatrogenic) during pregnancy, delivery, or abortion. High rates for iatrogenic infections suggest the need to develop strategies for obstetric improvements or the promotion of long-acting female contraceptive methods.

Sample Reproductive Health Indicators		
RTI/STD/HIV Services—Local Level		
Indicator	**What does it mean for reproductive health?**	**How can I use the data?**
Percentage of clients with an RTI/STD who are treated on site, and Percentage of clients treated with appropriate antimicrobials	Monitoring this indicator over time helps warn of potential problems in treating RTIs/STDs. To achieve effective treatment of RTIs/STDs, managers need to ensure that clients with symptoms of RTIs are treated both at the time of diagnosis and with appropriate drugs. Antimicrobials must be available and administered during the clinic visit, even if there is a charge, since clients with RTIs/STDs who are referred to a pharmacy for drugs often do not obtain them. To determine the appropriate drugs to give, providers in clinics without laboratories need to make their diagnosis and select treatment based on symptoms their clients present. Treating STDs is important not only for reducing STDs, but also for reducing HIV transmission.	Low percentages indicate to supervisors and clinic managers that they should find out if the logistics system needs improvements to ensure an adequate supply of drugs; if protocols need to be developed or revised; if staff need to be reminded of protocols; and if staff need training both in both syndromic management, or recognizing the symptoms of particular RTIs/STDs, and in selecting suitable antimicrobials.
Percentage of clients with RTIs	Prevalence surveys conducted in a number of countries indicate that up to 50% of women of childbearing age have STDs or other RTIs for which they do not seek medical care. A rise in the percentage of women and men who are detected and treated for these symptoms can have a major impact on the prevalence of STDs and may also significantly reduce the rate of HIV transmission if providers can convince women and their partners to use condoms for protection.	You need to ask women and men aged 15-64 who come into the clinic about symptoms of abnormal discharge and pain in the genital area. If the percentage is high, and you have reason to believe community rates are also high, consider incentives for women and men to come in to the clinic to be treated.

Calculating Reproductive Health Indicators

Local-Level Indicators. Local-level indicators can be calculated in the same way that national level indicators are calculated, except that the populations being counted for the numerator and denominator for each indicator will be specific to a local population. Whereas national-level indicators represent the national population, local-level indicators should represent only your local population or your clinic's client population, such as all women of reproductive age in the local population, or all female clients served by your clinic who are of reproductive age.

National-level Indicators. The following table explains how some key national-level indicators are calculated. The definitions of the calculations are drawn from the *1991 International Population Handbook*, *A Dictionary of Epidemiology*, and *The Methods and Materials of Demography*. While the table gives commonly used methods for computing these indicators, various countries may measure them in slightly different ways in order to better capture the social practices of their population.

Calculations for National-Level Reproductive Health Indicators	
Indicator	**What does it mean for reproductive health?**
Contraceptive prevalence rate (CPR)	Number of women of reproductive age (usually 15-49) using a contraceptive method *divided by* the total number of women of reproductive age *multiplied by* 100.
Age-specific fertility rates (ASFRs)	Number of live births to women in a specific five-year age group for a given year *divided by* the total number of women in the same age group for the same year, *multiplied (often) by* 1,000. For example, for the age group 15-19, the calculation would be: number of live births to women 15-19 in a given year *divided by* the total number of women aged 15-19 in the same year, *multiplied (often) by* 1,000.
Total fertility rate (TFR)	*Sum of* ASFRs, expressed in five-year age intervals, *multiplied by* five (because a woman might give birth in any given year during a five-year interval), *divided by* 1000. This calculation results in the average number of children who would be born to a woman during her childbearing years if all the age-specific birth rates remained constant during her lifetime.
Percentage approving of family planning	Number of respondents who say, in response to a direct question, that they approve of the use of contraception for spacing births or preventing pregnancy *divided by* the total number of respondents *multiplied by* 100. The same calculation is done for respondents who say they approve of family planning information in the mass media.
Percentage desiring a child within two years	Number of respondents who mention, in response to a direct question, that they would like to have a child or another child, and if so, within two years (rather than waiting longer or not having a child), *divided by* the total number of respondents, *multiplied by* 100.
Percentage of unmet need for family planning	Number of women in union not using contraception, *divided by* the total number of women in union who have a need for contraception (i.e., the number of women who do not desire a/another child within two years *added to* those who do not desire any [more] children), *multiplied by* 100. If data are available, the denominator may be further refined by *subtracting* infertile women and currently pregnant and amenorrheic women who intended a pregnancy or were using contraception.
Maternal mortality ratio	Number of maternal deaths due to complications of pregnancy, childbirth, and the termination of a pregnancy (within 42 days) during a given year, *divided by* the total number of live births in that year, and *multiplied by* 100,000 live births. In some countries the ratio covers maternal deaths up to one year after the termination of pregnancy.
Maternal morbidity ratios by cause	Number of women who have given birth during a given year who develop pregnancy-, labor-, or delivery-related disorders, or health problems within 42 days after the termination of pregnancy, *divided by* the total number of live births, and *multiplied by* a constant, often 100,000. Can also be calculated for specific causes of morbidity in the same way.
Percentage of women attended prenatally at least once by trained personnel	Number of women having at least one prenatal visit with trained personnel, *divided by* an estimate of the total number of pregnant women, and *multiplied by* 100.
Percentage of infants fully immunized with DPT vaccine	Number of infants who, by their first birthday, are fully immunized with three doses of diphtheria, pertussis, and tetanus (DPT) vaccine, *divided by* the total number of infants one year of age, and *multiplied by* 100.

Calculations for National-Level Reproductive Health Indicators *(continued)*	
Indicator	**What does it mean for reproductive health?**
Infant mortality rate (IMR)	Number of deaths to infants under one year of age in a given year, *divided by* the total number of live births during the year, and *multiplied by* 1000.
Percentage of low birth weight infants	Number of live births under 2,500 grams during a given time period, *divided by* the number of live births during the same time period, *multiplied by* 100.
Median length of birth intervals	A listing, from least to most, of the number of months between births for all women who have given birth more than once *divided into* two equal parts. The birth interval in the middle of the list is the median.
Percentage of infants severely underweight	Number of infants who are less than 65% of the median weight for infants of the same age in the reference population, *divided by* the total number of infants measured for each age group *multiplied by* 100.
Percentage of adolescents who have begun childbearing	*Sum of* number of girls 15-19 (or school age) who are mothers or are pregnant for the first time in a given year, *divided by* the total number of girls aged 15-19 (or school age) in the same year, and *multiplied by* 100.
Female secondary (primary) school enrollment percentage	Number of girls enrolled in secondary (primary) school in a given year *divided by* the total number of girls of secondary (primary) school age in the same year, and *multiplied by* 100. For the percentage of primary enrollment in countries where girls often start primary school late, the denominator can be adjusted to include girls of older ages commonly seen in primary grades.
STD prevalence rates	Number of persons diagnosed with a specific sexually transmitted disease or syndrome at a given point in time, *divided by* the total number of people at risk in the population, and *multiplied by* 100.
HIV/AIDS prevalence rate	Number of persons infected with HIV/AIDS at a given point in time, *divided by* the total number of persons at risk, and *multiplied by* 100.
Nonsexually transmitted RTI prevalence rates	Number of women suffering from a specific reproductive tract infection (RTI) at a given point in time, *divided by* the total number of women at risk, and *multiplied by* 100.

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