BANGLADESH

Recorded adult per capita consumption (age 15+)

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

**Lifetime abstainers**

Data from the 2003 World Health Survey. Total sample size \( n = 5508 \); males \( n = 2567 \) and females \( n = 2941 \). Sample population aged 18 years and above.\(^1\)

**Heavy and hazardous drinkers**

Data from the 2003 World Health Survey. Total sample size \( n = 5508 \); males \( n = 2567 \) and females \( n = 2941 \). Sample population aged 18 years and above. Definition used: average consumption of 40 g or more of pure alcohol a day for men and 20 g or more of pure alcohol a day for women.\(^1\)

According to the 2003 World Health Survey (total sample size \( n = 282 \); males \( n = 275 \) and females \( n = 7 \)), the mean value (in grams) of pure alcohol consumed per day among drinkers was 4.9 (total), 4.9 (males) and 4.1 (females).\(^1\)
Heavy episodic drinkers

Data from the 2003 World Health Survey. Total sample size $n = 5508$; males $n = 2567$ and females $n = 2941$. Sample population aged 18 years and above. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

Youth drinking (lifetime abstainers)

Data from the 2003 World Health Survey. Total sample size $n = 1017$; males $n = 416$ and females $n = 601$. Sample population aged 18 to 24 years old.¹

A survey conducted among residential students of higher educational institutions in Dhaka City by LIFE – a non-profit private institution for public policy advocacy (total sample size $n = 465$; 336 males and 130 females) found that 13.73% of males and 3.07% of females abused alcohol (no definition of alcohol abuse available).²

Youth drinking (heavy episodic drinkers)

Data from the 2003 World Health Survey. Total sample size $n = 1017$; males $n = 416$ and females $n = 601$. Sample population aged 18 to 24 years old. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

Traditional alcoholic beverages

Local alcoholic beverages called cholai and tari are consumed by the lower socioeconomic classes, while workers drink another distilled beverage called Bangla Mad.

Morbidity, health and social problems from alcohol use

In Bangladesh, the consumption of alcohol is strictly prohibited both as a social function and as a religious rite by most of the religions. Yet, the problem of alcoholism is becoming a threat to the nation’s welfare. Information obtained from law enforcement authorities, treatment providers and other sources indicate that problems of alcohol abuse have become quite common in Bangladesh. Although the problem is more serious in urban areas
of the country (probably due to easy accessibility of alcoholic beverages), there are indications that it is emerging at an increasing rate in rural areas. Alcohol is being produced by some pharmaceutical industries in Bangladesh. Moreover, some crude forms are produced and used by the poor, usually by fermentation of boiled rice, sugar-cane, and molasses.²

Although no systematic assessment has been undertaken so far to establish the prevalence and patterns of substance abuse in Bangladesh, reports from different governmental and non-governmental drug addiction and treatment centres and from various journals and studies report increasing drug-related crimes in the country. It is noted that the younger generation, especially students, are most vulnerable to this problem.³

At least 90 Bangladeshis died in 1998, including 70 in Gaibandha, after consuming illegal homemade alcohol. In the following year, there was an incident of alcohol poisoning in the north-eastern town of Narsingdi, about 50 miles from the capital Dhaka, where 96 people reportedly died and more than 100 hospitalized as a result of drinking illegal homemade liquor.⁴

In a 1995 study of 30 male multiple drug users (aged 20 years and above) it was found that alcohol was one of the most frequently used drug (50% of the sample reported use of alcohol prior to the interview).⁵

### Country background information

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### References

BHUTAN

Recorded adult per capita consumption (age 15+)

![Graph showing per capita consumption](image)

Note: No data on spirits available, and no data on wine prior to 1994.

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Traditional alcoholic beverages

The Bhutanese consume **ara**, an alcohol distilled from the brewing of locally produced rice, barley and maize.¹

Morbidity, health and social problems from alcohol use

Cirrhosis of the liver caused the third highest number of recorded deaths in Bhutan in the year 2000. Of the deaths recorded in hospitals, the second highest was caused by injuries. Alcohol consumption is an important factor in both these problems.²

Country background information

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References

DEMONCRATIC PEOPLE’S REPUBLIC OF KOREA (THE)

Recorded adult per capita consumption (age 15+)

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Country background information

<table>
<thead>
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<td>16 771 360</td>
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<tr>
<td>% under 15</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
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<tr>
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<td>Population distribution 2001 (%)</td>
<td>Gross National Income per capita 2002</td>
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<td>Rural</td>
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<td>*Estimated to be in the low income range ($735 or less)</td>
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Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database
INDIA

Recorded adult per capita consumption (age 15+)

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Last year abstainers in Andhra Pradesh

According to the 2003 World Health Survey (total sample size \( n = 9540 \), males \( n = 4605 \) and females \( n = 4935 \); sample population aged 18 years and above), the rate of lifetime abstainers was 89.6% (total), 80.2% (males) and 98.4% (females).^{2}

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 75% (males) and 96% (females). Data is for after year 1995.^{3}

The 2003 National Household Survey of Alcohol and Drug Abuse of 40 697 males aged between 12 to 60 years old found that the rate of lifetime abstainers among the sampled population was 74.1%. Of the total sampled population, 21.4% were reported to be current users of alcohol (used in last 30 days).^{4}

A sample of 1831 people (aged 10 years and above) interviewed in 1997–1998 in Meghalaya and upper Assam region found that the prevalence rate of alcohol use was 12.5%. Female alcohol use was low (3.2%) compared with male use (20.2%). Distribution by age documents that prevalence was approximately 23% among adults and the older age group (30 years and above) and 4.2% among adolescents and young adults (10 to 29 years).^{5}
High risk drinkers in Andhra Pradesh

According to the 2003 World Health Survey (total sample size \( n = 9540 \), males \( n = 4605 \) and females \( n = 4935 \); sample population aged 18 years and above), the rate of heavy and hazardous drinking among the total population was 1.4% (total), 2.4% (males) and 0.4% (females). Heavy and hazardous drinking was defined as average consumption of 40 g or more of pure alcohol a day for men and 20 g or more of pure alcohol a day for women.

Data from regional surveys (male subjects 15 years and above) conducted in 1997 show that for the Lucknow, Mandsaur and Thoubal regions, the rate of heavy drinking among male current drinkers was 79.7%, 87.9% and 89% respectively. Heavy drinking was defined as monthly consumption of 75 ml or more of pure alcohol.

According to the 2003 World Health Survey (total sample size \( n = 722 \); males \( n = 658 \) and females \( n = 64 \)), the mean value (in grams) of pure alcohol consumed per day among drinkers was 35.9 (total), 38.3 (males) and 12.9 (females).

Heavy episodic drinkers in Andhra Pradesh

According to the 2003 World Health Survey (total sample size \( n = 9540 \), males \( n = 4605 \) and females \( n = 4935 \); sample population aged 18 years and above), the rate of heavy episodic drinking among the total population was 1.4% (total), 2.9% (males) and 0.1% (females). Heavy episodic drinking was defined as at least once a week consumption of five or more standard drinks.

Youth drinking in Andhra Pradesh (last year abstainers)

Data from the 2000–2001 Multi-Country Survey Study. Total sample size \( n = 682 \); males \( n = 308 \) and females \( n = 374 \). Sample population aged 18 to 24 years. For the age group 15 to 19 years (subsample \( n = 210 \)), the rate of last year abstainers was 93.8% (total), 90.7% (males) and 96.0% (females).
According to the 2003 World Health Survey (total sample size \( n = 1767 \), males \( n = 870 \) and females \( n = 897 \), sample population aged 18 to 24 years), the rate of lifetime abstainers was 95.9% (total), 92% (males) and 99.6% (females).2

A National Family Health Survey conducted in 1998–1999 (sample size males \( n = 26 \, 297 \) and females \( n = 24 \, 602 \); age group 15 to 19 years old) found the rate of youth drinking to be 1.5% (total), 2.4% (males) and 0.6% (females).7

Youth drinking in Andhra Pradesh (heavy episodic drinkers)

According to the 2003 World Health Survey (total sample size \( n = 1767 \), males \( n = 870 \) and females \( n = 897 \), sample population aged 18 to 24 years), the rate of heavy episodic drinkers among the total population was 0.3% (total), 0.7% (males) and 0.0% (females). Heavy episodic drinking was defined as at least once a week consumption of five or more standard drinks in one sitting.2

Alcohol dependence in Andhra Pradesh (last year)

According to The Hindustan Times, it is estimated that around 1% of the population can be classified as being alcohol-dependent. This translates into about five million people dependent on alcohol.8

Note: The Multi-Country Survey Study was not nationally representative and was carried out only in Andhra Pradesh. The World Health Survey was carried out in six states in India spread across the country (Assam, West Bengal, Maharashtra, Karnataka, Rajasthan and Uttar Pradesh) based on specified stratification criteria and is fairly representative of the country. These are preliminary, early-release, unpublished data from WHO's Multi-Country Survey Study and World Health Survey made available exclusively for this report. Some estimates may change in the final analyses of these data.

Traditional alcoholic beverages

Country liquor is a distilled alcoholic beverage made from locally available cheap raw material such as sugar-cane, rice, palm, coconut and cheap grains, with an alcohol content between 25% and 45%. Common varieties of country liquor are arrack (from paddy or wheat), desi sharab and tari. Illicit liquor is mostly produced clandestinely in small production units with raw materials similar to that used for country liquor. With no legal quality control checks on them, alcohol concentration of illicit liquor varies (up to 56%). Adulteration is quite frequent, industrial methylated spirit being a common adulterant, which occasionally causes incidents like mass poisoning with consumers losing their lives or suffering irreversible damage to the eyes. Cheaper than licensed country liquor, illicit liquor is popular among the poorer sections of the population. In many parts of India, illicit...
production of liquor and its marketing is a cottage industry with each village having one or two units operating illegally.\(^6\)

_Toddy_ is an alcoholic drink made by fermenting the sap of a coconut palm. It is white and sweet with a characteristic flavour. It has between 4% and 6% alcohol and has a shelf life of about 24 hours.\(^9\) _Toddy_ is popular among the lower socioeconomic groups in south India.\(^10\)

Besides these, home production for self-consumption is also common in some parts of India. Home fermentation and distillation is also common in several tribal areas in the country, especially the north-eastern region of the country.\(^11\)

The use of alcohol is widespread in the villages of India. _Toddy_ is brewed all along the coast as are rice beers like _handia_ and _chhung_ in the hills and the tribal belts. The area of Arunachal Pradesh boasts a rice wine called _apong_. Distillates, however, are also common - from _arrack _to _desi _to the _mahua_ used in the tribal belts. Contrary to _toddy_ and the rice brews which are not considered very damaging to the health – being natural brews and lightly fermented – the distillates are strong alcoholic drinks.\(^12\)

_Jack-fruit wine_ is an alcoholic beverage made by ethnic groups in the eastern hilly areas of India. As its name suggests, it is produced from the pulp of jack-fruit (_Artocarpus heterophyllus_). Ripe fruit is peeled and the skin discarded. The seeds are removed and the pulp soaked in water. Using bamboo baskets, the pulp is ground to extract the juice, which is collected in earthenware pots. A little water is added to the pots along with fermented wine inoculum from a previous fermentation. The pots are covered with banana leaves and allowed to ferment at 18 to 30ºC for about one week. The liquid is then decanted and drunk. During fermentation, the pH of the wine reaches a value of 3.5 to 3.8, suggesting that an acidic fermentation takes place at the same time as the alcoholic fermentation. Final alcohol content is about 7% to 8% within a fortnight.\(^12\)

In Bangalore, the following types of alcoholic beverages are consumed most often: _Arrack_, a traditional drink produced (both legally and illegally) by distilling fermented molasses, raw brown sugar, palm wine, rice, or palm sugar; it has an alcohol content ranging from 20% to 40%. _Palm wine_, another traditional alcoholic beverage produced from either the coconut tree or other palm trees, is also consumed.\(^13\)

_Daru_, a drink distilled from the flowers of the mahwa tree and which ranges in alcohol content from 20% to 40% is consumed among the Rajputs of north-western India.\(^13\)

_Zu_ and _Rohi_ are locally brewed alcoholic beverages found in Nagaland (10 to 20% ethanol content).\(^14\)

Unrecorded alcohol consumption

The unrecorded alcohol consumption in India is estimated to be 1.7 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).\(^3\)

Morbidity, health and social problems from alcohol use

Industry association sources estimate that 15% to 20% of absenteeism and 40% of accidents at work are due to alcohol.\(^15\) Alcohol use among industrial workers is increasing and this has led to an increase in alcohol-related sickness and absenteeism. The annual loss due to alcohol-related problems in work places is between Rs 70 000 to 80 000 million.\(^14\)

A study looking at the prevalence and associations of hazardous drinking in a male industrial worker population in India found that hazardous drinking was significantly associated with severe health problems, such as head injuries and hospitalizations.\(^16\)

The country's road research institute estimates that 25% of road accidents were alcohol-related, one third of the drivers on the highway were under the influence of alcohol and 20% of accident-related head injury victims seen in emergency rooms of hospitals have consumed alcohol prior to the accident.\(^17\)

Alcohol involvement is known to be present among 15% to 20% of traumatic brain injuries at the time of injury.\(^18\)

Alcohol-related problems made up 17.6% of the case load of psychiatric emergencies in an Indian General Hospital.\(^19\)

In a study looking at risk factors for suicide, it was found that the prevalence of alcohol use disorders among people who committed suicide in the city of Madras was 34%.\(^20\)

The percentage of alcohol-related court cases in a police station in Kohima, Nagaland increased from 78% in 1995 to 88.8% in 1997.\(^14\)
In India household expenditure on alcohol varies between 3% to 45% of income. Alcohol abuse is one of the main killers of young men in India today. However, its real impact is on the social and family dynamics that underlie its communities. Domestic violence and an exacerbation of poverty have made alcohol abuse the single most important problem for women in India. With one in three people in India falling below the poverty line, the economic consequences of expenditures on alcohol attain special significance. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include reduced wages (because of missed work and lowered efficiency on the job), increased medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of loans.

In a 1997 study comparing two groups of families within the same community in Delhi, India (Group A having at least one adult consuming alcoholic drinks at least three times per week in the last month and group B having no adult consuming more than one drink in the last month), it was found that Group A, on an average, spent almost 14 times more on alcohol per month compared with group B. A larger proportion of families in group A had significant debt compared with group B. The implications of this are towards fewer financial resources for food and education of children and fewer resources for purchasing daily living consumables. The more heavily drinking group A was more likely to report major illnesses or injuries during the past one year and was more likely to require medical treatment.

In a study of 180 women seeking prenatal care in rural South India, it was found that 20% of the women reported domestic violence and 94.5% of these women identified their husbands as the aggressors. Husband’s alcohol use was a significant risk factor for domestic violence. The role of alcohol in domestic violence is also cited in another Indian study which found that 33% of spouse-abusing husbands were using alcohol. Of these 15% were occasional, 45% frequent and about 40% were daily users of alcohol. More than half of the spousal abuse took place during the period of intoxication.

Country background information

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References

4. 2003 National Household Survey of Alcohol and Drug Abuse. New Delhi, Clinical Epidemiological Unit, All India Institute of Medical Sciences, 2004.


INDONESIA

Recorded adult per capita consumption (age 15+)

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Last year abstainers

A 2000 regional survey (sample size males \( n = 1550 \) and females \( n = 1529 \); age group 15 to 74 years old) found that the rate of lifetime abstainers was 59.9% (total), 61.3% (males) and 58.5% (females).²

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 74% (males) and 96% (females). Data is for after year 1995.³
High risk drinkers

Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 9780$; males $n = 4399$ and females $n = 5381$. Sample population aged 18 years and above. Definition used: consumption of five or more standard drinks for males and three or more standard drinks for females on a typical drinking day.1

Heavy episodic drinkers

Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 9780$; males $n = 4399$ and females $n = 5381$. Sample population aged 18 years and above. Definition used: at least once a week consumption of six or more standard drinks in one sitting.1

Youth drinking (last year abstainers)

Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 1385$; males $n = 668$ and females $n = 717$. Sample population aged 18 to 24 years old. For the age group 15 to 19 years (subsample $n = 364$), the rate of last year abstainers was 92.9% (total), 86.9% (males) and 98.4% (females).1

Youth drinking (heavy episodic drinkers)

Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 1385$; males $n = 668$ and females $n = 717$. Sample population aged 18 to 24 years old. For the age group 15 to 19 years (subsample $n = 364$), the rate of heavy episodic drinkers was 1.1% (total), 1.1% (males) and 1.1% (females). Definition used: at least once a week consumption of six or more standard drinks in one sitting.1
Alcohol dependence (last year)

Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 9905$. Population aged 15 years and above. Alcohol dependence was measured using ICD-10 criteria.¹

Traditional alcoholic beverages

**Brem** (rice wine) is a by-product of tape (fermented sticky rice or cassava). The wine comes out of the rice during fermentation. *Brem* is rice wine made from glutinous rice and coconut milk. It is usually homemade. It has an alcohol content of about 7% to 9% after three days of fermentation. Old *brem* (more than three days old) is sour and contains more alcohol; young *brem* is sweeter.⁴

**Tuak** is a fermented sugar palm drink, favoured by people of North Sumatra. *Tuak* is a sweet wine made from the juice of the coconut palm flower. It is fermented for about one month. The alcohol content is about 5%. The distillation of *brem* or *tuak* brews contain 20% to 50% alcohol.⁴

**Arak** is a hard liquor. It is fermented from the sap of a special kind of palm tree. It is a colourless, sugarless spirit distilled from either *brem* or *tuak*. The homemade *arak* can also be made from fermenting glutinous rice. The liquid from this fermentation is then distilled. This kind of wine is known as *arak beras* - rice-based *arak*.⁴

**Lapen** is common in Central Java but each province in Indonesia has its own palm sugar-based alcoholic drinks.⁵

Unrecorded alcohol consumption

The unrecorded alcohol consumption in Indonesia is estimated to be 1.0 litre pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).³

Country background information

<table>
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<tr>
<th>Total population 2003</th>
<th>Life expectancy at birth (2002)</th>
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<td>Probability of dying under age 5 per 1000 (2002)</td>
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<td>Population distribution 2001 (%)</td>
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<tr>
<td>Rural</td>
<td>58</td>
<td>In Indonesia, approximately 88% of the population are Muslim.</td>
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</table>

References


MALDIVES

Recorded adult per capita consumption (age 15+)

Note: Yearly data on spirits not available before 1993, thus total alcohol consumption has not been calculated for those years.

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Maldives is a strictly Muslim country with a ban on the consumption of alcohol. There is no particular legislation on alcohol, as it is controlled under the law of Islamic Shari'ah. The Ministry of Justice recorded 44 cases of offences related to alcohol in 1998, 42 in 1999, 27 in 2000 and 46 in 2001 (source: Statistical Yearbook 2002). Alcohol is available for non-Muslim residents or visitors through permits or licenses from the Ministry of Trade and Industries for importation of alcoholic beverages (unlimited amount) through a local authorized warehouse. In total there are some 3–4 warehouses that supply the resorts also.\(^1\)

Traditional alcoholic beverages

The local brew is \textit{raa}, a sweet toddy tapped from the crown of the palm trunk.\(^2\)

Country background information

<table>
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<td>In Maldives, approximately 100% of the population are Muslim.</td>
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References

1. Luna JM. WHO Representative to the Maldives. Personal communication. 27 February 2004.
MYANMAR

Recorded adult per capita consumption (age 15+)

![Graph showing recorded adult per capita consumption (age 15+) from 1961 to 2001.](image)

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Last year abstainers

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<th>Total</th>
<th>Male 45%</th>
<th>Female 93.5%</th>
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<tbody>
<tr>
<td>69.3%</td>
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Unrecorded alcohol consumption

The unrecorded alcohol consumption in Myanmar is estimated to be 0.4 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).¹

Country background information

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References

NEPAL

Recorded adult per capita consumption (age 15+)

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Lifetime abstainers

A 2000 national survey covering 2400 households in 16 districts representing both rural and urban areas as well as ecological and developmental regions found that the rate of last year abstainers among the total population sampled was 59%. The rate of last year abstainers was 51.7% among males and 72.3% among females. The most popular drinks consumed in the last 30 days are Jand or Chhang (home brews fermented from rice, millet, maize and wheat), homemade Raksi (distilled liquor made of grains or unrefined sugar for household use) and local Raksi locally made for commercial purposes. There is a clear pattern of current use by place of residence. Respondents living in rural areas are more likely to use alcohol than that of urban areas. This is much more pronounced in females. More than one third of females in rural areas are currently using alcohol as against three in ten in urban areas. In rural Nepal, most traditional users of alcohol consume Jand as food.

A 2001 national survey (total sample size $n = 2261$; age group 15 to 59 years) found that 67.5% of the total sample have consumed alcohol.
Heavy and hazardous drinkers

According to the 2003 World Health Survey (total sample size $n = 2613$; males $n = 1559$ and females $n = 1054$), the mean value (in grams) of pure alcohol consumed per day among drinkers was 11.1 (total), 12.3 (males) and 9.5 (females).\textsuperscript{1}

Heavy episodic drinkers

Data from the 2003 World Health Survey. Total sample size $n = 8633$; males $n = 3674$ and females $n = 4959$. Sample population aged 18 years and above. Definition used: at least once a week consumption of five or more standard drinks in one sitting.\textsuperscript{3}

Youth drinking (lifetime abstainers)

Data from the 2003 World Health Survey. Total sample size $n = 1697$; males $n = 644$ and females $n = 1053$. Sample population aged 18 to 24 years old.\textsuperscript{1}

A subsample of the main survey done in 2000 (covering 2400 households in 16 districts) of children and youths aged between 10 and 17 years ($n = 426$) found that 17.4% were current drinkers (last 12 months). The prevalence among boys (21.8%) is almost double that of girls (11.2%) indicating gender variation in using alcohol. The study also found that the rate of reported drinking in the past 30 days was 9.2% (total), 10.1% (boys) and 7.9% (girls).\textsuperscript{2,4} One half of those Nepalese children who drink initiated alcohol before the age of 13. Traditional and cultural occasions appear to be the most important occasion of initiating alcohol.\textsuperscript{5}
Youth drinking (heavy episodic drinkers)

Data from the 2003 World Health Survey. Total sample size $n = 1697$; males $n = 644$ and females $n = 1053$. Sample population aged 18 to 24 years old. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

Note: These are preliminary, early-release, unpublished data from WHO’s World Health Survey made available exclusively for this report. Some estimates may change in the final analyses of these data.

Alcohol dependence in the community of Dharan

The aim of this study was to assess the prevalence of alcohol dependence in the community of Dharan, Nepal. The CAGE questionnaire was administered to all adult individuals living in houses selected randomly in the township of Dharan (total sample size $n = 2344$; males $n = 1047$ and females $n = 1297$).²

Traditional alcoholic beverages

Types of traditional and local alcoholic beverages include country liquor (low quality alcohol made from molasses and produced in small distilleries in every district of Nepal), homemade liquor (from grains and sugar-cane and often using the powder of dry batteries, ammonium chloride, fertilizer), Jad (made of rice), Chang (made of rice by a different procedure) and Raksi (home-brewed alcohol made out of rice, millet or barley).³

Unrecorded alcohol consumption

In most parts of the country, liquor is freely available and unlicensed home-brewing accounts for the major production of alcohol. In fact, the Liquor Control Act of Nepal allows the production of homemade forms of alcohol for domestic use, although much home-made alcohol is diverted to the market. Such activity takes place mostly in rural settings, but also occurs in urban areas. The poor are dependent on home-brewing for their livelihood.⁴

Morbidity, health and social problems from alcohol use

Among a group of 50 women (age range 26–75 years) with alcohol-related problems who were seen over a 16-month period, from January 1998 to June 1999 in a general hospital setting in Dharan, a town in East Nepal, 35 cases (70%) were admitted to a medical ward of the hospital with alcohol-related physical problems (alcoholic liver disease in 33 cases and alcoholic cardiomyopathy in two cases). Fifteen cases (30%) presented with alcohol-related psychological problems – depression in 12 cases, withdrawal symptoms in two cases and alcoholic hallucinosis in one case.⁵

Alcohol could be considered the number one problem drug if one seriously considers the magnitude and extent of the problem it has created in Nepal. For example, in just one of the 75 districts, during one month in 1989, 46 men and 4 women were arrested for being rowdy under the influence of alcohol (The Rising Nepal, 28 March 1989). Such arrests are mentioned almost every day in the national daily newspapers.⁶

In Nepal, many crimes are committed under the influence of alcohol. Much violence both outside and inside the home has taken place under its influence, and it has been the root cause or precipitant in many antisocial and
criminal acts. Alcohol has been the starting drug for many, and it has also been freely available whenever the drug of choice is not available.9

In a large-scale study covering about 2400 households in 16 of Nepal’s 70 districts, the adult respondents perceived the impact of family members’ use of alcohol and drugs on children as violence and physical abuse (33.4%), neglect and mental abuse (28.5%), deprivation from education (20.2%) and push factor for children to use intoxicants (11.1%), malnutrition and running away from home. 35.9% of children interviewed felt that there was an impact of parental drinking on the family. The impact included domestic violence (40%), loss of wealth and indebtedness (27.8%), loss of social prestige and bad relationship with neighbours.2

Excessive use of alcohol is also linked to the economic exploitation in some communities in Nepal. Most of the traditional alcohol user groups have lost their land due to the excessive use of alcohol and the land has been mortgaged by the upper caste people, traditionally non-alcohol user groups.2

Country background information

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References

7. Siddiqui SA. Alcohol consumption and its aftermath in Nepalese society.
SRI LANKA

Recorded adult per capita consumption (age 15+)

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Lifetime abstainers

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 74% (males) and 96% (females). Data is for after year 1995.²

According to the WHO GENACIS Study (2002 survey; total sample size $n = 1027$, males $n = 505$ and females $n = 522$; age range 20 to 64 years), the rate of last year abstainers was 67.6% (total), 41.4% (males) and 92.9% (females).³

A 2002–2003 survey conducted in 11 districts in Sri Lanka (total sample size $n = 306$; males $n = 155$ and females $n = 151$) found that 63% of the total subjects had never consumed alcohol (140 women and 53 men). Twenty percent of those sampled consumed alcohol more than twice a week – with 8% using it daily. Kasippu (the common form of alcohol illicitly brewed and sold) was the most frequently used alcoholic beverage. The highest proportion of daily drinkers was among those with least (formal) education. A little over 7% of men said that their alcohol expenditure was greater than their income.⁴

A survey conducted in a semi-urban community in southern Sri Lanka (total sample size $n = 783$) revealed that 5% of females and 52.5% of males aged above 10 years old were current alcohol users. Age-specific prevalence of alcohol use was highest among those aged between 40 to 50 years for both sexes. By ethnicity, the highest prevalence was found among Tamils (43%), followed by Sinhalese (32%) and Muslims (9%).⁵

A cross-sectional study conducted among 1200 people in the Gampaha district showed that 37.7% of men and 1.6% of women had consumed alcohol during the fortnight preceding the interview and these men and women were classified as regular drinkers. Among men 15.2% were drinking every other day or more frequently (heavy drinking). As of 2003, the study area had the highest rates of alcohol consumption in the country.³

Data from the 2003 World Health Survey. Total sample size $n = 6114$; males $n = 2878$ and females $n = 3236$. Sample population aged 18 years and above.¹
drinkers). The average consumption of the regular drinkers was 24.1 units per week for men and 6.3 units per week for women. The percentage of men drinking more than 21 units per week was 13.2%. The per capita annual alcohol consumption of the men in the sample was 5.6 litres and the corresponding figure for women was 0.055 litres. *Kassipu* contributed 65% of ethanol consumed by the community, *arrack* contributed 28% and beer 3%.

### Heavy and hazardous drinkers

According to the 2003 World Health Survey (total sample size $n = 652$; males $n = 630$ and females $n = 22$), the mean value (in grams) of pure alcohol consumed per day among drinkers was 24.8 (total), 25.3 (males) and 11.6 (females).

According to the WHO GENACIS Study (2002 survey; total sample size $n = 1027$, males $n = 505$ and females $n = 522$; age range 20 to 64 years), the rate of last year heavy and hazardous drinking among drinkers was 15.6% for men and 0.0% for women. Heavy and hazardous drinking was defined as average daily consumption of 40 g or more of alcohol for men and 20 g or more of alcohol for women.

### Heavy episodic drinkers

According to the WHO GENACIS Study (2002 survey; total sample size $n = 1027$, males $n = 505$ and females $n = 522$; age range 20 to 64 years), the rate of heavy episodic drinking among drinkers was 13.3% for men and 0.0% for women. Heavy episodic drinking was defined as consumption of five or more drinks in one sitting at least once a month in the last year.

### Youth drinking (lifetime abstainers)

Data from the 2003 World Health Survey. Total sample size $n = 963$; males $n = 480$ and females $n = 483$. Sample population aged 18 to 24 years old.
Youth drinking (heavy episodic drinkers)

Data from the 2003 World Health Survey. Total sample size $n = 963$; males $n = 480$ and females $n = 483$. Sample population aged 18 to 24 years old. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

Note: These are preliminary, early-release, unpublished data from WHO’s World Health Survey made available exclusively for this report. Some estimates may change in the final analyses of these data.

Alcohol dependence

An epidemiological survey of a population of 7643 people reveals a surprisingly high incidence of alcoholism among males over the age of 25 years (29 per 1000).⁶

Traditional alcoholic beverages

*Arak* is an alcoholic drink made from the distillation of the juice of a palm tree or from coconut toddy.

*Toddy* is an alcoholic drink made by fermenting the sap of a coconut palm. It is white and sweet with a characteristic flavour. It has between 4 and 6% alcohol by volume and has a shelf life of about 24 hours.⁷

Much of the alcohol consumed in Sri Lanka is moonshine (hooch), known in common parlance as ‘pot arrack’ and which, according to some guestimates, amounts to about 90% of the total volume of alcohol consumed in the country. This would denote that Sri Lankans consume an annual average of over 33 litres of moonshine per capita or over 627 million litres of moonshine in total (not in pure alcohol terms).⁸

Unrecorded alcohol consumption

The unrecorded alcohol consumption in Sri Lanka is estimated to be 0.5 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).²

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.
Chronic mortality

Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality

Source: WHO Mortality Database
Note: Caution should be exercised when interpreting the results as death registration level is incomplete.

Morbidity, health and social problems from alcohol use

At the time of accident, 89% of drivers and 28.1% of pedestrians were under the influence of alcohol. Alcohol was related to 67.4% of accidents taking place during the night.9

According to the Department of Traffic Police, the detections of driving under the influence of alcohol were 8.86% in 1990 but had increased to 20.75% in 1993.10

According to the Ministry of Health, the number of cases of those hospitalized due to alcohol psychosis, alcohol dependence and alcohol withdrawal had increased by 4436 cases from 1998 to 1999.10

Of 184 patients involved in cases of physical assault who were admitted to Colombo North General Hospital, Ragama during a two-month period between May 1994 and June 1994, it was found that 25.5% of the victims
were under the influence of alcohol at the time of the assault, whereas only 29.9% of assailants were described by both victims and reports as being definitely sober. Nearly 77.2% of incidences of assault were associated with alcohol ingestion, either by the assailant or by the victim. The study noted that most instances of assault, including wife battering, were alcohol-related.\textsuperscript{11}

According to a recent survey, 84% of the suicides in the Gokarella area have been committed after consuming liquor. Also, 90% of the crimes investigated by the police are directly or indirectly linked to the consumption or sale of liquor.\textsuperscript{12}

In a descriptive cross-sectional study looking at domestic violence in the Medical Officer of Health (MOH) area of Kantale in the Trincomalee district of eastern Sri Lanka, it was found that there was an association between domestic violence and alcohol consumption by the batterer.\textsuperscript{13}

A survey conducted in six Sri Lankan districts found that between 30% and 50% of the income of low-income families was spent on alcohol and tobacco. Another 1997 survey found that the total expenditure on tobacco and alcohol exceeded the amount of government assistance given to the community under the government's poverty alleviation programme.\textsuperscript{14}

Country background information

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References

3. Preliminary results from the Gender, Alcohol and Culture: An International Study (GENACIS Project). International Research Group on Gender and Alcohol (for more information please see http://www.med.und.nodak.edu/depts/irgga/GENACISProject.html).

THAILAND

Recorded adult per capita consumption (age 15+)

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Abstainers (non-drinkers)

In a case-control study of the relationships between alcohol dehydrogenase-2 (ADH2), aldehyde dehydrogenase-2 (ALDH2) and male alcohol use disorders (AUD), the research sample included 153 paired cases (probable AUD) and controls (non-probable AUD), sampled from Khon Kaen villagers from north-east Thailand. 86.9% of the controls were current drinkers.²

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 31% (males) and 72% (females). Data is for after year 1995.³
Harmful and hazardous drinkers in southern Thailand

In a study of 91 alcohol-dependent subjects, 77 hazardous or harmful drinkers, and 144 abstainers or light drinkers (all subjects were Buddhist males aged 18 years or over), it was found that the median alcohol intake was 75 and 49 g/drinking day in the alcohol-dependent and harmful or hazardous groups respectively. The former group drank on average 25 days/month, whereas the harmful or hazardous drinkers drank 10 days/month. Drinking alone was more common in the alcohol-dependent group (67%) whereas harmful or hazardous drinkers typically drank with friends (58%) and infrequent drinkers drank only at social functions (61%). Only 28% of alcohol-dependent subjects perceived themselves as dependent on alcohol.5

In a 1997 study of 220 dentists working in 14 provinces in southern Thailand (age range 22 to 54 years), it was found that 19.1% consumed alcohol on a weekly basis.6

Youth drinking (consumes alcohol)

In a 1999 survey of 1725 students aged 15 to 21 years (893 males and 832 females) attending one of three vocational schools in Chiang Rai Province, alcohol consumption during the previous three months was reported by 826 males (92.5%) and 670 females (80.5%).7

Alcoholism in Karen villages in northern Thailand

In a study conducted in 1999–2000 in 31 Karen tribal villages in northern Thailand (size of each village ranges from 52 to 435 persons), alcoholism was reported in most villages. 25% of the villages reported having between one and four alcoholic persons and 41% reported having more than four alcoholic persons.8

Traditional alcoholic beverages

Thailand has several traditional alcoholic beverages: Satoh, Ou and Krauche. Satoh production is carried out by using three kinds of rice: white sticky rice, red sticky rice and non-polished rice, yielding 29% ethanol within nine days at room temperature.9

Lao khao is a potent alcoholic beverage made from rice that is widely distilled and sold in villages.10

Lao-lao (homemade rice whiskey) and lao-hai (alcoholic drink made of sticky rice) are also consumed.
Unrecorded alcohol consumption

The unrecorded alcohol consumption in Thailand is estimated to be 2.0 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).³

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality

Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality

Source: WHO Mortality Database
Note: Caution should be exercised when interpreting the results as death registration level is incomplete.
Morbidity, health and social problems from alcohol use

A survey found that 62% of traffic accident victims had a positive blood alcohol concentration.\textsuperscript{11} An estimated 45% of deaths from traffic accidents in Thailand are due to alcohol consumption.\textsuperscript{12}

A substantial proportion (44%) of traffic injury cases seeking emergency services in public hospitals had a blood alcohol concentration of 0.1% or more.\textsuperscript{13} A recent study revealed that one third of road traffic accident patients were under the influence of alcohol, and consumption of alcohol one hour before driving was associated with a threefold increased risk of being involved in a traffic accident.\textsuperscript{14}

In a study looking at consecutive emergency room admissions aged 14 years and older, admitted from 18:00 to 02:00 in three regional hospitals in Thailand (total sample size $n = 992$), it was found that among the 404 males and 127 females admitted for trauma, 43% and 13% respectively had positive AUDIT scores, compared with 35% of male non-trauma and 6% of female non-trauma patients. The study also revealed that 39% of all males presenting to the emergency room for treatment between 18:00 and 02:00 misuse alcohol. The rate was significantly lower (8%) among females.\textsuperscript{15}

A retrospective analysis was done of 3225 injured motorcyclists treated at Phra Chom Klao Hospital between 1999 and 2000. Approximately 21% of the riders involved in accidents had been drinking alcohol.\textsuperscript{16}

A study conducted in 1995 in eight provinces in Thailand tested 4675 male drivers. The crude prevalence of high blood alcohol concentration (BAC) – over 50 mg/dl – was 12.6%. During 22:00 to 24:00 the prevalence rose to 19.2%, 16% and 11.9% among the motorcyclists, the 4-wheel vehicle drivers and the 6-or-more-wheel vehicle drivers, respectively.\textsuperscript{17}

Economic and social costs

The economic cost of hospitalized alcohol-related illness per person per admission was estimated to be over 20000 Baht (US$ 800) in 1992 which included medical treatment costs and indirect costs from lost earnings, decreased productivity of the patient and family, transportation costs, and other non-medical equipment and food.\textsuperscript{18}

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References


TIMOR-LESTE

Recorded adult per capita consumption (age 15+)

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

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Source: The World Health Report 2004