



Afghanistan

2015 Demographic and Health Survey

Key Findings



The 2015 Afghanistan Demographic and Health Survey (2015 AfDHS) was implemented by the Central Statistics Organization and the Ministry of Public Health from June 15, 2015 to February 23, 2016. The funding for the AfDHS was provided by the United States Agency for International Development (USAID). ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2015 AfDHS may be obtained from the Central Statistics Organization, Ansari Watt, Kabul, Afghanistan; Telephone: (+93) 0202104338; Internet: <http://cso.gov.af> and the Ministry of Public Health, Great Masoud Road, Wazir Akbar Khan area, Kabul, Afghanistan; Internet: <http://moph.gov.af>.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

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ABOUT THE 2015 AfDHS

The 2015 Afghanistan Demographic and Health Survey (AfDHS) is designed to provide data for monitoring the population and health situation in Afghanistan. The 2015 AfDHS is the first Demographic and Health Survey conducted in Afghanistan in collaboration with The Demographic and Health Surveys Program. The objective of the survey was to provide reliable estimates of fertility levels, marriage, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, maternal and child health and mortality, awareness and behavior regarding HIV/AIDS and other sexually transmitted infections (STIs), and other health-related issues such as smoking, tuberculosis, and cancer that can be used by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 29,461 ever-married women in all selected households and 10,760 ever-married men age 15-49 in half of selected households were interviewed. This represents a response rate of 97% for women and 91% for men. The sample design for the 2015 AfDHS provides estimates at the national and provincial levels, and for urban and rural areas. Estimates for Zabul are not presented separately due to sample coverage issues; however, they are included in the total national estimates.

AFGHANISTAN



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

The average Afghan household has 8 members. Just 2% of households are headed by women. Nearly half (47%) of the household population is under age 15.

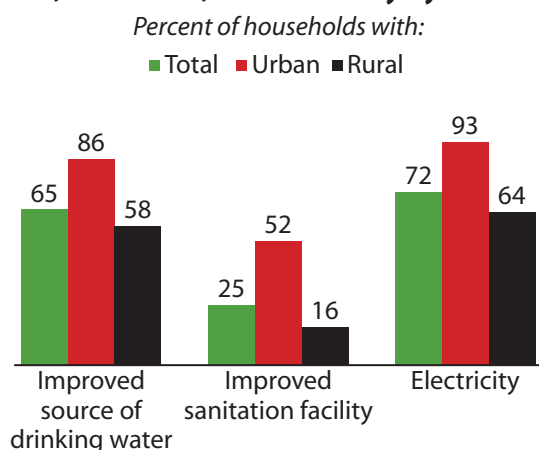
Water, Sanitation, and Electricity

In Afghanistan, 72% of households have electricity. Nearly 2 in 3 households have access to an improved water source. Households in urban areas are more likely to have access to an improved water source than households in rural areas (86% versus 58%). One quarter of households use an improved sanitation facility, while 8% use a facility that would be considered improved if it was not shared. Sixty-four percent of households use an unimproved facility, including 13% who do not have any facility.



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Water, Sanitation, and Electricity by Residence



Ownership of Goods

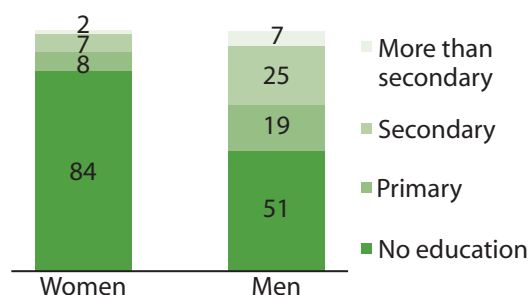
The vast majority (87%) of Afghan households have a mobile telephone, 51% have a television, and 47% have a radio. Urban households are more likely to have a mobile telephone or television, but are slightly less likely to have a radio than rural households. Three in ten households have a bicycle, 35% have a motorcycle or scooter, and just 14% have a car, truck, or tractor. Ownership of agricultural land and farm animals is markedly higher in rural areas than in urban areas.

Education

More than 8 in 10 (84%) ever-married women and 51% of ever-married men age 15-49 have no education. Just 9% of women have secondary or higher education, compared to 31% of men. Overall, 15% of women and 49% of men are literate. Younger women and men are more likely to be literate than older women and men.

Education

Percent distribution of ever-married women and men age 15-49 by highest level of education attended



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

Currently, women in Afghanistan have an average of 5.3 children. Fertility varies by residence; women in urban areas have an average of 4.8 children, compared to 5.4 children among women in rural areas. Fertility ranges from a low of 2.8 children per woman in Ghazni province to a high of 8.8 in Urozgan and 8.9 in Nooristan.

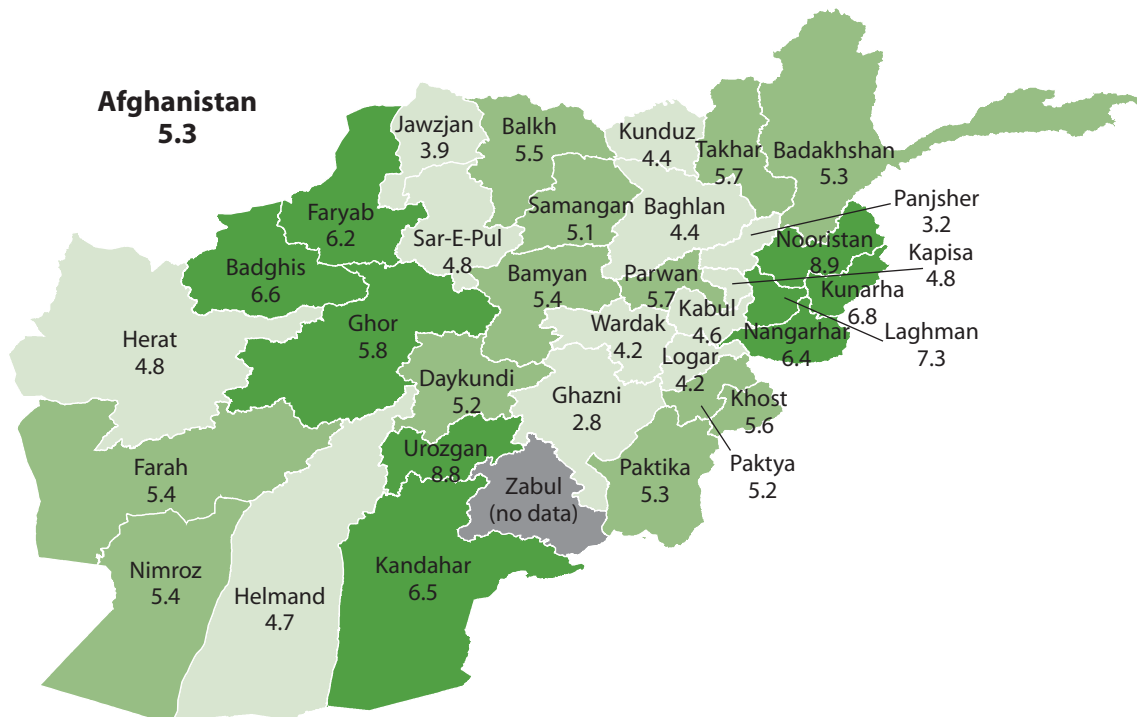
Fertility decreases as a woman’s education increases; women with no education have an average of 5.5 children, compared to 3.6 children among women with more than secondary education. There is no clear relationship between fertility and household wealth*.

Teenage Fertility

Twelve percent of adolescent women age 15-19 have begun childbearing—8% are mothers and 4% are pregnant with their first child. Teenage childbearing is more common in rural areas (14%) than in urban areas (8%). Adolescent women with no education are more than twice as likely to have begun childbearing than those with secondary education (16% and 7% respectively). Teenage childbearing decreases as household wealth increases.

Total Fertility Rate by Province

Births per woman for the three-year period before the survey



* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Marriage, Sexual Intercourse and Birth

Afghan women marry younger than Afghan men; the median age at first marriage among ever-married women age 25-49 is 18.5 years, compared to 22.9 years among men. Among both women and men, median age at first marriage increases with education.

Afghan women and men tend to initiate sexual activity shortly after marriage. The median age at first sexual intercourse for women is 18.7 years and is 23.2 years for men. Median age at first sexual intercourse for women and men increases with education.

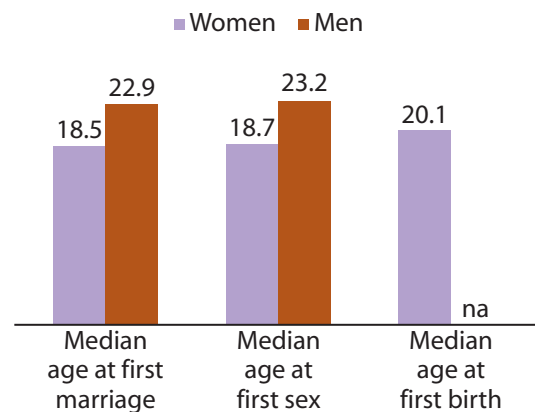
Women have their first birth about one and a half years after initiating sexual activity. The median age at first birth for women age 25-49 is 20.1 years. Women with more the secondary education have their first birth nearly four and a half years later than women with no education (24.3 years versus 19.9 years).

Polygyny

Six percent of currently married women and 3% of men age 15-49 are in a polygynous union. More than 10% of women in Kunarha, Farah, Nooristan, Badghis, and Nimroz provinces are in polygynous unions. Polygyny among men is most common in Nooristan, Ghor, Bamyán, and Farah provinces (6% each).

Median Age at First Sex, Marriage, and Birth

Among ever-married women and men age 25-49



Demand for Family Planning

Nearly 3 in 10 currently married women age 15-49 want to delay childbearing (delay their first birth or space out births) for at least two years. Additionally, 18% do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning in Afghanistan is 47%.

Demand for Family Planning Satisfied by Modern Methods

The total demand for family planning includes both met need and unmet need. Met need is the percent of married women who are currently using family planning. Twenty-three percent of married women use any method—20% use modern methods and 3% use traditional methods. Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. One quarter of married women have an unmet need for family planning, 18% for spacing births and 7% limiting births.

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. In Afghanistan, 42% of the demand for family planning is satisfied by modern methods. The demand for family planning satisfied by modern methods ranges from a low of 2% in Nooristan province to a high of 87% in Herat. The demand for family planning satisfied by modern methods is higher among women with more education and those from wealthier households.

Exposure to Family Planning Messages

The 2015 AfDHS asked ever-married women and men if they had been exposed to family planning messages in the past few months. Among women, television (29%), local community leaders (25%), radio (22%), and health professionals (21%) were the most common sources of family planning messages. Among men, radio (35%), television (34%), and local community leaders (30%) were the most common sources of family planning messages.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Over half (53%) of women using modern methods were informed about side effects, 42% were informed about what to do if they experience side effects, and 64% were informed of other family planning methods available.



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CHILDHOOD MORTALITY*

Rates and Trends

In Afghanistan, the neonatal mortality rate, or probability of dying in the first month of life, is 22 deaths per 1,000 live births for the five-year period before the survey. The infant mortality rate (probability of dying in the first year) is 45 deaths per 1,000 live births. The under-five mortality rate is 55 deaths per live births. This means that 1 in every 18 Afghan children dies before reaching their fifth birthday.

Mortality Rates by Background Characteristics

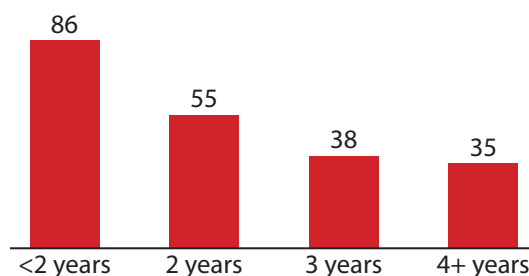
Mortality rates differ by residence and province for the ten-year period before the survey. Under-five mortality is higher among children in rural areas (67 deaths per 1,000 live births) than among children in urban areas (43 deaths per 1,000 live births). Under-five mortality is particularly high in Nooristan province (170 deaths per 1,000 live births), followed by Badakhshan (107) and Ghor (104). Under-five mortality decreases as household wealth and the mother's education increases.

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval is 28.4 months. Infants born less than two years after a previous birth have high under-five mortality rates. The under-five mortality rate for children born less than two years after their siblings is 86 deaths per 1,000 live births, compared to 35 among children born four or more years after their siblings. Nearly one third of all children are born less than two years after their siblings.

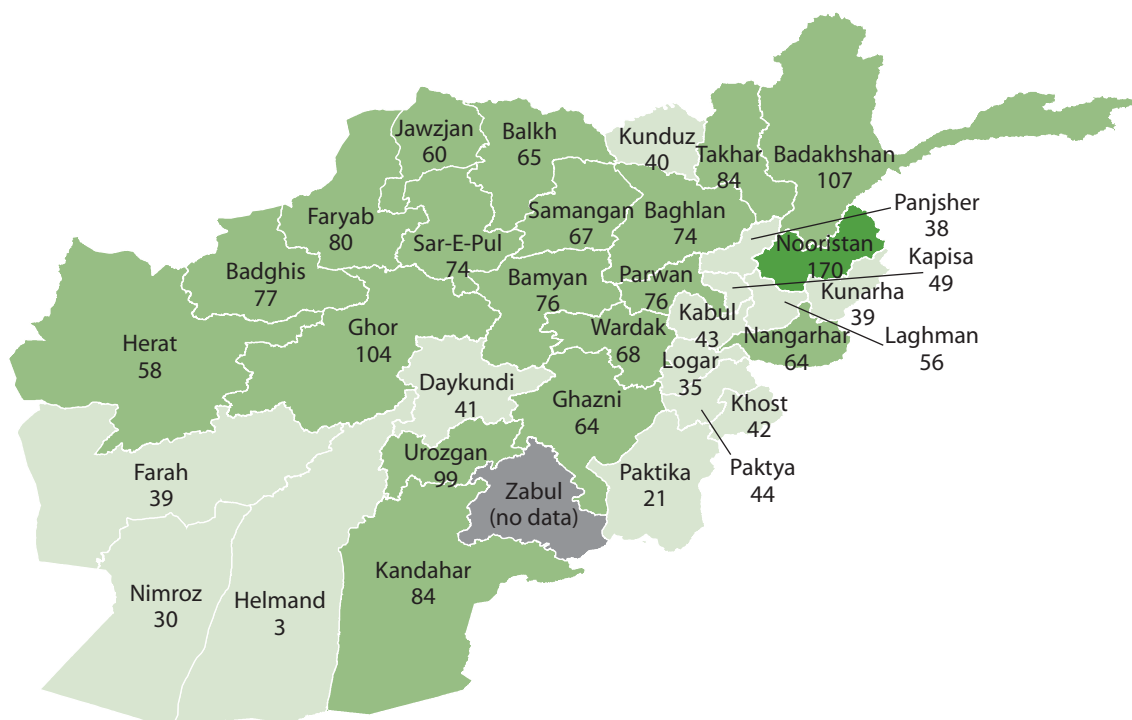
Under-Five Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



Under-Five Mortality by Province

Deaths per 1,000 live births for the ten-year period before the survey



These mortality estimates should be used with caution. They appear to be lower than expected, given findings of other data sources from Afghanistan, as well as expert knowledge of the relationship of neonatal deaths to infant deaths. Neonatal death in particular appears to be under-reported.

MATERNAL HEALTH CARE

Antenatal Care

Nearly 6 in 10 ever-married women with a birth in the five years before the survey received antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, auxiliary nurse/midwife), while 38% received no ANC.

The timing and quality of antenatal care are also important. Just 18% of women made four or more ANC visits and 30% had their first ANC visit in the first trimester. Forty-two percent of women took iron tablets or syrup and for 53% of women their last live birth was protected against neonatal tetanus.

Among women who received ANC for their most recent birth, 79% had their blood pressure measured, 56% were informed of pregnancy complications, 40% had a urine sample taken, and 30% had blood sample taken.

Delivery and Postnatal Care

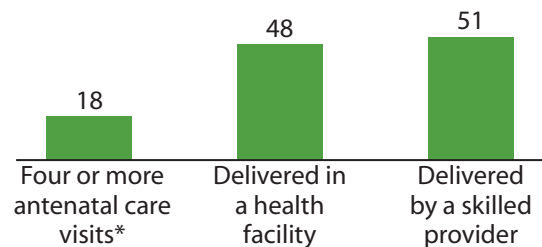
Nearly half of births occur in a health facility, the majority in public sector facilities. Fifty-one percent of births occur at home. Delivery in a health facility is more common in urban areas (76%) than in rural areas (40%). Health facility births range from a low of 1% in Nooristan province to a high of 82% in Kabul. Births in the wealthiest households are nearly four times as likely to occur in health facilities than births in the poorest households (83% versus 22%). Half of births are assisted by a skilled provider. Nearly all (97%) births to women with more than secondary education are assisted by a skilled provider.

Postnatal care helps prevent complications after childbirth. Four in ten women received postnatal checkup within two days of delivery, while 56% did not have a postnatal checkup within 41 days of delivery. Just 9% of newborns had a postnatal checkup within two days of birth, while 87% did not have a checkup in the first week.

Fistula

More than 2 in 10 ever-married women have heard of fistula and 3% have ever had a fistula. Women living in Baghlan (13%) and Ghor provinces (26%) are most likely to have ever had fistula. More than half (56%) of women who ever had fistula did not receive treatment. The most commonly cited reasons for not seeking treatment are not knowing the problem can be fixed (49%) and not knowing where to go (11%). Women with fistula who did receive treatment were most likely to receive care from doctors (30%) or nurses or midwives (13%). Forty-seven percent of women who sought treatment for fistula report that the leakage stopped completely; 33% report that leakage reduced, but did not stop completely; and 12% report there was no improvement.

Maternal Health Care
Percent of live births in the five years before the survey



*Percent of ever-married women age 15-49 for most recent birth

CHILD HEALTH



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Basic Vaccination Coverage

Forty-six percent of children age 12-23 months received all basic vaccinations – one dose each of BCG and measles and three doses each of DPT-containing vaccine and polio. Basic vaccination coverage varies by province; just 1% of children in Nooristan province have received all basic vaccinations, compared with 75% in Paktika. Children whose mothers have secondary or higher education are more likely to be vaccinated than children whose mothers have no education or primary education.

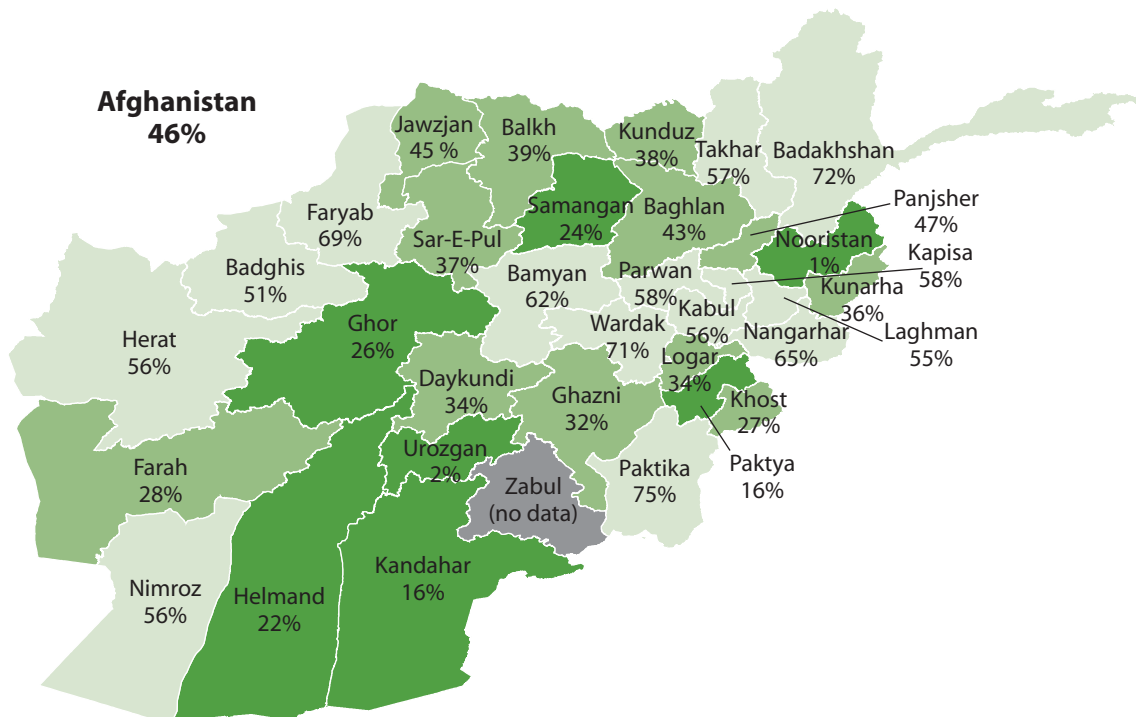
Childhood Illnesses

Thirteen percent of children under age five had cough or rapid breathing, symptoms of acute respiratory infection (ARI) in the two weeks before the survey. Among children with symptoms of ARI, 62% were taken to health facility or provider.

Nearly 3 in 10 children under age five had diarrhea in the two weeks before the survey. Diarrhea was most common among children age 12-23 months (38%). More than half (54%) of children under age five with diarrhea were taken to a health facility or provider. Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). Fifty-nine percent of children under age five with diarrhea received ORT or increased fluids, while 17% of children with diarrhea received no treatment.

Vaccination Coverage by Province

Percent of children age 12-23 months who received all basic vaccines



FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

Nearly all Afghan children are ever breastfed and 41% of children were breastfed in the first hour of life. More than 4 in 10 children received something other than breastmilk in the first three days, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Forty-three percent of children under six months are exclusively breastfed. Children age 0-35 months are exclusively breastfed for a median of 1.5 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. More than half (56%) of children age 6-8 months receive complementary foods.

Use of Iodized Salt

The 2015 AfDHS tested salt used for cooking for iodine in 97% of households. Iodine is an essential micronutrient which prevents goitre or other thyroid-related health problems among children and adults. Just over half (57%) of households have iodized salt. The wealthiest households are much more likely to have iodized salt than the poorest households (88% versus 26%).

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Nearly half of children age 6-23 months ate foods rich in vitamin A the day before the survey and 48% of children age 6-59 months received vitamin A supplement in last six months. Three in ten children age 6-23 months ate foods rich in iron the day before the survey, and 6% of children age 6-59 months received iron supplements in the week before the survey. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Just 7% of ever-married women age 15-49 received iron supplements for at least 90 days during their last pregnancy.



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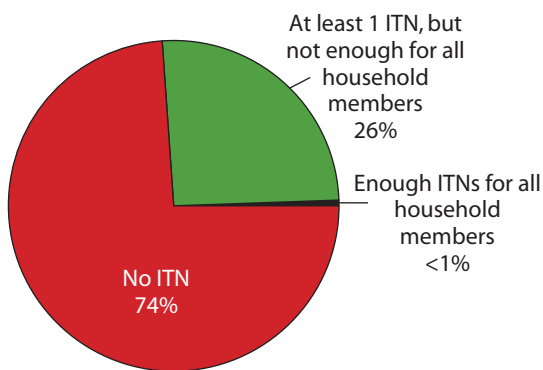
MALARIA

Mosquito Nets

In Afghanistan, 26% of households have at least one insecticide-treated net (ITN), while 25% have at least one long-lasting insecticidal net (LLIN). Just 3% of households have enough ITNs to cover each household member, assuming one ITN is used by two people. Among the household population, 13% have access to an ITN and 4% slept under an ITN the night before the survey.

Household Ownership of ITNs

Percent distribution of households



ITN=Insecticide-treated net

Children and pregnant women are most vulnerable to malaria. Only 5% of children under five slept under ITN the night before the survey. More than 10% of children in Laghman, Parwan, Khost, Nangarhar, Kunarha, and Kapisa provinces slept under an ITN the night before the survey. Among children under five in households with an ITN, 17% slept under ITN the night before the survey. Four percent of ever-married pregnant women age 15-49 slept under an ITN the night before the survey. More than 10% of pregnant women in Khost, Nangarhar, Laghman, and Parwan provinces slept under an ITN the night before the survey. Among pregnant women in households with an ITN, 15% slept under an ITN the night before the survey.

Management of Malaria in Children

Nearly 3 in 10 children under five had a fever in the two weeks before the survey. Sixty-three percent of children with fever sought advice or treatment, while 8% had blood taken from finger or heel stick for testing.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children in Afghanistan. Among children under five with fever in the two weeks before the survey who received antimalarials, just 4% received the recommended treatment, while 80% received SP/Fansidar.

HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

Knowledge of HIV

Twenty-four percent of ever-married Afghan women and 58% of ever-married men age 15-49 have heard of HIV. Knowledge of HIV is higher in urban areas and among women and men with more than secondary education. The most common sources of HIV knowledge are television and friends or relatives.

Knowledge of HIV Prevention Methods

Just 9% of ever-married women and 33% of ever-married men know that using condoms and limiting sex to one uninfected partner can reduce the risk of HIV. Knowledge of HIV prevention methods increases with education and household wealth.

Knowledge of Prevention of Mother-to-Child Transmission

Overall, 6% of ever-married women and 16% of ever-married men know that HIV can be spread by breastfeeding and that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy. Women and men with more than secondary education are most likely to know both of the above facts about the prevention of mother-to-child transmission of HIV.

Male Circumcision

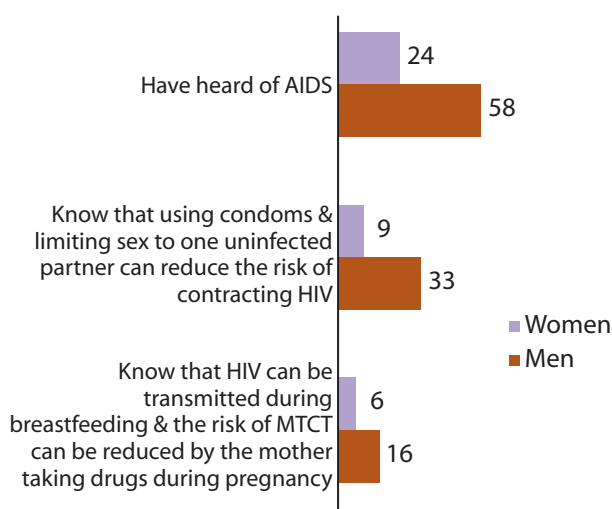
Nearly all ever-married men age 15-49 are circumcised. Among circumcised men, 43% were circumcised by a traditional practitioner, family member, or friend, while 20% were circumcised by a health worker or professional. Over half (57%) of circumcisions took place at home. Fifty-three percent of men were circumcised before age five and 34% were circumcised between ages 5 and 13.

HIV Testing

One in ten ever-married women know where to get an HIV test, compared to 3 in 10 ever-married men. Just 1% of women and 4% of men have ever been tested for HIV and received the results. HIV testing is most common among women with more than secondary education (5%) and men living in Faryab province (16%).

HIV Knowledge

Percent of ever-married women and men age 15-49 who:



WOMEN'S EMPOWERMENT

Employment

Just 13% of currently married women age 15-49 were employed in the 12 months before the survey, compared to 97% of men. Among employed men and women, 60% of women and 67% of men earn cash, while 28% of women and 5% of men were not paid for their work. Four in ten currently married women who earn cash report that they decide alone how to spend their earnings and 34% decide jointly with their husbands. In contrast, 23% of women report their husband decides how to spend their earnings. Two-thirds of women say they earn less than their husband.

Ownership of Assets

Nearly 4 in 10 ever-married women own a home (alone or jointly), compared to 8 in 10 ever-married men. Less than 10% of women in Kapisa, Paktika, Herat, and Bamyan provinces own a home. Men living in Nimroz province are least likely to own a home (48%). Just 25% of ever-married women own land (alone or jointly), compared to 56% of ever-married men. Less than 5% of women in Kapisa and Bamyan provinces own land. Men living in Nimroz province are least likely to own land (11%).

Participation in Household Decisions

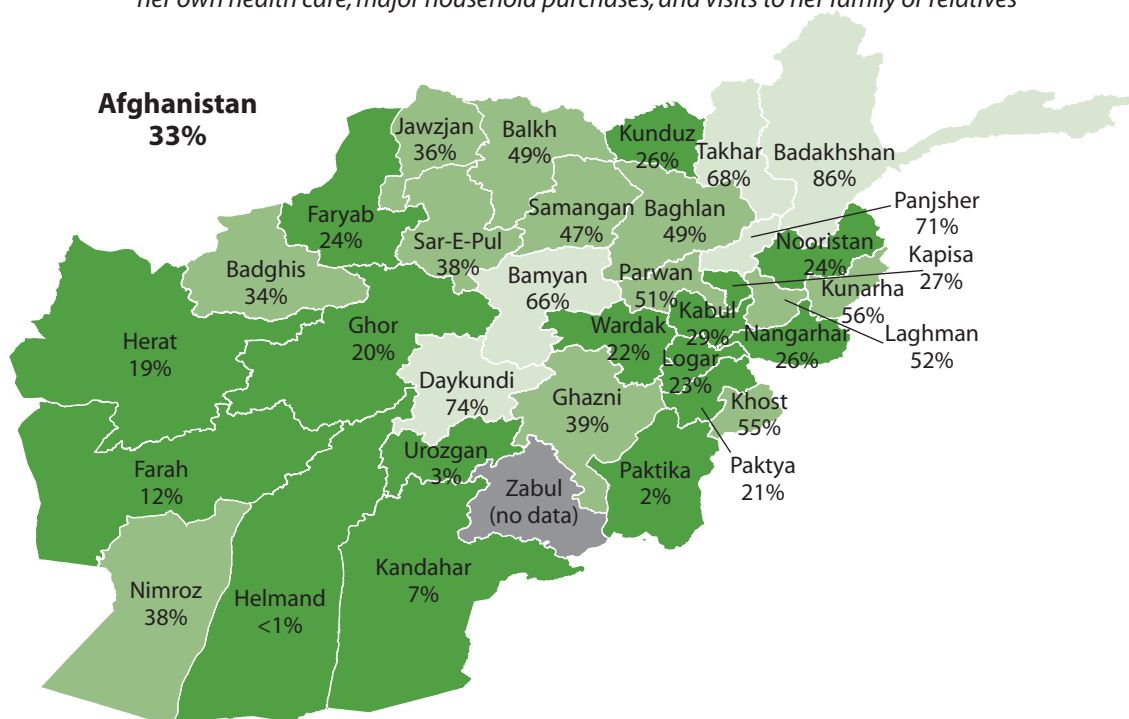
The 2015 AfDHS asked currently married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. Less than half of women participate in decisions about major household purchases (42%) or her own health care (48%), while 54% participate in decisions about visits to her family or relatives. One in three Afghan women participate in all three of the aforementioned decisions and 36% do not participate in any of these decisions. Less than 1% of women in Helmand province participate in all three decisions, compared to 86% in Badakhshan.

Problems in Accessing Health Care

Nearly 9 in 10 ever-married women age 15-49 report experiencing at least one problem in accessing health care. Common problems include not wanting to go alone (70%), distance to the health facility (67%), getting money for treatment (67%) and getting permission to go for treatment (51%). Women in rural areas, those with no education, and those from the poorest households are most likely to report experiencing problems in accessing health care.

Women's Participation in Decision Making by Province

Percent of married women age 15-49 who, either by themselves or jointly with their husband, make decisions regarding her own health care, major household purchases, and visits to her family or relatives



DOMESTIC VIOLENCE

Attitudes toward Wife Beating

Eight in 10 ever-married women and more than 7 in 10 ever-married men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Both women and men are most likely to agree that a husband is justified in beating his wife if she goes out without telling him.

Experience of Physical Violence

More than half (53%) of women age 15-49 have ever experienced physical violence since age 15 and 46% have experienced physical violence in last 12 months. Physical violence in the last 12 months is more common in rural areas (49%) than in urban areas (37%). Nine in ten women in Ghor and Herat provinces have experienced violence in the last 12 months, compared to 5% in Helmand. The most common perpetrator of physical violence among ever-married women is their current husband.

Violence during Pregnancy

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Overall, 16% of women who have ever been pregnant have experienced violence during pregnancy. Violence during pregnancy is highest in Ghor province (66%).

Spousal Violence

Over half (56%) of ever-married women have ever experienced spousal violence, whether emotional, physical, or sexual. Physical spousal violence was most common (51%), followed by emotional violence (37%), and sexual violence (7%). Fifty-two percent of women experienced emotional, physical, or sexual spousal violence in the last 12 months. Ever experience of spousal violence ranges from 6% of women in Helmand and 7% of women in Badakhshan to 92% of women in Ghor and Herat provinces. Ever experience of spousal violence decreases as a woman's level of education increases.

Help-seeking Behavior

Just 2 in 10 ever-married women who have experienced physical or sexual violence sought help to stop the violence, while 15% told someone, but did not seek help. The majority of women who have experienced physical or sexual violence (61%) did not seek help and did not tell anyone about the violence. Among women who have experienced violence and sought help to stop the violence, 80% sought help from their own family. Additionally, 34% sought help from their husband's family.

ADULT HEALTH ISSUES

Use of Tobacco and Drugs

Six percent of ever-married Afghan women use tobacco (cigarettes, chelam, or other tobacco). Women in Ghor province are most likely to use tobacco (23%). Nearly half (48%) of ever-married men use tobacco. Men living in Kandahar (70%), Khost and Farah provinces (68% each) are most likely to use tobacco. Less than 1% of women and 3% of men report using drugs. Among men who use drugs, 45% use opium, 4% use heroin and 58% use other drugs.

Tuberculosis

More than 8 in 10 ever-married women and men have heard of tuberculosis (TB). Less than half of women in Panjsher, Daykundi, and Urozgan have heard of TB. Just 19% of men in Urozgan have heard of TB. Among those who have heard of TB, 63% of women and 72% of men report that TB is spread through coughing. The majority of women and men who have heard of TB say that it can be cured (81% and 88%, respectively). Seven percent of women and 5% of men who have heard of TB have been told by a doctor or nurse that they have TB.



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Hepatitis

Two-thirds of ever-married women and men have heard of hepatitis. Among women who have heard of hepatitis, using disposable syringes and avoiding contaminated food and water were the most commonly cited ways to avoid hepatitis. Among men who have heard of hepatitis, safe sex and using disposable syringes were the most commonly cited ways to avoid hepatitis. Eight percent of women and 6% of men who have heard of hepatitis have been told by a doctor or nurse that they have hepatitis. Among women who have been diagnosed with hepatitis, 60% were diagnosed with Hepatitis A, 25% with Hepatitis B, and 11% Hepatitis C. Among men who have been diagnosed with hepatitis, 43% were diagnosed with Hepatitis C, 32% with Hepatitis A, and 23% Hepatitis B.

Cancer

Three percent of Afghan households have a member who has been diagnosed with cancer. Among households with a member who has been diagnosed with cancer, 21% report a household member with breast cancer, 19% liver cancer, 19% intestinal cancer, and 39% another type of cancer.



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INDICATORS

	Residence		
Fertility	Afghanistan	Urban	Rural
Total fertility rate (number of children per woman)	5.3	4.8	5.4
Median age at first marriage for women age 25-49 (years)	18.5	18.3	18.5
Median age at first sexual intercourse for women age 25-49 (years)	18.7	18.5	18.8
Median age at first birth for women age 25-49 (years)	20.1	20.1	20.0
Women age 15-19 who are mothers or currently pregnant (%)	12	8	14
Family Planning (among currently married women age 15-49)			
Current use of any method of family planning (%)	23	35	19
Current use of a modern method of family planning (%)	20	29	17
Total demand for family planning ¹ (%)	47	59	43
Demand satisfied by modern methods (%)	42	49	39
Maternal and Child Health			
Ever-married women age 15-49 who made 4 or more antenatal care visits (%)	18	32	14
Births delivered in a health facility (%)	48	76	40
Births assisted by a skilled provider ² (%)	51	79	42
Ever-married women age 15-49 who have ever had fistula	3	4	3
Children age 12-23 months who received all basic vaccinations ³ (%)	46	53	43
Childhood Mortality⁴ (deaths per 1,000 live births)			
Infant mortality	45	35	54
Under-five mortality	55	43	67
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	26	18	29
Children under 5 who slept under an ITN the night before the survey (%)	5	6	4
Pregnant women who slept under an ITN the night before the survey (%)	4	8	3
HIV/AIDS			
Ever-married women age 15-49 who have heard of HIV (%)	24	39	19
Ever-married men age 15-49 who have heard of HIV (%)	58	73	54
Ever-married women age 15-49 who know that using condoms and limiting sex to one uninfected partner can reduce the risk of HIV transmission (%)	9	15	7
Ever-married men age 15-49 who know that using condoms and limiting sex to one uninfected partner can reduce the risk of HIV transmission (%)	33	41	31
Domestic Violence			
Ever-married women age 15-49 who have ever experienced physical violence since age 15 (%)	53	43	56
Ever-married women age 15-49 who have experienced physical violence in the past 12 months (%)	46	37	49
Ever-married women age 15-49 who have ever experienced physical, sexual, or emotional spousal violence (%)	56	49	57

¹Total demand is the sum of met need (current use) and unmet need (married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning).²Skilled provider includes doctor, nurse, midwife, and auxiliary nurse/midwife.
³Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).⁴Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

