



# Nepal

## 2022 Demographic and Health Survey

### Summary Report

The 2022 Nepal Demographic and Health Survey (2022 NDHS) was implemented by New ERA under the aegis of the Ministry of Health and Population of Nepal. The funding for the NDHS 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 2022 NDHS may be obtained from the Ministry of Health and Population, Ram Shah Path, Kathmandu; telephone: +977-1-426543/4262802; internet: <http://www.mohp.gov.np>; and New ERA, Rudramati Marg, Kalopul, P.O. Box 722, Kathmandu 44600, Nepal; telephone: +977-1-4513603; email: [info@newera.com.np](mailto:info@newera.com.np); Internet: <http://www.newera.com.np>.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; e-mail: [info@DHSprogram.com](mailto:info@DHSprogram.com); Internet: [www.DHSprogram.com](http://www.DHSprogram.com)).

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*Cover photo: This mural was commissioned by the Australian Embassy in Kathmandu, to celebrate the Mithila art tradition and Nepali women's perspectives on the Sustainable Development Goals. The mural was painted by Nirmala Jha, Raj Kumari Singh, Anjina Yadav, and Binita Jha from Relative Nepal with the support of Sarangi Social Enterprise and is located at the Australian Embassy entrance wall.*



New ERA



Ministry of Health and Population

# About the 2022 NDHS

The 2022 Nepal Demographic and Health Survey (NDHS) is designed to provide data for monitoring the population and health situation in Nepal. The 2022 NDHS is the 6th Demographic and Health Survey conducted in Nepal since 1987. The objective of the survey is to provide reliable estimates of fertility, marriage, family planning, breastfeeding practices, nutrition, food insecurity, maternal and child health, childhood mortality, awareness and behavior regarding HIV/AIDS and other sexually transmitted infections (STIs), women's empowerment, domestic violence, fistula, mental health, accident and injury, disability, and other health-related issues such as smoking, knowledge of tuberculosis, and prevalence of hypertension 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 14,845 women age 15–49 in 13,786 households and 4,913 men age 15–49 in half of the selected households were interviewed. This represents a response rate of 97% of women and 95% of men. Fieldwork began on January 5, 2022 and data collection activities were completed on June 22, 2022. Caution was taken while mobilizing the teams throughout the data collection period to mitigate the risk of COVID-19.

The sample design for the 2022 NDHS provides estimates at the national level, for urban and rural areas, and for each of Nepal's 7 provinces and their urban and rural areas, as well as for 3 ecological zones (mountain, hill, terai).

# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

## Household Composition

Households in Nepal have an average of 3.9 members. Women head one-third of Nepali households. Thirty percent of the household population in Nepal is under age 15.

## Cooking, Heating, and Lighting

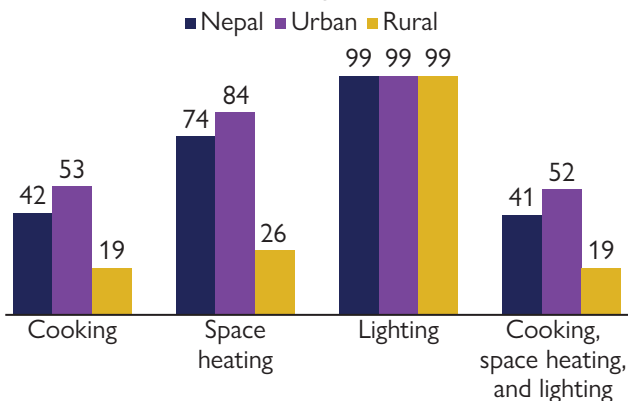
Overall, 97% of the household population has electricity, including 98% in urban areas and 94% in rural areas. In Nepal, 42% of the household population uses clean fuels and technologies for cooking, including stoves/cookers using electricity, liquified petroleum gas (LPG)/natural gas/biogas and solar. Use of clean fuels and technologies for cooking is more than twice as high in urban areas (53%) than rural areas (19%).

While only 9% of the population lives in households with heating, nearly three-quarters of those use clean fuels and technologies for space heating, including central heating, electricity, LPG/natural gas/biogas, and solar air heaters. Clean fuels and technologies for space heating are more commonly used in urban areas than rural areas (84% compared to 26%).

Nearly all of the household population uses clean fuels and technologies for lighting, including electricity, solar lanterns, rechargeable flashlights/torches/lanterns, and battery-powered flashlights/torches/lanterns.

### Primary Reliance on Clean Fuels and Technologies by Residence

Percent of de jure population relying on clean fuels and technologies for:



## Household Durable Goods

In Nepal 37% of households own a bicycle/rickshaw, compared to 28% of households that own a motorcycle/scooter and 5% of households that own

a car/truck/tractor. Nearly two-thirds of households own agricultural land, including 59% of urban households and 79% of rural households. In addition, 66% of households own farm animals, including cows, bulls, buffalo, horses, donkeys, mules, goats, sheep, pigs, yaks, ducks, chickens, or other poultry.

## Information Communication Technology (ICT) and Internet Use

Overall 96% of Nepali households own a mobile phone, 49% of households own a television, 20% own a radio, and 14% own a computer. ICT ownership is generally higher in urban areas, except for radios, which are slightly more common in rural areas.

Television is the most frequently accessed form of media in Nepal, with 36% of women and 38% of men watching television at least once a week. Even fewer women and men read the newspaper or listen to the radio weekly. Overall, 49% of women and 41% of men access none of these three media at least once a week. Two-thirds of women and 78% of men in Nepal have ever used the internet, with nearly all reporting they used the internet in the last 12 months.

## Education and Literacy

In Nepal, 26% of women and 8% of men age 15-49 have no education, while 4% of women and 8% of men have more than secondary education. Overall, 74% of women and 89% of men are literate.

## Food Insecurity

The 2022 NDHS asked questions about food insecurity, assessed using the Food Insecurity Experience Scale (FIES). Overall, 13% of the household population experienced moderate or severe food insecurity in the 12 months before the survey. This includes those who reduced the quality and/or quantity of food eaten or were uncertain they could obtain food due to lack of money or other resources (moderate food insecurity), and 1% who ran out of food or went a day (or days) without eating (severe food insecurity).

Moderate or severe food insecurity is higher in rural areas (16%) than urban areas (11%). By ecological zone, food insecurity is highest in the mountain zone (21%) compared to the hill and terai zones (12% each). By province, food insecurity ranges from 8% in Gandaki Province to 32% in Karnali Province.

# HOUSEHOLD WATER AND SANITATION

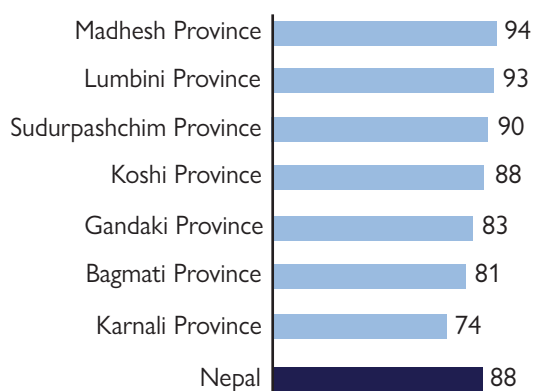
## Drinking Water

Overall, 98% of the household population in Nepal (98% of the urban population and 96% of the rural population) has access to at least basic drinking water service. At least basic drinking water service includes drinking water from an improved source, either on the premises or with a round-trip collection time of less than 30 minutes. Still, 1% of the household population have only limited service, 2% have access to unimproved sources, and less than 1% use surface water.

In Nepal, 88% of the household population had sufficient quantities of drinking water in the month before the survey. By province, this ranges from 74% of the household population in Karnali Province to 94% in Madhesh Province. The main sources of drinking water in Nepal are water piped into the household's dwelling/yard/plot and tube wells or boreholes, followed by bottled water.

### Availability of Sufficient Drinking Water by Province

Percent of the household population with sufficient quantities of drinking water

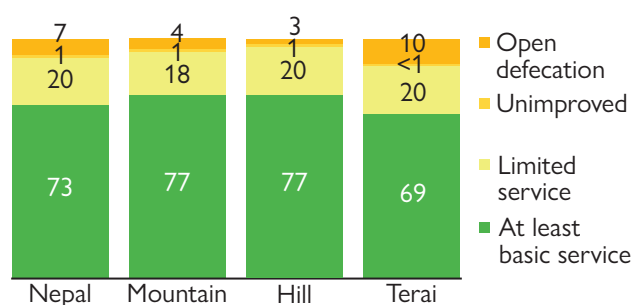


## Sanitation

In Nepal, 73% of the household population has at least basic sanitation service.\* Sanitation service does not vary by urban/rural residence. By ecological zone, 69% of the population in the terai zone has at least basic sanitation service, compared to 77% of the population in mountain and hill zones. Still, 1 in 5 Nepalese have access to limited or unimproved sanitation service, and 7% practice open defecation.

### Sanitation Service Ladder by Ecological Zone

Percent distribution of de jure population by type of sanitation service



## Handwashing

In Nepal, 72% of the population has access to a basic handwashing facility with soap and water, including 77% of people in urban areas and 63% of people in rural areas. By ecological zone, 57% of the population in the mountain zone has access to a basic handwashing facility compared to 70% of the population in the terai zone and 78% of those in the hill zone.

## Menstrual Hygiene

Sixty percent of women age 15-49 with a menstrual period in the year before the survey used disposable sanitary pads to collect or absorb blood, 48% used cloth, 3% used underwear only, 1% used reusable sanitary pads and 1% used nothing. Among women with a menstrual period in the year before the survey who were at home during their last menstrual period, 99% were able to wash and change in privacy, but only 61% used appropriate materials during their last menstruation and were able to wash and change in privacy.

\* Basic sanitation service: use of improved facilities that are not shared with other households. Safely managed sanitation service: use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated off-site. For households whose excreta were taken off-site, it is not possible to know if they were treated appropriately, so DHS surveys group safely managed and basic sanitation services together as "at least basic service."

# FERTILITY AND ITS DETERMINANTS

## Total Fertility Rate

Currently, women in Nepal have an average of 2.1 children. Fertility in Nepal has declined from 4.6 children per woman in 1996 to 2.1 children per woman in 2022.

On average, rural women have more children than urban women (2.4 children versus 2.0 children). Fertility also varies by ecological zone; women in the hill zone have 1.8 children on average, compared to 2.2 children per woman in the terai zone and 2.7 children per women in the mountain zone. By province, fertility ranges from 1.4 children per woman in Gandaki Province to 2.7 children per woman in Madhesh Province.

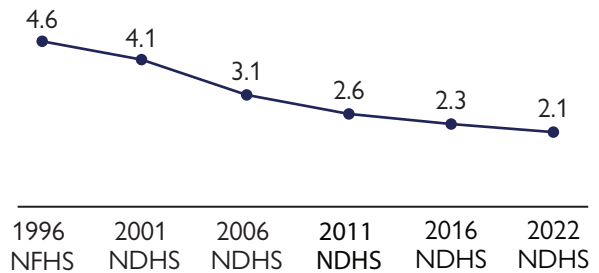
Fertility in Nepal generally declines with increasing education, from 3.3 children among women with no education to 1.6 children among those with more than a secondary education. In addition, fertility also declines with increasing household wealth.\* Women in the poorest households have 2.8 children on average, compared to 1.6 children among women in the richest households.

## Pregnancy Outcomes and Induced Abortion

Of all pregnancies to women age 15-49 ending in the three years before the survey, 80% resulted in live births and 20% resulted in pregnancy losses. Among pregnancy losses, 9% were miscarriages, 10% were induced abortions, and 1% were stillbirths. Induced abortion increases with increasing pregnancy order, from 2% of first pregnancies that were voluntarily ended, compared to 29% of fifth or higher order pregnancies.

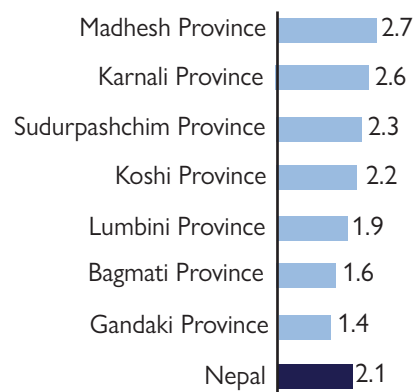
### Trends in Total Fertility Rate

Births per woman for the 3-year period before the survey



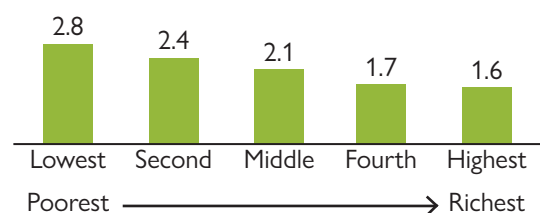
### Fertility by Province

Births per woman for the 3-year period before the survey



### Fertility by Household Wealth

Births per woman for the 3-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.

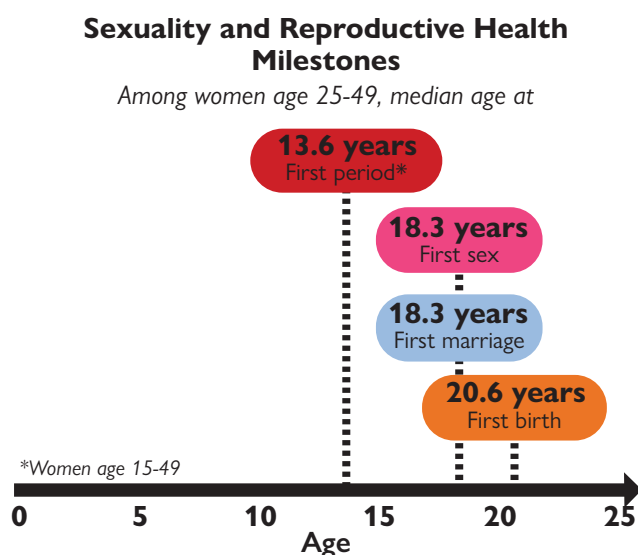
## Age at First Menstruation, First Marriage, Sexual Intercourse, and Birth

In Nepal, the median age at first menstruation among women age 15-49 is 13.6 years. This means that half of women had their first period before the age of 13.6 and the rest had their first period after that age.

Overall, 75% of women and 63% of men age 15-49 are married or living together with a partner. Half of Nepali women age 25-49 were married by age 18.3, the median age at first marriage. Rural women marry at a younger age than urban women (17.9 years compared to 18.5 years). Men tend to marry later than women; the median age at first marriage for men age 25-49 is 22.3 years.

The median age at first sexual intercourse is 18.3 years among women age 25-49, and 20.7 years among men of the same age. The median age at first sex among women varies by ecological zone, from 17.8 years among women in the terai zone to 19.0 years among women in the hill zone.

In Nepal the median age at first birth for women age 25-49 is 20.6 years. This means that half of women age 25-49 give birth for the first time before this age. On average, urban women give birth for the first time almost one year later than rural women (21.1 years compared to 20.3 years).



## Early Sexual and Reproductive Health Behaviors

In Nepal, 3% of adolescent women and fewer than 1% of adolescent men age 15-19 were married before age 15. Similarly, 2% of adolescent women and 2% of adolescent men have had sexual intercourse before the age of 15. Very few young women and men have given or fathered a live birth before the age of 15.

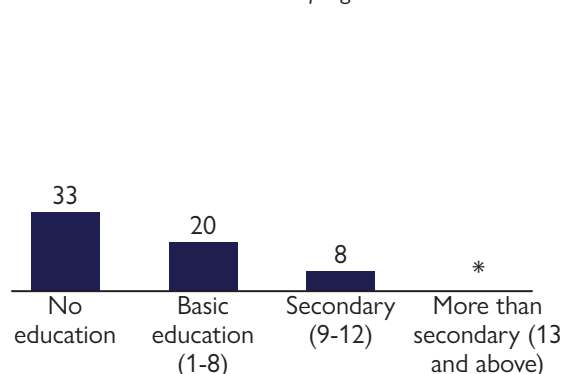
## Teenage Pregnancy

Overall, 14% of adolescent women age 15-19 have ever been pregnant: 10% have given birth, 4% were pregnant at the time of the survey, and 2% have ever had a pregnancy loss. By province, teenage pregnancy ranges from 8% of young women in Bagmati Province to 21% of young women in Karnali Province.

Teenage pregnancy in Nepal generally declines as household wealth increases, though it is highest among young women in the second wealth quintile (19%) followed by those in the poorest households (17%). This is more than four times higher than teenage pregnancy among women in the richest households (4%). Teenage pregnancy also declines with increasing education, from 33% of young women age 15-19 with no education to 8% of young women with higher secondary education (9-12).

## Teenage Pregnancy by Education

Percent of women age 15-19 who have ever been pregnant



\* Figure based on fewer than 25 unweighted cases and has been suppressed

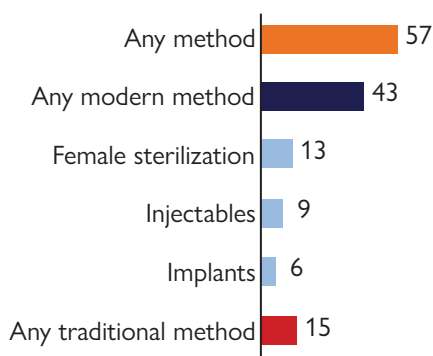
# FAMILY PLANNING

## Current Use of Family Planning

In Nepal, 57% of married women age 15-49 use any method of family planning, and 43% use any modern method. The most popular modern methods among married women are female sterilization (13%), injectables (9%), and implants (6%). Fifteen percent of married women use a traditional method of family planning—13% practice withdrawal and 2% use the rhythm method.

### Family Planning

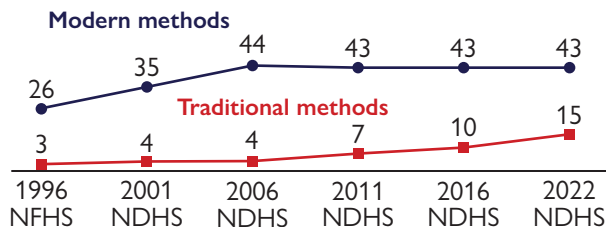
Percent of married women age 15-49 using family planning



Use of modern methods of family planning is more common among married women in rural areas (47%) than among those in urban areas (41%). By province, use of modern family planning among married women ranges from 35% in Gandaki Province to 47% in Sudurpashchim Province. Use of modern methods generally decreases with increasing education and household wealth.

## Trends in Family Planning Use

Percent of married women age 15-49 using family planning



## Trends in Family Planning Use

The use of modern methods of family planning among married women increased from 26% in 1996 to 44% in 2006 and has since stagnated. The use of traditional methods has increased from 4% in 2006 to 15% in 2022.

## 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. In Nepal, 58% of women age 15-49 using modern methods were informed about side effects, 53% were informed what to do if they experience side effects, and 57% were informed about other family planning methods that were available. Overall, 42% of women using modern methods received all three types of information, and 54% were informed that they could switch to another method if they wanted or needed to.

In Nepal, 9% of married women have ever been pressured to become pregnant by their husband/ intimate partner or any other family member when they did not want to become pregnant. Women with five or more children are more likely to report being pressured (23%) than women with three or four children (13%) and women with no children (11%).



## Demand for Family Planning

Among married women in Nepal, 61% do not want any more children and 17% want to delay childbearing (delay their first birth or space out births) for at least two years. Women who want to stop or delay childbearing are said to have a demand for family planning. In Nepal, 78% of married women have a demand for family planning.

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. In Nepal 57% of married women use any method—43% use modern methods and 15% use traditional methods.

Unmet need for family planning is defined as the proportion of women who want to stop or delay childbearing but are not using family planning. In Nepal, 21% of married women have unmet need for family planning, including 13% who do not want any more children and 7% who want to delay childbearing.

## Demand for Family Planning Satisfied by Modern Methods

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. Among married women in Nepal, 55% of demand for family planning is satisfied by modern methods. There is no clear pattern by education or household wealth for demand satisfied by modern methods. By province, demand satisfied by modern methods ranges from 44% in Gandaki Province to 59% in Karnali Province.

Demand for family planning satisfied by modern methods increased from 43% in 1996 to 61% in 2006 before stagnating at current levels. In the same period, unmet need for family planning has generally declined from 32% in 1996 to 21% in 2022.

## Decision Making about Family Planning

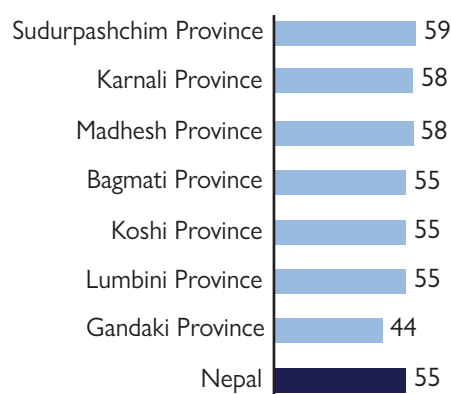
Overall, 91% of married women make the decision to use or not use family planning either alone (14%) or jointly with their husband/partner (77%). Sole decision making about family planning decreases with increasing education and household wealth, while joint decision making with husbands/partners generally increases with increasing education and household wealth.

## Exposure to Family Planning Messages

In Nepal, 45% of women and 59% of men age 15-49 were exposed to family planning messages on an outdoor sign or billboard in the 12 months before the survey. Posters/leaflets/brochures (30% of women and 41% of men) and social media (25% of women and 42% of men) were the next most popular sources of family planning messages. Still, 34% of women and 21% of men were not exposed to family planning messages in the 12 months before the survey.

## Demand for Family Planning Satisfied by Modern Methods by Province

*Percent of married women age 15-49 whose demand for family planning is satisfied by modern methods*



# MATERNAL AND NEWBORN HEALTH CARE

## Antenatal Care

In Nepal, 94% of women age 15-49 with a live birth in the two years before the survey received antenatal care (ANC) from a skilled provider. Skilled providers include doctors, nurses, and auxiliary nurse midwives.

The timing and quality of antenatal care are also important. Overall, 81% women made four or more ANC visits for their most recent live birth and 73% had their first ANC visit in the first trimester. Among women who received ANC for their most recent live birth, 95% had their blood pressure measured, 90% had a urine sample taken, and 86% had a blood sample taken.

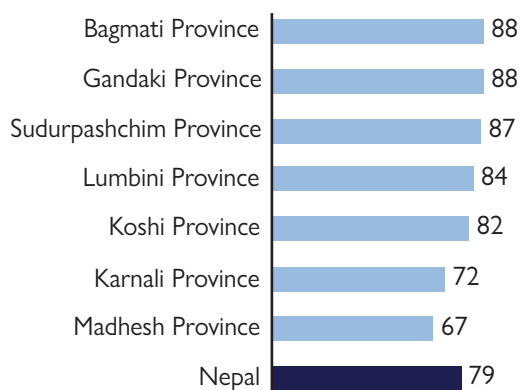
Among women with a live birth in the two years before the survey, 96% took iron tablets or syrup during the pregnancy, and 65% took iron-containing supplements for 180 days or more, as recommended. Ninety-three percent of women's most recent live births were protected against neonatal tetanus.

## Delivery Care

In Nepal, 79% of live births are delivered in a health facility; the majority (62%) are delivered in a public sector facility. Still, 19% of births are delivered at home. By province, home births are most common in Madhesh Province (32%), followed by Karnali Province (24%) and Koshi Province (18%).

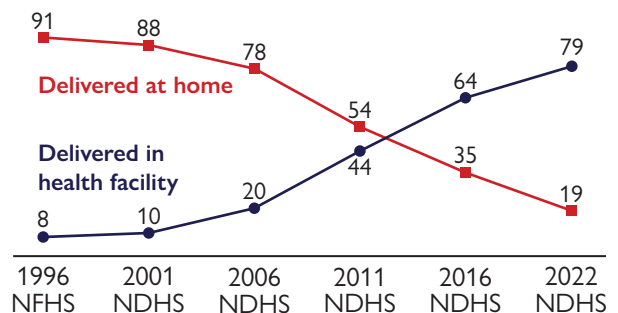
### Health Facility Births by Province

Percent of live births in the 2 years before the survey that were delivered in a health facility



### Trends in Place of Birth

Percent of live births in the 2 years before the survey



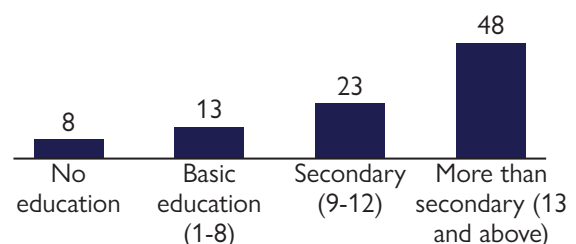
Since 1996, health facility deliveries have steadily increased from 8% to 79%, and home deliveries declined from 91% to 19%. Four in 5 births in Nepal are delivered by a skilled provider. Delivery by a skilled provider increases as household wealth increases.

## Cesarean Sections

In Nepal, 18% of live births are delivered by Cesarean section (C-section). More than half of births delivered in private medical sector health facilities are delivered via C-section. C-section deliveries are most common among women with more than secondary education (48%), women in the wealthiest households (38%) and women in urban areas (22%).

### Cesarean Section by Mother's Education

Percent of live births delivered by cesarean section in the 2 years before the survey



### Postnatal Care for Mothers

Postnatal care helps prevent complications after childbirth. Overall, 70% of women age 15-49 with a live birth in the two years before the survey received a postnatal checkup within two days of delivery but 28% received no postnatal checkup within 41 days of delivery.

As with antenatal care, the effectiveness of postnatal care depends on the quality of services provided during examinations. In Nepal, 56% of mothers had their blood pressure measured, 51% discussed vaginal bleeding with their provider, and 25% discussed family planning. For 20% of mothers, all three checks were performed within two days of delivery.

### Postnatal Care for Newborns

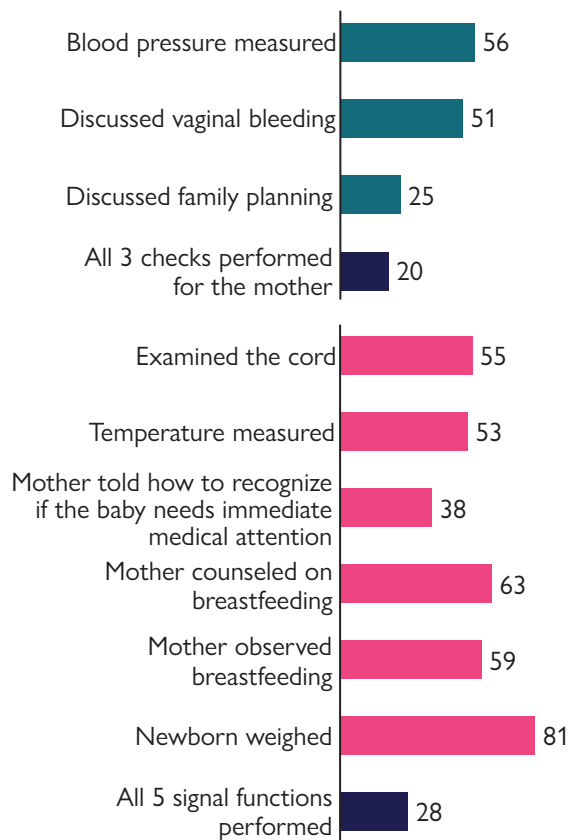
Among newborns, 70% of most recent live births received a postnatal checkup within two days of birth. Still, 28% received no postnatal checkup within 41 days of birth. Within two days of birth, 81% of newborns were weighed by a health care provider, for 63% their mother received counseling on breastfeeding, and for 59% their mother was observed breastfeeding. More than half of newborns had their temperature checked and cord examined. Informing the mother about danger signs and how to recognize if the baby needs immediate attention is the least common of the five selected signal functions (38%). All five signal functions were performed during the first two days after birth for 28% of newborns.

### Men’s Involvement in Maternal Health Care

The 2022 Nepal DHS asked men with a child age 0-2 years whether they had been involved in the maternal health care of the child’s mother. Overall, 95% of men reported that the child’s mother made prenatal visits, and of these, 72% of fathers were present at some of these prenatal visits. Four in 5 men reported that their child was born in a health facility. Of these fathers, 86% went with the child’s mother to the health facility for the birth.

### Components of Postnatal Care

Percent of women age 15-49 with a live birth in the 2 years before the survey and percent of newborns for whom selected checks were performed during the first 2 days after birth



### Obstetric Fistula

Obstetric fistula is a complication arising from obstructed or prolonged labor that creates a hole or opening between the vagina and rectum or bladder that causes urinary or fecal incontinence. Overall, 36% of women age 15-49 have heard of fistula, and fewer than 1% of women have experienced symptoms of fistula.

# INFANT AND CHILD MORTALITY

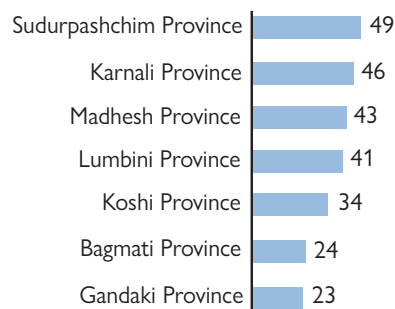
## Rates and Trends

Infant and under-5 mortality rates in Nepal for the five-year period before the survey are 28 and 33 deaths per 1,000 live births, respectively. The neonatal mortality rate is 21 deaths per 1,000 live births. At these mortality levels, about 1 in 30 children in Nepal does not survive to their fifth birthday.

Childhood mortality rates have declined over time. Since 1996, under-5 mortality has declined from 118 deaths per 1,000 live births to the current rate of 33 deaths per 1,000 live births.

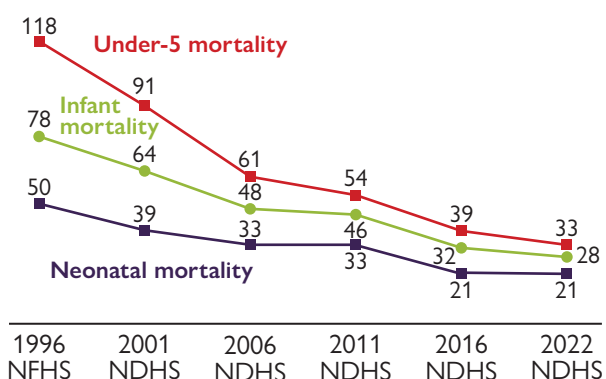
## Under-5 Mortality by Province

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



## Trends in Childhood Mortality

Deaths per 1,000 live births for the 5-year period before the survey



By province, under-5 mortality ranges from 23 deaths per 1,000 live births in Gandaki Province to 49 deaths per 1,000 live births in Sudurpashchim Province for the 10-year period before the survey.

## Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Nepal, the median birth interval is 40.7 months.

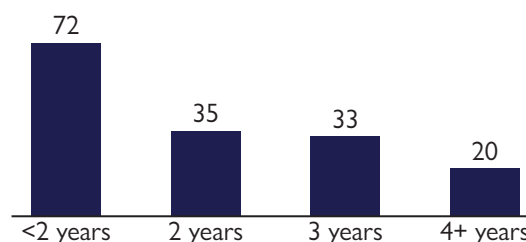
Infants born less than two years after a previous birth have high under-5 mortality rates. In Nepal, 20% of non-first births happen within two years after the previous birth. Under-5 mortality is highest among children with birth intervals of less than two years, at 72 deaths per 1,000 live births for the 10-year period before the survey. As the birth interval increases, under-5 mortality declines.

## Mortality Rates by Background Characteristics

The under-5 mortality rate is higher in rural areas (38 deaths per 1,000 live births) than in urban areas (30 deaths per 1,000 live births) for the five-year period before the survey. Childhood mortality generally declines with increasing mother's education and household wealth for the 10-year period before the survey. Under-5 mortality varies by ecological zone, from 31 deaths per 1,000 live births in the hill zone to 55 deaths per 1,000 live births in the mountain zone.

## Under-5 Mortality by Previous Birth Interval

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



# CHILD HEALTH

## Vaccination Coverage: Basic Antigens

In Nepal, 80% of children age 12-23 months are fully vaccinated against all basic antigens—one dose each of BCG and measles-rubella and three doses each of polio vaccine and DPT-containing vaccine. Basic antigen vaccination coverage peaked at 87% in 2011 before declining to 78% in 2016, and has since increased slightly. Overall, 4% of children age 12-23 months have received no vaccinations.

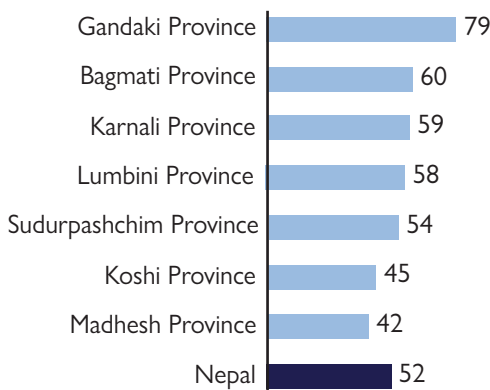
## Vaccination Coverage: National Schedule

To be fully vaccinated according to the Nepali national schedule, children age 12-23 months must be vaccinated against basic antigens and receive two doses of fractional inactivated polio vaccine, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of Japanese encephalitis vaccine. In Nepal, 52% of children age 12-23 months are fully vaccinated according to the national schedule.

Vaccination coverage according to the national schedule does not vary much by residence (53% in urban areas versus 51% in rural areas), but varies by ecological zone. In the terai zone, 48% of children are fully vaccinated according to the national schedule, compared to 59% in the hill zone and 60% of children in the mountain zone. Vaccination coverage according to the national schedule generally increases with mother’s education. By province, vaccination coverage according to the national schedule ranges from 42% in Madhesh Province to 79% in Gandaki Province.

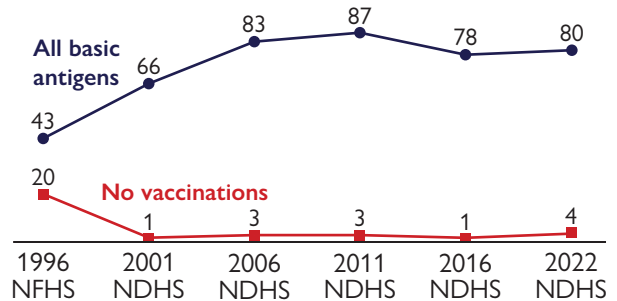
### Vaccination Coverage (National Schedule) by Province

Percent of children age 12-23 months who are fully vaccinated according to the national schedule at any time before the survey



## Trends in Vaccination Coverage: Basic Antigens

Percent of children age 12-23 months who were fully vaccinated (basic antigens) at any time before the survey



The 2022 NDHS asked if any vaccines were missed or delayed due to the COVID-19 pandemic. Overall, 18% of children age 12-23 months missed or delayed a vaccine due to the COVID-19 pandemic.

## Childhood Illnesses

In Nepal, 1% of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks before the survey and 75% of children with symptoms of ARI were taken to a health facility or provider.

Overall, 23% of children under age 5 had fever in the two weeks before the survey. Four in 5 children with fever were taken to a health facility or provider for advice or treatment.

Among children under age 5, 10% had diarrhea in the two weeks before the survey. Diarrhea was most common among children age 6-11 months (18%). Among children under age five with diarrhea, 57% were taken to a health facility or provider.

Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). While 45% of children under age 5 with diarrhea received ORT, 28% of children under age 5 with diarrhea received no treatment.

# NUTRITION OF CHILDREN AND ADULTS

## Children’s Nutritional Status

The 2022 NDHS measured children’s nutritional status by comparing height and weight measurements against an international reference standard.

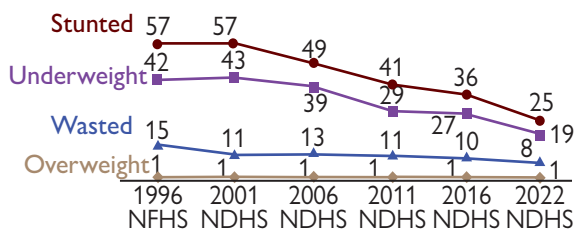
Overall, 25% of children under age 5 are stunted. Stunting is an indication of chronic undernutrition. Stunting is more common in rural areas (31%) than urban areas (22%). By ecological zone, stunting ranges from 22% of children in the hill zone to 25% of children in the terai zone to 42% of children in the mountain zone. Stunting declines with increasing mother’s education and increasing wealth.

Eight percent of children under age 5 are wasted. Wasting is an indication of acute malnutrition. Nineteen percent of children under age 5 are underweight. Only 1% of children under age 5 in Nepal are overweight.

Stunting has steadily declined since 2001 when 57% of children were too short for their age. Children underweight has also steadily declined from 43% in 2001. Wasting has also declined, though not as dramatically, from 15% in 1996 to 8% in 2022.

### Trends in Child Growth Measures

Percent of children under age 5 who are malnourished, based on 2006 WHO Child Growth Standards



## Women’s Nutritional Status

The 2022 NDHS also took weight and height measurements of women age 15–49. Among adolescent women age 15-19, 26% are thin according to body mass index for age (BMI-for-age) and 6% are overweight or obese. Among women age 20-49, 10% are thin according to BMI and 35% are overweight or obese.

Overweight/obesity among women age 20-49 is higher in urban areas (38%) than in rural areas (26%). Overweight/obesity increases with increasing household wealth, from 20% of women from the poorest households to 53% of women from the richest households.

The 2022 NDHS collected data on food and liquids consumed by women the day before the survey. Overall, 56% of women consumed foods from at least five of the possible 10 food groups, achieving minimum dietary diversity. In the day before the survey, two thirds of women consumed sweet beverages and 54% consumed unhealthy foods high in sugar, salt or unhealthy fats such as cakes, biscuits, cookies, jeri/jalebi, mithai, toffees, ice cream, fried and salty foods such as chips, kurekure, chisbal, instant noodles, samosa, pakora, puri, and tareko khaja.

## Men’s Nutritional Status

The 2022 NDHS also took weight and height measurements of men age 15–49. Among adolescent men age 15-19, 41% are thin and 7% are overweight or obese according to BMI-for-age. Among men age 20-49, 7% are thin and 32% are overweight or obese according to BMI.

## Anemia

The 2022 NDHS collected blood specimens from women age 15-49 and children age 6-59 months to test for anemia. Women and children with severe anemia (hemoglobin levels below 7 g/dl) were referred to a health facility for follow-up care.

In Nepal, 43% of children age 6-59 months are anemic—25% are mildly anemic, 18% are moderately anemic, and 1% are severely anemic. Anemia in children is most common among those whose mothers have no education (52%) and among those in the terai zone (49%). Anemia among children has decreased from 53% in 2016.

Anemia is less common in women than in children. Overall, 34% of women age 15-49 are anemic—18% are mildly anemic, 15% are moderately anemic, and 1% are severely anemic.

# FEEDING PRACTICES AND SUPPLEMENTATION

## Breastfeeding and the Introduction of Complementary Foods

In Nepal, nearly all children under age 2 were ever breastfed. Nearly 6 in 10 children were exclusively breastfed for the first two days after birth, and 55% were breastfed in the first hour of life.

WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. In Nepal, 56% of children under six months living with their mother are exclusively breastfed, while 1% of children under six months are not breastfed.

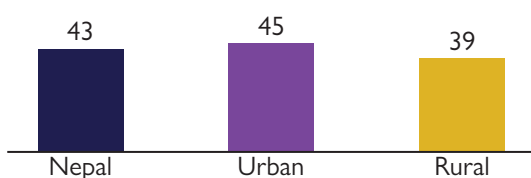
Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Nepal, 85% of children age 6-8 months were fed solid, semi-solid, or soft foods the day before the survey.

## Minimum Acceptable Diet and Unhealthy Feeding Practices

Children age 6-23 months have a minimum acceptable diet when they are fed from at least five of eight defined food groups the minimum number of times or more during the day before the survey. Nonbreastfed children must also receive at least two milk feeds for a minimum acceptable diet. In Nepal, 43% of children age 6-23 months were fed a minimum acceptable diet the day before the survey. Forty-five percent of children in urban areas were fed a minimum acceptable diet compared to 39% of children in rural areas.

### Minimum Acceptable Diet by Residence

*Percent of youngest children age 6-23 months living with their mother who received minimum dietary diversity, minimum meal frequency, and minimum milk feeding frequency during the day or night before the survey*



For healthy growth, infants and young children should not be given sweet foods and beverages and instead should be fed healthy foods including fruits and vegetables. In Nepal, 43% of children age 6-23 months were given a sweet beverage in the day before the survey and 69% were fed unhealthy foods high in sugar, salt, or unhealthy fats. Overall, one-third of children were not given any fruit or vegetables the day before the survey.

## 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. In Nepal, 85% of children age 6-59 months were given vitamin A supplements in the last six months. Additionally, 34% of children were given multiple micronutrient powders in the last 12 months, such as Baal Vita.

Iron is important for cognitive development and maintaining healthy blood. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Overall, 87% of women age 15-49 took iron supplements for at least 90 days during their last pregnancy, and 65% took iron supplements for at least 180 days.

## Use of Iodized Salt

Salt was tested for iodine in 99% of households. In Nepal, 98% of households have iodized salt.

# DISABILITY

## Disability

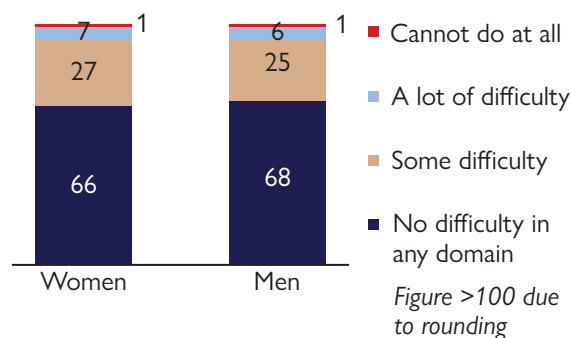
The 2022 NDHS included questions about six functional domains of disability – seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing – among the household population age 5 and above. Overall, 71% of the household population age five and above have no difficulty, 23% have some difficulty, and 6% have a lot of difficulty or cannot function in at least one domain.

Among the household population age 15 and above, 8% of women and 7% of men have a lot of difficulty or cannot function in at least one domain of disability. Among both women and men age 15 and above, difficulty walking or climbing steps (4% of women and 3% of men) is the most common difficulty, followed by seeing (3% of women and 2% of men) and hearing (2% respectively).

Difficulty in at least one domain of disability is more common among women and men with no education and among those in the poorest households. By marital status, 31% of women and 29% of men who are widowed have a lot of difficulty or cannot function at all in at least one domain.

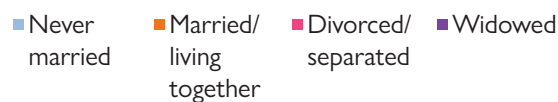
## Disability among Adults

Percent distribution of household population age 15+ by highest degree of difficulty in at least one domain



## Disability by Marital Status

Percent of women and men age 15+ who have a lot of difficulty or cannot function at all in at least one domain





# HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

## Knowledge of HIV Prevention Methods

In Nepal, 80% of women and 96% of men have heard of HIV or AIDS. Men in Nepal have greater knowledge of medicines to treat and prevent HIV than women. Overall, 26% of women age 15-49 have heard that antiretroviral medicines (ARVs) treat HIV, compared to 37% of men.

Among young people age 15-24, 65% of women and 88% of men know using condoms every time they have sex can reduce the risk of HIV. Overall, 69% of young women and 85% of young men know that limiting sex to one uninfected partner who has no other partners can reduce the risk of HIV.

## Knowledge of Prevention of Mother-to-Child Transmission (MTCT) of HIV

Among those who have heard of HIV or AIDS, 80% of women and 78% of men know that HIV can be transmitted from mother to child during pregnancy. Additionally, 75% of women and 73% of men know that HIV can be transmitted from mother to child during delivery, and 53% of women and 43% of men know that HIV can be transmitted during breastfeeding. Overall, 47% of women and 37% of men know that MTCT of HIV can occur via all three means.

In Nepal, 37% of women and 33% of men age 15-49 know that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy.

## Multiple Sexual Partners and Higher-Risk Sexual Intercourse among Men

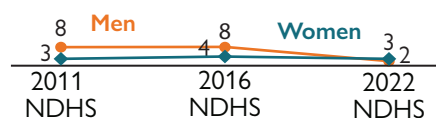
Overall, 3% of men age 15-49 had two or more partners in the past 12 months. Among these, 29% used a condom during last sexual intercourse. In addition, 9% of men had sexual intercourse with a person who was neither their spouse nor lived with them in the past 12 months. Among these, 70% used a condom during last sexual intercourse with a non-cohabiting partner. In Nepal men have 2.5 lifetime sexual partners on average.

## HIV Testing

One in 5 pregnant women age 15-49 were tested for HIV during antenatal care and received the results. Overall, 10% of women and 13% of men age 15-49 have ever been tested for HIV and received the results. Still, 90% of women and 87% of men have never been tested for HIV. In the 12 months before the survey, 3% of women and 2% of men were tested for HIV and received the results. Recent HIV testing among men has declined since 2016, when 8% of men were tested for HIV and received the results in the 12 months before the survey.

### Trends in Recent HIV Testing

Percent of women and men age 15-49 who were tested for HIV in the 12 months before the survey and received the results



# WOMEN'S EMPOWERMENT

## Employment

In Nepal, 76% of married women and 98% of married men age 15-49 were employed in the last 12 months. Overall, 40% of married women and 78% of married men who were employed in the last 12 months earned cash, while more than four times as many women were not paid for their work as men (46% versus 10%).

Of those married women who were employed in the last 12 months and earned cash, 93% made decisions on how to spend their earnings either alone or jointly with their husband/partner. Among married women who received cash earnings, 8% earn more than their husband/partner, 71% earn less, and 18% earn about the same as their husband/partner.

## Ownership of Assets

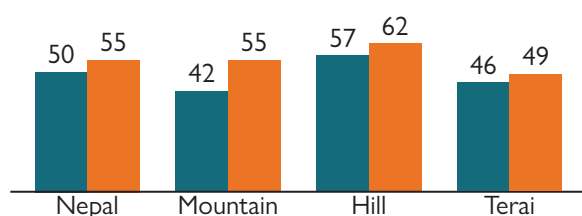
In Nepal, 8% of women and 15% of men age 15-49 own a house either alone or jointly. Land ownership is more common: 11% of women and 16% of men own land either alone or jointly.

Four in 5 women own a mobile phone and 3 in 5 women own a smartphone. Among men, 92% own a mobile phone and 74% own a smartphone. Overall, 49% of women and 53% of men have and use a bank account. Half of women and 55% of men have and use a bank account or used a mobile phone for financial transactions in the last 12 months. Use of bank accounts or mobile phones for financial transactions is higher in urban areas than in rural areas, and by ecological zone, it is highest in the hill zone.

## Use of Banks or Mobile Phones for Financial Transactions by Ecological Zone

Percent of women and men age 15-49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months

■ Women ■ Men



## Participation in Household Decisions

The 2022 NDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to her family or relatives.

In Nepal, 72% of married women have sole or joint decisionmaking power in their own health care, 60% make decisions about major household purchases, and 68% make decisions about visits to their family or relatives. Overall, 48% of married women participate in all three above decisions and 16% participate in none of the three decisions.

Among married men, 90% make decisions alone or jointly with their wife about their own health care and 67% make decisions about major household purchases. Overall, two thirds of married men participate in both decisions either alone or jointly with their wife/partner, and 9% participate in neither of these two decisions.

## Problems in Accessing Health Care

In Nepal, two thirds of women age 15-49 report experiencing at least one problem accessing health care. Over half of Nepali women do not want to go alone and for 37% of women distance to the health facility is a problem.

## Attitudes toward Wife Beating

Overall, 19% of women and 17% of men believe a husband is justified in hitting or beating his wife/partner if she goes out without telling him, neglects the children, argues with him, refuses to have sexual intercourse with him, or burns the food. Of these justifications, neglecting the children is the most common justification among women (15%) and men (13%).

# DOMESTIC VIOLENCE

## Experience of Physical Violence

In Nepal, 23% of women age 15-49 have ever experienced physical violence since age 15. In the last 12 months, 11% of women experienced physical violence. By marital status, 26% of women who are currently married or living together have ever experienced physical violence, compared to 6% of never-married women who have never had an intimate partner and 9% of never-married women who have ever had an intimate partner. Among women who are divorced, separated, or widowed, 47% have ever experienced physical violence.

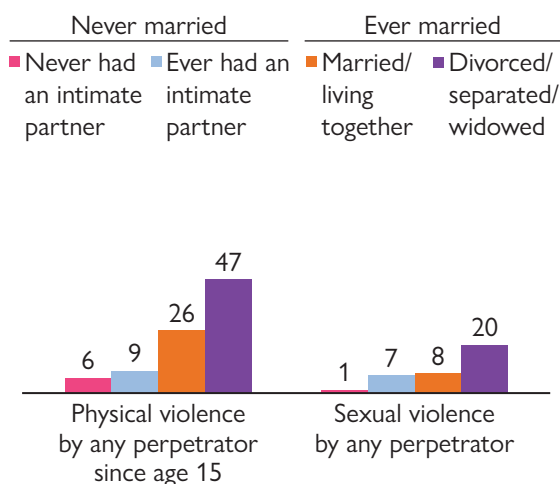
Among women who have ever been married or had an intimate partner who have experienced physical violence, the most common perpetrators of physical violence are their current and former husbands/intimate partners.

## Experience of Sexual Violence

Overall, 8% of women age 15-49 have ever experienced sexual violence by any perpetrator, and 4% of women have experienced sexual violence in the last 12 months. One in 5 women who are divorced, separated, or widowed have ever experienced sexual violence.

### Experience of Violence by Marital Status

Percent of women age 15-49 who have ever experienced:



## Help-seeking to Stop Violence

Among women who have ever experienced physical or sexual violence, 28% sought help to stop violence and 14% did not seek help but did tell someone about the violence. Over half of women (58%) who experienced physical or sexual violence never sought help and never told anyone. The most common sources of help women seek are their own family (62%), a neighbor (35%), and a friend (25%).

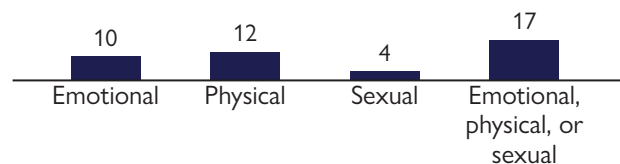
## Intimate Partner Violence

In Nepal, 27% of women who have ever had a husband or intimate partner have experienced violence committed by their current or most recent husband/intimate partner, whether physical, sexual, or emotional.

In the last 12 months, 17% of ever-partnered women experienced violence by any husband/intimate partner. This includes 10% who experienced emotional violence, 12% who experienced physical violence, and 4% who experienced sexual violence.

### Recent Violence by any Husband/Intimate Partner

Percent of women age 15-49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months



Recent experience of violence by any husband or intimate partner generally decreases with increasing women's education, from 23% among women with no education to 2% among those with more than secondary education. Recent experience of intimate partner violence is more common in the terai zone (22%) than in mountain or hill zones (12% each). By province, recent intimate partner violence ranges from 10% of ever-partnered women in Bagmati Province to 32% of women in Madhesh Province.

# ADULT HEALTH ISSUES/HEALTH EXPENDITURES

## Breast and Cervical Cancers

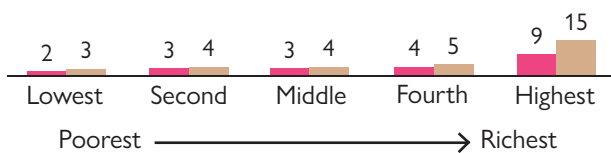
The 2022 NDHS asked women age 15-49 if they had ever been examined for breast cancer by a doctor or other health care worker. Overall, 4% of women have been examined for breast cancer.

In Nepal, 6% of women have been tested for cervical cancer. The percent of women who have received breast and cervical cancer examinations is low, and generally increases with increasing education and household wealth.

### Breast and Cervical Cancer Exams by Household Wealth

Percent of women age 15-49 who were ever examined by a healthcare worker for:

■ Breast cancer ■ Cervical cancer



## Use of Tobacco and Alcohol

Tobacco use among women in Nepal is uncommon—5% of women age 15-49 use any type of tobacco, compared to 28% of men age 15-49. Seventeen percent of men who use tobacco smoke daily and 11% smoke occasionally. Among men who smoke cigarettes daily, 54% smoke fewer than 5 cigarettes, 25% smoke 5-9 cigarettes, and 21% smoke 10 or more cigarettes per day.

In Nepal, 11% of women had at least one alcoholic drink in the last month, compared to 42% of men. Among women who had at least one alcoholic drink in the last month, 74% reported they usually consume one drink, 20% usually have two to three drinks, and 6% report consuming four or more drinks on days when alcohol was consumed. Among men who drank in the last month, 41% reported they usually have one drink, 49% usually have two to three drinks, and 10% reported they usually have four or more drinks on days when alcohol was consumed.

## Tuberculosis

In Nepal, 95% of women and 97% of men age 15-49 have heard of tuberculosis (TB). Among those who have heard of TB, 50% of women and 57% of men know that tuberculosis is spread through coughing and sneezing. Overall, 87% of women and 89% of men who have heard of TB know that it can be cured, and 1% of women and 2% of men were ever told by a health care provider that they have/had TB.

## COVID-19

The 2022 NDHS asked questions about COVID-19. Nearly all women and men age 15-49 had heard of COVID-19. Among these, 93% of women and 95% of men report fever as a common symptom of COVID-19. Cough and shortness of breath and breathing difficulties are less frequently cited common symptoms. Nearly all who have heard of COVID-19 know it can be prevented, and 92% of women and 95% of men report they are taking measures to reduce the risk of being infected with COVID-19.

## Health Insurance Coverage

The 2022 NDHS collected information about specific types of insurance coverage. Overall, 12% of women and 13% of men age 15-49 have health insurance. Government health insurance is the most popular type of coverage among both women (11%) and men (10%).

# CHILDREN'S STATUS

## Birth Registration

In Nepal, 73% of children's births were registered with civil authorities. This includes 72% of children under age 5 who have a birth certificate and 1% who do not have a birth certificate. Birth registration by province ranges from a low of 66% in Koshi Province to 89% in Karnali Province.

## Access to Education

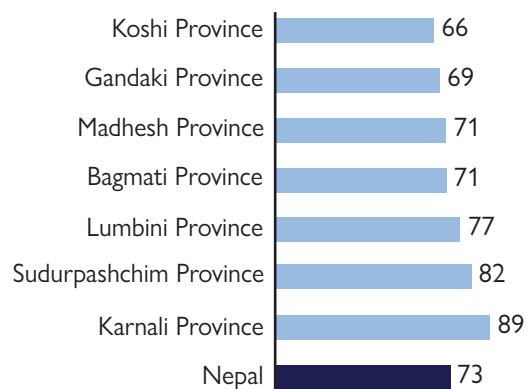
In Nepal, 72% of children who were age 4 at the beginning of the school year participated in organized learning: 52% attended an early childhood education program and 20% attended primary school.

The net attendance ratio is the percent of school-age children who are in school. In Nepal, 78% of lower basic school-age girls and 75% of boys are attending lower basic school (grades 1-5). Attendance is lower for upper basic school (grades 6-8) and secondary school, with 52% of upper basic school-age girls and 44% of boys attending upper basic school. Finally, 52% of secondary school-age girls and 49% of boys attend secondary school.

The Gender Parity Index (GPI) is the ratio of female to male students. A GPI of 1 indicates parity or equality between female and male school participation. In Nepal, the GPI for lower basic school is 1.05, meaning that for every 100 male students who attend lower basic school, there are 105 female students attending. The GPI for upper basic school is 1.16, while the GPI for secondary school is 1.05.

## Birth Registration by Province

*Percent of children under age 5 whose births are registered with the civil authorities*



# BLOOD PRESSURE

## Measurement

The 2022 NDHS collected blood pressure measurements for consenting women and men age 15 and above in a quarter of the total number of households selected. Three blood pressure measurements were taken, and the average of the second and third measurements was used to classify hypertension results according to internationally recommended categories. Written results were immediately provided to respondents, and those found to have high blood pressure were referred to a local health facility.

## History of high blood pressure or hypertension

In Nepal, 80% of women and 72% of men age 15 and above have ever had their blood pressure measured by a health worker, and 13% of women and 15% of men were ever told they have high blood pressure or hypertension by a health worker. Among those who were told they have hypertension, 59% of women and 55% of men were prescribed medication to control their blood pressure. Overall, 47% of women and 43% of men report taking medication to control their blood pressure.

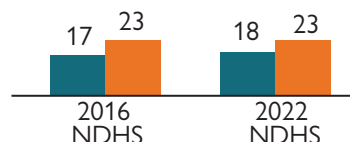
## Blood pressure status

In Nepal, 18% of women and 23% of men age 15 and above have hypertension—an average systolic blood pressure (SBP) level of 140 mmHG or above, an average diastolic blood pressure (DBP) level of 90 mmHG or above, or currently taking antihypertensive medication. This proportion remained stable between 2016 and 2022.

## Trends in the prevalence of hypertension

Percent of women and men 15 and older with hypertension

■ Women ■ Men



Note: Hypertension = SBP >140 mmHg or DBP >90 mmHg or taking antihypertensive medication.

Among women, hypertension does not vary much by residence (18% in urban areas versus 17% in rural areas), but among men this difference is more pronounced; 25% of men in urban areas have hypertension compared to 18% in rural areas. Hypertension is highest in Koshi Province (25% among women and 27% among men) and lowest in Karnali Province (12% and 18% respectively).

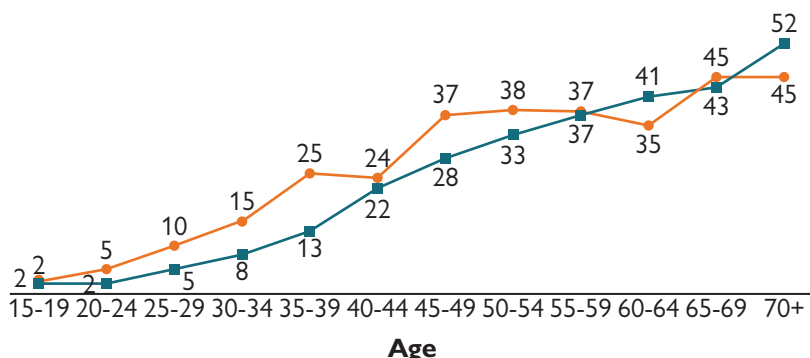
Hypertension prevalence increases with age; it is highest among women age 70 and above (52%) and men age 65 and above (45%). Hypertension prevalence is consistently higher among men than women until age 55-59, after which hypertension prevalence among women is generally higher than among men.

Among those with hypertension, 19% of women and 17% of men have controlled hypertension, or SBP less than 140 and DBP less than 90 mmHg and taking antihypertensive medication.

## Hypertension Prevalence by Age

Percent of women and men age 15 and older with hypertension

■ Women ● Men



Note: Hypertension = SBP >140 mmHg or DBP >90 mmHg or taking antihypertensive medication.

# ACCIDENTS AND INJURIES

The 2022 NDHS included The DHS Program's accident and injury module, which asked the respondent to the household questionnaire about road traffic accidents and any other deaths or injuries experienced by household members in the past 12 months.

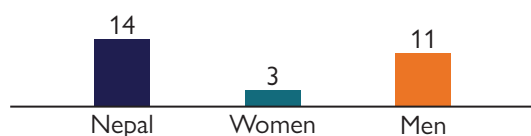
## Deaths and Injuries from Road Traffic Accidents or Crashes

In Nepal, 14 deaths per 100,000 population were due to road traffic injuries in the 12 months before the survey. More men and boys (11 deaths per 100,000) than women and girls (3 deaths per 100,000) die due to road traffic injuries in Nepal. Overall, 1,088 people per 100,000 population sustained nonfatal injuries due to road traffic accidents or crashes in the 12 months before the survey. Deaths and injuries due to road traffic injuries are higher in urban areas than rural areas, and higher in the terai zone than in the mountain and hill zone.

Motorcycle accidents are the most common road traffic accidents or crashes in Nepal, accounting for 68% of those killed or injured in road traffic accidents in the 12 months before the survey.

### Deaths from Road Traffic Accidents or Crashes

*Number of deaths due to road traffic injuries per 100,000 population*



## Other Incidents and Accidents

In Nepal, the number of deaths due to incidents other than road traffic accidents is 38 deaths per 100,000 population. Overall, the number of deaths and injuries due to non-road traffic accidents is 1,525 per 100,000 population. Of these deaths and injuries, the majority (82%) were accidental, 10% occurred as a result of self-harm, 6% were due to violence, and 2% were due to natural disasters.

Nearly three quarters of these incidents other than road traffic accidents were due to falls, while 5% were due to occupation-related agricultural accidents. Among those who survived injuries due to non-road traffic accidents in the past 12 months, 40% had broken bones, 33% had cuts/bites/open wounds, and 29% experienced suffocation.

# MENTAL HEALTH

The 2022 NDHS included The DHS Program’s mental health module. Women and men age 15-49 in half of households were screened for symptoms of anxiety and depression using two commonly used tools. Transcultural Psychosocial Organization (TPO) Nepal supported the adoption of these validated and translated tools in the 2022 NDHS.

The Generalized Anxiety Disorder 7 (GAD-7) is a seven item scale with scores ranging from 0-21. For the purposes of international comparison, respondents are considered to have symptoms of anxiety with a GAD-7 score of 6 or higher. The Patient Health Questionnaire (PHQ-9) is a nine item scale that measures severity of depression. For the purposes of international comparison, respondents are considered to have symptoms of depression if their PHQ-9 score is 10 or higher on a scale of 0-27.

Respondents with moderate or severe symptoms of depression or who had thoughts of hurting themselves or that they would be better off dead were referred for mental health services.

## Symptoms of Anxiety

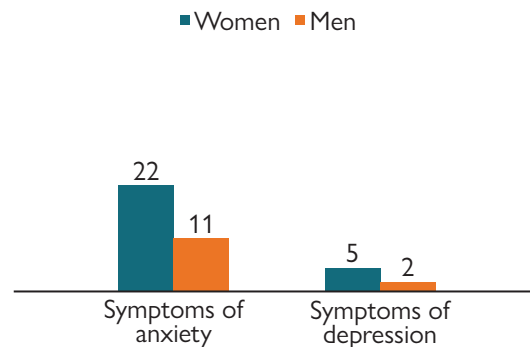
For international comparison, 22% of women and 11% of men age 15-49 experienced symptoms of anxiety in the two weeks before the survey. The most common symptoms of anxiety experienced by both women and men were becoming easily annoyed or irritable; feeling nervous, anxious, or on edge; and worrying too much about different things. Symptoms of anxiety decrease with increasing education among women, from 25% of women with no education to 13% of those with more than secondary education. In contrast, symptoms of anxiety are less common among men with no education (8%) than among men with more than secondary education (13%).

## Symptoms of Depression

For international comparison, 5% of women and 2% of men experienced symptoms of depression in the two weeks before the survey. The most common symptom of depression experienced by women was feeling tired or having little energy, while for men it was trouble falling asleep, staying asleep, or sleeping too much. Symptoms of depression generally decrease with increasing household wealth.

## Symptoms of Anxiety and Depression according to International Cutoffs

Percent of women and men age 15-49 with:

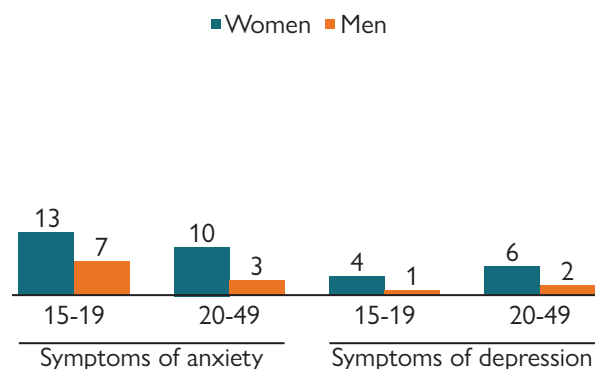


## Nepal-Specific Cutoffs

TPO Nepal conducted a validation study to identify national cutoffs for symptoms of anxiety and depression among adolescents and adults. Adolescents with GAD-7 scores of 7 or higher and adults with scores of 9 or higher have symptoms of anxiety. Adolescents with PHQ-9 scores of 11 or higher and adults with scores of 10 or higher have symptoms of depression. Based on these Nepal-specific cutoffs, more adolescents have symptoms of anxiety than adults, while more adults have symptoms of depression than adolescents among both women and men.

## Symptoms of Anxiety and Depression according to Nepal-specific Cutoffs

Percent of adolescent women and men age 15-19 and adult women and men age 20-49 with:



## Care Seeking

Respondents with a score of 1 or higher on either scale were also asked questions on care seeking and treatment. Overall, 19% of women and 13% of men who experienced any symptoms of anxiety or depression in the two weeks before the survey sought help.





# INDICATORS

	Residence		
	Nepal	Urban	Rural
<b>Fertility</b>			
Total Fertility Rate (number of children per woman)	2.1	2.0	2.4
Median age at first birth women age 25-49 (years)	20.6	20.8	20.2
Women age 15-19 who have ever been pregnant <sup>1</sup> (%)	14	13	15
<b>Family Planning (among married women age 15-49)</b>			
Current use of any method of family planning (%)	57	57	58
Current use of a modern method of family planning (%)	43	41	47
Demand satisfied by modern methods of family planning (%)	55	53	59
<b>Infant and Child Mortality (deaths per 1,000 live births)<sup>2</sup></b>			
Neonatal mortality	21	19	25
Infant mortality	28	25	34
Under-five mortality	33	30	38
<b>Maternal and Newborn Health Care</b>			
Births delivered in a health facility (%)	79	81	77
Births assisted by a skilled provider <sup>3</sup> (%)	80	81	78
<b>Child Health (among children age 12-23 months)</b>			
Children who are fully vaccinated against all basic antigens <sup>4</sup> (%)	80	80	80
Children who are fully vaccinated according to the national schedule <sup>5</sup> (%)	52	53	51
<b>Nutrition</b>			
Children under age five who are stunted (%)	25	22	31
Children age 6-23 months living with their mother fed a minimum acceptable diet <sup>6</sup> (%)	43	45	39
Women age 15-49 who achieved minimum dietary diversity <sup>7</sup> (%)	56	60	46
<b>Household Water, Sanitation, and Hygiene</b>			
Household population with access to at least basic drinking water service (%)	98	98	96
Household population with access to at least basic sanitation service <sup>8</sup> (%)	73	73	73
<b>Women's Empowerment</b>			
Women age 15-49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	50	54	41
Men age 15-49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	55	58	46
Married women age 15-49 who participate in household decisions <sup>9</sup> (%)	48	49	46
<b>Domestic Violence</b>			
Women age 15-49 who have experienced physical violence since age 15 (%)	23	22	24
Women age 15-49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months <sup>10</sup> (%)	17	17	17
<b>COVID-19</b>			
Women age 15-49 who have heard of COVID-19 (%)	>99	>99	>99
Men age 15-49 who have heard of COVID-19 (%)	>99	>99	>99
<b>Hypertension</b>			
Women age 15-49 with hypertension <sup>11</sup> (%)	18	18	17
Men age 15-49 with hypertension <sup>11</sup> (%)	23	25	18
<b>Disability</b>			
Women age 15+ who have a lot of difficulty or cannot do at all in at least one domain of disability (%)	8	7	8
Men age 15+ who have a lot of difficulty or cannot do at all in at least one domain of disability (%)	7	6	10
<b>Mental Health</b>			
Women age 15-49 with symptoms of anxiety according to international cutoffs <sup>12</sup> (%)	22	22	23
Men age 15-49 with symptoms of anxiety according to international cutoffs <sup>12</sup> (%)	11	12	11
Women age 15-49 with symptoms of depression according to international cutoffs <sup>13</sup> (%)	5	5	6
Men age 15-49 with symptoms of depression according to international cutoffs <sup>13</sup> (%)	2	2	2

<sup>1</sup>Women age 15-19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. <sup>2</sup>Figures are for the ten-year period before the survey except for the national and urban-rural rates, in italics, which represent the five-year period before the survey. <sup>3</sup>Skilled provider includes doctor, nurse, and auxiliary nurse midwife. <sup>4</sup>Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses of polio vaccine, and one dose of measles-rubella. <sup>5</sup>Fully vaccinated according to the national schedule includes BCG, three doses of DPT-containing vaccine, three doses of OPV, two doses of fIPV (fractional inactivated polio vaccine), three doses of pneumococcal vaccine, two doses of rotavirus vaccine, one dose of measles-rubella, and one dose of Japanese encephalitis. <sup>6</sup>Fed a minimum acceptable diet during the day or night before the survey is being fed a minimum dietary diversity, a minimum meal frequency, and a minimum milk feeding frequency. <sup>7</sup>Minimum dietary diversity for women is defined as consuming

Province							
Koshi Province	Madhesh Province	Bagmati Province	Gandaki Province	Lumbini Province	Karnali Province	Sudurpashchim Province	
2.2	2.7	1.6	1.4	1.9	2.6	2.3	
21.6	19.3	21.9	20.9	20.5	19.7	20.3	
13	20	8	13	10	21	13	
62	49	66	52	57	55	59	
44	41	45	35	43	46	47	
55	58	54	44	54	59	58	
20	27	18	8	24	26	27	
28	38	21	19	34	36	40	
34	43	24	23	41	46	49	
82	67	88	88	84	72	87	
82	68	87	89	87	72	88	
81	68	83	93	85	84	89	
45	42	60	79	58	56	54	
20	29	18	20	25	36	28	
48	31	49	52	45	46	45	
59	43	72	68	52	43	44	
98	>99	98	98	95	95	97	
77	63	73	79	76	74	71	
46	34	66	66	52	38	43	
50	42	69	61	53	52	49	
46	39	56	59	46	52	44	
21	37	17	15	23	17	16	
14	32	10	12	16	17	15	
>99	>99	>99	>99	>99	>99	>99	
>99	99	>99	>99	>99	>99	>99	
25	12	20	19	18	12	14	
27	23	25	23	18	18	23	
9	6	7	8	7	10	9	
8	6	5	8	7	10	8	
24	22	19	18	22	28	24	
14	7	14	8	12	18	9	
7	5	4	4	5	9	7	
2	1	2	2	2	4	2	

5 or more of the following 10 food groups in the day or night before the survey: grains, pulses, nuts and seeds, dairy, meat/fish/poultry, eggs, dark green leafy vegetables, other vitamin A-rich fruits and vegetables, other vegetables, other fruit. <sup>8</sup>At least basic sanitation service: safely managed and basic sanitation services. <sup>9</sup>Women participate in household decisions if they make all 3 of the following decisions alone or jointly with their husband: 1) their own health care, 2) major household purchases, and 3) visits to their family or relatives. <sup>10</sup>Whether emotional, physical, or sexual violence. <sup>11</sup>Women and men are classified as having hypertension if they had an average SBP level of 140 mmHg or above or an average DBP level of 90 mmHg or above or were currently taking antihypertensive medication. <sup>12</sup>Respondents are considered to have symptoms of anxiety with a Generalized Anxiety Disorder 7 score of 6 or higher. <sup>13</sup>Respondents are considered to have symptoms of depression with a Patient Health Questionnaire 9 score of 10 or higher.

