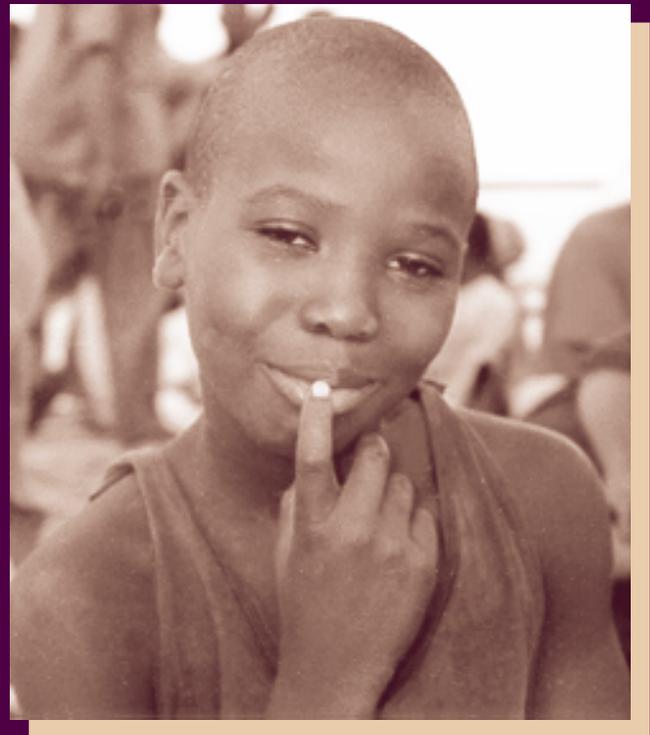


Mali

Demographic and Health Survey 2001

Key Findings



This report summarizes the findings of the Mali Demographic and Health Survey (MDHS-III 2001). The third undertaking of this type, the MDHS-III is a nationally representative survey conducted from January to May 2001 by the *Cellule de Planification et de Statistique* [Planning and Statistics Unit] of the Ministry of Health and the *Direction Nationale de la Statistique et de l'Informatique* [National Directorate of Statistics and Computer Science].

During the survey, a total of 12,849 women age 15-49 and 3,405 men age 15-59 were interviewed. The MDHS-III provides information on population and health that is representative at the national level, at the level of residence (urban, rural), and at the regional level. MDHS-III data are comparable with those of similar surveys conducted in other developing countries and thus permit international comparisons to be made.

This survey was undertaken with funding from the U.S. Agency for International Development (USAID), the United Nations Children's Fund (UNICEF), the World Bank, the United Nations Fund for Population Activities (UNFPA) and the Malian government. Technical assistance was provided by the worldwide Demographic and Health Surveys (*DHS+*) program of ORC Macro, which is designed to collect, analyze, and disseminate demographic data on fertility, family planning, mortality and maternal and child health. In addition, for the first time the MDHS-III has had the goal of evaluating the prevalence of anemia and HIV/AIDS throughout the population.

For information on the MDHS-III, contact the *Cellule de Planification et de Statistique du Ministère de la Santé*, BP 232, Bamako, Mali (Telephone: (223) 223-27-25; Fax: (223) 223-27-26; E-mail: cpssanté@datatech.toolnet.org) and the *Direction Nationale de la Statistique et de l'Informatique*, BP 12, Bamako, Mali (Telephone: (223) 222-24-55; Fax: (223) 222-71-45; E-mail: cnpe.mali@malinet.ml).

Additional information about the *DHS+* program may be obtained by writing to ORC Macro, 11785 Beltsville Drive, Calverton, MD 20705, USA (Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macroint.com; Internet: <http://www.macroint.com/dhs/>).

Prepared by Mamadou Basséry Ballo, Seydou Moussa Traoré, Daniel Vadnais and Noah Bartlett
Production by Noah Bartlett
Photography on the cover page by Devon Bartlett
Translated from the French by Carole Ayad

2001 MALI DEMOGRAPHIC AND HEALTH SURVEY

KEY FINDINGS

Background characteristics of the population and household living conditions

Household population structure	2
Household composition	2
Level of education of the population	2
Housing characteristics	2

Characteristics of men and women interviewed

Spatial distribution of the population	3
Education and literacy	3
Economic activity	3

Fertility and its determinants

Current levels and trends	4
Marriage and exposure to the risk of pregnancy	4
Polygyny	5
Fertility preferences	5
Ideal number of children	5
Fertility planning	5

Family planning

Knowledge of contraceptive methods	6
Use of contraception and characteristics of users	6
Need for family planning	6

Mortality

Childhood mortality	7
Maternal mortality	7

Reproductive health

Antenatal care	8
Assistance at delivery	8
Postnatal care	8
Female circumcision	8

Child health

Immunization coverage	9
Childhood diseases	9

Breastfeeding, anemia and nutritional status of children and mothers

Breastfeeding	10
Anemia in children and mothers	10
Nutritional status of mothers	10
Nutritional status of children	11

HIV/AIDS and sexually transmitted infections (STIs)

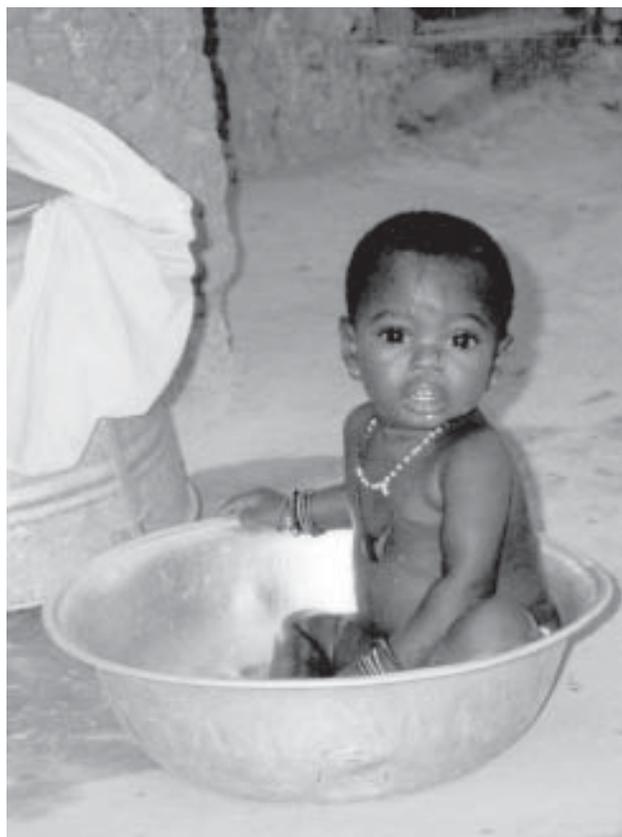
Knowledge of AIDS and the means of avoiding infection	12
Prevalence of AIDS	12
Knowledge and prevalence of STIs	12

Summary and recommendations

Fertility and family planning	14
Maternal and child health	15
Female circumcision	15
STIs and AIDS	15

Indicators from the World Summit for Children

16



Phil Andreozzi

BACKGROUND CHARACTERISTICS OF THE POPULATION AND HOUSEHOLD LIVING CONDITIONS

Data collected on age, sex, and level of education of the household population as well as on housing characteristics provide a description of the sociodemographic and environmental context in which the men and women interviewed live.

Household population structure

With almost half of its residents under the age of 15, Mali is characterized by a young population composed of more women than men (male ratio of 94 men per 100 women).

Household composition

The average household size is 5.3 people, although this number varies from 5.2 in rural areas to 5.7 in urban zones. Large households (nine persons or more) are more common in urban areas than in rural areas (18 percent compared with 14 percent). About 89 percent of households are headed by a man, while those headed by a woman represent one household in nine (11 percent). This proportion has slightly increased from 8 percent in the preceding survey in 1995. The proportion of households headed by a woman is highest in urban areas (13 percent, compared to 11 percent in rural areas).

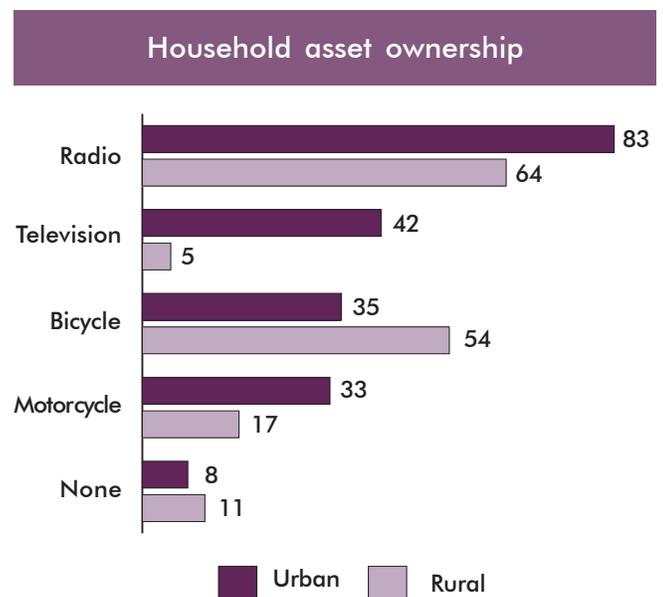
Level of education of the population

The proportion of women and men over the age of six who have never attended school is high (77 percent and 66 percent, respectively). Less than 2 percent of women and just over 3 percent of men have completed the primary level. Moreover, only 44 percent of boys and 33 percent of girls who are 7-12 years old attend school. The net rate of school attendance for the population age 13-18 is only 10 percent, which means that only one youth in ten age 13-18 attends secondary school. With regards to gender, whichever characteristic is under consideration, the level of education is always higher for boys than for girls.

Housing characteristics

Very few households have electricity: about 11 percent for the entire country. There are significant disparities by residential area: only 2 percent of households in rural areas have electricity, compared with 37 percent in urban zones. For drinking water, a majority of Malian households use water from open public wells (38 percent), from open wells in the dwelling (14 percent), from protected public wells (7 percent) and from protected wells in the yard/dwelling (7 percent). In fact, if public wells and public or private faucets deliver safe water, less than half of Malian households (42 percent) have access to safe water.

Very rudimentary toilet facilities are used by 62 percent of households, and only 10 percent have improved latrines (generally cemented and ventilated, which are considered as adequate for the disposal of excrement). Moreover, 23 percent of households have no toilet at all; this proportion is highest in rural areas (30 percent, compared to 2 percent in urban zones).



CHARACTERISTICS OF WOMEN AND MEN INTERVIEWED

The sociodemographic characteristics of the population of women and men interviewed (residence, education, literacy, employment, access to media) are background information that is essential for the analysis of all health and demographic indicators.

Spatial distribution of the population

Mali is a very sparsely urbanized country: 70 percent of women and 67 percent of men live in rural areas. Only 30 percent of women and one third of men live in urban areas (33 percent).

Education and literacy

Results of the survey show a higher proportion of women than men with no education: in fact, three-fourths of women age 15-49 (77 percent) and two-thirds of men age 15-59 (66 percent) have had no education. Moreover, only 15 percent of women are literate, compared with nearly 32 percent of men. As with level of education, illiteracy is of more concern with older people, rural areas and the region of Mopti. In contrast, not including Bamako, Kidal/Gao/Timbuktu is the most literate area.

Economic activity

Slightly more than three women in five (62 percent) were working at the time of the survey: 40 percent had a year-round occupation, 44 percent had seasonal employment and 16 percent were working occasionally. Women living in rural areas (64 percent), those living in the region of Kayes (73 percent) and those having a primary level of education (64 percent) were the groups working the most at the time of the survey. The majority of women who work are self-employed (82 percent); moreover, most women who work, regardless of socio-demographic characteristics, do earn cash.



FERTILITY AND ITS DETERMINANTS

The data collected during the survey allow for an estimation of levels and trends in fertility. They also provide information on the various factors that affect the reproductive life of women, in particular, unions and sexual activity. Moreover, the survey tries to determine the family size preferences of women and men.

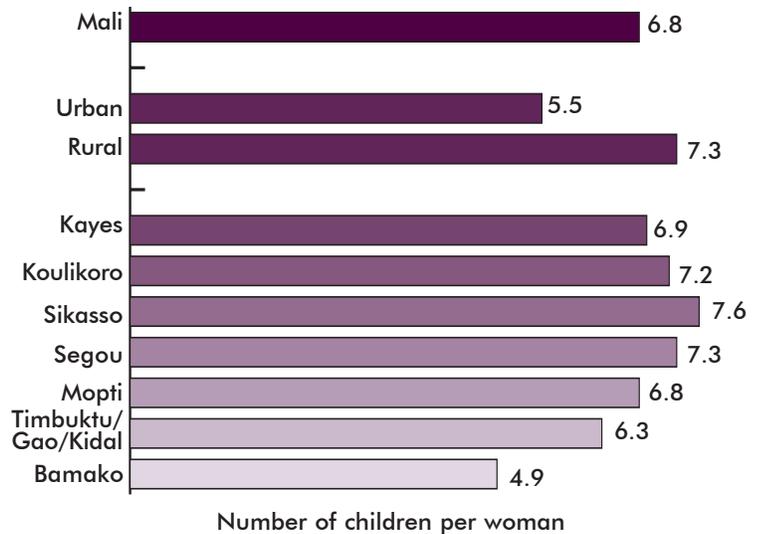
Current levels and trends

At current fertility levels, a Malian woman will give birth to an average of 6.8 children during her reproductive years. That fertility rate, which is characterized by a high level of births at young maternal ages, peaks at 25-29 years before declining gradually. Among women age 25-49, the median age at first birth is estimated to be 18.9 years.

Significant differences in fertility levels exist according to place of residence: women from rural areas (7.3 children per woman) have more children than those from Bamako (4.9 children per woman). Similarly, the fertility of women with a secondary education or higher (4.1 children) is notably lower than that of women with primary education (6.6 children) and that of women with no education (7.1 children).

A significant proportion of births (22 percent) come too soon after the birth of the preceding child (less than 24 months).

How does fertility vary according to residence and region?



Marriage and exposure to the risk of pregnancy

A large majority of women interviewed (84 percent) were in union at the time of the survey. Among women age 25-49, half had already entered a union at 16.5 years of age. Results from the survey show a slight increase in the age of entry into first union since the last survey (median age: 16.5 years in 2001 compared to 16 years in 1995/96).

Among women age 25-49, first sexual intercourse occurs very early and at a slightly lower age than that of entry into first union. At 15.8 years of age, half of all women have already had sexual intercourse.

Polygyny

The practice of polygyny is rather extensive in Mali, concerning 43 percent of women in union. This practice is found much more often in rural areas (45 percent) than in urban zones (34 percent). Moreover, a woman's level of education seems to play a determinant role on the type of union: women with no education are far more likely to be in a polygynous union (44 percent) than those with primary education (39 percent) or secondary and higher (26 percent).

Fertility preferences

About three quarters of women in union (72 percent) want to have another child. On the other hand, slightly more than one woman in five (21 percent) said that they do not want any more children, 4 percent are undecided and the remainder said they are sterile or sterilized. Moreover, among women who want another child, a rather significant majority (38 percent) wish to space the next birth by 2 years or more while more than one woman in four (26 percent) would like to have a child quickly.

Ideal number of children

Among women in union, the ideal number of children is 6.5. The ideal number of children is noticeably higher in rural areas (6.8) than in urban areas (5.2). Moreover, women with the highest levels of education want fewer children (4.4) than those with no education (6.6).

Fertility planning

Overall, the very great majority of births occurring during the last 5 years were wanted. Most of the births were planned (79 percent). However, in 17 percent of the births, the mothers would have preferred to have waited until later, and 3 percent of the births were not wanted at all. In general, unwanted births increase with a mother's age, the proportion going from 1 percent among women under the age of 20 to 16 percent for women age 45-49 years.



Need for family planning

It is estimated that nearly a third of women in union (29 percent) have an unmet need for family planning. If that need were satisfied, contraceptive prevalence would increase among women in union. The majority of the total potential demand for family planning would be for spacing of births (26 percent). Currently, only slightly less than a quarter of the total potential demand is satisfied (22 percent).

FAMILY PLANNING

Use of family planning methods, and (more specifically) modern methods, allows women and couples to better achieve their fertility objectives and ideal family size.

Knowledge of contraceptive methods

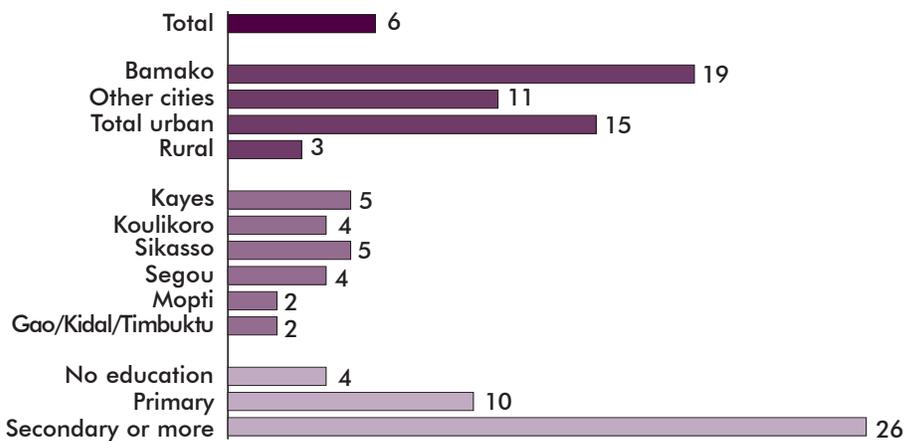
Overall, 76 percent of women know of at least one modern method of contraception. The pill and condom are the best-known methods. On the other hand, implants/norplants and the IUD remain little known among women. Traditional methods are a little less well known than modern methods. The Lactional Amenorrhea Method (LAM) is the most widely known traditional method. Nearly nine men in ten know at least one modern method.

Use of contraception and characteristics of users

At the time of the survey, 16 percent of women in union said they had used a modern contraceptive method at some time in their life. The pill was the method most often used (11 percent), and slightly more than one out of 10 women in union (12 percent) had used a traditional method, primarily LAM, (7 percent).

The women who most frequently use modern methods are those from urban areas (15 percent) and those who have had secondary education or higher (26 percent).

Who are the currently married women using modern methods of contraception the most?



Among women who were not using contraception at the time of the survey, 37 percent said they intended to use it in the future. Opposition to family planning (respondents opposed, husband opposed, other people opposed, religious prohibitions) is the main reason given by those who did not intend to use contraception (38 percent).

MORTALITY

The levels, trends, and characteristics of childhood mortality are a function of the health, environmental, socioeconomic and cultural conditions that prevail in a population and among its social strata. For that reason, the level of childhood mortality is often considered one of the best indicators of the level of development of a country.

Childhood mortality

During the period 1996-2001, out of 1,000 live births, 113 children died before reaching their first birthday; for every 1,000 children who survived to their first birthday, 130 died before reaching the age of 5. Overall, 229 children per 1,000 live births died before their fifth birthday. Survey results have shown infant and childhood mortality rates declining recently.

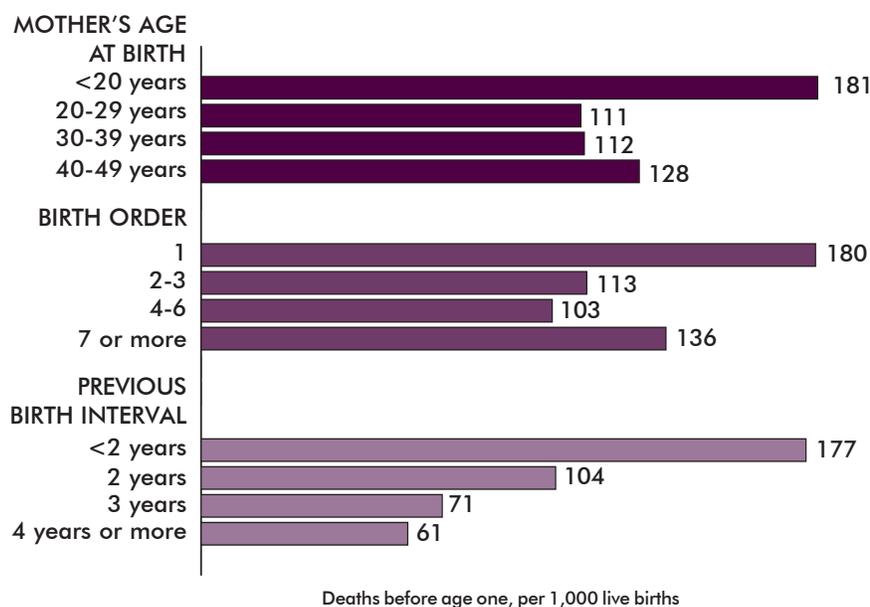
For the 10 year period preceding the survey, data gathered show that infant mortality is considerably lower in urban areas than in rural zones (106 per 1,000 compared with 132 per 1,000). The lowest level of infant mortality is found in Bamako (94 per 1,000); in contrast, the highest level is found in the region of Mopti (159 per 1,000). A mother's level of education has an influence on the survival chances of her child: between birth and the age of one year, children whose mothers have no education run a risk of dying of 130 per 1,000, compared to 122 per 1,000 for children whose mothers have a primary education and 52 per 1,000 for those whose mothers have a secondary education or more.

The level of infant mortality is greatly impacted by the age of the mother at the time of delivery. Children born to mothers under the age of 20 run a risk of dying before their first birthday that is 1.6 times higher than those whose mothers are ages 20-29.

Maternal mortality

For the period 1990-2000, the rate of maternal mortality varies between 500 and 600 maternal deaths per 100,000 births. In other words, in Mali, a woman runs a 1 in 24 risk of dying due to maternal causes during her reproductive years. Despite the continued drop in infant mortality during the last two decades and the improvement in antenatal care over the last five years, maternal mortality remains high in Mali, as in the rest of the countries in the region, with rates situated for the most part between 500 and 1,000 maternal deaths for 100,000 live births.

Women's reproductive behavior influences infant mortality rates



Female circumcision

Female circumcision is a serious public health problem. It exposes young girls to high risks of infection and hemorrhage and makes delivery difficult for many women.

In Mali, 92 percent of women age 15-49 said they have been circumcised. No significant variation in the proportion of circumcised women can be found by age group (91 percent at age 15-19, 92 percent at age 35-39 and 91 percent at age 45-49), which leads one to believe that this practice is enduring from one generation to the next.

It is evident that the northern regions of Kidal/Gao/Timbuktu are characterized by a low proportion of circumcised women (34 percent). By contrast, in the other regions, the proportion of circumcised women varies from a low of 88 percent in the region of Mopti to a high of 98 percent in Kayes.

REPRODUCTIVE HEALTH

The majority of deaths due to maternal causes could be avoided if women received adequate antenatal care during pregnancy, if delivery were assisted by a trained medical professional, and if the women benefited from postnatal care.

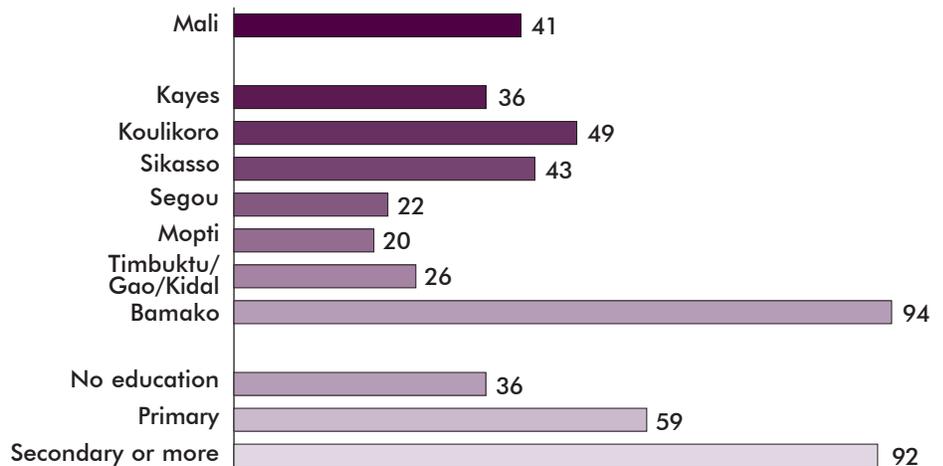
Antenatal care

In Mali, for 57 percent of births in the last 5 years the mother benefited at least once from antenatal care by trained professionals. The visits were undertaken mainly by nurses or nursing assistants (54 percent). However, 42 percent of births had no antenatal visit.

Assistance at delivery

During the last 5 years, approximately three out of five births (61 percent) took place in the home. Women in rural areas, those from the regions of Mopti, Ségou and Kidal/Gao/Timbuktu, those with the least education, and those who received no antenatal care were most likely to give birth at home. Only two out of five births (41 percent) were assisted by health professionals. Births to mothers residing in urban areas (84 percent) and notably in Bamako (94 percent), and births to mothers with a secondary education or higher most often took place with the assistance of trained professionals.

Assistance at delivery by trained personnel varies by background characteristics



Postnatal care

Nearly all of the women whose delivery did not take place in a health facility did not receive any postnatal care. Lack of follow-up care is particularly common among women less than 20 years old (86 percent), women from rural areas (85 percent) and women with no education (85 percent).

CHILD HEALTH

Several years ago, the Malian Ministry of Health instituted an Expanded Program on Immunization (EPI) through which all children would be required to receive the BCG vaccine (against tuberculosis), three doses of DPT (against diphtheria, pertussis and tetanus), three doses of polio vaccine and the vaccine for measles, before the age of one.

Immunization coverage

Immunization coverage in Mali is still low: only 29 percent of children age 12-23 months have received the entire series of immunizations and all the doses of vaccines in the EPI. Moreover, slightly less than one child in five (22 percent) has received no vaccines. Compared with the MDHS-II, immunization coverage has changed very little.

Immunization coverage varies greatly according to residence: the children of Bamako have most often received all the vaccines (61 percent) followed by those from other cities (40 percent) and those from rural areas (22 percent).

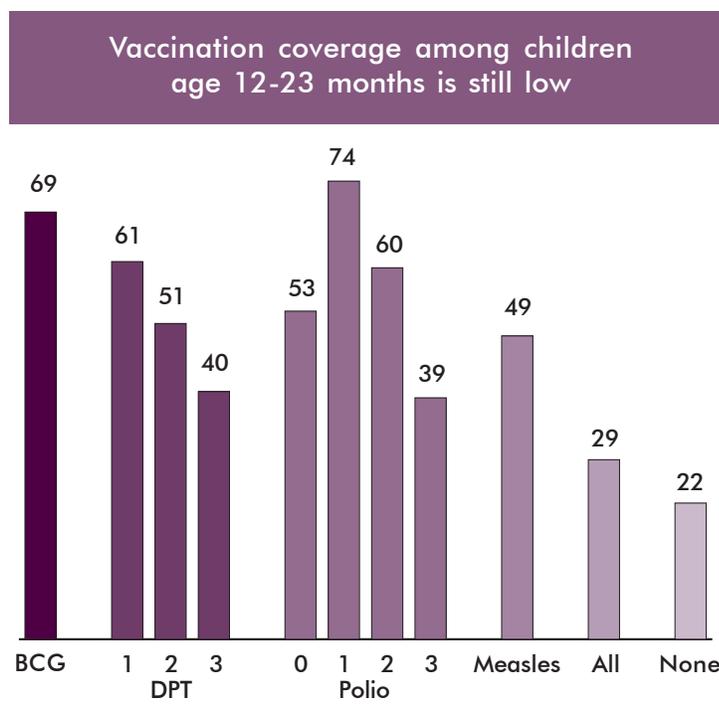
The level of immunization coverage varies to a significant degree by region: within the regions immunization coverage varies from a minimum of 12 percent in Mopti to a maximum of 61 percent in the District of Bamako.

Childhood diseases

At the time of the survey, 10 percent of children under the age of five showed symptoms of acute respiratory infection (ARI). ARI prevalence is highest among children 6-11 months and among those from Kidal/Gao/Timbuktu (16 percent) and Koulikoro (13 percent). Among sick children, 43 percent were brought in for consultation.

More than one out of four children (27 percent) had a fever during the two weeks preceding the survey. The prevalence of fever is highest in rural areas (28 percent), in the region of Kidal/Gao/Timbuktu (48 percent) and among children age 6-23 months (35 percent).

According to the MDHS-III, 19 percent of children under age five had diarrhea in the two weeks preceding the survey. The prevalence of diarrhea is particularly high among children age 6-11 months (29 percent), among those from rural areas (20 percent) and among those from the regions of Kidal/Gao/Timbuktu (28 percent).



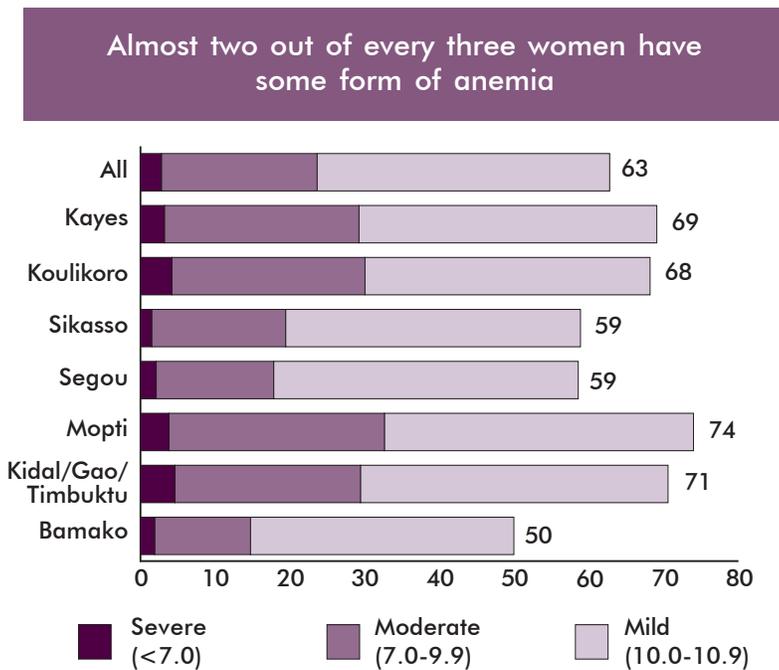
BREASTFEEDING, ANEMIA AND NUTRITIONAL STATUS OF CHILDREN AND MOTHERS

Malnutrition has serious repercussions for both health and the economy. The greatest repercussion is the increase in mortality risks. Exacerbation of the risk of contracting diseases, and poor mental development are other equally important consequences.

Breastfeeding

Breastfeeding is nearly universal in Mali. Practically all children age 0-5 months have been breastfed. However, beginning with the sixth month, the age at which breastfeeding alone is no longer sufficient to guarantee optimum growth for children, WHO recommends that supplemental solid food be introduced into the diet. In the 6-9 month age group, 68 percent of children are not fed in this manner.

In any case, Malian mothers comply well with the recommendations of WHO and the Ministry of Health with regard to bottle use. Less than 5 percent of children age 0-5 months are fed with a bottle.



Anemia among children and mothers

More than four in five children age 6-59 months (82 percent) have anemia. Among those, more than half (53 percent) suffer from the mild form and 11 percent from the severe form. Children from Koulikoro (91 percent) and Sikasso (88 percent), and those age 10-11 months (88 percent) most frequently present a form of anemia.

More than two women in three (63 percent) present a form of anemia. The mild form (39 percent) represents the majority of cases. Pregnant women (73 percent), those from Mopti (74 percent) and those age 35-39 (70 percent) are the most frequently anemic.

Nutritional status of mothers

In Mali, the average height of women is 161.3 centimeters and only a very small proportion of women (less than 1 percent) has a height of less than 145 centimeters. By contrast, a significant proportion (13 percent) of women have a body mass index (BMI) lower than 18.5 kg/m² and therefore present a chronic energy deficiency.

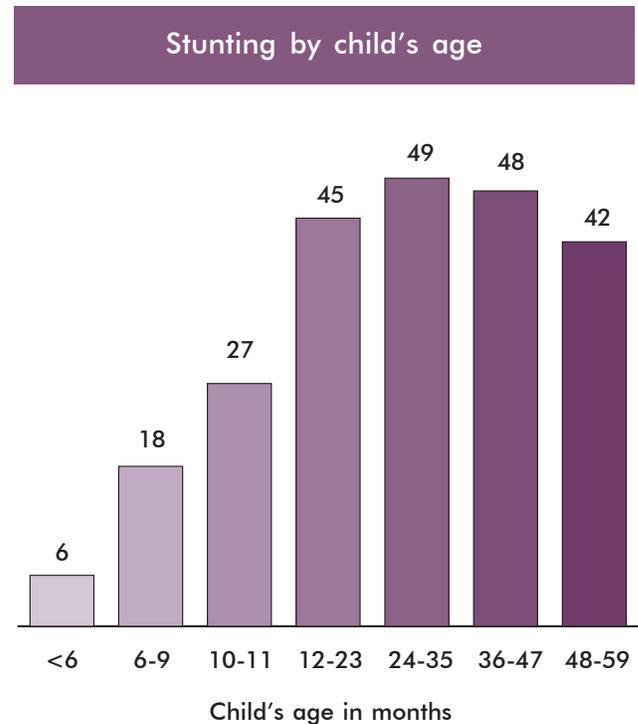
Generally, the prevalence of chronic energy deficiency is slightly higher among the youngest women (22 percent at age 15-19 and 11 percent at age 20-24), and among those from Kayes and Kidal/Gao/Timbuktu (17 percent for each). Moreover, the proportion of young women age 15-19 with chronic energy deficiency is about two times higher than that among women age 20 and over.

Nutritional status of children

Nearly four in ten children under the age of five who live with their mother (38 percent) are stunted, or chronically malnourished, and half of those (19 percent) are severely stunted. Almost twice as many children from rural areas as from urban zones suffer from stunting (43 percent vs. 24 percent). As for the severe form of chronic malnutrition, over four times as many children are affected in rural areas than in the capital (22 percent compared to 5 percent). From a regional perspective, the situation is particularly serious in Sikasso with 48 percent of children being stunted. Moreover, children whose mothers have either no education or only a primary level education are seven times more likely to be affected by stunting (38 percent) than those whose mothers have secondary education or higher (5 percent).

Among children under five, 11 percent suffer from acute malnutrition and are wasted. Compared to the national average, the prevalence of wasting is slightly higher among children age 12-23 months (20 percent) and among those from the region of Kidal/Gao/Timbuktu (16 percent).

One out of three children (33 percent) is underweight. Children age 12-23 months (48 percent), children with short height at birth (48 percent), children from rural areas (37 percent), and those from the regions of Sikasso (40 percent) and Kidal/Gao/Timbuktu (38 percent) are most likely to be underweight.



HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS (STIs)

UNAIDS estimates the number of new cases of HIV infection in the world at 5.3 million and the number of deaths due to AIDS in the year 2000 at 3 million. Sub-saharan African countries are most affected by the epidemic: about three quarters of the deaths due to AIDS since the beginning of the epidemic occurred among them.

Knowledge of AIDS and the means of avoiding infection

In Mali, nearly all men (98 percent) and women (90 percent) have heard of AIDS. Likewise, a large majority of the population knows the important means of avoiding AIDS. For 31 percent of women and 51 percent of men, the condom is the most frequently cited means of preventing AIDS.

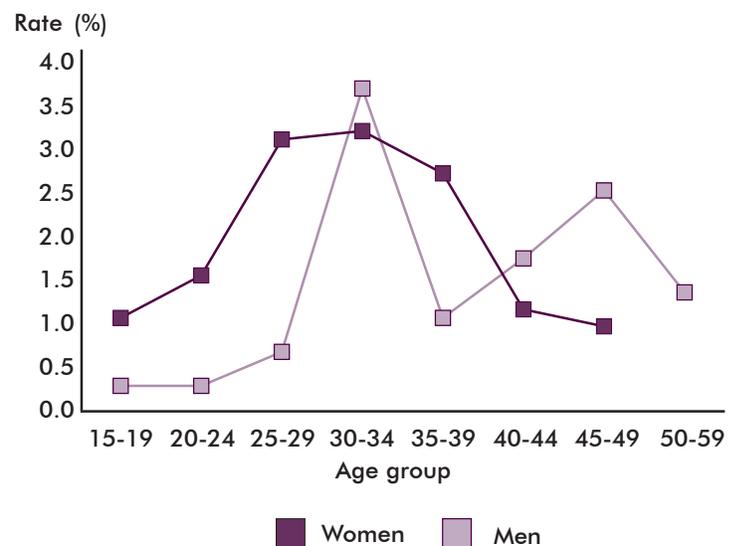
Prevalence of AIDS

The HIV screening test gave a rate of national seroprevalence of 1.7 percent. Women are more affected with a rate of 2 percent compared with 1.3 percent for men. The district of Bamako (2.5 percent) has the highest rate of seroprevalence followed by the regions of Kayes, Ségou and Koulikoro (1.9 percent each).

Knowledge and prevalence of STIs

A large proportion of people surveyed do not know that there are signs or specific symptoms of STIs. More than two thirds of women (68 percent) and 42 percent of men are not capable of identifying even one sign or specific symptom of STIs.

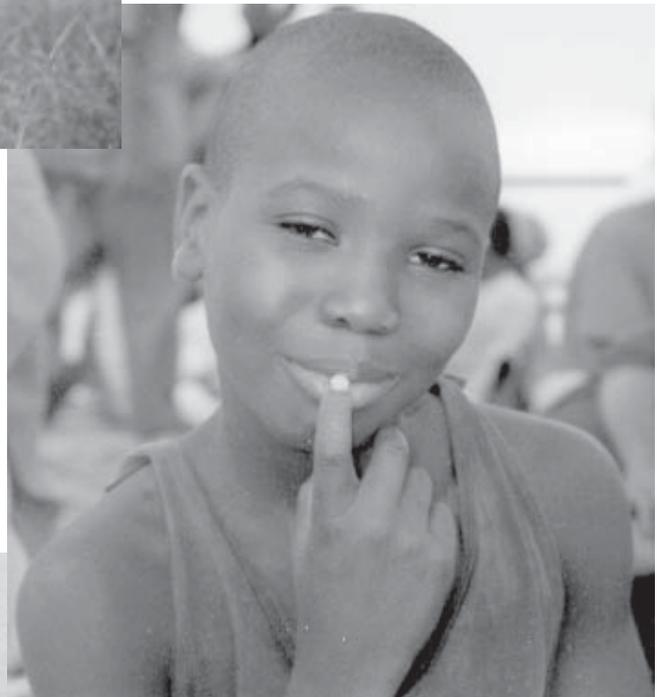
Seroprevalence by sex and age group



Corel



Bill Horn, Lutheran World Relief



Devon Bartlett



CPS/Ministère de la Santé

SUMMARY AND RECOMMENDATIONS

Fertility and family planning

- The level of fertility has changed little in Mali during the past 15 years: under current conditions, a Malian woman will give birth, on average, to 6.8 children during her reproductive life compared to 6.7 in 1995-1996 and 6.9 in 1987. Mali is therefore still characterized as having one of the highest fertility levels in Sub-saharan Africa.
- Adolescent fertility still remains a problem. Currently, 40 percent of young women age 15-19 are already mothers or pregnant with their first child. In general, there is a negative relationship between the level of education and the level of adolescent fertility. Indeed, nearly half of adolescent girls with no education have begun their reproductive life, while only 16 percent of those with at least a secondary level of education are in this situation.
- While the level of knowledge of contraceptive methods is, in general, rather high, the use of contraception remains extremely low: while three quarters of women said they had heard about at least one modern method of contraception, only 6 percent of women in union said they currently use one. The pill and injectables are the most utilized methods. The very low levels of contraceptive use explain in large part how the level of fertility still remains so high.

Maternal and child health

- Results of the survey have made clear that recourse to maternal health services remains low. Slightly more than half of Malian women have benefited from antenatal care from a health professional. During the past five years, this proportion has increased only very slightly. Moreover, the quality of antenatal care varies according to the type of benefit: indeed, only a third of women have received at least two injections of tetanus toxoid vaccine during their pregnancy. Concerning the place of delivery, results show that the majority of births took place outside of health facilities; moreover, only 40 percent of births benefited from the assistance of a health professional.
- Immunization coverage generally remains low. Less than 30 percent of Malian children age 12-23 months have been completely immunized. This level of immunization has not changed appreciably during the past five years.
- In Mali, malnutrition among children remains a crucial problem. In fact, two out of five children exhibit stunting, that is, are too small for their age. This is due in part to inadequate feeding practices. Only one in four children under the age of six months is exclusively breastfed, as recommended by UNICEF and WHO.

Mortality

In spite of a slight drop in mortality levels since 1996 and despite continuous efforts to improve the health status of children, the rates of infant and child mortality remain extremely high. One child in four dies before reaching his or her fifth birthday, with half of these dying before their first birthday. High risk births are in part the cause of these high infant death rates. In particular, the risks of dying are high among children born from an adolescent mother, among births where the preceding birth interval is less than two years and among first order births.

Female circumcision

In Mali, female circumcision remains a very extensive practice. According to results from the survey, more than 90 percent of Malian women said they had been circumcised. No variation is seen across age groups, which indicates that there has been no lessening of this practice over time. The health environment in which circumcision is practiced remains a significant problem. Nearly all female circumcisions are undertaken by traditional practitioners; in only 2 percent of cases were health professionals utilized. Education campaigns are therefore necessary to convince parents not to circumcise their daughters. In fact, currently, only 7 percent of mothers said that they did not intend to have their daughters circumcised.

HIV/AIDS

- In Mali, among both men and women, the level of knowledge of HIV/AIDS is high. However, among women, knowledge of the means of avoiding contracting HIV/AIDS remains low. In fact, only 13 percent of women could cite at least two programmatically-important means of avoiding contracting HIV/AIDS. By comparison, among men this proportion is 60 percent. In addition, condom use remains very low: less than 2 percent of women said they had used a condom during their most recent sexual intercourse.
- In Mali, the prevalence of HIV/AIDS is estimated at 1.7 percent. Even though this level is relatively low, measures must be taken to avoid any increase. The improvement of education of the population in this domain must be made, through among other things, campaigns for promoting condom use.

INDICATORS FROM THE WORLD SUMMIT FOR CHILDREN

Child mortality rate	- Probability of dying between birth and the age of 5 years, per 1,000 live births		229
Infant mortality rate	- Probability of dying between birth and the first birthday, per 1,000 live births		113
Underweight	- Children under age five classified as being underweight (%)		33
Stunting	- Children under age five classified as stunted (%)		38
Wasting	- Children under age five classified as wasted (%)		11
Use of safe water	- Percentage of the population using a source of safe drinking water		49
Use of toilet facilities	- Percentage of the population who have improved latrines or a flush toilet		15
School attendance	- Children of primary school age who attend primary school (%)		38
Literacy rates: Men/Women	- Percentage of the population age 15 and older who can both read and write, and comprehend, a short text related to daily life	Men: Women:	31 15
Child mortality: male/female	- Probability of dying between birth and the fifth birthday, per 1,000 live births, separated by sex (for the ten year period preceding the survey)	Male: Female:	250 226
Underweight: male/female	- Children under age five classified as being underweight (%)	Male: Female:	34 32
Contraceptive prevalence	- Women age 15-49 who use a contraceptive method (%)		8
Antenatal care	- Women age 15-49 who consulted a health professional at least once during pregnancy (%)		57
Assistance during delivery	- Births where the mother delivered with the assistance of a health professional (%)		41
Weight at birth < 2.5 kg	- Live births weighing less than 2,500 grams (%)		17
Consumption of iodized salt > 0 ppm/15 ppm or +	- Households which consume iodized salt (%)	> 0 ppm : 15 or + ppm :	65 37
Vitamin A supplements	- Children age 6-59 months who received a vitamin A supplement during the last 6 months (%)		41
Vitamin A supplements	- Mothers who received a vitamin A supplement during the past 6 months (%)		18
Night blindness	- Women who had night blindness during the last pregnancy (%)		6
Exclusive breastfeeding	- Children under 6 months who are breastfed exclusively (%)		25
Supplementary feeding	- Children 6-9 months (180-299 days) who receive breast milk and supplementary foods (%)		32
Continued breastfeeding	- Children 12-15 months who are breastfed (%)		95
Continued breastfeeding	- Children 20-23 months who are breastfed (%)		69
DPT vaccine	- Children one year of age who have been immunized against diphtheria, pertussis and tetanus (DPT) (%)		40
Measles vaccine	- Children one year of age who have been immunized against measles (%)		49
Polio vaccine	- Children one year of age who have been immunized against poliomyelitis (%)		39
BCG vaccine	- Children one year of age who have been immunized against tuberculosis (%)		69
Tetanus toxoid vaccine	- Women who have received two or more doses of tetanus toxoid vaccine during their last pregnancy (%)		32
Prevalence of diarrhea	- Children under age five who had diarrhea during the past two weeks (%)		19
Use of ORT	- Children 0-59 months who had diarrhea during the past two weeks and who were treated with ORS or a solution prepared at home (%)		30
Prevalence of ARI	- Children 0-59 months who had ARI during the past two weeks (%)		10
Treatment of ARI	- Children 0-59 months who had ARI during the past two weeks and who were brought to a health center or to a health professional (%)		43

ADDITIONAL INDICATORS

Additional indicators for monitoring other rights of the child

Residence of children	- Children 0-14 years living in households but without a biological parent (%)	10
Orphans in households	- Children 0-14 years living in households as orphans (%)	1

Additional indicators for monitoring HIV/AIDS

Prevention of HIV/AIDS	- Women who correctly cited two or three principal means of avoiding HIV infection (%)	13
Social aspects of HIV/AIDS	- Women who think that a person who has contracted HIV should keep his/her status secret (%)	19
Transmission of HIV from mother to child	- Women who think that HIV can be transmitted from mother to child during pregnancy (%)	42
	- Women who think that HIV can be transmitted from mother to child during breastfeeding (%)	32
Place for HIV testing	- Women who know of a place where they can go to get a free HIV test (%)	14
Women tested for HIV	- Women who have been tested for HIV (%)	4
HIV seroprevalence	- HIV seroprevalence rates	Women: 2.0 Men: 1.3

Additional indicators for monitoring fertility

Total fertility rate	- Mean number of children per woman at the end of her reproductive life	6.8
Median age at first birth	- Age at which half of all women age 25-49 have had their first birth	18.9
Median interval between births	- Length of the interval (in months) during which half of mothers age 15-49 waited before having another birth	32.3
Adolescent fertility	- Women age 15-19 who are already mothers or are pregnant with their first child (%)	40

Additional indicators for monitoring marriage

Women in unions	- Women age 15-49 who are in union at the time of the survey (%)	84
Women in polygynous union	- Women age 15-49 who are in a polygynous union (%)	43
Single women 15-49	- Women age 15-49 who have never been married (%)	14
Single women 15-19	- Women age 15-19 who have never been married (%)	51
Single women 20-24	- Women age 20-24 who have never been married (%)	12
Age at first union	- Age at which half of women age 20-49 entered into a union for the first time	16.5
Age at first sexual intercourse	- Age at which half of women age 20-49 had their first intercourse	15.9

Additional indicators for monitoring fertility preferences

Mean ideal number of children	- For women age 15-49, the mean number of children desired at the end of their reproductive life	6.2
Desire to space births	- Women in union wishing to space the next birth by two years or more (%)	38
Desire to limit births	- Women in union who want no more children (%)	21
Contraceptive prevalence (all methods/modern methods)	- Women 15-49 in union who use a contraceptive method (%)	All methods: 8
		Modern methods: 6
Unmet need for family planning	- Women in union who say that they want no more children or want to wait two years or more before the next birth and who are not using a contraceptive method (%)	29
Total demand for family planning	- Women in union having unmet need for family planning and percentage of women currently using a method of contraception (%)	37