Jordan

2002 Population and Family Health Survey

Key Findings

This report highlights the findings of the 2002 Jordan Population and Family Health Survey (JPFHS), a nationally representative survey of households and ever-married women age 15-49 that was carried out between July and September 2002. The primary objective of the survey was to provide policymakers and program managers in population and health with detailed information on fertility, mortality, family planning, fertility preferences, and maternal and child health and nutrition. The 2002 JPFHS was carried out by the Department of Statistics (DOS). ORC Macro provided technical support and the U.S. Agency for International Development (USAID) provided financial support.

The 2002 JPFHS is the third Population and Family Health Survey conducted in Jordan by DOS. The first two were carried out in 1990 and 1997. In 2002, a total of 7,825 households and 6,006 ever-married women age 15-49 were successfully interviewed. Information about all children who were usual residents of the households was also collected. The sample has been designed to produce estimates of major survey variables at the national level, urban and rural areas, the three regions, and each of the three major governorates, namely Amman, Irbid and Zarqa.

The JPFHS is part of the worldwide Demographic and Health Surveys Program (MEASURE *DHS*+), which is designed to collect data on fertility, family planning, and maternal and child health. Additional information about the Jordan survey may be obtained from the Department of Statistics, P.O. Box 2015 Amman, Jordan (Telephone (962) 6-5-300-700; Fax (962) 6-5-300-710; e-mail: stat@dos.gov.jo). Additional information about the MEASURE *DHS*+ project may be obtained by contacting: MEASURE *DHS*+, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone: 301-572-0200; fax: 301-572-0999; email: reports@orcmacro.com; internet: www.measuredhs.com).

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2002 JORDAN POPULATION AND FAMILY HEALTH SURVEY

KEY FINDINGS

POPULATION AND HOUSEHOLD LIVING CONDITIONS

Housing conditions both reflect the socioeconomic level of the household and influence the health status of household members. Ownership of consumer durables also provides an indication of the household's socioeconomic level.

Housing Conditions

Virtually all Jordanian households live in electrified dwellings, and use gas as their source of cooking fuel, with little variation between those in urban areas and those in rural. Piped water is widely available in Jordan, particularly in urban areas (87 percent), but somewhat less so in rural areas (83 percent). About 12 percent of rural dwellings use water that may be unsafe for drinking and other purposes. The problem is further aggravated if households using tankers to obtain water (another 5 percent) are added, as the source of the water carried by tanker trucks may be unknown.

The type of material used for flooring is an indicator of the economic standing of the household as well as the potential exposure of household members to disease-causing agent. Floor quality is quite high in Jordan, with 87 percent of the population having tile floors, and 10 percent of the population having cement floors; urban dwellers are more likely to have tile flooring, while rural dwellers are more than twice as likely to have cement floors. A very small proportion of households have floors made of earth or sand (0.2 percent).

Asset Ownership

The 2002 JPFHS included a series of questions on household possession of durable goods and means of transport. As Jordan is a modern society, most of the population enjoys the convenience of electrical appliances: ninety-six percent of households have television sets, 93 percent have a refrigerator, and 93 percent have a washing machine.

As further testament to the level of development in Jordan, 73 percent of households possess a land-line or mobile phone (with 13 percent of households owning 2 or more mobile phones), one in six households owns a computer, and five percent have internet access. The possession of computer-related assets varies considerably between urban and rural areas: ownership of a computer in urban areas is fourfold that in rural areas, and internet access is about nine times higher in urban than in rural areas. Two in five Jordanian households own a private car, and one in five has a solar heater.

EDUCATION

The 2002 JPFHS collected information on schooling patterns among children, which was designed to obtain insights into differences in school attendance and educational attainment.

School Attendance

The data reflect the fact that school attendance in Jordan is very high, at almost 99 percent for both sexes among those ages 8 through 13. Few differences in attendance are observed between males and females of younger ages (7-13 years).

Beyond the age of 13, attendance rates start to decline, especially for males. Nevertheless, the overall rate exceeds 90 percent for both sexes up to age 15. Age 15 marks the beginning of a gender-based divergence in attendance, where 95 percent of females and 90 percent of males are attending school. This gender gap continues through age 20, with 43 percent of females attending school, as compared to 38 percent of males.

Educational Attainment

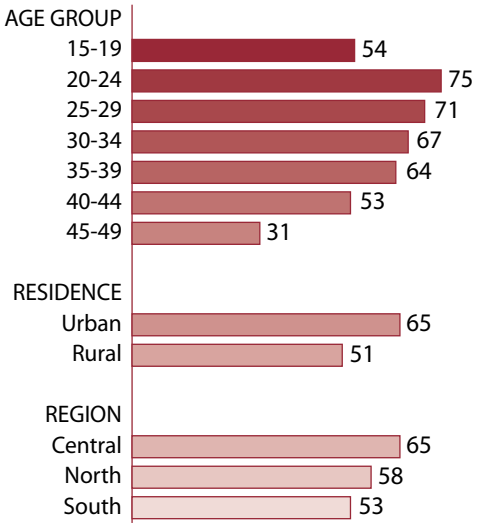
Overall, women have less education than men: ninety-four percent of males age six and older in Jordan have had some schooling, whereas 87 percent of females of the same age have attended school. Furthermore, men are likely to stay in school longer than women. The median number of years of schooling is 8.6 years for males and 8.0 years for females.

Women's Education

Sixty-two percent of Jordanian women age 15-49 have attended secondary school or higher; 25 percent have attended school beyond the secondary level. Women in rural areas are much more likely to have not attended school than women in urban areas (14 percent as compared to 4 percent, respectively). Complementarily, women in urban areas are much more likely to have achieved an education beyond secondary school than rural women (26 percent as compared to 19 percent, respectively).

Women in the Central region are much more likely to have attained post-secondary education (60 percent) than are women in either the North (56 percent) or South (47 percent) regions.

Ever-married women with at least some secondary education

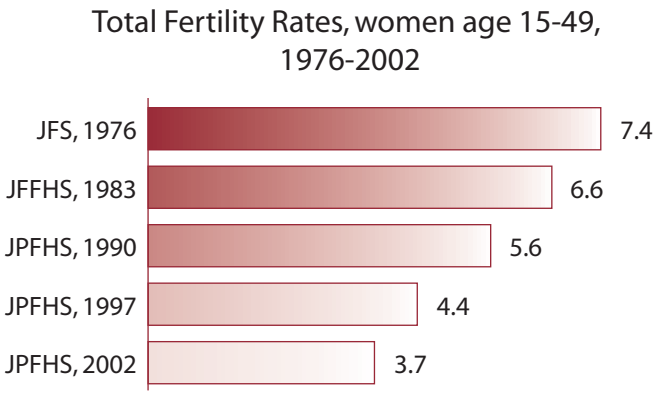


FERTILITY

The JPFHS looks at a number of fertility indicators, including levels, patterns, and trends in both current and cumulative fertility; the length of birth intervals; and the age at which women marry and initiate child bearing. Information on current and cumulative fertility is essential in monitoring the progress and evaluating the impact of the population programs in Jordan.

Levels and Trends

At current fertility levels, a woman in Jordan will have an average of 3.7 children – a total fertility rate that is 50 percent lower than the rate recorded in 1976 (7.4 children per woman). While fertility has continued to decline in recent years, its pace of decline (16 percent) has slowed since the 1997 survey, which showed a 21 percent decline between 1990 and 1997.



Significant differentials in fertility exist among subgroups. The total fertility rate in the Central region is 3.5 births per woman, while women in the North and South regions have about 4 children per woman. Rural women have a total fertility rate of 4.2, compared to urban women with a rate of 3.5 – a difference of almost one child. There are also large differences in fertility by educational attainment of women. Women who have attended higher than secondary education have the fewest children in their lifetime (3.1), while women with preparatory education have 4.4 children – more than women with no education, who have an average of 3.6 children.

Lamia Jaroudi/CCP

Age at First Marriage

One of the factors influencing the fertility decline has been the rising age at which Jordanian women marry. For example, the proportion of women age 20-24 who are still single has increased from 61 percent in 1997 to 66 percent in 2002. The proportion of women age 20-24 who were married by age 18 has decreased from 14 percent in 1997 to 10 percent in 2002.

One of the more important effects of the increase in the age at marriage has been a reduction in childbearing in adolescence; currently the overall level of childbearing among women age 15-19 is 4 percent, a 33 percent reduction in teenage childbearing from 6 percent in 1997.

Fertility Regulation

Data on steps taken to control fertility is of considerable importance to family planning program planners because it gives insight into one of the principal determinants of fertility and serves as a key measure for assessing the success of the national family planning program.

Knowledge of contraceptive methods

Knowledge of a family planning method among currently married women in Jordan has been universal for some time. One hundred percent of married women have heard of the pill and the IUD, followed by female sterilization (98 percent), while injections and the male condom are known to about nine of every ten women. On average, an ever-married woman knows about 10 family planning methods.

Current use of contraception has increased in the past 12 years, from 40 percent in 1990 to 56 percent in 2002.

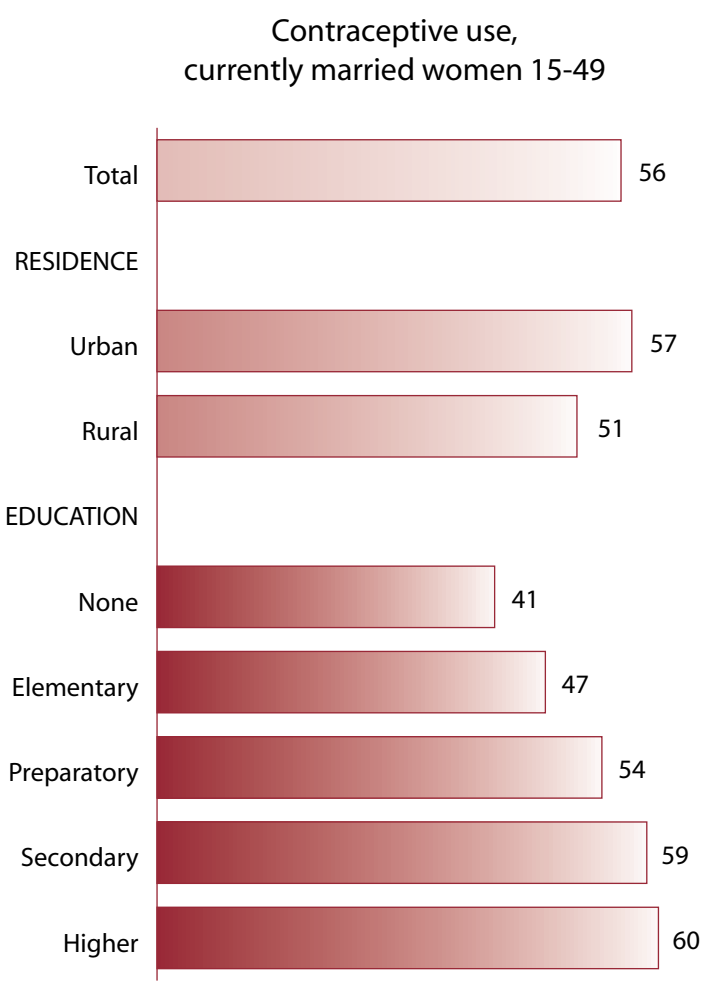
Use of contraception

About 8 in 10 currently married women age 15-49 (81 percent) have used a contraceptive method at any time; 73 percent of women have ever used a modern method.

Overall, current use of contraception has increased in the past 12 years, from 40 percent in 1990 to 56 percent in 2002. Most noticeable has been the increased use of the IUD, which rose from 15 percent in 1990 to 24 percent in 2002. Use of the male condom also increased over that period.

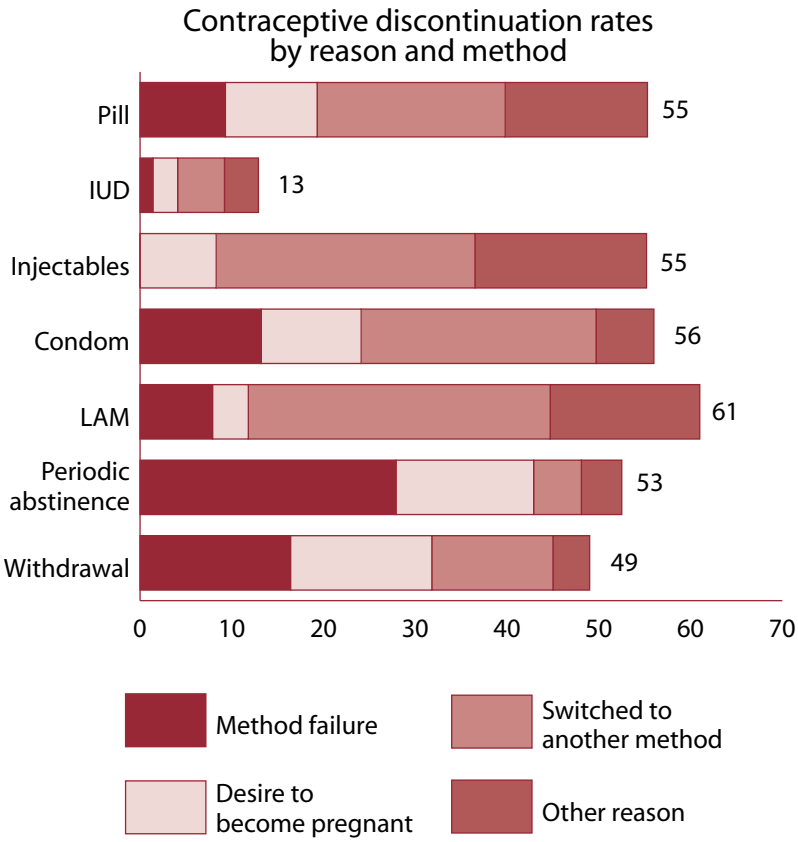
The majority of married women who were using a method of family planning at the time of the 2002 JPFHS were using a modern contraceptive method (41 percent of currently married women) rather than a traditional method (15 percent). The most popular modern methods are the IUD (24 percent) and the pill (8 percent). Withdrawal (9 percent) and periodic abstinence (5 percent) are the most frequently employed traditional methods.

Contraceptive use is particularly high among women age 30-44, and women with 3 or more living children. Better educated women as well as urban women are more likely than other women to use a family planning method. Contraceptive prevalence is highest in the Central region (58 percent) compared with the North region (54 percent), and the South region (48 percent).



Discontinuation of Use

A key concern for family planning programs is the rate at which users discontinue use of contraception and their reasons for stopping. The results of the JPFHS indicate that during the five years preceding the survey, 42 percent of users discontinued a contraceptive method within 12 months of starting use. Method failure was the reason for one-fourth of all discontinuations (11 percent of contraceptive users), while 15 percent of contraceptive users discontinued their method in order to switch to another method. Nine percent of contraceptive users stopped because they wanted to become pregnant, while another 8 percent of users stopped for other reasons.



Family Planning Service Provision

Private health facilities play an important role in supplying contraceptive methods to those who need them. Sixty-six percent of users of modern methods obtain their method from a private source, compared with 72 percent in 1997. The share of the public sector increased correspondingly to about one third (34 percent), compared to 28 percent in the 1997 survey. The facilities used most often are those of the Jordan Association of Family Planning and Protection (JAFPP). Thirty-one percent of IUD insertions are done at JAFPP facilities. Pharmacies are the primary source for users of methods that require resupply, including the pill (36 percent), and condoms (44 percent).

Jennifer Knox/CCP

Need For Family Planning

Information on fertility preferences and on the intention to use family planning in the future is of particular interest to policymakers and program managers as they seek to address the contraceptive needs of nonusers who are concerned about spacing or limiting their childbearing.

Fertility Planning

One third of births in Jordan in the five years before the survey were unplanned: 17 percent of births were wanted later, and 16 percent were not wanted at all. The likelihood of having an unwanted birth increases with age (particularly among women age 30 and higher) and parity (especially among women for whom the most recent birth was of order 4 or higher). Women in those groups have been shown to be at higher risk of maternity-related illness and deaths.

Although fertility has declined significantly in Jordan over the past 25 years, still further decline can be expected in the future.

Unmet Need for Family Planning

Taking into consideration both their fertility desire at the time of the survey and their exposure to the risk of pregnancy, 11 percent of currently married women were considered to have an immediate need for family planning. This group includes women who were not using family planning but either wanted to wait two or more years for the next birth (6 percent) or wanted no more children (6 percent) - the total unmet need. Levels of unmet need for spacing and unmet need for limiting are marginally lower than in 1997: 7 percent of women had an unmet need for spacing, and another 7 percent had an unmet need for limiting.

Combining the proportion of those with an unmet need (14 percent) with the 56 percent of married women who are currently using a contraceptive method yields the total demand for family planning, which encompasses more than 70 percent of married women in Jordan. Eighty-four percent of the total demand for family planning is being met in Jordan, which indicates that although contraceptive coverage is comparatively comprehensive, there remains room for improvements to women's access to family planning methods, especially in rural areas.

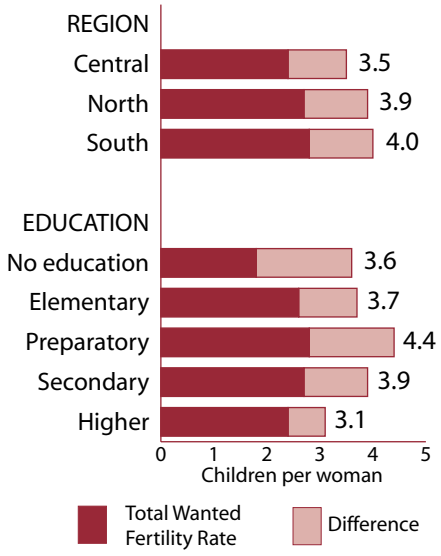
Thus, although fertility has declined significantly in Jordan over the past twenty-five years, still further decline in fertility can be expected in the future: almost half (44 percent) of currently married women in Jordan do not want any more children or have been sterilized, and 31 percent want to delay their next birth for at least two years. If women's desired family size were achieved, the fertility rate would be only 2.6 children per woman, which is about one child less than the current observed rate (see sidebar).

What is the fertility gap?

The total wanted fertility rate represents the level of fertility that would result if women had only the number of children that they want. A comparison of the actual fertility rate with the wanted fertility rate indicates the potential demographic impact of enabling women to achieve the family size they desire.

The 2002 JPFHS results suggest that many Jordanian women are having more children than they actually want. The wanted fertility rate was an average of 2.6 births per woman, compared to the actual rate of 3.7 births. The gap between desired and actual fertility is one birth. The gap is greater for rural residents: the wanted fertility rate is 2.8, but actual fertility is 4.2 births per woman.

Difference between Total Wanted Fertility Rates and Actual Fertility Rates



CHILD MORTALITY

Identifying segments of the child population that are at greater risk of dying contributes to efforts to improve child survival and lower the exposure of young children to risk.

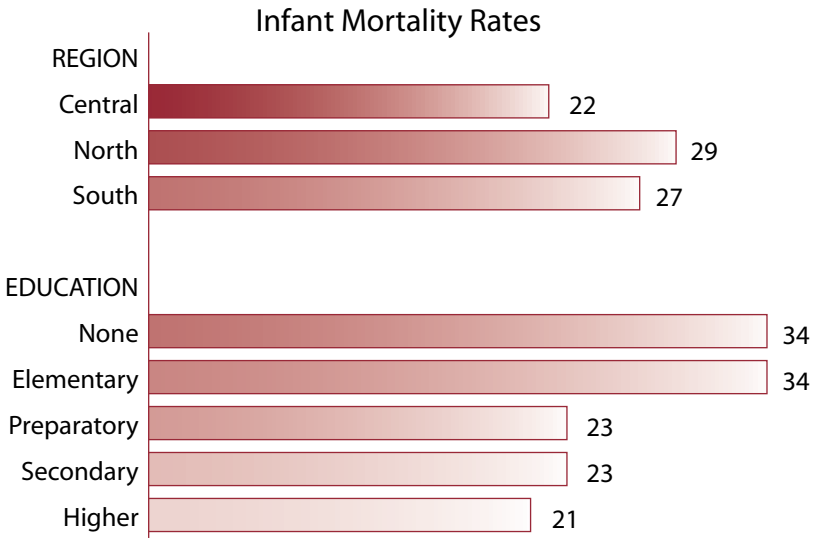
Levels and Trends

At the mortality level prevailing during the ten-year period before the 2002 JPFHS, 24 of 1,000 infants born will not survive to their first birthday. For the same period, 29 children will not live to be five years old. These mortality rates indicate that there has been an improvement in child survival in Jordan since 1997, when infant and under-five mortality rates were 29 and 34 deaths per thousand live births, respectively.

Jordan has one of the lowest infant mortality rates in the developing world.

Socioeconomic Differentials

Mortality is higher in rural areas than urban areas: infant mortality is 30 deaths per 1,000 live births in rural Jordan, and 23 deaths per thousand live births in urban areas. Differences also exist by region: the Central region has the lowest levels of infant and under-five mortality (22 and 27 deaths per thousand live births, respectively), while the North region has the highest levels of the same (29 and 35 deaths per thousand live births, respectively).



Differentials by mother's level of education are also large. Generally, a mother's level of education is inversely related to her child's risk of dying. Although the relationship is not linear, children born to mothers with no education suffer the highest mortality at most stages of early life. Under-five mortality does vary inversely by mother's education: children of mothers with no education have the highest risk of dying (44 deaths per 1,000 births), while children of mothers with education beyond secondary school have the lowest risk of dying (24 per 1,000 births).

Demographic Differentials

The risk of dying before the first birthday is 56 percent higher if a child is born less than two years after an elder sibling, with no other risk factors, as compared to a child born under non-risky conditions. During the five years prior to the 2002 JPFHS, one in four non-first births in Jordan occurred less than 24 months after the preceding birth. Programmatic interventions designed to encourage couples to lengthen the interval between their births may be appropriate in the Jordanian context, given the high rate of contraceptive prevalence in Jordan, and recent increases in duration of breastfeeding and postpartum abstinence.

Maternal Health

Maternal health care services are widely available in Jordan. The 2002 JPFHS measures the extent to which women obtain medical care during pregnancy, at the time of delivery, and in the postpartum period.

Care During Pregnancy

For virtually all births in the past five years, mothers received at least one prenatal checkup from either a doctor, a nurse, or a midwife. In Jordan, maternal and child health care is widespread; however, differences according to level of education are noteworthy: while 97 percent of women with higher than secondary education received antenatal care from a doctor, a smaller proportion of women with no education received the same (85 percent). Most women had six or more antenatal care visits (81 percent), and the majority of women had their first antenatal care visit within the first trimester (85 percent).

Delivery Care and Postnatal Care

Delivery under hygienic conditions and where medical assistance is available decreases the risk of maternal mortality. Ninety-seven percent of deliveries took place in a health facility, and virtually all births in Jordan were assisted by health personnel during delivery. Sixteen percent of births were delivered by Caesarian section. It is assumed that women who deliver in health facilities do receive postnatal care. Among the 3 percent of Jordanian women who did not deliver in a health facility, only 8 percent of these women received a postnatal check-up within the crucial 2 days postpartum. About 65 percent of women who gave birth in a health facility received no postnatal care at any point in time after the birth.

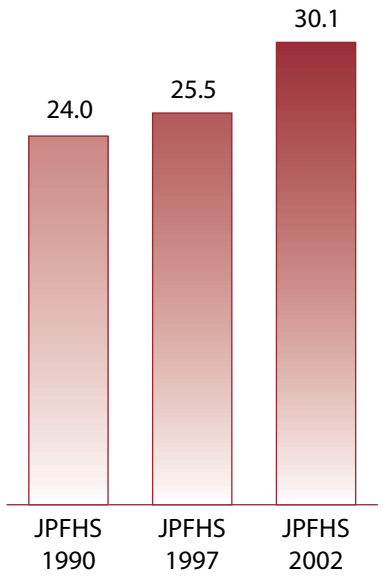
Jennifer Knox/CCP

Birth Intervals

Women in Jordan generally favor long intervals between births. Half of births in the five years preceding the survey occurred at least 30.1 months after the preceding birth – an increase of almost 5 months since 1997.

The length of birth interval is partially related to the length of the period of postpartum insusceptibility – i.e., when a woman is protected from the risk of pregnancy either because she is amenorrheic or abstaining. In Jordan, the mean duration of insusceptibility is 6 months, an increase of 2.2 months over the findings of the 1997 survey; the median duration of breastfeeding (which directly affects the length of amenorrhea) is 13.1 months.

Median number of months since previous birth, 1990-2002



Smoking Tobacco

Tobacco use is widely regarded as the most preventable cause of death and disease among adults. Chronic exposure to nicotine may cause an acceleration of coronary artery disease, emphysema, peptic ulcer disease, reproductive disturbances, esophageal reflux and hypertension. Tobacco and its various components have been associated with an increased risk of cancer of various body organs.

Smoking among women also creates particular risks for their offspring. Poor pregnancy outcomes, including low birth weight, are more frequent among women who smoke than among those who do not smoke.

Overall, 12 percent of women smoke tobacco, either cigarettes or nargila (water pipe). Older women are more likely to smoke cigarettes compared to younger women. However, younger women smoke more nargila compared to older women. Women living in urban areas (13 percent) are more likely to smoke tobacco than women living in rural areas (eight percent). Also, women in the Central region (including the capital city Amman) are more likely to smoke tobacco compared to women from other regions.

Constraints to Use of Health Services

Many different factors can be barriers to women seeking health care for themselves. Sixty-four percent of women reported at least one issue or circumstance they regarded as a big problem in seeking health care. The major constraints to women's access to health services are lack of money for treatment, and having to take transportation – thirty percent of women cited each of these problems. Twenty-eight percent of women did not want to go alone and about 29 percent thought the distance to a health facility hindered their access to health care. About one in four women had concern that there may not be a female provider at the health facility.

CCP

CHILD HEALTH

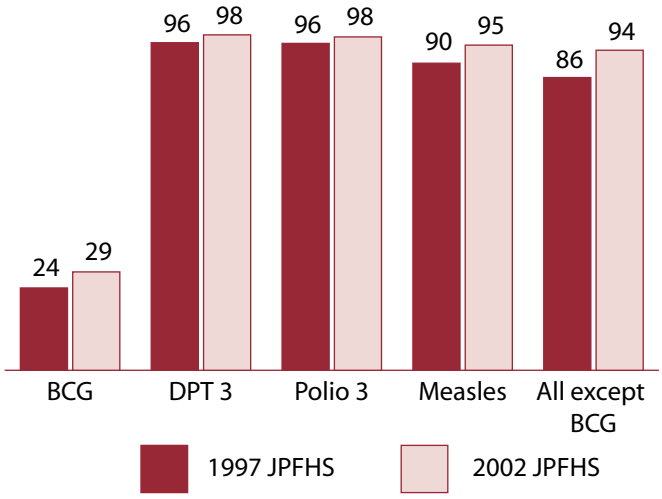
For children, vaccination against six serious but preventable diseases, along with early diagnosis and treatment of common childhood illnesses, can prevent a large proportion of childhood deaths.

Childhood Vaccination Coverage

In Jordan, 98 percent of infants age 12-23 months have been fully immunized against DPT and polio, and 95 percent have received the vaccine against measles. In all, 94 percent of children 12-23 months received vaccinations against measles, diphtheria, pertussis, tetanus, and polio.

Immunization coverage varies across regions: 96 percent of infants age 12-23 months in the North region have received all of their vaccinations except for BCG, which is not emphasized for children below six years of age in Jordan. The proportion in the South region is 90 percent, and in the Central region is 93 percent. All immunization indicators have shown improvement since 1997.

Percentage of children age 12-23 months who have received specific vaccinations



Kevork Toranian

Prevalence and Treatment of Childhood Illnesses

The 2002 JPFHS provided data on the prevalence and treatment of two common childhood illnesses: acute respiratory infection and diarrhea.

Acute respiratory infection (ARI) is one of the leading causes of childhood morbidity and mortality throughout the world. However, in Jordan, only six percent of children under five had a cough with rapid breathing in the two weeks prior to the survey. Fifteen percent of Jordanian children had diarrhea in the two weeks preceding the survey. Among children with diarrhea, over half were taken to a health facility and two-thirds were given oral rehydration therapy.

Nutrition Indicators For Children and Women

The 2002 JPFHS examines several important aspects of the nutritional status of Jordanian women and children, including the prevalence of malnutrition and anemia.

Nutritional Status of Children

The nutritional status of young children is a comprehensive index that reflects the level and pace of household, community, and national development. In the 2002 JPFHS, all children born in the five years preceding the survey who were listed in the household questionnaire were weighed and measured. Chronic malnutrition among Jordanian children is relatively low; nine percent are stunted (too short for their age). Acute malnutrition is also low among Jordanian children; two percent of children under five are wasted (too thin for their height). Four percent are underweight according to their age.

Over half of Jordanian women (54%) have a BMI of over 25.0 and are thus considered either overweight or obese.

Nutritional Status of Women

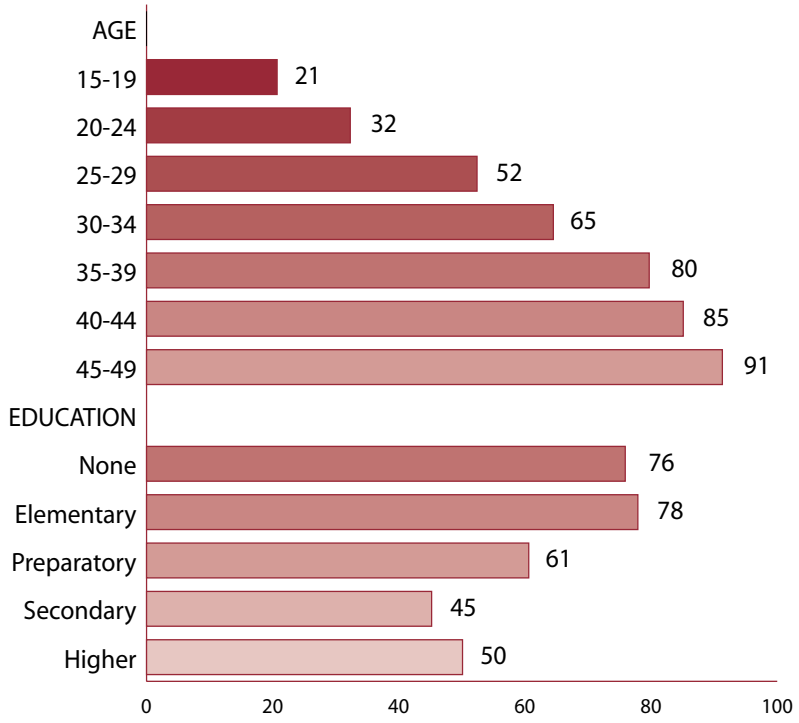
In the 2002 JPFHS, women's nutritional status was measured using two indices, height and body mass index (BMI), defined as weight in kilograms divided by the square of the height in meters (kg/m^2). The mean BMI of women in Jordan is 26.6, higher than the normal BMI range of 18.5-24.9. More than half of women (54 percent) have a BMI over 25, and can thus be considered overweight or obese. Older women and women with no education or elementary education are more likely to be overweight or obese. Five percent of women had a BMI of less than 18.5, indicating that chronic energy malnutrition is relatively low in Jordan.

The mean height of mothers measured in the survey was 158 centimeters; only 1 percent of mothers were shorter than 145 centimeters, the cutoff point below which a woman is identified as being at risk of delivering a baby with low birth weight.

Anemia and Iron Supplementation

Biomarker data were collected in the 2002 JPFHS, in order to determine prevalence of anemia. The results indicate that 34 percent of children under age five were shown to have anemia. Severe anemia, however, is not a serious public health problem in Jordan for children

Percentage of women with a BMI greater than or equal to 25.0



Twenty-six percent of women in Jordan have some degree of anemia. Pregnant women are the group with the highest risk for anemia, as the gap between the requirements for iron and intake during pregnancy cannot be filled by diet alone; this is the group most in need of supplementation. Twenty-eight percent of women did not consume iron supplements during pregnancy. About one in six women took iron supplements for two months of pregnancy, and another nine percent consumed iron supplements for three months. However, 46 percent of women took iron supplements for more than three months of gestation.

First time mothers took iron tablets or syrup more often than mothers who have had 2 or more children. Women residing in urban areas and in the Central region (including Amman) were more likely to take iron supplements for 90 days or more. Mother's education had a positive impact on taking iron supplements during pregnancy for three months or more.

Lamia Jaroudi/CCP

Infant Feeding Practices

The pattern of infant feeding has important effects on both the child and the mother. Appropriate feeding practices are of fundamental importance for the survival, growth, development, health, and nutrition of infants and children. Poor nutrition in children exposes them to a greater risk of illness and death.

Breastfeeding also affects mothers through the physiological suppression of the return to fertile status, thereby affecting the length of the interval between pregnancies.

The World Health Organization (WHO) and UNICEF recommend that during the first six months of life, children should be exclusively breastfed and that they should be given solid or mushy complementary foods starting at six months of age.

Breastfeeding is nearly universal in Jordan; almost all (91 percent) children under six months of age are breastfeeding six or more times a day. However, despite the near-universal prevalence of breastfeeding in Jordan, the majority of infants are not fed in compliance with WHO/UNICEF recommendations. Exclusive breastfeeding is common but not universal in early infancy in Jordan.

During the period when complementary foods should be given, at age 6-9 months, the vast majority (93 percent) of Jordanian infants in this age group did receive solid or semi-solid foods the day or night preceding the survey.

HIV/AIDS

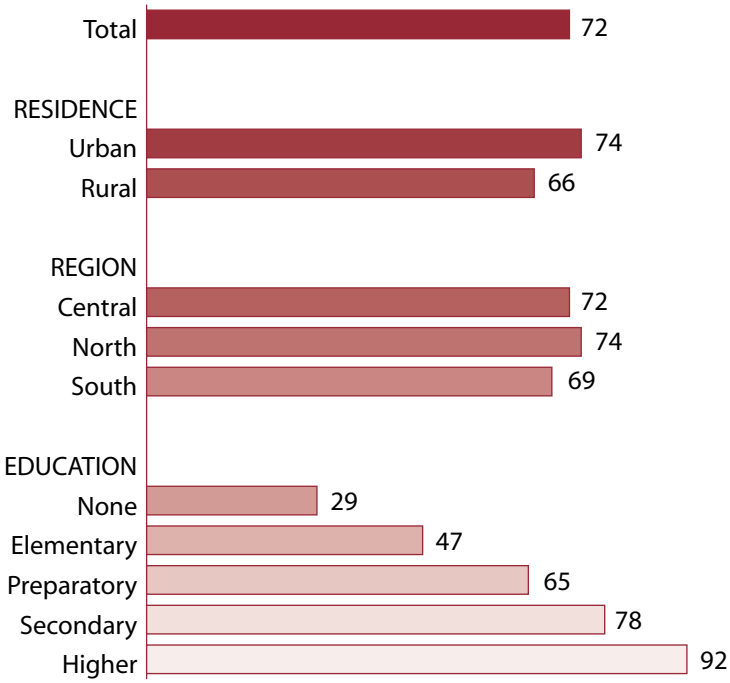
In late 2001, Jordan launched a National AIDS Program within the Ministry of Health and is working with international bodies such as UNAIDS and the World Health Organization to combat the threat of AIDS in Jordan.

Knowledge of HIV/AIDS

Almost all of the respondents in the 2002 JPFHS report that they have heard of HIV/AIDS (97 percent); however, those with less education are significantly less likely to have heard of AIDS (no education: 80 percent; elementary education: 91 percent).

Although almost all women have heard of HIV/AIDS, only 75 percent of women believe there is a way to avoid HIV/AIDS. This represents a decline in public understanding of HIV/AIDS from the 1997 JPFHS. AIDS prevention programs focus their messages and efforts on three important aspects of behavior: condom use, limiting the number of sexual partners, and delaying the first sexual intercourse in young persons. Overall, 72 percent of women were able to mention spontaneously or to recognize at least one of these programmatically important ways to avoid HIV/AIDS.

Knowledge of at least one programmatically important way to avoid HIV/AIDS



Knowledge of mother-to-child transmission of HIV

Knowledge of ways that HIV can be transmitted is important in preventing the spread of the disease. Only some Jordanian women recognize that the HIV virus can be transmitted from mother to child during pregnancy (70 percent), during delivery (55 percent), and through breastfeeding (42 percent). Less than half of women know that a healthy-looking person can have the AIDS virus (46 percent).

KEY INDICATORS

	Total	RESIDENCE		REGION		
		Urban	Rural	Central	North	South
DEMOGRAPHIC SITUATION						
Fertility						
Births per woman age 15-49						
Total fertility rate	3.7	3.5	4.2	3.5	3.9	4.0
Total wanted fertility rate	2.6	2.5	2.8	2.4	2.7	2.8
Mortality						
Deaths per 1000 births in the ten years before the survey						
Neonatal mortality rate	17	17	20	16	20	18
Infant mortality rate	24	23	30	22	29	27
Under-five mortality rate	29	27	36	27	35	31
REPRODUCTIVE HEALTH						
Safe motherhood						
Percentage of women with a live birth in the five years before the survey						
Mothers who received antenatal care from a doctor	93.4	94.1	90.9	95.0	89.9	92.6
Women with a live birth in the past five years who received two or more doses of tetanus toxoid vaccine during their last pregnancy	9.0	8.6	10.4	9.3	8.7	7.7
Births delivered at home	3.1	2.9	3.9	2.3	4.4	4.3
Mothers with delivery assistance from a doctor	62.9	66.4	51.4	71.4	47.5	52.7
High-risk childbearing						
Adolescent women age 15-19 who have begun childbearing	4.3	4.8	2.2	4.2	4.4	4.2
Non-first births born within 24 months of a previous birth	33.5	32.4	37.0	32.8	34.7	34.1
Family planning						
Percentage of currently married women age 15-49						
Women currently using:						
Any contraceptive method	55.8	57.1	50.5	57.5	54.4	48.0
Any modern contraceptive method	41.2	42.6	35.8	43.3	39.0	33.3
IUD	23.6	25.3	17.2	25.9	21.3	14.9
Pill	7.5	7.6	6.8	7.8	6.7	7.2
Condom	3.4	3.6	2.4	3.6	3.1	2.8
Withdrawal	9.3	9.1	9.8	8.6	10.8	9.7
Women with an unmet need for family planning:						
for spacing births	5.6	4.9	7.9	4.5	7.5	7.4
for limiting births	5.5	5.1	7.0	5.6	4.8	6.7

		RESIDENCE		REGION		
	Total	Urban	Rural	Central	North	South
CHILD HEALTH						
Vaccinations						
Children 12-23 months fully immunized, except for BCG (measles and 3 doses each of DPT and polio)	93.7	93.9	92.9	93.3	95.6	90.4
Treatment of childhood illnesses						
Percentage of children under age five						
In the two week before the survey:						
Children who had symptoms of ARI	6.2	6.2	6.0	6.1	7.0	4.9
Children who had symptoms of ARI and/or fever for whom treatment was sought from a health facility or provider	71.7	71.9	71.1	70.6	72.9	74.7
Children who had diarrhea	14.7	14.3	16.2	14.3	15.4	16.0
Children who had diarrhea and who were given oral rehydration therapy	63.9	64.8	61.2	62.6	66.7	63.6
MATERNAL HEALTH AND NUTRITION						
Breastfeeding						
Median duration of any breastfeeding (months)	13.1	13.0	13.2	12.7	14.0	13.0
Child malnutrition						
Percentage of children under age five						
Children who are stunted	8.5	7.1	13.2	7.3	9.7	12.4
Children who are wasted	2.0	1.9	2.5	2.2	1.5	2.4
Children who are underweight	4.4	3.5	7.4	4.0	4.1	7.5
Maternal malnutrition						
Women with chronic energy deficiency (BMI<18.5)	5.1	4.9	5.5	5.1	4.4	6.4
Women who are overweight or obese (BMI >=25.0)	53.9	54.4	52.0	53.5	54.9	53.0
Anemia						
Anemia prevalence rate among women 15-49	26.3	25.6	28.7	25.0	29.2	27.0
Anemia prevalence rate among children 6-59 months	34.2	32.4	39.9	34.5	34.0	33.1
HIV/AIDS						
Women who believe there is a way to avoid HIV/AIDS	74.9	76.6	67.9	74.9	76.2	71.1
Women who know two or more programmatically important ways to avoid HIV/AIDS	39.1	40.0	35.4	38.7	40.2	38.9