



# Islamic Republic of Mauritania

**Demographic and Health Survey**

**2019-2021**

**Summary Report**



This report presents the main results of the second Mauritanian Demographic and Health Survey (MDHS) conducted by the National Statistics Office (NSO) in close collaboration with the Ministry of Health (MOH). Funding for the 2019-2021 MDHS was provided by the United States Agency for International Development (USAID), the World Health Organization, the Global Fund, the World Bank, the European Union, UNFPA, and the Government of the Islamic Republic of Mauritania. ICF provided technical assistance to the overall project through the USAID-funded DHS Program, which aims to provide support and technical assistance to countries around the world in conducting population and health surveys.

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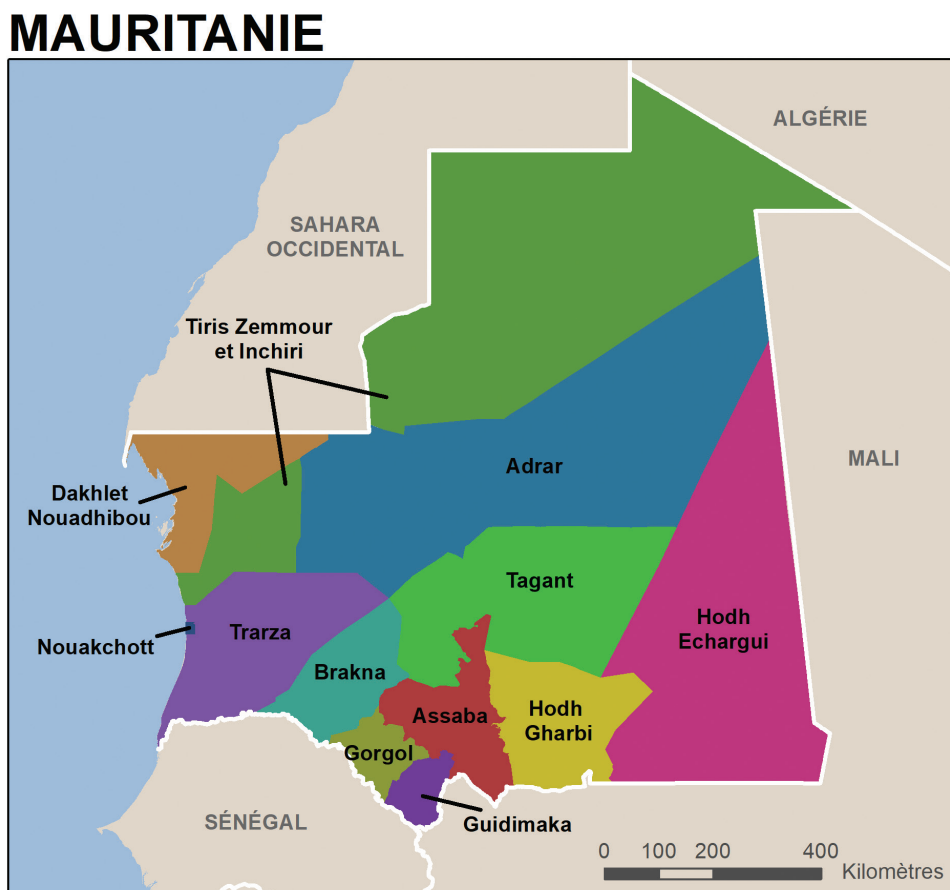
**The Global Fund**

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# ABOUT THE 2019-2021 MAURITANIA DHS

The second Mauritania Demographic and Health Survey (MDHS) is a national sample survey designed to provide information on the population in areas as diverse as family planning, maternal and child health, child survival, reproductive health, non-communicable diseases, and the nutritional status of the population in Mauritania. The 2019-2021 MDHS included anemia testing for children age 6-59 months and women age 15-49, as well as malaria testing for children age 6-59 months. In addition, a hepatitis B test was performed among all household members age 1-59 years. MDHS data were used to estimate levels of adult and maternal mortality, as well as the prevalence of FGC among women age 15-49 and girls age 0-14.

Data collection for the MDHS was conducted in two phases due to the COVID-19 pandemic. The first phase began on November 27, 2019. Fieldwork was stopped in mid-March 2020 with only the capital, Nouakchott, still to be completed. The resumption of fieldwork began in early March 2021 and lasted approximately one month. During the survey, 11,658 households were successfully interviewed. In the surveyed households, 15,714 women age 15-49 were interviewed. In half of the households, 5,673 men age 15-59 were interviewed. The 2019-2021 MDHS provides estimates at the national level, for Nouakchott, other urban areas, and rural areas, as well as 14 study areas based on the country's wilayas: Hodh Echargui, Hodh Gharbi, Assaba, Gorgol, Brakna, Trarza, Adrar, Dakhlet Nouadhibou, Tagant, Guidimagha, Tiris Zemour and Inchiri, Nouakchott North, Nouakchott West, and Nouakchott South.



# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

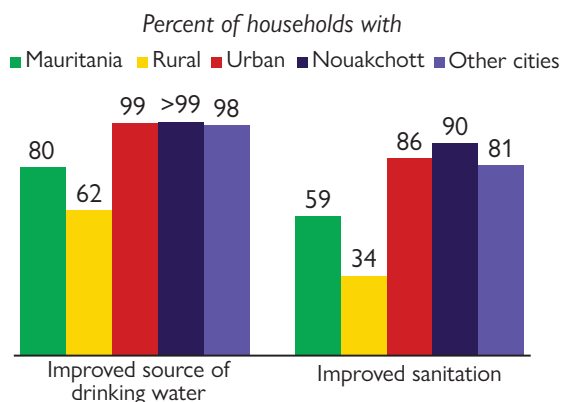
## Household Composition

The average household in Mauritania is comprised of 6.2 persons. Overall, 39% of households are headed by women. Almost half of the household population (49%) are children under age 15.

## Water, Sanitation, and Electricity

Eight out of ten households have access to an improved source of drinking water (99% overall in urban areas versus 62% in rural areas). More than half of households (59%) use improved sanitation facilities. Only 6% of households use unimproved toilets, and more than one-third (35%) practice open defecation. Nearly half of households (46%) have electricity. This proportion is more than ten times higher in urban areas (88%) than in rural areas (7%).

### Water and Sanitation by Residence

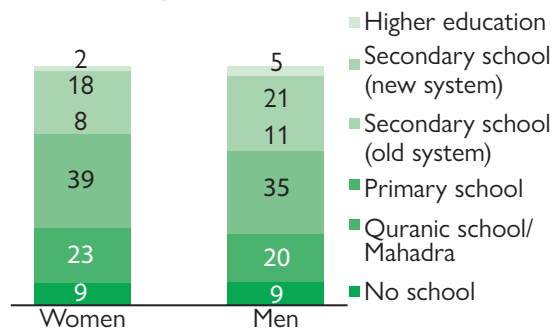


## Education

Overall, there is no substantial gender gap in education: 9% of women and men age 15-49 have no education, and 23% of women and 20% of men have attended only Quranic school or a mahadra. Only 2% of women and 5% of men have more than secondary education. Overall, 58% of women and 74% of men are literate.

### Education Level

Distribution (%) of 15-49-year-old women and men by their highest level of education



## Ownership of Goods

Nine out of 10 households own a cell phone. A smaller proportion of households own a television (42%) or a radio (28%). Ownership of these goods is higher among urban households than among rural households. In contrast, ownership of agricultural land and farm animals is more common in rural than in urban areas. Animal-drawn carts are the most popular form of transportation, with 26% of households having one, including 43% of rural households and 8% of urban households.

# FERTILITY AND ITS DETERMINANTS

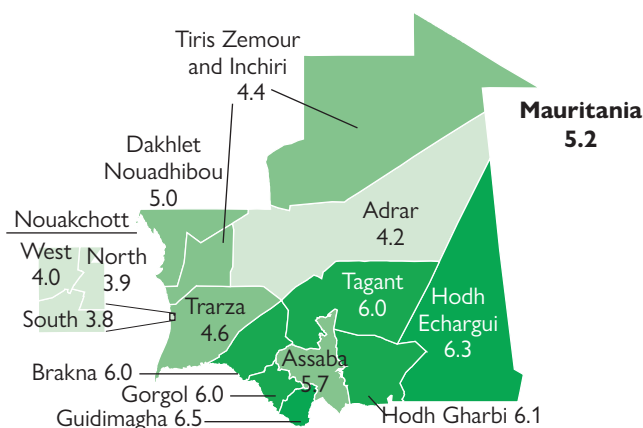
## Total Fertility Rate

In Mauritania, a woman has, on average, 5.2 children. The average number of children varies by area of residence; rural women have about two more children than urban women (6.4 versus 4.1 children per woman). Fertility also varies by wilaya, from 3.8 children per woman in Nouakchott South to 6.5 children per woman in the wilaya of Guidimagha.

Fertility decreases as education levels increase. Women with no education have on average 6.6 children compared to women with more than secondary levels of education, who have an average of 2.5 children. Fertility also varies by household standard of living.\* Women in the poorest households have an average of 7.6 children compared to 3.5 children among women in the wealthiest households.

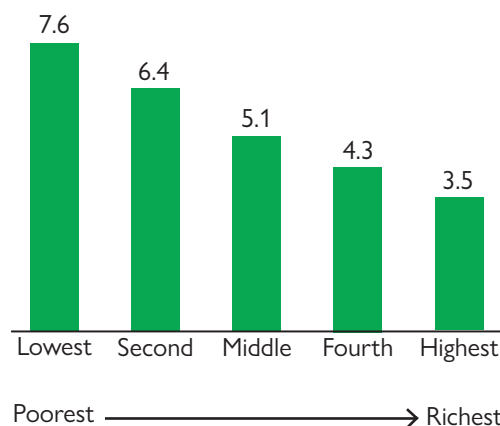
### Total Fertility Rate by Wilaya

Number of children per woman for the period of three years before the survey



### Total Fertility Rate by Household Wealth

Number of children per woman for the period of 3 years 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 Sexual Intercourse, Marriage, and Birth

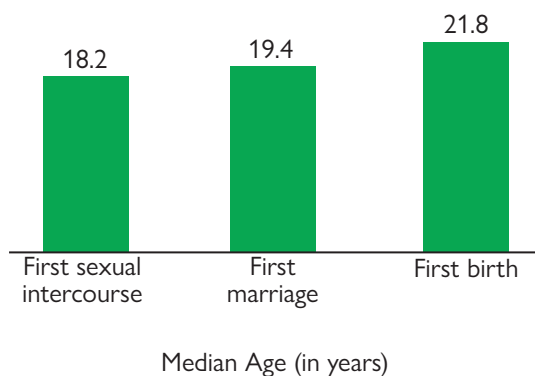
The median age at first sexual intercourse is 18.2 years among women age 25-49. Among women, almost half (49%) had sexual intercourse before the age of 18, and 20% had sexual intercourse before the age of 15.

In Mauritania, women marry about a year after having their first sexual intercourse. The median age at first marriage is 19.4 years for women age 25-49. Men marry much later, at a median age of 28.6 for men age 30-59.

In Mauritania, women have their first birth after being married for about a year and a half. The median age at first birth is 21.8 years among women age 25-49. Women in Guidimagha have their first birth almost four years earlier than women in Nouakchott North and Nouakchott West (median ages of 19.4 and 23.2, respectively).

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

*Among women age 25-49, median age at first sexual intercourse, first marriage, and first birth*



## Teenage Fertility

Nearly one in five (18%) adolescents age 15-19 have already begun childbearing; 16% are already mothers and 2% were pregnant at the time of the survey.

Teenage childbearing levels vary dramatically by wilaya; 27% of adolescents in Hodh Echargui and Guidimagha have already begun childbearing, compared with 7% in Nouakchott Nord. As wealth increases, teenage childbearing decreases. Thirty-three percent of women in the poorest households are mothers or were pregnant for the first time, compared to 8% of women in the wealthiest households.

## Polygyny

Overall, 8% of women have one or more co-wives and 4% of men age 15-49 have two or more wives. Polygamy is highest in the wilaya of Guidimagha.

## Consanguinity

In Mauritania, consanguineous marriages are relatively common, with nearly three-quarters of women having a family relationship with their husband. Marriages to direct paternal cousins (27%) or direct maternal cousins (15%) are the most common (43% of women). About one in five women married a distant cousin, 12% married a distant paternal cousin and 7% married a distant maternal cousin. Finally, 13% of women married a relative other than a direct cousin (13%).

# FAMILY PLANNING

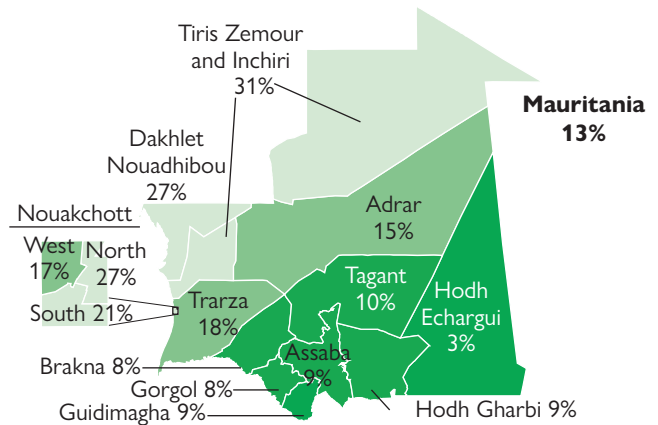
## Current Use of Family Planning Methods

Overall, 14% of married women age 15-49 use any method of family planning; 13% use a modern method and 2% use a traditional method. The most frequently used methods are the pill (7%), injectables (3%) and implants (2%).

Use of modern methods of family planning is higher among women in urban areas (20%) than in rural areas (7%). Similarly, the use of modern family planning methods varies by wilaya, from 3% in Hodh Echargui to 31% in the wilayas of Tiris Zemour and Inchiri.

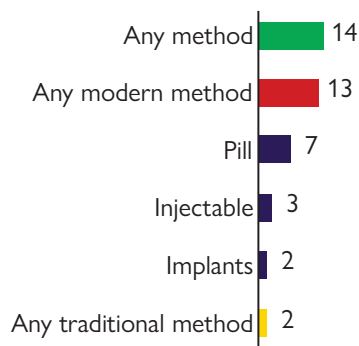
## Use of Modern Methods by Wilaya

Percent of married women age 15-49 using a modern method



## Use of family planning

Percentage of married women age 15-49 who use:



## Source of Modern Methods

In Mauritania, the public sector is the primary source of modern contraceptive methods. The 2019-2021 MDHS shows that almost all (95%) injectable users obtain them from the public sector. In contrast, 88% of implant users and 81% of pill users get them from the public sector. Almost 2 in 10 obtain the pill from the private sector.

## Demand for Family Planning

One-third of married women age 15-49 (34%) said they want to delay having a child (delay their first birth or space out births) by two years or more. Another 12% of women said they do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning in Mauritania is 45%.

## Demand for Family Planning Satisfied by Modern Methods

Total demand for family planning includes both met and unmet need for family planning. Married women using a family planning method are considered to have a met need for family planning. Fourteen percent of married women use a family planning method, almost all of whom use a modern method. Married women who are not using family planning but want to delay or stop childbearing are considered to have an unmet need for family planning. Nearly one-third of married women in union (31%) have an unmet need for family planning.

Demand for family planning satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Overall, 28% of the demand for family planning in Mauritania is satisfied by modern methods. This proportion is more than four times higher among women in the wealthiest households (46%) than among those in the poorest households (11%).

## Exposure to Family Planning Messages

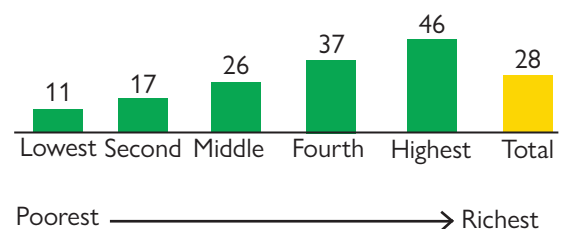
In the few months prior to the survey, 65% of women and 80% of men age 15-49 were not exposed to any family planning messages on the radio, on television, in newspapers/magazines, cell phones, the internet, or social networks. In contrast, 24% of women and 13% of men heard a family planning message on the radio.

## 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. More than one-third (35%) were informed about side effects or problems with the method used, 25% about what to do if side effects occur, and 36% were informed about other methods that can be used.

## Demand for Family Planning Satisfied by Modern Methods by Household Wealth

*Percent of demand for family planning satisfied by modern methods*





# CHILDHOOD MORTALITY

## Childhood Mortality Levels

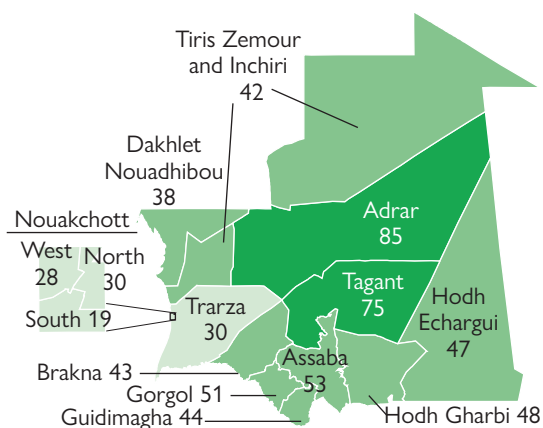
The infant mortality rate (deaths to children before their first birthday) in Mauritania is 33 deaths per 1,000 live births for the 5-year period before the survey. The neonatal mortality rate is 22 deaths per 1,000 live births. One in 24 children dies before reaching age 5 (41 deaths per 1,000 live births). Childhood mortality levels are lower in urban than in rural areas.

## Under-Five Mortality and Birth Intervals

Birth spacing of at least 36 months reduces the risk of infant and child mortality. In Mauritania, the median number of months since the previous birth is 33.1. Children born less than two years after the previous birth have higher under-five mortality (68‰ versus 29‰ for children born four or more years after the previous birth and 25‰ for children born three years after the previous birth). Overall, 25% of children were born less than two years after the previous birth.

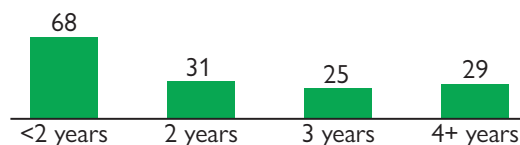
### Under-Five Mortality by Wilaya

Deaths per 1,000 live births for the 10-year period before the survey



### Under-Five Mortality by Previous Birth Interval

Deaths per 1,000 live births for the 10-year period before the survey



## Mortality by Socioeconomic Characteristics

Under-five child mortality rates for the 10-year period before the survey vary by wilaya, ranging from 19‰ in South Nouakchott to 85‰ in the wilaya of Adrar.

Infant mortality rates are lower among children whose mothers have secondary or higher education and among those from the wealthiest households.

# MATERNAL HEALTH CARE

## Antenatal Care

In Mauritania, 85% of women age 15-49 who had a live birth in the past five years received antenatal care (ANC) from a skilled provider (gynecologist/doctor, nurse/midwife, auxiliary birth attendant). The number and timing of ANC visits is also important. Two out of five women (39%) had at least four ANC visits, and 58% had their first ANC visit in the first trimester of pregnancy as recommended.

The effectiveness of ANC depends on the quality of services provided during the visits. Less than half of women (41%) had all the basic antenatal care tests. These examinations include blood pressure check, urine and blood collection, weight measurement, ultrasound and nutritional counseling. Forty-eight percent of women's most recent births were protected against neonatal tetanus.

## Delivery and Postnatal Care

Seven out of ten births took place in a health facility, most of them in the public sector. In contrast, 30% of births took place at home. Overall, 70% of births were assisted by a skilled provider, with the majority assisted by a nurse/midwife. The proportion of births assisted by a skilled provider varies by wilaya, from 37% in Hodh Echargui wilaya to 99% in Nouakchott North and Nouakchott West. Birth assistance by a skilled provider increases with the mother's level of education and with household wealth.

Postnatal care helps prevent complications after delivery. More than two in five mothers (43%) received postnatal care within two days of birth, but half (50%) did not receive postnatal care. Similarly, 40% of newborns received postnatal care within two days of birth, but 53% of newborns did not receive postnatal care.

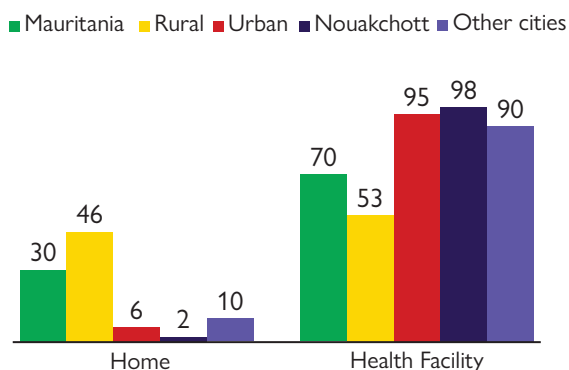
## Maternal Mortality

The 2019-2021 MDHS asked women about the survival of their sisters to estimate maternal mortality.

The maternal mortality ratio includes deaths that occur during pregnancy or childbirth or within 42 days of delivery or termination of pregnancy but excludes deaths due to accidents or acts of violence. In Mauritania, the maternal mortality ratio is estimated at 424 maternal deaths per 100,000 live births for the seven-year period preceding the survey (CI: 311-538).

### Delivery Location

Percent of living births during the past 5 years by delivery location and type of residence



# CHILD HEALTH

## Basic Vaccination Coverage

Basic vaccines for children age 12-23 months include: one dose of BCG, three doses of DPT-HepB-Hib, three doses of polio vaccine, and one dose of measles vaccine. Only 38% of children age 12-23 months received all 8 basic vaccines. Further, 7% did not receive any vaccine.

Basic vaccination coverage varies dramatically by wilaya, ranging from 54% in Adrar to 23% in Hodh Echargui and 26% in Trarza.

Basic vaccination coverage also varies by place of residence. It is slightly higher in rural areas (40%) than in urban areas (35%).

## Childhood Illnesses

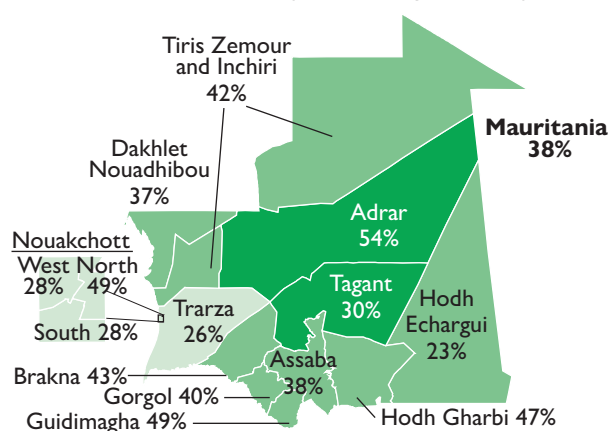
Four percent of children under age 5 had symptoms of acute respiratory infections in the two weeks prior to the survey. Of these children, treatment or advice was sought for 46%. Government hospitals and government health posts were the most frequently sought sources of advice or treatment.

In Mauritania, 16% of children under age 5 had fever in the two weeks before the survey. For 31% of them, advice or treatment was sought, but for only 15% of children with fever, advice or treatment was sought on the same or next day.

Thirteen percent of children under age 5 had had diarrhea in the two weeks before the survey. The prevalence of diarrhea was highest among children age 6-23 months. Only 31% of children who had diarrhea received oral rehydration therapy, i.e., an oral rehydration solution sachet, a recommended homemade solution, or increased fluids.

### Vaccination Coverage by Wilaya

Percent of children age 12-23 months who have received all basic vaccines at any time during the survey



# FEEDING PRACTICES AND NUTRITIONAL STATUS

## Breastfeeding and the Introduction of Complimentary Foods

The vast majority of children born in the two years before the survey (96%) were breastfed. More than half of all children (56%) were breastfed in the first hour of life.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Forty-one percent of children under six months of age are exclusively breastfed.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. More than half (51%) of children age 6-8 months are breastfed and receive complementary foods.

## Presence of Iodized Salt in the Household

Iodine is a micronutrient that plays an important role in thyroid function. In accordance with food and drug regulations, salt consumed by households must be fortified with iodine. A diet containing sufficient iodine helps prevent the development of goiter, brain damage and other diseases.

Of the households whose salt was tested, only 21% had iodized salt. This percentage ranged from 8% in the wilaya of Gorgol to 45% in West Nouakchott.

## Nutritional Status of Children

The 2019-2021 MDHS assessed the nutritional status of children by comparing measurements of children's height and weight to global growth standards for infants and children under age 5.

Among children under age 5, 26% are stunted, i.e., too short for their age, 6% are wasted, i.e., too thin for their height, and 17% are underweight. In addition, 2% of children under age 5 are overweight.

### Nutritional Status of Children

Percent of children under 5 who are:



## Nutritional Status of Women

The 2019-2021 MDHS also measured women's height and weight to determine their nutritional status. In Mauritania, nearly 1 in 10 women (8%) is thin, including 3% in the moderate and severe form. In contrast, 54% are overweight or obese. More than a quarter (27%) of women are obese (have a Body Mass Index of 30 or more).

## Prevalence of Anemia

During the 2019-2021 MDHS, women and children were eligible for anemia testing. Among children age 6-59 months, 77% were anemic and 56% of women age 15-49 were anemic.

# MALARIA

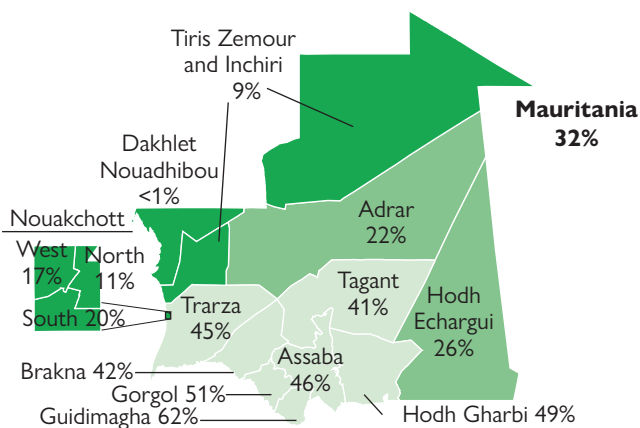
## Ownership and Access to Insecticide-Treated Nets

Nearly one-third of households (32%) own at least one insecticide-treated net (ITN).

Only 8% of households achieved universal ITN coverage (at least one ITN for every two people who slept in the household last night). The remaining households either had no ITNs (68%) or not enough ITNs for all household members (24%).

### ITN Ownership by Wilaya

Percentage of households that own at least one ITN



## ITN Access and Use

Overall, 20% of the de facto household population has access to an ITN and only 11% of household members slept under an ITN the night before the survey. Among all households, 12% of children under age 5 slept under an ITN the night before the interview. Among those in households with at least one ITN, this percentage is 33%.

Among pregnant women, 12% had slept under an ITN the night before the survey. Among those in households with at least one ITN, this percentage is higher, at 34% of pregnant women.

## Intermittent Preventive Treatment for Pregnant Women

Malaria during pregnancy can result in low birth weight babies. It can also put children at increased risk of death. It is therefore recommended that women receive at least 3 doses of SP/Fansidar as intermittent preventive treatment during pregnancy (IPTp3+).

Overall, 10% of women age 15-49 with a live birth in the two years prior to the survey reported receiving three or more doses of SP/Fansidar.

The percentage of pregnant women who received three or more doses of SP/Fansidar varied greatly between wilayas: <1% in Dakhlet Nouadhibou versus 30% in Brakna.

## Prevalence, Diagnosis, and Treatment of Fever in Children

Overall, 16% of children under age 5 had fever in the two weeks prior to the interview. Advice or treatment was sought for 31% of the children with fever. In addition, 6% of children under age 5 with fever had a blood sample taken from their finger or heel for testing.

## Prevalence of Malaria in Children

Overall, 92% of eligible children age 6-59 months were tested for malaria using a rapid diagnostic test (RDT). There was little variation between wilayas, ranging from <1% in Gorgol and Dakhlet Nouadhibou to 3% in Hodh Echargui and Tagant wilayas.

# HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOR

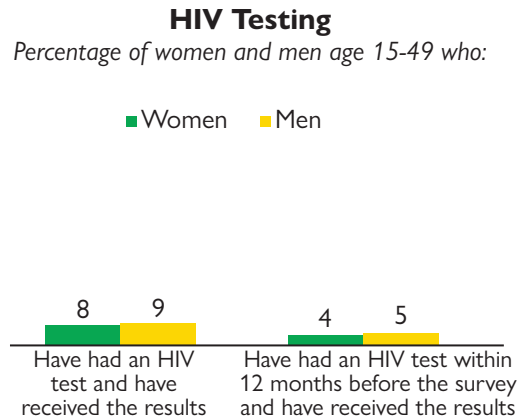
## Knowledge

Seven percent of women and 13% of men age 15-49 have comprehensive knowledge of HIV; that is, knowing that regular condom use during sex and having only one faithful, uninfected sexual partner can reduce the risk of contracting HIV, knowing that a seemingly healthy person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention. Among youth age 15-24, 6% of young women and 10% of young men have comprehensive knowledge of HIV.

In Mauritania, 36% of women and 33% of men age 15-49 are aware that HIV can be transmitted from mother to child during pregnancy, childbirth, or breastfeeding. In addition, 31% of women and 21% of men know that the risk of mother-to-child transmission can be reduced by the mother taking special medications.

## HIV Testing

Overall, nearly one in four women (23%) and one-third of men age 15-49 (33%) know where to get an HIV test. In addition, 8% of women and 9% of men age 15-49 have ever been tested for HIV and received the results. In the past 12 months, 4% of women and 5% of men age 15-49 have been tested and received the result of the last test.

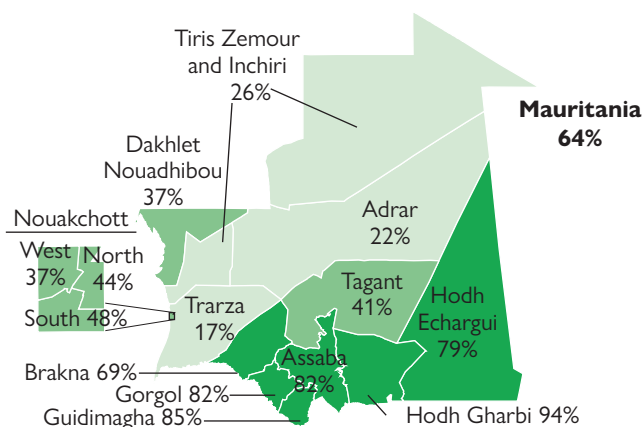


# FEMALE GENITAL CUTTING

## Female Genital Cutting among Women Age 15-49

In Mauritania, almost all women age 15-49 (95%) and men age 15-49 (88%) have heard of female genital cutting. Nearly two-thirds of women age 15-49 in Mauritania have been cut. Female genital cutting varies dramatically by wilaya, from 17% in Trarza to 94% in Hodh Gharbi.

**Female Genital Cutting by Wilaya**  
Percentage of women age 15-49 who are cut



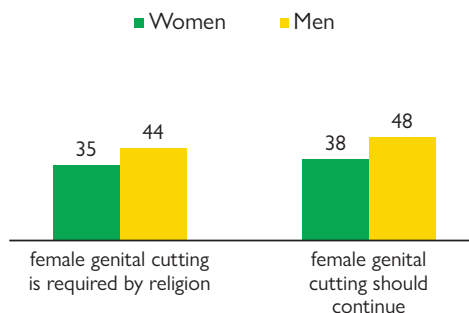
## Opinions on Female Genital Cutting

The 2019-2021 MDHS asked women and men whether they think female genital cutting is required by religion and whether the practice should be continued or abandoned.

Overall, 35% of women and 44% of men age 15-49 believe that female genital cutting is a religiously required practice. In addition, 38% of women and 48% of men said that female genital cutting should continue.

**Opinions about FGC**

Percentage of women and men age 15-49 who believe that:



## Female Genital Cutting among Girls Age 0-14

In addition to asking women if they were cut, they were also asked if their daughters age 0-14 were cut. The 2019-2021 MDHS found that 45% of girls age 0-14 have been cut. As with women age 15-49, the prevalence of female genital cutting among girls is higher in rural areas than in urban areas (59% versus 25%).

# WOMEN'S EMPOWERMENT

## Employment and Earnings

More than two in ten (24%) married women age 15-49 and 87% of married men age 15-49 worked in the 12 months prior to the survey. Of those who worked, 76% of women and 85% of men were paid in cash or in kind for their work.

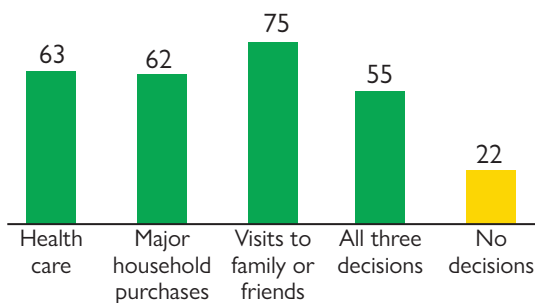
More than 3 in 5 women decide alone how to use the money they earn, and in 28% of the cases, this decision is made jointly with her husband.

## Participation in Decision Making

More than half of the women (55%) participate in three key decisions: health care, major household purchases, and visits to family or friends. In contrast, 22% of women were not involved in any of the three decisions.

### Women's Participation in Decision Making

Percentage of married women age 15-49 who participate in decision making



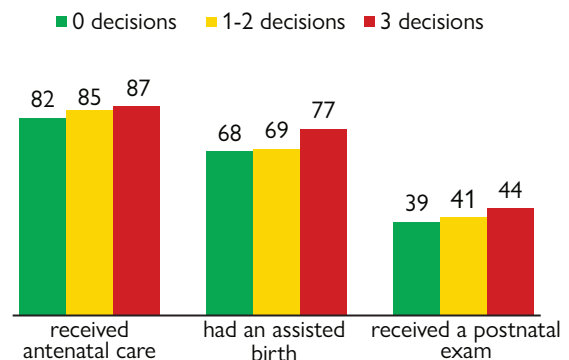
## Decision Making and Maternal Care

Use of maternal health care increases as the number of decisions a women participates in increases.

Eighty-seven percent of women who participate in 3 decisions received antenatal care, compared to 82% of women who do not participate in any decisions. More than three-quarters of women (77%) who participate in 3 decisions received delivery assistance from a skilled provider, compared to 68% of women who do not participate in any decisions. Postnatal care coverage is highest among women who participate in 3 decisions (44%) and lowest among women who do not participate in any decisions (39%).

### Maternal Health Care by Number of Decisions

Percentage of women age 15-49 who had a birth in the previous 5 years who:





# GENDER-BASED VIOLENCE

## Physical Violence

In Mauritania, 10% of women age 15-49 have ever experienced physical violence since age 15. In the 12 months preceding the survey, 5% of women experienced physical violence, with the highest prevalence in the wilayas of Guidimagha (13%) and Nouakchott West (12%).

Women with more than secondary education experienced physical violence less frequently than women with no education).

## Sexual Violence

Six percent of women age 15-49 have ever experienced sexual violence. This percentage is higher in rural areas than in urban areas (8% versus 4%).

Unmarried women are less likely to have reported having experienced sexual violence than others (2% versus 7% of married women and 7% among divorced or widowed women).

Women with no education reported sexual violence more frequently (13%) than those with primary education (6%) and those with secondary or higher education (5%).

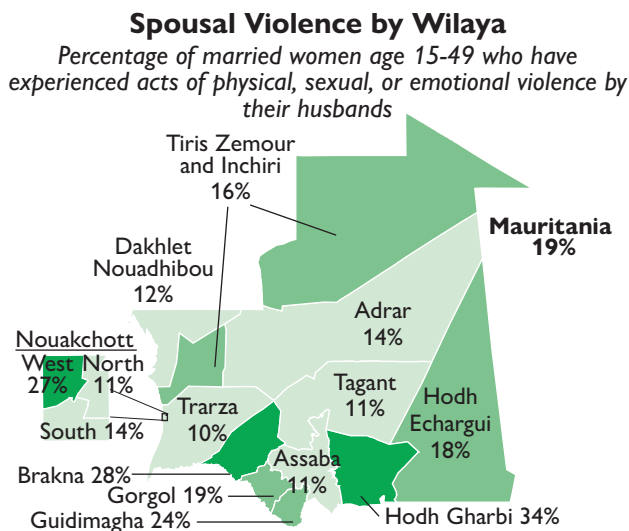
## Spousal Violence

Overall, 19% of ever-married women have ever experienced spousal physical, sexual, or emotional violence.

Employed women, especially those whose work was not paid in cash, were more likely to report experiencing any form of spousal violence than non-working women (33% vs. 17%).

Spousal violence in any form was more common in rural than in urban areas (22% versus 15%).

The percentage of women who reported having experienced emotional, physical, or sexual violence at any time varies between wilayas: from 34% in Hodh Gharbi or 28% in Brakna and 27% in West Nouakchott to 10% in Trarza.



## Seeking Help

Of the women who experienced physical or sexual violence, 65% did not seek help and did not tell anyone about what happened to them; while 13% of women did not seek help but did tell someone. Just over 1 in 5 women (22%) sought help to stop the violence. The highest percentage of women who sought help was among those who experienced both physical and sexual abuse.

# INDICATORS

	Residence		
	Mauritania	Urban	Rural
<b>Fertility</b>			
Total fertility rate (number of children per woman)	5.2	4.1	6.4
Median age at first sexual intercourse for women age 25-49	18.2	19.0	17.3
Median age at first marriage for women age 25-49	19.4	20.4	18.6
Women age 15-19 who are mothers or currently pregnant (%)	18	11	25
<b>Family Planning (among married women age 15-49)</b>			
Current use of any family planning method (%)	14	22	8
Current use of modern family planning method (%)	13	20	7
Unmet need for family planning <sup>1</sup> (%)	31	28	34
<b>Maternal Health</b>			
Women who received antenatal care from a skilled provider <sup>2</sup> (%)	85	95	77
Births delivered in a health facility (%)	70	95	53
Births assisted by a skilled provider <sup>2</sup> (%)	70	97	53
<b>Child Health</b>			
Children age 12-23 months who received all 8 basic vaccinations <sup>3</sup> (%)	38	35	40
<b>Nutrition</b>			
Children under age 5 who are stunted (%)	26	20	30
Women 1age 5-49 who are overweight or obese (%)	54	62	45
<b>Childhood Mortality (deaths per 1,000 live births)<sup>4</sup></b>			
Infant mortality	33	26	33
Under-five mortality	41	33	47
<b>Malaria</b>			
Households with at least one insecticide-treated net (ITN) (%)	32	23	41
Children under age 5 who slept under an ITN the night before the survey (%)	12	11	12
Pregnant women age 15-49 who slept under an ITN the night before the survey (%)	12	10	13
<b>HIV/AIDS</b>			
Women age 15-49 who have been tested for HIV and received the results in the past year (%)	8	13	4
Men age 15-49 who have been tested for HIV and received the results in the past year (%)	9	12	3
<b>Female Genital Cutting and Violence</b>			
Women age 15-49 who have been cut (%)	64	51	77
Girls age 0-14 who have been cut (%)	45	25	59
Even-married women age 15-49 who have experienced emotional, physical, or sexual violence by their husband or partner (%)	19	15	22

Values in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. <sup>2</sup> Skilled provider includes doctor, nurse/midwife, auxiliary midwife, community health worker, community health mother and child. <sup>3</sup> BCG, Measels, three doses each of DPT-HepB-Hib and three doses of polio (excluding the polio dose given at birth). <sup>4</sup> At the national level (urban and rural) figures are calculated for a period of 5 years before the survey; at the regional level, they are calculated for a period of 10 years before the survey.

Wilaya													
Hodh Echargui	Hodh Gharbi	Assaba	Gorgol	Brakna	Trarza	Adrar	Dakhlet			Tiris Zemour	Nouakchott		
							Nouadhibou	Tagant	Guidimaghaand	Inchiri	West	North	South
6.3	6.1	5.7	6.0	6.0	4.6	4.2	4.6	6.0	6.5	4.4	4.0	3.9	3.8
16.7	18.9	16.8	17.2	18.5	18.8	18.6	20.2	18.6	16.0	20.4	19.4	19.6	18.7
18.7	20.2	18.8	17.9	20.2	19.8	19.5	21.0	20.5	16.7	21.5	21.0	21.2	19.4
27	22	20	25	15	11	17	9	18	27	11	16	7	11
4	11	9	8	10	20	18	34	14	9	33	17	27	22
3	9	9	8	8	18	15	27	10	9	31	17	25	21
39	26	39	39	31	29	35	20	31	31	24	22	27	26
58	76	84	95	87	97	79	98	76	85	97	98	97	97
45	52	61	65	79	90	74	98	63	50	97	98	99	97
37	51	65	69	80	93	79	99	61	56	98	99	99	98
23	47	38	40	43	26	54	37	30	49	42	28	49	28
36	31	28	27	19	23	33	13	37	28	23	15	18	19
55	51	46	38	48	65	55	69	40	30	68	52	69	66
34	35	41	42	36	28	69	31	61	36	38	22	26	13
47	48	53	51	43	30	85	38	75	44	42	28	30	19
26	49	46	51	42	45	22	<1	41	62	9	17	11	20
2	2	10	32	18	22	4	<1	1	29	3	13	5	10
4	3	3	42	13	20	(<1)	(<1)	<1	32	<1	(6)	4	12
1	2	4	10	6	8	3	23	3	9	12	21	11	15
2	4	7	9	7	3	<1	28	4	6	12	15	16	4
79	94	82	82	69	17	41	37	88	85	26	37	44	48
51	87	68	61	41	3	15	21	63	56	9	12	17	20
18	34	11	19	28	10	14	12	11	24	16	27	11	14

