Rwanda

Demographic and Health Survey 2000
Key Findings

This report summarizes the findings of the Rwanda Demographic and Health Survey (RDHS-II 2000). The second undertaking of this type, the RDHS-II is a nationally representative survey conducted from June to November 2000 by the National Office of Population.

During the survey, which took place from June 26 to November 30, 2000, a total of 10,421 women age 15-49 and 2,717 men age 15-59 were interviewed. The RDHS-II provides information on population and health that is significant at the national level, at the level of residence, and at the level of prefectures. RDHS-II 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 Fund for Population Activities (UNFPA), and the United Nations Children's Fund (UNICEF). 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 and mortality, and maternal and child health.

For all information on the RDHS-II, contact the National Office of Population, BP 914, Kigali, Rwanda. Telephone: (250) 7 7476/7 4793; Fax: (250) 7 4267; Internet: http://www.rwandapop.org; e-mail: ONAPO@RWANDATEL1.RWANDA1.COM.

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/).

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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, Rwanda is characterized by a young population composed of more women than men (male ratio of 87 men per 100 women).

Household composition

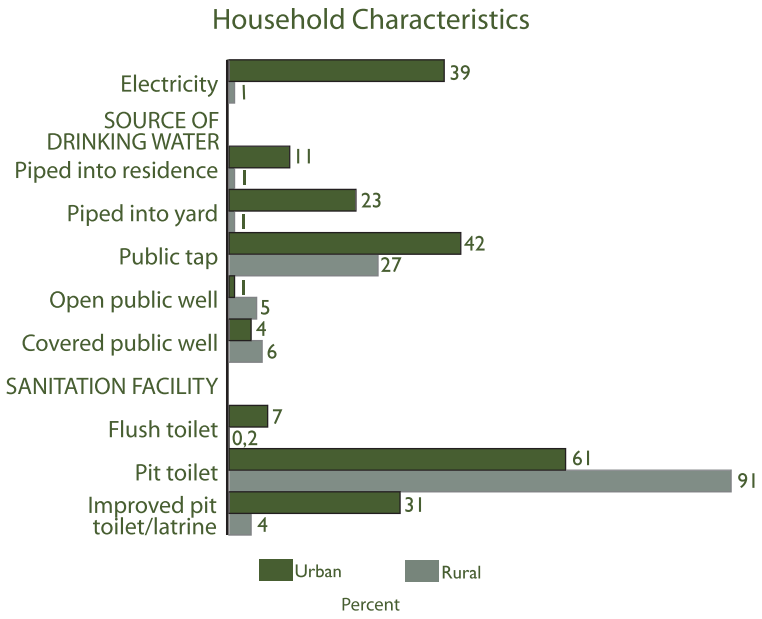
Households are made up of an average of 4.6 people, although the number varies from 4.5 in rural areas to 5.0 in urban zones. Households of large size (nine persons or more) are more than twice as numerous in urban areas as in rural areas (10 percent compared with 4 percent). About 64 percent of households are headed by a man. However, in more than a third of the cases, a woman is at the head of the household, a clear increase from the 21 percent found during the 1992 Rwanda DHS. In rural areas, the proportion of households headed by a woman is the highest (37 percent, compared to 31 percent in urban areas).

Level of education of the population

The proportion of women and men over the age of 5 who have never attended school is high (35 percent and 28 percent, respectively). Scarcely one in 10 women and 12 percent of men have completed the primary level. Moreover, only 35 percent of boys and 36 percent of girls who are 7 years old attend school. Before the age of 14, little difference in school attendance is observed between the sexes. However, starting at age 15, school attendance rates diminish much more rapidly for girls; consequently, the educational gap between girls and boys widens.

Housing characteristics

Very few households have electricity (6 percent). There are significant disparities by residential area: only 1 percent of households in rural areas have electricity, compared with 39 percent of households in urban zones. For drinking water, a majority of Rwandan households use spring water (42 percent) or water from a public tap (29 percent). Only 4 percent of households have water piped into their yard or their dwelling. Moreover, 13 percent of households use water from rivers and lakes; the proportion is much higher in rural areas (15 percent) than in urban zones (3 percent). Pit toilets are by and large the most common type of toilet facility found throughout Rwandan homes (87 percent). Four percent of households have no toilet at all; the proportion is highest in rural areas (4 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

Rwanda is a very sparsely urbanized country: 83 percent of women and 80 percent of men live in rural areas. Only 17 percent of women and one out of five men live in urban areas.

Education and literacy

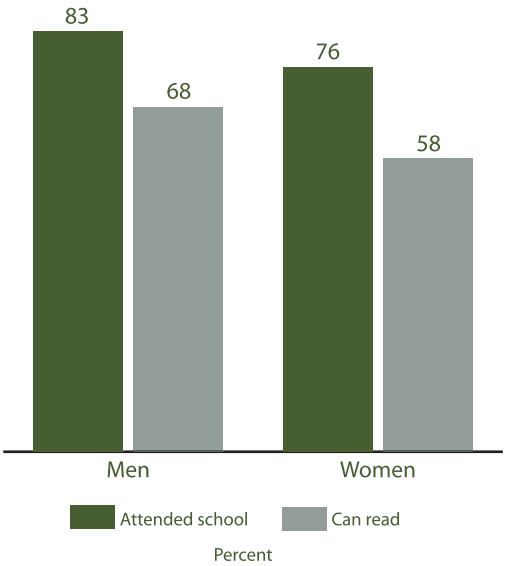
Results of the survey show a higher proportion of women than men with no education: in effect, a quarter of women age 15-49 and 17 percent of men age 15-59 have had no education. Moreover, only 58 percent of women are literate, compared with 68 percent of men. The highest proportion of illiterate women and men (47 percent and 37 percent, respectively) is found in rural areas.

Economic activity

More than three quarters of women (79 percent) were working at the time of the survey: 41 percent had a year-round occupation, 7 percent were working occasionally, and 31 percent had seasonal employment. Women living in rural areas (85 percent), those living in the prefecture of Kibuye (91 percent), and those with the least education (87 percent) were working the most at the time of the survey. The majority of women who work are self-employed (74 percent); most do not earn cash.

Overall, more than one out of two men was working in some type of remunerated activity at the time of the survey; most men (33 percent) had year-round employment. About half of the men working at the time of the survey were self-employed.

Education level and literacy



Access to the media

Radio is the principal means of information: 39 percent of women listen to it at least once a week. Only 6 percent of women watch television at least once a week; 5 percent read a newspaper at least once a week.

More than half of women (59 percent) have no media access. In rural areas, two thirds of women have no access to radio, television, or newspapers.

Only 5 percent of men have access to the three media. In rural areas, 41 percent of men have no access to radio, television, or newspapers.

Fertility and Its Determinants

The data collected during the survey permit the 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 Rwandan woman will give birth to an average of 5.8 children during her reproductive years. That fertility rate, which is characterized by a very 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 22 years.

Significant differences in fertility levels exist according to place of residence: women from rural areas (5.9 children per woman) have more children than those from Kigali City (4.9 children per woman). Similarly, the fertility of women with a secondary education or higher (4.9 children per woman) is notably lower than that of women with primary education (5.9 children per woman) and that of women with no education (6.1 children per woman).

There is still a high proportion of births (24 percent) that come too soon after the birth of the preceding child (less than 24 months).

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Marriage and exposure to pregnancy

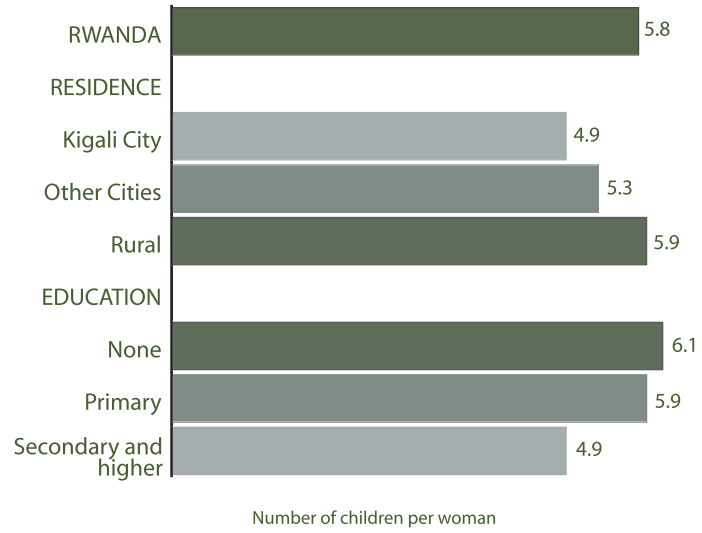
About half of men and women were in union at the time of the survey. Among women age 25-49, half had already entered a union at 20.7 years of age. Men get married later than women (median age of 24.4). Among women and men, results from the survey show a slight increase in the age of entry into first union since the last survey.

Among both women and men, first sexual intercourse occurs very early and at an age slightly lower than that of entry into first union. At 20.1 years of age, half of women have already had sexual intercourse. Among men, the median age is 20.6 years.

Polygamy

The practice of polygamy is not very extensive in Rwanda; it concerns only 12 percent of women in union. Among men, the polygamy rate is 7 percent.

The number of children varies by residence and education



Fertility preferences

About two thirds of men and women in union (64 percent and 62 percent, respectively) want to have another child. On the other hand, a third of men and women said they do not want any more children. Among women who want another child, a large majority (45 percent) wish to space the next birth by at least 2 years.

Ideal number of children

Among women in union, the ideal number of children is five. Men in union have an ideal number nearly identical to that of women (on average, 4.9 children). The ideal number of children is noticeably higher in rural areas (five children for women and for men) than in urban areas (4.3 children for both women and men). Moreover, the highest educated women and men want fewer children (4.1 children and 4.2 children, respectively) than those with no education (5.2 children and 5.0 children, respectively).

Fertility planning

Overall, nearly nine out of 10 births occurring during the last 5 years were wanted. Most of the births were planned (64 percent). However, in 23 percent of the births, the mothers would have preferred that they had happened later, and 13 percent of the births were not wanted at all. In general, unwanted births increase with a woman's age, the proportion going from 8 percent among women under the age of 20 to more than 30 percent beginning at age 40.

Contraceptive prevalence

In Rwanda, 4 percent of women in union currently use a modern method of contraception.

The level of use for modern methods of family planning has declined sharply since the first DHS survey in1992, with the proportion of women users having dropped from 13 percent to 4 percent.

The socioeconomic disorganization of the country, and particularly of family planning services after the genocide of 1994, is in part responsible for the drop in prevalence.

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

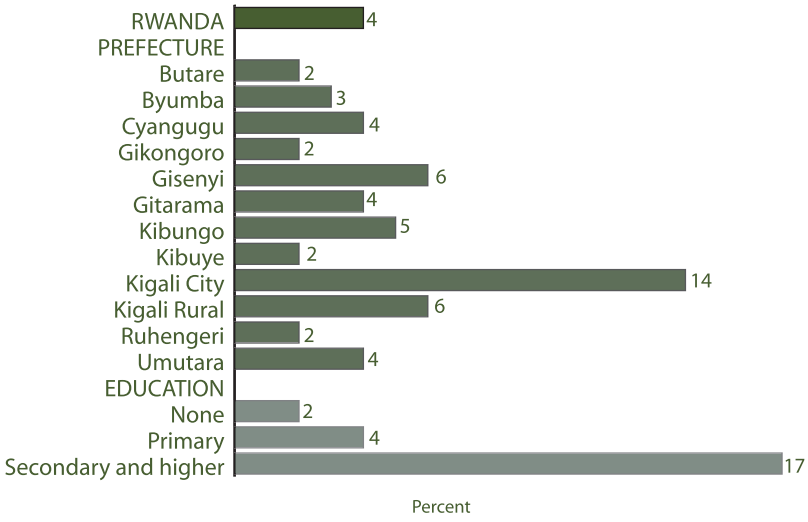
Overall, 94 percent of women and 98 percent of men know of at least one modern method of contraception. The condom and injectables are the best-known methods. On the other hand, implants remain little known among both women and men. Traditional methods are less well known than modern methods. Periodic abstinence is the most widely known traditional method.

Use of contraception and characteristics of users

At the time of the survey, a very small proportion of women in union (4 percent) were using a modern contraceptive method. Injectables were the method used most often (2 percent). Moreover, nearly one out of 10 women in union (9 percent) had used a traditional method, primarily periodic abstinence (5 percent).

The women who most frequently use modern methods are those from urban areas (14 percent) and those who have had secondary education or higher (17 percent). Among women who were not using contraception at the time of the survey, 53 percent said they intended to use it in the future. Those who did not intend to use it most often cited the desire to have other children as their reason for nonuse (20 percent).

Use of modern contraceptives varies among currently married women

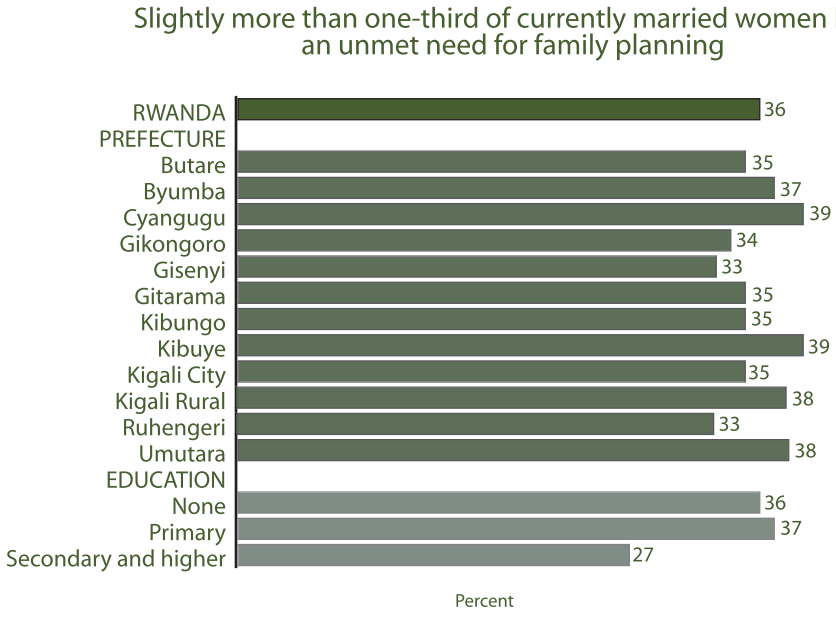


Use of family planning among men

Among men who had had a sexual partner during the 12 months preceding the survey, 10 percent reported using a modern contraceptive method (mainly the condom). However, the proportion who used a modern contraceptive method varied to a significant degree by sexual partner: 62 percent used a method when the partner was a girlfriend or fiancée; the proportion dropped to 5 percent when the most recent sexual intercourse was with his wife. Injectables are the method most frequently used when the partner is a wife.

Need for family planning

It is estimated that more than a third of women in union (36 percent) have an unmet need for family planning. If that need were satisfied, contraceptive prevalence would reach 49 percent among women in union. The total potential demand for family planning would for the most part be for spacing of births (31 percent). Today, only slightly more than a quarter of the total potential demand is satisfied (27 percent).

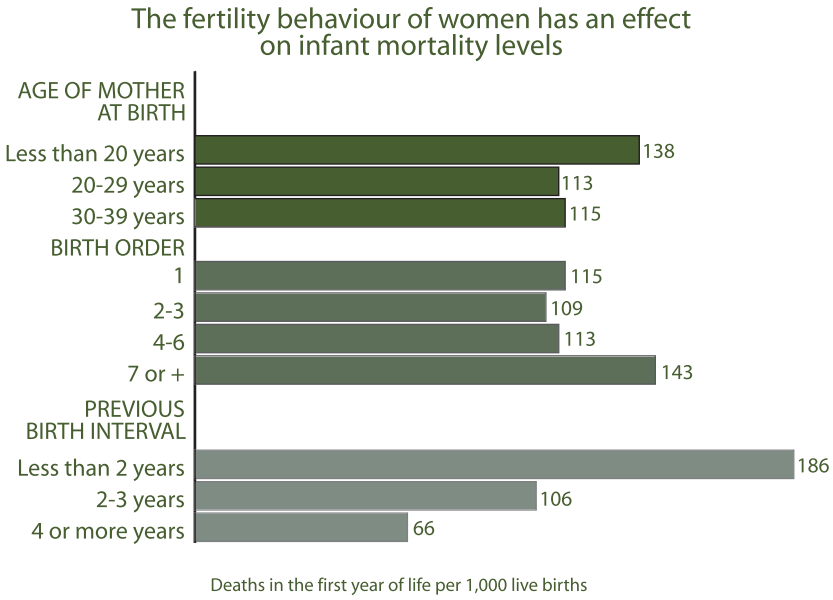


MORTALITY

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 1995-2000, 107 children per 1,000 live births died before their first birthday; for every 1,000 children who reached their first birthday, 100 died before reaching the age of 5. Overall, 196 children per 1,000 live births died before their fifth birthday. Survey results have shown infant and childhood mortality rates declining recently, after a sharp increase in mortality rates that accompanied political strife at the start of the 1990s. However, the level of infant mortality for the period 0-4 years before the survey is identical to that of more than 20 years ago. Overall, the level of infant and child mortality today is not very different from that of 20 years ago.



Infant mortality is lower in urban areas than in rural zones (78 per 1,000 compared with 124 per 1,000). The lowest level of infant mortality is found in Kigali City (79 per 1,000); in contrast, the highest level is found in the prefecture of Kibungo (143 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 1, children whose mothers have no education run a risk of dying of 139 per 1,000, compared to 114 per 1,000 for children whose mothers have a primary education and 60 per 1,000 for those whose mothers have a secondary education.

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 22 percent higher than those whose mothers are ages 20-29.

Maternal mortality

For the period 1995-2000, the rate of maternal mortality is estimated at 1,071 maternal deaths per 100,000 births. That level of maternal mortality is one of the highest in the world. It is nearly 43 times higher than that in developed countries. Although the rate has declined since the genocide period, it is nevertheless 75 percent higher than it was during the years 1985-90. This level of mortality is a result of the disastrous situation in Rwanda that followed the war and genocide of 1994. Nearly one out of six deaths of women between the ages of 15 and 49 is due to maternal causes.

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.

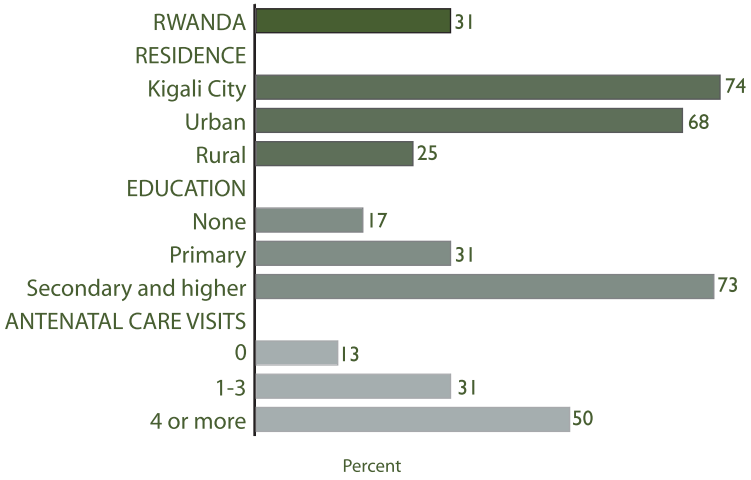
Antenatal care

In Rwanda, access to antenatal care is very high: 92 percent of births in the last 5 years benefited from antenatal care by trained professionals. The visits were undertaken mainly by midwives or nurses and medical assistants (72 percent). However, only a minority of women were informed about the signs and complications of pregnancy.

Assistance at delivery

During the last 5 years, nearly three out of four births (73 percent) took place at home. Women in rural areas, those with the least education, and those who received no antenatal care were most likely to give birth at home. Only three out of 10 births were assisted by health professionals. Births to mothers residing in urban areas (68 percent) and notably in Kigali City (74 percent), births to mothers who had at least four antenatal visits (50 percent), and births to mothers with a secondary education or higher (73 percent) most often took place with the assistance of trained professionals.

Few deliveries are assisted by trained professionals



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 age 35 and older (80 percent), women from rural areas (78 percent), and women with no education (84 percent).

CHILD HEALTH

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

Immunization coverage

Immunization coverage in Rwanda is very high: more than three quarters (76 percent) of children age 12-23 months have received the entire series of immunizations and all the doses of vaccines in the EPI. By contrast, only 2 percent of children have received no vaccines. However, immunization coverage has notably declined since 1992, when 87 percent of children were completely immunized.

The level of immunization coverage varies to a significant degree by prefecture, residence and education. It is lower in Kigali City (65 percent) than in Other Cities (82 percent), as well as in rural areas (76 percent) and among women with no education (71 percent).

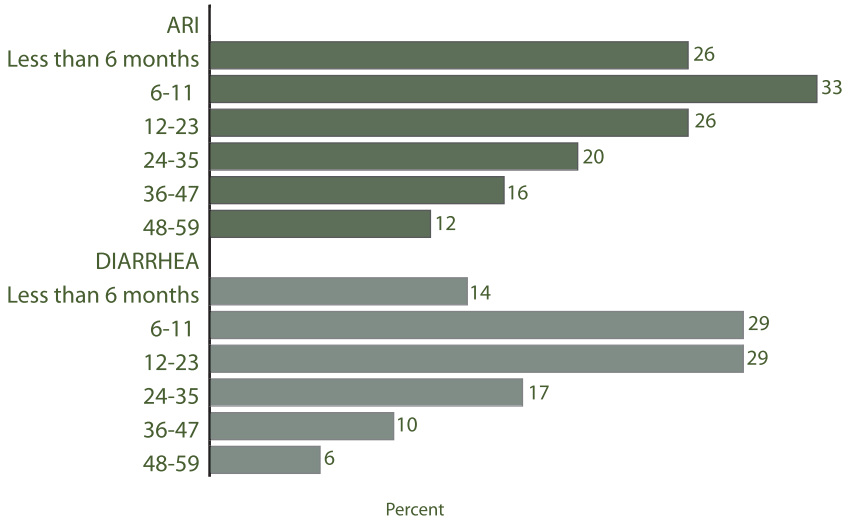
Childhood diseases

At the time of the survey, 21 percent of children under the age of 5 showed symptoms of acute respiratory infection (ARI). ARI prevalence is highest among children 6-11 months of age and among those from rural areas. Among sick children, only 15 percent were brought in for consultation.

More than one out of four children (29 percent) had a fever during the 2 weeks preceding the survey. Like ARI, the prevalence of fever is highest in rural areas (31 percent) and among children age 6-11 months (43 percent). More than half of all children (53 percent) with fever received no treatment. Among children who were treated for fever (one of the symptoms of malaria), the majority (68 percent) were given aspirin and paracetamol; 11 percent were given chloroquine, 10 percent were given quinine, and 3 percent were given fansidar. Very few households (7 percent) have screens or bed nets to protect themselves against the mosquitoes that transmit malaria.

According to the RDHS-II, 17 percent of children under age 5 had diarrhea in the 2 weeks preceding the survey. The prevalence of diarrhea is particularly high among children age 6-23 months (29 percent), among those from rural areas (18 percent), and among those from the prefecture of Gikongoro (25 percent).

Prevalence of ARI and diarrhea varies by children's age



Breastfeeding and Nutritional Status of Children and Women

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 practically universal: 97 percent of children born during the last 5 years were breastfed. However, more than one child out of four (27 percent) was not breastfed during the first 24 hours after birth.

The median duration of breastfeeding is estimated at 32.6 months. It varies from a minimum of 22.2 months among women residing in Kigali City to a maximum of 33.7 months among women living in rural areas.

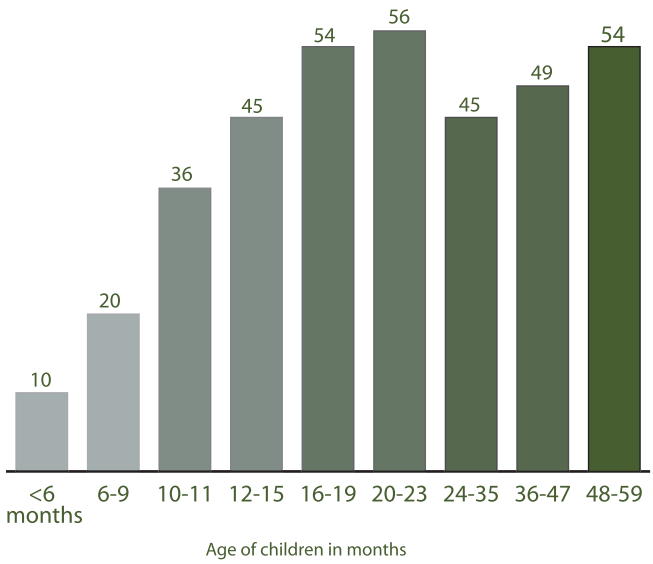
Exclusive breastfeeding in Rwanda continues for an extended period after birth; 71 percent of children age 4-5 months are still being exclusively breastfed (as is recommended by WHO and UNICEF). Nevertheless, 16 percent of children under 6 months of age have already been given other liquids or solids in addition to their mothers' milk. Starting at 6 months, the age at which breastfeeding alone is insufficient for ensuring the best possible growth for children, supplementary solid foods should be introduced into the diet (according to WHO). However, only 66 percent of children age 6-7 months are fed according to the recommendations. It is only by 8-9 months of age that almost all children (92 percent) are both breastfeeding and receiving supplementary food.

Nutritional status of children

More than two out of five children under the age of 5 who live with their mother (42 percent) are stunted, and 19 percent exhibit stunting in its severe form. Almost half the children from rural areas (45 percent) suffer from this form of malnutrition. In the prefectures of Gikongoro (50 percent), Kibuye and Butare (48 percent in both cases), and Byumba (47 percent), the situation is particularly serious. Moreover, children whose mothers have no education (48 percent) are more than twice as likely to be affected by stunting than those whose mothers have secondary education or higher (26 percent).

Among children under 5, 7 percent suffer from acute malnutrition and are wasted. One out of four children (24 percent) is underweight.

Stunting is more important in the first two years of life



Micronutrients

The lack of essential vitamins and minerals (such as vitamin A, iodine, and iron) is the cause of diseases and problems arising from micronutrient deficiency. Deficiency of vitamin A can cause blindness; iodine deficiency can cause goiter and cretinism; and an insufficient intake of iron causes anemia. Micronutient deficiencies also have less visible consequences, such as weakening of the immune system.

Among children age 6-59 months, 69 percent were given vitamin-A supplements in the 6 months preceding the survey, compared with only 14 percent for women after the delivery of their lastborn child.

Concerning iodine, consumption of iodized salt is extensive in Rwanda, with 92 percent of children under age 5 living in households that use iodized salt.

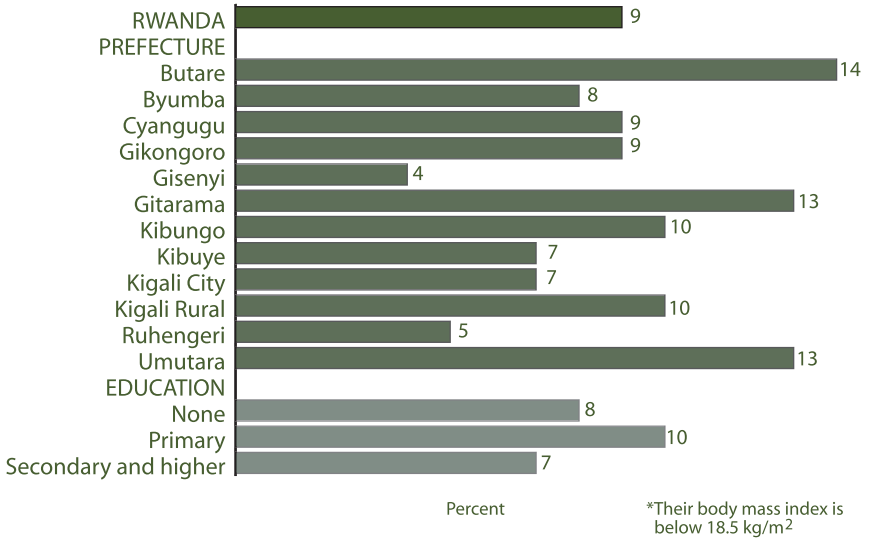
As for lack of iron in the diet, which leads to anemia, the great majority of women (78 percent) took no iron supplement when they were pregnant with their last child.

Nutritional status of women

In Rwanda, the average height of women is 157.1 centimeters, and 3 percent of women have a height of less than 145 centimeters. Nine percent of women have a body mass index (BMI) lower than 18.5 kg/m^2 and therefore present a chronic energy deficiency.

Generally, the prevalence of chronic energy deficiency is slightly higher in rural areas than in urban zones (9 percent compared with 7 percent). Moreover, the proportion of young women age 15-19 with chronic energy deficiency is three times higher than that among women age 20-29 and about two times higher than that among women age 30-44.

Approximately 1 woman in 10 suffers from chronic energy deficiency*



AIDS AND 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 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

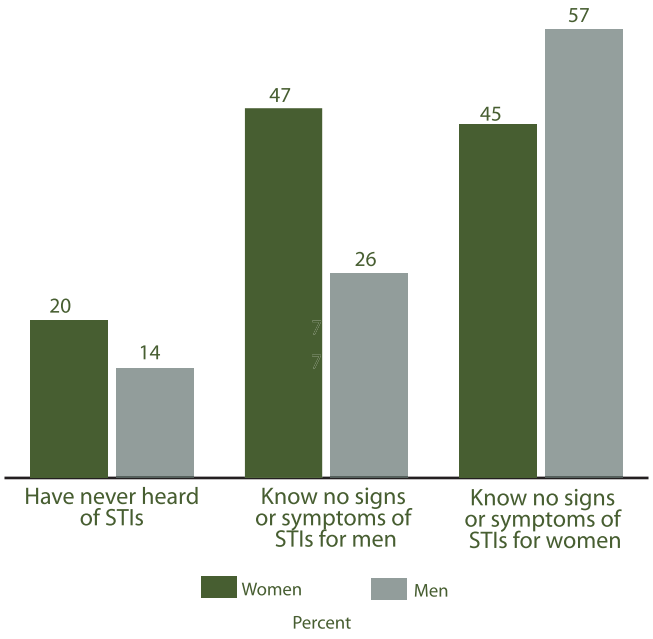
In Rwanda, nearly all men (99.7 percent) and women (99.6 percent) have heard of AIDS. Likewise, a large majority of the population knows the important means of avoiding AIDS.

For 70 percent of women and 86 percent of men, the condom is a means of preventing AIDS. This method was particularly mentioned by women and men who live in urban areas and by those with the most education.

Knowledge of STIs

One out of five women and 14 percent of men have not heard of sexually transmitted infections (STIs). Moreover, a large proportion either do not know that signs or symptoms of STIs exist or are not capable of identifying even one of them.

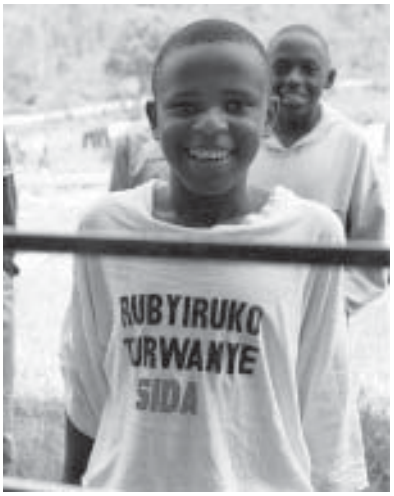
A high proportion of women and men are not aware of any signs or symptoms of STIs



AIDS testing

Nearly 3 out of 5 women and almost half of men would like to be tested for AIDS but do not know where to go to be tested.

About two thirds of women (64 percent) and 36 percent of men do not know where to get a condom.



Conclusions and Recommendations

Although the RDHS-II 2000 reveals certain indicators with encouraging findings, particularly regarding immunization coverage, antenatal care, consumption of iodized salt, and breastfeeding, it has also confirmed that other indicators suggest cause for concern, particularly in the areas of maternal mortality, contraceptive prevalence, assistance to women at delivery by trained professionals, and the nutrition of children under age 5.

Health of the mother and family planning

Results from the RDHS-II show a high level of antenatal consultation with trained professionals. On the other hand, the same results have revealed that only a small percentage of births are assisted during delivery by trained professionals, and that the rate of contraceptive prevalence remains very low. Those findings explain in part why the maternal mortality rate is very high.

Child health

Although immunization coverage among children is high and breastfeeding is practically universal, the nutritional situation for children under age 5 remains disturbing. Diseases such as diarrhea, acute respiratory infection, and malaria, still very common in Rwanda, considerably affect the health of children.

As a followup to the observations concerning the health of mothers and children, it is essential that action be undertaken to remedy the situation, namely:

- Reinforce information and education of the population in general, and mothers in particular, in order to have them cared for by trained professionals during and after delivery.

- Continue the program of immunization of children under age 5, in order to achieve complete immunization coverage.

- Maintain the policy of using iodized salt, in order to avoid new cases of diseases due to lack of iodine.

- Intensify the struggle against diseases that particularly strike children by prompting parents to have their sick children cared for as soon as possible.

- Reinforce nutrition education so that breastfeeding remains nearly universal in Rwanda and the introduction of foods necessary for the child's growth is done at the ideal time.

- Proceed as necessary so that family planning services respond to the unmet need of the population for contraception.

- Undertake further in-depth studies in order to better understand the factors contributing to maternal mortality in the country.

STIs/HIV/AIDS

The majority of the Rwandan population knows of the modes of transmission and means of prevention of HIV/AIDS, but they do not know where to obtain condoms. Moreover, the percentage of condom users is very insignificant. Finally, a large proportion of Rwandans do not know the signs or symptoms of STIs.

In view of this situation, efforts must be made to

- Reinforce the IEC, in order to encourage the population to adopt responsible practices that will help them protect themselves and others against STIs/HIV/AIDS.

- Follow up the promotion of the use of condoms, especially among persons at risk.

- Improve the state of knowledge of signs and symptoms of STIs.

KEY INDICATORS

	Total	Kigali City/PVK	Total urban	Rural
BACKGROUND CHARACTERISTICS OF THE POPULATION AND FERTILITY				
Background characteristics of the population and households				
Mean size of households (usual members)	4.6	5.0	5.0	4.5
Female head of household (%)	36	26	31	37
Households with children under age 15 living without their parents (%)	22	26	30	21
Households with faucet water in the dwelling (%)	2	12	11	1
Households with water from a public tap (%)	29	46	42	27
Households with electricity (%)	6	44	39	1
Households owning a radio (%)	35	80	71	29
Households owning a television set (%)	2	18	16	0.3
Households using iodized salt with 15 ppm or more (%)[1]	82	86	88	81
Level of education for women (age 15-49) and men (age 15-59)				
No education (women / men) (%)	25 / 17	8 / 5	10 / 5	28 / 21
Primary level (women / men) (%)	65 / 68	54 / 52	55 / 54	67 / 72
Secondary or higher (women / men) (%)	11 / 14	38 / 43	36 / 41	5 / 8
Fertility				
Mean number of children ever born (women age 40-49)	7	6	6	7
Total fertility rate[2]	6	5	5	6
Median age at first birth (in years)[3]	22	23	22	22
Median birth interval (in months)[4]	32	29	30	33
Adolescents age 15-19 who are already mothers or pregnant with first child (%)	7	7	7	7
FERTILITY DETERMINANTS				
Marriage and breastfeeding				
Women age 15-49 / men age 15-59 in union (%)	49 / 52	37 / 40	41 / 44	50 / 54
Median age at first union (women / men)[5]	20.7 / 24.3	21.9 / 27.6	21.5 / 27.1	20.5 / 23.9
Use of contraception				
Women in union currently using				
- any method / a modern method (%)	13 / 4	32 / 14	27 / 14	11 / 3
Fertility preferences				
Mean ideal number of children per woman / man	4.9 / 4.8	4.0 / 4.1	4.3 / 4.3	5.0 / 5.0
Women / men in union wanting no more children (%)	34 / 32	35 / 31	37 / 32	33 / 32
MATERNAL AND CHILD HEALTH				
Antenatal care and nutritional status				
Births whose mothers received				
- antenatal care from a health professional (%) [6]	92	92	95	92
- at least one tetanus toxoid injection (%) [6]	70	85	79	69
- assistance from a health professional at delivery (%) [7]	31	74	68	25
Children under age 5 who, in the 2 weeks preceding the survey, had diarrhea (%)	17	14	12	18
- and who received ORS or a homemade solution (%)[8]	20	44	29	18
Children under age 5 who are chronically malnourished (stunted) (%)[9]	43	23	27	45
Children under age 5 who are acutely malnourished (wasted) (%) [10]	7	5	6	7
Children under age 5 who are underweight (%)[11]	24	14	15	26
Women age 15-49 with chronic energy deficiency[12]	9	7	7	9
Women age 15-49 who are classified as overweight (%)[13]	13	26	25	10

	Total	Kigali City/PVK	Total urban	Rural
Mortality of children under age 5				
Mortality rate (per 1,000): [14]				
- neonatal (before reaching 1 month)	44	37	31	54
- postneonatal (between the 1st and 12th months)	64	42	47	70
- infant (between birth and 1 year)	107	79	78	124
- child (between 1 and 5 years)	100	67	69	106
- infant and child (between birth and 5 years)	196	140	141	216
Maternal mortality (for the period 1994-2000)				
Number of deaths due to a maternal cause, per 100,000 live births	1071	-	-	-

DOMESTIC VIOLENCE AND HOUSEHOLD DECISION MAKING

Women / men who approve of none of the specific reasons justifying that a husband hit his wife / partner (%)[15]	37 / 52	53 / 59	50 / 62	34 / 49
Women who alone have the final say or share with someone else all specific decisionmaking for the household (%)[16]	36	29	32	37

SEXUALLY TRANSMITTED INFECTIONS (STIs)/AIDS

Women / men who have not heard of STIs (%)	20 / 14	11 / 7	14 / 7	22 / 15
Women / men who know of no signs or symptoms of STIs among men (%)	47 / 26	48 / 22	44 / 22	48 / 26
Women / men who know of no signs or symptoms of STIs among women (%)	45 / 57	46 / 63	41 / 56	46 / 58
Women / men who have heard about HIV/AIDS but who do not know any correct means to avoid it (%)	5 / 2	3 / 1	2 / 1	5 / 2

1 Parts per million (ppm).

2 Mean number of children ever born that a woman would have, at the end of her reproductive years, under current fertility conditions.

3 Age at which half of women age 25-49 have had their first birth.

4 Length of the interval between two births, for half the births of mothers age 15-49.

5 Age at which half of women age 25-49 and men age 30-59 enter into union for the first time.

6 For the last births in the 5 years preceding the survey.

7 For the births in the 5 years preceding the survey.

8 ORS means packets of Oral Rehydration Salts; the homemade solution is prepared with water, salt, and sugar.

9 Children under age 5 whose height is below the mean that it should be at a given age, a sign of stunting or chronic undernutrition.

10 Weight below the mean that it should be for any given height.

11 Weight below the mean that it should be at any given age.

12 Whose body mass index (BMI) is below 18.5 kg/m^2.

13 BMI above 25 kg/m^2.

14 Probability of a child's dying in the 5-year period before the survey for the national level, and for the 10-year period before the survey by residence.

15 The specific reasons mentioned to respondents included burning food, discussing the husband's opinions with him, going out without telling the husband, neglecting the children, and refusing sexual intercourse with the husband.

16 Decisionmaking in the household that was mentioned to respondents dealt with the woman's own health, large household expenses, daily needs, visits by the woman to her relatives/friends, and the choice of food to prepare.