



Haiti

2012 Mortality, Morbidity, and Service Utilization Survey

Key Findings

This report presents the key findings from the Haïti Mortality, Morbidity and Service Utilization Survey (EMMUS-V), which was sponsored by the Ministry of Public Health and Population [*le Ministère de la Santé Publique and de la Population*] (MSPP) and carried out in Haïti from January to June 2012 by the Haitian Childhood Institute [*l'Institut Haïtien de l'Enfance*] (IHE). Funding for the EMMUS-V was provided by the United States Agency for International Development (USAID), the United Nations Children's Fund (UNICEF), the Canadian International Development Agency [*l'Agence Canadienne pour le Développement International*] (ACDI), the Global Fund to fight AIDS, Tuberculosis and Malaria, via the United Nations Development Program (UNDP) and the United Nations Population Fund (UNFPA). ICF International provided technical assistance for the survey through the Demographic and Health Surveys (MEASURE DHS) program, which is a USAID-funded project providing support, technical assistance, and funding for population and health surveys in countries worldwide. Several institutions provided expert assistance in the EMMUS-V. In particular the National Public Health Laboratory [*le Laboratoire National de Santé Publique*] (LNSP) provided technical assistance for the HIV testing, in collaboration with the US Centers for Disease Control and Prevention (CDC). The IMIS laboratory and GHESKIO Centers [*le laboratoire IMIS des Centres GHESKIO (Groupe Haïtien d'Étude du Sarcome de Kaposi and des Infections Opportunistes)*] provided technical assistance for quality control. The Haitian Statistics and Information Technology Institute [*l'Institut Haïtien de Statistique and d'Informatique*] (IHSI) provided technical assistance for the sample design and implementation.

For information concerning the 2012 EMMUS-V, contact the Haitian Childhood Institute [*l'Institut Haïtien de l'Enfance*] (IHE), 41 Rue Borno; P.O. Box 15606 - Pétion-Ville, Haïti Telephone: 509 4874-9105; email: ihehaiti@gmail.com.

For information concerning the MEASURE DHS project, contact ICF International, 11785 Beltsville Drive, Calverton, MD 20705, USA Telephone 301-572-0200; Fax 301-572-0999; e-mail: reports@measuredhs.com; Internet: <http://www.measuredhs.com>.

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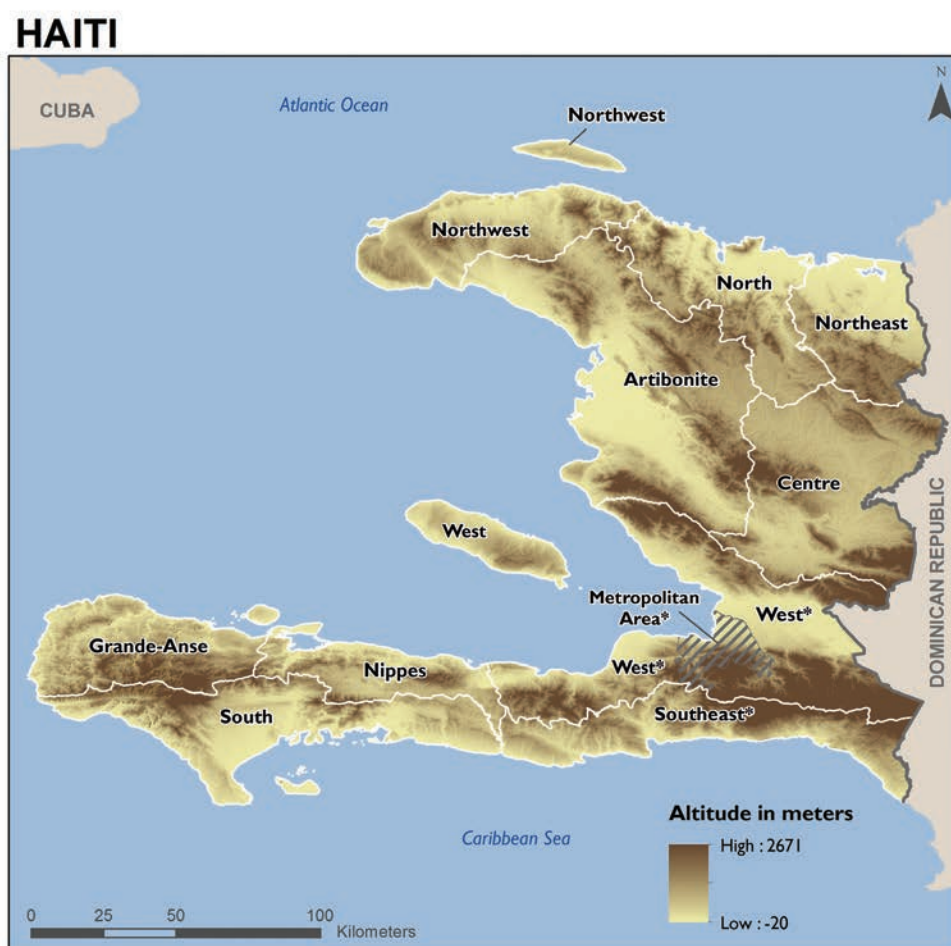


Agence canadienne de
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2012 MORTALITY, MORBIDITY AND SERVICE UTILIZATION SURVEY (EMMUS-V)

The 2012 Haïti Mortality, Morbidity, and Service Utilization Survey (EMMUS-V) is the fifth demographic and health survey to be conducted in Haïti. The EMMUS-V was designed to provide information on fertility, sexual activity, knowledge and use of family planning, child feeding practices and breastfeeding, the nutritional status of women and children, childhood mortality, maternal health, child health, and knowledge, attitudes and behavior regarding HIV/AIDS and STIs. HIV and anemia testing were also conducted during the survey.

Fieldwork for the 2012 EMMUS-V took place from January to June 2012. A nationally representative sample of 14,287 women age 15-49 in all selected households and 9,493 men age 15-59 in two-thirds of selected households were interviewed. The sample design for the 2012 EMMUS-V provides estimates for Haïti as a whole, for urban and rural areas, and for the 12 study domains, comprised of the 10 departments, the Metropolitan Area and the camps.



* DHS Region containing surveyed camps.



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household composition

Haïtian households consist of an average of 4.4 people. Less than half (41%) of households are headed by women. Thirty-six percent of household members are children under the age of 15.

Housing conditions

Housing conditions vary greatly by residence. Thirty-eight percent of all Haïtian households have electricity. This proportion is highest in urban areas (72%), followed by the camps (50%), and is lowest in rural areas (15%). Overall, 65% of households have access to an improved source of drinking water. Less than half of rural households have access to an improved source of drinking water, compared with 88% in urban areas and 80% in the camps. One-third (34%) of households must travel 30 or more minutes to access drinking water. Nearly half (44%) of households have non-improved toilet facilities. In rural areas, 38% of households have no toilet facility compared with 7% in urban areas and the camps.

Ownership of goods

More than three-quarters (77%) of Haïtian households own a mobile phone and 55% own a radio. Ownership of goods is higher in urban areas than in the camps and rural areas: 58% of urban households own a television, compared with 29% in the camps and just 11% of rural households. However, ownership of agricultural land is higher in rural areas than in urban areas (81% versus 39%).

Education and literacy

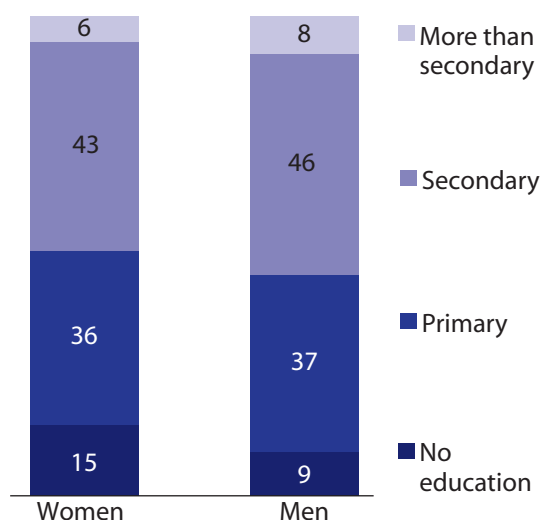
Nearly three-quarters (74%) of women and 79% of men are literate. Just 15% of women and 9% of men age 15-49 have had no formal education. In contrast, 49% of women and 54% of men have gone to secondary school or beyond.



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Education

Percent distribution of women and men age 15-49 by highest level of education



FERTILITY AND ITS DETERMINANTS

Total fertility rate (TFR)

Fertility in Haïti has declined steadily over the past eighteen years. Currently, women in Haïti have, on average, 3.5 children, down from 4.8 children in 1994-1995.

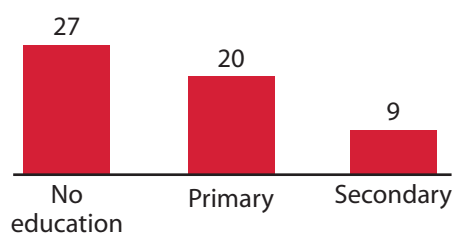
Fertility varies from 2.5 children per woman in urban areas to 4.4 children per woman in rural areas. Fertility also varies by department, from a low of 2.5 in the Metropolitan Area to a high of 4.8 in the Centre and Grande-Anse departments. The total fertility rate in the camps is 3.6.

Fertility varies with mother's education and economic status. Women with secondary or higher education have an average of 2.6 children per woman, compared with 5.4 for women with no formal education. Fertility decreases as the wealth of the respondent's household* increases. Women living in households in the lowest wealth quintile have, in general, three times as many children as women living in households in the highest wealth quintile (5.7 versus 1.9 children per woman).

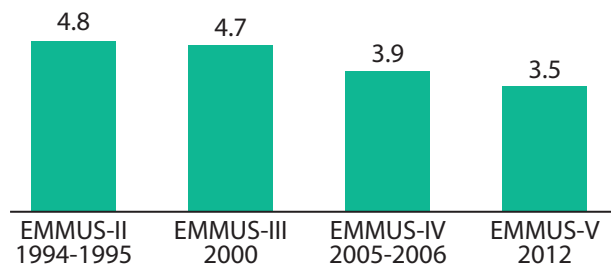
Teenage childbearing

According to the 2012 EMMUS-V, 14% of young women age 15-19 have already begun childbearing: 11% are mothers and 3% are pregnant with their first child. Young women with no education are three times more likely to have begun childbearing by age 19 than young women with secondary or higher education (27% versus 9%).

Teenage childbearing by level of education
Percent of women age 15-19 who are mothers or are pregnant with their first child



Trends in fertility
Births per woman



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*Wealth of households 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 individuals' relative standing on the household index.

Age at first birth

The median age at first birth for all women age 25-49 is 22.3 years. Age at first birth varies by residence; the median age at first birth among women in urban areas is 23.5, compared with 21.3 for women living in rural areas.

Age at first marriage

More than half (55%) of women and 41% of men age 15-49 are married or living together. In Haïti, men marry later than women: 18% of women age 20-24 were married by the age of 18, compared with just 3% of men.

Age at first sexual intercourse

Half of women age 25-49 were sexually active by the age of 18. Among men age 25-49, the median age at first sexual intercourse is 16.5 years. Women with no formal education start sexual activity nearly two years earlier than women with secondary or higher education (16.8 years versus 18.9 years).

Multiple unions

Nearly three in ten (29%) women report that their husband or partner has additional wives or partners. Multiple unions are most common in the Metropolitan Area (36%).

Ideal number of children

Haïtian women and men want, on average, 2.8 children. Among women, the ideal number of children varies from 2.5 for women living in households in the highest wealth quintile to 3.3 for women living in households in the lowest wealth quintile.

Abortion

The vast majority (96%) of women have never had an abortion. Four percent of women have had at least one abortion during their lifetime. Less than half (40%) of abortions that occurred in the last five years took place in a health facility.



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CHILD PROTECTION

Birth registration

In Haïti, 80% of births of children under age five are registered and 73% of children have a birth certificate. Birth registration is lowest in the departments of Artibonite and Centre (70%, each) and is highest in the Metropolitan Area and the South department (86%, each).

Orphanhood

Nearly half (46%) of children under age 15 live with both of their parents. Eighteen percent of children under age 15 do not live with either biological parent and 10% are single or double orphans. Nevertheless, 92% of double orphans attend school.

Child labor

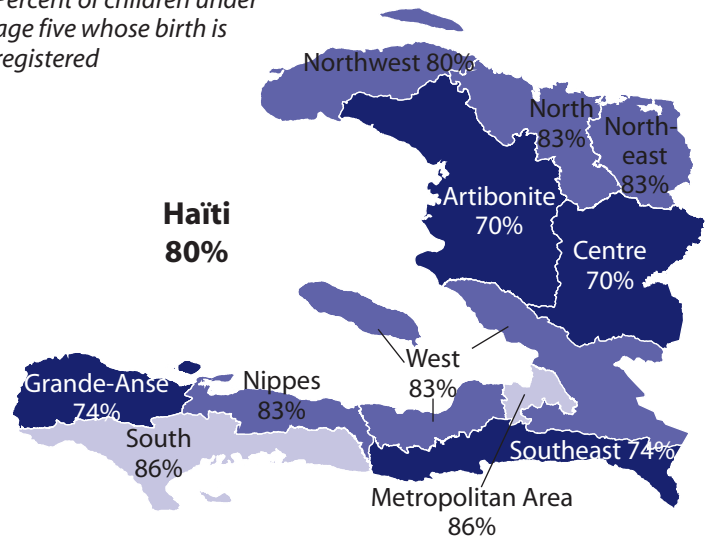
Two-thirds (65%) of children age 5-11 participated in child labor in the week before the survey. Among this age group, child labor is defined as economic activity for at least one hour and/or domestic work for 28 hours or more during the week. Eighteen percent of children age 12-14 participated in child labor in the week before the survey, which is defined as economic activity for 14 hours or more and/or domestic work for 28 hours or more during the week.

Child discipline

The majority (86%) of children age 2-14 experienced some form of disciplinary sanctions in the month before the survey. Physical punishment was the most common form of disciplinary sanction (81%). Eight percent of children experienced non-violent disciplinary sanctions and 5% experienced psychological aggression in the month before the survey.

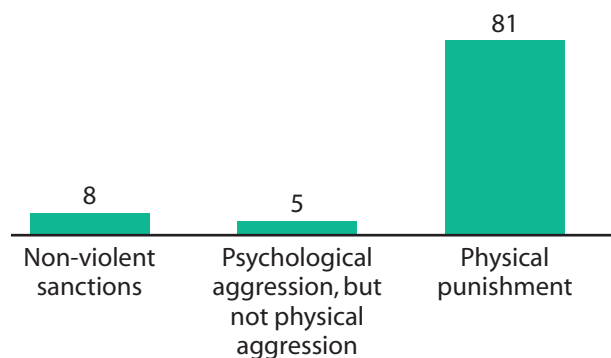
Birth registration by department

Percent of children under age five whose birth is registered



Child discipline

Percent of children age 2-14 who experienced disciplinary sanctions



FAMILY PLANNING

Knowledge of family planning

Nearly all Haïtian women report knowing at least one modern method of family planning. The most commonly known methods are the male condom, the pill, and injectables.

Current use of family planning

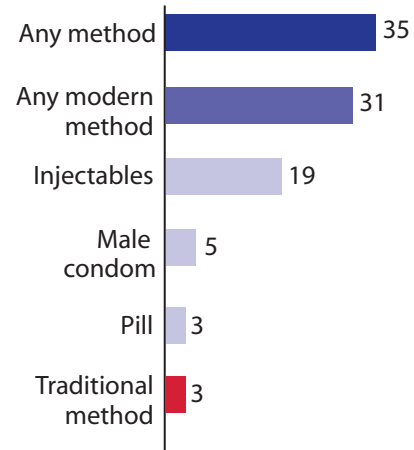
Despite high levels of knowledge of family planning, just 35% of currently married women are using any method and 31% are using a modern method. Injectables (19%), the male condom (5%) and the pill (3%) are the most commonly used methods. More than one-third (35%) of unmarried, sexually active women are using a modern method of family planning, the majority of whom are using the male condom (24%).

Use of modern methods of family planning by currently married women is highest in the Centre (41%) and North (40%) departments and is lowest in the West (26%). Modern method use increases with a women's level of education; 28% of women with no formal education are using a modern method, compared to 33% of women with secondary or higher education.

Trends in family planning use

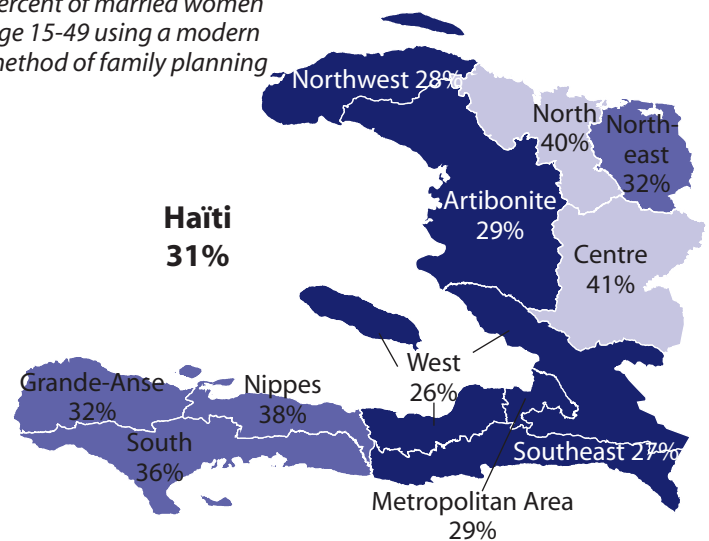
The use of modern methods of family planning has increased from 25% in 2005-2006 to 31% in 2012.

Use of family planning
Percent of married women age 15-49 using family planning



Modern method use by department

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



NEED FOR FAMILY PLANNING

Desire to delay or stop childbearing

More than half (53%) of currently married women want no more children, and 28% want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet need for family planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2012 EMMUS-V reveals that 35% of currently married women have an unmet need for family planning—20% have a need for limiting births and 16% for spacing births.

Missed opportunities

In the month before the survey, more than half (52%) of women were not exposed to any family planning messages on the radio, on television, or in newspapers or magazines.

Among all women who are not currently using family planning, only 5% were visited by a field worker who discussed family planning and just 13% of women who visited a health facility in the past 12 months discussed family planning during their visit. Overall, 84% of non-users did not discuss family planning with any health worker.

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. Seven in ten women were informed about the side effects of the method used, 64% were informed what to do if they experience side effects, and 64% were told about other available family planning methods.



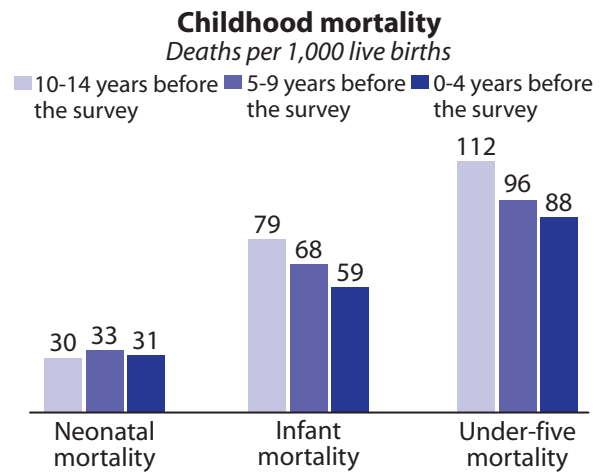
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INFANT AND CHILD MORTALITY

Levels and trends

Currently, 59 children for every 1,000 born in Haïti die before reaching their first birthday—31 die in the first month of life and 29 die between one month and one year. The under-five mortality rate in Haïti is 88 deaths for 1,000 live births. Childhood mortality has decreased over the last fifteen years. From 1997 to 2002 (the 10 to 14 year period before the survey), infant mortality was 79 deaths for 1,000 live births and has decreased to 59 for the five-year period before the survey (2007 to 2012). Similarly, the under-five mortality decreased from 112 deaths per 1,000 live births to 88 deaths per 1,000 live births over the same time period.

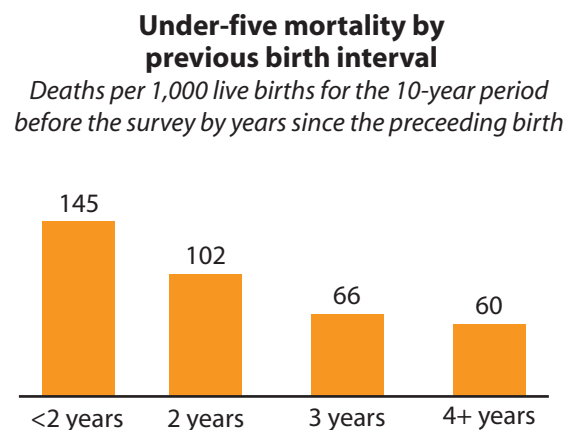
Mortality rates differ dramatically by the mother's level of education; the under-five mortality rate for the ten-year period before the survey for children whose mother has no formal education is 113 deaths per 1,000 live births, compared with 73 deaths per 1,000 live births for children whose mother has secondary or higher education. Mortality also differs by department, from a low of 57 deaths per 1,000 live births in the Northwest department to a high of 109 in the Metropolitan Area and 104 in the Centre department.



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Birth intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Haïti, the median birth interval is 37.4 months. Infants born less than two years after a previous birth have particularly high under-five mortality rates (145 deaths per 1,000 live births compared with 60 for infants born four or more years after the previous birth. Nineteen percent of children in Haïti are born less than two years after a previous birth.



MATERNAL HEALTH

Prenatal care

The vast majority (90%) of women who gave birth in the five years before the survey received antenatal care (ANC) from a skilled provider (doctor, nurse, nurse midwife, or auxiliary nurse). Six in ten women had an antenatal care visit before their fourth month of pregnancy, as recommended and 67% of mothers received the recommended four or more ANC visits. The effectiveness of antenatal care depends on the quality of care and interventions received during visits; 76% of women's most recent births were protected against neonatal tetanus and 65% of mothers were informed of signs of pregnancy complications during an ANC visit.



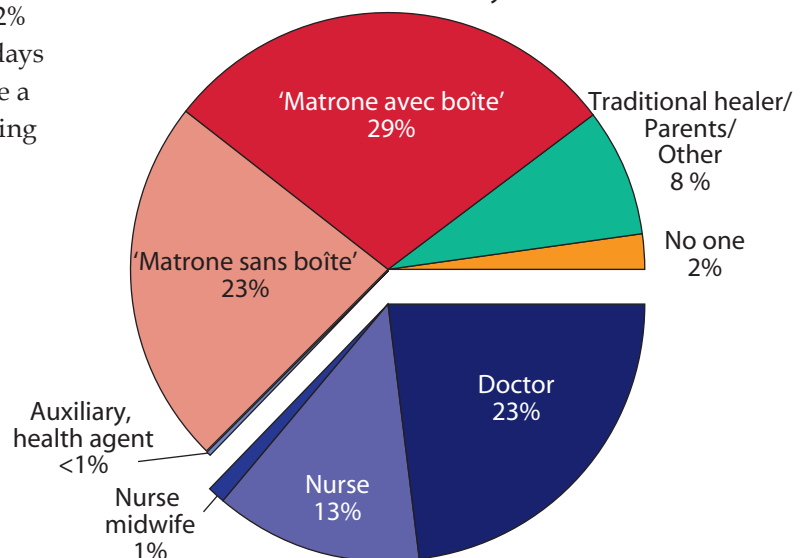
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Delivery and postnatal care

More than one-third (36%) of births took place in a health facility and 37% were assisted by a provider skilled in obstetrics (doctor, nurse, or nurse-midwife). Women living in households in the lowest wealth quintile (10%) and those with no formal education (14%) are the least likely to receive delivery assistance from a provider skilled in obstetrics.

Postnatal care helps prevent complications after childbirth. According to the 2012 EMMUS-V, 32% of women received postnatal care within two days of delivery. Six in ten (61%) women did not have a postnatal checkup during the 41 days after giving birth.

Assistance during delivery
Percent distribution of births in the five years before the survey



37% of births were assisted by provider skilled in obstetrics

CHILD HEALTH

Vaccination coverage*

According to the 2012 EMMUS-V, 45% of children age 12-23 months have received all the recommended vaccines—one dose each of BCG and measles, and three doses each of DiTePer and polio (excluding the polio vaccine given at birth). Seven percent of Haitian children have received none of the recommended vaccines. Overall, 83% of children received the BCG vaccine, 63% received the three doses of DiTePer, 59% received the three doses of polio, and 65% were vaccinated against measles.

Vaccination coverage varies by department. Two-thirds (65%) of children in the Nippes department are fully vaccinated, compared with just 34% of children in the Metropolitan Area and the Southeast department.

Vaccination coverage in Haiti has consistently increased from 30% in 1994-1995 to 41% in 2005-2006, to its current level of 45%.

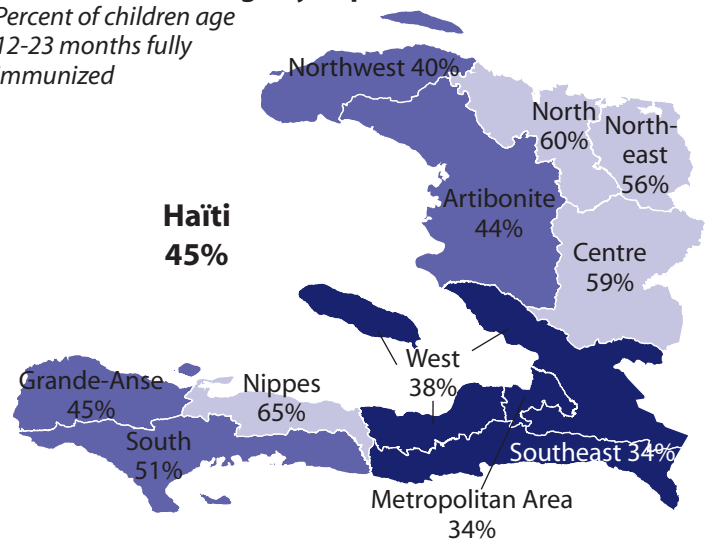
Childhood illnesses

Fourteen percent of children under age five had cough with rapid breathing (symptoms of Acute Respiratory Infection) in the two weeks before the survey. Among these children, 38% were taken to a health facility or provider for treatment or advice.

Overall, 21% of children under age five had diarrhea in the two weeks before the survey. This rate was highest among children age 6-11 months (36%). More than half (58%) of children with diarrhea received oral rehydration therapy (ORT), either an ORS packet or recommended home fluids. Seventy-two percent of children with diarrhea received ORT or increased fluids. However, 17% of children with diarrhea received no treatment.

Vaccination coverage by department

Percent of children age 12-23 months fully immunized



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*These results do not take into account the Intensive Vaccination Activities which were organized by the Ministry of Public Health and Population in 2012 because they occurred after data collection for the EMMUS-V. The vaccination coverage estimates presented here do not include these routine activities.

FEEDING PRACTICES AND ANEMIA

Breastfeeding and the introduction of complementary foods

Breastfeeding is very common in Haïti, with 97% of children ever breastfed and 47% are breastfed in the first hour of life. However, 19% received a prelacteal feed before being breastfed.

WHO and UNICEF recommend that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Forty percent of children under age six months in Haïti are being exclusively breastfed. Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Haïti, 83% of children age six to nine months are eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months be fed four or more other food groups daily. Non-breastfed children should be fed milk or milk products, in addition to four or more food groups. IYCF also recommends that children be fed a minimum number of times per day.* Only 15% of breastfed children and 10% of non-breastfed children are being fed in accordance with these recommendations.

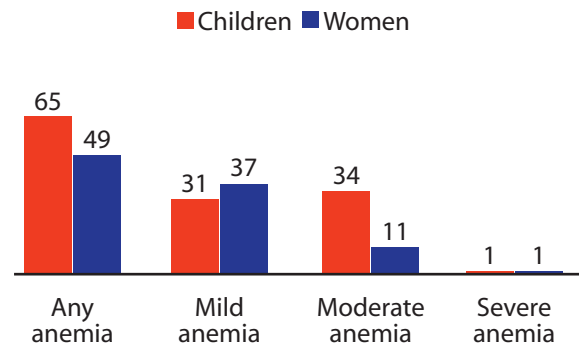


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Anemia

During the 2012 EMMUS-V, women age 15-49 and children age 6-59 months in two-thirds of selected households were eligible for anemia testing. Sixty-five percent of children age 6-59 months are anemic, most of whom have moderate anemia (34%).

Anemia in women and children
Percent of children age 6-59 months and women age 15-49 with anemia



Nearly half (49%) of women age 15-49 have anemia. Mild anemia is the most common form of anemia among women (37%). Fifty-four percent of pregnant women have any anemia. Anemia prevalence among women varies by department, from a low of 38% in the South and Grande-Anse departments to a high of 54% in the North department and the Metropolitan Area.

Anemia has increased slightly among children, from 61% in 2005-2006 to 65% currently. Similarly, anemia among women increased slightly from 46% in 2005-2006 to 49% in 2012.

*At least twice a day for breastfed infants age 6-8 months and at least three times a day for breastfed children age 9-23 months. For non-breastfed children age 6-23 months, the minimum number of times is four times a day.

NUTRITIONAL STATUS OF WOMEN AND CHILDREN

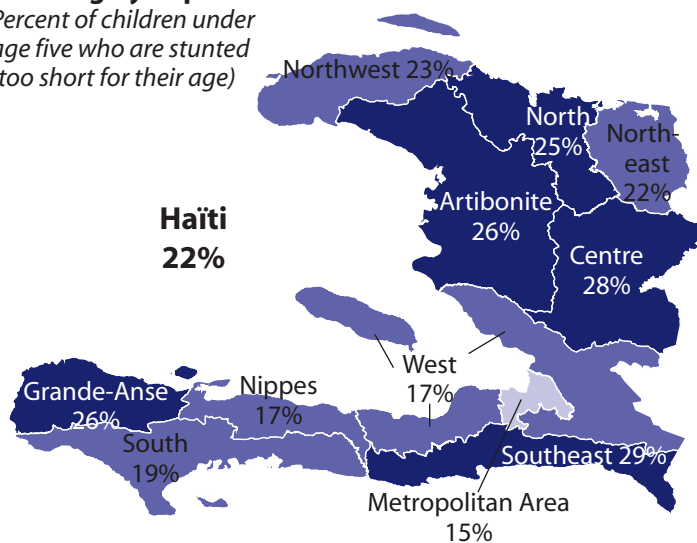
Children's nutritional status

The 2012 EMMUS-V measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2012 survey, 22% are stunted, or too short for their age. This indicates chronic malnutrition. Eight percent of children are severely stunted. Stunting is highest in the Southeast (29%) and Centre (28%) departments. Stunting varies by the mother's level of education; 34% of children whose mother has no formal education are stunted, compared with 12% of children whose mother has secondary or higher education.

Among children under age five, 5% are wasted, or too thin for their height. Wasting indicates acute malnutrition. Moreover, 11% of children under age five are underweight.

Stunting by department

Percent of children under age five who are stunted (too short for their age)



Women's nutritional status

The 2012 EMMUS-V also took weight and height measurements of women age 15–49. These measurements were used to determine their Body Mass Index (BMI), which is calculated by dividing weight in kilograms by height in meters². Overall, 25% of women have a BMI greater than 25, which indicates overweight and obesity. This proportion is highest among women over age 30 and among those living in households in the highest wealth quintile (39% and 38%, respectively).

Micronutrients

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. Less than half (44%) of children age 6–59 months received vitamin A supplements in the six months before the survey. Moreover, 64% of children age 6–35 months ate foods rich in vitamin A in the 24 hours before the survey. Forty-six percent of mothers with a live birth in the past five years received a vitamin A supplement postpartum.

One-third (34%) of children age 6–35 months ate foods rich in iron in the 24 hours before the survey. Eleven percent of children age 6–59 months received iron supplements in the seven days before the survey. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. According to the 2012 EMMUS-V, 30% of pregnant women met these recommendations.

MALARIA

Ownership of mosquito nets*

In Haïti, 19% of households have at least one insecticide-treated mosquito net (ITN). ITN ownership varies dramatically by department, from a low of 9% in Artibonite to a high of 37% in the Nippes department.

Use of mosquito nets by children and pregnant women

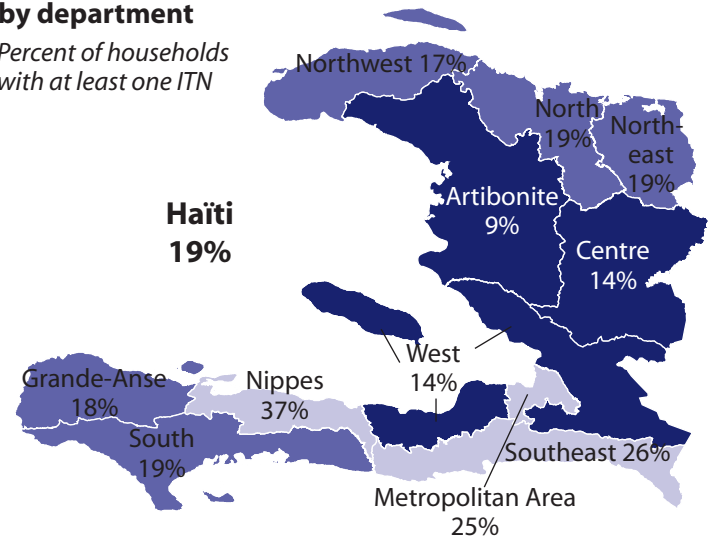
Overall, 12% of children under age five slept under an ITN the night before the survey. This proportion ranges from 6% in Artibonite to 21% in the Metropolitan Area. Among children living in households with at least one ITN, 52% slept under an ITN the night before the survey. Less than one in ten (9%) pregnant women slept under an ITN the night before the survey. Among pregnant women living in households with at least one ITN, 46% slept under an ITN the night before the survey.

Management of malaria in children

More than one-quarter (27%) of children under age five had fever in the two weeks before the survey. Among these children, 42% were taken to a health facility, health provider, or pharmacy for treatment of advice. Twelve percent of children with fever had a finger or heel stick for testing. Just 3% of children with fever received antimalarials and only 1% received antimalarials the same day or the next day after the onset of fever.

Ownership of insecticide-treated nets (ITN) by department

Percent of households with at least one ITN



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*These results do not include the massive mosquito net distribution campaign organized by the Ministry of Public Health and Population and PSI Haïti which occurred after data collection for the EMMUS-V.

HIV/AIDS KNOWLEDGE, ATTITUDES AND BEHAVIOR

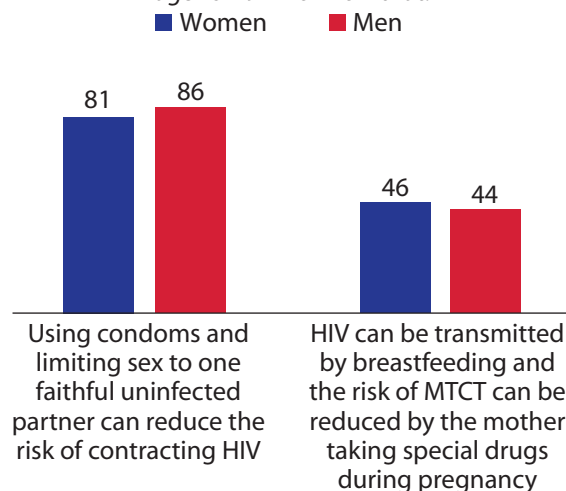
Knowledge

Eight in ten (81%) women and 86% of men age 15-49 know that using condoms and limiting sexual intercourse to one uninfected, faithful partner can reduce the risk of contracting HIV. Knowledge of these two methods of HIV prevention is lowest among women living in the West department and among men living in the Nippes department (74% and 81%, respectively).

Nearly half of women (46%) and 44% of men know the HIV can be transmitted by breastfeeding and that the risk of mother-to-child transmission of HIV can be reduced by the mother taking special drugs during pregnancy.

HIV knowledge: Prevention methods and mother-to-child transmission (MTCT)

Percent of women and men age 15-49 who know that:



Sexual behavior

During the 12 months before the survey, 2% of women and 26% of men reported having two or more sexual partners. Among these women and men, just 43% of women and 47% of men reported using a condom the last time they had sexual intercourse.

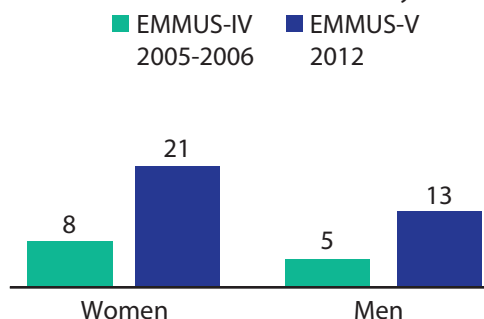
HIV testing

Half of women and 69% of men have never been tested for HIV. In contrast, 47% of women and 30% of men have ever been tested for HIV and received the result. According to the EMMUS-V, 21% of women and 13% of men have been tested for HIV and received the result of the last test in the 12 months before the survey.

Nearly half (47%) of women who were pregnant in the two years before the survey were counseled, tested for HIV, and received the result during an antenatal care visit.

Trends in HIV testing

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



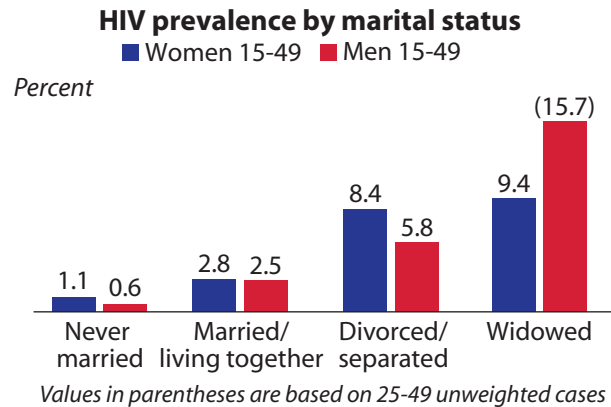
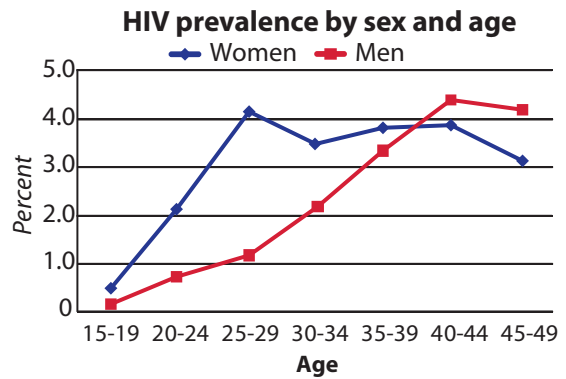
HIV PREVALENCE

During the 2012 EMMUS-V, more than 19,000 women and men were eligible for HIV testing. Among them, 97% of women age 15-49 and 94% of men age 15-59 agreed to be tested for HIV.

The HIV prevalence among the population age 15-49 is estimated at 2.2%. Prevalence is higher among women (2.7%) than among men (1.7%). The overall HIV prevalence has not changed since 2005-2006. The proportion of women who are HIV-positive increased slightly from 2.3% in 2005-2006 to 2.7% in 2012. However, this increase is not statistically significant. In contrast to women, HIV prevalence among men decreased slightly from 2.0% in 2005-2006 to 1.7% in 2012. This change is also not statistically significant.

Departmental differences in HIV prevalence vary by sex. Among women, prevalence is lowest in the Centre department (1.7%) and highest in the Northeast and Northwest departments (4.2%, each). Among men, HIV prevalence varies from a low of 0.8% in Grande-Anse to a high of 3.4% in the Northeast department.

HIV prevalence also varies by marital status. Never married women and men have the lowest HIV prevalence (1.1% and 0.6%, respectively), while prevalence is highest among widowers (15.7%), widows (9.4%) and divorced women (8.4%).



WOMEN'S EMPOWERMENT

Employment

Sixty-six percent of currently married women age 15-49 worked in the 12 months before the survey, compared with 96% of currently married men. Among those who are employed, 81% of women and 69% of men were paid in cash for their work. Among women who were paid in cash for their work, 66% report that they earn less than their husband or partner.

Participation in household decisions

In Haïti, 73% of currently married women participate in decisions about their own health care and 78% have sole or joint decisionmaking power for major household purchases. Eighty-five percent participate in decisions about visiting family or friends. Just 7% say that they do not participate in any of the three aforementioned decisions.

DOMESTIC VIOLENCE

Physical violence

Nearly three in ten (28%) women have experienced physical violence since the age of 15. Ten percent have experienced physical violence in the past 12 months. This proportion is highest among women younger than age 25.

Sexual violence

Overall, 13% of Haïtian women have ever experienced sexual violence. This proportion is highest among married women who are not living with their spouse and divorced, separated, or widowed women (18%, each).

Spousal violence

Overall 29% of ever-married women have experienced spousal violence (emotional, physical or sexual) perpetrated by the current or most recent husband or partner. Spousal violence is highest among women age 15-19 (43%) and among divorced, separated, or widowed women (35%).



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KEY INDICATORS

	Residence (no camps)			
	Haiti	Other cities	Urban	Rural
Fertility				
Total fertility rate	3.5	2.7	2.5	4.4
Women age 15-19 who are mothers or currently pregnant (%)	14	12	13	15
Median age at first sexual intercourse for women age 25-49 (years)	18.0	18.3	18.4	17.7
Median age at first marriage for women age 25-49 (years)	21.8	23.4	23.0	21.1
Median age at first birth for women age 25-49 (years)	22.3	23.6	23.7	21.3
Family planning (married women, age 15-49)				
Currently using any method (%) [MICS4 5.3, MDG 5.3]	35	38	36	34
Currently using any modern method (%)	31	35	31	31
Currently married women with an unmet need for family planning ¹ [MICS4 5.4, MDG 5.6]	35	34	34	36
Maternal and child health				
Maternity care				
Pregnant women who received antenatal care from a skilled provider ² (%)	90	95	93	89
Births delivered in a health facility (%)	36	56	58	23
Births assisted by a provider skilled in obstetrics ³ (%)	37	56	60	24
Child vaccination				
Children 12-23 months fully vaccinated ⁴ (%)	45	56	44	46
Nutrition				
Children under five years who are stunted (moderate or severe) (%) [MICS4 2.2a]	22	16	16	25
Children under five years who are wasted (moderate or severe) (%) [MICS4 2.3a]	5	4	5	5
Children under five years who are underweight (moderate or severe) (%) [MICS4 2.1a, MDG 1.8]	11	9	8	13
Children age 6-59 months with any anemia (%)	65	65	65	65
Women age 15-49 with any anemia (%)	49	54	54	45
Men age 15-49 with any anemia (%)	23	22	20	26
Malaria				
Households with at least one insecticide-treated net (ITN) (%) [MICS4 3.12]	19	28	26	13
Children under five years who slept under an ITN the night before the survey (%) [MICS4 3.15]	12	20	20	7
Pregnant women who slept under an ITN the night before the survey (%) [MICS4 3.19] ⁶	9	17	11	7
Childhood mortality (deaths for 1,000 live births)⁵				
Infant mortality [MICS 1.2, MDG 4.2]	59	59	71	58
Under-five mortality [MICS 1.1, MDG 4.1]	88	81	97	87
HIV/AIDS				
Knowledge of HIV prevention methods (women and men age 15-49)				
Using condoms and limiting sexual intercourse to one uninfected partner [women/men] (%)	81/86	83/86	83/87	80/85
Women age 15-49 who were tested and received the results of the last test in the 12 months before the survey (%) [MICS4 9.6]	21	25	25	17
Men age 15-49 who were tested and received the results of the last test in the 12 months before the survey (%)	13	20	18	10
HIV prevalence for women age 15-49 (%)	2.7	2.5	2.7	2.5
HIV prevalence for men age 15-49 (%)	1.7	1.6	1.9	1.5
Domestic violence				
Women age 15-49 who have experienced physical violence since age 15 (%)	28	29	29	27
Women age 15-49 who have ever experienced sexual violence (%)	13	12	14	12
Ever-married women age 15-49 who have ever experienced physical, emotional, or sexual violence committed by their current or most recent husband/partner (%)	29	29	31	28

¹Currently 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. ²Doctors, nurses, nurse midwives, and auxiliary nurses are considered skilled providers. ³Doctors, nurses, and nurse midwives are considered providers skilled in obstetrics. ⁴BCG, measles, three doses of DTPePer and three doses of polio (excluding polio vaccine given at birth). ⁵Figures are for the ten-year period before the survey

Department (no camps)											
Camps	Metropolitan Area	West	South-east	North	North-east	Artibonite	Centre	South	Grande-Anse	North-west	Nippes
3.6	2.5	4.3	4.3	3.4	4.2	3.5	4.8	4.0	4.8	3.4	3.4
26	14	13	14	14	18	13	19	12	17	9	14
17.4	18.5	18.0	17.9	18.0	18.3	17.8	17.6	17.7	17.3	18.0	17.0
21.1	22.7	21.8	21.7	22.6	22.5	21.3	20.3	22.5	20.6	22.1	20.8
21.6	23.7	21.9	22.6	22.7	22.3	21.5	20.9	22.7	20.9	21.7	21.0
34	34	29	31	42	34	32	43	39	35	31	41
32	29	26	27	40	32	29	41	36	32	28	38
41	33	41	42	32	38	32	32	37	35	39	32
89	92	88	90	90	96	91	94	88	86	94	90
48	60	27	21	39	37	30	25	35	17	26	28
50	64	28	25	39	38	31	26	35	18	26	28
48	34	38	34	60	56	44	59	51	45	40	65
20	15	17	29	25	22	26	28	19	26	23	17
6	5	6	3	4	4	4	6	6	5	8	6
8	7	11	13	14	13	12	15	10	15	13	8
74	66	65	63	64	68	67	66	63	68	56	58
56	54	46	46	54	53	53	47	38	38	46	39
19	19	21	23	24	24	31	26	22	29	27	18
29	25	14	26	19	19	9	14	19	18	17	37
25	21	10	12	9	12	6	9	13	11	7	16
6	7	10	11	7	13	7	9	(7)	6	11	15
90	81	61	55	54	58	58	68	55	63	41	59
124	109	87	76	86	84	91	104	80	94	57	80
83/85	83/87	74/83	82/83	82/88	82/88	81/84	82/87	82/88	82/82	83/89	86/81
28	25	17	15	25	19	16	16	21	18	19	21
20	16	9	14	17	15	10	11	13	10	16	12
5.7	2.8	2.0	1.9	1.8	4.2	3.0	1.7	2.4	2.2	4.2	2.6
2.0	2.1	1.0	2.3	1.6	3.4	1.6	1.8	1.1	0.8	2.1	1.3
36	29	26	26	27	26	28	33	28	29	24	27
16	16	12	9	11	9	12	16	14	14	11	11
32	33	27	27	26	25	29	37	27	27	25	27

except for the national rate, in italics, which represents the five-year period before the survey.⁶Figures in parentheses are based on 25-49 unweighted cases.

MICS & MDG INDICATORS

MICS4	MDG		Value
Mortality			
1.3		Neonatal mortality (deaths for 1,000 live births)	31
1.4		Postneonatal mortality (deaths for 1,000)	29
1.5		Child mortality (deaths for 1,000)	31
Nutrition			
2.1b		Children under age five who are severely underweight (%)	3
2.2b		Children under age five who are severely stunted (%)	8
2.3b		Children under age five who are severely wasted (%)	1
2.4		Last-born children in the two years before the survey who were ever breastfed(%)	97
2.5		Last-born children in the two years before the survey who were breastfed in the first hour of life (%)	47
2.6		Children under six months who are exclusively breastfed (%)	40
2.7		Children age 12-15 months who are breastfed (continued breastfeeding at 1 year) (%)	82
2.8		Children age 20-23 months who are breastfed (continued breastfeeding at 2 years) (%)	31
2.9		Children under six months who are predominantly breastfed ¹ (%)	51
2.10		Median duration of breastfeeding among children born in the three years before the survey (months)	17.0
2.11		Children age 0-23 months who were fed with a bottle the previous day (%)	28
2.12		Children age 6-8 months who received solid or semi-solid foods the previous day (%)	87
2.13		Children age 6-23 months fed according to minimum meal frequency recommendations ² the previous day (%)	44
2.14		Children age 0-23 months appropriately fed ³ the previous day (%)	60
2.15		Non-breastfed children age 6-23 months who received at least 2 milk feedings the previous day (%)	26
2.17		Children age 6-59 months who received vitamin A supplements in the last 6 months (%)	44
Child health			
3.1		Children age 12-23 months vaccinated against tuberculosis before age 12 months (%)	81
3.2		Children age 12-23 months vaccinated against polio before age 12 months (%)	51
3.3		Children age 12-23 months vaccinated against diphtheria, tetanus, and pertussis before age 12 months (%)	55
3.4	4.3	Children age 12-23 months vaccinated against measles before age 12 months (%)	38
3.8		Children under age five with diarrhea in the previous 2 weeks who received ORT (ORS packet or recommended homemade fluids or increased liquids) and continued feeding during the episode of diarrhea (%)	57
3.9		Children under age five with symptoms of ARI ⁴ in the previous 2 weeks who were taken to a health facility or provider for treatment or advice ⁵ (%)	38
3.10		Children under age five with symptoms of ARI ⁴ in the previous 2 weeks who received antibiotics (%)	46
3.13		Households with at least one ITN ⁶ and/or received IRS ⁷ in the last 12 months (%)	20
3.14		Children under age five who slept under any type of mosquito net the previous night (%)	14
3.16		Children under age five with fever in the previous 2 weeks who had a finger or heel stick for testing (%)	12
3.17		Children under age five with fever in the previous 2 weeks who received antimalarials the same day or the day following the onset of fever (%)	1
Water and sanitation			
4.1		Household members using an improved source of drinking water (%)	65

¹Exclusively breastfed or receive breastmilk and only water, and/or only non-milk liquids.²For breastfed children, the minimum meal frequency is receiving solid or semi-solid foods at least twice a day for children age 6-8 months and at least three times a day for children age 9-23 months. For non-breastfed children age 6-23 months, the minimum meal frequency is receiving solid or semi-solid foods or milk products at least four times a day.³Infants age 0-5 months who are exclusively breastfed and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods. ⁴Acute Respiratory Infection ⁵Does not include pharmacies, shops, and traditional healers, and also excludes health agents and "matrones avec boite". ⁶Insecticide-treated net ⁷Indoor residual spraying

MICS & MDG INDICATORS

MICS4	MDG		Value
Water and sanitation			
4.2		Household members using an unimproved source of drinking water that use an appropriate treatment method ⁸ (%)	71
4.3		Household members using improved sanitation facilities that are not shared (%)	28
Reproductive health			
5.2		Women age 20-24 who had at least one live birth before age 18 (%)	13
Literacy and education			
7.1	2.3	Women age 15-24 who are able to read a short simple statement about everyday life or who attended secondary or higher education (%)	86
7.4	2.1	Primary school-age children who are attending school [Net attendance ratio for primary school] (%)	77
7.5		Secondary school-age children who are attending school [Net attendance ratio for secondary school] (%)	25
7.9	3.1	Gender Parity Index ⁹ for primary school	1.01
7.10	3.1	Gender Parity Index ⁹ for secondary school	1.35
Child protection			
8.1		Children under age five whose births are reported registered (%)	80
8.2		Children age 5-14 who are involved in child labor ¹⁰	50
8.3		Children age 5-14 who are involved in child labor that are currently attending school (%)	92
8.4		Children age 5-14 who are currently attending school that are involved in child labor (%)	50
8.5		Children age 2-14 who experienced psychological aggression or physical punishment during the past month (%)	86
8.8		Women age 15-19 married or in union (%)	12
8.9		Women age 15-49 whose partner has other partners (%)	16
8.14		Women age 15-49 who state that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	17
HIV/AIDS, sexual behavior, and orphans			
9.1		Women age 15-49 with comprehensive knowledge ¹¹ of HIV prevention (%)	37
3.4	6.3	Women age 15-24 with comprehensive knowledge ¹¹ of HIV prevention (%)	35
9.4		Women age 15-49 who express accepting attitudes toward people living with HIV on all 4 indicators ¹² (%)	12
9.5		Women age 15-49 who know where to get an HIV test	88
9.7		Women age 15-24 who had sexual intercourse in the 12 months before the survey who were tested for HIV and received the result in the 12 months before the survey (%)	28
9.8		Women age 15-49 with a birth in the last 2 years who received HIV counseling during an antenatal care visit (%)	58
9.9		Women age 15-49 with a birth in the last 2 years who were offered and accepted an HIV test during antenatal care and received their results (%)	47
9.10		Never-married women age 15-24 who have never had sex (%)	56
9.11		Women age 15-24 who had sexual intercourse before age 15 (%)	13
9.12		Women age 15-24 who had sexual intercourse in the 12 months before the survey with a partner who was 10 or more years older (%)	10
9.13		Women age 15-49 who had more than one sexual partner in the 12 months before the survey (%)	2
9.14		Women age 15-49 who had more than one sexual partner in the 12 months before the survey who also reported that a condom was used the last time they had sex (%)	43

⁸ Appropriate water treatment methods include boiling, adding waterguard, bleaching, straining, filtering, and solar disinfecting. ⁹ Net attendance ratio for girls/Net attendance ratio for boys ¹⁰ For children age 5-11, child labor is economic activity for at least one hour and/or domestic work for 28 hours or more. For children age 12-14, child labor is economic activity for 14 hours or more and/or domestic work for 28 hours or more. ¹¹ Know that using condoms regularly during sex and limiting sex to one faithful, uninfected partner can reduce the risk of HIV transmission, those who know that a healthy-looking person can have HIV and those who reject the most common local misconceptions about HIV transmission or prevention. ¹² Believe that a female teacher with HIV should be allowed to continue teaching, would buy fresh vegetables from a shopkeeper with HIV, would not want to keep secret that a family member has HIV, and who are willing to care for a family member with HIV in their home.

