Nepal

2011 Demographic and Health Survey

Key Findings

This report summarizes the findings of the 2011 Nepal Demographic and Health Survey (NDHS) implemented by New ERA under the aegis of the Ministry of Health and Population. ICF International provided technical assistance for the survey through the USAID-funded MEASURE DHS program, which is designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. Funding for the NDHS was received from USAID/Nepal.

Additional information about the survey can be obtained from Population Division, Ministry of Health and Population, Government of Nepal, Ramshahpath, Kathmandu, Nepal; Telephone: (977-1) 4262987. http://www.mohp.gov.np or New ERA Ltd., P.O. Box 722, Kathmandu, Nepal; Telephone: (977-1) 4413603; Internet: www.newera.com.np

Additional information about the DHS program may be obtained from MEASURE DHS, ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone: 1.301.572.0200; Fax: 1.301.572.0999; e-mail: reports@measuredhs.com).

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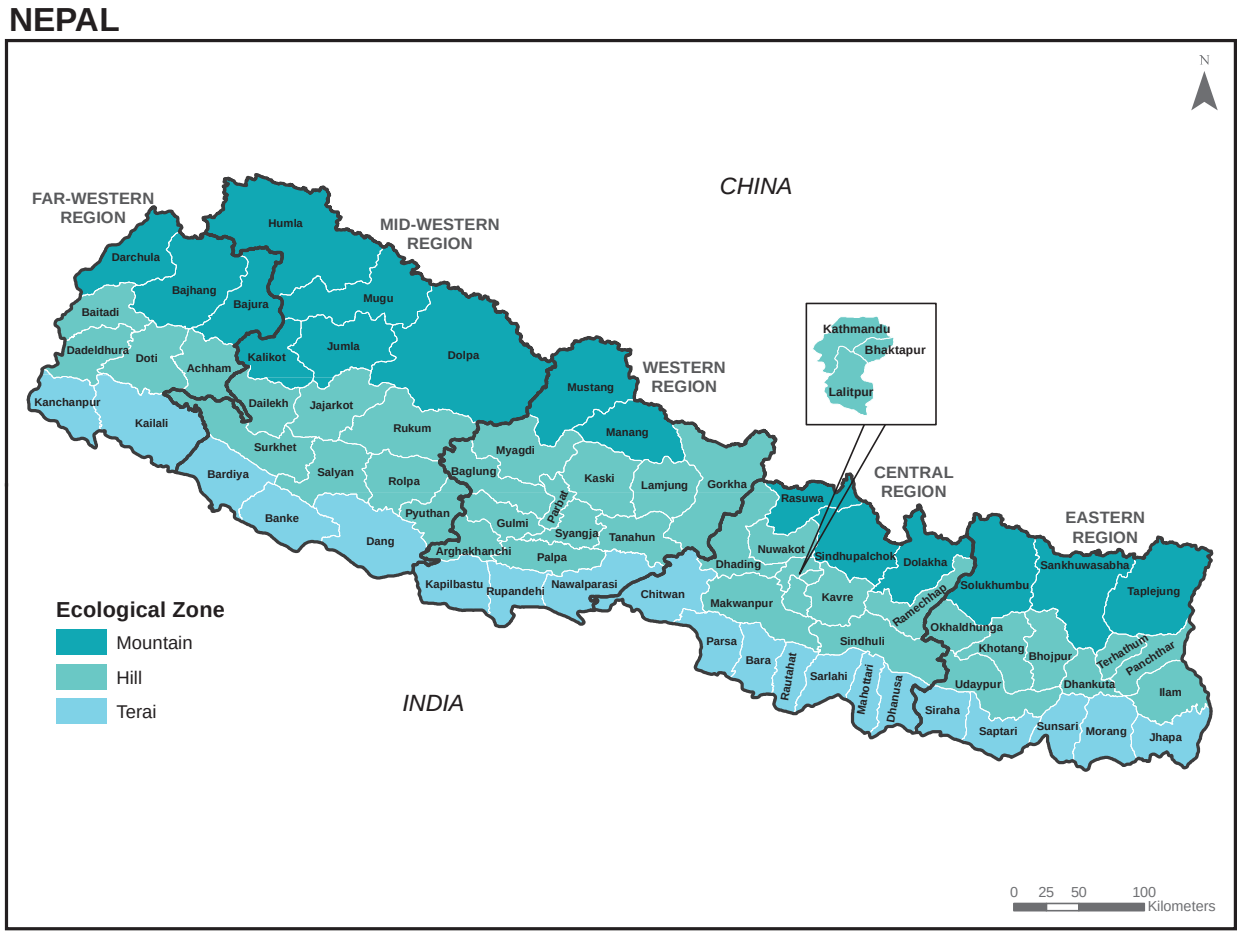
About the 2011 NDHS

The 2011 Nepal Demographic and Health Survey (NDHS) is designed to provide data for monitoring the population and health situation in Nepal. The 2011 NDHS is the fourth Demographic and Health Survey conducted in Nepal. The objective of the survey was to provide up-to-date information on fertility, maternal and child health, nutrition, infant and child mortality, family planning behavior, women's status, domestic violence, and knowledge and behavior regarding HIV/AIDS.

Who participated in the survey?

A nationally representative sample of 12,674 women age 15–49 in 10,826 surveyed households and 4,121 men age 15–49 in half of these households were interviewed. This represents a response rate of 98% for women and 95% for men. This sample provides estimates for Nepal as a whole, for urban and rural areas, for each of three ecological zones (mountain, hill, and terai), for development regions (Eastern, Central, Western, Mid-western, and Far-western) and, for some indicators, estimates for each of the 13 sub-regions.



Household and Respondent Characteristics

Household composition

Nepalese households consist of an average of 4.4 people. A large proportion of the Nepalese population (37%) is under 15 years of age, although this proportion has declined over the last five years from 41% in 2006. Eleven percent of the population is under five years, a 15% decline since 2006, indicating a declining trend in fertility.

Migration

Migration is quite common in Nepal—57% of households reported at least one person migrating away from the household in the past 10 years. The majority of male migrants (85%) moved out within the five years preceding the survey. Households reported an average of 2 persons who migrated in the past 10 years.

Housing conditions

Housing conditions vary greatly by residence. Almost all (97%) urban households have electricity compared with 73% of rural households. About 90% of households in both urban and rural areas have an improved water source. The most common source of water in urban areas is water piped into the dwelling/yard/plot, whereas tube wells and public taps are most common in rural areas. Half of urban households and 36% of rural households use an improved toilet facility not shared with other households. Thirty-six percent of households have no toilet facility with the vast majority in the rural areas.

Ownership of goods

Half of Nepalese households own a radio and 47% own a television. Three-quarters of households own a mobile telephone. Refrigerator ownership is much higher in urban areas (29%) than rural areas (8%).

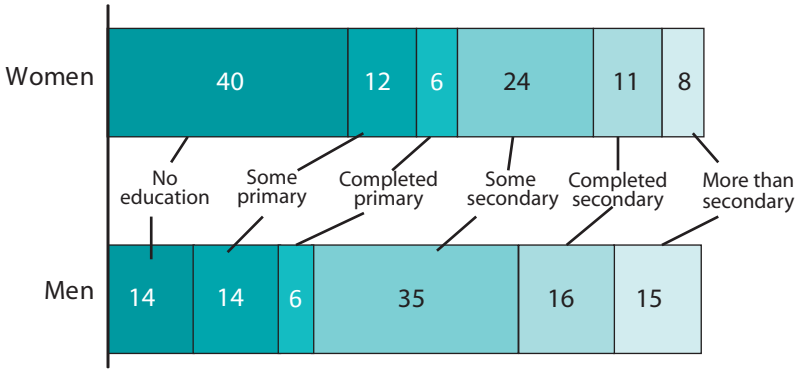
Forty percent of households own a bicycle or rickshaw and 11% own a motorcycle or scooter. Only 2% own a car, truck, or tempo. About 70% of households in rural areas own agricultural land compared to 45% of households in urban areas.

Education of survey respondents

The majority of Nepalese have some education, although only 8% of female respondents age 15-49 and 15% of male respondents in the same age group have more than secondary education. Urban residents and those from the wealthiest households are most likely to have more than secondary education.

Education

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



Fertility and its Determinants

Total Fertility Rate (TFR)

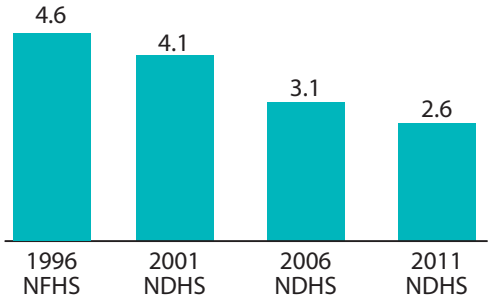
Fertility in Nepal has declined over the past fifteen years. Currently, women in Nepal have an average of 2.6 children, a decrease from 3.1 in 2006.

Fertility varies by residence and by region. Women in urban areas have 1.6 children on average, compared with 2.8 children per woman in rural areas. Fertility is higher in the Mid-western (3.2) and Far-western (2.8) regions than in the Eastern, Central, or Western (each 2.5). Fertility is highest in the Mountain zone, where women have an average of 3.4 children.

Fertility also varies with mother's education and economic status. Women who have SLC and higher education have an average of 1.7 children, while women with no schooling have an average of 3.7 children. Fertility increases as household* wealth decreases. The women in the poorest households, in general, have more than twice as many children as women who live in the wealthiest households (4.1 versus 1.5 children per woman).

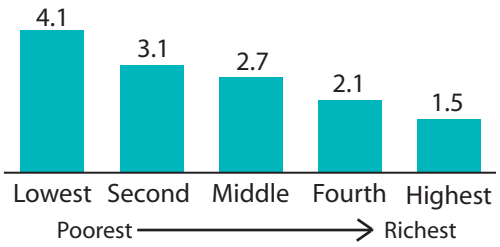
Trends in Fertility

Births per woman for the 3 years prior to the survey



TFR by Wealth Quintile

Total fertility rate



Age at first birth

Nepalese women age 25-49 have their first birth at a median age of 20.2 years. The median age at first birth ranges from 19.3 years in Far-western terai to 21.5 years in the Eastern hill. Women with no education have their first birth four years earlier than women with SLC and higher education (19.7 versus 23.7). Only 2% of Nepalese women age 25-49 had given birth by the age of 15, while 23% had their firth birth by age 18.

Age at first marriage

Women in Nepal get married at a fairly young age - a median age at first marriage of 17.5 years for women age 25-49. The median age at first marriage rises with education from 16.6 years among women age 25-49 with no education to 18.5 years among women with some secondary education. Eighteen percent of women age 25-49 in Nepal are married by age 15, and more than half (55%) by age 18. Only 19% of men in the same age group are married by age 18; and the median age at first marriage for men age 25-49 is 21.6, four years later than women.

Age at first sexual intercourse

Nepalese women age 25-49 initiate sexual intercourse at a median age of 17.7, just after marriage. Men, on the other hand, initiate sex slightly before marriage, at a median age of 20.5. About half of women and one-quarter of men age 25-49 had their first sexual intercourse by the age of 18.

* 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 individuals' relative standing on the household index.

Family Planning

Knowledge of family planning

Knowledge of family planning methods in Nepal is universal; more than 99% of all women age 15–49 know at least one modern method of family planning. The most commonly known methods are female sterilization (99%), injectables (98%), and condoms (98%).

Current use of family planning

More than 4 in 10 married women (43%) currently use a modern method of family planning. Another 7% are using a traditional method. Female sterilization is the most common (15%), followed by injectables (9%), male sterilization (8%), the pill and male condom (4% each).

Use of modern family planning methods is fairly high in both urban and rural areas (50% and 42%, respectively), but varies by subregion. Modern contraceptive use ranges from a low of 32% in Eastern hill to a high of 55% in Far-western terai.

Modern contraceptive use decreases with education in Nepal- only 35% of women with SLC and above use a modern method compared to 49% of women with no education. Sterilization is especially common among women with no education (23%).Use of modern methods does increase with wealth.

Trends in family planning use

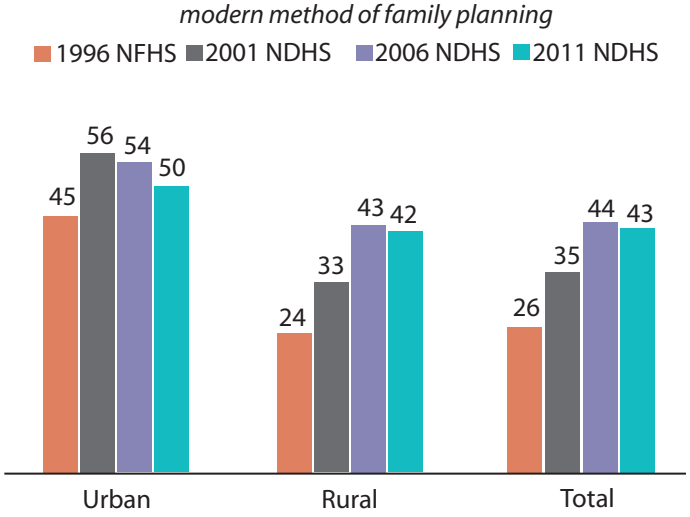
There was a marked increase in the use of modern contraceptives in the ten years between 1996 and 2006. However, family planning use has remained essentially the same since 2006. Use of female sterilization has dropped slightly, from 18% in 2006 to 15% in 2011, while male sterilization has increased, from 6% in 2006 to 8% in 2011. Use of traditional methods have also increased, from 4% in 2006 to 7% in 2011, mostly due to an increase in the use of withdrawal.

Source of family planning methods

The government sector provides 69% of contraceptives, including the large majority of female and male sterilization, more than two-thirds of injectables and implants, and about half of the pill. Private medical facilities provide 21% of contraceptives, including about half of the pill and one-quarter of injectables. NGOs provide 8% of contraceptives.

Trends in Use of Family Planning

Percent of married women currently using a modern method of family planning



Need for Family Planning

Desired family size

Nepalese women and men want about two children (2.1 and 2.3, respectively). The ideal family size is slightly higher among women in rural areas than in urban areas (2.2 versus 1.9). Women with SLC and above desire fewer children than women with no schooling (1.7 versus 2.5).

Desire to delay or stop childbearing

Half (50%) of currently married Nepalese women want no more children and 23% are already sterilized. Another 14% want to wait at least two years before their next birth. These women are potential users of family planning. Men have similar fertility desires: 60% want no more children, 9% are already sterilized, and 17% would like to wait at least two more years before another birth.

Unmet need for family planning

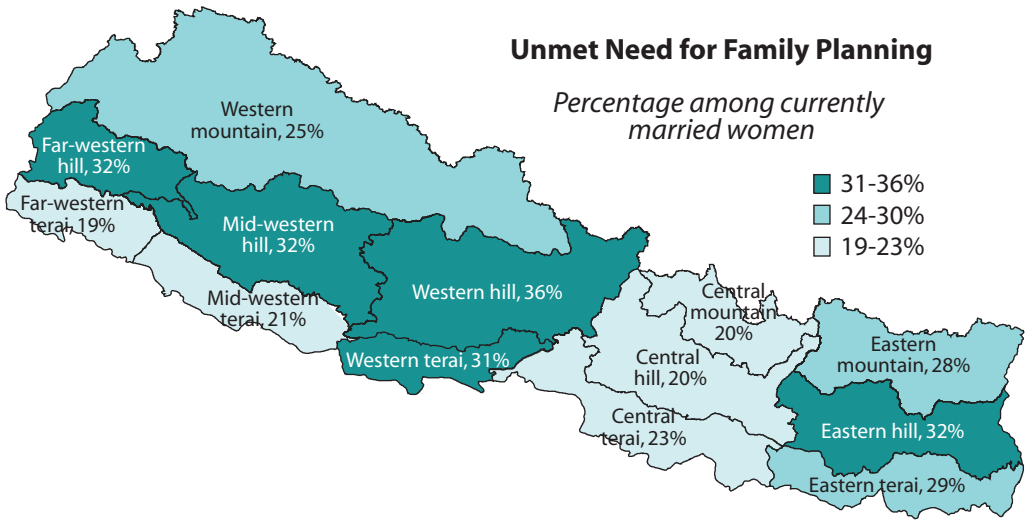
Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2011 NDHS reveals that 27% of married women have an unmet need for family planning—10% for spacing and 17% for limiting. Unmet need is higher in rural than in urban areas and is highest among the youngest cohort of women (age 15-19 years). Unmet need is highest in the Western hill (36%).

Missed opportunities

Among all women who are *not* currently using family planning, only 9% were visited by female community health volunteers (FCHV) or reproductive health volunteers (RHV) who discussed family planning, and only 6% of women visited a health facility where they discussed family planning. Overall, 88% of nonusers 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 and given options about other available methods. About 60% of Nepalese users of modern methods were informed about side effects and told what to do if they experienced side effects. Just over half (54%) were informed of other methods that could be used.



Infant and Child Mortality

Levels and trends

Currently, the infant mortality rate in Nepal is 46 deaths per 1,000 live births for the five year period before the survey, just two deaths below the infant mortality reported in 2006. Under-five mortality is 54 deaths per 1,000 live births, down from 61 deaths per 1,000 in 2006.

Childhood mortality decreases markedly with mother's education and wealth. For example, infant mortality, is nearly twice as high among children whose mothers have no schooling compared to those with some secondary education (62 deaths versus 37 deaths). The association with wealth is almost identical—there are 61 deaths per 1,000 live births among infants from the poorest households compared to only 32 deaths per 1,000 live births among infants from the richest households.

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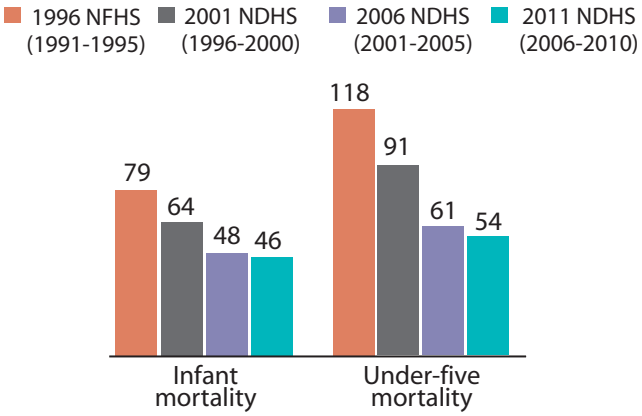
Trends in Childhood Mortality

Deaths per 1,000 live births



Mortality rates are much higher in rural than urban areas. For example, infant mortality is 55 deaths per 1,000 live births in rural areas compared to only 38 in urban areas.

Mortality also differs by zone and region. Mortality is highest in the Mountain zone and Far-western region.

Spacing children at least 36 months apart reduces the risk of infant death. In Nepal, the median birth interval is fairly long—36 months. Infants born less than two years after a previous birth have particularly high under-five mortality rates (102 deaths per 1,000 live births compared with 43 deaths per 1,000 live births for infants born three years after the previous birth). Twenty-one percent of infants in Nepal are born less than two years after a previous birth.

Maternal Health

Antenatal care

Almost 60% of Nepalese women receive some antenatal care (ANC) from a skilled provider such as a doctor, nurse, or midwife. This marks continued improvement since 2006 when only 44% of women had any ANC from a skilled provider.

In 2011, half of women had an antenatal care visit by their fourth month of pregnancy, as recommended. This is a substantial improvement from only 28% in 2006. In 2011, 50% received the recommended four or more visits. Eight in ten women took iron supplements during pregnancy; only 55%, however, took intestinal parasite drugs. Most women (76%) were informed of signs of pregnancy complications during an ANC visit. Eighty-two percent of women's most recent births were protected against neonatal tetanus.

Delivery and postnatal care

Just over one-third (35%) of births in Nepal occur in health facilities. Facility-based births are most common in Eastern terai (50%) and Western terai (48%). Almost two in three births occur at home. Home births are more common in rural areas (67%) than urban areas (28%). Facility-based births have become much more common in recent years, up from 9% in 2001 and 18% in 2006. The most common reason for not delivering in a health facility is the belief that it is not necessary (62%).

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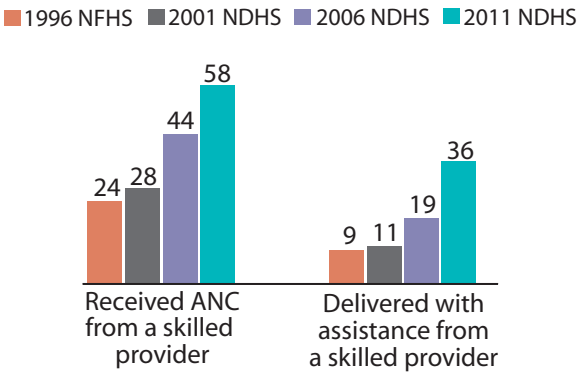
Trends in Maternal Health Care

Percent of women 15-49 with a live birth in the 5 years before the survey*



* 1996 figures based on the 3 years before the survey

Note: skilled provider includes doctor, nurse, and midwife

Thirty-six percent of births are assisted by a skilled provider (doctor, nurse, or midwife). Another 11% are assisted by a traditional birth attendant. Skilled assistance at birth is much more common in urban areas (73%) than in rural areas (32%). Women with SLC and above are more than three times as likely to deliver with a skilled provider than women with no education (76% versus 19%).

Postnatal care helps prevent complications after childbirth. Forty-five percent of women with a live birth in the two years before the survey received a postnatal checkup within two days of delivery. More than half of women (54%) did not have a postnatal checkup.

Newborn care practices

Among non-institutional births, 59% of infants were wiped before the placenta was delivered, 10% were placed on the belly or breast before the placenta was delivered, and 62% were wrapped in cloth before the placenta was delivered. In half of cases, the infants first bath occurred within one hour of birth. One in four newborns are bathed at least 24 hours after birth as recommended.

Abortion

Abortion knowledge

Only 38% of women know that abortion is legal in Nepal. This knowledge is most common among women in urban areas (47%) and those living in the Far-western terai (60%). Almost two-thirds of women with SLC and above know that abortion is legal compared to only 20% of those with no education.

Almost 60% of women know a safe place for abortion; 71% identified a place in the government sector, 29% in the non-government sector, and 58% in the private sector.

Pregnancy outcome

Among all the pregnancies that occurred in the five years before the 2011 NDHS, 85% resulted in a live birth and 8% ended in induced abortion. The greatest proportion of births ended in abortion among older women age 35-49 (14%), those with four or more previous pregnancies (16%), and among women from the wealthiest households (18%).

Reason and method for recent abortions

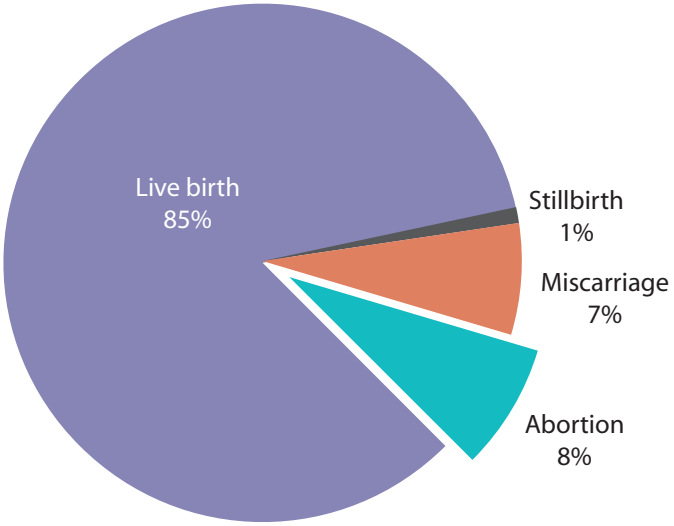
Among women with an abortion in the five years before the survey, the most common reasons given for having the abortion were: did not want any more children (20%), no money to take care of baby (12%), husband/partner did not want child (12%), health of mother (10%), and wanted to space child (10%).

Thirty-nine percent of abortions that occurred in the five years before the survey were carried out by dilation and curretage; vacuum aspiration was used in 24% of cases, and 20% of women took tablets to induce abortion.

Sixty-two percent of abortions were performed by doctors, while nurses and midwives provided services for 27% of abortions. The private sector was the most common place for abortion services (36%), followed by the non-government sector (34%), and the government sector (19%).

Pregnancy Outcomes

Percent distribution of pregnancy outcomes in the 5 years before the survey



Child Health

Vaccination coverage

According to the 2011 NDHS, 87% of Nepalese children age 12–23 months have received all recommended vaccines—one dose each of BCG and measles and three doses each of DPT and polio. Only 3% of children did not receive any of the recommended vaccines.

Vaccination coverage is only slightly higher in urban areas than rural areas (90% versus 87%). There is also variation in vaccination coverage by subregion, ranging from 80% of children fully vaccinated in the Central terai to 97% in the Eastern mountain. Vaccination coverage increases with mother's education; 78% of children whose mothers have no schooling were fully vaccinated compared with 92% of children whose mothers have SLC and above.

Trends in vaccination coverage

Vaccination coverage has increased slightly since the 2006 survey when 83% of children were fully vaccinated.

Childhood illnesses

In the two weeks before the survey, 5% of children under five had symptoms of an acute respiratory infection (ARI). One in five children (19%) had a fever in the two weeks before the survey. Of these

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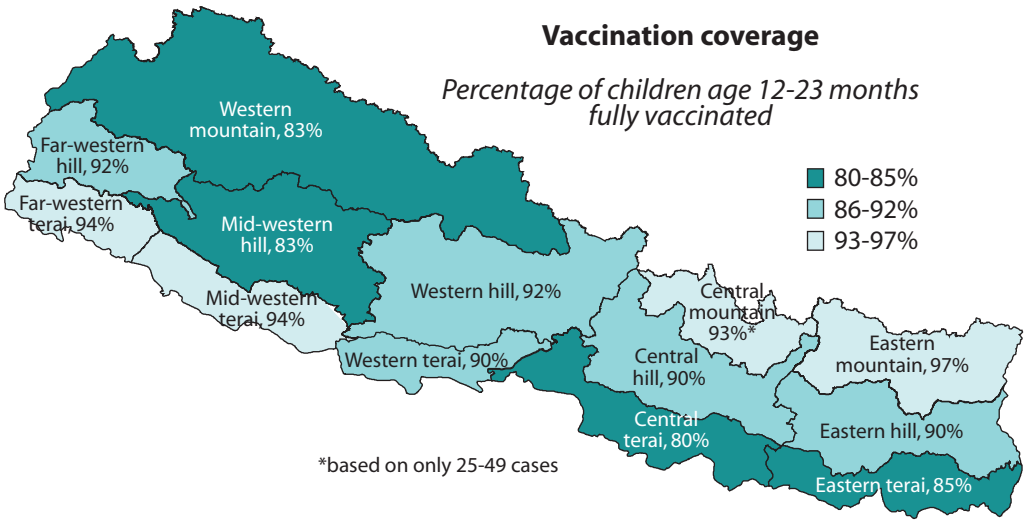
children, 42% sought treatment from a health facility or provider; 1% received antimalarials and 32% took antibiotics.

During the two weeks before the survey, 14% of Nepalese children under five had diarrhea. Prevalence of diarrhea was highest (24%) among children 6–23 months old. About 4 in 10 (38%) of children with diarrhea were taken to a health provider. Children with diarrhea should drink more fluids, particularly through oral rehydration salts (ORS). Half of children with diarrhea were treated with ORS or increased fluids. Thirty percent received no treatment at all.



Feeding Practices and the Nutritional Status of Women and Children

Breastfeeding and the introduction of complementary foods

Breastfeeding is very common in Nepal, with 98% of children ever breastfed. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Seventy percent of Nepalese children under six months are being exclusively breastfed. The median duration of any breastfeeding among children 0-35 months is 33.6 months while the median duration of exclusive breastfeeding is 4.2 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Nepal, 70% of children age 6–9 months are breastfeeding and eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months also be fed food from four or more other food groups and be fed a minimum number of times per day. Only one-quarter of breastfed children in Nepal meet this recommendation.

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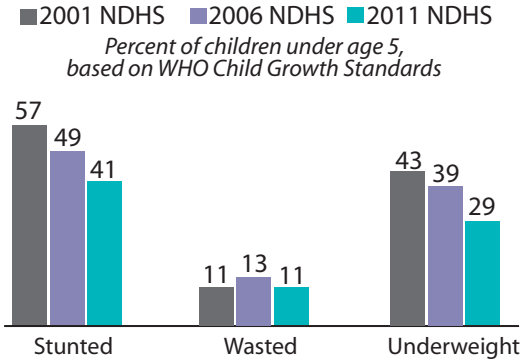
Children's nutritional status

The NDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2011 survey, 41% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in rural areas (42%) than urban areas (27%). Stunting is least common among children of more educated mothers and those from wealthier families. Stunting ranges from 31% in the Central hill and Eastern terai to 60% in the Western mountain.

Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (11%). Underweight, or too thin for age, is more common—29% of Nepalese children under age five are underweight.

Stunting among children under five years has declined in recent years, from 49% in 2006 and 57% in 2001. Underweight has also decreased, from 39% in 2006. Wasting has remained essentially unchanged.

Trends in Children's Nutritional Status



Women's nutritional status

The 2011 NDHS also took weight and height measurements of women age 15–49. Just under one in five (18%) Nepalese women is too thin, while only 14% are overweight or obese. Overweight and obesity are higher in urban areas than in rural areas (26% compared with 11%) and increase with age and wealth.

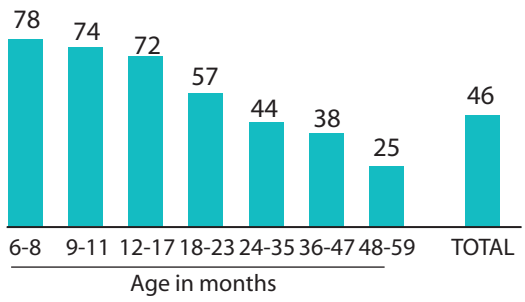
The percentage of women who are too thin has decreased from 24% in 2006, but the proportion of women who are overweight or obese has increased from only 9% in 2006.

Anemia in children and women

Almost half (46%) of Nepalese children age 6-59 months are anemic. Eighteen percent of children have moderate anemia, and 1% are severely anemic. More than 70% of children age 6-17 months are anemic compared with 25% of children age 48-59 months. Anemia is most common in the Far-western terai (60%) and least common in the Central mountain (33%).

Anemia Prevalence in Children

Percent of children age 6-59 months with anemia



The prevalence of anemia has not changed significantly from the 48% reported in 2006.

More than one-third of women in Nepal are anemic, although moderate and severe anemia are relatively rare (6%). Anemia in women has not changed much since 2006.

Vitamin A and iron supplementation

Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 47% of children age 6–23 months ate fruits and vegetables rich in vitamin A. Nine in ten children age 6–59 months received a vitamin A supplement in the six months prior to the survey. One-quarter of children ate iron-rich foods in the day before the survey, and only 3% were given iron supplements in the week before the survey.

Only 40% of women received a vitamin A supplement postpartum. Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. More than half (56%) of women took iron tablets or syrup for at least 90 days during their last pregnancy.

Use of Iodized Salt

Iodine is an important micronutrient for brain development, and maternal and child health. Iodine is commonly ingested through iodization of household salt.

Eight in ten households in Nepal have adequately iodized salt. Adequately iodized salt is more commonly found in urban (94%) than rural households (78%).

HIV/AIDS Knowledge and Behavior

Knowledge

According to the 2011 NDHS, 86% of women and 97% of men age 15-49 have heard of HIV and AIDS, but knowledge of HIV prevention measures is slightly lower. Seventy-one percent of women and 84% of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner. Knowledge of HIV prevention measures is higher among those with higher levels of education and those from wealthier households.

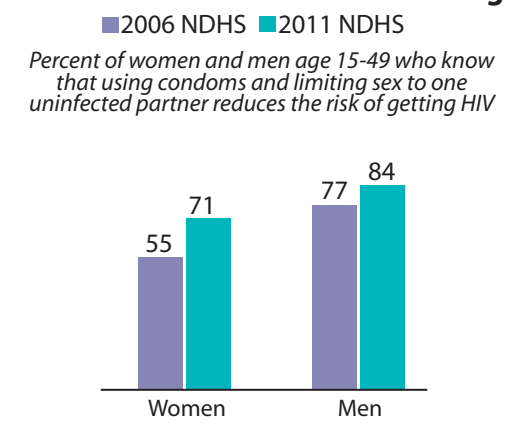
Prevention knowledge has improved in recent years, especially among women. In 2006, only 55% of women knew that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner.

About 60% of women and men know that HIV can be transmitted by breastfeeding. However, only 35% of women and 44% of men know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy.

Multiple sexual partners and condom use

Multiple sexual partnerships are very rare in Nepal.

Trends in HIV Prevention Knowledge



Only 4% of men reported having had more than one sexual partner in the year before the survey. Men report an average of 2.5 lifetime sexual partners.

Five percent men report having ever paid for sex, while 2% report having paid for sex in the past year.

Prior HIV testing

Only 38% of women and 57% of men know where to get an HIV test. Only 3% of women and 8% of men were tested for HIV in the year before the survey and received the results. While this is low, it is an increase from 2006 when only 1% of women had ever been tested; in 2011, 5% of women reported that they had ever been tested.

Women's Empowerment

Employment

Seventy-seven percent of married women age 15–49 interviewed in the NDHS are employed compared with almost all men (98%). Sixty-one percent of these women are not paid for their work; 24% are paid in cash only. Two-thirds of men are paid in cash only and only 12% of men are unpaid.

Women who were not employed in the year before the survey were asked why they were unemployed. The most common reasons were because they had small children to look after (32%), family opposition (19%), workload at home (18%), and feeling that there is no need to work (16%).

Ownership of assets

Only 7% of women own a house alone (6%) or jointly (1%). Twenty-five percent of men, in comparison, own a house alone or jointly. Only 10% of women own land alone or jointly compared to 27% of men.

Participation in household decisions

Nepalese women have limited power to make many decisions. About two-thirds of women report that they have sole or joint decisionmaking power over their own health care and just over 60% on visits to her family or relatives. Only 57% participate in decisions about major household purchases. Almost one-quarter (24%) of married women do not participate in any of these three decisions.

Older women and those from the wealthiest families are most likely to participate in all three of these decisions. More than half of women in Central hill, Mid-western hill, and Eastern terai participate in all three decisions compared to less than 30% in Far western hill.

Gender-Based Violence

More than 2 in 10 women (22%) in Nepal have suffered from physical violence at some point since age 15. Nine percent of women suffered from acts of violence during the past 12 months. The proportion of women ever experiencing violence is substantially higher for divorced, separated, or widowed women (28%) than never-married women (6%). The majority of women who have ever experienced physical violence report that the perpetrator of the violence was a current husband.

Twelve percent of women have ever experienced sexual violence, and 6% of women report that they have experienced sexual violence in the year before the survey. Again, the most common perpetrator of sexual violence is the current husband.

Spousal Violence

Almost one-third (32%) of ever-married women have suffered from spousal or partner abuse at some point in time, whether physical, emotional, or sexual. Fifteen percent of ever-married women report having experienced some form of physical or sexual violence by their husband in the past year.

Spousal violence is most common in the Terai zone, where 35% of ever-married women report having experienced physical or sexual violence by their husband. Spousal violence is most common among those with no education (36%) and least common among women from the wealthiest households (17%).

Women whose husbands are often drunk are more likely to suffer from physical or sexual violence than women whose husbands do not drink. More than 70% of women whose husbands get drunk very often report physical or sexual violence compared to only 20% of women whose husbands do not drink alcohol.

More than 60% of women who have ever experienced physical or sexual violence have never told anyone about the violence; 23% have sought help from some source.

Indicators

		Residence	
Fertility	Total	Urban	Rural
Total fertility rate (number of children per woman)	2.6	1.6	2.8
Women age 15–19 who are mothers or currently pregnant (%)	17	9	18
Median age at first marriage for women age 25–49 (years)	17.5	18.5	17.4
Median age at first intercourse for women age 25–49 (years)	17.7	18.6	17.5
Median age at first birth for women age 25–49 (years)	20.2	20.7	20.1
Married women age 15–49 who want no more children (%)	73	73	73
Family Planning (married women, age 15–49)			
Current use			
Any method (%)	50	60	48
Any modern method (%)	43	50	42
Currently married women with an unmet need for family planning[1] (%)	27	20	28
Maternal and Child Health			
Maternity care			
Pregnant women who received antenatal care from a skilled provider[2] (%)	58	88	55
Births assisted by a skilled provider[2] (%)	36	73	32
Births delivered in a health facility (%)	35	71	32
Pregnancies ending in abortion in the 5 years before the survey (%)	8	15	7
Child vaccination			
Children 12–23 months fully vaccinated[3] (%)	87	90	87
Nutrition			
Children under 5 years who are stunted (moderate or severe) (%)	41	27	42
Children under 5 years who are wasted (moderate or severe) (%)	11	8	11
Children under 5 years who are underweight (%)	29	17	30
Children age 6-59 months with any anemia (%)	46	41	47
Women age 15-49 with any anemia (%)	35	28	36
Childhood Mortality			
Infant mortality (between birth and first birthday)[4]	*46*	38	55
Under-five mortality (between birth and fifth birthday)[4]	*54*	45	64
HIV/AIDS-related Knowledge			
Knows ways to avoid HIV (women and men age 15–49):	Women/Men	Women/Men	Women/Men
Limiting sexual intercourse to one uninfected partner (%)	79/89	88/91	77/89
Using condoms (%)	74/89	85/90	73/89
Tested for HIV in past 12 months and received results (%)	3/8	4/10	3/7
Gender-based violence			
Women 15-49 who have ever experienced physical violence since age 15 (%)	22	19	22
Ever-married women 15-49 who have ever experienced physical or sexual violence committed by their husband/partner (%)	28	25	29

* Based on a limited number of cases

[1]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.

[2]Skilled provider includes doctor, nurse, and midwife.

[3]Fully vaccinated includes BCG, measles, three doses each of DPT, and polio vaccine (excluding polio vaccine given at birth).

[4] Number of deaths per 1,000 births; figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

Ecological zone			Development region				
Mountain	Hill	Terai	Eastern	Central	Western	Mid-western	Far-western
3.4	2.6	2.5	2.5	2.5	2.5	3.2*	2.8
17	16	18	16	17	16	20	15
17.4	18.0	17.2	18.7	17.0	17.7	17.1	16.6
17.5	18.2	17.3	18.9	17.2	17.8	17.3	16.7
20.4	20.6	19.9	21.1	20.0	20.1	19.7	19.5
75	76	70	70	73	76	72	74
48	48	51	46	55	46	47	52
43	41	45	36	50	39	43	47
24	30	25	30	22	34	26	24
52	53	63	61	56	60	53	62
19	30	43	42	36	38	29	31
19	31	41	40	36	38	29	29
5	8	7	5	6	12	7	9
88	90	85	88	83	91	85	94
53	42	37	37	38	37	50	46
11	11	11	10	12	10	11	11
36	27	30	25	30	23	37	33
48	41	50	47	44	46	48	49
27	27	42	37	33	35	36	36
73	50	53	47	52	53	58	65
87	58	62	55	60	57	73	82
Women/Men	Women/Men	Women/Men	Women/Men	Women/Men	Women/Men	Women/Men	Women/Men
79/94	86/90	74/88	84/92	69/87	84/89	79/86	88/95
72/91	81/91	70/88	78/91	66/87	79/93	75/86	83/91
2/5	3/8	3/7	2/8	2/7	3/8	4/7	6/7
17	17	28	na	na	na	na	na
27	22	35	na	na	na	na	na