Malawi

2010 Demographic and Health Survey

Key Findings

This report summarises the findings of the 2010 Malawi Demographic and Health Survey (MDHS), which was implemented by the National Statistical Office (NSO) and the Community Health Sciences Unit (CHSU). ICF Macro provided technical assistance for the survey through the USAID-funded MEASURE DHS programme, which is designed to assist developing countries in collecting data on fertility, family planning, and maternal and child health. Funding for the MDHS was provided by the Government of Malawi, the National AIDS Commission (NAC), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Kingdom Department for International Development (DFID), the Centers for Disease Control and Prevention (CDC), and the United States Agency for International Development (USAID). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organisations.

Additional information about the survey may be obtained from the Demography and Social Statistics Division of the National Statistical Office (NSO), Chimbiya Road, P.O. Box 333, Zomba, Malawi, (Telephone: +265-1-524-377/111; Fax: 265-1-525-130, email: enquiries@statistics.gov.mw, web: www.nso.malawi.net).

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

Recommended citation:

Malawi National Statistical Office and ICF Macro. 2011. *2010 Malawi Demographic and Health Survey: Key Findings*. Calverton, Maryland, USA: NSO and ICF Macro.

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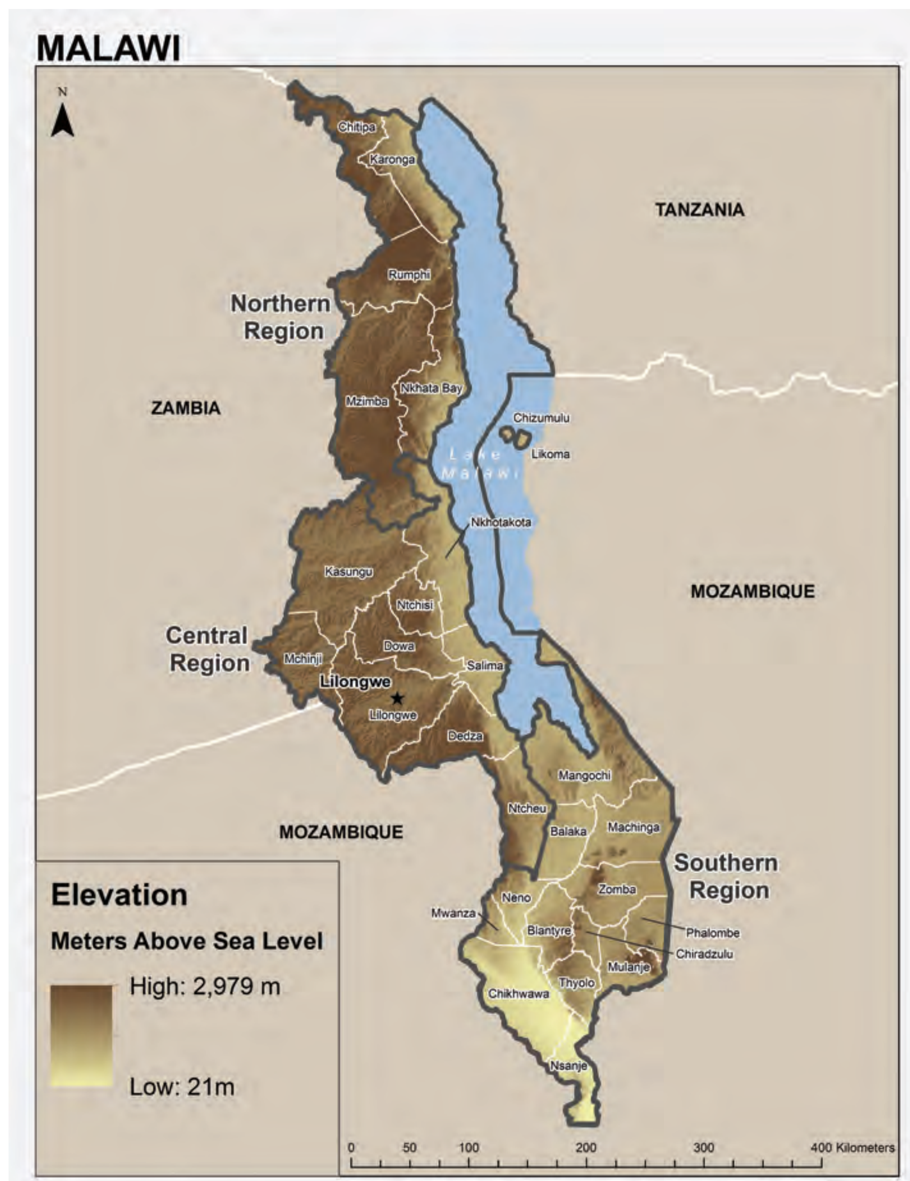
About the 2010 MDHS

The 2010 Malawi Demographic and Health Survey (MDHS) is designed to provide data for monitoring the population and health situation in Malawi. The 2010 MDHS is the fourth Demographic and Health Survey to be conducted in Malawi, and the first DHS to collect data on basic demographic and health indicators at the district level. The objective of the survey was to provide up-to-date information on fertility, family planning, childhood mortality, nutrition, maternal and child health, domestic violence, malaria, maternal mortality, awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections, and HIV prevalence.

Who participated in the survey?

A nationally representative sample of 23,020 women age 15–49 in all selected households and 7,175 men age 15–54 in one-third of selected households were interviewed. This represents a response rate of 97% for women and 92% for men. This sample provides estimates at the national, regional, and district levels. The sample design allowed for specific indicators, such as contraceptive use, to be calculated for each of the three regions and 27 districts (Nkhata Bay and Likoma are combined).



Household Characteristics

Household composition

Malawian households consist of an average of 4.6 people. Almost half (49%) of the household members are children under age 15.

Housing conditions

Housing conditions vary greatly based on residence. More than one third (35%) of urban households have electricity compared with only 4% of rural households. Almost all (93%) households in urban areas have access to an improved water source, compared with 77% of households in rural areas. Overall, just 8% of households use an improved, not-shared toilet facility. Eleven percent of households have no toilet facility.

Ownership of goods

Currently, 53% of Malawian households own a radio and 39% have a mobile phone. One-third of urban households have a television, compared with 6% of rural households.

Three in ten urban households own a bicycle, compared with 47% of rural households. Nationwide, only 2% of households own a car or truck. Rural households are most likely to own agricultural land (87%).

Education of survey respondents

Fifteen percent of Malawian women and 6% of Malawian men have had no formal education; 8% of women and 14% of men have gone to secondary school or beyond. Urban residents and those living in the Northern Region have the highest level of education. Overall, 68% of women and 81% of men are literate.

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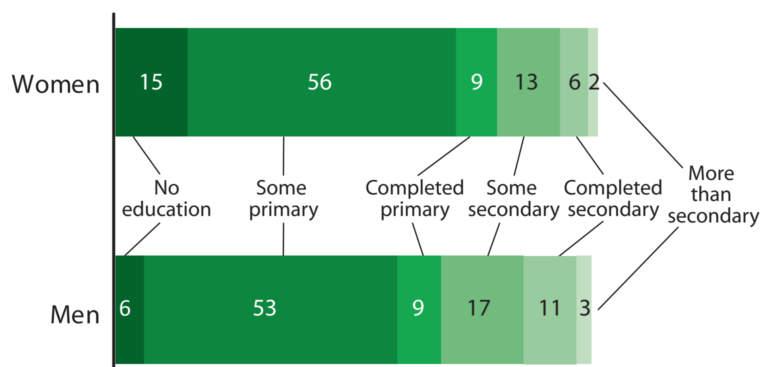
Education

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



Fertility and its Determinants

Total Fertility Rate (TFR)

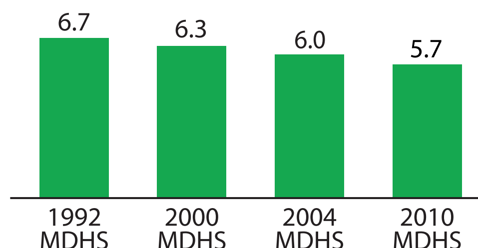
Fertility in Malawi has declined over the past two decades. Currently, women in Malawi have an average of 5.7 children, down from 6.0 in 2004.

Fertility varies by residence. Women in urban areas have 4.0 children on average, compared with 6.1 children per woman in rural areas.

Fertility also varies with mother's education and economic status. Women who have no education have over three times as many children as women with secondary or higher education (6.9 versus 2.1 children per woman). Fertility increases as the wealth of the respondent's household* decreases. The poorest women, in general, have almost twice as many children as women who live in the wealthiest households (6.8 versus 3.7 children per woman).

Trends in Fertility

Births per woman

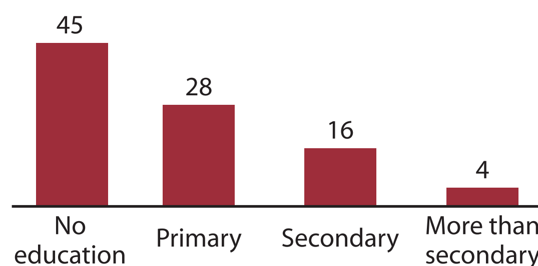


Teenage fertility

According to the 2010 MDHS, 26% of young women age 15–19 have already begun childbearing: 20% are mothers, and an additional 6% are pregnant with their first child. Young motherhood is more common in rural areas than in urban areas. Young women with no education are more than eleven times more likely to have started childbearing by age 19 than those who have secondary and higher education (45% versus 4%).

Teenage Childbearing by Education

Percent of women age 15-19 who are mothers or pregnant with their first child



* 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 18.9. Women living in urban areas have their first birth slightly later than women living in rural areas. Age at first birth increases with education and wealth. Women with no education have their first birth at a median age of 18.4 compared with 24.4 among women with more than secondary education.

Age at first marriage

Over half of women in Malawi are married by age 18, compared with just 8% of men. The median age at first marriage is 17.8 for women age 25–49 compared with men who marry later, at a median age of 22.5. Age at marriage greatly increases with education; women with more than secondary education get married more than seven years later than those with no education (median age of 24.5 years versus 17.1 years for women age 25–49).

Age at first sexual intercourse

Six in ten women and 41% of men age 25-49 were sexually active by the age of 18. Nineteen percent of women had had sex by the age of 15. Women start sexual activity about one and a half years earlier than men (median age of 17.2 years for women and 18.7 years for men).

Polygyny

Fourteen percent of women are married to a man with more than one wife. Polygyny is most common in the Northern Region and among women with no education.

Desired family size

Malawian women and men want about four children, on average. Ideal family size is higher among women in rural areas than urban areas (4.1 versus 3.4). Women with more than secondary education desire fewer children than women with no education (2.8 versus 4.9).

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Family Planning

Knowledge of family planning

Knowledge of family planning methods in Malawi is nearly universal; 98% of all women and 99% of all men age 15–49 know at least one modern method of family planning. The most commonly known methods are injectables, male condoms, and the pill.

Current use of family planning

More than four in ten married women (42%) currently use a modern method of family planning. Another 4% are using a traditional method. Injectables (26%) and female sterilisation (10%) are the most commonly used methods. Unmarried, sexually-active women are the most likely to use family planning—almost half (46%) are using a modern method, with 23% using male condoms and 15% using injectables.

Use of modern family planning varies by residence and district. Modern methods are used by half of married women in urban areas, compared with 41% of women in rural areas. Modern contraceptive use ranges from a low of 27% among married women in Mangochi to a high of 52% in Mwanza.

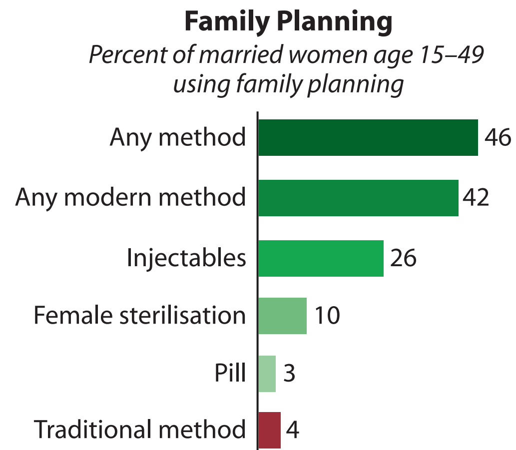
Modern contraceptive use increases with education. Nearly half (49%) of married women with more than secondary education use modern methods, compared with 37% of women with no education.

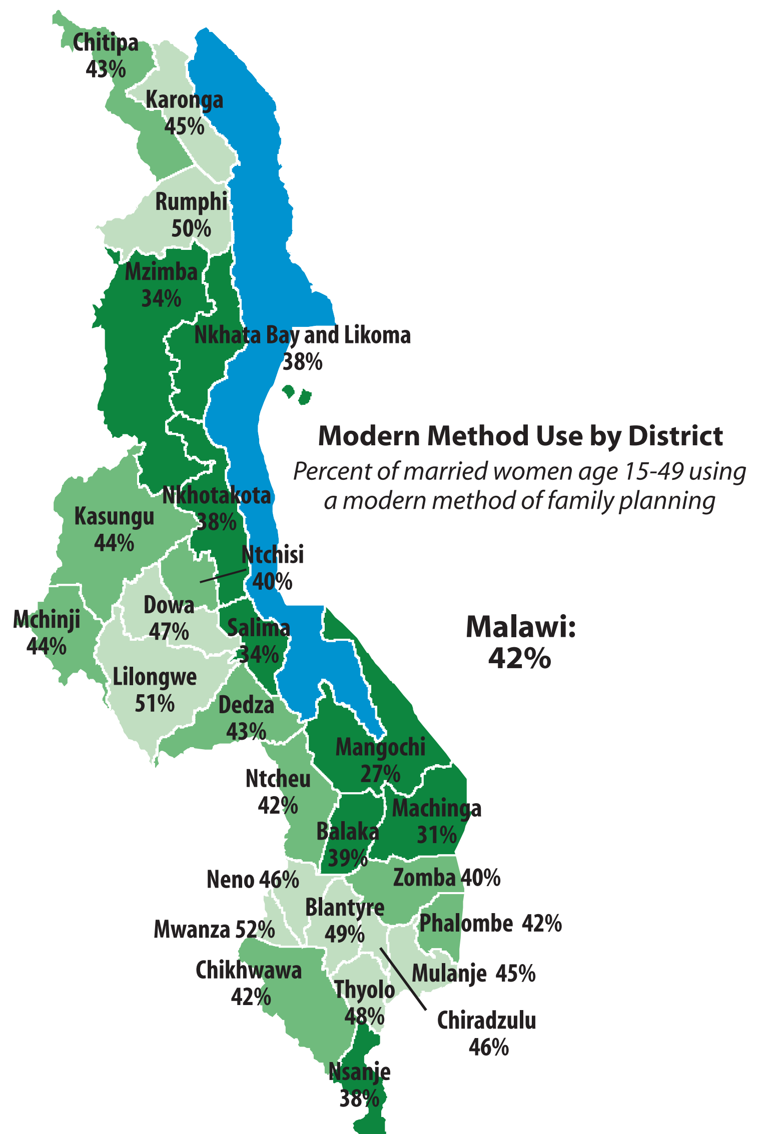
Trends in family planning use

Family planning use has increased dramatically since 2004, when only 28% of married women were using a modern method. This is primarily due to a continued increase in the use of injectables.

Source of family planning methods

Public sources, such as government hospitals and government health centres currently provide contraceptives to nearly three-quarters (74%) of current users. The Christian Health Association of Malawi (CHAM) and mission facilities supply contraceptives to 9% of users, as does Banja la Mtsogolo (BLM). Condoms are most commonly obtained at shops (38%), while most other methods are obtained at government hospitals and health centres.





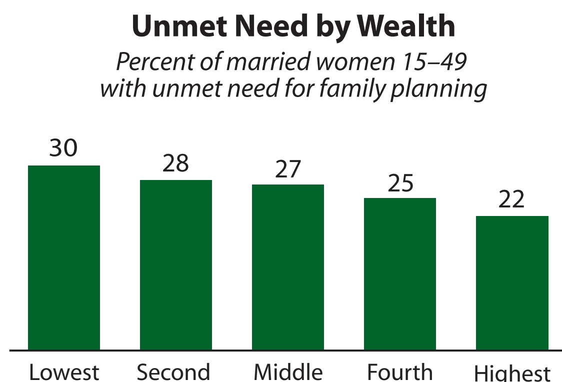
Need for Family Planning

Desire to delay or stop childbearing

More than one-third (37%) of currently married Malawian women want no more children. Another 36% 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 2010 MDHS reveals that 26% of married women have an unmet need for family planning—14% of women have a need for spacing births and 12% for limiting births. Unmet need is highest among poorer women and those with no education.



Missed opportunities

Overall, 58% of women and 76% of men heard a family planning message on the radio in the months before the survey. Almost 6 in 10 (59%) women and 83% of men heard or saw the *Tikuferanji* message. The *Safe motherhood* message was also popular, with 57% of women and 73% of men listening in the months before the survey.

Among all women who are not currently using family planning, 12% were visited by a field worker who discussed family planning, and 36% of women visited a health facility where they discussed family planning. Overall, 59% 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 family planning methods. Three in four Malawian women were informed about possible side effects of their method, and 80% were informed about other family planning methods. Ninety-four percent of women who were sterilised were informed that sterilisation is permanent.

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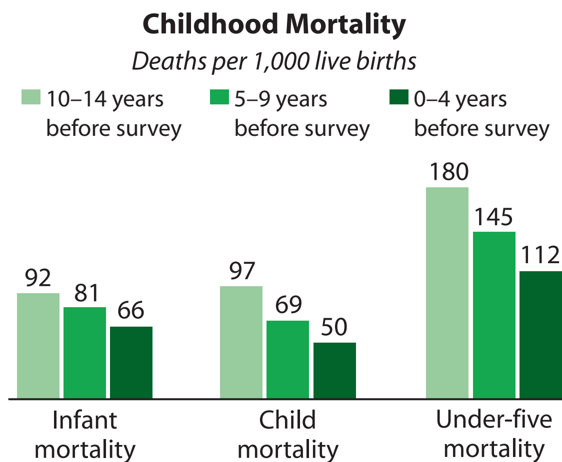
INFANT AND CHILD MORTALITY

Levels and trends

Childhood mortality levels are decreasing in Malawi. Currently, infant mortality is 66 deaths per 1,000 live births for the five-year period before the survey compared with 81 deaths for the five-to-nine-year period before the survey. Under-five mortality levels have also decreased from 145 deaths per 1,000 live births to 112.



Mortality rates differ slightly by region. The under-five mortality rate for the ten-year period before the survey ranges from 108 deaths per 1,000 live births in the Northern Region to 130 in the Southern Region. Under-five mortality differs dramatically by a mother's level of education. Children born to a mother who has more than secondary education are markedly less likely to die before their fifth birthday than children whose mothers have received no education (55 and 138 deaths per 1,000 live births, respectively).

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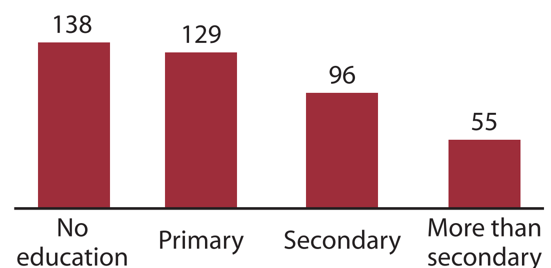
Birth intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Malawi, the median birth interval is 36 months. Infants born less than two years after a previous birth have particularly high under-five mortality rates (200 deaths per 1,000 live births compared with 94 deaths per 1,000 live births for infants born three years after the previous birth). Fifteen percent of infants in Malawi are born less than two years after a previous birth.



Maternal Health

Antenatal care

Almost all (95%) Malawian women receive some antenatal care (ANC) from a skilled provider, most commonly from a nurse or trained midwife (83%). Only 12% of women, however, had an antenatal care visit by their fourth month of pregnancy, as recommended. Forty-six percent received the recommended four or more ANC visits. Nine in ten (91%) women took iron supplements during pregnancy; 27% took intestinal parasite drugs. Eight in ten women were informed of signs of pregnancy complications during an ANC visit. Eighty-nine percent of women's most recent births were protected against neonatal tetanus.

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Delivery and postnatal care

Almost three-quarters (73%) of Malawian births occur in health facilities, primarily in public sector facilities. Home births are twice as common in rural areas (26%) as in urban areas (13%).

Seventy-one percent of births are assisted by a skilled provider (doctor, clinical officer, nurse, or midwife). Another 14% are assisted by a traditional birth attendant and 9% by untrained relatives or friends.

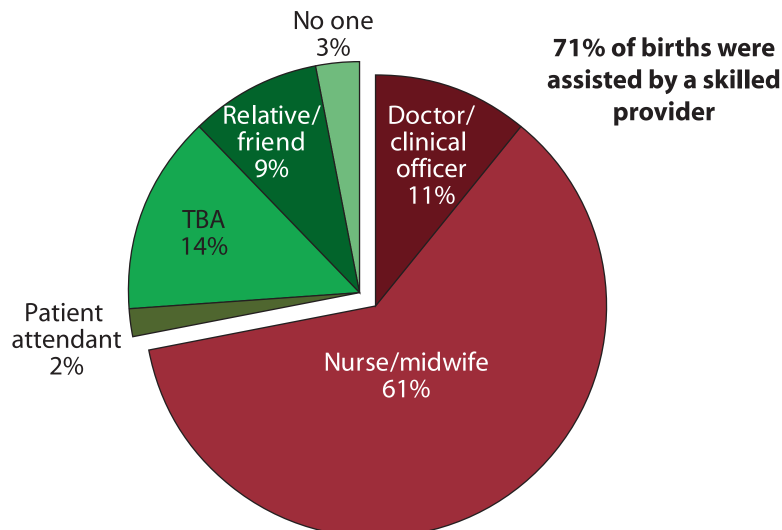
Postnatal care helps prevent complications after childbirth. Forty-three percent of women received a postnatal checkup within two days of delivery. Almost half (48%) of women did not have a postnatal checkup.

Maternal mortality

The 2010 MDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio for Malawi is 675 deaths per 100,000 live births. The 95% confidence interval for the 2010 maternal mortality ratio ranges from 570 to 780 deaths per 100,000 live births.

Assistance During Delivery

Percent distribution of births in the 5 years before the survey

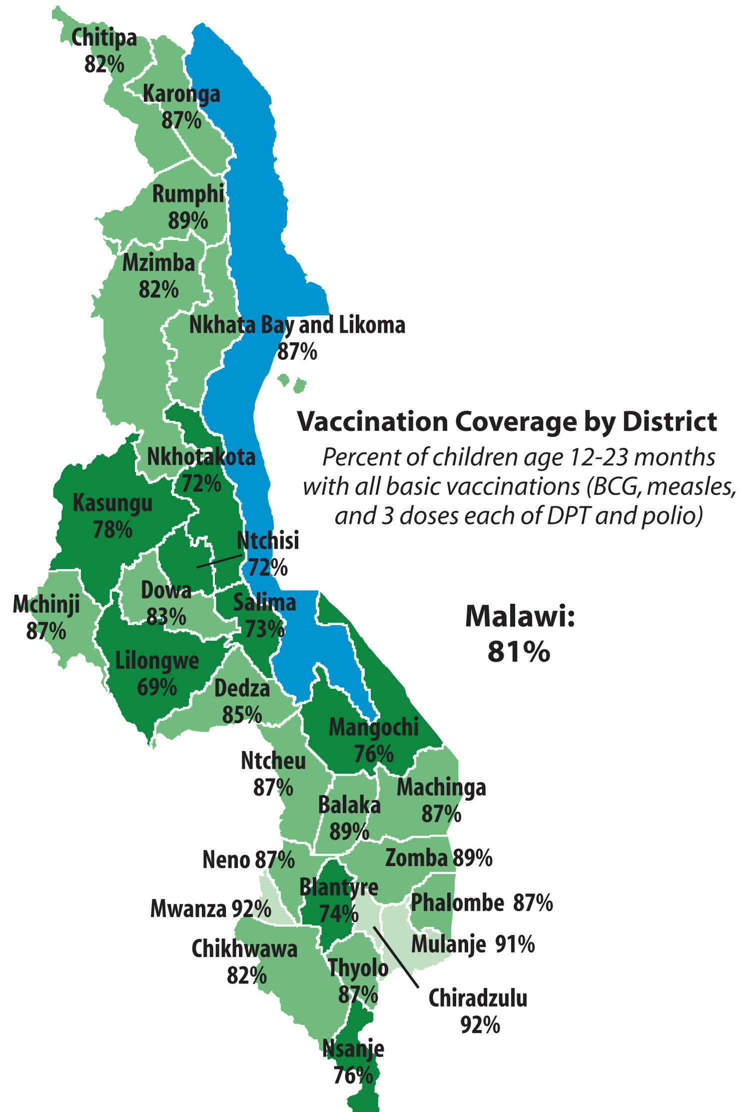


CHILD HEALTH

Vaccination coverage

According to the 2010 MDHS, 81% of Malawian children age 12–23 months have received all recommended vaccines—one dose each of BCG and measles, and three doses each of DPT or pentavalent (DPT-HepB-Hib) and polio. Only 2% of children did not receive any of the recommended vaccines.

Vaccination coverage is higher in rural areas than urban areas (82% versus 76%). There is also variation in vaccination coverage by district, ranging from only 69% of children fully vaccinated in Lilongwe to 92% in Chiradzulu and Mwanza. Coverage increases with mother's education; 84% of children whose mothers have more than secondary education were fully vaccinated compared with 75% of children whose mothers have no education.



Trends in vaccination coverage

Vaccination coverage continues to increase gradually over time. Vaccination coverage has increased from 64% in the 2004 MDHS and 70% in the 2000 MDHS.

Childhood illnesses

In the two weeks before the survey, 7% of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, 70% were taken to a health facility or provider.

During the two weeks before the survey, 18% of Malawian children under five had diarrhoea. The rate was highest (39%) among children 6–11 months old. Sixty-two percent of children with diarrhoea were taken to a health provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration salts (ORS). Nearly 3 in 4 children with diarrhoea were treated with ORS or increased fluids. However, 15% received no treatment (from a medical professional or at home) at all.

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Feeding Practices and the Nutritional Status of Women and Children

Breastfeeding and the introduction of complementary foods

Breastfeeding is very common in Malawi, with 99% of children ever breastfed. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Seven in ten children under six months in Malawi are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet 19% of Malawian infants under six months receive complementary foods. On average, children breastfeed until the age of 24 months and are exclusively breastfed for 3.7 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Malawi, 87% of children ages 6–9 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.* However, only 2 in 10 breastfed children in Malawi are receiving four or more food groups daily and receive the minimum number of feedings. Just 5% of non-breastfed children are being fed in accordance with IYCF recommendations.

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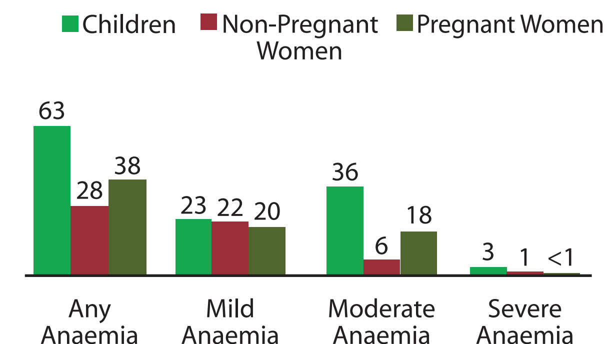
Anaemia

The 2010 MDHS tested over 4,500 children age 6 to 59 months, over 6,660 non-pregnant women and over 600 pregnant women for anaemia. More than six in ten children are classified as having any anaemia, most of whom have moderate anaemia. Anaemia has decreased from 73% of children in the 2004 MDHS to 63% of children in 2010. Anaemia is higher among pregnant women (38%) than among non-pregnant women (28%). Mild anaemia is the most common form of anaemia among both groups of women.

Anaemia in Women and Children

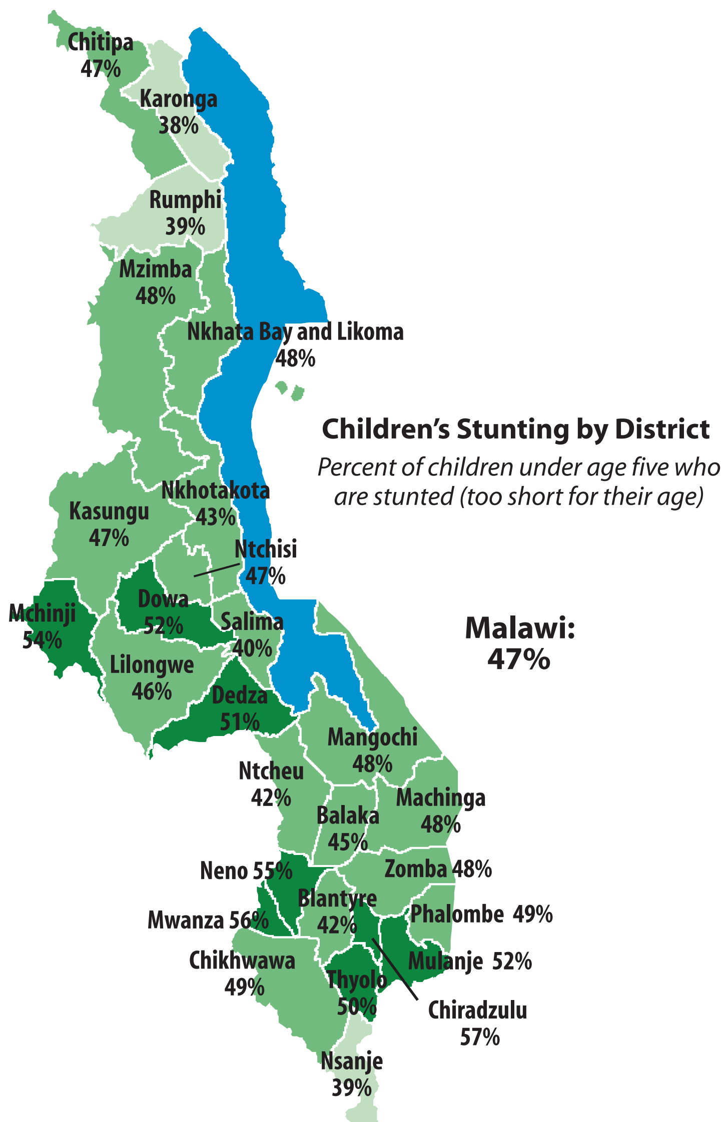
Percent of children age 6-59 months, non-pregnant women and pregnant women age 15-49 years with anaemia



*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.

Children's nutritional status

The MDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2010 survey, 47% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is most common among children age 18-23 months (61%). Stunting is least common among children of more educated mothers and those from wealthier families. Wasting (too thin for height), which is a sign of acute malnutrition, is far less common, only 4%. Thirteen percent of Malawian children are underweight, or too thin for their age.



Based on the new WHO Child Growth Standards

Women's nutritional status

The 2010 MDHS also took weight and height measurements of women age 15–49. Few Malawian women are too thin (9%), and 17% of women are overweight or obese. Overweight and obesity is twice as high in urban areas as in rural areas (28% compared with 14%) and increases with age, education, and wealth. Women in Lilongwe are most likely to be overweight or obese (26%).

Vitamin A and iron supplementation

Micronutrients are essential vitamins and minerals required for good health.

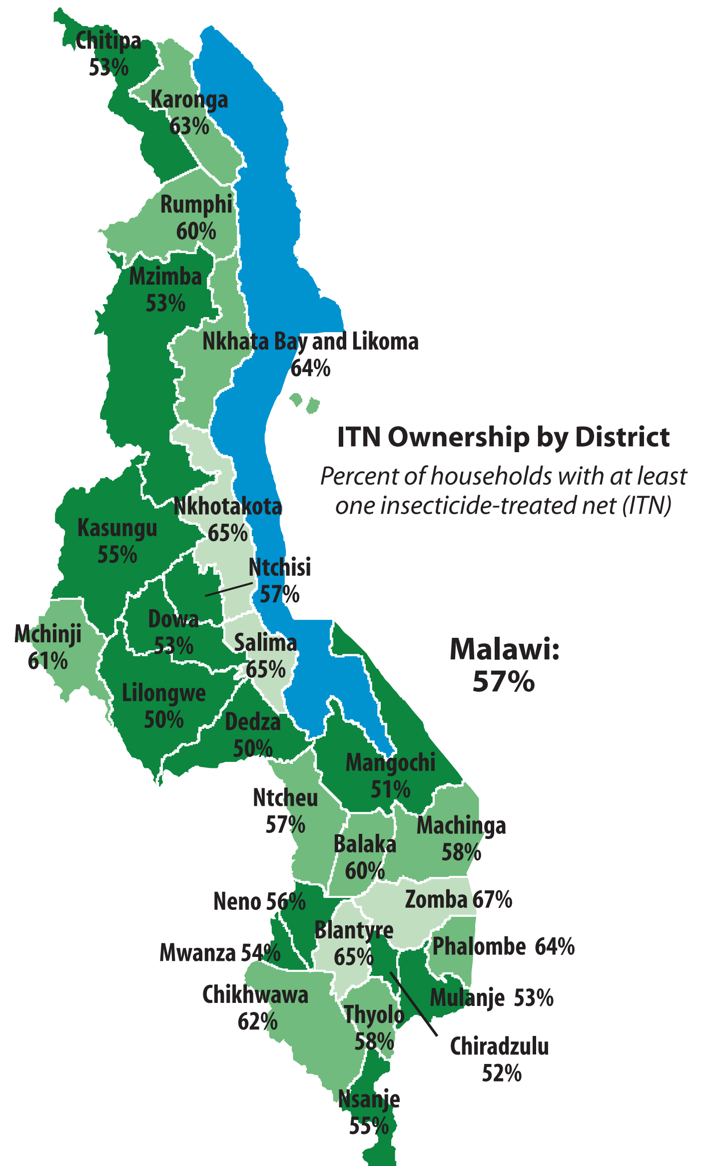
Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 77% of children age 6–23 months ate fruits and vegetables rich in vitamin A. Eighty-six percent of children age 6–59 months received a vitamin A supplement in the six months prior to the survey. Over half (57%) of women received a vitamin A supplement postpartum. Vitamin A supplementation has increased since the 2004 MDHS, when 65% of children age 6-59 months received a vitamin A supplement in the six months prior to the survey and 41% of pregnant 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. Thirty-two percent of women took iron tablets or syrup for at least 90 days during their last pregnancy.

Malaria

Household ownership of mosquito nets

In Malawi, 57% of households have at least one insecticide-treated mosquito net (ITN). ITN ownership is highest in Zomba (67%) and lowest in Dedza and Lilongwe, where half of households own at least one ITN. Additionally, 41% of all households have at least one long-lasting insecticidal net (LLIN). ITN ownership in Malawi has increased dramatically since the 2004 MDHS when only 27% of households owned an ITN.



Use of mosquito nets by children and women

Overall, 39% of children under five slept under an ITN the night before the survey. Among children with an ITN in their household, 59% slept under an ITN the night before the survey. Thirty-five percent of pregnant women slept under an ITN the night before the survey.

Antimalarial drug use

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. It is recommended that pregnant women receive at least two doses of the antimalarial drug SP/Fansidar as intermittent preventive treatment (IPT). Overall, 89% of pregnant women received any antimalarial drug during their last pregnancy and more than half (54%) of pregnant women received two doses of SP/Fansidar, at least one of which was taken during an ANC visit, as recommended.

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More than one-third (35%) of children under age five had a fever in the two weeks preceding the survey. Among these children, 43% were given antimalarial drugs, while 28% were given antimalarial drugs the same day or the day following the onset of the fever. The majority of children took lumefantrine and artemether (LA), an artemisinin-based combination therapy (ACT) drug, which is the recommended course of treatment for malaria in children in Malawi.

Gender Based Violence

Nearly 3 in 10 women (28%) in Malawi have suffered from physical violence at some point since age 15. Fourteen percent of women suffered from acts of violence during the past 12 months. This proportion is substantially higher for divorced, separated, or widowed women (22%) than single women (8%). More than two-thirds of women who have ever experienced physical violence report that the perpetrator of the violence was a current or former husband or partner.

One in four women have ever experienced sexual violence, and 15% of women had their first sexual intercourse forced against their will.

Spousal Violence

Four in ten ever-married women have suffered from spousal or partner abuse at some point in time, whether physical, emotional, or sexual. Twenty-two percent of ever-married women report having experienced some form of physical or sexual violence by their husband or partner in the past year.

Spousal violence is more common in urban areas; 38% of ever-married women in urban areas have ever experienced physical or sexual violence by a partner compared with 30% in rural areas. Women whose husbands are often drunk are more likely to suffer from physical or sexual violence than women whose husbands do not drink (58% and 25%, respectively).

Thirteen percent of Malawian women and men believe that wife beating is justified in certain circumstances, such as neglecting the children or arguing with her husband.

Women's Empowerment

Employment

Three-quarters of married women age 15–49 interviewed in the MDHS are employed, compared with almost all married men. Among those who are employed, men are more likely to earn cash, while women are more likely than men to be unpaid for their work. The majority of women who receive cash payment earn less than their husbands.

Participation in household decisions

For the most part, Malawian women have the power to make some household decisions. Two-thirds of women have sole or joint decisionmaking power about visiting family or friends, while only 30% participate in decisions about major household purchases. Fifty-five percent of women participate in decisions about their own health care.

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HIV/AIDS Knowledge, Attitudes, and Behaviour

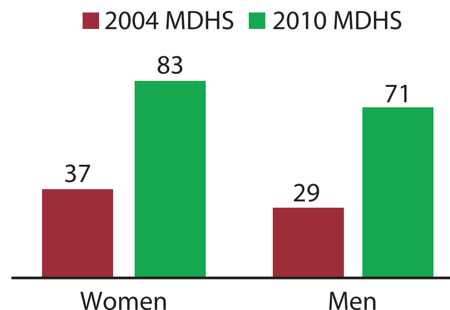
Knowledge

According to the 2010 MDHS, two-thirds of women and men age 15–49 know that the risk of HIV infection can be reduced by using condoms and limiting sex to one faithful, uninfected partner. This knowledge varies by region, from only 60% of women in the Central Region to 74% of women in the Southern Region.

Eighty-three percent of women and 71% of men know that HIV can be transmitted by breastfeeding and that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy. Knowledge of prevention of mother-to-child transmission has more than doubled since the 2004 MDHS.

Trends in Knowledge of Mother-to-Child Transmission

Percent who know that HIV can be transmitted by breastfeeding and that the risk can be reduced by mother taking special drugs during pregnancy



Multiple sexual partners and concurrent sexual partners

One percent of women and 9% of men age 15-49 report that they had sex with two or more partners in the past 12 months. About one in four of these women and men reported using a condom at last sexual intercourse.

Among the women who had two or more partners in the past 12 months, almost half (46%) had overlapping (concurrent) sexual partnerships. Concurrent sexual partnerships may increase the risk of HIV transmission because they allow the virus to pass quickly through multiple individuals. Nearly 8 in 10 men who had two or more partners in the past 12 months had concurrent sexual partnerships.

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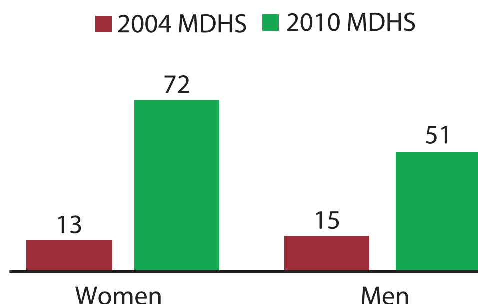
HIV testing

HIV testing is increasing rapidly in Malawi. Currently, 72% of women and 51% of men have ever been tested and received their test results. Among young women and men age 15-24, 81% of women and 53% of men have ever been tested and received the results.

Nearly 8 in 10 (79%) women who were pregnant in the two years before the survey received HIV counselling, were offered and accepted an HIV test and received their test results. HIV testing during antenatal care is more common in urban areas (89%) than rural areas (77%).

Trends in HIV Testing

Percent of men and women age 15-49 who have ever been tested for HIV and received the results of the last test



HIV Prevalence

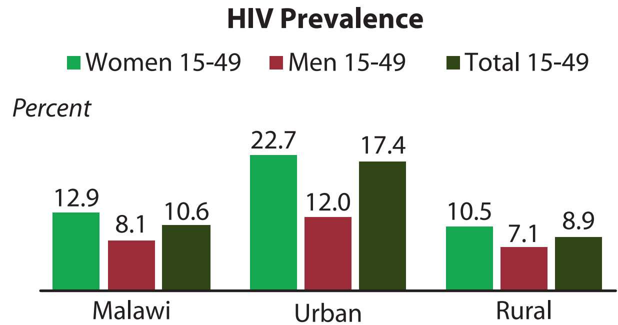
HIV Prevalence

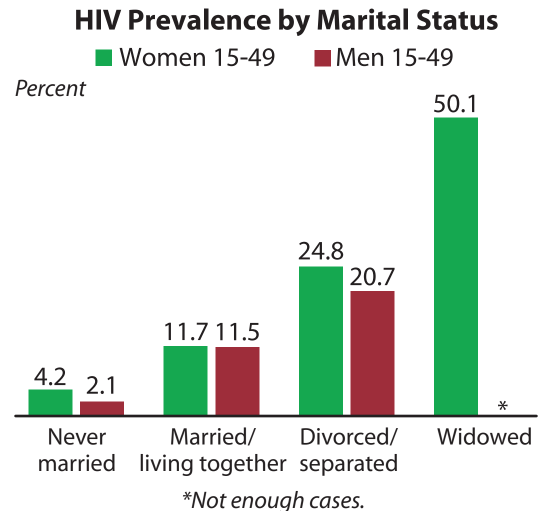
The 2010 MDHS included HIV testing of over 7,000 women age 15-49 and over 6,800 men age 15-54. Ninety-one percent of women and 84% of men agreed to be tested for HIV.

In Malawi, HIV prevalence has not changed significantly since 2004. According to the 2010 MDHS, HIV prevalence is 10.6% for women and men age 15-49, compared with 11.8% in the 2004 MDHS. In Malawi, HIV prevalence is 12.9% for women and 8.1% for men.

HIV prevalence is twice as high among women living in urban areas (22.7%) than among women living in rural areas (10.5%). HIV estimates vary by age, with HIV prevalence highest among women age 35-39 and men age 40-44. HIV prevalence also varies by region; in the Southern Region HIV prevalence is 14.5%, compared with 6.6% in the Northern Region and 7.6% in the Central Region.

HIV prevalence is particularly high among widows and those who are divorced or separated; half of widowed women are HIV-positive.





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Indicators

Fertility	Total
Total fertility rate (number of children per woman)	5.7
Women age 15–19 who are mothers or currently pregnant (%)	26
Median age at first marriage for women age 25–49 (years)	17.8
Median age at first intercourse for women age 25–49 (years)	17.2
Median age at first birth for women age 25–49 (years)	18.9
Married women age 15–49 who want no more children (%)	47
Family Planning (married women, age 15–49)	
Current use	
Any method (%)	46
Any modern method (%)	42
Currently married women with an unmet need for family planning[1] (%)	26
Maternal and Child Health	
Maternity care	
Pregnant women who received antenatal care from a skilled provider[2] (%)	95
Births assisted by a skilled provider[2] (%)	71
Births delivered in a health facility (%)	73
Child vaccination	
Children 12–23 months fully vaccinated[3] (%)	81
Nutrition	
Children under 5 years who are stunted (moderate or severe) (%)	47
Children under 5 years who are wasted (moderate or severe) (%)	4
Children under 5 years who are underweight (%)	13
Malaria	
Households with at least one insecticide-treated net (ITN) (%)	57
Children under 5 years who slept under an ITN the night before the survey (%)	39
Pregnant women who slept under an ITN the night before the survey (%)	35
Childhood Mortality	
Infant mortality (between birth and first birthday)[4]	*66*
Under-five mortality (between birth and fifth birthday)[4]	*112*
HIV/AIDS-related Knowledge	
Knows ways to avoid HIV (women and men age 15–49):	Women/Men
Limiting sexual intercourse to one uninfected partner (%)	87/85
Using condoms (%)	72/73
Knows HIV can be transmitted by breastfeeding (%)	91/86
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (%)	85/78
HIV Prevalence	
HIV Prevalence for women age 15-49 (%)	12.9
HIV Prevalence for men age 15-49 (%)	8.1

[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, clinical officer, nurse, and midwife. [3]Fully vaccinated includes BCG, measles, three doses each of DPT or pentavalent (DPT-HepB-Hib), and polio vaccine (excluding polio vaccine given at birth).

Residence		Region		
Urban	Rural	Northern	Central	Southern
4.0	6.1	5.7	5.8	5.6
21	27	28	22	29
18.6	17.7	17.7	18.1	17.6
17.6	17.1	16.9	17.7	16.8
19.4	18.8	18.9	19.2	18.7
51	46	41	50	46
54	45	47	48	44
50	41	39	45	41
24	27	24	27	26
96	94	96	94	95
84	69	79	69	72
86	71	79	71	74
76	82	84	78	83
41	48	45	47	48
2	4	2	4	4
10	13	11	14	13
64	55	57	54	59
48	38	37	39	41
44	34	36	32	38
73	73	70	68	79
113	130	108	129	130
Women/Men	Women/Men	Women/Men	Women/Men	Women/Men
89/90	86/84	87/84	83/83	90/88
76/74	71/72	67/68	66/73	79/74
93/89	91/85	88/82	90/86	93/87
90/84	84/76	79/69	84/80	89/77
22.7	10.5	8.2	9.0	17.6
12.0	7.1	4.8	6.2	11.0

[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.