ERRATUM

in

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Date of correction	Correction
January 19, 2011	**Page 257, Table 16.2** New data and text are highlighted. **Page 270, Table 17.2** New, correct data and text are highlighted. **Page 271, Table 17.3** New, correct data and text are highlighted. A line of data, previously illegible, has been replaced in Table 16.2. A footnote has been added to Table 17.2 and to Table 17.3 to clarify exclusions from the household population. In Table 17.3, the word *not* has been added to the subtitle to identify the household population as one whose nearest health facility is *not* a hospital.
October 20, 2014	**Pages 92-93, Section 7.3 Text and Table 7.5** New, correct data and text are highlighted. **Page 113, Section 9.3 Text** New, correct data and text are highlighted.

Table 16.2 Orphans and vulnerable children (OVC)

Percentage of de jure children under age 18 years who are orphans or made vulnerable due to illness of an adult member of the household, by background characteristics, Namibia 2006-07

| Background characteristic | Percentage of children with one or both parents dead (orphans) | Percentage of children who: | | | Percentage of children who have a very sick parent OR live in a household where an adult has been very sick OR died in the past 12 months (vulnerable children) | Percentage of children who are orphans and/or vulnerable (orphans) | Number of children |
		Have a very sick parent for at least 3 months in the past 12 months[1]	Live in a household where at least 1 adult who has been very sick for at least 3 months in the past 12 months[2]	Live in a household where at least 1 adult who died in the past 12 months and had been very sick for at least 3 months before he/she died[2]			
Age							
0-4	4.2	4.9	10.0	3.8	13.9	17.0	5,461
<2	1.6	4.3	10.4	3.5	13.8	14.8	2,236
2-4	6.0	5.4	9.8	4.0	14.0	18.6	3,224
5-9	14.1	5.8	9.8	3.5	13.7	24.9	5,278
10-14	26.7	6.6	10.8	3.6	15.2	36.7	5,420
15-17	31.2	6.9	10.8	3.6	15.3	40.1	2,774
Sex							
Male	17.5	6.2	10.4	3.7	14.5	28.6	9,475
Female	17.2	5.7	10.2	3.6	14.4	27.8	9,457
Residence							
Urban	12.9	4.9	8.2	2.0	10.8	21.3	6,604
Rural	19.8	6.5	11.4	4.5	16.4	31.9	12,329
Region							
Caprivi	31.1	10.8	13.8	5.1	19.5	41.9	1,044
Erongo	9.7	4.8	9.1	1.4	10.2	18.6	893
Hardap	14.1	5.5	9.9	4.5	14.8	26.1	545
Karas	11.6	5.2	8.4	2.1	10.3	21.0	558
Kavango	18.1	7.2	13.9	4.5	17.8	31.4	2,404
Khomas	9.8	4.8	6.5	1.4	8.5	16.9	2,676
Kunene	9.8	4.5	7.1	2.5	10.2	19.2	655
Ohangwena	21.3	5.7	10.4	5.0	16.2	33.4	2,621
Omaheke	10.8	3.4	4.8	3.8	9.0	18.5	892
Omusati	22.7	6.4	11.6	3.0	16.1	34.3	2,236
Oshana	24.3	6.6	12.8	4.3	17.9	36.7	1,490
Oshikoto	18.7	6.4	12.2	5.0	17.7	32.0	1,936
Otjozondjupa	8.9	3.6	6.9	2.9	10.3	17.8	984
Wealth quintile							
Lowest	21.2	6.9	13.1	4.9	17.8	34.0	4,499
Second	21.4	7.0	12.7	5.2	18.6	34.7	4,341
Middle	17.1	6.8	10.9	3.4	15.1	29.0	3,749
Fourth	14.6	4.8	6.6	2.4	10.3	22.6	3,218
Highest	9.5	3.3	5.9	1.1	7.1	15.8	3,126
Total <15	15.0	5.8	10.2	3.6	14.3	26.2	16,160
Total <18	17.4	6.0	10.3	3.6	14.4	28.2	18,933

Note: Table is based only on children who usually live in the household. Very sick means person was too sick to work or do normal activities. Total includes one child with information missing on sex.
[1] Whether or not sick parent lives in same household as child
[2] Persons age 18-59

Table 17.2 Means of transport to government health facility

Percent distribution of households by means of transport to nearest government health facility, according to residence and region, Namibia 2006-07

Residence/ region	Car/ motorcycle	Bus/ taxi	Animal/ animal cart	Walking	Total	Number of households
Residence						
Urban	20.7	14.6	0.3	64.3	100.0	4,001
Rural	13.7	21.4	3.1	61.7	100.0	4,790
Region						
Caprivi	2.7	8.2	1.8	87.3	100.0	506
Erongo	23.7	11.4	2.5	62.5	100.0	794
Hardap	29.2	7.7	3.7	59.3	100.0	325
Karas	32.3	23.1	2.6	41.9	100.0	377
Kavango	0.9	5.0	0.9	93.1	100.0	747
Khomas	28.9	21.6	0.8	48.7	100.0	1,751
Kunene	28.1	12.5	14.6	44.8	100.0	303
Ohangwena	4.0	11.1	0.8	84.0	100.0	800
Omaheke	35.2	30.8	3.2	30.8	100.0	423
Omusati	5.5	22.6	0.5	71.5	100.0	842
Oshana	2.9	23.8	1.2	72.1	100.0	655
Oshikoto	7.4	33.5	0.9	58.1	100.0	657
Otjozondjupa	28.7	20.8	1.6	48.9	100.0	611
Total	16.9	18.3	1.9	62.9	100.0	8,790

Note: Table excludes "other" and missing responses on means of transport.

Table 17.3 Means of transport to government hospital

Percent distribution of households whose nearest government health facility is not a hospital by means of transport to hospital, according to residence and region, Namibia 2006-07

Residence/ region	Car/ motorcycle	Bus/ taxi	Animal/ animal cart	Walking	Other/ missing	Total	Number of households
Residence							
Urban	18.1	50.5	0.2	30.0	1.1	100.0	2,768
Rural	19.8	71.1	0.9	7.3	1.0	100.0	4,008
Region							
Caprivi	7.9	76.6	0.0	14.4	1.1	100.0	473
Erongo	20.5	62.3	0.4	15.2	1.6	100.0	595
Hardap	35.3	27.9	0.4	35.4	0.8	100.0	287
Karas	39.9	39.5	1.3	17.5	1.8	100.0	247
Kavango	4.2	52.3	0.2	42.6	0.7	100.0	627
Khomas	26.9	59.8	0.1	12.1	1.1	100.0	1,332
Kunene	56.0	21.5	2.8	18.1	1.6	100.0	196
Ohangwena	11.3	75.3	1.0	10.9	1.5	100.0	734
Omaheke	31.8	53.7	0.7	12.5	1.3	100.0	396
Omusati	19.7	71.8	0.3	7.5	0.7	100.0	595
Oshana	3.5	91.4	1.2	3.5	0.4	100.0	448
Oshikoto	5.8	77.9	1.5	14.5	0.3	100.0	480
Otjozondjupa	19.4	53.1	0.2	26.5	0.7	100.0	368
Total	19.1	62.7	0.6	16.6	1.0	100.0	6,776

Note: Table excludes households in which the respondent did not know the name of the nearest government hospital.

7.3 UNMET NEED FOR FAMILY PLANNING

The proportion of women who want to stop childbearing or who want to space their next birth is a broad measure of the need for family planning, given that not all of these women are exposed to the risk of pregnancy and some may already be using a contraceptive method. This section discusses the levels of unmet need and the potential demand for family planning. Women who want to postpone their next birth for two or more years or who want to stop childbearing altogether but are not using a contraceptive method are said to have an unmet need for family planning. Pregnant women are considered to have an unmet need for spacing or limiting if their pregnancy was mistimed or unwanted. Similarly, amenorrhoeic women are categorized as having an unmet need if their last birth was mistimed or unwanted. Women who are currently using family planning are said to have a met need for family planning. The total demand for family planning includes those in the met need and unmet need categories. Table 7.5 presents data on unmet need, met need, and the total demand for family planning for all women, currently married women, and women who are not currently married.

Table 7.5 shows that the overall unmet need for family planning among all women in Namibia is ~~3~~ 9 percent, ~~2~~ 4 percent for spacing births and ~~1~~ 5 percent for limiting births. This unmet need varies somewhat by age and residence. Urban women have lower unmet need than rural women (~~5~~ 7 percent compared with ~~9~~ 11 percent). Women in Kunene have the highest level of unmet need (~~13~~ 7 percent), while women in Khomas have the lowest (~~3~~ 6 percent). Access to education and economic resources is negatively associated with unmet need for family planning. This is seen by comparing the rates for women with no education (~~10~~ 20 percent) and with more than secondary education (~~3~~ 7 percent).

Table 7.5 Unmet need and the demand for family planning among all women

Percentage of all women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics; percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning and the percentage of the demand for contraception that is satisfied, and percentage of women who are not currently married age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning and the percentage of the demand for contraception that is satisfied, Namibia 2006-07

Background characteristic	Unmet need for family planning[1]			Met need for family planning[2] (currently using)			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	3.2	0.9	4.0	17.9	7.3	25.2	21.1	8.2	29.3	86.2	2,246
20-24	4.8	2.6	7.4	32.9	19.6	52.6	37.7	22.2	60.0	87.7	1,855
25-29	5.3	3.8	9.1	31.3	26.5	57.8	36.6	30.3	66.9	86.4	1,623
30-34	5.5	7.6	13.1	23.2	31.5	54.7	28.7	39.1	67.8	80.6	1,417
35-39	5.3	10.6	15.9	12.5	40.1	52.6	17.8	50.7	68.5	76.7	1,045
40-44	3.3	7.8	11.2	4.8	46.4	51.2	8.1	54.3	62.4	82.1	928
45-49	1.6	10.2	11.8	1.7	40.2	41.9	3.3	50.4	53.7	78.1	689
Residence											
Urban	3.1	4.1	7.2	25.2	30.7	55.8	28.3	34.8	63.1	88.6	4,772
Rural	5.5	5.8	11.3	16.6	21.2	37.8	22.1	27.1	49.1	77.0	5,032
Region											
Caprivi	8.3	4.4	12.7	25.2	16.2	41.4	33.5	20.6	54.1	76.5	474
Erongo	2.4	4.7	7.1	20.9	39.2	60.1	23.3	43.9	67.2	89.4	688
Hardap	4.6	6.7	11.3	12.9	37.2	50.0	17.5	43.8	61.3	81.6	315
Karas	4.3	6.1	10.4	16.9	36.7	53.6	21.2	42.9	64.1	83.7	318
Kavango	9.1	6.4	15.5	19.3	18.6	37.9	28.4	24.9	53.3	71.0	934
Khomas	2.0	3.6	5.6	27.8	29.6	57.4	29.8	33.2	63.0	91.1	2,218
Kunene	8.5	8.3	16.8	17.5	31.6	49.1	26.0	39.9	65.9	74.6	259
Ohangwena	4.5	4.9	9.4	16.2	12.0	28.2	20.7	16.9	37.6	74.9	1,043
Omaheke	2.6	8.3	10.9	11.8	38.4	50.2	14.4	46.7	61.1	82.2	373
Omusati	3.9	3.1	7.0	18.0	19.4	37.4	21.9	22.5	44.5	84.2	975
Oshana	2.6	5.2	7.8	20.3	23.6	43.9	22.9	28.8	51.7	84.9	819
Oshikoto	4.8	4.8	9.6	19.5	23.0	42.5	24.3	27.8	52.2	81.5	837
Otjozondjupa	5.7	7.2	13.0	21.3	35.7	57.0	27.0	42.9	70.0	81.5	550

Continued…

Table 7.5—*Continued*

Background characteristic	Unmet need for family planning[1]			Met need for family planning[2] (currently using)			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Education											
No education/ preschool	9.1	11.0	20.1	9.2	21.9	31.0	18.3	32.9	51.2	60.7	651
Incomplete primary	7.1	8.6	15.6	12.6	27.7	40.3	19.6	36.2	55.9	72.0	1,699
Complete primary	4.4	7.7	12.1	12.5	25.6	38.0	17.0	33.3	50.3	75.9	736
Incomplete secondary	3.1	3.4	6.4	22.0	25.2	47.2	25.0	28.7	53.7	88.0	4,751
Complete secondary	3.3	2.1	5.4	32.6	26.6	59.2	36.9	28.2	65.1	91.6	1,286
More than secondary	3.2	4.2	7.4	30.1	28.3	58.3	33.3	32.5	65.8	88.7	682
Wealth quintile											
Lowest	8.3	6.4	14.7	14.3	15.9	30.2	22.6	22.3	44.9	67.3	1,621
Second	4.5	5.8	10.3	17.5	20.0	37.6	22.0	25.8	47.8	78.5	1,668
Middle	4.8	6.5	11.3	17.6	26.0	43.6	22.5	32.5	55.0	79.4	1,885
Fourth	3.4	4.4	7.8	24.9	33.2	58.1	28.4	37.6	65.9	88.1	2,292
Highest	1.9	2.9	4.7	26.0	29.6	55.6	27.9	32.4	60.3	92.1	2,338
All women	4.3	5.0	9.3	20.8	25.8	46.6	25.1	30.8	55.9	83.3	9,804
Currently married women	9.1	11.5	20.6	17.6	37.5	55.1	26.6	49.0	75.6	72.8	3,451
Women not currently married	1.7	1.5	3.2	22.5	19.5	42.0	24.2	21.0	45.2	92.9	6,353

[1] *Unmet need for spacing* includes pregnant women whose pregnancy was mistimed; amenorrhoeic women who are not using family planning and whose last birth was mistimed, or whose last birth was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrhoeic, who are not using any method of family planning, and say they want to wait 2 or more years for their next birth. Also included in *unmet need for spacing* are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth. *Unmet need for limiting* refers to pregnant women whose pregnancy was unwanted; amenorrhoeic women who are not using family planning, whose last child was unwanted and who do not want any more children; and fecund women who are neither pregnant nor amenorrhoeic, who are not using any method of family planning, and who want no more children.
[2] *Using for spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. *Using for limiting* is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

Comparison with data from the 2000 NDHS shows that there has been a ~~sharp~~ decline in unmet need for family planning among all women, from 13 percent to ~~3~~ 9 percent. Over the same period, the total demand for family planning satisfied increased from 75 percent to ~~94~~ 83 percent. If all demand were satisfied, the current level of contraceptive prevalence would be ~~50~~ 56 percent instead of 47 percent.

Unmet need for family planning among currently married women (~~7~~ 21 percent) is ~~more than~~ double that for all women: ~~4~~ 9 percent for spacing births and ~~3~~ 12 percent for limiting births. Comparison with the 2000 NDHS indicates that there has been a ~~substantial~~ decrease in unmet need for family planning among married women, from 25 percent to ~~7~~ 21 percent. Over the same period, the total demand for family planning satisfied increased from 64 percent to ~~89~~ 73 percent. If all demand were satisfied, the current level of contraceptive prevalence among currently married women would be ~~62~~ 76 percent instead of 55 percent.

Table 7.5 also shows unmet need for family planning among women who are not currently married. Total unmet need is ~~less than 1~~ 3 percent. Compared with the 2000 NDHS, there has been a decline in unmet need among women who are not currently married, from 5 percent to ~~less than 1~~ 3 percent.

childbirth, or during the two months after the birth or termination of pregnancy.[2] Estimates of maternal mortality are therefore based solely on the timing of the death in relation to the pregnancy.

Table 9.3 presents direct estimates of maternal mortality for the ten-year period preceding the survey. The data indicate that for the entire childbearing period (age 15-49) during the 10-year period before the survey (1998-2007), the rate of mortality associated with pregnancy and childbearing is 0.52 maternal deaths per 1,000 woman-years of exposure. The estimated age-specific mortality rates show a plausible pattern, being higher during the peak childbearing years (twenties and thirties) and lower for younger and older age groups.

Table 9.3 Direct estimates of maternal mortality				
Direct estimates of maternal mortality rates and the maternal mortality ratio, for the period 0-9 years prior to the 2000 NDHS and 2006-07 NDHS				
		2006-07 NDHS		2000 NDHS
Age	Deaths	Exposure (person years)	Mortality rates/ 1,000[1]	Mortality rates/ 1,000[1]
WOMEN				
15-19	9	32,923	0.06	0.14
20-24	19	35,342	0.10	0.39
25-29	15	32,555	0.07	0.71
30-34	19	26,412	0.11	0.60
35-39	10	19,426	0.05	0.42
40-44	6	12,691	0.04	0.18
45-49	9	7,348	0.09	0.00
15-49	86	166,697	0.52	0.38
General fertility rate (GFR)			0.12	0.14
Maternal mortality ratio (MMR)[1]			449	271

[1] Per 100,000 live births, calculated as the maternal mortality rate divided by the general fertility rate

The maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the rate by the general fertility rate. This general fertility rate that prevailed during this period was 0.117. Using this procedure, the maternal mortality ratio during the 10-year period before the survey is estimated at 449 maternal deaths per 100,000 live births. This figure should be viewed with caution because the number of female deaths that occurred during pregnancy, at delivery, or within two months of delivery is small (86). As a result, the maternal mortality estimates are subject to large sampling errors; the 95 percent confidence intervals indicate that the maternal mortality ratio varies from ~~341 to 557~~ 325 to 572.

Maternal mortality ratios have been estimated for comparable 10-year periods preceding the 1992 and 2000 NDHS surveys. The maternal mortality ratio appears to have increased substantially since the mid-1980s. Over the past seven years it increased from 271 maternal deaths per 100,000 live births for the period 1991-2000 to 449 for the period 1998-2007. The methodology used and the sample sizes implemented in these three surveys do not allow for precise estimates of maternal mortality, ~~. While~~ so the sampling errors around each of the estimates are large~~. ,~~ While the confidence intervals around the estimates from the 1992 and 2000 NDHS surveys overlap with the confidence interval around the estimate from the ~~and~~ 2006-07 NDHS survey, ~~do not overlap. Thus, it is~~ additional statistical testing makes it possible to say with reasonable confidence that maternal mortality in Namibia increased in the recent past.

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[2] This time-dependent definition includes all deaths that occurred during pregnancy and two months after pregnancy, even if the death was due to nonmaternal causes. However, this definition is unlikely to result in overreporting of maternal deaths because most deaths to women during the two-month period are due to maternal causes, and maternal deaths are more likely to be underreported than overreported.