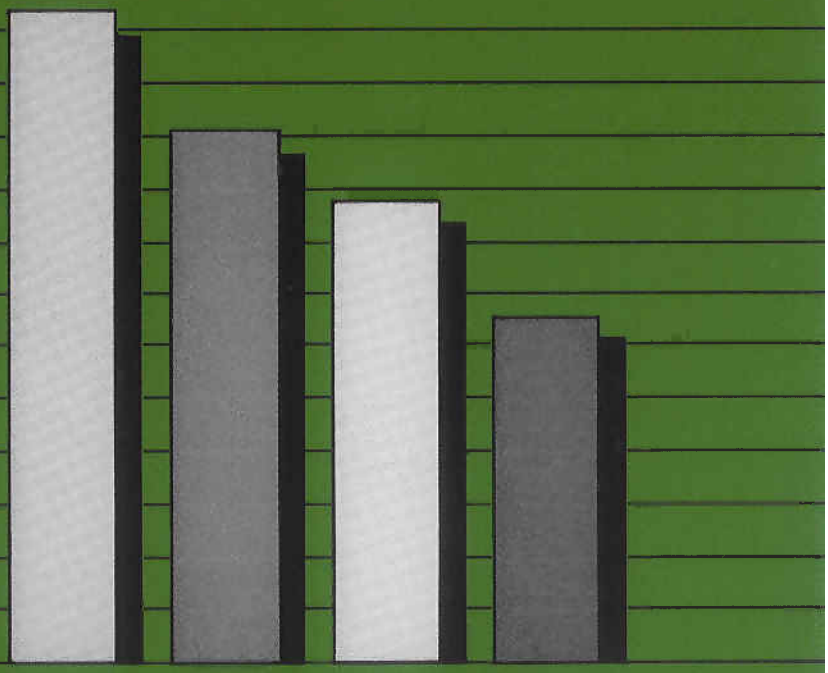
DHS

Yemen



Demographic and Maternal and Child Health Survey 1991/92

SUMMARY REPORT

YEMEN DEMOGRAPHIC AND MATERNAL AND CHILD HEALTH SURVEY 1991/92

SUMMARY REPORT

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March 1994

This report summarizes the findings of the 1991/1992 Yemen Demographic and Maternal and Child Health Survey (YDMCHS) conducted by the Central Statistical Organization, in cooperation with the Ministry of Public Health. Macro International Inc. and the Pan Arab Project for Child Development (PAPCHILD) provided technical assistance. Funding was provided by the U.S. Agency for International Development, the Arab Gulf Program for the United Nations Development Organization (AGFUND), UNFPA, UNICEF, and the Republic of Yemen.

The YDMCHS is part of the worldwide Demographic and Health Surveys (DHS) program and also the PAPCHILD program which concentrates on the Arab region. Both the DHS and PAPCHILD programs are designed to collect data on fertility, family planning, and maternal and child health. Additional information on the Yemen survey may be obtained from the Central Statistical Organization (CSO), Post Box 13434, Sana'a, Yemen (Telephone 250619/250108). Additional information about the DHS program may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705, USA (Telephone 301-572-0200; and Fax 301-572-0999). Additional information about the PAPCHILD program may be obtained by writing to: Pan American Project for Child Development - League of Arab States, 22 A Taha Hussein Street, Zamalek, Cairo, Egypt (Telephone 3404306; and Fax 3401422).

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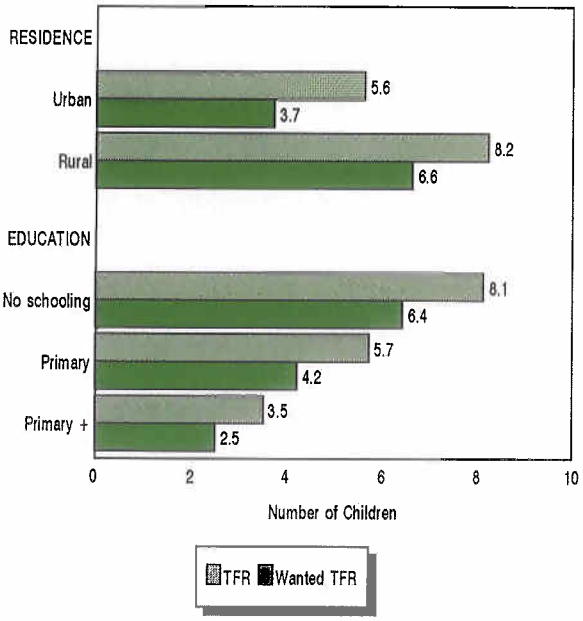
Background

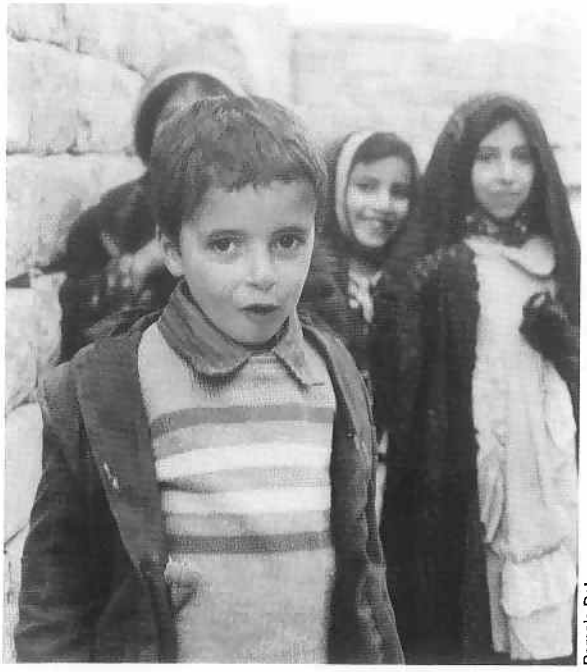
The 1991/1992 Yemen Demographic and Maternal and Child Health Survey (YDMCHS) is a nationally representative survey of ever-married women age 15-49 and children under 5. This is the first national survey in the country since the unification of the Yemen Arab Republic and the People's Democratic Republic of Yemen in May 1990 into a single country, the Republic of Yemen (hereafter referred as Yemen). All governorates and the city of Sana'a were covered by the survey. The objective of the YDMCHS was to gather reliable statistics on fertility and mortality, levels of family planning knowledge and use, and maternal and child health. While the survey was being implemented, a national strategy for population was adopted and the First National Population Policy Conference was held in 1991.

Fieldwork for the YDMCHS was conducted over a two-month period between November 1991 to January 1992. Information was collected from 12,836 households, 5,687 ever-married women age 15-49, and 6,715 children under five years.

The survey collected information on child mortality and a number of factors affecting child health (e.g., feeding and weaning practices, vaccination, morbidity, and curative measures). In addition, information was collected on marriage, fertility, family planning, reproductive preferences and attitudes, and maternal health care. The YDMCHS provides data on fertility, mortality, and family planning comparable to the 1979 Yemen Fertility Survey conducted only in the northern and eastern governorates. No comparable data were available for the southern and eastern governorates prior to the YDMCHS.

Figure 1
Total fertility rates and wanted fertility rates (Women 15-49)





Pamela DeLargy

Fertility

Levels and Trends

- At current levels, Yemeni women will have an average of 7.7 children during their reproductive years. This fertility rate is one of the highest in the world.
- A rural woman may expect to have an average of 8.2 children, two and a half children more than a woman residing in an urban area. Women without any formal education have a fertility rate of 8.1, or 2.4 children more than women who have attended primary school and 4.6 children more than women with higher than primary schooling.
- A comparison of the total fertility rate and the total wanted fertility rate indicates the potential demographic impact of avoidance of unwanted births. If all unwanted births could be prevented, a Yemeni woman would have an average of 6 births in her lifetime, or 1.7 less than at current fertility rates (7.7 births per woman).

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- Births to teens and to women age 35 and over have been shown to have higher than average risk of both maternal and child morbidity and mortality. Almost half of Yemeni women age 25-49 have had their first birth before age 20. More than 1 in 8 women age 15-19 have already given birth or are pregnant with their first child. Moreover, one-fifth of women age 19 have already had two children.
- The majority of Yemeni women are at risk of another pregnancy within 6 to 9 months following a birth unless they have begun to use family planning. Eighteen to 23 percent of currently married women in their prime reproductive years (age 15-39) reported being pregnant at the time of the survey.

Marriage

- Over the 30 years preceding the survey, there has been some decline in early marriage. One in 2 women age 20-24 marry after age 18, i.e., more than two years later than the national average. While the median age at marriage for women 25-29 years is 16.2 years, it is six months lower for women age 40-49.
- While there are only minor differences in age at marriage by region and residence, educational advances for women tend to push the age at marriage upward. Among women 25-49 who have no schooling, the median age at marriage is less than 16 years, while the median is almost 23 years for women with more than primary education.

Figure 2
Childbearing among teenagers
(Women 15-19 who are mothers or pregnant with first child)

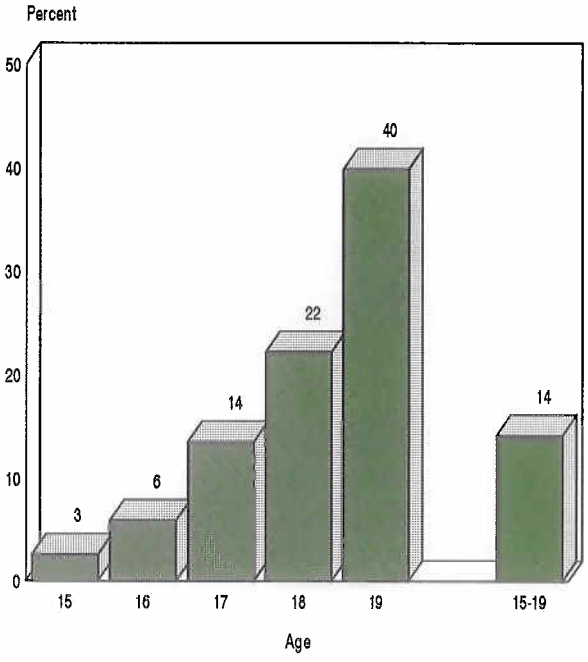


Figure 3
Median age at marriage by selected characteristics
(Women 25-49)

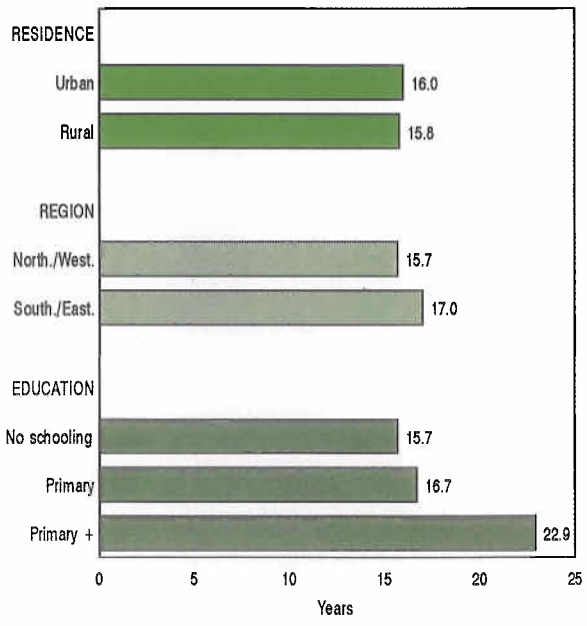
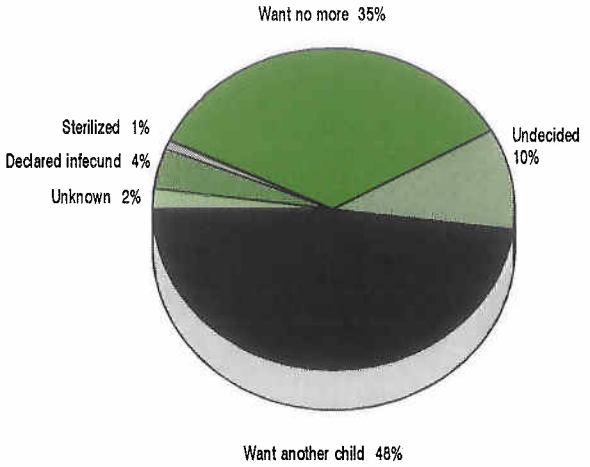


Figure 4
Fertility preferences
(Currently married women 15-49)



Educational advances for women tend to push the age at marriage upward. Among women 25-49 who have no schooling, the median age at marriage is less than 16 years, while the median is almost 23 years for women with more than primary education.

- About 6 percent of currently married women lived in a polygynous marriage (i.e., have one or more co-wives).
- Consanguineous marriage is quite common in Yemen. Among ever-married women under 50 years of age, more than one-third reported that they have a blood relationship with their husbands.

Fertility Preferences

- Overall, half of currently married women in Yemen want to have more children. Only one in three want to cease childbearing.
- While the proportion of women desiring more children decreases steadily with the increase in the number of living children, about one-fourth of women with six living children or in the age group 40-44, and one-sixth of women with seven or more children still want to have more children.

- Almost half of women in urban areas do not want any more children, compared to one-third of rural women.
- The average ideal family size in Yemen is 5.4 children. However, the younger a woman is, the smaller her ideal family. Young women (15-24) desire 4.7 children, one child fewer than women 35-39, and two children fewer than women 45-49. Women with primary or higher education desire, on average, around 4 children, while illiterate women desire 5.6 children.

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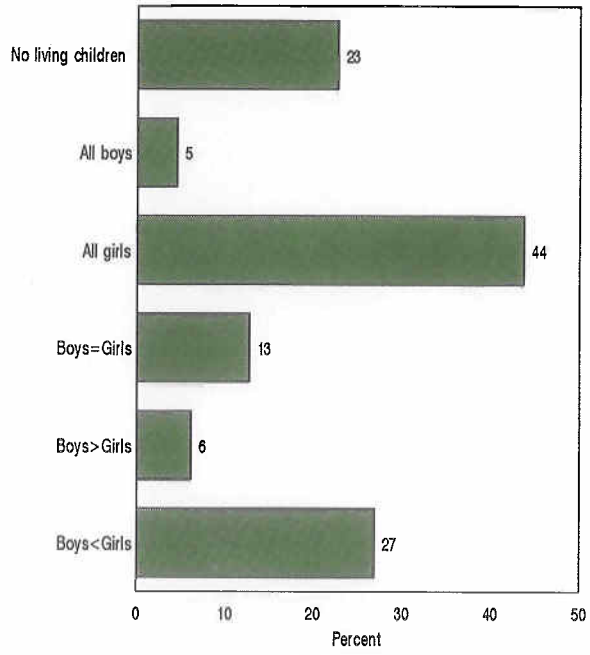
- The husband's ideal family size, as perceived by the wife, is 6.4 children, i.e., one child more than the wife's ideal family size.
- The majority of Yemeni women show no gender preference based on the size of their family. Among Yemeni families with balanced gender composition or with no children, only a small proportion of respondents express a preference that the next birth be a son.

Figure 5
Son preference by family composition
(Currently married women 15-49 who want more children)



Raudha Mohamed Saeed

Pamela DeLargy

Family Planning

Contraceptive Knowledge

- Knowledge of fertility regulation is not widespread in Yemen. Only 60 percent of currently married women know a method of family planning.

Only 60 percent of currently married women know a method of family planning; just half of those who know any modern method can name a place where family planning services are available.

- The most widely known method is the pill, which is known by more than half of the women. One-third of the women know about the IUD and injection and one-fourth have heard of female sterilization.
- Differences by place of residence and region, and level of education are quite substantial. Younger women, educated women, and women living in urban areas and the southern and eastern governorates are more likely to have knowledge of contraceptive methods than other women.
- Only one-fourth of women, or just half of those who know any modern method, can name a place where family planning services are available.

Contraceptive Use

- The level of contraceptive use is very low in Yemen but those who use a method start at a fairly early stage in the family building process. About one-fifth of all ever-married women have used a family planing method at some time. Almost one-fourth of ever-users began using contraceptives to regulate their fertility when they had only one child.
- Only 6 percent of currently married women use a modern contraceptive method. The prevalence rate is 10 percent for all methods including prolonged breastfeeding, and 7 percent excluding prolonged breastfeeding.

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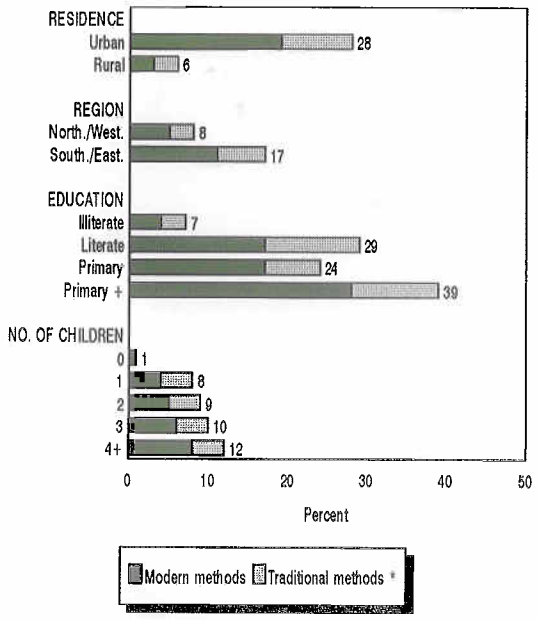
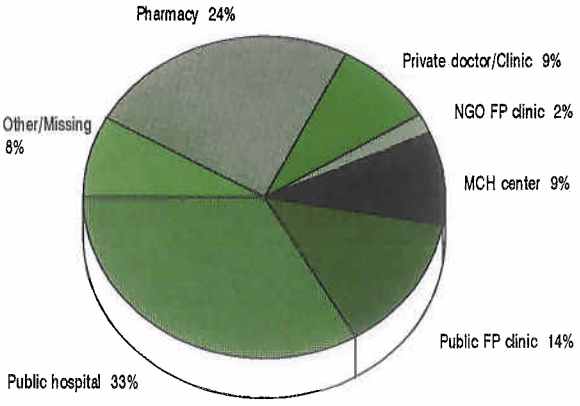
- Contraceptive use varies substantially according to socioeconomic background of women. Among currently married women, current use is 17 percent in the southern and eastern governorates, 28 percent among urban women and 39 percent among women with postprimary education. In contrast, 8 percent or less of women living in northern and western governorate, rural areas, and among those who are illiterate are using a family planning method.

Figure 6
Contraceptive prevalence by selected characteristics
(Currently married women 15-49)



* Includes prolonged breastfeeding

Figure 7
Source of family planning supply among current users of modern contraceptive methods



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Provision of Family Planning Services

- The public sector, including facilities operated by the Ministry of Public Health and by private voluntary organizations, is a major provider of family planning in Yemen. Six of 10 users of modern methods obtained their methods from a public sector source. In the private sector, pharmacies are the major source of contraceptive methods: they provide modern methods to one-fourth of those who want to regulate their fertility.

Six of 10 users of modern methods obtained their methods from a public sector source.

- Contraceptive services are not readily accessible in rural areas. For current users, the median time to reach a service source is 16 minutes in urban areas whereas it is over one hour in rural areas. Forty percent of contraceptive users in rural areas have to spend more than two hours to reach a service provider.

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Intention to Use Family Planning in Future

- There is little interest in fertility regulation among nonusers of family planning; only 16 percent intend to use contraception in the future. More than 4 in 10 of nonusers who intend to use in future say that their method of choice is the pill, while 1 in 4 women would prefer either injection or the IUD.
- Interest in adopting family planning may be greater than the figures indicate. One in 4 women cite lack of knowledge as the main reason for not planning to use a method in the future. Ten percent do not plan to use a method because of fear of side effects. Sixteen percent mention disapproval of husbands, and 15 percent report that religious prohibition is the main reason for not intending to use a method in the future.

One in 4 women cite lack of knowledge as the main reason for not planning to use a method in the future.

Attitudes toward Family Planning

- Less than half of currently married women who know of a contraceptive method and are currently not using any method have talked about family planning with their husbands. Women who cited husband disapproval as the main reason for not intending to use contraception are assumed to have talked with their husbands. Slightly more than half of women who are presumed to be aware of their husbands' attitude perceive that their husbands approve of family planning.

Figure 8
Reasons for not planning to use contraceptive methods in the future
(Women 15-49 who are currently not using a method)

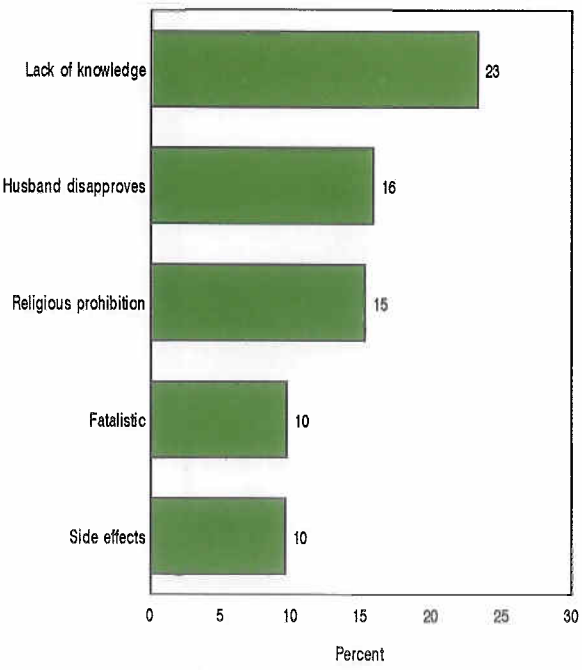


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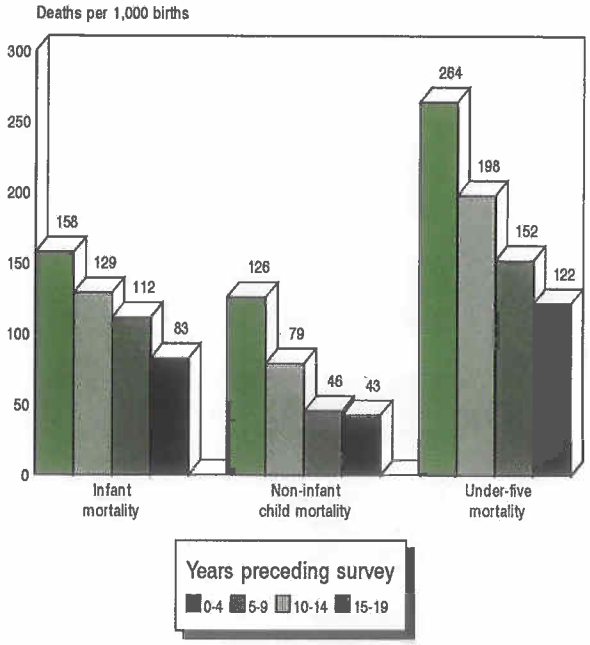
Figure 9
Trends in infant and child mortality



Raudha Mohamed Saeed

Maternal and Child Health

Infant and Child Mortality

- Infant and child mortality levels are high in Yemen, but show a declining trend over time. During the two decades preceding the survey, infant mortality dropped from 158 deaths per 1,000 births to 83 deaths per 1,000 births, or a decline of 47 percent.

Infant and child mortality levels are high in Yemen, but show a declining trend over time.

- For the 10-year period preceding the survey, the infant mortality rate was 89 deaths per 1,000 births in urban areas and 100 deaths per 1,000 in rural areas; the under-five mortality rate was 116 in urban areas and 142 in rural areas. Children of educated mothers have a greater chance of survival than children of illiterate or uneducated mothers.
- Children born to very young mothers and older mothers are at greater risk of dying. Also, when the preceding birth interval is less than two years, infant and under-five mortality rates are doubled. In addition, children of mothers who received no health care before or during delivery are twice as likely to die before one year of age as children whose mothers received either antenatal or delivery care.

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- Environmental factors, such as better flooring material, access to piped water, sanitary conditions around the house, and less crowding per room are associated with lower rates of mortality among children.
- Many deaths among young children may be preventable. Fever, diarrhea, vomiting, and cough with difficult breathing are common symptoms and causes that precede the death of children under five years of age. Greater use of oral rehydration therapy (ORT) for treatment of diarrhea and early detection and treatment of acute respiratory illness would contribute to a reduction of infant and child mortality in Yemen.

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Figure 10
Infant mortality by selected characteristics
(Based on the 10 years preceding the survey)

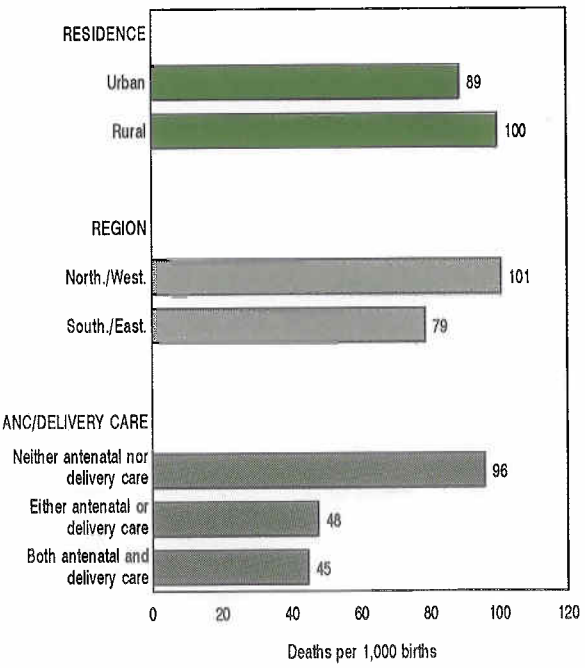
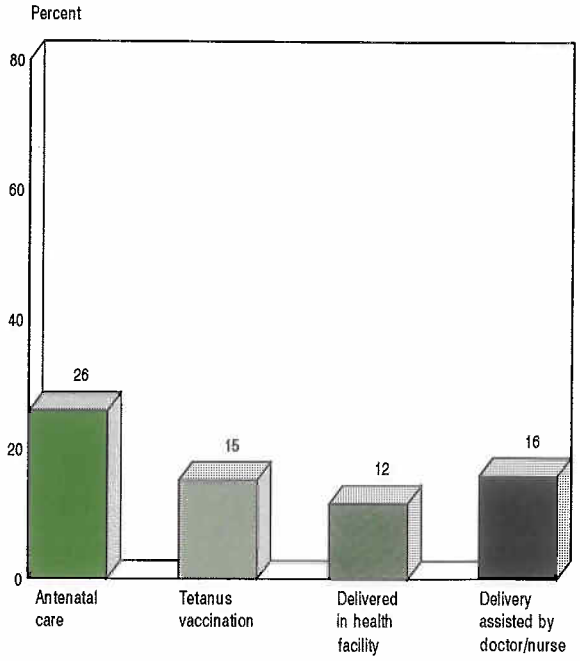


Figure 11
Maternity care
(Births in the last five years)



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Maternity Care

- Most Yemeni women do not receive maternity care during pregnancy. In the five years preceding the survey, mothers received antenatal care (ANC) for only one-fourth of births. When mothers did receive ANC, the median number of antenatal care visits was 3.1.

In the five years preceding the survey, mothers received antenatal care (ANC) for only one-fourth of births.

- The mothers of a higher proportion of births received antenatal care in urban areas and in the southern and eastern governorates, compared to births in rural areas and in the northern and western governorates, respectively. While only 1 in 5 illiterate women received ANC, over 1 in 2 women with primary education, and 3 in 4 women who had more than primary education did so.
- Overall, Yemeni women are either not aware of the need for regular antenatal care or find the services inaccessible. When asked about the reason for not obtaining antenatal care, 1 in 3 mothers reported that she had no complaint to warrant an antenatal care visit. Other reasons for not receiving antenatal care are, the cost is too high, the place of service is too far away, and the services are not available.

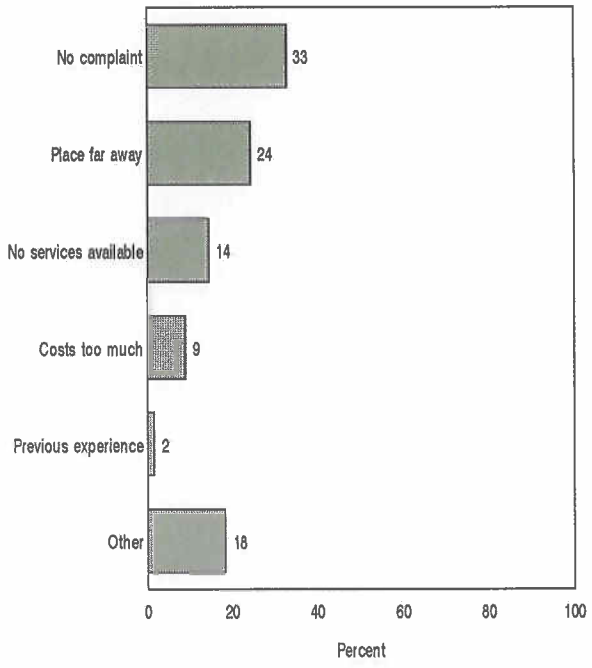
- About one-third of currently pregnant women who had an antenatal care visit reported that the travel time to the ANC facility was less than 30 minutes, while 29 percent spent at least two hours to reach the facility.
- Protection against tetanus, a major killer of infants, can be provided to newborns by the mother receiving two tetanus toxoid injections during pregnancy. Women who had births in the five years prior to the survey reported receiving one or two doses of tetanus toxoid for only 1 in 7 births. Urban women, women residing in the southern and eastern governorates, and educated mothers are more likely to receive a tetanus toxoid injection than rural women, women in the northern and western governorates, and less educated women.

Overall, Yemeni women are either not aware of the need for regular antenatal care or find the services inaccessible.

Delivery Care and Assistance

- Health problems are common during pregnancy. Three in 5 pregnant women suffered from some problem during pregnancy: 23 percent had swollen ankles and fingers, 47 percent had persistent headaches, 30 percent had convulsions, and 15 percent had high blood pressure.
- Few deliveries in Yemen take place in health facilities. Four in 5 deliveries take place at home. Seven in 8 deliveries occur at home in rural areas compared to only 3 in 5 in urban areas.

Figure 12
Reasons for not attending antenatal care
(Births in the last five years)



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Few deliveries in Yemen take place in health facilities. Four in 5 deliveries take place at home.

- About half of deliveries in Yemen are assisted by a relative and one-fifth by a traditional birth attendant (*daya*). A doctor or nurse assists in only 16 percent of deliveries.

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- Approximately 4 in 10 deliveries do not take place in a health facility because the mothers consider it better to have their births at home. Another 4 in 10 deliveries do not take place in health facilities because the facilities are far away, do not exist, or cost too much money.

Postnatal Care

- Women in Yemen are less likely to receive postnatal care (PNC) than antenatal care. PNC is sought by mothers for only six percent of births. Doctors provided such care for most of these women.

Child Immunization

- Four of 10 children under five have received no vaccinations. About the same proportion have received all the recommended childhood vaccinations (fully vaccinated).

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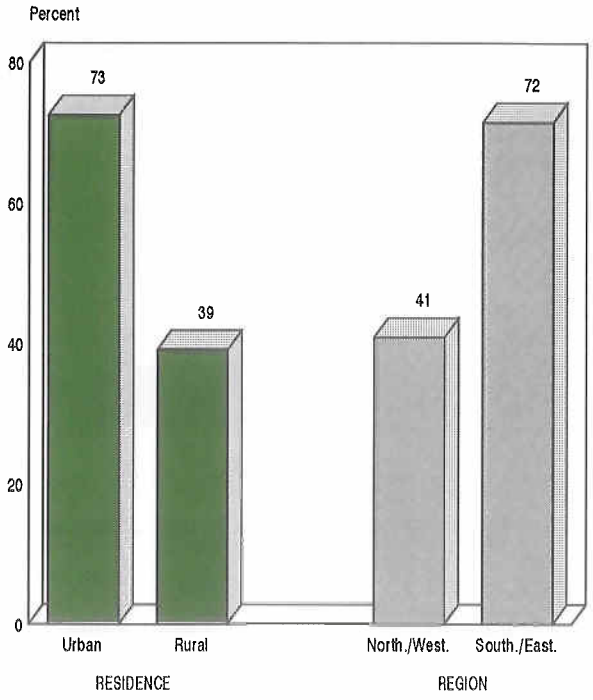
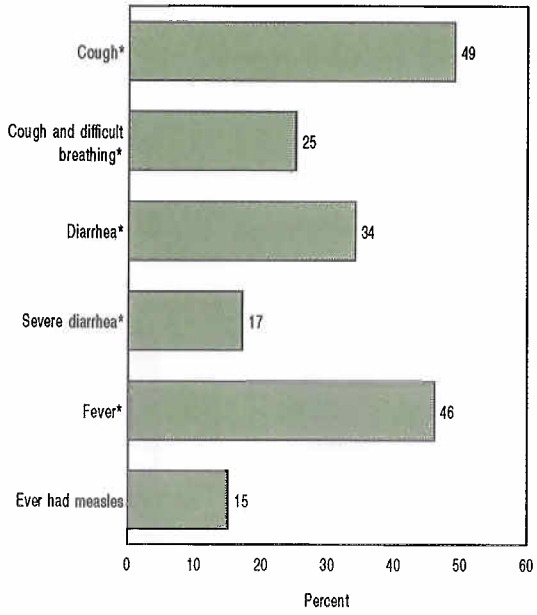
- More than 7 of 10 children age 12-23 months are fully immunized against childhood diseases in urban areas and in the southern and eastern governorates, compared to only 4 of 10 in rural areas and in the northern and western governorates.

Figure 13
Vaccination coverage by residence and region (Children 12-23 months who are fully immunized)



WHO/M. Jacot

Figure 14
Child morbidity
(Children under five)



* Figures are for the two weeks preceding the survey.

Child Health and Diseases

- During the two weeks prior to the interview, half of children under five experienced a cough. About half of the children who had cough also had difficult breathing (ARI). The percentage of children experiencing cough is higher in rural areas and in the northern and western governorates than in urban areas and in the southern and eastern governorates. More than 1 in 2 children did not receive any treatment for ARI. Cough mixture was the preferred treatment and only 4 percent of children with ARI received antibiotics.
- Diarrheal disease is among the leading causes of infant and childhood deaths in Yemen. Overall, 17 percent of children under age five were reported to have had an episode of diarrhea in the 24 hours before the interview, and 34 percent had an episode during the preceding two weeks. Severe diarrhea was reported in half of the diarrhea cases.

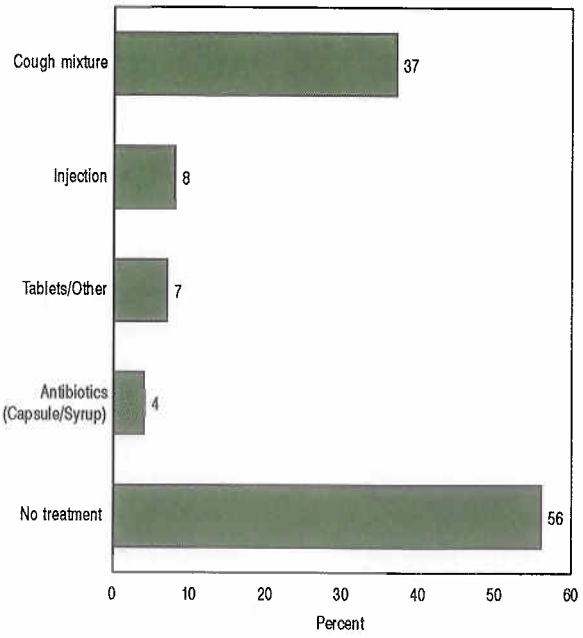
Diarrheal disease is among the leading causes of infant and childhood deaths in Yemen. Overall, 17 percent of children under age five were reported to have had an episode of diarrhea in the 24 hours before the interview.

- The prevalence of childhood diarrhea in the northern and western governorates is three times that in the southern and eastern governorates.
- Six of 10 children with diarrhea receive no treatment for their illness. One-quarter of children with diarrhea receive rehydration solution prepared from ORS packets, 3 percent receive homemade sugar-salt-water solution, and 1 percent are given both types of oral rehydration therapy (ORT). Medical advice is sought for only one-third of children with diarrhea.
- Although only a quarter of children with diarrhea in the two weeks preceding the survey were treated with a solution prepared from ORS packets, 4 in 10 mothers reported that they had used the packets sometime, and almost 6 in 10 know about the packets.
- Almost half of the children under five had fever in the two weeks prior to the interview. Only 6 in 10 respondents stated that their children received some medication for fever, and when they did, temperature relief remedies were the most common treatment.

Almost half of the children under five had fever in the two weeks prior to the interview.

- Measles is a leading cause of mortality among young children in Yemen. Among living children under five, 14 percent were reported to have had measles.

Figure 15
Treatment of acute respiratory infection (Children under five)



Note: Multiple responses permitted.

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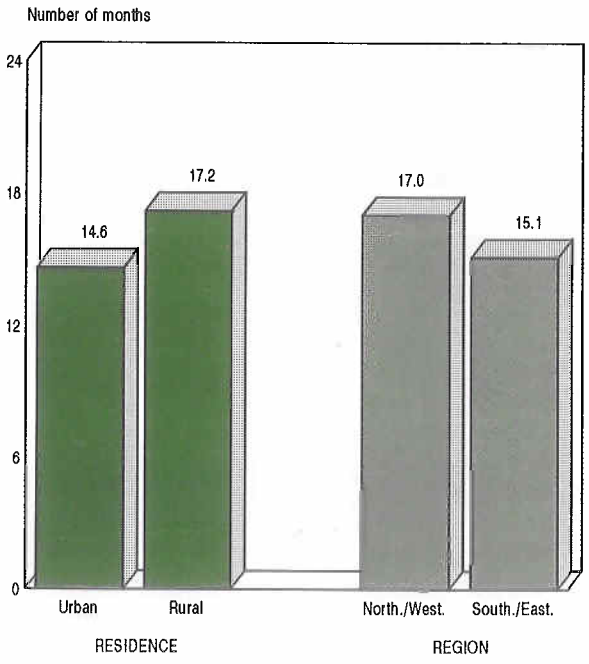
Figure 16
Mean duration of breastfeeding by residence and region (Children 0-35 months)



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Infant Feeding

- Almost all Yemeni children are breastfed for a period of time (91 percent). Child death is the main reason for not breastfeeding.
- Breastfeeding is continued for a relatively long time. The average duration of breastfeeding is 17 months. Only 8 percent of children born in the five years prior to the survey were weaned under three months of age. While no substantial differences are observed in the prevalence of breastfeeding by place of residence and mother's education, there are significant variations in the mean duration of breastfeeding. The duration is shorter among women residing in urban areas (14.6 months) than among women residing in rural areas (17.2 months).

The average duration of breastfeeding is 17 months. The duration is shorter among women residing in urban areas (14.6 months) than among women residing in rural areas (17.2 months).

- Supplemental foods and liquids are introduced at a comparatively early age. Almost 1 in 3 children were given powdered milk, and 1 in 7 received animal milk before four months of age. Almost 4 of 10 children were given solid food by six months of age.

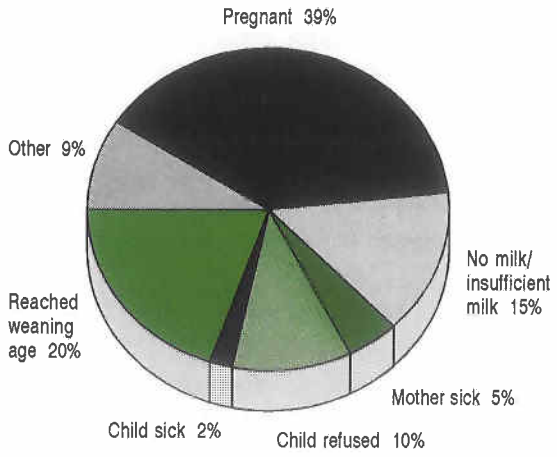
- Bottlefeeding brings the added risk of contracting diarrhea and other diseases. Bottlefeeding is widespread in Yemen; more than half of all infants are bottlefed. Better educated mothers are more likely than other mothers to bottle feed; more than 2 in 3 children whose mother had primary or higher education were fed with bottle, compared to 2 in 5 children whose mothers had no formal schooling.

Bottlefeeding brings the added risk of contracting diarrhea and other diseases. Bottlefeeding is widespread in Yemen; more than half of all infants are bottlefed.

- Weaning practices are closely associated with a child's age at weaning. In early infancy, the reasons given for stopping breastfeeding are largely involuntary, i.e., that the mother became pregnant or had no milk or insufficient milk. In later infancy, mother's new pregnancy becomes a more significant reason for weaning. A new pregnancy as a reason for weaning of infants indicates a short birth interval, with the attendant adverse effects on the mother and expected child.

A new pregnancy as a reason for weaning of infants indicates a short birth interval, with the attendant adverse effects on the mother and expected child.

Figure 17
Reasons for weaning
(Children born in the last five years)



Pamela DeLargy

Conclusions

Fertility and Family Planning

Fertility in Yemen is high, especially in the rural areas. Yemeni women and men desire large families and contraceptive knowledge and use are low. A number of indicators point to the potential for increased use of family planning. The total desired fertility rate is 1.7 children lower than the total fertility rate, and one-third of currently married women do not want to have more children. However, only a small proportion of nonusers intend to use in the future. Information, education, and communication efforts are needed to address the major obstacles to women's adoption of family planning: lack of knowledge, disapproval of husbands, religious prohibition and fear of side effects. All women, but more importantly less educated women and those residing in the northern and western governorates, need more information on the benefits of spacing births and, ultimately, of stopping childbearing.

Women marry at a very young age in Yemen. Increasing the level of women's education and implementing gradual changes in the tradition of early marriage would contribute to an increase in the average age at marriage, thereby reducing fertility.

Maternal and Child Health

Infant and child mortality rates have been declining over time in Yemen but still remain high. If Yemen is to achieve the United Nations target of an under-five mortality rate of 70 deaths per 1,000 births by the year 2000, greater effort and resources must be committed to preventive and curative health measures for mothers and children.

The results of the YDMCHS suggest that spacing births can reduce the level of childhood mortality. Reducing the number of high parity births and births to women under age 20 can also lower the number of deaths among young children. Only a small fraction of Yemeni women receive antenatal care and postnatal care is almost nonexistent. Increasing the utilization of antenatal and postnatal care services will not only increase child survival but also reduce maternal mortality. Both ignorance of the need for antenatal care and limited access to services are major factors that must be addressed in order to increase the use of antenatal care and postnatal care services. Expanding the utilization of maternal care services will also provide an opportunity for health services personnel to offer information and services about family planning.

Another mechanism for improving child survival is increasing the proportion of children vaccinated against the major preventable childhood diseases (tuberculosis, diphtheria, whooping cough, tetanus, polio, and measles). Vaccination coverage is only moderate in urban areas and low in rural areas. Continued efforts are needed to increase vaccination coverage and immunize children before their first birthday. Special attention should be paid to making vaccination services accessible in rural areas.

Acute respiratory infection and diarrheal disease are among the leading causes of infant and child deaths in Yemen. The YDMCHS results indicate that the majority of children suffering from these illnesses remain untreated and medical treatment is sought infrequently. Knowledge of oral rehydration therapy (ORT) is only moderate and experience in the use of ORS packets for the treatment of diarrhea is not common. Providing information about oral rehydration therapy and distributing ORS packets to mothers can reduce illness and death due to diarrheal disease.

Fact Sheet

1988 Population Data[1]

Total population (millions)	11.3
Urban population (percent)	21.4
Annual natural increase (percent)	3.1
Population doubling time (years)	2.2
Crude birth rate (per 1,000 population)	52.6
Crude death rate (per 1,000 population)	21.8
Life expectancy at birth male (years)	46.3
Life expectancy at birth female (years)	46.3

Yemen Demographic and Maternal and Child Health Survey 1991/92

Sample Population

Ever-married women age 15-49	5,687

Background Characteristics of Women Interviewed

Percent urban	18.5
Percent illiterate	89.2
Percent completed more than primary	4.1

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married[2]	71.6
Percent of women 15-49 ever married[2]	76.1
Median age at first marriage among women age 25-49	15.8
Median duration of breastfeeding (in months)[3]	15.9
Median duration of postpartum amenorrhea (in months)[3]	6.1

Fertility

Total fertility rate[4]	7.7
Mean number of children ever born to women age 45-49	8.1

Desire for Children

Percent of currently married women who:	
Want no more children	35.0
Mean ideal number of children among women 15-49[5]	5.4
Percent of women giving a non-numeric response to ideal family size	28.9

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method[6]	60.2
Knowing a modern method	53.2
Knowing a modern method and knowing a source for the method	27.0
Had ever used any method[6]	19.8
Currently using any method[6]	9.7
Percent of currently married women currently using:	
Pill	3.2
IUD	1.2
Injection	0.6
Vaginal methods	<0.05
Condom	0.1
Female sterilization	0.8
Male sterilization	0.1
Safe period.	0.5
Withdrawal	0.6
Prolonged breastfeeding.	2.5
Other traditional	<0.05

Mortality and Health

Infant mortality rate[7]	82.8
Under-five mortality rate[7]	121.8
Percent of births[8] whose mothers:	
Received antenatal care	26.0
Received 2 or more tetanus toxoid injections	10.0
Percent of births[8] whose mothers were assisted at delivery by:	
Doctor	11.0
Midwife	4.9
Traditional birth attendant	18.6
Percent of children 0-1 month who are breastfeeding	89.7
Percent of children 4-5 months who are breastfeeding	84.7
Percent of children 10-11 months who are breastfeeding	70.6
Percent of children 12-23 months who received:[9]	
BCG	60.4
DPT (three doses)	47.3
Polio (three doses)	47.3
Measles	51.5
All vaccinations	45.0
Percent of children under 5 years[10] who:	
Had diarrhea in the 2 weeks preceding the survey	34.4
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	24.7

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1 Central Statistical Organization, Sana'a, Yemen
2 Based on all women
3 Current status estimate based on births during the 36 months preceding the survey
4 Based on births to women 15-49 years during the period 0-2 years preceding the survey
5 Based on ever-married women 15-49. Excludes women who gave a non-numeric response to ideal family size
6 Includes prolonged breastfeeding
7 Rates are for the period 0-4 years preceding the survey
8 Figure includes births in the period 1-59 months preceding the survey
9 Based on information from vaccination records and reports of mother/respondent to Child's Questionnaire reports
10 Figures include children born in the period 1-59 months preceding the survey