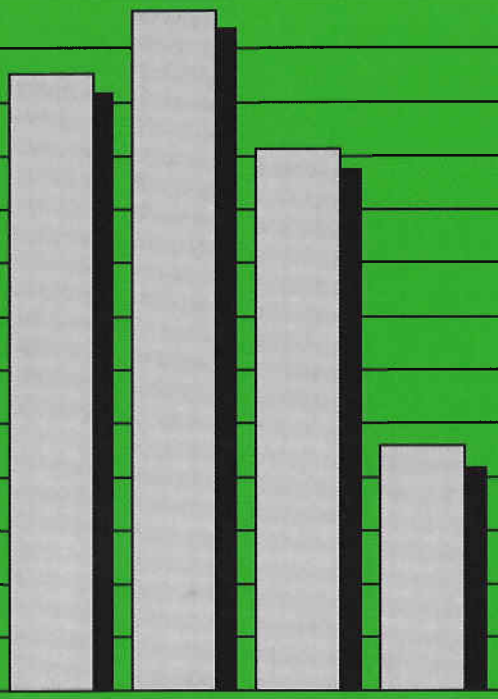
DHS

Eritrea



Demographic and Health Survey 1995

SUMMARY REPORT

ERITREA DEMOGRAPHIC AND HEALTH SURVEY 1995

SUMMARY REPORT

FOTO SPARK

National Statistics Office
P.O. Box 5838
Asmara, Eritrea

May 1997

The Eritrea Demographic and Health Survey (EDHS) is part of the worldwide Demographic and Health Surveys (DHS) project. Additional information about the EDHS may be obtained from the National Statistics Office, P.O. Box 5838, Asmara, Eritrea (Tel: 291-1-128034; Fax: 291-1-128034). Additional information about the DHS project may be obtained from Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (Tel: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macroint.com; Internet: http://www.macroint.com/dhs/).

Background

The Eritrea Demographic and Health Survey (EDHS) is a nationally representative survey of 5,054 women age 15-49 and 1,114 men age 15-59. It is the first national-level survey conducted in the country. The primary objective of the EDHS was to provide information on levels and trends in fertility, family planning use, infant and child mortality, maternal and child health indicators, female circumcision, awareness of AIDS, and availability of health and family planning services.

The EDHS was implemented by the Central Statistics Office of the Department of Macro Policy and International Economic Cooperation, Office of the President. Fieldwork for the survey took place from September 1995 to January 1996. Macro International Inc. furnished technical assistance as well as financial support through the Demographic and Health Surveys (DHS) program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in developing countries. The UNFPA and UNICEF provided financial assistance for the household listing carried out at the beginning of the survey.

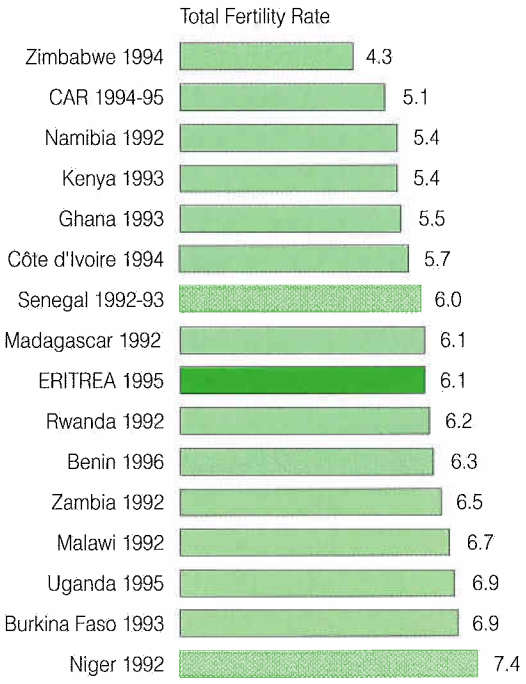
MOT

Fertility

Fertility Levels and Trends

At current fertility levels, an Eritrean woman will have an average of 6.1 children by the end of her reproductive years. This rate indicates that Eritrea is in the middle range compared with other sub-Saharan countries. Fertility has remained relatively steady over the past fifteen years.

Figure 1
Total Fertility Rates in Sub-Saharan Africa (Selected DHS Surveys, Women 15-49)



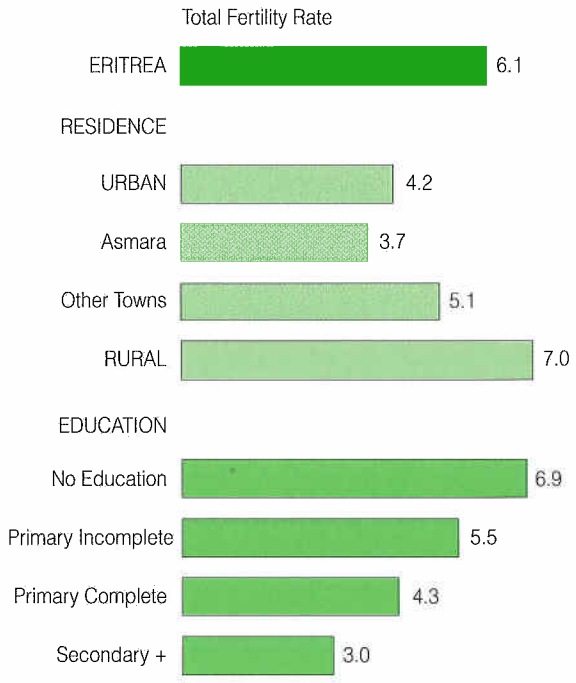
The fertility rate in Eritrea (6.1) is in the middle range compared with other sub-Saharan countries.

Fertility rates are much higher in rural areas (7.0 children per woman) than in urban areas (4.2 children per woman). In Asmara the fertility rate is only 3.7.

Fertility decreases as education increases. Women with no education will have, on average, almost four children more than women with secondary and higher education (6.9 versus 3.0 children).

At current fertility levels, an Eritrean woman will have an average of 6.1 children by the end of her reproductive years.

Figure 1
Total Fertility Rates by Residence and Education

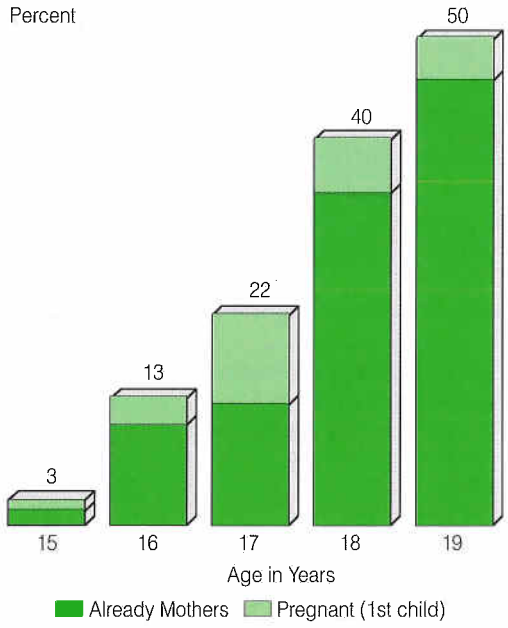


The highest levels of fertility are among rural women (7.0) and women with no education (6.9).

Teenage Pregnancy and Motherhood

Childbearing begins early in Eritrea. Twenty-three percent of teenage women (age 15-19) are already mothers or are pregnant with their first child. The percentage rises rapidly with age from 3 percent among women age 15 to 22 percent among those age 17 and to 50 percent at age 19.

Figure 3
Adolescent Childbearing (Women 15-49)



By age 19 half of all Eritrean women are mothers or are pregnant with their first child.

Birth Intervals

Births that occur too soon after a previous birth are at higher risk of illness and early death. The EDHS survey indicates that one-quarter of births in Eritrea take place less than two years after a prior birth. Almost four in ten births occur 24-35 months after a prior birth, and more than one-third occur three years or more after a previous birth. The median birth interval is 31 months.

Marriage and Exposure to the Risk of Pregnancy

There has been a steady increase over the past two decades in the age at which Eritrea women first marry. The median age at marriage among women age 20-24 is 17.6 compared with 15.9 years among women age 45-49.

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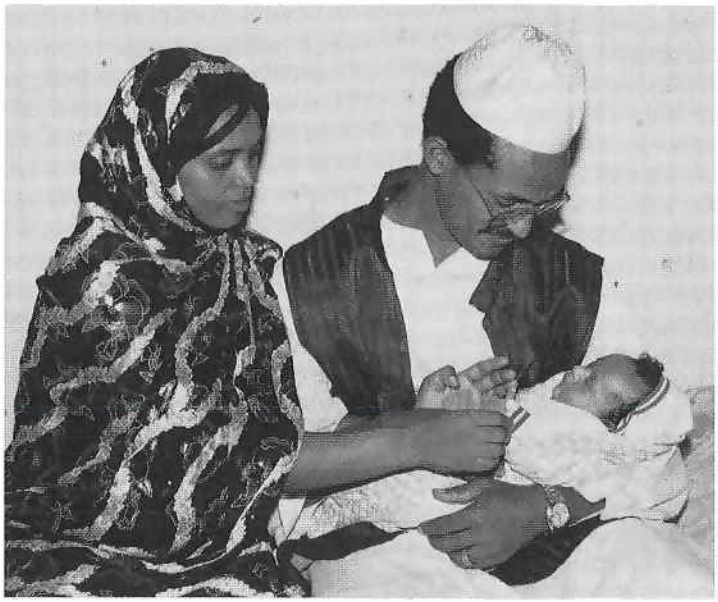


Among women 25-49 years, urban women generally marry later (18 years) than rural women (16.3 years). Also, women with secondary education marry more than 7.5 years later than women with no education.

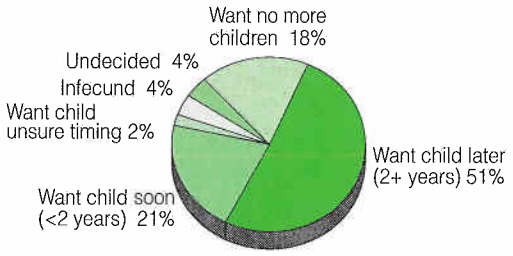
Fertility Preferences

Survey findings indicate that Eritreans prefer large families. Moreover, men are more pronatalist than women. For example, among those with seven or more children, 29 percent of married women want to have more children, compared with 42 percent of men.

When asked how many children they would like to have if they could live their lives over and choose exactly, women report a mean ideal family size of six children compared with seven for men. Only 4 percent of women and 3 percent of men said that a two-child family was ideal.

Unplanned pregnancies are less common in Eritrea than in many sub-Saharan countries. Approximately one-fifth of births are not planned—14 percent are mistimed (wanted later) and 5 percent are not wanted. If all unwanted births were avoided, the fertility rate in Eritrea would be reduced by 7 percent, from 6.1 to 5.7 children per women.

Figure 4
Fertility Preferences
(Currently Married Women 15-49)



Note: "Want no more" includes sterilized women.

More than two-thirds of currently married women either want no more children or want to wait at least two years before having another child.

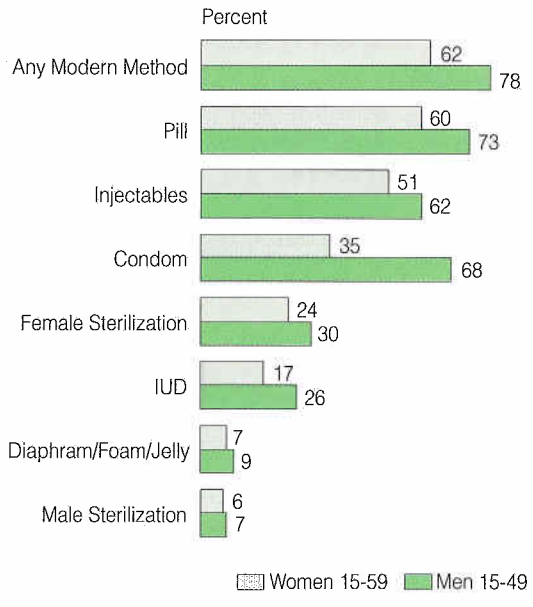
Family Planning

Knowledge and Use of Contraception

Two-thirds of currently married women age 15-49 and four-fifths of men age 15-59 know at least one contraceptive method. The pill, injectables, and condoms are the methods most widely known by both women and men. Knowledge of family planning methods is nearly universal among urban women and men, with 92 percent of women and 97 percent of men knowing at least one contraceptive method.

Only 8 percent of married women are currently using a contraceptive method. Three percent report using breastfeeding to prevent or delay pregnancy, 2 percent use the pill, and 3 percent use other methods.

Figure 5
Knowledge of Modern Contraceptive Methods

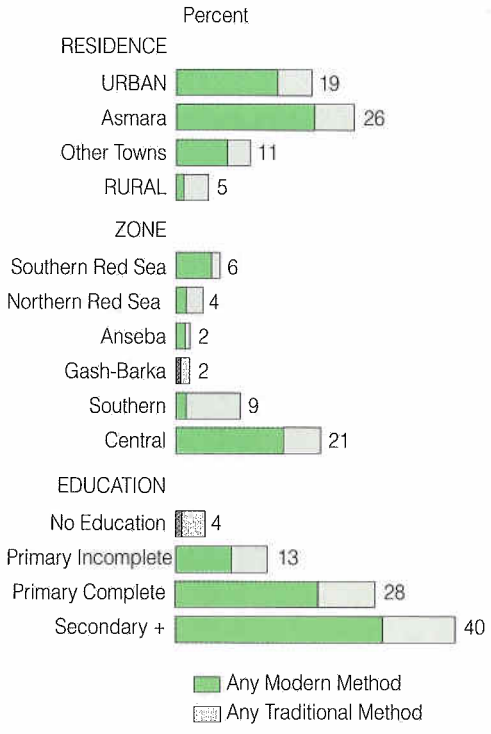


Men (78 percent) are more likely than women (62 percent) to have heard of modern contraceptive methods.

Only 8 percent of married women are currently using a contraceptive method.

Contraceptive use is almost four times higher in urban than in rural areas (19 versus 5 percent of married women). The differential in use by education is particularly striking: 4 percent of married women with no education are are using some method of family planning,

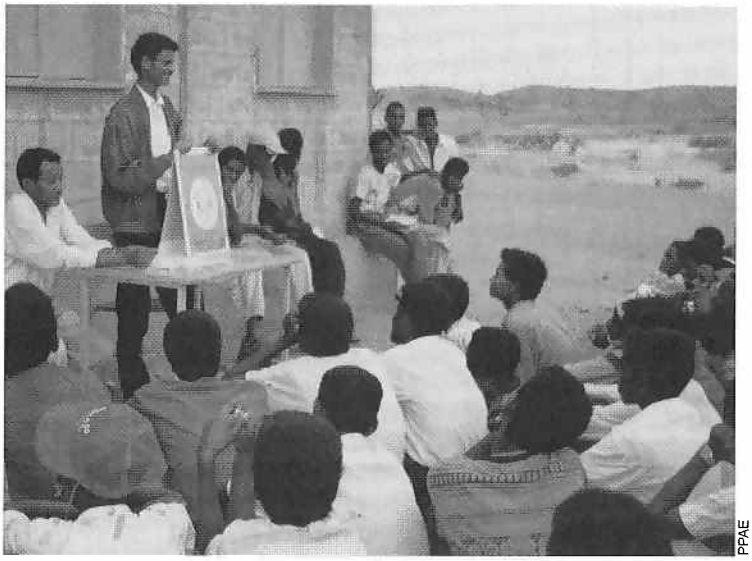
Figure 6
Current Use of Family Planning by Background Characteristics
(Currently Married Women 15-49)



Use of contraception is highest in urban areas, the Central Zone, and among women who have completed primary or higher education.

compared with 40 percent of women with secondary or higher education. Twenty-one percent of married women in the Central Zone are contraceptive users, compared with just 2 percent of women in the Anseba and Gash-Barka Zones.

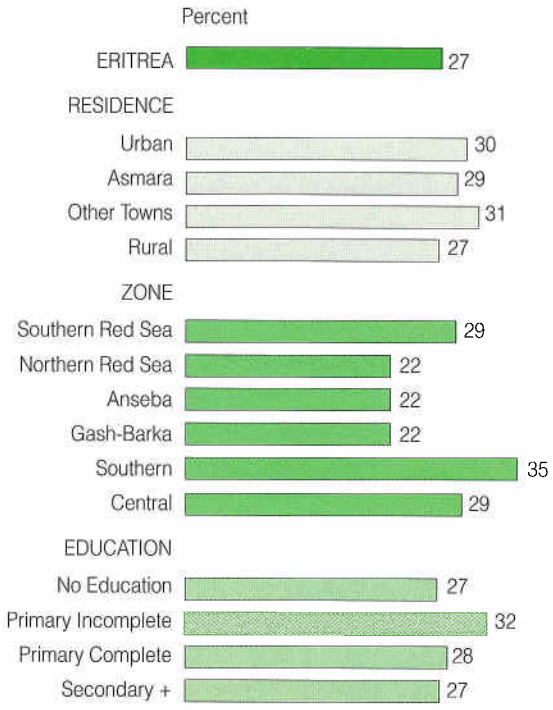
Almost 80 percent of current users of modern methods obtain their methods from public sources—half use government hospitals or health clinics and half use the Planned Parenthood Association of Eritrea—while 17 percent use nongovernmental medical sources (mainly pharmacies) and the remaining 5 percent use other private sources such as friends and relatives.


PPAE

Unmet Need for Family Planning

The survey shows there is considerable unmet need for family planning services in Eritrea. Overall, more than 27 percent of currently married women are in need of services—21 percent because they want to wait at least two years before their next birth and 6 percent because they do not want any more children. If all these women began using family planning, the contraceptive prevalence rate would increase from 8 to 35 percent.

Figure 7
Unmet Need for Family Planning Services by Background Characteristics (Currently Married Women 15-49)



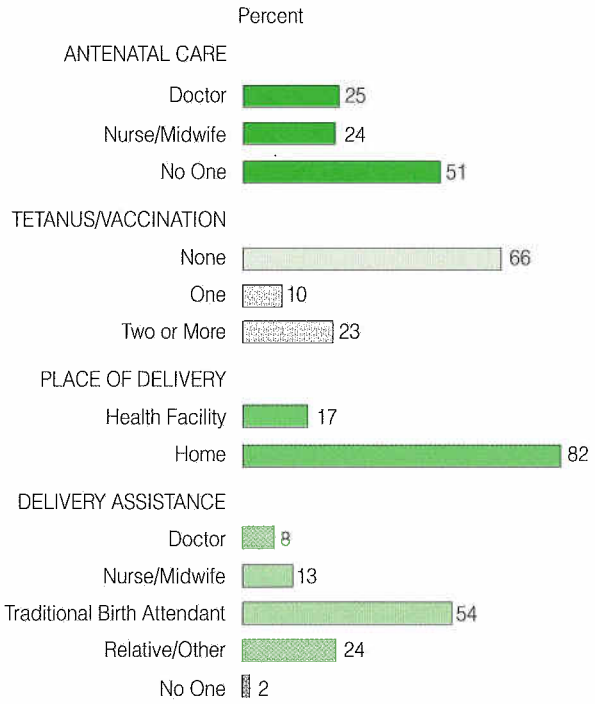
There is considerable unmet need for family planning in Eritrea. More than one in four currently married women is potentially in need of family planning services.

Maternal and Child Health

Maternity Care

Use of maternity care helps ensure a safer pregnancy and delivery. In Eritrea, use of antenatal care services is not high. In the three years prior to the survey, mothers received antenatal care from a doctor, nurse or midwife for half of births, while the remaining births received no antenatal care at all. The median number of antenatal care visits is 4.3 and median length of pregnancy at the time of first visit is 5.4 months. Mothers reported receiving at least one tetanus toxoid injection for one-third of births.

Figure 8
Antenatal Care, Tetanus Vaccinations, and Delivery Care (Births in the Preceding Three Years)



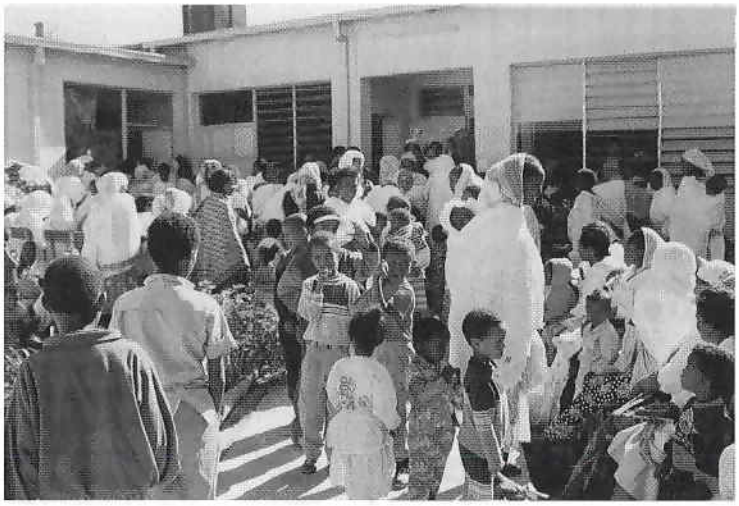
Although four of five births take place at home, only one in five deliveries is assisted by a doctor or nurse/midwife.

In the three years prior to the survey, mothers received antenatal care from a doctor, nurse or midwife for half of births, while the remaining births received no antenatal care at all.

Medical assistance at delivery is even less common than antenatal care. More than four of five births in Eritrea take place at home and only one-fifth are assisted by medically trained personnel. One-fourth of births are assisted by relatives.

Maternal Mortality

Pregnancy and childbearing can be life-threatening for Eritrean women. For the decade preceding the survey, the maternal mortality ratio was estimated to be 998 deaths per 100,000 births. An Eritrean woman has a one in 14 chance of dying from pregnancy-related causes during her lifetime.



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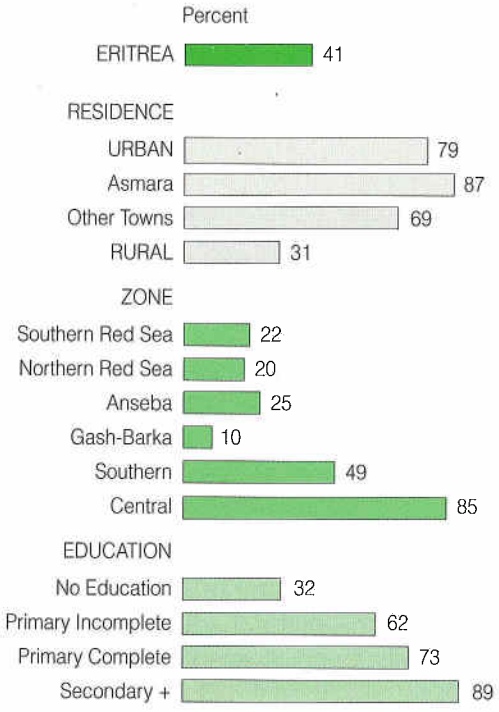
Childhood Immunizations

Survey results show that four in ten children 12-23 months are fully vaccinated but only three in ten are vaccinated by 12 months of age. Almost four in ten children have not received any vaccinations at all. Six in ten children have received BCG vaccine, and the first dose of DPT and polio vaccine but only around five in ten have received the third dose of these vaccines or been vaccinated against measles.

Almost four in ten children age 12-23 months have not received any vaccinations at all.

Figure 9
Percentage of Children Age 12-23 Months Who Have Received All Vaccinations by Background Characteristics



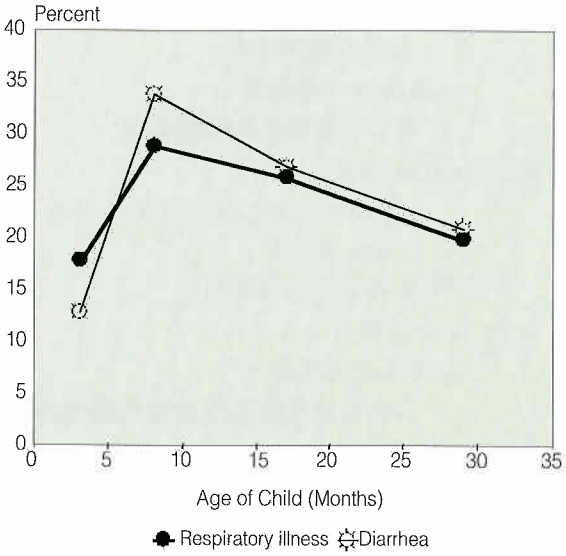
Among rural children and children of mothers with no education, only about three in ten have received all of the recommended vaccinations.

Vaccination coverage levels are much lower among children in rural areas than children in urban areas. For example, eight in ten children age 12-23 months in urban areas are fully vaccinated, compared with only three in ten in rural areas. By zone, the highest levels of coverage are in the Southern and Central Zones—49 and 85 percent, respectively—the rest of the zones range from 10 to 25 percent.

Treatment of Childhood Illnesses

During the two weeks before the survey, 23 percent of children under three years experienced symptoms of acute respiratory infection—cough with short, rapid breathing. Four in ten of these children were taken to a health facility or doctor for treatment.

Figure 10
Prevalence of Respiratory Illness and Diarrhea in the Two Weeks Preceding the Survey, by Age of the Child



The prevalence of respiratory illness and of diarrhea is highest among children 6-11 months of age.

During the two weeks before the survey, 23 percent of children under three years experienced symptoms of acute respiratory infection.

Four in ten children under three years were reported to have had fever in the two weeks preceding the survey.

One in four children under three had diarrhea during the two weeks preceding the survey. Slightly more than one-fourth (28 percent) of these children were taken to a health facility or doctor for treatment. The survey shows that knowledge of oral rehydration therapy for treatment of diarrhea is not widespread in Eritrea: among children with diarrhea, only 38 percent were given either a homemade sugar-salt-water solution or a solution prepared from commercially produced packets of oral rehydration salts (ORS). However, almost two-thirds of mothers with children under three say they know of ORS packets.

Infant Feeding Practices

Almost all children born in the three years before the survey (98 percent) were breastfed for some period of time. The median duration of breastfeeding is 22 months.

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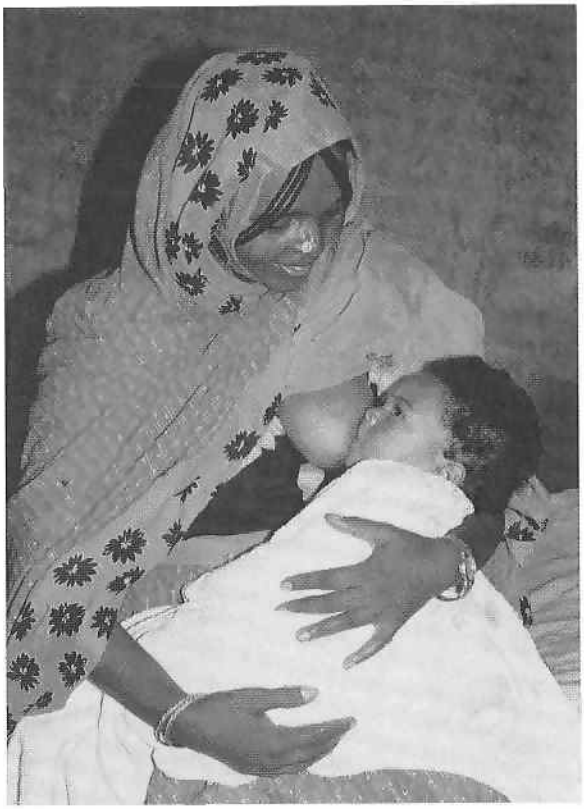
In Eritrea two-thirds of children under four months are exclusively breastfed, as is recommended by the World Health Organization. Moreover, few women follow such non-recommended practices as using infant formula or bottles with nipples.

Although, the level of exclusive breastfeeding is high, one-third of children under four months are given some sort of supplemental feeding. Early supplementation of breast milk with other liquids and foods can result in infection and lower immunity to disease.



Nutritional Status of Children and Mothers

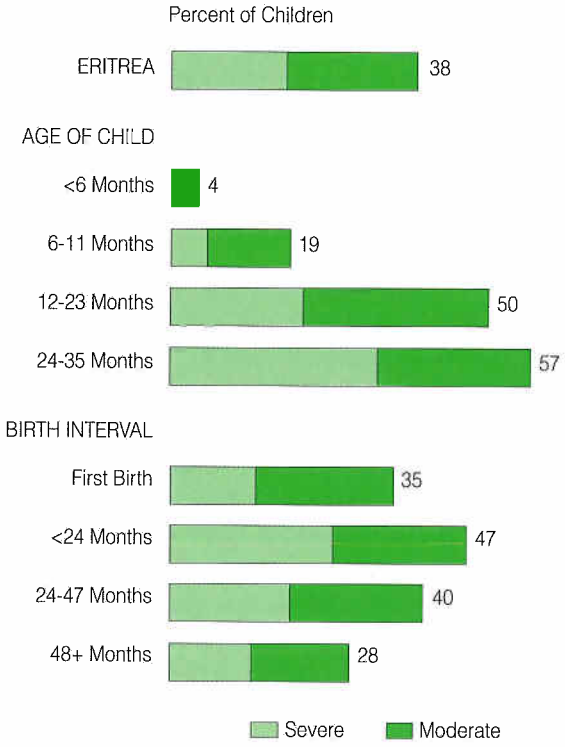
Thirty-eight percent of children under the age of three are too short for their age, or stunted, which reflects chronic malnutrition. This proportion is 17 times the level expected in a healthy, well-nourished population. Eighteen percent of children are severely stunted.

Sixteen percent of children under three are wasted (i.e., low weight in relation to height). Wasting generally indicates acute malnutrition in recent months and may be related to illness or shortage of food.

Women whose height is 145 centimeters or less and whose body mass index (BMI) falls below 18.5 (kg/m^2) are considered to be at greater risk of malnutrition than other women. Only 2 percent of Eritrean mothers are shorter than 145 centimeters; however, four in ten mothers have a BMI below 18.5.

Thirty-eight percent of children under the age of three are too short for their age, or stunted.

Figure 11
Prevalence of Stunting by Age of Child and Length of Birth Interval



Stunting (chronic malnutrition) increases with age in Eritrea from 4 percent among children under 6 months to 57 percent among children age 24-35 months.

UNFPA

Infant and Child Mortality

EDHS findings indicate that one in seven Eritrean children dies before reaching the fifth birthday. For the most recent five-year period (roughly 1991-95), the direct estimate of under-five mortality is 136 deaths per 1,000 live births; infant mortality is 72 deaths per 1,000 live births.

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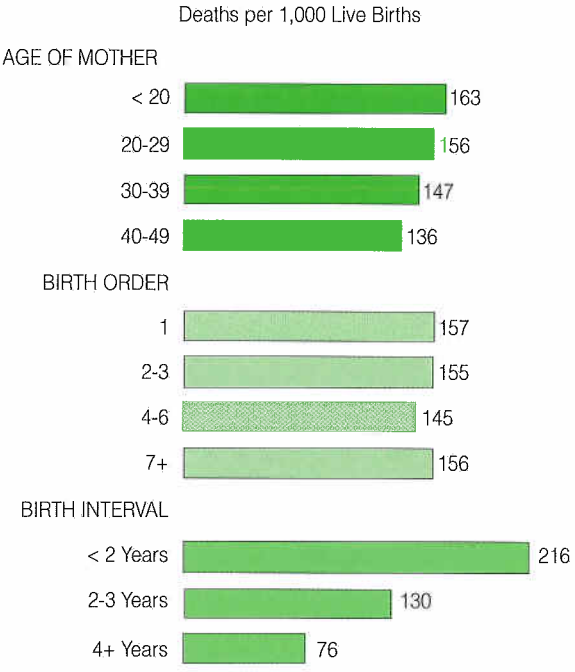
The EDHS data indicate that survival at all ages under five years has improved from the period 1981-85 to 1991-95. For example, infant mortality has declined by 21 percent and under-five mortality has declined by 27 percent.

Differences in mortality by zones are quite marked. Mortality is highest in the Southern Red Sea Zone (239 deaths per 1,000 live births), where about one in four children does not live to the fifth birthday, followed by Gash-Barka and Northern Red Sea Zones, where about one in five children dies before age five. Mortality is lowest in the Central Zone (92 deaths per 1,000 live births), followed by the Southern and Anseba Zones, where under-five mortality is 146 per 1,000 live births.

A strong relationship exists between the length of the preceding birth interval and risk of early childhood mortality. Children born less than two years after a preceding sibling are three times as likely to die before the age of five as those born four years or more after a preceding sibling.

Figure 12
Under-five Mortality by Selected Demographic Characteristics



Note: Rates are for the 10-year period preceding survey

Children born less than two years after a previous birth are three times as likely to die before age of five as children born after an interval of four or more years.

Female Circumcision

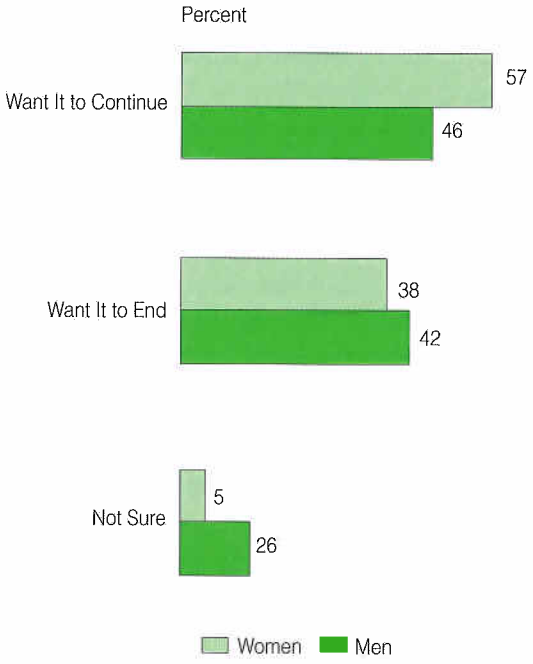
Female circumcision is almost universal in Eritrea, with 95 percent of women having been circumcised. Six in ten circumcised women received clitoridectomy and one-third underwent infibulation. The type of circumcision received varies by zone. Around 95 percent of the circumcised women in the Southern and Central Zones received clitoridectomy, while 61 to 74 percent of women in the other zones had infibulation. Among women with one or more daughters, seven in ten reported that their eldest daughter had already been circumcised.

Most circumcisions take place before the age of one. Among eldest daughters of respondents, 45 percent were circumcised in the first month of life and one-quarter between the age of one and 11 months. Almost all circumcisions are performed by traditional practitioners.

Around six in ten women say that they want female circumcision to continue; less than half of men support continuation of the practice. More men than women prefer clitoridectomy (57 percent versus 52 percent), while more women than men prefer infibulation (43 percent versus 28 percent).

Around six in ten women say that they want female circumcision to continue; less than half of men support continuation of the practice.

Figure 13
Attitudes Toward Continuation of the Practice of Female Circumcision



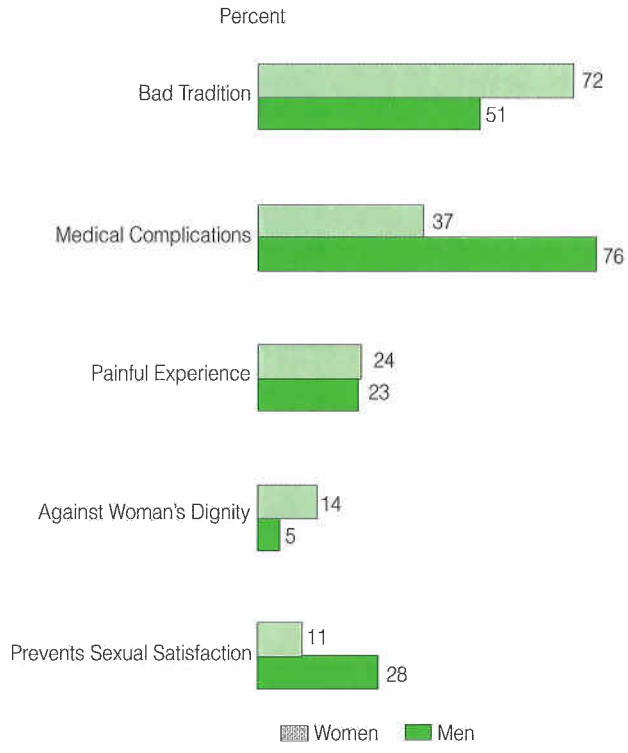
More women (57 percent) than men (46 percent) support the continuation of female circumcision.

The majority of women and men cite "custom and tradition" as the main reason for supporting continuation of female circumcision. Other reasons mentioned frequently are: "good tradition" and "preservation of virginity/prevention of immorality."

Among women opposed to circumcision, more than 70 percent say they oppose the practice because it is a "bad tradition," while around 40 percent cite "medical complications associated with the procedure." Among men opposed to circumcision, more than three-quarters say they oppose the practice because of medical complications, while half consider it a "bad tradition."

UNFPA

Figure 14
Reasons for Opposing Female Circumcision



The majority of women who oppose female circumcision regard it as a bad tradition (72 percent); men are most often concerned about the medical complications (76 percent).

AIDS-Related Knowledge and Behavior

Seven in ten women and nine in ten men have heard of AIDS. The most common sources of information are radio and friends and relatives.

Limiting the number of sexual partners is the most frequently cited way to avoid contracting HIV/AIDS. Forty-seven percent of women and 41 percent of men gave this response, while one-third of men and women mentioned using condoms and around one-quarter cited abstaining from sex as ways to avoid the disease.

More than three-quarters of women and almost all men believe that AIDS is a fatal disease. Almost 60 percent of women and 65 percent of men know that it is possible for a healthy-looking person to be infected with the AIDS virus.

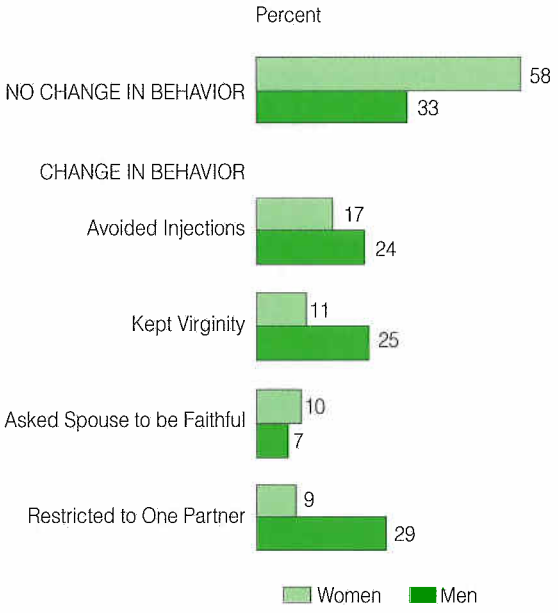
Almost 60 percent of women and 65 percent of men know that it is possible for a healthy-looking person to be infected with the AIDS virus.

Four-fifths of men know that AIDS can be transmitted from mother to child during pregnancy or childbirth and a slightly higher proportion know that AIDS cannot be cured at this time. Overall, 9 percent of men personally know someone who has AIDS or who died of AIDS.

Almost all men and 93 percent of women think that they have little or no chance of being infected with HIV/AIDS. Only 1 percent of men and 7 percent of women said that their chances of getting infected with AIDS were moderate to great.

Among women, the most frequently reported change in behavior after hearing about AIDS was to avoid getting injections, followed by retaining virginity. The most reported change in behavior among men was to restrict themselves to one partner, followed by retaining virginity and avoiding injections.

Figure 15
Changes in Behavior after Hearing about HIV/AIDS, by Sex

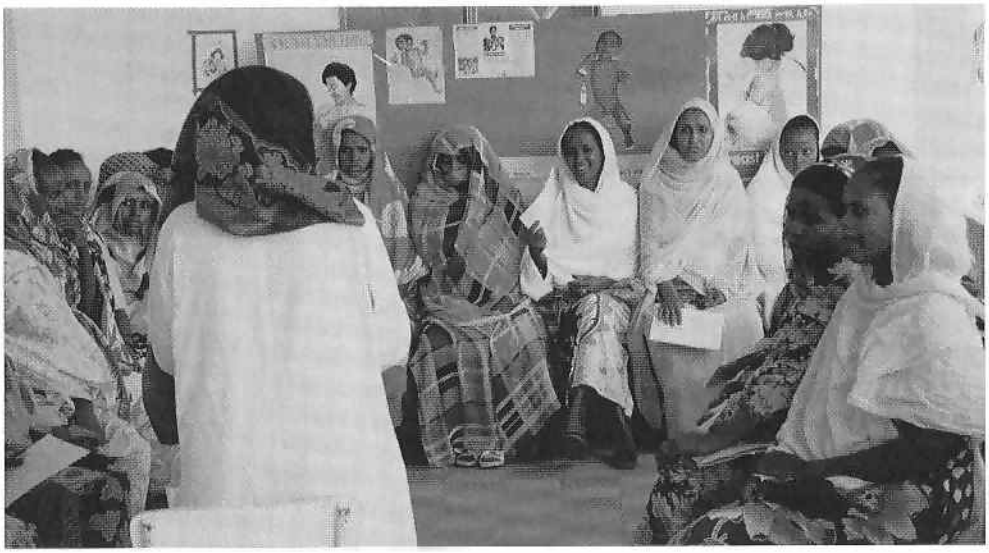


While 58 percent of women did not change their behavior after hearing about HIV/AIDS, only 33 percent of men reported no change in behavior.

Availability of Family Planning and Health Services

The EDHS data indicate that the availability of family planning services varies greatly in Eritrea. Over one-third of currently married women live within 5 kilometers of a source of family planning; however, one-third either live more than 30 kilometers from the nearest source or have no access to any facility that provides family planning services. As expected, women in the Central Zone are closer to family planning services. In the Southern Red Sea, Northern Red Sea, and Gash-Barka Zones, two-thirds of women either have no access to family planning services or have to travel long distances to obtain them.

Health Services are slightly more widely available than family planning services but generally follow the same zonal pattern. About four in ten women live within 5 kilometers of a facility providing delivery care, and four in ten children under age three are within 5 kilometers of a facility providing maternal and child health services, child immunizations, ORS packets, and treatment for acute respiratory infection. Except for children in the Southern and Central Zones, almost half of children live more than 30 kilometers from the nearest facility providing child immunization services.



A.TEMESGEN

Fact Sheet

Eritrea Demographic and Health Survey 1995

Sample Population

Women age 15-49	5,054
Men age 15-59	1,114
Percent of women 15-24 who attended school currently not in school	49

Educational Level of Household Population (age 6+)

Percent of women with no education	67
Percent of women who attended secondary or higher	10
Percent of men with no education	54
Percent of men who attended secondary or higher	15
Percent of women age 6-15 attending school	46
Percent of men age 6-15 attending school	51

Background Characteristics of Women Interviewed

Percent urban	32.6
Percent with no education	65.9
Percent who attended secondary school or higher	9.9

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married	66.7
Percent of women 15-49 ever married	80.0
Median age at first marriage among women age 25-49	16.7
Median duration of breastfeeding (months)[1]	22.0
Median duration of postpartum amenorrhea (months)[1]	14.2
Median duration of postpartum abstinence (months)[1]	2.7

Fertility

Total fertility rate[2]	6.1
Mean number of children ever born to women age 40-49	6.2

Desire for Children

Percent of currently married women who:	
Want no more children[3]	18.1
Want to delay their next birth at least 2 years	51.0
Mean ideal number of children[4]	6.0
Percent of births in the last 3 years that were:	
Unwanted	4.9
Mistimed	13.5

Knowledge and Use of Family Planning

Percent of currently married women who:	
Know any method	68.0
Know a modern method	66.3
Have ever used any method	15.2
Are currently using any method	8.0
Are currently using a modern method	4.0
Percent of currently married women currently using:	
Pill	2.0
IUD	0.6
Injectables	0.8
Condom	0.3
Female sterilization	0.3
Periodic abstinence	0.8
Withdrawal	0.2
Breastfeeding	3.0

Mortality and Health

Infant mortality rate[5]	72
Under-five mortality rate[5]	136
Maternal mortality ratio[6]	998
Percent of births[7] to mothers who:	
Received antenatal care from medical provider	48.9
Received one or more tetanus toxoid injections	33.2
Percent of births[7] to mothers who were assisted at delivery by:	
Doctor	7.9
Nurse/Trained midwife	12.7
Traditional birth attendant	53.8
Relative/Other	23.7
Percent of children 0-3 months who are breastfeeding	99.7
Percent of children 10-11 months who are breastfeeding	96.0
Percent of children 0-3 months who are exclusively breastfeeding	65.0
Percent of children 12-23 months who received:[8]	
BCG	60.7
DPT (three doses)	48.8
Polio (three doses)	47.7
Measles	51.0
All vaccinations	41.4
Percent of children under 3 years:	
With diarrhea who received oral rehydration therapy[9]	37.6
With acute respiratory infection who were seen by medical personnel	37.1
Are chronically malnourished (stunted)[10]	38.4
Are acutely malnourished (wasted)[10]	16.4

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[1] Current status estimate based on births during the 36 months preceding the survey

[2] Based on births to women 15-49 years during the period 1-36 months preceding the survey

[3] Includes sterilized women

[4] Excludes the 17 percent of women who gave a non-numeric response to ideal family size

[5] Rates for the period 0-4 years preceding the survey (roughly 1991 to 1995); expressed as deaths per 1,000 live births

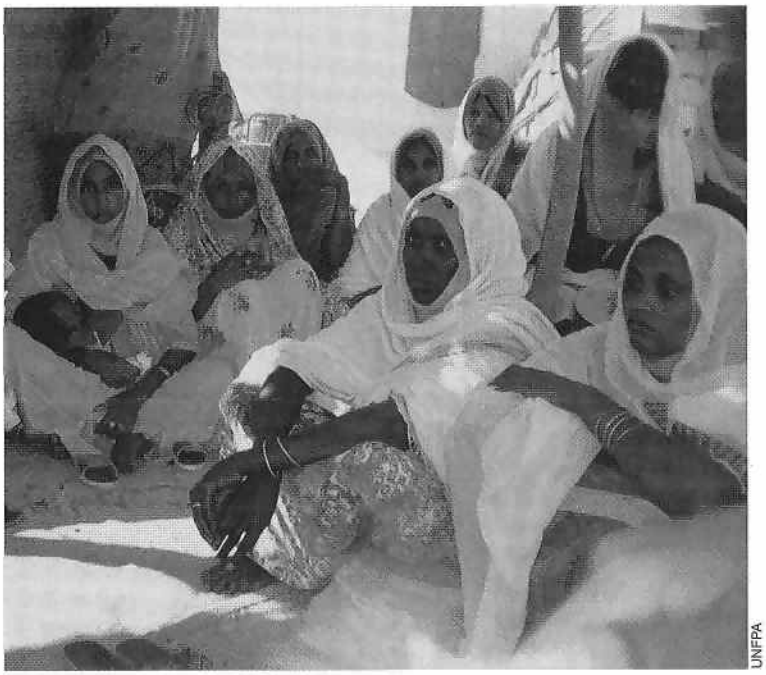
[6] Ratio for the period 0-9 years preceding the survey, expressed as maternal deaths per 100,000 live births

[7] Includes births in the period 0-35 months preceding the survey

[8] Based on information from vaccination cards and mothers' reports

[9] Includes use of solution prepared from commercially produced packets of oral rehydration salts (ORS) or homemade solution usually prepared from sugar, salt and water

[10] Stunting assessed by height-for-age, wasting assessed by weight-for-height; the percent malnourished are those below -2 SD from the median of the international reference population as defined by the U.S. National Center for Health Statistics, and recommended by the World Health Organization.



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