Eritrea

2002 Demographic and Health Survey

Key Findings

The major objective of the 2002 Eritrea Demographic and Health Survey (EDHS) was to collect and analyze data on fertility, mortality, family planning, and health. The survey interviewed a nationally-representative sample of 8,754 women age 15-49. Respondent were asked questions on the following topics: background characteristics; reproductive history; contraceptive knowledge and use; antenatal, delivery and postnatal care; infant feeding practices; child immunization, health and nutrition; marriage and sexual activity; and fertility preferences. Respondents were also asked questions about their husband's background characteristics, female circumcision, and knowledge, behavior and attitudes related to HIV/AIDS. The field work for the 2002 EDHS was carried out between the last week of March and the first week of July 2002.

The 2002 EDHS is the second national Demographic and Health Survey (DHS) in the series that started in 1995. The NSEO, which is a part of the Office of the President, had the major responsibility for conducting this survey. The various departments of the Ministry of Health collaborated with NSEO in all phases of the survey and provided valuable technical help. Financial support for the survey was provided by the U.S. Agency for International Development (USAID) and the Ministry of Health through the Technical Assistance and Support Contract (TASC) with John Snow, Inc. The United Nations Population Fund and the Canadian International Development Agency supported the 2002 EDHS by supplying all the field vehicles. Technical assistance was provided by ORC Macro as part of the MEASURE *DHS*+ program.

Additional information about the EDHS may be obtained from the National Statistics and Evaluation Office, P.O. Box 5838, Asmara, Eritrea (telephone: 291-1-202940/119507; email: seo12@eol.com.er). Additional information about the MEASURE *DHS*+ project may be obtained by contacting: MEASURE *DHS*+ ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone: 301-572-0200; fax: 301-572-0999; email: reports@orcmacro.com; internet: www.measuredhs.com).

Photographs courtesy of: Ministry of Health and National Statistics and Evaluation Office

2002 Eritrea Demographic and Health Survey

KEY FINDINGS

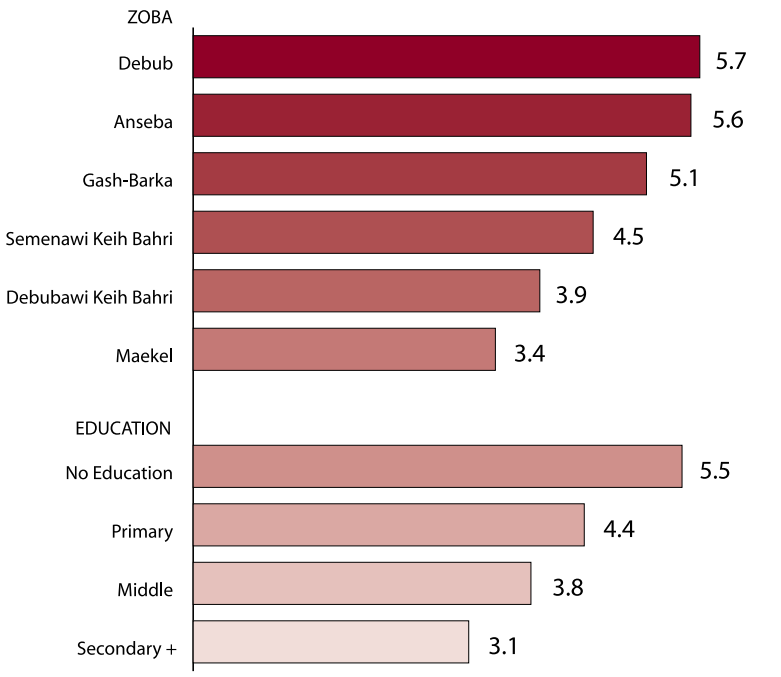
FERTILITY

The EDHS looks at a number of fertility indicators, including levels, patterns, and trends in both current and cumulative fertility; the length of birth intervals; and the age at which women marry and initiate child bearing. Information on current and cumulative fertility is essential in monitoring the progress and evaluating the impact of the population programs in Eritrea.

Levels and Trends

Fertility in Eritrea has decreased from 6.1 children per woman in 1995 to 4.8 children per woman in 2002. This decline has been more rapid among rural women. Nevertheless, rural fertility remains 2.2 births higher than urban fertility (5.7 and 3.5 births per woman on average, respectively). The level of fertility is negatively associated with educational attainment, decreasing from 5.5 children among women with no education to 3.1 children among women with at least some secondary education. A substantial variation in fertility also exists among the zobas, ranging from 5.7 children per woman in zoba Debub to 3.4 children in zoba Maekel.

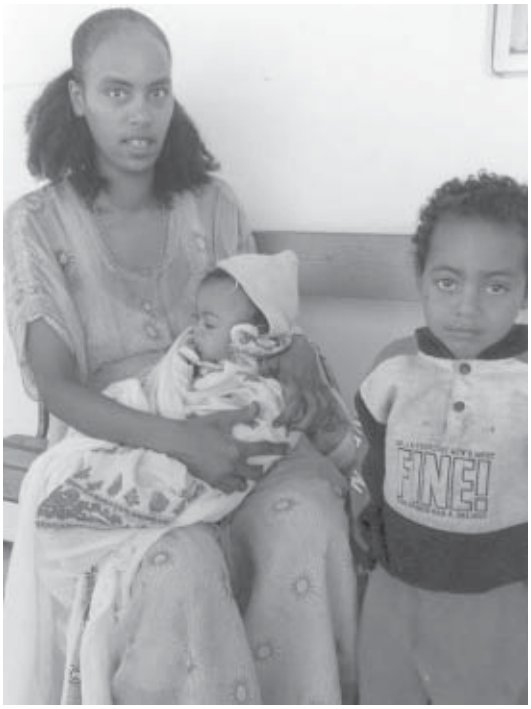
Total Fertility Rates by Background Characteristics



Age at Marriage

One of the factors influencing the fertility decline has been the rising age at which Eritrean women marry. For example, the proportion of women age 15-19 still single has increased from 62 percent in 1995 to 69 percent in 2002. The proportion of women married by age 18 has decreased from 59 percent in 1995 to 48 percent in 2002. During the same period, the median age at first marriage for women age 20-49 has increased by more than one year.

One of the more important effects of the increase in the age at marriage has been a reduction in childbearing in adolescence; currently the overall level of childbearing among women age 15-19 is 14 percent, a huge reduction from 23 percent in 1995. In 1995, one in three rural teenagers had already given birth or were pregnant at the time of interview, compared with one in five in 2002, a decline of more than 40 percent.



Family Planning Use

Data on steps taken to control fertility is of considerable importance to family planning program planners because it gives insight into one of the principal determinants of fertility and serves as a key measure for assessing the success of the national family planning program.

Knowledge of contraceptive methods

Almost nine in ten women in Eritrea know at least one modern method of family planning. Knowledge of family planning methods in general and specific methods has increased since the 1995 EDHS. The most notable increases in knowledge of specific methods among currently married women are for condoms and injectables. The mean number of methods known by all women increased by almost two methods, from 2.6 in 1995 to 4.3 in 2002.

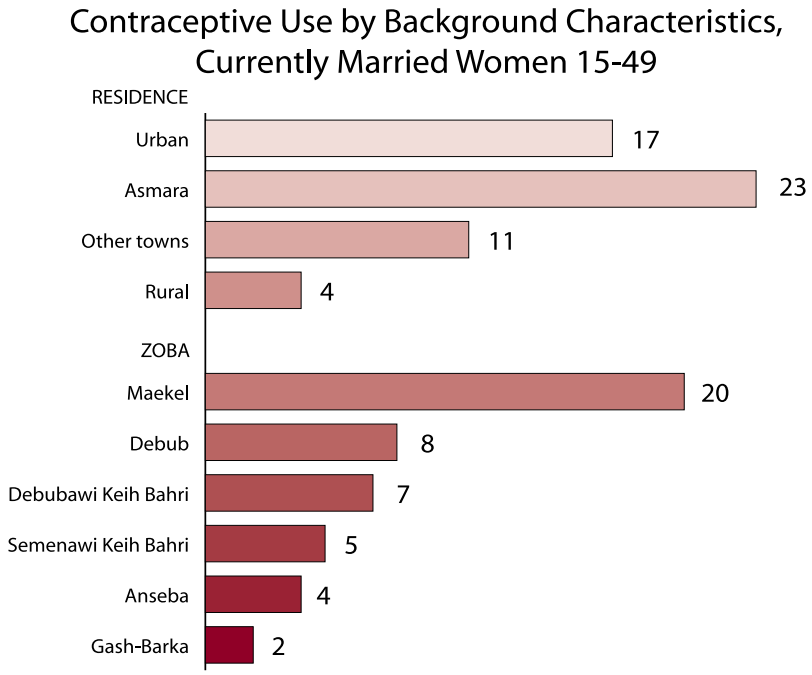
Although women's knowledge of contraceptive methods has increased since 1995, current use of contraception remains unchanged at 8 percent.

Approval of Family Planning

Besides knowledge of methods, a positive attitude toward family planning is a prerequisite to adoption of family planning. Overall, 58 percent of married women approve of family planning, 37 percent disapprove, and 5 percent neither approve nor disapprove. Since 1995, approval of family planning among currently married women has declined from 67 percent to 58 percent. In contrast, the proportion of all women who report that it is acceptable to use radio to air family planning messages increased from 57 percent in 1995 to 69 percent in 2002.

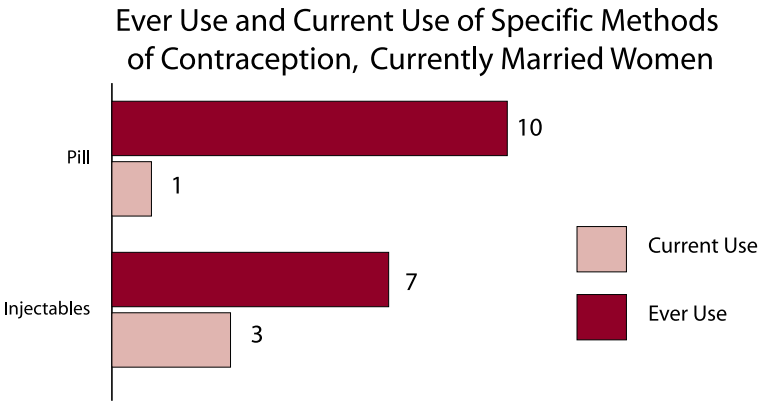
Level and Trends

Despite an increase in ever use of contraceptive methods among currently married women from 15 percent in 1995 to 22 percent in 2002, the current contraceptive use rate in Eritrea remains low; the prevalence rate remains unchanged at 8 percent. There are marked differences in current use of family planning methods among currently married women by residence and other variables. Urban women are more than four times as likely to use a method of contraception as rural women. Not surprisingly, current use is highest in Asmara, the most urbanized area in the country, and lowest in zoba Gash-Barka—the most rural zoba. Current use rates also vary markedly by education, and increase from 4 percent among women without any schooling to 22 percent among women who have attended secondary school.



Discontinuation of Use

A key concern for family planning programs is the rate at which users discontinue use of contraception and their reasons for stopping. The DHS results suggest that there is an extremely high rate of discontinuation of pills by users. Although a few women might have used the method for spacing, the reasons for not currently using any method reported by past users of pills and injectables need to be examined. Improvement in quality of services can reduce the dropout rates.



Family Planning Service Provision

Public health services (including Family Reproductive Health Association of Eritrea) play an important part in the delivery of family planning services. Three-fourths of pill users and more than 90 percent of users of injectables rely on public sector. As expected, most of women who rely on condoms as a family planning method report shops and pharmacies as the main sources of the method.

NEED FOR FAMILY PLANNING

Information on fertility preferences and on the intention to use family planning in the future is of particular interest to policymakers and program managers as they seek to address the contraceptive needs of nonusers who are concerned about spacing or limiting their childbearing.

Fertility Planning

More than one in four births in Eritrea in the five years before the survey were unplanned. One in five births were wanted later and 6 percent were not wanted at all. Unwanted births are disproportionately high among older women and among women who already have at least seven children or more. Women in those groups have been shown to be at higher risk of maternity-related illness and deaths.

Less then one-fourth of the total demand for family planning is currently being satisfied.

Unmet Need for Family Planning

Taking into consideration both their fertility desire at the time of the survey and their exposure to the risk of pregnancy, more than one out of four currently married women were considered to have an immediate need for family planning. This group includes women who were not using family planning but either wanted to wait two or more years for the next birth (21 percent) or wanted no more children (6 percent) - the total unmet need. Levels of unmet need for spacing and unmet need for limiting remain unchanged since 1995.

Combining total unmet need with the 8 percent of married women who are currently using a contraceptive method yields the total demand for family planning, which encompasses more than one-third of married women in Eritrea. Only 23 percent of the total demand for family planning is currently being satisfied.

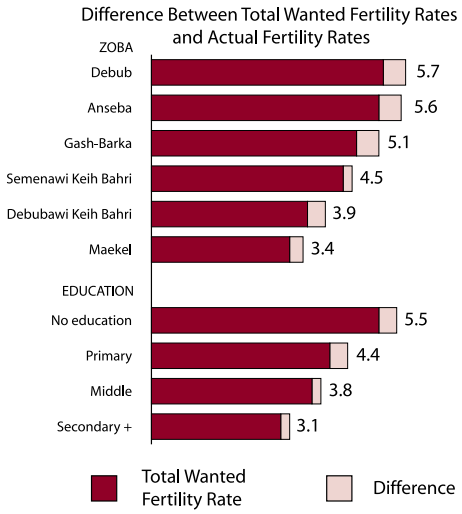
Opportunities for advising such women about family planning are being missed in many cases. Half of the women who are not using family planning had contact with a health worker during the year. In overwhelming majority of encounters, however, family planning was not discussed. Only one in five women who had contact with a health provider received information or advice about family planning during the year before the survey.

What is the fertility gap?

The total wanted fertility rate represents the level of fertility that would result if women had only the number of children that they want.

A comparison of the actual fertility rate with the wanted fertility rate indicates the potential demographic impact of enabling women to achieve the family size they desire.

The 2002 EDHS results suggest that many Eritrean women are having more children than they actually want. The wanted fertility rate was, an average of 4.4 births per woman, compared to the actual rate of 4.8 births. The gap between desired and actual fertility is almost half a birth.



CHILD MORTALITY

Identifying segments of the child population that are at greater risk of dying contributes to efforts to improve child survival and lower the exposure of young children to risk.

Levels and Trends

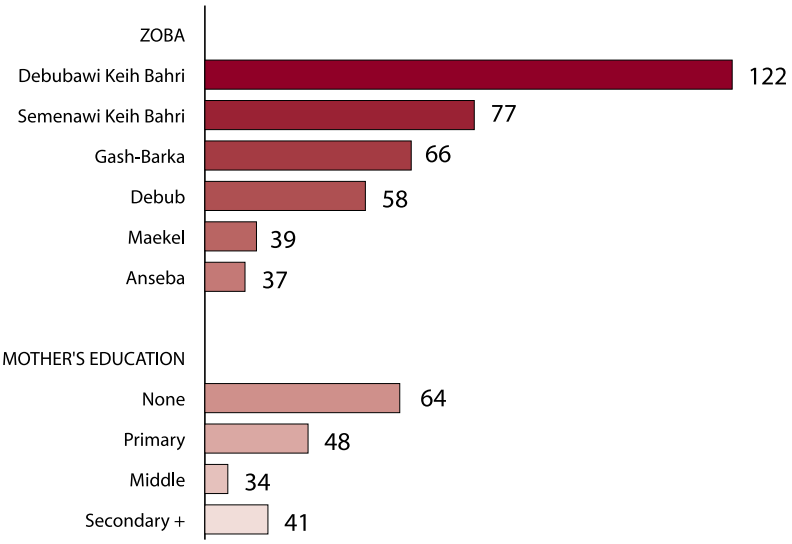
At the mortality level prevailing during the five-year period before the 2002 EDHS, one in 11 Eritrean babies does not survive to his or her fifth birthday. The level of early childhood mortality has fallen substantially since the 1995 EDHS, when around one in eight children died before reaching age five. The decline is mainly accounted for by a drop in postneonatal mortality from one in 25 children to one in 40 children.

Infant mortality and under-five mortality declined by one-third between 1995 and 2002, or approximately five percent per year.

Socioeconomic Differentials

Mortality is higher in rural areas than urban areas, but much wider differences exist by zoba. Infant mortality, for example, ranges from 37 deaths per 1,000 live births in zoba Anseba to a high of 122 deaths per 1,000 live births in zoba Debubawi Keih Bahri.

Infant Mortality by Background Characteristics



Differentials by mother's level of education are also large. Generally, a mother's level of education is inversely related to her child's risk of dying. Although the relationship is not linear, children born to mothers with no education suffer the highest mortality at all ages. The infant mortality rate for children whose mothers have a primary education is 25 percent lower than that of children whose mothers have no education. The gap between children of mothers with at least a secondary education and children of mothers with no education is 36 percent.

Demographic Differentials

The risk of dying before the first birthday is almost three times if a child is born less than two years after an elder sibling, as opposed to a child born at least four years later. During the five years prior to 2002 EDHS, one in five non-first births in Eritrea occurred less than 24 months after the preceding birth. In addition to a low prevalence rate, breastfeeding patterns—especially the early introduction of supplemental foods—contribute to short birth intervals, by reducing the period of time a woman is amenorrheic after birth.

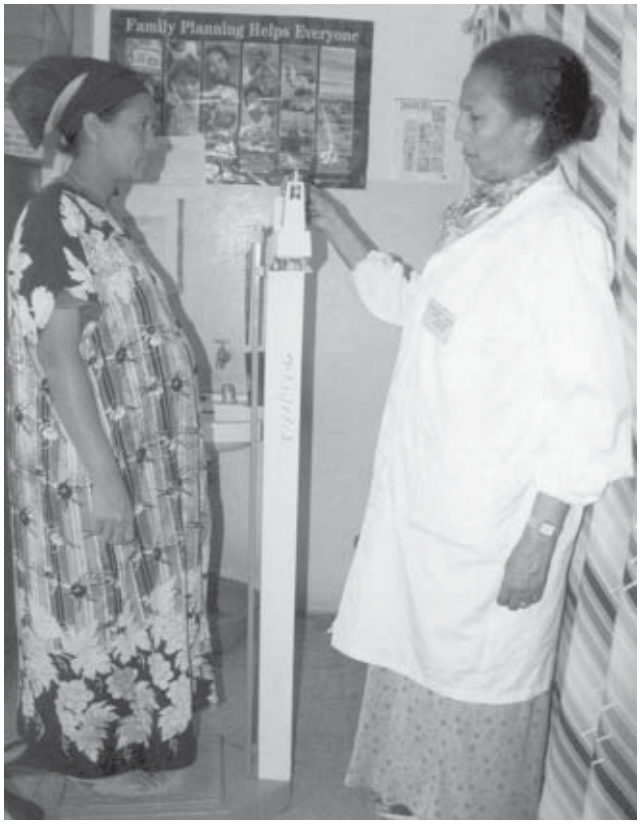
MATERNAL HEALTH

Improving maternal health is a major public health concern in Eritrea. The 2002 EDHS measures the extent to which women are obtaining medical care during pregnancy, at the time of delivery, and in the postpartum period.

Care During Pregnancy

The 2002 EDHS findings indicate that there has been a substantial improvement in antenatal care coverage since 1995. Seven in ten women with births in the five years before the survey received antenatal care services for the last birth from a health professional (doctor, trained nurse, midwife, or auxiliary midwife) compared with only half of mothers in 1995.

Forty-one percent of women with a birth in the five years preceding the survey had four or more antenatal care visits, though only 22 percent made the first visit in the first trimester. Half of women who had a live birth in the five years preceding the survey received at least one tetanus toxoid injection during pregnancy for the most recent birth; 32 percent received multivitamin or vitamin C tablets. Four in ten mothers received iron tablets for the last birth but almost all took the tablets for less than 60 days.



Malaria Control

The use of insecticide-treated mosquito nets has been proven to reduce malaria transmission. The 2002 EDHS found that 34 percent of households owned at least one mosquito net. Possession of mosquito nets is more common in rural areas (37 percent) than urban areas (28 percent). Mosquito nets are least prevalent in zoba Maekel, where malaria prevalence is low.

Seven percent of all women and pregnant women slept under a mosquito net the night before the interview; however, only 3 percent used an insecticide-treated net. Use of antimalarials by pregnant women is low. Only five percent of women who had at least one birth in the five years preceding the survey reported that they received antimalarial treatment for the last birth.

Twelve percent of children under five slept under a mosquito net the night before the interview. However, only 4 percent of children under five slept under an insecticide-treated net. Fever is a major manifestation of malaria in children. Thirty percent of children under five had a fever in the two weeks preceding the survey. Among febrile children, only 4 percent were treated with antimalarial medication, mostly chloroquine.

Female Genital Cutting

Results from the 2002 EDHS show that knowledge of female circumcision is universal among Eritrean women, with almost all respondents (99 percent) having heard of female genital cutting.

Nine in ten women (89 percent) reported that they had been circumcised, indicating a slight decline in the proportion of women circumcised in 1995 (95 percent). Among circumcised women, 39 percent had their vaginal area sewn closed (the most severe form of circumcision), 4 percent had some flesh removed, and 46 percent were nicked and no flesh was removed. Younger women (age 15-19) are less likely to be circumcised than older women. Sixty-three percent of women with living daughters indicated that at least one daughter was circumcised.

Attitudes of Eritrean women towards female circumcision are evenly divided: the proportion of women who support continuation of the practice is the same as the proportion who want it to be discontinued. (49 percent). As expected, women who are not circumcised are more likely to want the practice discontinued (86 percent) than those who are circumcised (44 percent). Seven percent of circumcised women say that they have problems during sexual relations; one in ten reported having problems during delivery and one in twenty-five reported problems during both sexual relations and delivery.

Delivery Care and Postnatal Care

Delivery under hygienic conditions and where medical assistance is available decreases the risk of maternal mortality. Overall, one-fourth of births—compared with 17 percent in 1995—occurred in health facilities, almost all of them public facilities. More than nine in ten women with deliveries outside health facilities do not receive any postnatal checkup.

Three percent of births in the five years preceding the survey were delivered by caesarian section (C-section), indicating a slight increase from 1995. A C-section rate below 5 percent is generally thought to be a reflection of limited access to maternal health services and potentially life-saving obstetrical care.

Constraints to Use of Health Services

Many different factors can be barriers to women seeking health care for themselves. Seventy-two percent of women reported at least one issue or circumstance they regarded as a big problem in seeking health care. The major constraints to women's access to health services are lack of money, distance to health facilities, and having to take transportation. Almost four in ten women mentioned the problem of waiting in line at the health facility as a big problem. Eleven percent of women in Eritrea do not know where to go for health care.

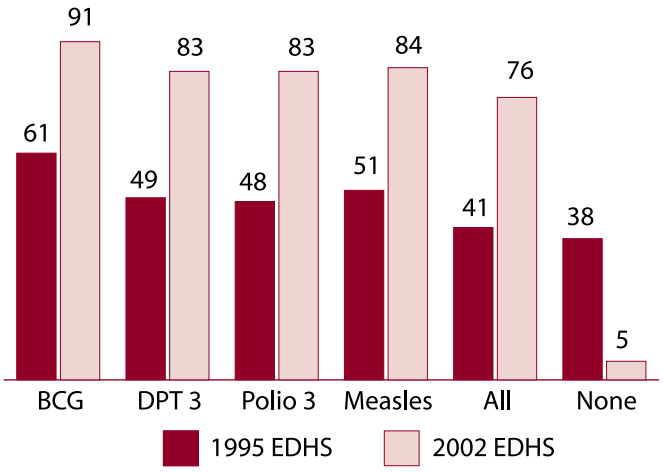
CHILD HEALTH

For children, vaccination against six serious but preventable diseases, along with early diagnosis and treatment of common childhood illnesses, can prevent a large proportion of childhood deaths.

Childhood Vaccination Coverage

The 2002 EDHS results show that three-fourths of children age 12-23 months are fully immunized against major preventable childhood illnesses (tuberculosis, diphtheria, whooping cough, tetanus, polio, and measles), while only 5 percent have not received any vaccinations at all. This is a substantial improvement from 1995, when only 41 percent of children were fully vaccinated and 38 percent had no vaccinations. Although urban children are more likely to be fully vaccinated, the urban-rural gap has narrowed.

Percentage of Children Age 12-23 Months Who Have Received Specific Vaccinations



Prevalence and Treatment of Childhood Illnesses

The 2002 EDHS provided data on the prevalence and treatment of two common childhood illnesses: acute respiratory infection and diarrhea.

Acute respiratory infection (ARI) is one of the leading causes of childhood morbidity and mortality throughout the world. According to the EDHS, one in five children under five had a cough accompanied by short, rapid breathing—a sign of acute respiratory infection (ARI)—in the two weeks before the survey. Of these, 44 percent were taken to a health facility for treatment.

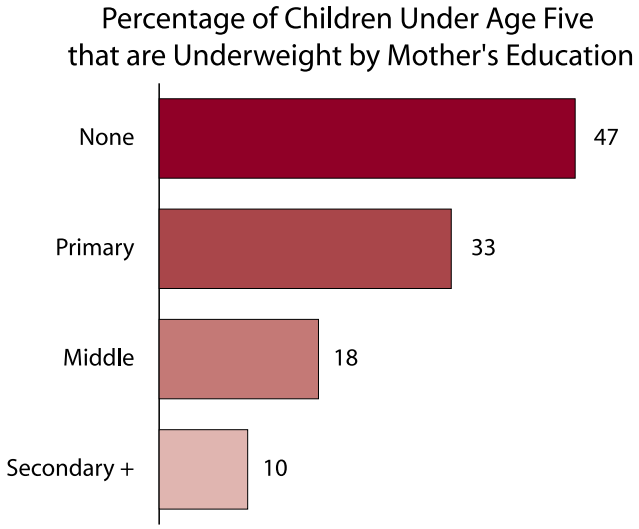
Dehydration caused by severe diarrhea is one of the major causes of death among young children in Eritrea. Thirteen percent of children under age five were reported to have experienced diarrhea some time in the two weeks preceding the survey. Overall, more than two-thirds of these children received some type of oral rehydration therapy, i.e., solution prepared from packets of oral rehydration salts (ORS), homemade sugar-salt water solution, or increased fluids. Although almost all mothers who had a birth in the five years preceding the survey reported knowing about ORS packets, only 45 percent of children diarrhea received ORS.

NUTRITION INDICATORS FOR CHILDREN AND WOMEN

The 2002 EDHS examines several important aspects of the nutritional status of Eritrean children and their mothers, including the prevalence of malnutrition, levels of vitamin A supplementation and iodization of salt.

Nutritional Status of Children

Overall, 38 percent of children under age five are chronically malnourished or stunted (short for their age), 13 percent are wasted (thin for their height), and 40 percent are underweight (low weight-for-age). Rural children are more than one and a half times as likely to be stunted and wasted as urban children. Among zobas, malnutrition is more prevalent in Gash-Barka, Anseba, and Semenawi Keih Bahri than in other zones. A comparison of children under three years in 1995 and 2002 indicates a slight improvement in the nutritional status.



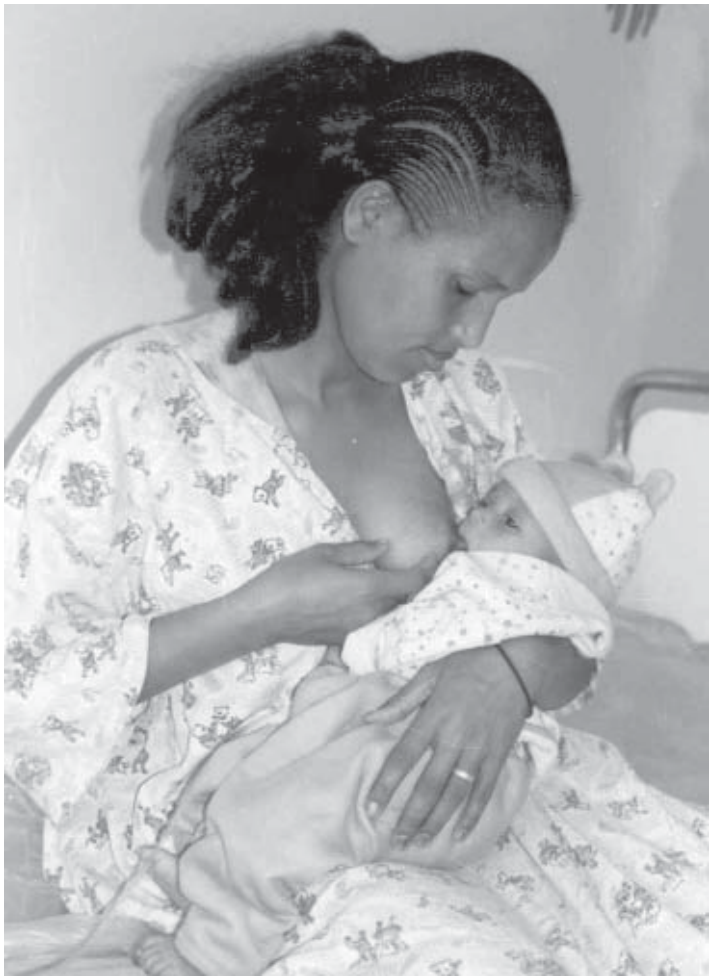
Micronutrient Supplementation

Vitamin A is an essential micronutrient for the normal functioning of the visual system, growth and development, resistance to disease, and reproduction. The 2002 EDHS show that only 38 percent of children age 6-59 months received a vitamin A supplement in the six months preceding the survey. Only 13 percent of mothers received a vitamin a supplement during the postnatal period.

Disorders induced by dietary iodine deficiency constitute a major global health nutrition concern. Iodine deficiency in the fetus leads to increased rates of stillbirths, congenital anomalies, and psychomotor defects. In children and adults, the effects are demonstrated as goiter, hyperthyroidism, and impaired mental and physical development. The survey measured the iodine content of salt used in the household. The results show that over two-thirds of children under age five live in households that use adequately iodized salt.

Nutritional Status of Women

The 2002 EDHS collected information on the height and weight of all women age 15-49. Overall, 2 percent of women are shorter than 145 cm, the cutoff point below which a woman is identified as being at risk for delivering a baby with low birth rate. The findings also indicate that more than half of women age 15-49 have a body mass index (BMI)—a measure of a woman's weight relative to her height—in the normal range, and 37 percent have a low BMI (less than 18.5), indicating chronic energy deficiency. Rural women and women with no education are more likely to have a low BMI than urban women and women with some education. In addition, 9 percent of Eritrean women are overweight, including 2 percent that are severely overweight or obese.



Infant Feeding Practices

The pattern of infant feeding has important effects on both the child and the mother. Appropriate feeding practices are of fundamental importance for the survival, growth, development, health, and nutrition of infants and children. Poor nutrition in children exposes them to a greater risk of illness and death.

Breastfeeding also affects mothers through the physiological suppression of the return to fertile status, thereby affecting the length of the interval between pregnancies.

The World Health Organization (WHO) and UNICEF recommend that during the first six months of life, children should be exclusively breastfed and that they should be given solid or mushy complementary foods starting at six months of age.

Breastfeeding is nearly universal in Eritrea; almost all children under one year of age are breastfed. However, despite the universal prevalence of breastfeeding in Eritrea, the majority of infants are not fed in compliance with WHO/UNICEF recommendations. Exclusive breastfeeding is common but not universal in early infancy in Eritrea.

During the period when complementary foods should be given, at age 6-9 months, only 54 percent of Eritrean infants in this age group received solid or semi-solid foods the day and night preceding the survey.

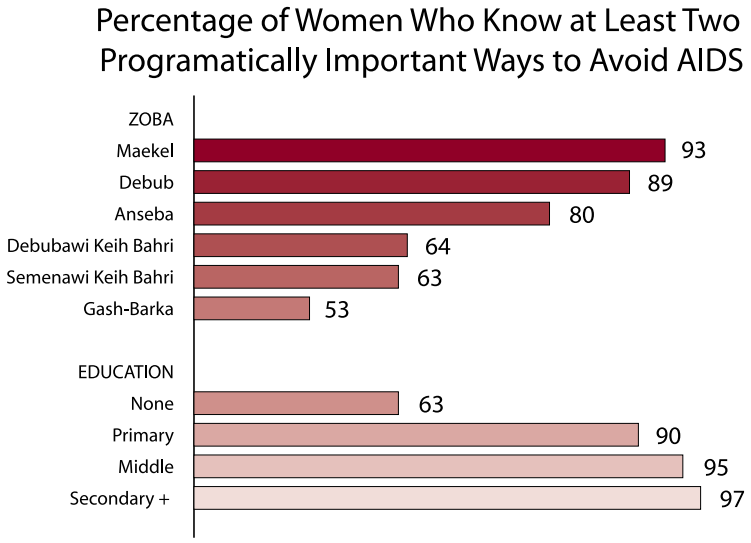
HIV/AIDS

The main strategy for combating aids in Eritrea has been prevention through practicing abstinence, being faithful to one sexual partner, and using condoms. This strategy relies heavily on the level of knowledge of the population and their perception of the HIV/AIDS problem.

Knowledge of HIV/AIDS and Prevention Methods

The 2002 EDHS results indicate that awareness of HIV/AIDS is nearly universal among women in Eritrea, with 96 percent of women reporting that they have heard of AIDS. The ways to prevent HIV/AIDS mentioned most frequently by respondents were staying faithful to one partner (72 percent), using condoms (54 percent), and abstaining (47 percent). Almost eight in ten women know two or more programmatically important ways to avoid getting infected with HIV.

Knowledge of ways that HIV can be transmitted is important in preventing the spread of the disease. More than seven in ten women recognize that the HIV virus can be transmitted from mother to child during pregnancy (80 percent), during delivery (72 percent), and through breastfeeding (70 percent). Three-fourths of women know that a healthy-looking person can have the AIDS virus.



Knowledge and Use of Condoms

One of the main objectives of the National HIV/AIDS Control Programme is to encourage consistent and correct use of condoms especially among high-risk groups. The 2002 EDHS data show that 54 percent of women know a source for condoms. However, use of condoms is negligible, with only 2 percent of women having used condoms during the last sexual intercourse in the past year.

Social Aspects of HIV/AIDS Prevention and Mitigation

Discussion of HIV/AIDS with a spouse or partner is an important first step in prevention of HIV/AIDS and the control of the epidemic. The 2002 EDHS survey results show that only 37 percent of women have had such discussion with their partners. One-fourth of women say that they would not be willing to take care of a relative who had HIV/AIDS.

CHILDREN'S EDUCATION

The 2002 EDHS collected information on schooling patterns among children, which was designed to obtain insights into differences in school attendance and educational attainment.

School Attendance

More than 60 percent of primary-school-age children (age 7-11 years) are currently attending primary school. However, only 21 percent of middle-school-age children (12-13 years) are attending middle school, and 23 percent of secondary-school-age children (14-17 years) are attending secondary school.

Educational Attainment by Background Characteristics

Rapid increases in educational attainment for both sexes can be seen from the declining proportion without any formal education in successively younger age groups. There have been marked improvements since the 1995 EDHS in educational attainment among both males and females. For example, in 1995, the proportions of boys and girls age 10-14 who had never attended school were 32 percent and 40 percent, respectively, compared with 15 percent and 21 percent, respectively, in 2002.

Urban areas have a wide lead over rural areas in level of education attained. For example, 82 percent of males and 70 percent of females in urban areas have some education, compared with less than half of males and one-third of females in rural areas. Educational attainment also varies widely among zobas. The proportion of males and females with some education is lowest in zoba Gash-Barka (38 percent and 26 percent, respectively) and highest in zoba Maekel (86 percent and 76 percent, respectively).

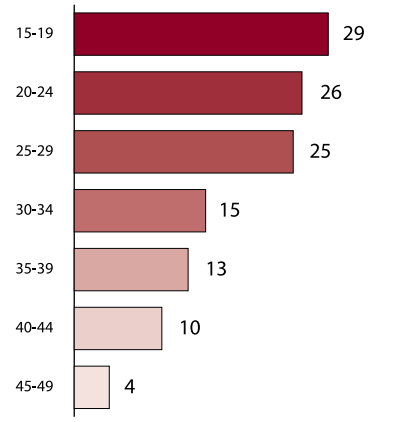
The male-female disparity in attending school is small at younger ages. However, differentials by sex in school attendance become wider beginning at age 17. For example, one in five males age 24 is attending school, compared with only one in 50 females.

Changes Over Time in Women's Education

While one-third of Eritrean women 15-49 have completed primary school, only 8 percent have completed secondary school. Younger women are more likely to be educated and to reach higher levels of education than older women. Only one in five women age 15-19 has no formal education, compared with more than three-fourths of women age 45-49. Similarly, 29 percent of women age 15-19 have some secondary or higher education, compared with only 4 percent of women age 45-49.

Overall nearly half of Eritrean women are literate, however the level of literacy is much higher for younger women than older women. 77 percent of women age 15-19 are literate compared with 19 percent of women age 45-49.

Women with Some Secondary Education or More, by Age Group



POPULATION AND HOUSEHOLD LIVING CONDITIONS

Housing conditions both reflect the socioeconomic level of the household and influence the health status of household members. Ownership of consumer durables also provides an indication of the household's socioeconomic level.

Housing Conditions

Less than one-third of Eritrean households live in dwellings with electricity; although electricity is found in almost all households in Asmara and in 61 percent of households in other towns, only 3 percent of rural households have electricity. Three-fourths of households in Eritrea, and almost all households in rural areas (96 percent) have no toilet facility. Only 17 percent of households (mainly in Asmara and other urban areas) reported that they use a flush toilet, their own or shared. Piped water is mainly accessible in urban areas; two-thirds of urban households have access to piped water, compared to 18 percent of rural households. Overall, only half of rural households have access to clean water (piped water, protected well, tanker truck).

The type of material used for flooring is an indicator of the economic standing of the household as well as the potential exposure of household members to disease-causing agent. Two-thirds of households in Eritrea live in structures with floors made of earth, sand, or dung. Rural houses have poorer quality floors than urban houses (89 percent of rural houses have earth, sand, or dung floors, while 66 percent of urban houses have cement or ceramic tile floors).

Asset Ownership

The 2002 Eritrea DHS included a series of questions on household possession of durable goods and means of transport. Six in ten households in Eritrea own a radio—81 percent of urban households and 43 percent of rural households. Television is only in urban areas (34 percent of urban households). Overall, 42 percent of households in Eritrea have no access to mass media (radio or television).

Eighty-seven percent of households do not own any means of transportation. One in ten households owns a bicycle, while only 3 percent own a car or truck. Ownership of durable goods and means of transport has increased since 1995; the proportion of households with a radio has increased from 40 to 58 percent, and the proportion of households that have a bicycle has increased from 7 to 11 percent.

KEY INDICATORS

	Debubawi Keih Bahri	Maekel	Semenawi Keih Bahri	Anseba	Gash-Barka	Debub	Total
DEMOGRAPHIC SITUATION							
Fertility							
Births per woman age 15-49							
Total fertility rate	3.9	3.4	4.5	5.6	5.1	5.7	4.8
Total wanted fertility rate	3.5	3.1	4.3	5.1	4.6	5.2	4.4
Mortality							
Deaths per 1000 births in the ten years before the survey							
Infant mortality rate	122	39	77	37	66	58	48
Under-five mortality rate	187	60	154	73	123	111	93
REPRODUCTIVE HEALTH							
Safe motherhood							
Percentage of births in the five years before the survey							
Mothers who received antenatal care from a medical provider	68	89	74	69	64	62	70
Births delivered in health facility	42	67	19	15	9	20	26
Mothers with medical assistance at delivery	42	72	22	15	11	21	28
High-risk childbearing							
Adolescent women age 15-19 who have begun childbearing (percent)	14	6	11	10	20	21	14
Non-first births born within 24 months of a previous birth (percent)	26	22	21	20	17	19	20
Family planning							
Percentage of currently married women age 15-49							
Women knowing any method	78	99	87	83	70	96	88
Women currently using:							
Any contraceptive method	7	20	5	4	2	8	8
Any modern contraceptive method	5	15	3	3	1	4	5
Injectables	3	6	2	1	1	3	3
Women with an unmet need for family planning	19	25	24	24	27	33	27
Female circumcision							
Percentage of women age 15-49							
Women who are circumcised	92	84	98	96	95	82	89
Women who believe practice should continue	58	28	68	56	73	39	49

	Debubawi Keih Bahri	Maekel	Semenawi Keih Bahri	Anseba	Gash-Barka	Debub	Total
CHILD HEALTH							
Vaccinations							
Women with a live birth in the past five years who received a tetanus toxoid vaccination during their last pregnancy	64	56	56	50	47	45	50
Children 12-23 months fully immunized (BCG, measles, and three doses each of DPT and polio vaccine)	60	89	70	92	64	70	76
Treatment of childhood illnesses							
Percentage of children under age five							
Children with diarrhea treated with some form of oral rehydration therapy or given increased fluids	59	87	78	66	73	59	68
Children with ARI for whom treatment was sought from health facility or provider	41	62	40	33	57	36	44
MATERNAL HEALTH AND NUTRITION							
Breastfeeding							
Median duration of any breastfeeding (months)	18	22	21	22	22	22	22
Child malnutrition							
Percentage of children under age five							
Children who are stunted	37	23	42	41	45	39	38
Children who are wasted	14	6	18	16	17	10	13
Micronutrient supplementation							
Births in which mothers received vitamin A within two months of delivery	11	26	13	13	11	8	13
Children 6-59 months receiving vitamin A in the 6 months before the survey	22	52	36	37	32	36	38
Households using adequately iodized salt (15+ ppm)	51	79	49	70	57	76	68