2006-07 Namibia Demographic and Health Survey

Policy Brief

Fertility and Family Planning

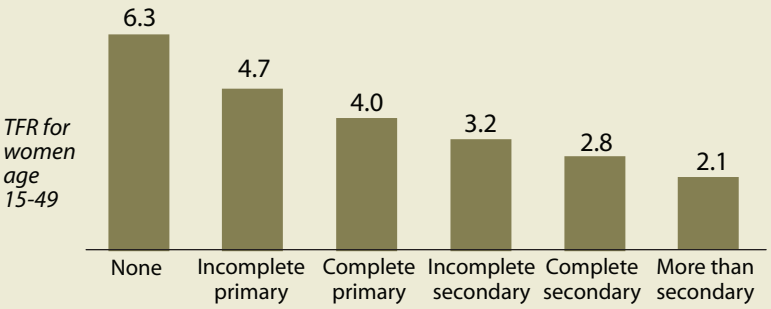
Fertility Has Significantly Decreased

Namibian women are having fewer children. Fertility has declined markedly in the past 15 years. Currently, women in Namibia have an average of 3.6 children, down from 4.2 in 2000 and 5.4 in 1992. Among sub-Saharan African countries which participate in the DHS programme, only South Africa and Lesotho have lower fertility.

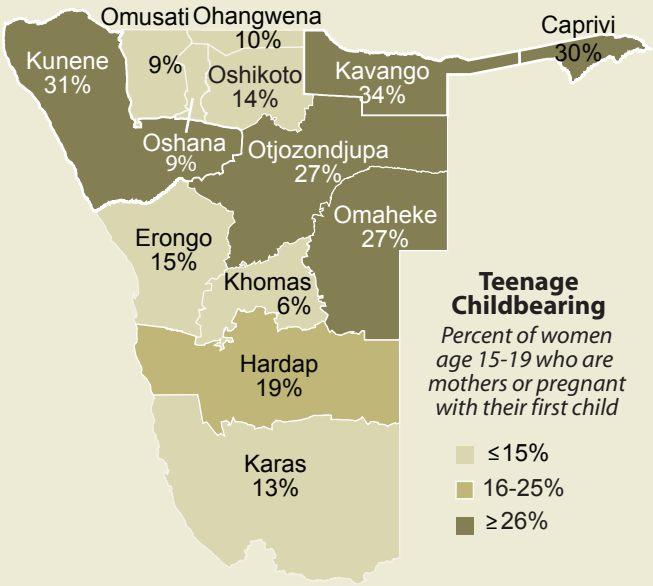
Fertility Varies Widely

While fertility has declined overall, there are significant variations among regions and among different groups in the populations. Rural women have more children than urban women. The total fertility rate for rural women is 4.3 children compared to only 2.8 children for urban women. Poorer and less educated women also have more children than wealthier and more educated women. For example, women with no formal education have 6.3 children, on average, whereas women with some secondary education have 2.1 children, a three-fold difference.

Fertility by Education



Regional fertility ranges from a low of 2.6 children per women Khomas and 2.8 children per woman in Erongo to a high of 4.9 children in Kavango and 5.1 children in Omaheke.



Childbearing Starts Early

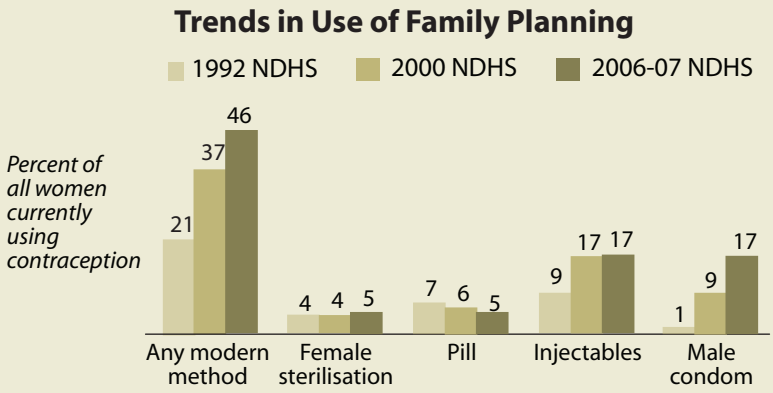
Early childbearing often leads to higher fertility. In Namibia one in six women age 15-19 has already started childbearing—13 percent are already mothers, and another 3 percent are pregnant with their first child. Early childbearing varies markedly by region. Almost one-third of young women age 15-19 are pregnant or already given birth in Caprivi (30 percent), Kunene (31 percent), and Kavango (34 percent). In contrast, only 6 percent of young women in Khomas have begun childbearing.

2006-07 Namibia Demographic and Health Survey

Policy Brief

Use of Family Planning Has Doubled in Fifteen Years

From 1992 to 2006-07, use of family planning by all women rose from 23 percent to 46 percent. Use of modern contraceptive methods more than doubled, from 21 percent in 1992 to 46 percent in 2006-07. Nearly five in ten women currently use a modern method of family planning, and over six in ten nonusers intend to use it in the future.

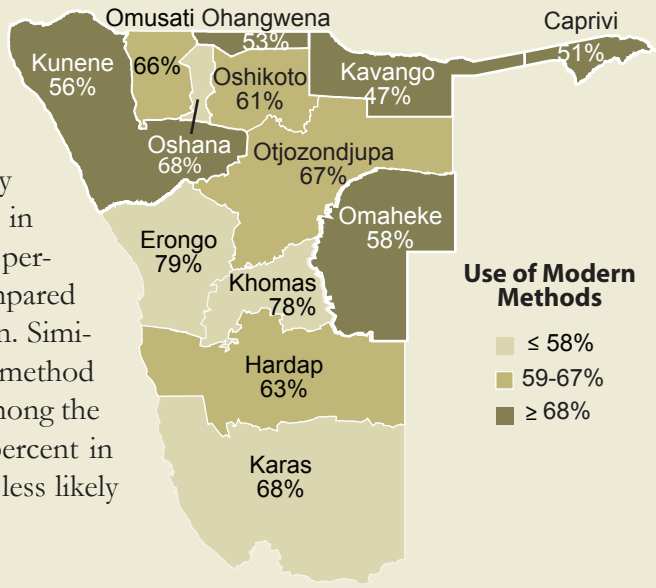


Male Condom Used More Often

Among sexually active women, use of the male condom has increased from 10 percent in 2000 to 23 percent in 2006-07, most likely to protect against HIV infection as well as pregnancy. Use of injectables increased slightly from 22 percent to 24 percent in the same time period. The pill, the third most common form of modern contraception, remained at the same level of 9 percent. Seven percent of women are sterilised.

Modern Method Use Varies Widely

Not only have Namibian women increased their use of contraceptives, they are using them earlier in their reproductive lives and when they have fewer children. The proportion of women who started using family planning before they had any children has increased from 25 percent in 2000 to 32 percent in 2006-07. Method use varies widely around the country. Only 37 percent of women with no education use modern methods compared with 76 percent of women with more than secondary education. Similarly the poorest women are far less likely to use a modern method than the wealthiest women (43 and 78 percent, respectively). Among the regions, modern contraceptive use ranges from a low of 47 percent in Kavango to a high of 79 percent in Erongo. Rural women are less likely to adopt modern methods than urban women.



Government-funded Facilities Provide Most Contraceptives

Three in four users get contraceptives from public sources, such as government hospitals, health centers, and clinics. Private hospitals provide methods to one in ten users. While pills and injectables are most often obtained from public sources, two-thirds of women using IUDs obtained them from private medical facilities. More than half of condoms are obtained from public facilities, and 36 percent from private sources, mostly shops.

USAID FROM THE AMERICAN PEOPLE

unicef

UNFPA

World Health Organization

2006-07 Namibia Demographic and Health Survey

Policy Brief

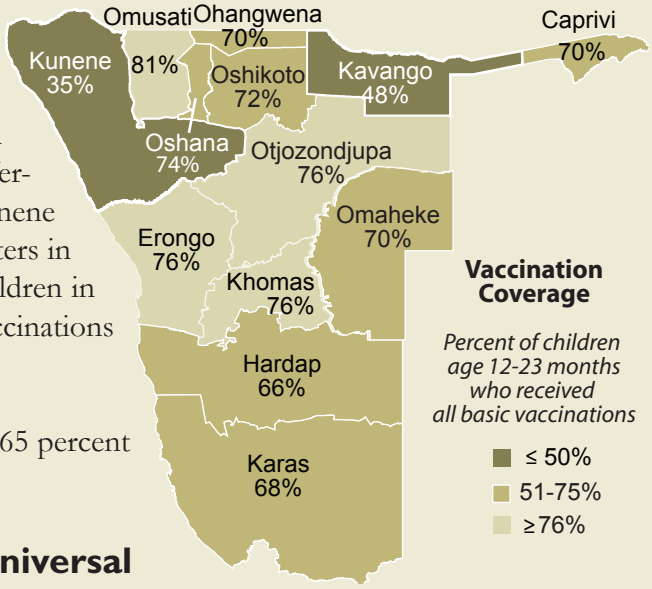
Child Health and Nutrition

One child in 14 born in Namibia dies before reaching his or her fifth birthday. Two-thirds of these deaths occur in the first year of life. The infant mortality rate is 46 deaths per 1,000 live births for 2002-2006, and the under-five mortality rate is 69 deaths per 1,000 live births. These are among the lowest child mortality rates in sub-Saharan Africa. Childhood mortality varies dramatically by region. Infants in Kunene are least likely to die in their first year of life (only 27 deaths per 1,000 live births), while children in Caprivi are at highest risk of death (78 deaths per 1,000 live births).

Spacing births at least two years apart could reduce the infant mortality rate. The infant mortality rate for infants born less than two years after a previous birth, 92 deaths per 1,000 live births, is markedly higher than the rate for children born three years after a previous birth, 45 deaths per 1,000 live births. Infants born to women over 40 are also at higher risk of death than infants born to younger women.

Vaccination Coverage Inconsistent

More than two-thirds of Namibian children age 12-23 months have received all of the recommended childhood vaccinations. Nationwide, only 2 percent have received no vaccinations at all. Vaccination coverage is slightly higher in urban areas than rural areas, but differences by region are quite marked. Only one-third of children in Kunene (35 percent) are fully vaccinated compared to more than three-quarters in Erongo and Khomas (76 percent each). Further, 14 percent of children in Kunene and 8 percent of children in Kavango have received no vaccinations at all.



Full vaccination coverage has increased from 58 percent in 1992 to 65 percent in 2000 to 69 percent in 2006-07.

Appropriate Care for Childhood Diseases Not Universal

Fever can be a sign of malaria or other acute infections in children. Severe diarrhoea, often caused by contaminated water and poor hygiene, can lead to dehydration and death. For each of these medical conditions, early diagnosis and treatment can save lives. The NDHS examines prevalence of and treatment for each of these common childhood illnesses:

- **Fever.** Seventeen percent of children under five had a fever in the two weeks before the survey. More than half (56 percent) of these children received treatment from a health provider. One in seven children with fever took an antibiotic drug. Only one in ten took an antimalarial drug despite the well-known link between fever and malaria.
- **Diarrhoea.** Twelve percent of children under age five had diarrhoea in the two weeks before the survey. Sixty percent of these children were taken to a health provider, and three-quarters of children received some sort of oral rehydration therapy (ORS packets or salt-sugar solution) or increased fluids. Seventeen percent, however, received no treatment at all. Only 16 percent of children received more fluids, as recommended, and only 8 percent received more food.

Many Children Not Well Nourished

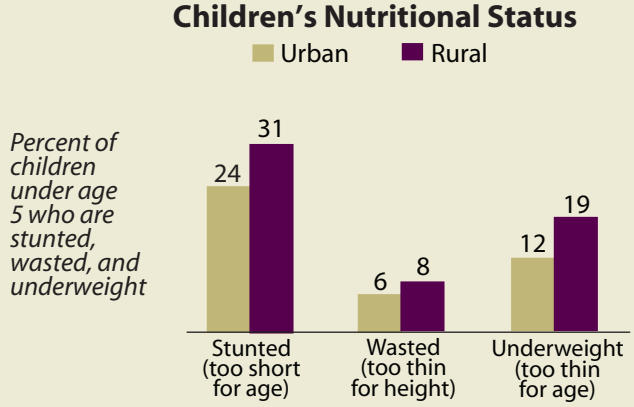
Good nutrition starts with breastfeeding. The World Health Organization recommends that children be fed nothing but breastmilk for the first six months of life. While almost all Namibian children (94 percent) are ever breastfed, only 24 percent of children under six months are exclusively breastfed. On average, Namibian children breastfeed until the age of 17 months, but exclusively breastfeed for less than one month.

Micronutrients are essential vitamins and minerals required for good health. Vitamin and mineral supplementation are easy and inexpensive ways to reduce childhood illness. Vitamin A, which prevents blindness and infection, is particularly important for children. While most children are eating vitamin A-rich foods, only half of children age 6-59 months had received a vitamin A supplement in the six months before the survey. Iron prevents anemia and infection. About two-thirds of children ate iron-rich foods the day before the survey, and only 12 percent had received an iron supplement the week before the survey.

Children's nutritional status is measured by comparing height and weight to international averages provided by WHO. Children who are undernourished are more susceptible to infection and often do less well in school.

- Stunting (too short for age). Almost 3 in 10 Namibian children under age five are stunted. Stunting has increased slightly since 2000. Stunting is more common in rural areas than urban areas, and ranges from 22 percent in Omaheke to 39 percent in Kavango. Stunting reflects failure to receive adequate nutrition over a long period. It is an indicator of chronic malnutrition.

Children's Nutritional Status



- Wasting (too thin for height). Eight percent of Namibian children are wasted, including 2 percent who are severely wasted. Wasting has remained relatively stable since 2000. Wasting reflects failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing onset of acute malnutrition.

- Underweight (too thin for age). Seventeen percent of Namibian children are underweight, an improvement since 2000. As with stunting and wasting, underweight is more common in rural areas than urban areas, and is least common among children in the wealthiest households. Underweight status reflect stunting and wasting together, taking into account both acute and chronic malnutrition.

USAID FROM THE AMERICAN PEOPLE
unicef
UNFPA
World Health Organization

2006-07 Namibia Demographic and Health Survey

Policy Brief

Maternal Health

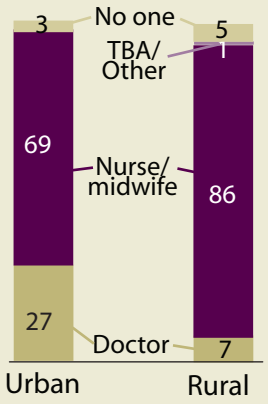
The survival and well-being of mothers and children depend on the health care a woman receives during pregnancy, at the time of delivery, and in the first two months after she gives birth. Although professional health care is available to most Namibian mothers, there are still gaps in services and accessibility that contribute to significant mortality among childbearing women.

Antenatal Care Has Increased in Rural Areas

Ninety-five percent of all Namibian women see a health professional at least once before giving birth. The proportion of rural women who receive antenatal care rose from 88 percent in 2000 to 93 percent in 2006-07. Most of these women (86 percent) receive care from a nurse or midwife and 7 percent from a doctor. Ninety-five percent of rural mothers go to government-run, rather than private, health facilities for antenatal care.

Antenatal Care

Percentage of women with a live birth in the past 5 years who have received any antenatal care, by provider



First Trimester Care Still Lacking

Seven in 10 women make four or more antenatal care visits during their pregnancies, but only one in three makes her first visit during the first three months of pregnancy when complications, such as anemia, high blood pressure, and genital infections, can more easily be prevented.

Neonatal Services Do Not Reach All Mothers

Although

- Over 9 in 10 women were weighed, had their blood pressures measured, and gave urine and blood samples, and
- 8 in 10 took iron tablets or syrup to prevent anemia,

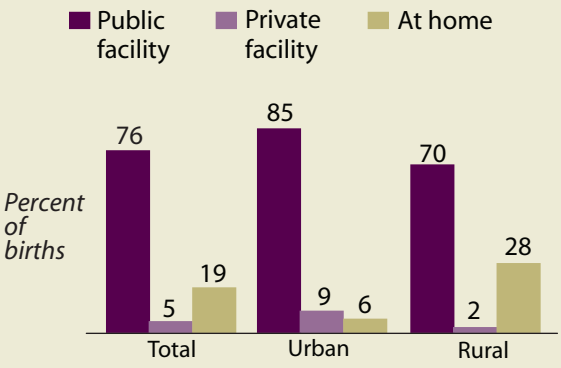
Only

- 6 in 10 women learned about pregnancy complications, and
- 5 in 10 births were protected against neonatal tetanus, the leading cause of death among children less than one month of age in developing countries.

More Deliveries Occur in Health Facilities

Between the 2000 and 2006-07 surveys, the number of deliveries in health facilities increased from 75 to 81 percent. Seventy-six percent are in public facilities, and 5 percent are in private centers, and only 19 percent are delivered at home. In urban areas, women give birth in a facility more often than women in rural areas (94 compared with 72 percent). The percentage of births delivered in health facilities ranges from 54 percent in Kunene to 95 percent in Khomas.

Place of Delivery

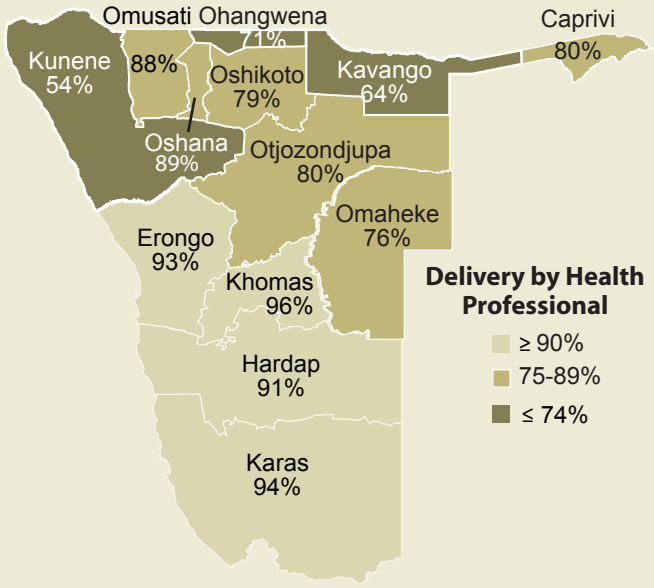


2006-07 Namibia Demographic and Health Survey

Policy Brief

Health Professionals Attend More Births

Eight in ten births are delivered with assistance from doctors, nurses, or midwives, 6 percent more than in 2000. Traditional birth attendants, relatives, or friends assist 18 percent of deliveries. Of sub-Saharan African countries which participated in the DHS programme, Namibia places first in percentage of professionally assisted births.



Postnatal Care Not Universal

Many maternal deaths occur during the first 48 hours after delivery due to complications from pregnancy and delivery, so all women should receive a checkup during that time. Although 78 percent of women receive postnatal care, 65 percent see a health professional during the critical first two days after giving birth. Twenty-two percent of women receive no postnatal care at all. First-time mothers are more likely to get postnatal care than women with six or more children (79 compared with 63 percent).

Access to Care Remains Problematic

Seventy percent of women experience problems accessing health care. Some women report not being able to get permission (10 percent) or money (39 percent) to go for treatment. Others are dissuaded by distance (42 percent) or transportation (42 percent). Still others fear going alone (27 percent) or not finding a female health provider present in the facility (17 percent). The most common reason for not seeking health care is concern that no provider will be in attendance (44 percent).

Maternal Mortality Has Increased Dramatically

Since the mid-1980s, maternal mortality (deaths that occur during childbirth or during the first two months after birth) has increased substantially. For the ten-year periods before the surveys administered in 2000 and 2006-07, maternal mortality increased from 271 deaths to 449 deaths per 100,000 live births.

USAID FROM THE AMERICAN PEOPLE
unicef
UNFPA
World Health Organization

2006-07 Namibia Demographic and Health Survey

Policy Brief

HIV/AIDS Knowledge, Attitudes, and Behaviours

Knowledge is the first line of defense against HIV transmission. How much do Namibians know about AIDS prevention, and—even more important—how do they act upon what they know?

Knowledge about HIV/AIDS Lacking

Virtually all Namibian women and men age 15-49 have heard of HIV/AIDS. More than 80 percent also can identify the three key prevention behaviours—consistent use of condoms, remaining faithful to an uninfected partner, and abstaining from sex. But many Namibian women and especially men continue to believe common misconceptions about HIV transmission. Only 71 percent of men, for example, know that the virus cannot be spread by mosquito bites and only 79 percent know that it cannot be spread by sharing food with a person who has AIDS. About one-fourth of women and 40 percent of men do not know that breastfeeding can transmit HIV and that drugs are available to prevent mother-to-child transmission. Prevention knowledge varies by region. Only 64 percent of women in Omaheke know that using condoms can prevent HIV compared to 90 percent of women in Khomas.

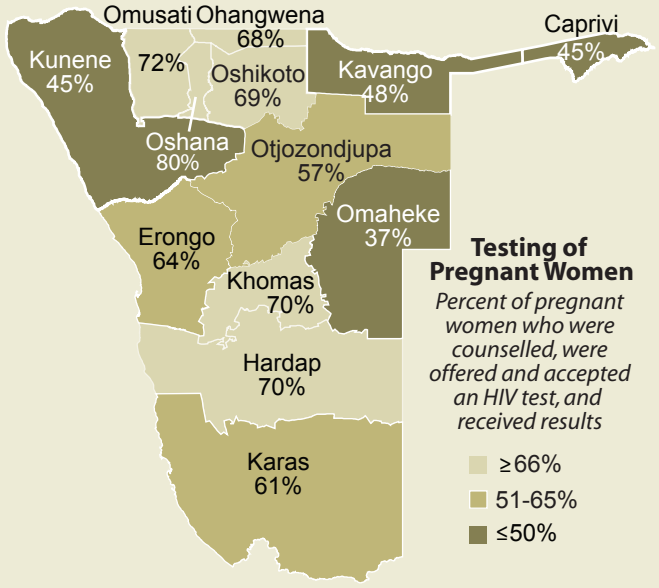
Stigma about HIV/AIDS Still Exists

Reducing stigma about AIDS can help to impart correct information, dispel misconceptions, and promote more open discussion between sexual partners and within families. While over 90 percent of women and men say they would be willing to care for a family member with AIDS at home, only about 55 percent would not want to keep that person's HIV status a secret. Only about 75 percent would buy fresh vegetables from a person known to be HIV positive. Still, there are signs that stigma is decreasing. In the 2006-07 NDHS, 85 percent of women and men think that female teachers with HIV who are not sick should be allowed to continue teaching, up from 67 percent of women and 55 percent of men in 2000.

Most women and men—80 percent—agree that children age 12-14 should be taught about using condoms to avoid AIDS.

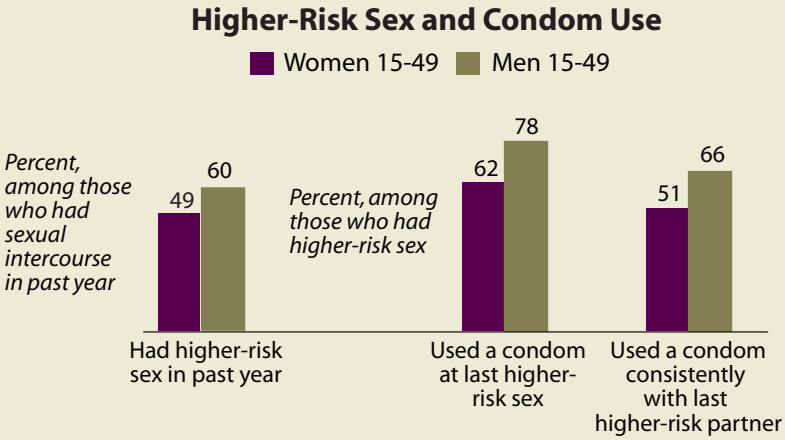
Many Women are Tested for HIV

Almost 90 percent of Namibians know where to get an HIV test. Women are more likely to get tested than men; 51 percent of women have ever been tested and received their results compared to 32 percent of men. Just under 30 percent of women and 18 percent of men have been tested and received their test results in the 12 months before the survey. Sixty-two percent of women pregnant in the two years before the survey were offered and received HIV testing during antenatal care. HIV testing in antenatal care facilities varies substantially throughout Namibia, ranging from 37 percent of pregnant women in Omaheke to 80 percent in Oshana.



Many Report Higher-Risk Sexual Activity

Despite widespread knowledge of HIV and AIDS, many people are still putting themselves and their partners at risk of HIV infection. The NDHS asked women and men about their sexual behaviour, including higher-risk sex, defined as sex with a partner who is neither a spouse nor lives with the respondent. In the year before the survey 49 percent of women and 60 percent of men engaged in higher-risk sex. Many of these adults used condoms—about half of the women and two-thirds of the men. In the year before the survey, 16 percent of men reported having two or more sex partners compared to 3 percent of women.



Many Young People Age 15-24 at Elevated Risk

Almost two-thirds of young women and men age 15-24 have comprehensive knowledge about HIV; that is, they know that using condoms during sex and having just one uninfected partner can reduce the chance of getting AIDS; they realize that a healthy-looking person can have AIDS; and they reject the two most common local misconceptions about AIDS. Despite their knowledge, however, more than half of young people have sex before marriage. Still, condom use is widespread. More than 90 percent of youth know where to get condoms. Sixty-four percent of young women and 81 percent of young men report that they used a condom the last time they had sex.

2006-07 Namibia Demographic and Health Survey

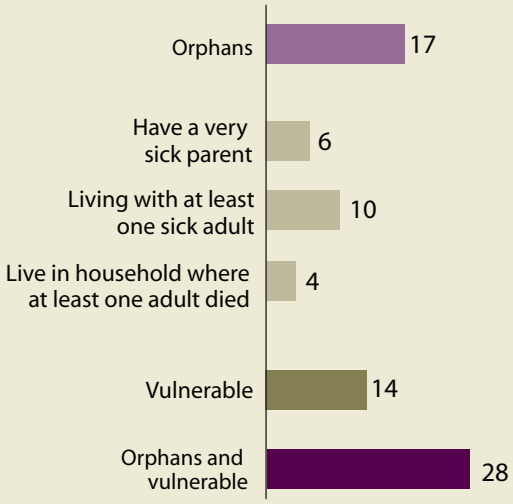
Policy Brief

Orphans and Vulnerable Children (OVC)

The HIV/AIDS epidemic has led to a growing number of orphaned and vulnerable children (OVC) in Namibia. Today, 28 percent Namibian children under age 18 are orphans and/or are considered vulnerable. One in 10 children is living with at least one sick adult. This startling development erodes traditional living arrangements and challenges the survival of many households.

OVC

Percent of children under 18 who are:



The 2006-07 NDHS finds that:

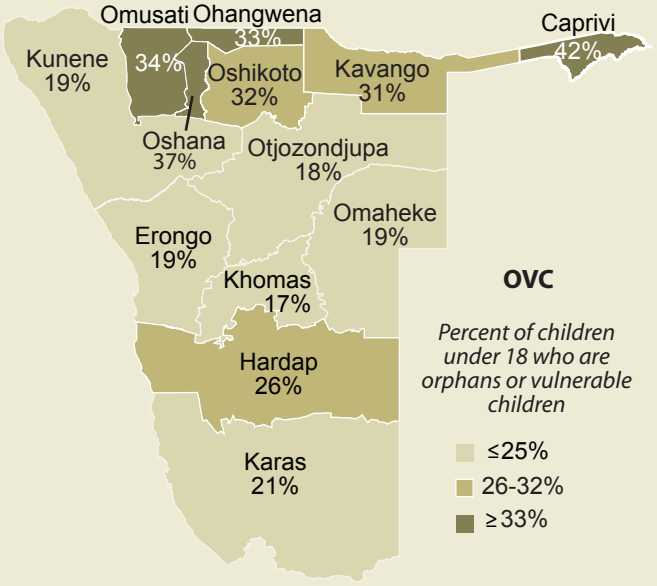
- Only 26 percent of children under age 18 live with both parents;
- 34 percent do not live with either parent;
- 33 percent of children live with their mother;
- 5 percent live with their father.

With so many Namibian children orphaned or living with chronically ill adults, there is an urgent need to provide community and programmatic support for these children and their families. Orphans and vulnerable children depend on other household members for care, while their households often depend on community assistance to survive.

The NDHS defines an orphan as a child below age 18 with either one parent or both parents dead. A vulnerable child is one below age 18 (whether orphaned or not) whose parent is very sick, or who lives in a household where an adult is very sick, or in which a very sick adult died within the 12 months preceding the survey. An adult is considered to be very sick—that is, chronically ill—if he or she is too ill to work or perform normal activities for at least three months.

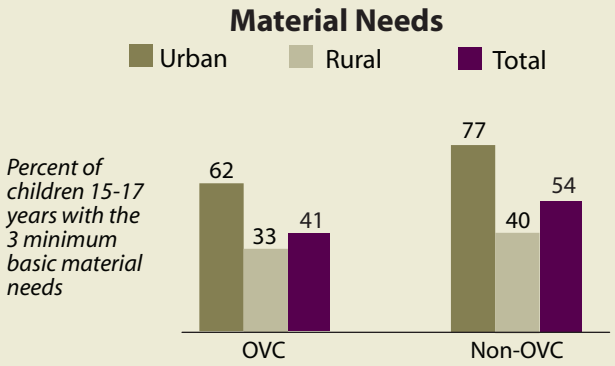
Orphans and Vulnerable Children Are a Large Share of the Under-18 Population

The proportion of children who are orphaned or vulnerable increases with the age. Only 17 percent of children age four or younger are classified as OVC, compared to 41 percent of children 15-17 years. There is also a marked regional variation of OVC, ranging from 18 percent of children in Otjozondjupa to 42 percent in Caprivi.



Basic Material Needs Met Infrequently

Both orphans and children living with chronically ill adults face serious emotional, social, and economic challenges. They often lag behind other children in meeting their basic needs, for example, owning at least one pair of shoes and two sets of clothes, and having at least one meal per day. Only 41 percent of orphans and vulnerable children have all these basic requirements compared with 54 percent of other children. OVC and other children living in rural areas are far more deprived than children living in cities.



Orphans and vulnerable children under five years of age are less likely to be well nourished than other children. The NDHS found 27 percent of orphans and vulnerable infants and children are underweight for their age, compared with 21 percent of other children. Again, rural children are less well nourished than urban children.

Little Difference in School Attendance

One might expect that orphaned and vulnerable children would be more likely to leave school, either for lack of money or to care for sick adults at home. The NDHS shows little difference in school attendance among children 10-14 years old. School attendance is 90 percent or higher for orphans and vulnerable children, as it is for others.

External Support Lacking for Medical, Social, Educational, Material, and Emotional Needs

Despite the obvious need, few households with OVC receive external assistance of any kinds. Only 17 percent of these households had received any assistance for medical, social, educational, material, and emotional needs in the 30 days before the survey.

Similarly, only about one in six households (16 percent) with chronically ill or recently deceased adults receive regular medical support or other care. When support is provided at all, it is most likely for medical purposes.

Possibly because of the lack of external support and basic material goods, young female OVC are more likely to engage in early sex than other young women. One in 10 female OVCs were sexually active before age 15 compared to 7 percent of other girls. Sexual activity among young men did not vary by orphan status. Early sexual activity increases the risk of HIV infection and unplanned pregnancy.