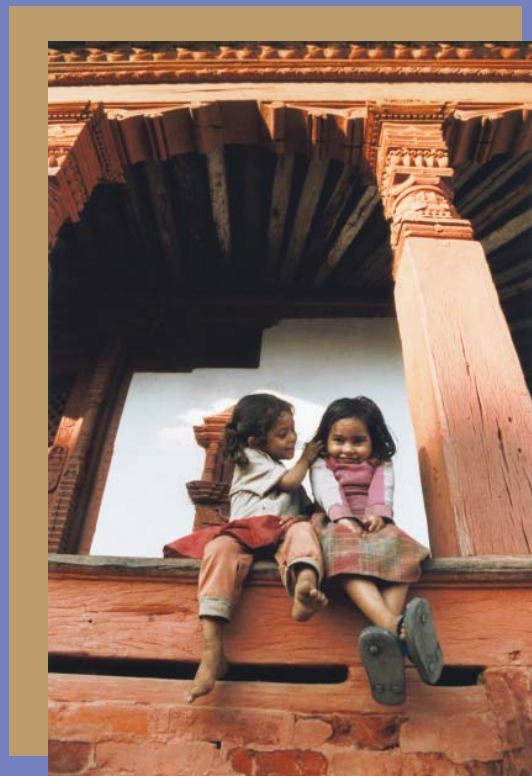




# Nepal

## 2006 Demographic and Health Survey

### Key Findings



This report summarizes the findings of the 2006 Nepal Demographic and Health Survey (NDHS), sponsored by the Ministry of Health and Population (MOHP) and implemented by New ERA. Macro International Inc. provided technical assistance for the survey through the USAID-funded MEASURE DHS program, which is designed to assist developing countries to collect data on fertility, family planning and maternal and child health. The survey was funded by the United States Agency for International Development (USAID). The opinions expressed herein are those of the authors and do not necessarily reflect the views of the donors.

Additional information about the 2006 NDHS may be obtained from:

Population Division, Ministry of Health and Population, Government of Nepal, Ramshahpath, Kathmandu, Nepal; Telephone: (977-1)4262987

New ERA, P.O. Box 722, Kathmandu, Nepal; Telephone: (9771-1) 4423176/4413603, Fax: (977-1) 4419562, E-mail: [info@newera.wlink.com.np](mailto:info@newera.wlink.com.np).

Additional information about the DHS project may be obtained from Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705 USA; Telephone: 301-572-0200, Fax: 301-572-0999, E-mail: [reports@measuredhs.com](mailto:reports@measuredhs.com), Internet: <http://www.measuredhs.com>.

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New ERA



Ministry of Health  
and Population

## ABOUT THE 2006 NDHS

The 2006 Nepal Demographic and Health Survey (NDHS) provides important information on fertility, family planning, infant, child, adult, and maternal mortality, maternal and child health, nutrition, and knowledge of HIV/AIDS. The 2006 NDHS also includes population-based prevalence estimates for anemia among women age 15-49 and children age 6-59 months. Together with similarly collected data from the 1996 NFHS and the 2001 NDHS, the 2006 NDHS provides trend information on key demographic indicators.

### Who participated in the survey?

A nationally representative sample of 10,793 women age 15-49 and 4,397 men age 15-59 were interviewed. This sample provides estimates of health and demographic indicators at the national level, and for rural and urban areas. Most indicators are also shown by ecological zone, development region, and in most cases, by subregion. In addition to answering questions about their own fertility and health, interviewed women also provided information about the health and mortality of their children under five years of age.

### Population and Migration

Nepal has a very young population – 41 percent is under age 15, with 13 percent under age five. Only 4 percent is age 65 or older. There are approximately 89 males for every 100 females in Nepal. This unequal sex ratio is most likely due to the out-migration of men.

Migration is quite common in Nepal. More than one-third of households reported that at least one household member had traveled away from the home in the 12 months before the survey. Most travel to other parts of Nepal or to India. Men are three times as likely as women to have migrated, and two-thirds of men had been away for at least six of the last twelve months.

## NEPAL



## Wealth Index

The wealth index is constructed by combining information on household assets like ownership of consumer items, type of dwelling, source of water, availability of electricity, etc. into a single asset index.

The sample is split into five equal groups (quintiles) from I (lowest, poorest) to 5 (highest, richest).

Seventy-two percent of the population in urban areas is in the highest wealth quintile, in contrast to the rural areas, where only 11 percent are in this category.

Variations by ecological zone are marked. Almost half (47 percent) of those living in the Mountain zone are in the lowest wealth quintile, in contrast to 28 percent of households in the Hill zone and only 9 percent of households in the Terai zone.

## BACKGROUND CHARACTERISTICS

### Household Composition

Households in Nepal consist of an average of 4.9 persons. Households in urban areas are smaller than those in rural areas (4.4 compared with 5.0 persons). Nearly one in four households (23 percent) are headed by a woman. Twelve percent of households have a foster child under age 18, while an additional 7 percent have an orphan under 18.

### Access to Electricity and Safe Drinking Water

Housing conditions vary greatly based on residence. Fifty-one percent of households in Nepal have electricity. Access to electricity is wider in urban areas (90 percent) than in rural areas (43 percent).

Ninety percent of urban households and 80 percent of rural households have access to an improved source of drinking water. Most households in urban areas get their drinking water from water piped into the house (40 percent) or tube well/boreholes (31 percent). The major sources of drinking water in the rural areas are public tap/standpipe (29 percent) and tube well/borehole (39 percent).

### Sanitation Facilities

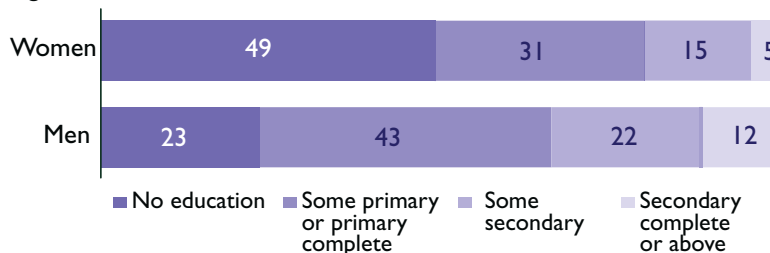
Half of the households in Nepal have no toilet facilities. Urban households are more likely than rural households to have access to improved toilet facilities (37 percent versus 20 percent).

### Education

Almost one-half of women and one-quarter of men in Nepal have never attended school. Only 12 percent of males and 5 percent of females have finished secondary or higher level of schooling. Education has improved since the 2001 NDHS when 32 percent of male household members and 60 percent of female household members had no education.

### Education

Percent distribution of household population by highest level of education attained



# FERTILITY AND ITS DETERMINANTS

## Fertility levels and trends

At current fertility levels, a Nepalese woman will have an average of 3.1 children in her lifetime. Fertility has declined from 4.6 births per woman in 1996 to 4.1 births per woman in 2001, and again to 3.1 in 2006, a drop of 1.5 children in the last 10 years.

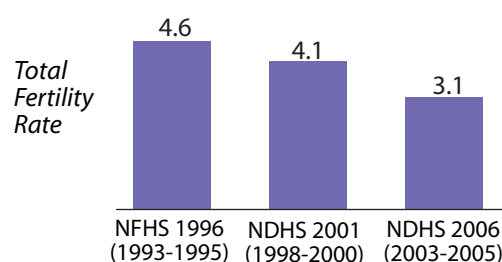
## Fertility differentials

Fertility differs substantially by background characteristics. Urban women have fewer children (2.1 children per woman) than their rural counterparts (3.3 children per woman).

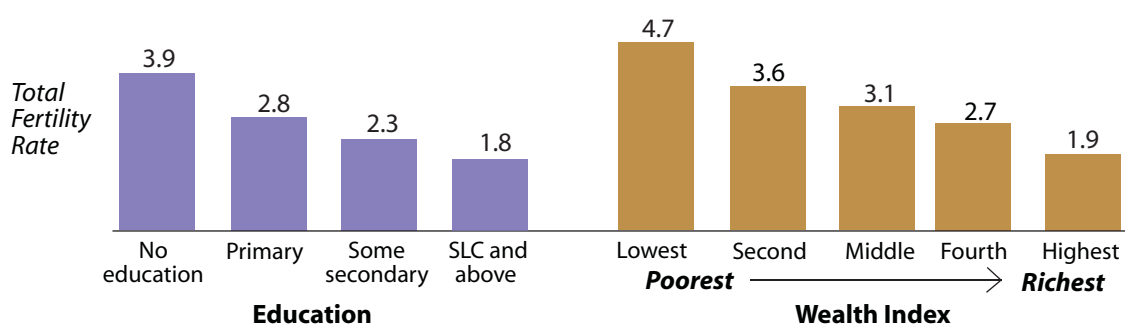
Fertility also varies by zone, from a low of 3.0 in the Hill zone to a high of 4.1 in the Mountain zone.

Fertility also varies markedly with mother's education and economic status. Fertility decreases as educational level increases. Uneducated mothers have more than twice as many children as women who have completed secondary education or higher (3.9 children compared with 1.8 children, respectively). Furthermore, women in the poorest households have more than twice as many children as women in the wealthiest households (4.7 children versus 1.9 children, respectively).

## Fertility Trends



## Fertility by Education and Household Wealth



## Age at First Marriage, First Sex, and First Birth

The median age at first marriage among Nepalese women is 17.2 years. Men get married more than three years later, at 20.2 years. Sixty percent of women are married by age 18. Women and men living in urban areas and those with higher levels of education marry later than their rural and less educated counterparts.

For women, first sex occurs at a median age of 17.2 years and coincides with the age at first marriage. Men initiate sexual intercourse for the first time about a year before their first marriage, at 19.7 years. Age at first marriage and age at first sexual intercourse have risen since 2001 by about a half a year for women and one year for men.

Childbearing in Nepal starts at a median age of 19.9 years. Almost one quarter of women have had their first birth by age 18. Women who have completed secondary school or higher begin childbearing more than three years later than women with no education.



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### Fertility Preferences

Seventy-one percent of currently married women in Nepal want no more children or are sterilized. Another 15 percent want to wait two years or more for the next birth. Men report similar fertility preferences. The desire to limit childbearing has increased since 2001, when two-thirds of women and 56 percent of men reported wanting no more children or were sterilized.

### Ideal Family Size

Currently married Nepalese women report an ideal family size of 2.4 children, while married men report 2.6 children as the ideal number. The mean ideal family size has dropped slightly over the last five years, from 2.6 among ever-married women and 2.8 among ever-married men in 2001. The most educated and wealthiest men and women report wanting the smallest families.

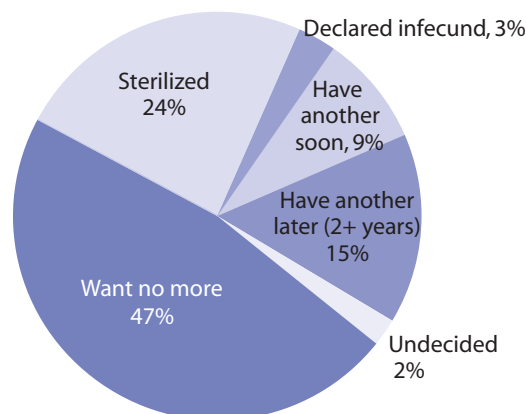
### Unplanned fertility

Despite the increasing use of contraception, data from the 2006 NDHS indicate that unplanned pregnancies are common in Nepal. Overall, 16 percent of births in the five years preceding the survey are not wanted and 14 percent are mistimed (wanted later).

### Birth Intervals

The interval between births in Nepal is relatively long—33.6 months. Twenty-two percent of non-first births occur within two years of a previous birth, one in three occur between 24 and 35 months later, and over four in ten (44 percent) occur at least three years after a previous birth. Doctors recommend that births be spaced by at least two years.

**Fertility Preferences of Currently Married Women**



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# FAMILY PLANNING

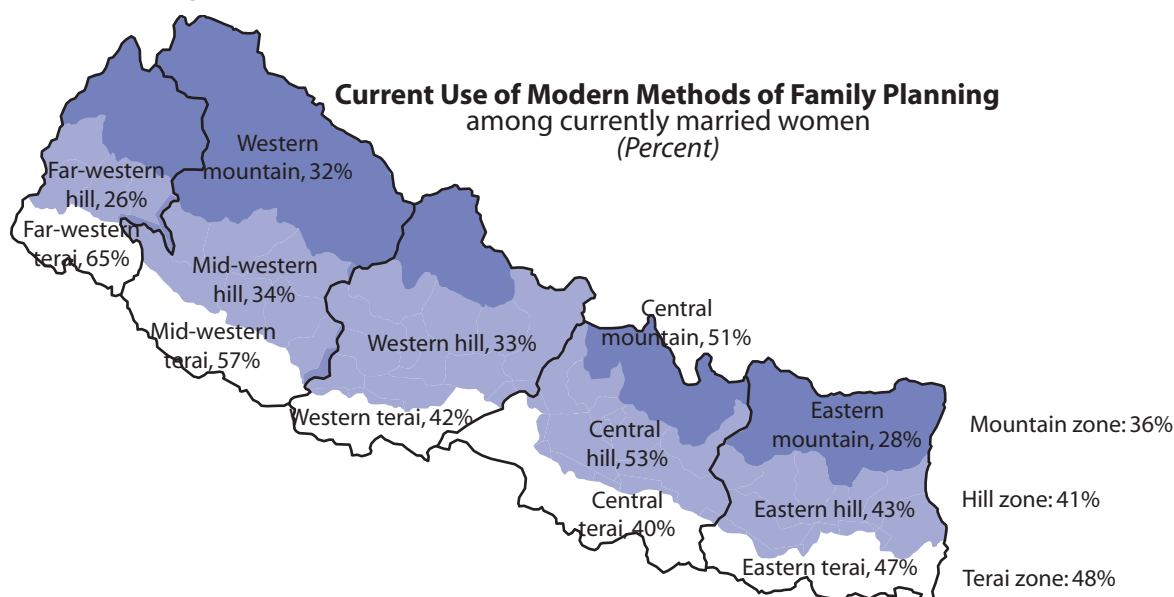
## Knowledge of Family Planning

Knowledge of family planning in Nepal is very high. More than 90 percent of all women and men know of both female and male sterilization, the pill, injectables, and male condoms. Knowledge of traditional methods is lower - only 48 percent of all women and 76 percent of all men know of any traditional method.

## Use of Contraception

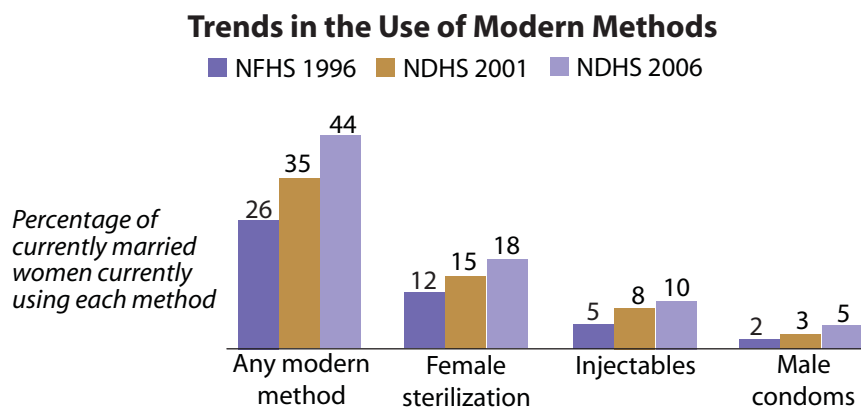
Almost half of currently married women are using a method of contraception. The majority of these women (44 percent) are using a modern method. The most popular modern methods are female sterilization (18 percent) and injectables (10 percent).

Use of modern methods varies by residence. Rural residents are less likely than urban residents to use a modern method (43 percent versus 54 percent). Women who live in the Mountain zone are least likely to use a modern method (36 percent). Regionally, use ranges from a low of 26 percent in the Far-Western hill to a high of 65 percent in the Far-western terai.



## Trend in Contraceptive Use

Use of modern contraceptive methods among currently married Nepalese women has increased steadily in the ten-year period between 1996 and 2006 from 26 percent to 44 percent. This trend is mostly attributable to the recent rapid rise in the use of female sterilization, injectables, and male condoms.



## NEED FOR FAMILY PLANNING

### Intention to Use Family Planning

Almost three-quarters of currently married women who were not using any contraception at the time of the survey say that they intend to use family planning in the future. Most of these women plan to use either injectables or female sterilization in the future. About one-quarter of non-users do not plan to use a method in the future. This is mostly because the women believe they are subfecund or infecund, are menopausal, or have had a hysterectomy.

### Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely but are not using contraception. In Nepal, one in four currently married women (25 percent) has an unmet need for family planning. The need for limiting (15 percent) is higher than the need for spacing (9 percent). Currently two-thirds of the demand for family planning is being met.

### Communication about Family Planning

The majority of women and men (76 percent and 91 percent, respectively) have heard a family planning message in the media, either through the radio, television, posters or billboards, street dramas, or newspapers and magazines. However, more than 90 percent of non-users did not have any contact with a field worker or a health professional at a health facility that discussed family planning options.

Absence of interspousal communication on family planning can be an impediment to its use. Men's attitudes can impact women's use of family planning. More than half of currently married women have never discussed family planning with their husbands. There has been little change in the extent of interspousal communication over the last five years.



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# INFANT AND CHILD MORTALITY

## Levels and Trends

Infant mortality in the five years preceding the survey is 48 deaths per 1,000 live births and the under-five mortality rate is 61. This means that about one in every 16 children born in Nepal dies before reaching age five.

Infant mortality has declined 39 percent over the last 10 years from 79 deaths per 1,000 live births to 48 deaths per 1,000 live births. Under-five mortality has declined by 48 percent from 118 deaths per 1,000 live births to 61 deaths per 1,000 live births.

Infant mortality in urban areas is consistently lower than in rural areas—37 deaths per 1,000 live births in urban areas compared with 64 deaths per 1,000 live births in rural areas. The regional variations in infant and under-five mortality are dramatic. Infant mortality rates range from 45 deaths per 1,000 live births in the Eastern region to a high of 97 deaths per 1,000 live births in the Mid-western region.

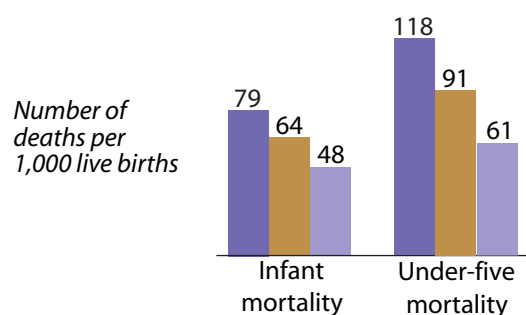
Mothers' level of education is strongly associated with child mortality. Children born to women who have completed secondary education or above experience an infant mortality rate of 13 deaths per 1,000 live births, compared with 69 deaths per 1,000 live births for those whose mothers are not educated at all.

## Differentials in Child Mortality

Other factors that influence child mortality at all levels are the mother's age at birth, birth order and birth interval. Infant mortality is highest among children born to mothers under age 20 and over age 40. First births and births of order seven and higher also suffer significantly higher rates of mortality than births of order two to six. Spacing children at least 36 months apart is safest and healthiest for the mother and the child. Infants born less than two years after a previous birth are more than twice as likely to die during their first year of life as children born three or more years after a previous birth.

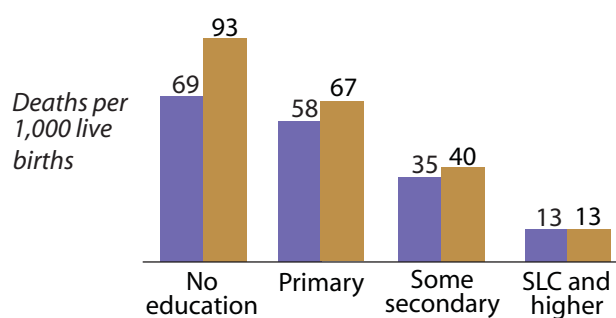
## Trends in Childhood Mortality

■ NFHS 1996 (1991-1995) ■ NDHS 2001 (1996-2000) ■ NDHS 2006 (2001-2005)

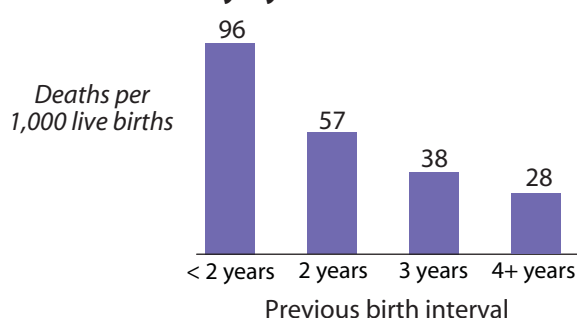


## Childhood Mortality by Mother's Education

■ Infant mortality ■ Under-five mortality



## Infant Mortality by Previous Birth Interval



## CHILD HEALTH

### Immunization Coverage

More than four in five (83 percent) Nepalese children age 12-23 months are fully immunized against the six major childhood illnesses (tuberculosis, diphtheria, pertussis, tetanus, polio, and measles).

Immunization coverage in Nepal has improved dramatically over the last five years. The percentage of children 12-23 months fully immunized at the time of the survey increased from 66 percent in 2001 to 83 percent in 2006. Especially remarkable is the very low drop-out rate between the first and third doses of DPT and Polio. More than two-thirds of children in Nepal have also received three doses of Hepatitis B vaccine.

There are substantial differences in immunization coverage among regions and by educational level and household wealth. The percentage of children fully immunized ranges from a low of 55 percent in the Central mountain to a high of 94 percent in the Far-western terai. Almost all children whose mothers have completed secondary school (99 percent) are fully immunized, compared to only three-quarters of those whose mothers have never attended school. Children living in the wealthiest households are also much more likely to be fully immunized than those living in poorer households.

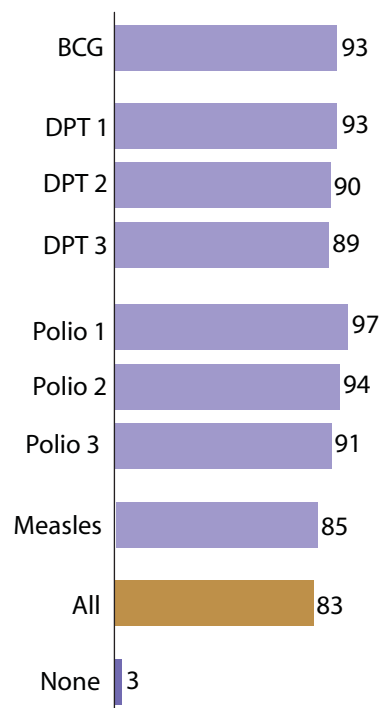
### Childhood Illnesses

In the two weeks before the survey, 5 percent of children under age five had symptoms of acute respiratory infection (cough and short, rapid breathing). About two in five of these children (43 percent) were taken to a health facility or provider.



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### Immunization Coverage



*Percentage of children 12-23 months who received vaccines at any time before the survey*

Overall, 12 percent of children had diarrhea in the two weeks preceding the survey, while 2 percent had bloody diarrhea during the same period. Around one in four of these children (27 percent) was taken to a health facility. Two in five children with diarrhea (41 percent) were treated with some kind of oral rehydration therapy (ORT); 29 percent were treated with a solution prepared from ORS packets; 22 percent were given increased fluids. About one-third of children with diarrhea (34 percent) did not receive any type of treatment at all. Children should receive more fluids than usual during diarrheal illness, but in Nepal only 22 percent received more liquids than normal.

Seventeen percent of Nepalese children under five were reported to have had fever in the two weeks preceding the survey. One in three (34 percent) children with fever was taken to a health facility or provider for treatment. A very small proportion of children with fever received antimalarial drugs (less than 1 percent), while 20 percent received antibiotic drugs.

## MATERNAL HEALTH

### Antenatal Care

Almost half (44 percent) of mothers received antenatal care from a skilled birth attendant (SBA); that is, doctor, nurse, or midwife, for their most recent birth in the five years preceding the survey. This represents a large improvement over the last five years, as only 28 percent of women received antenatal care from an SBA in 2001. Antenatal care by an SBA is twice as high in urban areas (85 percent) as in rural areas (38 percent). Antenatal care by an SBA also varies by region, ranging from 25 percent in the Far-western hill to 64 percent in the Central hill and the Mid-western terai.

Only 28 percent of women initiated antenatal care before the fourth month of pregnancy, as recommended. Only 29 percent of women received four or more antenatal visits.

Overall, 63 percent of women with a live birth in the preceding five years received two or more tetanus toxoid injections during pregnancy for their most recent birth. This represents an increase of 40 percent since 2001.

### Delivery Care

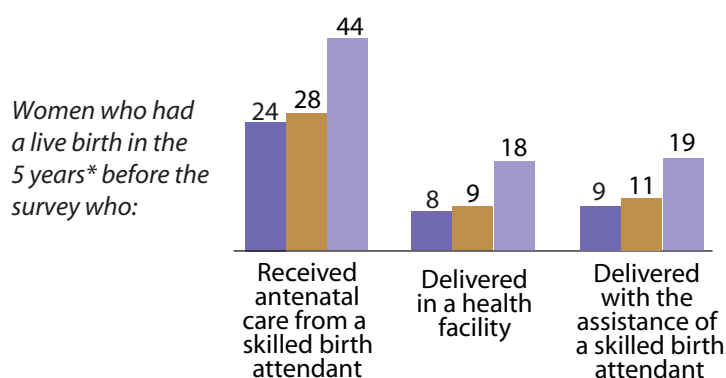
The majority of births in Nepal (81 percent) are delivered at home, while 18 percent are delivered in a health facility. The percent of births delivered in a health facility has doubled since 2001. Nineteen percent of births were delivered with the assistance of an SBA, 19 percent were delivered by a traditional birth attendant, and 50 percent were delivered by a relative or other untrained person. Seven percent of births were delivered without any type of assistance at all. Assistance at birth by an SBA has increased by over 70 percent in the past five years.

### Postnatal care

One-third of mothers (31 percent) who had a live birth in the five years preceding the survey received postnatal care within two days of birth, as recommended. Two-thirds of mothers (67 percent) received no postnatal care at all.

#### Trends in Maternal Health Care

■ NFHS 1996 ■ NDHS 2001 ■ NDHS 2006



\*1996 figures are based on the 3 years before the survey

### Adult and Maternal Mortality

The female mortality rate is 2.1 deaths per 1,000 population, while male mortality is 2.4 deaths per 1,000 population.

Data on the survival of respondents' sisters were used to calculate a maternal mortality ratio (MMR) for the seven-year period before the survey. Using direct estimation procedures, MMR in Nepal for the period 2000-2006 is estimated to be 281 deaths per 100,000 live births (or alternatively 3 deaths per 1,000 live births).

## Micronutrient Intake and Anemia

Nepalese children receive vitamin A from foods as well as supplements. Almost two-thirds (64 percent) of last born children age 6-35 months consumed foods rich in vitamin A in the 24-hour period preceding the survey. Nearly nine in ten Nepalese children age 6-59 months received a vitamin A supplement in the six months before the survey.

Three-quarters of mothers consumed vitamin-A rich foods and 30 percent consumed iron-rich foods the day before the survey. Twenty-nine percent of mothers received vitamin A supplements postpartum. Almost 60 percent of mothers took iron supplements during their pregnancy and 23 percent received a dose of iron postpartum.

Almost half (48 percent) of Nepalese children 6-59 months old are anemic, with 26 percent mildly anemic, 22 percent moderately anemic, and less than 1 percent severely anemic. While these rates are high, they represent a significant decrease since the 1998 Nepal Micronutrient Survey, which indicated that 78 percent of children 6-59 months were anemic.

Over one-third of women age 15-49 are anemic, with the large majority suffering from mild anemia.

## BREASTFEEDING AND NUTRITION

Almost all children born in the five years preceding the survey (98 percent) were breastfed at some time. However, contrary to WHO's recommendations, only around half of children under six months (53 percent) are exclusively breastfed. The median duration of breastfeeding in Nepal is long—34.3 months.

The WHO offers three recommendations for infant and young child feeding (IYCF) practices for those 6-23 months old: continued breastfeeding or feeding with appropriate calcium-rich foods if not breastfed; feeding solid or semi-solid food for a minimum number of times per day according to age and breastfeeding status; and, including foods from a minimum number of food groups per day according to breastfeeding status. Nearly three-fifths of Nepalese children 6-23 months are fed according to the recommended three IYCF practices.

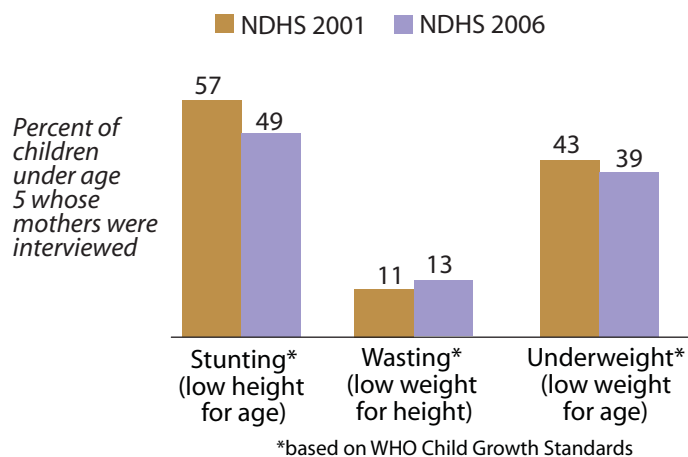
### Nutrition

Almost half of children under five are stunted, or too short for their age. Thirteen percent are wasted or too thin for their height. Thirty-nine percent are underweight.

Children living in rural areas and especially those living in the Mountain zone are most likely to be malnourished. Children living in the poorest households and those with uneducated mothers are also more likely to suffer from malnutrition—only 16 percent of children whose mothers have completed secondary school are stunted compared to 58 percent of those whose mothers did not attend school.

There have been some improvements in the nutritional status of children in the last five years. The percentage of children stunted fell by 14 percent from 57 percent in 2001 to 49 percent in 2006. Underweight has declined only slightly (from 43 percent to 39 percent), and wasting has risen from 11 percent in 2001 to 13 percent in 2006.

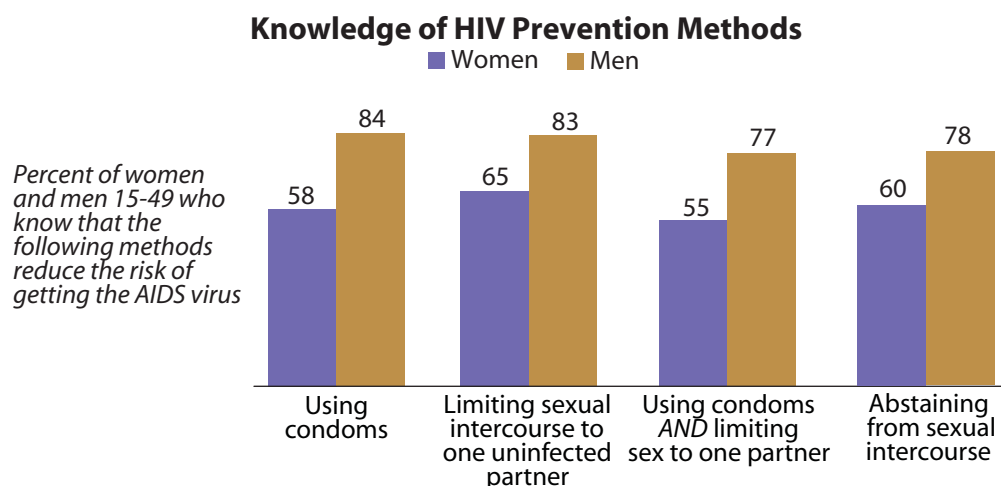
### Trends in Children's Nutritional Status



# HIV/AIDS KNOWLEDGE, ATTITUDES AND BEHAVIOUR

## Awareness of AIDS

About three-quarters of women and over 90 percent of men in Nepal have heard of AIDS. This represents a substantial increase since 2001 when only half of women and three-quarters of men had heard of AIDS. Still, women and men are less aware of specific AIDS prevention methods. Only 55 percent of women and 77 percent of men know that the chances of getting the AIDS virus can be reduced by using condoms and limiting sex to one uninfected partner who has no other partners. Sixty percent of women and 78 percent of men know that abstaining from sex prevents HIV transmission. Prevention knowledge is much higher in urban areas than in rural areas, especially among women.



Comprehensive knowledge of HIV/AIDS means knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention. Twenty percent of women and 36 percent of men age 15-49 have this comprehensive knowledge of HIV/AIDS. Comprehensive knowledge is higher among youth - 28 percent of young women and 44 percent of young men age 15-24 have comprehensive knowledge of HIV/AIDS. In addition, 87 percent of young women (age 15-24) and 97 percent of young men know a source of condoms.

## HIV-related stigma

Most women and men report that they would be willing to take care of a family member with the AIDS virus in their home. More than three-quarters of women and men say that they would not want to keep secret that a family member was infected with the AIDS virus.

## Higher-risk sex

Higher-risk sex (sex with a noncohabiting, nonmarital partner) and sex with multiple partners is rare in Nepal. Only 3 percent of men reported having more than one sexual partner in the year before the survey, and only 6 percent reported having higher-risk sex. Of those who did have higher-risk sex, almost three-quarters reported using a condom at their last higher-risk sexual encounter.

## HIV and STI testing

One-third of women and 70 percent of men know where to get an HIV test, but only 1 percent of women have ever been tested for HIV. Seven percent of women and 2 percent of men report having a sexually transmitted infection (STI) or symptoms of an STI in the year before the survey. More than half of women and more than one-third of men did not seek any advice or treatment for their STI or symptom.

## WOMEN'S STATUS

Women in Nepal are much less likely to be educated than men. Half (49 percent) of women in the households interviewed in the NDHS had never attended school compared to only 23 percent of men. More than a third of men in the households had attended at least some secondary school, while only one in five women reached this level of education. Men are also more likely to be employed than women (99 percent versus 83 percent) and in 70 percent of cases, men earn more than their wives.



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### Participation in Decisionmaking

About half of women participate in decisions about their own health care, making major household purchases, making daily household purchases, and visiting family and friends. However, one-third of women do not participate in any of these decisions at all.

### Attitudes Towards Wife Beating and Refusing Sex with Husband

Only about 3 percent of men and women believe that a husband is justified in beating his wife if she refuses to have sexual intercourse with him. However, 20 percent of women and 16 percent of men believe that wife beating is justified if the woman neglects the children. Overall, 23 percent of women and 22 percent of men agree that there are at least some situations in which a husband is justified in beating his wife.

The majority of women and men believe that a woman is justified in refusing to have sexual intercourse with her husband if she knows the husband has a sexually transmitted disease, knows he has sexual intercourse with other women, or is tired or not in the mood. About 80 percent agree that the wife is justified in refusing sexual intercourse for all three reasons. Thirteen percent of men, however, believe that the husband has the right to get angry and reprimand his wife for refusing to have sexual intercourse. Eight percent of men believe that he has the right to refuse the wife financial support, and another 5 percent agree that it is acceptable to use force to have sexual intercourse if the wife refuses sex.

### Contraceptive Use and Women's Status

The 2006 NDHS data indicate a positive relationship between women's status and contraceptive use. Contraceptive use is highest among women who participate in the most household decisions (55 percent using any method of family planning) while only 33 percent of women who do not participate in any decisions are using a contraceptive method. Unmet need for family planning is lowest among those who participate in more household decisions, while it is highest among those who believe that wife beating is justified for all five listed reasons.

## SUMMARY AND TRENDS

The demographic and health situation in Nepal has improved dramatically over the last five years. As of 2006, women have an average of 3.1 children - one child less than the fertility rate reported in 2001. The desire for more children has also decreased: almost three-quarters of married women say that they want no more children or are already sterilized compared to 66 percent in 2001. Use of family planning has gone up as well: 44 percent of married women are currently using a modern method of contraception, compared to 35 percent in 2001.

Child survival has also improved in recent years. Infant mortality has declined almost 40 percent over the last 10 years from 79 deaths per 1,000 live births in 1996 to 48 deaths per 1,000 live births in 2006. Under-five mortality has declined by almost 50 percent from 118 deaths per 1,000 live births in 1996 to 61 deaths per 1,000 live births in 2006. This reduction in mortality is no doubt partially attributable to the improvement in immunization coverage. The percentage of children 12-23 months fully immunized at the time of the survey increased from 66 percent in 2001 to 83 percent in 2006.

It is important that women receive antenatal care from an SBA, and that they deliver with this same trained assistance. According to the 2006 NDHS, almost half (44 percent) of mothers received antenatal care from an SBA for their most recent birth in the five years preceding the survey. Only 28 percent of women received this same care in 2001. As of the 2006 NDHS, only 18 percent of births occurred in a health facility. And while this is a low number, it is more than double the rate found in 2001. Assistance at birth by an SBA has also risen dramatically, from 11 percent in 2001 to 19 percent in 2006.

Improving the nutritional status of children continues to be a major challenge in Nepal, despite some positive changes in recent years. Stunting, which indicates chronic nutrition, still affects 49 percent of children under five. While this is a decrease from the 2001 rate of 57 percent, it still constitutes a significant health threat for children. Childhood anemia has dropped dramatically since the 1998 Nepal Micronutrient Survey, but continues to be a major problem for Nepalese children, as almost half are anemic.

HIV/AIDS awareness has increased in Nepal since 2001 when only 50 percent of women and 72 percent of men had ever heard of AIDS. Currently three-quarters of women and over 90 percent of men have heard of AIDS, and the majority also know the major methods of prevention.

# KEY INDICATORS

	Total	Urban	Rural
<b>Fertility</b>			
Total fertility rate (children per woman)	3.1	2.1	3.3
Women age 15–19 who are mothers or pregnant with first child (%)	19	16	19
Median age at first marriage for women age 20-49 (years)	17.2	18.1	17.0
Median age at first birth for women age 25-49 (years)	19.9	20.4	19.8
Married women (age 15–49) who want no more children or are sterilized (%)	71	75	70
Mean ideal number of children (all women 15-49 / all men 15-49)	2.3/2.4	2.0/2.1	2.4/2.4
<b>Family Planning</b> (married women, age 15–49)			
<b>Current use</b>			
Any method (%)	48	60	46
Any modern method (%)	44	54	43
Married women with an unmet need for family planning (%)	25	20	26
<b>Maternal and Child Health</b>			
<b>Maternity care</b>			
Antenatal care from a skilled birth attendant (% of women)	44	85	38
Delivery care from a skilled birth attendant (% of live births )	19	51	14
Institutional births in the last 5 years (% of live births)	18	48	14
Postnatal care for most recent birth (% of women)	33	54	30
<b>Child health</b>			
Children 12–23 months fully immunized (%)	83	86	82
<b>Percent of children who received professional health care when they exhibited symptoms of:</b>			
Acute respiratory infection	43	54	42
Fever	34	41	32
Diarrhea	27	28	27
<b>Nutrition in Children</b>			
Children under 5 years who are stunted <sup>1</sup> (%)	49	36	51
Children under 5 years who are wasted <sup>1</sup> (%)	13	8	13
Children under 5 years who are underweight <sup>1</sup> (%)	39	23	41
Median duration of exclusive breastfeeding (among children born in the 3 years before the survey (months)	2.5	2.2	2.6
Anemia among children 6-59 months (%)	48	41	49
<b>Childhood Mortality</b>			
(Figures are for the ten-year period before the survey, except for the national rate, in italics, which represents the five-year period before the survey)			
<b>Number of deaths per 1,000 births:</b>			
Infant mortality (between birth and first birthday)	48	37	64
Under-five mortality (between birth and fifth birthday)	61	47	84
<b>AIDS-related Knowledge</b>			
Knows ways to avoid AIDS:			
Having one sexual partner (women age 15–49) (%)	65	81	62
Having one sexual partner (men age 15–49) (%)	83	84	82
Using condoms (women age 15–49) (%)	58	76	55
Using condoms (men age 15–49) (%)	84	88	83

1- Based on WHO Child Growth Standards



Ecological Zone			Development Region				
Mountain	Hill	Terai	Eastern	Central	Western	Mid-western	Far-western
4.1	3.0	3.1	3.1	3.0	3.1	3.5	3.5
20	17	19	20	18	19	22	14
17.8	18.0	16.7	17.7	17.0	17.5	16.8	16.9
20.7	20.4	19.4	20.5	19.9	20.0	19.3	19.5
67	74	69	71	72	73	70	69
2.5/2.5	2.2/2.3	2.5/2.4	2.3/2.4	2.4/2.4	2.2/2.4	2.4/2.4	2.4/2.3
39	46	51	50	50	41	46	52
36	41	48	45	46	37	43	50
30	29	21	24	22	32	26	20
32	47	43	45	47	51	44	26
7	23	18	17	25	20	14	10
6	21	17	17	24	17	14	9
12	28	41	28	51	30	20	17
71	82	86	86	78	89	81	81
44	45	41	51	36	46	43	41
31	36	32	32	30	46	34	31
30	23	30	21	23	33	35	30
62	50	46	40	50	50	58	53
9	8	17	10	14	11	12	17
42	33	42	33	38	39	43	44
2.1	3.2	2.3	2.2	2.2	3.2	3.4	3.1
45	37	59	42	51	50	47	52
99	47	65	45	52	56	97	74
128	62	85	60	68	73	122	100
52	76	57	68	60	73	68	56
70	86	82	77	81	88	88	84
45	70	51	58	55	68	64	50
83	86	81	84	81	87	85	83





