Bangladesh

2007 Demographic and Health Survey

Key Findings

This report summarizes the findings of the 2007 Bangladesh Demographic and Health Survey (BDHS), carried out by the National Institute for Population Research and Training (NIPORT) of the Ministry of Health and Family Welfare. The survey was implemented by Mitra and Associates, a Bangladeshi research firm located in Dhaka. Macro International Inc. provided technical assistance to the survey as part of its international Demographic and Health Surveys program. The U.S. Agency for International Development (USAID) provided financial assistance.

The opinions expressed herein are those of the authors and do not necessarily reflect the views of the United States Agency for International Development.

Additional information about the 2007 BDHS may be obtained from NIPORT, Azimpur, Dhaka, Bangladesh; Telephone: 862-5251; Fax: 861-3362 or from Mitra and Associates, 2/17 Iqbal Road, Block A, Mohammadpur, Dhaka, Bangladesh; Telephone: 911-5053; Fax: 912-6806.

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, Internet: www.measuredhs.com.

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About the 2007 BDHS

The 2007 Bangladesh Demographic and Health Survey (BDHS) was designed to provide data for monitoring the population and health situation in Bangladesh. The 2007 BDHS is the fifth Demographic and Health Survey conducted in Bangladesh, following up on surveys conducted in 1993-94, 1996-97, 1999-2000, and 2004. The major objective of the survey is to provide current data on key demographic and health indicators and allow the measurement of trends in health and family planning indicators. More specifically, the BDHS provides data on fertility and childhood mortality levels; nuptiality; fertility preferences; awareness, approval, and use of family planning methods; breastfeeding practices; nutritional levels; maternal and child health; awareness of HIV/AIDS and other sexually transmitted diseases; knowledge of tuberculosis; and domestic violence.

Who participated in the survey?

A nationally representative sample of 10,996 women age 15–49 and 3,771 men age 15–54 were interviewed. This represents a response rate of 98% for women and 93% for men. This sample provides estimates for Bangladesh as a whole, for urban and rural areas, and, for most indicators, for each of the six divisions (Barisal, Chittagong, Dhaka, Khulna, Rajshahi, and Sylhet).

Household Characteristics

Household Composition

Bangladeshi households consist of an average of 4.7 persons. Thirteen percent of households are headed by a woman.

Housing Conditions

Almost half of Bangladeshi households have access to electricity. Urban households are much more likely to have electricity than rural households (82% versus 37%). One-quarter of households also have an improved (and not shared) toilet facility. More than one-third of urban households have an improved toilet facility compared to only 22% of rural households.

Almost all households (97%) have access to an improved water source. Most households get their drinking water from tube wells (69% of urban households and 96% of rural households). About one-quarter of urban households get their drinking water from water piped into their dwelling or yard.

Education of Survey Respondents

About one in three Bangladeshi women and men age 15-49 have not received any education. Twelve percent of women 15-49 and 18% of men 15-49 have completed secondary school or higher. Urban residents and those in the wealthiest households are most likely to have attended secondary school and beyond. Women and men living in Sylhet are least likely to have gone beyond primary school.

Slightly more than half of women and men are literate (55 and 57%, respectively). Literacy is highest in Barisal and lowest in Sylhet.

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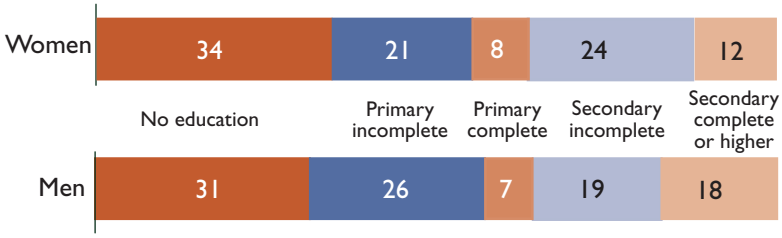
Education

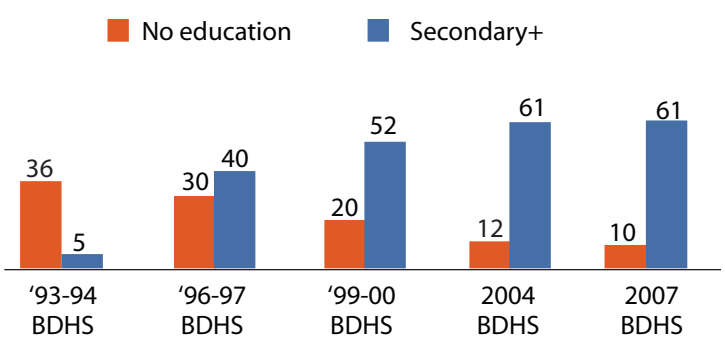
Percent distribution of women and men age 15-49 by highest level of education attended



Women have become much more educated since the early 1990s. Only 10% of 15-19 year old women had received no education in the 2007 BDHS compared to more than one-third of 15-19 year old women in 1993-94. Currently, more than 60% of young women have attended at least some secondary school, up from only 5% in 1993-94.

Trends in Education

Percentage of females age 15-19 with no education and with at least some secondary education

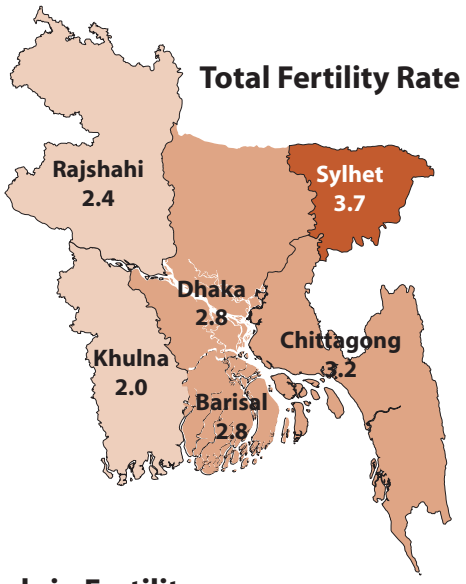


Fertility and its Determinants

Total Fertility Rate (TFR)

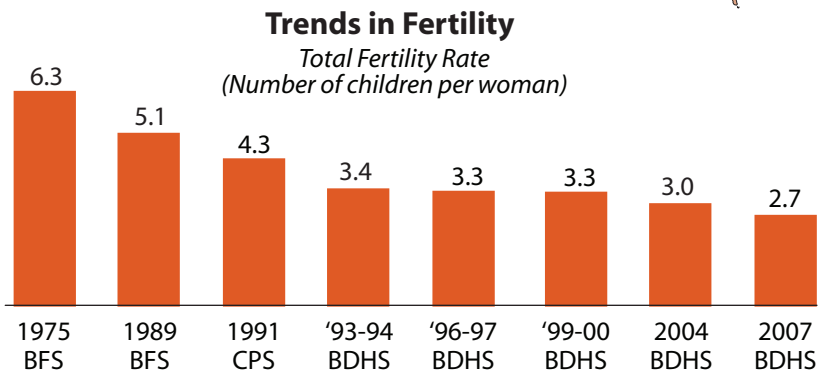
Currently, women in Bangladesh have an average of 2.7 children. Fertility varies by residence and by division. Women in urban areas have 2.4 children on average, compared to 2.8 children per woman in rural areas. Fertility is highest in Sylhet (3.7) and lowest in Khulna (2.0).

Fertility also varies with mother's education and economic status. Women with no education have an average of 3.0 children compared to 2.3 among women with who have completed secondary school or higher. Fertility also decreases with household wealth*. The poorest women have an average of 3.2 children—one child more than women from the wealthiest households (2.2 children).



Trends in Fertility

Fertility has continued to decrease since the 2004 BDHS, which reported TFR as 3.0 children per woman. Fertility has declined steadily over the years, from over 6 children per woman in 1975 to under 3 children per woman in 2007.



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*Wealth of families is calculated through household characteristics measured in DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. Each of these assets is assigned a score, which is summed for each household. Households are then divided into five groups of equal size, or quintiles, based on individuals' relative standing on the household index.

Desired Family Size

Bangladeshi women and men both report an average ideal family size of 2.3 children. Women and men with no education and those living in Sylhet report a larger ideal family size.

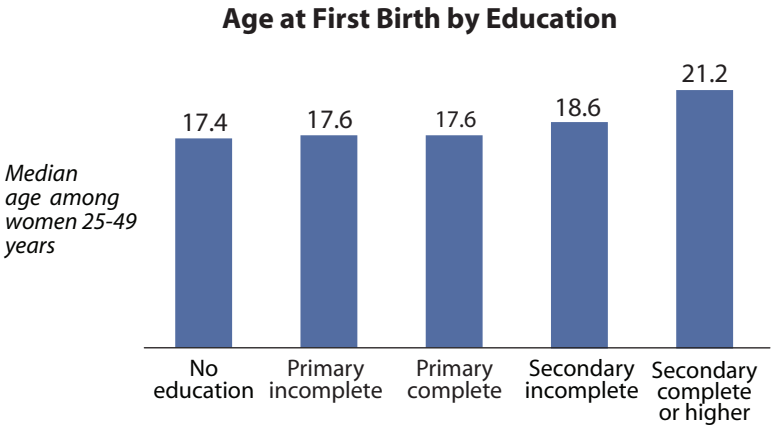
Age at Marriage

In Bangladesh, half of women age 25–49 were married by age 15. Women in urban areas marry one year later than their counterparts in rural areas (median age of 15.8 versus 14.8 years). Men age 25-54 married much later, at a median age of 24.5 years.

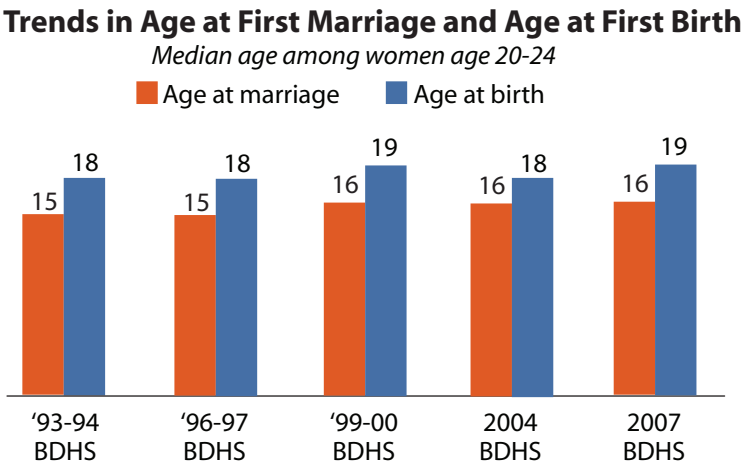
In general, men have their first sexual intercourse before marriage, at a median age of 23.6 years.

Age at First Birth

Childbearing begins early in Bangladesh; half of women age 25–49 had their first birth by age 18. Twelve percent had their first birth by age 15. Women in urban areas begin childbearing one year later than women in rural areas. Age at first birth also varies by education and wealth; women who have completed secondary or higher education have their first birth at a median age of 21.2 years compared to 17.4 among women with no education. Women from wealthier households also wait longer to begin childbearing.



Age at first marriage and first birth have increased in recent years. Women who are 20-24 had their first marriage at a median age of 16 and their first birth at a median age of 19.



Teenage Fertility

Childbearing among young women 15-19 is quite common in Bangladesh: 27% are already mothers and an additional 6% are pregnant with their first child. Young women from Rajshahi are most likely to be mothers or pregnant (40% have begun childbearing). Young women in rural areas, those with no education, and those from the poorest households are also more likely to have begun childbearing than those in urban areas, those who are educated, and those living in the wealthiest households.

Family Planning

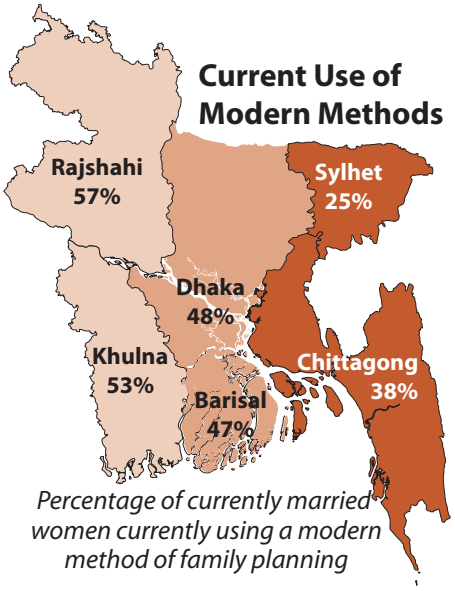
Knowledge of Family Planning

Knowledge of family planning is universal in Bangladesh—almost all women and men know at least one method of family planning. More than 95% of ever-married women know about the pill, injectable, or female sterilization, while only 90% know about the male condom, and 73% know about male sterilization. On average, women know seven methods of family planning.

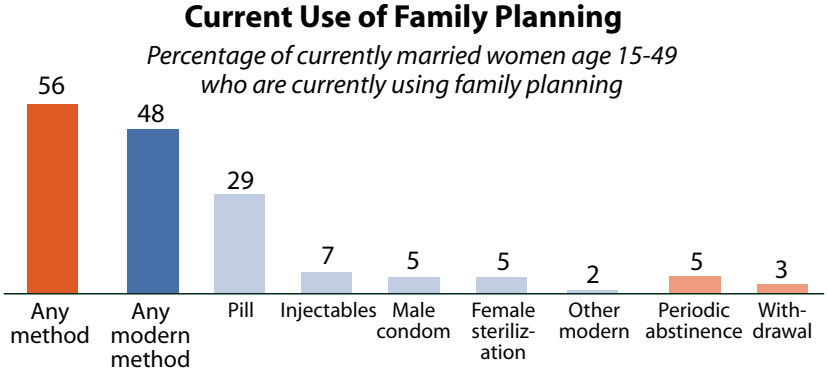
Current Use of Family Planning

Almost half of married women are currently using a modern method of family planning. Another 8% are using a traditional method. The pill is the most commonly used method (29%), with much smaller percentages of women using injectables (7%), male condom (5%), or female sterilization (5%).

Use of modern family planning varies by residence and division. Modern methods are used by 52% of married women in urban areas, compared to 46% in rural areas. Contraceptive use ranges from a low of 25% of married women in Sylhet to a high of 57% in Rajshahi. Use of family planning varies very little by wealth quintile, indicating that family plannign programs are successfully reaching women of all economic levels.

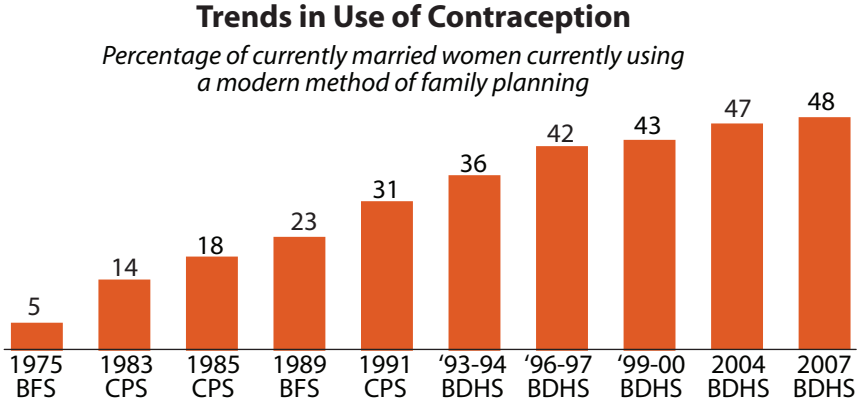


Percentage of currently married women currently using a modern method of family planning



Family Planning Trends

Use of modern methods has increased dramatically since the 1980s, but has remained relatively stable since 2004.



Source of Family Planning Methods

Overall, the public sector provides half of modern contraceptive methods, but provides the large majority of IUDs, injectables, implants, and female and male sterilization. The private sector provides over 40% of modern methods, but provides almost half of pills, and 80% of male condoms. NGOs provide about 5% of methods.

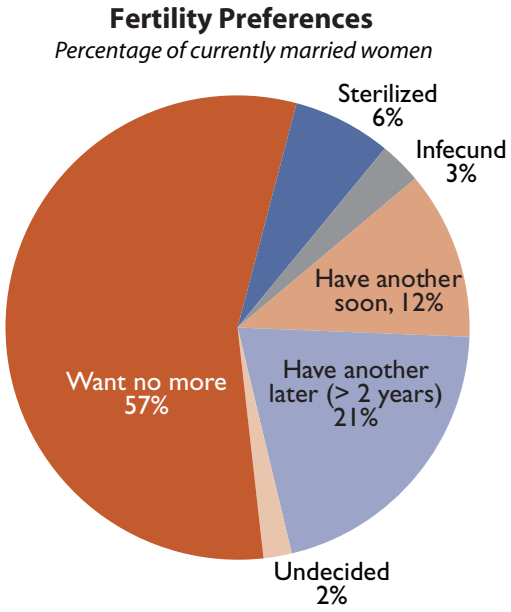
Need for Family Planning

Intention to Use Family Planning

Seventy percent of non-users intend to use family planning in the future, while one in four say that they do not intend to use contraception in the future. The most common reasons for not intending to use contraception in the future are fertility related: the women are menopausal or have had a hysterectomy (29%) or are subfecund (32%). The pill is the preferred method among those who are not currently using, but plan to use a method in the future.

Desire to Delay or Stop Childbearing

Almost two-thirds (63%) of currently married women want no more children or are already sterilized. Another 21% want to wait at least two years before having another child. These women are potential users of family planning.



Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2007 BDHS reveals that 17% of married women have an unmet need for family planning—about 7% for spacing and 11% for limiting. Unmet need is highest among those living in Sylhet (26%) and Chittagong (23%) and lowest in Khulna and Rajshahi (12% each). Unmet need has increased from 11% in 2004.

Family Planning Messages

Thirty-eight percent of women and 59% of men were exposed to any messages about family planning on the radio, television, newspapers/magazines, posters, or community events in the month before the survey. Television is the most frequent medium for family planning messages among both men and women. Posters/billboards/leaflets and radio are also common sources of messages, especially among men.

Access to Family Planning Services

Twenty percent of currently married women age 15-49 report that they were visited by a fieldworker for family planning services in the six months before the survey. Almost three in four women reported a satellite clinic in their community in the three months before the survey. Of those reporting a clinic, about one-third visited the clinic.

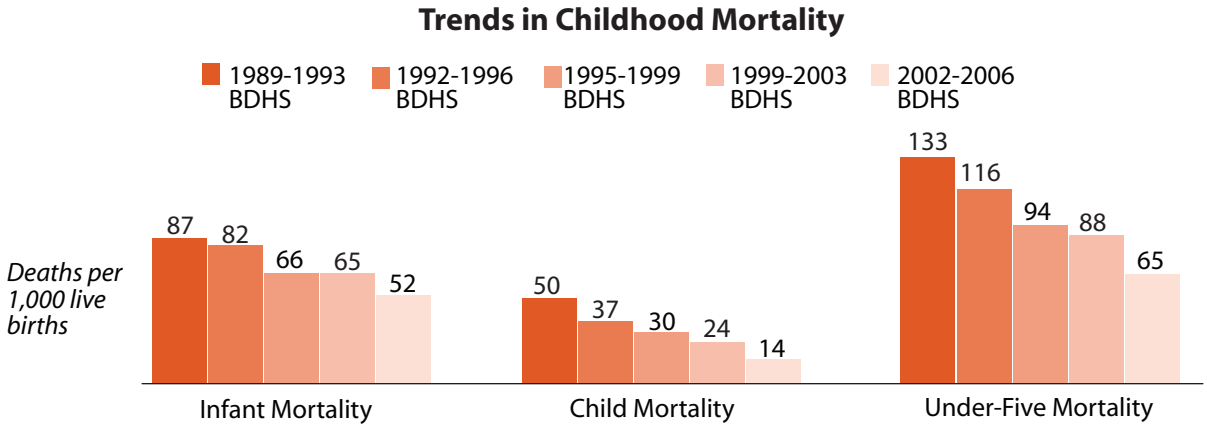
Infant and Child Mortality

Levels and Trends

Childhood mortality continues to decrease in Bangladesh. Currently, one in every 15 children in Bangladesh dies before his or her fifth birthday.

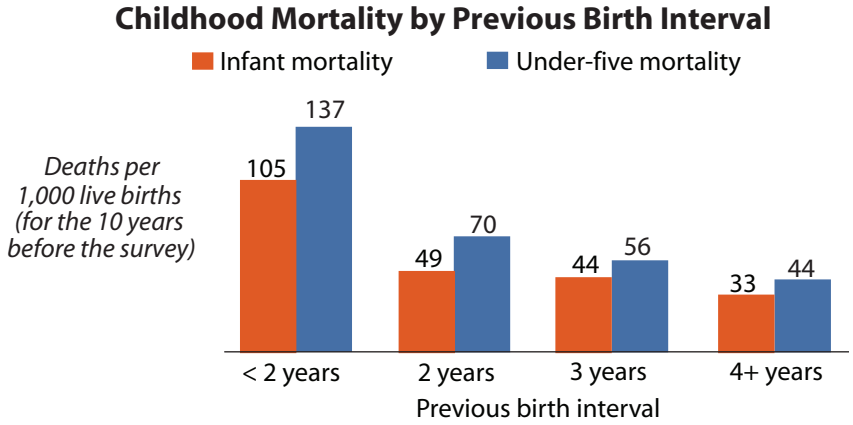
The infant mortality rate for the five years before the survey (2002-2006) is 52 deaths per 1,000 live births and the under-five mortality rate is 65 deaths per 1,000 live births. This is significantly lower than the rates of 65 and 88 reported in 2004. The neonatal mortality rate, representing death in the first month of life, is 37 deaths per 1000 live births, down from a rate of 41 in 2004.

Infant and under-five mortality both decrease as household wealth increases. Children from the poorest families are twice as likely to die before the age of five as those from the wealthiest families.



Birth Intervals and Childhood Mortality

Spacing children at least 36 months apart reduces the risk of infant death. In Bangladesh, the average birth interval is quite long: 44 months. Infants born less than two years after a previous birth have particularly high infant mortality rates (105 deaths per 1,000 live births compared to only 33 deaths per 1,000 live births for infants born four or more years after the previous birth). Fifteen percent of infants in Bangladesh are born less than two years after a previous birth. These infants are at particularly high risk of death.



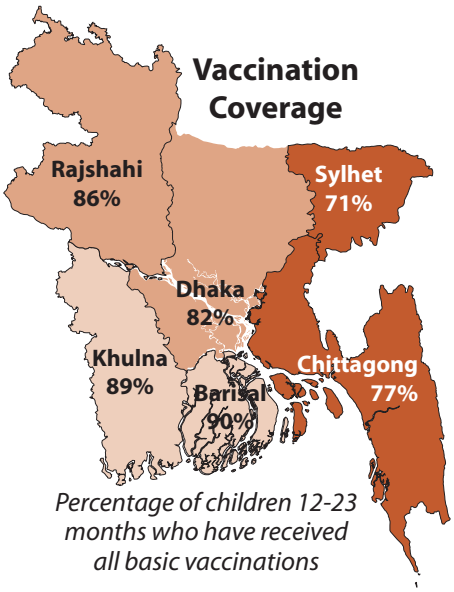
CHILD HEALTH

Vaccination Coverage

According to the 2007 BDHS, 82% of Bangaldeshi children aged 12–23 months had received all recommended vaccines—one dose of BCG and measles, and three doses each of DPT and polio. Two percent of children had not received any of the recommended vaccines.

Vaccination coverage is slightly higher in urban areas than rural areas (86% compared to 81% of children with all basic vaccines). There is marked variation in vaccination coverage by division, ranging from 71% fully vaccinated in Sylhet to 90% in Barisal. Vaccination coverage increases with mother's education; only 72% of children whose mothers have no education have been fully vaccinated compared to 93% of children whose mothers have completed secondary school or higher.

Vaccination coverage has increased substantially in recent years, from 60% in 1999-2000, to 73% in 2004, to 82% in 2007.



Percentage of children 12-23 months who have received all basic vaccinations

Childhood Illnesses

In the two weeks before the survey, 5% of children under five had symptoms of an acute respiratory infection (ARI). For 37% of these children, treatment or advice was sought from a health facility or medically trained provider, while 29% of cases sought help from a pharmacy and 21% from a traditional doctor. More than one in three children under five (38%) had a fever in the two weeks before the survey. In 24% of these cases, treatment or advice was sought from a health facility or medically trained provider; another 23% sought help from a pharmacy, and 21% from a traditional doctor.

During the two weeks before the survey, 10% of children under five had diarrhea. The rate was highest (14%) among children 6-23 months old. Twenty percent of children with diarrhea received treatment or advice from a health facility or provider. Three in four children with diarrhea received ORS packets, and 81% received oral rehydration therapy (ORT)—either ORS or recommended home fluids, as recommended. Children should receive both ORT and zinc syrup or tablets. Only 20% of children with diarrhea received both ORT and zinc; most received only ORT. Ten percent of children received antibiotics, and 15% received an unknown pill or syrup. Nine percent received no treatment.

Maternal Health

Antenatal Care (ANC)

Just over half of Bangladeshi women receive some antenatal care from a medical professional such as a doctor or nurse/midwife. Another 9% receive ANC from a non-medically trained provider, such as a health assistant, TBA, or family welfare assistant. Forty percent of women receive no antenatal care. Women living in urban areas, those with higher levels of education, and those from the wealthiest households are most likely to receive ANC from a medically trained provider. Only 21% of women received four or more ANC visits, as recommended, and only 24% went to their first ANC visit during their first trimester.

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Among those who do receive ANC, several important components of care are missing. Only 38% of women were informed about signs of pregnancy complications. A blood sample was taken from only 37% of women, and a urine sample taken from only 54% of women. Most women were weighed and had their blood pressure measured (80% and 86%, respectively). Ninety percent of women's last births were protected against neonatal tetanus.

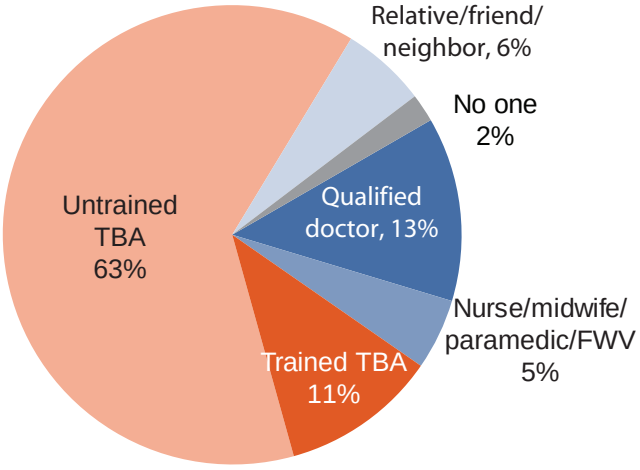
Delivery and Postnatal Care

The large majority of Bangladesh's births occur at home—only 15% occur in a health facility. Facility births are more common in urban areas than rural areas (31% versus 11%) and are most common among the most educated women and those from the wealthiest households (43% each).

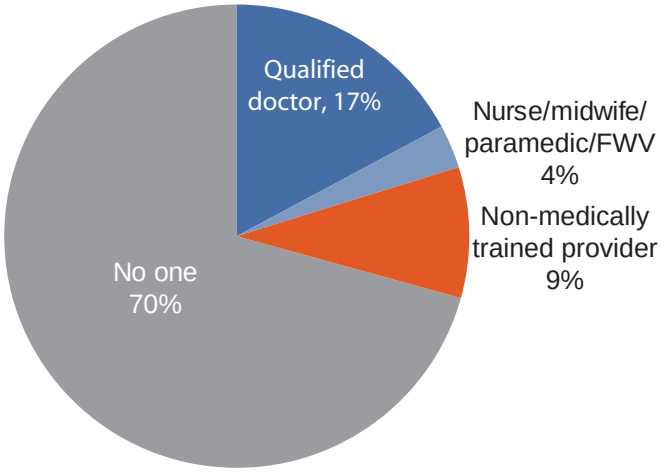
Eighteen percent of births are assisted by a medically trained provider (qualified doctor, nurse/midwife, paramedic, or FWV). Another 63% are assisted by untrained traditional birth attendant (TBA), while 11% are assisted by trained TBAs. Assistance at delivery by a medically trained provider is much higher in urban areas (37%) than rural areas (13%). Trained assistance at delivery also increases dramatically with education. Only 5% of women with no education were assisted by medically trained providers compared to 47% of women who completed secondary school or higher. Differences by wealth quintile are even more dramatic: only5% of women from the poorest households received delivery assistance by a medically trained provider compared to 51% of women from the wealthiest households.

Postnatal care helps prevent complications after childbirth. Only 30% of women had a postnatal checkup. Twenty-one percent had a check up within four hours of birth, as recommended.

Assistance During Delivery

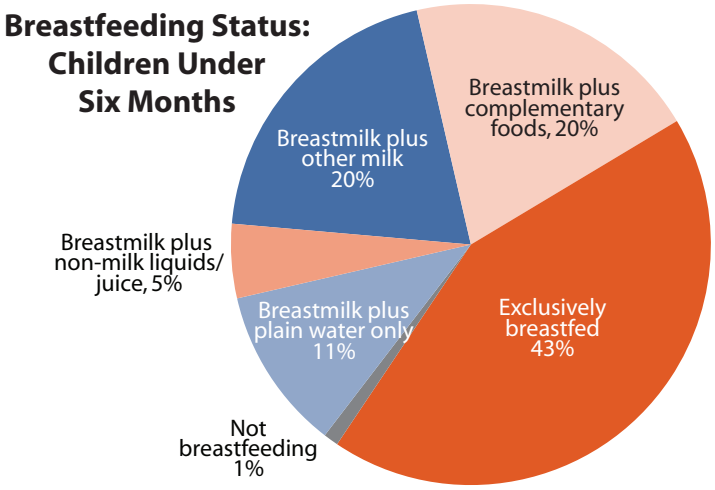


Postnatal Care: Type of Provider



Feeding Practices and the Nutritional Status of Women and Children

Breastfeeding and Introduction of Complementary Foods



Breastfeeding is very common in Bangladesh, with 98% of children ever breastfed. WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Two-fifths (43%) of children under six months of age in Bangladesh are exclusively breastfed. Bangladeshi children breastfeed for a long time, until the age of 33 months, on average. However, they are exclusively breastfed for less than two months. Infants should *not* be given water, juices, other milks, or complementary foods until six months of age, yet more than half of breastfed children under six months receive these and 20% are already receiving solid or semi-solid (complementary) foods. Complementary foods *should* be introduced when a child is six months old to reduce the risk of malnutrition. Three-quarters of children ages 6–9 months are eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6-23 months also be fed food from three or more other food groups. Less than half (44%) of breastfed children meet this recommendation, but 81% are fed at least the minimum number of times recommended. Non-breastfed children should be fed milk or milk products, and food from four or more food groups. Only about one-third (36%) of non-breastfed Bangladeshi children receive milk or milk products, and 31% were fed food from four or more food groups. Three-quarters, however, were fed four or more times, as recommended. Overall, among all children age 6-23 months, only 42% were fed according to all three IYCF practices.

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Vitamin A and Iron Supplementation

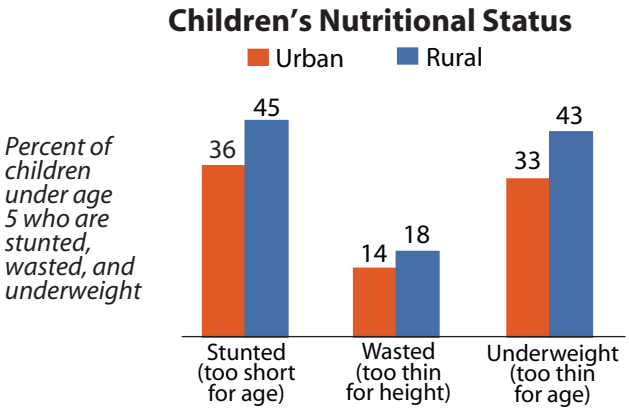
Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 78% of children age 6-35 months ate fruits and vegetables rich in vitamin A. Fifty-eight percent ate foods rich in iron. Most children (88%) age 6–59 months received a vitamin A supplement in the six months prior to the survey.

Pregnant women should take iron tablets or syrup during pregnancy to prevent anemia and other complications. Only about half (55%) of women took iron supplements during their last pregnancy. In addition, only 20% of women received a vitamin A supplement postpartum.

Children's Nutritional Status

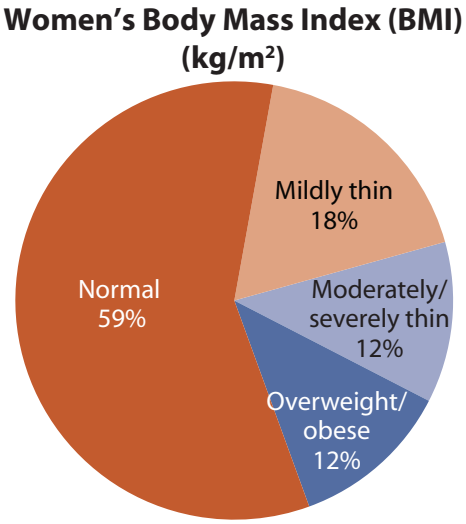
The BDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2007 BDHS, 43% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in rural areas (45%) than urban areas (36%). Stunting ranges from 35% in Khulna to 47% in Barisal. Seventeen percent of children are wasted (thin for height), and 41% of children are underweight. Stunting is most common in the poorest households, where more than half of children are too short for their age. In comparison, only 26% of children are stunted in the wealthiest households.

Stunting and underweight have decreased since 2004, while wasting has increased slightly.



Women's Nutritional Status

Bangladeshi women also face nutritional challenges. Thirty percent are thin (BMI <18.5), and 12% are moderately and severely thin (BMI <17.0). On the other end of the spectrum, 12% of Bangladeshi women are overweight or obese. (BMI ≥ 25.0). Overweight is most common among women living in urban areas (24%), and among the most educated (26%) and wealthiest (31%).

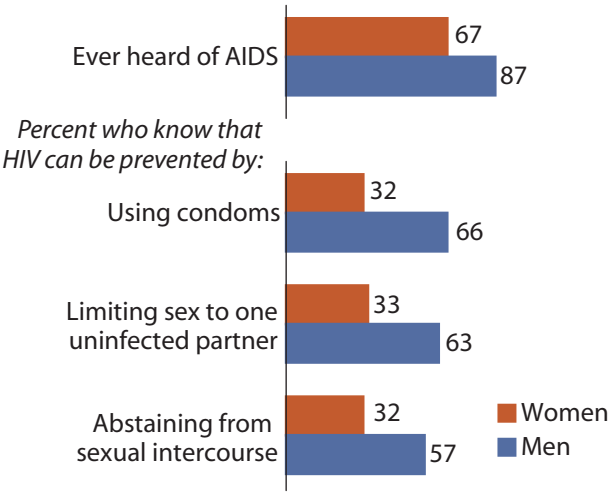


HIV/AIDS Knowledge and Attitudes

Knowledge

Only two-thirds of ever-married Bangladeshi women have ever heard of AIDS compared to 87% of ever-married men. Knowledge of HIV prevention measures is much lower, especially among women. For example, 32% of ever-married women and 66% of ever-married men age 15–49 know that the risk of getting HIV can be reduced by using condoms. Prevention knowledge is higher in urban areas than in rural areas and increases dramatically with education and wealth. For example, only 15% of women with no education know that using condoms limits the risk of HIV infection compared to 62% of women with secondary complete or higher. This knowledge also varies by division. Only 25% of women in Sylhet know that using condoms can prevent HIV, compared to 38% of women in Khulna.

Knowledge of AIDS and HIV Prevention



Percentage of ever-married women and men age 15-49

Misconceptions about HIV/AIDS are common in Bangladesh. Only about half of women and three-quarters of men know that a healthy-looking person can have the AIDS virus. Less than one-third of women and men know that AIDS cannot be transmitted by mosquito bites.

Women and men are more knowledgeable about HIV risk via unsterilized needles and blood transfusions. Almost 60% of women and almost 80% of men know that people can get the AIDS virus by using an unsterilized needle or syringe and through blood transfusions.

Sexually Transmitted Infections

Among those who have ever had sexual intercourse, 11% of women and 4% of men report having a sexually transmitted infection (STI) or symptoms of an STI (genital discharge, sore, or ulcer).

Women's Empowerment

Employment

One-third of currently married women age 15–49 interviewed in the BDHS were employed in the year before the survey. Among those who are employed, most earn cash, while 14% are unpaid. Most women decide with their husbands how their earnings are spent. Twelve percent of women who earn cash report that mainly their husband decides how her earnings are spent.

Freedom of Movement

Two-thirds of women report that they can go alone to a health center or hospital, while 16% can go to a health center or hospital if accompanied by their children. Eighteen percent of women cannot go to a health care facility alone or accompanied by their children. This freedom of movement is most limited in Sylhet and among women with the least education.

Participation in Household Decisions

Bangladeshi women contribute to many household decisions. Fifty-six to 64% of women report that they participate in decisions concerning their own health care, daily and major household purchases, and visits to family and friends. About one-third of women participate in all four of these decisions; 17% participate in none of them.

Attitudes Towards Wife Beating and Refusing Sex

Thirty-six percent of women and men agree that a husband is justified in beating his wife for at least one reason, such as disobeying elders, neglecting the children, or going out without telling him. Disobeying elders is the most commonly justified reason for wife beating among women (24%), while the most common reason among men is arguing with the husband (25%).

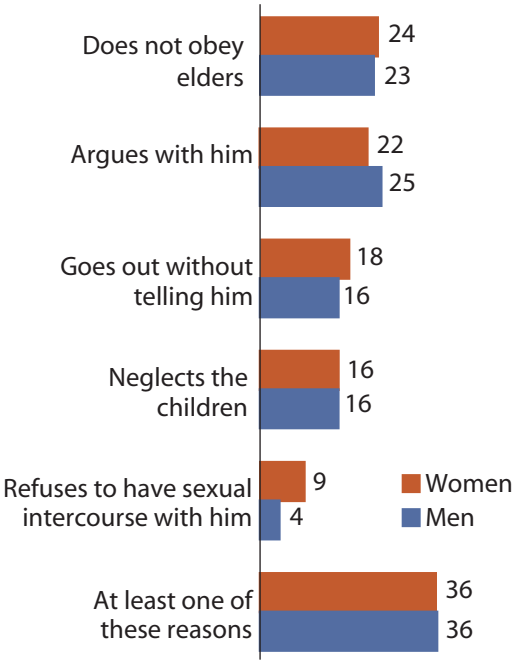
More than 85% of women and men believe that a wife is justified in refusing to have sex with her husband if she knows he has a sexually transmitted disease.

Women's Empowerment and Health Outcome

Women who participate in more household decisions are more likely to use family planning than women who participate in no decisions. Only 43% of women participating in no decisions use a method of family planning compare to 61% of those who participate in all five decisions. Women who participate in more decisions are also more likely to receive antenatal or delivery care from a medically trained provider.

Attitudes Toward Wife Beating

Percent who believe that a husband is justified in hitting or beating his wife if she:

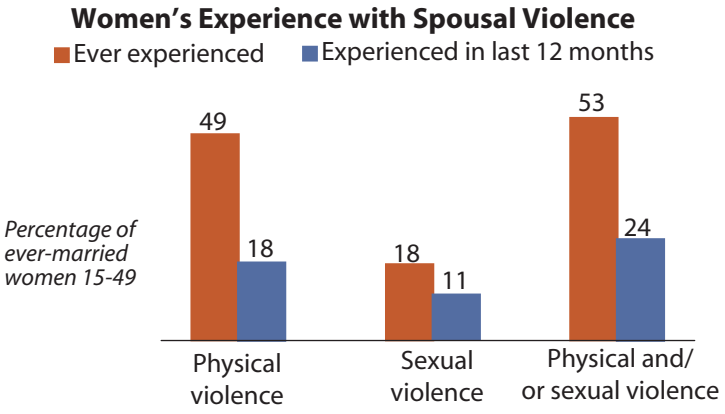


Percentage of women and men age 15-49

Spousal Violence

Women's Experience with Spousal Violence

In all, half (49%) of ever-married women report having ever experienced physical violence by their husband. Eighteen percent report that violence has occurred in the year before the survey. Slapping and pushing/shaking/throwing something at her are the most commonly reported types of physical violence (46% and 30% respectively).



Sexual violence is less common: 18% of women report having ever experienced sexual violence by their husbands, while 11% report that the violence occurred in the past year.

Interestingly, violence against women (physical or sexual) is more common among women who are employed for cash (62%) than among those who are not employed (49%). As expected, experiences of violence decrease with education (62% among women with no education compared to 36% among women with secondary complete or higher) and with wealth. Women living in Rajshahi and Barisal are most likely to report spousal violence (58% and 57% respectively), while women in Sylhet are least likely to report violence (42%).

Men's characteristics also affect the likelihood of spousal violence. Women whose husbands have no education are much more likely than those with highly educated husbands to report violence (62% versus 38%).

Slightly more than one-quarter of women (28%) told someone about the physical or sexual violence committed against them. Half of women, however, received some sort of assistance to protect themselves from the violence. Among those who did tell someone about the violence, about half told their own family, while about one-third told another relative or a neighbor. Only 16% reported the violence to the husband's family.

Violence Reported by Men

Almost 60% of ever-married men reported that they have ever committed physical violence against their wife; 16% reported that they had committed physical violence in the year before the survey. Nine percent of men reported that they had ever physically forced their wife to have sexual intercourse when she did not want to. Older men, men with no education, and men from the poorest households were most likely to report having committed physical violence against their wives.

Key Indicators

Fertility	Total
Total fertility rate (number of births per woman)	2.7
Women age 15–19 who are mothers or now pregnant (%)	33
Median age at first marriage for women age 25–49 (years)	15.0
Median age at first birth for women age 25–49 (years)	17.9
Married women (age 15–49) wanting no more children or sterilized (%)	63
Mean ideal number of children (among ever-married women 15-49)	2.3
Mean ideal number of children (among ever-married men 15-54)	2.3
Family Planning	
Current use of any method of contraception (currently married women 15–49) (%)	56
Current use of any modern method of contraception (currently married women 15–49) (%)	48
Currently married women with an unmet need for family planning[1] (%)	17
Maternal and Child Health	
Maternity care	
Antenatal care from a medically trained provider (women 15-49 who had a live birth in the 5 years preceding the survey) (%)	52
Births delivered in a health facility (live births in the 5 years before the survey (%)	15
Live births assisted by a medically trained provider in the 5 years preceding the survey (%)	18
Women who received a postnatal checkup with in 2 days of delivery (%)	27
Child Health	
Children fully vaccinated (% with all basic recommended vaccinations)[2]	82
Nutrition	
Children ever breastfed (among children born in past 5 years (%)	98
Median duration of any breastfeeding (months)	32.5
Median duration of exclusive breastfeeding (months)	1.8
Stunting (children under 5 who are too short for age) (%)	43
Wasting (children under 5 who are too light for height) (%)	17
Underweight (children under 5 who are too light for age) (%)	41
Women: Thin (women 15-49 whose BMI <18.5) (%)	30
Childhood Mortality	
Infant mortality (deaths per 1,000 live births)[3]	52
Under-five mortality (deaths per 1,000 live births)[3]	65
Knowledge of AIDS (women and men 15-49)	
Has heard of AIDS (women/men) (%)	67/87
Knows ways to avoid AIDS:	
-Limiting sex to one uninfected partner (women/men) (%)	33/63
-Using condoms (women/men) (%)	32/66
-Abstaining from sexual intercourse (women/men (%)	32/57
Spousal Violence	
Ever experienced physical or sexual violence by husband (% women age 15-49)	53

[1] Currently married women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of family planning. [2] Fully vaccinated includes BCG, measles, and three doses each of DPT and polio); [3]- Rates for the Total refer to the 5-year rate; rates for urban, rural, and regions refer to the 10-year rate.

Residence		Region					
Urban	Rural	Barisal	Chittagong	Dhaka	Khulna	Rajshahi	Sylhet
2.4	2.8	2.8	3.2	2.8	2.0	2.4	3.7
24	35	29	28	33	34	40	23
15.8	14.8	15.1	15.6	14.9	14.7	14.7	16.4
18.7	17.7	17.8	18.2	17.9	17.9	17.5	19.2
64	62	63	60	63	64	66	54
2.2	2.3	2.3	2.5	2.2	2.1	2.1	2.7
2.1	2.3	2.3	2.5	2.3	2.1	2.1	2.8
62	54	56	44	56	63	66	32
52	46	47	38	48	53	57	25
15	18	20	23	18	12	12	26
71	46	44	52	48	63	55	47
31	11	10	14	17	22	13	8
37	13	13	19	20	27	15	11
42	23	20	31	25	40	24	20
86	81	90	77	82	89	86	71
98	98	97	97	98	98	98	97
29.5	34.5	31.0	25.6	35.8	36.3	37.0	28.0
1.6	1.8	0.7*	2.9	1.0	2.0*	1.2*	2.3
36	45	47	45	44	35	42	45
14	18	18	18	15	19	19	18
33	43	46	42	40	34	43	42
20	33	34	28	28	25	32	39
50	59	50	54	55	49	58	84
63	77	71	79	69	58	71	107
87/95	62/84	62/83	65/88	73/89	78/93	61/83	55/77
45/70	29/61	28/61	27/58	37/66	37/65	33/65	22/50
46/76	28/63	28/60	28/65	34/67	38/71	32/67	25/52
44/65	28/55	27/49	25/55	36/56	40/59	31/61	25/51
48	55	57	48	54	54	58	42

*Based on 25-49 unweighted cases