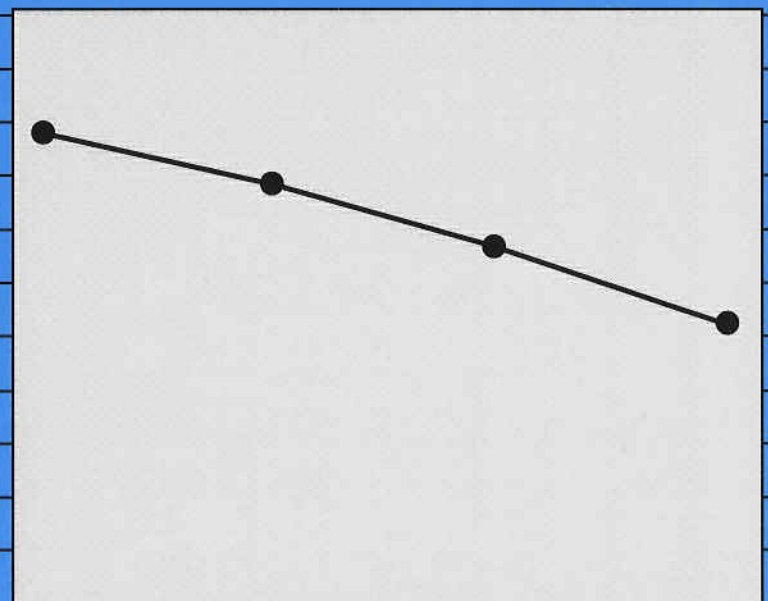


Jordan



Population and Family Health Survey 1997

SUMMARY REPORT

JORDAN POPULATION AND FAMILY HEALTH SURVEY 1997

SUMMARY REPORT

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DOS/Jordan

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This report highlights the findings of the 1997 Jordan Population and Family Health Survey (JPFHS) undertaken by the Department of Statistics. Macro International Inc. provided technical assistance through the worldwide Demographic and Health Surveys (DHS) program funded by the U.S. Agency for International Development (USAID). The project is designed to collect, analyze, and disseminate demographic data on fertility, family planning, and maternal and child health.

Additional information about the JPFHS may be obtained from the Department of Statistics, P.O. Box 2015, Jubaiha Street, Amman, Jordan (telephone 962-6-534-2171, fax 962-6-533-3518, e-mail dos@amra.nic.gov.jo). Additional information about the DHS program may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705-3119, USA (telephone 301-572-0200, fax 301-572-0999, e-mail reports@macroint.com, Internet <http://www.macroint.com/dhs/>).

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Background

This report highlights the findings of the 1997 Jordan Population and Family Health Survey (JPFHS), a nationally representative survey of households and ever-married women age 15-49 that was carried out between June and October 1997. The primary objective of the survey was to provide policymakers and program managers in population and health with detailed information on fertility, family planning, infant, child, and maternal mortality, and maternal and child health.

The JPFHS is the second DHS survey conducted in Jordan by the Department of Statistics (DOS). The first was carried out in 1990. In 1997, a total of 7,335 households and 5,548 ever-married women age 15-49 were successfully interviewed. Information about children born to these women was also collected. Detailed questions about vaccinations, breastfeeding, food supplementation, and illnesses were asked for children born in the five years before the survey.



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Survey results are presented at the national level, by urban-rural residence, and by region (for the three regions in the country). Results of this survey can be compared with those of previous demographic surveys including the 1976 Jordan Fertility Survey, the 1983 Jordan Fertility and Family Health Survey and the 1990 JPFHS.

The DHS project of Macro International Inc. provided technical assistance under a contract funded by the U.S. Agency for International Development (USAID).

Fertility

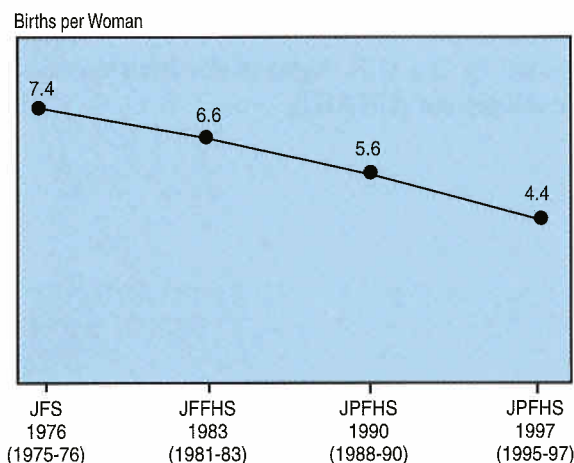
Levels and Trends

At current fertility levels, a woman in Jordan will have an average of 4.4 children, three children less than 20 years ago, when the total fertility rate was 7.4 births per woman (1975-76). The decline in fertility has accelerated over time. It was 11 percent from the mid-1970s to the early 1980s, 15 percent in the 1980s, and 21 percent in the early 1990s.

The total fertility rate in Jordan is higher than that in Egypt (3.6) and Morocco (3.3), and lower than that in Yemen (6.4).

Significant differentials in fertility exist among subgroups. With a total fertility rate of 4.1 births per woman, women in the Central region have smaller families than women living in other parts of the country.

Figure 1
Trend in the total fertility rate

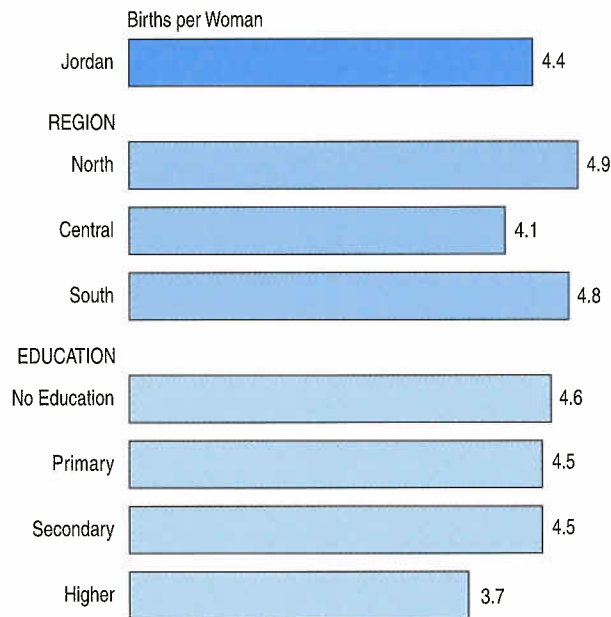


The decline in fertility has accelerated over time. It was 11 percent from the mid-1970s to the early 1980s, 15 percent in the 1980s, and 21 percent in the early 1990s.

Since most women have secondary or higher education, the relationship between women's education and fertility is only notable at the higher education level. Women who have no education, or have less than secondary education have almost one child more than women who have higher education.

At current fertility levels, a woman in Jordan will have an average of 4.4 children, three children less than 20 years ago.

Figure 2
Total fertility rates by selected background characteristics



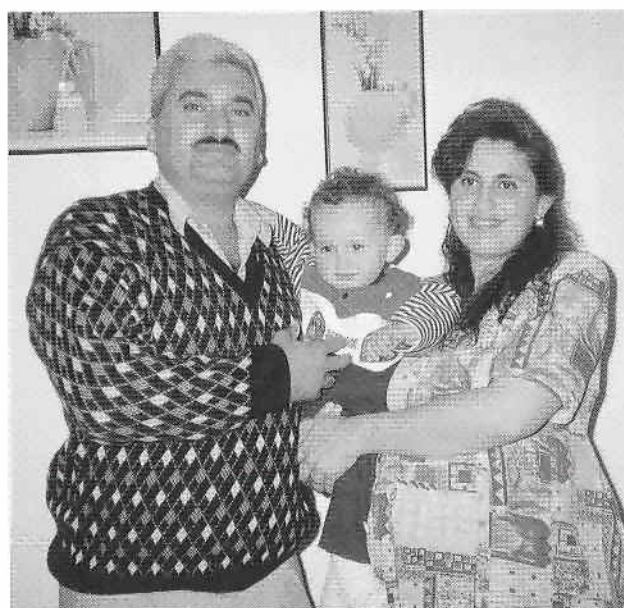
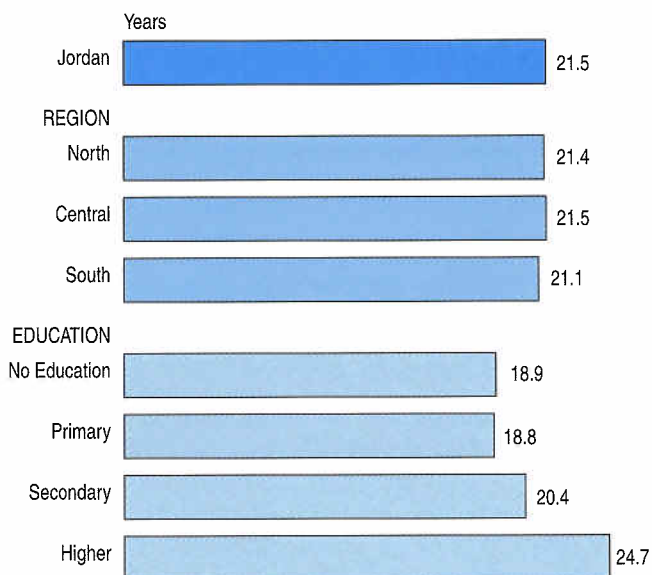
Women in the Central region and women who have more than secondary education have smaller families than other women.

Age at First Marriage

One of the factors influencing fertility levels in Jordan is changes in marriage patterns. Although marriage continues to be universal among women in Jordan, an increasing proportion of women are remaining single for a longer period of time. In 1997, 45 percent of women age 15-49 were single compared with 34 percent in 1976.

The median age at first marriage among women 25-49 was 21.5 years in 1997, two years later than in 1990 (19.6 years). There are slight regional differences in the age at which women marry; however, staying in school appears to be a motivation to delay marriage. Women who continue their education to secondary school marry 1.6 years later than women who have primary school or no education, and women who have more than secondary education marry almost 6 years later than women with the least education.

Figure 3
Median age at first marriage (women 25-49)



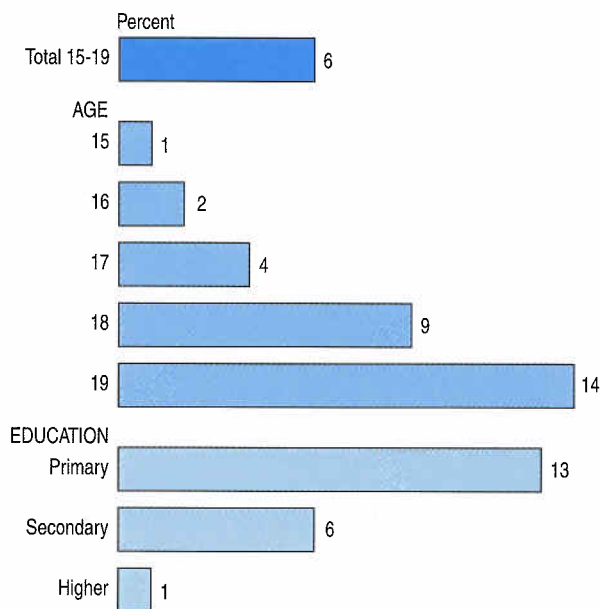
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The median age at first marriage among women 25-49 was 21.5 years in 1997, two years later than in 1990 (19.6 years).

Adolescent Fertility

The level of teenage fertility (women 15-19) is low (6 percent). The most significant differentials are by age and education. At age 15, only 1 percent of women have started childbearing. By age 19, one in seven has become a mother or is pregnant with her first child. The proportion of women who have started childbearing declines as level of education increases from 13 percent among women with primary school to less than 1 percent among women with higher education.

Figure 4
Teenage pregnancy and motherhood



In Jordan, the level of teenage fertility is low (6 percent).

Birth Intervals

Women in Jordan generally favor long intervals between births. Half of births in the five years preceding to the survey occurred at least 25.5 months after the preceding birth.

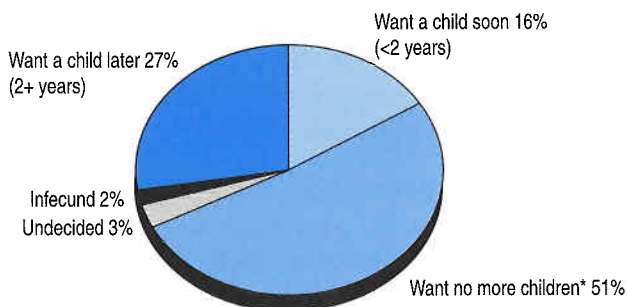
The length of the birth interval is partially related to the length of the period of postpartum insusceptibility—i.e., when a woman is protected from the risk of pregnancy either because she is amenorrheic or abstaining. In Jordan, the median duration of insusceptibility is only 3.8 months; the median duration of breastfeeding (which directly affects the length of amenorrhea) is 11.9 months, and supplementary foods are introduced early.

Although marriage continues to be universal among women in Jordan, an increasing proportion of women are remaining single for a longer period of time. In 1997, 45 percent of women age 15-49 were single compared with 34 percent in 1976.

Fertility Preferences

More than half (51 percent) of married women in Jordan do not want to have additional children or have been sterilized, and 27 percent want to delay their next birth for at least two years. However, many women have more children than they want. In fact, one in five births in the last five years was mistimed, and 17 percent were not wanted at all. If all unwanted births were avoided, the total fertility rate for the three-year period before the survey would have been 2.9 children, which is 34 percent lower than the observed rate.

Figure 5
Fertility preferences

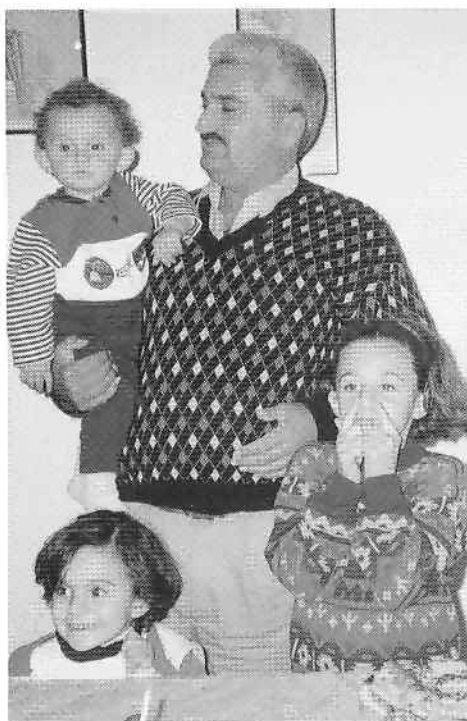


* Includes sterilized women (4 percent)

More than half (51 percent) of married women in Jordan do not want to have additional children or have been sterilized, and 27 percent want to delay their next birth for at least two years.

Overall, the gap between wanted fertility and observed fertility is 1.5 children. Better educated women and those who live in the Central region are more likely to reach their desired fertility level. The gap is one child among women with higher education compared with 1.7 children among women with no education or with primary education. For women in the Central region, the gap is 1.3 children compared with 1.7 children for women in the North and South regions.

If all unwanted births were avoided, the total fertility rate for the three-year period before the survey would have been 2.9 children, which is 34 percent lower than the observed rate.



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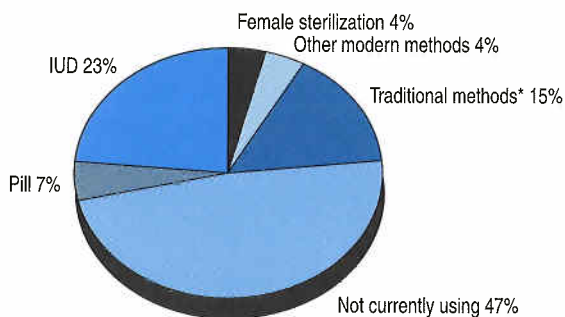
Family Planning

Exposure to Family Planning Messages

The majority of ever-married women are exposed to family planning messages on radio and television (92 percent) and in the print media (65 percent). Differentials in access to family planning messages are most pronounced by level of education—95 percent of women with higher education have heard a family planning message on radio or television compared with 79 percent of women with no education. Almost all respondents (96 percent) consider it acceptable for mass media to disseminate messages on family planning issues.

Fifty-three percent of currently married women were using a contraceptive method at the time of the survey, an increase of 13 percentage points since 1990.

Figure 6
Current use of family planning by method
(currently married women 15-49)



* Includes prolonged breastfeeding (2%)

The most popular modern methods are the IUD (23 percent), the pill (7 percent), and female sterilization (4 percent).

Knowledge of Contraception

Knowledge of a family planning method among married women in Jordan has been universal for some time. All married women have heard of the pill and the IUD, while injection and female sterilization are known to more than nine in ten women. Familiarity with vaginal methods and the condom has increased over time to reach 72 percent and 84 percent, respectively.

Knowledge of a contraceptive method is paralleled by knowledge of a source for the method; virtually all women who know of a modern method are also able to identify a place where they can obtain that method.

Use of Contraception

Almost eight in ten currently married women age 15-49 (79 percent) have used a contraceptive method at some time; virtually all have chosen to use a modern method.

Fifty-three percent of currently married women were using a contraceptive method at the time of the survey, an increase of 13 percentage points since 1990. Almost all of these women are using a modern method. The most popular modern methods are the IUD (23 percent), the pill (7 percent), and female sterilization (4 percent). Fifteen percent of married women are using traditional methods, including 2 percent who are using prolonged breastfeeding.

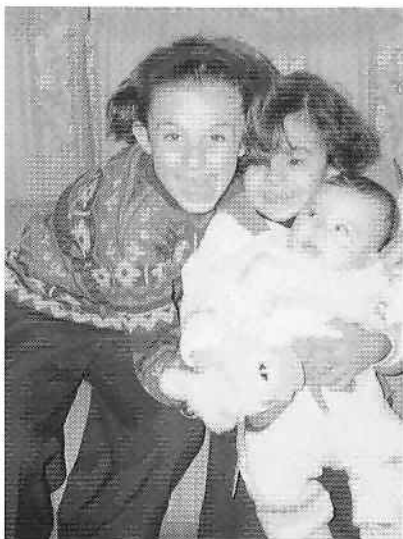
Compared with selected countries for which DHS data are available, the contraceptive prevalence rate in Jordan is similar to that in Egypt (48 percent), Morocco (50 percent), and Tunisia (50 percent), but lower than that in Turkey (63 percent).

Trends and Differentials in Use of Family Planning

Use of contraception has more than doubled in Jordan in the last two decades, from 23 percent in 1976 to 53 percent in 1997. The increase in contraceptive prevalence can be attributed mainly to the increase in IUD users.

Contraceptive rates vary across subgroups. Women age 35-44, urban women, women with two or more children, and better educated women are more likely to use a family planning method than other women. Contraceptive prevalence is highest (55 percent) in the Central region, while it is 50 percent in the North region and 43 percent in the South region.

Use of family planning is closely related to the number of living children a woman has. Half of women who have two children and almost two-thirds of women who have three or more children are using a family planning method.



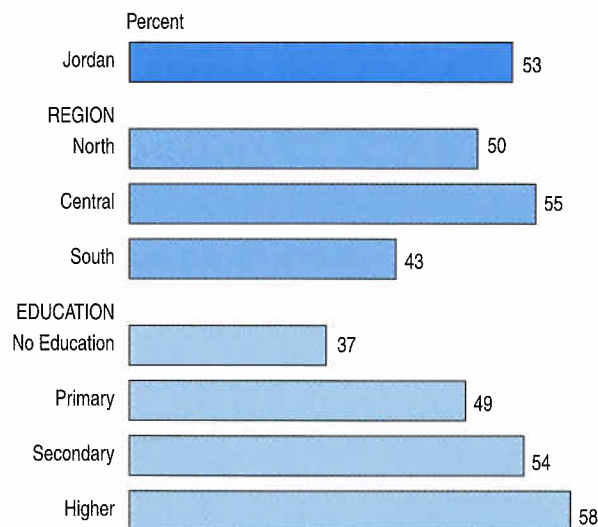
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Sources of Family Planning Services

Private health facilities play an important role in supplying contraceptive methods to those who need them. Seventy-two percent of users of modern methods obtain their method from a private source. The facilities used most often are those of the Jordan Family Planning and Protection Association (JFPPA). Thirty-six percent of IUD insertions are done at JFPPA facilities. Among users who go to a public source, four in ten obtain their method from a maternal and child health (MCH) center.

Seventy-two percent of users of modern methods obtain their method from a private source. The facilities used most often are those of the Jordan Family Planning and Protection Association (JFPPA).

Figure 7
Current use of family planning by background characteristics



Better educated women are much more likely to use contraception than women with less education.

Contraceptive Discontinuation

One measure of the quality of contraceptive use is the extent to which users discontinue methods, and their reasons for doing so. During the five years preceding the survey, almost half (49 percent) of users discontinued a contraceptive method within 12 months of starting use, 14 percent became pregnant while using a method, and 11 percent of past users cited side effects as a reason for stopping use.

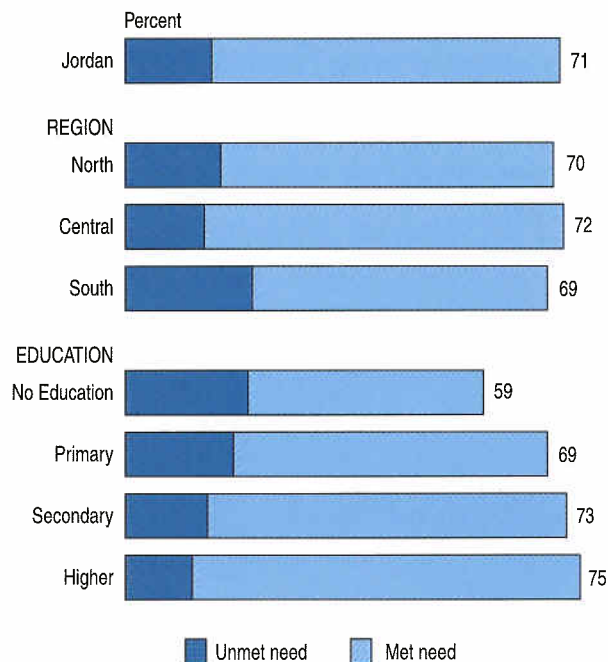
Unmet Need for Family Planning

Around one in seven women in Jordan is in need of family planning services. This group includes women who are not using family planning but want to delay their next birth by two or more years (7 percent) and women who want to stop childbearing (7 percent). If all women who need family planning services to achieve their childbearing goals were to use contraception, the contraceptive prevalence rate would increase to 71 percent.

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Unmet need for family planning varies only slightly by age. As expected, younger women are more likely to have a need for spacing births while older women need family planning for limiting births. Regional variation in the need for family planning is not significant; women in the Central region have the lowest unmet need but slightly higher demand for family planning than women in other regions. The need for family planning is negatively associated with women's education; women who have no formal education have higher unmet need and lower demand for family planning than better educated women.

Figure 8
Demand for family planning services



Women who have no education have a higher unmet need and lower demand for family planning services than better educated women.

Women's Health and Well-being

Maternal Care Indicators

Appropriate care during pregnancy and delivery reduces the risk of illness and death for women and their children. In Jordan, maternal and child health care is widespread. For births in the five years preceding the survey, almost all mothers received at least one pregnancy checkup from a health professional—90 percent from a doctor and 5 percent from a nurse or a midwife. Four in ten women received at least one dose of tetanus toxoid during pregnancy.

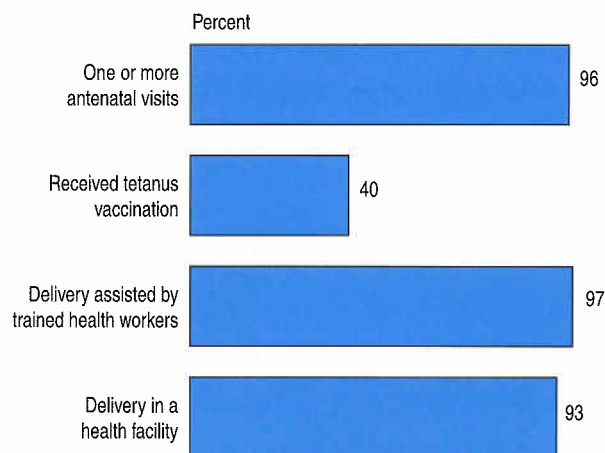
There is little variation in maternal care by residence, age, or level of education. Maternal care is more widespread in Jordan than in selected countries for which similar data are available: Egypt (39 percent), Morocco (45 percent), and Turkey (62 percent).

For births in the five years preceding the survey, almost all mothers received at least one pregnancy checkup from a health professional—90 percent from a doctor and 5 percent from a nurse or a midwife.

Assistance at Delivery

For almost all births in Jordan, mothers were assisted at delivery by a health professional and 93 percent of the deliveries took place in a health facility. These percentages are higher than those of many countries in the region; for example, the percentage of births that take place in a health facility is 46 percent in Egypt, 40 percent in Morocco, and 76 percent in Turkey.

Figure 9
Antenatal care, tetanus toxoid coverage, and delivery care



The percentage of births delivered in a health facility is higher in Jordan (93 percent) than in Egypt, Morocco, or Turkey.

Mother's Nutritional Status

In the 1997 JPFHS, mother's nutritional status was measured using two indices—height and body mass index (BMI). Women who are small in stature often have a small pelvis and are at increased risk of difficult delivery. Additionally, short women are more likely to have infants with low birth weight. Only 1 percent of mothers in Jordan measured in the 1997 JPFHS were shorter than 145 centimeters, the cutoff point for women at risk; the average height was 158 centimeters.

BMI is used to assess thinness or obesity and is derived by dividing weight in kilograms by height in meters squared (kg/m^2). A cutoff point of 18.5 is recommended to identify short-term or acute malnutrition. The mean BMI

among nonpregnant mothers in 1997 was 27, which is substantially higher than the minimum score. Only 2 percent of mothers had a BMI below 18.5, reflecting the very low level of acute malnutrition in Jordan.

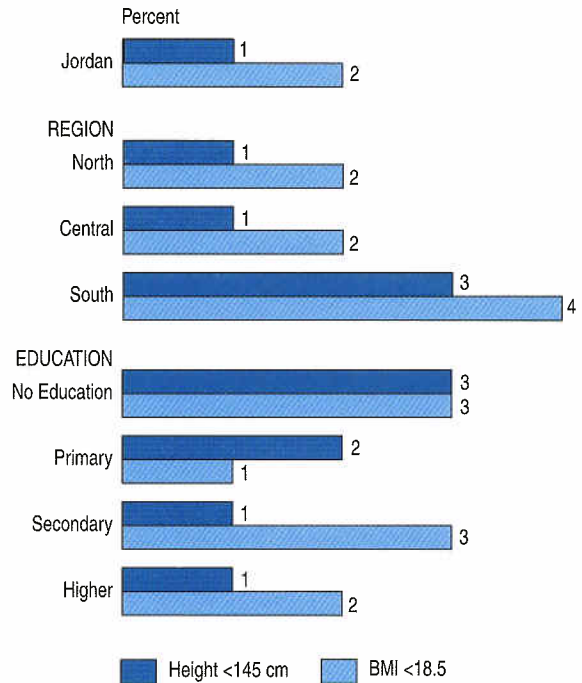
Proportionally, short stature occurs more often in the South region and among women who have no formal schooling. Low BMI is also concentrated in these groups.

The mean BMI among nonpregnant mothers in 1997 was 27, which is substantially higher than the minimum score.



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Figure 10
Maternal nutritional status



The mean height of mothers is 158 centimeters; only one percent of mothers are shorter than 145 centimeters.

Child Health

Immunization of Children

Since 1980, the Jordan Ministry of Health and Health Care has made the immunization card a requirement for entry into the formal school system. The card is issued by the Ministry through various service providers at the time of the first vaccination. In the 1997 JPFHS, mothers were able to show vaccination cards for eight in ten children who had received immunizations. For children whose vaccination cards were not seen by the interviewer, information on immunizations was based on mothers reports.

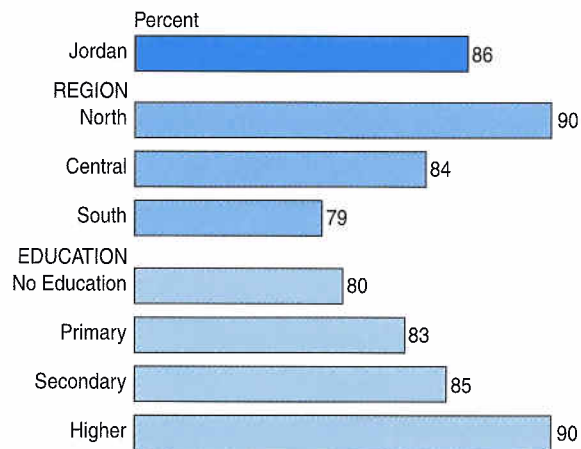
In Jordan, virtually all infants age 12-23 months have received all the recommended doses of DPT and polio vaccines, and nine in ten have been immunized against measles. While BCG vaccine is recommended by the Ministry to be given at entry into school, one in four infants age 12-23 months has already received this vaccine against tuberculosis.

In Jordan, virtually all infants age 12-23 months have received all the recommended doses of DPT and polio vaccines, and nine in ten have been immunized against measles.

Immunization coverage varies across regions. While nine in ten infants age 12-23 months in the North region have received vaccinations for measles, diphtheria, pertussis, tetanus, and polio, the proportion in the South region is 79 percent, and in Central region it is 84 percent. Vaccination coverage increases with mother's level of education.

Excluding BCG, vaccination coverage in Jordan (86 percent) is higher than that in many countries in the region: Egypt (79 percent), Morocco (85 percent) and Turkey (65 percent).

Figure 11
Vaccination coverage among children age 12-23 months



Vaccination coverage increases with mother's level of education from 80 percent among children whose mothers have no formal education to 90 percent among those whose mothers have higher education.

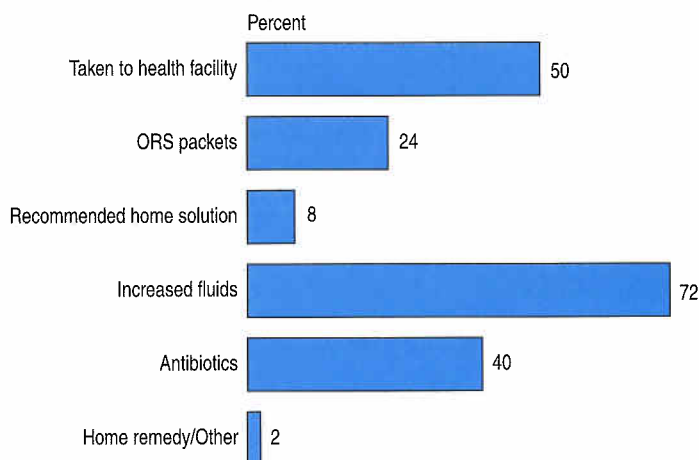
Treatment of Childhood Diseases

Ten percent of children under five years were reported to have had cough accompanied by short, rapid breathing (acute respiratory infection) in the two weeks prior to the survey, 18 percent had diarrhea, and one in five had fever.

Half of children who had diarrhea in the two weeks preceding the survey were taken to a health facility. While almost all mothers know about the use of oral rehydration salts (ORS) mixed with water for treatment of diarrhea in young children, only one in four reported administering the solution to her sick child. Seven in ten children with diarrhea were given increased fluids, and 40 percent were treated with antibiotics.

Seven in ten children with diarrhea were given increased fluids.

Figure 12
Treatment of diarrhea in the two weeks preceding the survey (children under 5 years)



While almost all mothers know about treating diarrhea with oral rehydration salts, only one in four reported administering it to her sick child.

Breastfeeding

Breastfeeding is almost universal in Jordan: 95 percent of children born in the five years preceding the survey were breastfed for some time, and differentials among subgroups are small.

One-third of children were breastfed within one hour of birth, and 75 percent were breastfed within the first 24 hours. Overall, the median duration of breastfeeding is 12 months. Many children receive supplementation at an early age; 30 percent of infants under 4 months have received infant formula, and half were given other liquids. The use of a pacifier (teat) is common; four in ten babies under 4 months were fed using a bottle with a nipple.

Compared with other countries in the region, the duration of breastfeeding in Jordan is relatively short. The median duration in Egypt is 19 months, in Morocco it is 15 months, and in Turkey it is 12 months.

Children's Nutritional Status

In the JPFHS, two anthropometric measurements were collected for children under five years: height (for children age 24 months and older) or recumbent length (for children under 24 months) and weight. Physical growth indices—height-for-age, weight-for-height and weight-for-age—were then calculated to describe children's nutritional status compared with the standard schedule developed by the U.S. National Center for Health Statistics.

In Jordan, 8 percent of children under five years are short for their age (stunted)—an indication of chronic malnutrition; 2 percent are underweight for their height (wasted); and 5 percent are underweight for their age.

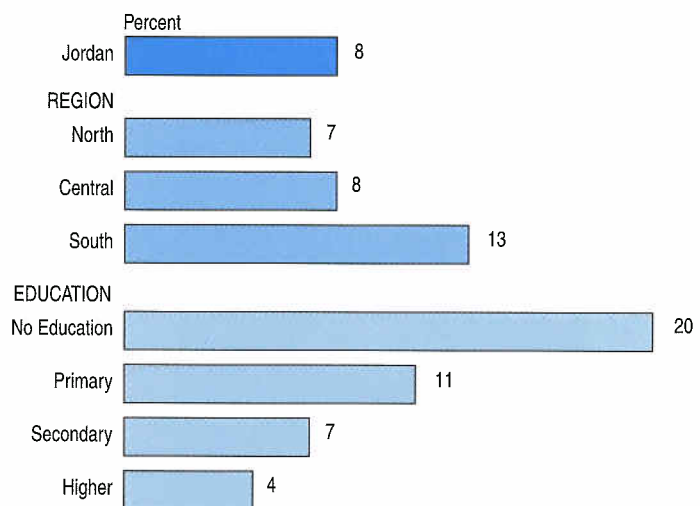
The nutritional status of children has improved since 1990 when the corresponding figures were 19 percent, 3 percent, and 6 percent, respectively. Children in the South region are more likely to be stunted than children in other regions. Nutritional status is closely related to mother's level of education. Stunting is five times higher among children whose mothers have no education (20 percent) than among children whose mothers have higher education (4 percent).

Stunting is five times higher among children whose mothers have no education (20 percent) than among children whose mothers have higher education (4 percent).



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Figure 13
Prevalence of stunting



Eight percent of children under five in Jordan are short for their age (stunted), 5 percent are underweight according to their age, and 2 percent are underweight according to their height.

Infant, Child, and Maternal Mortality

Infant and Child Mortality

The results of the JPFHS indicate that 29 of every 1,000 infants born in the five years preceding the survey (1992-97) will die before their first birthday; 34 of every 1,000 infants will die before their fifth birthday.

Childhood mortality varies significantly by mother's residence and level of education. Under-five mortality in the South region is at least 50 percent higher than that in the Central and North regions, and children of mothers with no education are twice as likely to die as children whose mothers have secondary education (62 deaths per 1,000 births compared with 31 deaths per 1,000 births).

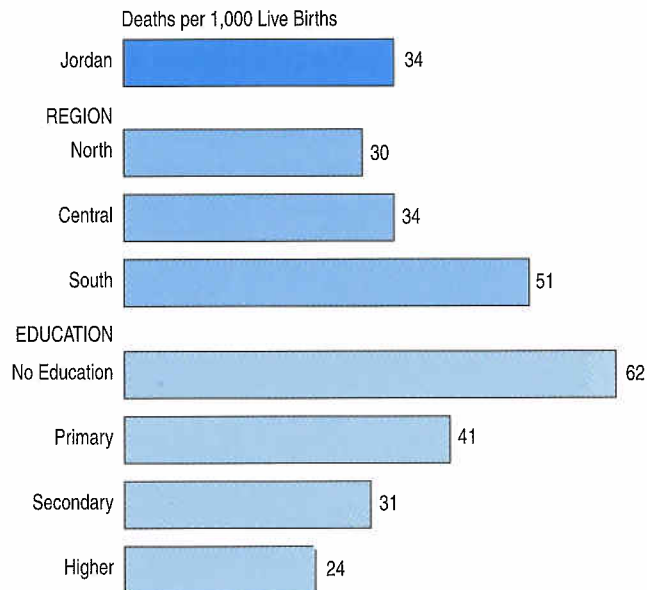
Female children, children born to women age 20-29, and children who were born 2 to 3 years after a preceding birth, have low risk of dying.



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The results of the JPFHS indicate that 29 of every 1,000 infants born in the five years preceding the survey (1992-97) will die before their first birthday.

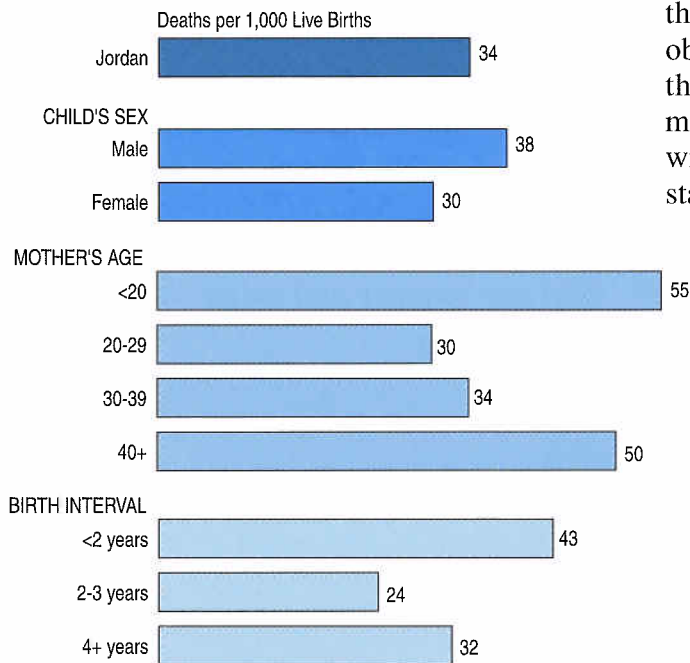
Figure 14
Under-five mortality by selected background characteristics



Children of mothers with no education have twice the risk of dying as children whose mothers have secondary education (62 deaths per 1,000 births compared with 31 deaths per 1,000 births).

Indirect estimates of maternal mortality based on the period 10-14 years preceding the survey yielded a maternal mortality ratio of 79 maternal deaths per 100,000 live births.

Figure 15
Under-five mortality by selected demographic characteristics



Children born after an interval of 2 to 3 years have the lowest risk of dying (24 deaths per 1,000 births).

Maternal Mortality

The 1997 JPFHS collected information necessary for the estimation of maternal mortality rates by direct and indirect methods. Maternal mortality estimates calculated using direct estimation procedures are not presented because the number of maternal deaths found in the sample was small (which is related to the low level of mortality in Jordan). Indirect estimates of maternal mortality based on the period 10-14 years preceding the survey yielded a maternal mortality ratio of 79 maternal deaths per 100,000 live births. While this is the lowest maternal mortality ratio observed among the 14 countries for which the DHS program has collected maternal mortality data, the finding should be used with caution since the estimates involve large standard errors.

AIDS Awareness

Virtually all women in Jordan have heard of AIDS. The main sources of information about AIDS are television (91 percent), radio (41 percent), and newspapers and magazines (41 percent).

Knowledge of AIDS is widespread regardless of age, region of residence, or marital status. Urban women are more likely to have heard about the disease than rural women. Women's level of education is closely related to knowledge of AIDS—while virtually all women with secondary or higher education have heard of the disease, only 86 percent of women with no education have heard of AIDS.

Women who have heard of AIDS were asked if there is any way to avoid contracting the disease. Almost all (98 percent) the women said that there are ways to avoid getting AIDS. Rural women, women who live in the South region, and women with no education or with primary education are more likely to say that AIDS is unavoidable than other women.

Eighteen percent of women in Jordan have the mistaken impression that AIDS can be cured, while 82 percent believe they are not at risk of contracting AIDS.

The vast majority of currently married women who have heard of AIDS also know about condoms (84 percent). Women under age 20, rural women, women who were formerly married, and women who have no education are less likely to have heard of condoms. Knowledge of condoms increases with level of education, reaching 94 percent among women with more than secondary education.

Virtually all women in Jordan have heard of AIDS. The main sources of information about AIDS are television (91 percent), radio (41 percent), and newspapers and magazines (41 percent).

Conclusions

Fertility and Family Planning

Findings from the 1997 Jordan Population and Family Health Survey (JPFHS) indicate that the total fertility rate in Jordan has continued to decline, and the pace has accelerated in the most recent period. The decline in fertility can be attributed to the increased use of contraception. Not only is contraception more widely accepted in Jordan, but couples are increasingly relying on the more effective methods and long-term methods. While the pill was the most common method in 1976, in 1997 more women have opted to use the IUD and sterilization.

Seven in ten users of modern contraceptive methods obtain their method from a private (medical) source. Private doctors, pharmacies, and the Jordan Family Planning and Protection Association serve 80 percent of current users.

Another factor contributing to the decline in fertility is the increasing proportion of women who are delaying marriage, and the resulting increase in age at first marriage. At the same time, fertility desires have declined, and it is estimated that if all unwanted pregnancies were avoided, a woman in Jordan would have an average of 1.5 fewer births over her lifetime (2.9 compared with 4.4 births).

Maternal and Child Health

The 1997 JPFHS shows that the coverage of maternal and child health programs continues to increase in Jordan. Virtually all pregnant women receive some care; more women are receiving tetanus toxoid injections during pregnancy; and, increasing proportions of deliveries are assisted by medical professionals and take place in a health facility. Compared with 1990 data, the proportion of births assisted at delivery by a doctor is higher while the proportion of births assisted by a nurse/midwife is lower.

Despite these indications of progress, challenges remain. The proportion of births delivered by caesarean section has almost doubled since 1990. A small proportion of children under five years who received the first dose of DPT and polio vaccines did not complete the three-dose course.

While infant and child mortality rates continue their downward trend, there are differentials among subgroups. Children's mortality risks are increased by mother's lack of education, rural residence, young age of mother at delivery, short intervals between births, and high birth order.

Almost all women in Jordan have heard of AIDS; however, many women are misinformed about ways to avoid contracting the disease, and many have the mistaken impression that AIDS can be cured.



Fact Sheet

1997 Population Data¹

Total population (millions)	4.6
Urban population (percent)	79
Annual natural increase (percent)	2.7
Population doubling time (years)	20
Crude birth rate (per 1,000 population)	32
Crude death rate (per 1,000 population)	5
Life expectancy at birth, male (years)	67
Life expectancy at birth, female (years)	69

Jordan Population and Family Health Survey 1997

Sample Population

Average household size (person)	6.0
Literacy rate	
Males who attended school	92
Females who attended school	85
Ever-married women age 15-49	5,548

Background Characteristics of Women Interviewed

Percent urban	84
Percent with no education	9
Percent attended secondary or higher	76

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married ²	53
Percent of women 15-49 ever married ²	55
Median age at first marriage among women age 25-49	21.5
Median duration of breastfeeding (in months) ³	11.9
Median duration of postpartum amenorrhea (in months) ³	3.6
Median duration of postpartum abstinence (in months) ³	1.7

Fertility

Total fertility rate ⁴	4.4
Mean number of children ever born to women age 40-49	6.8

Desire for Children

Percent of currently married women who:	
Want no more children ⁵	51
Want to delay their next birth at least 2 years	27
Mean ideal number of children among women 15-49 ⁶	4.2
Percent of women giving a non-numeric response to ideal family size	5
Percent of births in the last 5 years which were:	
Unwanted	17
Mistimed	20

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	100
Knowing a modern method	100
Had ever used any method	79
Currently using any method (including prolonged breastfeeding)	53
Percent of currently married women currently using:	
Pill	7
IUD	23
Injection	1
Condom	2
Female sterilization	4
Periodic abstinence	5
Withdrawal	8

Mortality and Health

Infant mortality rate ⁷	29
Under-five mortality rate ⁷	34
Maternal mortality ratio ⁸	79
Percent of births ⁹ whose mothers:	
Received antenatal care	96
Received 2 or more tetanus toxoid injections	16
Percent of births ⁹ whose mothers were assisted at delivery by:	
Doctor	65
Midwife/nurse	32
Traditional birth attendant	2
Percent of children 0-1 month who are breastfed	96
Percent of children 4-5 months who are breastfed	88
Percent of children 12-23 months who received: ¹⁰	
BCG	24
DPT (three doses)	96
Polio (three doses)	96
Measles	90
All vaccinations (including BCG)	21
All vaccinations (excluding BCG)	86
Percent of children under 5 years ¹¹ who:	
Had diarrhea in the 2 weeks preceding the survey	18
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	10
Are chronically malnourished (stunted) ¹²	2
Are acutely malnourished (wasted) ¹²	2

¹ Department of Statistics

² Based on all women

³ Current status estimate based on births during the 36 months preceding the survey

⁴ Based on births to women 15-49 years during the period 0-2 years preceding the survey

⁵ Includes sterilized women

⁶ Based on ever-married women; excludes women who gave a non-numeric response to ideal family size

⁷ Rates are for the period 0-4 years preceding the survey (late 1992 to late 1997)

⁸ Ratio is for the period 10-14 years preceding the survey, expressed as maternal deaths per 100,000 live births

⁹ Includes births in the period 1-59 months preceding the survey

¹⁰ Based on information from vaccination records and mothers' reports

¹¹ Includes children born in the period 1-59 months preceding the survey

¹² *Stunting* assessed by height-for-age and *wasting* assessed by weight-for-height. Percent malnourished are those below -2 SD from the median of the international reference population, as defined by the U.S. National Center for Health Statistics, and recommended by the World Health Organization.