

# Democratic Republic of the Congo

**Demographic and Health Survey 2007**

**Key Findings**



This report summarizes the findings of the 2007 Democratic Republic of the Congo Demographic and Health Survey (EDS-RDC) conducted from January to August 2007 by the Ministry of Planning with the support of the Ministry of Health.

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Cover Photo: Courtesy of UNICEF



# DEMOCRATIC REPUBLIC OF THE CONGO

## DEMOGRAPHIC AND HEALTH SURVEY (EDS-RDC)

The 2007 Democratic Republic of the Congo Demographic and Health Survey (EDS-RDC) is the first survey of its kind conducted in the DRC. The EDS-RDC is a nationally representative survey designed to provide information on fertility levels and preferences, sexual activity, knowledge and use of family planning, breastfeeding, nutritional status of women and children, mortality of children and adults, maternal mortality, maternal and child health, as well as knowledge, attitudes, and behaviors related to HIV/AIDS and sexually transmitted infections. Additional information was collected on the use of mosquito nets and domestic violence. Blood samples were also taken to estimate HIV prevalence and rates of anemia.

The fieldwork for the EDS-RDC was conducted in two phases: from January to March 2007 in Kinshasa and from May to August 2007 in the other provinces. In total, 9,995 women age 15-49 and 4,757 men age 15-59 were interviewed. The data are representative at the national level, for urban and rural residence, and for the eleven provinces (Kinshasa, Bas-Congo, Bandundu, Équateur, Orientale, Nord-Kivu, Sud-Kivu, Maniema, Katanga, Kasai Oriental, and Kasai Occidental).



# BACKGROUND CHARACTERISTICS OF HOUSEHOLDS

## Household Composition

Households in the DRC are made up of, on average, 5.4 people. One-third of households (33 percent) are made up of seven or more people. Overall, 21 percent of households are headed by a woman. Almost half of the population is under 15 (48 percent) while 49 percent are of working age. Approximately four in ten households are in urban areas.

## Housing Characteristics

Only 15 percent of households have electricity—1 percent of households in rural areas compared to 37 percent in urban areas. Overall, 46 percent of households have access to an improved water source.

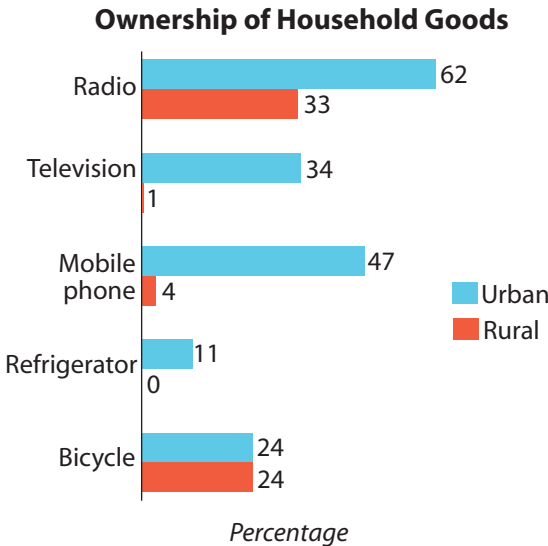
Twenty-one percent of urban households and 76 percent of rural households do not use water from an improved water source. Almost half of Congolese households spend 30 minutes or more to reach a water source. In addition, 83 percent of households do not have access to an improved toilet facility, of which 12 percent have no toilet facility. In rural areas, 17 percent of households have no toilet compared to 4 percent in urban areas. Nearly all households (95 percent) use solid fuels, such as wood or charcoal, as their primary type of cooking fuel.

## Ownership of Household Goods

Beds, chairs, lamps, hoes, radios, bicycles and mobile phones are among the goods most commonly owned by Congolese households (more than 20 percent). Households in urban areas are more likely to own household goods than rural households. Almost half of urban households, for example, own a mobile phone compared to only 4 percent of rural households.



Courtesy of UNFPA



## CHARACTERISTICS OF RESPONDENTS

### Level of Education

The majority of women and men have received some level of formal education. The data from the EDS-RDC show significant gaps between education levels of men and women. One in five (21 percent) Congolese women age 15-49 years has received no formal instruction compared to only 5 percent of men age 15-49 years. However, 41 percent of women and 65 percent of men age 15-49 years have at least some secondary school or higher.

### Literacy

About 60 percent of Congolese women and 85 percent of Congolese men are literate. Literacy varies significantly according to the area of residence, particularly for women. In urban areas, 19 percent of women are illiterate versus 58 percent in rural areas. The highest rates of literacy are found in Kinshasa where 92 percent of women and 96 percent of men are literate.

### Economic Activity

Nearly two-thirds of women (64 percent) were employed at the time of the survey. Of these women, 65 percent were employed in the agricultural sector. Overall, 28 percent of women were paid in cash alone, 42 percent were paid in cash and in kind, 13 percent in kind only, and 17 percent have not been paid for their work.

**Women's Illiteracy Rates by Province**



### Exposure to Media

Overall, exposure to mass media in the DRC is low: 60 percent of women and 39 percent of men have no exposure to any media source. Radio is the most common media source for women and men age 15-49 (31 percent and 52 percent, respectively).

Only one in five women (20 percent) and one in four men (25 percent) report watching television at least once a week. Additionally, only 9 percent of women and 27 percent of men report reading a newspaper once a week.

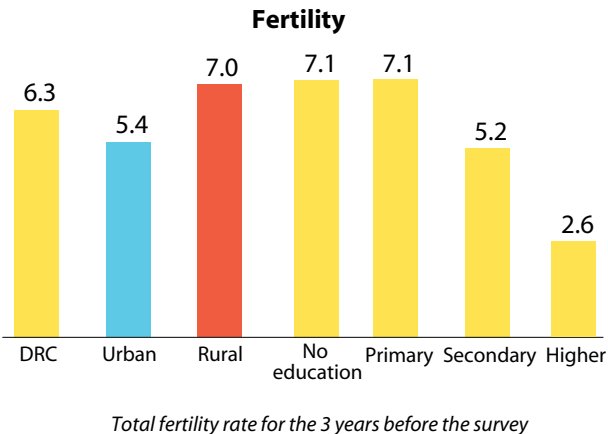


# FERTILITY AND ITS DETERMINANTS

## Fertility Levels

The fertility level of women in the DRC remains very high—women have an average of 6.3 children by the end of their childbearing years. The average number of children per woman varies from 5.4 in urban areas to 7.0 in rural areas.

The average number of children varies according to province, from 3.7 children in Kinshasa to 7.7 in Kasai Occidental. Similarly, fertility levels vary according to the educational attainment of the woman (2.6 children per woman with higher education compared to 7.1 children per woman with no education or only a primary education). These levels also vary according to the relative wealth of the woman’s household (4.2 children per woman living in the richest households compared to 7.4 children per woman living in the poorest households).



## Teenage Fertility

In the DRC, fertility among adolescent girls is high. One in four girls age 15-19 years (24 percent) has already begun childbearing; 19 percent are already mothers and 5 percent are currently pregnant for the first time.

## Ages at First Marriage and First Sexual Intercourse

Two-thirds (66 percent) of women 15-49 years and a little more than half (57 percent) of men 15-59 were married at the time of the survey. Polygamous unions are common in the DRC: 21 percent of married women report having one or more co-wives. Men enter into marriage for the first time later than women. The median age of first marriage for men age 25-49 is 24.3 years, compared to 18.6 years for women.

Women age 25-49 years have had their first sexual relations by a median age of 16.8 years. More than one in five women (22 percent) had their first sexual relations by age 15. This median age for first sexual relations is slightly less than the median age of entering into a first marriage, suggesting that women become sexually active before marriage. For men, the median age of first sexual relations is 17.9 years.

# FAMILY PLANNING

## Knowledge and Use of Family Planning

Although nearly all women and men in the DRC know of a modern contraceptive method, only one in five married women (21 percent) are currently using any form of contraception and only 6 percent use a modern method. Conversely, unmarried, sexually active women are more likely to use modern contraceptive methods (23 percent). Male condoms are the most commonly used modern method of contraception (3 percent of married women and 21 percent of sexually active, unmarried women).

Use of modern contraception among married women is higher in urban areas (10 percent) than in rural areas (3 percent). The use of modern methods is highest in Kinshasa (14 percent) and Nord-Kivu (13 percent) and lowest in Kasai Occidental and Kasai Oriental (2 percent each).

## Desire to Delay or Stop Childbearing

Overall, about one woman out of five (19 percent) stated that she would not want more children, whereas nearly seven in ten women (69 percent) reported wanting more children. Of these women, 38 percent of women report wanting to wait at least two years before their next birth, while 25 percent want to have their next birth in the next two years.



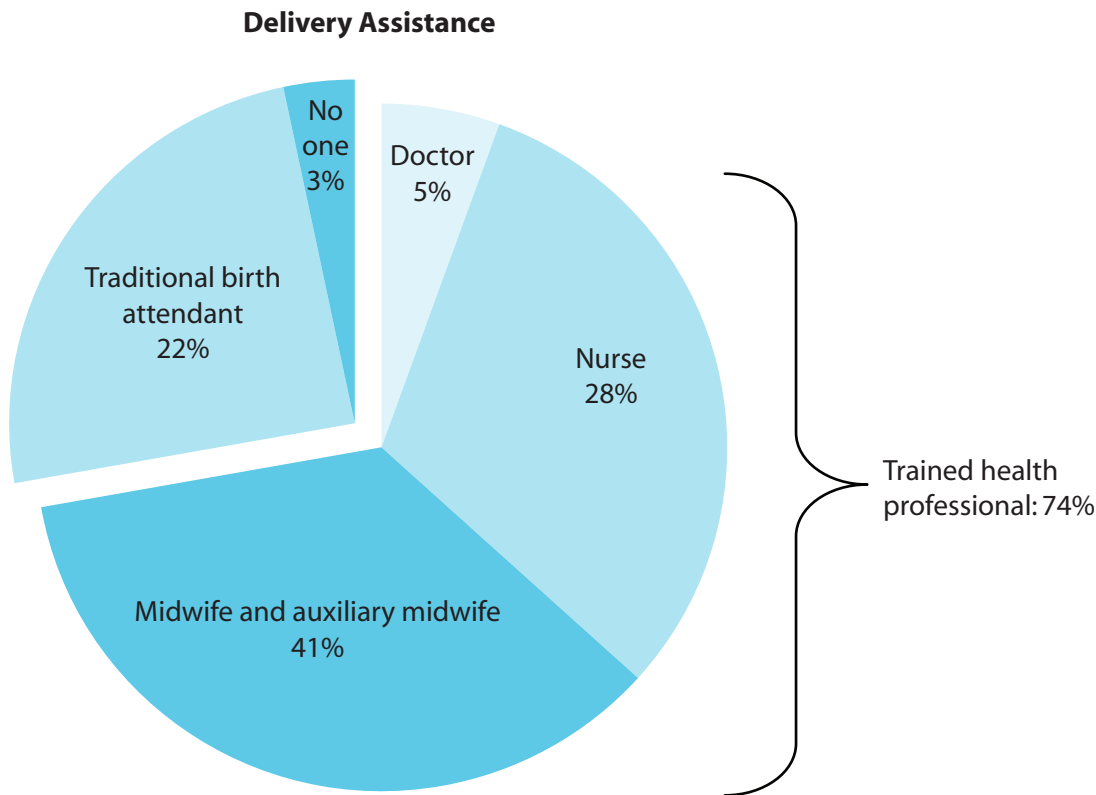
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# REPRODUCTIVE HEALTH

## Antenatal Care and Childbirth

In the DRC, the vast majority of births (85 percent) in the five years before the survey benefited from antenatal care by trained professionals. There is great variation observed in antenatal care by education level—74 percent of uneducated women received antenatal care from a trained professional compared to 99 percent of the most educated women. In spite of the high rates of antenatal care, only 39 percent of mothers received at least two doses of anti-tetanus vaccine and 46 percent received iron-folate tablets, both recommendations of standard antenatal care by WHO. Tetanus toxoid vaccination coverage varies by education level; only 28 percent of women with no education were protected compared to 67 percent of women with higher education.

More than two-thirds of births (70 percent) took place in a health facility. In addition, three out of four births (74 percent) were assisted by trained professionals. Mothers residing in the poorest households (59 percent) and those in the Équateur province (51 percent) were the least likely to have a trained professional assist during delivery.





# CHILD HEALTH

## Vaccination Coverage

In total, less than one in three children (31 percent) received all the recommended vaccinations and 18 percent of children 12-23 months have received no vaccines. More than seven in ten Congolese children age 12-23 months (72 percent) have received BCG, 46 percent have received three doses of DPT, 45 percent have received three doses of polio, and 63 percent have been vaccinated against measles.

Vaccination levels vary by region of residence. The provinces of Maniema and Équateur have the lowest vaccination coverage rates (10 percent and 15 percent, respectively). In contrast, the highest proportions of vaccinated children are in Nord-Kivu (67 percent), Bas-Congo (60 percent), and Kinshasa (58 percent).

## Childhood Diseases

Among children under five, 15 percent had symptoms of acute respiratory infection (ARI) during the two weeks preceding the survey. These respiratory infections were most common in children age 6-11 months (23 percent). Almost one-third of children (31 percent) had had a fever. Children age 12-23 months (41 percent) and age 6-11 months (38 percent) had the highest rates of fever.

Treatment was sought in a health facility or with medical personnel for 42 percent of children who had symptoms of ARI and 45 percent of children who had a fever.

According to the survey data, 16 percent of children had diarrhea during the two weeks preceding the survey. Children between 6-11 months of age were the most vulnerable age group (30 percent). Overall, 45 percent of children with diarrhea were given oral rehydration therapy (ORT), that is oral rehydration salts (ORS) or a recommended home solution; 62 percent were given either ORT or an increase in fluids; and 20 percent of children received no treatment.

Children Age 12-23 Months Fully Vaccinated



# BREASTFEEDING AND NUTRITIONAL STATUS OF CHILDREN AND WOMEN

## Breastfeeding and Complementary Feeding

Nearly all children born during the five years before the survey (95 percent) have been breastfed. However, only 48 percent were breastfed in the hour following birth and 18 percent received foods before being breastfed.

WHO and UNICEF recommend that children be exclusively breastfed for the first six months. After six months of age, all children should begin receiving complementary feeding as breast milk is no longer sufficient to assure optimal growth. Only 36 percent of children under six months of age are fed exclusively with breast milk, while 82 percent of children between the ages of 6-9 months receive supplemental foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6-23 months also be fed at least three different food groups and should be fed two to four times a day, depending on their age. In the DRC, only 18 percent of breastfed children met these guidelines. It is also recommended that non-breastfed children be fed milk or milk products and four or more food groups at least four times a day. While 41 percent of non-breastfed children received milk or milk products and 38 percent were fed four or more foods groups, only 9 percent of non-breastfed children were fed four times a day and only 2 percent of non-breastfed children met all three requirements.



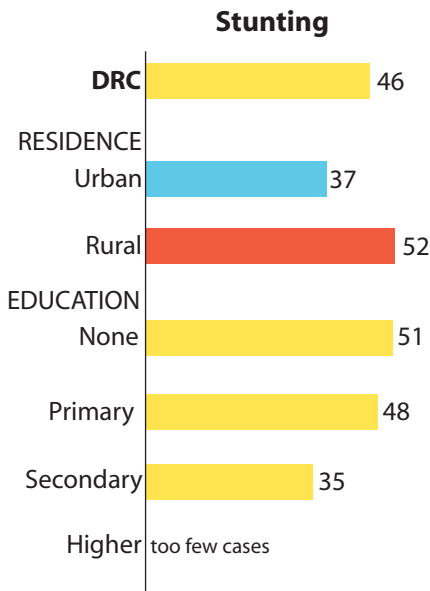
Courtesy of UNFPA

## Nutritional Status of Children

Among Congolese children younger than five years old, 46 percent are stunted or too short for their age and therefore suffer from chronic malnutrition. One-fourth of these cases are severe. Stunting is higher in rural areas than in urban areas (52 percent versus 37 percent) and is highest in Sud-Kivu (56 percent), Nord-Kivu (54 percent) and Équateur (51 percent). Stunting rates are lowest in Kinshasa (23 percent). Stunting decreases with mother's education level (51 percent for mothers with no education versus 35 percent for mothers with secondary education).

Among children under five years of age, 10 percent suffer from wasting or are too thin for their height. Wasting is an indicator of acute malnutrition. One in five children 9-11 months old (20 percent) is wasted.

In addition, 25 percent of children under five years are underweight or too thin for their age. This proportion is highest at 48-59 months (33 percent).



Percentage of children under 5 who are stunted (too short for their age)

## Nutritional Status of Women

To assess the nutritional status of women, the EDS-RDC uses body mass index (BMI), defined as weight in kilograms divided by the squared height in meters. Almost one in five women (19 percent) has a BMI lower than 18.5, which is considered to be too thin. Women who are 15-19 and those who live in the Bandundu province are most likely to be too thin (25 percent and 31 percent respectively). Overall, 11 percent of women are overweight or obese (a BMI equal to or greater than 25.0).

## Vitamin A

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children, pregnant women, and new mothers. Even though vitamin A deficiency is a public health problem in the DRC, only slightly more than half of children 6-59 months have received a vitamin A supplement in the six months before the survey. The proportion of children who received supplements varies according to place of residence (66 percent in urban areas versus 47 percent in rural areas). Additionally, only 66 percent of children 6-35 months consumed foods rich in vitamin A, such as meat, liver, eggs, carrots, mangoes, green leaves, or orange-fleshed sweet potatoes, during the 24 hours prior to the survey. Vitamin A consumption is lower among women—22 percent of mothers consumed vitamin A rich foods in the 24 hours before the survey and 29 percent of women received a vitamin A supplement postpartum.

## Iodine

The lack of iodine in infancy can lead to retardation in mental development and can cause enlargement of the goiter in adults. Seventy-nine percent of Congolese households use salt with sufficient levels of iodine (15 PPM or more), but 8 percent of households still consume non-iodized salt.



Photo by Tinga Sinaré

## Anemia among Children and Women

Almost three-quarters of Congolese children age 6-59 months (71 percent) are anemic; 23 percent are mildly anemic; 44 percent are moderately anemic; and 4 percent have severe anemia. Anemia is highest in Kasai Oriental where four in five children are anemic.

More than half of Congolese women (53 percent) suffer from anemia; 35 percent from a mild form and 16 percent from a moderate form. Anemia is most common among women in the Bandundu province (64 percent).

# MALARIA

## Household Ownership of Mosquito Nets

In the DRC, only 9 percent of households own at least one insecticide-treated mosquito net (ITN). ITN ownership is highest in Bas-Congo (35 percent) and lowest in Orientale (3 percent). Furthermore, 16 percent of the richest households own ITNs, compared to only 3 percent of the poorest households.

## Use of Mosquito Nets by Children

Overall, 6 percent of children under age five slept under an insecticide-treated mosquito net the night before the survey. This varies from a maximum of 31 percent in Bas-Congo to a minimum of 1 percent in Orientale. Twice as many children living in urban areas slept under ITNs as in rural areas (8 percent versus 4 percent).

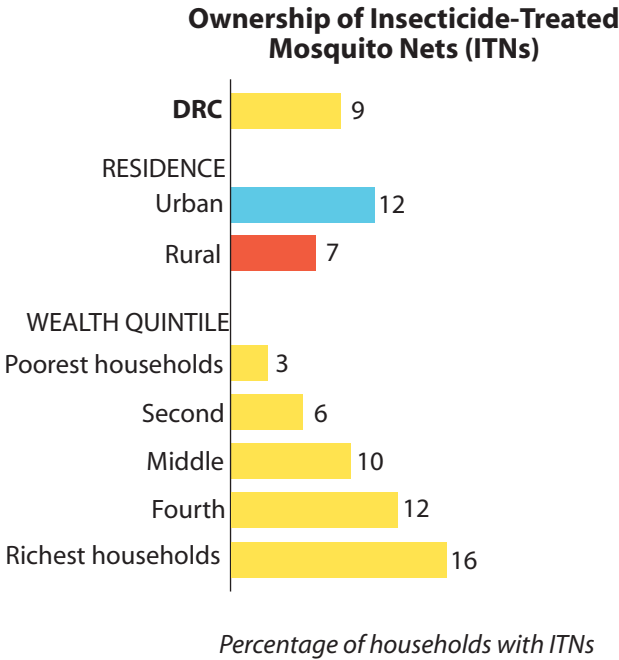
## Use of Mosquito Nets by Women and Pregnant Women

Five percent of women age 15-49 years slept under an ITN the night before the survey. Pregnant women were slightly more likely to sleep under an ITN (7 percent). Use of ITNs among pregnant women is higher in urban areas than in rural areas (10 percent versus 6 percent) and among educated woman than non-educated women (more than 7 percent versus 3 percent). One in four pregnant women (25 percent) in the Bas-Congo province slept under an ITN compared to less than one percent in Orientale.

## Antimalarial Drug Use

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. It is recommended that pregnant women receive at least two doses of the antimalarial drug SP/Fansidar as intermittent preventive treatment (IPT). Only 12 percent of pregnant women received SP/Fansidar during an antenatal visit and only 5 percent received two doses of the antimalarial drug.

Among children under five years who had fever in the two weeks before the survey, 30 percent were given antimalarial drugs, while only 17 percent were given antimalarial drugs the same day or the day following the onset of the fever.



# DOMESTIC VIOLENCE

Nearly two-thirds of women (64 percent) in the DRC have suffered from physical violence at some point since age 15. Almost half of women (49 percent) suffered from acts of violence during the last 12 months. This proportion is significantly higher for married women (59 percent) than single women (30 percent).

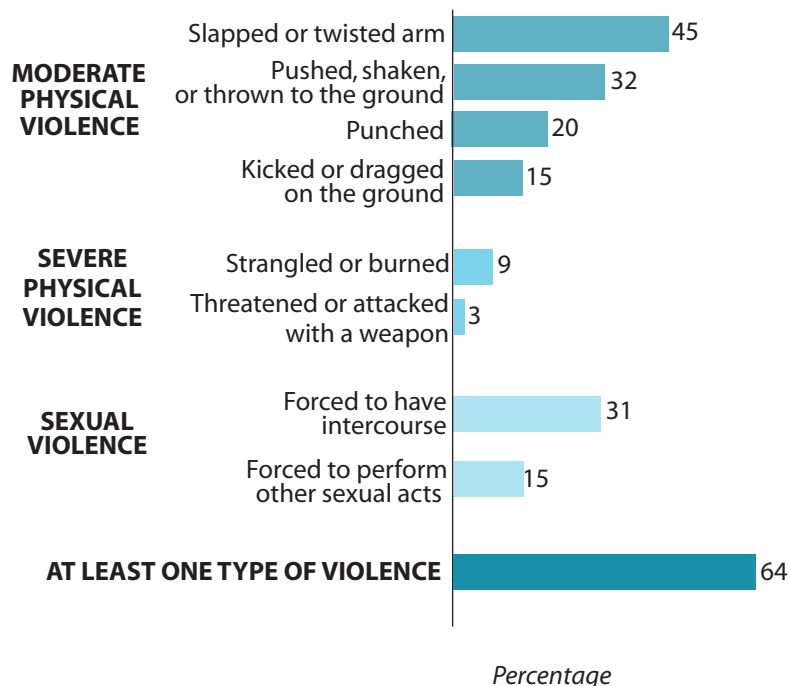
Nearly three-quarters of Congolese women (71 percent) have suffered from spousal or partner abuse at some point in time, whether physical, emotional, or sexual. Two-thirds of ever-married women (64 percent) reported having been physically or sexually abused by a spouse or partner at some time in the past. One-third of these women report that the abuse has occurred more than five times in the past year.

Women whose husbands are often drunk are more likely to suffer from physical or sexual violence than women whose husbands do not drink (82 percent and 58 percent, respectively). Furthermore, 12 percent of women stated that they suffered from acts of violence while they were pregnant.

## Sexual Violence

Overall, 16 percent of Congolese women have been forced to have intercourse against their will at some point in their lives; 4 percent of women were forced to have sex in the past 12 months. In the conflict zones of the country (Equateur, Nord-Kivu, and Sud-Kivu), this proportion is greater than 6 percent of women.

**Women's Experiences with Domestic Violence**





## ORPHANS AND VULNERABLE CHILDREN

One-quarter of Congolese children under 18 years of age are considered to be orphans or vulnerable children (OVC). The proportion is highest in the province of Sud-Kivu (41 percent).

OVCs are academically disadvantaged compared with other children. Among children who have both parents living and who live with at least one of the two parents, 81 percent attend school. However, among those for whom both parents are dead, only 63 percent attend school.

Very few households have benefited from monetary aid to take care of these vulnerable children. In 4 percent of cases, the households received assistance for school. Other types of support, whether medical support (3 percent), emotional support (3 percent), or social or material support (1 percent), have reached only a small proportion of OVC. Ninety-one percent of OVCs households did not receive any support.



*Photo by Tinga Sinaré*



# MORTALITY

## Childhood Mortality

Childhood mortality remains extremely high in the DRC. Overall, 92 children per 1,000 live births die before their first birthday (42 per 1,000 before the age of one month and 50 per 1,000 between 1 and 12 months). For every child who reached their first birthday, 68 die before reaching the age of five. Overall, 148 per 1,000 live births, or about one child out of seven, die before reaching age five.

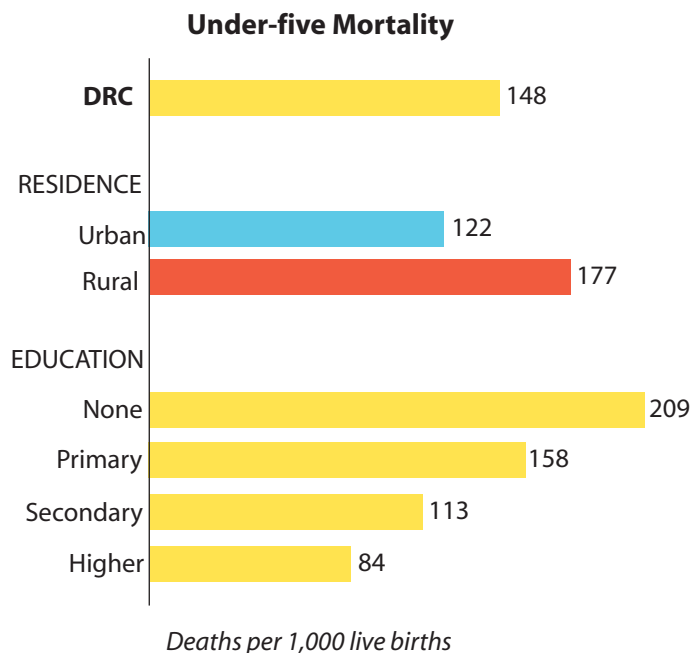
Under-five mortality rates differ significantly by place of residence (122 per 1,000 in urban areas versus 177 per 1,000 in rural areas) and by mother's education (209 per 1,000 for mothers with no education versus 84 per 1,000 for mothers with higher education).

## Childhood Mortality and Birth Intervals

Spacing children at least 36 months apart greatly reduces risk of infant death. Infants born less than two years after a previous birth have particularly high infant mortality rates (215 per 1,000 compared to only 92 per 1,000 for infants born four years or more after the previous birth). One in four infants in the DRC (26 percent) is born less than two years after a previous birth.

## Maternal Mortality

Maternal mortality is very high in the DRC. The rate of maternal mortality is estimated to be 549 maternal deaths for every 100,000 live births for the four year period before the survey. For all female deaths of women age 15-49 years, almost one in five deaths (19 percent) is due to maternal causes.



*Courtesy of UNICEF*

# HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIORS

## Knowledge

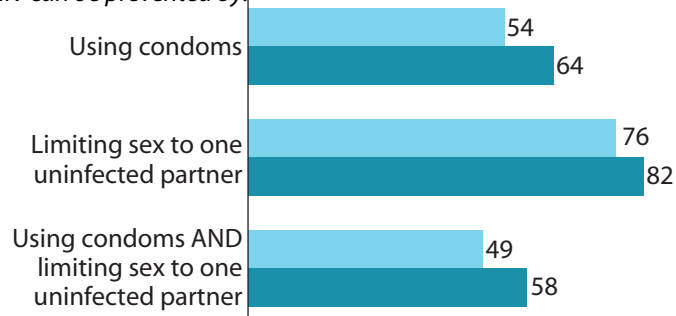
Nearly all women and men have heard of AIDS (92 percent of women and 97 percent of men). However, only 15 percent of women and 22 percent of men have a comprehensive knowledge\* of HIV/AIDS. Comprehensive knowledge was lowest for women in Kasai Occidental and Kasai Oriental (7 and 9 percent respectively). Among men, comprehensive knowledge varies from a high of 33 percent in Kinshasa to a low of 12 percent in Kasai Oriental.

Many Congolese still have misconceptions about HIV/AIDS. Less than half of women, for example, know that AIDS cannot be transmitted by mosquito bites. This misconception is considerably higher in rural and poorer households.

Only a little more than half of respondents (55 percent of women and 53 percent of men) know that HIV can be transmitted by breastfeeding. Only 14 percent of women and 15 percent of men know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy.

### Knowledge of HIV Prevention

Percent who know that HIV can be prevented by:



### Mother-to-Child Transmission

Percent who know that:  
HIV can be transmitted by breastfeeding

55 (Women), 53 (Men)

Transmission can be reduced by mother taking drugs during pregnancy

14 (Women), 15 (Men)

Percent of men and women age 15-49

■ Women  
■ Men

## Attitudes

There is a lot of stigma associated with HIV in the DRC. Less than half of women (41 percent) and half of men (51 percent) said that they would buy fresh vegetables from an HIV-positive shopkeeper. More than half of Congolese women and men (63 percent and 54 percent, respectively) say that they would want to keep secret that a family member was infected with HIV.

## Behaviors

In the EDS-RDC 2007, higher-risk sex is defined as sex with a partner who is not a spouse or who did not live with the respondent in the 12 months preceding the survey. Overall, 19 percent of women and 40 percent of men engaged in higher-risk sex in the year before the survey. Only 17 percent of these women and 27 percent of these men used a condom at their most recent higher-risk sex.

\* Comprehensive knowledge means: knowing that the use of condoms during every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting HIV; knowing that a healthy-looking person can have HIV; and rejecting the two most common local misconceptions about AIDS, namely, the transmission of HIV through mosquito bites and by supernatural means.

## HIV PREVALENCE

During the EDS-RDC 2007, more than 10,000 men and women were eligible to be tested for HIV. Of these, 90 percent of women age 15-49 and 86 percent of men age 15-59 provided blood spots that were analyzed for HIV.

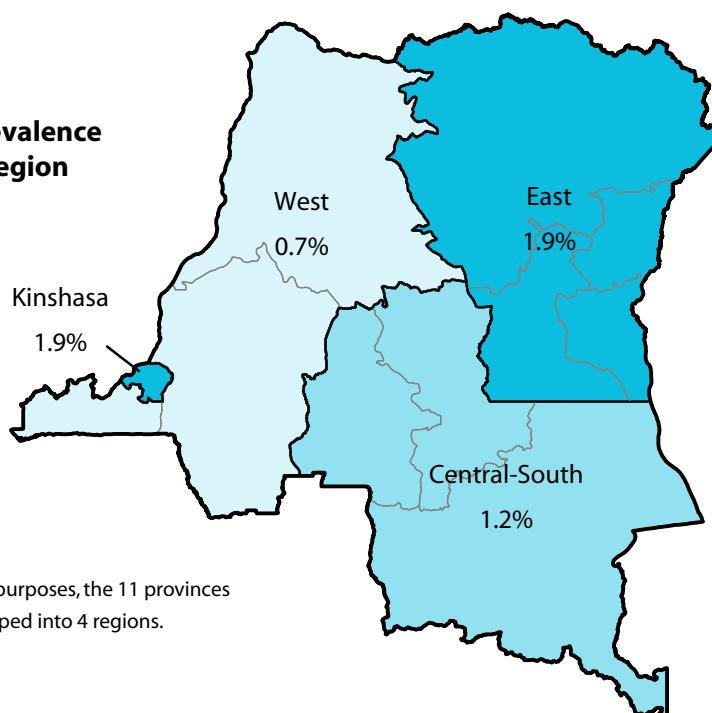
According to the EDS-RDC, 1.3 percent of the population age 15-49 years is HIV-positive. The prevalence is 1.6 percent for women and 0.9 percent for men. For women, the highest prevalence is between ages 40-44 years (4.4 percent). For men, the highest prevalence occurs between 35-39 years (1.8 percent).

Men and women living in urban areas are at higher risk of infection than those living in rural areas (1.9 percent versus 0.8 percent, respectively). For women, those who are the most educated and wealthiest are at greatest risk (3.2 percent and 2.3 percent, respectively) when compared to the least educated and poorest women (0.6 percent and 1.2 percent, respectively). According to marital status, widowed women have the highest prevalence (9.3 percent).

HIV prevalence is highest for both women and men in Kinshasa (2.3 percent for women and 1.3 percent for men) and is lowest for women and men in the West region (including Bas-Congo, Bandundu and Equateur), 1.0 percent for women and 0.5 percent for men.

Almost nine in ten people who tested positive for HIV in the EDS-RDC (86 percent) do not know their status because they either have never been tested (82 percent) or they were tested but did not receive the results of their last test (3 percent).

**HIV Prevalence  
by Region**



\* For analytical purposes, the 11 provinces have been grouped into 4 regions.

# KEY INDICATORS

	DRC	Urban	Rural
<b>Fertility</b>			
Total fertility rate (TFR)	6.3	5.4	7.0
Ideal number of children: women / men	6.3/7.0	5.8/6.2	6.8/7.6
Median age at first sexual intercourse: women age 25-49 (years)	16.8	17.4	16.3
Median age at first union: women age 25-49 (years)	18.6	19.2	18.2
Median age at first birth: women age 25-49 (years)	20.0	20.2	19.9
Women age 15-19 who are already mothers or pregnant (%)	24	20	28
<b>Childhood Mortality</b> ( <i>deaths per 1,000 live births</i> ) <sup>1</sup>			
Infant mortality	92	74	108
Under-five mortality	148	122	177
<b>Family Planning</b>			
Know a method (married women, age 15-49) (%)	84	91	80
Currently using a method (married women, 15-49) (%)	21	27	16
Currently using a modern method (married women, 15-49) (%)	6	10	3
<b>Maternal and Child Health</b>			
<i>Percent of women who delivered a live birth in the 5 years preceding the survey who:</i>			
Received antenatal care from a health professional (%)	85	92	81
Received at least 2 tetanus toxoid injections (%)	39	45	35
<i>Percent of births in the 5 years preceding the survey for which the mother has:</i>			
Delivered in a health facility (%)	70	89	58
Delivered with the assistance of a health professional (%)	74	91	63
Children age 12-23 months who have received all the EPI vaccines (%)	31	39	25
Children under 5 who had diarrhea in the two weeks prior to the survey (%)	16	16	17
Children under 5 who had diarrhea in the two weeks prior to the survey and received treatment with oral rehydration therapy (ORT) or an increase in liquids (%)	62	57	65
<b>Nutrition</b>			
Children age 6-59 months who are anemic (%)	71	69	73
Women age 15-49 who are anemic (%)	53	52	54
Children under 5 who are stunted (%)	46	37	52
Children under 5 who are wasted (%)	10	10	10
Children under 5 who are underweight (%)	25	19	29
Women age 15-49 who are too thin (BMI < 18.5) (%)	19	16	21
<b>Malaria</b>			
Households with at least one insecticide-treated mosquito net (ITN) (%)	9	12	7
Children under 5 who slept under an insecticide-treated mosquito net (ITN) the night before the survey (%)	6	8	4
Pregnant women who slept under an insecticide-treated mosquito net (ITN) the night before the survey (%)	7	10	6
<b>HIV/AIDS</b>			
Women/men with comprehensive knowledge of HIV/AIDS (%)	15/22	21/28	11/17
Women age 15-49 who have been tested for HIV and received the results in the last year (%)	4	7	1
Men age 15-49 who have been tested for HIV and received the results in the last year (%)	4	7	1

Kinshasa	Bas-Congo	Bandundu	Équateur	Orientale	Nord-Kivu	Sud-Kivu	Maniema	Katanga	Kasaï Oriental	Kasaï Occidental
3.7	5.9	6.7	6.2	6.7	7.0	7.4	6.7	5.9	7.6	7.7
4.8/5.1	5.2/5.5	6.1/6.2	6.1/7.0	6.3/7.4	6.5/6.9	7.2/6.3	6.6/8.3	7.0/7.5	7.6/9.0	7.5/8.5
17.7	16.2	16.5	16.4	15.9	17.1	17.8	16.8	17.3	17.0	16.7
21.2	19.6	19.6	18.0	17.8	18.9	18.8	17.7	18.2	17.6	17.9
21.5	20.0	20.4	19.7	19.6	20.1	20.2	19.2	19.5	19.4	19.6
12	26	13	30	46	24	27	35	26	21	30
73	127	103	102	89	57	126	129	94	82	95
102	185	154	168	179	102	186	219	154	145	158
100	92	94	78	70	93	88	84	83	80	78
42	40	26	16	12	23	14	17	20	11	14
14	10	5	3	4	13	10	6	6	2	2
96	96	85	85	75	95	87	80	79	83	90
40	51	46	39	29	21	42	43	33	40	39
97	92	69	39	66	85	84	61	67	70	76
97	93	70	51	68	87	85	69	70	76	78
58	60	44	15	18	67	37	10	25	21	15
13	11	11	14	16	18	17	17	15	23	24
64	69	71	64	56	65	57	68	69	61	53
69	71	76	76	73	48	60	74	61	80	71
63	56	64	57	49	34	39	51	40	50	48
23	46	47	51	46	54	56	44	45	49	48
9	9	7	10	8	7	8	11	12	15	14
15	26	28	29	21	20	31	18	20	31	30
19	17	31	20	17	8	9	9	13	17	15
16	35	12	4	3	4	6	13	8	6	7
13	31	6	2	1	2	3	9	6	3	4
10	25	10	7	0	7	10	11	5	9	3
25/33	16/21	18/17	16/29	11/16	16/22	17/27	11/16	15/29	9/12	7/14
9	3	1	2	3	6	10	3	4	3	2
7	6	1	2	2	4	12	3	5	5	2

<sup>1</sup>- For the 10 years preceding the survey, except at the national level (5 years preceding the survey)