Ethiopia

2011 Demographic and Health Survey

Key Findings

This report summarises the findings of the 2011 Ethiopia Demographic and Health Survey (EDHS), which was carried out under the aegis of the Ministry of Health (MOH) and was implemented by the Central Statistical Agency (CSA). The testing of the blood samples for HIV status was handled by the Ethiopia Health and Nutrition Research Institute (EHNRI). ICF International provided technical assistance as well as funding to the project through the MEASURE DHS project, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide. Funding for the EDHS was also provided by the government of Ethiopia and various international donor organizations and governments: the United States Agency for International Development (USAID), the HIV/AIDS Prevention and Control Office (HAPCO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Kingdom Department for International Development (DFID), and the United States Centers for Disease Control and Prevention (CDC). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organisations.

Additional information about the survey may be obtained from the Central Statistical Agency (CSA), P.O. Box 1143, Addis Ababa, Ethiopia; Telephone: (251) 111 55 30 11/111 15 78 41; Fax: (251) 111 55 03 34; E-mail: csa@ethionet.et.

Additional information about the DHS programme may be obtained from MEASURE DHS, ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. Telephone: 1.301.572.0200; Fax: 1.301.572.0999; E-mail: reports@measuredhs.com.

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USAID FROM THE AMERICAN PEOPLE

MOH

UKaid from the Department for International Development

UNFPA

unicef

EHNRI Ethiopian Health & Nutrition Research Institute

CDC Centers for Disease Control and Prevention

About the 2011 EDHS

The 2011 Ethiopia Demographic and Health Survey (EDHS) is designed to provide data for monitoring the population and health situation in Ethiopia. The 2011 EDHS is the third Demographic and Health Survey to be conducted in Ethiopia, and the objective of the survey was to provide current and reliable data on fertility and family planning behaviour, infant and child mortality, adult and maternal mortality, children's nutritional status, use of maternal and child health services, women's empowerment, knowledge of HIV/AIDS, and prevalence of HIV/AIDS and anaemia.

Who participated in the survey?

A nationally representative sample of 16,515 women age 15–49 and 14,110 men age 15–59 in all selected households were interviewed. This represents a response rate of 95% for women and 89% for men. The sample design for the 2011 EDHS provides estimates at the national (total, urban, and rural) and regional levels.

Characteristics of Households and Respondents

Household composition

Ethiopian households consist of an average of 4.6 people. Almost half (47%) of household members are children under age 15. Twenty-six percent of Ethiopian households are headed by women.

Housing conditions

Housing conditions vary greatly based on residence. Eighty-five percent of urban households have electricity compared with only 5% of rural households. Almost all (95%) households in urban areas have access to an improved water source, compared with 42% of households in rural areas. Overall, just 8% of households use an improved, not-shared toilet facility. Nearly 4 in 10 (38%) Ethiopian households have no toilet facility.

Ownership of goods

Currently, 41% of Ethiopian households own a radio and 25% have a mobile phone. Forty-two percent of urban households have a television, compared with 1% of rural households.

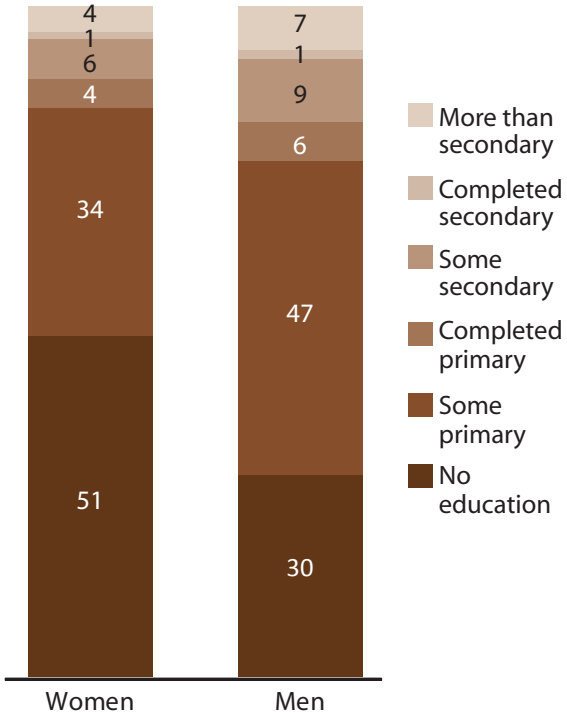
Education and literacy

Over half (51%) of Ethiopian women and 30% of Ethiopian men have had no formal education; 5% of women and 8% of men have gone to secondary school or beyond. Urban residents and those living in Addis Ababa have the highest level of education.

Overall, 38% of women and 67% of men age 15-49 are literate. Literacy among women living in urban areas is twice as high as literacy among women living in rural areas (69% and 29%, respectively). Similarly, 90% of men living in urban areas are literate, compared with 60% of men living in rural areas.

Education

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



Fertility and its Determinants

Total Fertility Rate (TFR)

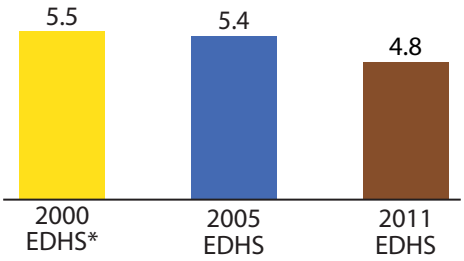
Fertility in Ethiopia has declined modestly over the past decade. Currently, women in Ethiopia have an average of 4.8 children, down from 5.5 in 2000.

Fertility varies by residence. Women in urban areas have 2.6 children on average, compared with 5.5 children per woman in rural areas.

Fertility also varies with mother's education and economic status. Women who have no education have over four times as many children as women with more than secondary education (5.8 versus 1.3 children per woman). Fertility increases as the wealth of the respondent's household* decreases. The poorest women, in general, have twice as many children as women who live in the wealthiest households (6.0 versus 2.8 children per woman).

Trends in Fertility

Births per woman



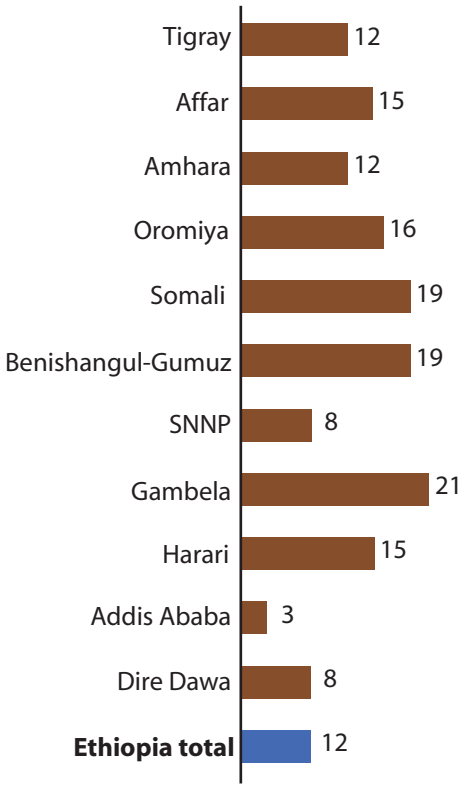
**The total fertility rate for 2000 EDHS refers to the three years preceeding the survey*

Teenage fertility

According to the 2011 EDHS, 12% of young women age 15–19 have already begun childbearing: 10% are mothers, and an additional 2% are pregnant with their first child. Young motherhood is more common in rural areas than in urban areas. Young women with no education are more than six times as likely to have started childbearing by age 19 as those who have secondary education (33% versus 5%). Teenage childbearing also varies markedly by region; just 3% of young women in Addis Ababa have started childbearing by age 19, compared with 21% of young women in Gambela.

Teenage Childbearing by Region

Percent of women age 15-19 who are mothers or pregnant with their first child



* Wealth of households is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on individuals' relative standing on the household index.

Age at first birth

The median age at first birth for all women age 25–49 is 19.2. Women living in urban areas have their first birth slightly later than women living in rural areas. Age at first birth increases with education and wealth. Women with no education have their first birth at a median age of 18.8, compared with 24.1 among women with secondary or higher education.

Age at first marriage

Sixty-three percent of women in Ethiopia are married by age 18, compared with just 14% of men. The median age at first marriage is 16.5 for women age 25–49 compared with men who marry later, at a median age of 23.2. Age at first marriage greatly increases with education; women with more than secondary education get married almost eight years later than those with no education (median age of 23.8 years versus 15.9 years).

Age at first sexual intercourse

Slightly more than 6 in 10 (62%) women and 18% of men age 25-49 were sexually active by the age of 18. Twenty-nine percent of women had begun having sex by the age of 15. Women start sexual activity about four and a half years earlier than men (median age of 16.6 years for women and 21.2 years for men).

Polygyny

Eleven percent of women are married to a man with more than one wife. Polygyny is most common in the Somali region and least common in the Tigray region.

Desired family size

Ethiopian women want, on average, about four children, while Ethiopian men want about five children. Women living in rural areas desire more children than women living in urban areas (4.5 versus 3.7). Women with more than secondary education desire fewer children than women with no education (3.3 versus 5.0).

Photo courtesy of Pav Govindasamy

Family Planning

Knowledge of family planning

Knowledge of family planning methods in Ethiopia is nearly universal; 97% of all women and 98% of all men age 15–49 know at least one modern method of family planning. The most commonly known methods are injectables, male condoms, and the pill.

Current use of family planning

More than one in four married women (27%) currently use a modern method of family planning. Another 1% are using a traditional method. Injectables (21%), followed by implants (3%) are the most commonly used methods. Unmarried, sexually-active women are the most likely to use family planning—over half (52%) are using a modern method, with 32% using injectables and 11% using male condoms.

Use of modern family planning varies by residence and region. Modern methods are used by 50% of married women in urban areas, compared with 23% of women in rural areas. Modern contraceptive use ranges from a low of 4% among married women in the Somali region to a high of 56% in Addis Ababa.

Modern contraceptive use increases with education; 57% of married women with more than secondary education use modern methods, compared with 22% of married women with no education.

Trends in family planning use

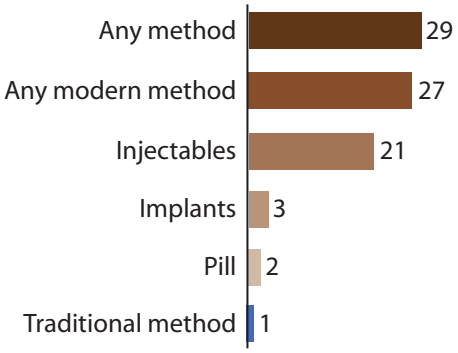
Family planning use has almost doubled since 2005, when only 14% of married women were using a modern method. This is primarily due to a continued increase in the use of injectables.

Source of family planning methods

Public sources, such as government health centres and government health posts/HEWs, currently provide contraceptives to 82% of current users. The private medical sector supplies contraceptives to 13% of users. Condoms are most commonly obtained at shops (51%), while most other methods are obtained at government health centres and health posts/ HEWs.

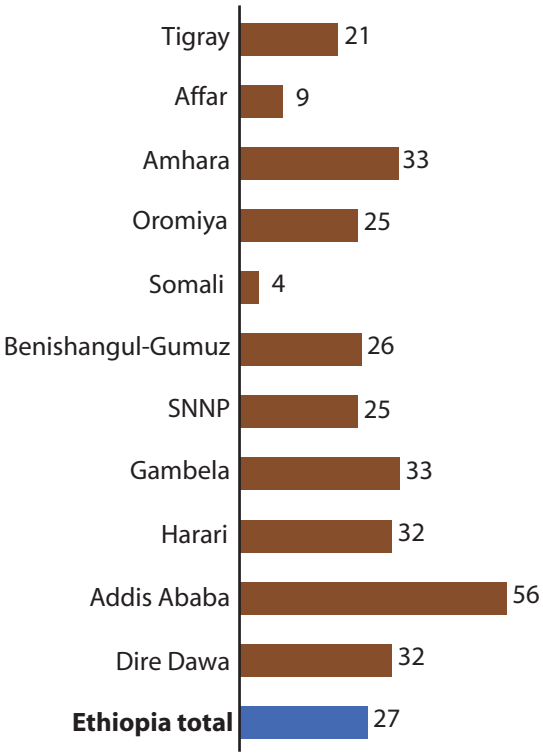
Family Planning

Percent of married women age 15–49 using family planning



Modern Method Use by Region

Percent of curerntly married women age 15-49 who are using a modern method of family planning



Need for Family Planning

Desire to delay or stop childbearing

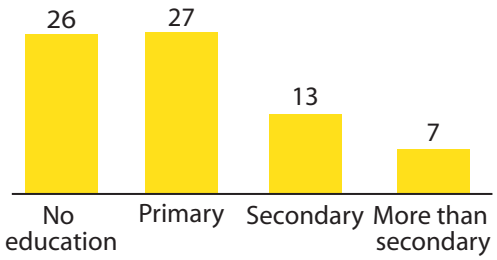
More than one-third (37%) of currently married Ethiopian women want no more children. Another 38% want to wait at least two years before their next birth. These women are potential users of family planning.

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 2011 EDHS reveals that 25% of married women have an unmet need for family planning—16% of women have a need for spacing births and 9% for limiting births. Women living in the Oromiya region (30%) and women in the lowest wealth quintiles (31%) are most likely to have an unmet need for family planning. Unmet need is nearly four times higher among women with no education or primary education (26% and 27%, respectively) than among women with more than secondary education (7%).

Unmet Need by Education

Percent of married women 15–49 with unmet need for family planning



Missed opportunities

Overall, 57% of women and 71% of men heard or saw a family planning message on the radio; on television; in a newspaper; in a pamphlet, poster, or leaflet; or at a community event in the few months before the survey. Ethiopian women and men were also asked about exposure to specific family planning messages; 44% of women and 63% of men heard or saw the family planning message, '*Birth spacing makes for a loving, caring, and healthy family.*'

Among all women who are not currently using family planning, 15% were visited by a field worker who discussed family planning, and 7% of women visited a health facility where they discussed family planning. Overall, 81% of non-users did not discuss family planning with any health worker.

Informed choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Just 28% of Ethiopian women were informed about possible side effects of their method, 24% were informed about what to do if they experience side effects, and 37% were informed about other available family planning methods.

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Infant and Child Mortality

Levels and trends

Childhood mortality levels are decreasing in Ethiopia. Currently, infant mortality is 59 deaths per 1,000 live births for the five-year period before the survey compared with 77 deaths per 1,000 live births in 2005. Under-five mortality levels have also decreased from 123 deaths per 1,000 live births in 2005 to the current level of 88 deaths per 1,000 live births.

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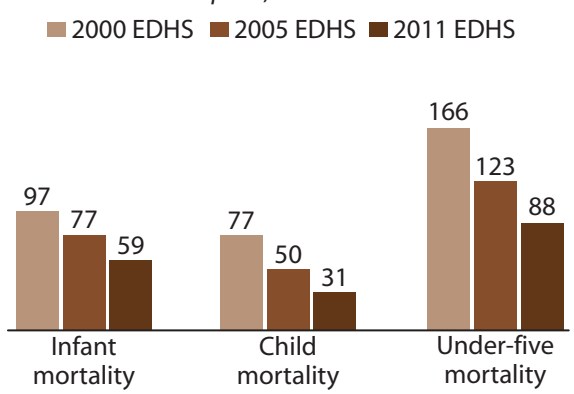
Childhood Mortality

Deaths per 1,000 live births



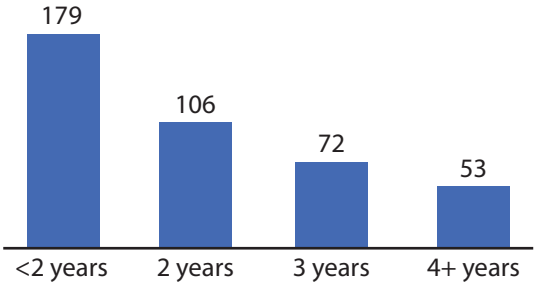
Mortality rates differ dramatically by region. The under-five mortality rate for the ten-year period before the survey ranges from 53 deaths per 1,000 live births in Addis Ababa to 169 in the Benishangul-Gumuz region. Under-five mortality also differs markedly by a mother's level of education; under-five mortality for children born to a mother who has more than secondary education is 24 deaths per 1,000 live births, compared with 121 deaths per 1,000 live births among children whose mothers have received no education.

Birth intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Ethiopia, the median birth interval is 34 months. Infants born less than two years after a previous birth have particularly high under-five mortality rates (179 deaths per 1,000 live births compared with 72 deaths per 1,000 live births for infants born three years after the previous birth). Twenty percent of infants in Ethiopia are born less than two years after a previous birth.

Under-five Mortality by Previous Birth Interval

Deaths per 1,000 live births for the 10-year period before the survey by years since preceding birth



Maternal Health

Antenatal care

Just 34% of Ethiopian women receive some antenatal care (ANC) from a skilled provider, most commonly from a nurse or trained midwife (28%). Only 11% of women had an antenatal care visit before their fourth month of pregnancy, as recommended and 19% received the recommended four or more ANC visits. Seventeen percent of women took iron supplements during pregnancy; 6% took intestinal parasite drugs. One in five women was informed of signs of pregnancy complications during an ANC visit. Less than half (48%) of women's most recent births were protected against neonatal tetanus.

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Delivery and postnatal care

Ten percent of Ethiopian births occur in health facilities, primarily in public sector facilities. Home births are almost twice as common in rural areas (95%) as in urban areas (50%).

One in ten births are assisted by a skilled provider (doctor, nurse, or midwife). Another 28% are assisted by a traditional birth attendant and 57% by untrained relatives or friends.

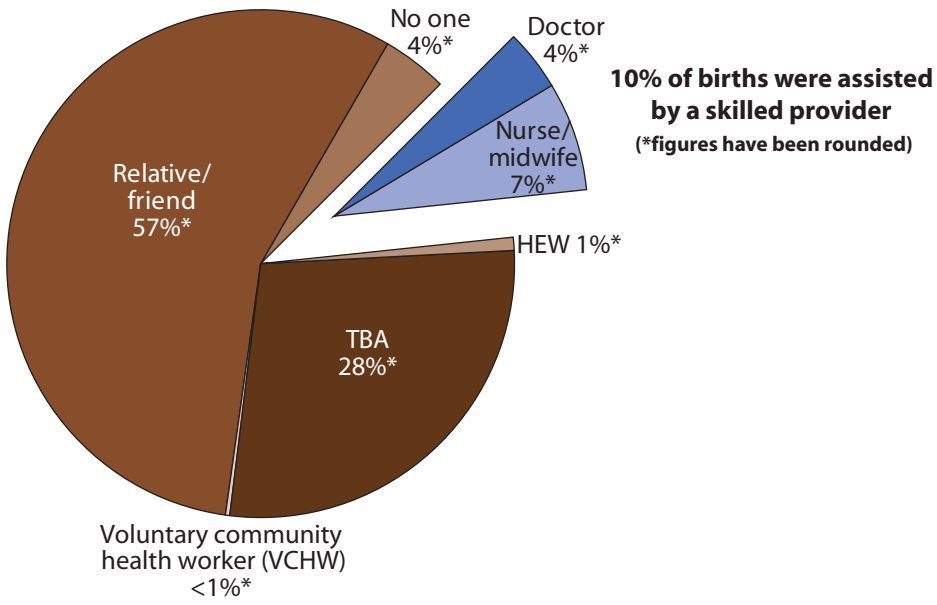
Postnatal care helps prevent complications after childbirth. Just 7% of women received a postnatal checkup within two days of delivery. The vast majority (92%) of women did not have a postnatal checkup.

Maternal mortality

The 2011 EDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio for Ethiopia is 676 deaths per 100,000 live births. The 95% confidence interval for the 2011 maternal mortality ratio ranges from 541 to 810 deaths per 100,000 live births.

Assistance During Delivery

Percent distribution of births in the 5 years before the survey



Child Health

Vaccination coverage

According to the 2011 EDHS, 24% of Ethiopian children age 12–23 months have received all recommended vaccines—one dose each of BCG and measles, and three doses each of DPT and polio (excluding polio vaccine given at birth). Fifteen percent of children did not receive any of the recommended vaccines.

Vaccination coverage is more than twice as high in urban areas as in rural areas (48% versus 20%). There is also variation in vaccination coverage by region, ranging from only 9% of children fully vaccinated in the Affar region to 79% in Addis Ababa. Coverage increases with mother's education; 57% of children whose mothers have secondary education were fully vaccinated compared with 20% of children whose mothers have no education.

Trends in vaccination coverage

Vaccination coverage continues to increase gradually over time. Vaccination coverage has increased from 20% in the 2005 EDHS and 14% in the 2000 EDHS.

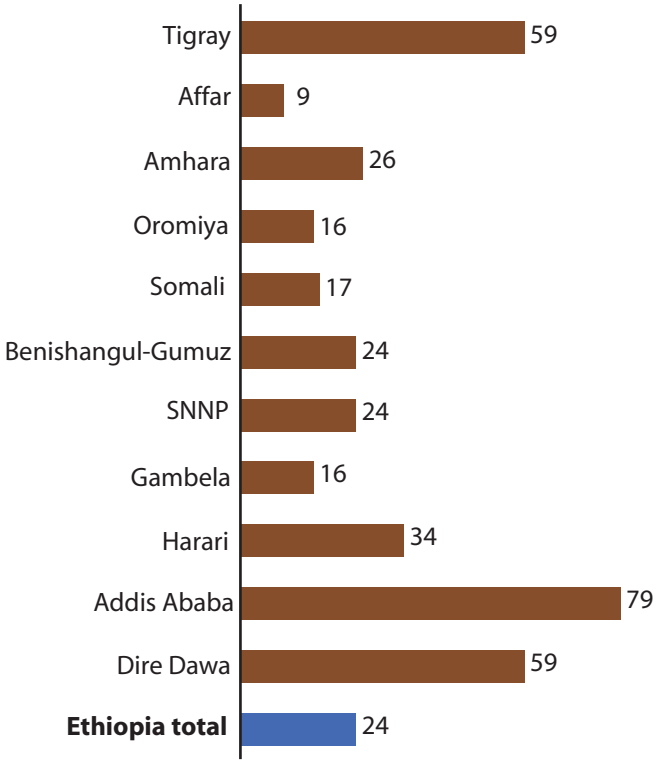
Childhood illnesses

In the two weeks before the survey, 7% of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, 27% were taken to a health facility or provider.

During the two weeks before the survey, 13% of Ethiopian children under age five had diarrhoea. This rate was highest (25%) among children 6–11 months old. Thirty-two percent of children with diarrhoea were taken to a health provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration salts (ORS). Four in ten children with diarrhoea were treated with oral rehydration therapy or increased fluids. However, 42% received no treatment (from a medical professional or at home) at all.

Vaccination Coverage by Region

Percent of children age 12-23 months who are fully immunised (BCG, measles, three doses each of DPT and polio vaccine)



Feeding Practices and the Nutritional Status of Women and Children

Breastfeeding and the introduction of complementary foods

Breastfeeding is very common in Ethiopia, with 98% of children ever breastfed. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Over half (52%) of children under six months in Ethiopia are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet 10% of Ethiopian infants under six months receive complementary foods. On average, children breastfeed until the age of 25 months and are exclusively breastfed for 2.3 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Ethiopia, 51% of children ages 6–9 months are eating complementary foods.

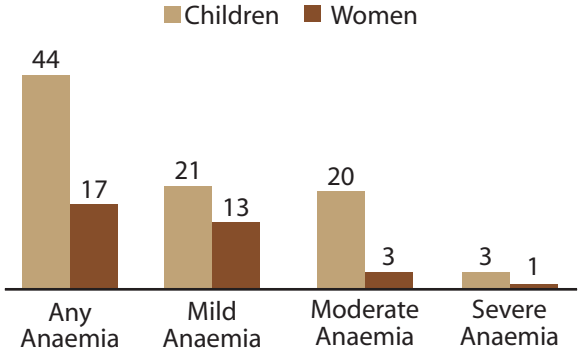
The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months be fed four or more other food groups daily. Non-breastfed children should be fed milk or milk products, in addition to four or more food groups. IYCF also recommends that children be fed a minimum number of times per day.* However, only 4% of breastfed children in Ethiopia are receiving four or more food groups daily and are receiving the minimum number of feedings and just 5% of non-breastfed children are being fed in accordance with IYCF recommendations.

Anaemia

The 2011 EDHS tested over 9,000 children age 6 to 59 months and over 15,000 women for anaemia. More than 4 in 10 children are classified as having any anaemia, most of whom have mild or moderate anaemia. Anaemia has decreased from 54% of children in the 2005 EDHS to 44% of children in 2011. Currently, 17% of Ethiopian women are anaemic, a decrease from 27% in 2005. Mild anaemia is the most common form of anaemia among both women and children.

Anaemia in Women and Children

Percent of children age 6-59 months and women age 15-49 years with any anaemia



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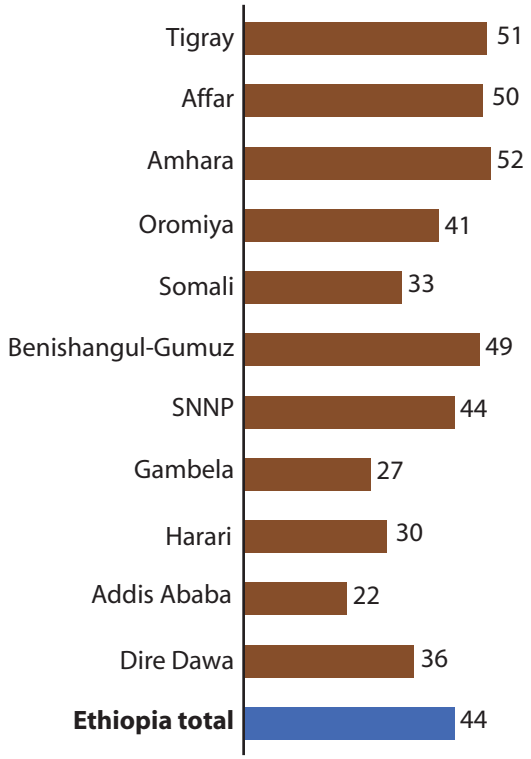
*At least twice a day for breastfed infants age 6-8 months and at least three times a day for breastfed children age 9-23 months. For non-breastfed children age 6-23 months, the minimum number of times is four times a day.

Children's nutritional status

The EDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2011 survey, 44% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is most common among children age 24-35 months (57%) and is least common among children of more educated mothers and those from wealthier families. Stunting also varies by region from 22% in Addis Ababa to 52% in Amhara region. Wasting (too thin for height), which is a sign of acute malnutrition, is far less common, only 10%. Twenty-nine percent of Ethiopian children are underweight, or too thin for their age.

Stunting by Region

Percent of children under age five who are stunted (too short for their age)



Women's nutritional status

The 2011 EDHS also took weight and height measurements of women age 15–49. Twenty-seven percent of Ethiopian women are too thin, while 6% of women are overweight or obese. Women living in rural areas are more likely to be thin than women living in urban areas (29% versus 20%). Women living in Affar region are most likely to be thin (44%).

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, 26% of children age 6–23 months ate foods rich in vitamin A. Over half (53%) of children age 6–59 months received a vitamin A supplement in the six months prior to the survey. Just 16% of women received a vitamin A supplement postpartum. Vitamin A supplementation among children has increased since the 2005 EDHS, when 46% of children age 6-59 months received a vitamin A supplement in the six months prior to the survey. However, vitamin A supplementation among women has decreased since the 2005 EDHS, when 21% of women received a vitamin A supplement postpartum.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. Less than one percent of women took iron tablets for at least 90 days during their last pregnancy.

HIV/AIDS Knowledge, Attitudes, and Behaviour

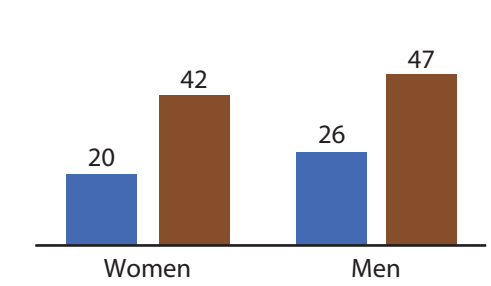
Knowledge

According to the 2011 EDHS, 43% of women and 64% of men age 15–49 know that the risk of HIV infection can be reduced by using condoms and limiting sex to one faithful, uninfected partner. This knowledge varies by region, from only 16% of women in the Somali region to 64% of women in the Tigray region.

Forty-two percent of women and 47% of men know that HIV can be transmitted by breastfeeding and that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy. Knowledge of prevention of mother-to-child transmission has increased more than two-fold among women and nearly doubled among men since the 2005 EDHS.

Trends in Knowledge of Mother-to-Child Transmission

Percent who know that HIV can be transmitted by breastfeeding and that the risk can be reduced by mother taking special drugs during pregnancy



Sexual behaviour

Less than 1% of women and 4% of men age 15-49 report that they had sex with two or more partners in the past 12 months. Sixteen percent of men who had two or more sexual partners in the past 12 months reported using a condom at last sexual intercourse.

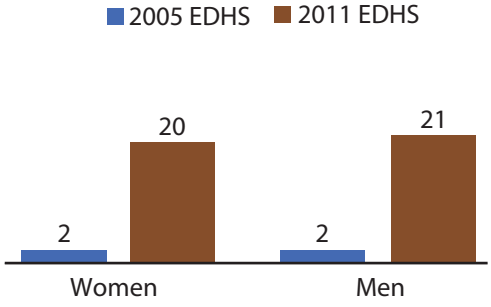
HIV testing

HIV testing is increasing rapidly in Ethiopia. Currently, 36% of women and 38% of men have ever been tested and received their test results. Twenty percent of women and 21% of men have been tested for HIV and received their results in the 12 months before the survey. HIV testing has increased ten-fold since the 2005 EDHS, when just 2% of women and men had been tested and received their results in the 12 months before the survey.

One in five women who were pregnant in the two years before the survey were tested for HIV during antenatal care and received their results. HIV testing during antenatal care is more common in urban areas (61%) than rural areas (14%).

Trends in HIV Testing

Percent of men and women age 15-49 who have ever been tested for HIV and received their results in the 12 months before the survey



HIV Prevalence

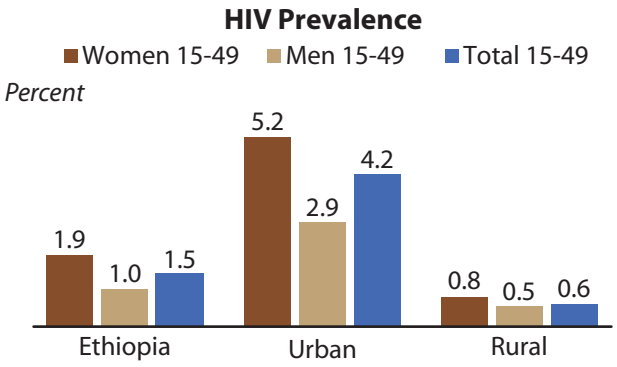
HIV Prevalence

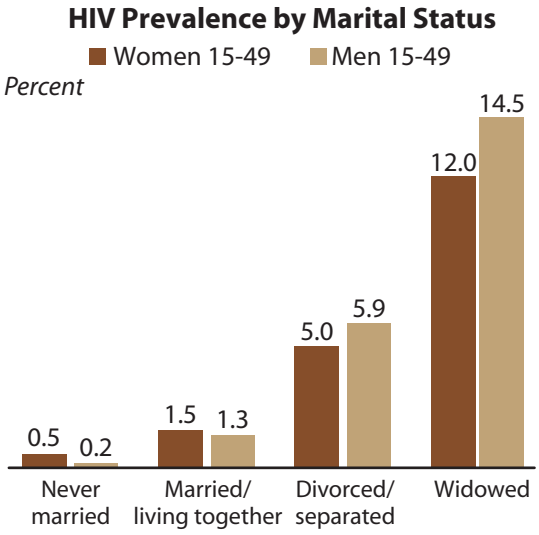
The 2011 EDHS included HIV testing of over 15,000 women age 15-49 and over 13,000 men age 15-59. Eighty-nine percent of women and 82% of men agreed to be tested for HIV.

In Ethiopia, overall HIV prevalence has remained low; according to the 2011 EDHS, 1.5% of women and men age 15-49 are HIV-positive, compared with 1.4% in the 2005 EDHS. Currently, HIV prevalence is 1.9% for women and 1.0% for men.

HIV prevalence is six and a half times higher among women living in urban areas (5.2%) than among women living in rural areas (0.8%). HIV estimates vary by age, with HIV prevalence highest among women age 30-34 and men age 35-39. HIV prevalence also varies by region; in the Gambela region HIV prevalence is 6.5%, compared with 0.9% in the SNNP region. HIV prevalence is highest among employed women and men and those living in the wealthiest households.

HIV prevalence varies dramatically by marital status. Less than 1% of never-married women and men are HIV-positive, compared with 12% of widowed women and 14.5% of widowed men. HIV prevalence is also higher among women and men who are divorced or separated.





Women's Empowerment

Employment

Fifty-seven percent of married women age 15–49 interviewed in the EDHS are employed, compared with almost all married men. Among those who are employed, women are more than three times as likely as men to be unpaid for their work (30% and 9%, respectively). The majority of women who receive cash payment earn less than their husbands/partners.

Ownership of assets

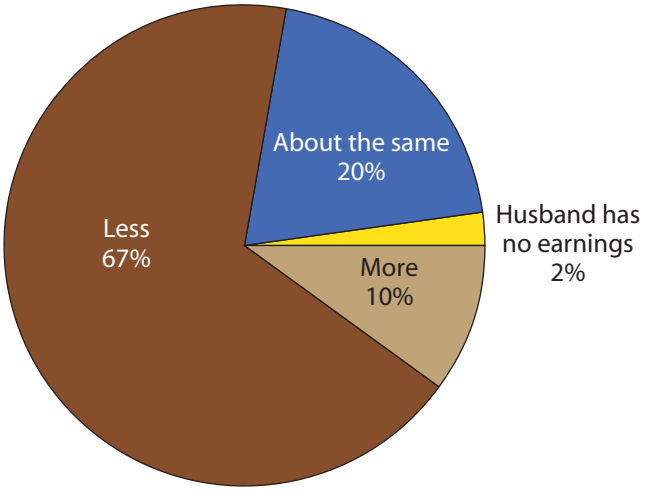
Over half (57%) of Ethiopian women own a house, either alone or jointly, compared with 53% of men. Women and men are equally likely to own land, either alone or jointly (50% and 51%, respectively).

Participation in household decisions

For the most part, Ethiopian women have the power to make some household decisions. Seventy-eight percent of women have sole or joint decisionmaking power about visiting family or friends, and 74% participate in decisions about their own health care. Two-thirds of women participate in decisions about major household purchases.

Comparing Women's and Partners' Earnings

Percent distribution of currently married women age 15-49 who received cash earnings in the 12 months before the survey by whether the woman earned more or less than her husband/partner



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INDICATORS

	Residence		
Fertility	Ethiopia	Urban	Rural
Total fertility rate (number of children per woman)	4.8	2.6	5.5
Women age 15–19 who are mothers or currently pregnant (%)	12	4	15
Median age at first marriage for women age 25–49 (years)	16.5	18.1	16.3
Median age at first intercourse for women age 25–49 (years)	16.6	17.8	16.4
Median age at first birth for women age 25–49 (years)	19.2	20.5	19.0
Family Planning (married women, age 15–49)			
Current use			
Any method (%)	29	53	23
Any modern method (%)	27	50	23
Currently married women with an unmet need for family planning[1] (%)	25	15	28
Maternal and Child Health			
Maternity care			
Pregnant women who received antenatal care from a skilled provider[2] (%)	34	76	26
Births assisted by a skilled provider[2] (%)	10	51	4
Births delivered in a health facility (%)	10	50	4
Child vaccination			
Children 12–23 months fully vaccinated[3] (%)	24	48	20
Nutrition			
Children under 5 years who are stunted (moderate or severe) (%)	44	32	46
Children under 5 years who are wasted (moderate or severe) (%)	10	6	10
Children under 5 years who are underweight (%)	29	16	30
Children age 6-59 months with any anaemia (%)	44	35	45
Women age 15-49 with any anaemia (%)	17	11	18
Childhood Mortality (deaths per 1,000 live births)[4]			
Neonatal mortality	*37*	41	43
Infant mortality	*59*	59	76
Under-five mortality	*88*	83	114
HIV/AIDS-related Knowledge			
Knows ways to avoid HIV (women and men age 15–49):	Women/Men	Women/Men	Women/Men
Limiting sexual intercourse to one uninfected partner (%)	65/74	73/75	62/74
Using condoms (%)	56/82	77/90	49/79
Knows HIV can be transmitted by breastfeeding (%)	77/76	86/82	74/74
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (%)	44/53	75/77	35/46
HIV Prevalence			
HIV Prevalence for women age 15-49 (%)	1.9	5.2	0.8
HIV Prevalence for men age 15-49 (%)	1.0	2.9	0.5

[1]Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. [2]Skilled provider includes doctor, nurse, or midwife. [3]Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Region										
Tigray	Affar	Amhara	Oromiya	Somali	Benishangul-Gumuz	SNNP	Gambela	Harari	Addis Ababa	Dire Dawa
4.6	5.0	4.2	5.6	7.1	5.2	4.9	4.0	3.8	1.5	3.4
12	15	12	16	19	19	8	21	15	3	8
16.6	16.5	14.7	16.9	17.6	15.7	17.9	17.1	17.7	21.4	18.9
15.7	16.9	15.1	17.0	17.9	16.0	17.9	16.9	17.9	19.5	19.3
19.0	19.0	18.1	19.2	20.2	18.5	19.9	19.4	20.3	23.0	21.6
22	10	34	26	4	27	26	34	35	63	34
21	9	33	25	4	26	25	33	32	56	32
22	16	22	30	24	25	25	19	24	11	21
50	32	34	31	22	35	27	55	56	94	57
12	7	10	8	8	9	6	27	33	84	40
12	7	10	8	8	9	6	28	32	82	40
59	9	26	16	17	24	24	16	34	79	59
51	50	52	41	33	49	44	27	30	22	36
10	20	10	10	22	10	8	13	9	5	12
35	40	33	26	34	32	28	21	22	6	28
38	75	35	52	69	47	37	51	56	33	63
12	35	17	19	44	19	11	19	19	9	29
44	33	54	40	34	62	38	39	35	21	30
64	64	76	73	71	101	78	76	64	40	60
85	127	108	112	122	169	116	123	94	53	97
Women/Men	Women/ Men	Women/Men	Women/ Men	Women/ Men	Women/Men	Women/ Men	Women/ Men	Women/ Men	Women/ Men	Women/ Men
82/85	32/63	59/66	65/80	36/60	53/72	72/73	46/72	53/49	65/71	70/82
74/90	36/74	54/79	52/82	21/51	54/78	56/81	55/86	59/75	82/94	65/87
87/83	64/69	71/72	80/78	48/57	67/68	77/77	80/81	82/80	89/79	84/82
62/69	46/51	44/49	43/54	19/30	36/45	33/43	60/70	61/70	86/86	68/73
2.2	2.0	2.2	1.3	1.6	1.7	1.0	7.9	3.8	6.0	4.3
1.3	1.7	1.0	0.6	0.4	0.8	0.6	4.9	1.7	4.3	3.7

[4] Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.