Nepal

2016 Demographic and Health Survey

Key Findings

The 2016 Nepal Demographic and Health Survey (2016 NDHS) was implemented by New ERA under the aegis of the Ministry of Health of Nepal. Data collection took place from 19 June 2016 to 31 January 2017. Funding for the survey was provided by the United States Agency for International Development (USAID). ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2016 NDHS may be obtained from the Ministry of Health, Ramshahpath, Kathmandu; Telephone: +977-1-4262543/4262802; Internet: www.mohp.gov.np; and New ERA, Rudramati Marg, Kathmandu, P.O. Box 722, Kathmandu 44600, Nepal; Telephone: +977-1-4413603; Email: info@newera.com.np; Internet: www.newera.com.np.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; Telephone: +1-301-407-6500; Fax: 301-407-6501; E-mail: info@DHSprogram.com; Internet: www.DHSprogram.com.

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New ERA

Ministry of Health

About the 2016 NDHS

The 2016 Nepal Demographic and Health Survey (NDHS) is designed to provide data for monitoring the population and health situation in Nepal. The 2016 NDHS is the fifth Demographic and Health Survey conducted in Nepal since 1996. The objective of the survey is to provide up-to-date estimates of fertility levels and preferences, marriage, sexual activity, family planning methods, breastfeeding practices, nutrition, anemia, childhood and maternal mortality, maternal and child health, HIV/AIDS and other sexually transmitted infections (STIs), women's empowerment, domestic violence, and hypertension that can be used by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 12,862 women age 15-49 in 11,040 surveyed households and 4,063 men age 15-49 in half of the surveyed households were interviewed. This represents a response rate of 98% of women and 96% of men. The 2016 NDHS provides reliable estimates at the national level, for urban and rural areas, 3 ecological zones, 5 development regions, and 7 provinces.

Characteristics of Households and Respondents

Household Composition

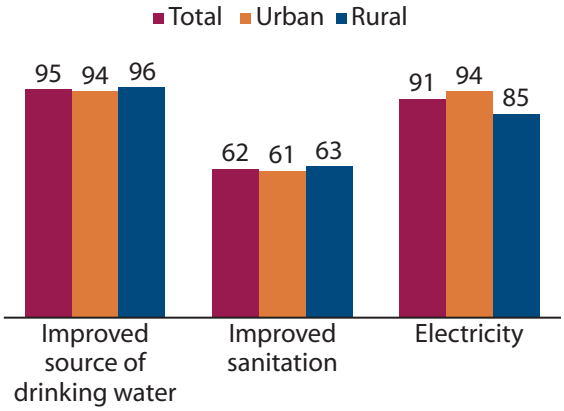
The average household size in Nepal is 4.2 members. More than 3 in 10 households (31%) are headed by women. Nearly one-third (34%) of the population is under age 15.

Water, Sanitation, and Electricity

The majority of households (95%) have access to an improved source of drinking water. More than 6 in 10 households (62%) in Nepal use improved sanitation. Access to an improved source of drinking water and sanitation facility vary little by urban/rural residence. Thirty-eight percent of households use unimproved sanitation—22% use a shared facility, 2% use an unimproved facility, and 15% have no facility. Nine in ten households have electricity. Nearly all urban households (94%) have electricity, compared to 85% of rural households.

Water, Sanitation, and Electricity by Residence

Percent of households with:



Ownership of Goods

Nearly all households in Nepal have a mobile telephone (93%), 52% have a television, and 29% have a radio. Urban households are more likely than rural households to own a mobile telephone or television. In contrast, rural households are more likely to own agricultural land or farm animals than urban households.

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Migration

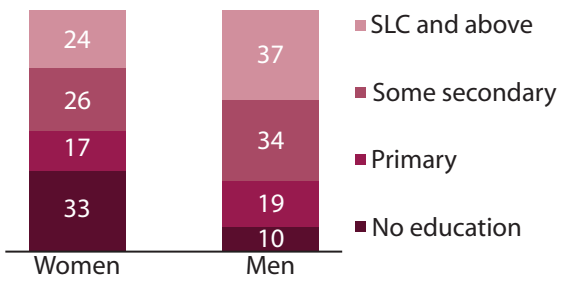
Migration is quite common in Nepal—nearly half of households (47%) reported at least one person who migrated from the household in the past 10 years. One in three men migrated in the past year. Nearly 8 in 10 men migrated for work and two-thirds of women migrated due to marriage. The most common destinations for male migration are the Middle East (32%) and India (17%). External migration is not common among women.

Education

One in three women and 1 in 10 men age 15-49 have no education. Seventeen percent of women and 19% of men have only attended primary school, while 26% of women and 34% of men have attended some secondary education. Nearly one-quarter of women and 37% of men have their School Level Certificate (SLC) or above. About 7 in 10 women (69%) and 9 in 10 men (89%) are literate.

Education

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



Fertility and Its Determinants

Total Fertility Rate

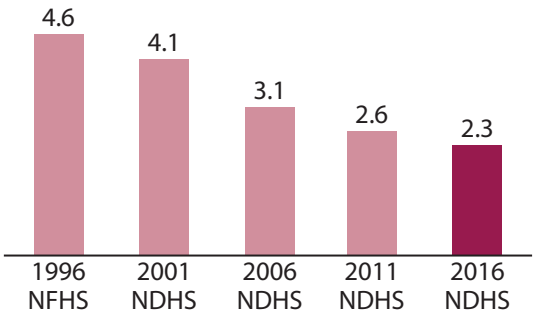
Currently, women in Nepal have an average of 2.3 children. Since 1996, fertility has decreased from 4.6 children per woman to the current level. This demonstrates a decline of 2.3 children within two decades.

Fertility varies by residence and province. Women in rural areas have an average of 2.9 children, compared to 2.0 children among women in urban areas. Fertility is lowest in Province 3 (1.8 children per woman) and highest in Province 2 (3.0 children per woman).

Fertility also varies with education and economic status. Women with no education have 1.5 more children than women with SLC and above education (3.3 versus 1.8). Fertility decreases as the wealth of the respondent's household* increases. Women living in the poorest households have an average of 3.2 children, compared to 1.6 children among women living in the wealthiest households.

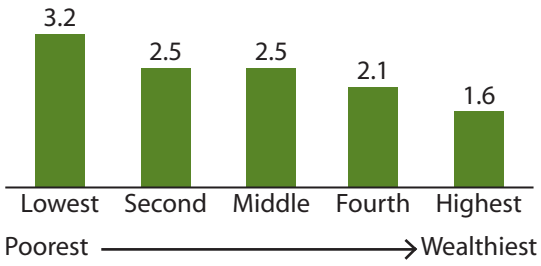
Trends in Total Fertility Rate

Births per woman for the three-year period before the survey



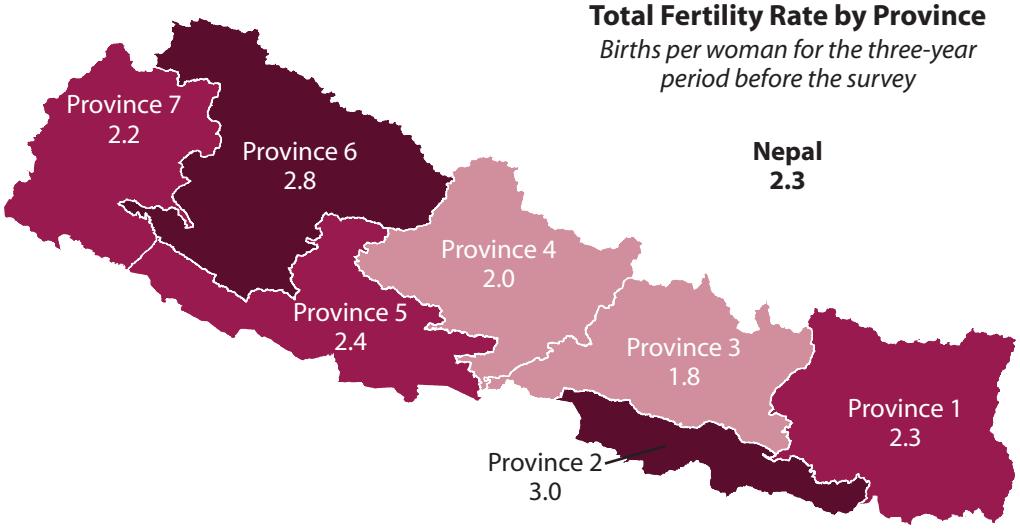
Total Fertility Rate by Household Wealth

Births per woman for the three-year period before the survey



Total Fertility Rate by Province

Births per woman for the three-year period before the survey



* Wealth of families 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 their relative standing on the household wealth index.

Age at First Marriage, Sex, and Birth

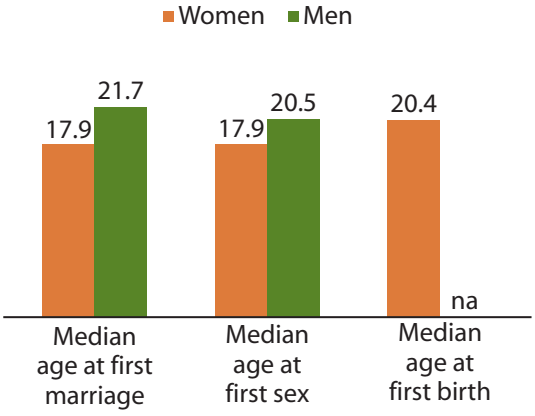
Women in Nepal marry at an earlier age than men. The median age at first marriage for women age 25-49 is 17.9 years, compared to 21.7 years among men age 25-49. Women with no education marry 4.6 years earlier than women with SLC and above education (16.8 years versus 21.4 years). More than half (52%) of women are married by age 18, compared to 1 in 5 men (19%).

Women initiate sexual activity at the same time of marriage at age 17.9, while men initiate sexual activity 1.2 years before marriage at age 20.5. Women with SLC and above education initiate sex 4.5 years later than women with no education (21.4 years versus 16.9 years). Eleven percent of women begin sexual activity before age 15, while 51% have sex before age 18.

Within 2.5 years of marriage, women are having their first birth. The median age at first birth for women is 20.4 years. One in five women give birth by age 18.

Median Age at First Marriage, Sex, and Birth

Among women and men age 25-49



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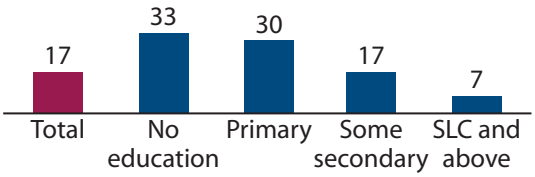
Teenage Childbearing

In Nepal, 17% of adolescent women age 15-19 are already mothers or pregnant with their first child. Teenage fertility is higher in rural areas (22%) than in urban areas (13%). By province, teenage pregnancy ranges from 10% in Province 3 to 27% in Province 2. Teenage pregnancy decreases with increased education; 33% of young women with no education have begun childbearing, compared to 7% young women with SLC and above education. Adolescent women in the three lowest wealth quintiles are more likely than those in the wealthiest households to have begun childbearing.

Teenage Childbearing by Education

Percent of women age 15-19 who have begun childbearing



Family Planning

Current Use of Family Planning

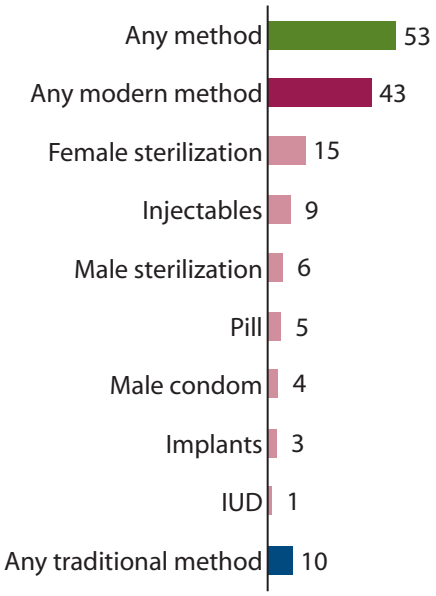
More than half (53%) of married women age 15-49 use any method of family planning—43% use a modern method and 10% use a traditional method. Female sterilization is the most popular modern method (15%), followed by injectables (9%), male sterilization (6%), the pill (5%), male condom (4%), implants (3%), and the IUD (1%).

Use of modern methods of family planning among married women varies by province. Modern method use ranges from a low of 37% in Province 4 to a high of 49% in Province 3. Modern family planning use decreases with higher levels of education. Fifty-two percent of married women with no education use a modern method of family planning, compared to 34% of women with SLC and above education. Female sterilization is the most common modern method among women with no education (25%).

The use of any method of family planning by married women has nearly doubled from 29% in 1996 to 53% in 2016. Similarly, modern method use has increased from 26% to 43% during the same time period, but has not changed since 2006. Traditional method use has slightly increased from 3% in 1996 to 10% in 2016.

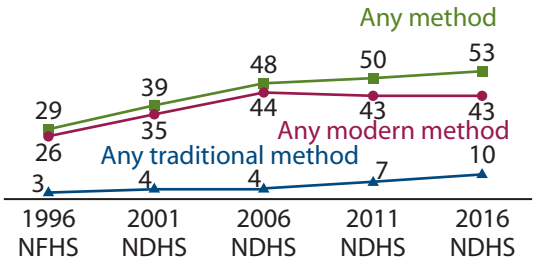
Family Planning

Percent of married women age 15-49 using family planning



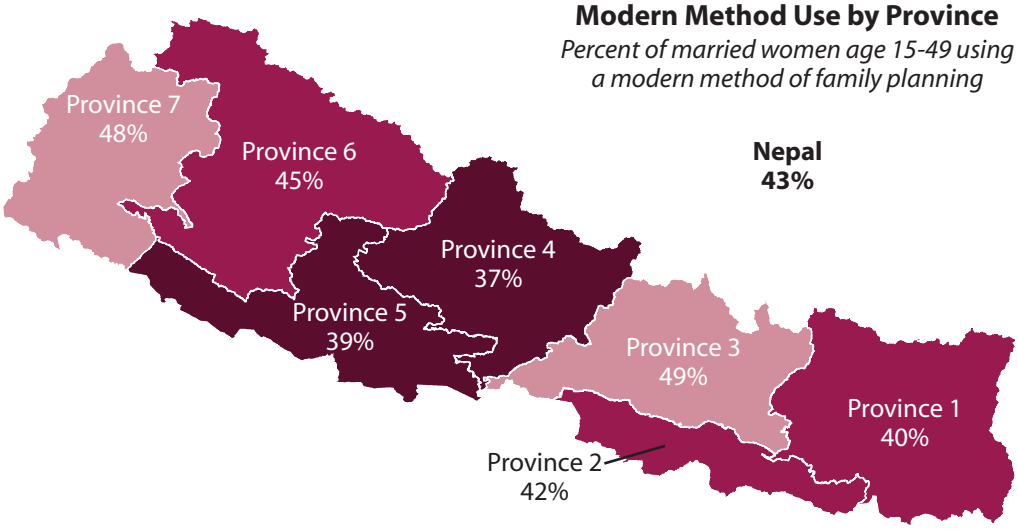
Trends in Family Planning Use

Percent of married women age 15-49 using family planning



Modern Method Use by Province

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



Nepal
43%

Demand for Family Planning

Fifteen percent of married women want to delay childbearing (delay first birth or space another birth) for at least two years. Additionally, 61% of married women do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning among married women in Nepal is 76%.

The total demand for family planning includes both met and unmet need. Met need is the contraceptive prevalence rate. In Nepal, 53% of married women use any family planning method.

Unmet Need for Family Planning

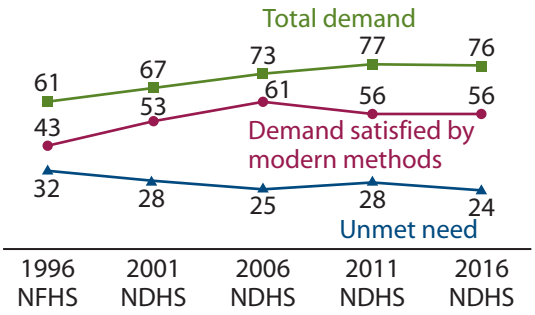
Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. One in four married women in Nepal have an unmet need for family planning: 8% want to delay childbearing, while 16% want to stop childbearing.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Fifty-six percent of the demand for family planning in Nepal is satisfied by modern methods. Both total demand for family planning and demand satisfied by modern methods have increased since 1996, while unmet need has declined from 32% in 1996 to 24% in 2016.

Trends in Demand for Family Planning

Percent of married women age 15-49



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Exposure to Family Planning Messages

The most common media source of family planning messages is a poster or hoarding board. Nearly half of women (46%) and 72% of men saw a family planning message on a poster or hoarding board in the few months before the survey. Radio and television are other commons sources of family planning messages, while the least common methods are newspaper/magazine or street drama. Overall, 35% of women and 13% of men have not been exposed to family planning messages via any of the five media sources.

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. Two-thirds of current users of modern contraceptive methods were informed of possible side effects or problems of their method, 56% were informed about what to do if they experience side effects, and 64% were informed of other available family planning methods. Overall, half of women were informed of all three.

Childhood Mortality

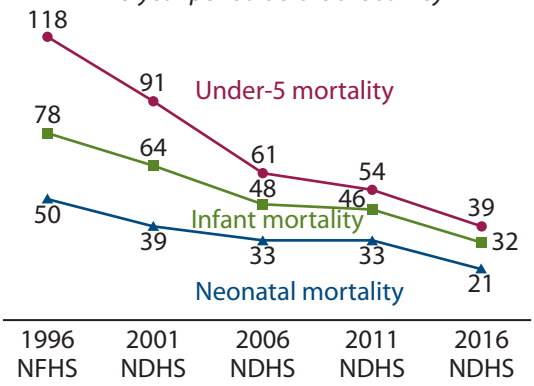
Rates and Trends

Infant and under-5 mortality rates for the five-year period before the survey are 32 and 39 deaths per 1,000 live births, respectively. At these mortality levels, 1 in 25 children in Nepal does not survive to their fifth birthday. The neonatal mortality rate for the five-year period before the survey is 21 deaths per 1,000 live births.

Childhood mortality rates have declined since 1996. Infant mortality has decreased by more than half from 78 deaths per 1,000 live births in 1996 to 32 in 2016. During the same time period, under-5 mortality has declined threefold from 118 to 39 deaths per 1,000 live births.

Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey



Under-5 Mortality Rate by Background Characteristics

The under-5 mortality rate differs by province, mother's education, and wealth for the ten-year period before the survey. By province, under-5 mortality ranges from 27 deaths per 1,000 live births in Province 4 to 69 deaths per 1,000 live births in Province 7. Children whose mothers have no education are more likely to die young (60 deaths per 1,000 live births) than children whose mothers have SLC and above education (21 deaths per 1,000 live births). Under-5 mortality is higher among children in the poorest households (62 deaths per 1,000 live births), compared to children in the wealthiest households (24 deaths per 1,000 live births).

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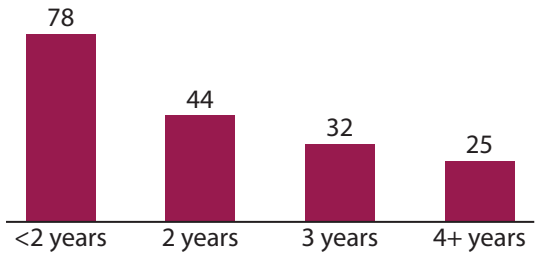
Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Nepal is 36.7 months. Infants born less than two years after a previous birth have high under-5 mortality rates. Under-5 mortality is three times higher among children born less than two years after a previous birth (78 deaths per 1,000 live births) than among children born four or more years after a previous birth (25 deaths per 1,000 live births). Overall, 21% of children are born less than two years after their siblings.

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



Maternal and Newborn Health Care

Antenatal Care

More than 8 in 10 women (84%) age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse, and auxiliary nurse midwife). The timing and quality of ANC are also important. Two-thirds of women have their first ANC visit in the first trimester, as recommended. Seven in ten women make four or more ANC visits.

The majority of women (91%) take iron tablets or syrup during pregnancy. Eighty-nine percent of women's most recent births were protected against neonatal tetanus. Among women who received ANC for their most recent birth, 91% had their blood pressure measured, 76% had a urine sample taken, and 66% had a blood sample taken.

Delivery and Postnatal Care

More than half of births (57%) are delivered in a health facility, primarily in government sector facilities. However, 41% of births are delivered at home. Women with SLC and above education (85%) and those in the wealthiest households (90%) are more likely to deliver at a health facility. Only 8% of births in 1996 were delivered in a health facility, compared to 57% in 2016.

Overall, 58% of births are assisted by a skilled provider, the majority by doctors. One in ten births are assisted by no one. Women with SLC and above education (85%), from the wealthiest households (89%), and those for whom its their first birth (76%) are more likely to receive delivery assistance from a skilled provider. Skilled assistance during delivery has increased from 9% in 1996 to 58% in 2016.

Postnatal care helps prevent complications after childbirth. More than half of women (57%) receive a postnatal check within two days of delivery, while 42% did not have a postnatal check within 41 days of delivery. Similarly, 57% of newborns receive a postnatal check within two days of birth, while 40% did not have a postnatal check.

Umbilical cord infection is a severe bacterial infection that contributes to neonatal morbidity and mortality. Among births in the two years before the survey, Chlorhexidine was applied on 39% of newborns, whereas nothing was applied on 37% of newborns.

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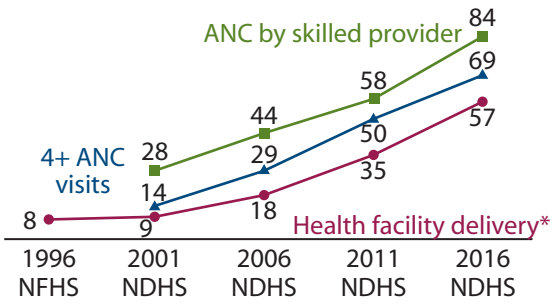
Trends in Maternal Health

Percent of women age 15-49 who had a live birth in the five years before the survey for the most recent birth



**% of live births in the five years before the survey*

Maternal Mortality

The 2016 NDHS asked women about deaths of their sisters to determine maternal mortality. Maternal mortality includes deaths of women during pregnancy, delivery, and 42 days after delivery excluding deaths that were due to accidents or violence. The maternal mortality ratio (MMR) for Nepal is 239 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2016 MMR ranges from 134 to 345 deaths per 100,000 live births.

Child Health

Vaccination Coverage

More than three-quarters (78%) of children age 12-23 months have received all eight basic vaccinations—one dose each of BCG and Measles-Rubella and three doses each of DPT-HepB-Hib and polio vaccine. Basic vaccination coverage increases with mother's education; 68% of children whose mothers have no education received all eight basic vaccinations, compared to 91% of children whose mothers have SLC and above education. Basic vaccination coverage is lowest in Province 2 (65%) and highest in Province 4 (93%). Basic vaccination coverage has increased since 1996 when 43% of children had received all basic vaccinations, but has declined since 2011.

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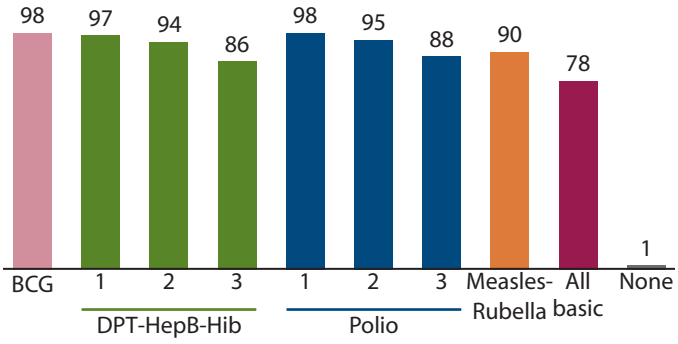
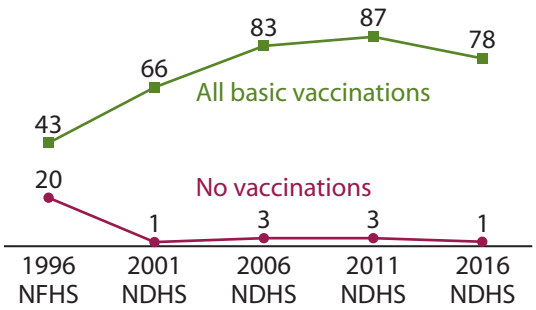
Basic Vaccination Coverage

Percent of children age 12-23 months vaccinated at any time before the survey



Trends in Basic Vaccination Coverage

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



Childhood Illnesses

In the two weeks before the survey, 2% of children under five were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Three-quarters of children with symptoms of ARI for whom treatment or advice was sought were taken to the private medical sector, and 27% were taken to a government facility.

One in five children under five had fever in the two weeks before the survey. Among these children, 80% were taken to a health facility or providers for treatment or advice.

Eight percent of children under five had diarrhea in the two weeks before the survey. Diarrhea was most common among children age 6-11 months (15%). Nearly two-thirds of children under five with diarrhea were taken to a health facility or providers for treatment or advice.

Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT) which includes oral rehydration solution (ORS), recommended home fluids, and increased fluids. Additionally, children under five with diarrhea should receive zinc. While 68% of children under five with diarrhea received ORT, 16% received no treatment. Only 10% of children under five with diarrhea received ORS and zinc.

Feeding Practices and Supplementation

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Nepal with 99% of children ever breastfed. More than half (55%) of children are breastfed within the first hour of life. Three in ten children who were ever breastfed received a prelactal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Two-thirds of children under six months are exclusively breastfed. Children under three breastfeed for an average of 30.5 months and are exclusively breastfed for 4.3 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Nepal, 83% of children age 6-8 months are breastfed and receive complementary foods.

Use of Iodized Salt

Iodine is an important micronutrient for physical and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. Ninety-five percent of households in Nepal have iodized salt.

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. In the 24 hours before the survey, 63% of children age 6-23 months ate foods rich in vitamin A. Eighty-six percent of children age 6-59 months received a vitamin A supplement in the six months prior to the survey.

Iron is essential for cognitive development in children and low iron intake can contribute to anemia. Thirty-five percent of children age 6-23 months ate iron-rich foods the day before the survey, while 8% of children age 6-59 months received an iron supplement in the week before the survey.

In Nepal, pregnant women should take iron tablets for at least 180 days during pregnancy to prevent anemia and other complications. More than 4 in 10 women took iron tablets for at least 180 days during their last pregnancy.

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Nutritional Status

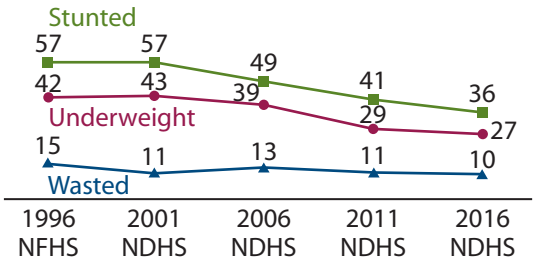
Children's Nutritional Status

The 2016 NDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Stunting is an indication of chronic undernutrition. More than one-third (36%) of children under five in Nepal are stunted, or too short for their age. Stunting is more common in rural children (40%), compared to urban children (32%). By province, stunting ranges from 29% in Provinces 3 and 4 to 55% in Province 6. Children from the poorest households (49%) and whose mothers have no education (46%) are more likely to be stunted.

Overall, 10% of children are wasted (too thin for height), a sign of acute malnutrition. In addition, 27% of children are underweight, or too thin for their age. The nutritional status of children in Nepal has improved since 1996. More than half (57%) of children under five were stunted in 1996 compared to 36% in 2016.

Trends in Children's Nutritional Status

Percent of children under five, based on 2006 WHO Child Growth Standards



Women and Men's Nutritional Status

The 2016 NDHS also took weight and height measurements of women and men age 15–49. Overall, 17% of women are thin (body mass index or BMI < 18.5). Comparatively, 22% of women are overweight or obese (BMI ≥ 25.0). Women from the wealthiest households (45%) and those from Province 3 (35%) are more likely to be overweight or obese. Since 2006, overweight or obesity among women has more than doubled from 9% to 22% in 2016.

Among men, 17% are thin (BMI < 18.5) and 17% are overweight or obese (BMI ≥ 25.0). Men age 30-39 (28%) and those from the wealthiest households (32%) are more likely to be overweight or obese.

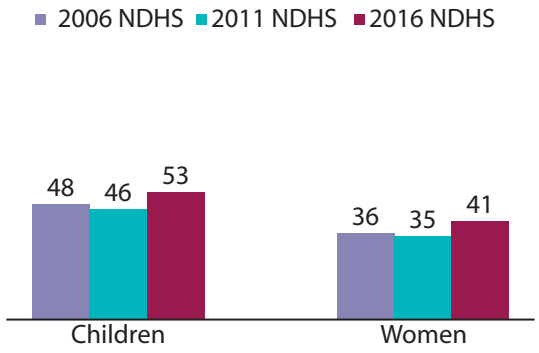
Anemia

The 2016 NDHS tested children age 6-59 months and women age 15-49 for anemia. More than half (53%) of children age 6-59 months are anemic. Anemia is more common in rural children (56%) and those whose mothers have no education (57%). Anemia in children ranges from a low of 43% in Province 3 and a high of 59% in Province 2. Anemia prevalence among children has increased since 2011 when 46% of children were anemic.

Four in ten women age 15-49 in Nepal are anemic. Anemia prevalence ranges from a low of 28% in Province 4 to 58% in Province 2. Since 2006, anemia among women has increased from 36% to 41% in 2016.

Trends in Anemia among Children and Women

Percent of children age 6-59 months and women age 15-49 with anemia



HIV Knowledge, Attitudes, and Behavior

Knowledge of HIV Prevention Methods

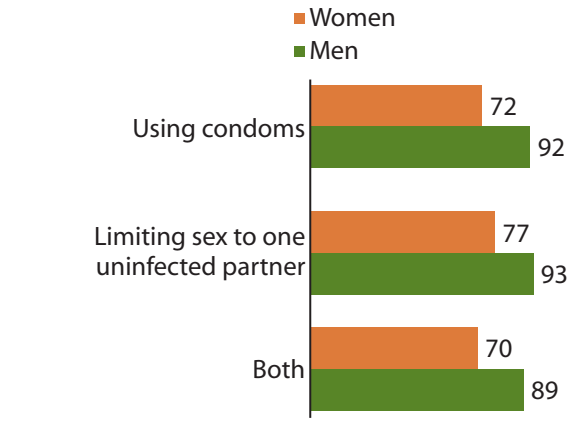
Seven in ten women and 9 in 10 men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one monogamous, uninfected partner. Knowledge of HIV prevention methods is highest among women and men from the wealthiest households and those with SLC and above education.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Nearly half of women (47%) and 51% of men know that HIV can be transmitted during pregnancy, delivery, and by breastfeeding. Forty-four percent of women and 36% of men know that HIV transmission can be reduced by the mother taking special medication.

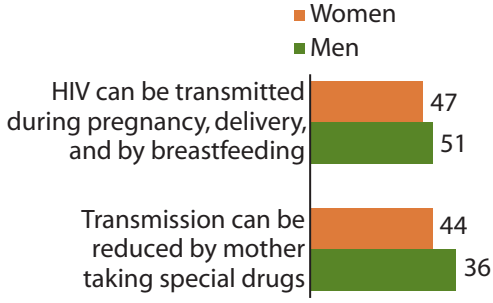
Knowledge of HIV Prevention Methods

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



Knowledge of PMTCT

Percent of women and men age 15-49 who know that:



Multiple Sexual Partners

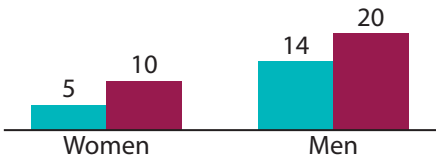
Having multiple sexual partners increases the risk of contracting HIV and other sexually transmitted infections (STIs). Only 3% of men had two or more sexual partners in the past 12 months. Among men who had two or more partners in the past year, 40% of men reported using a condom at last sexual intercourse. Men in Nepal have an average of 2.4 sexual partners in their lifetime.

HIV Testing

Only one-third of women and 58% of men know where to get an HIV test. One in ten women and 2 in 10 men have ever been tested for HIV and received the results. However, the majority of women (89%) and men (80%) have never been tested for HIV. Within the past 12 months, 4% of women and 8% of men have been tested and received the results. HIV testing has slightly increased since 2011 when 5% of women and 14% of men were ever tested for HIV and received the results. One in ten pregnant women with a live birth in the last two years received HIV testing and counseling and received the results during an ANC visit.

Trends in HIV Testing

Percent of women and men age 15-49 who were ever tested for HIV and received their results



Women's Empowerment

Employment

More than two-thirds of married women (68%) were employed at any time in the past 12 months compared to 97% of married men. Working men are more likely to be paid in cash for their work (77%), while working women are more likely to not be paid for their work (52%). Half of married women who are employed and earn cash make decisions on how to spend their earnings. Overall, three-quarters of working women reported earning less than their husband.

Ownership of Assets

Women are less likely than men to own a home or land alone or jointly. Among women, 8% own a home and 11% own land alone or jointly. Among men, 19% own a home and 21% own land alone or jointly.

In Nepal, 41% of women and 40% of men use a bank account. Nearly three-quarters of women and 89% of men own a mobile phone. Among mobile phone owners, only 9% of women and 8% of men use their phone for financial transactions.

Problems in Accessing Health Care

More than 8 in 10 women (83%) report at least one problem accessing health care for themselves. More than two-thirds (68%) of women do not want to go alone to the health facility, while two-thirds are concerned about the absence of a female health service provider. Fifty-five percent are worried about getting money for treatment, while 53% are worried about the distance to the health facility. Less than one-quarter of women are worried about getting permission to go for treatment.

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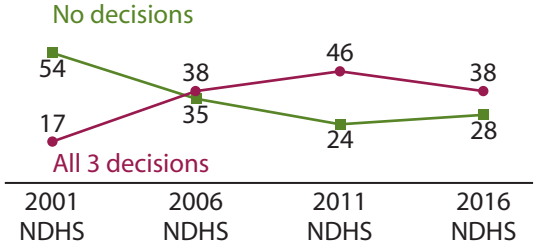
Participation in Household Decisions

The 2016 NDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. Married women in Nepal are most likely to have sole or joint decision making power about their own health care (58%) and visits to her family or friends (56%) and less likely to make decisions about major household purchases (53%). Overall, 38% of married women participate in all three decisions. While women's participation in decision making has improved since 2001, decision making has declined between 2011 and 2016.

Trends in Women's Participation in Decision Making

Percent of married women age 15-49 who make decisions by themselves or jointly with their husband



Domestic Violence

Attitudes toward Wife Beating

Three in ten women and 23% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Both women and men are most likely to agree that wife beating is justified if the wife neglects the children (24% and 19%, respectively).

Experience of Physical Violence

More than 1 in 5 women (22%) have ever experienced physical violence since age 15. In the past year, 9% of women have experienced physical violence. Experience of physical violence decreases with increased education, from 34% of women with no education to 8% of women with SLC and above education. The most common perpetrator of physical violence among ever-married women is a current husband (84%).

Experience of Sexual Violence

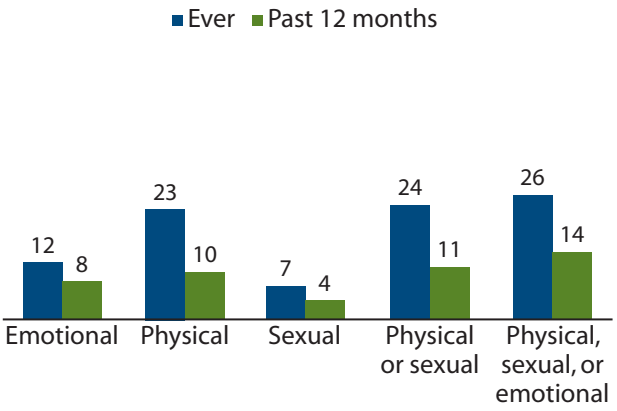
Seven percent of women have ever experienced sexual violence; 3% have experienced sexual violence in the past year. Divorced/separated/widowed women are most at risk (20%), compared to never married women (2%). The most common perpetrator of sexual violence among ever-married women is a current husband (80%).

Spousal Violence

More than one-quarter of ever-married women (26%) have experienced spousal violence, whether physical, sexual, or emotional. Fourteen percent of ever-married women report having experienced spousal violence within the past year. The most common type of spousal violence is physical violence (23%). Women who are divorced/separated/widowed (48%) are nearly twice as likely to have experienced spousal violence than currently married women (26%).

Spousal Violence

Percent of ever-married women who have experienced the following types of spousal violence



Help Seeking Behavior

More than 1 in 5 women (22%) who have experienced physical or sexual violence sought help to stop the violence. Yet, two-thirds of women never sought help nor told anyone. The most common sources of help for women who have experienced physical or sexual violence are their own family (65%) and neighbors (31%).

Abortion

Knowledge about Abortion

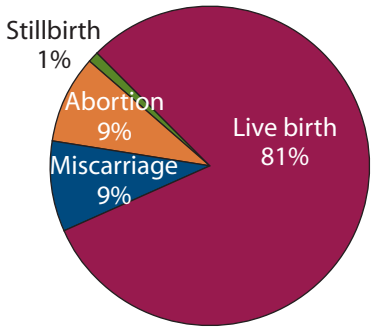
Four in ten women know abortion is legal in Nepal. Among these women, 29% know abortion is allowable for termination of pregnancies of up to 18 weeks in the case of rape or incest and 23% know abortion is allowable up to 12 weeks gestation for any women (23%). Yet, 3% of women believe that abortion can be done if the fetus is a daughter.

Pregnancy Outcomes

Among all pregnancies in the five years before the survey, 81% were live births, 9% miscarriages, 9% abortions, and 1% stillbirths. The proportion of abortion increases with pregnancy order; 2% of first pregnancies end in abortion, compared to 21% of fifth-or-higher order pregnancies. The proportion of abortion is higher among women age 35-49 (27%) and those from the wealthiest households (16%).

Pregnancy Outcomes

Percent distribution of pregnancies in the five years before the survey



Reason and Method for Abortion

Half of abortions in the five years before the survey were performed because the woman did not want any more children. Twelve percent of abortions were performed because the woman wanted to delay childbearing, 10% due to concerns for the health of the mother, and 9% wanted to space childbearing.

Nearly 7 in 10 abortions were medication abortions. Other abortion procedures include manual vacuum aspiration (17%) and dilation and evacuation (D&E)/ dilation and curettage (D&C) (7%). A doctor, nurse, or auxiliary nurse midwife were the most common abortion provider (71%). Government sector facilities were the most common place for abortion services (31%), followed by home and the private sector (27% each).

Hypertension

History of High Blood Pressure

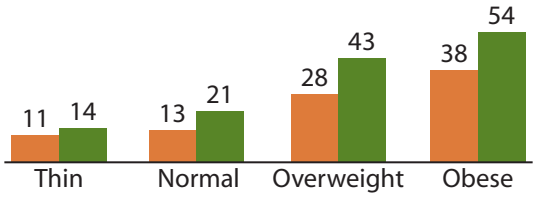
In Nepal, 80% of women and 65% of men age 15 and above have ever had their blood pressure measured. Among those who have had their blood pressure measured, 13% of women and 18% of men were told on two or more occasions that they had high blood pressure. Among those with high blood pressure, one-third of both women and men are taking prescription medicine to lower their blood pressure.

Prevalence of Hypertension

The 2016 NDHS measured the blood pressure of women and men age 15 and above. In Nepal, 17% of women and 23% of men are hypertensive. A large proportion of both women (24%) and men (31%) are pre-hypertensive. Among those with normal blood pressure, 2% are taking medication to lower their blood pressure. The prevalence of hypertension increases with age among both women and men. Hypertension is highest in Province 4 among both women (24%) and men (31%). Obese women (38%) and men (54%) are more likely to have hypertension.

Prevalence of Hypertension by Nutritional Status

Percent of women and men age 15 and above with hypertension



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INDICATORS

		Residence	
Fertility	**Nepal**	**Urban**	**Rural**
Total fertility rate (number of children per woman)	2.3	2.0	2.9
Median age at first birth for women age 25-49 (years)	20.4	20.6	19.9
Women age 15-19 who are mothers or currently pregnant (%)	17	13	22
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	53	55	49
Current use of a modern method of family planning (%)	43	44	41
Unmet need for family planning[1] (%)	24	23	25
Demand satisfied by modern methods (%)	56	57	55
Maternal Health (among women age 15-49)			
ANC visit with a skilled provider[2] (%)	84	87	80
Births delivered in a health facility (%)	57	69	44
Births assisted by a skilled provider[2] (%)	58	68	47
Child Health (among children age 12-23 months)			
Children who have received all basic vaccinations[3] (%)	78	79	77
Nutrition			
Children under five who are stunted (moderate or severe) (%)	36	32	40
Women age 15-49 who are overweight or obese (%)	22	26	15
Men age 15-49 who are overweight or obese (%)	17	20	12
Prevalence of any anemia among children age 6-59 months (%)	53	49	56
Prevalence of any anemia among women age 15-49 (%)	41	40	43
Childhood Mortality (deaths per 1,000 live births)[4]			
Neonatal mortality	*21*	*16*	*26*
Infant mortality	*32*	*28*	*38*
Under-five mortality	*39*	*34*	*44*
HIV/AIDS			
Women age 15-49 who know that HIV can be prevent by using condoms and limiting sexual intercourse to one uninfected partner (%)	70	74	63
Men age 15-49 who know that HIV can be prevent by using condoms and limiting sexual intercourse to one uninfected partner (%)	89	89	89
Women age 15-49 who have ever been tested for HIV and received the results (%)	10	12	8
Men age 15-49 who have ever been tested for HIV and received the results (%)	20	20	20
Domestic Violence (among women age 15-49)			
Women who have ever experienced physical violence since age 15 (%)	22	21	24
Ever-married women who have ever experienced spousal physical, sexual, or emotional violence (%)	26	25	28
Hypertension			
Prevalence of hypertension among women age 15 and above (%)[5]	17	17	16
Prevalence of hypertension among men age 15 and above (%)[5]	23	25	21

[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, and auxiliary nurse midwife. [3]Basic vaccinations include BCG, Measles-Rubella, three doses each of DPT-HepB-Hib and polio vaccine (excluding polio vaccine given at birth). [4]Figures are for the ten-year period before the survey except for the national, urban, and rural rates, in italics, which represent the five-year period before the survey.

Province						
Province 1	Province 2	Province 3	Province 4	Province 5	Province 6	Province 7
2.3	3.0	1.8	2.0	2.4	2.8	2.2
21.5	19.2	21.4	20.6	20.3	19.8	19.8
16	27	10	14	13	19	16
55	48	61	49	48	51	57
40	42	49	37	39	45	48
25	21	20	30	28	26	21
50	62	61	48	51	58	61
83	82	85	87	85	73	91
62	45	71	68	59	36	66
63	49	70	70	57	35	66
79	65	85	93	78	75	83
33	37	29	29	39	55	36
27	11	35	32	19	10	9
15	15	24	22	16	6	11
55	59	43	46	53	48	50
43	58	29	28	44	35	39
22	30	17	15	30	29	41
31	43	29	23	42	47	58
36	52	36	27	45	58	69
73	36	83	83	75	77	80
88	89	87	88	91	85	92
8	3	13	12	14	8	18
14	30	17	20	19	13	20
19	34	20	12	23	15	17
22	37	26	16	29	19	22
18	13	19	24	19	10	10
21	18	29	31	25	22	18

[5]A woman or man is classified as having hypertension if they have the average systolic blood pressure level ≥140 mmHg and/or the diastolic blood pressure level of ≥90 mmHg at the time of the survey, or the average blood pressure is <140/90 mmHg and currently taking antihypertensive medication to control blood pressure. The term hypertension as used is not meant to be a clinical diagnosis of the disease, but rather to provide an indication of occurrence of raised blood pressure as a risk factor in the population at the time of the survey.