Democratic Republic of Congo

Demographic and Health Survey 2013-14

Key Findings

The second Demographic and Health Survey in the Democratic Republic of Congo (EDS-RDC II) was conducted by the Ministry of Monitoring, Planning and Implementation of the Modern Revolution [Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité], in collaboration with the Ministry of Public Health [Ministère de la Santé Publique]. The EDS-RDC II was financed by the government of DRC, the US government through the United States Agency for International Development (USAID) and the President's Emergency Plan For AIDS Relief (PEPFAR), the Department For International Development (DFID), the World Bank through the Health Sector Rehabilitation Support Project [Projet d'Appui à la Réhabilitation du Secteur de la Santé (PARSS)], the Global Fund through the ASBL Primary Health Care in Rural Areas [Soins de Santé Primaire en milieu Rural] (SANRU), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the Bill & Melinda Gates Foundation through the University of California Los Angeles (UCLA). Other institutions also provided assistance for the survey, notably the National AIDS and STI Control Program's Reference Laboratory [le Laboratoire National de Référence (LNR) du Programme National de Lutte contre le VIH/Sida et les infections sexuellement transmissibles (PNLS)], The National Institute for Biomedical Research [l'Institut National de Recherche Biomédicale (INRB)], Family Health International (FHI 360), the Centers for Disease Control and Prevention (CDC) and the University of North Carolina (UNC) for certain biomarker tests. ICF International provided technical assistance to the entire project via the MEASURE DHS project, financed by USAID, which provides support and technical assistance for population and health surveys in countries worldwide. The Kinshasa WHO office also provided logistical support, notably in clearling medical supplies through customs. This report represents the views of the authors and does not necessarily represent the views of cooperating agencies.

Additional information about the EDS-RDC II can be obtained by contacting the Ministère du Plan et SMRM, 4155, Rue des Coteaux, Quartier Petit Pont, Kinshasa/Gombe, BP 9378 Kin 1, Kinshasa, Email: miniplan@gmail.com.

Additional information about The DHS Program can be obtained from ICF International, 530 Gaither Road, Rockville, MD 20850, USA. Telephone: 301-407-6500; Fax: 301-407-6501; E-mail: info@dhsprogram.com; Internet: http://www.dhsprogram.com.

Recommended citation :

Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) and ICF International. 2014. Democratic Republic of Congo Demographic and Health Survey 2013-14: Key Findings. Rockville, Maryland, USA: MPSMRM, MSP et ICF International.

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Demographic and Health Survey 2013-14

The second demographic and health survey in the Democratic Republic of Congo (EDS-RDC II) is designed to provide data for monitoring the population and health situation in DRC. The EDS-RDC II provides reliable data on: fertility; sexual activity; fertility preferences; knowledge and use of family planning; breastfeeding; the nutritional status of women and children under age five; childhood mortality; adult mortality (including maternal mortality); maternal and child health; HIV/AIDS and STI knowledge, and the use of mosquito nets to prevent malaria. Additionally, the survey included testing for HIV, anemia and malaria.

Fieldwork for the EDS-RDC II took place from November 2013 to February 2014. During the survey, 18,827 women age 15-49 in all selected households and 8,656 men age 15-59 in half of selected households were successfully interviewed. The majority of indicators are representative at the national level, for urban and rural areas, and for each of the 11 provinces. Additionally, the majority of indicators are also representative for the 26 new provinces.

Characteristics of Households and Respondents

Household composition

Congolese households consist of an average of 5.3 members. Overall, 25% of households are headed by women. More than half (52%) of the household population is children under age 15.

Water, sanitation, electricity

One in seven households (14%) have electricity. Currently, 49% of households (32% in rural areas and 85% in urban areas) have access to an improved source of drinking water. Half of households (51%) must travel 30 or more minutes to obtain drinking water. Nearly half of households (46%) use non-improved sanitation facilities. In rural areas, 20% of households do not have any sanitation facility, compared to 4% of households in urban areas.

Ownership of goods

Thirty-nine percent of households have a mobile telephone and 43% have a radio. Ownership of goods is higher in urban areas than in rural areas; for example, 44% of urban households have a television, compared to just 2% of rural households. However, ownership of farm land is higher among rural households than among urban households (74% versus 29%).

Education

Sixty-four percent of women and 88% of men age 15-49 are literate. Currently, 15% of women and 4% of men age 15-49 have no education. In contrast, 48% of women and 74% of men have secondary or higher education.

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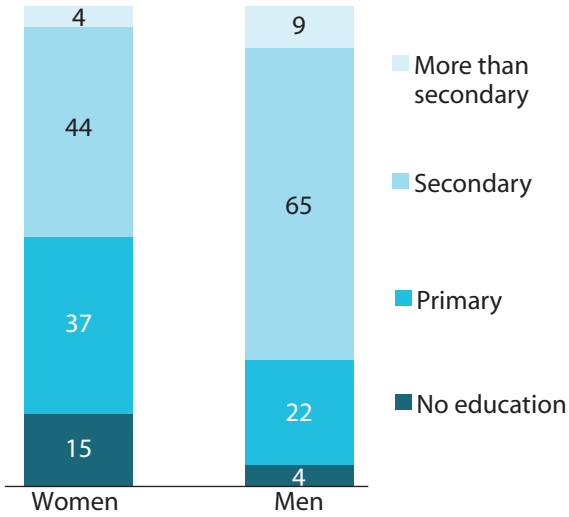
Education

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



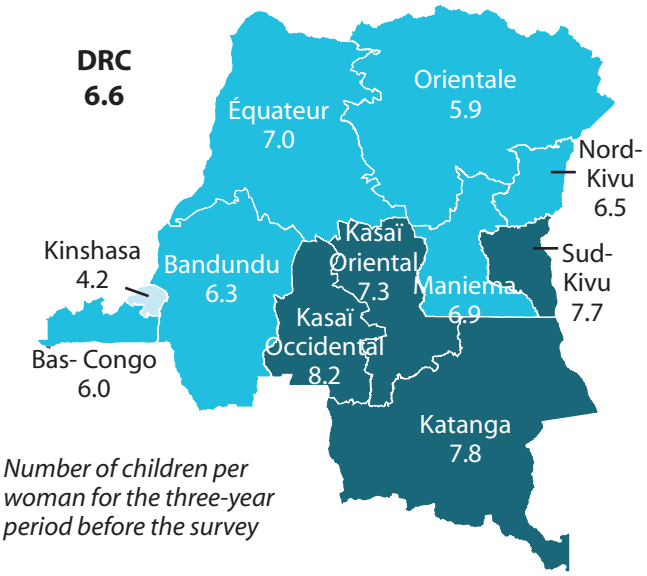
Fertility and its Determinants

Total Fertility Rate

Currently, women in DRC will have an average of 6.6 children. Fertility varies from 5.4 children per women in urban areas to 7.3 in rural areas. Fertility also varies by province, ranging from a minimum of 4.2 in Kinshasa to a maximum of 8.2 in Kasaï Occidental. Fertility has increased slightly from 6.3 children per woman in 2007 to 6.6 children per woman in 2013.

Women with more than secondary education have an average of 2.9 children, compared to 7.4 among women with no education. Fertility decreases as the wealth of the respondent's household* increases. Women living in the poorest households have, on average, 7.6 children, compared to 4.9 children per woman among those living in the richest households.

Fertility by province



Number of children per woman for the three-year period before the survey

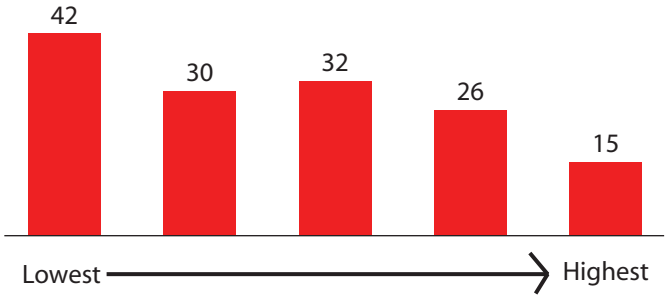
Teenage fertility

In the Democratic Republic of Congo, 27% of women age 15-19 have begun childbearing: 21% are already mothers and 6% are currently pregnant. Adolescent fertility is nearly three times higher among young women living in the poorest households (42%) than among those living in the wealthiest households (15%).

Teenage childbearing also varies by province; 13% of young women in Kinshasa have begun childbearing, compared to 41% in Orientale.

Teenage childbearing by wealth quintile

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



*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 birth

The median age at first birth is 19.9 years among women age 25-49. Median age at first birth varies by province from 19.2 years in Katanga to 22.1 years in Kinshasa.

Age at first marriage

More than 6 in 10 women (64%) and more than half of men age 15-49 (55%) were married or living together at the time of the survey. In the Democratic Republic of Congo, women marry earlier than men: 37% of women age 20-24 were married before age 18, compared to 6% of men in the same age group.

Age at first sexual intercourse

Half of women age 25-49 initiate sexual intercourse by age 16.8. Among men age 25-49, the median age at first sex is 17.6. Women without formal education initiate sexual intercourse more than three years earlier than women with more than secondary education (16.6 years versus 20.1 years). Among men, there is no clear relationship between median age at first sex and level of education.

Polygamy

Twenty-two percent of women in DRC report being in a polygamous union. Polygamy is most common in Kasaï Oriental and Kasaï Occidental (31% each).

Desired family size

Congolese men want, on average, 7 children, while Congolese women would like 6 children. Among women age 15-49, the ideal family size decreases as a woman's level of education increases: women with no education want 7.2 children, compared to 4.3 children for women with more than secondary education.

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Family Planning

Knowledge of family planning

The vast majority of women (88%) and men (95%) know at least one modern method of contraception. The most widely known method is the male condom.

Current use of family planning

Despite this high level of knowledge, just 20% of married women are using any method of contraception and 8% are using a modern method. The male condom is the most widely used method (3%). Contraceptive use has remained virtually unchanged since 2007.

Two in ten sexually active, unmarried women (21%) are using a modern method of family planning. The male condom is the most popular method (17%) among sexually active, unmarried women.

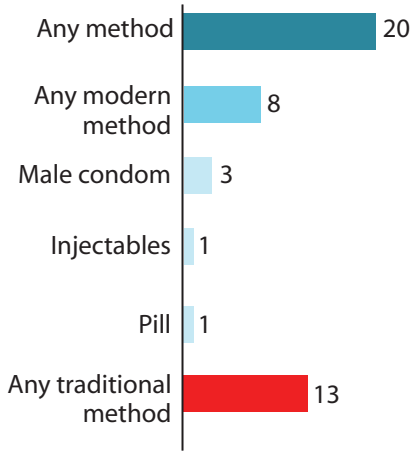
Use of modern methods by married women is higher in urban areas (15%) than in rural areas (5%). Modern method use is highest in Kinshasa (19%) and lowest in Équateur, Katanga, and Kasaï Oriental (4% each). Use of modern methods varies dramatically by level of education: 19% of women with more than secondary education are using a modern method, compared to 4% of women with no education.

Source of family planning methods

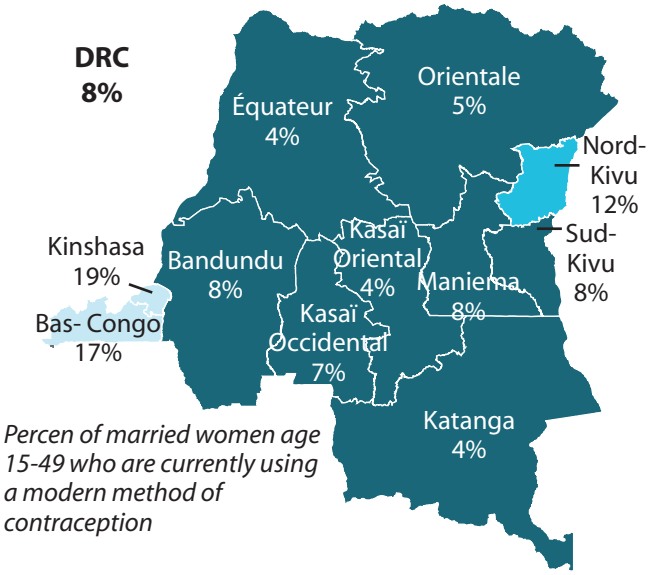
The majority of women who use injectables (64%) obtain this method from the public sector, while male condoms are primarily obtained from the private medical sector (70%).

Family Planning

Percent of married women age 15-49 who are using family planning



Use of modern methods by province



Percen of married women age 15-49 who are currently using a modern method of contraception

Fertility preferences

More than 1 in 5 women (23%) want no more children. Additionally, 45% of women would like to wait two or more years before their next birth. These women and men 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 EDS-RDC II reveals that 28% of married women have an unmet need for family planning. More women have an unmet need for spacing births (21%) than for limiting births (7%).

Exposure to family planning messages

In the months before the survey, only 13% of women were exposed to family planning messages on the radio, on television, in newspapers or magazine. However, 10% of women did hear a family planning message on the radio and 5% saw a family planning message on television.

The vast majority of women who are not using contraception (90%) did not discuss family planning with a health worker. Only 5% of non-users were visited by a field worker who discussed family planning. Seven percent of non-users who visited a health facility in the 12 months before the survey discussed family planning during their visit, while 31% did not discuss family planning.

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. Nearly 6 in 10 women (57%) were informed about possible side effects of their method and 48% were informed about what to do if they experienced side effects. About half of women (49%) were informed about other available family planning methods.

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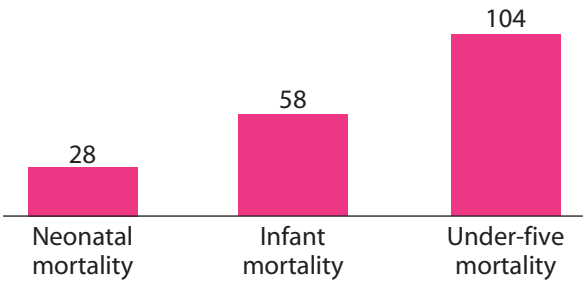
Childhood Mortality

Rates

In DRC, for every 1,000 children born, 58 die before their first birthday (28 deaths between age 0 and 1 month and 30 between age 1 and 12 months). Overall, under-five mortality is 104 deaths per 1,000 live births. Under-five mortality has decreased since 2007, from 148 deaths per 1,000 live births in 2007 to 104 in 2013.

Childhood mortality

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



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Childhood mortality rates by background characteristics

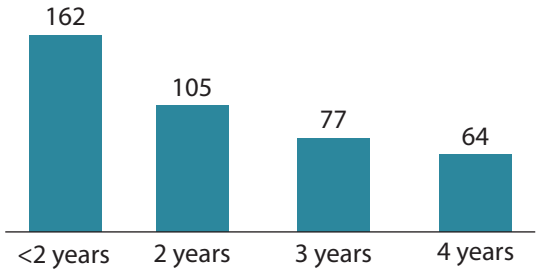
Under-five mortality for the ten-year period before the survey varies by residence (96 deaths per 1,000 live births in urban areas versus 118 in rural areas) and by mother's level of education (122 deaths per 1,000 live births for children born to mothers with no education versus 93 for children born to mothers with secondary or higher education). The EDS-RDC II reveals dramatic differences in under-five mortality by province. Under-five mortality is highest in Sud-Kivu (139 deaths per 1,000 live births) and lowest in Nord-Kivu (65 deaths per 1,000 live births).

Birth intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in DRC is 30.4 months. Infants born less than two years after a previous birth have high under-five mortality rates (162 deaths per 1,000 live births, compared to 64 deaths per 1,000 live births for infants born four or more years after the previous birth). Overall, 27% of children are born less than two years after their siblings.

Under-five mortality by previous birth interval

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



Maternal Health

Antenatal care

Eighty-eight percent of mothers with a live birth in the five years before the survey received some antenatal care (ANC) from a skilled provider (doctor, nurse, or trained birth attendant). Nearly half of mothers had four or more ANC visits, as recommended and 17% had their first visit before their fourth month of pregnancy, as recommended. The quality of ANC is also important. Two-thirds (66%) of last births were protected against neonatal tetanus and 63% of mothers were informed of signs of pregnancy complications.

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Delivery

Eight in ten births took place in a health facility and the same proportion of births (80%) were assisted by a skilled provider. Births in Katanga and Équateur (64%) and births to women living in households in the lowest wealth quintile (66%) were least likely to be assisted by a skilled provider.

Postnatal care

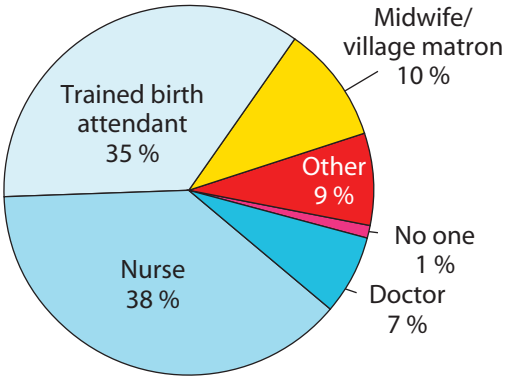
Postnatal care helps prevent complications after childbirth. Overall, 44% of mothers received postnatal care within two days of delivery, but 52% did not receive postnatal care within 41 days of delivery.

Maternal mortality

Maternal mortality is high in the Democratic Republic of Congo. The maternal mortality ratio is 846 maternal deaths per 100,000 live births for the seven-year period before the survey.

Delivery assistance

Percent distribution of live births in the last five years by type of delivery assistance



80% of births were assisted by a skilled provider

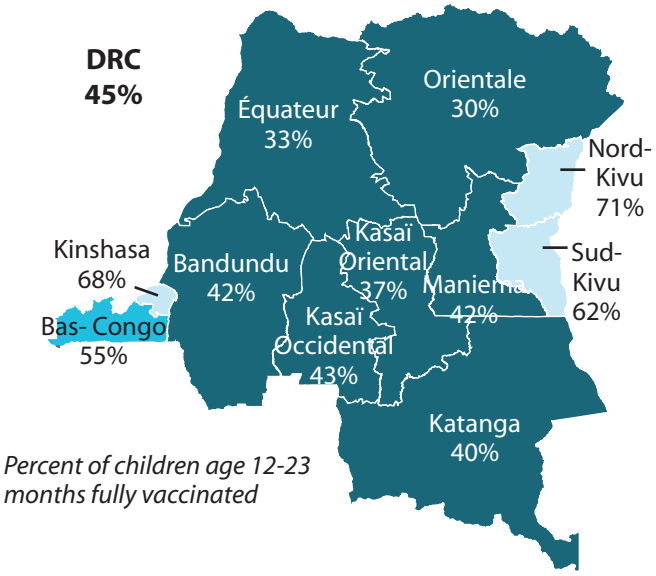
Child Health

Vaccination coverage

Overall, 45% of children age 12-23 months have received all recommended vaccines (one dose each of BCG and measles and three doses each of DPT/ pentavalent and polio), while 6% have not received any vaccinations. The EDS-RDC II results show that 83% of children age 12-23 months have received the BCG vaccine, 61% received three doses of pentavalent, 66% received three doses of polio and 72% were vaccinated against measles.

Vaccination coverage varies by province, ranging from a low of 30% in Orientale to a high of 71% in Nord-Kivu. Vaccination coverage is nearly two times higher among children living in the wealthiest households than among those living in the poorest households (65% versus 36%).

Child vaccination by province



Percent of children age 12-23 months fully vaccinated

Childhood illness

Seven percent of children under age five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI) in the two weeks before the survey. Among these children, 42% were taken to a health facility or provider for treatment.

Nearly 1 in 5 children under age five (17%) had diarrhea in the two weeks before the survey. Diarrhea was most common among children age 6-11 months (33%). Overall, 42% of children with diarrhea were treated with oral rehydration therapy (ORT) and 58% were treated with ORT or increased fluids. However, 15% of children with diarrhea did not receive any treatment.

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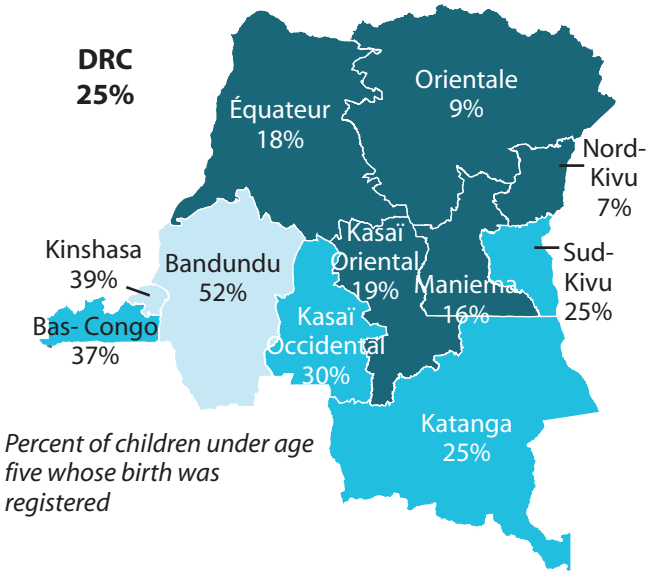
Children's Status

Birth registration

One-quarter of children under age five had their birth registered and 14% have a birth certificate. Birth registration is lowest in Nord-Kivu (7%) and highest in Bandundu (52%).

Birth registration by province



Percent of children under age five whose birth was registered

School attendance

The EDS-RDC II results indicate that 80% of school-age children are attending primary school and 43% are attending secondary school. Girls attend primary school slightly less than boys: the gender parity index for primary school is 0.97. The gender parity index for secondary school is 0.75 which indicates that girls attend secondary school less frequently than boys. Additionally, 7% of children age 36-59 months are attending a preschool program.

Child labor

One-third of children age 5-11 (34%) participated in child labor in the week before the survey. For this age group, child labor is defined as economic activity for more than an hour and/or domestic work for 28 or more hours and/or any work in dangerous conditions in the last week. More than 4 in 10 children age 12-14 (43%) participated in child labor in the week before the survey, either 14 or more hours of economic activity and/or 28 or more hours of domestic work and/or any work in dangerous conditions. More than half of children age 15-17 (49%) participated in child labor in the week before the survey. For this age group, child labor is defined as 43 or more hours of economic activity, and/or 43 or more hours of domestic work and/or any work in dangerous conditions.

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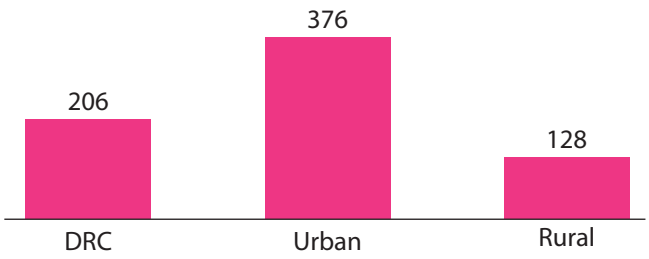
Health Expenditures

The EDS-RDC II collected data on the health expenditures of individuals. The results (in US dollars) show that the average annual per person health expenditures are $20 for outpatient care and $7 for hospitalizations. Women spend an average of $31 per year on both types of health care, compared to men who spend an average of $24.

Additionally, the EDS-RDC II 2013-14 calculated average household health expenditures. The results show that the average Congolese household spends $110 annually on outpatient care, $38 on hospitalizations and $58 for other health expenses, such as vitamins or medicines, first-aid supplies like band-aids, thermometers or other items not prescribed during out- or in-patient care. In total, households spend an average of $206 annually. This total is approximately three times higher among urban households than among rural households ($376 versus $128).

Average annual household health expenditures

Average annual household expenditures for outpatient care, hospitalizations, and other health expenses (in US$)



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Breastfeeding and Anemia

Breastfeeding and complementary foods

Nearly all children born in the five years before the survey were ever breastfed (98%) and more than half (52%) were breastfed in the first hour of life. However, 11% of children received other food or liquids before beginning breastfeeding.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. Just 48% of children under age six months are exclusively breastfed, while 79% of children age 6-9 months are receiving complementary foods.

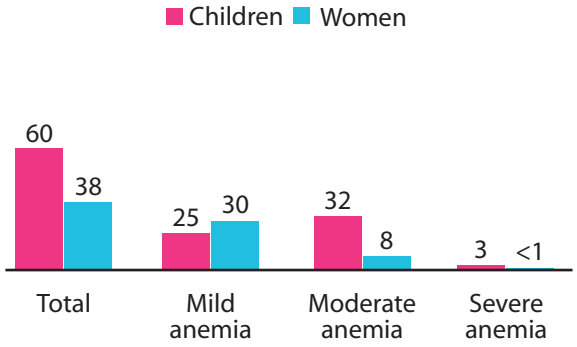
The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months be fed foods from four or more food groups daily. Non-breastfed children should be fed milk or milk products in addition to foods from four or more food groups. IYCF also recommends that children be fed a minimum number of times per day.* The survey results show that only 9% of breastfed children and 2% of non-breastfed children are being fed in accordance with ICYF recommendations.

Anemia

During the EDS-RDC II, anemia testing was carried out in half of households. The results shows that 6 in 10 children age 6-59 months are anemic, the majority with moderate anemia. Anemia is highest in Maniema (79%) and is lowest in Nord-Kivu (34%).

Anemia prevalence

Percent of children age 6-59 months and women age 15-49 who are anemic



Among women age 15-49, 38% are anemic, the majority with mild anemia (30%). Anemia prevalence varies by province, from a minimum of 21% in Nord-Kivu to a maximum of 55% in Bas Congo. Overall, 43% of pregnant women are anemic.

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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.

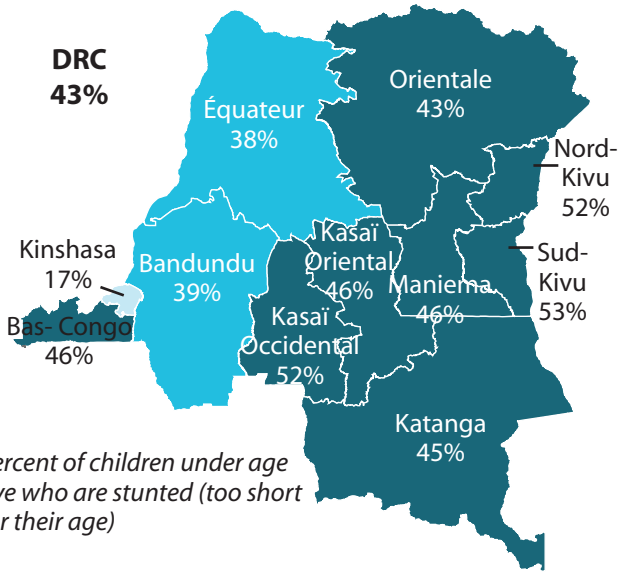
Nutritional Status of Children and Women

Nutritional status of children

Forty-three percent of children under age five are stunted, or too short for their age, and 23% are severely stunted. This is an indication of chronic malnutrition. Stunting is higher in rural areas than in urban areas (47% versus 33%) and higher in Sud-Kivu (53%), Nord-Kivu (52%) and Kasaï Occidental (52%) than in other provinces. Stunting decreases as the mother's level of education increases; 51% of children whose mothers have no education are stunted, compared to 13% of children whose mothers have more than secondary education.

Among children under age five, 8% are wasted. This means they are too thin for their height and indicates acute malnutrition. Additionally, 23% of children under age five are underweight.

Stunting by province



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

Nutritional status of women

The EDS-RDC II took height and weight measurements from women to calculate Body Mass Index (BMI). BMI is defined as weight in kilograms divided by height in meters squared. Overall, 14% of women have a BMI less than 18.5, which indicates chronic undernutrition. Sixteen percent of women are overweight or obese (BMI greater than or equal to 25). Overweight and obesity is highest among women living in Kinshasa (32%).

Micronutrients

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. Seven in ten children age 6-59 months (70%) received a vitamin A supplement in the six months before the survey. Additionally, 82% of children age 6-23 months ate foods rich in vitamin A during the 24 hours before the survey. Moreover, 27% of women with a birth in the five years before the survey received a vitamin A supplement postpartum.

More than half of children age 6-23 months (52%) ate foods rich in iron in the 24 hours before the survey. Overall, 16% of children age 6-59 months received iron supplements in the week before the survey. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. One in twenty pregnant women (5%) took iron supplements for 90 or more days during their last pregnancy

Malaria

Ownership of mosquito nets

In DRC, 70% of households own at least one insecticide-treated mosquito net (ITN). ITN ownership varies by province, from a low of 47% in Orientale to 88% in Bandundu. Nearly half of the household population (47%) has access to an ITN, assuming one ITN is used by two people.

Use of mosquito nets by children and pregnant women

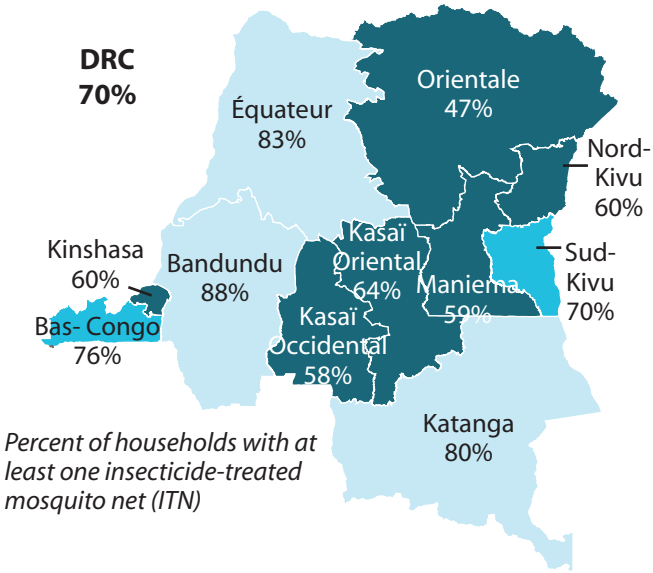
Overall, 56% of children under age five slept under an ITN the night before the survey. This proportion ranges from a minimum of 36% in Oriental and Kasaï Occidental to a maximum of 79% in Bandundu. Three in five pregnant women age 15-49 (60%) slept under an ITN the night before the survey.

Antimalarial medication

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive two or more doses of SP/Fansidar during a prenatal care visit. The results of the EDS-RDC II show that 33% of pregnant women with a birth in the two years before the survey received SP/Fansidar during an antenatal care visit and just 14% received two or more doses.

Three in ten children under age five (30%) had fever in the two weeks before the survey. Among these children, 55% sought treatment and 6% received Artemisinin combination therapy (ACT).

ITN ownership by province



Percent of households with at least one insecticide-treated mosquito net (ITN)

Malaria testing

The EDS-RDC II tested children age 6-59 months for malaria. More than 1 in 5 children (23%) tested positive for malaria according to microscropy. Malaria was most common among children age 36-47 months (28%). Malaria prevalence was highest in Orientale (38%) and Maniema (34%) and lowest in Nord-Kivu (5%).

HIV Knowledge, Attitudes and Behaviors

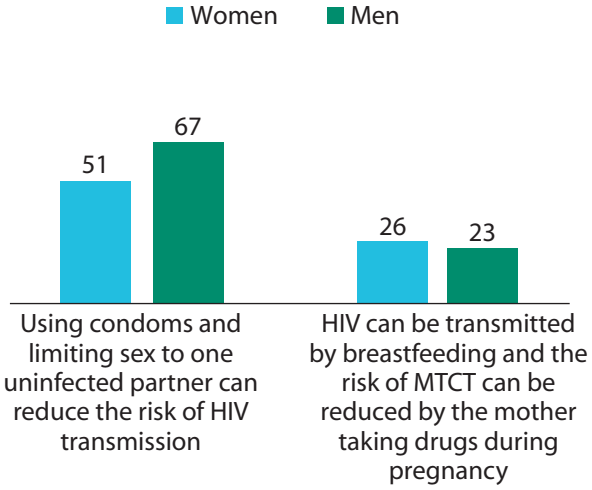
Knowledge

In DRC, 94% of women and 97% of men have heard of AIDS. Half of women (51%) and 67% of men know that using condoms and limiting sex to one uninfected partner can reduce the risk of contracting HIV. This knowledge is lowest among women in Kasaï Oriental and among men in Orientale (39% and 57%, respectively).

Furthermore, 26% of women and 23% of men know that HIV can be transmitted by breastfeeding and that the risk of mother-to-child transmission can be reduced by the mother taking drugs during pregnancy.

Knowledge of HIV : Prevention methods and mother-to-child transmission (MTCT)

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



Multiple sexual partners

During the 12 months before the survey, 3% of women and 22% of men age 15-49 reported having two or more sexual partners. Among them, only 12% of women and 13% of men reported using a condom at their last sexual intercourse.

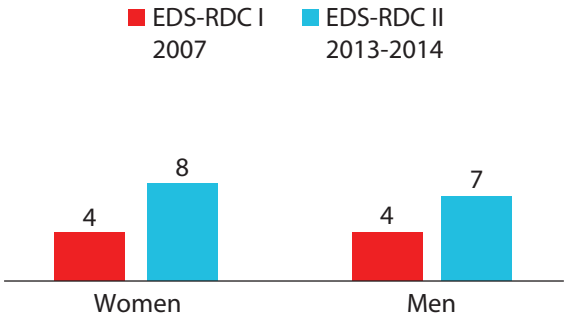
HIV testing

According to the EDS-RDC II, 8% of women and 7% of men were tested for HIV and received the results in the 12 months before the survey. HIV testing has nearly doubled since 2007. However, nearly 8 in 10 women (78%) and 84% of men have never been tested for HIV.

Overall, 13% of pregnant women were counseled, tested for HIV, and received their results during an antenatal care visit.

Trends in HIV testing

Percent of women and men age 15-49 who were tested and received the result of the last test in the last 12 months



HIV Prevalence

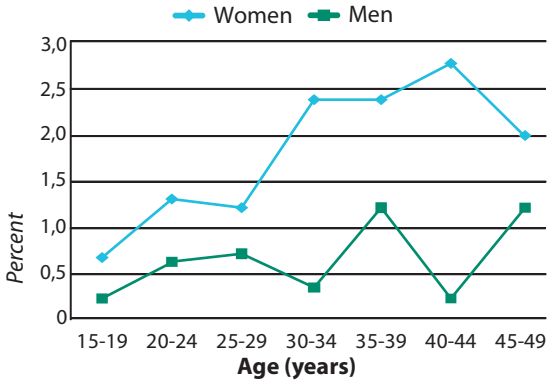
During the EDS-RDC II, 18,604 women and men were eligible for HIV testing. Among them, 96% of women age 15-49 and 94% of men age 15-59 agreed to be tested for HIV.

HIV prevalence among the adult population age 15-49 is estimated at 1.2%. Prevalence is higher among women (1.6%) than among men (0.6%). HIV prevalence increases with age before reaching a maximum of 2.9% among women age 40-44 and 1.2% among men age 35-39 and 45-49.

HIV prevalence has not changed since 2007. Among women age 15-49, HIV prevalence has remained the same. Among men, HIV prevalence has decreased from 0.9% in 2007 to 0.6% in 2013, but this change is not statistically significant.

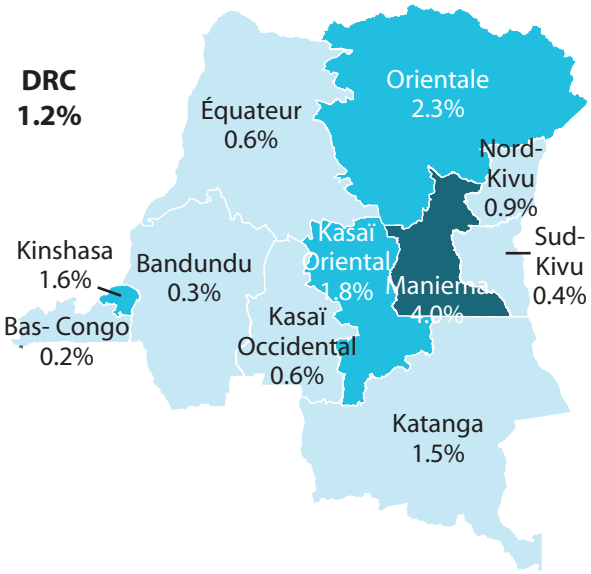
HIV prevalence varies by province, ranging from a low of 0.2% in Bas-Congo and 0.3% in Bandundu to a high of 4.0% in Maniema. However, these differences are not statistically significant.

HIV prevalence by age



HIV prevalence by province

Percent of women and men age 15-49 HIV-positive



Women's Empowerment

Employment

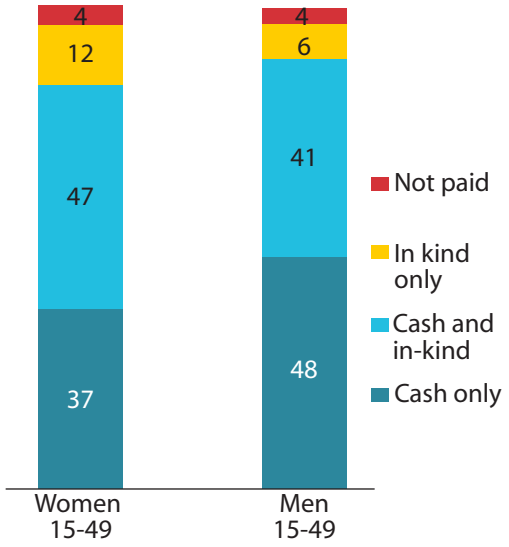
The results of the EDS-RDC II reveal that 81% of married women age 15-49 were employed in the 12 months before the survey, compared to 97% of married men age 15-49. More than one-third of working women (37%) and 48% of working men were paid exclusively in cash. Four percent of married women and men who worked in the 12 months before the survey were not paid for their work. Moreover, among married women who were paid cash for their work, 72% say they earn less than their husband/partner.

Participation in household decisions

In DRC, 6 in 10 women participate in decisions about major household purchases, 54% participate in decisions about visits to her family or friends, and 46% participate in decisions about her health care. More than one-quarter of women (26%) say that they do not participate in any of the three aforementioned decisions.

Women and men's earnings

Percent distribution of married women and men age 15-49 who worked in the last 12 months by type of earnings



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Domestic Violence

Physical violence

More than half of women (52%) have ever experienced physical violence since the age of 15. More than one-quarter of women (27%) have experienced physical violence in the last 12 months. Physical violence in the last 12 months is highest in Kasaï Occidental (35%).

Sexual violence

Overal, 27% of women have ever experienced sexual violence and 16% experienced sexual violence in the last 12 months. Sexual violence in the last 12 months is highest in Kasaï Occidental (24%).

Spousal violence

Among ever-married women age 15-49, 57% have ever experienced spousal violence (emotional, physical or sexual) committed by their current or former husband/partner. Spousal violence is highest in Kasaï Occidental (68%).

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INDICATORS

	DRC	Residence	
		Urban	Rural
Fertility			
Total Fertility Rate (number of children per woman)	6.6	5.4	7.3
Women age 15-19 who are mothers or currently pregnant (%)	27	20	32
Median age at first sex: women 20-49	16.8	17.3	16.5
Median age at first marriage: women 25-49	18.7	19.6	18.3
Median age at first birth: women 25-49	19.9	20.5	19.7
Family Planning (married women age 15-49)			
Using any method (%)	20	31	15
Using any modern method (%)	8	15	5
With an unmet need for family planning[1]	28	28	27
Maternal and Child Health			
Maternal Health			
Pregnant women who received antenatal care from a skilled provider[2] (%)	88	94	86
Births delivered in a health facility (%)	80	93	74
Births assisted by a skilled provider[2] (%)	80	94	74
Child Health			
Children age 12-23 months fully vaccinated[3] (%)	45	53	42
Nutrition			
Children under age five who are stunted (%)	43	33	47
Children under age five who are wasted (%)	8	5	9
Children under age five who are underweight (%)	23	14	26
Children age 6-59 months who are anemic (%)	60	59	60
Women age 15-49 who are anemic (%)	38	41	37
Men age 15-49 who are anemic (%)	23	21	24
Malaria			
Households with at least one insecticide-treated mosquito net (ITN) (%)	70	71	70
Children under age five who slept under an ITN the night before the survey (%)	56	54	57
Pregnant women age 15-49 who slept under an ITN the night before the survey (%)	60	58	61
Children age 6-59 months who tested positive for malaria according to microscopy (%)	23	20	24
Childhood Mortality (deaths per 1,000 live births)[4]			
Infant mortality	*58*	59	68
Under-five mortality	*104*	96	118
HIV/AIDS			
Knowledge of HIV Prevention Methods (women and men age 15-49)			
Using condoms and limiting sex to one uninfected partner [women/men] (%)	51/67	63/72	43/64
HIV Prevalance among women age 15-49 (%)	1.6	2.3	1.2
HIV Prevalence among men age 15-49 (%)	0.6	0.7	0.5
Domestic Violence			
Women age 15-49 who have ever experienced physical violence since age 15 (%)	52	52	52
Women age 15-49 who have ever experienced sexual violence (%)	27	22	30

[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]Doctors, nurses and trained birth attendants are considered skilled providers. [3] Fully vaccinated includes BCG, measles, three doses each of DPT/pentavalent and polio vaccine (excluding polio vaccine given at birth). [4] For the ten-year period before the survey, except the national total, in italics, which corresponds to the five-year period before the survey.

Province										
Kinshasa	Bas-Congo	Bandundu	Équateur	Oriental	Nord-Kivu	Sud-Kivu	Maniema	Katanga	Kasaï Oriental	Kasaï Occidental
4.2	6.0	6.3	7.0	5.9	6.5	7.7	6.9	7.8	7.3	8.2
13	37	27	39	41	18	21	35	31	24	24
17.8	16.7	16.5	15.9	15.8	17.8	17.7	16.6	17.1	16.9	18.0
22.7	19.6	18.9	18.3	18.3	19.7	18.3	18.1	18.0	17.5	17.7
22.1	19.9	20.4	19.6	19.7	20.1	19.6	19.9	19.2	19.3	19.5
45	38	26	17	11	16	13	18	13	12	24
19	17	8	4	5	12	8	8	4	4	7
23	28	29	34	30	38	22	30	27	23	19
96	95	90	83	89	97	96	92	79	81	89
98	94	84	60	83	92	93	88	63	72	84
97	95	83	64	86	92	92	87	64	70	83
68	55	42	33	30	71	62	42	40	37	43
17	46	39	38	43	52	53	46	45	46	52
4	11	10	6	7	5	7	23	8	8	7
6	27	25	19	20	21	26	32	20	26	31
57	69	58	59	68	34	36	79	60	75	74
47	55	38	35	37	21	23	50	43	41	47
18	34	23	25	27	10	14	35	21	25	31
60	76	88	83	47	60	70	59	80	64	58
48	68	79	65	36	39	58	45	61	50	36
38	66	79	71	44	46	62	55	65	55	45
18	24	14	19	38	5	10	34	32	29	32
50	81	57	65	69	41	92	62	72	63	72
83	124	89	132	112	65	139	105	121	122	135
64/75	62/90	53/70	47/64	42/57	61/76	62/69	42/60	41/58	39/58	46/71
2.6	0.3	0.5	0.7	3.9	1.5	0.8	4.0	1.6	2.4	0.8
0.3	0.1	0.1	0.6	0.5	<0.1	<0.1	3.9	1.3	1.1	0.2
57	47	54	59	48	26	48	58	49	57	62
16	16	31	27	24	28	35	34	23	31	36