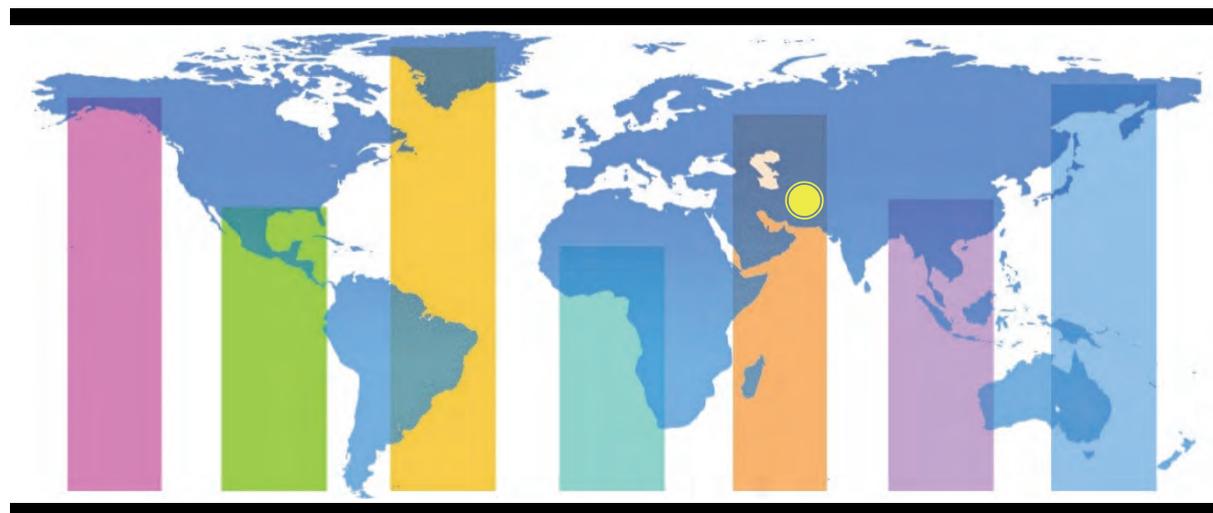


Afghanistan



**Demographic and
Health Survey**

2015

Key Indicators

Afghanistan

Demographic and Health Survey 2015

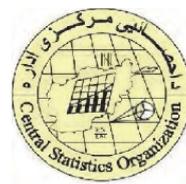
Key Indicators Report

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The DHS Program
ICF International
Rockville, Maryland, USA

May 2016



The 2015 Afghanistan Demographic and Health Survey (2015 AfDHS) was implemented by the Central Statistics Organization and the Ministry of Public Health from 15 June 15, 2015, to February 23, 2016. The funding for the AfDHS was provided by the United States Agency for International Development (USAID). ICF International provided technical assistance through The DHS Program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs.

Additional information about the 2015 AfDHS may be obtained from the Central Statistics Organization, Ansari Watt, Kabul, Afghanistan; Telephone: (+853) 763468836; Internet: <http://cso.gov.af> and the Ministry of Public Health, Great Masoud Road, Wazir Akbar Khan area, Kabul, Afghanistan; Internet: <http://moph.gov.af>.

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

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FOREWORD

The 2015 Afghanistan Demographic and Health Survey (AfDHS) was implemented by the Central Statistics Organization (CSO) and the Ministry of Public Health (MoPH). The 2015 AfDHS was the first DHS survey to be conducted in Afghanistan in collaboration with the worldwide Demographic and Health Surveys Program. This report, which presents key findings from the 2015 AfDHS, is intended to provide policy makers and program managers with a first glimpse of the survey results. A more comprehensive, detailed report is scheduled for late 2016.

The CSO and MoPH wish to acknowledge the efforts of a number of organizations and individuals who contributed substantially to the success of the survey. First, we would like to acknowledge the financial assistance of the United States Agency for International Development (USAID). We would like to thank ICF International for technical backstopping throughout the survey. The survey also could not have been carried out successfully without the dedication of the staff of the CSO and MoPH who planned, participated in, and oversaw the entire AfDHS.

Finally, we are grateful to the survey respondents who generously gave their time to provide the information that forms the basis of this report.

Central Statistics Organization

Ministry of Public Health

1 INTRODUCTION

The 2015 Afghanistan Demographic and Health Survey (AfDHS) is the first Demographic and Health Survey (DHS) conducted in Afghanistan. It was implemented by the Central Statistics Organization (CSO) and the Ministry of Public Health (MoPH). Data collection took place from June 15, 2015, to February 23, 2016. The funding for the AfDHS was provided by the United States Agency for International Development (USAID). ICF International provided technical assistance through The DHS Program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs. United Nations Children’s Fund (UNICEF) helped facilitate the successful implementation of the survey through its technical support.

This key indicators report presents a first look at selected findings of the 2015 AfDHS. A comprehensive analysis of the data will be presented in a final report in late 2016.

1.1 Survey Objectives

The primary objective of the 2015 AfDHS project is to provide up-to-date estimates of basic demographic and health indicators. Specifically, the AfDHS collected information on fertility levels, marriage, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, maternal and child health and mortality, awareness and behavior regarding HIV/AIDS and other sexually transmitted infections (STIs), and other health-related issues such as smoking, tuberculosis, and cancer. As the 2015 AfDHS is the first DHS survey in the country, trend analysis is not carried out in this report.

The information collected through the AfDHS is intended to assist policy makers and program managers in evaluating and designing programs and strategies for improving the health of the country’s population.

2 SURVEY IMPLEMENTATION

2.1 Sample Design

The sampling frame used for the 2015 AfDHS is an updated version of the Household Listing Frame, prepared in 2003-2004 and updated in 2009, provided by the Central Statistics Organization (CSO). The CSO had information on 25,974 enumeration areas (EAs), which served as counting units for the census. The sampling frame contained information about the location (province, district, and control area), the type of residence (urban and rural), and the estimated number of residential households for each of the 25,974 EAs. Satellite maps were also available for each EA, which delimited the geographic boundaries of the EA. The sampling frame excluded institutional populations such as persons in hotels, barracks, and prisons.

The 2015 AfDHS followed a stratified two-stage sample design and was intended to allow estimates of key indicators at the national level, in urban and rural areas, and for each of the 34 provinces of Afghanistan. The first stage involved selecting sample points (clusters) consisting of EAs. A total of 950 clusters were selected, 260 in urban areas and 690 in rural areas. It was recognized that some areas in the country might be difficult to reach because of ongoing security issues. Therefore, to mitigate the situation, replacement clusters were selected. The 101 replacement clusters that were preselected did not exceed 10 percent of the selected clusters in the province.

The second stage involved systematic sampling of households. A household listing operation was undertaken in all of the selected clusters, and a fixed number of 27 households per cluster were selected with an equal probability systematic selection process, for a total sample size of 25,650 households. Because of the approximately equal sample size in each province, the sample is not self-weighting at the national level, and weighting factors have been calculated, added to the data file, and applied so that results are representative at the national level.

All ever-married women age 15-49 who were either permanent residents of the selected households or visitors who stayed in the households the night before the survey were eligible to be interviewed. In half of the households, all ever-married men age 15-49 who were either residents of the selected households or visitors who stayed in the household the night before the survey were eligible to be interviewed.

During the household listing operation more than 70 selected clusters were identified as insecure, and a decision was made to carry out the household listing operation in all of the 101 preselected replacement clusters. Overall, the survey was successfully carried out in 956 clusters¹.

2.2 Questionnaires

Three questionnaires were used for the 2015 AfDHS: the Household Questionnaire, the Woman's Questionnaire, and the Man's Questionnaire. These questionnaires, based on The DHS Program's standard Demographic and Health Survey questionnaires, were adapted to reflect the population and health issues relevant to Afghanistan. Input was solicited from various stakeholders representing government ministries and agencies, nongovernmental organizations, and international donors. After all questionnaires were finalized in English, the questionnaires were translated into Dari and Pashto.

The Household Questionnaire was used to list all of the members of and visitors to selected households. Basic demographic information was collected on the characteristics of each person listed, including his or her age, sex, marital status, education, and relationship to the head of the household. For

¹ Because of extreme security issues in rural areas of Zabul, all selected clusters in rural areas were dropped; only seven clusters that were selected from urban areas could be covered. Consequently, it is not possible to provide provincial-level estimates for Zabul; however, the information collected from this province is included in the national level estimates.

children under age 18, parents' survival status was determined. The data on age and sex of household members obtained in the Household Questionnaire were used to identify women and men who were eligible for individual interviews. The Household Questionnaire also collected information on characteristics of the household's dwelling unit, such as source of water, type of toilet facilities, materials used for the floor of the dwelling unit, and ownership of various durable goods.

The Woman's Questionnaire was used to collect information from all eligible women age 15-49. These women were asked questions on the following topics:

- Background characteristics (including age, education, and media exposure)
- Birth history and child mortality
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal, delivery, and postnatal care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Women's work and husbands' background characteristics
- Knowledge, awareness, and behavior regarding HIV/AIDS and other sexually transmitted infections (STIs)
- Adult mortality, including maternal mortality
- Knowledge, attitudes, and behavior related to other health issues (e.g., tuberculosis, cancer)

The Man's Questionnaire was administered to all eligible men age 15-49 in the subsample of households selected for the male survey. The Man's Questionnaire collected much of the same information found in the Woman's Questionnaire but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health.

2.3 Pretest

Eleven women and 16 men participated in a training to pretest the AfDHS survey protocol over a three-week period in March 2015. The participants were staff of CSO and MoPH from various departments, including CSO Field Operations, Database, Census, Sampling, Cartography, and Demography, and from MoPH, Monitoring and Evaluation. Twelve days of classroom training was provided. The training was led by The DHS Program staff, supported by the in-country AfDHS core team that translated the sessions into Dari and Pashto. Further, resource persons from MoPH and UNICEF attended the sessions to provide technical background on topics such as family planning, reproductive health, child health, and salt testing for iodine.

The fieldwork for the pretest was carried out in four locations in and around Kabul. There were four teams deployed: two teams for testing the Dari language questionnaires and two teams for testing the Pashto language questionnaires. Following the field practice, a debriefing session was held with the pretest field staff, and modifications to the questionnaires were made based on lessons drawn from the exercise.

2.4 Training of Trainers

The training of trainers was conducted from May 9 to May 13, 2015, for the master trainers, who had earlier participated in the pretest training in March 2015. The purpose of the training was to prepare the master trainers for the main training. Seventeen master trainers were selected, based on their performance, from among the participants who participated in the pretest. The DHS Program survey manager facilitated the session, highlighting the concept of adult learning principles and guidelines on conducting effective training. As the participants had gone through the pretest training and fieldwork, they were well versed in the components of the AfDHS. The training focused on key components like interview techniques and procedures for completing the AfDHS questionnaires; birth history, family planning, and contraceptive

calendar; and completing the vaccination cards. The participants worked in groups to develop teach-backs on these topics using various training techniques. They were encouraged to develop participatory methods for the training. Several tests were carried out, which also helped them design test questions for the main training.

2.5 Training of Field Staff

The CSO recruited and trained 300 people for the main fieldwork to serve as supervisors, field editors, interviewers, and reserve interviewers. Additionally, five staff from MoPH also joined the training to serve as fieldwork monitors and secondary editors. The field staff main training took place from May 21 to June 13, 2015, at the Rana University in Kabul. The training course consisted of instruction regarding interviewing techniques and field procedures, a detailed review of questionnaire content, instruction on how to administer the paper questionnaires, mock interviews between participants in the classroom, and practice interviews with real respondents in areas outside the 2015 sample points.

The main fieldwork training was led by the master trainers and backstopped by The DHS Program trainers. The sessions included discussing concepts, procedures, and methodology of conducting the survey. Participants were guided through the questionnaires. Further, resource persons from the MoPH and UNICEF attended the sessions to provide technical input. The master trainers used various techniques they had learned to facilitate the training sessions. These included presentations, lectures, hands-on exercises, mock interviews, role plays, group work, and quizzes. In-class exercises included probing for age, checking age consistencies, filling out vaccination cards, completing the reproductive calendar, and practicing interviews. The trainees were taken for field practice twice in the nonsampled areas of Kabul district, where they got an opportunity to implement the survey in a real world situation.

Participants were evaluated through in-class exercises, quizzes, and observations made during field practice. Ultimately, 33 supervisors and 33 field editors were identified based on their performance. Similarly, 198 participants were selected to serve as interviewers while the rest were kept as reserves. The supervisors and field editors received additional training in data quality control procedures, fieldwork coordination, and management.

2.6 Fieldwork

Data collection was carried out by 33 field teams, each consisting of one team supervisor, one field editor, three female interviewers, and three male interviewers. However, the team composition had to be adjusted during the different phases of the fieldwork operation because of security challenges. Data collection took place from June 15, 2015, through February 23, 2016, though most of the teams completed the fieldwork by November 2015. The extension of fieldwork in some provinces was due to the ongoing unrest and insurgency in the provinces of Kunduz, Helmand, Faryab, Badghis, and Ghazni. In the case of Badakhshan, the team had to pass through Tajikistan to access the clusters, which entailed getting visa approval that took more than 3 months. Despite substantial challenges in the field, the AfDHS field teams successfully completed the fieldwork.

Fieldwork monitoring was an integral part of the AfDHS, and five rounds of monitoring were carried out by the AfDHS core team and the 17 master trainers. Two levels of monitoring strategies were identified. These were technical monitoring and coverage monitoring. The technical monitoring was carried out by the AfDHS core team and the master trainers, while the coverage monitoring was carried out by provincial statistical officers (PSOs) and the Provincial Health Directorate (PHD) of MoPH. The monitors were provided with guidelines for overseeing the fieldwork.

2.7 Data Processing

The processing of the 2015 AfDHS data began simultaneously with the fieldwork. All completed questionnaires were edited immediately while in the field by the field editors and checked by the supervisors

before being dispatched to the data processing center at the CSO central office in Kabul. These completed questionnaires were edited and entered by 23 data processing personnel specially trained for this task. All data were entered twice for 100 percent verification. Data were entered using the CSPro computer package. The concurrent processing of the data offered a distinct advantage, because it maximized the likelihood of the data being error-free and authentic. Moreover, the double entry of data enabled easy comparison and identification of errors and inconsistencies. Inconsistencies were resolved by tallying with the paper questionnaire entries.

The secondary editing of the data was completed in the first week of March 2016. The final cleaning of the data set was carried out by The DHS Program data processing specialist and was completed by mid-April 2016.

3 KEY FINDINGS

3.1 Response Rates

Table 3.1 shows response rates for the 2015 AfDHS. A total of 25,741 households were selected for the sample, of which 24,941 were occupied. Of the occupied households, 24,395 were successfully interviewed, yielding a response rate of 98 percent.

In the interviewed households, 30,434 ever-married women age 15-49 were identified for individual interviews; interviews were completed with 29,461 ever-married women, yielding a response rate of 97 percent. In the subsample of households selected for the male survey, 11,778 ever-married men age 15-49 were identified and 10,760 ever-married men were successfully interviewed, yielding a response rate of 91 percent. The lower response rate for men was likely due to their more frequent and longer absences from the household.

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	6,977	18,764	25,741
Households occupied	6,663	18,278	24,941
Households interviewed	6,391	18,004	24,395
Household response rate ¹	95.9	98.5	97.8
Interviews with women age 15-49			
Number of eligible women	7,396	23,038	30,434
Number of eligible women interviewed	7,025	22,436	29,461
Eligible women response rate ²	95.0	97.4	96.8
Interviews with men age 15-49			
Number of eligible men	2,771	9,007	11,778
Number of eligible men interviewed	2,333	8,427	10,760
Eligible men response rate ²	84.2	93.6	91.4

¹ Households interviewed/households occupied.
² Respondents interviewed/eligible respondents.

The response rates are lower in the urban areas than the rural areas. The difference is more prominent for men than women, as men in the urban areas are often away from their households for work. Moreover, given the security situation in the country, the field teams could not carry out the interviews in the late evenings when more men are at home.

3.2 Characteristics of Respondents

Table 3.2 shows, by background characteristics, the weighted and unweighted numbers and the weighted percent distributions of ever-married women and ever-married men age 15-49 interviewed in the 2015 AfDHS. Forty-eight percent of ever-married women and 35 percent of ever-married men in the sample are under age 30. Among ever-married women and men, 6 percent of women but only 1 percent of men are age 15-19—a reflection of the somewhat higher age at marriage among men than women.

Three percent of women report that they are widowed, as compared with 1 percent of men. A majority of respondents (77 percent) live in rural areas. With respect to educational status, 84 percent of women and 51 percent of men report that they have never attended school. Eight percent of women and 19 percent of men have completed primary school without continuing to secondary education. Nine percent of women and 31 percent of men have secondary or higher education.

Table 3.2. Background characteristics of respondents

Percent distribution of ever-married women and men age 15-49 by selected background characteristics, Afghanistan 2015

Background characteristic	Ever-married women			Ever-married men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15-19	6.2	1,825	1,829	1.3	142	158
20-24	20.7	6,089	6,083	10.8	1,162	1,302
25-29	21.4	6,299	6,447	22.5	2,422	2,355
30-34	14.6	4,302	4,481	18.7	2,008	2,017
35-39	15.1	4,463	4,304	18.0	1,935	1,850
40-44	10.6	3,113	3,191	13.0	1,402	1,483
45-49	11.4	3,369	3,126	15.7	1,688	1,595
Marital status						
Married	97.3	28,671	28,661	99.3	10,679	10,687
Divorced/separated	0.2	59	86	0.2	17	14
Widowed	2.5	731	714	0.6	64	59
Residence						
Urban	23.3	6,870	7,025	23.0	2,479	2,333
Rural	76.7	22,591	22,436	77.0	8,281	8,427
Province¹						
Kabul	12.4	3,658	755	12.5	1,350	207
Kapisa	0.7	205	874	0.6	63	280
Parwan	2.1	625	744	2.0	220	259
Wardak	1.3	382	870	1.6	171	418
Logar	1.6	472	915	1.9	204	404
Nangarhar	2.7	794	1,023	2.5	273	353
Laghman	2.0	583	800	2.1	227	334
Panjsher	0.2	54	681	0.2	18	202
Baghlan	2.8	839	740	2.6	281	246
Bamyan	1.0	303	652	0.9	94	193
Ghazni	4.5	1,328	1,146	5.8	619	576
Paktika	2.7	792	1,110	3.0	322	451
Paktya	1.8	542	1,174	1.9	206	472
Khost	2.9	851	1,338	3.1	334	560
Kunarha	1.9	559	734	1.4	151	186
Nooristan	0.8	222	1,398	0.6	66	419
Badakhshan	3.4	1,004	835	2.9	316	246
Takhar	3.8	1,105	819	2.8	296	217
Kunduz	4.2	1,232	839	4.5	479	297
Samangan	1.1	330	682	1.2	125	269
Balkh	6.0	1,781	909	5.7	616	314
Sar-E-Pul	2.2	654	812	1.8	195	260
Ghor	2.4	715	886	3.0	322	398
Daykundi	1.1	329	669	0.7	77	150
Urozgan	0.8	230	805	0.9	92	337
Kandahar	7.6	2,227	952	8.1	874	411
Jawzjan	2.1	614	865	2.0	218	331
Faryab	7.2	2,114	742	6.6	706	230
Helmand	3.0	875	843	3.3	355	344
Badghis	2.2	650	875	2.1	231	304
Herat	7.9	2,316	989	8.0	863	367
Farah	2.6	777	1,133	2.7	295	457
Nimroz	0.9	278	680	0.9	93	199
Education						
No education	83.5	24,604	25,201	50.6	5,447	5,516
Primary	7.9	2,330	1,978	18.5	1,987	1,741
Secondary	6.7	1,971	1,786	24.5	2,632	2,717
More than secondary	1.9	556	496	6.5	695	786
Wealth quintile						
Lowest	20.0	5,904	5,647	18.9	2,029	1,965
Second	20.4	6,001	6,756	20.8	2,233	2,482
Middle	20.0	5,888	6,356	20.1	2,160	2,420
Fourth	20.4	6,010	6,253	21.0	2,260	2,387
Highest	19.2	5,657	4,449	19.3	2,078	1,506
Total 15-49	100.0	29,461	29,461	100.0	10,760	10,760

Note: Education categories refer to the highest level of education completed.

¹ Provincial level estimates for Zabul has not been presented separately due to few cases. However, it is included in the total national estimates.

3.3 Fertility

To generate data on fertility, all women who were interviewed were asked to report the total number of sons and daughters to whom they had ever given birth. To ensure that all information was reported, women were asked separately about children still living at home, those living elsewhere, and those who had died. A complete birth history was then obtained, including information on the sex, date of birth, and survival status of each child; age at death for children who had died was also recorded.

Table 3.3 shows age-specific fertility rates (ASFRs) among women by five-year age groups for the three-year period preceding the survey. Age-specific and total fertility rates were calculated directly from the birth history data². The sum of age-specific fertility rates (known as the total fertility rate, or TFR) is a summary measure of the level of fertility. It can be interpreted as the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the current observed age-specific rates. If fertility were to remain constant at current levels, a woman from Afghanistan would bear an average of 5.3 children in her lifetime. Fertility is notably higher among rural women than among urban women; on average, rural women will give birth to about half a child more during their reproductive years than urban women (5.4 and 4.8, respectively). As the ASFRs show, the pattern of higher rural fertility is particularly evident in the 20-29 and 35-44 age groups (Figure 3.1). The urban-rural difference in fertility is most pronounced for women in age group 25-29.

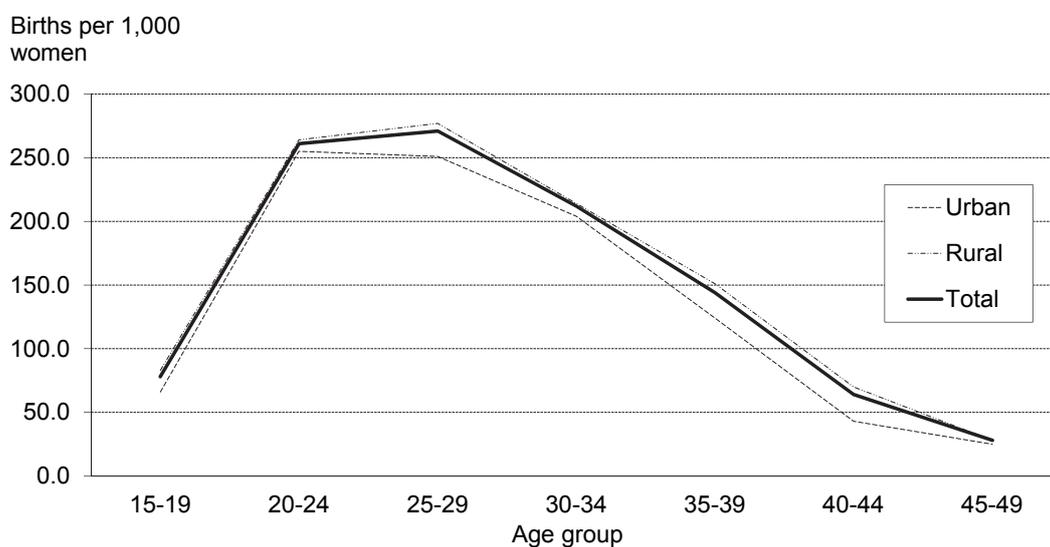
Table 3.3 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Afghanistan 2015

Age group	Residence		Total
	Urban	Rural	
15-19	62	83	78
20-24	255	264	261
25-29	251	277	271
30-34	204	214	212
35-39	124	151	144
40-44	43	70	64
45-49	26	28	28
TFR (15-49)	4.8	5.4	5.3
GFR	158	181	175
CBR	35.8	37.1	36.8

Notes: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to interview. TFR: Total fertility rate expressed per woman. GFR: General fertility rate expressed per 1,000 women age 15-44. CBR: Crude birth rate, expressed per 1,000 population

Figure 3.1 Age-specific fertility rates by urban-rural residence



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² Numerators for the age-specific rates are calculated by summing the births that occurred during the 1-36 months preceding the survey, classified by the age group of the mother at the time of the birth in five-year age groups. The denominators are the numbers of woman-years lived in each five-year age group during the 1-36 months preceding the survey. Because rates must be based on all women and the Afghanistan DHS is a survey of ever-married women, the number of women was increased using a factor based on all de facto women listed in the household who had never been married. The “all women” factors were based on age and background information available at the household level.

3.4 Teenage Pregnancy and Motherhood

The issue of adolescent fertility is important on both health and social grounds. Children born to very young mothers are at increased risk of sickness and death. Teenage mothers are more likely to experience adverse pregnancy outcomes and are more constrained in their ability to pursue educational opportunities than young women who delay childbearing.

Table 3.4 shows the percent distribution of women age 15-19 who have given birth or were pregnant with their first child at the time of the survey, according to background characteristics. Overall, 12 percent of women age 15-19 have begun childbearing: 8 percent had had a live birth and 4 percent were pregnant at the time of the interview. The proportion of teenagers who have begun childbearing rises rapidly with age, from 1 percent at age 15 to 31 percent at age 19. Rural teenagers and those with no education tend to start childbearing earlier than other teenagers. Teenagers in the highest wealth quintile tend to start childbearing later than those in other quintiles.

Table 3.4 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Afghanistan 2015

Background characteristic	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	0.2	0.5	0.7	1,809
16	1.3	1.1	2.4	2,648
17	4.3	3.6	7.9	1,931
18	13.3	7.2	20.5	2,729
19	22.9	8.4	31.3	1,630
Residence				
Urban	6.1	2.0	8.2	3,087
Rural	8.7	4.9	13.6	7,684
Education				
No education	10.4	6.0	16.4	5,572
Primary	6.9	2.4	9.3	1,743
Secondary	4.9	1.8	6.7	3,091
More than secondary	*	*	*	166
Wealth quintile				
Lowest	8.9	5.7	14.6	1,979
Second	8.1	4.8	12.9	2,096
Middle	9.7	3.7	13.4	1,982
Fourth	7.1	3.9	11.1	2,225
Highest	6.4	2.6	9.1	2,508
Total	8.0	4.1	12.1	10,747

Note: As the survey was based on an ever-married sample, the number of women was increased using a factor based on all de facto women listed in the household who had never been married. The "all women" factors were based on age in the household and background information available at the household level. Women who have never married are assumed to have never been pregnant. Because the number of all women is not normalized, the weighted numbers will not necessarily sum to the "total." Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

3.5 Fertility Preferences

Information on fertility preferences is used to assess the potential demand for family planning services for the purposes of spacing or limiting future childbearing. To elicit information on fertility preferences, several questions were asked of currently married women (pregnant or not) regarding whether they wanted to have another child and, if so, how soon.

Table 3.5 shows that 14 percent of women want to have another child soon (within the next 2 years), and 24 percent want to have another child later (in 2 or more years). Twenty-four percent of women want no more children, and 23 percent are undecided whether they want another child or not.

Fertility preferences are closely related to number of living children. Fifty-four percent of women with no living children want a child soon, as compared with only 4 percent of women with six or more children. In general, the more children a woman has, the higher the likelihood that she does not want another child.

Table 3.5 Fertility preferences by number of living children

Percent distribution of currently married women age 15-49 by desire for children, according to number of living children, Afghanistan 2015

Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Have another soon ²	54.0	25.6	17.8	15.6	9.4	7.6	4.2	14.3
Have another later ³	5.4	44.5	43.7	34.3	25.7	19.5	8.2	24.4
Have another, undecided when Undecided	3.4	5.7	3.2	4.1	2.6	2.9	1.4	3.0
Want no more	9.6	18.1	23.4	27.8	29.3	25.5	22.0	23.1
Sterilized ⁴	0.5	1.3	7.5	11.6	22.8	32.8	46.8	23.6
Declare infecund	0.2	0.1	0.2	1.2	1.2	2.3	4.1	1.9
Missing	26.7	3.9	3.6	4.9	8.5	8.5	12.7	9.2
	0.3	0.8	0.5	0.5	0.5	0.9	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,767	3,575	3,749	3,716	3,826	3,653	8,385	28,671

¹ Number of living children includes current pregnancy

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years

⁴ Includes both female and male sterilization

3.6 Family Planning

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. Contraceptive methods are classified as modern or traditional. Modern methods include female sterilization, male sterilization, intrauterine contraceptive device (IUD), implants, injectables, the pill, and condoms. Methods such as rhythm, withdrawal, and folk methods are grouped as traditional.

Table 3.6 shows the percent distribution of currently married women by the contraceptive method they currently use. Overall, 23 percent of currently married women use a method of family planning, with 20 percent using a modern method and 3 percent using a traditional method. This indicates that much more needs to be done before Afghanistan can achieve its Millennium Development Goal target of a contraceptive prevalence rate of 60 percent by 2020 (Ministry of Economy 2013).

Among currently married women, the most popular methods are the pill (used by 7 percent), injectables (used by 5 percent), and the male condom (used by 3 percent). The contraceptive prevalence rate (CPR) among married women increases with age, rising from only 8 percent among women age 15-19, peaking at 29 percent of women age 35-39, and then declining to 23 percent among women age 45-49.

Women in the urban areas are more likely to use a contraceptive method than women in the rural areas (35 percent and 19 percent, respectively). Use of contraception is highest in Herat province (61 percent), followed by Logar (33 percent) and Kabul (32 percent), and is lowest in Nooristan, where about 1 percent of women reported using any method. Use of contraception increases with increasing education and wealth. Women with living children are more likely than women without living children to use contraception.

Table 3.6 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49, by contraceptive method currently used, according to background characteristics, Afghanistan 2015

Background characteristic	Modern method											Traditional method				Total	Number of women		
	Any method	Any modern method	Female sterilization	Male sterilization	IUD	Im-plants	Inject-ables	Pill	Male condom	LAM	Other	Any traditional method	Rhythm	With-drawal	Other			Not currently using	
Age																			
15-19	7.8	6.0	0.0	0.0	0.7	0.0	0.5	2.7	1.4	0.7	0.0	1.8	0.1	1.7	0.0	92.2	100.0	1,812	
20-24	17.6	15.3	0.0	0.0	1.0	0.5	1.7	6.5	3.6	1.9	0.0	2.4	0.1	2.2	0.1	82.4	100.0	6,028	
25-29	20.9	18.8	0.2	0.0	1.5	0.1	3.8	7.6	3.5	2.1	0.0	2.1	0.0	2.1	0.0	79.1	100.0	6,193	
30-34	26.4	22.6	1.1	0.1	1.4	0.1	5.8	8.8	4.0	1.4	0.0	3.8	0.0	3.8	0.0	73.6	100.0	4,226	
35-39	29.0	25.5	2.9	0.0	2.0	0.2	8.9	6.9	3.9	0.8	0.0	3.6	0.0	3.4	0.1	71.0	100.0	4,375	
40-44	28.4	25.3	4.4	0.0	2.1	0.0	9.0	6.9	2.6	0.2	0.0	3.2	0.0	2.9	0.2	71.6	100.0	2,977	
45-49	23.2	21.5	6.9	0.1	1.2	0.1	5.2	5.4	2.2	0.3	0.0	1.7	0.0	1.7	0.0	76.8	100.0	3,060	
Residence																			
Urban	34.9	29.0	3.4	0.1	2.7	0.2	5.0	9.3	7.2	1.1	0.0	5.9	0.1	5.7	0.1	65.1	100.0	6,673	
Rural	18.7	17.0	1.4	0.0	1.0	0.2	4.9	6.1	2.1	1.3	0.0	1.7	0.0	1.6	0.0	81.3	100.0	21,998	
Province¹																			
Kabul	32.1	26.5	4.4	0.0	3.5	0.3	3.5	5.5	8.1	1.3	0.0	5.6	0.1	5.2	0.3	67.9	100.0	3,571	
Kapisa	20.1	19.1	3.1	0.0	2.9	0.2	8.4	2.2	2.2	0.0	0.1	1.1	0.2	0.9	0.0	79.9	100.0	197	
Parwan	27.3	23.8	2.0	0.0	1.8	0.4	10.0	3.9	3.8	1.9	0.0	3.5	0.0	3.5	0.0	72.7	100.0	592	
Wardak	31.9	30.1	3.6	0.0	0.9	0.0	10.8	8.6	5.9	0.3	0.0	1.7	0.0	1.7	0.0	68.1	100.0	378	
Logar	32.8	24.7	0.5	0.0	6.1	0.0	7.7	5.8	4.4	0.3	0.0	8.0	0.0	8.0	0.0	67.2	100.0	465	
Nangarhar	21.4	13.3	1.1	0.0	1.1	0.1	4.1	3.4	1.7	1.6	0.1	8.1	0.5	7.5	0.0	78.6	100.0	769	
Laghman	14.4	13.6	1.4	0.0	0.6	0.0	3.2	6.2	2.2	0.0	0.0	0.9	0.0	0.9	0.0	85.6	100.0	567	
Panjsher	12.2	11.6	1.1	0.0	1.4	0.2	4.8	2.5	1.3	0.5	0.0	0.5	0.0	0.5	0.0	87.8	100.0	53	
Baghlan	15.6	14.0	2.5	0.0	1.0	0.0	6.0	2.5	2.0	0.0	0.0	1.6	0.0	1.2	0.4	84.4	100.0	835	
Bamyan	21.9	21.5	0.9	0.0	0.5	0.0	11.8	4.5	3.7	0.0	0.0	0.4	0.0	0.2	0.2	78.1	100.0	295	
Ghazni	13.4	12.4	2.3	0.4	1.6	0.1	3.6	3.0	1.1	0.2	0.0	1.1	0.1	0.9	0.1	86.6	100.0	1,319	
Paktika	28.9	26.1	1.2	0.0	0.8	0.1	2.7	1.4	4.4	15.5	0.0	2.8	0.0	2.8	0.0	71.1	100.0	779	
Paktya	14.5	11.1	0.5	0.0	0.9	0.2	2.1	2.0	3.6	1.7	0.0	3.5	0.0	3.4	0.1	85.5	100.0	529	
Khost	16.2	12.0	1.6	0.0	0.0	0.0	3.3	5.4	1.3	0.4	0.0	4.2	0.2	4.0	0.0	83.8	100.0	845	
Kunarha	6.0	5.5	0.6	0.0	0.4	0.0	2.5	1.8	0.1	0.0	0.0	0.5	0.1	0.4	0.1	94.0	100.0	549	
Nooristan	0.5	0.5	0.1	0.0	0.0	0.0	0.0	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0	99.5	100.0	209	
Badakhshan	7.8	7.2	0.8	0.0	0.4	0.0	3.8	2.0	0.2	0.0	0.0	0.6	0.0	0.6	0.0	92.2	100.0	968	
Takhar	9.4	7.7	0.9	0.0	0.3	0.0	3.7	1.4	1.0	0.3	0.1	1.7	0.0	1.7	0.0	90.6	100.0	1,070	
Kunduz	12.9	12.4	0.7	0.0	2.4	0.0	5.2	3.2	1.0	0.0	0.0	0.5	0.0	0.4	0.0	87.1	100.0	1,214	
Samangan	4.6	4.3	0.2	0.0	0.4	0.0	2.3	1.2	0.2	0.0	0.0	0.3	0.0	0.2	0.0	95.4	100.0	319	
Balkh	20.6	13.1	2.2	0.1	1.1	0.1	3.2	2.8	3.2	0.3	0.0	7.5	0.0	7.5	0.0	79.4	100.0	1,742	
Sar-E-Pul	11.8	10.1	0.0	0.0	0.4	0.0	4.5	4.6	0.6	0.0	0.0	1.7	0.0	1.7	0.0	88.2	100.0	644	
Ghor	14.6	14.5	0.0	0.0	0.2	0.0	11.1	2.5	0.6	0.0	0.1	0.0	0.0	0.0	0.0	85.4	100.0	708	
Daykundi	11.0	11.0	0.0	0.0	0.1	0.0	3.7	5.2	2.0	0.0	0.0	0.0	0.0	0.0	0.0	89.0	100.0	319	
Urozgan	11.8	11.8	0.2	0.0	0.0	0.0	3.0	8.4	0.2	0.0	0.0	0.0	0.0	0.0	0.0	88.2	100.0	229	
Kandahar	28.6	25.7	0.6	0.0	1.1	0.0	3.6	16.0	3.7	0.7	0.0	2.8	0.0	2.8	0.0	71.4	100.0	2,193	
Jawzjan	14.6	11.8	1.8	0.0	0.2	0.2	3.1	3.8	2.2	0.6	0.0	2.7	0.0	2.7	0.0	85.4	100.0	603	
Faryab	12.4	12.2	0.6	0.0	1.3	1.1	3.7	3.3	0.9	1.2	0.0	0.2	0.0	0.2	0.0	87.6	100.0	2,030	
Helmand	15.5	14.9	1.7	0.1	2.6	0.1	3.6	5.2	1.5	0.0	0.0	0.7	0.0	0.6	0.1	84.5	100.0	874	
Badghis	13.4	13.4	1.7	0.0	0.3	0.1	3.6	7.1	0.2	0.3	0.0	0.0	0.0	0.0	0.0	86.6	100.0	640	
Herat	60.5	58.2	4.4	0.1	1.4	0.2	12.2	26.9	9.2	4.0	0.0	2.3	0.0	2.2	0.1	39.5	100.0	2,166	
Farah	27.3	26.2	1.6	0.0	1.2	0.1	4.2	13.9	3.2	2.0	0.0	1.1	0.1	1.0	0.0	72.7	100.0	717	
Nimroz	29.5	26.3	0.9	0.0	0.4	0.0	6.9	14.5	3.2	0.4	0.0	3.1	0.0	3.1	0.0	70.5	100.0	264	
Education																			
No education	20.9	18.9	1.9	0.0	1.1	0.1	5.1	6.8	2.6	1.3	0.0	2.1	0.0	2.0	0.1	79.1	100.0	23,921	
Primary	27.0	21.8	1.7	0.1	1.8	0.2	4.3	6.7	5.3	1.9	0.0	5.2	0.0	4.9	0.2	73.0	100.0	2,257	
Secondary	31.4	26.0	1.1	0.0	4.0	1.5	2.3	8.7	7.7	0.6	0.0	5.5	0.1	5.3	0.0	68.6	100.0	1,951	
More than secondary	39.6	29.7	0.5	0.0	6.9	0.0	7.2	3.5	10.8	1.0	0.0	9.9	0.7	9.2	0.0	60.4	100.0	542	
Wealth quintile																			
Lowest	15.8	15.0	1.1	0.0	0.4	0.0	5.8	5.8	1.4	0.4	0.0	0.7	0.0	0.6	0.1	84.2	100.0	5,757	
Second	17.4	16.1	1.4	0.0	1.1	0.0	4.5	5.7	1.7	1.6	0.0	1.3	0.0	1.2	0.1	82.6	100.0	5,823	
Middle	17.5	15.7	1.3	0.0	0.8	0.0	4.3	5.6	2.0	1.7	0.0	1.8	0.0	1.8	0.0	82.5	100.0	5,736	
Fourth	25.6	22.0	1.8	0.1	1.7	0.5	5.1	7.2	3.9	1.7	0.0	3.7	0.0	3.6	0.0	74.4	100.0	5,846	
Highest	36.6	30.5	3.7	0.0	3.2	0.2	4.7	10.0	7.7	0.9	0.0	6.1	0.2	5.8	0.1	63.4	100.0	5,509	
Number of living children																			
0	0.9	0.6	0.1	0.0	0.0	0.0	0.0	0.2	0.2	0.0	0.0	0.3	0.0	0.3	0.0	99.1	100.0	2,875	
1-2	17.8	15.4	0.2	0.0	1.1	0.4	1.5	6.2	3.8	2.1	0.0	2.5	0.1	2.3	0.0	82.2	100.0	7,165	
3-4	23.5	20.7	1.1	0.1	2.0	0.1	4.4	7.7	3.9	1.4	0.0	2.8	0.0	2.6	0.1	76.5	100.0	7,505	
5+	30.3	26.9	3.8	0.0	1.6	0.1	8.7	8.3	3.4	1.0	0.0	3.4	0.0	3.3	0.1	69.7	100.0	11,126	
Total	22.5	19.8	1.8	0.0	1.4	0.2	4.9	6.8	3.3	1.3	0.0	2.7	0.0	2.6	0.1	77.5	100.0	28,671	

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = Lactational amenorrhea method

¹ Provincial-level estimate for Zabul has not been presented separately due to few cases. However, it is included in the total national estimates.

3.7 Need and Demand for Family Planning

The proportion of women who want to stop childbearing or who want to space their next birth is a crude measure of the extent of the need for family planning, given that not all of these women are exposed to the risk of pregnancy and some may already be using contraception. This section discusses the extent of

need and the potential demand for family planning services. Women who want to postpone their next birth for 2 or more years or who want to stop childbearing altogether but are not using a contraceptive method are said to have an unmet need for family planning. Pregnant women are considered to have an unmet need for spacing or limiting if their pregnancy was mistimed or unwanted, respectively. Similarly, amenorrheic women are categorized as having an unmet need if their last birth was mistimed or unwanted. Women who are currently using a family planning method are said to have a met need for family planning. Total demand for family planning services comprises those who fall in the met need and unmet need categories.

Table 3.7 presents data on unmet need, met need, and total demand for family planning among currently married women. These indicators help evaluate the extent to which family planning programs in Afghanistan meet the demand for services.

Table 3.7 shows that 25 percent of currently married women have an unmet need for family planning services. Twenty-three percent of married women are currently using a contraceptive method. Therefore, about five in ten currently married women (47 percent) have a demand for family planning. At present, 48 percent of the potential demand for family planning is being met. Thus, if all married women who said they want to space or limit their children were to use family planning methods, the CPR would increase from 23 percent to 47 percent.

Table 3.7 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, percentage with met need for family planning who are using modern methods, percentage with demand for family planning, percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied with modern methods, by background characteristics, Afghanistan 2015

Background characteristic	Met need for family planning (currently using)			Total demand for family planning ³	Percentage of demand satisfied ¹		Number of women
	Unmet need	All methods	Modern methods ²		All methods	Modern methods ²	
Age							
15-19	20.9	7.8	6.0	28.7	27.1	20.8	1,812
20-24	27.2	17.6	15.3	44.9	39.3	34.1	6,028
25-29	29.3	20.9	18.8	50.3	41.6	37.4	6,193
30-34	27.5	26.4	22.6	54.0	49.0	41.9	4,226
35-39	26.2	29.0	25.5	55.2	52.6	46.1	4,375
40-44	18.6	28.4	25.3	47.0	60.5	53.7	2,977
45-49	10.4	23.2	21.5	33.6	69.0	64.0	3,060
Residence							
Urban	24.2	34.9	29.0	59.1	59.0	49.0	6,673
Rural	24.5	18.7	17.0	43.2	43.3	39.3	21,998
Province⁴							
Kabul	26.0	32.1	26.5	58.1	55.3	45.6	3,571
Kapisa	30.8	20.1	19.1	50.9	39.6	37.5	197
Parwan	26.4	27.3	23.8	53.7	50.9	44.3	592
Wardak	18.8	31.9	30.1	50.6	62.9	59.5	378
Logar	20.2	32.8	24.7	53.0	61.9	46.7	465
Nangarhar	26.6	21.4	13.3	48.0	44.5	27.7	769
Laghman	28.1	14.4	13.6	42.5	34.0	32.0	567
Panjsher	27.4	12.2	11.6	39.6	30.8	29.4	53
Baghlan	26.0	15.6	14.0	41.6	37.6	33.8	835
Bamyan	24.9	21.9	21.5	46.8	46.8	45.9	295
Ghazni	22.7	13.4	12.4	36.1	37.2	34.3	1,319
Paktika	20.3	28.9	26.1	49.2	58.7	52.9	779
Paktya	22.3	14.5	11.1	36.8	39.5	30.1	529
Khost	34.3	16.2	12.0	50.5	32.1	23.8	845
Kunarha	25.4	6.0	5.5	31.4	19.1	17.4	549
Nooristan	25.4	0.5	0.5	25.9	2.1	1.9	209
Badakhshan	39.1	7.8	7.2	46.9	16.6	15.3	968
Takhar	34.7	9.4	7.7	44.1	21.3	17.5	1,070
Kunduz	30.2	12.9	12.4	43.1	30.0	28.9	1,214
Samangan	24.4	4.6	4.3	29.0	15.7	14.8	319
Balkh	21.6	20.6	13.1	42.2	48.8	31.0	1,742
Sar-E-Pul	28.8	11.8	10.1	40.6	29.1	25.0	644
Ghor	36.6	14.6	14.5	51.2	28.4	28.4	708
Daykundi	36.2	11.0	11.0	47.2	23.4	23.4	319
Urozgan	28.0	11.8	11.8	39.8	29.6	29.6	229
Kandahar	14.0	28.6	25.7	42.6	67.0	60.4	2,193
Jawzjan	34.8	14.6	11.8	49.4	29.5	24.0	603
Faryab	27.6	12.4	12.2	40.0	30.9	30.4	2,030
Helmand	34.0	15.5	14.9	49.5	31.4	30.1	874
Badghis	18.7	13.4	13.4	32.1	41.7	41.7	640
Herat	6.3	60.5	58.2	66.8	90.6	87.1	2,166
Farah	12.0	27.3	26.2	39.3	69.5	66.6	717
Nimroz	23.8	29.5	26.3	53.2	55.3	49.4	264
Education							
No education	24.8	20.9	18.9	45.7	45.7	41.2	23,921
Primary	23.5	27.0	21.8	50.5	53.5	43.2	2,257
Secondary	23.6	31.4	26.0	55.1	57.1	47.1	1,951
More than secondary	16.0	39.6	29.7	55.6	71.3	53.5	542
Wealth quintile							
Lowest	26.8	15.8	15.0	42.6	37.0	35.3	5,757
Second	24.8	17.4	16.1	42.2	41.3	38.2	5,823
Middle	24.5	17.5	15.7	42.0	41.7	37.4	5,736
Fourth	24.8	25.6	22.0	50.4	50.9	43.6	5,846
Highest	21.3	36.6	30.5	57.9	63.2	52.7	5,509
Total	24.5	22.5	19.8	46.9	47.9	42.2	28,671

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al. 2012.

¹ Percentage of demand satisfied is met need divided by total demand.

² Modern methods include female sterilization, male sterilization, IUD, implants, injectables, pill, condom, and lactational amenorrhea method (LAM).

³ Total demand is the sum of unmet need and met need (with all methods).

⁴ Provincial level estimates for Zabul have not been presented separately due to the few cases. However, they are included in the total national estimates.

3.8 Early Childhood Mortality

Infant and child mortality rates are basic indicators of a country's socioeconomic situation and quality of life (UNDP 2007). Estimates of child mortality are based on information collected in the birth history section of the questionnaire administered to women, which includes questions about women's aggregate childbearing experience (i.e., the number of sons and daughters who live with their mother, the number who live elsewhere, and the number who have died). Table 3.8 presents estimates for three successive five-year periods prior to the 2015 AfDHS. The rates are estimated directly from the information in the birth history on a child's birth date, survivorship status, and age at death for children who died. This information is used to directly estimate the following five mortality rates:

Neonatal mortality:	the probability of dying within the first month of life
Postneonatal mortality:	the difference between infant and neonatal mortality
Infant mortality:	the probability of dying before the first birthday
Child mortality:	the probability of dying between the first and the fifth birthday
Under-5 mortality:	the probability of dying between birth and the fifth birthday

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to age 12 months.

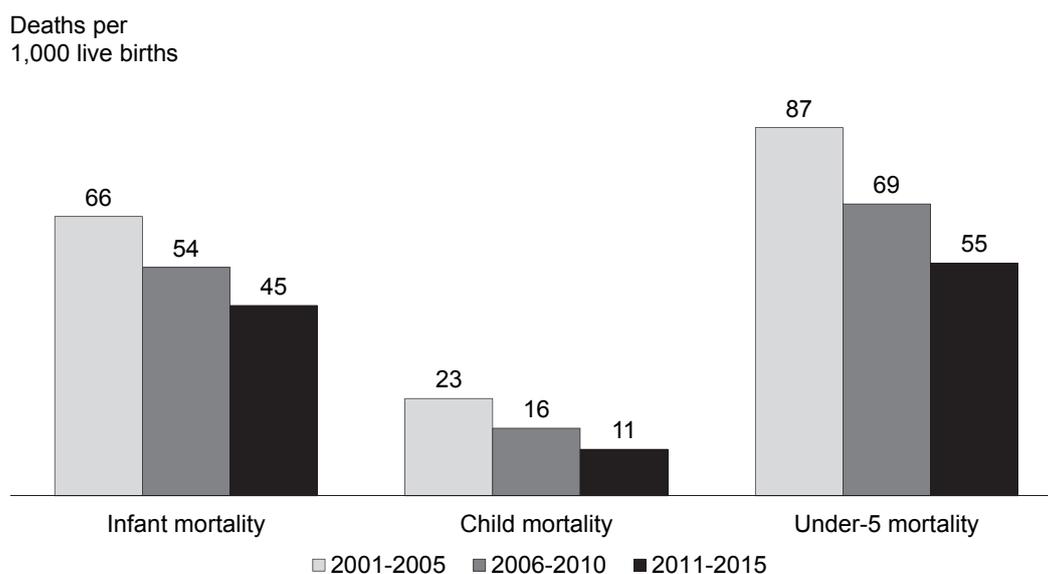
As shown in Table 3.8, during the 5 years immediately preceding the survey, the infant mortality rate was 45 deaths per 1,000 live births. The child mortality rate was 11 deaths per 1,000 children surviving to age 12 months, while the overall under-5 mortality rate was 55 deaths per 1,000 live births. Eighty-two percent of all deaths among children under age 5 in Afghanistan take place before a child's first birthday, with 40 percent occurring during the first month of life.

Period preceding survey	Approximate time period of estimated rates	Mortality rates				
		Neonatal mortality (NN)	Post neonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-5 mortality (₅ q ₀)
0-4	2011-2015	22	23	45	11	55
5-9	2006-2010	28	27	54	16	69
10-14	2001-2005	31	36	66	23	87

¹ Computed as the difference between the infant and neonatal mortality rates

The 2015 AfDHS documents a pattern of decreasing under-5 mortality during the 15 years prior to the survey (Figure 3.2). It has also been documented by other studies that the under-5 mortality rate has been declining in the past decade in Afghanistan. For instance, the National Risk and Vulnerability Assessment (NRVA) surveys show this trend, with NRVA 2013 indicating the under-5 mortality rate is 91 deaths per 1,000 live births, a decline from 161 deaths per 1,000 live births reported in NRVA 2007-08 (Central Statistics Organization 2014) four years earlier. Though the possibility of under-reporting of deaths of children cannot be ruled out, the results of 2015 AfDHS indicate a further decline in the overall childhood mortality rates. A detailed assessment will be carried out in the main report.

Figure 3.2 Trends in childhood mortality, 2001-2015



3.9 Maternal Care

Proper care during pregnancy and delivery is important for the health of both the mother and the baby and is the fifth Millennium Development Goal (MDG). In the 2015 AfDHS, women who had given birth in the 5 years preceding the survey were asked a number of questions about maternal care. Mothers were asked whether they had obtained antenatal care during the pregnancy for their most recent live birth in the 5 years preceding the survey and whether they had received tetanus toxoid injections while pregnant. For each live birth over the same period, mothers were also asked what type of assistance they received at the time of delivery. Finally, women who had a live birth in the 2 years before the survey were asked if they received a postnatal checkup within 2 days of delivery. Table 3.9 summarizes information on the coverage of these maternal health services.

3.9.1 Antenatal Care

Antenatal care (ANC) from a skilled provider is important to monitor pregnancy and reduce morbidity and mortality risks for the mother and child during pregnancy, at delivery, and during the postnatal period (within 42 days after delivery). The 2015 AfDHS results show that 59 percent of women who gave birth in the 5 years preceding the survey received antenatal care from a skilled provider at least once for their last birth. Eighteen percent of women had four or more ANC visits. Urban women were more likely than rural women to have received ANC from a skilled provider (72 percent and 55 percent, respectively) and to have had four or more ANC visits (32 percent and 14 percent, respectively).

By province, women in Parwan (88 percent) and Balkh (85 percent) were more likely to receive ANC from a skilled provider than women from other provinces. Women in Nooristan were least likely to receive ANC from a skilled provider. Women who are educated are more likely than those who have no education to receive ANC from a skilled provider. For instance, 55 percent of women with no education received ANC from a skilled provider compared with 94 percent with more than a secondary level of education.

3.9.2 Tetanus Toxoid

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a major cause of early infant death in many developing countries, often due to failure to observe hygienic procedures during delivery. Table 3.9 shows that 53 percent of women received sufficient doses of tetanus toxoid to protect their last birth against neonatal tetanus. The percentage of women whose last birth was protected from tetanus

does not vary much with age or urban-rural residence, but does vary by the level of education of women. For instance, only 49 percent of women with no education had their last birth protected from tetanus compared with 77 percent of women with secondary education and 72 percent with more than a secondary level of education.

3.9.3 *Delivery Care*

Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may lead to death or serious illness for the mother and/or baby (Van Lerberghe and De Brouwere 2001; WHO 2006). Over half of the births in the 5 years preceding the survey were delivered by a skilled provider, and 48 percent were delivered in a health facility (Table 3.9).

Seventy-nine percent of births to urban mothers were assisted by a skilled provider, and 76 percent were delivered in a health facility, as compared with 42 percent and 40 percent, respectively, of births to rural women. Eighty-five percent of births were delivered in a facility in Kabul compared with only 1 percent in Nooristan and 6 percent in Badghis, indicating a huge disparity by provinces.

Mothers' educational status is highly correlated with whether their delivery is assisted by a skilled provider and whether the birth is delivered in a health facility. For example, 45 percent of births to mothers with no education were assisted by a skilled provider, and 43 percent were delivered in a health facility, as compared with 97 percent and 92 percent, respectively, of births to mothers with more than a secondary education. A similar relationship was observed with wealth.

3.9.4 *Postnatal Care for the Mother*

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, prompt postnatal care (PNC) for both the mother and the child is important to treat any complications arising from the delivery, as well as to provide the mother with important information on how to care for herself and her child. Safe motherhood programs recommend that all women receive a check of their health within 2 days after delivery.

To assess the extent of postnatal care utilization, respondents were asked, for their last birth in the 2 years preceding the survey, whether they had received a checkup after delivery and the timing of the first checkup. As shown in Table 3.9, 33 percent of women reported having received a PNC checkup in the first 2 days after birth.

The proportion of women receiving a postnatal checkup within 2 days of delivery is higher in urban areas than rural areas (48 percent and 28 percent, respectively) and increases with increasing education and wealth.

Table 3.9 Maternal care indicators

Among women age 15-49 who had a live birth in the 5 years preceding the survey, percentage who received antenatal care from a skilled provider for the last live birth, percentage with four or more ANC visits for the last live birth, and percentage whose last live birth was protected against neonatal tetanus; among all live births in the 5 years before the survey, percentage delivered by a skilled provider and percentage delivered in a health facility; and among women age 15-49 who had a live birth in the 2 years preceding the survey, percentage who received a postnatal checkup in the first 2 days after the last live birth, by background characteristics, Afghanistan 2015

Background characteristic	Women who had a live birth in the 5 years preceding the survey				Live births in the 5 years preceding the survey			Women who had a live birth in the 2 years preceding the survey	
	Percentage with antenatal care from a skilled provider ¹	Percentage with 4+ ANC visits	Percentage whose last live birth was protected against neonatal tetanus ²	Number of women	Percentage delivered by a skilled provider ¹	Percentage delivered in a health facility	Number of births	Percentage of women who had a postnatal checkup in the first 2 days after birth	Number of women
Mother's age at birth									
<20	58.7	16.0	54.4	2,218	50.1	48.3	4,521	29.2	1,553
20-34	57.9	17.9	53.1	14,245	50.9	48.5	23,246	33.1	8,844
35-49	61.6	18.5	51.8	3,169	48.6	45.8	4,035	33.2	1,671
Residence									
Urban	71.7	31.7	54.8	4,559	78.9	75.8	7,246	47.6	2,947
Rural	54.6	13.6	52.5	15,073	42.1	39.9	24,555	27.7	9,121
Province³									
Kabul	66.1	34.5	51.7	2,385	84.5	82.4	3,769	52.9	1,554
Kapisa	75.9	28.0	70.4	129	49.8	48.7	219	16.2	82
Parwan	87.5	40.3	61.7	437	52.5	48.7	728	35.3	317
Wardak	66.9	29.4	57.0	249	60.7	57.8	345	35.2	134
Logar	74.4	14.8	68.6	276	69.6	66.9	439	49.6	140
Nangarhar	77.2	25.0	60.9	576	66.3	64.6	1,028	44.2	420
Laghman	75.4	14.3	67.9	428	62.2	58.4	809	45.1	293
Panjsher	69.4	29.4	54.6	26	64.8	64.1	40	58.2	14
Baghlan	44.7	9.0	49.5	504	31.3	29.4	751	19.1	277
Bamyan	72.0	29.4	69.7	206	46.9	46.2	328	35.9	135
Ghazni	33.3	7.9	41.2	638	72.3	64.4	834	21.6	280
Paktika	37.5	1.6	71.0	525	35.9	35.8	874	29.5	359
Paktia	59.9	2.7	66.2	347	60.9	60.3	601	24.5	199
Khost	72.1	16.5	40.4	580	64.5	57.6	1,024	16.8	347
Kunarha	15.9	1.1	37.2	421	41.8	43.0	725	7.9	286
Nooristan	11.0	0.0	2.8	184	1.1	0.8	355	0.8	139
Badakhshan	38.4	13.4	68.2	650	25.4	22.4	939	16.6	373
Takhar	65.2	23.0	58.8	751	49.7	49.3	1,254	15.3	522
Kunduz	70.6	16.1	46.4	760	59.7	55.9	1,222	47.6	432
Samangan	46.8	8.6	27.0	225	32.8	31.4	359	26.2	130
Balkh	84.6	32.4	62.8	1,232	50.6	48.0	1,943	47.8	784
Sar-E-Pul	62.0	32.0	59.5	430	56.0	41.1	625	43.9	244
Ghor	58.8	8.7	79.1	542	16.4	14.8	913	16.5	265
Daykundi	42.7	10.9	26.2	216	22.6	22.7	315	13.4	136
Urozgan	19.1	0.5	24.7	200	12.8	12.5	407	3.7	159
Kandahar	48.2	4.6	28.3	1,631	36.4	35.5	2,989	11.1	1,090
Jawzjan	54.2	20.8	55.5	398	75.3	71.5	599	43.7	159
Faryab	73.5	11.7	74.1	1,451	59.9	56.4	2,398	50.8	1,015
Helmand	30.7	4.7	21.8	568	26.6	25.9	898	13.8	286
Badghis	20.4	2.8	51.8	499	6.3	5.9	775	5.5	306
Herat	69.8	29.9	62.3	1,465	40.2	39.3	2,149	40.3	771
Farah	41.0	3.1	27.7	493	43.9	42.4	825	39.1	284
Nimroz	36.9	13.7	58.4	195	66.2	65.3	295	21.4	126
Mother's education									
No education	54.7	14.7	49.2	16,279	45.0	42.9	26,567	27.8	9,693
Primary	71.0	27.2	66.5	1,596	73.2	70.1	2,504	45.2	1,060
Secondary	80.3	34.9	76.4	1,432	79.1	76.0	2,242	54.5	1,079
More than secondary	94.1	52.4	72.3	325	97.3	92.0	489	73.1	236
Wealth quintile									
Lowest	50.4	10.5	52.8	3,914	24.0	22.2	6,127	18.9	2,107
Second	50.0	11.4	49.9	3,964	36.9	34.5	6,506	24.2	2,412
Middle	53.7	14.4	48.0	4,020	43.6	41.0	6,779	28.6	2,579
Fourth	63.7	19.7	56.3	4,056	64.9	62.6	6,605	37.0	2,623
Highest	76.1	34.1	58.5	3,679	85.2	82.5	5,786	53.0	2,348
Total	58.6	17.8	53.0	19,632	50.5	48.1	31,802	32.6	12,068

¹ Skilled provider includes doctor, nurse, midwife, or auxiliary midwife.

² Includes mothers with two injections during the pregnancy of her last live birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last live birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last live birth

³ Provincial-level estimates for Zabul have not been presented separately due to few cases. However, estimates are included in the total national estimates.

3.10 Child Health and Nutrition

The 2015 AfDHS collected data on a number of key child health indicators, including vaccinations of young children, infant feeding practices, and treatment practices when a child is ill.

3.10.1 Vaccination of Children

Historically, in DHS surveys, a child is considered to have received all basic vaccinations if he or she has received a BCG vaccination against tuberculosis; three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus; at least three doses of polio vaccine; and one dose of measles vaccine. These vaccinations should be received during the first year of life. The 2015 AfDHS collected information on the coverage of these vaccinations among all children born in the 5 years preceding the survey. Since November 2009, DPT has not been given to infants in Afghanistan as a stand-alone vaccine. Instead, it has been combined with other antigens that protect against hepatitis B and *Haemophilus influenzae* type b, and this vaccine (DPT-HepB-Hib) is known as the pentavalent vaccine. Thus the 2015 AfDHS reports on pentavalent vaccine coverage as opposed to DPT coverage. A stand-alone hepatitis B vaccination at birth is included in the immunization schedule, though there is lack of information on whether this is given within 24 hours of birth (GAVI Alliance 2013). Similarly, pneumococcal conjugate vaccine (PCV) has been available in Afghanistan since December 2013 to protect children from pneumococcal disease, which is a leading cause of pneumonia that accounts for 25 percent of deaths in children under age 5 in the country (GAVI Alliance 2013).

Afghanistan has established a schedule for the administration of all basic childhood vaccines. BCG should be given shortly after birth. Polio vaccine should be given at birth and at approximately age 6, 10, and 14 weeks and at 9 months. Pentavalent vaccine should also be given at approximately age 6, 10, and 14 weeks. Measles vaccine should be given at or soon after the child reaches age 9 months. A measles booster dose is given at or soon after the child reaches age 18 months. It is also recommended that the vaccinations be recorded on a vaccination card that is given to the parents or guardians.

In the 2015 AfDHS, information on vaccination coverage was obtained in two ways—from health cards and from mothers' verbal reports. All mothers were asked to show the interviewer the vaccination cards in which vaccination dates are recorded for all children born since May 2010 (Hammal 1389 in the Afghan calendar). If the card was available, the interviewer then recorded from the card the dates of each vaccination received. In cases in which the card indicated the child had not received all basic vaccinations, the mother was asked whether the child had received other vaccinations that were not recorded on the card, and, if so, they too were recorded. If there was no card, or if the mother was unable to show the card to the interviewer, the child's vaccination information was based on the mother's recall. The mother was asked to recall whether the child had received BCG, hepatitis B at birth, polio, pentavalent, PCV, and measles vaccines. If she indicated that the child had received the polio, pentavalent, or PCV vaccines, she was asked about the number of doses that the child received. The results presented here are based on the vaccination card and, for those children without a card, information provided by the mother.

Table 3.10 pertains to children age 12-23 months, the age by which children should have received all basic vaccinations. Fifty-six percent of these children have a vaccination card that was seen by the interviewer. Overall, 46 percent of children have received all basic vaccinations. Seventy-four percent of children have received BCG, 73 percent have received the first dose of pentavalent, and 85 percent have received polio 1. Fifty-eight percent and 65 percent of children have received the third dose of the required three doses of the pentavalent and polio vaccines, respectively. Coverage of vaccination against measles is 60 percent for the first dose. Thirteen percent of children in Afghanistan have not received any vaccinations.

Table 3.10 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card seen, by background characteristics, Afghanistan 2015

Background characteristic	BCG	Pentavalent ¹			Polio ²					PCV			Measles	All basic vaccinations ³	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	0	1	2	3	4	1	2	3					
Sex																	
Male	74.0	73.5	68.3	57.8	56.8	84.9	78.6	64.0	40.2	63.5	56.1	45.2	59.5	45.0	12.7	57.6	2,890
Female	73.4	72.4	67.6	57.5	56.1	85.1	79.0	65.7	41.6	61.7	54.2	44.7	61.3	46.4	13.2	55.0	2,818
Residence																	
Urban	82.4	82.0	77.4	67.5	66.0	88.0	82.5	69.3	48.1	68.7	62.1	53.5	68.1	52.8	9.8	64.1	1,377
Rural	71.0	70.1	64.9	54.5	53.4	84.1	77.6	63.4	38.6	60.7	52.9	42.2	57.9	43.4	13.9	53.9	4,331
Province⁴																	
Kabul	82.5	83.5	79.9	71.7	60.4	86.6	84.0	70.3	55.4	70.8	66.7	57.7	72.8	55.6	11.6	63.0	718
Kapisa	84.3	84.5	79.1	71.6	61.0	94.6	91.8	80.9	35.8	82.2	75.7	65.1	70.3	57.9	4.3	47.7	41
Parwan	88.8	85.8	83.5	75.4	73.4	94.2	90.1	82.4	56.3	77.4	75.1	66.3	73.1	57.8	3.4	68.7	144
Wardak	90.5	91.3	90.0	77.6	60.9	93.4	92.1	79.6	69.8	88.6	86.0	71.3	82.4	71.4	4.5	91.0	67
Logar	79.1	70.8	56.8	41.5	67.2	88.1	82.5	65.4	40.6	60.5	53.6	42.4	46.5	34.4	10.0	42.6	46
Nangarhar	88.3	89.7	85.7	77.9	64.3	95.0	92.1	88.6	65.1	70.4	60.6	46.9	69.8	65.0	3.6	72.6	193
Laghman	93.6	89.9	85.9	64.9	89.9	94.6	91.6	70.6	48.0	50.2	41.7	29.6	72.6	54.8	3.7	61.1	128
Panjsher	79.9	73.5	65.3	59.0	79.3	78.7	66.1	58.7	38.4	72.9	61.7	54.8	64.0	47.3	11.7	47.6	10
Baghlan	65.5	73.0	67.9	52.4	57.1	79.8	76.9	58.3	42.6	67.2	63.3	51.1	56.4	43.0	18.7	61.5	137
Bamyan	91.1	87.4	84.8	78.3	49.4	91.4	87.3	73.4	50.8	74.8	73.9	67.9	72.1	62.4	6.9	64.0	62
Ghazni	59.5	56.9	48.1	39.1	50.1	60.4	50.6	42.1	31.3	57.8	49.3	37.5	38.7	32.3	38.6	54.1	156
Paktika	83.3	81.3	80.3	77.1	78.2	87.9	86.3	82.5	72.1	78.6	77.4	73.2	83.6	74.5	11.3	73.7	181
Paktya	88.7	88.8	80.4	45.0	65.9	89.1	70.0	35.6	8.4	48.1	41.0	22.4	49.8	15.8	4.2	28.5	105
Khost	63.3	62.8	55.8	49.3	62.0	76.8	69.4	47.4	17.1	60.6	53.9	45.8	39.3	27.2	19.2	39.1	204
Kunarha	51.6	49.5	46.7	42.7	43.0	56.6	51.5	48.4	28.0	41.4	38.4	32.9	42.1	36.3	41.1	38.4	100
Nooristan	1.5	1.4	0.8	0.7	6.8	23.8	12.3	7.3	0.6	0.8	0.8	0.7	1.4	0.7	73.9	0.7	56
Badakhshan	96.7	93.8	92.4	80.9	59.8	98.6	97.1	89.5	41.2	82.1	75.0	58.6	84.9	71.7	1.4	54.0	156
Takhar	75.3	74.9	73.5	66.5	63.7	96.2	89.4	74.7	48.1	58.8	48.0	35.1	74.0	56.5	3.5	62.6	256
Kunduz	87.3	82.7	71.8	56.9	71.4	89.5	84.4	68.0	41.0	65.4	55.0	39.4	46.8	38.0	7.1	64.4	207
Samangan	71.9	66.3	59.7	38.0	62.7	68.7	60.4	35.5	20.4	55.3	43.3	26.3	44.3	24.3	26.2	50.6	60
Balkh	78.0	75.6	69.2	50.5	59.8	93.3	86.5	65.7	34.1	59.9	53.8	42.3	64.0	38.9	3.8	55.8	375
Sar-E-Pul	77.9	75.6	67.1	45.0	63.6	80.2	71.7	46.8	29.3	50.7	43.7	28.9	60.9	37.3	19.8	59.0	104
Ghor	44.2	48.2	37.7	32.3	35.0	55.2	48.4	37.5	27.0	34.6	25.0	21.2	39.4	25.9	43.9	39.7	128
Daykundi	47.1	55.7	51.2	43.7	14.2	54.6	52.0	46.5	31.4	52.0	49.4	43.4	46.8	33.7	40.6	40.4	63
Urozgan	26.0	5.7	3.6	2.1	11.1	79.0	56.3	32.0	0.5	3.7	2.6	1.3	3.5	1.7	18.1	0.5	79
Kandahar	42.9	40.7	32.7	24.8	29.6	72.2	62.7	50.5	13.8	38.7	30.8	23.9	22.2	16.0	22.9	43.1	426
Jawzjan	81.7	75.2	69.8	60.2	70.1	81.3	73.3	56.0	44.3	62.0	57.2	50.7	57.1	44.8	16.7	62.6	94
Faryab	92.0	92.3	87.5	81.7	53.4	97.5	93.0	88.7	59.6	77.1	66.6	53.7	77.8	69.0	2.3	78.9	486
Helmand	54.8	54.4	52.7	49.9	44.9	74.6	52.0	36.8	14.6	52.4	49.4	46.9	46.9	21.7	24.0	28.1	172
Badghis	79.3	80.7	74.5	61.4	61.5	96.8	91.7	78.2	42.4	74.1	66.2	53.9	79.4	51.2	0.8	66.8	151
Herat	77.9	78.8	77.2	62.0	66.1	97.0	94.4	73.4	50.0	83.9	62.9	49.8	79.8	55.6	2.3	57.8	387
Farah	45.6	49.7	39.6	33.3	43.2	73.6	60.5	41.4	26.6	39.8	35.1	30.4	37.7	27.7	23.8	37.1	139
Nimroz	80.9	81.3	72.7	66.4	49.3	86.0	78.8	69.4	47.3	72.4	69.3	60.1	67.8	56.0	12.8	62.7	73
Education																	
No education	70.5	69.6	64.3	53.5	54.4	83.4	76.6	62.2	38.3	59.4	52.0	42.0	57.0	42.4	14.3	53.8	4,599
Primary	86.1	85.5	80.3	69.6	60.4	91.3	88.0	73.9	49.7	71.1	65.2	56.1	73.6	54.8	7.9	64.0	477
Secondary	88.7	89.1	85.6	78.8	70.4	92.0	87.7	78.3	52.8	79.6	69.2	54.8	74.0	61.9	7.2	72.0	506
More than secondary	84.7	83.9	81.7	79.3	61.9	91.9	87.9	72.4	52.9	78.6	76.0	70.9	78.5	65.1	7.6	58.7	126
Wealth quintile																	
Lowest	64.7	65.7	59.8	47.9	46.2	82.2	76.4	59.7	32.0	57.9	46.8	36.6	56.7	38.4	15.7	49.2	1,035
Second	67.5	67.7	63.1	51.9	54.4	82.0	76.3	60.2	37.2	57.3	51.3	40.1	56.8	41.3	16.7	49.5	1,126
Middle	72.0	68.7	64.3	53.6	54.1	83.9	75.4	61.3	36.5	58.4	51.1	40.6	53.7	40.5	13.3	52.9	1,161
Fourth	79.5	77.4	72.1	64.1	61.7	87.0	81.1	68.7	46.4	65.8	58.9	51.2	65.0	51.7	10.8	60.5	1,325
Highest	84.0	84.7	79.8	69.7	64.6	89.9	84.4	73.6	51.2	73.6	67.1	55.1	69.3	55.5	8.6	69.2	1,061
Total	73.7	73.0	67.9	57.7	56.5	85.0	78.8	64.8	40.9	62.6	55.1	44.9	60.4	45.7	13.0	56.4	5,708

¹ Pentavalent is DPT-HepB-Hib.

² Polio 0 is the polio vaccination given at birth.

³ BCG, measles-1, and three doses each of pentavalent and polio vaccine excluding polio vaccine are given at birth.

⁴ Provincial level estimates for Zabul have not been presented separately due to few cases. However, they are included in the total national estimates.

Basic vaccination coverage does not differ by the sex of the child but varies by urban-rural residence. However, large differences are observed at the provincial level; the percentage of children with full vaccination coverage ranges from a high of 75 percent in Paktika to a low of less than 1 percent in Nooristan. Importantly, however, the numbers of cases at the provincial level are small, meaning that the standard errors surrounding these values are large. Vaccination coverage improves with mother's education and wealth.

3.10.2 Childhood Acute Respiratory Infection, Fever, and Diarrhea

Acute respiratory infection (ARI), fever, and dehydration from diarrhea are important contributing causes of childhood morbidity and mortality in developing countries (WHO 2003). Prompt medical attention when a child has the symptoms of these illnesses is, therefore, crucial in reducing child deaths. In the 2015 AfDHS, for each child under age 5, mothers were asked if the child had experienced an episode of diarrhea; a cough accompanied by short, rapid breathing, or difficulty breathing as a result of a chest-related problem (symptoms of ARI); or a fever in the 2 weeks preceding the survey. Respondents were also asked if treatment was sought when the child was ill. Overall, 13 percent of children under age 5 showed symptoms of ARI, 29 percent had a fever, and 29 percent experienced diarrhea in the 2 weeks preceding the survey (data not shown). It should be noted that the morbidity data collected are subjective because they are based on a mother's perception of illnesses without validation by medical personnel.

Table 3.11 shows that treatment from a health facility or provider was sought for 62 percent of children with ARI symptoms and 54 percent of those with a fever. Treatment was sought from a health facility or health provider for 54 percent of children with diarrhea. Forty-six percent of children with diarrhea received a rehydration solution from an oral rehydration salt (ORS) packet, and 10 percent were given zinc.

Table 3.11 Treatment for acute respiratory infection, fever, and diarrhea

Among children under age 5 who had symptoms of acute respiratory infection (ARI) or had fever in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought from a health facility or provider, and among children under age 5 who had diarrhea during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought from a health facility or provider, percentage given a fluid made from oral rehydration salt (ORS) packets or given pre-packaged ORS fluid, percentage given zinc, and percentage given ORS and zinc, by background characteristics, Afghanistan 2015

Background characteristic	Children with symptoms of ARI ¹		Children with fever		Children with diarrhea				
	Percentage for whom treatment was sought from a health facility/provider ²	Number of children	Percentage for whom treatment was sought from a health facility/provider ²	Number of children	Percentage for whom treatment was sought from a health facility/provider ²	Percentage given fluid from ORS packet or pre-packaged ORS fluid	Percentage given zinc	Percentage given any ORS and zinc	Number of children
Age in months									
<6	71.1	308	57.9	712	60.2	33.7	10.9	8.5	645
6-11	64.1	400	58.0	999	58.5	46.0	6.9	4.1	941
12-23	67.3	792	55.9	2,013	54.3	50.2	9.1	6.6	2,164
24-35	54.8	977	48.9	2,094	51.4	45.2	9.9	6.7	2,122
36-47	61.5	708	57.6	1,704	53.6	46.3	10.3	8.3	1,687
48-59	58.5	631	50.4	1,187	53.0	47.9	10.7	8.9	1,128
Sex									
Male	62.4	2,017	56.0	4,460	55.2	46.1	10.0	7.7	4,601
Female	60.5	1,800	52.3	4,249	53.0	46.4	9.2	6.5	4,086
Residence									
Urban	65.2	834	55.2	2,162	55.2	43.7	6.5	3.9	2,254
Rural	60.5	2,983	53.9	6,547	53.8	47.1	10.7	8.2	6,433
Province³									
Kabul	52.8	252	44.7	1,078	46.7	42.7	6.2	3.8	1,133
Kapisa	50.7	33	29.4	42	41.1	44.9	17.7	4.0	56
Parwan	*	18	59.9	75	57.4	70.5	6.7	3.2	161
Wardak	57.1	57	49.9	109	57.1	64.6	2.8	2.8	83
Logar	*	6	47.8	54	41.5	83.9	24.3	21.6	96
Nangarhar	68.6	177	59.1	431	63.2	63.2	5.4	5.0	411
Laghman	76.6	124	86.0	262	82.3	77.1	4.4	4.4	262
Panjsher	*	0	*	1	*	*	*	*	1
Baghlan	37.8	184	74.9	175	71.8	25.6	1.1	0.8	210
Bamyan	51.3	29	47.6	65	51.4	26.8	1.4	0.2	55
Ghazni	*	3	18.9	96	19.6	24.3	0.0	0.0	95
Paktika	(93.0)	21	92.6	112	93.6	98.7	83.9	83.9	137
Paktya	75.5	44	57.4	161	51.0	73.5	22.9	19.9	142
Khost	46.8	78	34.1	122	60.1	87.5	11.0	11.0	66
Kunarha	(49.4)	31	48.8	133	46.9	32.0	0.2	0.1	161
Nooristan	47.1	28	34.0	76	22.0	20.6	6.9	5.3	69
Badakhshan	22.9	153	36.7	229	56.7	80.8	24.9	23.5	208
Takhar	34.2	110	32.2	258	41.9	46.3	0.0	0.0	461
Kunduz	60.8	111	48.4	332	44.7	67.1	12.9	10.5	385
Samangan	(74.7)	20	61.3	53	51.2	35.0	11.7	7.3	99
Balkh	63.8	285	50.0	627	45.1	27.8	1.0	0.5	634
Sar-E-Pul	*	21	39.2	59	35.1	45.4	7.9	6.4	134
Ghor	58.2	239	58.0	437	55.9	37.7	6.8	5.1	443
Daykundi	(12.2)	23	21.9	37	28.7	11.8	4.9	3.9	46
Urozgan	93.5	26	91.7	79	73.9	69.7	9.0	5.1	131
Kandahar	60.1	660	38.8	1,373	48.2	20.3	0.1	0.0	1,139
Jawzjan	50.7	105	40.0	151	35.3	60.5	0.0	0.0	115
Faryab	66.7	229	66.5	686	60.3	37.2	6.6	1.0	742
Helmand	87.2	69	88.4	118	(86.8)	(68.2)	(2.5)	(0.0)	33
Badghis	61.6	97	55.5	164	66.9	81.2	48.4	42.7	60
Herat	86.0	558	77.2	1,008	79.0	67.0	35.6	24.2	707
Farah	(62.6)	19	63.7	68	40.2	20.6	10.0	7.2	156
Nimroz	*	7	34.2	36	30.2	19.4	0.0	0.0	50
Mother's education									
No education	61.2	3,256	52.7	7,316	53.6	45.4	9.4	7.3	7,191
Primary	62.1	319	57.8	784	56.2	54.2	10.5	7.4	780
Secondary	63.9	203	65.6	499	56.1	44.6	10.8	4.3	630
More than secondary	(77.7)	38	77.8	109	68.2	59.1	11.7	7.8	86
Wealth quintile									
Lowest	53.2	939	54.2	1,672	49.9	45.3	10.3	8.1	1,627
Second	65.7	737	54.8	1,693	55.2	48.3	11.0	9.0	1,637
Middle	56.3	821	47.2	1,912	50.6	45.0	10.3	7.9	1,847
Fourth	67.1	714	57.1	1,753	56.8	50.1	9.6	7.1	1,873
Highest	70.0	606	58.4	1,679	58.3	42.1	6.9	3.4	1,702
Total	61.6	3,817	54.2	8,709	54.2	46.2	9.6	7.1	8,687

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Symptoms of ARI (cough accompanied by short, rapid breathing, which was chest-related and/or by difficult breathing which was chest-related)

² Excludes pharmacy, shop, and traditional practitioner

3.10.3 Infant and Young Child Feeding Practices

Breastfeeding is sufficient and beneficial for infant nutrition in the first 6 months of life. Breastfeeding immediately after birth also helps the uterus contract, hence reducing the mother's postpartum blood loss. Giving any other foods and water (in addition to breast milk) before the child is age 6 months is discouraged because it may inhibit breastfeeding and expose the infant to illness. Infants older than 6 months need other food and drink while they continue to breastfeed until age 2 or older. Breastmilk still is an important source of energy, protein, and other nutrients such as vitamin A and iron. The food should include a variety of options, such as peeled, cooked, and mashed vegetables, grains, lentil and fruit, some oil, and also meat, eggs, chicken, and dairy products to provide adequate nourishment (Pan American Health Organization 2002).

The 2015 AfDHS collected data on infant and young child feeding (IYCF) practices for all children born in the 2 years preceding the survey. Table 3.12 shows breastfeeding practices by child's age. Contrary to the recommendation that children under age 6 months be exclusively breastfed, only 43 percent of the infants under age 6 months were found to be exclusively breastfed. In addition to breast milk, 10 percent of infants consume plain water, 2 percent consume non-milk liquids, 28 percent consume other milk, and 14 percent consume complementary foods. Nineteen percent of infants under age 6 months are fed using a bottle with a nipple, a practice that is discouraged because of the risk of illness to the child.

Fifty-six percent of children age 6-8 months receive timely complementary foods, and one-third (33 percent) of children age 18-23 months have been weaned.

Table 3.12 Breastfeeding status by age

Percent distribution of youngest children under age 2 who are living with their mother, by breastfeeding status, and the percentage currently breastfeeding; and the percentage of all children under 2 using a bottle with a nipple, according to age in months, Afghanistan 2015

Age in months	Breastfeeding status							Total	Percentage currently breastfeeding	Number of youngest children under 2 years living with the mother	Percentage using a bottle with a nipple	Number of all children under 2
	Not breast-feeding	Exclusively breast-feeding	Breast-feeding and consuming plain water only	Breast-feeding and consuming non-milk liquids ¹	Breast-feeding and consuming other milk	Breast-feeding and consuming complementary foods						
0-1	1.7	56.8	5.3	1.6	30.1	4.4	100.0	98.3	778	15.8	784	
2-3	4.3	43.6	9.9	1.6	29.7	10.9	100.0	95.7	1,225	19.1	1,238	
4-5	4.2	33.2	12.2	1.6	25.8	22.9	100.0	95.8	1,068	22.6	1,072	
6-8	6.5	10.3	10.3	1.9	15.1	55.9	100.0	93.5	1,558	25.7	1,572	
9-11	14.0	4.0	3.6	1.9	7.3	69.2	100.0	86.0	1,139	30.9	1,148	
12-17	22.7	1.2	1.9	1.0	1.6	71.6	100.0	77.3	3,596	27.5	3,723	
18-23	33.4	1.4	1.3	1.5	1.7	60.7	100.0	66.6	1,738	20.8	1,985	
0-3	3.3	48.7	8.1	1.6	29.8	8.4	100.0	96.7	2,003	17.8	2,022	
0-5	3.6	43.3	9.6	1.6	28.4	13.5	100.0	96.4	3,071	19.4	3,095	
6-9	7.0	9.8	9.0	2.0	14.3	57.9	100.0	93.0	2,002	26.1	2,020	
12-15	21.6	1.2	1.6	0.8	1.7	73.1	100.0	78.4	2,438	29.4	2,511	
12-23	26.2	1.3	1.7	1.1	1.6	68.1	100.0	73.8	5,334	25.2	5,708	
20-23	41.4	0.7	1.1	1.0	1.7	54.1	100.0	58.6	883	21.0	1,067	

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfeeding, breastfeeding and consuming plain water, non-milk liquids, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive other milk and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

¹ Non-milk liquids include juice, juice drinks, clear broth, or other liquids.

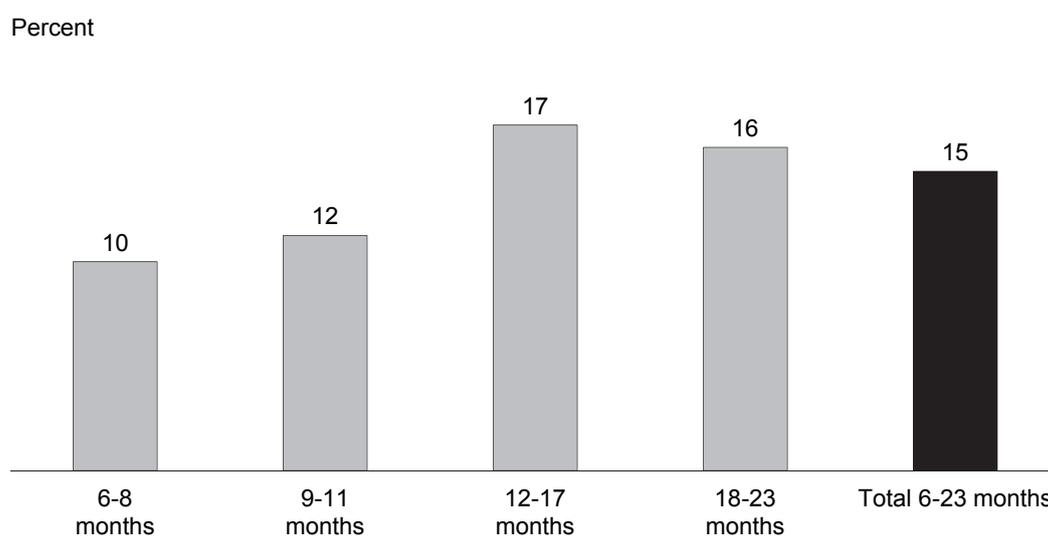
The minimum acceptable diet indicator is used to assess the proportion of children age 6-23 months who meet minimum standards with respect to IYCF practices. Specifically, children age 6-23 months who have a minimum acceptable diet meet all three IYCF criteria below:

1. Breastfeeding, or not breastfeeding and receiving two or more feedings of commercial infant formula; fresh, tinned, or powdered animal milk; or yogurt.

2. Fed with foods from four or more of the following groups: a. infant formula, milk other than breast milk, and cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables (and red palm oil); d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); and g. legumes and nuts.
3. Fed the minimum recommended number of times per day, according to their age and breastfeeding status:
 - a. For breastfed children, minimum meal frequency is receiving solid or semisolid food at least twice a day for infants age 6-8 months and at least three times a day for children age 9-23 months.
 - b. For nonbreastfed children age 6-23 months, minimum meal frequency is receiving solid or semisolid food or milk feeds at least four times a day.

Figure 3.3 shows the percentage of children being fed the minimum acceptable diet, by age. In total, only 15 percent of children age 6-23 months have met the criteria for a minimum acceptable diet.

Figure 3.3 Minimum acceptable diet by age, in months



AfDHS 2015

3.11 Malaria

This section presents data that are useful for assessing the implementation of malaria control strategies, including the availability and use of mosquito nets by household members. Data presented show the percentage of households owning mosquito nets and the percentages of household members, pregnant women, and children under age 5 who slept under a net the night before the survey. Additionally, among children under age 5, information is provided on the percentage of children who experienced an episode of fever in the 2 weeks preceding the survey, whether advice or treatment was sought, the percentage who had blood taken for testing, and whether they were treated with antimalarial drugs.

3.11.1 Ownership and Use of Mosquito Nets

Table 3.13 presents information on the percentage of households that have at least one insecticide-treated net (ITN) and the average number of ITNs per household, by background characteristics. Twenty-six percent of households own at least one ITN and, on average, households own 0.5 ITN. More rural (29 percent) than urban (18 percent) households own at least one ITN. While 83 percent of households in Kapisa owned at least one ITN, this percentage was less than 1 percent in Wardak, Ghor, and Nimroz.

Table 3.13 Household possession of insecticide-treated nets

Percentage of households with at least one insecticide-treated net (ITN), average number of ITNs per household, and percentage of households with at least one ITN per two persons who stayed in the household last night, by background characteristics, Afghanistan 2015

Background characteristic	Percentage of households with at least one insecticide-treated net (ITN) ¹	Average number of insecticide-treated nets (ITN) ¹ per household	Number of households	Percentage of households with at least one insecticide-treated net (ITN) ¹ for every two persons who stayed in the household last night (universal coverage) ²	Number of households with at least one person who stayed in the household last night
Residence					
Urban	18.2	0.4	6,269	1.8	6,250
Rural	28.7	0.6	18,126	3.3	18,115
Province³					
Kabul	7.4	0.1	3,369	0.2	3,365
Kapisa	82.7	2.1	179	19.4	178
Parwan	42.6	0.9	601	9.9	600
Wardak	0.0	0.0	351	0.0	350
Logar	34.4	0.5	398	1.2	398
Nangarhar	37.1	0.8	625	3.6	624
Laghman	48.5	1.1	446	6.3	446
Panjsher	4.0	0.1	54	1.0	54
Baghlan	15.0	0.2	776	0.9	773
Bamyan	2.4	0.1	300	0.5	300
Ghazni	15.6	0.4	864	0.3	864
Paktika	35.3	0.7	514	0.2	514
Paktya	44.7	1.2	353	7.4	353
Khost	64.7	2.4	457	5.4	457
Kunarha	46.6	1.1	507	9.5	506
Nooristan	15.0	0.3	127	0.3	127
Badakhshan	12.5	0.3	849	1.5	849
Takhar	54.3	1.0	1,027	7.2	1,025
Kunduz	34.8	0.5	1,070	1.2	1,066
Samangan	4.1	0.1	316	0.0	315
Balkh	33.1	0.6	1,510	4.3	1,504
Sar-E-Pul	20.7	0.4	644	3.1	644
Ghor	0.1	0.0	626	0.0	626
Daykundi	15.0	0.3	346	3.1	346
Urozgan	9.8	0.2	167	0.0	167
Kandahar	14.6	0.3	1,659	1.4	1,659
Jawzjan	52.3	0.9	563	0.9	563
Faryab	49.3	1.0	1,680	7.4	1,677
Helmand	27.4	0.5	718	0.7	716
Badghis	22.3	0.4	531	2.6	531
Herat	21.4	0.4	2,011	3.4	2,010
Farah	15.2	0.3	501	1.2	501
Nimroz	0.4	0.0	238	0.0	238
Wealth quintile					
Lowest	21.2	0.4	4,852	1.9	4,850
Second	28.2	0.6	4,838	3.0	4,837
Middle	29.5	0.6	4,871	4.0	4,868
Fourth	31.5	0.7	4,859	3.8	4,852
Highest	19.6	0.4	4,976	1.8	4,958
Total	26.0	0.5	24,395	2.9	24,364

¹ An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment or (2) a net that has been soaked with insecticide within the past 12 months.

² De facto household members

³ Provincial-level estimates for Zabul have not been presented separately because there are few cases. However, these cases are included in the total national estimates.

The data in Table 3.13 also indicate that 3 percent of households in Afghanistan own at least one ITN for every two persons who stayed in the household the night before the survey (considered universal coverage).

Table 3.14 shows the use of nets by children and pregnant women, by background characteristics. Five percent of children under age 5 in all households slept under an ITN the night before the survey, while 17 percent of those in the households with at least one ITN slept under an ITN the night before the survey.

Table 3.14 Use of insecticide-treated nets by children and pregnant women

Percentage of children under age 5 who, the night before the survey, slept under an insecticide-treated net (ITN); and among children under 5 in households with at least one ITN, percentage who slept under an ITN the night before the survey; percentage of pregnant women age 15-49 who, the night before the survey, slept under an ITN; and among pregnant women age 15-49 in households with at least one ITN, percentage who slept under an ITN the night before the survey, by background characteristics, Afghanistan 2015

Background characteristic	Children under age 5 in all households		Children under age 5 in households with at least one ITN ¹		Pregnant women age 15-49 in all households		Pregnant women age 15-49 in households with at least one ITN ¹	
	Percentage who slept under an ITN ¹ last night	Number of children	Percentage who slept under an ITN ¹ last night	Number of children	Percentage who slept under an ITN ¹ last night	Number of pregnant women	Percentage who slept under an ITN ¹ last night	Number of pregnant women
Residence								
Urban	6.1	7,168	30.8	1,425	8.0	928	32.6	229
Rural	4.2	23,975	14.0	7,189	3.4	5,360	12.2	1,489
Province²								
Kabul	2.3	3,797	26.2	328	2.3	407	*	61
Kapisa	10.8	216	13.5	173	7.6	30	9.2	25
Parwan	15.7	702	37.3	295	10.7	107	(34.5)	33
Wardak	0.0	348	*	1	0.0	55	*	0
Logar	6.6	425	17.8	157	7.7	122	23.1	40
Nangarhar	11.7	1,003	32.7	358	11.8	137	27.8	59
Laghman	18.3	784	38.8	369	11.3	155	26.6	66
Panjsher	1.2	40	(23.2)	2	0.0	11	*	0
Baghlan	0.5	737	3.2	125	0.5	204	(3.4)	32
Bamyan	0.1	330	(2.2)	9	0.0	43	*	1
Ghazni	0.6	792	2.3	194	0.9	368	(11.4)	29
Paktika	2.3	860	6.7	291	1.9	259	6.0	82
Paktya	3.1	609	6.9	270	4.6	92	11.5	37
Khost	12.8	1,008	18.3	706	14.9	209	22.7	138
Kunarha	11.1	744	23.4	352	7.1	124	15.0	59
Nooristan	1.8	308	11.5	47	1.7	67	11.2	10
Badakhshan	4.2	888	31.7	117	6.1	159	(35.4)	27
Takhar	5.0	1,216	8.7	696	5.5	226	9.4	133
Kunduz	3.2	1,203	8.3	472	2.0	343	5.3	129
Samangan	1.5	347	34.3	16	2.6	69	*	3
Balkh	4.2	1,920	13.4	601	3.1	370	10.4	111
Sar-E-Pul	2.4	618	11.0	134	0.7	144	(4.4)	22
Ghor	0.0	868	*	1	0.0	208	*	0
Daykundi	1.3	333	8.7	51	0.2	48	*	7
Urozgan	0.1	390	1.2	44	0.1	42	*	4
Kandahar	4.4	2,803	40.0	305	3.6	596	(34.2)	63
Jawzjan	3.2	589	5.5	339	1.8	165	3.6	83
Faryab	5.3	2,365	11.3	1,108	5.7	426	10.2	241
Helmand	6.1	922	22.3	251	8.4	162	(30.9)	44
Badghis	0.7	745	2.8	183	1.1	143	(4.0)	38
Herat	2.9	2,093	11.9	509	2.5	457	(11.0)	103
Farah	4.0	819	35.1	94	5.4	275	40.7	37
Nimroz	0.2	297	*	1	0.0	60	*	0
Wealth quintile								
Lowest	1.1	5,995	4.9	1,322	0.8	1,400	4.0	283
Second	3.3	6,386	11.3	1,850	3.0	1,545	11.7	400
Middle	5.5	6,604	18.4	1,976	4.6	1,363	16.6	382
Fourth	6.8	6,389	19.8	2,199	5.2	1,186	15.1	406
Highest	6.5	5,769	29.6	1,267	9.3	794	29.9	248
Total	4.6	31,143	16.8	8,614	4.1	6,288	14.9	1,719

Note: Table is based on children who stayed in the household the night before the interview. Figures in the parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment or (2) a net that has been soaked with insecticide within the past 12 months.

² Provincial level estimates for Zabul have not been presented separately due to few cases. However, these cases are included in the total national estimates.

Four percent of pregnant women age 15-49 in all households slept under an ITN the night before the survey. In households with at least one ITN, 15 percent of pregnant women slept under an ITN the night before the survey. Among households with at least one ITN, children under age 5 residing in urban areas are more likely than their rural counterparts to have slept under an ITN the last night (31 percent and 14 percent, respectively).

3.11.2 Treatment of Children with Fever

Prompt and effective treatment for malaria is crucial to prevent the disease from becoming severe and complicated. The first line of treatment for *Plasmodium vivax* malaria in Afghanistan is chloroquine, while for *Plasmodium falciparum* it is artesunate (AS) and sulfadoxine-pyrimethamine (SP) (Ministry of Public Health 2012). The 2015 AfDHS asked mothers whether their children under age 5 had a fever in the 2 weeks preceding the survey and, if so, what treatment was given. Table 3.15 shows treatment behaviors for children with fever in the 2 weeks preceding the survey by background characteristics.

Table 3.15 Prevalence, diagnosis, and prompt treatment of children with fever

Percentage of children under age 5 with fever in the 2 weeks preceding the survey; among children under age 5 with fever, percentage for whom advice or treatment was sought, percentage who had blood taken from a finger or heel, percentage who took any artemisinin-based combination therapy (ACT); and among children under age 5 with fever who took any antimalarial drug, percentage who took any ACT, by background characteristics, Afghanistan 2015

Background characteristic	Children under age 5		Children under age 5 with fever				Children under age 5 with fever who took any antimalarial drug	
	Percentage with fever in the 2 weeks preceding the survey	Number of children	Percentage for whom advice or treatment was sought ¹	Percentage who had blood taken from a finger or heel for testing	Percentage who took any ACT	Number of children	Percentage who took any ACT	Number of children
Residence								
Urban	30.8	7,056	65.9	6.0	0.0	2,170	0.2	356
Rural	28.1	23,237	62.3	8.5	0.7	6,539	6.6	671
Province²								
Kabul	29.4	3,664	56.9	5.1	0.0	1,078	(0.0)	236
Kapisa	19.3	218	44.4	2.4	0.0	42	*	1
Parwan	11.1	681	66.4	5.1	0.0	75	*	4
Wardak	33.2	330	54.4	2.8	0.0	110	*	1
Logar	13.1	422	48.0	11.4	0.0	55	*	4
Nangarhar	44.3	970	62.9	34.4	0.0	430	(0.0)	20
Laghman	33.9	768	88.6	65.9	0.0	260	*	13
Panjsher	3.0	40	*	*	*	1	*	0
Baghlan	25.2	697	82.0	10.6	0.0	175	*	17
Bamyan	20.8	316	65.5	3.6	0.0	66	*	1
Ghazni	12.3	778	30.8	3.5	0.0	96	*	5
Paktika	13.5	863	91.9	32.9	0.0	116	*	0
Paktya	27.9	584	62.9	11.3	0.4	163	*	7
Khost	12.3	995	35.2	12.0	0.0	122	*	0
Kunarha	19.4	705	50.9	14.0	0.0	137	*	2
Nooristan	24.9	302	39.7	1.3	0.0	75	*	0
Badakhshan	26.3	869	44.4	19.5	0.0	228	*	5
Takhar	21.7	1,186	32.2	2.4	0.0	258	*	7
Kunduz	28.4	1,173	81.3	11.4	0.0	333	*	18
Samangan	15.3	344	65.4	0.0	0.0	53	(0.0)	19
Balkh	33.4	1,873	66.6	1.8	0.3	626	*	16
Sar-E-Pul	10.2	599	45.1	4.0	0.0	61	*	0
Ghor	51.3	840	60.2	2.3	0.0	431	0.0	38
Daykundi	12.1	307	27.1	6.9	0.0	37	*	0
Urozgan	20.3	389	94.1	0.8	0.0	79	*	0
Kandahar	49.9	2,743	48.8	0.7	0.0	1,369	*	0
Jawzjan	26.5	569	41.8	2.1	0.0	151	*	9
Faryab	30.0	2,277	80.6	4.6	0.0	682	*	41
Helmand	13.3	891	88.4	3.1	0.8	118	*	5
Badghis	22.9	726	64.4	2.0	0.0	166	*	4
Herat	49.2	2,044	82.2	0.6	4.0	1,006	7.4	544
Farah	8.9	817	71.1	10.1	1.7	73	*	7
Nimroz	11.9	288	46.4	3.5	0.0	34	*	1
Wealth quintile								
Lowest	30.0	5,661	61.1	3.9	1.3	1,697	8.6	261
Second	26.3	6,121	62.0	9.4	0.6	1,613	7.1	137
Middle	29.2	6,418	61.1	9.6	0.1	1,877	1.4	150
Fourth	27.0	6,420	67.7	10.5	0.4	1,736	4.9	152
Highest	31.5	5,673	64.1	5.9	0.2	1,786	1.1	327
Total	28.7	30,304	63.2	7.9	0.5	8,709	4.4	1,027

Note: Figures in the parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Excludes advice or treatment from a traditional practitioner

² Provincial-level estimates for Zabul have not been presented separately because there are few cases. However, these cases are included in the total national estimates.

In the 2 weeks preceding the survey, 29 percent of children under age 5 had a fever. Treatment or advice was sought for 63 percent of children with fever, while 8 percent had blood taken from a finger or heel for testing (considered a proxy for malaria testing). Less than 1 percent of children who had fever were given ACT. Among children under age 5 with fever who took any antimalarial drug, 4 percent took ACT. Children with a fever in rural areas were more likely to be treated for malaria (e.g., take ACT) compared with those in urban areas. Children under age 5 who had a fever in the 2 weeks preceding the survey in Herat, one of the malaria-prone provinces of Afghanistan, were more likely to be given ACT than children in other provinces.

3.12 HIV/AIDS Awareness, Knowledge, and Behavior

The 2015 AfDHS included a series of questions that addressed respondents' knowledge of HIV prevention, their awareness of modes of HIV transmission, and behaviors that can prevent the spread of HIV.

Twenty-four percent of ever-married women and 58 percent of ever-married men have heard of AIDS (data not shown). Table 3.16 shows that 12 percent of women and 38 percent of men age 15-49 know that consistent use of condoms is a means of preventing the spread of HIV. Fourteen percent of women and 47 percent of men know that limiting sexual intercourse to one faithful, uninfected partner can reduce the chance of contracting HIV. The proportions of women and men who know that both using condoms and limiting sexual intercourse to one uninfected partner are means of preventing HIV are 9 percent and 33 percent, respectively.

By marital status, women and men who are currently married are more likely to know that using condoms and limiting sexual intercourse to one uninfected partner reduces the risk of HIV transmission than those women and men who are divorced, separated, or widowed. Those residing in urban areas are more likely to be knowledgeable about HIV prevention methods than their counterparts residing in rural areas. Better-educated respondents are generally more knowledgeable of HIV prevention methods than other respondents.

Table 3.17 shows knowledge of HIV prevention among young married people age 15-24. Knowledge of HIV prevention is defined as knowing that both condom use and limiting sexual intercourse to one uninfected partner are HIV prevention methods, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission: that HIV can be transmitted by mosquito bites and by sharing food with a person who has HIV. Knowledge of how HIV is transmitted is crucial to enabling people to avoid HIV infection.

Table 3.17 shows that only 1 percent of young ever-married women and 6 percent of young ever-married men have knowledge of HIV prevention. Among both sexes, the proportion with knowledge generally increases with age and educational attainment. Urban young people are more likely than rural young people to have knowledge of HIV prevention.

Table 3.16 Knowledge of HIV prevention methods

Percentage of ever-married women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting HIV by using condoms every time they have sexual intercourse and by having one sex partner who is not infected and has no other partners, by background characteristics, Afghanistan 2015

Background characteristic	Percentage of ever-married women who say HIV can be prevented by:				Percentage of ever-married men who say HIV can be prevented by:			
	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Number of women	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Number of men
Age								
15-24	11.5	12.9	8.6	7,915	40.4	47.4	36.6	1,305
15-19	10.1	12.6	7.8	1,825	27.8	37.9	24.9	142
20-24	11.9	12.9	8.9	6,089	41.9	48.6	38.0	1,162
25-29	13.0	13.4	9.3	6,299	38.2	47.8	34.1	2,422
30-39	13.7	14.5	10.1	8,765	38.3	47.7	32.5	3,943
40-49	10.9	13.0	8.3	6,482	36.8	45.1	32.1	3,091
Marital status								
Married or living together	12.5	13.6	9.2	28,671	38.2	47.0	33.3	10,679
Divorced/separated/widowed	8.5	8.9	6.7	790	26.5	35.0	26.4	81
Residence								
Urban	21.8	22.3	15.3	6,870	47.5	57.0	41.1	2,479
Rural	9.5	10.8	7.3	22,591	35.3	43.9	30.9	8,281
Province³								
Kabul	23.6	22.7	16.4	3,658	41.8	52.7	36.3	1,350
Kapisa	7.5	7.3	4.5	205	69.2	72.6	67.4	63
Parwan	15.4	14.4	12.7	625	53.3	51.6	47.0	220
Wardak	14.7	15.2	10.0	382	25.2	36.2	24.5	171
Logar	40.5	53.6	38.0	472	32.8	50.5	27.5	204
Nangarhar	12.8	13.5	10.1	794	34.5	59.5	33.6	273
Laghman	32.4	40.6	29.0	583	53.6	63.4	47.8	227
Panjsher	1.4	2.0	1.1	54	18.0	19.2	14.3	18
Baghlan	4.9	8.8	4.6	839	11.9	5.8	2.3	281
Bamyan	2.9	2.9	2.5	303	17.6	23.9	15.9	94
Ghazni	8.1	9.6	4.4	1,328	22.2	31.9	15.9	619
Paktika	1.4	1.5	1.4	792	18.4	18.8	15.7	322
Paktya	8.1	13.8	6.7	542	88.2	81.7	78.5	206
Khost	8.7	8.6	6.0	851	69.1	79.4	65.4	334
Kunarha	3.1	3.1	2.3	559	44.7	51.6	39.3	151
Nooristan	0.1	0.2	0.1	222	7.9	7.3	4.0	66
Badakhshan	3.0	4.1	2.6	1,004	13.1	25.9	10.1	316
Takhar	2.6	7.1	1.7	1,105	36.9	41.8	33.5	296
Kunduz	19.0	22.9	15.8	1,232	45.1	52.4	38.9	479
Samangan	1.9	2.3	1.4	330	24.8	26.2	19.8	125
Balkh	15.5	14.4	11.5	1,781	40.6	34.9	31.1	616
Sar-E-Pul	6.1	4.6	4.0	654	20.3	37.5	17.1	195
Ghor	12.5	20.4	12.1	715	37.8	38.1	32.0	322
Daykundi	0.2	0.6	0.1	329	14.5	18.6	12.3	77
Urozgan	1.5	1.1	1.1	230	5.6	6.6	5.2	92
Kandahar	5.2	6.5	2.4	2,227	26.4	46.4	22.8	874
Jawzjan	16.4	15.2	13.0	614	40.0	61.6	38.1	218
Faryab	10.9	10.9	7.3	2,114	40.9	60.3	31.5	706
Helmand	4.9	4.7	3.9	875	37.8	50.2	33.1	355
Badghis	2.4	2.9	2.0	650	29.1	30.5	28.4	231
Herat	22.4	21.8	14.9	2,316	66.7	73.6	64.0	863
Farah	9.3	13.1	8.6	777	31.0	37.2	30.3	295
Nimroz	4.8	4.3	3.7	278	11.7	12.2	9.6	93
Education								
No education	8.6	9.9	6.2	24,604	26.3	34.9	23.1	5,447
Primary	19.2	20.2	14.3	2,330	38.0	47.4	31.5	1,987
Secondary	39.0	39.3	31.2	1,971	53.5	63.5	47.3	2,632
More than secondary	54.8	54.4	39.7	556	72.5	77.3	64.6	695
Wealth quintile								
Lowest	5.2	6.8	4.2	5,904	28.3	32.8	23.8	2,029
Second	7.8	8.9	5.9	6,001	34.1	41.1	30.4	2,233
Middle	8.5	10.1	6.1	5,888	32.9	43.4	28.9	2,160
Fourth	15.2	16.2	11.3	6,010	43.7	53.9	37.3	2,260
Highest	25.6	26.0	18.5	5,657	51.4	63.2	45.6	2,078
Total	12.4	13.5	9.1	29,461	38.1	47.0	33.2	10,760

¹ Using condoms every time they have sexual intercourse

² Partner who has no other partners

³ Provincial-level estimates for Zabul have not been presented separately because there are few cases. However, these cases are included in the total national estimates.

Table 3.17 Knowledge of HIV prevention among young people

Percentage of young ever-married women and ever-married men age 15-24 with knowledge about HIV prevention, by background characteristics, Afghanistan 2015

Background characteristic	Ever-married women age 15-24		Ever-married men age 15-24	
	Percentage with knowledge about HIV prevention ¹	Number of women	Percentage with knowledge about HIV prevention ¹	Number of men
Age				
15-19	0.6	1,825	4.3	142
15-17	0.4	438	*	21
18-19	0.7	1,387	5.0	122
20-24	1.2	6,089	6.5	1,162
20-22	1.0	3,839	8.5	615
23-24	1.4	2,250	4.3	547
Residence				
Urban	1.7	1,794	12.6	205
Rural	0.8	6,120	5.1	1,100
Education				
No education	0.5	5,651	3.2	559
Primary	2.1	982	2.5	205
Secondary	1.9	1,075	8.0	439
More than secondary	5.5	206	23.6	101
Wealth quintile				
Lowest	0.8	1,570	0.9	298
Second	0.6	1,681	3.5	301
Middle	0.7	1,527	7.3	280
Fourth	0.9	1,634	8.9	264
Highest	2.2	1,503	15.3	162
Total 15-24	1.0	7,915	6.3	1,305

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about transmission or prevention of HIV (that HIV can be transmitted by mosquito bites and by sharing food with a person who has HIV).

3.13 Coverage of HIV Testing Services

Knowledge of HIV status helps HIV-negative individuals make specific decisions to reduce risk and increase safer sex practices so that they can remain disease free. Among those who are HIV infected, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future.

To assess awareness and coverage of HIV testing services, AfDHS respondents were asked whether they had ever been tested for HIV. If they said that they had been tested, they were asked whether they had received the results of their last test and where they had been tested. If they had never been tested, they were asked whether they knew a place where they could go to be tested.

Tables 3.18.1 and 3.18.2 show that only 9 percent of women and 30 percent of men knew of a place where they could get an HIV test. Age of the respondent, for both women and men, does not seem to influence their likelihood of having knowledge of a place where they could get an HIV test. Knowledge of a place to get an HIV test generally increases with increasing education among women and men.

Tables 3.18.1 and 3.18.2 also show coverage of HIV testing services. Getting an HIV test does not seem to be a common practice among ever-married women and ever-married men in Afghanistan. Men are more likely than women to have been tested for HIV.

Overall, 4 percent of men had ever been tested and had received the results of their last test. Among men, the likelihood of having ever had an HIV test and receiving the results was highest in the 30-39 age group (5 percent). Urban men were much more likely than rural men to have been tested and to have received the results (8 percent and 3 percent, respectively). Among women and men, testing coverage generally increases with increasing education.

Two percent of men age 15-49 had been tested in the 12-month period preceding the survey and had been told the results of the last test they took. Less than 1 percent of women age 15-49 had been tested in the 12-month period preceding the survey and had been told the results of the last test they took.

Table 3.18.1 Coverage of prior HIV testing: Women

Percentage of ever-married women age 15-49 who know where to get an HIV test, percent distribution of ever-married women age 15-49 by testing status and by whether they received the results of the last test, percentage ever tested, and percentage who were tested in the past 12 months and received the results of the last test, according to background characteristics, Afghanistan 2015

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of ever-married women by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of women
		Ever tested and received results	Ever tested, did not receive results	Never tested ¹				
Age								
15-24	8.5	0.6	0.0	99.4	100.0	0.6	0.5	7,915
15-19	8.5	1.4	0.0	98.6	100.0	1.4	1.2	1,825
20-24	8.6	0.3	0.0	99.6	100.0	0.4	0.2	6,089
25-29	9.2	0.5	0.2	99.3	100.0	0.7	0.4	6,299
30-39	8.7	0.5	0.0	99.4	100.0	0.6	0.3	8,765
40-49	8.5	0.2	0.1	99.7	100.0	0.3	0.2	6,482
Marital status								
Married or living together	8.8	0.5	0.1	99.4	100.0	0.6	0.4	28,671
Divorced/separated/widowed	6.3	0.0	0.0	100.0	100.0	0.0	0.0	790
Residence								
Urban	13.4	1.4	0.3	98.3	100.0	1.7	1.1	6,870
Rural	7.3	0.2	0.0	99.8	100.0	0.2	0.1	22,591
Province²								
Kabul	10.4	1.8	0.3	97.8	100.0	2.2	1.6	3,658
Kapisa	3.0	0.6	0.1	99.4	100.0	0.6	0.2	205
Parwan	4.5	0.0	0.2	99.8	100.0	0.2	0.0	625
Wardak	6.9	0.0	0.1	99.9	100.0	0.1	0.0	382
Logar	8.8	0.0	0.0	100.0	100.0	0.0	0.0	472
Nangarhar	9.0	0.3	0.4	99.3	100.0	0.7	0.0	794
Laghman	31.3	0.4	0.2	99.4	100.0	0.7	0.2	583
Panjsher	0.4	0.0	0.0	100.0	100.0	0.0	0.0	54
Baghlan	2.0	0.0	0.0	100.0	100.0	0.0	0.0	839
Bamyan	2.9	0.0	0.0	100.0	100.0	0.0	0.0	303
Ghazni	4.8	0.4	0.1	99.5	100.0	0.5	0.3	1,328
Paktika	0.1	0.0	0.0	100.0	100.0	0.0	0.0	792
Paktia	6.4	0.0	0.0	100.0	100.0	0.0	0.0	542
Khost	0.7	0.0	0.0	100.0	100.0	0.0	0.0	851
Kunarha	4.2	0.1	0.0	99.9	100.0	0.1	0.0	559
Nooristan	0.1	0.0	0.0	100.0	100.0	0.0	0.0	222
Badakhshan	1.5	0.1	0.0	99.9	100.0	0.1	0.0	1,004
Takhar	1.3	0.0	0.0	100.0	100.0	0.0	0.0	1,105
Kunduz	8.2	0.9	0.0	99.1	100.0	0.9	0.6	1,232
Samangan	1.4	0.0	0.0	100.0	100.0	0.0	0.0	330
Balkh	7.4	0.6	0.1	99.3	100.0	0.7	0.4	1,781
Sar-E-Pul	1.1	0.3	0.0	99.7	100.0	0.3	0.1	654
Ghor	15.1	0.0	0.0	100.0	100.0	0.0	0.0	715
Daykundi	0.2	0.0	0.0	100.0	100.0	0.0	0.0	329
Urozgan	0.2	0.0	0.0	100.0	100.0	0.0	0.0	230
Kandahar	5.9	0.2	0.0	99.8	100.0	0.2	0.1	2,227
Jawzjan	1.9	0.0	0.1	99.9	100.0	0.1	0.0	614
Faryab	13.6	0.2	0.0	99.8	100.0	0.2	0.2	2,114
Helmand	3.1	0.0	0.1	99.9	100.0	0.1	0.0	875
Badghis	0.4	0.0	0.0	100.0	100.0	0.0	0.0	650
Herat	34.7	0.9	0.0	99.1	100.0	0.9	0.7	2,316
Farah	2.6	0.6	0.0	99.4	100.0	0.6	0.4	777
Nimroz	3.2	0.0	0.0	100.0	100.0	0.0	0.0	278
Education								
No education	6.3	0.2	0.0	99.8	100.0	0.2	0.2	24,604
Primary	12.5	1.3	0.1	98.7	100.0	1.3	1.0	2,330
Secondary	25.1	1.6	0.3	98.0	100.0	2.0	1.1	1,971
More than secondary	43.6	5.4	0.4	94.1	100.0	5.9	3.8	556
Wealth quintile								
Lowest	4.6	0.0	0.0	100.0	100.0	0.0	0.0	5,904
Second	6.1	0.2	0.0	99.8	100.0	0.2	0.1	6,001
Middle	6.4	0.1	0.0	99.9	100.0	0.1	0.1	5,888
Fourth	10.8	0.4	0.1	99.5	100.0	0.5	0.3	6,010
Highest	15.9	1.8	0.3	97.9	100.0	2.1	1.3	5,657
Total	8.7	0.5	0.1	99.4	100.0	0.6	0.4	29,461

¹ Includes *don't know/missing* responses

² Provincial-level estimates for Zabul have not been presented separately there are few cases. However, these cases are included in the total national estimates.

Table 3.18.2 Coverage of prior HIV testing: Men

Percentage of ever-married men age 15-49 who know where to get an HIV test, percent distribution of ever-married men age 15-49 by testing status and by whether they received the results of the last test, percentage ever tested, and percentage who were tested in the past 12 months and received the results of the last test, according to background characteristics, Afghanistan 2015

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of ever-married men by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of men
		Ever tested and received results	Ever tested, did not receive results	Never tested ¹				
Age								
15-24	27.0	1.8	0.2	98.0	100.0	2.1	0.7	1,305
15-19	25.7	0.5	0.0	99.5	100.0	0.5	0.0	142
20-24	27.2	2.0	0.2	97.8	100.0	2.3	0.8	1,162
25-29	30.5	3.6	1.1	95.3	100.0	4.8	1.8	2,422
30-39	31.0	5.4	0.9	93.6	100.0	6.5	2.2	3,943
40-49	28.6	4.3	0.2	95.5	100.0	4.6	1.4	3,091
Marital status								
Married	29.7	4.3	0.7	95.0	100.0	5.0	1.7	10,679
Divorced/separated/ widowed	26.5	0.0	0.7	99.3	100.0	3.0	0.0	81
Residence								
Urban	36.3	8.0	1.7	90.4	100.0	9.7	4.8	2,479
Rural	27.7	3.1	0.4	96.5	100.0	3.6	0.8	8,281
Province²								
Kabul	34.3	8.1	2.1	89.8	100.0	10.2	5.1	1,350
Kapisa	30.5	2.1	0.5	97.4	100.0	3.0	1.0	63
Parwan	39.1	0.5	0.0	99.5	100.0	0.5	0.0	220
Wardak	16.4	1.7	0.1	98.2	100.0	1.8	0.8	171
Logar	25.9	11.4	0.5	88.0	100.0	12.4	9.9	204
Nangarhar	37.0	4.2	0.0	95.8	100.0	4.2	1.1	273
Laghman	36.1	0.5	0.0	99.5	100.0	0.5	0.0	227
Panjsher	1.8	0.0	0.0	100.0	100.0	0.0	0.0	18
Baghlan	14.1	1.4	0.0	98.6	100.0	1.4	0.6	281
Bamyan	13.3	2.1	0.0	97.9	100.0	2.1	1.0	94
Ghazni	30.1	0.0	0.0	100.0	100.0	0.0	0.0	619
Paktika	11.9	0.6	0.0	99.4	100.0	0.6	0.2	322
Paktya	79.9	2.4	0.4	97.2	100.0	3.3	0.1	206
Khost	42.0	1.1	0.0	98.9	100.0	1.4	0.6	334
Kunarha	57.1	0.0	0.0	100.0	100.0	0.0	0.0	151
Nooristan	4.7	0.1	0.0	99.9	100.0	0.1	0.1	66
Badakhshan	11.5	0.0	0.0	100.0	100.0	0.0	0.0	316
Takhar	19.2	1.7	0.0	98.3	100.0	2.0	0.4	296
Kunduz	7.9	2.2	1.4	96.4	100.0	3.6	1.5	479
Samangan	10.4	0.1	0.0	99.9	100.0	0.1	0.1	125
Balkh	16.9	3.2	0.0	96.8	100.0	3.2	1.8	616
Sar-E-Pul	9.4	3.3	0.6	96.1	100.0	3.9	1.5	195
Ghor	29.9	2.3	0.0	97.7	100.0	2.3	1.1	322
Daykundi	3.6	0.2	0.0	99.8	100.0	0.2	0.2	77
Urozgan	0.2	0.0	0.0	100.0	100.0	0.0	0.0	92
Kandahar	25.3	2.1	0.4	97.4	100.0	2.6	1.0	874
Jawzjan	26.4	5.6	0.0	94.4	100.0	5.6	1.4	218
Faryab	67.8	15.8	3.1	81.1	100.0	19.2	1.4	706
Helmand	38.9	1.1	0.0	98.9	100.0	1.3	1.1	355
Badghis	19.8	0.0	0.0	100.0	100.0	0.0	0.0	231
Herat	33.7	10.5	1.1	88.4	100.0	11.6	3.4	863
Farah	27.5	1.2	0.0	98.8	100.0	1.3	0.3	295
Nimroz	14.9	0.0	0.0	100.0	100.0	0.0	0.0	93
Education								
No education	17.2	2.1	0.2	97.7	100.0	2.4	0.9	5,447
Primary	29.6	5.6	1.4	93.0	100.0	7.1	1.6	1,987
Secondary	46.0	5.9	1.2	92.9	100.0	7.2	2.6	2,632
More than secondary	66.1	10.7	0.8	88.5	100.0	11.6	5.1	695
Wealth quintile								
Lowest	18.2	2.8	0.1	97.1	100.0	2.9	1.0	2,029
Second	23.7	2.8	0.1	97.1	100.0	3.0	0.5	2,233
Middle	25.7	2.3	0.2	97.5	100.0	2.5	0.5	2,160
Fourth	36.4	3.5	1.0	95.5	100.0	4.6	1.2	2,260
Highest	44.3	10.2	2.1	87.7	100.0	12.3	5.5	2,078
Total	29.7	4.3	0.7	95.1	100.0	5.0	1.7	10,760

¹ Includes *don't know/missing* responses

² Provincial-level estimates for Zabul have not been presented separately because there are few cases. However, these cases are included in the total national estimates.

3.14 Cancer Prevalence and Deaths Related to Cancer

Cancer has been considered an important non communicable diseases in Afghanistan that takes the lives of 15,000 people annually, as reported by the Ministry of Public Health in February 2016 (TOLONews 2016). Breathing polluted air, using alcohol and tobacco, and eating unhealthy food are considered to be contributing factors that lead to cancerous diseases in the country. However, lack of information has been a challenge in developing comprehensive programs to address the issue. The 2015 AfDHS collected information at the household level by asking whether any household members had been diagnosed with cancer. In the households where cancer had been identified, it was asked if any member of the household had died from cancer in the 3 years preceding the survey.

Table 3.19 shows that about 3 percent of the households in Afghanistan had a member diagnosed with cancer. Households in rural areas were as likely as those in urban areas to report any member diagnosed with cancer.

Table 3.19 Households with members diagnosed with cancer

Percentage of households with any member diagnosed with cancer, and percentage of households with any member diagnosed with cancer by type of cancer, according to background characteristics, Afghanistan 2015

Background characteristic	Percentage of households with member/s diagnosed with cancer	Number of households	Percentage of households by type of cancer						Number of households with any member diagnosed with cancer
			Breast cancer	Lung cancer	Liver cancer	Duodenal cancer	Cervical cancer	Other ¹	
Residence									
Urban	2.3	6,269	12.6	11.1	17.2	31.0	0.4	41.6	145
Rural	2.9	18,126	23.5	17.9	20.0	16.1	5.9	18.3	526
Wealth quintile									
Lowest	2.5	4,852	20.6	18.0	11.4	31.6	2.8	18.3	120
Second	2.8	4,838	26.7	26.8	18.4	13.8	5.0	16.0	134
Middle	2.8	4,871	18.3	17.8	22.1	11.2	5.8	24.1	135
Fourth	3.1	4,859	23.9	11.1	23.6	14.4	8.5	18.6	152
Highest	2.6	4,976	15.9	9.1	20.0	28.1	0.8	40.4	130
Total	2.8	24,395	21.2	16.4	19.4	19.4	4.7	23.4	671

Note: Provincial-level estimates are not presented because there are few cases.

¹ Includes *don't know/missing* responses.

Among households with at least one member diagnosed with cancer, 21 percent reported having members diagnosed with breast cancer, followed by liver cancer and duodenal cancer (19 percent, each). About 16 percent of the households reported lung cancer and 5 percent reported cervical cancer.

Forty percent of the households with at least one member diagnosed with cancer reported no deaths of such household members in the 3 years preceding the survey (Table 3.20). No deaths of persons diagnosed with cancer were reported more often by households in urban areas (63 percent) than households in rural areas (34 percent). The most common type of cancer that led to deaths was breast cancer (16 percent) followed by liver cancer (14 percent).

Deaths due to cancer were more often reported in households in the lowest wealth quintile than in the households in the highest wealth quintile. Households in the lowest wealth category more often reported deaths of its household members due to duodenal cancer (24 percent).

Table 3.20 Deaths of household members diagnosed with cancer

Among households with any member diagnosed with cancer, the percentage of deaths related to cancer by types of cancer that occurred in the 3 years preceding the survey, according to background characteristics, Afghanistan 2015

Background characteristic	No deaths	Breast cancer	Lung cancer	Liver cancer	Duodenal cancer	Cervical cancer	Other ¹	Number of households with any member diagnosed with cancer
Residence								
Urban	62.5	8.9	4.6	9.1	8.0	0.3	8.0	145
Rural	33.8	17.8	11.4	14.9	11.6	3.6	9.7	526
Wealth quintile								
Lowest	29.7	12.1	14.4	7.4	24.3	2.3	12.2	120
Second	36.3	25.6	14.3	11.4	7.2	4.2	8.6	134
Middle	35.8	15.2	10.7	16.3	7.7	3.1	11.8	135
Fourth	38.7	15.3	7.6	20.0	8.8	4.2	6.3	152
Highest	59.1	10.8	3.4	11.4	7.7	0.4	8.5	130
Total	40.0	15.9	10.0	13.6	10.8	2.9	9.3	671

Note: Provincial-level estimates are not presented because there are few cases.

¹ Includes *don't know/missing* responses

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