

This synthesis report presents the results on Equatorial Guinea's first Demographic and Health Survey (EDSGE-I), conducted between July and November 2011 by the Ministry of Health and Social Welfare, in partnership with the Ministry of Planning, Economic Development and Public Investment. The EDSGE-I was performed with the Government of Equatorial Guinea's financial support, through the Social Development Fund (SDF), the United Nations Population Fund (UNFPA), the European Commission and the African Development Bank (ADB).

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Other institutions also contributed their experience to this survey, specifically the MCDI by supplying material and other inputs for the implementation of the rapid malaria test in children under 5 years and training local staff on performing this test.

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With respect to the EDSGE-I programme, information can be obtained from ICF International, 11785 Beltsville Drive Calverton, MD 20705, USA Phone: 301-572-0200; Fax: 301-572-0999; Email: reports@measuredhs.com; Internet: <http://www.measuredhs.com>.

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First Demographic and Health Survey 2011

This Demographic and Health Survey is the first made in the Republic of Equatorial Guinea (EDSGE-I) in 2011. The EDSGE-I is a survey of a representative sample of five thousand (5,000) national households. It provides information on topics such as fertility, marriage, sexual activity, preferences in terms of fertility, knowledge and use of family planning methods. It also provides information about breastfeeding, the nutritional status of women and children under five years, infant mortality, mortality in adults (including maternal mortality) and maternal and infant health. It provides information on the knowledge, attitudes and practices (CAP) regarding HIV / AIDS and sexually transmitted infections (STIs) and the use of mosquito nets to combat malaria. HIV, anaemia, malarial and parasitaemia tests were also included in the survey.

EDSGE-I data collection was conducted between July and November, 2011, at a national level. During the survey, 3,575 women aged 15 to 49 from selected households and 1,825 men aged 15 to 49 from the same selected households were interviewed with success. Almost all of the information collected is representative at a national level, both from the place of residence (urban or rural) and the two regions (continental and insular).

CHARACTERISTICS OF THE HOUSEHOLDS SURVEYED

Household composition

An Equatoguinean home has, on average 4.6 people. Overall, 32% of households are under the responsibility of a woman. Four out of ten individuals (40%) of the household population are under the age of 15.

Houses features

Two thirds (66%) of Equatoguinean households have electric lighting; of which 43% are rural, compared with 93% of urban households. Overall, 56% of households are supplied drinking water from an improved source, of which 82% of households are urban and 33% of households are rural. To one in five households (21%) it takes them 30 minutes or more to obtain drinking water. Almost half of households (47%) do not have improved bathrooms. In rural areas, 7% of households do not have latrines versus 4% in urban areas.

Possession of durable and non-durable goods by households

The survey results show that 67% of households in Equatorial Guinea have a mobile phone and almost the same proportion (66%) has televisions. Good ownership is higher in urban areas than in rural areas, for example, 88% of urban households have a television compared to only 48% of rural households. The exception is in agricultural lands ownership, 63% of rural households own agricultural land compared to 16% of urban households.

Educational level

EDSGE-I showed significant differences between men and women: 8% of women aged 15 to 49 in Equatorial Guinea did not receive formal education versus 14% of men aged 15 to 49. On the other hand, 59% of women and 80% of men aged 15 to 49 have secondary or higher education. **In general, 88% of women and 95% of men are literate.**

FERTILITY AND ITS DETERMINANTS

Fertility level

The results of the EDSGE-I show that a Guinean woman has on average 5.1 children at the end of her reproductive life. The average number of children per woman varies from 5.4 in urban areas to 6.0 in the rural area.

Fertility varies according to the level of education of women (6.7 children in women who do not have any studies, versus 3.7 children per woman in those who have higher level studies).

Adolescents' fertility

Fertility among adolescents in Equatorial Guinea is high. In fact, 43% of girls aged 15 to 19 are already initiated into their fruitful life: 37% are already mothers and 6% are currently pregnant for the first time. Early fertility is very high among girls without instruction (74%) than among girls with higher level of education (16%).

Adolescent fertility varies depending on the region, 32% of girls living in the Insular Region had initiated his fruitful life compared to 48% of girls in the Continental Region.

Age of first childbirth

The average age of first childbirth was 18.2 years among women aged 25-49. The results of the EDSGE-I show that the average age of first childbirth increases with the level of education, 17.4 years of age among women without instruction and 21 years among those who have a higher level of training.

Age of first marriage

Nearly six in ten women (61%) aged 15-49 and 48% of men aged 15-49 were living in union at the time of the survey. In Equatorial Guinea, the married women average age is very premature, 14% of women aged 25-49 were already married before reaching the age of 15. Men get married for the first time at an age much later than women; at up to 30 years of age, more than 50% of men remain unmarried.

Age of first sexual intercourse

Half of women aged 25-49 had their first sexual intercourse at 16.2 years of age. On the other hand, for men, the average age for first sexual intercourse was 17.7 years. Women residing in urban areas initiate their sexual life a year later than in the rural areas (16.9 years versus 15.8 years). However, there is no much difference in the average age of first sexual intercourse among men who reside in urban areas and those residing in rural areas.

Polygamy

Polygamy in Equatorial Guinea is a practice that concerns 17% of women: it is in the Continental Region where it is more practiced (19%).

Ideal number of children

Men aspire to a larger family than women (7.0 versus 6.0 children). For group of women aged 5-49, the ideal number of children is higher in rural than in urban areas (6.7 versus 5.3).

FAMILY PLANNING

Contraception knowledge

Almost all women (95%) and men (98%) said that they know at least one modern contraceptive method. The best-known methods are the pill and the condom.

Use of contraceptives

Despite this high level of knowledge, only 13% of married women were using contraception, and 10% used a modern method of contraception at the time of the survey. Women use three basic methods: injection (2%), pill (2%) and condoms. Around 2 sexually active unmarried women (17%) use modern contraceptive methods. Condoms are the method most used by sexually active unmarried women (10%).

The use of modern contraceptives among women in union is higher in urban (12%) than in rural areas (8%). There is a big difference in the use of contraceptives, according to education level: 22% of women who have reached the highest levels of education, compared to 5% among those who do not have any level of instruction. The use of contraception also varies depending on the women living standard* (13% of women belonging to upper-income households used a modern contraceptive method versus 6% of scarce resources households).

Contraceptives supply source

More than half of women (55%) are directed to the private medical sector to obtain modern methods of contraception. On the other hand, 36% attend public sector doctors and only 14% are supplied by other sources.

* The economic well-being of households is calculated in the EDS, based on information such as characteristics of housing and its goods. This information is combined to form an index of economic well-being. The indices are divided into five equal groups, the quintiles of economic well-being.

FAMILY PLANNING NEEDS

Fertility preferences

Two in every ten women (20%) stated that they did not want to have more children, while 72% of women expressed their desire to have more. Of these, 31% would like to postpone their next childbirth for two years or more, while 38% of women want another child within two years.

Unmet needs in family planning

Married women who do not use contraception and have declared not wanting more children (who want to limit their births) or have declared their desire of two years or more before the next birth (women who want birth spacing) are considered as needs not yet met in the field of family planning (FP). The proportion of women married with unmet family planning needs is estimated at 34%. Of these, the vast majority is in need of using contraception for spacing and limiting births (22% versus 12%)

Access to communication on family planning

During the month prior to the survey, more than half of women (54%) and 44% of men have not heard on the radio, or on television, or have seen or read in the newspapers or magazines any communication on family planning (FP).

The majority of women who do not use contraceptives (83%) have had no contact with the agents of FP. There are only 11% of women not contraceptive users who have received a visit from an agent of health who spoke of family planning. Among them, the ones that have visited a health facility in the past 12 months, a 10% discussed FP compared to a 29% that did not.

Information and choice of contraceptive method

Users of family planning methods should be informed of side effects or problems with the method used, and what to do in case of side effects. They should also be informed of other methods. More than half of the women (57%) were informed of the side effects or problems with the method used and 43% were informed about what to do in case of side effects. Almost half of women (45%) were aware of the existence of other methods.

MORTALITY OF CHILDREN UNDER FIVE (5)

Infant mortality rate

Mortality among infants and adolescents is high nationwide. Indeed, during the last five years, **out of 1,000 live births, 65 die before reaching their first birthday** (33 between 0 and 1 month and 32 between 1 and 12 months exactly), and out of about 1,000 one year old children, 51 do not reach their fifth birthday. In general, the risk of dying between birth and the fifth birthday is 113 per 1000 live births.

Infant and juvenile mortality rate in the last ten years varies depending on the area of residence (116‰ in urban compared to 140‰ in rural areas) and according to the mother's level of education (165‰ when the mother has no education versus 59‰ when the mother has reached a level of higher education). The results of the EDSGE-I show a difference between the regions: adolescent mortality rate is higher in the continent (132‰) than in the Insular Region (118 ‰).

Infant Mortality and birth spacing

A time space of at least 36 months reduces e1 infant and juvenile mortality risk. In Equatorial Guinea, the average birth spacing time is 34.4 months. Children born with an interval of less than two years spacing between births have the highest mortality rates (211‰ versus 103‰ for children born two or more years after the last birth). One in five children in Equatorial Guinea was born less than two years after the previous birth.

MOTHER'S HEALTH

Prenatal care

For the majority of births in the five years prior to the survey (91%), mothers had made prenatal consultations with qualified personnel (doctor, midwife, nurse). In two thirds of births (67%), mothers had at least four consultations recommended and more than six in ten (64%) had their first consultation within four months of the pregnancy.

The effectiveness of antenatal care also depends on the type of tests carried out during the consultations; it is observed that 72% of mothers had their last delivery protected (vaccination) against neonatal tetanus and 52% were informed of signs of pregnancy complications.

Childbirth

Two thirds of all births (67%) have taken place in a health facility, and 68% of births have benefited from the assistance of qualified personnel in the time of the birth. Women belonging to households with limited resources (48%) and those who do not have instruction (45%) are those whose births were frequently less cared for by qualified staff.

Postnatal care helps prevent complications after childbirth, 44% of women received post-natal care within two days of birth. More than half (46%) of women have not received post-natal care within 41 days after childbirth.

Maternal mortality

Maternal mortality in Equatorial Guinea is estimated at 308 maternal deaths per 100,000 live births in a 10 year period (95% CI: 272-475).

CHILD'S HEALTH

Vaccine coverage

In general, less than three in ten children (27%) received all of the recommended immunizations and 25% of children aged 12-23 months did not receive any vaccine. In the framework of the Expanded Programme on Immunization (PAV), implemented by the Ministry of Health and Social Welfare and the World Health Organization recommendations, a child is considered as fully vaccinated if they have received the BCG vaccine against tuberculosis, three doses of polio vaccine and measles vaccine, three doses of DPT Diphtheria, neonatal tetanus and whooping cough. The results show that 71% of children aged 12 - 23 months received the BCG vaccine, 42% received three doses of DPT, 34% received three doses of polio and 144% had been vaccinated against measles.

The vaccination coverage rate varies with the mother's level of education. The percentage of fully vaccinated infants of mothers with a higher education level is two times higher than among children born to mothers without instruction (60% vs. 23%). A big difference can be seen in the rate of vaccination coverage depending on the living standard; only 16% of children belonging to the poorest households are fully vaccinated compared with 35% of those belonging to households with more resources.

Prevalent diseases in childhood

Among children under five, 6% had symptoms of acute respiratory infections (ARI) in the two weeks prior to the survey. It is between children aged 6-11 months where acute respiratory infections (9%) were observed. Treatments or tips have been searched in health facilities or medical personnel with 54% of the children that presented symptoms of ARI.

The survey results also show that 20% of children under five had diarrhea during the two weeks prior to the survey. Children aged 12 - 23 months were the most affected (31%). 44% of children who had diarrhea in general, benefited from a therapy of oral rehydration therapy (ORT), i.e., a package of solution of oral rehydration salts or a homemade solution, 62% of the children benefited from ORT or an increase in liquid supply, on the other hand, 15% of the children did not receive any treatment.

BREASTFEEDING AND NUTRITIONAL STATUS OF CHILDREN AND WOMEN

Breastfeeding and balanced diet

The majority of children born in the five years prior to the survey (81%) were breastfed. Nevertheless, only 21% were breastfed within the first hour after birth, and 60% received food before breastfeeding.

The WHO and UNICEF recommend that children are breastfed exclusively for the first six months. After these six months, all children should receive complementary foods because at this age breastmilk alone is not sufficient for children's optimal growth. Only 7% of children under six months received exclusively breast milk, and 52% of children between 6-9 months received complementary foods.

It is recommended that children which are breastfed from 6-23 months are fed at least four different food groups, and that they are fed a minimum number of times per day, depending on the child's age.* Children that are not breastfed from 6-23 months should consume milk or dairy products and four groups of foods at least four times a day. Results indicate that these recommendations have only been applied in only 6% of babies fed with breastmilk and 15% of children that are not breastfed.

Prevalence of anaemia

During the data collection phase of the PDSGE-I, a blood sample was taken in one of every two homes. Two-thirds (67%) of children from 6-59 months turned out to be anaemic, the majority of them (37%) moderately so. The prevalence of anaemia is higher among children that live in rural areas (72%) than in those that live in urban areas (61%). For women aged 15-49 years, 49% are anaemic. The prevalence of anaemia is higher among pregnant women (51%).

*At least two times per day for children that are breastfed from 6-8 months of age, and at least three times per day for breastfed children between 9-23 months of age.

Nutritional status of children

Among children in Equatorial Guinea younger than five years of age, 26% have a low weight relative to their age and thus suffer delays in growth or chronic malnutrition. In 9% of such cases, there is a severe delay in growth. Chronic malnutrition is more frequent in rural areas than in urban ones (32% against 20%).

Among children younger than five years of age, 3% suffer from acute malnutrition and are too thin for their height. Furthermore, 6% of children younger than five have a low weight.

Nutritional status of women

The EDSGE-I uses body mass index (BMI) to determine the nutritional status of women. BMI is defined as the weight in kilogrammes divided by height in metres squared. In general, 3% of women have a BMI below 18.5, thus showing a chronic energy deficiency. Excess weight (BMI greater than or equal to 25) affects 38% of women of procreating age. This proportion is higher among women of 40-49 years in age and in those than live in the Insular Region (55% and 47% respectively).

Micronutrients

Micronutrients are vitamins and minerals which are essential for good health. Vitamin A, which prevents blindness and infections, is particularly important for children, pregnant women and young mothers. Three of every ten children between 6-59 months (30%) have received Vitamin A supplements in the six months prior to the survey. Furthermore, 65% of children from 6-35 months have consumed foods rich in Vitamin A, like meat, poultry, eggs, carrots, mango or vegetables in the last 24 hours. Furthermore, 32% of mothers that have given birth in the last five months have received Vitamin A supplements in the puerperium.

More than one of every two children (58%) have consumed foods rich in iron in the last 24 hours before the survey, and iron supplements were given in the last seven days to 23% of children aged 6-59 months. It is recommended that pregnant women take iron in the form of a pill or syrup for at least 90 days during pregnancy; only 9% took iron pills or syrup for at least 90 days during pregnancy or after their most recent childbirth.

MALARIA

Availability of mosquito nets in homes

In Equatorial Guinea, 38% of homes have at least one insecticide-treated mosquito net (ITN). One of every five homes (21%) have at least one ITN for every two people which spend the night inside the home.

Use of mosquito nets by children and pregnant women

In general, 23% of children under the age of five slept underneath an ITN the night prior to the survey. Among the children which sleep in homes with an ITN, 55% had slept underneath an ITN the night prior to the survey. Almost one quarter of pregnant women aged 15-49 years (24%) have slept under an ITN in the night prior to the survey. Among pregnant women living in homes with an ITN, 62% slept under an ITN the night prior to the survey.

Use of antimalarial drugs

Malaria during pregnancy can cause the birth of children with a low weight. It can also put children at greater risk of death. Because of this, it is recommended that pregnant women receive at least two doses of TP/Fansidar as intermittent preventive treatment (IPT). The EDSGE-I indicates that during prenatal consultations, 26% of pregnant women in Equatorial Guinea received TP/Fansidar and only 24% received two or more doses, or at least one, during prenatal consultations.

Almost one third of children under the age of five (32%) had a fever in the two weeks prior to the survey. Sixty-eight percent of children that had a fever asked for advice or underwent treatment in a health facility or community health centre or in a pharmacy; and around 46% of children had blood sample taken from the finger or the sole of the foot. Approximately one of seven children with a fever (15%) received an artemisinin-based combination therapy (ACT) and 9% received ACT in the same day or the day following the appearance of the fever.

The prevalence of malarial parasitemia among children

A total of 1007 children from 6-59 months of age were examined to determine the parasite Plasmodium in the blood from a rapid test taken on-site. The prevalence of malaria infections at a national level is 48%. The percentage of children infected with malaria is significantly higher in rural areas (63%) than in urban areas (30%). The differences between regions are also significant: 13% in the Insular Region against 59% in the Continental Region.

KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) OF HIV/AIDS

Knowledge

In Equatorial Guinea, almost all women and men have heard about AIDS (99%). In general, 57% of women and 61% of men know that the use of condoms and that having sexual relations with only one uninfected sexual partner can reduce the risk of contracting HIV. This means that the knowledge of HIV prevention is the lowest among men and women without education (44% and 39%, respectively).

Furthermore, almost half (49%) of women and 36% of men know that HIV can be transmitted through breastfeeding (PMTCT) and that the risk of transmission from mother to child can be reduced through taking special medications (antiretrovirals) during pregnancy.

Multiple sexual partners

During the 12 months prior to the survey, 15% of women and 41% of men had two or more sexual partners. Among these, only 16% of women and 24% of men reported having used a condom during the last sexual relation.

HIV Test

According to the EDSEG-1, 35% of women and 25% of men have received results from their last HIV test in the last 12 months prior to the survey. Furthermore, 35% of women and 58% of men have never had an HIV test carried out.

Four of every ten pregnant women (42%) received advice about HIV before the test, have carried out an HIV test and have received the result during the course of a prenatal consultation.

PREVALENCE OF HIV

During the EDSEG-1, more than 4,400 men and women were eligible for the HIV test and, among them, 70% of women between the ages of 15 and 49, and 61% of men between 15 and 59, contributed their blood samples that have been analysed.

The results indicate that the prevalence of HIV in the population of 15-49 years of age (men and women) is estimated at 6.2%. The prevalence is 8.3% in women and 3.7% in men.

In Equatorial Guinea, the prevalence of HIV is almost two times higher among men and women that live in rural areas than those that live in urban areas (8.0% against 4.8%). In men, the prevalence of HIV decreases with the level of education: at 8.7% for those without education and 2.2% among those that have the highest level of education. In women, there was not a clear correlation between HIV prevalence and levels of education.

The prevalence varies according to marital status; among women that experienced a marital breakdown (divorced or separated: 12.8%, and widowed women: 27.4%), there was a higher prevalence rate than among married women (8.8%). Single women have the lowest rate of prevalence (4.3%).

LEADERSHIP, THE CAPACITY TO MOBILISE WOMEN AND DOMESTIC VIOLENCE

Economic activity

The results of the EDSEG-1 demonstrate a great disparity in employment between genders: 46% of married women from ages 15-49 worked in the 12 months prior to the study, against 92% for men of the same age. Approximately three-fourths of women and 92% of men that worked were paid exclusively in cash. Among married women that worked in the 12 months prior to the survey, 22% were not paid for finished work. Among men, this percentage is 6%. Furthermore, among married women that were paid in case for their work, nearly two-thirds of women (66%) say that they earn less than their spouses or partners.

Participation of women in decision making

In Equatorial Guinea, 57% of married women participate in decision making in regards to their own health care, 68% of women participate in the decision making for important purchases for their homes, and 66% participate in decision making regarding visits to the family or relatives of the woman. Two of every ten women (22%) say that they have not participated in any of the three aforementioned scenarios.

Physical violence

Almost two-thirds of women (63%) reported having suffered physical violence at some point in their lives since the age of 15. More than half of women (56%) have suffered acts of violence in the last 12 months. This proportion is greater among separated or divorced women (71%) than in single women (24%).

Sexual violence

In general, 32% of Equatoguinean women have been victims of sexual violence at some point, and 8% have experienced such violence in the last 12 months.

Spousal violence

Among all women aged 15-49, 65% reported having experienced some type of domestic violence (emotional, physical or sexual). Approximately eight of every ten married women or those that live with their partners (78%) have been confronted at some point by violent behaviours. Among married women, this proportion is 63%. The rate of domestic violence is greater among women in the Insular Region (71%) than in the Continental Region (63%). More than half of women (54%) were faced with acts of violence in the last 12 months.