



Sierra Leone

2008 Demographic and Health Survey
Key Findings



This report presents the findings of the 2008 Sierra Leone Demographic and Health Survey (SLDHS) carried out by Statistics Sierra Leone (SSL) in collaboration with the Ministry of Health and Sanitation (MOHS). The Government of Sierra Leone provided financial assistance in terms of funding and in kind contributions of government staff time, office space, and logistical support. Additional funding for the survey was provided by the U.S. Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Nations Development Program (UNDP), the United Nations Children’s Fund (UNICEF), the Department for International Development (DFID), and the World Bank. Logistical support was also received from the United Nations High Commissioner for Refugees (UNHCR), World Food Programme (WFP), and World Health Organisation (WHO). ICF Macro, an ICF International company, provided technical assistance and medical supplies and equipment for the survey through the MEASURE DHS programme, which is funded by USAID and designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. The UNFPA Country Support Team also provided some backstopping support. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organizations.

Additional information about the survey may be obtained from Statistics Sierra Leone, A.J. Momoh Street, Tower Hill, PMB 595, Freetown Sierra Leone; Telephone Number +232-22-223287/ +232-76-609989 Fax No. +232-22-223897; Email: statistics@statistics.sl / info@statistics.sl.

Information about the DHS programme may be obtained from the MEASURE DHS Project, ICF Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA; Telephone: 301-572-0200, Fax: 301-572-0999, E-mail: reports@macrointernational.com, Internet: <http://www.measuredhs.com>.

Recommended citation:

Statistics Sierra Leone and ICF Macro. 2009. *Sierra Leone Demographic and Health Survey 2008: Key Findings*. Calverton, Maryland, USA: SSL and ICF Macro.

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ABOUT THE 2008 SLDHS

The 2008 Sierra Leone Demographic and Health Survey (SLDHS) was designed to provide data for monitoring the population and health situation in Sierra Leone. The 2008 SLDHS is the first Demographic and Health Survey conducted in Sierra Leone. The objective of the survey was to provide up-to-date information on fertility, family planning, childhood mortality, infant and child feeding practices, maternal and child health, maternal mortality, female genital cutting, and HIV/AIDS-related knowledge and behaviour. The survey also included testing for anaemia and HIV.

Who participated in the survey?

A nationally representative sample of 7,374 women age 15-49 and 3,280 men age 15-59 were interviewed. This represents a response rate of 94% for women and 93% for men. This sample provides estimates for Sierra Leone as a whole, for urban and rural areas, and for most indicators, an estimate for four regions.

Sierra Leone



HOUSEHOLD CHARACTERISTICS

Household Composition

Sierra Leonean households consist of an average of 5.9 people. Forty-three percent of households have orphans or children under age 18 living in households with neither their mother nor their father present. Almost half of the household members are children under age 15.

Housing Conditions

Housing conditions vary greatly based on residence. One-third of urban households have electricity compared with only 1% of rural households. More than four in five households in urban areas have access to an improved water source compared with only one-third of households in rural areas. Only 6% of rural households have access to an improved toilet facility compared with 21% of urban households. Overall, almost one-quarter of households have no toilet facility.

Ownership of Goods

Currently, 55% of households in Sierra Leone own a radio. About one in ten households own a bicycle. However, there are large differences in ownership of goods by residence. Twenty-eight percent of urban households and 1% of rural households own a television. About two-thirds of households in urban areas own a mobile phone compared with 10% of rural households. Rural households are far more likely to own agricultural land or farm animals.

Child Labour

Overall, 31% of children are involved in child labour. Child labour is defined as children 5-11 years who did at least one hour of economic activity or at least 28 hours of domestic chores in the week before the survey and children 12-14 years who did at least 14 hours of economic activity or at least 28 hours of domestic chores in the week before the survey. Child labour is lowest in the Western Region (13%) and highest in the Southern Region (46%).



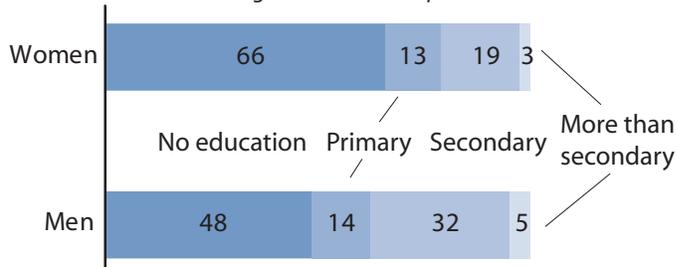
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Education of Survey Respondents

The majority of Sierra Leoneans have no formal education; two-thirds of women age 15-49 and half of men age 15-49 have no education. Only 3% of women and 5% of men have more than secondary education. Urban residents and those living in the Western Region have the highest levels of education. Overall, 26% of women and 45% of men are literate.

Education

Percent of women and men age 15-49 by highest level of schooling attended or completed



FERTILITY AND DETERMINANTS

Total Fertility Rate (TFR)

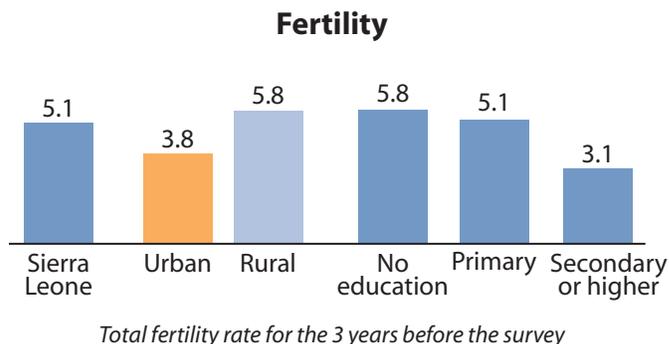
Women in Sierra Leone have an average of 5.1 children. The average number of children per woman varies from 3.8 in urban areas to 5.8 in rural areas.

Fertility varies by region. Women in the Western Region have an average of 3.4 children compared with 5.8 children in the Northern Region.

Fertility also varies with mother's education and economic status. Women who have more than secondary education have an average of 3.1 children, while women with no education have almost twice as many children. Fertility increases as the wealth of the respondent's household* decreases. The poorest women have twice as many children as women who live in the wealthiest households (6.3 versus 3.2 children per woman).

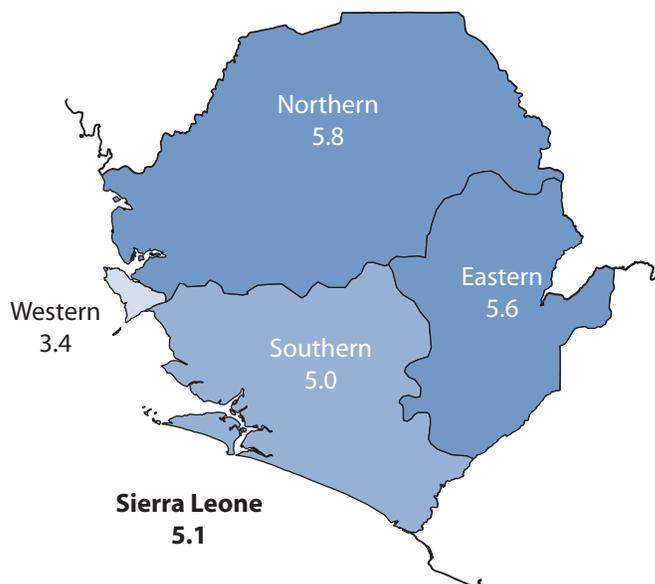
Teenage Childbearing

Overall, one-third of women age 15-19 are already mothers or are pregnant with their first child. Teenage childbearing is highest in the Northern Region (40%) and lowest in the Western Region (18%). Women with no education are much more likely to have begun childbearing than women with secondary or more education (54% compared with 17%).



Total Fertility Rate by Region

Total fertility rate for the 3 years before the survey



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

Age at First Birth

The median age at first birth for all women age 25-49 is 19.3. Women with secondary or higher education have their first birth a year later than women with no education (20.2 years versus 19.1 years).

Desired Family Size

Sierra Leonean women want to have five children, on average. Ideal family size is higher among women in rural areas than urban areas (5.4 versus 4.2). Younger women, those with secondary or higher education, and those in the wealthiest households desire fewer children than their counterparts.

Age at First Marriage

More than half of women in Sierra Leone are married by age 18. The median age at first marriage is 17.0 for women age 25-49 compared with men who marry much later at a median age of 24.5. Age at marriage increases greatly with education; women with more than secondary or higher education get married five years later than those with no education (median age of 16.4 versus 21.4 for women age 25-49). Women in the Western Region marry at a median age of 19.6 compared with 16.1 in the Northern Region.

Age at First Sexual Intercourse

Two-thirds of women age 25-49 and almost 4 in 10 men age 25-49 were sexually active by age 18. Twenty-eight percent of women and 7% of men had had sex by age 15. Men start sexual activity later than women (18.7 years for men and 16.1 years for women). Women living in rural areas begin sexual activity a year earlier than those living in urban areas. Women with higher levels of education wait longer to initiate sexual activity than those with no education (median age at first sex of 18.1 versus 15.8).



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FAMILY PLANNING

Knowledge of Family Planning

Knowledge of family planning is higher among men in Sierra Leone than among women. Eighty-three percent of men know about any method of family planning compared with 74% of women. The most commonly known methods are the pill, male condom, and injectables.

Current Use of Family Planning

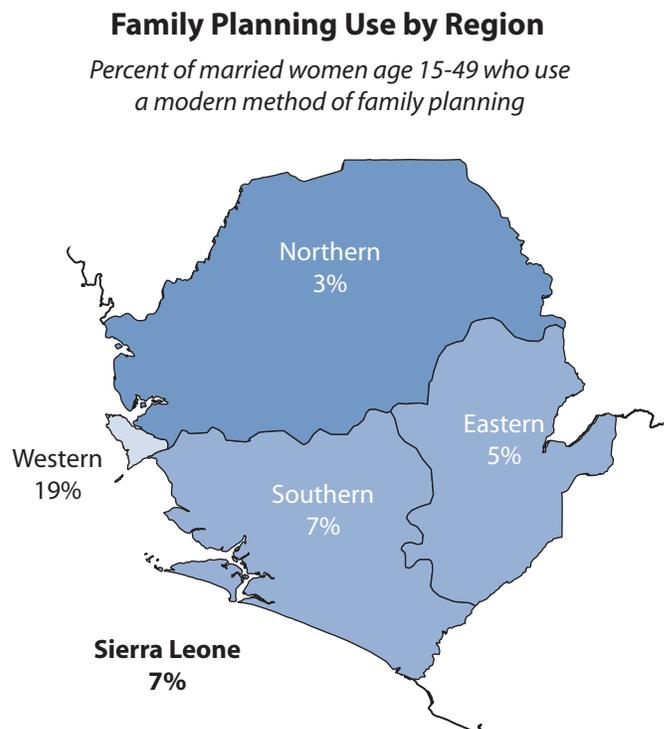
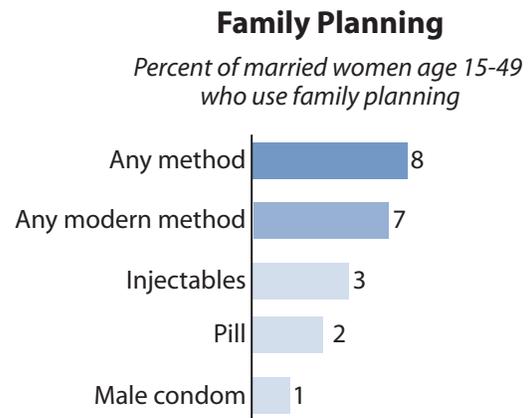
Most married women (92%) do not use any family planning. Only 7% of married women currently use a modern method of family planning. Another 2% are using a traditional method. Injectables (3%) and the pill (2%) are the most commonly used methods. Unmarried, sexually active women are most likely to use family planning—one-quarter are using a modern method, most commonly the pill (11%).

Use of modern family planning varies by residence and region. Modern methods are used by 14% of married women in urban areas compared with 4% in rural areas. Modern contraceptive use ranges from a low of 3% of married women in the Northern Region to a high of 19% in the Western Region.

Modern contraceptive use increases dramatically with women's education. Twenty percent of married women with more than secondary education use modern methods compared with only 4% of women with no education. Use of modern methods also increases with household wealth. Three percent of women in the poorest households use a modern method of family planning compared with 18% of women in the wealthiest households.

Source of Family Planning Methods

Public sources, such as government hospitals, government health centres, and clinics, provide contraceptives to half of current family planning users, while the private sector provides methods to 39% of users.



NEED FOR FAMILY PLANNING

Intention to Use Family Planning

More than one-quarter of currently married non-users (28%) intend to use family planning in the future. Half of them report that they would want to use injectables.

Desire to Delay or Stop Childbearing

Three in ten married Sierra Leonean women want no more children. Another 25% want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2008 SLDHS reveals that about 28% of married women have an unmet need for family planning—16% for spacing and 11% for limiting.

Missed Opportunities

Roughly half of women and men have heard family planning messages on the radio. Exposure to family planning messages is particularly low in rural areas and among the poorest and least educated individuals. Women and men in the Western Region are most likely to be exposed to all three media sources (radio, TV, and newspaper).

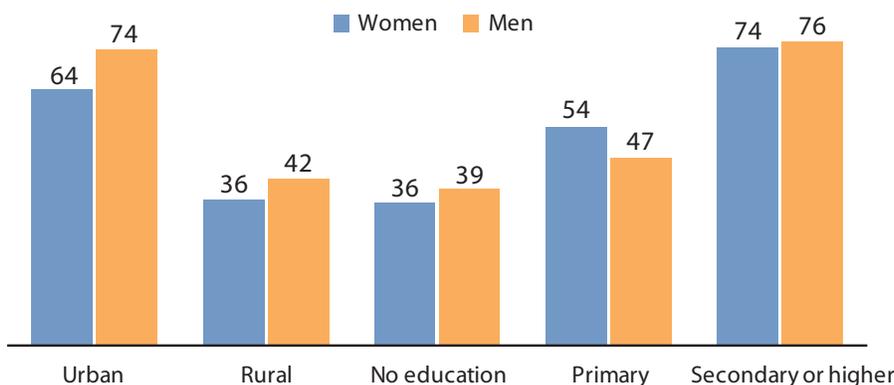
Among all women who are not currently using family planning, only 7% were visited by a field worker who discussed family planning, and only 14% of women who visited a health facility in the past year discussed family planning with a health worker. Overall, more than four in five non-users did not discuss family planning with a health worker or at a health facility.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other methods that could be used. More than half of women received this information the last time they began using a new modern contraceptive method.

Exposure to Family Planning Messages

Percent of women and men age 15-49 who heard a family planning message on radio in the past few months



MORTALITY

Childhood Mortality

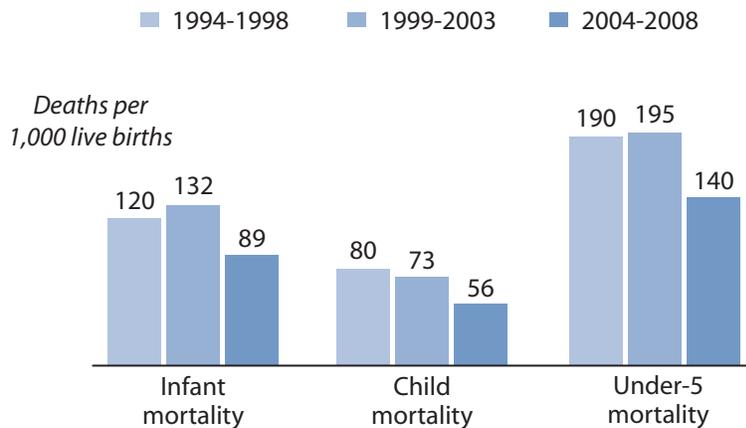
Childhood mortality is high in Sierra Leone. Currently, 89 children per 1,000 live births die before their first birthday (36 per 1,000 before the age of one month and 53 per 1,000 between one and twelve months). Overall, 140 children per 1,000 live births, or about one child out of seven, die before reaching age five.

Mortality rates differ dramatically by region. The under-five mortality rate for the 10-year period preceding the survey ranges from 147 per 1,000 live births in the Eastern Region to 180 per 1,000 live births in the Southern Region.

Birth Intervals

Spacing children at least 36 months apart reduces risk of infant death. In Sierra Leone, the average birth interval is 36 months. About one in five infants in Sierra Leone is born less than two years after a previous birth (18%). Infants born less than two years after a previous birth have particularly high infant mortality rates (182 deaths per 1,000 live births compared with 54 deaths per 1,000 live births for infants born four years after the previous birth).

Childhood Mortality



Maternal Mortality

Maternal mortality is extremely high in Sierra Leone. Maternal mortality ratio (MMR) is estimated to be 857 maternal deaths for every 100,000 live births for the seven year period before the survey. For all female deaths of women age 15-49, more than one-quarter of deaths (27%) are due to maternal causes.



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MATERNAL HEALTH

Antenatal Care

More than four in five Sierra Leonean women (87%) receive some antenatal care (ANC) from a skilled provider, most commonly from a nurse or midwife (53%). More than half of women had the recommended four or more ANC visits. Only 30% of women, however, had an antenatal care visit by their fourth month of pregnancy, as recommended. Seventy-nine percent of women took iron tablets or syrup during their last pregnancy; only 44% took intestinal parasite drugs. About three in five women who received ANC were informed of signs of pregnancy complications. Eighty percent of women's most recent births were protected against neonatal tetanus.



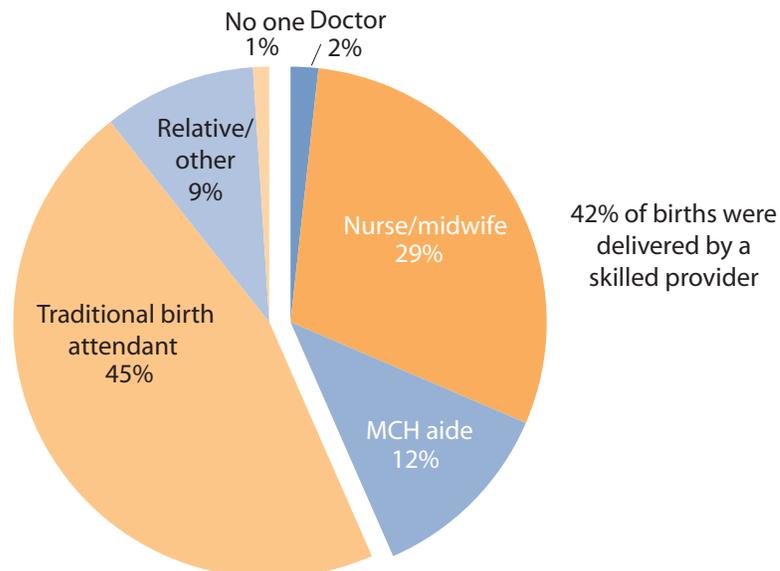
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Delivery and Postnatal Care

One-quarter of births in Sierra Leone occur in health facilities—22% in the public sector and 2% in private sector facilities. Almost three-quarters of births occur at home. Home births are more common in rural areas (77%) than urban areas (57%). Only 42% of births are delivered by a skilled provider (doctor, nurse, midwife, or MCH aide). Another 45% are assisted by a traditional birth attendant and 9% by untrained relatives or friends.

Postnatal care helps prevent complications after childbirth. Thirty-eight percent of women received a postnatal checkup within 4 hours of delivery. One-third of women did not receive any postnatal care.

Assistance During Delivery



CHILD HEALTH

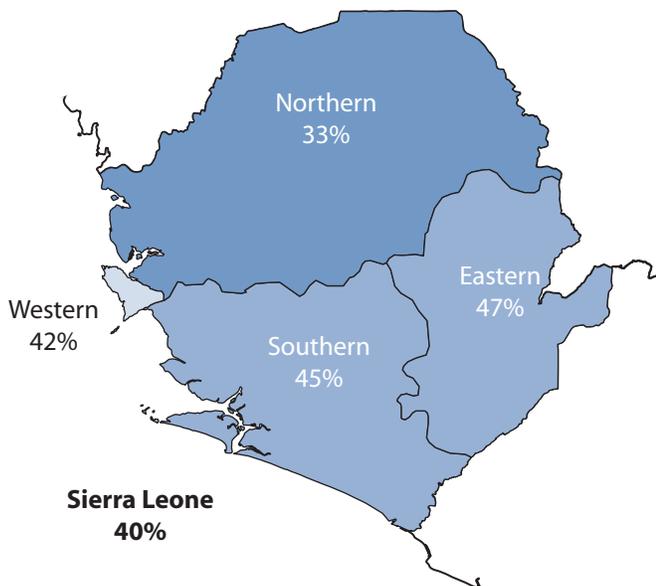
Vaccination Coverage

According to the 2008 SLDHS, 40% of Sierra Leonean children age 12–23 months received all recommended vaccines at any time prior to the survey—one dose of BCG, three doses each of DPT and polio, and one dose of measles. Sixteen percent of children have not received any of the recommended vaccines. Less than one in three children (31%) were completely vaccinated by age 12 months, as recommended.

Vaccination coverage varies by region, ranging from only 33% fully vaccinated in the Northern Region to 47% in the Eastern Region. Coverage increases with mother’s education.

Vaccination Coverage by Region

Percent of children age 12-23 months completely vaccinated



Childhood Illnesses

In the two weeks before the survey, 7% of children under five had symptoms of an acute respiratory infection (ARI), and 25% had a fever. More than four in ten of these children were taken to a health facility or sought treatment from a provider.

During the two weeks before the survey, 13% of Sierra Leonean children under five had diarrhoea. The rate was highest (18%) among children 6-11 months. Almost half of children with diarrhoea were taken to a health facility or sought treatment from a provider. Children with diarrhoea should drink more fluids, particularly oral rehydration salts (ORS). The majority of mothers (91%) know about ORS packets, and in the two weeks before the survey, 73% of children with diarrhoea were treated with ORS or recommended home fluids. More than half of children with diarrhoea (55%) were offered increased fluids during the episode of diarrhoea, but 25% received fewer liquids or no liquids at all. Six percent of children with diarrhoea received no treatment (from a medical professional or at home).



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FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Sierra Leone, with 95% of children ever breastfed. On average, children breastfed until the age of 19 months. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. However, only 11% of children under six months of age are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet one-third of Sierra Leonean infants under six months receive complementary foods.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Sierra Leone, 73% of children age 6–9 months are eating complementary foods in addition to breastfeeding.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months also be fed three or more other food groups. Only 28% of breastfed children meet this recommendation. It is also recommended that non-breastfed children be fed milk or milk products and four or more food groups. However, only 30% of non-breastfed children receive milk or milk products, and 60% were fed four or more food groups. Overall, 23% of children age 6–23 months in Sierra Leone are fed with all three IYCF practices.

Children's Nutritional Status

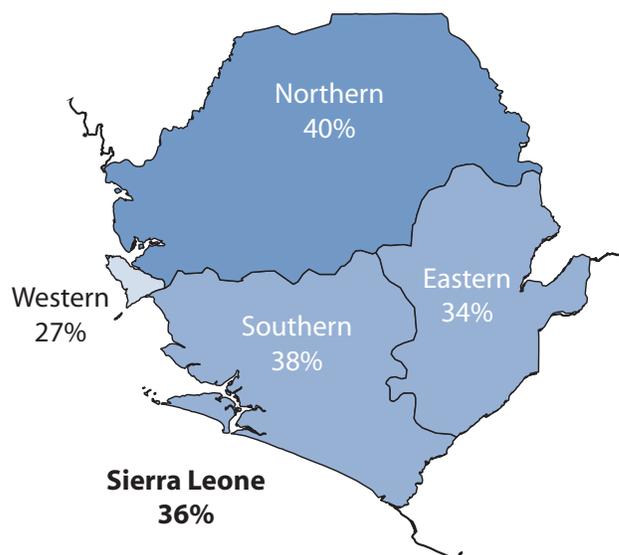
The SLDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2008 SLDHS, 36% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in rural areas (39%) than urban areas (30%). Stunting is least common among children of more educated mothers and those from wealthier families. Wasting (too thin for height), which is a sign of acute malnutrition, is less common (10%). One in five Sierra Leonean children is underweight, or too thin for their age. Eight percent are obese or overweight.



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Stunting by Region

Percent of children under 5 who are stunted (too short for age)



Women's Nutritional Status

The 2008 SLDHS also took weight and height measurements of women age 15-49. One in ten Sierra Leonean women is too thin, but 3 in 10 women are overweight or obese. Overweight is markedly higher in urban areas than rural areas (42% compared with 23%) and increases with age, education, and wealth. Women in the Western Region are most likely to be overweight or obese (38%).

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health.

Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 75% of children age 6-35 months ate fruits and vegetables rich in vitamin A. More than one-quarter of children age 6-59 months (26%) received a vitamin A supplement in the six months prior to the survey, and 20% were given iron supplements in the last seven days.

More than half of women (55%) received a vitamin A supplement postpartum. Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Only 17% of women took iron tablets or syrup for 90 days or more during their last pregnancy. Adequate iron supplementation during pregnancy was lowest in the Northern Region, where only 8% of pregnant women took iron tablets for 90+ days.

Prevalence of Anaemia

The 2008 SLDHS also included haemoglobin testing for women 15-49, men 15-59, and children 6-59 months. More than three-quarters of children (76%) have some form of anaemia. Anaemia among children is slightly higher in rural areas than in urban areas and decreases as mother's education and wealth increase. Forty-five percent of women age 15-49 and 21% of men age 15-49 are anaemic.



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MALARIA

Household Ownership of Mosquito Nets

In Sierra Leone, more than one-third (37%) of households have at least one insecticide-treated mosquito net (ITN). ITN ownership is highest in the Southern Region (45%) and lowest in the Eastern and Western Regions (34%). Additionally, 14% of households have more than one ITN.

Use of Mosquito Nets by Children

Overall, 26% of children under five slept under an ITN the night before the survey. More than a third (35%) of children in the Southern Region slept under an ITN compared with 22% of children in the Northern Region. Children in urban households are more likely to have slept under an ITN than children in rural households (30% versus 24%).

Use of Mosquito Nets by Women and Pregnant Women

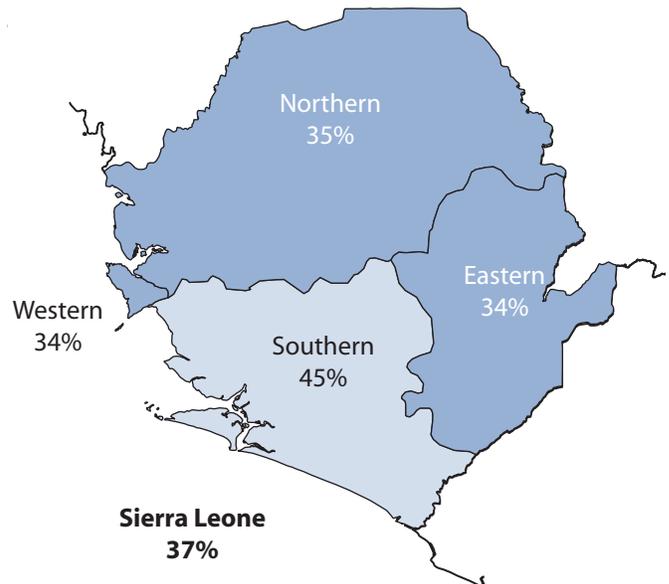
Twenty-seven percent of women age 15-49 and of pregnant women age 15-49 slept under an ITN the night before the survey. Use of ITNs by pregnant women is slightly higher in rural areas than urban areas (29% versus 22%). One-third of pregnant women in the Southern Region slept under an ITN compared with only 13% in the Western Region.

Antimalarial Drug Use

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. It is recommended that pregnant women receive at least two doses of the antimalarial drug SP/Fansidar as intermittent preventive treatment (IPT). Overall, 17% of pregnant women received SP/Fansidar during an ANC visit, and 10% received two doses of the antimalarial drug.

Household Ownership of ITNs by Region

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



Among children under five years who had fever in the two weeks before the survey, 30% were given antimalarial drugs, while only 15% were given antimalarial drugs the same day or the day following the onset of the fever. The Ministry of Health and Sanitation recommends ACT as the first-line treatment for malaria. However, only 6% of children were given ACT, and 14% were given chloroquine, which was discontinued in 2006 due to drug resistance.

FEMALE CIRCUMCISION

Prevalence

Female circumcision in Sierra Leone is nearly universal. Overall, 91% of women age 15-49 have been circumcised. One in five women was circumcised before age four. Female circumcision is higher in rural areas than in urban areas (95% versus 85%). Women with secondary or higher education are less likely than women with no education to be circumcised (78% versus 97%). Almost all circumcisions are performed by a traditional “circumciser.”

Attitudes

Two-thirds of women and 45% of men believe that female circumcision should be continued. More than half of women and 4 in 10 men believe that a benefit of circumcising girls is social acceptance. Forty-three percent of women and 30% of men believe that female circumcision is recommended by religion.

WOMEN’S EMPOWERMENT

Employment

More than eight in ten married women age 15-49 (85%) interviewed in the SLDHS are employed compared with almost all men (98%). Among those who are employed, men are more likely than women to earn cash, while women are more likely than men to be unpaid. Women who earn cash generally earn less than their husbands.

Participation in Household Decisions

For the most part, Sierra Leonean women have little power to make household decisions on their own. Women alone are most likely to have control over daily household purchases, while husbands alone often have final say over making larger household purchases. Only one in ten women reported that they make decisions about their own health care on their own, and less than half decide jointly with their husband.

Attitudes Towards Wife Beating and Refusing Sex

Two-thirds of women and three in five men agree that a husband is justified in beating his wife for certain reasons. More than half of men agree that a woman is justified in refusing sexual intercourse with her husband under certain circumstances compared with only 34% of women who agree with a wife’s right to refuse sex.



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HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge

According to the 2008 SLDHS, seven in ten women and eight in ten men have heard of AIDS. However, knowledge of HIV prevention methods is lower. Only 38% of women age 15-49 and 56% of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful partner. Forty percent of women and 58% of men know that abstaining from sexual intercourse can reduce the risk. Prevention knowledge increases dramatically with increasing education and wealth.

Forty-five percent of women and 50% of men know that HIV can be transmitted by breastfeeding. However, only 14% of women and 24% of men know that the risk of mother-to-child transmission can be reduced by taking special drugs during pregnancy.

Most Sierra Leoneans have misconceptions about HIV and AIDS. Only 33% of women and 46% of men know that HIV cannot be transmitted by mosquito bites.

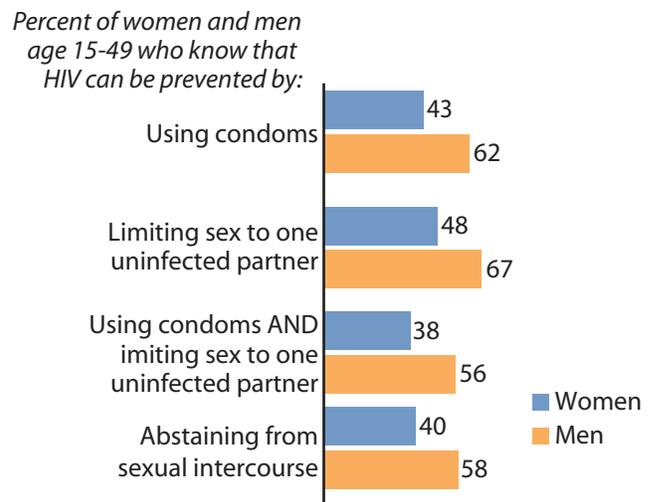
Attitudes

About half of women and three-quarters of men say they are willing to take care of a family member with HIV, and about 6 in 10 say that they would not want to keep secret that a family member was HIV-positive. However, only 31% of women and 40% of men say that they would buy fresh vegetables from an HIV-positive shopkeeper. Accepting attitudes towards people living with HIV increase with education and wealth.

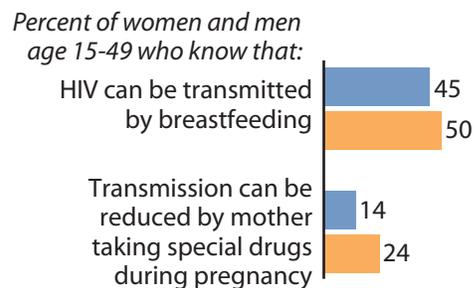
HIV Testing

Only 27% of women and 33% of men know where to get an HIV test. The majority of Sierra Leoneans have never been tested for HIV. Women are slightly more likely to have been tested for HIV than men; 9% of women have ever been tested and received results compared with 7% of men. In the 12 months before the survey, 4% of women and 3% of men took an HIV test and received the results. Ten percent of pregnant women were tested for HIV during an ANC visit and received the results.

Knowledge of HIV Prevention



Maternal to Child Transmission



Multiple Sexual Partners and Condom Use

On average, women have about 2 sexual partners in their lifetime compared with men who have an average of 7 lifetime partners. In the 2008 SLDHS, 5% of women and 21% of men who had sex in the past 12 months had two or more partners during that time. Of those who had multiple partners, 7% of women and 15% of men used a condom during their last sexual intercourse.

HIV PREVALENCE

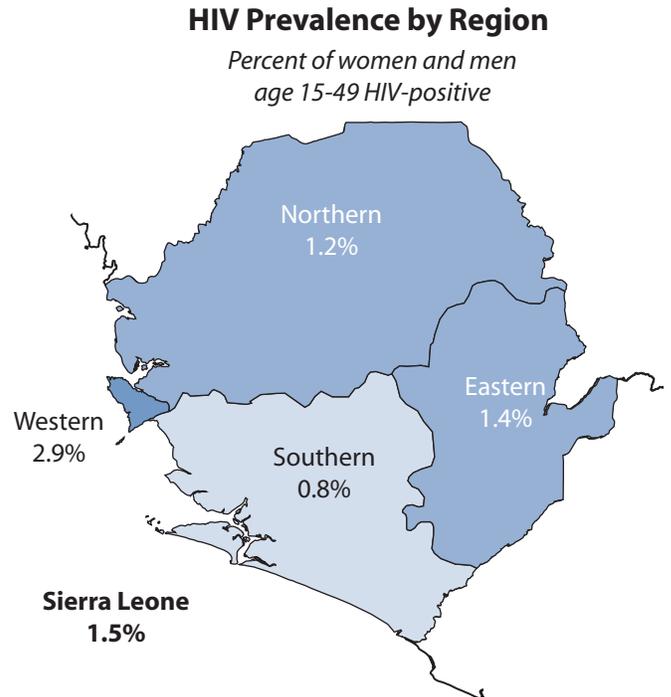
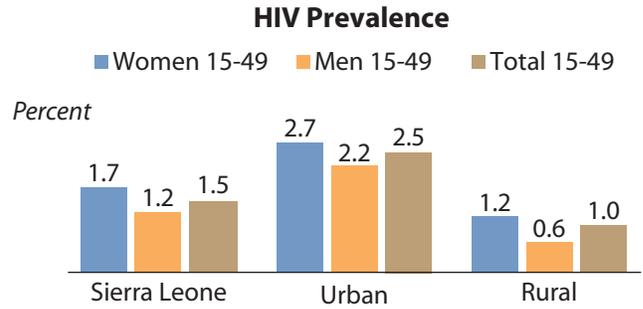
HIV Prevalence

The 2008 SLDHS included HIV testing of almost 7,500 women age 15-49 and men age 15-59. Eighty-eight percent of women and 85% of men interviewed agreed to be tested for HIV.

According to the SLDHS, 1.5% of the population age 15-49 is HIV-positive. The prevalence is 1.7% for women and 1.2% for men. For women, the highest prevalence is between ages 30-34 (2.4%). For men, the highest prevalence is between ages 45-49 (2.1%).

People living in urban areas are at a higher risk of infection than those living in rural areas (2.5% versus 1.0%). HIV prevalence also varies by region, ranging from 0.8% in the Southern Region to 2.9% in the Western Region. HIV prevalence among respondents in the wealthiest households is 2.3% compared with 0.6% of respondents in the poorest households.

HIV prevalence is particularly high among widows and those who are divorced or separated; 5.6% of widowed women are HIV-positive.



(c) Antje Becker-Benton/CCP, Courtesy of Photoshare

KEY INDICATORS

| | Total |
|--|---------|
| Fertility | |
| Total fertility rate (number of children per woman) | 5.1 |
| Women age 15–19 who are mothers or currently pregnant (%) | 34 |
| Median age at first marriage for women age 25–49 (years) | 17.0 |
| Median age at first sexual intercourse for women age 25–49 (years) | 16.1 |
| Median age at first birth for women age 25–49 (years) | 19.3 |
| Married women (age 15–49) wanting no more children (%) | 30 |
| Family Planning (currently married women, age 15–49) | |
| Women currently using any family planning method (%) | 8 |
| Women currently using any modern family planning method (%) | 7 |
| Women with an unmet need for family planning ¹ (%) | 28 |
| Maternal and Child Health | |
| Maternity care | |
| Pregnant women who received antenatal care from a skilled provider ² (%) | 87 |
| Births assisted by a skilled provider (%) | 42 |
| Births delivered in a health facility (%) | 25 |
| Mothers who received first postnatal checkup less than 4 hours after delivery (%) | 38 |
| Maternal mortality ratio (MMR) (deaths per 100,000 live births) | 857 |
| Child immunisation Children 12–23 months fully vaccinated ³ (%) | 40 |
| Child labour Children 5–14 years involved in child labour ⁴ (%) | 31 |
| Nutrition in Children | |
| Children under 5 who are stunted (%) | 36 |
| Children under 5 who are wasted (%) | 10 |
| Children under 5 who are underweight (%) | 21 |
| Malaria | |
| Households with at least one insecticide-treated net (ITN) (%) | 37 |
| Children under 5 who slept under an ITN the night before the survey (%) | 26 |
| Pregnant women who slept under an ITN the night before the survey (%) | 27 |
| Childhood Mortality | |
| Infant mortality (between birth and first birthday) ⁵ | 89 |
| Under-five mortality (between birth and fifth birthday) ⁵ | 140 |
| HIV/AIDS-related Knowledge | |
| Knows ways to prevent HIV and AIDS: | |
| Having one sexual partner (women age 15–49/men age 15–49) (%) | 48/67 |
| Using condoms (women age 15–49/men age 15–49) (%) | 43/62 |
| Knows HIV can be transmitted by breastfeeding (women age 15–49/men age 15–49) (%) | 45/50 |
| Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (women age 15–49/ men age 15–49) (%) | 14/24 |
| HIV Prevalence | |
| Total HIV prevalence for women and men age 15–49 (%) | 1.5 |
| HIV prevalence (women age 15–49/men age 15–49) (%) | 1.7/1.2 |

¹ Currently married women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of family planning. ² Skilled provider includes a doctor, nurse, midwife, or health assistant. ³ Polio vaccine given at birth. ⁴ Children 5–11 years of age who during the week preceding the survey did at least one hour of economic activity or at least 28 hours of domestic chores. ⁵ Number of deaths per 1,000 live births; totals are for the five-year period before the survey; all other figures are for the ten-year period before the survey.

| Residence | | Regions | | | | |
|-----------|---------|---------|----------|----------|---------|--|
| Urban | Rural | Eastern | Northern | Southern | Western | |
| 3.8 | 5.8 | 5.6 | 5.8 | 5.0 | 3.4 | |
| 23 | 44 | 38 | 40 | 37 | 18 | |
| 18.4 | 16.5 | 17.1 | 16.1 | 17.1 | 19.6 | |
| 16.9 | 15.8 | 16.1 | 15.8 | 16.0 | 17.2 | |
| 19.3 | 19.2 | 19.7 | 19.0 | 19.2 | 19.5 | |
| 33 | 29 | 36 | 29 | 28 | 32 | |
| 16 | 5 | 6 | 4 | 8 | 21 | |
| 14 | 4 | 5 | 3 | 7 | 19 | |
| 29 | 27 | 32 | 27 | 24 | 29 | |
| 94 | 84 | 90 | 82 | 90 | 94 | |
| 67 | 33 | 50 | 27 | 53 | 64 | |
| 40 | 19 | 29 | 16 | 34 | 35 | |
| 50 | 33 | 59 | 22 | 35 | 61 | |
| 40 | 40 | 47 | 33 | 45 | 42 | |
| 21 | 37 | 34 | 31 | 46 | 13 | |
| 30 | 39 | 34 | 40 | 38 | 27 | |
| 11 | 10 | 10 | 9 | 15 | 10 | |
| 16 | 23 | 18 | 24 | 24 | 14 | |
| 37 | 37 | 34 | 35 | 45 | 34 | |
| 30 | 24 | 25 | 22 | 35 | 26 | |
| 22 | 29 | 25 | 28 | 33 | 13 | |
| 68 | 62 | 57 | 67 | 66 | 59 | |
| 167 | 168 | 147 | 173 | 180 | 162 | |
| 66/79 | 38/59 | 39/66 | 42/65 | 41/53 | 77/83 | |
| 62/75 | 33/54 | 37/63 | 38/61 | 34/50 | 69/76 | |
| 60/60 | 36/44 | 40/39 | 36/48 | 40/50 | 71/64 | |
| 23/34 | 9/18 | 12/12 | 11/24 | 10/18 | 27/40 | |
| 2.5 | 1.0 | 1.4 | 1.2 | 0.8 | 2.9 | |
| 2.7/2.2 | 1.2/0.6 | 1.6/1.1 | 1.4/0.9 | 1.1/0.5 | 3.1/2.6 | |

ing. ²Skilled provider includes doctor, nurse, midwife, or MCH aide. ³Fully vaccinated includes BCG, measles, and three doses of DPT and polio (excluding stic chores and children 12-14 years of age who during the week preceding the survey did at least 14 hours of economic activity or at least 28 hours of

