The Gambia

MULTIPLE INDICATOR CLUSTER SURVEY 2010

2010

Contributors to the Report

The Gambia

MULTIPLE INDICATOR CLUSTER SURVEY 2010

FINAL REPORT | JUNE 2012

MICS

The Gambia Bureau of Statistics

UNICEF
United Nations Children's Fund

Ministry of Basic and Secondary Education, Ministry of Health and Social Welfare (Reproductive and Child Health Unit, Planning Unit, Expanded Programme for Immunization and National Malaria Control Programme), the Women's Bureau, the National Nutrition Agency, the Department of Community Development, the Department of Water Resources, The Gambia Family Planning Association, Child Protection Alliance, Department of Social Welfare, National Aids Secretariat and the Ministry of Finance and Economic Affairs (MoFEA)

Summary Table of Findings

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators,
The Gambia, 2010

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value
CHILD MORTALITY				
Child mortality	1.1	4.1	Under-five mortality rate	109 per thousand
	1.2	4.2	Infant mortality rate	81 per thousand
NUTRITION				
Nutritional status		1.8	Underweight prevalence	
	2.1a		Moderate and Severe (- 2 SD)	17.4 percent
	2.1b		Severe (- 3 SD)	4.2 percent
			Stunting prevalence	
	2.2a		Moderate and Severe (- 2 SD)	23.4 percent
	2.2b		Severe (- 3 SD)	6.8 percent
			Wasting prevalence	
	2.3a		Moderate and Severe (- 2 SD)	9.5 percent
	2.3b		Severe (- 3 SD)	2.1 percent
Breastfeeding and infant feeding	2.4		Children ever breastfed	97.9 percent
	2.5		Early initiation of breastfeeding	51.6 percent
	2.6		Exclusive breastfeeding under 6 months	33.5 percent
	2.7		Continued breastfeeding at 1 year	92.9 percent
	2.8		Continued breastfeeding at 2 years	30.6 percent
	2.9		Predominant breastfeeding under 6 months	79.7 percent
	2.10		Duration of breastfeeding	19.3 percent
	2.11		Bottle feeding	10.4 percent
	2.12		Introduction of solid, semi-solid or soft foods	34.3 percent
	2.13		Minimum meal frequency	28.8 percent
	2.14		Age-appropriate breastfeeding	49.6 percent
	2.15		Milk feeding frequency for non-breastfed children	16.5 percent
Salt iodization	2.16		Iodized salt consumption	22.0 percent
Vitamin A	2.17		Vitamin A supplementation (children under age 5)	72.8 percent
Low birth weight	2.18		Low-birthweight infants	10.2 percent
	2.19		Infants weighed at birth	50.8 percent
CHILD HEALTH				
Vaccinations	3.1		Tuberculosis immunization coverage	98.9 percent
	3.2		Polio immunization coverage	93.4 percent
	3.3		Immunization coverage for diphtheria, pertussis and tetanus (DPT)	89.3 percent
		4.3		87.6 percent
	3.4		Measles immunization coverage	87.2 percent
	3.5		Hepatitis B immunization coverage	87.5 percent
	3.6		Yellow fever immunization coverage	
Tetanus toxoid	3.7		Neonatal tetanus protection	75.5 percent
Care of illness	3.8		Oral rehydration therapy with continued feeding	66.6 percent
	3.9		Care seeking for suspected pneumonia	68.8 percent
	3.10		Antibiotic treatment of suspected pneumonia	69.8 percent
Solid fuel use	3.11		Solid fuels	97.6 percent

Summary Table of Findings (cont.)

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value
Malaria	3.12		Household availability of insecticide-treated nets (ITNs)	50.9 percent
	3.13		Households protected by a vector control method	70.6 percent
	3.14		Children under age 5 sleeping under any mosquito net	41.1 percent
	3.15	6.7	Children under age 5 sleeping under insecticide-treated nets (ITNs)	33.3 percent
				18.3 percent
	3.16		Malaria diagnostics usage	27.7 percent
	3.17		Antimalarial treatment of children under 5 the same or next day	30.2 percent
				26.1 percent
	3.18	6.8	Antimalarial treatment of children under age 5	66.2 percent
	3.19		Pregnant women sleeping under insecticide-treated nets (ITNs)	36.2 percent
	3.20			55.0 percent
	3.21		Intermittent preventive treatment for malaria	
	3.22		Place for handwashing	
			Availability of soap	

WATER AND SANITATION

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value
Water and sanitation	4.1	7.8	Use of improved drinking water sources	85.8 percent
	4.2		Water treatment	3.7 percent
	4.3	7.9	Use of improved sanitation facilities	76.3 percent
	4.4		Safe disposal of child's faeces	88.1 percent

REPRODUCTIVE HEALTH

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value
Contraception and unmet need	5.1	5.4	Adolescent fertility rate	118 per 1,000
	5.2		Early childbearing	19.1 percent
	5.3	5.3	Contraceptive prevalence rate	13.3 percent
	5.4	5.6	Unmet need	21.5 percent
Maternal and newborn health		5.5	Antenatal care coverage	
	5.5a		At least once by skilled personnel	98.1 percent
	5.5b		At least four times by any provider	72 percent
	5.6		Content of antenatal care	84.4 percent
	5.7	5.2	Skilled attendant at delivery	56.6 percent
	5.8		Institutional deliveries	55.7 percent
	5.9		Caesarean section	2.5 percent

CHILD DEVELOPMENT

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value
Child development	6.1		Support for learning	48.3 percent
	6.2		Father's support for learning	21.3 percent
	6.3		Learning materials: children's books	1.2 percent
	6.4		Learning materials: playthings	44.1 percent
	6.5		Inadequate care	20.6 percent
	6.6		Early child development index	68.1 percent
	6.7		Attendance to early childhood education	18.1 percent

EDUCATION

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value
Literacy and education	7.1	2.3	Literacy rate among young women	48.2 percent
	7.2		School readiness	37.2 percent
	7.3		Net intake rate in primary education	35.0 percent
	7.4	2.1	Primary school net attendance rate (adjusted)	62.6 percent
	7.5		Secondary school net attendance rate (adjusted)	34.2 percent
	7.6	2.2	Children reaching last grade of primary	95.3 percent
	7.7		Primary completion rate	74.5 percent
	7.8		Transition rate to secondary school	56.8 percent
	7.9		Gender parity index (primary school)	1.05 ratio
	7.10		Gender parity index (secondary school)	1.00 ratio

Summary Table of Findings (cont.)

Topic	MICS4 Indicator Number	MDG Indicator Number	Indicator	Value
CHILD PROTECTION				
Birth registration	8.1		Birth registration	52.5 percent
Child discipline	8.5		Violent discipline	90.3 percent

Early marriage and polygyny	8.6
	8.7
	8.8
	8.9
	
	8.10a
	8.10b
			Marriage before age 15
			Marriage before age 18
			Young women age 15-19 currently married or in union
			Polygyny
			Spousal age difference
			   Women age 15-19
			   Women age 20-24
				8.6 percent
				46.5 percent
				23.5 percent
				40.7 percent
				
				45.9 percent
				46.3 percent

Female genital mutilation/ Cutting	8.11 8.12 8.13		Approval for female genital mutilation/cutting (FGM/C) Prevalence of female genital mutilation/cutting (FGM/C) among women Prevalence of female genital mutilation/cutting (FGM/C) among daughters	64.2 percent 76.3 percent 42.4 percent
Domestic violence	8.14		Attitudes towards domestic violence	74.5 percent
HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN				
HIV/AIDS knowledge and attitudes	9.1 9.2 9.3 9.4 9.5 9.6 9.7 9.8 9.9	6.3	Comprehensive knowledge about HIV prevention Comprehensive knowledge about HIV prevention among young people Knowledge of mother- to-child transmission of HIV Accepting attitude towards people with HIV Women who know where to be tested for HIV Women who have been tested for HIV and know the results Sexually active young women who have been tested for HIV and know the results HIV counselling during antenatal care HIV testing during antenatal care	31.6 percent 32.8 percent 90.8 percent 8.0 percent 73.2 percent 7.5 percent 8.7 percent 62.8 percent 45.5 percent
Sexual behaviour	9.10 9.11 9.12 9.13 9.14 9.15 9.16	 6.2	Young women who have never had sex Sex before age 15 among young women Age-mixing among sexual partners Sex with multiple partners Condom use during sex with multiple partners Sex with non-regular partners Condom use with non-regular partners	87.6 percent 5.3 percent 44.3 percent 1.1 percent 37.2 percent 11.8 percent 33.5 percent
Orphaned children	9.17 9.18 9.19 9.20	 6.4 6.4	Children's living arrangements (living with both parents) Prevalence of children with at least one parent dead School attendance of orphans School attendance of non-orphans	61.7 percent 8.2 percent 75.5 percent 71.4 percent

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus-Calmette-Guérin
CEDAW	Convention on the Elimination of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSPro	Census and Survey Processing System
MoBSE	Ministry of Basic and Secondary Education
MoHSW	Ministry of Health and Social Welfare
DPT	Diphteria, Pertussis and Tetanus
EPI	Expanded Programme on Immunization
FGM/C	Female Genital Mutilation/Cutting
GBoS	Gambia Bureau of Statistics
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
ITN	Insecticide Treated Net
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
LGA	Local Government Area
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NAR	Net Attendance Rate
NaNA	National Nutrition Agency
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Treatment
OVC	Orphans and Vulnerable Children
PPM	Parts Per Million
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
TVET	Technical, Vocational Education and Training
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WFFC	World Fit for Children
WHO	World Health Organization

Notations

(x) This notation implies that the percentage or proportion, x, in brackets is calculated on a number of cases that fall in the range 25 to 49 unweighted cases.

(*) This notation implies that the percentage or proportion, *, in brackets is calculated on a number of cases that fall in the range 1 to 24 unweighted cases and the actual percentage or proportion is not shown but it is represented by an asterisk.

Acknowledgements

The Declaration and Plan of Action adopted at the World Summit for Children, held in New York in September 1990, established a set of goals for the decade 1990 to 2000. With regard to this, Multiple Indicator Cluster Survey (MICS) was first conducted in 1996, another similar or even more comprehensive one was conducted in May/June 2000 and a third one was conducted in December-January 2005/2006. This is the fourth survey in the series of Multiple Indicator Cluster Surveys (MICS) conducted in The Gambia. The fourth survey was conducted in 2010. These studies were aimed at monitoring progress made by The Gambia towards the attainment of the mid-decade and end-decade goals set during the above-mentioned Summit.

To evaluate the efforts towards implementation of these conventions, UNICEF in collaboration with other UN agencies such as the WHO, UNFPA and the US Public Health Services developed the Multiple Indicate Cluster Survey (MICS). The MICS is a household survey that examines the behaviour of a comprehensive set of indicators related to the welfare of children and women. The module development for the survey captured data on households characteristics, education, water and sanitation, insecticides treated nets, indoor residual spraying, salt iodization, handwashing, birth registration, early childhood development, Breastfeeding, care of illness, malaria, immunization, anthropometry, child mortality, desire for last birth, illness symptoms, maternal and newborn health, rehydration solutions, contraception, unmet need, female genital mutilation, attitudes toward domestic violence, marriage/union, sexual behavior, and HIV/AIDS.

By the ratification of the Convention on the Rights of the Child (CRC) and Convention on the Elimination of all forms of Discrimination against Women (CEDAW), The Gambia, like many UN member states, committed itself to the improvement of the plight of children and women by the year 2000. The two conventions are not only comprehensive and holistic in nature but also have a high impact on the plight of children and women when implemented simultaneously. The social and welfare status of both women and children is expected to be markedly improved, thereby enhancing sustainable development in each member state.

In 2010, the Government of The Gambia in collaboration with UNICEF conducted the fourth MICS to monitor progress made at end-decade as articulated in the National Plan of Action. The survey was conducted through inter-agency collaboration with The Gambia Bureau of Statistics (GBoS), acting as the lead agency. Collaborating agencies included the:

- Ministry of Health and Social Welfare (MoHSW) (Reproductive and Child Health Unit, Planning Unit, Expanded Programme for Immunization and National Malaria Control Programme),
- Ministry of Basic and Secondary Education (MoBSE)
- Department of Community Development
- Women's Bureau
- Department of Water Resources
- Department of Social Welfare
- Gambia Family Planning Association (GFPA).
- Child Protection Alliance
- Ministry of Finance and Economic Affairs (MoFEA)
- National Nutrition Agency
- National Aids Secretariat

I wish to express my gratitude to all persons and agencies that participated in the different phases of the survey. Our sincere thanks go to UNICEF, through its Banjul Office for providing the much-needed financial support for the conduct of the MICS4. I also wish to express my heart-felt gratitude to Ms. Mariam Khan Senghore, M & E Officer - UNICEF Banjul, for her support during the implementation of the MICS.

I am also indebted to the staff of GBoS, namely: Edrissa Ceesay, Sample survey statistician/Programmer, MICS4; Lolley Jallow–Kah, Programmer, MICS4; and Baba Suwareh, Co-ordinator, MICS4. Similar sentiment is also extended to the following GBoS staff for their contribution to the report: Wally Ndow, Sainanbou Jasseh, Momodou Fatajo, Momodou Lamin Cham, Alieu Bahoum, Mama Jarjue, Mam – Yassin Ceesay, Musu Kuta Komma, Lamin Dibba, Buba Jadama and Lamin Kanteh.

Finally, my sincere thanks go to the following consultants hired by UNICEF: Mr. Amidou for his support in data entry, Mr. Ngagne Diakhaté for his support in data analysis and Mr. Amagagin for his support in calculating the sampling weights. I would like to extend my heartfelt gratitude to Mr. Alieu Saho, the local consultant who assisted the Bureau in the implementation of the MICS (from the design to report writing) and for the guidance he provided to the report writers.

I hope that scholars, researchers, institutions, planners and decision-makers and individuals will find the MICS4 results useful.

Alieu S M Ndow
Statistician General

June 2012

Executive Summary

The Gambia Multiple Indicator Cluster Survey 2010 is a nationally representative survey of households, children and women. The main objectives of the survey are to provide up-to-date information for assessing the situation of children and women in The Gambia. Another objective is to furnish data needed for monitoring progress towards the goals established at the World Summit for Children and the Millennium Development Goals as a basis for future action. The findings of this survey would also be utilized by government and development partners in planning and monitoring programme implementation.

Infant and Under-5 Mortality

- The data from the MICS IV 2010 show that the infant and under-5 mortality rates were 81 and 109 per 1,000, respectively. These Figures represent an impressive fall in mortality indicators compared to MICSIII, which showed 98 and 141 per 1,000 respectively for infant and under-5 mortality.

Education

- 62.6 per cent of children of primary school age in The Gambia are attending primary school. Although over the past five years primary school attendance in the Kuntaur LGA has decreased from 41.2 per cent to 34.7 per cent, it is still among the lowest attendance rates. At the national level, there is a slight difference between male (61.0%) and female (64.1%) primary school attendance rates.
- Almost all (95.3%) of the children who enter the first grade of primary school eventually reach Grade 6.
- Literacy levels among women aged 15-24 is 48.2 per cent. The highest level is found in Banjul and the lowest in Basse and Kuntaur, each registering less than 30 per cent.

Water and Sanitation

- 85.8 per cent of the population has access to improved drinking water – 94.8 and 78 per cent in the urban[1] and rural, areas, respectively. Apart from Banjul and Kanifing, which have the highest proportions (100% and 99.6%, respectively), the differences among the LGAs are small, with the exception of Janjanbureh.
- 76.3 per cent of the population of the country lives in households with sanitary means of excreta disposal.

Child Malnutrition

- 17.4 per cent of children under-5 in the country are underweight or too thin for their age. 23.4 per cent of children are stunted or too short for their age and 9.5 per cent are wasted or too thin for their height.
- Children whose mothers have secondary or higher education are the least likely to be underweight and stunted. Children of women in the richest quintile are least likely to be underweight and stunted.

Breastfeeding

- About 34 per cent of children aged less than six months are exclusively breastfed. At age 6-8 months, 19.7 per cent of children currently breastfeeding receive breast milk and solid or semi-solid foods, whilst 43.7 per cent of those currently not breastfeeding receive breast milk and solid or semi-solid foods. By age 18-23 months, a little less than half (42.9%) of the children continue to breastfeed.

Salt Iodization

- 22 per cent of households in The Gambia have adequately iodized salt at a level considerably lower than the recommended level. The percentage of households with adequately iodized salt ranges from 6.3 per cent in Kerewan to 38.5 per cent in the Janjanbureh LGA.

[1] See Appendix 7 for definition and list of urban settlements

Vitamin A Supplementation

- Within the six months prior to the MICS, 72.8 per cent of children aged 6-59 months received a high dose of Vitamin A supplement and a further 82.5 per cent received the Vitamin A supplement six months prior to that.

Low Birth Weight

- 10.2 per cent of infants were estimated to weigh less than 2,500 grams at birth. Of the total number of births only 50.8 per cent were weighed.

Immunization Coverage

- About 99 per cent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 96.5 per cent. The second and third doses of DPT were respectively given to 96.2 and 89.3 per cent of children aged 12-23 months.
- Similarly, 97.2 per cent of children received Polio 1 by age 12 months and this declined to 93.4 per cent for the third dose.
- The coverage for measles was 87.6 per cent among children vaccinated by 12 months of age.
- Over three quarters, 87.4 per cent of the children, had all nine antigens as recommended in the first 12 months of life.
- There are small differences in vaccination coverage across sex, education and wealth quintiles (household wealth status).

Diarrhoea

- About 17 per cent of children aged 0-59 months had diarrhoea in the last two weeks prior to the date of interview of the survey. Of these, 71.2 per cent received one or more of the recommended home treatments (i.e. were treated with ORS or RHF) and continued feeding.

Acute Respiratory Infection

- About 6 per cent of under-5 children had an acute respiratory infection in the two weeks prior to the survey. About 69 per cent of these children were taken to an appropriate health provider.

Malaria

- In The Gambia, 41.1 per cent of under-5 children slept under a bednet the night prior to the survey interview. However, about 33.3 per cent of these bednets were impregnated with insecticide.
- 59.1 per cent of children with a fever in the two weeks prior to the MICS interview were given Paracetamol/Panadol to treat the fever and 9 per cent were given Chloroquine while 3.8 per cent were given Fansidar. About 30.2 per cent of these children were given any appropriate anti-malarial drug and 27.7 per cent received the drug within 24 hours of the onset of symptoms.

HIV/AIDS

- About 78 per cent of women aged 15-49 know all two of the main ways to prevent HIV transmission – having only one faithful uninfected sex partner and using a condom every time during sex.
- 31 per cent of women aged 15-49 correctly identified three most common misconceptions of HIV transmission – that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected.
- 73.2 per cent of women aged 15-49 know a place to get tested for HIV and about 32 per cent have been tested.
- The percentage of women who have sufficient knowledge of preventing HIV transmission tends to increase with the level of education and is lower among the poorest than the richest quintiles.

Antenatal Care

- Almost all pregnant women (98.1 per cent) receive antenatal care (ANC) one or more times during pregnancy.

Assistance at Delivery

- A doctor, nurse/midwife, or Auxiliary nurse delivered about 57.1 per cent of births occurring in the year preceding the MICS. This percentage is highest in Banjul (96.8 per cent) and lowest in Kuntaur (32.8 per cent). Overall, 56.6 per cent of births occurring in the two years preceding the survey were delivered by skilled personnel and 57.7 per cent of the births were delivered in health facilities. The level of education and wealth quintiles are highly correlated to assistance at delivery by skilled personnel.

Birth Registration

- Births of about 53 per cent of under-5 children have been registered. Birth registration coverage increases with the age of a child. Coverage is influenced by maternal education and wealth index quintile.
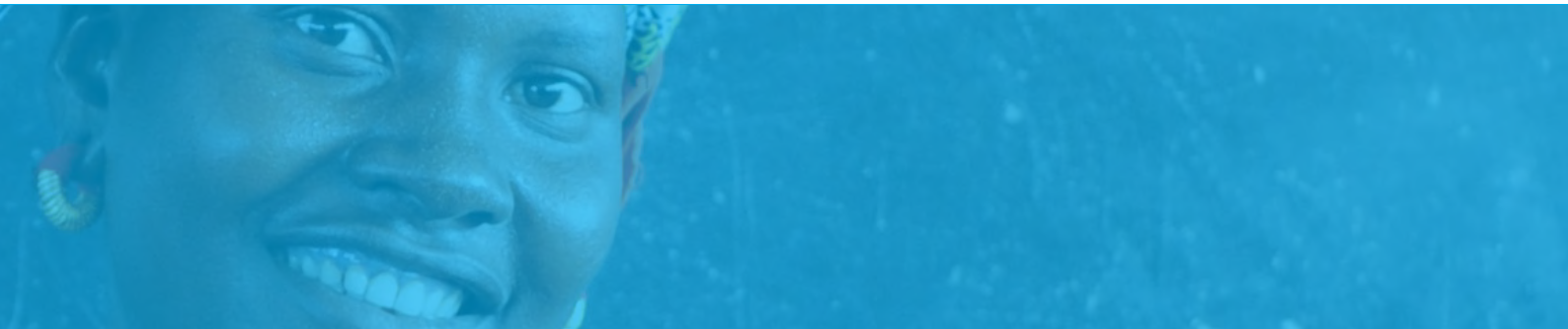
I. Introduction

1.1 Background

This report is based on the The Gambia's Multiple Indicator Cluster Survey, conducted in 2010 by the Gambia Bureau of Statistics (GBoS), in collaboration with the:

- Ministry of Health and Social Welfare (MoSHSW) (Reproductive and Child Health Unit, Planning Unit, Expanded Programme for Immunization and National Malaria Control Programme)

- Ministry of Basic and Secondary Education (MoSBSE)

- Department of Community Development

- Women's Bureau

- Department of Water Resources

- Department of Social Welfare

- Gambia Family Planning Association (GFPA).

- Child Protection Alliance

- The Ministry of Finance and Economic Affairs (MoFEA)

- National Nutrition Agency

- National Aids Secretariat

Financial and technical support was provided by UNICEF.

The survey provides valuable information on the situation of children and women in The Gambia, and was based, in large part, on the needs to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see table on next page).

This final report presents the results of the indicators and topics covered in the survey.

Health Care Delivery System

Until the adaptation of the Primary Health Care (PHC) strategy in 1979, the health care delivery system in The Gambia was largely centralized with the only government referral hospitals in Banjul and Bansang. The PHC strategy was adopted with the main aim of making health care accessible and affordable to the majority of Gambians.

A key target of the PHC was mainly rural settlements. For each PHC village, a village health worker (VHW) and a traditional birth attendant (TBA) are trained to provide primary health care in their communities. The village health workers (VHWs) are assigned the role of maintaining the supply of essential drugs, the provision of outpatient care, making home visits and carrying out health education programmes. The traditional birth attendants assist in delivering, identifying and referring of at-risk mothers to health facilities at the secondary and tertiary levels.

Minor and major health centres serve as the unit for delivery of basic health services at the secondary level. The minor health centres provide up to 70 per cent of the basic health care package to the population and they serve a population of 15,000 people whilst the major health centres serve as referral points for minor health centres for such services like: obstetric emergency, essential surgical services and further medical care.

At the tertiary level, health services are currently provided mainly by four government hospitals. These hospitals are located in Banjul, Bwiam, Farafenni and Bansang. The Royal Victoria Teaching Hospital (RVTH), located in Banjul, is the main referral hospital offering specialist consultant services. The hospital operates a pharmacy, laboratory services and a polyclinic, which provides secondary level health services to Banjul and the surrounding urban areas.

Farafenni Hospital provides referral services to people of the North Bank Region and adjacent rural areas. Although the hospital provides most specialist services, it is yet to be fully operational.
Sulayman Junkung hospital at Bwiam also provides referral services to surrounding villages in both the Western Region and some parts of the Lower River Region.

Bansang Hospital, the oldest rural hospital, serves the eastern part of the country with the catchment area covering about a third of the country's population. In addition to operating as a referral hospital, it also has an outpatient department/unit.

Health services obtained through government-funded health institutions are complemented by services provided by the private sector and non-governmental organizations (NGOs). Individuals and NGOS have established a number of health facilities, mainly in the urban areas. Probably due to higher costs involved in the provision of health services by these facilities, only a small proportion of the population utilizes such services. There are a number of private clinics and hospitals located in the urban areas.

Recognizing the important role Traditional Medicine plays in healthcare delivery, the Ministry of Health established a Traditional Medicine unit to integrate alternative medicine in the national health delivery system. The unit is charged with the responsibility of advocating, coordinating and supporting traditional healers throughout the country. As a result an Association of Traditional Healers was setup in which all healers should register.

Human Resources

In the light of marked improvements both in terms of number of service delivery points and the quality of services, there has been a corresponding increase in the number of technical and professional health personnel. The public health services depend to a large extent on expatriate doctors, the majority of whom are Cubans and Nigerians provided through technical assistance. The increase in the number of doctors serving in the rural areas might have had the most impact particularly with the posting of Cuban doctors to areas that have never been served by a resident doctor. Recently, the University of the Gambia and Leeds Metropolitan University are producing health personnel and hence an increase in the health sector work force.

A critical problem the health sector has been facing for many years is the retention of trained nurses in the system. Nurses have been leaving the services in large numbers and MOH&SW has been facing the problem of trying to replenish those leaving through training. A large number of nurses have, over the years, been attracted to the higher income levels for nurses in Europe and the USA, which has in some instances caused a shortage of nurses in the health sector.

The introduction of a course in medicine at the University of the Gambia provides a ray of hope in the provision of much needed trained medical personnel. The first batch of 14 medical doctors started in 1999 and graduated from the University in 2006 (11 males and 3 females). There are currently 31 male and 18 female house officers. Notwithstanding the potential of the university to train a sizeable number of doctors and other health personnel, the health sector continues to be faced with the perennial problem of high staff attrition which has aggravated the problem of staff shortages.

Major Challenges of the Health Care System

Notwithstanding the significant gains made in the health sector over the years, the sector continues to be faced with major challenges. With a rapidly growing population and increasing pressure on limited resources for the health sector, the sector has, over the years, struggled to meet the demand for services. Inadequate financial and logistical support, shortage of adequately and appropriately trained health staff, high staff attrition and an inefficient referral system have, over the years, aggravated the problems of the sector. These problems have curtailed the gains made in reducing morbidity and mortality in the country. Specialist services are still in high demand in the Gambia. Since most specialists are non-Gambians and usually on technical assistance, the withdrawal of such assistance could adversely affect the quality of services in the country. This state of affairs renders the health service delivery system of the country quite vulnerable.

In addition to vulnerability due to reliance on non-Gambian Health specialists, health funding in the country is heavily dependent on donor assistance. This raises issues of sustainability in the light of evidence of donor fatigue in the recent past. Nonetheless, government continues to place high premium on the health sector and spends about 11.08 percent (2011) of total government expenditure on the sector.

The emergence and increase in non-communicable disease such as Hypertension and Diabetes has compounded these challenges and has proven to be a severe strain on the health delivery system.

The Health Policy

The National Health Policy Framework, 2007-2020, "Health is Wealth", seeks to address the common health desires of the population through a number of initiatives both in the area of preventive and curative health services. With a vision to improve the health of all Gambians with a per capita income of US$ 1,500 by 2020, as stated in the policy has a mission to promote and protect the health of the population. It seeks to promote equity in access and affordability of quality services, maintain ethics and standards, promote health system reforms, and improve staff retention and client satisfaction.

Cognizant of the multi-dimensional nature of health and the potential for health status to be influenced by a variety of factors, a number of areas have been identified in the policy that would collectively have the potential to impact on the health status. Under the current policy, areas identified for interventions relate to health care programmes and clinical care delivery, health system strengthening and capacity development, and technical support services. The policy recognizes the need for community participation and the contribution of traditional medicine to the attainment of the national health goals.

The major targets of the health policy have been identified as follows:

1. To reduce infant mortality rate from 75 per 1000 to 28 per 1000 by 2015

2. To reduce under-5 mortality rate from 99 per 1000 to 43 per 1000 by 2015

3. To reduce maternal mortality ratio from 730 per 100,000 to 150 per 100,000 by 2015

4. To increase life expectancy at the national level to from 63.4 to 69 years by 2015

5. To increase life expectancy for women from 65 years to 70 years by 2015

6. To increase life expectancy for men from 62.4 years to 68 years by 2015

7. To reduce malaria incidence by 50 per cent by 2015

8. To reduce HIV/AIDS prevalence (HIV 1 from 1.1 per cent to 0.5 per cent and HIV 2 from 0.7 per cent to 0,1 per cent by 2015)

9. To reduce total fertility rate from 5.4 to 4.6 by 2015

10. To reduce tuberculosis incidence rate from 120 per 100,000 to 60 per 100,000 by 2015

11. To reduce morbidity due to non-communicable diseases by 10 per cent by 2015 (2007 base)

12. To reduce morbidity due to other communicable diseases by 50 per cent (2007 base).

National Nutrition Policy

The National Nutrition Agency (NaNA) is responsible for the implementation of the National Nutrition Policy (2010-2020). The goal of this policy is to attain optimal nutritional requirement of the population of the Gambia to assure a healthy and sustainable livelihood. The policy also addresses issues such as reducing malnutrition, morbidity and mortality among the general population, especially the most vulnerable groups: pregnant and lactating women and children under five years of age, thereby contributing to the productivity of the population of the Gambia and the socio-economic development of the country

The policy seeks to address the following broad objectives:

1. To reduce the prevalence of malnutrition among women of child bearing age

2. To promote optimal infant and young child feeding practices

3. To create an enabling environment for mothers and care givers to make and implement informed feeding choices

4. To raise public awareness on the main problems affecting infant and young child feeding

5. To promote the utilization of diverse and safe foods of high nutritional value

6. To contribute to the diversification of the food production base

7. To increase awareness on causes consequences and prevention of micronutrient malnutrition in the general population

8. To increase household consumption of iodized salt from 7 per cent in 2005 to 90 per cent by 2015

9. To eliminate vitamin A deficiency and its consequences among the general population

10. To reduce the prevalence of diseases related to micronutrient deficiencies among the general population especially women and children

11. To reduce the morbidity and mortality rates related to iron deficiency anaemia in all age groups

12. To contribute towards ensuring that food production and/or consumed by the Gambian population is of high quality and safe

13. To raise public awareness on the importance of food quality and safety

14. To improve the nutritional status of children under five, pregnant and lactating women and other vulnerable groups

15. To ensure that stakeholders appreciate the importance of a good nutritional status in both the management and prevention of infectious diseases

16. To increase awareness of the risk factors and major determinants of diet-related NCDs

17. To reduce the mortality associated with diet-related NCDs

18. To improve the health and quality of life of individuals with diet-related NCDs

19. To establish an effective nutritional care and support system for the socio - economically deprived and nutritionally vulnerable groups

20. To increase awareness on the relationship between nutrition and HIV/AIDS

21. To provide nutritional information, care and support to people infected and affected by HIV/AIDS

22. Improve timely access to adequate food by people in emergency situations

23. To make nutrition information available to all stakeholders for appropriate decision making, planning, policy development and programming

24. Create an enabling environment for human nutrition research

25. To inform and educate the Gambian population on the need for an importance of good nutrition, through effective information and communication mechanisms

26. To improve on the resources base of the Agency for effective functioning and investment in nutrition

27. To create an enabling environment to facilitate resources mobilization for various partners and stakeholders for the provision of adequate resources

28. To coordinate investment in nutrition

29. To ensure that nutrition is mainstreamed in key development policies and programmes

The broad policy objectives are to be realized through;

1. Working with all stakeholders including communities and community based organizations involved in nutrition and nutrition related areas.

2. Mainstreaming nutrition into other sector policies programmes and strategies and

3. Better coordination of nutrition interventions in the country

Two key factors in the strategies to attain the policy objectives are: a well-coordinated information, education and communication (IEC) programme and a Behaviour Change Communication (BCC) programme.

National Population Policy

The National Population Policy (2007 – 2020), amongst other developmental problematiques recognizes the high fertility rate as well as the young population age structure of the Gambian population. According to the 2003 Population and Housing Census, 42 per cent of the population is under the age of 15 and 22 percent are between 15 and 24 years.

Other characteristics of the Gambia's population include high maternal, infant and child mortality rates, low literacy rates, a high prevalence of poverty as well as strong traditional and socio cultural believes and practices.

To better integrate the Gambia's population into overall socio-economic development as well as to reduce poverty within the framework of vision 2020, the PRSP II and its successor program the PAGE as well as to realize the MDG goals and targets, the national population policy has the following targets.

1. To reduce the proportion of girls who marry before the age of 18 years by 30 per cent by the year 2009 and by 80 per cent by the year 2020.

2. To reduce the proportion of girls below 20 years and women below 40 years being pregnant by 50 per cent by the year 2010 and by 80 per cent by the year 2020.

3. To increase the gross enrollment ratio (7 – 15 years) of 91 per cent (2002/203) to 100 per cent by 2015.

4. To improve the completion rate from 80 per cent (2002/2003) to 100 per cent by 2015

5. To achieve full immunization coverage of 100 per cent of infant (0 – 11 months) by 2013.

6. Reduce HIV 1 prevalence rate among 15 to 49 years old pregnant women from 1.1 per cent in 2005 to less than 1 per cent by 2012.

7. Reduce malnutrition rate among children under 5 years from 14 per cent in 2005 to 8 per cent by 2012

8. Increase the rate of exclusive breastfeeding from 45.6 per cent in 2005 to 80 per cent by 2012

9. Reduce under 5 mortality rate from 99 per cent 1000 live births in 2003 to 54 per 1000 live births by 2013

10. Revise/enact and enforce laws affecting the rights of women of The Gambia and children in general by 2008 and those affecting sexual and reproductive health rights by 2010

11. Expand youth friendly centers in all local Government Areas and strengthen them to provide youths with life skills by the year 2010.

The policy also has strategies that are aimed at protecting the welfare of children. Below are the strategies.

1. Enforcing all laws and protocols regarding the welfare of children in The Gambia

2. Providing equal opportunities for children regarding education, health, legal and other social services in The Gambia

3. Providing respite, care and other forms of support for children in difficult circumstances

4. Involving children in the design of policies and programmes that concerns them

5. Support the decentralization of the Department of Social Welfare to increase access to child welfare services

6. Protecting children from abuse, exploitation, harmful traditional practices such as early forces marriage and female genital mutilation/cutting (FGM/C)

7. Adopting a rights based approach when implementing progrmmes and activities on child issues

8. Planning and implementing programmes that will help reform youth offenders and protect children against the risk of committing offences

9. Implementing programmes on parenting skills to help families cope with difficult children

10. Sensitizing and educating the public on child rights and the effects of child abuse, and commercial sex exploitation of children (CSEC)

11. Strengthening families through community based programmes to support and care for orphans and other vulnerable children

As population is a cross cutting issue, the policy has been harmonized with other policies and programmes including the National Health Policies; the Family Planning Policy; the Education Policy; The Gambia Environmental Action Plan (GEAP); the Strategy for Poverty Alleviation; the National Youth Policy; and the National Policy for Advancement of Women and other national and policies.

Education Policy 2004 -2015

The development of the Education Policy 2004 – 2015 is premised on The Gambia's vision 2020 and the governments' development programme, Poverty Reduction Strategic Paper (PRSP), both of which are the development agendas of government that seek to improve the human capital of the country by reducing the number of people living below the poverty line.

The Gambia as a Nation remains highly committed to developing its human resource base with priority given to free basic education for all. It is for this reason that this policy is being used as a means for the attainment of high level of economic growth to alleviate poverty with the emphasis on the critical areas for the realization the MDGs, EFA and NEPAD. Hence the guiding principle for education therefore is premised on non-discriminatory and all inclusive provision of education underlining in particular gender equity and the targeting of poor and disadvantaged groups; respect for the rights of the individual; cultural diversity, indigenous languages and knowledge; promotion of ethical norms and values, and a culture of peace; and development of science and technology competences.

These guiding principles are in conformity with the national development agenda of the Gambia as articulated in vision 2020 statement.

"to transform The Gambia into a financial centre; a tourist paradise; a trading export-oriented agricultural and manufacturing nation thriving on free market policies and a vibrant private sector, sustained by a well-educated, trained, skilled, healthy, self-reliant and enterprising population, and guaranteeing a well-balanced eco-system and a decent standard of living for one and all, under a system of government based on the consent of the citizenry"

In order to translate the vision into reality, the sector is guided by a Mission Statement embodied in the following statement "A Provision of Relevant and Quality Education for All Gambians for Poverty Reduction"

Based on these principles and the economic development prospects of the country, the basic aims of the Education Policy are:

1. To promote a broad-based education at the basic level for lifelong learning and training.

2. To mainstream gender in the creation of opportunities for all to acquire literacy and livelihood skills, and the utilization of these skills in order to earn a living and become economically self-reliant members of the community

3. To develop the physical and mental skills which will contribute to nation building economically, socially and culturally in a sustainable environment

4. To encourage creativity and the development of a critical and analytical mind

5. To further an understanding and appreciation of the contribution of science and technology to Development

6. To cultivate sound moral and ethical values in the development of life skills

7. To develop a healthy body and an appreciation of the value of a healthy mind in response to the life threatening diseases like HIV/AIDS malaria and tuberculosis

8. To create an awareness of the importance of peace, democracy and human rights, duties and responsibilities of the individual in fostering these qualities.

9. To foster an appreciation of and respect for the cultural heritage of The Gambia.

10. To promote a sense of patriotism service, loyalty, integrity and dedication to the nation and humanity.

Policy Objectives

The 2004 – 2015 policy focuses on ensuring that the right to quality education for all is upheld and that Education for All, with its ramifications, and the Millennium Development Goals are achieved. The ultimate object of eliminating poverty, enhancing quality living and nurturing a learning society forms the cornerstone of the policy.

With the priority areas and key strategies in mind, the policy seeks to attain the following objectives:

1. To increase the basic education GER to 100 per cent by 2015, taking into account enrolment in the Madrassas.

2. To increase the completion rates in basic education to 100 percent by 2015

3. To increase the supply of trained teachers and make more efficient use of the teaching force by maintaining the pupil/teacher ratio at 45.1 at the basic level

4. To increase double shift classes from 25 percent to 32 per cent by 2015 across all levels

5. To phase out double shift teachers by 2015

6. To maintain multi-grade teaching in a combined class size not exceeding 40

7. To increase the share of enrolment of girls to 50 per cent of total enrolment at the levels of basic and secondary education by 2015

8. To improve the quality of teaching and learning at all levels

9. To improve learning outcomes at all levels – at least 80 per cent of students will attain minimum grade competencies/ mastery levels by 2015

10. To increase the enrolment ratio of early childhood by 50 per cent especially in the rural areas by 2015

11. To increase access, for adults and out of school youths to functional literacy and numeracy programmes in order to halve the illiterate population by 2015

12. To provide marketable and social skills to enable individuals to deal effectively with the demands and challenges of everyday life

13. To introduce the teaching of the five most commonly used languages - Mandinka, Wollof, Fula, Jola and Sarahuleh at the basic, senior secondary and higher education levels as subjects

14. To increase the transition rate from Grade 9 to 10 to a minimum of 50 per cent

15. To increase the quota of graduate teachers of Gambian nationality at the level of senior secondary from 26 per cent to 100 per cent by 2015

16. To strengthen the institutional and management capacity of the Technical, Vocational Education and Training (TVET) system

17. To establish a sound financial basis for the long-term development and sustainability of TVET

18. To increase cost sharing and cost recovery at post-secondary training institutions

19. To develop and strengthen public – private partnerships in the financing of higher education

20. To institutionalize access programmes for higher education, especially for girls, particularly in science, mathematics and technology

21. To improve the organizational structure of the sector for efficient and effective service delivery

Women's Act

The Women's Act, 2010 was enacted by the National Assembly on Tuesday the 12th day of April 2010. The Act domesticates all provisions of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (The Protocol).

The Act has the following sections and subsections:

1. Preliminary

2. Women's Human Rights Protection

3. Governments obligation to eliminate all forms of discrimination

4. Temporary Special measures in favour of women

5. Prohibition of discrimination against women in employment

6. Elimination of discrimination in the field of education

7. Right to Health

8. Rural Women

9. Marriage and the family

10. Additional Rights under the protocol

11. National women's Council

12. Establishments and Composition

13. Functions

14. Financial Provisions

15. Administration

16. Miscellaneous

It is evident from the above sections and subsection of the act that this legal instrument does not just address women's' rights issues but also addresses institutional issues of structures/agencies that will deal with the rights issues as well as strategies that will facilitate addressing gender inequities.

The Children's Act

The Gambia enacted the children's act in 2005; which is a clear manifestation of the Gambia government's commitment to improve the lives and welfare of its children and the creation of a Gambia fit for children where the children's right to survival, development, protection and participation are actively promoted and protected, through appropriate legislative, administrative and other measures in fulfillment of national and international obligations. In the Gambia, a child is defined as anybody below the age of 18 years.

The act captures fundamental development problems as they pertain to children ranging from education, health, human rights etc. For education, part II section 18.1 of the act states 'every child has a right to free and compulsory basic education and it shall be the duty of the Government to provide the education'. The Act states in section 18.2 that 'every parent or guardian shall ensure that his or her child or ward attend and complete basic education'. The act also addresses issues of disability and vulnerability of children. It states in section 12.2 that 'every child who is in need of special protection measures (includes children with disabilities, and street children), has the right to any such measure that is appropriate to his or her physical, social, economic, emotional, and material needs and under conditions which ensure his or her dignity, promote his or her self-reliance and active participation in the affairs of the community.

Furthermore, the act also states in section 12.2 that every person, authority, body or institution having the care or responsibility for ensuring the care of a child in need of special protection measures shall endeavor, within the available resources, to provide the child with such assistance and facilities which are necessary for his or her education, training, preparation for employment, rehabilitation and recreational opportunities in a manner conducive to his or her archiving the fullest possible social integration, individual development and his or her cultural and   moral development .

The Act also paves the way for the introduction of more effective measures to protect children from abuse and exploitation. It provides for a register of child abusers and tightens laws on trafficking

1.2 Survey Objectives

The Gambia's Multiple Indicator Cluster Survey 2010 has the following primary objectives:

1. To provide up-to-date information for assessing the situation of children and women in The Gambia;

2. To furnish data needed for monitoring progress towards the goals established in the Millennium Declaration, the goals of A World Fit for Children (WFFC) and other internationally agreed upon goals as a basis for future action;

3. To contribute to the improvement of data and monitoring systems in The Gambia and to strengthen technical expertise in the design, implementation and analysis of such systems.

4. To generate data on the situation of children and women, including the identification of vulnerable groups and of disparities, to inform policies and interventions.

II. Sample and Survey Methodology

Sample Design

The sample for The Gambia Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and for the eight Local Government Areas (LGAs): Banjul, Kanifing, Brikama, Mansakonko, Kerewan, Kuntaur, Janjanbureh and Basse. Other than Banjul and Kanifing which are entirely urban settlements, urban and rural areas within each LGA were identified as the main sampling domains and the sample was selected in two stages. Within each LGA, at least 44 and at most 60 census enumeration areas, (EA's) or clusters were selected systematically with probability proportional to size.

After a household listing was carried out within the selected enumeration areas, a sample of 20 households was drawn through circular systematic sampling; the sample of households is not self-weighting. For reporting national level results, sample weights are used. See table HH.A for the distribution of sample households. A more detailed description of the sample design can be found in Appendix A.

Table HH.A: Allocation of MICS 4 Sample households and EAs by LGA and residence

Local government area (LGA)	Residence	Stratum no	Census number of households 2003	Census population, 2003	Census EAs, 2003	Sampled EAs 2010	Households in EAs selected 2003	Households selected for interviews 2010
Banjul	Urban	1	6853	35061	92	44	3616	880
Kanifing	Urban	2	49016	322735	634	60	4737	1200
Brikama	Urban	3	28289	235273	426	36	2398	720
	Rural	4	16850	154321	298	23	1566	460
Mansakonko	Urban	5	2026	13302	33	9	622	180
	Rural	6	6406	58865	122	35	1927	700
Kerewan	Urban	7	4527	34720	66	9	633	180
	Rural	8	13715	138115	256	39	2157	780
Kuntaur	Urban	9	611	5040	11	3	191	60
	Rural	10	6493	73451	113	41	2574	820
Janjabureh	Urban	11	2126	16836	40	8	438	160
	Rural	12	7989	90376	139	37	2248	740
Basse	Urban	13	3149	23729	57	4	181	80
	Rural	14	9444	158857	190	42	2267	840
Total			157494	1360681	2477	390	25555	7800

Questionnaires

Three sets of questionnaires were used in the survey:

1. a household questionnaire which was used to collect information on all de facto households members (usual residents), the household, and the dwelling;

2. a women's questionnaire administered in each selected household to all women aged 15-49 years; and

3. an under-5 questionnaire, administered to mothers or caretakers of all children under 5 living in the household.

The questionnaires included the following modules:

1. The Household Questionnaire included the following modules:

- Household Listing Form
- Education
- Water and Sanitation
- Household Characteristics
- Insecticide Treated Nets
- Indoor Residual Spraying
- Child Discipline
- Handwashing
- Salt Iodization

2 The Questionnaire for Individual Women was administered to all women aged 15-49 years living in the households, and included the following modules:

- Women's Background
- Child Mortality
- Desire for Last Birth
- Maternal and Newborn Health
- Illness Symptoms
- Rehydration Solution
- Contraception
- Unmet Need
- Female Genital Mutilation/Cutting
- Attitudes Towards Domestic Violence
- Marriage/Union
- Sexual Behaviour
- HIV/AIDS

3 The Questionnaire for Children under Five was administered to mothers or caretakers of children under 5 years of age[2] living in the households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Age
- Birth Registration
- Early Childhood Development
- Breastfeeding
- Care of Illness
- Malaria
- Immunization
- Anthropometry

[2] The terms "children under 5", "children age 0-4 years", and "children aged 0-59 months" are used interchangeably in this report.

The questionnaires are based on the MICS4 model questionnaire[3]. Given that the MICS4 model questionnaires were in an English version, the questionnaires were not translated into the local languages for the training part. The training programme for staff conducting or supervising the interviews included detailed discussions of the contents of the questionnaires, how to complete the questionnaires, and interviewing techniques. In addition to taking the trainees through the questionnaires in English, the questions were also verbally translated into the three main local languages of The Gambia (Wollof, Mandinka and Fula). A participatory approach was adopted during these translation sessions to ensure that all participants had common understanding of the translation of all the questions. The questionnaires were pre-tested in few selected EAS in the Greater Banjul in April, 2010. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of The Gambia MICS4 questionnaires is provided in Appendix F.

In addition to administering the questionnaires, the field staff tested the salt used for cooking in the households for iodine content, observed the place for hand washing and assisted the measurer to measure the weights and heights of children age under 5 years. Details and findings of these measurements are provided in the respective sections of the report.

Training and Fieldwork

Training for the fieldwork lasted for 18 days and was conducted in March 2010. The training consisted of classroom lectures, mock interviews in the training hall and practice interviews in the field. The mock interviews were also conducted in local languages during the training and all trainees were given the chance to conduct an interview or serve as a respondent. The field practice interviews were observed by the trainers to ensure that interviewers understood what they are instructed to do during the data collection

Seven days was allocated for the pre–testing of the questionnaires and the last day of the training was used to review the questionnaires completed during the pre–test. Individual problems in completing the questionnaires were identified and remedies found.

The data were collected by seven teams; each team was comprised of five interviewers, one editor, one measurer, a supervisor and a driver. Fieldwork began in April 2010 and was completed in August 2010.

Data Processing

Data were entered using the Census and Survey Processing System (CSPro) software. The data was entered to 20 microcomputers and carried out by 40 data entry operators. The data entry was supervised by four supervisors. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed under the global MICS4 programme and adapted to The Gambia questionnaire were used throughout. Data processing began simultaneously with data collection in April 2010 and was completed in August 2010. The data was analysed using the Statistical Package for Social Sciences (SPSS) software program, Version 18, and the model syntax and tabulation plans developed by UNICEF for this purpose.

[3] The model MICS4 questionnaires can be found at www.childinfo.org

III. Sample Coverage and the Characteristics of Households and Respondents

Sample Coverage

Of the 7,800 households selected for the sample, 7,799 households were found to be occupied. Of these, 7,791 were successfully interviewed for a household response rate of 99.9 per cent. In the interviewed households, the survey identified 15,138 women (age 15-49 years). Of these, 14,685 were successfully interviewed, resulting to a response rate of 97.0 per cent within interviewed households. In addition, 11,807 children under age five were listed. Questionnaires were completed for 11,637 of these children, which corresponds to a response rate of 98.6 per cent within interviewed households. Overall response rates of 96.9 and 98.5 per cent are calculated for the women's and under-5's interviews respectively (Table HH.1).

Table HH.1: Results of household, women's and under-5 interviews

Number of households, women, and children under 5 by results of the household, women's and under-5's interviews, and Household, women's and under-5's response rates, The Gambia, 2010

	Area		LGA								
	Urban	Rural	Banjul	Kanifing	Brikama	Mansa-konko	Kerewan	Kuntaur	Janjan-bureh	Basse	Total
Households											
Sampled	3460	4340	880	1200	1180	880	960	880	900	920	7800
Occupied	3459	4340	880	1200	1179	880	960	880	900	920	7799
Interviewed	3456	4335	878	1199	1177	880	960	880	900	917	7791
Household response rate	99.9	99.9	99.8	99.9	99.8	100.0	100.0	100.0	100.0	99.7	99.9
Women											
Eligible	5323	9815	1148	2019	1956	1551	1718	1977	1904	2865	15138
Interviewed	5175	9510	1113	1962	1889	1491	1706	1955	1820	2749	14685
Women's response rate	97.2	96.9	97.0	97.2	96.6	96.1	99.3	98.9	95.6	96.0	97.0
Women's overall response rate	97.1	96.8	96.7	97.1	96.4	96.1	99.3	98.9	95.6	95.6	96.9
Children under 5											
Eligible	3074	8733	555	1052	1445	1316	1580	1856	1515	2488	11807
Mothers/caretakers interviewed	3028	8609	548	1038	1419	1293	1573	1848	1474	2444	11637
Under-5's response rate	98.5	98.6	98.7	98.7	98.2	98.3	99.6	99.6	97.3	98.2	98.6
Under-5's overall response rate	98.4	98.5	98.5	98.6	98.0	98.3	99.6	99.6	97.3	97.9	98.5

The difference in response rates across LGAs is not significant for the three different questionnaires. For the household questionnaire, all the LGAs have a response rate of more than 99 per cent. Mansankonko, Kerewan, Kuntaur and Janjanbureh have a response rate of 100 per cent. For the women's questionnaire, the response rate ranges from 96.6 per cent in Janjanbureh and Basse to 99.3 per cent Kerewan. For the under-5 questionnaire, the response rate was highest in Kuntaur with 99.6 per cent and lowest in Janjanbureh with 97.3 per cent.

Characteristics of Households

The weighted age and sex distribution of the survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 7,791 households successfully interviewed in the survey, 63,150 household members were listed. Of these, 30,943 were males, and 32,203 were females. Information on the gender of 4 household members could not be found during secondary editing. These figures also indicate that the survey estimated the average household size at 8.1 persons.

Table HH.2: Household age distribution by sex

Percent and frequency distribution of the household population by five-year age groups, dependency age groups, and by child (age 0-17 years) and adult populations (age 18 or more), by sex, The Gambia, 2010

	Males		Females		Missing		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age								
0-4	5410	17.5	5178	16.1	0	8.3	10588	16.8
5-9	4859	15.7	4749	14.7	0	.0	9608	15.2
10-14	3868	12.5	4056	12.6	0	8.3	7925	12.5
15-19	3445	11.1	3385	10.5	0	.0	6830	10.8
20-24	2497	8.1	2949	9.2	0	.0	5446	8.6
25-29	2005	6.5	2654	8.2	2	56.1	4661	7.4
30-34	1790	5.8	1970	6.1	0	.0	3760	6.0
35-39	1528	4.9	1555	4.8	0	.0	3083	4.9
40-44	1254	4.1	1063	3.3	0	.0	2317	3.7
45-49	1037	3.4	806	2.5	0	.0	1843	2.9
50-54	853	2.8	1385	4.3	0	12.3	2238	3.5
55-59	578	1.9	702	2.2	0	.0	1280	2.0
60-64	624	2.0	622	1.9	0	.0	1245	2.0
65-69	430	1.4	336	1.0	0	.0	767	1.2
70-74	348	1.1	331	1.0	0	.0	679	1.1
75-79	191	.6	172	.5	0	.0	362	.6
80-84	139	.4	161	.5	0	.0	300	.5
85+	79	.3	122	.4	1	15.0	202	.3
Missing/DK	9	.0	9	.0	0	.0	18	.0
Dependency age groups								
0-14	14138	45.7	13983	43.4	1	16.6	28121	44.5
15-64	15610	50.4	17090	53.1	2	68.4	32702	51.8
65+	1187	3.8	1122	3.5	1	15.0	2310	3.7
Missing/DK	9	.0	9	.0	0	.0	18	.0
Child and adult populations								
Children age 0-17 years	16344	52.8	16017	49.7	1	16.6	32362	51.2
Adults age 18+ years	14590	47.2	16177	50.2	3	83.4	30770	48.7
Missing/DK	9	.0	9	.0	0	.0	18	.0
Total	30943	100.0	32203	100.0	4	100.0	63150	100.0

The percentage distribution of the MICS4 survey population by 5-year age group is very similar to the distribution of the 2003 population of The Gambia for almost all age groups. However, a marked percentage difference has been noticed between the two distributions for the age group 50-54 for females. This particular age group in the survey showed 4.3 per cent of the female population listed in the survey. This is almost double the percentage of male population in this age group (2.8 per cent) for the census. The 2003 census results show that about 2.4 females were in this age group and this could be attributed to age heaping.

For both distributions (survey and census) the age group 0-14 accounted for 43.4 per cent of the population. The age group 15-64 accounted for 53.1 per cent of the population. A similar trend has been observed for the other age cohorts for both the survey and census age distributions except for the female population aged 50 - 54.

Note that the figure below, Figure HH.1 is the distribution by 5-year age group of the MICS4 sample population.

Figure HH.1: Population pyramid, The Gambia, MICS4 2010
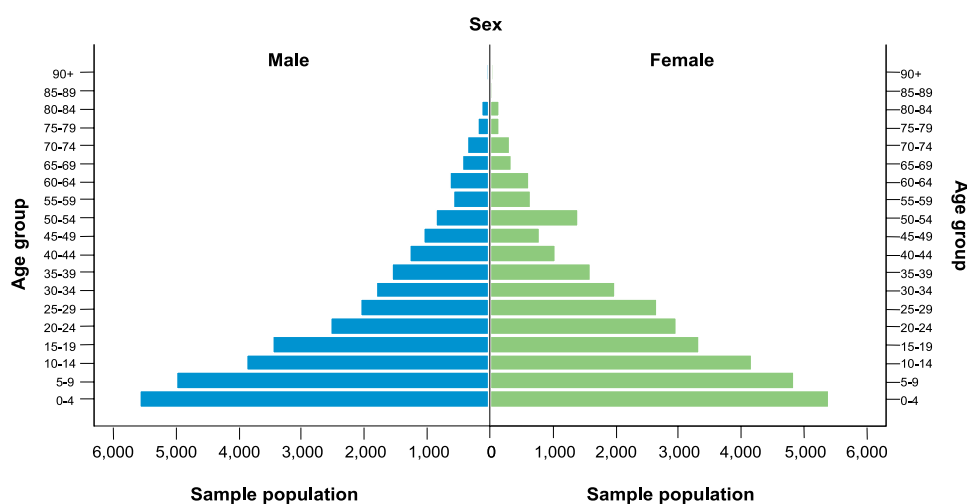
Table HH.3 - HH.5 provide basic information on the households', female respondents age 15-49, and children under-5 by presenting the unweighted, as well as the weighted cases. Information on the basic characteristics of households, women and children under-5 interviewed in the survey is essential for the interpretation of findings presented later in the report and also can provide an indication of the representativeness of the survey. The remaining tables in this report are presented only with weighted numbers. See Appendix A for more details about the weighting.

Table HH.3 provides basic background information on the households. Within households, the sex of the household head, LGA, urban/rural status, number of household members, education of household head, and ethnicity[4] of the household head are shown in the table. These background characteristics are used in subsequent tables in this report; the figures in the table are also intended to show the number of observations by major categories of analysis in the report. The weighted and unweighted numbers of households are equal, since sample weights were normalized (See Appendix A). The table also shows the proportions of households where at least one child under 18, at least one child under 5, and at least one eligible woman aged 15-49 were found. The table also shows the weighted average household size estimated by the survey.

About 84 per cent of household heads are males and above two-thirds of household heads (68.4%) have no education. More than half of the households live in urban areas (58.5 per cent). Table HH.3 also shows that 28.8 per cent of households consist of 10 or more persons.

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[4] This was determined by asking to what ethnic group does the head of this household belongs. See household questionnaire for other questions on background information.

Table HH.3: Household composition

Percent and frequency distribution of households by selected characteristics, The Gambia, 2010

	Weighted percent	Number of households	
		Weighted	Unweighted
Sex of household head			
Male	83.5	6508	6619
Female	16.5	1283	1172
LGA			
Banjul	3.7	291	878
Kanifing	27.4	2138	1199
Brikama	30.6	2385	1177
Mansakonko	6.1	473	880
Kerewan	13.0	1016	960
Kuntaur	4.1	320	880
Janjanbureh	6.7	519	900
Basse	8.3	650	917
Area of Residence			
Urban	58.5	4557	3456
Rural	41.5	3234	4335
Number of household members			
1	9.3	721	694
2	5.6	436	400
3	7.0	546	496
4	8.4	658	598
5	9.3	726	676
6	9.7	758	728
7	9.1	710	654
8	6.7	524	546
9	6.0	469	451
10+	28.8	2243	2548
Education of household head			
None	68.4	5332	5778
Primary	6.5	508	443
Secondary +	24.8	1929	1552
Missing/DK	.3	21	18

Table HH.3: Household composition (cont.)

Percent and frequency distribution of households by selected characteristics, The Gambia, 2010

	Weighted percent	Number of households	
		Weighted	Unweighted
Ethnicity of household head			
Mandinka/Jahanka	29.3	2283	2345
Wollof	13.9	1084	1225
Jola/Karoninka	13.8	1076	589
Fula/Tukulor/Lorodo	23.1	1802	2094
Serere	4.1	323	328
Sarahuleh	5.4	418	471
Creole /Aku Marabou	.8	61	75
Manjago	1.8	138	89
Bambara	1.8	136	139
Non Gambian	3.8	300	236
Other ethnic group	1.1	83	67
Missing/DK	1.1	87	133
Total	100.0	7791	7791
Households with at least			
One child age 0-4 years	63.9	7791	7791
One child age 0-17 years	84.0	7791	7791
One woman age 15-49 years	84.4	7791	7791
Mean household size	8.1	7791	7791

Characteristics of Female Respondents 15-49 Years of Age and Children Under-5

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents 15-49 years of age and of children under age 5. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women and children, the tables are also intended to show the numbers of observations in each background category. These categories are used in the subsequent tabulations of this report.

Table HH.4 provides background characteristics of female respondents 15-49 years of age. The table includes information on the distribution of women according to region, urban-rural residence, age, marital status, motherhood status, births in the last two years, education[5] , wealth index quintiles[6], and ethnicity.

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[5] Unless otherwise stated, "education" refers to educational level attended by the respondent throughout this report when it is used as a background variable.

[6] Principal components analysis was performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics that are related to the household's wealth to assign weights (factor scores) to each of the household assets. Each household was then assigned a wealth score based on these weights and the assets owned by that household. The survey household population was then ranked according to the wealth score of the household they are living in, and was finally divided into 5 equal parts (quintiles) from lowest (poorest) to highest (richest). The assets used in these calculations were as follows: Number of rooms, main material of dwelling floor, main material of the roof, main material of the exterior walls, fuel mainly used for cooking, and other assets owned, such as electricity, radio, television, bicycle, car, cattle, chicken, etc. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels. The wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, Filmer and Pritchett, 2001, and Gwatkinet. Al., 2000.

Table HH.4: Women's background characteristics

Percent and frequency distribution of women age 15-49 years by selected background characteristics, The Gambia, 2010

	Weighted percent	Number of women	
		Weighted	Unweighted
LGA			
Banjul	2.7	394	1113
Kanifing	24.8	3645	1962
Brikama	27.5	4041	1889
Mansakonko	5.8	853	1491
Kerewan	12.5	1832	1706
Kuntaur	4.9	726	1955
Janjanbureh	7.7	1134	1820
Basse	14.0	2060	2749
Area of Residence			
Urban	51.5	7565	5175
Rural	48.5	7120	9510
Age			
15-19	23.7	3481	3410
20-24	20.7	3034	2936
25-29	18.3	2690	2668
30-34	13.7	2008	2025
35-39	10.8	1592	1586
40-44	7.4	1081	1173
45-49	5.4	798	887
Marital/Union status			
Currently married/in union	67.8	9960	10624
Widowed	1.3	194	190
Divorced	2.7	396	326
Separated	.4	55	44
Never married/in union	27.8	4081	3501
Births in last two years			
Had a birth in last two years	33.8	4963	5222
Had no birth in last two years	66.2	9719	9459
Missing	.0	3	4
Education			
None	54.3	7973	9166
Primary	14.0	2055	1880
Secondary +	31.7	4656	3639

Table HH.4: Women's background characteristics (cont.)

Percent and frequency distribution of women age 15-49 years by selected background characteristics, The Gambia, 2010

	Weighted percent	Number of women	
		Weighted	Unweighted
Wealth index quintile			
Poorest	16.4	2402	3549
Second	17.7	2606	2732
Middle	19.2	2821	2676
Fourth	21.9	3219	2829
Richest	24.8	3638	2899
Ethnicity of household head			
Mandinka/Jahanka	31.0	4546	4603
Wollof	14.7	2153	2442
Jola/Karoninka	12.7	1859	941
Fula/Tukulor/Lorobo	19.6	2885	3503
Serere	3.9	578	496
Sarahuleh	10.2	1503	1676
Creole/ & Aku Marabou	.6	89	96
Manjago	1.6	230	134
Bambara	1.5	219	244
Non Other-non Gambian	1.7	249	184
Other ethnic group	1.4	206	124
Missing/DK	1.1	167	242
Total	100.0	14685	14685

The table shows that 67.8 per cent of the women interviewed were married at the time of the survey and 48.5 per cent of them live in the rural areas. More than half (54.3 per cent) of the women did not receive any form of formal education. The table also shows that 24.8 per cent of these live in the richest households and 16.4 per cent live in the poorest households.

Some background characteristics of children under 5 are presented in Table HH.5. These include the distribution of children by several attributes: sex, region and area of residence, age in months, mother's or caretaker's education, wealth, and ethnicity of the household head.

Of the under-5 children whose mothers/caretakers were interviewed, 51.0 per cent are males and 57.4 per cent live in the rural areas. The majority of under-5 children who were interviewed are in the age group of 12-23 and 24 - 35 months. They account for 20.7 and 20.4 per cent of the under-5s. About Twenty-one per cent of the under-fives were found in the poorest households and 17.6 per cent in the richest households.

Table HH.5: Under-5's background characteristics

Percent and frequency distribution of children under five years of age by selected characteristics, The Gambia, 2010

	Weighted percent	Number of under-5 children	
		Weighted	Unweighted
Sex			
Male	51.0	5931	5925
Female	49.0	5706	5711
Missing	.0	0	1
LGA			
Banjul	1.8	214	548
Kanifing	18.2	2123	1038
Brikama	27.5	3201	1419
Mansakonko	6.5	754	1293
Kerewan	15.0	1750	1573
Kuntaur	6.3	737	1848
Janjanbureh	8.1	944	1474
Basse	16.4	1914	2444
Area of Residence			
Urban	42.6	4952	3028
Rural	57.4	6685	8609
Age			
0-5 months	12.6	1472	1412
6-11 months	11.5	1342	1352
12-23 months	20.7	2415	2438
24-35 months	20.4	2376	2408
36-47 months	19.7	2292	2282
48-59 months	15.0	1740	1745
Mother's education*			
None	68.9	8021	8902
Primary	13.1	1521	1248
Secondary +	18.0	2095	1487

Table HH.5: Under-5's background characteristics (cont.)

Percent and frequency distribution of children under five years of age by selected characteristics, The Gambia, 2010

	Weighted percent	Number of under-5 children	
		Weighted	Unweighted
Wealth index quintile			
Poorest	20.8	2424	3433
Second	20.3	2358	2355
Middle	20.8	2416	2264
Fourth	20.6	2394	2078
Richest	17.6	2046	1507
Ethnicity of household head			
Mandinka/Jahanka	29.4	3426	3460
Wollof	15.3	1775	2002
Jola/Karoninka	11.2	1303	625
Fula/Tukulor/Lorobo	21.8	2541	3079
Serere	3.6	417	318
Sarahuleh	11.3	1320	1420
Creole/ Aku Marabou	.3	33	37
Manjago	1.2	134	77
Bambara	1.9	216	214
Non Gambian	1.5	177	117
Other ethnic group	1.4	158	95
Missing/DK	1.2	137	193
Total	100.0	11637	11637

* Mother's education refers to educational attainment of mothers and caretakers of children under 5.
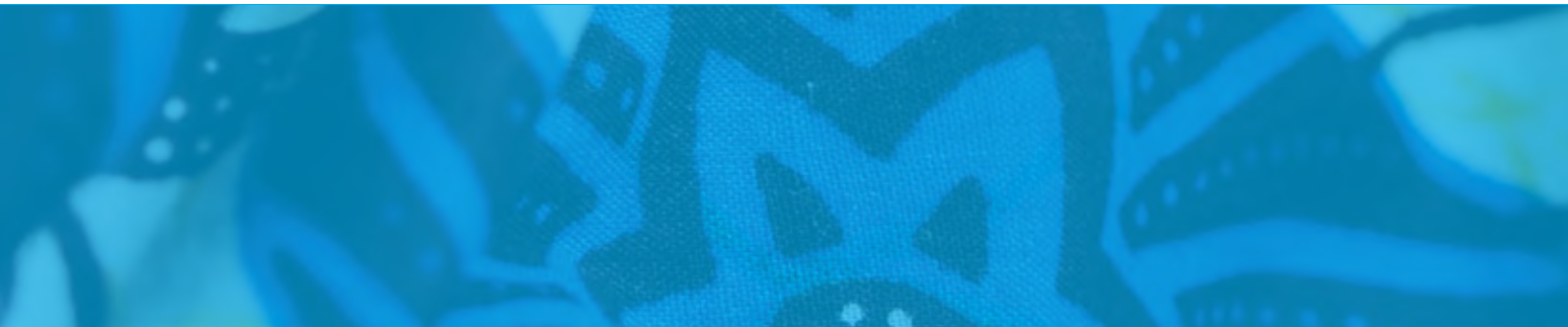
IV. Child Mortality

One of the overarching goals of the Millennium Development Goals (MDGs) is the reduction of infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective. Measuring childhood mortality may seem easy, but attempts using direct questions, such as "Has anyone in this household died in the last year?" give inaccurate results. Using direct measures of child mortality from birth histories is time consuming, more expensive, and requires greater attention to training and supervision. Alternatively, indirect methods developed to measure child mortality produce robust estimates that are comparable with the ones obtained from other sources. Indirect methods minimize the pitfalls of memory lapses, inexact or misinterpreted definitions, and poor interviewing technique.

The infant mortality rate is the probability of dying before the first birthday. The under-five mortality rate is the probability of dying before the fifth birthday. In MICS surveys, infant and under five mortality rates are calculated based on an indirect estimation technique known as the Brass method (United Nations, 1983; 1990a; 1990b). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women (Table CM.1). The technique converts the proportions dead among children of women in each age group into probabilities of dying by taking into account the approximate length of exposure of children to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in The Gambia, the South model life table was selected as most appropriate.

Table CM.2 provides estimates of child mortality. The infant mortality rate is estimated at 81 per thousand, while the probability of dying under age 5 (U5MR) is around 109 per thousand. These estimates have been calculated by averaging mortality estimates obtained from women age 25-29 and 30-34, and refer to mid-2004. Analysing the data by place of residence shows that both infant and under-5 mortality are highest in the rural areas, with both proportions also higher than the national averages. There is some difference between the probabilities of dying among males and females. Infant and under-5 mortality rates are lowest in Banjul, while the figures for Basse are 47 and 80 per cent higher respectively than that of Banjul. There are also significant differences in mortality in terms of educational levels, wealth, and ethnicity.

It is observed that for both mortalities the higher the educational attainment of the mother the lower the mortality rates. Women in the poorest households tend to have higher probability of their children dying before their first or fifth birthday compared to their counterparts in the richer households.

Differentials in under-5 mortality rates by selected background characteristics are shown in Figure CM.1.

Figure CM1. Differential in Under-5 Mortality Rates and Infant Mortality Rates by background characteristics (refer to mid-2010), The Gambia, 2010
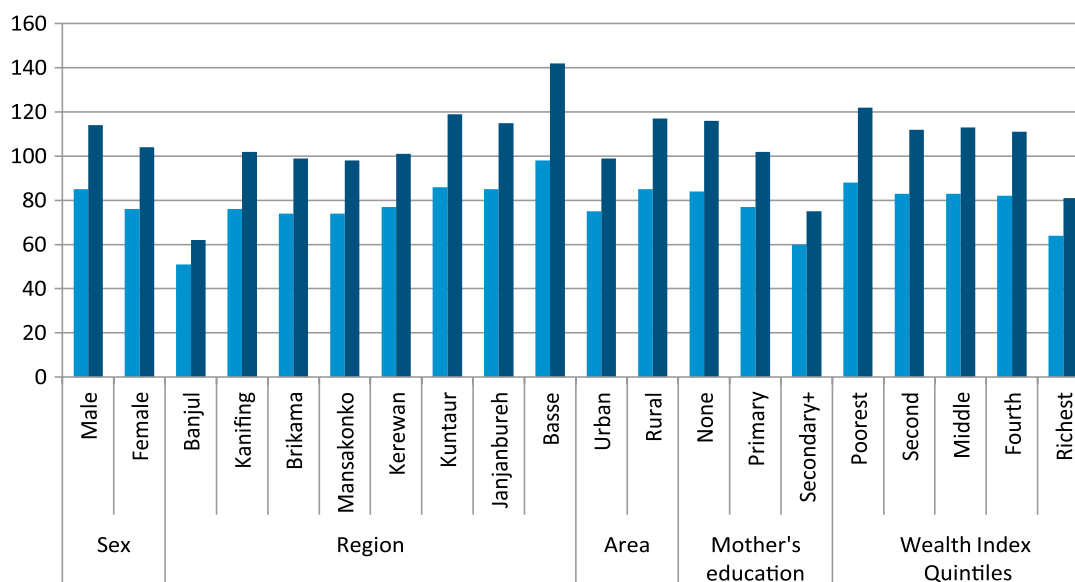
Table CM.2: Child mortality

Infant and under-five mortality rates, South Model, The Gambia, 2010

	Infant mortality rate[1]	Under-five mortality rate[2]
Sex		
Male	85	114
Female	76	104
LGA		
Banjul	51	62
Kanifing	76	102
Brikama	74	99
Mansakonko	74	98
Kerewan	77	101
Kuntaur	86	119
Janjanbureh	85	115
Basse	98	142
Area of Residence		
Urban	75	99
Rural	85	117
Mother's education		
None	84	116
Primary	77	102
Secondary+	60	75
Wealth index quintile		
Poorest	88	122
Second	83	112
Middle	83	113
Fourth	82	111
Richest	64	81
Ethnicity of household head		
Mandinka/Jahanka	87	120
Wollof	66	84
Jola/Karoninka	83	120
Fula/Tukulor/Lorobo	80	107
Serere	58	73
Sarahuleh	91	127
Creole/Aku Marabou	50	61
Manjago	29	36
Bambara	83	113
Other ethnic group	66	86
Non-Gambian	91	137
Total	81	109

[1] MICS indicator 1.2; MDG indicator 4.2;   [2] MICS indicator 1.1; MDG indicator 4.1
Rates refer to 2005.3, South Model was assumed to approximate the age pattern of mortality in The Gambia.

Figure CM.2 shows the series of U5MR estimates of the survey, based on responses of women in different age groups, and referring to various points in time, thus showing the estimated trend in U5MR based on the survey. The MICS estimates indicate a decline in mortality during the last 5 years. The most recent U5MR estimate (109 per thousand live births) from MICS is about 22 per cent lower than the estimate from MICS III (2005/06) for the past 5 years, while the trend indicated by the survey results are in broad agreement with those estimated in 2005/06, in the previous MICS survey. The mortality trend depicted by the 2003 Population and Housing Census is also a declining one; however, MICS results are considerably higher than those indicated by 2003 Population and Housing Census (The U-5 mortality from the 2003 census estimates is 99 per thousand live births and infant mortality is 75 per thousand live births). Further qualification of these apparent declines and differences as well as there determinants should be taken up in a more detailed and separate analysis. The figures below show child mortality estimates for MICS 2010, MICS 2005/06 and the 2003 Population and Housing Census.

Figure CM2a. Under-5 Mortality Rates and Infant Mortality Rates (refer to mid-2004), The Gambia, 2010
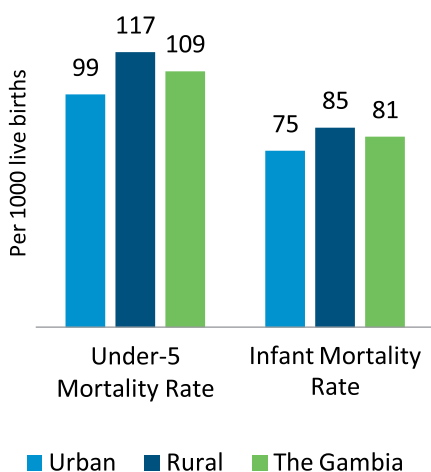
Figure CM2b. Under-5 Mortality Rates and Infant Mortality Rates (refer to mid-2000), The Gambia, 2006
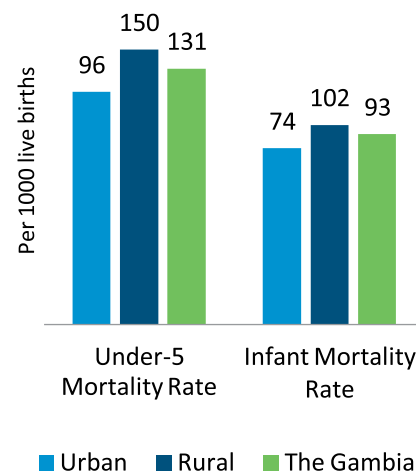
Figure CM2c. Under-5 Mortality Rates and Infant Mortality Rates , The Gambia, 2003
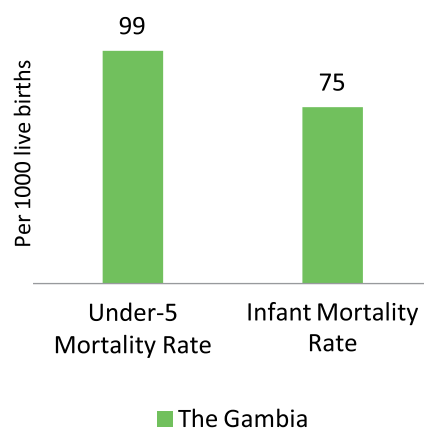
V. Nutrition

Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

Malnutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, have recurring sicknesses and faltering growth. Three-quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability. The Millennium Development target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. A reduction in the prevalence of malnutrition will also assist in achieving the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is based on new WHO growth standards . Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered moderately or severely underweight while those whose weight-for-age is more than three standard deviations below the median are classified as severely underweight.

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as moderately or severely stunted. Those whose height-for-age is more than three standard deviations below the median are classified as severely stunted. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted, while those who fall more than three standard deviations below the median are classified as severely wasted. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

In MICS, weights and heights of all children under 5 years of age were measured using anthropometric equipment recommended by UNICEF (www.childinfo.org). Findings in this section are based on the results of these measurements.

Table NU.1 shows percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above 2 standard deviations from the median of the reference population, and mean z-scores for all three anthropometric indicators.

Children whose full birth date (month and year) were not obtained, and children whose measurements are outside a plausible range are excluded from Table NU.1. Children are excluded from one or more of the anthropometric indicators when their weights and heights have not been measured, whichever applicable. For example if a child has been weighed but his/her height has not been measured, the child is included in underweight calculations, but not in the calculations for stunting and wasting. Percentages of children by age and reasons for exclusion are shown in the data quality tables DQ.6 and DQ.7. Overall 99 per cent of children had both their weights and heights measured (Table DQ.6). Table DQ.7 shows that due to incomplete dates of birth, implausible measurements, and missing weight and/or height, 1.6 per cent of children have been excluded from calculations of the weight-for-age indicator, while the figures are 1.6 per cent for the height-for-age indicator, and 1.7 per cent for the weight-for-height indicator.

Table NU.1 shows that almost one in five children under age five (17.4 per cent) in The Gambia are moderately underweight and 4.2 per cent are classified as severely underweight. Less than a quarter of children (23.4%) are moderately stunted or too short for their age and 9.5 per cent are moderately wasted or too thin for their height.

Table NU.1: Nutritional status of children

Percentage of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age, and weight for height, The Gambia, 2010

	Weight for age			Number of children under age 5	Height for age			Number of children under age 5	Weight for height				Number of children under age 5
	Underweight		Mean Z-Score (SD)		Stunted		Mean Z-Score (SD)		Wasted		Overweight	Mean Z-Score (SD)	
	percent below				percent below				percent below		percent above		
	- 2 SD[1]	- 3 SD[2]			- 2 SD[3]	- 3 SD[4]			- 2 SD[5]	- 3 SD[6]	+ 2 SD		
Sex													
Male	17.8	4.6	-1.0	5849	25.4	7.5	-1.2	5806	10.0	2.3	2.4	-.5	5822
Female	16.9	3.7	-1.0	5635	21.3	6.1	-1.1	5618	8.9	1.9	1.5	-.5	5603
LGA													
Banjul	10.3	2.0	-.7	209	13.0	3.6	-.7	206	6.6	1.4	1.9	-.4	206
Kanifing	8.3	2.2	-.7	2099	14.0	3.5	-.7	2094	7.8	1.6	1.6	-.4	2091
Brikama	12.8	2.6	-.8	3143	19.3	3.9	-1.0	3129	6.2	1.1	2.2	-.4	3132
Mansakonko	19.8	3.2	-1.1	750	25.3	7.2	-1.3	749	7.5	.9	1.5	-.5	752
Kerewan	17.8	4.3	-1.1	1719	31.7	12.7	-1.4	1690	9.0	2.4	4.2	-.4	1687
Kuntaur	27.8	8.0	-1.4	729	25.5	8.3	-1.3	731	17.6	4.1	.6	-1.0	725
Janjanbureh	28.7	7.8	-1.4	939	33.3	10.5	-1.5	936	12.7	3.0	.9	-.8	941
Basse	24.7	6.2	-1.3	1896	27.7	7.9	-1.3	1890	13.7	3.2	.9	-.8	1892
Area of Residence													
Urban	11.9	2.7	-.8	4885	17.3	4.0	-.9	4863	7.6	1.5	1.8	-.4	4866
Rural	21.4	5.3	-1.2	6599	27.8	9.0	-1.3	6562	10.9	2.5	2.0	-.6	6559
Age													
0-5 months	10.6	4.1	-.4	1461	12.0	4.8	-.3	1446	10.5	4.0	6.7	-.2	1424
6-11 months	18.7	5.1	-1.0	1335	15.5	4.8	-.7	1324	12.8	3.2	2.3	-.7	1325
12-23 months	20.9	6.0	-1.1	2369	28.8	9.8	-1.4	2349	12.1	3.0	1.9	-.6	2360
24-35 months	18.4	3.7	-1.1	2342	33.1	8.6	-1.5	2338	7.1	1.4	1.0	-.5	2341
36-47 months	16.3	3.4	-1.1	2269	23.7	5.9	-1.3	2260	7.5	.9	.8	-.5	2265
48-59 months	17.2	2.6	-1.1	1708	17.9	4.8	-1.1	1707	8.2	.7	.5	-.7	1710
Mother's education													
None	19.0	4.6	-1.1	7896	25.6	7.8	-1.2	7850	10.1	2.2	1.8	-.6	7852
Primary	15.8	3.4	-.9	1505	20.3	6.1	-1.0	1502	8.7	1.6	2.3	-.5	1503
Secondary+	12.4	3.1	-.8	2083	17.0	3.7	-.9	2073	7.9	1.9	2.1	-.5	2070

Table NU.1: Nutritional status of children (cont.)

Percentage of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age, and weight for height, The Gambia, 2010

	Weight for age			Number of children under age 5	Height for age			Number of children under age 5	Weight for height				Number of children under age 5
	Underweight		Mean Z-Score (SD)		Stunted		Mean Z-Score (SD)		Wasted		Overweight	Mean Z-Score (SD)	
	percent below				percent below				percent below		percent above		
	- 2 SD[1]	- 3 SD[2]			- 2 SD[3]	- 3 SD[4]			- 2 SD[5]	- 3 SD[6]	+ 2 SD		
Wealth index quintile													
Poorest	23.5	6.2	-1.3	2390	31.2	11.1	-1.4	2376	11.3	2.8	2.1	-.6	2379
Second	18.7	4.4	-1.1	2320	26.3	7.7	-1.2	2313	9.5	2.2	2.4	-.5	2309
Middle	18.0	3.7	-1.0	2375	24.2	6.8	-1.2	2363	9.1	1.6	1.7	-.5	2367
Fourth	16.0	4.0	-1.0	2378	21.7	5.2	-1.1	2363	9.8	2.3	1.8	-.6	2360
Richest	9.5	2.1	-.7	2021	11.8	2.8	-.7	2010	7.4	1.3	1.7	-.5	2010
Ethnicity of household head													
Mandinka/Jahanka	16.5	4.2	-1.0	3395	22.8	7.1	-1.1	3371	8.8	1.9	1.4	-.5	3374
Wollof	18.7	4.1	-1.0	1748	23.5	8.0	-1.1	1740	11.0	2.5	2.2	-.6	1738
Jola/Karoninka	12.9	2.7	-.9	1281	19.9	5.2	-1.1	1274	6.3	1.1	2.1	-.3	1274
Fula/Tukulor/Lorobo	20.0	5.1	-1.1	2503	27.0	7.8	-1.3	2493	10.3	2.3	2.0	-.6	2494
Serere	13.7	2.4	-.9	410	18.8	5.0	-1.0	408	6.6	1.7	2.1	-.5	406
Sarahuleh	20.6	5.4	-1.1	1308	23.4	6.4	-1.1	1300	12.5	2.9	1.5	-.7	1301
Creole / Aku Marabou	(16.9)	(6.4)	(-1.0)	32	(19.0)	(2.6)	(-.6)	32	14.3	6.4	(.0)	(-1.0)	32
Manjago	8.3	.0	-.5	128	10.7	1.3	-.5	129	5.2	1.3	3.2	-.3	129
Bambara	14.4	1.4	-.9	208	22.9	6.6	-1.1	207	6.4	.9	4.5	-.3	207
Other ethnic group	12.4	3.2	-.8	158	28.7	5.1	-1.3	158	4.8	2.6	5.3	-.1	158
Non Gambian	14.8	3.5	-.8	177	23.2	5.0	-.9	177	10.7	.4	2.8	-.5	177
Missing/DK	19.4	4.0	-1.1	137	21.7	4.9	-1.0	135	14.6	3.4	1.2	-.8	136
Total	17.4	4.2	-1.0	11484	23.4	6.8	-1.1	11425	9.5	2.1	1.9	-.5	11425

[1] MICS indicator 2.1a and MDG indicator 1.8; [2] MICS indicator 2.1b; [3] MICS indicator 2.2a; [4] MICS indicator 2.2b; [5] MICS indicator 2.3a; [6] MICS indicator 2.3b
( ) Figures that are based on 25-49 unweighted case

Children in Janjanbureh are more likely to be underweight and stunted than other children. In contrast, the percentage of those wasted is highest in Kuntaur. Those children whose mothers have had secondary and above education are the least likely to be underweight and stunted compared to children of mothers with no education. Boys appear to be slightly more likely to be underweight, stunted, and wasted than girls. The age pattern shows that a higher percentage of children aged 12-23 months are undernourished according to all three indices in comparison to children who are younger and older (Figure NU.1). This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

Figure NU.1: Percentage of children under 5 who are undernourished, The Gambia 2010
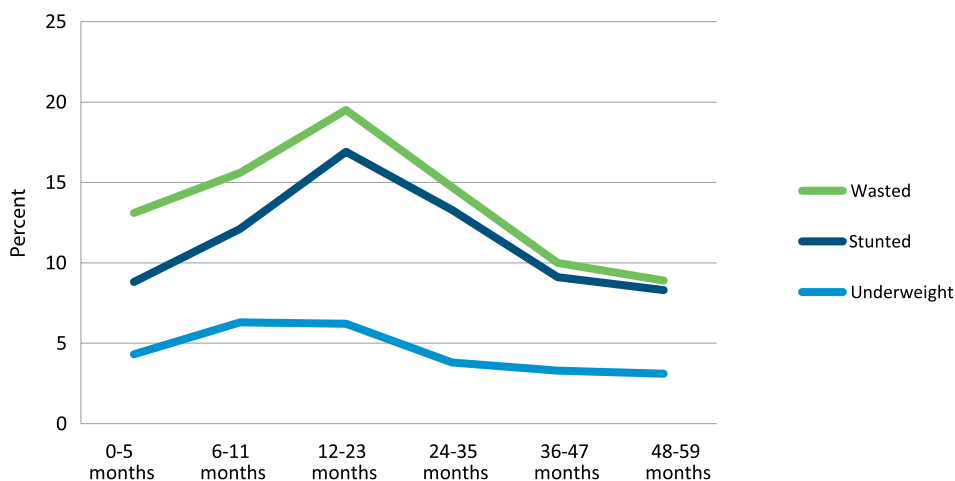
Breastfeeding and Infant and Young Child Feeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available.

WHO/UNICEF have the following feeding recommendations:

- Exclusive breastfeeding for first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods beginning at 6 months
- Frequency of complementary feeding: 2 times per day for 6-8 month olds; 3 times per day for 9-11 month olds

It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators related to recommended child feeding practices are as follows:

- Early initiation of breastfeeding (within 1 hour of birth)
- Exclusive breastfeeding rate (< 6 months)
- Predominant breastfeeding (< 6 months)
- Continued breastfeeding rate (at 1 year and at 2 years)
- Duration of breastfeeding
- Age-appropriate breastfeeding (0-23 months)
- Introduction of solid, semi-solid and soft foods (6-8 months)
- Minimum meal frequency (6-23 months)
- Milk feeding frequency for non-breastfeeding children (6-23 months)
- Bottle feeding (0-23 months)

Table NU.2: Initial breastfeeding

Percentage of last-born children in the 2 years preceding the survey who were ever breastfed, percentage who were breastfed within one hour of birth and within one day of birth, and percentage who received a pre-lacteal feed, The Gambia, 2010

	Percentage who were ever breastfed[1]	Percentage who were first breastfed:		Percentage who received a pre-lacteal feed	Number of last-born children in the two years preceding the survey
		Within one hour of birth[2]	Within one day of birth		
LGA					
Banjul	97.9	65.4	90.2	30.5	89
Kanifing	97.1	56.9	83.3	47.5	908
Brikama	98.3	47.3	89.0	33.1	1379
Mansakonko	97.1	35.7	91.2	20.8	311
Kerewan	98.2	57.7	93.5	40.1	723
Kuntaur	97.4	30.3	91.9	47.8	310
Janjanbureh	98.5	58.6	92.9	32.4	412
Basse	98.1	56.3	94.8	28.4	832
Area of residence					
Urban	97.6	53.3	87.4	42.3	2135
Rural	98.2	50.3	92.4	31.3	2828
Months since birth					
0-11 months	98.0	51.3	89.8	35.2	2654
12-23 months	99.5	52.6	92.4	37.5	2213
Assistance at delivery					
Skilled attendant	98.6	57.4	90.9	35.6	2810
Traditional birth attendant	99.1	44.7	91.6	36.6	1975
Other/Missing	73.5	34.8	66.5	36.4	177
Place of delivery					
Public sector health facility	98.5	56.6	91.3	35.0	2470
Private sector health facility	99.5	61.1	86.0	40.3	294
Home	99.0	45.4	91.5	37.4	2145
Other/Missing	20.2	12.8	20.2	3.2	55
Mother's education					
None	98.0	51.8	91.4	36.0	3236
Primary	97.5	48.8	89.7	35.8	713
Secondary+	97.8	52.9	87.0	36.1	1014
Wealth index quintile					
Poorest	97.9	45.2	91.2	34.9	1033
Second	98.3	49.0	91.3	31.2	968
Middle	97.6	51.9	91.8	33.6	1000
Fourth	97.9	54.7	90.6	39.4	1100
Richest	97.8	57.5	85.9	41.1	862

Table NU.2: Initial breastfeeding (cont.)

Percentage of last-born children in the 2 years preceding the survey who were ever breastfed, percentage who were breastfed within one hour of birth and within one day of birth, and percentage who received a pre-lacteal feed, The Gambia, 2010

	Percentage who were ever breastfed[1]	Percentage who were first breastfed:		Percentage who received a pre-lacteal feed	Number of last-born children in the two years preceding the survey
		Within one hour of birth[2]	Within one day of birth		
Ethnicity of household head					
Mandinka/Jahanka	97.5	54.2	90.8	28.8	1426
Wollof	97.9	52.5	90.3	50.8	778
Jola/Karoninka	99.2	50.0	89.8	30.6	573
Fula/Tukulor/Lorobo	98.0	49.8	89.6	38.6	1055
Serere	97.6	48.2	94.1	38.0	163
Sarahuleh	98.3	55.3	93.6	36.1	607
Creole / Aku Marabou	(*)	(*)	(*)	(*)	14
Manjago	100.0	37.9	89.1	32.7	65
Bambara	93.5	41.9	81.9	43.0	92
Other ethnic group	100.0	29.5	82.2	12.9	62
Non Gambian	94.8	47.3	69.8	40.7	69
Missing/DK	97.3	47.6	95.2	21.8	59
Total	97.9	51.6	90.3	36.0	4963

[1] MICS indicator 2.4; [2] MICS indicator 2.5
(*)Figures that are based on less than 25 unweighted cases

Table NU.2 provides the proportion of children born in the last two years who were ever breastfed, those who were first breastfed within one hour and one day of birth, and those who received a pre-lacteal feed. Although a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, only 51.6 per cent of babies are breastfed for the first time within one hour of birth, while 90.3 per cent of newborns in The Gambia start breastfeeding within one day of birth. Women in Banjul are more likely to breastfeed their children within one hour after birth (65.4%) than women in other LGAs. However, rural women are more likely to breast feed their children within one day of birth (92.4%) than urban women (87.4%). Women who breastfed their children within one hour of birth is highest for women with secondary education and above. Similarly, women from the richest households were more likely to breastfeed their children within one hour of birth than women from the other wealth quintiles. But the proportion of women who breastfed their children within one day of birth is highest for women with no formal education and women from the poorest to the fourth quintile.

In Table NU.3, breastfeeding status is based on the reports of mothers/caregivers of children's consumption of food and fluids in the 24 hours prior to the interview. Exclusively breastfed refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life, as well as continued breastfeeding of children at 12-15 and 20-23 months of age.

Figure NU.2 Percentage of mothers who started breastfeeding within one hour and one day of birth, The Gambia 2010

■ Within one hour of birth   ■ Within one day of birth
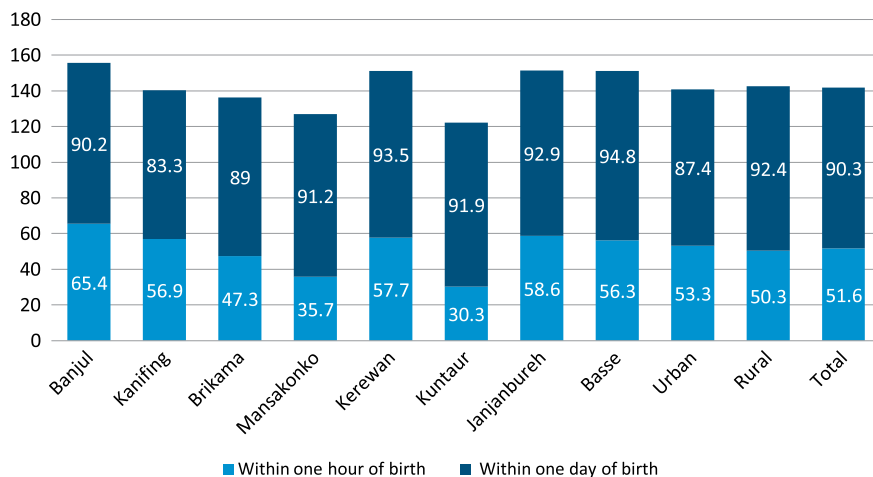
In Table NU.3, approximately 34 per cent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended. By age 12-15 months, 92.9 per cent of children are still being breastfed and by age 20-23 months, 30.6 per cent are still breastfed. Girls were more likely to be exclusively breastfed than boys. Children between 0-5 months in rural areas were more likely to be exclusively breastfed than those in the urban areas (37.0% compared to 29.4%). It is observed that children of parents with no education and secondary education and above were more likely to be exclusively breastfed than children of mothers with primary education. Similarly, children from households in the second quintile were more likely to be exclusively breastfed than children form the other quintiles.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. Even at the earliest ages, the majority of children are receiving liquids or foods other than breast milk. By the end of the sixth month, the percentage of children exclusively breastfed is below 3 per cent. Only about 1 per cent of children are receiving breast milk after 2 years.

Figure 3. Percent distribution of children under age 2 by feeding pattern by age group, Gambia, 2010

■ Not breastfed
■ Breastfed and other foods
■ Breastfed and other milk/ formula
■ Breastfed and non-milk liquids
■ Breastfed and plain water only
■ Exclusively breastfed

Age in months
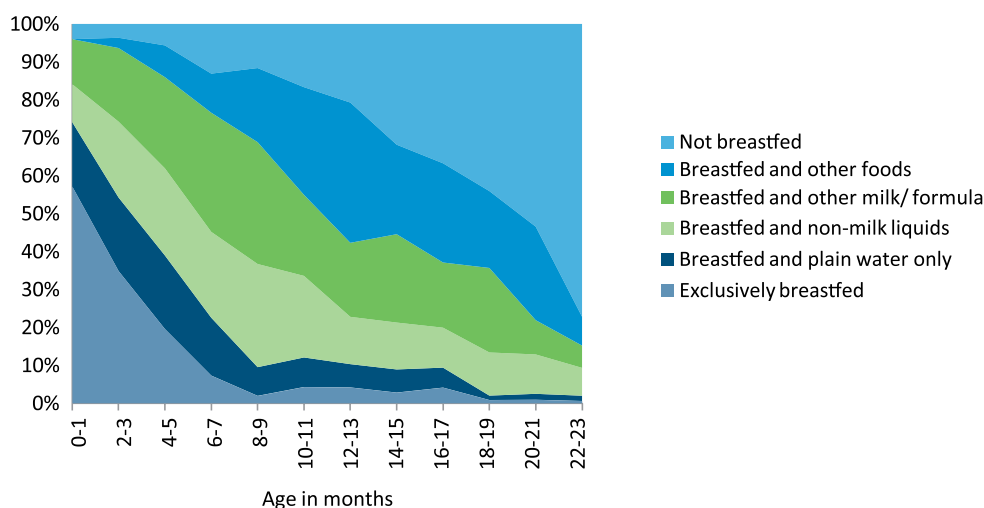
Table NU.3: Breastfeeding

Percentage of living children according to breastfeeding status at selected age groups, The Gambia, 2010

	Children age 0-5 months			Children age 12-15 months		Children age 20-23 months	
	Percent exclusively breastfed[1]	Percent predominantly breastfed[2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year)[3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years)[4]	Number of children
Sex							
Male	32.3	79.2	739	95.0	394	33.3	374
Female	34.8	80.3	733	90.6	371	27.7	345
LGA							
Banjul	(37.1)	(76.5)	28	(*)	17	(*)	17
Kanifing	26.9	73.6	277	91.3	120	28.6	114
Brikama	40.0	76.4	470	89.4	217	26.2	186
Mansakonko	43.2	86.7	88	100.0	51	19.8	48
Kerewan	32.5	83.2	195	93.8	132	27.8	111
Kuntaur	16.4	76.0	88	(96.1)	42	38.0	57
Janjanbureh	28.9	85.1	117	91.5	61	52.1	60
Basse	34.1	88.1	209	95.1	125	33.1	124
Area of residence							
Urban	29.4	73.8	673	91.9	304	27.4	270
Rural	37.0	84.7	799	93.5	461	32.5	449
Mother's education							
None	34.9	83.2	932	92.8	524	33.9	479
Primary	25.8	73.9	218	99.4	110	35.2	80
Secondary+	34.9	73.5	321	87.6	132	18.3	159
Wealth index quintile							
Poorest	30.7	86.9	274	96.0	166	36.4	188
Second	38.4	80.8	317	92.0	184	28.4	113
Middle	35.6	78.8	302	91.7	130	40.3	141
Fourth	30.5	81.4	325	91.7	162	22.4	154
Richest	31.9	69.4	254	92.7	123	22.9	123
Ethnicity of household head							
Mandinka/Jahanka	38.9	80.3	455	94.8	204	32.9	207
Wollof	20.9	77.7	221	90.7	138	26.9	108
Jola/Karoninka	50.5	84.1	183	83.7	85	30.9	82
Fula/Tukulor/Lorobo	31.3	79.2	315	96.5	159	35.7	170
Serere	24.1	74.1	53	96.3	34	9.8	15
Sarahuleh	21.5	82.2	132	92.6	93	27.5	88
Creole / Aku Marabou	(*)	(*)	5	(*)	4	(*)	1
Manjago	(*)	(*)	20	(*)	16	(*)	3
Bambara	38.2	91.7	28	(*)	14	(*)	16
Other ethnic group	24.5	61.7	24	(*)	9	(*)	11
Non Gambians	(*)	(*)	21	(*)	4	(*)	11
Missing/DK	(*)	(*)	12	(*)	5	(*)	6
Total	33.5	79.7	1472	92.9	765	30.6	718

[1] MICS indicator 2.6; [2] MICS indicator 2.9; [3] MICS indicator 2.7; [4] MICS indicator 2.8;
( ) Figures that are based on 25-49 unweighted cases; (*) Figures that are based on less that 25 unweighted cases

Table NU.4: Duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children age 0-35 months, The Gambia, 2010

	Median duration (in months) of			Number of children age 0-35 months
	Any breastfeeding[1]	Exclusive breastfeeding	Predominant breastfeeding	
Sex				
Male	20.1	1.1	5.9	3888
Female	19.5	1.2	5.9	3717
LGA				
Banjul	18.9	.7	4.9	139
Kanifing	18.8	.6	5.6	1368
Brikama	19.7	1.9	5.5	2103
Mansakonko	19.0	2.2	6.8	480
Kerewan	19.8	1.0	5.7	1164
Kuntaur	20.6	.5	5.5	483
Janjanbureh	21.6	.7	6.8	614
Basse	19.7	1.2	6.7	1254
Area of Residence				
Urban	19.5	.8	5.6	3250
Rural	20.0	1.4	6.1	4355
Mother's education				
None	20.3	1.3	6.1	5113
Primary	20.4	.7	5.6	1016
Secondary+	18.0	.9	5.2	1475
Wealth index quintile				
Poorest	20.4	.7	6.7	1594
Second	20.4	1.7	5.7	1541
Middle	20.6	1.7	5.9	1554
Fourth	18.9	.7	5.8	1589
Richest	18.6	.8	5.2	1326
Ethnicity of household head				
Mandinka/Jahanka	19.5	1.9	6.2	2250
Wollof	20.1	.6	5.5	1167
Jola/Karoninka	20.2	2.6	5.9	831
Fula/Tukulor/Lorobo	20.6	.9	6.3	1638
Serere	20.2	.9	5.3	273
Sarahuleh	18.9	.6	5.7	881
Creole /& Aku Marabou	(*)	(*)	(*)	20
Manjago	15.9	2.3	5.9	97
Bambara	18.0	.7	7.3	146
Other ethnic group	19.9	.	3.9	107
Median	19.8	1.2	5.9	7605
Mean for all children (0-35 months)	19.3	2.0	6.5	7605

[1] MICS indicator 2.10
(*) Figures that are based on less that 25 unweighted cases

Table NU.4 shows the median duration of breastfeeding by selected background characteristics. Among children under age 3, the median duration is 19 months for any breastfeeding, 2 months for exclusive breastfeeding, and about 7 months for predominant breastfeeding. For any breastfeeding, the median duration is 20 months among children whose mothers have primary or no education and 18 months among those whose mothers have secondary and above education. There is not much difference between urban and rural in terms of mean duration of any breastfeeding.

In Table NU.5, the adequacy of infant feeding in children under 24 months is provided. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding, while infants aged 6-23 months are considered to be adequately fed if they are receiving breast milk and solid, semi-solid or soft food. Only 33.5 per cent of children less than six months are exclusively breastfed and this percentage drops to 16 per cent in Kuntaur and under 30 per cent in Kanifing and Janjanbureh. More girls 0-5 months (34.8%) than boys (32.3%) were exclusively breastfed. And more rural children 0-5 months (37.0 %) than urban children of the same age (29.4 %). About fifty six percent of 6-23 old infants were currently breastfed and receiving solid, semi-solid or soft foods with slightly more male children (57.0%) compared to females (54.6 %). As a result of these feeding patterns, only 55.9 per cent of children aged 6-23 months are being adequately fed. Analysing the data by LGA shows that the proportion of children 0 – 23 months who are appropriately breastfed is highest in Kerewan with 58.9 per cent and lowest in Kanifing with 40 per cent.

Adequate complementary feeding of children from 6 months to two years of age is particularly important for growth and development and the prevention of under nutrition. Continued breastfeeding beyond six months should be accompanied by consumption of nutritionally adequate, safe and appropriate complementary foods that help meet nutritional requirements when breast milk is no longer sufficient. This requires that for breastfed children, two or more meals of solid, semi-solid or soft foods are needed if they are six to eight months old, and three or more meals if they are 9-23 months of age. For children 6-23 months and older who are not breastfed, four or more meals of solid, semi-solid or soft foods or milk feeds are needed.

Overall, 34.3 per cent of infants age 6-8 received solid, semi-solid, or soft foods (Table NU.6). Among currently breastfeeding infants this percentage is 34.3 while it is 54.9 among infants currently not breastfeeding. In general, male infants 6-8 months are more likely to receive solid, semi-solid or soft foods (36.5 %) than their female counterparts (32.2%). Similarly, children living in rural areas (38.0%) were more likely to receive solid, semi-solid or soft foods than children living in urban areas (29.6%).

Table NU.7 presents the proportion of children age 6-23 months who received semi-solid or soft foods the minimum number of times or more during the previous day according to breastfeeding status (see the note in Table NU.7 for a definition of minimum number of times for different age groups). Overall, less than one-third of children age 6-23 months (28.8 %) were receiving solid, semi-solid and soft foods the minimum number of times. A slightly higher proportion of males (29.4%) were enjoying the minimum meal frequency compared to females (28.1%).

Among currently breastfeeding children age 6-23 months, less than one-third of them (27.5%) were receiving solid, semi-solid and soft foods the minimum number of times and this proportion was higher among males (28.5 %) compared to females (26.4 %). Among non-breastfeeding children, nearly one-third of the children were receiving solid, semi-solid and soft foods or milk feeds 4 times or more.

The continued practice of bottle-feeding is a concern because of possible contamination due to unsafe water and lack of hygiene in preparation. Table NU.8 shows that ten per cent of children under 2 years are fed using a bottle with a nipple. Percentage of children age 0-23 months fed with a bottle with a nipple is predominant in Banjul and Kanifing with 23.9 and 22.5 per cent respectively. This explains the huge disparity between 0-23 months fed with a bottle with a nipple in urban areas (17.1 %) and rural areas (5.5 %). The use of feeding children with a bottle with a nipple is linked to the wealth index of the household. Children 0-23 months from the richest households (25.2%) are more likely to be fed with a bottle with a nipple than children from poorer households. It is also linked to the mother's level of education as children whose mothers have no education are the least likely to be fed with a bottle with a nipple.

Table NU.5: Age-appropriate breastfeeding

	Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
Percentage of children age 0-23 months who were appropriately breastfed during the previous day, The Gambia, 2010						
	Percent exclusively breastfed[1]	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed[2]	Number of children
Sex						
Male	32.3	739	57.0	1951	50.3	2690
Female	34.8	733	54.6	1806	48.9	2538
LGA						
Banjul	(37.1)	28	48.4	65	45.0	93
Kanifing	26.9	277	45.5	657	40.0	934
Brikama	40.0	470	55.0	975	50.1	1444
Mansakonko	43.2	88	48.1	238	46.8	326
Kerewan	32.5	195	67.4	605	58.9	800
Kuntaur	16.4	88	62.7	245	50.5	334
Janjanbureh	28.9	117	64.2	311	54.5	429
Basse	34.1	209	53.9	661	49.1	869
Area of Residence						
Urban	29.4	673	52.3	1536	45.3	2209
Rural	37.0	799	58.3	2221	52.7	3020
Mother's education						
None	34.9	932	58.0	2508	51.8	3440
Primary	25.8	218	56.4	522	47.4	741
Secondary+	34.9	321	48.0	727	44.0	1048
Wealth index quintile						
Poorest	30.7	274	58.9	835	52.0	1109
Second	38.4	317	63.6	713	55.9	1030
Middle	35.6	302	58.1	743	51.6	1045
Fourth	30.5	325	52.5	832	46.4	1158
Richest	31.9	254	44.9	633	41.2	887
Ethnicity of household head						
Mandinka/Jahanka	38.9	455	51.9	1033	47.9	1489
Wollof	20.9	221	64.4	605	52.8	827
Jola/Karoninka	50.5	183	59.0	411	56.4	594
Fula/Tukulor/Lorobo	31.3	315	55.2	812	48.5	1128
Serere	24.1	53	58.1	119	47.6	172
Sarahuleh	21.5	132	52.7	504	46.2	637
Creole / Aku Marabou	(*)	5	(*)	11	(*)	17
Manjago	(*)	20	(44.3)	48	44.1	68
Bambara	38.2	28	62.6	73	55.8	101
Other ethnic group	(*)	24	(74.3)	44	56.6	68
Non Gambians	(*)	21	(44.1)	49	34.7	70
Total	33.5	1472	55.9	3757	49.6	5229

[1] MICS indicator 2.6; [2] MICS indicator 2.14
( ) Figures that are based on 25-49 unweighted cases; (*) Figures that are based on less that 25 unweighted cases

Table NU.6: Introduction of solid, semi-solid or soft foods

Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day, The Gambia, 2010

	Currently breastfeeding		Currently not breastfeeding		All	
	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods[1]	Number of children age 6-8 months
Sex						
Male	36.6	378	(*)	1	36.5	379
Female	32.1	380	(*)	3	32.2	385
Area of Residence						
Urban	29.8	333	(*)	0	29.6	335
Rural	37.9	425	(*)	4	38.0	429
Total	34.3	758	(*)	4	34.3	764

[1] MICS indicator 2.12
(*) Figures that are based on less that 25 unweighted cases

Table NU.7: Minimum meal frequency

Percentage of children age 6-23 months who received solid, semi-solid, or soft foods (and milk feeds for non-breastfeeding children) the minimum number of times or more during the previous day, according to breastfeeding status, The Gambia, 2010

	Currently breastfeeding		Currently not breastfeeding			All	
	Percent receiving solid, semi-solid and soft foods the minimum number of times	Number of children age 6-23 months	Percent receiving at least 2 milk feeds1	Percent receiving solid, semi-solid and soft foods or milk feeds 4 times or more	Number of children age 6-23 months	Percent with minimum meal frequency2	Number of children age 6-23 months
Sex							
Male	28.5	1520	19.0	32.9	431	29.4	1951
Female	26.4	1402	13.8	33.7	404	28.1	1806
Age							
6-8 months	19.7	758	(*)	(*)	6	19.9	764
9-11 months	13.7	560	(*)	(*)	18	15.2	578
12-17 months	32.5	1064	23.4	35.7	134	32.9	1199
18-23 months	42.9	539	14.0	31.8	677	36.8	1216
LGA							
Banjul	(20.9)	47	(*)	(*)	18	23.8	65
Kanifing	17.2	496	33.9	43.5	161	23.6	657
Brikama	24.7	739	11.0	29.4	235	25.8	975
Mansakonko	29.6	181	9.6	31.4	57	30.1	238
Kerewan	52.9	470	19.9	44.6	135	51.1	605
Kuntaur	31.4	202	(12.1)	(41.3)	44	33.2	245
Janjanbureh	32.8	265	(9.3)	(48.3)	46	35.1	311
Basse	14.0	522	6.6	10.3	139	13.2	661
Area of Residence							
Urban	23.9	1180	26.0	38.2	356	27.2	1536
Rural	29.9	1741	9.4	29.6	480	29.8	2221

Table NU.7: Minimum meal frequency (cont.)

Percentage of children age 6-23 months who received solid, semi-solid, or soft foods (and milk feeds for non-breastfeeding children) the minimum number of times or more during the previous day, according to breastfeeding status, The Gambia, 2010

	Currently breastfeeding		Currently not breastfeeding			All	
	Percent receiving solid, semi-solid and soft foods the minimum number of times	Number of children age 6-23 months	Percent receiving at least 2 milk feeds1	Percent receiving solid, semi-solid and soft foods or milk feeds 4 times or more	Number of children age 6-23 months	Percent with minimum meal frequency2	Number of children age 6-23 months
Mother's education							
None	28.1	1986	12.7	29.7	522	28.5	2508
Primary	24.3	440	14.4	29.6	82	25.1	522
Secondary+	27.7	495	25.7	42.5	232	32.4	727
Wealth index quintile							
Poorest	33.0	663	7.5	28.9	173	32.2	835
Second	35.3	585	11.0	30.3	129	34.4	713
Middle	23.6	584	15.0	36.3	158	26.3	743
Fourth	26.1	622	11.1	27.3	210	26.4	832
Richest	16.7	468	38.3	44.8	165	24.0	633
Ethnicity of household head							
Mandinka/Jahanka	28.9	790	15.3	30.9	244	29.3	1033
Wollof	31.9	484	21.0	44.0	121	34.3	605
Jola/Karoninka	30.0	309	1.8	17.9	102	27.0	411
Fula/Tukulor/Lorobo	27.7	654	12.9	35.0	159	29.1	812
Serere	32.8	97	42.8	(*)	22	39.1	119
Sarahuleh	17.6	385	13.7	21.2	120	18.5	504
Creole/ Aku Marabou	(*)	7	(*)	(*)	4	(*)	11
Manjago	(6.8)	37	(*)	(*)	11	(21.1)	48
Bambara	28.0	56	(*)	(*)	17	33.2	73
Other ethnic group	(33.8)	36	(*)	(*)	8	(35.9)	44
Non Gambian	(30.7)	28	(*)	(*)	21	(43.8)	49
Missing/DK	(21.1)	40	(*)	(*)	7	(23.2)	47
Total	27.5	2922	16.5	33.3	835	28.8	3757

[1] MICS indicator 2.15; [2] MICS indicator 2.13
( ) Figures that are based on 25-29 unweighted cases; (*) Figures that are based on less that 25 unweighted cases

Table NU.8: Bottle feeding

Percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day, The Gambia, 2010

	Percentage of children age 0-23 months fed with a bottle with a nipple[1]	Number of children age 0-23 months
Sex		
Male	10.7	2690
Female	10.1	2538
Age		
0-5 months	15.5	1472
6-11 months	11.0	1342
12-23 months	7.0	2415
LGA		
Banjul	23.9	93
Kanifing	22.5	934
Brikama	9.1	1444
Mansakonko	6.8	326
Kerewan	9.5	800
Kuntaur	4.4	334
Janjanbureh	5.8	429
Basse	4.8	869
Area of Residence		
Urban	17.1	2209
Rural	5.5	3020
Mother's education		
None	6.7	3440
Primary	13.6	741
Secondary+	20.1	1048
Wealth index quintile		
Poorest	3.5	1109
Second	7.0	1030
Middle	7.8	1045
Fourth	11.0	1158
Richest	25.2	887
Ethnicity of household head		
Mandinka/Jahanka	13.1	1489
Wollof	11.2	827
Jola/Karoninka	8.6	594
Fula/Tukulor/Lorobo	5.8	1128
Serere	15.4	172
Sarahuleh	8.4	637
Creole / Aku Marabou	(*)	17
Manjago	21.1	68
Bambara	7.7	101
Other ethnic group	14.5	68
Non Gambians	34.0	70
Missing/DK	1.7	59
Total	10.4	5229

[1] MICS indicator 2.11

(*) Figures that are based on less that 25 unweighted cases

Salt Iodization

Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international goal is to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodized salt (>15 parts per million -PPM).

In The Gambia, the National Nutrition Agency (NaNA) in 2003 started working with some of the local salt producers to increase the amount of salt produced and iodized. In 2006, the Food Fortification and Salt Iodization Regulation was enacted to ensure that all salt imported and produced locally for human and animal consumption is iodized (Food Fortification and Salt Iodization Regulation, 2006). Information and Education Communication on the consumption of iodized salt has also been intensified.

In Table NU.9, about 89 per cent of households, salt used for cooking was tested for iodine content by using salt test kits and testing for the presence of both potassium iodide and potassium iodate. The table shows that in a very small proportion of households (11.2 %), there was no salt available. These were mainly single person households who reported that they don't cook. In only 22 per cent of households, salt was found to contain 15 parts per million (ppm) or more of iodine. Use of iodized salt was lowest in Kerewan (6.3 %) and highest in Janjanbureh (38.5%). The urban and rural difference is small as only 23 per cent of urban households were found to be using adequately iodized salt compared to 20.4 per cent in rural areas. Interestingly, the difference between the richest and poorest households in terms of iodized salt consumption is also small.

Table NU.9: Iodized salt consumption

Percent distribution of households by consumption of iodized salt, The Gambia, 2010

| | Percentage of households in which salt was tested | Number of households | Percent of households with salt test result | | | | Total | Number of households in which salt was tested or with no salt |
			Percent of household with no salt	Not iodized 0 PPM	>0 and <15 PPM	15+ PPM[1]		
LGA								
Banjul	77	291	22.6	19.5	28.6	29.3	100	289
Kanifing	82.1	2138	17.8	24.4	33.5	24.4	100	2134
Brikama	91.4	2385	8.5	37.5	35.3	18.7	100	2381
Mansakonko	89.9	473	9.2	56.3	16	18.5	100	468
Kerewan	92.4	1016	7.4	68.9	17.4	6.3	100	1014
Kuntaur	94.1	320	5.7	34	33.8	26.4	100	319
Janjanbureh	90.4	519	9	20.3	32.3	38.5	100	516
Basse	93.6	650	6.3	28.8	29.9	35.1	100	649
Area of Residence								
Urban	83.8	4557	15.9	27.6	33.3	23.1	100	4544
Rural	95.2	3234	4.6	48.8	26.2	20.4	100	3226
Wealth index quintile								
Poorest	96.7	1301	3	47.5	26.2	23.3	100	1297
Second	93.5	1408	6.3	46.6	29.1	17.9	100	1406
Middle	90.8	1428	9.1	39.6	32.3	19	100	1426
Fourth	81.3	1697	18.5	29	30.1	22.4	100	1692
Richest	84.3	1957	15.4	25.9	32.9	25.9	100	1949
Total	88.6	7791	11.2	36.4	30.4	22	100	7770

[1] MICS indicator 2.16

Figure NU.4 Percentage of households consuming adequately iodized salt, The Gambia 2010
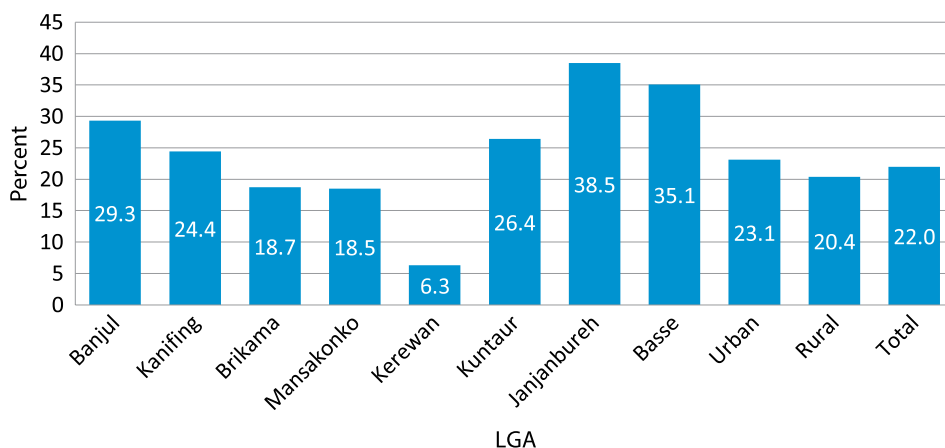
Children's Vitamin A Supplementation

Vitamin A is essential for eye health and the proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-five deaths.

The 1990 World Summit for Children set the goal of virtual elimination of vitamin A deficiency and its consequences, including blindness, by the year 2000. This goal was also endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002. The critical role of vitamin A for child health and immune function also makes control of deficiency a primary component of child survival efforts, and therefore critical to the achievement of the fourth Millennium Development Goal: a two-thirds reduction in under-five mortality by the year 2015.

For countries with vitamin A deficiency problems, current international recommendations call for high-dose vitamin A supplementation every four to six months, targeted to all children between the ages of six to 59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. Giving vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of vitamin A, which are depleted during pregnancy and lactation. For countries with vitamin A supplementation programs, the definition of the indicator is the percent of children 6-59 months of age receiving at least one high dose vitamin A supplement in the last six months.

Based on UNICEF/WHO guidelines, the Gambia Ministry of Health recommends that children aged 6-11 months be given one high dose Vitamin A capsules and children aged 12-59 months given a vitamin A capsule every 6 months. In all parts of the country, Vitamin A capsules are linked to immunization services and are given when the child has contact with these services after six months of age. It is also recommended that mothers take a Vitamin A supplement within eight weeks of giving birth due to increased Vitamin A requirements during pregnancy and lactation.

Table NU.10 presents that within the six months prior to the MICS, 72.8 per cent of children aged 6-59 months received a high dose Vitamin A supplement. Approximately 83 per cent did not receive the supplement in the last 6 months but did receive one prior to that time. Vitamin A supplementation coverage is lower in Janjanbureh and Brikama than in other LGAs.

Table NU.10: Children's vitamin A supplementation

Percent distribution of children age 6-59 months by receipt of a high dose vitamin A supplement in the last 6 months, The Gambia, 2010

	Percentage who received Vitamin A according to:		Percentage of children who received Vitamin A during the last 6 months[1]	Percentage of children who received Vitamin A more than last 6 months	Number of children age 6-59 months
	Child health book/ card/vaccination card	Mother's report			
Sex					
Male	59.1	23.6	72.1	82.6	5192
Female	60.8	26.0	73.4	82.4	4974
LGA					
Banjul	40.8	13.0	70.6	82.9	187
Kanifing	44.1	14.5	74.6	73.5	1846
Brikama	47.2	18.1	54.9	81.7	2731
Mansakonko	53.9	17.8	67	86.6	666
Kerewan	75.4	24.8	80.6	73.9	1556
Kuntaur	68.4	27.3	97.7	92.3	649
Janjanbureh	47.5	18.7	52.7	89.0	827
Basse	90.7	52.4	95.0	92.8	1705
Area of Residence					
Urban	49.3	20.3	67.6	77.9	4279
Rural	67.6	28.0	76.6	85.9	5886
Age					
6-11 months	74.7	12.4	78.3	43.8	1342
12-23 months	72.6	14.3	84.0	83.5	2415
24-35 months	58.4	26.6	72.2	87.5	2376
36-47 months	49.1	31.8	66.6	91.1	2292
48-59 months	47.4	36.9	61.9	92.7	1740
Mother's education					
None	61.7	26.3	74.2	83.7	7089
Primary	59.7	24.0	70.1	74.9	1303
Secondary+	53.2	19.2	69.1	79.8	1774

Table NU.10: Children's vitamin A supplementation (cont.)

Percent distribution of children age 6-59 months by receipt of a high dose vitamin A supplement in the last 6 months, The Gambia, 2010

	Percentage who received Vitamin A according to:		Percentage of children who received Vitamin A during the last 6 months[1]	Percentage of children who received Vitamin A more than last 6 months	Number of children age 6-59 months
	Child health book/ card/vaccination card	Mother's report			
Wealth index quintile					
Poorest	64.2	25.9	73.4	85.8	2150
Second	59.6	23.5	69.5	83.3	2041
Middle	63.2	27.7	73.1	83.5	2113
Fourth	60.4	26.1	74.6	81.6	2069
Richest	50.8	19.7	73.2	77.5	1793
Ethnicity of household head					
Mandinka/Jahanka	58.8	21.2	71.3	83.4	2970
Wollof	61.7	22.5	77.0	78.4	1554
Jola/Karoninka	46.4	15.8	60.5	80.2	1120
Fula/Tukulor/Lorobo	57.8	26.9	71.8	82.9	2226
Serere	54.8	20.3	70.4	85.8	364
Sarahuleh	80.2	42.8	87.3	89.5	1188
Creole / Aku Marabou	(48.8)	(33.4)	(74.8)	(74.4)	27
Manjago	55.1	13.8	74.7	82.9	114
Bambara	68.9	29.5	76.0	70.6	187
Other ethnic group	43.1	12.6	47.1	81.4	134
Non Gambian	51.4	22.9	65.9	72.9	156
Missing/DK	70.6	36.3	78.6	82.8	125
Total	59.9	24.8	72.8	82.5	10165

[1] MICS indicator 2.174
( ) Figures that are based on 25-49 unweighted cases

The age pattern of Vitamin A supplementation shows that supplementation in the last six months increases from 78.3 per cent among children aged 6-11 months to 84.0 per cent among children aged 12-23 months and then declines steadily with age to 61.9 percent among the oldest children.

The mother's level of education is not related to the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months decreases from 74.2 per cent among children whose mothers have no education to 70.1 per cent of those whose mothers have primary education and further decreases to 69.1 per cent among children of mothers with secondary and above.

Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. In developed and developing countries alike, teenagers who give birth when their own bodies have yet to finish growing run the risk of bearing underweight babies.

One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in facilities, and those who are represent only a selected sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth[8].

[8] For a detailed description of the methodology, see Boerma, Weinstein, Rutstein and Sommerfelt, 1996.

Table NU.11: Low birth weight infants

Percentage of last-born children in the 2 years preceding the survey that are estimated to have weighed below 2500 grams at birth and percentage of live births weighed at birth, The Gambia, 2010

	Percent of live births:		Number of live births
	Below 2500 grams[1]	Weighed at birth[2]	in the last 2 years
LGA			
Banjul	9.1	90.5	89
Kanifing	9.1	83.5	908
Brikama	8.3	59.2	1379
Mansakonko	7.8	42.0	311
Kerewan	13.8	39.8	723
Kuntaur	15.9	27.8	310
Janjanbureh	10.7	25.4	412
Basse	10.0	31.0	832
Area of Residence			
Urban	9.1	71.6	2135
Rural	11.1	35.1	2828
Mother's education			
None	10.8	42.4	3236
Primary	9.6	55.8	713
Secondary+	8.7	74.2	1014
Wealth index quintile			
Poorest	12.2	26.3	1033
Second	11.0	43.4	968
Middle	9.7	47.9	1000
Fourth	9.0	59.0	1100
Richest	9.0	81.4	862
Ethnicity of household head			
Mandinka/Jahanka	8.7	54.9	1426
Wollof	13.1	50.1	778
Jola/Karoninka	8.8	61.8	573
Fula/Tukulor/Lorobo	10.7	41.8	1055
Serere	13.4	64.9	163
Sarahuleh	9.5	42.4	607
Creole/ Aku Marabou	(*)	(*)	14
Manjago	7.1	69.8	65
Bambara	13.8	44.2	92
Other ethnic group	6.0	47.2	62
Non Gambians	14.0	66.2	69
Missing/DK	9.3	37.0	59
Total	10.2	50.8	4963

[1] MICS indicator 2.18;   [2] MICS indicator 2.19
(*) Figures that are based on less that 25 unweighted cases

Overall, 50.8 per cent of births were weighed at birth and 10.2 per cent of infants are estimated to weigh less than 2500 grams at birth (Table NU.11). There is notable variation by LGA (Figure NU.5). The percentage of low birth weight does not vary much by urban and rural areas or by mother's level of education.

Figure NU.5 Percentage of Infants weighing less than 2500 grams at birth, The Gambia 2010
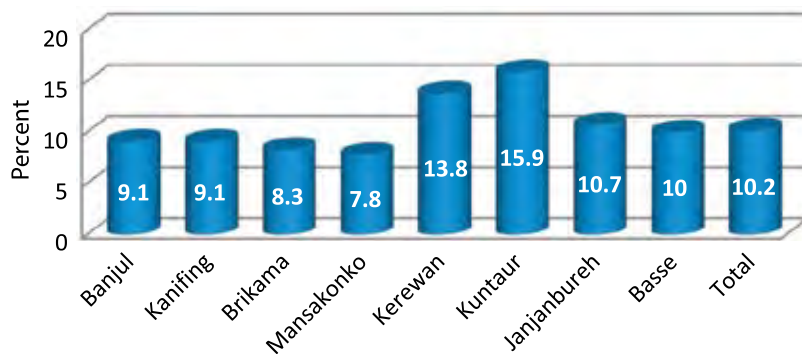
VI. Child Health

Vaccinations

The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

A World Fit for Children goal is to ensure full immunization of children under one year of age at 90 percent nationally, with at least 80 percent coverage in every district or equivalent administrative unit.

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. Mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire.

Table CH.1: Vaccinations in first year of life

Percentage of children age 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, The Gambia, 2010

	Vaccinated at any time before the survey according to			Vaccinated by 12 months of age
	Vaccination card	Mother's report	Either	
BCG[1]	93.6	5.5	99.2	98.9
Polio				
At birth	92.9	3.9	96.9	96.5
1	92.1	5.8	97.9	97.2
2	92.2	5.4	97.5	96.7
3[2]	90.8	4.3	95.2	93.4
DPT				
1	92.7	5.2	97.9	96.5
2	92.6	4.9	97.6	96.2
3[3]	89.5	3.7	93.2	89.3
Measles[4]	90.0	4.9	94.9	87.6
Hep B At birth	85.1	2.1	87.2	86.2
PNE 1	50.4	3.4	53.8	49.1
PNE 2	41.8	2.9	44.8	38.9
PNE 3	31.0	1.0	32.0	25.0
Yellow fever[6]	89.6	4.9	94.5	87.5
All vaccinations	84.8	2.5	87.4	38.6
No vaccinations	.2	.5	.6	.6
Number of children age 12-23 months	2415	2415	2415	2415

[1] MICS indicator 3.1;   [2] MICS indicator 3.2;   [3] MICS indicator 3.3;   [4] MICS indicator 3.4; MDG indicator 4.3;   [5] MICS indicator 3.5;   [6] MICS indicator 3.6

Overall, 94.1 per cent of children had health cards (Table CH.2). If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and, for DPT and Polio, how many times. The percentage of children age 12 to 23 months who received each of the vaccinations is shown in Table CH.1. The denominator for the table is comprised of children age 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday, as recommended, are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

According to the cards and the mother's recollection, the majority of children under 5 have been fully immunized against the main childhood diseases (87%) but only 38 per cent have received them before they reached their first birthday. Less than 1 per cent of children under 5 have never received any vaccines.

Approximately 99 per cent of children age 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 96.5 per cent of them. The percentage declines for subsequent doses of DPT to 96.2 per cent for the second dose, and to 89.3 per cent for the third dose (Figure CH.1). Similarly, 97.2 per cent of children received Polio 1 by age 12 months and this declines to 93.4 per cent by the third dose. The coverage for measles vaccine by 12 months is lower than the other vaccines at 87.6 per cent. This is primarily because, although 94.9 per cent of children (according to the vaccination card and mothers report combined) received the vaccine, only 87.6 per cent received it by their first birthday. As a result, the percentage of children who had all the recommended vaccinations by their first birthday is low at only 38.6 per cent.

Figure CH 1. Percentage of children age 12-23 months who received the recommended vaccinations by 12 months, The Gambia, 2010
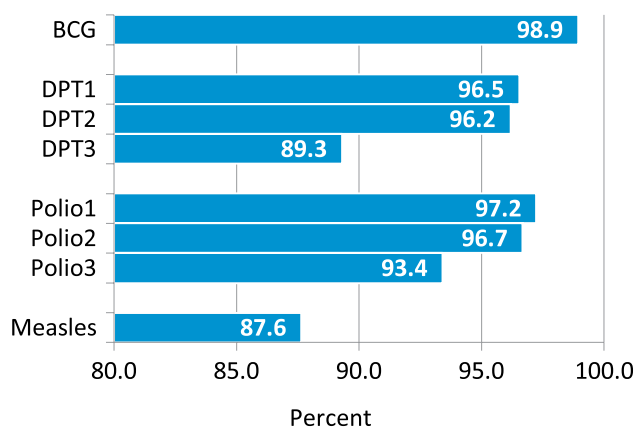
In The Gambia, PENTA vaccines are also recommended as part of the immunization schedule. The Gambia Expanded Programme on Immunization has switched from Tetra Valent to PENTA Valent on 1st April 2009. PENTA 1 is given at the age of two months, PENTA 2 at three months and PENTA 3 at the age of four months.

Table CH.2 shows vaccination coverage rates among children 12-23 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caregivers' reports. The proportion of children aged 12 -23 months that had all the vaccines are 87.4 per cent. The coverage is higher among children in rural (89.2%) than in urban areas (84.7%). Coverage is also highest among children of mothers/ caregivers with primary education (92.9%) than children of mothers /caregivers with no or secondary education and above (86.0 and 88.7% respectively). Janjanbureh has the highest proportion of children who had all the vaccines (91.1%) and Banjul had the lowest proportion (80.1%).

Table CH.2: Vaccinations by background characteristics

Percentage of children age 12-23 months currently vaccinated against childhood diseases, The Gambia, 2010

	BCG	Polio				DPT			Measles	HepB				Yellow fever	None	All	Percentage with vaccination card seen	Number of children age 12-23 months
		At birth	1	2	3	1	2	3		At birth	1	2	3					
Sex																		
Male	98.7	96.5	98.3	97.5	95.7	97.7	97.6	93.7	94.5	87.2	53.1	44.7	31.7	94.2	.8	87.5	94.0	1292
Female	99.7	97.3	97.5	97.7	94.6	98.1	97.5	92.7	95.3	87.2	54.6	44.9	32.3	95.0	.3	87.2	94.2	1123
LGA																		
Banjul	98.4	95.3	97.2	96.9	91.2	95.9	95.2	90.0	93.9	80.4	55.0	49.2	36.4	93.9	1.6	80.1	91.5	49
Kanifing	98.2	97.5	96.8	96.6	92.8	96.3	95.9	92.6	92.5	81.8	56.2	42.9	33.1	92.1	1.8	85.3	93.1	395
Brikama	99.2	94.7	98.3	97.5	95.0	98.4	97.5	92.7	95.7	87.6	60.4	51.1	34.8	94.9	.0	86.4	93.1	653
Mansakonko	98.6	96.8	97.2	97.5	96.5	96.0	97.7	95.0	94.8	91.4	44.0	38.2	29.0	94.2	1.4	87.0	93.8	154
Kerewan	99.9	99.4	97.8	97.5	95.0	98.3	98.2	91.9	95.7	94.4	38.7	35.0	24.9	95.7	.1	86.8	94.1	406
Kuntaur	98.9	96.1	97.6	97.9	94.8	98.3	98.1	95.3	94.2	78.5	53.5	43.5	33.7	94.2	1.1	89.8	92.2	147
Janjanbureh	98.7	97.4	98.3	97.7	95.8	96.9	96.5	95.1	95.4	82.1	52.5	43.0	32.2	95.4	1.3	91.1	97.0	203
Basse	100.0	97.4	99.0	98.4	97.7	99.3	99.1	94.2	95.1	89.4	60.2	49.6	33.2	95.1	.0	89.7	96.3	407
Area of Residence																		
Urban	98.9	97.0	97.2	96.4	93.1	96.8	96.7	91.9	93.7	85.1	56.5	45.5	32.2	93.3	.9	84.7	93.3	979
Rural	99.3	96.8	98.5	98.3	96.6	98.6	98.1	94.1	95.6	88.7	52.0	44.3	31.8	95.4	.4	89.2	94.7	1436
Mother's education																		
None	98.8	96.1	97.4	96.8	94.7	97.2	97.1	92.2	93.9	86.8	53.6	44.2	31.6	93.5	.8	86.0	94.5	1636
Primary	100.0	97.8	99.1	99.6	97.2	99.6	99.0	97.3	97.3	88.7	59.1	49.4	36.8	97.3	.0	92.9	95.6	302
Secondary+	99.7	98.8	98.9	98.6	95.5	99.0	98.2	94.2	96.5	87.8	51.1	44.0	30.3	96.3	.3	88.7	91.9	477
Wealth index quintile																		
Poorest	99.4	95.9	98.7	98.5	96.9	98.3	98.0	94.0	96.2	87.0	50.2	42.1	29.1	96.0	.6	89.5	92.8	549
Second	99.4	97.3	97.5	96.8	94.0	98.3	97.2	92.5	92.4	86.8	53.5	46.1	34.9	92.4	.2	83.9	93.7	454
Middle	99.1	96.2	97.5	97.1	93.5	97.5	97.2	91.3	94.8	87.3	55.5	43.6	29.0	93.5	.9	85.2	94.3	489
Fourth	99.1	97.7	98.4	97.4	95.3	98.1	97.5	93.7	94.8	88.1	57.4	49.2	33.7	94.3	.2	88.3	95.4	520
Richest	98.6	97.4	97.4	97.8	96.0	96.8	97.8	94.8	96.1	86.6	52.3	42.8	34.0	96.6	1.4	89.8	94.4	403
Ethnicity of household head																		
Mandinka	99.3	97.1	97.8	97.7	96.1	97.0	97.5	93.7	95.5	88.7	55.1	46.8	32.7	95.1	.4	88.8	93.9	677
Wollof	98.8	97.5	97.2	97.2	95.9	97.5	97.5	93.9	97.3	89.6	48.7	43.5	35.6	97.3	1.2	90.4	95.4	380
Jola	99.9	95.0	99.0	99.0	96.1	99.0	99.0	91.1	96.2	85.3	59.2	47.7	30.6	96.2	.1	86.1	92.5	275
Fula	99.1	96.9	97.5	96.3	94.0	97.7	96.3	93.9	93.1	84.8	50.4	40.3	27.2	92.8	.9	86.6	93.7	535
Serere	99.4	97.5	97.0	98.4	97.8	98.9	98.9	97.6	98.5	82.9	55.3	46.6	36.6	98.5	.6	93.8	96.4	82
Sarahuleh	99.6	98.3	98.9	97.5	94.1	98.7	97.7	90.6	92.3	88.9	54.4	42.7	32.3	93.0	.4	85.5	96.2	304
Creole/ Aku Marabou	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Manjago	97.7	92.3	97.7	97.7	97.7	97.7	97.7	92.6	92.3	84.7	89.0	89.0	62.5	74.5	2.3	69.4	(92.3)	30
Bambara	100.0	100.0	100.0	100.0	86.6	100.0	99.2	87.2	98.0	92.2	53.8	43.8	24.8	98.0	.0	77.1	(89.9)	43
Other ethnic group	87.1	87.1	100.0	100.0	100.0	100.0	100.0	100.0	85.7	77.5	68.3	60.1	51.9	85.7	.0	85.7	(100.0)	27
Non Gambian	100.0	91.3	94.4	100.0	87.4	97.6	97.6	96.5	92.9	89.0	43.7	29.7	17.9	92.9	.0	77.1	(84.3)	32
Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	23
Total	99.2	96.9	97.9	97.5	95.2	97.9	97.6	93.2	94.9	87.2	53.8	44.8	32.0	94.5	.6	87.4	94.1	2415

(*) figures that are based on less than 25 unweighted cases; ( ) figures that are based on 25-49 unweighted cases

Neonatal Tetanus Protection

One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than 1 case of neonatal tetanus per 1000 live births in every district. A World Fit for Children goal is to eliminate maternal and neonatal tetanus by 2005.

Prevention of maternal and neonatal tetanus is to assure all pregnant women receive at least two doses of tetanus toxoid vaccine. However, if women have not received two doses of the vaccine during the pregnancy, they (and their newborn) are also considered to be protected if the following conditions are met:

- Received at least two doses of tetanus toxoid vaccine, the last within the prior 3 years;
- Received at least 3 doses, the last within the prior 5 years;
- Received at least 4 doses, the last within 10 years;
- Received at least 5 doses during lifetime.

Table CH.3 shows the protection status from tetanus of women who have had a live birth within the last 2 years. Figure CH.2 shows the protection of women against neonatal tetanus by major background characteristics.

Approximately, 76 per cent of the women with a birth in the last 2 years preceding the survey are protected against neonatal tetanus. The proportion was highest in the rural (76.9%) than in the urban areas (73.6%). Brikama LGA has the lowest proportion of women protected against neonatal tetanus (67.1%) whilst the Basse has the highest proportion with 84.8 per cent. It is also observed that women with secondary education and above and the richer the household, the more likely the woman to be protected against tetanus. About 37 per cent of women have received at least 2 doses of protection against tetanus during their last pregnancy.

Figure CH2. Percentage of women protected against neonatal tetanus by major background characteristics, The Gambia, 2010
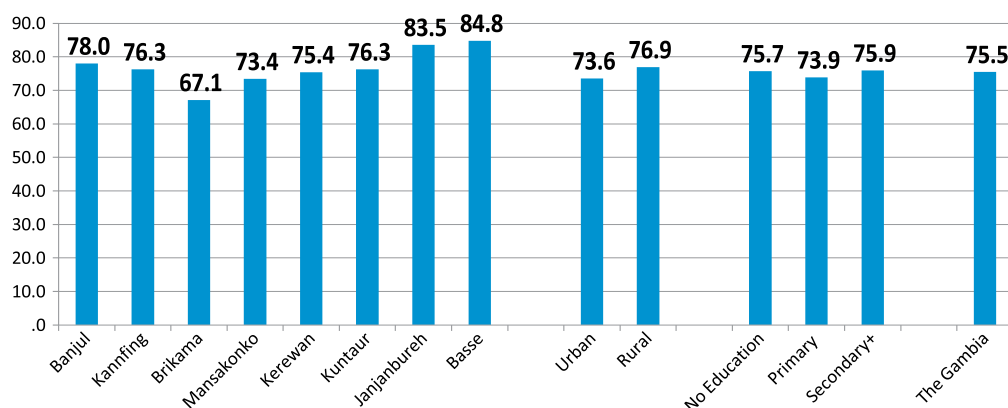
Table CH.3: Neonatal tetanus protection

Percentage of women age 15-49 years with a live birth in the last 2 years protected against neonatal tetanus, The Gambia, 2010

	Percentage of women who received at least 2 doses during last pregnancy	Percentage of women who did not receive two or more doses during last pregnancy but received:				Protected against tetanus[1]	Number of women with a live birth in the last 2 years
		2 doses, the last within prior 3 years	3 doses, the last within prior 5 years	4 doses, the last within prior 10 years	5 or more doses during lifetime		
LGA							
Banjul	47.3	29.4	1.4	.0	.0	78.0	89
Kanifing	37.2	38.1	.9	.0	.0	76.3	908
Brikama	34.8	31.4	1.0	.0	.0	67.1	1379
Mansakonko	45.4	27.0	.8	.0	.1	73.4	311
Kerewan	51.2	23.9	.2	.0	.1	75.4	723
Kuntaur	33.9	40.3	1.0	.0	1.1	76.3	310
Janjanbureh	41.4	40.4	1.7	.0	.1	83.5	412
Basse	23.1	56.1	3.8	.0	1.8	84.8	832
Area of Residence							
Urban	37.1	35.5	1.0	.0	.0	73.6	2135
Rural	37.0	37.5	1.7	.0	.7	76.9	2828
Education							
None	34.2	39.1	1.9	.0	.6	75.7	3236
Primary	34.6	38.3	.8	.0	.1	73.9	713
Secondary+	47.9	27.7	.3	.0	.0	75.9	1014
Wealth index quintile							
Poorest	36.6	36.7	1.1	.0	.7	75.1	1033
Second	41.1	32.2	1.7	.0	.0	75.0	968
Middle	36.1	38.2	1.3	.0	.4	76.0	1000
Fourth	35.0	36.8	1.6	.0	.6	74.0	1100
Richest	36.8	39.6	1.3	.0	.2	77.9	862
Ethnicity of household head							
Mandinka	34.7	36.2	1.6	.0	.2	72.7	1426
Wollof	43.3	37.6	.7	.0	.1	81.8	778
Jola	34.6	29.8	1.6	.0	.0	65.9	573
Fula	36.3	38.2	1.3	.0	.7	76.5	1055
Serere	43.1	28.9	.3	.0	.0	72.3	163
Sarahuleh	31.3	47.1	2.3	.0	.7	81.4	607
Creole/ Aku Marabou	(*)	(*)	(*)	(*)	(*)	(*)	14
Manjago	55.1	25.4	.0	.0	.0	80.5	65
Bambara	45.7	19.7	.0	.0	.0	65.4	92
Other ethnic group	61.9	11.4	.0	.0	.0	73.3	62
Non Gambian	38.0	43.9	.0	.0	1.1	83.1	69
Missing/DK	35.0	39.4	6.1	.0	6.1	86.6	59
Total	37.0	36.7	1.4	.0	.4	75.5	4963

[1] MICS indicator 3.7
(*) figures that are based on less than 25 unweighted cases

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

The goals are to: 1) reduce by one half death due to diarrhoea among children under five by 2010 compared to 2000 (A World Fit for Children); and 2) reduce by two thirds the mortality rate among children under five by 2015 compared to 1990 (Millennium Development Goals). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 percent.

The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea
- ORT with continued feeding

In the MICS questionnaire, mothers (or caregivers) were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

Overall, 17 per cent of children under five had diarrhoea in the two weeks preceding the survey (Table CH.4). The prevalence of diarrhoea was highest in Kuntaur (26.5%) followed Basse (23.4%) and lowest in Banjul (12.9%). The peak of diarrhoea prevalence occurs during the weaning period, among children age 12-23 months.

Table CH.4 also shows the percentage of children receiving various types of recommended liquids during an episode of diarrhoea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily amount to 100. About 39 per cent received fluids from ORS packets or pre-packaged ORS fluids. Children of mothers with primary education are less likely to receive fluids from ORS packets or pre-packaged ORS fluids.

Analysing the data by Local Government Area shows that Mansakonko has the highest proportion of children who received fluids from ORS packets or pre-packaged ORS fluids with 48.1 per cent whilst Banjul and Basse has the lowest proportions with 34.5 and 34.6 per cent respectively.

A little over half (55.4%) of under five children with diarrhoea drank more than usual while 20.9 percent drank the same and 12.9 per cent drank less (Table CH.5). Twenty-nine per cent ate somewhat less, same or more (continued feeding), but 27.3 per cent ate much less and 3.5 per cent ate almost nothing. Children with diarrhoea from rural areas (61.6%) are more likely to drink more than usual compared to those from the urban areas (46.5%). There exist significant differences by LGA in all forms of drinking and eating practices of children who had diarrhoea in the two weeks preceding the survey.

Table CH.6 provides the proportion of children age 0-59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and the percentage of children with diarrhoea who received other treatments. Overall, 71.1 per cent of children with diarrhoea received ORS or increased fluids. Combining the data in Table CH.5 with those in Table CH.4 on oral rehydration therapy, it is observed that 66.6 per cent of children either received ORT and, at the same time feeding was continued, as is the recommendation. In Kuntaur, only one- third of children (33.3 %) received ORT and continued feeding, while the figure is 84.6 per cent in Mansakonko.

Table CH.4: Oral rehydration solutions and recommended homemade fluids

Percentage of children age 0-59 months with diarrhoea in the last two weeks, and treatment with oral rehydration solutions and recommended homemade fluids, The Gambia, 2010

	Had diarrhoea in last two weeks	Number of children age 0-59 months	Received ORS (Fluid from ORS packet or pre-package ORS fluid)	Number of children age 0-59 months with diarrhoea in last two weeks
Sex				
Male	17.6	5931	40.5	1044
Female	16.4	5706	37.1	934
LGA				
Banjul	12.9	214	34.5	28
Kanifing	16.5	2123	40.1	350
Brikama	13.8	3201	35.8	441
Mansakonko	15.1	754	48.1	114
Kerewan	14.2	1750	43.7	249
Kuntaur	26.5	737	42.8	195
Janjanbureh	16.1	944	38.6	152
Basse	23.4	1914	34.6	449
Area of Residence				
Urban	16.4	4952	39.3	811
Rural	17.5	6685	38.5	1167
Age				
0-11 months	18.4	2814	31.7	517
12-23 months	26.9	2415	47.2	650
24-35 months	18.3	2376	35.1	436
36-47 months	11.0	2292	39.0	251
48-59 months	7.2	1740	37.4	125
Mother's education				
None	17.3	8021	40.6	1389
Primary	17.9	1521	32.9	272
Secondary+	15.2	2095	36.3	318
Wealth index quintile				
Poorest	17.9	2424	42.7	434
Second	15.6	2358	38.6	368
Middle	16.7	2416	42.4	403
Fourth	18.0	2394	37.7	432
Richest	16.7	2046	31.5	342
Ethnicity of household head				
Mandinka	15.6	3426	40.8	533
Wollof	17.3	1775	48.1	307
Jola	11.5	1303	39.2	150
Fula	18.9	2541	35.4	481
Serere	14.3	417	32.5	59
Sarahuleh	21.9	1320	34.8	289
Creole/ Aku Marabou	(4.5)	33	(*)	1
Manjago	19.5	134	(43.9)	26
Bambara	13.6	216	(50.5)	29
Other ethnic group	21.4	158	(30.2)	34
Non Gambian	16.7	177	(5.8)	30
Missing/DK	29.0	137	(40.7)	40
Total	17.0	11637	38.9	1978

(*) figures that are based on less than 25 unweighted cases
( ) figures that are based on 25-49 unweight cases

Table CH.5: Feeding practices during diarrhea

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, The Gambia, 2010

	Had diarrhoea in last two weeks	Number of children age 0-59 months	Drinking practices during diarrhoea: Given much less to drink	Given somewhat less to drink	Given about the same to drink	Given more to drink	Given nothing to drink	Missing/ DK	Total	Eating practices during diarrhoea: Given much less to eat	Given somewhat less to eat	Given about the same to eat	Given more to eat	Stopped food	Had never been given food	Missing/ DK	Total	Number of children age 0-59 months with diarrhoea in last two weeks
Sex																		
Male	17.6	5931	13.3	7.8	20.7	56.7	.7	.9	100.0	28.9	30.0	26.2	9.1	3.0	2.9	.0	100.0	1044
Female	16.4	5706	12.4	11.0	21.1	54.0	.8	.6	100.0	25.5	28.7	29.6	9.7	4.1	2.3	.1	100.0	934
LGA																		
Banjul	12.9	214	11.5	9.6	34.9	39.8	3.2	.9	100.0	28.7	23.2	33.7	9.9	.0	4.6	.0	100.0	28
Kanifing	16.5	2123	10.3	16.9	33.9	35.5	.7	2.6	100.0	19.0	30.3	36.7	9.1	2.2	2.7	.0	100.0	350
Brikama	13.8	3201	4.9	8.2	18.3	66.5	1.4	.7	100.0	21.7	36.1	20.0	14.8	1.8	5.5	.0	100.0	441
Mansakonko	15.1	754	3.6	8.3	21.6	64.1	1.5	.9	100.0	10.5	24.2	44.5	15.9	1.0	2.8	1.1	100.0	114
Kerewan	14.2	1750	36.8	14.4	31.7	17.1	.0	.0	100.0	41.0	17.4	33.0	5.6	2.8	.2	.0	100.0	249
Kuntaur	26.5	737	30.5	1.7	6.3	61.3	.2	.0	100.0	53.2	16.8	13.0	3.4	11.1	2.4	.0	100.0	195
Janjanbureh	16.1	944	16.1	3.6	13.9	64.7	.8	.9	100.0	39.5	10.2	27.1	8.0	11.4	3.7	.0	100.0	152
Basse	23.4	1914	3.1	7.1	14.9	74.5	.4	.0	100.0	20.3	42.5	27.6	7.7	1.5	.5	.0	100.0	449
Area of Residence																		
Urban	16.4	4952	8.9	14.8	27.5	46.5	.7	1.6	100.0	20.6	33.5	31.0	10.3	2.1	2.4	.1	100.0	811
Rural	17.5	6685	15.7	5.5	16.3	61.6	.8	.2	100.0	31.9	26.6	25.5	8.7	4.5	2.7	.1	100.0	1167
Age																		
0-11 months	18.4	2814	12.6	11.6	26.3	46.1	2.7	.7	100.0	24.3	27.1	27.7	7.0	3.8	9.9	.1	100.0	517
12-23 months	26.9	2415	15.3	6.3	18.1	59.7	.1	.5	100.0	31.1	26.3	27.9	9.7	4.8	.0	.1	100.0	650
24-35 months	18.3	2376	8.8	10.2	18.4	61.9	.0	.6	100.0	26.6	29.6	26.8	14.4	2.6	.0	.0	100.0	436
36-47 months	11.0	2292	14.7	12.2	21.2	51.1	.0	.8	100.0	26.8	34.8	30.6	6.2	1.7	.0	.0	100.0	251
48-59 months	7.2	1740	12.3	6.4	20.6	57.8	.0	2.9	100.0	23.0	43.5	24.9	6.0	2.6	.0	.0	100.0	125
Mother's education																		
None	17.3	8021	14.5	8.5	20.2	55.7	.7	.3	100.0	29.5	28.9	26.8	8.8	4.0	1.9	.1	100.0	1389
Primary	17.9	1521	10.8	9.4	27.5	50.3	.0	2.0	100.0	20.5	32.9	31.0	8.8	3.3	3.6	.0	100.0	272
Secondary+	15.2	2095	7.6	12.5	18.1	58.7	1.4	1.6	100.0	23.4	28.5	29.5	12.3	1.4	5.0	.0	100.0	318

Table CH.5: Feeding practices during diarrhea (cont.)

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, The Gambia, 2010

	Had diarrhoea in last two weeks	Number of children age 0-59 months	Drinking practices during diarrhoea:							Eating practices during diarrhoea:								Number of children age 0-59 months with diarrhoea in last two weeks
			Given much less to drink	Given somewhat less to drink	Given about the same to drink	Given more to drink	Given nothing to drink	Missing/DK	Total	Given much less to eat	Given somewhat less to eat	Given about the same to eat	Given more to eat	Stopped food	Had never been given food	Missing/DK	Total	
Wealth index quintile																		
Poorest	17.9	2424	20.5	6.2	17.0	55.9	.2	.2	100.0	35.4	26.5	21.2	7.4	6.6	2.9	.0	100.0	434
Second	15.6	2358	15.6	8.4	15.8	58.0	1.6	.5	100.0	31.3	23.1	28.5	10.8	3.7	2.4	.2	100.0	368
Middle	16.7	2416	12.4	6.9	19.4	60.8	.4	.0	100.0	26.4	31.6	28.0	8.8	3.3	1.8	.1	100.0	403
Fourth	18.0	2394	8.9	8.9	21.4	58.3	1.2	1.3	100.0	24.7	33.5	26.9	9.5	2.4	2.9	.0	100.0	432
Richest	16.7	2046	5.8	17.5	32.4	42.1	.2	1.9	100.0	16.9	32.1	36.2	10.9	1.0	3.0	.0	100.0	342
Ethnicity of household head																		
Mandinka	15.6	3426	10.1	7.4	21.9	58.3	1.1	1.3	100.0	23.7	26.6	33.8	9.7	2.5	3.6	.0	100.0	533
Wollof	17.3	1775	22.2	11.4	22.4	42.8	.1	1.1	100.0	37.3	24.6	25.0	5.6	5.8	1.7	.0	100.0	307
Jola	11.5	1303	11.9	6.3	21.6	56.4	3.4	.3	100.0	20.4	36.2	21.1	13.5	3.1	5.7	.0	100.0	150
Fula	18.9	2541	13.6	11.7	20.2	54.0	.4	.2	100.0	26.4	32.4	24.4	10.3	5.4	1.1	.0	100.0	481
Serere	14.3	417	17.8	4.6	35.0	38.1	.0	4.4	100.0	28.4	21.0	38.6	5.6	2.3	4.1	.0	100.0	59
Sarahuleh	21.9	1320	5.9	8.3	14.1	71.0	.4	.3	100.0	22.1	38.1	29.3	8.6	.8	.9	.3	100.0	289
Creole/ Aku Marabou	(4.5)	33	24.2	.0	.0	57.7	18.1	.0	100.0	81.9	.0	.0	.0	.0	18.1	.0	(*)	1
Manjago	19.5	134	.0	25.6	10.9	63.6	.0	.0	100.0	30.5	13.7	27.9	27.9	.0	.0	.0	100.0	26
Bambara	13.6	216	22.9	17.9	32.5	26.7	.0	.0	100.0	38.9	30.7	18.9	.0	1.9	9.6	.0	100.0	29
Other ethnic group	21.4	158	7.7	.0	24.6	67.7	.0	.0	100.0	42.3	7.0	12.8	18.8	5.9	11.7	1.6	100.0	34
Non Gambian	16.7	177	20.7	2.0	29.5	47.8	.0	.0	100.0	25.8	24.3	33.4	13.7	2.8	.0	.0	100.0	30
Missing/DK	29.0	137	15.7	12.7	18.7	52.9	.0	.0	100.0	45.2	25.5	23.0	.9	2.8	2.5	.0	100.0	40
Total	17.0	11637	12.9	9.3	20.9	55.4	.7	.8	100.0	27.3	29.4	27.8	9.4	3.5	2.6	.1	100.0	1978

Table CH.6: Oral rehydration therapy with continued feeding and other treatments

Percentage of children age 0–59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and percentage of children with diarrhoea who received other treatments, The Gambia, 2010

| | Children with diarrhoea who received: | | Other treatments: | | | | | | | | | | | | Not given any treatment or drug | Number of children age 0-59 months with diarrhoea in last two weeks |
| | ORS or increased fluids | ORT with continued feeding[1] | Pill or syrup: | | | | | Injection: | | | | Home remedy, herbal medicine | Other | | |
			Anti-biotic	Anti-motility	Zinc	Other	Unknown	Anti-biotic	Non-antibiotic	Unknown	Intravenous				
Sex															
Male	72.6	27.2	27.2	4.2	.2	1.6	10.5	.8	.1	1.2	.2	7.1	8.7	14.2	1044
Female	69.5	27.9	27.9	3.5	.3	.5	13.6	1.3	.2	1.1	.0	5.7	10.3	13.8	934
LGA															
Banjul	59.3	66.7	27.6	.9	.0	5.3	8.7	.0	.0	.0	.0	2.7	15.7	17.1	28
Kanifing	60.3	76.0	30.5	2.5	.5	2.4	20.7	.8	.0	.0	.0	2.5	13.6	6.7	350
Brikama	75.1	70.9	26.6	2.8	.3	1.2	4.4	.6	.3	1.2	.4	5.7	5.0	16.4	441
Mansakonko	76.5	84.6	15.2	1.0	.0	.0	6.1	2.1	.0	.0	.0	10.4	13.8	10.6	114
Kerewan	51.9	56.0	28.5	9.1	.0	.5	17.3	1.6	.0	3.6	.0	3.5	7.9	17.4	249
Kuntaur	76.8	33.3	24.9	15.8	.2	2.2	10.7	1.0	.2	.2	.0	15.4	.7	27.2	195
Janjanbureh	77.3	45.3	28.9	.5	1.3	.0	10.4	1.2	.2	.6	.0	6.8	4.4	25.1	152
Basse	81.2	77.7	29.4	.0	.0	.2	12.3	1.0	.2	1.6	.0	7.0	15.4	6.5	449
Area of Residence															
Urban	65.4	74.9	29.9	4.0	.4	1.9	12.8	1.5	.2	1.0	.2	3.7	10.2	10.1	811
Rural	75.2	60.8	25.9	3.8	.2	.5	11.3	.7	.1	1.2	.0	8.3	8.9	16.7	1167
Age															
0-11 months	60.6	61.9	28.8	5.0	.2	1.8	14.9	1.3	.0	1.1	.4	5.3	8.7	14.8	517
12-23 months	77.7	64.0	28.8	3.9	.2	.8	11.3	1.6	.1	1.5	.0	7.2	10.3	14.8	650
24-35 months	75.6	70.8	25.7	3.5	.3	.6	10.1	.2	.3	1.5	.0	7.9	9.2	12.8	436
36-47 months	66.6	71.5	25.2	2.6	.6	1.4	8.9	.0	.3	.2	.0	6.0	10.9	13.5	251
48-59 months	74.7	74.4	26.8	2.6	.3	.9	15.4	2.1	.0	.0	.0	2.8	5.4	11.4	125
Mother's education															
None	72.1	64.5	26.6	3.7	.2	.9	12.6	1.0	.2	1.4	.1	7.4	7.7	15.1	1389
Primary	65.3	72.7	23.9	6.2	.9	1.3	13.8	2.3	.0	.9	.0	4.7	13.0	12.0	272
Secondary+	72.0	70.3	34.7	2.7	.0	1.7	7.6	.0	.0	.4	.0	3.9	13.7	10.6	318

Table CH.6: Oral rehydration therapy with continued feeding and other treatments (cont.)

Percentage of children age 0–59 months with diarrhoea in the last two weeks who received oral rehydration therapy with continued feeding, and percentage of children with diarrhoea who received other treatments, The Gambia, 2010

| | Children with diarrhoea who received: | | Other treatments: | | | | | | | | | | | | Number of children age 0-59 months with diarrhoea in last two weeks |
| | ORS or increased fluids | ORT with continued feeding[1] | Pill or syrup | | | | | Injection | | | Intravenous | Home remedy, herbal medicine | Other | Not given any treatment or drug | |
			Anti-biotic	Anti-motility	Zinc	Other	Unknown	Anti-biotic	Non-antibiotic	Unknown					
Wealth index quintile															
Poorest	73.7	70.3	34.7	2.7	.0	1.7	7.6	.0	.0	.4	.0	3.9	13.7	10.6	318
Second	72.2	55.1	20.9	4.8	.1	.5	9.4	1.1	.0	2.0	.0	10.1	7.1	19.5	434
Middle	75.2	62.4	31.1	4.6	.4	.3	7.8	.8	.1	2.0	.5	8.6	6.8	20.3	368
Fourth	71.0	68.4	24.1	2.8	.0	1.0	10.9	1.2	.2	.5	.0	5.7	8.5	12.9	403
Richest	62.2	70.0	34.1	3.0	.1	2.3	12.5	1.9	.1	1.1	.0	5.4	12.7	9.1	432
Ethnicity of household head		79.1	27.8	4.3	.9	1.3	20.2	.0	.4	.0	.0	1.6	12.3	7.6	342
Mandinka	73.3	70.2	24.4	5.5	.4	.9	8.2	.7	.1	.4	.4	8.7	11.1	12.9	533
Wollof	66.1	55.2	29.1	6.8	.1	2.2	15.7	1.8	.1	1.8	.0	6.6	6.9	19.1	307
Jola	73.6	70.8	27.7	.0	.0	.5	6.2	.0	.0	.7	.0	9.3	7.8	11.4	150
Fula	69.9	67.2	24.0	4.7	.3	1.1	13.4	2.1	.3	1.9	.0	6.5	9.3	14.3	481
Serere	57.1	65.2	21.0	.0	.0	5.3	8.8	.0	.0	2.1	.0	.8	3.3	17.1	59
Sarahuleh	78.6	76.0	38.8	.2	.6	.3	15.5	.4	.3	1.2	.0	3.6	13.5	7.2	289
Creole/ Aku Marabou	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Manjago	(63.6)	(69.5)	(14.8)	(.0)	(.0)	(.0)	(1.3)	(.0)	(.0)	(.0)	(.0)	(.0)	(.0)	(16.8)	26
Bambara	(69.0)	(49.6)	(26.0)	(1.5)	(.0)	(.0)	(26.7)	(.0)	(.0)	(.0)	(.0)	(1.9)	(4.9)	(21.4)	29
Other ethnic group	(75.4)	(38.6)	(22.6)	(3.2)	(.0)	(.0)	(16.5)	(.0)	(.0)	(.0)	(.0)	(1.6)	(2.9)	(34.7)	34
Non Gambian	(49.8)	(71.4)	(48.4)	(3.7)	(.0)	(.0)	(1.6)	(.0)	(.0)	(.0)	(.0)	(3.6)	(13.6)	(2.0)	30
Missing/DK	(73.1)	(49.5)	(25.8)	(.9)	(.0)	(.0)	(12.1)	(.0)	(.0)	(.0)	(.0)	(5.6)	(5.6)	(25.0)	40
Total	71.1	66.6	27.5	3.9	.3	1.1	11.9	1.0	.2	1.1	.1	(6.4)	9.4	14.0	1978

[1] MICS indicator 3.8
(*) figures that are based on less than 25 unweighted cases; ( ) figures that are based on 25–49 unweighted cases

Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children under 5 and the use of antibiotics in under-5s with suspected pneumonia is a key intervention. A World Fit for Children goal is to reduce by one-third the deaths due to acute respiratory infections.

Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest and a blocked nose.

The indicators are:

- Prevalence of suspected pneumonia
- Care seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

Table CH.7 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care. About 6 per cent of children age 0-59 months was reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these children, 68.8 per cent were taken to an appropriate provider. Children from rural households are more likely to be taken to an appropriate provider (73.6%) than children belonging to urban households (63.9%). Most of the children seek care from government health centre (43.9%) with huge disparities between urban and rural children.

The same table CH.7 also presents the use of antibiotics for the treatment of suspected pneumonia in under-5s by sex, age, region, residence, age, and socioeconomic factors. In The Gambia, 69.8 per cent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey. The percentage was considerably higher in urban areas, while the percentage declines to only 56.8 per cent in Kerewan. The table also shows that antibiotic treatment of suspected pneumonia is very low among the poorest households and among children whose mothers/caregivers have at least secondary education. The use of antibiotics is highest among children 0-11 months and lowest among those 12-23 months of age.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.8. A mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, 1.6 per cent of women know of the two danger signs of pneumonia – fast and difficult breathing. The most commonly identified symptom for taking a child to a health facility is fever as reported by the mothers/care givers. About 5 per cent of mothers identified fast breathing and 8.3 per cent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider. Knowledge of two danger signs of pneumonia is equally highest among women with secondary education and above.

Table CH.7: Care seeking for suspected pneumonia and antibiotic use during suspected pneumonia

Percentage of children age 0-59 months with suspected pneumonia in the last two weeks who were taken to a health provider and percentage of children who were given antibiotics, The Gambia, 2010

| | Had suspected pneumonia in the last two weeks | Number of children age 0-59 months | Children with suspected pneumonia who were taken to: | | | | | | | | | | | | | | | Any appropriate provider[1] | Percentage of children with suspected pneumonia who received antibiotics in the last two weeks[2] | Number of children age 0-59 months with suspected pneumonia in the last two weeks |
| | | | Public sources | | | | | | Private sources | | | | | Other source | | | | | | |
			Govt. hospital	Govt. health centre	Govt. health post	Village health worker	Mobile/ outreach clinic	Other public	Private hospital/ clinic	Private physician	Private pharmacy	Mobile clinic	Other private medical	Relative or friend	Shop	Trad. Practitioner	Other			
Sex																				
Male	5.8	5931	8.7	48.9	5.4	1.5	1.0	.1	8.6	.1	8.9	.0	.0	.3	.1	1.6	.4	69.8	69.7	344
Female	5.2	5706	12.6	38.0	4.3	.7	.0	.0	13.5	.1	9.5	.0	.2	1.6	.7	1.5	.0	67.7	70.0	297
LGA																				
Banjul	4.3	214	46.8	18.5	16.6	.0	.0	4.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	81.8	78.7	9
Kanifing	9.1	2123	11.4	30.1	.8	.0	.0	.0	25.7	.0	15.6	.0	.0	2.1	.0	.0	.0	64.1	74.2	194
Brikama	4.5	3201	13.6	52.2	3.5	.0	.0	.0	4.7	.0	9.1	.0	.0	.0	.0	.0	.0	71.2	68.4	145
Mansakonko	6.4	754	.0	49.4	11.6	3.9	1.8	.0	6.6	.8	4.7	.0	.0	3.3	.0	5.5	.7	73.2	68.7	48
Kerewan	3.2	1750	11.6	55.3	3.3	1.4	.7	.0	2.7	.0	.0	.0	.0	.0	.0	2.0	.0	69.5	56.8	57
Kuntaur	8.6	737	2.3	52.1	6.1	1.9	3.3	.0	1.6	.5	5.3	.0	.0	.2	3.7	8.9	1.6	67.7	68.7	64
Janjanbureh	5.6	944	19.7	47.5	5.6	1.1	.0	.0	5.4	.0	6.4	.0	.0	.0	.0	.0	.0	79.2	80.8	53
Basse	3.8	1914	4.3	44.7	12.2	3.9	.0	.0	6.5	.0	8.8	.0	.9	.0	.0	.7	.0	65.1	63.6	72
Area of Residence																				
Urban	6.3	4952	13.2	36.0	1.7	.0	.0	.1	17.5	.0	14.5	.0	.0	1.3	.0	.2	.0	63.9	73.2	314
Rural	4.9	6685	7.9	51.5	8.0	2.2	1.0	.0	4.6	.2	4.0	.0	.2	.5	.7	2.9	.4	73.6	66.6	327
Age																				
0-11 months	5.9	2814	10.3	49.5	5.3	.9	1.3	.0	9.3	.0	6.7	.0	.0	.5	.0	.6	.0	76.1	80.1	166
12-23 months	5.0	2415	9.5	46.5	3.6	1.1	.3	.0	10.4	.3	3.6	.0	.0	.4	.5	.9	.0	67.9	55.6	120
24-35 months	5.2	2376	14.9	34.1	4.8	1.1	.4	.0	8.4	.0	5.6	.0	.5	2.0	.5	.9	.0	63.0	64.2	123
36-47 months	5.9	2292	7.1	47.7	5.8	1.3	.3	.0	12.0	.3	14.4	.0	.0	.0	.2	2.8	.2	69.1	70.9	136
48-59 months	5.5	1740	11.4	37.8	4.6	1.5	.0	.4	16.0	.0	17.7	.0	.0	2.2	.8	3.2	1.0	64.3	75.6	95
Mother's education																				
None	5.0	8021	6.6	48.5	5.4	1.6	.8	.1	9.3	.1	6.3	.0	.0	1.3	.5	2.3	.3	68.9	68.0	404
Primary	5.7	1521	18.8	35.5	9.8	.0	.0	.0	6.5	.4	15.9	.0	.7	.7	.3	.8	.0	70.0	70.6	87
Secondary+	7.1	2095	16.3	36.4	.7	.4	.0	.0	17.7	.0	13.1	.0	.0	.0	.0	.0	.0	68.0	74.4	150

Table CH.7: Care seeking for suspected pneumonia and antibiotic use during suspected pneumonia (cont.)

Percentage of children age 0–59 months with suspected pneumonia in the last two weeks who were taken to a health provider and percentage of children who were given antibiotics, The Gambia, 2010

| | Had suspected pneumonia in the last two weeks | Number of children age 0–59 months | Children with suspected pneumonia who were taken to: | | | | | | | | | | | | | | | Any appropriate provider[1] | Percentage of children with suspected pneumonia who received antibiotics in the last two weeks[2] | Number of children age 0–59 months with suspected pneumonia in the last two weeks |
| | | | Public sources | | | | | | Private sources | | | | | Other source | | | | | | |
			Govt. hospital	Govt. health centre	Govt. health post	Village health worker	Mobile/ outreach clinic	Other public	Private hospital/ clinic	Private physician	Private pharmacy	Mobile clinic	Other private medical	Relative or friend	Shop	Trad. Practitioner	Other			
Wealth index quintile																				
Poorest	4.9	2424	4.4	47.3	8.4	1.6	2.5	.0	.9	.0	3.3	.0	.0	.9	1.4	4.3	.8	64.1	59.4	119
Second	4.8	2358	15.0	50.9	5.2	1.6	.4	.0	6.9	.0	6.7	.0	.0	.6	.0	1.8	.0	79.9	71.9	114
Middle	4.7	2416	11.9	58.8	3.7	1.0	.0	.0	3.8	.0	3.0	.0	.0	3.6	.6	1.8	.3	74.4	64.4	114
Fourth	6.0	2394	9.4	43.0	5.6	1.4	.0	.3	7.4	.5	14.1	.0	.4	.0	.0	.5	.0	62.0	69.7	144
Richest	7.3	2046	12.0	25.2	2.1	.2	.0	.0	30.6	.0	15.7	.0	.0	.0	.0	.0	.0	66.4	80.7	150
Ethnicity of household head																				
Mandinka	6.0	3426	8.7	44.6	2.7	1.0	.2	.2	12.6	.2	6.9	.0	.3	2.6	.8	2.1	.2	67.9	67.5	207
Wollof	6.5	1775	12.8	42.6	1.5	1.9	1.5	.0	9.9	.0	11.7	.0	.0	.1	.2	1.7	.9	67.4	73.7	116
Jola	5.2	1303	21.7	49.6	4.1	.0	.0	.0	5.7	.0	18.6	.0	.0	.0	.0	.0	.0	77.1	80.6	68
Fula	4.5	2541	4.1	42.6	9.7	.9	.3	.0	8.8	.0	5.5	.0	.0	.4	.0	2.9	.0	65.3	57.4	114
Serere	6.3	417	9.9	60.9	3.7	.0	.0	.0	.0	.0	14.1	.0	.0	.0	.0	.0	.0	64.6	48.3	26
Sarahuleh	4.3	1320	6.7	39.3	11.8	2.6	.0	.0	24.9	.0	7.5	.0	.0	.0	.0	.0	.0	75.8	82.0	57
Creole/ Aku Marabou	1.1	33	100.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	100.0	100.0	0
Manjago	5.5	134	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Bambara	6.3	216	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	14
Other ethnic group	6.8	158	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Non Gambian	8.2	177	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	15
Missing/DK	5.2	137	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Total	5.5	11637	10.5	43.9	4.9	1.1	.5	.1	10.9	.1	9.2	.0	.1	.9	.4	1.6	.2	68.8	69.8	641

[1] MICS indicator 3.9; [2] MICS indicator 3.10
(*) figures that are based on less than 25 unweighted cases

Table CH.8: Knowledge of the two danger signs of pneumonia

Percentage of mothers and caregivers of children age 0-59 months by symptoms that would cause them to take the child immediately to a health facility, and percentage of mothers who recognize fast and difficult breathing as signs for seeking care immediately, The Gambia, 2010

	Percentage of mothers/caregivers of children age 0-59 months who think that a child should be taken immediately to a health facility if the child:								Mothers/ caregivers who recognize the two danger signs of pneumonia	Number of mothers/ caregivers of children age 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
LGA										
Banjul	7.5	33.8	88.7	6.1	13.1	6.0	4.3	2.0	2.4	147
Kanifing	11.2	26.2	92.0	5.3	15.6	4.8	2.9	4.2	1.7	1437
Brikama	4.5	11.9	92.8	5.6	6.2	3.4	3.1	13.6	3.2	2024
Mansakonko	1.1	7.6	92.8	3.0	4.0	1.2	.5	5.4	.8	462
Kerewan	22.3	32.7	76.6	7.6	9.9	10.3	11.5	3.5	1.6	1075
Kuntaur	11.1	29.2	96.5	1.8	11.0	4.9	1.6	6.5	.8	451
Janjanbureh	15.7	30.7	82.0	4.4	6.3	1.6	1.9	6.9	.9	603
Basse	34.9	15.6	89.4	1.3	2.8	1.8	10.8	5.5	.0	1256
Area of Residence										
Urban	11.4	23.3	90.7	5.1	11.0	4.5	4.1	6.8	1.9	3265
Rural	17.2	19.2	87.7	4.3	6.1	4.1	6.1	7.6	1.4	4192
Mother's education										
None	16.1	22.5	88.3	4.6	7.9	3.8	5.4	6.2	1.5	5001
Primary	13.5	17.2	90.4	3.7	5.9	3.9	4.6	7.3	.9	996
Secondary+	10.6	18.5	90.3	5.5	11.0	5.8	5.2	10.9	2.5	1461
Wealth index quintile										
Poorest	17.0	23.5	86.4	3.5	5.2	3.6	4.0	7.4	.7	1468
Second	10.5	18.4	87.8	5.5	8.2	5.1	5.9	9.6	2.7	1457
Middle	14.9	16.6	88.2	5.9	7.9	4.2	6.2	7.6	2.6	1567
Fourth	17.2	20.2	91.0	3.5	7.5	2.6	4.9	7.2	.7	1560
Richest	13.4	27.0	91.6	4.9	12.8	6.0	5.2	4.3	1.5	1404
Ethnicity of household head										
Mandinka	11.4	19.4	90.1	5.8	8.7	3.6	5.1	8.0	1.9	2156
Wollof	13.8	31.1	84.8	5.4	10.8	7.5	6.3	4.9	1.9	1134
Jola	4.4	14.7	94.2	3.6	7.8	2.8	1.0	14.1	2.5	827
Fula	17.6	22.7	88.5	4.6	6.7	3.5	5.9	5.7	.8	1646
Serere	11.1	18.6	83.3	4.6	10.3	8.7	8.9	3.9	2.5	262
Sarahuleh	27.8	18.1	88.6	1.5	5.6	2.1	7.7	5.5	.4	856
Creole/ Aku Ma-rabou	21.5	18.9	92.5	5.6	5.6	14.5	.0	8.6	1.7	21
Manjago	8.0	16.1	90.0	12.0	20.4	14.2	2.7	13.8	11.7	96
Bambara	20.8	23.9	88.1	6.6	8.0	3.9	1.9	4.7	.0	135
Other ethnic group	8.9	5.5	93.8	.4	2.8	1.1	.0	12.2	.4	108
Non Gambian	22.1	19.4	87.9	5.1	15.0	6.7	6.5	2.6	3.7	121
Missing/DK	22.3	18.5	91.8	1.9	4.9	.6	4.0	7.2	.6	95
Total	14.7	21.0	89.0	4.6	8.3	4.2	5.3	7.3	1.6	7457

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuels leads to high levels of indoor smoke, a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is products of incomplete combustion, including CO, polyaromatic hydrocarbons, SO2, and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

According to table CH.9, almost all households in The Gambia are using solid fuels for cooking (97.6 percent). Use of solid fuels is generally lower in urban households (95.8%) but relatively high in rural households. Differentials with respect to household wealth and the educational level of the household head are not very significant. The findings show that use of solid fuels is very common among households in all the LGAs, and highest among households in Basse. The table also shows that the overall percentage is high due to high level usage of wood for cooking purposes.

Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. Use of closed stoves with chimneys minimizes indoor pollution, while open stove or fire with no chimney or hood means that there is no protection from the harmful effects of solid fuels. Solid fuel use by place of cooking is depicted in Table CH.10. Most of the households (77.2%) reported to have a separate building used for cooking. This is a huge disparity between place of residence and education of the household head.

Table CH.9: Solid fuel use

Percent distribution of household members according to type of cooking fuel used by the household, and percentage of household members living in households using solid fuels for cooking, The Gambia, 2010

					Solid fuels							
	Liquefied Petroleum Gas (LPG)	Natural Gas	Biogas	Kerosene	Coal, lignite	Charcoal	Wood	Straw, shrubs, grass	No food cooked in the household	Other	Total	Solid fuels for cooking[1]	Number of household members
LGA												
Banjul	.8	1.2	.2	.0	.0	55.3	37.4	.0	5.1	.1	100.0	92.7	1495
Kanifing	.3	2.5	.0	.1	.1	35.7	57.8	.7	2.7	.0	100.0	94.3	13498
Brikama	.0	.1	.1	.0	.0	8.5	89.4	.7	.9	.1	100.0	98.7	17738
Mansa-konko	.0	.2	.0	.0	.0	1.4	97.2	.0	1.0	.0	100.0	98.6	4166
Kerewan	.0	.1	.0	.0	.0	2.0	96.6	.1	.9	.0	100.0	98.8	8568
Kuntaur	.1	.0	.0	.0	.0	.1	99.3	.0	.4	.0	100.0	99.4	3362
Janjanbu-reh	.0	.0	.0	.0	.0	.8	96.2	.0	.7	.0	100.0	97.1	5242
Basse	.0	.0	.0	.0	.1	1.7	97.8	.0	.4	.0	100.0	99.6	9081
Area of Residence												
Urban	.2	1.4	.1	.1	.0	25.2	70.1	.4	2.4	.1	100.0	95.8	29293
Rural	.0	.0	.0	.0	.0	.6	98.3	.3	.3	.0	100.0	99.3	33856
Education of household head												
None	.0	.2	.0	.0	.0	7.4	91.0	.2	.9	.0	100.0	98.5	47483
Primary	.0	.8	.4	.0	.1	20.5	75.7	.0	2.2	.0	100.0	96.3	3441
Second-ary+	.3	2.4	.1	.1	.0	27.4	65.7	1.2	2.4	.1	100.0	94.4	12053
Wealth index quintiles												
Poorest	.0	.0	.0	.0	.0	.0	99.9	.0	.1	.0	100.0	99.9	11913
Second	.0	.0	.0	.0	.0	.3	98.8	.1	.4	.0	100.0	99.2	12210
Middle	.0	.0	.0	.0	.0	2.2	95.6	.6	.9	.2	100.0	98.4	12607
Fourth	.0	.2	.1	.0	.1	13.7	82.2	1.0	2.5	.1	100.0	96.9	12971
Richest	.4	2.9	.1	.1	.1	40.9	53.2	.1	2.3	.0	100.0	94.2	13449
Ethnicity of household head												
Mandinka	.0	.3	.0	.0	.0	8.4	89.8	.5	.8	.0	100.0	98.7	19596
Wollof	.0	.7	.0	.0	.0	18.4	78.8	.0	1.7	.0	100.0	97.2	8965
Jola	.0	.4	.0	.0	.0	10.5	87.3	.5	1.0	.2	100.0	98.4	8094
Fula	.0	.2	.0	.0	.0	13.2	84.5	.0	1.8	.1	100.0	97.8	12982
Serere	.0	.2	.0	.0	.0	23.7	73.2	.0	2.9	.1	100.0	96.9	2289
Sarahuleh	.2	.2	.1	.0	.0	5.3	93.1	.0	.2	.0	100.0	98.3	6405
Creole/ Aku Marabou	.8	3.9	.4	.0	.0	47.6	46.8	.0	.5	.0	100.0	94.4	273
Manjago	.0	.3	.0	.0	.0	21.3	76.6	.0	1.7	.0	100.0	98.0	1003
Bambara	.0	.4	.0	.0	.0	14.0	84.5	.0	1.0	.0	100.0	98.5	935
Other eth-nic group	.0	.4	.9	.0	.0	3.8	82.7	11.8	.2	.0	100.0	98.4	797
Non Gam-bian	2.3	16.9	1.0	1.7	.9	30.6	40.4	.0	6.3	.0	100.0	71.9	1054
Missing/DK	.0	1.0	.4	.0	.0	2.8	93.4	.0	1.4	.0	100.0	96.2	757
Total	.1	.6	.0	.0	.0	12.0	85.2	.4	1.3	.0	100.0	97.6	63150

[1] MICS indicator 3.11

Table CH.10: Solid fuel use by place of cooking

Percent distribution of household members in households using solid fuels by place of cooking, The Gambia, 2010

	Place of cooking:						Number of household members in households using solid fuels for cooking
	In a separate room used as kitchen	Elsewhere in the house	In a separate building	Outdoors	At another place	Total	
LGA							
Banjul	24.3	1.9	45.3	28.4	.0	100.0	1386
Kanifing	9.0	1.0	66.8	23.3	.0	100.0	12732
Brikama	7.4	1.1	73.7	17.7	.0	100.0	17499
Mansakonko	2.4	.2	86.1	11.2	.0	100.0	4106
Kerewan	23.2	2.1	68.6	6.1	.0	100.0	8466
Kuntaur	.0	.5	95.3	4.2	.0	100.0	3341
Janjanbureh	3.4	1.0	91.4	4.2	.0	100.0	5089
Basse	4.8	.0	92.8	2.4	.0	100.0	9041
Area of Residence							
Urban	11.5	1.3	66.3	21.0	.0	100.0	28055
Rural	6.6	.8	86.3	6.3	.0	100.0	33604
Education of household head							
None	8.2	.7	79.8	11.3	.0	100.0	46794
Primary	9.6	2.5	68.8	19.0	.0	100.0	3313
Secondary+	11.4	1.6	68.9	18.1	.0	100.0	11381
Wealth index quintiles							
Poorest	6.3	1.3	84.0	8.4	.0	100.0	11900
Second	6.8	1.2	78.0	14.0	.0	100.0	12110
Middle	9.4	.5	77.3	12.8	.0	100.0	12405
Fourth	8.7	.7	76.1	14.5	.0	100.0	12569
Richest	12.7	1.3	71.0	15.0	.0	100.0	12675
Ethnicity of household head							
Mandinka	9.6	.7	79.1	10.6	.0	100.0	19341
Wollof	10.4	1.8	77.0	10.8	.0	100.0	8716
Jola	5.5	1.1	77.0	16.3	.0	100.0	7963
Fula	7.3	.8	73.5	18.4	.0	100.0	12693
Serere	13.9	3.3	64.9	17.9	.0	100.0	2217
Sarahuleh	7.2	.2	90.2	2.5	.0	100.0	6298
Creole/ Aku Marabou	13.2	.0	62.2	24.6	.0	100.0	258
Manjago	14.7	2.4	63.9	19.1	.0	100.0	982
Bambara	26.6	.5	57.0	15.9	.0	100.0	921
Other ethnic group	8.8	1.0	71.2	19.0	.0	100.0	785
Non Gambian	7.1	1.2	59.5	32.3	.0	100.0	758
Missing/DK	.9	.3	94.5	4.3	.0	100.0	728
Total	8.8	1.0	77.2	13.0	.0	100.0	61659

Malaria

Malaria is a leading cause of death of children under age five in The Gambia. It also contributes to anaemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), can dramatically reduce malaria mortality rates among children. In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended anti-malarial tablets. Children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility. Also, children recovering from malaria should be given extra liquids and food and, for younger children, should continue breastfeeding.

The questionnaire incorporates questions on the availability and use of bed nets, both at household level and among children under five years of age and pregnant women, as well as anti-malarial treatment, intermittent preventive therapy for malaria, and indoor residual spraying of households.

In The Gambia, the survey results indicate that 50.9 per cent of households have at least one insecticide treated net (Table CH.11). A huge disparity exists between urban and rural households with the ownership of at least an insecticide treated net. The richest households according to the wealth index are the least likely to own an ITN. About 71 percent of the households reported to have at least one ITN or received IRS during the last 12 months preceding the survey. This is significantly high among rural households with 94.1 per cent.

Table CH.11: Household availability of insecticide treated nets and protection by a vector control method

Percentage of households with at least one mosquito net, percentage of households with at least one long-lasting treated net, percentage of households with at least one insecticide treated net (ITN) and percentage of households which either have at least one ITN or have received spraying through an indoor residual spraying (IRS) campaign in the last 12 months, The Gambia, 2010

	Percentage of households with at least one mosquito net	Percentage of households with at least one long-lasting treated net	Percentage of households with at least one ITN[1]	Percentage of households with at least one ITN or received IRS during the last 12 months[2]	Number of households
LGA					
Banjul	47.3	28.4	36.4	40.1	291
Kanifing	47.1	33.8	37.4	37.9	2138
Brikama	58.0	44.7	50.8	75.0	2385
Mansakonko	90.6	77.3	81.4	95.1	473
Kerewan	49.8	35.2	37.8	91.8	1016
Kuntaur	78.3	63.0	65.2	95.5	320
Janjanbureh	89.2	72.4	76.1	93.6	519
Basse	83.1	66.0	73.4	93.9	650
Area of Residence					
Urban	51.7	37.8	41.7	53.8	4557
Rural	73.0	58.2	63.8	94.1	3234
Education of household head					
None	63.1	48.3	53.0	76.0	5332
Primary	58.5	44.8	49.2	63.9	508
Secondary+	54.1	41.0	45.7	57.6	1929
Wealth index quintiles					
Poorest	73.4	56.5	63.5	95.4	1301
Second	69.6	56.0	60.4	89.9	1408
Middle	64.5	50.7	54.9	78.4	1428
Fourth	56.9	41.6	45.8	60.9	1697
Richest	45.6	33.2	37.2	42.9	1957
Ethnicity of household head					
Mandinka	65.6	50.6	55.4	73.7	2283
Wollof	52.2	42.2	45.4	70.6	1084
Jola	58.4	43.8	50.7	71.3	1076
Fula	61.7	45.2	50.0	69.7	1802
Serere	56.1	42.0	46.4	65.7	323
Sarahuleh	77.7	65.1	69.1	83.9	418
Creole/ Aku Marabou	31.3	23.9	25.4	31.2	61
Manjago	60.6	48.3	53.6	72.6	138
Bambara	50.3	31.7	35.5	67.7	136
Other ethnic group	61.4	49.8	59.1	84.5	83
Non Gambian	40.4	26.8	28.2	33.8	300
Missing/DK	67.9	58.0	60.2	91.8	87
Total	60.5	46.2	50.9	70.6	7791

[1] MICS indicator 3.12, 2 MICS indicator 3.13

In table CH.12, results indicate that 41.1 per cent of children under the age of five slept under any mosquito net the night prior to the survey and 33.3 per cent slept under an insecticide treated net. There were no gender disparities in ITN use among children under five. The use of ITN by children under 5 years is highest in Janjanbureh (53.8%) and lowest in Kerewan (26.4%).

Table CH.13 presents the proportion of pregnant women who slept under a mosquito net during the previous night. About one-third (32.7%) of pregnant women slept under any mosquito net the night prior to the survey and 26.1 per cent slept under an insecticide treated net. Pregnant women in rural households are more likely to sleep under a mosquito net and ITN than those from urban households.

Questions on the prevalence and treatment of fever were asked for all children under age five. Only 7.8 per cent of under five children were ill with fever in the two weeks prior to the survey (Table CH.14). Fever prevalence peaked at 12-23 months (9.9%). Fever is less common among children whose mothers have no education than among children of mothers with primary, secondary and above education. Regional differences in fever prevalence range from 3.1 per cent in Kerewan to 10.1 per cent in Basse across the LGAs.

Mothers were asked to report all of the medicines given to a child to treat the fever, including both medicines given at home and medicines given or prescribed at a health facility. Overall, 30.2 per cent of children with fever in the last two weeks were treated with an "appropriate" anti-malarial drug and 27.7 per cent received anti-malarial drugs within 24 hours of the onset of symptoms.

"Appropriate" anti-malarial drugs include chloroquine, SP (sulfadoxine-pyrimethamine), artemisinin combination drugs, etc. In The Gambia, 9 per cent of children with fever were given chloroquine, and 3.8 per cent were given SP. Only 19.4 per cent received artemisinin combination therapy. A large percentage of children were given other types of medicines that are not anti-malarials, including anti-pyretics such as paracetemol (59.1%).

Overall, children with fever in Basse, where malaria is known to be most prevalent, are the least likely to have received an appropriate anti-malarial drugs while those in Kerewan are the most likely to receive an appropriate drug. Urban children are more likely than rural children to be treated appropriately as are the children of mothers with primary and secondary or higher education. Little difference was noted between boys and girls receiving appropriate anti-malarial drugs.

Table CH.12: Children sleeping under mosquito nets

Percentage of children age 0-59 months who slept under a mosquito net during the previous night, by type of net, The Gambia, 2010

	Percentage of children age 0-59 who stayed in the household the previous night	Number of children age 0-59 months	Percentage of children who:		Number of children age 0-59 months who slept in the household the previous night	Number of children age 0-59 living in households with at least one ITN
			Slept under any mosquito net[1]	Slept under an insecticide treated net[2]		
Sex						
Male	99.5	5931	42.0	34.3	5898	3871
Female	99.4	5706	40.1	32.3	5673	3645
LGA						
Banjul	99.1	214	54.6	43.5	212	133
Kanifing	99.6	2123	44.9	35.7	2114	1117
Brikama	98.7	3201	36.5	30.2	3159	1940
Mansakonko	99.7	754	33.2	29.8	752	702
Kerewan	99.9	1750	36.2	26.4	1749	703
Kuntaur	99.9	737	43.0	34.2	736	508
Janjanbureh	99.7	944	67.5	53.8	941	839
Basse	99.6	1914	36.7	31.8	1907	1574
Area of Residence						
Urban	99.3	4952	42.5	34.0	4917	2825
Rural	99.5	6685	40.0	32.8	6654	4691
Age						
0-11 months	99.7	2814	43.5	34.2	2805	1749
12-23 months	98.7	2415	41.6	34.8	2384	1607
24-35 months	99.6	2376	41.8	33.7	2366	1541
36-47 months	99.5	2292	36.7	30.5	2281	1482
48-59 months	99.7	1740	41.0	32.8	1735	1138
Mother's education						
None	99.3	8021	41.0	33.1	7964	5268
Primary	99.8	1521	43.4	35.8	1517	1020
Secondary+	99.7	2095	39.8	32.1	2090	1228

Table CH.12: Children sleeping under mosquito nets (cont.)

Percentage of children age 0-59 months who slept under a mosquito net during the previous night, by type of net, The Gambia, 2010

	Percentage of children age 0-59 who stayed in the household the previous night	Number of children age 0-59 months	Percentage of children who:		Number of children age 0-59 months who slept in the household the previous night	Number of children age 0-59 living in households with at least one ITN
			Slept under any mosquito net[1]	Slept under an insecticide treated net[2]		
Wealth index quintiles						
Poorest	99.3	2424	39.4	31.3	2407	1653
Second	99.6	2358	41.8	33.9	2349	1588
Middle	99.2	2416	44.4	36.4	2397	1661
Fourth	99.4	2394	40.5	32.7	2379	1490
Richest	99.7	2046	38.9	31.9	2039	1124
Mandinka	99.7	3426	42.5	34.5	3414	2304
Wollof	99.8	1775	39.4	33.6	1772	1014
Jola	98.0	1303	39.2	31.1	1277	769
Fula	99.8	2541	40.9	32.3	2535	1646
Serere	99.0	417	47.7	36.0	413	263
Sarahuleh	99.3	1320	39.6	34.7	1310	1035
Creole/ Aku Marabou	100.0	33	20.5	20.5	33	7
Manjago	96.0	134	46.7	38.2	129	90
Bambara	100.0	216	37.9	22.2	216	88
Other ethnic group	100.0	158	33.4	28.0	158	102
Non Gambian	100.0	177	56.8	42.4	177	115
Missing/DK	100.0	137	33.3	26.6	137	81
Total	99.4	11637	41.1	33.3	11571	7516

[1] MICS indicator 3.14; [2] MICS indicator 3.15; MDG indicator 6.7

Table CH.13: Pregnant women sleeping under mosquito nets

Percentage of pregnant women who slept under a mosquito net during the previous night, by type of net, The Gambia, 2010

	Percentage of pregnant women who stayed in the household the previous night	Number of pregnant women	Percentage of pregnant women who:		Number of pregnant women who slept in the household the previous night	Number of pregnant women living in households with at least one ITN
			Slept under any mosquito net	Slept under an insecticide treated net[1]		
LGA						
Banjul	100.0	26	43.5	36.4	26	12
Kanifing	99.7	298	30.7	23.3	297	127
Brikama	100.0	378	23.8	20.5	378	176
Mansakonko	100.0	113	28.4	25.4	113	103
Kerewan	100.0	205	35.1	24.5	205	74
Kuntaur	99.1	97	41.6	32.1	96	69
Janjanbureh	100.0	132	59.2	45.8	132	110
Basse	99.1	302	30.2	25.8	299	248
Area of Residence						
Urban	99.6	674	27.8	21.2	671	299
Rural	99.8	875	36.4	29.9	874	620
Age						
15-19	98.7	178	23.9	15.1	175	88
20-24	99.9	381	29.9	22.4	381	223
25-29	99.6	401	33.5	26.5	399	250
30-34	99.9	323	34.5	31.2	323	197
35-39	100.0	175	39.5	34.0	175	104
40-44	100.0	69	40.6	29.3	69	47
45-49	100.0	23	28.3	23.5	23	11
Education						
None	99.6	1043	34.4	27.5	1039	641
Primary	99.8	211	32.7	28.0	210	131
Secondary+	99.9	296	26.7	19.9	296	147
Wealth index quintiles						
Poorest	99.5	285	38.5	33.1	284	201
Second	99.9	271	33.1	26.3	271	161
Middle	99.4	323	37.6	31.9	321	222
Fourth	100.0	368	31.2	22.0	368	203
Richest	99.7	302	23.3	18.2	301	132
Ethnicity of household head						
Mandinka	99.8	477	32.7	24.4	476	273
Wollof	99.8	195	21.2	17.2	195	90
Jola	100.0	165	38.4	33.7	165	93
Fula	99.8	353	38.6	29.9	353	215
Serere	100.0	43	41.3	34.6	43	28
Sarahuleh	98.7	210	28.4	26.2	207	167
Creole/ Aku Marabou	100.0	1	81.9	81.9	1	1
Manjago	100.0	6	35.2	35.2	6	6
Bambara	100.0	27	36.6	17.8	27	7
Other ethnic group	100.0	11	20.0	20.0	11	7
Non Gambian	100.0	31	13.9	12.2	31	12
Missing/DK	100.0	28	39.3	31.1	28	20
Total	99.7	1549	32.7	26.1	1545	919

[1] MICS indicator 3.19

Table CH.14: Anti-malarial treatment of children with anti-malarial drugs

Percentage of children age 0-59 months who had fever in the last two weeks who received anti-malarial drugs, The Gambia, 2010

| | Had a fever in last two weeks | Number of children age 0-59 months | Children with a fever in the last two weeks who were treated with: | | | | | | | | | | Percentage who took an anti-malarial drug same or next day[2] | Number of children with fever in last two weeks |
| | | | Anti-malarials: | | | | | | Other: | | | | | |
			SP/Fansidar	Chloroquine	Amodiaquine	Combination with artemisinin	Other anti-malarial	Any anti-malarial drug[1]	Paracetamol/Panadol/Acetaminophen	Ibuprofen	Other	Don't Know		
Sex														
Male	8.0	5931	4.2	7.6	1.4	18.3	.0	29.6	59.0	.0	10.4	3.0	26.2	477
Female	7.7	5706	3.3	10.5	.7	20.5	.8	30.9	59.3	.1	5.6	3.4	29.2	437
LGA														
Banjul	7.1	214	4.6	.0	.0	32.0	2.9	39.0	78.3	.0	18.7	.0	28.8	15
Kanifing	8.4	2123	5.1	16.6	2.7	16.4	1.5	35.5	71.3	.0	16.5	.5	32.8	178
Brikama	9.7	3201	.7	3.7	1.1	23.0	.0	27.5	53.1	.0	6.9	2.7	26.0	311
Mansakonko	6.2	754	9.4	5.4	.0	3.4	.5	18.0	44.8	.0	3.6	.0	15.7	47
Kerewan	3.1	1750	26.8	30.0	.0	10.8	.0	47.7	48.4	.0	4.8	.0	44.8	54
Kuntaur	8.0	737	1.9	8.3	.0	21.5	.0	31.2	61.5	.6	2.1	.7	28.0	59
Janjanbureh	5.8	944	1.0	4.1	1.8	19.4	.0	28.6	59.3	.0	.0	5.3	23.3	55
Basse	10.1	1914	1.0	8.0	.2	20.8	.0	27.2	61.8	.0	7.5	8.6	24.7	194
Area of Residence														
Urban	8.9	4952	3.2	9.7	1.9	19.5	.7	31.4	62.7	.0	11.5	1.4	28.9	440
Rural	7.1	6685	4.4	8.4	.3	19.3	.0	29.1	55.8	.1	4.9	4.9	26.5	473
Age														
0-11 months	8.1	2814	2.1	3.1	.0	8.8	.5	13.1	49.1	.0	6.1	4.6	10.8	228
12-23 months	9.9	2415	3.6	10.8	.0	18.3	.2	29.6	63.0	.0	10.9	2.7	27.5	238
24-35 months	8.2	2376	2.8	11.4	2.3	17.6	.0	30.8	60.0	.0	8.8	3.8	26.8	195
36-47 months	6.2	2292	5.0	9.5	1.1	27.8	1.2	39.4	59.9	.0	3.8	2.2	36.7	143
48-59 months	6.3	1740	8.0	12.7	3.3	35.8	.0	54.1	69.3	.3	10.4	1.6	53.0	109
Mother's education														
None	7.3	8021	5.5	6.1	1.5	19.8	.1	29.5	52.0	.1	5.3	4.0	26.4	586
Primary	8.7	1521	1.3	16.5	.7	16.4	1.1	32.3	69.0	.0	14.8	4.3	31.6	132
Secondary+	9.3	2095	.2	12.7	.0	20.1	.6	31.0	73.8	.0	11.9	.0	28.7	195

Table CH.14: Anti-malarial treatment of children with anti-malarial drugs (cont.)

Percentage of children age 0-59 months who had fever in the last two weeks who received anti-malarial drugs, The Gambia, 2010

| | Had a fever in last two weeks | Number of children age 0-59 months | Children with a fever in the last two weeks who were treated with: | | | | | | | | | | Percentage who took an anti-malarial drug same or next day[2] | Number of children with fever in last two weeks |
| | | | Anti-malarials: | | | | | | Other | | | | | |
			SP/ Fansidar	Chloroquine	Amodiaquine	Combination with artemisinin	Other anti-malarial	Any anti-malarial drug[1]	Paracet-amol/ Panadol/ Acetamin-ophen	Ibuprofen	Other	Don't Know		
Wealth index quintiles														
Poorest	6.3	2424	6.4	12.5	.3	21.1	.0	35.0	50.5	.2	5.5	4.6	31.1	152
Second	8.0	2358	4.2	5.0	2.4	20.4	.0	29.4	55.3	.0	5.2	5.2	26.1	189
Middle	8.6	2416	3.1	6.9	1.0	18.5	.0	27.4	52.0	.0	4.1	1.7	25.8	208
Fourth	7.7	2394	3.5	8.4	.0	19.1	.2	26.8	66.2	.0	9.2	4.4	23.4	185
Richest	8.8	2046	2.1	13.5	1.5	18.2	1.6	33.7	71.5	.0	16.8	.5	32.9	179
Ethnicity of household head														
Mandinka	7.3	3426	2.7	9.3	1.8	19.4	.7	29.5	64.5	.0	8.8	2.7	27.1	251
Wollof	5.0	1775	6.0	8.4	.0	16.6	.0	28.6	62.4	.0	6.5	2.8	25.1	89
Jola	8.5	1303	.0	5.0	1.7	18.5	.0	24.2	46.9	.0	11.6	1.2	22.5	110
Fula	7.6	2541	5.9	6.7	1.1	16.4	.6	28.4	56.8	.2	7.1	4.2	26.1	192
Serere	10.0	417	14.3	7.3	.0	15.2	1.1	30.6	49.3	.0	5.9	.0	29.7	42
Sarahuleh	10.7	1320	.7	6.6	.7	23.5	.0	28.2	66.6	.0	7.5	6.1	25.1	141
Creole/ Aku Marabou	11.0	33	.0	.0	.0	76.3	.0	76.3	.0	.0	.0	.0	76.3	4
Manjago	13.4	134	.0	.0	.0	50.3	.0	50.3	27.7	.0	.0	9.0	35.0	18
Bambara	3.9	216	48.3	27.7	.0	52.0	.0	69.4	32.7	.0	4.1	.0	69.4	8
Other ethnic group	3.6	158	.0	9.7	.0	34.2	.0	43.9	90.3	.0	.0	.0	43.9	6
Non Gambian	21.3	177	.0	35.3	.0	5.5	.0	40.7	72.3	.0	16.2	.0	40.7	38
Missing/DK	10.5	137	.0	32.1	.0	14.0	.0	48.8	47.5	.0	.0	1.8	46.6	14
Total	7.8	11637	3.8	9.0	1.1	19.4	.4	30.2	59.1	.0	8.1	3.2	27.7	913

[1] MICS indicator 3.18; MDG indicator 6.8; [2] MICS indicator 3.17

Table CH.15 provides the proportion of children age 0-59 months who had a fever in the last two weeks and who had a finger or heel stick for malaria testing. Overall, 18.3 per cent of children with a fever in the last two weeks had a finger or heel stick. Children from urban households and children whose mothers have secondary education and above are most likely to have a finger or heel stick.

Pregnant women living in places where malaria is highly prevalent are four times more likely than other adults to get malaria and twice as likely to die of the disease. Once infected, pregnant women risk anemia, premature delivery and stillbirth. Their babies are likely to be of low birth weight, which makes them unlikely to survive their first year of life. For this reason, steps are taken to protect pregnant women by distributing insecticide-treated mosquito nets and treatment during antenatal check-ups with drugs that prevent malaria infection (Intermittent preventive treatment or IPT). In The Gambia MICS, women were asked of the medicines they had received in their last pregnancy during the 2 years preceding the survey. Women are considered to have received intermittent preventive therapy if they have received at least 2 doses of SP/Fansidar during the pregnancy.

Intermittent preventive treatment for malaria in pregnant women who gave birth in the two years preceding the survey is presented in Table CH.16. Antenatal Care Visits are high (98.1%) among women in the Gambia. Generally, about 66 percent of the pregnant women took SP/Fansidar two or more times whilst 96.7 per cent took the medicine at least once and 97.3 per cent reported to have taken any medicine to prevent malaria at any ANC visit during pregnancy.

Table CH.15: Malaria diagnostics usage

Percentage of children age 0-59 months who had a fever in the last two weeks and who had a finger or heel stick for malaria testing, The Gambia, 2010

	Had a finger or heel stick[1]	Number of children age 0-59 months with fever in the last two weeks
Sex		
Male	17.9	5931
Female	18.8	5706
LGA		
Banjul	30.5	214
Kanifing	26.6	2123
Brikama	13.0	3201
Mansakonko	31.9	754
Kerewan	26.1	1750
Kuntaur	16.9	737
Janjanbureh	19.4	944
Basse	13.1	1914
Area of Residence		
Urban	23.4	4952
Rural	13.6	6685
Age		
0-11 months	11.2	2814
12-23 months	16.4	2415
24-35 months	24.8	2376
36-47 months	19.3	2292
48-59 months	24.5	1740
Mother's education		
None	16.6	8021
Primary	18.2	1521
Secondary+	23.6	2095
Wealth index quintiles		
Poorest	15.4	2424
Second	8.5	2358
Middle	22.3	2416
Fourth	14.9	2394
Richest	30.1	2046
Ethnicity of household head		
Mandinka	19.7	3426
Wollof	19.1	1775
Jola	17.2	1303
Fula	13.4	2541
Serere	31.4	417
Sarahuleh	18.6	1320
Creole/ Aku Marabou	100.0	33
Manjago	.0	134
Bambara	52.5	216
Other ethnic group	.0	158
Non Gambian	11.3	177
Missing/DK	31.3	137
Total	18.3	913

1 MICS indicator 3.16

Table CH.16: Intermittent preventive treatment for malaria

Percentage of women age 15-49 years who had a live birth during the two years preceding the survey and who received intermittent preventive treatment (IPT) for malaria during pregnancy at any antenatal care visit, The Gambia, 2010

	Percentage of women who received antenatal care (ANC)	Number of women who had a live birth in the last two years	Percentage of pregnant women who took:			Number of women who had a live birth in the last two years and who received antenatal care
			Any medicine to prevent malaria at any ANC visit during pregnancy	SP/Fansidar at least once	SP/Fansidar two or more times1	
LGA						
Banjul	99.6	89	95.9	95.1	62.4	88
Kanifing	98.5	908	95.1	94.6	62.2	895
Brikama	97.9	1379	96.7	95.9	66.8	1351
Mansakonko	97.2	311	97.4	95.9	62.7	302
Kerewan	98.6	723	99.6	99.6	70.3	712
Kuntaur	98.3	310	98.1	97.8	51.6	305
Janjanbureh	97.7	412	99.3	98.3	61.0	403
Basse	97.5	832	97.5	97.2	75.7	811
Area of Residence						
Urban	98.1	2135	96.2	95.6	64.8	2094
Rural	98.0	2828	98.2	97.6	67.2	2772
Education						
None	97.8	3236	98.2	97.7	66.0	3166
Primary	98.5	713	95.7	94.6	67.1	702
Secondary+	98.5	1014	95.6	95.1	66.3	998
Wealth index quintiles						
Poorest	97.5	1033	97.7	97.2	64.1	1007
Second	98.1	968	98.5	97.6	65.3	950
Middle	97.7	1000	97.7	97.1	68.6	977
Fourth	97.9	1100	97.0	96.6	65.6	1076
Richest	99.2	862	95.5	94.7	67.4	856
Ethnicity of household head						
Mandinka	97.6	1426	98.3	98.0	68.2	1391
Wollof	99.0	778	97.6	97.1	60.5	770
Jola	99.1	573	96.2	95.3	66.2	568
Fula	97.7	1055	97.4	96.8	66.2	1030
Serere	97.7	163	95.6	94.2	66.0	159
Sarahuleh	98.2	607	96.4	96.0	70.0	597
Creole/ Aku Marabou	(*)	14	(*)	(*)	(*)	12
Manjago	100.0	65	100.0	96.2	62.6	65
Bambara	97.6	92	98.3	98.3	64.8	90
Other ethnic group	100.0	62	92.7	92.7	60.2	62
Non Gambian	92.4	69	91.4	87.7	71.3	64
Missing/DK	98.0	59	99.3	98.7	63.2	58
Total	98.1	4963	97.3	96.7	66.2	4866

[1] MICS indicator 3.20
(*) figures that are based on less than 25 unweighted cases

VII. Water and Sanitation

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third.

The list of indicators used in MICS is as follows:

Water

1. Use of improved drinking water sources
2. Use of adequate water treatment method
3. Time to source of drinking water
4. Person collecting drinking water

Sanitation

1. Use of improved sanitation facilities
2. Sanitary disposal of child's faeces

For more details on water and sanitation and to access some reference documents, please visit the UNICEF childinfo website http://www.childinfo.org/wes.html.

Use of Improved Water Sources

The distribution of the population by source of drinking water is shown in Table WS.1 and Figure WS.1. The population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, compound, yard or plot, public tap/standpipe), tube well/borehole, protected well, protected spring, and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for other purposes, such as handwashing and cooking.

Table WS.1: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, The Gambia. 2010

	Main source of drinking water											Percentage using improved sources of drinking water[1]	Number of household members
	Improved sources							Unimproved sources			Total		
	Piped water												
	Into dwelling	Into yard/ plot	To neighbour	Public tap/ stand-pipe	Tube-well/ bore-hole	Protected well	Others	Unprotected well	Others	Missing			
LGA													
Banjul	11.2	79.5	9.3	0	0	0	0	0	0	0	100	100	1495
Kanifing	17.4	45.1	18.1	18.3	0.2	0.4	0.1	0.3	0	0.1	100	99.6	13498
Brikama	1.3	15.8	6.7	39.7	5.9	10.8	0.1	19.6	0	0	100	80.3	17738
Mansakonko	0.1	7.1	1.1	46.6	19.9	4.9	0	20.3	0	0	100	79.7	4166
Kerewan	0.1	9	1.9	51.2	16.8	3.8	0	16.5	0.6	0	100	82.8	8568
Kuntaur	0	2.1	0.6	18.1	50.3	14.4	0	14.4	0	0	100	85.6	3362
Janjanbureh	0.2	4.6	2.1	29.7	31.1	2.6	0	29.5	0.3	0	100	70.3	5242
Basse	0.3	4.8	0.6	44	29.6	9	0	11.8	0	0	100	88.2	9081
Area of Residence													
Urban	9.4	37.3	13.4	29.6	1.5	3.5	0.1	5.1	0	0.1	100	94.8	29293
Rural	0.1	2.8	0.7	39.4	26.3	8.6	0	21.8	0.1	0	100	78	33856
Education of household head													
None	2.2	15	5.6	37.2	17.8	6.3	0	15.7	0.1	0	100	84.1	47483
Primary	8.7	19.6	10.2	31.6	12.1	6.3	0	11.5	0.1	0	100	88.5	3441
Secondary+	12.1	33.2	9.1	27	4.1	5.8	0.2	8.5	0	0	100	91.5	12053
Missing/DK	6.3	45.9	30.9	16.9	0	0	0	0	0	0	100	100	173
Wealth index quintile													
Poorest	0	0	0.3	24.5	36.9	8.3	0	29.9	0.1	0	100	70	11913
Second	0	0.6	2.5	46.6	20.3	9.4	0	20.4	0.3	0	100	79.4	12210
Middle	0	3.7	10.4	52.5	11.3	7.8	0.2	14	0.1	0	100	85.9	12607
Fourth	0.6	24.2	14.7	42.2	7	4.8	0	6.6	0	0	100	93.4	12971
Richest	20.3	61.1	4.6	9.8	1.1	1.4	0	1.6	0	.1	100	98.2	13449

Table WS.1: Use of improved water sources (cont.)

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, The Gambia, 2010

	Main source of drinking water											
	Improved sources						Unimproved sources				Percentage using improved sources of drinking water[1]	Number of household members
	Piped water											
	Into dwelling	Into yard/ plot	To neighbour	Public tap/ stand-pipe	Tube-well/ bore-hole	Protected well	Others	Unprotected well	Others	Missing	Total		
Ethnicity of household head													
Mandinka/Jahanka	4.6	21.1	5.6	39.3	10.3	6	0.1	3	0.1	0	100	87	19596
Wollof	7	21.3	4.9	31.1	13.1	4.4	0.1	18.2	1	0	100	81.8	8965
Jola/Karoninka	1.5	12.1	14.3	35.9	8.6	8.1	0	19.1	0.4	0	100	80.5	8094
Fula/Tukulor/Lorobo	1.9	16.5	6.1	25.2	26.8	6.5	0	16.7	0.1	0.1	100	83	12982
Serere	8	36.1	5.3	38.2	4.1	6.4	0	1.9	0	0	100	98.1	2289
Sarahuleh	3.7	15.2	3.7	47.5	14.3	7.4	0	7.9	0.2	0	100	91.9	6405
Creole/ Aku Marabou	34.2	47	6.3	9.8	0	2.7	0	0	0	0	100	100	273
Manjago	3.8	20.4	10	36.9	9.7	8.7	0	10.6	0	0	100	89.4	1003
Bambara	1.5	15.3	8.2	20.4	37.5	2	0	15.2	0	0	100	84.8	935
Other ethnic group	1.6	23.5	4.5	49.1	4.5	7.2	0	9.6	0	0	100	90.4	797
Non-Gambian	29.2	23.4	8.2	21	11.7	4.2	0.5	1.3	0.5	0	100	98.2	1054
Missing/DK	1.4	4	0.9	30.5	46.9	3.6	0	12.8	0	0	100	87.2	757
Total	4.4	18.8	6.6	34.8	14.8	6.2	0	14.1	0.1	0	100	85.8	63150

1 MICS indicator 4.1; MDG indicator 7.8

Overall, 85.8 per cent of the population is using an improved source of drinking water – 94.8 per cent in urban areas and 78.0 per cent in rural areas. Janjanbureh LGA has the lowest proportion as 70.3 per cent of the population in this LGA gets its drinking water from an improved source.

The source of drinking water for the population varies strongly by LGA (Table WS.1). In Banjul and Kanifing, all households are using improved water source. The most common source of drinking water in these LGAs is piped into dwellings or piped into yards or plots. Unprotected wells, which are the only unimproved source of drinking water (14.1 per cent) are more common in the predominantly rural areas (21.8%) and are highest in Janjanbureh with about 30 per cent. The other types of improved source of drinking water include rain-water collection and bottled water whilst the others under the unimproved source includes cart with tank/drum, surface water and bottled water.

Figure 9. Percentage of household members using improved sources of drinking water, Gambia, 2010
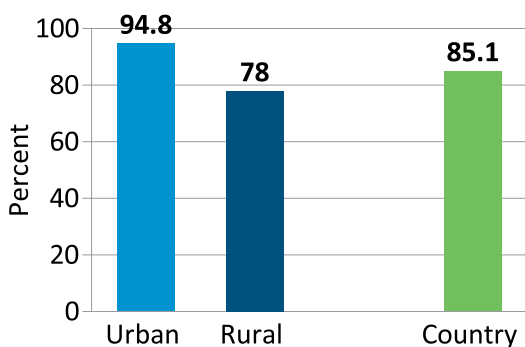
Figure 10. Percentage of household members using improved sanitation facilities, Gambia, 2010
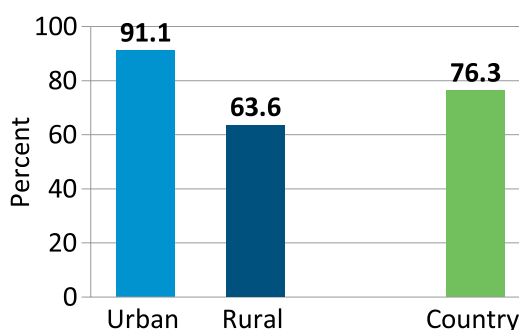
Use of in-house water treatment is presented in Table WS.2. Households were asked of ways they may be treating water at home to make it safer to drink – boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as proper treatment of drinking water. The table shows water treatment by all households and the percentage of household members living in households using unimproved water sources but using appropriate water treatment methods.

Table WS2 shows that the practice of straining through a cloth is the most common water purification method used by 17 per cent of the households. The proportion is highest in Janjanbureh with about 41 per cent and lowest in Banjul where none of the households use this method of purification of water. The rural – urban differentials has shown that, rural dwellers use purified water more through the use of straining through a cloth (26.5%) compared to their urban counterparts (6.2%). The second most commonly used method is adding bleach/chlorine and the method was reported to be used more in Brikama and Janjanbureh than in the other LGAs.

The amount of time it takes to obtain water is presented in Table WS.3 and the person who usually collected the water in Table WS.4. Note that these results refer to one roundtrip from home to drinking water source. Information on the number of trips made in one day was not collected.

Table WS.3 shows that for 32 per cent of households, the improved drinking water source is on the premises. For slightly more than one third of all households, it takes less than 30 minutes to get to the water source and bring water, while 17 per cent of households spend 30 minutes or more to get to the water source and return home with water. In rural areas more households spend time in collecting water compared to those in urban areas. One striking finding is the high percentage of households spending 30 minutes or more to go to source of drinking water and return in Kuntaur and Basse, 60.5 and 48.1 per cent respectively.

Table WS.2: Household water treatment

Percentage of household population by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, The Gambia, 2010

	Water treatment method used in the household									Number of household members	Percentage of household members in households using unimproved drinking water sources and using an appropriate water treatment method[1]	Number of household members in households using unimproved drinking water sources
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other	Missing/ DK			
LGA												
Banjul	99	0	1	0	0	0	0	0	0	1495	.	.
Kanifing	98	0.2	1.2	0.4	0.2	0	0	0	0	13498	0	57
Brikama	77.7	0.2	2	21	0	0	0.1	0	0	17738	5.9	3488
Mansakonko	78	0	1.1	20.7	0	0	1.6	0	0	4166	5.2	845
Kerewan	81.8	0	0.6	17.6	0	0	0.2	0	0	8568	2.4	1472
Kuntaur	82.4	0	0.5	16.7	0.2	0	0.2	0	0	3362	1.5	483
Janjanbureh	58.3	0	1.5	40.6	0.2	0	1.3	0	0	5242	2.5	1559
Basse	78.1	0	0.1	21.3	0	0	0.9	0	0	9081	0	1068
Area of Residence												
Urban	92.4	0.2	1.5	6.2	0.2	0	0.2	0	0	29293	10.6	1524
Rural	72.7	0	0.8	26.5	0	0	0.6	0	0	33856	2.3	7447
Education of household head												
None	80.6	0.1	1	18.4	0	0	0.5	0	0	47483	3.7	7545
Primary	81.6	0	0.9	17.8	0	0	0	0	0	3441	2.2	397
Secondary+	86.5	0.2	1.7	11.7	0.4	0	0.3	0	0	12053	4	1030
Missing/ DK	87.6	0	12.4	0	0	0	0	0	0	173	.	.
Wealth index quintile												
Poorest	63.2	0	0.3	35.8	0	0	1.5	0	0	11913	0.8	3575
Second	77.8	0	1.4	21.2	0	0	0.3	0	0	12210	5.1	2521
Middle	81.2	0.2	1.7	17.5	0	0	0.3	0	0	12607	6.2	1783
Fourth	89.3	0	1.2	9.9	0.1	0	0	0	0	12971	7.7	853
Richest	95.4	0.2	1.1	3.1	0.2	0	0.1	0	0	13449	0	239

Table WS.2: Household water treatment (cont.)

Percentage of household population by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, The Gambia. 2010

| | Water treatment method used in the household | | | | | | | | | Number of household members | Percentage of household members in households using unimproved drinking water sources and using an appropriate water treatment method[1] | Number of household members in households using unimproved drinking water sources |
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other	Missing/ DK			
Ethnicity of household head												
Mandinka/ Jahanka	82	0.1	0.9	17.3	0.2	0	0.4	0	0	19596	3.6	2554
Wollof	80.5	0	1.7	18	0	0	0.5	0	0	8965	5.5	1632
Jola/Karoninka	79.2	0	1.8	19.6	0	0	0.1	0	0	8094	4.2	1580
Fula/Tukulor/ Lorobo	77.4	0	0.9	21.3	0	0	0.8	0	0	12982	1.8	2203
Serere	92.7	0	2.8	3.8	0.7	0	0	0	0	2289	21.8	43
Sarahuleh	86.3	0	0.6	13.2	0	0	0.3	0	0	6405	4.1	520
Creole/Aku Marabou	94	2.6	0.6	2.7	0	0	0	0	0	273	.	.
Manjago	90.8	0	1.6	7.6	0	0	0	0	0	1003	0	106
Bambara	88.1	0	1.2	9	0	0	1.7	0	0	935	7.8	142
Other ethnic group	83.6	0	0	16.4	0	0	0.3	0	0	797	0	76
Non-Gambian	92.1	2	1.4	6	0	0	0	0	0	1054	(*)	19
Missing/ DK	85.9	0	0.1	13.9	0	0	0.1	0	0	757	1.2	97
Total	81.8	0.1	1.1	17	0.1	0	0.4	0	0	63150	3.7	8972

1 MICS indicator 4.2

Table WS.3: Time to source of drinking water

Percent distribution of household population according to time to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, The Gambia. 2010

	Time to source of drinking water									Number of household members
	Users of improved drinking water sources				Users of unimproved drinking water sources				Total	
	Water on premises	Less than 30 minutes	30 minutes or more	Missing/ DK	Water on premises	Less than 30 minutes	30 minutes or more	Missing/ DK		
LGA										
Banjul	100	0	0	0	0	0	0	0	100	1495
Kanifing	80.7	14	4.1	0.7	0	0.3	0	0.1	100	13498
Brikama	27.1	41.3	11.2	0.8	7.8	10.5	1.4	0	100	17738
Mansakonko	8.9	59	11.3	0.5	0.6	9.3	10.4	0	100	4166
Kerewan	12.6	60.7	9.4	0.2	1.3	10.5	5.4	0	100	8568
Kuntaur	2.9	21.8	60.5	0.3	0.1	7.1	7	0.1	100	3362
Janjanbureh	7.8	52.7	9.7	0	3.6	20.8	5.3	0	100	5242
Basse	11.7	24.6	48.1	3.7	3.4	4.1	4.1	0.3	100	9081
Area of Residence										
Urban	62.1	24.4	7.4	0.8	2.8	2.1	0.3	0.1	100	29293
Rural	6	45.6	25.3	1.1	3.5	12.6	5.7	0.1	100	33856
Education of household head										
None	25	38.5	19.7	0.9	3.2	8.8	3.8	0.1	100	47483
Primary	39.1	31.8	16	1.6	3.3	6.2	1.9	0	100	3441
Secondary+	57.1	26.6	6.7	1	3.2	4.2	1.1	0	100	12053
Missing/ DK	83.1	16.9	0	0	0	0	0	0	100	173
Wealth index quintile										
Poorest	1.1	41.6	26.7	0.6	2.3	18.8	8.7	0.1	100	11913
Second	4.2	52.5	21.8	0.8	5.6	11.4	3.6	0	100	12210
Middle	17.3	47.9	19.2	1.4	4.3	7.7	2.1	0.1	100	12607
Fourth	42.6	32.1	16.9	1.9	2.7	1.7	2.2	0	100	12971
Richest	88.3	7.8	2	0.1	1.2	0.4	0	0.1	100	13449
Ethnicity of household head										
Mandinka/Jahanka	32.4	40	13.8	0.7	3.5	6.3	3.2	0	100	19596
Wollof	34.7	33.6	13.1	0.5	1.3	10.6	6.3	0	100	8965
Jola/Karoninka	29.7	38.3	12.1	0.4	4.5	13.7	1.3	0	100	8094
Fula/Tukulor/ Lorobo	26	35.7	20.1	1.3	3.5	8.4	4.8	0.2	100	12982
Serere	53.6	29.1	15.4	0	0.1	1.8	0	0	100	2289
Sarahuleh	30.3	25.1	33.9	2.6	4.2	3.3	0.4	0.2	100	6405
Creole/ Aku Marabou	87.5	0.9	3.8	7.8	0	0	0	0	100	273
Manjago	35.2	39.9	13.6	0.7	4.2	6.4	0	0	100	1003
Bambara	25.1	38.2	21.5	0	1.1	12.6	1.5	0	100	935
Other ethnic group	29.6	51.2	9.4	0.3	6.9	0.8	1.9	0	100	797
Non-Gambian	64.1	26.1	7.9	0	0.7	1.1	0	0	100	1054
Missing/ DK	12.6	41.7	30.3	2.7	0.8	5.8	6.2	0	100	757
Total	32	35.8	17	1	3.2	7.7	3.2	0.1	100	63150

Table WS.4 shows that for the majority (86.3 %) of households, an adult female is usually the person collecting the water, when the source of drinking water is not on the premises. Adult men collect water in 7.7 per cent of cases, while for the rest of the households, female children under the age 15 collect water (4.8 %) and male children under age 15 collect water (0.6 %).

Use of Improved Sanitation Facilities

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation can reduce diarrheal diseases by more than a third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank, or latrine; ventilated improved pit latrine, pit latrine with slab, and composting toilet.

Seventy-six per cent of the population of The Gambia are living in households using improved sanitation facilities (Table WS.5). This percentage is 91.1 per cent in urban areas and 63.6 per cent in rural areas.

Across LGAs the proportion of the population with improved sanitary means of excreta disposal ranged from 39.7 per cent in Basse to 98.5 per cent in Banjul. This indicates that the residents of Basse are less likely than others to use improved sanitary facilities.

The table indicates that use of improved sanitation facilities is strongly linked to wealth and is profoundly different between urban and rural areas. In rural areas, the population are mostly using pit latrines with and without slabs (59.5 and 30.9% respectively), or simply have no facilities (5.1 %). Also, most facilities in urban areas are pit latrines with slab and septic tanks (51.5 and 23% respectively). Flush to sewer or to septic tank is predominantly observed in Banjul where 84.9 per cent of households use a flush that goes to a piped sewer system and 8.2 per cent use flush to a septic tank.

Access to safe drinking-water and to basic sanitation is measured by the proportion of population using an improved sanitation facility. MDGs and WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation classify households as using an unimproved sanitation facility if they are using otherwise acceptable sanitation facilities but sharing a facility between two or more households or using a public toilet facility.

Table WS.4: Person collecting water

Percentage of households without drinking water on premises, and percent distribution of households without drinking water on premises according to the person usually collecting drinking water used in the household, The Gambia. 2010

	Percentage of households without drinking water on premises	Number of households	Person usually collecting drinking water						Number of households without drinking water on premises
			Adult woman	Adult man	Female child under age 15	Male child under age 15	Missing/ DK	Total	
LGA									
Banjul	0	291	0	0	0	0	0	0	.
Kanifing	18.2	2138	74.2	15.8	5.2	0.4	4.4	100	390
Brikama	65.3	2385	84.4	9	4.8	1.1	0.8	100	1557
Mansakonko	89.2	473	86.1	8.1	5.3	0.4	0.1	100	422
Kerewan	82.9	1016	90.3	6.3	2.9	0.5	0	100	842
Kuntaur	95.2	320	90.3	4.3	5	0.2	0.1	100	304
Janjanbureh	84.2	519	87.9	4.4	7.1	0.5	0.1	100	437
Basse	86.5	650	90.6	4.3	4.6	0.4	0	100	562
Area of Residence									
Urban	34.2	4557	77.8	15.2	4.5	0.9	1.7	100	1558
Rural	91.4	3234	90.7	3.7	4.9	0.5	0.2	100	2955
Education of household head									
None	66.9	5332	88.3	5.8	4.7	0.7	0.5	100	3569
Primary	53.1	508	83	10.8	5.4	0.2	0.6	100	270
Secondary+	34.9	1929	76.7	16.4	4.7	0.5	1.7	100	673
Missing/ DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Wealth index quintile									
Poorest	96	1301	91.6	2	6.1	0.2	0.1	100	1248
Second	89.3	1408	89.7	4.5	4.8	0.7	0.3	100	1258
Middle	75.9	1428	86	9.2	3.8	0.7	0.3	100	1084
Fourth	45.4	1697	74.7	17.4	4.5	1	2.5	100	771
Richest	7.8	1957	74.7	20.1	1.5	1.1	2.6	100	152
Ethnicity of household head									
Mandinka/Jahanka	60.7	2283	87.5	6.2	4.7	0.5	1.1	100	1385
Wollof	54	1084	88.4	6.6	4.4	0.6	0	100	586
Jola/Karoninka	64.2	1076	85.1	8.2	5.1	1	0.6	100	691
Fula/Tukulor/Lorobo	61.2	1802	84	9.9	4.4	0.7	1	100	1103
Serere	41.3	323	85.9	7.1	7	0	0	100	133
Sarahuleh	61.7	418	90.6	2.5	6.5	0.3	0	100	258
Creole/ Aku Marabou	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Manjago	57.6	138	83.9	11.4	2.6	2.1	0	100	80
Bambara	57.3	136	89.9	6.5	1.6	2.1	0	100	78
Other ethnic group	62.3	83	88.3	6.1	5.7	0	0	100	52
Non-Gambian	23.9	300	69.6	22.5	7	0.9	0	100	72
Missing/ DK	79.4	87	90.1	6.7	2.1	0.6	0.6	100	69
Total	57.9	7791	86.3	7.7	4.8	0.6	0.7	100	4513

Table WS.5: Use of improved sanitation facilities

Percent distribution of household population according to type of toilet facility used by the household, and the percentage of household population using improved sanitation facilities, The Gambia. 2010

	Type of toilet facility used by household										Percentage of population using improved sanitation facilities[1]	Number of household members
	Improved sanitation facility											
	Flush/pour flush to:											
	Piped sewer system	Septic tank	Pit latrine	Ventilated improved pit latrine	Pit latrine with slab	Pit latrine without slab/ open pi	Other	Missing	Open defecation (no facility, bush, field)	Total		
LGA												
Banjul	84.9	8.2	2.2	0.6	2.6	0	0.1	1.3	0.1	100	98.5	1495
Kanifing	0	38.9	6.9	7.2	44.1	2.5	0	0.1	0.2	100	97.1	13498
Brikama	0	8.0	3.3	5.9	68.9	12.6	0	0.1	1.1	100	86.2	17738
Mansakonko	0	4.1	1.2	1.4	67.9	21	0.2	0.5	3.8	100	74.5	4166
Kerewan	0	2.1	5	1.5	46.1	39.6	0.6	0.2	4.8	100	54.7	8568
Kuntaur	0	0.4	0	0	85.6	0	0	0.4	13.6	100	86	3362
Janjanbureh	0	0.7	1.9	1.2	73.7	14.1	0	0.3	8.2	100	77.5	5242
Basse	0	1.0	0	0.5	38.1	58.9	0	0.4	1.1	100	39.7	9081
Area of Residence												
Urban	4.9	23	5.8	5.9	51.5	8.4	0	0.2	0.3	100	91.1	29293
Rural	0	1	1.3	1.8	59.5	30.9	0.2	0.3	5.1	100	63.6	33856
Education of household head												
None	1.7	7	3.3	3	57.9	23.2	0.1	0.3	3.6	100	72.9	47483
Primary	2.8	16.4	0.8	2.4	53.7	22.3	0	0.2	1.4	100	76.2	3441
Secondary+	4.5	26.1	4.3	6.7	48.2	9.6	0.1	0.1	0.5	100	89.8	12053
Missing/ DK	11.1	42.1	0	16.9	29.9	0	0	0	0	100	100	173
Wealth index quintile												
Poorest	0	0	0	0	54	33.4	0.1	0.4	12.2	100	54	11913
Second	0	0	0.6	1	69.7	25.9	0.4	0.2	2.1	100	71.4	12210
Middle	0.1	0.1	2.1	2.4	70.5	24.1	0.1	0.2	0.5	100	75.1	12607
Fourth	1.8	4.1	5.7	6.9	62.9	18.2	0	0.2	0.2	100	81.4	12971
Richest	9	48.7	7.8	7.4	23.9	2.8	0	0.3	0	100	96.9	13449
Ethnicity of household head												
Mandinka/Jahanka	1.8	11.5	4.6	4.3	58.8	18	0.2	0.3	0.6	100	80.9	19596
Wollof	3.2	16.1	4.3	2	54.5	15.7	0	0.1	3.9	100	80.2	8965
Jola/Karoninka	1.1	7.6	3.9	5.2	68	12.6	0	0.1	1.5	100	85.8	8094
Fula/Tukulor/ Lorobo	2	7.6	1.9	3.7	52.3	24.9	0.1	0.2	7.2	100	67.6	12982
Serere	10.7	18.3	5.1	1.6	48	13.6	0	0	2.8	100	83.6	2289
Sarahuleh	1.1	8.3	1.9	1.2	46.9	39.9	0	0.7	0	100	59.4	6405
Creole/ Aku Marabou	18.8	65.2	0.7	0	4.4	10.5	0.1	0.3	0	100	89.1	273
Manjago	1	17.6	0.3	5.4	53.5	15.4	0	0	6.7	100	77.9	1003
Bambara	3.7	5.5	1.6	2.1	40.9	40.1	0	0	6.2	100	53.7	935
Other ethnic group	1.9	2.5	0	23.1	60.1	10.9	0	0	1.5	100	87.6	797
Non-Gambian	3.3	36.8	2.7	2	44.6	8.6	0.7	0	1.2	100	89.4	1054
Missing/ DK	0.6	5.6	1	1.5	66.8	17.1	0	1.7	5.7	100	75.6	757
Total	2.3	11.2	3.4	3.7	55.8	20.5	0.1	0.2	2.8	100	76.3	63150

[1] MICS indicator 4.3; MDG indicator 7.9

As shown in Table WS.6, about 27per cent of the household population are using shared improved sanitation facilities. Use of a shared facility is less common among households using an unimproved facility. Only 4.5 percent of households use an unimproved toilet facility that is shared with other households. Urban households are slightly more likely than rural households to use a shared improved toilet facility (40.2 and 15%, respectively). Among the households that use an improved sanitation facility, about 50 per cent reported that they do not share the facility with other households. The differential between households that do not share improved sanitation facilities is large by wealth index, 73.1 percent among the richest households and 37.5 percent among the poorest households. For the unimproved sanitation facilities, more rural than urban households are likely not to share sanitation facilities (25.8 and 5.2% respectively).

Safe disposal of a child's faeces is disposing of the stool of the child using a toilet or by rinsing the stool into a toilet or latrine. Table WS.7 shows the percentage distribution of children 0-2 years according to place of disposal of child's faeces, and the percentage of children age 0-2 years whose stools were disposed of safely the last time the child passed stools. The data shows that most of the mothers or primary caregivers of children put or rinsed the child's faeces into a toilet or latrine and the proportion is higher in Kanifing, Brikama and Basse while about 7 per cent reported they throw the faeces into the garbage. The proportion is highest in Kuntaur and lowest in Brikama. The data shows that 3.2 per cent reported that the faeces are put or rinsed into a drain or ditch. The proportion is highest in Kuntaur with 13 per cent and lowest in Mansakonko with 0.3 per cent.

The data indicate that 88.1 per cent of mothers/caregivers in the country dispose of children's faeces safely. The proportion is highest in Basse (95.2 %) and lowest in Kuntaur (57.4 %). A higher proportion of mothers/caregivers dispose of their children's faeces safely in urban areas (93.2 %) than in rural areas (84.3 %).

The data further reveals that the wealthier the household, the higher the chances of disposing of the children's faeces safely. A similar trend has also been observed with the level of education of the mother or the primary caregiver. The more educated the mother/primary caregiver, the higher the chances of disposing of the child's faeces safely.

Table WS.6: Shared use of sanitation facilities

Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, The Gambia. 2010

| | Users of improved sanitation facilities | | | | | Users of unimproved sanitation facilities | | | | | Open defecation (no facility, bush, field) | Total | Number of household members |
| | | | Shared by | | | | | Shared by | | | | | |
	Not shared	Public facility	5 households or less	More than 5 households	Missing/DK	Not shared	Public facility	5 households or less	More than 5 households	Missing/DK			
LGA													
Banjul	46.3	0.7	38.2	13	0.3	1.3	0	0.1	0.1	0	0.1	100	1495
Kanifing	58.4	0.2	27.5	10.6	0.3	1	0	0.7	1	0	0.2	100	13498
Brikama	47.1	1	34.9	3.2	0	6.2	0	6.1	0.4	0	1.1	100	17738
Mansakonko	60.1	0.3	11.5	2.5	0.1	15.7	0.2	4.3	1	0.5	3.8	100	4166
Kerewan	37.5	1.4	13.9	1.9	0	29.3	0.4	8.8	1.8	0.1	4.8	100	8568
Kuntaur	57	1.7	24.1	3	0.2	0.1	0	0.2	0.1	0	13.6	100	3362
Janjanbureh	65.2	0.2	11.5	0.6	0	10.8	0	3.5	0	0	8.2	100	5242
Basse	36.6	0	2.5	0.6	0	57.9	0	1.2	0.1	0	1.1	100	9081
Area of Residence													
Urban	50.7	0.3	31.8	8.1	0.2	5.2	0	2.5	0.9	0	0.3	100	29293
Rural	48.6	0.9	13.2	0.9	0	25.8	0.1	4.9	0.4	0.1	5.1	100	33856
Education of household head													
None	48	0.7	20.5	3.6	0.1	19.2	0.1	3.9	0.4	0.1	3.6	100	47483
Primary	41.9	0	26.5	7.4	0.3	15.5	0	5.5	1.2	0.2	1.4	100	3441
Secondary+	57.9	0.6	25.7	5.6	0	5.1	0	3.2	1.5	0	0.5	100	12053
Wealth index quintile													
Poorest	37.5	1	14.8	0.7	0	25.4	0.1	7.4	0.8	0.2	12.2	100	11913
Second	47	0.9	21.3	2.1	0.1	18.7	0.3	6.9	0.6	0.1	2.1	100	12210
Middle	44.6	0.8	25.3	4.3	0.1	20.7	0	3.1	0.5	0	0.5	100	12607
Fourth	43.6	0.5	29	8	0.3	15.5	0	2	1	0	0.2	100	12971
Richest	73.1	0.1	18.4	5.3	0	2.4	0	0.3	0.3	0	0	100	13449

Table WS.6: Shared use of sanitation facilities (cont.)

Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, The Gambia. 2010

	Users of improved sanitation facilities					Users of unimproved sanitation facilities					Open defecation (no facility, bush, field)	Total	Number of household members
			Shared by					Shared by					
	Not shared	Public facility	5 households or less	More than 5 households	Missing/ DK	Not shared	Public facility	5 households or less	More than 5 households	Missing/DK			
Ethnicity of household head													
Mandinka/Jahanka	53.7	0.1	22.8	4.3	0	14.7	0	3.1	0.6	0	0.6	100	19596
Wollof	53	1.3	20.4	5.1	0.2	11.2	0.1	3.9	0.7	0	3.9	100	8965
Jola/Karoninka	45.7	1.8	33.5	4.5	0.2	6.2	0	5.6	0.8	0.1	1.5	100	8094
Fula/Tukulor/Lorobo	41.6	0.5	20.9	4.5	0.1	19.4	0.2	5	0.6	0.1	7.2	100	12982
Serere	49	1.3	28.4	4.8	0.1	8.1	0.4	3.9	1.2	0	2.8	100	2289
Sarahuleh	53.4	0	5.1	0.9	0	40	0	0.6	0	0	0	100	6405
Creole/ Aku Marabou	79.6	0	8.6			10.9	0	0	0	0	0	100	273
Manjago	47.6	0	24.2	6	0	4.6	0	8.8	2	0	6.7	100	1003
Bambara	32.5	0.6	15.1	5.5	0	30.6	0	6.1	2.7	0.7	6.2	100	935
Other ethnic group	43.2	0.1	43.3	1	0	8.2	0	0.8	1	0.9	1.5	100	797
Non-Gambian	54.8	2.2	24.5	7.7	0.1	4.6	0	3.1	1.7	0	1.2	100	1054
Missing/ DK	60.6	1	10	3.2	0.7	14.9	0	3.8	0	0	5.7	100	757
Total	49.6	0.6	21.8	4.2	0.1	16.2	0.1	3.8	0.6	0.1	2.8	100	63150

Table WS.7: Disposal of child's faeces

Percent distribution of children age 0-2 years according to place of disposal of child's faeces, and the percentage of children age 0-2 years whose stools were disposed of safely the last time the child passed stools, The Gambia. 2010

	Place of disposal of child's faeces										Percentage of children whose stools were disposed of safely[1]	Number of children age 0-2 years
	Child used toilet/ latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	DK	Missing	Total		
Type of sanitation facility in dwelling												
Improved	1.6	89	2.4	5.3	0.1	0.2	0.4	0.1	0.9	100	90.7	5541
Unimproved	1.4	86.9	3.6	6.3	0.3	0.2	0.8	0.1	0.5	100	88.3	1816
Open defacation	0	29.4	16.8	47.8	1	0.8	3.2	0.2	0.8	100	29.4	245
LGA												
Banjul	2.7	86.8	3.3	4.7	0	0	0	0.2	2.3	100	89.4	139
Kanifing	0.7	90.3	2.1	6.2	0	0	0	0.1	0.6	100	91	1368
Brikama	1.9	91.5	2.5	1.7	0.2	0.2	0.9	0.1	0.9	100	93.4	2103
Mansakonko	1.8	86.6	0.3	7.5	0.3	0	0.9	0.3	2.2	100	88.5	477
Kerewan	1.2	81.9	5.7	8.7	0.2	0.4	1.5	0	0.5	100	83.1	1164
Kuntaur	2.5	54.8	13	26	0.5	0.9	0.8	0.1	1.3	100	57.4	483
Janjanbureh	0.1	82.1	2.9	14.2	0.1	0	0	0	0.5	100	82.2	614
Basse	2.3	93	0.5	3.7	0.1	0	0	0.2	0.3	100	95.2	1255
Area of Residence												
Urban	1	92.2	2.1	3.7	0	0	0.1	0.1	0.9	100	93.2	3249
Rural	2	82.3	4	9.3	0.3	0.3	1	0.1	0.7	100	84.3	4354
Mother's education												
None	1.7	84.7	3.6	8	0.2	0.2	0.6	0.1	0.9	100	86.4	5111
Primary	1.5	90.3	2.4	4.9	0	0	0.1	0.3	0.4	100	91.8	1016
Secondary+	0.9	90.5	2.4	4.5	0.2	0.2	0.7	0	0.6	100	91.4	1475
Wealth index quintile												
Poorest	0.9	74.1	6.2	16.2	0.6	0.4	0.9	0.3	0.6	100	75	1593
Second	1.9	85.7	3.8	5	0.1	0.4	1.4	0	1.6	100	87.6	1542
Middle	2.2	89.4	2.9	4.6	0.1	0.1	0.3	0.1	0.2	100	91.6	1554
Fourth	2	92.5	1.1	3.4	0	0	0.2	0.1	0.7	100	94.5	1588
Richest	0.6	92.1	1.6	4.9	0	0	0	0	0.9	100	92.7	1326
Ethnicity of household head												
Mandinka/Jahanka	2.5	90	2	4	0	0.1	0.5	0.2	0.7	100	92.5	2248
Wollof	1.1	80	5.4	11.9	0.2	0.2	0.5	0	0.7	100	81	1168
Jola/Karoninka	2	89.1	2.8	3.5	0.6	0.3	1.6	0	0	100	91.2	831
Fula/Tukulor/ Lorobo	0.6	80	4.5	12.5	0.1	0.3	0.7	0.2	1.1	100	80.6	1638
Serere	0	89.3	3	6.1	0.8	0	0	0	0.7	100	89.3	273
Sarahuleh	1.5	95.9	0.8	1.3	0	0	0	0	0.5	100	97.3	881
Creole/Aku Ma-rabou	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	20
Manjago	0	90.1	9.9	0	0	0	0	0	0	100	90.1	97
Bambara	0.9	86.4	5.1	3	0	1.9	1.4	0	1.3	100	87.3	145
Other ethnic group	2.6	87.2	0.7	3.2	0	0	0	0	6.3	100	89.8	107
Non-Gambian	2.3	86.3	0	11.4	0	0	0	0	0	100	88.6	118
Missing/ DK	0.6	79.9	3	16	0	0	0	0	0.5	100	80.5	77
Total	1.5	86.6	3.2	6.9	0.2	0.2	0.6	0.1	0.8	100	88.1	7603

[1] MICS indicator 4.4
(*) Figures are based on less than 25 unweighted cases

In its 2008 report[9], the JMP developed a new way of presenting the access figures, by disaggregating and refining the data on drinking-water and sanitation and reflecting them in "ladder" format. This ladder allows a disaggregated analysis of trends in a three rung ladder for drinking-water and a four-rung ladder for sanitation. For sanitation, this gives an understanding of the proportion of population with no sanitation facilities at all, of those reliant on technologies defined by JMP as "unimproved," of those sharing sanitation facilities of otherwise acceptable technology, and those using "improved" sanitation facilities. Table WS.8 presents the percentages of household population by drinking water and sanitation ladders. The table also shows the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal.

Of the 85.8 per cent of households using improved sources of drinking water, 23.3 per cent accessed improved water piped into dwelling, plot or yard, whereas the remaining 62.5 per cent accessed other sources of improved water. The proportion of the population using unimproved drinking water countrywide stood at almost one in every seven people, equivalent to 14.2 per cent as shown in WS1. The proportion of the population using unimproved sources of drinking water is largest in rural areas (21.9%) compared to urban areas (5.1%).

About 42 per cent of the population have access to improved water sources and improved sanitation in The Gambia of which 47.3% and 37.9% are represented respectively as urban and rural. The proportion is highest in the Kanifing LGA (58.2 %) and lowest in the Kerewan LGA (31.2 %).

It is observed from table WS.8 that the higher the educational attainment of the household head, the higher the likelihood is that they have improved sources of drinking water and sanitation facilities. A similar trend has been observed by wealth index as households from the richest quintiles were more likely to be using improved water and sanitation facilities (71.3%) compared to their counterparts in the poorest households (26.8%).

Handwashing

Handwashing with water and soap is the most cost effective health intervention to reduce both the incidence of diarrhoea and pneumonia in children under five. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food and, before feeding a child. Monitoring correct hand washing behaviour at these critical times is challenging. A reliable alternative to observations or self-reported behaviour is assessing the likelihood that correct hand washing behaviour takes place by observing if a household has a specific place where people most often wash their hands and observing if water and soap (or other local cleansing materials) are present at a specific place for hand washing.

Table WS.9 presents the availability of soap and water in designated places for handwashing.

In The Gambia, only 36.2 per cent of the households with a specific place for hand washing were observed, while 63.8 per cent households could not indicate a specific place where household members usually wash their hands. Of those households where a place for handwashing was observed, less than one-third (30.3%) had both water and soap present at the designated place. In 17.8 per cent of the households only water was available at the designated place, while in 8.7 per cent of the households the designated place only had soap but no water. The remaining 42.7 per cent of households had neither water nor soap available at the designated place for hand washing. About 56 per cent of the households whose place of hand washing was not observed were not able to show any soap present in the household and in 42.3 per cent of the households soap was shown to the interviewer (Table WS.10). Urban households are more likely to have a specific place for hand washing compared to rural households (41.9% compared to 28.2%). Significant difference has been observed by socio – economic status of households. The findings of the survey show that 41.5 per cent of urban households and only 7 per cent of rural households have both water and soap available in the place designated for handwashing.

[9] WHO/UNICEF JMP (2008), MDG assessment report - http://www.wssinfo.org/download?id_document=1279

Table WS.8: Use of improved water sources and improved sanitation facilities

Percentage of household population using both improved drinking water sources and improved sanitation facilities, The Gambia. 2010

	Percentage of household population:				
	Piped into dwelling, plot or yard	Other Improved	Using improved sanitation facilities[2]	Using improved sources of drinking water and improved sanitation facilities	Number of household members
LGA					
Banjul	90.7	9.3	46.3	46.3	1495
Kanifing	62.6	37	58.4	58.2	13498
Brikama	17.1	63.2	47.1	36.5	17738
Mansakonko	7.3	72.5	60.1	46.3	4166
Kerewan	9.1	73.7	37.5	31.2	8568
Kuntaur	2.1	83.5	57	47.7	3362
Janjanbureh	4.8	65.5	65.2	47.7	5242
Basse	5.2	83.1	36.6	32.7	9081
Area of Residence					
Urban	46.8	48	50.7	47.3	29293
Rural	3	75	48.6	37.9	33856
Education of household head					
None	17.2	66.9	48	40	47483
Primary	28.3	60.1	41.9	35.7	3441
Secondary+	45.3	46.1	57.9	52.9	12053
Missing/ DK	52.1	47.9	62.6	62.6	173
Wealth index quintile					
Poorest	0	70	37.5	26.8	11913
Second	0.6	78.7	47	35.6	12210
Middle	3.7	82.1	44.6	37.1	12607
Fourth	24.8	68.6	43.6	37.7	12971
Richest	81.4	16.8	73.1	71.3	13449
Ethnicity of household head					
Mandinka/Jahanka	25.7	61.2	53.7	45.8	19596
Wollof	28.4	53.4	53	44.8	8965
Jola/Karoninka	13.6	66.9	45.7	36.5	8094
Fula/Tukulor/Lorobo	18.4	64.6	41.6	33.8	12982
Serere	44.1	54	49	49	2289
Sarahuleh	18.9	72.9	53.4	47.8	6405
Creole / Aku Marabou	81.2	18.8	79.6	79.6	273
Manjago	24.2	65.2	47.6	44.5	1003
Bambara	16.9	68	32.5	26.8	935
Other ethnic group	25.1	65.3	43.2	37.1	797
Non-Gambian	53	45.2	54.8	54.3	1054
Missing/ DK	5.4	81.8	60.6	53	757
Total	23.3	62.5	49.6	42.3	63150

[1] MICS indicator 4.1; MDG indicator 7.8
[2] MICS indicator 4.3; MDG indicator 7.9

Table WS.9: Water and soap at place for handwashing

Percentage of households where place for handwashing was observed and percent distribution of households by availability of water and soap at place for handwashing, The Gambia, 2010

| | Percentage of households where place for handwashing was observed | Number of households | Percent distribution of households where place for handwashing was observed, where: | | | | Missing | Total | Number of households where place for handwashing was observed |
			Water and soap are available[1]	Water is available, soap is not available	Water is not available, soap is available	Water and soap are not available			
LGA									
Banjul	36.8	291	71.5	13.4	7.0	8.0	0.0	100.0	107
Kanifing	49.9	2,138	51.0	18.6	8.2	22.2	0.0	100.0	1,067
Brikama	38.1	2,385	13.1	15.4	6.9	63.5	1.0	100.0	908
Mansakonko	39.0	473	11.9	8.1	7.5	72.5	0.0	100.0	184
Kerewan	19.3	1,016	16.8	7.8	23.9	51.0	0.5	100.0	196
Kuntaur	38.6	320	7.6	61.0	5.7	25.4	0.3	100.0	124
Janjanbureh	27.9	519	12.3	6.3	11.0	69.8	0.5	100.0	145
Basse	14.3	650	37.8	38.8	4.0	18.9	0.6	100.0	93
Area of Residence									
Urban	41.9	4,557	41.5	18.1	8.6	31.5	0.3	100.0	1,911
Rural	28.2	3,234	7.0	17.2	9.0	66.3	0.6	100.0	913
Education of household head									
None	30.7	5,332	18.8	19.1	9.8	52.0	0.3	100.0	1,635
Primary	38.2	508	26.8	23.8	7.9	40.3	1.3	100.0	194
Secondary+	50.7	1,929	49.4	14.7	7.2	28.2	0.4	100.0	979
Missing/DK	78.5	21	80.9	10.8	0.0	8.3	0.0	100.0	16
Wealth index quintiles									
Poorest	28.4	1,301	4.6	18.9	7.2	68.2	1.1	100.0	370
Second	30.2	1,408	4.0	12.7	7.9	74.8	0.6	100.0	425
Middle	28.7	1,428	7.8	17.9	12.3	61.0	1.0	100.0	410
Fourth	32.3	1,697	20.8	20.7	13.7	44.7	0.2	100.0	547
Richest	54.8	1,957	63.2	18.0	5.7	13.2	0.0	100.0	1,072
Ethnicity of household head									
Mandinka	34.5	2,283	30.5	15.6	9.9	43.1	0.9	100.0	789
Wollof	35.5	1,084	38.4	19.6	9.7	31.9	0.4	100.0	384
Jola	39.9	1,076	13.4	9.4	12.8	63.7	0.6	100.0	430
Fula	34.0	1,802	23.9	26.4	6.7	42.9	0.0	100.0	613
Serere	38.8	323	37.4	15.6	8.6	38.4	0.0	100.0	125
Sarahuleh	31.3	418	32.6	28.3	4.9	33.8	0.4	100.0	131
Creole/ Aku Marabou	68.1	61	81.4	5.0	6.5	7.1	0.0	100.0	42
Manjago	38.9	138	21.7	3.1	8.3	66.8	0.0	100.0	54
Bambara	37.2	136	32.3	18.6	7.3	41.7	0.0	100.0	51
Other ethnic group	44.7	83	13.4	23.2	0.0	63.4	0.0	100.0	37
Non Gambian	48.2	300	70.1	12.6	3.3	14.1	0.0	100.0	145
Missing/DK	27.7	87	27.6	24.2	5.4	42.8	0.0	100.0	24
Total	36.2	7,791	30.3	17.8	8.7	42.7	0.4	100.0	2,824

[1] MICS indicator 4.6

Table WS.10: Availability of soap

Percent distribution of households by availability of soap in the dwelling, The Gambia, 2010

| | Place for handwashing observed | | | | | | Place for handwashing not observed | | | | | Percentage of households with soap anywhere in the dwelling[1] | Number of households |
| | | Soap not observed at place for handwashing | | | | | | | | | | | |
	Soap observed	Soap shown	No soap in household	Not able/ Does not want to show soap	Missing	Total	Soap shown	No soap in household	Not able/ Does not want to show soap	Missing	Total		
LGA													
Banjul	78.5	15.8	4.3	1.4	0.0	100.0	52.6	47.0	0.1	0.3	100.0	67.9	291
Kanifing	59.2	34.0	6.6	0.2	0.0	100.0	59.7	39.7	0.6	0.0	100.0	76.4	2,138
Brikama	20.1	52.4	26.4	0.0	1.1	100.0	46.8	53.2	0.1	0.0	100.0	56.6	2,385
Mansakonko	19.4	58.8	21.3	0.0	0.5	100.0	58.3	39.0	0.0	2.7	100.0	66.1	473
Kerewan	40.7	4.4	54.4	0.0	0.5	100.0	17.4	82.2	0.3	0.1	100.0	22.8	1,016
Kuntaur	13.3	1.3	85.1	0.0	0.3	100.0	10.1	89.8	0.1	0.0	100.0	11.8	320
Janjanbureh	23.3	52.0	18.7	2.7	3.2	100.0	36.0	63.4	0.2	0.4	100.0	47.0	519
Basse	41.7	32.1	16.4	8.1	1.8	100.0	37.3	49.8	12.7	0.1	100.0	42.5	650
Area of Residence													
Urban	50.1	37.2	12.0	0.3	0.4	100.0	54.6	44.8	0.5	0.2	100.0	68.3	4,557
Rural	16.0	40.3	41.4	1.1	1.2	100.0	28.3	68.5	3.0	0.3	100.0	36.2	3,234
Education of household head													
None	28.6	40.9	29.1	0.7	0.6	100.0	37.3	60.3	2.1	0.2	100.0	47.2	5,332
Primary	34.7	39.9	23.4	0.7	1.3	100.0	52.8	46.1	0.9	0.2	100.0	61.1	508
Secondary+	56.7	33.6	8.9	0.2	0.6	100.0	58.3	41.3	0.1	0.3	100.0	74.5	1,929
Missing/DK	80.9	19.1	0.0	0.0	0.0	100.0	0.0	100.0	0.0	0.0	100.0	78.5	21
Wealth index quintile													
Poorest	11.8	36.5	49.7	0.7	1.2	100.0	19.5	77.5	2.8	0.2	100.0	27.7	1,301
Second	11.9	52.9	33.0	0.6	1.5	100.0	33.0	65.0	1.7	0.2	100.0	42.6	1,408
Middle	20.1	45.3	33.4	0.1	1.1	100.0	39.7	57.9	2.1	0.3	100.0	47.1	1,428
Fourth	34.4	46.5	17.7	0.8	0.6	100.0	53.7	44.4	1.5	0.4	100.0	62.5	1,697
Richest	68.8	26.0	4.7	0.5	0.0	100.0	64.7	35.3	0.0	0.0	100.0	81.2	1,957

Table WS.10: Availability of soap (cont.)

Percent distribution of households by availability of soap in the dwelling, The Gambia, 2010

| | Place for handwashing observed | | | | | | Place for handwashing not observed | | | | | Percentage of households with soap anywhere in the dwelling[1] | Number of households |
| | Soap observed | Soap not observed at place for handwashing | | | | Total | Soap shown | No soap in household | Not able/ Does not want to show soap | Missing | Total | | |
		Soap shown	No soap in household	Not able/ Does not want to show soap	Missing								
Ethnicity of household head													
Mandinka	40.3	42.2	16.2	0.2	1.2	100.0	42.6	55.3	1.8	0.2	100.0	56.4	2,283
Wollof	48.1	26.1	24.8	0.3	0.7	100.0	37.6	61.7	0.3	0.4	100.0	50.5	1,084
Jola	26.3	44.2	28.2	0.6	0.8	100.0	45.6	54.0	0.4	0.1	100.0	55.5	1,076
Fula	30.6	41.9	26.5	0.8	0.2	100.0	38.9	59.2	1.7	0.2	100.0	50.4	1,802
Serere	46.1	25.6	28.2	0.2	0.0	100.0	51.8	47.6	0.6	0.0	100.0	59.5	323
Sarahuleh	37.5	42.8	15.2	2.9	1.6	100.0	41.5	48.8	9.5	0.2	100.0	53.6	418
Creole/ Aku Marabou	87.9	12.1	0.0	0.0	0.0	100.0	79.5	20.5	0.0	0.0	100.0	93.5	61
Manjago	30.1	44.3	25.6	0.0	0.0	100.0	38.5	61.5	0.0	0.0	100.0	52.4	138
Bambara	39.6	41.1	17.3	2.0	0.0	100.0	33.2	66.1	0.7	0.0	100.0	50.9	136
Other ethnic group	13.4	67.4	19.2	0.0	0.0	100.0	45.1	54.9	0.0	0.0	100.0	61.0	83
Non Gambian	73.4	19.6	6.5	0.5	0.0	100.0	56.7	42.8	0.5	0.0	100.0	74.2	300
Missing/DK	33.0	37.1	29.9	0.0	0.0	100.0	58.5	38.7	0.4	2.4	100.0	61.7	87
Total	39.0	38.2	21.5	0.5	0.7	100.0	42.3	55.8	1.7	0.2	100.0	55.0	7,791

1 MICS indicator 4

VIII. Reproductive Health

Fertility

In MICS4, adolescent birth rates and total fertility rates are calculated by using information on the date of last birth of each woman and are based on the one-year period (1-12 months) preceding the survey. Rates are underestimated by a very small margin due to absence of information on multiple births (twins, triplets etc.) and on women having multiple deliveries during the one year period preceding the survey.

Table RH.1 shows adolescent birth rates and total fertility rate. The adolescent birth rate (age-specific fertility rate for women age 15-19) is defined as the number of births to women age 15-19 years during the one year period preceding the survey, divided by the average number of women age 15-19 (number of women-years lived between ages 15 through 19, inclusive) during the same period, expressed per 1000 women. The total fertility rate (TFR) is calculated by summing the age-specific fertility rates calculated for each of the 5-year age groups of women, from age 15 through to age 49. The TFR denotes the average number of children to which a woman will have given birth by the end of her reproductive years if current fertility rates prevailed.

According to Table RH.1, total fertility rate (TFR) is 5.8 children per woman. Kuntaur LGA has the highest fertility rate of 7.7 children per woman followed by Mansakonko and Basse with 6.9 and 7 children per woman each. Banjul and Kanifing have the lowest fertility rates of 3.1 and 4.5 children per woman respectively. The data also shows that whilst urban areas have a TFR of 5.0 births per woman, rural have a TFR of 6.7 children per woman. Analysis of the data by mother's education shows that the higher the woman's education the fewer the children she is likely to have.

A review of the data by ethnicity of household head shows some notable differences. Bambara, Sarahuleh and Fula headed households have the highest TFR of 7.6, 6.5 and 6.2 children per woman respectively and households headed by Creole/Aku Marabou and Sereres have the lowest TFR with 3.2 and 4.7 children per woman respectively.

Sexual activity and childbearing early in life carry significant risks for young people all around the world. Table RH.2 presents some early childbearing indicators for women age 15-19 and 20-24 while Table RH.3 presents the trends for early childbearing. As shown in Table RH.2, 15.3 per cent of women age 15-19 have already given birth, 3.8 percent are pregnant with their first child, 19.1 percent have begun childbearing and 1.2 percent has had a live birth before age 15.

Analysing the data by place of residence, shows that the percentage of women age 15 -19 who began childbearing is higher in rural (24.2%) than in urban areas (14.2%). It has also been observed that the educational attainment of the woman had an effect on early child bearing as the proportions range from 38.5 per cent for women with no education to 8.7 per cent for women with secondary education and above. A similar trend has been observed for women aged 20 – 24 as the richer the household, the higher the educational attainment of the woman, the lower the likelihood that they will have a live birth before age 18.

Table RH.1: Adolescent birth rate and total fertility rate

Adolescent birth rates and total fertility rates, The Gambia, 2010		
	Adolescent birth rate1 (Age-specific fertility rate for women age 15-19)	Total fertility rate
LGA		
Banjul	22	3.1
Kanifing	70	4.5
Brikama	110	5.8
Mansakonko	111	6.9
Kerewan	155	6.7
Kuntaur	196	7.7
Janjanbureh	134	6.1
Basse	165	7.0
Area of Residence		
Urban	75	5.0
Rural	161	6.7
Women's education		
None	210	6.7
Primary	128	7.2
Secondary+	59	3.8
Wealth index quintile		
Poorest	185	7.1
Second	148	6.9
Middle	125	6.0
Fourth	116	6.0
Richest	45	4.0
Ethnicity of household head		
Mandinka/Jahanka	91	5.8
Wollof	123	6.0
Jola/Karoninka	104	5.1
Fula/Tukulor/Lorobo	154	6.2
Serere	47	4.7
Sarahuleh	162	6.5
Creole /Aku Marabou	0	3.2
Manjago	65	4.6
Bambara	250	7.6
Other ethnic group	197	5.2
Non-Gambian	54	4.2
Missing	60	6.3
Total	118	5.8

[1] MICS indicator 5.1; MDG indicator 5.4

Table RH.2: Early childbearing

Percentage of women age 15-19 years who have had a live birth or who are pregnant with the first child and percentage of women age 15-19 years who have begun childbearing, percentage of women who have had a live birth before age 15, and percentage of women age 20-24 who have had a live birth before age 18, The Gambia, 2010

	Percentage of women age 15-19 who:				Number of women age 15-19	Percentage of women age 20-24 who have had a live birth before age 18[1]	Number of women age 20-24
	Have had a live birth	Are pregnant with first child	Have begun childbearing	Have had a live birth before age 15			
LGA							
Banjul	4.9	1.5	6.4	0.2	80	11.8	84
Kanifing	10.6	2.7	13.3	1	843	14.9	807
Brikama	13.7	2.7	16.5	1.2	997	20.6	877
Mansakonko	12.7	5.7	18.3	1.2	214	21	165
Kerewan	21.6	4.8	26.4	0.6	459	30.5	315
Kuntaur	20.8	5.3	26.1	0.9	166	35.3	128
Janjanbureh	18.5	5.4	23.9	2	270	24.9	201
Basse	20.5	5.1	25.6	2.4	453	36.3	456
Area of Residence							
Urban	10.9	3.3	14.2	0.9	1768	15.8	1668
Rural	19.8	4.3	24.2	1.6	1713	32.2	1366
Education							
None	31.5	7	38.5	2.1	926	34.1	1386
Primary	14.8	5	19.9	2	766	31.9	369
Secondary+	7.1	1.6	8.7	0.5	1789	8.8	1280
Wealth index quintile							
Poorest	21.7	5.4	27.2	1.7	587	37.7	405
Second	19.3	3.5	22.7	0.7	645	29	507
Middle	15.1	4.1	19.2	0.5	643	25	566
Fourth	14.6	3.6	18.2	2	751	20.2	738
Richest	8.6	2.9	11.5	1.2	854	13.7	818
Ethnicity of household head							
Mandinka/Jahanka	12.2	3.2	15.4	1.5	1104	19.7	965
Wollof	15.2	4.4	19.6	0.2	476	18.5	420
Jola/Karoninka	10.8	1.1	11.8	0	447	17.5	396
Fula/Tukulor/Lorobo	22.8	5.4	28.1	1.7	710	34.9	546
Serere	9	1.4	10.4	0	128	13	100
Sarahuleh	18.1	5.4	23.4	0.9	335	28	361
Creole / Aku Marabou	(6.7)	(0)	(6.7)	(0)	32	(*)	14
Manjago	8.1	4.2	12.2	0	54	18.6	57
Bambara	26.3	8.8	35.1	0	60	(17.8)	43
Other ethnic group	30.8	0.3	31.1	13.7	49	22,2	54
Non-Gambian	5.6	7.2	12.9	1.5	48	41.8	52
Missing/DK	10.5	4.4	14.9	8.5	36	31.6	26
Total	15.3	3.8	19.1	1.2	3481	23.1	3034

[1] MICS indicator 5.2
( ) Figures that are based on 25-49 unweighted cases;   (*) Figures that are based on less that 25 unweighted cases

RH.3: Trends in early childbearing

	Urban				Rural				All			
	Percentage of women with a live birth before age 15	Number of women	Percentage of women with a live birth before age 18	Number of women	Percentage of women with a live birth before age 15	Number of women	Percentage of women with a live birth before age 18	Number of women	Percentage of women with a live birth before age 15	Number of women	Percentage of women with a live birth before age 18	Number of women
Age												
15-19	0.9	1768	.	0	1.6	1713	.	0	1.2	3481	.	0
20-24	3.3	1668	15.8	1668	3.3	1366	32.2	1366	3.3	3034	23.1	3034
25-29	3.3	1418	19.1	1418	4.6	1272	29.2	1272	3.9	2690	23.9	2690
30-34	6.6	1075	29.2	1075	5.5	934	39.9	934	6.1	2008	34.2	2008
35-39	5.8	766	25.4	766	4.1	827	34.7	827	4.9	1592	30.2	1592
40-44	4.7	490	35.7	490	8.8	592	41.7	592	6.9	1081	39.0	1081
45-49	5.1	381	35.8	381	2.8	417	32.3	417	3.9	798	34.0	798
Total	3.6	7565	23.3	5797	3.9	7120	34.2	5407	3.8	14685	28.6	11204

Percentage of women who have had a live birth, by age 15 and 18, by residence and age group, The Gambia, 2010

Table RH.3 provides trends in early childbearing. Overall, 3.8 per cent of women have had a live birth before 15 years of age, 28.6 per cent have had a live birth before 18 years of age. Early child bearing is more common in rural areas (34.2%) compared to urban areas (23.3%). Among women 20-24 years old, 3.3 per cent have had a live birth before 15 years of age, 23.1 per cent have had a live birth before 18 years of age.

36 percent of 45-49 urban women report to have given birth before the age of 18 while this percentage is 29 per cent for women 30-34 and 16 for women 20-24. There is a notable sharp decline in early pregnancies among urban women. The situation in rural areas for instance has not changed at all between generations. Overall, early pregnancies tend to decrease due to strong decline in urban settings.

Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the number of children. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many is critical.

Current use of contraception was reported by 13.3 per cent of women currently married or in union (Table RH.4). The most popular method is the use of injectables, which are used by 3.4 per cent of married women in The Gambia. The next most popular method is the pill, which accounts for 3.2 percent of married women. About 2 percent and 1.4 percent use the lactational amenorrhea method (LAM) and periodic abstinence respectively. The other methods in table RH4 include implants, IUD, female sterilization, male condom and withdrawal.

Table RH.4: Use of contraception

Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, The Gambia, 2010

	Not using any method	Percent of women (currently married or in union) who are using:								Number of women currently married or in union
		Injectables	Pill	LAM	Periodic abstinence	Others	Any modern method	Any traditional method	Any method[1]	
LGA										
Banjul	73.4	8.7	8.8	2.7	1.5	5.7	21.3	5.3	26.6	214
Kanifing	72.8	5.1	6.5	5.7	2.8	7	16.9	10.3	27.2	2025
Brikama	90.5	3.4	2.9	0.3	0.2	2.7	7.2	2.3	9.5	2535
Mansakonko	88.6	3.4	2.1	0.2	1	4.7	7.4	3.9	11.4	627
Kerewan	93.6	3.7	2	0	0	0.7	5.9	0.5	6.4	1394
Kuntaur	90.3	2.3	2.8	0	1.2	3.3	5.9	3.9	9.7	601
Janjanbureh	91.8	2.5	2.3	0	0.3	3	5.9	2.3	8.2	866
Basse	89.1	1.5	1.1	2.7	3.4	2.2	3.5	7.4	10.9	1697
Area of Residence										
Urban	81.4	4.9	4.8	2.7	1.4	4.6	12.9	5.7	18.6	4515
Rural	91.2	2.2	1.9	1	1.4	2.4	4.8	4.1	8.8	5444
Age										
15-19	95.7	0.5	0.9	0.1	1.6	1.3	2.4	1.9	4.3	818
20-24	89.6	2.3	2.6	1.6	1	3	5.8	4.7	10.4	1936
25-29	86.8	3.3	3.3	2.4	1.5	2.7	7.7	5.5	13.2	2237
30-34	84	3.8	4.9	1.9	1.7	3.7	10.8	5.2	16	1819
35-39	82	4.7	3.6	3.2	1.5	5	11.3	6.7	18	1452
40-44	84.9	5.1	3.2	0.9	1.2	7.7	11.3	3.8	15.1	974
45-49	87.6	4.9	2.2	0.2	1.2	4	9.7	2.7	12.4	723
Number of living children										
0	99.3	0	0.2	0	0	0.5	0.7	0	0.7	1109
1	90.3	1.2	2.8	0.6	1.8	3	5.8	3.9	9.7	1572
2	86.7	2.9	3.4	2.3	1.9	2.9	7.6	5.7	13.3	1642
3	83.7	4.9	3.6	2.1	1.2	4.4	10.4	5.9	16.3	1540
4+	83.1	4.9	4	2.3	1.4	4.2	11.2	5.7	16.9	4097
Education										
None	89.2	2.7	2.4	1.7	1.2	2.9	6.3	4.6	10.8	6889
Primary	83.5	4.2	4.5	2.6	1.3	3.6	10.3	6.1	16.5	1252
Secondary+	79.7	5.7	5.4	1.5	2.2	5.5	15.5	4.8	20.3	1818
Wealth index quintile										
Poorest	92.2	1.6	1.5	0.5	1.4	2.9	3.7	4.1	7.8	1880
Second	90.5	2.7	2.2	0.7	0.7	3.2	6.4	3.1	9.5	1869
Middle	87.6	4.2	2.5	1.6	1.4	2.6	7.7	4.7	12.4	1984
Fourth	86.1	3.6	3	3.1	1.3	2.8	8.1	5.8	13.9	2195
Richest	77.9	4.9	6.7	2.6	2.2	5.7	16	6	22.1	2030

Table RH.4: Use of contraception (cont.)

Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, The Gambia, 2010

| | Not using any method | Percent of women (currently married or in union) who are using: | | | | | | | | Number of women currently married or in union |
		Injectables	Pill	LAM	Periodic abstinence	Others	Any modern method	Any traditional method	Any method[1]	
Ethnicity of household head										
Mandinka	87.1	3.7	3	1.5	1.3	3.3	8.5	4.3	12.9	3000
Wollof	86.5	4.3	4.4	0.9	0.6	3.3	10.7	2.8	13.5	1539
Jola	83.7	3.8	4.2	2.4	0.7	4.9	10.1	6.2	16.3	1043
Fula	87.9	2.2	3	2.2	1.9	2.7	6.3	5.8	12.1	2149
Serere	78.7	9.1	4.8	1.7	1.5	4.3	16.7	4.6	21.3	340
Sarahuleh	91.7	1.2	1.1	2.8	1.2	1.9	3.5	4.8	8.3	1171
Creole/Aku Marabou	(86.1)	(4.6)	(0)	(0)	(4.1)	(5.2)	(-9.8)	(-4.1)	(-13.9)	28
Manjago	68.5	7.8	3.5	3.9	5.8	10.5	12.9	18.6	31.5	105
Bambara	89.4	5.6	2	0	1.1	2	8.8	1.8	10.6	171
Other ethnic group	73.6	5.5	6.1	2.3	5.9	6.7	17.5	8.9	26.4	161
Non-Gambian	85.1	3	2.4	0	0.4	9.1	13.7	1.2	14.9	119
Missing/DK	91.4	1.9	2.2	0	1.2	3.3	5.6	2.9	8.6	132
Total	86.7	3.4	3.2	1.8	1.4	3.5	8.5	4.8	13.3	9960

1 MICS indicator 5.3; MDG indicator 5.3
( ) Figures that are based on 25-49 unweighted cases

Contraceptive prevalence among married women is highest in Kanifing and Banjul with about 27 percent each and lowest in Kerewan and Janjanbureh with about 6.4 and 8.2 percent respectively. In Kerewan, contraceptive use is rare; only 6.4 percent of married women reported using any method. Adolescents are far less likely to use contraception than older women. Only 4.3 percent of married or in union women aged 15-19 currently use a method of contraception compared to 10.4 percent of 20-24 year olds and 18 percent for women age 35 – 39 years.

Women's education levels are strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 10.8 percent among those with no education to 16.5 percent among women with primary education, and to 20.3 percent among women with secondary education and above. In addition to differences in prevalence, the method mix varies by education. About 7 per cent of contraceptive users with no or primary education use the pill. Similarly, 5.4 percent of contraceptive users with secondary and higher education use the pill.

Unmet Need

Unmet need for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting). Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences.

Table RH.5 shows the results of the survey on contraception, unmet need, and the demand for contraception satisfied. Unmet need for spacing is defined as percentage of women who are not using a method of contraception AND

- are not pregnant and not postpartum amenorrheic[10] and are fecund[11] and say they want to wait two or more years for their next birth OR
- are not pregnant and not postpartum amenorrheic and are fecund and unsure whether they want another child OR
- are pregnant and say that pregnancy was mistimed: would have wanted to wait OR
- are postpartum amenorrheic and say that the birth was mistimed: would have wanted to wait

Unmet need for limiting is defined as percentage of women who are not using a method of contraception AND

- are not pregnant and not postpartum amenorrheic and are fecund and say they do not want any more children OR
- are pregnant and say they didn't want to have a child OR
- are postpartum amenorrheic and say that they didn't want the birth

Total unmet need for contraception is simply the sum of unmet need for spacing and unmet need for limiting.

Table RH.5 provides the percentage of women age 15-49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied. Approximately 22 percent of women aged 15-49 years have unmet need for contraception, of which 17 per cent is for spacing and the remaining 4.5 per cent is for limiting. Analyzing the data by the different age groups, unmet need for contraception remains generally the same across the different age cohorts.

Among those wanting to use contraception, 38.3 percent are currently using contraceptives and /or their demands are met. It is observed that the proportion of women whose need for contraception is met increases as the household becomes richer and as the age of the woman increases. Analyzing the data by Local Government Area shows that unmet need for contraception is highest in Kerewan with 28.7 per cent followed by Brikama with 24 per cent and Kanifing has the lowest proportion with 17.2 per cent.

Only 13.3 per cent of women have met need for contraception of which 9.4 per cent is for spacing and 4 per cent is for limiting. Banjul and Kanifing, which are entirely urban settlements, have the highest proportions of met need for contraception with 26.6 and 27.2 per cent respectively and Kerewan has the lowest proportion with 6.4 per cent. It is also observed that the higher the educational attainment of the woman and the richer the household, the higher the number of woman to have met need for contraception. Older women were also more likely to have met need than woman in the younger age groups.

Met need for limiting includes women who are using a contraceptive method and who want no more children, are using male or female sterilization or declare themselves as infecund. Met need for spacing includes women who are using a contraceptive method and who want to have another child or undecided whether to have another child. The total of met need for spacing and limiting adds up to the total met need for contraception.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. Percentage of demand satisfied is defined as the proportion of women currently married or in a marital union who are currently using contraception, of the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting), plus those who are currently using contraception.

[10] A women is postpartum amenorrheic if she had a birth in last two years and is not currently pregnant, and her menstrual period has not returned since the birth of the last child
[11] A women is considered infecund if she is neither pregnant nor postpartum amenorrheic, and
(1a) has not had menstruation for at least six months, or (1b) never menstruated, or (1c) her last menstruation occurred before her last birth, or (1d) in menopause/has had hysterectomy OR
(2) She declares that she has had hysterectomy, or that she has never menstruated or that she is menopausal, or that she has been trying to get pregnant for 2 or more years without result in response to questions on why she thinks she is not physically able to get pregnant at the time of survey OR
(3) She declares she cannot get pregnant when asked about desire for future birth OR
(4) She has not had a birth in the preceding 5 years, is currently not using contraception and is currently married and was continuously married during the last 5 years preceding the survey

Table RH.5: Unmet need for contraception

Percentage of women age 15-49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, The Gambia, 2010

	Met need for contraception			Unmet need for contraception			Number of women currently married or in union	Percentage of demand for contraception satisfied	Number of women currently married or in union with need for contraception
	For spacing	For limiting	Total	For spacing	For limiting	Total¹			
LGA									
Banjul	17.5	9.2	26.6	15.7	4.2	19.9	214	57.3	100
Kanifing	17.6	9.6	27.2	14.4	2.9	17.2	2025	61.2	899
Brikama	7.4	2.1	9.5	19.1	4.9	24	2535	28.4	850
Mansakonko	9	2.9	12	13.8	5.9	19.6	627	37.8	198
Kerewan	4.7	1.7	6.4	24.4	4.3	28.7	1394	18.2	489
Kuntaur	7.1	2.6	9.7	17.2	4.6	21.8	601	30.9	189
Janjanbureh	5.5	2.7	8.2	11.7	3.7	15.4	866	34.7	204
Basse	8.2	2.8	11	14.9	6.1	21	1697	34.4	544
Area of Residence									
Urban	12.7	6	18.7	16.7	3.8	20.5	4515	47.7	1773
Rural	6.6	2.3	8.9	17.3	5.1	22.4	5444	28.4	1700
Age									
15-19	4.4	0	4.4	21.6	0	21.6	818	16.8	213
20-24	10.5	0	10.6	22.8	0.1	23	1936	31.5	649
25-29	12.6	0.7	13.3	19	0.4	19.4	2237	40.7	733
30-34	12.8	3.3	16.1	18.6	2.8	21.4	1819	42.9	683
35-39	9.3	8.7	18	14.3	7.8	22.2	1452	44.8	583
40-44	3.8	11.3	15.1	8.4	15.1	23.5	974	39.1	376
45-49	1.1	11.3	12.4	2.9	17.4	20.3	723	37.8	236
Education									
None	7.3	3.6	10.9	15.8	5.5	21.4	6889	33.9	2225
Primary	12.3	4.2	16.5	15.8	3	18.8	1252	46.7	441
Secondary+	15.1	5.2	20.3	22.3	1.8	24.1	1818	45.7	807

Table RH.5: Unmet need for contraception (cont.)

Percentage of women age 15-49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, The Gambia, 2010

	Met need for contraception			Unmet need for contraception			Number of women currently married or in union	Percentage of demand for contraception satisfied	Number of women currently married or in union with need for contraception
	For spacing	For limiting	Total	For spacing	For limiting	Total[1]			
Wealth index quintiles									
Poorest	5.4	2.4	7.8	17.8	5.2	23	1880	25.3	580
Second	7.3	2.2	9.5	16.5	5.2	21.7	1869	30.4	583
Middle	8.6	3.8	12.5	17.9	6.8	24.7	1984	33.6	737
Fourth	10.3	3.7	14	18.4	3.4	21.8	2195	39.1	786
Richest	14.7	7.5	22.2	14.3	2.3	16.6	2030	57.2	787
Ethnicity of household head									
Mandinka/Jahanka	9.0	3.9	12.9	17.9	4.1	22	3000	37.1	1048
Wollof	9.3	4.3	13.6	18.4	3.8	22.2	1539	38	551
Jola/Karoninka	11.7	4.6	16.3	12.3	5	17.3	1043	48.5	351
Fula/Tukulor/Lorobo	9	3.2	12.1	15.4	5	20.4	2149	37.3	700
Serere	12.8	8.5	21.3	23.4	7.6	31	340	40.8	178
Sarahuleh	6.7	1.8	8.4	18	4.5	22.5	1171	27.3	362
Creole/Aku Marabou	*	*	*	*	*	*	28	*	9
Manjago	22	9.5	31.5	22.9	7.6	30.5	105	50.8	65
Bambara	5.4	5.2	10.6	27.6	4.1	31.7	171	25	72
Other ethnic group	12.9	2	14.9	12.9	1.3	14.3	119	51.1	35
Non-Gambian	16.3	11.2	27.5	13.2	5	18.2	161	60.2	74
Missing/Dk	5.7	2.9	8.6	7.3	5.8	13.1	132	(39.5)	29
Total	9.4	4	13.3	17	4.5	21.5	9960	38.3	3473

[1] MICS indicator 5.4; MDG indicator 5.6

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:

- Blood pressure measurement
- Urine testing for bateriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional)

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding is presented in Table RH.6. Coverage of antenatal care (by a doctor, nurse/ midwife and auxiliary nurse) is relatively high in The Gambia with 98.1 per cent of women receiving antenatal care at least once during the pregnancy. The lowest level of antenatal care is found in Mansakonko (97.2%), while the highest in Banjul (99.6%).

The proportion of women provided with antenatal care coverage by any skilled personnel is almost the same in urban and rural areas. Regarding the age and educational attainment of the woman, wealth quintile and ethnicity of household head no significant differences have been observed in the provision of antenatal care from any skilled personnel.

UNICEF and WHO recommend a minimum of at least four antenatal care visits during pregnancy. Table RH.7 shows the number of antenatal care visits during the last pregnancy during the two years preceding the survey, regardless of provider by selected characteristics. At least nine in ten mothers (94.2%) receive antenatal care more than once and over two-thirds of mothers received antenatal care at least four times (72%). Mothers from the poorest and fourth wealth quintile households and those with no education are less likely than more advantaged mothers to receive ANC four or more times. For example, 68.8 percent of the women living in the poorest households reported four or more antenatal care visits compared with 78.4 percent among those living in richest households.

The types of services pregnant women received are shown in table RH.8. Among those women who have given birth to a child during the two years preceding the survey, 91.8 per cent reported that a blood sample was taken during antenatal care visits, 97 percent reported that their blood pressure was checked, 86.3 percent reported that a urine specimen was taken.

There are differentials in the percentage of women age 15-49 who received various types of services during antenatal visits by place of residence (91.1% urban compared to 79.3% rural). Not much difference has been observed in the educational attainment of the women who received the various types of services during antenatal visits. The older the woman at the age of giving birth, the more likely of her getting antenatal care services during ANC visits. Analysing the data by the socio-economic status of households shows that women from the richest households were more likely to receive antenatal care than women with lower levels of education.

Table RH.6: Antenatal care coverage

Percent distribution of women age 15–49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, The Gambia, 2010

	Person providing antenatal care							Total	Any skilled personnel[1]	Number of women who gave birth in the preceding two years
	Medical doctor	Nurse/ Midwife	Auxiliary nurse	Traditional birth attendant	Relative/ Friend	Other	No antenatal care received			
LGA										
Banjul	20.3	79.3	0	0	0	0	0.4	100.0	99.6	89
Kanifing	9.5	88.5	0.5	0	0.2	0	1.2	100.0	98.5	908
Brikama	2.2	95.7	0	0	0.2	0.1	1.8	100.0	97.9	1379
Mansakonko	1.9	92.6	2.7	0.3	0.1	0.2	2.3	100.0	97.2	311
Kerewan	39.1	55.9	3.5	0	0	0	1.4	100.0	98.6	723
Kuntaur	1.4	95.8	1.1	0	0	0.1	1.6	100.0	98.3	310
Janjanbureh	3.7	91	3	0.2	0	0.6	1.5	100.0	97.7	412
Basse	1.7	95.7	0	0.2	0	0.5	1.8	100.0	97.5	832
Area of Residence										
Urban	7.7	90	0.4	0	0.2	0.1	1.6	100.0	98.1	2135
Rural	10.4	86	1.6	0.1	0	0.2	1.6	100.0	98	2828
Mother's age at birth										
Less than 20	8.9	87.9	1	0.1	0.3	0.2	1.8	100.0	97.7	776
20-34	9.2	88.1	0.9	0.1	0.1	0.1	1.5	100.0	98.2	3319
35-49	10.2	85.4	2.2	0	0	0.1	2.1	100.0	97.8	707
Missing	6.6	90.5	0.6	0	0	2	0.3	100.0	97.7	161
Education										
None	8.8	87.8	1.3	0.1	0	0.2	1.9	100.0	97.8	3236
Primary	9.6	87.8	1.2	0	0.3	0.1	1.1	100.0	98.5	713
Secondary+	10.4	87.6	0.5	0	0.3	0.1	1.2	98.5	1014	
Wealth index quintiles										
Poorest	12	84.6	0.9	0.1	0	0.4	2	100.0	97.5	1033
Second	10.4	86	1.7	0.1	0	0.2	1.6	100.0	98.1	968
Middle	6.3	89.8	1.5	0.1	0	0.2	2	100.0	97.7	1000
Fourth	5.6	91.2	1	0.1	0.4	0	1.6	100.0	97.9	1100
Richest	12.4	86.6	0.3	0	0	0.1	0.7	100.0	99.2	862

Table RH.6: Antenatal care coverage

Percent distribution of women age 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, The Gambia, 2010

| | Person providing antenatal care | | | | | | | | Number of women |
	Medical doctor	Nurse/ Midwife	Auxiliary nurse	Traditional birth attendant	Relative/ Friend	Other	No antenatal care received	Total	Any skilled personnel[1]	who gave birth in the preceding two years
Ethnicity of household head										
Mandinka/Jahanka	8.5	87.7	1.4	0.1	0.2	0.2	2	100.0	97.6	1426
Wollof	17.9	79.7	1.5	0	0	0.1	0.9	100.0	99	778
Jola/Karoninka	4.1	94.6	0.5	0	0.4	0	0.5	100.0	99.1	573
Fula/Tukulor/Lorobo	7.8	88.8	1	0.1	0	0.3	1.9	100.0	97.7	1055
Serere	12.7	82.4	2.6	0	0	0	2.3	100.0	97.7	163
Sarahuleh	3.5	94.7	0	0.1	0	0.4	1.2	100.0	98.2	607
Creole / Aku Marabou	11	78.5	0	0	0	0	10.5	100.0	(*)	14
Manjago	4.3	91.8	3.8	0	0	0	0	100.0	100	65
Bambara	30.4	63.9	3.2	0	0	0	2.4	100.0	97.6	92
Other ethnic group	2.5	97.5	0	0	0	0	0	100.0	100	62
Non-Gambian	20.9	71.5	0	0	0	0	7.6	100.0	92.4	69
Missing/DK	0.6	96	1.4	0	0	0	2	100.0	98	59
Total	9.2	87.7	1.1	0.1	0.1	0.2	1.6	100.0	98.1	4963

1 MICS indicator 5.5a; MDG indicator 5.5

Table RH.7: Number of antenatal care visits

Percent distribution of women who had a live birth during the two years preceding the survey by number of antenatal care visits by any provider, The Gambia, 2010

	Percent distribution of women who had:						Number of women who had a live birth in the preceding two years
	No antenatal care visits	One visit	Two visits	Three visits	4 or more visits[1]	Missing/DK	Total	
LGA								
Banjul	0.4	1.7	4.7	13.6	78.1	1.5	100	89
Kanifing	1.2	2.5	6.6	16.6	70.8	2.3	100	908
Brikama	1.8	1.6	6.5	14.8	74.5	0.7	100	1379
Mansakonko	2.3	1.5	4.5	14.8	76	1.1	100	311
Kerewan	1.4	1.5	7.2	10.7	78.9	0.3	100	723
Kuntaur	1.6	4.3	10.2	21.7	60.1	2.1	100	310
Janjanbureh	1.5	2.3	3.9	20	69.6	2.8	100	412
Basse	1.8	3.1	7.9	15.7	66.8	4.7	100	832
Area of Residence								
Urban	1.6	1.9	6.7	15.5	72.7	1.5	100	2135
Rural	1.6	2.5	6.7	15.5	71.5	2.2	100	2828
Mother's age at birth								
Less than 20	1.8	4	9.8	15.7	67	1.7	100	776
20-34	1.5	1.9	6.1	15.9	72.5	2	100	3481
35-49	2.1	1.8	6.3	13.5	75	1.3	100	707
Education								
None	1.9	2.4	7.5	15.5	70.6	2.2	100	3236
Primary	1.1	2.6	6.6	13.8	74.5	1.5	100	713
Secondary+	1.2	1.5	4.5	16.8	74.9	1.2	100	1014
Wealth index quintile								
Poorest	2	2.4	8.6	17.1	68.8	1.1	100	1033
Second	1.6	1.8	6.9	14.5	73.8	1.5	100	968
Middle	2	1.4	7.2	15.2	72	2	100	1000
Fourth	1.6	3.5	7	16.5	68.5	3	100	1100
Richest	0.7	1.8	3.5	13.9	78.4	1.7	100	862
Ethnicity of household head								
Mandinka/Jahanka	2	1.6	5.7	15.4	74.3	1	100	1426
Wollof	0.9	2.7	9.1	17.2	69.1	1	100	778
Jola/Karoninka	0.5	1.2	4.9	12.9	78.5	2	100	573
Fula/Tukulor/Lorobo	1.9	2.4	8.2	18.9	67.2	1.4	100	1055
Serere	2.3	4.3	4	13.5	75.8	0.1	100	163
Sarahuleh	1.2	3.1	6	12	70.9	6.7	100	607
Creole / Aku Marabou	10.5	0	10.5	4.6	74.3	0	100	14
Manjago	0	0	7	21.4	71.6	0	100	65
Bambara	2.4	3.6	7.1	11.9	73.2	1.8	100	92
Other ethnic group	0	5.8	6	8	80.1	0	100	62
Non-Gambian	7.6	2.7	3.2	11.8	73.2	1.4	100	69
Missing/DK	2	0.6	9.2	17	68.3	2.8	100	59
Total	1.6	2.2	6.7	15.5	72	1.9	100	4963

[1] MICS indicator 5.5b; MDG indicator 5.5

Table RH.8: Content of antenatal care

Percentage of women age 15-49 years who had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care, The Gambia, 2010

	Percentage of pregnant women who had:				Number of women who had a live birth in the preceding two years
	Blood pressure measured	Urine sample taken	Blood sample taken	Blood pressure measured, urine and blood sample taken[1]	
LGA					
Banjul	99.4	96	97.2	96	89
Kanifing	97.9	95.5	97.1	94.7	908
Brikama	97.6	91.2	95.4	90.5	1379
Mansakonko	96.2	81.7	92	79.9	311
Kerewan	96.3	91.8	91.1	87.2	723
Kuntaur	96.9	62.9	80.5	61	310
Janjanbureh	97	86.1	90	82.1	412
Basse	95.5	73.1	85	70.8	832
Area of Residence					
Urban	97.6	92.4	95.8	91.1	2135
Rural	96.5	81.7	88.7	79.3	2828
Mother's age at birth					
Less than 20	95.7	79.6	88	76.8	776
20-34	97.3	87.4	92.4	85.5	3481
35-49	96.4	88.4	92.9	87.2	707
Education					
None	96.6	84.6	89.9	82.1	3236
Primary	97.7	88.7	94.4	87.5	713
Secondary+	97.7	90.3	96.1	89.5	1014
Wealth index quintile					
Poorest	96.6	79.4	88.1	76.6	1033
Second	96.8	87.9	91.6	86.2	968
Middle	96.5	85.6	91.2	83.1	1000
Fourth	96.5	86.8	92.1	85	1100
Richest	98.6	93.1	96.7	92.4	862
Ethnicity of household head					
Mandinka/Jahanka	97.4	88.7	94.2	87.6	1426
Wollof	97.6	89.7	92.4	86.5	778
Jola/Karoninka	97.6	90.9	95.7	90.4	573
Fula/Tukulor/Lorobo	96.2	80.3	87.7	78	1055
Serere	97	92.9	94.8	91.4	163
Sarahuleh	96.6	81.7	89.6	79.3	607
Creole & Aku Marabou	(*)	(*)	(*)	(*)	14
Manjago	100	87.6	95.7	83.3	65
Bambara	94.3	88.7	83.8	80.8	92
Other ethnic group	99.2	87.4	87.6	86.7	62
Non-Gambian	92.4	85.3	88.1	84.2	69
Missing/DK	95.6	75.1	92	74.3	59
Total	97	86.3	91.8	84.4	4963

[1] MICS indicator 5.6
(*) figures that are based on less than 25 unweighted cases

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant includes a doctor, nurse, midwife or auxiliary midwife.

About 57 percent of births occurring in the two years preceding the MICS survey were delivered by skilled personnel (Table RH.9). This percentage is highest in Banjul at 96.8 percent and lowest in Kuntaur at 32.8 percent. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled attendant. About 48 per cent of women with no education have been attended by skilled personnel at delivery compared to 81.7 per cent of women with secondary education and above.

More than half of the births (56.6 %) in the two years preceding the MICS survey were delivered with assistance by any skilled attendant. Doctors assisted with the delivery of 5.5 percent of births and nurses/midwives assisted with 50.6 percent. In Banjul, about 79.4 per cent of births are delivered by nurse/midwife and there was no assistance by traditional birth attendants. In the other regions (Kerewan, Kuntaur), between 28.6 and 30.2 per cent of births are delivered with the assistance of a nurse/midwife while 48.7 -40.8 per cent are delivered by a traditional birth attendant.

Table RH.9: Assistance during delivery

Percent distribution of women age 15-49 who had a live birth in the two years preceding the survey by person assisting at delivery and percentage of births delivered by C-section, The Gambia, 2010

	Person assisting at delivery							Total	Delivery assisted by any skilled attendant[1]	Percent delivered by C-section[2]	Number of women who had a live birth in preceding two years
	Medical doctor	Nurse/ Midwife	Auxiliary midwife	Traditional birth attendant	Relative/ Friend	Other	No attendant				
LGA											
Banjul	17.4	79.4	0	0	2.2	0	1	100.0	96.8	9.7	89
Kanifing	8.1	75.7	0.1	3.9	5.6	1.1	5.4	100.0	83.9	7.6	908
Brikama	2.5	63.9	0.2	21.2	10.1	1	1.1	100.0	66.6	2	1379
Mansakonko	0.7	45	2.3	36.6	10.8	3.9	0.7	100.0	48	2.7	311
Kerewan	18	28.6	0.4	48.7	2.4	1.5	0.4	100.0	47	0.6	723
Kuntaur	1.6	30.2	0.9	40.8	19.1	1.4	6	100.0	32.8	0.8	310
Janjanbureh	1.2	36.6	2.1	46	9.5	3	1.7	100.0	39.9	1.1	412
Basse	0.7	34	0	48.2	14.9	1.1	1.1	100.0	34.7	0.1	832
Area of Residence											
Urban	6.9	70.2	0.3	9.7	8.4	1.2	3.3	100.0	77.4	4.9	2135
Rural	4.4	35.9	0.7	46.1	10.1	1.7	1.2	100.0	40.9	0.7	2828
Mother's age at birth											
Less than 20	6.3	56.5	0.7	24.8	10.1	1.1	0.4	100.0	63.5	0.5	776
20-34	5.2	50.3	0.5	31.1	9.2	1.5	2.3	100.0	56	2.9	3481
35-49	5.8	45.8	0.3	33.6	9.6	1.8	3.1	100.0	51.9	3	707
Place of delivery											
Public sector health facility	9.5	89.3	0.8	0.1	0	0.1	0.2	100.0	99.6	4.3	2470
Private sector health facility	12.2	87.4	0.3	0	0	0.1	0	100.0	99.9	6.7	294
Home	0.1	2.1	0.2	70.2	21.5	1.3	4.6	100.0	2.3	0	2145
Other	0	37.4	3.9	15.7	21.5	11.2	10.3	100.0	41.3	(*)	9
Missing/DK	0	6.4	0	0.7	0.8	91.4	0.8	100.0	6.4	(*)	45
Education											
None	4.7	42.7	0.5	36.2	11.8	1.8	2.4	100.0	47.9	1.7	3236
Primary	4.3	55.6	0.7	29	7	1	2.4	100.0	60.6	2.5	713
Secondary+	8.7	72.6	0.4	13.1	3.4	0.7	1.1	100.0	81.7	5.4	1014
Wealth index quintiles											
Poorest	3.1	30.6	0.6	48.7	12.8	2	2.1	100.0	34.4	1.1	1033
Second	6	40.9	0.8	38	10.8	2.1	1.4	100.0	47.7	1.1	968
Middle	4.7	47.8	0.7	33.1	10.1	1.6	2	100.0	53.2	1.3	1000
Fourth	4.5	60	0.4	22.6	8.5	1.1	3	100.0	64.9	3.1	1100
Richest	9.8	76.8	0	7	3.9	0.6	1.9	100.0	58	2	1426

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Table RH.9: Assistance during delivery (cont.)

Percent distribution of women age 15–49 who had a live birth in the two years preceding the survey by person assisting at delivery and percentage of births delivered by C-section, The Gambia, 2010

| | Person assisting at delivery | | | | | | | Delivery assisted by any skilled attendant[1] | Percent delivered by C-section[2] | Number of women who had a live birth in preceding two years |
	Medical doctor	Nurse/ Midwife	Auxiliary midwife	Traditional birth attendant	Relative/ Friend	Other	No attendant	Total			
Ethnicity of household head											
Mandinka/Jahanka	5.1	52.1	0.8	31.7	6.5	1.7	2	100.0	55.5	4.1	778
Wollof	10.5	44.7	0.3	35.5	6.1	1.3	1.6	100.0	64.6	3	573
Jola/Karoninka	2.5	62	0.1	23.5	9.8	0.4	1.7	100.0	47.8	1.1	1055
Fula/Tukulor/Lorobo	4.2	43	0.6	30.8	15.7	2.1	3.6	100.0	81.3	1.6	163
Serere	7.7	72.8	0.8	12	3.7	1.8	1.2	100.0	53.2	2.2	607
Sarahuleh	4	49.2	0	36.4	8.3	0.8	1.3	100.0	89.5	(*)	14
Creole / Aku Marabou	0	89.5	0	0	0	0	10.5		74	3.6	65
Manjago	0	74	0	4.7	16	0.8	4.6		52.1	4.8	92
Bambara	12	38.7	1.4	43.8	1.7	2.4	0	100	52.1	4.8	92
Other ethnic group	2.5	51	0	27.6	19	0	0	100	53.4	8.9	62
Non-Gambian	12.1	62.4	1.1	5.3	15.2	3.5	0.5	100	75.6	10.2	69
Missing/DK	2.3	43.8	1.1	28.9	21.3	2	0.6	100	47.2	(*)	59
Total	5.5	50.6	0.5	30.4	9.4	1.5	2.1	100.0	56.6	2.5	4963

[1] MICS indicator 5.7; MDG indicator 5.2; [2] MICS indicator 5.9

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Place of Delivery

Increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to either the mother or the baby. Table RH.10 presents the percent distribution of women age 15-49 who had a live birth in the two years preceding the survey by place of delivery and the percentage of births delivered in a health facility, according to background characteristics.

About 56 per cent of births in The Gambia are delivered in a health facility; 49.8 per cent of deliveries occur in public sector facilities and 5.9 per cent occur in private sector facilities. Two in five births (43.2%) occur at home. By age, women 20-34 are most likely to deliver in a health facility (54.9%). Women in urban areas are almost twice more likely to deliver in a health facility than their rural counterparts (76.3 % compared to 40.1%). Banjul has the highest proportion of institutional deliveries (95%), followed by Kanifing (82.4%), while Kuntaur has the lowest proportion (32.3%). Women with higher levels of educational attainment are more likely to deliver in a health facility than women with less or no education. The proportion of births occurring in a health facility increases steadily with increasing wealth quintile, from 33.8 per cent of births in the lowest wealth quintile to 86.1 per cent among those in the highest quintile. Half of the women who made 1-3 antenatal care visits delivered at home (50.2%).

Table RH.10: Place of delivery

Percent distribution of women age 15-49 who had a live birth in two years preceding the survey by place of delivery, The Gambia, 2010

	Place of delivery					Total	Delivered in health facility[1]	Number of women who had a live birth in preceding two years
	Public sector health facility	Private sector health facility	Home	Other	Missing/DK			
LGA								
Banjul	87.7	7.3	4	0.6	0.4	100.0	95	89
Kanifing	63.8	18.7	16.5	0.3	0.7	100.0	82.4	908
Brikama	60	5.8	33.3	0	0.9	100.0	65.8	1379
Mansakonko	42.8	2	53.5	0.7	1.1	100.0	44.7	311
Kerewan	46.4	0.4	52.1	0.2	0.9	100.0	46.8	723
Kuntaur	30.9	1.5	65.7	0.4	1.5	100.0	32.3	310
Janjanbureh	35.5	2.6	60.9	0.3	0.7	100.0	38.1	412
Basse	33.1	1.7	64.3	0	1	100.0	34.8	832
Area of Residence								
Urban	65.3	11	22.7	0.2	0.8	100.0	76.3	2135
Rural	38	2.1	58.7	0.2	1	100.0	40.1	2828
Mother's age at birth								
Less than 20	59.2	3.8	36.1	0.2	0.7	100.0	63	776
20-34	48.1	6.8	44.1	0.2	0.9	100.0	54.9	3481
35-49	47.6	3.8	46.9	0.2	1.4	100.0	51.4	707
Number of antenatal care visits								
None	7.2	2.1	37	1.3	52.3	100.0	9.3	80
1-3 visits	45.1	4.3	50.2	0.2	0.2	100.0	49.4	1215
4+ visits	52.2	6.4	41.1	0.2	0	100.0	58.7	3575
Missing/DK	52.4	10	37.6	0	0		62.4	94
Education								
None	43.7	3.3	51.6	0.2	1.1	100.0	47.1	3236
Primary	54.3	5.6	39.5	0.1	0.5	100.0	59.9	713
Secondary	65.8	14.4	19.1	0.1	0.7	100.0	80.1	1014
Wealth index quintiles								
Poorest	32.2	1.6	65.1	0.1	1	100.0	33.8	1033
Second	45.3	1.6	51.8	0.2	1.1	100.0	46.9	968
Middle	49.4	2.7	46.9	0.1	0.9	100.0	52.1	1000
Fourth	58.2	5.2	35.3	0.4	0.9	100.0	63.4	1100
Richest	65.6	20.5	13.3	0.1	0.5	100.0	86.1	862
Ethnicity of household head								
Mandinka/Jahanka	53.7	3.1	42	0.1	1.1	100.0	56.8	1426
Wollof	48	6.7	44.4	0.1	0.9	100.0	54.6	778
Jola/Karoninka	58.8	5.2	35.6	0	0.4	100.0	64.1	573
Fula/Tukulor/Lorobo	41	6	52	0.3	0.7	100.0	47	1055
Serere	76.4	4.7	16.7	0.3	2	100.0	81	163
Sarahuleh	43.7	8.1	47.2	0.3	0.7	100.0	51.7	607
Creole/Aku Marabou	62.8	26.7	10.5	0	0	100.0	(*)	14
Manjago	57.1	18.2	24.7	0	0	100.0	75.3	65
Bambara	47.6	4.5	44.6	1.4	1.9	100.0	52.1	92
Other ethnic group	50	2.5	47.5	0	0	100.0	52.5	62
Non-Gambian	39.7	33.6	23.2	0	3.5	100.0	73.3	69
Missing/DK	40.3	6.6	51.1	0	2	100.0	46.9	59
Total	49.8	5.9	43.2	0.2	0.9	100.0	55.7	4963

[1] MICS indicator 5.8

IX. Child Development

Early Childhood Education and Learning

Attendance to pre-school education in an organized learning or child education program is important for the readiness of children for school.

Table CD1, 18.1 per cent of children aged 36-59 months are attending pre-school. Urban-rural and Local Government Area differentials are significant– the figure is as high as 22.4 per cent in urban areas, compared to 15 per cent in rural areas. Among children aged 36-59 months, attendance at pre-school is more prevalent in Banjul (38%), and lowest in Kuntaur (9.7%). Little gender differential exists, but differentials by socio-economic status are significant. About 32 per cent of children living in richer households attend pre-school, while the figure drops to 12.2 per cent in poorer households. It is interesting to note that the proportion of children attending pre-school at ages 48-59 months doubles that of 36-47 months (26.0% compared to 12.2%).

It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and the quality of home care is the major determinant of the child's development during this period. In this context, adult activities with children, presence of books in the home, for the child, and the conditions of care are important indicators of quality of home care. Children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting, or drawing things.

For almost half (48.3 %) of under-five children, an adult household member engaged in more than four activities that promote learning and school readiness during the 3 days preceding the survey (Table CD.2). The average number of activities that adults engaged in with children was 3.3. The table also indicates that the father's involvement in such activities was somewhat limited. Father's involvement with one or more activities was only 21.3 per cent. Notably, 28.1 per cent of children were living in a household without their fathers.

Table CD.1: Early childhood education

Percentage of children age 36-59 months who are attending an organized early childhood education programme, The Gambia, 2010

	Percentage of children age 36-59 months currently attending early childhood education[1]	Number of children age 36-59 months
Sex		
Male	17.2	2043
Female	19.1	1990
LGA		
Banjul	38.0	75
Kanifing	26.1	755
Brikama	24.5	1098
Mansakonko	13.1	275
Kerewan	11.9	586
Kuntaur	9.7	254
Janjanbureh	11.3	330
Basse	10.4	660
Area of Residence		
Urban	22.4	1702
Rural	15.0	2330
Age of child		
36-47 months	12.2	2292
48-59 months	26.0	1740
Mother's education		
None	13.0	2907
Primary	22.7	505
Secondary	38.6	620
Wealth index quintile		
Poorest	12.2	830
Second	17.0	816
Middle	15.1	862
Fourth	16.5	805
Richest	31.8	720
Ethnicity of household head		
Mandinka/Jahanka	15.8	1176
Wollof	15.5	608
Jola/Karoninka	28.5	472
Fula/Tukulor/Lorobo	13.2	903
Serere	32.9	144
Sarahuleh	12.7	439
Creole/Aku Marabou	(*)	13
Manjago	(31.0)	37
Bambara	33.4	70
Other ethnic group	38.5	51
Non Gambian	40.8	59
Missing/DK	13.3	60
Total	18.1	4032

[1] MICS indicator 6.7
(*) figures that are based on less than 25 unweighted cases; ( ) figures that are based on 25-49 unweighted cases

Table CD.2: Support for learning

Percentage of children age 36-59 months with whom an adult household member engaged in activities that promote learning and school readiness during the last three days, The Gambia, 2010

	Percentage of children age 36-59 months		Mean number of activities		Percentage of children not living with their natural father	Number of children age 36-59 months
	With whom adult household members engaged in four or more activities[1]	With whom the father engaged in one or more activities[2]	Any adult household member engaged with the child	The father engaged with the child		
Sex						
Male	49.2	23.4	3.4	.4	26.5	2043
Female	47.4	19.1	3.3	.3	29.8	1990
LGA						
Banjul	66.7	24.8	4.1	.5	38.5	75
Kanifing	50.2	22.4	3.4	.4	31.8	755
Brikama	38.6	12.0	3.1	.2	26.7	1098
Mansakonko	34.3	4.0	2.8	.1	30.7	275
Kerewan	68.8	36.5	4.3	.5	23.9	586
Kuntaur	72.3	25.3	4.0	.4	23.1	254
Janjanbureh	39.4	17.1	2.5	.2	24.7	330
Basse	43.0	29.4	3.1	.4	31.4	660
Area of Residence						
Urban	45.5	18.1	3.3	.3	29.3	1702
Rural	50.3	23.6	3.4	.3	27.2	2330
Age						
36-47 months	45.6	21.8	3.2	.3	28.5	2292
48-59 months	51.9	20.6	3.5	.3	27.6	1740
Mother's education						
None	47.0	20.5	3.2	.3	25.8	2907
Primary	43.4	24.2	3.3	.3	31.5	505
Secondary+	58.6	22.8	3.8	.4	35.9	620
Father's education						
None	45.5	25.9	3.2	.4	.0	2092
Primary	44.4	24.2	3.4	.3	.0	165
Secondary	52.1	33.6	3.6	.6	.0	633
Higher	51.5	5.7	3.4	.1	100.0	1133
Father not in household	(*)	(*)	(*)	(*)	(*)	9
Wealth index quintiles						
Poorest	50.1	24.0	3.3	.3	19.8	830
Second	50.3	20.9	3.4	.3	29.3	816
Middle	43.3	21.6	3.2	.3	29.0	862
Fourth	43.7	16.1	3.2	.2	30.7	805
Richest	55.1	24.1	3.7	.5	32.5	720

Table CD.2: Support for learning (cont.)

Percentage of children age 36-59 months with whom an adult household member engaged in activities that promote learning and school readiness during the last three days, The Gambia, 2010

	Percentage of children age 36-59 months		Mean number of activities		Percentage of children not living with their natural father	Number of children age 36-59 months
	With whom adult household members engaged in four or more activities[1]	With whom the father engaged in one or more activities[2]	Any adult household member engaged with the child	The father engaged with the child		
Mandinka/Jahanka	46.3	18.6	3.3	.3	29.4	1176
Wollof	57.0	29.4	3.5	.4	23.2	608
Jola/Karoninka	44.4	12.9	3.3	.2	31.7	472
Fula/Tukulor/Lorobo	48.4	23.6	3.2	.4	20.1	903
Serere	63.0	24.1	4.1	.4	30.8	144
Sarahuleh	42.6	21.7	3.2	.3	37.7	439
Creole/Aku Marabou	(*)	(*)	(*)	(*)	77.3	13
Manjago	(51.20)	(13.53)	(3.49)	(0.18)	(27.47)	37
Bambara	51.4	23.3	3.4	.3	26.5	70
Other ethnic group	43.3	1.3	3.3	.0	44.3	51
Non Gambian	45.9	42.8	3.3	.7	25.8	59
Missing/DK	32.3	13.7	2.9	.2	47.8	60
Total	48.3	21.3	3.3	.3	28.1	4032

[1] MICS indicator 6.1; [2] MICS Indicator 6.2
(*) figures that are based on less than 25 unweighted cases; ( ) figures that are based on 25-49 unweighted cases

There are no gender differentials in terms of adult activities with children; however, a larger proportion of fathers engaged in activities with male children (23.4%) than with female children (19.1%). Larger proportions of adults engaged in learning and school readiness activities with children in rural areas (50.3%) than in urban areas (45.5%). Large differentials by Local Government Area has been observed but differentials in socio-economic status are small: Adult engagement in activities with children was greatest in Kuntaur (72.3%) and lowest in Mansakonko (34.3%), while the proportion was 55.1 per cent for children living in the richest households, as opposed to those living in the poorest (50.1%t). Father's involvement showed a similar pattern in terms of adults' engagement in such activities.

Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books is important for later school performance and IQ scores. The mother/ caregivers of all children under 5 were asked about the number of children's books or picture books they have for the child, household objects or outside objects, and homemade toys or toys that came from a shop that are available at home.

In The Gambia, only 1.2 per cent of children age 0-59 months are living in households where at least 3 children's books are present (Table CD.3). The proportion declines to 0.3 per cent for households of children with 10 or more books. While no gender differentials are observed, urban children appear to have more access to children's books than those living in rural households. The proportion of under-5 children who have 3 or more children's books is 2.0 per cent in urban areas, compared to 0.7 per cent in rural areas. The presence of children's books is positively correlated with the child's age; in the homes of 2 per cent of children aged 24-59 months, there are 3 or more children's books, while the figure is 0.3 per cent for children aged 0-23 months.

Of the 0.3 per cent of households who reported to have 10 or more children's book for their children, most of them (1.4%) were found in the richest households. It is also observed that children of mothers/caregivers with secondary education and above have the highest proportion among households with 10 or more children's books.

Table CD.3 also shows that 42 per cent of children aged 0-59 months had 2 or more playthings to play with in their homes. The playthings in MICS included homemade toys (such as dolls and cars, or other toys made at home), toys that came from a store, and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells, or leaves). It is interesting to note that 44.1 per cent of children play with toys that come from a store; however, the percentage for homemade toys is 27.2 per cent.

The proportion of children who have 2 or more playthings is 41.4 per cent among male children and 42.7 per cent among female children. Urban-rural differentials are observed in this respect; significant differences are observed in terms of mother's education – 49.9 per cent of children whose mothers have secondary education and above have 2 or more playthings, while the proportion is 39.6 per cent for children whose mothers have had no education. Differentials by socio-economic status of the households, and Local Government Area are also observed. Households in Banjul and Kanifing have the highest proportion of households with three or more children books and 10 or more children books. It is observed that none of the households in Mansakonko, Kerewan, Kuntaur and Janjangbureh have 10 or more children's books.

Households in Mansakonko have the highest proportion of households with homemade toys with 41.3 per cent and households in Janjanbureh have the lowest proportion with 13.4 per cent. It is also observed that households in the richest quintiles have the highest proportion among the households that have 3 or more children's books and 10 or more children's books. Households in Banjul had the highest proportion of households with two or types of playthings and Janjanbureh has the lowest proportion of households with two or more playthings. Households in the richest quintiles have the highest proportion among the households with two or more playthings.

Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In MICS, two questions were asked to find out whether children aged 0-59 months were left alone during the week preceding the interview, and whether under 5 children were left in the care of other children under 10 years of age.

Table CD.3: Learning materials

Percentage of children under age 5 by numbers of children's books present in the household, and by playthings that child plays with, The Gambia, 2010

	Household has for the child:		Child plays with:			Two or more types of playthings[2]	Number of children under age 5
	3 or more children's books[1]	10 or more children's books	Homemade toys	Toys from a shop/ manufactured toys	Household objects/ objects found outside		
Sex							
Male	1.3	.3	27.7	43.7	62.0	41.4	5931
Female	1.2	.3	26.6	44.4	61.7	42.7	5706
LGA							
Banjul	5.5	.6	27.5	76.2	52.7	52.2	214
Kanifing	2.5	.9	20.4	72.8	55.2	48.0	2123
Brikama	1.2	.3	30.4	51.3	62.1	47.2	3201
Mansakonko	.2	.0	41.3	37.1	81.6	49.4	754
Kerewan	1.7	.0	36.8	31.9	62.7	45.1	1750
Kuntaur	.2	.0	27.9	17.3	67.9	34.8	737
Janjanbureh	.1	.0	13.4	19.6	71.0	23.3	944
Basse	.2	.1	21.2	32.7	54.3	31.9	1914
Area of Residence							
Urban	2.0	.6	26.4	63.7	58.8	49.2	4952
Rural	.7	.1	27.7	29.5	64.1	36.7	6685
Age							
0-23 months	.3	.1	18.8	39.3	41.2	28.0	5229
24-59 months	2.0	.4	34.0	47.9	78.7	53.4	6408
Mother's education							
None	.6	.1	27.2	36.4	64.4	39.6	8021
Primary	1.1	.1	25.4	51.1	57.8	43.8	1521
Secondary+	3.7	1.1	28.4	68.1	54.9	49.9	2095

Table CD.3: Learning materials (cont.)

Percentage of children under age 5 by numbers of children's books present in the household, and by playthings that child plays with, The Gambia, 2010

	Household has for the child:			Child plays with:		Two or more types of playthings[2]	Number of children under age 5
	3 or more children's books[1]	10 or more children's books	Homemade toys	Toys from a shop/ manufactured toys	Household objects/ objects found outside		
Wealth index quintiles							
Poorest	.1	.0	22.9	17.7	66.6	28.0	2424
Second	1.0	.1	29.0	32.7	64.6	40.2	2358
Middle	.5	.0	30.7	43.9	66.0	45.9	2416
Fourth	.7	.0	28.3	55.8	59.5	47.8	2394
Richest	4.3	1.4	24.6	74.8	50.8	49.5	2046
Ethnicity of household head							
Mandinka/Jahanka	1.4	.3	32.1	50.9	63.5	48.5	3426
Wollof	1.4	.2	25.2	37.3	60.7	38.4	1775
Jola/Karoninka	.6	.1	26.6	49.6	62.4	43.7	1303
Fula/Tukulor/Lorobo	.5	.2	24.5	33.6	64.0	35.6	2541
Serere	4.2	1.5	31.1	57.9	59.7	51.6	417
Sarahuleh	.5	.1	22.1	42.6	54.5	36.0	1320
Creole/ Aku Marabou	12.3	8.9	37.9	77.8	57.6	59.4	33
Manjago	.9	.0	30.3	45.8	52.9	39.2	134
Bambara	.0	.0	26.8	32.8	62.4	39.0	216
Other ethnic group	4.3	.0	20.0	51.0	70.5	52.6	158
Non Gambian	7.1	1.5	19.3	65.7	53.8	42.3	177
Missing/DK	.0	.0	32.0	47.0	75.1	51.5	137
Total	1.2	.3	27.2	44.1	61.8	42.0	11637

1 MICS indicator 6.3; 2 MICS indicator 6.4
(*) figures that are based on less than 25 unweighted cases; ( ) figures that are based on 25-49 unweighted cases

Table CD.4 shows that 15.4 per cent of children aged 0-59 months were left in the care of other children, while 11.5 percent were left alone during the week preceding the interview. Combining the two care indicators, it is calculated that 20.6 per cent of children were left with inadequate care during the week preceding the survey, either by being left alone or in the care of another child. Small differences were observed by the sex of the child or between urban and rural areas. On the other hand, inadequate care was more prevalent among children whose mothers had no education (22.3%), as opposed to children whose mothers had secondary education and above education (16.4%). Children aged 24-59 months were left with inadequate care more (26%) than those who were aged 0-23 months (14.1%). Differences are observed in regard to the socio-economic status of the household.

Table CD.4: Inadequate care

Percentage of children under age 5 left alone or left in the care of another child younger than 10 years of age for more than one hour at least once during the past week, The Gambia, 2010

	Percentage of children under age 5			Number of children under age 5
	Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week[1]	
Sex				
Male	12.8	16.4	22.3	5931
Female	10.2	14.3	18.8	5706
LGA				
Banjul	8.5	12.6	17.9	214
Kanifing	11.3	14.9	20.5	2123
Brikama	11.5	14.0	17.1	3201
Mansakonko	25.5	12.2	31.6	754
Kerewan	12.9	15.9	21.2	1750
Kuntaur	30.3	38.3	52.8	737
Janjanbureh	4.6	14.7	17.6	944
Basse	1.3	10.9	11.2	1914
Area of Residence				
Urban	11.6	15.1	19.3	4952
Rural	11.4	15.6	21.6	6685
Age				
0-23 months	5.6	12.0	14.1	5229
24-59 months	16.3	18.2	26.0	6408
Mother's education				
None	12.2	16.6	22.3	8021
Primary	11.4	12.8	17.5	1521
Secondary+	9.0	12.5	16.4	2095
Wealth index quintiles				
Poorest	12.9	17.5	25.3	2424
Second	11.7	17.3	22.1	2358
Middle	12.4	15.7	20.4	2416
Fourth	10.9	12.4	17.2	2394
Richest	9.2	13.8	17.7	2046
Ethnicity of household head				
Mandinka/Jahanka	11.6	16.4	20.9	3426
Wollof	15.1	19.8	26.5	1775
Jola/Karoninka	12.2	15.7	21.0	1303
Fula/Tukulor/Lorobo	12.3	14.7	21.5	2541
Serere	18.0	16.8	23.8	417
Sarahuleh	4.4	9.0	11.1	1320
Creole & Aku Marabou	(10.7)	(12.9)	(12.9)	33
Manjago	10.3	13.6	17.6	134
Bambara	5.6	8.4	12.1	216
Other ethnic group	6.6	12.1	17.1	158
Non Gambian	4.5	10.8	15.4	177
Missing/DK	15.0	23.6	32.1	137
Total	11.5	15.4	20.6	11637

* MICS indicator 6.5
(*) figures that are based on less than 25 unweighted cases;   ( ) figures that are based on 25-49 unweighted cases

Early Childhood Development

Early child development is defined as an orderly, predictable process along a continuous path, in which a child learns to handle more complicated levels of moving, thinking, speaking, feeling and relating to others. Physical growth, literacy and numeracy skills, socio-emotional development and readiness to learn are vital domains of a child's overall development, which is a basis for overall human development.

A 10-item module that has been developed for the MICS programme was used to calculate the Early Child Development Index (ECDI). The indicator is based on some benchmarks that children would be expected to have if they are developing as the majority of children in that age group. The primary purpose of the ECDI is to inform public policy regarding the developmental status of children in The Gambia.

Each of the 10 items is used in one of the four domains, to determine if children are developmentally on track in that domain. The domains in question are:

1. Literacy-numeracy: Children are identified as being developmentally on track based on whether they can identify/name at least ten letters of the alphabet, whether they can read at least four simple, popular words, and whether they know the name and recognize the symbols of all numbers from 1 to 10. If at least two of these are true, then the child is considered developmentally on track.
2. Physical: If the child can pick up a small object with two fingers, like a stick or a rock from the ground and/or the mother/caregiver does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on track in the physical domain.
3. In the social-emotional domain, children are considered to be developmentally on track if two of the following is true: If the child gets along well with other children, if the child does not kick, bite, or hit other children and if the child does not get distracted easily
4. Learning: If the child follows simple directions on how to do something correctly and/or when given something to do, is able to do it independently, then the child is considered to be developmentally on track in the learning domain.

ECDI is then calculated as the percentage of children who are developmentally on track in at least three of these four domains. The results are presented in Table CD.5.

Table CD.5: Early child development index

Percentage of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, The Gambia, 2010

	Percentage of children age 36-59 months who are developmentally on track for indicated domains				Early child development index score[1]	Number of children age 36-59 months
	Literacy-numeracy	Physical	Social-Emotional	Learning		
Sex						
Male	11.4	97.5	67.1	93.1	65.5	2043
Female	12.4	97.5	69.2	95.4	70.8	1990
LGA						
Banjul	23.1	97.1	71.3	95.5	75.1	75
Kanifing	17.9	97.4	61.8	96.6	65.9	755
Brikama	15.1	99.8	74.9	94.2	76.1	1098
Mansakonko	4.1	98.8	87.1	95.6	84.6	275
Kerewan	15.9	99.6	59.9	94.9	60.2	586
Kuntaur	8.0	99.2	49.6	95.7	52.5	254
Janjanbureh	5.2	87.6	71.2	84.3	63.0	330
Basse	2.8	95.6	68.9	94.9	65.1	660
Area of Residence						
Urban	16.2	98.0	66.8	95.9	69.0	1702
Rural	8.7	97.1	69.1	93.1	67.4	2330
Age						
36-47 months	8.2	96.7	67.0	92.5	64.6	2292
48-59 months	16.7	98.5	69.6	96.6	72.7	1740
Preschool attendance						
Attending preschool	51.4	99.7	67.7	96.8	84.0	732
Not attending preschool	3.1	97.0	68.3	93.7	64.5	3301
Mother's education						
None	7.8	97.2	68.1	93.9	66.5	2907
Primary	13.4	97.8	67.7	93.1	67.6	505
Secondary+	29.8	98.6	68.7	97.0	75.6	620
Wealth index quintiles						
Poorest	6.9	96.3	67.8	92.0	65.2	830
Second	10.9	96.7	70.7	92.5	70.0	816
Middle	9.1	97.7	66.8	93.8	64.6	862
Fourth	9.5	97.8	68.5	95.9	66.8	805
Richest	24.6	99.0	67.0	97.6	74.8	720

Table CD.5: Early child development index (cont.)

Percentage of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, The Gambia, 2010

	Percentage of children age 36-59 months who are developmentally on track for indicated domains				Early child development index score[1]	Number of children age 36-59 months
	Literacy-numeracy	Physical	Social-Emotional	Learning		
Ethnicity of household head						
Mandinka/Jahanka	10.3	97.6	69.2	95.1	68.5	1176
Wollof	12.1	97.6	56.2	93.6	57.1	608
Jola/Karoninka	16.0	98.5	73.1	95.5	74.8	472
Fula/Tukulor/Lorobo	9.2	96.8	68.6	91.6	66.8	903
Serere	27.6	99.7	79.4	98.4	82.1	144
Sarahuleh	5.4	95.6	72.3	95.0	69.7	439
Creole/ Aku Marabou	(*)	(*)	(*)	(*)	(*)	13
Manjago	(31.3)	(93.0)	(77.6)	(93.0)	(81.7)	37
Bambara	10.1	100.0	45.3	92.5	42.9	70
Other ethnic group	31.9	100.0	70.2	92.4	89.4	51
Non Gambian	36.2	100.0	64.6	100.0	76.2	59
Missing/DK	1.8	97.8	80.0	97.1	79.7	60
Total	11.9	97.5	68.2	94.3	68.1	4032

1 MICS indicator 6.6
(*) figures that are based on less than 25 unweighted cases;   ( ) figures that are based on 25-49 unweighted cases

The results are presented in Table CD.5. In The Gambia, 97.5 per cent of children aged 36-59 months are developmentally on track physically. ECDI is higher among girls (70.8%) than boys (65.5 per cent). As expected, ECDI is much higher in the older age group (72.7% among 48-59 months old compared to 64.6 per cent among 36-47 months old), since children acquire more skills with increasing age. Higher ECDI is seen in children attending pre-school (84.0 % compared to 64.5 % for those who are not attending preschool). Children living in the poorest households have lower ECDI (65.2%) compared to children living in the richest households (74.8 % of children developmentally on track). The analysis of the four domains of child development shows that 94.3 per cent of children are on track in the learning domain, but much less so in literacy-numeracy (11.9 %) and social-emotional (68.2 %) domains. In each individual domain the higher score is associated with children living in the richest households except for social-emotional, with children attending preschool, older children, and among girls.
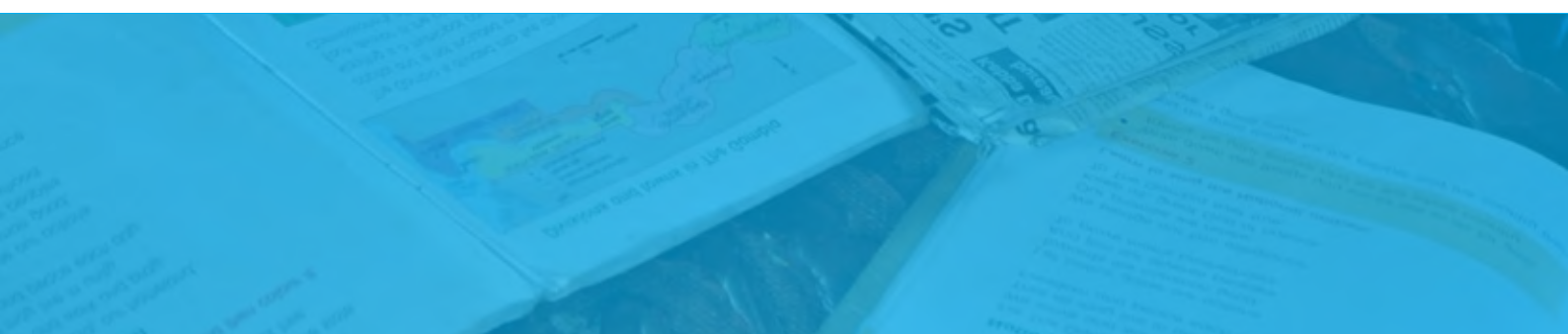
X. Literacy and Education

Literacy among Young Women

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females age 15-24. Literacy was assessed on the ability of women to read a short simple statement or on school attendance. The percent literate is presented in Table ED.1. Table ED.1 indicates that (48.2%) of women in The Gambia are literate and that literacy status varies greatly by place of residence. Of women who stated that primary school was their highest level of education, just 14.1 per cent were actually able to read the statement shown to them.

The findings of the survey have shown that literacy rates are highest in urban areas (61.2%) than in rural areas (33.8%).The younger population cohort (15 -19) have higher literacy rates (54.4%) compared to the population aged 20 – 24 (41.2%). The data further shows that women living in the richest households were more than two times more likely of being literate (65.8%) than those from the poorest households (26.9%). Analysis of the data by ethnicity of household head shows that, women from households headed by Creole/Aku Marabous have the highest literacy rates (81.8%) compared to those from households headed by Sarahuleh's (20.2%).

School Readiness

Attendance to pre-school education in an organised learning or child education programme is important for the readiness of children to attend school. Table ED.2 shows the proportion of children in the first grade of primary school who attended pre-school the previous year. Overall, 37.2 per cent of children who are currently attending the first grade of primary school were attending pre-school the previous year. The proportion among females is slightly higher (40.5%) than males (34.4%), while almost one-half of children in urban areas (48.4%) had attended pre-school the previous year compared to 30.3% among children living in rural areas. Local Government Area differentials are also very important; first graders in Janjanbureh have a higher pre – school attendance rate with 61.9 per cent compared to their counterparts in Mansakonko whose pre – school attendance rate is only 8.8 per cent. Analysing the data by the socio-economic status of a household shows that enrolment in school readiness programmes increases as the household become richer ranging from 32.6 per cent for children living in the poorest households to 44.0 per cent for children living in the richest households.

Table ED.1: Literacy among young women

Percentage of women age 15-24 years who are literate, The Gambia, 2010

	Percentage literate[1]	Percentage not known	Number of women age 15-24 years
LGA			
Banjul	71.4	.4	165
Kanifing	65.6	.7	1650
Brikama	60.4	.5	1874
Mansakonko	37.1	1.2	379
Kerewan	36.0	2.8	774
Kuntaur	27.5	.3	294
Janjanbureh	39.2	.3	471
Basse	13.8	.1	909
Area of Residence			
Urban	61.2	.7	3436
Rural	33.8	.9	3079
Education			
None	1.2	.5	2311
Primary	14.1	3.5	1135
Secondary+	96.3	.0	3069
Age			
15-19	54.4	.9	3481
20-24	41.2	.7	3034
Wealth index quintile			
Poorest	26.9	1.1	992
Second	44.0	.5	1153
Middle	43.5	.8	1209
Fourth	49.9	.8	1489
Richest	65.8	.7	1672
Ethnicity of household head			
Mandinka/Jahanka	52.6	.6	2070
Wollof	42.7	1.1	895
Jola/Karoninka	71.0	.2	843
Fula/Tukulor/Lorobo	38.6	.3	1257
Serere	68.0	1.5	228
Sarahuleh	20.2	1.0	697
Creole/Aku Marabou	(81.8)	(.0)	46
Manjago	71.8	3.9	111
Bambara	34.8	8.6	103
Other ethnic group	57.8	.0	103
Non-Gambian	54.1	.0	100
Missing/DK	39.2	.8	62
Total	48.2	.8	6515

1 MICS indicator 7.1; MDG indicator 2.3
( ) Figures that are based on 25-49 unweighted cases

Table ED.2: School readiness

	Percentage of children attending first grade who attended preschool in previous year[1]	Number of children attending first grade of primary school
Sex		
Male	34.4	317
Female	40.5	273
LGA		
Banjul	(*)	8
Kanifing	52.3	87
Brikama	39.3	164
Mansakonko	8.8	76
Kerewan	28.6	89
Kuntaur	(*)	22
Janjanbureh	(61.9)	40
Basse	43.9	104
Area of Residence		
Urban	48.4	227
Rural	30.3	363
Mother's education		
None	35.0	463
Primary	36.8	62
Secondary+	61.2	56
Mother not in household	(*)	2
Missing/DK	(*)	2
Wealth index quintile		
Poorest	32.6	110
Second	22.4	116
Middle	30.3	135
Fourth	56.4	132
Richest	44.0	97
Ethnicity of household head		
Mandinka/Jahanka	31.6	182
Wollof	(39.9)	47
Jola/Karoninka	30.8	67
Fula/Tukulor/Lorobo	41.8	138
Serere	(*)	24
Sarahuleh	40.6	82
Creole/Aku Marabou	0	0
Manjago	(*)	8
Bambara	(*)	8
Other ethnic group	(*)	18
Non Gambian	0	0
Missing/DK	(*)	14
Total	37.2	590

Percentage of children attending first grade of primary school who attended pre-school the previous year, The Gambia, 2010

[1] MICS indicator 7.2
( ) Figures that are based on 25-49 unweighted cases;   (*) Figures that are based on less than 25 unweighted cases

Primary and Secondary School Participation

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the Millennium Development Goals and A World Fit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

The indicators for primary and secondary school attendance include:

1. Net intake rate in primary education
2. Primary school net attendance ratio (adjusted)
3. Secondary school net attendance ratio (adjusted)
4. Female to male education ratio (or gender parity index - GPI) in primary and secondary school

The indicators of school progression include:

1. Children reaching last grade of primary school
2. Primary completion rate
3. Transition rate to secondary school

Of the children who are of primary school entry age (7 years old) in The Gambia, 35.0 per cent are attending the first grade of primary school (Table ED.3). The proportion is higher for females than males; however, significant differentials are present by LGA and urban-rural areas. In Banjul, for instance, the value of the indicator reaches 46.8 per cent, while it is 21.1 per cent in Kuntaur.

Children in urban areas (38.9%) mostly start school at the prescribed age compared to their counterparts in rural areas (32.3%). A positive relationship with mother's level of education and socio-economic status is observed; for children age 7 whose mothers have received secondary education and above, 43.9 per cent, were attending the first grade. In the wealthiest households, the proportion is around 45 per cent, while it is 30.7 per cent among children living in the poorest households.

Table ED.4 provides the percentage of children of primary school age 7 to 12 years who are attending primary or secondary school[12] . The majority of children of primary school age are attending school (62.6%). However, 37.4 per cent of the children are out of school when they are expected to be attending school. In urban areas 74.8 per cent of children attend school while in rural areas attendance is only 54.2 per cent.

The net attendance ratio (NAR) varies across LGAs. Banjul had the highest ratio with 86.3 per cent followed by Kanifing (78.1%) and Kuntaur had the lowest ratio (34.7%). Analyzing the data by sex and LGA, Banjul had the highest NAR with 86.0 per cent for males and 86.5 per cent for females. Kuntaur had the lowest proportion with 31.2 per cent for males and 38.0 per cent for females. There are also marked differences in NAR by place of residence. The net attendance ratio is higher in urban (74.8%) than in rural areas (54.2%). There is a positive relationship between children's NAR and the mother's level of education as well as the socio-economic status of the household.

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[12] Ratios presented in this table are "adjusted" since they include not only primary school attendance, but also secondary school attendance in the numerator.

Table ED.3: Primary school entry

Percentage of children of primary school entry age entering grade 1 (net intake rate), The Gambia, 2010		
	Percentage of children of primary school entry age entering grade 1[1]	Number of children of primary school entry age
Sex		
Male	33.1	862
Female	36.8	911
LGA		
Banjul	(46.8)	37
Kanifing	39.4	311
Brikama	34.2	445
Mansakonko	36.5	131
Kerewan	35.4	271
Kuntaur	21.1	116
Janjanbureh	31.3	174
Basse	36.5	289
Area of Residence		
Urban	38.9	714
Rural	32.3	1059
Mother's education		
None	33.4	1441
Primary	37.5	110
Secondary+	43.9	222
Wealth index quintile		
Poorest	30.7	372
Second	33.6	391
Middle	30.0	356
Fourth	37.4	330
Richest	44.5	324
Ethnicity of household head		
Mandinka/Jahanka	37.9	560
Wollof	28.4	260
Jola/Karoninka	31.4	195
Fula/Tukulor/Lorobo	32.2	374
Serere	43.9	54
Sarahuleh	41.3	221
Creole/Aku Marabou	(*)	5
Manjago	(*)	21
Bambara	(*)	19
Other ethnic group	(30.9)	32
Non Gambian	0	0
Missing/DK	(51.3)	31
Total	35.0	1773

1 MICS indicator 7.3
( ) Figures that are based on 25-49 unweighted cases;   (*) Figures that are based on less than 25 unweighted cases

Table ED.4: Primary school attendance

Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), The Gambia, 2010

	Male		Female		Total	
	Net attendance ratio (adjusted)	Number of children	Net attendance ratio (adjusted)	Number of children	Net attendance ratio (adjusted)[1]	Number of children
LGA						
Banjul	86.0	90	86.5	96	86.3	186
Kanifing	80.6	866	75.8	925	78.1	1791
Brikama	74.0	1340	74.2	1317	74.1	2656
Mansakonko	47.3	430	67.1	325	55.8	755
Kerewan	56.4	784	57.0	774	56.7	1558
Kuntaur	31.2	263	38.0	286	34.7	549
Janjanbureh	41.1	418	54.9	458	48.3	876
Basse	46.8	748	50.7	751	48.7	1499
Area of Residence						
Urban	76.4	1971	73.2	2059	74.8	4030
Rural	50.9	2969	57.6	2872	54.2	5841
Age at beginning of school year						
7	40.3	862	47.1	911	43.8	1773
8	57.9	831	60.1	797	59.0	1628
9	64.6	1006	65.8	923	65.2	1930
10	68.7	661	75.6	741	72.3	1402
11	68.6	849	68.3	743	68.5	1591
12	68.5	732	70.9	816	69.8	1547
Mother's education						
None	57.3	4042	60.2	4026	58.7	8068
Primary	76.7	321	76.1	335	76.4	656
Secondary+	78.9	577	84.6	565	81.7	1142
Missing/DK	(*)	(*)	(*)	(*)	(*)	4
Wealth index quintile						
Poorest	42.9	1029	50.5	1015	46.7	2044
Second	58.8	1071	60.0	1012	59.4	2083
Middle	61.5	1045	63.2	978	62.3	2024
Fourth	64.6	928	66.7	1022	65.7	1951
Richest	81.1	867	82.1	903	81.6	1770
Ethnicity of household head						
Mandinka/Jahanka	64.9	1646	66.5	1522	65.7	3168
Wollof	46.7	624	55.3	741	51.3	1365
Jola/Karoninka	70.5	596	71.9	601	71.2	1198
Fula/Tukulor/Lorobo	55.5	1063	60.7	1012	58.0	2075
Serere	79.0	170	80.4	159	79.7	330
Sarahuleh	55.4	489	57.6	561	56.6	1050
Creole/Aku Marabou	(85.8)	(17)	(98.4)	(15)	(91.7)	31
Manjago	74.3	88	93.1	79	83.2	167
Bambara	49.8	77	50.6	63	50.1	139
Other ethnic group	78.8	112	71.7	104	75.4	216
Non Gambian	0	0	0	0	0	0
Missing	58.5	59	64.9	73	62.1	133
Total	61.0	4940	64.1	4931	62.6	9871

1 MICS indicator 7.4; MDG indicator 2.1
( ) Figures that are based on 25-49 unweighted cases;   (*) Figures that are based on less than 25 unweighted cases

The secondary school NAR is presented in Table ED.5[13]. More notable than in primary school where 37.4 per cent of the children are not attending school, is the fact that less than half of the children of secondary school age are attending secondary school. Of the remainder some are either out of school or attending primary school; one in five (19.3%) of children of secondary school age are attending primary school when they should be attending secondary school while the remaining 46.5 per cent are not attending school at all.

Furthermore, relatively the same proportion of boys and girls of secondary school going age were found to be attending secondary school 34.1 and 34.2 per cent respectively. Across LGAs, the net attendance ratio is highest in Banjul and lowest in Basse.

It is observed that the higher the educational attainment of the mother, the higher the school attendance rate for their children. Net attendance ratios range from 30.4 per cent for children of women with no education to 58.1 per cent for children of mothers with secondary education and above. The data also shows that the richer the household, the higher the net attendance rate of its children.

[13] Ratios presented in this table are "adjusted" since they include not only secondary school attendance, but also attendance to higher levels in the numerator.

Table ED.5: Secondary school attendance

Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio) and percentage of children attending primary school, The Gambia, 2010

	Male			Female			Total		
	Net attendance ratio (adjusted)[1]	Percent attending primary school	Number of children	Net attendance ratio (adjusted)[1]	Percent attending primary school	Number of children	Net attendance ratio (adjusted)[1]	Percent attending primary school	Number of children
LGA									
Banjul	55.9	12.9	86	61.0	10.5	93	58.5	11.6	179
Kanifing	49.3	19.9	847	48.9	15.9	984	49.1	17.8	1831
Brikama	44.5	26.0	1177	44.0	23.4	1206	44.2	24.7	2383
Mansakonko	22.7	19.0	361	28.2	20.7	261	25.0	19.7	622
Kerewan	30.6	22.0	551	26.8	19.3	591	28.6	20.6	1142
Kuntaur	15.4	8.8	179	19.5	11.8	209	17.6	10.4	388
Janjanbureh	23.4	14.8	349	22.1	15.4	348	22.8	15.1	697
Basse	9.7	18.1	570	7.3	13.2	574	8.5	15.6	1144
Area of Residence									
Urban	45.1	19.7	1869	46.4	16.7	2072	45.8	18.1	3942
Rural	24.9	21.2	2251	22.7	19.3	2194	23.8	20.3	4445
Age at beginning of school year									
13	17.8	47.6	669	20.3	46.4	815	19.2	47.0	1484
14	28.5	30.0	771	32.8	28.3	679	30.5	29.2	1450
15	41.9	18.6	795	42.5	14.7	749	42.2	16.7	1543
16	42.1	12.0	619	46.6	6.3	661	44.4	9.0	1280
17	39.7	8.0	795	37.7	4.4	808	38.7	6.2	1603
18	33.3	2.2	470	25.5	2.5	555	29.1	2.3	1025
Mother's education									
None	28.8	29.7	1874	32.1	28.0	1805	30.4	28.9	3679
Primary	53.4	26.0	144	38.5	30.9	160	45.5	28.6	303
Secondary+	56.1	27.0	198	59.6	30.5	247	58.1	28.9	444
Mother not in house-hold	36.1	18.5	768	35.9	13.0	833	36.0	15.7	1601
Wealth index quintile									
Poorest	20.0	17.5	698	19.1	17.8	749	19.6	17.7	1448
Second	34.1	24.4	823	31.3	22.4	815	32.7	23.4	1637
Middle	30.1	25.2	899	27.7	18.7	820	28.9	22.1	1719
Fourth	33.5	19.4	819	36.7	17.6	919	35.2	18.4	1738
Richest	49.9	15.6	881	51.6	14.6	964	50.8	15.1	1844
Ethnicity of household head									
Mandinka/Jahanka	33.9	21.5	1402	36.5	18.5	1371	35.2	20.0	2772
Wollof	33.7	12.8	532	30.6	13.8	575	32.1	13.3	1107
Jola/Karoninka	44.9	32.1	625	48.9	26.6	560	46.8	29.5	1185
Fula/Tukulor/Lorobo	29.4	15.1	725	29.2	15.4	848	29.3	15.2	1573
Serere	46.1	20.4	122	41.9	29.4	167	43.7	25.6	288
Sarahuleh	16.2	22.6	411	14.3	13.0	413	15.3	17.8	824
Creole/Aku Marabou	(75.8)	(4.6)	(14)	(63.4)	(9.2)	(31)	(67.3)	(7.7)	45
Manjago	57.4	18.0	73	45.8	28.5	76	51.4	23.3	148
Bambara	24.6	13.4	50	24.9	8.7	67	24.8	10.7	117
Other ethnic group	49.0	19.0	107	47.0	15.5	110	48.0	17.2	217
Non Gambian	0	0	0	0	0	0	0	0	0
Missing	27.9	13.2	60	21.7	17.9	50	25.1	15.4	110
Total	34.1	20.5	4120	34.2	18.1	4266	34.2	19.3	8387

[1] MICS indicator 7.5
( ) Figures that are based on 25-49 unweighted cases

The percentage of children entering grade one who eventually reach the final grade of primary school (Grade 6) is presented in Table ED.6. Of all children starting grade one, the majority of them 95.3 per cent will eventually reach the final grade. Notice that this number includes children that repeat grades and who eventually move up to reach the final grade (grade 12).

Male children entering the first grade of primary school are more likely to go up to Grade 6 than female children. Across ethnicity of household heads, little difference has been observed. Kerewan Local Government Area had the highest number of children entering Grade 1 who eventually reach Grade 6 with 99.6 per cent, and Janjanbureh had the lowest proportion with 90.8 per cent. Little difference has been observed in the proportion of children entering the first grade and reaching the sixth grade in primary school by socio-economic status of households.

Table ED.6: Children reaching last grade of primary school

Percentage of children entering first grade of primary school who eventually reach the last grade of primary school (Survival rate to last grade of primary school), The Gambia, 2010

	Percent attending grade 1 last year who are in grade 2 this year	Percent attending grade 2 last year who are attending grade 3 this year	Percent attending grade 3 last year who are attending grade 4 this year	Percent attending grade 4 last year who are attending grade 5 this year	Percent attending grade 5 last year who are attending grade 6 this year	Percent who reach grade 6 of those who enter grade 1[1]
Sex						
Male	99.5	99.3	99.1	99.4	99.7	97.1
Female	98.6	99.4	98.7	99.0	97.7	93.5
LGA						
Banjul	100.0	99.5	99.5	100.0	99.0	98.0
Kanifing	99.6	99.5	98.7	98.9	100.0	96.7
Brikama	97.3	99.6	98.4	99.7	97.1	92.3
Mansakonko	100.0	99.5	100.0	97.4	99.4	96.3
Kerewan	100.0	100.0	99.6	100.0	100.0	99.6
Kuntaur	100.0	100.0	99.5	100.0	98.9	98.4
Janjanbureh	98.9	98.6	99.4	95.9	97.8	90.8
Basse	99.8	97.9	98.7	99.6	99.4	95.4
Area of Residence						
Urban	99.5	99.6	98.3	99.4	99.0	96.0
Rural	98.7	99.1	99.5	99.0	98.4	94.7
Mother's education						
None	99.0	99.3	99.4	99.4	99.3	96.5
Primary	99.6	100.0	97.5	98.4	100.0	95.5
Secondary+	100.0	100.0	100.0	99.8	100.0	99.8
Mother not in household	100.0	100.0	75.2	98.2	96.5	71.2
Missing/DK	.	.	.	.	100.0	.
Wealth index quintile						
Poorest	96.4	98.5	98.8	98.5	98.9	91.4
Second	99.2	99.0	99.0	99.6	99.3	96.2
Middle	100.0	99.7	99.2	99.2	98.5	96.6
Fourth	99.2	99.7	98.3	99.0	98.2	94.6
Richest	100.0	99.5	99.2	99.6	98.7	97.0
Ethnicity of household head						
Mandinka/Jahanka	99.2	99.2	98.9	99.3	99.4	96.1
Wollof	100.0	99.9	98.5	100.0	97.2	95.7
Jola/Karoninka	98.9	100.0	100.0	99.4	96.0	94.5
Fula/Tukulor/Lorobo	97.1	99.1	99.3	99.2	100.0	94.8
Serere	100.0	100.0	95.7	96.8	100.0	92.6
Sarahuleh	99.7	97.9	99.1	98.2	98.7	93.8
Creole/Aku Marabou	100.0	100.0	100.0	100.0	100.0	100.0
Manjago	100.0	100.0	100.0	98.1	100.0	98.1
Bambara	100.0	100.0	100.0	100.0	100.0	100.0
Other ethnic group	100.0	100.0	95.3	100.0	100.0	95.3
Non Gambian	0	0	0	0	0	0
Missing	100.0	100.0	100.0	100.0	100.0	100.0
Total	99.0	99.3	98.9	99.2	98.7	95.3

[1] MICS indicator 7.6; MDG indicator 2.2

The primary school completion rate and transition rate to secondary education are presented in Table ED.7. The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade of primary school for the first time, to the number of children of the primary graduation age at the beginning of the current (or most recent) school year. At the time of the survey, 74.5 per cent of the children of primary completion age (12 years) were attending the last grade of primary education.

Only 56.8 per cent of children that successfully completed the final grade of primary school were found at the moment of the survey to be attending the first grade of secondary school, with the completion rate for males being 78.1 per cent and that of females 71.2 per cent. The primary school completion rate is higher in urban (87.8%) than in rural areas (65.1%). Children from the richest households have higher net primary school completion rates (80.4%) than those from the poorest households (59.7%). Children from households headed by the Jola/Karoninka have the highest net primary school completion rate (103.8%) and those headed by the Sarahuleh have the lowest completion rate (56.3%). Across LGAs, Banjul has the highest completion rate (114.5%) and Basse had the lowest (53.0%).

The rural-urban differential is significant as the transition rate in urban areas is (69.3%) compared to (43.8%) in rural areas. Children of women with no education have lower transition rates from primary to secondary school (29.3%) than those of women with secondary education and above (34.0%). Transition rates across socio-economic status of the households show that children from the poorest households have lower transitions rates (38.4%) than those from the richest households (79.7%).

The ratio of girls to boys attending primary and secondary education is provided in Table ED.8. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The latter ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary education tend to be boys. The table shows that gender parity for primary school is 1.05, indicating no difference in the attendance of girls and boys to primary school. However, the indicator drops to 1.07 for secondary education. The disadvantage of girls is particularly pronounced in Basse (0.75) and Kerewan (0.88) as well as among children living in the poorest households and rural areas.

With the exception of Kanifing, the GPI shows that more girls than boys attend primary school. The GPI for primary school for children of women with no education is 1.05 compared to 0.99 for children of women with primary education but highest for women with secondary education and above with 1.07. Not much difference has been observed by the socio-economic status of households and ethnicity of household heads. In urban and rural areas the GPI for primary education is (0.96) and (1.13) respectively, while for secondary education the GPI is (1.03) for urban and (0.91) for rural.

Table ED.7: Primary school completion and transition to secondary school

Primary school completion rates and transition rate to secondary school, The Gambia, 2010

	Primary school completion rate[1]	Number of children of primary school completion age	Transition rate to secondary school[2]	Number of children who were in the last grade of primary school the previous year
Sex				
Male	78.1	732	59.2	3302
Female	71.2	816	54.5	3489
LGA				
Banjul	(*)	(*)	70.4	190
Kanifing	91.9	278	74.1	1648
Brikama	82.9	446	60.8	2391
Mansakonko	81.7	127	41.9	494
Kerewan	65.9	238	43.3	935
Kuntaur	(*)	(*)	40.1	230
Janjanbureh	67.8	129	50.2	431
Basse	(*)	(*)	27.0	472
Area of Residence				
Urban	87.8	637	69.3	3462
Rural	65.1	911	43.8	3329
Mother's education				
None	63.6	1280	29.3	4811
Primary	99.9	93	29.0	568
Secondary+	75.0	173	34.0	1017
Mother not in household	.	0	239.8	264
Wealth index quintile				
Poorest	59.7	307	38.4	1072
Second	73.8	324	50.3	1446
Middle	84.0	295	48.1	1396
Fourth	74.8	321	61.1	1323
Richest	80.4	300	79.7	1554
Ethnicity of household head				
Mandinka/Jahanka	82.9	501	57.9	2244
Wollof	62.8	215	56.8	790
Jola/Karoninka	103.8	173	67.8	1176
Fula/Tukulor/Lorobo	56.7	342	47.3	1387
Serere	(102.8)	(57)	50.7	310
Sarahuleh	56.3	166	48.7	317
Creole/Aku Marabou	(*)	(*)	125.2	30
Manjago	(98.8)	(28)	59.3	182
Bambara	(*)	(*)	44.3	74
Other ethnic group	(57.2)	(33)	64.2	205
Non Gambian	0	0	0	0
Missing	(*)	(*)	46.6	76
Total	74.5	1547	56.8	6791

1 MICS indicator 7.7; 2 MICS indicator 7.8
( ) Figures that are based on 25-49 unweighted cases; (*) Figures that are based on less than 25 unweighted cases

Table ED.8: Education gender parity

Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, The Gambia, 2010

	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR[1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR[2]
LGA						
Banjul	86.5	86.0	1.01	61.0	55.9	1.09
Kanifing	75.6	80.6	.94	48.9	49.3	.99
Brikama	74.2	74.0	1.00	44.0	44.5	.99
Mansakonko	66.9	47.3	1.41	28.2	22.7	1.24
Kerewan	57.0	56.4	1.01	26.8	30.6	.88
Kuntaur	38.0	31.2	1.22	19.5	15.4	1.27
Janjanbureh	54.7	41.1	1.33	22.1	23.4	.95
Basse	50.7	46.8	1.08	7.3	9.7	.75
Area of Residence						
Urban	73.1	76.4	.96	46.4	45.1	1.03
Rural	57.5	50.9	1.13	22.7	24.9	.91
Mother's education						
None	60.2	57.3	1.05	32.1	28.8	1.12
Primary	76.1	76.7	.99	38.5	53.4	.72
Secondary+	84.2	78.9	1.07	59.6	56.1	1.06
Mother not in household	.	.	.	35.9	36.1	.99
Missing/Dk	100.0	.	.	.	.	.
Wealth index quintile						
Poorest	50.5	42.9	1.18	19.1	20.0	.96
Second	59.8	58.8	1.02	31.3	34.1	.92
Middle	63.2	61.5	1.03	27.7	30.1	.92
Fourth	66.5	64.6	1.03	36.7	33.5	1.10
Richest	82.1	81.1	1.01	51.6	49.9	1.03
Ethnicity of household head						
Mandinka/Jahanka	66.3	64.9	1.02	36.5	33.9	1.08
Wollof	55.3	46.7	1.18	30.6	33.7	.91
Jola/Karoninka	71.9	70.5	1.02	48.9	44.9	1.09
Fula/Tukulor/Lorobo	60.7	55.5	1.09	29.2	29.4	.99
Serere	80.4	79.0	1.02	41.9	46.1	.91
Sarahuleh	57.5	55.4	1.04	14.3	16.2	.88
Creole/Aku Marabou	98.4	85.8	1.15	63.4	75.8	.84
Manjago	93.1	74.3	1.25	45.8	57.4	.80
Bambara	50.6	49.8	1.02	24.9	24.6	1.01
Other ethnic group	71.7	78.8	.91	47.0	49.0	.96
Non Gambian	0	0	0	0	0	0
Missing	64.9	58.5	1.11	21.7	27.9	.78
Total	64.0	61.0	1.05	34.2	34.1	1.00

1 MICS indicator 7.9; MDG indicator 3.1; 2 MICS indicator 7.10; MDG indicator 3.1

In The Gambia, 1.1 percent of children aged 10-14 have lost both parents (Table ED9). Among those about 76 per cent are currently attending school. Among the children aged 10-14 who have not lost a parent and who live with at least one parent, 71.4 per cent are attending school. This would suggest that orphans are not disadvantaged compared to the non-orphaned children in terms of school attendance and the orphan to non-orphan school attendance ratio is 1.06. There is also no significant imbalance in the number of orphans attending school between males (74.6%) and females (76.3%) whose orphan to non-orphan school ratios are 1.03 and 1.08 respectively.

Table ED.9: School attendance of orphans and non-orphans

School attendance of children age 10-14 years by orphanhood, The Gambia, 2010								
	Percentage of children whose mother and father have died (orphans)	Percentage of children of whom both parents are alive and child is living with at least one parent (non-orphans)	Number of children age 10-14 years	Percentage of children who are orphans and are attending school[1]	Total number of orphan children age 10-14 years	Percentage of children who are non-orphans and are attending school[2]	Total number of non-orphan children age 10-14 years	Orphans to non-orphans school attendance ratio
Sex								
Male	1.0	73.2	3868	(74.6)	38	72.2	2832	1.03
Female	1.1	69.2	4056	(76.3)	45	70.7	2809	1.08
Missing	.0	.0	0	.	.	.	.	.
Area of Residence								
Urban	1.0	70.3	3273	(77.9)	34	85.7	2301	.91
Rural	1.1	71.8	4652	74.0	50	61.6	3340	1.20
Total	1.1	71.2	7925	75.5	83	71.4	5641	1.06

1 MICS indicator 9.19; MDG indicator 6.4;   2 MICS indicator 9.20; MDG indicator 6.4

XI. Child Protection

Birth Registration

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The World Fit for Children states the goal to develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator is the percentage of children under 5 years of age whose birth is registered.

The births of about 53 per cent of children under five years in The Gambia have been registered (Table CP.1). There are no significant variations in birth registration across sex but there exists differentials by age, and education categories. Children in Banjul are more likely to have their births registered (73.8 %) and on the other hand children in Janjanbureh (38.9 %) are less likely to have their births registered than other children from other LGAs. Children from the richest households (61.1 %) are more likely to have their births registered than children from the poorest households (45.6 %).

Table CP.1: Birth registration

Percentage of children under age 5 by whether birth is registered and percentage of children not registered whose mothers/caregivers know how to register birth, The Gambia, 2010

	Children under age 5 whose birth is Registered with civil authorities				Number of children	Children under age 5 whose birth is not registered	
	Has birth certificate		No birth certificate	Total registered[1]		Percent of children whose mother/caregiver knows how to register birth	Number of children without birth registration
	Seen	Not seen					
Sex							
Male	23.8	17.8	11	52.5	5931	80	2815
Female	22.6	18.9	10.9	52.4	5706	78.7	2713
LGA							
Banjul	37	28.4	8.5	73.8	214	85.7	56
Kanifing	21.6	22.7	8.7	53	2123	76	997
Brikama	24.2	14	17.1	55.3	3201	86.8	1432
Mansakonko	27.9	19.1	12.9	59.9	754	61.7	303
Kerewan	30.5	14.5	9.7	54.7	1750	89.9	793
Kuntaur	16.9	21.1	9.1	47.2	737	92	389
Janjanbureh	17.5	13.5	7.8	38.9	944	81.6	577
Basse	18.3	24.2	6.2	48.7	1914	62.2	982
Area of Residence							
Urban	23.1	19.5	11.1	53.7	4952	78.9	2292
Rural	23.2	17.5	10.9	51.6	6685	79..7	3237
Age							
0-11 months	10.7	9.4	15.3	35.3	2814	80.5	1820
12-23 months	22.8	16.3	13.6	52.6	2415	78.1	1144
24-35 months	25.1	21.6	8.9	55.7	2376	80.2	1054
36-47 months	29.3	22.4	7.9	59.5	2292	76.6	928
48-59 months	33.3	26	7.2	66.5	1740	81	583
Mother's education							
None	23	18.5	9.1	50.6	8021	77.3	3959
Primary	20	16.5	14.6	51.2	1521	83.1	743
Secondary+	26.1	19.2	15.2	60.5	2095	85.6	827
Higher							

Table CP.1: Birth registration (cont.)

Percentage of children under age 5 by whether birth is registered and percentage of children not registered whose mothers/caregivers know how to register birth, The Gambia, 2010

	Children under age 5 whose birth is Registered with civil authorities					Children under age 5 whose birth is not registered	
	Has birth certificate		No birth certificate	Total registered[1]	Number of children	Percent of children whose mother/caregiver knows how to register birth	Number of children without birth registration
	Seen	Not seen					
Wealth index quintile							
Poorest	21.1	13.8	10.7	45.6	2424	80.8	1319
Second	21.1	16.2	13.2	50.4	2358	82.8	1168
Middle	24.6	16.9	12.7	54.1	2416	77.6	1109
Fourth	23	19.1	10.4	52.5	2394	78.1	1136
Richest	26.7	27.1	7.3	61.1	2046	76.1	796
Ethnicity of household head							
Mandinka/Jahanka	24.9	19.4	11.6	55.8	3426	82.6	1513
Wollof	28.3	18.2	10.6	57.2	1775	84.5	760
Jola/Karoninka	20.2	13.5	19.1	52.8	1303	85.1	616
Fula/Tukulor/Lorobo	21	16.2	7.8	44.9	2541	77.7	1399
Serere	26.5	17.3	11.4	55.2	417	88.5	187
Sarahuleh	18.5	26	5.6	50.1	1320	59.6	659
Creole/ Aku Marabou	(*)	(*)	(*)	(*)	(*)	(*)	12
Manjago	21.6	18.5	23.9	64	134	(81.3)	48
Bambara	21.4	17.3	7.8	46.5	216	92.9	115
Other ethnic group	24.9	15.9	13.5	54.3	158	85	72
Non-Gambian	29.1	13.7	17.2	60	177	68.9	71
Missing/ DK	16.1	18.2	10.7	44.9	137	75.6	75
Total	23.2	18.3	11	52.5	11637	79.4	5529

1 MICS indicator 8.1
( ) Figures that are based on 25-49 unweighted cases;   (*) Figures that are based on less than 25 unweighted cases

Child Discipline

As stated in A World Fit for Children, "children must be protected against any acts of violence …" and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In The Gambia MICS survey, mothers/caregivers of children age 2-14 years were asked a series of questions on the ways parents tend to use to discipline their children when they misbehave. Note that for the child discipline module, one child aged 2-14 per household was selected randomly during fieldwork. Out of these questions, the two indicators used to describe aspects of child discipline are:

1. The number of children 2-14 years that experience psychological aggression as punishment or minor physical punishment or severe physical punishment; and
2. The number of parents/caregivers of children 2-14 years of age that believe that in order to raise their children properly, they need to physically punish them.

In The Gambia, 90.3 per cent of children age 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caregivers or other household members. More importantly, about 18 per cent of children were subjected to severe physical punishment. On the other hand, 38.9 per cent of mothers/caregivers believed that children should be physically punished, which implies an interesting contrast with the actual prevalence of physical discipline.

More male children were subjected to severe physical discipline (18%) than female children (17.2%). It is notable that differentials with respect to many of the background variables were relatively small. Despite the fact that older children, those living in rural areas, and those living in the poorest households were subjected to at least one form of psychological or physical punishment, the differentials in terms of severe physical punishment were significant. However, 38.9% of parents/ caregivers believe that in order to raise their children properly, they need to physically punish them.

Table CP.4: Child discipline

Percentage of children age 2-14 years according to method of disciplining the child, The Gambia, 2010

	Percentage of children age 2-14 years who experienced:					Number of children age 2-14 years	Respondent believes that the child needs to be physically punished	Respondents to the child discipline module
	Only non-violent discipline	Psychological aggression	Physical punishment		Any violent discipline method[1]			
			Any	Severe				
Sex								
Male	6.9	80.3	73.6	18	89.6	11455	39	2929
Female	6.2	82.1	74.6	17.2	91	11921	38.9	3190
LGA								
Banjul	8.2	80.5	75.6	22.1	89.4	427	23.6	175
Kanifing	11.7	75	73.9	14.5	86.5	4220	29.4	1437
Brikama	3.9	85.2	73.5	12	92.2	6426	35.2	1928
Mansakonko	5.7	74.5	67	10.6	84.2	1673	57.1	394
Kerewan	11	81.6	71.3	37	87	3588	47.9	870
Kuntaur	2.4	84.8	90.7	18.1	97.6	1345	64.7	284
Janjanbureh	6.1	83.3	67.8	19.4	91.8	2084	56.2	445
Basse	2.8	81.8	78.9	13.3	94	3613	28	585
Area of Residence								
Urban	7.7	79.5	75.7	14.5	89.3	9668	32.2	3189
Rural	5.7	82.5	73	19.7	91	13708	46.3	2930
Age								
2-4 years	8	73.7	71.8	12.5	85.4	5869	36.5	1645
5-9 years	5.8	83.2	76.5	17.7	92.2	9316	38.5	2436
10-14 years	6.4	84.4	73.1	21.1	91.7	8191	41.4	2037
Education of household head								
None	5.3	82.8	74.8	18.3	91.7	18208	41.1	4405
Primary	7.7	80.6	78.1	13.9	91	1198	43.9	375
Secondary	11.7	74.8	69.6	15.2	84	3915	30.6	1321
Missing/ DK	24.4	42.5	75.6	15.2	75.6	54	11.1	18

Table CP.4: Child discipline (cont.)

Percentage of children age 2-14 years according to method of disciplining the child, The Gambia,2010

	Percentage of children age 2-14 years who experienced:					Number of children age 2-14 years	Respondent believes that the child needs to be physically punished	Respondents to the child discipline module
	Only non-violent discipline	Psychological aggression	Physical punishment		Any violent discipline method[1]			
			Any	Severe				
Respondent's education								
None	6	82	74.2	18.5	91	17616	41.3	4307
Primary	5	81	80.2	14.2	92.4	1755	39.6	534
Secondary+	9.7	77.8	71.1	14.9	86.1	4004	30.6	1277
Wealth index quintile								
Poorest	4.9	84.1	73.1	20.8	92.7	4859	51.6	1189
Second	5.7	81.5	71.9	19.2	90.3	4868	42.4	1245
Middle	5.7	83.7	75.4	17.5	90.3	4952	37.6	1207
Fourth	7.7	79.1	77.9	16.8	90.2	4617	36.7	1178
Richest	9.3	76.8	72.2	12.8	87.6	4080	27.3	1299
Ethnicity of household head								
Mandinka	6.8	81.5	75.2	16.7	89.7	7312	36.4	1890
Wollof	8.3	79	73.8	25	89	3301	43.1	870
Jola	4.5	86.5	71.8	15.7	91.9	2784	41.1	852
Fula	6.5	79.6	72.9	16.4	90.7	5015	41	1378
Serere	8.8	81.1	74.9	18.9	89.1	829	40.5	238
Sarahuleh	4.4	82.3	75.5	13.9	92.9	2472	31.8	375
Creole/Aku	40.1	56.2	41.5	8	59.9	60	19.7	31
Manjago	7.9	73	80	23.5	89.5	339	32.5	106
Bambara	11	79	78.7	38.5	88.3	349	39.5	91
Other ethnic group	0.3	79.3	74	6.3	89.3	275	20.2	72
Non-Gambian	8.2	85.5	74.1	10.5	91.7	329	36.6	140
Missing/ DK	3.8	83.9	74.3	9.9	89	310	59.6	75
Total	6.5	81.2	74.1	17.6	90.3	23376	38.9	6118

[1] MICS indicator 8.5

Early Marriage and Polygyny

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 64 million women age 20-24 were married/in union before the age of 18. Factors that influence child marriage rates include:

- the state of the country's civil registration system, which provides proof of age for children;
- the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and
- the existence of customary or religious laws that condone the practice.

In many parts of the world parents encourage the marriage of their daughters while they are still children in the hope that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. However, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights - such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices - and is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Child marriage was also identified by the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.

Young married girls are a unique, though often invisible, group. Required to perform large amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves, married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected by child marriage but the issue impacts girls in far larger numbers and with greater intensity. Cohabitation - when a couple lives together as if married - raises the same human rights concerns as marriage. Where a girl lives with a man and takes on the role of caregiver for him, the assumption is often that she has become an adult woman, even if she has not yet reached the age of 18. Additional concerns due to the informality of the relationship - for example, inheritance, citizenship and social recognition - might make girls in informal unions vulnerable in different ways than those who are in formally recognized marriages.

Research suggests that many factors interact to place a child at risk of marriage. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are considered as significant factors in determining a girl's risk of becoming married while still a child. Women who married at younger ages were more likely to believe that it is sometimes acceptable for a husband to beat his wife and were more likely to experience domestic violence themselves. The age gap between partners is thought to contribute to these abusive power dynamics and to increase the risk of untimely widowhood.

Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection. Parents seek to marry off their girls to protect their honour, and men often seek younger women as wives as a means to avoid choosing a wife who might already be infected. The demand for a young wife to reproduce, and the power imbalance resulting from the age difference between spouses, lead to very low condom use among such couples.

Two of the indicators are to estimate the percentage of women married before 15 years of age and percentage married before 18 years of age. The percentage of women married at various ages is provided in Table CP.5. About one in five young women age 15-19 years are currently married (23.5%). This proportion varies between urban (15.9%) and rural (31.4%), and is strongly related to the level of education. The findings in table CP.5 shows that the higher the educational attainment of the woman, the less likely they get married before ages 15 or 18. The tendency for a woman to be married before ages 15 or 18 is highest among the Fula and Sarahuleh headed households.

Table CP.5 shows that 8.6 per cent of women aged 15-49 married or in union actually marry before their 15th birthday whereas 46.5 per cent are married or in union before they reach the age of 18 years. The proportion of women in polygamous marriage/union accounted for about 41 per cent.

Across LGAs, Basse has the highest proportion of women in polygamous marriage/union with 54.5 per cent and Banjul had the lowest proportion with 22.1 per cent. It is also observed that older women were more likely to be in polygamous relationships than the younger women. About sixty nine per cent of women in polygamous union are within the age cohort 45-49 whereas only 17 % of women in polygamous union are within the age group of 15-19 years. Analysing the data by ethnicity of the household head shows that, women from Sarahuleh headed households were more likely to be in polygamous marriage/union than their counterparts in households headed by other ethnic groups.

Table CP.6 presents the proportion of women who were first married or entered into a marital union before age 15 and 18 by place of residence and age group. Analysis of this indicator enables us to have an idea of the trends in early marriage over time. About 47 per cent of all women were married before the age 18 years and about 9 per cent were married before 15 years. The proportion of women getting married before age 15 and 18 was highest in rural than in urban areas and the averages were higher than the national averages.

Analysing the data by age of the women shows that women who married before age 15, the proportion was highest for the age group 40-44. Whilst for women who married before age 18, the proportion was highest for the age group 40 – 44 and 45 – 49 years. It is also observed that women aged 45-49 were more likely to be in polygamous marriage or union than women in the other age cohorts and the proportion was higher in the rural than in the urban areas (48.5% vs. 31.3%). It is also observed that women with no education were more likely to get married before ages 15 and 18, compared to women with primary and secondary education and above, and were also more likely to be in a polygamous marriage/union. Analysing the data by socio – economic status of households shows that women in the poorest households were more likely to get married before ages 15 and 18, and were also more likely to be in polygamous marriage or union. Analysis of the data by ethnicity of the household head shows that women in households headed by Fula or Sarahuleh were more likely to get married before age 15 and 18 but Fula headed households have the highest proportions.

Table CP.5: Early marriage and polygyny

Percentage of women age 15-49 years who first married or entered a marital union before their 15th birthday, percentages of women age 20-49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of women age 15-19 years currently married or in union, and the percentage of women currently married or in union who are in a polygynous marriage or union, The Gambia, 2010

	Percentage married before age 15[1]	Number of women age 15-49 years	Percentage married before age 15	Percentage married before age 18[2]	Number of women age 20-49 years	Percentage of women 15-19 years currently married/in union[3]	Number of women age 15-19 years	Percentage of women age 15-49 years in polygynous marriage/union[4]	Number of women age 15-49 years currently married/in union
LGA									
Banjul	6.9	394	8.4	28.7	313	9.8	80	22.1	214
Kanifing	7.3	3645	8.6	31.2	2803	13.6	843	30.3	2025
Brikama	9.1	4041	10.7	38.9	3044	13.9	997	31.4	2535
Mansakonko	9.3	853	10.4	57.6	639	25.6	214	51	627
Kerewan	8.2	1832	9.1	50.5	1374	32.4	459	44.5	1394
Kuntaur	13.8	726	15.8	60.3	560	43.8	166	50.8	601
Janjanbureh	6.4	1134	7.4	61.5	864	32.3	270	48.8	866
Basse	9.6	2060	10.1	70.4	1607	42.8	453	54.5	1697
Area of Residence									
Urban	7.5	7565	8.8	35.2	5797	15.9	1768	31.3	4515
Rural	9.8	7120	10.9	58.6	5407	31.4	1713	48.5	5444
Age									
15-19	4.6	3481	.	.	0	23.5	3481	17	818
20-24	7.3	3034	7.3	36.4	3034	.	0	22.7	1936
25-29	6.9	2690	6.9	40.4	2690	.	0	32.1	2237
30-34	11.3	2008	11.3	51.9	2008	.	0	47.2	1819
35-39	11.7	1592	11.7	54	1592	.	0	54.8	1452
40-44	18.4	1081	18.4	59.4	1081	.	0	61.6	974
45-49	10.4	798	10.4	59.6	798	.	0	68.9	723
Education									
None	12.3	7973	12.6	59	7048	53.6	926	47.8	6889
Primary	9.1	2055	10.8	48	1290	23.8	766	31.4	1252
Secondary+	2	4656	2.7	15	2867	7.8	1789	20.1	1818

Table CP.5: Early marriage and polygyny (cont.)

Percentage of women age 15-49 years who first married or entered a marital union before their 15th birthday, percentages of women age 20-49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of women age 15-19 years currently married or in union, and the percentage of women currently married or in union who are in a polygynous marriage or union, The Gambia, 2010

	Percentage married before age 15[1]	Number of women age 15-49 years	Percentage married before age 15	Percentage married before age 18[2]	Number of women age 20-49 years	Percentage of women 15-19 years currently married/in union[3]	Number of women age 15-19 years	Percentage of women age 15-49 years in polygynous marriage/union[4]	Number of women age 15-49 years currently married/in union
Wealth index quintile									
Poorest	9.9	2402	10.9	62.7	1814	35.5	587	42.8	1880
Second	10.3	2606	11.9	54.5	1960	25.6	645	44.5	1869
Middle	10.1	2821	11.7	49.8	2178	24.8	643	43.8	1984
Fourth	8.5	3219	9.8	45.5	2467	21.8	751	41.3	2195
Richest	5.5	3638	6.2	28.7	2784	14.1	854	31.5	2030
Ethnicity of household head									
Mandinka/ Jahanka	6.7	4546	7.7	42.7	3442	19.6	1104	38.8	3000
Wollof	7.6	2153	8.9	44.3	1677	27	476	44.2	1539
Jola/ Karoninka	6.3	1859	8.1	31.6	1411	1.9	447	37.9	1043
Fula/ Tukulor/ Lorobo	14.2	2885	15.6	61.7	2175	37.2	710	39	2149
Serere	5.3	578	6.3	37	450	8.1	128	30.6	340
Sarahuleh	10.6	1503	11.7	60.5	1168	38.8	335	55.3	1171
Creole/Aku Marabou	0.8	89	1.2	10	57	6.7	32	23	28
Manjago	5	230	6.6	20.9	176	5.2	54	16.6	105
Bambara	6	219	5.3	52.5	159	44.3	60	33.9	171
Other ethnic group	7.8	206	8.2	38	157	18.2	49	41.4	119
Non-Gambian	9.8	249	11.8	34.2	202	19.2	48	15.4	161
Missing/ DK	7.7	167	7.5	64.9	131	27	36	49.5	132
Total	8.6	14685	9.8	46.5	11204	23.5	3481	40.7	9960

[1] MICS indicator 8.6; [2] MICS indicator 8.7; [3] MICS indicator 8.8; [4] MICS indicator 8.9

Another component is the spousal age difference with an indicator being the percentage of married/in union women with a difference of 10 or more years younger than their current spouse. Table CP.7 presents the results of the age difference between husbands and wives. The results show that there are some important spousal age differences in The Gambia with about one in two women (45.9 %) aged 15-19 having a husband/partner at least 10 years older , while 46.3 per cent of women aged 20-24 have husband/partner who are at least 10 years older.

For women aged 15-19, spousal age difference whose husband/partner is at least 10 years and over is highest in Kerewan LGA with 69.5 per cent and lowest in Basse LGA with 11.4 per cent. Again, Kerewan has the highest proportion among women aged 20 - 24 whose husband/partner is 10 years older and Basse had the lowest proportion.

For the 15-19 age group, spousal age difference of women whose husband/partner is 10 years and over is higher for those with secondary education and above. Whilst for those aged 20-24years, it is highest for women with no education. For both age groups, it is observed that women in urban areas were more likely to have a husband/partner who is at least 10 years than women in the rural areas.

Table CP.6: Trends in early marriage

Percentage of women who were first married or entered into a marital union before age 15 and 18, by residence and age groups, The Gambia, 2010

	Urban				Rural				All			
	Percentage of women married before age 15	Number of women	Percentage of women married before age 18	Number of women	Percentage of women married before age 15	Number of women	Percentage of women married before age 18	Number of women	Percentage of women married before age 15	Number of women	Percentage of women married before age 18	Number of women
Age												
15-19	3.1	1768	.	0	6.2	1713	.	0	4.6	3481	.	0
20-24	5.3	1668	24.4	1668	9.8	1366	51.1	1366	7.3	3034	36.4	3034
25-29	5.6	1418	29	1418	8.3	1272	53.2	1272	6.9	2690	40.4	2690
30-34	10.5	1075	40.4	1075	12.2	934	65.1	934	11.3	2008	51.9	2008
35-39	12.2	766	44.7	766	11.2	827	62.7	827	11.7	1592	54	1592
40-44	19.5	490	49.6	490	17.5	592	67.5	592	18.4	1081	59.4	1081
45-49	11.2	381	54.2	381	9.7	417	64.4	417	10.4	798	59.6	798
Total	7.5	7565	35.2	5797	9.8	7120	58.6	5407	8.6	14685	46.5	11204

Figures in the total row are based on women age 15-49 and 20-49 for marriage before age 15 and age 18, respectively

Table CP.7: Spousal age difference

Percent distribution of women currently married/in union age 15-19 and 20-24 years according to the age difference with their husband or partner, The Gambia, 2010

	Percentage of currently married/in union women age 15-19 years whose husband or partner is:						Number of women age 15-19 years currently married/ in union	Percentage of currently married/in union women age 20-24 years whose husband or partner is:						Number of women age 20-24 years currently married/ in union
	Younger	0-4 years older	5-9 years older	10+ years older[1]	Husband/ partner's age unknown	Total		Younger	0-4 years older	5-9 years older	10+ years older[2]	Husband/ partner's age unknown	Total	
LGA														
Banjul	4.3	13.8	11	64.8	6.1	100	8	3.5	9.6	32.2	48.4	6.3	100	32
Kanifing	0	3.2	34	43.6	19.3	100	115	0.6	11	20.1	54	14.3	100	345
Brikama	2	3.1	24	56.6	14.3	100	138	0.8	9.8	27.9	56.4	5.1	100	511
Mansakonko	0	6.5	14	50.5	29	100	55	0.5	8.5	26.4	43.1	21.4	100	133
Kerewan	0	6.1	21.7	69.5	2.8	100	149	0	5.4	29.2	65.1	0.3	100	253
Kuntaur	0	5.1	19.5	60.6	14.8	100	73	0	5.2	25.4	57	12.4	100	110
Janjanbureh	0	8.1	29.3	51.5	11.1	100	87	0	7.7	34.9	48	9.4	100	153
Basse	0	0.1	4.6	11.4	83.9	100	194	0	1.5	6.5	12.2	79.8	100	398
Area of Residence														
Urban	1.1	2.3	23.6	52.3	20.8	100	280	0.6	10.4	24.9	51	13.2	100	857
Rural	0	4.9	17.7	42.5	34.8	100	537	0.3	4.7	20.9	42.6	31.5	100	1079
Age														
15-19	0.4	4	19.7	45.9	30	100	818	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0.4	7.2	22.6	46.3	23.4	100	1936
Education														
None	0.1	3.9	19.7	46.7	29.6	100	496	0.2	4.4	21.1	48.1	26.2	100	1154
Primary	0	3.6	14.7	37.7	43.9	100	183	0.5	10.2	11.6	45.4	32.4	100	280
Secondary+	2	5	26.6	53.4	13	100	139	0.9	12	32.3	42.9	11.9	100	502
Wealth index quintile														
Poorest	0	5.5	21.5	46.3	26.8	100	208	0	3.3	26	48.3	22.4	100	332
Second	0	4.1	21.3	56.3	18.3	100	165	1	7	25	53.5	13.6	100	368
Middle	0	1.8	17.4	40.9	39.8	100	159	0	5.4	19.8	48.6	26.3	100	378
Fourth	0	3.6	20.2	34.6	41.6	100	164	0.3	8.8	20.1	38.7	32	100	488
Richest	2.5	4.6	17	52.8	23.1	100	121	0.9	10.6	23.6	45.3	19.6	100	370
Ethnicity of household head														
Mandinka/Ja-hanka	1.3	2.5	22.1	44.9	29.2	100	217	0.1	9.1	23.5	46.4	20.8	100	593
Wollof	0	10.1	19.3	62.8	7.8	100	128	1.1	8.8	27.3	56.9	6	100	281
Jola/Karoninka	0	6.3	76.2	2.2	15.3	100	8	0.7	5.5	20.4	67.1	6.3	100	175
Fula/Tukulor/Lorobo	0.1	2.8	20.6	50.8	25.7	100	264	0.3	4.2	24.8	52.8	17.9	100	422
Serere	0	0	0	87.3	12.7	100	10	0	26	34.1	32.4	7.5	100	42
Sarahuleh	0	1.7	11.5	17.6	69.2	100	130	0.1	2.5	11.1	17.2	69.1	100	292
Creole/Aku Marabou	0	0	0	100	0	100	2	0	0	29.5	0	70.5	100	2
Manjago	0	0	0	100	0	100	3	7.8	30.7	25	36.5	0	100	20
Bambara	0	3	22.8	65.1	9.1	100	27	0	0	36.8	60	3.3	100	33
Other ethnic group	0	39.3	19	41.7	0	100	9	0	27.6	26.9	45.6	0	100	26
Non-Gambian	0	0	55.1	29.6	15.3	100	9	0	3.8	27.7	34.4	34.1	100	31
Missing/ DK	0	0	2.5	21.4	76.1	100	10	0	3.8	11.6	46.5	38.1	100	20
Total	0.4	4	19.7	45.9	30	100	818	0.4	7.2	22.6	46.3	23.4	100	1936

[1] MICS indicator 8.10a;   [2] MICS indicator 8.10b

Female Genital Mutilation/Cutting

Female genital mutilation/cutting (FGM/C) is the partial or total removal of the female external genitalia or other injury to the female genital organs. FGM/C is always traumatic with immediate complications including excruciating pain, shock, urine retention, ulceration of the genitals and injury to adjacent tissue. Other complications include septicaemia, infertility, obstructed labour, and even death. The procedure is generally carried out on girls as young as two days old; it is also done to infants and on rare occasions to women who are about to be married and, sometimes, to women who are pregnant with their first child or who have just given birth, usually to avoid stigmatization. It is often performed by traditional practitioners, including traditional birth attendants or traditional circumcisers without anaesthesia, using razor blades.

FGM/C is a fundamental violation of human rights. In the absence of any perceived medical necessity, it subjects girls and women to health risks and has life-threatening consequences. Among those rights violated are the rights to the highest attainable standard of health and to bodily integrity. Furthermore, it could be argued that girls (under 18) cannot be said to give informed consent to such a potentially damaging practice as FGM/C.

Table CP.8 presents the prevalence of FGM/C among women and the type and extent of the procedure. The table shows that 76.3 per cent of women aged 15-49 had some form of female genital mutilation/cutting.

The percentages decline slightly from 76.7 per cent for women without formal education to 73.9 per cent for women with secondary education and above. The practice appears more common in rural areas at 78.1 per cent most especially in Basse LGA than in urban areas 74.6 per cent and among households in the middle and fourth wealth quintiles. Across ethnicity of household heads, Mandinka/Jahanka and the Sarahuleh headed households were more likely to practice FGM/C with 96.7 and 97.8 per cent respectively than the other ethnic groups. It is notable that only 1 per cent of women in Basse did not have any form of FGM/C.

Table CP.8: Female genital mutilation/cutting (FGM/C) among women

Percent distribution of women age 15-49 years by FGM/C status, The Gambia, 2010

		Percent distribution of women age 15-49 years:					Percentage who had any form of FGM/ C[1]	Number of women age 15-49 years
		Who had FGM/C						
	No FGM/C	Had flesh removed	Were nicked	Were sewn closed	Form of FGM/C not determined	Total		
LGA								
Banjul	43.7	47.3	0.4	5.4	3.2	100	56.3	394
Kanifing	30.5	63.6	0.1	3.2	2.6	100	69.5	3645
Brikama	15.5	80.7	0	3.5	0.3	100	84.5	4041
Mansakonko	9.4	86.5	0.1	3.1	0.9	100	90.6	853
Kerewan	50.8	44.2	0.1	1.2	3.7	100	49.2	1832
Kuntaur	36.6	43.9	0	19.4	0.1	100	63.4	726
Janjanbureh	24.1	61.1	0.2	11.8	2.7	100	75.9	1134
Basse	1	79.6	0	19	0.3	100	99	2060
Area of Residence								
Urban	25.4	68.5	0.1	4.2	1.8	100	74.6	7565
Rural	21.9	67.2	0	9.5	1.3	100	78.1	7120
Age								
15-19	22.9	70.1	0.1	5.1	1.8	100	77.1	3481
20-24	23.2	68.3	0	7	1.5	100	76.8	3034
25-29	22.5	67.9	0.1	8.3	1.2	100	77.5	2690
30-34	25.4	65.9	0.1	6.7	1.9	100	74.6	2008
35-39	26.9	64.2	0.2	7	1.7	100	73.1	1592
40-44	24.7	65.5	0	7.9	1.9	100	75.3	1081
45-49	21	71.9	0.3	6.1	0.7	100	79	798
Education								
None	23.3	66.4	0.1	8.8	1.5	100	76.7	7973
Primary	19.9	71.3	0.1	7.5	1.2	100	80.1	2055
Secondary+	26.1	68.8	0.1	3	1.9	100	73.9	4656
Wealth index quintile								
Poorest	27.3	62.6	0	9.1	1	100	72.7	2402
Second	24.1	68.7	0	5.7	1.6	100	75.9	2606
Middle	19.1	71	0.1	7.4	2.4	100	80.9	2821
Fourth	17.4	73.2	0	7.8	1.5	100	82.6	3219
Richest	30.2	63.6	0.2	4.6	1.4	100	69.8	3638
Ethnicity of household head								
Mandinka/Jahanka	3.3	88.4	0.1	5.9	2.3	100	96.7	4546
Wollof	87.6	11.5	0.1	0.6	0.3	100	12.4	2153
Jola/Karoninka	13	83.5	0	1.4	2.1	100	87	1859
Fula/Tukulor/Lorobo	12.7	75	0	11.2	1	100	87.3	2885
Serere	57	40.5	0.1	1.6	0.8	100	43	578
Sarahuleh	2.2	77.6	0	18.9	1.2	100	97.8	1503
Creole/ Aku Marabou	75	19.4	0	3.1	2.5	100	25	89
Manjago	81.9	13.6	0	4.5	0	100	18.1	230
Bambara	7.9	81.4	0	5.3	5.4	100	92.1	219
Other ethnic group	34.4	53.4	0	10.8	1.3	100	65.6	206
Non-Gambian	39.1	50.3	0.8	5.3	4.6	100	60.9	249
Missing/ DK	19.6	72.1	0	8.1	0.2	100	80.4	167
Total	23.7	67.9	0.1	6.8	1.6	100	76.3	14685

[1] MICS indicator 8.12

Table CP.9 presents the prevalence and extent of FGM/C performed on daughters aged 0-14 years of the respondents. Overall, 42.4 per cent of women reported that at least one of their living daughters aged 0-14 years had undergone FGM/C. Daughters whose mothers have no education (43%) or primary education (45.8%) are more likely to be exposed to the practice of FGM/C than daughters whose mothers have secondary education and above (35.9 %). Across LGAs, Basse has the highest proportion of women (71.5%) who had at least one living daughter who has undergone FGM/C and Banjul has the lowest proportion with 24.4 per cent. Regarding the form of FGM/C that the children aged 0-14 had undergone, the majority had their flesh removed (36.7%) and 5.3 per cent were sewn closed. None of them were nicked.

Table CP.9: Female genital mutilation/cutting (FGM/C) among daughters

Percent distribution of daughters age 0-14 by FGM/C status, The Gambia, 2010

		Percent distribution of daughters age 0-14 years:					Percentage who had any form of FGM/C[1]	Number of daughters age 0-14 years
		Who had FGM/C						
	No FGM/C	Had flesh removed	Were nicked	Were sewn closed	Form of FGM/C not determined	Total		
LGA								
Banjul	75.6	20.2	0	3.7	0.5	100	24.4	323
Kanifing	68.1	29.1	0	1.6	1.3	100	31.9	3235
Brikama	57.2	41.4	0	1	0.3	100	42.8	4435
Mansakonko	51.2	46.4	0	0.9	1.4	100	48.8	1078
Kerewan	73.5	25.5	0	0.9	0.1	100	26.5	2474
Kuntaur	65.5	20.6	0	13.9	0.1	100	34.5	1021
Janjanbureh	54.9	34.4	0	10.7	0	100	45.1	1493
Basse	28.5	54.6	0	16.8	0.1	100	71.5	2576
Area of Residence								
Urban	62	35.1	0	2	1	100	38	7301
Rural	54.1	37.9	0	7.8	0.1	100	45.9	9334
Age								
0-4	61.8	31.9	0	6	0.3	100	38.2	5322
5-9	33.4	58.6	0	7.4	0.7	100	66.6	4265
10-14	27.7	63.2	0	8.1	1	100	72.3	3015
Mothers Education								
None	57	36.8	0	5.7	0.5	100	43	12597
Primary	54.2	39	0	6.7	0.1	100	45.8	1882
Secondary+	64.1	33.8	0	1.6	0.5	100	35.9	2156
Mother's FGM/C experience								
No FGM/C	98.7	1	0	0.1	0.2	100	1.3	3840
Had FGM/C	45.2	47.4	0	6.8	0.6	100	54.8	12796
Wealth index quintile								
Poorest	60.6	33.6	0	5.8	0	100	39.4	3415
Second	59.6	36.2	0	4	0.1	100	40.4	3352
Middle	53	39.8	0	6.6	0.5	100	47	3476
Fourth	50.2	42.7	0	6.3	0.9	100	49.8	3479
Richest	65.9	29.9	0	3.4	0.8	100	34.1	2913
Ethnicity of household head								
Mandinka/Jahanka	46.1	48.6	0	4.8	0.5	100	53.9	5068
Wollof	96.3	3.3	0	0.4	0	100	3.7	2532
Jola/Karoninka	56.9	41	0	0.5	1.5	100	43.1	1905
Fula/Tukulor/Lorobo	54.3	38.3	0	6.9	0.5	100	45.7	3594
Serere	89.2	10.4	0	0.3	0	100	10.8	681
Sarahuleh	23.7	56.8	0	19.2	0.2	100	76.3	1674
Creole /Aku Marabou	81.3	16.3	0	2.4	0	100	18.7	34
Manjago	90.6	7.1	0	2.3	0	100	9.4	198
Bambara	50	46.8	0	3.2	0	100	50	280
Other ethnic group	64.8	33	0	0.7	1.5	100	35.2	185
Non-Gambian	70.4	28.7	0	1	0	100	29.6	254
Missing/ DK	51.1	38.8	0	9.8	0.3	100	48.9	231
Total	57.6	36.7	0	5.3	0.5	100	42.4	16635

[1] MICS indicator 8.13

Table CP.10 presents woman's attitudes towards FGM/C. Regarding women's opinions as to whether the practice should be continued or discontinued, 64.2 per cent of women thought it should be continued while 28.2 per cent believed it should be discontinued. Women in Brikama, Mansakonko and Basse LGAs are more likely to approve of the continuation of the practice of FGM/C than women in other LGAs. Approval of the continuation of the practice is highest among women with primary education (68.4 %) than those with no and secondary education and above (66.4 and 58.5 % respectively). Women from the richest households are less likely to approve of the continuation of the practice than women from the poorest households.

Across ethnicity of household heads, households headed by Mandinkas and Sarahulehs were more likely to approve the continuation of FGM/C with 83.9 and 81.5 per cent respectively. Whilst Wollof headed households were least likely to approve the continuation of FGM/C (11.7%). Of the 76.3 per cent of women who have had some form of FGM/C, only 28.2 per cent reported the practice should be discontinued. No significant difference has been observed by place of residence regarding the continuation of the practice.

Table CP.10: Approval of female genital mutilation/cutting (FGM/C)

Percentage of women age 15-49 years who have heard of FGM/C, and percent distribution of women according to attitudes towards whether the practice of FGM/C should be continued, The Gambia, 2010

		Percentage of women who have heard of FGM/C	Number of women aged 15-49 years	Percent distribution of women who believe the practice of FGM/C should be:					Number of women age 15-49 years who have heard of FGM/C
				Continued [1]	Discontinued	Depends	Don't know/ Missing	Total	
LGA	Banjul	99.8	394	46.3	47.3	4.8	1.6	100.0	393
	Kanifing	99.8	3645	55.6	39.5	4.3	.6	100.0	3639
	Brikama	99.7	4041	74.8	19.1	5.4	.7	100.0	4028
	Mansakonko	99.2	853	78.6	16.0	3.4	2.1	100.0	846
	Kerewan	99.8	1832	52.3	33.6	11.0	3.0	100.0	1829
	Kuntaur	98.6	726	50.3	30.0	19.0	.7	100.0	715
	Janjanburah	99.7	1134	60.9	35.9	2.8	.4	100.0	1130
	Basse	100.0	2060	73.1	18.0	8.8	.1	100.0	2060
Area of Residence	Urban	99.9	7565	63.6	30.9	4.8	.8	100.0	7555
	Rural	99.5	7120	64.8	25.4	8.6	1.2	100.0	7085
Age	15-19	99.5	3481	64.5	27.6	6.9	1.1	100.0	3462
	20-24	99.7	3034	66.6	27.8	4.7	.9	100.0	3025
	25-29	99.7	2690	64.2	28.3	6.5	1.0	100.0	2683
	30-34	99.7	2008	63.3	28.3	7.4	.9	100.0	2003
	35-39	99.9	1592	61.4	30.1	7.7	.8	100.0	1591
	40-44	99.8	1081	60.6	30.3	7.8	1.3	100.0	1079
	45-49	100.0	798	66.1	25.8	7.5	.6	100.0	798
Education	None	99.6	7973	66.4	24.6	7.9	1.1	100.0	7944
	Primary	99.6	2055	68.4	24.4	6.2	1.0	100.0	2048
	Secondary +	99.8	4656	58.5	36.1	4.8	.6	100.0	4649
FGM/C experience	No FGM/C	98.7	3480	5.1	78.2	14.0	2.8	100.0	3436
	Had FGM/C	100.0	11205	82.3	12.9	4.4	.4	100.0	11205
Wealth index quintiles	Poorest	99.6	2402	58.0	31.8	9.4	.8	100.0	2391
	Second	99.5	2606	66.2	23.5	9.0	1.3	100.0	2592
	Middle	99.9	2821	70.7	22.2	6.2	.9	100.0	2819
	Fourth	99.6	3219	72.0	22.3	4.9	.8	100.0	3207
	Richest	99.8	3638	54.9	39.2	5.0	.9	100.0	3631
Ethnicity of household head	Mandinka/Ja-hanka	100.0	4546	83.9	12.1	3.5	.5	100.0	4546
	Wollof	98.8	2153	11.7	70.8	14.7	2.8	100.0	2128
	Jola/Karoninka	99.9	1859	72.6	21.3	5.3	.8	100.0	1856
	Fula/Tukulor/ Lorobo	99.9	2885	70.3	22.9	6.0	.9	100.0	2883
	Serere	99.9	578	35.6	54.3	9.3	.8	100.0	578
	Sarahuleh	100.0	1503	81.5	12.9	5.4	.2	100.0	1503
	Creole /Aku Marabou	97.5	89	13.7	82.0	4.4	.0	100.0	87
	Manjago	100.0	230	16.6	65.8	16.0	1.6	100.0	230
	Bambara	100.0	219	76.5	17.2	4.7	1.6	100.0	219
	Non Gambian	100.0	249	36.8	55.7	7.2	.3	100.0	249
	Other ethnic group	95.1	206	60.7	33.9	4.1	1.4	100.0	196
	Missing/DK	99.6	167	59.9	29.4	10.3	.3	100.0	166
Total		99.7	14685	64.2	28.2	6.6	1.0	100.0	14641

[1] MICS indicator 8.11

Domestic Violence

A number of questions were asked of women age 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners for a variety of scenarios. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women that agree with the statements indicating that husbands/partners are justified to beat their wives/partners under the situations described in reality tend to be abused by their own husbands/partners. The responses to these questions can be found in Table CP.11.

Overall, about 75 per cent of women in The Gambia feel that their husband/partner has a right to hit or beat them for at least one of a variety of reasons. Women who approve their partner's violence, in most cases agree and justify violence in instances when they neglect the children (52.4%), or if they demonstrate their autonomy, e.g. go out without telling their husbands (53%) or argue with them (33.3%). About 60 per cent of women believe that their husband/partner has a right to hit or beat them if they refuse to have sex with him and about 14 per cent thought that beating is justified if she burns the food. The data shows that women in Banjul are less likely to approve wife/partner beating than women from the other LGAs where more than half of the women approve of the practice. About 80 per cent of women who are currently married or in union approve of wife/partner beating for any one of the reasons compared to 63.1 per cent of women who are never married. Similarly, the higher the educational attainment of a woman, the less likely it is for her to approve of wife beating. Women from poorer households are more likely to approve of wife beating than women from the richest households.

Table CP.11: Attitudes toward domestic violence

Percentage of women age 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, The Gambia, 2010

	Percentage of women age 15-49 years who believe a husband is justified in beating his wife/partner:						Number of women age 15-49 years
	If goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these reasons[1]	
LGA							
Banjul	23.4	24.4	8.6	31.4	5.6	45.5	394
Kanifing	34	39.2	17.9	33.4	9.9	53.1	3645
Brikama	51.5	52	38.5	58.3	16.6	73.8	4041
Mansakonko	71.1	66.7	40.9	71	15.1	87.1	853
Kerewan	54.5	55.7	13.9	74	6.3	85.5	1832
Kuntaur	66.8	44.5	26	68.7	12.3	84	726
Janjanbureh	58.6	43.9	50.6	73.8	14.8	86.7	1134
Basse	78.6	80.3	62.3	85.6	21.1	94.5	2060
Area of Residence							
Urban	42.7	44.6	27	45.9	12.8	63.1	7565
Rural	64	60.7	40	74.2	14.4	86.7	7120
Age							
15-19	54.1	50.9	32.9	56.6	15.5	73.7	3481
20-24	50.2	52.4	33.8	58.2	13.4	73.6	3034
25-29	51.5	52.6	31.3	58.4	12.2	73.8	2690
30-34	55.3	55.7	35.9	65	14.3	78.2	2008
35-39	51.1	51.2	32.9	58.8	11.8	71.3	1592
40-44	57	51.5	35.7	62.8	14.3	75.7	1081
45-49	56.6	53.3	30.9	66.1	10.8	79.7	798
Marital/Union status							
Currently married/ in union	57.9	57.1	37.2	66.2	14	79.9	9960
Formerly married/ in union	41.4	46.4	25.1	50.3	11.9	64.4	644
Never married/in union	42.8	41.9	25	45.2	12.8	63.1	4081

Table CP.11: Attitudes toward domestic violence (cont.)

Percentage of women age 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, The Gambia, 2010

	Percentage of women age 15-49 years who believe a husband is justified in beating his wife/partner:						Number of women age 15-49 years
	If goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these reasons[1]	
Education							
None	63	59.5	39.8	71.6	15.5	84.7	7973
Primary	55.6	55	36.4	61.1	15.2	77.4	2055
Secondary+	34.7	39.1	20.8	38.5	9.4	55.9	4656
Wealth index quintile							
Poorest	65.1	57.8	37.7	76.4	14.9	88.1	2402
Second	59.4	56.4	37.8	68.3	15.4	82.7	2606
Middle	57.6	58	39.3	66	14.1	80.8	2821
Fourth	56.1	56.3	35.9	59.4	14.9	75.7	3219
Richest	34.2	38.1	20.2	37.6	9.7	53.9	3638
Ethnicity of household head							
Mandinka/Jahanka	52.9	53.3	33.7	59.6	14.3	75	4546
Wollof	46.6	43.8	24.9	58.3	10.4	72.6	2153
Jola/Karoninka	41.4	45	26.8	48.5	11.6	66	1859
Fula/Tukulor/Lorobo	62	56.6	36.7	65.3	16.7	81.1	2885
Serere	37	39.8	19.7	42.1	7.9	57	578
Sarahuleh	74.6	76.7	58.9	80.2	18.8	90.5	1503
Creole/Aku Marabou	16.2	21.5	4.9	17.8	3.9	27.7	89
Manjago	21.3	21.8	15	31.6	7	41.8	230
Bambara	64.9	62.1	23.2	69.6	9.6	84.9	219
Other ethnic group	46.1	44.4	36.1	53.9	11.7	74.7	206
Non-Gambian	30.9	31.4	18.7	33.2	5.1	47.4	249
Missing/ DK	62.4	60.6	34.9	71.2	8.4	83	167
Total	53	52.4	33.3	59.6	13.6	74.5	14685

[1] MICS indicator 8.14

XII. HIV/AIDS and Sexual Behaviour

Knowledge about HIV Transmission and Misconceptions about HIV/AIDS

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step toward raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some appear to be universal (for example that sharing food can transmit HIV or mosquito bites can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. The HIV module was administered to women 15-49 years of age.

One indicator which is both an MDG and UNGASS indicator is the percent of young women who have comprehensive and correct knowledge of HIV prevention and transmission. In The Gambia MICS all women who have heard of HIV/AIDS were asked whether they knew of the three main ways of HIV transmission – having only one faithful uninfected partner, using a condom every time, and abstaining from sex. The results are presented in Table HA.1. In The Gambia, almost all of the interviewed women (98.7 %) have heard of HIV/AIDS. However, the percentage of women who know of all two main ways of preventing HIV transmission is 77.7 per cent. About 94 per cent of women know of having one faithful uninfected sex partner and 79.6 per cent know of using a condom every time as main ways of preventing HIV transmission. No significant differences have been observed regarding the proportion of women who have heard of HIV/AIDS by varying background characteristics.

Women in Banjul, Kanifing and Brikama reported the highest proportion of condom use as a means of HIV prevention compared to their counterparts in LGAs which are predominantly rural. Among them, Kuntaur has the lowest proportion with 59.0 per cent. It is also observed that the higher the educational attainment of the woman, the more likely it is that they know that HIV/AIDS cannot be transmitted by mosquito bites, supernatural means and sharing food with someone with HIV/AIDS.

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, The Gambia, 2010

| | Percentage who have heard of AIDS | Percentage who know transmission can be prevented by: | | Percentage of women who know both ways | Percentage who know that a healthy looking person can have the AIDS virus | Percentage who know that HIV cannot be transmitted by: | | | Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus | Percentage with comprehensive knowledge[1] | Number of women |
		Having only one faithful uninfected sex partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
LGA											
Banjul	99.8	93.3	82.9	81.1	72.6	78.4	89.4	89.4	56.9	49.1	394
Kanifing	99.9	93.5	82.4	79.2	76.3	70.7	87.2	81.7	52.6	46.0	3645
Brikama	99.2	96.0	85.5	83.9	76.2	56.7	76.5	79.1	39.4	35.6	4041
Mansakonko	99.9	90.7	72.1	69.5	78.1	45.4	71.1	68.9	29.2	24.1	853
Kerewan	99.4	92.3	78.2	77.2	77.8	52.3	72.6	77.2	38.4	33.3	1832
Kuntaur	93.4	90.9	59.0	58.6	55.4	44.9	60.5	51.5	17.9	10.7	726
Janjanbureh	92.0	88.8	77.0	75.3	38.2	53.3	75.0	69.0	17.2	15.2	1134
Basse	99.7	97.4	75.4	74.2	65.7	34.2	51.7	57.2	18.1	12.9	2060
Area of Residence											
Urban	99.7	94.4	84.2	81.7	74.0	65.1	82.2	80.3	46.3	41.1	7565
Rural	97.6	93.4	74.7	73.4	67.8	45.4	66.0	67.2	26.4	21.5	7120
Age											
15-24	98.3	93.0	79.1	77.1	69.3	57.9	74.1	72.4	37.7	32.8	6515
25-29	98.9	94.6	82.4	80.1	75.0	56.2	74.4	75.0	38.9	34.1	2690
30-39	99.2	94.9	81.0	79.2	71.0	53.2	74.9	76.2	35.8	30.6	3601
40-49	98.6	94.3	74.7	73.5	71.4	51.0	73.8	73.7	31.4	25.9	1879
Marital status											
Ever married/in union	98.6	94.3	79.1	77.3	70.1	51.1	72.0	72.0	32.5	27.6	10604
Never married/in union	98.8	92.9	80.9	78.7	73.4	67.1	80.4	79.0	47.6	41.9	4081
Women's education											
None	98.0	93.2	74.9	73.4	65.5	43.7	66.9	66.9	24.6	20.4	7973
Primary	98.5	92.1	78.9	76.1	69.9	53.2	71.7	70.6	34.1	28.8	2055
Secondary+	99.9	96.0	87.9	85.9	80.9	77.0	88.2	87.6	58.4	52.1	4656

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission (cont.)

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, The Gambia, 2010

| | Percentage who have heard of AIDS | Percentage who know transmission can be prevented by: | | Percentage of women who know both ways | Percentage who know that a healthy looking person can have the AIDS virus | Percentage who know that HIV cannot be transmitted by: | | | Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus | Percentage with comprehensive knowledge[1] | Number of women |
		Having only one faithful uninfected sex partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Wealth index quintiles											
Poorest	96.8	93.2	71.7	70.7	61.8	41.8	62.4	62.1	21.9	17.0	2402
Second	98.4	94.0	79.8	78.0	69.2	50.2	72.3	72.6	30.8	27.5	2606
Middle	98.7	92.5	78.3	76.1	68.1	49.4	72.1	70.6	28.0	23.3	2821
Fourth	98.9	94.3	79.1	77.5	72.3	56.5	74.1	74.9	38.6	33.4	3219
Richest	99.9	95.2	86.1	83.5	79.5	72.5	85.6	84.5	55.6	49.0	3638
Ethnicity of household head											
Mandinka/Jahanka	99.4	95.5	82.1	80.1	75.9	58.1	79.8	76.2	39.8	34.9	4546
Wollof	97.6	92.3	79.5	77.6	68.4	59.9	76.2	76.0	39.5	34.6	2153
Jola/Karoninka	99.7	95.3	83.8	82.0	73.9	62.0	80.7	78.7	40.8	35.2	1859
Fula/Tukulor/Lorobo	97.4	91.7	74.1	72.4	63.7	49.9	67.9	68.7	29.1	24.6	2885
Serere	99.8	93.3	81.6	79.3	80.3	71.2	86.4	87.5	55.3	47.6	578
Sarahuleh	98.4	95.0	75.6	73.7	61.7	37.9	56.1	60.3	20.6	15.7	1503
Creole/ Aku Marabou	100.0	96.9	94.4	91.6	85.3	86.6	87.8	93.4	77.6	73.1	89
Manjago	99.3	91.7	90.6	87.0	79.9	61.1	84.3	81.6	46.6	42.3	230
Bambara	99.8	94.1	74.1	74.1	80.0	43.6	63.5	73.3	32.9	27.3	219
Other ethnic group	96.4	90.9	77.8	77.1	73.4	48.3	72.2	75.1	33.3	27.7	206
Non Gambian	99.7	92.1	84.9	81.9	78.6	67.0	76.1	81.3	51.8	47.8	249
Missing/DK	99.3	94.3	67.7	66.8	73.1	46.4	56.0	67.2	30.7	22.8	167
Total	98.7	93.9	79.6	77.7	71.0	55.6	74.3	74.0	36.7	31.6	14685

[1] MICS indicator 9.1

The results for women aged 15-24 are separately presented in Table HA.2. Overall, 98.3 per cent of women aged 15-24 have heard of HIV/AIDS. It is observed that the higher the level of education of the woman the more likely they are to report to have heard of HIV/AIDS, ranging from 96.6 per cent for those with no education to 99.9 per cent for those with secondary education and above. It is also observed that the richer the household, the more likely the woman is to have heard of HIV/AIDS. The table also shows that 57.9 per cent of women aged 15-24 know that HIV cannot be transmitted by mosquito bites, 74.1 per cent know it cannot be transmitted by supernatural means likewise sharing food with someone with HIV (72.4 %). The proportion of women who reported that HIV cannot be transmitted through these means is highest in the richest households compared to households in the other economic quintiles.

Table HA.1 and HA.2 also present the percent of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in The Gambia, that HIV can be transmitted by supernatural means and sharing of food with someone with AIDS. The table also provides information on whether women know that HIV cannot be transmitted by sharing food.

Of the interviewed women, 36.7 per cent reject the two most common misconceptions and know that a healthy-looking person can be infected. About 37 per cent of women know the first misconception (table HA1), and 37.7 per cent of women know the second misconception (table HA2), while 71.0 percent of women know that a healthy-looking person can be infected.

The table shows that 39.2 percent of women aged 15-24 years who have no education know that HIV cannot be transmitted through mosquito bites and 61.2 per cent know that HIV cannot be transmitted by supernatural means. In contrast, 75.3 per cent and 86.8 per cent of those with secondary education and above know that AIDS cannot be transmitted through mosquito bites and supernatural means respectively. Women living in the richest households (72.7%) were more likely to report that HIV cannot be transmitted through mosquito bites than women from the poorest households (43.6%).

HA.2: Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission among young people

Percentage of young women age 15-24 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission The Gambia, 2010

| | Percentage who have heard of AIDS | Percentage who know transmission can be prevented by: | | Percentage of women who know both ways | Percentage who know that a healthy looking person can have the AIDS virus | Percentage who know that HIV cannot be transmitted by: | | | Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus | Percentage with comprehensive knowledge[1] | Number of women age 15-24 |
		Having only one faithful uninfected sex partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
LGA											
Banjul	99.8	92.5	80.9	78.9	72.9	80.6	88.1	88.4	59.2	49.2	165
Kanifing	99.8	94.3	83.2	80.4	75.7	72.9	87.2	80.3	54.0	46.9	1650
Brikama	98.4	94.6	84.2	82.5	72.5	58.7	77.6	78.2	39.0	35.5	1874
Mansakonko	100.0	85.9	70.4	66.3	75.1	46.0	63.3	64.5	27.9	23.7	379
Kerewan	99.3	91.4	78.2	77.4	79.0	57.2	73.5	75.0	43.2	37.7	774
Kuntaur	91.4	87.2	54.2	53.6	54.2	45.1	57.4	47.8	18.0	11.1	294
Janjanbureh	90.8	86.7	77.3	75.4	35.2	56.4	75.8	69.4	17.0	15.5	471
Basse	99.6	97.1	74.1	72.8	62.0	35.6	50.4	53.5	18.4	13.9	909
Area of Residence											
Urban	99.5	94.2	83.6	81.2	71.6	67.0	81.9	79.0	46.5	40.9	3436
Rural	96.9	91.6	74.0	72.6	66.7	47.8	65.5	65.0	28.0	23.7	3079
Age											
15-19	97.9	91.4	76.8	74.8	68.1	56.8	72.4	72.4	38.0	33.0	3481
20-24	98.8	94.9	81.7	79.9	70.7	59.2	76.1	72.4	37.4	32.5	3034
Marital status											
Ever married/in union	97.7	93.2	77.8	76.1	65.9	47.6	66.8	65.0	27.4	23.2	2849
Never married/in union	98.8	92.9	80.1	78.0	71.9	66.0	79.8	78.1	45.8	40.2	3666
Women's education											
None	96.6	90.8	71.4	69.6	60.7	39.2	61.2	59.9	20.2	17.1	2311
Primary	97.3	89.9	74.2	71.3	63.8	49.1	66.2	62.6	28.0	22.2	1135
Secondary+	99.9	95.9	86.7	85.0	77.8	75.3	86.8	85.4	54.5	48.4	3069

HA.2: Knowledge about HIV transmission, misconceptions about HIV/AIDS, and comprehensive knowledge about HIV transmission among young people (cont.)

Percentage of young women age 15-24 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can have the AIDS virus, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission The Gambia, 2010

| | Percentage who have heard of AIDS | Percentage who know transmission can be prevented by: | | Percentage of women who know both ways | Percentage who know that a healthy looking person can have the AIDS virus | Percentage who know that HIV cannot be transmitted by: | | | Percentage who reject the two most common misconceptions and know that a healthy looking person can have the AIDS virus | Percentage with comprehensive knowledge[1] | Number of women age 15-24 |
		Having only one faithful uninfected sex partner	Using a condom every time			Mosquito bites	Supernatural means	Sharing food with someone with AIDS			
Wealth index quintiles											
Poorest	95.8	90.5	71.5	70.3	58.9	43.6	61.7	59.5	22.6	19.7	992
Second	98.0	92.5	79.5	77.2	67.9	53.5	74.3	72.6	33.8	30.0	1153
Middle	98.7	92.3	77.6	75.5	64.6	53.6	72.4	68.4	29.1	24.5	1209
Fourth	98.1	93.3	77.4	76.0	70.8	57.8	73.7	73.7	38.8	33.6	1489
Richest	99.8	95.2	85.8	83.4	78.4	72.7	83.1	81.5	54.7	47.7	1672
Ethnicity of household head											
Mandinka/Jahanka	99.2	95.3	81.3	79.6	74.3	60.6	78.1	73.7	41.3	36.0	2070
Wollof	97.0	90.7	78.5	76.4	68.6	60.4	74.3	74.4	39.2	35.2	895
Jola/Karoninka	99.5	94.6	84.2	82.1	71.0	67.8	86.6	80.8	43.3	39.0	843
Fula/Tukulor/Lorobo	96.6	89.8	74.3	72.2	61.6	51.9	68.4	67.2	29.5	25.2	1257
Serere	99.5	91.3	77.4	75.4	77.3	77.2	83.7	85.5	58.9	48.0	228
Sarahuleh	98.7	94.7	75.8	73.9	58.9	39.8	55.8	58.8	21.8	17.3	697
Creole/ Aku Marabou	100.0	94.6	91.6	86.7	89.2	83.7	94.4	94.1	78.4	71.9	46
Manjago	98.6	94.5	90.9	88.1	79.8	61.1	86.9	78.5	44.6	39.7	111
Bambara	99.7	92.3	69.6	69.6	79.0	52.9	60.1	73.8	44.0	32.9	103
Other ethnic group	92.8	84.0	73.4	72.1	68.8	40.0	63.9	69.8	27.0	22.4	103
Non-Gambian	100.0	94.2	91.2	87.5	75.8	66.8	78.5	76.8	53.5	50.9	100
Missing/DK	98.2	89.8	59.6	59.6	71.0	54.5	53.4	58.6	31.5	24.9	62
Total	98.3	93.0	79.1	77.1	69.3	57.9	74.1	72.4	37.7	32.8	6515

[1]MICS indicator 9.2; MDG indicator 6.3

Women who have comprehensive knowledge about HIV prevention include women who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time, who know that a healthy looking person can have the HIV virus, and who reject the two most common misconceptions. Tables HA.1 and HA.2 also present the percentage of women with comprehensive knowledge. Comprehensive knowledge of HIV prevention methods and transmission is still fairly low although there are differences by residence. Overall, 32.8 per cent of women were found to have comprehensive knowledge, which was a lot higher in urban areas (40.9 percent) than the rural areas (23.7 per cent). As expected the percent of women with comprehensive knowledge increases with the woman's education level (Figure HA.1). Of women aged 15-49 years 20.4 per cent with no education, 28.8 per cent with primary education and 52.1 per cent with secondary education and above are reported to have comprehensive know of HIV/AIDS.

Figure HA1: Two ways of preventing HIV transmission, Comprehensive knowledge of HIV Prevention and attitudes towards people living with HIV
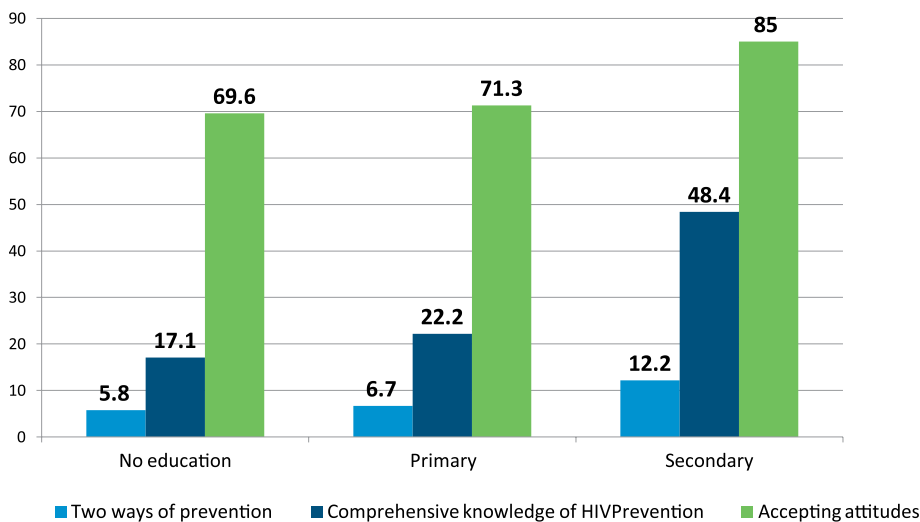
Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. The level of knowledge among women aged 15-49 concerning mother-to-child transmission is presented in Table HA.3. Overall, 90.8 per cent of women know that HIV can be transmitted from mother to child. This percentage increases with age as 89.1 per cent women aged 15-24 and 92.2 per cent of women aged 25 and above respectively know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 62.1 per cent, while 7.9 per cent of women did not know of any specific way. The table also shows that 70.3 per cent of women living in the poorest households know all three means of HIV transmission from mother to child compared to 54.9 per cent of those living in the richest households.

Table HA.3: Knowledge of mother-to-child HIV transmission

Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child, The Gambia, 2010

	Percentage who know HIV can be transmitted from mother to child	Percent who know HIV can be transmitted:				Does not know any of the specific means	Number of women
		During pregnancy	During delivery	By breastfeeding	All three means[1]		
LGA							
Banjul	90.6	83.2	73.4	69.2	57.4	9.1	394
Kanifing	91.8	83.0	75.1	66.3	55.2	8.1	3645
Brikama	90.6	84.4	68.6	64.4	52.7	8.6	4041
Mansakonko	89.2	85.0	80.0	77.5	70.0	10.7	853
Kerewan	96.2	91.8	88.2	88.7	80.8	3.3	1832
Kuntaur	75.9	64.9	67.4	65.1	54.2	17.5	726
Janjanbureh	88.4	81.6	84.2	75.2	68.7	3.6	1134
Basse	92.0	84.1	82.2	83.1	72.8	7.7	2060
Area of Residence							
Urban	91.7	83.7	73.2	67.4	56.0	8.0	7565
Rural	89.8	83.8	80.0	77.5	68.6	7.7	7120
Age group							
15-24	89.1	81.9	73.0	70.8	59.7	9.2	6515
25+	92.2	85.2	79.3	73.5	64.0	6.8	8170
Age group							
15-19	89.0	83.1	71.9	70.6	59.3	8.9	3481
20-24	89.1	80.6	74.3	71.0	60.2	9.6	3034
25-29	92.9	85.4	78.6	73.0	63.0	6.0	2690
30-39	91.7	84.5	80.1	74.2	64.8	7.5	3601
40-49	92.2	86.1	78.8	72.7	64.2	6.4	1879
Marital status							
Ever married/in union	90.9	83.8	78.3	73.8	64.4	7.8	10604
Never married/in union	90.7	83.6	71.9	68.3	56.2	8.1	4081

Table HA.3: Knowledge of mother-to-child HIV transmission (cont.)

Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child, The Gambia, 2010

	Percentage who know HIV can be transmitted from mother to child	Percent who know HIV can be transmitted:				Does not know any of the specific means	Number of women
		During pregnancy	During delivery	By breastfeeding	All three means[1]		
Education							
None	89.2	82.0	76.7	74.6	64.8	8.7	7973
Primary	90.1	84.0	76.1	70.9	61.1	8.4	2055
Secondary+	93.8	86.6	76.4	68.9	58.0	6.1	4656
Wealth index quintiles							
Poorest	89.1	83.3	81.2	77.6	70.3	7.7	2402
Second	89.0	82.4	75.6	73.8	62.8	9.4	2606
Middle	91.8	85.0	77.4	73.6	63.9	6.9	2821
Fourth	91.0	84.0	75.5	73.0	61.9	7.9	3219
Richest	92.4	83.8	74.3	65.9	54.9	7.5	3638
Ethnicity of household head							
Wollof	89.6	81.9	77.0	71.6	62.4	8.0	2153
Jola/Karoninka	92.1	85.1	72.8	68.3	56.8	7.7	1859
Fula/Tukulor/Lorobo	88.0	80.7	74.4	72.1	60.9	9.3	2885
Serere	95.4	90.1	81.8	69.3	61.0	4.4	578
Sarahuleh	88.5	80.8	77.6	75.3	65.5	9.9	1503
Creole/Aku Marabou	92.6	84.3	75.7	64.7	51.1	7.4	89
Manjago	86.8	83.5	69.3	59.9	55.6	12.5	230
Bambara	91.3	84.9	78.5	82.2	70.6	8.5	219
Other ethnic group	83.2	77.5	61.8	66.1	51.8	13.2	206
Non Gambian	93.9	85.0	80.4	68.4	55.5	5.7	249
Missing/DK	89.0	84.6	81.1	82.9	75.3	10.3	167
Total	90.8	83.7	76.5	72.3	62.1	7.9	14685

[1] MICS indicator 9.3

Accepting Attitudes toward People Living with HIV/AIDS

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Levels of stigma and discrimination are considered low if respondents report an accepting attitude on the following four questions: 1) would care for family member sick with HIV/AIDS; 2) would buy fresh vegetables from a vendor who was HIV positive; 3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and 4) would not want to keep HIV status of a family member a secret. Table HA.4 presents the attitudes of women towards people living with HIV/AIDS. In The Gambia, 96.8 per cent of women who have heard of AIDS agree with at least one discriminatory statement. The most common discriminative attitude is refusal to buy fresh vegetables from a shopkeeper or vendor who has the HIV virus or would not keep secret that a family member got infected with the HIV virus each with 36.7 per cent. Women with higher levels of education and those from wealthier households have more accepting attitudes than ones with lower levels of education and those from poorer households. It is observed that about 97 per cent of women aged 15 – 49 years agree with at least one accepting attitude whilst only 8.0 per cent of them expressed accepting attitudes on all four indicators. Overall, 52.5 per cent of women believe that a female teacher with the HIV virus and who is not sick should be allowed to continue teaching.

Knowledge of a Place for HIV Testing, Counselling and Testing during Antenatal Care

Another important indicator is knowledge of where to be tested for HIV and the use of such services. In order to protect themselves and to prevent infecting others, it is important for individuals to know their HIV status. Knowledge of one's status is also a critical factor in the decision to seek treatment. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested is presented in Table HA.5. In The Gambia, 73.2 per cent of women knew where to be tested, while 31.8 per cent have actually been tested. Notably, of these, only a small proportion has been told the result (7.5 %). Aside from Basse LGA which has a proportion of 63.8 per cent, more than 70 per cent of women in the other LGAs know of a place to be tested for HIV. The proportion was highest in Kerewan with 78.9 per cent. Analysing the data by the marital status of the women shows that married women, or those in union, have higher rates of knowledge of a place for HIV testing (76.6%) and of being told the results (8.6%) than women who are never married.

Table HA.4: Accepting attitudes toward people living with HIV/AIDS

Percentage of women age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV/AIDS, The Gambia, 2010

	Percentage of women who:						Number of women who have heard of AIDS
	Are willing to care for a family member with the AIDS virus in own home	Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus	Believe that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators[1]	
LGA							
Banjul	92.8	60.4	73.0	28.5	98.1	11.8	393
Kanifing	89.6	51.8	65.0	29.8	97.1	10.7	3641
Brikama	93.9	41.3	57.8	22.9	98.6	5.2	4007
Mansakonko	85.8	28.8	49.3	36.9	95.7	5.6	852
Kerewan	84.1	30.9	45.8	57.5	96.5	14.7	1822
Kuntaur	70.0	22.0	29.5	54.1	90.5	6.2	678
Janjanbureh	71.2	24.9	31.9	32.0	91.6	2.4	1043
Basse	87.2	15.7	41.0	55.4	97.9	6.2	2054
Area of Residence							
Urban	90.5	47.2	62.2	29.1	97.5	8.6	7541
Rural	84.0	25.3	41.9	45.0	96.1	7.3	6948
Age							
15-24	87.7	36.1	54.0	36.7	97.1	8.4	6404
25+	87.1	37.2	51.2	36.7	96.6	7.6	8085
Age							
15-19	87.7	31.7	50.7	37.3	97.0	7.7	3407
20-24	87.7	41.2	57.9	35.9	97.1	9.3	2997
25-29	88.5	38.6	53.4	35.6	96.9	8.2	2662
30-39	86.0	38.2	52.7	36.8	96.6	7.5	3572
40-49	87.4	33.2	45.1	38.2	96.1	6.9	1852
Marital status							
Ever married/in union	86.1	34.2	48.9	38.1	96.4	7.3	10456
Never married/in union	90.6	43.3	61.6	33.1	97.9	9.8	4033

Table HA.4: Accepting attitudes toward people living with HIV/AIDS (cont.)

Percentage of women age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV/AIDS, The Gambia, 2010

	Percentage of women who:						
	Are willing to care for a family member with the AIDS virus in own home	Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus	Believe that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators[1]	Number of women who have heard of AIDS
Education							
None	83.7	27.1	41.9	40.2	95.6	5.8	7812
Primary	87.9	32.6	52.5	37.0	97.1	6.7	2024
Secondary+	93.3	54.7	70.2	30.7	98.8	12.2	4653
Wealth index quintiles							
Poorest	79.8	20.7	33.9	49.1	94.7	7.2	2325
Second	86.0	30.3	45.1	35.4	96.0	5.4	2564
Middle	86.4	31.3	48.7	36.7	96.3	6.9	2785
Fourth	89.4	37.7	54.9	35.6	97.8	6.9	3183
Richest	92.1	54.9	70.2	30.6	98.2	12.1	3633
Ethnicity of household head							
Mandinka/Jahanka	89.8	43.3	58.9	34.8	97.8	8.4	4519
Wollof	85.3	38.8	52.1	36.2	94.8	10.5	2102
Jola/Karoninka	92.9	42.3	56.2	25.1	97.7	6.0	1854
Fula/Tukulor/Lorobo	81.9	28.9	43.7	42.1	95.9	6.6	2810
Serere	90.3	52.0	64.4	38.9	96.7	16.2	577
Sarahuleh	86.1	18.0	41.9	47.4	97.3	5.1	1478
Creole/Aku Marabou	97.2	61.4	80.7	18.4	100.0	12.1	89
Manjago	87.5	36.0	48.8	27.8	94.5	8.3	228
Bambara	78.5	23.8	35.1	47.5	96.2	7.6	219
Other ethnic group	92.0	25.5	48.8	22.7	97.8	3.3	199
Non Gambian	88.4	43.7	58.9	35.1	97.0	11.2	249
Missing/DK	79.5	20.8	48.3	55.7	95.5	5.4	166
Total	87.4	36.7	52.5	36.7	96.8	8.0	14489

[1] MICS indicator 9.4

Table HA.5: Knowledge of a place for HIV testing

Percentage of women age 15-49 years who know where to get an HIV test, percentage of women who have ever been tested, percentage of women who have been tested in the last 12 months, and percentage of women who have been tested and have been told the result, The Gambia, 2010

	Percentage of women who:				Number of women
	Know a place to get tested[1]	Have ever been tested	Have been tested in the last 12 months	Have been tested and have been told result[2]	
LGA					
Banjul	71.8	25.7	9.3	6.4	394
Kanifing	75.6	36.0	12.8	9.6	3645
Brikama	73.4	40.7	15.5	9.7	4041
Mansakonko	74.4	36.0	12.1	9.2	853
Kerewan	78.9	20.8	7.5	3.8	1832
Kuntaur	75.1	32.5	8.3	4.8	726
Janjanbureh	71.3	23.9	10.8	6.7	1134
Basse	63.8	20.1	7.6	3.9	2060
Area of Residence					
Urban	74.8	35.8	12.8	8.8	7565
Rural	71.5	27.6	10.4	6.2	7120
Age					
15-19	59.9	13.7	6.1	4.1	3481
20-24	74.8	33.1	12.5	7.9	3034
25-29	80.3	44.0	16.6	9.8	2690
30-34	78.9	42.5	15.9	10.3	2008
35-39	79.6	37.9	12.0	7.9	1592
40-44	73.7	31.9	9.0	6.6	1081
45-49	73.9	25.0	8.1	6.9	798
Marital status					
Ever married/in union	76.6	38.2	13.9	8.6	10604
Never married/in union	64.4	15.0	5.7	4.8	4081
Wealth index quintiles					
Poorest	71.0	25.4	8.6	5.2	2402
Second	72.0	32.9	12.9	7.1	2606
Middle	72.9	30.6	10.8	6.5	2821
Fourth	71.0	31.8	12.0	8.4	3219
Richest	77.8	36.1	13.0	9.5	3638
Ethnicity of household head					
Mandinka/Jahanka	73.8	29.6	11.1	7.1	4546
Wollof	77.2	30.1	10.1	5.6	2153
Jola/Karoninka	75.6	42.0	16.1	11.4	1859
Fula/Tukulor/Lorobo	70.7	30.3	9.9	6.6	2885
Serere	80.5	35.9	11.7	8.2	578
Sarahuleh	64.2	25.6	9.9	6.7	1503
Creole/ Aku Marabou	82.0	32.4	11.3	8.5	89
Manjago	75.0	38.8	15.4	10.7	230
Bambara	73.4	24.7	12.8	8.7	219
Other ethnic group	67.2	43.8	21.5	8.3	206
Non Gambian	77.6	47.7	20.8	15.0	249
Missing/DK	73.0	26.3	8.8	5.6	167
Total	73.2	31.8	11.6	7.5	14685

[1] MICS indicator 9.5; [2] MICS indicator 9.6

Table HA.6 presents knowledge of a place for HIV testing for sexually active young women. The proportion of young women who have been tested and have been told the result provides a measure of the effectiveness of interventions that promote HIV counselling and testing among young people. This is important to know, because young people may feel that there are barriers to accessing services related to sensitive issues, such as sexual health. Overall, 43.3 per cent of women aged 15-24 reported to have had sex during the twelve months preceding the survey. Out of which, 65.1 per cent are between the ages of 20-24 and 24.3 per cent were aged 15-19. For those who reported to have had sex, the majority (87.6%) were married or in union and 8.9 per cent were never married or are in union. It is observed that women with no education (67.9%) were more likely to have had sex in the twelve months preceding the survey than women with primary or secondary education and above. Young women living in the poorest households were more likely to have sex than those from the wealthiest households (54.0 compared to 33.2%). Analysing the data by place of residence shows that women living in rural areas (49.6%) were more likely to have sex in the twelve months preceding the survey than those living in urban settlements (37.6%).

About 73 per cent of the women aged 15 – 24 know a place to be tested for HIV, out of which only about 9 per cent have been tested and told their results. The proportion was highest in urban (12.1%) than in rural areas (5.9%). Women never married were more likely to be tested and told their results than married women. It is observed that the higher the educational attainment of the woman, the more likely it is for her to be tested and told the results. It is also observed that the richer the household, the more likely it is for the woman to be tested and told her results.

Table HA.6: Knowledge of a place for HIV testing among sexually active young women

Percentage of women age 15-24 years who have had sex in the last 12 months, and among women who have had sex in the last 12 months, the percentage who know where to get an HIV test, percentage of women who have ever been tested, percentage of women who have been tested in the last 12 months, and percentage of women who have been tested and have been told the result, The Gambia, 2010

	Percentage who have had sex in the last 12 months	Number of women age 15-24 years	Percentage of women who:				Number of women age 15-24 years who have had sex in the last 12 months
			Know a place to get tested	Have ever been tested	Have been tested in the last 12 months	Have been tested and have been told result[1]	
LGA							
Banjul	31.6	165	68.3	33.2	19.4	12.2	52
Kanifing	34.1	1650	79.2	46.5	18.8	13.1	562
Brikama	39.7	1874	73.2	46.1	21.2	10.4	743
Mansakonko	47.5	379	73.3	40.5	17.2	11.8	180
Kerewan	49.3	774	79.8	24.2	9.5	4.6	381
Kuntaur	57.7	294	73.9	31.6	10.4	5.4	169
Janjanbureh	51.8	471	68.5	25.3	11.7	6.7	244
Basse	53.6	909	61.5	21.7	9.7	5.2	487
Area of Residence							
Urban	37.6	3436	77.5	44.2	19.0	12.1	1291
Rural	49.6	3079	68.8	28.6	12.3	5.9	1528
Age							
15-19	24.3	3481	65.3	28.4	14.9	8.3	844
20-24	65.1	3034	76.0	38.9	15.6	8.9	1975
Marital status							
Ever married/in union	87.6	2849	72.4	35.3	15.4	8.7	2495
Never married/in union	8.9	3666	76.3	39.3	15.3	9.4	325
Education							
None	67.9	2311	68.1	30.7	11.7	6.0	1569
Primary	40.1	1135	66.4	32.4	15.0	8.9	455
Secondary+	25.9	3069	85.8	47.5	22.8	14.2	795
Wealth index quintiles							
Poorest	54.0	992	66.3	23.8	10.4	5.7	536
Second	47.9	1153	73.5	37.3	16.5	6.9	552
Middle	45.0	1209	71.7	34.5	13.6	7.0	544
Fourth	42.4	1489	73.9	39.4	18.1	12.2	632
Richest	33.2	1672	78.2	42.8	17.9	11.3	555
Ethnicity of household head							
Mandinka/Jahanka	37.9	2070	74.4	34.2	16.7	9.0	785
Wollof	47.8	895	78.4	31.9	12.7	5.9	428
Jola/Karoninka	34.5	843	80.6	53.0	18.6	11.8	291
Fula/Tukulor/Lorobo	53.8	1257	67.2	33.8	12.9	8.1	677
Serere	28.6	228	77.0	36.6	13.7	6.2	65
Sarahuleh	47.5	697	66.5	27.7	12.2	9.0	331
Creole /Aku Marabou	(*)	(*)	(*)	(*)	(*)	(*)	10
Manjago	39.8	111	(80.1)	(49.1)	(24.8)	(14.4)	44
Bambara	58.6	103	64.7	18.8	13.2	8.2	61
Other ethnic group	50.4	103	71.9	66.1	43.5	8.1	52
Non Gambian	53.2	100	68.8	44.5	24.7	20.7	53
Missing/DK	38.9	62	(65.4)	(27.8)	(5.6)	(5.6)	24
Total	43.3	6515	72.8	35.7	15.4	8.7	2819

[1] MICS indicator 9.7
(*) Values depending on less than 25 unweighted cases;   () Values depending on 25-49 unweighted cases

Among women who had given birth within the two years preceding the survey, the percentage who received counselling and HIV testing during antenatal care is presented in Table HA.7. In The Gambia, 98.1 per cent of women who gave birth in the last two years preceding the survey received antenatal care and 45.5 per cent of them were tested for HIV during antenatal visits. Women with secondary education and above (61.1%) have sought HIV testing during antenatal visits compared to those with no formal or primary education. Of the women aged 15 – 49 only 38.7 per cent received HIV counselling were offered an HIV test, accepted and received the results. The proportion was highest in urban areas. It is observed that the higher the level of education of the woman, the higher the likelihood that she accepted to be tested and received the results. A similar trend has been observed regarding the socio – economic status of households as the wealthier the household, the more likely it is that the woman is tested and received the results.

Table HA.7: HIV counselling and testing during antenatal care

Among women age 15-49 who gave birth in the last 2 years, percentage of women who received antenatal care from a health professional during the last pregnancy, percentage who received HIV counselling, percentage who were offered and accepted an HIV test and received the results, The Gambia, 2010

	Percentage of women who:					Number of women who gave birth in the 2 years preceding the survey
	Received antenatal care from a health care professional for last pregnancy	Received HIV counselling during antenatal care[1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results[2]	Received HIV counselling, were offered an HIV test, accepted and received the results	
LGA						
Banjul	99.6	65.5	54.5	48.6	44.5	89
Kanifing	98.5	69.3	64.6	61.2	57.5	908
Brikama	97.9	66.9	56.7	53.7	50.1	1379
Mansakonko	97.2	49.9	43.2	39.6	29.1	311
Kerewan	98.6	77.2	32.6	31.4	30.6	723
Kuntaur	98.3	62.6	33.5	30.2	27.7	310
Janjanbureh	97.7	48.1	36.2	32.0	29.8	412
Basse	97.5	48.6	26.5	22.2	17.6	832
Area of Residence						
Urban	98.1	67.7	58.5	55.2	51.3	2135
Rural	98.0	59.1	35.7	32.6	29.2	2828
Young women						
15-24	97.7	57.1	42.5	39.5	35.2	1773
Age						
15-19	98.5	51.7	41.7	38.5	31.9	456
20-24	97.5	58.9	42.7	39.8	36.3	1317
25-29	98.6	67.0	50.3	46.8	43.7	1373
30-34	98.0	65.7	45.9	43.2	38.9	896
35-49	98.0	64.9	43.8	40.3	37.6	921
Marital status						
Ever married/in union	98.1	63.1	45.2	42.0	38.4	4726
Never married/in union	96.4	57.0	52.3	49.3	44.6	237

Table HA.7: HIV counselling and testing during antenatal care (cont.)

Among women age 15-49 who gave birth in the last 2 years, percentage of women who received antenatal care from a health professional during the last pregnancy, percentage who received HIV counselling, percentage who were offered and accepted an HIV test and received the results, The Gambia, 2010

	Percentage of women who:					Number of women who gave birth in the 2 years preceding the survey
	Received antenatal care from a health care professional for last pregnancy	Received HIV counselling during antenatal care[1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results[2]	Received HIV counselling, were offered an HIV test, accepted and received the results	
Education						
None	97.8	59.7	39.9	36.5	32.7	3236
Primary	98.5	64.7	48.9	46.1	43.0	713
Secondary+	98.5	71.4	61.1	58.3	54.6	1014
Wealth index quintiles						
Poorest	97.5	57.1	31.6	28.6	25.9	1033
Second	98.1	64.8	41.5	37.4	33.9	968
Middle	97.7	63.1	45.1	42.6	39.2	1000
Fourth	97.9	61.3	48.2	45.4	41.8	1100
Richest	99.2	69.1	63.8	60.0	54.7	862
Ethnicity of household head						
Mandinka/Jahanka	97.6	61.4	45.6	42.9	38.2	1426
Wollof	99.0	64.2	43.5	40.8	38.2	778
Jola/Karoninka	99.1	73.9	60.4	56.3	54.3	573
Fula/Tukulor/Lorobo	97.7	59.3	39.4	35.7	32.6	1055
Serere	97.7	73.1	58.2	54.7	50.7	163
Sarahuleh	98.2	54.7	37.2	34.2	29.9	607
Creole/Aku Marabou	89.5	66.6	32.0	29.2	29.2	14
Manjago	100.0	77.4	67.2	64.8	57.8	65
Bambara	97.6	67.4	33.9	28.6	25.5	92
Other ethnic group	100.0	72.7	73.9	70.3	61.6	62
Non Gambian	92.4	63.6	67.3	61.4	56.0	69
Missing/DK	98.0	55.6	28.4	27.1	27.1	59
Total	98.1	62.8	45.5	42.3	38.7	4963

[1] MICS indicator 9.8; [2] MICS indicator 9.9

Sexual Behaviour Related to HIV Transmission

Promoting safer sexual behaviour is critical for reducing HIV prevalence. The use of condoms during sex, especially with non-regular partners, is especially important for reducing the spread of HIV. In most countries over half of new HIV infections are among young people 15-24 years, thus a change in behaviour among this age group will be especially important to reduce new infections. A module of questions was administered to women 15-24 years of age to assess their risk of HIV infection. Risk factors for HIV include sex at an early age, sex with older men, sex with a non-marital non-cohabitating partner, and failure to use a condom.

The frequency of sexual behaviours that increase the risk of HIV infection among women is presented in Table HA.8. The data shows that 87.6 per cent of women aged 15-24 who were never married have reported to never have had sex. There are no marked differences on the educational attainment of the woman or wealth quintiles regarding their sexual behaviour. However, 9.2 per cent of women with no education, 6.8 per cent of women with primary education and 1.8 percent of women with secondary education and above had sex before reaching age 15. Overall, 5.3 percent women aged 15-24 had sex before age 15.

Similarly, 44.3 per cent of women aged 15-24 had sex in the last twelve months preceding the survey with a man who was 10 years and above older than them. Forty eight per cent of women aged 15-24 years with no education had sex with a man who was 10 years and above older compared to 38.5 per cent for those with secondary education and above. Women living in urban areas (46.7%) were more likely to have sex in the last twelve months with a man who is 10 years and above older than them than those living in rural settlements (42.3%). Also women in the poorest households were more likely to have had sex in the 12 months preceding the survey than women in the other household economic quintiles.

Table HA.8: Sexual behaviour that increases the risk of HIV infection

Percentage of never-married young women age 15-24 years who have never had sex, percentage of young women age 15-24 years who have had sex before age 15, and percentage of young women age 15-24 years who had sex with a man 10 or more years older during the last 12 months, The Gambia, 2010

	Percentage of never-married women age 15-24 years who have never had sex[1]	Number of never-married women age 15-24 years	Percentage of women age 15-24 years who had sex before age 15[2]	Number of women age 15-24 years	Percentage of women age 15-24 years who had sex in the last 12 months with a man 10 or more years older[3]	Number of women age 15-24 years who had sex in the 12 months preceding the survey
LGA						
Banjul	87.0	123	2.0	165	42.2	52
Kanifing	83.9	1162	3.9	1650	43.7	562
Brikama	85.4	1209	4.5	1874	50.4	743
Mansakonko	94.0	185	5.5	379	42.9	180
Kerewan	95.7	363	5.1	774	67.9	381
Kuntaur	91.0	107	8.8	294	57.5	169
Janjanbureh	90.0	220	4.9	471	48.7	244
Basse	94.8	296	9.0	909	11.2	487
Area of Residence						
Urban	86.9	2254	3.9	3436	46.7	1291
Rural	88.8	1413	6.9	3079	42.3	1528
Age						
15-19	93.4	2646	4.6	3481	44.9	844
20-24	72.7	1020	6.1	3034	44.1	1975
Marital status						
Ever married/in union	.	0	10.6	2849	47.9	2495
Never married/in union	87.6	3666	1.2	3666	16.9	325
Education						
None	86.9	611	9.2	2311	48.3	1569
Primary	88.5	653	6.8	1135	40.5	455
Secondary+	87.6	2403	1.8	3069	38.5	795
Wealth index quintiles						
Poorest	87.4	436	8.4	992	46.1	536
Second	86.1	603	4.8	1153	51.2	552
Middle	86.9	650	5.3	1209	43.8	544
Fourth	88.9	822	5.7	1489	39.2	632
Richest	88.1	1155	3.4	1672	42.1	555
Ethnicity of household head						
Mandinka/Jahanka	93.1	1235	4.1	2070	45.1	785
Wollof	92.5	472	3.4	895	55.9	428
Jola/Karoninka	74.9	652	3.0	843	44.5	291
Fula/Tukulor/Lorobo	90.8	553	8.7	1257	49.5	677
Serere	91.2	173	2.9	228	47.3	65
Sarahuleh	93.7	254	8.1	697	18.9	331
Creole/ Aku Marabou	(82.9)	41	.0	46	(*)	10
Manjago	64.3	87	4.2	111	(21.1)	44
Bambara	83.9	44	4.9	103	61.5	61
Other ethnic group	65.5	68	6.5	103	33.4	52
Non Gambian	75.9	55	10.4	100	33.3	53
Missing/DK	(86.7)	32	7.0	62	(*)	24
Total	87.6	3666	5.3	6515	44.3	2819

[1] MICS indicator 9.10; [2] MICS indicator 9.11

Sexual behaviour and condom use during sex with more than one partner was assessed in all women and separately for women age 15-24 years of age who had sex with such a partner in the previous year (Tables HA.9 and HA.10). 1.1 percent of women 15-49 years of age report having sex with more than one partner. Of those women, 37.2 percent report using a condom the last time they had sex. About 2 percent of women with primary education used a condom during higher risk sex in the year before the MICS while 60.5 percent of women with secondary or more education used a condom with such a partner.

Table HA 10 shows that 49.5 per cent of women aged 15-24 ever had sex and the proportion was highest in Basse with 66.2 per cent and lowest in Banjul with 35.0 per cent. Of the 49.5 per cent who had sex, 43.3 per cent had sex in the last 12 months and 0.7 per cent had sex with more than one partner. Women aged 20 – 24 were more likely to have sex than women aged 15 – 19 and were also more likely to have sex with more than one partner.

Table HA.9: Sex with multiple partners

Percentage of women age 15-49 years who ever had sex, percentage who had sex in the last 12 months, percentage who have had sex with more than one partner in the last 12 months and among those who had sex with multiple partners, the percentage who used a condom at last sex, The Gambia, 2010

	Percentage of women who:				Percent of women age 15-49 years who had more than one sexual partner in the last 12 months, who also reported that a condom was used the last time they had sex[2]	Number of women age 15-49 years who had more than one sexual partner in the last 12 months
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months[1]	Number of women age 15-49 years		
LGA						
Banjul	69.1	58.1	2.7	394	(*)	11
Kanifing	69.7	58.4	1.7	3645	46.5	61
Brikama	72.8	65.0	.9	4041	(28.9)	36
Mansakonko	78.2	71.0	.4	853	(*)	3
Kerewan	79.5	72.7	.7	1832	(*)	13
Kuntaur	84.8	79.4	1.1	726	(*)	8
Janjanbureh	81.7	75.3	1.3	1134	(*)	15
Basse	84.8	69.9	.3	2060	(*)	7
Area of Residence						
Urban	71.3	61.8	1.4	7565	42.2	108
Rural	81.1	71.9	.6	7120	25.3	46
Age						
15-24	49.5	43.3	.7	6515	(49.3)	45
25-29	93.2	82.2	1.8	2690	(38.6)	47
30-39	98.8	87.8	1.4	3601	24.7	51
40-49	100.0	85.0	.5	1879	(*)	10
Marital status						
Ever married/in union	99.0	87.8	.8	10604	20.9	84
Never married/in union	16.4	11.9	1.7	4081	56.6	70
Education						
None	92.2	82.2	1.0	7973	28.4	76
Primary	70.3	61.0	1.0	2055	(1.5)	20
Secondary+	50.9	42.5	1.3	4656	60.5	59
Wealth index quintiles						
Poorest	83.2	76.4	.9	2402	(*)	22
Second	78.6	71.3	1.1	2606	(19.9)	29
Middle	78.2	69.2	.6	2821	(*)	18
Fourth	75.8	64.7	1.1	3219	(41.7)	37
Richest	68.0	56.7	1.4	3638	(51.5)	49
Ethnicity of household head						
Mandinka/Jahanka	72.3	63.5	.8	4546	(56.0)	35
Wollof	76.8	71.2	1.0	2153	(*)	21
Jola/Karoninka	72.4	63.5	1.5	1859	(30.1)	28
Fula/Tukulor/Lorobo	81.5	72.1	1.3	2885	(30.2)	37
Serere	70.0	60.9	2.0	578	(*)	12
Sarahuleh	81.8	65.6	.1	1503	(*)	2
Creole/Aku Marabou	57.5	46.8	2.4	89	(*)	2
Manjago	71.7	56.3	1.2	230	(*)	3
Bambara	82.9	78.3	.7	219	(*)	2
Other ethnic group	75.9	65.4	.3	206	(*)	1
Non Gambian	81.0	73.0	5.1	249	(*)	13
Missing/DK	83.2	66.2	.0	167	(*)	0
Total	76.0	66.7	1.1	14685	37.2	154

1 MICS indicator 9.13;   2 MICS indicator 9.14
(*) figures that are based on less than 25 unweighted cases;   ( ) figures that are based on 25-49 unweighted cases

Table HA.10: Sex with multiple partners (Young women)

Percentage of women age 15-24 years who ever had sex, percentage who had sex in the last 12 months, percentage who have had sex with more than one partner in the last 12 months and among those who had sex with multiple partners, the percentage who used a condom at last sex, The Gambia, 2010

	Percentage of women age 15-24 years who:				Percent of women age 15-24 years who had more than one sexual partner in the last 12 months, who also reported that a condom was used the last time they had sex[2]	Number of women age 15-24 years who had more than one sexual partner in the last 12 months
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months[1]	Number of women age 15-24 years		
LGA						
Banjul	35.0	31.6	2.6	165	(*)	4
Kanifing	40.2	34.1	.9	1650	(*)	14
Brikama	44.5	39.7	.9	1874	(*)	16
Mansakonko	52.4	47.5	.4	379	(*)	2
Kerewan	53.8	49.3	.0	774	(*)	0
Kuntaur	62.7	57.7	1.2	294	(*)	3
Janjanbureh	56.4	51.8	1.1	471	(*)	5
Basse	66.2	53.6	.1	909	(*)	1
Area of Residence						
Urban	42.3	37.6	.9	3436	(58.4)	32
Rural	57.4	49.6	.4	3079	(*)	14
Age					(*)	
15-19	27.3	24.3	.5	3481	(*)	16
20-24	74.9	65.1	1.0	3034	(45.0)	29
Marital status						
Ever married/in union	97.2	87.6	.3	2849	(*)	9
Never married/in union	12.4	8.9	1.0	3666	(59.5)	37
Education						
None	75.1	67.9	.6	2311	(*)	15
Primary	47.6	40.1	.5	1135	(*)	5
Secondary+	30.8	25.9	.8	3069	(64.3)	25
Wealth index quintiles						
Poorest	60.0	54.0	.9	992	(*)	9
Second	53.0	47.9	.9	1153	(*)	10
Middle	51.8	45.0	.3	1209	(*)	3
Fourth	50.1	42.4	.8	1489	(*)	12
Richest	38.5	33.2	.7	1672	(*)	11
Ethnicity of household head					(*)	
Mandinka/Jahanka	42.9	37.9	.5	2070	(*)	10
Wollof	49.8	47.8	.7	895	(*)	7
Jola/Karoninka	42.0	34.5	.9	843	(*)	8
Fula/Tukulor/Lorobo	59.4	53.8	.9	1257	(*)	11
Serere	30.2	28.6	1.3	228	(*)	3
Sarahuleh	62.4	47.5	.1	697	(*)	1
Creole/Aku Marabou	25.1	21.6	3.9	46	(*)	2
Manjago	49.9	39.8	2.4	111	(*)	3
Bambara	63.8	58.6	.0	103	(*)	0
Other ethnic group	56.8	50.4	.4	103	(*)	0
Non Gambian	57.8	53.2	2.1	100	(*)	2
Missing/DK	55.0	38.9	.0	62	(*)	0
Total	49.5	43.3	.7	6515	(49.3)	45

(*) figures that are based on less than 25 unweighted cases;   () figures that are based on 25-49 unweighted cases

Table HA.11 shows that 11.8 per cent of women aged 15-24 who had sex in the last 12 months, had sex with a non-marital, non-cohabiting partner during the twelve months preceding the MICS survey. Of these, Banjul and Kanifing accounted for the highest proportions with 28.5 and 26.8 per cent respectively whilst Kerewan had the lowest proportion with 1.8 per cent. The proportion of women who had sex with such a partner was highest in urban (17.7%) than in rural areas (6.8%). Of the women who reported to have sex with a non – marital, non cohabitating partner in the 12 months preceding the survey, only 33.5 per cent reported to have used a condom the last time they had sex with such a partner.

Table HA.11: Sex with non-regular partners

Percentage of women age 15-24 years who ever had sex, percentage who had sex in the last 12 months, percentage who have had sex with a non-marital, non-cohabiting partner in the last 12 months and among those who had sex with a non-marital, non-cohabiting partner, the percentage who used a condom the last time they had sex with such a partner, The Gambia, 2010

	Percentage of women 15-24 who:		Number of women age 15-24 years	Percentage who had sex with a non-marital, non-cohabiting partner in the last 12 months[1]	Number of women age 15-24 years who had sex in the last 12 months	Percentage of women age 15-24 years who had sex with a non-marital, non-cohabiting partner in the last 12 months, who also reported that a condom was used the last time they had sex with such a partner[2]	Number of women age 15-24 years who had sex in last 12 months with a non-marital, non-cohabiting partner
	Ever had sex	Had sex in the last 12 months					
LGA							
Banjul	35.0	31.6	165	28.5	52	(*)	15
Kanifing	40.2	34.1	1650	26.8	562	33.2	151
Brikama	44.5	39.7	1874	13.7	743	21.3	101
Mansakonko	52.4	47.5	379	6.8	180	(*)	12
Kerewan	53.8	49.3	774	1.8	381	(*)	7
Kuntaur	62.7	57.7	294	6.9	169	(*)	12
Janjanbureh	56.4	51.8	471	9.8	244	(*)	24
Basse	66.2	53.6	909	2.3	487	(*)	11
Area of Residence							
Urban	42.3	37.6	3436	17.7	1291	36.6	229
Rural	57.4	49.6	3079	6.8	1528	26.6	104
Age							
15-19	27.3	24.3	3481	15.4	844	(27.8)	130
20-24	74.9	65.1	3034	10.2	1975	37.2	202
Marital status							
Ever married/in union	97.2	87.6	2849	1.0	2495	36.6	26
Never married/in union	12.4	8.9	3666	94.3	325	33.2	306
Education							
None	75.1	67.9	2311	4.8	1569	28.2	75
Primary	47.6	40.1	1135	13.5	455	12.3	62
Secondary+	30.8	25.9	3069	24.6	795	42.2	196

Table HA.11: Sex with non-regular partners (cont.)

Percentage of women age 15-24 years who ever had sex, percentage who had sex in the last 12 months, percentage who have had sex with a non-marital, non-cohabiting partner in the last 12 months and among those who had sex with a non-marital, non-cohabiting partner, the percentage who used a condom the last time they had sex with such a partner, The Gambia, 2010

	Percentage of women 15-24 who:		Number of women age 15-24 years	Percentage who had sex with a non-marital, non-cohabiting partner in the last 12 months[1]	Number of women age 15-24 years who had sex in the last 12 months	Percentage of women age 15-24 years who had sex with a non-marital, non-cohabiting partner in the last 12 months, who also reported that a condom was used the last time they had sex with such a partner[2]	Number of women age 15-24 years who had sex in last 12 months with a non-marital, non-cohabiting partner
	Ever had sex	Had sex in the last 12 months					
Wealth index quintiles							
Poorest	60.0	54.0	992	7.5	536	(30.3)	40
Second	53.0	47.9	1153	10.4	552	23.8	57
Middle	51.8	45.0	1209	11.3	544	27.8	61
Fourth	50.1	42.4	1489	10.3	632	36.6	65
Richest	38.5	33.2	1672	19.6	555	41.2	109
Ethnicity of household head							
Mandinka/Jahanka	42.9	37.9	2070	6.9	785	45.1	54
Wollof	49.8	47.8	895	8.3	428	(41.7)	35
Jola/Karoninka	42.0	34.5	843	38.4	291	26.8	112
Fula/Tukulor/Lorobo	59.4	53.8	1257	6.8	677	(43.5)	46
Serere	30.2	28.6	228	22.1	65	(*)	14
Sarahuleh	62.4	47.5	697	1.8	331	(*)	6
Creole/Aku Marabou	25.1	(21.6)	46	(*)	10	(*)	7
Manjago	49.9	39.8	111	(45.0)	44	(*)	20
Bambara	63.8	58.6	103	3.3	61	(*)	2
Other ethnic group	56.8	50.4	103	34.1	52	(*)	18
Non Gambian	57.8	53.2	100	26.8	53	(*)	14
Missing/DK	55.0	38.9	62	(*)	24	(*)	4
Total	49.5	43.3	6515	11.8	2819	33.5	332

[1] MICS indicator 9.15; [2] MICS indicator 9.16; MDG indicator 6.2
(*) Values depending on less than 25 unweighted cases;   () Values depending on 25-49 unweighted cases

Appendix A. Sample Design

The major features of the sample design are described in this appendix. Sample design features include target sample size, sample allocation, sampling frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Gambia's Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators at the national level, for urban and rural areas, as well as for the eight Local Government Areas (Banjul, Kanifing, Brikama, Mansakonko, Kerewan, Kuntaur, Janjanbureh, and Basse) of the country. Urban and/or rural areas in each of the eight LGAs were defined as the sampling strata. Banjul and Kanifing have are entirely urban settlements, the remaining six LGAs have both urban and rural areas. Hence 14 strata were defined for the MICS survey.

A two stage design was implemented. In the first stage the Enumeration Areas (EAs) were selected by probability proportional to size systematic sampling. The second stage units, the clusters of households, were selected by circular systematic sampling procedure.

Sample Size and Sample Allocation

The target sample size for The Gambia's MICS was calculated as 7800 households. For the calculation of the sample size, the key indicator used was women 35-39 years who have been tested for HIV. The following formula was used to estimate the required sample size for this indicator:

$$n = \frac{4r(1-r)(deff)(1.016)}{(.12r)^2(p)(\bar{n})}$$

where:

n is the required sample size, expressed as number of households, for the KEY indicator,

4 is factor to achieve 95 percent level of confidence,

r = 15.6 per cent is the anticipated prevalence (coverage) rate for the key indicator,

1.016 is factor to raise sample size by 1.6 percent for potential non response at household level according to MICS3,
Deff. is shortened symbol for design effect = 1.951,

$0.12r$ is margin of error to be tolerated, defined as 12 percent of r (12 percent thus represents the relative sampling error of r),

p = 0.046 is the proportion of the base or target population to the total population.

n = 8.3 persons is average household size.

Hence we have to the nearest whole number

$$7800 = \frac{4(.156)(.844)(1.951)(1.016)}{((.12)(.156))^2(0.046)(8.3)}$$

Allocation of sample size based on the use of both proportional and equal allocation:

Since MICS4 will not show any indicator based on less than 50 cases, we therefore examined the expected values of the following target populations by using the 2006 MICS3 data sets:

Under-fives by age in months: < 6; 6-11; 12-23; 24-35; 36-4; 48-59; and

Women by age in years: 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49.

A minimum of 12 cases were observed among the expected number of women and under five children in households distributed along domains by a self-weighting design obtained through proportional allocation, or more precisely implicit stratification. There was therefore the need to reallocate the sample sizes taking into account a minimum of 50 cases and the highest overall non-response rate of 4.2% which is revealed by the 2006 MICS. The minimum number of households, for the target population with 12 cases, to show at least 50 cases of women aged 45 – 49 years is 1302. This number is not suitable because equal allocation will result in a sample size which is greater than the overall sample size of 7800 households.

We therefore tried the third lowest number of cases of 19 under-fives who fall in the age group < 6 months old. Here the minimum number of households required to obtain an expected number of respondents greater than 50 (allowing for non-response) is 823.

The formula used to obtain the expected number of respondents greater than 50 (allowing for non-response) is:

$$x = \frac{hh_1 50(1.042)}{E_1}$$

Where

x is the minimum number of households required to obtain an expected number of respondents greater than 50 (allowing for non-response).

hh_1 is the number of households allocated through the original self-weighting design in the domain of the target group bearing the minimum number of cases.

1.042 is the factor that compensate for the maximum overall non-response in a previous survey. In this case MICS 2006.

E_1 is the minimum number of cases.

Each domain was first allocated with 823 households. This gives 6584 households allocated in this way and the balance 1216 households were allocated proportional to 2003 census households. In addition to these procedures, by rounding off households to the nearest multiple of 20 households – the sample take per cluster, the distribution of households in Table 1 (column 8) below was therefore obtained.

Table 1: MICS 4 sample allocations, 2003 census population and households by LGA, MICS4 2010

Local government area	Census number of households, 2003	Census population, 2003	Census EAs, 2003	Sampled EAs, 2010	Households in EAs selected, 2003	Households allocated according to equal and proportional allocation	**Households to be selected for interviews, 2010 (Rounded off)**
1	2	3	4	5	6	7	(8)
Banjul	6853	35061	92	44	3616	876	880
Kanifing	49016	322735	634	60	4737	1201	1200
Brikama	45139	389594	724	59	3964	1172	1180
Mansakonko	8432	72167	155	44	2549	888	880
Kerewan	18242	172835	322	48	2790	964	960
Kuntaur	7104	78491	124	44	2765	878	880
Janjanbureh	10115	107212	179	45	2686	901	900
Basse	12593	182586	247	46	2448	920	920
Total	157494	1360681	2477	395	26366	7807	7800

Table SD.1: Allocation of Sample Clusters (Primary Sampling Units) by region and urban/rural areas

LGA	Population 2003 census			Number of Clusters, 2010		
	Total	Urban	Rural	Urban	Rural	Total
Banjul	17907	17907	0	44	0	44
Kanifing	31823	31823	0	60	0	60
Brikama	35652	20581	15071	36	23	59
Mansakonko	23792	4215	19577	9	35	44
Kerewan	28761	5023	23738	9	39	48
Kuntaur	32681	1723	30958	3	41	44
Janjanbureh	29693	3685	26008	8	37	45
Basse	43304	1828	41476	4	42	46
Total	243613	86785	156828	173	217	390
Basse	182586	23729	158857	57	190	247
Total	1360681	686696	673985	1359	1118	2477

Table SD.2: Allocation of census Enumeration Areas (EAs) by region and urban/rural areas , 2003

LGA	Population 2003 census			Number of EAs, 2003		
	Total	Urban	Rural	Urban	Rural	Total
Banjul	35061	35061	0	92	0	92
Kanifing	322735	322735	0	634	0	634
Brikama	389594	235273	154321	426	298	724
Mansakonko	72167	13302	58865	33	122	155
Kerewan	172835	34720	138115	66	256	322
Kuntaur	78491	5040	73451	11	113	124
Janjanbureh	107212	16836	90376	40	139	179
Basse	182586	23729	158857	57	190	247
Total	1360681	686696	673985	1359	1118	2477

Sampling Frame and Selection of Clusters

The clusters were selected by probability proportional to size (PPS) systematic sampling by running an SPSS syntax with a soft copy of the 2003 Population Census Sampling Frame. The frame was divided into 8 datasets each representing the frame for one of the 8 Local Government Areas (LGA). Each domain therefore has its random start number (r) and sampling interval (k). LGAs with both urban and rural settings were sorted in this order before the selection process starts.

Listing Activities

Since the sampling frame the 2003 Population Census was not up-to-date, a new listing of households was conducted in all the sample enumeration areas prior to the selection of households. For this purpose, listing teams were formed, who visited each enumeration area, and listed the occupied households. The Listing was done by seven teams; each was comprised of five listers, a supervisor and a driver. The listing was coordinated by the Cartographic Unit of The Gambia Bureau of Statistics. The listing began in April and ended in May. The listers list all the households in the 390 selected Enumeration Areas for the survey.

Selection of Households

Lists of households were prepared by the listing teams in the field for each enumeration area. The households were then sequentially numbered from 1 to n (the total number of households in each enumeration area) at the Gambia Bureau of Statistics, where the selection of 20 households in each enumeration area was carried out using random systematic selection procedures.

Calculation of Sample Weights

The Gambia Multiple Indicator Cluster Survey sample is not self-weighting. Essentially, by allocating equal numbers of households to each of the regions, different sampling fractions were used in each region since the size of the regions varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling stratum (h) and PSU (i):

$$W_{hi} = \frac{1}{f_{hi}}$$

The term f_{hi}, the sampling fraction for the $i\text{-}th$ sample PSU in the $h\text{-}th$ stratum, is the product of probabilities of selection at every stage in each sampling stratum:

$$f_{hi} = p_{1hi} \times p_{2hi} \times p_{3hi}$$

where p_{shi} is the probability of selection of the sampling unit at stage s for the $i\text{-}th$ sample PSU in the $h\text{-}th$ sampling stratum.

Since the estimated number of households in each enumeration area (PSU) in the sampling frame used for the first stage selection and the updated number of households in the enumeration area from the listing were different, individual sampling fractions for households in each sample enumeration area (cluster) were calculated. The sampling fractions for households in each enumeration area (cluster) therefore included the first stage probability of selection of the enumeration area in that particular sampling stratum and the second stage probability of selection of a household in the sample enumeration area (cluster).

A second component in the calculation of sample weights takes into account the level of non-response for the household and individual interviews. The adjustment for household non-response is equal to the inverse value of:

RRh = Number of interviewed households in stratum h/ Number of occupied households listed in stratum h

After the completion of fieldwork, response rates were calculated for each sampling stratum. These were used to adjust the sample weights calculated for each cluster. Response rates in the Gambia Multiple Indicator Cluster Survey are shown in Table HH.1 in this report.

Similarly, the adjustment for non-response at the individual level (women and under-5 children) for each stratum is equal to the inverse value of:

RRh = Completed women's (or under-5's) questionnaires in stratum h / Eligible women (or under-5s) in stratum h

The non-response adjustment factors for women's and under-5's questionnaires are applied to the adjusted household weights. Numbers of eligible women and under-5 children were obtained from the roster of household members in the Household Questionnaire for households where interviews were completed.

The design weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the weighted sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by dividing the aforementioned design weights by the average design weight at the national level. The average design weight is calculated as the sum of the design weights divided by the unweighted total). A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires. Adjusted (normalized) weights varied between 0.174613, 0.171244, 0.189424 and 3.78772, 3.679217, 4.096444 in the 390 sample enumeration areas (clusters) for households, women and children respectively. The sample weight calculation was performed separately for each cluster.

Sample weights were appended to all data sets and analyses were performed by weighting each household, woman or under-5 with these sample weights.

Appendix B. List of Personnel Involved in the Survey

Data collection personnel

Team 1
Supervisor – Musu Koma
Editor – Ousman Janneh

Enumerators
1. Ousainou Mbye
2. Agie Njie
3. Jainaba Jallow
4. Amie Bahoum

Measurer
Nasiru Deen

Team 2
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2. Fatou Fadera
3. Antoinette Mendy
4. Nfamara Janneh

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Editor – Lamin Kanteh

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2. Nyara Jammeh
3. Bintou Badjie
4. Jalika Mbowe

Measurer
Ebrima Tunkara

Team 5
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Editor – Lamin Barrow

Enumerators
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2. Dobally Jobe
3. Kaddy Fadera
4. Awa Gibba

Team 7
Supervisor – Ousman Cham
Editor – Fabakary Jawneh

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2. Fatou Faye
3. Ya Haddy Mboge
4. Sally Fatajo

Measurer
Karamo Marenah

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2. Awa Gigo
3. Mariama Koteh
4. Isatou Yaboh

Measurer

Tumbulu Drammeh

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Editor – Fatou Camara

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2. Catherine Gibba
3. Amie Bojang
4. Fatou Mboge

Measurer

Alpha Suso

Listers
1. Neneh Bajo
2. Isatou Mandafa
3. Khaddy Camara
4. Foday Saho
5. Ramatoulie Jatta
6. Lamin Ceesay
7. Nyorta Dibba
8. Adama Gigo
9. Kemo Dibba
10. Amadou Gassama
11. Lamin Jassey
12. Kaddy Touray
13. Lamin Njie
14. Mariam Njie

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2. Abdoulie Gaye
3. Wally Ndow

Programmers
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2. Edrissa Ceesay
3. Momodou Lamin Fadia

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2. Binta Manneh
3. Amie Njie
4. Mawiya Ayoub
5. Modou Njie

Measurer

Musa Dumbuya

Team 6
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Editor – Baba Conateh

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2. Mariama Jatta
3. Amie Gigo
4. Fatou Sowe

Measurer

Baboucarr Leigh

Listers
15. Fatou Joof
16. Dawda Jallow
17. Aminata Singhateh
18. Numo Bah
19. Kumba Jabang
20. Dembo Keita
21. Fatou Darboe
22. Mafugi Dibba
23. Karamo Cham
24. Sana Sawo
25. Ya Haddy Darboe
26. Fatou Darboe
27. Baba Gassama
28. Musa Mbenga

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2. Pa Njie
3. Mustapha Jobe

Computer Technician
1. Alhagie Fanneh

Coders
6. Sadia Bah
7. Ya Awa Faburay
8. Karamo Jatta
9. Famatanding Ceesay
10. Jainaba Sey

Measurer

Alagie Suwareh

Listers
29. Ala Bojang
30. Ebrima Jobe
31. Mustapha Jallow
32. Abdoulie Sankareh
33. Bunama Gassama
34. Nasiru Mahmud
35. Baboucarr Daffeh
36. Lamin Danso
37. Yankuba Bojang
38. Yusupha Trawalleh
39. Ya Sira Jawo
40. Shehu Komma

Data Entry Supervisors
1. Lolley Kah Jallow
2. Edrissa Ceesay
3. Sainabou Jasseh

Coders
11. Alhagie Gassama
12. Fatou Jobe
13. Lamin Sanyang
14. Ebrima Ceesay
15. Lang Kinteh

Data Entry Clerks
1. Comfort Coker
2. Agie Mam Bangura
3. Oumie Jobe
4. Kebba Sanneh
5. Baboucarr Jallow
6. Ida Jallow
7. Lala Manneh
8. Tida Gitteh
9. Naffie Waddah
10. Jainaba Bayo
11. Saffie Sowe
12. Nogoi Secka
13. Sana Fofana
14. Awa Coker

Data Entry Clerks
15. Aminata Hydara
16. Fatoumata Gassama
17. Jabou Sanno
18. Fatou Secka
19. Sainabou Jobe
20. Salimata Janneh
21. Mariama Conteh
22. Alagie Cham
23. Haddy Darboe
24. Natoma Gassama
25. Rabbie Ceesay
26. Maimuna Dibba
27. Isatou Jamba
28. Agie Sima

Data Entry Clerks
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30. Sainabou Mbenga
31. Jatou Manjang
32. Zannet Gomez
33. Ebou Jawo
34. Jatou Badgie
35. Nancy Jow
36. Yunusa Jallow
37. Ndey Codou Nyang
38. Musukebba Sanneh
39. Adam Ndow
40. Maimuna Faal

Storage Clerks/Questionnaire Administartors
1. Mamie Fatajo
2. Bai Abi Njie

Coordinators
1. Alieu Ndow
2. Baba Suwareh
3. Ali Ceesay

Consultant
1. Alieu Saho

Appendix C. Estimates of Sampling Errors

The sample of respondents selected in the Gambia Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between the estimates from all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey data.

The following sampling error measures are presented in this appendix for each of the selected indicators:

1. Standard error (se): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions, etc.). Standard error is the square root of the variance of the estimate. The Taylor linearization method is used for the estimation of standard errors.

2. Coefficient of variation (se/r) is the ratio of the standard error to the value of the indicator, and is a measure of the relative sampling error.

3. Design effect (deff) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (deft) is used to show the efficiency of the sample design in relation to the precision. A deft value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a deft value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design.

4. Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall, with a specified level of confidence. For any given statistic calculated from the survey, the value of that statistic will fall within a range of plus or minus two times the standard error (r + 2.se or r − 2.se) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, SPSS Version 18 Complex Samples module has been used. The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest, for the national level, for the regions, and for urban and rural areas. Three of the selected indicators are based on households, 8 are based on household members, 13 are based on women, and 15 are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.12 show the calculated sampling errors for selected domains.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Country, Year

MICS4 Indicator		Base Population
	HOUSEHOLDS	
2.16	Iodized salt consumption	All households
3.12	Household availability of insecticide-treated nets (ITNs)	All households
	HOUSEHOLD MEMBERS	
4.1	Use of improved drinking water sources	All household members
4.3	Use of improved sanitation facilities	All household members
7.4	Primary school net attendance ratio (adjusted)	Children of primary school age
7.5	Secondary school net attendance ratio (adjusted)	Children of secondary school age
7.7	Primary completion rate	Children of primary school completion age (age appropriate to final grade of primary school)
8.5	Violent discipline	Children age 2-14 years
9.18	Prevalence of children with at least one parent dead	Children age 0-17 years
9.19	School attendance of orphans	Children age 10-14 years who have lost both parents
9.20	School attendance of non-orphans	Children age 10-14 years, whose parents are alive, and who are living with at least one parent
	WOMEN	
-	Pregnant women	Women age 15-49 years
3.19	Pregnant women sleeping under insecticide-treated nets (ITNs)	Pregnant women
3.20	Intermittent preventive treatment for malaria	Women age 15-49 years with a live birth in the 2 years preceding the survey
5.2	Early childbearing	Women age 20-24 years
5.3	Contraceptive prevalence	Women age 15-49 years who are currently married or in union
5.4	Unmet need	Women age 15-49 years who are currently married or in union
5.5a	Antenatal care coverage - at least once by skilled personnel	Women age 15-49 years with a live birth in the 2 years preceding the survey
5.5b	Antenatal care coverage – at least four times by any provider	Women age 15-49 years with a live birth in the 2 years preceding the survey
5.7	Skilled attendant at delivery	Women age 15-49 years with a live birth in the 2 years preceding the survey
5.8	Institutional deliveries	Women age 15-49 years with a live birth in the 2 years preceding the survey

Table SE.1: Indicators selected for sampling error calculations (cont.)

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Country, Year

MICS4 Indicator		Base Population
5.9	Caesarean section	
7.1	Literacy rate among young women	Women age 15-24 years
8.7	Marriage before age 18	Women age 20-49 years
8.9	Polygyny	Women age 15-49 years who are currently married or in union
8.12	Prevalence of female genital mutilation/cutting (FGM/C) among women	Women age 15-49 years
8.13	Prevalence of female genital mutilation/cutting (FGM/C) among girls	Daughters age 0-14 years
9.2	Comprehensive knowledge about HIV prevention among young people	Women age 15-24 years
9.3	Knowledge of mother- to-child transmission of HIV	Women age 15-49 years
9.4	Accepting attitudes towards people living with HIV	Women age 15-49 years
9.6	Women who have been tested for HIV and know the results	Women age 15-49 years
9.7	Sexually active young women who have been tested for HIV and know the results	Women age 15-24 years who have had sex in the 12 months preceding the survey
9.11	Sex before age 15 among young women	Women age 15-24 years
9.16	Condom use with non-regular partners	Women age 15-24 years that had a non-marital, non-cohabiting partner in the 12 months preceding the survey
	UNDER-5s	
2.1a	Underweight prevalence	Children under age 5
2.2a	Stunting prevalence	Children under age 5
2.3a	Wasting prevalence	Children under age 5
2.6	Exclusive breastfeeding under 6 months	Total number of infants under 6 months of age
2.14	Age-appropriate breastfeeding	Children age 0-23 months
-	Tuberculosis immunization coverage	Children age 12-23 months
-	Received polio immunization	Children age 12-23 months
-	Received DPT immunization	Children age 12-23 months
-	Received measles immunization	Children age 12-23 months
-	Received Hepatitis B immunization	Children age 12-23 months
-	Diarrhoea in the previous 2 weeks	Children under age 5
-	Illness with a cough in the previous 2 weeks	Children under age 5
-	Fever in last two weeks	Children under age 5
3.8	Oral rehydration therapy with continued feeding	Children under age 5 with diarrhoea in the previous 2 weeks
3.10	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the previous 2 weeks
3.15	Children under age 5 sleeping under insecticide-treated nets (ITNs)	Children under age 5
3.18	Anti-malarial treatment of children under age 5	Children under age 5 with fever in the previous 2 weeks
6.1	Support for learning	Children age 36-59 months
6.7	Attendance to early childhood education	Children age 36-59 months
8.1	Birth registration	Children under age 5

Table SE.2: TOTAL

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
HOUSEHOLD								
Iodized salt consumption	0.2200	0.00903	0.2022	0.2378	0.041	3.692	1.921	7,763
Household availability of insecticide-treated nets (ITNs)`	0.5090	0.01159	0.4861	0.5318	0.023	4.189	2.047	7,791
HOUSEHOLD MEMBERS								
Use of improved drinking water sources	0.8579	0.01172	0.8348	0.8810	0.014	8.775	2.962	7,791
Use of improved sanitation facilities	0.7635	0.00908	0.7456	0.7814	0.012	3.558	1.886	7,791
Secondary school net attendance ratio (adjusted)	0.3416	0.01241	0.3171	0.3660	0.036	6.116	2.473	8,937
Prevalence of children with at least one parent dead	0.0825	0.00314	0.0763	0.0887	0.038	4.679	2.163	35,815
School attendance of orphans	0.7554	0.00947	0.7291	0.7817	0.013	0.035	0.188	74
School attendance of non-orphans	0.7143	0.01357	0.6876	0.7411	0.019	5.661	2.379	6,277
Child discipline	0.9031	0.00581	0.8916	0.9145	0.006	2.406	1.551	6,241
WOMEN								
Pregnant women	0.1055	0.00323	0.0991	0.1119	0.031	1.627	1.275	14,685
Pregnant women sleeping under insecticide-treated nets (ITNs)	0.2611	0.01547	0.2306	0.2916	0.059	2.101	1.450	1,696
Intermittent preventive treatment for malaria	0.6617	0.01049	0.6410	0.6824	0.016	2.512	1.585	5,109
Early childbearing	0.2315	0.01045	0.2109	0.2521	0.045	1.801	1.342	2,936
Contraceptive prevalence	0.1327	0.00600	0.1209	0.1445	0.045	3.324	1.823	10,624
Unmet need	0.2153	0.00614	0.2032	0.2274	0.029	2.370	1.540	10,624
Antenatal care coverage - at least once by skilled personnel	0.9806	0.00207	0.9765	0.9846	0.002	1.170	1.081	5,222
Antenatal care coverage - at least four times by any provider	0.7203	0.00949	0.7016	0.7390	0.013	2.332	1.527	5,222
Skilled attendant at delivery	0.5663	0.01496	0.5368	0.5958	0.026	4.755	2.181	5,222
Institutional deliveries	0.5568	0.01482	0.5276	0.5860	0.027	4.645	2.155	5,222
Caesarean section	0.0253	0.00299	0.0194	0.0312	0.118	1.886	1.373	5,222
Literacy rate among young women	0.4824	0.01526	0.4523	0.5125	0.032	5.914	2.432	6,346
Marriage before age 18	0.4651	0.00941	0.4466	0.4837	0.020	4.011	2.003	11,275
Polygyny	0.4067	0.00904	0.3889	0.4245	0.022	3.599	1.897	10,624
Prevalence of female genital mutilation/cutting (FGM/C) among women	0.7630	0.01521	0.7330	0.7930	0.020	18.797	4.336	14,685
Comprehensive knowledge about HIV prevention among young people	0.3277	0.01129	0.3054	0.3499	0.034	3.671	1.916	6,346

Table SE.2: TOTAL (cont.)

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
Knowledge of mother-to-child transmission of HIV	0.6210	0.00818	0.6049	0.6372	0.013	4.175	2.043	14,685
Accepting attitudes towards people living with HIV	0.0798	0.00387	0.0722	0.0874	0.048	2.926	1.711	14,382
Women who have been tested for HIV during last 12 months and who have been told the results	0.0754	0.00455	0.0664	0.0844	0.060	4.365	2.089	14,685
Sexually active young women who have been tested for HIV and know the results	0.0875	0.00731	0.0731	0.1019	0.084	1.990	1.411	2,976
Sex before age 15 among young women	0.0529	0.00356	0.0459	0.0599	0.067	1.604	1.266	6,346
Condom use with non-regular partners	0.3349	0.02897	0.2767	0.3931	0.086	1.051	1.025	280
Prevalence of female genital mutilation/cutting (FGM/C) among girls	42.4287	1.36412	39.7387	45.1186	0.032	13.430	3.665	17,630
UNDER-5s								
Underweight prevalence	0.1737	0.00597	0.1619	0.1855	0.034	2.860	1.691	11,506
Stunting prevalence	0.2337	0.00689	0.2201	0.2473	0.029	3.033	1.741	11,454
Wasting prevalence	0.0948	0.00383	0.0873	0.1024	0.040	1.961	1.400	11,450
Exclusive breastfeeding under 6 months	0.3353	0.01634	0.3031	0.3676	0.049	1.690	1.300	1,412
Age-appropriate breastfeeding	0.4958	0.01061	0.4749	0.5167	0.021	2.343	1.531	5,202
Tuberculosis immunization coverage	0.9915	0.00244	0.9867	0.9963	0.002	1.724	1.313	2,438
Received polio immunization	0.9518	0.00641	0.9391	0.9644	0.007	2.182	1.477	2,434
Received DPT immunization	0.9324	0.00667	0.9193	0.9456	0.007	1.718	1.311	2,432
Received measles immunization	0.9486	0.00534	0.9381	0.9592	0.006	1.424	1.193	2,433
Received Hepatitis B immunization at birth	0.8719	0.00970	0.8528	0.8911	0.011	2.044	1.430	2,428
Diarrhoea in last two weeks	0.1700	0.00640	0.1574	0.1826	0.038	3.381	1.839	11,637
Illness with cough in the previous 2 weeks	0.0551	0.00332	0.0485	0.0616	0.060	2.466	1.570	11,637
Fever in last two weeks	0.0785	0.00454	0.0695	0.0874	0.058	3.320	1.822	11,637
Oral rehydration therapy with continued feeding	0.4657	0.01542	0.4353	0.4961	0.033	2.039	1.428	2,136
Antibiotic treatment of suspected pneumonia	0.6981	0.02530	0.6480	0.7483	0.036	1.980	1.407	653
Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.3328	0.00945	0.3142	0.3515	0.028	4.659	2.159	11,591
Anti-malarial treatment of children under age 5	0.2766	0.01750	0.2419	0.3112	0.063	1.245	1.116	814
Support for learning	0.4832	0.01293	0.4577	0.5087	0.027	2.697	1.642	4,027
Attendance to early childhood education	0.1815	0.01257	0.1567	0.2063	0.069	4.286	2.070	4,027
Birth registration	0.5249	0.00944	0.5063	0.5435	0.018	4.158	2.039	11,637

Table SE.3: URBAN

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
HOUSEHOLD								
Iodized salt consumption	0.2312	0.01147	0.2085	0.254	0.05	2.545	1.595	3,441
Household availability of insecticide-treated nets (ITNs)	0.4175	0.01402	0.3896	0.4454	0.034	2.793	1.671	3,456
HOUSEHOLD MEMBERS								
Use of improved drinking water sources	0.948	0.00996	0.9282	0.9678	0.011	6.954	2.637	3,456
Use of improved sanitation facilities	0.9108	0.01128	0.8883	0.9332	0.012	5.408	2.326	3,456
Secondary school net attendance ratio (adjusted)	0.458	0.01809	0.422	0.494	0.039	3.724	1.93	2,826
Prevalence of children with at least one parent dead	0.0806	0.00599	0.0687	0.0924	0.074	4.614	2.148	9,536
School attendance of orphans	0.7786	0	0.7786	0.7786	0	0	0	21
School attendance of non-orphans	0.8565	0.02145	0.8139	0.8992	0.025	6.026	2.455	1,610
Child discipline	0.8931	0.00985	0.8735	0.9127	0.011	2.342	1.53	2,305
WOMEN								
Pregnant women	0.0891	0.00536	0.0785	0.0998	0.06	1.832	1.354	5,175
Pregnant women sleeping under insecticide-treated nets (ITNs)	0.212	0.02649	0.1592	0.2648	0.125	1.902	1.379	454
Intermittent preventive treatment for malaria	0.6479	0.0183	0.6115	0.6843	0.028	1.988	1.41	1,355
Early childbearing	0.1577	0.01295	0.1319	0.1834	0.082	1.407	1.186	1,115
Contraceptive prevalence	0.1861	0.01095	0.1643	0.2078	0.059	2.409	1.552	3,046
Unmet need	0.2054	0.01099	0.1835	0.2272	0.053	2.252	1.501	3,046
Antenatal care coverage - at least once by skilled personnel	0.981	0.00332	0.9744	0.9876	0.003	0.814	0.902	1,380
Antenatal care coverage - at least four times by any provider	0.7274	0.0166	0.6944	0.7604	0.023	1.916	1.384	1,380
Skilled attendant at delivery	0.7742	0.02288	0.7287	0.8197	0.03	4.129	2.032	1,380
Institutional deliveries	0.7627	0.02264	0.7177	0.8077	0.03	3.906	1.976	1,380
Caesarean section	0.0491	0.00642	0.0363	0.0618	0.131	1.216	1.103	1,380
Literacy rate among young women	0.6119	0.02072	0.5707	0.6531	0.034	4.227	2.056	2,338
Marriage before age 18	0.3524	0.01303	0.3265	0.3783	0.037	2.941	1.715	3,952
Polygyny	0.3127	0.01535	0.2822	0.3432	0.049	3.339	1.827	3,046
Prevalence of female genital mutilation/cutting (FGM/C) among women	0.7459	0.01781	0.7105	0.7813	0.024	8.655	2.942	5,175
Comprehensive knowledge about HIV prevention among young people	0.4088	0.01974	0.3696	0.4481	0.048	3.768	1.941	2,338

Table SE.3: URBAN (cont.)

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
Knowledge of mother-to-child transmission of HIV	0.56	0.01194	0.5362	0.5837	0.021	2.995	1.731	5,175
Accepting attitudes towards people living with HIV	0.0863	0.00617	0.074	0.0985	0.071	2.486	1.577	5,153
Women who have been tested for HIV during last 12 months and who have been told the results	0.0876	0.00591	0.0759	0.0994	0.067	2.262	1.504	5,175
Sexually active young women who have been tested for HIV and know the results	0.1211	0.01342	0.0944	0.1478	0.111	1.449	1.204	857
Sex before age 15 among young women	0.0387	0.00522	0.0283	0.049	0.135	1.716	1.31	2,338
Condom use with non-regular partners	0.366	0.03138	0.3013	0.4306	0.086	0.688	0.829	163
Prevalence of female genital mutilation/cutting (FGM/C) among girls	38.0226	1.82779	34.3903	41.655	0.048	6.931	2.633	4,890
UNDER-5s								
Underweight prevalence	0.1192	0.00849	0.1023	0.136	0.071	2.048	1.431	2,983
Stunting prevalence	0.1735	0.00864	0.1563	0.1906	0.05	1.542	1.242	2,962
Wasting prevalence	0.0761	0.00492	0.0664	0.0859	0.065	1.018	1.009	2,965
Exclusive breastfeeding under 6 months	0.2941	0.02841	0.2374	0.3508	0.097	1.543	1.242	398
Age-appropriate breastfeeding	0.4532	0.01978	0.4139	0.4925	0.044	2.122	1.457	1,345
Tuberculosis immunization coverage	0.9887	0.00452	0.9797	0.9977	0.005	1.111	1.054	610
Received polio immunization	0.9308	0.01321	0.9045	0.957	0.014	1.649	1.284	610
Received DPT immunization	0.9193	0.01137	0.8967	0.9419	0.012	1.057	1.028	608
Received measles immunization	0.9374	0.00859	0.9203	0.9545	0.009	0.765	0.875	609
Received Hepatitis B immunization at birth	0.8506	0.02017	0.8105	0.8907	0.024	1.943	1.394	608
Diarrhoea in last two weeks	0.1637	0.0091	0.1457	0.1818	0.056	1.831	1.353	3,028
Illness with cough in the previous 2 weeks	0.0634	0.0061	0.0513	0.0755	0.096	1.897	1.377	3,028
Fever in last two weeks	0.0889	0.00829	0.0724	0.1053	0.093	2.571	1.603	3,028
Oral rehydration therapy with continued feeding	0.481	0.0311	0.419	0.5431	0.065	1.833	1.354	474
Antibiotic treatment of suspected pneumonia	0.7316	0.04523	0.6394	0.8239	0.062	1.896	1.377	183
Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.34	0.01455	0.3111	0.3689	0.043	2.834	1.684	3,007
Anti-malarial treatment of children under age 5	0.289	0.02447	0.2396	0.3383	0.085	0.688	0.829	237
Support for learning	0.4554	0.02285	0.4099	0.5008	0.05	2.188	1.479	1,040
Attendance to early childhood education	0.224	0.02272	0.1788	0.2692	0.101	3.086	1.757	1,040
Birth registration	0.5372	0.01297	0.5114	0.563	0.024	2.05	1.432	3,028

Table SE.4: RURAL

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
HOUSEHOLD								
Iodized salt consumption	0.2041	0.01483	0.1747	0.2335	0.073	5.848	2.418	4,322
Household availability of insecticide-treated nets (ITNs)	0.6379	0.01659	0.6050	0.6708	0.026	5.165	2.273	4,335
HOUSEHOLD MEMBERS								
Use of improved drinking water sources	0.7800	0.01944	0.7415	0.8186	0.025	9.548	3.090	4,335
Use of improved sanitation facilities	0.6360	0.01602	0.6043	0.6678	0.025	4.804	2.192	4,335
Secondary school net attendance ratio (adjusted)	0.2383	0.01855	0.2015	0.2750	0.078	11.583	3.403	6,111
Prevalence of children with at least one parent dead	0.0839	0.00323	0.0775	0.0903	0.038	3.565	1.888	26,279
School attendance of orphans	0.7396	0.01608	0.6950	0.7843	0.022	0.070	0.264	53
School attendance of non-orphans	0.6163	0.02117	0.5744	0.6583	0.034	8.847	2.974	4,667
Child discipline	0.9101	0.00699	0.8962	0.9239	0.008	2.347	1.532	3,936
WOMEN								
Pregnant women	0.1229	0.00339	0.1162	0.1297	0.028	1.016	1.008	9,510
Pregnant women sleeping under insecticide-treated nets (ITNs)	0.2988	0.01728	0.2646	0.3331	0.058	1.769	1.330	1,242
Intermittent preventive treatment for malaria	0.6722	0.01215	0.6481	0.6963	0.018	2.513	1.585	3,754
Early childbearing	0.3216	0.01503	0.2918	0.3514	0.047	1.886	1.373	1,821
Contraceptive prevalence	0.0884	0.00605	0.0764	0.1004	0.068	3.441	1.855	7,578
Unmet need	0.2235	0.00667	0.2103	0.2368	0.030	1.945	1.394	7,578
Antenatal care coverage - at least once by skilled personnel	0.9802	0.00263	0.9750	0.9854	0.003	1.370	1.170	3,842
Antenatal care coverage - at least four times by any provider	0.7149	0.01094	0.6933	0.7366	0.015	2.258	1.503	3,842
Skilled attendant at delivery	0.4094	0.01915	0.3714	0.4473	0.047	5.823	2.413	3,842
Institutional deliveries	0.4014	0.01903	0.3637	0.4391	0.047	5.787	2.406	3,842
Caesarean section	0.0074	0.00149	0.0044	0.0104	0.202	1.165	1.079	3,842
Literacy rate among young women	0.3378	0.02696	0.2844	0.3912	0.080	13.017	3.608	4,008
Marriage before age 18	0.5859	0.01160	0.5629	0.6089	0.020	4.064	2.016	7,323
Polygyny	0.4847	0.01001	0.4648	0.5045	0.021	3.037	1.743	7,578
Prevalence of female genital mutilation/cutting (FGM/C) among women	0.7811	0.02508	0.7314	0.8308	0.032	34.982	5.915	9,510
Comprehensive knowledge about HIV prevention among young people	0.2371	0.01119	0.2149	0.2592	0.047	2.776	1.666	4,008

Table SE.4: RURAL (cont.)

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
Knowledge of mother-to-child transmission of HIV	0.6860	0.01075	0.6647	0.7073	0.016	5.101	2.259	9,510
Accepting attitudes towards people living with HIV	0.0728	0.00443	0.0640	0.0816	0.061	2.678	1.637	9,229
Women who have been tested for HIV during last 12 months and who have been told the results	0.0624	0.00723	0.0481	0.0768	0.116	8.492	2.914	9,510
Sexually active young women who have been tested for HIV and know the results	0.0590	0.00648	0.0462	0.0719	0.110	1.599	1.265	2,119
Sex before age 15 among young women	0.0688	0.00422	0.0604	0.0771	0.061	1.113	1.055	4,008
Condom use with non-regular partners	0.2663	0.05527	0.1522	0.3804	0.208	1.814	1.347	117
Prevalence of female genital mutilation/cutting (FGM/C) among girls	45.8752	2.00937	41.8935	49.8569	0.044	20.715	4.551	12,740
UNDER-5s								
Underweight prevalence	0.2141	0.00803	0.1982	0.2300	0.038	3.266	1.807	8,523
Stunting prevalence	0.2784	0.01029	0.2580	0.2988	0.037	4.473	2.115	8,492
Wasting prevalence	0.1087	0.00570	0.0974	0.1200	0.052	2.842	1.686	8,485
Exclusive breastfeeding under 6 months	0.3700	0.01910	0.3322	0.4079	0.052	1.586	1.259	1,014
Age-appropriate breastfeeding	0.5270	0.01232	0.5026	0.5514	0.023	2.347	1.532	3,857
Tuberculosis immunization coverage	0.9935	0.00273	0.9881	0.9989	0.003	2.101	1.449	1,828
Received polio immunization	0.9661	0.00591	0.9544	0.9778	0.006	1.947	1.395	1,824
Received DPT immunization	0.9413	0.00843	0.9246	0.9581	0.009	2.347	1.532	1,824
Received measles immunization	0.9563	0.00682	0.9428	0.9698	0.007	2.026	1.423	1,824
Received Hepatitis B immunization at birth	0.8865	0.00930	0.8681	0.9050	0.010	1.565	1.251	1,820
Diarrhoea in last two weeks	0.1746	0.00886	0.1571	0.1922	0.051	4.692	2.166	8,609
Illness with cough in the previous 2 weeks	0.0489	0.00361	0.0418	0.0561	0.074	2.406	1.551	8,609
Fever in last two weeks	0.0708	0.00490	0.0611	0.0805	0.069	3.147	1.774	8,609
Oral rehydration therapy with continued feeding	0.4551	0.01440	0.4265	0.4836	0.032	1.388	1.178	1,662
Antibiotic treatment of suspected pneumonia	0.6660	0.02385	0.6185	0.7135	0.036	1.199	1.095	470
Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.3275	0.01251	0.3027	0.3523	0.038	6.103	2.470	8,584
Anti-malarial treatment of children under age 5	0.2650	0.02504	0.2151	0.3149	0.094	1.853	1.361	577
Support for learning	0.5035	0.01488	0.4740	0.5330	0.030	2.646	1.627	2,987
Attendance to early childhood education	0.1504	0.01416	0.1223	0.1785	0.094	4.686	2.165	2,987
Birth registration	0.5158	0.01353	0.4890	0.5426	0.026	6.309	2.512	8,609

Table SE.5: BANJUL

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
HOUSEHOLD								
Iodized salt consumption	0.2930	0.02082	0.2499	0.3362	0.071	1.824	1.351	873
Household availability of insecticide-treated nets (ITNs)	0.3639	0.01246	0.3380	0.3897	0.034	0.588	0.767	878
HOUSEHOLD MEMBERS								
Use of improved drinking water sources	1.0000	0.00000	1.0000	1.0000	0.000	.	.	878
Use of improved sanitation facilities	0.9850	0.01142	0.9614	1.0087	0.012	7.762	2.786	878
Secondary school net attendance ratio (adjusted)	0.5853	0.02565	0.5321	0.6385	0.044	1.496	1.223	553
Prevalence of children with at least one parent dead	0.0650	0.00919	0.0459	0.0840	0.141	2.441	1.562	1,757
School attendance of orphans	1.0000	0.00000	1.0000	1.0000	0.000	.	.	5
School attendance of non-orphans	0.9343	0.01810	0.8967	0.9718	0.019	1.633	1.278	307
Child discipline	0.8939	0.02026	0.8519	0.9359	0.023	2.216	1.489	513
WOMEN								
Pregnant women	0.0648	0.00722	0.0498	0.0798	0.111	0.956	0.978	1,113
Pregnant women sleeping under insecticide-treated nets (ITNs)	0.3640	0.05807	0.2415	0.4865	0.160	1.005	1.002	70
Intermittent preventive treatment for malaria	0.6240	0.03836	0.5444	0.7035	0.061	1.492	1.222	239
Early childbearing	0.1180	0.02572	0.0645	0.1715	0.218	1.474	1.214	233
Contraceptive prevalence	0.2665	0.02225	0.2203	0.3126	0.083	1.517	1.232	600
Unmet need	0.1988	0.02336	0.1504	0.2473	0.118	2.053	1.433	600
Antenatal care coverage - at least once by skilled personnel	0.9962	0.00385	0.9882	1.0042	0.004	0.928	0.963	240
Antenatal care coverage - at least four times by any provider	0.7812	0.02378	0.7319	0.8305	0.030	0.791	0.889	240
Skilled attendant at delivery	0.9676	0.01604	0.9343	1.0009	0.017	1.963	1.401	240
Institutional deliveries	0.9502	0.01026	0.9289	0.9714	0.011	0.532	0.729	240
Caesarean section	0.0975	0.02520	0.0452	0.1498	0.259	1.725	1.313	240
Literacy rate among young women	0.7138	0.02344	0.6652	0.7624	0.033	1.264	1.124	471
Marriage before age 18	0.2871	0.02146	0.2426	0.3316	0.075	1.967	1.403	875
Polygyny	0.2207	0.01714	0.1852	0.2563	0.078	1.022	1.011	600
Prevalence of female genital mutilation/cutting (FGM/C) among women	0.5634	0.02735	0.5067	0.6201	0.049	3.382	1.839	1,113
Comprehensive knowledge about HIV prevention among young people	0.4916	0.02716	0.4353	0.5479	0.055	1.388	1.178	471

Table SE.5: BANJUL (cont.)

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
Knowledge of mother-to-child transmission of HIV	0.5738	0.02884	0.5139	0.6336	0.050	3.783	1.945	1,113
Accepting attitudes towards people living with HIV	0.1184	0.01803	0.0810	0.1558	0.152	3.454	1.859	1,110
Women who have been tested for HIV during last 12 months and who have been told the results	0.0640	0.00672	0.0501	0.0780	0.105	0.839	0.916	1,113
Sexually active young women who have been tested for HIV and know the results	0.1217	0.02765	0.0640	0.1793	0.227	1.024	1.012	144
Sex before age 15 among young women	0.0198	0.00795	0.0033	0.0363	0.401	1.531	1.237	471
Condom use with non-regular partners	0.5359	0.02897	0.4554	0.6163	0.054	0.132	0.363	40
Prevalence of female genital mutilation/cutting (FGM/C) among girls	24.4387	1.73354	20.8435	28.0338	0.071	1.492	1.222	918
UNDER-5s								
Underweight prevalence	0.1028	0.01386	0.0741	0.1316	0.135	1.112	1.055	535
Stunting prevalence	0.1298	0.01688	0.0948	0.1648	0.130	1.324	1.151	526
Wasting prevalence	0.0658	0.01371	0.0373	0.0942	0.209	1.607	1.267	526
Exclusive breastfeeding under 6 months	0.3708	0.05893	0.2444	0.4971	0.159	0.982	0.991	67
Age-appropriate breastfeeding	0.4503	0.04224	0.3627	0.5379	0.094	1.694	1.302	236
Tuberculosis immunization coverage	0.9841	0.01223	0.9586	1.0096	0.012	1.168	1.081	123
Received polio immunization	0.9115	0.02833	0.8525	0.9706	0.031	1.214	1.102	123
Received DPT immunization	0.9002	0.02513	0.8478	0.9526	0.028	0.858	0.926	123
Received measles immunization	0.9389	0.02083	0.8954	0.9823	0.022	0.923	0.961	123
Received Hepatitis B immunization at birth	0.8041	0.03710	0.7267	0.8815	0.046	1.066	1.033	123
Diarrhoea in last two weeks	0.1288	0.01684	0.0938	0.1637	0.131	1.383	1.176	548
Illness with cough in the previous 2 weeks	0.0428	0.00786	0.0265	0.0591	0.184	0.825	0.908	548
Fever in last two weeks	0.0713	0.01488	0.0404	0.1021	0.209	1.831	1.353	548
Oral rehydration therapy with continued feeding	0.3883	0.04365	0.2947	0.4819	0.112	0.594	0.771	75
Antibiotic treatment of suspected pneumonia	0.7871	0.08716	0.5631	1.0112	0.111	1.224	1.106	28
Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.4349	0.02061	0.3922	0.4777	0.047	0.935	0.967	542
Anti-malarial treatment of children under age 5	0.2883	0.04475	0.1788	0.3978	0.155	0.371	0.609	39
Support for learning	0.6671	0.04104	0.5815	0.7527	0.062	1.418	1.191	188
Attendance to early childhood education	0.3800	0.04608	0.2839	0.4762	0.121	1.685	1.298	188
Birth registration	0.7379	0.01954	0.6974	0.7784	0.026	1.080	1.039	548

Table SE 6: KANIFING

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
HOUSEHOLD								
Iodized salt consumption	0.2436	0.01944	0.2039	0.2833	0.080	2.450	1.565	1,196
Household availability of insecticide-treated nets (ITNs)	0.3738	0.01999	0.3329	0.4146	0.053	2.046	1.430	1,199
HOUSEHOLD MEMBERS								
Use of improved drinking water sources	0.9958	0.00235	0.9910	1.0006	0.002	1.573	1.254	1,199
Use of improved sanitation facilities	0.9711	0.00690	0.9570	0.9852	0.007	2.033	1.426	1,199
Secondary school net attendance ratio (adjusted)	0.4908	0.01660	0.4569	0.5247	0.034	1.141	1.068	1,036
Prevalence of children with at least one parent dead	0.0845	0.00912	0.0658	0.1031	0.108	3.600	1.897	3,345
School attendance of orphans	0.7750	0.00000	0.7750	0.7750	0.000	0.000	0.000	5
School attendance of non-orphans	0.8829	0.01623	0.8498	0.9161	0.018	1.379	1.174	542
Child discipline	0.8652	0.01496	0.8346	0.8957	0.017	1.537	1.240	802
WOMEN								
Pregnant women	0.0817	0.00800	0.0653	0.0980	0.098	1.673	1.294	1,962
Pregnant women sleeping under insecticide-treated nets (ITNs)	0.2330	0.03061	0.1698	0.2962	0.131	0.854	0.924	164
Intermittent preventive treatment for malaria	0.6223	0.03427	0.5523	0.6923	0.055	2.364	1.538	474
Early childbearing	0.1486	0.02049	0.1068	0.1904	0.138	1.453	1.206	439
Contraceptive prevalence	0.2716	0.01722	0.2364	0.3067	0.063	1.617	1.271	1,080
Unmet need	0.1724	0.01498	0.1418	0.2030	0.087	1.698	1.303	1,080
Antenatal care coverage - at least once by skilled personnel	0.9853	0.00574	0.9736	0.9971	0.006	1.095	1.046	481
Antenatal care coverage - at least four times by any provider	0.7081	0.02550	0.6561	0.7602	0.036	1.510	1.229	481
Skilled attendant at delivery	0.8390	0.02188	0.7943	0.8837	0.026	1.701	1.304	481
Institutional deliveries	0.8245	0.02240	0.7787	0.8702	0.027	1.664	1.290	481
Caesarean section	0.0764	0.01209	0.0517	0.1011	0.158	0.994	0.997	481
Literacy rate among young women	0.6563	0.01842	0.6187	0.6939	0.028	1.352	1.163	900
Marriage before age 18	0.3122	0.01380	0.2840	0.3404	0.044	1.330	1.153	1,501
Polygyny	0.3035	0.01167	0.2796	0.3273	0.038	0.695	0.834	1,080
Prevalence of female genital mutilation/cutting (FGM/C) among women	0.6949	0.02890	0.6358	0.7539	0.042	7.726	2.779	1,962
Comprehensive knowledge about HIV prevention among young people	0.4691	0.02456	0.4189	0.5192	0.052	2.178	1.476	900

Table SE 6: KANIFING (cont.)

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
Knowledge of mother-to-child transmission of HIV	0.5520	0.01898	0.5132	0.5908	0.034	2.857	1.690	1,962
Accepting attitudes towards people living with HIV	0.1073	0.00877	0.0893	0.1252	0.082	1.573	1.254	1,959
Women who have been tested for HIV during last 12 months and who have been told the results	0.0962	0.00860	0.0786	0.1137	0.089	1.667	1.291	1,962
Sexually active young women who have been tested for HIV and know the results	0.1310	0.01968	0.0908	0.1712	0.150	1.021	1.010	301
Sex before age 15 among young women	0.0391	0.00723	0.0243	0.0538	0.185	1.252	1.119	900
Condom use with non-regular partners	0.3321	0.03844	0.2491	0.4151	0.116	0.526	0.725	80
Prevalence of female genital mutilation/ cutting (FGM/C) among girls	31.9147	2.68787	26.4253	37.4040	0.084	5.705	2.389	1,717
UNDER-5s								
Underweight prevalence	0.0834	0.01113	0.0607	0.1061	0.133	1.662	1.289	1,027
Stunting prevalence	0.1405	0.00779	0.1246	0.1564	0.055	0.514	0.717	1,024
Wasting prevalence	0.0776	0.00767	0.0619	0.0933	0.099	0.840	0.916	1,022
Exclusive breastfeeding under 6 months	0.2691	0.04731	0.1712	0.3670	0.176	1.480	1.216	131
Age-appropriate breastfeeding	0.4000	0.03084	0.3370	0.4630	0.077	1.839	1.356	465
Tuberculosis immunization coverage	0.9821	0.00932	0.9629	1.0012	0.009	0.988	0.994	201
Received polio immunization	0.9283	0.01870	0.8900	0.9667	0.020	1.052	1.025	201
Received DPT immunization	0.9256	0.01666	0.8914	0.9597	0.018	0.801	0.895	200
Received measles immunization	0.9253	0.01403	0.8965	0.9541	0.015	0.570	0.755	201
Received Hepatitis B immunization at birth	0.8182	0.03377	0.7489	0.8874	0.041	1.533	1.238	201
Diarrhoea in last two weeks	0.1649	0.01426	0.1358	0.1941	0.086	1.531	1.237	1,038
Illness with cough in the previous 2 weeks	0.0913	0.00998	0.0709	0.1117	0.109	1.244	1.116	1,038
Fever in last two weeks	0.0839	0.01383	0.0556	0.1121	0.165	2.581	1.607	1,038
Oral rehydration therapy with continued feeding	0.4423	0.03564	0.3689	0.5157	0.081	0.855	0.925	167
Antibiotic treatment of suspected pneumonia	0.7419	0.06362	0.6070	0.8768	0.086	1.881	1.372	90
Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.3569	0.01898	0.3182	0.3957	0.053	1.622	1.273	1,034
Anti-malarial treatment of children under age 5	0.3276	0.03909	0.2447	0.4105	0.119	0.569	0.754	83
Support for learning	0.5017	0.02978	0.4408	0.5626	0.059	1.255	1.120	355
Attendance to early childhood education	0.2613	0.02643	0.2073	0.3154	0.101	1.281	1.132	355
Birth registration	0.5304	0.01933	0.4909	0.5699	0.036	1.556	1.247	1,038

Table SE 7: BRIKAMA

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
HOUSEHOLD								
Iodized salt consumption	0.1867	0.01950	0.1469	0.2265	0.104	2.937	1.714	1,174
Household availability of insecticide-treated nets (ITNs)	0.5078	0.02935	0.4478	0.5677	0.058	4.054	2.014	1,177
HOUSEHOLD MEMBERS								
Use of improved drinking water sources	0.8033	0.02339	0.7556	0.8511	0.029	4.074	2.018	1,177
Use of improved sanitation facilities	0.8619	0.01002	0.8414	0.8824	0.012	0.992	0.996	1,177
Secondary school net attendance ratio (adjusted)	0.4423	0.01897	0.4036	0.4810	0.043	1.699	1.303	1,165
Prevalence of children with at least one parent dead	0.0927	0.00741	0.0776	0.1078	0.080	2.888	1.699	4,422
School attendance of orphans	0.8233	0.00520	0.7573	0.8894	0.006	0.003	0.056	18
School attendance of non-orphans	0.8942	0.01072	0.8723	0.9161	0.012	0.868	0.932	715
Child discipline	0.9218	0.01215	0.8970	0.9466	0.013	1.938	1.392	947
WOMEN								
Pregnant women	0.0935	0.00651	0.0802	0.1068	0.070	0.944	0.971	1,889
Pregnant women sleeping under insecticide-treated nets (ITNs)	0.2053	0.04168	0.1198	0.2908	0.203	1.948	1.396	184
Intermittent preventive treatment for malaria	0.6680	0.02237	0.6224	0.7137	0.033	1.399	1.183	621
Early childbearing	0.2063	0.02591	0.1534	0.2592	0.126	1.680	1.296	411
Contraceptive prevalence	0.0946	0.01110	0.0720	0.1173	0.117	1.712	1.308	1,192
Unmet need	0.2400	0.01507	0.2092	0.2708	0.063	1.482	1.218	1,192
Antenatal care coverage - at least once by skilled personnel	0.9795	0.00418	0.9709	0.9880	0.004	0.552	0.743	637
Antenatal care coverage - at least four times by any provider	0.7454	0.02136	0.7018	0.7890	0.029	1.529	1.236	637
Skilled attendant at delivery	0.6663	0.03628	0.5922	0.7404	0.054	3.765	1.940	637
Institutional deliveries	0.6577	0.03527	0.5856	0.7297	0.054	3.513	1.874	637
Caesarean section	0.0198	0.00499	0.0096	0.0300	0.252	0.815	0.903	637
Literacy rate among young women	0.6043	0.02525	0.5527	0.6559	0.042	2.322	1.524	872
Marriage before age 18	0.3890	0.02456	0.3388	0.4391	0.063	3.622	1.903	1,428
Polygyny	0.3136	0.02153	0.2696	0.3575	0.069	2.564	1.601	1,192
Prevalence of female genital mutilation/cutting (FGM/C) among women	0.8452	0.02008	0.8042	0.8862	0.024	5.818	2.412	1,889
Comprehensive knowledge about HIV prevention among young people	0.3555	0.02133	0.3119	0.3990	0.060	1.729	1.315	872

Table SE 7: BRIKAMA (cont.)

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
Knowledge of mother-to-child transmission of HIV	0.5275	0.01883	0.4890	0.5659	0.036	2.686	1.639	1,889
Accepting attitudes towards people living with HIV	0.0521	0.00777	0.0362	0.0680	0.149	2.285	1.512	1,870
Women who have been tested for HIV during last 12 months and who have been told the results	0.0972	0.01257	0.0716	0.1229	0.129	3.400	1.844	1,889
Sexually active young women who have been tested for HIV and know the results	0.1037	0.01601	0.0710	0.1364	0.154	0.959	0.979	349
Sex before age 15 among young women	0.0454	0.00747	0.0302	0.0607	0.164	1.122	1.059	872
Condom use with non-regular partners	0.2125	0.05251	0.0955	0.3295	0.247	0.741	0.861	46
Prevalence of female genital mutilation/ cutting (FGM/C) among girls	42.8142	2.56998	37.5656	48.0628	0.060	5.681	2.384	2,107
UNDER-5s								
Underweight prevalence	0.1281	0.01195	0.1037	0.1525	0.093	1.786	1.336	1,398
Stunting prevalence	0.1929	0.01519	0.1619	0.2239	0.079	2.059	1.435	1,391
Wasting prevalence	0.0619	0.00687	0.0479	0.0760	0.111	1.130	1.063	1,392
Exclusive breastfeeding under 6 months	0.3997	0.03563	0.3268	0.4725	0.089	1.153	1.074	219
Age-appropriate breastfeeding	0.5014	0.02860	0.4430	0.5598	0.057	2.077	1.441	636
Tuberculosis immunization coverage	0.9915	0.00604	0.9792	1.0039	0.006	1.234	1.111	285
Received polio immunization	0.9503	0.01621	0.9171	0.9834	0.017	1.579	1.257	285
Received DPT immunization	0.9268	0.01652	0.8930	0.9606	0.018	1.138	1.067	284
Received measles immunization	0.9570	0.01002	0.9365	0.9775	0.010	0.691	0.831	284
Received Hepatitis B immunization at birth	0.8764	0.02362	0.8281	0.9248	0.027	1.464	1.210	285
Diarrhoea in last two weeks	0.1379	0.01317	0.1110	0.1648	0.096	2.069	1.438	1,419
Illness with cough in the previous 2 weeks	0.0452	0.00737	0.0301	0.0602	0.163	1.786	1.336	1,419
Fever in last two weeks	0.0972	0.01055	0.0757	0.1188	0.108	1.798	1.341	1,419
Oral rehydration therapy with continued feeding	0.5441	0.04231	0.4571	0.6311	0.078	1.407	1.186	196
Antibiotic treatment of suspected pneumonia	0.6843	0.04693	0.5810	0.7876	0.069	0.663	0.814	66
Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.3020	0.01945	0.2622	0.3417	0.064	2.517	1.587	1,404
Anti-malarial treatment of children under age 5	0.2603	0.03735	0.1826	0.3380	0.143	0.913	0.955	127
Support for learning	0.3865	0.03664	0.3116	0.4613	0.095	2.762	1.662	489
Attendance to early childhood education	0.2455	0.03523	0.1735	0.3174	0.144	3.270	1.808	489
Birth registration	0.5526	0.01694	0.5180	0.5872	0.031	1.646	1.283	1,419

Table SE 8: MANSAKONKO

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
HOUSEHOLD								
Iodized salt consumption	0.1851	0.01989	0.1440	0.2263	0.107	2.289	1.513	874
Household availability of insecticide-treated nets (ITNs)	0.8136	0.02030	0.7717	0.8556	0.025	2.388	1.545	880
HOUSEHOLD MEMBERS								
Use of improved drinking water sources	0.7972	0.07575	0.6405	0.9539	0.095	31.202	5.586	880
Use of improved sanitation facilities	0.7450	0.03554	0.6715	0.8185	0.048	5.843	2.417	880
Secondary school net attendance ratio (adjusted)	0.2498	0.03794	0.1713	0.3283	0.152	8.758	2.959	1,141
Prevalence of children with at least one parent dead	0.0900	0.00836	0.0727	0.1073	0.093	3.713	1.927	4,346
School attendance of orphans	0.6082	0.00000	0.6082	0.6082	0.000	0.000	0.000	6
School attendance of non-orphans	0.7366	0.05038	0.6324	0.8408	0.068	8.685	2.947	665
Child discipline	0.8420	0.01899	0.8027	0.8812	0.023	1.989	1.410	735
WOMEN								
Pregnant women	0.1322	0.00918	0.1132	0.1512	0.069	1.094	1.046	1,491
Pregnant women sleeping under insecticide-treated nets (ITNs)	0.2540	0.03737	0.1765	0.3315	0.147	1.393	1.180	190
Intermittent preventive treatment for malaria	0.6271	0.02843	0.5683	0.6859	0.045	1.870	1.367	542
Early childbearing	0.2104	0.03283	0.1423	0.2785	0.156	1.842	1.357	285
Contraceptive prevalence	0.1136	0.01400	0.0846	0.1425	0.123	2.177	1.476	1,119
Unmet need	0.1965	0.01915	0.1569	0.2361	0.097	2.598	1.612	1,119
Antenatal care coverage - at least once by skilled personnel	0.9722	0.00847	0.9546	0.9897	0.009	1.477	1.215	558
Antenatal care coverage - at least four times by any provider	0.7595	0.01451	0.7295	0.7896	0.019	0.643	0.802	558
Skilled attendant at delivery	0.4797	0.03226	0.4130	0.5464	0.067	2.322	1.524	558
Institutional deliveries	0.4471	0.03685	0.3709	0.5234	0.082	3.060	1.749	558
Caesarean section	0.0266	0.00713	0.0118	0.0413	0.269	1.097	1.047	558
Literacy rate among young women	0.3710	0.05107	0.2653	0.4766	0.138	7.253	2.693	650
Marriage before age 18	0.5756	0.02223	0.5296	0.6216	0.039	2.275	1.508	1,126
Polygyny	0.5105	0.02671	0.4552	0.5657	0.052	3.191	1.786	1,119
Prevalence of female genital mutilation/cutting (FGM/C) among women	0.9058	0.05210	0.7980	1.0136	0.058	47.398	6.885	1,491
Comprehensive knowledge about HIV prevention among young people	0.2370	0.02761	0.1799	0.2942	0.116	2.736	1.654	650

Table SE 8: MANSAKONKO (cont.)

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
Knowledge of mother-to-child transmission of HIV	0.7001	0.01068	0.6780	0.7222	0.015	0.809	0.900	1,491
Accepting attitudes towards people living with HIV	0.0563	0.00881	0.0380	0.0745	0.157	2.176	1.475	1,489
Women who have been tested for HIV during last 12 months and who have been told the results	0.0916	0.01060	0.0697	0.1135	0.116	2.012	1.418	1,491
Sexually active young women who have been tested for HIV and know the results	0.1185	0.02202	0.0728	0.1641	0.186	1.467	1.211	317
Sex before age 15 among young women	0.0548	0.01163	0.0307	0.0788	0.212	1.697	1.303	650
Condom use with non-regular partners	0.5808	0.18365	0.0709	1.0907	0.316	2.216	1.489	17
Prevalence of female genital mutilation/cutting (FGM/C) among girls	48.7936	2.75663	43.0911	54.4962	0.056	5.873	2.423	1,932
UNDER-5s								
Underweight prevalence	0.1982	0.00911	0.1793	0.2170	0.046	0.669	0.818	1,283
Stunting prevalence	0.2529	0.01537	0.2212	0.2847	0.061	1.598	1.264	1,280
Wasting prevalence	0.0751	0.00674	0.0611	0.0890	0.090	0.841	0.917	1,285
Exclusive breastfeeding under 6 months	0.4320	0.03894	0.3505	0.5135	0.090	0.927	0.963	151
Age-appropriate breastfeeding	0.4676		0.4206	0.5145	0.049	1.154	1.074	559
Tuberculosis immunization coverage	0.9856	0.00683	0.9715	0.9997	0.007	0.840	0.916	257
Received polio immunization	0.9648	0.01079	0.9424	0.9871	0.011	0.872	0.934	256
Received DPT immunization	0.9502	0.01173	0.9259	0.9744	0.012	0.741	0.861	256
Received measles immunization	0.9477	0.01506	0.9165	0.9788	0.016	1.166	1.080	256
Received Hepatitis B immunization at birth	0.9143	0.02262	0.8675	0.9611	0.025	1.659	1.288	255
Diarrhoea in last two weeks	0.1512	0.01740	0.1152	0.1872	0.115	3.047	1.746	1,293
Illness with cough in the previous 2 weeks	0.0642	0.01597	0.0312	0.0973	0.249	5.481	2.341	1,293
Fever in last two weeks	0.0624	0.00740	0.0471	0.0777	0.119	1.209	1.099	1,293
Oral rehydration therapy with continued feeding	0.6309	0.07323	0.4776	0.7842	0.116	4.122	2.030	180
Antibiotic treatment of suspected pneumonia	0.6871	0.05006	0.5789	0.7952	0.073	0.898	0.947	78
Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.2979	0.03043	0.2349	0.3608	0.102	5.707	2.389	1,290
Anti-malarial treatment of children under age 5	0.1569	0.03979	0.0693	0.2444	0.254	0.802	0.895	68
Support for learning	0.3434	0.02646	0.2887	0.3981	0.077	1.472	1.213	475
Attendance to early childhood education	0.1308	0.02792	0.0730	0.1885	0.214	3.251	1.803	475
Birth registration	0.5989	0.03041	0.5360	0.6618	0.051	4.974	2.230	1,293

Table SE 9: KEREWAN

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
HOUSEHOLD								
Iodized salt consumption	0.0625	0.01025	0.0414	0.0837	0.164	1.716	1.310	958
Household availability of insecticide-treated nets (ITNs)	0.3783	0.02347	0.3300	0.4267	0.062	2.246	1.499	960
HOUSEHOLD MEMBERS								
Use of improved drinking water sources	0.8282	0.03987	0.7461	0.9104	0.048	10.714	3.273	960
Use of improved sanitation facilities	0.5471	0.02573	0.4941	0.6001	0.047	2.563	1.601	960
Secondary school net attendance ratio (adjusted)	0.2864	0.02587	0.2331	0.3397	0.090	3.578	1.892	1,094
Prevalence of children with at least one parent dead	0.0561	0.00650	0.0427	0.0695	0.116	3.766	1.941	4,721
School attendance of orphans	0.7492	0.00031	0.7453	0.7531	0.000	0.000	0.002	8
School attendance of non-orphans	0.6631	0.03515	0.5908	0.7355	0.053	5.055	2.248	915
Child discipline	0.8701	0.01742	0.8342	0.9060	0.020	2.236	1.495	834
WOMEN								
Pregnant women	0.1120	0.00693	0.0977	0.1263	0.062	0.823	0.907	1,706
Pregnant women sleeping under insecticide-treated nets (ITNs)	0.2454	0.03566	0.1717	0.3192	0.145	1.325	1.151	194
Intermittent preventive treatment for malaria	0.7026	0.02099	0.6594	0.7459	0.030	1.445	1.202	686
Early childbearing	0.3047	0.02547	0.2521	0.3573	0.084	0.907	0.952	297
Contraceptive prevalence	0.0636	0.01171	0.0395	0.0878	0.184	3.038	1.743	1,321
Unmet need	0.2870	0.01473	0.2566	0.3173	0.051	1.400	1.183	1,321
Antenatal care coverage - at least once by skilled personnel	0.9856	0.00514	0.9750	0.9962	0.005	1.294	1.138	697
Antenatal care coverage - at least four times by any provider	0.7886	0.01576	0.7561	0.8210	0.020	1.037	1.018	697
Skilled attendant at delivery	0.4701	0.03444	0.3992	0.5411	0.073	3.314	1.821	697
Institutional deliveries	0.4679	0.03425	0.3973	0.5384	0.073	3.279	1.811	697
Caesarean section	0.0061	0.00248	0.0010	0.0112	0.406	0.704	0.839	697
Literacy rate among young women	0.3600	0.02849	0.3013	0.4186	0.079	2.536	1.592	721
Marriage before age 18	0.5050	0.01791	0.4681	0.5419	0.035	1.643	1.282	1,282
Polygyny	0.4452	0.01904	0.4059	0.4844	0.043	1.937	1.392	1,321
Prevalence of female genital mutilation/cutting (FGM/C) among women	0.4924	0.06571	0.3571	0.6278	0.133	29.458	5.427	1,706
Comprehensive knowledge about HIV prevention among young people	0.3768	0.02527	0.3247	0.4288	0.067	1.959	1.399	721

Table SE 9: KEREWAN (cont.)

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
Knowledge of mother-to-child transmission of HIV	0.8084	0.01495	0.7776	0.8392	0.018	2.460	1.568	1,706
Accepting attitudes towards people living with HIV	0.1470	0.01076	0.1248	0.1691	0.073	1.565	1.251	1,695
Women who have been tested for HIV during last 12 months and who have been told the results	0.0382	0.00549	0.0269	0.0495	0.144	1.400	1.183	1,706
Sexually active young women who have been tested for HIV and know the results	0.0462	0.01163	0.0223	0.0702	0.251	1.134	1.065	371
Sex before age 15 among young women	0.0515	0.00801	0.0350	0.0680	0.156	0.946	0.973	721
Condom use with non-regular partners	0.5003	0.00000	0.5003	0.5003	0.000	0.000	0.000	7
Prevalence of female genital mutilation/ cutting (FGM/C) among girls	26.4671	3.99722	18.2346	34.6995	0.151	19.014	4.360	2,317
UNDER-5s								
Underweight prevalence	0.1783	0.01483	0.1477	0.2088	0.083	2.322	1.524	1,548
Stunting prevalence	0.3168	0.02315	0.2691	0.3644	0.073	3.777	1.944	1,527
Wasting prevalence	0.0898	0.01126	0.0667	0.1130	0.125	2.362	1.537	1,524
Exclusive breastfeeding under 6 months	0.3251	0.03920	0.2440	0.4062	0.121	1.226	1.107	176
Age-appropriate breastfeeding	0.5892	0.01801	0.5521	0.6263	0.031	0.956	0.978	714
Tuberculosis immunization coverage	0.9987	0.00132	0.9960	1.0014	0.001	0.489	0.699	359
Received polio immunization	0.9502	0.01484	0.9197	0.9808	0.016	1.666	1.291	359
Received DPT immunization	0.9193	0.02020	0.8777	0.9609	0.022	1.964	1.401	358
Received measles immunization	0.9565	0.01909	0.9172	0.9958	0.020	3.121	1.767	357
Received Hepatitis B immunization at birth	0.9443	0.01786	0.9075	0.9811	0.019	2.160	1.470	357
Diarrhoea in last two weeks	0.1422	0.01405	0.1133	0.1712	0.099	2.544	1.595	1,573
Illness with cough in the previous 2 weeks	0.0324	0.00436	0.0235	0.0414	0.134	0.950	0.975	1,573
Fever in last two weeks	0.0310	0.00438	0.0220	0.0400	0.141	1.003	1.001	1,573
Oral rehydration therapy with continued feeding	0.2561	0.03676	0.1797	0.3326	0.144	1.575	1.255	223
Antibiotic treatment of suspected pneumonia	0.5682	0.06823	0.4196	0.7169	0.120	0.968	0.984	52
Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.2638	0.02728	0.2076	0.3199	0.103	6.019	2.453	1,572
Anti-malarial treatment of children under age 5	0.4483	0.06174	0.3107	0.5859	0.138	0.771	0.878	51
Support for learning	0.6882	0.02357	0.6396	0.7367	0.034	1.386	1.177	536
Attendance to early childhood education	0.1190	0.02271	0.0723	0.1658	0.191	2.631	1.622	536
Birth registration	0.5467	0.02610	0.4929	0.6004	0.048	4.320	2.079	1,573

Table SE 10: KUNTAUR

	Estimate	Standard Error	95% Confidence Interval Lower	Upper	Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
Iodized salt consumption	0.2642	0.02183	0.2191	0.3094	0.083	2.149	1.466	878
Household availability of insecticide-treated nets (ITNs)	0.6522	0.02365	0.6032	0.7011	0.036	2.168	1.472	880
HOUSEHOLD MEMBERS								
Use of improved drinking water sources	0.8562	0.03268	0.7886	0.9238	0.038	7.625	2.761	880
Use of improved sanitation facilities	0.8601	0.01551	0.8280	0.8922	0.018	1.758	1.326	880
Secondary school net attendance ratio (adjusted)	0.1759	0.02919	0.1155	0.2362	0.166	6.443	2.538	1,097
Prevalence of children with at least one parent dead	0.0715	0.00750	0.0560	0.0870	0.105	4.376	2.092	5,169
School attendance of orphans	0.2331	0.00000	0.2331	0.2331	0.000	0.000	0.000	9
School attendance of non-orphans	0.3766	0.03384	0.3066	0.4466	0.090	4.010	2.003	823
Child discipline	0.9761	0.00571	0.9643	0.9879	0.006	1.106	1.052	792
WOMEN								
Pregnant women	0.1338	0.00996	0.1132	0.1544	0.074	1.674	1.294	1,955
Pregnant women sleeping under insecticide-treated nets (ITNs)	0.3209	0.05890	0.1990	0.4427	0.184	4.170	2.042	263
Intermittent preventive treatment for malaria	0.5158	0.01835	0.4778	0.5537	0.036	1.079	1.039	801
Early childbearing	0.3529	0.03493	0.2806	0.4251	0.099	1.875	1.369	352
Contraceptive prevalence	0.0974	0.01014	0.0764	0.1184	0.104	1.888	1.374	1,614
Unmet need	0.2175	0.01870	0.1788	0.2562	0.086	3.315	1.821	1,614
Antenatal care coverage - at least once by skilled personnel	0.9827	0.00315	0.9761	0.9892	0.003	0.477	0.691	818
Antenatal care coverage - at least four times by any provider	0.6011	0.02367	0.5522	0.6501	0.039	1.909	1.382	818
Skilled attendant at delivery	0.3280	0.02776	0.2706	0.3854	0.085	2.855	1.690	818
Institutional deliveries	0.3233	0.02832	0.2647	0.3819	0.088	2.994	1.730	818
Caesarean section	0.0078	0.00342	0.0007	0.0149	0.440	1.238	1.113	818
Literacy rate among young women	0.2746	0.02802	0.2166	0.3325	0.102	3.126	1.768	794
Marriage before age 18	0.6035	0.01575	0.5709	0.6361	0.026	1.568	1.252	1,513
Polygyny	0.5084	0.02317	0.4605	0.5564	0.046	3.466	1.862	1,614
Prevalence of female genital mutilation/ cutting (FGM/C) among women	0.6341	0.04794	0.5350	0.7333	0.076	19.353	4.399	1,955
Comprehensive knowledge about HIV prevention among young people	0.1112	0.01411	0.0820	0.1404	0.127	1.597	1.264	794

Table SE 10: KUNTAUR (cont.)

	Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
			Lower	Upper				
Knowledge of mother-to-child transmission of HIV	0.5418	0.01666	0.5073	0.5763	0.031	2.186	1.478	1,955
Accepting attitudes towards people living with HIV	0.0616	0.00898	0.0430	0.0801	0.146	2.547	1.596	1,825
Women who have been tested for HIV during last 12 months and who have been told the results	0.0482	0.00691	0.0339	0.0625	0.143	2.034	1.426	1,955
Sexually active young women who have been tested for HIV and know the results	0.0539	0.01595	0.0209	0.0869	0.296	2.312	1.521	464
Sex before age 15 among young women	0.0882	0.01037	0.0667	0.1096	0.118	1.060	1.029	794
Condom use with non-regular partners	0.5543	0.06112	0.4047	0.7038	0.110	0.514	0.717	35
Prevalence of female genital mutilation/ cutting (FGM/C) among girls	34.5277	2.88682	28.5559	40.4996	0.084	10.164	3.188	2,758
UNDER-5s								
Underweight prevalence	0.2785	0.01679	0.2438	0.3132	0.060	2.565	1.601	1,830
Stunting prevalence	0.2550	0.01564	0.2226	0.2873	0.061	2.359	1.536	1,834
Wasting prevalence	0.1765	0.01164	0.1524	0.2005	0.066	1.695	1.302	1,820
Exclusive breastfeeding under 6 months	0.1637	0.02516	0.1117	0.2158	0.154	0.998	0.999	217
Age-appropriate breastfeeding	0.5047	0.02084	0.4616	0.5478	0.041	1.420	1.191	818
Tuberculosis immunization coverage	0.9892	0.00457	0.9797	0.9986	0.005	0.705	0.840	362
Received polio immunization	0.9476	0.01733	0.9118	0.9835	0.018	2.167	1.472	359
Received DPT immunization	0.9526	0.01265	0.9264	0.9788	0.013	1.276	1.130	361
Received measles immunization	0.9422	0.01683	0.9074	0.9770	0.018	1.872	1.368	361
Received Hepatitis B immunization at birth	0.7847	0.02223	0.7387	0.8307	0.028	1.047	1.023	359
Diarrhoea in last two weeks	0.2651	0.01543	0.2332	0.2970	0.058	2.256	1.502	1,848
Illness with cough in the previous 2 weeks	0.0864	0.01090	0.0638	0.1089	0.126	2.782	1.668	1,848
Fever in last two weeks	0.0797	0.01081	0.0573	0.1021	0.136	2.944	1.716	1,848
Oral rehydration therapy with continued feeding	0.2672	0.02312	0.2193	0.3152	0.087	1.352	1.163	496
Antibiotic treatment of suspected pneumonia	0.6873	0.05160	0.5785	0.7962	0.075	1.945	1.395	158
Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.3424	0.02964	0.2811	0.4037	0.087	7.200	2.683	1,846
Anti-malarial treatment of children under age 5	0.2797	0.04492	0.1845	0.3749	0.161	1.492	1.222	150
Support for learning	0.7233	0.02270	0.6762	0.7704	0.031	1.689	1.300	657
Attendance to early childhood education	0.0973	0.02068	0.0544	0.1402	0.213	3.193	1.787	657
Birth registration	0.4718	0.02818	0.4135	0.5301	0.060	5.888	2.426	1,848

Table SE 11: JANJABUREH

		Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
				Lower	Upper				
HOUSEHOLD									
Mean	Iodized salt consumption	0.3845	0.01806	0.3472	0.4219	0.047	1.232	1.110	895
	Household availability of insecticide-treated nets (ITNs)	0.7606	0.02724	0.7042	0.8169	0.036	3.663	1.914	900
HOUSEHOLD MEMBERS									
Mean	Use of improved drinking water sources	0.7027	0.04712	0.6052	0.8001	0.067	9.552	3.091	900
	Use of improved sanitation facilities	0.7746	0.03156	0.7094	0.8399	0.041	5.130	2.265	900
Mean	Secondary school net attendance ratio (adjusted)	0.2277	0.02438	0.1773	0.2782	0.107	3.987	1.997	1,181
	Prevalence of children with at least one parent dead	0.0712	0.00708	0.0566	0.0858	0.099	3.691	1.921	4,869
	School attendance of orphans	0.8265	0.08456	-0.2479	1.9009	0.102	0.349	0.591	8
	School attendance of non-orphans	0.5142	0.03950	0.4324	0.5959	0.077	5.809	2.410	931
Mean	Child discipline	0.9183	0.00989	0.8978	0.9387	0.011	1.012	1.006	778
WOMEN									
Mean	Pregnant women	0.1162	0.01071	0.0940	0.1383	0.092	2.030	1.425	1,820
	Pregnant women sleeping under insecticide-treated nets (ITNs)	0.4585	0.05412	0.3465	0.5704	0.118	2.501	1.581	213
	Intermittent preventive treatment for malaria	0.6098	0.02475	0.5586	0.6610	0.041	1.709	1.307	665
	Early childbearing	0.2486	0.03538	0.1754	0.3217	0.142	2.185	1.478	327
	Contraceptive prevalence	0.0820	0.00786	0.0658	0.0983	0.096	1.152	1.073	1,405
	Unmet need	0.1540	0.01003	0.1333	0.1748	0.065	1.084	1.041	1,405
	Antenatal care coverage - at least once by skilled personnel	0.9775	0.00532	0.9665	0.9885	0.005	0.874	0.935	681
	Antenatal care coverage - at least four times by any provider	0.6956	0.01682	0.6608	0.7304	0.024	0.909	0.953	681
	Skilled attendant at delivery	0.3988	0.04487	0.3060	0.4917	0.113	5.710	2.390	681
	Institutional deliveries	0.3815	0.04558	0.2872	0.4758	0.119	5.988	2.447	681
	Caesarean section	0.0115	0.00386	0.0035	0.0194	0.337	0.894	0.946	681
	Literacy rate among young women	0.3922	0.03456	0.3207	0.4637	0.088	3.728	1.931	745
	Marriage before age 18	0.6149	0.01802	0.5776	0.6522	0.029	1.921	1.386	1,402
	Polygyny	0.4884	0.02729	0.4319	0.5448	0.056	4.186	2.046	1,405

Table SE 11: JANJABUREH (cont.)

		Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
				Lower	Upper				
WOMEN (cont.)									
Mean	Prevalence of female genital mutilation/cutting (FGM/C) among women	0.7587	0.08780	0.5771	0.9403	0.116	76.587	8.751	1,820
	Comprehensive knowledge about HIV prevention among young people	0.1553	0.01374	0.1269	0.1837	0.088	1.071	1.035	745
	Knowledge of mother-to-child transmission of HIV	0.6870	0.01624	0.6534	0.7206	0.024	2.232	1.494	1,820
	Accepting attitudes towards people living with HIV	0.0245	0.00384	0.0165	0.0324	0.157	1.047	1.023	1,696
	Women who have been tested for HIV during last 12 months and who have been told the results	0.0668	0.00883	0.0485	0.0851	0.132	2.277	1.509	1,820
	Sexually active young women who have been tested for HIV and know the results	0.0667	0.01499	0.0357	0.0977	0.225	1.404	1.185	390
	Sex before age 15 among young women	0.0493	0.00921	0.0303	0.0684	0.187	1.347	1.161	745
	Condom use with non-regular partners	0.5391	0.07425	0.3711	0.7071	0.138	0.865	0.930	40
Mean	Prevalence of female genital mutilation/cutting (FGM/C) among girls	45.0521	5.57347	33.5225	56.5818	0.124	30.417	5.515	2,425
UNDER-5s									
Mean	Underweight prevalence	0.2872	0.01420	0.2578	0.3166	0.049	1.443	1.201	1,466
	Stunting prevalence	0.3327	0.01488	0.3019	0.3635	0.045	1.458	1.208	1,463
	Wasting prevalence	0.1267	0.01005	0.1059	0.1475	0.079	1.337	1.156	1,467
	Exclusive breastfeeding under 6 months	0.2886	0.03837	0.2091	0.3682	0.133	1.269	1.127	178
	Age-appropriate breastfeeding	0.5451	0.01805	0.5077	0.5824	0.033	0.881	0.939	672
	Tuberculosis immunization coverage	0.9865	0.00799	0.9699	1.0031	0.008	1.562	1.250	326
	Received polio immunization	0.9578	0.01587	0.9249	0.9907	0.017	2.025	1.423	326
	Received DPT immunization	0.9511	0.01671	0.9164	0.9857	0.018	1.943	1.394	325
	Received measles immunization	0.9544	0.01509	0.9231	0.9857	0.016	1.701	1.304	326
	Received Hepatitis B immunization at birth	0.8214	0.01606	0.7881	0.8547	0.020	0.568	0.754	324
	Diarrhoea in last two weeks	0.1613	0.01468	0.1309	0.1917	0.091	2.348	1.532	1,474
	Illness with cough in the previous 2 weeks	0.0559	0.00576	0.0440	0.0678	0.103	0.926	0.962	1,474

Table SE 11: JANJABUREH (cont.)

		Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
				Lower	Upper				
UNDER-5s (cont.)									
Mean	Fever in last two weeks	0.0578	0.00692	0.0434	0.0721	0.120	1.298	1.139	1,474
	Oral rehydration therapy with continued feeding	0.3209	0.02638	0.2658	0.3759	0.082	0.795	0.892	250
	Antibiotic treatment of suspected pneumonia	0.8082	0.04670	0.7087	0.9078	0.058	1.154	1.074	83
	Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.5378	0.02832	0.4793	0.5964	0.053	4.737	2.177	1,469
	Anti-malarial treatment of children under age 5	0.2327	0.04881	0.1273	0.3382	0.210	1.067	1.033	81
	Support for learning	0.3942	0.03132	0.3294	0.4590	0.079	2.062	1.436	503
	Attendance to early childhood education	0.1128	0.03110	0.0485	0.1772	0.276	4.853	2.203	503
	Birth registration	0.3890	0.02901	0.3290	0.4490	0.075	5.214	2.283	1,474

Table SE 12: BASSE

		Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
				Lower	Upper				
HOUSEHOLD									
Mean	Iodized salt consumption	0.3506	0.03638	0.2753	0.4258	0.104	5.314	2.305	915
	Household availability of insecticide-treated nets (ITNs)	0.7343	0.02059	0.6917	0.7769	0.028	1.991	1.411	917
HOUSEHOLD MEMBERS									
Mean	Use of improved drinking water sources	0.8824	0.03108	0.8181	0.9467	0.035	8.524	2.920	917
	Use of improved sanitation facilities	0.3965	0.02478	0.3452	0.4478	0.062	2.350	1.533	917
Mean	Secondary school net attendance ratio (adjusted)	0.0852	0.02451	0.0344	0.1359	0.288	12.874	3.588	1,670
	Prevalence of children with at least one parent dead	0.0966	0.00681	0.0825	0.1107	0.070	3.817	1.954	7,186
	School attendance of orphans	0.5679	0.06039	-0.1995	1.3352	0.106	0.208	0.456	15
	School attendance of non-orphans	0.4910	0.03481	0.4190	0.5630	0.071	6.680	2.585	1,379
Mean	Child discipline	0.9402	0.00920	0.9211	0.9592	0.010	1.264	1.124	840
WOMEN									
Mean	Pregnant women	0.1464	0.00377	0.1386	0.1542	0.026	0.312	0.559	2,749
	Pregnant women sleeping under insecticide-treated nets (ITNs)	0.2579	0.02523	0.2057	0.3101	0.098	1.387	1.178	418
	Intermittent preventive treatment for malaria	0.7565	0.01404	0.7275	0.7856	0.019	1.156	1.075	1,081

Table SE 12: JANJABUREH (cont.)

		Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
				Lower	Upper				
	WOMAN (cont.)								
Mean	Early childbearing	0.3628	0.01952	0.3224	0.4032	0.054	0.974	0.987	592
	Contraceptive prevalence	0.1091	0.01440	0.0793	0.1388	0.132	4.890	2.211	2,293
	Unmet need	0.2103	0.01076	0.1880	0.2325	0.051	1.598	1.264	2,293
	Antenatal care coverage - at least once by skilled personnel	0.9749	0.00526	0.9641	0.9858	0.005	1.255	1.120	1,110
	Antenatal care coverage - at least four times by any provider	0.6680	0.02250	0.6215	0.7145	0.034	2.531	1.591	1,110
	Skilled attendant at delivery	0.3474	0.03432	0.2764	0.4184	0.099	5.763	2.401	1,110
	Institutional deliveries	0.3476	0.03407	0.2771	0.4180	0.098	5.676	2.382	1,110
	Caesarean section	0.0006	0.00052	-0.0004	0.0017	0.814	0.467	0.683	1,110
	Literacy rate among young women	0.1383	0.02606	0.0844	0.1922	0.188	6.796	2.607	1,193
	Marriage before age 18	0.7039	0.01415	0.6746	0.7332	0.020	2.064	1.437	2,148
	Polygyny	0.5447	0.01795	0.5076	0.5818	0.033	2.977	1.725	2,293
	Prevalence of female genital mutilation/cutting (FGM/C) among women	0.9897	0.00454	0.9803	0.9991	0.005	5.564	2.359	2,749
	Comprehensive knowledge about HIV prevention among young people	0.1394	0.02361	0.0905	0.1882	0.169	5.540	2.354	1,193
	Knowledge of mother-to-child transmission of HIV	0.7280	0.01565	0.6957	0.7604	0.022	3.401	1.844	2,749
	Accepting attitudes towards people living with HIV	0.0622	0.00833	0.0450	0.0794	0.134	3.253	1.804	2,738
	Women who have been tested for HIV during last 12 months and who have been told the results	0.0388	0.00584	0.0267	0.0508	0.151	2.515	1.586	2,749
	Sexually active young women who have been tested for HIV and know the results	0.0517	0.02089	0.0085	0.0949	0.404	5.689	2.385	640
	Sex before age 15 among young women	0.0902	0.00727	0.0752	0.1052	0.081	0.768	0.876	1,193
	Condom use with non-regular partners	0.1796	0.03318	0.0740	0.2852	0.185	0.105	0.323	15
Mean	Prevalence of female genital mutilation/cutting (FGM/C) among girls	71.4991	1.88595	67.5977	75.4005	0.026	6.030	2.456	3,456

Table SE 12: JANJABUREH (cont.)

		Estimate	Standard Error	95% Confidence Interval		Coefficient of Variation	Design Effect	Square Root Design Effect	Unweighted Count
				Lower	Upper				
				UNDER-5s					
Mean	Underweight prevalence	0.2467	0.00845	0.2293	0.2642	0.034	0.928	0.963	2,419
	Stunting prevalence	0.2769	0.01373	0.2485	0.3052	0.050	2.266	1.505	2,409
	Wasting prevalence	0.1366	0.00889	0.1182	0.1550	0.065	1.615	1.271	2,414
	Exclusive breastfeeding under 6 months	0.3411	0.04272	0.2525	0.4297	0.125	2.209	1.486	273
	Age-appropriate breastfeeding	0.4913	0.01624	0.4577	0.5249	0.033	1.162	1.078	1,102
	Tuberculosis immunization coverage	1.0000	0.00000	1.0000	1.0000	0.000	.	.	525
	Received polio immunization	0.9770	0.00999	0.9563	0.9976	0.010	2.326	1.525	525
	Received DPT immunization	0.9417	0.00920	0.9227	0.9608	0.010	0.809	0.899	525
	Received measles immunization	0.9510	0.00681	0.9370	0.9651	0.007	0.522	0.723	525
	Received Hepatitis B immunization at birth	0.8939	0.01215	0.8688	0.9190	0.014	0.814	0.902	524
	Diarrhoea in last two weeks	0.2343	0.01420	0.2050	0.2637	0.061	2.745	1.657	2,444
	Illness with cough in the previous 2 weeks	0.0375	0.00384	0.0296	0.0455	0.102	0.996	0.998	2,444
	Fever in last two weeks	0.1015	0.00932	0.0822	0.1207	0.092	2.327	1.525	2,444
	Oral rehydration therapy with continued feeding	0.6215	0.02094	0.5782	0.6648	0.034	1.022	1.011	549
	Antibiotic treatment of suspected pneumonia	0.6355	0.06130	0.5062	0.7649	0.096	1.574	1.255	98
	Children under age 5 sleeping under insecticide-treated nets (ITNs)	0.3182	0.02454	0.2674	0.3689	0.077	6.752	2.598	2,434
	Anti-malarial treatment of children under age 5	0.2473	0.03181	0.1813	0.3132	0.129	1.163	1.079	215
	Support for learning	0.4300	0.02219	0.3841	0.4759	0.052	1.654	1.286	824
	Attendance to early childhood education	0.1043	0.01837	0.0663	0.1423	0.176	2.973	1.724	824
	Birth registration	0.4871	0.02783	0.4295	0.5446	0.057	7.575	2.752	2,444

Appendix D. Data Quality Tables

Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex, The Gambia, 2010

Age	Males Number	Males Percent	Females Number	Females Percent	Missing Number	Missing Percent	Age	Males Number	Males Percent	Females Number	Females Percent	Missing Number	Missing Percent
0	1274	4.1	1269	3.9	0	0	42	224	0.7	204	0.6	0	0
1	1182	3.8	1020	3.2	0	(*)	43	168	0.5	122	0.4	0	0
2	1092	3.5	1082	3.4	0	0	44	141	0.5	144	0.4	0	0
3	1044	3.4	1035	3.2	0	0	45	462	1.5	256	0.8	0	0
4	818	2.6	772	2.4	0	0	46	137	0.4	142	0.4	0	0
5	1194	3.9	1109	3.4	0	0	47	134	0.4	157	0.5	0	0
6	979	3.2	963	3	0	0	48	175	0.6	155	0.5	0	0
7	1033	3.3	1005	3.1	0	0	49	129	0.4	96	0.3	0	0
8	809	2.6	840	2.6	0	0	50	368	1.2	467	1.5	0	(*)
9	843	2.7	832	2.6	0	0	51	124	0.4	236	0.7	0	0
10	970	3.1	904	2.8	0	(*)	52	140	0.5	301	0.9	0	0
11	675	2.2	700	2.2	0	0	53	125	0.4	198	0.6	0	0
12	850	2.7	771	2.4	0	0	54	95	0.3	183	0.6	0	0
13	718	2.3	814	2.5	0	0	55	184	0.6	241	0.7	0	0
14	655	2.1	867	2.7	0	0	56	114	0.4	123	0.4	0	0
15	837	2.7	701	2.2	0	0	57	92	0.3	114	0.4	0	0
16	746	2.4	654	2	0	0	58	102	0.3	154	0.5	0	0
17	624	2	680	2.1	0	0	59	87	0.3	70	0.2	0	0
18	784	2.5	778	2.4	0	0	60	357	1.2	334	1	0	0
19	454	1.5	572	1.8	0	0	61	63	0.2	66	0.2	0	0
20	779	2.5	816	2.5	0	0	62	82	0.3	101	0.3	0	0
21	431	1.4	464	1.4	0	0	63	53	0.2	66	0.2	0	0
22	440	1.4	641	2	0	0	64	68	0.2	55	0.2	0	0
23	427	1.4	530	1.6	0	0	65	204	0.7	176	0.5	0	0
24	420	1.4	498	1.5	0	0	66	44	0.1	31	0.1	0	0
25	551	1.8	706	2.2	2	(*)	67	54	0.2	41	0.1	0	0
26	398	1.3	453	1.4	0	0	68	83	0.3	51	0.2	0	0
27	304	1	461	1.4	0	0	69	46	0.1	37	0.1	0	0
28	399	1.3	561	1.7	0	0	70	201	0.7	232	0.7	0	0
29	353	1.1	474	1.5	0	0	71	35	0.1	31	0.1	0	0
30	610	2	645	2	0	0	72	46	0.2	29	0.1	0	0
31	296	1	304	0.9	0	0	73	45	0.1	20	0.1	0	0
32	345	1.1	382	1.2	0	0	74	20	0.1	19	0.1	0	0
33	260	0.8	322	1	0	0	75	84	0.3	97	0.3	0	0
34	278	0.9	317	1	0	0	76	31	0.1	10	0	0	0
35	515	1.7	467	1.5	0	0	77	30	0.1	11	0	0	0
36	234	0.8	267	0.8	0	0	78	30	0.1	39	0.1	0	0
37	268	0.9	276	0.9	0	0	79	16	0.1	14	0	0	0
38	297	1	311	1	0	0	80+	218	0.7	283	0.9	1	(*)
39	215	0.7	233	0.7	0	0	DK/ Missing	9	(*)	9	(*)	0	(*)
40	569	1.8	473	1.5	0	0	Total	30943	100	32203	100	4	(*)
41	151	0.5	120	0.4	0	0							

Table DQ.2: Age distribution of eligible and interviewed women

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed, by five-year age groups, The Gambia, 2010

	Household population of women age 10-54 years	Interviewed women age 15-49 years		Percentage of eligible women interviewed (Completion rate)
	Number	Number	Percent	
Age				
10-14	4056	3299	23.7	.
15-19	3385	2878	20.7	97.5
20-24	2949	2547	18.3	97.6
25-29	2654	1903	13.7	96.0
30-34	1970	1510	10.9	96.6
35-39	1555	1024	7.4	97.1
40-44	1063	757	5.4	96.3
45-49	806	.	.	93.9
50-54	1385	3299	23.7	.
Total (15-49)	14382	13918	100.0	96.8
Ratio of 50-54 to 45-49	1.72			

Table DQ.3: Age distribution of under-5s in household and under-5 questionnaires

Household population of children age 0-7, children age 0-4 whose mothers/caregivers were interviewed, and percentage of under-5 children whose mothers/caregivers were interviewed, by single ages, The Gambia, 2010

	Household population of children 0-7 years	Interviewed under-5 children		Percentage of eligible under-5s interviewed (Completion rate)
	Number	Number	Percent	
Age				
0	2542	2505	24.1	98.5
1	2203	2159	20.7	98.0
2	2174	2137	20.5	98.3
3	2079	2040	19.6	98.1
4	1591	1569	15.1	98.7
5	2304	.	.	.
6	1942	.	.	.
7	2038	.	.	.
Total (0-4)	10588	10410	100.0	98.3
Ratio of 5 to 4	1.45			

Table DQ.6: Completeness of reporting

Percentage of observations that are missing information for selected questions and indicators, The Gambia, 2010

Questionnaire and type of missing information	Reference group	Percent with missing/ incomplete information*	Number of cases
Household			
Age	All household members	.0	68493
Salt test result	All households interviewed that have salt	.2	7791
Starting time of interview	All households interviewed	.1	7791
Ending time of interview	All households interviewed	.3	7791
Women			
Woman's date of birth	All women age 15-49		
Only month	23.0	14685	
Both month and year	.0	14685	
Date of first birth	All women age 15-49 with at least one live birth		
Only month	14.4	9973	
Both month and year	3.7	9973	
Completed years since first birth	All women age 15-49 with at least one live birth with year of first birth unknown	.5	375
Date of last birth	All women age 15-49 with a live birth in last 2 years		
Only month	.4	9973	
Both month and year	.1	9973	
Date of first marriage/union	All ever married women age 15-49		
Only month	40.3	10597	
Both month and year	31.3	10597	
Age at first marriage/union	All ever married women age 15-49 with year of first marriage not known	.0	10597
Age at first intercourse	All women age 15-24 who have ever had sex	.1	3222
Time since last intercourse	All women age 15-24 who have ever had sex	.1	3222
Starting time of interview	All women interviewed	.6	14685
Ending time of interview	All women interviewed	.6	14685
Under-5			
Date of birth	All under-5 children		
Only month	.1	11637	
Both month and year	.0	11637	
Anthropometric measurements	All under-5 children		
Weight	1.0	11637	
Height	1.1	11637	
Both weight and height	1.0	11637	
Starting time of interview	All under-5 children	.4	11637
Ending time of interview	All under-5 children	.6	11637

Table DQ.7: Completeness of information for anthropometric indicators

Distribution of children under 5 by completeness of information for anthropometric indicators, The Gambia, 2010

	Valid weight and date of birth	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under 5
		Weight not measured	Incomplete date of birth	Weight not measured, incomplete date of birth	Flagged cases (outliers)			
Weight by age								
<6 months	99.2	.0	.1	.0	.7	100.0	.8	1412
6-11 months	99.3	.1	.0	.0	.7	100.0	.7	1352
12-23 months	99.3	.0	.0	.0	.7	100.0	.7	2438
24-35 months	98.7	.0	.2	.0	1.1	100.0	1.3	2408
36-47 months	98.9	.0	.1	.0	1.0	100.0	1.1	2282
48-59 months	98.0	.0	.5	.0	1.5	100.0	2.0	1745
Total	98.9	.0	.2	.0	1.0	100.0	1.1	11637
Height by age								
<6 months	98.4	.2	.1	.0	1.3	100.0	1.6	1412
6-11 months	98.7	.1	.0	.0	1.2	100.0	1.3	1352
12-23 months	98.4	.2	.0	.0	1.4	100.0	1.6	2438
24-35 months	98.4	.2	.2	.0	1.2	100.0	1.6	2408
36-47 months	98.6	.1	.1	.0	1.2	100.0	1.4	2282
48-59 months	97.9	.1	.5	.0	1.5	100.0	2.1	1745
Total	98.4	.1	.1	.0	1.3	100.0	1.6	11637
Weight by height								
<6 months	96.7	.0	.2	.1	.0	.0	.0	3.0
6-11 months	98.4	.1	.1	.0	.0	.0	.0	1.4
12-23 months	98.8	.0	.2	.0	.0	.0	.0	1.1
24-35 months	98.4	.0	.2	.2	.0	.0	.0	1.2
36-47 months	98.8	.0	.1	.1	.0	.0	.0	1.0
48-59 months	97.8	.0	.1	.5	.0	.0	.0	1.7
Total	98.3	.0	.1	.1	.0	.0	.0	1.5

Table DQ.9: Observation of bed nets and places for hand washing

Percentage of bed nets in all households interviewed observed by the interviewer, and percentage of places for handwashing observed by the interviewer in all interviewed households, The Gambia, 2010

	Percentage of bednets observed by interviewer	Total number of bednets	Place for handwashing				Total	Number of households interviewed
			Observed	Not observed				
				Not in the dwelling, plot or yard	No permission to see	Other		
LGA								
Banjul	70.2	697	37.9	60.7	1.0	.3	100.0	878
Kanifing	79.8	1062	49.0	49.3	1.6	.1	100.0	1199
Brikama	83.7	1394	36.6	52.0	.1	11.3	100.0	1177
Mansakonko	56.1	2806	38.5	49.5	1.7	10.2	100.0	880
Kerewan	77.7	1105	18.1	81.1	.5	.2	100.0	960
Kuntaur	83.7	2434	40.5	54.7	4.7	.2	100.0	880
Janjanbureh	84.1	3330	27.2	68.9	.2	3.6	100.0	900
Basse	93.6	3821	12.8	87.1	.0	.1	100.0	917
Area								
Urban	75.1	3691	39.8	56.7	1.1	2.3	100.0	3456
Rural	81.0	12958	27.8	66.7	1.3	4.2	100.0	4335
Wealth index quintiles								
Poorest	82.4	5112	27.2	67.7	1.9	3.2	100.0	1914
Second	78.8	3639	28.8	64.8	.8	5.6	100.0	1453
Middle	76.4	3286	26.2	67.3	1.0	5.5	100.0	1263
Fourth	80.0	2841	30.8	65.4	1.2	2.5	100.0	1420
Richest	74.3	1771	50.3	48.0	.9	.8	100.0	1741
Total	78.9	16649	33.2	62.3	1.2	3.4	100.0	7791

Table DQ.10: Observation of women's health cards

Percent distribution of women with a live birth in the last 2 years by presence of a health card, and the percentage of health cards seen by the interviewers, The Gambia, 2010

| | | Woman has health card | | | | Percent of health cards seen by the interviewer (1)/ (1+2)*100 | Number of women with a live birth in the last two years |
	Woman does not have health card	Seen by the interviewer (1)	Not seen by the interviewer (2)	Missing/DK	Total		
LGA							
Banjul	1.7	60.8	37.1	.4	100.0	62.1	240
Kanifing	1.9	59.5	38.0	.6	100.0	61.0	481
Brikama	1.7	59.7	37.5	1.1	100.0	61.4	637
Mansakonko	1.6	40.5	56.3	1.6	100.0	41.9	558
Kerewan	1.0	74.6	23.5	.9	100.0	76.0	697
Kuntaur	2.3	57.5	38.8	1.5	100.0	59.7	818
Janjanbureh	.6	31.9	66.2	1.3	100.0	32.5	681
Basse	1.2	58.8	38.7	1.3	100.0	60.3	1110
Area							
Urban	1.8	57.0	40.1	1.0	100.0	58.7	1380
Rural	1.3	54.9	42.5	1.2	100.0	56.4	3842
Wealth index quintiles							
Poorest	1.7	55.0	41.8	1.5	100.0	56.8	1554
Second	1.1	54.2	43.5	1.2	100.0	55.5	1029
Middle	1.5	57.8	39.3	1.3	100.0	59.5	979
Fourth	1.8	55.6	41.6	1.0	100.0	57.2	977
Richest	.7	55.2	43.6	.4	100.0	55.9	683
Total	1.5	55.5	41.9	1.2	100.0	57.0	5222

Table DQ.11: Observation of under-5s birth certificates

Percent distribution of children under 5 by presence of birth certificates, and percentage of birth calendar seen, The Gambia, 2010

	Child does not have birth certificate	Child has birth certificate		Don't know/ Missing	Total	Percent of birth certificates seen by the interviewer (1)/ (1+2)*100	Number of children under age 5
		Seen by the interviewer (1)	Not seen by the interviewer (2)				
LGA							
Banjul	33.8	36.1	29.6	.5	100.0	55.0	548
Kanifing	54.7	22.4	22.4	.5	100.0	49.9	1038
Brikama	61.3	23.7	14.7	.2	100.0	61.7	1419
Mansakonko	51.7	28.7	18.8	.9	100.0	60.4	1293
Kerewan	54.7	30.3	14.4	.5	100.0	67.8	1573
Kuntaur	62.2	16.1	21.5	.2	100.0	42.9	1848
Janjanbureh	70.3	16.8	12.8	.1	100.0	56.9	1474
Basse	56.5	19.4	23.9	.2	100.0	44.8	2444
Area							
Urban	53.5	25.1	21.0	.4	100.0	54.4	3028
Rural	59.2	21.8	18.7	.3	100.0	53.9	8609
Child's age							
0	79.4	10.8	9.6	.2	100.0	53.0	2753
1	60.3	21.9	17.7	.1	100.0	55.2	2430
2	53.3	24.7	21.6	.4	100.0	53.3	2424
3	47.3	27.7	24.4	.6	100.0	53.2	2278
4	40.0	32.8	26.7	.5	100.0	55.1	1752
Total	57.7	22.6	19.3	.3	100.0	54.0	11637

Table DQ.12: Observation of vaccination cards

Percent distribution of children under 5 by presence of a vaccination card, and the percentage of vaccination cards seen by the interviewers, The Gambia, 2010

| | Child does not have vaccination card | | Child has vaccination card | | | | Percent of vaccination cards seen by the interviewer (1)/ (1+2)*100 | Number of children under age 5 |
	Had vaccination card previously	Never had vaccination card	Seen by the interviewer (1)	Not seen by the interviewer (2)	Don't know/ Missing	Total		
LGA								
Banjul	1.1	.9	82.7	15.3	.0	100.0	84.4	548
Kanifing	1.6	1.3	85.9	11.1	.0	100.0	88.6	1038
Brikama	2.5	1.9	84.8	10.7	.0	100.0	88.8	1419
Mansakonko	1.3	1.9	87.5	9.2	.1	100.0	90.5	1293
Kerewan	1.4	1.7	86.7	10.2	.0	100.0	89.5	1573
Kuntaur	1.2	1.7	87.9	9.2	.0	100.0	90.5	1848
Janjanbureh	.7	1.6	90.0	7.7	.1	100.0	92.2	1474
Basse	1.4	1.5	89.0	8.2	.0	100.0	91.6	2444
Area								
Urban	1.7	1.8	84.2	12.4	.0	100.0	87.2	3028
Rural	1.3	1.6	88.5	8.6	.0	100.0	91.2	8609
Child's age								
0	.5	5.2	91.6	2.6	.0	100.0	97.3	2753
1	.9	.3	94.1	4.7	.0	100.0	95.2	2430
2	1.8	.6	86.3	11.3	.0	100.0	88.5	2424
3	1.9	.7	82.3	15.1	.0	100.0	84.5	2278
4	2.3	.4	79.6	17.8	.0	100.0	81.8	1752
Total	1.4	1.6	87.4	9.6	.0	100.0	90.1	11637

Table DQ.13: Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire, The Gambia, 2010

| | Mother in the household | | | | | Mother not in the household | | | | | Number of children under 5 |
	Mother interviewed	Father inter-viewed	Other adult female inter-viewed	Other adult male inter-viewed	Other person inter-viewed	Father inter-viewed	Other adult female inter-viewed	Other adult male inter-viewed	Other person inter-viewed	Total	
Age											
0	99.5	.0	.0	.0	.0	.0	.4	.0	.0	100.0	2542
1	97.1	.1	.0	.0	.0	.0	2.8	.0	.0	100.0	2203
2	91.1	.0	.2	.0	.0	.0	8.6	.0	.0	100.0	2174
3	88.3	.1	.1	.0	.0	.1	11.4	.0	.0	100.0	2079
4	88.3	.0	.1	.0	.0	.0	11.5	.0	.0	100.0	1591
Total	93.4	.1	.1	.0	.0		.0	6.4	.0	.0	100.0

Table DQ.14: Selection of children age 2-14 years for the child discipline module

Percent of households with at least two children age 2-14 years where correct selection of one child for the child discipline module was performed, The Gambia, 2010

	Percent of households where correct selection was performed	Number of households with 2 or more children age 2-14 years
LGA		
Banjul	92.3	364
Kanifing	90.9	591
Brikama	92.7	768
Mansakonko	87.1	603
Kerewan	90.0	722
Kuntaur	84.6	710
Janjanbureh	84.9	674
Basse	70.2	752
Area		
Urban	91.5	1724
Rural	83.4	3460
Number of children age 2-14 years		
2	96.7	1168
3	96.3	1124
4	77.8	2892
5+		
Total	86.1	5184

Table DQ.15: School attendance by single age

Distribution of household population age 5-24 by educational level and grade attended in the current (or most recent) school year, The Gambia, 2010

Age at beginning of school year

Age	Not attending school	Currently attending															Missing/ DK	Total	Number of household members
		Preschool	Primary school Grade						Secondary school Grade						Higher than secondary			
			1	2	3	4	5	6	1	2	3	4	5	6				
5	49.2	39.2	.2	2.6	1.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6	40.7	34.5	.1	7.2	7.7	.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7	32.9	19.4	.1	5.6	22.4	5.3	.8	.8	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8	29.1	9.9	.0	3.3	22.9	17.8	4.7	1.4	.3	.0	.0	.0	.0	.0	.1	.0	.0	.0
9	29.9	3.4	.0	1.4	14.1	23.0	12.2	2.9	.6	.0	.0	.0	.0	.0	.1	.0	.0	.0
10	25.5	1.6	.0	.3	6.0	15.8	22.0	14.3	3.6	.0	.0	.0	.0	.1	.0	.0	.0	.0
11	29.8	.6	.0	.5	2.9	8.3	14.3	19.0	12.9	.0	.0	.0	.0	.1	.2	.3	.2	.0
12	30.1	.0	.0	.4	1.8	3.6	8.4	14.1	25.2	.0	.2	.0	.0	3.3	1.8	.3	.0	.0
13	33.3	.0	.0	.2	.5	.7	3.1	8.2	25.4	.2	.0	.0	.0	6.0	10.8	1.3	.5	.1
14	39.7	.1	.0	.1	.4	.7	1.0	5.6	15.9	.0	.0	.0	.0	4.2	16.1	7.5	1.4	.3
15	40.7	.0	.0	.0	.1	.1	1.0	2.6	8.5	.0	.0	.0	.0	2.5	16.6	15.5	5.2	1.0
16	46.3	.0	.0	.2	.1	.0	.3	1.4	3.1	.0	.0	.0	.0	.9	12.0	12.9	11.3	4.7
17	54.8	.0	.0	.2	.2	.0	.4	.4	2.0	.0	.3	.0	.0	.9	5.5	9.0	8.4	8.4
18	68.3	.0	.0	.0	.0	.0	.0	.3	.7	.0	.0	.0	.0	.3	2.1	4.7	5.0	7.3
19	79.1	.1	.0	.0	.0	.0	.7	.1	.3	.0	.6	.0	.0	.1	1.0	3.3	3.0	3.9
20	77.5	.0	.0	.0	.0	.0	.3	.0	.2	.0	.1	.0	.0	.3	.7	2.0	2.1	4.2
21	88.5	.0	.0	.0	.1	.0	.5	.0	.0	.0	1.1	.0	.0	.1	.3	.5	.3	1.4
22	91.1	.0	.0	.0	.0	.0	.0	.2	.0	.0	.1	.0	.0	.0	.1	.4	.3	.8
23	94.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.2	.4	.1	.1
24	99.0	.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

Table DQ.16: Sex ratio at birth among children ever born and living

Sex ratio (number of males per 100 females) among children ever born (at birth), children living, and deceased children, by age of women, The Gambia, 2010

	Children Ever Born			Children Living			Children Deceased			
	Number of sons ever born	Number of daughters ever born	Sex ratio at birth	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	Number of women
Age										
15-19	360	316	1.14	332	296	1.12	28	20	1.40	3410
20-24	1797	1693	1.06	1663	1577	1.05	134	116	1.16	2936
25-29	3724	3453	1.08	3324	3133	1.06	400	320	1.25	2668
30-34	4366	4102	1.06	3845	3638	1.06	521	464	1.12	2025
35-39	4523	4056	1.12	3873	3455	1.12	650	601	1.08	1586
40-44	3893	3668	1.06	3236	3153	1.03	657	515	1.28	1173
45-49	3256	2987	1.09	2653	2441	1.09	603	546	1.10	887
Total	21919	20275	1.09	18926	17693	1.08	2993	2582	1.20	14685

Appendix E: MICS4 Indicators: Numerators and Denominators

MICS4 Indicators: Numerators and Denominators

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
1. MORTALITY					
1.1	Under-five mortality rate[16]	CM - BH	Probability of dying by exact age 5 years		MDG 4.1
1.2	Infant mortality rate[17]	CM - BH	Probability of dying by exact age 1 year		MDG 4.2
2. NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median height for age of the WHO standard	Total number of children under age 5	
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median weight for height of the WHO standard	Total number of children under age 5	
2.4	Children ever breastfed	MN	Number of women with a live birth in the 2 years preceding the survey who breastfed the child at any time	Total number of women with a live birth in the 2 years preceding the survey	
2.5	Early initiation of breastfeeding	MN	Number of women with a live birth in the 2 years preceding the survey who put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey	
2.6	Exclusive breastfeeding under 6 months	BF	Number of infants under 6 months of age who are exclusively breastfed[18]	Total number of infants under 6 months of age	
2.7	Continued breastfeeding at 1 year	BF	Number of children age 12-15 months who are currently breastfeeding	Total number of children age 12-15 months	
2.8	Continued breastfeeding at 2 years	BF	Number of children age 20-23 months who are currently breastfeeding	Total number of children age 20-23 months	
2.9	Predominant breastfeeding under 6 months	BF	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment[19] during the previous day	Total number of infants under 6 months of age	

MICS4 Indicators: Numerators and Denominators (cont.)

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
2.10	Duration of breastfeeding	BF	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day		
2.11	Bottle feeding	BF	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months	
2.12	Introduction of solid, semi-solid or soft foods	BF	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months	
2.13	Minimum meal frequency	BF	Number of children age 6-23 months receiving solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum times[20] or more, according to breastfeeding status, during the previous day	Total number of children age 6-23 months	
2.14	Age-appropriate breastfeeding	BF	Number of children age 0-23 months appropriately fed[21] during the previous day	Total number of children age 0-23 months	
2.15	Milk feeding frequency for non-breastfed children	BF	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.16	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodide/iodate	Total number of households in which salt was tested or with no salt	
2.17	Vitamin A supplementation (children under age 5)	IM	Number of children age 6-59 months who received at least one high-dose vitamin A supplement in the 6 months preceding the survey	Total number of children age 6-59 months	
2.18	Low-birth weight infants	MN	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams at birth	Total number of last live births in the 2 years preceding the survey	
2.19	Infants weighed at birth	MN	Number of last live births in the 2 years preceding the survey who were weighed at birth	Total number of last live births in the 2 years preceding the survey	
3. CHILD HEALTH					
3.1	Tuberculosis immunization coverage	IM	Number of children age 12-23 months[22] who received BCG vaccine before their first birthday	Total number of children age 12-23 months	
3.2	Polio immunization coverage	IM	Number of children age 12-23 months who received OPV3 vaccine before their first birthday	Total number of children age 12-23 months	
3.3	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	IM	Number of children age 12-23 months who received DPT3 vaccine before their first birthday	Total number of children age 12-23 months	
3.4	Measles immunization coverage	IM	Number of children age 12-23 months who received measles vaccine before their first birthday	Total number of children age 12-23 months	MDG 4.3

MICS4 Indicators: Numerators and Denominators (cont.)

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
3.5	Hepatitis B immunization coverage	IM	Number of children age 12-23 months who received the third dose of Hepatitis B vaccine before their first birthday	Total number of children age 12-23 months	
3.6	Yellow fever immunization coverage	IM	Number of children age 12-23 months who received yellow fever vaccine before their first birthday	Total number of children age 12-23 months	
3.7	Neonatal tetanus protection	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who were given at least two doses of tetanus toxoid vaccine within the appropriate interval[23] prior to giving birth	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
3.8	Oral rehydration therapy with continued feeding	CA	Number of children under age 5 with diarrhoea in the previous 2 weeks who received ORT (ORS packet or recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under age 5 with diarrhoea in the previous 2 weeks	
3.9	Care-seeking for suspected pneumonia	CA	Number of children under age 5 with suspected pneumonia in the previous 2 weeks who were taken to an appropriate health provider	Total number of children under age 5 with suspected pneumonia in the previous 2 weeks	
3.10	Antibiotic treatment of suspected pneumonia	CA	Number of children under age 5 with suspected pneumonia in the previous 2 weeks who received antibiotics	Total number of children under age 5 with suspected pneumonia in the previous 2 weeks	
3.11	Solid fuels	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
3.12	Household availability of insecticide-treated nets (ITNs)[24]	TN	Number of households with at least one insecticide treated net (ITN)	Total number of households	
3.13	Households protected by a vector control method	TN - IR	Number of households with at least one insecticide-treated net (ITN) or that received spraying through an IRS[25] campaign in the last 12 months preceding the survey	Total number of households	
3.14	Children under age 5 sleeping under any type of mosquito net	TN	Number of children under age 5 who slept under any type of mosquito net the previous night	Total number of children under age 5	
3.15	Children under age 5 sleeping under insecticide-treated nets (ITNs)	TN	Number of children under age 5 who slept under an insecticide-treated mosquito net (ITN) the previous night	Total number of children under age 5	MDG 6.7
3.16	Malaria diagnostics usage	ML	Number of children under age 5 reported to have had fever in the previous 2 weeks who had a finger or heel stick for malaria testing	Total number of children under age 5 reported to have had fever in the previous 2 weeks	

MICS4 Indicators: Numerators and Denominators (cont.)

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
3.17	Anti-malarial treatment of children under age 5 the same or next day	ML	Number of children under age 5 reported to have had fever in the previous 2 weeks who were treated with any anti-malarial drug within the same or next day of onset of symptoms	Total number of children under age 5 reported to have had fever in the previous 2 weeks	
3.18	Anti-malarial treatment of children under age 5	ML	Number of children under age 5 reported to have had fever in the previous 2 weeks who received any antimalarial treatment	Total number of children under age 5 reported to have had fever in the previous 2 weeks	MDG 6.8
3.19	Pregnant women sleeping under insecticide-treated nets (ITNs)	TN	Number of pregnant women who slept under an insecticide-treated net (ITN) the previous night	Total number of pregnant women	
3.20	Intermittent preventive treatment for malaria	MN	Number of women age 15-49 years who received at least 2 doses of SP/Fansidar to prevent malaria during antenatal care visits for their last pregnancy leading to a live birth in the 2 years preceding the survey	Total number of women age 15-49 years who have had a live birth in the 2 years preceding the survey	

4. WATER AND SANITATION

4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.2	Water treatment	WS	Number of household members using unimproved drinking water who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children age 0-2 years whose (last) stools were disposed of safely	Total number of children age 0-2 years	
4.5	Place for handwashing	HW	Number of households with a designated place for hand washing where water and soap are present	Total number of households	
4.6	Availability of soap	HW	Number of households with soap anywhere in the dwelling	Total number of households	

5. REPRODUCTIVE HEALTH

5.1	Adolescent birth rate[26]	CM	Age-specific fertility rate for women age 15-19 years for the one year period preceding the survey		MDG 5.4
5.2	Early childbearing	CM	Number of women age 20-24 years who had at least one live birth before age 18	Total number of women age 20-24 years	
5.3	Contraceptive prevalence rate	CP	Number of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	Total number of women age 15-49 years who are currently married or in union	MDG 5.3

MICS4 Indicators: Numerators and Denominators (cont.)

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
5.4	Unmet need[27]	UN	Number of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women age 15-49 years who are currently married or in union	MDG 5.6
5.5a 5.5b	Antenatal care coverage	MN	Number of women age 15-49 years who were attended during pregnancy in the 2 years preceding the survey (a) at least once by skilled personnel (b) at least four times by any provider	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.5
5.6	Content of antenatal care	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who had their blood pressure measured and gave urine and blood samples during the last pregnancy	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
5.7	Skilled attendant at delivery	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who were attended during childbirth by skilled health personnel	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	MDG 5.2
5.8	Institutional deliveries	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who delivered in a health facility	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
5.9	Caesarean section	MN	Number of last live births in the 2 years preceding the survey who were delivered by caesarean section	Total number of last live births in the 2 years preceding the survey	

6. CHILD DEVELOPMENT

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
6.1	Support for learning	EC	Number of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children age 36-59 months	
6.2	Father's support for learning	EC	Number of children age 36-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children age 36-59 months	
6.3	Learning materials: children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.4	Learning materials: playthings	EC	Number of children under age 5 with two or more playthings	Total number of children under age 5	
6.5	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the past week	Total number of children under age 5	
6.6	Early child development Index	EC	Number of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains	Total number of children age 36-59 months	

MICS4 Indicators: Numerators and Denominators (cont.)

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
6.7	Attendance to early childhood education	EC	Number of children age 36-59 months who are attending an early childhood education programme	Total number of children age 36-59 months	

7. LITERACY AND EDUCATION

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
7.1	Literacy rate among young women [M]	WB	Number of women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women age 15-24 years	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary-school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		MDG 2.2
7.7	Primary completion rate	ED	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children attending the last grade of primary school during the previous school year	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1

8. CHILD PROTECTION

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	

MICS4 Indicators: Numerators and Denominators (cont.)

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
8.5	Violent discipline	CD	Number of children age 2-14 years who experienced psychological aggression or physical punishment during the past month	Total number of children age 2-14 years	
8.6	Marriage before age 15	MA	Number of women age 15-49 years who were first married or in union by the exact age of 15	Total number of women age 15-49 years	
8.7	Marriage before age 18	MA	Number of women age 20-49 years who were first married or in union by the exact age of 18	Total number of women age 20-49 years	
8.8	Young women age 15-19 years currently married or in union	MA	Number of women age 15-19 years who are currently married or in union	Total number of women age 15-19 years	
8.9	Polygyny	MA	Number of women age 15-49 years who are in a polygynous union	Total number of women age 15-49 years who are currently married or in union	
8.10a 8.10b	Spousal age difference	MA	Number of women currently married or in union whose spouse is 10 or more years older, (a) for women age 15-19 years, (b) for women age 20-24 years	Total number of women currently married or in union (a) age 15-19 years, (b) age 20-24 years	
8.11	Approval for female genital mutilation/cutting (FGM/C)	FG	Number of women age 15-49 years favouring the continuation of female genital mutilation/cutting (FGM/C)	Total number of women age 15-49 years who have heard of FGM/C	
8.12	Prevalence of female genital mutilation/cutting (FGM/C) among women	FG	Number of women age 15-49 years who report to have undergone any form of female genital mutilation/cutting (FGM/C)	Total number of women age 15-49 years	
8.13	Prevalence of female genital mutilation/cutting (FGM/C) among girls	FG	Number of girls age 0-14 years who have undergone any form of female genital mutilation/cutting (FGM/C), as reported by mothers	Total number of girls age 0-14 years	
8.14	Attitudes towards domestic violence [M]	DV	Number of women who state that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women age 15-49 years	

9. HIV/AIDS, SEXUAL BEHAVIOUR AND ORPHANS

9.1	Comprehensive knowledge about HIV prevention	HA	Number of women age 15-49 years who correctly identify two ways of preventing HIV infection[28], know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women age 15-49 years	

MICS4 Indicators: Numerators and Denominators (cont.)

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
9.2	Comprehensive knowledge about HIV prevention among young people	HA	Number of women age 15-24 years who correctly identify two ways of preventing HIV infection12, know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission	Total number of women age 15-24 years	MDG 6.3
9.3	Knowledge of mother-to-child transmission of HIV	HA	Number of women age 15-49 years who correctly identify all three means[29] of mother-to-child transmission of HIV	Total number of women age 15-49 years	
9.4	Accepting attitudes towards people living with HIV	HA	Number of women age 15-49 years expressing accepting attitudes on all four questions[30] toward people living with HIV	Total number of women age 15-49 years who have heard of HIV	
9.5	Women who know where to be tested for HIV	HA	Number of women age 15-49 years who state knowledge of a place to be tested for HIV	Total number of women age 15-49 years	
9.6	Women who have been tested for HIV and know the results	HA	Number of women age 15-49 years who have been tested for HIV in the 12 months preceding the survey and who know their results	Total number of women age 15-49 years	
9.7	Sexually active young women who have been tested for HIV and know the results	HA	Number of women age 15-24 years who have had sex in the 12 months preceding the survey, who have been tested for HIV in the 12 months preceding the survey and who know their results	Total number of women age 15-24 years who have had sex in the 12 months preceding the survey	
9.8	HIV counselling during antenatal care	HA	Number of women age 15-49 years who gave birth in the 2 years preceding the survey and received antenatal care, reporting that they received counselling on HIV during antenatal care	Total number of women age 15-49 years who gave birth in the 2 years preceding the survey	
9.9	HIV testing during antenatal care	HA	Number of women age 15-49 years who gave birth in the 2 years preceding the survey and received antenatal care, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of women age 15-49 years who gave birth in the 2 years preceding the survey	
9.10	Young women who have never had sex [M]	SB	Number of never married women age 15-24 years who have never had sex	Total number of never married women age 15-24 years	
9.11	Sex before age 15 among young women	SB	Number of women age 15-24 years who have had sexual intercourse before age 15	Total number of women age 15-24 years	
9.12	Age-mixing among sexual partners	SB	Number of women age 15-24 years who had sex in the 12 months preceding the survey with a partner who was 10 or more years older than they were	Total number of women age 15-24 years who have had sex in the 12 months preceding the survey	
9.13	Sex with multiple partners	SB	Number of women age 15-49 years who have had sexual intercourse with more than one partner in the 12 months preceding the survey	Total number of women age 15-49 years	

MICS4 Indicators: Numerators and Denominators (cont.)

	MICS4 INDICATOR [M]	Module[14]	Numerator	Denominator	MDG[15]
9.14	Condom use during sex with multiple partners	SB	Number of women age 15-49 years who report having had more than one sexual partner in the 12 months preceding the survey who also reported that a condom was used the last time they had sex	Total number of women age 15-49 years who reported having had more than one sexual partner in the 12 months preceding the survey	
9.15	Sex with non-regular partners	SB	Number of sexually active women age 15-24 years who have had sex with a non-marital, non-cohabitating partner in the 12 months preceding the survey	Total number of women age 15-24 years who have had sex in the 12 months preceding the survey	
9.16	Condom use with non-regular partners	SB	Number of women age 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the 12 months preceding the survey	Total number of women age 15-24 years who had a non-marital, non-cohabiting partner in the 12 months preceding the survey	MDG 6.2
9.17	Children's living arrangements	HL	Number of children age 0-17 years not living with a biological parent	Total number of children age 0-17 years	
9.18	Prevalence of children with at least one parent dead	HL	Number of children age 0-17 years with at least one dead parent	Total number of children age 0-17 years	
9.19	School attendance of orphans	HL - ED	Number of children age 10-14 years who have lost both parents and are attending school	Total number of children age 10-14 years who have lost both parents	MDG 6.4
9.20	School attendance of non-orphans	HL - ED	Number of children age 10-14 years, whose parents are alive, who are living with at least one parent, and who are attending school	Total number of children age 10-14 years, whose parents are alive, and who are living with at least one parent	MDG 6.4

[M] Indicates that the indicator is also calculated for men, for the same age group, in surveys where the Questionnaire for Individual Men has been included. Calculations are carried out by using modules in the Men's Questionnaire

[14] Some indicators are constructed by using questions in several modules. In such cases, only the module(s) which contains most of the necessary information is indicated.

[15] MDG indicators as of February 2010

[16] Indicator is defined as "Probability of dying between birth and fifth birthday, during the 5-year period preceding the survey" when estimated from the birth history

[17] Indicator is defined as "Probability of dying between birth and the first birthday, during the 5-year period preceding the survey" when estimated from the birth history

[18] Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

[19] Infants who receive breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

[20] Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, 3 times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months

[21] Infants age 0-5 who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

[22] Indicators 3.1, 3.2, 3.3, 3.4, 3.5 and 3.6 may be calculated for an older age group, such as 15-26 months or 18-29 months, depending on the immunization schedule

[23] See MICS4 manual for a detailed description

[24] An ITN is (a) a factory treated net which does not require any treatment, (b) a pretreated net obtained within the past 12 months, or (c) a net that has been soaked with insecticide within the past 12 months

[25] Indoor residual spraying

[26] Indicator is defined as "Age-specific fertility rate for women age 15-19 years, for the 3-year period preceding the survey" when estimated from the birth history

[27] See MICS4 manual for a detailed description

[28] Using condoms and limiting sex to one faithful, uninfected partner

[29] Transmission during pregnancy, during delivery, and by breastfeeding

[30] Women (1) who think that a female teacher with the AIDS virus should be allowed to teach in school, (2) who would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus, (3) who would not want to keep it as a secret if a family member became infected with the AIDS virus, and (4) who would be willing to care for a family member who became sick with the AIDS virus

Appendix F. Questionnaires

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL   HH

HH1. Enumeration area number: ___ ___ ___	HH2. Household number ___ ___
HH3. Interviewer name and number: Name _____ ___ ___	HH4. Supervisor name and number: Name _____ ___ ___
HH5. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	
HH6. Area: Urban........................ 1 Rural.......................... 2	HH7. Region: HH7A. LGA: _____ HH7B. District:_____ HH7C. Settlement: _____ HH7D. PHC/NON-PHC: _____

WE ARE FROM VARIOUS GOVERNMENT DEPARTMENTS/ INSTITUTIONS (GAMBIA BUREAU OF STATISTICS, MOH & SW, MOBSE, WOMEN'S BUREAU, DEPT. OF COMMUNITY DEVELOPMENT, ETC.). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 1HR. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW?
☐ Yes, permission is given ➡ Go to HH18 to record the time and then begin the interview.
☐ No, permission is not given ➡ Complete HH9. Discuss this result with your supervisor.

After all questionnaires for the household have been completed, fill in the following information:

HH8. Name of head of household: _____

HH9. Result of household interview: Completed..1 No household member or no competent respondent at home at time of visit ....2 Entire household absent for extended period of time.......................3 Refused...4 Dwelling vacant / Address not a dwelling ....5 Dwelling destroyed ....6 Dwelling not found ....7 Other (specify).. 9	HH10. Respondent to household questionnaire: Name: _____ Line number: ___ ___ HH11. Total number of household members ___ ___
HH12. Number of women age 15-49 years: ___ ___	HH13. Number of woman's questionnaires completed: ___ ___
HH14. Number of children under age 5: ___ ___	HH15. Number of under-5 questionnaires completed ___ ___
HH16. Field edited by (Name and number): Nom _____ ___ ___	HH17. Data entry clerk (Name and number): Nom _____ ___ ___

HOUSEHOLD LISTING FORM

HH18.
Record the time:
Hour ___ ___
Minutes ___ ___

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.

								For women age 15-49	For children age 5-14	For children under age 5	For all household members			For children age 0-17 years	
HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No↘HL13 8 DK↘HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No↘ Next Line 8 DK↘ Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"
Line	Name	Relation*	M F	Month	Year	Age	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
01		0 1	1 2	__ __	__ __ __ __	__ __	01	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
02		__ __	1 2	__ __	__ __ __ __	__ __	02	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
03		__ __	1 2	__ __	__ __ __ __	__ __	03	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
04		__ __	1 2	__ __	__ __ __ __	__ __	04	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
05		__ __	1 2	__ __	__ __ __ __	__ __	05	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
06		__ __	1 2	__ __	__ __ __ __	__ __	06	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
07		__ __	1 2	__ __	__ __ __ __	__ __	07	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
08		__ __	1 2	__ __	__ __ __ __	__ __	08	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
09		__ __	1 2	__ __	__ __ __ __	__ __	08			1 2	1 2 8	__ __	1 2 8	__ __

HOUSEHOLD LISTING FORM (cont.)

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION-SHIP OF (name) TO THE HEAD OF HOUSE-HOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No↘HL13 8 DK↘HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No↘Next Line 8 DK↘Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"
								For children age 5-14	For children under age 5	For all household members	For women age 15-49	For children age 0-17 years		
Line	Name	Relation*	M F	Month	Year	Age	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
10		0 1	1 2	— —	— — — —	— — —	10	— —	— —	1 2	1 2 8	— —	1 2 8	— —
11		— —	1 2	— —	— — — —	— — —	11	— —	— —	1 2	1 2 8	— —	1 2 8	— —
12		— —	1 2	— —	— — — —	— — —	12	— —	— —	1 2	1 2 8	— —	1 2 8	— —
13		— —	1 2	— —	— — — —	— — —	13	— —	— —	1 2	1 2 8	— —	1 2 8	— —
14		— —	1 2	— —	— — — —	— — —	14	— —	— —	1 2	1 2 8	— —	1 2 8	— —
15		— —	1 2	— —	— — — —	— — —	15	— —	— —	1 2	1 2 8	— —	1 2 8	— —

Tick here if additional questionnaire used ☐

Probe for additional household members. Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire. You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head	04 Son-In-Law / Daughter-In-Law	10 Uncle / Aunt
02 Wife / Husband	05 Grandchild	11 Niece / Nephew
03 Son / Daughter	06 Parent	12 Other relative
	07 Parent-In-Law	13 Adopted / Foster / Stepchild
	08 Brother / Sister	14 Not related
	09 Brother-In-Law / Sister-In-Law	98 Don't know

	For household members age 3 and above				For household members age 3-24 years			
ED1. Line No.	**ED2.** Name and age Copy from Household Listing Form, HL2 and HL6	**ED3.** HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 NO ↘ Next Line	**ED4.** WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Level: PRE-SCHOOL..........00 PRE-SCHOOL MADRASSA..10 PRIMARY.................01 PRIMARY MADRASSA......11 SECONDARY (UPPER, BASIC, JUNIOR, SENIOR)...........02 MADRAS. SECOND.........12 HIGHER (tertiary, university, college)...............03 VOCATIONAL............04 NON STAND CURRI.......06 dk....................98 If level=00,10 skip to ED5	Grade: 98 DK If less than 1 grade, enter 00.	**ED5.** DURING THE (2009-2010) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ ED7	**ED6.** During this/that school year, which level and grade is/was (NAME) attending? Level: PRE-SCHOOL..........00 PRE-SCHOOL MADRASSA......10 PRIMARY.................01 PRIMARY MADRASSA......11 SECONDARY (UPPER, BASIC, JUNIOR, SENIOR).02 MADRAS. SECOND.........12 HIGHER (tertiary, university, college)..........03 VOCATIONAL............04 NON STAND CURRI.......06 dk....................98 If level=00,10 skip to ED7	Grade: 98 DK	**ED7.** DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2008-2009), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line	**ED8.** DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: PRE-SCHOOL..........00 PRE-SCHOOL MADRASSA....10 PRIMARY.................01 PRIMARY MADRASSA......11 SECONDARY (UPPER, BASIC, JUNIOR, SENIOR)...........02 MADRAS. SECOND.........12 HIGHER (tertiary, university, college).............03 VOCATIONAL............04 NON STAND CURRI.......06 dk....................98 If level=00 10, go to next person	Grade: 98 DK

Line	Name	Age	Yes	No	Level	Grade	Level	Grade	Y	N	DK	Level	Grade
01		__ __	1	2		__ __		__ __	1	2	8		__ __
02		__ __	1	2		__ __		__ __	1	2	8		__ __
03		__ __	1	2		__ __		__ __	1	2	8		__ __
04		__ __	1	2		__ __		__ __	1	2	8		__ __
05		__ __	1	2		__ __		__ __	1	2	8		__ __
06		__ __	1	2		__ __		__ __	1	2	8		__ __
07		__ __	1	2		__ __		__ __	1	2	8		__ __
08		__ __	1	2		__ __		__ __	1	2	8		__ __
09		__ __	1	2		__ __		__ __	1	2	8		__ __
10		__ __	1	2		__ __		__ __	1	2	8		__ __
11		__ __	1	2		__ __		__ __	1	2	8		__ __
12		__ __	1	2		__ __		__ __	1	2	8		__ __
13		__ __	1	2		__ __		__ __	1	2	8		__ __
14		__ __	1	2		__ __		__ __	1	2	8		__ __
15		__ __	1	2		__ __		__ __	1	2	8		__ __

WATER AND SANITATION WS

WS1	WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water
		    Piped into dwelling 11
		    Piped into compound, yard or plot..........................12
		    Piped to neighbour 13
		    Public tap / standpipe 14
		Tube Well, Borehole...21
		Dug well
		    Protected well 31
		    Unprotected well 32
		Rainwater collection...51
		Tanker-truck..61
		Cart with small tank / drum 71
		Surface water (river, stream, dam, lake, pond, canal,
		irrigation channel) 81
		Bottled water...91
		Other (specify)...96
			11⇨WS6
			12⇨WS6
			13⇨WS6
			14⇨WS3
			21⇨WS3
			
			31⇨WS3
			32⇨WS3
			51⇨WS3
			61⇨WS3
			71⇨WS3
			
			81⇨WS3
			
			96⇨WS3

WS2	WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water
		    Piped into dwelling 11
		    Piped into compound, yard or plot..........................12
		    Piped to neighbour 13
		    Public tap / standpipe 14
		Tube Well, Borehole...21
		Dug well
		    Protected well 31
		    Unprotected well 32
		Rainwater collection...51
		Tanker-truck..61
		Cart with small tank / drum 71
		Surface water (river, stream, dam, lake, pond, canal,
		irrigation channel) 81
		Other (specify)...96
			11⇨WS6
			12⇨WS6
			13⇨WS6

WS3	WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ....1 In own yard / plot..2 Elsewhere..3	1⇨WS6 2⇨WS6
WS4	HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes .... __ __ __ DK..998	
WS5	WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? Probe: IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) ....1 Adult man (age 15+ years) ....2 Female child (under 15) ....3 Male child (under 15) ....4 DK...8	
WS6	DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes ....1 No...2 DK...8	 2⇨WS8 8⇨WS8
WS7	WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? Probe: ANYTHING ELSE? Record all items mentioned.	Boil ....A Add bleach / chlorine..B Strain it through a cloth ....C Use water filter (ceramic, sand, composite, etc.)..........D Solar disinfection..E Let it stand and settle ....F Other (specify)... X DK...Z	

WS8	WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
	
	If "flush" or "pour flush", probe:
	WHERE DOES IT FLUSH TO?
	
	If necessary, ask permission to observe the facility.
		Flush / Pour flush
		    Flush to piped sewer system 11
		    Flush to septic tank 12
		    Flush to pit (latrine) 13
		    Flush to somewhere else 14
		    Flush to unknown place / Not sure /
		      DK where 15
		Pit latrine
		    Ventilated Improved Pit latrine (VIP) 21
		      Pit latrine with slab 22
		      Pit latrine without slab / Open pit 23
		Composting toilet 31
		Bucket 41
		Hanging toilet, Hanging latrine 51
		No facility, Bush, Field 95
		Other (specify).. 96
			
			95⇨Next Module

WS8A	IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, YOUR U=YARD OR ELSEWHERE?	In own dwelling ....1 In own yard / plot ....2 Elsewhere..3	
WS9	DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes...1 No..2	2⇨Next Module
WS10	DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public).................................... 1 Public facility.. 2	2⇨Next Module
WS11	HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) .... 0 __ Ten or more households .... 10 DK... 98	

HOUSEHOLD CHARACTERISTICS   HC

HC1A	WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Islam ....1 Christianity ....2 Other religion (specify) _____ 6 No religion..7	
HC1C	TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Mandinka/Jahanka .... 01 Wollof.. 02 Jola/Karoninka .... 03 Fula/Tukulur/Lorobo .... 04 Serere .... 05 Serahuleh... 07 Creole&Aku Marabou... 08 Manjago .... 09 Bambara .... 10 Non-Gambian.. 11 Other ethnic group (specify) _____ 96	
HC2	HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms...__ __	

HC3	Main material of the dwelling floor.
	Record observation.
		Natural floor
		    Earth / Sand...11
		    Dung...12
		Rudimentary floor
		    Wood planks 21
		    Palm / Bamboo...22
		Finished floor
		    Parquet or polished wood...31
		    Vinyl or asphalt strips..32
		    Ceramic tiles 33
		    Cement..34
		    Carpet...35
		Other (specify).. 96	

HC4	Main material of the roof.
	Record observation.
		Natural roofing
		    No Roof...11
		    Thatch / Palm leaf...12
		    Sod..13
		Rudimentary Roofing
		    Rustic mat..21
		    Palm / Bamboo...22
		    Wood planks 23
		    Cardboard...24
		Finished roofing
		    Metal 31
		    Wood 32
		    Calamine / Cement fibre...33
		    Ceramic tiles 34
		    Cement/Concrete...35
		    Roofing shingles...36
		Corrugated Iron/Asbestos...37
		Other (specify) _____ 96	

HC5	Main material of the exterior walls.
	Record observation.
		Natural walls
		    No walls...11
		    Cane / Palm / Trunks...12
		    Dirt..13
		Rudimentary walls
		    Bamboo with mud..21
		    Stone with mud 22
		    Uncovered adobe...23
		    Plywood 24
		    Cardboard...25
		    Reused wood..26
		    Mud/Krinting 27
		Finished walls
		    Cement..31
		    Stone with lime / cement 32
		    Bricks..33
		    Cement blocks 34
		    Covered adobe...35
		    Wood planks / shingles 36
		Other (specify) _____ 96	

HC6	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity 01	01➭HC8
		Liquefied Petroleum Gas (LPG) 02	02➭HC8
		Natural gas 03	03➭HC8
		Biogas...04	04➭HC8
		Kerosene 05	05➭HC8
		Coal / Lignite..06	
		Charcoal 07	
		Wood/Fuelwood...08	
		Straw / Shrubs / Grass...09	
		Animal dung 10	
		Agricultural crop residue 11	
		No food cooked in household...95	95➭HC8
		Other (specify) _____ 96	
HC7	IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen... 1 Elsewhere in the house .... 2 In a separate building .... 3 Outdoors... 4 Other (specify) _____ 6	

HC8	DOES YOUR HOUSEHOLD HAVE:		Yes	No	
	[A] ELECTRICITY?	Electricity	1	2	
	[B] A RADIO?	Radio	1	2	
	[C] A TELEVISION?	Television	1	2	
	[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone..	1	2	
	[E] A REFRIGERATOR?	Refrigerator	1	2	
	[F] VIDEO CASSETTE OR PLAYER?	Video cassette or player	1	2	
	[G] FAN?	Fan..	1	2	
	[H] CUPBOARD ?	Cupboard	1	2	
	[I] SOFA?	Sofa	1	2	
	[J] AIR CONDITIONER?	Air conditioner	1	2	
	[K] ELECTRIC GENERATOR?	Electrical generator	1	2	

HC9	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No	
	[A] A WATCH?	Watch	1	2	
	[B] A MOBILE TELEPHONE?	Mobile telephone...	1	2	
	[C] A BICYCLE?	Bicycle	1	2	
	[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter	1	2	
	[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart	1	2	
	[F] A CAR OR TRUCK?	Car / Truck	1	2	
	[G] A BOAT WITH A MOTOR?	Boat with motor/engine	1	2	

HC10	DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? If "Rented from someone else", circle "2". For other responses, circle "6".	Own ....1 Rent..2 Other (Not owned or rented) 6	
HC11	DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes.. 1 No.. 2	2➭HC13
HC12	HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.	Hectares ....____ ____	

HC13	DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes..1 No...2	2⇨HC15
HC14	HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.	Cattle, milk cows, or bulls ....___ ___ Horses, donkeys, or mules...___ ___ Goats ....___ ___ Sheep ....___ ___ Chickens...___ ___ Pigs...___ ___	
HC15	DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes..1 No...2 DK...8	

INSECTICIDE TREATED NETS   TN

TN1	DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes..1 No...2	2⇨Next Module
TN2	HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets..___ ___	
TN2A	HOW MANY BEDS DO YOU HAVE IN THE HOUSEHOLD?	Number of beds...___ ___	
TN3	Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

		1st Net	2nd Net	3rd Net
TN4	Mosquito net observed?	Observed ....1 Not observed 2	Observed ....1 Not observed 2	Observed ....1 Not observed 2
TN5	Observe or ask the brand/type of mosquito net If brand is unknown and you cannot observe the net, show pictures of typical net types/ brands to respondent	PERMANENT' NET Conical ....11 Rectangular...................................12 Other(specify)_____ 16 'PRETREATED' NET (Ordinary) Conical ....21 Rectangular...................................22 Other(specify)...........................26 Dk brand ....28 OTHER ....31 NOT SURE.......................................98	PERMANENT' NET Conical ....11 Rectangular...................................12 Other(specify)_____ 16 'PRETREATED' NET (Ordinary) Conical ....21 Rectangular...................................22 Other(specify)...........................26 Dk brand ....28 OTHER ....31 NOT SURE.......................................98	PERMANENT' NET Conical ....11 Rectangular...................................12 Other(specify)_____ 16 'PRETREATED' NET (Ordinary) Conical ....21 Rectangular...................................22 Other(specify)...........................26 Dk brand ....28 OTHER ....31 NOT SURE.......................................98
TN6	HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? If less than one month, record "00"	Months ago .... ___ ___ More than 36 mo. ago............. 95 DK / Not sure.............................. 98	Months ago .... ___ ___ More than 36 mo. ago............. 95 DK / Not sure.............................. 98	Months ago .... ___ ___ More than 36 mo. ago............. 95 DK / Not sure.............................. 98
TN7	Check TN5 for type of net	☐ Long-lasting (11-16) ⇨ TN11 ☐ Pre-treated (21-28) ⇨ TN9 ☐ Else⇨ Continue	☐ Long-lasting (11-16) ⇨ TN11 ☐ Pre-treated (21-28) ⇨ TN9 ☐ Else⇨ Continue	☐ Long-lasting (11-16) ⇨ TN11 ☐ Pre-treated (21-28) ⇨ TN9 ☐ Else⇨ Continue

TN8	WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOS?	Yes .... 1 No .... 2 DK / Not sure................................ 8	Yes .... 1 No .... 2 DK / Not sure................................ 8	Yes .... 1 No .... 2 DK / Not sure................................ 8
TN9	SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOS?	Yes .... 1 No...2 ⇨ TN11 DK / Not sure................................8 ⇨ TN11	Yes .... 1 No...2 ⇨ TN11 DK / Not sure................................8 ⇨ TN11	Yes .... 1 No .... 2 ⇨ TN11 DK / Not sure................................ 8 ⇨ TN11
TN10	HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? If less than one month, record "00"	Months ago .... ___ ___ More than 24 mo. ago..............95 DK / Not sure...............................98	Months ago .... ___ ___ More than 24 mo. ago..............95 DK / Not sure...............................98	Months ago .... ___ ___ More than 24 mo. ago..............95 DK / Not sure...............................98
TN11	DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes ....1 No...2 ⇨ TN13 DK / Not sure................................8 ⇨ TN13	Yes ....1 No...2 ⇨ TN13 DK / Not sure................................8 ⇨ TN13	Yes ....1 No .... 2 ⇨ TN13 DK / Not sure................................ 8 ⇨ TN13
TN12	WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? Record the person's line number from the household listing form If someone not in the household list slept under the mosquito net, record "00"	Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___	Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___	Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___ Name_____ Line number.....................___ ___
TN13		Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module Tick here if additional questionnaire used ☐

INDOOR RESIDUAL SPRAYING   IR

IR1	AT ANY TIME IN THE PAST 12 MONTHS, HAS ANY-ONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOS?	Yes.. 1 No.. 2 DK...8	2⇨Next Module 8⇨Next Module
IR2	WHO SPRAYED THE DWELLING? Circle all that apply.	Government worker / program .... A Private company...B Non-governmental organization .... C Other (specify) _____X DK...Z	

CHILD DISCIPLINE   CD

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

o List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
o Record the line number, name, sex, and age for each child.
o Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	__ __		1	2	___ ___
2	__ __		1	2	___ ___
3	__ __		1	2	___ ___
4	__ __		1	2	___ ___
5	__ __		1	2	___ ___
6	__ __		1	2	___ ___
7	__ __		1	2	___ ___
8	__ __		1	2	___ ___

CD6. Total children age 2-14 years   ___ ___

o If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

o Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
o Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
o Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
o Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number Of Eligible Children In The Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child   ___

CD9	Write name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number... __ __
CD10	ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.	
CD11	TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes...1 No..2
CD12	EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG.	Yes...1 No..2
CD13	HOOK HIM/HER.	Yes...1 No..2
CD14	SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes...1 No..2
CD15	GAVE HIM/HER SOMETHING ELSE TO DO.	Yes...1 No..2
CD16	SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes...1 No..2
CD17	HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes...1 No..2
CD18	CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes...1 No..2
CD19	HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes...1 No..2
CD20	HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes...1 No..2
CD21	BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD	Yes...1 No..2
CD22	DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes...1 No..2 Don't know / No opinion 8

HANDWASHING   HW

HW1	PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed..1 Not observed 　　Not in dwelling / plot / yard.........................2 　　No permission to see ....3 　　Other reason...6	 2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2	Observe presence of water at the specific place for handwashing Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water	Water is available...1 Water is not available 2	
HW3	Record if soap or detergent is present at the specific place for handwashing. Circle all that apply.	Bar soap..A Detergent (Powder / Liquid / Paste).............B Liquid soap..C Ash / Mud / Sand .... D None...Y	}HH19

HW4	DO YOU HAVE ANY SOAP OR DETERGENT (or other locally used cleansing agent) IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes ....1 No...2	2 ⇨HH19
HW5	CAN YOU PLEASE SHOW IT TO ME? Record observation. Circle all that apply	Bar soap..A Detergent (Powder / Liquid / Paste)..............B Liquid soap...C Ash / Mud / Sand .... D Notable / Does not want to show ....Y	
HW6A	WHEN DO YOU WASH YOUR HANDS WITH SOAP AND WATER?	Before or after eating ....A After cleansing a child.................................... B After using the toilet ....C Before or after cooking ....D Other (Specify) _____ X No regular behaviour .... Z	
HH19	Record the time.	Hour and minutes ....__ __ : __ __	

SALT IODIZATION   SI

SI1	WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? Once you have tested the salt, circle number that corresponds to test outcome.	Not iodized 0 PPM ....1 More than 0 PPM & less than 15 PPM ....2 15 PPM or more..3 No salt in the house...6 Salt not tested 7	

HH20 Does any eligible woman age 15-49 reside in the household?
Check household listing, column HL7 for any eligible woman.
You should have a questionnaire with the Information Panel filled in for each eligible woman.
☐ Yes. ⇨ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.
☐ No. ⇨ Continue.

HH21 Does any child under the age of 5 reside in the household?
Check household listing, column HL9 for any eligible child under age 5.
You should have a questionnaire with the Information Panel filled in for each eligible child.
☐ Yes. ⇨ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.
☐ No. ⇨ End the interview by thanking the respondent for his/her cooperation.
Gather together all questionnaires for this household and complete the relevant information on the cover page.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

UNDER-FIVE CHILD INFORMATION PANEL   UF

This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).

A separate questionnaire should be used for each eligible child.

UF1. Cluster number: ___ ___ ___	UF2. Household number: ___ ___
UF3. Child's name: Name _____	UF4. Child's line number: ___ ___
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: ___ ___
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: __ __ / _____ / ___ ___ ___
Repeat greeting if not already read to this respondent: We are from (THE GAMBIA BUREAU OF STATISTICS, MOB&SE, MOH&SW, WOMEN'S BUREAU, COMMUNITY DEVELOPMENT). We are working on a project concerned with family health and education. I would like to talk to you about (NAME)'s health and well-being. The interview will take about (45) minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.	If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following: Now I would like to talk to you more about (CHILD'S NAME FROM UF3)'s health and other topics. This interview will take about (45) minutes. Again, all the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.

MAY I START NOW?

☐ Yes, permission is given ⇨ Go to UF12 to record the time and then begin the interview.

☐ No, permission is not given ⇨ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed.. 1 Not at home .... 2 Refused... 3 Partly completed .... 4 Incapacitated... 5 Other (specify) _____ 9
UF10. Field edited by (Name and number): Name_____ ___ ___	UF11. Data entry clerk (Name and number): Name_____ ___ ___
UF12. Record the time.	Hour and minutes .... __ __ : __ __

AGE   AG

AG1	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE AGE OF (name). IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS / HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day Month and year must be recorded.	Date of birth Day .... __ __ DK day..98 Month .... __ __ Year ....__ __ __ __	
AG2	HOW OLD IS (name)? Probe: HOW OLD WAS (name) AT HIS / HER LAST BIRTHDAY? Record age in completed years. Record '0' if less than 1 year. Compare and correct AG1 and/or AG2 if inconsistent.	Age (in completed years)............................. __	

BIRTH REGISTRATION   BR

BR1	DOES (name) HAVE A BIRTH CERTIFICATE? If yes, ask: MAY I SEE IT?	Yes, seen..1 Yes, not seen...2 No...3 DK..8	1⇨Next Module 2⇨Next Module
BR2	HAS (name's) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes..1 No...2 DK..8	2⇨ BR3 8⇨ BR3
BR2A	WHERE WAS (name) REGISTERED?	Health Centre ....1 Medical & Health Headquarters............................2 DK..8	1⇨Next Module 2⇨Next Module 8⇨Next Module
BR3	DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes...1 No...2	
BR4	WHY IS (name)'S BIRTH NOT REGISTERED?	Costs too much...1 Must travel too far ....2 Did not know it should be registered ....3 Does not know where to register........................5 Nothing will do it later ....7 Other (specify) _____ 6	

EARLY CHILDHOOD DEVELOPMENT   EC

EC1	HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None... 00 Number of children's or picture books.........0 __ Ten or more books 10	
EC2	I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	Y N DK Homemade toys................................ 1 2 8 Toys from a shop .... 1 2 8 Household objects or outside objects 1 2 8	
EC3	SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS (name): [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD) FOR MORE THAN AN HOUR? If 'none' enter' 0'. If 'don't know' enter' 8'	Number of days left alone for more than an hour ....__ Number of days left with other child for more than an hour ....__	
EC5	DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN, DAY CARE CENTRE OR COMMUNITY CHILD CARE?	Yes...1 No...2 DK..8	2⇨EC6B 8⇨EC6B

EC6	WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	Number of hours.......................................__ __	
EC6A	DO YOU PAY FEES/CONTRIBUTIONS FOR (NAME) ATTENDANCE TO ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION?	Yes..1 No..2 DK..8	1⇨EC6C 2⇨EC6C 8⇨EC6C
EC6B	WHY DOES (name) NOT ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN, DAY CARE CENTER OR COMMUNITY CHILD CARE?	Not interested ....1 Facility too far...2 Too young..3 Cannot afford cost ....4 Don't know where to find one............................... Nothing ....6 Other (specify) _____ 9	
EC6C	Check AG2: Age of child ☐ Child age 3 or 4 ⇨ Continue with EC7 ☐ Child age 0, 1 or 2 ⇨ Go to Next Module		
EC7	IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name): If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)? Circle all that apply. [A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)? [B] TOLD STORIES TO (name)? [C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES? [D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? [E] PLAYED WITH (name)? [F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	Mother Father Other No one Read books A B X Y Told stories A B X Y Sang songs A B X Y Took outside A B X Y Played with A B X Y Named/counted A B X Y	
EC8	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT. CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes..1 No...2 DK...8	
EC9	CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes..1 No ....2 DK...8	
EC10	DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes..1 No...2 DK...8	
EC11	CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes..1 No...2 DK...8	
EC12	IS (name) SOMETIMES TOO SICK TO PLAY?	Yes..1 No...2 DK...8	
EC13	DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes..1 No...2 DK...8	

EC14	WHEN GIVEN SOMETHING TO DO, IS (name) ABLE TO DO IT INDEPENDENTLY?	Yes...1 No...2 DK...8	
EC15	DOES (name) GET ALONG WELL WITH OTHER CHILDREN?	Yes...1 No...2 DK...8	
EC16	DOES (name) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes...1 No...2 DK...8	
EC17	DOES (name) GET DISTRACTED EASILY?	Yes...1 No...2 DK...8	

BREASTFEEDING   BF

BF1	HAS (name) EVER BEEN BREASTFED?	Yes...1 No...2 DK...8	2⇨BF3 8⇨BF3
BF1A	FOR HOW MANY MONTHS HAS (name) BEEN BREASTFEED?	Months.. ____ ____ DK...98	
BF1B	WAS (name) GIVEN THE FIRST MILK THAT CAME OUT OF THE BREAST (COLOSTRUM)?	Yes...1 No...2 DK...8	
BF2	IS HE/SHE STILL BEING BREASTFED?	Yes...1 No...2 DK...8	2⇨BF3 8⇨BF3
BF2A	AT WHAT MONTH/ YEAR DO YOU THINK (name) WILL STOP TO BE BREAST–FED?	Months...1 __ __ Years ....2 __ __	
BF3	I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (name) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (name) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes...1 No...2 DK...8	
BF4	DID (name) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes...1 No...2 DK...8	2⇨BF6 8⇨BF6
BF5	HOW MANY TIMES DID (name) DRINK INFANT FORMULA?	Number of times ....__ __	
BF6	DID (name) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes...1 No...2 DK...8	2⇨BF8 8⇨BF8
BF7	HOW MANY TIMES DID (name) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times ....__ __	
BF8	DID (name) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes...1 No...2 DK...8	
BF9	DID (name) DRINK ('Ogi' 'Gisuma monor') YESTERDAY, DURING THE DAY OR NIGHT?	Yes...1 No...2 DK...8	
BF10	DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes...1 No...2 DK...8	

BF11	DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes..1 No...2 DK...8	
BF12	DID (name) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..1 No...2 DK...8	
BF13	DID (name) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes..1 No...2 DK...8	2⇨BF15 8⇨BF15
BF14	HOW MANY TIMES DID (name) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ....__ __	
BF15	DID (NAME) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes..1 No...2 DK...8	
BF16	DID (name) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes..1 No...2 DK...8	2⇨BF18 8⇨BF18
BF17	HOW MANY TIMES DID (name) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ....__ __	
BF18	YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes..1 No...2 DK...8	1⇨Next Module 8⇨Next Module
BF19	HAS NAME EVER BEEN GIVEN ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes..1 No...2 DK...8	

CARE OF ILLNESS   CA

CA1	IN THE LAST TWO WEEKS, HAS (name) HAD DIARRHOEA?	Yes..1 No...2 DK...8	2⇨CA7 8⇨CA7
CA2	I WOULD LIKE TO KNOW HOW MUCH (name) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? If less, probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ....1 Somewhat less ....2 About the same ....3 More ....4 Nothing to drink...5 DK...8	
CA3	DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If "less", probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ....1 Somewhat less ....2 About the same ....3 More ....4 Stopped food ....5 Never gave food ....6 DK...8	
CA4	DURING THE EPISODE OF DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A SPECIAL PACKET CALLED (local name for ORS packet solution)? [B] SUGAR SALT SOLUTION (SSS)	Y N DK Fluid from ORS packet.........................1 2 8 SSS...1 2 8	

CA5	WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes...1	
		No...2	2⇨CA7
		DK...8	8⇨CA7

CA6	WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?
	Probe:
	ANYTHING ELSE?
	Record all treatments given. Write brand name(s) of all medicines mentioned.
	
	_____
	(Name)
		Pill or Syrup
		   Antibiotic..A
		   Antimotility... B
		   Zinc...C
		   Other (Not antibiotic, antimotility or zinc)...G
		   Unknown pill or syrup........................H
		Injection
		   Antibiotic...L
		   Non-antibiotic.......................................M
		   Unknown injection...............................N
		Intravenous ....O
		Home remedy / Herbal medicine........................Q
		Other (specify) _____ X	

CA7	AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?	Yes...1	
		No...2	2⇨CA14
		DK...8	8⇨CA14
CA8	WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes...1	
		No...2	2⇨CA14
		DK...8	8⇨CA14
CA9	WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest 1	
		Blocked or runny nose...............................2	2⇨CA14
		Both 3	
		Other (specify) _____ 6	
		DK...8	8⇨CA14
CA10	DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes...1	
		No...2	2⇨CA12
		DK...8	8⇨CA12

CA11	CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?
	Probe:
	ANYWHERE ELSE?
	Circle all providers mentioned,
	but do NOT prompt with any suggestions.
	Probe to identify each type of source.
	If unable to determine if public or private sector, write the name of the place.
	
	_____
	(Name of place)
		Public sector
		   Govt. hospital.. A
		   Govt. health centre...............................B
		   Govt. health post C
		   Village health worker........................D
		   Mobile / Outreach clinic ....E
		   Other public (specify) _____H
		Private medical sector
		   Private hospital / clinic........................I
		   Private physician ....J
		   Private pharmacy ....K
		   Mobile clinic L
		   Other private medical (specify) _____O
		Other source
		   Relative / Friend.....................................P
		   Shop ....Q
		   Traditional practitioner ....R
		Other (specify) _____ X	

CA12	WAS (name) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes...1	
		No...2	2⇨CA14
		DK...8	8⇨CA14

CA13	WHAT MEDICINE WAS (name) GIVEN?
	Probe:
	ANY OTHER MEDICINE?
	Circle all medicines given. Write brand name(s) of all medicines mentioned.
	
	_____
	(Names of medicines)
		Antibiotic
		    Pill / Syrup...A
		    Injection ....B
		Anti-malarials ....M
		Paracetamol / Panadol / Acetaminophen............P
		Aspirin...Q
		Ibuprofen...R
		Other (specify) _____ X
		DK...Z	

CA14	Check AG2: Child aged under 3? ☐ Yes. ⇨ Continue with CA15 ☐ No. ⇨ Go to Next Module		
CA15	THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine......................................01 Put / Rinsed into toilet or latrine........................02 Put / Rinsed into drain or ditch...........................03 Thrown into garbage (solid waste) ....04 Buried..05 Left in the open ....06 Other (specify) _____ 96 DK...98	

MALARIA   ML

ML1	IN THE LAST TWO WEEKS, HAS (name) BEEN ILL WITH A FEVER AT ANY TIME?	Yes...1 No...2 DK...8	2⇨Next Module 8⇨Next Module
ML2	AT ANY TIME DURING THE ILLNESS, DID (name) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes...1 No...2 DK...8	
ML3	DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes...1 No...2 DK...8	2⇨ML8 8⇨ML8
ML4	WAS (NAME) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes...1 No...2 DK...8	2⇨ML8 8⇨ML8
ML5	WAS (name) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes...1 No...2 DK...8	2⇨ML7 8⇨ML7

ML6	ML6. WHAT MEDICINE WAS (name) GIVEN?
	Probe:
	ANY OTHER MEDICINE?
	Circle all medicines mentioned. Write brand name(s) of all medicines, if given.
	
	_____
	(Name)
		Anti-malarials:
		    SP / Fansidar ....A
		    Chloroquine.. B
		    Amodiaquine.. C
		    Quinine...D
		    Combination with Artemisinin (Coartem) .....E
		    Country-specific CBD anti-malarial.................F
		    Other anti-malarial (specify) _____ H
		Antibiotic drugs
		    Pill / Syrup..I
		    Injection ....J
		Other medications:
		    Paracetamol/ Panadol /Acetaminophen.......P
		    Aspirin ....Q
		    Ibuprofen... R
		Other (specify) _____ X
		DK... Z	

ML7	WAS (name) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes..1 No...2 DK..8	1⇨ML9 2⇨ML10 8⇨ML10
ML8	WAS (name) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes..1 No...2 DK..8	2⇨ML10 8⇨ML10

ML9	WHAT MEDICINE WAS (name) GIVEN?
	Probe:
	ANY OTHER MEDICINE?
	Circle all medicines mentioned. Write brand name(s) of all medicines, if given.
	
	_____
	(Name)
		Anti-malarials:
		  SP / Fansidar ....A
		  Chloroquine.. B
		  Amodiaquine...C
		  Quinine...D
		  Combination with Artemisinin (Coartem) .....E
		  Country-specific CBD anti-malarial.................F
		  Other anti-malarial (specify) _____ H
		Antibiotic drugs
		  Pill / Syrup...I
		  Injection..J
		Other medications:
		  Paracetamol/ Panadol/ Acetaminophen....... P
		  Aspirin ....Q
		  Ibuprofen... R
		Other (specify) _____ X
		DK..Z	

ML10	Check ML6 and ML9: Anti-malarial mentioned (codes A - H)? ☐ Yes. ⇨ Continue with ML11 ☐ No. ⇨ Go to Next Module		
ML11	HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML6 or ML9)? If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned. Record how long after the fever started the first anti-malarial was given.	Same day ....0 Next day ....1 2 days after the fever ....2 3 days after the fever ....3 4 or more days after the fever................................4 DK..8	

IMMUNIZATION IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.

IM1	DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?	Yes, seen..1 Yes, not seen...2 No card 3	1⇨IM3 2⇨IM6
IM2	DID YOU EVER HAVE A VACCINATION CARD FOR (name)?	Yes..1 No...2	1⇨IM6 2⇨IM6

IM3	(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization			
			Day	Month	Year	
	BCG	BCG				
	POLIO AT BIRTH	OPV0				
	POLIO 1	OPV1				
	POLIO 2	OPV2				
	POLIO 3	OPV3				
	POLIO 4	OPV4				
	POLIO BOOSTER	OPV5				
	DPT - HIB1/ PENTA 1	DPT1/P1				
	DPT - HIB2/ PENTA 2	DPT2/P2				
	DPT -HIB3/ PENTA 3	DPT3/P3				
	DPT 4(BOOSTER)	DPT4				
	PNEUMO 1	PNE 1				
	PNEUMO 2	PNE 2				
	PNEUMO 3	PNE 3				
	HEPB AT BIRTH	H0				
	MEASLES (OR MMR)	MEASLES				
	YELLOW FEVER	YF				

IM4	Check IM3. Are all vaccines (BCG to Yellow Fever) recorded? ☐ Yes⇨ Go to IM18 ☐ No ⇨ Continue with IM5		
IM5	IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions vaccines shown in the table above.	Yes...1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18) No...2 DK..8	2⇨IM18 8⇨IM18
IM6	HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes...1 No...2 DK..8	2⇨IM18 8⇨IM18
IM7	HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes...1 No...2 DK..8	
IM8	HAS (name) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes...1 No...2 DK..8	2⇨IM11 8⇨IM11
IM9	WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?	First two weeks...1 Later...2	
IM10	HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times..__	

IM11	HAS (name) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? Probe by indicating that DPT vaccination is sometimes given at the same time as Polio	Yes...1 No...2 DK...8	2⇨IM12A 8⇨IM12A
IM12	HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times...__	
IM12A	HAS (name) EVER RECEIVED A PNEUMO VACCINATION – THAT IS, AN INJECTION IN THE THIGH – TO PREVENT HIM/HER FROM GETTING PNEUMONIA?	Yes...1 No...2 DK...8	2⇨IM13 8⇨IM13
IM12B	HOW MANY TIMES WAS A PHEUMO VACCINE RECEIVED?	Number of times...__	
IM13	HAS (name) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines	Yes...1 No...2 DK...8	2⇨IM16 8⇨IM16
IM14	WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?	Within 24 hours ....1 Later..2	
IM15	HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times...__	
IM16	HAS (name) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes...1 No...2 DK...8	
IM17	HAS (name) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine	Yes...1 No...2 DK...8	
IM18	HAS (name) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS? Show common types of ampules / capsules / syrups	Yes...1 No...2 DK...8	2⇨IM20 8⇨IM20
IM19	Record date for most recent Vitamin A dose as seen on vaccination card Write '44' for 'day' if card shows that Vitamin A was given but no date recorded; leave month and year blank.	Day .... __ __ Month .... __ __ Year .... __ __ __ __ Card does not show receipt of Vitamin A .... 99999994 No card / Card not seen 99999995	
IM20	Please tell me if (name) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days: [A] 27 Nov – 3 Dec 2006/ Measles [B] 9 Nov – 11 Dec 2009/Vitamin A [C] 9 Nov – 11 Dec 2009/Deworming [D] 6 – 9 March 2010/Polio	Y N DK Measles..1 2 8 Vitamin ....1 2 8 Deworming ....1 2 8 Polio..1 2 8	
UF13.	Record the time.	Hour and minutes .... __ __ : __ __	
UF14.	Is the respondent the mother or caretaker of another child age 0-4 living in this household? ☐ Yes. ⇨ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent ☐ No. ⇨ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child. Check to see if there are other woman's or under-5 questionnaires to be administered in this household. Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.		

After questionnaires for all children are complete, the measurer weighs and measures each child.

Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.

AN1.	Measurer's name and number:	Name.. ___ ___	
AN2.	Result of height / length and weight measurement	Either or both measured..1	
		Child not present 2	2⇨AN6
		Child or caretaker refused.......................................3	3⇨AN6
		Other (specify) 6	6⇨AN6
AN3.	Child's weight	Kilograms (kg) .... __ __ . __	
		Weight not measured.. 99.9	
AN4.	Child's length or height	Length (cm)	
	Check age of child in AG2:	Lying down... 1 __ __ __ . __	
	☐ Child under 2 years old. ⇨ Measure length (lying down).	Height (cm)	
	☐ Child age 2 or more years. ⇨ Measure height (standing up).	Standing up .... 2 __ __ __ . __	
		Length / Height not measured................... 9999.9	
AN5.	Oedema	Checked	
	Observe and record	Oedema present 1	
		Oedema not present..2	
		Unsure 3	
		Not checked	
		(specify reason) _____ 7	
AN6.	Is there another child in the household who is eligible for measurement?		
	☐ Yes. ⇨ Record measurements for next child.		
	☐ No. ⇨ End the interview with this household by thanking all participants for their cooperation.		
	Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL   WM

This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman

WM1. Cluster number: ___ ___ ___	WM2. Household number: ___ ___
WM3. Woman's name: Name _____	WM4. Woman's line number: ___ ___
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: __ __ / _____ / ___ ___ ___
Repeat greeting if not already read to this woman: WE ARE FROM ((The Gambia Bureau of Statistics, MOB&SE, MOH&SW, Women's Bureau, Community Development). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (45) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.	If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following: NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT (45) MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

☐ Yes, permission is given ⇨ Go to WM10 to record the time and then begin the interview.

☐ No, permission is not given ⇨ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed.. 1 Not at home.. 2 Refused.. 3 Partly completed .... 4 Incapacitated.. 5 Other (specify) _____ 9
WM8. Field edited by (Name and number): Name_____ ___ ___	WM9. Data entry clerk (Name and number): Name_____ ___ ___
WM10. Record the time.	Hour and minutes ....__ __ : __ __

WOMAN'S BACKGROUND WB

WB1	IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Mont .... __ __ DK month...98 Year ....__ __ __ __ DK year...9998	
WB2	HOW OLD ARE YOU? Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? Compare and correct WB1 and/or WB2 if inconsistent	Age (in completed years).........................__ __	
WB3	HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ....1 No...2	2⇨WB7
WB3A	WHAT TYPE OF SCHOOL DID YOU ATTEND?	Formal School (Western)...................................1 Madrassah (Formal) ....2 Adult Literacy Classes in Local Languages.. 3	3⇨WB7
WB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-school.. 00 Pre-school (Madrassa)....................................10 Primary ....01 Primary (Madrassa) ....11 Secondary (Upper Basic/ Junior/Senior)....02 Secondary (Madrassa)......................................12 Higher (Tertiary, University, College) ....03 Vocational..04 Non Standard Curriculum..............................06 DK...98	00⇨WB7 10⇨WB7
WB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? If less than 1 grade, enter "00"	Grade..__ __	
WB6	Check WB4: ☐ Secondary or higher. ⇨ Go to Next Module ☐ Primary ⇨ Continue with WB7		
WB7	NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME? EXAMPLE SENTENCES FOR LITERACY TEST: 1. THE CHILD IS READING A BOOK 2. THE RAINS CAME LATE THIS YEAR 3. PARENTS MUST CARE FOR THEIR CHILDREN 4. FARMING IS HARD WORK	Cannot read at all ....1 Able to read only parts of sentence ....2 Able to read whole sentence..........................3 No sentence in required language _____ 4 (specify language) Blind / mute, visually / speech impaired......5	
WB7A	CAN YOU READ AND WRITE IN ANY LANGUAGE?	No, I'm Illiterate ....1 Yes In Roman ....2 Yes in Arabic...3 Yes in Both Roman & Arabic...........................4 Yes in Other language (Specify)_____6	

CHILD MORTALITY   CM

All questions refer only to LIVE births.

CM1	NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ....1 No..2	2⇨CM8

CM2	WHAT WAS THE DATE OF YOUR FIRST BIRTH?
	I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.
	Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.
		Date of first birth
		    Day... __ __
		    DK day...98
		    Month.. __ __
		    DK month..98
		    Year ....__ __ __ __
		    DK year 9998
			⇨CM4

CM3	HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ....__ __	
CM4	DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ....1 No..2	2⇨CM6
CM5	HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? If none, record '00'.	Sons at home..__ __ Daughters at home.................................__ __	
CM6	DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ....1 No..2	2⇨CM8
CM7	HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? If none, record '00'.	Sons elsewhere ....__ __ Daughters elsewhere ....__ __	
CM8	HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ....1 No..2	2⇨CM10
CM9	HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? If none, record '00'.	Boys dead ....__ __ Girls dead...__ __	
CM10	Sum answers to CM5, CM7, and CM9	Sum...__ __	

CM11	JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (total number) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?
	☐ Yes. Check below:
	    ☐ No births ⇨ Go to ILLNESS SYMPTOMS Module
	    ☐ One or more births ⇨ Continue with CM12
	☐ No. ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12		

CM12	OF THESE (total number) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?
	Month and year must be recorded.
		Date of last birth
		    Day... __ __
		    DK day...98
		    Month .... __ __
		    Year .... __ __ __ __	

CM13	Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2008 ☐ No live birth in last 2 years. ⇨ Go to ILLNESS SYMPTOMS Module. ☐ Yes, live birth in last 2 years. ⇨ Ask for the name of the child Name of child_____ If child has died, take special care when referring to this child by name in the following modules. Continue with the next module.		

DESIRE FOR LAST BIRTH   DB

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.
Check child mortality module CM13 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

DB1	WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ....1 No..2	1⇨Next Module
DB2	DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later... 1 No more.. 2	2⇨Next Module
DB3	HOW MUCH LONGER DID YOU WANT TO WAIT?	Months.......................................1 __ __ Years ....2 __ __ DK... 998	

MATERNAL AND NEWBORN HEALTH   MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.
Check child mortality module CM13 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

MN1A	DID YOU REGISTER FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ....1 No..2	
MN1	DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ....1 No..2	2⇨MN5

MN2	WHOM DID YOU SEE?
	Probe:
	ANYONE ELSE?
	Probe for the type of person seen and circle all answers given.
		Health professional:
		    Doctor.. A
		    Nurse / Midwife ....B
		    Auxiliary nurse ....D
		Other person
		    Traditional birth attendant...........................F
		    Relative/ Friend... H
		Other (specify) _____ X	

MN3	HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times..__ __ DK.. 98	
MN4	AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [BA] DID YOU RECEIVE/TOLD THE RESULTS OF THE URINE TEST? [C] DID YOU GIVE A BLOOD SAMPLE? [CA] DID YOU RECEIVE/TOLD THE RESULTS OF THE BLOOD TEST?	Yes No Blood pressure ....1 2 Urine sample...1 2 Urine test results received/ told ....1 2 Blood sample... 1 2 Blood test results received/ told.......... 1 2	 2⇨MN4C 2⇨MN5
MN5	DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? If a card is presented, use it to assist with answers to the following questions.	Yes (card seen)..1 Yes (card not seen)..2 No...3 DK..8	
MN6	WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ....1 No..2 DK..8	 2⇨MN9 8⇨MN9
MN7	HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? If 7 or more times, record '7'.	Number of times... __ DK..8	 8⇨MN9

MN8	How many tetanus injections during last pregnancy were reported in MN7? ☐ At least two tetanus injections during last pregnancy. ⇨ Go to MN12 ☐ Fewer than two tetanus injections during last pregnancy. ⇨ Continue with MN9		
MN9	DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ....1 No...2 DK..8	2⇨MN17 8⇨MN17
MN10	HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? If 7 or more times, record '7'.	Number of times................................. __ DK..8	8⇨MN12
MN11	HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago... __ __	
MN12	Check MN1 for presence of antenatal care during this pregnancy: ☐ Yes, antenatal care received.⇨ Continue with MN13 ☐ No antenatal care received ⇨ Go to MN17		
MN13	DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes ....1 No...2 DK..8	2⇨MN17 8⇨MN17
MN13A	WAS THE MEDICINE YOU TOOK DURING YOUR PREGNANCY TO PREVENT YOU FROM GETTING MALARIA PRESCRIBED DURING ONE OF THE ANTENATAL VISITS?	Yes ....1 No...2	
MN14	WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.	SP / Fansidar.. A Chloroquine .... B Other (specify) _____X DK.. Z	
MN15	Check MN14 for medicine taken: ☐ SP / Fansidar taken.⇨ Continue with MN16 ☐ SP / Fansidar not taken.⇨ Go to MN17		
MN16	DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times......................... __ __ DK..98	

MN17	WHO ASSISTED WITH THE DELIVERY OF (name)?
	Probe:
	ANYONE ELSE?
	Probe for the type of person assisting and circle all answers given.
	If respondent says no one assisted, probe to determine whether any adults were present at the delivery.
		Health professional:
		    Doctor...A
		    Nurse / Midwife ....B
		    Auxiliary nurse C
		Other person
		    Traditional birth attendant.........................F
		    Relative / Friend............................ H
		Other (specify) _____ X
		No one ....Y	

MN18	WHERE DID YOU GIVE BIRTH TO (name)?
	Probe to identify the type of source.
	If unable to determine whether public or private, write the name of the place.
	_____
	(Name of place)
		Home
		    Your home 11
		    Other home.....................................12
		Public sector
		    Govt. hospital 21
		    Govt. clinic / health centre 22
		    Govt. health post..........................23
		    Other public (specify) _____ 26
		Private Medical Sector
		    Private hospital 31
		    Private clinic..................................32
		    Private maternity home 33
		    Other private medical (specify)_____ 36
		Other (specify)....................................96
			11⇨MN20
			12⇨MN20
			
			96⇨MN20

MN19	WAS (name) DELIVERED BY CAESEREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT 'OPERE'?	Yes ....1 No 2	
MN20	WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large .... 1 Larger than average .... 2 Average .... 3 Smaller than average .... 4 Very small... 5 DK... 8	
MN21	WAS (name) WEIGHED AT BIRTH?	Yes ....1 No..2 DK...8	2⇨MN23 8⇨MN23
MN22	HOW MUCH DID (name) WEIGH? Record weight from health card, if available.	From card............................ 1 (kg) __ . __ __ __ From recall........................... 2 (kg) __ . __ __ __ DK...99998	
MN23	HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?	Yes ....1 No..2	
MN24	DID YOU EVER BREASTFEED (name)?	Yes ....1 No..2	2⇨Next Module
MN25	HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST? If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.	Immediately .... 000 Hours...1 __ __ Days ....2 __ __ Don't know / remember............................... 998	
MN26	IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ....1 No..2	2⇨MN28
MN27	WHAT WAS (name) GIVEN TO DRINK? Probe: ANYTHING ELSE?	Milk (other than breast milk) ....A Plain water...B Sugar or glucose water......................................C Gripe water.. D Sugar-salt-water solution .... E Fruit juice .... F Infant formula... G Tea / Infusions .... H Honey... I Other (specify) _____ X	
MN27A	Check child mortality module CM13. Is last born child is alive? : ☐ Yes⇨ Continue with MN28 ☐ No⇨ Go to Next Module		
MN28	IS (NAME) STILL BREASTFED?	Yes ....1 No..2	
MN29	HOW LONG HAS (NAME) BEEN FED WITH ONLY BREAST MILK? If 6 months or more, register 6	Number of Months .... _____ DK..8	

ILLNESS SYMPTOMS IS

IS1	Check Household Listing, column HL9 Is the respondent the mother or caretaker of any child under age 5? ☐ Yes ⇨ Continue with IS2. ☐ No⇨ Go to Next Module.		
IS2	SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? Probe: ANY OTHER SYMPTOMS? Keep asking for more signs or symptoms until the mother/ caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions	Child not able to drink or breastfeed............A Child becomes sicker ....B Child develops a fever ....C Child has fast breathing .... D Child has difficult breathing ....E Child has blood in stool ....F Child is drinking poorly................................... G Child is coughing ....H Child has diarrhoea..I Child is vomiting...J Other (specify) _____ X Other (specify) _____ Y Other (specify) _____ Z	

REHYDRATION SOLUTIONS RS

This module is to be administered to mother's or primary caretakers of children under- five, Check HL9 from the household listing form for eligibility

RS1	HAVE YOU EVER SEEN THIS ORAL REHYDRATION SOLUTIONS (ORS) PACKET BEFORE?	Yes ....1 No..2	2⇨RS5
RS2	DO YOU KNOW HOW TO PREPARE IT?	Yes ....1 No..2	2⇨RS4
RS3	If yes: TELL ME HOW YOU PREPARE IT?	Correct .... 1 Incorrect 2	
RS4	WHAT DO YOU THINK IS THE MAIN USE/BENEFIT OF ORS?	Replaces loss fluid... 1 Stop/cure diarrhoea ....2 Other (specify) _____ 6 DK... 8	
RS5	HAVE YOU EVER HEARD OF THE SUGAR SALT SOLUTION (SSS)?	Yes ....1 No..2	2⇨Next Module
RS6	DO YOU KNOW HOW TO PREPARE IT?	Yes ....1 No..2	2⇨RS8
RS7	If yes: TELL ME HOW YOU PREPARE IT?	Correct .... 1 Incorrect 2	
RS8	WHAT DO YOU THINK IS THE MAIN USE/BENEFIT OF SSS?	Replaces loss fluid... 1 Stop/cure diarrhoea ....2 Other (specify) _____ 6 DK... 8	

CONTRACEPTION CP

CP1	I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant ....1 No..2 Unsure or DK...8	1⇨CP5
CP2	COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ....1 No..2	2⇨CP4
CP3	WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization...A Male sterilization ....B IUD ....C Injectables ....D Implants ....E Pill..F Male condom...G Female condom ....H Diaphragm ....I Foam / Jelly .... J Lactational amenorrhoea method (LAM) ....K Periodic abstinence/Rhythm ....L Withdrawal .... M Other (specify)...X	CP5
CP4	WHY ARE YOU NOT USING ANY CONTRACEPTIVE METHOD AT THIS MOMENT? Probe: ANY OTHER REASON?	Against contraception .... A Husband/partner against contraception.... B Not married yet/Does not have sex yet ...... C Wants (more) children .... D Can't have children .... E Religion.. F Husband/partner out of town........................ G Has just delivered.. H Other (specify) _____ X DK...Z	
CP5	HOW MANY CHILDREN WOULD YOU LIKE TO HAVE IN YOUR LIFE TIME? If more than 7, register 7 ;	Number of children .... ____ DK..8	

UNMET NEED   UN

UN1	Check CP1. Currently pregnant? ☐ Yes, currently pregnant ⇨ Continue with UN2 ☐ No, unsure or DK ⇨ Go to UN5		
UN2	NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ....1 No...2	1⇨UN4
UN3	DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later... 1 No more 2	
UN4	NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child ....1 No more / None ....2 Undecided / Don't know 8	1⇨UN7 2⇨UN13 8⇨UN13
UN5	Check CP3. Currently using "Female sterilization"? ☐ Yes. ⇨ Go to UN13 ☐ No. ⇨ Continue with UN6		
UN6	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child ....1 No more / None..2 Says she cannot get pregnant........................3 Undecided / Don't know 8	2⇨UN9 3⇨UN11 8⇨UN9
UN7	HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months.. 1 __ __ Years .... 2 __ __ Soon / Now...................................... 993 Says she cannot get pregnant.................... 994 After marriage.................................. 995 Other... 996 Don't know...................................... 998	994⇨UN11
UN8	Check CP1. Currently pregnant? ☐ Yes, currently pregnant ⇨ Go to UN13 ☐ No, unsure or DK ⇨ Continue with UN9		
UN9	Check CP2. Currently using a method? ☐ Yes. ⇨ Go to UN13 ☐ No ⇨ Continue with UN10		
UN10	DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes ....1 No...2 DK..8	1⇨UN13 8⇨UN13
UN11	WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex.....................................A Menopausal...B Never menstruated...C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result..E Postpartum amenorrheic ....F Breastfeeding... G Too old.. H Fatalistic ....I Other (specify) _____ X Don't know ....Z	
UN12	Check UN11. "Never menstruated" mentioned? ☐ Yes. ⇨ Go to Next Module ☐ No ⇨ Continue with UN13		

| UN13 | WHEN DID YOUR LAST MENSTRUAL PERIOD START? | Days ago ....1 __ __
Weeks ago...2 __ __
Months ago..3 __ __
Years ago ....4 __ __
In menopause / Has had hysterectomy .. 994
Before last birth... 995
Never menstruated .... 996 | |

FEMALE GENITAL MUTILATION/CUTTING   FG

FG1	HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes ....1 No..2	1⇨FG3
FG2	IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes ....1 No..2	2⇨Next Module
FG3	HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes ....1 No..2	2⇨FG9
FG4	NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes ....1 No..2 DK...8	1⇨FG6
FG5	WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes ....1 No..2 DK...8	
FG6	WAS THE GENITAL AREA SEWN CLOSED? If necessary, probe: WAS IT SEALED?	Yes ....1 No..2 DK...8	
FG7	HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? If the respondent does not know the exact age, probe to get an estimate	During infancy ....00 Age at circumcision.......................................__ __ DK / Don't remember / Not sure 98	

FG8	WHO PERFORMED THE CIRCUMCISION?	Health professional
		    Doctor.. 11
		    Nurse/Midwife 12
		    Other health professional (specify) __ 16
		Traditional persons
		    Traditional 'circumciser'.............................21
		    Traditional birth attendant.......................22
		    Other traditional (specify) _____ 26
		DK...98	

FG9	Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here	Total number of living daughters.... ___ ___	
FG10	JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (total number in FG9) LIVING DAUGHTERS. IS THIS CORRECT? ☐ Yes ☐ One or more living daughters ⇨ Continue with FG11 ☐ Does not have any living daughters ⇨ Go to FG22A ☐ No ⇨ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes		
FG11	Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time. The total number of daughters in FG12 should be equal to the number in FG9 If more than 4 daughters, use additional questionnaires		

		Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12	Name of daughter	_____	_____	_____	_____
FG13	HOW OLD IS (name)?	Age...................... ___ ___	Age...................... ___ ___	Age...................... ___ ___	Age...................... ___ ___

FG14	Is (name) younger than 15 years of age?	Yes ....1 No.......................................2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes ....1 No.......................................2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes ....1 No.......................................2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes ....1 No.......................................2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A
FG15	IS (name) CIRCUMCISED?	Yes ....1 No.......................................2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes ....1 No.......................................2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes ....1 No.......................................2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes ....1 No.......................................2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A
FG16	HOW OLD WAS (name) WHEN THIS OCCURRED? If the respondent does not know the age, probe to get an estimate.	Age........................___ ___ DK.....................................98	Age........................___ ___ DK.....................................98	Age........................___ ___ DK.....................................98	Age........................___ ___ DK.....................................98
FG17	NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (name) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes ....1 ⇨FG19 No.......................................2 DK.......................................8	Yes ....1 ⇨FG19 No.......................................2 DK.......................................8	Yes ....1 ⇨FG19 No.......................................2 DK.......................................8	Yes ....1 ⇨FG19 No.......................................2 DK.......................................8
FG18	WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes ....1 No.......................................2 DK.......................................8	Yes ....1 No.......................................2 DK.......................................8	Yes ....1 No.......................................2 DK.......................................8	Yes ....1 No.......................................2 DK.......................................8
FG19	WAS HER GENITAL AREA SEWN CLOSED? If necessary, probe: WAS IT SEALED?	Yes ....1 No.......................................2 DK.......................................8	Yes ....1 No.......................................2 DK.......................................8	Yes ....1 No.......................................2 DK.......................................8	Yes ....1 No.......................................2 DK.......................................8
FG20	WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor...................... 11 Nurse/midwife ...... 12 Other health professional (specify) _____ 16 Traditional persons Traditional 'circumciser'............ 21 Traditional birth attendant.............. 22 Other traditional (specify) _____ 26 DK.................................. 98	Health professional Doctor...................... 11 Nurse/midwife ...... 12 Other health professional (specify) _____ 16 Traditional persons Traditional 'circumciser'............ 21 Traditional birth attendant.............. 22 Other traditional (specify) _____ 26 DK.................................. 98	Health professional Doctor...................... 11 Nurse/midwife ...... 12 Other health professional (specify) _____ 16 Traditional persons Traditional 'circumciser'............ 21 Traditional birth attendant.............. 22 Other traditional (specify) _____ 26 DK.................................. 98	Health professional Doctor...................... 11 Nurse/midwife ...... 12 Other health professional (specify) _____ 16 Traditional persons Traditional 'circumciser'............ 21 Traditional birth attendant.............. 22 Other traditional (specify) _____ 26 DK.................................. 98
FG21		Go back to FG13 for next daughter. If no more daughters, go to FG22A	Go back to FG13 for next daughter. If no more daughters, go to FG22A	Go back to FG13 for next daughter. If no more daughters, go to FG22A	Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22A Tick here if additional questionnaire used ☐

FG22A	WOULD YOU LIKE YOUR DAUGHTER TO BE CIRCUMCISED?	Yes .... 1 No 2	

FG22	DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued...1 Discontinued ....2 Depends..3 DK..8	
FG23	WHAT ARE THE BENEFITS OF FGC? Probe: ANY MORE BENEFITS?	Keep virginity ....A To prevent fooling around ....B Self Esteem...C No benefit... D Other (specify) _____ X DK...Z	
FG24	WHAT ARE THE DANGERS OF FGC? Probe: ANY MORE DANGERS?	Bleeding...A Spread of STDs..B Complication during pregnancy/delivery ..C Sexual difficulty .... D No danger..E Other (specify) _____ X DK...Z	

ATTITUDES TOWARD DOMESTIC VIOLENCE   DV

| DV1 | SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:
[A] IF SHE GOES OUT WITHOUT TELLING HIM?
[B] IF SHE NEGLECTS THE CHILDREN?
[C] IF SHE ARGUES WITH HIM?
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?
[E] IF SHE BURNS THE FOOD?
[F] USING CONTRACEPTIVES WITHOUT THE CONSENT OF THE HUSBAND? | Yes   No   DK
Goes out without telling..........1   2   8
Neglects children.......................1   2   8
Argues...1   2   8
Refuses sex...................................1   2   8
Burns food...................................1   2   8
Using contraceptives 1   2   8 | |

MARRIAGE/UNION   MA

MA1	ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married.......................................1 Yes, living with a man ....2 No, not in union..3	3⇨MA5
MA2	HOW OLD IS YOUR HUSBAND/PARTNER? Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years...__ __ DK...98	
MA3	BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes ....1 No...2 DK...8	2⇨MA7 8⇨MA5
MA4	HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ....__ __ DK...98	⇨MA7 98⇨MA7
MA5	HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ....1 Yes, formerly lived with a man........................2 No...3	⇨Next Module
MA6	WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..1 Divorced...2 Separated 3	2⇨CM8

MA7	HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once...1 More than once 2	

MA8	IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage
		   Month ....__ __
		   DK month 98
		   Year...__ __ __ __
		   DK year 9998
			⇨Next Module

MA9	HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years...__ __	

SEXUAL BEHAVIOUR SB

Check for the presence of others. Before continuing, ensure privacy.

SB1	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse.....................................00 Age in years...__ __ First time when started living with (first) husband/partner..................................95	00 ⇨Next Module
SB2	THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ....1 No..2 DK..8	
SB3	WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.	Days ago......................................1 __ __ Weeks ago ....2 __ __ Months ago ....3 __ __ Years ago....................................4 __ __	4⇨SB15
SB4	THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ....1 No..2	
SB5	WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? Probe to ensure that the response refers to the relationship at the time of sexual intercourse If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle'3'.	Husband...1 Cohabiting partner..2 Boyfriend ....3 Casual acquaintance ....4 Other (specify) _____ 6	3⇨SB7 4⇨SB7 6⇨SB7
SB6	Check MA1: ☐ Currently married or living with a man (MA1 = 1 or 2) ⇨ Go to SB8 ☐ Not married / Not in union (MA1 = 3) ⇨ Continue with SB7		
SB7	HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner .... __ __ DK... 98	
SB8	HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ....1 No..2	2⇨SB15
SB9	THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes ....1 No..2	

SB10	WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? Probe to ensure that the response refers to the relationship at the time of sexual intercourse If 'boyfriend' then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle' 3'.	Husband.. 1 Cohabiting partner... 2 Boyfriend .... 3 Casual acquaintance .... 4 Other (specify) _____ 6	3⇨SB12 4⇨SB12 6⇨SB12
SB11	Check MA1 and MA7: ☐ Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇨ Go to SB13 ☐ Else ⇨ Continue with SB12		
SB12	HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner .... __ __ DK.. 98	8⇨MN9
SB13	OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ....1 No..2	2⇨SB15
SB14	IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners ....__ __	
SB15	IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.	Number of lifetime partners .... __ __ DK.. 98	

HIV/AIDS   HA

HA1	NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ....1 No..2	2⇨WM11
HA2	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ....1 No..2 DK..8	
HA3	CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ....1 No..2 DK..8	
HA4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ....1 No..2 DK..8	
HA5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ....1 No..2 DK..8	
HA6	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes ....1 No..2 DK..8	
HA7	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ....1 No..2 DK..8	

HA8	CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy.................1 2 8 During delivery.......................1 2 8 By breastfeeding....................1 2 8	
HA9	IN YOUR OPINION, IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ....1 No...2 DK / Not sure / Depends....................................8	
HA10	WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ....1 No...2 DK / Not sure / Depends....................................8	
HA11	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ....1 No...2 DK / Not sure / Depends....................................8	
HA12	IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ....1 No...2 DK / Not sure / Depends....................................8	
HA13	Check CM13: Any live birth in last 2 years? ☐ No live birth in last 2 years. ⇨ Go to HA24. ☐ Yes, live birth in last 2 years. ⇨ Continue with HA14.		
HA14	Check MN1: Received antenatal care? ☐ Yes, antenatal care received.⇨ Continue with HA15 ☐ No antenatal care received ⇨ Go to HA24		
HA15	DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE AIDS VIRUS?	Yes ....1 No...2 DK...8	
HA16	I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes ....1 No...2 DK...8	2⇨HA19 8⇨HA19
HA17	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ....1 No...2 DK...8	2⇨HA22 8⇨HA22
HA18	REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes ....1 No...2 DK...8	1⇨HA22 2⇨HA22 8⇨HA22
HA19	Check MN17: Birth delivered by health professional (A, B or C)? ☐ Yes, birth delivered by health professional⇨ Continue with HA20 ☐ No, birth not delivered by health professional⇨ Go to HA24		
HA20	I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes ....1 No...2	2⇨HA24
HA21	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ....1 No...2	
HA22	HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ....1 No...2	1⇨HA25

HA23	WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago ....1 12-23 months ago ....2 2 or more years ago..3	1⇨HA28 2⇨HA28 3⇨HA28
HA24	I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ....1 No..2	 2⇨HA27
HA25	WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ....1 12-23 months ago ....2 2 or more years ago..3	
HA26	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ....1 No..2 DK..8	1⇨HA28 2⇨HA28 8⇨HA28
HA27	DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ....1 No..2	
HA28	IF YOUR HUSBAND/PARTNER WAS ASKED FOR YOU TO BE SCREENED FOR HIV/AIDS TESTING, DO YOU THINK HE WILL AGREE?	Yes ....1 No..2 DK..8	
HA29	DO YOU THINK YOUR HUSBAND/PARTNER WILL AGREE FOR BOTH OF YOU TO BE SCREENED TOGETHER?	Yes ....1 No..2 DK..8	
WM11	Record the time	Hour and minutes .... __ __ : __ __	
WM12	Is the respondent the mother or caretaker of any child age 0-4 living in this household? Check household listing, column HL9. ☐ Yes. ⇨ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent. ☐ No. ⇨ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or children under-5 in the household.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

2010

The Gambia

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